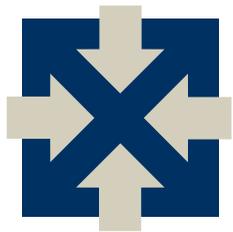




Annual Report

The Czech Republic

2003 Drug Situation



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Prague, September 2004

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SECRETARIAT OF THE COUNCIL OF THE GOVERNMENT FOR DRUG POLICY COORDINATION
On the authority of the Government of the Czech Republic and the European Monitoring Centre for Drugs
and Drug Addiction

Annual Report: The Czech Republic – 2003 Drug Situation

Published by: © Office of the Government of the Czech Republic, 2004
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Translated by: Mgr. Jindřich Bayer

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For bibliographical quotations: Mravčík, V., Korčíšová, B., Lejčková, P., Miovská, L., Škrdlantová, E., Petroš, O., Radimecký, J., Sklenář, V., Gajdošíková, H., Vopravil, J. (2004) Annual Report: The Czech Republic – 2003 Drug Situation. Prague: Office of the Government of the Czech Republic.

ISBN 80-86734-29-3.

Acknowledgment/

This report is the third Annual Report drawn up by the National Monitoring Centre for Drugs and Drug Addiction. Let us thank all of the collaborators, members of working groups, organizations, institutions and bodies that provided the necessary data and contributed to the interpretation of the data. You can find their names in the reference list or in the text of the report. We would also like to thank EMCDDA for its support in the preparation of the annual report and functioning of the Czech drug information system as such. We believe that the report provides sufficient information about the results and functioning of the Czech drug information system.

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Summary, New Trends and Data Consistency

Development in all key indicators of the drug situation in the Czech Republic in 2003 was similar to that of 2002. No significant negative change has occurred; in general, the development can be described as favourable.

The year 2003 was the third year of implementation of the 2001 – 2004 National Drug Policy Strategy; no significant system or legislative change was reported.

The trend of diverging development has continued in the fields of problem drug use (of pervitin and heroin) and experimental and recreational drug use (of cannabis and ecstasy).

Both the problematic and experimental use of pervitin and heroin have a decreasing tendency. It is estimated that there were 30,000 problem drugs users in the Czech Republic in 2003; thereof 11,000 were heroin users and 19,000 were pervitin users. The estimates have had a decreasing trend in the previous four years. In the last two years, the number of fatal opiate (including heroin) and pervitin overdoses has stabilized at a low level (21 and 9 cases respectively in 2003). The year 2003 was the first year when data about drug users' mortality were available (approximately 1% per year). The number of newly infected HIV positive injecting users has been low over the last years (4 cases were reported in 2003); the number of reported new acute cases of HBV and HCV among injecting drug users has been decreasing. According to local and national surveys, the seroprevalence of HIV, HBV and HCV has been stable; mainly HCV seroprevalence is relatively high (approximately 30% of the clients of low-threshold centres and outreach programmes, and 60% of substitution clients). Regional differences are in accordance with the history of problematic drug use in a particular region (prevalence is above average in Prague and Northern Bohemia).

Experimental and recreational use of cannabis and ecstasy has been increasing. No new data about drug use in the general (adult) population appeared in 2003. The surveys among secondary school students show that there has been an increasing trend in the use of cannabis and ecstasy (44% and 8% of sixteen-year-olds respectively); and an increasing trend in cigarette smoking as well as in the occurrence of risky forms of alcohol consumption. As far as those attending dance events are concerned, their lifetime prevalence of use of cannabis (92%), ecstasy (67%) and pervitin (41%) is high and increasing, while the lifetime prevalence of heroin use (6%) is low and decreasing.

Use (sniffing) of inhalants (solvents, glue, and lighter gas) represents a special phenomenon. The surveys carried out among sixteen-year-olds show a slightly increasing and relatively high lifetime prevalence of inhalants use (9%). Treatment institutions do not cover a sufficient number of inhalant users; fatal inhalant overdoses had an increasing trend in 2003 reaching the number of opiate overdoses and doubling the number of pervitin overdoses.

A wide spectrum of services provides treatment and social reintegration and the availability of such services is relatively high. The estimated share of opiate users in substitution treatment programmes has increased profoundly; this involves both the methadone and buprenorphine treatments (18%). The number and coverage of specialized substitution (methadone) centres is insufficient; especially in Southern and Western Bohemia. Even the capacity and availability of structured outpatient programmes and aftercare programmes was insufficient. Availability of low-threshold services is high in the Czech Republic (this especially involves needle exchange programmes - 87 facilities provided this service in 2003). The amount of distributed needles and syringes has increased.

The trend of slow increase in the number of offenders prosecuted in connection with drug offences continued in 2003. The persons found guilty under Section 187a of the Penal Code (possession of drugs in a quantity greater than small) represent approximately 10% of all prosecuted offenders; while the share of offenders prosecuted in connection with heroin and ecstasy declined; the share of offenders prosecuted in connection with cannabis and pervitin increased. One fourth of those found guilty of drug offences were given a custodial sentence; the trend of increasing percentage of imposed alternative sentences has continued.

As far as drug availability is concerned, subjectively perceived availability of marijuana and ecstasy among sixteen year-olds has increased, and the perceived availability of heroin and pervitin has decreased. In 2003, law enforcement bodies seized approximately the same quantity of drugs as in 2002; there was an increase in the amount of seized marijuana and hashish (from 112 to 143 kg) as well as pervitin (from 4.3 to 9.6 kg); the quantity of heroin seized declined from 34.3 to 9.1 kg, and the quantity of the ecstasy seized decreased as well. Prices and purity of drugs have remained stable; no dangerous or new synthetic drug was seized in 2003.

Three special chapters located at the end of the 2003 Annual Report deal with the issues of (1) buprenorphine, (2) treatment as an alternative to prison, and (3) drug-related public nuisance.

Buprenorphine was registered on the Czech market in 2000 (Subutex sublingual tablets). Since then, the prescription of buprenorphine has developed especially among general practitioners and outpatient specialists. It is currently estimated that Subutex is prescribed to 1,200 users. A part of prescribed Subutex leaks to the black market where it is sold for multiples of the price. Use of Subutex tablets by injection is exceptional. So far, a fatal buprenorphine overdose has not been reported in the Czech Republic.

As far as treatment as an alternative sentence is concerned, an addicted offender cannot choose between a sentence and drug addiction treatment in the Czech Republic. However, provided that all of the conditions specified by law have been observed, the court may impose compulsory treatment (a protective measure) or oblige an offender to undergo drug addiction treatment within the framework of a probation period in the case of a supervised remission of sentence or suspended custodial sentence with supervision. Nevertheless, protective treatment is imposed very rarely, and the number of cases of imposed drug addiction treatment as an adequate obligation is not monitored.

The issues of drug-related public nuisance have not been sufficiently monitored in the Czech Republic. In fact, the concept of public nuisance does not exist in the Czech Republic. The authors of this report have only managed to collect anecdotal information; the data about persons injured by improperly disposed of needles and syringes are interesting. Official statistics of criminal activities probably underestimate the share of drug users in offences that can be labelled as close to public nuisance.

Summary Table 1: Overview of selected indicators in 2003 in the Czech Republic

Indicator	Value
Lifetime prevalence of cannabis in the general population (%)	16 – 20
Number of problem drug users (heroin users and pervitin users thereof)	30,000 (11,000 and 19,000)
Number of injecting drug users	29,000
Number of problem drug users (per 1,000 15-64 year-old inhabitants)	4.2
Number of injecting drug users (per 1,000 15-64 year-old inhabitants)	4.0
Number of treatment demands (new treatment demands thereof)	8,522 (4,158)
Share of heroin users in treatment demands (%)	25
Share of pervitin users in treatment demands (%)	54
Share of cannabis users in treatment demands (%)	17
Average age of people demanding treatment in connection with heroin (years)	24.6
Average age of people demanding treatment in connection with pervitin (years)	22.2
Average age of people demanding treatment in connection with cannabis (years)	18.9
Number of problem drug users in contact with low-threshold programmes (%)	60
Number of opiate users in methadone and buprenorphine substitution treatment (%)	18
HIV prevalence among injecting drug users (%)	< 1
HBV prevalence among injecting drug users (%)	10 – 50
HCV prevalence among injecting drug users (%)	30 – 60
HCV incidence among injecting drug users (per 100 persons/year)	18.5
Fatal overdoses with illicit drugs (per 1,000,000 inhabitants)	5.3
Mortality of drug users (per 1,000 persons/year)	7-15
Number of people prosecuted for unauthorised production and possession of narcotic and psychotropic substances (Sections 187 – 188 of the Penal Code)	2,357
Share of people prosecuted for possession of drugs (Section 187a) (%)	10.1
Share of offenders prosecuted in connection with heroin (%)	4.5
Share of offenders prosecuted in connection with pervitin (%)	47.9
Share of offenders prosecuted in connection with cannabis (%)	37.8

Note: 2002 data

The individual indicators are highly consistent with one another. In many cases, data in a given field come from several quantitative sources or qualitative analysis surveys, and so it is possible to triangulate the data. Data from

population surveys comply with the trends of the problem drug use field. There are successful efforts in the field of monitoring the trends of recreational drug use, especially in connection with the dance scene. Data about consequences of problem drug use (treatment, fatal overdoses, infection prevalence) is available in consistent time series. It is now for the first time possible to monitor the impact of the wider use of substitution treatment in various data sources. The data from the law enforcement system corresponds with the data from the public-health sector and properly complement them; this especially involves the prices and purity of drugs in the market.

In general, it is possible to claim that the data supplied by the Czech drug information system has extended and improved in 2003.

Part A: Development and New Trends in 2003

1 National Drug Policy and Its Context

The Government of the Czech Republic is responsible for the preparation and enforcement of the national drug policy. The Council of the Government for Drug Policy Coordination (RVKPP) is the main initiating, counselling and coordinating body of the Government. Ministers of the appropriate ministries are members of this Council. The Council of the Government for Drug Policy Coordination was established on August 18, 1993 by Government Resolution No. 446/1993, and it meets approximately four times a year. It was originally named the National Drug Commission. The Statute and the Code of Procedure define the composition, competences, permanent boards and working groups established by the Council as well as the tasks of the Secretariat. The Statute and the Code of Procedure were updated by Government Resolution No. 296 in March 2003. The Secretariat of the Council of the Government for Drug Policy Coordination provides for the activities of the Council of the Government for Drug Policy Coordination. It is part of the Office of the Government of the Czech Republic. The Government Resolution No. 643/2002 established the Czech National Monitoring Centre for Drugs and Drug Addiction; it operates within the Secretariat of the Council of the Government for Drug Policy Coordination. It is especially responsible for collection, analysis and distribution of data; and for publishing the Annual Report: The Czech Republic – Drug Situation 2002.

A network of fourteen regional coordinators provides for coordination of activities on the local level. The position, competencies and work capacity of the coordinators vary markedly from region to region. In addition to the implementation of the national drug policy, regions draw up and implement their own strategies and plans of drug-related measures. The extent of such plans and strategies varies. Despite the persisting heterogeneity of the approaches, the policies of individual regions have harmonized in many partial aspects.

As far as the field of legislation is concerned, it was most important that a draft of the Penal Code re-codification was completed and debated by the Government. The re-codification should define categorization of drugs according to the level of health and social dangerousness. It should provide for a differentiation of sanctions for possession of such drugs. Other than that, no significant changes in drug-related legislation occurred in the Czech Republic in 2003.

1.1 Legal Framework

1.1.1 Revision of the Act on Addictive Substances

The Act 223/2003 Coll., an amendment to Act 167/1998 Coll. On Addictive Substances, became effective on August 30, 2003.

PMMA (para-methoxymetamphetamine) was added to Appendix 4 of the Act on Addictive Substances; it is a highly risky substance, and it is sometimes sold and distributed as ecstasy.

The amendment moved the psychotropic substance buprenorphine (Subutex; see the chapter on Buprenorphine – Treatment, Prescription Practices and Misuse, page 75), which is used for opiate substitution treatment and Flunitrazepam (a benzodiazepine hypnotic drug Rohypnol) from Chapter 6 (psychotropic substances included in List III) to Chapter 5 (psychotropic substance included in List II¹). It is the purpose of this change to reduce availability of the mentioned substances. Under the Section 13 of the Act on Addictive Substances, medicinal products containing any of these substances can only be issued by prescription or by a medical requisition form labeled with a blue strip; in addition, according to the provisions of Section 5 of Ordinance 304/1998 Coll., it is necessary to keep records about these medicinal products.

1.1.2 Adoption of the Act on Juvenile Justice

Act 218/2003 Coll. On Juvenile Justice, with effect from 2004, modifies the conditions governing responsibilities of youth (juveniles and children under 15 years of age) regarding unlawful acts mentioned in the Penal Code; at the same time, it modifies the sentences for such unlawful acts, procedure, decision-making and execution of justice in the cases of juvenile offenders. The Act assumes that it is necessary to apply a special approach to

¹ The categorization of narcotic and psychotropic substances in the Appendices of the Act on Addictive Substance follows from the classification of the 1961 United Nations Convention on Narcotic Substances and the 1971 United Nations Convention on Psychotropic Substances.

juveniles in the penal process – it is necessary to solve each case individually and consider the personality of the adolescent and the circumstances of the offence.

The Act has a privileged position with regard to general legal regulations; i.e. the provisions included in the Act are preferred to the general ones when juveniles are involved. It introduced a differentiated and cohesive system of measures for juveniles, and it provides a wide range of possible reactions to criminal activities carried out by them. They involve educational, protective and penal measures; at the same time, penal measures should only be imposed when necessary.

The following educational measures can be imposed: supervision by a probation officer, a probational programme, educational obligations, educational restrictions and reprimand with warning. It is possible to impose educational measures both in addition to an imposed protective or penal measure as well as in the case of remissions of sentence.

A judge or public prosecutor within the framework of pre-trial proceedings, can impose educational obligations; they may involve an obligation to undergo drug addiction treatment. This therapy is not compulsory (protective) treatment according to Penal Code. Prohibition of addictive substance use is one of the possible educational limitations; at the same time, the limitations can only be imposed for a period of three years.

Inter alia, it is possible to impose a statutory penalty with a suspension of three years upon a juvenile. Sentences of community service, statutory penalty, prohibition of activities and deportation are reduced to a half. It has not changed that custodial sentences are reduced to a half, while the possibility to decrease the sentence under the specified bottom limit of the determined range has been extended.

In determining the type and measure of punishment, judges will also take into consideration the fact that a juvenile committed the offence in a condition of diminished legal responsibility due to the use of an addictive substance (it can be a mitigating or aggravating circumstance).

1.1.3 Penal Code Re-codification Bill

The Government discussed the Penal Code Recodification Bill in 2003. The bill also involves criminal sanctions for drug-related criminality. The Ministry of Justice of the Czech Republic submitted the bill to the Government. The bill basically maintains the existing drug offences²; it also brings about several substantial changes.

As far as the offence of unauthorized production and other handling of addictive substances (the current Section 187) is concerned, the bill also involves a motion to extend the sanctions to pertain to the assistant materials defined in Appendices 10 and 11 of Act 167/1998 Coll., on Addictive Substances. In addition, the draft also assumes introduction of the lower limits of narcotic and psychotropic substance quantity (“quantity greater than small”, “violation of a larger extent”) for circumstances that condition the use of heavier sentences in cases when drugs are supplied to persons under 18 and 15 years of age respectively. The objective is to reduce contingent unnecessary criminal punishment.

With regards to the offence of possession of narcotic and psychotropic substances and poisons (the current Section 187a of Penal Code), it was decided, on the basis of Government Resolution No. 1777/2001, that drugs should be divided into two categories according to the level of social and health dangerousness. The Ministry of Health’s proposal of March 2003 was the basis for this decision. The Ministry of Justice’s draft assumes that two categories will be established: herbal cannabis and other narcotic and psychotropic substances³. The danger to the health and social spheres imposed by the substances included in the first category are lower, and so it has been suggested to increase the level of sanctions for possession of such drugs to the “violation of a larger extent”, which is a condition for imposing heavier sentences for possession, production or trafficking of other narcotic and psychotropic substances. In addition, a circumstance that conditions the use of a heavier sentence for offences committed to a “considerable extent” was added with regard to the implemented category involving substances other than cannabis.

Furthermore the bill assumes the establishment of new facts pertaining to the offence of the unauthorized growing of plants containing narcotic and psychotropic substances (cannabis, Psylocibe mushrooms - magic

² Unauthorized production and possession of narcotic and psychotropic substances (Sections 187, 187a, 188) and promotion of drug addiction (Section 188a)

³ The bill of the Ministry of Health recommended that the following three groups of drugs should be established: 1) cannabis, 2) ecstasy and its derivatives and psychedelic/hallucinogenic drugs. and 3) amphetamines, heroin and other opioids, cocaine drugs and fenylethylamine derivatives (PMA, 4-MTA).

mushrooms). It is the purpose of this provision to differentiate between sanctions for growing such plants for “self-supply” and sanctions for growing them for the purpose of distribution; the latter type of growing should still be prosecuted as drug production due to the privileges of the offence of unauthorized production of drugs (the current Section 187 of the Penal Code).

According to the bill, a Government Resolution should determine the limits of the individual quantities of possessed and grown drugs (a quantity greater than small, a larger extent, a considerable extent, a large extent), and the types of psychotropic plants defined in the case of offences of possession, and the unauthorized growing of drugs. This solution should provide for unification of the currently partially disintegrated judicial practice – that is the decision-making of the courts and the actions taken by other organs participating in the penal action while maintaining sufficiently flexible responses to current situations in the field of drug use.

As far as the offence of promotion of drug addiction (the current Section 188a of the Penal Code) is concerned, the draft bill amends circumstances that condition the use of a higher penal rate when an offender commits such crimes as a member of an organized group and/or when such a crime is committed towards an involved individual of under 15 years of age. The preamble to the bill emphasizes that it is not the purpose of this provision to impose sanctions for actions carried out with the intention to lighten negative mental, health and social impacts of substance abuse on drug users (Ministerstvo spravdnosti, 2004a; Šámal, 2004).

1.1.4 Law Enforcement

The judiciary is making increasing use of alternative sentences for drug offenders, especially in connection with marijuana.

More than a third of those prosecuted for unauthorised production and trafficking of drugs committed the acts in connection with cannabis; pervitin producers and sellers represented just under 50%, and heroin producers and traffickers represented only 4% of such cases.

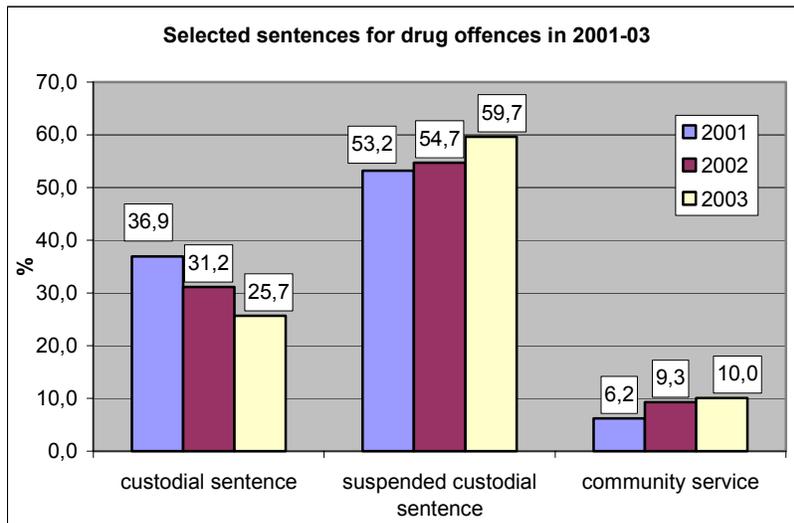
Nearly 60% of those prosecuted for possession of a quantity of drugs that is greater than small for personal use (Section 187a of the Penal Code) were prosecuted in connection with cannabis, 24% in connection with pervitin, 7% for possession of heroin and only 1% were prosecuted for possession of ecstasy (the second most used illicit drug after cannabis) – see Table 1-1.

Table 1-1: Drug offenders according to individual drugs in 2003 (Národní protidrogová centrála Policie ČR, 2004b)

Type of a criminal activity	Number of offenders	Cannabis (%)	Pervitin (%)	Heroin (%)	Ecstasy (%)
Possession for personal use	202	60.4	25.2	5.9	1.0
Production and trafficking	2 155	35.7	50.0	4.3	3.0
Total number of offenders	2 357	37.8	47.9	4.5	2.8

In comparison with 2001 and 2002, the share of custodial sentences declined (26% in total, and 8% of those found guilty under Section 187a of the Penal Code). At the same time, the percentage of suspended custodial sentences increased (60%), and the percentage of imposed community service also slightly increased - 10% of all sentences imposed for drug offences, and 17% of those found guilty under Section 187a of the Penal Code – see Figure 1-1. More detailed information is included in the chapter on Alternative Sentences, page 63.

Figure 1-1: Percentages of the selected types of punishments in all drug offences in 2001 – 2003 (Ministerstvo spravedlnosti, 2004b)



Differences in the the interpretation of the term “quantity greater than small” persist, as it still has not been precisely defined, making its application in practice much too variable. The courts are not obliged to follow internal instructions of the Office of the Supreme Prosecutor or the Police Presidium during interpretation of this term; at the same time, even the judicial acts of the Supreme Court are not obligatory – see the Annual Report on the Status and Development of Drug-related Issues in the Czech Republic in 2001 (Zábranský et al. 2002). The case from Pilsen documents how much the interpretation of the provisions of Section 187a of the Penal Code can vary: the court regarded possession of 0.75 kg of marijuana for personal use as a quantity smaller than “greater than small”⁴.

Judges often make use of lighter penalties or alternative sentences for drug offences involving those convicted of marijuana possession. Alternative sentences for drug offences are also imposed on the basis of a report of the Probation and Mediation Service about a prosecuted person.

No case of criminal prosecution in connection with qualitative (orientation) testing of tablets sold as ecstasy was reported in 2003. Several programmes of NGOs provide such testing with the objective of reducing the risks of use of an unknown or unexpected substance that can be differently or more risky than MDMA. Especially the Police National Drug Squad and the Ministry of the Interior of the Czech Republic disapprove of these activities; one of the arguments is based on the illegality of such testing – see for instance the Statement of the Police National Drug Squad and the Ministry of the Interior (Ministerstvo vnitra ČR, 2004a).

The case from 2002 continues to be the only case of criminal prosecution in connection with the mentioned activities; the State Prosecutor refused the accusation of commission of an offence of promotion of drug addiction under Section 188a of the Penal Code, and claimed that it was not an offence. His decision was justified by the fact that the workers of the civic association (NGO) offer the mentioned services after the user has bought the drug and is determined to use it even if it is not being tested at all.

In 2002, the Office of the Supreme Prosecutor issued a statement (Nejvyšší státní zastupitelství , 2002) declaring that the actions of the persons who test ecstasy tablets during mass dance events can lead to a suspicion of commission of one of the drug offences (most often, promotion of drug addiction under Section 188a of the Penal Code). However, it is possible to rule out contingent criminal liability for any of the drug offences provided that several conditions have been complied with (the activities involve a subject operating in the field of drug prevention; the activity is motivated by an effort to reduce possible risks of a serious health damage; there is no intention to distribute the drug, etc.).

The above-mentioned facts make it possible to claim that controversy regarding pill testing rather involves the actual preventive effects (conclusiveness of the tests, harm reduction effectiveness) and ethical aspects rather than legal ones.

⁴ The case has not been closed yet.

1.2 Institutional Framework, Strategies and Policies

The year 2003 was the third year of the implementation of the 2001 – 2004 National Drug Policy Strategy, which was adopted by Government Decree No. 1045 on October 23, 2000. No significant changes have occurred in the implementation of the existing policy or the system of drug policy coordination and implementation at a central, regional or local level. The authorities of the European Union regard the current Czech drug policy and the system of its coordination as an example of good practice; however, there is still a lot of room for improvement. As we will document in the following chapters, fulfilment of the tasks of the 2001 – 2004 National Drug Policy Strategy contributed to specific achievements; nevertheless, there still persist a number of unfavourable and alarming trends in the distribution and use of drugs. The main problems of the current Czech drug policy involve obsolete legislation, underestimation or disparagement of the issues associated with use of all addictive substances, especially alcohol and tobacco, politicization of the issue which leads to populist discussions that are not based on professional arguments and sometimes even result in hasty decisions and solutions.

In order to ensure the fulfillment of the tasks of the National Monitoring Centre for Drugs and Drug Addiction, the Office of the Government of the Czech Republic reorganized the Secretariat into two departments – the National Monitoring Centre for Drugs and Drug Addiction and the administrative department both together employing 15 staff members. Since the beginning of 2003, the National Monitoring Centre for Drugs and Drug Addiction has been staffed completely, and it has published a number of professional publications (see the back-page of this report) and participated in or initiated several research studies. The activities of the National Monitoring Centre for Drugs and Drug Addiction provide the Government and the other subjects involved in drug policy implementation at all levels with a complex picture of the situation and trends in drug use and distribution; at the same time, it also informs of the implemented measures and the impacts of such measures. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) rates the Czech National Monitoring Centre for Drugs and Drug Addiction as one of the best.

The Secretariat of the Council of the Government for Drug Policy Coordination drew up a Balance Report on the Fulfilment of Targets from the 2001 – 2004 National Drugs Policy Strategy and from the Government Resolution No. 549/03 regarding the outputs of the 2000 Phare Twinning Project “Strengthening National Drug Policy”. The Secretariat used questionnaires to collect the data for this Balance Report from individual sectors and regions. The report showed that the number of unaccomplished tasks increased from 15 in 2002 to 25 in 2003. These unaccomplished tasks especially involved the plans of activities of individual sectors in the field of drug policy, personnel reinforcement and worker education, introduction of evaluation tools, and the development of the quality of and availability of services. They also involved collection of data within the sphere of competence of the individual subjects. The Council of the Government for Drug Policy Coordination has agreed that failure to meet the tasks from 2001 – 2004 National Drug Policy Strategy may endanger fulfilment of one of the main goals of this strategy, i.e. to stop or stabilize the increase in problem drug use, a source of the most unfavourable and serious health, social, economical and criminal-law risks for individuals and the society. Therefore, priority tasks that the individual sectors should fulfil in preference were defined, and the government then authorized them.

The government was preparing and discussing the Penal Code Recodification Bill in 2003. The bill should also define categorization of drugs according to social and health dangerousness. Consequently, this categorization should lead to a differentiation of sanctions for possession of drugs – see the chapter on Penal Code Recodification Bill, page 5. The bill was discussed by the Government and categorized drugs into two groups – cannabis and other substances. The draft was submitted to the House of Commons of the Parliament of the Czech Republic in 2004.

Since 1989, the House of Commons of the Parliament of the Czech Republic repeatedly dealt with a bill of the act about measures for protection against harm caused by tobacco products, alcohol, and other addictive substances. It was supposed to anchor the existing institutional and organizational drug policy framework, define new types of services and reduce availability of legal drugs. However, as politicians did not agree on what the Czech drug policy should be like, the draft was returned to the Ministry of Health for revision.

A network of 14 regional coordinators who play a key role in transfers of the information and activities resulting from the National Strategy to the regional and local level and *vice versa* provide for coordination of activities at the local level. The position, competencies and work capacity of the coordinators in the individual regions vary markedly. Regions formulate and implement their own strategies and plans of drug measures in addition to

implementation of the national drug policy. Despite persisting heterogeneity in the approaches, in many partial aspects, the regional policies are becoming harmonized and good practice and experiences from other regions are used and implemented. This is also supported by continuous collaboration of regional coordinators with the Secretariat of the Council of the Government for Drug Policy Coordination, a coordinator of the implementation of drug policy activities at the international, national and regional level.

An analysis of the drug policy coordination system in the Czech Republic was carried out in 2003 within the framework of the project entitled the Evaluation of Drug Measures and Programmes Implemented in the Central Bohemian Region. The project described and analyzed the status of regional drug policy coordination before districts (former administrative units) were cancelled and regions established in the Czech Republic. The authors tried to provide a more accurate job description for drug coordinators, and they suggested two possible models of how to include him/her in organizational structures of a regional authority. In addition, the authors examined the system of regional drug policy coordination at the vertical and the horizontal level (Miovský et al. 2003).

1.3 Budgets and Funding

As in the previous years, drug policy was funded from two levels, the central and the local one. In 2003, the Council of the Government for Drug Policy Coordination funded projects via the sectors of the Ministry of Health of the Czech Republic, the Ministry of Education, Youth, and Physical Education of the Czech Republic, and the Ministry of Labour and Social Affairs of the Czech Republic. The other sectors that had drug policy expenses in their budgets involved the Ministry of Finance of the Czech Republic, or, more accurately, the General Customs Headquarters, the Ministry of Justice of the Czech Republic and the Ministry of Defence of the Czech Republic. The Ministry of the Interior of the Czech Republic does not have the drug policy expenses in its budget; however, it also supports non-specific primary prevention activities within the Social and Crime Prevention Programme.

As long as the means are not drawn from the drug policy expenses or other sources (e.g. the health insurance system), it is impossible to quantify the amount of resources that are drawn from the state budget for drugs issues. Subsidies at the local level come from regional budgets; the existing resources do not allow for identification of the volume of resources drawn from municipal budgets.

The existing network of services has been maintained despite the persisting problems with timeliness of transfers of the subsidies from the state budget. The Government has addressed these issues: since 2004, the subsidies will be earmarked by the Office of the Government of the Czech Republic, and this should minimize delays.

Table 1-2, Table 1-3 and Map 1-1 show the expenditures for drug policy from the state budget and regional budgets in 2003.

Table 1-2: Expenditures from the state and the regional budgets for drug policy in the Czech Republic in 2003 according to the type of expenditure (€ thousand)

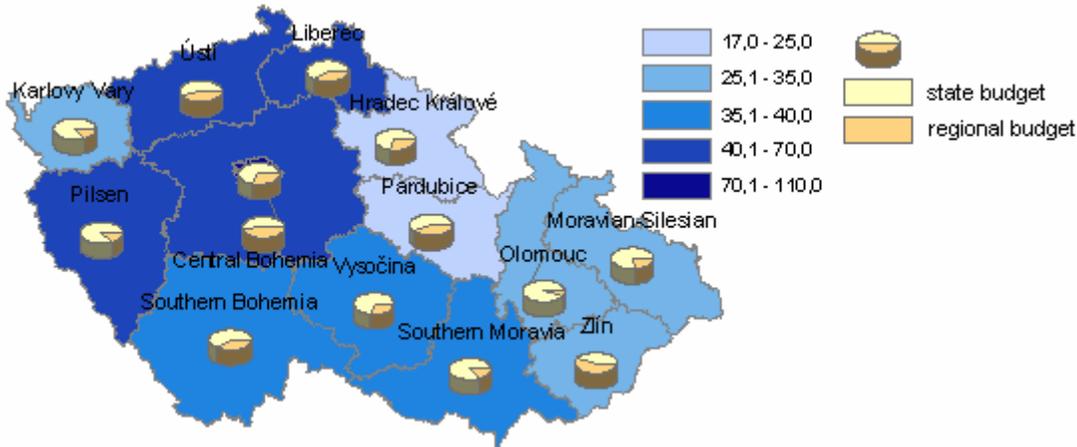
Type of expenditure	General Cash Administration	Regional budgets	Ministry of Health	Ministry of Education, Youth, and Physical Education	Ministry of Labour and Social Affairs	Ministry of Finance – General Customs Headquarters	Ministry of Justice	Ministry of Defense	Police National Drug Squad	Total
Noninvestment expenditure	3,261	1,510	442	293	1,391	53	285	147	n.a.	7,383
Investment expenditure	0	0	250	0	0	655	157	0	n.a.	1,063
Total	3,261	1,510	692	293	1,391	708	442	147	3,022	11,467

Table 1-3: Drawing of financial resources earmarked from regional budgets and the state budget in 2003 according to sectors and regions (€ thousand)

Region	General Cash Administration	Ministry of Health	Ministry of Education, Youth, and Physical Education	Ministry of Labour and Social Affairs	Ministry of Finance – General Customs Headquarters	Ministry of Justice	Ministry of Defense	Police National Drug Squad	Total state budget	Regional budgets	Total
Capital Prague	822	n.a.	19	n.a.	n.a.	n.a.	n.a.	n.a.	841	391	1,232
Central Bohemia	228	n.a.	33	n.a.	n.a.	n.a.	n.a.	n.a.	261	251	512
Southern Bohemia	126	n.a.	14	n.a.	n.a.	n.a.	n.a.	n.a.	140	88	228
Pilsen	191	n.a.	12	n.a.	n.a.	n.a.	n.a.	n.a.	203	31	234
Karlovy Vary	78	n.a.	7	n.a.	n.a.	n.a.	n.a.	n.a.	85	16	100
Ústí	279	n.a.	17	n.a.	n.a.	n.a.	n.a.	n.a.	296	237	533
Liberec	131	n.a.	9	n.a.	n.a.	n.a.	n.a.	n.a.	140	86	225
Hradec Králové	51	n.a.	12	n.a.	n.a.	n.a.	n.a.	n.a.	63	30	93
Pardubice	53	n.a.	11	n.a.	n.a.	n.a.	n.a.	n.a.	64	47	111
Vysočina	122	n.a.	12	n.a.	n.a.	n.a.	n.a.	n.a.	134	57	191
Southern Moravia	343	n.a.	24	n.a.	n.a.	n.a.	n.a.	n.a.	367	63	430
Olomouc	171	n.a.	14	n.a.	n.a.	n.a.	n.a.	n.a.	185	10	195
Zlín	75	n.a.	13	n.a.	n.a.	n.a.	n.a.	n.a.	88	110	198
Moravian-Silesian	285	n.a.	28	n.a.	n.a.	n.a.	n.a.	n.a.	313	94	408
Total with regional destination	2,956	n.a.	224	1,391	n.a.	n.a.	n.a.	n.a.	4,571	1,510	6,081
Projects without regional destination	305	n.a.	70	0	708	442	147	3,022	4,694	-	4,694
Total	3,261	692	293	1,391	708	442	147	3,022	9,957	1,510	11,467

Note: * it is impossible to distinguish between projects with regional destination and projects without a regional destination as far as the resources of the Ministry of Health are concerned; it is impossible to distinguish the region of destination in the resources of the Ministry of Labour and Social Affairs; therefore, the sum of resources drawn from the state budget is higher (by these resources drawn) than the sum of resources with a regional destination and without regional destination and the sum of resources earmarked to individual regions respectively.

