Annual Report

The Czech Republic

2007 Drug Situation

CZECH NATIONAL MONITORING CENTRE FOR DRUGS AND DRUG ADDICTIONS
NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI

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2007 Drug Situation

Viktor Mravčík
Pavla Chomynová
Barbora Orlíková
Roman Pešek
Kateřina Škařupová
Eva Škrdlantová
Lenka Miovská
Hana Gajdošíková
Jiří Vopravil

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NATIONAL MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION
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Czech National Monitoring Centre for Drugs and Drug Addiction
Nábřeží E. Beneše 4, 118 01 Praha 1
Tel.: +420 296 153 222
http://www.drogy-info.cz

Editor: MUDr. Viktor Mravčík
Opponents: MUDr. Tomáš Zábranský, Ph.D. (entire report), Mgr. Ondřej Petroš (Chapters 8.3, 8.4, 9.2, 10 and 11)

Translated by: Mgr. Jiří Bareš, Mgr. David Fuchs and Vojtěch Častulík
English proofreading: Simon Gill, M.A.

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This Annual Report summarises information about the situation in the field of drug use and its consequences, in the fields of legislation, strategies, and drug policy coordination, and about interventions, especially in the areas of drug demand reduction, drug crime, and drug markets in the Czech Republic in 2007, as well as trends in the above-mentioned fields. When the latest data are available, it also refers to the current period in 2008. In the parts where the latest up-to-date or more detailed data were published in recent years, references have been made to the Annual Reports on the Drug Situation for the years 2002-2006 (Mravčík et al. 2003; Mravčík et al. 2004; Mravčík et al. 2005a; Mravčík et al. 2006; Mravčík et al. 2007a).

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SUMMARY

In July 2007, the Government Council for Drug Policy Coordination was enlarged. The Council, which is the government's main initiating, advisory, and coordinating body for drug issues, convened three times in 2007, one of these being in its enlarged format.

The National Drug Policy Strategy for the Period 2005 to 2009 is in force. In 2007 the Action Plan for the Implementation of the National Drug Policy Strategy for the Period 2007 to 2009 was adopted, and in April and June 2008 the Council considered the reports on the fulfilment of the tasks for 2007 and/or the ongoing tasks. In general, it was concluded that the tasks were fulfilled successfully.

In November 2007, the Drug Policy Action Plan of the Prison Service of the Czech Republic for the Period 2007-2009 was developed and in February 2008 the Government passed the Czech National HIV/AIDS Programme for the period 2008-2012, which concerns HIV/AIDS prevention and harm reduction among injecting drug users.

In September 2007 the Government updated the Rules for Granting Financial Resources from the State Budget on Drug Policy, which also define general conditions for proceedings involving drug policy subsidies from the state budget.

In 13 out of 14 regions the regional drug coordinators were appointed (the Moravian-Silesian region has not established this office). They make use of a network of drug coordinators in individual municipalities with extended competencies in their region. With the exception of the Pilsen region, all regions have drawn up a regional drug policy strategy. The local coordinators have been appointed in most of the municipalities with extended competencies.

In 2007 the Czech Government approved the bill for a new Penal Code and submitted it to the Parliament in February 2008. The bill includes significant changes in how to address illegal drugs. In particular, the changes concern the stipulation related to drug possession, where drugs are differentiated according to their social and health risks. A dramatic change would also be introduced by the new provision concerning the illegal cultivation of plants containing a narcotic or psychotropic substance. Accordingly, the growing of a small quantity of cannabis or mushrooms would be punished under the Misdemeanour Act in the future.

As opposed to the situation in the 1990s, when the public showed rather repressive viewpoints, both tolerance towards drug users and support for preventive measures are on the rise. Cannabis smoking is still considered as generally unacceptable behaviour. On the other hand, however, the number of people supporting the legalisation of cannabis has doubled for the past ten years.

Public expenditure on drug policy reached a level of CZK 557.6 million (€ 20,084 thousand) in 2007. This amount included CZK 367.0 million (€ 13,217 thousand) provided from the state budget, and the regions and municipalities contributed amounts of CZK 128.4 million (€ 4,624 thousand) and CZK 62.3 million (€ 2,243 thousand) respectively. In comparison to 2006, total expenses increased on all three levels; on the central level, there was a decrease in expenditure on the part of the Ministry of Defence and, in particular, the GCDPC and the Ministry of Justice. On the regional level, the expenditures especially declined in the Ústí nad Labem and Liberec regions, as well as in the Pilsen Region. Out of a total of CZK 557.6 million (€ 20,084 thousand), CZK 160.8 million (€ 5,792 thousand) (28.8%) was spent on law enforcement, CZK 152.6 million (€ 5,496 thousand) (27.4%) on treatment, CZK 141.0 million (€ 5,078 thousand) (25.3%) on harm reduction, CZK 48.7 million (€ 1,753 thousand) (8.7%) on primary prevention, and CZK 20.5 million (€ 739 thousand) (3.7%) on aftercare. Because of GDP and the total state expenses, expenditure on drug policy from the state budget has seen a relative decline in the past five years.

No general population survey focusing on the scope of drug use among the adult population was conducted in 2007; the Czech Republic participated in the ESPAD international school survey carried out among 16-year-old students. Approximately 20% of the adult population have had at least one experience with an illicit drug; the prevalence of experiences with drugs is higher among young people (approximately 35% of pupils in the last grades of basic schools and 45% of first-year secondary school students). The most commonly used illicit drugs include cannabis; basic school pupils show a relatively high level of experience with inhalants. Experience with opiates and cocaine on the part of the adult population, basic school pupils and students has stabilised at a very low level in the Czech Republic.

The ESPAD study confirmed the trend observed in the 2006 HBSC survey carried out among 15-year-old basic school pupils: the dramatic increase in experiences with drug use observed since the mid-1990s has stopped; the situation has stabilised in terms of cannabis, and a decline in the prevalence of experiences with other illicit drugs, including ecstasy and hallucinogenic mushrooms, has been observed.

A significant rise in cocaine use and a slight increase in pervitin consumption have recently occurred among dance party-goers. On the other hand, the latest prevalence of ecstasy use showed a drop, which confirmed the general trend in the population.

In 2007, the estimated number of problem drug users increased slightly to approximately 30.9 thousand, including approximately 20.9 thousand pervitin users and approximately 10 thousand opiate users (comprising 5.75 thousand and 4.25 thousand heroin and Subutex® users respectively). In comparison to the previous year, the central estimate of the number of problem opiate users (for both heroin and Subutex®) declined in 2007, while the estimate of the number of problem pervitin users rose. Approximately 29.5 thousand people, i.e. most opiate and pervitin users, inject drugs. It is estimated that the highest numbers of problem drug users are in Prague (10 thousand) and in the Ústí nad Labem region (4.1 thousand); at the same time, these areas also show the highest estimates of problem opiate users.

The number of drug users demanding treatment increased slightly in 2007. In particular, there was an increase in the number of pervitin users, as well as, to a certain degree, cannabis users, while opiate users' treatment demands declined. An increase in the number of injecting drug users was observed; however, the proportion of injecting users, as far as both pervitin and heroin are concerned, among first treatment demands continues to decline. The average age of users of all types of drugs is on the rise. The relative number of treatment demands was highest in Prague and the Ústí nad Labem and South Moravia regions. Pervitin was the most common primary drug among those demanding treatment in all the regions; traditionally, the highest rate of opiate users has been in Prague and the Ústí nad Labem and Central Bohemia regions.

HIV seroprevalence among injecting drug users remains far below 1%. However, 2007 saw a rise in the number of injecting users newly infected with HIV; in comparison to the annual incidence in the previous years, the number tripled. The prevalence of hepatitis C virus among injecting drug users tested in low-threshold programmes in 2007 was under 20%.

In February 2008 a study of the occurrence of infection among Russian-speaking injecting drug users in Prague was completed. The prevalence of all the infections under investigation significantly exceeds the level shown for Czech injecting drug users; HIV infection was detected in 3.5%, HCV in 83.1% and HBV in 53.3% of the people tested.

Since May 2008 there have been HAV epidemics among injecting drug users in Prague; while in 2007 five cases were reported in injecting drug users for the whole of the Czech Republic, between January and August 2008 there were 75 cases.

In 2007 the number of fatal overdoses on the main groups of street drugs which in the Czech Republic are traditionally involved in overdoses remained very low (fourteen cases of an overdose on opiates, eleven on pervitin and fourteen on inhalants); there was a slight increase as far as opiates are concerned, while pervitin and inhalants remained on the same level and almost on the same level respectively. Sporadic cases of overdoses involving ecstasy and cocaine have been reported in the last three years. One death with the presence of methadone occurred in 2007, but none with the presence of buprenorphine (Subutex®). As regards causes of death other than overdoses, in comparison to 2006, there was a decline in the number and proportion of positive findings of pervitin, but the frequency of positive tests for cannabis increased. As for deaths in traffic accidents, the rate of positive findings increased for benzodiazepines and decreased for pervitin and cannabis. In 2007, of the drivers killed in accidents, 5.8%, 5.8% and 4.5% respectively tested positive for these three most frequent non-alcoholic drugs.

In January 2008 the GCDPC set up a working group concerned with prevention and harm reduction in relation to drug use in the recreational setting. The outcome of its efforts is the pilot project Safer Party Tour 2008, carried out in July and August 2008 at major music and dance festivals.

A wide range of services with good accessibility provides harm reduction, treatment, and resocialisation to drug users in the Czech Republic. The network of low-threshold programmes has remained stable (in the past five years the rate of problem drug users maintaining contact with these agencies has risen from about 60% to about 70%). The network of inpatient health facilities and therapeutic communities did not change markedly in 2007.

The number of needles and syringes distributed by means of exchange programmes carried out in the Czech Republic in 2007 increased to 4.5 million (3.9 million in 2006). It is estimated that 1.5 million more were sold to injecting drug users in pharmacies.

The year 2007 experienced a further drop in the number of tests for HIV performed on drug users, and a particularly dramatic decline was observed as far as tests for HCV are concerned. In 2008 the absence of quick HCV tests from capillary blood was partly compensated for by the offer of quick HCV tests from blood serum.

The situation in the field of providing special outpatient health care continues to be unclear; the numbers and availability of AT clinics, i.e. outpatient healthcare facilities specialising in addiction treatment, and their utilisation by drug users are not known accurately. In 2007 there was a decrease in the number of psychiatric outpatient facilities reporting the provision of care for drug users and the number of drug users maintaining contact with them also declined. This concerned all the groups of substances, including opiates, except for stimulants (pervitin); the number of patients using multiple substances remained approximately the same as in 2006.

For the first time in five years, there was a decline in the number of drug users hospitalised in inpatient psychiatric facilities, which especially resulted from a drop in the number of admissions to the psychiatric departments of

hospitals. On the contrary, the number of admissions to psychiatric hospitals rose; there was an increase in all three major drug groups (opiates/opioids, pervitin and polydrug use), of which polydrug use disorders showed the most significant increase.

Three medicines are available for the substitution treatment of opiate addiction – methadone prepared from an imported substance, which is only available in 13 out of a total of 15 specialised substitution centres, and two medicines, Subutex® and, since 2008, also Suboxone®, which feature beprenorphine as the active substance and can be prescribed by any physician, regardless of their specialisation.

Out of the fifteen substitution treatment centres, there were four in Prague and two in the Prague-Pankrác and Příbram prisons. In January 2007 another substitution centre was newly opened in the town of Jičín (in the Hradec Králové region). There are still no specialised centres in the Pilsen, Liberec, Pardubice, Vysočina, and Zlín regions. In 2007 the number of patients in specialised substitution centres rose to 1,064 individuals, of whom 620 were treated with methadone and 444 with Subutex®.

The substitution register, an electronic internet application, was launched in November 2007. Since the beginning, however, the reporting system has faced a number of problems. As a result, treatment with Subutex® outside the specialised centres has not been fully registered. In the Czech Republic, it is estimated that Subutex® is prescribed by approximately 150 psychiatrists and 240 general practitioners for adults; the number of people treated with Subutex® outside the specialised centres may be estimated at between 3,500 and 3,800. Any further increase in the number of Subutex® users in 2007 was very unlikely, given a certain drop in its distribution to pharmacies, as well as a decrease in the estimated number of problem users of the substance (see above).

The number of drug offences in the Czech Republic has remained relatively stable in recent years. The number of people prosecuted for drug offences in 2007 was the lowest in the past four years and ranged, depending on the source, from 2,023 to 2,282. 2,042 people were charged with drug offences, which represents a decrease of 12% in comparison to 2006 and the lowest total number of people charged with such offences since 2000. Courts passed final sentences for 1,382 individuals convicted of drug offences, which is not dramatically different from the levels registered in the past five years. In 2007 there was an increase in the proportion of individuals prosecuted for drug offences under Section 187a (possession of drugs for personal use); the number of people charged with and sentenced for the same offence also rose slightly. Traditionally, the highest numbers of people prosecuted for drug-related criminal offences have been reported in the Ústí nad Labem region, followed by Prague and the Moravian-Silesian region; the most people (relative to the number of inhabitants) were prosecuted in the Karlovy Vary region. The most frequent drug offences were associated with pervitin (50-70%), followed by cannabis (20-30%); the proportion of cocaine has been increasing in recent years, although it still accounts for fewer than 3% of drug offences. The structure of the sentences for drug offences has not changed significantly in the past four years: a suspended prison sentence has been the type most frequently imposed. Nine hundred and sixty-six misdemeanours involving the possession of drugs for personal use were identified in 2007, which is four times more than the number of people who were subjected to criminal prosecution for the possession of drugs.

Cannabis is the most widely available drug in the Czech Republic. The availability of pervitin also remains high. Traditionally, both of these drugs also accounted for the highest numbers of seizures. Domestic production of marijuana with a higher THC content has been on the rise. It is grown in artificial conditions and, with increasing frequency, on a large scale. The volume of the marijuana seized increased slightly, and there was a significant increase in the number of cannabis plants seized; both the number and volume of hashish seizures have declined in the last four years. There has been a slight increase in both the volume and purity of the pervitin seized. Pseudoephedrine contained in over-the-counter medicines for (self-) treatment of common colds has been the main precursor used to manufacture pervitin in recent years. Pervitin is produced in the Czech Republic exclusively, and is partly exported abroad, mainly to Germany. The availability and purity of cocaine has been increasing, particularly in recreational nightlife settings; its price has dropped slightly. 2007 experienced the highest ever volume of cocaine seizures. The availability of heroin, which especially reaches the Czech Republic from Afghanistan via the so-called Balkan route, has not changed; the volume of the heroin seized showed a slight decrease. First and foremost, ecstasy is commonly available in recreational nightlife settings; the number of seizures of this drug, although widespread, remains relatively low. Nevertheless, the quantity of ecstasy tablets seized in 2007 was the highest in the last three years. The prices of most drugs continue to be stable, according to the available data.

DATA QUALITY AND CONSISTENCY

Despite partial insufficiencies, the quality of the data available in the Czech drug information system is satisfactory. It makes it possible to track trends over the years and new phenomena on the drug scene. It especially involves data from the field of the five key indicators – drug use in the general population, problem drug use, drug-related infections, drug mortality, and drug-related treatment demands.

The phenomena and trends on the drug scene show a consistent picture when one looks “across indicators”. For example, 2007 saw a small increase in the estimates of problem pervitin users and an increase in the number of pervitin users in treatment and in contact with low-threshold services, as well as an increase in the use of this

substance among dance party-goers. On the other hand, opiates showed a decline across indicators. Having reached a peak approximately five years ago, ecstasy use is currently in a dramatic slump, which is apparent from surveys conducted among the school population, as well as dance party-goers, i.e. the population showing the highest prevalence of dance drug use. The indicators pertaining to cocaine use remain at a very low level. Nevertheless, the emerging trend is evidenced by the increase in cocaine use on the dance scene and the growing number of cocaine-related offences, as well as the rising number of cocaine seizures.

PART A: NEW DEVELOPMENTS AND TRENDS IN 2007

1 National Drug Policy and Its Context

In 2007 the Czech Government approved the bill for a new Penal Code which was submitted to the Parliament in February 2008. The Bill includes significant changes in how to address illegal drugs. In particular, the changes concern the stipulation providing for drug possession, which is to distinguish drugs according to their social and health risks. A lower punishment range should apply to people who possess a small quantity of cannabis for personal use. A dramatic change would also be introduced by the new provision concerning the illegal cultivation of plants containing a narcotic or psychotropic substance. As a result, the growing for personal use would constitute res gestae attracting a less severe punishment in relation to the stipulation setting out sanctions for offences such as the manufacturing of drugs and thus, in the future, the growing of a small quantity of cannabis, mushrooms, and/or other plants containing a psychotropic substance for personal use would not be governed by criminal statutes but would be punished under the Misdemeanour Act. The Penal Code is still being considered by the Chamber of Deputies of the Czech Parliament.

The Government of the Czech Republic is responsible for the preparation and enforcement of the national drug policy. The Government Council for Drug Policy Coordination (GCDPC) is the main initiating, counselling, and coordinating body of the government for drug-related issues; the Secretariat of the GCDPC, an organisational unit of the Office of the Government of the Czech Republic, provides for the activities of the Council. In 2007 the GCDPC met three times, one of these being in its enlarged format.

The National Drug Policy Strategy for the Period 2005 to 2009 (2005-2009 National Strategy) is in force. In 2007 the Action Plan for the Implementation of the National Drug Policy Strategy for the Period 2007 to 2009 (2007-2009 Action Plan) was adopted, and in April and June 2008 the GCDPC considered the report on the fulfilment of the tasks for 2007 and/or the ongoing tasks.

In November 2007, the Drug Policy Action Plan of the Prison Service of the Czech Republic for the Period 2007-2009 was developed; in February 2008 the Government passed the Czech National HIV/AIDS Programme for the Period 2008-2012.

In September 2007 the Government updated the Rules for Granting Financial Resources from the State Budget on Drug Policy which also define the general conditions for proceedings involving drug policy subsidies from the state budget; an internet application intended for the electronic filing of requests to the GCDPC for subsidies was launched.

In 13 regions the regional drug coordinators were appointed (the Moravian-Silesian Region has not established this office). They make use of a network of drug coordinators in individual municipalities with extended competencies in their region. With the exception of the Pilsen region, all regions have drawn up a regional drug policy strategy. The local coordinators have been appointed in most of the municipalities with extended competencies.

Public expenditure on drug policy reached a level of CZK 557.6 million (€ 20,084 thousand) in 2007. This amount included CZK 367.0 million (€ 13,217 thousand) provided from the state budget, and the regions and municipalities contributed amounts of CZK 128.4 million (€ 4,624 thousand) and CZK 62.3 million (€ 2,243 thousand) respectively. In comparison to 2006, total expenses increased on all three levels; on the central level, there was a decrease in expenditure on the part of the Ministry of Defence and, in particular, the GCDPC and the Ministry of Justice. On the regional level, the expenditures especially declined in the Ústí nad Labem and Liberec regions, as well as in the Pilsen Region. Out of a total of CZK 557.6 million (€ 20,084 thousand), CZK 160.8 million (€ 5,792 thousand) (28.8%) was spent on law enforcement, CZK 152.6 million (€ 5,496 thousand) (27.4%) on treatment, CZK 141.0 million (€ 5,078 thousand) (25.3%) on harm reduction, CZK 48.7 million (€ 1,753 thousand) (8.7%) on primary prevention, and CZK 20.5 million (€ 739 thousand) (3.7%) on aftercare.

Public attitude towards drug use and users have not shown any changes; as opposed to the situation in the 1990s, when the public mainly supported repressive measures against drug users, both tolerance towards this group of people and support for preventive measures are on the rise. Cannabis smoking is still considered as generally unacceptable behaviour. However, the number of people supporting the legalisation of cannabis has doubled in the past ten years.

The Chamber of Deputies of the Parliament held a discussion on proposals for amendments to the act concerning the measures for protection from harm caused by tobacco products, alcohol, and other addictive substances (the major issue was whether to extend the smoking ban) and on the act concerning pharmaceuticals, where the debate focused on the restriction of the sale of over-the-counter medicines containing pseudoephedrine. The debate about the new penal code also drew the attention of the media, as changes to the drug-related statutory provisions are expected.

1.1 Legal Framework

1.1.1 Legal Regulations

1.1.1.1 Penal Code

In 2007 the Czech Government approved the bill for a new Penal Code (the Penal Code) and commissioned the Prime Minister to submit the bill to the Parliament on the basis of Government Resolution No. 1413, dated 19 December 2007. The Government submitted the Penal Code Bill to the Parliament on 25 February 2008 (Print 410/0). The Bill was passed by the Constitutional and Legal Committee of the Chamber of Deputies of the Parliament of the Czech Republic on 26 June 2008. In the autumn of 2008 the Penal Code Bill is scheduled to be considered by the Chamber of Deputies in its second reading. The Penal Code Bill in question was rejected in 2006 (for more details see the 2005 and 2006 annual reports). Therefore, the present government is seeking to reassert this essential legal norm, which also relates to the process of harmonising Czech legislation with that of the EU.

The bill under consideration introduces significant changes in how to address illegal drugs. The drug-related criminal offences, currently provided for by the stipulations of Sections 187 to 188a of Act No. 140/1961 Coll. the Penal Code, are newly covered by Sections 281 to 285 of the Penal Code. To a great degree, the stipulation of Section 281 of the Penal Code – Unauthorised production and other handling of narcotic and psychotropic substances and poisons – adopts the content of the existing definition of the offence pursuant to the stipulations of Section 187 of the Penal Code. The changes concern particularly aggravating circumstances[1], where, for example, it will not be necessary that considerable or extensive profit has been really acquired; it will suffice to prove the intention to do so, which may be inferred from the amount of the narcotic or psychotropic substance or poison concerned.

A significant change is introduced by the stipulation of Section 282 – Possession of a narcotic and psychotropic substance or poison – which implements the practical requirement to distinguish between the possession of different types of illicit drugs in consideration of their health and public risks. Thus, a relatively lower range of punishments should apply to narcotic and psychotropic substance users who possess cannabis, cannabis resin, and/or a psychotropic substance containing any tetrahydrocannabinol (THC), isomer, or stereochemical variant thereof in a quantity greater than small for personal use. Under the stipulation of Section 282, Paragraph 1, of the Penal Code an offender could be sentenced to imprisonment for a term of up to one year, a prohibition on undertaking a certain activity and/or forfeiture of an item or another asset. Under the stipulation of Section 282, Paragraph 2, offenders possessing any other narcotic and psychotropic substance in a quantity greater than small for personal use could be sentenced to imprisonment for a term of up to two years, a prohibition on undertaking a certain activity, and/or forfeiture of an item or another asset. The stipulation of Section 282, Paragraph 3, of the Penal Code applies to the possession of narcotic and psychotropic substances in a large amount, regardless of the type of the drug.

Section 283 – Unauthorised cultivation of plants containing a narcotic or psychotropic substance – would also mean a substantial change. As a result, in the future, growing for personal use would constitute a "privileged" (punishable by less severe sanctions) res gestae in relation to the stipulation of Section 281 of the Penal Code which also covers the manufacturing of drugs. It is noteworthy that the draft distinguishes between the growing of cannabis on one hand and the growing of mushrooms and/or other plants on the other hand. The cultivation of a small quantity of cannabis, mushrooms, and/or other plants for personal use would not be subject to the criminal law, but would be sanctioned under the Misdemeanour Act. The growing of cannabis in a quantity grater than small would be prosecuted in accordance with the stipulations of Section 283, Paragraph 1, and would be punishable by imprisonment for a term of up to 6 months, a monetary penalty, and/or forfeiture of an item or another asset. However, the growing of mushrooms or other plants in a quantity grater than small for personal use would be punished by imprisonment for a term of up to one year, a monetary penalty, and/or forfeiture of an item or another asset. Similarly to the possession of a drug for personal use, as regards cultivation to a great or substantial extent, no differentiation is made between cannabis, mushrooms, and/or any other plant, and the punishment involves imprisonment for a term of up to three years or a monetary penalty as far as cultivation to a larger extent is concerned and imprisonment for a term of between six months and five years as far as cultivation to a substantial extent is concerned. The introduction of this new definition of the offence of the cultivation of plants containing narcotic and psychotropic substances would probably eliminate the ambiguousness concerning sanctions for the growing of these plants in itself, as, in its Decision File Reference 3 Tdo 687/2006, dated 21 June, 2006 (for more details see the 2006 Annual Report), the Supreme Court of the Czech Republic concluded that, according to the Penal Code currently in effect, the growing of cannabis or other plants containing narcotic and psychotropic substances as such should not be prosecuted as illicit production (Section 187 of the Penal Code).

In terms of the stipulation of Section 284 – Manufacturing and possession of equipment for the unauthorised production of a narcotic and psychotropic substance or poison – which would replace the existing stipulation of Section 188 of the Penal Code, important changes include the extension of the range of punishments pertaining to Paragraph 1 from the previous term of imprisonment for one to five years to a sentence of imprisonment for a term of up to five years. Thus, the minimum limit of the range of punishments would be lowered.

[1] If an offence takes place under particularly aggravating circumstances, the act qualifies as an offence under the provisions of Paragraph 2 et seq., i.e. it comes under a more severe range of punishments (so-called qualified res gestae).

The stipulation of Section 285 – Promotion of drug use – supersedes the existing stipulation of Section 188a of the Penal Code and specifies the circumstances involving the application of a higher range of punishments in relation to an offender – a member of an organised group – and in reference to any acts involving individuals under fifteen years of age, so as to ensure their enhanced protection.

In view of the challenges of practical application associated with the interpretation of concepts such as "quantity greater than small" and "larger extent", an empowering stipulation was incorporated into Section 287 of the Penal Code Bill. On the basis of this provision, the government is to issue an order[2] that not only specifies which substances, precursors, plants, and mushrooms should be considered narcotic and psychotropic, i.e. the substances falling under the stipulations of Sections 281 to 285, but also sets out the limits used to determine small and larger-than-small quantities, a larger extent, and/or other relevant characteristics, in particular, for the offence of the possession of narcotic and psychotropic substances for personal use (Parlament České republiky, Poslanecká sněmovna, 2008d). For current practice see also the special chapter on Sentencing Statistics, page 117.

The above-mentioned stipulations covering the so-called drug offences are likely to be the subject of intensive discussion in the Chamber of Deputies of the Parliament, particularly in view of the lawmakers' varying standpoints on the categorisation of drugs by the levels of their health and social risks. See also the chapter on Initiatives in the Parliament , page 22.

In the event that it is accepted by both chambers of the Parliament, as well as the President, the Penal Code may be expected to enter into force from 1 January 2010.

1.1.1.2 Stricter Conditions for the Sale of Toluene

A legal change has been introduced in the area of the sale of volatile substances, by virtue of Decree No. 284/2006 Coll. of the Ministry of the Environment which amends Decree No. 221/2004 Coll. laying down the lists of hazardous chemical substances and hazardous chemical preparations whose placement on the market is prohibited or whose placement on the market or into circulation or use is limited. This Decree has been in force since 1 July 2006. Nevertheless, the restrictions concerning toluene did not become effective until 15 June 2007. Since that date toluene must not be placed on the market or into circulation, or used as a substance or a component of preparations in concentrations of 0.1% by weight or higher in glues and spray paints intended to be sold to consumers. The sale of other preparations containing toluene is not restricted by the Decree. Toluene as such may still only be sold to traders and companies in relation to the operation of their businesses. When purchasing the substance, they are required to produce trade licences, statements of registration with the Trade Register[3], or statements of incorporation with the Business Register referring to activities which may involve the utilisation of toluene.

1.1.1.3 General Instruction of the Office of the Supreme Prosecutor No. 1/2008

In January 2008 the Office of the Supreme Prosecutor issued Instruction No. 1/2008, concerning criminal proceedings, which came into force on 1 April 2008. This new instruction overrules General Instruction No. 2/2006 on the penalties for the criminal offence of the unauthorised production and possession of narcotic and psychotropic substances and poisons according to Section 187a of the Penal Code. The new guideline applies to various aspects of criminal proceedings; the area of drug possession is only one of the issues covered. Annex No. 2 of the above-cited instruction indicates the amounts of certain narcotic and psychotropic substances for prosecutors to determine "a quantity greater than small" and "a larger extent" of narcotic and psychotropic substances in relation to criminal prosecution for the possession of narcotic and psychotropic substances for personal use under Section 187a of the Penal Code. In comparison to the previous Instruction No. 2/2006, the annex remains unchanged and its content is specified in the special chapter on Sentencing Statistics, page 117.

1.1.1.4 Act on Security Detention and Related Amendments

On 3 July 2007 the Government submitted to the Chamber of Deputies of the Parliament the bill for an act on security detention. In 2007 and in the spring of 2008 the bill was passed by both chambers of the Parliament and in 2008 it was included in the Collection of Laws under Title 41 as Act No. 129/2008 Coll. on security detention and amendments to certain related acts. The Act will become effective on 1 January 2009.

In addition, the above-mentioned law brings about corresponding changes to the Penal Code and the related regulations in terms of both the establishment of security detention as a new type of protective measure and the modification of protective (compulsory) treatment. For example, there is a new provision about the duration of compulsory treatment, stipulating that it is not to exceed two years, but may be prolonged in the event that the length as determined would not be sufficient to meet the purpose of the treatment. The provision on security detention may also apply to the users of addictive substances, particularly those with impaired sanity or those having committed a criminal offence for which the law imposes a sentence of imprisonment whose maximum limit exceeds five years

[2] Until now the interpretation of quantity has been provided by guidelines issued by the Supreme Prosecutor and the Police President – for more details see the special chapter on Sentencing Statistics, page 117.

[3] Since July 2008, in accordance with the amendment to the Trade Act, statements of registration with the Trade Register have been issued instead of trade licences. Nevertheless, the existing trade licences remain effective.

(serious offences). Under such circumstances, security detention may be imposed as part of a waiver of sentence. In addition to the sentence, security detention may also be imposed on dangerous insane offenders who committed serious crimes, as well as on dangerous offenders whose crimes were committed in a state induced by a mental disorder and who meet other conditions for the imposition of such a measure on them. In consistence with the content of the law, it may be expected that the number of security detention orders imposed on offending drug users will not be high, as security detention may only be imposed in situations where a compulsory treatment measure appears insufficient.

Security detention is a new type of protective measure that has been added to the existing protective measures, including compulsory treatment, seizure of an item, and/or protective education. As opposed to the prevailing arrangements in foreign legal regulations, the security detention measure is not structured according to the type of offender (i.e. an insane person with a serious mental illness, a substance misuser, prolific offenders, etc.) but considers the level of their dangerousness and ability to recover (Parlament České republiky, Poslanecká sněmovna, 2007a). The issue of compulsory treatment in 2007 is also covered by the chapter on Treatment, page 54.

1.1.1.5 Act on Pharmaceuticals

Act No. 378/2007 Coll. on pharmaceuticals and amendments to certain related acts (superseding the previous Act No. 79/1997 Coll. on pharmaceuticals) was adopted in 2007 and is to come into force as of January 2008. Under Section 39, Paragraph 3, effective from January 2009, it provides for a new category of medicinal products which will be supplied under restricted terms. A medicine which can be obtained without a medical prescription will be made available under restricted terms if it may pose a danger to people's health in view of the fact that it is frequently and widely misused or its appropriate use requires consultation with a professional pharmacist. Such a pharmaceutical product may only be made available to a person for whom it is intended, and the pharmacist is required to maintain records of such preparations being supplied. The restrictions will be specified by the State Institute for Drug Control in its decision on the marketing authorisation for the product; such restrictions may include the determination of an age limit for a person demanding such a product, the setting of a dose for single administration, and/or a limitation on its mail order supply. The rationale behind the introduction of restricted supply included a reduction in the misuse of over-the-counter medicines containing pseudoephedrine used to manufacture methamphetamine (pervitin). See also the chapters on Social and Cultural Context, page 20, and Drug Markets, page 110.

1.1.2 Implementation of the Law

On 30 January 2008 the Supreme Court of the Czech Republic passed a decision concerning the growing of cannabis (File Reference 3 Tdo 52/2008). In particular, the decision examines the degree of danger which the growing of cannabis for personal use may pose to the public (in this case, the person filing the extraordinary appeal argued that she had cultivated cannabis in order to treat her foot skin disease and an extensive gastric ulcer), as well as the legal qualification of cannabis growing (i.e. its placement under the heading of the manufacturing and obtaining of equipment for unauthorised production). In this respect, it relates to the decision of the Supreme Court of the Czech Republic, dated 21 June 2006, File Reference 3 Tdo 687/2006 (for more details see the 2006 Annual Report), as Decision 3 Tdo 52/2008 reiterates that the growing of cannabis plants as such cannot be identified with the term "production". Production can only be involved in the event that the cannabis plants were harvested and subsequently processed in a procedure in which they would be further refined as an input component, either to a condition ready for consumption (marijuana) or for obtaining the active substance THC.

Similarly to the 2006 decision, the present decision is unlikely to bring about any significant changes in the procedures pursued by the bodies involved in criminal proceedings, as criminal prosecution has been initiated against cannabis growers regardless of the purpose of cultivation and the manner in which cannabis is processed. Accordingly, it cannot be stated that the growing of cannabis for use as a means of self-treatment does not ensure that the grower avoids the risk of criminal prosecution.

In 2006 the Institute for Criminology and Social Prevention conducted a study, Criminal Justice Opportunities in Drug-Prevention Policy. Its results were published in 2008. This study included analyses of 74 case files concerning a criminal offence under Section 187 of the Penal Code. When deciding about the type and severity of punishment, they considered, first and foremost, the seriousness of the offence committed and its consequences; somewhat less attention was paid to the offender's personal circumstances as grounds for their judgements. The courts sometimes limited themselves to a mere literal citation of or reference to an expert's opinion on the offender's mental state without entertaining its content as evidence or explaining which passages thereof were taken into account in assessing the offender's potential for rehabilitation and their circumstances. On the other hand, in a number of cases the courts explained thoroughly in the grounds for the decision which information included in the expert's opinion had been taken into account in assessing the potential for the offender's rehabilitation and put into context with other evidence. Moreover, in these cases, the role which drugs had played in the offender's life was duly considered in the decision (Trávníčková and Zeman, 2008).

Information on the implementation of the law in relation to drug offenders (such as that about the types of sentences awarded or about the different types of drugs associated with the offences) and to drug users committing crimes

(treatment orders as alternatives to punishment or prosecution) is also provided in the chapters on Drug-Related Crime, page 95, Prevention of Drug-Related Crime, page 107, and in the chapter on a selected issue – Sentencing Statistics, page 117.

1.2 Institutional Framework, Strategies, and Policies

1.2.1 National Strategy

The year 2007 was the third year of the implementation of the 2005-2009 National Strategy, which was adopted by Government Resolution No. 1305 in December 2004[4], and also the first year of the implementation of the 2007-2009 Action Plan, adopted by Government Resolution No. 845 in July 2007. It contains 172 tasks, divided into 43 objectives which relate to 7 drug policy fields: (1) Primary Prevention (5 objectives, 20 tasks); (2) Treatment and Aftercare (4 objectives, 25 tasks); (3) Harm Reduction (5 objectives, 17 tasks); (4) Supply Reduction and Law Enforcement (7 objectives, 15 tasks); (5) Information, Research and Evaluation (7 objectives, 44 tasks); (6) Coordination and Funding (8 objectives, 30 tasks), and (7) International Cooperation (7 objectives, 21 tasks). At its session in April 2008, the GCDPC discussed the report evaluating the 2007 tasks from the 2007-2009 Action Plan. The presentation report states that "… the tasks as determined were either fulfilled within the set time periods or they are about to be completed or they have at least progressed successfully. In many important cases, the task outcomes have been published in such a way as to ensure that they are made available to all those interested in the issue under consideration." In June 2008 the GCDPC considered the report on the fulfilment of the ongoing tasks of the 2007-2009 Action Plan. The presentation report states that "… the bodies responsible for taking relevant action have shown commitment to the fulfilment of the tasks referred to in the Action Plan as ongoing, which are indeed being carried out."

A number of documents considered by the GCDPC in the first half of 2008 concerned the Czech presidency of the Horizontal Drugs Group (HDG), a working group of the Council of the European Union. The first of them, debated on 25 January, defines the Czech Republic's priorities in this area, which were adopted on the basis of GCDPC Resolution No. 05/0108. These priorities include:

- finalisation of the EU Drug Action Plan 2009-2012 and its submission to the EU Council for approval;
- UNGASS evaluation (developed as part of the EU consensual evaluation of the 10-year fulfilment of the conclusions of the 20th UN General Assembly Special Session);
- the issue of methamphetamine production and use – an interdisciplinary approach;
- the migration of drug users and the associated crime (e.g. so-called drug tourism or migration of drug users from Eastern and Southeastern Europe as an emerging problem which needs addressing).

Two other documents related to the Czech HDG presidency were discussed by the GCDPC in April 2008: (1) Information on the State of Preparations for the Czech EU Council Presidency in Terms of Drug Policy, and (2) The EU Council Presidency Drug Policy Framework Document. According to the presentation report, "the objective of the paper (the framework document) is to ensure the mechanisms and resources necessary for the preparation and the actual performance of the Czech presidency of the Council of the European Union, in the participation of international entities, with respect to the drug policy area." The document describes in detail the priorities of the Czech HDG presidency, which were adopted in January – see above.

The Czech National HIV/AIDS Programme 2008-2012 was adopted by virtue of Government Resolution No. 130, dated 11 February 2008. It includes a number of tasks concerning the issue of the incidence and prevention of HIV infection among (injecting) drug users. Injecting drug users (IDUs) are defined as one of the target at-risk groups. The programme also involves the activity "Ensuring cooperation of the National Institute of Public Health in Prague and its local affiliations with drug treatment services on HIV prevention and testing among injecting drug users". In March 2008 the Minister of Health established the Czech HIV/AIDS Surveillance Commission; the head of the NFP has also been appointed a member thereof.

In November 2007, the Drug Policy Action Plan of the Prison Service of the Czech Republic for the Period 2007-2009 was developed – for more details see the chapter on Assistance to Drug Users in Prisons, page 107.

1.2.2 Drug Policy Coordination

Three meetings[5] of the GCDPC, an interministerial advisory body of the government which is in charge of the Czech Republic's drug policy coordination, were held in 2007. In the first six months of 2008, the GCDPC met three times[6].

The change in the GCDPC's statute approved by Government Resolution No. 616 of June 2007, the increase in the number of its members, and other changes to the GCDPC working bodies as of August 2007 were described in the 2006 Annual Report. The same document provided information about the structure of the working bodies and the Secretariat of the GCDPC. In 2007 the composition of the GCDPC was as follows; see Table 1-1.

[4] Governmental resolutions and other documents are available at www.vlada.cz.
[5] 26 March, 1 June and 21 August 2007.
[6] 25 January, 29 April and 20 June 2008.

Table 1-1: Composition of the Government Council for Drug Policy Coordination in 2007

Member	Name	Membership from/to
GCDPC Chair, Prime Minister	Ing. Mirek Topolánek	9 January 2007-present
GCDPC Vice-Chair, Minister of the Government for Human Rights and National Minorities	MUDr. Džamila Stehlíková	4 June 2007-present
GCDPC Executive Vice-Chair, Director of the GCDPC Secretariat	Doc. MUDr. PhDr. Kamil Kalina, CSc.	28. 8. 2007-present
Minister of Health	MUDr. Tomáš Julínek	9 January 2007-present
Minister of the Interior	MUDr. Mgr. Ivan Langer	9 January 2007-present
Minister of Education, Youth, and Physical Education	Mgr. Dana Kuchtová Mgr. Ondřej Liška	9 January 2007-3 December 2007 4 December 2007-resent
Minister of Labour and Social Affairs, Deputy Prime Minister	RNDr. Petr Nečas	9 January 2007-present
Minister of Justice	JUDr. Jiří Pospíšil	9 January 2007-present
Minister of Defence	JUDr. Vlasta Parkanová	9 January 2007-present
Minister of Foreign Affairs	Karel Schwarzenberg	9 January 2007-12 December 2007
Minister of Finance	Ing. Miroslav Kalousek	9 January 2007-present
Minister of Industry and Trade	Ing. Martin Říman	9 January 2007-6 June 2007
Representative of the Association of NGOs dealing with the prevention and treatment of drug addiction	Mgr. Sylva Majtnerová, Executive Director	21 September 2007-present
Representative of the Association of Regions of the Czech Republic	MUDr. Pavel Bém, Mayor of Prague	4 June 2007-present
Representative of the Association for Addictive Diseases, Czech Medical Association of J. E. Purkyně	MUDr. Petr Popov, Chair MUDr. Jiří Dvořáček, Vice-Chair	21 September 2007-29 April 2008 29 April 2008-present

By its Resolution No. 1071, dated 19 September 2007, the Government adopted the Rules for Granting Financial Resources from the State Budget on Drug Policy, which superseded similar rules dating from June 2005. The Rules have strengthened the role of the certification of the professional competency of services as a prerequisite for the acquisition of the state budget resources for drug services, while taking into account the relevant Act No. 108/2006 Coll. on social services, and the social service registration system, and set out a transition period making it possible to grant subsidies to healthcare facilities which are subjected to different systems of assessing the quality of care. The central role of GCDPC in the interministerial coordination of subsidy proceedings held by the individual ministries in relation to drug policy was confirmed.

By virtue of its Resolution No. 14/090, dated 21 September 2007, the GCDPC established the GCDPC Working Group for Non-Substance Addiction, headed by the Minister for Human Rights and National Minorities, whose objective is to assess the situation in the domain of non-substance addiction and propose the relevant action to be taken. The composition of the group and the strategic plan for its activities were approved by the GCDPC on the basis of Resolution No. 10/0108, dated 25 January 2008. In addition, the GCDPC acknowledged the minutes and outcomes of the group's meetings.

By virtue of its Resolution No. 09/0108, dated 25 January 2008, the GCDPC established a working group on Drug Use Prevention and Harm Reduction at Dance Parties, the purpose of which was to develop specific proposals for measures aiming to prevent and reduce the harm caused by drug use by dance party-goers in liaison with the representatives of the relevant agencies and institutions. The group's work resulted in a proposal for the Safer Party initiative, which was approved by the GCDPC on the basis of its Resolution No. 08/0408 of 29 April 2008. The initiative's pilot project Safer Party Tour 2008 was carried out at major dance and music festivals throughout July and August 2008 – for more details see the chapter on Services Provided by Low-threshold Facilities, page 86.

In 2007 an internet application for the electronic filing of requests to the GCDPC for subsidies was launched. The application could be accessed at http://2007.cadros.vlada.cz/ (the address for 2008 is http://2008.cadros.vlada.cz/). The application makes it possible to register and manage requests for subsidies. In addition, the electronic database system makes it easier to check and review the requests, which accelerates the subsidy proceedings as a whole.

The information about strategic documents and coordination mechanisms in regions and municipalities is summarised in Table 1-2. The positions of regional drug coordinators have been established in all 14 regions except for Moravia-Silesia. All regions except the Pilsen region have drawn up strategic regional drug policy documents (i.e. strategies or strategic plans, which are often complemented by action plans setting forth specific tasks and the

deadlines by which they need to be completed). Drug commissions, often as advisory bodies to the Mayor/Governor, their deputies, or regional councils, have been established in almost all the regions; in other regions, drug policy is dealt with by advisory bodies responsible for a wider range of issues (such as social and health areas or negative social phenomena, including crime prevention). In most of the regions the commissions comprise a varying number of working groups.

The authorities of the municipalities with extended competencies provide drug policy coordination through local drug coordinators, who have been appointed in every Prague city district and in the majority of the municipalities with extended competencies. Their additional responsibilities may include crime prevention and working as probation officers for young people, probation officers for adults, and advisors for the Roma. Some cities which are regional capitals (e.g. Ostrava and Brno) have established the positions of city coordinators. Some municipalities have developed their own drug policy plans and/or drawn up final reports on drug policy implementation.

A list of regional coordinators is provided on the GCDPC website http://rvkpp.vlada.cz, while a list of regional and local coordinators, including contact details, is provided at www.drogy-info.cz.

Table 1-2: Drug policy in Czech regions and municipalities with extended competencies - strategic documents and institutional background (Source: Annual reports on the implementation of regional drug policies)

Region	**Regional drug policy strategic document**	**Institutional background, regional drug coordinators (RDC*), advisory bodies, commissions, working groups**	**Local-level coordination (municipalities with extended competencies)**
Prague	– Drug Policy Strategy of the Capital City, Prague, 2008-2012 – Action Plan 2008-2009	– RDC heads the Regional Drug Prevention Department operating as part of the Mayor's Office (full-time job) – Drug Commission of the Capital City, Prague – Working groups for (1) primary prevention, (2) harm reduction, (3) treatment and aftercare, and (4) data collection	– Drug coordinator position established in all 22 city districts
Central Bohemia	– Regional Drug Policy Strategy 2005-2009	– RDC at the Department of Prevention and Humanitarian Activities (full-time job) – Drug Commission is an advisory body to the Governor (it is chaired by the Governor) – Working groups for (1) primary prevention, (2) harm reduction, (3) treatment and resocialisation	– Coordinators established in 24 out of 26 municipalities – Individual municipalities are developing their drug plans
South Bohemia	– South Bohemia Drug Policy Strategy 2005-2009* – Action Plan 2005-2009*	– RDC heads the Department of Prevention and Humanitarian Activities of the Social and Health Division (full-time job) – Regional Drug Coordination Group is an advisory body to the Deputy Governor – No working groups have been set up	– Coordinators established in 16 out of 17 municipalities – 4 municipalities developed a local drug policy plan for 2007
Pilsen	--	– RDC at the Social and Health Division, Social Department – No drug commission has been established; drug issues can be dealt with by the Social Commission of the Regional Council – No working groups have been set up	– Coordinators established in 14 out of 15 municipalities
Karlovy Vary	– Karlovy Vary Regional Drug Strategy 2005-2009 – Action Plan 2005-2009	– RDC at the Social Division (part-time job, 0.5); their responsibilities include crime prevention – Regional Drug Commission is an advisory body to the Regional Council – Working groups for (1) primary prevention, (2) harm reduction, (3) treatment and resocialisation, and (4) coordination	– Coordinators established in all 7 municipalities
Ústí nad Labem	– Ústí nad Labem Regional Drug Policy Action Plan 2005-2009	– RDC at the Social and Health Division, Department of Humanitarian Activities – No drug commission has been established; drug issues can be dealt with by the Health Commission of the Regional Council – No working groups have been set up	– Coordinators established in all 16 municipalities
Liberec	– Liberec Regional Drug Policy Action Plan 2008-2009	– RDC at the Division of Social Affairs, Safety, and Minorities, Department of Coordination and Mid-Term Planning – Drug Commission of the Regional Council – Working groups for (1) primary prevention, (2) harm reduction, (3) treatment and resocialisation, and (4) coordination	– Coordinators established in all 10 municipalities – Municipalities draw up their annual Final Report on the Municipal Drug Policy Implementation

Region	Regional drug policy strategic document	Institutional background, regional drug coordinators (RDC*), advisory bodies, commissions, working groups	Local-level coordination (municipalities with extended competencies)
Hradec Králové	– Hradec Králové Regional Drug Policy Strategy 2008-2010	– RDC at the Social and Health Division, Department of Prevention, Development, and Social and Legal Protection (full-time job) – Drug Commission of the Regional Council – No working groups have been set up	– Coordinators established in all 15 municipalities; in some municipalities there are 2 people for substitutability reasons
Pardubice	– Pardubice Regional Drug Policy Strategy 2005-2009	– RDC at the Health Division, Health Care Department – Drug Policy Coordination Commission of the Pardubice Regional Council – Working group for the development of a mid-term plan for the regional social services – drug-focused	– Coordinators established in all 15 municipalities
Vysočina	– Vysočina Regional Drug Policy Strategy 2006-2010	– RDC at the Social and Health Division, Department of Social Services – Social and Drug Policy Commission of the Vysočina Regional Council – Commission's working group for the Vysočina regional drug policy (see above)	– Coordinators established in 11 out of 15 municipalities
South Moravia	– South Moravia Regional Drug Policy Strategy 2005-2009	– RDC at the Division of Education, Department of Prevention and Leisure-Time Activities (full-time job) – No drug commission has been set up – Working group of professionals assesses the situation and prepares a conceptual framework	– Coordinators established in all 21 municipalities
Olomouc	– Olomouc Regional Strategic Drug Plan 2005-2010	– RDC at the Health Division (full-time job) – Commission for Crime Prevention and Drug Addiction of the Olomouc Regional Council – No working groups have been set up	– Coordinators established in all 13 municipalities
Zlín	– Zlín Regional Action Plan for the Implementation of Drug Policy 2007-2009	– RDC as part of the Governor's Office, NGO Department (full-time job); since 1 November 2007 the RDC position has been vacant – Commission for Prevention of Socio-Pathological Phenomena of the Regional Council (chaired by the Governor) – No working groups have been set up	– Coordinators established in all 13 municipalities
Moravia-Silesia	– Moravia-Silesia Regional Drug Policy Strategy 2005-2009 – Action Plan for the Implementation of Drug Policy Strategy 2007-2009	– The RDC position has not been established; the relevant agenda is dealt with by an official in charge of social services based at the Division of Social Affairs (full-time job) – No drug commission has been set up – Drug prevention working group as part of the Social Committee of the Regional Parliament	– Coordinators established in all 22 municipalities; in Ostrava the position involves a full-time job

*NB: * RDC – regional drug coordinator*

1.3 Budget and Public Expenditure

There were no dramatic changes in the methods used for funding drug policy in 2007. Again, data on labelled expenditures specifically earmarked for drug policy funding from the state and local (regional and municipal) budgets are available for 2007[7]. On the central level, the data were obtained from the national final accounts of selected ministries whose budgets include a drug policy programme. Additional information was obtained directly from the representatives or contact persons of individual ministries and public institutions and, on the regional and local levels, from drug coordinators[8].

The data are divided by regions according to the places where subsidies were used by entities implementing specific drug policy projects. These are actual expenditures in 2007, stripped of transfers to the reserve fund and the amounts which were not utilised but returned by project implementers to subsidy providers. The capital (investment) expenditures are distinguished from the current (non-investment) expenditures. In 2007, the expenditures were divided by type into activities involving drug demand reduction (prevention, harm reduction, treatment) and drug supply reduction (law enforcement) for the first time.

The subsidies approved by the GCDPC are provided by the Office of the Government of the Czech Republic. In 2007 175 local-level projects were supported to the tune of a total amount of CZK 100 million (€ 3,604 thousand). The resources were used to co-finance projects delivering harm reduction, treatment, aftercare, and primary prevention services. The expenditure designated for use on the central level for the activities developed by the GCDPC, including the NFP, amounted to CZK 4.4 million (€ 158 thousand) and was structured as follows; see Table 1-3.

Table 1-3: Expenditures of the GCDPC Secretariat, including the NFP, in 2007 (€ thousand)

Purpose for drawing	**Resources drawn**
Certification of quality of services supplied to drug users	14
Assessment of applications for subsidies within the framework of the subsidy proceedings of GCDPC	27
Monitoring and research	93
Publication and information activities	17
Translations and other services	7
Total	**158**

According to the final national accounts, the Ministry of Education, Youth, and Physical Education spent a total of CZK 12.6 million (€ 452 thousand) on drug policy in 2007. In 2007, the Ministry of Education provided subsidies divided into three programmes. By means of subsidies to regions, Programme I involved support to the tune of CZK 7 million (€ 252 thousand) for preventive projects implemented in schools. In addition, as part of Programme II and Programme III, primary prevention projects carried out by NGOs and school facilities received direct support amounting to a total of CZK 3.1 million (€ 112 thousand).

The resources from the budget of the Ministry of Defence spent on drug policy in 2007 amounted to CZK 3.6 million (€ 130 thousand), which was used to purchase diagnostic equipment for the detection of drugs and professional books and journals, and to cover the costs of professional lectures and seminars, as well as leisure-time activities.

In 2007 the Ministry of Labour and Social Affairs provided subsidies amounting to CZK 57.0 million (€ 2,054 thousand) to be spent on projects addressing the target group of drug users (individuals at risk of addiction or addicted to habit-forming substances)[9]. First and foremost, these funds were intended for the operation of outreach centres – CZK 24.0 million (€ 876 thousand), therapeutic communities – CZK 16.5 million (€ 594 thousand), the operation of streetwork programmes – CZK 8.8 million (€ 318 thousand), social counselling – CZK 3.1 million (€ 112 thousand), social rehabilitation – CZK 2.5 million (€ 90 thousand), and other programmes – CZK 2.2 million (€ 79 thousand).

In 2007 the Ministry of Health provided a total amount of CZK 22.2 million (€ 801 thousand) for drug policy, including current expenditure of CZK 15.2 million (€ 550 thousand) and capital expenditure of CZK 7.0 million (€ 251 thousand). The subsidy proceedings prioritised funding for projects ensuring both outpatient and inpatient addiction

[7] Non-labelled (earmarked for no specific purpose) expenditures from public budgets involve resources which are not specifically intended for drug policy but may be partly used to address drug-related issues (the cost of combating primary and secondary drug crime and drug treatment); these expenditures are covered in a special chapter of the 2006 Annual Report.

[8] The information about the expenditure on the part of regions and municipalities was especially obtained from the annual reports of drug policy implementation in regions submitted to the Secretariat of GCDPC.

[9] The 2007 budget of the Ministry of Labour and Social Affairs did not include any funds specifically earmarked for drug policy (the so-called Drug Policy Programme); projects focused on the provision of services for drug users were extracted from the total of subsidies intended to support social services.

treatment, substitution treatment, and detoxification, as well as medical aspects of services provided by low-threshold programmes.

In 2007 the Ministry of Justice provided CZK 9.5 million (€ 344 thousand) allocated for current expenditure for drug policy and CZK 3.1 million (€ 110 thousand) earmarked as capital expenditure, i.e. CZK 12.6 million (€ 454 thousand) in total. The Judicial Academy and the Institute for Criminology and Social Prevention used CZK 0.2 million (€ 7 thousand) and CZK 49.1 thousand (€ 1.8 thousand) respectively to host seminars and participate in conferences. The largest part of the resources was expended by the Prison Service (CZK 12.4 million) (€ 447 thousand) ; these funds were used to train prison staff in dealing with drug-dependent offenders, to detect and monitor drugs in prisons, and to operate drug-free zones and treatment departments. The Ministry of Justice allocated subsidies amounting to a total of CZK 0.6 million (€ 22 thousand) to NGOs providing services for drug users in prisons.

The governmental agencies falling under the competence of the Ministry of Finance include the General Customs Headquarters, whose budget accounts for drug policy. In 2007 the expenditure on this programme, mainly intended for the refurbishment of stock (acquisition of service vehicles and equipment for operational-investigative activities), amounted to CZK 26.7 million (€ 964 thousand).

The budget of the Ministry of the Interior does not account for any expenditure on the Drug Policy Programme. However, the Ministry of the Interior is responsible for the National Drug Headquarters of the Criminal Police and Investigation Service of the Police of the Czech Republic (National Drug Headquarters). In 2007 the National Drug Headquarters spent a total of CZK 127.7 million (€ 4,601 thousand), which included current and capital expenditure of CZK 121.8 million (€ 4,387 thousand) and CZK 5.9 million (€ 214 thousand) respectively.

2007 drug policy expenditures from the state, regional, and municipal budgets are summarised in Table 1-8. The total amount of labelled drug policy expenditures reached a level of CZK 557.6 million (€ 20,084 thousand). The state budget expenditures amounted to CZK 367.0 million (€ 13,217 thousand), while the regions and municipalities spent CZK 128.4 (€ 4,624 thousand) million and CZK 62.3 million (€ 2,243 thousand) respectively[10].

The developments in drug policy expenditures from the state budget in 2002-2007 are provided in Table 1-4. It is apparent that the resources expended by the National Drug Headquarters, the General Customs Headquarters, and the Ministry of Labour and Social Affairs have increased recently, while in 2007 the GCDPC's expenditures were lower than in the previous year.

Table 1-4: Drug policy expenditures from Czech state budget in 2002-2007 by ministries/departments (€ thousand)

Department	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**
GCDPC	3,310	3,741	3,623	3,806	3,919	3,762
Ministry of Education	342	336	364	338	389	452
Ministry of Defence	143	169	125	143	176	129
Ministry of Labour and Social Affairs	1,266	1,595	1,521	1,659	1,790	2,054
Ministry of Health	927	794	953	1,205	648	801
Ministry of Justice	347	507	491	1,323	1,486	454
General Customs Headquarters	990	813	335	522	846	963
National Drug Headquarters	n.a.	3,466	3,115	3,421	3,836	4,601
Total	**7,326**	**11,421**	**10,527**	**12,417**	**13,090**	**13,217**

*NB: 2007 average exchange rate has been used for re-calculation in 2002-2006. ** The expenditures of the National Drug Headquarters in 2003–2005 only involve the so-called common expenditures.*

The developments in the regional budget expenditure allocated to drug policy between 2002 and 2007 are summarised in Table 1-5. Over one half (56.1%) consists of resources provided by three regions – the Capital City, Prague, Central Bohemia, and Moravia-Silesia. The greatest decline in expenditure on drug policy was observed in the Ústí nad Labem and Liberec regions. The increase in the aggregate of regional expenditure may also be associated with the growth of reporting.

[10] The data on regional expenditure are based on the annual reports of drug policy implementation in regions and the specifying information from regional drug coordinators. The same applies to municipal expenditure, with the exception of the Vysočina and South Moravia regions, in which the regional coordinators could not identify the expenditure of municipalities; in these cases the information was based on the final reports from 2007 GCDPC-supported projects in which the implementing parties also indicated co-financing from other sources, including municipal budgets (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e); therefore, the municipal expenditure data from these two regions may be underestimated.

Table 1-5: Drug policy expenditures from Czech regional budgets in 2002-2007 (€ thousand)

Region	2002	2003	2004	2005	2006	2007
Prague	457	449	943	1,104	1,171	1,463
Central Bohemia	126	288	496	531	516	625
South Bohemia	105	101	208	187	216	223
Pilsen	0	36	54	121	84	65
Karlovy Vary	3	18	18	37	29	41
Ústí nad Labem	52	272	285	249	247	174
Liberec	0	98	207	291	291	233
Hradec Králové	27	34	73	74	104	244
Pardubice	54	54	65	198	59	198
Vysočina	0	65	149	250	111	285
South Moravia	108	72	180	267	306	306
Olomouc	3	11	47	72	73	90
Zlín	39	126	86	76	50	170
Moravia-Silesia	82	108	129	158	160	505
Total	**1,057**	**1,732**	**2,939**	**3,615**	**3,419**	**4,624**

NB: 2007 average exchange rate has been used for re-calculation in 2002-2006.

The developments in drug policy expenditure on demand and supply reduction between 2002 and 2007 are summarised in Table 1-6. Until 2006 the expenditure on demand reduction included resources expended by: GCDPC; the Ministry of Education, Youth, and Physical Education; the Ministry of Defence; the Ministry of Labour and Social Affairs, and the Ministry of Health. Expenditure on supply reduction included resources consumed by the Ministry of Justice, the General Customs Headquarters and the National Drug Headquarters. In 2007 the data were made more accurate, and the Ministry of Justice's expenditures were divided into the two areas to reflect their actual purpose; therefore it is impossible to make a full comparison of 2007 with the data from previous years.

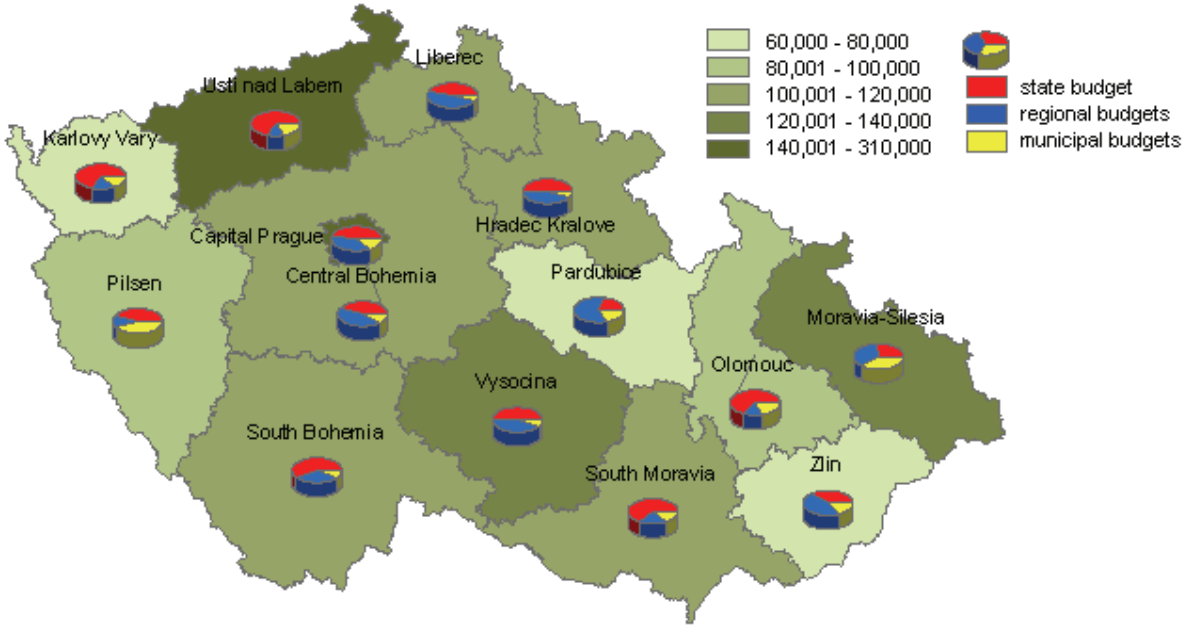
Table 1-6: Drug policy expenditures on demand and supply reduction provided from state and local budgets in 2002-2007 (€ thousand)

Year	Demand reduction*				Supply reduction**	Czech Republic Total
	State budget	Regional budgets	Municipal budgets	Total	State budget	
2002**	5,989	1,057	n.a.	7,046	1,337	8,383
2003	6,635	1,732	n.a.	8,367	4,786	13,153
2004	6,586	2,939	2,266	11,792	3,942	15,733
2005	7,151	3,614	1,823	12,588	5,266	17,854
2006	6,922	3,419	1,734	12,075	6,167	18,243
2007***	7,425	4,624	2,243	14,292	5,792	20,084

*NB: 2007 average exchange rate has been used for re-calculation in 2002-2006. * Expenditures indicated for the period 2002-2006 are those of the GCDPC, the Ministry of Health, the Ministry of Labour and Social Affairs, the Ministry of Education, and the Ministry of Defence; ** The amounts indicated for the period 2002-2006 represent the expenditures for the operation of the National Drug Headquarters, the General Customs Headquarters, and those from the budget of the Ministry of Justice; *** Expenditure of the National Drug Headquarters are not included; in 2007 the Ministry of Justice's expenditures were divided into those intended for demand reduction and those intended for supply reduction in order to reflect their actual purposes.*

An overview of region-designated resources for the implementation of drug policy programmes in 2007 drawn from both the state and local budgets is given in Map 1-1.

Map 1-1: Drug policy expenditures from state and local budgets in regions of the Czech Republic in 2007 (€ per 100,000 inhabitants)



An overview of expenditures from state and local budgets in 2007 by purpose is provided in Table 1-9. Out of labelled expenditures for 2007 amounting to 557.6 million (€ 20,084 thousand), 160.8 million (€ 5,792 thousand) (28.8%) was expended on law enforcement, 152.6 million (€ 5,496 thousand) (27.4%) on treatment, 141.0 million (€ 5,078 thousand) (25.3%) on harm reduction, 48.7 million(€ 1,753 thousand) (8.7%) on primary prevention, and 20.5 million (€ 739 thousand) (3.7%) on aftercare.

Expenditure on drug policy from the state budget in relation to Gross Domestic Product and the total state budget expenditure in the period 2002-2007 is summarised in Table 1-7; it is apparent that since 2005 it has seen a relative decline[11].

Table 1-7: Development of drug policy expenditure from the state budget relative to GDP and the total state budget expense

Year	Demand reduction		Supply reduction		Total	
	‰ GDP	‰ state budget expenditure	‰ GDP	‰ state budget expenditure	‰ GDP	‰ state budget expenditure
2002*	0.067	0.22	-	-	-	-
2003	0.071	0.23	0.052	0.16	0.123	0.39
2004	0.065	0.21	0.039	0.13	0.104	0.34
2005	0.067	0.22	0.049	0.16	0.116	0.37
2006	0.060	0.19	0.053	0.17	0.113	0.36
2007	0.058	0.19	0.046	0.15	0.104	0.34

*NB: * Resources expended by the National Drug Headquarters are not included for 2002; therefore, the rates of GDP and the total state budget expenditure are not indicated.*

[11] If, for example, in 2007 the demand reduction expenditure was 0.065‰ of GDP (minimum in 2002-2005) or 0.21‰ of the state budget expenditure (minimum in 2002-2005), the labelled expenditure would amount to approximately CZK 230 million (€ 8,285 thousand), i.e. by approximately CZK 25 million (€ 901 thousand) more than the actual expenditure in 2007.

Table 1-8: Drug policy expenditures from Czech state and local budgets in 2007 (€ thousand)

Regions	GCDPC	Ministry of Education	Ministry of Defence	Ministry of Labour and Social Affairs	Ministry of Health	Ministry of Justice	General Customs Head-quarters	National Drug Head-quarters	Total state budget	Regions	Municipalities	Total local budgets	Total
Prague	1,090	103	-	338	224	-	-	-	**1,755**	1,463	475	**1,938**	**3,693**
Central Bohemia	214	26	-	344	23	-	-	-	**607**	625	142	**768**	**1,375**
South Bohemia	188	24	-	99	50	-	-	-	**361**	223	52	**275**	**636**
Pilsen	204	13	-	6	10	-	-	-	**234**	65	229	**294**	**527**
Karlovy Vary	80	11	-	19	23	-	-	-	**132**	41	25	**66**	**198**
Ústí nad Labem	446	21	-	254	82	-	-	-	**802**	174	211	**385**	**1,187**
Liberec	170	18	-	45	2	-	-	-	**235**	233	28	**261**	**497**
Hradec Králové	73	14	-	137	56	-	-	-	**280**	244	37	**281**	**561**
Pardubice	51	13	-	0	0	-	-	-	**64**	198	55	**253**	**317**
Vysočina	162	13	-	150	5	-	-	-	**329**	285	42	**327**	**656**
South Moravia	374	30	-	412	33	-	-	-	**848**	306	186	**492**	**1,340**
Olomouc	202	22	-	104	21	-	-	-	**348**	90	98	**188**	**536**
Zlín	80	15	-	52	3	-	-	-	**150**	170	55	**225**	**375**
Moravia-Silesia	271	43	-	95	2	-	-	-	**410**	505	607	**1,113**	**1,523**
Total current expenditure with regional designation	**3,604**	**365**	**-**	**2,054**	**532**	**-**	**-**	**-**	**6,555**	**4,624**	**2,243**	**6,867**	**13,422**
Total current expenditure with central designation	**158**	**87**	**130**	**0**	**17**	**344**	**0**	**4,387**	**5,124**	**-**	**-**	**-**	**5,124**
Total current expenditure	**3,762**	**452**	**130**	**2,054**	**550**	**344**	**0**	**4,387**	**11,679**	**4,624**	**2,243**	**6,867**	**18,546**
Investment expenditure	0	-	0	0	251	110	964	214	**1,538**	-	-	**-**	**1,538**
Total	**3,762**	**452**	**130**	**2,054**	**801**	**454**	**964**	**4,601**	**13,217**	**4,624**	**2,243**	**6,867**	**20,084**

Table 1-9: 2007 Drug policy expenditures by categories (types of services) in the Czech Republic (€ thousand)

Service category		GCDPC	Ministry of Education	Ministry of Defence	Ministry of Labour and Social Affairs	Ministry of Health	Ministry of Justice	General Customs Head-quarters	National Drug Head-quarters	Total state budget	Regions	Municipalities*	Total local budgets	Tota
Primary prevention		270	452	129	0	0	0	0	0	**852**	410	492	**901**	**1**
Harm Reduction	Low-threshold centres	911	0	0	876	70	0	0	0	**1,858**	570	449	**1,019**	**2**
	Outreach programmes	592	0	0	318	35	0	0	0	**944**	342	278	**620**	**1**
	Unspecified	262**	0	0	0	0	0	0	0	**262**	233	143	**376**	
	Total	1,765	0	0	1,193	105	0	0	0	**3,063**	1,145	870	**2,015**	**5**
Treatment	Medical care***	0	0	0	36	436	48	0	0	**520**	384	28	**412**	
	Non-medical care ****	231	0	0	112		120	0	0	**464**	1,645	394	**2,039**	**2**
	Communities	866	0	0	684	0	0	0	0	**1,550**	308	124	**432**	**1**
	Unspecified	0	0	0	0	0	0	0	0	**0**	59	20	**79**	
	Total	1,097	0	0	833	436	168	0	0	**2,534**	2,396	566	**2,962**	**5**
Aftercare		395	0	0	27	0	0	0	0	**423**	181	135	**317**	
Law enforcement		0	0	0	0	0	228	963	4,601	**5,792**	0	0	**0**	**5**
Coordination, research, evaluation, education, information*****		235	-	-	-	3	58	0	0	**297**	185	123	**308**	
Others, unspecified******		0	-	-	-	257	-	-	-	**257**	306	57	**363**	
Total		**3,762**	**452**	**129**	**2,054**	**801**	**454**	**963**	**4,601**	**13,217**	**4,624**	**2,243**	**6,867**	**20**

*NB: * The data on municipal expenditures are based on the annual reports of drug policy implementation in regions and the specifying information from regional drug coordinators, except for the Vysočina and South Moravia regions, where the information was obtained from the final reports pertaining to the projects supported by the GCDPC in 2007; municipal expenditures from the South Bohemia and Olomouc regions were made more accurate on the basis of the information from the final reports. ** These projects include the activities of both low-threshold facilities and outreach work (streetwork). *** Including, for example, AT services, substitution treatment, detoxification, day-care centres, medical inpatient care, and sobering-up stations. **** Including, for example, outpatient and intensive outpatient non-medical programmes, crisis intervention, social counselling, and social rehabilitation. ***** i.e. drug demand reduction-related expenditure which does not involve providing services to clients. ****** i.e. expenditures which have not been identified in terms of their purpose.*

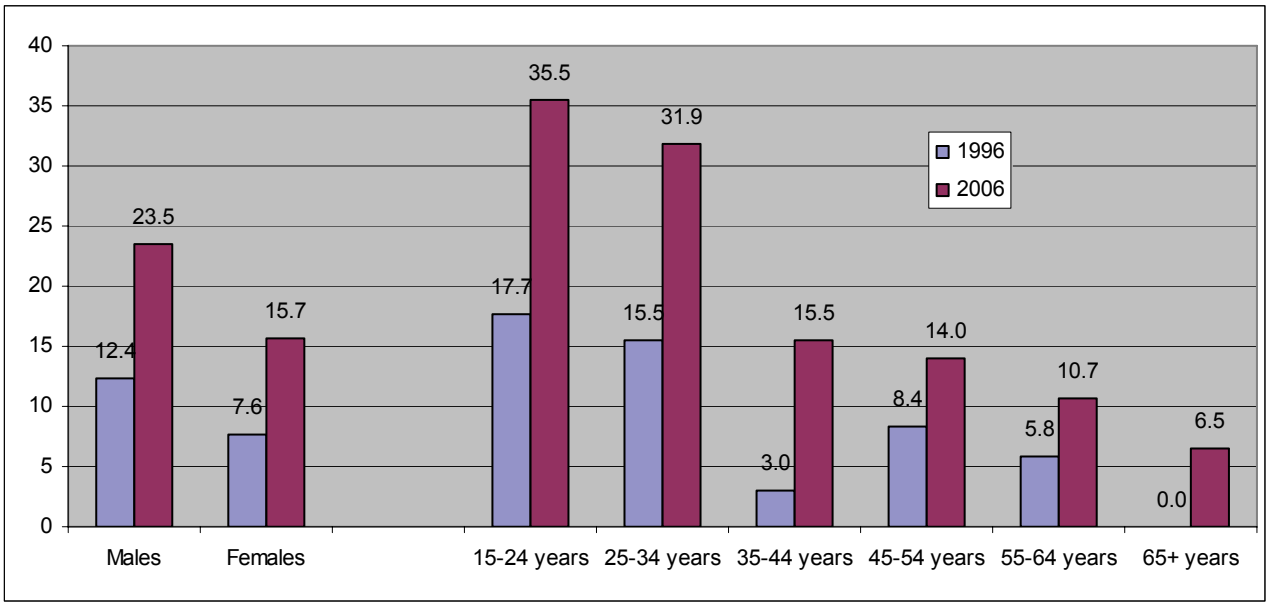
1.4 Social and Cultural Context of Drug Policy

1.4.1 Attitudes to Drugs and Drug Users

A CEPROS survey focusing on public attitudes towards drug-using individuals studied the shift in public opinion on the solution to the drug problem and the legalisation of cannabis in 1996-2006. In 2006 a total of 1,782 respondents over 15 years of age were interviewed as part of the study (there were 1,393 respondents in 1996). It was shown that the attitudes of the public towards drug users had changed significantly over the past ten years; although the opinion that drug users need to be put up with on condition that they undergo treatment (63.4%) still prevails, there is a growing number of respondents who opt for the opinion that drug users should be tolerated, while others are protected (32.2% vs. 19.9% in 1996) (Prajsová et al. 2008). Older respondents and females are more likely to show more repressive attitudes, while younger people and males are more tolerant towards drug users. Views on how to deal with drug issues remain the same; one half would punish drug users, the other half is more in favour of preventive measures.

