



**NÁRODNÍ  
MONITOROVACÍ  
STŘEDISKO  
PRO DROGY  
A DROGOVÉ ZÁVISLOSTI**

**REPORT TO THE EMCDDA  
by the Reitox National Focal Point**

**CZECH REPUBLIC**

**Drug Situation 2001**

**REITOX**

Czech National Focal Point for Drugs and Drug Addictions  
Secretariat of the Council of the Government for Drug Policy Coordination  
Office of the Government of the Czech Republic

**Annual Report on the Status of Drug-Related Issues for the European Monitoring Centre for Drugs and Drug Addictions – Czech Republic 2001**

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**For bibliographic references :** Zábranský, T., Radimecký, J., Mravčík, V., Gajdošíková, H., Petroš, O., Korcišová, B., Miovský, M., Vopravil, J., Csémy, L., Kuda, A. (2002). Výroční zpráva o stavu ve věcech drog 2001 (Czech Republic – Drug Situation 2001). Prague & Lisbon: National Focal Point Czech Republic & EMCDDA. Notes: ([www.drogy-info.cz](http://www.drogy-info.cz))

# **CZECH REPUBLIC 2001**

## **Annual Report on the Status of Drug-Related Issues for the European Monitoring Centre for Drugs and Drug Addictions**

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### **REITOX**

Czech National Focal Point for Drugs and Drug Addictions  
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## SUMMARY

### Organizational Environment

The year 2001 was the first year of implementation of the **2001 - 2004 National Drug Policy Strategy** approved by the Government on October 23, 2000 in Resolution No. 1045/00. The strategy follows from and develops the previous two conceptual documents about drug policy of the government (1993–1996 and 1998–2000). In terms of content and time, **it corresponds with the 2000–2004 EU Action Plan for Combating Drugs.**

This document declares that the Czech Republic seeks to reach a **balanced approach** to solving of the problem of drug use from the view of repression (law enforcement), prevention, treatment and resocialization of drug addicts; it also strives to achieve complex, interdepartmental, interdisciplinary and interministerial operations and cooperation during solving of problems.

The year 2001 was the third year of applicability of the amended drug-related legislature. In October, a team of independent experts completed a study **“Impact Analysis Project of New Drugs Legislation in the Czech Republic”** and submitted it to the sponsor of the survey – government of the Czech Republic. At a cabinet meeting on October 14, 2001, the government took cognizance of summary results of the survey according to which **introduction of penalties for possession of illicit drugs for personal use did not meet the expectations of the sponsor;**<sup>1</sup> however, at the same time, the catastrophic forecasts<sup>2</sup> made by several opponents of introduction of penalization of possession of illicit drugs for personal use did not come true. The survey showed that the amended legislature brought about dispensable social costs – i.e. the society had to spend resources that could have been used in a different manner. On the basis of summary results of the study, the government adopted Resolution No. 1177/2001 with the following tasks:

#### **The measures that the Government of the Czech Republic adopted in the provision of November 2001 in virtue of the PAD survey:**

- I. To divide drugs into two or three legal categories according to the level of health and social endangerment – i.e. according to negative health and social impacts of (ab)use.  
This will be carried out by the Minister of Health in cooperation with the Minister of Justice and executive vice chairman of the National Drug Commission<sup>3</sup>;  
**term: December 31, 2002**
- II. In the area of supply reduction of the so-called hard drugs, increased attention should be paid to heroin, the most devastating drug in terms of health and social aspects, and increasingly available on the black market according to the results of the PAD survey.  
This will be carried out by the Minister of Interior;  
**term: continuously**
- III. At the level of regional and district Czech Republic Police directorates, the employees who specialize in detection and investigation of criminal activities in the area of production, trafficking and distribution of illicit drugs ought to be provided with adequate work conditions, especially by means of avoiding the load of working on tasks related to solution of cases of other criminal activities.  
This will be carried out by the Minister of Interior;  
**term: continuously**
- IV. Within the framework of recodification of material criminal law, the results of the Impact Analysis Project of New Drugs Legislation (PAD) ought to be taken into account and the facts of the case and penalties for drug-related criminal offences ought to be reviewed.  
This will be carried out by the Minister of Justice;  
**term December 31, 2002**

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<sup>1</sup> In the sense of reduction of availability of drugs, reduction of the number of drug users, increasing of their willingness to undergo treatment, better law enforcement, etc.

<sup>2</sup> i.e. that the amendment will lead to expressive sanctioning of users and people who possess drugs for personal use, and the like.

<sup>3</sup> It was renamed to Council of the Government for Drug Policy Coordination (however, the term National Drug Commission is still used in English)

- V. Flunitrazepam ought to be reclassified from Appendix 6 to Appendix 5 of law 167/1998 Coll. On Addictive Substances.  
This will be carried out by the Minister of Health;  
**term: December 31, 2002**
- VI. The results of the Analysis project will be submitted to Council of the Government for Social and Economic Strategy (RASES) for further use.  
This will be carried out by the deputy prime minister of the Government and Secretary of Industry and Trade, RASES chairman;  
**term: immediately**
- VII. The results of the Impact Analysis Project of New Drugs Legislation (PAD) ought to reflect in the implementation of the national drug policy of the Government of the Czech Republic.  
This will be carried out by the members of the National Drug Commission;  
**term: continuously.**

In connection with the actual **state administration reform**, the Secretariat of the Council of the Government for Drug Policy Coordination (RVKPP) established **close cooperation with representatives of the regions**. In practice, this also manifested in the fact that 10 regions have already appointed a regional drug coordinator, and selection procedures for this position started in the remaining regions (i.e. Karlovy Vary, Pilsen, Vysocina and Liberec region). The Secretariat of the Council of the Government for Drug Policy Coordination dedicated a significant part of its' work to **introduction of a system of mutual communication and finding of appropriate mechanisms of funding of drug-related activities** in order to ensure compliance with local needs and professional criteria.

In the year 2001, the Government of the Czech Republic proposed **a motion of the Act on Protection against Damages Caused by Tobacco Products, Alcohol and Other Addictive Substances**; it was supposed to replace the unsatisfactory Code No. 37/1989 Coll. On Protection Against Alcoholism and Other Drug Addictions. However, the House of Representatives of the Parliament of the Czech Republic recommitted the motion to the Government for redesigning.

Last but not least, the **start of operations of the Probation and Mediation Service** was a significant turning point in the year 2001. It is expected that it significantly contribute to improvement in the area of punishments of users of illicit drugs, especially by means of extension of possibilities of due execution of alternative punishments or mediation of treatment or another appropriate measure in all cases when it is socially more advantageous than a sentence of imprisonment.

*Chapter 1 (Development in Drug Policy and Current Measures)* includes detailed information about institutional context and topical drug policy measures.

### **Rate of Drug Use in the Czech Republic**

Like elsewhere in Europe and United States , **popularity of recreational use of marijuana has been constantly increasing** especially in the youngest population (15-25-year-olds) in the Czech Republic. **On a regular basis<sup>4</sup>, 15% approximately of the school-age population** (15-19 years of age) use marijuana; in the same age group, nearly **half of the population** (46%) have at least a single experience with it.

Together with the increase in popularity of “dance music”, the **number of people that use “ecstasy”** in one-week or longer intervals has also increased – even this is part of the trans-European trend.

**The number of problem users** (injection and/or long-term users of opiates, amphetamine-type drugs and/or cocaine) **is stable – it does not increase** – and it is about **37,500 people**. However, in the last two or three years there have been migrations between the individual types of drugs – **there increases the level of heroin use “at the cost of” pervitin.**

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<sup>4</sup> i.e. more than 20 times in lifetime

**Between 1995 and 1999, there increased the share of 16-year-olds with an experience with illicit drugs; the increase in experiences with illicit drugs in this age group is caused by increased popularity and availability of marijuana and hashish; on the contrary, the trend of experiences with “problem drugs” – i.e. heroin and pervitin - has very likely stabilized in the end of the previous decade, or, more accurately, it has even decreased.**

According to surveys of general population, 16% of Czech Republic citizens have had an experience with illicit drugs (in European Union, the value is between 20-25%, and 34% in the USA). **In the last year, 8% of the population used an illicit drug at least once in life** (5-10% in European Union countries, 10% in the USA).

It applies to most of the people described in the previous paragraph that **cannabis or hashish** are the only illicit drugs that they ever tried. 4% of Czech Republic citizens in the age of 15-64 have used a dance drug **ecstasy** at least once in life; less than 1% of the population have used other drugs (**heroin, pervitin, cocaine, LSD etc.**).

Detailed information about scopes of individual types of drug use is included in *Chapter 2 (Drug Use in the Population)*; descriptions of drug scene, trends of use and consequences of individual drugs are included in *Chapter 5 (Drug Markets)* and *6 (Trends according to Drugs)*.

## **Health Impacts**

In 2001, there were **4,233 drug-related first treatment demands**; average age of these persons is 21.3 years. The **age of users** who demand treatment has **increased in the last years** – this is a very favorable trend, and it signals a decrease in the influx of new problem users.

**Every year, 8,000 approximately problem users use outpatient, institutional or residential treatment.**

**40% approximately of users (about 17,000) are in contact with institutions** that provide treatment or other services – **especially with low-threshold centers. It is very likely that this share is increasing.** This trend especially took place due to adjustment of service supplies to the needs of clients. In this regard, we are **one of those European countries that have successfully managed to capture problem users and reduce social costs** problem substance use.

**It is alarming that there is a very insufficient share of opiate (especially heroin) users in substitution programs – about 3%; this share is several times lower than in European Union countries.** This was caused by limited capacity and poor availability of substitution treatment in the Czech Republic.

In the year 2001, there persisted very **low HIV (AIDS) infection rate** in the group of injection users and in the population that does not use drugs. Available serological overviews suggest that about **one of three injection users is infected with viral hepatitis C.** This immunity rate of users (about 30%) is substantially higher than in European Union countries (55 – 80%); nevertheless, it will be a significant burden of the health system in the future .

**This positive condition is especially a result of early introduction of harm reduction programs** (needle exchange, education of drug users about risks, street programs and K-centers, etc.) in the Czech Republic in the 1990s.

In 2001, **167 people died of substance abuse; 83 thereof overdosed on prescription medicaments;** combinations with alcohol were very frequent. Rohypnol®, mostly combined with alcohol, accounts for the most deaths in this category (39).

In terms of illicit drugs, **opiates caused the highest number of deaths (53); heroin use caused 30 deaths. The number of overdoses on pervitin** has reduced significantly – from 31 in 2000 to 5 in the year 2001. In addition, **14 users of volatile substances** (especially toluene) died. One death of a foreign national in the Czech Republic was caused by **PMA**; he had bought it in Germany as “ecstasy”.

**In comparison with European Union countries and the United States of America, the number of fatal overdoses on illicit drugs in the Czech Republic is very low in relation to the number of citizens and problem users.**

Detailed information about epidemiological and health indicators is included in *Chapter 2 (Prevalence, Trends and Modes of Use of Drugs in the Population)* and *Chapter 3 (Health Consequences of Drug Use)*.

## **Prevention and Treatment**

### **Primary Prevention**

**In this area, preventive programs in schools and school facilities are the most widespread and significant activities. In total, 4,027 separate specifically drug-related preventive activities were carried out in 2001; 68,601 children were involved in them.** 198 activities were implemented for 1,122 educationalists. This especially involved educational programs; other types of programs are less frequent. There increases the importance of the Internet in the area of increase in the level of informedness and counseling; at the same time, the involvement of non-governmental organizations in primary prevention has also increased.

**In the field of *specific* primary prevention, we have witnessed overlaps of competencies of individual ministries and even within the actual ministries.** In the future, an increase in efficiency of horizontal and vertical coordination of primary prevention activities will be a key factor.

**In the Czech Republic, there do not exist uniform and practically useful mechanisms of evaluation of efficiency of primary prevention programs.**

In the field of primary prevention for pupils and students, there is a number of competitive ministerial, local and other conceptions; on the other hand, **many other target groups** (determined by **profession, age, and social status**) **at increased risk** of drug abuse are provided with **hardly any preventive conceptions of programs at all, or, it is not possible to say that implementation of such conceptions or programs was successful.** For instance, this completely relates to professional groups (police branches, health personnel) and **especially to the Romany population.**

**With the purpose of obtaining a financial contribution, various leisure time activities are presented as primary prevention.** It is hardly possible to evaluate/assess efficiency of such leisure time activities in the sense of drug prevention; generally speaking, it is significantly lower than efficiency of specific programs. In international terminology, such activities are not included in “drug prevention”.<sup>5</sup>

Detailed information about primary prevention is included in *Chapter 9 (Prevention)*.

### **Harm Reduction**

**In the Czech Republic, there is a relatively stable network of low-threshold facilities:** in the end of 2001, it consisted of **65 facilities; 72% thereof are established by non-governmental non-profit-making organizations.** A standard offer of services includes **exchange of injection materials and other aids, distribution of condoms, motivation training** focusing on **safe disposal of used injection materials**, mediation of **contact with a facility that provides abstinence-oriented treatment**, or with **substitution treatment** programs, counseling in the area of **infectious diseases and prevention of overdose, health and social services** for drug users; most outreach centers offer **hygienic and food service.** 59 facilities (91%) operate streetwork within the framework of provided services, i.e. **contacting of drug users outside substitution, on the street or in flats.**

**40% approximately of problem users are in contact with low-threshold centers. It is estimated that more than 50% of injection users take advantage of exchange programs.** A significant part (about 40%) of syringes and

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<sup>5</sup> drug prevention = prevention that would lose its' meaning / would not exist in the hypothetical case that illicit drugs did not exist at all (freely adapted from Single et al. 1996)

needles used for drug injecting is bought in pharmacies. **The situation in the field of infection rate among injection users in the Czech Republic is favorable.**

**In the year 2001, 6 facilities provided preventive activities for dance drugs users at dance parties.** Since the year 2000, Podané ruce (Brno) civic association has operated an **Internet on-line counseling service** about these issues. Under the patronage of Institute of Pharmacology of the 3<sup>rd</sup> Medical Faculty of Charles University, a **database of ecstasy tablets used in the Czech Republic** has been published, and it contains a **quantitative content analysis**.

Harm reduction measures are described in detail in *Chapter 10 (Reduction of Drug Use Related Risks)*.

## Treatment and After-Care

**The network of abstinence oriented programs of treatment of drug addicts is at a relatively good level and it covers the needs at the local and the national levels relatively well; this involves both the capacity and the regional distribution of programs.** It consists of **state health facilities; their supply of detoxification, outpatient care and short-term institutional care services** is completed by non-governmental non-profit-making organizations (NGO) according to demands of drug users. Non-governmental organizations provide follow-up **services in day-care centers**, medium-term and long-term programs of residential treatment and resocialization in therapeutic communities **and after-care programs** (outpatient, sheltered housing or sheltered workshops).

**Insufficient attention was paid to the issues of drug use among children and young people with educational problems in re-education special education facilities** (juvenile homes for children and juveniles); according to unofficial expert opinions, there is a 60 - 80% share of drug users among all children and juveniles. Gradually, even abstinence-oriented **programs of treatment of drug addicts in prisons** have been established; in prisons, modalities other than abstinence-oriented ones are missing.

**By August 5, 2002, 369 patients had undergone methadone treatment in the Czech Republic.** With the exception of Pilsen and Ceské Budejovice, this service was provided in all of the former regional towns that form natural centers of regions; by tradition, these towns are the most affected by use of licit and illicit drugs.

**About 25% of problem users in the Czech Republic make use of outpatient or residential treatment. In comparison with European Union countries, the share of opiate users in substitution programs in the Czech Republic is very insufficient – it is 3-4% approximately.**

*Chapter 11 (Treatment)* provides more detailed information about treatment and after-care programs

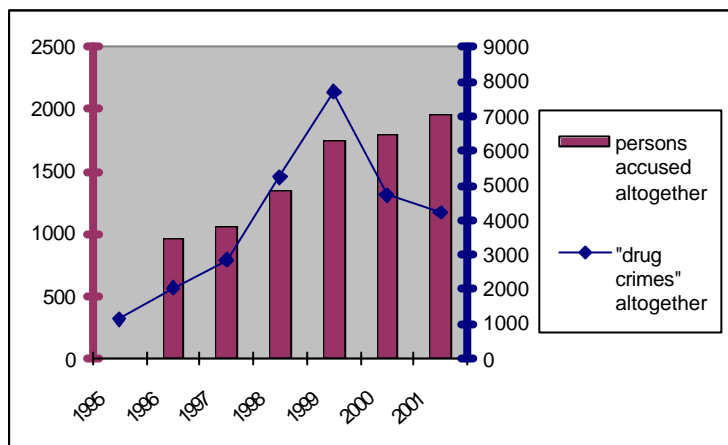
## After-care

Twelve non-governmental facilities provide special after-care programs; thereof, five facilities provide outpatient programs, and seven facilities implement sheltered housing programs. **Capacity of after-care programs is insufficient.**

Details about after-care are included in *Chapter 11.3 (After-Care)*.

## Law Enforcement

**In terms of law enforcement, it is possible to regard the year 2001 as a stabilized one.** Quality and consistency of data have remained to be the main problem of the law enforcement sector (see below).



**The Police detected 4,209 drug-related crimes** (criminal offences according to Sections 187, 187a, 188, 188a of the Criminal Code); on the basis of these crimes, it **brought a charge against 1,952 persons**; 166 persons of 241 detected criminal offences were accused of possession of drugs for personal use. Therefore, there continued the slightly increasing trend of the number of accused

persons from the previous years (see Graph). However, **the illusory drop in the number of drug-related crimes was caused by a principal change in statistical reporting** of the Police of the Czech Republic in 1999 and 2000; it was not caused by a change in the real situation. Therefore, even the **crime detection rate of the Police of the Czech Republic did not increase.**

Even **Public Prosecutor's Offices** reported a constant slightly increasing trend (as in the previous years); in connection with illicit drugs. **2,160 persons were accused** (2,043 in the year 2000; 1,765 in 1999); the same applies to **courts that passed sentences upon 1,094 perpetrators** of "drug-related crimes" (2000: 972; 1999: 891). Contingent inconsistencies, or, more accurately, lack of cohesion of the statistics of the Ministry of Justice of the Czech Republic with the statistics of the Police Presidium of the Czech Republic follow from different methodologies and also from the fact that, in compliance with the Criminal Procedure Act, a public prosecutor is allowed to change crime qualification of a crime included in the accusation charge, and this change will not retrospectively reflect in Police statistics. Finally, yet importantly, there is a certain role of a time lag; e.g. criminal proceedings start in the year 2000 and a charge is only brought in the year 2001.

As at December 31, 2001, **652 offenders were serving sentences** for drug-related criminal offences. Increasingly often, they can voluntarily serve the sentence in the so-called "drug-free zones"; in some cases, they can even get treatment in prisons. **However, in comparison with European Union countries, availability and extent of drug treatment (and treatment procedures) in prisons is not sufficient. Harm reduction type measures are not applied in Czech prisons and custody prisons at all.**

A confrontation of numbers and trends of work of law enforcement branches with all of the other above-mentioned indicators of drug situation suggests that Czech law enforcement branches work at a "European" level in the field of supply reduction.

**For several years, drug seizure rate** (i.e. ratio of seized drugs and estimate of all consumed drugs) **has been officially regarded as the main indicator of efficiency of law enforcement carried out by an appropriate specialized department of the Police of the Czech Republic (National Drug Squad); a completely wrong value of 30% (and sometimes even 40%) used to be reported.**<sup>6</sup>

**In fact, in 2001, law enforcement bodies only seized nearly half a per cent (0.41%)** of the estimated quantity of illicit drugs consumed in the Czech Republic in this year.

**The agencies achieved the highest seizure rates of ecstasy** (around 35 % – a large single seizure during combined operation of the Police and the Customs Administration is responsible for this high share) **and** relatively least frequent **cocaine (9%)**; **law enforcement bodies achieve the lowest rates of seizure of cannabis drugs** (0.05% of estimated consumption); on the contrary, use of these drugs is the most widespread in the Czech Republic.

<sup>6</sup> After detection of the actual value of this data, even the Police of the Czech Republic refused relevance of this indicator for their own evaluation (Komorous, 2002); however, no alternative indicator(s) have been suggested

Chapter 6 (*Trends according to Drugs*) and 5 (*Drug Markets*) give more details about description of drug markets, repressive interventions against drug market and results Chapter 1.2 (*Legislative Environment*) and 1.3 (*Implementation of Law*).

## **Data Quality and Consistency**

**Epidemiological indicators and indicators used in the area of treatment, all types of prevention and harm reduction are mutually highly consistent, and they provide a compact picture of a post-communist country that approximates the “medium condition” in European Union countries in all respects** (i.e. in the rates of experimental, recreational and even problem use of illicit drugs and also in the spectrum of abused drugs).

**Primary prevention<sup>7</sup> represents the weakest spot of data collection and evaluation in the field of prevention and treatment;** this area is still waiting for consolidation of methodology and setting up of data collection mechanisms. **Lack of clarification of competencies and methodological uniformity between central public administration bodies and even within them** also contribute to the lack of transparency of this drug policy branch.

**The situation in the area of data collection from supply reduction sector (law enforcement) is very problematic. In this respect, there is no elementary agreement about what an indicator of success or efficiency of law enforcement actually is. Making use of the “seizure rate” has proven to be completely irrelevant** (see the previous chapter).

**Criminological data collected in the year 2001 exhibit a number of substantial restrictions in the view of methodology and actual quality.** The Police of the Czech Republic, the Public Prosecutors' Offices, the courts and the prison system keep mutually incompatible data; therefore, it is not possible to determine how successful the Police has been in referring of the cases to public prosecutors, neither how many potential offenders identified by the Police and accused by Public Prosecutor's Offices have actually been found guilty in the legal sense.

Another restriction follows from **inability of the law enforcement sector to provide detailed characteristics of prosecuted “drug-related” criminal offences and/or offenders** – in the year 2001 and in the previous years, there were missing data about the type of a drug for which a particular person was investigated, accused or convicted; it also does not contain any data about quantity of drugs, or contingent concurrence with other criminal activities etc.

In the year 2002 and in the future, it will be **the main challenge for the system of “drug” data collection to improve collection of data about primary prevention (see below) and especially to build a comprehensible and continual mechanism of evaluation of efficiency and success of bodies responsible for penal proceedings; it will be similar to the mechanisms that have already functioned in the field of demand reduction.**

Detailed information about consistency, quality, and interpretability of data is included in *Chapter 7 (Discussion)*.

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<sup>7</sup> It falls within the competence of the Ministry of Education, Youth and Physical Education

# **PART I: NATIONAL STRATEGIES – INSTITUTIONAL AND LEGAL FRAMEWORKS**

## 1 Developments in Drug Policy and Responses

### 1.1 Political Framework in the Drug Field

The year 2001 was the first year of implementation of the **2001 - 2004 National Drug Policy Strategy** approved by the government on October 23, 2000 in Resolution No. 1045/00 (Meziresortní protidrogová komise vlády CR, 2000). The strategy follows from and develops the previous two conceptual documents about drug policy of the government (from 1993–1996 and 1998–2000). In terms of content and time, **it corresponds with the 2000–2004 EU European Union Action Plan to Combat Drugs** (European Commission, 1999).

The Czech Republic seeks to reach a **balanced approach** to solving of the problem of drug use from the view of repression (law enforcement), prevention, treatment and resocialization of drug addicts; it also strives to achieve complex, interdepartmental, interdisciplinary, and interministerial operations and cooperation during solving of problems.

The National Strategy follows from an analysis of strengths, weaknesses, threats and opportunities of the existing drug policy system. Based on this analysis, it defines **basic grounds, priorities, objectives, and tasks in three basic** (primary prevention, treatment and resocialization, repression) **and four supportive areas of drug policy** (foreign cooperation, education, funding, coordination).

**The Czech Republic drug policy is built on four basic pillars – (1) prevention, (2) treatment and resocialization, (3) harm reduction and (4) law enforcement.** The **National Strategy** assigned 84 short-term and medium-term tasks to the individual responsible ministries and bodies of local and regional administration; it is the basis on which appropriate drug strategies can be created and implemented.

The year 2001 was a significant turning point in the previous development. **For the first time** since 1993 when the National Drug Commission was established as a counseling, initiation and coordination body of the government of the Czech Republic, **it was possible to carry out scientific mapping, to analyze and describe in full the situation in the field of illicit drugs use**, implemented measures and practical impacts. The extensive **“Impact Analysis Project of New Drugs Legislation in the Czech Republic (PAD)”** (Zábranský et al. 2001c) carried out in 1999 to 2001 allowed for this.

**In terms of objective and complex evaluation of impacts of introduction of penalties for possession of drugs for personal use (applicable since January 1, 1999), it was necessary to map the situation in partial areas and compare their development in 1998 to 2000 (one year before and after introduction of the object amendment). In addition to five key indicators, social costs of drug abuse in the Czech Republic were quantified.**

It has followed from the conclusions of the PAD survey that **introduction of penalties for possession of drugs for personal use (without differentiation of the level of related social and health risks) is ineffective from the social and the economic perspective**. In 1999 – 2000, only the enforcement of it cost the Czech Republic at least CZK 37 million. At the same time, the expected benefits - i.e. reduction of drug availability and demand, reduction of number of drug users – did not come true. Nevertheless, even the negative expectations of opponents of this legislative amendment regarding massive prosecution of drug users did not come true.

**The government took cognizance of the results of the PAD survey, and it adopted Resolution No. 1177/01; it included measures for reaching the objective of increasing efficiency of activities and procedures especially in the field of drug supply repression (see Summary).**

**It is one of the main approved tasks to submit to the government a motion of a legislative division of drugs to categories according to the level of health and social endangerment.** Drug users (and therefore possessors or

occasional small dealers) should be offered addiction treatment instead of punishment. Priorities of operation of criminal law system bodies should especially focus on inspection and prosecution of operations of highly organized criminal groups that produce, smuggle, and distribute illicit drugs (especially heroin). If we are to implement a rational and pragmatic drug policy based on scientific knowledge, we will have to reach a wide social consensus.

**Together with the Secretariat of the National Drug Commission, the Ministry of Health prepared a draft of Act on Protection against Damage Caused by Tobacco Products, Alcohol, and Other Addictive Substances.** It is expected that it will replace the current 1989 Act on Protection Against Alcoholism and Other Drug Addictions that does not sufficiently reflect the changes and needs to solve drug issues that occurred after the change of the political regime in our country. **The draft defines a system of drug policy coordination that reflects the public administration reform (establishment of 14 regions), the responsibilities and the competencies of public administration bodies at the central, regional and local level respectively, and the terms for distribution and sales of tobacco products and alcohol, including sanctions.** In the autumn of 2001, the House of Representatives of the Parliament of the Czech Republic recommitted the motion to the Ministry of Health for redesigning.

**In January 2001, newly established self-administration units - regions - began to operate; in the future, they are expected to play a significant role in implementation and coordination of drug policy at the local level. Therefore, the Secretariat of the National Drug Commission established communication with regional bodies immediately after they started to operate; it was the objective to support establishment of positions of drug coordinators and development of interministerial and interdisciplinary counseling bodies that will deal with drug policy issues in regions.** As at December 31, 2001 drug coordinators were appointed in eight of fourteen Czech Republic regions. It is anticipated that all regions should appoint drug coordinators and professional counseling assemblies consisting of local experts by the end of the year 2002. Regional drug policy strategies should also be available by then.

## 1.2 Legal Framework

**In terms of criminal law, amendment 112/1998 Coll.** was still implemented in the year 2001. It significantly amended the provisions of law 140/1961 Coll. with regard to the so-called **drug-related criminal offences.**<sup>8</sup> With regard to the fact that the legislative system, or, more accurately, operation of the individual branches dealing with law enforcement is generally regarded as very conservative, it is possible to assume that **“standard” enforcement of this amendment already took place in the third year of its’ applicability.** At the same time, it is possible to draw a timeline in 2001; however, it is necessary to reserve our judgment in considerations of the trend that follows from it.

**The mentioned Criminal Code amendment has affected all of the facts of the case related to the so-called drug-related criminal offences.** Force of the amendment was divided into two time segments. With effect from July 1, 1998, the facts of the case of Section 187 (unauthorized handling and possession of narcotic and psychotropic substances) were made more accurate in terms of the manners of handling of narcotic and psychotropic substances and other subjects handled in an unauthorized manner (i.e. precursors). In addition, **sanctions for commission of such crime increased.** At the same time, the circumstances conditioning use of higher penal rates were extended and sectioned off to more articles of the appropriate section. The facts of the case of Section 188, involving production of narcotic and psychotropic substances, were extended to production, provision or possession of an object designed for production of a preparation containing a narcotic or psychotropic substance. At the same time, the sanction for this crime increased. In addition, sanctions for the crime of drug addiction propagation according to the provisions of Section 188a of the Criminal Code also increased.

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<sup>8</sup> In this Annual Report, drug-related criminal offences stand for crimes according to facts of the case included in provisions of Sections 187 to 188a of the Criminal Code.

However, the amendment also brought about a significant change that was subject to extensive debates of the laic and the professional public. **With effect from January 1, 1999, the provisions of Section 187a of the Criminal Code re-anchored penalties of possession of a psychotropic substance or poison for personal use in a quantity greater than small.** The penalty is imprisonment for up to two years or a statutory penalty. In the case that an offender commits this crime on a large scale, he/she may serve one to five years of imprisonment.

Further to this provision, the provisions of Section 30 Article 1 letter. j) of Act No. 200/1990 On Violations **classified possession of a narcotic or psychotropic substance in a small quantity for personal use as a violation.**

**The object amendment did not define the term “quantity greater than small”;** it was expected that this quantity would be determined in a jurisdictional manner. *Chapter 1.3* describes concrete troubles connected with enforcement of this amendment.

An overview of applicable legislative regulations in the area of drug-related crimes and violations is included in *Picture 1-1*.<sup>9</sup>

In terms of arrangement of the course of criminal proceedings, the **start of operation of the Probation and Mediation Service** by virtue of Act 257/2000 Coll., effective from **January 1, 2001**, is regarded as an absolutely principal step. The operations of this newly established service significantly concern drug users and they even involve perpetrators of criminal acts<sup>10</sup> and criminal acts related to use of narcotic and psychotropic substances.<sup>11</sup> More details about the first year of implementation of this Act are included in *Chapter 1.3*.

As far as a definition of narcotic and psychotropic substances is concerned, criminal law includes them in a broader term “addictive substance”. According to Section 89 Article 10 of Act No. 140/1961 Coll., Penal Code, **“the term ‘addictive substance’ means alcohol, narcotics, psychotropic substances and other substances that can have unfavorable effects on human mind, motor and cognitive abilities or social behavior”**. The list of addictive substance is included in Act No. 167/1998 Coll., On Addictive Substances as amended.

**Appendices 1 to 3 of the mentioned act specify narcotics; at the same time, this list follows from Schedule I, II and IV of Convention on Narcotics**, issued in the statutes under the number 47/1965 Coll. **Appendices 4 to 7 of the mentioned act specify psychotropic substances; this list follows from Schedule I – IV of Convention on Psychotropic Substances**, issued as Decree 62/1989 Coll. **Appendix 8 of the mentioned act was drawn up by virtue of Schedule III of the Convention on Narcotics. Appendix 9 includes precursors specified in Table I of the UN Convention on Illicit Trade of Narcotic and Psychotropic Substances**; adoption of it by the Czech Republic was carried out by means of Advice No. 462/1991 Coll.. **Appendices 10 and 11 of the mentioned act specify assistant substances included in Table II according to the UN Convention on Illicit Trade of Narcotic and Psychotropic Substances.**

**The contents of the Act On Narcotics have been amended several times; in 2001, there were three changes:**

- The amendment established by Act No. 57/2001 Coll. included **Norefedrin** as another precursor in Appendix 9; with effect from 19.2.2001
- The amendment established by Act No. 185/2001 Coll., On Wastes as amended did not affect the actual list of addictive substances; instead it **touched upon handling of addictive substances**; more accurately, with

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<sup>9</sup> At the day of writing of this Annual Report, it is necessary to mention that there has been a new change in this legal arrangement. The amendment of the Criminal Code established by Act No. 134/2002 extended the facts of the case according to Section 188a of the Criminal Code. With effect from July 1, 2002, a person who tempts another person to abuse an addictive substance other than alcohol, or supports him/her in this, or incites or propagates abuse of such a substance in the press, film, radio, public computer network or any other manner of similar effect commits a crime. According to the amended provisions of Section 188a Article 2 of the Criminal Code, he/she can be sentenced to one to five years of imprisonment.

<sup>10</sup> The so-called “primary drug criminality” – in the Czech environment, this involves perpetrators of crimes according to Sections §§187, 187a, 188, and 188a, respectively.

<sup>11</sup> The so-called „secondary drug criminality”, i.e. especially crimes against property and, to a smaller extent, also violent crimes – both committed with the purpose of obtaining drugs or means for drugs.

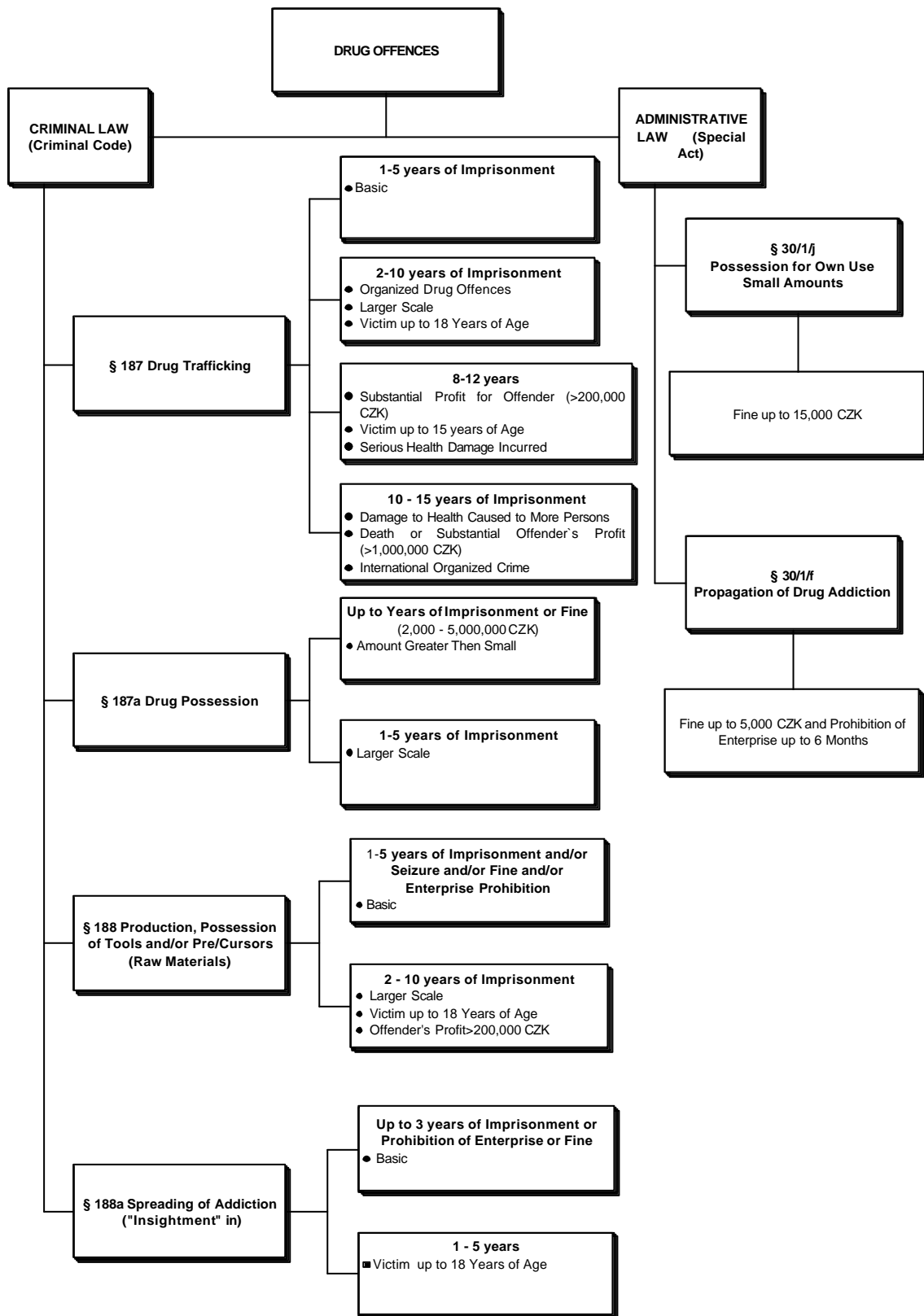
effect from January 1, 2002, **the sixth part of the Act on Addictive Substances regarding duty of reporting and registering was excluded.**

- The amendment established by Act No. 407/2001 has also affected handling of addictive substances; in addition, **with effect from January 1, 2002, the list of addictive substances was extended: another psychotropic substance “4-MTA“ was added to Appendix 4, psychotropic substance “2C-B“ was added to Appendix 5, and psychotropic substances “GHB” and “Zolpidem” were added to Appendix 7.**

As far as the field of treatment is concerned, the Ministry of Health of the Czech Republic issued an amended edition of “Substitution Treatment Standards”; it included the Subutex® containing buprenorphine among allowed preparations; it was issued as a Guideline No. ZD07/2001, and it has been applicable since April 1, 2001.

With effect from August 1, 2001, National Health Registers were established in response to the amendment of Act No. 20/1966 Coll., On Health Care, established by Act No. 260/2001. Inter alia, with effect from December 1, 2000, by virtue of authorities specified in the mentioned amendment the **Ministry of Health issued Advice No. ZD 06/2001 and it established a National Register of Users of Medically Indicated Substitution Substances.**

**The Government Bill on Crime Responsibility of Juveniles and Jurisdiction Regarding Juveniles, as amended, (the Act on Jurisdiction Regarding Juveniles)** represents another important step in terms of a change in the legislative environment of the Czech Republic. The Government submitted a draft of this law to the House of Representatives of the Parliament of the Czech Republic on August 10, 2001. On August 16, 2001, the draft was circulated to MPs as Print 1017/0; however, **only a first reading has taken place so far.** It was especially necessary to draw up the amendment due to **principal insufficiencies in the applicable legal regulation of criminal prosecution of juveniles.** This legal regulation is included in several criminal law regulations in the form of certain exceptions from the general legal regulation of penalization of adults. The existing material and the judicial process arrangement do not sufficiently differentiate criminal responsibility of juvenile perpetrators, they do not take account of the different genesis, nature and manifestations of criminal activities carried out by juveniles, and they do not sufficiently respect the necessity of a varied approach of bodies responsible for criminal proceedings to juveniles. **With regard to frequency of drug-related criminal offences and crimes committed by juvenile perpetrators in connection with use of narcotic and psychotropic substances, adoption of the mentioned new law will undoubtedly have a significant impact on penalization of perpetrators of this specific criminal activity.**



Picture 1-1: Legal arrangement of drug-related crimes in the Czech Republic in 2001

## 1.3 Implementation of Law

### 1.3.1 Definition of the Term “Quantity Greater than Small”

In terms of penal law in the field of drug issues, the amendment to the Criminal Code was the most important ruling, and it reintroduced penalties for possession of narcotic and psychotropic substances for personal use in a quantity greater than small (Section 187a of the Criminal Code) (see *Chapter 1.2*). This unclearly defined quantity of narcotic and psychotropic substances brought about trouble with law enforcement. Lawmakers assumed that jurisdiction would determine this quantity. Even if we omit the fact that Czech legal order does not regard jurisdiction as an obligatory source of law, and it rather sees it as a certain guide for practice, it is not possible to neglect the fact that formation of homogenous jurisdiction takes many years – perhaps even dozens of years. In addition, determination of an exact quantity of narcotic and psychotropic substances is a rather controversial issue especially with respect to individual dimensions of addiction.

However, it was not possible to expect (nor call for) respecting of jurisdiction by the bodies of the Police of the Czech Republic that were the first of the bodies responsible for criminal proceedings to have dealt with enforcement of the object amendment since 1999. Therefore, the Police followed from the obligatory instruction of the Police President that determined a “quantity greater than small” of basic types of narcotic and psychotropic substances that appear in the Czech market (see *Table 1-1*). Though, this instruction is not obligatory for Public Prosecutors or judges.

Table 1-1: Benchmark values of a small quantity of narcotic and psychotropic substances according to the Instruction of the Police President

Type	Quantity greater than small
Heroin	10 doses (100 mg a piece)
Cocaine	10 doses (50 mg a piece)
Amphetamine	10 doses (50 mg a piece)
Methamphetamine (Pervitin)	10 doses (50 mg a piece)
MDMA (Ecstasy)	10 doses (100 mg a piece)
LSD	10 doses (trips, 50 micrograms a piece)
Marijuana	20 cigarettes with 1.5% delta 9 THC

With regard to this fact, an instruction of the Supreme Prosecutor No. 6/2000 (Nejvyšší státní zastupitelství, 2000) was issued and it defined a quantity greater than small for the purposes of Public Prosecutor's Offices (see *Table 1-2*). Currently, the Police of the Czech Republic use this instruction regarding quantities of narcotic and psychotropic substances because it seems to be more accurate.

Table 1-2: Benchmark values corresponding with the provisions of Section 187a Article 1, 2 of the Criminal Code regarding the most frequently appearing narcotic and psychotropic substances according to the instruction of the Supreme Prosecutor

Type	Weight	
	"quantity greater than small" (g)	"on a large scale" (g)
<b>Heroin</b>	0.15 Heroin HCl (about 5 doses of 30 mg)	1.5 Heroin HCl (about 30 doses of 50 mg)
<b>Morphine</b>	0.3 Morphine HCl (about 10 doses of 30 mg)	4.5 Morphine HCl (about 45 doses of 100 mg)
<b>Methadone</b>	0.3 (about 10 doses of 30 mg)	4.5 (about 45 doses of 100 mg)
<b>Cocaine</b>	0.25 cocaine HCl (about 5 doses of 50 mg)	5 cocaine HCl (about 100 doses of 50 mg)
<b>THC (marijuana. has hish)</b>	0.3 (about 10 doses of 30 mg)	7.5 (about 250 doses of 30 mg)
<b>LSD</b>	0.0005 (about 10 doses of 50 micrograms.)	0.006 (about 120 doses of 50 micrograms)
<b>MDMA and homologues (MDEA, MDA, MDBD)</b>	1 MDMA - base (about 10 doses of 100 mg)	24 MDMA - base (about 240 doses of 100 mg)
<b>Amphetamine</b>	0.5 amphetamine - base (about 10 doses of 50 mg)	10 amphetamine - base (about 200 doses of 50 mg)
<b>Methamphetamine -base (Pervitin)</b>	0.5 (about 10 doses of 50 mg)	10 (about 200 doses of 50 mg)
<b>Psilocybin (magic mushrooms)</b>	0.05 (about 5 doses of 10 mg)	3 (about 300 doses of 10 mg)

A 'dose' means an average single dose for a first time user.

Again, this **instruction of the Office of the Supreme Prosecutor** (hereinafter also referred to as NSZ) does not oblige the judges; **their decision-making making is only bound to the law.**

Therefore, decision-making of the judicial practice required drawing up of expert opinions; both regarding the determination of quantity and quality of narcotic and psychotropic substances and the individual needs of the offender in connection with his/her contingent addiction. While **respecting all of these individual aspects of addiction, the Supreme Court of the Czech Republic issued two judicial acts in the year 2000 where it defined the terms "small quantity" and "quantity greater than small" in the following manner:**

*"In the sense of Section 187a of the Criminal Code, it is possible to define a small quantity of narcotic and psychotropic substances as an individually determined daily dose of a narcotic or psychotropic substance in a quantity common for a concrete person that uses these substances, a dose that corresponds with his/her addiction to such substances, a dose that cannot produce a serious health or life endangerment of the person."* (Judgment Rt 13/2000 issued on February 16, 2000 by the Supreme Court of the Czech Republic).

*"In the sense of Section 187a Article 1 of the Criminal Code, a "quantity greater than small" should be regarded as a quantity of a narcotic or psychotropic substance or poison in an amount that in terms of endangerment of human life and health exceeds a common single dose of an average consumer by five to ten times."* (Judgment 4 Tz 142/2000, issued on July 12, 2000 by the Supreme Court of the Czech Republic).

### 1.3.2 Practice of Public Prosecutor's Offices and Courts

**Even the Office of the Supreme Prosecutor evaluated the results of enforcement of new drug legislature;** i.e. new provisions of Section 187a of the Criminal Code, and the amendment of other drug-related crimes. In the years 2000 and 2001, it processed knowledge about enforcement of the object legal norms and drew up a "Special Report on Knowledge Related to the Application of Amendment of Criminal Law No. 112/19989 Coll., in Particular, on the Application of Facts of the Case of a Criminal Offence According to Section 187a of the Criminal Code" (Analytický and legislativní odbor Nejvyššího státního zastupitelství, 2000) and "Excerpt from the Report of the Office of the Supreme Prosecutor on the Operations of Prosecution in 2000," provided to the solvers of the PAD project through the mediation of the National Drug Commission of the Office of the Government of the Czech Republic (now Council of the Government for Drug Policy Coordination – the term National Drug Commission is used in English).

**In these documents, it is also possible to come to the following assessments of application of the amendment:**

- **It is possible to assume that it is only due to the very liberal approach of the Police that there has not been an extreme increase in criminal activities according to the provisions of Section 187a of the Criminal Code**
- **Practical application of the provisions of Section 187a article 1 of the Criminal Code brings about serious difficulties.** Although it is an arrangement of facts of a case of a criminal offence that does not show a significant level of social endangerment, the arrangement is still inordinately costly, complicated, and controversial in many respects. **In this context, it is necessary to call attention to the difficulties related to recording of serious criminal activities (dealing of narcotic and psychotropic substances) where former witnesses became potential offenders and consequently, they do not have to testify in the particular case.**
- **The amendment has not brought about the desired effect even in connection with other facts of cases of drug-related criminal offences.** As far as criminal offences according to Section 187 and Section 188 of the Criminal Code are concerned, due cohesion of the basic and qualified facts of a case, and articulation of terms of sentences is also missing. With regard to above-mentioned information, it appears necessary to take advantage of all existing alternatives of criminal sanctions, or, more accurately, all manners of diversion of criminal proceedings

In addition to the difficult application of the provisions of Section 187a of the Criminal Code by Public Prosecutor's Offices, even the courts recorded **increased difficulties with application of Section 187 Article 3 Coll. with regard to marijuana smokers who give (even just one) dose to a person under 15 years of age** (which happens rather frequently with respect to the mode and frequency of marijuana use in this population group – school surveys confirm that first-time users usually get the drug (and so even marijuana) from a schoolmate). **Provision or delivery of even just one dose of a drug to a person under age 15 is punished with a sentence of eight to twelve years of imprisonment.**<sup>12</sup> Then, the bodies responsible for criminal proceedings are forced to argue about low public endangerment – or they use Section 40 Article 1 of the Criminal Code about lowering of sentence under the limit specified in sentencing guidelines).