Map 1-1: Drawing of financial resources for drug policy in regions of the Czech Republic according to regional budgets and the state budget in 2003 (€ thousand per 100,000 inhabitants)



Financial resources for prevention and drug addiction treatment are earmarked in a differentiated manner and adequately to the different needs and conditions of the regions of the Czech Republic. The amount of the subsidies for projects correlates in a statistically significant manner with drug use indicators (Lejčková et al. 2004).

The amount of € 305,490 for programmes of competent sectors and the Office of the Government of the Czech Republic was drawn from the General Cash Administration budget chapter in the following manner – see Table 1-4.

Table 1-4: Drawing of resources from the General Cash Administration for programmes of competent ministries and the Office of the Government of the Czech Republic in 2003 (€ thousand)

Sector/Ministry	Purpose	Resources drawn
Ministry of Health	Ensurance of operations of the Central Drug Epidemiology Station of the Hygiene Station of Capital Prague	152
Ministry of Education, Youth, and Physical Education	Project “Verification of the Czech Modification of Foreign Modules in the Field of Drug Prevention”	10
Office of the Government of the Czech Republic	Evaluation of projects of the Council of the Government for Drug Policy Coordination	3
	Translations of annual reports, foreign legal texts about drugs, information for policy-makers about the effectiveness of substitution treatment of opiate addiction	17
	Project DDRSTP II – the project was completed in 2003. The output is the publication “Drugs and Drug Addiction – Interdisciplinary Approach” written by K. Kalina et al.	8
	Project Phare 2000 – costs of completion of the Phare project, costs of work of Czech experts, participation of the Czech Republic	6
	Publishing and information activities – e.g. List of Facilities Providing Services in Drug Prevention, Treatment and Resocialization, 10 Children’s Questions about Drugs, Snowball Sampling Manual, 7 volumes of Drugs in Focus, Prison and Illicit Drugs	27
	Monitoring and research – drug information system	82
	Sum	143
Total		305

The Council of the Government for Drug Policy Coordination supported 148 local programmes from the General Cash Administration budget chapter via the budgets of the Ministry of Health (49 projects – € 1,284,540), Ministry of Education, Youth, and Physical Education (25 projects – € 282,060) and Ministry of Labour and Social Affairs (74 projects – € 1,389,150). This especially involved the projects carried out by NGOs in the field of primary prevention, low-threshold services, outpatient treatment, intensive outpatient treatment, aftercare programmes, therapeutic communities and resocialization programmes.

Financial resources from the budget of the Ministry of Health were earmarked in order to ensure availability of detoxification units, outpatient counselling programmes for problem drug users, long-term treatment and resocialization programmes, programmes geared towards minimization of health risks among drug users, and to support and extend substitution programmes.

Financial resources from the budget of the Ministry of Education, Youth, and Physical Education of the Czech Republic (€ 223,620), were provided in the form of transfers for implementation of the Minimum Preventive Programme in Schools and School Facilities and supraregional and nationwide projects. These projects were especially tabled by schools and school facilities operated by the Ministry of Education, Youth, and Physical Education, and by other subjects from the field of education, NGOs and public universities.

The Ministry of Labour and Social Affairs funded operations of low-threshold centers, therapeutic communities and outreach programmes for drug users from its budget.

Drug policy expenditures from the budget of the Ministry of Finance were earmarked to the General Customs Headquarters. The means were especially used for the provision of protective equipment and materials for the Squad and for specific expenditure connected with operational investigative activities. Then, they were used for provision of technology for video and sound recordings, for the purchasing of components that equipped radio stations, for the provision of special control and detecting instruments and technology, and for the purchasing of sixteen various vehicles.

The budget of the Ministry of Justice was used for the funding of the expenditures of Prison Services of the Czech Republic (€ 433,610) and of the Judicial Academy (€ 8,540). As far as Prison Services are concerned, the means were used for implementation of drug measures during custody and sentence execution. The Judicial Academy held specialized seminars.

The budget of the Ministry of Defense was used for the following activities and projects: laboratory monitoring of substance abuse among members of the Army of the Czech Republic, monitoring of drug use in the Army of the Czech Republic, operation of drug information systems, the diagnostics of socially pathological phenomena, and other educational activities.

The budget of the Police of the Czech Republic was used for ensurance of operations of the Police National Drug Squad (€ 3,021,920).

Local non-specific primary prevention projects were funded within the framework of the crime Prevention Programme of the Ministry of the Interior of the Czech Republic; these projects involved leisure time activities (sports, hobbies and educational activities), club and public educational activities (holding of drug prevention classes for the children of elementary schools, informational seminars for teachers, counselling and therapeutic work with parents and children). This involves crisis and counselling facilities focusing on drug prevention, helplines, and streetwork. The priorities declared with regard to the implementation of local crime prevention programmes also involve support of primary prevention in the field of substance use. It is impossible to retrospectively determine from the database which projects were dedicated to specific drug prevention and therefore these expenditures are not included in the expenditures for drug policy programmes. The Ministry of the Interior drew the amount of € 473,870 for support of 266 social projects in 2003.

A comparison of the resources drawn for drug policy implementation in 2002 and 2003 is included in Table 1-5.

Table 1-5: Drawing of financial resources from regional budgets and the state budget in 2002 and 2003 according to regions (€ thousand)

Region	State budget			Regional budgets			Total		
	2002*	2003	Annual change 2002 - 2003 (%)	2002*	2003	Annual change 2002 - 2003 (%)	2002*	2003	Annual change 2002 - 2003 (%)
Capital Prague	996	841	-16	399	391	-2	1,395	1,232	-12
Central Bohemia	133	261	96	110	251	128	243	512	111
Southern Bohemia	123	140	14	91	88	-4	214	228	7
Pilsen	176	203	15	0	31	-	176	234	33
Karlovy Vary	84	85	1	3	16	421	87	100	16
Ústí nad Labem	269	296	10	45	237	425	314	533	69
Liberec	43	140	223	0	86	-	43	225	421
Hradec Králové	46	63	37	23	30	28	69	93	34
Pardubice	48	64	33	47	47	0	95	111	17
Vysočina	115	134	17	0	57	-	115	191	66
Southern Moravia	336	367	9	94	63	-33	430	430	0
Olomouc	178	185	4	3	10	283	180	195	8
Zlín	86	88	3	34	110	218	120	198	65
Moravian-Silesian	260	313	21	71	94	32	331	408	23
Total with regional destination	3,996	4,570	14	921	1,510	64	4,917	6,080	24
Projects without regional destination	1,582	4,695	197	-	-	-	1,582	4,695	197
Total	5,578	9,957	78	921	1,510	64	6,499	11,467	76

Note: * it is impossible to distinguish between projects with regional destination and projects without a regional destination as far as the resources of the Ministry of Health are concerned; it is impossible to distinguish the region of destination in the resources of the Ministry of Labour and Social Affairs; therefore, the sum of resources drawn from the state budget is higher (by these resources drawn) than the sum of resources with a regional destination and without regional destination and the sum of resources earmarked to individual regions respectively.

1.4 Social and Cultural Context of the Drug Policy

The perception of the drugs issue did not change significantly in 2003 and thus there were no significant social, economic or political changes. Traditionally high public tolerance of the use of legal drugs, and namely alcohol, still persists in today's society. Tobacco and alcohol advertisements have been extensive. Tobacco and alcohol sales have not been regulated. Physical, social and economic availability of alcohol and tobacco, even to children and juveniles, has remained very high. Research findings also document increasing acceptance of illicit drug use in several groups of young people (Csémy et al. 2003). There are significant differences in the occurrence of social, health and environmental risk factors in the fourteen regions of the Czech Republic. The factors correspond with the attitudes and extent of illicit drug use (Lejčková et al. 2004). The legislative setting for drug policy implementation is not satisfactory because it is still based on an Act adopted by the former Communist regime in 1989⁵.

1.4.1 Public and Parliamentary Debates and Initiatives

None of the parliamentary political parties, including the opposition, took a common approach to the drug policy. Politicians formed their attitudes towards drug issues on the basis of personal opinions, and not on the basis of research or "party discipline". Political debates were dominated by simplifying opinions. This reflected in governmental discussions regarding the amendment to the Penal Code, and it also influenced the parliamentary

⁵ Act 37/1989 Coll. On Protection Against Alcoholism and Other Drug Addiction, as amended.

debate on the bill of the Act Against Harm Caused by Tobacco Products, Alcohol and Addictive Substances (Poslanecká sněmovna, 2003). Firstly, this involved legislative categorization of drugs according to the level of health and social dangerousness on the basis of Government Resolution No. 1777/2001. The Resolution was adopted in connection with the Impact Analysis Project of New Drug Legislation in the Czech Republic. This study examined the impact of new legislative measures adopted in 1999 (Zábranský et al. 2001). However, many politicians dissociated themselves from this draft bill in the media. The House of Commons of the Parliament of the Czech Republic received the bill in 2004 - see also the chapter on Penal Code Re-codification Bill, page 5. Secondly, the government submitted a bill to the House of Commons of the Parliament of the Czech Republic; the aim of the bill was to anchor the current institutional and organizational framework of the drug policy, define new types of services and reduce availability of legal drugs. However, the parliamentary debate was limited to an exchange of opinions only, as to whether a less or more restrictive drug policy should be voted for, and the bill was returned to the Ministry of Health for revision.

In 2003, the Association of NGOs Dealing with the Prevention and Treatment of Drug Addiction (A.N.O.), an umbrella organization that promotes the interests of NGOs, operated in approximately the same scope as in 2002; a Drug Services Section of the Association of NGOs was established. The Czech Medical Association of J. E. Purkyně – Association for Addictive Diseases (SNN ČLS JEP) associates professionals from the field of addiction. It held an annual professional conference (AT Conference) in 2003 but it did not win attention of the media and the public. Three events were out of the bounds of common activities of the Czech society in 2003. The first one was the Fifth Million Marijuana March happening. It took place in four towns this time. Approximately 1,500 people took part in this happening in Prague (there were dozens to hundreds of people in the other towns). The organizers required that “people should be allowed to grow several marijuana plants for personal use and they should be able to smoke it without fear” (source: <http://legalizace.cz/>). The second event involved the “Say No to Drugs – Say Yes to Life” – a project connected with the Church of Scientology of Prague. Scientologists have been trying to win the attention of the public with this project since 2001⁶. The scientologists were distributing their own materials about the effects of drugs (including marijuana) and they were answering questions during the running and the cycling marathons across the Czech Republic (source: <http://www.scientologie.cz> and Monitor Úřadu vlády ČR). The Human Rights League carried out a year-long project geared towards the protection of drug user’s rights, which ended in February 2004.

1.4.2 Media

The topic of illicit drugs and the use of these drugs received everyday attention in the press and was often discussed on television and in radio broadcasts in 2003. Even the publishing of the EMCCDA and the Czech Republic Annual Report received high media coverage. According to the Internet Media Monitoring archive (NEWTON INFORMATION TECHNOLOGY, s.r.o.), 5,434 contributions about the topic of “drug issues” were published in the Czech media in 2003; in 2002, there were 2,638 contributions (i.e. a 106% increase). Even the website www.drogy-info.cz, administered by the National Monitoring Centre for Drugs and Drug Addiction, has been providing information to the public since about halfway through the year of 2003; it offers a number of articles, and professional publications from both the National Monitoring Centre for Drugs and Drug Addiction and the Secretariat of the Council of the Government for Drug Policy Coordination. It also provides links to more than 500 Czech and foreign websites.

In comparison with 2002, a significant shift in the attitude of the media to drug issues occurred in 2003 – a number of articles based on expert opinions and facts were published. The Department of Psychology of the Philosophical Faculty of Palacký University in Olomouc, in collaboration with the National Monitoring Centre for Drugs and Drug Addiction and the Academy of Science of the Czech Republic, carried out a survey tracking how the media inform the public about cannabis users. According to the research, information sources are presented in most articles and the articles are written in a balanced manner; nevertheless, there are four times more negatively oriented articles. On average, the sixteen most frequently publishing media publish 18.7% of their articles with a non-neutral content suggesting that the topic of cannabis is appealing and therefore sometimes used to make news topics more attractive (Sivek et al. 2004).

⁶ The Church of Scientology of Prague is not registered as a religious society in the Czech Republic (it probably operates as a civic society). According to state representatives (Ministry of Education, Youth, and Physical Education) and professionals from the field of drugs, this church does not meet criteria for activities in the field of prevention; however, several representatives of towns and municipalities met with these activists („Pardubičtí radní přijali cyklisty - aktivisty scientologické církve“, Mladá fronta DNES 3.9.2003).

A widescale media debate, involving a bill regarding the categorization of drugs and differentiation of sanctions for possession of drugs, took place during the whole year. Other significant published topics included urine testing of pupils in schools, risks of marijuana use, THC content in marijuana (sporadically even a possibility of therapeutic use of marijuana) and prescription of Subutex (buprenorphine). Even a media debate about ecstasy pill testing has started.

Therefore, the media was fulfilling its role as a mediator of information for the public. In some cases, it even played the role of a “watchdog of democracy” when critical knowledge-based opinions were published. The change in the attitude can also be attributed to the efforts of the workers of the National Monitoring Centre for Drugs and Drug Addiction and the Secretariat of the Council of the Government for Drug Policy Coordination who carry out active media policy.

More information about public attitudes is included in the chapter on Public Attitudes Towards Drugs and Drug Users, page 19.

2 Drug Use in the General Population

In comparison with previous years, no significant change occurred in the field of drug use in the general population. Several surveys about drug use among secondary school and university students were carried out as well as surveys at the dance setting and in selected population groups in 2003. The results of these surveys only confirmed that the dance scene has started to differentiate – on the one hand, the level of experimenting, recreational use and tolerance of cannabis and ecstasy is increasing and on the other hand, the use of drugs with more serious health and social consequences has stagnated or even declined.

2.1 Drug Use in the General Population

No general population survey tracking the issues of drug use was carried out in the Czech Republic in 2003. The most recent surveys from 2002 report that nearly 20% of the population aged 15 – 64 have had at least one experience with the use of an illicit drug; i.e. approximately 1.5 million people have tried an illicit drug (Mravčík et al. 2003).

2.2 Drug Use in the School Population

In 2003, the Czech Republic participated in the European School Survey Project on Alcohol and Other Drugs (ESPAD) for the third time. At the same time, the National Survey on Drug Use, which allows for comparison of the extent of drug use among sixteen-year-old students from different regions, was attached to the international survey. A total of 3,172 students aged 15 -16 years participated in the international part; nearly 15,000 students aged 15 – 18 years participated in the national survey.

According to the ESPAD survey, 43.8% of students reported at least a single use of an illicit drug. In most cases, this involved marijuana or hashish (43.6%), ecstasy (8.3%), and LSD or other hallucinogens (5.6%) (Csémy et al. 2003). The high prevalence of inhalants (9%) and sedatives (11.1%) is alarming. At the same time, the frequent combination of marijuana and alcohol (30.8%) is an unfavourable phenomenon. While marijuana use is more common among boys, experiences with other drugs with respect to gender are more or less balanced while lifetime prevalence of heroin and pervitin is even higher among girls than boys (Table 2-1).

Table 2-1: Lifetime prevalence of illicit drugs use among 15-16 year-olds in 2003 (%) (Csémy et al. 2003)

Drug	Total	Boys	Girls
Cannabis	43.6	47.8	40.0
Ecstasy	8.3	8.2	8.4
LSD, hallucinogens	5.6	5.9	5.3
Stimulants	4.2	3.2	5.1
Opiates	2.4	1.8	2.9
Sedatives	11.1	7.6	13.8
Inhalants	9.0	9.2	8.8
Anabolics	1.1	1.9	0.5
Injection use	0.6	0.5	0.6

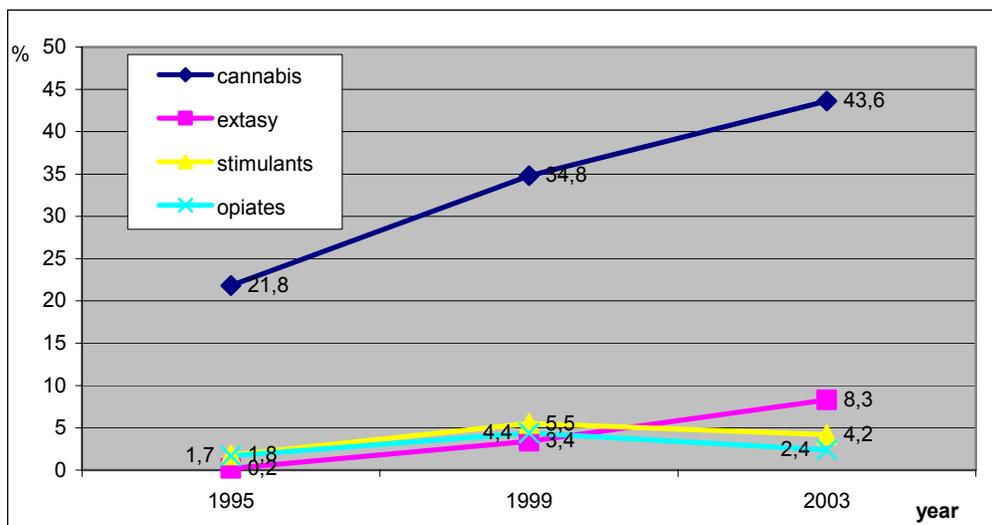
Within the last 12 months, 35.7% of respondents had used cannabis, 5.0% ecstasy, 3.0% LSD, 3.0% stimulants, 1.3% opiates, and 4.3% of respondents had used inhalants. 16.6% of respondents are regular cannabis users (used more than five times within the last 12 months). As far as last-month prevalence is concerned, only the prevalence of cannabis is significant; this involves both the use of marijuana only (19.2%) and in combination with alcohol (10.2%). The use of other illicit drugs has only slightly exceeded 1% - see Table 2-2.

Table 2-2: Last-year and last-month prevalence of use of selected substances among those aged 15 – 16 years (%) (Csémy et al. 2003)

Drug	Last-year prevalence	Last-month prevalence
Cannabis	35.7	19.2
Ecstasy	5.0	1.6
LSD, hallucinogens	3.0	1.0
Opiates	1.3	0.4
Stimulants	3.0	1.2
Inhalants	4.3	1.3

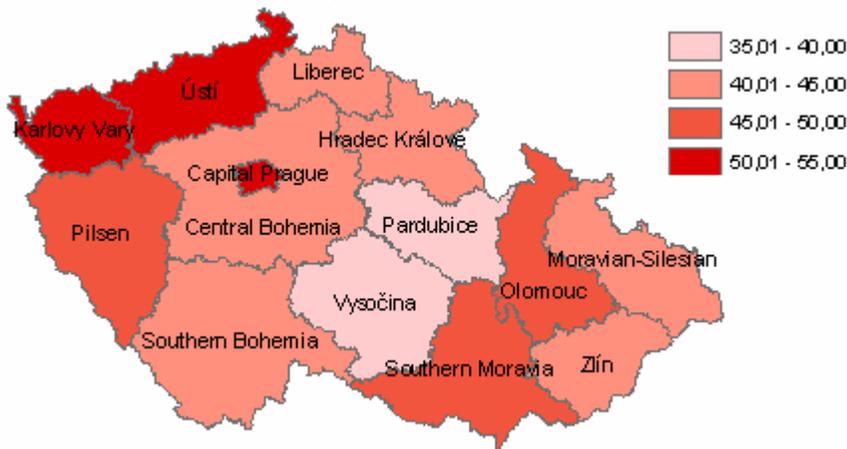
A comparison of the 2003 survey results with previous surveys of 1995 and 1999 shows that while prevalence of the use of all drugs was increasing in the second half of the 1990's, the situation in the field of drug use started to differentiate in 1999. On the one hand, there was further increase in the prevalence of cannabis and ecstasy; on the other hand, the prevalence of drugs with more serious health and social consequences declined – see Figure 2-1.

Figure 2-1: Development of lifetime prevalence of selected illicit drugs among those aged 15 – 16 (%) (Csémy et al. 2003)



The National Survey of Drug Use (NASUD) allows for comparison of the situation between the regions of the Czech Republic. The survey suggests that there are significant differences in the extent of drug use when comparing the individual regions; at the same time, there are regional differences according to the type of the drug. Significant differences were reported for marijuana, ecstasy and pervitin. Vulnerable regions include the Ústí nad Labem region and the Capital Prague region; they are followed by the Southern Moravian region and the Moravian-Silesian region – see Map 2-1 and Map 2-2. However, a comparison with previous surveys has shown that the differences between individual regions are gradually decreasing, and drug availability in the individual regions is becoming balanced (Csémy et al. 2004b).

Map 2-1: Lifetime prevalence of marijuana use among those aged 15 – 16 years according to regions of the Czech Republic (%) (Csémy et al. 2004b)



Map 2-2: Lifetime prevalence of ecstasy use among those aged 15 – 16 years according to regions of the Czech Republic (%) (Csémy et al. 2004b)



2.3 Drug Use and Young People

In addition to the ESPAD international survey, other surveys geared toward drug use among young people in the Czech Republic were carried out in 2003. Examples of these are “Alcohol and Other Drugs in the University Population”, “Dance and Drugs” and “Drug Use and Health Consequences at the Dance Setting”.

2.3.1 Drug Use among University Students

The survey “Alcohol and Other Drugs in the University Population” tracked the extent, context and risks of use of alcohol and other drugs. A total of 904 students enrolled at the universities of Prague participated in the survey. An analysis has shown that nearly 14% of students smoke tobacco every day and more than a half of the students drink alcohol at least once a week. 11.5% of the students (22.5% of males and 3.6% of females) report frequent drinking of excessive doses of alcohol, i.e. drinking five and more glasses of alcohol three times and more within the last month (Csémy et al. 2004a). According to the survey, lifetime prevalence reported by the students was 48.1% for marijuana, 9% for LSD and 7.5% for ecstasy. 16.7% of the university students are regular marijuana users (used more than five times within the last year). The use of all monitored drugs is more common among males than females – see Table 2-3.

Table 2-3: Prevalence of use of addictive substances among students of Prague universities in 2003 (%) (Csémy et al. 2004a)

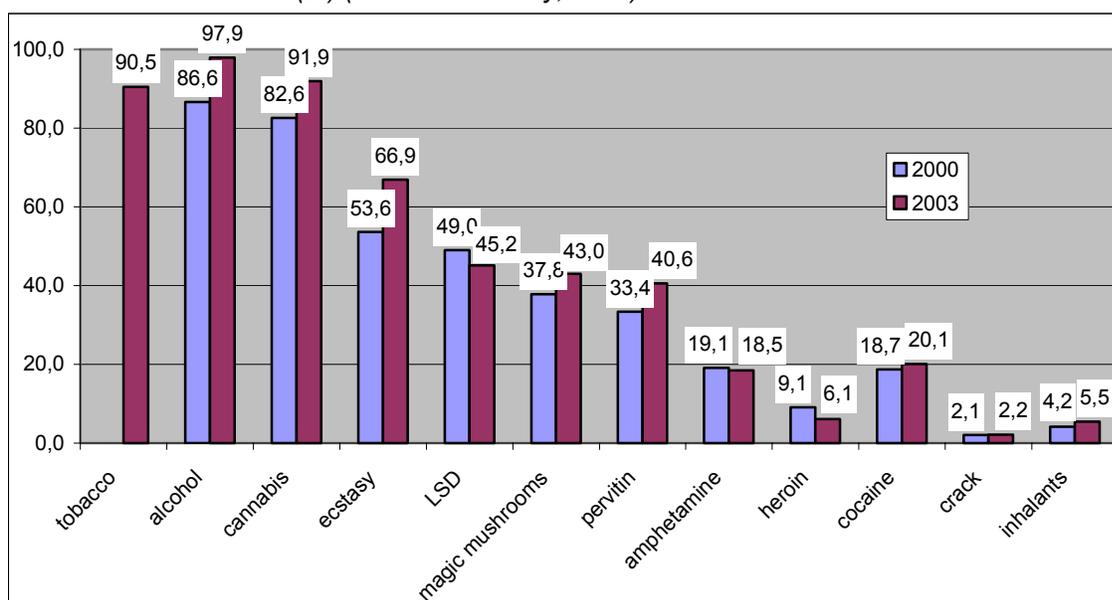
Drug	Lifetime prevalence			Last-month prevalence		
	Total	Males	Females	Total	Males	Females
Marijuana	48.1	55.0	43.2	32.8	40.9	27.1
Marijuana more than 5 times	33.6	41.3	28.1	16.7	23.7	11.7
Pervitin	5.5	7.7	4.0	0.7	1.2	0.0
Pervitin more than 5 times	2.6	4.2	1.5	0.5	0.6	0.0
Heroin	2.3	4.1	1.0	0.0	0.6	0.0
Heroin more than 5 times	0.6	1.5	0.0	0.0	0.6	0.0
LSD	9.0	13.0	6.0	3.1	5.3	1.5
LSD more than 5 times	3.5	6.1	1.7	1.4	2.6	0.0
Ecstasy	7.5	10.3	5.5	4.5	5.6	3.6
Ecstasy more than 5 times	3.1	5.3	1.5	0.7	1.2	0.0

2.3.2 Surveys at the Dance Setting

The survey “Dance and Drugs 2003” was carried out by means of a questionnaire survey at www.drogy-info.cz, a website operated by the National Monitoring Centre for Drugs and Drug Addiction, and during dance festivals in the summer of 2003. The survey was similar to a survey that was carried out in 2000 (“Semtex Dance 2000”) and thus it is possible to monitor the trends in drug use on the dance scene. The questionnaire focused on the consumption of licit and illicit drugs, the context of consumption and the degree of drug acceptability. Nearly two thirds of 1,652 respondents were males, 98% of the respondents were aged 15 – 30 years (Kubů and Csémy, 2004).

The prevalence of illicit drug use is significantly higher among those visiting dance events than in the general population; however, even the age of the respondents plays a role in this case. 91.9% have used cannabis at least once in their life, 66.9% have used ecstasy, 45.2% LSD, 40.6% pervitin (18.5% have used other amphetamines) and 20.1% have used cocaine (Kubů and Csémy, 2004). As shown in Figure 2-2, prevalence of the use of all illicit drugs has increased since the year 2000 (with the exception of LSD, amphetamines and heroin).

Figure 2-2: Lifetime prevalence of use of selected addictive substances among those attending dance events in 2000 and 2003 (%) (Kubů and Csémy, 2004)



Even last-year prevalence of the use of other illicit drugs is high. 84.4% of those visiting dance events have used cannabis, 54% have tried ecstasy, 23% LSD, 25% pervitin and 12% have tried cocaine (Kubů and Csémy, 2004). According to the survey, the use of heroin and inhalants (75%) and pervitin (40%) is the least acceptable among those visiting dance events. Only 3% of the respondents do not accept the use of alcohol, tobacco and cannabis. Tolerance of use of all of the monitored addictive substances has increased in comparison with the year 2000.

Similar results even appeared in the survey “Dance Drugs Users” that was carried out among those who had their ecstasy tablets tested while visiting dance events. Altogether 468 of 15 – 34-year-olds visiting dance events participated in the survey of 2003 maintaining that most of the respondents were 15 – 24 years old (the average being 20.3 years of age). Table 2-4 monitors lifetime prevalence and repeated use of selected substances. According to the survey, more than 90% of those visiting dance events have tried marijuana and ecstasy and more than 50% of the respondents from the same survey group have tried pervitin and hallucinogens. More than 50% of the respondents have used marijuana more than three times within the last thirty days, nearly 27% of them have used ecstasy and 16% have used pervitin (Mravčík and Valnoha, 2004).

Table 2-4: Lifetime prevalence of the use of selected substances and repeated use within the last thirty days among those visiting dance parties who had their tablets tested in 2003 (%) (Mravčík and Valnoha, 2004)

Drug	Lifetime prevalence (%)	Three and more uses within the last 30 days (%)
Ecstasy	90.4	26.7
Marijuana	91.2	55.1
Pervitin	53.0	15.6
Heroin	7.7	1.5
Cocaine	17.5	2.1
Hallucinogens	51.7	8.8
Toluene	0.2	-

The survey also monitored health troubles of those visiting dance events. See the chapter on Other Drug-Related Health Correlates and Consequences, page. 50.

2.4 Drug Use Among Specific Population Groups

The CASRI project continued to focus on the monitoring of drug use and risk factors of behaviour of soldiers in the beginning of their compulsory military service in 2003. In the course of 2002 and 2003, nearly 13,900 of 19 – 33 years old males participated in the survey (75% of them were 19 – 23 years old). In addition to drug consumption, drinking of alcohol and smoking of tobacco, sexual behaviour, gambling and bullying were monitored. The questionnaire survey was carried out within ten days after the soldiers had entered compulsory military service. Questions about drug use and the other monitored aspects of behaviour include the period before they entered the military service. Marijuana, hashish, magic mushrooms, ecstasy, LSD and pervitin were the most used drugs. More than 60% of the 19 – 21 year old respondents reported that they have tried one of these illicit drugs (CASRI, 2003).

Other projects that track the situation in the field of drug use pertaining to national minorities, in particular to the Roma community, were also carried out in 2003. This involved the Social Workers Support Programme carried out by the Council of the Government of the Czech Republic for Roma Community Affairs, and the projects “Roma Outreach” and “Battery” carried out by Společnost Hvězda (Hvězda Association). More detailed information about these projects is included in the chapter on Social Correlates and Consequences of Drug Use, page 53.

2.5 Public Attitudes Towards Drugs and Drug Users

It was possible to monitor a development in public attitudes towards drugs; especially marijuana. In comparison with 2002, there has been a slight increase in the number of persons that would agree with a less strict approach to marijuana use (17%); advocates of strict sanctions⁷ prevail within the framework of the solution of the drugs

⁷ n = 2,526 respondents aged 18 - 64 years.

problem (45%) (Psychiatrické centrum Praha, 2003). Approximately 26% of inhabitants would be in favour of marijuana legalization, 62% of inhabitants would be against it⁸ (GfK Praha, 2003). The public opinion poll of the Institute of Sociology of the Academy of Science of the Czech Republic (Centrum pro výzkum veřejného mínění, 2003) that was focused on public tolerance has shown that heavy alcoholics are the least tolerated (86%), followed by drug users (85%), the Roma (79%) and people with a criminal history (78%)⁹. Most of the people would not like if such people were their neighbours. The respondents were also asked to assess the tolerance of the entire society towards the same groups of citizens. According to the respondents, society is the least tolerant towards heavy alcoholics, the Roma, people with a criminal history and people who use drugs (Table 2-5).

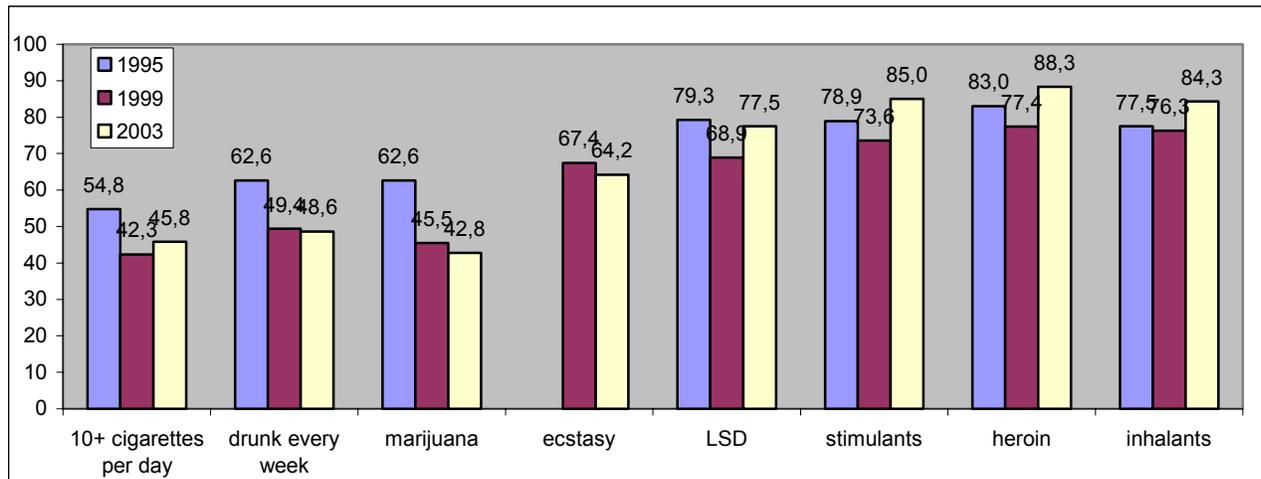
Table 2-5: Public tolerance towards groups of citizens, percentage of answers “rather not” and “definitely not” tolerant towards the following groups (Centrum pro výzkum veřejného mínění, 2003)

Heavy alcoholics	79
The Roma	76
People with a criminal history	75
People who use drugs	74
Homosexuals	52
People of a different complexion	46
Foreigners living in the Czech Republic	38

The research¹⁰ on public opinions regarding respective safety situations in the towns that have been included in the Complex Interaction Crime Prevention Programme (Holás and Večerka, 2003) has shown that 40% of the respondents would not mind if a low-threshold centre was established near their place of residence (however, only 15% of the persons would not mind a shelter for refugees).

The ESPAD survey monitors prevalence of drug use among students as well as attitudes and tolerance towards the use of addictive substances. Sixteen-year-olds are the most tolerant towards cigarettes and alcohol. 43% of the respondents condemn marijuana use, 63% ecstasy, 78% LSD, 85% stimulants, and nearly 89% condemn heroin use (Csémy et al. 2003). There has been a slight increase in tolerance towards alcohol, marijuana and ecstasy in comparison with 1999, but on the other hand, the percentage of sixteen-year-olds that condemn the use of more risky drugs has increased (Figure 2-3).

Figure 2-3: Share of sixteen-year-olds who condemn or highly condemn use of addictive substances in 1995 – 2003 (%) (Csémy et al. 2003)



⁸ A representative survey among 1,000 randomly selected participants aged 15 – 79.

⁹ A semi-representative survey carried out among 1,110 respondents aged 15 years and older. It was carried out by the Public Opinion Poll Centre within the framework of the “Our Society 2003” survey.