Over the last ten years the proportion of the public supporting the legalisation of cannabis has doubled. While in 1996 legalisation was favoured by 9.9% of respondents, by 2006 the number of its advocates had risen to 19.5% (Prajsová et al. 2008). Of the respondents, males, single or unmarried respondents, and younger people were more likely to be in favour of the legalisation of cannabis (35.5% and 31.9% of those interviewed were aged 15-24 and 25-34 respectively) – Figure 1-1.

Figure 1-1: Characteristics of people supporting the legalisation of cannabis – comparison of the years 1996 and 2006 (Prajsová et al. 2008)



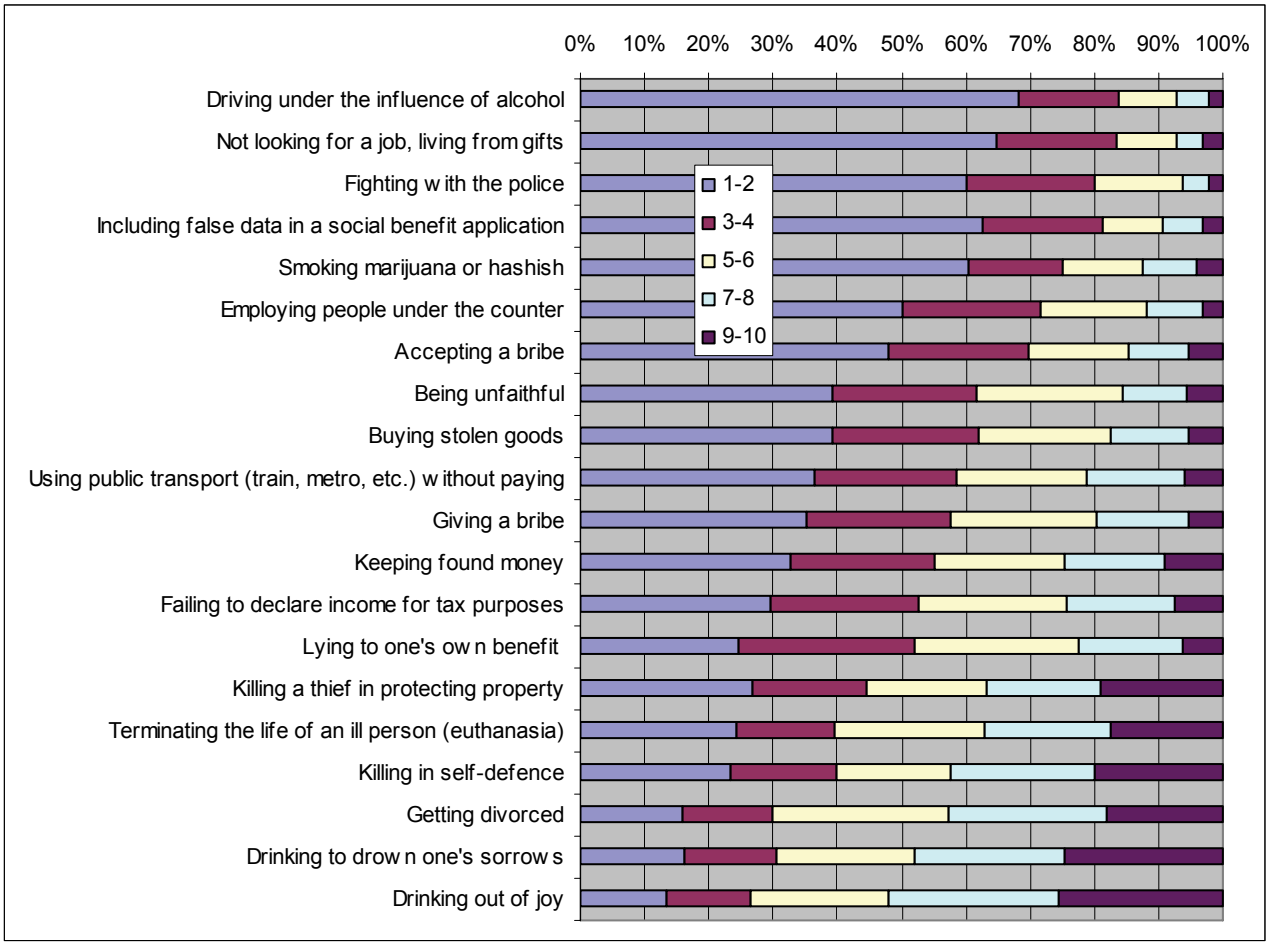
In 2007 the Public Opinion Poll Centre repeated two surveys concerned with tolerance towards selected population groups and the acceptability of certain behaviours. Both surveys were carried out in March 2007 on a representative sample of 1,046 respondents over 15. The survey focused on tolerance towards population groups indicated that 87%, 81%, and 77% of those interviewed would not like to have drug users, heavy drinkers, and people with a criminal history, respectively, as their neighbours. A total of 51% of the respondents would not like to have people with a mental illness as their neighbours; see Table 1-10. In comparison to the previous years, the degree of tolerance (or intolerance) towards these selected population groups remains at the same level; the public only shows more tolerance towards homosexuals and people of different religious beliefs (Centrum pro výzkum veřejného mínění, 2007a).

Table 1-10: Tolerance towards selected population groups – percentages of people who would not like to have members of the following groups as their neighbours (Centrum pro výzkum veřejného mínění, 2007a)

They would not like to have neighbours who are	March 2003	March 2005	March 2007
People who use drugs	85	87	87
Heavy alcoholics	86	87	81
People with a criminal history	78	77	77
Roma people	79	75	-
People with mental illness	-	-	51
Homosexuals	42	34	29
Foreigners who live in the Czech Republic	24	22	-
People of different religious beliefs	8	7	4

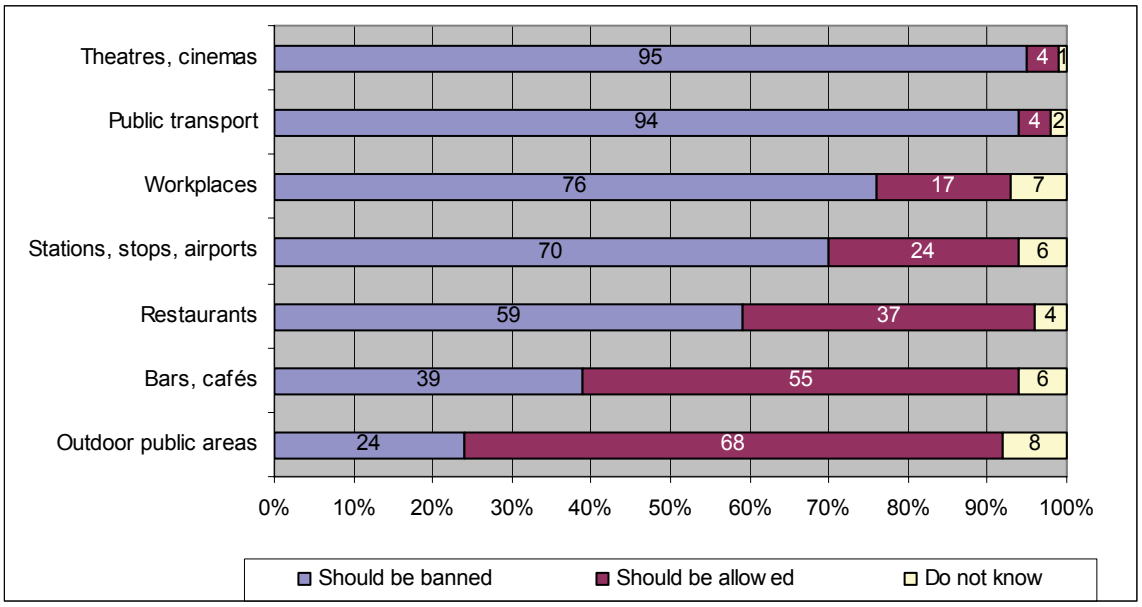
The second survey, studying the acceptability of selected behaviours, showed that the respondents found smoking marijuana or hashish as unacceptable as driving under the influence of alcohol, not looking for a job, fighting with the police, or including false data in a social benefit application (Centrum pro výzkum veřejného mínění, 2007b). Other unacceptable behaviours include employing people on an illegal basis, accepting bribes, infidelity, and using public transport without paying; see Figure 1-2.

Figure 1-2: Moral acceptability of behaviours - on a scale of 1-10 (1=totally unacceptable, 10=perfectly acceptable) (Centrum pro výzkum veřejného mínění, 2007b)



In February 2008 the Public Opinion Poll Centre conducted a survey focusing on the attitudes of society towards smoking in public places. A total of 76% of those interviewed (1,062 respondents over 15) supported the opinion that smoking should be banned in workplaces, while 70% of the respondents believed that smoking should not be allowed at public transport stops, on railway platforms, and in airports. A smoking ban in restaurants was favoured by 59% of the respondents, while 39% of those interviewed supported the idea of smoking being banned in cafes and bars; see Figure 1-3. According to 30% of the respondents, smoking in restaurants and bars in the Czech Republic will be prohibited within five years, but 22% of those interviewed are convinced that a restaurant smoking ban will never be introduced (Centrum pro výzkum veřejného mínění, 2008). A total of 41% of those interviewed believe that the introduction of a smoking ban in restaurants and bars would significantly reduce their sales and number of customers. In a comparable survey, a restaurant smoking ban was supported by 79% of Hungarians and 77% of Slovaks, while a ban on smoking in cafes and bars was favoured by 52% of Hungarians and 47% of Slovaks.

Figure 1-3: Support for a ban on smoking in selected places (Centrum pro výzkum veřejného mínění, 2008)



1.4.2 Initiatives in the Parliament

In the current parliamentary term (3 June 2006-present), the word segments “drug*” and “antidrug”* appeared in the documents of the Chamber of Deputies of the Parliament 111 times in total, as was identified by means of a full text search in documents that were publicly available as of 2 July 2008 (Parlament České republiky, Poslanecká sněmovna, 2008a).

In 2007, after the new government had been established[12], work on the bill for a new penal code continued; see also the chapter Legal Framework, page 6.

In his introductory speech on the draft penal code held at a plenary session of the Chamber of Deputies of the Parliament in March 2008, the Minister of Justice, Jiří Pospíšil (Civic Democratic Party), stated that the bill for a new penal code only specifies the existing regulation of drug possession; the principle that the possession of a drug in a quantity greater than small is a criminal offence, while a small quantity is considered a misdemeanour, is already in place. A governmental order related to the penal code should clearly specify the relevant degree for each type of drug. In addition, there are differences in res gestae as regards the possession of drugs in a quantity greater than small; as far as so-called “soft drugs” are concerned, imprisonment of up to one year may be imposed, while a two-year limit has been set for the remaining drugs (Parlament České republiky, Poslanecká sněmovna, 2008f). The entire course of proceedings concerning the pending penal code bill, including references to the documents under discussion, is available on the publicly accessible server of the Chamber of Deputies of the Parliament under Chamber Print Nos. 410 and 411 (Parlament České republiky, Poslanecká sněmovna, 2008d; Parlament České republiky, Poslanecká sněmovna, 2008e). The history of the previous proceedings on the penal code held in 2004-2006 (the bill was not passed) is available under No. 744 (Parlament České republiky, Poslanecká sněmovna, 2004).

In relation to the debate on the amendment to the penal code waged by the Chamber of Deputies of the Parliament, a “Cannabis Is Medicine” (www.konopijelek.cz) website was launched in March 2008. This website includes an open letter to the lawmakers whose text was signed by 77 people and supported by 1,740 others (as of 16 July 2008); the signatories request a change in the penal code to the effect that (self-) treatment with cannabis, i.e. the cultivation and possession of cannabis for self-treatment, in an amount of up to 1.5 kg of dried cannabis per person per year, should not carry a penalty. Authorised possession would be subject to a duty to notify the Ministry of Health under a special legal regulation (Dvořák, 2008).

Stanislav Penc, a parliamentary assistant to Martin Bursík, the Deputy Prime Minister of the Czech Republic and the Chair of the Green Party[13], chose a photograph of cannabis plants as a motif for a poster associating the Green Party with liberal thinking; the poster was issued while the discussion on a new penal code was still in progress (Strana zelených, 2008b; Penc, 2007).

[12] The elections for the Chamber of Deputies of the Parliament of the Czech Republic were held in June 2006. The Government was formed in 2006 but resigned soon after, in October 2006; a Government with the confidence of the Chamber of Deputies of the Parliament was not appointed until January 2007.
[13] A regional representative of the Green Party in the Hradec Králové region.

Figure 1-4: Poster "Live Healthily, Think Free" (Penc, 2007)

The governmental Green Party[14] supports the decriminalisation of cannabis – legal differentiation between addictive substances according to their dangerousness. Its point is to prevent users from being prosecuted for the use, possession, and growing of cannabis for personal use – to a limited and clearly specified degree. By no means does it mean that cannabis should be readily available for sale (Strana zelených, 2008a).

In 2007 the idea of the decriminalisation of cannabis was adopted by the parliamentarians Ondřej Liška (Green Party; from 2007 also the Minister of Education, Youth, and Physical Education) and Anna Čurdová (Social Democrats), as mentioned by the Lidové noviny daily in an article pointing out a reportedly dramatic increase in the number of people who had been charged with and prosecuted for a criminal offence involving "possession of cannabis" by the police and state prosecutors respectively (Malecký, 2007).

The debate in the Chamber of Deputies of the Parliament (as well as in the media) further focused on the parliamentarian amendment to Act No. 379/2005 Coll. on the Measures for Protection from Harm Caused by Tobacco Products, Alcohol, and Other Addictive Substances. The Health Committee adopted a proposal for a ban on smoking in restaurants; the intention of this motion was not only to make the existing smoking regulation more rigorous, but also to enhance sanctions for selling alcohol and cigarettes to minors; the failure to notify healthcare facilities of the patients to be entered into the substitution register should also be an administrative violation (Parlament České republiky, Poslanecká sněmovna, 2008c)[15].

As part of the discussion on the governmental bill for an act on pharmaceuticals (Parlament České republiky, Poslanecká sněmovna, 2007c), it was proposed that a new principle should be introduced to the effect that certain over-the-counter medicines, including those containing pseudoephedrine, would be made available under certain restrictions (Parlament České republiky, Poslanecká sněmovna, 2007f). According to the minutes of the meeting of the Health Committee, the parliamentarian David Rath commented on the issue by saying "… that in his view the sale of efficient over-the-counter medicines should not be restricted, despite the fact that pseudoephedrine tends to be misused by certain groups for the manufacturing of illicit drugs. The amount of the substance sold should only be limited. The foreign experience showed that the elimination of such a practice did not improve the situation."[16] (Parlament České republiky, Poslanecká sněmovna, 2007e); see also the chapter on Drug Markets, page 110. In August 2007 the results of a survey on the misuse of medicines containing pseudoephedrine versus the right to self-treatment were published (Donath-Burson-Marsteller, 2007); for more details see the 2006 Annual Report.

[14] The Green Party is one of five parliamentary political parties in the Czech Republic. It has 6 (out of 200) representatives, 1 (out of 81) senator, and 4 members of the Government. The party entered the Chamber of Deputies of the Parliament and the Government for the first time in 2006.

[15] The discussion on the issue held in the Finance Committee of the Chamber of Deputies of the Parliament included rather surprising suggestions, such as an obligation for trains to have 50% of smoking coaches, leaving it to the pilot's discretion whether smoking should be allowed on board a passenger plane, or the reintroduction of smoking in public areas of governmental agencies and local authorities (Zprávy ODS.cz - Radiofórum, 2008); nevertheless, the Finance Committee as a whole did not accept these suggestions and only proposed that the existing legal regulations should be more benevolent, to the effect that restaurant managers would decide whether their businesses would be smoking, smoking with restrictions, or non-smoking (Parlament České republiky, Poslanecká sněmovna, 2007d). In an opinion poll held by the *Novinky.cz* server in May 2008, 22% of the respondents preferred the mitigation of the effective legal regulation and 78% were in favour of the gradual introduction of a ban on smoking in public; 21,184 readers cast their votes in the poll (jov, Novinky.cz, 2008).

[16] The debate on pseudoephedrine also continued in 2008. During a Q&A session in the Chamber of Deputies of the Parliament, the Health Minister stated that the Ministry of Health, in liaison with the National Drug Headquarters and the State Institute for Drug Control, was finalising a list of pharmaceuticals which would be covered by sale restrictions; the list should have been finished by 31 October 2008. The Health Minister also acknowledged the activity of the Czech Chamber of Pharmacists, which began imposing very strict sanctions on some of its members who had been selling large quantities of medicines containing pseudoephedrine. In addition, he encouraged making better use of the existing regulation included in the act on pharmaceuticals, which makes it possible to control supplies.

In 2007 the act on pharmaceuticals was adopted by the Chamber of Deputies of the Parliament and successfully passed by the Senate, and in December 2007 its inclusion in the Collection of Laws was announced; see also the chapter on Legal Framework, page 6.

At its first session in February 2007, the Chamber of Deputies' Subcommittee for Drugs and Addiction Issues, a body of the Health Committee, discussed the increasing risk of HIV and the decreasing number of tests performed on drug users. The issue was brought up in response to a letter from the Secretariat of the Government Council for Drug Policy Coordination. Representatives of non-governmental organisations, including ESET-HELP, SANANIM, and Progressive, and the drug coordinator for the Prague 11 District participated in the meeting (Parlament České republiky, Poslanecká sněmovna, 2007b).

Drug-related European documents submitted to the Chamber of Deputies of the Parliament are discussed by the Committee on European Affairs. For more details see the Committee's web pages which are part of the website of the Chamber of Deputies of the Parliament – www.psp.cz (Parlament České republiky, Poslanecká sněmovna, 2008b).

1.4.3 Initiatives in the Civil Society

Every year, the professional public in the Czech Republic has a chance to discuss drug-related issues at a number of specialised conferences. The conference of the AT Section of the Psychiatric Association of the Czech Medical Association of J.E. Purkyne (the so-called AT conference) has the longest tradition; in 2007 it was held for the 46th time as part of the 13th national conference of the Association for Addictive Diseases of the Czech Medical Association of J.E. Purkyne – its main topic was "Addiction as a Disease". The next conference, held in 2008, was dedicated to the topic "Outpatient Addiction Treatment – Extinction or Rebirth?". In addition, an annual international conference on the Primary Prevention of Risk Behaviour is held every autumn. In 2008 it will take place for the 5th time, under the title "Where Are You Going, Primary Prevention?"

Annual professional conferences are also held by some of the regions. The Central Bohemia region has hosted regional drug conferences since 2003. In the Pilsen region, conferences on the prevention and treatment of addiction have been held since 2005. A regional conference of drug professionals in the South Bohemia region and a regional conference on the primary prevention of socio-pathological phenomena concerning schools in the Zlín region were held for the first time in 2007. In 2007 there were an additional 13 professional conferences, some of which also take place on an annual basis.

In addition to the above-mentioned conferences, a number of seminars, lectures, and other training events are held every year, and some of them take place as part of regular series or programmes[17]. The NFP is proactive in finding out about these events and announcing them in the Calendar of Events posted on the national drug information portal drogy-info.cz (Národní monitorovací středisko pro drogy a drogové závislosti, 2007a)[18].

The Global Marijuana March (GMM; formerly Million Marijuana March, MMM) happening takes place every year in May (concurrently in hundreds of cities around the world). The organisers of the 10th year held in Prague in 2007 estimated that some 5-6 thousand people participated in the event; however, a large number of them came rather to see the musical performances related to the happening than explicitly to support the legalisation of cannabis. The happening in support of the legalisation of cannabis ranked among the largest music festivals in the country; it had a similar attendance, budget, and choice of bands (Jehlička, 2007). In 2008 the event took place in the Czech Republic again, in the context of the criminal law undergoing changes which should be "the first step towards society's rational approach to psychoactive, non-technical cannabis" (Legalizace.cz, 2008).

The year 2007 already saw the 5th year of the project titled "Say NO to Drugs – Say YES to Life", which is organized by a civil association of the same name linked to the Church of Scientology[19]. This event is presented by the organisers as an anti-drug information campaign. It involves a tour around certain Czech towns, held under the slogan "Cyclorun for the Czech Republic without Drugs", whose participants ask representatives of municipalities for support for their campaign. They also invite them to sign the Drug-Free City project, point out the low level of information in the area of primary prevention, organise lectures for children, and hand out "Truth about Drugs" information leaflets (10 brochures) in public areas (Leová and Špalek, 2008). Support for the project has been shown on the part of municipal representatives, as well as senators from the Parliament (Vaculík, 2008). According to its organisers, since it was started in 2001, the Say NO to Drugs – Say YES to Life project has addressed over 650,000

[17] For example, the so-called "Purkyně Sessions" ("purkyňky"), training events organised as part of, but not exclusively, the Association for Addictive Diseases of the Czech Medical association of Jan Evangelista Purkyně. Other such training events include those held by Brno's Sdružení Podané ruce as part of its IES training institute, as well as training events intended for the professional and broader public organised by the Centre for Addictology of the Psychiatric Clinic, 1st Medical Faculty, Charles University, Prague.

[18] Between January 2007 and June 2008 the Calendar of Events advertised 306 training events focusing on drug issues (such as conferences, including international ones, seminars, courses, and lectures). Most of the courses featured training in approaching clients and methods of working with them.

[19] In the Czech Republic, the Church of Scientology is not registered as a religious society; it operates as a civil association (Hrubý, 2003).

people and more than 130,000 copies of leaflets have been handed out (Tisková kancelář Scientologické církve pro ČR a SR, 2008; Řekni NE drogám - Řekni ANO životu, 2008).

Another annual "cyclorun" took place in June 2008. The event included lectures delivered by Scientologists in selected schools, with the support of the school principals (Plaček and Rothová, 2008), in spite of the fact that a number of professionals had previously noted that the project was not consistent with the quality standards defined for the area of primary prevention (Radimecký, 2006). In 2008, again, the media paid attention to the comments of several professionals (including the national drug coordinator and a representative of the Ministry of Education) who have warned about the Scientologists' anti-drug campaign, noting that the information provided as part of the Scientologists' campaign may lead to manipulative, even sectarian, conduct and that the association organising the campaign is not a holder of certification for primary prevention programmes (Plaček, 2008). Primary prevention certification is dealt with in the chapter on Prevention, page 36.

Ultra-right radicals (nationalists) have also begun using the theme of protesting against drugs as a pretext for their activities. In 2007 a procession of approximately 50 radicals against drugs took place in the North Moravian town of Havířov (Kovalčík, 2007). In June 2008, a procession against tolerance towards drugs and their liberalisation, organised by the Autonomous Nationalists (in association with the Workers' Party[20]), was held in the town of Děčín, Northern Bohemia. Approximately 100-250 nationalists participated in the parade; about 50 people (anarchists and antifascists)[21] protested against the event on the site (Lidovky.cz, 2008). The proclaimed purpose of the demonstration was to make people think about the problem of drugs, as the current situation is reportedly leading to the destruction of future generations (sever.nacionaliste.com, 2008; stred.nacionaliste.com, 2008).

Figure 1-5: "Against Tolerating and Liberalising Drugs" procession organised by the Autonomous Nationalists (invitation – source: http://decin.cz, photograph – source: http://stred.nacionaliste.com)

1.4.4 Mass Media and Media Campaigns

In 2007 annual campaigns promoted by the Healthy Cities National Network took place: the environment-focused Earth Day was held in April, the Tobacco-Free Day in May, the Injury-Free Day campaign in June, and the Health Days community campaigns focusing on the promotion of health and a healthy lifestyle took place in October. The 2007 Health Days campaign was joined by 33 municipalities; the media partner of the event was Czech Radio 2 – Prague.

In February 2007 the SANANIM civic association launched the campaign Drugs and Parents, whose slogan, "Don't Be Afraid to Ask", sought to address, first and foremost, parents and encourage them to talk more to their children about drugs, to be interested in the drug situation and preventive programmes in schools, and to refer to experts when necessary (SANANIM, 2007a). The Ministry of Education and the Ceska Sporitelna Foundation were the partners of the campaign.

The Domluvený ("Agreed") campaign addressing the issue of drink-driving continued in the summer of 2007. This project (a parallel to the European Designated Driver campaign) is based on the promotion of the idea that young people agree among themselves that one of them will not drink alcohol and will drive the car on the way back from a party/event; see also the 2005 and 2006 annual reports. Organised on an annual basis by the Ministry of Transportation's BESIP Department in association with the PSR Forum (Responsible Consumption of Alcoholic Beverages) and the Responsible Brewers Initiative, the campaign is a response to the increasing number of serious road accidents caused by young drivers under the influence of alcohol which occur at the weekends in the evening or late at night (Ministerstvo dopravy ČR - BESIP, 2007). In 2007 the campaign addressed approximately 75,000 people, those attending the concerts where the project was promoted. Alcohol breath tests were performed on 5,033

[20] Non-parliamentary nationalist group.
[21] Invitation – source: http://decin.cz. Photograph – source: http://stred.nacionaliste.com, Article: Autonomous Nationalists Demonstrate against Drugs in Děčín.

young people present at the events, out of whom 2,903 were drivers who, in consistence with the notion of the project, had not drunk alcohol that evening. The campaign carries on in 2008.

As every year, the Czech Republic joined the efforts in support of the International Day against Drug Abuse and Illicit Trafficking on 26 June 2007; the slogan of the 2007 UN campaign was "Do drugs control your life? Your life. Your community. No place for drugs." (Informační centrum OSN v Praze, 2007). On the occasion of the International Day, UN and EMCDDA information materials were made public and a "Will Prague Resist HIV?" joint press conference, organised by the SANANIM civic association and attended by the national drug coordinator, the head of the NFP, and the Prague drug coordinator, was held in Prague.

On 27 June 2007, in connection with the International Day against Drug Abuse and Illicit Trafficking, the 2007 Addictology Prize for Extraordinary Contribution to Addictology was awarded. The prize was received by MUDr. Jana Novotná; the award ceremony was made part of a professional conference on the liaison between governmental and non-governmental organisations in the context of the development of addiction services in the Czech Republic, followed by a seminar on the substitution treatment of opiate addiction. The conference was held under the auspices of the Mayor of Prague and the Health Minister of the Czech Republic; an EMCDDA representative was also present at the conference (Centrum adiktologie, Psychiatrická klinika 1. lékařské fakulty UK a VFN v Praze, 2007b). It was the second year of the Addictology Prize event, which has taken place annually, in June, since 2006.

In June 2007 the non-parliamentary political party Union of Freedom – Democratic Union apologised to the public for its provocative campaign before the 2006 parliamentary election. In the campaign featuring a unifying English slogan "It's legal", the party promoted, among other things, legal cannabis smoking and euthanasia by which it attracted significant media attention; the campaign souvenirs included papers for rolling a marijuana cigarette. This strategy brought it a mere 0.3% of the votes cast, i.e. the votes of 16,457 people (Česká tisková kancelář, abz, 2007).

On 24-30 September 2007 the Week of Low-Threshold Clubs was held, with the goal of drawing attention to the activities of such agencies; low-threshold facilities for children and young people are intended for children who do not have their leisure time organised (spending it in the street or hanging around with a group of friends). They are an alternative to hobby circles and, in addition, provide counselling in difficult situations, as well as social services (Česká asociace streetwork, 2007). Fifty-five clubs from all over the Czech Republic were involved in the activities developed as part of the Week of Low-Threshold Clubs. The project was carried out under the auspices of the Czech Streetwork Association; financial support was offered by the Vodafone Czech Republic Foundation.

At the end of 2007 another round of the Promile INFO SMS campaign was launched. More intensive promotion of this service was initiated by the SANANIM civic association in cooperation with the Pilsner Urquell brewery. It is a text message-based service which informs drivers about the approximate time within which the level of alcohol in the blood drops down to zero and the driver can sit behind the wheel again. The service has been in operation since 2005, and the new campaign is a response to the recently stagnating number of people using the service. Following the new round of the campaign, an increase in the use of the service has been observed: about 300 individuals use it on a monthly basis (SANANIM, 2008). In 2008 the Promile INFO SMS initiative became a part of the preventive and information programme Safer Party Tour 2008, a joint effort of several non-profit-making organisations, supported by the GCDPC, which provides services at major summer music festivals; for more details see the chapter on Services Provided by Low-threshold Facilities, page 86.

With the support of several ministries (Ministry of the Interior, Ministry of Justice, Ministry of the Environment, Ministry of Education, and Ministry of Transport), a pilot project of the School Information Channel was launched in 2007. Its authors present it as an information and prevention project. The question is (also in terms of its further implementation and potential extension) its effectiveness. It involves audiovisual broadcasting featuring sequences of short preventive spots (such as those referring to smoking, alcohol consumption, drug use, violence or bullying, and crime) providing information about possible additional education of both pupils and school staff, extracurricular activities, and major events in the town or region, as well as information about a healthy diet, technological innovations, and services (so-called social marketing). The content of the broadcasting is controlled on a central basis; spots are shown on the screens in 15-minute blocks (spots are rerun four times an hour) from 7 a.m. to 5 p.m., in consideration of the operation of each school. Preventive information is prepared in collaboration with the local city police, help line, drug centres, and pedagogical-psychological counselling offices and educational centres (ŠIK CZ, s.r.o., 2008).

Launched in 2005, the controversial project Revolution Train continued in 2007. Its objective is to "to inform children and young people about drug-related risks" by means of a specially equipped railway train where visitors (basic school pupils) can "experience with all their senses the temptation of drugs and its tragic consequences"; see also the 2006 Annual Report. According to its creators, it is a primary prevention project, while experts from the Centre for Addictology, Psychiatric Clinic, 1st Faculty of Medicine, Charles University in Prague, the Ministry of Education, and the Czech Medical Association of J.E. Purkyně claim that the project contains misleading information and is likely to be ineffective[22] (Centrum adiktologie, Psychiatrická klinika 1. lékařské fakulty UK a VFN v Praze, 2007a; Společnost

[22] Martin Lain, an investor in the project, and Josef Radimecký, a critic of the project, met in a duel hosted by the Aktuálně.cz news server in May 2007; Radimecký won 70% of the votes in the related opinion poll (Eliášová, 2007).

pro návykové nemoci ČLS JEP, 2007). In its initial stage, the project was carried out under the auspices of the then Prime Minister of the Czech Republic, the Minister of Transport, the Minister of Health, the head of the National Drug Headquarters of the Police of the Czech Republic, the Chief Health Officer of the Czech Republic, and some well-known athletes and musicians. The project is largely funded from private sources. The estimated total cost of the project is CZK 30 million (€ 1,081 thousand), and approximately CZK 5 million (€ 180 thousand) had already been invested in it by 2006.

Certain activities which are on the borderline between the activities of civil society and campaigns were covered in the previous section of this chapter. With a few exceptions, the costs of the implementation of individual campaigns are not publicised. No evaluation studies of impacts of individual campaigns are currently available.

1.4.5 Drug-Related Issues in the Media

The NFP found that from the beginning of 2001 to 30 June 2008 the archives of Newton Media a.s. registered a total of 47,422 news items under the Drug Issues category. Their numbers for each year are summarised in Table 1-11.

Table 1-11: Numbers of contributions under the Drug Issues category in 2001-2008 maintained in archives of Newton Media a.s. (NEWTON Media a.s., 2008)

Year	Number of contributions	Current year/ previous year (%)
2001	2,983	-
2002	2,638	88.4
2003	5,434	206.0
2004	8,069	148.5
2005	7,130	88.4
2006	8,038	112.7
2007	8,654	107.7
2008*	4,476*	-
Total	**47,422**	-

*NB: * Months 1–6.*

The visitor rate statistics (Navrcholu.cz, 2008) indicate that the drogy-info.cz website registers 21-33 thousand unique visitors on a monthly basis; the total number of people visiting the website between 1 July 2007 and 30 June 2008 was 339,432. The number of returning visitors amounted to a total of approximately 17 thousand, and it ranged from 1,130-1,900 visitors for each month of the period under consideration[23]. In the period 1 July 2007-30 June 2008 the home page was viewed approximately 91,000 times in total (8.93%) out of the total of 1,022,491 pages viewed. The second most frequently viewed page was the Help Map application (38,335, i.e. 3.75% of the pages viewed). In early 2008 the drogy-info.cz website was selected by the National Library for regular archiving as a good-quality source of information; thus it has become a part of Czech cultural heritage. The website has been entered into the Czech National Bibliography database.

In 2008 the content analysis method was used to study the media portrayal of drug-related issues in the Mladá fronta DNES and Právo nationwide dailies in 1996-2007[24], always during the period before the elections for the Chamber of Deputies of the Parliament and at the same time in the following non-election year. In addition, political parties' election programmes were scrutinised. It was found that the 2006 election programmes included prevention as the political parties' most frequent approach to the problem of drugs[25]. While in the election years 2002 and 2006 the political programmes and campaigns, and the follow-up media presentations, most frequently featured the theme of the legalisation or decriminalisation of "soft" drugs, in 1996 and 1998 proclamations calling for stricter sanctions for drug offences prevailed. It was also identified that while in the period 1996-2003 the framing of drug issues in both the election and non-election periods was comparable, the election year 2006 and the post-election year 2007 saw changes in the media portrayal of drug-related issues in connection with politics: the theme of supply reduction prevailed in 2007 (60.9%), while in the previous election year 2006 this framework was less accentuated (19.7 %), partly in response to the polarisation of political debates between the advocates of the legalisation of cannabis and their opponents (Běláčková, 2008).

[23] In terms of a daily basis, a returning user is a person who visited the website on the given day, as well as on the previous day; in terms of a weekly basis, it is a person who visited the website in the given week, as well as in the previous week, and in terms of a monthly basis, it is a person who visited the website in the given month, as well as in the previous month.
[24] Elections held in 1996, 1998, 2002, and 2006.
[25] However, analysis of key words showed that the parliamentary parties have used the word "combat" more frequently in reference to drug-related issues.

2 Drug Use in the Population

No general population survey focusing on the scope of drug use among the adult population was conducted in 2007; the Czech Republic participated in the ESPAD international school survey.

The results of recent studies indicate that approximately 20% of the adult population have had at least one experience with an illicit drug; the prevalence of experiences with drugs is higher among young people (approximately 35% of pupils in the last grades of basic schools and 45% of first-year secondary school students). The most commonly used illicit drugs are cannabis-based substances; the popularity of hallucinogenic mushrooms has also increased in recent years. Inhalants are relatively popular among the pupils of basic schools, too. The extent of experiences with opiates and cocaine among basic school pupils and students in the Czech Republic has remained stable and at a very low level. The ESPAD study confirmed the trend observed in the 2006 HBSC survey: the dramatic increase in experiences with drug use observed since the mid-1990s has stopped; the situation has stabilised in terms of cannabis, and a decline in the prevalence of experiences with other illicit drugs, including ecstasy and hallucinogenic mushrooms, has been observed.

A significant rise in cocaine use and a slight increase in pervitin consumption have recently occurred among dance party-goers, while the latest prevalence of ecstasy use showed a slight decline.

2.1 Drug Use in the General Population

The most recent general population survey focusing on the use of illicit drugs (General Population Survey of the Health Status and Lifestyle of the Population in the Czech Republic) was carried out in 2004 (Ústav zdravotnických informací a statistiky ČR, 2006); its results were summarised in the 2004-2006 annual reports. According to this study, approximately 22% of the adult population (aged 18-64 years) have used an illicit drug at least once. The most frequently used substances included cannabis (21%), ecstasy (7%), and magic mushrooms and other natural hallucinogens (3.5%).

2.1.1 European Core Health Interview Survey (ECHIS)

The Czech Republic has become involved in the preparation of the European Core Health Interview Survey (ECHIS). On the international level, the survey is being coordinated by Eurostat; the Czech partner is the Institute of Health Information and Statistics of the Czech Republic. The ECHIS survey should be conducted by all EU member states from 2007 to 2009. The main purpose of the study is to assess the health of the population. In relation to healthy lifestyles, the questionnaire includes items concerning smoking, alcohol consumption, and illicit drug use.

In 2007 the final version of the survey questionnaire was prepared and some of the modules which will comprise the survey were tested. In March 2007, an international workshop on the population health survey was held under the auspices of the Institute of Health Information and Statistics and the Czech Statistical Office. The objective of the workshop was to prepare the entire survey in methodological terms, evaluate the pilot surveys that were carried out, and prepare the final version of the questionnaire. In view of the fact that no funds were provided for the implementation of the survey in 2007, the study was postponed to the year 2008. The first data collection stage took place in June and July 2008, and the second stage is planned for September 2008.

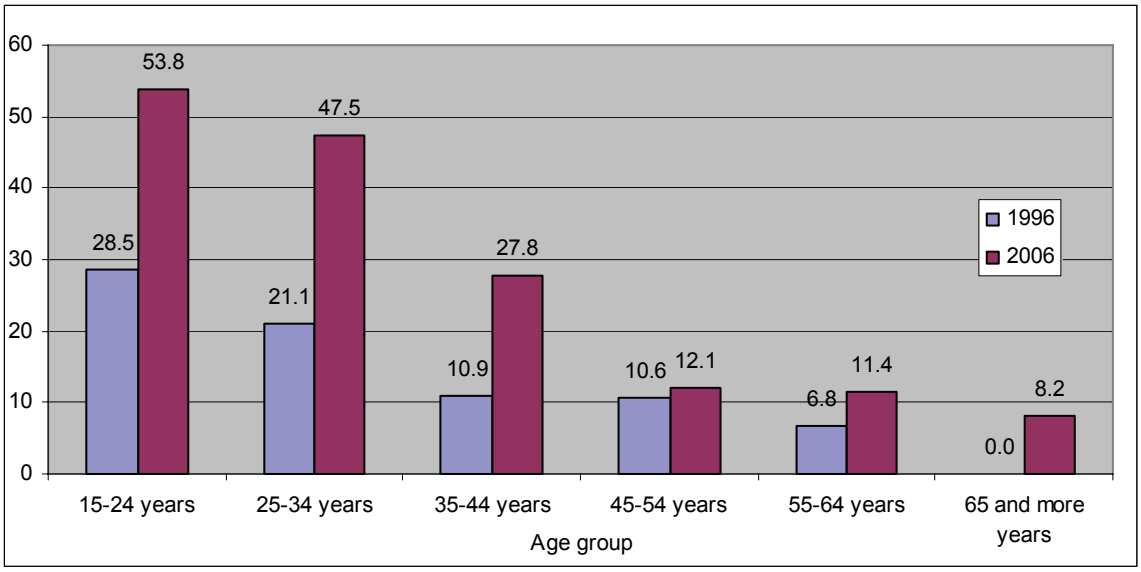
The survey follows up on a series of sample surveys of the health status of the Czech population (HIS CR) carried out by the Institute of Health Information and Statistics in 1993, 1996, 1999, and 2002. In 2008 the target study sample comprises approximately 4,000 respondents over 15 years of age (Ústav zdravotnických informací a statistiky ČR, 2008).

2.1.2 Public Attitudes towards the Drug Problem Survey

The results of the survey by CEPROS (Centre for Research into Drug Services and Public Health) focusing on the attitudes of society towards the drug problem were published recently. The study examined the development of public attitudes towards drug-using individuals, measures taken to tackle drug problems, and the legalisation of cannabis in the years 1996 to 2006; the attitude issues are covered in more detail by the chapter on Social and Cultural Context, page 20. A total of 1,782 respondents over 15 years of age[26] were interviewed as part of the study in 2006 (there were 1,393 respondents in 1996). Out of this sample, 27.4% responded that they had had at least one experience with the use of an illicit drug (33.6% of males and 21.6% of females). For comparison, in 1996 these respondents accounted for 15.7%. The highest prevalence of experience with illicit drugs was identified in the youngest age groups – 15-24 years (53.8%) and 25-34 years (47.5 %) – Figure 2-1, among single individuals (52.4%), and among respondents living in common-law marriage arrangements (39.5%). The study did not show any statistically significant differences in terms of education or the size of their municipality of residence (Prajsová et al. 2008). The study did not consider each type of drugs separately. Therefore, neither differences nor development trends in terms of drug types could be assessed.

[26] A quota sample, representative in terms of gender, age, and regional affiliation, was used; data were collected by the INRES-SONES agency.

Figure 2-1: Lifetime prevalence of respondents' experience with the use of any illicit drug by age groups in the period 1996-2006, in % (Prajsová et al. 2008)



2.1.3 General Population Survey on Drug Use in 2008

Another wave of the general population survey focusing specifically on illicit drug use (in the context of alcohol and tobacco use) is to be carried out in 2008. The purpose of the study is to explore new trends in drug use in the general population and to compare the developments in the situation between the years 2004 and 2008. In methodological terms, the study will build on the latest available survey conducted in 2004. The questionnaire will include a block of items adopted from the European Model Questionnaire (EMQ) which concern the prevalence and frequency of the use of selected illicit drugs in a respondent's lifetime, the past 12 months, and the past 30 days; a block of six questions addressing intensive cannabis use (the French scale CAST – Cannabis Abuse Screening Test); and items inquiring into consumers' involvement in the cannabis market and market mechanisms. The data collection process is planned for October and November 2008.

As part of the study's preparatory stage, the Czech Republic has also joined a project of the European Centre for Drugs and Drug Addiction (EMCDDA) involving the pilot testing of the module of questions about the availability of illicit drugs in the population.

2.2 Drug Use in the School Population

2.2.1 ESPAD Study

In 2007 the Czech Republic participated in the European School Survey on Alcohol and Other Drugs (ESPAD) for the fourth time. The study included a total of 3,901 sixteen-year-old students (born in 1991) – new students at secondary schools (about two-thirds of the respondents) and pupils in the ninth grades of basic schools (about one-third of the respondents). The schools and classes were selected randomly in order to obtain a sample which would be representative in terms of types of school (e.g. grammar school, secondary technical school, secondary vocational schools, basic schools) and regions. A total of 351 Czech schools were involved in the study in 2007.

Illicit drug use had been experienced at least once by a total of 46.6% of the respondents in 2007. Cannabis accounted for the vast majority of cases (45.1%). For approximately one-half of those reporting experience with cannabis it was a one-off experience; half of the respondents reported having used cannabis more than five times in their lifetime.

Lifetime use of an illicit drug other than cannabis was reported by 13.5% of the respondents. The most likely substances included magic mushrooms or other natural hallucinogens (7.4%), LSD (4.9%), and ecstasy (4.5%). Experience with pervitin was reported by 3.5% of those interviewed. The prevalence of experience with the remaining illegal drugs did not reach the level of 2%; see Table 2-1. The students have relatively frequent experience with the use of sedatives (9.1%), inhalants (7.0%), and anabolic steroids (4.2%). The use of alcohol in combination with medicines is common (Csémy et al. 2008). Boys are more likely to have experience with illicit drugs, with the exception of the use of medication with a sedative effect and the use of heroin and other opiates, where girls reported more frequent experience.

Table 2-1: Lifetime prevalence of experience with the use of selected substances - 2007 ESPAD Survey, in % (Csémy et al. 2008)

Lifetime prevalence	**Boys**	**Girls**	**Total**
Any illicit drug	49.4	44.0	46.6
Any drug other than cannabis	14.8	12.2	13.5
Cannabis	47.9	42.5	45.1
Magic mushrooms, other natural hallucinogens	9.3	5.7	7.4
Inhalants	6.9	7.0	7.0
LSD	5.4	4.6	4.9
Ecstasy	4.8	4.3	4.5
Steroids	6.6	2.2	4.2
Pervitin	3.4	3.6	3.5
Heroin, opiates	1.5	2.4	2.0
Cocaine	1.2	0.8	1.0
Crack	1.2	0.5	0.8
GHB	0.9	0.3	0.6
Sedatives	6.1	11.7	9.1
Alcohol + pills	13.6	22.9	18.5
Injecting drug use	1.0	0.6	0.8

In the past 12 months illicit drugs had been used by 36.3% of the respondents, with cannabis being the most frequently reported drug (34.8%). Other illicit drugs were used by approximately 3% of the students; see Table 2-2. Cannabis had been used by 18.1% of the students in the past 30 days. Very few respondents reported using other illicit drugs.

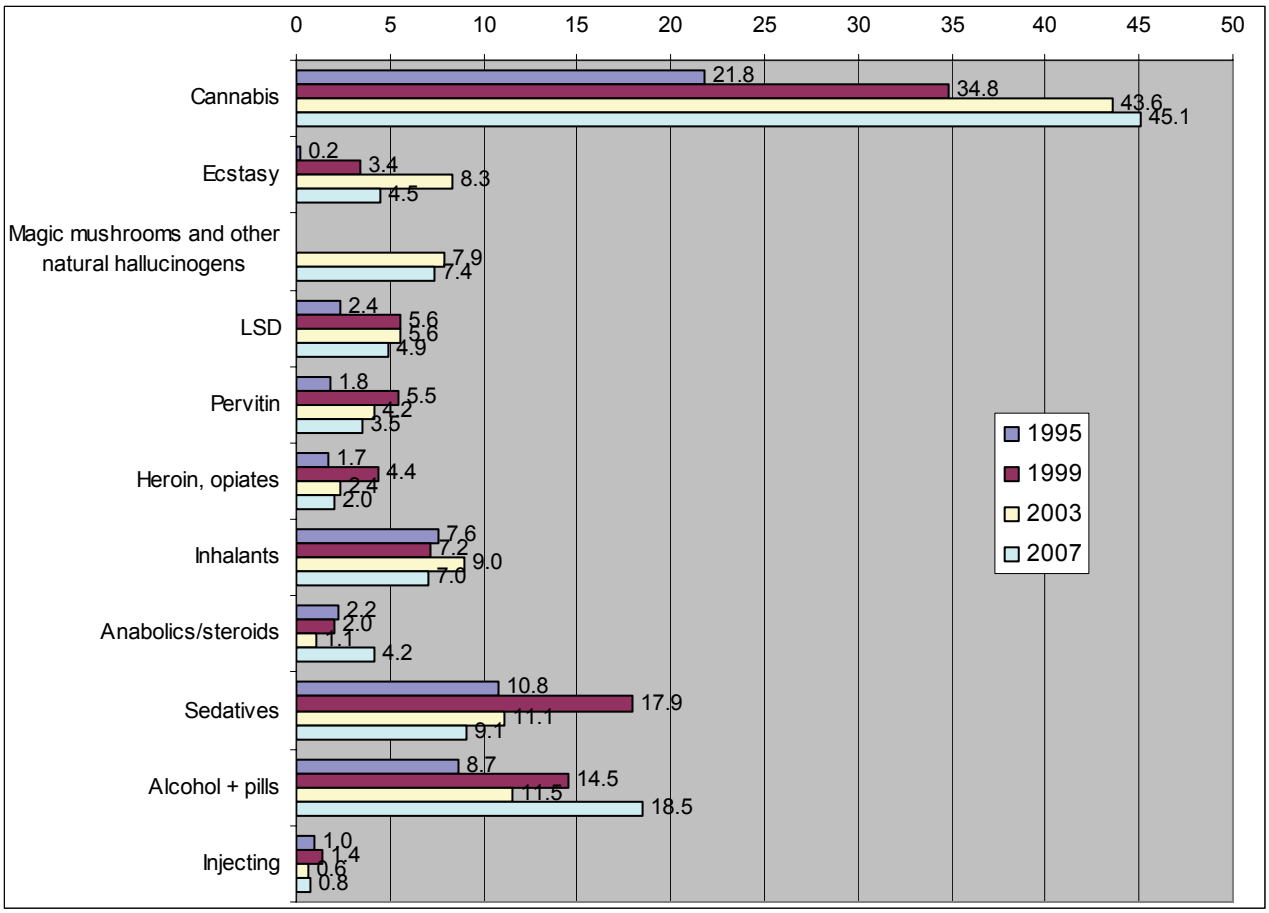
Table 2-2: Prevalence of experience with the use of selected substances in the past 12 months and past 30 days – 2007 ESPAD Survey, in % (Csémy et al. 2008)

Drug	**Prevalence in the past 12 months**			**Prevalence in the past 30 days**		
	Boys	Girls	Total	Boys	Girls	Total
Any illicit drug	39.1	33.7	36.3	21.9	16.5	19.1
Any drug other than cannabis	8.9	6.8	7.8	3.7	2.7	3.2
Cannabis	37.8	32.1	34.8	20.9	15.6	18.1
Inhalants	3.4	3.3	3.4	1.9	1.5	1.7
Magic mushrooms, other natural hallucinogens	4.1	2.4	3.2	0.8	0.4	0.6
Ecstasy	3.0	2.9	3.0	1.4	0.9	1.2
LSD	3.0	2.3	2.7	1.4	0.9	1.1
Pervitin	2.3	2.0	2.1	1.2	1.2	1.2
Heroin, opiates	1.2	1.2	1.2	0.7	0.5	0.6
Cocaine	0.8	0.3	0.5	0.3	0.2	0.3

A comparison to the previous rounds of the survey confirms the tendencies suggested by the results of the 2006 HBSC study: the significant increase in experiences with drugs, particularly cannabis, observed in the 1990s has stopped and the situation has stabilised. Since the late 1990s there has been a decline in the number of experiences with the remaining illicit drugs under study – ecstasy, pervitin, opiates, LSD, magic mushrooms, and even inhalants and medication with a sedative effect; see Figure 2-2. An increase in cases of combining alcohol with medication and the use of anabolic steroids is the only exception (Csémy et al. 2008).

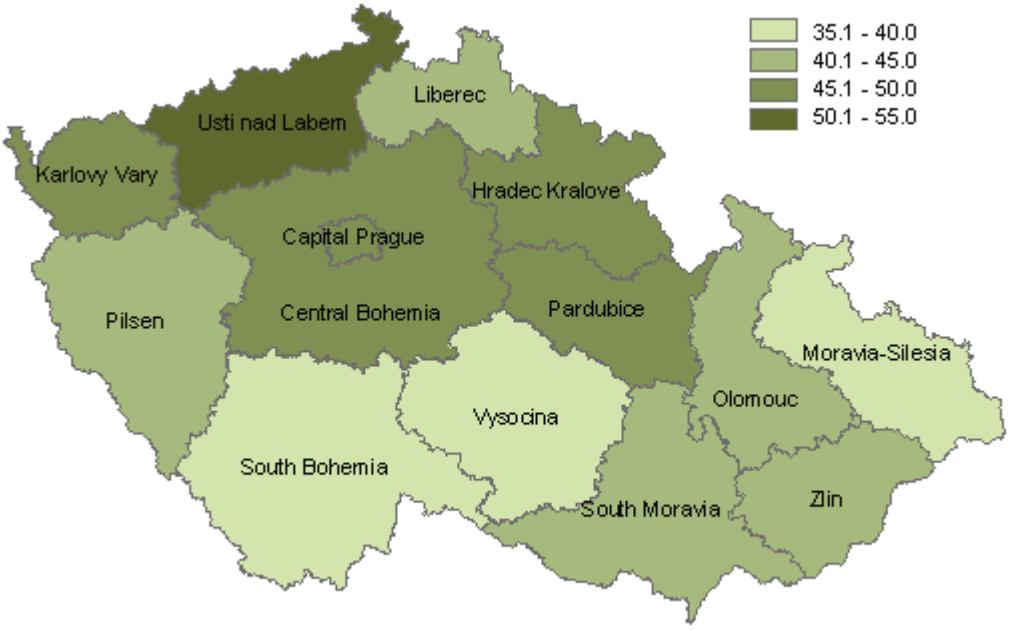
In comparison to the previous period, the subjectively perceived availability of cannabis has been on the rise (65.6% of the respondents reported that they could obtain cannabis rather easily or very easily [as opposed to 57.8% in 2003]), while the subjectively perceived availability of other illicit drugs has been declining; ecstasy could easily be obtained by 22.8% of the respondents (versus 31.8% in 2003), pervitin and/or amphetamines by 9.5% of those interviewed (12.7% in 2003).

Figure 2-2: Development trends in lifetime prevalence of experiences with illicit drugs – 2007 ESPAD Survey, in % (Csémy et al. 2008)



The extent of experience with the use of individual illicit drugs varies among Czech regions. The regions for which higher levels of experience with illicit drug use are reported include Ústí nad Labem, Karlovy Vary, Liberec, and Olomouc. On the contrary, the least experience is reported by students from the Vysočina, Zlín, and Pardubice regions; see Map 2-1. In comparison with the previous 1999 and 2003 studies, Prague has lost its position as the region with the highest reported prevalence of lifetime substance use. The results show that the differences between regions have become smaller and, in addition, the levels of the subjectively perceived availability of addictive substances have grown more similar across regions.

Map 2-1: Lifetime prevalence of cannabis use by Czech regions – 2007 ESPAD Survey, in % (Csémy et al. 2008)



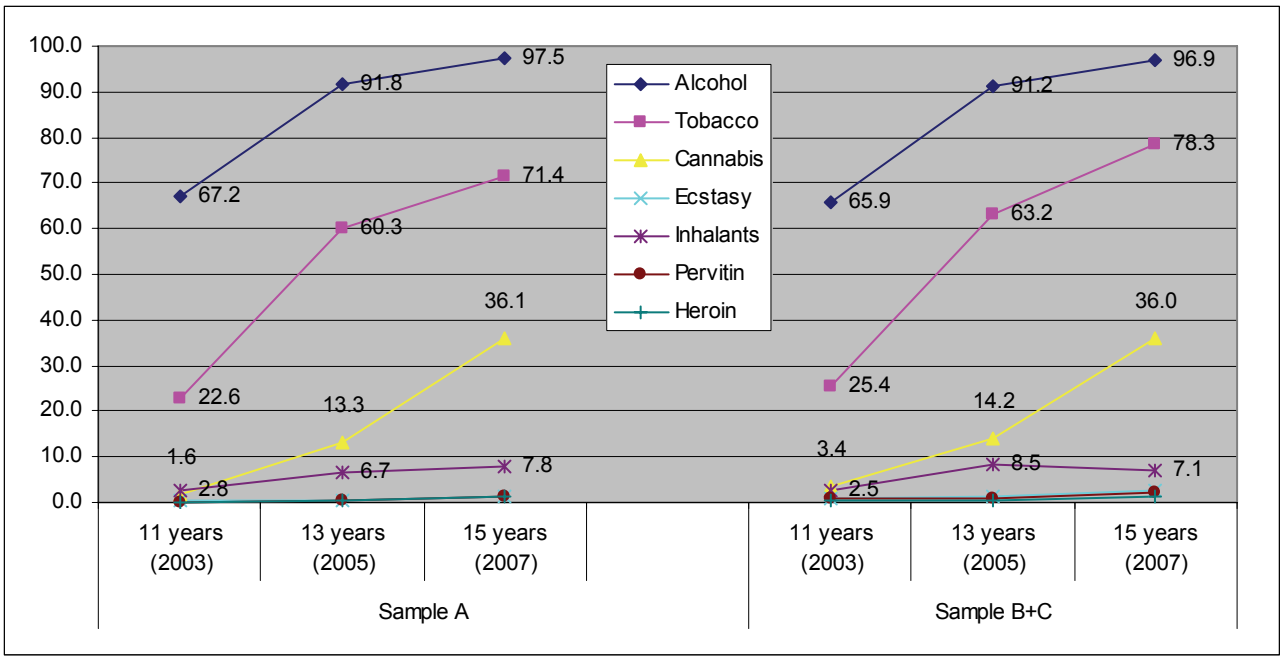
2.2.2 Local School Surveys

Apart from the national ESPAD survey, several local-level school surveys were carried out in 2007. The results of a questionnaire survey conducted as part of the project of the evaluation of a community-based primary-prevention programme delivered by the Prev-Centrum civic association in the Prague 6 District and of a survey among fifth- to ninth-grade basic school pupils in Prague 2 District are available.

The project of evaluating a community-based primary-prevention programme delivered by the Prev-Centrum civic association studied the developments in attitudes to and experiences with the use of tobacco, alcohol and certain illegal drugs on the part of pupils from selected basic schools. The results were used to evaluate the effects of preventive interventions in schools (for more details see the chapter Prevention, page 36). In 2003, fifth-grade basic school pupils were studied (a total of 1,178 children); in 2005 the same pupils were tested as basic school seventh-graders (a total of 1,142 children), and in 2007 as ninth-graders (a total of 1,077 children). A total of 25 schools were involved in the project. The sample was divided into two sub-groups. Sample A (the experimental sample) included classes which were involved in the 5-year preventive programme delivered by the Prev-Centrum civic association; Samples B and C, comprising classes not involved in the programme, constituted the control group. A slightly modified and simplified ESPAD questionnaire was used to assess the level of substance use.

The survey indicated that 11-year-old children (basic school fifth-graders) had relatively widespread experience with the drinking of alcohol (67% in Sample A, 66% in Samples B+C) and cigarette smoking (23% and 25% respectively); inhalants had been used by less than 3% of the respondents in both groups, cannabis by 2% and 3% respectively (Miovská et al. 2008). At the age of 13, both groups showed a significant increase in experiences with alcohol (over 90%) and smoking (more than 60% of the children had tried a cigarette), and a rise in the amount of experience with illegal drugs was also observed. Having experienced cannabis by the age of 13 was reported by 13-14% of those interviewed, while inhalants had been tried by 7-8% of the respondents. Another increase was observed two years later at the age of 15; in the past thirty days, alcohol had been used by almost 70% of the children, and over one third of the respondents had smoked a cigarette. Experience with cannabis was reported by 36% of 15-year-olds, and marijuana or hashish had been used by 14-16% of the respondents in the past 30 days. The lifetime use of ecstasy was reported by 1-2.5% of the pupils, and similar levels were shown for pervitin. Experience with heroin was reported by 1% of the respondents. A relatively high level of experience was shown for inhalants, as lifetime use was reported by 7-8% of the respondents; see Figure 2-3.

Figure 2-3: Lifetime prevalence of experience with addictive substances at the age of 11, 13 and 15 according to the evaluation of the Prev-Centrum community-based programme, in % (Miovská et al. 2008)



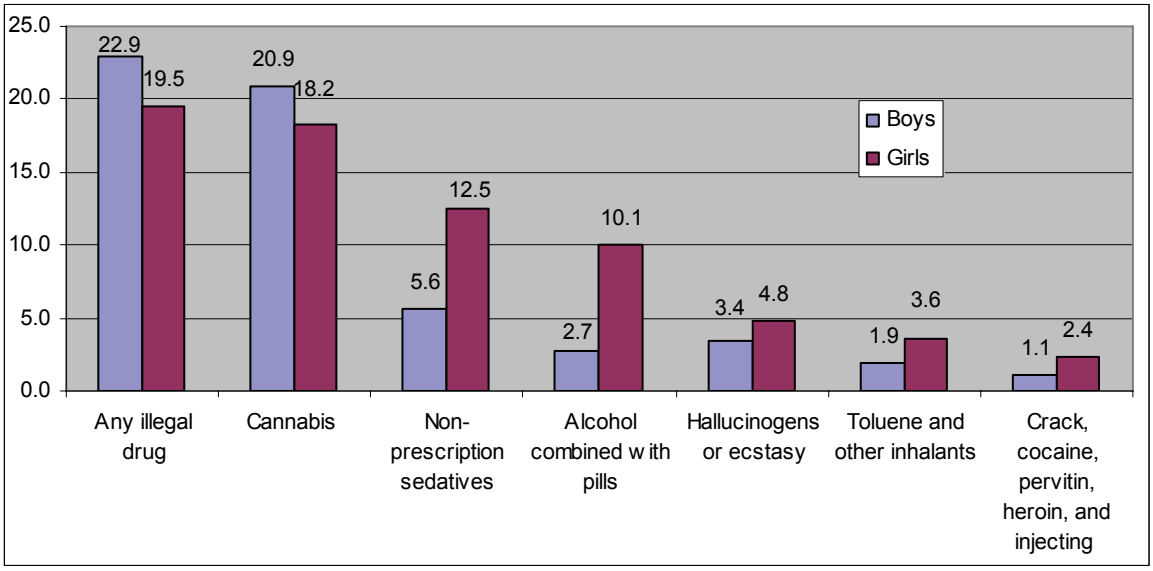
In 2007 the Prague 2 District commissioned a school questionnaire survey focusing on ways of spending leisure time and tendencies to risk behaviours (such as substance use, bullying and violence, gambling, sexual experiences, and attitudes). The target population was comprised of pupils in the fifth to ninth grades of basic schools in the Prague 2 District. A total of 55 classes in 10 schools were involved in the survey, and 803 pupils were interviewed. The ESPAD questionnaire (items concerning both legal and illegal drugs), combined with the SAHA (Social and Health Assessment) questionnaire, which is more concerned with the risk and protective factors of young people's social development, was used. Abridged versions of the complete questionnaires were administered in order to ensure that the instrument was comprehensible for the 11-year-old pupils and that the time needed for its

completion did not exceed a period of one lesson (i.e. 45 minutes). Informed parental consent was required for the child to be included in the study; data were collected in November/December 2007 (Vacek, 2008).

The study showed that a total of 48.1% of all the respondents (from 11.8% of the fifth-graders up to 67.7% of the ninth-graders) had experience with tobacco smoking, and 5.8% and 9.5% of the boys and girls, respectively, smoked on a daily basis (less than 1% of the fifth-graders and 17% of the ninth-graders). Lifetime alcohol use was reported by 79.9% of the respondents (51.0% of the fifth-graders and 98.7% of the ninth-graders), with beer being the most popular alcoholic drink (47%) (Vacek, 2008).

The lifetime use of any illicit drug was reported by 21.1% of the respondents, of whom 19.5% had experienced cannabis, 2.8% hallucinogenic mushrooms, 1.9% LSD or other hallucinogens, and 1.0% ecstasy. Inhalants had been used by 2.8% of the respondents, while anabolic steroids had been used by 2.2% of the respondents. Boys are more likely than girls to have used cannabis. On the contrary, girls reported experience with other illegal drugs more frequently; for differences by gender see Figure 2-4.

Figure 2-4: Lifetime prevalence of experience with selected drugs by gender among pupils of fifth to ninth grades, in % (Vacek, 2008)



While experience with an illicit drug was reported by 2.8% pupils in the fifth grade (11 years), lifetime use of illicit drugs was reported by four times more sixth-graders (12 years), approximately one-fourth of pupils in the seventh and eighth grades (13 and 14 years), and over 40% of the ninth-graders interviewed (15 years). The greatest increase in experience with cannabis occurs between the sixth and seventh grades, and then between the eighth and ninth grades. As far as hallucinogens, ecstasy and/or problem drugs such as cocaine, pervitin, and heroin are concerned, such an increase is observed between the eighth and ninth grades; see Table 2-3.

Table 2-3: Experience with illegal drug use by grades, in % (Vacek, 2008)

Drug	Grade 5 (N=144)	Grade 6 (N=163)	Grade 7 (N=156)	Grade 8 (N=184)	Grade 9 (N=156)
Any illegal drug	2.8	8.7	26.3	25.5	40.4
Cannabis	2.8	7.5	24.7	22.3	39.0
Non-prescription sedatives	1.4	3.1	13.6	11.4	15.9
Alcohol combined with pills	0.0	1.3	5.2	7.7	18.3
Hallucinogens or ecstasy	0.0	1.2	2.6	5.4	11.0
Toluene and other inhalants	0.0	1.3	2.6	4.4	5.3
Crack, cocaine, pervitin, heroin, and injecting	0.0	0.0	2.6	1.6	4.6

The most frequently reported reasons for the first experimentation with illegal drugs included curiosity (57%), efforts to forget about one's worries (14%), and the desire to "get high" (13%). 7% of the respondents had used a drug out of loyalty to their group of friends (Vacek, 2008).

2.3 Drug Use among Specific Population Groups

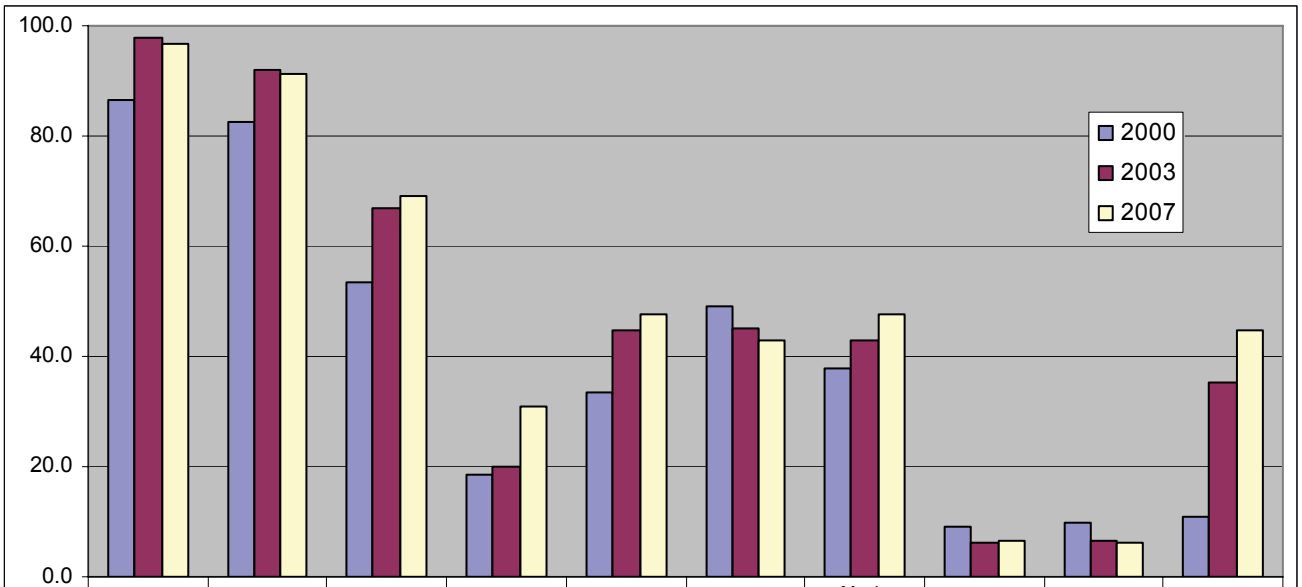
The Dance and Drugs survey among people attending dance parties was carried out again in 2007. It focused on the extent and manner of drug use in the nightlife setting. There is no information available to the effect that any other survey addressing the level of drug use in specific population groups was conducted in 2007. Limited information on the issue of drug use among members of national and ethnic minorities is available; for more details see the chapter on Social Correlates and Consequences of Drug Use, page 93.

2.3.1 Drug Use in the Nightlife Setting

Following on from the similar surveys carried out in 2000 and 2003 (Kubů et al. 2000; Kubů et al. 2006), the 2007 Dance and Drugs study was conducted using interactive questionnaires placed on the www.drogy-info.cz website. The questions concerned the consumption of both legal and illegal drugs, attitudes, and the context of drug use among fans of electronic dance music. Males comprised almost two-thirds of the 2,443 respondents; 95% of the people participating in the survey reported being from 15 to 30 years old.