**In terms of the above-mentioned facts, it is possible to argue that all of the branches dealing with law enforcement show similar application problems regarding the amendment; this involves both the judgment and the hearing of criminal offences according to the provisions of Section 187a of the Criminal Code, or trying of other drug-related delicts. Absence of differentiation between "hard" and "soft" drugs brings about serious difficulties especially when the provisions of Section 187 of the Criminal Code are to be applied.**

<sup>12</sup> a "schoolmate" under 15 is not responsible under penal law; he/she is a juvenile until the age of 18, and so he can only be sentenced to a maximum of 5 years of imprisonment

### 1.3.3 Probation and Mediation Service

**Probation and Mediation Service** (hereinafter also referred to as "PMS") **started to operate on January 1, 2001** by virtue of Code No. 257/2000 Coll., On Probation and Mediation Service. The following information about the first year of application of the amendment involving Probation and Mediation Service follow from statistics of the Probation and Mediation Service and from the 'Commentary on Statistical Evaluation of Operations of Probation and Mediation Service Centers in the Czech Republic in the period from January 1, 2001 to December 31, 2001'.

- **In 2001, the Probation and Mediation Service worked on 24,961 cases** (in 2001, Public Prosecutor's Offices prosecuted 110,461 persons; and 60,182 persons were convicted by court)
- **Only 8.1% of the cases involved criminal activities of juveniles** (1,486 cases)
- **In terms of the total number of cases registered by the Probation and Mediation Service, the rate of cases involving the so-called drug-related criminality (628 cases, i.e. 3.4%) is relatively low (at the same time, Public Prosecutor's Offices filed 2,160 suits and the courts convicted 1,094 persons for drug-related criminal offences)**
- **When we compare the loads of the individual Probation and Mediation Service centers, there is a markedly higher load in the field of enforcement proceedings (16,813 cases) than in the preparatory proceedings (2,401 cases)**
- Within the framework of preparatory proceedings, the Probation and Mediation Service centers experienced the **highest load in the area of preparation of background papers** for alternative manners of criminal proceedings (the institute of conditional discontinuation of criminal prosecution and the institute of settlement)
- In the field of enforcement proceedings, the centers conducted activities in the area of ensurance of the penalty of community works and in the area of monitoring of period of probation with concurrent imposition of adequate reasonable responsibility / qualification of discontinuance of criminal proceedings.

*Chapter 12.3* deals with another substantial issue – alternative punishments; it involves both the amendment of the Criminal Code and the new law on Probation and Mediation Service.

## 1.4 Developments in Public Attitudes and Debates

The year 2001 was the third year of applicability of the amended drug-related legislature that introduced **penalties for possession of drugs for personal use**. Therefore, the introduction and the impacts of this section were the main topics of public and political debates. In the beginning of the year, the Public Opinion Poll Center conducted a survey of 989 persons **regarding opinions about drugs, drug users and efficiency of the above-mentioned drug legislature amendment**. Despite of limited validity, the survey indicates certain **qualitative shifts in public opinions**; especially among the **young population, there has been an apparent increase in tolerance of use of illicit drugs and drug users**. This probably follows from the fact that young people under age 29 encounter drug use in their environment more frequently. At the same time, drugs are also offered to them more often, they report more frequent personal experiences with the use of an illic it drug. This fact also reflects in a gradual **decrease in the share of citizens who believe that drug users should be punished**. The increasing **tolerance of citizens (especially in young age categories) towards drug users reveals the most in the cases of the so-called "soft" drugs (especially marijuana)**, occasional consumers of these substances enjoy the highest rate of tolerance.

Table 1-3: Acceptance of contingent criminal prosecution of drug users (Glasová and Centrum pro výzkum veřejného mínění, 2002)

	1996	1997	2000	2001
Hard drugs users	79	77	77	73
Soft drugs users	62	58	60	52
Occasional users of soft drugs	46	46	45	38

*Negative answers and the answers "I don't know" complete the 100 % calculation in the columns.*

Survey participants had a much clearer attitude towards the question whether tightening of drug-related legislature has led to a decrease in the number of consumers and drug sellers. **Only nearly one tenth of the respondents believe that the amendment had a favorable impact and it helped to reduce the number of drug users and sellers. According to three fifths of the respondents, tighter legislature had zero efficiency.** Nearly a third of the respondents answered "I don't know"; this documents a relatively low interest of the public in drug-related issues, or it even shows that they are not familiar with the new law.

Table 1-4: Development in evaluation of efficiency of the drug law (according to Glasová and Centrum pro výzkum veřejného mínění, 2002)

The law lead to a:	2000	2001
<b>a) decrease in the number of drug users</b>		
yes	9	8
no	60	58
<b>b) decrease in the number of drug sellers</b>		
yes	10	8
no	60	59

**The lack of confidence in or satisfaction with the implementation of penalties for possession of illicit drugs for personal use that did not reflect in a decrease in the number of drug users or sellers also appeared in parliamentary discussions.** In the media, several MPs openly expressed their negative attitude towards prosecution of possession of drugs for personal use that in the end rather had an impact on the users and not on the sellers of drugs as the sponsors of tighter legislature used to promise. The conflicts of opinions in the media resulted in preparation of two independent initiations of bills; however, only one of them ended up in a proposal of amendment to the House of Representatives of the Parliament of the Czech Republic.

On June 15, 2001 in the House of Representatives of the Parliament of the Czech Republic, František Pejrl (MP of the Conservative Party (ODS)) initiated a **seminar about cannabis (marijuana)**; it was carried out under the auspices of the Parliamentary Committee for Social Policy and Health. Invitations were sent to representatives of the ministries of health, justice, and interior, to the National Drug Commission, drug experts, journalists and members of the Parliament. **Only three members of the Parliament participated.** Acute and chronic risks, current findings about psychosocial risks and consequences of cannabis use, and various legislative approaches to possession and use of marijuana were discussed at the seminar.<sup>13</sup> In the end of the seminar, the promoter of the seminar informed of his intention to propose an **amendment to the Criminal Code and the Act on Violations by which he would have liked to achieve cancellation of Section 187a that, with effect from January 1, 1999, defined possession of drugs for personal use as a criminal offence or a violation depending on quantity.**

<sup>13</sup> several documents from this seminar are published on the web site of the Council of the Government for Drug Policy Coordination (<http://www.vlada.cz/1250/vrk/vrk.htm>) in the section "Documents → Marijuana – Myths and Facts"

**The mentioned amendment was really proposed to the Parliament and it was discussed on December 12, 2001.**

Inter alia, arguments of the sponsor of the amendment followed from the conclusions of the *Impact Analysis Project of New Drugs Legislation in the Czech Republic* and he evaluated implementation of the object section as a shift of Czech drug policy towards a repressive approach to drug use. In the following debate, most of the MPs were against the proposal. In the discussion, there was obvious that **the MPs do not have sufficient knowledge** (which also reflected the situation in Czech society) **and understanding of the significance of and the differences between various legislative terms** - especially legalization of drugs and decriminalization of possession of drugs for personal use. The example of the Netherlands was presented as a deterrent example, and it was said wrongly that marijuana was legalized there. Allegedly, this led to a dramatic increase in abuse of all illicit drugs, especially heroin, among young Dutch people.<sup>14</sup> After a debate that was very poor in arguments and very rich in emotions, the **proposal was ruled out in the first reading.**

**Very frequently, the topic of illicit drugs and use of illicit drugs appeared in nationwide and regional media** There persisted a simplifying and condemnatory attitude towards drugs, drug users, and related problems. However, there was an obvious increasing trend of several media to provide more objective information about factors that have effects on drug use and development of addiction, and about the fact that addiction is rather a disease than a criminal offence. There were also increased efforts to bring more complex and authentic information about various programs of drug prevention, treatment and social (re-)integration of drug addicts. **Active media policy of professional programs and workstations has played an increasingly more important role in this change in the attitudes of journalists.**

## **1.5 Budget and Funding Arrangements in the Year 2001**

In Resolution No. 1045 of October 23, 2000, the Government of the Czech Republic adopted the 2001 - 2004 National Drug Policy Strategy (Meziresortní protidrogová komise vlády CR, 2000). It was one of the provisions of the Strategy that **funding of drug policy will be implemented at two levels: at the central and the local one.** The same resolution also commissioned the Council of the Government – National Drug Commission to earmark financial resources from the General Cash Administration - Drug Policy Expenses budget chapter.

**In addition, even the budgets of other ministries participate in direct funding of drug policy. In the field of law enforcement, this involves the Ministry of the Interior, the Ministry of Finance, and the Ministry of Justice. In the area of drug demand reduction (prevention, treatment and resocialization), there is participation of the Ministry of Education, Youth and Physical Education (funding of implementation of primary prevention programs provided by governmental and non-governmental subjects), the Ministry of Health, and the Ministry of Labour and Social Affairs (subsidies for ensurance of specific social or health care services included in the program of secondary and tertiary prevention). The Ministry of Agriculture participated in drug policy funding in the field of primary prevention**

Subsidy proceedings for local drug policy programs involve:

- Drawing of methodology for applicants for subsidies,
- Cooperation with drug commissions at the local level and with drug coordinators during putting in of applications for subsidies,
- Ensurance of expert opinions by external experts regarding the submitted applications,
- Evaluation of reports about programs implemented by the applicants in the preceding year, drawing up of background papers for meetings of the Committee and then for meetings of the Council.

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<sup>14</sup> However, it follows from all available studies – e.g. the international school survey ESPAD (Hibbell et al. 1999) – and the Annual Reports of the EMCDDA ([www.emcdda.org](http://www.emcdda.org)) that the Netherlands is one of the least affected European Union countries in the view of seriousness of problem drug use and lifetime experiences of 16-year-old pupils with any illicit drug including marijuana

Table 1-5 provides a summary of expenses of the National Drug Commission and the individual ministries; details are included in the following subchapters.

Table 1-5: Drug policy expenses CR in the year 2001 (in CZK thousands)

	NDC (local level and Office of the Government)	Ministry of Health	Ministry of Education, Youth and Physical Education	Ministry of Labour and Social Affairs	Ministry of Agriculture	Ministry of Defense	Ministry of Justice Department of Justice	Ministry of Finance (General Customs Headquarters)	Ministry of the Interior	TOTAL
Non-investment resources	109,535	26,842	17,047	29,938	500	12,459	6,432	939	15,448	219,140
Investment resources		7,167						18,102		25,269
<b>TOTAL</b>	<b>109,535</b>	<b>34,009</b>	<b>17,047</b>	<b>29,938</b>	<b>500</b>	<b>12,459</b>	<b>6,432</b>	<b>19,041</b>	<b>15,448</b>	<b>244,409</b>

### 1.5.1 Secretariat of the National Drug Commission

In 2001, an amount of CZK 109,535,000 was drawn from the budget chapter of the General Cash Administration - Drug Policy Expenses. Thereof, CZK 21,215,000 were earmarked to programs of ministries (Ministry of Health, Ministry of Education, Youth and Physical Education, Ministry of Agriculture), CZK 84,308,000 were earmarked to drug policy programs at the local level, and CZK 4,012,000 were appropriated to the chapter of the Office of the Government for professional operation of the Secretariat.

In subsidy proceedings regarding local drug policy programs, 175 drug programs conducted by district and regional authorities were supported:

- 57 outreach centers (CZK 30,415,000)
- 22 therapeutic communities and residential facilities (CZK 24,076,000)
- 8 after-care programs (CZK 7,974,000)
- 20 field programs (CZK 8,271,000)
- 55 primary prevention programs (CZK 9,290,000)
- 8 programs of outpatient treatment and day-care centers (CZK 3,038,000)
- 5 other programs (CZK 1,245,000)

Financial resources transferred from the General Cash Administration – Drug Policy Expenses budget chapter to the chapter of the Office of the Government also support other research projects, scientific works and projects of international cooperation. In the year 2001, these involved:

- project evaluation (CZK 98,000)
- translation of a book "Handbook on Prevention of Alcohol, Tobacco and Drug Use" (CZK 41,000)
- drawing up of professional standards – contribution to AT conference CLS JEP, Evaluation guide, Needs and Process Analysis (translations of publication of WHO), (CZK 200,000)
- establishment of instruments of program efficiency measurement– manuals for field programs, low-threshold facilities and therapeutic communities / drug addiction treatment programs were drawn up (CZK 317,000)
- printing of professional literature – printing of the 2000 Annual Report on the Status and Development in Drug Issues in the Czech Republic, printing of the English version of the PAD survey, Supervision – working textbook (CZK 635,000)
- project DDRSTP II – work of professionals and printing of a Glossary of Terms from the Field of Drugs and Drug Addictions (CZK 197,000)
- project Phare 2000, costs of work of Czech professionals – participation of the Czech Republic (CZK 604,000)

- information and media activities – printing of the Catalogue of Services, contribution to professional journal Adiktologie, contribution to printing of a book O rodicích, detech and drogách, search database of preventive and addiction treatment programs for the public – involvement in Help Line (CZK 542,000)
- implementation of Impact Analysis Project of New Drugs Legislation in the Czech Republic (PAD), completion of data collection and analysis, printing of the final report (CZK 1,177,000)
- informatics – purchasing of software for monitoring and reporting of drug-related mortality in departments of forensic toxicology (CZK 202,000)

### 1.5.2 Ministry of Health

The program of drug policy of the Ministry of Health focused on fulfillment of tasks resulting from the 2001 - 2004 National Drug Policy Strategy. In particular, the main emphasis was placed on maintenance of operation of the existing facilities and programs, on the process on improvement of quality of services for drug addicts (system of accreditations), and increasing of availability of substitution programs and outpatient treatment for drug addicts. Subsidy priorities corresponded with this fact.

**For this purpose, in the year 2001 the Ministry of Health approved 145 drug policy programs, and it allocated CZK 34,009,000; thereof, CZK 26,842,000 of non-investment and CZK 7,167,000 of investment means.**

Financial resources provided to the Ministry of Health from the General Cash Administration – Drug Policy Expenses budget chapter were used for:

- Support of operation of low-threshold centers (CZK 8,007,000)
- Pilot project of accreditations of drug addiction treatment facilities (CZK 1,000,000)

### 1.5.3 Ministry of Education, Youth and Physical Education

The Ministry provided **the newly established regions with a transfer of financial resources at an amount of CZK 4,148,000 for implementation of Minimum Preventive Programs in schools and school facilities.**

The Ministry of Education, Youth and Physical Education used the subsidy from the **General Cash Administration – Drug Policy Expenses budget chapter (CZK 11,948,000)** for:

- Project of Drawing Up of Standards of Drug Addiction Prevention, and establishment of a system of accreditations and licenses in the field of drug prevention (subsidy of CZK 2,497,000, implemented by Pedagogical Faculty of Palacky University in Olomouc)
- Implementation of a system of secondary prevention applied in schools (2,409,000)
- National program of development of sports for everyone (2,042,000)
- Wages of district prevention methodologists (CZK 5,000,000)

**In total, the ministry earmarked financial resources at an amount of CZK 17,047 to drug policy.** Within the framework of social prevention and crime prevention, the Ministry of Education, Youth and Physical Education also earmarked an amount of CZK 10,000,000.

### 1.5.4 Ministry of Labour and Social Affairs

**In the year 2001, the Ministry of Labour and Social Affairs earmarked an amount of CZK 29,938,000 to drug policy.** From this amount, especially the projects that ensure the following services were supported:

- outreach work (CZK 13,441,000)
- day-care center (CZK 1,529,000)
- therapeutic communities (CZK 7 846,000)
- crisis help (CZK 403,000)
- counseling (CZK 1,167,000)
- supported employment (CZK 1,852,000)
- sheltered housing (CZK 1,732,000)

All of the subsidies were strictly provided for specific purposes; it was only possible to use the financial resources for fulfillment of tasks, and the specified classification of resources had to be observed.

### 1.5.5 Ministry of Agriculture

From the budget chapter General Cash Administration – Drug Policy Expenses, resources for subsidized organizations of governmental apprentice training center (CZK 260,000) were transferred to the budget chapter of the Ministry of Agriculture. Implementation of seven projects of drug use prevention at seven secondary vocational schools established by the ministry was funded from this amount. In addition, the actual Ministry of Agriculture supplied a subsidy at an amount of CZK 240,000 as a contribution for selected primary prevention projects in the area of apprentice school system and ensurance of a course for drug prevention methodologists. Therefore, **in 2001 the Ministry of Agriculture supplied CZK 500,000 to drug policy programs.** In addition, it earmarked an amount of CZK 1,065,000 to ensurance of sports and other leisure time activities.

### 1.5.6 Ministry of Defense

**In total, CZK 12,459,000 were used from the budget of the Ministry of Defense; thereof, the most resources were earmarked to physical education and sports (CZK 5,822,000), culture (CZK 2,879,000) and education (CZK 1,176,000) (see Chapter 9).**

**In total, the Ministry of Defense expended an amount of CZK 2,582,000 to drug policy.**

By virtue of the submitted projects approved by the Co mmission for Prevention of Socially Pathological Phenomena, the non-investment financial resources were appropriated to the following individual programs:

- LABIS – “Laboratory Monitoring of Abuse of Addictive Substances among members of the Army of the Czech Republic”
- DROGIS – “Drug Information System”
- “Diagnostics” – a Necessity for Adequate Prevention”
- ”Salutogenetic Approach to Addiction Prevention among University Population”
- EKO 2005 (proproject PEKO 1,2,4)
- “Monitoring of the Current Situation in the Army of the Czech Republic in the Field of Prevention of Socially Pathological Phenomena”

### 1.5.7 Ministry of Justice

**In the year 2001, actual current expenditures of the Ministry of Justice for drug policy programs were CZK 6,432,000.**

Thereof, the Prison Service used CZK 5,952,000 for its own programs of:

- introduction of drug-free zone programs
- implementation of a program of handling with drug addicted inmates
- professional equipment of counseling centers
- education of employees about drug policy
- testing sub stances for detection of presence of drugs

The judicial part drew an amount of CZK 480,000 for holding of a seminar for officers of the Probation and Mediation Service and publication of a manual about drug issues.

### 1.5.8 Ministry of Finance (General Customs Headquarters)

On its own or in cooperation with appropriate domestic and foreign partners, the General Customs Headquarters (a branch of the Ministry of Finance) is significantly involved in drug supply reduction. **Current expenditures in the amount of CZK 939,000,000** were used for purchases of protective aids for workers of drug groups, small materials,

dogs and veterinary treatment. **Capital expenditures were CZK 18,102,000;** they were mainly used for purchasing of cars, drug detectors, computer technology including software, completing of the Motorola system.

#### 1.5.9 Ministry of the Interior

In the year 2001, the Ministry of the Interior supported many projects of social prevention focusing on vulnerable groups of juveniles, victims of criminal offences, handicapped Romany population and other risk-laden groups, e.g. released prisoners, drug addicts, homeless, and prostitutes. **A total amount of CZK 15,448,000 was earmarked for these non-specified programs.**

## **PART II: EPIDEMIOLOGICAL SITUATION**

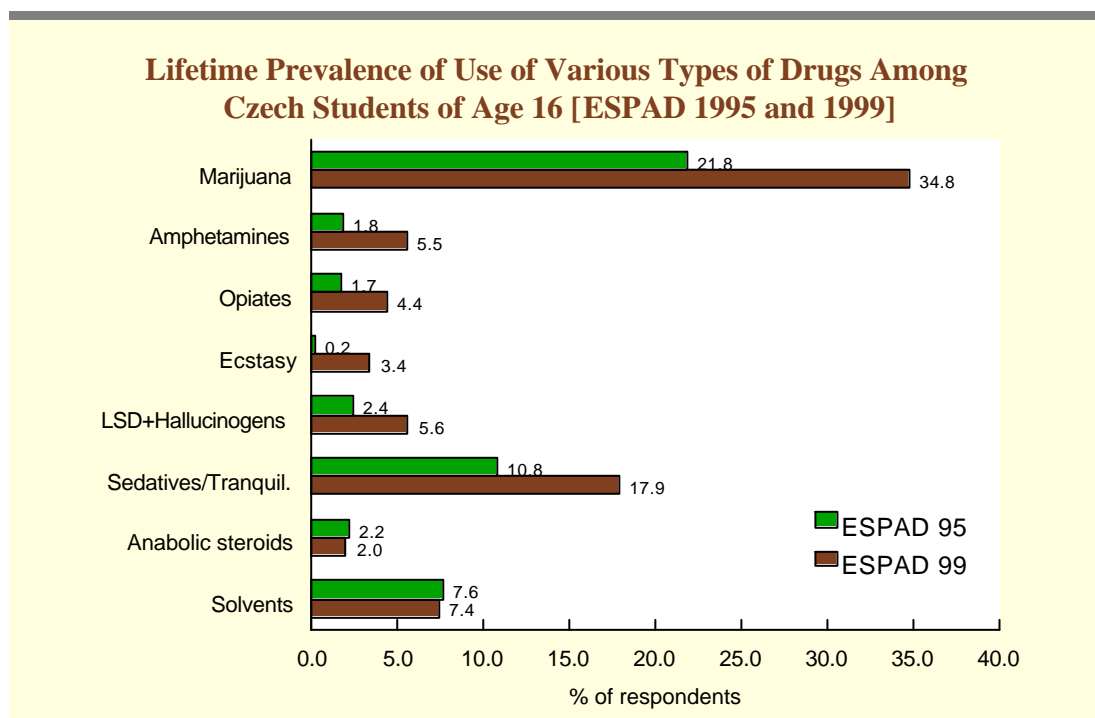
## 2 Prevalence, Trends and Patterns of Drug Use in the Population

### 2.1 Drug Use in the Population

#### 2.1.1 Prevalence, Trends and Patterns of Drug Use among Juveniles

**Drug use is usually connected with the age of adolescence or young adulthood.** In most of the developed countries, the rate of exposure of young people to drugs is detected by means of school questionnaire surveys. Several surveys were carried out in the Czech Republic in the previous years; there are **three projects** of special importance in terms scope and methodological intensity. First of all, it is necessary to mention the **European School Survey Project on a Alcohol and Other Drugs - ESPAD**. It follows from the title that it is an **international research** with the objective to compare changes in addictive behavior of juveniles in four-year intervals. **The Czech Republic has participated in the project since the beginning; and so data from the years 1995 and 1999 are available.** Complete results of the international comparison were published in the year 2001 (Hibbell et al. 1999). **In terms of consumption of illicit drugs, the results show that there has been an increase in most of the monitored European countries.**

Picture 2-1 shows substantial changes in the researches from 1995 and 1999. It is completely apparent that **use of cannabis drugs is the most widespread** - 22% of respondents in the year 1995 and 35% in the year 1999 reported at least one personal experience with marijuana or hashish. Then there follows inhaling of volatile substances (7.2% in the year 1999), use of hallucinogens, stimulants, drugs containing opiates, and use of ecstasy that was difficult to record at all in the year 1995. In terms of these changes, it is possible to regard the mentioned **increase in use of opiates and amphetamine drugs** as especially serious.



Picture 2-1: Changes in lifetime prevalence (i.e. the number of those who have tried an illicit drug at least once in life) among 16-year-olds in the Czech Republic according to the results of the ESPAD1995 and 1999 survey

Table 2-1 provides a picture of **incidence of repeated use**, i.e. using of a drug for more than 5 times. It is a **pattern of behavior that cannot be regarded as exceptional or completely isolated experimenting**; however, it does not necessarily mean problem use. **In the period between the years 1995 and –1999, rate of repeated drug use had increased by 2.5 - 3 times.** It also means that has been a marked increase in the number of young people with a higher level of endangerment of direct and indirect risks of drug use (intoxication, spreading of infectious diseases).

**In general, drug use is more widespread among boys.** We have found a statistically relevant difference regarding use of marijuana. **There is a different situation when we compare the experiences with drugs other than cannabinoids. Here, the differences between genders are non-significant** (4.6% boys and 4.0% girls in the year 1995, or, more accurately, 9,6% and 8,5% in the year 1999). As far as **experiences with opiates and stimulants** are concerned, the **situation is completely balanced**; in the view of gender, the rates were even higher among girls in the year 1999.

Table 2-1: Repeated Drug Use (more than 5 times) in the year 1995 and 1999

**Rates of use of illicit drugs with frequency >5 times lifetime in 1995 and 1999 (based on data from the ESPAD study)**

	1995	1999
Any illicit drug	7.2 %	17.4 %
Any illicit other than cannabis	1.1 %	3.6 %
Cannabis	6.4 %	16.2 %
Heroin and/or other opiates	0.4 %	0.8 %
Amphetamines (mainly pervitin)	0.2 %	1.3 %

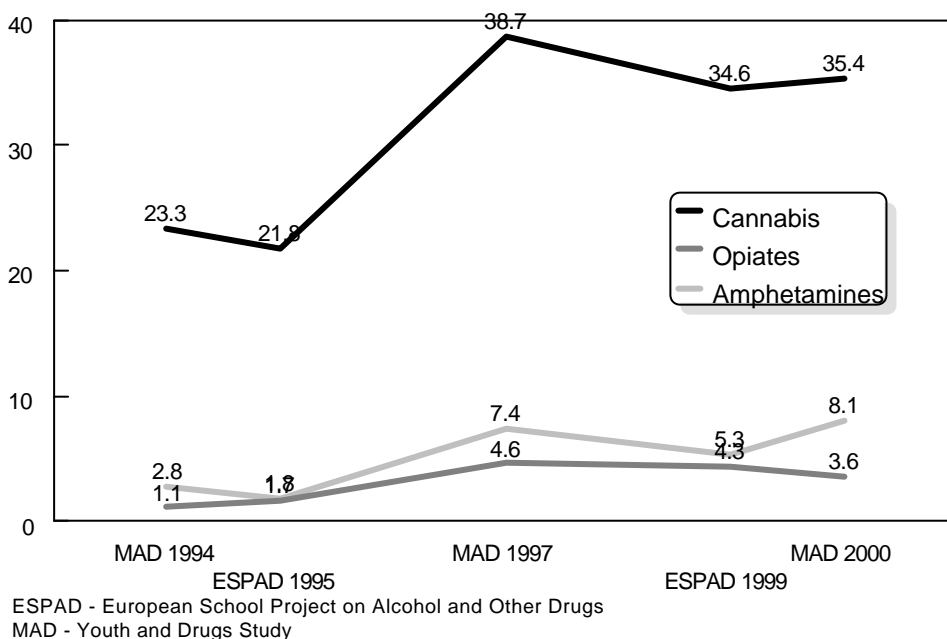
**In the ESPAD survey, the pupils were represented according to types of school - this was identical with the distribution for the whole population** validated according to data from yearbooks of the Institute for Information in Education. Monitoring of relationships between drug use and the type of attended school has demonstrated that **the rate of endangerment by a drug has indirect relation to the level of completed education** (inter alia, this also follows from the type of school where the person is schooled). **Socio-demographic risk factors involve low level of education and low level of academic aspiration.**

The first and most prominent piece of knowledge resulting from a comparison of regional differences in terms of use of addictive substances shows that **Prague has a dominant position as an area with an extraordinarily high rate of drug use among youth.** However, this finding is not unexpected. It is a well-known fact that even the rates of other socially pathological phenomena are higher in large cities. In the 1999 research, **Northern Bohemia, Western Bohemia and Southern Moravia were the other vulnerable regions.** The fact that even some other regions were

dominant in the year 1995 shows that availability of and demand for drugs also vary in individual areas. The data from the research confirm that **availability increased in all regions between the years 1995 and 1999.**

The second project we will mention is the **Mládež a drogy (MAD)** survey (Youth and Drugs); a special department of the Hygiene Station of Capital Prague implemented it in the years 1994, 1997 and 2000. Even this project has a nationwide scope; however, in comparison with the ESPAD, **it covered a wider range of age of adolescents** (i.e. practically 15-19 years of age) (Polanecký et al. 2001). **In the view of a comparison of corresponding age cohorts, it is possible to compare the results of the MAD survey with the ones of the ESPAD survey.** Mravčík and Záborský (2001) attempted to conduct a secondary survey of this type; they came to a conclusion that **after a rapid increase in drug use among 16-year-olds, the curve started to get flat in the course of the second half of the 1990s'. In addition, there is differentiation in attitudes and experiences with pervitin on the one hand, and with other drugs on the other hand.** *Picture 2-2* shows this trend, and *Table 2-2* summarizes the main results of the school surveys.

Drug use in Czech adolescents of age 16 (lifetime prevalences) since 1994



Picture 2-2: Comparison of drug use among 16-year-olds (Data source: Mravčík & Záborský 2001a)

**The NEAD project represents the last large survey.** Podané ruce civic association and the Institute of Psychology of the Czech Academy of Science (Miovský and Urbánek, 2001) have co-implemented it. Unlike the previous two surveys, it was one of the main objectives of the NEAD **to monitor interregional differences at the level of districts, and to supply data that can be used for prevention at the local level.** The project was implemented in the year 2000, and it covered nearly all Moravian districts; however, coverage of Bohemia was unsatisfactory. Basically, the patterns of drug use detected within the framework of the NEAD project did not differ from the ones from the previous surveys: drug use was the most widespread among adolescents from large towns (100,000 inhabitants and more). In countryside, or, more accurately, agricultural districts, prevalence rates were a bit lower than in industrial parts. **Solvent abuse was the most widespread in economically deprived areas with high rates of unemployment.** The NEAD project is a good example of a survey that has contributed to a better understanding of the socio-geographic context of drug use.

Table 2-2: Summary of results of the MAD and the ESPAD school surveys

	1994	1995	1997	1999	2000
<b>Mládež and drogy (MAD)</b>	<i>[Lifetime prevalence]</i>		<i>[Lifetime prevalence]</i>		<i>[Lifetime prevalence]</i>
<b>Hygienická stanice HI. m. Prahy</b>	Marijuana - 30%		Marijuana - 35%		Marijuana - 47%
<b>Age 15-19</b>	Heroin -		Heroin (+opiates) -		Heroin (+opiates) -
<b>N(1994) = 3.997</b>	(+opiates) < 1%		2.7%		2.5%
<b>N(1997) = 8.767</b>	Amphetamines -		Amphetamines -		Amphetamines -
<b>N(2000) = 6.340</b>	3%		- 6.1%		7.5%
	LSD - 6,3%		LSD - 6.0%		LSD - 9.1%
	Ecstasy - n.a.		Ecstasy - 3.6%		Ecstasy - 6.8%
<b>ESPAD</b>		<i>[Lifetime prevalence]</i>		<i>[Lifetime prevalence]</i>	
<b>Psychiatrické Centrum Praha/ Státní zdravotní ústav</b>		Marijuana -		Marijuana -	
<b>Age 16</b>		21.8%		34,6%	
<b>N (1995) = 2.962</b>		Heroin (+opiates) -		Heroin (+opiates) -	
<b>N (1999) = 3.579</b>		1.7%		4,3%	
		Amphetamines -		Amphetamines -	
		1.8%		5,3%	
		LSD - 2.4%		LSD - 5,4%	
		Ecstasy - 0.2%		Ecstasy - 3.4%	

### 2.1.2 Drug Use in Selected Youth Groups

It is a well-known fact that **young people who prefer techno music and rave parties have higher affinity to drug use**. From this point of view, they represent a special youth group or population. Tossmann and his colleagues (Tossmann et al. 2001) coordinated an interesting multicentric survey comparing drug use in the dance scene. With regard to the fact that Prague was one of the metropolises that participated in the survey, we can compare drug use among young Praguers who go to dance parties with their peers from Western European cities. The results were also published in Czech (Csémy et al. 2000a), and they confirm the hypothesis that drug use is more prevalent in this group than it is in the general population of adolescents. The comparison between towns suggests that there are more similarities than differences (see Table 2-3). **Young Czechs in Prague listen to the same music as young people in Germany or Switzerland, and they have very similar attitudes to drugs**. It remains a question whether the similarities in attitudes and behavior imply that it is possible to apply similar approaches of equal efficiency in the field of prevention.

Table 2-3: Drug use in the course of the last month among visitors of dance parties (%)

	Amsterdam	Berlin	Madrid	Prague	Rome	Vienna	Zurich
<b>Marijuana</b>	66.5	54.9	66.0	69.5	44.4	45.3	6.3.6
<b>Ecstasy</b>	57.1	22.6	33.4	19.2	16.3	12.1	27.8
<b>Amphetamines</b>	19.0	23.6	16.4	19.8	9.9	16.2	17.6
<b>Hallucinogens</b>	16.5	13.2	15.8	21.6	8.1	12.1	18.6
<b>Cocaine</b>	27.0	10.2	46.6	6.1	17.7	9.7	12.0
<b>Opiates</b>	0.6	0.8	1.2	5.7	1.0	3.0	2.2

Source: Tossmann et al. 2001

### 2.1.3 Methodological Information

**Implementation of school surveys assumes observation of methodological standards that are a precondition for generalization and comparability of the acquired findings.** As far as the **ESPAD survey is concerned, each**

**country has had to observe relatively strict rules** regarding preparation of a uniform questionnaire form, sampling technique application, data collection procedure and format of basic outputs. The contents of a standard questionnaire form used in the ESPAD survey covered the area of use of licit and illicit addictive substances and the area of attitudes to addictive substances. **In addition to basic socio-demographic data**, if agreed with the coordinators, the solvers are also allowed to include other areas in the research (facultative modules); e.g. the area of psychosocial functioning, the area of deviant behavior, etc. Multi-step stratified sampling is used as the technique for construction of the research sample; a classroom or a school represents the lowest sampling unit. **The MAD and the NEAD surveys also followed from the ESPAD questionnaire; they carried out minor modifications that allow for data comparability.**

In terms of the above-mentioned comparability of results, the manner of sampling and the agreement of parameters of the sampling set with the parameters of the population represent a **more significant problem**. In the case that substantial variations are found, it is necessary to apply statistical procedures that correct the effects of the odd distribution.

**In this sense, use of corresponding weighting in the MAD survey would have led to a more accurate estimation of prevalence values applicable for the national level and to higher accuracy of discovered trends .**

Because of insufficient coverage of Bohemian districts, the **NEAD survey does not allow for a prevalence estimation at the national level; however, this fact does not impose limitations on the above-mentioned possibilities of inter-regional comparisons at the level of districts.**

## **2.2 Problem Drug Use**

In the Czech Republic, it is estimated that there are 37,500 problem users; most of them use pervitin or heroin; thereof, there are 30,000 approximately of injection users. It is estimated that there are 22,500 pervitin users, and 15,000 heroin users. In the last years, there has been an increase in heroin use; pervitin use has stagnated or even decreased. It is difficult to estimate the number of solvent abusers because only a very small part of them are in contact with treatment facilities. **In short, it is possible to say that the situation in the field of problem drug use was stabilized in the year 2001.**

### **2.2.1 Situation in the Czech Republic in the Year 2001**

**According to the definition of the European Monitoring Centre for Drugs and Drug Abuse, problem use is specified as intravenous use of drugs and/or long-term and regular use of opiates and/or cocaine and/or amphetamine-type drugs.** From the economic point of view, problem users are exactly the group of users who carry drug use related social costs. By definition, users of cannabis drugs and ecstasy are not problem users. In consideration of the yet low rate of cocaine users in the Czech Republic, **it is possible to define problem use as injection use and/or long-term or regular use of opiates (especially heroin) and amphetamines (especially pervitin).** Use of homemade opiates made of poppy-heads is rather a seasonal exception in the Czech Republic.<sup>15</sup> In the country, abuse of opiates contained in pharmaceutical preparations is infrequent.<sup>16</sup> The users of opiates other than heroin represent only about 2% of all treated opiate users in the year 2001 (Polanecký et al. 2002b).

The first and so far the last estimation of the number of problem users in the Czech Republic was carried out within the framework of the PAD, and it covered the years 1998 to 2000 (Zábranský et al. 2001c; Zábranský et al. 2001a; Mravčík and Zábranský, 2002). Multiplication method with the use of data about treatment was the backbone of methodology.

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<sup>15</sup> in contrast to a significant position of opiates prepared from poppy-head syrup (raw opium) in Poland or former Soviet Union countries

<sup>16</sup> however, in the middle of the year 2002 there appeared reports about more substantial use of buprenorphine (Subutex ®) in the Prague drug scene

**In the year 2000, the number of problem users of illicit drugs in the Czech Republic probably reached 30,000 – 45,000; 18,000 – 27,000 pervitin users, and 12,000 – 18,000 users of heroin and other opioids. Therefore, there is an average of 37,500 problem users. The mean estimate of the number of injection users is 30,000.**

A similar estimation was carried out for the year 1998; therefore, it seems that there was a steady trend of the number of problem users in years 1998 – 2000. It is impossible to compare it with the previous years of the 1990s' because no similar estimates are available.

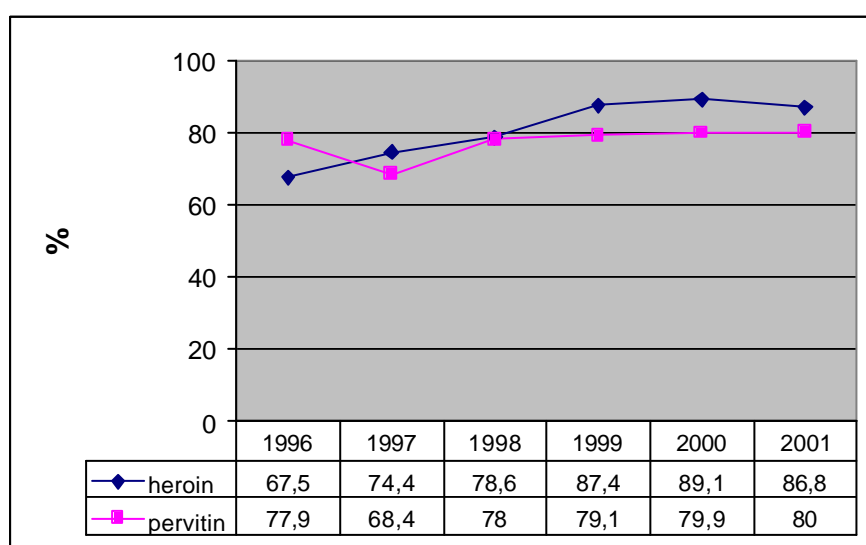
## 2.2.2 Trends: Pervitin, Heroin, Volatile Substances

Despite of sustaining dominance of pervitin, it is possible to **trace an increase in heroin use at the cost of pervitin use**; this does not only involve first-time users: there are **frequent conversions from pervitin to heroin**. This trend started in Prague in 1997 –1998, and it has gradually expanded to other regions; it has appeared in Central and Northern Moravia with a 2 to 3 year delay. There are at least three causes of this conversion: (i) abatement of domestic pervitin producers and consequent continuing breaking down of the domestic scene around these producers. (ii) Massive entrance of heroin in the market and gradual gaining of market domination by supranational gangs. (iii) Commercialization of recreational use of drugs including cannabinoids and failure to separate this market from the market of heroin (Miovský et al. 2001).

Undoubtedly, **inhaling** ("sniffing") **of solvents** represents another type of drug use. Despite the fact that it is not included in the EMCDDA definition of problem drug use, it carries **extreme health risks**. It is a **problem that treatment and outreach facilities mostly do not focus on the group of solvent abusers**; it is also the reason why only so few of them enter treatment programs. Accordingly, **it is likely that the number of them is underreported** (solvent abusers only represent 3.5% of all first treatment demands in the year 2001).

In terms of health risks, **injection use is the most serious mode of drug use**. In the Czech Republic, this especially involves users of heroin and pervitin. The spreading of infectious diseases among users and consequent spreading of them in the general population represents the highest risk of this mode of use. This spreading especially takes place when users **share syringes, needles and other paraphernalia** (i.e. filters, pots, water for dilution, prepared drug). The diseases especially involve HIV/AIDS and viral hepatitis B and C; due to chronic courses or consequences, these diseases damage the health of the user (very often, fatally).

Picture 2-3 shows the trend of injection use on a sample of firstly treated heroin and pervitin users:



Picture 2-3: Share of injection users among all firstly treated users of pervitin and heroin, Czech Republic, 1996 – 2001

**While in the second half of the 1990s' there was an increasing share of injection users among all heroin users who demanded treatment for the first time** (so far, it culminated in the year 2000), **there was a slight decrease in the year 2001.** This decrease is to the debit of spreading of a less dangerous manner of heroin use – smoking from aluminum foil. The share of injection users among pervitin-related first treatment demand seems to be stable, and it is lower than the one of heroin users.<sup>17</sup> **The data about sharing of needles, syringes and other paraphernalia** among injection users in the year 2001 vary, and they **fluctuate from 35%** (Polanecký et al. 2002) **to 45%** (Mravčík and Šebáková 2002) of current users (in the last 1.3 months). In general, there is a higher share of those who report that they used to share in a more distant past. It is difficult to make an objective evaluation of the trend of risk-laden behavior of Czech drug users; overall, it seems that there has been a decrease in sharing and related riskiness of use. It follows from the results of the local survey of prevalence of viral hepatitis among drug users in the Karviná district that **there was a statistically significant decrease in the number of injection users who reported previous sharing: from 87% in the year 1998 to 35% in the year 2001.**

The PAD Qualitative Analysis (Miovský et al. 2001) confirmed two alarming findings: (1) **inexperienced users tend to use drugs in the riskiest manner;** at the same time, low age is a risk factor, (2) **overall, drug users very underestimate health risks, in particular, those of viral hepatitis.** In a period of compulsive desire for a drug, a short-term decrease in availability of the drug and/or a higher price in the market (often caused by police activities) very often represent a factor that leads to more risk-laden modes of use. Sharing of needles, syringes, and paraphernalia takes place despite of risk awareness; to an non-negligible extent, this even happens among clients of harm reduction programs; nevertheless, frequency of such risk-laden situations keeps decreasing. As far as beginning injection users are concerned, **it is possible to encounter a fear to exchange or purchase a sterile injection needle because of contingent loss of anonymity.**

The results of the questionnaire survey conducted in pharmacies in the Czech Republic in 1998 and 2000 within the framework of the PAD project show that **the staff of 38 to 43% pharmacies in the Czech Republic have a negative attitude to selling of injection materials to drug users** (Mravčík and Zábanský, 2001b)).

**Compulsory military service** has increasingly shown to be the **place where people get their first experience with an illicit drug,** and where recreational use undergoes a transition to more risk-laden patterns and groups of substances (Miovský et al. 2001).

### 3 Health Consequences of Drug Use

**In the Czech Republic in the year 2001, 4,233 persons –2,755 males and 1,470 females thereof** (gender was not made available in 8 cases) - demanded treatment for the first time . A stable share of females and an increasing age of users have been observed among first treatment demands. The diminishing share of users under age 20 mostly likely reflects **stagnation or even a decrease in the actual incidence of problem use since 1998 – 1999.** In the last years, there has been an increase in heroin use; pervitin use has stagnated or even diminished. There decreases the share of users of ecstasy and cannabinoids<sup>18</sup> as a primary drug among first treatment demands – it is a question how much this was influenced by the changes in the reporting system as such. The share of injection users amongst all heroin and pervitin related first treatment demands has stabilized or even decreased.

**It has shown that about 30 – 40% of users are in contact with a treatment institution; in particular, with low-threshold centers; it is very likely that this share has been increasing.** Attractiveness of exchange programs has

<sup>17</sup> It is necessary to mention that there is a higher percentage of injection users among first treatment demands than in the whole sample of problem users; the reason is that injection users are the first to experience negative consequences of drug use, and these effects make them seek help in the end. Therefore, injection use is less frequent among problem users than among those who use treatment of services .

<sup>18</sup> Cannabinoids: psychoactive substances obtained from cannabis sativa (especially marijuana and hashish )

played an important role in development of this trend. It is possible to estimate that more than 50% of injection users are currently in contact with exchange programs; furthermore, the volume of distributed needles and syringes has increased every year. **It is alarming that there is a very insufficient share of opiate (especially heroin) users in substitution programs – about 3%; this share is several times lower than in European Union countries.** This was caused by limited capacity and poor availability of substitution treatment in the Czech Republic.

**In the Czech Republic in 2001, 167 people died because of drug overdose;** in consideration of the situation in the European Union and in terms of the estimated number of problem users, this number is relatively favorable. **In the strict sense of the word, there were 84 cases of drug overdose; 53 cases of heroin overdose thereof. The remaining 83 cases were overdoses on medicaments;** in these cases, it is not possible to exclude a significant share of suicidal or accidental poisonings. Benzodiazepines – especially in combination with alcohol - have played a significant role. An increasing trend was observed in the number of heroin and benzodiazepine related deaths. Regarding overdoses on perritin, there was an inexplicable marked decrease from 31 cases in the year 2000 to 5 cases in the year 2001.

**Even the situation in the area of prevalence of drug-related infectious diseases is stabilized.** There have sustained the low rates of HIV infection in the group of injection users and in the population that does not use drugs. Rates of viral hepatitis vary according to the group of investigated injection users (depending on age, length of use, place of abode). The total reported incidence of new cases of VHB and VHC is relatively stable; there has even been a decrease of the number of acute cases in the year 2001. On the average, locally available serological overviews show **lower rates of VHC than in European Union countries; this indicates a decreasing trend of the risk of contracting VHC among illicit drug users in the end of the 1990s’.** It is very likely that it was influenced by harm reduction measures including needle and syringe exchange programs.

### 3.1 Treatment Demands

In the Czech Republic, the **system of quarterly reporting of first treatment demands** has functioned within the framework of Hygiene Service of the Czech Republic since 1995 (Polanecký et al. 2002a). Since January 2002, this system has also monitored all treatment demands (not only first demands). In the year 2001, 234 treatment/outreach centers reported to this system.

Table 3-1 provides an overview of the centers. Low-threshold centers with 31.2 clients per facility were the most attended centers; on the other hand, health care ambulances with an average of 7.5 clients per year were the least visited ones.

Table 3-1: Treatment/outreach centers in the year 2001 according to the type of the facility (Data source: Polanecký et al. 2002)

Type of facility	Facility		Clients		Number of clients per facility
	Number	%	Number	%	
Outpatient health care	103	44.0	770	18.2	<b>7.5</b>
Outpatient paramedical	20	8.5	245	5.8	<b>12.3</b>
In-patient	26	11.1	712	16.8	<b>27.4</b>
Low-threshold centers	72	30.8	2 248	53.2	<b>31.2</b>
Outpatient + inpatient health care	12	5.15	229	5.4	<b>19.8</b>
Paramedical outpatient and inpatient	1	0.4	24	0.6	<b>24.0</b>
<b>Total</b>	234	100	4,228*)	100	<b>18.0</b>

\*) number of new clients of treatment/outreach centers, database as at December 31, 2001; other 5 clients were reported from outside of registered treatment/outreach centers

90 treatment/outreach centers, i.e. only 38% of the total number of 234 facilities in the register of the Hygiene Service, reported at least one client in all of the four quarters of the year.

