



Annual Report The Czech Republic 2004 Drug Situation

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Contents

SUMMARY AND NEW TRENDS	1
DATA CONSISTENCY	2
PART A: NEW DEVELOPMENT AND TRENDS IN 2004	4
1 NATIONAL DRUG POLICY AND CONTEXT	4
1.1 LEGAL FRAMEWORK	4
1.2 INSTITUTIONAL FRAMEWORK, STRATEGIES, AND POLICIES	6
1.3 BUDGET AND PUBLIC EXPENDITURES	8
1.4 SOCIAL AND CULTURAL CONTEXT.....	11
2 DRUG USE IN THE POPULATION	14
2.1 DRUG USE IN THE GENERAL POPULATION.....	14
2.2 DRUG USE IN THE SCHOOL POPULATION	15
2.3 DRUG USE AND YOUNG PEOPLE	18
2.4 DRUG USE IN SPECIFIC POPULATION GROUPS	18
2.5 PUBLIC OPINIONS AND ATTITUDES TOWARDS DRUG USE	20
3 PREVENTION	22
3.1 SCHOOL PROGRAMMES	22
3.2 OUT-OF-SCHOOL PROGRAMMES	22
3.3 EVALUATION OF PREVENTIVE PROGRAMMES.....	23
4 PROBLEM DRUG USE	25
4.1 ESTIMATES OF PREVALENCE AND INCIDENCE OF PROBLEM DRUG USE.....	25
4.2 PROFILE OF CLIENTS IN TREATMENT.....	27
5 DRUG-RELATED TREATMENT	32
5.1 OUTPATIENT TREATMENT.....	32
5.2 INPATIENT TREATMENT	34
5.3 SUBSTITUTION TREATMENT	36
6 HEALTH CORRELATES AND CONSEQUENCES OF DRUG USE	40
6.1 DRUG-RELATED DEATHS AND MORTALITY OF DRUG USERS	40
6.2 DRUG-RELATED INFECTIOUS DISEASES	44
6.3 PSYCHIATRIC CO-MORBIDITY.....	47
6.4 OTHER DRUG-RELATED CORRELATES AND CONSEQUENCES	48
7 RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES OF DRUG USE	52
7.1 SERVICES PROVIDED BY LOW-THRESHOLD FACILITIES	52
7.2 OVERDOSE PREVENTION	53
7.3 PREVENTION OF INFECTIOUS DISEASES	53
7.4 INTERVENTIONS RELATED TO PSYCHIATRIC CO-MORBIDITY	55
8 SOCIAL CORRELATES AND CONSEQUENCES OF DRUG USE	56
8.1 SOCIAL EXCLUSION	56
8.2 DRUG-RELATED CRIME.....	58
8.3 SECONDARY DRUG-RELATED CRIME	63
8.4 DRUG USE IN PRISONS	64
8.5 SOCIAL COSTS OF DRUG USE	65
9 RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES OF DRUG USE	66
9.1 SOCIAL REINTEGRATION (AFTERCARE)	66
9.2 PREVENTION OF DRUG-RELATED CRIME.....	67
10 DRUG MARKETS	70
10.1 DRUG SUPPLY AND AVAILABILITY	70
10.2 DRUGS PRODUCTION AND TRAFFICKING.....	71

10.3	DRUG SEIZURES	72
10.4	DRUG PRICES AND PURITY	73
PART B: SPECIAL CHAPTERS.....		75
11	GENDER DIFFERENCES IN DRUG USE	75
11.1	DRUG USE AMONG THE GENERAL POPULATION AND YOUNG PEOPLE.....	75
11.2	DRUG-RELATED DEATHS AND MORTALITY OF DRUG USERS.....	78
11.3	TREATMENT DEMANDS.....	79
11.4	DRUG-RELATED INFECTIONS	82
11.5	DRUG-RELATED CRIME	83
11.6	SITUATION IN THE FIELD OF DRUG DEMAND REDUCTION	84
12	DRUG POLICY AND LICIT DRUGS	85
12.1	EPIDEMIOLOGY OF LICIT DRUGS	85
12.2	LICIT DRUGS AND HEALTH POLICY OF THE CZECH REPUBLIC	85
12.3	2005-2009 NATIONAL STRATEGY AND LICIT DRUGS	86
12.4	2005-2006 ACTION PLAN	87
12.5	IMPLEMENTATION OF OBJECTIVES IN PRACTICE	87
13	DRUG USE IN RECREATIONAL SETTINGS	90
13.1	CURRENT TRENDS AMONG THOSE ATTENDING DANCE PARTIES	90
13.2	RESPONSES TO RECREATIONAL DRUG USE	97
LIST OF TABLES.....		100
LIST OF FIGURES.....		101
LIST OF MAPS.....		103
SELECTED DRUG-RELATED WEB PAGES ON THE CZECH INTERNET		104
ABBREVIATIONS		106
INDEX.....		107
REFERENCES		109

Summary and New Trends

The year 2004 was the last year of the implementation of the 2001-2004 National Drug Policy Strategy. At the same time, the National Drug Policy Strategy for the period 2005 to 2009 and the Action Plan of the National Drug Policy Strategy Implementation for the period 2005 to 2006 were drawn up this year. The new strategy follows on from the previous strategies and it is based on the principle of public health protection. The preparation of the Action Plan is an innovation, and the Government approved it in 2005.

Together with changes in the Government in 2004, personnel changes took place in the Council of the Government for Drug Policy Coordination, the drug policy coordinating body of the Government; the Minister of Foreign Affairs and the Minister of Finance became new members; the Director of the Secretariat of the Council of the Government for Drug Policy Coordination was withdrawn. No significant legislative changes occurred in 2004.

The trend of diverging development has continued in the fields of problem drug use (especially of heroin), which has been increasing, and experimental and recreational drug use (especially of cannabis and ecstasy), which has been decreasing.

According to the most recent general population survey, the lifetime prevalence of use of opiates and amphetamines (including pervitin) has stabilised at a low level (0.5% and 2.5% respectively), while the scope of use of these substances has even decreased in the last 12 months. In comparison with the previous survey from 2002, the scope of cannabis use in the adult population has remained stable (20.6% in 2004). An increase in the prevalence of cannabis use was not even reported in the group of young adults (18-34 years: 43.9%). As in school surveys, an increase in both the lifetime (from 4.0% to 7.1%) and last-year (from 2.5% to 3.5%) prevalence of ecstasy use was reported, especially in the youngest age groups aged 18-24 and 25-34 years. The use of magic mushrooms and other natural hallucinogens also increased. There was also a trend for the use of cannabis, ecstasy, and natural hallucinogens to increase among those attending dance parties. No death resulting from ecstasy (MDMA) was reported in 2004 (1 death was reported in 2003). One death caused by the synthetic hallucinogen DOB was reported. No deaths from cannabis, LSD, or magic mushrooms have been detected during the entire monitoring period.

The decrease in the estimated number of problem heroin users continued in 2004; there were approximately 9,700 of them. An increase in the number of users of Subutex (buprenorphine) coming from the black market was reported; this refers to both users of Subutex only and users of Subutex in combination with other drugs. Then, the number and proportion of opiate users in substitution treatment increased to approximately 2,000-3,000 persons, i.e. 20-30% of such users in 2004. In comparison with 2003, the number of opiate overdoses increased (32 in 2004 against 21 cases in 2003); however, heroin was confirmed in 5 of these 32 cases, and morphine in 7 cases; the remaining cases involved most probably overdoses on opiates present in medicaments.

The number of problem pervitin (methamphetamine) users increased slightly in 2004, and it reached 20,300 persons (18,800 in 2003). This increase is accompanied by an increase of pervitin-related treatment demands. Pervitin overdoses nearly doubled between 2003 and 2004 (9 and 16 cases respectively). These trends correspond with increasing prevalence of pervitin use among those attending dance parties (both the lifetime and the current prevalence – in the last year or month), and it suggests that pervitin use is increasing in recreational settings.

It is not possible to estimate the level of problem cocaine use in the Czech Republic. So far it is not even included in the definition of problem use. Only a few cocaine users are in treatment, and lifetime prevalence in the general population is approximately 1%. However, as cocaine-related deaths were reported for the first time in 2004 and cocaine prevalence in the recreational settings (dance parties) is increasing, one could suppose that cocaine use in the Czech Republic is increasing and will continue to increase in future.

It was estimated that there were 30,000 problem drug users in the Czech Republic in 2004 (9,700 heroin users, 20,300 pervitin users); out of them 27,000 (90%) were injecting drug users. The proportion of injecting drug users has been very high in the long term, and it poses a particular risk because of the possibility of infection transmission and overdose.

Seven new HIV+ injecting drug users were reported in 2004. This was the highest incidence in recent years (it used to be 1-5 cases per year in the previous years). Still, HIV/AIDS prevalence among Czech drug users remains relatively very low (as is also the case in the population of non-users of drugs). The long-term proportion of injecting drug users in all newly reported cases of HBV and HCV has been at 30 and 60% respectively. For the first time in the entire period of monitoring, the number and the proportion of injecting drug users among HCV cases, including chronic ones, decreased in 2004. Seroprevalence in the population of injecting drug users increases with the length, frequency and risks of injecting use. It is about 30% among the clients of low-threshold facilities, while it is nearly twice as high among the clients of substitution programmes or drug users in prison.

As far as other trends are concerned, high (lifetime) prevalence of use (sniffing) of inhalants (solvents, glue, lighter gas) prevails – 9% of 16-year-olds and 6% of 18-year-olds have tried them at least once in their lifetime. Treatment institutions do not capture a sufficient number of users of inhalants – they represent approximately 2% of the clients of treatment or low-threshold facilities. Overdoses reach a relatively high level of approximately 20 people every year (22 in 2003, 20 in 2004). Abuse of medicaments, especially benzodiazepines, is another prevailing phenomenon. Lifetime prevalence among high-school students is approximately 10%; the number of fatal overdoses on medicaments is much higher than the number of overdoses on illicit drugs (171 cases in 2004, 94 of which involved benzodiazepine overdoses).

A wide spectrum of services provides treatment and social reintegration, and their availability is relatively high. There was a marked increase in the estimated number of opiate users in specialised substitution treatment programmes (from 18% in 2003 to 20-30% in 2004), and this was partly caused by the increased prescription of both methadone and buprenorphine (Subutex). A pilot substitution treatment project is about to be implemented in prisons. A substitution treatment centre was opened in České Budějovice in January 2005; however, West Bohemia in particular remains insufficiently covered. Even the capacity of structured outpatient programmes and aftercare programmes remains relatively insufficient. The availability of inpatient treatment and low-threshold facilities in the Czech Republic is high (17 therapeutic communities, 21 psychiatric hospitals, 33 psychiatric departments in hospitals, 92 low-threshold programmes). The number of needles and syringes distributed in low-threshold programmes keeps increasing; approximately 60% of problem drug users are in contact with these services.

