



Drug Situation in the Czech Republic in 2006 - Annual Report Summary

Zaostřeno na drogy – Special edition

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Toto číslo Zaostřeno na drogy je překladem čísla 5/2007

Main Trends in 2006

- Drug use in the general population has become stable and the first signs of a decrease have been identified.
- The estimated number of problem drug users has stabilised at approximately 30,000.
- An estimation of the number of problem drug users of buprenorphine (Subutex®) has been made for the first time – it reached nearly 4,500 persons.
- The prevalence of cocaine and its use has remained at a very low level in the Czech Republic.
- The number of (first) treatment demands has declined. The number of treated injecting drug users and those aged under 19 has also declined.
- The prevalence of infectious diseases (HIV, viral hepatitis B and C) among drug users has been stable, and no epidemic outbreak is taking place.
- The number of fatal drug overdoses has declined.
- There were no significant changes in drug-related crime or drug prices and drug purity.
- The number of needles and syringes distributed in exchange programmes has increased again.
- The number of patients in opiate substitution treatment has increased; however, little information is available about substitution treatment with Subutex®.
- The number of drug users tested for HIV and hepatitis viruses has declined again.
- There was an increase in the number of indirectly drug-related deaths (especially injuries and accidents, including traffic ones) with the presence of pervitin.

1 INSTITUTIONAL FRAMEWORK OF DRUG POLICY

The year 2006 was the second year of the implementation of the National Drug Policy Strategy for the period 2005 to 2009 and the last year of the subsequent Action Plan for the Implementation of the National Drug Policy Strategy for the

The Council of the Government for Drug Policy Coordination (CGDPC) is the main initiating, counselling, and coordinating body of the government for drug-related issues. Ministers from appropriate ministries are members of the council. In July 2007, it was enlarged by the addition of the minister for the field of human rights and national minorities, who became the vice-chairman of the Council of the Government for Drug Policy Coordination on the basis of the statute, and also by representatives of the Association of the Regions of the Czech Republic, the Czech Medical Association of J. E. Purkyně – Association for Addictive Diseases, and non-governmental organisations dealing with the prevention and treatment of drug addictions. On the other hand, the Minister of Industry and Trade ceased to be a member of the Council. A new Committee of Representatives of Regions of the Council of the Government for Drug Policy Coordination was established. The function of the executive vice-chairman of the Council of the Government for Drug Policy Coordination was defined anew – he/she is nominated by the chairman of the Council of the Government for Drug Policy Coordination, and he/she no longer needs to be a member of the government.

period 2005 to 2006. Regional drug policy strategies, which have been drawn up in all regions except the Pilsen region, are derived from the national strategy.

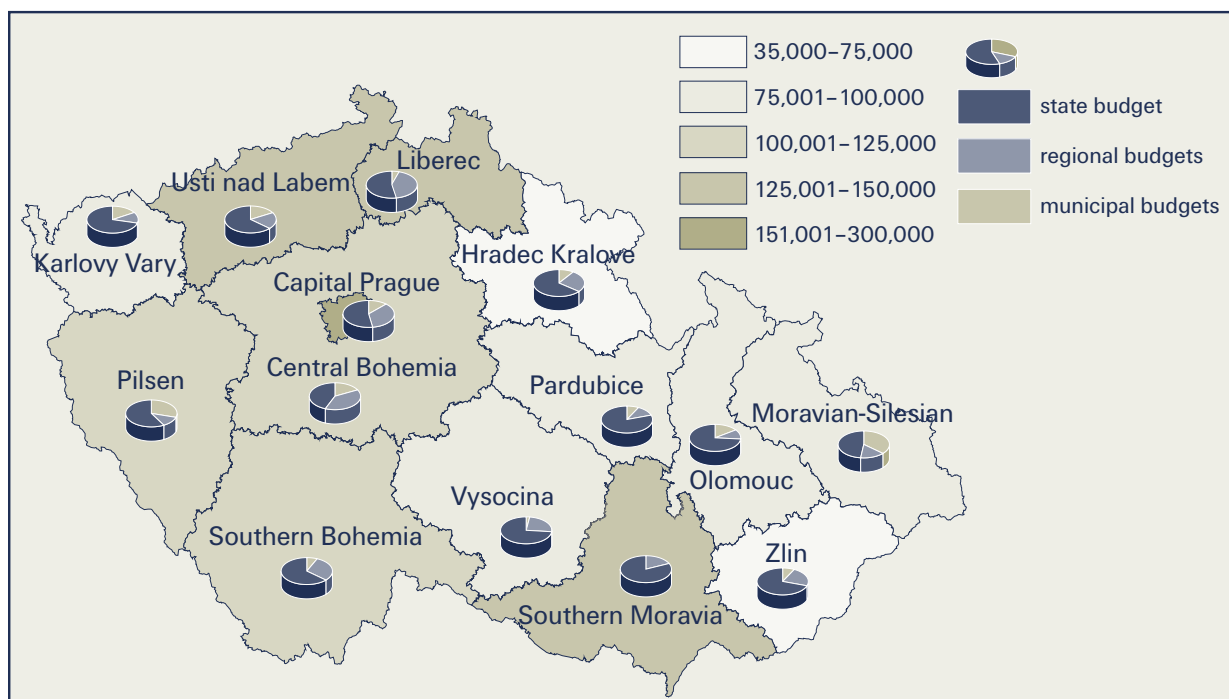
Labelled drug-related expenditures amounted to € 17,869 thousand in 2006; € 12,821 thousand were spent from the state budget, € 3,349 thousand from regional budgets, and € 1,699 thousand from municipal budgets. In comparison with 2005, state drug-related expenditures increased by approximately € 670 thousand; on the other hand, the volume of financial resources provided by regions decreased by approximately € 194 thousand. An overview of public expenditures for the implementation of drug policy programmes by regions is given in Map 1.

Table 1 shows the trends in expenditures from the state budgets by ministries since 2002; apparently, in 2006 the expenditures from the budget of the Ministry of Health decreased markedly, while the expenditures from the budget of the General Customs Headquarters increased markedly.

The most significant system changes in the drug policy in 2006 involved:

- Adoption of Act 108/2006 Coll. on social services, which defines basic types of social services for drug users. The act mentions drug users as a target group of some types of social prevention: low-threshold centres, outreach programmes, therapeutic communities, and aftercare services.
- Launch of the system of Certification of Professional Competency of Services of programmes providing specific primary prevention.

MAP 1: Drug-related expenditures from state and local budgets in regions of the Czech Republic in 2006 (€ per 100,000 inhabitants)



Note: Data from municipal budgets are not available for the Southern Moravia region.