**In the year 2001, the total number of newly registered clients of treatment/outreach centers in the Czech Republic was 4,233 persons**, i.e. 41.2 / 100,000 inhabitants. It is the highest incidence rate since the establishment of the Register in the year 1995. Incidence in the group of 15-39 year-olds was 3.996 persons, i.e. 106.1/100,000 inhabitants; it is the highest value since 1995.

It is a question how much this increase in the number of first treatment demands has been influenced by the **changes in the reporting system** including positive changes (such as increasing coverage of facilities participating in reporting, and related increasing reporting discipline of the actual facilities). **The number of new treatment demands is especially influenced by the numbers reported from low-threshold centers, and it statistically significantly correlated with the number of reporting outreach centers.**

**Accordingly, the number of treatment demands may be a reflection of the following facts:**

- Actual increasing of the number of problem users in the Czech Republic and consequent increasing of their actual incidence in the end of the 1990s'
- Changes with the reporting system, especially due to the increasing number of reporting centers
- Increased willingness of drug users to enter treatment

**The data from the other basic (key) drug epidemiology indicators do not support the hypothesis about an increase in the number of problem users in the Czech Republic;** it is more likely that this was due to the changes in the reporting system and the increasing share of users in contact with a treatment facility <sup>19</sup> (see below).

The following *Table 3-2* compares the total numbers of treatment demands and the numbers reported from three treatment modalities that contribute the most to the reporting system. In addition, it compares the total numbers of treatment/outreach centers with the numbers from three most frequent modalities.

Table 3-2: Comparison of the number of new treatment demands with the number of reporting treatment/outreach centers

Year	Incidence (abs.)	Incidence from low-threshold centers	Incidence from outpatient health care facilities	Incidence from inpatient facilities	Total number of facilities total	Number of low-threshold centers thereof	Number of outpatient centers thereof	Number of inpatient facilities
1995	2,905	n.a.	n.a.	n.a.	226	n.a.	n.a.	n.a.
1996	3,252	n.a.	n.a.	n.a.	252	n.a.	n.a.	n.a.
1997	3,132	n.a.	n.a.	n.a.	269	n.a.	n.a.	n.a.
1998	3,858	1704	1,014	551	237	42	126	25
1999	3,891	1,698	1,030	780	259	56	138	30
2000	4,148	2,020	896	691	287	69	145	31
2001	4,233	2,248	770	712	234	72	103	26

(data source: Polanecký et al. 2002)

Selected properties of first treatment demands in the years 1995 – 2001 are included in *Table 3-3*.

<sup>19</sup> the so-called in-treatment rate

Table 3-3: First treatment demands, selected properties, Czech Republic, 1995 - 2000

Property	1995	1996	1997	1998	1999	2000	2001
Incidence/100,000 inhabitants	23.9	31.5	30.4	37.4	37.7	40.3	41.2
Incidence in age group 15–39 year-olds /100,000 inhabitants	62.9	78.7	75.1	96.3	99.0	105.5	106.1
Ratio of males / women	2.4 : 1	1.9 : 1	1.7 : 1	2.0 : 1	1.9 : 1	1.9 : 1	1.9 : 1
Average age	22.8	21.5	20.8	20.6	20.8	20.9	21.3
Share of users under age 19	47.2	57.4	54.1	52.4	49.1	47.5	43.9
Share of injection users under age 19 among all injection users	44.9	54.7	51.2	46.5	40.3	38.3	35.5
Number of newly registered heroin users (primary and secondary drug), share among all users	529 21.4%	1,050 32.3%	945 30.2%	909 23.6%	1,094 28.1%	1,229 29.6%	1,362 32.2%
Number of newly registered pervitin users (basic and secondary drug), percentage of all users	1,252 50.7%	1,757 54.0%	1,946 62.1%	2,642 68.5%	2,554 65.6%	2,576 62.1%	2,545 60.1%

(data source: Polanecký et al. 2002)

**Stimulants** are the most frequently reported primary drug – 2,023 cases (47.8% of all first treatment demands); thereof, pervitin represents 1,969 cases, and ecstasy 50 cases (46.5%, or, more accurately, only 1.2% of all first treatment demands).

**Opiates** represent the second most frequent group of primary drugs: 1,213 cases (28.7% of all first treatment demands), mainly involving heroin in 1,184 cases (28.0% of all first treatment demands).

**Cannabinoid users** are the next in the line: 747 cases (17.6% of all first treatment demands). Then, there are solvent abusers: 147 cases (3.5% of all first treatment demands).

The following table provides an overview of the trends in absolute numbers and the shares of the individual primary drug groups.

Table 3-4: First treatment demands according to primary drug groups, Czech Republic, 1999 - 2001

Primary drug group drugs	1999 abs.	1999 %	2000 abs.	2000 %	2001 abs.	2001 %	Change in 2000- 2001 (%) (in the sample)	Change in 2000- 2001 (%) (in the group)
Heroin and other opiates	869	22.3	1,044	25.2	1,213	28.7	+ 3.5	+ 16.2
Pervitin and other stimulants	2,064	53.0	1,917	46.2	2,023	47.8	+ 1.6	+ 5.5
Cannabinoids	648	16.7	912	22.0	747	17.6	- 4.4	- 18.1
Hallucinogens	44	1.1	36	0.9	25	0.6	- 0.3	- 30.6
Volatile substances	166	4.3	161	3.9	147	3.5	- 0.4	- 8.7
Sedatives and hypnotics	62	1.6	56	1.3	35	0.8	- 0.5	- 37.5
Other drugs and medicaments	19	0.5	17	0.4	22	0.5	+ 0.1	+ 29.4
Unknown	19	0.5	5	0.1	15	0.4	- 0.3	+ 300.0
<b>Total</b>	<b>3,891</b>	<b>100</b>	<b>4,148</b>	<b>100</b>	<b>4,233</b>	<b>100</b>	<b>-</b>	<b>+ 2.0</b>

(data source: Polanecký et al. 2002)

From the previous table, it is apparent that there is an increase in the share of users of stimulants and opiates (i.e. drugs that fall within the definition of problem drug use) among all first treatment demands.

In total, 2,755 males and 1,470 females were registered (gender of eight users was not reported). In the last three years, the share of women has not changed. In the year 2001, there has also stabilized the ratio of males and females that use heroin (in 2000 and 2001 it was 2.2:1); for several years, the ratio of males and females has stabilized at the level of 1.6:1. In terms of solvents, there has increased the ratio of females (ratio of males and females in the year 2000 was 4.6:1, and 3.3:1 in the year 2001).

The group of 15-19 year-olds is the most vulnerable; in the year 2001, 1,763 persons were newly registered. Nevertheless, the ratio of these users decreased from 45.5% in the year 2000 to 41.6% in the year 2001. **There continues shifting into older age groups, there increases the average age of those who demand treatment** (see *Table 3-5*). **The increasing average age and the related decline in the number of users in younger age groups are favorable indicators of development of problem drug use – most likely, there decreases the actual incidence of problem users as such; currently, treatment is rather demanded by users who started to use drugs in the second half of the 1990s’.** If we compare the average age of heroin users and the average age of first use of heroin, we can see that the decrease in actual incidence most likely happened in 1998 –1999. At the same time, it is possible that the increasing age of users reflects a positive fact that the programs of treatment/outreach centers have become increasingly attractive even for the group of older users; i.e. clients who have used drugs for a long time.

Table 3-5: Average age of first treatment demands in the Czech Republic in 1999 -2001

Group of drugs	1999	2000	2001
Heroin and other opiates	21.8	21.6	22.2
Pervitin and other stimulants	21.0	21.4	21.6
Cannabinoids	18.6	18.5	18.3
Hallucinogens	18.0	18.6	19.8
Volatile substances	17.5	18.6	18.3
Sedatives, hypnotics	38.4	35.3	39.4
Other drugs and medicaments	24.4	26.0	33.7
Unknown	27.0	22.6	25.1
<b>Total</b>	<b>20.8</b>	<b>20.9</b>	<b>21.3</b>

(data source: Polanecký et al. 2002)

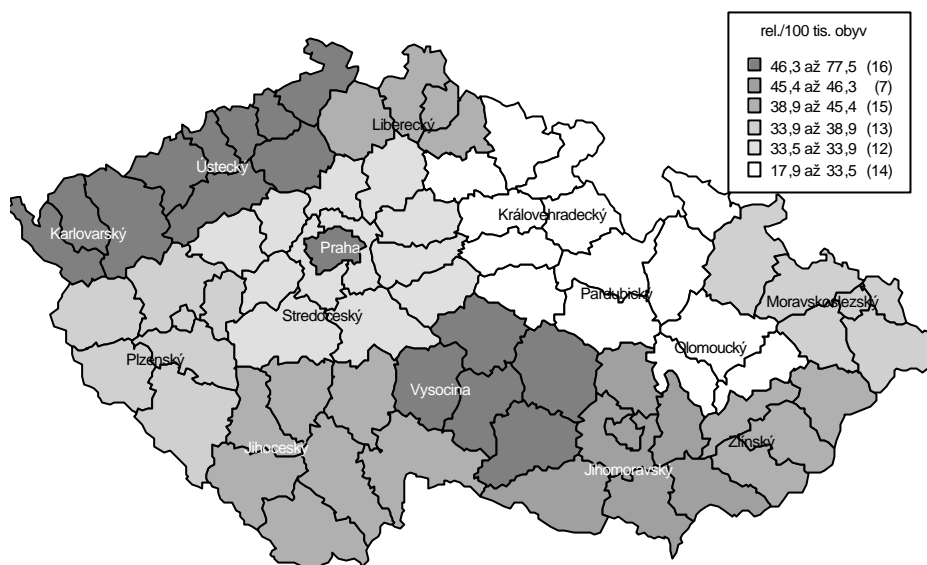
It is possible to divide the treatment demands into three groups according to age:

- Heroin and pervitin users are usually about 21 years-old
- Cannabinoids and solvents users are usually slightly older than 18
- The users of sedatives and hypnotics, or other drugs, get out of the rule: on the average, they are 10 – 20 years older than other drug users who demand treatment

In terms of the fact that use of cannabinoids is connected with the relatively lowest risks of health or other damage, it remains a question how much the usually 18 years-old cannabinoids users meet the definition of a treatment demand according to the EMCDDA.

Relatively, the highest number of treatment demands was reported from the Ústí and Labem, Karlovy Vary, Prague and Vysočina regions; the Hradec Králové, Pardubice, and Olomouc regions have reported the lowest rates (*see Picture 3-1*).

Picture 3-1: First treatment demands according to regions, Czech Republic, 2001 (rel./100,000)



As far as types of used drugs are concerned, **there are marked regional differences**; this especially involves the ratio of the pervitin and the heroin users. **Pervitin is widespread in the whole territory of the Czech Republic**; in the individual regions, pervitin users represent about 32% (Central Bohemia) to 95% (Pardubice) of all first treatment demands. **In the individual regions, heroin users represent 1% (Pardubice) to 53% (Prague) of all first treatment demands.** Prague is the only region where heroin dominates over pervitin. There is a balanced ratio in Central Bohemia, Southern Bohemia and Ústí nad Labem. In the remaining regions, pervitin dominates over heroin. It seems that the spectrum of provided services does not influence the regional differences because apart from substitution treatment of opiate addiction, there are no substantial differences in the nature of services provided to people addicted to heroin and pervitin. Relatively, there is the highest number of solvent abusers in the Moravian-Silesian Region – 9% of all first treatment demands. **It is legitimate to believe that the extent of solvent abuse is underestimated** because most of the treatment programs, including low-threshold facilities, do not primarily focus on solvent users; therefore, the needs for treatment or another type of help for these users have not been satisfied.

2,636 of 4,233 (62.3%) of new treatment demands reported injecting as the most frequent mode of drug use. In consideration of injection use of a secondary drug, the percentage of injection users reaches the value of 64.8%. There is an increasing trend of this ratio; it is due to the increasing relative and absolute numbers of treatment demands by heroin and pervitin users; most of them are injection users – therefore, it may be a case of stretching of the truth to relate the injection users to all treatment demands. However, **the trend of the share of injection users among all pervitin users has been stable for a long time. As far as heroin is concerned, in the year 2001 there even decreased the share of injection users ‘at the cost of’ less risky inhaling of vapors from a piece of aluminum foil.**

**Marijuana is the most frequently used social drug of new treatment demands; it is a natural reflection of the preeminent position of marijuana among recreational users and experimenters, and a consequence of the in essence unlimited availability in our country (see Chapter 2.1).** Of the total number of 4,233 of newly registered users in the year 2001, 2,172 persons used to use at least one extra drug in combination with the primary drug; 1,260 persons thereof were cannabinoids users.

It follows from the final reports of the projects of the individual low-threshold facilities that in the year 2001 the card-index files of outreach centers included 13,500 – 14,000 people (thereof, about 80% participated in exchange programs). 4,500 – 6,500 people were in contact with needle and syringe exchange programs. Therefore, **about 18,500 – 19,500 clients are in contact with low-threshold facilities in the Czech Republic; thereof, about 15,500 – 17,500 clients use exchange programs.**

**It is possible to monitor a continuous increase in the number of patients hospitalized in inpatient psychiatric facilities** due to the damages caused by psychoactive substances (other than alcohol). In 1994, 1,131 persons were hospitalized, and then the number increased to 5,078 hospitalized patients in the year 2000 (the data about the year 2001 are not available yet).

### 3.1.1 Share of Problem Users in Different Types of Services

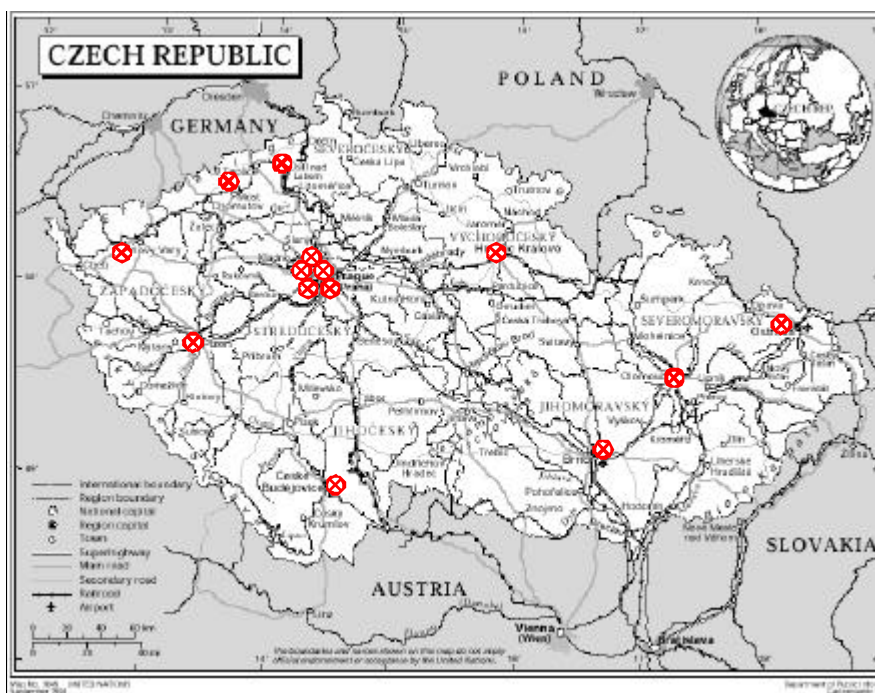
**The rate of problem users in treatment or in contact with an outreach facility** (in-treatment rate) **is an indicator of success of the treatment system; at the same time, it is an indicator of stabilization of the drug scene.** A 15-20% in-treatment rate was determined at the local level (Karviná, Pilsen, Brno districts) by means of a capture-recapture method. According to a qualitative method – analysis of 128 interviews with problem users in six regions (Karviná, Brno, Olomouc, Prague, Ústí nad Labem, Trebíč), the in-treatment rate is 20 – 37%. A comparison of the 'live card-index file' of outreach centers and the estimated number of problem users in the Czech Republic leads to a rate of **about 37% of reported problem users who are in contact with a low-threshold facility.**

In terms of public health, **involvement of injection users in harm reduction treatment programs** represents an important indicator. It is possible to estimate that the **rate of users participating in exchange programs is higher than 50% of the total of 30,000 of the estimated injection users in the Czech Republic** (exchange coverage rate); it is very likely that there is an **increasing trend** in this rate (see the data about the increasing number of exchanged needles and syringes in Chapter 10.2.4.2). **In the year 2001 in the Czech Republic, 521 persons were admitted to methadone substitution programs**; i.e. about 3% of the estimated 12,000 – 18,000 heroin users (substitution coverage rate); most of them (nearly 90%) use heroin intravenously.

### 3.2 Drug-Related Deaths (Mortality)

For a long time, in the Czech Republic, the data about overdoses on illicit drugs were some of the least reliable ones of the “five harmonized indicators” of the EMCDDA. In terms of the fact that this is undoubtedly the most serious negative consequence of drug abuse, this was very alarming.

The PAD survey and the substudies represent a breaking point in this unsatisfactory framework (Zábranský and Vorel, 2001). In the interest of determination of lost productivity due to drug abuse, in 1998 the PAD researchers started to collect such data in the whole country according to the EMCDDA methodology. As far as methodological consolidation is concerned, the last step forward was taken in the year 2001 when the National Drug Commission in close collaboration with the Professional Association of Forensic Medicine and Toxicology of the Czech Medical Association of J. E. Purkyne (hereinafter also referred to as SSLST CLS JEP) developed a mechanism for automatic delivery and evaluation of data about drug-related mortality in the Czech Republic. Currently, this system covers the whole republic (see Picture 3-2); according to applicable legislation (Ministerstvo zdravotnictví CSSR, 1988), one of these 14 laboratories should examine all of the violent deaths that occur in the Czech Republic and it should provide an unambiguous cause of death. Although there are differences in the investigation tactics and instrumentation if the individual work stations, with technical, material and professional help of the National Drug Commission, the EMCDDA and the Phare Twinning Project, the Professional Association of Forensic Medicine and Toxicology developed significant efforts in order to unify methodology, ensure laboratory standards and improve proficiency of individual workstations.

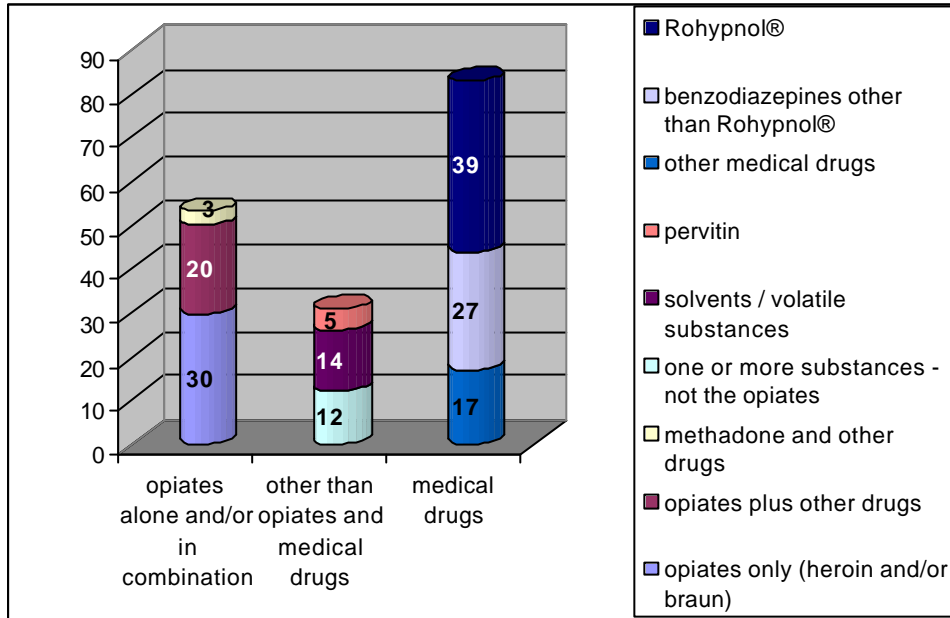


Picture 3-2: Location of 14 toxicological laboratories of forensic medicine that participate in the National Focal Point's system of monitoring of drug-related mortality

The EMCDDA especially distinguishes between to categories of death : ”overdose” and ”deaths with presence of drugs”. Comparability in the European Union framework has only been achieved in the first category; at the same time, it is also regarded as a more important indicator of drug-related damages. The text below will address these issues.

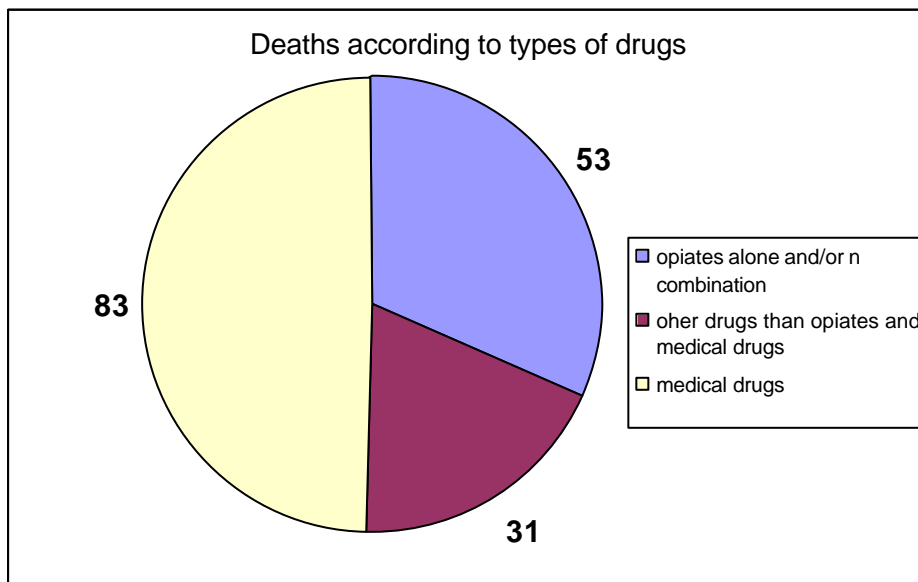
### 3.2.1 Results for the Year 2001

In the year 2001, 167 “drug-related deaths” – overdoses were identified. In consideration of the situation in the European Union and in terms of the estimated number of problem users, this number is **very low** and “favorable”.<sup>20</sup>



Picture 3-3: Drug overdoses in the year 2001 according to individual groups – detailed

For the first time in history, it has been managed to credibly separate poisonings of solvent abusers from poisonings at work and other accidents. It is interesting that three of the overdosed persons also had methadone in their blood (although, it is necessary to lay stress on the fact that methadone was not the cause of death in any of these cases).



Picture 3-4: Overdoses on drugs and medicaments according to the type of the psychotropic substance

In terms of “street drugs”, illicit opiates, used separately or in combination with other substances, **have kept the preeminent position. Deaths resulting from overdose on solvents<sup>21</sup> markedly outnumber the deaths because of overdose on pervitin, the most prevalent Czech “problem” drug.**

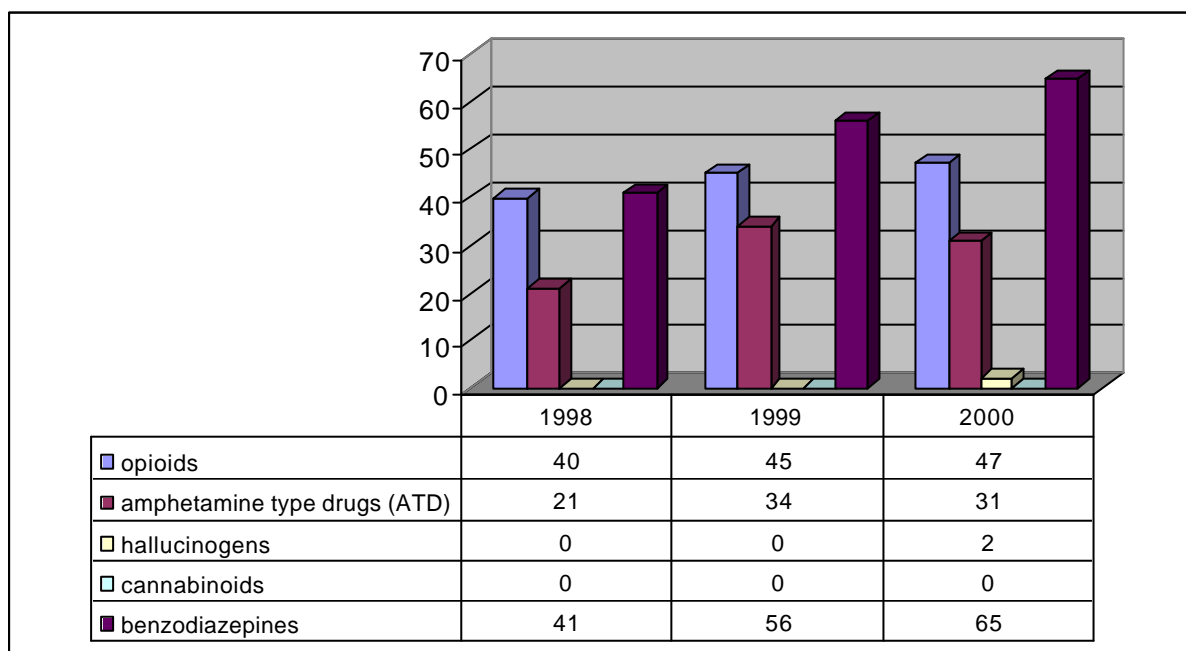
<sup>20</sup> Although it is absolutely justified to say that the number of these deaths is exactly by 167 higher than it would be desirable.

<sup>21</sup> These substances are legally and without any significant limits sold wholesale and retail networks.

In the year 2001 (and in the previous years – see Picture 3-5), we have registered the highest number of deaths in the category “overdose of psychotropic medicaments”. Again, the importance of Rohypnol® in the drug scene has proven true: unintentional fatal overdoses, suicides and accidental overdoses – all of them mostly in combination with alcohol; **no other substance has accounted for so many overdoses as this hypnotic drug**. Other benzodiazepines have also played an important role. It is clear from the above-mentioned picture that **psychotropic medicaments are responsible for more poisonings than any other category of psychotropic substances** (with the exception of alcohol).

### 3.2.2 Trends 1998-2001

**Chapter 6 focuses in detail on the trends in overdoses on individual drugs** This part of the *Annual Report* only contains summary trends. In the interest of maintaining long-term comparability of data, the category “other medicaments” (until the year 2000, only benzodiazepines including Rohypnol® were monitored) and the category “volatile substances” (until the year 2000, it was not possible to separate “industrial” poisonings from overdoses) were excluded from the following summary.



Picture 3-5: Trends in overdoses according to types of drugs

The picture and the table above provide a convincing evidence of a **further increase in overdoses on opiates/opioids** ; it complies with the findings about a permanent increase in heroin supply in the whole country. In addition, from the year 2000, heroin in the street black market was available in **very varying concentrations** (from 5 to 80%); **this significantly increases the risk of overdoses**.

Regarding benzodiazepines, there was an insignificant increase. **It was no surprise that there was a zero number of deaths related to use of cannabis** (a lethal dose is not known) or **hallucinogens**.<sup>22</sup>

**On the contrary, it was very surprising that there was a marked decrease in the number of pervitin-related overdoses. Possible explanations include :**

<sup>22</sup> as far as “pure” hallucinogens are concerned, there basically applies the same as what we said about cannabis preparations; in the year 2000, this involved use of jimsonweed (stramonium) – a plant containing nerve poisons scopolamine and atropine )

- a) Possible decrease in prevalence of pervitin use due to successful police operations
- b) Homogenous quality due to homogenization of the market– disappearance of small laboratories and taking-over of the market by large-scale producers controlled by organized crime
- c) Changes in the manners of investigation and investigative tactics of the individual workstations
- d) Overestimation of this item in the previous years, or, more accurately, double reporting in the cases when opioids were identified in the bodies together with pervitin

**In the current framework, it is not possible to decide which of the causes** or which combination of them participated in the rapid break in the trend; the development in the future years will tell us more.

### 3.3 Drug Related Infections

#### 3.3.1 HIV/AIDS

As at December 31, 2001 551 HIV+ persons with permanent place of abode in the Czech Republic were registered; there are 21 injection users thereof (two of them have AIDS); six other persons are injection users and homo/bisexuals at the same time: therefore, it is not possible to determine the route of transmission with certainty (Jedlicka et al. 2002).

Table 3-6: Incidence of HIV+ in the Czech Republic until December 31, 2001 according to the manner of transmission

Mode of transmission	Until 1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	Total
Homo- and bisexuals	69	9	16	14	17	14	31	32	15	19	27	27	287
injection users	0	1	0	1	2	3	1	2	3	1	4	3	21
Homosexuals and injection users	0	0	0	0	0	1	0	1	2	0	0	2	6
Hemophiliacs	16	0	0	0	1	0	0	0	0	0	0	0	17
Blood recipients	14	0	0	0	0	0	0	0	0	0	0	0	14
Heterosexuals	6	2	6	9	16	17	16	25	9	23	21	13	163
Mother-child –	0	0	0	0	0	0	0	1	0	1	1	0	3
Nosocomial	0	0	0	0	0	0	0	0	1	1	0	0	2
Unidentified	3	1	1	3	2	5	2	2	1	5	4	6	38
Total	108	13	23	27	38	40	50	63	31	50	57	51	551

**Since the half of the 1990s', the situation regarding new cases of HIV infection among injection users and among the general population of the Czech Republic has been stable.** Every year, one to four new HIV positive injection users are reported.

In the year 2001 in the Czech Republic, 754,847 HIV tests were carried out; there were 51 positive results (0.007%). 2,169 HIV tests (in the year 2000, 2,091 HIV tests) with one positive result (0.046%) were reported as tests of injection users. **Local results also suggest that there is very low HIV prevalence in the group of injection users:** for instance, in the years 1998 – 2001, 308 injection users were tested for HIV in the Karviná district – all of them were negative.

#### 3.3.2 Viral Hepatitis

From the data about reported new cases of acute viral hepatitis B (VHB) and C (VHC) in the Czech Republic in the years 1997 – 2001, it is apparent that **in the year 2001 there was an absolute decrease in the number of cases of**

**both types of parenteral<sup>23</sup> viral hepatitis among injection users.** As there was no substantial change in the reporting system, and the awareness of the role of injection use in spreading of viral hepatitis has rather increased than decreased in the last year, this **trend is very positive.** In most of the cases of first detection VHC, it is not possible to distinguish between the acute and the chronic infection; rates of VHC including the chronic ones provide a more objective picture. **There is an increasing trend in the incidence of VHC (including chronic cases) among injection users; however, the share of them among all cases has been more or less stable in the last years – about 60% (Rehák and Krekulová, 2002b).** Nevertheless, it is worth mentioning that since a considerable part of VHB and VHC cases are latent (50% and more regarding VHB, 75% and more regarding VHC), the reported incidence is not an ideal indicator for monitoring and evaluation of rates of VHB and VHC in the group of injection users (see Table 3-7).

Table 3-7: Reported incidence of VHB and VHC and the share of injection users in the Czech Republic in the years 1997 - 2001

Type of viral hepatitis	Year	Total number of cases	Injection users thereof	% of injection drug users
Acute VHB	1997	557	46	8.3
	1998	575	107	18.6
	1999	636	150	23.6
	2000	604	160	26.5
	2001	457	129	28.2
VHC	1997	268	132	49.3
	1998	448	261	58.3
	1999	634	362	57.1
	2000	637	360	56.5
	2001	798	486	60.9
Acute VHC thereof	1997	220	116	52.7
	1998	319	195	61.1
	1999	329	211	64.1
	2000	319	215	67.4
	2001	276	167	60.5

(data source: Polanecký et al. 2002)

**Testing for antibodies against causal agents of the individual types of hepatitis, or testing for antigens** (i.e. a seroprevalence survey (serologic tests)) provide a better picture of viral hepatitis rates. As far as this area is concerned, only local survey results are available; *Table 3-8* provides an overview of the surveys.

<sup>23</sup> parenteral = spreading in a manner other than per oral; in this case, this especially involved viral hepatitis B and C and spreading of it by means of unsterile injection tools; spreading by means of sexual intercourse is only of marginal importance in the Czech Republic

Table 3-8: Seroprevalence<sup>24</sup> of VHB and VHC in the group of injection users– overview of available data, Czech Republic, 1998 – 2001 (data sources: "Mravčík and Šebáková, 2002; Trmal J. et al. 1999; Reháček and Krekulová, 2002a)

VH type	Geographic area	Subpopulation	Year	Number of tested persons	Incidence of antibodies (%)
VHB	Karviná	clients of low-threshold facilities	1998 – 2001	308	8.6
	Prague	clients of methadone substitution	2000	60	46
VHC	Karviná	clients of low-threshold facilities	1998 – 2001	308	21.1
	Ustí nad Labem	clients of low-threshold facilities	1999	224	37.1
	Prague	clients of methadone substitution	2000	60	68

It is apparent from the previous table that there are marked differences in the incidence of antibodies against both types of viral hepatitis; on the one hand, this follows from local differences, on the other hand, it is mainly due to the different characteristics of the sample in terms of indicators of injection use. The incidence of antibodies against VHB and VHC especially depends on length and intensity of injection use.

VHC incidence gradient depending on selected factors, and other characteristics and trends of VHB and VHC rates were monitored within the framework of the IKTERUS project, see *Table 3-9 to Table 3-12* (Mravčík and Šebáková, 2002):

Table 3-9: Incidence of anamnestic antibodies against VHB and VHC according to age (project IKTERUS 1998 – 2001)

Age (years)	Incidence of VHB (%)	Incidence of VHC (%)
< 15	0.0	0.0
15-19	1.3	11.9
20-24	14.6	23.2
25-29	17.2	44.8
30-34	33.3	55.6
> 35	66.7	100.0
<b>Total</b>	<b>8.6</b>	<b>21.1</b>

Table 3-10: Incidence of anamnestic antibodies against VHB and VHC according to the total length of injection use (project IKTERUS 1998 – 2001)

Length of injection use (years)	Incidence of VHB (%)	Incidence of VHC (%)
< 1	4.8	0.0
1-2	6.2	19.6
3-5	9.3	33.3
6-9	20.0	55.8
> 10	66.7	100.0
<b>Total</b>	<b>8.6</b>	<b>21.1</b>

<sup>24</sup> Seroprevalence = immunity rate = presence of antibodies in blood serum against a particular disease; it is a sign of contact of a person with this infection in the close or the distant past

Table 3-11: Incidence of anamnestic antibodies against VHB and VHC according to the year of first injection use (project IKTERUS 1998 – 2001)

Year of the first injection use	Incidence of VHB (%)	Incidence VHC (%)
< 1990	83.0	100.0
1990 - 1994	17.9	60.7
1995 - 1999	4.5	16.7
> 1999	11.1	0.0
<b>Total</b>	<b>8.6</b>	<b>21.1</b>

Table 3-12: Incidence of anamnestic antibodies against VHB and VHC according to place of abode (project IKTERUS 1998 – 2001)

Place of abode	Incidence of VHB (%)	Incidence of VHC (%)
<b>Bohumín</b>	7.1	30.8
<b>Ceský Tešín</b>	2.9	20.6
<b>Havírov</b>	16.3	45.9
<b>Karviná</b>	7.0	4.0
<b>Orlová</b>	2.3	11.6
<b>Other</b>	8.3	16.7
<b>Total</b>	<b>8.6</b>	<b>21.1</b>

By means of a step-by-step linear regressive analysis, independent variables related to incidence of VHB and VHC were identified in the sample of the IKTERUS project.

As far as **VHB** is concerned, these variables involve an **earlier start of injection use, male sex, previous attack of VHC** and, paradoxically, **absence of needle and syringe sharing in the past of more than three months** (most likely, this artifact follows from two local epidemiological cases of VHB among injection users in the course of the project).

In terms of **VHC**, an **earlier start of injection use, place of abode in Havírov, and a previous attack of VHB** were the independent variables.

102 persons with a negative result of VHC testing at the first blood withdrawal have undergone at least one follow-up check. Therefore, it is possible to quantify the *incidence rate* – i.e. the number of new infections in a particular group (100 people) in a defined time unit (year); it indicates the propagation rate of infection. In the sample of the IKTERUS project, the incidence rate was only determined in the group VHC injected people because it was the only one with a sufficient number of positive results of follow-up checks (seroconversion): in the period 1998 – 2001, there were 15.4 cases /100 persons and year; in the period of 1998 –1999, there were 19.3 cases / 100 persons and year, see *Table 3-13*.

Table 3-13: VHC incidence rate, project IKTERUS 1998 - 2001

Period	Incidence rate of VHC (cases /100 persons and year)
<b>1998 – 1999</b>	19.3
<b>1998 – 2000</b>	18.4
<b>1998 – 2001</b>	15.4

It has confirmed that the factor of time expressed by means of several variables (user's age, length of injection use, year of the first injection use) is determinant for VHC incidence – the year of the first injection use was identified as an independent variable of the highest influence on this incidence. Therefore, the results of the IKTERUS project that suggest that **in the Karviná district in 1990s' there was a decrease in the risk of contracting of VHC (in analogy, it is likely that this decrease also took place with regard to VHB) in the group**

of injection users. A connection with *harm reduction* measures comes to remembrance; however, it is not possible to prove it unambiguously.

### 3.4 Other Drug-Related Disorders

#### 3.4.1 Non-Fatal Drug Intoxication

Collection of data about (non-fatal) intoxications follows from a sentinel system operated by the Hygiene Service of the Czech Republic. There sustain significant regional differences in the system of data collection; they involve both the quality and the quantity of data. Several types of health facilities are the sources of data about drug-related intoxications. *Table 3-14* provides a summary of intoxications according to primary drug groups.

Table 3-14: Drug intoxications in the Czech Republic in 2001, Primary drug according to gender (data source: HS HMP)

Primary drug	Males	Females	Total	Percentage of all users
Heroin	208	77	285	24.1
Methadone	0	2	2	0.2
Other opiates	11	5	16	1.4
Pervitin	127	36	163	13.8
Ecstasy	7	8	15	1.3
Cocaine	3	1	4	0.3
Amphetamine and other stimulants	2	2	4	0.3
Marijuana	50	13	63	5.3
Barbiturates	6	13	19	1.6
Benzodiazepines	55	82	137	11.6
Sedatives, hypnotics	59	117	176	14.9
LSD	1	2	3	0.3
Psilocybin	9	6	15	1.3
Volatile substances	59	16	75	17.8
Jimsonweed	4	0	4	0.3
Other drugs and medicaments	74	108	182	18.7
Unknown	12	8	20	1.7
<b>Total</b>	<b>687</b>	<b>496</b>	<b>1,183</b>	<b>100</b>

(data source: Polanecký et al. 2002)

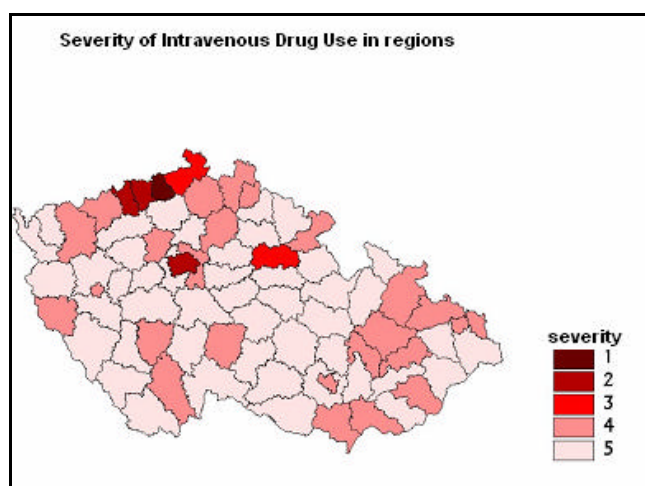
## 4 Social and Legal Relationships and Consequences

### 4.1 Social Issues

**Social problems and social marginalization are regarded as some of the most important risk factors of problem use of licit and illicit drugs.** In many cases, use of alcohol, tobacco, and other drugs is rather a secondary symptom than a primary disorder.

In the field of illicit drugs in the Czech Republic, there is no thematic research that would exclusively focus on these issues. Only two international projects are available:

- **Project Copernicus** “Global Approach to Drug Problem” (Palm and Záborský, 2001); in this context, it deals with **risk factors among young people** (Miovský, 2000) with an **analysis of severity of abuse of addictive substances in regions** (Mravčík, 2002) that was originally carried out for other purposes. With the exception of the Prague agglomeration, the final cartogram (*see Picture 4-1*) surprisingly often corresponds with cartograms of unemployment rate or other negative social phenomena.
- **Qualitative research** (Grund et al. 2000) dealing with the **rate of use of licit** (alcohol, volatile substances) and **illicit drugs** (especially heroin) **among the Romany population** in the countries of the former Eastern block was carried out in our country in 1998 and 1999. It pointed out to an **increase in this phenomenon** in the Romany communities after the social changes in the turn of the 1980's and 1990's. It highlighted **connection with social marginalization** that the Romany suffer from, **inability of the existing network of facilities and services** (with the exception of substitution treatment) **to accommodate the needs** of such defined patients/clientele. Last but not least, it referred to a **flagrant failure of the Romany population to name and rationally solve this problem.**



Picture 4-1: Severity of intravenous drug use in regions in the year 1998 (Mravčík, 2002)

For the year 2003, the National Focal Point is preparing a combined quantitative and qualitative research that will focus on use of addictive substances in the Romany population.

## 4.2 Drug-Related Criminal Offences and Violations

### 4.2.1 Drug-related Criminal Acts according to the Data of the Police of the Czech Republic

In the year 2001, the Police of the Czech Republic detected 358,577 criminal acts for which 127,856 perpetrators were prosecuted.

Thereof, 4,209 drug-related criminal acts were detected (i.e. according to Sections 187-188a of the Criminal Code ); 1,952 perpetrators were prosecuted for these acts. In the total number of prosecuted persons/perpetrators of drug-related criminal acts, there were 139 children (i.e. person under age 15) and 221 juveniles (i.e. 15-18-year-old persons). Table 4-2 provides detailed data about criminal activities in 1995 to 2001. However, it is not possible to read from the statistical data which type or how much of a narcotic or psychotropic substance was involved in the individual criminal acts.

The Data Collection Map Task Force worked within the framework of the Phare Twinning Project "Strengthening National Drug Policy" implemented by the Czech Republic and Austria on the basis of an international agreement. It dealt with the issue of setting up of new methodology for mapping of such phenomena; it will allow for more accurate evaluation.

Table 4-1: The number of detected drug-related criminal acts and prosecuted persons according to data of the Police Presidium of the Czech Republic

Year	Section 187		Section 187a		Section 188		Section 188a	
	Detected criminal acts	Prosecuted persons	Detected criminal acts	Prosecuted persons	Detected criminal acts	Prosecuted persons	Detected criminal acts	Prosecuted persons
1995	932	363	0	0	67	36	132	65
1996	1,436	827	0	0	156	20	446	126
1997	2,303	887	0	0	101	45	449	131
1998	4,056	1,075	0	0	101	49	1,077	231
1999	6,100	1,436	228	98	90	42	1,302	177
2000	3,395	1,401	229	137	134	77	963	185
2001	3,198	1,525	241	166	157	80	613	181

Picture 4-2 shows the trend of development of drug-related criminal activities detected by the Police of the Czech Republic. At the first look, it may seem that in the year 2000 there was a significant decrease in frequency of detected drug-related criminal acts.

For explanation, let us point out that if we compare the trend of development of the number of detected criminal acts (see Picture 4-2) and the trend of development of the number of perpetrators prosecuted by the Police of the Czech Republic (viz. Picture 4-3), and if we correlate it with the *de facto* unchanging clear detection rate (see below), then this fact is not confirmed. The curves of the trends of detected criminal activities and perpetrators prosecuted by the Police of the Czech Republic go in opposite directions; in theory, this could mean that there was a higher percentage of aiding and abetting. However, this speculation is completely contradicted by the trends of development of the number of persons prosecuted by Public Prosecutors' Offices (see Picture 4-4) and the number of convicted persons (see Picture 4-5). As far as they are concerned, no similar break took place even though it would have had to take place in the case of unchanging reporting of data because such data capture the development of the following phases of criminal proceedings. A comparison of development trends confirms the below-mentioned explanation about the change in methodology of collection of police data about detected criminal activities; this change has markedly distorted the time trends of development of criminality in the Czech Republic.

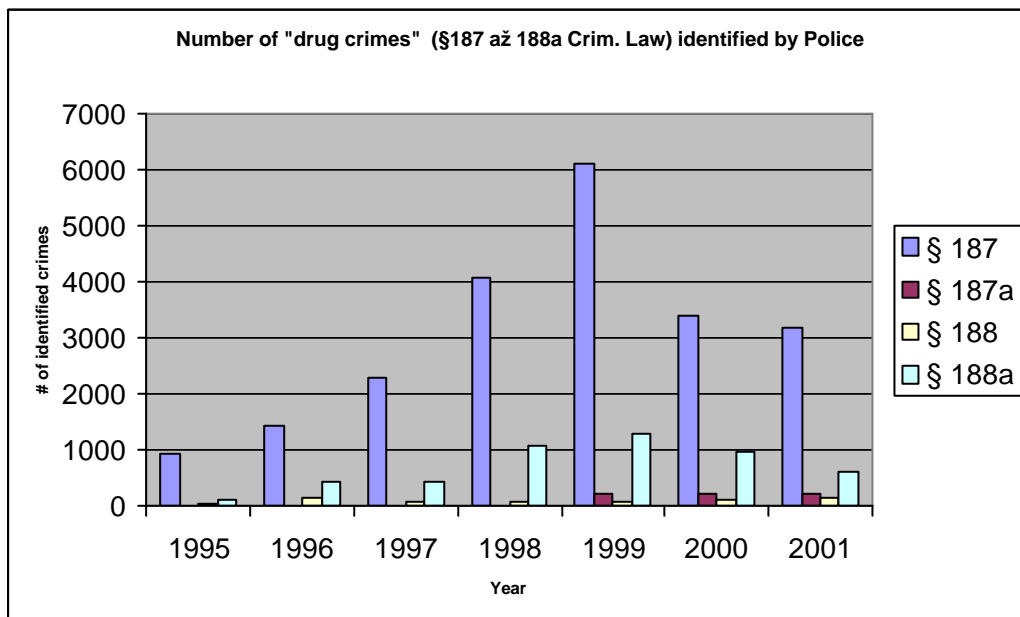
**Clear detection rate of drug-related criminal acts has traditionally been in the range of 90 to 100%.** In the year 2001, clear detection rate of criminal acts according to the provisions of Section 187 of the Criminal Code was 92.53%; 99.02% regarding Section 187a of the Criminal Code; 95.85% regarding Section 188 of the Criminal Code; and 99.36% regarding Section 188a of the Criminal Code. The **high clear detection rate of the criminal acts follows from the actual facts of the case (*res gestae*) of these criminal acts**, or, more accurately, from the necessity of having documentary evidence. For instance, detection of a criminal act of possession of a drug in a quantity greater than small according to the provisions of Section 187a of the Criminal Code assumes that a drug will be found on a perpetrator of a criminal act. At the same time, it is hard to assume that a complaint will be lodged to an unknown perpetrator of a criminal act according to the provisions of Section 187 of the Criminal Code.