Drug use is associated with homelessness, lower income, unemployment, and lower levels of education; the accumulation of these problems may lead to social exclusion. Drug use may be the cause and a consequence at the same time. Social exclusion involves several Roma communities and the poor housing and economic situation and unemployment are the main causes; the issue of drugs involves Roma communities in Prague, Brno, Ostrava, and North-West Bohemia in particular. It is estimated that the degree of seriousness of this issue is increasing. Crime is one of the most significant social consequences of drug use. The number of prosecuted and accused drug offenders, including those prosecuted for the possession of drugs in a quantity greater than small, decreased in 2004 for the first time since 1996; the proportion of those prosecuted for possession has been low in the Czech Republic in the long term (8% in 2004). The trend of increase in the number of alternative sentences continued in 2004. In addition, the estimate of secondary drug-related crime committed by drug users was made more accurate. Drug users committed about 17% of selected criminal offences; their proportion in most common criminal offences – ordinary thefts and burglaries – reached 20% and 14% respectively.

Approximately 11.5 t of cannabis, 3.7 t of pervitin, 2.2 t of heroin, 1.2 million ecstasy tablets, and 275,000 doses of LSD are consumed in the Czech Republic every year. The number of drug seizures by law enforcement bodies was approximately at the same level as in 2003; the volume of seizures increased in case of cannabis (191 kg and 1.6 thousand plants), heroin (36 kg), ecstasy (108,379 tablets), and also LSD (326 doses), while the quantity of pervitin seized decreased (3.4 kg). The number of seizures did not reflect the expected increase in cocaine use; there was an annual decrease in cocaine seizures from 20 to 7. The total volume of cocaine seizures increased slightly, to 3.3 kg. Drug prices have remained relatively stable; the purity of heroin has decreased while that of pervitin has increased, and the proportion of ecstasy tablets with MDMA as the active substance is increasing.

Data Consistency

Individual indicators are highly consistent with one another. In many cases, data for a particular field are available from several quantitative and/or qualitative sources, and this allows data triangulation. Trends from population surveys correspond with trends from specific populations, such as dance drug users or problem users.

Population surveys have shown an apparent increasing trend in the use of cannabis and ecstasy, and this trend corresponds with the trends among those attending dance parties. A decrease in the use and subjectively perceived availability of pervitin and heroin in the general population (including the school population) corresponds with the long-term trend towards a decrease in the number of problem users of these drugs. More data sources have also indicated short-term trends; for instance, the number of pervitin-related treatment demands increased, while the estimated number of problem pervitin users (obtained from different sources) and the number of fatal pervitin overdoses increased at the same time; even though this may be a short-term oscillation, it can be observed across the indicators. A fatal cocaine overdose in the Czech Republic was identified for the first time in 2004. Together with an increasing prevalence of cocaine on the dance scene, this indicates its more significant spread in the Czech Republic. The criminal justice system has also pointed out this issue.

The trend of decrease in the number of problem opiate users corresponds with the increasing proportion of opiate users in substitution treatment. The number of newly reported HCV cases decreased for the first time in several years; this is in line with relatively low HCV incidence rates detected in a national prospective survey and with the constantly increasing number of exchanged syringes in the Czech Republic.

Data analyses combine several data sources. Data on the prevalence of drug use in the general population, estimates of the number of problem drug users, special survey on drug consumption among problem drug users, and data on purity and prices provided by the criminal justice system have led to an estimate of the scope of the illegal economy associated with drugs. Prevalence estimates of problem drug users are made with the use of data from the annual monitoring of projects funded from the state budget and data from a HCV seroprevalence survey. Results concerning the detection of alcohol and drugs among people involved in traffic accidents were provided as a by-product of the operation of a special register of drug-related deaths. A study on the mortality of drug users used data from registers of hospitalisations and deaths in the Czech Republic.

Part A: New Development and Trends in 2004

1 National Drug Policy and 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 is the main initiating, counselling, and coordinating body of the Government for drug issues. Ministers of the appropriate ministries are members of this Council. The Council meets approximately four times a year. The Secretariat of the Council of the Government for Drug Policy Coordination provides for the activities of the Council. It is an organisational part of the Office of the Government of the Czech Republic and the Czech National Monitoring Centre for Drugs and Drug Addiction operates within it.

The National Strategy is a key political document, and it determines the direction of Czech drug policy; the National Drug Policy Strategy for the period 2005 to 2009 was adopted in 2004. The Action Plan of the National Drug Policy Strategy Implementation for the period 2005 to 2006 was adopted in 2005, and it defines activities, deadlines for completion, and responsibilities with regard to the goals defined in this strategy.

The Secretariat of the Council of the Government for Drug Policy Coordination is responsible for ongoing coordination at a cross-governmental level and for the methodological guidance of regional drug coordinators. A network of fourteen regional coordinators provides for the coordination of activities on the local level. Nearly all regions have their own drug strategy, which is derived from the national strategy. At the same time, they have established their own coordination mechanisms and advisory committees or commissions.

No significant legislative changes took place in the field of drugs in 2004. Penal Code Recodification, including the provisions regarding drug-related criminal offences and the Act against Damages Caused by Tobacco Products, Alcohol, and Addictive Substances, is going through the parliamentary legislative process.

State budget expenditures for drug policy programmes have remained relatively stable in recent years (€ 6.4-6.9 million). In comparison with 2003, the expenditures were lower by approximately € 400 thousand in 2004; this was especially due to the decrease in the expenditures of the Customs Administration, the Ministry of Justice, and the Ministry of Defence. There is an annual increase (approximately by 100%) in the amount of financial resources expended by regions; the amount of financial resources expended on drug policy programmes by municipalities was reported for the first time in 2004.

1.1 Legal Framework

1.1.1 New Development

An amendment to Act 167/1998 Coll., on Addictive Substances, was adopted in 2004. Its main objective was to harmonise the act with EU regulations (the amendment was executed by Act 362/2004 Coll.). Significant changes especially involve the field of the import and export of precursors and registration of importers, exporters, and those who sell substances used in the illegal production of illicit drugs. In this respect, several existing provisions of the Act on Addictive Substances were stricter than the EU regulations. The Act introduces exceptions and it allows physical and legal entities to handle and, in some cases, even export excipients without registration with the Ministry of Health. In addition, it modifies and refines activities and collaboration between state administrative bodies in the field of addictive substances, precursors, and excipients. Entities that handle addictive substances, preparations, and precursors are obliged to inform the Ministry of Health of any cases of theft, suspicious circumstances, unusual orders, etc. It is the intent of this provision to prevent the illegal production of narcotic and psychotropic substances. The amendment also affected poppy and cannabis growers. Now they have to report growing these plants to customs bodies rather than to the regional authorities to whom they used to report; customs employees have been added to the list of persons authorised to regulate poppy and cannabis growing. Most provisions of the amendment to Act 167/1998 Coll. became effective when the Czech Republic acceded to the European Union, i.e. on May 1, 2004.

The draft bill of the new Penal Code should bring, inter alia, about several changes in the provisions related to the so-called drug-related criminal offences (Sections 187 to 188a of the applicable Penal Code); the government approved it in 2004 and it was submitted to the Lower House of the Parliament of the Czech Republic. In June 2005, the draft bill was returned for renegotiation to committees of the Lower House of the Parliament of the Czech Republic (House Print 744). More detailed information about the draft bill was published in the 2003 Annual Report (Mravčík et al., 2004).

The Lower House of the Parliament of the Czech Republic adopted a draft bill for the Act against Damages Caused by Tobacco Products, Alcohol, and Addictive Substances (House Print 265), which had been submitted to the government in 2003. The Act should provide an essential legal framework for the regulation of alcohol and tobacco use and provision of professional treatment and preventive care to drug users. The draft provides the first official definitions of types of professional care for drug users, the state drug policies programme and implementation, the competencies and

scope of authority of local and regional bodies, and other matters. The Senate returned the draft to the Lower House of the Parliament of the Czech Republic in July 2005.

1.1.2 Laws Implementation

As in 2003, cannabis users represented the largest group among those prosecuted for the unauthorised possession of narcotic and psychotropic substances in a quantity greater than small for personal use (Section 187a of the Penal Code). Their percentage among those prosecuted in this manner decreased from 60% to 45% in 2004. Pervitin (methamphetamine) users are the second largest group; there was an increase in their number (from 25% to 37% between 2003 and 2004). The situation regarding unauthorised handling is different; pervitin manufacturers and/or distributors are the largest group among those prosecuted (51%), while cannabis growers or distributors represent 36% of those prosecuted in this manner. The situation is similar to that in 2003. Figure 1-1 and Figure 1-2 show the percentages of persons prosecuted for drug-related criminal offences according to individual drugs.

Figure 1-1: Persons prosecuted for unauthorised possession of drugs for personal use by type of drug; n = 153 (Národní protidrogová centrála, 2005b)

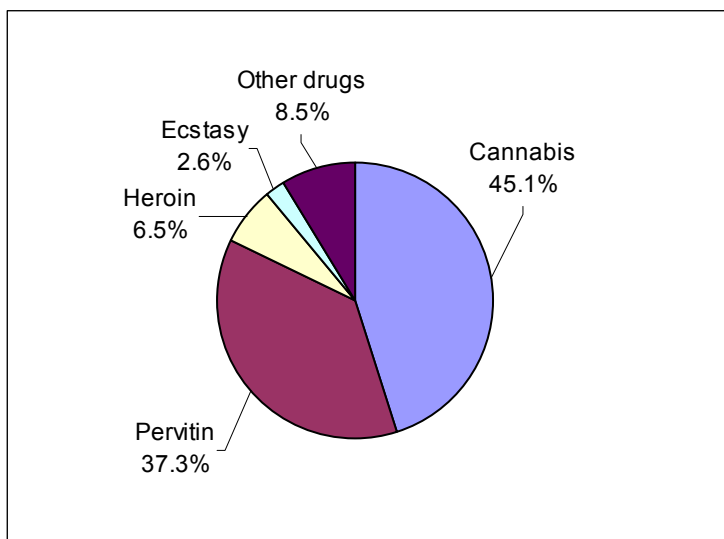
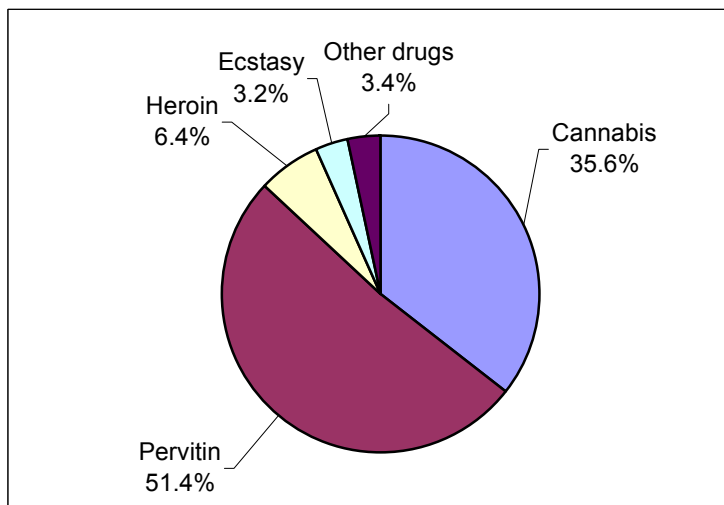


Figure 1-2: Persons prosecuted for unauthorised production, growing, and distribution of drugs by type of drug; n = 1,947 (Národní protidrogová centrála, 2005b)



Additional data about sentences for drug-related crimes are included in the chapter Drug-Related Crime, page 58; information about the possibilities and practice of using alternative measures for prosecuted users are included in the chapter Alternative Sentences for Drug Users, page 67.