TABLE 1: Drug-related expenditures from state budget in 2002–2006 by ministries/departments (€ thousand*)

Department	2002	2003	2004	2005	2006
CGDPC	3,242	3,664	3,549	3,728	3,838
Ministry of Health	908	778	934	1,181	635
Ministry of Education	335	329	356	331	381
Ministry of Labour and Social Affairs	1,240	1,562	1,490	1,625	1,753
General Customs Headquarters	969	796	328	512	829
Ministry of Justice	340	497	481	1,296	1,455
Ministry of Defence	140	166	123	140	172
National Drug Squad **	n.a.	3,395	3,051	3,351	3,757
Total	7,176	11,187	10,312	12,163	12,821

Note: * 2006 average €-CZK exchange rate has been used for re-calculation in 2002–2005. ** The expenditures of the National Drug Squad in 2003–2005 only involve the so-called common expenditures.

2 DRUG USE AND ITS CONSEQUENCES

2/1 Drug Use in General Population

No survey focusing on drug use in the general population was carried out in 2006. According to 2002 and 2004 surveys, approximately 20% of the general population have tried an illicit drug, and the results suggest that the increasing trends from the previous decade have stopped or been reversed, even as far as cannabis is concerned, and this is also true among the group of young adults aged under 35.

This favourable trend is also confirmed by the results of the 2006 Health Behaviour in School-aged Children (HBSC) survey among 15-year-old pupils of the ninth grades of elementary schools, which show a decline in their levels of lifetime and current use of all illicit drugs monitored, including cannabis

and ecstasy; the only increase reported was for inhalants – see Figure 1.

It is estimated that approximately 2.6% of the adult population use cannabis at least once a week.

2/2 Problem Drug Use

It is estimated that there are 30,200 problem drug users in the Czech Republic; 19,700 of them are users of pervitin and 10,500 users of opiates, and it is estimated that there are 29,000 injecting drug users. The estimated number of problem drug users has been stable since 2003 – see Table 2. An estimate of the number of problem users of Subutex® has been carried out for the first time reaching 4,300 persons. The problem use of

FIGURE 1: Trends in prevalence of substance use in pupils aged 15 between 2002 and 2006 (%)

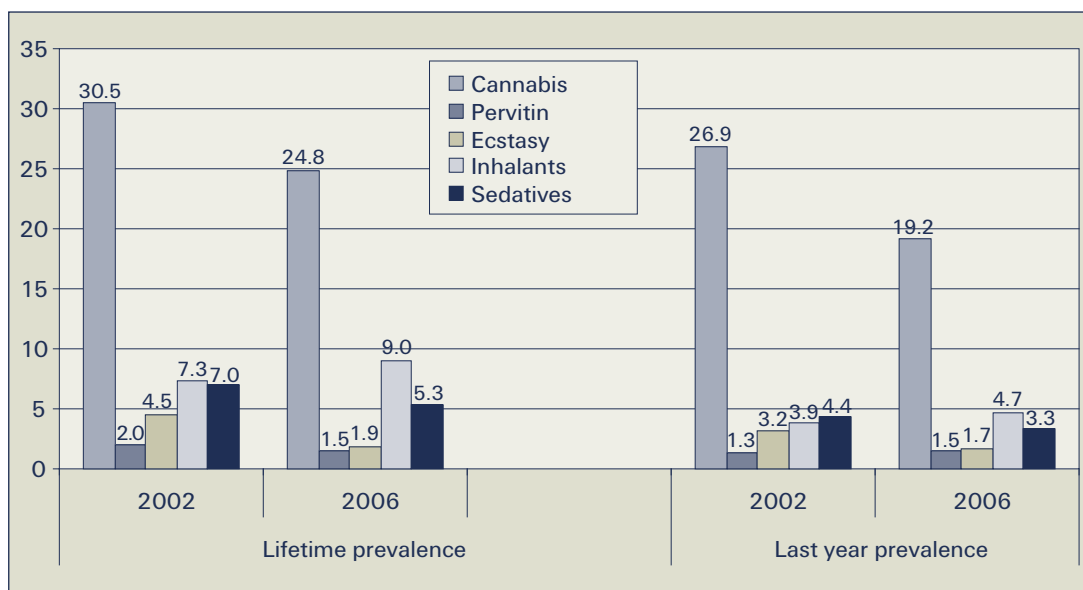
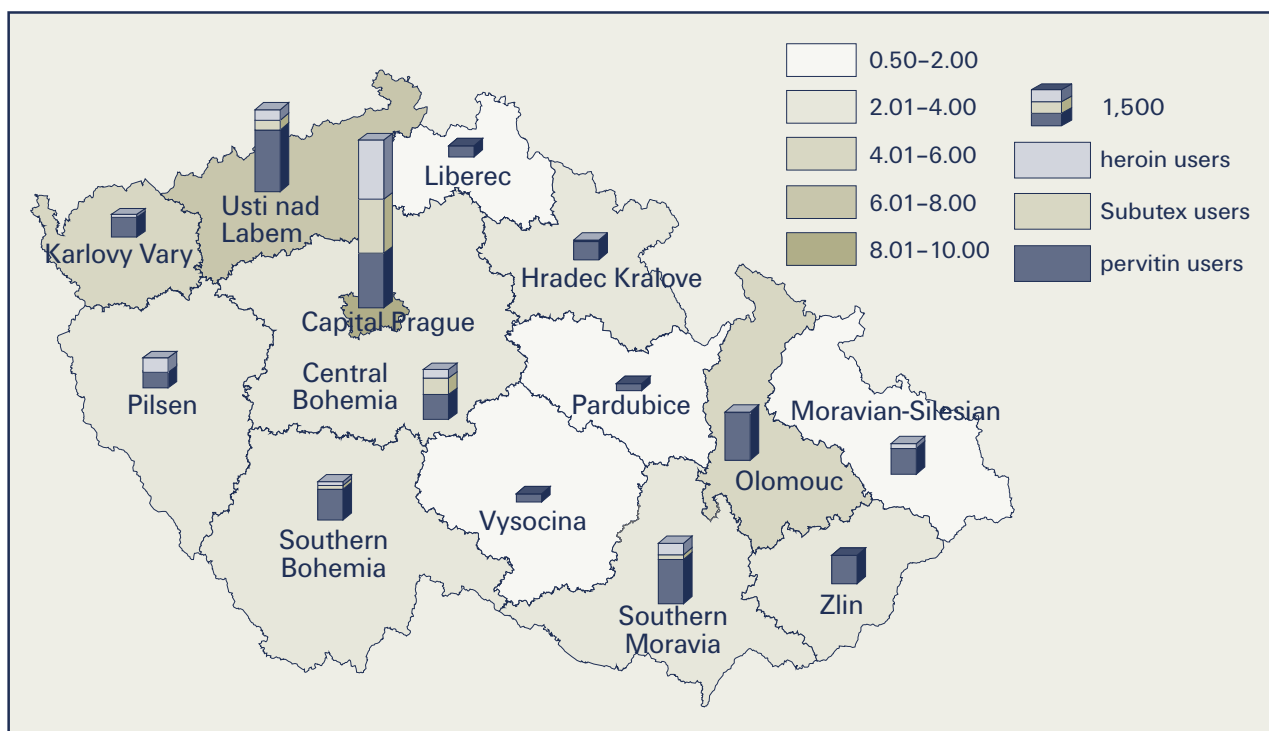