**Therefore, the “decrease” in the number of prosecuted criminal acts only follows from the change in the reporting of detected criminal acts: unlike the previous years, a criminal act now no longer means one attack on an interest protected by the Criminal Code, it can involve several attacks committed by the same perpetrator in a certain period of time.**

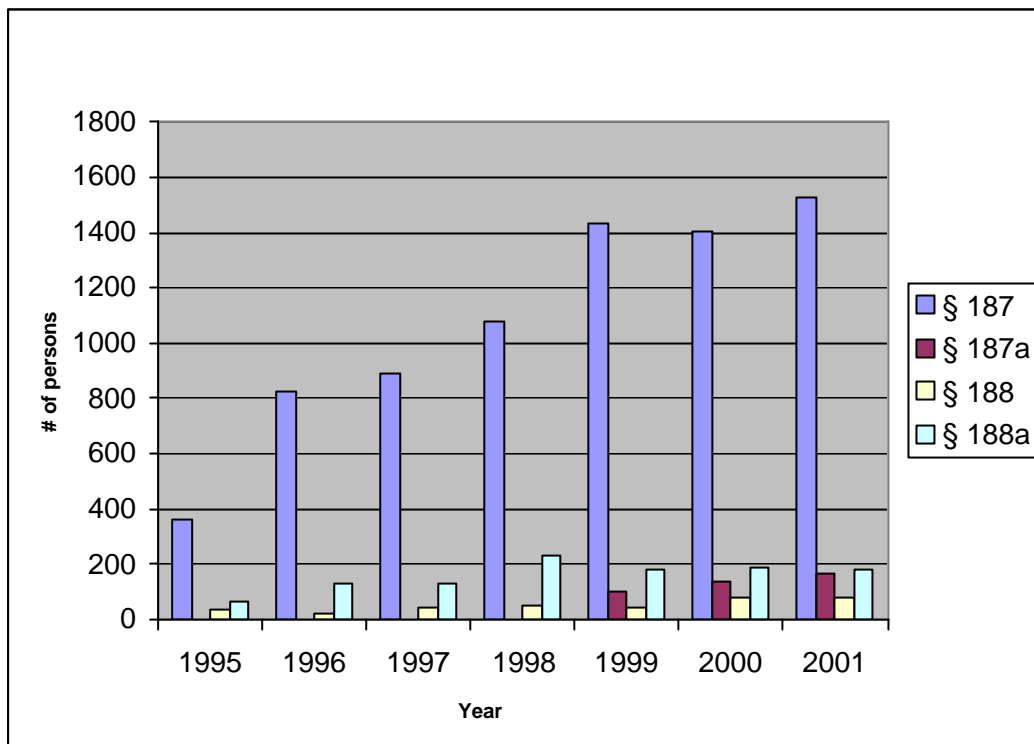
In consideration of jurisprudence, the change *de facto* approximated the statistics of construing of criminal law; however, **it mutilates the statistics in the view of monitoring.**

**Accordingly, the significant decrease in the number of detected drug-related criminal acts did not take place due to an improvement of the situation in the field of drug criminality; it is only a consequence of the above-mentioned change in statistical reporting.**

The **relatively stable** (increasing) **trend of development of the number of prosecuted persons** also support this fact (*see Picture 4-3*).



Picture 4-2: Trend of development of drug-related criminal activities detected by the Police of the Czech Republic



Picture 4-3: Trend of development of the number of people prosecuted by the Police of the Czech Republic for drug-related criminal acts

#### 4.2.2 Drug-Related Criminal Acts according to Data of Public Prosecutors' Offices and Courts

**In the year 2001, the Public Prosecutors' Offices in the Czech Republic filed 84,855 suits; 2,160 suits thereof were against perpetrators of drug-related criminal acts.**

**Then, the Czech courts legitimately convicted 1,094 perpetrators of criminal acts.** It is necessary to mention that **judicial proceedings have accelerated within the framework of the reform of the judicial system; therefore, even criminal proceedings have become faster.** Therefore, this fact has also had an impact on the higher number of the convicted than there had been in the previous years.

*Table 4-3* provides exact data about criminal activities according to statistics of the Ministry of Justice of the Czech Republic. Contingent inconsistencies, or, more accurately, lack of cohesion of statistics of the Ministry of Justice of the Czech Republic with the statistics of the Police Presidium of the Czech Republic follow from different methodologies; another fact is that, in compliance with the Criminal Procedure Act, a public prosecutor is allowed change crime qualification of a crime included in the accusation charge, and this change will not retrospectively reflect in Police statistics. Last but not least, there is the role of a time lag; i.e. criminal prosecution starts in the year 2000 and the charge is only brought in the year 2001.

Table 4-2: Number of convicted perpetrators of drug-related crimes and the number of the convicted according to the statistics of the Ministry of Justice of the Czech Republic (according to data of Public Prosecutors' Offices and courts)

Year	Section 187		Section 187a		Section 188		Section 188a	
	Accused	Convicted	Accused	Convicted	Accused	Convicted	Accused	Convicted
1995	309	138	0	0	98	20	75	4
1996	608	283	0	0	165	27	183	24
1997	789	357	0	0	140	32	223	30
1998	1,029	702	0	0	159	55	342	45
1999	1,102	765	115	26	119	38	429	70
2000	1,276	819	158	92	190	29	419	61
2001	1,418	905	215	86	195	62	332	41

Picture 4-4 shows the trend in development of the number of the convicted in the years 1995 and 2001; Picture 4-5 shows the trend in development of the number of legitimately convicted persons. In consideration of the fact that **methodology of reporting of statistical data in the government department of the Ministry of Justice** did not change in the monitored period, **the trends in development of the number of the accused and the convicted persons are similar**, or, more accurately, they logically correspond with the progression of criminal proceedings.

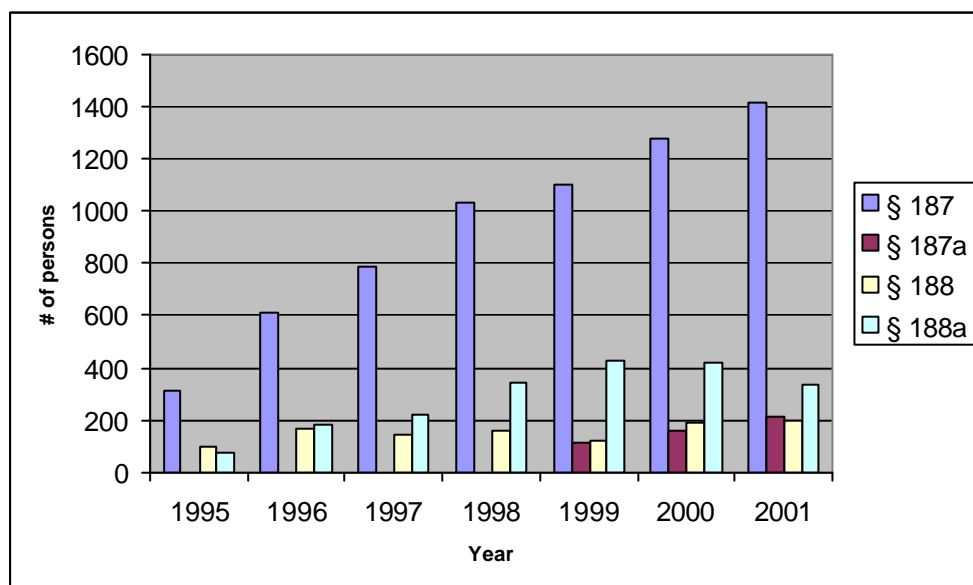
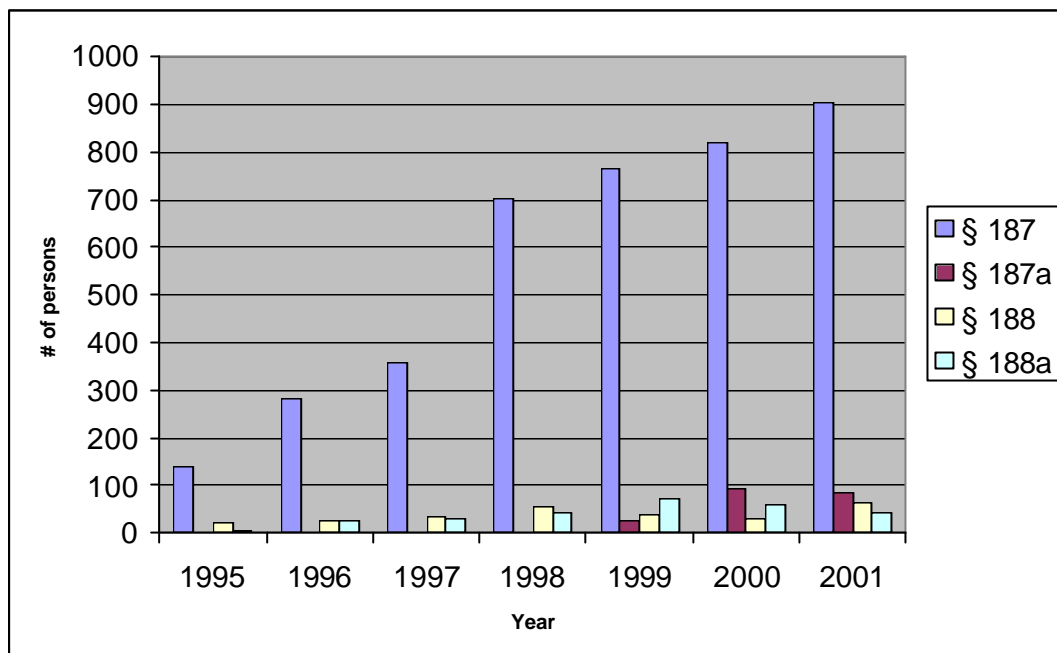


Table 4-3: Trend of development of the number of persons accused by Public Prosecutors' Offices in the Czech Republic in 1995 – 2001



Picture 4-4: Trend of development of the number of persons convicted for drug-related criminal acts in the Czech Republic in 1995 - 2001

#### 4.2.3 Drug-related Offenses

The legal regulations of drug-related offenses are included in Act 200/1990 Coll. On Violations. This Act falls within the area of administrative law, not in the area of criminal law. Drug-related violations are regulated in Section 30 – Violations in the Area of Protection Against Alcoholism and Other Drug Addictions. According to the provisions of Section 30 Article 1 letter f) of the mentioned act, **“a person that makes it possible for a person under 18 to make unauthorized use of narcotic and psychotropic substances has committed a violation, unless a more seriously punishable act has been committed”**. The data about the numbers such committed violations are not available because municipalities or district authorities are in charge of dealing with such cases. The data of the state administration bodies are not processed at the central level.

According to the provisions of Section 30 Article 1 letter j) of the mentioned act, **“a person who is in unauthorized possession of a narcotic and psychotropic substance in small quantity for personal use has committed a violation.”** The bodies of the Police of the Czech Republic are competent to deal with such violations; and they also statistically record these activities. **In the year 2001, 804 complaints regarding this violation were lodged to the Police of the Czech Republic** (349 in the year 2000); four cases thereof were **settled by reproof, 17 cases were settled by a fixed penalty (ticket)**. Of the total number of 804 lodged complaints, 401 complaints were dealt with in administrative proceedings. 325 cases ended up in postponement, discontinuance of prosecution or referral to another body; however 9 cases were referred to the bodies responsible for criminal proceedings because there were facts that indicated that a criminal act had been committed according to the provisions of Section 187a of the Criminal Code; i.e. possession of a drug in a quantity greater than small. As at December 31, 2001, 133 remained unsolved. **The total amount of inflicted statutory fines for commission of the object violation was CZK 688,250; however, data about paying of the fines are not available.**

#### 4.2.4 Secondary Drug-Related Criminality

**At the state administration level, criminal acts involving drug-related criminal acts, or, more accurately, acts related to use of narcotic and psychotropic substances, i.e. criminal acts committed within the framework of drug**

gangs (such as “squaring of accounts”) or criminal acts committed by drug addicts with the purposes of obtaining means for drugs, **are not recorded at all.**

It is only possible to make an approximate estimation based on expert estimates. **In the year 2000, the Expert Group** consisting of analysts and high officials of the individual institutions of the criminal law sector dealt with the issue of determination of the share of criminal activities; this was carried out within the framework of the Impact Analysis Project of New Drugs Legislation in the Czech Republic (Zábranský et al. 2001c). These meetings resulted in a decision to use **estimates of etiological factors** (share of drug-related criminal acts in the whole number) for the purposes of the study; the estimates were derived from American surveys carried out before crack entered the scene. **Table 4-4 provides a summary of the factors.**

Table 4-4: Etiological factor(s) for individual types of criminal acts (according to Zábranský et al. 2001b)

Type of crime	Fe
Murders and deadly injuries	0.100
Criminal assault (tort, fight)	0.100
Sexual assault (rape, sexual abuse)	0.100
Robberies	0,268
Burglary excluding car breaking	0.224
Thefts (ordinary thefts and car breaking and car thefts, etc.)	0.186
Handling of stolen goods (collusion)	0.186

#### 4.2.5 Criminal Activities Committed Under the Influence of Illicit Drugs

Even the criminal activities committed “under the influence of alcohol” are statistically recorded within the framework of the Police of the Czech Republic.

However, **the data collected in this manner are completely irrelevant due to serious errors in methodology** (tests for presence of a drug in the body are not used; even questioning regarding contingent influence of drugs is not carried out in a standard manner).

**Data about such criminal activities get in the statistics rather incidentally** (a caught perpetrator admits on his/her own that he/she is addicted to narcotic and psychotropic substances due to a need of police detoxification, etc.). This is why the data were not further processed within the framework of the *Annual Report*.

## 5 Drug Markets

### 5.1 Seizures of Narcotic and Psychotropic Substances

At the level of state administration, especially the two main law enforcement agencies: National Drug Squad in the competence of the Ministry of the Interior of the Czech Republic and the Drug Department of the Department of Combating Smuggling of the General Customs Headquarters in the competence of the Ministry of Finance of the Czech Republic (hereinafter also referred to as PDO GR) have dealt with monitoring of the drug market.

#### 5.1.1 Drug Seizures according to the National Drug Squad

**According to the Annual Report – Illicit drugs situation in Czech Republic 2001 (NPDC, 2002a), in the year 2001, the National Drug Squad carried out 118 implementations (i.e. operations) during which narcotic and psychotropic substances were seized in the quantities presented in Table 5-2.**

Table 5-1: Seizures of narcotic and psychotropic substances by the National Drug Squad in the year 2001

Type of narcotic and psychotropic substance	Unit of measure	Quantity of seized narcotic and psychotropic substances
Heroin	kg	4
Methamphetamine	kg	9
Amphetamine	kg	0.5
Cocaine	kg	2
Hashish	kg	3.5
Marijuana	kg	0.17
Ecstasy	tablets	20,247
Modafen	kg	1
Solutan	l	1.5

#### 5.1.2 Drug Seizures according to the Customs Service

**In the year 2001, the bodies of the Customs Administration detected 402 cases of smuggling narcotic and psychotropic substances of narcotic and psychotropic substances; 228 kg of narcotic and psychotropic substances were seized. In comparison with the year 2000 (510 cases), there has been a certain decrease in the number of seizures; however, the seized and the confiscated quantities of drugs are higher in comparison with the same period (174 kg of drugs were seized in 2000). In terms of quantity, heroin has remained to be the most important smuggled narcotic and psychotropic substance. In comparison with the previous period, there was an increase in smuggling of synthetic drugs, especially ecstasy tablets and pervitin. Table 5-2 provides a detailed overview of the quantities of drugs seized by the General Customs Headquarters.**

**As well as in the year 2000, the highest number of seizures in the year 2001 (293 cases) took place in airmail transportation.** The highest number of drug consignments transported via this type of transportation took place after Christmas and in summer months within the framework of the so-called 'drug tourism'.

Table 5-2: Quantities of drugs (in grams) seized by the bodies of the Customs Administration in the year 2001

Drug type	1995	1996	1997	1998	1999	2000	2001
Amphetamine	0.0	20,767.1	11.0	16,021.4	4,129.1	222.3	5047.6
Ecstasy	0.0	0.0	2.2	124.2	202.7	3,737.0	27,333.1
Ephedrine	0.0	1,600 400.0	17,900.0	113.0	22,534.0	4,047.0	6,929.1
Hashish	222.1	2,806.2	324.3	2,654.9	1,188.1	19,021.9	2,823.4
Heroin	3,049.3	15,670.0	21,442.5	240,296.0	96,830.8	98,657.9	92,012
Khat	0.0	3,100.0	0.0	0.0	0.0	0.0	0
Codeine	0.0	0.0	0.0	0.1	0.0	0.0	0
Cocaine	49,892.0	23,133.5	66,828.0	42,969.1	131,488.9	11,947.4	2,986.5
Coca – tea	0.0	0.0	0.0	0.0	376.0	672.0	0
coca – leaves	0.0	0.0	0.0	0.0	401,3	1 081.3	0
Marijuana	742.2	11,866 134.6	5,402.8	3,986.8	20,675.3	15,202.4	5,855.6
Methadone	0.0	0.0	0.0	1.0	0.0	0.0	0
Morphine	6.7	0.0	0.0	0.0	0.0	85.0	4.9
Opium	0.0	1,000.0	0.0	0.0	0.0	0.0	4.2
Rohypnol	0.0	0.0	0.0	0.0	55,000.0	1,701.0	0
Paracetamole	0.0	0.0	0.0	0.0	0.0	18,966.0	83,264
Pervitin	0.6	650.0	596.2	277.5	1,501.6	2,576.3	2,317.8
<b>Total</b>	<b>53,912.9</b>	<b>13,533 661.4</b>	<b>112,507.0</b>	<b>306,444.0</b>	<b>334,327.8</b>	<b>177,917.5</b>	<b>228,578.2</b>

## 5.2 Price and Purity of Narcotic and Psychotropic Substances

### 5.2.1 Price of Narcotic and Psychotropic Substances

At the level of state administration, the National Drug Squad deals with monitoring of price of narcotic and psychotropic substances. According to the data presented in the Annual Report of the National Drug Squad (NPDC, 2002a), average price of drugs in the year 2001 was in the amounts included in *Table 5-3*.

Table 5-3: Price of drugs in the year 2001 according to the National Drug Squad

Type of narcotic and psychotropic substance	Street price	Note
Heroin	1000 CZK/g	
Pervitin	900 CZK/g	when dealers purchase it directly from the producer, the prices vary from 450 to 600 CZK/g depending on the purchased quality
Cocaine	2250 CZK/g	
LSD/Hallucinogens	200 CZK/pc	
Ecstasy	175 CZK/pc	
Cannabis drugs	250 /g	

In principle, these results coincide with the results of available qualitative surveys (for instance, see Miovský and Zábanský, 2001b)

### 5.2.2 Purity of Narcotic and Psychotropic Substances

**Even the National Drug Squad deals with monitoring of purity of seized drugs; in this area, it cooperates with the Institute of Criminology.** According to results of laboratory tests carried out by the institute of Criminology, purity of drugs was at the level described in *Table 5-4*.

Table 5-4: Purity of Drugs in the Czech Republic in 2001 according to the National Drug Squad (NPDC, 2002a)

Type of a narcotic and psychotropic substance	Purity (content of active substance) (%)	Notes
<b>Marijuana</b>		
- domestic free growing cannabis	0.1 to 3	
- domestic hydroponic production	5 - 10	
- import of "skunk" <sup>25</sup>	10 - 17	Higher purity was found sporadically <sup>26</sup>
<b>Methamphetamine hydrochloride (pervitin)</b>		
- samples of more than 1g seized during production and seizures	80 - 97	
- seizures under 1g	60 - 80	There were sporadic seizures of 15% quality
<b>Heroin</b>		
- street samples	30 - 40	Often in the form of 'stones' (pressed heroin), sporadic samples with content under 10%
- one-off seizure of a consignment of 87.5 kg	54%	
- one-off seizure of a consignment of 67.3 kg	47 - 55	One packet of 5.5% content

## 6 Trends according to Drugs

### 6.1 Summary

The 1990s', characterized by opening of our society and gradual returning to (Western)European culture, have also brought about several undesirable phenomena. In the field of drug issues, this especially involves gradual **approximation of all of the important indicators** (extent of illicit drugs and use of these drugs, related health damage, primary and secondary drug-related crime, etc.) **to a typical picture of a Central/Northern European country** (such as Belgium, Austria, Germany or Denmark).

With a certain level of simplification, it is possible to say that the Czech development in the last twelve years is an accelerated image of what Western Europe has gone through since the end of 1960s'.

**In particular, the following issues were typical for the year 2001 as well as for the previous two years:**

- **Another increase in experimental and recreational use of cannabis preparations among youth and young adults:** analogy to development in European Union countries;
- **Increase in regular use of cannabis preparations in the population** (especially among youth and young adults who increasingly regard psychotropic cannabis preparations as a certain "generational analogy to alcohol"): analogy to development in European Union countries;

<sup>25</sup> skunk – female marijuana plants that were prevented from fertilization; this leads to a higher content of psychoactive resins, only top parts of the plant (buds) with the highest content of psychoactive substances are imported

<sup>26</sup> it is necessary to mention that, in such cases, the National Drug Squad is not able to use the same methodology as it does for seizures of the whole plants; therefore, these data are not comparable with the other data presented in the Table; it is reasonably possible to believe that an analysis of the whole plant would lead the laboratory to a result of about 10 %

- **Further spreading of heroin outside primarily affected areas** (Prague, Northern Bohemia) **to large towns in the whole country and also to ‘country areas’**. In principle, this contravenes the development in European Union countries. Nevertheless, the “heroin situation “ in the Czech Republic is still markedly more favorable; therefore, this is rather a case of “approximation to the ambient situation”;
- **Shrinking of the relatively closed pervitin scene consisting of small groups that gather around a ‘cook’;**
- **Replacing of this non-cohesive pervitin scene by a classic network of organized (especially Russian speaking) crime that increasingly gains control over the manufacture and the sales part of the market pyramid, and it also successfully looks for foreign markets for this drug;** this, as well as the whole Czech phenomenon of pervitin, represents a unique development. In paradox, the increased police pressure on self-supplying groups has been “supporting” this development because dealers of highly organized groups took the place of these former suppliers; instead of a series on unconnected markets, there has very quickly developed a large and organized pervitin market that fully absorbs the structure and patterns of the heroin market, and the markets increasingly diffuse into each other;
- **Increasing commercialization and “standardization” of the originally sub-cultural dance scene that was from the beginning connected with recreational use of the so-called “dance drugs” (ecstasy, hallucinogens);** increase in population and commercialization<sup>27</sup> of these leisure time activities represents a worldwide phenomenon.

## 6.2 Cannabis and Cannabis Derivatives

### 6.2.1 Distribution in the Population

As anywhere else in the world, cannabis sativa and cannabis derivatives<sup>28</sup> are the **most popular and widespread (ab)used drugs** in the Czech Republic.

According to a survey of the Public Opinion Poll Center from February 2002, **16% of the population** of the Czech Republic in the age of 15-64, i.e. **1,150,000 people** approximately, **have at least a single experience with use of cannabis drugs. Eight per cent of respondents** report at least one use in the **last year**; this represents about **570,000 people** (Glasová and Centrum pro výzkum veřejného mínění, 2002).

**Usually, there is a standard course of this mode of use:** a minimum percentage of people with an experience with illicit drugs appear in the population of 12-year-olds, and then it increases to values of 40 – 50% in the population of approximately 18-year-olds. The share of persons that use illicit psychotropic substances for recreational or experimental purposes then increases in age cohorts of 25 years of age approximately and then it starts to decrease (Hartnoll, 2002).

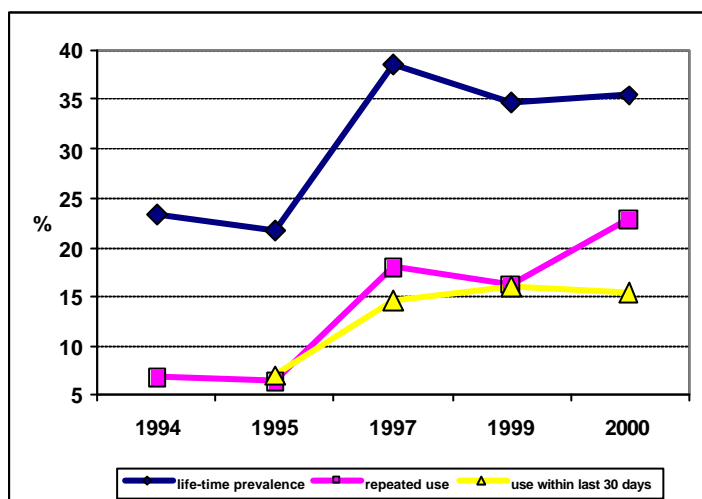
**In the world and in the Czech Republic, cannabis is the most typical illicit recreational drug.** School surveys provide a valuable insight in patterns of drug use in this highly endangered age group. **For the purposes of comparison of a more long-term trend of cannabis use, it is possible to use the group of 16-year-olds, the only age group monitored in all available nationwide and registration school surveys.**

An analysis carried out in this manner within the framework of the PAD survey (Mravčík and Zábanský, 2001) proves a **permanently increasing trend of (at least single) experiences with cannabis among 16-year-olds, a trend that resists all previous and existing preventive and repressive measures including implementation of**

<sup>27</sup> traceable in advertisement slogans and graphic primitives of commercials for various types of goods and services that massively take advantage of identification elements of the dance subculture; clear concentration of marketing activities of producers of licit drugs (cigarettes and alcoholic beverages) in this environment represents another substantial phenomenon

<sup>28</sup> most frequently, herbal cannabis (marijuana), followed by hemp resin (hashish); there rarely appears cannabis oil, butter, cooked forms, spirit extracts, etc.

**penalties for possession of illicit drugs for personal use. In the view of repeated experiences with cannabis, this trend is even more expressive** - this relates to the number of 16-year-olds who do not stick to one-off experiments but rather turn to recreational use of cannabis drugs (see Picture 6-1). It is planned that the next school survey<sup>29</sup> will take place in 2003.



Picture 6-1: Percentage of 16-year-old pupils and students – different types of cannabis prevalence (data source: Mravčík and Zábanský, 2001a)

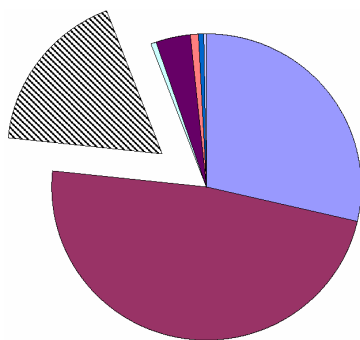
## 6.2.2 Treatment and Services in connection with cannabis

**Monitoring of people who have demanded first treatment or other form of help in connection with cannabis** represents a specific and complex issue. In 2001, based on the increasing trend in the number of such clients, fellow workers of the Secretariat of the National Drug Commission carried out a simple telephonic and correspondence survey in the facilities that reported the highest numbers of such clients in the Czech Republic. The results suggest that first treatment demand rather stands for social counseling to family members of juveniles on whom marijuana was found – usually in school – this intervention was usually recommended to them (Slavík a Pocarovský, 2002). This fact contributes to the conclusion that **most persons who were reported as “first treatment demands in connection with marijuana”** (see Picture 6-3) **do not meet the international case definition criteria** – a therapist (or counselor) does not always have a contact with the drug-abusing person, and this person largely does not subjectively understand one’s own drug use as a problem *per se*.

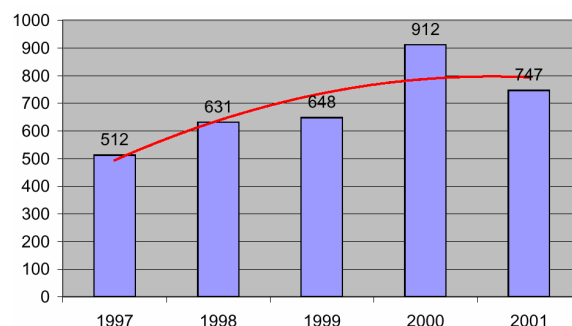
**By no means should the previous paragraph lead to an underestimation of possible risks of marijuana, especially among underage persons.** For instance, the Bohnice Psychiatric Hospital hospitalized at least three juvenile female patients in a psychotic condition triggered by marijuana use according to all available information (Csémy 2002: personal discussion). However, the current lack of uniformity in case definition does not allow for differentiation of these rare cases of serious health endangerment<sup>30</sup> from frequent one-off social counseling that is connected with the criminal law status of a ‘forbidden substance’.

<sup>29</sup> International research project ESPAD

<sup>30</sup> According to current scientific knowledge, marijuana is not regarded as a cause of psychotic attacks; however, it may take off the brake of psychotic disorder in predisposed individuals (for instance, see Hall and Solowij, 1998); such individuals should stay away from consumption of any psychoactive substances regardless of lawfulness or unlawfulness of such substances.



Picture 6-2: Number of first treatment/service demands in 2001 in connection with use of cannabis substances (data source: Polanecký et al. 2002a)



Picture 6-3: Number of first treatment/service demands in connection with use of cannabis and/or cannabis derivatives in 1997-2001 (data source: Polanecký et al. 2002a)

### 6.2.3 Production and Import

In the Czech Republic, there are **three sources of cannabis substances**:

- Import from cultivating countries (India, Pakistan, Morocco, Afghanistan, Nigeria, Netherlands, Lebanon, etc.)
- Outdoor growing in the Czech Republic (gardens, fields, masked growing places in fields of other crops, typically in corn fields) – so-called outdoor growing
- Growing in greenhouses and even in regular flats, etc. in the Czech Republic – the so-called indoor

In terms of the fact that the market with this crop is illegal and law enforcement branches only manage to seize a completely negligible part of the estimated consumption (see below), we can only follow from advices from the ‘customers’ of this market in order to get information about the market of marijuana. According to the results of the most recent survey on this topic (Miovský a Zábanský, 2001b), there is an apparent **diversion from domestic ‘self supplying’ outdoor growing; as far as recreational and even habitual users are concerned, this source was replaced by growing in relatively sophisticated cultivating facilities (equipments) placed in households (indoor), or – more frequently – by purchasing marijuana or hashish in the black market.**

As a consequence of the above-mentioned process, black market has grown substantially and it has increasingly mingled with markets of other – more dangerous – types of drugs.

### 6.2.4 Law Enforcement in connection with Psychoactive Cannabis

**The current system of reporting used in law enforcement branches** – Ministry of the Interior and Police Presidium, Ministry of Justice, prosecution, courts and Prison Administration – **is unable to determine the type(s) of drug(s) in connection with which a criminal offence was detected, prosecuted or convicted.** Therefore, this rules out the possibility to carry out any detailed analysis of crimes according to individual drugs.

In 2001, there were two independently operating systems of monitoring of **seized drugs** – a customs system (operated by the Drug Department of the Department of Combating Smuggling of the General Customs Headquarters - PDO GRC) and a police system (operated by the National Drug Squad of Service of Criminal Police and Investigation of the Police of the Czech Republic).

Despite the fact that overlaps of both systems<sup>31</sup> were not taken care of, when we add the values from both of the systems, we arrive at the result of 12.4 kg of seized cannabis and hashish.<sup>32</sup> Accordingly, in 2001 the law

<sup>31</sup> and so both the specialized department of the General Customs Headquarters and the National Drug Squad report the quantities of drugs seized during combined operations; therefore, the sum of both values overestimates reality

<sup>32</sup> data sources:

enforcement bodies seized approximately **0.05% (five ten-thousandths) of the minimum estimated consumption of cannabis drugs in the Czech Republic** (25,000 kg per year - see Vopravil, 2001).

### 6.2.5 Mortality

Neither in the year 2001 nor in the history of the Czech Republic, a case of fatal overdose with a cannabis substances was reported. A lethal dose of this drug for humans is not available/known.

## 6.3 Synthetic Drugs

**In the long-term view, pervitin (methamphetamine) represents a “traditional” Czech drug.** Marginal evidence is available about abuse of “pure” amphetamines in Northern Moravia (most likely, it was imported from abroad); some of the seized tablets sold as **ecstasy** also contain amphetamines (usually in combination with a hallucinogen). **Hallucinogens**,<sup>33</sup> and **LSD** in particular, represent another group of synthetic drugs. **Ecstasy**<sup>34</sup> and **ecstasy fakes**<sup>35</sup> represent a very specific and heterogeneous group of drugs. In terms of systematic classification, these drugs also belong to synthetic drugs.

### 6.3.1 Pervitin and Other Amphetamine-Type Substances

While “pure” amphetamines (Benzedrine, Dexedrine and combinations of these substances<sup>36</sup>) rarely appear in the Czech Republic,<sup>37</sup> **it is likely that pervitin<sup>38</sup> was the first illicit drug ever mass abused in the Czech Republic<sup>39</sup>.** At the latest, this took place in the second half of the 1970s’ when a very simple process of pervitin production with the use of freely available medicaments containing ephedrine was invented in the Prague drug scene.

#### 6.3.1.1 Distribution in the Population

**Population surveys are not able to provide reliable data** about personal experience of citizens with this drug because prevalence is extremely low and therefore the results are below the limit of accuracy of used methods (Hartnoll, 2002).

Accordingly, we can only rely on sophisticated methods of statistic calculations. In the year 2000,<sup>40</sup> the first similar quantification in the history of the Czech Republic was carried out and it arrived at a value of approximately **22,500** (18-27,000) of **problem pervitin users<sup>41</sup>** (Mravčík and Zábanský, 2002). In any case, it is **the most prevalent highly risky drug, and users of pervitin represent approximately two thirds of all problem users in our country.**

**Analyses of school surveys did not strictly separate pervitin and other amphetamines from the group of “hallucinogenic amines” (dance drugs),** and so it is not possible to evaluate the slight increase in the group of “all amphetamines and related substances” (see *Picture 6-7*) However, in terms of reduction in lifetime prevalence of use of opiates in these surveys and in the view of results of long-term and annually repeated local school surveys, it is

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(NPDC, 2002a) – 3.512 kg of hashish and 0.171 kg of marihuana were seized during solo and/or combined operations;  
(PDO - GRC, 2002) – during solo and/or combined operations, customs bodies seized 2.823 kg of hashish and 5.855 kg of marijuana

<sup>33</sup> As far as the group of hallucinogens is concerned, hallucinogenic mushrooms are also abused in the Czech Republic (magic mushrooms containing psilocybine and psilocine; several agarics contain a number of psychoactive substances). In addition, other hallucinogenic plants are also abused. According to sober estimates, dozens of plants and mushrooms that grow in the Czech Republic have psychotropic effects.

<sup>34</sup> MDMA (methylenedioxyamphetamine), MDA, MBDB and MDEA; this division that extends the term ‘ecstasy’ from MDMA to other three related substances with no possibility of fatal overdose was taken from (Griffiths et al. 1997)

<sup>35</sup> 4-MT, 2-CB, PMA, PMMA and dozens of other substances – largely allowing for fatal overdose of a user

<sup>36</sup> both Benzedrine (l-amphetamine) and Dexedrine (d-amphetamine) are made of benzol benzylmethylketone; the reaction produces a mixture of both of these similar amphetamines

<sup>37</sup> it is worth mentioning that amphetamines are occasionally smuggled in from Poland; they are mostly used by procurers, prostitutes and their bodyguards (NPDC, 2002a)

<sup>38</sup> pervitin = methamphetamine = methylamphetamine

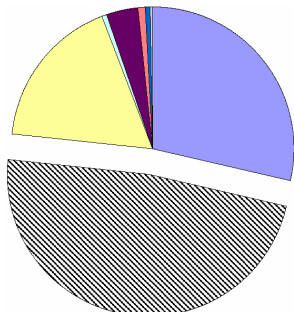
<sup>39</sup> or, more accurately, in the Czech part of the former Czechoslovakia

<sup>40</sup> currently, the National Focal Point is working on further precising of this estimate

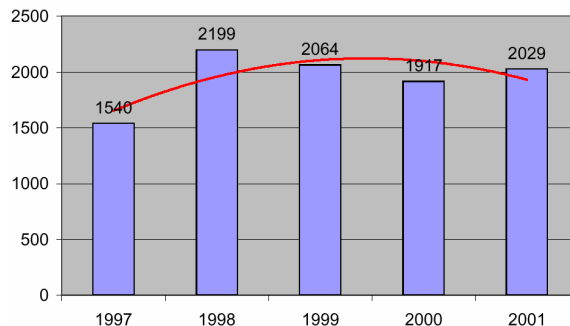
<sup>41</sup> according to definition of the European Monitoring Centre for Drugs and Drug Abuse, problem use is specified as intravenous use of drugs and/or long-term and regular use of opiates and/or cocaine and/or amphetamine-type drugs (EMCDDA and Institute for Therapy Research: 1998)

possible to judge that the **level of lifetime experiences with pervitin and other** (non-hallucinogenic) **amphetamines has been decreasing from 1997-8 approximately.**

### 6.3.1.2 Treatment and Services in connection with (Met h)amphetamines



Picture 6-4: Share of first treatment/service demand in connection with use of stimulants in 2001 (data source: Polanecký et al. 2002a)



Picture 6-5: Number of first treatment/service demand in connection with use of stimulants (pervitin in an overwhelming majority of cases in 1997-2001 (data source: Polanecký et al. 2002a)

**From the beginning of the system of monitoring of first demands for treatment/service<sup>42</sup> (1996), pervitin is the most important drug for which users seek for professional help** by itself, it ‘provides’ nearly a half of new clientele (see Picture 6-4). **However, the dominant role of pervitin has gradually decreased since 1999 approximately** (the until-then constant increase has smoothed, and there has even been a decrease); on the contrary, heroin use has been stably increasing since 1997 (see Picture 6-5 and Picture 6-12).

### 6.3.1.3 Production and Import

According to all available information, **complete consumption of pervitin is covered by domestic production**; we do not have any reports of imports of methamphetamine from Asia (ice, crystal) or United States (meth, bathtub crank). It is possible to divide production to two large areas:

- **“kitchen production”** in small improvised home laboratories; a relatively small group that gathers around the producer supplies simple laboratory technology<sup>43</sup>, input materials and catalysts; the group also consume most of produced pervitin and sells ‘surpluses’ in the black market,
- **organized production**; organized crime assumes patronage over home labs and large capacity laboratories; organized crime members supply materials and equipment and they take complete production and distribute it.

**According to available reports (NPDC, 2002a) there is increasing involvement of organized (especially Russian speaking) criminal groups in the pervitin market. These groups are also looking for new markets abroad**; in addition to police and customs investigations, this trend is also supported by reports from neighboring countries: in the last year, the largest Slovak therapeutic facility has experienced an influx of pervitin patients - it is not possible to find a parallel to this influx even in the years of existence of the Czech-Slovak Federation (Okruhlica 2002: personal discussion); therapeutic facilities and field workers in Germany (especially in Bavaria; however, it is also reported in other places – e.g. in Frankfurt on the Main); in Upper Austria, there started to appear clients/problem users who use “Fliegersalz”<sup>44</sup> (pervitin according to all available symptoms)(Haas 2002: personal discussion).

<sup>42</sup> Hygienic Station of Capital Prague (HS HMP) is responsible for coordination of such monitoring at the national level

<sup>43</sup> let us mention that an experienced “cook” is able to make fairly quality pervitin from available materials only with a thermometer, kitchen dishes and several other freely available tools

<sup>44</sup> in German “aviation salt”

The National Drug Squad of Service of Criminal Police and Investigation of the Police of the Czech Republic and its' commander (Komorous and Šimsová, 2002) also refer to the cases of Czech producers of this drug that are hired to produce the drug abroad – especially in Germany.

**Ephedrine**, and infrequently also pseudoephedrine, **is the main material for pervitin production**. In a small part of production carried out in “home labs”, ephedrine and pseudoephedrine extracted from prescription or freely available medicaments is used. Despite media attention of ‘pharmacy’ cases, **industrial ephedrine from a factory in Roztoky u Prahy** has remained to be the **main raw material** (NPDC, 2002a).

**The same source also refers to the fact that ephedrine imported from abroad<sup>45</sup> appeared in the Czech market in 2001 in an unprecedented extent**; this fact significantly supports the reports about increasing involvement of international organized crime in domestic pervitin scene.

#### 6.3.1.4 Law Enforcement in Connection with Pervitin and Other Amphetamines

**The current system of statistics used in law enforcement branches** (in the Ministry of the Interior and the Ministry of Justice) **does not allow for detection** of to which drug or drugs a particular arrested, prosecuted, tried or punished criminal offence or violation relates.

In the year 2001, there existed two independent systems of monitoring of **seized drugs** – a customs and a police one. Despite the fact that overlaps of these two systems were not taken care of,<sup>46</sup> when we sum up values from both systems, we arrive at a result of 11.317 kg of seized pervitin.<sup>47</sup> **Therefore, in 2001 law enforcement bodies seized 0.3% (three thousandths) approximately of the minimum estimated consumption of pervitin in the Czech Republic** (see Vopravil, 2001). When we consider the quantity of seized amphetamine, ephedrine and Modafen and recalculate it to an equivalent of pervitin, we arrive at an almost twofold value – **at the most, law enforcement branches only managed to seize five thousandths of the minimum estimated quantity of pervitin** consumed by problem users in the year 2001.

#### 6.3.1.5 Mortality

From the beginning of operation of the nationwide system of monitoring of ‘drug’ mortality started to operate (in 1998) until the last year, **pervitin had been the second most frequent illicit drug identified as the main cause of death** (only the abused ‘licit’ medicaments and opiates ‘surpassed’ it). **The trend in gradual decreasing of involvement of this drug in fatal overdoses started to turn rapidly in 2001 when there were only five such cases** (see *Picture 6-6*).

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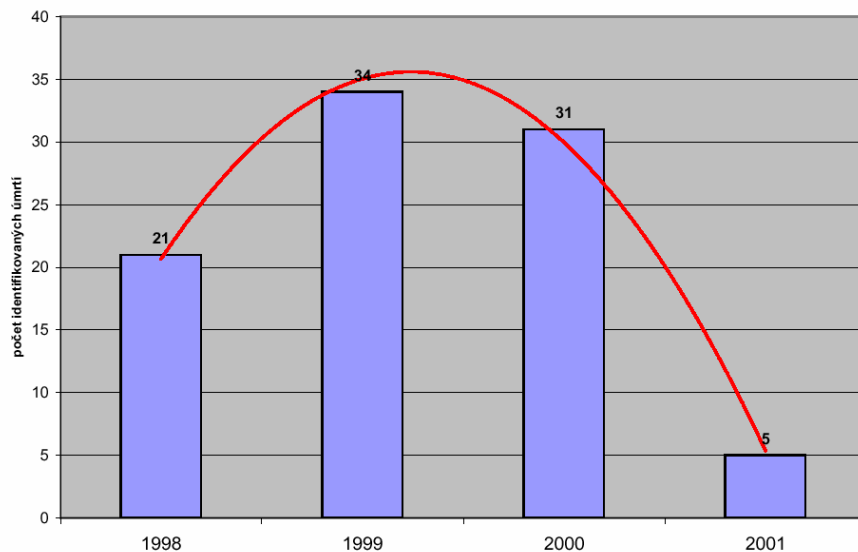
<sup>45</sup> the Police of the Czech Republic did not manage to find out where exactly it came from; Ukraine, Romania, Bulgaria and Hungary are possible ‘candidates’

<sup>46</sup> and so both the specialized department of the General Customs Headquarters and the National Drug Squad report the seized drugs from combined activities; therefore, a sum of the two values overestimates reality

<sup>47</sup> data sources:

(NPDC, 2002a) – in solo and combined operations, it seized 9 kg of pervitin, 0.5 kg of amphetamine, 1.5 l of Solutan® cough suppressant, and 1 kg of registered medicament Modafen®

(PDO - GRC, 2002) – in solo and combined operations, customs bodies seized 2.317 kg of pervitin and 6.929 kg of ephedrine



Picture 6-6: Pervitin overdoses in 1998-2001

It is difficult to interpret such a harsh turn with certainty. Possible explanations include:

- Decrease in availability of pervitin due to successful police activities
- Homogenous quality of the drug due to homogenization of the market – disappearance of small labs and take-over of pervitin market by large-scale producers controlled by organized crime;
- Change in the load (testing of suspicious cases) of individual workstations with different investigative tactics
- Overestimation of this item in the previous years, or, more accurately, double reporting of it in the cases when opioids/opiates (especially heroin) were also involved in deaths.

**In the current situation, it is not possible to decide which of the cases** or combination of cases were involved in the sharp break in the trend; development in the coming years will tell us more.

### 6.3.2 Dance Drugs - Ecstasy (MDMA) – and Ecstasy Fakes

**The Czech Republic did in no manner get out of the way of the wave connected with new dance styles** (techno, rave, drum'n'bass, hiphop, triphop, etc.). **In the first phase, there developed a strong and relatively closed subculture; in the last years, it became the property of broad masses, it 'opened up' and in principle, it started to be a mainstream of entertainment of juveniles and young adults.** The wave reached the Czech Republic with a relatively short delay; approximately from 1998, it has been possible to see an analogy of the situation in European Union countries in terms of mass popularity of this type of entertainment and basis characteristics of its favorers including use of licit and illicit drugs. The Czech part of the international research "Rave and Drugs (Csémy et al. 2000a; Tossman et al. 2001) provides a luculent picture of this condition.

If we omit the fact that handling (production, import, distribution, possession for personal use) of these drugs is a criminal offence, **presence of substances with a markedly higher potential to harm the health of a user** – including fatal overdoses – than the one of "ecstasy" (i.e. MDMA<sup>48</sup>) **represents the biggest threat/danger** in terms of public health. Czech therapeutic and helping organizations relatively quickly adopted harm reduction strategies that have been used successfully in European Union countries from the beginning of the 1990s' (Kriener et al. 2001).

<sup>48</sup> The cases of MDMA-related deaths ever registered in EU countries were caused by inappropriate behavior under the influence of this substance – zero intake of beverages, exhaustion from excessive dancing – that lead to dehydration and overheating of body. Combinations with other drugs and especially with several medicaments that inhibit MAO enzyme represent other dangers.

However, especially the police branches regard **testing of ecstasy directly at dance parties** as “unbecoming” or “immoral” (for instance, see Kovalík, 2002); nevertheless, **providers of treatment and services continue to carry out testing** with support of their professional societies – among other things with reference to the statement of Brno Public Prosecutor’s Office according to which **testing of ecstasy does not meet the attributes of illegal behavior**.