¹⁰ Field data collection was carried out in October and November 2002 in the following towns: Břeclav, Česká Lípa, Karlovy vary, Karviná, Kopřivnice, Liberec, Most, Nový Jičín, Pardubice, Přešov, Příbram, Teplice. Altogether 6,235 respondents were questioned. The city of Brno has carried out an identical survey at its own costs.

3 Prevention

The 2001 – 2004 National Drug Policy Strategy is built on four pillars of the drug policy. Primary prevention is one of the pillars. Its objective is to stop the increase of drug use by means of education towards a healthy lifestyle, provision of information, reinforcement of personal responsibility for the quality of one's life, self-esteem support, and the offering of positive examples and alternatives.

The effectiveness of specific primary prevention programmes depends on general public opinion towards a given negative social or health phenomenon, orientation of effective legislative and economical mechanisms, and supply of opportunity for leisure-time activities that will reduce the level of exposure to risk factors and situations¹¹.

On the basis of Government Resolution No. 549/2003, the "Primary Prevention" working group of the Ministry of Education, Youth, and Physical Education started to operate in 2003. It consists of representatives of the Ministry of Education, Youth, and Physical Education, Ministry of Health, Ministry of Labour and Social Affairs, Ministry of the Interior, Ministry of Defense, Secretariat of the Council of the Government for Drug Policy Coordination, regional drug coordinators, regional school prevention methodologist, district methodologists of preventive activities and providers of preventive programmes. The Primary Prevention working group met for four times in 2003 (June, September, November, December). The working group mainly focused on defining the competencies and activities of the sectors in primary prevention, on preparation of standards of quality of primary prevention programmes and on the drawing up of a terminological dictionary and a manual of good practice. The draft of the standards of quality of primary prevention programmes has been completed.

The works on the terminological dictionary of primary prevention have made significant progress. It is based on the "Interdisciplinary Glossary of Drug-Related Terms" (Kalina et al. 2001). A draft of the dictionary was drawn up and submitted for comments and discussion.

3.1 School Programmes

As in the previous periods, school prevention programmes represent the highest share of all preventive activities. The Minimum Preventive Programme (MPP) continues to be the basic programme in schools. The system of school preventive programmes is professionally and methodologically guaranteed by school prevention methodologists, district methodologists of preventive activities and regional school prevention methodologists.

- The school prevention methodologist (usually a school teacher) coordinates preparation and implementation of the Minimum Preventive Programme in a school or school facility.
- The district methodologist of preventive activities (usually a professional worker of an appropriate pedagogical-psychological counselling office) guarantees the individual minimum preventive programmes of schools and school facilities in a district, he/she provides methodological guidance to school prevention methodologists, provides insight about the content and quality of both governmental and non-governmental organizations that supply preventive activities to schools and school facilities, and he/she keeps an updated list of contacts for available crisis intervention, counselling and preventive facilities.
- The regional school prevention methodologist (a worker of the Department of Education of an appropriate Regional Authority) participates in the preparation and innovation of regional concepts and programmes of prevention in collaboration with a regional drug coordinator, regional drug commission, managers of Complex Interaction Crime Prevention Programmes and other subjects participating in prevention within the region. He/she also monitors the situation in the district school facilities from the point of view of conditions for implementation of the Minimum Preventive Programme.

Total sum of € 425,260 was earmarked via the regions for the implementation of the Minimum Preventive Programme carried out by schools, school facilities, and local NGOs in 2003.

3.2 Out-of-School Programmes

Out-of-school primary prevention programmes are especially implemented by NGOs and pedagogical-psychological counselling offices. These programmes are divided into three levels from the point of view of the risk level of the target groups:

¹¹ Such non-specific instruments and activities are called „primordial prevention“.

- General population – general primary prevention. This involves the target group of the general population of children, youth and adults; e.g. upper grades of primary schools, secondary school students, parents, teachers.
- At-risk groups – selective primary prevention. This involves the groups of people that are more exposed to risk factors that lead to addiction and other forms of risky behaviour (for instance, this involves special school pupils, problem classes, health-service personnel, groups of handicapped persons, young unemployed persons and urban gangs).
- Individuals at risk – indicated primary prevention. This involves the persons that are more exposed to risk factors that lead to addiction and other forms of problem causing or risk behaviour (e.g. children or siblings of addicts, children with a problematic position in a group, people with behaviour disorders).

An overview of programmes subsidized by the Council of the Government for Drug Policy Coordination in 2003 and the number of participating pupils, students and adults is presented in Table 3-1 and Table 3-2.

Table 3-1: Number of pupils and students participating in primary prevention programmes implemented by other subjects in schools and subsidized by the Council of the Government for Drug Policy Coordination in 2003 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e)

School type	Specialized primary prevention programmes (19 programmes)	Primary prevention activities within the framework of other services (53 programmes)	Total
Nursery schools	1,893	3	4,893
Primary schools	47,765	23,086	70,851
Secondary schools and vocational training schools	17,298	16,369	33,667
Post-secondary vocational schools	1,455	795	796,455
Universities	97	187	284
Total	68,508	40,440	1189,866

Altogether 22,563 students participated in out-of-school primary prevention activities carried out within the projects subsidized by the Council of the Government for Drug Policy Coordination (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e).

Table 3-2: The number of participating adults in primary prevention programmes within the projects subsidized by the Council of the Government for Drug Policy Coordination in 2003 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e)

Group	Specialized primary prevention programmes (19 programmes)	Primary prevention activities within other services (53 programmes)	Total
Parents	1,930	1,356	3,286
Teachers	1,041	1,258	2,299
Police officers	156	218	374
Other	1,184	2,025	3,209
Total	4,305	4,857	382,794

The Ministry of the Interior and the Police of the Czech Republic¹² also carry out preventive activities. The so-called preventive information groups operate at all district police headquarters, and the Police National Drug Squad has a special group for methodology and prevention.

¹² The projects for instance involve Ajaxův zápisník (Ajax's Notepad) (http://www.mvcr.cz/2003/policie/prevence/index_policie.html), Učíme se s policií (Learning with the Police) (<http://www.mvcr.cz/aktualit/regiony/hradec/prevence/ucspol.html>), Policie dětem (Police to Children) (http://www.mvcr.cz/aktualit/regiony/brno/ppk_pdm.html), Malá policejní akademie (Small Police Academy) (http://www.mvcr.cz/aktualit/regiony/ces_bud/mesto/akademie/projekt/projekt.html#cname).

3.2.1 Urine Testing and the Use of Drug-Sniffing Dogs in Schools

The media repeatedly informed citizens about urine testing and drug-sniffing dogs in schools in the course of 2003. The reports and statements of schools' head teachers may give a reason to believe that it is an efficient approach to drug prevention. A working meeting about these issues was held in March 2003. Prevention experts, representatives of the Ministry of Education, Youth, Physical Education, and the Ministry of the Interior, Ministry of Health and the Secretariat of the Council of the Government for Drug Policy Coordination have agreed that these preventive methods are not effective primary prevention activities. A press release was published with regard to these issues (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2003c).

3.3 Preventive Activities Intended for Dance Drugs Users

The following Internet counselling pages deal with preventive activities geared towards the population of dance drugs users:

- Podané ruce civic association (Brno). It has operated an Internet counselling office (<http://www.extc.cz/>) since 2000. It focuses on the dance drugs issues.
- A Database of Ecstasy Tablets has been available at the web pages of the Pharmacology Department of the 3rd Medical Faculty at Charles University in Prague since 2002 (<http://www.lf3.cuni.cz/drogy/>). It provides information on ecstasy tablets used in the Czech Republic, and it provides results of quantitative analyses of the contents of the tablets.

In 2003, 18 low-threshold facilities were providing informative counseling and materials (leaflets) about the issues associated with dance drugs used during dance parties in 2003; 10 of them were offering orientative qualitative testing of the tablets. Information or counselling in this field was carried out nearly 5,000 times in 2003, altogether 3,010 tablets were tested (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e).

4 Problem Drug Use

In the Czech Republic, problem drug use is defined as use of drugs by injection and/or regular use of opiates and amphetamines.

As far as opiates are concerned, this especially involves heroin and buprenorphine (Subutex) that has appeared on the black market; homemade opiates made from medicinal products or poppy heads are rather a (seasonal) exception. The use of amphetamines is practically limited to the use of methamphetamine – pervitin.

Depending of the estimation method applied, it is estimated that there are 21,000 to 38,000 problem drug users in the Czech Republic. It is most likely that there are approximately 30,000 problem drug users; thereof, there are approximately 11,000 heroin users, and 19,000 pervitin users. Approximately 29,000 users inject drugs. A certain number of problem drug users has started substitution treatment, especially with Subutex, in recent years. This has reflected in a decreasing trend in prevalence estimates based on data from drug treatment.

Approximately 60% of problem drug users are in contact with treatment or low-threshold facilities. Data about treated drug users¹³ suggest that drug users aged 22 to 25 years are treated the most often, the female to male ratio is approximately 1:2 (the users of medicaments represent an exception, and the ratio is 2:1). The ratio of injecting drug users to the total number of drug users being treated varies according to the type of a facility; it varies from 50% in outpatient treatment, more than 60% in low-threshold facilities, to 80 – 90% in residential treatment.

4.1 Estimates of Prevalence and Incidence of Problem Drug Use

National prevalence estimates were carried out using a multiplication method with the use of data from low-threshold facilities and by means of a capture-recapture method in 2003. In addition, a questionnaire survey was carried out among general practitioners in order to estimate the number of opiate problem users.

The number of problem drug users in contact with low-threshold facilities extrapolated to the total number of these facilities in the Czech Republic was used as the basis for the calculations within the multiplication method. The multiplier (in-treatment rate), i.e. the estimated number of problem drug users in contact with such facilities,

¹³ Register of Treatment Demands, registers maintained by the Health Information and Statistics Institute (outpatient care reports, obligatory hospitalization reports, substitution treatment register), final reports of projects subsidized by the Council of the Government for Drug Policy Coordination.

was obtained by means of nomination technique using a special questionnaire module within the framework of the HCV Seroprevalence Among Injecting drug users survey (see the chapter on Drug-Related Infectious Diseases , page 43.

The capture-recapture method was based on three-sample method. It used (1) the Register of Hospitalized Patients with a Basic Diagnosis (Institute of Health Information and Statistics), (2) the Register of Hospitalized Patients with Diagnosis F11, F15 and F19 (Institute of Health Information and Statistics), and (3) the Register of New Reported Cases of Viral Hepatitis among injecting drug users (EPIDAT). The estimation was carried out for the years 2001 and 2002.¹⁴

A prevalence estimate of the number of problem drug users who only use opiates was carried out using a questionnaire survey among general practitioners. The survey focused on the experiences, attitudes and expectations associated with opiate agonist treatment in outpatient clinics of general practitioners for adults. The general practitioners were asked to answer two questions that served for determination of the prevalence estimate: (1) How many registered patients do you have?, (2) How many of them are injecting or long-term users of heroin or other opiates?¹⁵

Table 4-1 shows an overview of prevalence estimates that were carried out within the previous two years.

Table 4-1: Overview of problem drug use prevalence estimates carried out in the Czech Republic in 2003 (data source: National Monitoring Centre for Drugs and Drug Addiction)

Method*	Multiplication method		Capture-recapture method		Questionnaire survey among general practitioners 2003
	2002	2003	2001	2002	
The year for which the estimate was carried out					
Total number of problem drug users (relative/1,000 persons aged 15 – 64)	35,100 (4,9/ 1,000 15-64)	26,500 (3,6/1,000 15-64)	37,900 95% CI = 26,300 – 56,500 (5,3/1,000 15-64)	21,300 95% CI = 13,700 – 34,500 (3,0/1,000 15-64)	-
Number of heroin users (relative/1,000 persons aged 15 – 64)	13,300 (1,8/1 000 15-64)	9,300 (1,3/1,000 15-64)	-	-	21,200 (2,6/1,000 18+)
Number of pavorin users (relative/1,000 persons aged 15 – 64)	21,800 (3,1/1,000 15-64)	17,200 (2,3/1,000 15-64)	-	-	-
Number of injecting users (relative/1,000 persons aged 15 – 64)	31,800 (4,4/1,000 15-64)	26,000 (3,5/1,000 15-64)	-	-	-

Despite methodological objections, the fact that the number of opiate users calculated from the questionnaire survey reported by the general practitioners was twice as high as the previously estimated number (approximately 10% response rate among the general practitioners, a possible systematic sampling error due to the fact that practitioners with experiences with opiates users are more likely to provide an answer) suggests that the number of opiate users obtained with the use of other methods may be underestimated. This especially involves the likely out flux of opiate users to substitution treatment. Both the data from low-threshold facilities, which served as a basis for the multiplication method, and the data from the field of treatment, which served as a source for the capture-recapture method, do not sufficiently reflect this out flux; above all, they do not cover buprenorphine (Subutex) treatment provided by specialized outpatient facilities and general practitioners. At the same time, it is true that the differences in the 2001 and 2002 capture-recapture method based estimates is very likely due to the dynamics of opiate substitution treatment in the Czech Republic in recent years.

¹⁴ As none of the used sources is independent, a saturated log-linear model was used for the estimation of the level of problem drug use.

¹⁵ The fraction $\Sigma(2) / \Sigma(1)$ then shows the prevalence of problem opiate users (per 1,000 of adult aged 18 and more).

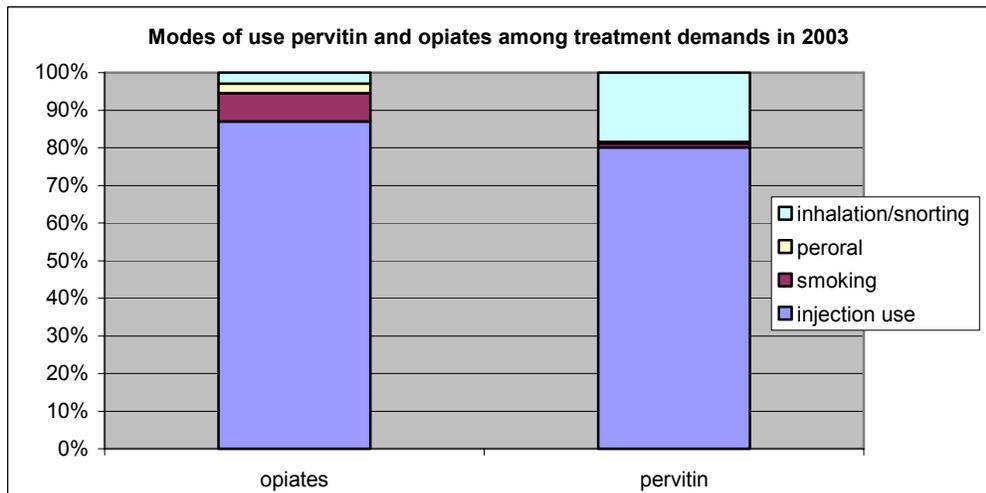
4.1.1 Injecting Drug Use

The percentage of heroin injecting users and pervitin injecting users out of all treated problem drug users has been stable and 90% and 80% respectively (Polanecký et al. 2004; Polanecký et al. 2003; Polanecký et al. 2002; Polanecký et al. 2001) – see Figure 4-1 and Figure 4-2. Recent data from a HCV Seroprevalence Study have confirmed these data; a nomination technique was used, and it established that approximately 90% of problem drug users inject drugs (Národní monitorovací středisko pro drogy a drogové závislosti, 2004d). Other injected drugs involve homemade braun¹⁶. The use of braun has been decreasing since the 1990s. It has even been reported that crushed and dissolved tablets of Alnagon¹⁷, Rohypnol¹⁸ or other medicinal products have been injected. Illegal injection use of Subutex tablets containing buprenorphine represents a topical question (Větrovec, 2003).

4.1.1.1 Risk Behaviour of Injecting Users

The Annual Report: The Czech Republic – Drug Situation 2002 dealt with the issues of risk behaviour of injecting drug users (Mravčík et al. 2003). The information about sharing of injecting equipment within the last three months vary from 25% (Minařík and Zahradník, 2003) to 51% (Mravčík and Šebáková, 2002); lifetime prevalence of sharing varies from 49% (Polanecký et al. 2004) to 91% of respondents (Mravčík and Šebáková, 2002). Needle sharing was absolutely unacceptable for 40% of the respondents of the Rapid Assessment and Response – Evaluation of the Drug Situation in the Pardubice Region survey.

Figure 4-1: Route of administration of pervitin and opiates among treatment demands in 2003 (Polanecký et al. 2004)

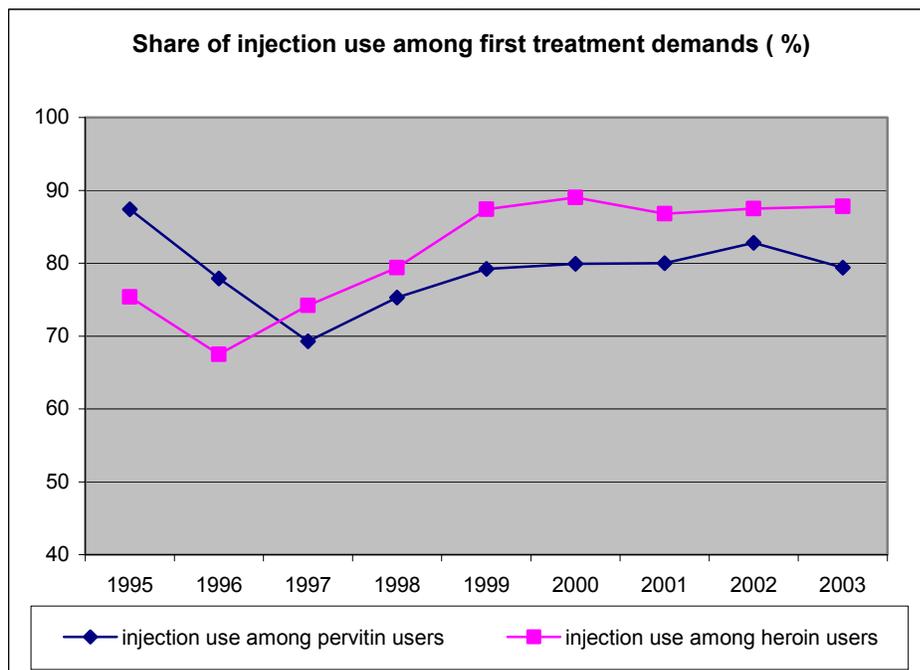


¹⁶ A mixture of homemade opiates, mostly codeine, made from medicinal preparations containing codeine

¹⁷ These tablets also contain codeine.

¹⁸ A hypnotic drug.

Figure 4-2: Share of injection use among first treatment demands who report pervitin and heroin as the primary drug in 1995 – 2003 (Polanecký et al. 2004)



Current information from the basic part of the HCV Seroprevalence Among Injecting Users Study (completed in December 2003) shows that 76.9% of 762 respondents (586 persons) have shared a syringe (105 of them have only used a syringe after their partner), while 20.9% of the respondents (159 persons) have never done this. 6.7% of the respondents (37 persons) have shared a syringe within the last month, 39.6% of the respondents (231) have shared a syringe within the last year. 77.8% of respondents (592 persons) have ever used other injecting equipment after someone, 20.8% (158 persons) have never done this. 212 of the respondents have been in prison, 56.6% of these respondents (108 persons) injected drugs while they were in prison, 10 of them injected a drug for the first time in prison (Národní monitorovací středisko pro drogy a drogové závislosti, 2004d).

4.2 Profile of Clients in Treatment

Data about users who use the services of low-threshold facility are mainly available due to the nationwide system of reporting to the Treatment Demand Register, administered by the Hygiene Service of the Czech Republic since 1995. 289 treatment and low-threshold centres contributed to the system in 2003 (Polanecký et al. 2004); Table 4-2 provides a summary. The Treatment Demand Register does not include facilities that provide substitution treatment.

Other sources of data about treated drug users involve:

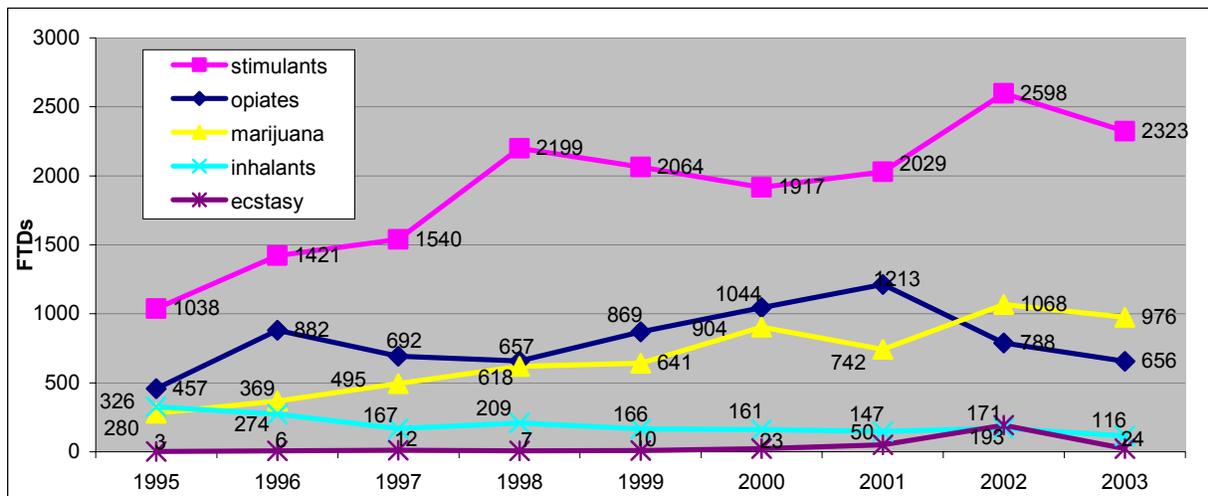
- Reports about the network and the number of beds in psychiatric hospitals, reports about outpatient care in the field of psychiatry, and obligatory hospitalization reports. The Health Information and Statistics Institute processes these reports.
- At the same time, the Institute of Health Information and Statistics also administers a Substitution Treatment Register; it involves specialized substitution programmes. 714 have participated in these programmes in 2003; 572 was the total number of patients registered in substitution programmes by December 31, 2003 (Ústav zdravotnických informací a statistiky, 2003b) – the chapter on Substitution and Maintenance Programmes on page 36 provides more detailed information).
- Final reports of projects participating in the subsidy process of the Council of the Government for Drug Policy Coordination – this involves 85 low-threshold facilities, 21 outpatient facilities, 16 therapeutic communities and 16 aftercare programmes.

A comparison of clients in individual registers¹⁹ shows that the male/female ratio basically does not change in different types of facilities (1:2); the users of medicaments represent an exception, and the ratio is 2:1. The share of clients according to the type of drug does not differ principally from the number of users of individual drugs (stimulants, opiates, cannabis, hypnotics/sedatives). However, the shares in individual types of treatment vary – opiate users are more represented in treatment facilities than in low-threshold facilities. The share of injecting users is similar. The average age of clients in treatment or contact is increasing. The use of cannabis, hallucinogens and inhalants is most common in the age group of 18 – 19 years; the use of opiates and stimulants is most common in the age group of 22 – 26 years. Sedatives, hypnotics and alcohol are most common among patients between the ages of 30 - 39 years. A comparison between age and type of the facility shows that the clients of low-threshold facilities are younger than those in treatment facilities; at the same time, the users treated in facilities of the NGO sector are younger than those treated in facilities operated by public administration bodies.

4.2.1 Treatment Demand Register of the Hygiene Service of the Czech Republic

Altogether 8,522 persons were registered in 2003 (68.8% of males and 31% of females)²⁰, thereof 4,158 were first treatment demands (67.1% of males and 32.7% of females)²¹. It has been the first year since 1997 when there were less treatment demands (including first treatment demands) than in the previous year. The following picture shows an apparent decrease in opiate and stimulant use. The decrease of heroin use is probably caused by a decrease in the number of heroin users; this decrease was probably caused by the fact that a certain number of opiate users entered substitution treatment. At the same time, it holds true that the Treatment Demand Register does not cover the field of substitution treatment sufficiently.

Figure 4-3: First treatment demands in connection with several types of drugs in 1995 – 2003 (Polanecký et al. 2004)



As in 2002, low-threshold facilities were the most attended type of facility. They report an average of 56 clients per facility per year; there were approximately 29 first treatment demands per low-threshold facility – see Table 4-2.

¹⁹ It is possible to assume that the individual registers overlap with one another; the data from final reports and the data supplied by Health Information and Statistics Institute overlap the least.

²⁰ gender of 11 persons was not specified

²¹ gender of 8 persons was not specified

Table 4-2: Facilities reporting to the Treatment Demand Register of the Hygiene Service in 2003 (Polanecký et al. 2004)

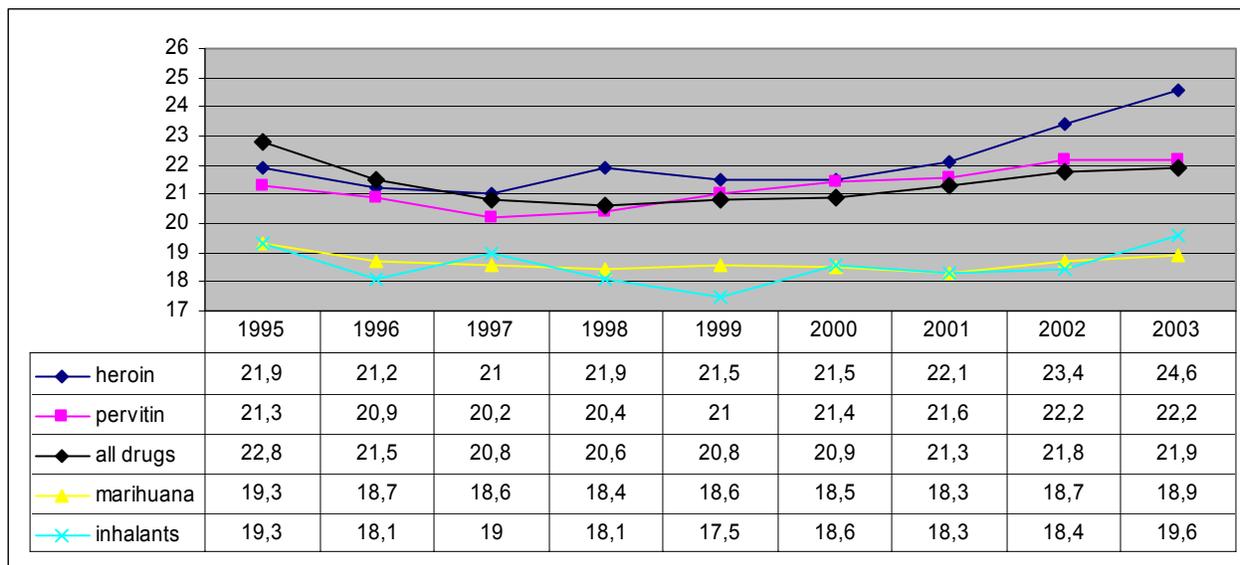
Type of a facility	Facility		Clients – first treatment demands			Clients – all treatment demands		
	Number	%	Number	%	Average number of clients per facility	Number	%	Average number of clients per facility
Out-patient health care	118 (129)*	40.8	624 (790)*	15	5 (6)*	1,583 (1,815)	18.6	13 (14)
Out-patient non-health care	27 (32)*	9.3	346 (330)*	8.3	13 (10)*	463 (450)	5.4	17 (14)
Residential	60 (56)*	20.8	746 (748)*	18	12 (13)*	1,794 (1,760)	21	30 (31)
Low-threshold facilities	84 (76)*	29.1	2,442 (2 851)*	58.7	29 (38)*	4,682 (5,212)	55	56 (69)
Total	289 (293)*	100.0	4,158 (4.719)*	100.0	14 (16)*	8,522 (9,237)	100.0	30 (32)

Note: * 2002 data are included in brackets for comparison

An 82.9% share of problem drug users²² in all treatment demands was reported in 2003 (7,067 persons); the share among first treatment demands was lower - 76.9% (3,196 problem drug users).

The group aged 20 - 24 years has remained the most represented among all treatment demands; 3,427 persons (40.2%) were registered in 2003. The group aged 15 – 19 is the most represented among first treatment demands (1,716 persons, i.e. 41.3%). The average age of treatment demands increased from 23.4 years in 2002 to 23.6 in 2003. At the same time, the average age of first treatment demands has been increasing since 1989, see Figure 4-4 (Polanecký et al. 2004).

Figure 4-4: Average age of first treatment demands in connection with selected drugs in the Czech Republic in 1995 – 2003 (Polanecký et al. 2004)



²² In the Czech Republic, problem use is defined as injection use of drugs and/or regular use of opiates and/or amphetamines.

Stimulant users are the most represented group among treatment demands (53.47%). Opiate users are the second most represented group (25.0%), and cannabis users are at the third position (16.5%). The order in first treatment demands is different: stimulants lead with 55.5%, cannabis users are the second (23.6%) and opiate users are the third (15.8%).

Altogether 5,964 (i.e. 70%) of people demanding treatment reported injection drug use. Injection drug use is less common among first treatment demands (2,516 persons, i.e. 60.5%) (Polanecký et al. 2004).

Table 4-3 provides selected characteristics of first treatment demands in 1995 – 2002.

Table 4-3: First treatment demands in the Czech Republic in 1995 – 2003, selected characteristics (Polanecký et al. 2004)

Charasteristics	1995	1996	1997	1998	1999	2000	2001	2002	2003
Number of first treatment demands	2,470	3,252	3,132	3,858	3,891	4,148	4,233	4,719	4,158
Incidence / 100,000 inhabitants	23.9	31.5	30.4	37.4	37.7	40.3	41.2	45.9	40.4
Incidence in the age group of 15 – 39-year-olds /100,000 inhabitants	62.9	78.7	75.1	96.3	99.0	105.5	106.1	118.1	103.7
Rate of males and females	2.4 : 1	1.9 : 1	1.7 : 1	2.0 : 1	1.9 : 1	1.9 : 1	1.9 : 1	2.1:1	2.0:1
Average age	22.8	21.5	20.8	20.6	20.8	20.9	21.3	21.8	21.9
Proportion of users aged under 19 (%)	47.2	57.4	54.1	52.4	49.1	47.5	43.9	40.1	43.5
Share of injecting users (%)	54.3	56.5	55.0	61.8	64.0	62.3	64.8	58.5	60.5
Share of injecting users aged under 19 in all injecting users (%)	44.9	54.7	51.2	46.5	40.3	38.3	35.5	33.1	32.8
Number of heroin users (primary and secondary drug), percentage of all users	529 21.4%	1,050 32.3%	945 30.2%	909 23.6%	1094 28.1%	1,229 29.6%	1,362 32.2%	947 20.1%	794 19.1%
Number of pervitin users (primary and secondary drug), percentage of all users	1,252 50.7%	1,757 54.0%	1,946 62.1%	2,642 68.5%	2,554 65.6%	2,576 62.1%	2,545 60.1%	2,932 62.1%	2,761 66.4%

Map 4-1 shows regional distribution of treatment demands in 2003.

Table 4-4: Number of discharged and deceased patients in residential psychiatric hospitals in 2002 (Ústav zdravotníckých informáci a statistiky, 2003)

Disorders according to the substance	Males (average age)	Females (average age)	% of females	Total
Alcohol induced disorders	7,496 (43.4)	3,011 (43.9)	40.2	10,507
Disorders induced by psychoactive substances	2,573 (26.3)	1,139 (27.7)	44.3	3,712

Outpatient facilities reported 12,575 first treatment demands in connection with illicit drugs in 2003 (11.5% less than in 2002); 34.1% of the cases involved injecting drug users. 53.6% of opiate users and 55.6% of stimulant users reported injection use. It follows on from a comparison of the age groups that the use of cannabis, hallucinogens and inhalants is the most common among 15 – 19 year-olds, while the use of opiates and stimulants is the most common among 20 – 29 year-olds. Sedatives and hypnotics are the most common among 30 – 39 year old patients (Brožová, 2004). A more detailed description of the users who took advantage of services of AT (alcohol and toxicology) clinics is only available for 2002 – see Table 4-5, Table 4-6 and Figure 4-7.

