

**CZECH NATIONAL FOCAL POINT FOR DRUGS AND DRUG ADDICTION**



Office of the Government of the Czech Republic  
Nábřeží Edvarda Beneše 4  
118 01 Praha 1 – Malá Strana  
tel.: +420 296 153 222  
fax: +420 296 153 264

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## **NATIONAL ACTION PLAN ON DRUG INFORMATION SYSTEM 2003-2004**

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## **1 Introduction**

Drug information system (DIS) is a complex tool to monitor drug use and its consequences in the Czech Republic. National Monitoring Centre for Drugs and Drug Addiction (NMC), which plays a role of national partner of EMCDDA<sup>1</sup> as a National Focal Point (NFP), is responsible for this system. NMC was established by Governmental Decree No. 643/2002 within the National Drug Commission Secretariat (NDC) in June 2002 to guarantee the quality, accuracy and reliability of the information from the field of drug use. For this purposes NMC should initiate, coordinate and influence activity of the different institutions producing and analysing data from the drug field. To monitor progress with respect to this purpose, National Action Plan on DIS (NAPDIS) is formulated.

Activities of DIS are aimed principally to the collection and analysis of the information on the one side and dissemination on the other side. They are not strictly oriented just to the concept of 5 key epidemiological indicators<sup>2</sup> (KI) - even though the set of key indicators is basic domain of the DIS.

Information completed and produced in the frame of DIS will be used for the evaluation of the prevention, treatment, harm reduction, low-enforcement and overall drug policy interventions both at the local (regional) and national level.

## **2 Current Legal Status of NAPDIS**

NAPDIS has a status of the internal document of NFP yet. It is expected to submit NAPDIS for approval in the inter-ministerial National Drug Commission in the beginning of 2003.

## **3 DIS/NFP Philosophy**

- Evidence based approach – to avoid mistakes as much as possible and to achieve the right result
- Expertise – to achieve good quality data
- Standardisation – to increase comparability of the data
- Informational openness – to achieve optimal environment and setting for the work
- Networking – to enlarge horizon and to have more potency
- Project-based approach – to be focused on and flexible
- Pragmatism – to gain the goal

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<sup>1</sup> European Monitoring Centre for Drugs and Drug Addiction in Lisbon, Portugal

<sup>2</sup> These 5 key indicators are: drug use in the general population, problem drug use, drug related infectious diseases, drug related deaths and mortality of drug users, treatment demand

## 4 Current Status of DIS

### 4.1 Data Gathering

#### 4.1.1 5 Key Indicators Main Monitoring Systems/Research/Studies

##### 4.1.1.1 Population surveys

Institution	Status	Methodology	Compatibility with EMCDDA standards
Institute for Public Opinion Research	annually	quota sampling, approx.1000 participants	poor
Institute for Health Information and Statistics	every 3 years, lastly in 1999	stratified sampling, representative for CR and regions, approx. 3500 participants	core set of questions is compatible

##### 4.1.1.1.1 School surveys

Institution	Status	Methodology	Compatibility with EMCDDA standards
Csemy et al (Prague Psychiatric Centre and NDC)	every 4 years, lastly in 1999	ESPAD	total
Hygiene Service	every 3 years, lastly in 2000	ESPAD based	very high

#### 4.1.2 Treatment demand

Institution	Status	Methodology	Compatibility with EMCDDA standards
Hygienic Service	ongoing from 1995	Quarterly reporting from services providers to the hygiene service, high coverage rate	very high
Association of NGOs	starting	Records of clients and services provided, poor coverage rate	very high
Institute of Health Information and Statistics	ongoing annually	in-patient register in health care facilities only, ICD-10 based	high

#### 4.1.3 Problem drug use prevalence estimates

Institution	Status	Methodology	Compatibility with EMCDDA standards
NFP	1998, 2000	CRM, Multiplier treatment method	very high

#### 4.1.4 Drug Related Infectious Diseases

Institution	Status	Methodology	Compatibility with EMCDDA standards
National Institute of Public Health	ongoing	All HIV tests reporting system from laboratories, high coverage rate by route of transmission/risk group	modest
	ongoing	New clinical cases of viral hepatitis, 100% coverage rate	low
Different local agencies	ongoing	Seroprevalence studies of HIV and VH, local coverage	very high

#### 4.1.5 Mortality

##### 4.1.5.1 Drug related deaths – general registry

Institution	Status	Methodology	Compatibility with EMCDDA standards
Czech Office of Statistics/Institute for Health Information and Statistics	ongoing	All deaths	very poor