TABLE 2: Trends in problem drug use prevalence estimates carried out using a multiplication method with the use of data from low-threshold programmes in 2002-2006

Year	Total number of problem users		Number of opiate users		Number of pervitin users		Number of injecting drug users	
	Abs.	Per 1,000 inhabitants aged 15-64	Abs.	Per 1,000 inhabitants aged 15-64	Abs.	Per 1,000 inhabitants aged 15-64	Abs.	Per 1,000 inhabitants aged 15-64
2002	35,100	4.89	13,300	1.85	21,800	3.04	31,700	4.41
2003	29,000	4.02	10,200	1.41	18,800	2.61	27,800	3.86
2004	30,000	4.14	9,700	1.34	20,300	2.80	27,000	3.73
2005	31,800	4.37	11,300	1.55	20,500	2.82	29,800	4.10
2006	30,200	4.13	10,500	1.44	19,700	2.69	29,000	3.97

MAP 2: Number of problem drug users per 1,000 inhabitants aged 15-64 and the number of problem users of opiates and pervitin in regions of the Czech Republic in 2006



Subutex® is especially prevalent in Prague, Central Bohemia, and Usti nad Labem regions, where it is replacing heroin use – see Map 2.

2/3 Characteristics of Drug Users in Treatment

According to the Treatment Demand Register, which is administered by the Hygiene Service, 8,366 drug users demanded treatment in 2006. This is 2% less than in 2005. 4,119 of them (i.e. 6% less than in 2005) sought treatment for

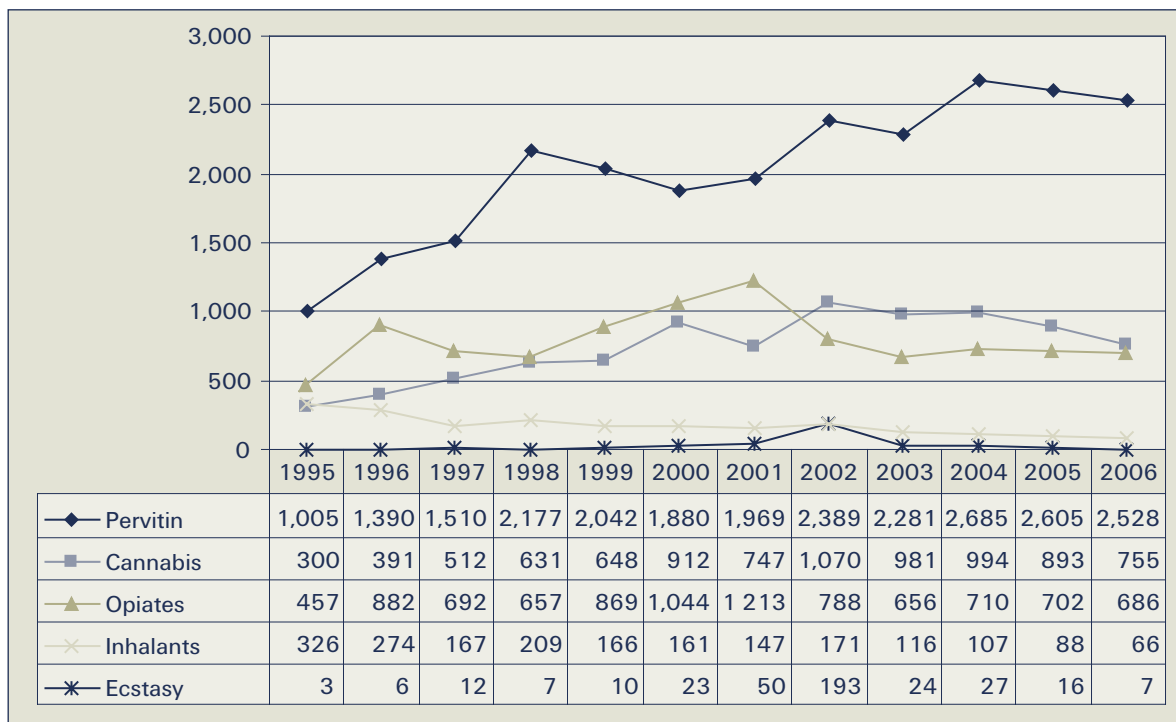
the first time. A decrease in first and all treatment demands took place with regard to all main types of drugs, with the exception of all treatment demands in relation to the use of pervitin.

The users of stimulants, mainly pervitin, were the most prevalent among all and first treatment demands (59% and 62%, respectively), followed by opiate users among all treatment demands (25%) and cannabis users among first treatment demands (18%). The order in frequency according to the drug used has remained the same since 2002 – see Figure 2.

The highest relative numbers of treatment demands were reported in Prague, Usti nad Labem, and Karlovy Vary regions. The users of stimulants, i.e. especially pervitin, represented the highest proportion in all regions (for the first time also in Prague). Opiate users were significantly represented in the Prague, Usti

nad Labem, Southern Bohemia and Central Bohemia regions; cannabis users were the most numerous among all treatment demands in the Vysocina and Central Bohemia regions – see Map 3.