As in the previous studies focusing on people attending dance events, the 2007 survey confirmed their higher prevalence of illicit drug use in comparison to the general population. However, respondents' lower age is also a significant factor. Lifetime use of cannabis, ecstasy, and pervitin and other amphetamines was reported by 91.9%, 69.0%, and 47.6% of the respondents respectively. In addition, the lifetime, annual, and thirty-day prevalence of cocaine use rose dramatically between 2000 and 2007. In the past year, cocaine had been used by almost one fifth of the respondents. A slight increase in prevalence was also observed for pervitin: it had been used by more than one quarter of the respondents in the past year. The study showed a slight decline in the prevalence of the consumption of ecstasy, which had been used by less than a half of the respondents in the past year.

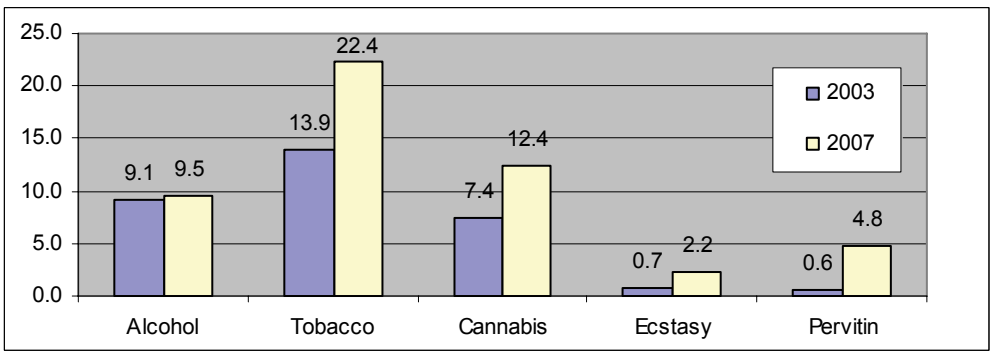
Figure 2-5: Lifetime prevalence of use of selected addictive substances among dance party-goers in 2000, 2003 and 2007, in % (Kubů et al. 2000; Škařupová, 2007; Kubů et al. 2006)



	Alcohol	Cannabis	Ecstasy	Cocaine	Pervitin	LSD	Magic mushrooms	Heroin	GHB	Poppers
2000	86.6	82.6	53.6	18.7	33.4	49.0	37.8	9.1	9.8	10.8
2003	97.9	91.9	66.9	20.1	44.6	45.2	43.0	6.1	6.7	35.1
2007	96.8	91.2	69.0	30.9	47.6	43.0	47.6	6.4	6.2	44.9

The period between 2000 and 2007 saw a rise in the acceptability and attractiveness of cocaine and ecstasy. On the contrary, the acceptability of hallucinogens, GHB, ketamine, and inhalants declined. In comparison to the year 2003, 2007 also experienced a drop in the number of people who had driven or had an accident under the influence of alcohol or an illegal substance. On the other hand, almost a half of the holders of a driving licence had sat behind the wheel under the influence of drugs. In addition, the rate of high-risk drug use in terms of the frequency of use in the past month increased; a rise was identified in all the drugs under study.

Figure 2-6: Average number of days on which selected drugs were used in the past thirty days (Kubů et al. 2006; Škařupová, 2007)



The population of dance music fans has shown ongoing demand for harm reduction activities provided at dance events. Four-fifths of the respondents were dissatisfied with the current availability of such services. This demand has been met by the 2008 Safer Party Tour project, which will also serve as another source of the latest data from the nightlife setting; see also the chapter on Services Provided by Low-threshold Facilities, page 86.

3 Prevention

The Minimum Preventive Programme is the basic tool for primary prevention in the Czech Republic. It is implemented in all basic and secondary schools. The programme focuses on promoting healthy lifestyles and preventing risk behaviour. Schools complement this programme with programmes arranged by external bodies, especially NGOs providing selective and indicated prevention activities; NGOs also participate significantly in extracurricular preventive activities. Schools also often collaborate with pedagogical-psychological counselling services or educational care centres; some schools take advantage of activities organised by the Police of the Czech Republic, who offer various programmes targeting risk behaviour prevention.

The selective and indicated prevention programmes focus on groups of children and young people that are expected to be at risk of addictive behaviour. In the Czech Republic, these programmes are provided by NGOs or specialised institutions; these programmes focus especially on working with individuals and families.

3.1 Universal Prevention

The co-ordination of primary prevention in the Czech Republic is the responsibility of the Ministry of Education, and the main goals in the field of prevention were defined in the Strategy for Prevention of Socially Pathological Phenomena in Children and Young People in Education in the Period 2005-2008. The promotion of healthy lifestyles, development and support of social skills, and a higher quality and efficacy of programme implementation (Ministerstvo školství, mládeže a tělovýchovy, 2004) are among the key objectives.

In October 2007, the Ministry of Education issued a methodological guideline No. 20 006/2007-51 concerning the primary prevention of socially pathological phenomena in children, basic school pupils, and other students in schools and school facilities, which replaced the previously effective guideline No. 14 514/2000-51 from 2000. The guideline sets out the terminology and introduces prevention into the school curriculum, describes the individual institutions involved in the system of prevention and the role of the teacher, defines the Minimum Preventive Programme, and recommends specific practices for schools and school facilities if they detect a specific risk behaviour among children and young people. It addresses a broad range of socially dangerous phenomena such as truancy, bullying, racism, xenophobia, hooliganism, crime, the use of addictive substances (tobacco, alcohol, and illegal drugs), HIV/AIDS, dependency on political and religious extremism, or pathological gambling. The policy also focuses on the early detection of and intervention in domestic violence, maltreatment or exploitation of children, including commercial sexual exploitation, moral corruption of children, and eating disorders (mental bulimia, mental anorexia).

For the first time in history, the guideline introduces terms such as universal, selective and indicated specific primary prevention into the vocabulary of the Ministry of Education, and defines the content, goals, and structure of the School Prevention Strategy (the long-term policy of a school) and the Minimum Preventive Programme (the one-year action plan of a school). It also describes the system for the organisation and management of primary prevention at schools, and the roles of the various institutions (Ministry of Education, regional authorities) and individuals (regional school prevention co-ordinator, prevention methodologist working for the pedagogical-psychological counselling services, school principal, school prevention methodologist, and form teacher) with responsibilities in this area. Its appendices detail the recommended practices to be applied if negative social phenomena are detected at a school, give recommendations for changes in the school rules, and contain a template for a document of consent to the spot-testing of a student for evidence of drug use.

The Standards of Professional Competency for providers of primary prevention against the use of addictive substances were developed in 2005 (Ministerstvo školství, mládeže a tělovýchovy, 2005), to facilitate the evaluation of the quality of specific primary prevention programmes. In the general part, the Standards define the primary criteria for the provision of all preventive programmes (e.g. the time and location parameters of the programme, its target group, availability, staff, and financial requirements). In the specific part, the Standards define the criteria for the provision of various types of programmes: (1) programmes of specific primary prevention provided within the framework of school curricula; (2) programmes of specific prevention provided extracurricularly; (3) early intervention programmes; (4) educational programmes in the field of specific primary prevention, and (5) publication activities in the field of primary prevention. Programmes requesting certification, which is a token of the formal recognition of the programme's quality, must comply with all the general standards and the specific standards applicable to the type of programme. The primary prevention programme certification process started in 2006, and certification is a prerequisite (for programmes implemented in 2008 and later) for applications for state budget funding for prevention activities (Agentura pro certifikace, 2008). The existing Standards were put in for a review, which started in 2007, with a view to extending their coverage to other forms of risk behaviour.

Thirty-eight facilities with 51 programmes had applied for certification by 10 April 2008. Thirty-three facilities and 45 programmes were certified; 5 facilities with 6 programmes failed to meet the certification requirements (Agentura pro certifikace, 2008). Numbers of certified programmes by type; see Table 3-1.

Table 3-1: Certified programmes of specific primary prevention by type in the period 2006-2008, ending on 10 April 2008 (Agentura pro certifikace, 2008)

Programme Type	**Number of Programmes**
Programmes of specific PP provided within the framework of school curricula	30*
Programmes of specific PP provided extracurricularly	4
Early intervention programmes	3
Specific educational PP programmes	4
Publication activities in the field of PP	2
Total	**43***

*NB: * The on-site inspection of two additional programmes has taken place and the final result is pending the decision of the Certification Committee.*

The majority of certified programmes were in the category of specific primary prevention provided within the framework of school curricula, which corresponds to the fact that the majority of preventive initiatives are implemented in schools.

3.1.1 Implementation of Preventive Programmes in Schools and School Facilities

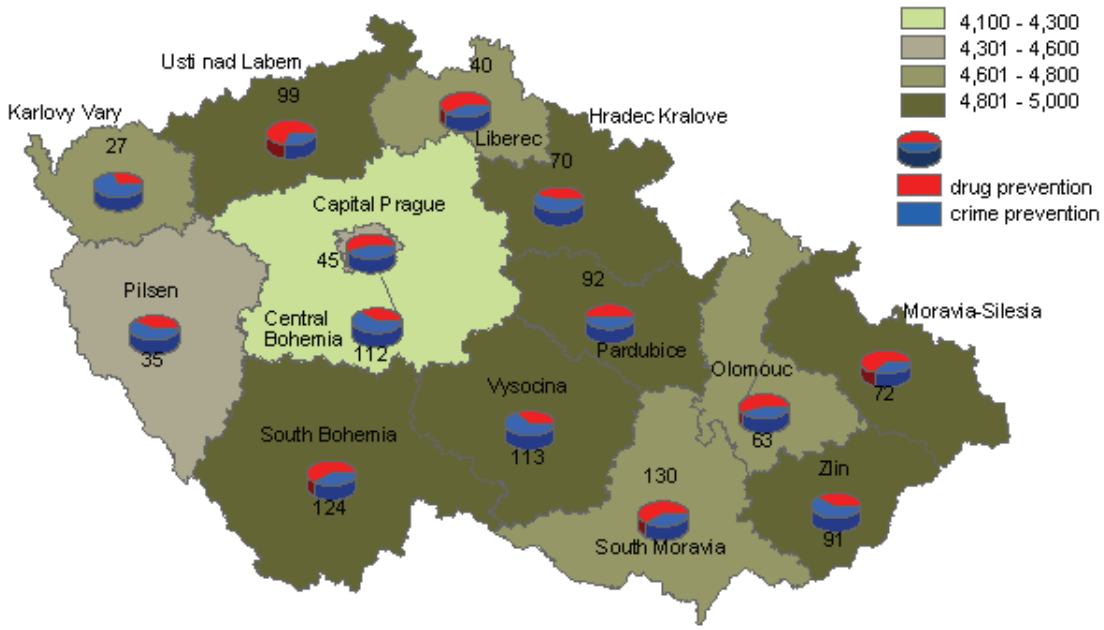
The Minimum Preventive Programme, which was defined by the Ministry of Education, is the basic tool for the implementation of prevention in schools; its implementation is binding and subject to supervision by the Czech Schools Inspectorate.

The Minimum Preventive Programme (MPP) focuses on promoting healthy lifestyles and the prevention of all forms of risk behaviour, and, therefore, not only on the prevention of the use of addictive substances. Besides passing on information, the programme also uses various interactive techniques, group games, skills training, and personality development and experiential programmes. The school prevention methodologist is responsible for the implementation of the programme, together with other teachers at the school. The programmes also involve parents (e.g. information leaflets for parents, parent debates, and parent participation in various activities) and educational workers (e.g. further training for prevention methodologists).

The Ministry of Education funds preventive programmes in schools through subsidies to regions, which then re-distribute the funds to individual schools and school facilities (Subsidy Programme I.) on the basis of project applications; the state funds are – to various degrees – supplemented by funds from regional or municipal budgets; for more information on this matter see the chapter on Budget and Public Expenditure, page 14. The Ministry of Education also gives grants to non-governmental organisations (Subsidy Programme II.) and to institutional care facilities (Subsidy Programme III.), i.e. school facilities providing institutional protective care or educative-preventive care. In 2007, CZK 14 million (€ 504 thousand) was distributed through the regional authorities under the Subsidy Programme I; CZK 7 million (€ 252 thousand) went to drug prevention programmes and CZK 7 million (€ 252 thousand) to programmes for the prevention of other negative social phenomena. The amount allocated to individual regions takes into account the number of basic school pupils and students in the 2007/2008 school year. Taking the specific needs of the region into account, the regions decide which projects will receive the funds from the Ministry of Education.

More detailed information about the types of programmes funded exists for the years 2005 and 2006. A total of 1,198 programmes received financial assistance in 2005, and in 2006 it was 1,113 programmes; the total allocation in both years was CZK 13.5 million (€ 486 thousand), which translates into approximately CZK 9.70 (€ 0.35) per pupil/student included in the programmes. In 52% of cases these were drug prevention programmes, and in 48% of cases these were programmes for the prevention of other negative social phenomena (Ministerstvo školství, mládeže a tělovýchovy, 2008). The highest per capita allocation went to the Moravia-Silesia, Vysočina, and Zlín regions, while the South Moravia, Vysočina, and Central Bohemia regions funded the highest number of projects with these resources; see Map 3-1. While some regions directed most of the funds to drug prevention programmes (Ústí nad Labem, Moravia-Silesia, South Moravia), other regions chose to fund programmes for the prevention of other phenomena (Karlovy Vary, Vysočina, Central Bohemia).

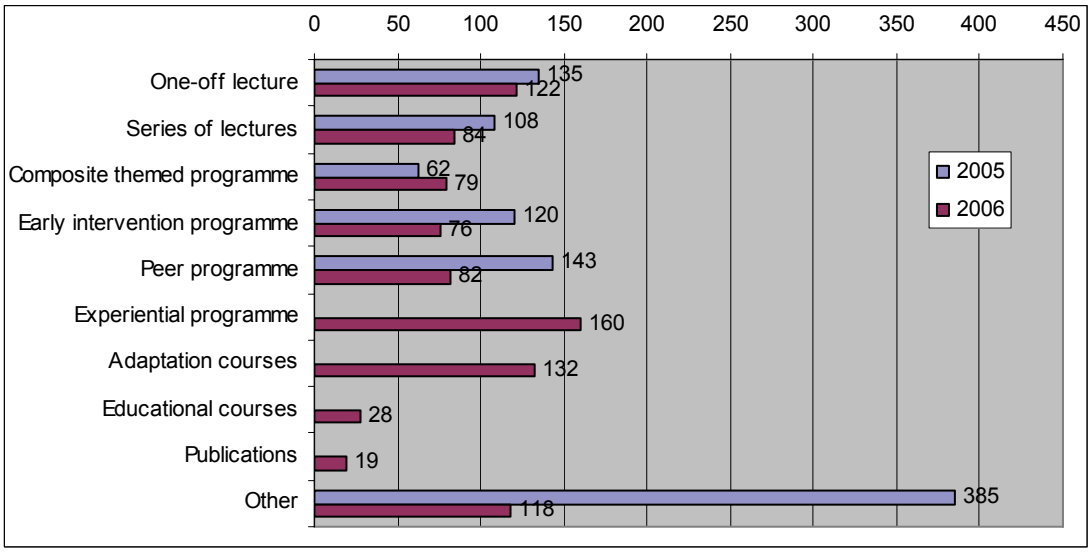
Map 3-1: Subsidy allocation to preventive programmes in regions (in € per 100,000 inhabitants), the number of programmes funded by type of prevention (Ministerstvo školství, mládeže a tělovýchovy, 2008)



The most commonly funded types of programme in 2006 were experiential programmes (17.8%), adaptation courses (14.7%), and one-off lectures, debates, and seminars (13.6%). Compared to 2005, the number of peer programmes, early intervention programmes, and series of lectures and seminars (running over the course of one year or more) declined; see Figure 3-1. Due to the popularity of such programmes in 2005, the category of other programmes was further divided into experiential programmes, adaptation courses, educational courses, and publication activity. In 82% of cases, the programmes were implemented within the framework of school curricula, and 17% of the programmes were extracurricular.

A total of 114,368 persons were reached by the programmes in 2006, of which number 103,031 were basic school pupils and students (90%) and 11,337 were adults, mostly teaching staff, school prevention methodologists, and school counsellors; however, parents, police, and the public also played a part in the programmes (Ministerstvo školství, mládeže a tělovýchovy, 2008).

Figure 3-1: Types of preventive programmes implemented by schools and school facilities in 2005-2006 (Ministerstvo školství, mládeže a tělovýchovy, 2008)



3.1.2 Preventive Activities of NGOs

Out of the total of 176 programmes which received a state budget subsidy through the GCDPC under the relevant subsidy scheme, 45 programmes were implementing activities in the area of prevention; only 35 programmes, however, were able to account for the number of schools and persons reached by the programme in question. For the most part, they were the programmes run by the so-called prevention centres (18 programmes), and in 9 cases they were programmes run by low-threshold facilities.

The 35 programmes were implemented in 811 schools in the Czech Republic (37 pre-school facilities, 540 basic schools, 225 secondary schools, and 9 colleges or universities), and more than 100,000 basic school pupils and students were reached by the programmes (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e). More than 70,000 of those reached by the programmes were basic school pupils, 30,000 were secondary school students; see Table 3-2. Compared to 2006, the programmes reached fewer schools and a smaller group of pupils and students (101,000 in 2007 compared to 135,000 in 2006).

As for the types of programmes, the majority of programmes in primary and secondary schools were longer-term interactive programmes (implemented over a period of 2 or more years); a significant part of the content delivered to secondary schools came in the form of one-off lectures and seminars. Long-term interactive programmes implemented over the course of one year are also common in basic schools. Typically, only one-off lectures or seminars with preventive content were organised in colleges or universities.

As concerns the extracurricular prevention activities for children and young people, 4,437 additional individuals were covered by programmes with a preventive content, of which number approximately 3,000 were basic school pupils, 1,000 were secondary school students, and 320 were adults (e.g. courses for youth workers and courses for primary prevention providers). Preventive activities intended for groups of adults succeeded in reaching 1,270 parents, 1,477 teachers, and 560 police officers. For the most part (85%) these were one-off lectures, discussions, and seminars (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e).

Table 3-2: Preventive programmes supplied by NGOs – statistics of schools and pupils/students reached (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e)

Programme type		**Pre-school**	**Basic school**	**Secondary school**	**College**	**University**	**Total**
One-off lecture or seminar	Schools	-	76	73	5	3	157
	Persons	-	5,625	6,688	106	202	12,621
Composite themed programme	Schools	-	8	8	-	-	16
	Persons	-	1,847	1,280	-	-	3,127
Series of lectures or composite themed programmes	Schools	-	8	24	1	-	33
	Persons	-	851	1,329	77	-	2,257
Long-term interactive programme (1 year)	Schools	37	74	22	-	-	133
	Persons	1,618	5,452	1,227	-	-	8,297
Long-term interactive programme (2 years)	Schools	-	333*	84**	-	-	417
	Persons	-	55,598*	16,852**	-	-	72,450
Early intervention programme	Schools	-	30***	-	-	-	30
	Persons	-	793***	-	-	-	793
Peer programme	Schools	-	5	1	-	-	6
	Persons	-	430	60	-	-	490
Other	Schools	-	6	13	-	-	19
	Persons	-	253	1,396	-	-	1,649
Total	**Schools**	**37**	**540**	**225**	**6**	**3**	**811**
	Persons	**1,618**	**70,849**	**28,832**	**183**	**202**	**101,684**

*NB: * Of these, 97 schools and 22,575 respondents were reported by the Renarkon Primary Prevention Centre in Ostrava. ** Of these, 45 schools and 11,068 respondents were reported by the Renarkon Primary Prevention Centre in Ostrava. *** Of these, 27 schools and 720 respondents were reported by the Prev-Centrum Primary Prevention Centre in Prague 6.*

3.1.3 EU-DAP Project

In 2007 (2007/2008 academic year), the Czech Republic joined the European Drug Addiction Prevention project (EU-DAP); the programme aims to improve the social competences of basic school pupils aged 12-14 years. In the Czech Republic, the project follows a methodology which was developed in selected EU countries in 2002-2005. Initial testing (of the pupils' knowledge and experience) at selected Czech schools was done in September 2007, and the final testing, after the programme had been delivered, was in June 2008. Follow-up tests are planned 3, 6, and 9 months after the end of the programme in a specific class.

The Czech Republic is also involved in the follow-up EU-DAP2 project, which intends to verify the potential for the implementation of CSI (Comprehensive Social Influence), a scheme for the improvement of social skills in combination with normative education and learning about addictive substances; for more information on this matter see the 2006 Annual Report.

3.2 Selective Prevention

Selective prevention programmes aim to reach groups of children (or young people, as may be) who are more susceptible to risk behaviour. They may be children in families that are socially underprivileged or from a different

cultural setting (e.g. some ethnic minorities or groups), children growing up outside their own families, children living in families with alcoholics or drug users, and children with unspecified behaviour disorders or a propensity to violence or delinquent behaviour. Children with specific (developmental) disorders, e.g. attention deficit disorder or attention deficit disorder with hyperactivity (ADD/ADHD) or with learning disorders, form a special category. Individual at-risk groups require a different approach; the implementation of selective prevention programmes is therefore often more demanding on the time and qualifications of the staff members running the programme (Provazník, 1998).

As previously proven, effective selective prevention programmes are often those based on family therapy and working with the family and which employ psychotherapy and counselling and improve social skills; effectiveness has been proven to be connected to offering positive alternatives to at-risk groups (e.g. low-threshold youth clubs) and peer programmes. On the other hand, one-off theoretical lectures, composite themed programmes, and warning examples have been proven to be largely ineffective (Provazník, 1998; Černý and Lejčková, 2007).

A specific example of a selective prevention programme is the Safer Party Tour 2008, a project focusing on preventing drug use at dance parties; for more information see the chapter on Services Provided by Low-threshold Facilities, page 86.

3.3 Indicated Prevention

Indicated prevention programmes focus directly on at-risk individuals who have already manifested the symptoms of risk behaviour and the problematic or habitual use of addictive substances. The goal of the preventive effort with regard to such individuals is not so much to prevent or postpone drug use, but to reduce the frequency of substance abuse and the associated risks and consequences.

Specialised governmental and non-governmental institutions, e.g. early intervention centres or educational care centres, and – in part – also telephone help lines work with this particular target group. Indicated prevention is almost exclusively oriented towards working with individuals and their families.

At present, there is no detailed account of selective and indicated prevention programmes existing in the Czech Republic. Information on selected and indicated prevention forms a separate chapter of the 2006 Annual Report – Vulnerable Groups of Young People, page 89.

3.4 Evaluation of Preventive Programmes

Evaluation of quality and effectiveness of preventive programmes is one of the conditions for obtaining and maintaining the certification of professional competence of services in the field of primary prevention (Ministerstvo školství, mládeže a tělovýchovy, 2005). It means that all certified preventive programmes should undergo such assessment from time to time.

3.4.1 Evaluation of the Community-Based Preventive Programme of the Prev-Centrum Civic Association

The five-year project Evaluation of the Community-Based Primary Prevention Programme of the Prev-Centrum Civic Association was concluded in 2007; the project set out to compare the impact of the long-term community-based prevention programme on the behaviour of basic school pupils in the participating schools with the impact of the so-called Minimum Preventive Programme on the behaviour of a control group of pupils from other schools in Prague. Questionnaires were distributed in several campaigns to basic school five-graders (11 years old in 2003), seventh-graders (13 years old in 2005) and ninth-graders (15 years old in 2007); the questionnaires were designed to establish the scope of alcohol, tobacco, and drug use and examine the associated psychosocial factors; for information on the results of the questionnaire surveys see the chapter on Drug Use in the School Population, page 29.

The first testing of the experimental and control groups of 11-year-olds did not find any significant differences in the attitudes of the children to addictive substances; the experimental group was subsequently exposed to the community-based prevention programme. Follow-up testing of pupils aged 13 and 15 years detected significant differences in their use of alcohol and in their attitudes to and knowledge of addictive substances. The differences did not manifest themselves at the level of the whole group; however, the effectiveness of the programme was proven in the area of attitudes to the use of addictive substances (in particular alcohol) in the sub-groups of children from single-parent families and in children who experience communication problems in relation to at least one parent. The community programme has proven to be substantially more effective for these children than the Minimum Prevention Programme, and therefore has a significant potential for deployment in the field of selective prevention (Centrum adiktologie, Psychiatrická klinika 1. lékařské fakulty UK a VFN v Praze, 2008).

3.4.2 Regional Monitoring of School Preventive Programmes

A survey of primary prevention was carried out in 2005-2006, focusing on risk behaviour in basic schools and secondary schools in the Pardubice region. The main goal of the project was to map out the situation, activities, and types of programmes, and to lay the foundations for future programme evaluation. Questionnaires were distributed to 241 schools or to their prevention methodologists, who were asked to complete the questionnaire; 200

questionnaires returned (83%). After checking, 172 schools were selected for further analysis, of which number 115 were basic schools and 57 were secondary schools. The analysis concluded that 37.4% of basic schools did not differentiate pupils by age for the purposes of preventive programme implementation. For the most part, activities focused on the prevention of substance abuse, and on the promotion of healthy lifestyles, followed by campaigns against bullying and racism. Eight per cent of basic schools at the first level, 20% of basic schools at the second level, and 25% of secondary schools have dedicated programmes focused on addictive substances (Dvořák and Ďurech, 2007).

Lectures are the most commonly used method for preventive programme implementation, also at the first level of basic schools. The state or local police were most frequently the deliverers of the messages of the programme. Peer programmes exist at less than 10% of basic schools and approximately 20% of secondary schools. Although secondary schools reported more programme activities than the second level of primary education, their methods have comparatively less variety. Simple information about substances is the most prevalent form of communication. Providing information about assistance options or risk reduction in the case that substances are already being used is relatively rare, as is the training in skills and techniques; see Table 3-3. The most common way of involving parents is parent-teacher meetings (approx. 90%) and individual counselling (approx. 40% of schools). Special parent-teacher consultations dedicated to issues connected to addictive substances were reported in the last years of basic schools by 16% of these schools, and also by 7% of secondary schools. Surveys to map negative social phenomena are conducted by 50-60% of schools. Only less than 10% of schools reported an efficacy evaluation for preventive programmes already implemented (Dvořák and Ďurech, 2007).

Table 3-3: Content of primary prevention activities in the area of substance abuse in basic schools and secondary schools in the Pardubice region in 2005-2006, by % of schools (Dvořák and Ďurech, 2007)

Topic	1st basic school level	6th-7th grade in basic school	8th-9th grade in basic school	Secondary school
Information about addictive substances	55	77	87	86
Information about risk behaviour	52	76	83	86
Information about assistance options in the case of problem substance use	43	70	80	72
Information about healthy lifestyles	67	76	85	79
Information about how to say no	50	70	78	49
Information about assistance options to reduce the risks associated with substance use and addiction	20	34	43	46
Training in how to say no	35	58	61	25
Self-awareness and self-confidence building	37	51	60	46
Practice of relaxation techniques	33	34	39	32
Leisure activities and unspecified primary prevention	28	37	40	42
Other	2	1	2	0

In 2007, prevention centres in Žďár nad Sázavou, in association with the Centre for Addictology at the Psychiatric Clinic of the 1st Medical Faculty and General Teaching Hospital in Prague, commenced pilot monitoring of activities in the area of risk behaviour prevention in schools; form teachers and prevention methodologists were canvassed as to their requirements for preventive programmes and collaboration with external organisations (non-governmental organisations, pedagogical-psychological counselling services etc.). 81% of the form teachers approached actually chose to participate in the monitoring exercise, which proves the strong interest of teachers in preventive activities implemented by external entities (Soukal et al. 2007).

An interactive approach, the comprehensiveness of the programme, and the positive influence of programmes on the atmosphere in the classroom are the most valued features in the projects of external organisations. Teachers called for programmes focusing on the forms of risk behaviour which are most prevalent at schools: smoking, alcohol, and the use of cannabis (and other illegal drugs), aggression, violence, and truancy. Schools complained of a shortage of funds for quality external programmes. External entities pointed out that a significant number of schools, or classes, in the region were left out from preventive activities altogether; on the one hand, the schools have limited funds for prevention, and on the other, the external organisations have a limited capacity for programme implementation, which means that a greater demand for preventive programmes from schools could not be met in any event (Soukal et al. 2007).

3.5 Other Activities in the Field of Prevention

3.5.1 List and Definitions of Interventions in the Field of Primary Prevention

As part of the pilot verification of the primary prevention actions database which was undertaken by the Prev-Centrum Civic Association in 2007, a document entitled the List and Definitions of Interventions in the Field of

Primary Prevention was developed. According to the List and Definitions of Drug Services (Národní monitorovací středisko pro drogy a drogové závislosti, 2006) and the Standards of Professional Competency of Primary Prevention Programme Providers in the area of the use of addictive substances (Ministerstvo školství, mládeže a tělovýchovy, 2005), individual services and interventions were described, which should be taken as the basis for the standardisation of interventions in the field of primary prevention and their reporting (Václavková and Černý, 2008). The list of interventions was then used as a basis for the development and pilot testing of the Prev-Data database. It is a data collection tool for primary prevention data (similar to FreeBase, in order to keep track of harm reduction activities); the tool should facilitate the record-keeping of prevention services rendered by non-profit non-governmental organisations, but it can also be used by other entities active in the field of prevention (e.g. pedagogical-psychological counselling services, schools and school facilities). The database was pilot tested using a larger sample group of entities in 2008. The application is available at the website for administration of the reporting system for all types of services: www.drogovesluzby.cz.

The list of primary prevention interventions divides interventions into five levels; one type of intervention can be implemented at various levels, e.g. a block of primary prevention may be implemented at the level of universal prevention and at the level of selective prevention. Three levels are defined on the basis of the risk of the target group (i.e. universal primary prevention programmes, selective prevention programmes, and indicated prevention programmes); the other two levels are for educational activities (the education of adults) and the information service; see Table 3-4. Individual terms and interventions are defined in detail; an intervention is a time-limited unit of work with the target group, with a clearly defined process, which meets the Standards of Professional Competency (Václavková and Černý, 2008). The minimum time frame required for the implementation of each intervention is also defined.

Table 3-4: List of interventions in the field of primary prevention by level (Václavková and Černý, 2008)

Actions/levels of prevention	Universal primary prevention	Selective primary prevention	Indicated primary prevention	Educational activities	Information service
Block of primary prevention	x	x			
Interactive seminar	x				
Discussion	x				
Composite themed programme	x				
Retreat	x	x	x		
Team work			x		
Situation intervention	x	x	x		
Consultations	x	x		x	
Individual consultation			x		
Family consultation			x		
Consultation by telephone	x	x	x		
Consultation by email	x	x	x		
Personal dispensation of information	x	x	x	x	x
Dispensation of information by telephone	x	x	x	x	x
Online information	x	x	x	x	x
Educational course				x	
Educational seminar				x	
Lecture				x	
Inspection of classes				x	
Intervision				x	
Supervision				x	
Working group				x	

3.5.2 Web-based Applications and Monitoring Questionnaires for Evaluation in the Field of Primary Prevention

At the end of 2007, the SANANIM Civic Association went live with a new online tool for the assessment of the current situation in primary prevention in schools. The website contains questionnaires for the monitoring of risk behaviour among basic school pupils and students, and a thorough monitoring analysis makes possible the planning and regular effectiveness evaluation of preventive activities implemented at a school. Questionnaires focusing, for instance, on mental wellbeing and relationships, social climate, the school drug prevention strategies and preventive activities, attitudes to and the perception of risks, or on patterns of use, are available from the website www.odrogach.cz, together with questionnaires for parents and teachers. All tests are anonymous and any data collected in this way are secure; only the school has access to them. The web-based application is one of the products of the Healthy School and Drugs project, which is a joint European initiative focused on promoting

standards of quality in the area of drug prevention in schools; the project also received support from the Ministry of Education (SANANIM, o.s., 2007b).

3.5.3 Methodology Centre for Prevention in Prague

A pilot project of a methodology centre for drug prevention in Prague was launched in 2007. The facility should guide and coordinate efforts in the field of primary prevention in the metropolitan area of Prague, with the following goals: (1) fostering preventive programmes and activities in the region; (2) harmonising and synergising existing prevention systems; (3) improving the quality and efficacy of prevention programmes; (4) improving economic sustainability in the system of prevention services, and (5) propelling Prague into the ranks of European cities with the most advanced systems of prevention (Miovský, 2008). The facility opened its doors in September 2008.

3.5.4 Testing for Drugs in Schools

Schools have, in recent years, been showing a revived interest in testing students for illicit drugs. In 2007, a new project – School without Drugs – began to distribute drug testing stickers to selected schools in the South Bohemia region. The testing stickers are attached to objects touched by students and the school environment is tested for the presence of drugs. The tests cannot detect the use of drugs by specific students; if the tests are positive for drugs, it is up to the school to decide on the course of action[27]. Neither students nor their parents were advised of the testing in advance (Benešová, 2007).

Some schools test for drugs in urine samples collected from students; this form of testing is, however, associated with other problems. The screening tests cannot detect all types of drugs; they are often unreliable and a further analysis of a positive-tested sample in a toxicological laboratory is required; the collection and handling of urine samples is complicated and expensive, as are the test kits themselves. Testing for drugs is, according to a methodological guideline of the Ministry of Education (see above) conditional on the written consent of parents of students under 18 years of age. Information was circulating at the beginning of 2008 that selected (basic) schools were considering saliva tests; if the use of illegal drugs is suspected, the school principal would contact the parents and if they give their consent, the pupil is referred to the medical doctor for the collection of a saliva sample. School principals point out that it is in the interest of the parents to have certainty as to whether their child uses or does not use drugs (Suchá, 2008).

Those schools that test pupils for drugs are very supportive of this approach, as are regional politicians: according to them, testing plays a role in prevention. Experts have repeatedly pointed out that testing as such cannot be regarded as a preventive intervention, and if it leads to repressive action it may even disrupt the effects of other preventive activities, as well as having a negative effect on the atmosphere of trust and relationships at the school. Experience has shown that testing for drugs has been undertaken mainly by schools that have no long-term programmes of prevention and have the tendency to underestimate the importance of prevention (Lidové noviny, 2008).

[27] The results of all tests made to date were – according to the reported information – negative.

4 Problem Drug Use

The EMCDDA defines problem drug use as injecting drug use or long-duration/regular use of opioids/opiates, cocaine and amphetamines. Opiate-type drugs in the Czech Republic involve mainly heroin and Subutex® (with the occasional seasonal use of opium; for more information see the chapter on Problem Drug Use , page 52); the use of amphetamines in the Czech Republic is almost exclusively limited to methamphetamine (pervitin)[28]. Cocaine use in the Czech Republic is still at a very low level.

The estimated number of problem drug users grew slightly in 2007 and reached approximately 30.9 thousand, of which number approximately 20.9 thousand are pervitin users, and approximately 10 thousand are opiate users. Compared to the previous year, the central estimate of the number of problem users of opiates (heroin and Subutex®) was lower in 2007; on the other hand, the estimated number of problem users of pervitin increased. Approximately 29.5 thousand persons inject the drug, i.e. the majority of opiate and pervitin users are intravenous users. The number of estimated problem drug users is highest in Prague (10 thousand) and the Ústí nad Labem region (4.1 thousand); at the same time, these two regions also have the highest estimated number of problem users of opiates.

The number of first treatment demands in 2007 recorded a slight increase, particularly from pervitin users and marginally also in cannabis users, while the number of opiate users demanding treatment declined. There was an increase in the number of injecting drug users (IDUs); but the number of IDUs in first treatment demands, both in the case of pervitin and heroin users, was lower. The average age of all users of all groups rose. The relative number of treatment demands was highest in Prague, the Ústí nad Labem region, and South Moravia. Pervitin was most commonly the main drug of users demanding treatment in all regions; the share of opiate users was traditionally the highest in Prague and in the Ústí nad Labem and Central Bohemia regions.

4.1 Estimates of Prevalence of Problem Drug Use

As in the previous years, in 2007 too the estimate of the prevalence of problem drug users was made using the multiplication method, which relies on data from low-threshold facilities. The basis for the calculation was data on the number of problem drug users in contact with low-threshold services (for more information see the chapter on Services Provided by Low-threshold Facilities, page 86), with extrapolation to the total number of all such facilities in the Czech Republic. The multiplier (in-treatment rate) – the estimated number of problem drug users in contact with such facilities – was updated using a nomination technique in a separate analysis, Multiplikátor 2008 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008b). The questions on the basis of which the multiplier was calculated were the following: (1) "How many persons who you know on a close basis habitually use opiates (heroin or Subutex®) and/or pervitin and whose use is long-term?", (2) "How many of these persons contacted a low-threshold centre or an outreach programme in the past 12 months?". The data set for the calculation of the multiplier comprised 398 clients of low-threshold facilities who match the selection criteria (25 and fewer friends in the first question and valid answers) and represented all the Czech regions and Prague, with the exception of the Pardubice, Karlovy Vary, and Zlín regions.

The estimate of problem drug users in 2007 was constructed as a sum of the estimates for individual regions; the national average, with Prague excluded, was used for the three regions for which the current multiplier was not available[29]. The national average multiplier without Prague was 68% (0.68; 95% CI[30]: 0.66-0.72), and the value of the multiplier for the capital city was 76% (0.76; 95% CI: 0.63-0.90).

The number of problem drug users in the Czech Republic was estimated at 30,900 persons in 2007 (95% CI: 28,900-32,700), of which number 20,900 (20,400-21,400) were pervitin users, 5,750 (5,200-6,200) were heroin users, and 4,250 (3,900-4,600) were Subutex® users. Opiate users therefore form a group of approximately 10,000 (9,400-10,600) persons. The number of intravenous users of drugs (IDUs) was estimated at 29,500 (28,400-30,500).

Table 4-1 summarizes the prevalence estimates made using the multiplier in the past six years. Compared to 2006, there was an increase in the total number of problem drug users and the number of IUDs also increased. While the number of pervitin users has increased, the estimated numbers of opiate users have fallen – both heroin and Subutex®. Given the range of intervals, the variances are not significant.

The Prague and Ústí nad Labem regions traditionally have the highest number of problem drug users. These regions also lead in terms of the highest prevalence of opiate use, i.e. heroin and Subutex®. Prevalence estimates of problem drug use by region are shown in Table 4-2 and Map 4-1.

[28] The current and past phenomenon of pervitin use in the Czech Republic from the early 1970s in the European and global context was also examined in articles of Czech (co)authors in international specialist literature (Zábranský, 2007; Griffiths et al. 2008) .

[29] The situation in Prague is specific not only by the high number of problem users, but also by the proportion of users who are in contact with low-threshold services.

[30] 95% confidence interval – i.e. the interval in which the value occurs with 95% probability.

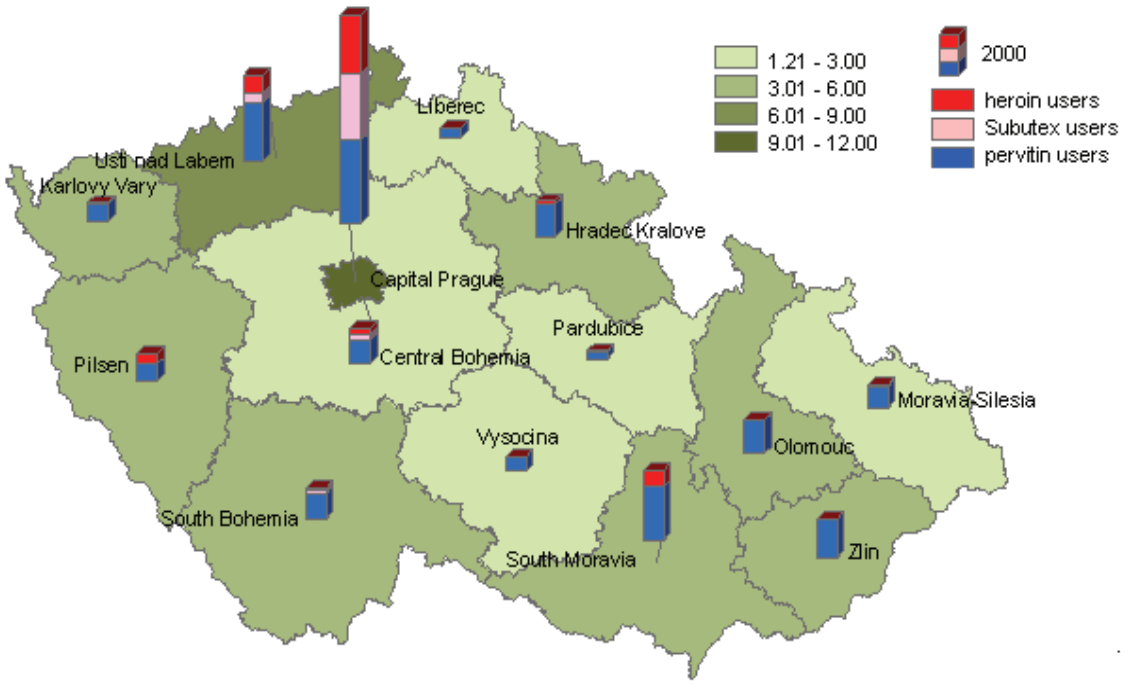
Table 4-1: Mean values of prevalence estimates of problem drug use carried out using a multiplication method with the use of data from low-threshold programmes in 2002-2007 (Mravčík et al. 2007a; Národní monitorovací středisko pro drogy a drogové závislosti, 2008b)

Year	Total number of problem drug users		Opiate users		Pervitin users		Injecting drug users	
	Abs.	Per 1,000 persons aged 15-64	Abs.	Per 1,000 persons aged 15-64	Abs.	Per 1,000 persons aged 15-64	Abs.	Per 1,000 persons 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
2007	30,900	4.20	10,000	1.36	20,900	2.84	29,500	4.01

Table 4-2: Prevalence estimates of problem drug users in the Czech Republic in 2007 by region (Národní monitorovací středisko pro drogy a drogové závislosti, 2008b)

Region	Total number of problem drug users	Opiate users			Pervitin users	Injecting drug users
		Heroin	Subutex®	Total		
Prague	10,000	2,750	3,250	6,000	4,000	9,900
Central Bohemia	1,700	250	300	550	1,150	1,550
South Bohemia	1,500	50	200	250	1,200	1,450
Pilsen	1,300	500	<50	500	800	1,300
Karlovy Vary	900	100	<50	100	850	900
Ústí nad Labem	4,100	900	450	1,350	2,800	3,950
Liberec	500	<50	<50	<50	450	500
Hradec Králové	1,750	150	<50	150	1,550	1,750
Pardubice	450	50	<50	50	400	450
Vysočina	700	<50	<50	<50	700	650
South Moravia	3,400	800	<50	850	2,550	3,200
Olomouc	1,650	50	<50	50	1,550	1,400
Zlín	1,850	<50	<50	<50	1,800	1,500
Moravia-Silesia	1,100	100	<50	100	1,000	950
Total	**30,900**	**5,750**	**4,250**	**10,000**	**20,900**	**29,500**

Map 4-1: 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 2007 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008b)



In 2007, a repeated representative sociological survey among general practitioners in the Czech Republic (Národní monitorovací středisko pro drogy a drogové závislosti and Agentura INRES - SONES, 2008) was undertaken. At the request of the NFP, the survey also included a module with questions concerning the prevalence of the problem use of opiates and pervitin in the Czech population, and the experience of medical doctors with administering substitution treatment (for results concerning substitution see the chapter on Substitution and Maintenance Programmes, page 62); a similar survey was included in the previous round of the same campaign in 2005 (Mravčík et al. 2006), and comparable questions were put to general practitioners in the survey of 2003 (Mravčík et al. 2005a; Mravčík et al. 2005b). The following questions were put to general practitioners in 2007: (1) "How many persons (insured) are registered with your practice?" and (2) "According to your information or estimate, how many of your patients are intravenous or habitual long-term users of heroin, how many of Subutex® (non-prescription), and how many of pervitin?". A total of 146 general practitioners for adults and 60 paediatricians took part in the survey in 2007. The results obtained from the respondent doctors were extrapolated to the total number of general practitioners and paediatricians in the Czech Republic.

The total estimate of the number of problem drug users in 2007 was 28,500 (95% CI: 16,000-40,500), of which number 16,600 (5,000-28,300) were pervitin users, 8,100 (5,200-11,050) were heroin users, and 3,500 (1,500-5,500) were users of Subutex®; the total of opiate users was estimated at 11,600 (8,100-15,200). Table 4-3 shows the results of the questionnaire surveys among general practitioners.

Table 4-3: Prevalence estimates of problem drug users obtained by means of questionnaire surveys among general practitioners in 2003, 2005, and 2007 (Národní monitorovací středisko pro drogy a drogové závislosti and Agentura INRES - SONES, 2008)

Year	Total number of problem drug users		Opiate users		Pervitin users	
	Abs.	Per 1,000 persons aged 15-64	Abs.	Per 1,000 persons aged 15-64	Abs.	Per 1,000 persons aged 15-64
2003	n.a.	n.a.	21,200	2.6*	–	–
2005	32,000	4.4	17,000	2.3	15,000	2.0
2007	28,500	3.90	11,600	1.6	16,600	2.3

*NB: * Per 1,000 persons aged 18 years or older.*

Despite the fact that the prevalence estimates obtained from the general practitioners carry quite a high degree of error (see confidence intervals), they did reflect – similarly to the estimates arrived at using the multiplier – a decline in the number of opiate users and an increase in the number of pervitin users. As in the previous years, these figures are most likely to overestimate the number of opiate users and underestimate the number of pervitin users. Opiate users can demand substitution treatment with Subutex® from their general practitioners, which may lead to more frequent contact with the doctor; pervitin users have no such option.

In 2007, a two-year research study, The Role of Pharmacies in the Prevention of Infectious Diseases in Injecting Drug Users in the Czech Republic, was started, which made an estimate of drug users who buy syringes and needles in pharmacies. According to the estimate, 10,600 drug users in the Czech Republic visit a pharmacy once a week (i.e. approximately a third of the estimated number of IDUs, or problem users, respectively); for more information see the chapter on Sale of Needles and Syringes in Pharmacies, page 92.

4.2 Profile of Drug Users in Treatment

Data about drug users who use the services of low-threshold and treatment facilities are available mainly thanks to the national system of reporting into the Register of Treatment Demands, which has existed since 1995 and is a database of the Public Health Service and is maintained by the Public Health Office in Prague. Drug users who – in any given year – sought treatment, counselling, or social services in designated facilities for drug users, either of the healthcare or non-healthcare type (e.g. therapeutic communities, low-threshold centres) are included in the database. A special record of first treatment demands is kept.

Other sources of data about drug users in treatment include databases of healthcare facilities maintained by the Institute of Health Information and Statistics (IHIS). The data are obligatorily reported by inpatient and outpatient (psychiatric) facilities and substitution treatment centres. A greater number of facilities report to the IHIS system, compared to the system of the Public Health Service; however, the system captures only healthcare facilities. More detailed data from the IHIS databases are given in the chapter on Treatment, page 54.

The uniform system of data collection in low-threshold facilities (FreeBase) and final reports from subsidy proceedings of the Government Council for Drug Policy Coordination provide a source of data on all clients of low-threshold facilities that provide mainly harm reduction services, and also data on clients of other types of services, provided mainly by NGOs; see also the chapters Treatment, on page 54, Services Provided by Low-threshold Facilities, on page 86, and Social Reintegration (Aftercare), page 106.

The chapter on Assistance to Drug Users in Prisons, page 107, gives detailed data on clients of treatment interventions provided to drug users in prisons.

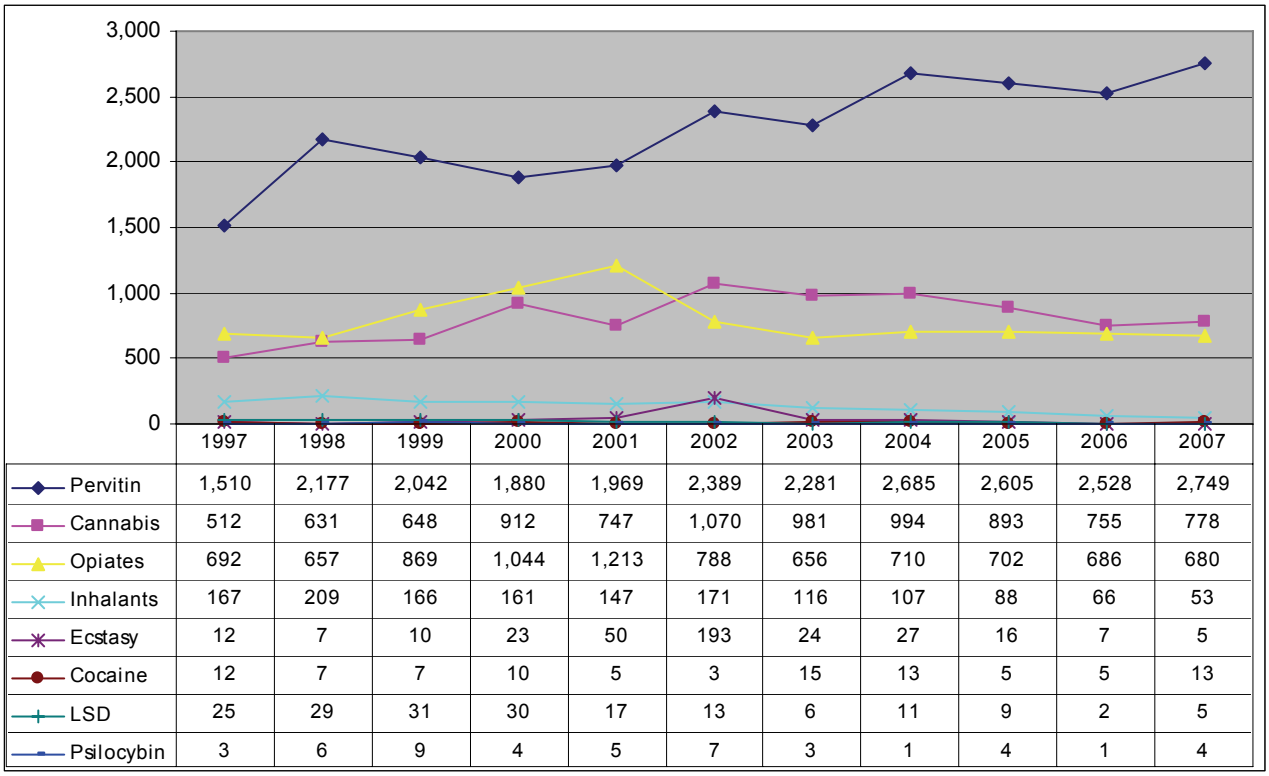
4.2.1 Treatment Demand Register Maintained by the Public Health Protection Authorities

In 2007, the Register of Treatment Demands received data from 228 centres (68 low-threshold centres, 110 outpatient facilities, and 50 inpatient facilities). The most sought-after type of facility has traditionally been the low-threshold centre; as in the previous years, the clients of these facilities made up more than a half of the treatment demands – 54.3% of first treatment demands and 51.5% of all treatment demands. Outpatient facilities were the most widely represented type among the centres; however, their share of the total volume of reported incidence and of drug users in treatment prevalence was only 23.5% and 23.3%, respectively (Studničková et al. 2008).

A total of 8,487 drug users sought treatment services in facilities in 2007, i.e. 1% more than in 2006. Of these, 4,346 individuals sought treatment for the first time, i.e. 2.2% more than in 2006.

The order of drugs which were the cause of all and first-time treatment demands continued to be the same as in 2006. Users of stimulants[31] were the most commonly represented among all treatment demands (61.3%) and even among first treatment demands (63.4%); this was especially the case for pervitin (61.0% and 63.3%, respectively), followed by opiate users among all treatment demands (23.1%) and cannabis users among first treatment demands (17.9%). Figure 4-1 and Figure 4-2 illustrate the development in the number of (first) treatment demands by drug type.

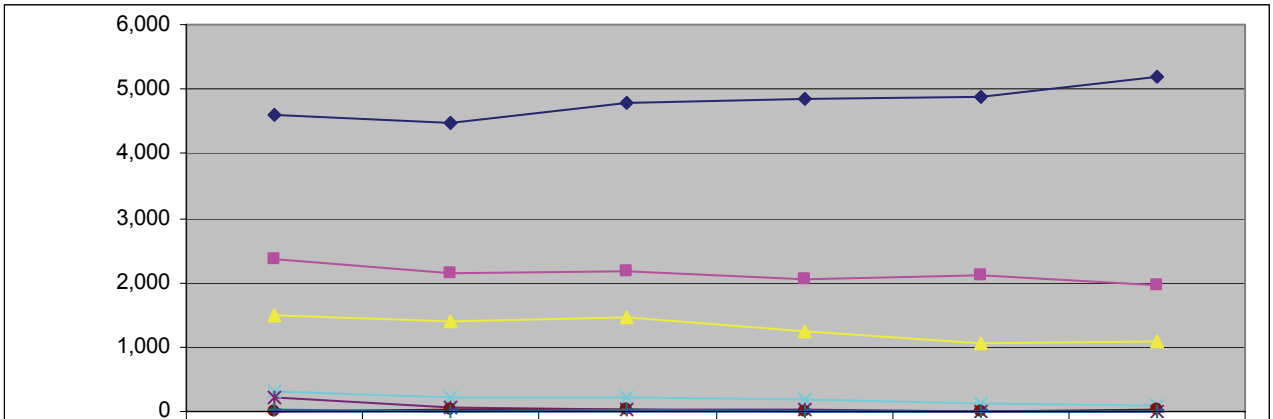
Figure 4-1: Number of first treatment demands by drug type in 1997-2007 (Studničková et al. 2008)



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Pervitin	1,510	2,177	2,042	1,880	1,969	2,389	2,281	2,685	2,605	2,528	2,749
Cannabis	512	631	648	912	747	1,070	981	994	893	755	778
Opiates	692	657	869	1,044	1,213	788	656	710	702	686	680
Inhalants	167	209	166	161	147	171	116	107	88	66	53
Ecstasy	12	7	10	23	50	193	24	27	16	7	5
Cocaine	12	7	7	10	5	3	15	13	5	5	13
LSD	25	29	31	30	17	13	6	11	9	2	5
Psilocybin	3	6	9	4	5	7	3	1	4	1	4

[31] The Public Health Service ranks amphetamine-type drugs including MDMA, phenmetrazine and ephedrine as stimulants; cocaine is not included in this group.

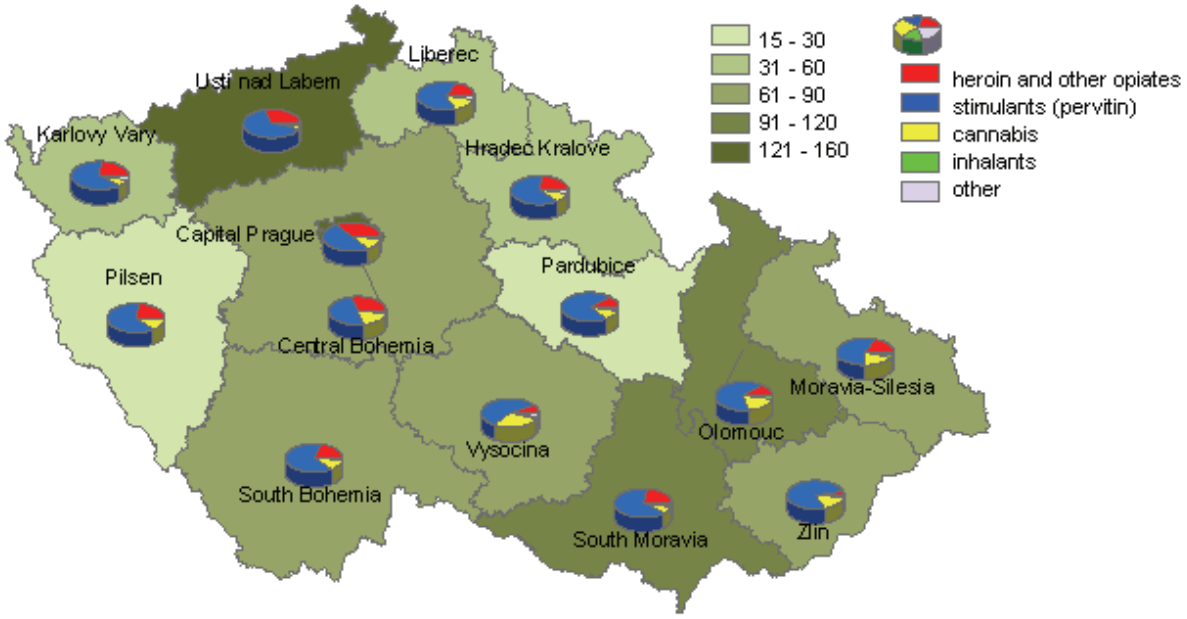
Figure 4-2: All treatment demands by drug type in 2002–2007 (Studničková et al. 2008)



	2002	2003	2004	2005	2006	2007
Pervitin	4,589	4,490	4,790	4,855	4,889	5,177
Opiates	2,353	2,133	2,169	2,058	2,126	1,961
Cannabis	1,489	1,403	1,462	1,238	1,044	1,083
Inhalants	322	226	221	183	124	94
Ecstasy	218	50	37	23	12	11
Cocaine	13	22	18	15	12	22
LSD	34	15	19	10	4	7
Psilocybin	12	7	1	7	1	7

The prevalence and incidence of treatment demands and the representation of treatment demands by drug type is different in each region. The highest relative prevalence and incidence was recorded in the Ústí nad Labem, Prague, and South Moravia regions. Stimulant users prevailed in 2007 in all regions (from 50.1% in Central Bohemia to 85% in South Bohemia). Opiate users were more significantly represented in Prague (35.7%), Ústí nad Labem (30.8%), and Central Bohemia (29.8%); cannabis users sought treatment most frequently in the Vysočina (31.5%) and Moravia-Silesia (22.2%) regions; see Map 4-2.

Map 4-2: Number of all treatment demands by drug type in regions of the Czech Republic in 2007 (per 1,000 inhabitants) (Studničková et al. 2008)

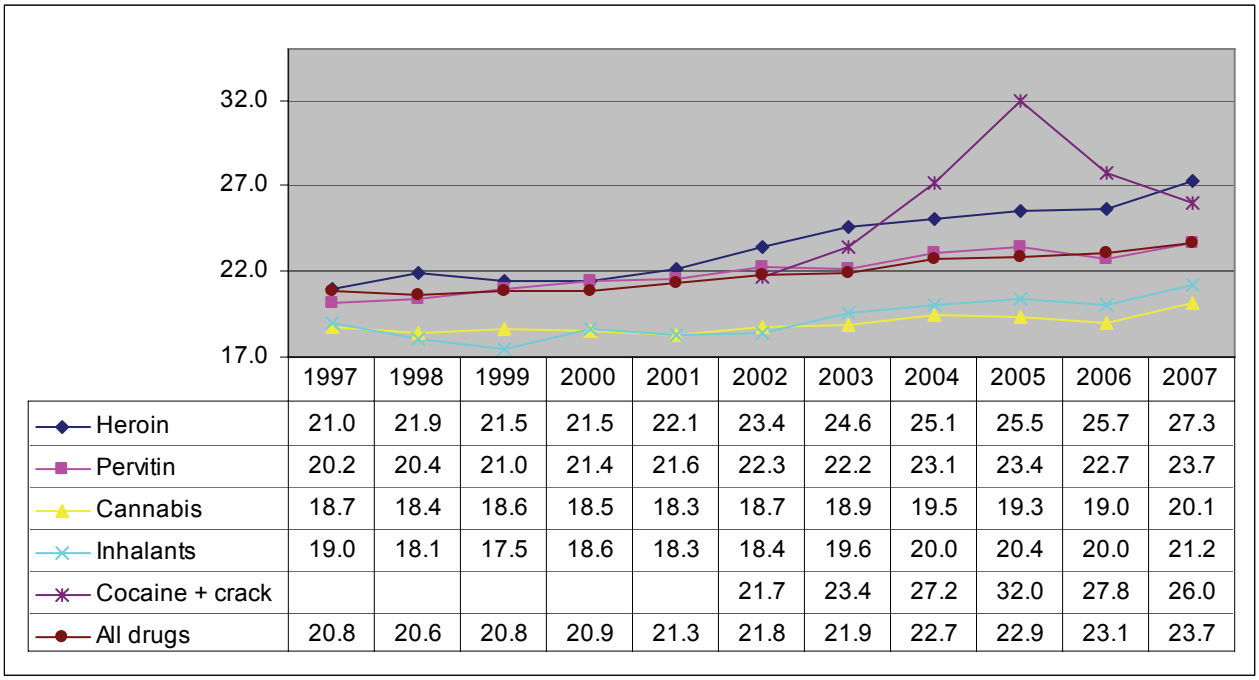


The average age of persons seeking treatment has been increasing – with the exception of cocaine users[32]. The most commonly represented age group in 2007 among all treatment demands and among first treatment demands was 20-24-year-olds, who accounted for 30.1% and 31.8%, respectively (Studničková et al. 2008).

[32] Data on the average age of cocaine users are distorted by the very low volume of such data in existence.

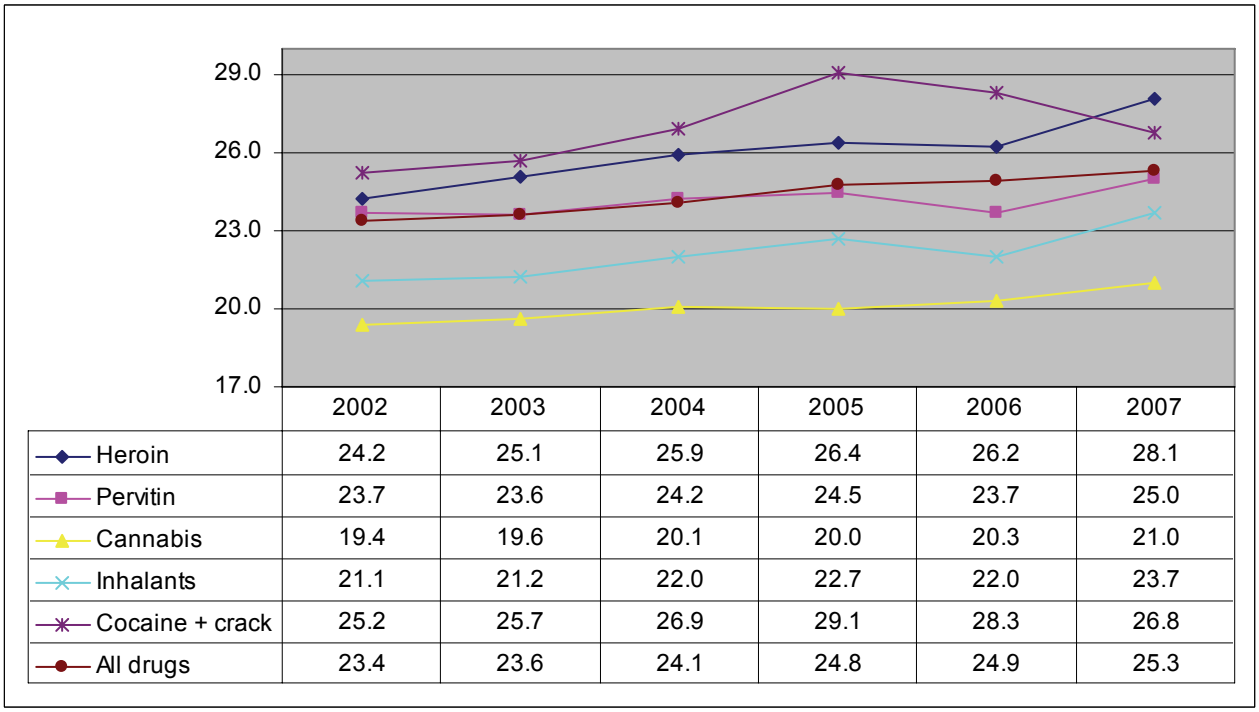
Among all treatment demands in 2007, the oldest group represented were opiate users; the average age of a heroin user was 28.1 years and the proportion of males in the total 69.9%, of a pervitin user 25.0 and 63.9%, of inhalant users 23.7 and 86%, and of cannabis users 21.0 and 75.2%. The order was also the same among first treatment demands; heroin users were the oldest (27.3; 69.5%), followed by pervitin users (23.7; 62.8%), inhalant users (21.2; 88.4%), and cannabis users (20.1; 73.2%); see Figure 4-3 and Figure 4-4.

Figure 4-3: Average age of first treatment demands by selected drug type in 1997-2007 (Studničková et al. 2008)



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Heroin	21.0	21.9	21.5	21.5	22.1	23.4	24.6	25.1	25.5	25.7	27.3
Pervitin	20.2	20.4	21.0	21.4	21.6	22.3	22.2	23.1	23.4	22.7	23.7
Cannabis	18.7	18.4	18.6	18.5	18.3	18.7	18.9	19.5	19.3	19.0	20.1
Inhalants	19.0	18.1	17.5	18.6	18.3	18.4	19.6	20.0	20.4	20.0	21.2
Cocaine + crack						21.7	23.4	27.2	32.0	27.8	26.0
All drugs	20.8	20.6	20.8	20.9	21.3	21.8	21.9	22.7	22.9	23.1	23.7

Figure 4-4: Average age of all treatment demands by selected drug type in 2002-2007 (Studničková et al. 2008)



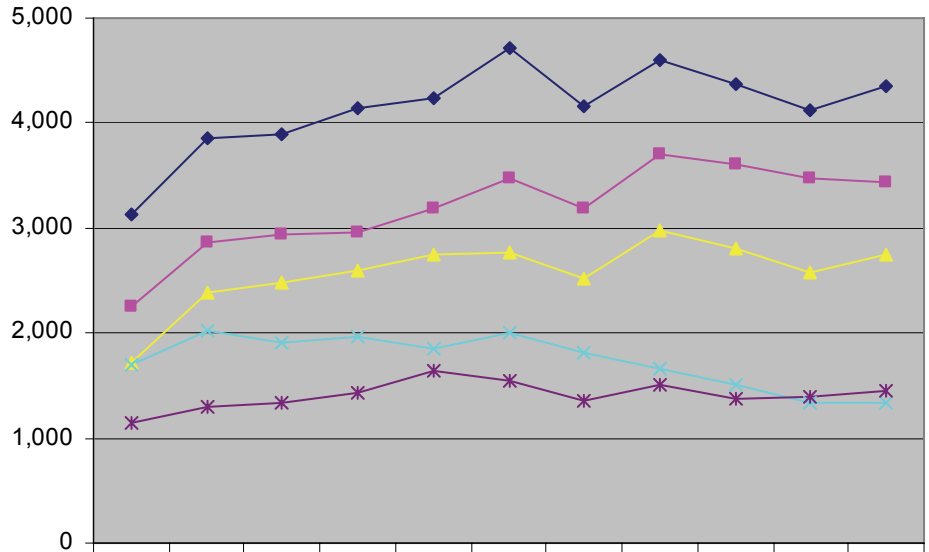
	2002	2003	2004	2005	2006	2007
Heroin	24.2	25.1	25.9	26.4	26.2	28.1
Pervitin	23.7	23.6	24.2	24.5	23.7	25.0
Cannabis	19.4	19.6	20.1	20.0	20.3	21.0
Inhalants	21.1	21.2	22.0	22.7	22.0	23.7
Cocaine + crack	25.2	25.7	26.9	29.1	28.3	26.8
All drugs	23.4	23.6	24.1	24.8	24.9	25.3

In 2007, the total of treatment demands involved 7,137 problem drug users (84.1%) and that of first treatment demands involved 3,429 (i.e. 78.9%) of problem drug users[33]. Women accounted for approximately one-third of first treatment demands; the male-to-female ratio in 2007 among all treatment demands was 2.1:1, and among first treatment demands it was 2.0:1. The proportion of males was lowest in the 15-19 age category. Intravenous application of drugs (including a secondary drug) was indicated in 6,109 (72%) of all treatment demands, and in 2,753 (63%) of first treatment demands; the proportion of IDUs among first treatment demands has been stable for the past few years. (Studničková et al. 2008). Figure 4-5 and Figure 4-6 illustrate the trends in selected

[33] I.e. injecting drug users and/or opiate users and/or amphetamines users and/or cocaine users.

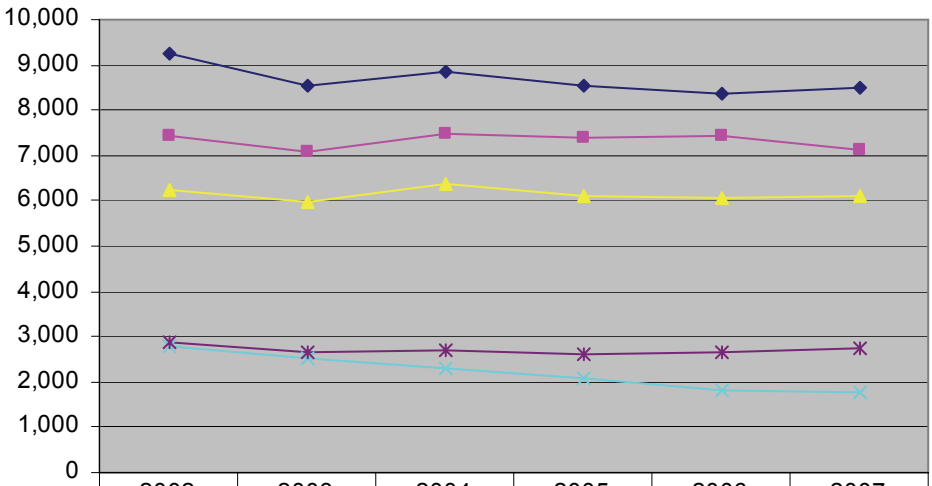
characteristics among (first) treatment demands, and the following section adds more detail about injecting drug use among (first) treatment demands.