1.2 Institutional Framework, Strategies, and Policies

1.2.1 National Strategy

2004 was the fourth and last year of implementation of the 2001-2004 National Drug Policy Strategy, which was approved by Government Resolution No. 1045 in 2000.

Work on the National Drug Policy Strategy for the period 2005 to 2009 (2005-2009 National Strategy) started at the end of 2003. The government approved the basic principles for its preparation in Resolution No. 109/2004 in February 2004. At the same time, it directed the Director of the Secretariat of the Council of the Government for Drug Policy Coordination to start work on its preparation, and it also directed its members to ensure collaboration within their competencies in the appropriate ministries. The Council of the Government for Drug Policy Coordination (CGDPC) established 9 working groups, for the fields of primary prevention, treatment, risk minimisation, law enforcement, alcohol and tobacco, coordination, funding, international collaboration, and public relations. Representatives of regions and the professional public were members of each working group and so the final document could serve as a framework for the activities of state and self-government bodies, as well as providers of professional services. The government approved the 2005-2009 National Strategy in Resolution No. 1305/2004 in December 2004.

The 2005-2009 National Strategy defines the basic starting points and directions of solving the drugs issue. At the same time, it provides a basic framework for the preparation and implementation of the drug strategies of all elements of public administration at ministerial, regional, and municipal levels. In the context of the balanced enforcement of three key strategies: drug supply reduction, drug demand reduction, and the reduction of potential risks associated with drug use, the strategy has two main goals:

- To combat organised crime associated with the unauthorised handling of drugs and enforce the observance of laws in connection with the distribution of licit drugs.
- To reduce the use of all types of drugs and potential risks and damage that may affect individuals and society as a consequence of drug use.

In addition, 6 specific and 5 technical-organisational goals were defined; see Table 1-1.

At the same time, the government set the task of drawing up the Action Plan of the National Drug Policy Strategy Implementation for the period 2005 to 2006 (2005-2006 Action Plan); it was completed and approved by the government in 2005 (Resolution No. 886/2005). The 2005-2006 Action Plan defines concrete goals, the activities needed in order to fulfil them, the responsibilities of individual ministers, terms, and indicators of fulfilment for each field. Table 1-1 describes the individual fields of the 2005-2006 Action Plan.

Table 1-1: 2005-2009 National Strategy Objectives and 2005-2006 Action Plan Sections

Specific Objectives	Action Plan Sections
To stabilise or, if possible, reduce the number of problem drug users	Treatment and aftercare Primary prevention
To halt the increase in the experimental and occasional use of licit and illicit drugs	Primary prevention Information, research, and evaluation
To stabilise or, if possible, reduce consumption of licit and illicit drugs in society, especially among adolescents	Primary prevention Treatment and aftercare
To reduce potential risks associated with all types of drugs and to reduce the economic, health, and social impacts of drug use on individuals and society	Risk reduction Treatment and aftercare
To improve the quality of life of users of all types of drugs, their parents, and people close to them by providing for the availability of quality treatment and resocialisation services	Treatment and aftercare
To reduce the availability of licit and illicit drugs to the general population and especially to adolescents and young people by means of the more efficient use of existing legislative and institutional instruments	Supply reduction and law enforcement
Technical-organisational objectives	
To make the funding of individual strategies and drug policy measures more efficient and transparent on the basis of identified needs and their verified efficiency	Coordination and funding Information, research, and evaluation
To create sufficient legal support for the drug policy, to improve its existing system, and to build a functioning and well-arranged structure based on the efficient coordination of the activities of bodies involved at all levels and clearly defined and distributed duties and competencies	Coordination and funding Information, research, and evaluation
To propose and implement in practice a flexible model of multilateral communication and to determine the competencies of bodies involved so as to provide the general public with objective, reliable, and balanced information about drug use, its consequences, and implemented measures	Information, research, and evaluation
To be fully involved in international collaboration and to provide for the active participation of representatives of the Czech Republic in the processes of drug policy harmonisation with other European Union countries	Coordination and funding International collaboration
To consistently implement evidence-based procedures for the efficiency evaluation of measures in all drug policy fields and to implement evaluation results in practice	Information, research, and evaluation

The Secretariat of the CGDPC drew up a Balance Report on the Fulfilment of Targets from the 2001-2004 National Drug Policy Strategy, and the government acknowledged it on July 13, 2005. The National Strategy distributed a total of 94 tasks to ministries, the Secretariat of the CGDPC, district authorities and (recommended them) to regions. They should be complied with within four years. The Balance Report reviewed the fulfilment of the tasks and analysed the fulfilment of the goals of the strategy. The tasks were categorised as either executed, partially executed, or non-executed. The Balance Report also monitors the observance of task deadlines. In total, 15% were not executed, 14% were partially executed, and 71% of tasks were executed (however, only 36% were executed within the deadline).

1.2.2 Drug Policy Coordination

A change of government occurred in August 2004, and it was associated with the replacement of the Prime Minister, who is at the same time the Chairman of the CGDPC, and Executive Vice-Chairman of the CGDPC. The new Executive Vice-Chairman of the CGDPC has been emphasising the need to change the funding of drug policy programmes ever since he entered office. The Secretariat of the CGDPC drew up two documents about the field of funding: Changes in the Funding of the Drug Policy and Rules for the Spending of Financial Resources from the State Budget on the Drug Policy (Government Resolutions Nos. 300/2005 and 700/2005). These documents refine the rules for the funding of drug policy programmes, and they stipulate the certification of the professional competency of services for drug users as a prerequisite for the allocation of financial resources; see below. The Prime Minister and the Executive Vice-Chairman of the CGDPC were replaced again in April 2005.

The CGDPC met four times in 2004. The Board of Representatives of Ministries met five times in 2004. The Board is a meeting place for ministry employees who are responsible for the implementation of drug policy measures and activities and they discuss issues of procedure and collaboration in public administration, especially at the central level. The main topics of the meetings involved strategy preparation, professional competency certification, and changes in funding for drug policy programmes.

Regional drug coordinators have been appointed in all fourteen regions, and they take advantage of a network of outreach workers in individual municipalities with extended competencies in their region. Most regions prepared their regional drug policy strategies (with the exceptions of the Liberec, Moravian-Silesian, Pilsen, and Vysocina regions), and regional drug commissions were established in all regions except for Vysocina, Pilsen, and Southern Moravian regions. The Secretariat of the CGDPC continued to collaborate with regions within the framework of the operation of the Vertical Coordination working group (all fourteen regional drug coordinators are members of this group).

1.2.3 Quality of Services

The preparation of the process of the Certification of Professional Qualification of Services for Drug Users was completed in 2004. They should contribute to an improvement in the quality of the services. Certification is an assessment and formal acknowledgement that a service complies with the specified criteria of quality and comprehensiveness; external evaluators will carry out this assessment according to the criteria specified in the Standards of Professional Qualification and in compliance with the Certification Guide and Local Investigation Methodology. The government approved the certifications on March 13, 2005 in Resolution No. 300/2005, and the entire system was launched on June 1, 2005¹.

The Standards of Professional Qualification of Services (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2003) define nine types of services: detoxification, outreach programmes (streetwork), drop-in centres, outpatient treatment, day-care programmes, short-term and medium-term institutional treatment, inpatient treatment in therapeutic communities, aftercare, and substitution treatment. The Standards are divided into two parts: general and specific. The general part is common for all types of services, and it deals with issues such as the accessibility of services, rights of clients, admission and initial assessment, the spectrum of services and principles of service provision, personnel work, the professional guidance and development of workers and teams, availability and external relationships, organisational aspects, finance, environment and material-technical backgrounds, minimum safety, and the assessment of the quality and efficiency of services. In the specific part, individual areas are elaborated separately for each specific type of service. A self-evaluation questionnaire for each type of service is included so that individual facilities can check to what degree they meet the requirements of these standards.

A Minimum Evaluation Set (MES) was drawn up in 2003 for the purposes of the evaluation of the efficiency of services provided. It consists of three main parts: a self-evaluation questionnaire, a unified system for the reporting of direct treatment care, and a questionnaire for the monitoring of basic economic indicators. The Minimum Evaluation Set anchors minimum qualification requirements for the provision of specific interventions and defines basic organisational and operational conditions for the provision of these interventions. A pilot verification was carried out in the Central Bohemian region in 2004 (Miovský et al., 2005).

A new section, the Evaluation Instruments Bank, was added to the www.drogy-info.cz web pages. It provides instruments that can be used during the evaluation of the services provided. It is derived from the EMCDDA Evaluation Instrument Bank. The Czech Evaluation Instruments Bank is continuously updated and currently contains eight questionnaires which can be used for an assessment of the severity of drug addiction. The National Monitoring Centre for Drugs and Drug Addiction (NMC) also contributes to the EMCDDA's Evaluation Instrument Bank, which currently provides four evaluation instruments in Czech.

1.3 Budget and Public Expenditures

As in previous years, drug policy funding was implemented on two levels in 2004: the central (state) and the local (regional and municipal) levels. The government gave the CGDPC the task of distributing financial resources from the budget chapter General Cash Administration – Drug Policy Expenditures. Since 2004, the Office of the Government of the Czech Republic has administered the provision of subsidies approved by the CGDPC. The following ministries had Drug Policy Programme expenditures in their budget in 2004: the Ministry of Health, Ministry of Education, Ministry of Labour and Social Affairs, Ministry of Finance, Ministry of Justice, and Ministry of Defence. The Ministry of Defence does not have Drug Policy Programme expenditures in its budget; however, it supports drug addiction prevention programmes within its Social and Crime Prevention Programme.

Table 1-2 shows the expenditures for drug policy from the state budget and regional budgets in 2003.

1 The launch of the system of certification of Professional Qualification of Services for drug users was prepared for the beginning of 2004. However, coalition negotiations between representatives of governmental parties about drug policy took place in March and the following months of 2004 – see the chapter on Social and Cultural Context, page 11; for detailed information; on the basis of these negotiations, the system of certifications was put on hold, just like other projects.