FIGURE 2: First treatment demands by drug types in 1995–2006



MAP 3: All treatment demands by drug types and regions of the Czech Republic in 2006 per 100,000 inhabitants

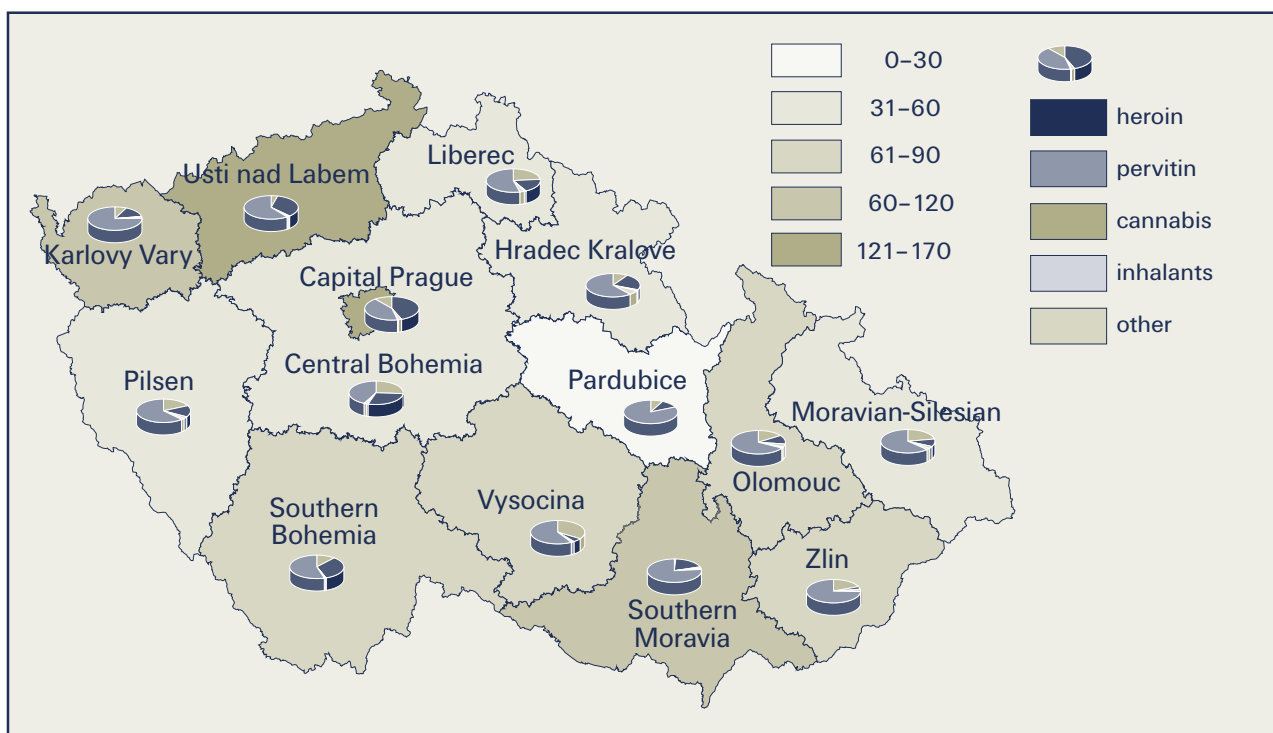
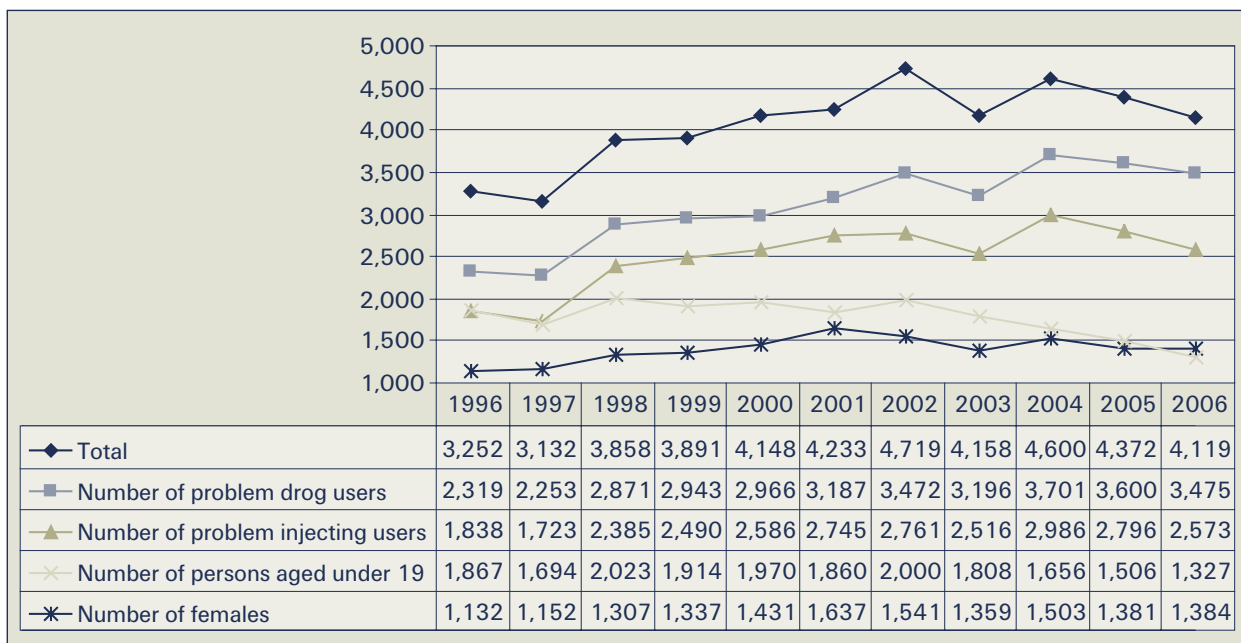


FIGURE 3: Selected characteristics of first drug-related treatment demands in 1996–2006



In 2006, the total number of all treatment demands involved 7,451 (i.e. 89%) problem drug users (opiates and pervitin users) and first treatment demands involved 3,475 (i.e. 84%) of them; their proportion has been increasing slightly over the years – to 84.4% among first treatment demands and 89.1% among all treatment demands. In the long term, women have represented approximately a third of the treatment demands. Their proportion is the highest in the 15–19 age group. The trends of selected characteristics among first treatment demands and all treatment demands are given in Figure 3.