##### 4.1.5.2 Drug related deaths – specialised registry

Institution	Status	Methodology	Compatibility with EMCDDA standards
NFP in co-operation with Society of Forensic toxicology	ongoing from 1998	Drug testing as a part of autopsies of all rapid or sudden deaths	total

##### 4.1.5.3 Mortality of drug users

- no relevant study or monitoring system

#### 4.1.6 Other important data and methods in place

- Impact analysis project of new drug law was performed under NDC supervision in 1999 – 2001 including following methodology:
  - semi-economical analysis (cost of illness, cost and benefit, cost effectiveness analysis)
  - qualitative methods
  - cluster analysis of drug use by Czech districts
- XTC pills testing database
- Final reports of projects funded by NDC
- Rapid Assessment

## 4.2 Human resources

3 employees with following domains in NFP and background:

- head of NFP – epidemiologist
- monitoring and research – social scientist
- evaluation - lawyer

3 permanent research fellows are contracted for NFP – epidemiologist, social scientists and lawyer.

Internal and external staff is well educated and trained in generally (Reitox Academy, Phare seminars), however training in special topics is needed in the near future.

### **4.3 Networking**

Following task groups are established in the frame of Phare Twinning involving relevant experts from different Czech institutions, agencies or ministries:

1. Treatment demand indicator
2. Population surveys
3. Prevalence estimates
4. DRD and Mortality
5. DRID (BBD)
6. Data collection map
7. Institutional building of Supply reduction focal point
8. Institutional building of NFP
9. NFP web building
10. Substitution/Opiate Agonist Treatment
11. Evaluation

## **5 NFP/DIS Needs/Priorities in the 2003 – 2004**

NFP/DIS is planned to be fully operational from January 2003. In the 2003 – 2004 following topics are suggested as the main needs or priorities:

- Complementation of qualified NFP staff, appropriate equipment
- Strengthening the competence of NFP experts in highly specialised fields:
  - statistical software, statistical procedures (e.g. SPSS...)
  - data processing, data management
  - evaluation of interventions, program, projects, policies
- Sustainability of DIS, central database (EpiCenter) establishing
- Improving the quality of law enforcement data sources (esp. Police and Customs) - compatibility with each other and/or with EMCDDA definitions and standards
- Guidelines for primary data providers
- Activation of the network of newly appointed Regional Drug Co-ordinators (RDC) as well as the drugs data flow from/to regions, implementation of the "Regional Plans of Prevention and Treatment" with emphasis to improve the quality of regional data
- Public relations of NFP, public and expert data dissemination plan, NFP website

## **6 Expected results during the 2003 - 2004**

- NFP:
  - qualified full staff in place
  - appropriate equipment (HW and SW)

- sustainability and stability of human and financial resources
- DIS:
  - 5 harmonised indicators provided in the standardised and ongoing way
  - legal/regular/contractual framework of data providing
  - protocols and manuals for the Czech data formats and gathering mechanisms of 5 KI
  - supply reduction data delivered in standardised form
  - pills database developed and operable
- Evaluation:
  - tools for evaluation mechanism of basic services/modalities in the prevention and treatment of drug use
  - practical application of this tools in practice
  - guidelines for evaluation, manuals of good praxis available in Czech tailored for the Czech specific situation
- Dissemination:
  - website operable
  - editing plan in run (fact sheets, scientific series)

## 7 Objectives for 2003 – 2004

### 7.1 5 KI

#### 7.1.1 Drug use in the population

Activity	Responsible institution(s)	Term – status (it means term of first results without another indication)
General population survey	Institute of Health Information and Statistics	5/2004 - data gathered
ESPAD	Prague Psychiatric Centre (NFP)	12/2003 – data gathered

#### 7.1.2 Problem drug use prevalence estimates

Activity	Responsible institution(s)	Term – status (it means term of first results without another indication)
CRM at the national level (police, Low-threshold, FTD, VH, In-patient)	NFP	3/2003 – data gathered 6/2003 - analysis
Multiplier treatment method	NFP	4/2003 – new multipliers for 2002 gathered 8/2003 – method proceed

#### 7.1.3 DR deaths and mortality of DUs

Activity	Responsible institution(s)	Term – status (it means term of first results without another indication)
DR deaths monitoring system	NFP (Society of Forensic toxicology)	ongoing
Illegal drug aetiology in fatal traffic accidents prevalence study	NFP (Society of Forensic toxicology)	6/2003
retrospective – prospective cohort studies <ul style="list-style-type: none"> <li>• methadone clients</li> <li>• IDUs</li> <li>• In-patients clients</li> </ul>	NFP (Institute of Health Information and Statistics)	3/2004