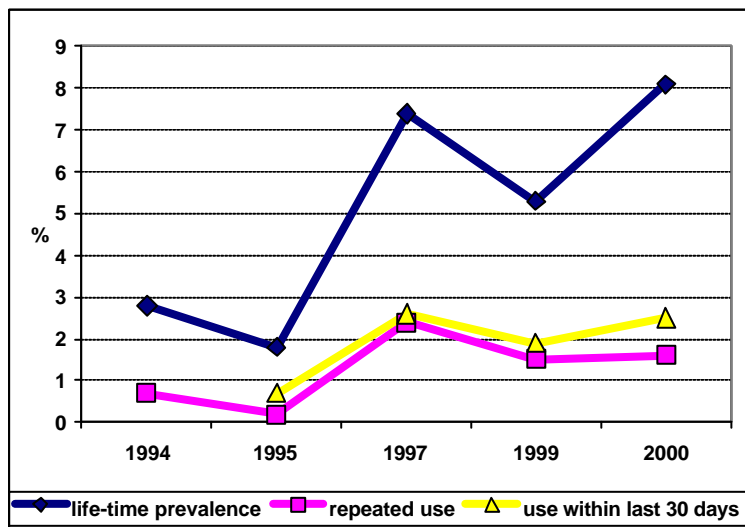
### 6.3.2.1 Distribution in the Population

**Typical users of “technodrugs” significantly differ from problem users** as described in the EMCDDA definition.<sup>49</sup> Mostly, they are fully functional in social terms,<sup>50</sup> they do not regard their use of psychotropic substances as a problem (they do not regard themselves as ‘junkies’); typically, they use psychotropic substances in cycles – mostly on “weekends”, i.e. within the framework of relaxation leisure time activities. **One to two uses of ecstasy per month represent the most frequent pattern of recreational use of ecstasy** (Kubu et al. 2000).

To a certain level, there is an interesting piece of knowledge from this year’s Public Opinion Poll Center research according to which **4% of respondents have at least a single experience with use of ecstasy**. This would represent **285,000 citizens** if we applied this number to the whole population in the age of 15-64. This number is unexpectedly high; as the object issue was included in the mentioned survey for the first time, it is not possible to confront it with a time trend.

In any case, the result exceeds the margin of statistical error of the used methodology **and neither contravenes the known attendance of similar festivals** (Creamfields 2001: about 20,000 of paying visitors) **nor the results of school surveys**.

The results suggest that there is an increase in experiences with “amphetamines” – among which ecstasy was included in most school surveys. However, evaluation of school surveys carried out in smaller geographical units suggests that while experience with pervitin has decreased, the increase in the curve in the picture below is a consequence of **increasing available and popularity of “dance drugs”**.



Picture 6-7: Different prevalences related to any “amphetamine-type drug” among 16-year-old pupils and students (%) (data source: Mravčík and Záborský, 2001a)

<sup>49</sup> This is why users of cannabis drugs are explicitly excluded from this definition.

<sup>50</sup> 58% of visitors (techno, rave, drum ‘n’ bass etc. parties) are students of universities and secondary schools, 24% are employed, 11% unemployed, 3% pupils, 4% are serving civilian service and other (Csémy et al. 2000a)

### 6.3.2.2 Treatment and Services in connection with "Dance Drugs"

As we have mentioned above, users do not subjectively regard "dance drugs" as a problem and they seek help very exceptionally – **in the year 2001, 48 of such users demanded help for the first time – this number is extraordinarily low** both in the view of total first treatment/service demand (4,233) and estimated prevalence of use of this group of drugs (see above).

**Users of these drugs do not show any signs that are for instance present among users of pervitin or heroin: they do not commit the so-called secondary criminality,<sup>51</sup> the level of health damage is usually not so serious and in social terms they rather belong to middle and upper middle classes.**

**Gradual penetration of dealers of "hard drugs" to this environment is the other side of the shield; as well as the dealers of licit drugs** (alcohol and tobacco) the dealers of narcotics quickly caught on the growing economic potential of this particular group of young people (see *Table 6-2*). **Therefore, joining of markets of "dance" and "traditional" (licit and illicit) drugs represent a serious potential problem.**

General "education" campaigns do not have impact on the target group of persons of the techno and dance scene; in addition, it is impossible to carry out a focused campaign due to social diversity of the group. However, there is one exception – **places and social events where young people – potential users of "new synthetic drugs" meet**, i.e. "raves," "parties," "dance events," "dance clubs" etc.

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<sup>51</sup> acquisitive or violent criminality committed for the purpose of obtaining means for drugs

Table 6-1: Experiences with drugs among visitors of parties and discos according to gender (Kubu et al. 2000)

..has tried a drug / gender	Males (%)	Females (%)
Alcohol	77.8	74.9
THC	73.6	71.4
Ecstasy	47.0	48.6
LSD	44.3	43.6
Magic mushrooms	34.7	33.2
Pervitin	30.9	29.8
Amphetamines	17.7	16.8
Cocaine	16.5	16.5
Poppers	10.8	7.8
GHB	9.0	7.5
Heroin	8.9	7.2
Barbiturates	4.9	4.3
Solvents	4.1	3.5
Crack	2.4	1.2

Table 6-2: Experiences with drugs among visitors of parties and discos according to amount of money "to spend" (Kubu et al. 2000)

...has tried a drug / spends during a party	To CZK 300 (%)	To CZK 500 (%)	More than CZK 500 (%)
Alcohol	82.6	87.3	86.5
THC	77.1	82.3	87.8
Ecstasy	40.9	48.9	62.4
LSD	39.6	54.9	75.5
Magic mushrooms	32.8	35.5	48.5
Pervitin	21.2	36.5	50.2
Amphetamines	11.7	18.5	34.2
Cocaine	8.7	17.5	39.7
GHB	7.0	6.2	21.1
Poppers	7.0	8.9	21.1
Heroin	5.3	8.6	16.9
Barbiturates	3.6	2.9	7.2
Solvents	3.6	5.5	7.2
Crack	1.3	1.2	5.5

In terms of this population, indoctrination methods of prevention usually fail; **harm reduction type services are the most effective and they are connected with peaceful distribution of preventive information and educational materials**; in this case, **projects of testing of tablets for presence of MDMA** (a summary is included in Kriener et al. 2001) provided to users of such drugs and the **establishment of the institute of the so-called "safe clubs"** that operate according to the rules guaranteed by public authorities (e.g. the British system Safer Clubbing according to Webster et al. 2002).

**On-the-spot pill testing activities connected with delivery of preventive information appeared in the Czech Republic as early as in the end of 1990s' (Drop-In, Podané ruce) and they have successfully developed with extensive use of the Internet that is perceived as a primary information medium in the target population.**<sup>52</sup> By contrast, obligatory or even informal **guidelines that would adjust the conditions of operation of the appropriate clubs for the sake of health and that would also apply to organizers of "open air" events have not been established in the Czech Republic.**

### 6.3.2.3 Production and Import

Since 1995 when a factory for production and tablet compression of MDMA was discovered (for instance, see NPDC, 2002a) Jesenice - Horní Jirčany (Central Bohemia) shortly before it would have been put in operation, **there has not been any significant source of domestic production of "dance drugs" including ecstasy according to police analyses** (e.g. see NPDC, 2002a). Therefore, this drug is smuggled in the Czech market from abroad – police sources (NPDC, 2002b) especially mention Germany, Netherlands and Belgium as the country of origin.

Picture 6-8: Capsule of ketamine sold as "ecstasy" in the Czech market in January 2001 (taken from [www.lf3.cuni.cz/drogy/](http://www.lf3.cuni.cz/drogy/))



<sup>52</sup> for more info, see <http://www.extc.cz> or <http://www.lf3.cuni.cz/drogy/> or <http://www.drogmem.cz>

With the exception of a fatal case of one-off import from Germany in Pilsen (see below), **no traces of (adulterated) "fake ecstasy" were recorded in the Czech Republic.** Health risks of using these tablets are significantly higher than the ones of the "real" ecstasy; it is expected that they are of Polish origin **and so it is quite likely that they will appear in the Czech market in the future.**

Sporadically, the pill testing system (drugs are provided by users in parties) manages to capture a tablet with a mixture of substances other than ecstasy or highly dangerous "fake ecstasy". Most frequently, this relates to mixtures of (meth)amphetamine and hallucinogens; according to qualitative information from the drug scene, on the turn of the years 2000 and 2001, even a veterinary anesthetic ketamine was offered as "ecstasy" (see Picture 6-8).

#### 6.3.2.4 Law Enforcement in Connection with Ecstasy and "Fake Ecstasy"

**The current system of statistics used in law enforcement branches** (in the Ministry of the Interior and the Ministry of Justice) **does not allow for detection** of to which drug or drugs a particular arrested, prosecuted, tried, or punished criminal offence or violation relates.

As far as the operations of the National Drug Squad<sup>53</sup> and Custom Administration bodies<sup>54</sup> are concerned, a simple sum that most likely overestimates the current condition<sup>55</sup> arrives at a result of 110,839 seized tablets (with no differentiation between real and fake ecstasy). **When confronted with the estimation of approximate yearly consumption of 300,000 tablets in the Czech Republic** (Vopravil, 2001), this would mean that **approximately 36% of the minimum consumption of these drugs in our country were seized.**

However, it is possible to regard the mentioned estimation of the Czech Statistical office as grossly underestimated (it was drawn up at a time when the data of the Public Opinion Poll Center were not yet available). Even with consideration of the fact that most of the tablets were not determined for the Czech market, it is possible to **regard ecstasy as one of drugs with a seizure rate close to the 30% hypotheses** of the Institute of Crime Prevention and Socially Pathologic Phenomena and the National Drug Squad (for instance, see NPDC, 2002a); otherwise, the hypotheses seem completely false.

On the other hand, **there permanently decreases the price of ecstasy in the black market** (CZK 400 per tablet in 1996, CZK 150-200 in 2001) and it suggests that there is a **marked excess of supply over demand; this also means a long-term failure of supply reduction efforts.**

#### 6.3.2.5 Mortality

While possible neurotoxicity of long-term use of common doses of MDMA is still subject to scientific discussions (see summary articles in Ainsworth, 2002; Olszewski, 2002), there is no doubt about harmful effects of the so-called "fake-ecstasy". **All of the fatal cases described in Western Europe were either a result of mix-up with a more harmful drug or due to inappropriate conditions in "parties" – overheating and shortage of beverages** (Griffiths et al. 1997).

**There has not been any case of death after use of ecstasy at a dance party in the Czech Republic.** However, last January there was a case of **fatal overdose** of a 28-year-old Asian **in Pilsen**; during a private party in a close circle of friends, he overdosed on a drug purchased in Germany – it was sold to him as ecstasy and it contained **PMA** instead (Petrová 2001: personal discussion).

In the year 2000, a 25-year-old **suicide in Brno** injected himself with a **lethal mixture of pervitin and MDMA**; this is the second example of an ecstasy-related fatal consequence (Samková et al. 2001).

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<sup>53</sup> 20,247 reported tablets

<sup>54</sup> 27,333 grams (90,592 tablets)

<sup>55</sup> because both of the agencies have reported the seized drugs from the largest combined operation; none of them is yet able to remove duplicities

The third case was recorded **in Prague in 1998**; a 17-year-old girl used a **combination of ecstasy, pervitin, antidepressive/ MAO inhibitor, coffee and alcohol**; this unbelievable mixture caused malignant hyperthermia and multi-organ failure that the girl succumbed despite all efforts of health personnel (Andel, 2000: personal discussion).

### 6.3.3 LSD (and Herbal Hallucinogens)

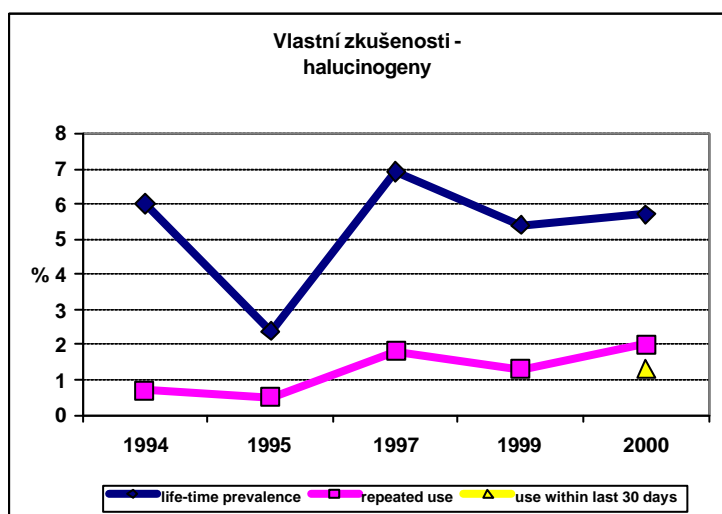
Diethylamide of 25-lysergic acid is a relatively strong hallucinogen. **The doses that are currently sold in the Czech Republic in the form of papers soaked with active substance are significantly lower than "psycholytic".**<sup>56</sup> Instead of massive hallucinative states of mind, there is rather certain excitation and "open perception". It is possible to believe that the **producers of this drug intentionally reduced the doses to the level with effects similar to the ones of popular ecstasy**; LSD is often distributed together with ecstasy. Sometimes, even mixtures of LSD, amphetamine and cellulose (or other binding agent) are sold as ecstasy tablets.

Several species of **hallucinogenic mushrooms (psilocybe)** grow in forests of the Czech Republic; an inhomogeneous group of people collect and use them in the turn of summer and autumn. Even this hallucinogen is relatively popular in the dance scene; however, use is only seasonal.

#### 6.3.3.1 Distribution in the Population

**By principle, it is not possible to determine or roughly estimate the extent of use of LSD** and other "strong" hallucinogens **in the population**. It is so low that it escapes the framework of general population surveys.

In school surveys, it is associated with other hallucinogens – especially with hallucinogenic mushrooms (*see Picture 6-9*). The Czech Statistical Office treats LSD in the same manner – in the estimates, the **number of people with at least a one-off experience with LSD is similar to the one of ecstasy, and the frequency of use of LSD is one sixth approximately of the one of ecstasy.**



Picture 6-9: Different prevalences related to hallucinogens among 16-year-old pupils and students (%) (data source: Mravčík and Zábanský, 2001a)

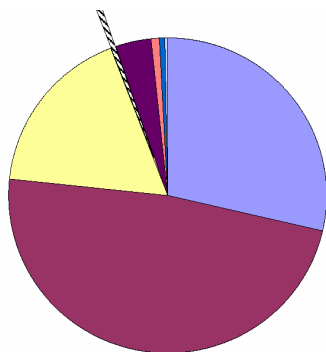
**It is possible to say that use of LSD is a marginal phenomenon** of low public dangerousness and it apparently does not even reach the level of use of problem drugs, not to mention cannabis drugs. According to both of the available researches (Kubu et al. 2000; Csémy et al. 2000b), the level of lifetime experience with LSD gets close to the one of ecstasy in the **vulnerable population of visitors of dance parties** (*see Table 6-1*); still and all, **frequency of use of LSD and regular use of LSD are again markedly lower than the ones of ecstasy.**

<sup>56</sup> i.e. a maximum of 50 micrograms ( $\mu$ ) in contrast to common doses of 100-500  $\mu$ g from the "psychedelic sixties"

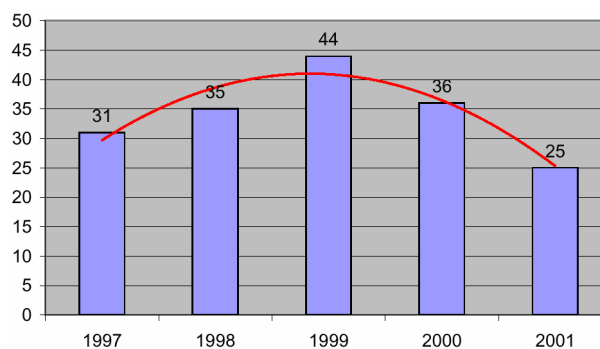
### 6.3.3.2 Treatment and Services in Connection with LSD and other Hallucinogens

Every year, several people are hospitalized in the Czech Republic due to unmanaged intoxication<sup>57</sup> on hallucinogenic substances (18 in 2001).

The number of people who ask for first help or treatment in connection with hallucinogens is extremely low (approximately one per cent of the total number of first treatment demands) and it has a decreasing tendency (see *Picture 6-10 and Picture 6-11*).



Picture 6-11: Share of first treatment demand in connection with use of hallucinogens in 2001 (data source: Polanecký et al. 2002a)



Picture 6-10: Share of first treatment demands in connection with use of hallucinogens (especially LSD and psilocybin) in 1997-2001 (data source: Polanecký et al. 2002a)

### 6.3.3.3 Production and Import

**It is estimated that LSD in the Czech market is exclusively imported.** Since 1997, no case of loss of LSD precursors – lysergic acid, ergotamine and ergometrine – from production of the IVAX CR a.s. company in Opava was reported (NPDC, 2002a).

**Hallucinogenic mushrooms** (psilocybe and several species of fly agaric) and **plants with potentially hallucinogenic effects appear seasonally**; some users dry or freeze supplies of magic mushrooms for later. **Trade of hallucinogenic mushrooms and plants** (with the exception of cannabis) **is rare.**

### 6.3.3.4 Law Enforcement in connection with Abuse of Hallucinogens

**The current system of statistics used in law enforcement branches** (in the Ministry of the Interior and the Ministry of Justice) **does not allow for detection** of to which drug or drugs a particular arrested, prosecuted, tried, or punished criminal offence or violation relates.

In the year 2001, customs bodies seized 8.1 g of Psilocybe mushrooms and 5 LSD papers. The Police does not report seizures of hallucinogens. **Due to insignificance of the mentioned quantities, seizure rate is close to zero.**

### 6.3.3.5 Mortality

**Overdose on hallucinogens has not been recorded in the Czech Republic.**

The case of an American student of a university in Brno who jumped out of window in a hospital where he was brought after unmanaged intoxication with unspecified quantity of psilocybe mushrooms is regarded as the only case of death in connection with hallucinogens in the Czech Republic (Nožina, 1997a).

**Two cases of overdose on atropine and scopolamine inherent in jimsonweed** represent a special category.<sup>58</sup> Atropine and scopolamine are alkaloids / delirogens that are not usually classified as hallucinogens – however, the

<sup>57</sup> Unmanaged intoxication is intoxication that (a) endangers health or life of a user (b) is negatively perceived by the user and therefore it (in both cases) leads to hospitalization or use of emergency medical care.

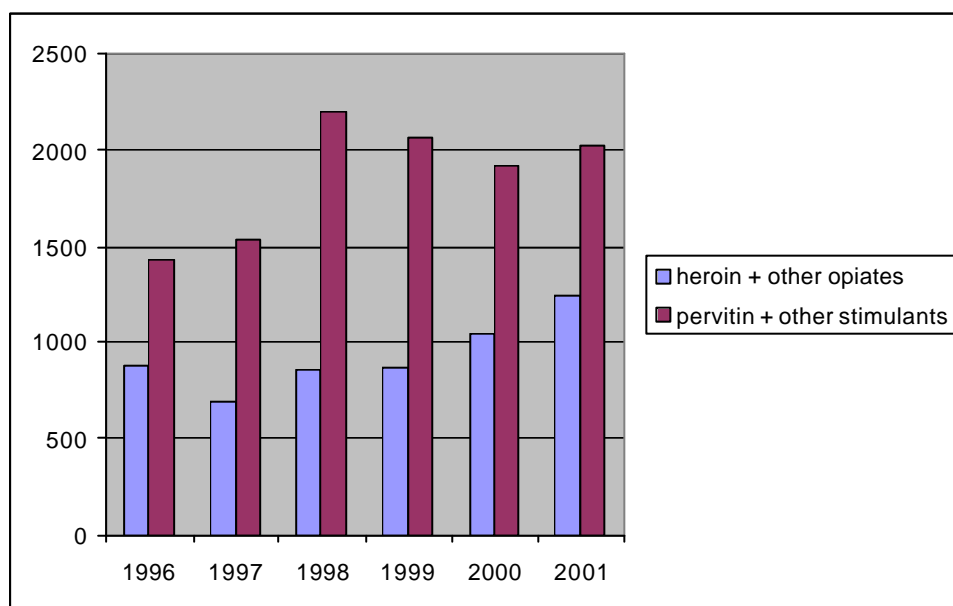
<sup>58</sup> *Datura stramonium* L. – weed and a decorative plant

mentioned plant<sup>59</sup> contains these substances and it has been used in small quantities in order to produce hallucinations for centuries. **Both of the mentioned deaths were recorded in Eastern Bohemia in 2000.**

## 6.4 Heroin and Other Opiates

Since the 1970's, use of medicaments containing opiates was highly prevalent in the Czech Republic,<sup>60</sup> and both separately<sup>61</sup> and in combination with alcohol. Abuse of the so-called braun – a homemade mixture of opiates<sup>62</sup> made of available medicaments has also become considerably prevalent. **In the years 1993-1997, medicaments and braun were forced out by heroin that was mainly imported from Prague and Northern Bohemia; between the years 1999 and 2001, heroin expanded to all of the remaining areas of the Czech Republic; here, it forces out the until-then unambiguously dominating pervitin.** It is also to illustrate this trend on the example of development of demand for first treatment (see Picture 6-12).

**Especially in Prague,** the short-term swing in availability of heroin and the higher price of it in the end of the year 2001 that the National Drug Squad used to put in connection with the anti-terrorist operation in Afghanistan (see below) **resulted in a short-lasting and insignificant return of braun on the market;** however, this phenomenon was only temporary and it faded away in the beginning of the year 2002 together with a return to the “normal” condition of supplies and prices of heroin.



Picture 6-12: Development of the number of first treatment/help demands in 1996 to 2001: heroin and pervitin (data source: Polanecký et al. 2002a)

<sup>59</sup> and other - henbane, nightshade, etc.

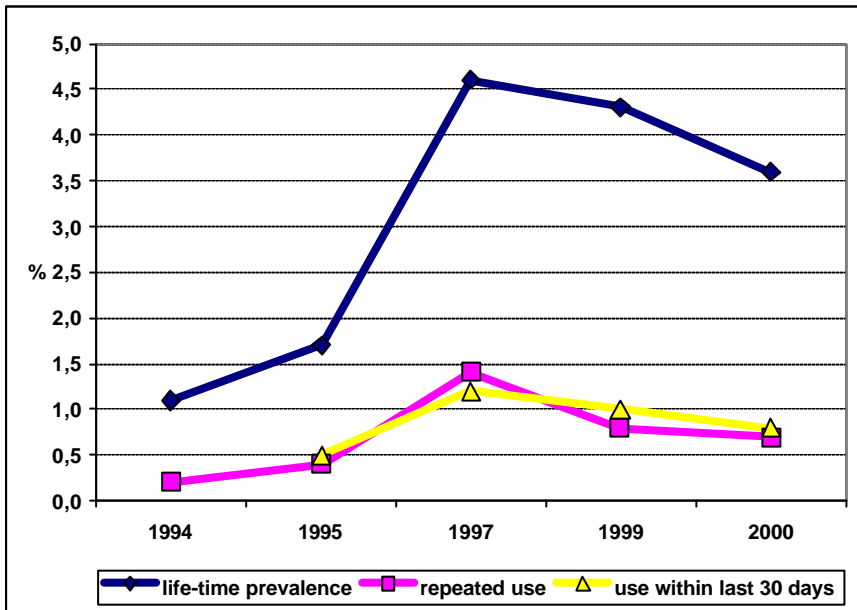
<sup>60</sup> or, more accurately, Czechoslovak Socialist Republic and later Czech and Slovak Federative Republic

<sup>61</sup> orally and intravenously

<sup>62</sup> ideally, hydrocodon; usually it hydrocodon and codeine, sometimes even with an admixture of hydromorphone and morphine

### 6.4.1 Distribution in the Population

The increasing trend of (at least one-off) experience with opiates among 16-year-old pupils and students culminated in 1997 and it has decreased ever since (see *Chyba! Nenalezen zdroj odkazu.*). Combination of preventive activities and confrontation of adolescents with open drug scene and its unattractive condition provide a possible explanation.

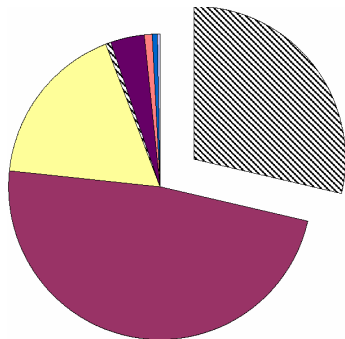


Picture 6-13: Different prevalences related to opiates among 16-year-old pupils and students (%) (data source: Mravčík and Zábanský, 2001a)

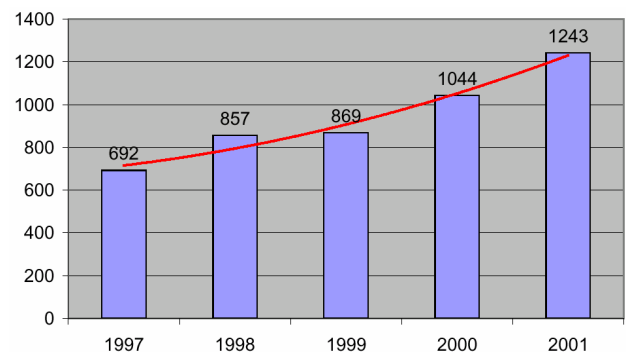
According to the 2000 prevalence estimation of problem drug use (Mravčík and Zábanský, 2002), **15,000 approximately of long-term and/or injection users of opiates** (especially heroin) lived in the Czech Republic in the year 2000.

### 6.4.2 Treatment and Services in connection with Opiates

Since 1997, our country has experienced a slow and permanent trend of increase in the number of first treatment demands in connection with use of opiates; in the last two years, this trend has accelerated (see Picture 6-15).



Picture 6-14: Share of first demands for treatment or service in connection with use of opiates (data source: Polanecký et al. 2002a)



Picture 6-15: Number of first treatment/help demands in connection with use of heroin and/or other opiates in 1997-2001 (data source: Polanecký et al. 2002a)

**It is possible that this trend of increase in first demands for treatment or service in connection with use of “at the cost of” pervitin will balance or reverse in the future** – according to all available information, even the trade of pervitin is gradually taken over by organized crime with similar *modus operandi* as the one of organized groups of heroin dealers (see above).

#### 6.4.3 Production and Import

**Without any exception, the production part of heroin market pyramid is located outside the territory of the Czech Republic. An overwhelming majority of heroin in the Czech market comes from Afghanistan, Pakistan, and Iran;** the significance of producers from the area of the so-called “Golden Triangle ” (Myanmar, Thailand, Laos) and Southern America (Columbia, Bolivia, Peru) is rather marginal in the Czech Republic.

The Czech Republic is located on the so-called Balkan route of smuggling of heroin from Turkey across Bulgaria and then to Western European countries and Scandinavia; **for many years, there have been speculations about existence of large transfer points in our territory** (Nožina, 1997b); however, none of them has been discovered yet.

**In the end of the year 2001 (in November and December), there was an interesting phenomenon of a temporary decrease in availability and a consequent increase in prices of heroin; it was accompanied by reappearance of the so-called braun** (see above) in the Czech market. **Drug dealers and even the Police of the Czech Republic** (for instance, see MF Dnes, 2001) **used to connect this phenomenon to the allied anti-terrorist operation in Afghanistan.** In addition, the Police were predicting that a large consignment of heroin had been shipped to the Czech Republic from Afghanistan even before the war against Taliban had started (Právo, 2001). This prognosis did not come true.

The speculations about a reduction in availability of heroin due to the Afghani operations did not consider the simple fact that **there is a delay of twelve to eighteen months between raw opium in Afghanistan and heroin in the European market;** therefore, there was no rational reason for any decrease in availability of heroin in the Czech Republic or elsewhere in Europe at the time when the military operation started. From the very start of the development, there prevails an opinion among the users that it was an **attempt of the dealers to use this situation to increase the price of their goods** (Korcišová 2002: personal discussion); this is also supported by the fact that this situation went back to the “normal” while the military intervention in Afghanistan were still in progress.

**Other than that, it was typical for the year 2001 that there increased the availability of heroin across the country.** There continued the trend from the years 1999 and 2000 (Miovský et al. 2001; Miovský and Záborský, 2001a); i.e. the area that had been released as a result of successful arresting of small producers of pervitin started to be filled by organized criminal groups that mainly conduct trades with heroin (they also handle pervitin; however, this takes place at a qualitatively higher level of organization of the whole chain of production and sales).

#### 6.4.4 Law Enforcement in connection with Opiates

**The current system of statistics used in law enforcement branches** (in the Ministry of the Interior and the Ministry of Justice) **does not allow for detection** of to which drug or drugs a particular arrested, prosecuted, tried, or punished criminal offence or violation relates.

In the year 2001, there existed two independent systems of monitoring of **seized drugs** – a customs and a police one. Despite the fact that overlaps of these two systems were not taken care of,<sup>63</sup> when we sum up values from both systems, we arrive at a result of **96.012 kg of seized heroin.**<sup>64</sup> Accordingly, in 2001 law enforcement bodies seized

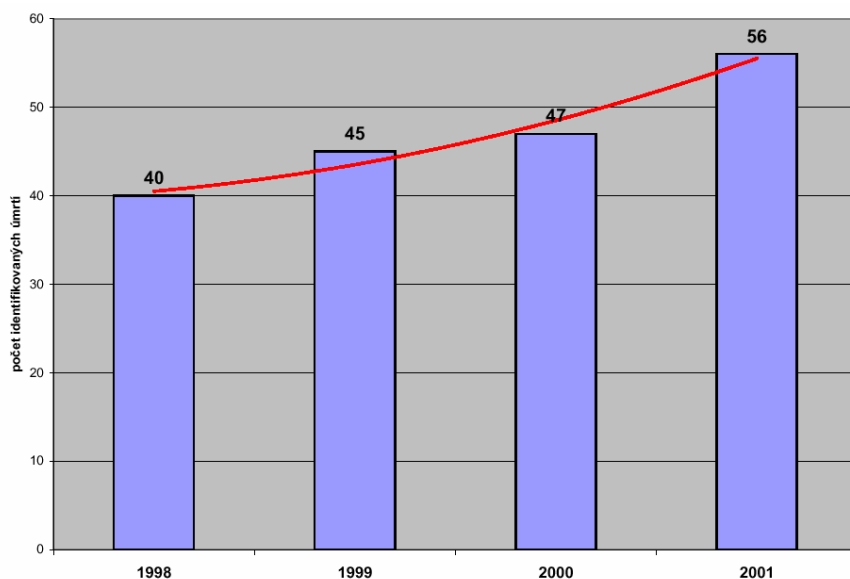
<sup>63</sup> and so both the specialized department of the General Customs Headquarters and the National Drug Squad report the quantities of drugs seized during combined operations; therefore, the sum of both values overestimates reality

<sup>64</sup> data sources: (NPDC, 2002a) – in solo operations in seized 4 kg of heroin

approximately 2% (two hundredths) of the estimated minimum consumption of heroin in our country (see Vopravil, 2001).

#### 6.4.5 Mortality

(With the exception of medicaments), **heroin and other opiates are the most frequent causes of overdose of illicit drugs users in the Czech Republic.** Therefore, they also have the reputation of **the most dangerous and the most health devastating substance** in our country. The likeliness of overdose is then further increased by the margin in quality of heroin sold in the black market (from 5 to 80% - therefore, a user can take a much higher dose than he/she expected). **Since 1998, there has been an increasing tendency** of the number of overdoses on opiates – be it separately or in combination with other drugs, medicaments or alcohol - (see Picture 6-16); this confirms the information about increasing availability of this drug in the territory of the whole country.



Picture 6-16: Fatal overdoses on opiates in the Czech Republic in 1998-2001

### 6.5 Cocaine and Crack

#### 6.5.1 Distribution in the Population

In the Czech Republic, **cocaine** is still regarded as an “exclusive” drug; the price – in the competition of much cheaper and longer lasting effects of pervitin – rather predisposes it for exceptional and one-shot abuse in closed groups of people. However, several indications – **especially slight decreasing of price – suggest that this drug increasingly establishes a position in the environment of dance parties** (NPDC, 2002a). Even the results of a research that entirely focused on this scene point to this development (see Table 6-1).

**So far, no signs of a significant appearance of crack<sup>65</sup> in the territory of the Czech Republic have been available.**

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( PDO - GRC, 2002) – in solo and combined operations, customs bodies seized 92.012 kg of heroin and 4.2 g of opium  
<sup>65</sup> both of the substances are essentially chemically identical; while “cocaine” is water soluble and it is mostly snuffed and sometimes used intravenously, crack (“cocaine freebase”) is not water soluble and it is exclusively smoked; in Western Europe and in both American continents, crack is regarded as a markedly more dangerous drug than the actual cocaine – inter alia because it is cheap and popular in marginalized groups

### 6.5.2 Treatment and Services in Connection with Cocaine and/or Crack

**In the year 2001, two males and three females demanded first treatment or service in connection with cocaine, one male demanded it in connection with crack** (out of the total number of 4,233 first demands). Further characteristics of these clients are not available.

### 6.5.3 Law Enforcement in Connection with Cocaine and Crack

**The current system of statistics used in law enforcement branches** (in the Ministry of the Interior and the Ministry of Justice) **does not allow for detection** of to which drug or drugs a particular arrested, prosecuted, tried, or punished criminal offence or violation relates.

**In terms of the fact that there is no significant cocaine market in the Czech Republic** (in the environments of dance parties where it occasionally appears, it is regarded as something “exceptional”), **the importance of cocaine in the Czech Republic is the one of a transit country. In this regard, international cooperation of the General Customs Headquarters** (in particular, Drug Department of the Department of Combating Smuggling of the General Customs Headquarters) **and the Police of the Czech Republic** (more accurately, with the National Drug Squad) has been developing successfully since the beginning of the 1990s’ – both law enforcement bodies have periodically managed to seize large consignments of dozens or even hundreds of kilos of cocaine, or participated in seizure of such consignments abroad. In the 1990s’ the customs bodies also managed to arrest a number of “swallowers”, i.e. persons of mostly South American who smuggle wrapped drugs inside their bodies for money and coverage of traveling costs origin.

**In comparison with previous years, the year 2001 was not so “rich” in terms of closing of international operations; in solo and combined operations, the National Drug Squad seized 2.017 kg of cocaine; in solo and combined operations, the Drug Department of the Department of Combating Smuggling of the General Customs Headquarters seized 2.987 kg of cocaine.**

**According to the Czech Statistical Office, the minimum estimate of yearly consumption of cocaine is 56 kg** (Vopravil, 2001) – accordingly, in 2001 law enforcement bodies seized nearly 10% of the minimum estimated consumption.

**Nevertheless, in 2001 both of the Czech specialized law enforcement agencies participated in several international operations during which another 20 kg approximately of cocaine were seized in various parts of Europe (Italy, Bulgaria).**

In addition, it is necessary to note that the existing system of data collection did not allow to determine how much of ‘common’ cocaine was reported by both of the law enforcement branches and how much cocaine was then seized in total in the territory of the Czech Republic; nevertheless this unsatisfactory condition when a simple sum up of both numbers overestimates reality applies to all data about seized drugs in the Czech Republic.

### 6.5.4 Mortality

**In the territory of the Czech Republic, a cocaine or crack related death has not been reported yet.** According to the definition of EMCDDA, “drug-related deaths” do not include deaths of “swallowers” who died because a wrapping into which drugs were wrapped broke open during transport.

## 6.6 Poly-Drug Use, Volatile Substances, Licit Addictive Substances

**In the tradition or environment of Czech problem users, poly-drug use is rather a rule than an exception. Czech problem users smoothly convert from drug to another according to availability and they relatively frequently combine drugs in order to adjust/modify the effects.**

Out of 4,233 drug users, or, more accurately, out of **3,242 problem users**<sup>66</sup> **who have demanded first treatment, 2,172 persons use a secondary (illicit) drug and 756 of them even use a third drug.**

**Accordingly, opiates and pervitin are often combined** – a pervitin user uses heroin in order to fall asleep after several days of using pervitin or he/she even uses it in order to “treat his/her paranoia”. On the contrary, after a heroin user gets too muted, he/she will use heroin in order to “function”. Fortunately, the extraordinarily dangerous phenomenon of “Czech speedball”<sup>67</sup> that started to appear marginally in large towns in the mid of the 1990s’ has not managed to expand.

The PAD qualitative substudy (Miovský and Záborský, 2001a) describes **replacement of pervitin use by use of industrial solvents** (in particular toluene); in 1998, use of solvents became popular especially in Central Moravia in response to short-term fallouts in supplies of pervitin and aggravation of police procedures.

**(Ab)use of prescription medicaments, especially benzodiazepine anxiolytics, is becoming increasingly popular among users of all types of illicit drugs.** There are various modes of use – from infrequent use of common therapeutic doses during “coming down” or “bad trips” to combining with opiates or even daily abusing of dozens of benzodiazepine pills. In such cases, there is primary addiction to benzodiazepines that manifests itself in aggressive states of mind, hypoxia, and epileptic fits and losses of consciousness after long period of use.

**In this regard, especially Rohypnol® (flunitrazepam) is very “popular”.** Every year, law enforcement bodies record illegal supplies to the domestic and the foreign black markets; usually, Czech health and/or pharmaceutical personnel are involved in such cases. **In 2001, such detected criminal activities involved nearly two million Rohypnol® tablets.**

It is estimated that **standard use of alcohol and tobacco and combining of these licit drugs with the illicit ones** applies to more than 90% of problem users. On an absolutely regular basis, **tobacco and especially alcohol are absolutely regularly “gateway drugs”** – i.e. the first psychoactive substances that the users tried and used.

## **6.7 Volatile Substances**

**Abuse of volatile substances as a primary drug especially affects** extremely young members of marginalized groups – in the Czech Republic, this especially relates to **young Romany population**. **“Traditional” toluene is used** (in shops, it is possible to freely buy ½ liter for CZK 30), trichlorethylene, benzine, lighter fluid, rarely also ether and ingredients of several sprays and paints.

**Population surveys and school surveys among 16-year-olds fail to identify this phenomenon;** decreasing representation of solvents in lifetime prevalence<sup>68</sup> of 16-year-olds is not a proof of improving situation in this regard; it is rather a secondary manifestation of sustained social segregation in the school system. None of these surveys captures this numerous population of solvent users.

Majority population still regards solvents as a drug of the “stupid and poor”. However, even this part of the population does not get out of the way of abuse of volatile substances – however, it is frequently a one-off unrepeated experiment out of curiosity. In marginalized groups, solvent abuse is more widespread and it sustains for longer periods.

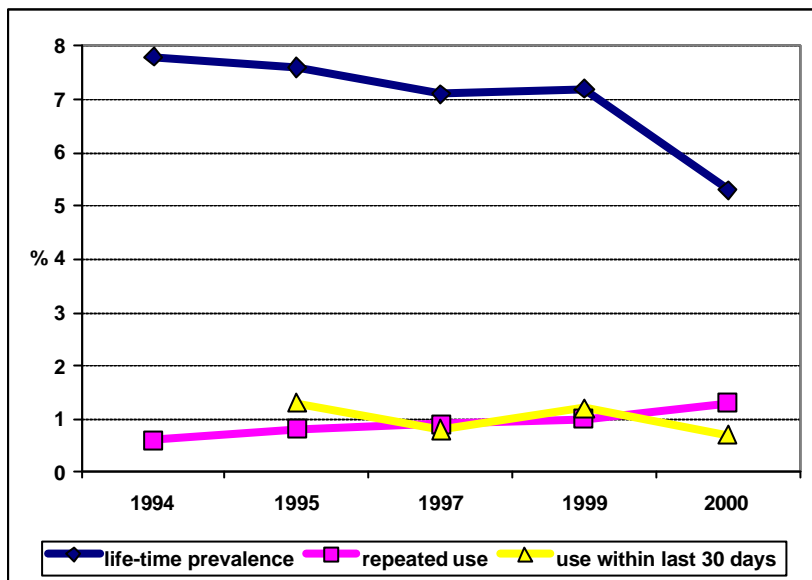
Thus, assessment of this issue can only refer to qualitative data. It is a sad fact that no research of this type has ever been conducted in the Czech Republic; therefore, the international project that involved our country is the only quality source of information (Grund et al. 2000).

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<sup>66</sup> according to the applicable definition of EMCDDA

<sup>67</sup> i.e. a mixture of pervitin and heroin in one injection dose

<sup>68</sup> i.e. at least a single use



Picture 6-17: Different prevalences related to solvents among 16-year-olds pupils and students (%) (data source: Mravčík and Zábanský, 2001a)

**Treatment and service facilities do not dispose of material nor personnel provisions to provide help to solvent abusers.** The situation is also complicated by the fact that the Romany do not trust “white services” and they do not make use of them; in addition, there would also be problems with observance of the law due to the fact that potential clientele is usually under age 15. Therefore, even the **first treatment/service demand data do not reflect the real condition in terms of solvent abuse.**

**Abuse of the so-called “poppers” at dance parties represents a special category;** poppers are capsules containing a volatile solution<sup>69</sup> with a peripheral vasodilative effect; in foreign countries, this medicament is used for treatment of hypertension, in the parties, it is rather used for aphrodisiacal effects.

**In 2001, after completion of methodology of detection of drug-related deaths 14 overdoses on volatile substances that were due to abuse were recorded.** Poisoning with technical solvents in industry and agriculture were not included.

## 6.8 Alcohol and Tobacco

**By tradition, the Czech Republic occupies the highest positions in the world ladder of consumption of pure alcohol per person;** it is absolutely ‘first’ in beer consumption.<sup>70</sup> **In a similar manner, we are one of the countries with the highest prevalence of tobacco smoking in Europe** – our position in terms of both of the licit addictive substances unambiguously classifies us among post-communist “Eastern” countries.

**In addition, there is an increasing trend in consumption and high tolerance of alcohol and tobacco in our country – without any regard to the fact that a number of health and social effects of both of the substances have much more serious impacts than any other illicit substance.**

In the 1990s<sup>7</sup>, consumption of alcohol and cigarettes had increased almost continuously (see Table 6-3)

Table 6-3: Consumption of alcohol and tobacco, Czech Republic, 1990 –99 (Source: Statistická ročenka CR, 2001, CSÚ)

<sup>69</sup> butylnitrate and isobutylnitrate

<sup>70</sup> nearly 160 liters (320 0,5l pints) of beer per one Czech citizen including infants in the year 2001

Type	Unit of measure	1990	1995	1997	1998	1999
<b>Alcoholic beverages *</b>		8.9	9.4	9.8	9.8	9.9
<b>Spirits (40%)</b>		7.2	7.9	8.3	8.2	8.3
<b>Beer</b>		155.2	156.9	161.4	161.1	159.8
<b>Wine</b>		14.8	15.4	15.9	16.0	16.1
<b>Cigarettes</b>	pieces	2 151	2 185	2 354	1.852	2 090

\* recalculated to pure ethanol (100%)

Especially the school surveys show a disturbing increase in consumption of alcohol and cigarettes and experiences with these drugs. Population surveys show stagnation or slight decrease.

Table 6-4: Tobacco smoking and use of alcohol, Czech Republic, 1993, 96, 99, age 15+ (Výberové šetření o zdravotním stavu české populace - HIS CR 93, 96, 99, ÚZIS)

	Smoking	never	former	occasional	weak	strong
		1993	35.1	23.1	8.6	20.7
<b>Males</b>		37.4	21.3	8.1	19.8	12.5
		36.9	24.3	8.6	18.3	11.4
	Use of alcohol	exceptional	adequate	excessive		
	1993	39.8	44.5	15.7	x	x
	1996	39.0	48.5	12.5	x	x
	1999	41.8	48.7	9.5	x	x
<b>Females</b>	Smoking	never	former	occasional	weak	strong
	1993	55.0	13.7	8.5	17.6	3.3
	1996	55.9	15.3	8.5	16.1	4.1
	1999	61.1	15.1	6.5	15.7	1.6
	Use of alcohol	exceptional	adequate	excessive		
	1993	73.6	24.7	1.8	x	x
	1996	72.6	24.5	2.9	x	x
1999	81.2	17.3	1.5	x	x	

The Public Opinion Poll Center research (Glasová and Centrum pro výzkum veřejného mínění, 2002) presents the following spectrum of answers to a question: “**How often do you drink alcoholic beverages?**”:

Table 6-5: Frequency of alcohol use in 15-64 years-old population (Glasová and Centrum pro výzkum veřejného mínění, 2002)

4 times per week or more frequently	8%
2-3 times per week	17%
2-4 times per month	31%
Once a month or less frequently	40%
Does not know	4%

The ESPAD research found out about a disturbing increase in nearly all indicators of “problem use of alcohol” among 16-year-olds:<sup>71</sup>

<sup>71</sup> it is necessary to mention that this involves the 16-year-olds who are regular students of secondary schools or training institutions of various types; it is reasonable to believe that we would find a much worse condition in the population with a lower social status

Table 6-6: Selected indicators of addictive behavior (%)(Csémy et al. 2000c)

Alcohol in previous 30 days	Boys		Girls		Students in total	
	1995	1999	1995	1999	1995	1999
Beer 6 times and more	26.7	37.4	6.9	12.1	17.8	24.1
Wine 6 times and more	5.8	6.3	3.7	7.5	4.8	7.0
Spirits 6 times and more	13.0	15.5	9.7	10.1	11.5	12.7
Excessive drinking 3 times and more	19.9	24.0	6.6	10.4	13.9	16.8
Drunkness 3 times and more	14.3	18.5	5.5	8.2	10.3	13.1

Table 6-7: Relationship between drinking of alcohol, smoking, experiences with marijuana and experiences with other drugs (Csémy and Nešpor: Platí „gateway“ teorie?, Zdravotnické noviny 24.5.2002)

	Experiences with		Relative risk	Experiences with opiates or amphetamines		Relative risk
	Yes	No		Yes	No	
Alcohol drinking in the last months	41	12	3.4	8.9	3.4	
Repeated drunkenness in the last year (3 and more times)	65.2	17.9	3.6	14.7	4.2	
				3.5		
Regular smoking	69	16	4.3	17.7	9.7	
				1.8		
Experience with marijuana				20.1	28	
				0.7		

In other words: a **quarter of Czech, Moravian and Silesian 16-year-old pupils and students drank 6 and more beers in the previous month; more than an eighth of 16-year-old pupils and students got drunk more than three times in the previous month.** Table 6-7 shows concurrence of use of illicit and licit substances among 16-year-old pupils and students and it is especially alarming.

## 7 Discussion

### 7.1 Consistency of Indicators

The epidemiological indicators and the indicators used in the area of treatment, the indicators of all types of prevention and harm reduction are mutually highly consistent and they provide a compact picture of a post-communist country that approximates the “medium condition” in European Union countries in all respects (in terms of the rate of experimental, recreational and even problem use of illicit drugs and also in terms of the spectrum of abused drugs).

Like elsewhere in Europe and United States, **popularity of recreational use of marijuana has been constantly increasing** especially in the youngest population (15-25-year-olds) in the Czech Republic (for instance, see EMCDDA, 2002). The number of problem users has stabilized around the value of 0.5% and it has not increased any further; there have rather been migrations of problem users between heroin, pervitin (a specific Czech drug) and other types of drugs – especially licit volatile substances and prescription medicaments in various combinations and with alcohol.