Figure 4-6: Number of first treatment demands in outpatient clinics in 1995 – 2002 (Ústav zdravotníckých informáci a statistiky, 2003a)

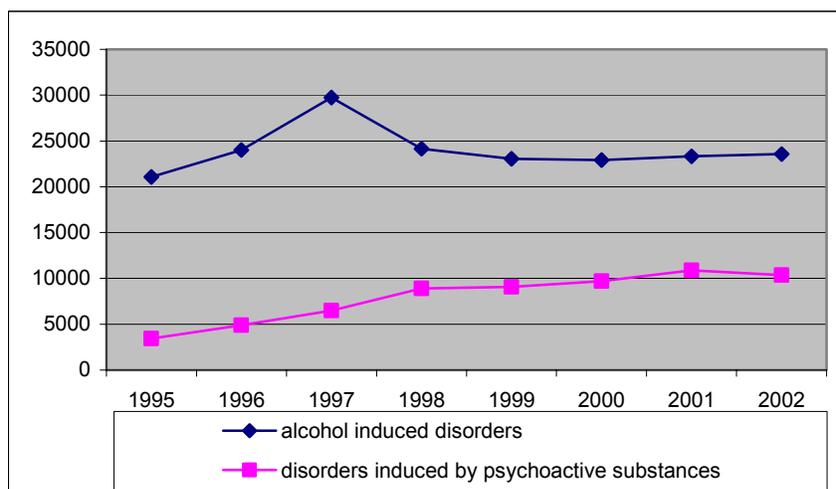


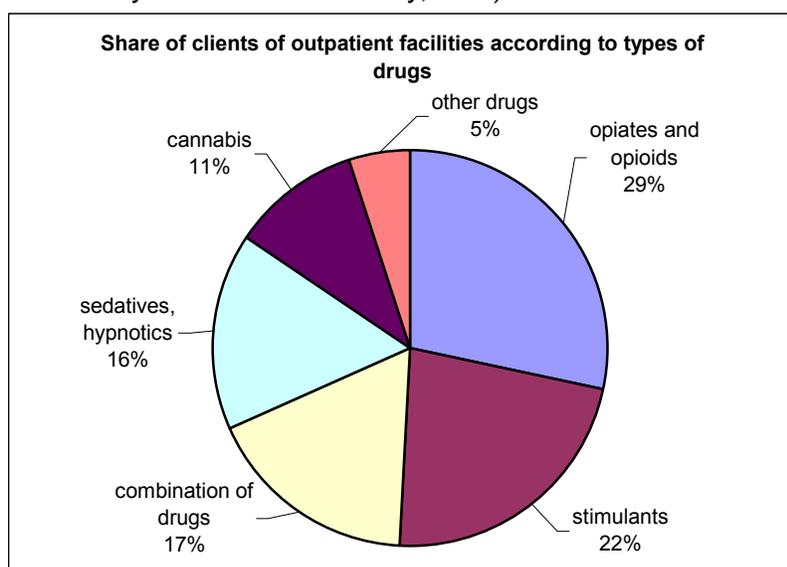
Table 4-5: Patients registered in outpatient AT clinics in 2002 according to types of substance (Ústav zdravotníckých informáci a statistiky, 2003)

Substance	Males	Females	% of females	Total
Opiates and opioids	2,797	1,232	30.6	4,029
Cannabis	1,104	401	26.6	1,505
Sedatives, hypnotics	879	1,413	61.6	2,292
Cocaine	45	18	28.6	63
Stimulants	2,225	960	30.1	3,185
Hallucinogens	148	84	36.2	232
Inhalants	241	20	7.7	261
A combination of drugs	1,769	711	28.7	2,480
Other	117	39	25	156
Drug total	9,325	4,878	34.3	14,203
Tobacco	896	637	41.6	1,533
Alcohol	18,187	7,213	28.4	25,400
Substance total	28,408	12,728	30.9	41,136

Table 4-6: Patients registered in outpatient AT clinics in 2002 according to gender and age (Ústav zdravotnických informací a statistiky, 2003)

Age group	Males	Females	% of females	Total
0-14 years	47	35	42.7	82
15-19 years	1,528	901	37.1	2,429
20-29 years	5,096	2,318	31.3	7,414
30-39 years	1,724	824	32.3	2,548
40+ years	930	800	46.2	1,730
Total	9,325	4,878	34.3	14,203

Figure 4-7: Share of clients of out-patient facilities in 2002 according to types of drugs (Ústav zdravotnických informací a statistiky, 2003)



4.2.3 Data from Final Reports of Projects Subsidized by the Council of the Government for Drug Policy Coordination

Table 4-7 provides a profile of clients of individual types of facilities subsidized by the Council of the Government for Drug Policy Coordination in 2003.

Table 4-7: Profile of clients according to the type of facility participating in the subsidy process of the Council of the Government for Drug Policy Coordination in 2003 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e)

Characteristics	Low-threshold facility	Out-patient treatment	Intensive out-patient treatment	Therapeutic communities	Aftercare
Number of facilities	80	19	2	17	15
Number of clients	21,702	1695	78	534	587
New clients – users (%)	55.4	72.6	57.7	63.5	54.3
Males (%)	60.9	55.8	59	74.6	60.8
Injecting users (%)	61.4	49.8	88.5	78.8	79.2
Heroin users (%)	21.7	18.2	53.8	34.4	38.3
Pervitin users (%)	40.1	32.2	39.7	49.7	41.9
Average age of clients (years)	23.2	23.6	26	24.5	24.5

5 Drug-Related Treatment

A wide spectrum of services is available in the field of treatment and social reintegration. Approaches of these services follow on from the complexity of the addiction problem; therefore, it is required that an interdisciplinary approach is applied consistently.

Treatment is defined as professional, focused and structured work with a client. The work especially stems from the biological-psycho-socio-spiritual model. Many methods and approaches are combined and used in treatment (Mravčík et al. 2003). A wide range of interventions are used in treatment in order to achieve its goal, i.e. to achieve abstinence or reduction in drug use, reduction in frequency and seriousness of relapse, involve clients in a productive life in his/her family, at work and in the society with the aim to improve the quality of their life to maximum.

5.1 System of Treatment in the Czech Republic

Treatment of drug users is one of the four pillars of 2001 – 2004 National Drug Policy Strategy. It is the goal of the strategy to offer appropriate, available and professional help to families and individuals that solve issues associated with drug use. Current considerations rather involve effectiveness of the entire treatment continuum than effectiveness of a single treatment programme. The continuum consists of the following components: counselling before treatment, treatment, and aftercare (Kalina, 2003).

The following types of treatment are recognized: outpatient (AT clinics, day-care programmes, structured aftercare programmes), and residential treatment (therapeutic communities, specialized hospital departments, psychiatric hospitals). Treatment is divided into short-term (4 – 8 weeks), medium-term (3-6 months) and long-term (7 months and more).

Standards of Professional Competency of Services (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2003b) define nine types of services: detoxification, outreach programs, low-threshold centres, out-patient treatment, day-care programmes, short-term and medium-term institutional treatment, residential care in therapeutic communities, aftercare and substitution treatment. Outreach programmes and low-threshold centres fall under tertiary prevention. NGOs especially implement the following types of treatment: day-care programmes, residential care and aftercare. Facilities operated by public administration bodies provide most of the other services.

Evaluation of quality of services is one of the pillars of a complex evaluation of services. Other pillars involve effectiveness evaluation and economic evaluation (cost effectiveness) (Radimecký et al. 2004). Observance of Standards of Professional Competency with an evaluation scheme and series of sample manuals, which are part of the system of certification of competency of services for drug users, contributes to the evaluation of quality and availability of provided services. According to this system, certification is an assessment and formal acknowledgement that a service complies with the specified criteria of quality and complexity (standards); external evaluators will carry out this assessment according to the criteria specified in standards and in compliance with the Certification Guide and Local Investigation Methodology. The so-called Minimum Evaluation Set (MES) was drawn up for the purpose of evaluation of treatment effectiveness (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2003a). It consists of three main parts: self-evaluation questionnaire, uniform system of reporting of treatment care, and a questionnaire for monitoring of basic economic indicators. Therefore, the Minimum Evaluation Set could be the basis of the future system of reporting to various providers of financial resources.

5.2 Out-patient Treatment

A total of 368 out-patient health care facilities reported outpatient treatment of users of licit and/or illicit drugs in 2003 (Ústav zdravotnických informací a statistiky, 2004d). This number represents facilities that filled in an AT appendix of the AO13 psychiatric statement, therefore, it does not represent outpatient clinics that provide services to drug users only. The number of these psychiatric outpatient clinics has been increasing in recent years (Table 5-1); however, it does not necessarily mean that the capacity of services for illicit drug users has also increased.

Table 5-1: Number of out-patient health care facilities that provided care to drug users in 2000 – 2003 (Ústav zdravotnických informací a statistiky, 2004a)

Year	Number of facilities
2000	320
2001	330
2002	342
2003	368

A total number of 95,065 persons that abuse licit and/or illicit drugs were registered in patient files²⁴ kept by outpatient facilities in 2003, and 42,881 users thereof were undergoing active treatment. There were 41.7% (17,864 persons) of illicit drug users – see Table 5-2.

Table 5-2: Number of patients in out-patient health facilities in 2003 (Ústav zdravotnických informací a statistiky, 2004a)

Type of a facility	Number of facilities	Number of patients
Residential facilities with out-patient services	53	4,105
Out-patient facilities	24	2,107
General practitioners	2	14
Independent out-patient clinics of specialist physicians	229	8,643
Other out-patient facilities	5	2,995
Total	313*	17,864

*Note: * The facilities were identified according to the Company's Identification Number; at the same time, it holds true that several facilities may operate under one Company Identification Number.*

Outpatient clinics that treated 1-50 patients were the most represented group; clinics with 400 and more patients per year were the least represented – see Table 5-3.

Table 5-3: Number of outpatient health care facilities according to number of patients in 2003 (Ústav zdravotnických informací a statistiky, 2004d)

Number of patients	Number of facilities
1 - 10	139
11 - 50	106
51 - 100	26
101 - 150	12
151 - 200	7
201 - 300	10
301 - 400	8
401 - 500	3
501 - 600	1
800 and more	4

The National Monitoring Centre for Drugs and Drug Addiction carried out a survey geared towards provision of psychiatric care to drug users in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004c). Regional coordinators were asked to send the questionnaire to psychiatric clinics in their region. By June 30, 2004, 142 outpatient clinics filled in the questionnaire. Out of them 45 reported that they provide services to alcohol and drug users, 41 only for alcohol users and 43 psychiatrists reported that licit and illicit drug users are not their target group but they still provided services to them in 2003. In these out-patient clinics, 26,781 alcohol users, 5,221 tobacco users and 4,760 drug users were treated in 2003. The following services were provided most frequently: psychiatric examination, individual counselling, individual psychotherapy, work with family and

²⁴ i.e. in long-term registers of outpatient facilities.

crisis intervention. Substitution treatment was provided to 534 clients, 64.8% of these patients stayed in the treatment for more than one month. All of the psychiatrists actively collaborated with psychiatric hospitals, clinics, and departments, 95.1% of the psychiatrists collaborated with general practitioners, 54.2% collaborated with low-threshold centres and 28.9% collaborated with NGOs that provide treatment and aftercare to drug users.

In addition, 19 NGOs funded from the General Cash Administration budget chapter provided outpatient treatment in 2003. They provided services to 1,695 drug users. The average age of clients was 23.6 years (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e). The Hygiene Service reports 37 outpatient non-health care facilities; thereof, 27 centres reported to the Treatment Demand Register. Altogether 463 clients were treated in these facilities in 2003 (Polanecký et al. 2004).

Two day-care centres carried out intensive outpatient treatment. They provided intensive 3 – 6 months structured programmes. The services were supplied to 78 clients, and the average age of the clients was 26 years. While 44 successfully completed the programme, 22 clients left, and 12 clients were expelled from the programme.

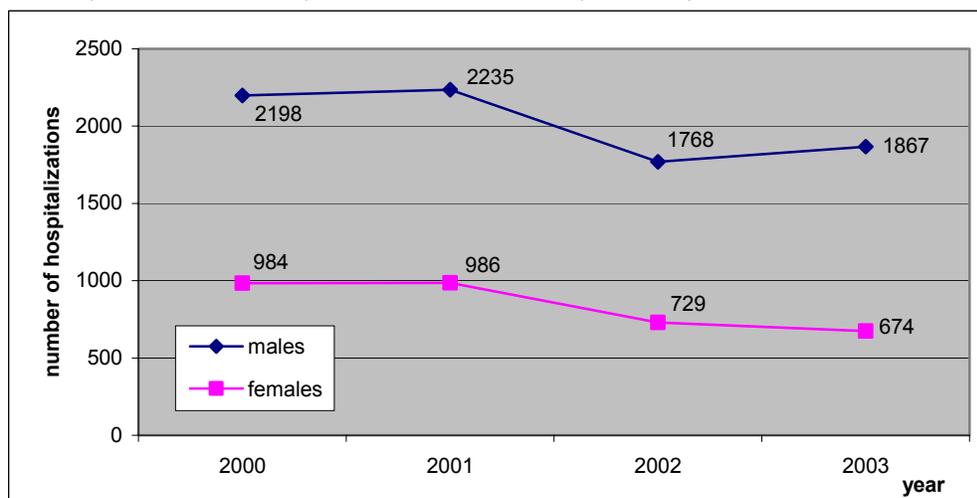
Sixteen facilities funded from the General Cash Administration budget chapter provide a structured outpatient aftercare programme (aftercare) in the Czech Republic. The target population consists of clients who have completed drug addiction treatment, clients who have abstained from drugs for at least two months, and clients who have returned from treatment facilities or those who have completed their prison sentence. Even clients who have not been treated before can enter the programme as long as they meet the criteria specified in Minimum Standards of Care. In addition, the target population also involves parents, the children of clients, partners, and other family members. Aftercare is necessary in order to maintain the treatment effect, it reduces the risk of relapse and it facilitates social reintegration. In these sixteen facilities, 1,045 persons were treated (the average age was 25.7 years) (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e). The curricula of aftercare programmes vary to a great extent and meet demands at the same time. Uneven regional coverage is a downfall of the Czech system of aftercare.

5.3 Residential Treatment (Residential Treatment Facilities)

Detoxification units are intended for management of withdrawal conditions and drug intoxications of persons that do not require intensive care in another facility; for instance in an intensive care unit or anesthetic resuscitation department. Detoxification units are incorporated into medium-term or long-term addiction treatment or into facilities that provide out-patient services. Out-patient services also alternatively offer the opportunity of detoxification in a home environment. Some facilities are only willing to accept clients who have provided for aftercare (Nešpor, 2003).

Residential psychiatric treatment is provided in psychiatric departments of hospitals, and medium-term or long-term treatment is provided in psychiatric hospitals. There are seventeen psychiatric hospitals for adults (1,275 beds) in the Czech Republic; they registered 2,541 hospitalizations due to disorders caused by illicit drugs (dg. F11 - F19 according to ICD-10) in 2003; 1,867 males (73.5%) and 674 females (26.5%) thereof. 47.2% of the hospitalizations were due to disorders caused by poly-drug use and the use of other psychoactive substances, 27.2% of the disorders were caused by stimulants and 15.6% of the cases were caused by opioid use (Ústav zdravotnických informací a statistiky, 2004a). Figure 5-1 shows change in the number of hospitalizations in 2000 – 2003.

Figure 5-1: Number of hospitalizations in psychiatric clinics due to disorders caused by drug use in 2000 – 2003 (Ústav zdravotnických informací a statistiky , 2004a)



In psychiatric departments of hospitals (33 departments), 2,095 hospitalizations (1,327 males and 768 females) were reported in 2003. Most of the hospitalizations were carried out due to disorders caused by the use of opioids (37.7%), combined use of several substances and the use of other psychoactive substances (24.1%) and disorders caused by the use of stimulants (16.4%) (Ústav zdravotnických informací a statistiky , 2004a).

Residential treatment in therapeutic communities is medium-term to long-term professional care. 17 facilities were providing residential treatment in 4 – 12-month programmes in 2003. The target group consists of persons suffering from medium or serious drug addiction, often with a criminal history and a serious psychosocial and/or somatic damage. 2003 data are available from 15 communities (233 beds); 496 patients were undergoing treatment in these facilities in 2003, and there were 317 new patients thereof. 143 successfully completed treatment, 133 clients quit treatment after two weeks, 44 clients left after two thirds of their therapy. The average age of clients was 23.4 years. The average length of client treatment was 189.8 days (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e).

Seventeen children were hospitalized in four psychiatric hospitals due to problems caused by drug use (15 boys and 2 girls). The hospitalizations were most frequently caused by disorders caused by poly-drug use and the use of other psychoactive substances (7 hospitalizations), disorders caused by use of organic inhalants (5 hospitalizations) and disorders caused by the use of stimulants (4 hospitalizations) (Ústav zdravotnických informací a statistiky , 2004a).

Treatment in prisons – see the chapter on Assistance to Drug Users in Prison, page 62.

5.4 Substitution and Maintenance Programmes

As in 2002, there were nine substitution centres in the Czech Republic in 2003. There was no coverage in the following regions: Zlín, Pardubice, Vysočina, Southern Bohemia, Pilsen and Karlovy Vary. It was planned that a substitution centre would be opened in České Budějovice in the Southern Bohemian region.

All programmes provided exclusively oral substitution treatment with methadone prepared from an imported generic substance and with a mass produced medicinal product, Subutex (buprenorphine), which has been registered on the Czech market since 2000. Subutex can be prescribed by each physician with no regard to his/her specialization in the Czech Republic – see the chapter on Buprenorphine – Treatment, Prescription Practices and Misuse, page 75.

Altogether 714 patients were treated in the nine substitution centres in 2003 (463 in 2002). Table 5-4 shows the number of patients registered in the Substitution Treatment Register up until the date of December 31, 2003.

The exact number of the patients who use Subutex is not known; on the basis of data about consumed packages of Subutex in 2003 (approximately 1.3 kg of buprenorphine) and average daily consumption of 6 mg and an average length of use of 6 months, it is possible to estimate that there are approximately 1,200 persons

who use Subutex. See the chapter on Buprenorphine – Treatment, Prescription Practices and Misuse, page 75. Therefore, approximately 2,000 persons were treated with opioid agonists in 2003.

Table 5-4: Substitution treatment patients in specialized programmes as at December 31, 2003 (Ústav zdravotnických informací a statistiky, 2004b)

Centres	Number of persons
Prague (VFN)	146
Ostrava	10
Olomouc	4
Brno	53
Ústí nad Labem	186
Prague (Drop in)	140
Hradec Králové	13
Mělník	20
Total	572

Substitution Treatment Standards (Ministerstvo zdravotnictví ČR, 2001a) define methodology for substitution treatment in the Czech Republic, including criteria for admission to treatment. More information is also included in the Annual Report: The Czech Republic – Drug Situation 2002 (Mravčík et al. 2003).

The National Register of Medically Indicated Substitution Substances has been working in the Czech Republic since mid-2000 (Ministerstvo zdravotnictví ČR, 2001b). Only methadone-based substitution treatment was obliged to be registered in 2002.

However, availability of substitution centres continues to be poor; they are located in 6 large towns and therefore they are practically inaccessible to potential patients from small towns or villages. The centres in Prague and Ústí nad Labem have the highest volume (80% of all substitution centres in the Czech Republic) and number of patient exchanges (Ústav zdravotnických informací a statistiky, 2004b).

There is no verified knowledge about the spread of methadone onto the black market in 2003. Subutex appeared on the black market (Větrovec, 2003), and the price was several times higher than the price in a pharmacy, see the chapter on Buprenorphine – Treatment, Prescription Practices and Misuse, page 75. No death due to fatal overdose or use of substitution substances was recorded in 2003 - more information is also included in the chapter on Drug-Related Deaths and Mortality of Drug Users, page 39.

5.4.1 Evaluation of Substitution Treatment

Complex evaluation of substitution treatment has not been carried out in the Czech Republic. Data from the National Register of Medically Indicated Substitution Substances are available – see Table 5-5.

Table 5-5: Reasons for termination of substitution treatment in specialized centres in 2000 – 2003 (Ústav zdravotnických informací a statistiky, 2004b)

Centres	Total in register		Reason for termination of treatment						Total
	Admission	Termination	1	2	3	4	5	6	
Prague (VFN)	295	149	38	17	72		1	21	149
Ostrava	18	8	4	0	2	0	0	2	8
Olomouc	12	8	3	0	3	0	0	2	8
Brno	73	20	1	0	7	6	0	6	20
Ústí nad Labem	566	380	8	22	295	27	1	27	380
Prague (Drop in)	838	698	45	37	533	4	1	78	698
Hradec Králové	19	6	2	0	2	0	1	1	6
Mělník	54	34	8	3	8	0	0	15	34
Total	1,875	1,303	109	79	922	37	4	152	1,303

Note: Reasons 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.

5.5 Treatment Approach to Specific Target Groups

Four programmes for females, mothers with children and pregnant women were carried out in 2003. They were especially geared towards stabilization of the social and mental condition of clients and the role of a mother with regard to her children, family and housekeeping. Two programmes provide outpatient treatment and sheltered housing and all four programmes provide shelter work. One programme is implemented within the framework of a therapeutic community. The basic services involve individual counselling and psychotherapy, relapse prevention, family and partner therapy, parent groups, groups for mothers, counselling, and social work (e.g. prevention of unwanted pregnancy, in-home social work, baby sitting with a programme), physiotherapy etc. 86 females and 54 children were treated in these facilities in 2003 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e).

The clients addicted to stimulants represent a special group. As a differentiated model of treatment of amphetamine users is used abroad, it is appropriate to ask whether the Czech non-differentiated approach to heroin and pervitin users should not be revised (Kalina, 2003). It is apparent that pervitin users represent nearly a third of substance users that are in contact with services (37% on the average) – see Table 5-6.

Table 5-6: Share of pervitin users in various treatment sources and registers in 2003 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e; Polanecký et al. 2004; Ústav zdravotnických informací a statistiky, 2004a; Ústav zdravotnických informací a statistiky, 2004d)

Source	Pervitin		Total
	abs.	%	abs.
Out-patient health facilities	3,185	22.4	18,864
Psychiatric hospitals and departments	1,039	22.3	4,653
Treatment Demand Register of the Hygiene Service	4,490	52.7	8,522
Low-threshold facilities	8,692	40.1	21,702
Out-patient treatment (NGOs)	545	32.2	1,695
Therapeutic communities	260	52.4	496
Aftercare programmes	455	43.5	1,045

5.6 Summary of Treatment Care for Drug Users in the Czech Republic

Table 5-7: Treatment programmes providing services to drug users in the Czech Republic in 2003

Type of a programme	Number	Capacity (places, beds)	Number of clients
Out-patient health care facilities	368	n.a.	17,864
Day-care centres	2	n.a.	78
Detoxification units	19	n.a.	n.a.
Sobering-up stations	17	n.a.	n.a.
Psychiatric hospitals	17	1,275	2,541
Psychiatric departments of hospitals	33	n.a.	2,095
Residential departments with treatment care (special education facilities)	1	n.a.	n.a.
Therapeutic communities	15	223	496
Aftercare programmes	16	n.a.	1,045
Detoxification units in prisons	1	n.a.	61
Drug-free zones in prisons	22	1,118	n.a.
Departments for differentiated execution of sentence	3	214	n.a.
Department for compulsory treatment in prisons	3	69	n.a.
Substitution centres	9	n.a.	714

6 Health Correlates and Consequences of Drug Use

The situation in the field of health consequences of drug use did not change profoundly in 2003. A favourable trend in the occurrence of heroin and pervitin overdoses has outlasted; overdoses on inhalants have slightly increased in recent years – which shows that inhalant users are a group that treatment and harm reduction interventions should focus on more in the future. A fatal overdose on ecstasy has been recorded in the Czech Republic for the first time. Data about mortality of drug users were collected for the first time and total deaths have reached 1% per year. The occurrence of infections among drug users has stabilized; this especially involves HIV. There are regional differences in the incidence of HCV, and the incidence of HCV also varies in different user groups. As far as other consequences of drug use are concerned, information about driving under the influence of drugs has been reported - it shows that recreational drug users are a group that is at risk in this respect.

6.1 Drug-Related Deaths and Mortality of Drug Users

The year 2003 was the the third year of operation of an automated system of data collection pertaining to drug mortality. All thirteen departments of forensic medicine and forensic toxicology were using the appropriate software. Czech laws (Ordinance 18/1988 Coll. of the Ministry of Health) specify mandatory autopsy in all cases of sudden death when the examining practitioner could not determine the cause of death and in all cases of violent deaths. More detailed information is included in the 2001 and 2002 Annual Reports on the State of the Drugs Problem in the Czech Republic (Mravčík et al. 2003; Zábanský et al. 2002).

Data about overdoses on narcotic and psychotropic substances have been available in a consistent time series since 1998²⁵; data about death “with the presence of narcotic and psychotropic substances” were reported for the first time in 2003 due to the involvement of all forensic departments²⁶.

The entire automated system and coordination of collection of this type of data in general has been developed in close collaboration of the National Monitoring Centre for Drugs and Drug Addiction and the Professional Association of Forensic Medicine and Toxicology of the Czech Medical Association of J. E. Purkyně. The representatives of the Association are also represented in the appropriate working group of the National Monitoring Centre for Drugs and Drug Addiction.

6.1.1 Overdoses on Narcotic and Psychotropic Substances in 2003

Forensic medicine and toxicology departments detected 221 deaths due to overdose on narcotic and psychotropic substances in 2003. Regardless of psychotropic medicaments (see below), presently and traditionally opiates were the most frequent cause of these overdoses (21), followed by inhalants (22) and pervitin (9). One death that probably occurred due to MDMA overdose was reported. No fatal methadone (or buprenorphine) overdose was recorded, not even in combination with other drugs. At the same time, no fatal cannabis or cocaine overdose was recorded (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2004b) – see Table 6-1, Figure 6-1.

Overdoses on psychotropic medicaments represent a very heterogeneous category and it is difficult to provide an accurate assessment. The reason is that it includes suicide overdoses, accidental overdoses with *lege artis* prescribed medicaments, and also accidental overdoses on abused medicaments and overdoses without an established cause. A total number of 167 overdoses on psychotropic medicaments were identified in 2003; the average age of those who overdosed on medicaments is 49.6 years, i.e. nearly 20 years more than in the case of overdoses on illicit drugs. 91 (of 167) overdoses on psychotropic medicaments involved benzodiazepines, including Flunitrazepam (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2004b).

In order to maintain compatibility with previous years, the analysis of trends in the field of overdoses on psychotropic medicaments was narrowed to overdoses on benzodiazepines, including Flunitrazepam (Rohypnol) – see Figure 6-2.

The development in the number of overdoses on illicit drugs continued to be favourable in 2003. Despite the increasing quality of collected data from forensic departments, the number of overdoses on opiates and pervitin

²⁵ With the exception of data about overdoses on inhalants (see below).

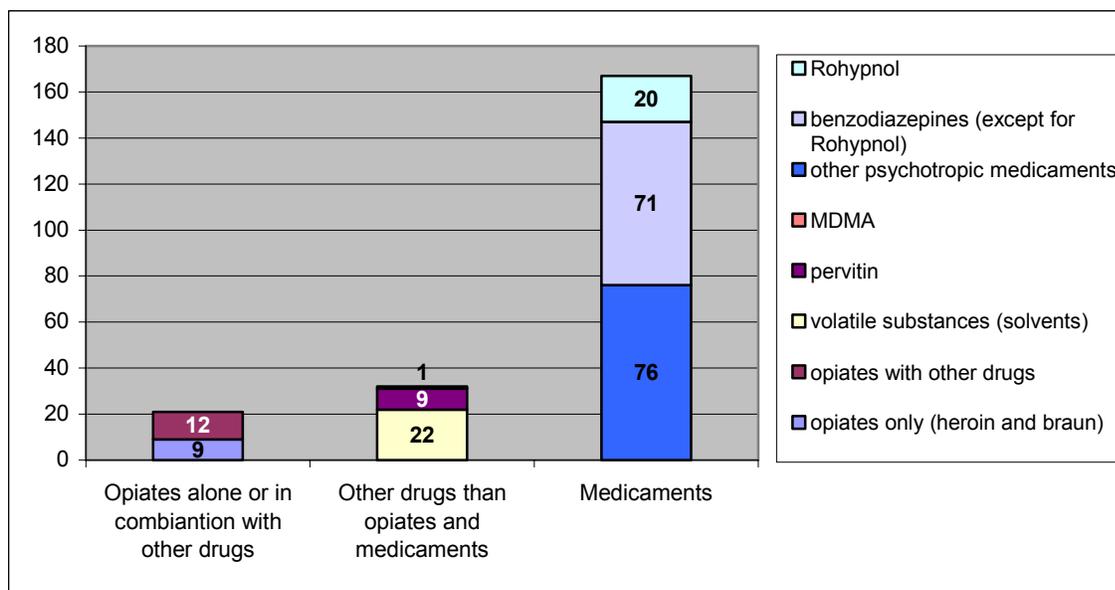
²⁶ A detailed methodological summary of determination of drug-related deaths is given in a professional statement (Zábanský and Vorel, 2001); a brief terminological summary is available in the 2001 Annual Report (Mravčík et al. 2003)

was practically identical to that in 2002. One death with the presence of MDMA was probably identified due to the increasing quality of the system.

Table 6-1: Fatal overdoses on narcotic and psychotropic substances in the Czech Republic in 2003 according to the groups of narcotic and psychotropic substances, age groups and gender (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2004b)

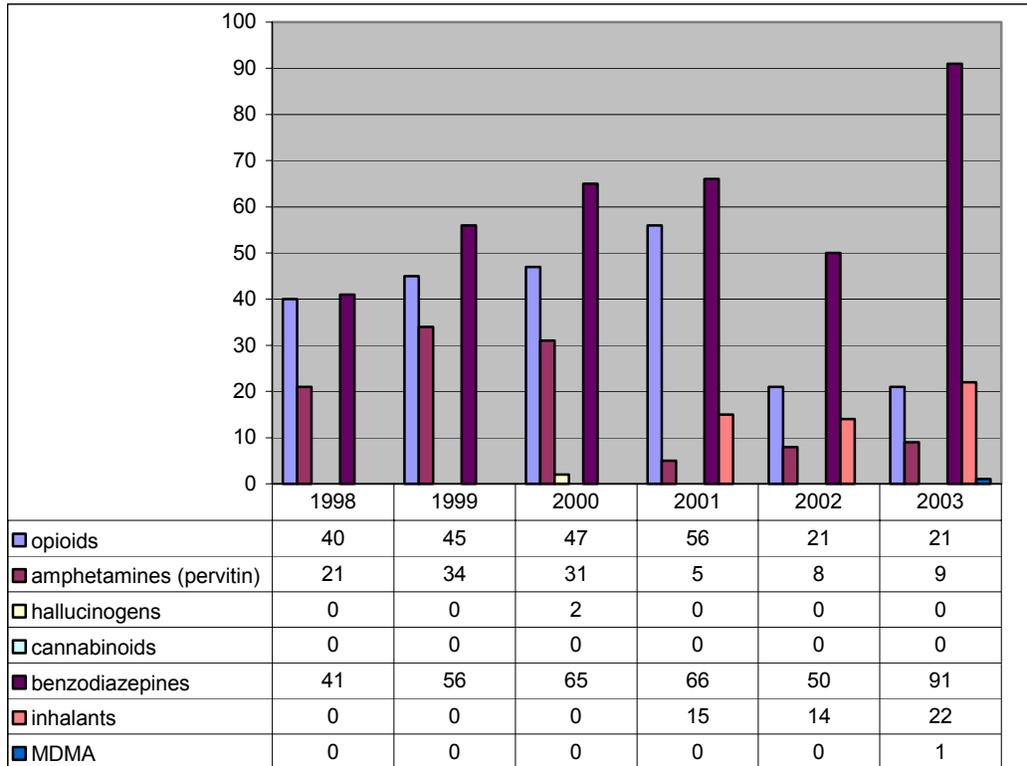
Narcotic and psychotropic substance(s) / age group	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>=65	Total		
													Males	Females	Total
Only opiates or opioids (excluding methadone)	0	1	2	1	0	3	0	0	1	0	1	0	7	2	9
Only methadone	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
More substances including opiates/opioids	0	0	5	0	3	1	0	1	2	0	0	0	10	2	12
Also methadone thereof	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
More substances or one substance – not opiates/opioids	0	5	5	9	1	5	2	3	0	1	0	1	29	3	32
Inhalants thereof	0	4	2	5	1	4	1	3	0	1	0	1	22	0	22
Pervitin thereof	0	1	3	3	0	1	1	0	0	0	0	0	6	3	9
Dance drugs thereof (e.g. MDMA)	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1
Hallucinogens thereof	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychoactive medicaments	2	3	6	12	11	9	13	22	31	19	9	30	85	82	167
Benzodiazepines thereof	0	1	3	4	6	4	8	12	18	12	7	16	51	40	91
Non-specified/unknown	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1
Total	2	9	19	22	16	18	15	26	34	20	10	31	133	89	221

Figure 6-1: Fatal overdoses on narcotic and psychotropic substances in 2003 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2004b)



6.1.1.1 Development in Fatal Overdoses on Narcotic and Psychotropic Substances in 1998 – 2003

Figure 6-2: Fatal overdoses on selected narcotic and psychotropic substances in 1998 – 2003 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2004b)



6.1.2 Deaths with the Presence of Narcotic and Psychotropic Substances

Data about deaths with the presence of narcotic and psychotropic substances were collected and analyzed for the first time in 2003 due to the existence of the automated system. 251 deaths with the presence of narcotic and psychotropic substances were reported: 30 due to an illness, 103 due to accidents, 77 due to suicides, 13 cases of manslaughter or murder, and 28 deaths due to other causes. A summary of the share of selected narcotic and psychotropic substances in the individual groups of deaths with the presence of narcotic and psychotropic substances is given in Table 6-2.

Table 6-2: Deaths with the presence of narcotic and psychotropic substances detected by forensic medicine departments in the Czech Republic in 2003 according to groups of narcotic and psychotropic substances and causes of death ((%), n = 251) (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2004b)

Substance / cause of death	Illness	Accident	Suicide	Manslaughter / suicide	Other
Benzodiazepines	6.8	12.4	11.2	2.8	5.2
THC (and metabolites)	1.2	10.8	2.4	0.4	2.0
Opiates	0.0	3.2	0.4	0.4	0.8
Pervitin	0.0	6.4	3.2	1.2	0.4
Inhalants	0.0	2.0	2.4	0.4	0.0
MDMA	0.0	0.4	0.0	0.0	0.0

Information about detection of narcotic and psychotropic substances in the bodies of persons who died in traffic accidents is included in the chapter on Drugs and Traffic Accidents, page 49.

6.1.3 Mortality of Drug Users

The National Monitoring Centre for Drugs and Drug Addiction started to collect data for a cohort mortality study²⁷ among drug users in 2003. The existing samples of drug users were used as cohort samples. The following sources were available for establishment of cohorts in the Czech Republic:

- hospitalized patients from the Register of Hospitalizations of the Institute of Health Information and Statistics, with primary diagnoses F11 – F19 according to the International Classification of Diseases (disorders due to the use of addictive substances, with the exception of alcohol),
- hospitalized patients from the Register of Hospitalizations of the Institute of Health Information and Statistics, with secondary diagnoses F11 – F19,
- persons with reported viral hepatitis from the EPIDAT Register of the National Institute of Public Health - injecting drug users,
- drug users in methadone substitution treatment.

The principle of the method of a retrospective-prospective cohort study is based on the linking of individual cohorts with the sample of deceased persons in 1997 – 2002 (the so-called database-linkage study). Mortality of drug users was calculated as a number of the deceased in a given cohort divided by person-years of monitoring of the sample. Person-years of monitoring (the so-called follow-up) were calculated as the period between entry into the cohort (i.e. first hospitalization, first reporting of hepatitis or entry to substitution treatment) and the date of death in the register (for deceased persons) or the last day of monitoring (for living persons) (i.e. as at December 31, 2002). The individual samples were linked with the sample of the deceased on the basis of personal identification code; samples had been encrypted using the Epicrypt encrypting software before the actual data provision took place. Characteristics of the cohorts are provided in Table 6-3, and the data involve persons aged 15 – 49 years.