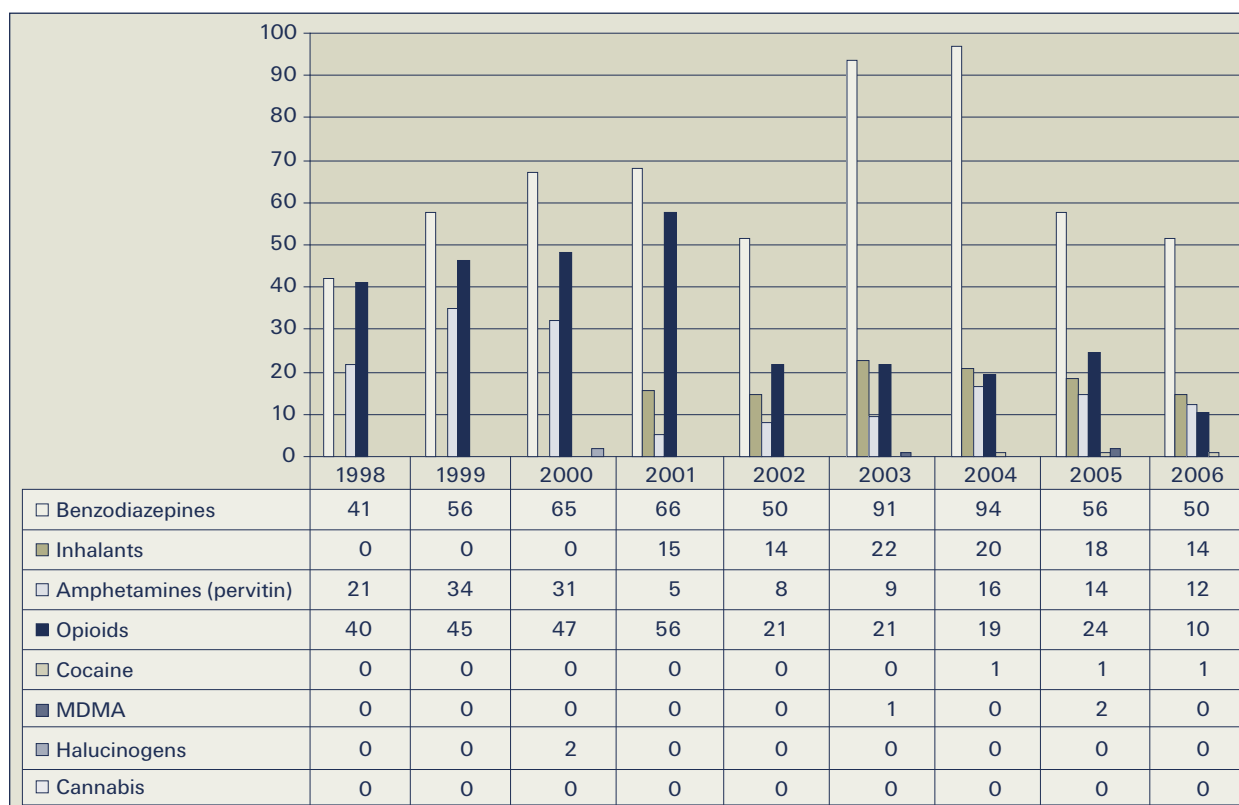
2/4 Drug-Related Deaths

Altogether 37 overdoses on illicit drugs were detected in 2006 (a marked decrease compared to 59 cases in 2005) – see Figure 4. The decrease involved the users of opiates (10 cases) and inhalants (14 cases, 2 of them attributable to lighter gas), as well as pervitin (12 cases). Furthermore, one fatal overdose on cocaine was reported. No death with the presence of methadone or buprenorphine was identified. MDMA was found in one case in combination with pervitin (the case was classified as a pervitin overdose). 170 overdoses on psychoactive medicaments were reported, 50 of them on benzodiazepines. Furthermore, 145 (151 in 2005) indirect drug-related deaths (i.e. deaths with the presence of drugs due to other causes than overdose) were identified in 2006; 4 of them were due to illness, 69 accidents, 64 suicides, 5 manslaughters or murders, and 3 deaths were due to other reasons. Pervitin was identified the most commonly, altogether in 42 cases (29%) (a marked increase from 19 cases in 2004).

Drugs and Deceased Victims of Traffic Accidents

A total of 2,143 deceased victims of traffic accidents were tested toxicologically in thirteen forensic medicine departments in 2003-2006. Alcohol (ethanol) was the most commonly found drug among the deceased victims of traffic accidents; a trend of a decline in the proportion of positive findings of alcohol from 40.1% to 30.4% was observed in 2003-2005, but it increased again to 37.5% in 2006. In 2006, drugs other than ethanol were detected in 11% of tested deceased victims of traffic accidents. The proportion of positive findings increased as regards pervitin (4.6% of those examined) and THC (7.2%), the values were higher than those found for benzodiazepines (3.1%), for the first time ever.

FIGURE 4: Fatal drug overdoses in 1998–2006



2/5 Drug-Related Infectious Diseases

HIV prevalence among injecting drug users continues to be at a nearly zero level. In 2006, one of 1,406 HIV tests of injecting drug users registered by the National Reference Laboratory was positive, and all of the 728 HIV tests of injecting drug users in low-threshold facilities were negative. 6 HIV positive persons, who could have been infected via injecting drug use, were newly diagnosed in 2006 (the same number as in 2005).

In 2006, the prevalence of hepatitis C virus among clients tested in low-threshold programmes reached an average of 16.0%; higher rates were reported in the Usti nad Labem (more than 20%) and Prague regions (more than 30%) – see Table 3. It should be mentioned that the tests have been more commonly carried out for younger clients who are infected to a lesser degree (and so the real prevalence rate is probably higher – approximately 35% of all clients of low-threshold centres according to available studies) – thus, the results of the monitoring of testing in low-threshold programmes reflect up to date situation in HCV transmission among injecting drug users.

The number of all newly reported cases of acute type B viral hepatitis (HBV) and also of those among injecting drug users declined again in 2006. The trend of new cases of type C viral hepatitis (HCV) is difficult to assess because a considerable number of cases from previous years were reported retrospectively. A long-term decline in the number of tests of injecting drug users for infectious diseases (HIV as well as HCV) represents an unfavourable trend.

TABLE 3: Results of HCV testing of injecting drug users in low-threshold facilities in 2006 by regions

Region	Number of centres carrying out HCV tests	Number of tests	Number of positive tests	Proportion of positive results (%)
Prague	1	105	35	33.3
Central Bohemia	1	27	3	11.1
Southern Bohemia	3	54	3	5.6
Pilsen	3	134	13	9.7
Karlovy Vary	0	–	–	–
Usti nad Labem	5	230	55	23.9
Liberec	1	34	0	0.0
Hradec Kralove	1	4	0	0.0
Pardubice	0	–	–	–
Vysocina	3	31	0	0.0
Southern Moravia	1	41	0	0.0
Olomouc	2	16	1	6.3
Zlin	1	11	0	0.0
Moravian-Silesian region	1	8	1	12.5
Total	23	695	111	16.0

3 PREVENTION, TREATMENT AND HARM REDUCTION

3/1 Universal (Primary) Prevention

The Minimum Preventive Programme is the basic tool for primary prevention in the Czech Republic. It is implemented in all elementary and secondary schools.