Figure 4-5: Selected characteristics of first treatment demands in 1997-2007 (Studničková et al. 2008)



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total	3,132	3,858	3,891	4,148	4,233	4,719	4,158	4,600	4,372	4,119	4,346
Number of problem drug users	2,253	2,871	2,943	2,966	3,187	3,472	3,196	3,701	3,600	3,475	3,429
Number of injecting drug users	1,723	2,385	2,490	2,586	2,745	2,761	2,516	2,986	2,796	2,573	2,753
Number of persons aged under 19	1,694	2,023	1,914	1,970	1,860	2,000	1,808	1,656	1,506	1,327	1,335
Number of females	1,152	1,307	1,337	1,431	1,637	1,541	1,359	1,503	1,381	1,384	1,449

Figure 4-6: Selected characteristics in all treatment demands in 2002-2007 (Studničková et al. 2008)



	2002	2003	2004	2005	2006	2007
Total	9,237	8,522	8,845	8,534	8,366	8,487
Number of problem drug users	7,441	7,067	7,473	7,372	7,451	7,137
Number of injecting drug users	6,228	5,964	6,364	6,125	6,054	6,109
Number of persons aged under 19	2,773	2,541	2,322	2,064	1,811	1,792
Number of females	2,895	2,646	2,709	2,602	2,656	2,763

First treatment demands in 2007 reported the daily use of drugs in 1,364 cases (31.4%); 1,166 users (26.8%) used the drug(s) 2-6 times per week. Among newly registered users, heroin was most frequently used on a daily basis (60.4%), followed by pervitin, 2-6 times per week (31.2%); 25.5% of pervitin users were daily users of the drug.

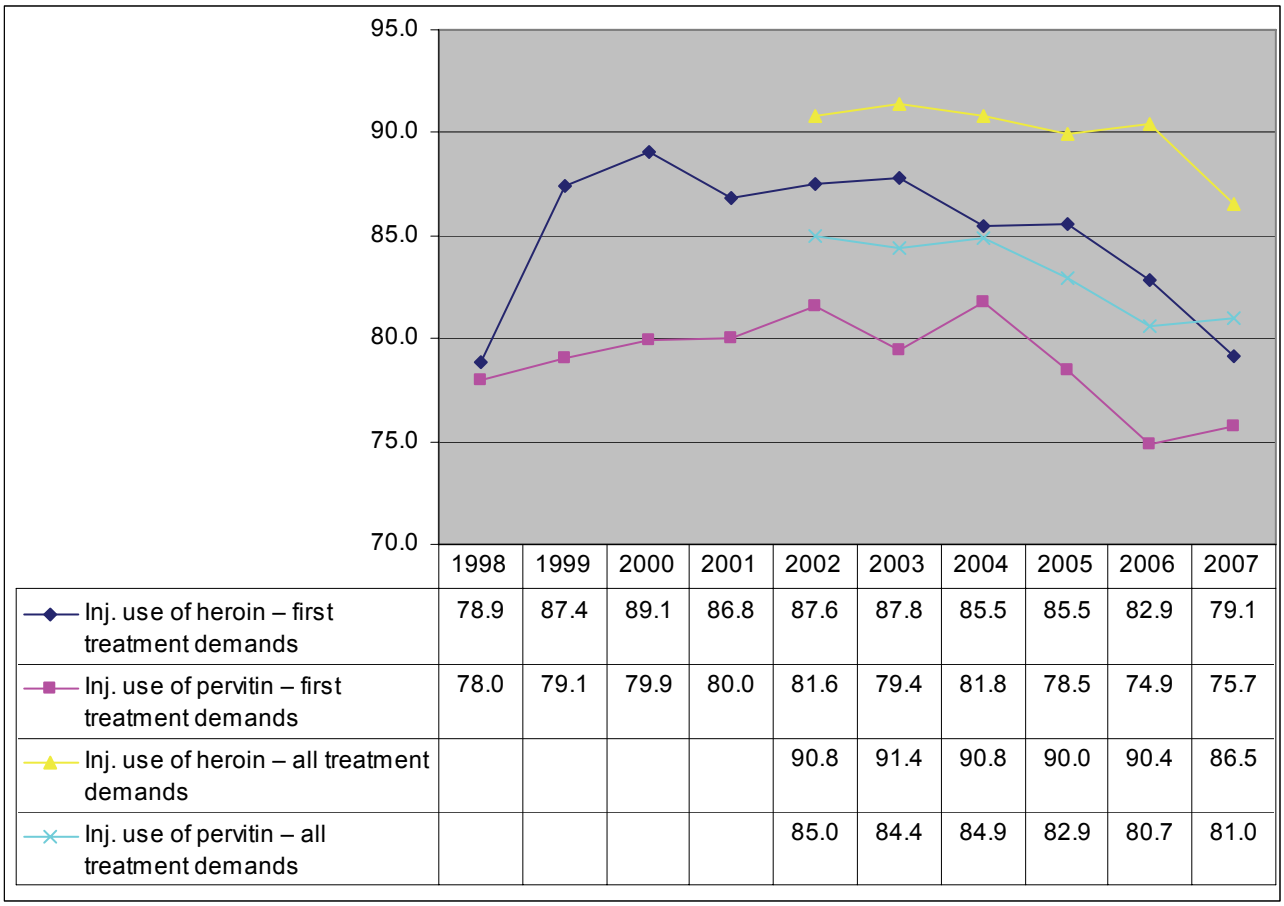
All treatment demands in 2007 reported the daily use of drugs in 2,824 cases (33.3%); 1,984 users (23.4%) used the drug(s) 2-6 times per week. Among all users treated, heroin was the most frequently used drug on a daily basis, in 54.9% of cases, and pervitin in 24.8% of cases. Among all treatment demands too, pervitin was most frequently used 2-6 times per week (28.8%). Subutex® users reported a relatively high frequency of use; 77.8% use the drug on a daily basis (Studničková et al. 2008).

4.2.1.1 Injecting Use of Opiates, Pervitin, and Cocaine among Treatment Demands

Intravenous application among first treatment demands in 2007 in relation to the use of heroin declined (to 80%), but a slight increase was recorded in relation to pervitin users (to 76%). In the case of heroin, the figures were at their lowest since 1999. The proportion of IDUs in all treatment demands in relation to pervitin was 81%, which is the same as in 2006. The proportion of IDUs in all treatment demands in relation to heroin declined significantly in 2007 – to 84% from 90% in 2006, despite having been stagnant at about 90% in the whole period 2002-2006 (Studničková et al. 2008). Figure 4-7 illustrates the trend in the period 1998-2007.

Intravenous administration is also the most common way in which Subutex® is used among problem users of this drug; see also the chapter on Diversion of Substitution Preparations and Their Occurrence on the Black Market, page 69. In the Czech Republic cocaine use is exclusively by sniffing, both regarding all treatment demands and first treatment demands. No treatment demand in relation to the use of crack was registered in 2007 (Studničková et al. 2008).

Figure 4-7: Proportion of injecting applications in first treatment demands (1998-2007) and in all treatment demands (2002-2007) in relation to heroin and pervitin use, in % (Studničková et al. 2008)



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Inj. use of heroin – first treatment demands	78.9	87.4	89.1	86.8	87.6	87.8	85.5	85.5	82.9	79.1
Inj. use of pervitin – first treatment demands	78.0	79.1	79.9	80.0	81.6	79.4	81.8	78.5	74.9	75.7
Inj. use of heroin – all treatment demands					90.8	91.4	90.8	90.0	90.4	86.5
Inj. use of pervitin – all treatment demands					85.0	84.4	84.9	82.9	80.7	81.0

4.2.1.2 Socioeconomic Background of Treatment Demands

Of the total number of 8,487 treatment demands in 2007, almost 11% were from homeless people, and another 6% were from people resident in facilities (e.g. prisons, institutions, halls of residence, or shelters; only 52.3% provided an address of permanent residence. Less than half of all and first treatment demands were from drug users who lived with their parents, and 18.3% of all clients in treatment stated that they lived alone – men more frequently (22%) than women (10.8%); of the newly registered clients, 16.3% stated that they lived alone. 525 (6.2%) of drug users in treatment stated that they lived in a household with children; women lived with children more frequently than men. Homelessness and residence in facilities is more prevalent among men; 12.4% of men and 7.5% of women were

homeless, 6.6% of men and 4.4% of women resided in facilities. Among all treatment demands, 22.5% people lived with another drug user, a fact stated more frequently by women (Studničková et al. 2008).

More than a half of treatment demands were from people who were unemployed or worked only in temporary jobs. Regular employment was indicated only in 19.9% of first treatment demands and 20.7% of all treatment demands. Men showed a higher prevalence of unemployment or temporary employment. Students and basic school pupils were more represented (given their lower age overall) among first treatment demands (Studničková et al. 2008).

Almost 50% of those making treatment demands were educated only to an elementary level, while an additional 4% had not completed their education. There is a higher proportion of people with incomplete education or elementary education among first treatment demands; their lower age overall certainly plays a part (Studničková et al. 2008).

The social structure of treatment demands, specifically in the monitored categories, has not changed since 2002; the percentage of unemployed persons and those with a lower level of education among those making treatment demands has been stable in the long term. In relation to the previous years, the proportion of homeless people in all treatment demands was higher (11% compared to 7% in 2006); for more details see the 2006 Annual Report. Table 4-4 highlights some of the social characteristics of those making treatment demands in 2007.

Table 4-4: Selected social characteristics of treatment demands in 2007, in % (Studničková et al. 2008)

Social characteristics	All treatment demands	First treatment demands	Repeated treatment demands
Homeless	10.8	10.4	11.3
Resident in a facility	5.9	5.3	6.5
Unemployed, working in temporary jobs	50.9	45.2	56.7
Unfinished elementary education	3.9	5.4	2.3
Elementary education	48.7	48.9	48.5

4.3 Problem Drug Use in Other Sources of Data

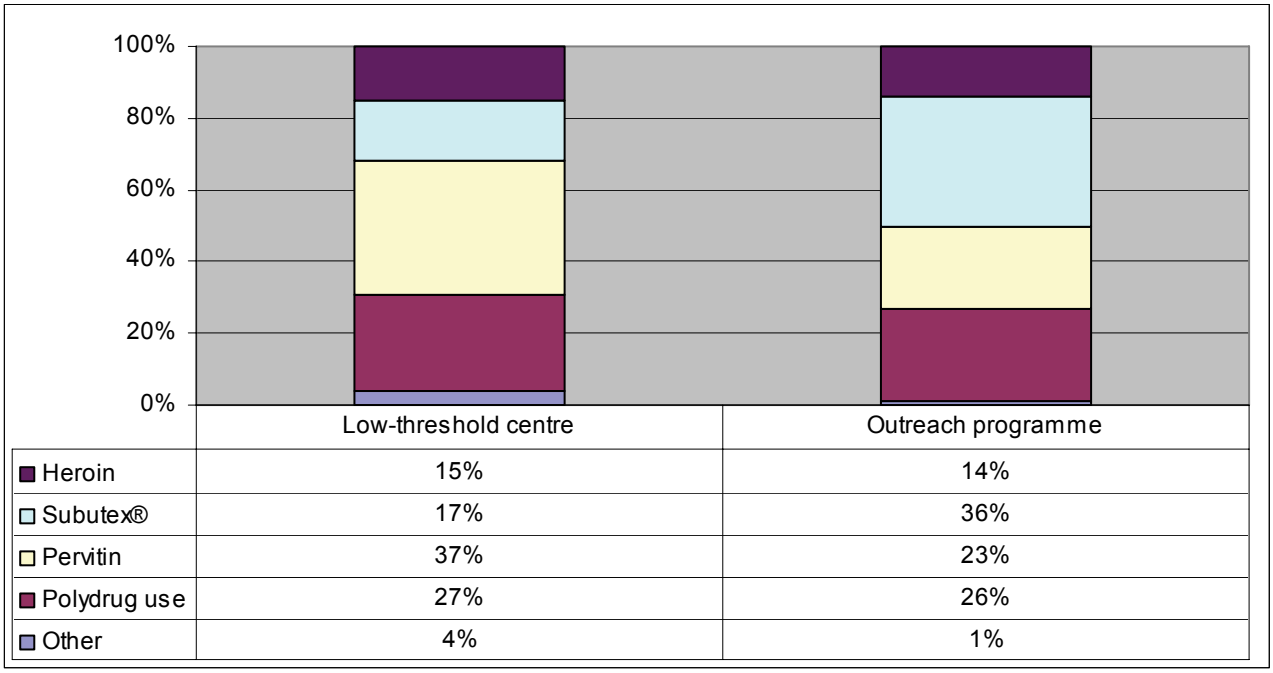
A survey among the clients of a low-threshold centre and outreach programme operated by the SANANIM Civic Association was undertaken in 2007, in which 400 clients took part as respondents. Of these, 183 were clients of the outreach programme and 217 were clients of the low-threshold centre (the questionnaire was offered to all clients of the low-threshold centre; approximately 2% of clients refused to complete it). The survey set out to compare the clientele of both these low-threshold programmes (Větrovec and Porubský, 2008). The survey concluded that the clients of both programmes showed differences in some characteristics; see Table 4-5.

Table 4-5: Comparison of selected characteristics of the SANANIM low-threshold centre and outreach programme clients (Větrovec and Porubský, 2008)

Indicator	Low-threshold centre	Outreach programme
Average age (years)	28 (29.5 in men. 25.0 in women)	27.6 (28.0 in men. 25.5 in women)
Average length of drug use (years)	9.0 (9.4 in men. 7.8 in women)	8.6 (9.0 in men. 7.7 in women)
Women clients (%)	32	24
Homeless clients (%)	42	24
Out-of-Prague clients (%)	75	76
Clients from Central Bohemia region (%)	11	14
Clients tested for HIV (%)	72.2	65.2

The higher proportion of women clients in the low-threshold centre is probably due to the fact that women also seek other services provided by the facility, especially hygiene; the outreach programme is the last resort for women, who typically only use the service to obtain new needles and syringes. Almost 70% of outreach clients lived in their own flat or with their parents; 24% were without a permanent abode, in contrast to the clients of the low-threshold facility, of whom 42% were without a permanent abode and only less than half had their own place. The low-threshold centre is more popular with clients who have no permanent abode, most probably thanks to its services, which the outreach programme cannot offer or offers only in a limited scope (hygiene, food, medical care). 80% of clients were in contact with outreach workers daily or several times per week; women had regular contacts with an outreach worker in as many as 93% of cases. 48% of the clients drop in to the low-threshold centre once daily or several times per week. The difference is attributed to the varying availability of the programmes; outreach workers are found in places where there is a high concentration of problem users. Clients of the low-threshold facility typically exchange a higher number of syringes during one visit. A difference between the two categories of clients was also found in the profile of drugs used (Větrovec and Porubský, 2008); see Figure 4-8.

Figure 4-8: Drugs used by clients of a low-threshold facility and clients of outreach programmes operated by SANANIM, in % (Větrovec and Porubský, 2008)



	Low-threshold centre	Outreach programme
Heroin	15%	14%
Subutex®	17%	36%
Pervitin	37%	23%
Polydrug use	27%	26%
Other	4%	1%

The ratio of clients from Prague to clients from other towns is similar in both programmes; however, outreach programmes show a higher proportion of clients from Central Bohemia, which probably has to do with the transport service to locations where outreach workers are based (particularly at or around the main railway station in Prague) and where the exchange programme is available. The low-threshold centre shows a higher number of out-of-Prague clients from areas outside Central Bohemia; they usually squat or live on the street, and use other services, in addition to the exchange programme, provided by the low-threshold facility – the communal room, personal hygiene and food service. More clients of the low-threshold facility indicated that they had been tested for HIV compared to clients of the outreach programme (72.2% versus 65.2%); the most likely reason is that the centre offers HIV testing directly (Větrovec and Porubský, 2008).

At the end of 2007 and the beginning of 2008, a qualitative survey was conducted among the clients of the SANANIM low-threshold centre, which focused on the use of opium (Zeithammerová, 2008). The use of unprocessed opium[34] or poppy concoction during the summer months has been known to occur in the Czech Republic, albeit in a very limited scope; it has only been partially described; see, for instance, the 2002 Annual Report. Six respondents from Prague and Central Bohemia were carefully selected to fit the purposes of the survey. Each respondent was administered one semi-structured interview, of a duration of 45 minutes. According to the respondents, the opium season starts in June and ends in September. Opium users typically travel in groups to places in the vicinity of Prague and in Central Bohemia where poppies are grown; they usually stay one or a few days, or the whole season. For the most part, the respondents use opium by injecting. It is raw, unprocessed opium, or poppy concoction towards the end of the season. All respondents independently stated that they suffered health problems on a more frequent basis during the opium season, namely abscesses and skin conditions, which are the likely effects of the application of a poor-quality mixture of raw opium, in conjunction with the more frequent sharing of needles and syringes during the opium season. The respondents did not admit to problems with the police, although the majority of them had encountered the police in a poppy field. According to the respondents, opium can also be bought on the black market in the summer. The study also described certain rituals: saying farewell to the field, spending evenings in the field, "division of labour" (collecting poppies, procuring food, cooking). With respect to the method used and the sample size, the possibility of extrapolating the results is rather limited.

More information about the characteristics and numbers of problem drug users who are in contact with various helping programmes is given in the chapters Treatment, on page 54, Diversion of Substitution Preparations and Their Occurrence on the Black Market, on page 69, Services Provided by Low-threshold Facilities, on page 86, Social Reintegration (Aftercare), on page 106, and Assistance to Drug Users in Prisons, on page 107.

[34] Opium (opium latex) is a dried sap from cut (lacerating) immature seed pods of opium poppies (Papaver Somniferum). Opium contains alkaloids: morphine, narcotin, codein, papaverin, thebain (in order of descending concentration). In the Czech Republic, several cultured varieties of poppy are grown mainly for the seed, oil (oil poppy – produces less latex), and only a small part of the crop is used for pharmacological purposes (opium poppy). The waste of oil poppy without the harvested seed (poppy head) is also used for pharmaceutical production of opiates. In 2007, the sowing area was 57,000 hectares, from which 33,000 tons of poppy was harvested; there has been an upwards trend over the longer term: in 1996 it was 14,000 hectares and 10,000 tons (Český statistický úřad, 2008).

5 Treatment

The number of outpatient healthcare facilities providing AT care decreased in 2007, as did the number of patients registered in the live files of outpatient facilities for drug-related mental disorders; it concerned all groups of substances, including opiates, with the exception of stimulants (pervitin); the number of patients with polydrug use remained more or less constant.

In 2007 – for the first time in five years – the number of people hospitalised in inpatient psychiatric facilities fell, because of the overall decline in the number of admissions to the psychiatric departments of hospitals; the number of admissions to psychiatric hospitals, on the other hand, increased. In psychiatric hospitals, there was an increase in all three major drug groups (opiates/opioids, pervitin, and polydrug use), of which polydrug use disorders showed the most significant increase.

There is an increasing number of patients in substitution treatment, provided both in specialised centres and – most probably – also via the surgeries of medical doctors who can prescribe Subutex®. Subutex® treatment is, however, not yet fully reflected in the substitution database.

Table 5-1: Programmes providing services to drug users in 2007

Programme type	Number	Capacity (places, beds)	Take-up/occupancy (number of persons)
Sobering-up stations	15	n.a.	n.a.
Detoxification units	19	n.a.	n.a.
Outpatient healthcare facilities	372	n.a.	15,684*
Day-care centres	1	10	40
Specialised substation centres	15	n.a.	1,064
Psychiatric hospitals	16	9,307**	3,423
Psychiatric departments of hospitals	32	1,419**	1,299
Psychiatric hospitals for children	3	320**	16
Therapeutic communities	15	169***	472***
After-care programmes	18	325****	883
Detoxification units in prisons	2	n.a.	n.a.
Departments for differentiated serving of sentence	6	258	419
Departments for serving of compulsory (drug) addiction treatment in prisons	3	114	200
Drug-free zones in prisons	35	1,877	3,524

*NB: * it involves the number of persons in the so-called live files, i.e. persons who have visited the facility at least once in that year, ** number of all psychiatric beds, *** data only from 11 communities, **** data involve the capacity of intensive care programmes.*

Services in the field of harm reduction are described in detail in the chapter on Services Provided by Low-threshold Facilities, page 86, and services available in prisons are covered by the chapter on Assistance to Drug Users in Prisons, on page 107.

A system of certification of the professional competency of services to users of addictive substances was developed in 2005 (for details see the 2005 and 2006 Annual Reports). For details about the certification of primary prevention programmes see the chapter on Evaluation of Preventive Programmes, page 40. A total of 22 facilities, i.e. all facilities which had undergone an on-site inspection, were certified in 2007 (2 treatment facilities and 20 harm reduction facilities) (Národní monitorovací středisko pro drogy a drogové závislosti, 2008a). Table 5-2 shows the numbers of certifications granted in 2005-2008 according to the type of service.

Table 5-2: Overview of results of certification of professional competency for services in the field of harm reduction, treatment, and after-care as at 30 June 2008 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008a)

Type of service	Number of certifications granted					Certification not granted
	2005	2006	2007	2008	Total	
Low-threshold and counselling services	17	35	12	2	66	5
Outreach programmes	17	32	8	2	59	3
Outpatient recovery programmes	8	8	1	0	17	0
Outpatient treatment	6	6	1	0	13	1
Residential care in therapeutic communities	6	6	0	0	12	0
Substitution treatment	4	3	0	0	7	0
Detoxification	3	1	0	0	4	0
Short-term and medium-term institutional treatment	1	2	0	0	3	0
Day care programmes	1	0	0	0	1	0
Total	**63**	**93**	**22**	**4**	**182**	**9**

5.1 Outpatient Treatment

In 2007, outpatient treatment was available to users of legal and illegal drugs at 372 outpatient healthcare facilities[35], which is 4% fewer in relation to 2006 (Ústav zdravotnických informací a statistiky, 2008a). Since peaking in 2005, the number of such outpatient destinations has been dropping; see Table 5-3. Outpatient facilities treating 1-50 patients per year were the most common, and facilities with 300 and more patients per year were the least represented in the total; see Table 5-4.

Table 5-3: Number of outpatient facilities providing services to drug users in 2000-2007 (Ústav zdravotnických informací a statistiky, 2008a)

Year	Number of facilities
2000	320
2001	330
2002	342
2003	368
2004	382
2005	401
2006	385
2007	372

Table 5-4: Number of outpatient facilities by number of drug users treated in 2003-2007 (Ústav zdravotnických informací a statistiky, 2008a)

Number of patients	Number of facilities				
	2003	2004	2005	2006	2007
1-10	139	144	156	156	136
11-50	106	109	107	107	107
51-100	27	32	36	36	27
101-150	11	12	9	9	11
151-200	7	7	9	9	7
201-300	10	8	10	10	8
301-400	5	3	4	4	7
401 or more	8	7	8	8	5

In 2007, outpatient healthcare facilities treated 16,854 users of drugs, excluding alcohol users (dg. F11-F19), of which number 15,684 were users of drugs excluding tobacco (dg. F11-F16, F18-F19). Table 5-5 and Figure 5-1 provide a comparison with previous years[36].

[35] These are facilities that filled the A013 appendix to the AT psychiatric report; but not exclusively the so-called AT clinics specialising in addiction treatment.

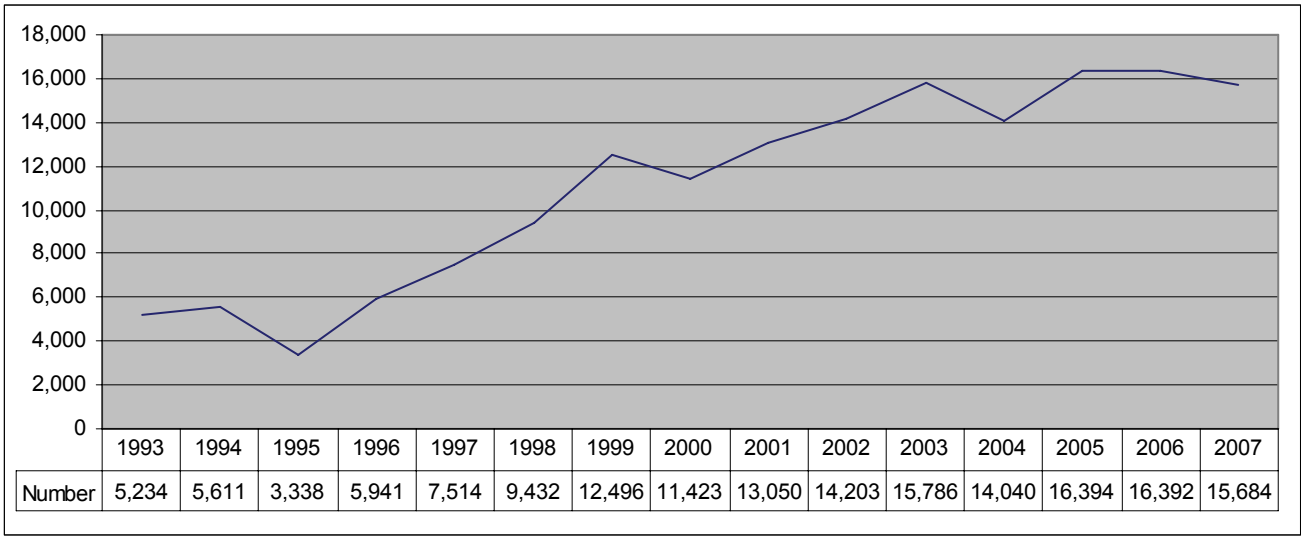
[36] Until 1996, patients were "registered" with a facility, after 1997, we speak of patients in "live files", i.e. with at least one contact in the past year.

Table 5-5: Number of drug users (dg. F11-F19) treated in outpatient healthcare facilities in 2004-2007 (Ústav zdravotnických informací a statistiky, 2008a)

Type of facility	2004		2005		2006		2007	
	Number of facilities	Number of persons	Number of facilities	Number of persons	Number of facilities	Number of persons	Number of facilities	Number of persons
Inpatient facilities with outpatient services	49	3,896	49	4,131	51	5,130	45	4,918
Outpatient facilities	23	1,458	26	1877	25	2,760	23	3,129
General practice	1	5	1	7	1	12	1	14
Specialist practice	243	8,611	257	8,890	261	8,480	237	7,216
Drug addiction**treatment facility	n.a.	n.a.	6	2,584	5	1,495	5	1,513
Other outpatient facilities	6	1,420	1	42	1	44	2	64
Total	**322***	**15,390**	**334***	**17,531**	**344***	**17,921**	**313**	**16,519**

*NB: * The facilities are identified by their company identification number; one such identifier may represent several surgeries. ** "Drug addiction treatment facilities" were excluded from the group "Other outpatient facilities" in the statistics of the Institute of Health Information and Statistics of the Czech Republic in 2005.*

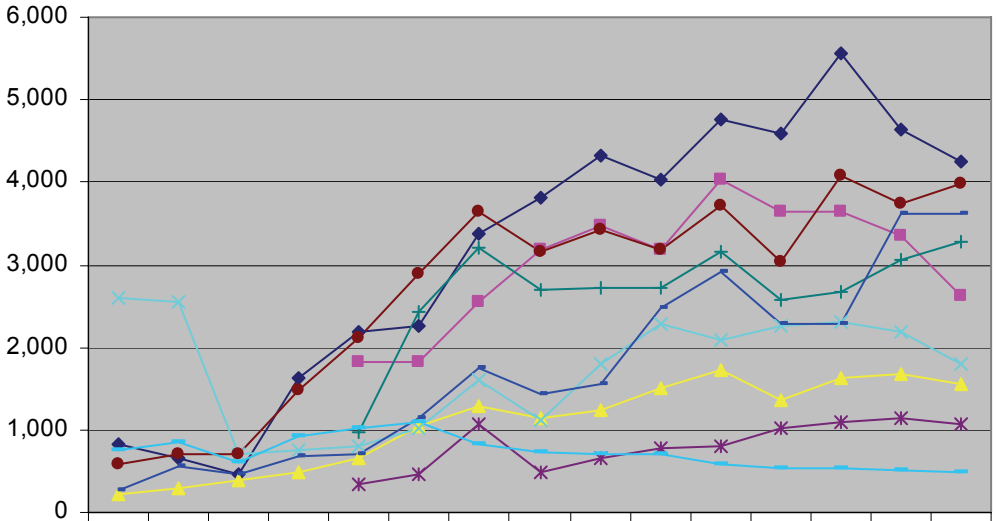
Figure 5-1: Development in the number of drug users (dg. F11-F16, F18-F19) treated in outpatient healthcare facilities in 1993-2007 (Ústav zdravotnických informací a statistiky, 2008a)



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Number	5,234	5,611	3,338	5,941	7,514	9,432	12,496	11,423	13,050	14,203	15,786	14,040	16,394	16,392	15,684

Figure 5-2 illustrates the trend in the numbers of clients treated in outpatient healthcare facilities by diagnosis (group) type; the last three months saw a decrease in opiates/opioids, while pervitin and, especially, polydrug use were on the rise.

Figure 5-2: Development in the number of drug users treated in outpatient healthcare facilities in 1993-2007 by diagnoses (group type) (Ústav zdravotnických informací a statistiky, 2008a)



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Opiates/opioids	816	653	461	1,619	2,183	2,255	3,368	3,815	4,336	4,029	4,768	4,592	5,558	4,640	4,259
- of which heroin					1,813	1,823	2,552	3,176	3,464	3,171	4,035	3,644	3,635	3,357	2,614
Cannabis	211	291	383	474	659	1,039	1,293	1,152	1,248	1,505	1,718	1,354	1,634	1,681	1,544
Sedatives/hypnotics	2,589	2,561	712	761	810	1,011	1,613	1,122	1,787	2,292	2,090	2,257	2,312	2,190	1,799
- of which benzodiazepines					347	456	1,080	491	644	774	799	1,014	1,101	1,153	1,057
Stimulants	595	706	699	1,471	2,125	2,896	3,655	3,169	3,415	3,185	3,714	3,025	4,076	3,746	3,979
- of which pervitin					979	2,436	3,211	2,695	2,718	2,719	3,162	2,579	2,662	3,055	3,272
Polydrug use	260	558	473	685	710	1,148	1,750	1,430	1,559	2,480	2,912	2,279	2,275	3,631	3,616
Other	763	842	610	931	1,027	1,083	817	735	705	712	584	533	539	504	487

In 2007, outpatient treatment was also available from 13 NGOs funded by the Government Council for Drug Policy Coordination. Services were provided to a total of 1,642 users of illegal drugs, and the average age of the clients was 26.3 years. 708 clients (43.1%) injected drugs, 511 (31.1%) used pervitin, 256 (15.6%) heroin, 16 (7.1%) used other opiates, mainly buprenorphine (Subutex®) obtained without prescription, and 101 (6.2%) used cannabis. In relation to 2005 and 2006, there was a significant decline in the number of clients, especially those using cannabis and pervitin. Table 5-6 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e) gives a comparison over the period 2003-2007.

Table 5-6: Outpatient treatment facilities operated by NGOs and their clients in 2003-2007 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e)

Indicator	**2003**	**2004**	**2005**	**2006**	**2007**
Number of subsidised facilities	19	20	18	15	13
Number of clients	2,820	2,506	3,127	4,301	3,044
Number of drug users	1,590	1,493	1,743	2,428	1,642
– injecting drug users	848	697	1,034	1,024	708
– pervitin users	547	540	540	771	511
– heroin users	310	223	391	240	256
– users of other opiates	n.a.	n.a.	126	110	116
– cannabis users	246	339	158	405	101
Average age of drug users	23.6	25.9	26.8	29.6	26.3

Only one facility in Prague, which is run by the SANANIM civic association, supplied intensive outpatient treatment in the form of a three-month course of treatment in a day care centre in 2007. The programme capacity was 10 persons and services were provided to 41 clients (18 men, 22 women), whose average age was 28.7 years. Altogether, 30 clients (70%) were injecting drug users before the treatment; 5 (12.5%) were heroin users and 28 (70%) were pervitin users. 67.5% of the clients completed the treatment successfully. The average duration of treatment per client was two months (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e).

A study was undertaken in 2006 – a quantitative analysis of the specific needs of children under 15 years of age at risk from the consequences of addictive substance use in the Prague metropolitan area. The study set out to describe and analyse the situation in the field of addiction services available to children under 15 years of age, as seen by drug coordinators in Prague (employed by the municipal authority and by the local authorities of individual Prague districts) and paediatricians. Children older than 13 years who already use alcohol, tobacco, and cannabis were the most vulnerable, but their use is seen mostly as experimental rather than habitual. A systemic solution would be to add new outpatient counselling facilities to the existing network, which would be available all through Prague, to offer residential programmes with school tuition and to expand the existing services of low-threshold clubs for children and young people (Majzlíková, 2008).

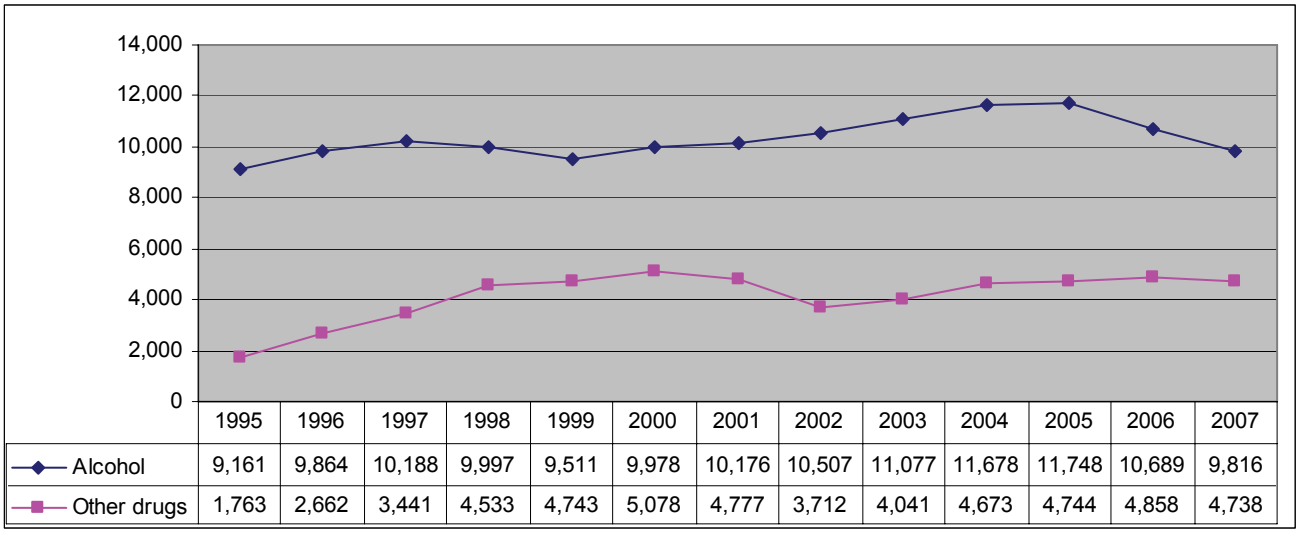
5.2 Residential Treatment (Inpatient Treatment Facilities)

5.2.1 Treatment in Inpatient Psychiatric Facilities

Inpatient psychiatric care is provided by psychiatric hospitals and psychiatric departments in hospitals. In 2007, the network of psychiatric hospitals did not change, but – as in 2006 – the number of beds in psychiatric hospitals for adults decreased by 135 (Ústav zdravotnických informací a statistiky, 2008a).

Inpatient psychiatric facilities reported 14,554 hospitalisations resulting from disorders related to drug use in 2007; of these, 9,816 involved alcohol-induced disorders (which have recorded a significant decrease since 2005), and 4,738 hospitalisations were related to the use of other psychoactive substances (except tobacco). Figure 5-3 illustrates the trend in the number of hospitalisations since 1995. Compared to 2006, there was a slight decrease in the number of admissions to the psychiatric departments of hospitals; on the other hand, there was an increase in the number of admissions to psychiatric hospitals (Ústav zdravotnických informací a statistiky, 2008a); see Table 5-7.

Figure 5-3: Number of hospitalisations resulting from disorders caused by alcohol use (dg. F10) and drug use (dg. F11-F16, F18-F19) in inpatient psychiatric facilities in 1995-2007 (Ústav zdravotnických informací a statistiky, 2008a)



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Alcohol	9,161	9,864	10,188	9,997	9,511	9,978	10,176	10,507	11,077	11,678	11,748	10,689	9,816
Other drugs	1,763	2,662	3,441	4,533	4,743	5,078	4,777	3,712	4,041	4,673	4,744	4,858	4,738

Table 5-7: Number of hospitalisations resulting from disorders caused by drug use (dg. F11-F16, F18-F19) in inpatient psychiatric facilities, by type of facility, in 2005-2007 (Ústav zdravotnických informací a statistiky, 2008a)

Year	Psychiatric hospitals for children	Psychiatric hospitals for adults	Psychiatric departments in hospitals	Total
2005	27	2,104	1,613	4,744
2006	29	3,200	1,629	4,858
2007	16	3,423	1,299	4,738

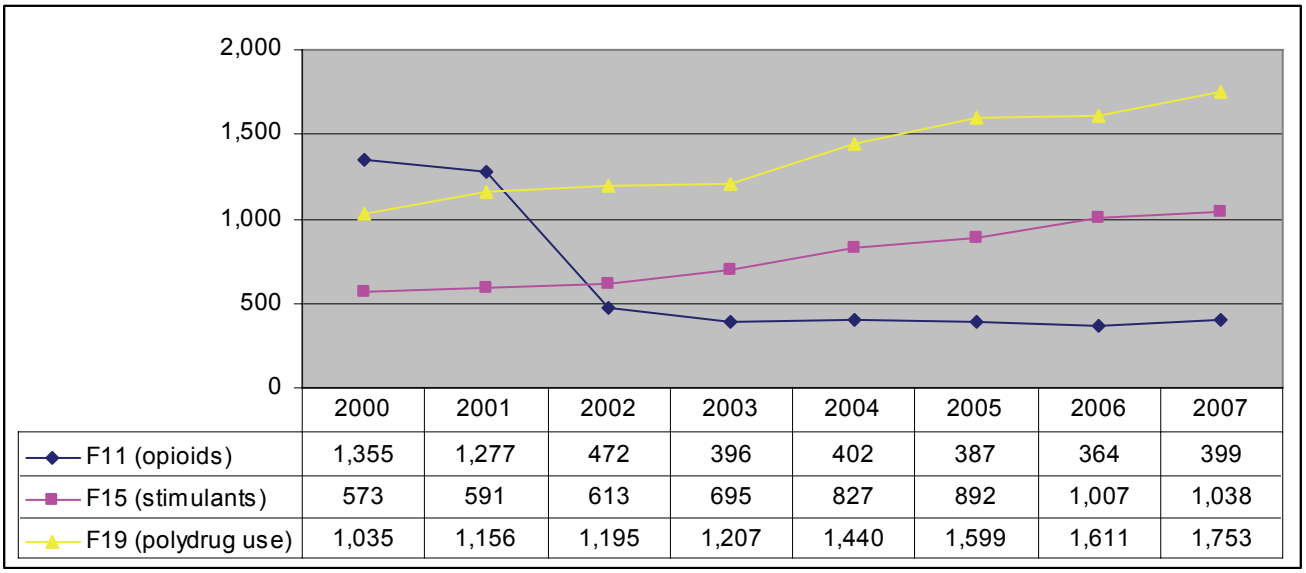
The use of other psychoactive substances and polydrug use (dg. F19) were again the most common reasons for the admission of drug users to inpatient psychiatric facilities in 2007 (45.2% of all hospitalisations). Other reasons for hospitalisations included the use of stimulants (29.8%) and opioids (16.6%). Psychiatric hospitals for children reported the use of inhalants, polydrug use, and the use of cannabis as the most common reasons for admissions; see Table 5-8. The 20-29 age group was the most commonly represented (55.5%) among those hospitalised, followed by the 30-39 age group (19.7%). Persons younger than 19 years accounted for 13.4% of all those hospitalised (Ústav zdravotnických informací a statistiky, 2008a).

Table 5-8: Number of hospitalisations resulting from disorders caused by the use of alcohol and other drugs in inpatient psychiatric facilities in 2007 by type of healthcare facility, gender, and diagnosis (Ústav zdravotnických informací a statistiky, 2008a)

Diagnosis	Psychiatric hospitals for children			Psychiatric hospitals for adults			Psychiatric departments in hospitals		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
F11-19 excl. F17 (all illegal drugs)	13	3	16	2,509	914	3,423	851	448	1,299
– F11 (opioids)	0	0	0	288	111	399	260	127	387
– F12 (cannabis)	4	0	4	48	13	61	36	5	41
– F15 (stimulants)	0	1	1	727	310	1,037	237	136	373
– F18 (inhalants)	5	1	6	45	4	49	12	1	13
– F19 (polydrug use)	4	1	5	1,361	387	1,748	271	117	388
F10 (alcohol)	0	0	0	5,510	2,271	7,781	1,341	694	2,035
Total	**13**	**3**	**16**	**8,019**	**3,185**	**11,204**	**2,192**	**1,142**	**3,334**

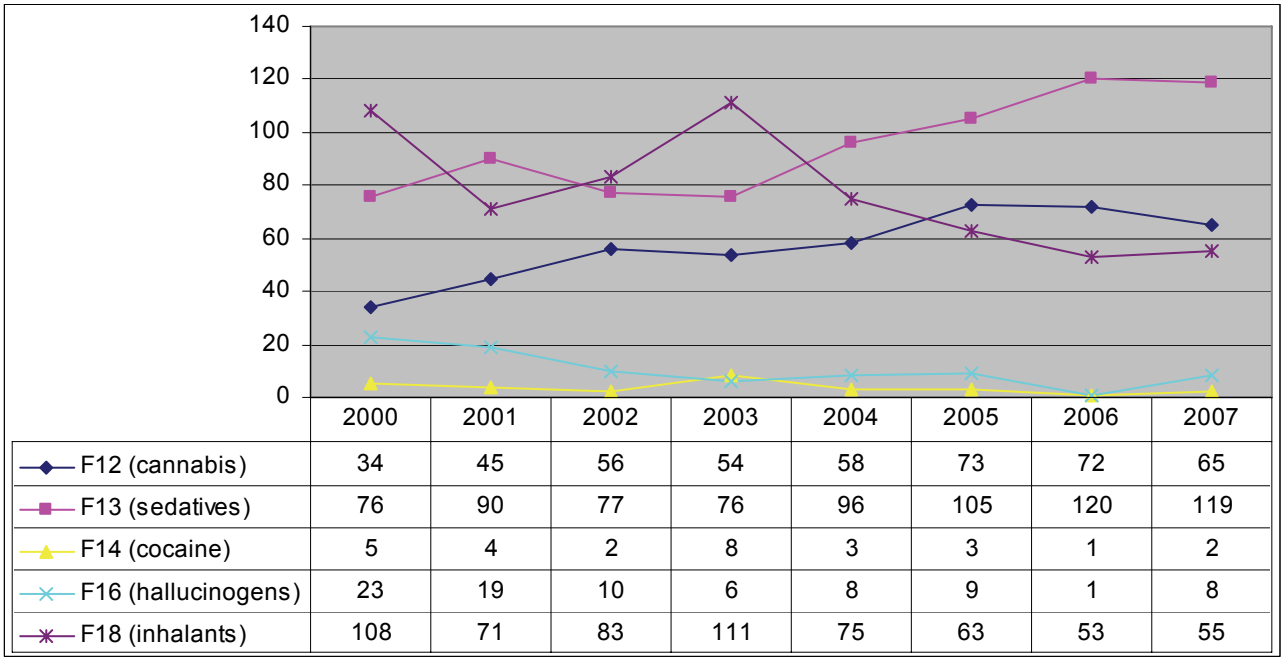
2007 saw a slight increase in the number of hospitalisations resulting from disorders caused by the use of opioids (F11) and stimulants (F15) and polydrug use (F19), i.e. the most frequently cited diagnoses leading to hospitalisations see Figure 5-4. The long-term decline in opioids stabilised in 2007. The numbers of persons hospitalised as a result of the use of other drugs declined, and a slight decrease and a more pronounced increase were recorded for cannabis and hallucinogens, respectively; see Figure 5-5.

Figure 5-4: Number of admissions to psychiatric hospitals resulting from disorders caused by the use of opioids and stimulants and polydrug use in 2000-2007 (Ústav zdravotnických informací a statistiky, 2008a)



	2000	2001	2002	2003	2004	2005	2006	2007
F11 (opioids)	1,355	1,277	472	396	402	387	364	399
F15 (stimulants)	573	591	613	695	827	892	1,007	1,038
F19 (polydrug use)	1,035	1,156	1,195	1,207	1,440	1,599	1,611	1,753

Figure 5-5: Number of admissions to psychiatric hospitals resulting from disorders caused by the use of other drugs in 2000-2007 (Ústav zdravotnických informací a statistiky, 2008a)



	2000	2001	2002	2003	2004	2005	2006	2007
F12 (cannabis)	34	45	56	54	58	73	72	65
F13 (sedatives)	76	90	77	76	96	105	120	119
F14 (cocaine)	5	4	2	8	3	3	1	2
F16 (hallucinogens)	23	19	10	6	8	9	1	8
F18 (inhalants)	108	71	83	111	75	63	53	55

5.2.2 Treatment in Therapeutic Communities

In 2007, residential treatment (7-13 months in duration) was provided in 11 therapeutic communities funded by the Government Council for Drug Policy Coordination (the Czech Republic has 15 such communities in total; data were not available from the other four). Their capacity was 169 beds (of these, 12 were beds for underage clients and 9 for mothers with children), and a total of 472 drug users (of these, 19 were mothers with children), whose average age was 24.2 years, were treated there. 347 clients (73.5%) were injecting drug users before the treatment; 291 clients (61.7%) used pervitin and 74 (15.7%) used opiates (66 were heroin users and 7 used illegally obtained Subutex®). 13 clients (2.8%) were treated for the use of cannabis. The treatment programme was successfully completed by 124 clients (26.3%) and the average duration of a successful (completed) treatment was 285 days. 164 clients (34.7%) dropped out from the treatment, of which number 22% dropped out after completing 2/3 of the whole course. The average length of treatment of all clients was 186 days. Table 5-9 gives a comparison over the period 2003-2007 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e).

Table 5-9: Therapeutic communities and their clients in 2003-2007 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e)

Indicator	**2003**	**2004**	**2005**	**2006**	**2007**
Number of communities	17	14	12	12	11
Capacity of the facility	238	218	183	185	169
Number of clients	510	546	491	451	472
– injecting drug users	428	429	400	375	347
– pervitin users	270	306	287	281	291
– heroin users	187	151	132	93	66
Average age of clients	23.4	24.2	24.9	25.1	24.2

The SANANIM civic association, in collaboration with the Prevent Strakonice low-threshold centre, carried out a survey mapping out the availability of treatment in therapeutic communities (Hulík and Šefránek, 2008). Four problem areas were defined in the study, which may impact on the availability of treatment in therapeutic communities: (1) the requirement that the potential residential client co-financed their stay; (2) commitment to a particular length of treatment prior to moving into the community (in addition to detoxification, which is always required); (3) social requirements (documents, registration with employment authorities, etc.), and (4) other requirements. The survey was carried out in the form of an experiment in nine therapeutic communities associated in the Therapeutic Communities Section of the Association of NGOs. A staff member of the collaborating Prevent low-threshold centre contacted the communities, enquiring about the possibility of a placement for a fictitious potential client; the questions specifically targeted the conditions for admission. The fictitious client was a male, 38 years old, a drug user of 18 years' experience, who had never been systematically treated, and had not had any contact with his family for a long time. His documents were void, he was not registered with the employment office, and he was not a client of any low-threshold facility. The sum of penalty points in individual problem areas produced the so-called

unavailability index (on a scale of 0-4, where 0 implies maximum availability and 4 unavailability), which reflects the degree of unavailability of treatment in the therapeutic communities that were monitored. The results show that the fictitious client would be admitted to two therapeutic communities instantly; in other cases he would have to work towards complying with other requirements prior to treatment; see Table 5-10.

Table 5-10: Treatment unavailability index in therapeutic communities (Hulík and Šefránek, 2008)

Therapeutic community	Co-financing requirement	Treatment prior to admission	Social requirements	Other requirements *	Unavailability index
A	0	0	0	0	**0**
B	0	0	0	0	**0**
C	0	0	1	0	**1**
D	0	1	0	0	**1**
E	1	0	1	0	**2**
F	0	0	1	1	**2**
G	0	0	1	1	**2**
H	0	1	1	0	**2**
I	1	1	1	1	**4**

*NB: *In 2 cases there was an age limit of 30 years and in one case a personal interview was required.*

A study, Evaluation of Treatment Outcomes in a Therapeutic Community for Drug Users, covering five therapeutic communities associated in the Therapeutic Communities Section of the Association of NGOs, was commenced in early 2007 (Šefránek, 2008). It is a longitudinal, prospective cohort study, which set out to establish what changes occur in clients after a course of treatment in a therapeutic community. The study covers clients who started treatment in 2007 and 2008; they are monitored from the time of the commencement of treatment until the end of the first year after its completion. The areas monitored are: (1) drug and alcohol use; (2) mental and physical health; (3) degree of socialisation; (4) criminal behaviour, and (5) quality of life. 104 participants were surveyed in 2007, of which number 70 (67%) were men and 34 (32%) were women. The average age was 25 years (age range 16-45 years). 79% of the participants were pervitin users before the treatment and 25% used heroin. 89% of the clients were injecting drug users, and 20% of the clients had at least one previous experience of sharing needles and syringes. As for the health condition of the clients, 22% were HCV positive, 35% showed symptoms of depression, and 39% suffered from anxiety. 58% of the clients were in conflict with the law at the time of their history being taken (Šefránek, 2008).

5.2.3 Compulsory Treatment as a Sentence Option or Alternative

The institution of compulsory treatment has its main legal basis in Section 72 of the Penal Code. Compulsory treatment is a protective measure, not a sentence. It is ordered if warranted by the nature of the offender or obligatorily in some specific instances (e.g. offenders of unsound mind, without criminal liability, who, if left unsupervised, would pose a danger to society) or optionally. The optional imposition of compulsory treatment is most common in relation to users of addictive substances; on the basis of the provisions of Section 72(2a) of the Penal Code, a court may impose compulsory treatment on an offender who abuses an addictive substance and committed a crime under the influence of or in relation to such a substance. The court will, however, not impose compulsory treatment if it is obvious from the nature of the offender that the treatment would serve no purpose (e.g. if the offender is staunchly opposed to treatment, or if the offender has been through many treatment episodes without any success, etc.). The personality of the offender and the suitability of compulsory treatment are assessed by a court-appointed expert. However, the court may, taking other evidence into account, decide against the conclusion of the assessment.

Generally speaking, the court may impose compulsory treatment in addition to a sentence or if a sentence is waived. On the basis of Section 24(1) of the Penal Code, the waiver of a sentence is generally resorted to if the offender committed a crime that posed a lesser degree of danger to society, has expressed remorse and a genuine ambition to correct the situation, and if it can be reasonably expected that a court hearing in the matter will be sufficient for correction. In terms of drug users, such an instance would typically apply to the perpetrators of petty crimes who have no previous convictions.

A waiver of a sentence in conjunction with an imposition of compulsory treatment may also be used for perpetrators of crimes who acted while of impaired mental capacity, and the court is of the opinion that compulsory treatment is a better way of correcting the offender than a sentence would be. A waiver of a sentence in conjunction with the imposition of compulsory treatment cannot be used for offenders who caused this reduced mental capacity through drug use (Section 25 of the Penal Code). For drug users, a waiver of a sentence could therefore be used not in reference to a reduced mental capacity, but in reference to the provisions of Section 24 (1) of the Penal Code.

Compulsory treatment may take the form of institutional or outpatient treatment. Offenders with a custodial sentence may undergo compulsory treatment in prison facilities equipped for this purpose (e.g. Opava and Rýnovice). In other cases, compulsory treatment is administered in the compulsory treatment wards of psychiatric hospitals falling under

the competence of the Ministry of Health. Compulsory outpatient treatment is administered in outpatient psychiatric facilities. The court may change the form of the compulsory treatment while it is in progress. Compulsory treatment is ordered for the duration of time for which it is required; there is no time limit. The court decides on the termination of compulsory treatment, typically at the request of the healthcare facility or the offender. If the offender fails to commence compulsory treatment or grossly breaches its conditions, they may be prosecuted for the crime of obstructing the execution of an official decision (Section 171 of the Penal Code).

In 2007, compulsory treatment of drug addiction was imposed on 138 persons in total; of these, 64 were outpatient treatments and 74 were institutional treatments. 51 treatments out of the total involved offenders who were sentenced for drug-related crimes, of which number 45 were offenders sentenced for crimes under Section 187 of the Penal Code (Ministerstvo spravedlnosti ČR, 2008b).

In addition to the institution of compulsory treatment, other means of process law and criminal law diversions or alternative sentences may be used in relation to the users of addictive substances. The duty to undergo treatment, which, however, is not compulsory treatment as such, may be imposed as part of a decision on the conditional waiver of a sentence with supervision (Section 26 of the Penal Code), parole sentence to a custodial sentence with supervision (Section 60a of the Penal Code), release on parole (Section 61 of the Penal Code), release on parole with supervision (Section 63 of the Penal Code), conditional suspension of criminal prosecution (Section 307 of the Code of Criminal Procedure), substitution of remand with the supervision of a probation officer (Section 73 of the Code of Criminal Procedure), or community service (Section 45a of the Penal Code). These provisions allow for the imposition of treatment for drug addiction as part of the serving of a sentence or complying with any other decision in the course of the supervision of a person who has been charged, indicted or convicted. Unlike compulsory treatment, this is a voluntary option, where personal motivation plays an important role in the deliberations of the court or the public prosecutor in the course of the preliminary proceedings (see also the 2004 Annual Report).

Data provided by the Probation and Mediation Service of the Czech Republic (PMS) for 2007 show that 29 of the service's drug-addicted clients had the duty to undergo treatment in relation to the above provisions; of these, 3 were women. Of the total of 29 clients, 13 persons had the duty to undergo addiction treatment in connection with a crime according to the provisions of Section 187 of the Penal Code, and 13 persons had the same duty imposed as a result of other than drug-related crimes (Probační a mediační služba ČR, 2008).

5.3 Substitution and Maintenance Programmes

5.3.1 Substitution Treatment with Opiate Agonists

As in the previous years, two substitution preparations were available in the Czech Republic in 2007 – methadone, prepared from an imported generic substance[37] (available in specialised substitution centres) and Subutex® (with buprenorphine as the active substance) in the form of a proprietary medical preparation. Suboxone®, a composite preparation containing buprenorphine and naloxone as active ingredients, has been registered and distributed on the Czech market since February 2008; naloxone, as an opioid antagonist, reduces the probability of the abuse of Suboxone® by injection because it binds to opioid receptors. Substitution preparations are only administered orally in treatment settings in the Czech Republic. Methadone in the form of syrup as a proprietary medical preparation has not yet been introduced in the Czech Republic.

The methodology for substitution treatment is defined in the Standard of Substitution Treatment; the previous version drafted in the late 1990s (Ministerstvo zdravotnictví ČR, 2001) has now been updated after many years of preparation and discussions (Ministerstvo zdravotnictví ČR, 2001). The document was updated mainly as a result of pressure from experts and as a result of the changed laws in this field. The reasons for updating the standard also included the prescription of Subutex® and, newly, Suboxone® and particularly the need to report the prescription of these preparations. The standard clearly stipulates that each physician prescribing any substitution substance is obliged to report the patient's data to The National Register of Users of Medically Indicated Substitution Substances and to check that the patient is not already being treated in another medical facility. Another reason was the introduction of substitution treatment in Czech prisons, a development which the previous standard failed to reflect. The standard further strengthens the role of the physician in providing care to substituted patients; as a new development, diagnosis ICD F11.1 – the harmful use of opioids – has been added to the list of indications.

The standard defines four types of treatment (Ministerstvo zdravotnictví ČR, 2008), of which so-called extended substitution treatment and so-called Substitution Centres are newly defined or their roles newly described.

- Basic substitution treatment consists of the provision (under supervision or subject to prescription) of a substitution substance, complemented by adequate somatic treatment and social counselling provided on an external basis. This is the most frequent form of substitution treatment and is provided mainly in cases where comprehensive substitution treatment is not indicated for the patient or where extended substitution treatment is

[37] The purchase of methadone is financed by the Ministry of Health. Distribution to specialised methadone centres is provided through the in-house pharmacy of the General Teaching Hospital in Prague and further to the pharmacies cooperating with the methadone centres. In the years 2006-2008 13.500, 12.000, and 14.000 g respectively of methadone substance were imported to the Czech Republic (information from the Inspectorate for Narcotic and Psychotropic Substances of the Czech Ministry of Health of 20 June 2008).

not locally available. It is typically provided in general practitioners' surgeries or in the surgeries of specialist physicians with specialisations other than psychiatry/addictology; it is, at the same time, the lowest possible standard for providing substitution treatment to patients held on remand or serving a prison sentence.

- Extended substitution treatment means the provision of a substitution substance, complemented by adequate somatic treatment, psychotherapy, and social counselling; the latter may be provided on an external basis if not available internally. It is provided under the supervision of a specialised substitution treatment centre.
- Comprehensive substitution treatment (in specialised Substitution Treatment Centres) consists of the provision of basic substitution treatment, complemented by a choice of other services provided within the facility, including somatic and psychological disorder therapy, group psychotherapy, family therapy, work therapy, aftercare, education on aspects of addictive substance use, personal counselling, occupational counselling, professional training, and in-patient/rehabilitation treatment.
- Minimum substitution treatment is limited to the provision of a substitution substance without any therapy or counselling. This is an exceptional form of substitution treatment, indicated primarily in emergency situations, such as acute conditions in patients receiving other types of substitution treatment, during planned diagnostic or therapeutic interventions, and during journeys outside the patient's domicile.

After a pilot stage in the first half of 2007, a trial operation of an electronic internet application of the National Register of Users of Medically Indicated Substitution Substances was started. The application was put into operation (on https://snzr.uzis.cz/nrulisl/) in November 2007. It faced technical problems at the beginning, and there were also logistical difficulties with the registration of physicians and the patient reporting which had not been fully resolved by mid-2008.

The register is a follow-up to the reporting duty, which was introduced on 1 January 2006 by Act No. 379/2005 Coll. on the measures for protection from harm caused by tobacco products, alcohol, and other addictive substances and the related amendment to Act No. 20/1966 Coll. on public health care. The duty applies to all physicians providing substitution (maintenance) treatment, i.e. specialised centres, but also all health care facilities of any specialisation providing substitution treatment with any preparation. The register is managed by the Institute of Health Information and Statistics.

Physicians using the National Register of Users of Medically Indicated Substitution Substances have to be registered. Each new patient is entered in the register and the physician quickly checks from the patient's birth ID number whether the patient is already being treated in another facility; one of the reasons is to avoid multiple prescriptions to one and the same patient. The register also makes patient referrals or treatment terminations easier. The application also makes it possible to generate analytical aggregate outputs.

5.3.1.1 Specialised Substitution Centres

Since 2000, when it was launched in a regular mode in the General Teaching Hospital in Prague, the substitution treatment programme has been extended to other specialised centres. Initially, the substance administered in these centres was almost exclusively methadone. Specialised centres had to be accredited for substitution treatment by the Ministry of Health and later entered in the National Register of Users of Medically Indicated Substitution Substances (NRULISL Register), which had been kept in a simple database form until 2007, while communication with the centres was conducted by telephone. As Subutex® became more widely used in the Czech Republic and as the number of prescribing physicians of various specialisations grew, centres prescribing solely Subutex® (now also Suboxone®) were also entered in the NRULISL Register, even before the introduction of its electronic form. The electronic version of the register allowed the number of these centres to grow faster. The text below provides NRULISL data, both from the registered "methadone" centres and from the other centres.

Fifteen substitution centres were registered in the NRULISL in 2007; four of them were in Prague; the Drop In.runs two centres, and 2 centres operate in the Prague-Pankrác and Příbram prisons, where a pilot programme of substitution treatment for persons serving a custodial sentence was launched in April 2006 (see the chapter on Assistance to Drug Users in Prisons, page 107, for more information). Another substitution centre was newly opened in the Jičín Area Hospital in the Hradec Králové region in January 2007. Of the 15 specialised centres, 13 provided either exclusively methadone, or also Subutex® to some patients; 2 centres provided only Subutex®; see below.

There is still no coverage in the Pilsen, Liberec, Pardubice, Vysočina, and Zlín regions; this lack can be regarded as alarming in Pilsen (it is estimated that there are approximately 500 problem users of opiates in the Pilsen region, while the estimated numbers are very low in the other regions which do not have a specialised centre; see the chapter on Problem Drug Use , page 44, for more detailed information).

Fifteen specialised centres treated a total of 1,064 patients in 2007 (620 of them were treated with methadone and 444 with Subutex®)[38]; the trend in patients by gender since 2000 is shown in Figure 5-6 (Ústav zdravotnických informací a statistiky, 2008b). The number of patients by place of residence

[38] The data are taken from the NRULISL Register as of 1 January 2008; patient reports are updated on an ongoing basis by physicians (particularly since the electronic version of the register was launched in 2008), including past entries of patients from the previous years, which impacts on the recently published numbers of patients in the register in a given year.

throughout the existence of the NRULISL Register is given in Table 5-11. Clients from Prague and the Ústí nad Labem region are represented most often; on the other hand, clients from regions without a substitution centre are represented rarely; the low number of clients from the Pilsen region is particularly alarming, as already mentioned. The development in the number of patients of specialised centres by December 31 of a given year is summarised in
Table 5-12. It is obvious that the programmes in Prague and Ústí nad Labem are used the most, which corresponds to the regional distribution of the prevalence of problem users of opiates, which is the highest in these regions; see the chapter Problem Drug Use , page 44, for detailed information.

Figure 5-6: Number of patients treated in specialised substitution centres in 2000-2007 by gender

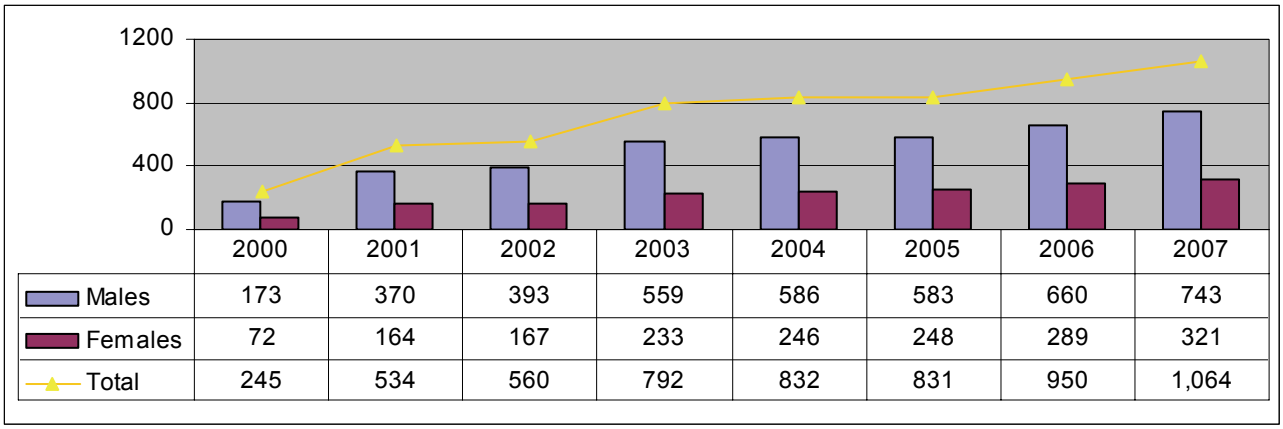


Table 5-11: Number of patients in substitution treatment in 2000-2007 by region of residence (Národní monitorovací středisko pro drogy a drogové závislosti and Ústav zdravotnických informací a statistiky, 2008)

Region/Year	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**
Prague	128	226	231	344	344	303	358	407
Central Bohemia	16	26	29	57	77	68	82	92
South Bohemia	4	4	4	5	3	16	42	44
Pilsen	-	-	1	2	2	1	2	2
Karlovy Vary	-	-	-	1	-	3	19	29
Ústí nad Labem	85	202	214	291	296	295	289	324
Liberec	-	-	-	1	3	4	5	7
Hradec Králové	4	5	10	14	20	33	36	34
Pardubice	3	3	3	3	3	6	7	9
Vysočina	1	1	-	-	1	1	4	7
South Moravia	2	58	52	53	56	62	64	65
Olomouc	1	2	4	6	9	13	14	14
Zlín	-	-	-	-	-	-	-	2
Moravia-Silesia	-	1	8	14	16	22	24	28
Foreigners	1	6	4	1	2	4	4	-
Total	**245**	**534**	**560**	**792**	**832**	**831**	**949**	**1,064**

Table 5-12: Patients in specialised substitution programmes in 2000-2007, always by 31 December of a given year (Ústav zdravotnických informací a statistiky, 2008b)

Centre	2000	2001	2002	2003	2004	2005	2006	2007
Ústí nad Labem	54	124	123	190	182	184	185	246
Prague (Drop In)	71	110	100	142	135	135	152	169
Prague (General Teaching Hospital)	50	60	54	117	96	115	125	116
Prague (SANANIM)	0	0	0	0	0	0	56	85
Brno	4	50	53	46	46	63	63	48
Hradec Králové	5	9	13	13	18	32	31	37
Mělník	4	7	9	22	16	12	21	19
Olomouc	2	2	5	4	6	12	17	18
Karlovy Vary	0	0	0	0	0	0	10	15
České Budějovice	0	0	0	0	0	8	26	13
Ostrava	0	1	4	10	11	10	9	11
Prague-Pankrác and Příbram prisons	0	0	0	0	0	0	3	3
Jičín	0	0	0	0	0	0	0	1
Total	**190**	**363**	**361**	**544**	**510**	**571**	**698**	**781**

Both methadone and Subutex® are administered in specialised centres. The proportion between the two substances has been levelling up since 2000. Only methadone was prescribed in 2000; Subutex® was prescribed to 6% of the patients of specialised centres in 2001, 34% in 2004, and 42% in 2007 (moreover, it can be expected that the introduction of Suboxone® will make an impact from 2008 onwards). The proportion between the number of patients on methadone and Subutex® varies significantly in each specialised centre; see Table 5-13. Methadone is not administered at all in the CADAS facility of the SANANIM civic association and in the Jičín hospital centre. On the other hand, the Brno-based ELYSIUM centre and the prison programmes use solely methadone. It can be expected that the number of centres and patients using solely preparations containing buprenorphine will grow as non-specialised centres in the NRULISL Register increase in number.

The first experiences of transferring patients from Subutex® to Suboxone® are described by Jakub Minařík, M.D., on the basis of his practice in the SANANIM'S CADAS facility on a sample of 60 clients in the period between February and April 2008. Fifty-eight of them were transferred to Suboxone® in this period. 48% showed good tolerance of the preparation, 24% used it with reservations (e.g. reported the need of an increased dose, procurement of Subutex® on the black market for injecting, craving for heroin, relapse, etc.), 14% showed poor tolerance of Suboxone® following the transfer, and information on 14% was not available.[39]

On the basis of the information from SANANIM's outreach programmes, some of their clients responded to information about the launch of Suboxone® with hopes of limiting or quitting the use of opiates. There are myths and distorted concepts about the new preparation among the clients as they share their first experience of its diversion, e.g. concerning the impossibility of dissolving it and using it by injection or concerning the separation of naloxone. Withdrawal symptoms are often described in connection with injecting use (which is in accordance with the pharmacological properties of the preparation). Clients report that the sublingual administration of Suboxone® produces a stronger effect than the administration of Subutex® (Herzog, 2008).

[39] Information provided by Jakub Minařík, M.D., in July 2008.

Table 5-13: Proportion of patients using methadone and Subutex® as of 31 December 2007 by individual specialised centres (Ústav zdravotnických informací a statistiky, 2008b)

Centre	Methadone		Subutex®		Total
	Abs.	%	Abs.	%	
Ústí nad Labem	111	45.1	135	54.9	246
Prague (Drop In)	153	90.5	16	9.5	169
Prague (General Teaching Hospital)	64	55.2	52	44.8	116
Prague (SANANIM)	0	0.0	85	100.0	85
Brno	48	100.0	0	0.0	48
Hradec Králové	9	24.3	28	75.7	37
Mělník	2	10.5	17	89.5	19
Olomouc	12	66.7	6	33.3	18
Karlovy Vary	15	100.0	0	0.0	15
České Budějovice	8	61.5	5	38.5	13
Ostrava	6	54.5	5	45.5	11
Prague-Pankrác and Příbram prisons	3	100.0	0	0.0	3
Jičín	0	0.0	1	100.0	1
Total	**431**	**55.2**	**350**	**44.8**	**781**

Thirty-two health care facilities providing substitution treatment had been registered in the NRULISL by 23 June 2008, of which 13 were psychiatric facilities and 12 were AT clinics. Five were general practitioners for adults; two more facilities were registered (one internal surgery and one remand prison health unit).[40] The NRULISL Register and its analytical outputs will very probably need to be revised in the next period in order to allow the monitoring of trends in the various types of substitution treatment defined in the Standard of Substitution Treatment. There continue to be gaps in physicians' awareness of the NRULISL Register and of the reporting duty; so far, the number of registered physicians is very low compared to the estimates of outpatient physicians prescribing Subutex®. A survey conducted among physicians in the Czech Republic (see below) revealed that the physicians were not sufficiently aware of their duty to report to the National Register of Users of Medically Indicated Substitution Substances; see Table 5-14.

Table 5-14: Physicians' awareness of their duty to report patients in substitution treatment, in % (Národní monitorovací středisko pro drogy a drogové závislosti and Agentura INRES - SONES, 2008)

Awareness of the reporting duty	Entire sample in % (n=1,225)	Option selected by those reporting prescription of Subutex®, in % (n=19)
Reporting is voluntary	31.2	42.1
Reporting is obligatory	63.1	57.9
No answer	5.6	0.0
Total	**100.0**	**100.0**

5.3.1.2 Substitution Treatment outside Specialised Substitution Centres

Subutex® – and since February 2008 also Suboxone® – can be prescribed by any physician, regardless of their specialisation; besides substitution centres, it is also prescribed mainly in AT clinics (i.e. in psychiatric outpatient clinics with an AT specialisation) and in other psychiatrists' and general practitioners' outpatient facilities. Patients using Subutex® in specialised treatment centres are recorded (see above), while neither the number of patients who use Subutex® in other outpatient facilities nor the number of physicians prescribing Subutex® is known exactly.