Table 6-3: Characteristics of cohorts used in the mortality survey (Národní monitorovací středisko pro drogy a drogové závislosti, 2004b)

Cohort	Years of follow-up	Number of persons in a cohort	Number of deaths in a cohort	Person-years of follow-up	Mortality (‰)
Hospitalized – primary diagnosis F11 – F19	1997 - 2002	12,207	320	37,325.20	8.57
Hospitalized – secondary diagnosis F11 – F19	1997 - 2002	2,824	112	7,259.79	15.43
Injecting drug users – EPIDAT	1997 - 2002	1,998	36	4,991.46	7.21
Drug users in substitution treatment	2000 - 2002	706	8	1,106.51	7.23

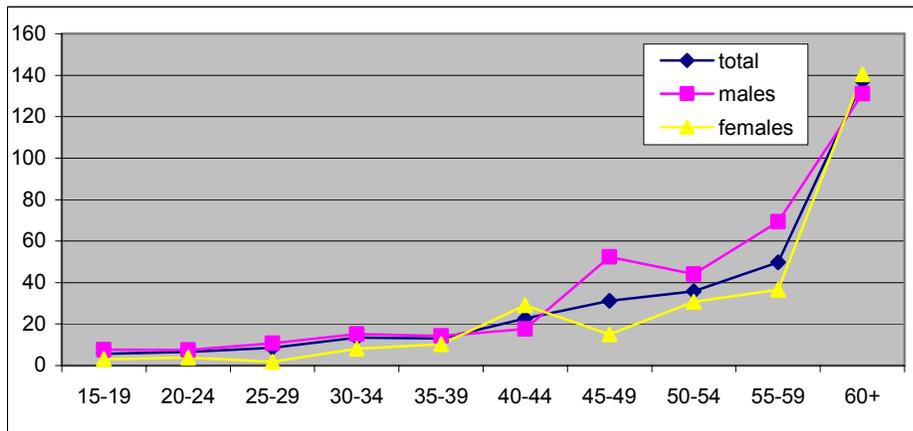
Interim results of the survey carried out by the National Monitoring Centre for Drugs and Drug Addiction show that there are significant differences according to gender, age, and type of drugs consumed in the individual cohorts. Table 6-4 and Figure 6-3 shows non-standardized values of specific mortalities in the group of those hospitalized due to primary diagnoses F11- F19.

Table 6-4: Non-standardized mortality according to gender and type of a drug in 1997 – 2002 (‰) (Národní monitorovací středisko pro drogy a drogové závislosti, 2004b)

Gender	All drugs	Opioids	Stimulants	Sedatives, hypnotics	Poly-drug use
Males	10.07	9.96	6.09	16.53	12.32
Females	5.53	5.70	3.02	9.80	6.84
Total	8.57	8.66	4.94	12.57	10.66

²⁷ Cohort study – a study monitoring the incidence of a phenomenon (e.g. illness or death) in a given group of persons (cohort) in time.

Figure 6-3: Mortality according to gender and age groups (drug total, in ‰) (Národní monitorovací středisko pro drogy a drogové závislosti, 2004b)



In the long-term, mortality of males is higher than mortality of females. As far as types of drugs are concerned, mortality is the highest among the users of sedatives and hypnotics (F13) and among poly-drug users (F19). Mortality of users increases with age (Národní monitorovací středisko pro drogy a drogové závislosti, 2004b). Another analysis will be carried out in 2004, and it will provide more detailed results of the cohort mortality study.

6.2 Drug-Related Infectious Diseases

6.2.1 HIV/AIDS

The situation regarding the incidence of HIV infection among injecting drug users, and the total occurrence of HIV infection in the Czech Republic has been stable since the first half of the 1990s. One to four new HIV positive injecting drug users are reported every year.

Altogether 664 HIV positive persons with permanent residence in the Czech Republic were registered in the Czech Republic by December 31, 2003 (cumulative incidence – since the beginning of monitoring in the 1980s. At the time of registry, there were 26 injecting drug users thereof, and nine persons were reported to be injecting drug users and bisexuals at the same time (Pracoviště manažera Národního programu HIV/AIDS, 2004).

Table 6-5: HIV+ incidence in the Czech Republic by December 31, 2003 according to the way of transmission (Pracoviště manažera Národního programu HIV/AIDS, 2004)

Way of transmission	before 1995	1995	1996	1997	1998	1999	2000	2001	2002	2003	total
Homo-/bisexual	125	14	31	32	15	19	27	27	28	37	355
IDU	4	3	1	2	3	1	4	3	1	4	26
Homosexual and IDU	0	1	0	1	2	1	0	2	1	1	9
Hemophiliacs	17	0	0	0	0	0	0	0	0	0	17
Blood recipients	14	0	0	0	0	0	0	0	0	0	14
Heterosexual	39	18	16	25	9	23	22	13	20	19	204
Mother – child	0	0	0	1	0	1	1	0	0	1	4
Nosocomial	0	0	0	0	1	1	0	0	0	0	2
Not found	8	4	2	2	1	4	4	6	0	1	32
Total	209	40	50	63	31	50	57	51	50	63	664

Altogether 816,436 laboratory tests for HIV antibodies were carried out in the Czech Republic in 2003; out of them 63 (0.08‰) were positive. 1,637 HIV blood tests were reported as tests on injecting drug users; one of

them was positive²⁸. It is an unfavourable fact that the number of HIV tests among injecting drug users has been decreasing since 1999²⁹.

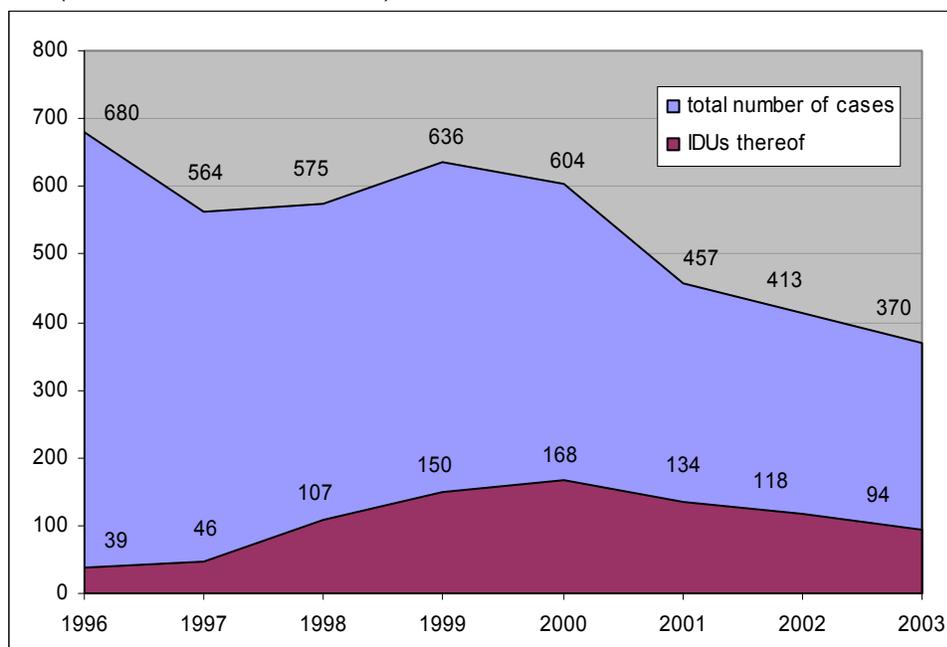
Table 6-6: Tests of injecting drug users for HIV antibodies in 1994 – 2003 (Brůčková et al. 2004)

Year	Blood		Saliva		Total	
	Number of tests carried out	Number of positive results	Number of tests carried out	Number of positive results	Number of tests carried out	Number of positive results
before 1998	2,101	1	895	0	2,996	1
1998	2,158	0	1,124	0	3,282	0
1999	2,320	0	1,219	0	3,539	0
2000	2,091	0	1,001	0	3,092	0
2001	2,169	1	961	0	3,130	1
2002	1,536	0	734	1	2,270	1
2003	985	1	652	0	1,637	1
Total	13,360	3	6,586	1	19,946	4

6.2.2 Viral Hepatitis

Data about reported new cases of acute HBV and HCV in the Czech Republic in 1996 – 2003 show there had been a decrease in reported acute cases of both types of parenteral viral hepatitis in the Czech Republic in 1996 – 2003; see Figure 6-4 and Figure 6-5. As it is impossible to recognize whether an infection is acute or chronic when viral hepatitis is detected for the first time, occurrence of all HCV, including chronic ones, provides a better picture about HCV rates, see Figure 6-6.

Figure 6-4: Reported HBV incidence and share of injecting drug users in the Czech Republic in 1996 – 2003 (Beneš and Částková, 2004)



²⁸ Other positive injecting drug users (or injecting drug users and homosexuals) were diagnosed within the framework of examination of a group other than the group of injecting drug users (for instance, psychiatric patients, other clinic diagnoses, stay at a corrective institution)

²⁹ All preventive activities geared towards HIV/AIDS, including testing, declined in connection with the reform of the hygiene service in 2003 (Jedlička et al. 2004).

Figure 6-5: Reported HCV incidence – acute incidence and share of injecting drug users in the Czech Republic in 1997-2003 (Beneš and Částková, 2004)

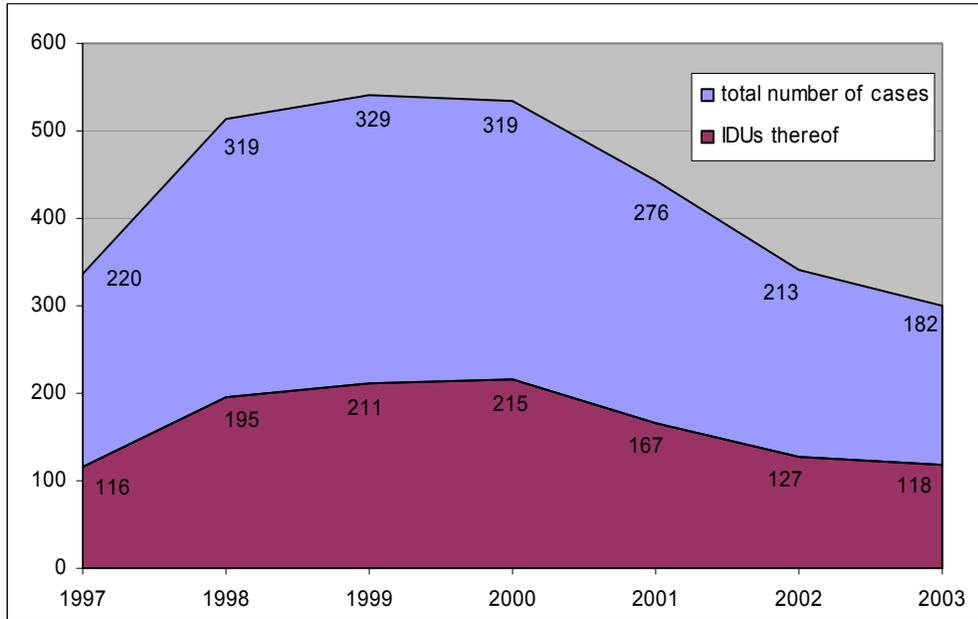
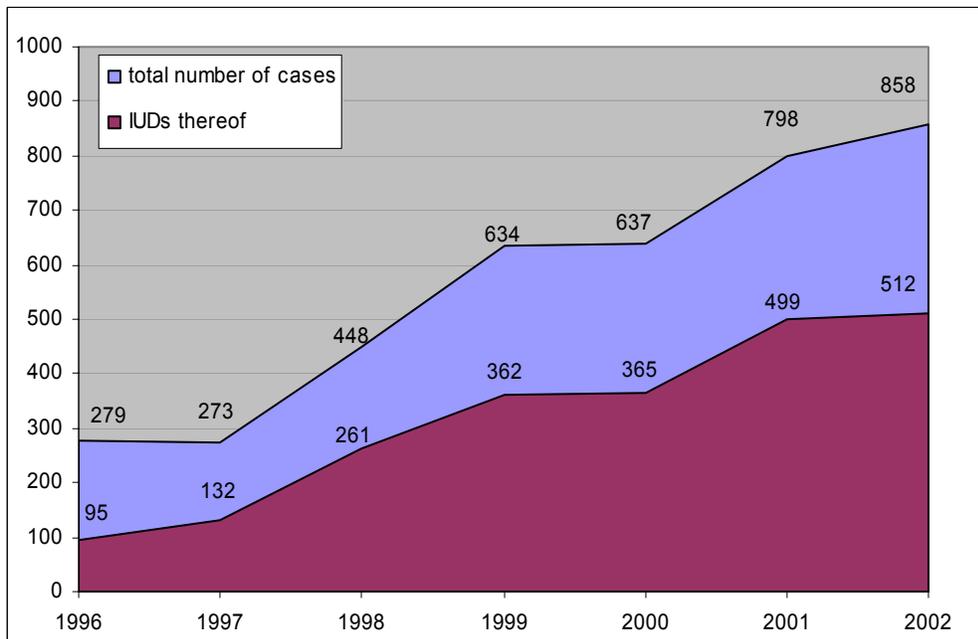


Figure 6-6: Reported HCV incidence – acute and chronic HCV incidence and share of injecting drug users in the Czech Republic in 1996-2002* (Beneš and Částková, 2004)



Note: * 2003 data were not available at the time of drawing up of this report.

A seroprevalence³⁰ study, i.e. testing for antibodies against causal agents of the individual types, or testing for antigens, provides a better picture of the occurrence of viral hepatitis. Results of several studies or monitoring

³⁰ Seroprevalence = presence of antibodies against a given infection in blood serum; detection of anamnestic antibodies is a sign that the person was in contact with this infection in the close or distant past

systems of different user groups are available in this field. In addition to the studies mentioned in the Annual Report: The Czech Republic – Drug Situation 2002 (Mravčík et al. 2003), new results of the survey “Viral Hepatitis among Problem Drug Users” are available as well. The survey was carried out using two samples of alcohol users and users of non-alcoholic drugs. The first sample consisted of patients of medium-term withdrawal treatment, and the second sample consisted of imprisoned users – see Table 6-7.

Table 6-7: Prevalence of anti-HAV, HBsAg and anti-HCV among regular injecting drug users in medium-term withdrawal treatment programmes (sample 1) and facilities of the Prison Service of the Czech Republic (sample 2) (Klusoňová et al. 2004)

Marker	Injecting drug users in medium-term withdrawal treatment (%)	Injecting drug users in prison (%)
Anti HAV	33,6 (42 of 125 persons)	40,7 (11 of 27 persons)
HBsAg	4,2 (9 of 216 persons)	3,4 (5 of 147 persons)
Anti HCV	22,4 (38 of 170 persons)	18,1 (26 of 144 persons)

In addition, the results of the survey carried out by the National Monitoring Centre for Drugs and Drug Addiction, information about the “HCV Seroprevalence among Injecting Drug Users” is available as well. The study was carried out in twelve low-threshold centres in 2002 – 2003. 760 persons participated in the survey; 226 (29.8%) were positive³¹. A recalculation of the diagnostic properties of the test shows a 34.6% actual HCV seroprevalence among injecting drug users. The seroprevalence according to the regions where the individual centres operate is shown in Map 6-1. The prospective part of the study tracked on a sample of 107 persons (who were tested negatively in the basic part of the study), and it determined an incidence rate³² of 18.5/100 persons during the fraction of a year of monitoring; from February to September 2003.

Map 6-1: HCV seroprevalence from the survey “HCV Seroprevalence Among Injecting Drug Users” according to the region where the individual centres operated in 2002 – 2003 (%) (Národní monitorovací středisko pro drogy a drogové závislosti, 2003)



Note: The characteristics of the samples of those examined in individual centres vary, and the differences explain a significant part of regional differences. Increasing length of injecting use, increasing age, history of imprisonment, increasing frequency of injecting use and concurrent use of heroin and perritin are the main predictive factors of HCV seroprevalence.

³¹ Monograph “HCV Seroprevalence Among Injecting Drug Users” will be published in the publishers series of the National Monitoring Centre for Drugs and Drug Addiction in 2004

³² It gives a number of newly infected per the sum of individual periods of monitoring – in this case, per 100 persons and a year of monitoring

6.2.3 Monitoring of Infectious Diseases in Specific Populations of Drug Users

Table 6-8: Monitoring of infections among clients of substitution centres in 2003 (Ústav zdravotnických informací a statistiky, 2004c)

Infection	Number of positive tests	Share in the number of tested persons (%)
HIV	5	0.73
HBV	106	15.5
HCV	284	44.5

6.3 Psychiatric Co-morbidity

Psychiatric co-morbidity means co-occurrence of two and more psychiatric disorders (World Health Organization, 2001) (World Health Organization, 2004). We shall focus on the concurrent occurrences of a drug-related disorder and another mental disorder. More detailed information about the topic of dual diagnoses is included in the Annual Report: The Czech Republic – Drug Situation 2002 (Mravčík et al. 2003).

According to data of the Institute of Health Information and Statistics (Ústav zdravotnických informací a statistiky, 2004a), 4,636 hospitalizations due to disorders associated with illicit drugs use (F11-F19) were reported in psychiatric hospitals and hospital departments in 2003. Other diagnoses were reported 316 times (6.8%); this share is probably underestimated. A psychiatric disorder was mentioned as a first secondary diagnosis in 282 cases (64.4% of all first secondary diagnoses); at the same time, it was diagnosed as a second secondary diagnosis in 26% and as a third secondary diagnosis in 7.5% of the cases.

Disorders caused by the use of several substances and the use of other psychoactive substances dominate in the entire sample of 316 hospitalizations (40.8%). Poly-drug use (27.8%) represents another large group. Other most used substances involve alcohol (28.4%), sedatives and hypnotics (11.4%) and stimulants (10.2%); see Table 6-9.

Table 6-9: Share of (secondary) drugs among poly-drug users hospitalized in psychiatric clinics and psychiatric departments in 2003 (%)

Primary diagnosis	F11	F12	F13	F14	F15	F18	F19	
Secondary diagnosis	F10	22.2	14.3	50.0	100	15.8	0.0	32.4
	F11	22.2	0.0	0.0	0.0	5.3	0.0	0.0
	F12	0.0	28.6	0.0	0.0	15.8	0.0	0.0
	F13	11.1	14.3	50.0	0.0	5.3	0.0	0.0
	F15	11.1	14.3	0.0	0.0	26.3	0.0	5.9
	F17	0.0	0.0	0.0	0.0	0.0	0.0	2.9
	F18	22.2	14.3	0.0	0.0	0.0	100	0.0
	F19	11.1	14.3	0.0	0.0	31.6	0.0	58.8

Note: Mental and behavioural disorders according to ICD-10: F10 Mental and behavioural disorders due to use of alcohol, F11 Mental and behavioural disorders due to use of opioids, F12 Mental and behavioural disorders due to use of cannabinoids, F13 Mental and behavioural disorders due to use of sedatives or hypnotics, F14 Mental and behavioural disorders due to use of cocaine, F15 Mental and behavioural disorders due to use of other stimulants, including caffeine, F16 Mental and behavioural disorders due to use of hallucinogens, F17 Mental and behavioural disorders due to use of tobacco, F18 Mental and behavioural disorders due to use of volatile substances, F19 Mental and behavioural disorders due to poly-drug use and use of other psychoactive substances.

The most common psychiatric disorders involve personality disorders (44,6%), neurotic disorders (19.9%), and affective disorders (19.0%). Personality disorders involve mixed personality disorders (53.4%), specific personality disorders (39.2%), and addictive and impulsive personality disorders (6.8%). Responses to significant stress and adaptation disorders (52.4%) and anxiety disorders (34.9%) prevail among neurotic disorders and disorders caused by stress. A summary of dual diagnoses is given in

Table 6-10.

Altogether 1,740 hospitalizations with a primary diagnosis outside of the frame of addictive substances were also reported in 2003; in these cases, disorders induced by the use of addictive substances were mentioned as one of the secondary diagnoses. Neurotic disorders represented 30.4% of these diagnoses; alcohol (65.3%),

sedatives or hypnotics (11.3%) and cannabis (4.6%) were used most commonly. As far as personality disorders (20.1% of all diagnoses) were concerned, the substances involved alcohol (60.2%) and cannabis (8.1%), and non-specified disorders were also relatively highly represented (19.8%). Schizophrenia (19.9%) in combination with the use of alcohol (57.9%) and cannabis (6.1%) represented the third most numerous group; non-specified disorders were also relatively highly present (20.3%).

Table 6-10 Share of other psychic disorders among those hospitalized for drug-related problems for whom another psychic disorder was reported in 2003 (Ústav zdravotnických informací a statistiky, 2004a)

Primary diagnosis		F11	F12	F13	F14	F15	F16	F18	F19	Total diagnoses	
Secondary diagnoses	Total	Abs.	30	22	71	2	41	1	20	129	316
	F00-F09	%	0.0	0.0	4.2	0.0	0.0	0.0	10.0	3.8	3.2
	F20-F29	%	10.0	13.6	4.2	50.0	2.4	100.0	5.0	4.7	6.0
	F30-F39	%	36.7	9.1	38.0	0.0	7.3	0.0	5.0	12.4	19.0
	F40-F49	%	20.0	31.8	29.6	0.0	9.8	0.0	5.0	18.6	19.9
	F50-F59	%	23.3	0.0	2.8	0.0	2.4	0.0	5.0	2.3	4.4
	F60-F69	%	13.3	22.7	28.2	0.0	63.4	0.0	40.0	60.5	44.6
	F70-F79	%	0.0	9.1	0.0	0.0	4.9	0.0	30.0	1.6	3.8
	F80-F89	%	3.3	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.6
	F90-F99	%	6.7	27.3	4.2	50.0	12.2	0.0	20.0	6.2	9.2

Note: Mental and behavioural disorders according to ICD-10: F00-F09 Organic mental disorders, including symptomatic disorders, F10-F19 Mental disorders and behavioural disorders induced by the use of psychoactive substances, F20-F29 Schizophrenia, schizotypal disorders and delusional disorders, F30-F39 Affective disorders (mood disorders), F40-F49 Neurotic disorders, disorders due to stress and somatoform disorders, F50-F59 Behavioural syndromes associated with physiological disorders and somatic factors, F60-F69 Personality and behavioural disorders of adults, F70-F79 Mental retardation, F80-F89 Developmental disorders, F90-F99 Behavioural disorders of children.

6.4 Other Drug-Related Disorders

6.4.1 Non-Fatal Intoxications with Drugs

Collection of data about non-fatal³³ intoxications is based on the system administered by the Hygiene Service (Polanecký et al. 2004). Considerable regional differences in data collection systems have persisted, both in terms of quality and quantity. Various types of health care facilities represent a source of data about drug-related intoxications. The number of intoxications with drugs has been declining between 2001 and 2003. A comparison of the rate of intoxications in 2001 to 2003 according to the individual drugs is provided in Table 6-11.

³³ Non-fatal – in this context, it means an intoxication that does not result in death.

Table 6-11: Intoxications with drugs in the Czech Republic, a comparison of years 2001, 2002 and 2003 according to individual drugs (Polanecký et al. 2004; Polanecký et al. 2003; Polanecký et al. 2002)

Drug	2001		2002		2003	
	abs.	%	abs.	%	abs.	%
Heroin	285	24.1	176	17.6	152	17.3
Methadone	2	0.2	6	0.6	3	0.3
Subutex	n.a.	-	n.a.	-	2	0.2
Other opiates	16	1.4	23	2.3	22	2.5
Pervitin	163	13.8	191	19.1	149	16.9
Ecstasy	15	1.3	4	0.4	8	0.9
Cocaine	4	0.3	2	0.2	6	0.7
Amphetamines and other stimulants	4	0.3	12	1.2	7	0.8
Marijuana and hashish	63	5.3	101	10.1	90	10.2
Barbiturates	19	1.6	16	1.6	9	1.0
Benzodiazepines	137	11.6	89	8.9	157	17.8
Sedatives, hypnotics	176	14.9	121	12.1	73	8.3
LSD	3	0.3	2	0.2	3	0.3
Psilocybine	15	1.3	7	0.7	4	0.5
Inhalants	75	17.8	58	5.8	69	7.8
Datura	4	0.3	0	0	0	0.0
Other drugs and medicaments	182	15.4	179	17.9	100	11.4
Unknown	20	1.7	13	1.3	27	3.1
Total	896	100.0	818	100.0	881	100.0

6.4.2 Drugs and Traffic Accidents

An analysis of all those dissected in all thirteen forensic medicine departments in 2003 was carried out. 9,960 bodies were dissected in these departments in 2003. 1,035 cases thereof involved victims of traffic accidents. A toxicological examination was carried out for 554 (54%) of them (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2004a). The results are summarized in Table 6-12.

Table 6-12: Detection of alcohol, medicaments and narcotic and psychotropic substances in bodies of dead victims of traffic accidents dissected by forensic medicine departments in the Czech Republic in 2003 (%) (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2004a)

Substance / category of victims of traffic accidents	Pedestrians (n = 143)	Cyclists (n = 50)	Drivers of motor vehicles (n = 204)	Other (n = 157)	Total (n = 554)
Ethanol	46.2	36.0	24.0	32.5	33.2
Opiates (including heroin)	0.0	2.0	0.5	0.0	0.4
Stimulants (including pervitin and ecstasy)	0.7	0.0	2.5	0.6	1.3
Cocaine	0.0	0.0	0.0	0.0	0.0
Cannabis	3.5	0.0	2.9	2.5	2.7
Benzodiazepines	2.1	4.0	1.5	0.6	1.6

A questionnaire survey Dance and Drugs 03 was carried out among 1,652 those attending dance events in 2003; it also focused on experiences with drugs and driving (Kubů et al. 2004). The data show that this risky behaviour relatively very frequent – see Table 6-13.

Table 6-13: Lifetime prevalence of driving under the influence of psychotropic substances and other risky traffic situations among those attending dance events in the Czech Republic in 2003 (%; n = 1 652) (Kubů et al. 2004)

Drug / risk behaviour	Driving under the influence	Fellow passenger under the influence	Accident under the influence
Cannabis	37.0	66.3	1.9
Alcohol	27.9	57.4	4.2
Cocaine	3.8	8.7	0.1
Ecstasy	16.6	34.8	0.5
Pervitin	9.7	24.4	0.3
Hallucinogens	6.1	11.9	0.2

6.4.3 Other Drug-Related Health Correlates and Consequences

Available surveys that examined health consequences of drug use in 2002 and 2003 are mentioned in the Annual Report: The Czech Republic – Drug Situation 2002 (Mravčík et al. 2003).

The results of a qualitative survey of 10 cannabis users were published in 2003 (eight of them used a cannabis substance several times a day at least six days a week). The survey examined symptomatology of amotivation syndrome and procrastination. 9 of 10 members of the research sample showed signs of procrastination. The survey concluded that intensive use of cannabis is not the cause of amotivation syndrome. It rather applies that those predisposed for low motivation become heavy cannabis users. (Gabrhelík, 2004).

Drug use and occurrence of health consequences were monitored among those attending dance events in 2003. 468 persons that had their tablet(s) tested participated in the survey (average age 20.3 years). Lifetime prevalence of health consequences in connection with a stay in a dance event is described in Table 6-14. Heat, excessive consumption of a drug (usually alcohol, ecstasy, pervitin, or a combination of these drugs) and the use of a combination of substances were mentioned as the main problem causes. 18 (3.8%) of respondents had to seek further medical help (Mravčík and Valnoha, 2004).

Table 6-14: Lifetime prevalence of health complications in connection with a stay at a dance event (%; n = 468) (Mravčík and Valnoha, 2004)

Complication	%
Sickness /headache/vommiting	15.8
Heart palpitation	16.7
Somnolence	6.6
Aggressiveness	2.6
Overheating	9.2
Anxiety	11.5
Loss of consciousness	3.8
Other	1.3

7 Responses to Health Correlates and Consequences

The measures that are targeted at reduction of health risks associated with drug use are especially carried out via the services of low-threshold facilities (contact centres, outreach programmes/streetwork, exchange programmes) or in treatment facilities. The measures primarily focus on reduction of occurrence of health complications associated with drug use; unlike drug addiction treatment which focuses on abstinence. The target group consists especially of problem drug users, their families, as well as people that are in their close environment. Some facilities also provide specific services to recreational dance drug users.

7.1 Overdose Prevention

Overdose prevention in the Czech Republic is only carried out by means of educating and training drug users within the framework of the services provided to them in low-threshold facilities and treatment facilities (in verbal or written form – leaflets). The main topics of this training involve first aid in the event of an overdose, the risks of combining drugs, and principles of safer use.

Apart from implementation and expansion of substitution programmes, no other specific activities geared towards overdose prevention (for instance, the use of antagonists³⁴ or injecting rooms) are carried out in the Czech Republic.

7.2 Prevention of Infectious Diseases

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

- provision of information about infectious diseases,
- education and motivation to safer patterns of drug use,
- needle exchange programme – including safe disposal of used syringes - this service is provided by 94% of low-threshold facilities,
- secondary exchange programme³⁵ - this service is provided by at least 15% of the facilities,
- education and motivation promoting safer sex, distribution of condoms,
- motivational training to know one's own state of health – to undergo medical tests,
- testing for infectious diseases (venous blood tests or orientation tests from saliva and/or capillary blood) – more than 60% of low-threshold facilities were providing/ensuring this service in 2003 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e),
- mediation of vaccination,
- mediation of contact with a specialist physician in the case of an illness.

Table 7-1: Testing for infectious diseases in low-threshold facilities in 2003 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e)

Service	Number of facilities	Number of tests carried out
HIV tests	64	2,629
HAV tests	1	123
HBV tests	21	739
HCV tests	60	2,499
Lues tests	4	209

7.2.1 Needle and Syringe Exchange Programmes

The network of low-threshold facilities in the Czech Republic has been established since 1992. By the end of 2003, it consisted of 92 individual projects³⁶ - 94% of them report a needle and syringe exchange programme (the exchange service was provided approximately 135,000 times in 2003). While the number of problem drug users has not increased, the number of exchanged syringes has been increasing every year (see Table 7-2 and Map 7-1). This means that there are less risky situations during which infectious diseases may spread.

Table 7-2: Exchange programmes in 1998 - 2003 (data source: Hygiene Station of Capital Prague and National Monitoring Centre for Drugs and Drug Addiction)

Year	Number of reporting exchange programmes	Number of distributed needles and syringes
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

³⁴ Substances that have the opposite effect or cancel the effect of a drug.

³⁵ Involvement of active drug users who undergo training and professional supervision and provide information to other drug users in hard-to-reach places – squats, “toxi” flats etc.

³⁶ The number of facilities stems from the data available to the National Monitoring Centre for Drugs and Drug Addiction (subsidy proceedings of state institutions, public directories, information of the Harm Reduction Section of the Association of Non-Governmental Organizations)

Map 7-1: Needles and syringes distributed in exchange programmes in 2003 (per 1,000 inhabitants) (Národní monitorovací středisko pro drogy a drogové závislosti, 2004e)



The ways of obtaining clean injecting materials were mapped within the framework of the HCV Seroprevalence Among Drug Users Study. Nearly 44% of the respondents mentioned exchange programmes as the most common source of clean injecting materials. Table 7-3 shows the sources that respondents used in order to get clean syringes in the previous six months (it was possible to mention several sources at the same time). The average number of syringes exchanged in exchange programmes was 19.1 pieces, and 4.4 pieces from pharmacies. 233 (33.2%) of 702 mentioned that they had known about the existence of an exchange programme before they started to inject drugs (Korčíšová, 2004).

Table 7-3: Sources of clean injecting materials in the previous six months (Korčíšová, 2004)

Source	Number of persons	%
Pharmacies, sanitary shops	493	64.7
Exchange programmes – low-threshold centres	523	68.8
Exchange programmes – streetwork	226	29.7
Dealers and producers	74	9.7
Other	96	12.6

7.3 Interventions Related to Psychiatric Co-morbidity

Drug users with dual diagnoses are treated by means of an integrated treatment (in one facility and by one therapeutic team). There are no facilities that would exclusively specialize in dual diagnosis clients in the Czech Republic. Treatment of these clients is carried out within the framework of the existing treatment system for drug users and their specific needs are taken into account.

7.4 Interventions Related to Other Health Correlates and Consequences

As far as driving under the influence of illicit drugs is concerned, the Police of the Czech Republic does not dispose of the necessary means for quick detection of drugs. Only persons that confess to driving under the influence of a narcotic and/or psychotropic substance, or those against whom undisputable evidence was found, are tested.

Even organizations that provide preventive and harm reduction services during dance events pay marginal attention to the issues of drugs and driving – see the chapter on Preventive Activities Intended for Dance Drugs Users, page 23.

8 Social Correlates and Consequences of Drug Use

In general, the issues of social exclusion especially involve several Roma groups. Drug use is relatively common in Roma communities, and it can be one of the factors that cause or deepen exclusion of an individual (or groups) from the society. Several projects that also map drug use in the Roma population started in 2003. Socially problematic phenomena that can be associated with social exclusion are also increasingly common among the clients of treatment and low-threshold facilities for drug users.

As far as drug offences are concerned, no significant changes occurred in 2003. Available data about the number of prosecuted offenders are ambiguous – according to the long-term statistical system of the Police Presidium of the Czech Republic, the number of prosecuted offenders increased by 4% compared to 2002; however, the relatively new registering system of the Police National Drug Squad reports 18% increase³⁷. There was an increase in the number of persons prosecuted in connection with cannabis and pervitin, and the number of persons prosecuted in connection with heroin and ecstasy declined. Those prosecuted for possession of drugs for personal use represent approximately 10% of all those prosecuted for drug offences. Regional differences have prevailed, and nearly a third of detected drug offences were committed in Prague. The number of misdemeanours for possession of a small quantity of a drug for personal use increased in 2003.

Judicial statistics of the courts and of the Public Prosecutors' Offices maintain a register of cases that were closed in a given year. The data are rather relevant to the monitoring of long-term trends in drug crime; however, they do not provide a picture of topical development pertaining to drug crime. Even though there has been a relatively significant increase in the number of those prosecuted for drug offences in comparison with 2002 (by 21.8%), it is a slowly increasing number from the point of view of two-year monitoring periods. The same also applies to the number of persons found guilty of drug offences; a slight year-to-year increase (by 7%) was reported.