In the European context, blood-borne disease immunity rate of drug users and the non-using population is very low – it is very likely that this status is especially a result of early implementation of “harm reduction” type measures. The

attractiveness of facilities delivering treatment and services to drug users is at a very good European level: the population of drug use seeking treatment is gradually growing older. This is another indicator of stabilization of the drug scene the diminishing influx of “new” problem users.

**There is a completely different situation in the field of indicators of supply reduction (repression). First of all, in this field there is no elementary agreement about what actually an indicator of success or efficiency of repression is.**

**For several of the past years, the specialized department of the Police of the Czech Republic (National Drug Squad) officially regarded drug seizure rate as this indicator; it was completely wrongly put it forward in the amount of 30% (sometimes even 40%) (NPDC, 2002a); however, when we calculate this on the basis of verified data, we arrive at a result that is lower by three orders: the law enforcement bodies seized 0.41% of the estimated consumption of illicit drugs in our country in the year 2001.** After detection of the actual value of this data, even the Police of the Czech Republic refused relevance of this indicator for their own evaluations (Komorous, 2002); however, it has failed to provide any other alternative.

Together with the confounding - again, overvalued by an order – data about the rate of latency of drug-related criminality provided by the Institute of Criminology and Social Prevention<sup>72</sup> (Cejp, 2001), this has produced a very incomprehensible and non-transparent situation. It is not possible to evaluate it; in addition, it is made worse by the fact that there is no interconnection between the data of the Police of the Czech Republic, the Public Prosecutors' Offices, the courts, and the prisons; furthermore, in terms of contingent evaluation, quality of data in this area is very low (see below).

**In summary, it is possible to argue that quality of data from the law enforcement sector is much worse than quality of data from other sectors of the Czech drug policy; this applies to both the consistency and the quality of data at the individual levels of criminal procedure.** In the future, this area will be the biggest challenge.

## **7.2 Methodological Restrictions and Data Quality**

**In terms of methodology, all of the important epidemiological indicators follow from guidelines and recommendations of the EMCDDA;** out of the five harmonized epidemiological indicators, annual opinion researches about drug issues (Public Opinion Poll Center) show the lowest comparability with these guidelines; especially due to a small size of the sample.

**In particular, very limited availability of data from the law enforcement sector represents a restriction in the previously carried out estimates of prevalence of problem drug use in the Czech Republic;** it would be possible to use such data for statistical calculations of any type recommended by the EMCDDA for these purposes (EMCDDA and Institute for Therapy Research: 1998). If the interval of reliability of the Czech estimates is to be narrowed, it is necessary to reach an agreement about sharing of data.<sup>73</sup>

It is necessary to mention that a **marked progress was achieved in this regard** within the framework of the Phare Twinning Project “Strengthening of National Policy” (Vlády České republiky and Rakouska, 2001).

**Criminological data collected in the year 2001 exhibit a number of substantial restrictions both in the view of methodology and in the view of actual quality.** The previous chapter mentioned a lack of cohesion of data from the Police of the Czech Republic, the Public Prosecutors' Offices, the courts, and the prison system. Therefore, it is not possible to determine how successful the Police are in referring of the cases to public prosecutors, nor how many of the potential offenders identified by the Police and accused by Public Prosecutor's Offices are actually found guilty in the legal sense.

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<sup>72</sup> according to this data, 20-30% of import and transit of drugs across our country is detected. It estimates a seizure of 50-60% of illicit production of drugs, 40-50% of illegal exports of pervitin, 15-20% of all trade with drugs and 20-30% of illegal possession of drugs for personal use (!); even at a quick view, such data are completely unrealistic

<sup>73</sup> while maintaining protection of personal data according to appropriate legislature

Another restriction follows from **inability of the Police of the Czech Republic and the whole law enforcement sector to provide detailed characteristics of prosecuted “drug-related” criminal offences and/or offenders** – there are no available data about the type of drug for which a particular person was investigated, accused or convicted; data about quantity of drugs, contingent concurrence with other criminal activities etc.

Until the end of the year 2001, overlaps of data of the Police of the Czech Republic and Customs Administration of the Ministry of Finance of the Czech Republic about seized drugs and precursors were not taken care of; therefore, it is necessary to regard the surprisingly low drug seizure rate in the Czech Republic (0.46%) as overestimated.

**It is possible to expect a marked improvement in this unsatisfactory condition from the establishment of a common “Focal Point for Data from the field of Police and Customs Administration”** that was carried out within the framework of the above-mentioned Phare Twinning Project “Strengthening National Drug Policy.” The works on solution of incompatibility of data between the Police of the Czech Republic, courts and prisons have not even started yet.

## **PART III: DEMAND REDUCTION**

**8.1 Main Strategies and Development**

In chronological order, the 2001 - 2004 National Drug Policy Strategy is the third conceptual and strategic material that determines the appearance and the tasks of governmental drug policy for a particular period. It continually follows from the previous conceptions from the years 1993 and 1998, and it develops the defined strategies and activities. **In the previous two stages, it was accomplished to establish a functioning nationwide network of services of prevention, treatment, and resocialization of drug addicts; it covers the needs in this particular area relatively well** (Csémy and Krch, 2001).

In the year 2001, **emphasis was placed on maintenance of the existing network of services, increase in quality and efficiency, more extensive differentiation and specificity of existing programs, enlargement of the spectrum of provided services and consistent evaluation of outputs and practical impacts of implemented measures.**

It follows from the annual reports of drug coordinators and service providers that **insufficient attention is paid to coverage of treatment programs for juveniles, after-care programs with sheltered housing and sheltered work for treatment program leavers, and methadone treatment.** Apart from exceptions, the existing **supporting system of services for drug users has not managed to create prevention and treatment programs that will be able to integrate drug users from the Romany population.** In addition to financial ensurance of the network of existing programs of prevention, treatment, and resocialization of drug addicts, and in addition to support of measures focusing on improvement of quality and efficiency of programs and further education of professionals, the missing types of programs were included in subsidy priorities of central institutions.

The conclusions following from annual reports of drug coordinators were also confirmed by the **conclusions of analysis of institutional context of drug programs in the Czech Republic** (Krch et al. 2001); **253 organizations that exclusively (62) or partially (191) work in the field of prevention and addiction treatment participated in the analysis.** The analysis also showed that despite high divergence of existing programs, it is **necessary to focus on improvement of their efficiency.** The analysis was carried out in the year 2000 and the conclusions were published in the year 2001.

**It is possible to summarize the main objectives of the 2001 - 2004 National Drug Policy Strategy in the field of demand reduction into four basic theses:**

- 1. to stop the increase in the number of drug users, reduce health impacts and number of drug use related deaths;**
- 2. to provide families and individuals with needed, corresponding, available, early, and professional help;**
- 3. to maintain the existing network of provided services;**
- 4. to earmark corresponding financial resources and introduce purchasing of services by virtue of detected needs and determined criteria of quality and efficiency of prevention, treatment and resocialization programs.**

**At the central level, the appropriate ministries bear responsibility for fulfillment of tasks and implementation of activities in the individual fields of drug demand reduction. The Ministry of Education, Youth and Physical Education is responsible for drug use prevention, the Ministry of Health accounts for treatment drug addicts, and the Ministry of Labour and Social Affairs is responsible for resocialization and social reintegration of**

**drug users. In the field of drug demand reduction, the National Drug Commission coordinates interdepartmental cooperation and the activities.**

With the objective of finding a systematic solution of the issues of ensurance of quality and efficiency of the services in the individual fields of the drug policy (primary prevention, treatment, social services), the appropriate ministries **started to work on drawing up of minimum standards of quality and on preparation of tools for evaluation of efficiency of programs.** The Ministry of Labour and Social Affairs drew up the minimum standards of quality of social services, and it presented it at regional conferences for service providers. The standards also involve multidisciplinary programs for drug users. It is expected that pilot verification will be carried out in the year 2001; then, they will be implemented in practice.

In the first half of the year 2001, the working group consisting of representatives of the Ministry of Health, Ministry of Labour and Social Affairs, National Drug Commission, Czech Medical Association of J. E. Purkyne – Association for Addictive Diseases and Association of Non-Governmental Organizations Working in the Field of Prevention and Treatment of Addictions (A.N.O.) carried out pilot verification of **”Accreditation Standards for Facilities and Treatment Programs for Drug Addicts”**, and it drew up a final version of the standards. The National Drug Commission endorsed it at a meeting in September 2001.

**The Ministry of Education, Youth and Physical Education was supposed to prepare a design of Minimum Standards for primary prevention of drug use**; it received a grant for fulfillment of this tasks from the National Drug Commission. The Ministry of Education, Youth and Physical Education assigned the Pedagogical Faculty of Palacky University in Olomouc to draw up a draft of the standards. **At the time of the last edition of this report (October 2002), the standards were not available yet.**

With the objective of finding a system solution of ensurance, coordination and implementation of drug policy, the Ministry of Health in cooperation with National Drug Commission prepared a **draft of Act on Protection Against Damage Caused by Tobacco Products, Alcohol and Other Addictive Substances.** Inter alia, it defines individual types of programs of addiction prevention and treatment (some types of programs - e.g. field exchange programs, low-threshold outreach centers, therapeutic communities, after-care programs - mostly implemented by non-profit-making non-governmental organizations do not yet have an official status in the Czech Republic) and responsibility of the individual public administration links (including newly established self-governing regional authorities) for ensurance and funding. The government adopted the draft of the law, **however, the House of Representatives of the Parliament of the Czech Republic** recommitted the motion to the Ministry of Health for reformation.

For the purposes of the workers from the field of treatment and resocialization programs, the Secretariat of the National Drug Commission **has prepared methodology about the issues of protection of personal data of clients** during processing of such data in registers operated by the state. In addition, the methodology offers guidance about how to solve frequently appearing conflict situations that providers of services for drug users (especially non-profit-making non-governmental organizations) often face in connection with public institutions at the local level. In particular, this involves the mentioned missing official status of several types of treatment and harm reduction.

At the order of the Secretariat of the National Drug Commission, external experts drew up a **draft of individual tools for evaluation of efficiency of field exchange programs, low-threshold outreach center, and therapeutic communities.** Several surveys carried out pilot verification of evaluation tools for each of the mentioned types of programs. They will be completed according to comments from the individual facilities that were included in the verification process. By the end of 2002, the Secretariat will submit the final draft of tools for program efficiency evaluation to the Council of the Government for Drug Policy Coordination (National Drug Commission); the Council will then discuss them contingently approve of standard implementation of the draft into practice.

Even in the year 2001, there continued the **program of further education of employees in the field of treatment and resocialization of drug addicts at the Institute of Further Education of Workers in the Health System –**

**Subdepartment of Addictive Diseases.** The program was carried out in two seminars; one of them ended in the year 2001, and the other continued in the course of the year. There were **70 participants** – mostly, executives of treatment and resocialization programs provided by non-governmental organizations.

## 9 Prevention

For the purposes of the Annual Report, a secondary analysis of key materials<sup>74</sup> relating to the field of primary prevention in the Czech Republic was carried out. The materials were evaluated with regard to five criteria: (1) individual partial conceptions and relationships between them, (2) research, (3) institutional context, (4) funding of primary prevention, (5) analysis of needs of providers of services and programs.

**In terms of drug policy, primary prevention represents a part with seemingly high occupancy and operation of a large number of programs. With the motif of obtaining a financial contribution,** various leisure time activities are presented as primary prevention, which is nearly funny in some cases.<sup>75</sup> It is hardly possible to evaluate/assess efficiency of such leisure time activities in the sense of drug use prevention; generally speaking, it is significantly lower than efficiency of specific programs. In international terminology, such activities are not included in “drug prevention”.

**In the field of specific primary prevention, we have witnessed delays in fulfillment of tasks of 2001 - 2004 National Drug Policy Strategy overlaps of competencies of individual ministries** (Ministry of Education, Youth and Physical Education and Ministry of the Interior) and **even within these ministries** (e.g. between the Crime Prevention Department of the Ministry of the Interior and Methodology and Prevention Group of the National Drug Squad). In the future, increase in efficiency of **horizontal and vertical coordination of primary prevention activities will be a key factor.**

**In the Czech Republic, there do not exist uniform and practically useful mechanisms of evaluation of efficiency of primary prevention programs.** Evaluations such as “20,000 children went through this program” do not say anything about quality or results of a program in a real time horizon.

Another weakness is the fact that in the field of primary prevention for pupils and students, there is a number of competitive ministerial, local and other conceptions; on the other hand, **a series of other target groups (determined by professions, age, and social status) that are at increased risk** of drug abuse are provided with **hardly any preventive conceptions to programs at all, or, it is not possible to say that implementation of such conceptions or programs was successful.** For instance, this completely relates to professional groups (police branches, health personnel) and **especially to Romany population**.

### 9.1 Coordination and Evaluation

The 2001 - 2004 National Drug Policy Strategy (Meziresortní protidrogová komise vlády ČR, 2000) defines general principles of primary prevention. It provides a general **differentiation of competencies of the individual ministries; however, it does not contain a description of an umbrella framework of the whole area (Resolution No. 1045 of October 23, 2000 assigned the Ministry of Education, Youth and Physical Education to of 23.10.2000 to fulfill this task).**

**The 2001 - 2004 National Drug Policy Strategy contains a description of all substantial steps that will potentially lead to improvement of** coordination and control of primary prevention activities in the Czech

<sup>74</sup> (I) 2001 - 2004 National Drug Policy Strategy approved by the Czech Republic Government in Resolution No. 1045 of October 23, 2000; (II) Resolution of the Government No.1045 z 23.ríjna 2000; (III) Miovský, M. a kol. (2002): Souhrn analýzy potřeb v primární prevenci. Phare; (IV) Situacní zprávy v primární prevenci jednotlivých resortů; (V) Výroční zprávy MPK 1999-2001; (VI) Koncepce prevence sociálně patologických jevu u dětí a mládeže v působnosti resortu Ministerstva školství, mládeže a tělovýchovy na období 2001-2004.

<sup>75</sup> Including very exclusive sports such as golf, tennis or bowling, Asian arts of self-defense, etc.; rock festivals and the like are also no exception

Republic, and **it contains all of the substantial parts** that a quality strategy ought to possess and that are generally accepted as efficient approaches in this area. **It also contains a list of all tasks** that will have to be complied with in order to improve the current condition of **implementation of primary prevention**. However, the list of tasks is general and it does not exactly specify the roles, shares and responsibilities of the individual ministries.

In terms of everyday practice, **collaboration and linkage at both the vertical and the horizontal level is not sufficiently elaborated**; responsibilities and powers are not clearly defined. In contradiction to the objectives of the National Strategy, there is **missing definition of functional relationships** between the individual ministerial strategies and all levels of program providers; in addition, there is no **description of the manner or coordination and control of the whole system of primary prevention activities supported by the state**. The proposed **long-term and short-term objectives** of the National Strategy have not yet been put in a time sequence – some are ahead, some fall behind.<sup>76</sup>

The coordinative function of the Ministry of Education, Youth and Physical Education for this whole area of primary prevention (that follows from the 2001 - 2004 National Drug Policy Strategy and the Resolution of the Government No. 1045) does not correspond with the position of the Ministry of Education, Youth and Physical Education in the whole system, nor with the competencies of the ministry regarding all areas of primary prevention. It has certainly shown to be more advantageous to transfer the **central coordination function in primary prevention to an interdepartmental level**. Without this step, it will not be possible to expect that the roles, positions, and responsibilities of the individual ministries will become balanced and clarified. Nevertheless, implementation of this step will absolutely require a **definition of clear rules of control and coordination at all levels, i.e. clarification of competencies and rights of the individual links of the system** (Miovský, Michal, et al., 2002).

Currently, attention is being paid to a **needs analysis** (the first one was carried out within the framework of the Phare Twinning Project: Drug Policy, task force Primary prevention) and an **analysis of institutional context** (the first and only one was drawn up in the year 2001; it was ordered and sponsored by the National Drug Commission (Kirch et al. 2001)).

### 9.1.1 Evaluation

Quality evaluation studies are not available. The current practice is limited to implementation of several types of internal evaluation of programs according to various criteria.<sup>77</sup> The Ministry of Education, Youth and Physical Education published a publication dedicated to evaluation of preventive programs.<sup>78</sup> The document was drawn up in a relatively quality manner and it contains explanation of basic terms and starting points of evaluation.

Currently, the National Drug Commission<sup>79</sup> and non-profit-making non-governmental organizations<sup>80</sup> contribute to improvements in the field of evaluation of preventive programs. The mentioned non-existence of a uniform system of control and coordination of the form of preventive programs that the state enforces, and non-existence of standards of preventive programs represent the key problem.

<sup>76</sup> In practice, this means that it is only possible to execute some of the steps after other steps have been fulfilled. E.g. it is not possible to prepare a system of granting of accreditations and licenses to providers of education without a previous approval and existence of Minimum Standards of the whole area of primary prevention. This means that it is not possible to execute Article 6 of the Resolution of the Government No.1045 of 23.10.2000 unless the tasks specified in Articles 4 and 5b will have been complied with.

<sup>77</sup> In most cases, implementation of internal evaluation is usually restricted to short verbal assessment by the organizer or implementator; sometimes it is also completed with a short assessment by program participants. However, implementation of these evaluations is not uniform and it is not possible to confront them.

<sup>78</sup> Evaluation and Diagnostics of Preventive Programs (MSMT CR, 2001)

<sup>79</sup> Plan (and fulfillment) of the work of the Primary Prevention Task Force working within the framework of the Phare Twinning Project Strengthening Drug Policy.

<sup>80</sup> Research project with the objective of development and verification of evaluation methods for community prevention programs (Prev-centrum Praha, 2001)

## 9.1.2 School Questionnaire Surveys

**For the purposes of regular monitoring within the framework of primary prevention, sources of research data from the so-called school surveys and surveys of the general population are the most important.** The surveys are part of a compulsory minimum set of data that each European Union member state is obliged to ensure. The Czech Republic has typically been processing these data. Therefore, we even dispose of several inter-annual comparisons (see *Chapter 2.1.2 for more details*). At the local level, a number of school surveys of varying quality and different level of agreement with international standards are carried out.

## 9.2 Costs of Primary Prevention

**Unclearness of understanding of the term “primary prevention” and content of it remain to be a key problem in quantification of the costs of primary prevention.** In general, **the resources** for support of various interest groups and organizations that deal with leisure of juveniles **are usually merged and mixed up with specific prevention programs**. A number of several other sources at the central and the regional level are available in order to support these non-specific activities. Very often, the budgets of public administration institutions that are earmarked for leisure time activities and primary prevention are mixed together and mixed up. **According to the definition, the costs of specific primary prevention are only the costs that would not have been expended if the problem – i.e. drug-addiction – did not exist.**<sup>81</sup>

The analysis of prevention costs identified current sources of funding of primary prevention. It unambiguously follows from the Needs Analysis (Miovský, Michal, et al., 2002) **that the problem is based on evidence and control of use of financial resources** from the identified sources. Therefore, **it is not possible to exactly quantify the costs of specific primary prevention programs**.

According to available data, we estimate that at least CZK 70-80 million were spent on specific primary prevention programs in the year 2001 from central resources only (this is the bottom line of the estimate). Nevertheless, it is currently impossible to clearly state whether this volume of resources is adequate or not because, as the mentioned analysis has shown, currently there is no available or sufficiently quality overview of how financial resources are handled; an overview of activities and services of all service providers in this field is also unavailable. Therefore, it seems from this detailed evaluation of funding of primary prevention that, **in general, a much higher volume of resources than it was previously known has been invested in this field. An analysis of costs and benefits of primary prevention programs in the Czech Republic has not been carried out yet.**

## 9.3 Programs Implemented in Schools

**In total in the year 2001, 4,027 independent specific drug prevention events were implemented; 68,601 children participated in these events.** It is not possible to differentiate neither the type of the program, the length of the program nor other specific information. Without close specification, 198 events were organized for 1,122 educationalists.

### 9.3.1 Specifics of Strategies and Models of School Interventions

**In the Ministry of Education, Youth and Physical Education, the so-called Minimum Prevention Program**<sup>82</sup> is the basic program, and it has been developed for several years. Control of implementation falls within the competency of Czech School Inspection. The so-called school prevention methodologists are the basic link of the program. Currently, the methodologists are usually teachers, they do their work above the framework of basic educational responsibilities; there are reserves in ensurance of optimum conditions for their work – i.e. methodological guidance, payment, etc. (Miovský, Michal, et al., 2002).

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<sup>81</sup> Certainly, there is no doubt that for instance football clubs for youth and pupils would have existed even when there were no addictive substances; it is beyond all questions that it would be possible to list an infinite number of such cases

<sup>82</sup> The Minimum Preventive Program is specified in Article II (pp. 2-3) of the Methodological Guideline of the Ministry of Education, Youth and Physical Education; ref. No. 14514/2000-51 (MŠMT CR, 2000a).

In particular, educational programs are implemented within the framework of the Minimum Preventive Program; exceptionally, programs focusing on attitudes and skill training are added. **Programs linked to each other, clearly related to each other, and implemented by cooperating providers supported by schools and local authorities, are only exceptional.**

**There is a very promising development of preventive programs implemented by non-profit-making non-governmental organizations.** In the Czech Republic, functional programs can be regarded as those where horizontal coordination of work of school methodologists, local non-profit-making non-governmental organizations, and other institutions at the regional level was put to good use.

## **9.4 After-School Programs for Young People**

### **9.4.1 Definition**

**We regard all types of preventive activities and measures implemented outside schools and school facilities that are not included in the so-called Minimum Preventive Programs.**

### **9.4.2 Types and Characteristics of Out-of-School Interventions for Juveniles**

**It is exactly this field where specific primary prevention programs are mixed up with leisure time activities.**

**Apart from a few exceptions, mostly the non-profit-making non-governmental organizations operate in the field of out-of-school specific primary prevention programs.** Nevertheless, at the same time this is one of the least developed fields of prevention in the Czech Republic. There exist several functional **street community programs for juveniles, programs for vulnerability groups of juveniles** (in highly populated areas) and some programs are carried out directly in **clubs** and several night spots. Sporadically, **first programs focusing on vulnerability juveniles in socially segregated groups** or within the framework of ethnic minorities have started to appear. The content of these programs partly mingles with activities of low-threshold programs such outreach centers or field programs. Absence of methodological materials for these specific primary prevention programs is the limit.

Leisure time activities involve activities that support programs for leisure time of juveniles. This involves programs that continued the tradition of organizations like Sokol, Orel, etc. in the field of **sport activities**, and also the activities that fall within the framework of **interest activities** (e.g. local schools of arts, interest circles at schools etc.). The **inability to provide modified forms of these activities to risk-laden groups of young people** and to appeal to such groups with interesting offers **represents a certain insufficiency.** For instance, one of the most recent attempts to try to address such groups was based on establishment of the so-called skateparks – however, efficiency of skateparks in terms of drug prevention depends on the conditions of operation (Kábrt, 2002). Risk-laden groups of young people in housing estates in urban agglomerations are the biggest source of child criminality and start of a drug career.

## **9.5 Family Prevention**

### **9.5.1 Definition**

Work with families is confirmed in all of the partial conception of prevention in the Czech Republic (ministerial, regional, etc.). Hardly any of them provides a close specification of this field. In principle, it is possible to **divide the programs** of family prevention in the Czech Republic **into four groups** :

1. **Educational programs for parents** - they involve special purpose publications for parents, forums and lectures for parents.
2. **Programs focusing on prevention of risk-laden behavior of parents** (drinking of alcohol and use of other drugs, etc.) – are some of the most underestimated ones. These programs only appear seldom, and they are mostly provided at the regional level.

3. **Preventive programs with active participation of parents** (involvement and cooperation in school programs and organizations operating within the framework of community programs, etc.) – for instance, they involve several successful community type programs (in terms of conception, a program implemented in cooperation of the public administration, a municipality and non-profit-making non-governmental organization *Prevcentrum* in Prague 6).
4. Participation of parents in early diagnostics and efficiency intervention (especially at the level of cooperation with school).

## 9.6 Other Programs

### 9.6.1 Peer Programs

**Peer programs and training of peer groups do not have a uniform conception.** There exist several different models; most of them do not have any manuals, methodology, or a drawn-up monograph (and there is no related quality evaluation study). Therefore, it is not possible to find out the rate of extension of these programs (because even activities that do not have the character of a *peer program* are reported under this term), and it is not even possible to find comparative studies or published manuals of good practice. *Know how* of the individual providers follows from drawn up (existing) materials. **Insufficiency of quality processed and easily available examples of good practice represents a marked limit in dissemination of these programs.** An expert group established within the framework of the Phare Twinning Project: Drug Policy picked out several quality programs, and manuals of good practice are being drawn up in 2002 according to experiences of the programs.

### 9.6.2 Telephone Help Lines

**In the Czech Republic, a sufficient network covers all of the regions of the country.** Ensurance of quality education of personnel of telephone help lines that will specifically focus on the field of drug abuse remains to be an issue.

### 9.6.3 Community Programs

**Pro tempore, the first several programs that were established in the years 2000 - 2001 report good results within the framework of internal evaluation.** However, low support of these programs (especially in terms of economics and information) and previous **insufficient professional anchorage** (conception, examples of good practice, etc.) are the main problem.

### 9.6.4 Mass Media Campaigns

**They are carried out more or less randomly (depending on available resources), there is no conceptual framework, no impact evaluation and no possibility of raising quality professional opposition.**

### 9.6.5 Internet

**These programs significantly developed in the year 2001** (in connection with gradual increase in availability of this technology to a larger number of young people). Drug counseling services provided by non-profit-making non-governmental organizations started to function with better quality. In the Czech Republic, two of the largest (most visited) counseling web pages are [www.drogovaporadna.cz](http://www.drogovaporadna.cz) (about 5,000 accesses per month) and [www.extc.cz](http://www.extc.cz) (4000 accesses per month approximately); both of them are operated by non-governmental organizations. Other Internet addresses are included in an appendix to this report.

**The project [www.sidliste.cz](http://www.sidliste.cz) is the most expensive Internet project in the history of the Czech Republic (Kubu, 2002);** it is apparent that the previous results do not correspond with the paid expenses of CZK 3.7 million (despite repeated invitations, the provider did not provide us with the number of accesses). **The Ministry of Education, Youth and Physical Education paid for the project.**

### 9.6.6 Workplace Prevention

In the Czech Republic, workplace prevention as a set of programs focusing on the adult population has been a neglected and underestimated type of prevention in the long-term view. In the year 2001, a complex preventive program was not even prepared and implemented for groups of such high risk as the health personnel. The Ministry of the Interior started to implement a program of workplace drug testing for police officers.

## 10 Reduction of Drug Use Related Risks

Harm reduction, i.e. reduction of drug-related health and social risks is one of the four pillars of **2001 - 2004 National Drug Policy Strategy** (Meziresortní protidrogová komise vlády CR, 2000), hereinafter also referred to as *National Strategy*); **harm reduction is defined as a set of specific approaches with the objective to:**

- **help drug addicts survive and minimize the damage of their health and social condition, and to motivate to change the risk-laden behavior in order to reach the objective of living without drugs,**
- **protect the society against negative consequences of drug use including blood-borne diseases.**

### 10.1 Priorities and Objectives

The National Strategy defines **concrete goals**; the goals have been fulfilled continually with various levels of success; fulfillment of these tasks has been inspected. According to background materials used for drawing up of a Balance Report on Fulfillment of Tasks in 2001 that follows from the National Strategy, there is **success in fulfillment of tasks from the field of data collection and research in the area of drug policy** (establishment of a National Focal Point for Drugs and Drug Addictions, Resolution of the Government No. 643/02) and **completion of a network of services for drug users:**

Task: **To establish a network of detoxification programs:** mapping found out that capacity of detoxification beds is sufficient; the only problem is that distribution of patients is not balanced; networking carried out within the framework of accreditation process will remove this insufficiency.

Task: **To extend capacity of substitution treatment:** carried out continuously

Task: **To develop conception of work with drug users in prisons, and practical implementation of it:** in March 2001, the General Directorate of the Prison Service of the Czech Republic adopted the document "2001 – 2004 Set of Drug Measures during Custody and Execution of Punishment"; two prisons have already started to provide drug addiction treatment programs and it is planned that "drug-free" zones will be established in selected prisons.<sup>83, 84</sup>

**There is less success in fulfillment of tasks from the field of practical implementation of systems of accreditations, evaluations and maintenance of quality of provided care.**

**The Ministry of Education, Youth and Physical Education has prepared a system of registration and inspection in social services, and it is supposed to be implemented by December 31, 2002. This system will be obligatory for providers of social services.**

**As early as in the year 2000, the Ministry of Health drew up and carried out a pilot verification project of a system of accreditations for providers of services for drug users; however, it has not managed to put it in practice.**

**There is the least success in fulfillment of tasks following from the goals in the field of funding of services for drug users** (to establish a transparent and functioning system of multiple -year funding of services in this area, to establish conditions for equal opportunities of providers of services in the field of treatment of drug addicts). There sustain **unsolved problems in program funding** (fluctuating budget for drug policy, provision of subsidies from more sources at the central level, subsidy system - applications for subsidies must be presented every year, funds

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<sup>83</sup> During acceptance and in the course of serving of the sentence, monitoring of drug addiction and medicament dependence of inmates is carried out: in 2001, the Medical Service examined 4,900 persons (30,346 tests). Laboratory results of 1,245 persons were positive (46.7% benzodiazepines, 31.3% amphetamines). The Prison Service estimates that 10,000 inmates, i.e. a half of the prisons population, will go through this monitoring from the year 2002 on.

<sup>84</sup> According to EMCDDA definitions, some of the presented objectives regarding completion of the network of day-care center for drug addicts would be included in the chapter Treatment; however, the National Strategy describes them as pillars of the Harm Reduction chapter.

from the state budget are released late). **It is only possible to remove these problems by means of system steps, i.e.:**

- Stable financial resources for drug policy programs should be earmarked in the state budget,
- Reinforcement of competencies of the central coordination body in the field of direct funding and inspection of programs,
- Introduction of system of service purchasing for prices determined by the state, and
- Establishment of conditions for more efficient enforcement of fulfillment of tasks specified in the National Drug Policy Strategy.

**Analysis of the current condition and needs of providers and payees of subsidies** was carried out by the "Funding" task force working within the framework of the Phare Twinning Project 2000 "Strengthening National Drug Policy"; the working group involves representatives of all key ministries. Then, Austrian experts prepared **proposals of possible models of funding of drug policy** in the Czech Republic. The task force will further discuss the suggested models; **the final design should be drawn up by the end of the year 2003.**

## 10.2 Description of Interventions

**In the Czech Republic, especially the low-threshold facilities provide services for drug users in the field of harm reduction** (outreach centers, field programs /streetwork). Most of the facilities employ **multidisciplinary teams**: social workers, therapists, physicians, nurses, psychologists, educationalists, and sometimes they even employ ex-users.<sup>85</sup> In particular, **problem users, or their close friends/relatives** and in new cases also **recreational users of dance drugs** represent **the target group population** of low-threshold facilities. In small towns, low-threshold facilities are also involved in the field of primary prevention.

Basic **s**pecific objectives of services provided in the field of harm reduction:

- Increase in motivation of drug users to **less risk-laden behavior in connection with drug use**,
- Increase in motivation of drug users to **change their lifestyle towards abstinence**,
- To guide drug users to **exchange and safely dispose of used injection materials**,
- **Decrease in incidence of hepatitis A, B, C** among drug users,
- **Maintenance of low HIV/AIDS rates**,
- **Crime prevention**,
- **Data collection** in the field of drug use, monitoring of trends in drug use.

### 10.2.1 Extent of Harm reduction Services in the Czech Republic

**In the Czech Republic, there is a relatively stabilized network of low-threshold facilities**: in the end of 2001, it consisted of **65 facilities**<sup>86</sup>; thereof, **72% are operated by non-profit-making organizations**. A standard offer of services involves **exchange of injection materials** including **motivation training** focusing on **safe disposal of used injection materials, mediation of contact with facilities providing abstinence oriented treatment**, or with **substitution treatment programs, counseling** in the area of infectious diseases, and **prevention of overdose, health and social services for drug users**; most of the outreach centers offer **hygienic and food services**. 59 facilities (91%) operate streetwork within the framework of provided services; **contacting of drug** outside institutions, **on the street or in flats**.

Some facilities (15 approximately) provide a **program of secondary exchange of injection materials**.<sup>87</sup>

**Information service accompanied with benchmark testing of quality of drugs for recreational users of ecstasy**

<sup>85</sup> Former drug users who went through appropriate training after a period of rehabilitation

<sup>86</sup> 65 facilities implement 78 individual projects (57 low -threshold/outreach centers, 20 field programs /streetwork)

<sup>87</sup> Involvement of active drug users who exchange injection materials and provide information to other drug users

(MDMA) carried out directly at dance parties is a new and rather sporadic harm reduction service provided by low-threshold facilities (in the year 2001, there were 6 of them). **Three low-threshold facilities focus on contacting and provision of services especially to Romany drug users.** Employees of **two low-threshold facilities** are authorized to **enter several Czech prisons** where they provide the accused or the inmates with information about harm reduction services, or they mediate contact with treatment facilities. In the last five years, field programs of the SANANIM (Praha) civic association have been publishing the journal **Dekontaminace** (circulation of 2000 pcs); it focuses on active drug users and it covers topics related to safer drug use and network of services for drug users. The journal is published trimonthly and it is distributed to low-threshold facilities in the whole country.

Injection rooms for intravenous drug users have not yet been established in the Czech Republic– see *Chapter 10.2.4.4.*

Table 10-1: Low-threshold facilities in the year 2001 (data source: Závěrečné zprávy projektu nízkoprahových zařízení finančně podpořených prostřednictvím MPK za rok 2001)

	Number of contacts	Number of exchanged needles and syringes
77 projects	230,327	1,567,059 pcs

Table 10-2: Exchange programs in the year 2001 (Source: HS HMP, 2001)

	Number of reporting exchange programs	Number of exchanged needles and syringes
2001	82	1,179,011 pcs
2000	80	1,152,334 pcs
1999	64	850,285 pcs
1998	42	486,600 pcs

**It is estimated that more than 50% of injection users in the Czech Republic make use of exchange programs.**

### 10.2.2 Cooperation between Harm Reduction Facilities

**In October 1999, a Harm Reduction Section was established within the framework of Association of Non-profit-making Organizations dealing with prevention and treatment of drug addicts.** It is the main content of work of the Harm Reduction Section to **ensure fluent communication between individual facilities**, help develop **professionalization of the existing programs**, guarantee **enforcement of Minimum Standards** of provided care by its' members and help establish **uniform definitions** of terms that relate to the services provided in the field of harm reduction. In the end of the year 2001, the Harm Reduction Section had **31 members**.

**E-mail bulletin of the Harm Reduction Section** has been published since November 2001, and it especially serves as an information bulletin focusing on discussions, and expert contributions to topical issues. It brings information and tips about education in the field of harm reduction, it contains information from meetings of the committee of the Harm Reduction Section, etc. (see [www.asociace.org](http://www.asociace.org) for more details).

In the end of the year 2001, the working group of the Harm Reduction Section Committee established **new conditions and mechanisms of accepting of organizations or programs providing harm reduction services to the Harm Reduction Section.** The new mechanism also serves as a tool for granting of internal accreditations within the framework of the accreditation process of the Harm Reduction Section.

The Harm Reduction Section has already worked on the project **Data Collection Unification** for three years; the project has involved **17 facilities** that make use of inform methods of data collection (and evaluation); in addition, the facilities also use the **same coding of anonymous clients** and they are preparing a **creation of a uniform database** of clients.

A part of the professionals that work in the field of harm reduction are also members of a professional organization *Czech Streetwork Association (CAS)*; it has operated since 1997.

### 10.2.3 Costs of Harm Reduction

**In the year 2001, the national budget supported 86 projects with a total amount of CZK 79,956,359; the resources were earmarked via the National Drug Commission, the Ministry of Labour and Social Affairs, and the Ministry of Health.** It involves facilities that applied for financial resources for operation within the framework of the National Drug Commission subsidy proceedings. It involves 85% approximately of all facilities providing harm reduction services.

We do not have information about the manner of funding or budgets of facilities that did not participate in these subsidy proceedings. This may involve several governmental facilities (e.g. facilities operated by the Hygiene Service, facilities operating as part of a hospital, etc.), and facilities funded from other resources (local authorities, churches, private donors, and the like)

### 10.2.4 Specialized Activities in the Field of Harm Reduction

#### 10.2.4.1 Harm Reduction Activities for Users of Dance Drugs

**In the year 2001, six facilities provided informative conversations and materials (flyers) directly at dance parties; they also provided crisis interventions about dance drugs related issues, or they offered benchmark qualitative testing of ecstasy pills.**

**Ecstasy pill testing is an important step for establishment of contact between professionals and potential and real users of “ecstasy” and/or other drugs.** It is the main purpose and benefit of these activities to make use of this contact in order to provide preventive information about risks of drug use or even to provide crisis intervention. Analysis of tablet contents will reveal the actual content of the pills and it will draw attention contingent dangerous or unexpected content and admixtures. This information is especially invaluable in terms of prevention for the actual users, for more accurate and faster orientation of a physician or toxicologist during crisis interventions, knowledge of current conditions and trends in the black market of drugs, etc. **In the interest of functionality of the “harm reduction” system, it is necessary to provide adequate legislative background, establish good cooperation with the police and the administrative bodies; last but not least, it is important to have sufficient financial resources, or, more accurately, to have a functioning mechanism of coverage of testing costs.** In terms of the “harm reduction” system, availability of information is of principal importance. Contacting of users and on-the-spot testing of pills is not sufficient (due to **insufficient accuracy, lack of knowledge of contained doses**). **Therefore, it is necessary to combine these benchmark analyses with a quantitative analysis. It has shown to be the most appropriate to create a synoptic database of tablets with results of the quantitative analysis – i.e. determination of the type and quantity of contained substances** (Fišerová and Páleníček, 2002).

Since the year 2000, the Podané ruce civic association (Brno) has provided an **Internet on-line counseling service** (<http://www.extc.cz/>); it focuses on the issues of use of dance drugs.

In the year 2002, under the patronage of Institute of Pharmacology of the 3<sup>rd</sup> Medical Faculty of Charles University, a **Database of Ecstasy Tablets Used in the Czech Republic with Quantitative Content Analysis** has been published (<http://www.lf3.cuni.cz/drogy/>).

It is an **overview of randomly collected ecstasy pills** (in Prague and in Prague environs) with a complete quantitative evaluation of contents of substances and exact documentation (including photos). It is expected that the database will be updated and completed according to state-of-art knowledge; in an appropriate manner, it should be made available to toxicologists (for whom it was originally developed), and it should also serve other purposes, i.e. within the framework of operation of harm reduction programs.

- **The database includes 107 tablets** that were randomly collected in the last two years. Tablets were chemically analyzed and photodocumented (from three sides) and described; period of appearance of each tablet was documented; weight, size, shape and color of each tablet were specified. Out of the total number of 107 processed tablets in the database, 9 were collected in the year 2001, 67 in the year 2000, 18 in 1999, 10 in 1998 and 3 in 1996. The analyses especially resulted in the following findings (Fišerová and Páleníček, 2001):
- **Overwhelming majority of tablets only contained MDMA** and binding agent (most frequently, lactose); **MDMA doses** in tablets usually varies from **30 mg to 100 mg**; maximum content was 152 mg,
- **Amphetamine was found in eight tablets**; thereof, 3 tablets also contained ephedrine and 2 tablets also contained MDMA ,
- **Methamphetamine was found in 2 tablets**; thereof 1 also contained ketamine and MDMA ,
- **4 capsules contained ketamine with traces of methamphetamine,**
- In several tablets, the admixtures involved **piracetam, thiamine, caffeine, paracetamol**, etc.; in addition, pills with zero content of active substances (lactose only) and **original medicaments** such as Nurofen (Ibuprofen) were also found.
- Tablets of the same attributes appear in database even several times; however, the detected contents of substances of tablets collected in different periods do not always agree.

In the Czech Republic, harm reduction services for the users of dance drugs are only starting to operate in the Czech Republic; however, it is seems very necessary to develop these activities with regard to the extent of dance drugs use in the Czech Republic<sup>88</sup> (see *Chapter 2.2*). Within the framework of the National Drug Commission, a working group was established. It is expected to analyze the current framework and define the needs in the field of prevention of abuse of such substances; in addition, it should make a proposal of legislative and organizational conditions for implementation of appropriate measures.

#### 10.2.4.2 Prevention of Infectious Diseases

Prevention of infectious diseases is a **standard component of the supply of services in low-threshold facilities**. The activities of infectious disease prevention involve:

- **Provision of information about infectious diseases** (often even in printed form: flyers, journal Dekontaminace)
- **Education and motivation for safer modes of drug use** (non-sharing of injection tools, regular exchange of needles, etc.)
- **Exchange program** – including safe disposal of used syringes
- **Secondary exchange program**
- **Education and motivation for safer sex**, distribution of condoms
- Motivation **training** in order to **learn about one's own health** – for testing
- Mediation of **contact with a specialist** when a person is ill
- Conducting of **benchmark tests**
- Mediation of **vaccination**

Within the framework of preparing of conducting of a VHC seroprevalence study among drug users, **mapping of services connected with infectious disease prevention in low-threshold facilities** was carried out. 75 individual projects were addressed by means of a questionnaire, 65 of them provided information (*see Table 10-3*).

<sup>88</sup> According to the research of the Public Opinion Poll Center (2002), 4% of the population of 15– 64-year-olds have at least a single experience with ecstasy; this represents about 285,000 inhabitants.

Table 10-3: Spectrum of services that reduce the risk of contracting infectious diseases by users of recreational drugs (data source: Orientační mapování NMS k přípravě séroprevalenční studie VHC)

Service	Number of facilities providing the given service	Number of carried out tests in the year 2001
HIV tests – total total	47	2,307
HIV saliva testing	18	954
HIV testing of capillary blood	23	344
HIV testing of venous blood	15	1,009
HBV tests - total	36	901
HBV testing of capillary blood	25	264
HBV testing of venous blood	13	637
HCV tests – total	40	1,257
HCV testing of capillary blood	29	607
HCV testing of venous blood	13	650
Vaccination	5	N/A

#### 10.2.4.3 Overdose Prevention

**In the Czech Republic, overdose prevention is only carried out through the mediation of training of drug users within the framework of services provided to drug users in low-threshold and treatment facilities.** The main topics of such education involve: first help in cases of overdose, risks of combining of drugs, and principles of safe use.

In the Czech Republic, apart from implementation and enlargement of substitution programs, there are no other specific activities that we could regard as strategies that lead to overdose prevention (non-existence of injection rooms – see more details below). In addition, apart from registers of drug-related deaths, no other researches or evaluation of carried out activities were carried out in this area.

#### 10.2.4.4 Injection Rooms

**In the year 1999, the Municipal Authority of Municipal Part Prague 1<sup>89</sup> raised a plan to establish a pilot Center of Hygienic Administration for Injection Drug Users.** Because of large controversy of this project, the Municipal Authority ordered elaboration of search documentation that summarized world experiences with this modality of “risk reduction/help to survive” (Zábranský, 1999), and a counsel’s opinion of feasibility of this intention (Gajdošíková, 1999). It also requested comments from the Secretariat of the National Drug Commission (in favor), the Association for Treatment of Addictive Diseases CLS JEP (in favor) and the Police of the Czech Republic, or, more accurately, the National Drug Squad (negative). As the initial negotiations and the public hearings did not reach a consensus, the Municipal Council arranged for a study visit to Frankfurt am Main, the first European town where this modality became part of the municipal (and later, the governmental) drug policy. Selected members of the Council, the drug coordinator of the municipal part, and two independent experts participated in the visit.

Another round of voting took place after these people came back from the study visit; **the Municipal Part Prague 1 voted down (by one vote) this intention to establish such a facility. Then, it recommended that the Magistrate of Capital Prague should solve this issue;** it referred to the fact that this issue exceeds the borders of just one municipal district.

In the turn of the years 2000 and 2001, discussions were transferred to the magistrate level.

<sup>89</sup> In particular, at the Department of Social and Health Care of the municipal authority

**At that time, repeated rounds of non-acceptance of the basic conceptual document<sup>90</sup> about municipal drug policy by the Municipal Council and/or Board of Representatives were taking place at the Magistrate of “Large Prague”.** Establishment of a pilot “injection room” was part of all of the submitted drafts except for the last one; exactly the last draft (Hl. m. Praha, 2002) was approved by a resolution of the Council of Capital Prague (Rada hl. m. Prahy.); then, even the **Board of Representatives endorsed this draft that did not include “injection rooms”** (Zastupitelstvo hl. m. Prahy, 2002).

**Currently, the professional public does not regard the topic of injection rooms as a priority;** at the same time, in the Czech Republic there is no strong pressure of citizens to reduce the scope or visibility of public injection uses of illicit drugs. Even drug overdose related mortality is very low in comparison with neighboring countries. Consequently, the public debate about this topic quieted down.

**Therefore, it is possible to regard the decision of the Magistrate of Capital Prague that it will not deal with this issue in a conceptual/strategic document as pragmatic.**

### **10.3 Standards and Evaluation**

#### **10.3.1 Monitoring**

**The network of low-threshold facilities struggles with non-unified methodology of collection of data about drug use and the services provided to them.** In most cases, services are provided to drug use in an anonymous manner; this complicates data collection.

**In spite of that, all of the facilities are currently able to provide information about the figures of exchanged injection syringes and needles, about the number of contacts<sup>91</sup> in a certain period; most of the facilities also report the volume of executed services.**

The lack of unification of data collection also reveals in evaluation of quality of provided services. Both of the facilities that provide services and the donors have developed initiatives that lead to unification of data collection and evaluation of quality.

Within the framework of the Phare Twinning Project 2000 “Strengthening of National Policy”<sup>92</sup>, in the area “Ensurance of System of Collection of Data about Drugs and Drug Addictions ” a **working group “Treatment/Service Demands ” was established;** the members included the Hygiene Station of Capital Prague (hereinafter also referred to as HS HMP)<sup>92</sup> and the representatives of the Harm Reduction Section of Association of Non-Governmental Organizations (hereinafter also referred to as HR A.N.O.) that participated in the activities on behalf of non-governmental providers of services for drug users. **The working group works on improvement of the existing system that has not yet included all of the relevant facilities for drug users.** It also draws up a manual that will allow for avoidance of the existing non-unified system of reporting<sup>93</sup>. Last but not least, it focuses on implementation of definitions of relevant terms in the sense of the European Union and EMCDDA terminology (problem use, (first) treatment demands).

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<sup>90</sup> The so-called 2002-2006 Strategic Plan of Drug Policy of Capital Prague

<sup>91</sup> Each visit/situation during which there is an interaction between a client and a program worker (i.e. provision of a certain service, information or counseling - including group counseling), Harm Reduction Section of the Association of Non-Governmental Organizations.