Table 1-2: Expenditures from the state and regional budgets for drug policy in the Czech Republic in 2004 (€ thousand)

Region	General Cash Administration via CGDPC	Ministry of Health	Ministry of Education	Ministry of Labour and Social Affairs	Ministry of Finance – General Customs Headquarters	Ministry of Justice	Ministry of Defence	Total state budget	Regional budgets	Municipal budgets	Total
Capital Prague	812	115	78	207	x	x	x	1,212	820	523	2,555
Central Bohemia	217	31	34	104	x	x	x	386	432	112	929
Southern Bohemia	148	14	13	127	x	x	x	302	181	39	522
Pilsen	216	10	11	13	x	x	x	250	47	75	372
Karlovy Vary	94	0	7	61	x	x	x	162	16	31	208
Usti nad Labem	327	68	18	141	x	x	x	555	248	186	989
Liberec	125	12	9	4	x	x	x	150	181	23	354
Hradec Kralove	51	56	27	24	x	x	x	159	63	23	245
Pardubice	59	2	19	22	x	x	x	102	56	34	193
Vysocina	117	11	11	163	x	x	x	302	129	55	486
Southern Moravia	361	44	31	160	x	x	x	597	157	145	898
Olomouc	184	11	17	79	x	x	x	291	41	68	400
Zlin	87	2	13	53	x	x	x	155	75	73	304
Moravian-Silesian	266	18	28	165	x	x	x	476	112	585	1,172
Total with regional destination	3,063	395	316	1,323	x	x	x	5,098	2,558	1,972	9,628
Projects without regional destination	89	435	0	0	292	427	109	1,352	x	x	1,352
Total	3,153	829	316	1,323	292	427	109	6,450	2,558	1,972	10,980

* i.e. for projects where it is possible to determine the region of implementation

The CGDPC supported 144 local drug policy programmes from the General Cash Administration budget chapter with a total amount of € 3.06 million. This support mostly involved the projects of non-governmental organisations (NGOs), e.g. low-threshold services, outpatient treatment, aftercare, reintegration, and inpatient treatment in therapeutic communities. In addition, an amount of € 30,650 was transferred to the budget of the Ministry of Health. It was used for the Sample Survey of the Health Status and Living Style of the Population in the Czech Republic carried out by the Institute for Health Information and Statistics (IHIS). The amount of € 89,460 for the expenditures of the Office of the Government of the Czech Republic – Secretariat of the CGDPC from the General Cash Administration budget chapter was withdrawn according to the classification presented in Table 1-3.

Table 1-3: Drawing of financial resources from the General Cash Administration of the Office of the Government of the Czech Republic in 2004 (€)

Purpose of drawing	Withdrawn resources
Assessment of projects within subsidies administration of the CGDPC	4,390
Translations and other services	11,600
Pilot verification of Primary Prevention Standards and their evaluation criteria	6,710
Training of regional drug coordinators	18,620
Publication and information activities	24,230
Economic analyses	3,070
Monitoring and research	20,840
Total	89,460

The funds of the budget of the Ministry of Health were used in order to provide detoxification units, outpatient counselling programmes, long-term treatment and resocialisation programmes, harm reduction programmes, and substitution programmes.

Financial resources from the budget of the Ministry of Education were provided in the form of transfers, and they were used for the implementation of local and regional projects, minimum prevention programmes implemented by schools, school facilities, and local NGOs (€ 213,140). In addition, separate subsidy proceedings of the Ministry of Education were used to fund supraregional projects implemented within the framework of the programme Prevention of Socially Pathological Phenomena Among Children and Young People (€ 103,440).

The Ministry of Labour and Social Affairs funded the operation of drop-in centres, therapeutic communities, and outreach programmes (streetwork) for drug users. Non-investment subsidies were allocated for the provision of social services to civic associations, public service organisations, churches, and physical entities.

The budget of the Ministry of Finance funded common expenditures of the General Customs Headquarters to the amount of € 52,220 (operative squad, utility dogs, petty materials). Capital expenditures of the General Customs Headquarters to the amount of € 239,590 were used for the provision of components for a Motorola radio system and for the provision of technology for video and sound recording.

The budget of the Ministry of Justice was used to fund the expenditures of the Prison Service of the Czech Republic. The means were used for the implementation of drug measures related to those in custody and serving sentences (€ 423,240), specialised seminars by the Justice Academy (€ 3,230), and expenditures of the Institute of Criminology and Social Prevention (€ 1,000).

The budget of the Ministry of Defence for drug policy programmes included expenditures for the laboratory monitoring of substance abuse among personnel of the Army of the Czech Republic, the provision of instruments for alcohol detection, and the training and education of future lecturers among Army personnel.

The Ministry of Interior implemented a Social and Crime Prevention Programme. Its total costs in 2004 were € 1.90 million. Inter alia, the programme focused on improving professionalism during the handling of drug users suspected of criminal activities and for supporting local-level projects; some of these projects focus on drug prevention. The budget of the Police of the Czech Republic funded operations of the Police National Drug Squad² and other police branches operating in this field.

The regions spent € 2.56 million on drug policy programmes in 2004. There has been an annual increase of nearly 100% in the level of these financial resources; see Table 1-4. Data on expenditures from municipal budgets were available for the first time in 2004; Table 1-2 shows expenditures by regions.

Map 1-1 gives an overview of financial resources drawn from public budgets for the implementation of drug policy programmes in 2004.

² The budget of the Police National Drug Squad is a classified matter.

Table 1-4: Drawing of financial resources from regional budgets in 2002-2004 (€ thousand)

Region	2002	2003	2004
Capital Prague	398.1	390.7	820.3
Central Bohemia	110.0	250.8	431.6
Southern Bohemia	91.3	87.9	181.2
Pilsen	0	31.3	47.0
Karlovy Vary	3.0	15.7	15.7
Usti nad Labem	45.0	236.3	247.6
Liberec	0	85.6	180.5
Hradec Kralove	23.1	29.6	63.3
Pardubice	47.0	47.0	56.4
Vysocina	0	56.4	129.5
Southern Moravia	94.0	62.7	156.7
Olomouc	2.5	9.6	40.7
Zlin	34.4	109.4	75.2
Moravian-Silesian	71.1	94.0	111.9
Total	919.5	1,507.1	2,557.7

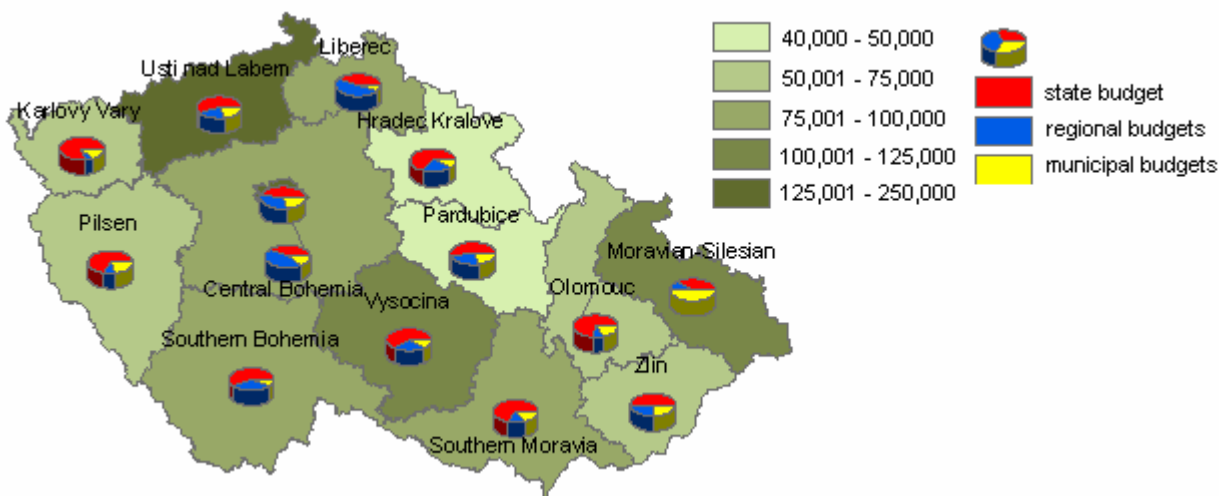
Table 1-5 provides an overview of the development of drug policy expenditures from state, regional, and municipal budgets.

Table 1-5: Drawing of financial resources from state, regional, and municipal budgets in 2002-2004 (€ thousand)

Year	State budget*	Regional budgets	Municipal budgets**	Total
2002	6,374.9	919.5	n.a.	7,294.4
2003	6,922.2	1,507.1	n.a.	8,429.3
2004	6,450.2	2,557.7	1,972.2	10,980.0

Note: * State budget without the budget of the Police National Drug Squad and other police branches, **drug policy expenditures from municipal budgets were not monitored in 2002 and 2003

Map 1-1: Drawing of financial resources for drug policy in regions of the Czech Republic from municipal and state budgets (in € per 100,000 inhabitants)



1.4 Social and Cultural Context

1.4.1 Attitudes towards Drugs

The public was confronted with a study which showed that Czech young people are among the biggest consumers of alcohol and tobacco and the leaders in terms of the prevalence of experience of cannabis. About 44% of 16-year-olds have tried cannabis at least once in their lifetime. For more detailed information see the chapter Drug Use in the Population, page 14.

The attitudes of the Czechs towards cigarette advertising have remained on the same level in the long term even though social debates have been taking place for many years and cigarette advertising has been gradually limited. By

the end of 2004, 46% of Czechs were in favour of an absolute ban (compared with 38% in 2003). This proportion is similar to that 11 years ago, when there were no legal limits on this advertising. Only 16% were in favour of no limits on this type of advertising in 2004. 32% were in favour of limited advertising. Alcohol advertising is also disapproved of; however, the attitudes are not as strict as those regarding cigarette advertising are. 37% are in favour of an absolute ban, 39% are for certain limitations, and 17% do not want any limitations at all (Factum Invenio, s.r.o., 2005).

1.4.2 Attitudes Towards Drugs and Drug Users

According to the intent approved by the Government in 2001, recodification of the Penal Code involves the legislative categorisation of drugs based on their degree of health and social risks – see the chapter on Legal Framework, p. 4. In connection with the completion of the 2005-2009 National Strategy, the then responsible minister of the government³ declared that it was necessary to differentiate between individual drugs. According to him, existing prevention involved almost exclusively the delivery of rather shallow educational programmes in schools. It should apparently focus on the health and social risks posed by cannabis and, especially, ecstasy (Danda, 2004). The politicians from the KDU-CSL (Christian Democratic Party) were asking for a tougher approach and they claimed that the existing prevention is insufficient (Vaca, 2004); according to them, the differentiation between soft and hard drugs and trivialisation of so-called soft drugs have caused the Czech Republic to have the highest number of marijuana smokers in Europe (Vaca and Petrášová, 2004). The civic association Rodiče proti drogám (Parents Against Drugs) put forward a request that state employees should have no criminal records and they should also provide medical confirmation that they do not use drugs (Vaca and Petrášová, 2004).

1.4.3 Public and Parliamentary Initiatives

Politicians usually form their opinion on the issue of addictive drugs on the basis of personal opinions and “across the political spectrum”. This is similar to the situation regarding registered partnerships between same-sex couples; political parties do not usually take a transparent approach to drug policy.

For the first time since 1998, when politicians carried the proposal to introduce a legislative change in the approach to drugs issues, one parliamentary political party became markedly involved in drug policy. The KDU-CSL⁴ declared a “war on drugs” in February 2004 (KDU-ČSL, 2004); it was asking for changes in the system of drug policy coordination and funding, and tighter laws regarding drug use and distribution. During subsequent political negotiations, several politicians and experts delegated by the KDU-CSL were casting doubts on the drug policy and its guarantor at the governmental level, the CGDPC and its Secretariat. The initiative drew a wide response in the media and among the professional public.