Altogether 562 offenders were registered among clients of the Probation and Mediation Service (2% of all clients). Approximately a half of them were drug addicts. 2.4% of clients of the Probation and Mediation Service prosecuted for thefts were drug addicts. According to the Police's retrospective estimation of secondary drug-related crime the percentage of offences committed by drug users was markedly higher (30 – 40%); the number is probably overestimated and should be verified through other studies.

8.1 Social Exclusion

Other common social problems associated with drug use involve disturbed family relations, disturbed relationships at the workplace or school, lower or incomplete education, unemployment, lower socio-economic status and poor housing which sometimes even leads to homelessness, and in some cases the social problems involve criminality and prostitution. In certain cases, accumulation of the mentioned social problems may lead to so-called social exclusion, i.e. exclusion of an individual from society. However, social exclusion does not necessarily have to be a consequence of drug use (especially problem drug use); on the contrary, it can also be one of the causes of drug use.

Negative public attitudes towards a given group of inhabitants often support social exclusion. The most recent survey of the Public Opinion Poll Centre has shown that drug users have become one of the groups of society that the public is rather intolerant towards (Centrum pro výzkum veřejného mínění, 2003). However, social exclusion does not necessarily have to involve drug users – it is often connected with several ethnic and nationality minorities.

8.1.1 Social Exclusion and Specific Population Groups

According to the “2004 – 2006 National Action Plan of Social Integration” (Ministerstvo práce a sociálních věcí ČR, 2004), the social exclusion in the Czech Republic only concerns selected groups of the Roma population. The Office of the Governmental Council for Roma Community Issues has monitored the social situation in Roma communities within the framework of the “Social Workers Support Programme”. Eighty-one Roma communities

³⁷ Data of the Police Presidium of the Czech Republic involve all drug offences (Sections 187, 187a, 188 and 188a of the Penal Code). Data of the Police National Drug Squad only involve the offences of unauthorised production and possession of narcotic and psychotropic substance (Sections 187 – 188 of the Penal Code) and they do not involve the offences of promotion of drug addiction (Section 188a of the Penal Code). A comparison with 2002 data of the Police Presidium about Sections 187 – 188 of the Penal Code only show, that there was a 6.3% increase in the number of such registered offences.

across the republic are involved in the programme that also focuses on the field of drug use. Unemployment, truancy, insufficient hygiene, illiteracy, usury, gambling, prostitution, criminality and poor quality of housing was assessed at the beginning and the end of the year. The occurrence and the gravity of the phenomenon in each of the communities was assessed (Kancelář Rady vlády pro záležitosti romské komunity, 2004).

By the end of 2003, 58 communities reported drug problems, in 11 of them the drug situation was qualified as a serious issue involving a rather numerous group of inhabitants. The drugs reported to be used mostly include marijuana and solvents (75% of the communities), as well as pervitin (50%). Sedatives are also abused to a fair but not so large extent (38%). The use of heroin and ecstasy involves 14% of the communities (Kancelář Rady vlády pro záležitosti romské komunity, 2004). It has been shown that increasing gravity of one issue also increases the gravity of other negative social phenomena – the gravity of drug use correlates in a statistically significant manner with the occurrence of gambling, prostitution, criminality, usury and low education among community members.

The Hvězda association started two projects in 2003 – “Roma Outreach” and “Battery”. The objective of the projects is to establish a model of research focusing on Roma community (among Roma drug users and non-users) and implement it via trained Roma field workers (Společnost Hvězda, 2004a).³⁸

A comparative study among thirty Roma and thirty non-Roma drug users was carried out in 2002 and 2003 and it provided more detailed information about the pattern of drug use among Roma. Unlike the majority of the population, the Roma seem to start using drugs at a younger age, and heroin use is more common amongst them as well. A large percentage of Roma users live in a common household with another user which shows that drug use in Roma communities often involves entire families, and thus it is often a multi-generation problem (Vyhnalová, 2004). Roma users have less experience with treatment in comparison with the majority population users and often if they have any experience at all, they receive it through public health facilities such as psychiatric hospitals which may actually discourage them from treatment. Roma users are much less in contact with low-threshold centres as well (Vyhnalová, 2004).

8.1.2 Social Characteristics of People Demanding Treatment

The Hygiene Station of Capital Prague has been carrying out a long-term monitoring of selected social characteristics of people demanding treatment or other specialized services in connection with drug use. Nearly 8% among 8,522 treatment demands in connection with drug use were homeless people and 5% lived in facilities (e.g. diagnostic or educational institution, therapeutic community, prison or an asylum house). As far as repeated treatment demands are concerned, there is an apparent shift towards more problematic housing; at the same time, in comparison with first treatment demands, these persons are more commonly unemployed or work on an occasional basis – see Table 8-1. Low level of education of those demanding treatment is also an issue – nearly 55% of them only have primary or incomplete elementary education (Polanecký et al. 2004).

Table 8-1: Selected social characteristics of people demanding treatment in 2003 (%) (Polanecký et al. 2004)

Characteristic	All clients	First treatment demand	Repeated treatment demands
Homeless	7.4	5.8	8.9
Living in a facility	4.7	3.9	5.5
Unemployed, occasional work	53.0	45.8	59.9
Incomplete primary education	4.5	6.8	2.3
Primary education only	49.9	52.8	47.1

8.2 Drug Offences and Drug Misdemeanours

8.2.1 Drug Offences According to the Data of the Police of the Czech Republic

The Registration Statistical System of Criminality of the Police Presidium of the Czech Republic provides long-term national data about the number of offences investigated by the Police of the Czech Republic. The statistics contain data about the number of all offences and perpetrators of such offences in a given year according to

³⁸ A survey was prepared, and pilot verification was carried out in 2003 using published comic called “Šuko, Zoli, Kalo a drogy (Šuko, Zoli, Kalo and drugs)” as a tool for field work (Společnost Hvězda, 2004b).

individual Sections of the Penal Code. Data about the number of prosecuted perpetrators having committed the crime of unauthorized production and possession of narcotic and psychotropic substances³⁹ are also recorded by the Police National Drug Squad and this aggregate data has been supplied since 2002. The data are categorized according to the type of the drug involved. The statistics of the Police Presidium of the Czech Republic gives a general overview of the situation and development of crime in the Czech Republic; the statistics of the Police National Drug Squad only focuses on drug offences.

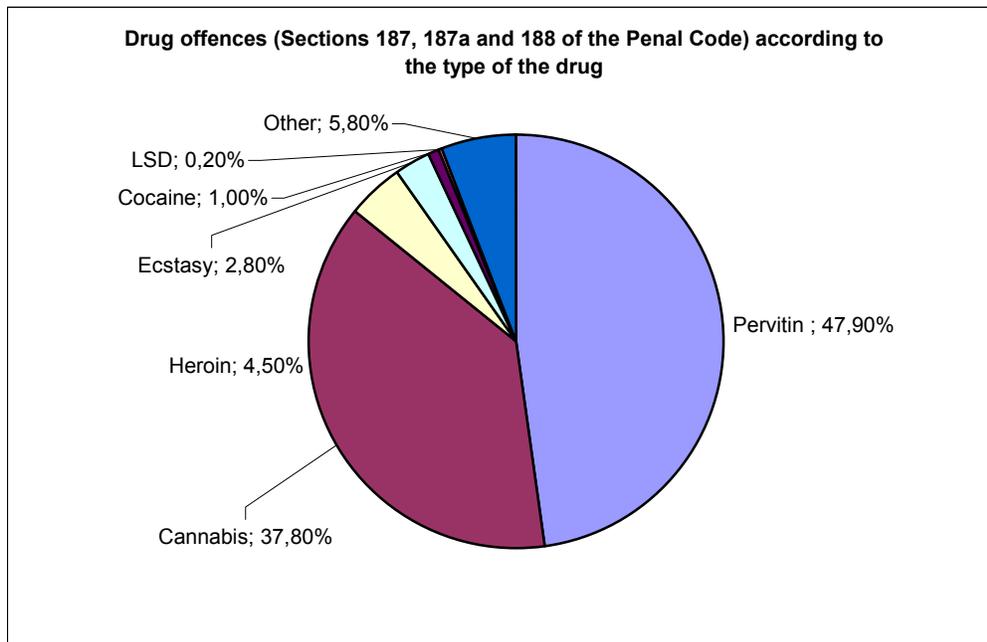
Each of the sources provides different data about the number of offences of unauthorized production and possession of narcotic and psychotropic substances and about the perpetrators of such crimes. While the Police National Drug Squad reported 55 (2.8%) less perpetrators of the above-mentioned offences than the Police Presidium of the Czech Republic in 2002, it reported 341 (13.5%) more in 2003. Concrete differences in the manner of processing of both statistics that could be the cause of this discrepancy were not detected.

8.2.1.1 Drug Offences According to the Police National Drug Squad

According to the data of the Police National Drug Squad (Národní protidrogová centrála Policie ČR a Generální ředitelství cel, 2004), 2,357 persons were prosecuted for offences of unauthorized production and possession of narcotic and psychotropic substances; this constitutes of an increase by 357 persons (17.9%) in 2003 compared to 2002.

The data of the Police National Drug Squad allow for monitoring the development in the number of prosecuted perpetrators of offences in 2002 and 2003; see the pie chart in Figure 8-1. While there was a decrease in the number of perpetrators of offences in connection with heroin (by 33%) and ecstasy (by 53%), there was an increase in the number of the cases involving cannabis (by 19%) and pervitin (by 45%). The number of perpetrators of cocaine-related offences increased from 10 to 24. There was a significant (47%) increase in the number of persons prosecuted for possession of a small quantity of cannabis for personal use (Section 187a of the Penal Code); as far as pervitin, heroin and ecstasy are concerned, there was a decrease in the number of those prosecuted – see Figure 8-2, Figure 8-3.

Figure 8-1: Drug offences prosecuted by the Police of the Czech Republic according to drug type in 2003 (Národní protidrogová centrála Policie ČR a Generální ředitelství cel, 2004)



³⁹ Offences according to provisions of Sections 187, 187a, and 188 of the Penal Code.

Figure 8-2: Drug offences prosecuted by the Police of the Czech Republic under Section 187 and Section 188 of the Penal Code (drug production, cultivation, trafficking) according to the type of the drug in 2002 and 2003 (Národní protidrogová centrála Policie ČR a Generální ředitelství cel, 2004)

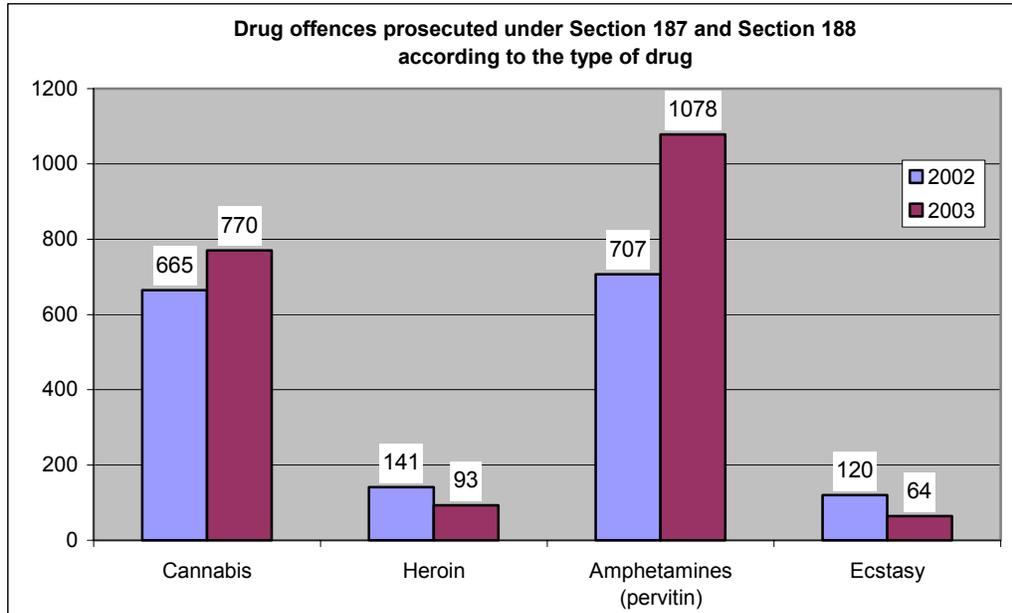
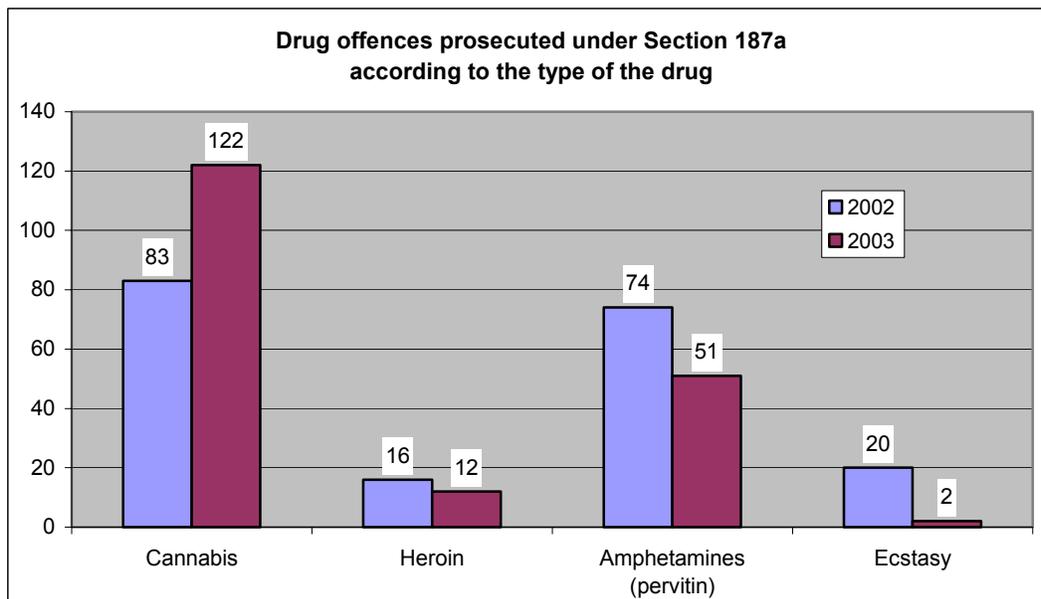


Figure 8-3: Drug offences prosecuted by the Police under Section 187a of the Penal Code (drug possession for personal use) in 2002 and 2003 (Národní protidrogová centrála Policie ČR a Generální ředitelství cel, 2004)



8.2.1.2 Drug Offences According the Police Presidium of the Czech Republic

The Registration Statistical System of Criminality of the Police Presidium of the Czech Republic provides data about all detected and cleared-up offences and offenders (Policejní prezidium ČR, 2004a). The following summary involves offences of unauthorised production and possession of narcotic and psychotropic substances

(Sections 187, 187a, and 188) and offences of promotion of drug addiction (Section 188a TZ); a summary term drug offences is used for the mentioned offences.

The number of drug offences detected declined relatively markedly in 2003 (to 3,760, i.e. by 13.2%); on the contrary, the number of offenders prosecuted increased to 2,295 (by 4.1%). The number of offenders prosecuted for unauthorised production of narcotic and psychotropic substances for personal use (Section 187a of the Penal Code) increased by 30.3%. Possession of drugs for personal use represents 8.3% of detected drug offences and 10.1% of prosecuted drug offenders – see Table 8-2, Table 8-3.

As far as the relationship between both of the indicators is concerned (offences detected and offenders prosecuted), a year-to-year decrease in the difference between the number of offences detected and offenders prosecuted has been monitored in the previous four years; while there was an average of 2.5 offences per perpetrator in 2000, there were only 1.6 offences per perpetrator in 2003 – see Figure 8-4. The trend may demonstrate actual decrease in the average number of drug offences committed by identical persons, or show inconsistencies in the methodology of the registers and inaccurate reporting of crime by police branches.

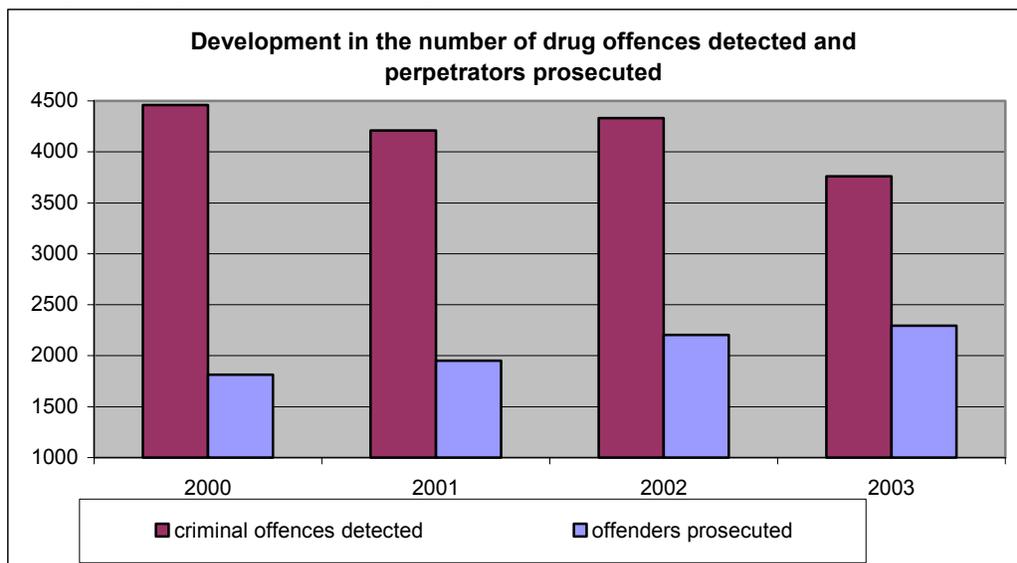
Table 8-2: Number of drug offences detected in 2000-2003 (Policejní prezidium ČR, 2004a)

Year	Section 187		Section 187a		Section 188		Section 188a		Total (abs.)
	abs.	%	abs.	%	abs.	%	abs.	%	
2000	3,292	73.8	212	4.8	122	2.7	832	18.7	4,458
2001	3,198	76.0	241	5.7	157	3.7	613	14.6	4,209
2002	3,359	77.6	285	6.6	216	5.0	470	10.9	4,330
2003	2,818	74.9	312	8.3	263	7.0	367	9.8	3,760

Table 8-3: Number of offenders prosecuted for drug offences in 2000-2003 (Policejní prezidium ČR, 2004a)

Year	Section 187		Section 187a		Section 188		Section 188a		Total (abs.)
	abs.	%	abs.	%	abs.	%	abs.	%	
2000	1,412	77.8	139	7.7	78	4.3	186	10.2	1,815
2001	1,525	78.1	166	8.5	80	4.1	181	9.3	1,952
2002	1,757	79.7	178	8.1	120	5.4	149	6.8	2,204
2003	1,828	79.7	232	10.1	125	5.4	110	4.8	2,295

Figure 8-4: Development in the number of detected drug offences and perpetrators prosecuted in 2000-2003 (Policejní prezidium ČR, 2004a)



8.2.1.3 Drug Offences by Regions

At the national level, the decrease in number of registered cases was mostly influenced by 33% decrease recorded in Prague, rendering Prague's share of all drug offences in the Czech Republic to be "only" 31% in 2003 (41% in 2002). On the contrary, the number of drug offences increased most in Moravian-Silesian region - by nearly 30%. It is rather odd that there was a zero change in Ústí nad Labem region and Southern Moravia region. A recalculation per 100,000 inhabitants shows that the most drug offences were committed in Prague, and in Moravian-Silesian, Ústí nad Labem, Southern Moravian and Central Bohemian regions – see Table 8-4 and Map 8-1.

Table 8-4: Drug offences reported in 2001 – 2003 by regions (Ministerstvo vnitra ČR, 2004b)

Region	2001	2002	2003			Change 2002 - 2003 (%)
	Abs.	Abs.	Abs.	%	Per 100,000 inhabitants	
Capital Prague	1,701	1,762	1,171	31.1	101	-33.5
Central Bohemia	662	390	391	10.4	35	0.3
Pilsen	278	155	163	4.3	30	5.2
Karlovy Vary	110	116	101	2.7	33	-12.9
Ústí nad Labem	275	299	299	8.0	36	0.0
Liberec	189	158	125	3.3	29	-20.9
Hradec Králové	72	107	73	1.9	13	-31.8
Pardubice	59	62	56	1.5	11	-9.7
Vysočina	80	97	86	2.3	17	-11.3
Southern Moravia	219	396	396	10.5	35	0.0
Olomouc	93	118	129	3.4	20	9.3
Zlín	77	163	147	3.9	25	-9.8
Moravian-Silesian	272	361	467	12.4	37	29.4
Czech Republic	4,234	4,330	3,760	100.0	37	-13.2

Map 8-1: Drug offences reported in 2003 by regions (per 100,000 inhabitants) (Ministerstvo vnitra ČR, 2004b)



8.2.2 Drug Offences According to the Ministry of Justice

The Ministry of Justice records data about offences and perpetrators of offences that were cleared up by Public Prosecutors' Offices in a given year – i.e. when a judgment on the merits of the case was passed. At the same time, it records data about cases with a final judgement. The statistics are not mutually comparable, and time shift is not the only reason. For the same reasons, and probably also due to the differences in methodology, they are not even comparable with police statistics and not even in the long term – see the Annual Report: The Czech Republic – Drug Situation 2002 (Mravčík et al. 2003). Some cases take several years to investigate and clear up, and so it is impossible to regard the data as a real and topical picture of the development of criminality in a given or preceding year. A longer time period, which shows a gradual and slow increase, seems more appropriate for such data comparisons – see below.

As far as the cases that the Public Prosecutors' Offices completed in 2003 are concerned, a judgment was passed accounting for 3,597 drug offences, and 2,737 accused persons (12% of females and 16% of juveniles). The number of persons accused increased markedly in comparison with 2002 (by 21.8%). It represents the most significant annual increase within the period monitored⁴⁰. The highest absolute increase (by 264 persons) was reported for persons accused of unauthorized trafficking (production, distribution etc.; Section 187 of the Penal Code), and the highest relative increase (by 34.5%) was reported for persons accused of unauthorized possession of drugs in a quantity greater than small (Section 187a of the Penal Code) – see Table 8-5. A comparison of the number of persons accused in the previous four two-year periods shows that there has been a gradual increase, with a decreasing trend of the curve – see Figure 8-5.

Table 8-5: Numbers of persons accused of drug offences in 2000-2003 (Ministerstvo spravedlnosti, 2004b)

Rok	§ 187		§ 187a		§ 188		§ 188a		Total (abs.)
	abs.	%	abs.	%	abs.	%	abs.	%	
2000	1,276	62.5	158	7.7	190	9.3	419	20.5	2,043
2001	1,418	65.6	215	10.0	195	9.0	332	15.4	2,160
2002	1,444	64.3	206	9.2	223	9.9	374	16.6	2,247
2003	1,708	62.4	277	10.1	319	11.7	433	15.8	2,737

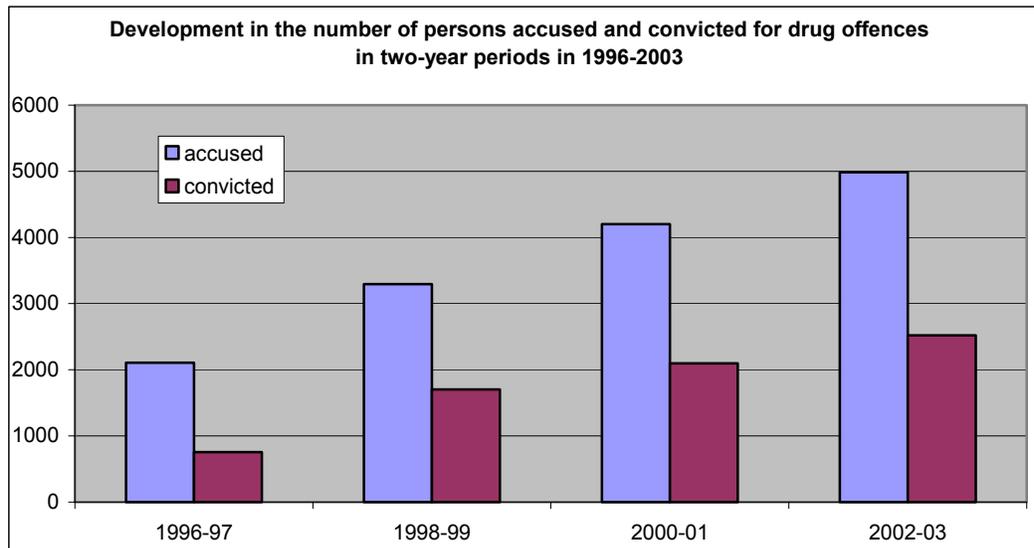
Altogether 1,304 offenders of drug offences were sentenced in 2003 (12% females and 14% of juveniles). It is a slight increase (by 7.2%) in comparison with 2002. Suspended custodial sentences prevailed (60%), and the share of sentences of community service increased again (10%) - see Alternative Sentences, page 63. 72% of all 335 imposed custodial sentences involved imprisonment for 1 – 5 years, while 14% of sentences were for less than one year and 14% percent of sentences were for more than five years.

Table 8-6: Number of persons convicted of drug offences in 2000-2003 (Ministerstvo spravedlnosti, 2004b)

Year	§ 187		§ 187a		§ 188		§ 188a		Total (abs.)
	abs.	%	abs.	%	abs.	%	abs.	%	
2000	819	81.8	92	9.2	29	2.9	61	6.1	1,001
2001	905	82.7	86	7.9	62	5.7	41	3.7	1,094
2002	1,007	82.8	103	8.5	58	4.8	48	3.9	1,216
2003	1,077	82.6	115	8.8	63	4.8	49	3.8	1,304

⁴⁰ The National Monitoring Centre for Drugs and Drug Addiction processed data of the Ministry of Justice about drug offences since 1996

Figure 8-5: Development in the number of persons accused and convicted of drug offences in two-year periods in 1996 - 2003 (Ministerstvo spravedlnosti, 2004b)



8.2.3 Drug Offences According to the Prison Service of the Czech Republic

The number of imprisoned persons sentenced for a custodial sentence remained stable in 2003 (619 persons). The share in the entire prison population slightly declined to 4.5% (Generální ředitelství Vězeňské služby ČR, 2004).

8.2.4 Drug Offences According to the Probation and Mediation Service of the Czech Republic

According to data of the Probation and Mediation Service of the Czech Republic, 562 offenders of drug offences were registered as clients of the Probation and Mediation Service; this number represents 2% of all clients (Probační a mediační služba ČR, 2003).

8.2.5 Drug Misdemeanours

According to the data of the Police of the Czech Republic (Policejní prezidium ČR, 2004b), the number of misdemeanours of possession of a small quantity of drugs for personal use (according to the provisions of Section 30 of the Act on Misdemeanours (200/1990 Coll.)) increased to 956 cases in 2003 (i.e. 25% increase). 43 of the cases were settled by a reprimand and 456 by fixed penalty (ticket). Statutory penalties amounting to € 22,950 were imposed for the commission of these misdemeanours. 506 misdemeanours were dealt with in administrative proceedings, 388 of these ended in a suspension or discontinuance of the case or submission to another body, 18 cases were placed in the hands of the bodies responsible for criminal proceedings because of facts that indicated commission of an offence according to the provisions of Section 187a of the Penal Code, i.e. the possession of drugs in a quantity greater than small. Forfeiture was imposed in 386 cases.

8.3 Drug-Related Crime

In the collaboration of the National Monitoring Centre for Drugs and Drug Addiction and the Police National Drug Squad, a draft of a questionnaire survey among selected district and regional police headquarters was drawn up in 2003. It focused on estimating the share of offences committed by drug users. Individual types of (mostly property) offences were mentioned along with a question: "Give the percentage of the share of all crimes committed that were motivated by obtaining means for drugs". The Police National Drug Squad sent the questionnaires to regional police headquarters (8 regional police administrations and 14 police districts); only 7 questionnaires were returned. The results were submitted to the National Monitoring Centre for Drugs and Drug Addiction for analysis in mid-2004 (inter alia, the shares of individual regions in total criminality were taken into consideration).

According to preliminary results of the survey, 76 - 86% of drug offences, more than 40% of ordinary thefts, and approximately 30% of burglaries were motivated by obtaining means for drugs – see Table 8-7. It seems that the

estimate is rather overestimated and it should be necessary to carry out another study (for instance among inmates) in order to verify validity of the estimate.

Table 8-7: Estimate of the share of offences motivated by obtaining means for purchasing narcotic and psychotropic substances (Národní protidrogová centrála Policie ČR and NMS, 2004)

Type of offence	Total number	Estimated share (%)	
		Min.	Max.
Unauthorized possession of narcotic and psychotropic substances (Section 187 of the Penal Code)	2,818	76.2	85.5
Ordinary thefts	166,654	40.9	43.5
Burglaries	68,901	27.2	31.1
Unauthorized possession of a credit card	5,310	23.2	30.0
Robberies	5,443	23.1	29.9
Fraud	7,037	13.2	19.8
Intentional bodily harm	6,853	9.3	16.3
Misappropriation	3,753	7.7	14.3
Infringement of domiciliary liberty	2,604	7.6	8.5
Desertion	12,671	7.1	23.0
Restraint and deprivation of personal freedom	521	3.8	6.5
Murders with robbery	53	3.8	5.5
Blackmail	1,835	2.9	4.2
Selected offences in which the influence was tested	284 453	33,2	37,2
All offences*	357 740	26,4	29,6

* Note: The share of drugs-motivated offences in all offences was recalculated as it there was a zero share of drugs-motivated offences in all offences other than those selected.

It is expected that an attribute “committed by a drug user” will be introduced into the system of police crime statistics in the course of 2004.

Data for 2003 about offences committed by clients of the Probation and Mediation Service are also available (Probační a mediační služba ČR, 2004). Altogether 562 (2%) of the 28,365 cases⁴¹ involved persons who were prosecuted or sentenced for drug offences. According to the Probation and Mediation Service, 275 drug offences were committed by drug users. Therefore, the etiological factor of drug offences (including possession for personal use; Section 187a of the Penal Code) represents 49% in the sample of the clients of the Probation and Mediation Service. 199 (2.4%) of 8,176 thefts and 142 (0.7%) of 19,267 other offences were committed by drug-using clients of the Probation and Mediation Service.

8.4 Drug Use in Prisons

The study called Monitoring of Drugs in Facilities of the Prison Service of the Czech Republic was carried out in 2003. It was carried out in two phases (July – September, October – December) in all 35 prisons and remand prisons in the Czech Republic. Each facility sent samples from 10% of all inmates. Urine tests for presence of amphetamines, barbiturates, benzodiazepines, cocaine, opiates and cannabis were carried out. Inmates were divided into groups (inmates in custody, sentenced inmates) as well as according to the type of prison department where the persons were serving their sentences (common, drug-free, specialized, compulsory treatment). Data obtained in the same periods from persons entering remand prisons in Prague (Pankrác and Ruzyně) were used in order to compare the situation before and after entering prison.

A sum of 2,641 persons entering both two Prague’s remand prisons were tested during both phases of the survey; 522 (19.8%) of the tests were positive. The share of positive tests among inmates was six times smaller than among those entering remand prisons – only 117 (3.3%) out of a group of 3,528 inmates tested were positive. This list does not involve findings of benzodiazepines because these substances are contained in common medicaments. A division of positive findings according to the type of the drug detected is not available.

Other information about drug use in prisons was acquired in the basic part of the HCV Seroprevalence results among Injecting Drug Users. 108 (55.6%) of 212 drug users who have been in prison injected drugs there; 10 of

⁴¹ The Probation and Mediation Service estimates that approximately 10% of the cases are duplicities – i.e. identical clients that are registered in several districts or in different types of proceedings (pre-trial or execution proceedings).

them injected a drug in prison for the first time in their lives – see the chapter on Drug-Related Infectious Diseases , page 43.

8.5 Social Costs of Drug Use

The most recent data about social costs of drug use in the Czech Republic (Zábranský et al. 2001) were also published in the Annual Report: The Czech Republic – Drug Situation 2002 (Mravčík et al. 2003).

9 Responses to Social Correlates and Consequences of Drug Use

Social reintegration of drug users and aftercare is especially provided for by means of structured outpatient aftercare programmes and shelter housing programmes. No significant changes occurred in the field of drug user handling in prisons in 2003. Specialized departments for execution of compulsory treatment or differentiated execution of sentence for drug addicts continued to operate in several prisons; capacity increased slightly in 2003. The newly established Drug Services in Prison Section of the Association of NGOs is expected to contribute to development of quality in regards to services for imprisoned drug users.

In the previous two years, the percentage of alternative sentences (i.e. community service and suspended custodial sentences) imposed to perpetrators of drug offences has been increasing. The share of custodial sentences imposed has been decreasing (from 37% in 2001 to 26% in 2003); however, it is still higher than the share among all sentenced offenders (15 %).

9.1 Social Reintegration

Social reintegration means reintegration of an addict to the society via (re)gained social and professional skills and supportive social environment and relationships (Dvořák, 2003). Eleven programmes provided sheltered housing and sheltered flats with psychosocial support and four programmes provided sheltered work with psychosocial support within the framework of aftercare in 2003. Social reintegration is supported by structured programmes of outpatient aftercare; sixteen facilities provided this service in 2003 (see the chapter on Drug-Related Treatment , page 33. However, the figures can only be used for orientation and it is difficult to find out accurately how many residential treatment facilities or outpatient facilities actually provide aftercare services.

A number of facilities, from outreach programmes to residential facilities, use different self-help techniques and interventions. They often involve independent groups of clients or supportive meetings in pairs etc. Even Alcoholics Anonymous (A.A.) and Narcotics Anonymous (N.A.) operate under the principle of self-help. Alcoholics Anonymous (A.A.) is an association of males and females who share their experiences in order to solve their common problem, and help others heal from alcoholism. A wish to stop drinking is the only condition for admission. There are no obligatory payments, yet it is possible to make a voluntary contribution. Alcoholics Anonymous are not connected with any sect, church, political organization or any other institution. Abstinence and help to abstain is the primary goal (Anonymní Alkoholici, 2004). 25 groups of Alcoholics Anonymous operate in eighteen towns of the Czech Republic. Narcotics Anonymous operate under the same principles as Alcoholics Anonymous.