The situation in selective and indicated prevention (preventive activities focusing on specific vulnerable groups of children and young people in higher risk of drug use) has not been mapped sufficiently. In the Czech Republic, these programmes are supplied by NGOs or specialised institutions; the programmes especially focus on work with individuals and families.

The process of the certification of specific drug prevention programmes was launched in 2006. A certificate of professional competency can be awarded to a separate programme or a complex of programmes.

Eight facilities with 16 programmes had applied for certification by May 15, 2007; the programmes most commonly involved specific primary prevention programmes provided within the framework of school curricula (all 8 facilities), early intervention programmes (3 facilities), and educational programmes (2 facilities).

3/2 Treatment and Aftercare

A wide spectrum of interdisciplinary services with relatively high availability provides treatment and social reintegration in the Czech Republic – see the overview in Table 4.

The number drug users in outpatient treatment increased in 2006 in both health care facilities and outpatient units operated by NGOs. 385 outpatient health care facilities reported providing outpatient treatment to drug users in 2006 (17,921 drug users were in contact with them); however, most of these facilities do not involve the so-called AT clinics specialised in addiction treatment. The number and capacity of the AT clinics are not known accurately. 15 NGOs also supplied outpatient treatment in 2006 (18 in 2005); 2,428 illicit drug users used their services (1,743 in 2005).

The number of patients hospitalised in inpatient psychiatric facilities has been stable since 2004; 4,858 patients were hospitalised in 2006. There has been a long-term decline in the number of hospitalisations resulting from the use of opioids; it is most probably related to the development of substitution treatment in the Czech Republic since 2000 and the shifting of opiates (especially heroin) addicts from inpatient to outpatient care where substitution treatment is provided – see Figure 5. 451 clients were treated in residential therapeutic communities (491 in 2005). 124 clients completed their treatment successfully and the average length of successfully completed treatment was 309 days.

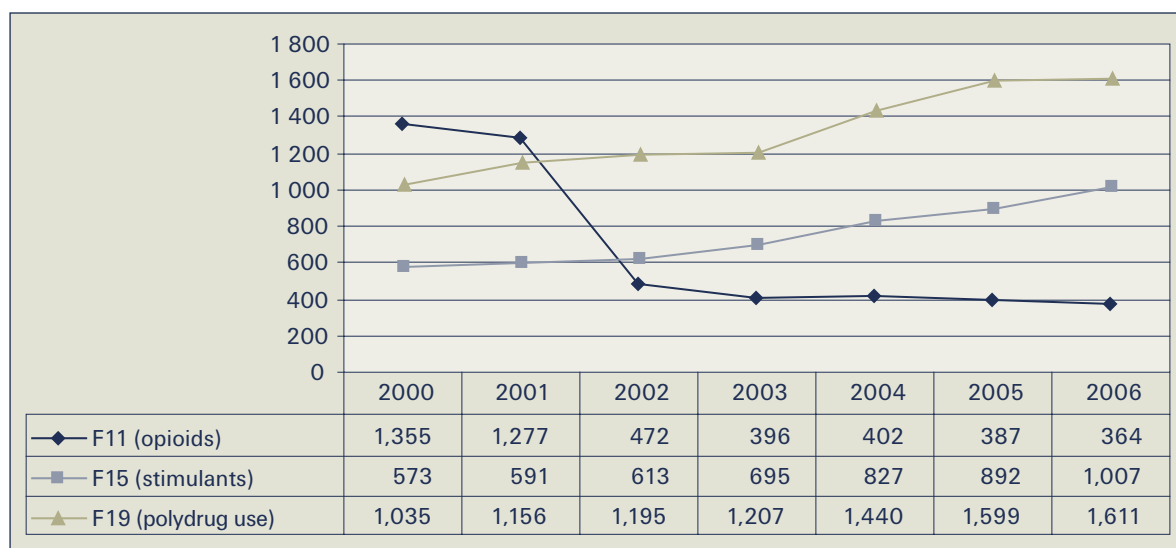
The number of patients who receive substitution treatment in specialised centres, as well as in the clinics of general practitioners and professional physicians who prescribe Subutex®, is increasing. However, Subutex® treatment is not completely registered in the Substitution Treatment Register,

TABLE 4: Treatment programmes supplying services to drug users in 2006

Programme type	Number	Capacity (places, beds)	Utilisation (number of persons)
Sobering-up stations	15	n.a.	n.a.
Detoxification units	19	n.a.	n.a.
Outpatient health care facilities	385	n.a.	17,921*
Day-care centres	1	10	41
Specialised substitution centres	14	n.a.	949
Psychiatric health resorts	17	9,442**	3,200
Psychiatric departments of hospitals	31	1,420**	1,629
Psychiatric health resorts for children	3	320**	29
Therapeutic communities	15	185***	451***
Aftercare programmes	18	365****	904
Inpatient departments specialising in treatment of children endangered by drug addiction (special education facilities)*****	5	66	104
Detoxification units in prisons	2	n. a.	172*****
Departments for differentiated serving of sentence	6	286	625
Departments for compulsory treatment in prisons	3	105	162

Note: * number of persons in the so-called live files, i.e. persons who have visited the facility at least once a year; ** number including all psychiatric beds; *** data from 12 communities only; **** data involve the capacity of intensive care programmes; ***** data from 2005.

FIGURE 5: Number of hospitalisations in psychiatric hospitals resulting from disorders caused by the use of opioids, stimulants, and polydrug use in 2000–2006



and so the number of health care facilities supplying treatment with Subutex® or the number of patients treated outside the specialised centres is unknown. 14 specialised substitution centres were registered in the Czech Republic in 2006; four of them were in Prague and two in a pilot project in prisons. Altogether, 949 persons were treated in these centres in 2006 (831 in 2005); 375 of them were treated with Subutex®; 11 inmates participated in the project of substitution treatment in prisons in 2006. The Prison Service of the Czech Republic regards the results satisfactory and beneficial for work with drug users in prison. Therefore, it can be expected that substitution treatment is going to be more widely available in prisons. 18 facilities subsidised by the CGDPC supplied aftercare in 2006; 8 of them supplied outpatient and intensive treatment, 8 only

intensive and 2 only outpatient aftercare. 13 facilities provided clients with sheltered housing and 5 with sheltered work. 904 clients used aftercare services (865 in 2005). 235 clients took advantage of sheltered housing, and 40 clients worked in sheltered work programmes (59 in 2005).