In November and December 2007 a data collection exercise was conducted as part of the 2007 omnibus questionnaire survey among practitioners in the Czech Republic[41] (Národní monitorovací středisko pro drogy a drogové závislosti and Agentura INRES - SONES, 2008). The sample was based on a quota selection by gender, age, type of professional engagement (private and other physicians), specialisation (general medicine, paediatrics/adolescent medicine and others) and by the region of practice. Data collection took the form of a structured interview conducted by 349 interviewers, with a response rate of 75.2%. On the initiative of the NFP, a module entitled The Use of Addictive Substances in Patients and the Issue of Substitution Treatment was incorporated in the survey. The results concerning problem drug users treated by outpatient physicians are provided

[40] Information from the NRULISL Register Council meeting held on 23 June 2008 at the Institute of Health Information and Statistics.

[41] The whole survey is focused on the issue of health care in the Czech Republic and opinions on its development and current status. It contains specific questions concerning the delivery of treament and preventive care in relation to human health; it is conducted every two years by the Institute of Health and Lifestyle Studies, the INRES Agency.

in the chapter Problem Drug Use , page 44. This chapter summarises the results concerning the issue of providing substitution treatment.

The sample contained 1,225 physicians from the whole of the Czech Republic, of whom 47.7% were men and 52.3% women. There were 622 (50.8%) private physicians and 603 (49.2%) other physicians. 175 physicians (14.3%) were general practitioners, 107 (8.7%) paediatricians/adolescent medicine physicians, other specialisations were represented in 943 cases (77.0%). The geographical distribution of the sample is given in Table 5-15.

Table 5-15: Respondents of the 2007 survey among practitioners in the Czech Republic by the region of practice (Národní monitorovací středisko pro drogy a drogové závislosti and Agentura INRES - SONES, 2008)

Region/Year	Number	%
Prague	249	20.3
Central Bohemia	105	8.6
South Bohemia	67	5.5
Pilsen	71	5.8
Karlovy Vary	33	2.7
Ústí nad Labem	82	6.7
Liberec	42	3.4
Hradec Králové	64	5.2
Pardubice	52	4.2
Vysočina	49	4.0
South Moravia	146	11.9
Olomouc	77	6.3
Zlín	55	4.5
Moravia-Silesia	133	10.9
Total	**1,225**	**100.0**

In total, 19 physicians (1.6%) out of the whole sample said they were prescribing Subutex® to some of their patients; the largest proportion was reported by psychiatrists (10.7%) and general practitioners for adults (4.6%); see Table 5-16. The sample contained 133 patients in total, of which 60 (45.1%), as the highest figure, was reported by psychiatrists and 45 (33.8%) by general practitioners for adults. Other specialisations reported very small numbers; see Table 5-17; individual physicians reported 1 to 52 persons.

Table 5-16: Number of physicians of selected specialisations reporting the prescription of Subutex® and their proportion in the sample (Národní monitorovací středisko pro drogy a drogové závislosti and Agentura INRES - SONES, 2008)

Specialisation	Number of prescriptors	Prescriptors in %	Total in the sample
Psychiatrist	3	10.7	28
General practitioner for adults	8	4.6	175
Surgeon	2	1.7	117
Gynaecologist	2	1.0	200
Internist	1	0.7	135
Other	3*	0.5	570
Total	**19**	**1.6**	**1,225**

*NB: * These were a neonatologist, ORL specialist, and haematologist.*

Table 5-17: Number of patients who are prescribed Subutex® by physicians of selected specialisations (Národní monitorovací středisko pro drogy a drogové závislosti and Agentura INRES - SONES, 2008)

Specialisation	Patients using Subutex® – number	Patients using Subutex® – %	Average per prescribing physician	Average per physician in the sample
Psychiatrist	60	45.1	20.00	2.14
General practitioner for adults	45	33.8	5.63	0.26
Surgeon	3	2.3	1.50	0.03
Gynaecologist	7	5.3	3.50	0.04
Internist	1	0.8	1.00	0.01
Other	17	12.8	5.67	0.03
Total	**133**	**100.0**	**7.00**	**0.11**

The above-mentioned results were extrapolated to the number of physicians in the Czech Republic of the two specialisations most significantly involved in substitution treatment (psychiatrists, including AT, and general practitioners) over the total number of 1,393 psychiatrists and 5,229 general practitioners for adults (Ústav zdravotnických informací a statistiky ČR, 2007). This gives a rough estimate of 390 psychiatrists and general

practitioners prescribing Subutex® and 4.340 patients to whom it is prescribed by the physicians of these two specialisations; see Table 5-18.

Table 5-18: An estimate of the number of physicians prescribing Subutex® and the number of patients to whom it was prescribed in the Czech Republic in 2007, by selected specialisations (Národní monitorovací středisko pro drogy a drogové závislosti and Agentura INRES - SONES, 2008)

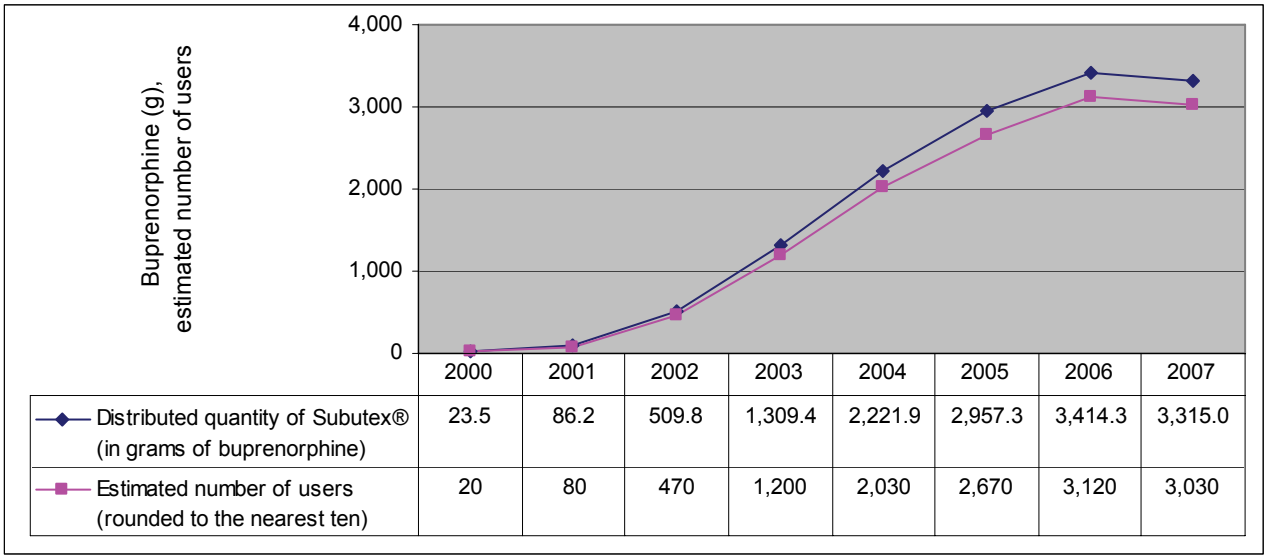
Specialisation	**Physicians prescribing Subutex®**	**Patients using Subutex®**
Psychiatrist	150	2,980
General practitioner for adults	240	1,360
Total	**390**	**4,340**

When extrapolating the results of the survey, including all specialisations, to the total number of 36.595 physicians in the Czech Republic in 2006, including several dozen specialisations (Ústav zdravotnických informací a statistiky ČR, 2007), the estimate carries a much higher uncertainty. In view of this uncertainty, the number of physicians of all specialisations can thus be estimated to be 570 in total and the estimated number of patients to whom Subutex® is prescribed is 4,030. The differential between this number and the number given in Table 5-18 stems from the fact that the proportions of other specialisations, excluding general practitioners (i.e. including, for example, psychiatrists), were not representative of the whole population of physicians in the Czech Republic.[42]

Given that 444 persons were treated with Subutex® in specialised centres in 2007, the number of persons treated outside the specialised centres can be estimated to be between 3,500 and 3,800 (under the assumptions and with the procedures stated above).

Data about the distribution of Subutex® on the Czech market in 2007 are available (Ministerstvo zdravotnictví ČR, IOPL, 2008). A quantity of Subutex® corresponding to 3,315 g of buprenorphine was distributed in two different dosages (8 and 2 mg) in 2007, meaning a slight decrease compared to 2006, which cannot be justified by the fact that the Subutex® containing 0.4 mg of buprenorphine ceased to be distributed on the Czech market. Making the same assumption as in the previous years (i.e. a daily consumption of 6 mg of buprenorphine and the average frequency of application as every other day)[43], it is possible to guess that 3,030 persons were using it; see Figure 5-7. This estimate is lower by about 1,000 users than the estimate obtained in the survey stated above; additionally, the proportion between patients in legitimate substitution treatment and problem users of Subutex® (i.e. persons who abuse it on the drug scene)[44] is not known accurately and it is possible to assume that the two groups overlap significantly.

Figure 5-7: Quantity of Subutex® distributed (in grams of buprenorphine) and estimated number of Subutex® users in 2000-2007 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004; Ministerstvo zdravotnictví ČR, IOPL, 2008)



	2000	2001	2002	2003	2004	2005	2006	2007
Distributed quantity of Subutex® (in grams of buprenorphine)	23.5	86.2	509.8	1,309.4	2,221.9	2,957.3	3,414.3	3,315.0
Estimated number of users (rounded to the nearest ten)	20	80	470	1,200	2,030	2,670	3,120	3,030

[42] Other partial data are listed in the 2006 Annual Report. The numbers of patients treated at the various facilities may be rather high; for instance, some 250 persons per year are treated with Subutex® at the Remedis internal outpatient clinic and counselling centre for liver diseases, Nuselská poliklinika, Prague 4, which specialises in the treatment of the somatic illnesses of drug users and is part of a network for drug users in Prague.

[43] Information about the average length of treatment being approximately six months was obtained from the survey among outpatient psychiatrists conducted in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004); calculated per year, it involves one administration in two days on average.

[44] In Prague, for instance, it was found that 60% of Subutex® consumed by clients of low-threshold facilities probably come from the black market (Mravčík and Orlíková, 2007).

In 2007, some organisations normally providing various types of contact and counselling programmes (e.g. low-threshold contact centres) collaborated with physicians from various health care facilities who prescribe Subutex® to their patients. This is a decentralised model of substitution treatment, which complements the function of health facilities providing the basic or extended type of substitution treatment (see above), i.e. primarily psychiatrists and AT specialists or general practitioners, and is based on close liaison between the health care facility and, mainly, NGOs. These organisations (e.g. Prev-Centrum Praha, Ambulantní program Hradec Králové – o. s. LAXUS, KC Nymburk – o. s. Semiramis, KC Písek – o. s. Arkáda) deliver various psychosocial support programmes for substitution treatment, with varied thresholds and varied structures, and offer services to clients such as motivational training, psychotherapy, social and legal counselling, family counselling, the mediation of requalification courses and employment, and the mediation of inpatient treatment. The representatives of these support programmes met four times during 2007 and at the beginning of 2008 in order to inform each other about their systems of work and to discuss the possible professional competency certification of these types of programmes. Papers concerning the issues of various support psychosocial components in substitution treatment were published (Miláčková, 2005; Kostínková, 2008).

5.3.2 Diversion of Substitution Preparations and Their Occurrence on the Black Market

As in the past, methadone was not available on the black market in 2007, according to available data. The black market in Subutex® especially occurs in the form of the purchasing and sales of small quantities of Subutex® tablets procured in pharmacies between individual users. There is virtually no trade in Suboxone® on the black market as there is no demand, which is related to its pharmacological composition, containing naloxone; see the chapter Drug Markets, on page 110.

The occurrence of Subutex® on the black market and the drug scene in Prague has been reported since 2002 (Řezníčková and Nedvěd, 2004), and it started to be reported in other regions, especially in Bohemia, in subsequent years; see also the 2003-2006 annual reports. Most problem users of Subutex® inject it (Petroš et al. 2005; Mravčík and Orlíková, 2007). Injecting users of Subutex® as the primary drug accounted for 82.2% and 84.9% of all treatment demands and first treatment demands, respectively, in the Register of Treatment Demands in 2007, which means an increase compared to 2006, when the proportions were 70.7% and 74.4%, respectively (Studničková et al. 2008; Polanecký et al. 2007).

3,200 users of diverted Subutex® were in contact with low-threshold facilities in 2007; see also the chapter on Services Provided by Low-threshold Facilities, page 86. The prevalence estimate of problem users of Subutex® reached the mean value of 4,250 persons; see the chapter on Problem Drug Use , page 44, for more details.

The Register of Treatment Demands kept by the Public Health Service has recorded the use of Subutex® since 2003, and reports an obvious increase in the number of treatment demands in relation to its use in the period of 2003-2006; this trend stopped in 2007; see Table 5-19.

Table 5-19: Numbers of first treatment demands and all demands in relation to the use of Subutex® as the primary and secondary drug in 2003-2007 (Polanecký et al. 2004; Polanecký et al. 2005; Polanecký et al. 2006; Polanecký et al. 2007; Studničková et al. 2008)

Year	First treatment demands			All treatment demands		
	Primary drug	Secondary drug	Total	Primary drug	Secondary drug	Total
2003	4	13	17	16	41	57
2004	58	51	109	145	114	259
2005	6	72	78	223	187	410
2006	117	157	274	331	409	740
2007	126	143	269	315	380	695

The phenomenon of Subutex® diversion and the recent onset of Suboxone® on the drug scene has been studied by SANANIM's street workers. The reported reasons for abusing diverted Subutex® from the black market include insufficient dosage, poor patient awareness of the sublingual effect and technique of administration, self-treatment of withdrawal symptoms, addiction to the needle, or a faster effect upon injection. Increased health problems related to the injecting use of dissolved tablets (harm to the vein system, infectious endocarditis) have been described. Subutex® also created new drug scene centres around some pharmacies and has become an initiation drug of a new generation of (injecting) users (Herzog, 2008).

Positive aspects of Subutex® on the drug scene in Prague have also been described, e.g. a decrease in the occurrence and abuse of heroin, a decrease in the number of heroin overdoses, improved client contacts with counselling and treatment programmes, a decrease in users' secondary criminal activities because of the lower costs of the drug (Herzog, 2008). Some of these trends are apparent in the relevant chapters of this report, e.g. Drug-Related Deaths , page 72.

There are concerns that because of the onset of Suboxone® the supply of Subutex® on the black market will become limited, which will be associated with an increase in its price; the vacant niche on the market could then be regained

by heroin, with possible negative effects, particularly for new and inexperienced users (an increased number of overdoses, an increase in secondary crime etc.). The current status in Prague in the first half of 2008 does not indicate that this scenario is the case so far; there has been no major drop in the supply of Subutex® on the black market, and only a minor price increase has been described (Herzog, 2008).

No death caused by an overdose with the presence of methadone or buprenorphine (Subutex®) was recorded in 2007; see the chapter on Drug-Related Deaths , page 72, for more information.

5.3.3 Evaluation of Substitution Treatment

The availability of substitution treatment in specialised centres increased again in 2007; a new centre was opened in the town of Jičín.

4,158 admissions to treatment and 3,378 terminations of treatment were carried out in specialised centres in 2000-2007. A breach of the therapeutic contract was the most common reason for the termination of the treatment, occurring in 2,468 cases (73.1%). The proportion of this type of termination is not distributed evenly between all the centres; the programmes in the city of Ústí nad Labem and Drop In in Prague show the highest termination rates. A total of 8 persons (0.2%) died throughout the existence of the register. It is not exceptional that a client enters substitution treatment repeatedly; the average number of entries to treatment per client was 1.2 in 2007, as was the case in 2006 (Ústav zdravotnických informací a statistiky, 2007; Ústav zdravotnických informací a statistiky, 2008c). The highest average number of entries to treatment per client was reported by Drop In (1.5) and the South Bohemia Substitution Centre (1.3); by contrast, the General Teaching Hospital in Prague and the centres in Hradec Králové, Olomouc, Mělník, and Karlovy Vary did not record any repeated entry by one and the same person. The reasons for the termination of treatment in specialised centres are summarised in Table 5-20.

Table 5-20: Reason for termination of substitution treatment in specialised centres from 2000 until 31 December 2007 (Ústav zdravotnických informací a statistiky, 2008c)

Centre	Admissions	Terminations	Reason for treatment termination (in %)						
			1	2	3	4	5	6	Total
Brno	104	56	1.8	0.0	75.0	10.7	0.0	12.5	100.0
České Budějovice	116	103	1.0	9.7	74.8	1.0	0.0	13.6	100.0
Hradec Králové	71	34	11.8	23.5	35.3	8.8	2.9	17.6	100.0
Jičín	1	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Karlovy Vary	31	16	6.3	18.8	50.0	6.3	0.0	18.8	100.0
Mělník	135	116	11.2	6.0	21.6	1.7	0.9	58.6	100.0
Olomouc	42	24	12.5	4.2	45.8	0.0	0.0	37.5	100.0
Ostrava	79	68	7.4	1.5	57.4	5.9	0.0	27.9	100.0
Praha (Drop In)	1,823	1,654	3.4	4.2	82.1	1.2	0.2	8.9	100.0
Praha (SANANIM)	116	31	6.5	35.5	12.9	0.0	0.0	45.2	100.0
Praha (General Teaching Hospital)	512	397	13.1	10.8	44.1	2.0	0.3	29.7	100.0
Ústí nad Labem	1,115	869	1.5	3.5	82.4	5.4	0.2	7.0	100.0
Prisons	13	10	50.0	10.0	10.0	0.0	0.0	30.0	100.0
Total	**4,158**	**3,378**	**4.6**	**5.4**	**73.1**	**2.7**	**0.2**	**13.9**	**100.0**

NB: Reason for termination of treatment: 1 – transfer of a patient to another facility, 2 – transfer of a patient to another type of treatment, 3 – failure to observe rules, 4 – imprisonment , 5 – death of a patient, 6 – another reason.

A study described in the 2006 Annual Report was published. It dealt with the retention rate in a substitution programme with Subutex® on a sample of 132 patients randomly assigned to three different forms of substitution treatment: in a specialised centre, with a general practitioner, and in a programme combining the two previous options (Večeřová-Procházková et al. 2007).

A three-year prospective study was conducted in 2005-2007 on a sample of 47 women dependent on heroin and 60 women in substitution treatment (36 of them were treated with methadone and 24 with buprenorphine) referred to antenatal care. The purpose of the study was to map the socioeconomic background of pregnant women dependent on opioids and women referred to substitution treatment and to determine the effect of substitution on pregnancy and birth in drug-dependent pregnant women. Socioeconomic factors were monitored in all the women: the period of pregnancy, weight increase during pregnancy, whether the woman attended antenatal counselling, complications related to the intravenous administration of drugs, and the manner of birth. The age of the women dependent on heroin was statistically significantly lower compared to that of the women in substitution treatment. The unemployment rate was statistically significantly higher in the group of heroin users compared to both groups of women in substitution. All the women receiving buprenorphine, 14 out of 44 of those dependent on heroin, and 32 out of 36 women receiving methadone attended antenatal counselling. No statistically significant difference was shown in the period of pregnancy. The weight increase during pregnancy was statistically significantly higher in buprenorphine users compared to heroin users and methadone users. The birth weight was statistically significantly

lowest in the group of women dependent on heroin. When the placenta was studied, a statistically significantly higher number of changes in the placenta was shown in women receiving methadone. The significantly highest number of newborns with symptoms of intrauterine growth retardation was in the case of children born to heroin-dependent women. The longest treatment of the withdrawal syndrome was required for newborns in women receiving methadone. The study confirmed the higher level of social stabilisation of women in substitution treatment. In these women, intended and planned pregnancy was much more frequent, which was reflected in their responsible attitude to antenatal care. The higher the substitution dose administered to the mother, the more pronounced the withdrawal symptoms in the newborn. With regard to the period of withdrawal syndrome in the newborns of mothers receiving methadone, substitution with buprenorphine appears to be a more considerate option for the newborns (Vavřinková and Binder, 2007a; Vavřinková and Binder, 2007b).

6 Health Correlates and Consequences of Drug Use

The number of overdoses on the main groups of street drugs traditionally involved in overdoses remained very low in 2007 (14 cases of fatal overdoses on opiates, 11 on pervitin, and 14 on inhalants); opiates saw a slight increase, while pervitin and inhalants remained at almost or exactly the same levels. Sporadic overdoses on ecstasy and cocaine have been reported in the last three years. One death with methadone and no deaths with buprenorphine (Subutex®) were detected in 2007. Turning to causes of death other than overdoses, the number and proportion of positive findings decreased in the case of pervitin, but increased in the case of THC. As regards traffic accident deaths involving the three most common non-alcoholic drugs, the proportion of positive findings of benzodiazepines increased, while the proportion of positive findings of pervitin and THC declined; 5.8%, 5.8%, and 4.5% of the drivers killed in accidents tested positive for these substances, respectively, in 2007.

HIV seroprevalence among injecting drug users is still far below 1%, even in groups of at-risk users with a longer history of injecting use or groups with a high prevalence of viral hepatitis. However, the number of injecting drug users newly infected with HIV increased in 2007 to triple the annual incidence recorded in past years. The prevalence of hepatitis C virus among injecting drug users tested in low-threshold programmes in 2007 was under 20%.

A study of HIV, HBV, and HCV seroprevalence among 59 injecting drug users from former Soviet Union states resident in Prague was completed in February 2008. HIV infection was detected in two cases (3.5%), while 83.1% of the users were HCV positive and 53.3% were HBV positive; ongoing acute or chronic HBV infection was demonstrated in 11.9%. The prevalence of all the infections detected far exceeds the level among Czech injecting drug users.

An HAV epidemic has been ongoing among injecting drug users in Prague since May 2008; five cases were reported among injecting drug users in the entire Czech Republic in 2007, whereas 75 cases were reported in the period January-August 2008.

6.1 Drug-Related Deaths and Mortality of Drug Users

On the basis of a bylaw standard (Decree 19/1988 Coll. on funeral services and procedures in the event of a death), a forensic surgeon carries out a mandatory autopsy in all cases of sudden death in which the examining practitioner could not determine the cause of death and in all cases of violent deaths. Drug-related deaths (overdoses) have been monitored on a routine basis by means of a special register kept by all thirteen departments of forensic medicine and forensic toxicology departments since 1998. Data on deaths "with the presence of narcotic and psychotropic substances" have been reported in the same regime since 2003. The data collection system is operated in close collaboration between the NFP and the Professional Association of Forensic Medicine and Toxicology of the Czech Medical Association of J. E. Purkyně. Since 2006, the Professional Association of Forensic Medicine and Toxicology has been giving notice about an increasing number of autopsies carried out by forensic surgeons in pathology departments outside the network of the thirteen forensic departments. Four such departments were contacted in December 2007 in order to obtain data on drug-related deaths. It was found that two departments were staffed by the same forensic surgeon, and one department claimed that it was not performing autopsies. One drug-related death with THC was reported from the remaining three departments (from two forensic surgeons) for 2007, the cause of death being a construction site injury. It remains the case that for some unclear and violent deaths the police are not ordering forensic autopsies according to Section 115 of the Criminal Procedure Rules and are not requesting the relevant toxicological examinations. This factor may underestimate the number of deaths detected in the special register.

6.1.1 Drug Overdoses

213 deaths resulting from overdoses on illicit drugs, inhalants, and psychotropic medicaments were detected in 2007 (212 in 2006). Forty involved overdoses on street drugs, i.e. illicit narcotic and psychotropic substances and inhalants (37 in 2006), and 173 involved psychotropic medicaments (170 in 2006). The substance which caused the fatal overdose was established in all cases in 2007.

Altogether, 14 cases of fatal overdoses on (illicit) opiates, especially heroin (ten confirmed or very probable cases), were identified (ten cases in 2006); in eight of these cases, the opiate was detected on its own, in four cases it was combined with pervitin (in one case additionally with benzodiazepines) and in one case with MDMA and ethanol, and one case involved methadone combined with benzodiazepines. Pervitin was the cause of an overdose in eleven cases (twelve cases in 2005), in one case in combination with THC and in two cases with psychotropic medicaments. Fourteen cases involved overdoses on inhalants (the same figure as in 2006), and two of the cases involved lighter gas (boys aged 17). As in the past, no overdose with the presence of buprenorphine was identified in 2007. MDMA was found in one case in combination with heroin and ethanol (classified as an opiate overdose; see above). No case of an overdose on hallucinogens and THC was reported in 2007, as in the previous years (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2008); see Table 6-1.

Overdoses on psychotropic medicaments represent a very heterogeneous category and it is difficult to provide an accurate assessment. The reason is that these include suicide overdoses, accidental overdoses, or overdoses without an established cause, both on lege artis prescribed medicaments as well as on abused medicaments. 173 overdoses on psychotropic medicaments[45] were reported in 2007 (170 cases in 2006); 58 of these cases involved overdoses on benzodiazepines (50 cases in 2006) and 24 cases involved overdoses on medicaments containing opiates (16 cases in 2006) (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2008).

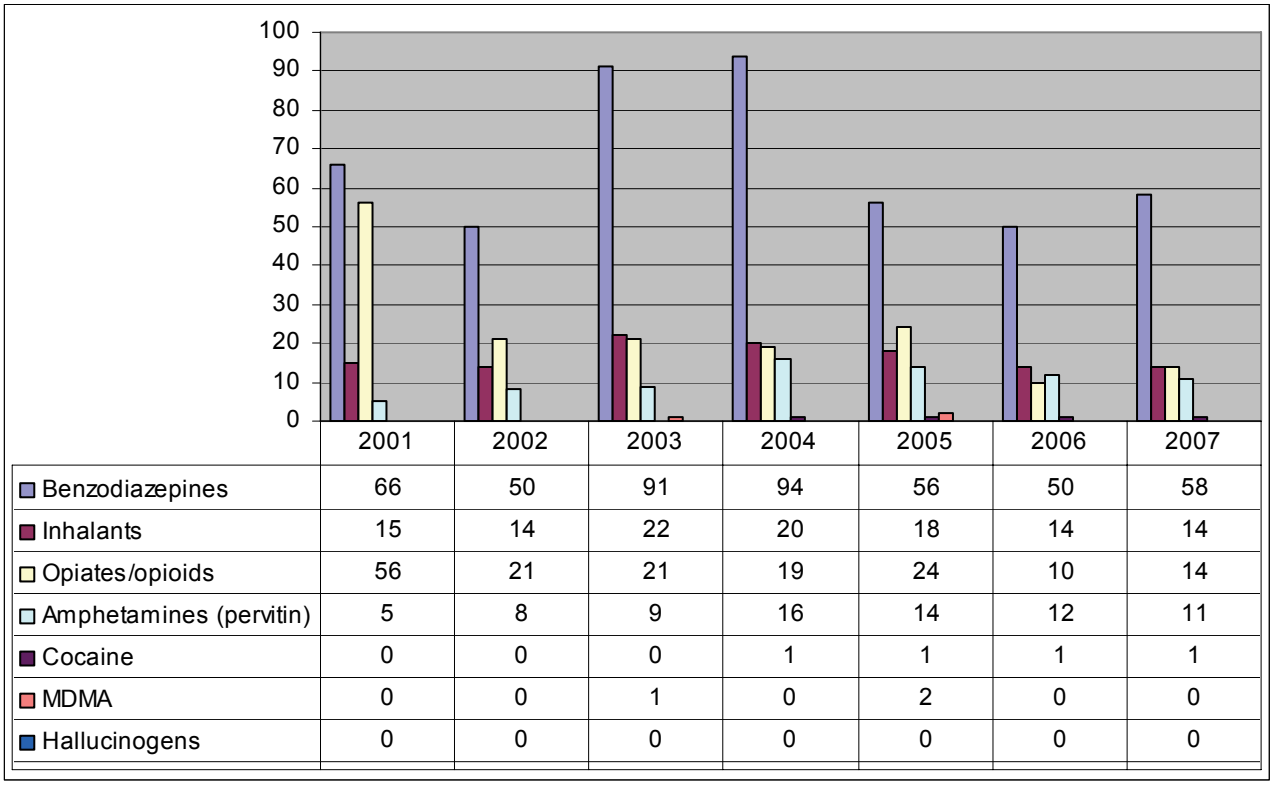
The trend in fatal drug overdoses is shown in Figure 6-1.

Table 6-1: Fatal drug overdoses in the Czech Republic in 2007 by groups of drugs, age groups, and gender (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2008)

Drug / age group	**<15**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40–44**	**45–49**	**50–54**	**55–59**	**60–64**	**>64**	**Unknown**	**Total**		
														Males	Females	**Total**
Only opiates or opioids (excluding methadone)	0	0	1	4	2	0	0	0	1	0	0	0	0	8	0	**8**
Only methadone	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
More substances, including opiates/opioids	0	0	3	2	1	0	0	0	0	0	0	0	0	5	1	**6**
– of which methadone	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Opiates/opioids total	0	0	4	6	3	0	0	0	1	0	0	0	0	13	1	**14**
One or more substances – excluding opiates/opioids	0	2	6	5	3	3	1	0	2	1	2	1	0	24	2	**26**
– of which inhalants	0	2	4	1	1	2	1	0	2	0	1	0	0	13	1	**14**
– of which pervitin	0	0	2	3	2	1	0	0	0	1	1	1	0	10	1	**11**
– of which cocaine	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	**1**
– of which dance drugs (e.g. MDMA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
– of which hallucinogens	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Psychotropic medicines	0	5	9	11	17	13	19	14	24	17	20	24	0	87	86	**173**
– of which benzodiazepines	0	1	2	3	4	5	8	2	10	4	6	13	0	31	27	**58**
Unspecified/unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Total excluding medicines	**0**	**2**	**10**	**11**	**6**	**3**	**1**	**0**	**3**	**1**	**2**	**1**	**0**	**37**	**3**	**40**
Total	**0**	**7**	**19**	**22**	**23**	**16**	**20**	**14**	**27**	**18**	**22**	**25**	**0**	**124**	**89**	**213**

[45] A majority of the medicament overdoses have a suicidal nature, and they mostly involve a combination of (several) medicines with alcohol.

Figure 6-1: Fatal overdoses on selected drugs in 2001-2007 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2008)



	2001	2002	2003	2004	2005	2006	2007
Benzodiazepines	66	50	91	94	56	50	58
Inhalants	15	14	22	20	18	14	14
Opiates/opioids	56	21	21	19	24	10	14
Amphetamines (pervitin)	5	8	9	16	14	12	11
Cocaine	0	0	0	1	1	1	1
MDMA	0	0	1	0	2	0	0
Hallucinogens	0	0	0	0	0	0	0

The number of overdoses on both medicaments and street drugs remained roughly the same in 2007 as in 2006, so the favourable downward trend compared to previous years continued. Overdoses on opiates showed a modest rise, but remained below the 2005 figure.

Table 6-2 and Table 6-3 show the main characteristics of the 1,106 persons who overdosed in 2003-2007 (data on the place of residence of the victims are not available from all forensic medicine departments, so the cases are broken down geographically by the regions in which the forensic medicine departments are based). It is apparent that the victims of medicament overdoses are, on average, almost 20 years older than the victims of street drug overdoses and that the rate of females among them is far higher. The youngest overdose cases are in the inhalants category (minimum 12 years); these were mostly cases of death resulting from inhaling lighter gas. Facilities in Prague reported almost one third of the street drug overdoses in the Czech Republic; the equivalent figure for opiates was 46% and for pervitin 40%. The region with the second-highest rate of opiate overdoses is the Ústí nad Labem region. The highest rates of fatal cases of inhalant poisoning were reported by the South Moravia and Moravia-Silesia regions. Medicament overdoses are more evenly distributed in geographical terms.

Table 6-2: Fatal overdoses on medicines and street drugs in individual drug categories in 2003-2007 by age and gender (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2008)

Drug		Indicator		2003	2004	2005	2006	2007	Total
Medicines		Number of cases		167	184	156	170	173	**850**
		Age	Average	49.9	48.1	48.1	49.3	48.3	**48.7**
			Minimum	14	14	17	18	16	**14**
			Maximum	92	97	91	94	87	**97**
		Males (%)		50.9	59.8	49.4	48.2	50.3	**51.9**
Street drugs	Opiates/ opioids	Number of cases		21	19	24	10	14	**88**
		Age	Average	34.2	28.0	28.7	32.20	28.7	**30.3**
			Minimum	19	18	20	21	22	**18**
			Maximum	63	43	42	66	53	**66**
		Males (%)		81.0	78.9	87.5	100.0	92.9	**86.4**
	Stimulants (pervitin)	Number of cases		10	16	14	12	11	**63**
		Age	Average	27.1	31.1	28.0	33.7	37.1	**31.3**
			Minimum	19	20	18	19	21	**18**
			Maximum	41	53	54	55	68	**68**
		Males (%)		70.0	68.8	85.7	66.7	90.9	**76.2**
	Inhalants	Number of cases		22	20	18	14	14	**88**
		Age	Average	33.9	32.7	33.7	29.9	32.9	**32.8**
			Minimum	15	14	12	14	17	**12**
			Maximum	79	84	65	63	61	**84**
		Males (%)		100.0	95.0	100.0	85.7	92.9	**95.5**
	Others	Number of cases		2	2	6	6	1	**17**
		Age	Average	29.5	43.0	28.5	34.0	26.0	**32.1**
			Minimum	28	29	18	26	26	**18**
			Maximum	31	57	34	45	26	**57**
		Males (%)		100.0	50.0	83.3	100.0	100.0	**88.2**
	Total	Number of cases		55	57	62	42	40	**256**
		Age	Average	32.6	31.1	30.0	32.1	32.4	**31.5**
			Minimum	15	14	12	14	17	**12**
			Maximum	79	84	65	66	68	**84**
		Males (%)		87.3	80.7	90.3	85.7	92.5	**87.1**
Total		**Number of cases**		**222**	**241**	**218**	**212**	**213**	**1,106**
		Age	**Average**	**45.6**	**44.1**	**42.9**	**45.9**	**45.3**	**44.7**
			Minimum	**14**	**14**	**12**	**14**	**16**	**12**
			Maximum	**92**	**97**	**91**	**94**	**87**	**97**
		Males (%)		**59.9**	**64.7**	**61.0**	**55.7**	**58.2**	**60.0**

Table 6-3: Fatal overdoses on medicines and street drugs in 2003-2007 by regions in which forensic medicine departments are based (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2008)

Region		Medicines	Street drugs					Total
			Opiates/ opioids	Pervitin	Inhalants	Others	Total	
Prague	Number	212	40	25	13	9	87	**299**
	Rate	24.9%	45.5%	39.7%	14.8%	52.9%	34.0%	**27.0%**
Central Bohemia	No forensic medicine department in region.*							
South Bohemia	Number	39	3	0	3	2	8	**47**
	Rate	4.6%	3.4%	0.0%	3.4%	11.8%	3.1%	**4.2%**
Pilsen	Number	61	6	4	3	1	14	**75**
	Rate	7.2%	6.8%	6.3%	3.4%	5.9%	5.5%	**6.8%**
Karlovy Vary	Number	26	2	1	3	1	7	**33**
	Rate	3.1%	2.3%	1.6%	3.4%	5.9%	2.7%	**3.0%**
Ústí nad Labem	Number	76	19	9	14	0	42	**118**
	Rate	8.9%	21.6%	14.3%	15.9%	0.0%	16.4%	**10.7%**
Liberec	No forensic medicine department in region.							
Hradec Králové	Number	44	5	5	4	2	16	**60**
	Rate	5.2%	5.7%	7.9%	4.5%	11.8%	6.3%	**5.4%**
Pardubice	Number	17	1	0	0	0	1	**18**
	Rate	2.0%	1.1%	0.0%	0.0%	0.0%	0.4%	**1.6%**
Vysočina	No forensic medicine department in region.							
South Moravia	Number	168	4	7	28	2	41	**209**
	Rate	19.8%	4.5%	11.1%	31.8%	11.8%	16.0%	**18.9%**
Olomouc	Number	112	1	3	6	0	10	**122**
	Rate	13.2%	1.1%	4.8%	6.8%	0.0%	3.9%	**11.0%**
Zlín	No forensic medicine department in region.							
Moravia-Silesia	Number	95	7	9	14	0	30	**125**
	Rate	11.2%	8.0%	14.3%	15.9%	0.0%	11.7%	**11.3%**
Total	Number	**850**	**88**	**63**	**88**	**17**	**256**	**1106**
	Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

*NB: * A pathology department is based in this region; it reported one drug-related death (with the presence of a drug) for the first time in 2007.*

6.1.2 Deaths with the Presence of Drugs

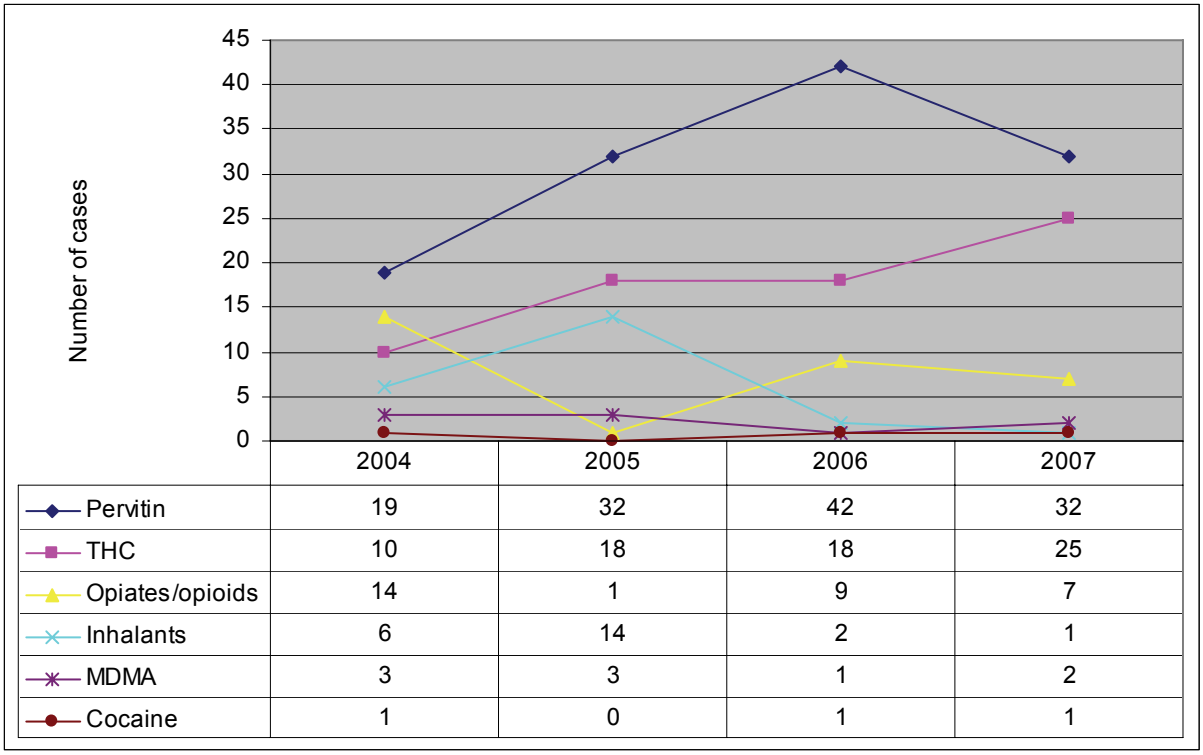
Altogether, 163 deaths with the presence of a drug[46] were identified in 2007 (145 against 2006); one case involved an illness (4 in 2006), 74 involved accidents[47] (69 in 2006), 80 involved suicides (64 in 2006), 6 were cases of manslaughter or murder (5 in 2006), and 2 deaths were due to other causes (3 in 2006). Table 6-4 gives a summary of the proportions of selected groups of drugs in the individual groups of deaths with the presence of drugs, and Figure 6-2 and Table 6-5 give the trend in the last four years. Compared to 2006, the number and proportion of positive findings decreased for pervitin, but increased for THC.

[46] As far as cannabinoids are concerned, positive cases involved those cases where THC or its active metabolite (therefore, not, for instance, THC-COOH) were found, and positive cases of inhalants involve the detection of substances which do not develop *post mortem* or are not indicated in several physiological or pathological conditions (e.g. acetone, acetaldehyde, n-propanol, n-butanol).
[47] Of this number, 35 were traffic accidents.

Table 6-4: Deaths with the presence of drugs detected by forensic medicine departments in the Czech Republic in 2007 by selected groups of drugs and causes of death (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2008)

Drug	Illness (n = 1)	Accident (n = 74)	Suicide (n = 80)	Manslaughter/ murder (n = 6)	Other (n = 2)	Total (n = 163)	Proportion (%)
Benzodiazepines	0	28	29	2	0	59	36.2
Pervitin	1	20	9	1	1	32	19.6
THC	0	20	4	1	0	25	15.3
Opiates/opioids	0	3	4	0	0	7	4.3
MDMA	0	2	0	0	0	2	1.2
Inhalants	0	1	0	0	0	1	0.6
Cocaine	0	0	0	1	0	1	0.6

Figure 6-2: Deaths with the presence of selected drugs detected by forensic medicine departments in the Czech Republic in 2004-2007 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2008)



	2004	2005	2006	2007
Pervitin	19	32	42	32
THC	10	18	18	25
Opiates/opioids	14	1	9	7
Inhalants	6	14	2	1
MDMA	3	3	1	2
Cocaine	1	0	1	1

Table 6-5: Proportion of selected groups of drugs among all deaths with the presence of drugs detected by forensic medicine departments in the Czech Republic in 2004-2007 (%) (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2008)

Drug	2004 (n=164)	2005 (n=151)	2006 (n=145)	2007 (n=163)
Benzodiazepines	50.0	33.8	27.6	36.2
Pervitin	11.6	21.2	29.0	19.6
THC	6.1	11.9	12.4	15.3
Opiates/opioids	8.5	0.7	6.2	4.3
MDMA	1.8	2.0	0.7	1.2
Inhalants	3.7	9.3	1.4	0.6
Cocaine	0.6	0.0	0.7	0.6

Information about the detection of drugs in the bodies of persons who died in traffic accidents is included in a special subchapter on Other Drug-Related Morbidity, page 82.

6.1.3 Mortality of Drug Users

A study of the natural course of illness (i.e. current health and social status and mortality history) in problem drug users 14 years after they were first contacted is in its preparatory phase. The study involves a cohort of 194 teenage injecting drug users who were the probands of Study NR1264 “Young People and Addictive Substances” conducted under the Internal Grant Agency of the Ministry of Health of the Czech Republic in 1994. The follow-up sample,

adjusted for those who have died, duplications, and those who in 1994 declined to give informed consent to be contacted after 10 years or more, comprise 159 individuals. They will be administered a structured interview using standardised tools to reconstruct their personal histories and determine their health and mental condition (including their level of use of addictive substances), personality traits, social status, and quality of life. As part of the preparations for the study, seven deaths (all males) out of the total of 188 individuals (67 males and 121 females) selected from the original sample of 194 individuals after adjustment for duplications and cases with missing identifiers had been identified as of the end of 2006, following the anonymisation of personal data and subsequent matching with the mortality register. The causes and circumstances of death will be determined from autopsy reports on those who have died. The information obtained will be analysed to ascertain the determinants of abstinence, mortality, physical and mental conditions, and quality of life, using the independent variables from 1994, as well as the newly ascertained ones. The quantitative analysis will be complemented with a qualitative part in order to provide a framework for interpreting the quantitative findings and testing them at the individual level (Zábranský et al. 2008).

Another retrospective cohort study of the mortality of drug users in the Czech Republic is planned in 2008. The study follows on directly from a previous study covering the period 1997-2002 (Lejčková and Mravčík, 2005; Lejčková and Mravčík, 2007); the mortality of drug users will therefore be analysed for the period 1997-2007. Trends in the mortality of those hospitalised in relation to drug-related disorders (primary or secondary diagnosis of F11-F19 according to ICD-10) and of those in opiate substitution treatment will be assessed.

6.2 Drug-Related Infections

6.2.1 Reported Incidence of HIV/AIDS and Viral Hepatitis

The number of new cases of HIV infection reported each year in the Czech Republic up to 2006 had long ranged between two and six cases among injecting drug users and another one or two cases in the mixed category of injecting drug users and homo/bisexuals. 2007 saw an increase in the number of reported cases of HIV in injecting drug users, in the context of an overall rise in the number of new cases of HIV in the Czech Republic (due mainly to a rise in another risk group – homo/bisexuals); twelve new cases were reported among injecting drug users and another three in the aforementioned mixed category. Although these are still low absolute figures, they represent a threefold increase. Altogether, 1,042 HIV-positive persons with a permanent place of residence in the Czech Republic were registered as of December 31, 2007; 53 of them are injecting drug users and another 16 are injecting drug users and homo/bisexuals at the same time. The proportion of injecting drug users is 6.6% overall; in 2007, the figure was 12.3% (Státní zdravotní ústav Praha, 2008); see Table 6-6.

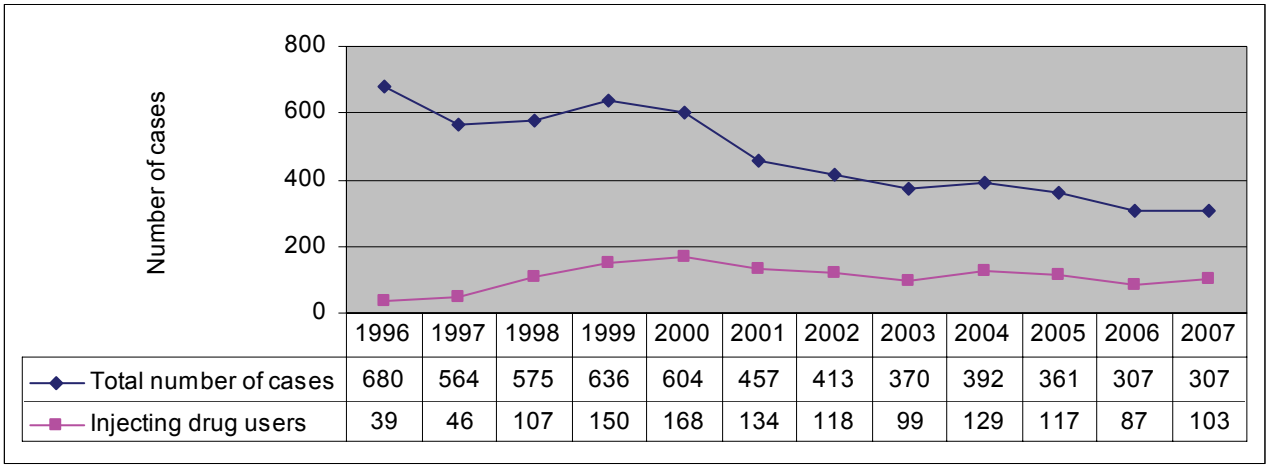
Table 6-6: HIV incidence in the Czech Republic up to 2007 by route of transmission, as of December 31 of the given year (Státní zdravotní ústav Praha, 2008)

Route of transmission (risk group)	Before 2000	2000	2001	2002	2003	2004	2005	2006	2007	Total
Homo/bisexual intercourse	235	27	29	27	37	30	52	54	73	564
Heterosexual intercourse	131	22	13	20	20	31	29	27	30	323
Injecting drug use	15	4	3	2	3	6	4	4	12	53
Injecting drug use and homo/bisexual intercourse	5	0	2	1	1	1	1	2	3	16
Haemophiliac	17	0	0	0	0	0	0	0	0	17
Blood recipient	14	0	0	0	0	0	0	0	0	14
Mother-child	2	1	0	0	1	0	0	0	0	4
Nosocomial transfer	2	0	0	0	0	0	0	0	0	2
Not ascertained	22	4	4	0	1	4	4	6	4	49
Total	**443**	**58**	**51**	**50**	**63**	**72**	**90**	**93**	**122**	**1,042**

The present system for collecting data on newly identified cases of HIV infection unfortunately does not allow a more detailed analysis of new cases or the monitoring of changes occurring within the group of infected injecting drug users, and so it also precludes any targeted intervention in this area. Consequently, it is not possible to follow trends and changes in the characteristics of infected individuals. We do not have data on the place of infection, on potential sources, or on whether changes are occurring in the proportion of infections occurring in the Czech Republic versus imported infections, whether the sources of infection are individuals or drug users in/from other countries, and so on. GCDPC discussed this issue on April 29, 2008 and the Chief Health Officer of the Czech Republic in May 2008 commissioned the heads of the epidemic departments of regional public health offices to carry out an epidemiological investigation in newly identified cases of HIV infection with effect from June 1, 2008 (Hlavní hygienik ČR, 2008).

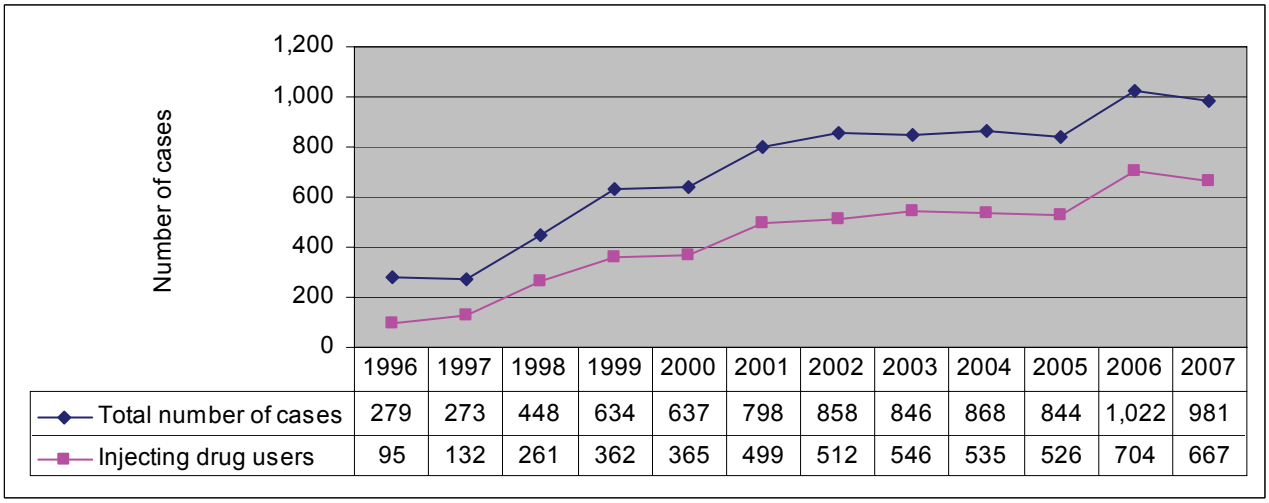
The number of newly reported cases of acute type B viral hepatitis (HBV) in total and among injecting drug users increased in 2007; see Figure 6-3. The number of all cases of type C viral hepatitis (HCV) and cases of HCV among drug users decreased, following an artificial increase in 2006 (see the 2005 Annual Report), but growth was still recorded by comparison with 2005 (Beneš, 2008b); see Figure 6-4.

Figure 6-3: Reported HBV incidence among all patients and injecting drug users in the Czech Republic in 1996-2007 (Beneš, 2008b)



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total number of cases	680	564	575	636	604	457	413	370	392	361	307	307
Injecting drug users	39	46	107	150	168	134	118	99	129	117	87	103

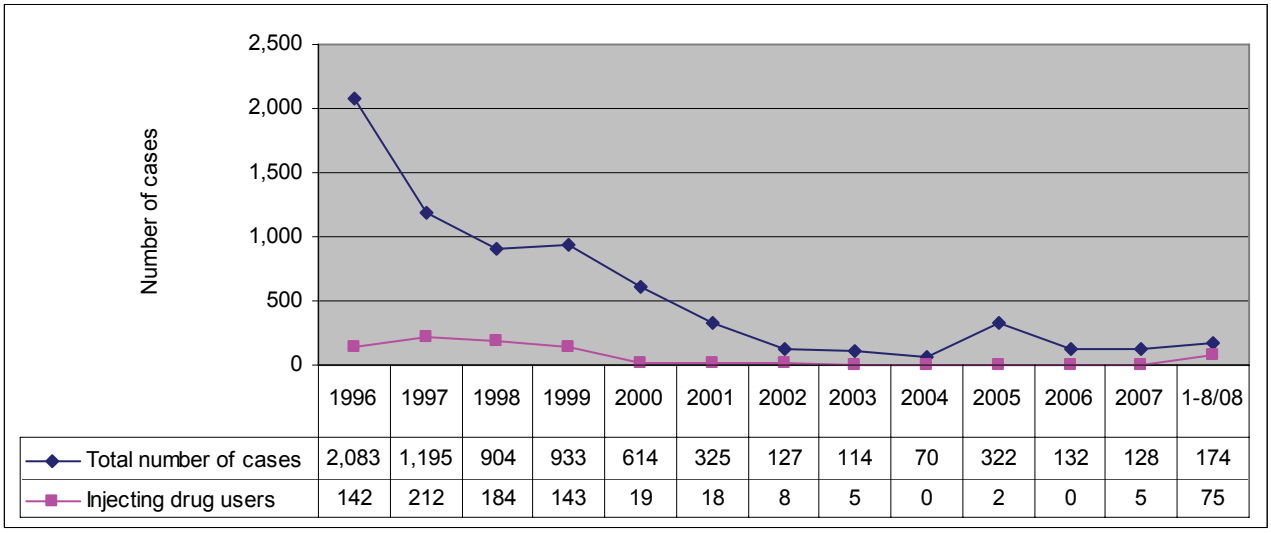
Figure 6-4: Reported incidence of acute and chronic HCV among all patients and injecting drug users in the Czech Republic in 1996-2007 (Beneš, 2008b)



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total number of cases	279	273	448	634	637	798	858	846	868	844	1,022	981
Injecting drug users	95	132	261	362	365	499	512	546	535	526	704	667

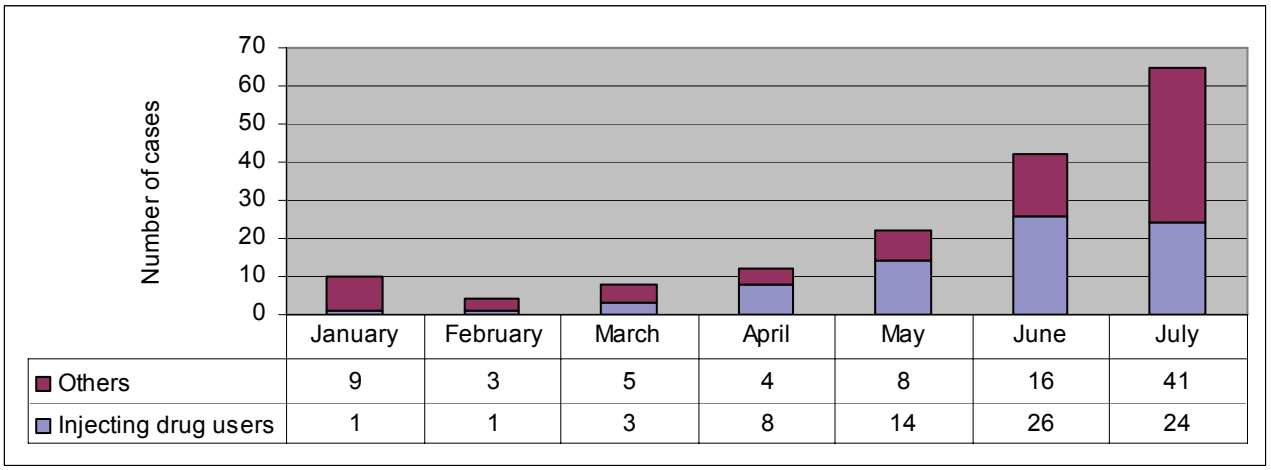
The number of cases of type A viral hepatitis (HAV) has increased sharply in the Czech Republic/Prague in 2008, especially among drug users. A total of 174 cases of HAV had been reported in the Czech Republic by August 17, 2008 (approximately three times the number in the same period of 2007, when 53 cases were reported); seventy-five of these cases (43%) were among injecting drug users; see Figure 6-5. In May and June 2008, the incidence of HAV reached epidemic proportions; see Figure 6-6. Altogether, 113 infections, i.e. 65% of the cases in the Czech Republic, were reported in Prague (Beneš, 2008a). In response to this epidemic, the vaccination of drug users against HAV was introduced in Prague in July 2008; for more details, see chapter on Prevention of Infectious Diseases, page 89.

Figure 6-5: Reported HAV incidence among all patients and injecting drug users in the Czech Republic in 1996-2008 as of August 17, 2008 (Beneš, 2008a)



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	1-8/08
Total number of cases	2,083	1,195	904	933	614	325	127	114	70	322	132	128	174
Injecting drug users	142	212	184	143	19	18	8	5	0	2	0	5	75

Figure 6-6: HAV incidence in the Czech Republic in 2008 among all patients and injecting drug users by month (Beneš, 2008a)



	January	February	March	April	May	June	July
Others	9	3	5	4	8	16	41
Injecting drug users	1	1	3	8	14	26	24

6.2.2 Prevalence of HIV and Viral Hepatitis among Drug Users

The results of seroprevalence studies, routine reporting of test results from laboratories (laboratory surveillance), or monitoring of the testing of drug users provide a better picture of the prevalence of infections, namely viral hepatitis, among drug users than do data about the incidence of new cases.

In 2007, a total of 861,617 laboratory tests for HIV were carried out in the Czech Republic, according to the National Reference Laboratory for AIDS at the National Institute of Public Health in Prague; 122 tests (0.014%) were positive (Státní zdravotní ústav Praha, 2008). 1,376 IDUs were tested and two tests returned positive (0.15%); the number of IDU[48] tests declined again (Vandasová and Malý, 2008); see Table 6-7. The summary of HIV test results in low-threshold facilities is provided in Table 6-8.

[48] These are instances when the drug use is known before the test or is the reason cited for testing.

Table 6-7: Tests of injecting drug users for HIV antibodies in 1994-2007 (Vandasová and Malý, 2008)

Year	Blood tests		Saliva tests		Total	
	Number of tests	Number of positive results	Number of tests	Number of positive results	Number of tests	Number of positive results
1994-1997	1,206	1	895	0	2,101	1
1998	1,034	0	1,124	0	2,158	0
1999	1,101	0	1,219	0	2,320	0
2000	1,090	0	1,001	0	2,091	0
2001	1,208	1	961	0	2,169	1
2002	801	0	735	1	1,536	1
2003	985	1	652	0	1,637	1
2004	1,382	0	227	0	1,609	0
2005	925	1	449	1	1,374	1*
2006	994	1	412	0	1,406	1
2007	845	1	531	1	1,376	2
Total	**11,571**	**6**	**8,206**	**3**	**19,777**	**8**

*NB: The National Reference Laboratory for AIDS updated the information for 2006 in 2008. * It involves one new case detected by a saliva test and subsequently confirmed by a blood test.*

A monitoring of testing for infections among IDUs has been ongoing since 2004 in low-threshold programmes; the 2007 results were drawn from 36 low-threshold programmes; see Table 6-8. Every year, the detected prevalence is lower than in the previously conducted seroprevalence studies; the probable explanation is the fact that the option of testing is taken up mainly by new clients, i.e. those with a lower seroprevalence, and the monitoring is also carried out in areas with a lower prevalence of infections among drug users.

Given the shortage of rapid HCV tests the low-threshold facilities have been experiencing since early 2006, only 24 facilities (compared to 62 in 2006) offered HVC testing in 2007; for more information see the chapter on Prevention of Infectious Diseases, page 89. Results are available from 9 facilities in 6 regions. One facility (5 positive results from 36 HCV tests performed – 13.9%) is in Central Bohemia, one facility (4/49 – 8.2%) is in the Pilsen region, one facility (3/7) in the Karlovy Vary region, and three facilities (38/147 – 25.9%) in the Ústí nad Labem region. Two facilities and one facility performed HCV testing in the Pardubice region (0/14) and in the Vysočina region (0/6), respectively. Of the total of 259 HCV tests performed, 50 (19.3%) were positive (Národní monitorovací středisko pro drogy a drogové závislosti, 2008d); see Table 6-8.

Table 6-8: Results of testing among injecting drug users in low-threshold facilities in 2007 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008d)

Infection	Type of material for tests	Number of facilities performing tests	Tests carried out	Positive tests	Proportion of positive tests (%)
HIV	Capillary blood	9	134	0	0.0
	Venous blood	6	215	0	0.0
	Saliva	9	260	1	0.4
HCV	Capillary blood	2	13	3	23.1
	Venous blood	7	246	47	19.1
HBV	Venous blood	3	140	1	0.7
HAV	Venous blood	3	133	2	1.5
Syphilis	Venous blood	6	167	5	3.0
	Capillary blood	9	134	0	0.0

The Centre for Addictology at the Psychiatric Clinic of the 1st Medical Faculty, Charles University, Prague, in liaison with the NFP and the Prague Municipal Authority, carried out a study in the period June 2007-February 2008 to determine the (sero)prevalence of HIV, HCV, and HBV in the population of IDUs from the former Soviet republics on the Prague drug scene. In a mobile laboratory, the participating IDUs gave venous blood for testing for HIV, HBV, and HCV, and were administered a structured interview (Zábranský and Janíková, 2008).

The study covered 59 persons from the former Soviet Union who are presently injecting drug users. One female non-user is a partner of a person who tested positive for one of the infections. Two cases of HIV were detected (3.5%). Forty-nine of the IDUs (83.1%) included in the study tested positive for HCV. Active HCV was detected in 37 of the 56 cases with samples that produced a result (66%). Thirty-one cases out of the 58 which produced a result tested positive for a past course of HBV (53.3%); 7 persons (11.9%) tested positive for a current acute or chronic HBV infection (HBs antigen present), and 5 persons (8.5%) tested positive for HBV virus replication, which is a case of a high contagiousness of the disease (Zábranský and Janíková, 2008).

Injecting drug use in the country of origin and, especially, the reported sharing of needles and syringes in the country of origin of the persons surveyed by the study was found to be a major precursor of viral infections transmitted by blood. This suggests that the detected infections were "imported" rather than "acquired" in the Czech Republic (almost two thirds of respondents reported they had already injected already in the former Soviet republics, which were their countries of origin, before coming to the Czech Republic). The study concluded that needles and syringes were shared less frequently in comparison to Czech drug users, but the respondents demonstrated a high degree of high-risk sexual behaviour and an extremely high degree of risk behaviour in relation to sharing other equipment for intravenous administration, including dosage dishes and water for dilution of the drug, or in relation to contact with another person's blood while assisting another user (Zábranský and Janíková, 2008). The sample was relatively small, making it difficult to draw definite conclusions; the results suggest a high potential of spreading blood-borne infections from the examined population to the population of Czech drug users and non-users. The study recommended the implementation of a number of preventive and treatment measures; see the chapter on Prevention of Infectious Diseases, page 89.

6.3 Other Drug-Related Morbidity

6.3.1 Psychiatric Co-morbidity of Drug Users

A survey was carried out in the CADAS outpatient psychiatric facility of the SANANIM civic association in 2007 and 2008 involving clients with a dual psychiatric diagnosis. The outpatient clinic specialises in substitution treatment by buprenorphine and provides care to patients with psychiatric co-morbidity.

Clients addicted to opiates/opioids who were admitted for substitution treatment or outpatient detoxification from 1 January 2007 to the end of April 2008 and who were in contact with the facility over the longer term were included in the survey. The sample comprised 95 clients (60% men, 40% women). The following characteristics were monitored: age, age of drug use initiation, initiation drug, length of use of opiates/opioids, other drugs used, past treatment, the dual diagnosis, medication used, relapses in the programme, classification in the group by prognosis, and progress of treatment. The average age was 29.3 years (men 30.8; women 27.1), the average length of opioid use was 10.2 years (men 11; women 8.7), and psychiatric co-morbidity was present in 82% of cases. On the basis of their prognosis and the progress of their treatment, clients were divided into three groups: a group of fully stabilised clients (38%), groups of partially stabilised clients (40%) and clients in maintenance treatment (22%) with an unlikely positive prognosis (Minařík and Audrlický, 2008). Table 6-9 illustrates the breakdown of the sample by type of diagnosis.

Table 6-9: Sample of clients of the CADAS facility (SANANIM) by dual diagnosis type (Minařík and Audrlický, 2008)

Dual diagnosis	Clients with the diagnosis (%)
Affective disorder (depression)	66
Personality disorder	43
Neurotic and stress disorder	6
Psychosis	4
Epilepsy	3
Without dual diagnosis	18

The study showed that the absence of a dual diagnosis lends itself to a group of fully integrated clients, with a lesser probability of relapse and also, on average, a 2-years-shorter period of opioid use. Seasonal affective disorder and dysthymia[49] carry a worse prognosis than a single phase of depression. The highest probability of a relapse resulting from any drug is attributed to dysthymia, followed by a personality disorder. The problematic abuse of benzodiazepines, pervitin, and alcohol was confirmed only in clients with a dual diagnosis. They were typically clients with a co-morbidity of a personality disorder and a chronic depressive disorder or dysthymia, or psychotic clients (Minařík and Audrlický, 2008).

The addiction and the co-morbidity are treated together. The majority of clients have already been through treatment and recovery and they are no strangers to different forms of psychotherapy; that is the probable cause of the scant interest in this type of treatment. Therefore, the CADAS services they use only include supporting psychotherapy, social counselling, and assistance in the search for employment. All clients with a dual diagnosis were offered medication; some of the clients refused it on the grounds of their previous negative experience or because of a fear of addiction to psychopharmaca, "chemicals" – that is what psychopharmaca are seen as – or because of an insufficient notion of their own health condition. Some clients stopped taking their medication because of the unwanted side effects or after their health improved. Discontinuing the use of medication was usually accompanied by a reduced will to co-operate on the part of the client, which often led to a relapse. In the group of clients with a dual diagnosis, 18% were not taking any medication, 59% of clients were taking at least one preparation, and 23% of clients were on multiple medicines. The prescription drugs were, in 95% of cases, anti-depressants (most commonly trazodone, sertraline, and citalopram), and, of the remainder, 4% were anti-psychotic drugs and the last 1% comprised mood stabilisers (Minařík and Audrlický, 2008).

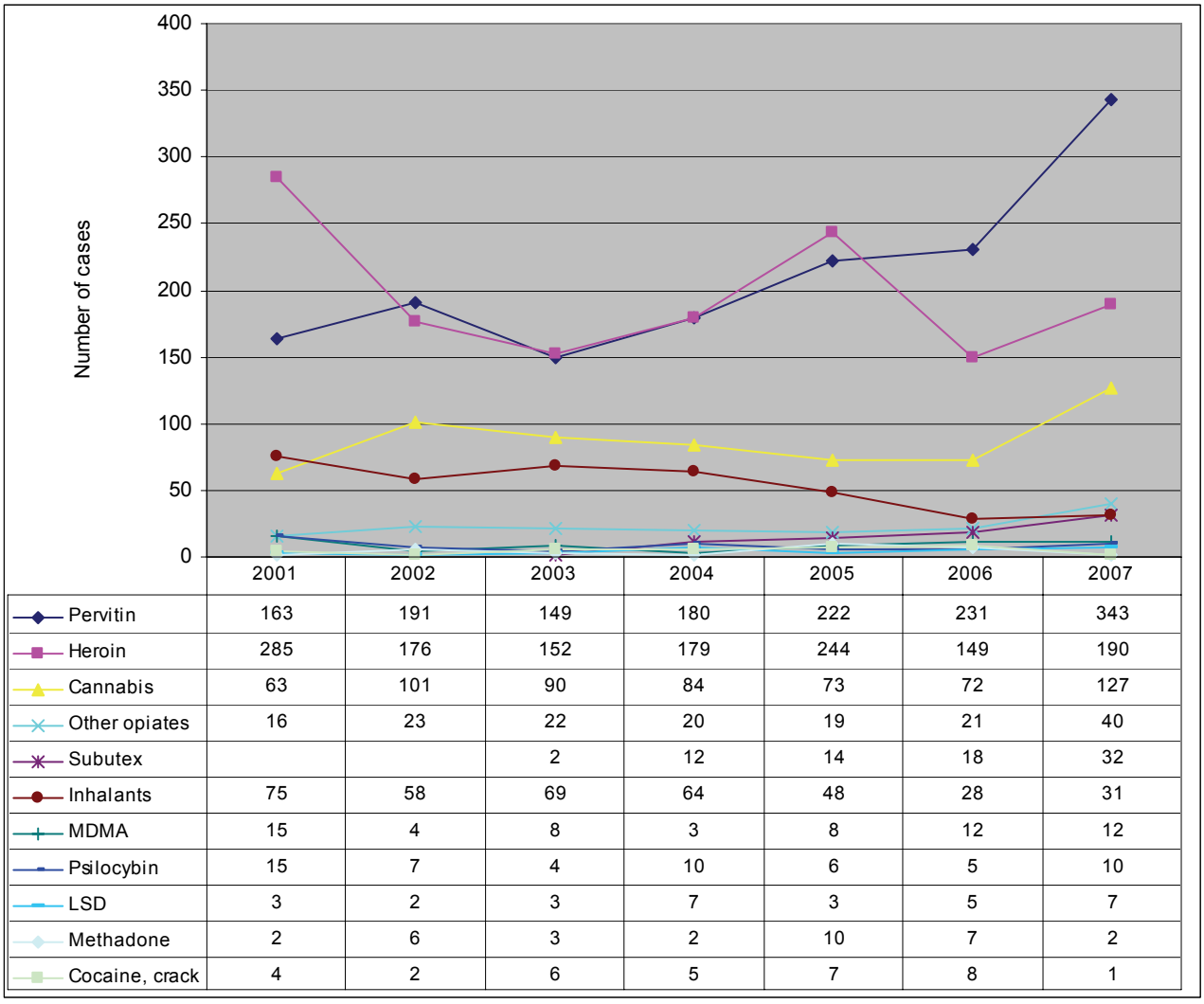
[49] Dysthymia – a less serious and less pronounced depression, for which a long-term/chronic persistence is typical.