9.2 Prevention of Drug-Related Crime

9.2.1 Assistance to Drug Users in Prison

No significant changes took place in the field of programmes of handling and other interventions related to drug users in custody or prison in 2003. This also includes the type and scope of provided interventions and methods of work with drug users – see the Annual Report: The Czech Republic – Drug Situation 2002 (Mravčík et al. 2003).

Detoxification was only carried out in Prague – Pankrác prison hospital, and 61 persons underwent detoxification in 2003.

The number of drug-free zones was the same as in the previous year (22), and the capacity slightly increased to 1,118 beds.

Three prisons (Rýnovice, Opava, Znojmo) continued to administer residential compulsory addiction treatment (the capacity increased from 62 to 69 beds). Differentiated sentences for convicted drug users were administered in prisons in Pilsen, Příbram and Bělušice (the capacity of the specialized departments increased from 188 to 214 beds).

At the same time, there was no change in the field of services provided to imprisoned drug users by NGOs. The civic associations Podané ruce (Brno), SANANIM (Prague), and Laxus (Hradec Králové) continue to be the main service providers.

The Drug Services in Prison Section of the Association of NGOs was established in 2003 and it focuses on development of services for drug users in prison as a separate element in the system of care for drug users. The Section started to collaborate with the General Directorate of the Prison Service and Secretariat of the Council of the Government for Drug Policy Co-ordination; definitions of services and job descriptions were defined and a draft of standards was drawn up. At the same time, it has an objective to draw up educational curricula for workers in these types of services, and develop new projects.

The expected umbrella contract between the Association of NGOs and the General Directorate of the Prison Service has not been signed yet; existing negotiations show that it will be more feasible to conclude contracts between the General Directorate of the Prison Service and individual NGOs. The Drug Services in Prison have information that the General Directorate of the Prison Service assumes visionary collaboration of each prison and a NGO that provides services to drug users in prison.

9.2.2 Alternative Sentences

The provisions of Section 27 of the Penal Code contain a list of ten sentences that can be imposed for offences committed under Czech law:

- custodial sentence (unsuspended and suspended, i.e. for a probation period, with or without supervision of a probation officer),
- community service,
- loss of honorary degrees and awards,
- loss of military rank,
- prohibition of activities,
- forfeiture of property,
- statutory penalty,
- forfeiture,
- deportation,
- prohibition of stay.

Some of the above-mentioned sentences cannot be imposed separately; i.e. they are imposed together with another sentence, or they can only be imposed separately with the sentences explicitly mentioned in the Penal Code. The sentences include loss of honorary degrees and awards and loss of military rank – these sentences may only be imposed in addition to custodial or exceptional sentences (i.e. an unsuspended sentence of imprisonment of 15 to 25 years and a life sentence).

At the same time, Czech laws do not rule out the possibility to impose more sentences at a time. However, it is impossible to combine a custodial sentence (suspended or unsuspended) with a sentence of community service; even the sentence of forfeiture and statutory penalty, or prohibition of stay and deportation.

The degree of dangerousness of an offence for the society, the possibility of correction, and the circumstances of the offender are taken into consideration during decision-making about which sentence ought to be used. Sentences can only be imposed when other specific conditions for a concrete type of sentence have been proved, and the sentence must correspond with penal rates specified in the Penal Code (Novotný et al. 2003).

It has been possible to monitor a trend of making increasing use of alternative sentences (i.e. sentences that serve as an alternative to imprisonment) in the Czech Republic in recent years. Such alternative sentences also involve suspended custodial sentences and suspended custodial sentences with supervision. Within the framework of a suspended custodial sentence with supervision, it is also possible to impose adequate limitations or obligations (e.g. to undergo training in order to get appropriate work qualification, to undergo addiction treatment, to refrain from gambling, to avoid inappropriate environments and contacts with certain persons).

The degree of fulfilment of the imposed adequate limitations or obligations influences a judge's decision-making during or after the end of a probation period as to whether a sentenced person did or did not comply with the requirements. A failure to meet the obligation to undergo addiction treatment during a probation period may end

up in a judge's decision that a convict did not meet the duties in the probation period, and that he/she will serve the term.

In this context, it is necessary to mention that an obligation to undergo addiction treatment, imposed in addition to a suspended custodial sentence with supervision, is not compulsory treatment. Compulsory treatment as such is not a punishment but rather a protective measure. A failure to undergo compulsory treatment may result in prosecution of the offender for another offence, i.e. obstructing exercise of authoritative decision.

Alternative sentences must be distinguished from substantive alternatives to a sentence that include a remission of sentence, remission of sentence under supervision, remission of sentence of an offender with diminished legal responsibility provided that his/her state was not due to use of an addictive substance (in such cases, compulsory treatment is imposed as a rule) and remission of sentence of a juvenile (a sentence is replaced with protective education). When substantive alternatives to sentence are used, a judge finds an offender guilty but he/she does not sentence the perpetrator, or a decision is made to waive the sentence.

There is a different situation in the field of so-called diversions of standard criminal proceedings (they are also called alternative ways of criminal proceedings). A Public Prosecutor or a judge makes a decision during criminal proceedings, and therefore criminal proceedings do not end in a decision about guilt or punishment. The Code of Criminal Procedure distinguishes between two process diversions, i.e. suspension of criminal proceedings (Section 307 and Section 308 of the Code of Criminal Procedure) and settlement (Section 309 of the Code of Criminal Procedure).

A suspension of criminal proceedings requires an approval of the person accused; in addition, he/she must plead guilty and compensate the damage or conclude an agreement about settlement of damages with the injured party. As it is the case in suspended custodial sentences with supervision, it is also possible to impose adequate limitations and obligations. Criminal proceedings continue when an accused person does not meet the specified conditions during the probation period.

A settlement requires, that the accused makes a statement that he/she committed the offence for which he/she is prosecuted (at the same time, there must be no ambiguities regarding the statement), covers the damage or makes provisions to cover the damage; and in addition, he/she must make a financial deposit in prosperity of a certain given recipient that will be used for a valid public purpose. Table 9-1 and Figure 9-1 give percentile shares of selected types of sentences among all persons sentenced. As far as all offences are concerned, it is generally possible to claim that there has been an apparent and marked decrease in the number of imposed custodial sentences. On the contrary, a sentence of community service is imposed more often. An identical trend can be observed with regard to persons sentenced for drug offences. Nearly 60% of those sentenced for drug offences were given a suspended custodial sentence, approximately a quarter of them were given a custodial sentence, and 10% were given a sentence of community service – see Table 9-2 and Figure 9-2.

As far as the shares of selected sentences are concerned, it is necessary to mention that the share of custodial sentences for drug offences is much higher than in general (for instance, 26% of such sentences for persons found guilty of drug offences against 15% of such sentences among all convicts in 2003). The share of suspended custodial sentences for drug offences is as the share in general. On the other hand, during the last four years sentences of community service have been imposed twice as many times with respect to the total number of convictions in comparison to those sentenced for drug offences (10% of those sentenced for drug offences against 20.6% in general).

Table 9-1: Sentences for all offences in 1999 – 2003, absolute numbers and shares in all persons sentenced (Ministerstvo spravdnosti, 2004b)

Verdict/ sentence	1999		2000		2001		2002		2003	
	abs.	%								
Custodial sentence	15,340	24.5	14,114	22.3	12,533	20.8	9,658	14.8	9,797	14.8
Suspended custodial sentence	38,188	61.0	35,617	56.3	32,817	54.5	34,940	53.7	35,676	53.9
Community service	3,215	5.1	7,082	11.2	8,835	14.7	13,424	20.6	13,592	20.6
Other sentence	4,077	6.5	4,327	6.8	3,913	6.5	4,669	7.2	4,531	6.9
Remission of sentence	1,774	2.8	2,071	3.3	2,084	3.5	2,408	3.7	2,535	3.8
Total number of persons sentenced	62,594	100.0	63,211	100.0	60,182	100.0	65,099	100.0	66,131	100.0

Table 9-2: Sentences for drug offences in 1999 – 2003, absolute numbers and shares in all persons sentenced (Ministerstvo spravdnosti, 2004b)

Verdict/ sentence	1999		2000		2001		2002		2003	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
Custodial sentence	303	34.0	342	35.2	404	36.9	379	31.2	335	25.7
Suspended custodial sentence	507	56.9	536	55.1	582	53.2	665	54.7	778	59.7
Community service	33	3.7	49	5.0	68	6.2	113	9.3	131	10.0
Other sentence	8	0.9	11	1.1	15	1.4	15	1.2	20	1.5
Remission of sentence	40	4.5	34	3.5	25	2.3	44	3.6	40	3.1
Total number of persons sentenced	891	100.0	972	100.0	1,094	100.0	1,216	100.0	1,304	100.0

Figure 9-1: Selected types of sentences for all offences in 1999 – 2003 (%) (Ministerstvo spravedlnosti, 2004b)

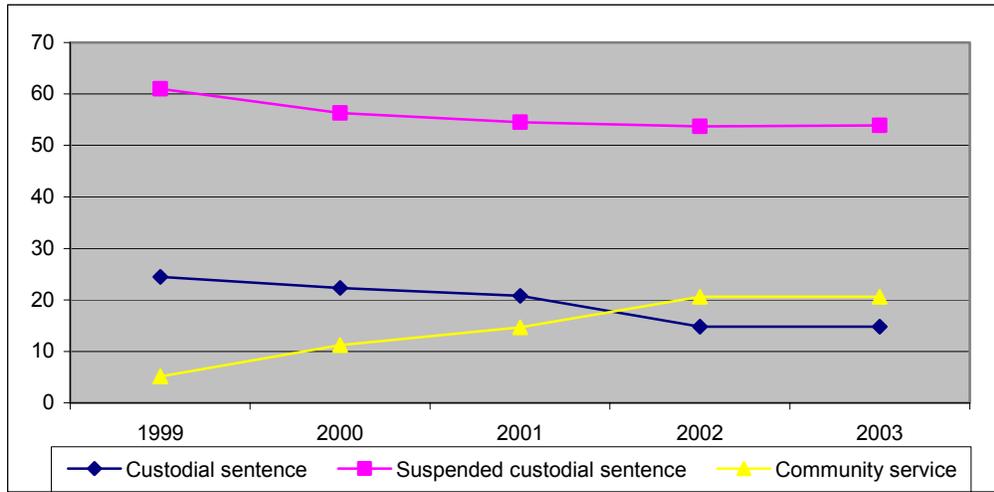
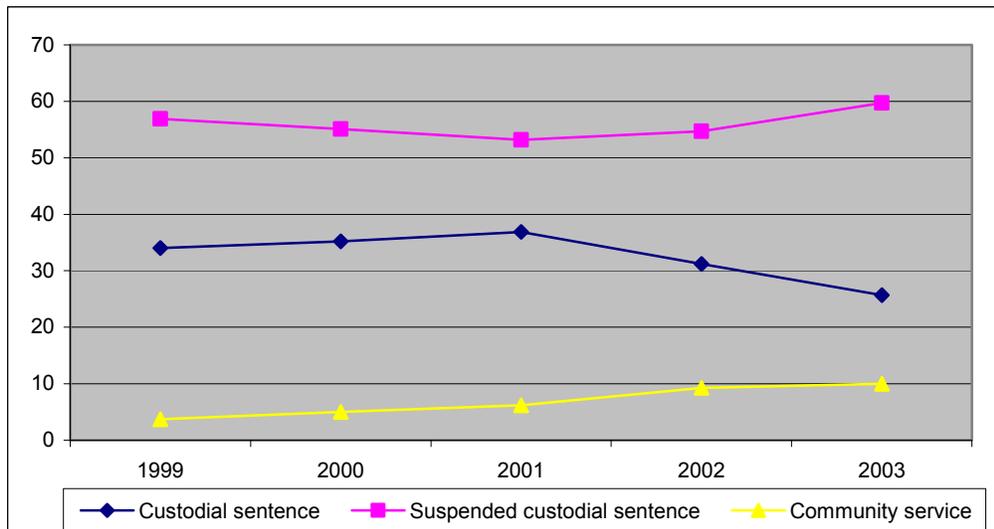


Figure 9-2: Selected sentences for drug offences in 1999 – 2003 (%) (Ministerstvo spravedlnosti, 2004b)



10 Drug Markets

Subjectively perceived availability of cannabis and ecstasy has been increasing and availability of heroin and amphetamines in the population of sixteen year-olds has been decreasing.

The situation in the field of illicit production and trade in narcotic and psychotropic substances in the Czech Republic did not change considerably in 2003 in comparison with in 2002. Drugs are also available in small towns and municipalities and since it is punishable to possess a “quantity greater than small”, traders usually possess smaller quantities of drugs. Marijuana and hashish continue to be the most frequently smuggled drugs, and the smuggling of heroin has been decreasing. Pervitin continues to be the only drug exported from the Czech Republic in a considerable extent. New trends involve increasing production of pervitin from brand products, spread of hydroponic marijuana growing and illicit trade with Subutex used in substitution.

Seizures of small quantities dominate among drug seizures. In comparison with 2002, even the volume of seizures of cannabis increased and the volume of pervitin seizures doubled while the quantity of heroin seized decreased by three fourths. Prices of most drugs have remained stable in recent years. Further decreases in purity (concentration of active substance) of heroin took place and, on the contrary, pervitin purity increased. No

particularly dangerous tablets or capsules with a new synthetic drug being offered as ecstasy were seized in 2003.

10.1 Drug Availability and Supply

10.1.1 Availability of Drugs in the Population

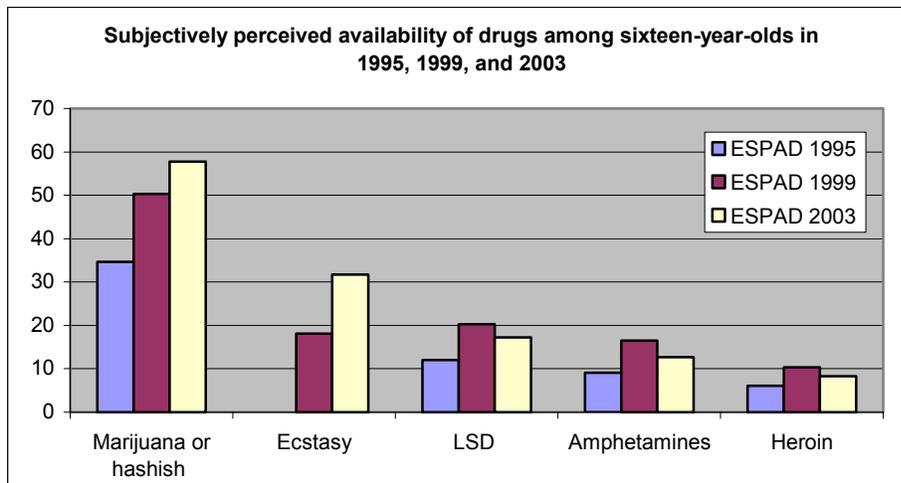
2003 data about subjectively perceived drug availability in the general population are not available. The most recent survey that focused on this topic was carried out in 2001 – see the Annual Report: The Czech Republic – Drug Situation 2002 (Mravčík et al. 2003).

ESPAD, an international survey among secondary school sixteen-year-olds was carried out in 2003. Marijuana was reported to be the most easily available non-alcoholic drug. More than a half of the respondents (57.8%) mentioned that it is quite or very easy for them to get marijuana – see Table 10-1. In comparison with the ESPAD survey carried out in 1999, perceived availability of drugs among young respondents increased with regard to cannabis and ecstasy, and decreased with regard to heroin, amphetamines and LSD – see Figure 10-1.

Table 10-1: Subjectively perceived availability of drugs among sixteen-year-olds in 2003 (% of answers “it is very/quite easy to get...”) (Csémy et al. 2003)

Drug	Boys	Girls	Total
Marijuana or hashish	60.0	55.8	57.8
Inhalants	53.5	41.7	47.1
Ecstasy	29.4	33.7	31.7
Tranquilizers/sedatives	26.8	34.2	30.8
Magic mushrooms	30.7	25.9	28.1
LSD	16.5	17.8	17.2
Anabolic steroids	18.6	11.5	14.8
Amphetamines	12.7	12.7	12.7
Heroin	8.1	8.5	8.3
Crack	7.8	7.5	7.6
Cocaine	7.0	7.7	7.4
GHB	5.3	5.3	5.3

Figure 10-1: Subjectively perceived availability of drugs among sixteen-year-olds in 1999 and 2003 (% of answers “it is very/quite easy to get...”) (Csémy et al. 2003)



10.1.2 Drug Production and Trafficking

The situation in the field of illicit production and trade in narcotic and psychotropic substances in the Czech Republic has not changed considerably in 2003 in comparison with 2002. Drugs are also available in small towns and municipalities and as it is punishable to possess a "quantity greater than small", traffickers usually possess smaller quantities of drugs. The situation in the field of drug trafficking (imports, exports, transit) is rated as a stable one; marijuana and hashish continue to be the most frequently trafficked drugs, and the trafficking of heroin has been decreasing (Generální ředitelství cel, 2004).

According to the Annual Report of the Police National Drug Squad (Národní protidrogová centrála Policie ČR, 2004c) new trends include; production of pervitin from brand medicinal products due to a lack of ephedrine on the black market, expansion of hydroponic growing of marijuana, and the illicit trading of the substitution preparation Subutex. According to the Prague branch office of the Police National Drug Squad, street sales of narcotic and psychotropic substances in Prague decreased and distribution of drugs is more hidden.

Pervitin (metamphetamine) continues to be a traditional drug produced in the Czech Republic. Nearly all of the producers are Czech citizens. As the only manufacturer of ephedrine (precursor of pervitin) in the Czech Republic, i.e. ICN Roztoky u Prahy, stopped the ephedrine production, illicit import of ephedrine from other states (Poland, Slovakia, Ukraine, Germany) has increased in 2003. Even the Balkan route is used. Ephedrine is also obtained from medicaments (Solutan, Disofrol; over-the-counter drugs such as Modafen and new Paralen plus).

Turkey is the main source country for heroin trafficking; opium for production is especially imported from Afghanistan. The Balkan route is still the most common for imports of heroin and heroin from Afghanistan is smuggled to the Czech Republic via a new route through Front Asia republics, Russia, Ukraine (Belarus, Poland) as well. The shipments are usually small (1-3 kg), with the objective of reducing financial losses. Bulgaria is still the main mid-transit storage point for further transits of heroin. Kosovo Albanian groups continue to dominate the heroin trade in the Czech Republic while non-Kosovo Albanians have been getting involved and establishing their position in the last two years.

Cocaine is imported to the Czech Republic from South America and the Caribbean from where it is transported via West European countries (usually the Netherlands). The shipments are usually small and frequent. However, the use of cocaine is still rather marginal, and the number of seizures has also remained relatively low (20). The regional branch office of the Police National Drug Squad in Brno reports increasing occurrence of cocaine.

According to the Police National Drug Squad, there has been an increase in trafficking of high volumes of ecstasy tablets in trucks and containers. Five shipments with more than 1,000 tablets were seized in the Czech Republic in 2003.

Pervitin continues to be the only drug exported from the Czech Republic in a larger volume. The Police National Drug Squad reports increases in pervitin exports to Germany, and newly also to Austria. "Krystal", a common group of Czech and German police and customs branches focuses on controlling the distribution of Czech-made methamphetamine in Germany.

According to several reports (Charvát and Gabrhelík, 2004) re-categorization of the prescribed substitution drug Subutex containing buprenorphine into the category of medicaments available only for prescription form with a blue stripe, has decreased its relatively high availability in comparison with methadone and sometimes even with heroin. Reports about illicit trade in Subutex started to appear in 2002 – see the chapter on Buprenorphine – Treatment, Prescription Practices and Misuse, page 75.

10.2 Drug Seizures

The Police National Drug Squad of the Police of the Czech Republic and the General Customs Headquarters of the Ministry of Finance record data about drug seizures in the Czech Republic at the central level. Both of these statistics overlap with one another especially due to the fact that Police and the customs branches carry out some of their operations in collaboration. Therefore, the Common Analytical Unit of the Police National Drug Squad and the General Customs Headquarters (SAP) has worked together since 2002 (and regularly once a month since 2003) in order to remove the duplicities in seizure reports in the whole of the Czech Republic.

Due to the mentioned duplicities, accurate data about all drugs seized in the Czech Republic before 2001 are not available. Minimum and maximum numbers and volumes of seizures of individual drugs in 1999 – 2001 were

determined on the basis of data of the Police National Drug Squad and the General Customs Headquarters in order to provide for at least a basic orientation in the trends of drug seizures. (Národní monitorovací středisko pro drogy a drogové závislosti, 2004a) – see Figure 10-2.

Table 10-2 provides data about all seizures of narcotic and psychotropic substances realized by police and customs branches in the Czech Republic in 2003.

The number and volume of seizures of cannabis increased in 2003 in comparison with 2002. Nearly 78 kg of marijuana, 3,125 cannabis plants and 64.8% of hashish were seized during 678 seizures. Customs bodies seized a shipment of 55 kg of hashish destined for markets outside of the Czech Republic.

The number of heroin seizures remained practically identical to that of 2002 (i.e. 54) and the volume of heroin seized decreased to 9.1 kg (nearly by 75%). Only six seizures involved quantities exceeding 100 g.

Law enforcement bodies carried out 193 seizures of pervitin and the volume of the seizures doubled (9.7 kg). The number and volume of ecstasy seizures declined slightly in comparison with the previous year – approximately 71,000 ecstasy tablets⁴² were seized during 31 seizures.

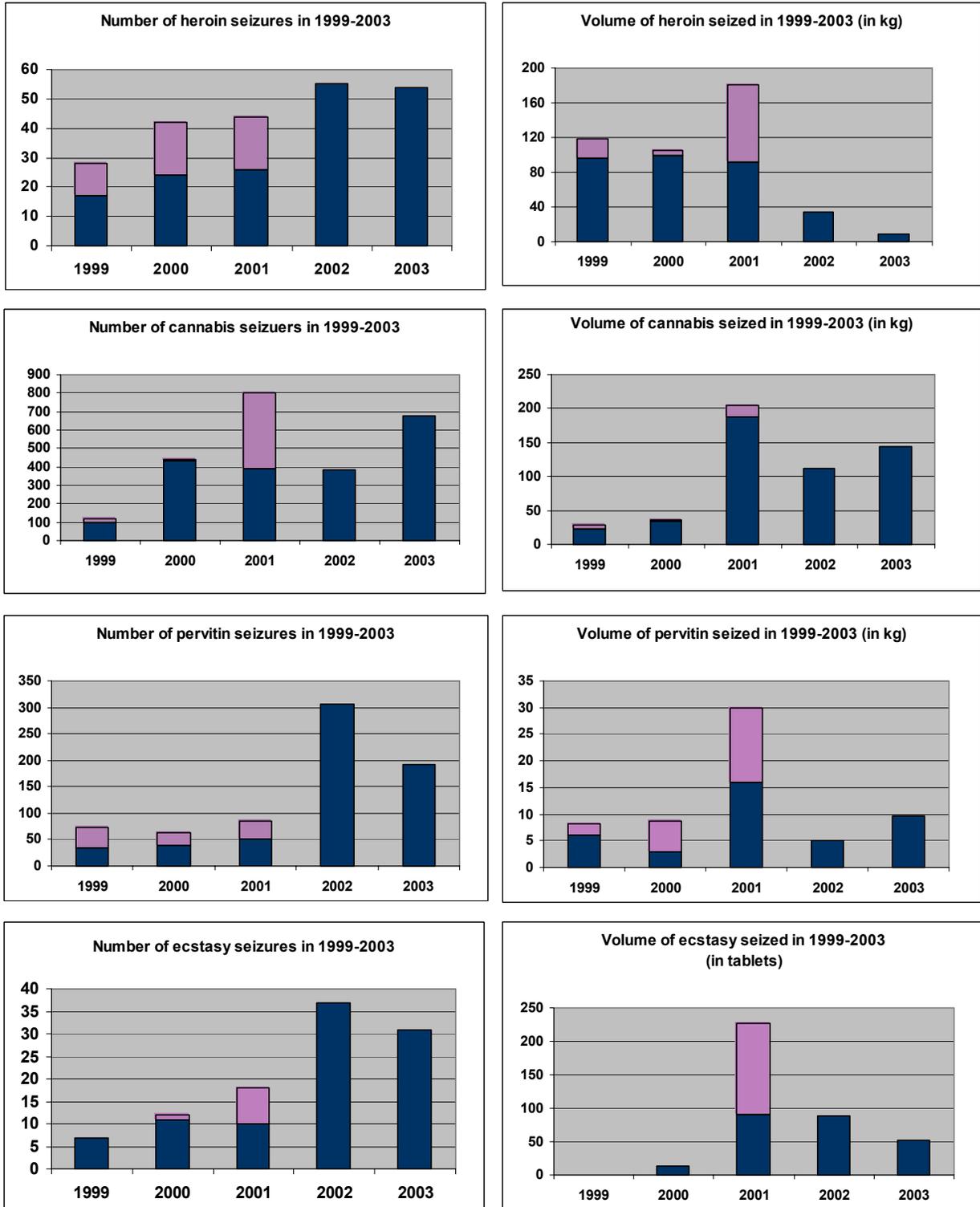
The number of cocaine seizures increased from 12 to 20 while the volume of the seizures decreased to 2.62 kg. Customs bodies seized a shipment of 1.37 kg of cocaine being smuggled viapersonal air transport (an import to the Czech Republic).

Table 10-2: Number of seizures and quantities of drugs seized in 2003 (Národní protidrogová centrála Policie ČR a Generální ředitelství cel, 2004); (Národní protidrogová centrála Policie ČR, 2004a)

Type of drug	Seizures	Quantity
Marijuana	483	77.817 kg
Hashish	97	64.805 kg
Cannabis plants	117	3 125 pc
Heroin	57	9.135 kg
Cocaine	20	2.624 kg
Pervitin	193	9.630 kg
Ecstasy	30	51 692 tbl.
	1	4.851 kg
LSD	3	65 doses

⁴² For calculation of one ecstasy seizure of 4.851 kg, the average weight of an ecstasy tablet of 250 mg was used.

Figure 10-2: Numbers and volumes of seizures of selected drugs in the Czech Republic in 1999 – 2002 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004a)



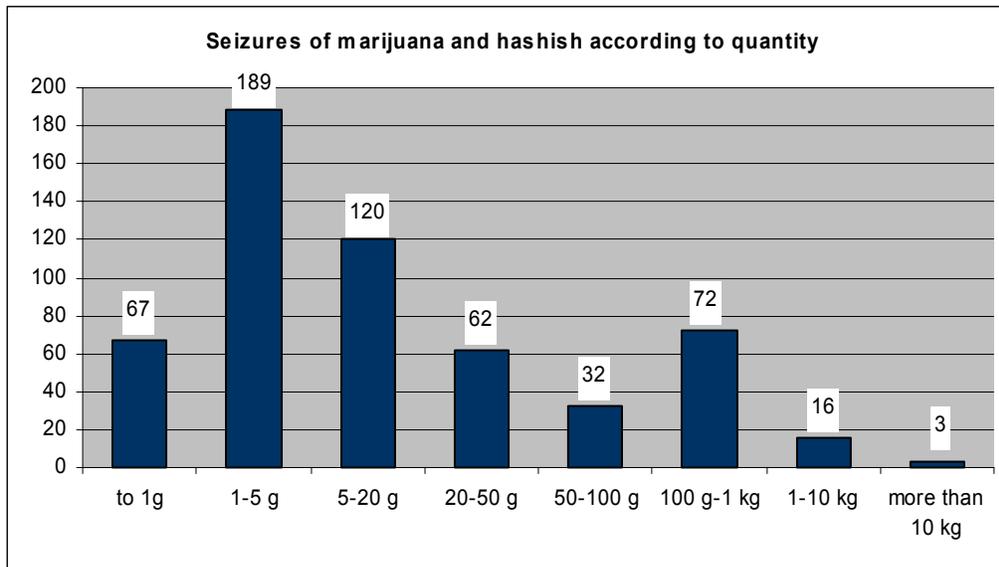
Note: Lighter parts of the columns show possible overlaps in the seizures reported by police and customs bodies in 1999 - 2001. Duplicities in the reporting of individual seizures in the Czech Republic have been removed since 2002.

For the purposes of this report, the Police National Drug Squad processed seizures according to the volume of drugs seized – see Figure 10-3, Figure 10-4, and Figure 10-5.

Seizures of small quantities of the basic types of drugs dominate among seizures of basic types of drugs. 46% of marijuana seizures involved quantities of up to 5 g, and a third of them involved a quantity of 1 - 5 grams. More than a third of heroin and pervitin seizures involved quantities of up to 1g; 69% of pervitin seizures involved quantities of up to 5 g.

Law enforcement bodies reported 16 marijuana seizures, 3 heroin seizures, 2 pervitin seizures and 1 cocaine seizure. These seizures involved drugs in a quantity of 1 to 10 kg of the substance(s). 2 marijuana seizures and 1 hashish seizure involved a quantity exceeding 10 kg.

Figure 10-3: Marijuana and hashish seizures in 2003 according to quantity (Národní protidrogová centrála Policie ČR, 2004a)



Note: Figure 10-3 does not involve cannabis plants

Figure 10-4: Pervitin seizures in 2003 according to quantity (Národní protidrogová centrála Policie ČR, 2004a)

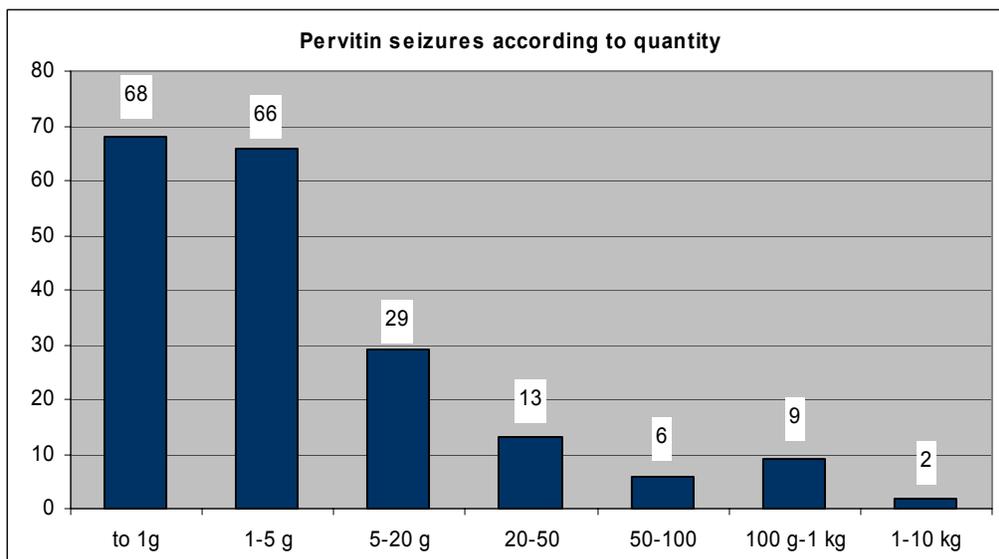
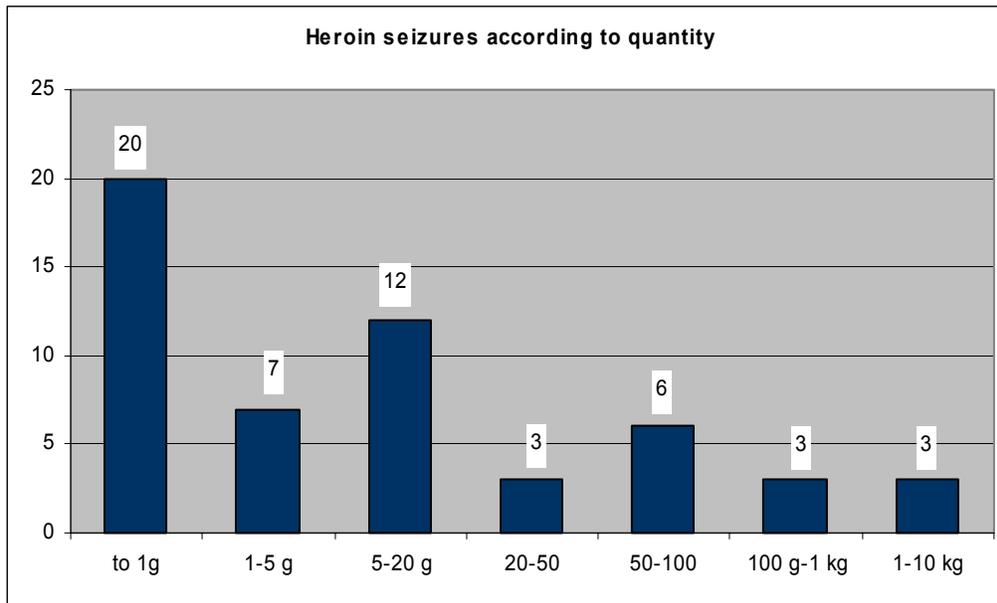


Figure 10-5: Heroin seizures in 2003 according to quantity (Národní protidrogová centrála Policie ČR, 2004a)



10.3 Drug Prices and Purity

10.3.1 Drug Prices

Drug prices have remained relatively stable in the Czech Republic in recent years. There are regional differences and differences at different levels of the distribution chain that cannot be easily monitored by law enforcement bodies.

The Police National Drug Squad reports data about (the lowest and the highest) prices every year – see Table 10-3.