There was no marked year-on-year change in the capacity of treatment departments in prisons in 2006 (the number of persons in a treatment-educational programme in departments for differentiated execution of sentence increased from 523 in 2005 to 625 in 2006). In comparison with 2005, one new drug-free zone was opened, and the capacity increased to 1,837 beds in 2006 (1,606 in 2005). 3,343 inmates, i.e. 484 more than in 2005, were serving their sentences in drug-free zones in 2006.

TABLE 5: Clients of low-threshold facilities in 2002-2006, extrapolated to the total number of programmes in the Czech Republic

Indicator	2002	2003	2004	2005	2006
Number of low-threshold facilities	92	93	92	92	90
Number of drug users	n.a.	25,200	24,200	27,800	25,900
– injecting drug users	19,000	16,700	16,200	17,900	18,300
– pervitin users	12,900	11,300	12,200	12,300	12,100
– opiates users	8,000	6,100	6,000	6,800	6,900*
– cannabis users	3,400	5,500	4,100	3,600	2,700
– inhalants users	n.a.	705	560	470	450
Average age of drug users (years)	22.0	23.2	23.4	25.0	25.3
Total number of contacts/visits	290,000	315,000	317,900	403,900	322,900

Note: 4,000 heroin users and 2,900 Subutex® users thereof.

3/3 Harm Reduction

Altogether, 90 low-threshold facilities – drop-in centres and outreach programmes – were operating in the Czech Republic in 2006. It is estimated that approximately 25,900 drug users used the services of low-threshold facilities in 2006. The number of injecting drug users in contact with low-threshold facilities has been increasing since 2004. The structure of clients by gender and drugs used has remained stable in the long term; the average age of drug users has also been increasing in the long term, and it was 25.3 years in 2006 – see Table 5.

In comparison with the previous year, the number of injecting sets exchanged in exchange programmes increased markedly to 3.9 million pieces – see Table 6.

4 LAW ENFORCEMENT DATA

4/1 Drug-Related Crime

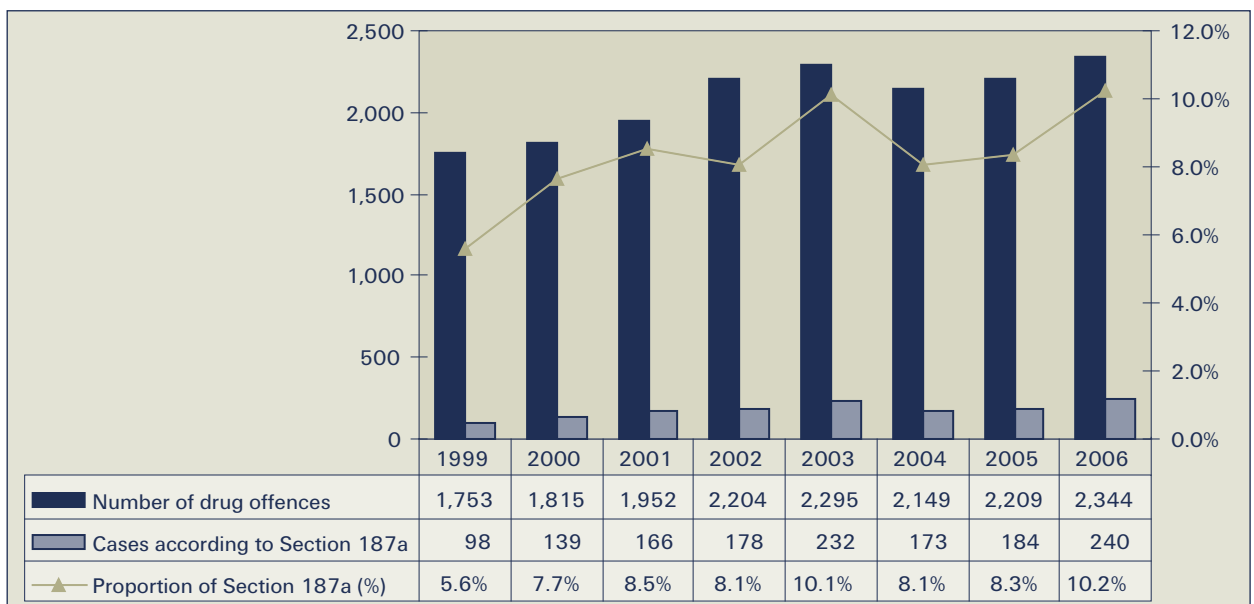
According to the statistics of the Ministry of the Interior, 2,344 persons were prosecuted in 2006, which confirms that the situation in the last three years has been stable. The proportion of offenders prosecuted for unauthorised drug possession for personal use (Section 187a of the Penal Code) out of the number of those prosecuted for all drug offences has been between 8 to 10% since 2001 – see Figure 6.

The highest number of drug offences involved pervitin – 1,293 (60%) cases. Cannabis (especially marijuana) was identified as the primary drug in 638 cases in 2006. A trend of an increase in the proportion of pervitin and a decline in the proportion of cannabis and other drugs, especially ecstasy, has been monitored in drug criminal offences in the last five years. Possession of drugs for personal use is prosecuted as a misdemeanour more commonly than as a criminal offence; altogether, 970 misdemeanours involving drug possession for personal use were detected in 2006 (according to Section 30, paragraph 1, letter j) of Act 200/1990 Coll. on misdemeanours). Based on a study of secondary drug crime, it is estimated that drug users committed 30% of detected and 21% of cleared-up criminal offences in 2006. They most commonly involve thefts – it is estimated that drug users committed approximately 66,000 (32%) of detected and 9,000 (26%) of cleared-up thefts. The structure of sentences imposed for drug-related criminal offences did not differ markedly in 2006 from the situation in previous years. A suspended sentence (53.6%) continues to be the most commonly imposed sentence for drug-related criminal offences. The proportion of prison sentences continues to be stable (29.9% of sentences imposed). Community service orders were imposed in 7.5% of the cases.