According to the authors, the concurrence of addiction and an additional psychiatric diagnosis stands – even if treated – little chance of a complete recovery; a stabilised condition is a more likely outcome. Conclusions and recommendations for the treatment of dual diagnoses of drug users were made (Minařík and Audrlický, 2008): long-term parallel treatment of both diagnoses increases the chances of a better health condition. Sub-clinical conditions must be given the same attention as a fully developed disease. The treatment facility must use all available methods (e.g. psychotherapy, medication, and social assistance) and their combination for the best results.

6.3.2 Non-fatal Drug Intoxications

The collection of data about non-fatal intoxications[50] is based on the system administered by the Public Health Service; the data are collected specifically by the Prague Public Health Office. Considerable regional differences in data collection systems, which stemmed from the variety of data sources, of which the primary one is the Emergency Medical Service, have persisted. In 2007, a total of 1,255 cases of non-fatal drug intoxications (954 and 1,193 cases in 2005 and 2006, respectively)[51] were registered. Figure 6-7 shows the trend for selected drugs.

Figure 6-7: Non-fatal drug intoxications in the Czech Republic in 2001-2007 (Polanecký et al. 2002; Polanecký et al. 2003; Polanecký et al. 2004; Polanecký et al. 2005; Polanecký et al. 2006; Polanecký et al. 2007; Studničková et al. 2008)



	2001	2002	2003	2004	2005	2006	2007
Pervitin	163	191	149	180	222	231	343
Heroin	285	176	152	179	244	149	190
Cannabis	63	101	90	84	73	72	127
Other opiates	16	23	22	20	19	21	40
Subutex			2	12	14	18	32
Inhalants	75	58	69	64	48	28	31
MDMA	15	4	8	3	8	12	12
Psilocybin	15	7	4	10	6	5	10
LSD	3	2	3	7	3	5	7
Methadone	2	6	3	2	10	7	2
Cocaine, crack	4	2	6	5	7	8	1

6.3.3 Drugs and Road Accidents

Since 2003, autopsies on road accident victims have also involved analysis for ethanol and other drugs[52] in all 13 forensic medicine and toxicology laboratories in the Czech Republic; for more information see the chapter on Drug-

[50] The system collects reports of overdoses, as well as any other health complications requiring urgent hospitalisation.
[51] Changes in the network of the reporting facilities significantly influence the trend in the reported cases; in 2007, for instance, the Emergency Medical Service of Central Bohemia joined the network and immediately accounted for 168 reported cases.
[52] As far as ethanol is concerned, cases with an alcohol level higher than 0.2 g/kg are regarded as positive (Společnost soudního lékařství a soudní toxikologie, 1999); as far as cannabis is concerned, positive cases involved those cases where THC or its active metabolite (therefore, not, for instance, THC-COOH) were found, and positive cases of inhalants involve the detection of substances which do not develop *post mortem* or are not indicated in several physiological or pathological conditions (e.g. acetone, acetaldehyde, n-propanol, n-butanol).

Related Deaths , page 72; data for the past periods have been published in the professional press (Mravčík et al. 2005d; Mravčík et al. 2007b; Vorlová and Mravčík, 2008a). The data set is divided into 4 categories: pedestrians, cyclists, drivers, and other victims. The category of other victims comprises mainly passengers in vehicles and the fatalities that could not be assigned to any of the three previous categories (i.e. victims of other than road accidents, including aircraft accidents, construction site accidents, and public transport accidents).

Approximately 50% of all persons who died on the road were subjected to toxicological examination[53] in 2003-2007; see Table 6-10. The highest proportion of positive results in 2007 was for ethanol (33.2% of active road users and 20.9% of drivers tested positive for ethanol). As far as the three most common non-alcohol drugs are concerned, there was an increase in positive tests for benzodiazepines and a decline in the number of drivers tested positive for pervitin and THC – 5.8%, 5.8%, and 4.5%, respectively (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2008); see Table 6-11.

Table 6-10: Overview of victims autopsied in forensic medicine laboratories in the Czech Republic in 2003-2007 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2008)

Year	Total autopsies	Road accident fatalities		
		Total autopsies	Toxicological examinations	Proportion of toxicologically examined (%)
2003	9,960	1,035	554	53.5
2004	12,731	1,255	590	47.0
2005	11,358	1,047	561	53.6
2006	12,498	1,034	438*	46.4**
2007	13,089	1,207	632	52.4

*NB: * The data set does not include autopsies performed at the Královské Vinohrady Teaching Hospital. ** Excluding data from the Královské Vinohrady Teaching Hospital (n = 943).*

Table 11-3, page 127, in the chapter at the end of the annual report, contains information about the influence of alcohol and other drugs on the rate of road-traffic accidents registered by the police. Other fatalities (including accidents and injuries) where the influence of drugs was involved are summarised in the chapter on Deaths with the Presence of Drugs, page 76.

[53] i.e. examined for alcohol or a drug belonging to the group of inhalants, opiates, stimulants, cannabis, cocaine, benzodiazepines, and barbiturates

Table 6-11: Detection of ethanol and other drugs in the bodies of active road users involved in road accidents in 2003-2007 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2008)

Substance	Year	Category of road accident victims							
		Pedestrians		Cyclists		Drivers		Total	
		Tests	Positive (%)	Tests	Positive (%)	Tests	Positive (%)	**Tests**	**Positive (%)**
Ethanol	2003	141	51.8	50	40.0	203	32.0	**394**	**40.1**
	2004	150	48.7	44	29.5	209	23.9	**403**	**33.7**
	2005	148	45.3	35	34.3	198	18.7	**381**	**30.4**
	2006	102	55.9	35	37.1	164	26.2	**301**	**37.5**
	2007	130	50.8	44	40.9	215	20.9	**389**	**33.2**
Inhalants	2003	141	0.7	50	0.0	203	0.5	**394**	**0.5**
	2004	150	0.7	44	0.0	209	0.0	**403**	**0.3**
	2005	148	1.4	35	0.0	198	0.0	**381**	**0.5**
	2006	102	0.0	35	0.0	164	0.0	**301**	**0.0**
	2007	130	0.0	44	0.0	215	0.0	**389**	**0.0**
Opiates (incl. heroin)	2003	92	0.0	28	3.6	153	0.7	**273**	**0.7**
	2004	109	0.0	23	4.3	172	0.0	**304**	**0.3**
	2005	103	0.0	17	0.0	149	0.7	**269**	**0.4**
	2006	81	0.0	15	0.0	127	0.8	**223**	**0.4**
	2007	114	0.0	29	0.0	227	0.9	**370**	**0.5**
Stimulants (incl. pervitin and ecstasy)	2003	91	1.1	27	0.0	152	3.3	**270**	**2.2**
	2004	109	1.8	23	0.0	170	1.8	**302**	**1.7**
	2005	103	1.9	17	0.0	148	0.7	**268**	**1.1**
	2006	79	1.3	15	0.0	125	7.2	**219**	**4.6**
	2007	107	0.9	27	0.0	223	5.8	**357**	**3.9**
Cocaine	2003	39	0.0	8	0.0	54	0.0	**101**	**0.0**
	2004	50	0.0	13	0.0	75	0.0	**138**	**0.0**
	2005	45	0.0	10	0.0	71	0.0	**126**	**0.0**
	2006	43	0.0	7	0.0	67	0.0	**117**	**0.0**
	2007	56	0.0	15	0.0	139	0.0	**210**	**0.0**
Cannabis (active metabolites of THC)	2003	70	2.9	21	0.0	101	4.0	**192**	**3.1**
	2004	44	2.3	14	0.0	100	0.0	**158**	**0.6**
	2005	54	1.9	11	0.0	94	3.2	**159**	**2.5**
	2006	53	11.3	8	12.5	91	4.4	**152**	**7.2**
	2007	61	3.3	11	0.0	154	4.5	**226**	**4.0**
Benzodiazepines	2003	89	3.4	28	7.1	150	2.0	**267**	**3.0**
	2004	109	5.5	23	4.3	172	2.9	**304**	**3.9**
	2005	103	2.9	17	5.9	147	4.1	**267**	**3.7**
	2006	81	2.5	15	0.0	127	3.9	**223**	**3.1**
	2007	114	7.0	30	3.3	223	5.8	**367**	**6.0**
Barbiturates	2003	88	0.0	28	3.6	149	0.0	**265**	**0.4**
	2004	109	1.8	23	0.0	169	1.2	**301**	**1.3**
	2005	101	2.0	15	0.0	131	0.8	**247**	**1.2**
	2006	77	0.0	14	0.0	111	0.9	**202**	**0.5**
	2007	109	0.0	29	3.4	195	1.5	**333**	**1.2**
Any drug besides alcohol	2003	108	7.4	35	11.4	171	6.4	**314**	**7.3**
	2004	117	9.4	26	7.7	181	5.5	**324**	**7.1**
	2005	110	8.2	19	5.3	158	7.0	**287**	**7.3**
	2006	84	9.5	18	5.6	133	12.8	**235**	**11.1**
	2007	122	9.0	30	6.7	233	13.7	**385**	**11.7**

7 Responses to Health Correlates and Consequences of Drug Use

The measures targeted at the reduction of drug-related health risks are implemented mainly by low-threshold facilities. The availability, capacity, and use of these facilities has been growing steadily since the second half of the 1990s. In the last 5 years, the proportion of problem users who are in contact with the facilities has grown from 60% to approximately 70%; for more information see the chapter on Problem Drug Use , page 44. The number of needles and syringes distributed in exchange programmes increased again in 2007. The availability of testing for infectious diseases can, on the other hand, be seen as a weak point; the HCV test using capillary blood had not yet been certified in 2007; HIV testing, on the other hand, was already available to clients of low-threshold facilities in 2007. In June 2008, selected low-threshold facilities were allocated quick blood serum tests for HCV, including accessories, and some facilities started to perform tests as early as in July and August 2008.

In January 2008, the Government Council for Drug Policy Coordination appointed a working group on "Prevention and Reduction of Risks of Drug Use at Dance Parties". The outcome of the group's work was the Safer Party initiative and the implementation of a pilot project called Safer Party Tour 2008, which focused on the prevention and reduction of health risks and other consequences of drug use in the nightlife setting, and specifically at music festivals drawing large audiences. The project involved a number of low-threshold facilities with an extensive experience in the field of prevention and harm reduction in recreational setting.

A two-year research study, The Role of Pharmacies in the Prevention of Infectious Diseases among Injecting Drug Users in the Czech Republic, commenced in 2007. The project is implemented via four sub-studies. The first sub-study was concluded in October 2007, producing a current map of pharmacies and low-threshold facilities in all Czech regions. The follow-up sub-studies set out to arrive at an estimate of the number of drug users who patronise pharmacies and collect data about the sale of needles and syringes in pharmacies and about the cooperation between pharmacies and low-threshold facilities. The study will be completed in 2008.

In 2007-2008, a study of HIV, HBV, and HCV (sero)prevalence was undertaken, which focused on injecting drug users (IDUs) from the former Soviet republics. The study recommended a number of preventive and treatment measures.

The number of HAV-infected people in Prague increased significantly in 2008, especially among drug users. Through the Public Health Service, the Ministry of Health arranged for free-of-charge vaccination of drug users against HAV. The initiative was co-funded by the Prague Municipal Authority and also involved low-threshold facilities in Prague.

7.1 Services Provided by Low-threshold Facilities

The network of low-threshold facilities comprises low-threshold centres and outreach (streetwork) programmes. In 2007, there were 109 of them in total; see Map 7-1. The data about the services provided by low-threshold facilities and about the persons using the services were drawn from the final reports of projects subsidised by the Government Council for Drug Policy Coordination.[54]

Problem drug users, experimenters, and their friends and relatives make up the target population for low-threshold facilities. Some facilities also provide services to recreational users of dance drugs.

The number of drug users who used the services of the facilities, and their gender composition, have been relatively stable in the longer term. On closer inspection, we have been seeing an increase in the numbers of problem drug users (injecting drug users, opiate and pervitin users), and a decline in the number of cannabis users since 2003. The numbers of users of inhalants has also declined; however, the number is of a lower order compared to the numbers of users of other drugs. The average age of users has been rising continually, from 22 years in 2002 to 26 years in 2007; see Table 7-1.

In 2007, the number of visitors to low-threshold facilities grew, as did the volume of services provided by the facilities, specifically the number of individual exchanges/consultations as part of exchange or individual counselling programmes; see Table 7-2. The number of exchanged injection kits increased significantly (see below).

Low-threshold programmes in Prague, followed by those in the Ústí nad Labem, South Moravia, and Olomouc regions reported the highest numbers of contacts in 2007. The highest reported number of individual exchanges in exchange programmes was in Prague (approx. 121,000), followed by Ústí nad Labem (approx. 32,000) and South Moravia (approx. 12,000). The South Bohemia, Central Bohemia, Karlovy Vary, and Pilsen regions reported

[54] In 2007, the subsidy programme helped to fund 101 (92%) of the total of 109 of low-threshold programmes. The increase in the number of low-threshold programmes from 90 in 2006 to 109 in 2007 was caused by the fact that a number of facilities which used to provide the services of a low-threshold facility and an outreach programme applied in the 2007 round of the subsidy procedure of the Government Council for Drug Policy Co-ordination as two separate projects. The availability and scope of low-threshold services in the Czech Republic in 2007 were approximately the same as in 2006.

numbers in the range of 5,000-10,000. Table 7-3 gives a detailed account of services reported by low-threshold programmes in 2007 by region.

The chapter on Problem Drug Use , page 52, compares the clientele of the outreach programmes to that of the low-threshold centre operated by the SANANIM civic association; the data were collected in a survey conducted in 2007.

Map 7-1: Low-threshold facilities in the Czech Republic in 2007 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e; Studničková et al. 2008)

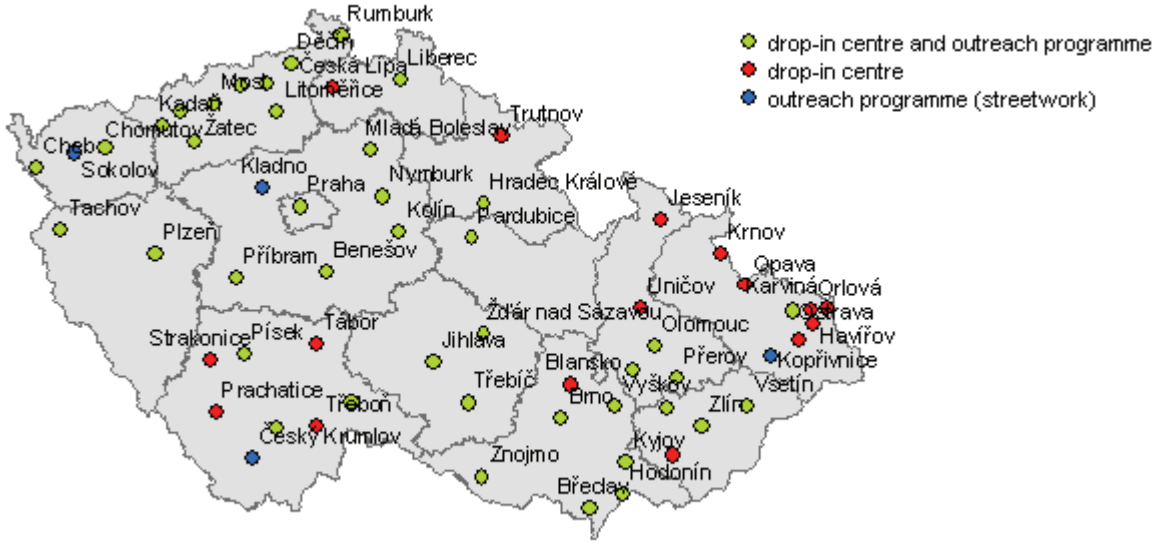


Table 7-1: Number of clients of low-threshold facilities in the Czech Republic in 2002-2007, extrapolated to the total number of programmes in existence (Mravčík et al. 2007a; Národní monitorovací středisko pro drogy a drogové závislosti, 2008e)

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

*NB: * Of these, 4, 000 were heroin users, and 2,900 were Subutex® users; ** Of these, 4,100 were heroin users, and 3,200 were Subutex® users.*

Table 7-2: Selected activities of low-threshold facilities in the Czech Republic in 2004-2007, extrapolated to the total number of programmes in existence (Mravčík et al. 2007a; Národní monitorovací středisko pro drogy a drogové závislosti, 2008e)

Indicator	2004	2005	2006	2007
Number of exchanges in exchange programmes	139,800	249,000	191,000	215,800
Food service	94,700	99,500	97,600	94,100
Hygiene service	34,500	40,900	41,100	40,000
Individual counselling	27,300	25,800	21,900	24,100
Medical attendance	13,500	12,500	10,500	9,400
Crisis intervention	3,000	2,500	1,800	1,600
Group therapy	1,800	1,500	1,500	1,000

Table 7-3: Selected activities of low-threshold facilities in 2007, by region, extrapolated to the total number of programmes in existence (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e)

Region	Contact	First contact	Exchange	Food service	Hygiene service	Individual counselling	Referral*	Medical attendance	Crisis intervention	Group therapy
Prague	143,864	712	121,207	19,668	4,582	4,225	2,724	2,393	243	187
Central Bohemia	11,615	949	7,635	4,343	1,354	1,203	3,839	121	114	4
South Bohemia	17,481	691	9,814	4,700	1,090	2,892	811	85	191	224
Pilsen	9,231	509	4,938	2,228	1,070	1,377	956	437	63	49
Karlovy Vary	8,722	264	5,161	4,069	6,902	498	280	2,733	66	118
Ústí nad Labem	46,587	1,458	32,427	10,748	4,890	2,690	1,697	762	227	77
Liberec	5,832	212	1,990	3,032	1,385	331	225	82	115	13
Hradec Králové	7,196	533	3,791	2,950	1,874	581	316	73	27	23
Pardubice	1,880	310	793	802	480	67	182	41	14	24
Vysočina	9,597	291	2,123	6,478	2,190	1,168	780	180	68	14
South Moravia	26,642	1,090	12,458	10,244	4,452	3,605	613	849	75	53
Olomouc	19,024	1,221	4,384	10,637	4,148	3,019	1,486	754	143	88
Zlín	16,125	826	4,519	5,563	2,305	1,690	917	587	67	13
Moravia-Silesia	14,279	818	4,555	8,666	3,293	799	287	267	175	77
Total – Czech Rep.	**338,075**	**9,884**	**215,795**	**94,128**	**40,015**	**24,145**	**15,113**	**9,364**	**1,588**	**964**

*NB: * Referrals to a low-threshold centre or a treatment facility including substitution treatment.*

7.1.1 Programmes Targeting Users of Dance Drugs

Only 4 outreach programmes (Drop In Prague, CPPT Pilsen, Sdružení Podané ruce Olomouc, and Jihočeský streetwork programme implemented by the Prevent civic association in České Budějovice) reported harm reduction activities among drug users at dance parties in their 2007 annual reports. The programmes reached a total of 1,385 clients, and 62 qualitative orientation tests of synthetic drugs were performed (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e). In 2008, the activities were also performed by four low-threshold programmes (of which three were the same as in 2007); a total of 1,122 drug users were reached, and 276 orientation tests of synthetic drugs were performed (Národní monitorovací středisko pro drogy a drogové závislosti, 2007b). Compared to 2003 and 2004, the last two years have brought a significant reduction in the activities of programmes targeting drug users at dance parties (for more information see the 2006 Annual Report), which came as a result of budget cutting in the programmes after a change of policy in 2004 (for more information see the 2004 Annual Report).

A meeting of representatives of the NFP with the providers of programmes for prevention and harm reduction at dance parties, operators of websites for fans of electronic dance music, and promoters of dance events was held in 2007. Among the outputs from the meeting was a proposal to form an initiative for the revival of activities aimed at the prevention and harm reduction among visitors to dance parties in the Czech Republic, which would propose specific action in this area. The first result was the appointment in January 2008 of a working group for the prevention and harm reduction in relation to drug use at dance events under the Government Council for Drug Policy Coordination. Its members include representatives of the NFP, research institutions, and facilities providing preventive and harm reduction services on the dance scene.

In April 2008, the GCDPC approved the outcome of the group's work: the Safer Party initiative and its pilot project of innovative drug prevention and harm reduction in the nightlife setting called the Safer Party Tour 2008. Safer Party is a joint project of non-governmental organisations (Chilli.org, SANANIM, Sdružení Podané ruce, CPPT Pilsen, and Prevent České Budějovice), the NFP, and other partner institutions. The ambition of the project is to fill a drug prevention niche which was created as a result of the interrupted development and reduction of the services provided by NGO outreach programmes at dance events in 2005. The project has the following objectives:

- formulate conditions for the development of a system of care for persons at risk from alcohol and illegal drugs in the nightlife setting;
- implement a pilot project at music festivals in 2008 and develop it further, and

- build a network of governmental and non-governmental institutions engaging in professional liaison, exchanging information and services for the prevention of alcohol and illegal substance use and of risk behaviour in the nightlife setting.

The Safer Party Tour 2008 provided preventive and harm reduction interventions, including direct counselling and the distribution of harm reduction leaflets and information in the chill-out zones at selected music festivals. In August 2008, the initiative organised an international conference in Pardubice, which focused on drug use in recreational setting (Saferparty.cz, 2008). The public and professionals can learn more about the project at: www.saferparty.cz.

7.2 Overdose Prevention

In the Czech Republic, overdose prevention, together with the prevention of infections transmitted via the intravenous administration of drugs, is carried out through the services provided by low-threshold and treatment facilities. Clients are informed of the risks of polydrug use and they receive instruction in a safer way of using drugs and in first aid in the event of an overdose. For the most part, low-threshold facilities also provide anonymous counselling via email and telephone. They offer many forms of content and information produced by the programmes themselves; selected content aimed at Roma and foreign clients is produced in the target language[55].

The Dekontaminace (Decontamination) magazine published by the SANANIM civic association is one of the sources of information for clients of low-threshold programmes; for more information see the 2006 Annual Report.

Drug-related information and counselling, which also includes issues relating to overdoses, infectious diseases, and the health risks of drug use, is also provided by the online advice portals www.drogovaporadna.cz (SANANIM) and www.extc.cz (Sdružení Podané ruce).

No other specific activities leading to overdose prevention (e.g. the preventive distribution of opioid antagonists to users or safe application rooms) are being implemented in the Czech Republic.

7.3 Prevention of Infectious Diseases

Activities in the field of infection prevention are among the basic services supplied by low-threshold facilities (dissemination of information, distribution of leaflets warning of the risks of infectious diseases and other health problems, education and motivation for a safer way of drug application, exchange programmes for needles and syringes, education and motivation for safe sex, distribution of condoms, provision of/assistance with testing for infections and/or further medical care). The type and volume of the services vary from one programme to another.

Some low-threshold facilities offer testing for HIV antibodies in saliva; the tests are organised in association with the National Reference Laboratory for AIDS at the National Institute of Public Health in Prague. Since early 2006, there has been a shortage of quick tests for HCV antibodies, which reduced the availability of HCV testing in low-threshold facilities and led to a decline in the number of tests performed (see below). The HCV test using capillary blood had not yet been certified in 2007; HIV testing, on the other hand, was already available to clients of low-threshold facilities in 2007. In June 2008, selected low-threshold facilities were allocated quick blood serum tests for HCV, including accessories, and some facilities started to perform the tests in July and August 2008.

A number of low-threshold and other facilities which provide services to drug users collaborate with public health protection authorities in the field of prevention and testing for infections – regional public health offices or health institutes – and, especially, with the HIV/AIDS counselling services of health institutes. Since the end of 2007, a number of these counselling services have been closed down as a result of the repeated reorganisation of health institutes and public health service; the form and intensity of the future collaboration between drug services and health institutes will have to be re-defined after the reorganisation is complete. One fact remains, however, and that is that the National HIV/AIDS Programme of the Czech Republic for the Period 2008-2012, approved by the government in February 2008, involves, among other things, the collaboration of public health institutes with facilities providing services to drug users; for more information see the chapter on Institutional Framework, Strategies, and Policies, page 9.

In 2007-2008, the Centre for Addictology at the Psychiatric Clinic of the 1st Medical Faculty, Charles University, Prague, carried out a study of HIV, HBV, and HCV (sero)prevalence, focusing on IDUs from the former Soviet republics (Zábranský and Janíková, 2008). The results attest to a significant increase in the risk of spreading of HIV and other infectious diseases communicable by blood and sexual intercourse among drug-using migrants, and – by extension – among all drug users in Prague and the general population; for the results see the chapter on Drug-Related Infections, page 78. On the basis of the conclusions of the study, state authorities and the Prague Municipal Authority were recommended to implement specific preventive and treatment interventions. In terms of systemic action, the recommendations included treatment and harm reduction interventions which will take into account the specifics of the migrant communities (a deliberate distance from the majority society, cultural specifics, the legal

[55] Namely in Romany, Russian, and in some cases in Vietnamese. The outreach programme of the SANANIM civic association also employs native speakers who work with Russian-speaking clients who originally came from the former Soviet republics (most commonly from Ukraine).

status of the members, etc.). An ideal solution would be an integrated programme of services for migrant drug users implemented in Prague, urban agglomerations, or large cities. The programme would combine healthcare interventions with the activities of low-threshold, shelter, and other similar facilities. The following immediate actions were recommended (Zábranský and Janíková, 2008):

- improving the availability of testing for HIV, HBV, and HCV, first contact services, and after-care to drug users and their close (sexual) contacts;
- producing and widely distributing information content in the languages of migrants;
- including care for foreign drug users in the education curricula for health and other professionals in the field of addictology;
- improving the knowledge about shelters among workers providing services to drug users and supporting the networking of drug-related healthcare and other services, and
- making available services in shelter facilities that respect the sensitivity of the subject (drug use, HIV, hepatitis).

In 2008, the number of persons who fell ill with HAV in Prague has dramatically increased, especially among drug users; for more information see the chapter on Drug-Related Infections, page 78. In May and June 2008, the prevalence of HAV reached epidemic proportions. In response, a campaign of free-of-charge vaccination of drug users against HAV was launched in mid-July 2008; it was co-ordinated by the Public Health Office in Prague and supported by the Ministry of Health and the Prague Municipal Authority and implemented in liaison with low-threshold facilities in Prague. The campaign was positively received both by drug users – as of 15 August 2008, 774 persons had been inoculated in 8 vaccination centres (some of which were located in low-threshold facilities). As HAV was also spreading among the homeless, there were plans also to extend the vaccination to this group of the population (Hygienická stanice hlavního města Prahy, 2008). According to information from the end of August 2008, the vaccination campaign will also be rolled out to the Central Bohemia region to tackle the spread of HAV; the roll-out will receive support from the regional budget.

The Czech Republic has free public help lines offering counselling in the area of infections; one is operated by the National Programme of Combating AIDS in the Czech Republic, www.aids-hiv.cz, and specialises in HIV/AIDS-related issues (800 144 444), and two HCV help lines are operated by pharmaceutical companies (800 333 365, 800 331 122). There are also online resources focusing on hepatitis: www.vseozloutence.cz (providing mainly HAV and HBV information), www.cecko.cz (type C hepatitis), and www.virova-hepatitida.cz (with a focus on HVC).

7.3.1 Needle and Syringe Exchange Programmes

In 2007, 107 low-threshold programmes (98%) offered an exchange programme. Table 7-4 and Table 7-5 provide a comparison of the number of programmes in the period 1998-2007 and the number of syringes distributed in the different regions, respectively. Each injecting drug user who visited a low-threshold facility in 2007 made 10 exchanges on average (compared to 9 exchanges in 2006), obtaining 214 sterile syringes (compared to 210 syringes in 2006). The regional distribution of the volume of exchanged injection equipment corresponds to the relative number of injecting (problem) drug users – see Map 7-1.

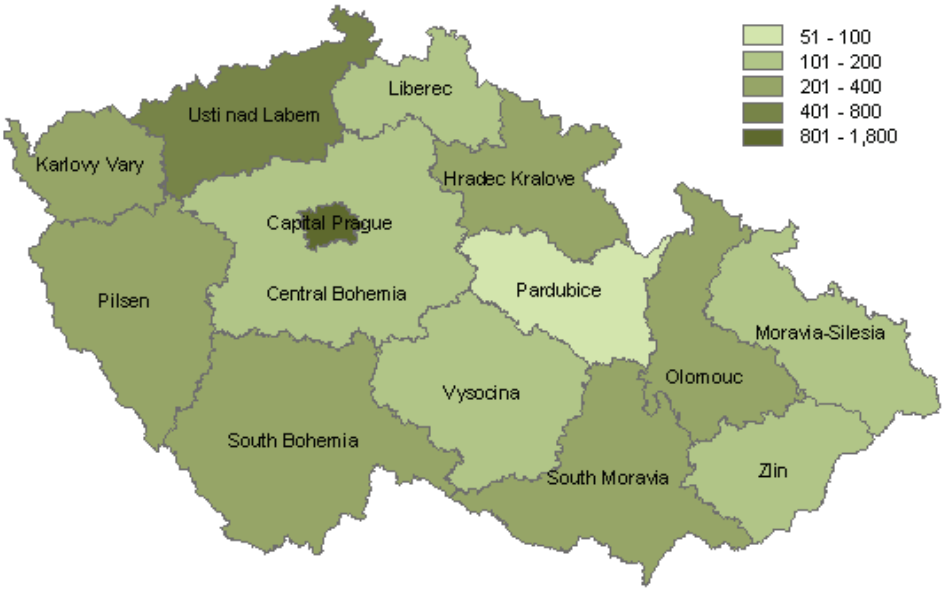
Table 7-4: Exchange programmes in the Czech Republic in 1998-2007 (Mravčík et al. 2007a; Národní monitorovací středisko pro drogy a drogové závislosti, 2008e; Studničková et al. 2008)

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

Table 7-5: Number of needles and syringes distributed in exchange programmes in 2002-2007, by region (Mravčík et al. 2007a; Národní monitorovací středisko pro drogy a drogové závislosti, 2008e; Studničková et al. 2008)

Region/year	2002	2003	2004	2005	2006	2007
Prague	858,507	979,560	1,210,704	1,697,554	1,850,330	2,071,788
Central Bohemia	12,561	31,682	66,600	110,325	168,220	215,640
South Bohemia	14,883	69,004	102,621	124,454	141,825	212,791
Pilsen	23,221	44,670	88,450	116,611	157,317	189,894
Karlovy Vary	16,608	29,299	35,756	58,680	66,382	83,462
Ústí nad Labem	256,071	262,418	351,561	479,383	612,259	655,882
Liberec	12,273	21,108	33,467	32,800	47,756	63,967
Hradec Králové	22,250	45,089	41,021	86,221	98,269	139,075
Pardubice	23,622	23,330	36,081	38,725	48,144	29,908
Vysočina	11,254	29,363	39,348	61,425	68,682	99,447
South Moravia	134,285	122,137	165,846	173,090	227,833	269,236
Olomouc	21,809	33,832	85,872	96,416	150,024	134,433
Zlín	19,973	11,362	41,977	52,169	69,005	115,744
Moravia-Silesia	41,907	75,103	56,232	143,771	162,834	175,741
Total	**1,469,224**	**1,777,957**	**2,355,536**	**3,271,624**	**3,868,880**	**4,457,008**

Map 7-2: Number of distributed needles and syringes in Czech regions in 2007 per 1,000 inhabitants (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e; Studničková et al. 2008)



7.3.2 Syringe and Other Harm Reduction Material Vending Machines

In May 2008, the PROGRESSIVE civic association installed vending machines for medical supplies as part of the NON STOP 24 project. The programme seeks to expand the system of public health protection in the field of the prevention of infections, and addresses the limits of the existing harm reduction programmes, especially the time limitations of existing services. Its goal is to improve the availability of needles and syringes for clients who find other services too high-threshold for them. According to PROGRESSIVE, the programme has the benefit of low operating costs. The pilot phase commenced with the installation of two vending machines in the Prague 5 District. The machines offer access to clean needles and syringes, disinfectants, clean water, etc. – irrespective of time. One vending machine has been fitted with a safe disposal container for used syringes. There are several kits on offer, with different contents (two types of syringes plus a disinfectant, ascorbic acid, and condoms). The price of one kit is CZK 20-30 (€ 0.7-1.1). The vending machines will also be used as an information channel. The front of the machine and the harm reduction sets advertise the contact details of harm reduction programmes and healthcare facilities, the risks of injecting drug use, etc. (this information partly acts as counselling, which is offered upon personal contact with a streetworker). A survey of clients using the project is planned for the future (o. s. Progressive, 2008).

7.3.3 Distribution of Aluminium Foil and Gelatine Capsules as Harm Reduction Material

Distribution of aluminium foil for the smoking of heroin, and in some programmes also of gelatine capsules to facilitate the swallowing of drugs, especially pervitin, are among the services offered by low-threshold facilities in the field of the prevention of infections. The NFP conducted an email survey in August 2008 to determine which facilities

distribute harm reduction material of this kind. Of the 28 facilities that responded, 16 distribute aluminium foil (57%) and 6 distribute gelatine capsules (21%); capsules are reportedly in great demand in low-threshold centres in the towns of Uherské Hradiště and Kyjov, and outreach programmes in Prague. Aluminium foil is distributed mainly by facilities in regions with a high incidence of heroin use.

In addition to non-injecting drug users, IDUs who (usually because of health problems) cannot apply the drug in the usual way are especially reliant on these items (Národní monitorovací středisko pro drogy a drogové závislosti, 2008c).

7.3.4 Sale of Needles and Syringes in Pharmacies

A two-year research study, The Role of Pharmacies in the Prevention of Infectious Diseases among Injecting Drug Users in the Czech Republic, undertaken by the Centre for Addictology at the Psychiatric Clinic of the 1st Medical Faculty, Charles University, Prague, commenced in 2007. The project is implemented via four sub-studies. The first sub-study was concluded in October 2007, producing a current map of pharmacies and low-threshold facilities in all Czech regions.

The second sub-study, taking the form of a questionnaire, was implemented in collaboration with the NFP, the Czech Chamber of Pharmacists, and Alliance Healthcare Czech Republic. The first round of data collection – in 2007 – generated responses from 452 pharmacies from the total of 2,603 pharmacies and detached drug-dispensing locations in the Czech Republic. The results of the sub-study revealed that 370 pharmacies were patronised by persons who were suspected of being drug users or confirmed as such by the staff; 259 pharmacies reported an estimate of 4 or fewer persons, 93 pharmacies reported 5-19 persons, 18 pharmacies 20-50 persons, and 5 pharmacies reported more than 50 drug users. The estimated men-to-women ratio was approximately 2.5:1. Pharmacists estimated that each pharmacy was visited on average by 4 drug users per week, which – if extrapolated to the total of 2,603 pharmacies – represents approximately 10,600 (10,671; 95% CI: 8,435-12,908) drug users. However, the estimate is also distorted by the fact that one drug user can visit several pharmacies in a week (Gabrhelík et al. 2008).

The retail price of one kit consisting of a syringe and a needle (intended for insulin application) in 331 pharmacies was less than CZK 5 (€ 0.2), and in the remaining 12 pharmacies it was higher, but nowhere did it exceed CZK 10 (€ 0.4). The estimated number of injection kits sold to drug users in the last month was 29 or fewer in 110 pharmacies, 30-99 in 118 pharmacies, 100-300 in 50 pharmacies, and more than 300 in 17 pharmacies. After extrapolation of the average quantity of injection kits sold in 2007 by one pharmacy to the total number of pharmacies in the Czech Republic, the resulting estimate was 1.5 million kits sold to injecting drug users (1,551,503; 95% CI:1,173,032-1,929,975). A little under one fifth of pharmacies that responded to the question stated that they cooperated with low-threshold facilities. The remaining pharmacies gave no indication of such collaboration. The results of the first round of the questionnaire survey are not representative of the whole Czech Republic; the study will be concluded in 2008 (Gabrhelík et al. 2008).

7.3.5 Testing of Drug Users for Infectious Diseases

In 2007, the possibility of testing for HIV was offered by 53 low-threshold facilities, for HCV by 24 low-threshold facilities, and for HBV and syphilis by 19 and 4 facilities, respectively; the numbers of tests performed fell again by a substantial margin (the reasons are given above); see Table 7-6. The test results are summarised in the chapter on Drug-Related Infections, page 78.

Table 7-6: Number of tests for infections and the number of testing low-threshold facilities in 2002-2007(Mravčík et al. 2007a; Národní monitorovací středisko pro drogy a drogové závislosti, 2008e)

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

7.4 Interventions Relating to Psychiatric Co-morbidity

The treatment of drug users with dual diagnoses is carried out in an integrated manner, i.e. within the existing treatment system for drug users, and the specific needs of the patients are taken into consideration; see the chapter on Treatment, page 46. Partial results and experiences with treating dual diagnosis patients in one Prague-based facility for drug users are given in the chapter on Psychiatric Co-morbidity of Drug Users, page 82.

8 Social Correlates and Consequences of Drug Use

The most significant social problems of drug users involve family and work problems, unemployment, lower education, and poor housing, which sometimes even lead to homelessness. The accumulation of several social problems may lead to social exclusion. No study has yet been conducted in the Czech Republic to focus directly on the social exclusion of drug users. The information available is limited to the nature of housing and the education and unemployment levels of those making treatment demands (see the chapter on Profile of Drug Users in Treatment, page 46) and fragmentary as regards drug use among the homeless, in Roma communities, and among members of minorities in the Czech Republic.

The number of drug offences in the Czech Republic has remained relatively stable in recent years. Reaching between 2,023 and 2,282 persons, depending on the source, the number of drug offenders in 2007 was the lowest in the past four years. 2,042 persons were charged with drug-related offences, which represents a 12% decrease against 2006 and the lowest number of people charged with such offences since 2000. Courts imposed 1,382 final sentences for drug offences, which is in line with the previous 5 years. The percentage of the persons prosecuted increased and the percentage of the persons charged with and convicted for drug offences also rose slightly in cases under Section 187a (drug possession for personal use). Typically, the Ústí nad Labem region had the largest number of people prosecuted for drug-related offences, followed by Prague and the Moravian-Silesian region; the most people (relative to the number of inhabitants) were prosecuted in the Karlovy Vary region. Drug crime was most common in connection with pervitin (50-70%), followed by cannabis (20-30%). Although still under 3%, the percentage of cocaine-related crime has been on the rise. The structure of the sentences for drug offences has not changed significantly in the past 4 years, with the most common type of sentence being suspended imprisonment. A total of 966 misdemeanour cases of drug possession for personal use occurred in 2007, four times the number of people prosecuted for drug possession.

As of 31 December 2007, a total of 2,022 drug offenders were serving their sentences in 35 Czech prisons. Drug use is monitored using urine screening tests. A total of 10,257 inmates were tested in all the prisons in 2007, with 2,191 of them testing positive, most typically for pervitin and THC. Searches conducted using drug dogs in all prisons resulted in 107 seizures in 24 prisons.

8.1 Drugs and Homelessness

A number of studies have noted a close connection between addiction and mental disorders among the homeless; it is, however, often difficult to determine whether an addiction or mental disorder is the cause or the consequence of the social status of the homeless. Combined with social and economic difficulties, a mental disorder may trigger homelessness, but, on the other hand, homelessness may lead to mental problems, depression, and drug use (Šupková, 2008).

A survey aimed at health care provision to the homeless and at their position in health care facilities also monitored the medical condition of the homeless and the occurrence of addictions among them. The records of patients treated in a specialised general practitioner's office for the homeless in Prague (the Naděje civic association) in 2005 and in the first half of 2006 showed that about 2.3% of the examinations conducted were connected with mental illnesses and behavioural disorders. Of that figure, addictions accounted for 23%, depression for 19%, sleep disorders for 17%, reaction to stress and adaptation disorders for 16%, schizophrenia for 8%, personality disorders for 4%, and anxiety disorders for 2% (Šupková et al. 2007). Compared to the general population, the homeless show a higher percentage of a combination of addiction and another mental disorder. Field workers focusing on the homeless have also noted that the homeless often alternate or combine various types of drugs, depending on the degree of difficulty they have in accessing a particular substance. For the homeless, drug use complicates contact with the helping organisations and social and health services.

For further information see the 2006 Annual Report.

8.1.1 Roma Communities and Drugs

Certain Roma communities in the Czech Republic are subjected to social exclusion. Exclusion is the result of the accumulation of social problems; the primary factors of the social exclusion of the Roma include long-term unemployment, low incomes, and the unavailability or poor quality of housing (Kancelář Rady vlády pro záležitosti romské komunity, 2007a).

Long-term monitoring and evaluation of the situation in Roma communities has been provided by the Office of the Government Council for Roma Community Affairs within the framework of the Field Social Workers Support Programme. A total of 50 municipalities and 89 field workers were involved in the programme in 2007, and a municipality could obtain up to CZK 200,000 (€ 7.2 thousand) per field worker from the Field Work Support Programme (Kancelář Rady vlády pro záležitosti romské komunity, 2008).

Social outreach workers provided services to 14,087 clients in 2007. A total of 36,825 contacts were made, with individual work and work with families prevailing, with 46% and 35% respectively. Services were most typically

provided in the areas of debt (32%), housing (29%), and unemployment (18%). Interventions in relation to drug use involved 391 clients (2 %); see Table 8-1. An increase was observed, in comparison with the previous year, in the number of interventions related to debt and unemployment, while the number of interventions related to drugs, gambling, usury, crime, and prostitution declined (Kancelář Rady vlády pro záležitosti romské komunity, 2008).

Table 8-1: Number of recipients of the services of Roma field workers in 2006 and 2007, by problem type (Kancelář Rady vlády pro záležitosti romské komunity, 2007b; Kancelář Rady vlády pro záležitosti romské komunity, 2008)

Problem type	2006		2007	
	Number	%	Number	%
Debts	4,477	34.1	5,314	31.9
Housing quality	3,362	25.6	3,364	20.2
Unemployment	2,672	20.4	2,916	17.5
Problematic tenant/landlord relations	1,847	14.1	1,522	9.1
Insufficient sanitation	1,300	9.9	1,204	7.2
Truancy	907	6.9	716	4.3
Crime	620	4.7	574	3.4
Drug use	457	3.5	391	2.3
Usury	277	2.1	320	1.9
Gambling	268	2.0	302	1.8
Prostitution	63	0.5	39	0.2
Total	**13,116***	**100.0**	**16,662***	**100.0**

*NB: * The aggregate number of clients classified by problem type exceeds the total number of clients; this is probably due to an accumulation of problems in individual clients.*

In 2007, the government established the Agency for the Elimination of Social Exclusion in Roma Localities. The Agency's main objective is the transformation of Roma ghettos, which should result in a marked improvement in the quality of living in such areas, better access to education and the labour market, and an improvement in the quality of housing. The partial objectives include a survey of the socio-economic situation of the Roma, an analysis of the needs of the inhabitants of the excluded Roma areas, and counselling as part of the implementation of local strategies. The Agency launched its activities in 12 selected Roma communities in January 2008. The pilot stage of the Agency's operation within the Office of the Government of the Czech Republic should end in 2010, when the Agency is scheduled to obtain legal personality.

Within the framework of the ESF Operational Programme – Human Resources Development, the Ministry of Labour and Social Affairs implemented the system project of Support for the Establishment of Field Social Work, focused on social work in socially excluded communities. Two models of training courses for field workers and field social workers were created in the project and subsequently accredited and used to train 135 field workers. Guidelines were prepared and distributed for the provision of field social work, as were guidelines for the performance of delegated competence in the area of the enforcement of the rights of the Roma community and collections of study texts named "Professional Skills for Field Social Work and Field Work" (for more information see www.osu.cz/tsp).

8.2 Migrants and Drugs

In 2007, the MARISA association and Sdružení Podané ruce conducted the Mobile Drug Users in the Region of South Moravia qualitative research project. The research objective was to assess the extent of problem drug use among migrant groups in and around Brno. The survey focused on marginalised groups, which include newcomer migrants, and on the specifics of drug use in these groups. 11 migrants and 6 key informants and 19 workers from both governmental and non-governmental organisations working with migrants participated in the survey. Great differences were found between the individual migrant groups (asylum seekers, Vietnamese, and persons from the Balkans and post-Soviet countries) in terms of drug use patterns and they were attributed to the diverse origins and the varying social status of the individual groups in relation to mainstream Czech society. The general problems observed in all the subject groups included difficulties in gaining access to drug services (mainly because of the language barrier, cultural differences, and a different legal position), an insufficient level of awareness, and distrust (Nepustil and Zajdáková, 2008).

The research notes the considerable internal isolation of the Vietnamese community, which is characterised by the use of heroin, mainly by smoking. According to the available information, this phenomenon may be connected with the possible involvement of certain members of the community in the organised distribution of drugs. The only drug-related services used by the Vietnamese in the Czech Republic are field programmes, methadone substitution programmes, and drug services in prison (Nepustil and Zajdáková, 2008).

Limited information has been obtained about drug users from the Balkans. The typical drugs seem to be heroin among the Albanians and pervitin and cocaine among the Croats; the phenomena observed include a transition from heroin to pervitin, drug application by injecting, and the level of needle and syringe sharing (Nepustil and Zajdáková, 2008). Migrants from the Balkans rarely use any drug services.

Asylum seekers formed a specific group in the survey. They mainly included Russian-speaking individuals. Heroin use seems to prevail in this group, often combined with pervitin or other drugs. Drug use is often a reaction to a difficult life situation. Although asylum seekers showed interest in drug services (most typically in the methadone programme), they used them rather rarely, often for fear of drug use affecting their asylum proceedings (Nepustil and Zajdáková, 2008). Russian-speaking migrants working in the Czech Republic illegally are also afraid of contact with drug services; for example, Ukrainians form a very tight group, which also seems to organise its own drug production.

The results of the study of the prevalence of infectious diseases among injecting drug users from the post-Soviet countries and the proband characteristics are provided in the chapter on Drug-Related Infections, page 78.

8.3 Drug-Related Crime

There are several data sources available in the Czech Republic regarding so-called "drug-related crime", i.e. offences according to the provisions of Sections 187, 187a, 188, and 188a of the Penal Code. They mainly include the statistics of the Police of the Czech Republic, especially the Criminal Statistics Record System (ESSK), the statistics of the dedicated police unit – the National Drug Headquarters of the Criminal Police and Investigation Service of the Police of the Czech Republic, and the statistics of public prosecutors' offices and courts prepared by the Ministry of Justice. Information about prosecuted and sentenced offenders is also kept in the records of the Probation and Mediation Service and the Prison Service of the Czech Republic.

Some of the above-mentioned data sources overlap; persons charged with drug-related offences are registered in the National Drug Headquarters system, which only focuses on drug-related crime, and in the police and Ministry of Justice systems, which monitor general, i.e. not only drug-related, crime. The data regarding the number of people charged with drug offences in any given year differ between the individual systems. This situation results from the differences in reporting practices, discipline, and methodologies between the record-keeping systems, especially in terms of:

- entering criminal offences and offenders in different stages of the criminal proceedings[56];
- different definitions of the cases to be reported and varying statistical units (offenders vs. offences), and
- duplications in the recorded data (e.g. multiple offences or multiple drug types) and the different methods of reporting them.

However, the non-existence of a uniform record-keeping system for all the institutions involved in criminal proceedings (the police, Probation and Mediation Service, public prosecutors' offices, and courts) is a major drawback in this context; see the special chapter on Sentencing Statistics, page 117.

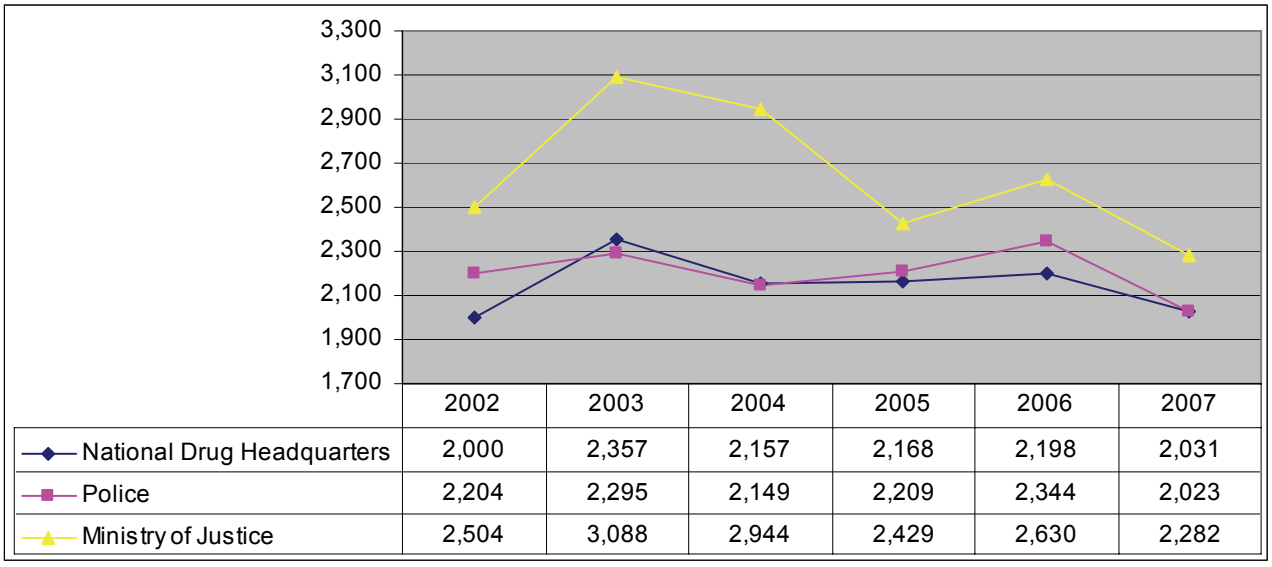
8.3.1 Summary Data about Drug-Related Offences and Offenders

Police statistics on drug-related offences have shown a rather stable situation in recent years as far as the number of individuals under prosecution is concerned. In 2007, a total of 2,031 persons were prosecuted for drug-related offences according to the National Drug Headquarters, 2,023 according to the Criminal Statistics Record System of the police, and 2,282 according to the Ministry of Justice[57]. A downward trend has been observed in the past 5 years; see Figure 8-1. According to the Criminal Statistics Record System, 51 of the drug offenders (i.e. 3%) were under 15 and 130 (6%) under 18 years of age.

[56] Police statistics (the National Drug Headquarters database and the Criminal Statistics Record System) register a case when prosecution starts (charges are raised). The individual cases enter the statistics of the Ministry of Justice with a certain delay – after the preliminary stage of the criminal proceedings is concluded (following a decision to indict the offender, suspend the criminal proceedings, etc.); for more details see the chapter on Sentencing Statistics, page 117.

[57] The Ministry of Justice only registers individuals capable of criminal liability, i.e. from the age of 15 years.

Figure 8-1: Number of persons prosecuted for drug-related offences in 2002-2007 according to the statistics of the National Drug Headquarters, the Criminal Statistics Record System of the police, and the Ministry of Justice (Národní protidrogová centrála, 2008f; Ministerstvo vnitra ČR, 2008; Ministerstvo spravedlnosti ČR, 2008b)



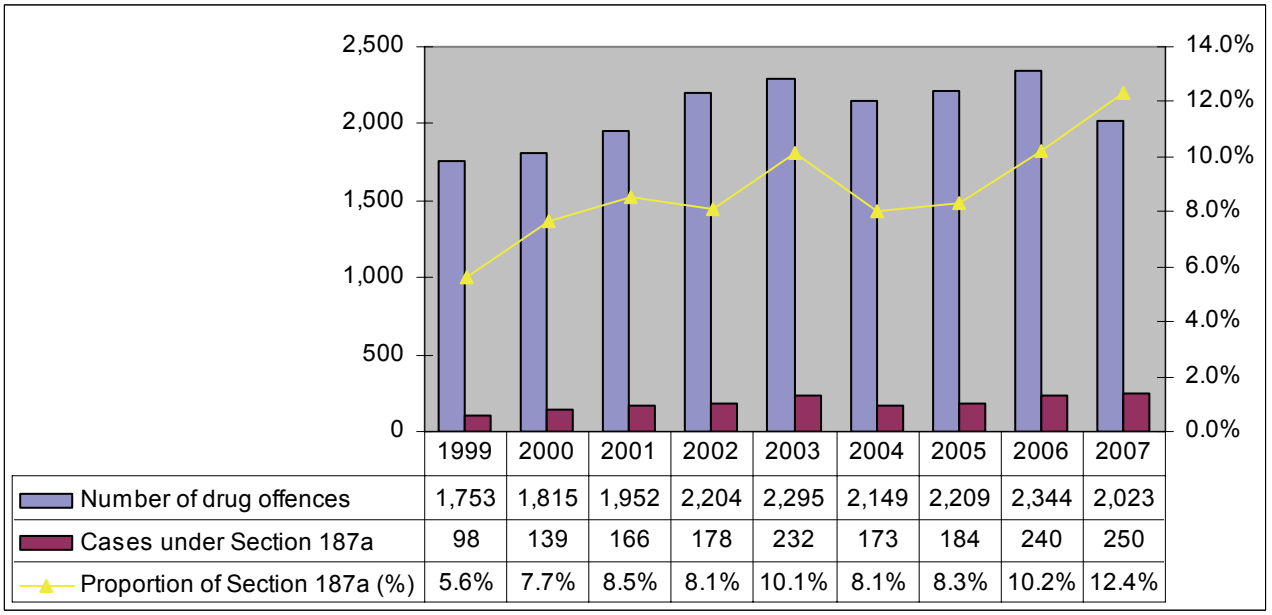
	2002	2003	2004	2005	2006	2007
National Drug Headquarters	2,000	2,357	2,157	2,168	2,198	2,031
Police	2,204	2,295	2,149	2,209	2,344	2,023
Ministry of Justice	2,504	3,088	2,944	2,429	2,630	2,282

The number of drug offences prosecuted under the individual sections of the Penal Code in 2006 and 2007 is provided in Table 8-2. All three information sources show that the number of cases of illicit drug trafficking, distribution, and production (Sections 187 and 188 of the Penal Code) decreased in comparison to 2006. The number of cases of drug possession for personal use (Section 187a) increased according to the police and Ministry of Justice statistics, a gradual increase which has been observed in the past 4 years; see Figure 8-2.

Table 8-2: Number of drug offenders prosecuted under the individual Penal Code sections in 2006 and 2007 (Národní protidrogová centrála, 2008f; Ministerstvo vnitra ČR, 2008)

Source	**Section 187 + Section 188**		**Section 187a**		**Section 188a**		**Total**	
	2006	2007	2006	2007	2006	2007	2006	2007
National Drug Headquarters	1,942	1,774	223	222	33	35	2,198	2,031
Police	2,055	1,741	240	250	49	32	2,344	2,023
Ministry of Justice	2,249	1,906	296	323	85	53	2,630	2,282

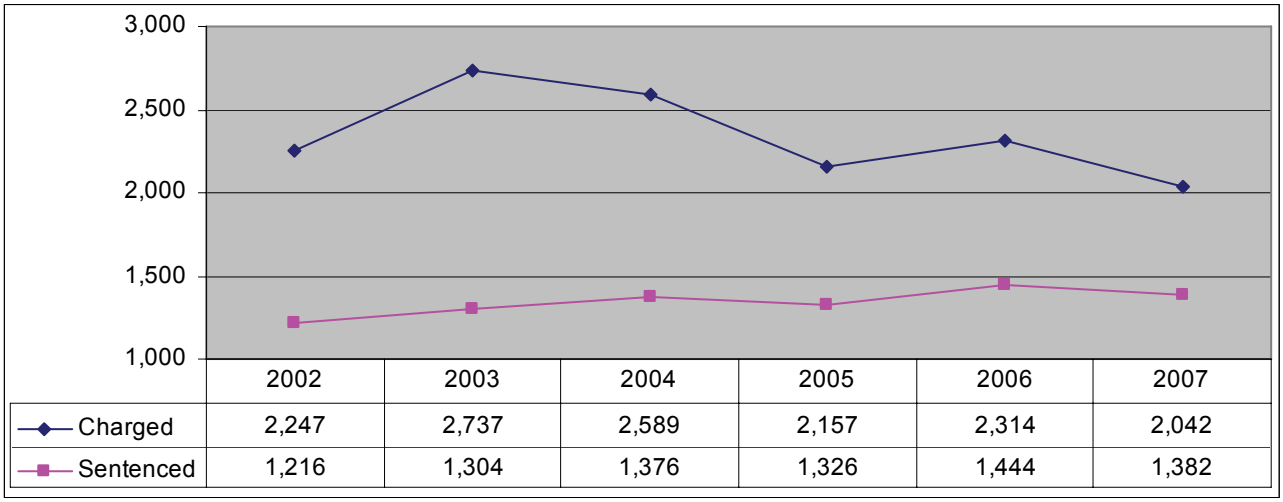
Figure 8-2: Percentage of offenders prosecuted for the possession of drugs for personal use (Section 187a of the Penal Code) among all drug offenders prosecuted in 1999-2007(Ministerstvo vnitra ČR, 2008)



	1999	2000	2001	2002	2003	2004	2005	2006	2007
Number of drug offences	1,753	1,815	1,952	2,204	2,295	2,149	2,209	2,344	2,023
Cases under Section 187a	98	139	166	178	232	173	184	240	250
Proportion of Section 187a (%)	5.6%	7.7%	8.5%	8.1%	10.1%	8.1%	8.3%	10.2%	12.4%

2,042[58] individuals were charged with drug offences in 2007, according to the statistics of the Ministry of Justice. That represents a decrease by 12% against 2006 and the lowest number of offenders charged since 2000. Courts imposed final sentences on 1,382 drug offenders in 2007, which was in line with the number of convictions in the past 5 years; see Figure 8-3. Juvenile offenders (aged 15-18) accounted for 129 (6%) and women for 271 (13%) of the people charged with drug-related offences. 82 (6%) of the sentenced offenders were juveniles, and 197 (14%) were women.

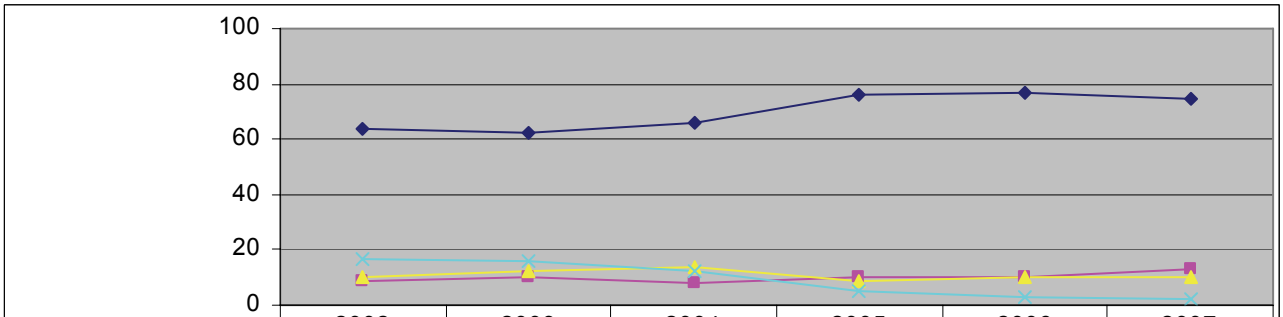
Figure 8-3: Number of persons charged with and sentenced for drug offences in 2002-2007 (Ministerstvo spravedlnosti ČR, 2008b)



	2002	2003	2004	2005	2006	2007
Charged	2,247	2,737	2,589	2,157	2,314	2,042
Sentenced	1,216	1,304	1,376	1,326	1,444	1,382

The percentage of people charged with drug trafficking, distribution, and production (i.e. under Sections 187 and 188 of the Penal Code) remained around 85% of all the individuals charged with drug-related offences. The percentage of people charged in connection with the possession of drugs for personal use (Section 187a of the Penal Code) increased in 2007 from the previously stable 10% to 13%. A significant long-term decrease in the number of offenders charged with promotion of drug use according to Section 188a of the Penal Code continued – 2% in 2007 compared to 17% in 2002; see Figure 8-4.

Figure 8-4: Percentage of offenders charged with drug offences in 2002-2007, by individual Penal Code sections (Ministerstvo spravedlnosti ČR, 2008b)



	2002	2003	2004	2005	2006	2007
Section 187 (%)	64	62	66	76	77	75
Section 187a (%)	9	10	8	10	10	13
Section 188 (%)	10	12	14	9	10	10
Section 188a (%)	17	16	12	5	3	2

In terms of sentences, the number of offenders sentenced for drug trafficking, distribution, and production (Sections 187 and 188 of the Penal Code) is even greater than in terms of charges; their percentage has been around 90% since 2002. The percentage of individuals sentenced for drug possession for personal use (Section 187a of the Penal Code) was 10% in 2007; see Table 8-3.

[58] The system of the Ministry of Justice registers charged offenders in statistics using the single offence (provision of the Penal Code) that is most serious (the level of seriousness is determined by the severity of the impending sentence). Therefore, statistical reports do not show persons who committed a more serious criminal offence (i.e. robbery) in addition to a drug-related offence, and only one – the most serious – drug offence is also reported where one offender has committed multiple drug offences.

Table 8-3: Number and percentage of persons sentenced for drug-related offences in 2002-2007, by Penal Code sections (Ministerstvo spravedlnosti ČR, 2008b)

Year	187		187a		188		188a		Total	
	Number of persons	%	Number of persons	%	Number of persons	%	Number of persons	%	Number of persons	%
2002	1,007	82	103	9	58	5	48	4	1,216	100
2003	1,077	82	115	9	63	5	49	4	1,304	100
2004	1,146	83	121	9	64	5	45	3	1,376	100
2005	1,135	86	99	8	60	4	32	2	1,326	100
2006	1,269	88	99	7	64	4	12	1	1,444	100
2007	1,134	82	138	10	101	7	9	1	1,382	100

8.3.2 Drug Offences by Regions

All the regions marked a lower number of people prosecuted for drug-related offences in 2007 than in 2006 in terms of both absolute and relative figures. The Ústí nad Labem region had the largest number of persons prosecuted for drug offences in 2007 (303 persons), followed by Prague (298) and the Moravian-Silesian region (239), i.e. the same order as in 2006. The Pardubice (49) and Hradec Králové regions (75) recorded the lowest numbers; see Figure 8-5. In relative terms, the largest number of persons prosecuted for drug offences per 100 thousand inhabitants was observed in the Karlovy Vary (38.4) and Ústí nad Labem (36.8) regions; this also corresponds with 2006. The lowest figures per 100 thousand inhabitants came from the Pardubice (9.7), Central Bohemia (13.2), and Hradec Králové (13.7) regions. A significant (36%) decrease in the number of persons prosecuted per 100 thousand inhabitants was observed in the Liberec region in 2007 (31.4 persons in 2006 compared to 20.7 persons in 2007; see Figure 8-6).

Figure 8-5: Absolute number of persons prosecuted for drug-related offences in 2006 and 2007, by region (Ministerstvo vnitra ČR, 2008)

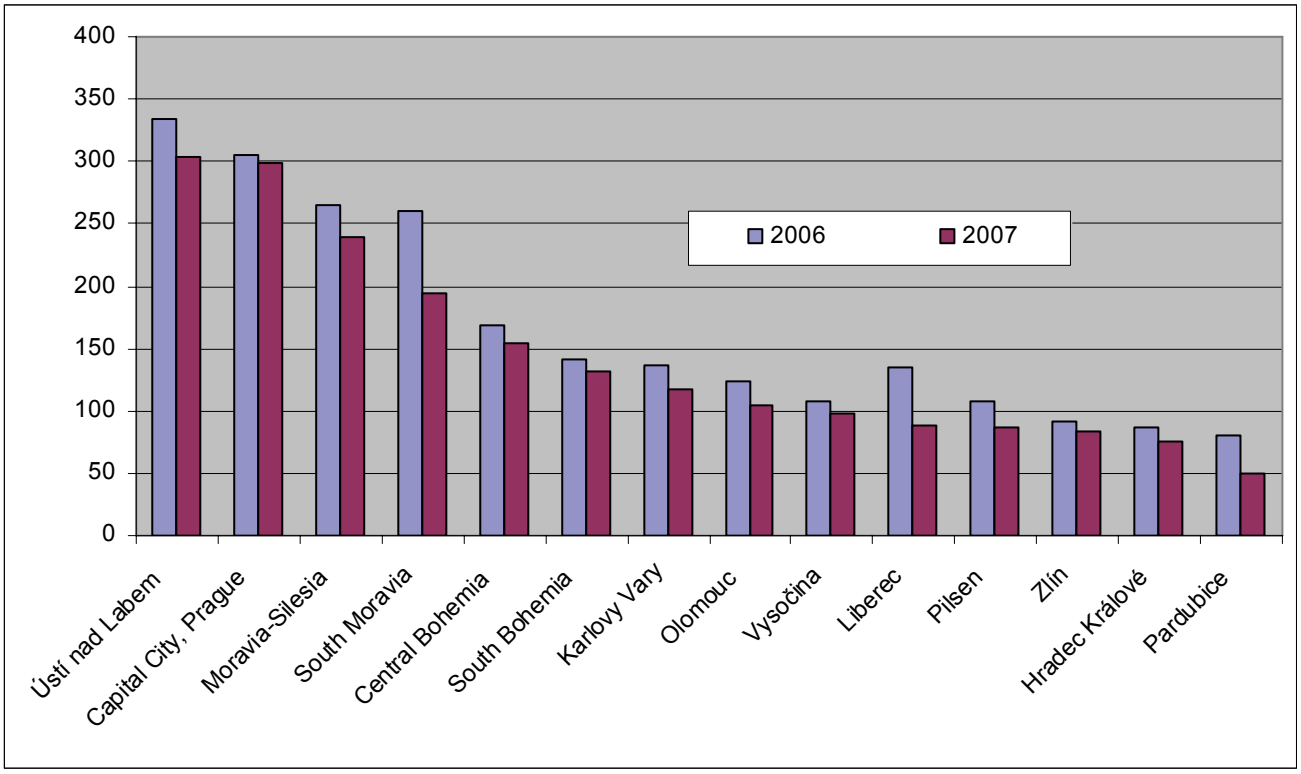
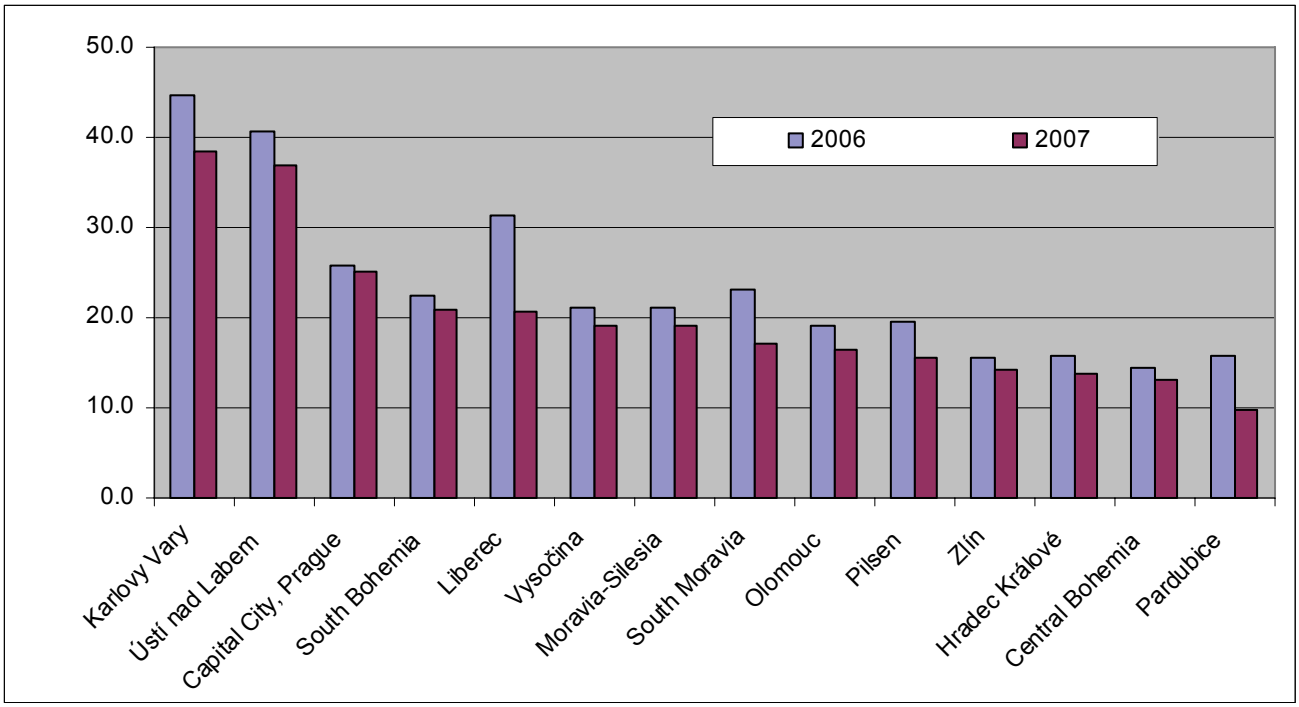


Figure 8-6: Number of persons prosecuted for drug-related offences in 2006 and 2007, by region, per 100 thousand inhabitants (Ministerstvo vnitra ČR, 2008)



8.3.3 Drug Offences by Drug Type

The National Drug Headquarters is the main source of data on the proportion of the individual drugs involved in drug offences[59]. Pervitin is the most common drug in drug offences; 1,178 (59%) cases were reported in 2007, which is similar to the percentage found in the previous year (60%). Cannabis (mainly marijuana) was the main drug in 569 cases (28%) in 2007, which also corresponds with 2006 (30%). An increase was noted in drug offences related to cocaine in 2007 (50 cases) compared to 2006 (13 cases). In the previous 5 years (2003-2007), pervitin accounted for an increasing percentage of drug offences but remained relatively stable at around 60% in the last two years of that period. A decrease has been observed in recent years in the proportion of cannabis and other drugs; see Table 8-4 and Figure 8-7.