<sup>92</sup> From 1995, it has used standardized questionnaires in order to monitor first treatment demands in facilities that are included in the database of treatment/outreach centers

<sup>93</sup> Definition of Application for First Treatment in various types of care for drug addicts, especially in low -threshold facilities

### 10.3.2 Evaluation

At the order of the Secretariat of the National Drug Commission, external experts drew up a **draft of individual tools for evaluation of efficiency of field exchange programs, and low-threshold outreach and counseling centers.**<sup>94</sup>

Evaluation tools were created for the basic indicators of program efficiency evaluation:

- Availability of provided services – establishment of contact,
- Maintenance of contact – maintenance of a client in a treatment program,
- Financial costs of implementation of addiction treatment programs.

**Pilot verification of the evaluation tools was carried out in several programs,** and practical implementation is under preparation.

## 11 Treatment

### 11.1 Abstinence-Oriented Treatment and Health Care at the National Level

**The network of abstinence oriented programs of treatment of drug addicts is on a relatively good level and it covers the needs at the local and the national levels relatively well; this involves both the capacity and the regional distribution of programs.** It consists of **state health facilities whose supply of services of detoxification, outpatient care, and short-term institutional care** is completed by non-governmental non-profit-making organizations (NGO) according to the demands of drug users. Non-governmental organizations provide continuing services (not provided by governmental facilities) in day-care centers, in medium-term and long-term programs of residential treatment and resocialization in therapeutic communities **and after-care programs** (outpatient, sheltered housing or sheltered workshops).

**Insufficient attention was paid to solution of the problem of drug use among children and young people with educational programs in re-education special education facilities** (juvenile homes for children and juveniles); according to unofficial expert opinions (Denniger: personal discussion) there is a 60 - 80% share of drug users among all children and juveniles. According to a statement of the Ministry of Education, Youth and Physical Education, **the manner of work with the target group of drug users in educational facilities is undergoing pilot verification in three selected facilities,**<sup>95</sup> and it is expected that it will expand to other facilities. **In accordance to available resources, abstinence-oriented programs of treatment of drug addicts in prisons** have gradually been established; the missing (insufficiently ensured) types of treatment programs are discussed in *Chapter 8.1*.

On the basis of elaboration and updating of an overview about programs of prevention and treatment in the field of drug addictions (Sekretariát Meziřesortní protidrogové komise vlády ČR, 2000), we can provide the following description of the existing network of abstinence-oriented treatment programs:

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<sup>94</sup> at the same time, these instruments were also elaborated for therapeutic communities; they can also be used for evaluation of short-term inpatient treatment programs and after-care programs

<sup>95</sup> Ministry of Education, Youth and Physical Education - written materials for the Balance Report regarding Fulfillment of Tasks following from the 2001 - 2004 National Drug Policy Strategy, August 2002. Verification of treatment programs is carried out in VÚ Dvůr Králové nad Labem., VÚ Žulová and Youth Center Praha - Klíčov.

Table 11-1: Abstinence-oriented treatment programs in the Czech Republic 2001

Program type	Number of programs	Capacity	Promoters	Note
Detoxification units	24	180 beds	governmental health facilities only	Residential detoxification (1-2weeks)
Day-care centers	2	30 people	non-profit-making non-governmental organizations	Short-term treatment (3 months)
Mental hospitals / units	13	800 beds	governmental health facilities only	Short-term residential treatment (3-4 months)
Therapeutic communities	16	216 beds	87.5% non-profit-making non-governmental organizations	medium-term (6-8 months), long-term (12-15 months) residential treatment
Inpatient units with medical care	3	-	Governmental special education facilities only	Pilot verification
After-care programs	12	-	66% non-profit-making non-governmental organizations	residential care, outpatient care, sheltered workshops and sheltered housing
Therapeutic communities-prisons	5	-	Governmental facilities for execution of sentence only	males (Pilsen, Rýnovice), females (Opava, Pardubice), juvenile males (Opava)

From the above-mentioned research (Krch et al. 2001) that has the objective to **describe and analyze institutional context of drug programs**, it follows that **44.3% of all 253 organizations** participating in the survey deal with treatment and provision of health care to drug users.

In compliance with the priorities of the 2001 - 2004 National Drug Policy Strategy (improvement of professionalism, evaluation, networking, matching of clients' needs, shaping of programs), in the year 2001 there continued cooperation between the central administration institutions with treatment program providers, especially with representatives of non-profit-making non-governmental organizations or professional associations.

With the objective of **contributing to improvement of professionalism of workers in the field of drug addictions, initiating of a wide professional debate of experts from different disciplines and contributing to unification of terminology**, the National Drug Commission supported formation of an expert journal for prevention, treatment, and research of addictions - *Adiktologie* (2 issues in the year 2001). At the same time, it supported **compilation and publication of a professional dictionary of terms from the field of drugs and drug addictions** (Kalina et al. 2001). The dictionary provided more than 360 medical and non-medical entries from the field of treatment and resocialization of drug addicts.

The National AT Conference with the symbolic title "Ove rlaps..."<sup>96</sup> focused on the topic of **cooperation of experts of different professions** that deal with treatment and resocialization of drug addicts and complete these services according to current needs. In addition, it paid attention to the **efforts of increasing of awareness of police officers about treatment programs**. The conference was cosponsored by the Czech Medical Association of J. E.

<sup>96</sup> 42<sup>nd</sup> AT Conference of the Czech Medical Association (CLS – SNN), Kašperské hory. AT = alcohol and non-alcohol addictions

Purkyne – Association for Addictive Diseases, and the Sananim civic association in cooperation with the Crime Prevention Department of the Ministry of the Interior of the Czech Republic and under the patronage of the National Drug Commission. At the conference, representatives of a medical approach to addiction treatment (especially, the workers of governmental health facilities) and representatives of other non-medical approaches (especially, the workers of non-profit-making non-governmental organizations ) meet at the conference by tradition. **The conference is an optimum platform for exchange of opinions and experiences, getting to know each other, establishment and deepening of cooperation between experts from various professions and representatives of various sectors.**

**The most important outputs of cooperation of the Secretariat of the National Drug Commission and the Association of Non-Governmental Organizations involve a draft of evaluation tools for work of therapeutic communities with clients, and a pilot verification the draft (see Chapter 8.1).** After the tools will have been completed, they will be implemented. It is necessary to mention that governmental health facilities are only sporadically interested in this type of activities. The leader of the short-term residential treatment program in Pilsen Teaching Hospital was the only one of them who was interested in the results of the project of evaluation and showed interest in practical use of the evaluations. **Gradual shaping (profilation) – specializing in work with specific target group groups of drug addicts – represents another important theme of work of therapeutic communities.** In the year 2001, the **second community for drug-addicted mothers with children** was established as part of the existing Karlov Sananim therapeutic community (until then, it served for juvenile drug addicts).

It follows from the information from service providers<sup>97</sup> that **cooperation between state health facilities and programs of the non-profit-making non-governmental organizations has been improving permanently**; the awareness of professional health personnel about the supply of therapeutic communities and after-care programs that are mostly implemented by non-profit-making non-governmental organizations has increased. At the same time, there increases the number of clients referred from short-term residential treatment programs in state health programs to follow-up programs delivered by non-profit-making non-governmental organizations.

## 11.2 Substitution and Maintenance Programs

**In the Czech Republic, there is a rather long tradition of substitution treatment.** There are three well documented cases of addiction to homemade opiate “braun” that were treated by means of the so-called “wild substitution ” – i.e. by prescribing a medicament with low potential of influencing of the patient’s consciousness; however, it is able to fill opiate receptors and suppress withdrawal symptoms. Since the 1970’s, Diolan® (containing ethylmorphine) and Temgesic® (containing buprenorphine) were used most.

**In 1992, MUDr. Jirí Presl** (head physician of Drop-In) imported **several kilograms of methadone**<sup>98</sup> from Switzerland with the intention to provide it to his most problematic patients for whom all other treatment possibilities failed to be successful. After a period of official problems with the customs and the health bodies, the Ministry of Health of the Czech and Slovak Federative Republic authorized him to provide substitution treatment as a **one-year experiment**. The appropriate bodies have never evaluated this experiment – still, it is possible to argue unambiguously that somatic and psychosocial status of the patient who participated in the experiment improved substantially. **After that year, Dr. Presl was not allowed to continue with the experiment**; this resulted in a return of a small part of the patients to wild substitution, and a large part of them went back to illicit drugs: braun and street heroin.

With the growing influx of heroin in the Czech Republic and the increase in the number of heroin users, there, again and with greater pressure, appeared the necessity to introduce opiate agonist substitution therapy. **In July 1997, the**

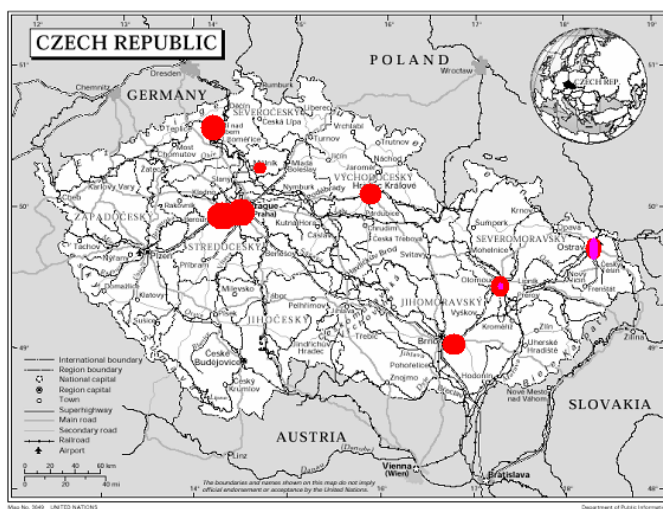
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<sup>97</sup> regular meetings of the Section for Therapeutic Communities of the Association of Non-Governmental Organizations - information about development in the individual programs - oral reports of therapeutic community programs' leaders.

<sup>98</sup> Synthetic opioid, strong agonist of opiate receptors; after it is used, the person does not experience a “rush”; in appropriate dosage, it alleviates physical withdrawal symptoms after opiate addiction of any strength

**Ministry of Health of the Czech Republic** decided to start another “pilot program” – this time, it was carried out in the Department of Addiction Treatment of 1<sup>st</sup> Medical Faculty and VFN **under command of MUDr. Petr Popov (Popov, 2002)**. The program was **limited to a maximum of 20 patients**; it was the intention of the ministry to verify treatment results after one year of duration of this “experiment”. For this purpose, the Ministry of Health set up an expert group.

**Nevertheless, external evaluation did not take place again**; after one year of duration of the program, the personnel drew up a short summary documenting positive changes in the health and the mental condition of the patients and the significant decrease in the patients’ criminal activities; the Ministry of Health took cognizance of it and the experimental program continued with the limit of 20 patients.



Picture 11-1: Substitution programs in the Czech Republic

In parallel with the change of the Criminal Code in April 1998<sup>99</sup>, on the motion of MP-s Buzková and Langer, the **House of Representatives of the Parliament of the Czech Republic** adopted a **companion resolution** focusing on the treatment component of drug policy. Inter alia, it asked **the Ministry of Health to evaluate the “experiment” and to extend treatment to all required places**.

Even the House of Representatives of the Parliament of the Czech Republic and the Government responded to the increasing need of increasing of substitution treatment capacity and consequent pressure of the treatment sphere. In the beginning of 1999, the **Ministry of Health of the Czech Republic set up a new working group** with a more constructive program. In a relatively short period, the group prepared **Substitution Treatment Standards** (Ministerstvo zdravotnictví CR, 2001), an **educational program** for specialists and health personnel, and a **Substitution Treatment Register** (see below). In the mean time, capacity of the Apolinár program increased to nearly 100 patients; however, it did not manage to cover the whole treatment demand in the Capital. **In May 2000, other seven substitution programs started to operate** in the most affected areas of the republic (see Picture 11-1).

During the two years of operation of substitution therapy in the country, it showed that the existing system of “centers” is not able to satisfactorily meet treatment demand both in the view of the needs of patients and in terms of public health.

Table 11-2: Register of methadone substitution treatment patients – as at August 5, 2002

<sup>99</sup> in addition to other changes, it introduced penalties for possession of drugs for personal use

CENTERS	REGISTERED TOTAL
VFN - Praha 2	59
Teaching hospital policlinic Ostrava-Poruba	5
AT ambulance Olomouc	2
DPS Elysium Brno	52
methadone.unit Ústí n Labem	118
DROP IN o.p.s., Praha 1	111
OAT ambulance Hradec Králové	9
AT ambulance Melník	13
<b>TOTAL</b>	<b>369</b>

As at August 5, 2002, 369 patients have undergone methadone treatment in the Czech Republic. With the exception of Pilsen and České Budejovice, all of the former regional towns that form natural centers of regions and that are traditionally the most affected by use of licit and illicit drugs.

The number of substitution treatment clients does not correspond with the figures from developed countries.<sup>100</sup> It is estimated that there are 15,000 problem users of opiates in the Czech Republic, and so the target figure should be at least 2,500 – 5,000 substitution treatment patients.<sup>101</sup>

In a short time, the programs in Prague, Ústí nad Labem, and Brno overfilled the capacity and they were forced to start long “waiting lists” of patients. It seems that the situation in Hradec Králové and Melník corresponds with the local needs; both of the Northern Moravian programs are nearly non-functional – according to the leader the program in Olomouc, there are many indicated patients that are interested in this treatment; however, they cannot afford to travel to the methadone center in Olomouc from their villages around the city every day. The program in Ostrava is located in the middle of a large complex of the Teaching Hospital in Poruba; in terms of specificity of the relevant clientele that should theoretically mostly consist of the local Romany community that is highly affected by heroin use, this location is not the most advantageous. Most of the clientele of the Methadone Unit in Ústí nad Labem, and substantial part of the clientele in Brno are also of Romany origin. In this context, it is necessary to mention that it is the only modality in the Czech Republic that has managed to attract at least a part of the large population of Romany opiate users, and get them in contact with professional help.

In the beginning of the year 2001, National Institute of Drug Control (SÚKL) registered Subutex®, a preparation containing buprenorphine.<sup>102</sup> Unlike methadone, the current Czech legislation did not include Subutex to the list of medicaments that have to be reported to the register. At the same time, prescription is not limited in any manner.<sup>103</sup> Therefore, the price is the only limit: an average treatment costs about CZK 840 per week. According to the information of the manufacturer, the margin substantially increased in the first half of the year 2002; nevertheless, the number of patients is not available.

Within the framework of Component 3 of the Phare Twinning Project “Strengthening National Drug Policy“, a ten-member “Substitution Expert Group” has worked since autumn 2001.<sup>104</sup> The Expert Group endorsed the results of the needs analysis :

- 1) **Increase in uniform distribution of availability of substitution treatment in the whole country**, i.e. to allow administration and prescription of methadone and buprenorphine (or other substitution substances) to patients in special facilities and also to psychiatrists, general practitioners and physicians for adolescents.

<sup>100</sup> in total in European Union countries, there are 300,000 substitution treatment patients; in the USA, there are 110,000 patients (Nilson et al. 2002)

<sup>101</sup> in total, about 3,200 “opiate” patients use treatment without use of opiate agonists (Mravčík and Záborský, 2002)

<sup>102</sup> Synthetic opioid, a mixed agonist/antagonist of opiate receptors; it is effective for treatment of light forms of opiate addiction and for controlled gradual detoxification

<sup>103</sup> Therefore, any physician regardless of specialization can prescribe it

<sup>104</sup> With participation of treatment providers, Ministry of Health, Ministry of Labour and Social Affairs, Ministry of the Interior, foreign expert and epidemiologist,

The terms are strictly specified. The expert group believes that the model used in other specialized therapies is the most advantageous – i.e. diagnosis and introduction to therapy in a specialized facility, possibility of referring of a stabilized patient to dispensary care of a locally available physician, and organization of flow of information and patients between the dispensary office and the specialized facility according to the needs of the patient and the current medical knowledge.

- 2) Provision of substitution treatment **must not be loss-making** for the provider; this must be reflected in the policy of insurance companies: at least one substitution preparation must be covered, and appropriate medical performances must also be covered by the insurance company.
- 3) Treatment of (not only) opiate addiction must be **available in police detention and custody**; and this must involve both the opiate agonist treatment and treatment without agonists. Discontinuation of treatment may represent a significant threat to the user's health.
- 4) Before an increase in availability of substitution treatment takes place, it is necessary to provide relevant **educational program for substitution treatment providers**.
- 5) The group lays emphasis on **evaluation of substitution treatment** in the sense of accreditation standards.

Further work of the group focused on elaboration of educational curricula for substitution therapy providers – physicians with attestation other the AT one; according to a report of a representative of the Ministry of Health<sup>105</sup> coverage of appropriate performances and registration of a methadone preparation for substitution treatment will be endorsed by the end of the year 2002. At the same time, it was announced that buprenorphine will be included in the Mandatory Register of Substitution Treatment Reporting.

## 11.3 After-care

### 11.3.1 Introduction

**After-care has become a standard part of treatment of people addicted to narcotic and psychotropic substances. Traditionally, after-care used to be called after-treatment in our republic. Emphasis was placed on encouragement of abstinence – often with complete absence of social work. The experiences with this type of work almost exclusively followed from knowledge about treatment of people addicted to alcohol. With the change of the political system and the increase in abuse of non-alcoholic drugs, there appeared the necessity to adequately respond to the specifics and the needs of people who use non-alcoholic drugs. The first facility that specialized on after-care for people addicted to non-alcoholic drugs was established as late as in the year 1996. Since then, twelve after-care programs for users of non-alcoholic drugs.**

For a long time, after-care was regarded as a certain above-standard part of addiction treatment. Fortunately, it was accomplished to get rid of this myth. **After-care is one of the programs specified in the Minimum Standard of Treatment Care** adopted by the Ministry of Health. It is also part of the 2001 - 2004 National Drug Policy Strategy. For several years, the National Drug Commission has placed after-care programs among the priorities of the subsidy policy framework. **In terms of capacity, the offer (supply) of this service is still insufficient.**

**All of the twelve facilities that specialize in after-care and reintegration of drug addicts are operated by non-profit-making organizations** that work in the field of addiction treatment. **Governmental facilities continue the tradition of the so-called repeated treatments that focus on encouragement of abstinence, usually with absence of continual psychotherapy.** Nevertheless, the governmental and the non-governmental sectors working in this area have established a good level of cooperation in referring of successful abstinence-oriented treatment clients to after-care programs.

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<sup>105</sup> Brezovský: Steering Committee Phare Twinning Project „Strengthening Drug Policy,“ June 7, 2002 – oral report

**Non-governmental organizations play an important role in facilitation of international cooperation especially focusing on education of domestic professionals regarding after-care.** In 2001, the Czech-Italian project of the **Sdružení Podané ruce and the Italian CEIS** organization called “**International Training for Re-entry Programmes**”; it was funded by PHARE. It was a nearly **one-year training in after-care** conducted by Italian colleagues; about 25 workers from the Czech Republic participated in it. The contents focused on presentation of Italian know-how in this field and on looking for possibilities of how to apply it in the Czech conditions. The whole training was also an important opportunity for networking of the after-care facilities.

### 11.3.2 Situation

As specified in the Minimum Standards of Treatment Care, **after-care programs must offer multidisciplinary services ensured by an adequately educated team.** In the Czech Republic, the average age of people addicted to addictive substances is still relatively low. Mostly, they are about 22 years old, and they started their drug career when they were 15 to 17 years old. In the year 2001, it is possible to observe the following trends among clients of drug addiction treatment programs:

- **They do not have any work habits**
- **Very immature personalities (start of use in the period of pubescence and adolescence)**
- **Increasing seriousness of criminal anamnesis**
- **Often, they failed to complete any level of education (except for primary school)**
- **Somatic damage is relatively frequent (especially hepatitis B and C)**
- **Family system is often seriously disturbed**
- **Psychiatric morbidity has started to appear more frequently**

On the other hand, in the year 2001 it was possible to observe a certain **increase in the number of clients** who are a bit older, i.e. **older than 26**. This group manifests certain differences and so they even make different claims to provided care:

- **Usually, there is a positive criminal anamnesis**
- **More frequent somatic problems**
- **More serious problems in the social field**
- **Relatively frequent dual diagnoses**
- **There is an even more prominent absence of work habits and any work experience**

It is clear from the previous outline of profile of consumers of after-care services that **it is not possible to focus only on traditional manners of encouraging of abstinence. It is the goal to achieve social integration of these people in normal everyday conditions.** The programs that operate in the area of after-care follow from a bio-psycho-social approach to addiction.

### 11.3.3 Supply of Services

**After-care programs provide three areas of services: 1. outpatient after-care programs, 2. sheltered housing, and 3. sheltered workshops and retraining.**

1. **outpatient after-care programs** – only 5 of the 12 mentioned specialized after-care programs supply outpatient care only. In addition to therapeutic work, it also involves social work, sociotherapy, and frequently also an offer of leisure time activities. Two of these programs have contracted accommodation

capacities outside their own facilities; this is how they replace their own sheltered housing. Multidisciplinary teams work in these facilities. It is necessary to mention the fact that even some other types of programs (especially, low-threshold centers) substitute for after-care programs. However, the capacities of these facilities are not always able to provide a full spectrum of after-care services.

It is possible to find after-care in the contents of work of several state institutions, and even some of the AT offices ensure it. In addition, in some mental hospitals, a traditional model of repetitive treatments; however, they lack continuity of care and very often, quality social work and sociotherapy are missing.

2. **sheltered housing** – or, ‘half-way houses - seven of the twelve mentioned facilities provide it. The sheltered housing programs usually resume outpatient programs of the center. All of the sheltered housing programs have a relatively high threshold, and so they are usually designed for those who have gone through treatment in therapeutic communities (or, in other long-term programs). Usually, sheltered housing is provided for a limited period of six months. Capacity of sheltered housing is absolutely insufficient, demand exceeds the supply by many times. For instance, sheltered housing capacity only reaches 1/3 of capacity of therapeutic communities that are primary “suppliers” for the sheltered housing clientele.
3. **sheltered workshops and retraining** – it is the least developed area of after-care. For a long time, the necessity of having this type of service was not a key priority. In terms of low age of after-care clients, there was no demand to provide collective employment in sheltered workshops. The need for and demand for this type of service varies according to the size of the town and unemployment rate in the town where the program operates. In Prague, it is much easier to find due employment for an after-care program client than it is to find it for a client of the same program type in a small town. With the increasing age of after-care clients, there appears the need for looking for manner of building of employability of addicts after they return from withdrawal treatment.

#### 11.3.4 Conclusion

**After-care is one of the priorities of the national drug policy.** In spite of this fact, it is not always possible to sufficiently develop this type of care. The current offer of services does not correspond with demand. Capacity of treatment programs exceeds the real possibilities of existing after-care programs by several times.

**There lack specialized programs for specific groups of addicts, e.g. for mothers with children.**

**There is a complete shortage in ensurance of quality after-care for persons who have served their punishment and underwent a treatment program directly in prisons.**

On the other hand, there is success in networking of individual programs in the field of after-care. Cooperation between governmental and non-governmental organizations in this field has improved markedly.

**Cooperation with the newly established Probation and Mediation Service of the Czech Republic was successfully established. However, it is possible to find great reserves in cooperation between individual service providers and also in the field of cooperation with public administration institutions, especially with the employment offices.**

## 12 Interventions within the Framework of the Criminal Law System

The conditions of execution of sentence are specified in Act no. 169/1999 On Execution of Sentence, and Decree No. 345/1999 of the Ministry of Justice that set out the Procedure of Execution of Sentence. The conditions of execution of custody are specified in Act No. 293/1993 On Execution of Custody, and in Decree No. 109/1994 of the Ministry of Justice that set out Procedure of Execution of Custody. In compliance with these regulations, **health care in prisons is especially delivered by health centers that function inside prisons. In principle, the convicted or the**

**accused has a right to get health care in the same scope and under the same conditions as other citizens; certain limitations may only follow from the purpose of the custody or the sentence. The mentioned regulations even provide a basic legal framework for execution of compulsory treatment, implementation of programs of handling or execution of sentence of drug abusing convicted persons in specialized prison departments.**

The amendments to the Criminal Code and the Code of Criminal Procedure **established necessary legislative framework for treatment of drug addicts as an alternative to the sentence of imprisonment.** In this context, penal law disposes of institutes withdrawal of charge and acquittal under supervision (in the framework, it is also possible to lay the convicted under an obligation to undergo addiction treatment that is not compulsory treatment), institute of compulsory treatment that the court may impose both together with a sentence or even in the cases of withdrawal of charge.

**The tasks for the field of prisons also follow from the 2001 - 2004 National Drug Policy Strategy** approved by Government of the Czech Republic. This involves **elaboration of a conception of work with drug users and treatment of drug addictions in prisons**, drawing up of a **conception of education of selected prison workers and workers of the Probation and Mediation Service**, support of **making use of** alternative sentences, ensurance of **monitoring of drug addictions of inmates**, increase in capacity of **drug-free zones**, improvement of conditions to **eliminate penetration of drugs to prisons, etc.**

**Within the framework of the Phare Twinning Project “Strengthening Drug Policy”, a “Prisons” working group started to operate;** it involved representatives of the General Directorate of the Prison Service, workers of several prisons, Association of Non-Governmental Organizations. The main topics of activity involve general issues related to treatment of drug addictions in prisons, harm reduction measures, education, substitution treatment, cooperation with non-profit-making non-governmental organizations, etc.

Section 27 of the Criminal Code specifies the types of punishments; therefore, it also specifies alternative punishments. The following provisions provide an exact specification of the conditions under which the individual sentence can be imposed. The Criminal Code anchors the institutes that are used in European countries on a standard basis; i.e. a whole range of the so-called alternative punishments. However, it is true that there still markedly prevails sentencing to imprisonment, and alternative punishments are not always used in the cases where it would be possible and appropriate to impose them in terms of the person of the offender and the circumstances of the criminal offence.

## **12.1 Handling of Drug Users in Prisons**

As at December 31, 2001, **19,320 persons in execution of sentence or execution of custody** were registered in Czech prisons; this is the lowest figure since the year 1995. Inter alia, it is possible to see the reasons of this decrease in more frequent uses of diversion of penal proceedings and alternatives to the sentence of imprisonment. On the contrary, **the number of persons convicted for and accused of primary drug-related criminal acts and the share of them** in the total prison population **have been increasing since the year 1998** (see *Table 12-1*).

In addition to drug prevention counseling offices that operate in all of the prisons, drug users in prisons can also be placed in specialized departments for differentiated execution of sentence or execution of custody or in prison drug-free zones.

Table 12-1: Share of persons serving the sentence for drug-related criminal offences in the total prison population

Year (as at December 31,)	1998	1999	2000	2001
Total number of persons in execution of sentence or execution of custody	22,067	23,060	21,538	19,320
Number of persons in execution of sentence or execution of custody for drug-related criminal acts	505	502	543	652
Share	2.29%	2.18%	2.52%	3.37%

### 12.1.1 Abstinence-Oriented Measures

**Detoxification**, i.e. a treatment method with the objective of discontinuation of drug use and concurrent minimization of withdrawal symptoms **is carried out in prison hospitals in Prague – Pankrác and in Brno.**

**Specialized departments were established in the Rýnovice prison and the Opava prison;** they provide execution of **institutional compulsory treatment** according to the provisions of Section 57 Article 3 of Act No. 169/1996 On Execution of Sentence. In Opava, a newly established departments for juvenile males completed the existing department for compulsory treatment of females. The programs follow from a **community system;** they make use of group and individual therapy, work therapy and other work procedures.

Specialized **departments for differentiated execution of sentence of the convicted who suffer from personality and behavioral disorders caused by use of narcotic and psychotropic substances** represent another type of a unit that applies differentiated approaches to drug addicts. In the year 2000, this unit only operated in the Pilsen prison (male department) and the total capacity was 142 beds; however, only about 50% of it was used); from September 1, 2002, it will also be established in the Příbram prison (estimated capacity of 40 beds).

**The number of drug -free zones increased to thirteen** (they are available in more than a third of the total of **34 prisons**); capacity is 593 beds. It is the main objective of the departments **to prevent convicted persons from contact with addictive substances.** The convicted are accepted by virtue of their own written application, and committee of prison workers must endorse it. **Abstinence and undergoing of regular checks are a prerequisite for staying in the program.** Operation of drug-free zones should be specified so that it was tied up with operation of the above-mentioned specialized departments and drug prevention counseling offices. The rules for establishment and operation of drug-free zones were specified in a Decree of the General Director of the Prison Service No. 49 from the year; it specified the activities in custody prisons and prisons. The **operations involve a combination of safety, health, psychological, and pedagogical procedures.** Internal rules of drug-free zones specify the concrete conditions.

Despite of the favorable trend of the increasing number of departments for differentiated execution of sentence or execution of custody, the numbers and capacity of these departments should be extended (this is also one of the tasks resulting from the 2001 - 2004 National Drug Policy Strategy – see above). **According to knowledge of the General Directorate of the Prison Service, persisting disinterest of health professionals** (especially psychiatrists) **in involvement in internal and external work in the prison system represents the main limiting factor of implementation of addiction and alcohol related compulsory treatment during execution of sentence.**

### 12.1.2 Substitution Treatment

**Substitution treatment of opiate addiction has not yet been implemented in prisons.** Currently, the Phare Twinning Project “Substitution treatment” working group initiated negotiations regarding **implementation of substitution in custody prisons at least. In terms of the fact that the persons in execution of custody have not yet been proved guilty, the requirement to provide substitution treatment in custody prisons is regarded as a priority.**

### 12.1.3 Harm Reduction Measures

**Despite of strict safety measures and closeness of the prison environment, drug use among persons executing sentence or custody is a reality.** However, **interventions** regarding drug users **almost exclusively focus on abstinence; harm reduction approaches to drug users who continue to use drugs even in prisons are almost completely neglected.** Exchange programs are not carried out, disinfectants and condoms are not provided; only several employees of the health service and other selected personnel are vaccinated against viral hepatitis. Overall blood testing for infectious diseases is not carried out; it is only provided voluntarily and in justified cases. In the year 2001, 2,219 HIV tests were carried out; none of them was positive. However, eleven HIV infected persons in execution of sentence or execution of custody were registered.

### 12.1.4 Cooperation with Subjects Outside Prisons

**Before release from execution of sentence, the convicted are placed in release units with a modified program of handling.** Here, social workers work with them; cooperation with the Probation and Mediation Service has newly started to develop.

Podané ruce civic association implements a project **Care for drug users in prisons.** This program focuses on counseling for drug users and their families, group therapy, mediation of after-care and treatment or education for persons discharged from prison, etc. In terms of success of the project, it was necessary to establish cooperation with the workers of the Prison Service; the best collaboration was established in the prisons **Kurim, Brno and Breclav.**

## 12.2 Evaluation and Training

### 12.2.1 Evaluation Results

**The General Directorate of the Prison Service evaluated efficiency of drug activities and quality of treatment programs of the prisons; in March 2001, on the basis of this analysis it adopted the document "2001 – 2004 Set of Drug Measures during Custody and Execution of Punishment".** According to this document, the concrete measures should remain focused on **making use of non-pharmacological therapy**, especially psychotherapy, **further education of specialized prison workers, establishment of emergency units in all of the prisons, increase in the number and the capacity of drug-free zones, and gradual transformation of the zones to specialized departments for differentiated serving of the sentence and execution of compulsory treatment** of the convicted who suffer from personality and behavioral disorders caused by use of narcotic and psychotropic substances; finally, they should focus on making use of detoxification units of prison hospitals. In the year 2001, within the framework of unification of the current practice, the General Director of the Prison Service issued **Order No. 33 regarding establishment and operation of drug prevention counseling offices** in the Prison Service; she also issued the Order No. 49; it specifies the rules for establishment and operation of drug-free zones in custody prisons and in prisons.

The penological research "Handling of Drug Addicted Perpetrators of Criminal Acts" should bring more knowledge; external evaluation studies are not available.

### 12.2.2 Statistics and Research

**The Prison Service Yearbook published by the General Directorate of the Prison Service is the primary source of information about the framework and the development of the situation in the prison system, about the accused and the convicted persons, about tasks, organization, staff, and management of property of the Prison Service.**

In the year 2001, the Medical Service of the Prison Service **examined 4,966 persons** (30,346 tests) **that newly came to prisons** or were serving the sentence in special departments for drug addicts; a **positive laboratory finding** was found on 1,245 persons (i.e. **25% of the examined**). The highest number of findings involved **benzodiazepines (46.7 %) and amphetamines (33.1%)**. It is assumed **that from the year 2002, 10,000 inmates approximately, i.e. roughly a half of the prison population, will go through drug monitoring from the year 2002 on.**

**The Institute of Criminology and Social Prevention implemented the research project “Handling of Drug Addicted Perpetrators of Criminal Acts”** in the year 2001. The results should be published in the second half of the year 2002; within the framework of this project, more than 600 questionnaires filled out by inmates were collected. It also contains a criminal-law analysis of the individual cases or prosecution and punishment of persons convicted for drug-related criminal acts. **It is the purpose of the project to map the phenomenon of drug use and drug addiction in the prison environment**, and to learn about the attitudes of the inmates to drug abuse, get a description of the current framework and estimate possible development of differentiated handling drug addicts.

### 12.2.3 Training

**In all types of initial courses, basic knowledge about drug issues is communicated to the prison staff when they start to work in prisons.** In addition, in the year 2001 a “Program of Lifetime Education of Prison Service Workers” was drawn up and approved; it integrated the concept of education of prison workers (in particular, workers of prisons for juveniles) that deal with drug addicts and with the convicted that have drug problems.

The document “2001 – 2004 Set of Drug Measures during Custody and Execution of Punishment” (see above) recommends providing of further education to specialists in this field, i.e. psychologists, special education teachers and educators-therapists, and regular in-service training of health personnel by professionals from the field of psychology, psychiatry, toxicology and clinical pharmacology in the issues of drug dependence and drug addiction, including study visits of the prison workers in specialized civilian facilities .

**In the year 2001, the institute of Education of the Prison Service held several weekend educational courses;** they dealt with the topic of work with drug users in prison, and they were designed for professional prison workers, especially for psychologists and special education teachers.

Within the framework of the project “Care for Drug Users in Prison”, the **Podané ruce** civic association held a training “Drug Services in Prisons” in the Kurim prison. It was attended by Prison Service employees from several prisons, workers of non-profit-making organizations, and the workers of the Probation and Mediation Service.

## 12.3 Alternative Punishments

**Section 27 of the Criminal Code contains a listing of the sentences that can be imposed for commission of criminal acts according to the Czech legislation. In particular, it involves the following sentences: imprisonment, public works, loss of honorary titles and awards, loss of military ranks, prohibition of activity, forfeiture of property, statutory fine, forfeiture, deportation and prohibition of stay.**

**In the system of punishments, there prevail alternative punishments, i.e. sentences that are not connected with imprisonment and isolation of perpetrators from the society.** However, it is not possible to impose all types of punishments independently. Alternative punishments, i.e. punishments that can be imposed independently and are not bound to a sentence of imprisonment, involve public works, statutory fine, prohibition of stay, and deportation.

**Although it is possible to impose alternative punishments in the Czech Republic, most frequently, the sentence of imprisonment, in the form of suspended sentence or suspended sentence with probation, is imposed.** It is possible to make use of suspended sentence in the cases when the court imposes a sentence of imprisonment to two years; the probation period may be one to five years. It is possible to make use of suspended sentence with probation in the case that the court imposes a sentence of imprisonment to three years; probation period is one to five years. When such sentence is to be imposed, the court takes account of the person of the offender, especially in terms of his/her previous life, circumstances of the case, etc.

**In the year 2001, Public Prosecutors' Offices prosecuted a total of 110,461 persons, 84,855 persons were accused. The courts then convicted 60,182 persons; sentence of imprisonment was imposed to 12,533 persons, suspended sentence was imposed to 32,814 persons, prohibition of activity was imposed to 94 persons, statutory fine to 3,324 persons, public works were imposed to 8,835 persons.** *Table 12-2* provides an overview of

sentences imposed to perpetrators of drug-related criminal acts; i.e. criminal acts according to the provisions of Section 187 to 188a of the Criminal Code. At the same time, the table provides data about the number of imposed compulsory treatments. Within the framework of the Czech legislative system, compulsory treatment is not regarded as punishment; it is regarded as a measure of protection. It is possible to impose compulsory treatment together with a sentence, and also in the cases of withdrawal of charge.

Table 12-2: Overview of sentences imposed by the courts in the Czech Republic in the year 2001 to perpetrators of drug-related criminal offences

2001	Section 187	Section 187a	Section 188	Section 188a	Total
Prosecuted by Public Prosecutors' Offices	1 640	261	222	396	2 519
Accused	1 418	215	195	332	2 160
Convicted	905	86	62	41	1 094
Sentence of imprisonment	365	16	13	10	404
Suspended sentence	474	45	40	23	582
Public works	41	18	4	5	68
Other punishment	8	2	4	1	15
Compulsory drug addiction treatment	41	1	1	0	43

**It is necessary to differentiate between alternative punishments and the alternative manner of criminal prosecution that involves: suspension of criminal proceedings, settlement, postponement or discontinuation of criminal prosecution due to denial or withdrawal of consent of the damaged party.** In addition, it is necessary to distinguish the so-called alternatives of punishments that involve remission of the punishment and suspended sentence under supervision. **It is possible to assume that significance of these alternatives of criminal prosecution will increase when the amendment Coll. of Criminal Procedure established by Act No. 265/2001 Coll., i.e. from January 1, 2002.**

## 13 Quality Assurance

**Most likely, it is due to a combination of a number of factors that the general public, politicians, public administration officers and even the actual service providers call for establishment of a system that will afford facilities for ensurance of quality of provided services and efficiency of public and private resources spent on drug policy.**

Abuse of addictive substances, and so much the more abuse of illicit drugs is a pathology that brings about negative connotations to an absolute majority of the public. **Many of the procedures and methods used in drug policy are rather controversial** regardless of whether they relate to programs of exchange and distribution of injection syringes and needles, substitution treatment, or testing of quality and purity of ecstasy; it is the objective of all of these services to prevent or eliminate as much as possible the contingent negative health and social impacts for the users. **Non-profit-making non-governmental organizations implement a substantial part of the non-medical programs that do not primarily focus on abstinence from drug use** (i.e. those that accept the fact that the drug users are not able or willing to stop using drugs at the given time.

In the Czech Republic, these programs have not had a long tradition and **the public and the politicians often rather regard them as interest groups** than as **professional providers of professional care; unlike governmental health institutions, these facilities show flexibility in accommodation of provided services to the needs of their own clients**. Last but not least, a 'one and only', simple and similarly efficient way how to ward off drug demand or supply has not yet been (and probably never will be) invented.

All of these factors (the listing is not necessarily exhaustive) resulted in **acceptance of "improvement of quality and efficiency of the existing network of services, and in consistent evaluation of outputs and practical implemented measures"** as one of the main goals of the 2001 - 2004 National Drug Policy Strategy (Meziresortní protidrogová komise vlády CR, 2000) in the field of drug demand reduction. It is expected that this objective will be met via:

- Definition of **minimum standards of services** provided in the area of prevention, treatment and resocialization of drug addicts;
- **Training of accreditators** that will participate in the process of accreditations of individual drug policy programs;
- **Introduction of the system of accreditation** of these services to practice;
- **Formation of instruments for evaluation of efficiency of services** provided in the field of prevention, treatment and resocialization of drug addicts ;
- **Practical implementation of service efficiency evaluations.**

With the objective of finding a systematic solution of the issues of ensurance of quality and efficiency of the services in the individual fields of the drug policy (primary prevention, treatment, social services), the appropriate ministries **started to work on creation of minimum standards of quality and on preparation of tools for evaluation of efficiency of programs**. The Ministry of Labour and Social Affairs drew up the minimum standards of quality of social services, and it presented it at regional conferences for service providers. The standards also involve multidisciplinary programs for drug users. It is expected that pilot verification will be carried out in the year 2001; then, they will be implemented in practice.

In the first half of the year 2001, the working group consisting of representatives of the Ministry of Health, Ministry of Labour and Social Affairs, National Drug Commission, Czech Medical Association of J. E. Purkyne

– Association for Addictive Diseases and Association of Non-Governmental Organizations Working in the Field of Prevention and Treatment of Addictions (A.N.O.) carried out pilot verification of **”Accreditation Standards for Facilities and Treatment Programs for Drug Addicts”**, and it drew up the final version of the standards. The National Drug Commission approved it at a meeting in September 2001. Even the Secretary of Justice supported this version of the standards, and he intended to use them for treatment programs for drug addicts serving the sentence. The works on drawing up of the “Minimum Accreditation Standards for Facilities and Treatment Programs for Drug Addicts” first started in the year 1995. The original draft was amended many times and it was repeatedly discussed with the representatives of service providers in the program types until the (so far) final version was achieved.

**The Ministry of Education, Youth and Physical Education was supposed to prepare a design of Minimum Standards for primary drug prevention**; it received a grant for fulfillment of this tasks from the National Drug Commission. The Ministry of Education, Youth and Physical Education assigned the Pedagogical Faculty of Palacky University in Olomouc to draw up a draft of the standards. **However, the Ministry of Education, Youth and Physical Education did not submit the required results to the National Drug Commission on schedule until December 31, 2001.**

**Drawing up of final version of Minimum Standards of services provided in the field of prevention, treatment and resocialization of drug addicts was even included in the Phare Twining Project 2000 – Strengthening of National Policy.** The Secretariat of the National Drug Commission coordinates the implementation in cooperation with Austrian partners; representatives of all involved ministries participate in it. The project started in July 2001 and it is supposed to be completed by January 31, 2003.

At the order of the Secretariat of the National Drug Commission, external experts drew up a **draft of individual tools for evaluation of efficiency of field exchange programs, low-threshold outreach centers, and therapeutic communities.** Several surveys carried out pilot verification of evaluation tools for each of the mentioned types of programs. They will be completed according to comments from the individual facilities that were included in the verification process. By the end of 2002, the Secretariat will submit the final draft of tools for program efficiency evaluation to the Council of the Government for Drug Policy Coordination (National Drug Commission); the Council will then discuss them contingently approve of standard implementation of the draft into practice.

In the year 2001 and in the previous years, the **previous basic tools** of evaluation of quality and efficiency of implemented programs of prevention, treatment and resocialization of drug addicts involved:

- **structured applications for subsidies** for the new calendar year with a description and budget of the implemented program with prescribed curriculum;
- **state-of-the-art and final reports about implementation of the program in the previous calendar year** (according to uniform curriculum).

For the purposes of the individual providers of state subsidies, these written materials are evaluated by the external experts, and the internal experts of the Secretariat of the National Drug Commission. It is the main disadvantage that all of the **providers of subsidies do not use** identical forms for drug policy programs. Only the National Drug Commission and the Ministry of Health share such forms; on the contrary, the Ministry of Labour and Social Affairs and the Ministry of Education, Youth and Physical Education **use their own forms.** This complicates the situation of the service providers when they apply for state subsidies; in addition, it disallows for reliable assessment and comparison between the individual sectors and the National Drug Commission during backward evaluation.

This insufficiency should be removed by means of **establishment of system of uniform (common)**

**accreditations and a change in the current system of provision of financial resources** to implementation of individual programs of prevention, treatment and resocialization of drug addicts. In the course of the year 2001, works on drafting of a new funding model started within the framework of the Phare Twinning Project 2000 – Strengthening of National Drug Policy.

## **PART IV: KEY ISSUES**

## 14 Drug Demand Reduction Expenditures

In the Czech Republic in 1999, the government was taking care of this task via the national budget; the government redistributed means to central and local levels.

The amount of earmarked means depends on seriousness of the problem in individual regions. It is detected by many research institutions and monitoring systems and own researches of the Secretariat of the National Drug Commission.

National budget outlays are divided to common (non-investment) and capital (investment) ones. **Governmental** (district authorities and municipalities, directly controlled subsidized organizations) and **non-governmental organizations** (civic associations, humanitarian and church organizations, public associations) represent the final users of subsidies. The above mentioned organizations implement concrete programs of primary, secondary and tertiary prevention (e.g. programs of education and improvement of informedness, low-threshold outreach centers, therapeutic communities, after-care and field programs, outpatient, detoxification and treatment facilities, etc.).

### 14.1 Terms and Definitions

### 14.2 Financial Mechanism, Responsibilities and Duties

At present, drug policy funding is especially ensured by means of public expenditure, **especially from the central level. In the General Cash Administration budget chapter, there is a separate item “drug policy expenditures”** (this amount does not include financial means for repressive measures). **On the basis of proposals of appropriate ministries, the National Drug Commission approves distribution of these financial means; and the Ministry of Finance releases the funds .**

In addition, the budgets of individual ministries also earmark financial means for own drug policy programs (this especially involves the Ministry of Education, Youth and Physical Education, Ministry of Health, Ministry of Labour and Social Affairs, Ministry of the Interior, Ministry of Justice, Ministry of Defense and Ministry of Finance). Departmental budgets are ratified by the Government and the Parliament of the Czech Republic.

1998 – 2000 National Drug Policy Strategy (resolution 111/98) was ratified by the Government, and it defined that **funding of drug activities** would be implemented **at two levels**, at the central and the local one. **At the same time, it** authorized the Chairman of the National Drug Commission to earmark financial means from the General Cash Administration budget chapter – Drug Policy Expenses. In the year 1999, the following documents regulated subsidy drawing in the field of drug policy:

- a) Law 576/90 Coll. On Rules of Management of Budget Means of the Czech Republic and Municipalities in the Czech Republic (Republic Budget Rules), as amended;
- b) Government Decree 663/92 Principles of Provision of Subsidies from Czech Republic national budget to civic associations through central state administration bodies”; amended by Government Decree 225/93;
- c) ”Rules Concerning Drawing of financial means earmarked to drug policy of district, magistrate authorities and authorities of statutory towns”, Government Decree 208/97, or, more accurately, 251/99;
- d) related generally accepted regulations and laws.

At the central level, **drug activities in common spheres of competencies of appropriate ministries and a methadone treatment extension program at the Ministry of Health were supported.**

At the local level, program subsidies were earmarked to support drug activities of local public administration bodies. The means were earmarked in the following manners:

- specifically, for a special purpose of concrete projects **that were** submitted by authorities, met required criteria of selection procedures and were approved by the National Drug Commission
- by means of special purpose subsidies to individual authorities; provision of these subsidies is conditioned by submitting of reports about how the subsidies were used. **After analysis of these reports, the Secretariat of the National Drug Commission concluded that** use of means was not always correct and efficient. This is why the National Drug Commission reviewed the manner of provision of the so-called “blanket” subsidies to authorities at the local level in the first half of the year 1999; in addition, it determined that subsidies must be specifically bound to specific drug activities in compliance with priorities of a given authority and Government Drug Policy Conception. As a consequence, the amount of allocated subsidies was not equal for all individual authorities.