The A.N.O. (Association of Non-Governmental Organisations⁵) rejected the efforts of the KDU-CSL, and claimed that they were populist (A.N.O. - Asociace nestátních organizací, 2004). Experts and chairmen of regional drug commissions wrote an open letter and addressed it to the Prime Minister, Members of the Government, Senators, and Members of Parliament; they expressed their concerns about incompetent and non-systematic proposals for changes in the drug policy (Otevřený dopis drogových odborníků a členů protidrogových komisí, 2004)⁶. The editorial board of the professional journal *Addictology* also sent an open letter to the Prime Minister; it referred to the compliance of the Czech national drug policy strategy with European strategies and scientifically verified knowledge. Even clergymen and active members of Christian churches compiled an open statement and entered their protest against the efforts of the KDU-CSL (Prohlášení duchovních a aktivních členů křesťanských církví, 2004)⁷. A conference, *Czech Drug Policy – Is There a Reason for Revision?*, took place under the auspices of the Vice-Chairman of the Lower House of the Parliament of the Czech Republic in April 2004. EMCDDA experts and a member of the International Narcotics Control Board (INCB) participated in the conference. On the other hand, the civic association Rodiče proti drogám declared its support for the efforts of the KDU-CSL and held a conference in the Senate of the Czech Republic. It took place under the auspices of the Vice-Chairman of the Senate, and the U.S. ambassador attended it. The situation gradually calmed down after the Government of the Czech Republic was reconstructed in August 2004. The Member of the Government responsible for drug policy was also replaced during this reconstruction⁸.

Within the framework of the project “Say No to Drugs – Say Yes to Life”, the so-called Church of Scientology⁹ held information events in the streets of Bohemian and Moravian towns¹⁰ at which volunteers were distributing their own

³ Vice-chairman of the Government and Executive Vice-chairman of the Council of the Government for Drug Policy Coordination

⁴ Christian Democratic Party, 21 seats out of 200 in the Lower House of the Parliament of the Czech Republic.

⁵ The Association of Non-Governmental Organisations (A.N.O.) is an umbrella organisation of NGOs that provide services in the field of drug prevention, treatment and resocialisation; it still remains the only organisation of its type in the Czech Republic.

⁶ Two of the top politicians of the Civic Democratic Party were among the initiators of this letter (the Mayor of Prague and the President of the Karlovy Vary region). 201 people signed it.

⁷ The letter was signed by five persons; one of them is also a Member of Parliament and he later became a Government Commissioner for Human Rights.

⁸ The director of the Secretariat of the Council of the Government for Drug Policy Coordination was withdrawn; the new director was appointed in February 2005.

⁹ The Scientological Church is not registered as a religious society in the Czech Republic (it operates as a civic society).

materials about the effects of drugs (Řekni ne drogám - řekni ano životu, 2005). In response, the Board of Representatives of Ministries¹¹ issued a common statement regarding the activities of the Scientologists. Individual ministries dissociated themselves from these activities and classified them as risky for both adolescents and adults; this led to increased efforts on the part of the Scientologists to communicate with the public administration (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2004).

The 1st Medical Faculty at Charles University in Prague has accredited a new bachelor's study programme in addictology. The programme aims to provide students with the necessary theoretical knowledge and practical skills required for work in the field of prevention, treatment, aftercare, probation and mediation work, prison and post-prison care, etc. It especially focuses on addictive substances and types of addictive behaviour. Therefore, graduates will be able to work in a wide spectrum of services designed for (not only) drug users.

1.4.4 Media

The number of contributions about the topic of "drug issues" in the Czech media has increased significantly since 2002. According to the Internet Media Monitoring archive (NEWTON INFORMATION TECHNOLOGY, s.r.o., 2005), 8,069 contributions about the topic of "drug issues" were published in the Czech media in 2004, while 5,434 were published in 2003 (i.e. a 48% increase); 2,638 contributions were published in 2002. The archive monitors contributions in the print and electronic media (radio, television) and in the news services of the Czech News Agency.

The Czech national drug information portal www.drogy-info.cz, administered by the NMC, became a sought-after information source; approximately every tenth visitor bookmarks it (Statistika www.drogy-info.cz, 2004). The website www.drogy-info.cz ranked top among all monitored health-oriented sites in the Czech Republic; from 56th position (out of 733 websites) in January 2004, it advanced to 2nd position (out of 370 listed websites) in December 2004 (Navrcholu.cz, 2004). More than 107,000 visitors visited www.drogy-info.cz in 2004; the pages were accessed 188,000 times (i.e. 1.8 visits per visitor); 2.3 million pages were viewed (12.2 pages per visit), and the number of requests (for pages + pictures, files, etc.) reached 10.7 million (approximately 57 requests per visit).

A 2003 research study dealing with media information about tobacco use and users in the Czech Republic was published in 2004. The authors stated that negative connotations prevail in the overall picture; however, negatively slanted articles do not rate higher in importance than neutrally or positively slanted ones. The pugnacity of the titles is usually aimed against smoking and then against smokers. As far as acute correlations of tobacco are concerned, negative consequences for society (non-smokers) rather than for the user tend to be mentioned (Brachová et al., 2004).

¹⁰ This event has taken place in the Czech Republic every year since 2001.

¹¹ The Committee is a permanent working body of the Council of the Government for Drug Policy Coordination.

2 Drug Use in the Population

In comparison with previous years, no significant change occurred in the field of drug use in the general population. A Sample Survey on Health Status and Lifestyle of the Population of the Czech Republic was carried out last year and the results of other school population and specific population surveys were published. The surveys that were carried out have confirmed a growing trend of drug scene differentiation; on the one hand, experimentation with, and the recreational use of, cannabis and ecstasy are increasing, as well as tolerance towards the use of these substances, while the use of drugs with more significant health and social consequences has been stagnating or decreasing.

2.1 Drug Use in the General Population

2.1.1 Sample Survey on Health Status and Lifestyle of the Population of the Czech Republic in 2004

The Institute for Health Information and Statistics (IHIS), in collaboration with INRES-SONES and the NMC, carried out a Sample Survey of the Health Status and Lifestyle of the Population of the Czech Republic in 2004. The study focused on assessment of the quality of life and on the occurrence of forms of risky behaviour among the adult population. Emphasis was placed on the extent of use, attitudes, and subjective perception of the risks and availability of alcohol, tobacco, and illicit drugs (Ústav zdravotnických informací a statistiky, 2005a). The questionnaire survey was based on structured face-to-face interviews. The questionnaire was derived from the European Model Questionnaire (EMQ) (EMCDDA, 2002). In comparison with the EMQ, the list of monitored psychoactive substances was extended; closer attention was paid to pervitin, magic mushrooms and other natural hallucinogens, inhalants, and solvents. A random stratified selection method was used to select the respondents, and the criteria for sample representativity involved age, gender, region of residence, and level of education. Altogether, 3,526 interviews were carried out (out of a total of 5,433 persons contacted, which gave a response rate of 68.2%). 1,766 males and 1,760 females aged 18-64 years participated in the survey (Ústav zdravotnických informací a statistiky, 2005b).

2.1.1.1 Study Results

About 22% of the adult population of the Czech Republic have at least one experience with the use of any illicit drug (28% of males and 16% of females); see Table 2-1. This most commonly involves cannabis (21%); 7% of the population have tried ecstasy, 3.5% have tried magic mushrooms or other natural hallucinogens, and 2.5% have tried amphetamines. The prevalence of other illicit drugs (opiates, cocaine or crack, and LSD) is low in the general population. Males have more experience with the use of all the illicit drugs monitored than females. 10% of the respondents have used an illicit drug within the last 12 months (9% have used cannabis and 3.5% have used ecstasy), and 5% have used an illicit drug within the last 30 days (just under 5% have used cannabis and 1% have used ecstasy). The use of other illicit drugs within the last 12 months or last 30 days was reported only sporadically.

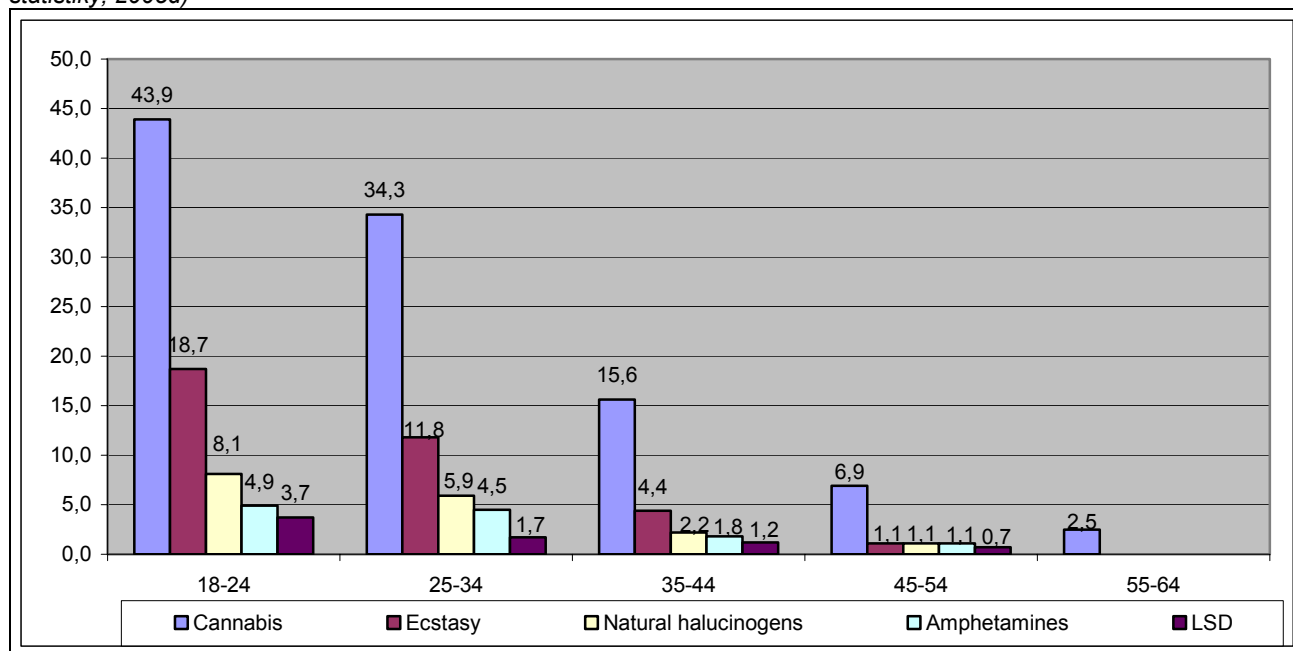
Table 2-1: Prevalence of illicit drug use in the adult population (lifetime and last 12 months prevalence, in %) (Ústav zdravotnických informací a statistiky, 2005d)

Drug	Lifetime prevalence			Last 12 months prevalence		
	Males	Females	Total	Males	Females	Total
Any illicit drug	28.3	16.4	22.3	13.9	6.8	10.4
Cannabis	26.0	15.2	20.6	12.5	6.1	9.3
Ecstasy	9.2	4.8	7.1	4.6	2.3	3.5
LSD	2.2	0.8	1.4	0.7	-*	0.4
Magic mushrooms, other natural hallucinogens	5.1	1.9	3.5	2.2	0.6	1.4
Amphetamines	3.6	1.5	2.5	1.2	-*	0.7
Opiates	0.8	-*	0.5	-*	-*	-*
Cocaine, crack	1.4	0.9	1.1	-*	-*	-*

Note: * values lower than 0.5% are regarded as zero results in general population surveys

The use of illicit drugs is most common in the group of 18-24-year-olds; the prevalence of use of all the illicit drugs monitored declines as the age of the respondents increases; see Figure 2-1. Nearly 44% of the respondents reported that they had used cannabis at some point in their lives (almost 51% of males and 37% of females). About 19% of the respondents in this group have used ecstasy (23% of males and 14% of females), 8% have used magic mushrooms or other natural hallucinogens, 5% have used amphetamines, and 4% of the respondents have used LSD.