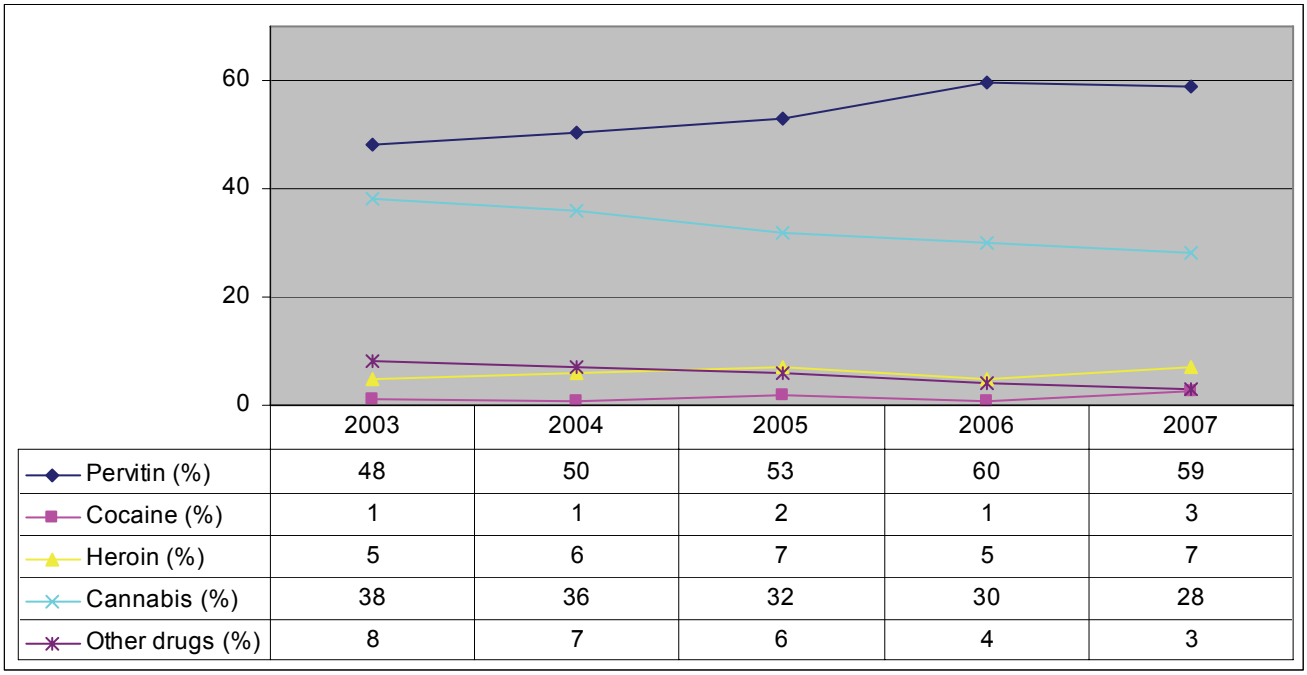
Table 8-4: Number of persons prosecuted for drug-related offences in 2002-2007, by drug type (Národní protidrogová centrála, 2008f)

Drug type	2002	2003	2004	2005	2006	2007	
						Number	%
Pervitin	781	1,129	1,058	1,125	1,293	1,178	59.0
Cannabis	748	892	763	682	638	569	28.0
Heroin	157	105	134	145	116	127	7.0
Ecstasy	140	66	66	55	35	38	1.3
Cocaine	10	24	17	50	13	50	3.0
LSD	4	4	3	9	4	4	0.2
Other*	160	137	59	62	66	30	1.5
Total	**2,000**	**2,357**	**2,100**	**2,128**	**2,165**	**1,996**	**100.0**

*NB.: * In 2007, this included buprenorphine, methadone, psilocybin, Diazepam, and toluene.*

[59] The National Drug Headquarters reports cases (since 2002, when it started reporting figures by drug type in line with the requirements from the EMCDDA) by the so-called main drug, that is, the drug whose quantity involved in the given case (production, trafficking, possession, etc.) was the greatest. The sum of the cases by drug type thus corresponds with the number of persons prosecuted.

Figure 8-7: Percentage of persons prosecuted for drug-related offences in 2003-2007, by drug type (Národní protidrogová centrála, 2008f)



	2003	2004	2005	2006	2007
Pervitin (%)	48	50	53	60	59
Cocaine (%)	1	1	2	1	3
Heroin (%)	5	6	7	5	7
Cannabis (%)	38	36	32	30	28
Other drugs (%)	8	7	6	4	3

Since 2005, data have been available from the Ministry of Justice regarding the individuals charged with and convicted of drug-related offences as far as the individual drug types are concerned[60]. Pervitin (70% of those charged and 49% of those sentenced) and cannabis (15.5% of those charged and 18.7% of those sentenced) remained the most widely represented drugs in 2007; see Table 8-5.

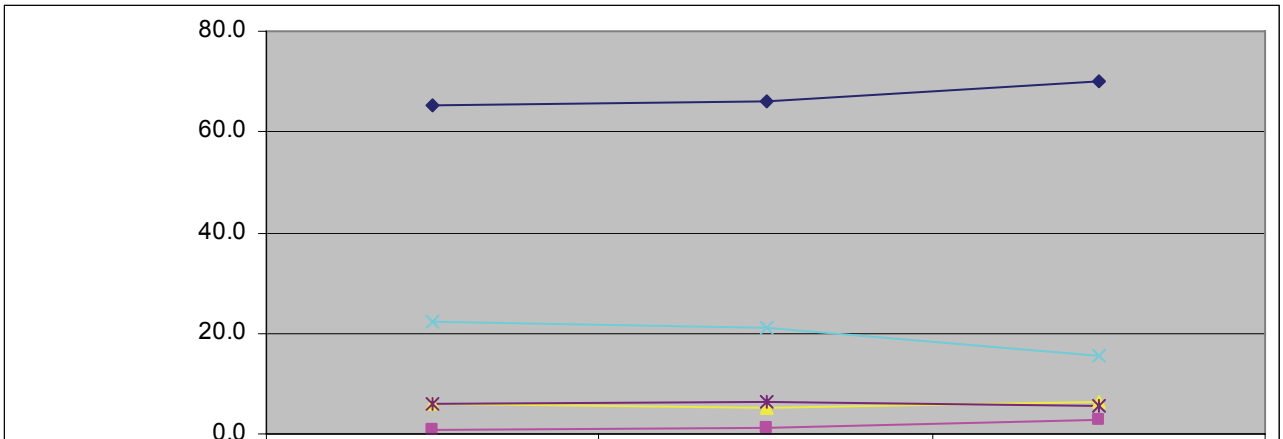
Table 8-5: Persons charged with and sentenced for drug-related offences in 2007, by drug type (Ministerstvo spravedlnosti ČR, 2008a)

Drug type	**Charged (2,042 persons)**		**Sentenced (1,382 persons)**	
	Number of records	%	Number of records	%
Pervitin	1,767	70.0	593	49.0
Cannabis	387	15.5	226	18.7
Heroin	154	6.2	92	7.6
Ecstasy	25	1.0	32	2.6
Cocaine	64	2.6	17	1.4
Other drugs	116	4.7	250	20.7
Total	**2,513**	**100.0**	**1,210**	**100.0**

An increase may be observed in the past 3 years in the percentage of persons charged in connection with pervitin (showing a trend similar to that in the case of people prosecuted for drug-related offences; see above). There was also an increase in the percentage of persons charged in connection with cocaine. The proportion of those charged in connection with heroin is in the range of 5-6%. 2007 also saw a rather marked decrease from 21.2% in 2006 to 15.5% in the proportion of individuals charged in connection with cannabis; see Figure 8-8. In the statistics of persons sentenced for drug-related offences, the percentages of the individual drugs involved were more stable in 2005-2007; the share of cannabis showed a slight decrease, while the cocaine percentage remained low, i.e. around 1%; see Figure 8-9. The data on the percentages of other drug types involved in the cases of persons sentenced for drug-related offences need to be considered as less reliable than similar data concerning the charged offenders because they contain a significantly higher percentage of "Other drugs".

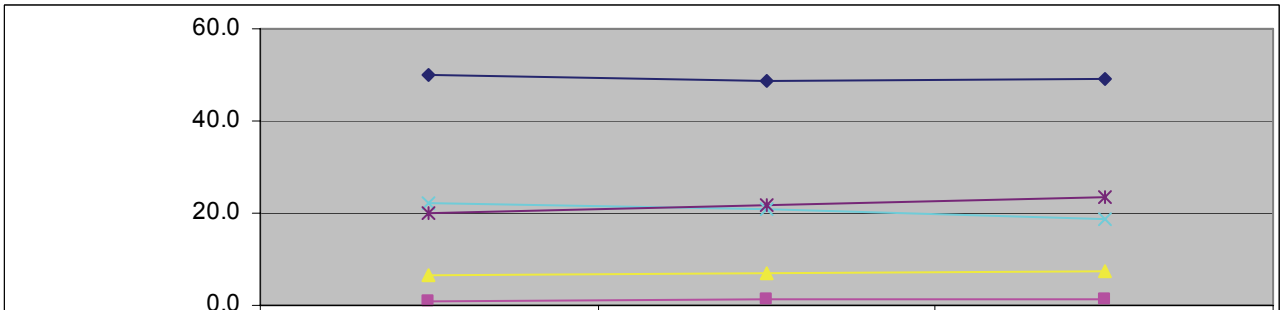
[60] According to the methodology applied by the Ministry of Justice, a maximum of 3 drug types may be recorded for each person accused of drug offences. Hence, a person charged with a drug offence in connection with 3 drug types appears 3 times in reports breaking down the cases by drug type. That means that the sum of all the records by drug type exceeds the actual number of persons who were subject to analysis (in 2007 there were 2,042 persons charged but a total of 2,513 records by drug type). The methodology is the same concerning sentenced offenders, but the data obtained for 2007 show that related drugs were not indicated for all the sentenced offenders (in 2007 there were 1,382 offenders sentenced but only 1,210 records by drug type). The reports for 2005 and 2006 showed a similar phenomenon.

Figure 8-8: Percentages of persons charged with drug-related offences in 2005-2007, by drug type (Ministerstvo spravedlnosti ČR, 2008a)



	2005	2006	2007
Pervitin (%)	65.3	66.0	70.0
Cocaine (%)	0.6	1.3	2.6
Heroin (%)	5.9	5.2	6.2
Cannabis (%)	22.1	21.2	15.5
Other drugs (%)	6.1	6.4	5.7

Figure 8-9: Percentages of persons sentenced for drug-related offences in 2005-2007, by drug type (Ministerstvo spravedlnosti ČR, 2008a)



	2005	2006	2007
Pervitin (%)	50.2	48.6	49.0
Cocaine (%)	0.9	1.5	1.4
Heroin (%)	6.4	7.0	7.6
Cannabis (%)	22.3	21.0	18.7
Other drugs (%)	20.2	21.9	23.3

8.3.4 Sentences for Drug-Related Offences

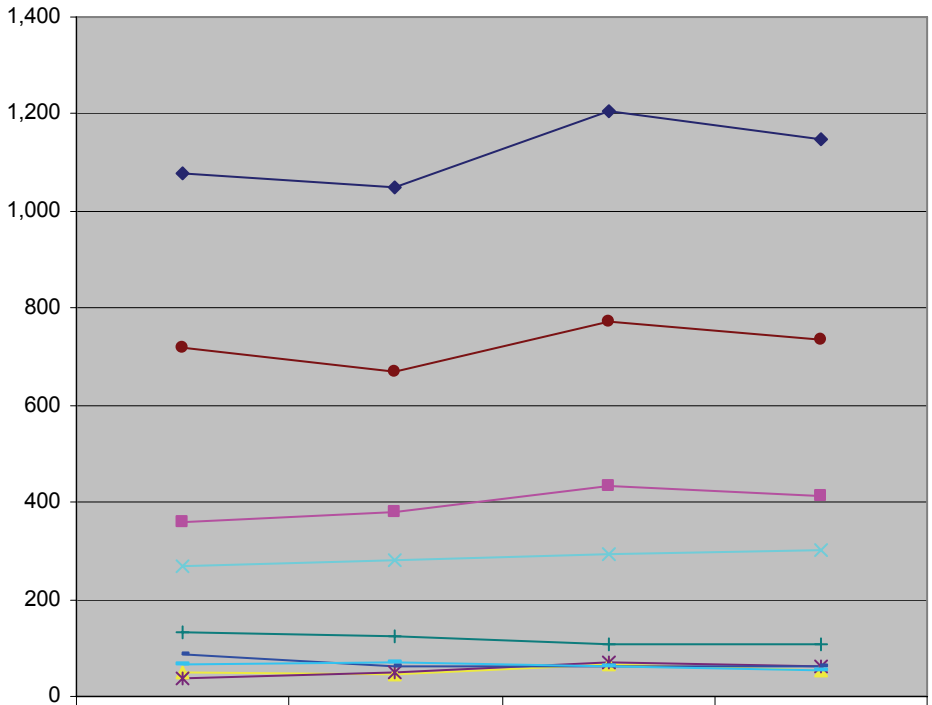
The structure of the sentences for drug-related offences has not changed significantly in the past 4 years (2004-2007); see Figure 8-10. A total of 415 unsuspended and 734 suspended sentences were imposed in 2007 for drug-related offences. 303 imprisonment sentences of 1-5 years were imposed, representing the highest number in the last 4 years. The structure of the sentences in 2007 under Sections 187 and 187a of the Penal Code by selected drug types (cannabis, pervitin, and heroin) is provided in Table 8-6.

The largest number of sentences for drug-related offences was imposed in connection with pervitin. Suspended sentences were most common in cases involving cannabis (125, i.e. 55%), with the percentage of unsuspended sentences being lower than was the case for pervitin or heroin (12%). Cases involving pervitin resulted in suspended sentences being awarded in 321 cases (54%) and unsuspended sentences in 202 (34%). Unsuspended sentences prevailed as far as heroin was concerned (65 cases, i.e. 71%), compared to 24 suspended sentences (i.e. 26%). Unsuspended imprisonment sentences exceeding the lower limit of the sentencing guidelines set for offences under Section 187 of the Penal Code[61], i.e. over 5 years of imprisonment, were quite common in the case of heroin (33%

[61] i.e. 1-5 years, which is the longest sentence for drug-related offences

of the sentenced offenders). Such long sentences were less common in cases involving pervitin (2% of the sentenced offenders), and there was only one such case involving cannabis; see Table 8-6.

Figure 8-10: Structure of sentences for drug-related offences in 2007 (Ministerstvo spravedlnosti ČR, 2008b)



	2004	2005	2006	2007
Total sentences	1,078	1,048	1,206	1,149
Prison sentence	360	378	432	415
- of which under 1 year´s imprisonment	51	47	66	52
- of which 1-5 years´ imprisonment	270	280	294	303
- of which 5 - 15 years´ imprisonment	36	51	72	60
Suspended prison sentence	718	670	774	734
Community service	131	124	108	107
Penal measure	88	61	62	63
Sentence waived	65	70	62	53

Table 8-6: Structure of sentences for drug-related offences in 2007, by Penal Code section and drug type (Ministerstvo spravedlnosti ČR, 2008b; Ministerstvo spravedlnosti ČR, 2008a)

Sentence	Section 187		Section 187a		Cannabis		Pervitin		Heroin	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total suspended and unsuspended prison sentences	978	87	96	70	151	68	523	88	89	97
– unsuspended sentences	373	33	16	12	26	12	202	34	65	71
– up to 1 year's imprisonment	32	3	12	9	4	2	28	5	1	1
– 1-5 years' imprisonment	282	25	4	3	21	9	161	27	34	37
– 5-15 years' imprisonment	59	5	0	0	1	1	13	2	30	33
– suspended sentences	605	54	80	58	125	56	321	54	24	26
Community service	60	5	25	19	27	12	35	6	1	1
Penal measure*	58	5	4	3	27	12	21	4	1	1
Fine	0	0	4	3	1	1	0	0	0	0
Ban on undertaking certain activities	0	0	0	0	0	0	0	0	0	0
Other sentences	0	0	0	0	0	0	0	0	0	0
Sentence waived	36	3	7	5	19	7	14	2	1	1
Total sentenced offenders	**1,134**	**100**	**138**	**100**	**226**	**100**	**593**	**100**	**92**	**100**

*NB: * The penal measure is a summary term for various sentences imposed on juvenile offenders under Act No. 218/2003 Coll. on the judiciary in juvenile affairs.*

8.3.5 Drug-Related Crime Data According to the Probation and Mediation Service of the Czech Republic

Details are again available for 2007 from the Probation and Mediation Service of the Czech Republic (PMS) regarding its clients addicted to drugs. In 2007, the PMS reported a total of 27,648 cases, 692 (2.5%) of which represented drug-related offences. The PMS defines "drug-related crime" not only as offences committed in connection with Sections 187, 187a, 188, and 188a of the Penal Code (i.e. primary drug-related crime) but it also includes property crimes committed under the influence or for the purpose of obtaining drugs (i.e. secondary drug-related crime). The proportion of all the cases[62] associated with drug-related crime out of all the cases reported by the Probation and Mediation Service of the Czech Republic has been in the range of 2.5%-3.1% in the last 4 years (2004-2007), with 2007 representing the lower limit with 2.5%; see Table 8-7.

Table 8-7: Cases reported by PMS as drug-related in 2004-2007 (Probační a mediační služba ČR, 2008)

Cases reported by PMS	2004		2005		2006		2007	
	Number	%	Number	%	Number	%	Number	%
Total cases reported by PMS	28,403	100.0	26,338	100.0	24,885	100.0	27,648	100.0
Drug-related offences	839	3.0	828	3.1	712	2.9	692	2.5
– of which offences under Section 187	534	1.9	514	2.0	506	2.0	566	2.0
– of which offences under Section 187a	30	0.1	57	0.2	69	0.3	57	0.2
– of which offences under Section 188	41	0.1	75	0.3	48	0.2	84	0.3
– of which offences under Section 188a	18	0.1	45	0.2	34	0.1	41	0.1
– of which offences under Section 247*	112	0.4	112	0.4	86	0.3	101	0.4
– of which other offences**	308	1.1	308	1.2	69	0.3	138	0.5

*NB: * Theft committed by an addicted client. ** Other offences committed by addicted clients.*

187 offences (including drug-related ones) where the "client addiction type" parameter specified "drugs" and where the judgement was final were selected from the PMS database for analysis. The most common types of PMS activity regarding these persons were supervision over those sentenced to suspended imprisonment with supervision (76

[62] According to the reporting methodology employed by the Probation and Mediation Service, an unknown number of persons violated more than one provision of the Penal Code, i.e. a single person may have committed multiple offences. That suggests that the total number of people may be lower than the quoted sum of the cases reported under the individual sections.

persons), control of the execution of community service sentences (33 persons), and supervision over parolees (11 persons). In 43 cases, drug treatment was imposed on the persons sentenced, most typically in combination with community service sentences (Probační a mediační služba ČR, 2008).

8.3.6 Secondary Drug-Related Crime

In mid-2008, the National Drug Headquarters carried out the data collection part of a retrospective study with a view to estimating secondary drug-related crime in 2007 and in the first quarter of 2008 using the methodology applied in 2007 to the year 2006 (for more details see the 2006 Annual Report). The results will be published in the 2008 Annual Report.

8.3.7 Misdemeanours Involving Drug Possession for Personal Use

Rather than being prosecuted as a criminal offence, drug possession for personal use is more typically prosecuted as a misdemeanour (Section 30 (1) (j) of Act No. 200/1990 Coll. on misdemeanours). A total of 966 misdemeanours were detected in 2007 (compared to 970 cases in 2006), which is about four times the number of persons prosecuted in 2007 for drug possession according to Section 187a of the Penal Code. 519 cases were discussed in administrative proceedings, with a reprimand being given in 54 cases and a fine imposed in 446 cases, to a total amount of CZK 543,583 (€ 19.6 thousand). Forfeiture was reported in 402 cases; 421 cases were suspended, dismissed, or referred to another authority, 121 cases are still pending, and 11 cases were referred to the law enforcement authorities (Národní protidrogová centrála, 2008d). In terms of seizures, marijuana, pervitin, and hashish accounted for the largest quantities seized (Národní protidrogová centrála, 2008e).

8.4 Drug Use in Prisons

The Czech Republic has 35 prisons, 10 of which are remand prisons, with 5 prisons combining the serving of imprisonment sentences with the functions of a remand prison. The number of prisoners in the Czech Republic has been around 19,000 in recent years, with prisoners aged 30-40 forming the largest group. 6,085 individuals were admitted into custody in 2007 (compared to 6,504 in 2006), of whom 5,668 were men and 417 women. 9,468 people entered prison in order to serve a sentence from civilian life (rather than from custody) (compared to 8,784 in 2006) (Generální ředitelství Vězeňské služby ČR, 2008b).

A total of 2,022 offenders were serving their prison sentence or were in custody as of 31 December 2007 in connection with offences related to the abuse and handling of controlled substances, including alcohol. A total of 1,628 criminal offences related to non-alcoholic controlled substances were reported; see Table 8-8 (Generální ředitelství Vězeňské služby ČR, 2008b).

Table 8-8: Number of drug-related offences whose perpetrators were in custody or serving a prison sentence, status as of 31 December 2007 (Generální ředitelství Vězeňské služby ČR, 2008b)

Offences by Penal Code section	**Number as of 31 December 2007**
Section 187	1,314
Section 187a	101
Section 188	144
Section 188a	69
Total drug-related offences	**1,628**
Section 201 (endangerment under the influence)	299
Section 201a (inebriation)	95
Total offences	**2,022**

The use of drugs in prisons has been monitored since October 2005 using so-called quick tests, i.e. by urine screening tests using test strips[63]. Each quick test is designed to detect the presence of benzodiazepines, methamphetamine, cannabis (THC), opiates (morphine), and buprenorphine. Drug testing is carried out by the Prison Services of the Czech Republic in five different ways: (1) initial testing upon admission to custody or prison on the basis of a physician's decision; (2) random[64] (systematic) testing of 5% of those accused whose period of custody has exceeded 4 months (this type of testing is only carried out in prisons where custody is served, i.e. in the 10 remand prisons and the 5 prisons with a dedicated remand section); (3) continuous random quarterly testing of 10% of prisoners; (4) testing as part of substitution therapy, and 5) targeted testing of persons suspected of drug use; in this case, this includes persons in custody and serving a prison sentence, as well as Prison Service staff (Generální ředitelství Vězeňské služby ČR, 2008c).

[63] Where the result of the quick test is positive, the samples are sent to the laboratory for a confirmatory test to verify or disprove the previous positive result.

[64] Random testing means that the observations of the professional staff of the prison or following a recommendation by the prisoners lead to "random" testing. The term "systematic" refers to random testing performed on a quarterly basis.

10,257 tests were carried out in all the 35 prisons in 2007, with 2,191 (21.4%) returning a positive result[65]. Only negative results were achieved in five prisons. The Prague-Pankrác Remand Prison had the largest number of positive tests (89.1%). The substances mostly detected in the urine of the prisoners included pervitin (33.6% of the positive results), followed by THC (27.7%) and benzodiazepines (23.9%). Benzodiazepines may, however, be a component of prescription drugs (Generální ředitelství Vězeňské služby ČR, 2008c).

Drug dog centres have been set up in 16 prisons. Each centre has its "prisons of interest", i.e. those where it conducts searches to detect drugs. Dogs with special training are also found in 6 other prisons besides the centres. The Prison Service had 75 drug dogs available in 2007 (some of them in training). The numbers of drug dogs are expected to grow in the future, depending on the specific conditions in and requirements of the individual prisons. Both scheduled and random searches were conducted in all the 35 prisons. They involved searches of living quarters, common areas, and working places, and checks on correspondence, including packages. 107 drug seizures in 24 prisons were reported in 2007, 47 of which were classified as a "positive indication without a find", which refers to the fact that the dog reliably indicated the spot but physical search could not find any drugs (any longer); marijuana was found in 23 cases, an unidentified substance in a syringe in 20 cases, an amphetamine-type drug (including ecstasy) in 10 cases, pervitin in 6 cases, and buprenorphine (Subutex®) in one case (Generální ředitelství Vězeňské služby ČR, 2008c).

8.5 Social Costs of Drug Use

The most recent data regarding the social costs of drug use (including indirect costs) in the Czech Republic (Zábranský et al., 2001) were published in the 2002 Annual Report.

The selected issue of Drug-Related Public Expenditures in the 2006 Annual Report discussed both the "labelled" and "non-labelled" expenditures to reduce both drug supply (enforcement) and demand (prevention and treatment, including expenditure by health insurance companies).

An overview of labelled (specifically earmarked) expenditure from public budgets to implement drug control measures in 2007 is provided in the chapter on Budget and Public Expenditure, page 14.

[65] The test results were negative in Prison Service staff.

9 Responses to Social Correlates and Consequences of Drug Use

No major change in the number of aftercare facilities occurred in 2007. Sheltered housing capacity and the number of sheltered housing clients remained unchanged. There was a slight increase in the number of clients of sheltered workshops and further development of programmes aimed at employing clients who have difficulty finding employment.

Prisons offer drug-free zones, counselling for drug users, detoxification, and therapy in specialised departments. The capacity of the drug-free zones increased in 2007. The overall capacity for the differentiated serving of a sentence decreased, while the overall capacity for custodial treatment ordered by courts increased slightly. Substitution therapy has been provided since 2006 in 2 prisons and has been extended to another 8 prisons in 2008. Services aimed at incarcerated drug users were provided by programmes of NGOs forming the A.N.O. Section for Drug Services in Prisons. In 2007 it involved 7 programmes providing services in 15 prisons, and an increase was observed in the number of clients and services provided in comparison with 2006.

9.1 Social Reintegration (Aftercare)

Aftercare for drug users in the Czech Republic is provided via outpatient aftercare programmes, which may include sheltered housing programmes and sheltered work programmes (sheltered workshops, sheltered employment, protected employment). They are structured intensive outpatient programmes that have their target group among abstaining persons with a history of drug addiction and a recommended minimum abstinence of 3 months.

In 2007, aftercare was provided by 18 facilities funded by the Government Council for Drug Policy Coordination, 11 of which supplied both outpatient and intensive aftercare, 4 intensive aftercare, and one facility only outpatient aftercare. 13 facilities offered sheltered housing and 5 also protected employment. Aftercare services were used by 883 clients in total (563 of whom were men). 596 (67.4%) of them had been injecting drug users prior to the treatment, 493 (55.8%) had used pervitin, 173 (19.6%) heroin, and 8 (1.0%) Subutex®. The overall capacity of the facilities offering sheltered housing was 126 places, which were taken by 261 clients. 44 clients worked in sheltered workshops (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e); the comparison for the period 2005-2007 is given in Table 9-1.

Table 9-1: Aftercare programmes funded by the Government Council for Drug Policy Coordination in 2005-2007 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e)

Indicator	2005	2006	2007
Number of facilities	20	18	18
Number of aftercare clients	865	904	883
Sheltered housing places	118	126	126
Number of clients in sheltered housing	244	235	261
Number of clients in sheltered workshops	59	40	44

Outpatient aftercare was offered by 12 facilities, whose services were used by 389 (257 of whom were men). The average age of the clients was 29.3 years. Prior to the treatment, a total of 236 clients (60.7%) had been injecting drug users; 209 (53.7%) had used pervitin and 74 (19.0%) opiates (heroin or Subutex®). The comparison for the period 2003-2007 is given in Table 9-2 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e).

Table 9-2: Outpatient aftercare programmes funded by the Government Council for Drug Policy Coordination and their clients in 2003-2007 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e)

Indicator	2003	2004	2005	2006	2007
Number of facilities	8	14	13	10	12
Number of clients	460	444	336	380	389
– injecting drug users	320	307	218	230	236
– pervitin users	210	187	182	216	209
– heroin users	120	115	58	78	69
Average age of clients	26.0	26.6	27.4	26.4	29.3

Intensive aftercare was provided by 15 facilities, whose total capacity of 325 places was used by 494 clients (306 of whom were men). The average age of the clients was 26.6 years. A total of 360 (72.9%) clients had been injecting drug users prior to the treatment; 284 (57.5%) had used pervitin and 107 (21.7%) opiates (heroin or Subutex®). The average length of the programme was 6 months. 146 clients (29.6%) completed the programme, 139 (28.1%) dropped out, and 52 (10.5%) were expelled (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e). The comparison for 2003-2007 is given in Table 9-3.

Table 9-3: Intensive aftercare programmes funded by the Government Council for Drug Policy Coordination and the clients of the programmes in 2003-2007 (Národní monitorovací středisko pro drogy a drogové závislosti, 2008e)

Indicator	2003	2004	2005	2006	2007
Number of facilities	14	14	15	16	15
Capacity	321	342	385	365	325
Number of clients	585	562	526	524	494
– injecting drug users	463	404	399	364	360
– pervitin users	245	260	276	304	284
– heroin users	224	184	143	105	104
Average age of clients	24.5	27.0	26.4	27.1	26.6

In addition to the above-mentioned facilities, aftercare services may also be provided by other residential or outpatient treatment facilities; their number and type have not been adequately established. Alcoholics Anonymous (AA) operates on the basis of self-help. The number of AA groups has been stable in the long term; 32 groups operate in 18 towns and cities in the country (Anonymní alkoholici - Česká republika, 2008). According to the available data, there was no self-help group in the country which focused on non-alcoholic substances in 2007.

Recent years have seen the development of programmes dealing with the employment of vulnerable groups, mainly thanks to the opportunity to draw on funds from the European Union (EQUAL, JPD3). The Work and Social Agency (run by the SANANIM civic association in co-operation with the Fokus Praha civic association) has been in operation since September 2005 to help former drug users on the labour market. The Agency mediates employment and retraining for clients, offers them further education and training, and helps them in their own job searches. It seeks to establish a network of partner employers across the entire labour market and, at the same time, add to the current services in drug use prevention and treatment. Three studies were conducted in the preparatory stage of the project to analyse the needs of drug users in treatment in terms of their labour market position, the needs of potential employers, and the current practices and legal framework for employment offices in the area of the employment of former drug users.

A client typology system resulted from the analysis of the clients' needs as far as their place in the labour market is concerned. The criteria for the division of the clients into groups included age, period of drug use, education, qualifications, experience, and handicaps. The criteria were applied to split the clients into 5 groups (Ambrož et al. 2007):

- mothers with children – former drug users (usually single, without a partner, with time constraints caused by child care, aged 30 and above),
- clients under 25 (usually without work experience, with no idea about their career, often wish to finish school or retrain, usually without a criminal history),
- clients aged 25-33 (usually with a longer history of drug use, some work experience, and a criminal history),
- clients aged 34-40 (often dual-diagnosis clients, have some work experience, a criminal history and often only basic education),
- clients over 41 (often dual-diagnosis clients with somatic problems, often addicted to alcohol, have a criminal history, some work experience, often university-level education, otherwise with no handicaps on the labour market).

Similar projects were also carried out in 2007 by the P-centrum, Sdružení Podané ruce, and White Light I civic associations.

9.2 Prevention of Drug-Related Crime

9.2.1 Assistance to Drug Users in Prisons

Information on the handling of drug users in prisons is provided by the General Directorate of the Prison Service of the Czech Republic on an annual basis. Adopted in November 2007, the Drug Policy Action Plan of the Prison Service of the Czech Republic for the Period 2007–2009 is a key document in this context. The plan, which is compatible with the Action Plan for the Implementation of the National Drug Policy Strategy for the Period 2007-2009, focuses on the following 7 basic areas: (1) Primary Prevention; (2) Treatment and Aftercare; (3) Harm Reduction; (4) Supply Reduction and Law Enforcement; (5) Information, Research, and Evaluation; (6) Coordination and Funding, and (7) International Co-operation. The following may be selected from the individual tasks under the Drug Policy Plan of the Prison Service (Generální ředitelství Vězeňské služby ČR, 2008c; Generální ředitelství Vězeňské služby ČR, 2008d):

- additional training in the area of substance addiction for members of the Prison Service staff who have a key preventive influence on the prisoners as far as drugs are concerned, including internship arrangements and external supervision;
- support for drug-free zones and the establishment of a uniform instrument to monitor drug use in such zones;
- increased capacity of dedicated departments for both compulsory and voluntary treatment;

- larger extent of substitution therapy programmes, and
- improved co-operation with NGOs, e.g. in the area of aftercare for drug addicts released from prison.

9.2.1.1 Drug Prevention Counselling Centres

Drug prevention counselling centres operate in all the prisons and provide drug users with professional counselling, individual and group therapy, and other medical attention in order to minimise the health and social risks and motivate the inmates to undergo treatment while serving their prison sentence.

9.2.1.2 Detoxification and Drug-Free Zones

The detoxification treatment of an offender is determined by the physician of the given prison. Patients in a condition requiring emergency medical attention are transferred either to the internal department of the Prague-Pankrác Remand Prison or to the psychiatric department of the Brno Remand Prison. Information about the number of inmates who underwent detoxification treatment in prisons in 2007 is not available.

Drug-free zones have been established in prisons in order to eliminate the contact of the inmates with drugs. Offenders are accepted on the basis of the decision of the relevant physician during the medical examination upon admission or at their own request, reviewed by a committee of prison service professionals. Violation of the prescribed rules disqualifies offenders from inclusion in drug-free zones. The purpose of the zones is in the application of safety, medical, psychological, and educational approaches to motivate inmates to abstinence and a healthy style of living both during and after imprisonment. The structure of the individual drug-free zones follows the criteria of gender, age, and drug problem type. Drug-free zones were in operation in 35 remand prisons and prison facilities (an increase of 4 drug-free zones compared to 2006), and the total capacity increased in 2007 by another 212 places to reach a total of 1,877. Prison sentences were served in drug-free zones by 3,524 offenders in 2007, i.e. 323 prisoners more than in 2006; see Table 9-4 (Generální ředitelství Vězeňské služby ČR, 2008c).

9.2.1.3 Special Treatment Departments

There are two types of special departments dealing with drug users in operation in prisons. The first type (Department 1) includes special departments for prisoners with personality and behavioural disorders caused by psychotropic substances. These departments are run in 6 prisons (Bělušice, Nové Sedlo, Ostrov, Plzeň, Příbram, and Všehrdy). Voluntary treatment is provided in the prisons and is entered by clients at their own request, reviewed by the professional prison staff. The total capacity of this department type was reduced by 28 places in 2007 compared to 2006, to reach a total of 258 places. Prison sentences were served in these departments by 419 persons, i.e. 206 inmates less than in 2006.

The other special department type (Department 2) is used for court-ordered compulsory treatment; see also the chapter on Treatment, page 54. These departments are found in the Opava, Rýnovice, and Znojmo prisons and have the nature of therapeutic facilities for drug addiction treatment. They employ group therapy-based regime activities with the features of a therapeutic community. The treatment programme is designed for 12 months, but the length of the stay is determined on an individual basis. The total capacity in 2007 was 114 places, representing an increase of 9 places compared to 2006. Treatment was provided to 200 offenders in 2007; see Table 9-4 (Generální ředitelství Vězeňské služby ČR, 2008c).

Table 9-4: Capacity and utilisation of drug-free zones and two special department types in Czech prisons in 2006 and 2007 (Generální ředitelství Vězeňské služby ČR, 2008c)

Year	Drug-free zones			Department 1			Department 2		
	Number of departments/ prisons	Capacity	Number of persons	Number of departments/ prisons	Capacity	Number of persons	Number of departments/ prisons	Capacity	Number of persons
2006	31	1,665	3,201	6	286	625	3	105	162
2007	35	1,877	3,524	6	258	419	3	114	200

9.2.1.4 Substitution Treatment

Following the evaluation of the pilot project concerning the substitution treatment of problem opiate users, a project that started on 1 May 2006 in the Prague-Pankrác Remand Prison and in the Příbram Prison, the decision was made in April 2007 to continue and extend this type of therapy. Three additional remand prisons (Praha-Ruzyně, Litoměřice, and Brno) and five prisons (Rýnovice, Ostrava, Opava, Kuřim, and Břeclav) were selected and substitution treatment began in 2008. Four programmes are designed for men, while six will also be used by women. Substitution therapy may be received by persons awaiting trial or serving a prison sentence involving all the security levels except maximum security. Treatment will mainly be provided using methadone administered to the clients free of charge (Generální ředitelství Vězeňské služby ČR, 2008c).

Twelve people underwent substitution programmes in 2007, nine of them in the Prague-Pankrác Remand Prison and three in the Příbram Prison; see Table 9-5. The programmes mainly include persons in custody[66] and serving a prison sentence who started substitution therapy before their admission to prison. They may be included in substitution treatment at their own request; the application is verified by the health care facility where the client started substitution therapy and contains basic information about the course of treatment and dosage. Inclusion in the substitution therapy programme may also be recommended by the attending physician in connection with the medical examination of the offender upon admission (Generální ředitelství Vězeňské služby ČR, 2008a).

Table 9-5: Number and description of persons receiving substitution treatment in the Prague-Pankrác Remand Prison in 2007 (Generální ředitelství Vězeňské služby ČR, 2008a)

Indicator	Value
Number of persons admitted for therapy in 2007	9
– men	9
– with methadone as the entry substitution substance	7
– with Subutex® as the entry substitution substance	2
Average age	35
Number of persons whose therapy ended in 2007	7
– expelled for breach of the therapy agreement	1
– completed planned detoxification	1
– released on parole	2
– released at the end of prison sentence	1
– transferred to another prison (Příbram)	1
– prison sentence interrupted for medical reasons	1
Persons in therapy as of 31 December 2007	2

9.2.1.5 Services Provided to Drug Users in Prisons by Non-Governmental Organisations

Additional services are provided to imprisoned drug users by non-governmental organisations. A total of 49 NGOs co-operated with the Prison Service within various programmes (Generální ředitelství Vězeňské služby ČR, 2008b). Drug-related issues are exclusively handled by NGOs grouped in the Association of Non-Governmental Organisations' Section for Drug Services in Prison. In 2007 it included 6 projects (by SANANIM Praha, Sdružení Podané ruce Brno, Sdružení Podané ruce Olomouc, Laxus Hradec Králové, Semiramis Nymburk, and CPPT Pilsen), which were implemented in 15 facilities – 6 remand prisons (Brno, Hradec Králové, Plzeň-Bory, Praha-Ruzyně, Olomouc, and Prague-Pankrác) and 9 prisons (Hradec Králové - Pouchov, Břeclav, Jiřice, Kuřim, Mírov, Odolov, Pardubice, Světlá nad Sázavou, and Valdice). Counselling was provided to 936 clients in 2007 (compared to 720 in 2006). The largest number of clients used programmes carried out by the SANANIM (334), Sdružení Podané ruce (223), and Laxus (165) civic associations. Men formed the majority of the clients (68%); they were mainly injecting drug users, mostly of pervitin, heroin, and Subutex®. The average age of the clients was 29. Most services were provided in the area of individual counselling/therapy (2,458 instances, compared to 2,717 in 2006), followed by social work (1,144 instances), 150 group therapy sessions, and 62 training workshops for 740 individuals. Co-operation with clients transferred to another prison during their sentence could be continued by correspondence; a total of 1,220 correspondence contacts were made in 2007. Fourteen NGO staff members participated in activities carried out directly in the prisons. According to the final report from the Association of Non-Governmental Organisations' Section for Drug Services in Prisons, the framework and model of the co-operation between the General Directorate of the Prison Service and the NGOs associated in the relevant Association of Non-Governmental Organisations' Section are yet to be clearly defined, which complicates the practical implementation and further development of these prison programmes. A certification standard for the provision of drug services in prisons is also yet to be completed. Negotiations were held in 2007 regarding the co-operation of NGOs with the bodies involved in criminal proceedings and the Probation and Mediation Service of the Czech Republic (Šíp et al. 2008).

[66] Where the accused can prove that they underwent substitution therapy in the community, they may also continue the therapy in custody, and the authorities involved in the criminal proceedings must agree with the transfer of the accused to a remand prison providing such a type of therapy.

10 Drug Markets

Cannabis is the most widely available drug in the Czech Republic. The availability of pervitin also remains high. Traditionally, both of these drugs also accounted for the highest numbers of seizures. Domestic production of marijuana with a higher THC content has been on the rise. It is grown in artificial conditions and, with increasing frequency, on a large scale. The volume of the marijuana seized increased slightly, and there was a significant increase in the number of cannabis plants seized; both the number and volume of hashish seizures have declined in the last four years. There has been a slight increase in both the volume and purity of the pervitin seized. Pseudoephedrine contained in over-the-counter medicines for (self-) treatment of common colds has been the main precursor used to manufacture pervitin in recent years. Pervitin is produced in the Czech Republic exclusively, and is partly exported abroad, mainly to Germany. The availability and purity of cocaine has been increasing, particularly in recreational nightlife settings; its price has dropped slightly. 2007 experienced the highest ever volume of cocaine seizures. The availability of heroin, which especially reaches the Czech Republic from Afghanistan via the so-called Balkan route, has not changed; the volume of the heroin seized showed a slight decrease. First and foremost, ecstasy is commonly available in recreational nightlife settings; the number of seizures of this drug, although widespread, remains relatively low. Nevertheless, the quantity of ecstasy tablets seized in 2007 was the largest in the last 3 years. According to the available information, the prices of most drugs remain stable.

10.1 Drug Availability and Supply

According to the annual report from the National Drug Headquarters (Národní protidrogová centrála, 2008d) and other available information sources, drugs are available in all the large towns of the Czech Republic, and their availability in small towns and rural areas has increased in recent years.

Cannabis is the most widely available drug. An increasing trend was observed in the availability of marijuana with a high THC content. Pervitin is becoming more available in small towns and in rural areas. Cocaine availability is increasing in large towns and cities, mainly in Prague, especially in nightlife settings. Higher cocaine availability is also assumed in Brno, judging from the increased number and quantity of cocaine seizures. Heroin is mainly available in Prague and in the Ústí nad Labem region, which corresponds with the prevalence of the problem users of opiates; see the chapter on Problem Drug Use , page 44. Reduced interest in heroin has been found in certain regions (e.g. South Bohemia), where it is being replaced by Subutex® (Národní protidrogová centrála, 2008d); for more details on Subutex® on the black market see the chapter on Substitution and Maintenance Programmes, page 62).

10.2 Drug Production and Trafficking

Information provided by the National Drug Headquarters and the General Customs Headquarters is the main source of data regarding the production, smuggling, and distribution of drugs in the Czech Republic (Národní protidrogová centrála, 2008d; Celní správa ČR, 2008a).

There has been an increase in the hydroponic growing of cannabis with a high THC content (up to 20%). National Drug Headquarters data indicate that, to a growing extent, this activity also appears to be pursued by offenders of Vietnamese descent. Thirty-four hydroponic growing rooms were detected in the country in 2007, 4 of which were run by individuals of Vietnamese origin. The number of detected hydroponic cannabis growing rooms increased dramatically in the first 5 months of 2008; 61 growing rooms were detected and thousands of cannabis plants, dozens of kilograms of the final dry product, and extensive amounts of technical equipment were seized. 53 of the 61 growing rooms detected were run by Vietnamese operators. The cannabis produced in these growing rooms was partially intended for illegal distribution on the Czech market, with the rest intended for export, mainly to Germany and the Netherlands (Národní protidrogová centrála, 2008c).

Pervitin continues to be made in the Czech Republic using 2 precursors – ephedrine, with a high quality and demand from abroad for the resulting product (so-called crystal), and – to an ever-increasing extent – pseudoephedrine. Ephedrine appears to be smuggled mainly from Bulgaria, Macedonia, and Croatia[67]. Pseudoephedrine has been the main precursor of pervitin production in the Czech Republic in recent years, as it is extracted from over-the-counter medicines; Modafen® is the most typical example (in 90% of the cases), followed by Nurofen Stop Grip®, Paralen Plus®, and Panadol Plus Grip® (10% in total). A total of 388 pervitin laboratories[68] were detected in the country in 2007, with South Moravia (103) and North Bohemia (72) leading the figures, and 5,978 grams of pervitin were seized (the largest quantity was seized in the North Bohemia Region – 1,013 grams); see Table 10-1.

[67] Since 2004, when pervitin production was discontinued in Roztoky u Prahy, ephedrine has been exclusively smuggled from abroad, and the availability of ephedrine on the black market has diminished significantly.

[68] These laboratories are typically located in private flats and houses; ordinary kitchens are used to “homebake“ pervitin – thus the term “cooking lab“ is used for this type of clandestine laboratories.

Table 10-1: Number of facilities producing pervitin ("cooking labs") detected by the police and quantity of pervitin seized in the period 2003-2007 (Národní protidrogová centrála, 2008b)

Year	Cooking labs detected	Pervitin quantity seized (g)
2003	188	9,630
2004	248	3,423
2005	261	5,310
2006	426	5,249
2007	388	5,978

Interministerial negotiations initiated by the National Drug Headquarters and coordinated by the Secretariat of the Government Council for Drug Policy Coordination have been conducted since 2006 with a view to adopting legislative measures to eliminate the abuse of over-the-counter medicines containing pseudoephedrine. The producers of such medicines initiated a survey conducted in 2007 among 18 key informants, such as representatives of the public administration, the academic sector, care organisations, and politicians (Jelínek et al. 2007); for more information see the 2006 Annual Report. An interministerial working group commenced its operations within the Inspectorate for Narcotic and Psychotropic Substances of the Ministry of Health in December 2007 with a view to proposing measures to reduce the availability of medicines containing pseudoephedrine for illicit pervitin production. In 2007, the Chamber of Deputies of the Czech Parliament adopted the new Act No. 378/2007 Coll. on pharmaceuticals. It is another result of the above-mentioned negotiations that, effective from 1 January 2009, a new category of medicinal products will be introduced under Section 39 (3) of the Act mentioned above to include products which will not require a prescription but whose dispensation will be subject to certain restrictions, which will be determined by the State Institute for Drug Control in its decision on the marketing authorisation for the product; for more information see the chapter Legal Framework on page 6. The new category is expected to include predominantly medicines containing pseudoephedrine.

During 2007 and 2008, the State Institute for Drug Control and the Czech Chamber of Pharmacists checked pharmacies with regard to the quantity of medicines containing pseudoephedrine. Between February and July 2008, representatives of the Chamber checked a total of 14 pharmacies which had shown excessive demand for such medicines, and licences were subsequently suspended for and a 5-year ban imposed on 2 pharmacists. According to the law, a pharmacist should not supply medicines if they suspect that the products could be abused, but if they do make the product available, there are no penalties. More tools should be available to the control authorities in 2009 after the new category of restricted medicinal products is introduced. Four million packs of medicines which were used as precursors for pervitin production are estimated to have been sold in Czech pharmacies in 2007 (Svobodová, 2008).

The demand for and availability of cocaine have been on the rise in the Czech Republic. In 2007, the drug was mainly smuggled into the country from South America and the Caribbean, even by Czech couriers, often via Amsterdam Airport. Transport is usually organised by South Americans and citizens of West African coastal states. There has been a marked increase in the quantity of cocaine seized by the Customs Administration of the Czech Republic; see Table 10-5.

The Balkan Route continues to be the main gateway for heroin imports from Afghanistan. Kosovo-Albanian and Turkish groups play an important part in heroin trafficking in the Czech Republic, which is mainly a transit country through which heroin passes on its way to other Member States, and only a minor part of the consignments remains on the Czech market. Heroin with a higher degree of purity is typically transported to Western European countries. According to the National Drug Headquarters, Subutex®, a medicinal product used in opiate substitution therapy, continues to be sold on the black market; for more information see the chapter on Substitution and Maintenance Programmes, page 62.

Ecstasy is mainly imported to the Czech Republic from the Netherlands but also from Poland, Belgium, and Slovakia. Trafficking in this drug shows a slightly increasing tendency. In the process of smuggling, the drug is often hidden in baggage in various vehicles. Ecstasy is then distributed in the Czech Republic or further exported, e.g. to Austria.

10.3 Drug Seizures

10.3.1 Total Number and Quantity of Drug Seizures in the Czech Republic

The data on drug seizures include seizures made by the Police of the Czech Republic and the Customs Administration of the Czech Republic. The police seizure data also include cases treated as misdemeanours (possession of a small quantity for personal use); in 2007, however, such cases only occurred to any considerable extent in marijuana seizures (219 cases, i.e. 39% of all seizures) and pervitin seizures (105, i.e. 28% of all seizures). Seizures which involved multiple types of drugs are always included separately in the individual drug types; the total number of seizures was therefore lower than the sum of all seizures by drug type.

Marijuana was the most commonly seized drug in 2007 (with 563 seizures). The number and quantity of marijuana seizures remained similar to the results in 2006. The number of cannabis plant seizures in 2007 (46) was also similar

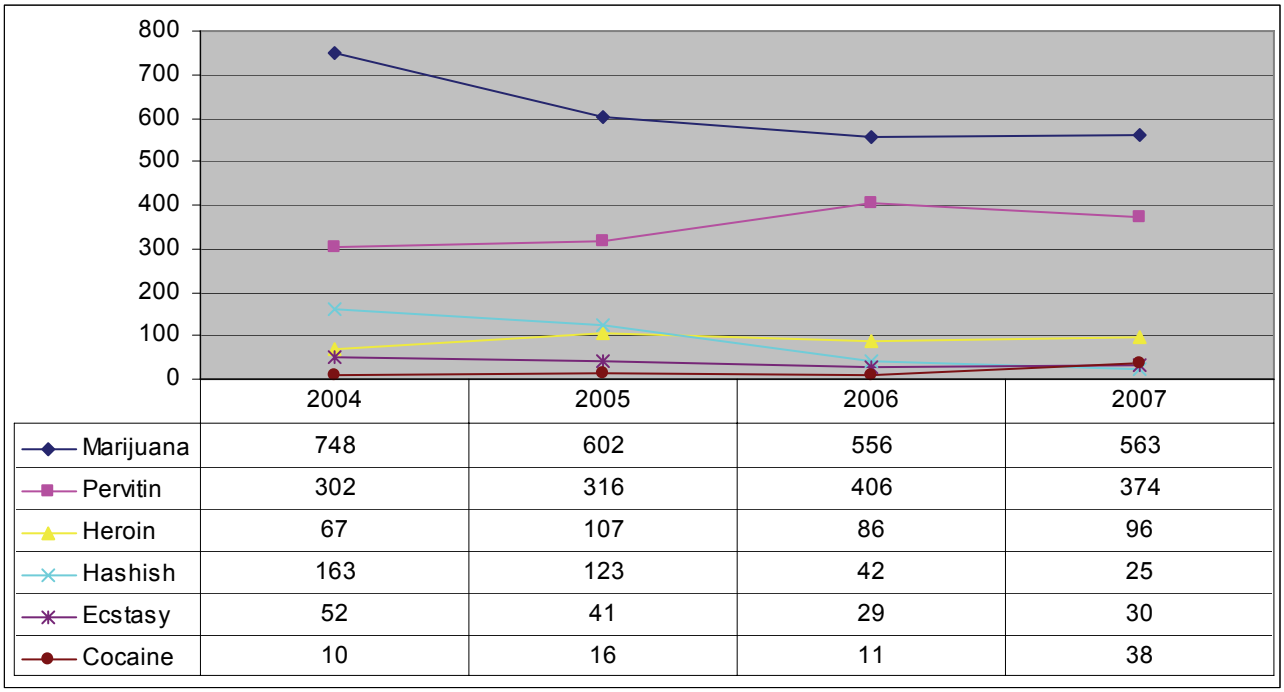
to that in 2006 (44), but the number of cannabis plants seized tripled against 2006 (from 2,276 to 6,992). In terms of hashish seizures, 0.4 kg was seized, which corresponds with the quantity seized in 2006. The number and quantity of hashish seizures has dropped considerably in the past 2 years compared to the previous years. Pervitin remains the second most commonly seized drug (374 seizures); there was a slight decrease in the number of seizures of the drug compared to 2006 but the quantity seized was higher in 2007. Cocaine seizures increased markedly in terms of both number and quantity; 38 seizures with a total quantity of 37.6 kg were reported in 2007 in comparison with 11 with a total of 4.7 kg in 2006. A considerable increase was reported in the number of ecstasy tablets seized; 30 seizures of 62,226 tablets in total were reported in 2007 (29 seizures of 26,259 tablets in 2006), but the number of seizures remains rather low given the high prevalence of ecstasy use. The heroin situation is stable; 96 seizures of 20.3 kg in total were reported in 2007. The number of seizures of LSD doses dropped from 1,748 in 2006 to 117 in 2007. No crack was seized in the Czech Republic in 2007. Other substances seized in 2007 included, for example, 310 tablets of Subutex® (all the seizures were made in Prague), 1.2 kg of ephedrine, and 35 tablets of Rohypnol.

The data on the numbers and quantities of seizures of the main drug types are given in Table 10-2, and the trends are shown in Figure 10-1 and Figure 10-2.

Table 10-2: Number and quantity of seizures of main drug types in 2004-2007 (Národní protidrogová centrála, 2008f)

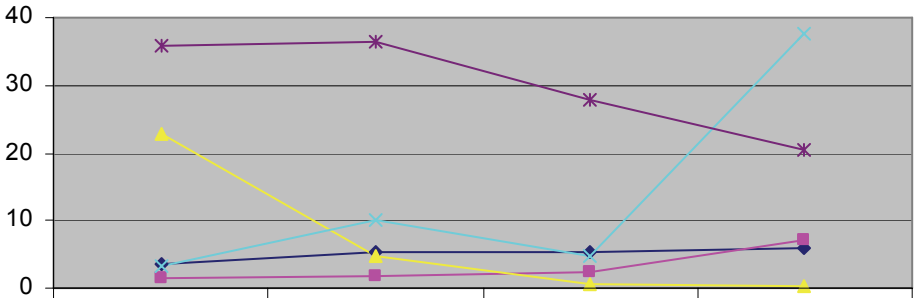
Drug/Year	**2004**		**2005**		**2006**		**2007**	
	Number	Quantity	Number	Quantity	Number	Quantity	Number	Quantity
Marijuana (g)	748	168,528	602	103,337	556	108,352	563	122,124
Pervitin (g)	302	3,423	316	5,310	406	5,249	374	5,978
Heroin (g)	67	35,904	107	36,340	86	27,877	96	20,332
Cannabis plants (plants)	49	1,617	53	1,780	44	2,276	46	6,992
Hashish (g)	163	22,693	123	4,625	42	466	25	387
Ecstasy (tablets)	52	108,379	41	19,010	29	26,259	30	62,226
Cocaine (g)	10	3,283	16	10,169	11	4,708	38	37,587
LSD (doses)	7	326	5	3,067	7	1,748	5	117

Figure 10-1: Numbers of seizures of main drug types in 2004-2007 (Národní protidrogová centrála, 2008f)



	2004	2005	2006	2007
Marijuana	748	602	556	563
Pervitin	302	316	406	374
Heroin	67	107	86	96
Hashish	163	123	42	25
Ecstasy	52	41	29	30
Cocaine	10	16	11	38

Figure 10-2: Quantities of seizures of main drug types in 2004-2007 (Národní protidrogová centrála, 2008f)



	2004	2005	2006	2007
Pervitin (kg)	3.423	5.310	5.249	5.978
Cannabis plants (thousands)	1.617	1.780	2.276	6.992
Hashish (kg)	22.693	4.625	0.466	0.387
Cocaine (kg)	3.283	10.169	4.708	37.587
Heroin (kg)	35.904	36.340	27.877	20.332

As in previous years, a classification of the seizures by drug type and quantity is available for 2007 (Národní protidrogová centrála, 2008e). The distribution remained relatively unchanged in comparison with the previous years. The most common marijuana seizures in 2005-2007 were in the category of 1-5 grams (27% of all the seizures), but seizures of quantities under 1 gram and from 5 to 20 grams were also common. As far as pervitin is concerned, seizures of less than 1 gram in quantity represented 45% of the seizures (50% in 2006), while in the case of heroin the same quantity category accounted for 39% of the seizures (36% in 2006). Forty-seven seizures of drugs in quantities exceeding 1kg were made in 2007, mostly involving marijuana (30 seizures, in two of which the quantity exceeded 10 kg). Eleven cocaine seizures of over 1 kg each were made (in one seizure the quantity exceeded 10 kg); see Table 10-3.

Table 10-3: Number of main drug type seizures in 2007, by quantity category (Národní protidrogová centrála, 2008e)

Drug type	**Total quantity seized**	**Number of seizures in individual quantity categories**							
		Under 1g	1-5 g	5-20 g	20-50 g	50-100 g	100-1,000 g	>1,000g	**Total**
Marijuana	122,124 g	89	143	141	59	32	69	30	**563**
Hashish	387 g	5	9	9	0	1	1	0	**25**
Pervitin	5,978 g	168	113	55	15	11	11	1	**374**
Cocaine	37,587 g	6	7	5	1	2	6	11	**38**
Heroin	20,332 g	37	21	16	8	3	6	5	**96**
Ecstasy	62,226 tablets	1-5 tabs	6-20 tabs	21-50 tabs	50-100 tabs	101-1,000 tabs	1,000-10 thousand tabs	>10 thousand	**Total**
		8	5	3	2	5	4	3	**30**
Cannabis plants	6,992 plants	1-10 plants	11-50 plants	50-100 plants	>101 plants	-	-	-	**Total**
		13	17	6	10	-	-	-	**46**

10.3.2 Detailed Information about Drug Seizures by the Customs Administration of the Czech Republic

Detailed information is available on the 175 seizures by the Customs Authority of the Czech Republic in 2007 (Celní správa ČR, 2008c). The total of 175 cases included 23 cases where multiple drug types were seized. Most seizures were made inland (72), followed by seizures related to imports (53) and exports (44), and 6 seizures were of a combined nature, i.e. related to inland transport, import, or export. A basic description of the 2007 seizures by the Customs Administration by selected drug types is given in Table 10-4.

Table 10-4: Basic description of seizures in 2007, by selected drug type (Celní správa ČR, 2008c)

Drug type seized	Number of seizures	Quantity seized	Basic description of seizures
Marijuana	104	9,325.4 g	Mostly export seizures (42), inland seizures (38), import seizures (11, of which 8 came from the Netherlands); 44 by air (36 on export), 45 as a postal consignment; 4 seizures of over 200 g each (max. 3 kg and 4.1 kg); the quantity seized remains constant, and the demand for the drug is covered by domestic production.
Cannabis plants	3	1,055 plants	2 seizures during house searches, 1 during a vehicle search.
Hashish	19	356.4 g	Mostly import seizures (16, of which 8 came from Spain and 5 from the Netherlands); 12 by air (all imports), 14 by postal consignment; 16 seizures of quantities under 10 g; hashish was mainly smuggled to the Czech Republic from the Netherlands, in particular by using postal consignments or couriers.
Pervitin	24	903.2 g	Mostly inland seizures (21); 9 during vehicle searches, 9 during house searches; 4 seizures of over 100 g each (max. 300 g); the number of German nationals organising pervitin exports from the Czech Republic has been on the rise since 2004; the quantity in each consignment is decreasing (max. 200 g) and transport is carried out more often.
Cocaine	21	28,559.6 g	Mostly import seizures (16); 15 by air (13 of them from South America), 7 times in baggage, 7 in postal consignments, 3 in body cavities; 6 seizures of over 1 kg each (max. 11.570 kg, by air, in baggage); the number of seizures is increasing, and transport by air accounts for most cases, mainly from South America using hired couriers.
Heroin	11	8,852 g	Mostly inland seizures (9); 4 seizures in vehicles, 2 in baggage, 3 during house searches; 4 seizures of over 100 g (max. 4,016 kg); trafficking in the Czech Republic is, to a growing extent, organised by persons of Turkish descent, and most of the imported heroin is intended for further export to other EU Member States. The drug is most typically smuggled together with legal consignments or in passenger cars.
Ecstasy	13	4,800 g	Mostly inland seizures (8); 5 in passenger vehicles, 3 in baggage; 5 seizures of over 100 tablets each (max. 2,000 tablets); trafficking shows a slightly increasing trend, and the drug is usually hidden in baggage carried by means of transport.
Other drugs and precursors	13	-	e.g. LSD, amphetamine, toluene, coca leaves, coca tea, ephedrine solution, pseudoephedrine, hydrochloric acid, etc.

The quantity of marijuana seized by the Customs Administration of the Czech Republic has been on the rise since 2005. The quantity of cocaine seized increased over four-fold between 2006 and 2007. The quantity of ecstasy seizures also increased. On the contrary, the quantities of hashish and heroin seized decreased (Celní správa ČR, 2008c; Celní správa ČR, 2008b). The number of seizures made by the Customs Administration of the Czech Republic in the period 2004-2007 is given in Table 10-5.

Table 10-5: Trends in the number and quantity of seizures of selected drug types in 2004-2007 (Celní správa ČR, 2008c; Celní správa ČR, 2008b)

Drug	2004	2005	2006	2007
Marijuana (kg)	20.3	1.2	5.5	9.3
Hashish (kg)	11.7	4.0	0.3	0.4
Pervitin (kg)	0.9	0.1	0.9	0.9
Cocaine (kg)	2.6	3.4	6.7	28.6
Heroin (kg)	25.8	29.0	12.0	8.9
Ecstasy (kg)	0.04	1.8	2.0	4.8
Total quantity seized (kg)	**61.8**	**40.2**	**27.4**	**53.5**
Total number of seizures	**404**	**319**	**148**	**199**

In 2006, the Institute for Criminology and Social Prevention conducted a study called “Criminal Justice Opportunities in Drug-Prevention Policy”. The results of the study, which was based mainly on a questionnaire survey, became available in early 2008. The respondents included 168 experts with a professional background in criminal justice (judges, public prosecutors, officers of the National Drug Headquarters, customs officers, and Prison Service officers). The National Drug Headquarters and customs officers responding to the survey also commented on drug

seizures. The complications which were mentioned as making the work of the professionals in this area difficult included a drain of experienced and trained staff in connection with the removal of customs inspections at the borders after the accession of the country to the Schengen Convention, the disclosure of investigative methods, the high level of organisation and extensive financial resources of drug traffickers, insufficient drug enforcement legislation to facilitate drug-related cases (e.g. the absence of the legal status of a crown witness), the fragmentation and poor interconnection of the information databases of cases under investigation between the individual branches of the police and the customs service, and corruption among Aliens and Border Police officers, civil servants, and judges (Trávníčková and Zeman, 2008).

10.4 Drug Prices and Purity

10.4.1 Drug Prices

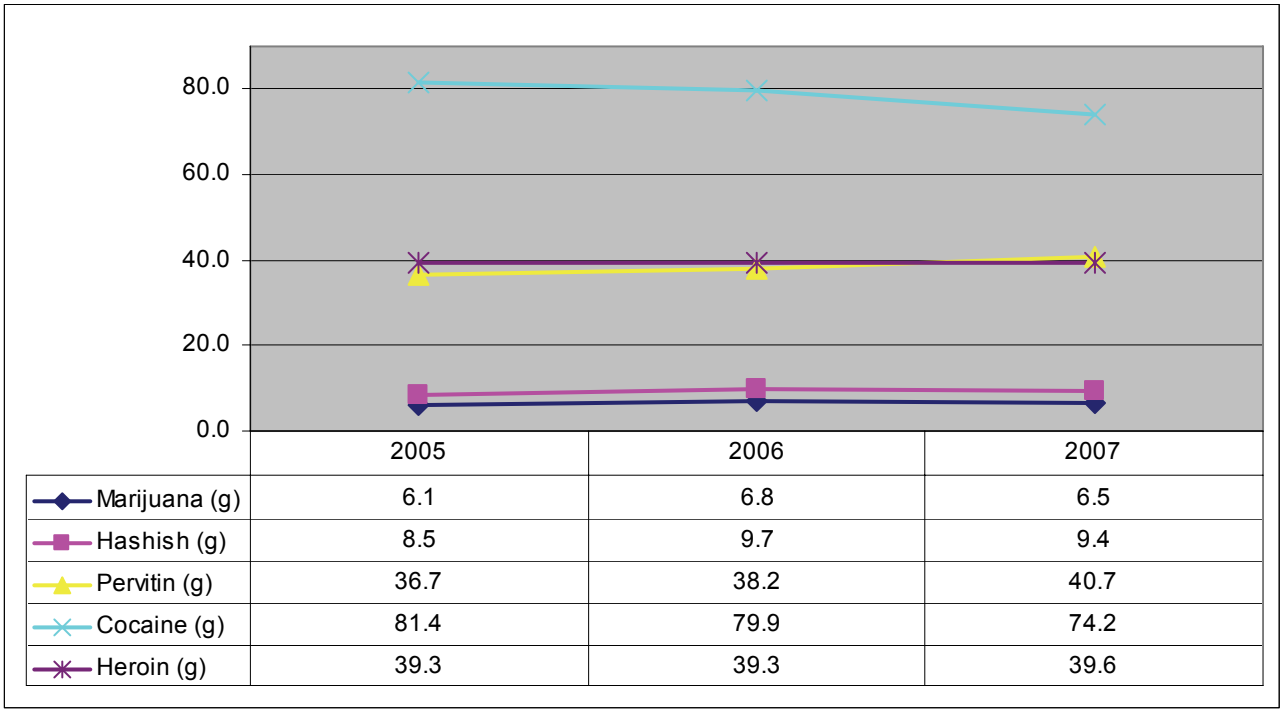
The data on the prices of the basic drug types in the Czech Republic are based on information provided by the National Drug Headquarters (Národní protidrogová centrála, 2008f). Information obtained by the National Drug Headquarters from 49 district police headquarters in 2007 indicates that the prices of the basic drug types did not change significantly compared to their levels in 2005 and 2006. In comparison with 2006, note the reduction in the price of cocaine and the slight increase in pervitin prices; see Table 10-6 and Figure 10-3.

Table 10-6: Average and most common (modus) prices of drugs in 2006 and 2007 (€) (Národní protidrogová centrála, 2008f)

Drug type	2006		2007			
	Average	Modus	Average	Modus	Street sale (range)	Large-volume sale (range)
Marijuana (g)	6.8	5.4	6.5	3.6	0.7 - 12.6	0.7 - 9.0
Hashish (g)	9.7	7.2	9.4	7.2	3.6 - 18.0	1.8 - 10.8
Ecstasy (tablet)	7.9	5.4	7.6	7.2	2.9 - 18.0	1.1 - 7.2
Pervitin (g)	38.2	36.0	40.7	36.0	18.0 - 144.1	18.0 - 54.0
Heroin (g)	39.3	28.8	39.7	36.0	28.8 - 72.1	14.4 - 54.0
Cocaine (g)	80.0	72.1	74.2	72.1	43.2 - 126.1	43.2 - 72.1
LSD (dose)	5.8	5.4	6.5	7.2	0.7 - 10.8	0.7 - 7.2

NB: 2007 average exchange rate has been used for re-calculation in 2006.

Figure 10-3: Trend in the prices of selected drugs in 2005-2007 (€) (Národní protidrogová centrála, 2008f)



	2005	2006	2007
Marijuana (g)	6.1	6.8	6.5
Hashish (g)	8.5	9.7	9.4
Pervitin (g)	36.7	38.2	40.7
Cocaine (g)	81.4	79.9	74.2
Heroin (g)	39.3	39.3	39.6

NB: 2007 average exchange rate has been used for re-calculation in 2005-2006.

According to the annual report from the National Drug Headquarters (Národní protidrogová centrála, 2008d), the prices of ephedrine on the illicit market were in the range of CZK 200,000-250,000 (€ 7.2-9.0 thousand) per kilogram. According to the National Drug Headquarters and information from the staff of low-threshold facilities, a 2mg Subutex® tablet sold for CZK 50-200 (€ 1.8-7.2) and an 8mg Subutex® tablet for CZK 150-500 (€ 5.4-18.0) on the

black market, which represents a 50% decrease against 2006, when the prices were in the range of CZK 300-1,000 (€ 10.8-36.0).

Two bachelor's theses became available in 2008 that dealt with marijuana and pervitin prices, as well as with other circumstances involved in their sale on the domestic drug market. As far as the price of marijuana is concerned, a questionnaire survey conducted in 2007 among 50 respondents from Prague and Central Bohemia (marijuana consumers and dealers) aged 15-30 showed that marijuana consumers usually differentiate between "grass", i.e. lower-THC marijuana, and "skunk", i.e. high-THC marijuana. The price of "grass" is CZK 100-200 (€ 3.6-7.2) per gram, while the price of "skunk" is CZK 200-250 (€ 7.2-9.0) per gram. According to most respondents, these prices have been stable for 7-9 years (Procházka, 2008).

A questionnaire survey was also conducted on pervitin prices in 2007, covering a sample of 63 respondents (clients of low-threshold facilities in Prague) aged 15-53. The price of pervitin was found to be in proportion to the quantity purchased, and the amount also varied depending on the relationship between the buyer and the dealer. 25% of the respondents received pervitin for free from an unknown person (always under 0.5g), 37% of the respondents from an acquaintance (up to 1.5g), and 50% of the respondents from a friend (up to 5g). The recipients of free pervitin were mainly women. No relationship was found between the purity of pervitin and the type of party selling (producer, dealer, addicted drug user). Similarly, no relationship was established between the price and the purity of pervitin. The respondents estimated that the selling price of pervitin was ten times higher than the production costs (Oulická, 2008).

10.4.2 Drug Purity

Drug purity data are only available in the Czech Republic for a part of the seized drugs and are mostly obtained from regional forensic laboratories and from the Forensic Science Institute in Prague. The average purity of the main drug types in 2005-2007 is given in Table 10-7. In comparison with 2006, there was a slight increase in the average purity of the heroin (by app. 10%), pervitin (by app. 15%), and cocaine seized (by app. 9%) in 2007, and there was also an increase in the MDMA content in ecstasy tablets (by app. 5%). There was no significant change in the THC content of the marijuana and hashish seized in 2007 compared to 2006 (Národní protidrogová centrála, 2008f).

Table 10-7: Average drug purity in 2005-2007, expressed as a percentage (Národní protidrogová centrála, 2008f)

Drug type	2005		2006		2007	
	Number of samples	Average purity (%)	Number of samples	Average purity (%)	Number of samples	Average purity (%)
Hashish	10	7.4	1	11.0	2	8.1
Marijuana	108	3.8	151	4.5	177	4.7
Heroin	19	41.5*	35	7.9	31	17.4
Cocaine	25	55.9	12	40.2	48	49.1
Pervitin	65	62.9	58	52.3	123	66.4
Ecstasy**	135	27.2	54	22.6	31	27.4

*NB: * The high average purity of heroin resulted from the inclusion of several seizures of highly concentrated heroin in 2005, ** average MDMA content in a single tablet, given in milligrams.*

PART B: SELECTED ISSUES

Special issues are included in the Annual Report every year. The topic is set by the EMCDDA in co-operation with the focal points in the individual Reitox countries with regard to the topics' relevance and the research needs. 2007 is the first year for which a single chapter has been set rather than three chapters, as was the case in previous years.