#### 7.1.4 DRIDs

Activity	Responsible institution(s)	Term – status (it means term of first results without another indication)
VHC seroprevalence study	NFP	2/2003 – data gathered 8/2003 – first results published
Reporting system of HIV and VH testing in low-threshold centres for DUs	NFP (Association of NGOs)	1/2003 – start on the ongoing basis
Monitoring system of DRIDs (HIV and VH) in DUs in prisons	NFP (General Directorate of Prisons)	1/2003 – start on the ongoing basis (?)
Case studies of HIV+ IDUs	NFP (AIDS centre(s))	12/2004

#### 7.1.5 Treatment demand

Activity	Responsible institution(s)	Term – status (it means term of first results without another indication)
FTD and ATD reporting system	Prague Hygienic Station	ongoing
Unification of data gathering in low-threshold and treatment centres	NFP (Association of NGOs)	1/2004 – start on the ongoing basis
Monitoring system of drug TDs in prisons	NFP (General Directorate of Prisons)	1/2003 – start on the ongoing basis (?)
Drug career, passage of the drug client through different types of services, services utilisation study	NFP	12/2004

#### 7.2 Other Data Gathering

Activity	Responsible institution(s)	Term – status (it means term of first results without another indication)
Qualitative monitoring rapid assessment with key informants (focus groups)	NFP	6/2003
Early warning system on new synthetic drugs <ul style="list-style-type: none"> <li>• party dancers data monitoring system</li> <li>• quantitative pills testing</li> </ul>	NFP (Association of NGOs)	<ul style="list-style-type: none"> <li>• 6/2003</li> <li>• ongoing</li> </ul>

#### 7.3 Monitoring of interventions

Activity	Responsible institution(s)	Term – status
Drug demand reduction activities monitoring	NFP	ongoing
Drug supply reduction activities monitoring	SR-FP (NFP)	ongoing
EDDRA	NFP	6/2003 – Czech EDDRA database establishment
Evaluation of interventions	NFP	6/2003 – concept of evaluation available 6 - 12/2003 – pilot phase of primary prevention programs, low threshold programs, substitution treatment and communities 1/2003 – standard ongoing evaluation

#### 7.4 Methodological guidance

Guidelines/protocols	Responsible institution(s)	Term of guidelines edition
Data collection map	NFP (data providers)	2/2003
Protocols for 5 KI – (from data providing to reporting)	NFP (data providers)	5/2003
Manuals for 5 KI for primary data producers	NFP (data providers)	8/2003
Guidelines for the structured report on realisation of programmes funded by Czech government – update version	NFP	1/2003
Guidelines for the situational analysis for Regional Plans on Drug Prevention and Treatment	NFP	1/2003
Manual for on-site and quantitative XTC pills testing and relating activities	NFP (Association of NGOs)	1/2004
Standards and good praxis manuals for services providers for different modalities	NFP (Association of NGOs, Czech medical association)	6/2003 - 6/2004

#### 7.5 Dissemination Objectives

Activity	Responsible institution(s)	Term of edition
Annual report 200X-1	NFP	7/200X
Web site – updated version	NFP	1/2003
Fact sheets	NFP	bimonthly since 1/2003
Scientific series publications	NFP	6 titles in every year
Press releases	NFP	ongoing

#### 7.6 Human resources

7 employees including head from 1/2003 with following job priorities:

- 4 for monitoring and research
- 1 for evaluation of quality and efficiency
- 1 for public relations and data dissemination
- 1 assistant for administrative job and data entry

3 permanent research fellows contracted in 2003 with following priorities:

- monitoring and research
- evaluation of quality and qualitative research
- supply reduction data analysis

#### 7.7 Networking

Following task groups will operate on regular basis in 2003:

1. Treatment demand indicator
2. Population surveys
3. Prevalence estimates
4. DRD and Mortality
5. DRID (BBDs)
6. NFP web

7. Substitution
8. Evaluation

**Advisory expert board** of NFP will be established (3/2003) to:

- approve research and editing plan of DIS
- deal with the ad hoc major problems in the field of drug monitoring and interventions evaluation

Editorial board of Annual report on drug situation produced by NFP according to EMCDDA guidelines will be established (3/2002).

## 8 Budget Planned for 2003 - Draft Version

Item	Czech crowns	€
Salaries	2063000	68767
Insurance	700000	23333
International business journey	23000	767
National business journey	150000	5000
EMCDDA members payment	3059000	101967
SW	150000	5000
Research projects	2000000	66667
Translations	350000	11667
Publications	400000	13333
Other services provision	500000	16667
Books, expert literature	30000	1000
Travelling expenses	5000	167
Telephones	140000	4667
Entertainment spot	15000	500
<b>Total</b>	<b>9585000</b>	<b>319500</b>