TABLE 6: Needle and syringe exchange programmes in the Czech Republic in 1998-2006

Year	Number of exchange programmes	Number of syringes and needles distributed
1998	42	486,600
1999	64	850,285
2000	80	1,152,334
2001	77	1,567,059
2002	88	1,469,224
2003	87	1,777,957
2004	86	2,355,536
2005	88	3,271,624
2006	90	3,868,880

FIGURE 6: Proportion of offenders prosecuted for possession of drugs for personal use (Section 187a TZ) among all offenders prosecuted for drug offences in 1999–2006

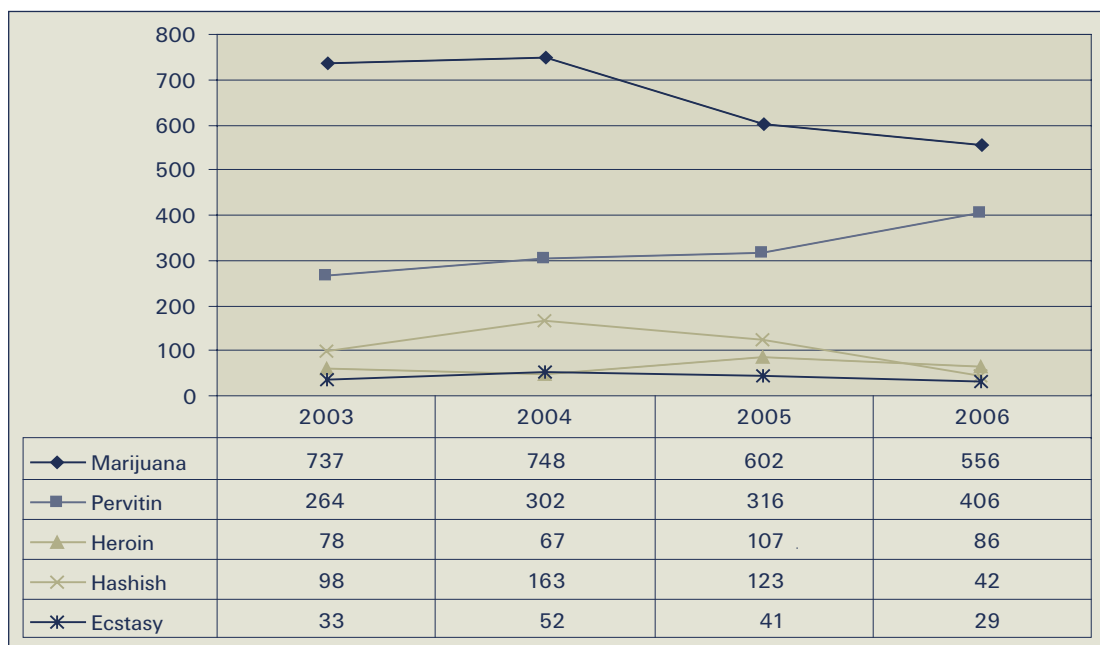


4/2 Drug Seizures, Drug Prices and Purity

Marijuana was the most commonly seized drug in 2006 (556 seizures). Neither the number nor the volume of seizures of this drug has changed markedly in comparison to 2005. Pervitin continues to be the second most commonly seized drug (406 seizures). The number of its seizures (especially of small quantities) increased in comparison to 2005, but the volume of the seizures remained at approximately the same level (5.2 kg in 2006).

During the last two years, the number of seizures of hashish declined considerably, and the number of seizures of heroin, ecstasy, cocaine, and LSD continues to be low – see Figure 7. The prices of drugs and their purity in the Czech Republic continue to be relatively stable, although the National Drug Squad reports signs of an actual decline in the prices of heroin, ecstasy, and hashish (these indicative data must be verified in the next years and also from other sources).

FIGURE 7: Number of seizures of selected drugs in 2003–2006



Three special chapters are included in the Annual Report every year. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) assigns the topics in collaboration with national monitoring centres.

Drug-Related Public Expenditures

The total volume of expenditures from public budgets (both labelled and non-labelled expenditures) for addressing drug-related issues in 2006 was estimated to be € 194.7 million (i.e. 0.17% of GDP in 2006), € 15.9 million (8.2%) of this was spent on drug demand reduction and € 178.8 million (91.8%) on drug supply reduction and law enforcement. When including the expenditures of health insurance companies, drug-related expenditures are estimated to be € 226.7 million (i.e. 0.20% of GDP in 2006), of which € 48.0 million, i.e. 21.2%, were the expenditures for drug demand reduction and treatment and € 178.8 million, i.e. 78.8%, those for drug supply reduction and law enforcement. The estimation was mostly based on routinely reported and previously published data, some of which were processed secondarily; the estimation is not the result of extensive research and is based on many assumptions. For these reasons, the final result must be regarded as for orientation purposes only.

Vulnerable Groups of Young People

No strategic document in the Czech Republic defines or lists the vulnerable groups of young people and children at risk of substance use. Some documents mention examples of the groups of children and juveniles with risky health, social or family predispositions. There is no complete or systematic overview of drug-related treatment or substance use and its consequences among these vulnerable groups – only partial data and the results of specific studies are available.

Several types of facilities deal with drug prevention, early interventions, and drug addiction treatment among vulnerable groups of young people and individuals – the chapter lists available information about the main ones.

Drug-Related Research

This chapter describes the situation in the field of drug research in the Czech Republic concerning the institutional and legislation background, support, and implementation in practice.

Year 2006: Summary of key information about drug use and its consequences in the Czech Republic – an overview of selected indicators



Indicator	Value
Number of problem drug users	30,200
Number of injecting drug users	29,000
Number of problem pervitin users	19,700
Number of problem opiate users	10,500
– Subutex® users thereof	4,300
Number of treatment demands (first treatment demands thereof)	8,366 (4,119)
Proportion of those aged under 19 among first treatment demands	32 %
Proportion of heroin users among first treatment demands	25 %
Proportion of pervitin users among first treatment demands	62 %
Proportion of cannabis users among first treatment demands	18 %
Proportion of problem drug users in contact with low-threshold programmes (Prague)	60 % (71 %)
HIV prevalence among injecting drug users	< 1 promile
HCV prevalence among tested clients of low-threshold programmes	16 %
Number of fatal overdoses on illicit drugs and inhalants	37
Number of offenders prosecuted for drug offences (Section 187–188a of the Penal Code)	2,344
– Proportion of offenders prosecuted for possession of drugs (Section 187a of the Penal Code)	8–10 %
– Proportion of offenders prosecuted in connection with heroin	5.4 %
– Proportion of offenders prosecuted in connection with pervitin	59.7 %
– Proportion of offenders prosecuted in connection with cannabis	29.5 %

Sources of information

This issue was drawn up on the basis of the annual report on 2006 drug situation [Mravčík, V., Chomynová, P., Orlíková, B., Škrdlantová, E., Trojáčková, A., Petroš, O., Vopravil, J., Vacek J. (2007). Annual Report: Czech Republic – 2006 Drug Situation. Prague: Office of the Government of the Czech Republic. ISBN 978-80-87041-23-9]. The references to individual sources information are mentioned in the annual report according to quoting standards.

Acknowledgments

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