11 Sentencing Statistics

This chapter aims to: (1) describe the legislation on illicit drug handling and driving under the influence of drugs; (2) describe the practical application of the legislation, and (3) describe the data collection systems employed in this area by the relevant authorities and institutions of the criminal justice sector.

11.1 Legal Framework of Illicit Drug Handling and Driving under the Influence of Drugs

11.1.1 Definition of Terms

This chapter discusses three groups of prohibited activities:

- Illicit drug production and trafficking
- Illicit drug possession
- Driving under the influence of drugs

Under Czech law, illicit drug production and trafficking always constitute criminal offences. They include illicit handling and possession for another person according to Section 187 of the Penal Code and offences under Section 188 of the Penal Code, which covers the possession of items for the illicit production of drugs (for details see below).

Illicit drug possession refers to the illicit possession of drugs for personal use, because drug use itself is not illegal in the Czech Republic. Illicit drug possession may be prosecuted as a misdemeanour or a criminal offence. It is thus possible to invoke both Section 30 (1) (j) of Act No. 200/1990 Coll. on misdemeanours, which concerns the possession of small quantities of drugs for personal use, and Section 187a of the Penal Code, which deals with the criminal offence of drug possession in a quantity greater than small, or to a larger extent, for personal use (for details see below).

Driving under the influence of drugs may also be prosecuted in the Czech Republic both as a misdemeanour and a criminal offence. The classification of the case depends on the level of influence the substance has over the offender, the potential for reoffending, and the consequences of the offender's actions (for details see below).

The term "drug/drugs" refers to narcotic and psychotropic substances as specified by Act No. 167/1998 Coll. on addictive substances.

For the purposes of this chapter, the term "offender" refers to a person who has committed a misdemeanour or criminal offence, and, for reasons of consistency, the term is used in all the stages of the proceedings, although the actual criminal law term for the offender may change, depending on the course of the proceedings. Throughout the proceedings, offenders (or the alleged offender) are referred to as suspects (persons believed to give reasons for imposing custody, who were caught in or shortly after the act, and who have been/will be subject to summary preliminary proceedings), accused (individuals against whom a criminal prosecution has been instigated – the term is used until a trial has been ordered by a court; offenders who are subject to penal orders are also referred to as accused – charges against them have already been filed but no trial has yet been ordered), charged/indicted/defendants (offenders awaiting trial), and convicts (offenders found guilty by the judgement of a court or subject to a penal order, which decisions or orders have become final) (Musil et al. 2007).

11.1.2 Illicit Drug Production and Trafficking

The main legal provision applicable to illicit drug production, sale, and trafficking and other types of illicit drug handling is Section 187 of the Penal Code. This provision applies to any illicit drug handling, regardless of drug type. Czech law does not differentiate between the individual drug types in any drug-related offences[69], although a certain change may be expected in this context in the future; for more details see the chapter on Legal Framework, page 6.

Section 187 of the Penal Code reads as follows:

"Section187

(1) Every person who produces, imports, exports, transports, offers, intermediates or otherwise provides for another person or possesses for another person a narcotic or psychotropic substance, a preparation containing a narcotic or psychotropic substance, a precursor, or a poison is liable to imprisonment for a term between one and five years.

(2) Offenders are liable to imprisonment for a term between two and ten years if they:

[69] The term "drug-related offences" generally refers to the provisions of Sections187-188a of Act No. 140/1961 Coll., as amended (the Penal Code).

a) commit an offence under paragraph (1) as a member of an organised group, to a greater extent, or

b) commit such an offence against a person under the age of eighteen years.

(3) Offenders are liable to imprisonment for a term between eight and twelve years if they:

a) obtain considerable profit from an offence under paragraph (1);

b) commit such an offence against a person under the age of fifteen years, or

c) cause grievous bodily harm by such an offence.

(4) Offenders are liable to imprisonment for a term between ten and fifteen years if they:

a) cause grievous bodily harm to multiple persons or death by an offence under paragraph (1);

b) obtain extensive profit from such an offence, or

c) commit such an offence in connection with an organised group operating in multiple countries."

In practice, Section 187 of the Penal Code is used to prosecute a heroin dealer, a pervitin producer, a grower of cannabis (containing over 0.3% of THC, the active substance)[70] or a person who, on a single occasion, gives a drug to another person free of charge.

Bodies involved in criminal proceedings take into consideration the personality of the individual offenders, as well as the circumstances of the offence. Procedural diversion (such as the conditional suspension of prosecution) may be used even during the criminal proceedings or, as far as sentencing is concerned, various forms of sentences not involving imprisonment may be used. In its decision, the court follows general sentencing guidelines[71] and the conditions and terms of the imposition and execution of sentences[72], which also allow the court to impose upon the offender (in consideration of the circumstances of the given offence and of the personality of the offender) another sentence in line with the general part of the Penal Code rather than the sentence specified in the definition of the given offence or which enable procedural diversions to be used.

In offences pertaining to drug production, producers are, in addition to charges under Section 187 of the Penal Code, also prosecuted according to Section 188 of the Penal Code if items have been found which are intended for use in illicit drug production (e.g. laboratory equipment used to make pervitin). Any person who possesses items for illicit drug production may be prosecuted even though they themselves may not use such items. It may therefore occur in practice that, for example, a pervitin producer is prosecuted "only" under Section 188 of the Penal Code because the actual production of the drug has not been proved.

Section 188 of the Penal Code reads as follows:

"Section 188

(1) Every person who produces, provides for themselves or for others, or possesses items intended for the illicit production of a narcotic or psychotropic substance, a preparation containing a narcotic or psychotropic substance, a precursor, or a poison is liable to imprisonment for a term of one to five years or a prohibition on undertaking certain activities or a monetary penalty or forfeiture of an item or another asset.

(2) Offenders are liable to imprisonment for a term of two to ten years if they:

a) commit an offence under paragraph (1) to a greater extent;

b) commit such an offence against a person under the age of eighteen years, or

c) obtain considerable profit from such an offence."

The number of persons prosecuted in the Czech Republic under Sections 187 and 188 of the Penal Code was in the range of 1,174-1,599 (under Section 187) and 142-222 (Section 188), respectively, depending on the source. The number of persons charged was 1,526 (Section 187) and 203 (Section 188), respectively. The number of persons

[70] In terms of the classification of cannabis growing, note the Decision of the Supreme Court of the Czech Republic of 21 June 2006 (File Ref. No. 3 Tdo 687/2006, published in the Supreme Court Book under No. 550/2006), in which the Supreme Court concluded: "The growing of plants of the Cannabis genus cannot in itself be identified with the term of the production of a narcotic or psychotropic substance within the meaning of Section 187 of the Penal Code. It would only represent such production if the cannabis plant has been harvested and subsequently processed as a raw component into a state enabling it to be consumed (marijuana) or designed to obtain the active psychotropic substance – THC (tetrahydrocannabinol)"; for more information see the 2006 Annual Report.

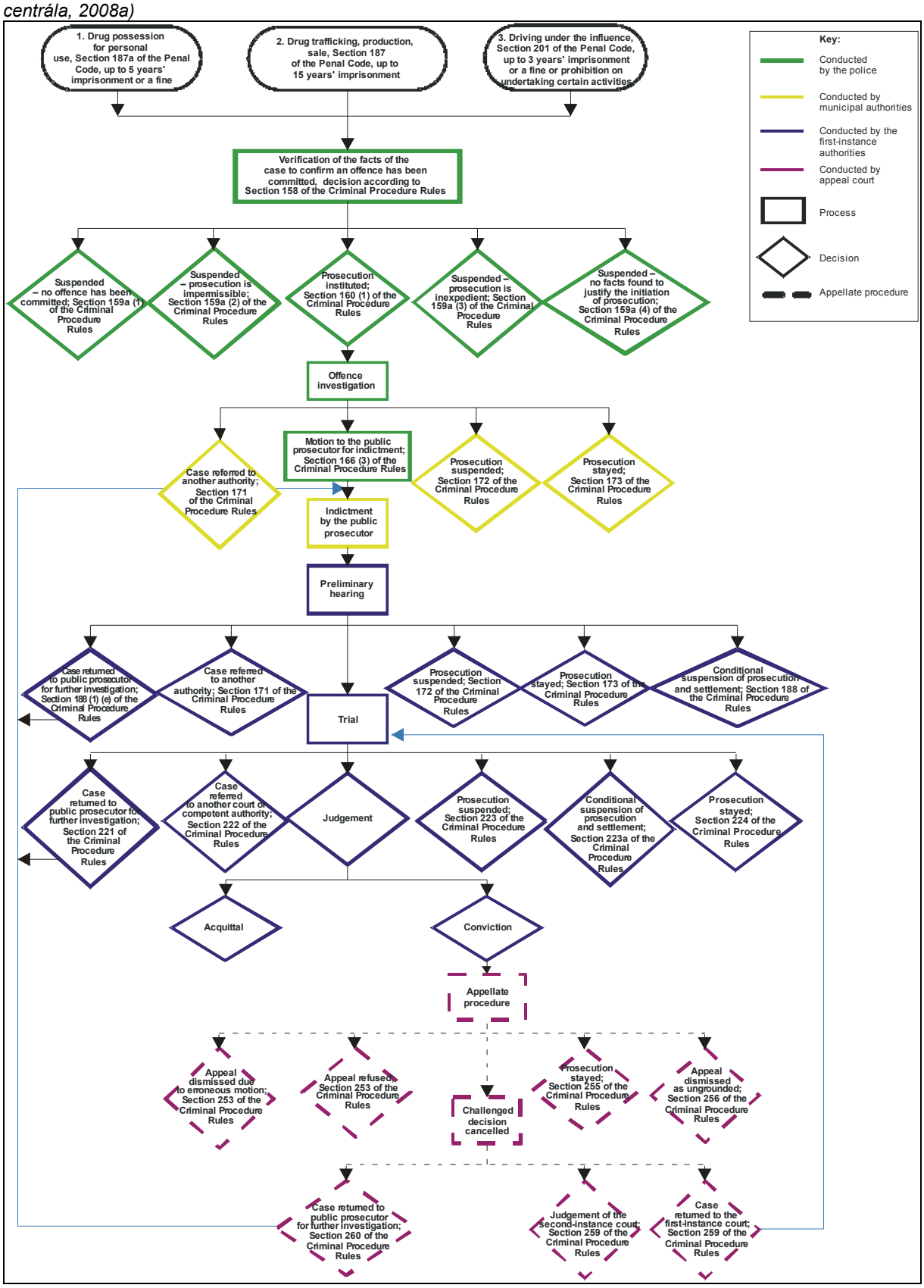
[71] The general rules of sentencing are provided by Sections 31 to 38 of the Penal Code. They include a number of circumstances to be considered by the court in making its decision about the type and extent of the sentence, such as the degree of public danger involved in the offence, the possibility of the offender's rehabilitation, general circumstances concerning the offender, rules for the sanctions for various forms of complicity, and extenuating and aggravating circumstances.

[72] The terms and conditions of the imposition and execution of the individual types of sentences are provided by Sections 39-57a of the Penal Code and also by Sections 58-60b of the Penal Code, which concern suspended imprisonment sentences and suspended imprisonment sentences under supervision.

sentenced was 1,134 (Section 187) and 101 (Section 188), respectively. For more information see the chapter on Drug-Related Crime, page 95.

The course of the criminal proceedings common to all the offences covered by this chapter is shown in Figure 11-1.

Figure 11-1: Criminal proceedings diagram with regard to drug law offences and drug driving (Národní protidrogová centrála, 2008a)



In order to provide a better insight, model examples are given which also include a description of certain procedures used in the criminal proceedings:

- Case 1:

A search conducted in the house of an offender (aged 25, secondary education level, employed, with no criminal history) revealed three full-grown cannabis plants grown hydroponically in a cabinet under a dedicated lamp. The plants were found while a property seizure warrant was being served in the presence of a municipal police officer, which is required by law. The police invited the offender to provide an explanation. The offender used his right to remain silent, as his statement could be used against him. Criminal proceedings were instigated against the offender on suspicion of a criminal offence under Section 187 (1) of the Penal Code. The police took further steps to investigate the offence, e.g. interviewed the offender/accused (the offender confessed and expressed regret), and sent the seized cannabis for expert analysis, which showed that the THC content in the cannabis was 11%.

As he had no criminal history and led an otherwise orderly life (housing situation, employment), the offender would be highly unlikely to be taken into custody. Custody would be theoretically possible as far as the offence is concerned if there was a high level of probability that the offender would meet any of the reasons for custody given in Section 67 of the Penal Code (e.g. influencing witnesses who have not been interviewed, continued criminal activities even after the offender has been charged, evading justice, i.e. failure to appear when summoned by the relevant authorities).

In terms of professional and expert reports and opinions, there would definitely be an expert report prepared regarding the active substance content in the cannabis seized, and a medical report by a psychiatrist to assess the offender's sanity and, if applicable, his addiction to cannabis (no compulsory treatment proposal would probably be prepared unless the offender uses unusually high daily doses or gives reason for his sanity to be questioned).

In the given case, the prosecution could be conditionally suspended under Section 307 of the Penal Code (Act No. 141/1961 Coll., as amended). The Penal Code allows the conditional suspension of prosecution: (1) in proceedings regarding offences for which the law specifies imprisonment for a term not exceeding 5 years, i.e. also in the case of Section 187 (1) of the Penal Code; (2) only with the consent of the offender; (3) if the offender has confessed to committing the offence; (4) if the offender has compensated for the damage incurred by the offence or if the offender has made an agreement with the injured party or taken other actions to compensate for such damage (which does not apply in the given case because no damage was incurred), and (5) if such a decision can be considered sufficient with regard to the personality and previous history of the offender and to the circumstances of the case. In preliminary proceedings (i.e. before the indictment is made), prosecution may be conditionally suspended by the public prosecutor. In the subsequent stages this may only be done by the judge. Both the public prosecutor and the judge may do so even without a motion being filed, provided that the offender agrees with this procedure (this information is a standard part of the interrogation of the offender upon the instigation of criminal proceedings). In the given case, it is reasonable to assume that neither the public prosecutor nor the judge would conditionally suspend the criminal proceedings because of the cannabis growing method and the active substance content.

If the criminal proceedings are not conditionally suspended, the investigation is completed and the public prosecutor files a motion for indictment. The matter is then decided on at a hearing before a single judge[73]. In this case, it is not unlikely that the single judge would decide on the matter without trial by issuing a penal order[74].

A suspended imprisonment sentence or a community service sentence could reasonably be expected in the given case. No fine (monetary penalty) may be awarded. In addition, forfeiture of an item (in this case, the cannabis plants and the equipment, if any, used in their growing being seized) is also a typical punishment in such cases.

If the offender or the public prosecutor disagrees with the content of the penal order, they both have eight days from the service of the order to lodge their opposition, which does not need to include a rationale.

The penal order is cancelled by the lodging of opposition, and the court orders a trial (i.e. a hearing before the court). The content of the previously issued penal order is not considered during the trial, regardless of whether the opposition was filed by the offender or by the public prosecutor. In the trial, the sentence may be mitigated or a more severe one may be imposed both in terms of sentence type and length. The trial is concluded by the court pronouncing a judgement. If the offender or the public prosecutor does not agree with the judgement, they may appeal against it within eight days of the service of the judgement in writing. The appeal of the public prosecutor may be either in favour of or against the offender. If the appeal is lodged only by the offender or by the public prosecutor in favour of the offender, the appeal court must not impose a more severe sentence than the court of first instance. If the appeal is lodged only by the public prosecutor against the offender or by the offender and, at the same time, by

[73] According to Section 314a of the Criminal Procedure Rules, a single judge conducts hearings regarding offences for which the law specifies a sentence of imprisonment for a term not exceeding 5 years.

[74] According to Section 314e of the Criminal Procedure Rules, a single judge may issue a penal order without a hearing where the facts of the case have been reliably demonstrated by the evidence obtained. The following sentences may be imposed by a penal order: imprisonment for a term not exceeding one year and a conditional suspension, community service, a ban on specified activities for up to 5 years, a fine, forfeiture, expulsion from the Czech Republic for up to 5 years, and a prohibition of stay for up to 5 years.

the prosecutor against the offender, a more severe sentence may also be imposed by the appeal court than that awarded by the court of first instance[75].

- Case 2:

The offender (aged 35, unemployed, with a history of repeated petty offences against property, and a pervitin user) was found making pervitin during a house search. Also seized were items used in illicit drug production and a semi-finished drug product. The police also had intelligence obtained from the duly authorised monitoring of the offender's mobile communications that he had provided multiple doses of pervitin to at least 2 persons.

Criminal proceedings were instigated against the offender on suspicion of a criminal offence under Section 187 (1) of the Penal Code (production and distribution of pervitin) and of a criminal offence under Section 188 (1) of the Penal Code) (possession of items for illicit drug production).

It is possible that the offender may be taken into custody in this case, probably on the grounds of concern that he would further pursue the activity, as it is his only way of earning a living, or that he would attempt to evade justice.

In addition to the house search results, witness statements, telephone conversation transcripts, and other evidence, there would be forensic reports on the seized illicit drug production items (to assess whether or not they could be used to produce pervitin), an expert report by a psychiatrist to assess the offender's sanity, drug addiction, potential protective treatment, the level of risk involved in the offender remaining at large or, if applicable, the likelihood of continued criminal activities in the future with regard to the offender's personality.

The evidence obtained can be assumed to be sufficient for an indictment, regardless of whether or not the offender has confessed. In the given case, an unsuspended imprisonment sentence comes into consideration because of the nature of the offence and his prior criminal history.

The potential imprisonment sentence could be around the lower limit set according to Section 187 of the Penal Code. A suspended prison sentence may also be imposed, either with or without supervision by a probation officer. The longest suspended sentence in this case would be imprisonment for a term of 3 years, conditionally suspended for 5 years, under supervision by a probation officer. In practice, a conditionally suspended sentence is most often conceivable in the case of an offender who is not in custody and has already started drug treatment during the course of prosecution and continues the therapy after the sentence is handed down. However, the decision-making practices may differ among courts because there are multiple realistic options in terms of the type and length of sentence. Forfeiture of the items used to commit the relevant criminal offence is also imposed in these cases. Compulsory treatment may be imposed on the basis of a recommendation by an expert because courts usually accept the opinion of the expert without reservation; see also the chapter on Legal Framework, page 6.

11.1.3 Illicit Drug Possession

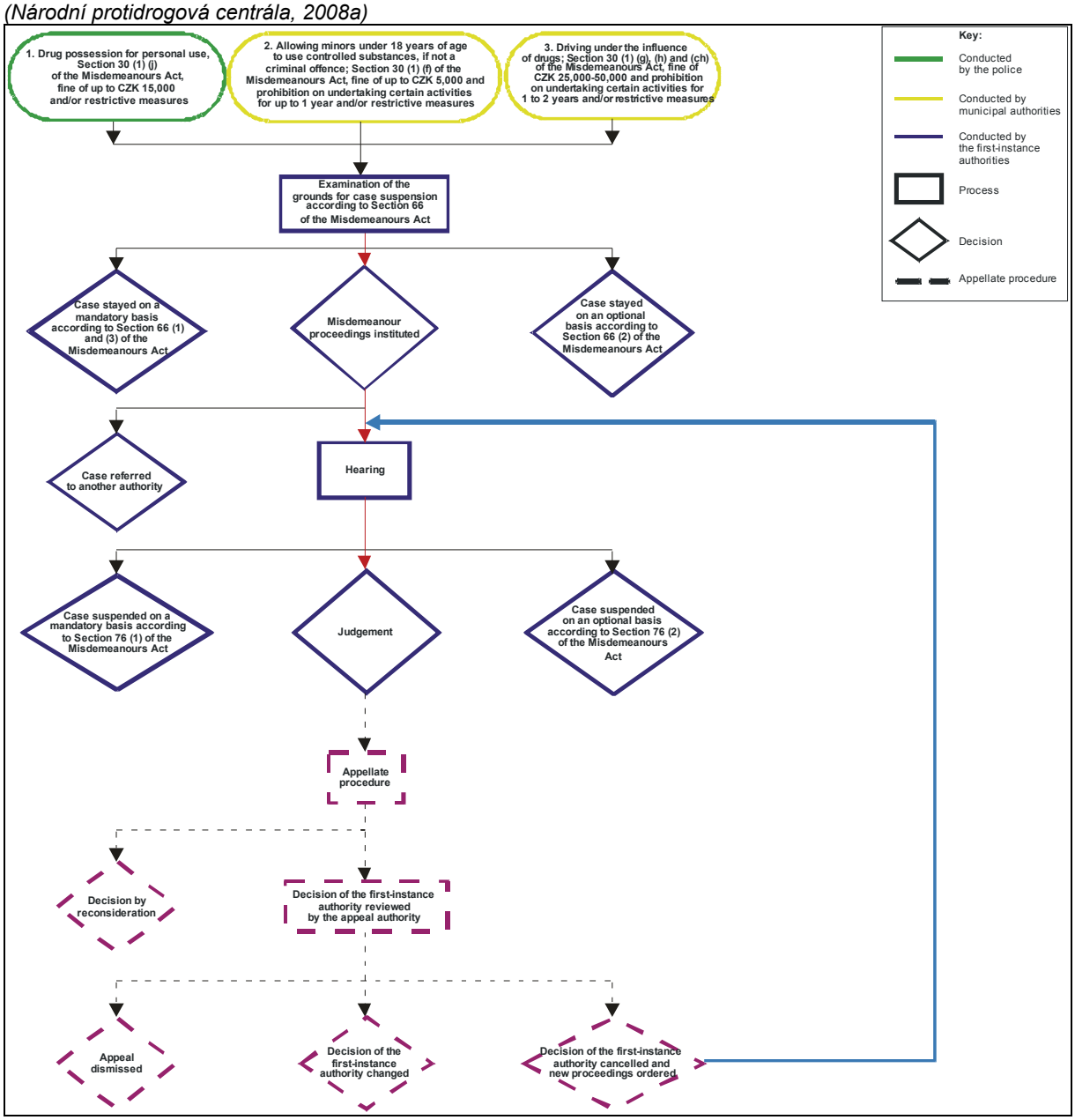
Drug use is not an offence in the Czech Republic. Depending on the quantity of the drug seized and on the concentration of the active substance, drug possession may qualify as a misdemeanour or a criminal offence.

Where a small quantity is possessed, the offender is prosecuted on suspicion of a misdemeanour under Section 30 (1) (j) of Act No. 200/1990 Coll. on misdemeanours, according to which a misdemeanour is committed by any person who possesses a small quantity of a narcotic or psychotropic substance for their personal use. The sentence may include a reprimand, fine, ban on certain activities, or forfeiture of an item. However, only a reprimand or a fine of up to CZK 15,000 (€ 540)[76] and/or forfeiture come into question in the event of drug possession. The relevant administration authority may waive any sanctions if it believes that the actual processing of the misdemeanour is sufficient to reform the offender. Additional details regarding the number of such misdemeanours and the sanctions are provided in the chapter on Drug-Related Crime, page 95. The procedure of the administrative proceedings according to Act No. 200/1990 Coll. on misdemeanours is shown in Figure 11-2.

[75] This follows the principle of the prohibition of *reformationis in peius* (a change to the worse), which prohibits the aggravation of the position of the person who has filed an appeal or for whose benefit an appeal has been filed by an authorised person (Musil et al., 2007).

[76] According to Section 11 (2) of Act No. 200/1990 Coll. on misdemeanours, the penalties may be imposed separately or in combination, except the combination of a reprimand and a fine.

Figure 11-2: Diagram of administrative proceedings concerning misdemeanour under Section 30 (1) of Act No. 200/1990 (Národní protidrogová centrála, 2008a)



In the event of the possession of a drug in a quantity greater than small, the relevant offender is prosecuted on suspicion of a criminal offence according to Section 187a of the Penal Code, according to which a criminal offence is committed by any person who possesses, without authorisation, a greater than small quantity of a narcotic or psychotropic substance. Such an offence is punishable by imprisonment for up to 2 years or a monetary penalty; if the offence was committed to a greater extent, the offender is liable to imprisonment for a term between one and five years (the course of the criminal proceedings related to drug crime is shown in Figure 11-1).

As far as the determination of a "quantity greater than small" and a "greater extent" is concerned, the law provides no further specification as to the actual quantity. However, internal guidelines have been adopted for policing and public prosecution purposes which contain tables specifying the relevant reference quantities of drugs or their active substances. The Police of the Czech Republic currently use Annex 1 to Directive of the Police President No. 86/2006, and public prosecutors use Annex 2 to General Instruction of the Office of the Supreme Prosecutor No. 1/2008 on criminal proceedings, which is also used by the police[77]; see Table 11-1 and Table 11-2.

[77] The tables which determine the reference limit quantities of drugs are not identical. While the table for the police mentions "cannabis" and "cannabis resin" or "hashish" as drug types, the table for public prosecutors combines cannabis-based products into the single item "THC (marijuana, hashish)" and mainly focuses on the active substance (THC) content rather than on the total weight of the drug seized. As far as the drug type of "MDMA and homologues" is concerned, the table for police officers specifies a "quantity greater than small" as being in the range of 800-1,000 mg, while the table for public prosecutors specifies 1,000 mg; regarding a "greater extent", the police table shows 19,200-24,000 mg, while the public prosecutors' table gives 24,000 mg. The table for the police has no such drug type as "Psilocybin (magic mushrooms)".

Table 11-1: Reference limit quantities of drugs according to Directive of the Police President No. 86/2006

Type	**Weight (g)***	
	Quantity greater than small	Larger extent
Heroin	0.15 g (app. 5 doses of 30 mg)	1.5 g (app. 50 doses of 30 mg)
Morphine	0.30 g (app. 10 doses of 30 mg)	4.5 g (app. 150 doses of 30 mg)
Methadone	0.30 g (app. 10 doses of 30 mg)	4.5 g (app. 150 doses of 30 mg)
Cocaine	0.25 g (app. 5 doses of 50 mg)	5 (app. 100 doses of 50 mg)
Cannabis	15 (app. 10 doses of 1.5 g)	375 (app. 250 doses of 1.5 g)
Cannabis resin	10 g (app. 10 doses of 1 g)	250 (app. 250 doses of 1g)
LSD	10 doses (app. 0.0005 g)	120 doses (doses 0.006 g)
MDMA and homologues	10 tablets (800-1,000 mg)	240 tablets (19,200-24,000 mg)
Amphetamine	0.5 g (app. 10 doses of 50 mg)	10 (app. 200 doses of 50 mg)
Methamphetamine (pervitin)	0.5 g (app. 10 doses of 50 mg)	0.5 g (app. 10 doses of 50 mg)

*NB.: * The weight of the seized substance refers to the total weight of the seized substance regardless of the content of the active substance and exclusive of the packaging in which the drug was seized.*

Table 11-2: Reference limit quantities of drugs according to the General Instruction of the Office of the Supreme Prosecutor No. 1/2008

Type	**Weight (g)***	
	Quantity greater than small	Larger extent
Heroin	0.15 heroin HCl (app. 5 doses of 30 mg)	1.5 heroin HCl (app. 50 doses of 30 mg)
Morphine	0.3 morphine HCl(app. 10 doses of 30 mg)	4.5 morphine HCl(app. 150 doses of 30 mg)
Methadone	0.3 (app. 10 doses of 30 mg)	4.5 (app. 150 doses of 30 mg)
Cocaine	0.25 cocaine HCl (app. 5 doses of 50 mg)	5 cocaine HCl (app. 100 doses of 50 mg)
THC (marijuana, hashish)	0.3 (app. 10 doses of 30 mg)	7.5 (app. 250 doses of 30 mg)
LSD	0.0005 (app. 10 doses of 50 µg)	0.006 (app. 120 doses of 50 µg)
MDMA and homologues	1 MDMA base (app. 10 doses of 100 mg)	24 MDMA base (app. 240 doses of 100 mg)
Amphetamine	0.5 amphetamine base (app. 10 doses of 50 mg)	10 amphetamine base (app. 200 doses of 50 mg)
Methamphetamine (pervitin)	0.5 (app. 10 doses of 50 mg)	10 (app. 200 doses of 50 mg)
Psilocybin (magic mushrooms)	0.05 (app. 5 doses of 10 mg)	3 (app. 300 doses of 10 mg)

*NB: * The weight of the drug refers to the weight of the active substance exclusive of any other additional substances contained in the drug.*

However, the above-mentioned guidelines are not binding for the court because the court must only follow the law in its decision-making. It is therefore left to the court to consider the quantity of the drug seized from the offender. In this respect, there are a number of cases in the case law that the courts utilise in their proceedings. In principle, the result is that the possession of a drug in a quantity that is the offender's usual daily dose intended for immediate consumption represents so-called consumable possession, does not constitute the possession of a quantity greater than small, and is thus not governed by the Penal Code. The police and especially the public prosecutors use the decisions of the courts (mainly of the Supreme Court) as feedback.

For example, the issue was addressed by the Decision of the Supreme Court of the Czech Republic, Ref. No. 4 TZ 142/200, dated 12 July 2007, which states the following:

"I) Any formal manner of the unauthorised possession of a narcotic or psychotropic substance or poison for a person's personal use meets the attribute of 'possesses' within the meaning of Section 187a (1) of the Penal Code, but the possession must be of such a quantity of such a substance as to exceed the dose needed by the possessor (depending on the degree of their addiction) because the possession by a drug user of a single dose before its use does not constitute possession within the meaning of the law but rather consumable possession, even if the quantity otherwise met the attribute of being 'greater than small'". The term of "possession" (for personal use) needs to be understood as the illicit holding of such a substance for a later occasion without the intent of physically using the drug in the near future.

II) A quantity greater than small within the meaning of Section 187a (1) of the Penal Code needs to be considered as representing a quantity of a narcotic or psychotropic substance which exceeds the usual single dose for an average consumer by a factor of five to ten, depending on the level of danger to human life and health resulting from the harmfulness of the individual doses."

There is also the Decision of the Supreme Court of the Czech Republic, Ref. No. 3 TZ 203/99, dated 16 February 2000, which states the following:

"A small quantity of a narcotic or psychotropic substance within the meaning of Section 187a (1) of the Penal Code may be defined as representing an individually determined daily dose of such a substance, in a quantity that is usual for the specific person using the substance and that corresponds to such a person's degree of addiction to the substance without having the potential of endangering the persons life or health."

On principle, offences under Section 187a (1) of the Penal Code do not result in the custody of the offender unless any of the reasons for custody is given[78]. In addition to an expert report determining the type of the drug and the content of the active substance, an expert report will almost certainly be prepared by a psychiatrist to assess the offender's sanity and drug addiction (see above) and to determine their single daily dose of the drug. A compulsory treatment referral instead of a sentence is highly unlikely, but a voluntary decision by an addicted offender to undergo treatment could have a significant influence on the public prosecutor (e.g. in the decision to conditionally suspend prosecution) and the further actions of the court (e.g. in the decision about a sentence being replaced with supervision); see also the chapter on Treatment, page 54. Forfeiture of an item, i.e. the seized drug, is always applied.

The number of persons prosecuted for and charged with an offence under Section 187a is rather low in the Czech Republic, but a high level of latency may be presumed for this crime. In 2006 and 2007, the number of those prosecuted was between 222 and 323 persons per year (depending on the source), and 268 charges were reported in 2007, representing 13% of all the persons charged with drug-related offences. 138 people were sentenced in connection with Section 187a in 2007 (10% of the sentences for drug-related offences). A total of 16 unsuspended and 80 suspended sentences were imposed in connection with Section 187a in 2007; for more information see the chapter on Drug-Related Crime, page 95.

11.1.4 Driving under the Influence of Drugs

In the less serious cases, driving under the influence of drugs is punishable by Czech law as a misdemeanour or – in more serious instances – as a criminal offence, usually depending on the level of influence the substance has over the offender, the potential for reoffending, and the consequences of the offender's actions. The penalties according to both administrative and criminal law are basically the same in the case of both alcohol and other controlled substances (defined as narcotic and psychotropic substances; the law refers to all these substances together as to "addictive substances".).

In 2007, the Police of the Czech Republic (Traffic Police Service) conducted 2,421 tests using the DrugWipe 5[79] detection kit and obtained 332 positive results (13.7%). The drugs detected included amphetamine, methamphetamine, cocaine (152 cases in total), cannabis (81), ecstasy (15), hallucinogens80 (1), opiates (6), and multiple drug types at the same time (77) (Ředitelství služby dopravní policie Policejního prezidia ČR, 2008b).

The tests are carried out by the police[81] by analysing the saliva of drivers and other road users: (1) during random traffic checks (mainly of drivers), especially if the driver shows noticeable signs of being under the influence of a habit-forming substance and where the alcohol test is negative; (2) in dedicated road safety campaigns aimed at substance abuse by road users (56 such campaigns were carried out in the Czech Republic in 2007); (3) in places where an increased level of drug use may reasonably be expected (e.g. close to dance parties, concerts, and discos), and (4) in road traffic accidents.

Where a positive test for any of the five basic drugs being tested (cannabis, amphetamine, methamphetamine, cocaine, and opiates) is found, the person is invited to undergo a confirmatory medical test to which they are escorted by the police. The laboratory analysis is performed by a forensic toxicologist (using a blood or urine sample). Refusal to undergo this medical test may be classified as a misdemeanour under Section 22/1d or as a criminal offence under Section 201 of the Penal Code. In the event of a positive medical test, the offender is liable for covering the financial costs of the test. The incident is reported to the relevant administrative body (the municipal authority or a special body within the municipal administration), which decides whether the incident represents a misdemeanour (see below) or whether it should be referred to the public prosecutor because of the degree of

[78] According to Section 68 (2) of the Criminal Procedure Rules, it is prohibited to take into custody offenders prosecuted for a wilful offence for which the law sets a sentence of imprisonment for a term not exceeding 2 years. However, this restriction does not apply if the offender has a history of fleeing or hiding from justice or if the offender repeatedly failed to appear when summoned or could not be brought to or otherwise made to attend the criminal proceedings, if the identity of the offender remains unknown, if the offender has attempted to influence any witnesses or their co-defendants, otherwise obstructed justice, or continued to commit the offence for which the prosecution against them is ongoing.

[79] The police have used the DrugWipe 5 screening tests since 1 January 2006, i.e. since the coming into force of Act No. 379/2005 Coll. on the Measures for Protection from Harm Caused by Tobacco Products, Alcohol, and Other Addictive Substances.

[80] The screening tests cannot detect hallucinogens in the subject's saliva. They can only be detected by the confirmatory medical test.

[81] The DrugWipe 5 screening tests are also used by other branches of the Police of the Czech Republic, such as the Public Order Service and the Aliens and Border Service, and they can also be used by municipal police units, which report and refer to the Traffic Police Service of the Police of the Czech Republic any cases in which non-alcoholic drugs are detected in road users.

seriousness so that a criminal prosecution can be instigated against the offender for any of the criminal offences specified below.

Traffic misdemeanours related to substance abuse are punishable under Section 22 of Act No. 200/1990 Coll. on misdemeanours, as amended ("Misdemeanours against road safety and the free flow of traffic").

According to that section, a misdemeanour is committed by every road user who: a) drives a vehicle or rides an animal immediately after the use of alcohol or another controlled substance or at a time when that person is still under the influence of alcohol or another controlled substance following its use; b) drives a vehicle or rides an animal while in a an incapacitating condition[82] caused by the prior use of alcohol or another controlled substance, or c) refuses to take a statutory test to determine whether that person was not under the influence of alcohol or another controlled substance while driving a vehicle or riding an animal, even though such a test poses no risk to the person's health.

Administrative proceedings according to Section 22 of Act No. 200/1990 Coll. on misdemeanours may result in the loss of 6-7 traffic points[83], a fine of up to CZK 50,000 (€ 1,801), a driving ban for up to 2 years, or another restrictive measure. Bail[84] is usually set mainly in connection with violations of Section 22 (1) (c)[85] (Heinrich, 2007).

The Penal Code does not recognise a criminal offence of driving under the influence of alcohol or another controlled substance. There are also no specified limit concentrations of substances detected in the blood so as to determine incapacity[86]. The Penal Code was amended by Act No. 411/2005 Coll.; a change was made in the definition of the criminal offence of endangerment under the influence of a habit-forming substance according to Section 201 of the Penal Code, which classifies driving under the influence as a serious offence and introduces rather strict sentencing rules[87]. The offence is thus committed not only by any person who causes substantial damage or injury but also by any person who drives a vehicle while in an incapacitating condition resulting e.g. from the use of an addictive substance. In connection with road traffic, prosecution is also possible under Section 201a of the Penal Code – inebriation, under Section 180 of the Penal Code – reckless endangerment (driving a vehicle without the applicable licence is also a criminal offence under Section 180d of the Penal Code), under Section 171 (1) (c) of the Penal Code – obstructing justice (if it is found that a driving ban imposed by an administrative body or a court applied to a person at the time when he/she caused an accident). Similarly, criminal prosecution may be instigated under Sections 223 or 224 of the Penal Code against any person who causes reckless bodily harm (including deadly injury) as a result of driving under the influence of an addictive substance.

The sentence for the above-mentioned offences is awarded by the court, with most cases resulting in fines, driving bans, forfeiture, and imprisonment. The final judgement or penal order is also used by the Police of the Czech Republic (Traffic Police Service) to determine the number of points lost on the offender's driving licence.

Road traffic accidents under the influence of habit-forming substances are handled as misdemeanours or as criminal offences, depending on the extent and seriousness of the accident. In 2007, the Police of the Czech Republic

[82] According to the internal guidelines of the police, an "incapacitating condition" refers to a situation where blood analysis reveals a blood alcohol level exceeding 1‰ (in limit concentrations, the case is usually classified as a misdemeanour). No similar limit levels of other controlled substances have been determined.

[83] Act No. 411/2005 Coll. on road traffic came into force on 1 July 2006, amending Act No. 361/2000 Coll. on road traffic. The amendment to the traffic regulations also introduced a system of points for each traffic violation. The violations are assessed in terms of their seriousness and carry a corresponding score of penalty points. After a certain level of points is reached, the driver concerned is declared unfit to drive a motor vehicle and his/her driving licence is revoked.

[84] Because some Czech and, particularly, foreign drivers evaded misdemeanour proceedings, the amendment introduced the possibility of collecting bail to the amount of CZK 5,000 (€ 180) to CZK 50,000 (€ 1,801) and not exceeding the maximum fine applicable to the misdemeanour committed. The bail is a measure to ensure the participation of the suspect in the misdemeanour proceedings. The bail may be collected by a police officer on site from the person suspected of committing the misdemeanour where there is reasonable suspicion that the person may attempt to evade the misdemeanour proceedings (Section 125a (1) of Act No. 361/2000 Coll. on road traffic). The full amount of the bail is returned to the driver if they are found not guilty in the proceedings. If the driver is found guilty, the bail is used to cover the fine. If the driver refuses to pay the bail, the police officer may order the driver to drive to the nearest suitable place, where the vehicle is to be left.

[85] In the text of the chapter, Section 22/1c is mentioned under subparagraph (b), i.e. "drives a vehicle or rides an animal while in an incapacitating condition caused by the prior use of alcohol or another controlled substance".

[86] While in the case of alcohol, the level of influence over the driver may be assessed, mainly by using the blood alcohol level, it is not possible in practice to proceed in the same way in the case of (illegal) drugs. The metabolisation and effects of individual drugs are highly individual, and the mechanism of their effect is considerably more complex than in the case of alcohol. The assessment of the capacity to drive a vehicle following the use of medicines indicated by a physician is even more complex as far as both toxicology and law are concerned (Vorlová and Mravčík, 2008).

[87] Section 201 of the Penal Code covers the following: (1) Every person who, by negligence or otherwise, pursues professional or other activity which may pose a danger to human life or health or cause substantial damage while in an incapacitating condition caused by the prior use of an addictive substance is liable to imprisonment for a term not exceeding one year or to a fine or a prohibition on undertaking certain activities; (2) offenders are liable to imprisonment for a term from six months to three years or to a prohibition on undertaking certain activities where they have been sentenced or released from serving an imprisonment sentence imposed for the offence specified in paragraph (1) in the previous two years, where they have been sanctioned for a similar offence committed under the influence of an addictive substance in the previous two years, if such an offence causes an industrial, road traffic, or any other accident, bodily harm, or considerable damage to property or if it has any other serious consequences, if such an offence is committed while pursuing professional or other activity in which the influence of an addictive substance is particularly dangerous, especially while driving a mass-transport vehicle.

reported 78 road traffic accidents under the influence of "other controlled substances" (compared to 64 accidents in 2006); most of them occurred in the regions of North Moravia (15), South Moravia (14), and Central Bohemia (12). Accidents under the influence of such substances resulted in 2 deaths, 4 serious injuries, and 29 minor injuries; see Table 11-3.

Table 11-3: Road-traffic accident statistics in the Czech Republic in 2003-2007 – influence of alcohol and other controlled substances (Ředitelství služby dopravní policie Policejního prezidia ČR, 2008a)

Year	Accidents					Deaths				
	Total	Under the influence of alcohol		Under the influence of other controlled substances		Total	Under the influence of alcohol		Under the influence of other controlled substances	
	Abs.	Abs.	%	Abs.	%	Abs.	Abs.	%	Abs.	%
2003	195,851	9,076	4.9	39	0.02	1,319	111	8.5	0	0.0
2004	196,484	8,445	4.5	53	0.03	1,215	59	4.9	1	0.1
2005	199,262	8,192	4.3	60	0.03	1,127	59	5.2	0	0.0
2006	187,965	6,807	3.8	64	0.03	956	42	4.3	1	0.1
2007	182,736	7,266	4.3	78	0.04	1,123	36	3.2,	2	0.2

11.2 Data Collection

The individual competent administrative authorities keep statistics on misdemeanours and on the course of misdemeanour proceedings. Crime and criminal proceedings data are collected from various levels of criminal justice agencies. This section does not discuss the data in detail (most of which are provided in the chapter on Drug-Related Crime, page 95) but rather the data collection and reporting system.

11.2.1 Misdemeanour (Administrative) Data

Misdemeanours involving illicit drugs relate to Section 30 (Misdemeanours involving alcohol and other substance abuse) and Section 22 (Misdemeanours against road safety and the free flow of traffic) of Act No. 200/1990 Coll. on misdemeanours.

In line with Article 2 of Directive of the Police President No. 86/2006, all police personnel are to participate in the detection of misdemeanours involving narcotic and psychotropic substances. Cases are reported and referred, the necessary investigation carried out, and evidence collected by the staff of the Public Order Service, Railway Service, Traffic Police Service, and Aliens and Border Service of the Police of the Czech Republic. Other police officers conduct actions necessary to detect a misdemeanour or concerning persons suspected of misdemeanours, and then they are to refer the matter to the competent authority[88]. Where the conduct of the offender meets the definition of a criminal offence, they refer the matter to the Criminal Police and Investigation Service of the Police of the Czech Republic[89].

According to Section 52 (b) of Act No. 200/1990 Coll. on misdemeanours, the Police of the Czech Republic, specifically their Administrative Activities Section[90], are competent to handle only misdemeanours related to drug possession for personal use according to Section 30 (1) (j) of Act No. 200/1990 Coll. on misdemeanours (possession of a small quantity of drugs for personal use). Article 4 of Directive of the Police President No. 86/2006 specifies that the National Drug Headquarters and other dedicated branches within the Criminal Police and Investigation Service of the police operate in the area of the detection and documentation of illegal activities in drug-related crime.

The National Drug Headquarters is a dedicated drug enforcement branch of the Police of the Czech Republic. As far as the reporting method of misdemeanours under Section (1) (j) of Act No. 200/1990 Coll. on misdemeanours is concerned, it follows the above-mentioned Directive of the Police President No. 86/2006, Annex 6 of which provides a reporting form for the collection of data on the possession of a small quantity of a drug for personal use. Misdemeanours are reported to the National Drug Headquarters by the territorial units of the Criminal Police and Investigation Service on a monthly basis (always on the 15th day of the following month). The reporting items include the following: date of receipt of initial report, name and surname of the person concerned, nationality, personal ID number, and, where applicable, the date of birth/gender, file number of the misdemeanour record, drug/precursor type and quantity in grams, active substance content in the seized drug (%), additional components of the drug, the authority which carried out the seizure (e.g. police, Customs Administration, etc.), the result of the proceedings (e.g. reprimand, fine, administrative proceedings), the amount of the fine, and a note stating whether the offender is a drug producer, dealer, or user. The data are transferred via the intranet and processed by the Joint Analytical Centre of the National Drug Headquarters and the General Customs Headquarters of the Ministry of Finance using MS Excel.

[88] Directive of the Police President No. 83/2006 laying down the procedure followed by the Police of the Czech Republic as regards misdemeanour proceedings.
[89] Section 58 (1) and (3) (a) of Act No. 200/1990 Coll. on misdemeanours, as amended.
[90] Section 52 (b) of Act No. 200/1990 Coll.

Other misdemeanours under Sections 30 and 22 of Act No. 200/1990 Coll. on misdemeanours (i.e. also road traffic misdemeanours) are handled by the competent municipal authorities or special bodies within municipal administrations (in line with Section 52 (a) of Act No. 200/1990 Coll. on misdemeanours), but there is no consistent methodology in place to address the reporting of such misdemeanours and the penalties imposed, and therefore neither is there any joint nationwide report of road traffic misdemeanours.

Records of road traffic offences involving controlled substances according to Section 22 (Misdemeanours against road safety and the free flow of traffic) of Act No. 200/1990 Coll. on misdemeanours, as amended, are also kept by the police (the relevant units of the Traffic Police Service), which, however, only register the results of the screening and confirmatory drug tests carried out on road users. Positive tests are reported by the police (the relevant Traffic Police Service unit) to the competent administrative body, which evaluates the case and either handles it as a misdemeanour or refers it to the public prosecutor so as to instigate criminal proceedings (see Section 11.1.4 above).

11.2.2 Criminal Data

Crime and criminal justice data are monitored by the Czech Ministry of the Interior or the Ministry of Justice, depending on the stage of the criminal proceedings.

11.2.2.1 Ministry of the Interior

The Ministry of the Interior administers three data collection systems:

- Register of Reports on Instigated Criminal Proceedings;
- Register of Reports on the Course and Results of Criminal Proceedings; and
- Criminal Statistics Record System.

In addition to the above-mentioned central databases of the Ministry of the Interior, there is a dedicated data collection system coordinated by the National Drug Headquarters and the Joint Analytical Centre of the National Drug Headquarters and the General Customs Headquarters; the system deals exclusively with primary drug crime.

The unit responsible for the area of data collection in the three central databases is the Department for System Management and IT of the Police Praesidium. The information contained in the systems used to be collected on the basis of statistical datasheets, but the system did not provide online access to the individual databases. As of 1 January 2008, all the data are entered into the systems by the individual police units, using remote access and an electronic format. This is the so-called Criminal Proceedings Record Information System. Remote access thus ensures continuous data updating, which certainly facilitates a more operational type of policing and will contribute to the improved quality of statistics. The Register of Reports on Instigated Criminal Proceedings is connected with operational aspects of policing and, as such, it is not primarily intended for the statistical monitoring of crime and criminal proceedings. It contains data on the performance by the police of their individual tasks in the areas of prevention and enforcement. The Register of Reports on the Course and Results of Criminal Proceedings records the meritorious decisions made in the case [91].

The Criminal Statistics Record System is used to collect and process crime data. Data are registered in the system using the Criminal Offence Form and the Offender Form. The system is based on two statistical units – offence and offender. The basic statistical period is a calendar year. That is the period in which the reported data may be modified. The system enables statistical reports to be created that meet specific requirements on a continuous basis. The basic report (called “Statistical Report No. 1”) is published by the Police Praesidium on a monthly basis for the previous month (the monthly report is mainly for reference, because of the possible adjustments and additions subsequently made throughout the calendar year).

In the event of a joinder of offences,[92] only one offence is registered – that carrying the severest sentence according to the upper limit of the range of punishments specified in the Penal Code. If there are identical upper limits of the range of punishments, the registered offence is that whose substance best corresponds to the offender’s actions. However, there are certain exceptions (e.g. road traffic accidents are reported using a road traffic accident code, regardless of the legal classification of the incident). The individual forms of participation in a completed or attempted

[91] The Register of Reports on the Course and Results of Criminal Proceedings is a database intended exclusively for the internal use of the Police of the Czech Republic. Its main purpose is to provide information about the conclusion of prosecutions by the public prosecutor or judge in order to verify the need for the further processing of personal data according to the applicable provisions of the law. Act No.283/1991 Coll. on the Police of the Czech Republic imposes upon agencies involved in criminal proceedings, the Ministry of Justice, the Constitutional Court, and the Office of the President, the obligation to continuously inform the police, within the limits given by their respective competences, about the final decisions made by bodies involved in criminal proceedings, negative prescription, serving of sentences, or decisions by the President regarding criminal proceedings, sentences, or amnesties.

[92] Joinder of offences (“ideal concurrence”) can be divided into a homogeneous joinder (by committing a single act, the offender meets the definition of an offence several times) and a heterogeneous joinder (by committing a single act, the offender commits multiple offences with different definitions) (Jelínek, J. et al., 2006)

offence are not reported as a separate act. In the case of multiple offences committed concurrently,[93] each offence is registered separately. The Criminal Statistics Record System contains no sentencing details because it only concerns the preliminary part of the criminal proceedings, and sentencing data are collected by the Ministry of Justice Central Statistics Datasheets and Reports database (see below).

The National Drug Headquarters uses its own record system to report primary drug crime and, as in the case of misdemeanours, uses it in accordance with Directive of the Police President No. 86/2006. Annex 7 to the Directive specifies the collection of statistical data on drug-related crime. The data on drug offences, i.e. those under Sections 187-188 of the Penal Code, and drug offenders are also collected by the National Drug Headquarters alongside the collection made by means of the Criminal Statistics Record System, using statistical reports submitted by the territorial units of the Criminal Police and Investigation Service. Similarly, such reports are also submitted (where drug-related offences are detected or drugs seized) by other police units with nationwide jurisdiction. The reports are always submitted on a monthly basis on the 15th day of the following month, and they include the following details: arrest date, name and surname of the offender (if known), the nationality, personal ID number, or (where applicable) the date of birth/gender of the offender, the individual sections of the Penal Code under which the offender has been accused, file number, type, and quantity of the drug or precursor seized, the active substance content of the seized drug (%), additional components of the drug according to the findings of the forensic laboratory, the location of the seizure (border crossing, airport, inland), method of concealment (e.g. baggage, body cavities, buildings), the amount of cash seized, the type and quantity of property seized, the arresting authority (e.g. the police, the Customs Administration of the Czech Republic, or another authority), and a note stating whether the offender is a drug producer, dealer, or user. The information obtained is transferred via the intranet and processed using MS Excel.

The data collected by the Criminal Statistics Record System and the National Drug Headquarters differ. This mainly results from the different structure of the input data and the different data collection and processing methodologies. The Criminal Statistics Record System collects data on a wide range of crimes and its primary focus includes information about offences, offender characteristics, and records of the damage to property or bodily harm incurred. In doing so, it pays less attention to the description of the substantive aspects of drug-related offences, mainly the type of drug involved in the recorded offence or the quantity of drugs seized. Data are collected and continuously entered into the Criminal Statistics Record System using the electronic forms of the Criminal Proceedings Record system. Unlike the Criminal Statistics Record System, the system used by the National Drug Headquarters only deals with drug-related issues and is updated on a monthly basis.

11.2.2.2 Ministry of Justice

The Ministry of Justice of the Czech Republic collects and evaluates data in the Central Statistics Datasheets and Reports database, which is the central data warehouse of the Ministry of Justice that processes data received from public prosecutors' offices and courts. The system is gradually being extended and improved in order not only to enable data to be entered in the individual offices but also to provide the Ministry with information about the efficiency and effectiveness of the judiciary.

Data collection is carried out using a Criminal Statistics Datasheet for Public Prosecutors' Offices and a Criminal Statistics Datasheet for Courts. The two forms contain both offender and offence data; offences and offenders are the basic statistical units. The basic statistical period is a calendar year. The data are collected throughout the entire year, and the system enables statistical data to be processed continuously. As in the Criminal Statistics Record System of the police, adjustments and additions can be made during the calendar year. Thus the data for the entire calendar year may differ from the data obtained and processed on a preliminary basis.

The Criminal Statistics Datasheet for Public Prosecutors' Offices is completed for each known individual included in the register for supervision in criminal proceedings[94]. If the case is assessed differently by multiple public prosecutors' offices as far as the offender is concerned, only one datasheet is produced, specifying the most serious alternative. Only one datasheet is completed per case; if the offender committed multiple offences for which they were prosecuted within the same criminal proceedings, the datasheet enables up to 10 offences to be included (if the number of offences is higher, the less serious ones are not included).

The Criminal Statistics Datasheet for Courts is always completed for each individual person immediately after the decision has become final. It is not completed if the case is returned to the public prosecutor for further investigation, if the criminal proceedings are stayed or conditionally suspended according to Section 305 of the Criminal Procedure Rules, or if the decision of a foreign court has been legitimately recognised. Up to 4 types of offences per offender may be reported using the datasheet. If the court imposes a cumulative sentence[95] upon the offender and, at the

[93] Multiple offences committed concurrently ("actual concurrence") can be divided into homogeneous concurrence (by committing multiple acts, the offender meets the definition of a single criminal offence) and heterogeneous concurrence (by committing multiple acts, the offender commits multiple offences having different definitions) (Jelínek, J. et al., 2006)

[94] All preliminary proceedings conducted by the police are supervised by the supervisory public prosecutor.

[95] According to Section 35 (2) of the Penal Code, the court can impose a cumulative sentence when sentencing an offender for an offence committed before conviction was declared by the first-instance court in relation to another offence committed by the offender. When imposing a cumulative sentence, the court cancels the prior judgement imposing a sentence upon the offender and any other decisions whose content pertains to that judgement where such decisions have lost their basis as a result of the change caused by the

same time, another sentence, two datasheets must be prepared, one for the offence for which the cumulative sentence was awarded and the other for the other offences. This results in the number of offenders being lower than the number of offences and sentences reported because a single offender may be reported several times. Duplication may also occur in connection with the imposition of cumulative sentences, in which the sentence imposed upon the offender by a prior judgement is cancelled but the datasheet used to report the cancelled sentence still remains in the reports.

11.2.2.3 Comparison of the Systems Used by the Ministry of the Interior and the Ministry of Justice

Offences and offenders are entered into the databases of the Ministry of the Interior and the Ministry of Justice at different stages of criminal proceedings. The police databases (Criminal Statistics Record System and the system of the National Drug Headquarters) register the case at the very beginning of the criminal proceedings (when the offender is charged). The individual cases enter the Central Statistics and Reports Database with a certain delay, after the preliminary stage of the criminal proceedings is completed (after the decision is made on the indictment, on the suspension of prosecution, etc.).

Although the structure of the data collected by the Ministry of the Interior and the Ministry of Justice is not identical, a number of identical items concerning both the offence and the offender may be found in the databases. The common items in the police and judiciary databases include the following: date of birth[96], gender, age group, military or law enforcement membership, special position[97] of the offender, education, prior convictions[98], offence commission data[99], custody, date of instigation of criminal proceedings, offence designation (legal classification)[100], monitored circumstances of the offence[101], domestic violence, and relationship between the offender and the victim. However, the content of the items is not identical; the same item in different databases contains information with a different structure and with varying levels of detail, depending on the code-list applied. In addition to the above-mentioned items which are identical or similar in terms of content, all the databases also include detailed information relevant to the stage of criminal proceedings in which the institution operating the database is involved. In particular, such items include a detailed description of the handling of the case and types of sentences and protective measures.

The Criminal Statistics Record System and the Central Statistics Datasheets and Reports database are not currently interconnected. That is mainly due to the current data protection legislation. The police may gather the personal data of offenders, and their statistical records are also kept using the offender's personal (birth) ID number as a unique identification code. The Criminal Statistics Record System thus contains a large volume of personal data. On the contrary, the Ministry of Justice is not (in the opinion of the Office for Personal Data Protection) authorised to gather personal data, although the individual components of the Ministry (such as courts and public prosecutors' offices), being bodies involved in criminal proceedings, may do so in connection with such proceedings. For this reason, the Ministry of Justice keeps the individual entries using the case file numbers rather than the offenders' personal ID numbers. For example, offender information enables the socio-demographic data to be processed but does not enable offenders to be identified without consulting the actual file (which is not available to the Ministry of Justice). The interconnection of the two databases using personal ID numbers is thus prevented. The police, public prosecutors' offices, and courts use different reference numbers, and hence they cannot be used as a potential link. However, the Ministry of the Interior and the Ministry of Justice are conducting ongoing legal and technical negotiations regarding the interconnection of their databases.

11.2.2.4 Collection of Data on Drug Type and Treatment Start

The above-mentioned databases enable selected drug types to be monitored mainly in the case of drug offences, i.e. offences under Sections 187-188a of the Penal Code. In the Criminal Statistics Record System, the drug type is monitored in drug offences using the "Object of interest" item. The guideline for the completion of the forms accepts the entry of up to 6 items (i.e. a maximum of 6 different drugs), but it does not specify the method to be used to determine the main drug. The code-list used in completing the data entry forms contains a number of drug types, often even distinguishing between their forms, e.g. between cocaine and cocaine paste or between cannabis plants and marijuana.

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cancellation. The cumulative sentence must not be lighter than the sentence imposed by the prior judgement. Within such a cumulative sentence, the court must declare the sentence of the loss of honorary titles and honours, loss of military rank, or forfeiture where such a sentence was awarded by the prior judgement.

[96] The Criminal Statistics Record System of the police uses the offender's personal ID number (also referred to as the birth registration number).

[97] This concerns certain professions and positions in the public sector etc. Within the Criminal Statistics Record System, it is monitored using the item concerning the offender's employment.

[98] All the three institutions follow any prior convictions, but each of the institutions uses a different format (e.g. the police also follow the aspect of committing an offence while on probation, while the courts only follow repeated offenders).

[99] Courts only follow the date when the first offence is committed because their datasheet is filled for the individual offenders rather than the individual offences (i.e. a single indictment may include multiple offences).

[100] In addition to the legal classification, the police also use a more detailed system called the "tactical and statistical classification", which, for example, distinguishes between the theft of motorcycles and cars.

[101] The Criminal Statistics Record System monitors this in greater detail using the items "Object of interest" and "Object of attack".

Being a special drug enforcement branch of the Police of the Czech Republic, the National Drug Headquarters monitors drug types, using a methodology different from that of the Criminal Statistics Record System (see chapter 11.2.2.1 above).

In the Central Statistics Datasheets and Reports, drug type details are entered in the "Monitored circumstances of the offence" item in both types of datasheets. In line with the applicable guidelines[102], drug type information is only entered in the case of drug offences. The drug type classification is less detailed than that of the Criminal Statistics Records System, recognising the following substances: marijuana or hashish, pervitin, ecstasy, heroin, cocaine, and other controlled substances. A maximum of 3 drug types may be monitored per offender because the item only allows the entry of three different circumstances. In statistical reports, the aggregate number of offenders by individual drug types is significantly higher than the actual number of offenders charged with the relevant offences because a single offender may appear in the reports up to three times.

According to the applicable criminal law, in the Czech Republic it is not possible to stay prosecution on the grounds of the offender's commencement of drug therapy. However, the start or completion of therapy may be a reason for the application of various diversions and alternative sentences, e.g. the conditional suspension of prosecution. These specific methods of waiver of prosecution or sentencing are statistically monitored but it is impossible to find in the reports the reason for such a decision made by public prosecutors' offices or courts. In opting for such legal alternatives, the two institutions consider a number of statutory criteria, the personality of the offender, and the circumstances of the offence, and their decision is rarely based on the single fact of starting therapy. As far as the protective measure consisting of the referral of the offender to compulsory (protective) treatment is concerned, the statistical reports distinguish between compulsory treatment related to alcohol and to other substances (for more details see the chapter on Treatment, page 54).

11.2.3 Data on Road Traffic Accidents and Offences Related to Drugs

Persons involved in road traffic accidents are tested for the use of alcohol or other controlled substances. The individual accidents are registered by the police (the competent unit of the Traffic Police Service), who report the details of each accident using a dedicated form which includes 59 categories, including category No. 57 – "Driver condition", where item 3 may read "Under the influence of drugs". Road traffic accident data from each district headquarters of the police are electronically (using IBM Lotus Notes) submitted to and evaluated by the Traffic Police Service Directorate of the Police Praesidium of the Czech Republic on a monthly basis.

For each offence, it is possible to indicate in both the Criminal Statistics Record System and the Central Statistics Datasheets and Reports the fact that it was a road traffic accident and that the influence of alcohol or other substances was found in the given offence. In the Criminal Statistics Record System, the fact that the case was a road traffic incident related to the offence of endangerment under the influence of an addictive substance (Section 201 of the Penal Code) or inebriation (Section 201a of the Penal Code) is monitored directly in the code-list used for the tactical and statistical classification (see above). A separate item is provided in which it is possible to indicate that the offence was committed under the influence of alcohol or another drug. It is possible to indicate in the "Monitored circumstances of the offence" item of the datasheets for public prosecutors' offices and courts used by the Central Statistics Datasheets and Reports that the offence was a road traffic accident and that it was committed under the influence of alcohol or another drug. However, this item only allows the entry of three monitored circumstances (see above). The Ministry of Justice prepares a special report called Traffic-Related Criminal Offences, which also provides the number of criminal offences committed under the influence of drugs, which, however, does not necessarily mean that they involved driving under the influence of drugs. It is also impossible to find from the report the sentences imposed because the reported sentences concern all the offenders sentenced for a traffic-related criminal offence rather then just those offenders acting under the influence of a controlled substance. It is also possible that traffic-related criminal offences were committed by a larger number of offenders under the influence of drugs because the committed-under-the-influence attribute is only indicated where the drug played a significant part in the offence.

According to the Ministry of Justice, courts registered a total of 28,413 traffic-related offences in 2007, of which 46 offences included the attribute of "committed under the influence of drugs" (while "committed under the influence of alcohol" was reported in 10,646 offences). Endangerment under the influence of an addictive substance (Section 201 of the Penal Code) accounted for the largest number of the traffic-related offences committed under the influence of drugs.

11.3 Data Publication and Use

The available data on drug offences and their breakdown by drug type and the individual types of offences, as well as information about the number of offenders charged and sentenced and the sentencing details, are provided in the chapter on Drug-Related Crime, page 95. The information is published on an annual basis and its scope, structure,

[102] Guidelines of the Ministry of Justice of the Czech Republic effective from 1 January 2008, specifically the Manual for the Completion of the Criminal Statistics Datasheet for Public Prosecutors' Offices (version 080101) and the Manual for the Completion of the Criminal Statistics Datasheet for Courts (version 080101).

and quality show a progressive trend thanks to the activity pursued by the Working Group on Criminal Justice Data of the National Focal Point, consisting of experts from the ministries involved and other professionals. Basic crime reports, including those covering drug-related crime, are also published on the website of the Ministry of the Interior and in the annual reports of the National Drug Headquarters. Information about criminal proceedings and sentencing is also published on the website of the Ministry of Justice in the form of standard reports and in the Yearbook of Crime Statistics, which is always prepared for the previous year.

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SELECTED DRUG-RELATED WEB PAGES ON THE CZECH INTERNET

An extensive list of (not only) Czech websites that deal with drug issues is available at http://www.drogy-info.cz/index.php/web_a_drogy/. The following list provides selected official pages of key institutions in the field of the prevention , treatment , and monitoring of drug use .

Adiktologie – odborný časopis pro prevenci, léčbu a výzkum závislostí (Addictology – a professional journal for the prevention and treatment of and research into addiction): http://www.adiktologie.cz/Casopis-Adiktologie.html

A.N.O. – Asociace nestátních organizací zabývajících se prevencí a léčbou drogových závislostí (Association of NGOs Concerned with the Prevention and Treatment of Drug Addiction): http://www.asociace.org/

An application used to register drug-related services and their clients: http://www.drogovesluzby.cz

Celní správa ČR (Customs Administration of the Czech Republic): http://www.cs.mfcr.cz/

Centrum adiktologie – Psychiatrická klinika I. LF a VFN, Univerzita Karlova v Praze (Centre for Addictology at the Psychiatric Clinic of the 1st Medical Faculty and General Teaching Hospital in Prague): http://www.adiktologie.cz/

Centrum epidemiologie a mikrobiologie SZÚ (Centre for Epidemiology and Microbiology of the National Institute of Public Health): http://www.szu.cz/o-szu/centrum-mikrobiologie

Centrum pro výzkum veřejného mínění – Sociologický ústav AV ČR (Public Opinion Poll Centre – Institute of Sociology of the Academy of Science of the Czech Republic): http://www.cvvm.cas.cz/

Česká asociace streetwork (Czech Outreach Work Association): http://www.streetwork.cz/

Česká lékařská společnost JEP Czech Medical Association of J.E. Purkyně): http://www.cls.cz/

Česká neuropsychofarmakologická společnost (Czech Neuropsychopharmacological Society): http://www.cnps.cz/

Český statistický úřad (Czech Statistical Office): http://www.czso.cz/

Database of social prevention services : https://www.sluzbyprevence.mpsv.cz/

Drop In, o.p.s. (a public service company): http://www.dropin.cz/

EXTC – web counselling - prevention of synthetic drug abuse: http://www.extc.cz/

UN Information Centre in Prague: http://www.osn.cz/

Primary prevention information portal run by the SANANIM civic association : http://www.odrogach.cz/

“Safer Party” initiative: http://www.saferparty.cz

Institut pedagogicko-psychologického poradenství (Institute of Pedagogical and Psychological Counselling): http://www.ippp.cz/

Institut pro kriminologii a sociální prevenci (Institute for Criminology and Social Prevention): http://www.ok.cz/iksp/

Ministerstvo spravedlnosti (Ministry of Justice – Czech judiciary portal): http://portal.justice.cz/

Ministerstvo práce a sociálních věcí (Ministry of Labour and Social Affairs): http://www.mpsv.cz/

Ministerstvo školství, mládeže a tělovýchovy (Ministry of Education, Youth, and Physical Education): http://www.msmt.cz/

Ministerstvo vnitra (Ministry of the Interior): http://www.mvcr.cz/

Ministerstvo zdravotnictví (Ministry of Health): http://www.mzcr.cz/

Národní monitorovací středisko pro drogy a drogové závislosti (National Monitoring Centre for Drugs and Drug Addiction): http://www.drogy-info.cz/

Národní program řešení problematiky HIV/AIDS (National HIV/AIDS Programme): http://www.mzcr.cz/Verejne/Pages/133-narodni-program-reseni-problematiky-hivaids.html; Národní program boje proti AIDS ČR (National Programme of Combating AIDS in the Czech Republic): http://www.aids-hiv.cz/

Národní protidrogová centrála Služby kriminální policie a vyšetřování, Policie ČR (Police National Drug Headquarters): http://www.policie.cz/clanek/kontakty-792962.aspx

Poslanecká sněmovna Parlamentu ČR, Výbor pro zdravotnictví, Podvýbor pro problematiku civilizačních onemocnění a závislostí (Chamber of Deputies of the Parliament of the Czech Republic, Health Committee – Subcommittee for Drugs and Addiction Issues): http://www.psp.cz/sqw/snem.sqw?id=779

Probační a mediační služba ČR (Probation and Mediation Service of the Czech Republic): http://www.pmscr.cz /

Prev-Centrum, o.s. (a civic association): http://www.prevcentrum.cz/

Psychiatrické centrum Praha (Prague Psychiatric Centre): http://www.pcp.lf3.cuni.cz/pcpout/

Rada vlády pro koordinaci protidrogové politiky (Government Council for Drug Policy Coordination): http://rvkpp.vlada.cz

Register of social service providers: http://www.mpsv.cz/cs/3880

SANANIM, civic association – web pages (drug information server, drug counselling service, primary prevention server): http://www.sananim.cz/

Sdružení Podané ruce, o.s. (a civic association): http://www.podaneruce.cz/

Sekce terapeutických komunit A.N.O. (Therapeutic Communities Section, Association of NGOs): http://www.terapeutickekomunity.org/

Státní zdravotní ústav (National Institute of Public Health): http://www.szu.cz/

Ústav farmakologie 3. LF UK – neuropsychofarmakologie a prevence drogových závislostí (Institute of Pharmacology of the 3rd Medical Faculty of Charles University in Prague – Neuropsychopharmacology and Prevention of Drug Addiction: http://www.lf3.cuni.cz/drogy/

Ústav zdravotnických informací a statistiky (Institute of Health Information and Statistics of the Czech Republic): http://www.uzis.cz/

Vězeňská služba ČR (Prison Service of the Czech Republic): http://www.vscr.cz/

Výzkumný ústav práce a sociálních věcí (Research Institute of Labour and Social Affairs: http://www.vupsv.cz/

ABBREVIATIONS

2005–2006 Action Plan – Action Plan for the Implementation of the National Drug Policy Strategy for the Period 2005 to 2006

2007–2009 Action Plan – Action Plan for the Implementation of the National Drug Policy Strategy for the Period 2007 to 2009

2005–2009 National Strategy – National Drug Policy Strategy for the Period 2005-2009

ADD – Attention Deficit Disorder

ADHD – Attention Deficit Hyperactivity Disorder

Annual Report – Annual Report: The Czech Republic – Drug Situation

AT – Alcohol – Toxicomania (AT clinic – a name for an outpatient medical facility dealing with addiction treatment)

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

ESPAD – European School Survey on Alcohol and Other Drugs

EU – European Union

GCDPC – Government Council for Drug Policy Coordination

HAV – hepatitis A virus, viral hepatitis A

HBV – hepatitis B virus, viral hepatitis B

HCV – hepatitis C virus, viral hepatitis C

HIV – Human Immunodeficiency Virus

HR – harm reduction

ICD-10 – International Classification of Diseases, 10th Revision

IDU(s) – injecting drug user(s)

NFP – National Focal Point (Czech National Monitoring Centre for Drugs and Drug Addiction)

NGO(s) – non-governmental organisation(s)

PMS – Probation and Mediation Service of the Czech Republic

WHO – World Health Organisation

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