Figure 2-1: Lifetime prevalence of use of selected illicit drugs by age groups (in %) (Ústav zdravotnických informací a statistiky, 2005d)



Developments since 2002, when the last general population survey focusing on the extent of use of addictive substances was carried out (the GENACIS project), can be summarised as follows:

- An increase in the experimental and recreational use of ecstasy was recorded in the period monitored. It especially involves the youngest age groups (18-24 and 25-34 years). There was also an increase in the prevalence of use of magic mushrooms and other natural hallucinogens;
- The scope of cannabis use among the adult population has been stable, and no increase in cannabis prevalence occurred even in the group of young adults (18-34 years);
- The lifetime prevalence of opiates and amphetamines has remained stable in the long term; the extent of use of these substances within the last 12 months has actually declined;
- A decline in LSD use was reported in all three-time horizons.

2.1.2 World Health Survey (WHS)

The results of the World Health Survey, which was implemented by the World Health Organisation, were published in 2004; the Czech Republic joined the survey in 2002-2003. As far as risky forms of behaviour are concerned, only smoking and alcohol drinking were included. The results of the study show that approximately 25% of the Czech population are regular smokers (30.3% of males and 18.9% of females). Average daily cigarette consumption per smoker was 16.2 for males and 12.6 for females. About 24.8% of males and 3.9% of females reported excessive consumption of alcohol. The average consumption of pure alcohol was 10.9 grams per day among males and 2.4 grams per day among females (Ústav zdravotnických informací a statistiky, 2004d).

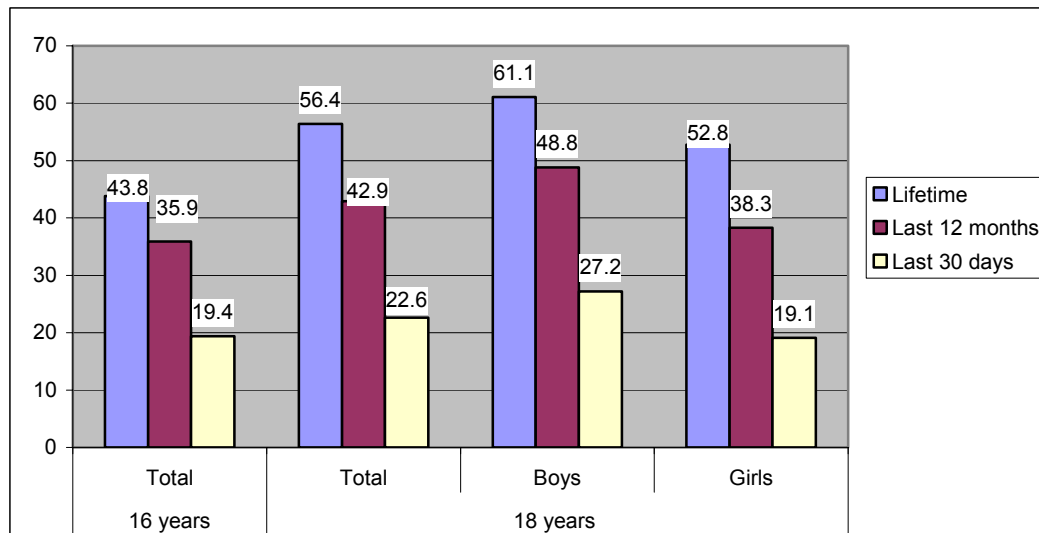
2.2 Drug Use in the School Population

No representative survey focusing on drug use among the school population was carried out in the Czech Republic in 2004. Data about 18-year-old students from the ESPAD survey carried out in 2003 were analysed afresh. The outcomes of the SAHA international survey, targeted at the school population aged 12, 14, and 16 years, and a local Prague survey among pupils of the 6-9th grades of basic schools, were published.

2.2.1 European School Survey Project on Alcohol and Other Drugs (ESPAD) – Situation Among 18-Year-Old Students

Altogether 3,388 students aged 17-18 years were involved in the survey. Nearly 32% of the students of this age are regular (daily) smokers and more than 22% are regular alcohol consumers (Csémy et al., 2005). It has been shown that 56.4% of 18-year-old respondents (44% of 16-year-olds) reported the use of any illicit drug at some point in their lives (61.1% of boys and 52.8% of girls); see Figure 2-2. The high prevalence of illicit drug use among the group of 18-year-olds is not surprising; on the contrary, the same level of prevalence values would call attention to a marked shift of experiences with drugs to lower grades of secondary schools.

Figure 2-2: Prevalence of any illicit drug use – a comparison of 16- and 18-year-old students (lifetime, last 12 months and last 30 days prevalence), (%) (Csémy et al., 2005)



Cannabis represents the most commonly used illicit drug. About 43% of the respondents have used marijuana or hashish within the last 12 months and 22% have used it within the last 30 days. 10% of the 18-year-old respondents reported the unique use of cannabis within the last 30 days, and 8.4% of the respondents reported using it five times or more.

About 11.4% of the respondents have used ecstasy in their lifetime (against 8.3% of 16-year-olds), 9.2% (against 5.6%) have used LSD or other hallucinogens, and 8.4% (against 4.2%) have used pervitin. The differences between 16- and 18-year-olds in terms of their experience with heroin or other opiates are not significant. The high prevalence of use of cannabis together with alcohol, even within the last 30 days, poses a warning; see Table 2-2.

Table 2-2: Prevalence of drug use among 18-year-old students (lifetime, last 12 months and last 30 days prevalence), (%) (Csémy et al., 2005)

Drug	Lifetime	Last 12 months	Last 30 days
Cannabis	56.2	43.0	22.3
Heroin, other opiates	2.7	1.1	0.5
Pervitin, other stimulants	8.4	5.4	2.7
Inhalants	6.4	2.0	0.6
Ecstasy	11.4	6.0	1.9
LSD, other hallucinogens	9.2	4.4	1.2
Sedatives, hypnotics	10.4	3.8	1.5
Alcohol and pills	13.9	5.0	1.5
Alcohol and marijuana	42.8	25.6	12.6

2.2.2 SAHA (Social and Health Assessment) International Project

The outcomes of the Czech part of the SAHA international project – Risk Factors of the School, Social, and Health Development of Youth – were published for the first time in 2004. The Institute of Psychology of the Academy of Science of the Czech Republic in Brno, in collaboration with the Children’s Psychiatric Clinic at the 2nd Medical Faculty in Prague, were the main coordinators of the survey carried out in the Czech Republic at the end of 2003 and beginning of 2004 (Blatný et al., 2004). Altogether, 4,876 basic and secondary school students in three age cohorts (12, 14, and 16 years) participated in the study. The research was only carried out in Czech regional metropolises, while 42.5% of the respondents were from Prague; therefore, it is not a nationally representative school survey. The survey compares the extent of use of addictive substances and attitudes towards this use among the above-mentioned groups; see Table 2-3.

Table 2-3: Lifetime prevalence of the use of addictive substances among 12-, 14-, and 16-year-olds (%) (Blatný et al., 2004)

Prevalence	12-year-olds (N = 1,447)		14-year-olds (N = 1,526)		16-year-olds (N = 1,903)	
	Boys	Girls	Boys	Girls	Boys	Girls
Lifetime						
Beer	56	38	73	61	93	79
Wine	62	53	80	81	91	91
Spirits	43	31	71	63	90	88
Cigarettes	56	54	70	71	80	82
Marijuana	12	10	34	28	58	52
Ecstasy	4	1	2	3	8	6
Magic mushrooms	3	1	4	3	12	7
Solvents	8	5	4	5	4	3
Last 30 days						
Alcohol (5 or more glasses, 3 or more times)	3	1	9	6	34	18
Marijuana	8	6	17	16	34	27

The lifetime prevalence values of drug use among 16-year-olds are comparable with the results of the ESPAD survey carried out in 2003. The higher prevalence of marijuana and other monitored illicit drugs is related to the fact that the SAHA project was focused on urban youth, while the ESPAD project focused on the extent of illicit drug use in the entire Czech Republic.

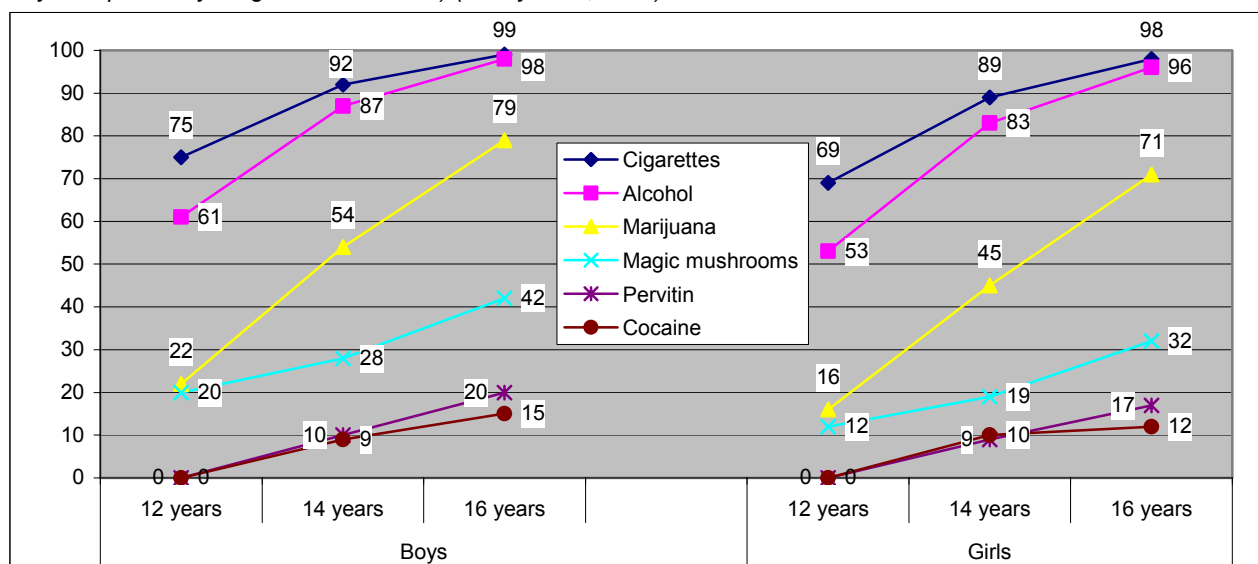
About 7% of 12-year-old boys, 14% of 14-year-old boys, and 34% of 16-year-old boys have at some point been in school under the influence of alcohol (6%, 10%, and 17% of girls of the same age). The proportion of respondents who have been in school under the influence of marijuana is only slightly lower; see Table 2-4.

Table 2-4: Proportion of pupils/students who were in school after having used an addictive substance (%) (Blatný et al., 2004)

In school during the last year after having used	12-year-olds		14-year-olds		16-year-olds	
	Boys	Girls	Boys	Girls	Boys	Girls
Alcohol	7	6	14	10	34	17
Marijuana	5	3	12	10	28	16

The SAHA study also assessed the subjectively perceived availability of addictive substances. Alcohol and cigarettes would be rather easy or very easy to get for nearly 100% of 16-year-olds and also for approximately 60-70% of 12-year-olds. About 70-80% of 16-year-olds and also approximately 20% of 12-year-olds reported that it would be easy for them to get marijuana. The subjectively perceived easy availability of magic mushrooms also poses a warning (30-40% of 16-year-olds and also just under 20% of 12-year-olds); see Figure 2-3.