Table 10-3: Minimum and maximum prices of drugs in 2003 (€) (Národní protidrogová centrála Policie ČR, 2004b)

Type of a drug	Street sales		Wholesale	
	Min.	Max.	Min.	Min.
Ecstasy (tablet)	4.70	15.70	1.60	6.30
Hashish (g)	6.30	15.70	3.10	6.30
Heroin (g)	25.10	47.10	15.70	25.10
Cocaine (g)	47.10	94.20	47.10	62.80
LSD (trip)	2.20	9.40	1.60	5.70
Marijuana (g)	0.90	9.40	0.90	4.70
Marijuana – skunk (g)	6.30	9.40	0.90	4.70
Metamphetamine (g)	15.70	62.80	14.10	25.10
Subutex (8 mg tablet)	9.40	47.10	-	-

The Police National Drug Squad also provides data about prices of drugs reported by regional offices and departments of the Police National Drug Squad:

- The price of heroin has remained relatively stable in recent years. Street price of heroin (only brown heroin was seized) is usually around € 31.40 per gram. Wholesale price of heroin for distributors usually varies from € 12.60 to € 18.80 per gram.
- Pervitin, in a quantity to approximately five grams, is usually sold for approximately € 31.40 per gram; however, the actual price is higher because a maximum of 80 mg of the substance is sold as one gram (the

same applies to heroin). The prices decrease to approximately € 18.80 when more than 100 grams are sold at a time; one kilogram is usually distributed for € 15.70 to 20.40 per gram. The East Bohemian office of the Police National Drug Squad reports a stable price of € 47.10 per gram and the West Bohemian office reports € 22.00 - 25.10 per gram. The price of ephedrine (precursor of pervitin) on the black market increased to approximately € 7.90 per gram due to the discontinuation of ephedrine production in ICN Roztoky u Prahy (compare with € 1.00 per gram in 1997).

- The trend of the decreasing street price of ecstasy has continued. The Eastern-Bohemian branch office of the Police National Drug Squad reported € 3.10 - 4.70 per tablet, the West Bohemian branch office reported € 3.10 – 6.30 per tablet, and the Moravian-Silesian and Southern Moravian offices reported € 4.70 – 7.90 per tablet. The price of a tablet usually decreases to approximately € 3.10 per tablet when larger quantities (exceeding 200 tablets) are bought. A direct importer, who buys hundreds or thousands of tablets, sells ecstasy tablets for € 1.90 – 2.50; a price of € 1.30 – 1.60 is reported for importers who organize imports in ten-thousand quantities for an organized group of distributors.
- Retail price of cocaine is still around € 62.80 to 78.50 per gram. Imported cocaine is sold for approximately half the price. According to the Police National Drug Squad, a courier usually makes € 2,512 to 3,140 for importing 1 kg of cocaine from South America to the Netherlands.
- Street price of hashish is usually around € 6.30 - 7.90 per gram; “wholesale” price is around € 2,512 to 3,768 per kilogram. It was reported that hydroponically grown marijuana was sold in the Moravian-Silesian region for € 2.50 – 6.30 per gram.

Other data about the price of marijuana and hashish come from a qualitative study (Miovský, 2003). The price of cannabis is both influenced by the quality of the substance (content of active THC), which may differ according to the place of origin (domestic or foreign) and the manner of production (typical outdoor growing or indoor technologies) and by the “closeness of contact” with the source person. The price of a gram of domestic marijuana products varies from several dozens to € 4.70 – 6.30. Indoor, usually hydroponically grown marijuana is sold for € 4.70 – 9.40 per gram; at the same time, imported marijuana is also sold within this interval. Quality imported hashish is sold for as much as € 12.60 - 14.10 per gram.

Some users redistribute prescribed Subutex for a higher price. The price of 1 tablet (8 mg of buprenorphine) on the black market is around € 18.80 and more; it costs five times less in a pharmacy (Charvát and Gabrhelík, 2004) see the chapter on Buprenorphine on the Black Market, page 77.

10.3.2 Drug Purity

The Police National Drug Squad reports annual data about drug purity. Table 10-4 provides the lowest and highest concentrations of active substances in selected drugs seized in the Czech Republic in 2003 and the data are based on 290 analyses carried out by the Institute of Criminology in Prague.

Table 10-4: Minimum and maximum purity of drugs seized in the Czech Republic in 2003 (%) (Národní protidrogová centrála Policie ČR, 2004b)

Type of a drug	Number of analyses	Minimum	Maximum
Marijuana	100	0.4	18
Hashish	15	1.7	28.2
Pervitin	150	50	75
Heroin	20	3.3	20.3
Cocaine	5	31.7	31.7

The following trends were also observed according to the Annual Report of the Police National Drug Squad (Národní protidrogová centrála Policie ČR, 2004c):

- average purity of heroin is decreasing,
- average purity of pervitin is increasing,
- purity of imported cocaine most commonly varies from 70 - 90%; however, it is only around 35 - 45% pure when sold on the streets as various substances are added to by low level dealers,
- THC content in marijuana usually varies from 3 - 7% while hydroponic marijuana has a THC content around 16%.

The Institute of Criminology in Prague carried out 86 analyses of tablets with a likely content of MDMA (active substance in ecstasy) in 2003. 69 of the tablets only contained MDMA, 5 were a combination of MDMA, MDEA or MDA, 2 tablets contained a combination of these substances with metamphetamine and 2 tablets contained MDA. Other narcotic and psychotropic substances (DOB, 2-CB, MBDB, 4-MTA etc.) known to be sometimes present in tablets sold as ecstasy were not found in the analyzed samples.

Part B: Special Chapters

Three special chapters are included in the Annual Report every year. The EMCDDA selects the topics in collaboration with national focal points with regard to research and topical needs.

11 Buprenorphine – Treatment, Prescription Practices and Misuse

Buprenorphine was registered as a sublingual⁴³ mass produced product called Subutex in the Czech Republic in 2000. There are no prescription limitations in the Czech Republic. None of the insurance companies in the Czech Republic provide even a partial coverage and patients must pay for it themselves. The Ministry of Health provides several residential and outpatient facilities with subsidies for the purchasing of Subutex; namely for additional funding of treatment care (detoxification) and also for maintenance treatment of selected groups of patients (especially of groups at risk, of socially underprivileged groups, etc.). Insurance companies do cover the costs of all tasks performed by practitioners and health-service personnel in connection with the supply of substitution treatment. However, the actual task of “administration of a substitution medicament” is not covered and it is not even defined.

Methodological guidance for substitution treatment, including treatment with buprenorphine, is defined in Standards of Substitution Treatment (Ministerstvo zdravotnictví ČR, 2001a). The standards mention the following indications for treatment with buprenorphine:

- opioid addiction when the daily equivalent of the dose does not exceed 60 mg of methadone, and
- when it is not possible to provide abstinence-oriented treatment.

Opioid-type addiction in combination with the abuse of a different substance (cocaine, pervitin) is a factor supporting the admission of patients into this programme.

The National Register of Medically Indicated Substitution Substances has been working in the Czech Republic since mid-year 2000 (Ministerstvo zdravotnictví ČR, 2001b). Only methadone-based substitution treatment, not buprenorphine-based treatment, was obliged to be registered in 2002.

11.1 Treatment with Buprenorphine

Subutex is administered to suitable patients within the framework of nine specialized (methadone) substitution centres (see the chapter on Substitution and Maintenance Programmes, page 36); at the same time, each practitioner, regardless of his/her specialization, can prescribe it to patients.

Accurate data about the numbers of patients using Subutex in specialized centres are available, see Table 11-1.

Table 11-1: Number of patients in specialized substitution centres registered up by December 31, 2003 according to the substances used (*Ústav zdravotnických informací a statistiky, 2004b*)

Centres	Total	Subutex	Methadone
Prague (VFN)	146	90	56
Ostrava	10	0	10
Olomouc	4	0	4
Brno	53	0	53
Ústí nad Labem	186	67	119
Praha (Drop in)	140	28	112
Hradec Králové	13	0	13
Mělník	20	19	1
Total	572	204	368

An accurate number of patients that get Subutex from outpatient clinics of general practitioners and other specialists is unknown. 1.3 kg of buprenorphine was consumed in the Czech Republic in 2003 according to the data of the State Institute for Drug Control (Státní ústav pro kontrolu léčiv, 2004) - see Table 11-2. Given the average daily consumption of 6 mg and an average length of use of 6 months, it is possible to estimate that there were approximately 1,200 persons who used Subutex in the Czech Republic in 2003.

⁴³ Meaning that it is intended to be inserted beneath the tongue.

Table 11-2: Quantity of consumed Subutex in the Czech Republic in 2003 (Státní ústav pro kontrolu léčiv, 2004)

Name of preparation	Number of packages	Grams (total)
Subutex á 0.4 mg, 7 tbl.	8,082	22.6
Subutex á 2 mg, 7 tbl.	35,761	500.7
Subutex á 8 mg, 7 tbl.	14,037	786.1
Total	-	1309.4

The National Monitoring Centre for Drugs and Drug Addiction carried out a questionnaire survey among general practitioners in 2003 whose objective was to collect data about experiences with substitution and about patients using the substitute as well as about attitudes and needs of Czech general practitioners in this field (Mravčík et al. 2004). Altogether 398 questionnaires were analyzed showing a low response rate of 10%, which markedly impaired the validity of the survey.⁴⁴ 28 (7%) of the general practitioners have own experiences with prescription of buprenorphine. This share is significant in Prague and Ústí nad Labem (27% and 12% respectively) which is in line with high prevalence of problem opiate users in these regions and distribution and capacity⁴⁵ of substitution treatment centres in the Czech Republic – see Table 11-3. There is a very low share (0 – 6%) of general practitioners who prescribe buprenorphine in other regions (Western Bohemia, Southern Bohemia). Own experiences with buprenorphine prescription are reported to be mostly positive or very positive (78%). Availability and success of treatment are regarded as the most positive aspects. A third of practitioners who do not have own experiences are considering future administration of substitution. An increase in the level of knowledge in the field of addiction, methodological guidance for substitution therapy and availability of a consulting station are perceived as factors that will be very important in the future.

Table 11-3: Own experiences of practitioners with prescription of buprenorphine (Subutex) in 2003 (Mravčík et al. 2004)

Region	Total number of responses	Experiences with prescription of Subutex	
		abs.	%
Capital Prague	55	15	27
Central Bohemia	38	1	3
Southern Bohemia	18	1	6
Pilsen	15	0	0
Karlovy Vary	4	0	0
Ústí nad Labem	49	6	12
Liberec	15	0	0
Hradec Králové	22	1	5
Pardubice	20	0	0
Vysočina	16	0	0
Southern Moravia	42	2	5
Olomouc	16	0	0
Zlín	31	0	0
Moravian-Silesian	53	2	4
Total	394	28	7

The National Monitoring Centre for Drugs and Drug Addiction carried out a survey focusing on provision of out-patient psychiatric care to drug users in 2004 – see the chapter on Out-patient Treatment, page 33. Altogether 142 outpatient clinics filled in the questionnaire by June 30, 2004; 32 (22.5%) of them reported that they prescribed Subutex to at least one opiate user; 24 (75.0%) of them prescribed it for a period longer than one month. In total, these 32 outpatient clinics prescribed Subutex to 534 users and the average length of treatment was approximately 6 months.

⁴⁴ The questionnaire was distributed via the Bulletin of the Association of General Practitioners, and the second wave of questionnaires was distributed via district representatives of the association. It was returned to the National Monitoring Centre for Drugs and Drug Addiction by mail.

⁴⁵ The centres in Prague and Ústí nad Labem have the highest volume (80% of all substitution centres in the Czech Republic) as well as the highest percentage of patient exchanges.

No case of buprenorphine overdose has been reported; and data from the Treatment Demand Register (Polanecký et al. 2004) and the Register of Hospitalizations in Psychiatric Clinics (Ústav zdravotnických informací a statistiky, 2004a) show that there has been a decrease in the number of heroin clients in treatment in the last two years. This especially involves Prague and Northern Bohemia, i.e. the regions with the highest prevalence of heroin use. These changes are partly due to substitution treatment, also with Subutex – even though it sometimes comes from illicit black markets.

Treatment centres in Prague have been observing an increase in pregnancies among female ex-heroin users who underwent substitution treatment (including substitution with Subutex).

11.2 Buprenorphine on the Black Market

Outreach programmes started to report the occurrence of Subutex on the black market in Prague in the summer of 2002. By the end of the year, similar reports appeared in the Northern Bohemian region and sporadically also in other places in the Czech Republic. Subutex was still available on the black market in 2003.

Some of those who use Subutex illegally use it sublingually, however, a part of them dissolve it for injection use and they “substitute” injecting of the significantly more expensive heroin. This substitution however does not reduce general health risks of injection use. Potential risks especially involve buprenorphine use in combination with benzodiazepine medicaments.

However, buprenorphine use on the open drug scene has also positive impacts which were discussed at the 2003 Prague Harm Reduction Conference (Větrovec, 2003). According to outreach workers, the existence of this cheaper competitor of heroin unambiguously brings a decline in the demand for heroin, a reduction of crime (thefts), a better opportunity to come into contact with these clients and a reduction in the frequency of necessary acts of first aid during heroin overdoses.

The Ministry of Health initiated a legislative adjustment on the basis of the information about the occurrence of Subutex on the black market. Act 223/2003 Coll., which amends Act 167/1998 Coll., on Addictive Substances became effective on August 30, 2003. This Act re-categorized buprenorphine (Subutex) into Appendix 5 of Act 167/1998 Coll.; in practice, this means that it can only be prescribed on prescription forms with a blue stripe (these prescriptions are used in order to increase control over medicaments containing narcotic and psychotropic substances). Municipal authorities are responsible for the distribution of this type of prescription form; these are subject to detailed recording by both the health care facilities and the municipal authorities.

The Ministry of Health decided to initiate this legislative measure even though no other mass produced medicament other than Subutex has been approved for the Czech market. Hence, the reduced availability of Subutex means reduced availability of the only preparation in a given indication group of substitution preparations. The reason is that not all health care facilities, and especially not all general practitioners, use the prescription forms with a blue stripe (this has also been a chronic problem in the field of chronic pain treatment).

Based on the information provided by AT clinics⁴⁶, low-threshold centres⁴⁷, and regional drug coordinators⁴⁸, the following negative changes took place after Subutex started to be prescribed on prescription forms with a blue stripe on September 1, 2003:

- The availability of Subutex decreased, especially among general practitioners – a part of them do not use the prescription forms with a blue stripe and a part of them hesitates to prescribe Subutex due to more strict control. Many clients used to go to psychiatric clinics, AT clinics and low-threshold facilities and asked for prescribed Subutex. However, these facilities partly rejected them, and waiting periods partly increased.
- The price of Subutex on the black market increased by 20 to 400%. For instance, it was reported that the price increased from € 9.40 to € 47.10 in Southern Bohemia. A tablet containing 8 mg of buprenorphine – approximately a daily dose – costs € 4.40 in a pharmacy.
- Cases of clients being mugged for their prescriptions and/or Subutex while leaving their practitioner’s office were reported.
- Some users started to use heroin again.
- The price of heroin has increased due to the demand for it.

⁴⁶ Based on the information provided by P. Popov, MD, and on the discussion of outpatients psychiatrics at the seminar held by the Psychiatric Clinic of the 1st Medical Faculty of Charles University in Prague on October 15, 2003

⁴⁷ e.g. Prevcentrum Praha, Outreach programmes of SANANIM Praha, South Bohemian streetwork PREVENT, Drugout club in Ústí nad Labem, Low-threshold centre in Most

⁴⁸ for instance, from the Southern Bohemia region and from Capital Prague

By the end of 2003, these negative changes were accompanied by a short-term drop in the deliveries of Subutex to the Czech Republic, and consequent shortage of Subutex in pharmacies.

A needs assessment analysis of the clients of low-threshold facilities was carried out using Rapid Assessment and Response methodology (Miovský and Broža, 2003) within the framework of the project of evaluation of the drug policy in the Central Bohemian region (Charvát and Gabrhelík, 2004). Twenty-nine interviews with drug users, one interview with a key informant, and one focus group with workers of low-threshold centres were carried out. Interviews with opioid users also involved the issues of substitution and substitution drugs. The most important findings involve:

- No respondent in the sample was a methadone substitution treatment client. Clients admitted poor methadone availability on the black market and this markedly decreased its attractiveness for the drug scene.
- Low-threshold centre in Benešov is the only low-threshold facility providing a substitution (Subutex) programme in Central Bohemia. Provided the clients have an adequately high motivation for treatment, they perceive Subutex treatment positively.
- It is possible to get Subutex legally – to have it prescribed by a physician. Subutex provides opioid users with the opportunity to undergo treatment without having to meet very strict criteria of methadone treatment. However, misuse of Subutex and recent introduction of administrative measures (prescription forms with a blue stripe) represent some of the reasons why practitioners radically cut down the prescription of the medicament.
- At the same time, it is also possible to get Subutex illegally – on the black market. Approximately 12 users in the sample get Subutex in an illegal way. The attractiveness of Subutex on the drug scene is based on its purity and relatively high availability for some of its users. Some motivated clients fear that the service might be cancelled that they even demand more strict rules for Subutex substitution treatment, and suggest possible measures.
- More than 14 of 29 clients participating in the survey inject Subutex. Many of them are not aware of the risks associated with injection use. A desire to get the same effect as from heroin, and a “needle addiction”, play a role.
- There is a sufficient degree of awareness and knowledge of substitution services among the clients of low-threshold services. The information is usually spread by the actual members of the subculture.
- Subutex prices on the black market in Prague vary from approximately € 25.10 per tablet á 8 mg and € 6.30 per tablet á 2 mg.

12 Treatment as an Alternative to Prison

An addicted offender cannot choose between a sentence and drug addiction treatment in the Czech Republic. However, provided that all of the conditions defined in the law have been observed, a judge may impose compulsory treatment (a protective measure according to the Penal Code) or oblige an offender to undergo compulsory treatment within the framework of a probation period in the case of a supervised remission of sentence or suspended custodial sentence with supervision. Nevertheless, compulsory (protective) treatment is imposed very rarely (143 convicts in 2003) and no data about the number of cases of drug addiction treatment imposed as an adequate obligation are available.

The 2001 – 2004 National Drug Policy Strategy defined a goal of making increasing use of diversions of criminal proceedings and alternative sentences for drug users; at the same time, it assigned the Minister of Justice to draw up and submit a draft of the measures that are required for introduction of drug addiction treatment as an alternative sentence by the end of 2002.

In a questionnaire for the Balance Report on the Fulfilment of Targets/Tasks from the 2001 – 2004 National Drugs Policy Strategy, the Ministry of Justice mentioned that this task had been completed, and it claimed that the required measure had been implemented via the adoption of amendments of criminal procedures; the amendments provided for necessary legislative conditions for drug addiction treatment as an alternative to sentence. The current form of drug addiction treatment during execution of remission of sentence or suspended custodial sentence was anchored in the legislation in 1998, and the possibility to impose compulsory treatment has had an even longer tradition in Czech Penal Code.

12.1 Compulsory Treatment

The Penal Code distinguishes various types of compulsory treatment and it can also involve compulsory drug addiction treatment. However, the compulsory treatment is not a part of the system of sentences; it is one of the so-called protective measures. Protective measures are described as one of the criminal-law sanctions that serve for meeting the purpose of the Penal Code. They can also be imposed on persons that do not have criminal responsibility (e.g. due to insanity). Compulsory treatment of drug-addicted offenders is imposed on a facultative basis when the offender is a drug user and committed the crime under the influence of, or in connection with drug use. In these cases, compulsory treatment is imposed in addition to a sentence, not instead of a sentence (see below). It is possible to impose it in addition to a custodial sentence and also in addition to other sentences. For instance, it is not excluded that an offender is given a suspended custodial sentence and institutional compulsory treatment at the same time.

Nevertheless, a judge will not impose compulsory treatment when it is obvious that the offender will not be able to achieve the purpose of the treatment. The content of the expert opinion is a critical condition for the decision about whether to impose compulsory treatment. In practice, the most common reasons for not imposing compulsory treatment involve the fact that an offender is not motivated for treatment and so the expert believes that the order would not be advantageous, or when an addicted offender is able to abstain on his/her own.

Compulsory treatment is either residential or outpatient. Compulsory treatment is not time-bound, and it lasts for as long as necessary. However, it is also possible to terminate compulsory treatment before completion when it is recognized that it is impossible to achieve the purpose of the treatment.

When an offender fails to undergo the compulsory treatment imposed, without it being terminated due to non-effectiveness, he/she exposes him/herself to the danger of prosecution for an offence of failure to comply (Section 171 of the Penal Code).

In general, it is possible to waive a sentence in the cases of offenders that committed the offence in a condition of diminished legal responsibility (i.e. when he/she could not completely recognize the dangerousness of the act for the society, or when he/she was unable to control his/her actions), however, it is necessary that the judge believes that the concurrently imposed compulsory treatment will provide for correction of the offender better than a sentence (Section 25 of the Penal Code). However, it is impossible to use these provisions when the condition of diminished legal responsibility was induced, even inadvertently, by an addictive substance.

12.2 Treatment as an Adequate Obligation

The Penal Code also recognizes treatment that has a different nature than the above-mentioned compulsory treatment imposed as a protective measure. In these cases, the treatment imposed is regarded as the so-called adequate obligation. An offender is obliged to meet the adequate obligation within a probation period; the obligation is imposed within several alternatives to prison (waiver of sentence under supervision, suspended custodial sentence with supervision). A probation officer carries out the supervision, and monitors the degree of fulfilment of the obligation. However, a failure to meet the obligation may result in further criminal prosecution, as it is the case when an offender fails to undergo compulsory treatment.

The provisions of Section 26 of the Penal Code define the institute of waiver of sentence with supervision. It is only possible to use this material alternative to sentence for offenders that committed an offence with a low degree of dangerousness for the society and they must show regret that they committed it, and show effective efforts to compensate for it. At the same time, even the nature of the crime committed and the past of the offender must allow for the use of the alternative. The conditions must provide for reasonable confidence in the fact that a mere court trial will be sufficient for a correction of the offender. As far as waivers of sentence are concerned, supervision is imposed when it is necessary to monitor the behaviour of the offender within a fixed term (1 year maximum). If an offender fails to comply with the adequate obligations of probation, a judge will consider imposing a sentence. A failure to meet the adequate obligations may result in a judge's decision that the offender did not meet the requirements in the probation period and a sentence can be imposed.

The adequate obligation to undergo addiction treatment (which is not compulsory treatment) is more frequently imposed in the cases of suspended custodial sentences with supervision. A failure to undergo treatment in the probation period may also influence decision-making about whether an offender has met requirements within the probation period. Therefore, a judge may make a decision to extend the probation period, or he/she can decide that the offender should execute the suspended custodial sentence.

12.3 Treatment as an Alternative in the Practice of Courts in the Czech Republic

Court crime statistics show that compulsory treatment is not very common. 143 sentences of compulsory treatment were imposed in 2003 (129 in 2002) and 36 of the sentences involved those found guilty of drug offences (47 in 2002). The share of compulsory treatment out of the number of all convicts has been at 0.2 – 0.3% in the last four years; it is higher among those sentenced for drug offences, however, it has been decreasing in the recent years – see Table 12-1.

The institute of waiver of sentence with supervision is not used very much in practice - 111 offenders in 2003. As far as suspended custodial sentences are concerned, supervision was imposed in 2,230 cases. Therefore, supervision was imposed in 3.5% of 66,131 sentenced (Ministerstvo spravedlnosti, 2004c). However, the statistics of the courts or the Probation and Mediation Service do not make it possible to determine how many cases of supervision involved the obligation to undergo compulsory treatment. The National Monitoring Centre for Drugs and Drug Addiction has been working together with the Probation and Mediation Service in order to modify the existing data collection methods so that more detailed data were available about the clients of the Probation and Mediation Service.

An expert opinion is usually drawn up in the cases involving drug users and judges usually attach great importance to it when considering compulsory treatment. Recently, the bodies acting in judicial proceedings refrain from the requirement to draw up such expert opinions in the cases involving cannabis users. The expert expresses his/her opinion regarding the necessity to impose compulsory treatment. Lack of motivation for treatment on the part of the offender is a frequent cause of a negative statement of the expert.

In conclusion, it is necessary to mention that the efforts of offenders to undergo voluntary treatment or participate in a treatment programme play an important role in the decision-making of judges regarding the type of sentence. However, there is no doubt that it is up to the judge whether he/she will take it into consideration that the offender wishes to undergo treatment voluntarily.

Table 12-1: Share of compulsory treatment among those sentenced in 1998 -2003 (Ministerstvo spravedlnosti, 2004b)

Year	1998	1999	2000	2001	2002	2003
Total number of convicts	54,083	62,594	63,211	60,182	65,098	66,131
Compulsory treatment	183	257	212	170	129	143
Share of compulsory treatment among all convicts (%)	0.3	0.4	0.3	0.3	0.2	0.2
Convicts for drug offences	802	899	972	1,094	1,216	1,304
Compulsory treatment imposed for drug offences	64	53	48	43	47	36
Share of compulsory treatment in the number of those sentenced for drug offences (%)	8.0	5.9	4.9	3.9	3.9	2.8

13 Drug-Related Public Nuisance

The English term “(drug-related) public nuisance” involves various forms of antisocial and problem behaviour which do not necessarily have to be criminal activities, however, they mean a certain threat or violation of social norms and they are regarded as annoying. They especially involve the issues associated with open drug scenes; occupation of public space, drug use in public places etc. In some states (Netherlands, Great Britain) this phenomenon receives great attention within the framework of anti-drug activities and appropriate legislative and administrative measures were adopted.

The field of public nuisance is not dealt with separately at the central nor the local level. As far as the authors of this Report know, no one has paid close attention to drug-related public nuisance in the Czech Republic, and there is no concept that would focus on the measures that could reduce drug-related public nuisance. According to the information of the Institute of Criminology and Social Prevention, no survey on this topic has been carried out.

The issues of public nuisance are rather understood as a component of the safety policy and the drug policy as a whole. Only several programmes implemented at the local level deal with it in practice – the activities for instance involve removal of improperly disposed of syringes from sandpits and playgrounds as well as increased municipal police supervision in areas where drug users traditionally meet etc.

For the purpose of this chapter, the National Monitoring Centre for Drugs and Drug Addiction sent an e-mail to regional drug coordinators and briefly introduced the concept of public nuisance to them. The drug coordinators were asked to find available data in their regions - from local police offices, municipal authorities, social workers, care providers etc. Five out of fourteen regions responded. It was confirmed that the appropriate data have not been registered at all. The information mostly came from the municipal police, the municipal authorities and the low-threshold centres, however, it was usually very brief and general.

The institutions reported that they encountered the following activities connected with drug-related public nuisance activities at the local level: occupation of public space, drug use in public places, improperly disposed of medicaments and syringes, noise caused by people under the influence of drugs and alcohol, begging and verbal abuse of citizens (in railway stations, in centres of towns, in front of supermarkets).

13.1 Public Nuisance and Laws

Annoying behaviours of drug users can be prosecuted under Act 200/1999 Coll. On Misdemeanours and more serious forms can be prosecuted as an offence according to individual sections of the Penal Code.

The Recording and Statistical System of Criminality of the Police Presidium of the Czech Republic also keeps data about offences under the influence of drugs. An influence of addictive substances other than alcohol was only detected in 939 (0.7%) of 135,581 cleared-up offences⁴⁹. The following list includes several types of behaviour that fall within the concept of public nuisance and can be prosecuted as an offence: promotion of drug addiction (Section 188a of the Penal Code), nuisance (Section 202 of the Penal Code), the posing of a public threat under the influence of alcohol and/or an addictive substance(s) (Section 201 a Section 201a of the Penal Code).

Table 13-1: Selected offences committed under the influence of narcotic and psychotropic substances in the Czech Republic in 2003 (Ministerstvo vnitra ČR, 2004b)

Offence	Total number of offences	Offences committed under the influence of narcotic and psychotropic substances			
		Total	Alcohol thereof	Narcotic and psychotropic substances thereof	Narcotic and psychotropic substances thereof (%)
Promotion of drug addiction	356	45	3	42	11.8
Disorderly conduct	2,843	981	970	11	0.4
Menace under the influence of addictive substances, drunkenness	654	578	572	6	0.9
All offences	135,581	11,082	10,143	939	0.7

The mentioned forms of behaviour are also prosecuted as misdemeanours under Act 200/1990 Coll., on Misdemeanours. The provisions of Section 47 of the Act define misdemeanours against the public order; the misdemeanour can for instance be committed by a person that disturbs the peace, causes common nuisance, pollutes, destroys or occupies public space, buildings or utilities. Local municipal authorities deal with the misdemeanours. The current registering methods do not allow for determination of the ratio of drug users involved in misdemeanours to the total number of misdemeanours committed. Identical to the case of the offence of disorderly conduct, it is also possible to expect that the percentage of persons under the influence of alcohol was in fact higher than the stated number.

13.2 Injuries Caused by Improper Disposal of Syringes and Needles

The Centre of Epidemiology and Microbiology of the National Institute of Public Health records injuries with used syringes (or only needles) via the network of hygiene stations. The injuries involve professional injuries and injuries with improperly disposed syringes. It is possible to assume that most of the improperly disposed needles and syringes belonged to drug users. In 2003, there were 332 medical attendances of injuries caused by a used injection syringe that was located in a public place. It often involves persons injured during cleaning (in pubs, public lavatories, trains) or persons that stepped on an improperly disposed syringe; a part of the cases involves children that were injured while playing with a needle they had found (Státní zdravotní ústav v Praze, 2003).

⁴⁹ This share is underestimated because influence of narcotic and psychotropic substance is not clarified in many cases.

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Selected drug-related web pages

An extensive list of (not only) Czech websites that deal with drug issues is available at <http://www.drogy-info.cz/link/category/1/>. The following list provides selected official pages of key institutions in the field of prevention, treatment and monitoring of drug use

Addictology – a professional journal for prevention, treatment and research of addiction:
<http://www.adiktologie.cz/>

Association of NGOs: <http://www.asociace.org/>

Antidoping Committee of the Czech Republic:
<http://www.antidoping.cz/>

Customs Administration of the Czech Republic:
<http://www.cs.mfcr.cz/>

Centre of Epidemiology and Microbiology of the National Institute of Public Health:
<http://www.szu.cz/cem/hpcem.htm>

Public Opinion Poll Centre – Institute of Sociology of the Academy of Science of the Czech Republic:
<http://www.cvvm.cas.cz/>

Czech Streetwork Association:
<http://streetwork.ecn.cz/>

Czech Medical Association of J. E. Purkyně:
<http://www.cls.cz/>

Czech Medical Association of J. E. Purkyně – search in journals: <http://www.clsjep.cz/hledani.asp>

Czech Neuropsychopharmacological Society:
<http://www.cnps.cz/>

Czech Statistical Office: <http://www.czso.cz/>

Drug Information Server (SANANIM):
<http://www.sananim.cz/>

DROP-IN: <http://www.dropin.cz/>

EXTC – prevention of synthetic drug abuse:
<http://www.extc.cz/>

Hygiene Station of Capital Prague:
<http://www.hygp Praha.cz/>

Information Centre of the UNO in Prague:
<http://www.osn.cz/>

Primary Prevention Information Portal:
<http://www.odrogach.cz/>

Institute for Criminology and Social Prevention:
<http://portal.justice.cz/soud/soud.aspx?o=6&j=16&k=207>

Institute of Criminalistics:
<http://www.mvcr.cz/policie/ku/index.html>

Methadone substitution: <http://www.methadone.cz/>

Ministry of Justice – Czech justice:
<http://portal.justice.cz/>

Ministry of Labour and Social Affairs:
<http://www.mpsv.cz/>

Ministry of Education, Youth, and Physical Education:
<http://www.msmt.cz/>

Ministry of the Interior: <http://www.mvcr.cz/>

Ministry of Health: <http://www.mzcr.cz/>

National Monitoring Centre for Drugs and Drug Addiction: <http://www.drogy-info.cz/>;
<http://www.focalpoint.cz/> (English)

National Programme of Combating AIDS in the Czech Republic: <http://www.aids-hiv.cz/>

Police National Drug Squad of the Police of the Czech Republic: <http://www.mvcr.cz/policie/npdc.html>

Newton IT – press monitor of drugs issues:
<http://imm.newtonit.cz/drogy.newton.cz.asp>

Podané ruce: <http://www.podaneruce.cz/>

House of Commons of the Parliament of the Czech Republic – Subcommittee for Drugs and Addiction issues: <http://snemovna.cz/sqw/fsnem.sqw?id=669>

Probation and Mediation Service of the Czech Republic:
<http://portal.justice.cz/soud/soud.aspx?o=202&j=212&k=2015>

Prev-Centrum: <http://www.prevcentrum.cz/>

Prague Psychiatric Centre:
<http://www.pcp.lf3.cuni.cz/pcpout/>

Council of the Government for Coordination of Drug Policy: http://wtd.vlada.cz/pages/rvk_rkpp.htm;
http://wtd.vlada.cz/pages/rvk_rkpp_en.htm (English)

Forensic medicine in the Czech Republic:
<http://www.nemcb.cz/soudni/>

National Institute of Public Health: <http://www.szu.cz/>

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/>

Institute of Health Information and Statistics:
<http://www.uzis.cz/>

Prison Service of the Czech Republic:
<http://www.vscr.cz/>

Research Institute of Labour and Social Affairs:
<http://www.vupsv.cz/>

Abbreviations

AA – Alcoholics Anonymous	HR A.N.O. – Harm Reduction Section of the Association of NGOs Dealing with Prevention and Treatment of Drug Addiction
A.N.O. – Association of NGOs Dealing with Prevention and Treatment of Drug Addiction	ICD-10 – International Classification of Diseases, Revision 10
AT – alcohol – toxicomania (drug addiction)	IDU – injecting drug user(s)
CASRI – Scientific and Research Centre of Physical Education and Sport Prague	MES - Minimum Evaluation Set
ČLS JEP - Czech Medical Association of J. E. Purkyně	MPP – Minimum Prevention Programme
DDRSTP – Pompidou Group Project Drug Demand Reduction Staff Training Programme	NA – Narcotics Anonymous
EMCDDA – European Monitoring Centre for Drugs and Drug Addiction	NASUD – National Survey on Drug Use
EPIDAT – Register of New Reported Cases of Viral Hepatitis	NGOs – non-governmental organizations
ESPAD - European School Survey Project on Alcohol and Other Drugs	Phare TP – project Phare Twinning 2000 “Strengthening National Drug Policy”
EU – European Union	PMS – Probation and Mediation Service of the Czech Republic
HIV - Human Immunodeficiency Virus	RVKPP – Council of the Government for Coordination of Drug Policy – formerly National Drug Commission
HAV – Hepatitis A Viral	SNN - Czech Medical Association of J. E. Purkyně – Association for Addictive Diseases
HBV – Hepatitis B Viral	SSLST – Association of Forensic Medicine and Toxicology
HCV – Hepatitis C Viral	VFN – General Hospital in Prague
HR – Harm Reduction	WHO - World Health Organization

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