**School authorities have considerable rights** concerning earmarking of financial means for **prevention at schools and school facilities**, i.e. at the local level. School drug coordinators ensure connection between schools and school facilities; they evaluate individual preventive activities and coordinate them. This system refers competencies and responsibility for preventive action on children and youth to the lower public administration level, and **the Ministry of Education, Youth and Physical Education is in charge of control functions**.

Other means of primary prevention of drug addictions are released within the framework of **Complex Coordination Program of Crime Prevention at the Local Level**. According to resolutions of the Government of the Czech Republic, financial means for the Complex Coordination Program are earmarked in the General Cash Administration budget chapter of the national budget. Republic Crime Prevention Committee ratifies earmarking of subsidies for individual programs according to selection procedures carried out by an *ad hoc* commission.

### 14.3 Expenses at the National Level (Geographical Scope)

At the central level, drug policy expenditure from the national budget is earmarked from budget chapters of the General Cash Administration and appropriate ministries. Regional budget is covered from the central level. Therefore, the national budget is consumed at the local level. Table 14-1 shows expenditure of individual ministries to drug policy, Table 14-2 then shows distribution of these means to individual regions (available data only: National Drug Commission expenditure at the local level, Ministry of Health and Ministry of Labour and Social Affairs).

Table 14-1: Financial means for drug policy in 1999 (CZK thousands; 1 € = 32 CZK approximately)

	National Drug Commission (local level)	Ministry of Health	Ministry of Education, Youth and Physical Education	Ministry of Labour and Social Affairs	Ministry of Agriculture	Ministry of Defense	Ministry of Justice	Ministry of the Interior	TOTAL
Non-investment means	78,227	42,381	14,358	20,346	725	6,475	5,746	432	168,689
Investment means		28,124	2,730				1,000		31,854
<b>TOTAL</b>	<b>78,227</b>	<b>70,505</b>	<b>17,088</b>	<b>20,346</b>	<b>725</b>	<b>6,475</b>	<b>6,746</b>	<b>432</b>	<b>200,543</b>

#### 14.3.1 National Drug Commission

According to the rules specified in chapter 14.2, the National Drug Commission redistributed the following amounts from the General Cash Administration budget chapter “drug policy expenditure”: at the central level, an amount of CZK 42,167,000 (the Ministry of Health received CZK 27,298,000, Ministry of Education, Youth and Physical Education: CZK 9,089,000, Ministry of Labour and Social Affairs: CZK 5,555,000, and

**Ministry of Agriculture: CZK 225,000). At the local level, it allocated an amount of CZK 71,282,000. Non-investment expenditure for professional operations of the Secretariat of the National Drug Commission within the framework of the Office of the Government was CZK 6,945,000.**

### 14.3.2 Ministry of Health

A drug program was defined in order to fulfill the tasks resulting from the Governmental Drug Policy Conception and Program (Government Decree 111/98). In the year 1998, it especially involved increase in availability of harm reduction programs. At the same time, capacity of the then only substitution program in the country was extended. In the Motol teaching hospital, there started construction works on a new department for treatment of drug addicts suffering from infectious hepatitis. **In the year 1999, the ministry continued to support the previously launched programs, and it emphasized improvement of quality of services and further development of missing activities.**

**In the year 1999, financial means earmarked to drug policy programs of the Ministry of Health consisted of CZK 42,381,000 of non-investment and 28,124,000 of investments means (total of CZK 70,505,000).** Thereof, the Investment Department of the Ministry of Health directly earmarked CZK 10,000,000 to reconstruction of Pavilion 17 in Bohnice Mental Hospital. The pavilion is intended for implementation of compulsory alcohol and drug treatment. On the basis of a decision of the National Drug Commission CZK 500,000 were specifically earmarked to completion of a full length movie Kanárek.

CZK 40,934,000 worth of non-investment means and CZK 18,154,000 worth of investment means were earmarked to individual types of programs included in a development program of the Ministry of Health - definition and ensurance of a network of facilities providing services to problem drug users and drug addicts. CZK 72,000 were expended on defining of a Minimum Treatment Network and development of a program of evaluation of quality of provided services.

**Investment means allowed for continuation and near completion of reconstruction of existing housing structures** (Faculty Hspital Motol, Faculty Hospital Hradec Králové, o.p.s. Magdaléna, therapeutic community Karlov, therapeutic community Podcestný Mlýn, civic association Fokus Vysocina), **furnishing of existing buildings** (therapeutic community Helianna) and **ensurance of operation of facility by means of completion of a waste water treatment plant** (mental hospital Cervený Dvur). Non-investment financial means provided for operation of 25 low-threshold programs, 11 outpatient counseling programs, 8 therapeutic communities, 11 detoxification and short-term and medium-term institutional treatment programs. Manuals for secondary prevention users were published.

An amount of CZK 8,937,000 from the General Cash Administration budget chapter made it possible to **extend the then only existing methadone program at General Faculty Hospital in Prague (VFN), Department of Addiction Treatment Apolinár. The capacity doubled in comparison with the previous year. In addition, it was possible to prepare other seven facilities (including 4 pharmacies and purchasing of methadone supplies) for extension of methadone programs to vulnerable regions of the Czech Republic in the year 2000.**

An amount of CZK 875,000 was earmarked from the General Cash Administration chapter – Drug policy expenditures, and it was intended for training of substitution program workers. This amount provided for **implementation of intensive methadone training for existing and new methadone program workers** including ensurance of publishing of previously unavailable publications about these issues. The expended financial means made it possible to **build a basic structure of the “Network of facilities providing professional services to problem drug users and drug addicts“** and they provided for establishment of basic instruments for ensurance of availability and quality of provided services.

### 14.3.3 Ministry of Education, Youth and Physical Education

In the year 1999, financial means were allocated on the basis of submitted projects approved by a ministerial commission. The projects were also expected to support the Minimum Programs. **By means of a budget provision, most of the financial means intended for drug prevention were transferred to school authorities, selected directly controlled organizations and public universities.** Other means were used for seminars for school drug coordinators in districts, and supporting of programs of special, secondary and vocational training. Only a part of financial means was earmarked for projects submitted by organizations on the basis of invitations to tender proceedings.

From the General Cash Administration budget chapter, the National Drug Commission earmarked other financial means to the Ministry of Education, Youth and Physical Education. Total amount was CZK 6,359,000 (thereof, the ministry earmarked CZK 2,730,000 of investment subsidies to civic associations). The funds were used for support of implementation of projects of school authorities and organizations involved in drug prevention. In 1999, the Ministry of Education, Youth and Physical Education drew down a total of CZK 17,088,000 for prevention of use of drugs, alcohol, nicotine and other addictive substances.

### 14.3.4 Ministry of Labour and Social Affairs

In compliance with Government Decree 111/1998 on governmental drug policy conception, an amount of CZK 20,346,000 was earmarked to civic associations and humanitarian organizations for professional services in the field of drug addiction prevention in 1999. Thereof, the subsidy from the General Cash Administration budget chapter was CZK 5,555,000. The following types of programs were supported in the field of social services for problem drug users, addicts and their families: outreach centers and field programs, day-care centers, therapeutic communities, "half-way houses" (sheltered housing) and sheltered employment (sheltered workshops). Drug policy program expenditures are part of a binding indicator Subsidies to non-governmental subjects that provide social services.

### 14.3.5 Ministry of Agriculture

From the resources of the Ministry of Agriculture, a total of CZK 250,000 was earmarked to drug policy in the year 1999. The means were earmarked as contributions for drug prevention activities at subsidized governmental apprentice training schools. These means were used for drug prevention seminars and professional materials for pupils (SEMPERFIT magazine subscription). In addition, they were used to cover the costs of a regional round of a literary and art contest about drug-related issues, for training of pedagogical workers and groups of problem pupils, and for training programs. On the requirement of the Ministry of Agriculture, National Drug Commission provided the budget chapter of the Ministry of Agriculture with other CZK 225,000 from the General Cash Administration budget chapter; these funds were used for specific projects: ensurance of seminars for pedagogical workers about legislation concerning drug prevention, and drawing up of a pilot project of primary prevention for socially handicapped pupils.

### 14.3.6 Ministry of Defense

**Budget means of CZK 6,475,000 were expended for ensurance of drug policy program tasks.** The means were used for the following partial programs:

- Education (lectures about drug issues)
- Leisure time activities (most of the means were spent in this field)
  - Sport activities (equipment of weight training rooms and gymnasiums of individual army units, coverage of rents of swimming pools, gyms and sports fields)
  - Cultural activities (purchasing of programs about drug issues, printing of flyers and other promotional materials for individual army units, acquisitions of army unit libraries and video centers)
- Drug information system – DROGIS (750,000)
- Quantification and detection of drugs (1,262,000)

- "Diagnostika – nutnost pro adekvátní prevenci (Diagnostics – necessity of adequate prevention)" (58,5,00)
- "Drogová závislost v ACR (Drug Addiction in the Army of the Czech Republic)" (55,000)

#### 14.3.7 Ministry of Justice

From the resources of the ministry that were specifically determined for drug policy, Prison Service drew down an amount of CZK 6,746,000. The means were especially used for drug monitoring, equipment of drug prevention counseling offices, increase in capacity of specialized departments for execution of sentence for drug addicts and inmates endangered by drugs, training of prison staff, for costs of keeping of service dogs and implementation of therapeutic programs. Investment expenditures represented CZK 1,000,000 of this amount. Prague-Ruzyně custody prison received a donation of CZK 50,000 from Municipal Authority Prague 6; and Pilsen prison received CZK 57,000 for a drug program from the Pilsen Municipal Authority.

In the judicial part, the Institute of Education of the Ministry of Justice used an amount of CZK 150,000 for implementation of three drug-related seminars for judges and six seminars for public prosecutors.

#### 14.3.8 Ministry of the Interior

Within the framework of the Complex Coordination Program of Crime Prevention at the Local Level, the Ministry of the Interior provided support to seven projects of non-specific drug prevention. Total amount was CZK 432,000.

Table 14-2: Financial means distributed to regions for drug issues (CZK thousands)

Region	National Drug Commission	Ministry of Health			Ministry of Labour and Social Affairs	Total subsidies to the local level
		Non-investment means	Investment means	Ministry of Health – total Ministry of Health		
Prague	14,427	15,802	6,545	22,347	13,184	49,959
Central Bohemia	8,700	2,958	1,050	4,008	185	12,894
Southern Bohemia	4,414	163	2,542	2,704	280	7,398
Pilsen	5,260	2,650	0	2,650	0	7,910
Karlovy Vary	1,292	0	0	0	0	1,292
Ústí nad Labem	7,527	4,708	900	5,608	664	13,798
Liberec	5,312	0	0	0	57	5,369
Hradec Králové	1,501	5,998	3,855	9,853	0	11,354
Pardubice	1,479	663	750	1,413	0	2,893
Jihlava	3,955	1,855	1,718	3,573	89	7,617
Olomouc	4,505	1,647	100	1,747	4,718	10,970
Brno	4,374	4,045	375	4,420	154	8,948
Ostrava	6,465	100	290	390	300	7,155
Zlín	2,070	345	0	345	0	2,415
<b>TOTAL</b>	<b>71,282</b>	<b>40,934</b>	<b>18,124</b>	<b>59,058</b>	<b>19,632</b>	<b>149,971</b>

#### 14.3.9 Non-governmental (local and private) sources

The information on the resources distributed (and borne) at the local level is rather limited since no systematic register existed in the Czech Republic in 1999. So the only one relevant source of information is represented by two sub-studies of the major research project PAD (Zábranský et al., 2001c) – namely those being made by Kalina (2001a, 2001b). According to this semirepresentative study the regional distribution of sources was as follows in tables 14-3 and 14-4.

tabulka 14-3: Sources spent on Primary Prevention in 1999 – other than governmental level (data source: Kalina 2001 a)

Source / CZK thousands	Total
Capital city of Prague central <sup>106</sup>	1 344
Capital city of Prague – municipal parts 1 <sup>107</sup>	2 000
Capital city of Prague – municipal part 2 <sup>108</sup>	2 857
Districts	9 460
Corporate towns <sup>109</sup>	3 531
National Health Insurance Company <sup>110</sup>	16 454
<b>Total</b>	<b>35 646</b>

tabulka 14-4: Sources spent on Secondary and Tertiary Prevention - other than governmental level (data source: Kalina 2001 b)

Source / CZK thousands	Total
Ministry of Education	16 964
Capital city of Prague - central <sup>111</sup>	10 666
Capital city of Prague – municipal parts 1 <sup>112</sup>	0
Capital city of Prague – municipal part 2 <sup>113</sup>	1 425
Districts	4 326
Corporate towns <sup>114</sup>	9 340
<b>Total</b>	<b>42 721</b>

#### 14.4 Expenses of Specialized Drug-Treatment Centers

Table 14-5 provides available information of Ministry of Health and Ministry of Labour and Social Affairs concerning subsidies to civic associations, humanitarian and church organizations, district authorities and municipalities for implementation of specific drug policy programs. A list of concrete organizations is included in Appendices 1 and 2.

<sup>106</sup> Direct grants of Capital city of Prague (or the Magistrate of the Capital city of Prague) to concrete projects of governmental and non-governmental organizations

<sup>107</sup> Grant of the Magistrate of Capital city of Prague to Municipal parts 1 –14; then earmarked to concrete projects.

<sup>108</sup> Grants of concrete projects from own resources of Municipal parts of Capital city of Prague (Prague 1 - 14)

<sup>109</sup> Grants from own resources of corporate towns

<sup>110</sup> Resources expended by VZP outside the system of public health insurance – it was not possible to detect the separation of governmental and non-governmental receivers of grants

<sup>111</sup> Grants of the Capital city of Prague to projects of organizations

<sup>112</sup> Grants of the Capital city of Prague to municipal parts of Capital city of Prague

<sup>113</sup> Own resources of municipal parts of Capital city of Prague

<sup>114</sup> Own resources of corporate towns outside Capital city of Prague

Table 14-3: Subsidies to specific drug policy programs (CZK thousands)

Program	Ministry of Health			Ministry of Labour and Social Affairs	Subsidies to specific programs
	Non-investment means	Investment means	Ministry of Health – total		
Outreach centers	4,154	1,759	5,913	11,255	17,169
Therapeutic communities	14,364	2,475	16,839	4,380	21,219
After-care programs	490	0	490	3,290	3,780
Field programs	243	0	243	595	838
Outpatient facilities	291	50	341	111	452
Detoxification facilities	10,117	6,235	16,352	0	16,352
Treatment facilities	9,625	7,605	17,230	0	17,230
Collection of epidemiological data	750	0	750	0	750
Information and education	900	0	900	0	900
<b>TOTAL</b>	<b>40,934</b>	<b>18,124</b>	<b>59,058</b>	<b>19,632</b>	<b>78,689</b>

## 14.5 Conclusions

**Financial means earmarked to drug policy from the national budget are not stable on a long-term basis, and their amount varies every year according to the national budget approved by the Government and Parliament of the Czech Republic. Relative financial uncertainty and late release of subsidies from the national budget in the course of a financial year endangers stability of the existing network and development of new (missing) types of programs of prevention, treatment and resocialization of drug addicts. At the same time, it jeopardizes improvement of quality of provided services.** For instance, late release of financial means from the General Cash Administration budget chapter by the Ministry of Finance (in November 1999) caused trouble in completion of implementation of all planned tasks of the Ministry of Health; it was only possible to complete some actions in the year 2000.

Another problem follows from unavailability of data from several ministries; despite of a current requirement of improvement of general informedness and transparency of use of public resources, these ministries are not even willing to provide information about their expenses on request. It is obvious that it brings about speculations about possible misuse of financial means. Improvement of process and system of earmarking of funds from the national budget, and increase in implementation and efficiency of control of use of the means is conditioned by a possibility to draw up a *complex* overview of drug policy expenditures and use of the means in all appropriate ministries.

## 14.6 Appendices

Appendix 1: Overview of drug projects funded by Ministry of Health in 1999, distribution according to budget composition

Organization-subject	Category	Region	Non-investment means	Investment means	Total
<b>Civic associations</b>			<b>15,813</b>	<b>2,613</b>	<b>18,426</b>
civic association Podané ruce Brno	therapeutic community	Brno	3,460	375	3,835
civic association Pastor Bonus Šumperk	therapeutic community	Olomouc		100	100
civic association WhiteLight Decín	therapeutic community	Ústí nad Labem	1,938		1,938
civic association Laxus Hradec Králové	outreach center	Hradec Králové	813		813
civic association Šance Kladno	field program	Central Bohemia	243		243
civic association Helianna Mladá Boleslav	therapeutic community	Central Bohemia	1,138	200	1,338
civic association Most k nadej	outreach center	Ústí nad Labem	275		275
civic association Sananim Olomouc	after-care program	Olomouc	490		490
civic association Hurá Kamarád Pardubice	outreach center	Pardubice	293		293
civic association Arkáda (Pos.rod.)	outreach center	Southern Bohemia	113		113
civic association Pro péči a rodiny záv. Prague	ambulance	Prague	200		200
civic association Sananim Praha	therapeutic community	Prague	5,491	1,000	6,491
civic association Drug out Club Ústí nad Labem	outreach center	Ústí nad Labem	575		575
civic association Daimonion Zlín	outreach center	Zlín	295		295
civic association ESET-HELP Prague	outreach center	Prague	91		91
civic association Kolpingovo dílo CR Žďár nad Sázavou	therapeutic community	Jihlava	300		300
civic association Fokus Vysocina Jihlava	outreach center	Jihlava		938	938
A-clubs Semperfit Brno	INF / VZ	Brno	100		100
<b>Church organizations</b>			<b>500</b>	<b>822</b>	<b>1,322</b>
Diocesan charity Blansko	outreach center	Brno	75		75
Diocesan charity Breclav	outreach center	Brno	50		50
Diocesan charity Jihlava	outreach	Jihlava	225	250	475

Diocesan charity Trebic	center outreach center	Jihlava	50	280	330
Archdiocesan charity Kyjov	center outreach center	Brno	100		100
Diocesan charity C.Budejovice	center outreach center	Southern Bohemia		292	292
<b>Other</b>			<b>3,388</b>	<b>800</b>	<b>4,188</b>
Magdaléna,o.p.s. Mníšek	therapeutic community	Central Bohemia	1,438	800	2,238
center protidrogové prevence, o.p.s. Plzen	outreach center	Pilsen	100		100
Psychosocial center Prerov - NGO	outreach center	Olomouc	750		750
Sportpropag Prague	VZ	Prague	800		800
Drop In, o.p.s. Prague	outreach center	Prague	300		300
<b>District authorities and municipalities</b>			<b>2,111</b>	<b>3,300</b>	<b>5,411</b>
District authority Domažlice	therapeutic community	Pilsen	600		600
NsP Melník	ambulance	Central Bohemia	91	50	141
NsP Most	detoxification	Ústí nad Labem	700		700
District authority Vsetín	outreach center	Zlín	50		50
hospital Trebic	detoxification	Jihlava	300	250	550
municipal hospital Cáslav	detoxification	Pardubice	370	750	1,120
mental hospital Cervený Dvur	treatment	Southern Bohemia		2,250	2,250
<b>Directly controlled subsidized organizations</b>			<b>19,122</b>	<b>10,590</b>	<b>29,712</b>
PK Teaching hospital Brno	treatment	Brno	210		210
Teaching hospital Plzen Lochotín	treatment	Pilsen	1,900		1,900
Teaching hospital Motol	treatment	Prague	1,400	1,500	2,900
Masaryk hospital Ústí nad Labem.	detoxification	Ústí nad Labem	1,220	900	2,120
General teaching hospital Prague 2	detoxification	Prague	7,020	4,045	11,065
Teaching hospital Ostrava	detoxification	Ostrava	100	290	390
mental hospital Havlíckuv Brod	treatment	Jihlava	980		980
Teaching hospital Hradec Králové	treatment	Hradec Králové	5,135	3,855	8,990
Regional Hygiene Station Pilsen	SED	Pilsen	50		50
Regional Hygiene Station of Central Bohemia - Prevcentrum	SED	Central Bohemia	50		50
Regional Hygiene Station of Eastern Bohemia region	SED	Hradec Králové	50		50
Regional Hygiene Station of Southern Bohemia region	SED	Southern Bohemia	50		50
Regional Hygiene Station Brno	SED	Brno	50		50
Hygiene Station of Capital Prague	SED	Prague	500		500
PK Teaching hospital Olomouc	detoxification	Olomouc	407		407
<b>SUBTOTAL</b>			<b>40,934</b>	<b>18,124</b>	<b>59,058</b>

mental hospital Bohnice			10,000	10,000
Completion of the "Kanárek" movie			500	500
Program-related expenditures			947	947
<b>TOTAL</b>			<b>42,381</b>	<b>28,124</b>
				<b>70,505</b>

Appendix 2: Current subsidies of Ministry of Labour and Social Affairs determined for drug policy of civic associations and humanitarian organizations in the year 1999

Name of association/organization	Category	Region	Drawn down by December 31, 1999 (CZK thousands)	Project name
civic association Drug out Club Ústí nad Labem	outreach center	Ústí nad Labem	664	Outreach center for drug addicts 1999
Exodus – Association of Christian help to young people in crisis	therapeuticcommunity	Prague	623	Alternative home for adolescents in crisis 1999
civic association Pro péči a rodiny záv. Prague	ambulance	Prague	111	Therapy of persons and families addicted to addictive substances
civic association SANANIM	after-care program	Prague	1 065	After-care center with sheltered housing and shelter workshop
civic association SANANIM	outreach center	Prague	1 887	Outreach center
civic association SANANIM	therapeuticcommunity	Prague	976	Therapeutic community Karlov
civic association SANANIM	therapeuticcommunity	Prague	2 305	Therapeutic community Nemcice
civic association SANANIM	field program	Prague	595	SANANIM field programs
Exodus	outreach center	Prague	1 466	Operation of multi-purpose house Exodus
„Podané ruce“ civic association	outreach center	Olomouc	507	Outreach center for drug users in Olomouc
„Podané ruce“ civic association	outreach center	Olomouc	558	Program of outreach center Drug Azyl
„Podané ruce“ civic association	outreach center	Olomouc	1 054	Resocialization facility "Podcestrný mlýn"
„Podané ruce“ civic association	outreach center	Olomouc	1 071	Day-care center "Nexilis"
„Podané ruce“ civic association	outreach center	Olomouc	454	After-care facility
„Podané ruce“ civic association	outreach center	Olomouc	102	Co-educated therapeutic community "Esperanza"
civic association Sananim Olomouc	after-care program	Olomouc	890	P-Center
civic association ESET-HELP Prague	outreach center	Prague	122	Consulting center for addicts and their families
civic association ESET-HELP Prague	outreach center	Prague	40	First contact station
Club "Hurá kamarád"	outreach center	Prague	110	Centrum AD – complex program for the year 1999
Elim – Christian association	therapeuticcommunity	Prague	208	REHACENTRUM Elim Hladná
Outreach center "Pod slunecníkem"	outreach center	Ostrava	300	Outreach center of crisis help for addicted clients in Opava
Arkáda – social and psychological center	outreach center	Southern Bohemia	280	Crisis and outreach center in Písek
Helianna	therapeuticcommunity	Central Bohemia	185	Therapeutic community Mukarov 1999
Advaita - civic association for rehabilitation of drug addicts	after-care program	Liberec	57	After-care for drug addicts in Liberec region

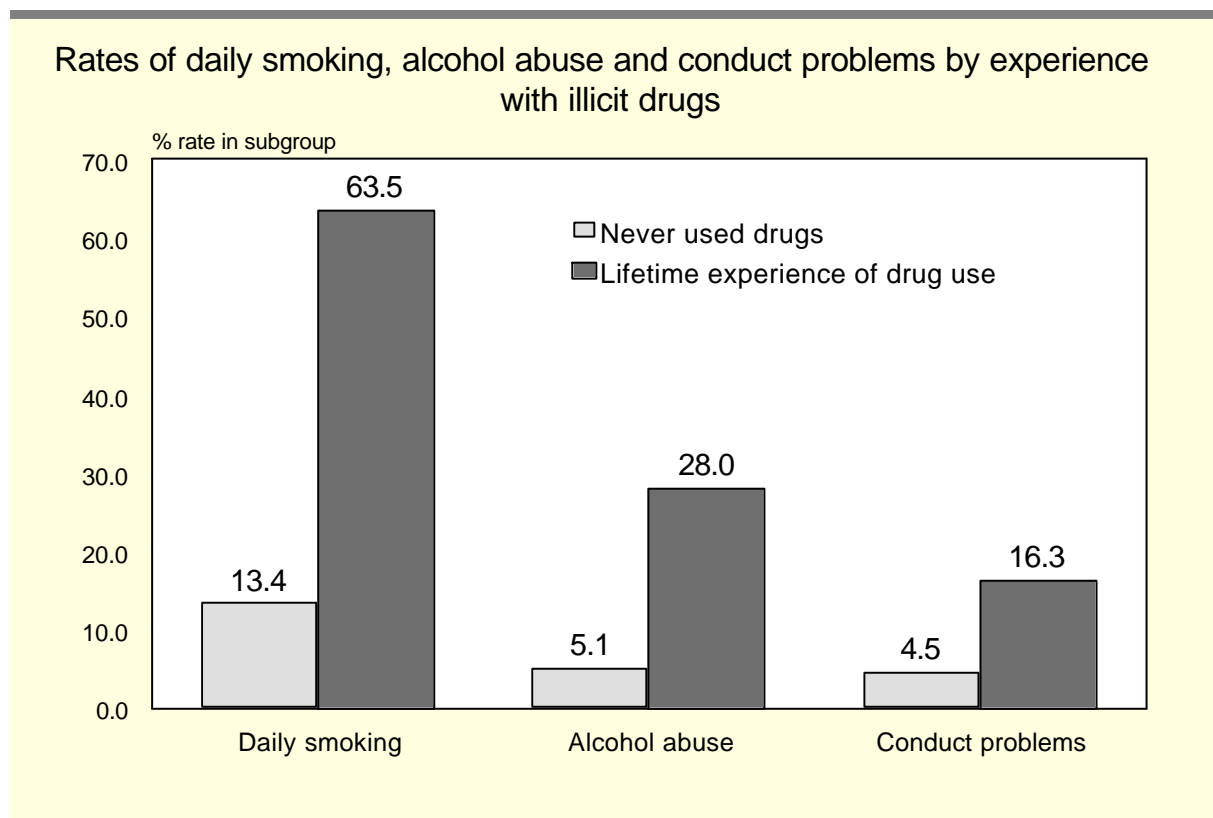
civic association Pastor Bonus Šumperk	therapeuticcommunity	Olomouc	82	Resocialization and post-resocialization center for drug addicts - Podlesí
Šance – resocialization institute institute	after -care program	Prague	153	Krok do života – sheltered housing
Daimonion	outreach center	Prague	111	Outreach center "HAUS"
Circle Of Live	after -care program	Prague	1 125	After-care, sheltered work programs and retraining
Czech Catholic Charity	outreach center	Prague	198	Outreach center
Czech Catholic Charity	outreach center	Prague	201	Drug addiction prevention center
Czech Catholic Charity	outreach center	Prague	334	Drug addiction prevention center
Czech Catholic Charity	outreach center	Prague	309	Drug addiction prevention center
Czech Catholic Charity	outreach center	Prague	414	Outreach center of drug addictions
Czech Catholic Charity	outreach center	Prague	230	Preventive center
Czech Catholic Charity	outreach center	Prague	236	Outreach center
Czech Catholic Charity	outreach center	Jihlava	89	Crisis and drug center D-STOP and leisure time club in Bystrice n.P.
Czech Catholic Charity	outreach center	Brno	96	Prevention center Kyjov
Czech Catholic Charity	outreach center	Brno	58	Outreach center Kyjov
Czech Catholic Charity	outreach center	Prague	366	Resocialization facility for addicted females and girls
<b>TOTAL</b>			<b>19 632</b>	

## 15 Drug and alcohol use among young people aged 12-18

The most important information on prevalence of drug use among adolescents were summarised elsewhere in this report (Chapter 2.2). In this part of the report we would like to discuss those **aspects of the problem that are necessary for better understanding of broader context of drug use in young people in this country.**

### 15.1 Relationships in use of "licit" and illicit drugs

**The consumption of alcohol in the Czech Republic is rather high and the attitudes of adult population toward excessive drinking may be characterised as tolerant.** No wonder that in such a milieu also the alcohol consumption of adolescents is relatively high. According to data from the already mentioned ESPAD study almost one in four (24%) boys of age 16 reports binge drinking and 10% of girls of same age do report the same behaviour. The overall alcohol consumption in this sample based on quantity by frequency calculation was estimated about 9.8 litres of pure ethanol, the figure which is identical with the official per capita consumption of the country in the given year. Further analyses of associations between prevalence of drug use and specific risky behaviours were concordant with the generally accepted knowledge that risk behaviours are closely interrelated. Figures presented on Picture 15-1 show that the percentages of daily smokers, alcohol misusers and kids with behavioural problems are much higher than those in youth who never used illicit drugs.



Picture 15-1: Rates of daily smoking, alcohol abuse and conduct problem by experience with illicit drugs

### 15.2 Risk perceptions

The attitudes of young people may play a role in the extent of drug use in the society. Data available from the recent studies suggest, that Czech adolescents compared with their European counterparts are somewhat less aware of risks of drug use and also they are more tolerant to specific forms of addictive behaviours (see table 15-1).

Table 15-1: Attitudinal aspects concerning drug use

	Use of marijuana 1x or 2x	Use of LSD 1x or 2x	Use of amphetamines 1x or 2x	Use of ecstasy 1x or 2x
Perception of risks (% of answers in category <i>great risk</i> )				
Czech Rep	19	32	36	32
ESPAD average	43	53	50	53
Level of disapproval of use (% of answers in categories <i>disapprove</i> and <i>strongly disapprove</i> )				
Czech Rep.	46	69	74	67
ESPAD average	69	79	79	79

### 15.3 Drug use in school children

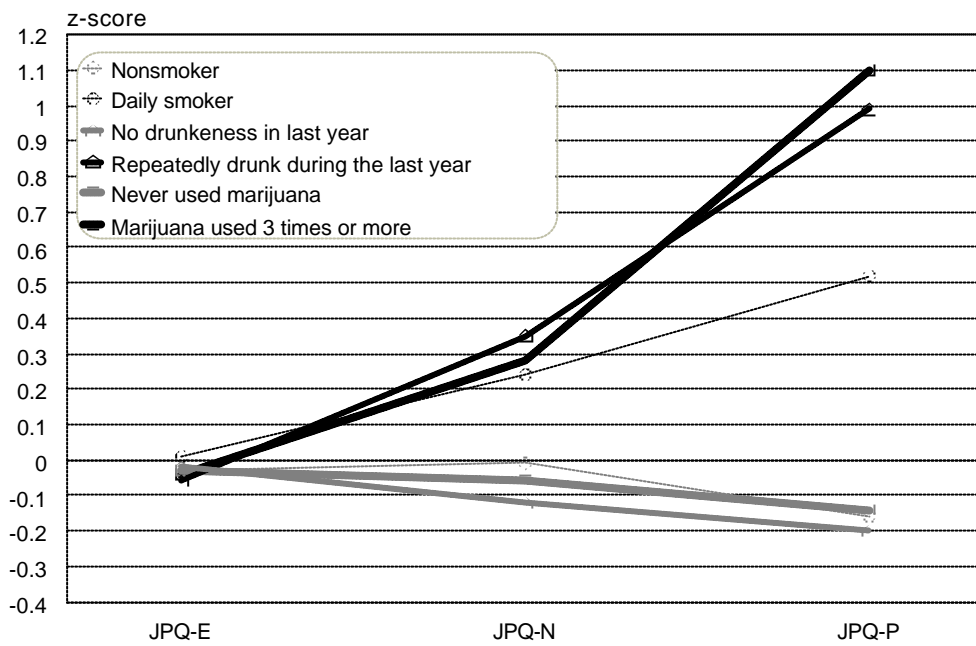
Despite no comprehensive survey specifically focused on general population of age 12 to 18 was performed as yet, we have some information about drug use in the group of younger adolescents (age 13-15) from a study recently done in a framework of programmes of health promotion *Influencing attitudes against use of drugs and other addictive substances (Research report 2001)*. The overall extent of drug use in the studied sample was low with exception of the use of marijuana. Cannabis use was reported by 17.7% of pupils at the beginning of the study (1999) and remained practically the same in the end in 2001 (15.4%). The results of this study were more interesting from different point of view. Sociological survey on the beginning and at the end of the project was carried out in a same way in three districts, but only in one of them were during the study period implemented preventative actions (followed the principles of community based prevention). **The results of measurement pre and post favoured the district where prevention was delivered compared to other two.** Outcome of the study may support those who believe in positive effects of complex community based prevention programmes.

Beside this the study brought other findings not very often tested in the country. One of those is the exploration of relationships between personality characteristics measured by standardised version of Eysenck Personality Questionnaire and specific forms of risk behaviour. **The results of these analyses underline presence of significantly higher level of emotional instability and behavioural disinhibition in children who reported risky addictive behaviour** (see Picture 15-2).

### 15.4 Recent qualitative research

As in Europe, the qualitative studies are more and more popular also in the Czech Republic. Two recently published studies were focused on substance use in adolescents. In the first study Zuda (2001) focused on young long term heroin users in Prague. Essential on his study is that he tried not only to describe more in depth the life and habits of heroin users, but also contribute to **better understanding of those stages in life that may be important for help seeking and looking for treatment**. Miovský and Záborský (2001a) published a study in which qualitative methodology has been applied in the sample of drug users and a sample of professionals from various facilities serving drug users. The goal of the study was to obtain information on how the amendment of drug law affected the life of drug users and work of the services. Both these studies represent an important contribution to knowledge based on data from quantitative studies or from standard monitoring approaches.

### Personality dimensions and specific forms of addictive behaviours



Picture 15-2: Personality dimensions and specific forms of addictive behaviours

## 16 Social exclusion and re-integration

With the exception of the Czech part of international study made by Grund et al (2000) and quoted extensively in the last Czech Annual Report for EMCDDA no further information is available.

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## List of Used Abbreviations

**A.N.O.** – Asociace nestátních organizací zabývajících se prevencí a léčbou drogových závislostí (Association of Non-Governmental Organizations Dealing with Prevention and Treatment of Drug Addictions)

**CVVM** – Centrum pro výzkum veřejného mínění Sociologického ústavu Akademie věd ČR (Public Opinion Poll Center of the Institute of Sociology of the Academy of Science of the Czech Republic)

**CSÚ** – Český statistický úřad (Czech Statistical Office)

**EMCDDA** – Evropské monitorovací středisko pro drogy a závislosti (European Monitoring Centre for Drugs and Drug Addictions)

**ESPAD** – „European School Survey Project on Alcohol and Other Drugs“

**EU** – Evropská unie (European Union)

**GRVS** – Generální ředitelství Vezenské služby ČR (General Directorate of the Prison Service of the Czech Republic)

**HMP** – hlavní město Praha (Capital Prague)

**HS HMP** – Hygienická stanice hlavního města Prahy (Hygiene Station of Capital Prague)

**HR A.N.O.** – odborná sekce Harm Reduction Asociace nestátních organizací zabývajících se prevencí a léčbou drogových závislostí (Harm reduction section of the Association of Non-Governmental Organizations dealing with prevention and treatment of drug addictions)

**IUD** – injekční uživatel drog (injection user of drugs)

**MAD** – školní průzkum „Mládež A Drogy“ (school survey Youth and Drugs)

**MPK** – Meziresortní protidrogová komise (National Drug Commission); a counseling, initiation and coordination body of the government. It consists of the Chairman – Prime Minister, executive vicechairman - Minister without Portfolio, and ministers of the appropriate ministries – Ministry of

Health, Ministry of Education, Youth and Physical Education, Ministry of Labour and Social Affairs, Ministry of the Interior, Ministry of Justice, and Ministry of Defense. In the periods between meetings, the Secretariat of the National Drug Commission ensure operations of the National Drug Commission.

**MPSV** – Ministerstvo práce a sociálních věcí (Ministry of Labour and Social Affairs)

**MŠMT** – Ministerstvo mládeže, školství a tělovýchovy (Ministry of Education, Youth and Physical Education)

**MV** – Ministerstvo vnitra (Ministry of the Interior)

**MZ** – Ministerstvo zdravotnictví (Ministry of Health)

**NEAD** – školní průzkum „NEAlkoholové Drogy“ (school survey “Nonalcoholic Drugs”)

**NMS** - Národní monitorovací středisko pro drogy a drogové závislosti (v ČR) (Czech National Focal Point for Drugs and Drug Addictions)

**NNO** (also **NGO**) – nestátní neziskové organizace (non-governmental non-profit-making organizations)

**NPDC** – Národní protidrogová centrála služby kriminální policie a vyšetřování Policie ČR (National Drug Squad of the Service of Criminal Police and Investigation of the Police of the Czech Republic)

**NSZ** – Nejvyšší státní zastupitelství ČR (Office of the Supreme Prosecutor)

**PAD** – Impact Analysis Project of New Drugs Legislation in the Czech Republic – a significant study conducted in the years 1999 – 2001; the main objective was to evaluate practical impacts of introduction of penalties for possession of illicit drugs for personal use

**PDO GRC** – Protidrogové oddělení Odboru boje proti podloudnictví Generálního ředitelství cel (Drug Department of the Department of Combating Smuggling of the General Customs Headquarters)

**PMS** – Probacní a mediacní služba (Probation and Mediation Service)

**SLNN CLS JEP** – Společnost pro léčení návykových nemocí České lékařské společnosti Jana Evangelisty Purkyne (Czech Medical Association of Jan Evangelista Purkyne – Association for Addictive Diseases)

**SSLST CLS JEP** – Společnost soudního lékařství a soudní toxikologie České lékařské společnosti Jana Evangelisty Purkyne (Professional Association of Forensic Medicine and Toxicology of the Czech Medical Association of Jan Evangelista Purkyne)

**TR**– trestní rád (Code of Criminal Procedure)

**TZ**– trestní zákon (Criminal Code)

**VHB, VHC** – viral hepatitis B, viral hepatitis

## Internet Resources

The following overview provides unsorted links to pages about drug issues.

By no means this is a list of “recommended web pages”; there is a large spectrum of content and opinions of web operators: from law enforcement and other governmental institutions to research institutions, Internet counseling, preventive pages, webs of users of the so-called soft drugs, cannabis growers, propagators of legislative changes. In addition, there web pages that were apparently written by mentally disturbed individuals.

We present web pages found by means of search machines after entry of key words in primary Internet domain CZ; then, there are thematic presentations in Czech language placed in commonly available freemail servers. **However, a detailed analysis and critical evaluation of these web pages exceeds the scope and the purpose of this publication.**

### - SEX - AIDS -

<http://www.sex-aids.cz/>

### -: Travicka.zde.cz :-

<http://mujweb.cz/www/travaatd/>

### .DROGMEM.

<http://www.drogmem.cz/>

### abraka

<http://www.abraka.cz>

### Adiktologie

<http://www.adiktologie.cz/>

### anotheReason

<http://lsd.kgb.cz/>

### Antidopingový výbor České Republiky

<http://www.antidoping.cz/>

### Antinaivistická drogová stránka

<http://www.nazor.cz/drogy.htm>

### Bacha! Drogy.

<http://www.bachadrogy.cz/>

### canabisweb

<http://members.tripod.com/~xb1/cana.html>

### Czech Techno - Represe

<http://www.techno.cz/represe/>

### drogy.jinak.cz

<http://drogy.jinak.cz/>

### Domovská stránka Viktora Vereše

<http://www.veres.cz/>

### Drogy Informacni Server (Sananim)

<http://www.sananim.cz/>

### Drogy

<http://www.mujweb.cz/www/jpdepot/danger/drugs.htm>

### drogy & pocítace

<http://www.geocities.com/TimesSquare/Tower/5190/drogy.html>

### Drogy - tráva

<http://bimbo.fjfi.cvut.cz/~sokolovs/drogy.htm>

### Drogy and závislosti, léčení z drog

<http://www.mujweb.cz/web/sokolovs/DROGY2.HTM>

### Drogy neeee!

<http://no-drog.hyperlink.cz/index2.htm>

### Entheogeny

<http://entheogeny.jinak.cz/meni.htm>

**Ecstasy.cz**

<http://www.ecstasy.cz/>

**Encyklopedie psychotropních rostlin**

<http://www.biotox.cz/drogy/>

**GROWER.CZ**

<http://grower.cz/>

**Guild International s.r.o. - Program protidrogové prevence**

<http://www.guild.cz/drogy.htm>

**HIMÁLAJ - Realitou proti drogám**

<http://www.thegate.cz/himalaj/>

**<http://cannabis.fbi.cz/>**

<http://cannabis.fbi.cz/>

**<http://marihuana.webzdarma.cz/>**

<http://marihuana.webzdarma.cz/>

**<http://sweb.cz/xsecrets/drugs.htm>**

<http://sweb.cz/xsecrets/drugs.htm>

**<http://www.angelfire.com/in/freelife/piko.html>**

<http://www.angelfire.com/in/freelife/piko.html>

**<http://www.doktorka.cz/run/redsys/r-art.asp?id=34>**

<http://www.doktorka.cz/run/redsys/r-art.asp?id=34>

**<http://www.drogy.cz/>**

<http://www.drogy.cz/>

**<http://www.mujweb.cz/www/drogin/>**

<http://www.mujweb.cz/www/drogin/>

**<http://www.mujweb.cz/www/secretreality/>**

<http://www.mujweb.cz/www/secretreality/>

**<http://www.nazor.cz/drogy/>**

<http://www.nazor.cz/drogy/>

**<http://www.ohs-karvina.cz/>**

<http://www.ohs-karvina.cz/>

**<http://www.vlada.cz/1250/vrk/komise/mpk/mpk.htm>**

<http://www.vlada.cz/1250/vrk/komise/mpk/mpk.htm>

**index AIDS - HIV**

<http://www.aids-hiv.cz/>

**Jednicka proti drogám!**

<http://drogy-praha1.cz/>

**Johny's home page**

<http://www.spsselib.hiedu.cz/~xmastni/>

**Joint**

<http://www.joint.cz/>

**K O K and I N**

<http://www.angelfire.com/indie/coca/KOKA IN>

**K-centrum HB**

<http://www.kcentrumhb.cz/>

**K-centrumSRDÍCKO**

<http://www.volny.cz/drakos/>

**KONOPI JAKO LÉK - obsah publikace**

<http://www.konopa.cz/oblasti/medicina/1954/>

**Kontaktní and krizové centrum Kappa - Prerov**

<http://kkckappa.misto.cz/>

**Kontaktní centrum pro drogové závislé - Ústí nad Labem**

<http://www.minimax.cz/drugout/>

**KOUKAT**

<http://www.koukat.cz/>

**Kriminalistický ústav**

<http://www.mvcr.cz/policie/ku/index.html>

- Legalizace.cz**  
<http://www.legalizace.cz/>
- LSD, psychedelika - reality designer's homepage**  
<http://lsd.cz/>
- Luke Stealth's Smart DrugZ**  
<http://www.smartdrugs.cz/>
- Lysohlávky and jejich pestování**  
<http://www.geocities.com/SoHo/Cafe/3067/>
- Manu**  
<http://www.koukat.cz/joint.html>
- Metadonovy program Drop-In Praha**  
<http://www.methadone.cz/>
- Ministerstvo vnitra - casopis Policista 2/2000**  
<http://www.mvcr.cz/casopisy/policista/2000/0002/rous.html>
- MZCR - Odbor zdravotní péče - péče o drogově závislé and drogami ohrožené občany**  
<http://www.mzcr.cz/index.php3?kat=37>
- Neuropsychofarmakologie and prevence drogových závislostí**  
<http://www.lf3.cuni.cz/drogy/>
- New Page 2**  
<http://www.volny.cz/pruvodce/>
- Newton IT - Prehled tisku s tematikou drog**  
<http://imm.newtonit.cz/drogy.newton.cz.asp>
- nootropika kgb**  
<http://nootropika.kgb.cz/>
- Národní protidrogová centrála Policie CR**  
<http://www.mvcr.cz/policie/npdc.html>
- Odborný slovník drogových závislostí - CVUT**  
[http://www.cbmi.cvut.cz/slovník\\_odborny/slovník\\_odborny.htm](http://www.cbmi.cvut.cz/slovník_odborny/slovník_odborny.htm)
- Oficiální homepage casopisu Hondzik**  
<http://fly.to/hondzik>
- Pablova encyklopedie rostlinných drog**  
<http://pablohonej.hyperlink.cz/phws/>
- Podvýbor pro oblast drogové problematiky**  
<http://snemovna.cz/sqw/fsnem.sqw?id=575>
- Policista 7/98 (Ministerstvo vnitra)**  
<http://www.mvcr.cz/casopisy/policista/9807/index.html>
- Poradna DIXI Jihlava**  
<http://www.vysocina.cz/dixi/>
- Prev-Centrum - prevence drogových závislostí Praha**  
<http://www.volweb.cz/prevcent/>
- První česká stránka o Kava-Kava**  
<http://home.zf.jcu.cz/~dusakd00/>
- Rozcestník: »znamení doby«**  
[http://www.pravoslav.gts.cz/zn\\_doby.htm](http://www.pravoslav.gts.cz/zn_doby.htm)
- Sdružení Podané Ruce**  
<http://www.podaneruce.cz/cz/>
- Společenstvo Látkového Badatelství**  
<http://www.volny.cz/spolecenstvo/>
- Stránky proti drogám - www ERROR page**  
<http://no-drog.hyperlink.cz/>
- Státní zdravotní ústav**  
<http://www.szu.cz/>
- Svršek: drogová závislost**  
<http://natura.eridan.cz/natura/1998/5/9805-5.html>
- SYSTEM POMOCI PRO OHROŽENÉ DROGOU - Praha**  
<http://www.esethelp.cz/3.htm>
- Teen Challenge Czech Republic**

<http://www.teenchallenge.cz/>

**Terapeutická komunita pro drogově závislé Nova Ves**

<http://tkdz.hypermart.net/>

**Terapeutická komunita WHITE LIGHT I.**

<http://www.volny.cz/tkw1/>

**THC Club Olomouc**

<http://mujweb.cz/zabava/thcclub/>

**Vlastenecká Fronta proti drogám**

[http://www.vfronta.cz/vlastenecka\\_fronta\\_proti\\_drogam.htm](http://www.vfronta.cz/vlastenecka_fronta_proti_drogam.htm)

**Welcome to Ganja.virt pag**

<http://www.mujweb.cz/www/mad.maq/>

**Whoop site**

<http://whoop.hypermart.net/>

**WORD of drugs**

<http://drogy.satelit.cz/>

**WWW.SEEDS.CZ**

<http://allhighseeds.cz/>

**Ústav zdravotnických informací and statistiky**

<http://www.uzis.cz/>

**Útvar pro odhalování organizovaného zločinu**

<http://www.mvcr.cz/policie/zlocin.htm>