Figure 2-3: Subjectively perceived availability of addictive substances (% of students who reported that it would be "very easy" or "quite easy" to get the substance) (Blatný et al., 2004)



2.2.3 Local Survey Among Basic School Pupils in Prague

An extensive questionnaire survey was carried out for the purposes of drug coordinators in Prague in 2003. It aimed at local situation mapping regarding drug use among pupils of the 6-9th grades of basic schools. Altogether, 1,850 pupils aged 11-15 participated in the survey. The children's experiences with addictive substances, their attitudes towards drugs and drug users, their knowledge about drugs, and preventive activities implemented in schools and their evaluation by participants were monitored.

The survey showed that approximately 68% of basic school pupils have tried tobacco and 74% have tried alcohol. About 20% of all respondents have tried an illicit drug; the degree of experience varies significantly according to age or grade (4% in the 6th grade, 13% in the 7th grade, 24% in the 8th grade, and 36% in the 9th grade). 72% of those who reported trying a drug have used it repeatedly (more than once). Cannabis, pervitin, ecstasy, and LSD were the most commonly used drugs. Some or other illicit drug had been offered to 34% of respondents (approximately 10% of 6th graders and more than 50% of 9th graders), most commonly by a friend, peer, or classmate; however, a third of them were approached by someone they did not know. Nearly 70% of the respondents were approached on the street, approximately 20% in school, and around 25% in a disco or club. The survey shows that every fifth pupil out of those that were offered an illicit drug has tried it (Karmelitová and Týc, 2003).

2.3 Drug Use and Young People

Information on the scope of drug use among young people is based on general population surveys or specific surveys geared towards certain subgroups of young people, e.g. surveys among university students or surveys in the dance scene.

2.3.1 University Students and Addictive Substances

An ongoing survey focusing on the experiences of university students with addictive substances continued in 2004; the Pharmaceutical Faculty in Hradec Králové has been carrying it out since 1995. Altogether, nearly 5,000 students, mostly aged 18-25 years, have participated in the survey since 1995.

More than a half of the respondents have been offered an illicit drug, mostly cannabis; more than 90% of them reported that they were offered a drug during the last year. Approximately 20-25% of the respondents were offered other drug than cannabis, most commonly ecstasy (26.6%), pervitin (17.3%), or LSD (13.7%) (Klusoňová, 2005).

A comparison of results shows that lifetime prevalence of the drugs monitored has increased since the second half of the 1990s; approximately 1/3 of respondents admitted lifetime experience with marijuana in the second half of the 1990s, while just under 2/3 reported the use of marijuana in 2004; see Table 2-5. However, the high prevalence values in 2004-2005 may be distorted by the low number of respondents. The results of the survey correspond with the results of a similar survey which was carried out among Prague university students in 2003 (Csémy et al., 2004; Mravčík et al., 2004).

Table 2-5: Lifetime prevalence of the use of illicit drugs among university students (%) – a comparison of surveys (Bečková et al., 1999; Bečková and Višňovský, 2000; Kavalířová et al., 2003; Klusoňová, 2005)

Year of the survey	1995-1999	2000-2002	2003	2004-2005
Number of respondents	3,387	1,312	904	139
Age of respondents (years)	18-25	18-36	18-25	18-25
Prevalence of use				
Marijuana	31.7	40.2	48.1	64.7
Hashish	6.1	9.6	-	15.1
LSD	4.4	-	9.0	6.5
Pervitin	2.4	-	5.5	5.8
Ecstasy	-	-	7.5	10.8
Magic mushrooms	-	-	-	7.2

2.3.2 Surveys in the Dance Setting

See special chapter on Drug Use in Recreational Settings, page 90.

2.4 Drug Use in Specific Population Groups

Only limited data are available about the extent of drug use among national minorities. Population surveys do not report the nationality of respondents; therefore, only results of surveys directly focusing on these specific groups are available. Several projects that focused on drug use in Roma communities continued in 2004 and a study assessing the

availability of drug services to members of ethnic minorities and immigrants was carried out. Field data collection also provided information about the extent and modes of drug use.

2.4.1 Drug Use in the Roma Community

The Roma Mutual Survey on drug use in the Roma community was completed in 2004. Its objective was to map the extent of drug use and general level of awareness about drug issues in Roma communities through trained Roma field workers (Vrtbovská and Larkin, 2004). The Roma Mutual Survey followed on from the previous projects “Battery” and “Roma Outreach”, carried out by Společnost Hvězda (the Hvězda Association).

Altogether 121 Roma respondents (75 males and 46 females) were interviewed in this study; 43 of them were (regular) drug users and 78 were “non-users” (i.e. persons that do not use drugs on a regular basis). A substantial part of the group (approximately one quarter) had personal experience with the use of illicit drugs. In the group of users, this mostly involved the use of heroin, pervitin, buprenorphine (Subutex), and sedatives. Experiences with pervitin and ecstasy prevailed in the group of “non-users”. The research showed that risky behaviour and the sharing of needles and syringes were common in the group of users. More than half of the respondents steal to get money for drugs, and a third of them deal drugs. Friends and family members were the most common source of information about drugs in both groups, but non-users also get information about drugs from the media (mostly from television). Regular drug users have a relatively good awareness of the services available; they use outreach programmes and drop-in centres most commonly, while they hardly ever go to treatment. Awareness of drug services is very low among non-users; just under a half of the respondents know about low-threshold or drop-in centres and outreach programmes and hardly anyone knows about detoxification and methadone treatment (Vrtbovská and Larkin, 2004).

The Social Workers Support Programme implemented by the Office of the Governmental Council for Roma Community Issues also continued in 2004; the project monitors the overall long-term social situation in Roma communities. As the project focuses on social problems such as unemployment, quality of housing, crime, etc., a summary of its results is given in the chapter on Social Correlates and Consequences of Drug Use, pp. 56.

2.4.2 Drug Use Among National Minorities and Immigrants

In general, it is possible to distinguish the following groups among the so-called mobile drug users in the Czech Republic (AC COMPANY, 2004):

- Russian-speaking drug users – one group involves seasonal workers with lower incomes, of whom some use pervitin in order to handle harsh working conditions; some of the users bring the habit of using opiate drugs from home. A second group involves Russian-speaking users who are involved in criminal activities, drug dealing, or organised crime; this particularly involves a very self-contained group which is rarely accessible to any interventions.
- Users of Vietnamese nationality – very little information is available about this group because its members are not part of the open drug scene. Field workers sporadically come into contact with Vietnamese users.
- Slovak users – this involves occasional drug users who come to the Czech Republic for seasonal work; as the Czech and Slovak cultures are similar, this is the least problematic group of mobile drug users.

It is very difficult to estimate the prevalence of drug users among the above-mentioned groups of foreigners; most members of these groups reside in the Czech Republic illegally and avoid any contact with institutions (Vacek et al., 2005).

According to the data of a Prague outreach programme which is targeted at Russian-speaking users, HIV prevalence among this population is likely to be high; 2 out of 28 of those contacted in 2004 were HIV positive (SANANIM, 2005).

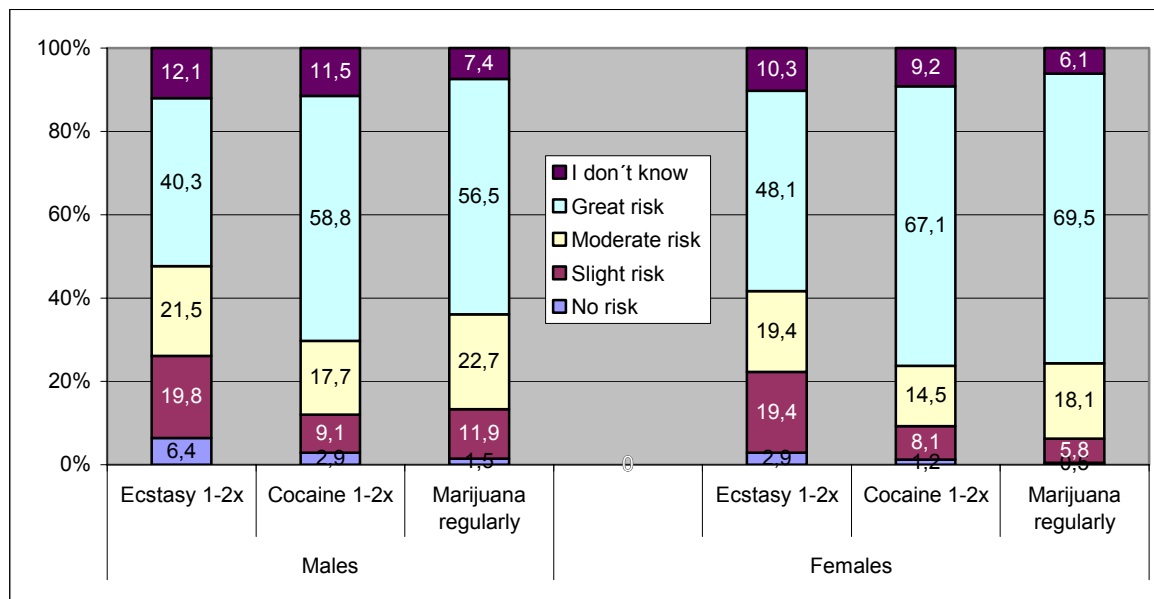
A Situation and Needs Analysis in the Field of Drug Services for Immigrants and Members of National Minorities in the Capital Prague was drawn up in 2004. The survey involved 27 clients of low-threshold facilities of eight nationalities: 12 Roma, 5 Georgians and 3 Slovaks, 2 Russians, 2 Ukrainians, 1 Belarussian, 1 Italian and 1 user of “Muslim-Caucasian” nationality. All of them were users of either stimulants or opiates. 23 of the persons contacted injected drugs and 17 of them used drugs on a daily basis. 14 respondents have shared a syringe or needle at least once in their life. Subutex was the most commonly used substance, and opiates dominated over stimulants in general. Altogether, 12 clients reported illegal economic activities, while 9 of them spoke Russian. Interviews with workers of low-threshold services have shown that other national minorities contacted by the workers also involve Bulgarians and citizens of the former Yugoslavia. A language barrier, mistrust in institutions, and a great degree of self-containedness among immigrant communities represent a big problem regarding contacts with all foreign drug users (Vacek et al., 2005).

One issue of the bi-monthly Focusing on Drugs (2/2005) was dedicated to the issue of drug use among national minorities (Miovská, 2005).

2.5 Public Opinions and Attitudes Towards Drug Use

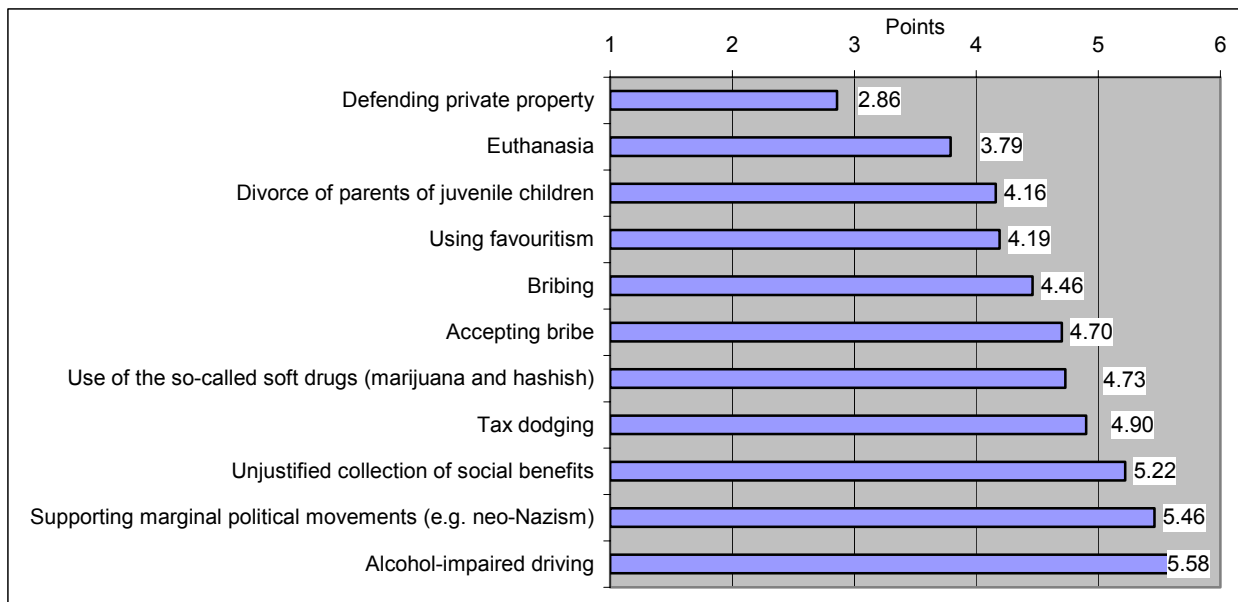
Public attitudes and opinions about the use of illicit drugs were incorporated into the Sample Survey of the Health Status and Lifestyle of the Population of the Czech Republic in 2004. About 53% of the males and 63% of the females in the sample disapprove of even a one-off experiment with ecstasy, and 76% of the males and 85% of the females disapprove of an experiment with heroin. About 35% of the males and 23% of the females do not disapprove of the occasional smoking of marijuana or hashish (Ústav zdravotnických informací a statistiky, 2005c). At the same time, the general population survey also tracked the perception of the risks of experimenting with ecstasy and cocaine and risks of regular cannabis use. About 26% of the male and 22% of the female respondents believe that there is no risk or slight risk associated with a one-off experiment with ecstasy, and 12% of the males and 9% of the females think the same about an experiment with cocaine. There is no risk or a slight risk associated with regular cannabis use, according to 13% of the males and 6% of the females. The structure of the responses regarding the risks of using individual drugs is given in Figure 2-4. The higher the age of the respondents, the greater their tendency to assess the risks of drug use as higher. It also becomes apparent that risk perception and attitudes towards drug use are influenced by the respondents' own experiences with the monitored illicit drugs (Ústav zdravotnických informací a statistiky, 2005c).

Figure 2-4: Subjective perception of the risks of drug use (%) (Ústav zdravotnických informací a statistiky, 2005c)



The Public Opinion Poll Centre carried out a survey focusing on the acceptability of selected types of behaviour at the end of 2004. The Social Cohesion project used a scale from 1 (completely acceptable) to 6 (completely unacceptable) to describe the attitudes of the respondents (altogether 1,058 persons aged over 15 years) to cannabis use and alcohol-impaired driving. The respondents expressed the highest degree of tolerance regarding the defending of private property (even at the cost of injuring or killing the thief); it is the only type of behaviour that is generally acceptable to the population (the tolerance level is assessed with regard to the middle of the scale, i.e. the value of 3.5). Cannabis use is not very widely tolerated; the respondents equate its acceptability approximately to the giving or accepting of a bribe or tax dodging; see Figure 2-5. Driving under the influence of alcohol, support for marginal political movements, and the fraudulent collection of social benefits are regarded as totally unacceptable (Centrum pro výzkum veřejného mínění, 2005).

Figure 2-5: Acceptability of selected types of behaviour (Centrum pro výzkum veřejného mínění, 2005)



3 Prevention

According to the 2001-2004 National Drug Policy Strategy, the goal of primary prevention is to halt the increase of drug use by means of education towards a healthy lifestyle, the provision of information, the reinforcement of personal responsibility for the quality of life, support for self-esteem, and the offering of positive examples and alternatives. The efficiency of specific primary prevention programmes depends on general public opinion towards a given negative social or health phenomenon, the orientation of effective legislative and economical mechanisms, and the supply of opportunities for leisure-time activities that will reduce the level of exposure to risk factors and situations¹².

All basic and secondary schools in the Czech Republic implement a minimum prevention programme; the system of school preventive programmes is guaranteed by school prevention methodologists and district and regional school prevention methodologists under the methodological guidance of the Ministry of Education. Standards of Professional Qualification for primary prevention programmes have been completed and pilot verification has been carried out. The Ministry of Education monitors the methodologies used in school drug prevention activities and it evaluates several primary prevention programmes. Charles University in Prague has opened a two-year postgraduate studies programme for school prevention methodologists.

3.1 School Programmes

As in the previous periods, school prevention programmes represent the highest proportion 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 for preventive activities, and regional school prevention methodologists; more detailed information is included in the 2003 Annual Report (Mravčík et al., 2004).

The Ministry of Education is in charge of primary prevention coordination in the Czech Republic. The Ministry of Education earmarks approximately € 313.5 thousand annually for specific primary prevention implementation¹³, while 70% of this sum is distributed through regional administration for locally and regionally implemented programmes. These involve preventive programmes implemented by schools, school facilities, and NGOs. The remaining 30% is used for the funding of supraregional projects; more detailed information is included in the chapter on Budget and Public Expenditures, page 8. At the same time, the Ministry of Education earmarks € 156.7 thousand annually for regional budgets, and these funds are used for the ensurance of the operations of district prevention methodologists in pedagogical-psychological counselling offices.

In 2004, the Ministry of Education completed a 2005-2008 Strategy for the Prevention of Socially Pathological Phenomena among Children and Juveniles within the Sphere of Competence of the Ministry of Education. The document follows on from the conclusions of regular meetings of representatives of the ministry with regional coordinators and prevention methodologists, and from a needs analysis and long-term goals defined in the National Strategy. The drugs issue is also included in the Strategy for the Prevention of Socially Pathological Phenomena.

Primary prevention issues are part of a Framework Educational Programme for Pre-School Education, in which children are introduced to healthy lifestyle principles in a manner suitably adjusted to their age. In the Framework Educational Programme for Elementary Education, primary prevention is incorporated into school subjects that are close to these issues.

The Ministry of the Interior and the Police of the Czech Republic also carry out preventive activities. 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; see the 2003 Annual Report (Mravčík et al., 2004).

A pilot two-year specialised studies programme for school preventive methodologists was opened by the Pedagogical Faculty at Charles University in Prague in 2004. The specialised studies are incorporated into the existing educational counselling system and this involves new school prevention methodologists; it should provide for the uniform education of these workers in the future. The 3rd Medical Faculty at Charles University in Prague has established a bachelor's studies programme in Addictology, and this was accredited by the Ministry of Education; more detailed information is included in the chapter on Institutional Framework, Strategies, and Policies, page 6.

3.2 Out-of-School Programmes

Out-of-school programmes are divided into three levels from the point of view of the risk level of the target groups:

¹² Such non-specific instruments and activities are called "primordial prevention".

¹³ The Ministry of Education earmarks approximately CZK 170 million annually for non-specific primary prevention via the Programme of Social Support of Work with Children and Young People. The funds are used for the ensurance of leisure-time activities for children and young people.

- General primary prevention programmes. These focus on the general population of children, young people, and adults, e.g. the upper grades of basic schools, secondary school students, parents, and teachers. The programmes are implemented in particular by NGOs and pedagogical-psychological counselling offices. In 2004, the resources earmarked by the Ministry of Education were, for instance, used to support the operation of the drug information server www.odrogach.cz, which provides information related to the field of primary prevention to the general public, teachers, parents, and also children and juveniles.
- Selective primary prevention programmes. 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). The programmes are implemented particularly by NGOs and pedagogical-psychological counselling offices. The activities of the responsible ministries are geared towards selected professional groups (soldiers, healthcare personnel).
- Indicated primary prevention programmes. This involves individuals that are more exposed to risk factors that lead to addiction and other forms of problem-causing or risky behaviour (e.g. children or siblings of addicts, children with a problematic position in a group, people with behavioural disorders).

3.3 Evaluation of Preventive Programmes

3.3.1 Primary Prevention Standards and Evaluation by the Ministry of Education

A specific primary prevention working group was established at the Ministry of Education in 2003. During 2004, it focused on the completion of Standards of Professional Qualification for Primary Prevention Programmes (certification standards) and preparation of the process of certification of the professional competency of these programmes. Pilot verification of the Standards of Professional Qualification was carried out at six facilities in November and December 2004. The Centre for the Quality and Standards of Social Services at the National Training Fund was given the task of ensuring the pilot verification of the standards for service providers in the field of primary prevention. According to the Final Project Report, the mentioned standards contain all the necessary requirements for individual facilities and rules for the implementation of primary prevention programmes.

A conference on the Evaluation of the Quality and Efficiency of Drug Primary Prevention was held in November 2004. It was organised by the Academy of Science of the Czech Republic, the Primary Prevention Section of the Association of Non-Governmental Organisations, and the Drug Prevention Department of the Office of the Mayor of Prague.

The Ministry of Education holds annual seminars for regional school coordinators and district preventive activity methodologists at which they are informed of new approaches to primary prevention on the part of the Ministry. Four meetings with regional school prevention coordinators and two meetings with district prevention methodologists took place in 2004. The Czech Schools Inspectorate carries out an annual inspection of the implementation of Minimum Preventive Programmes and the activities of school prevention methodologists in schools and school facilities.

3.3.2 Evaluation of Primary Prevention Programmes by Elementary School Pupils

A Prague survey focusing on the use of addictive substances among basic school pupils (see the chapter on Drug Use in the Population, page 14) also monitored how the pupils (aged 11-15) subjectively perceived primary prevention activities in their school. The respondents regarded the provision of preventive activities as sufficient; 62% of the respondents were satisfied with the supply of the activities. In particular, the children expressed a positive opinion of long-term programmes and repeated talks and lectures, but out-of-school activities were not rated favourably.

The frequency of the preventive programmes was what was criticised most commonly by the children; half of the respondents reported that there are not enough preventive activities. The critique also involved the quality of the programmes; children called attention to their shallowness and lack of detailed information, they pointed out that there was too much theory and not enough practical examples, etc. The children emphasised that the preventive activities were only based on bans, and they also did not think very highly of the approach of the implementers; a large number of the children believed that adults do not know how to talk about these issues with children.

The children recommended an increase in the frequency of preventive activities and especially demanded a greater range of activities. They proposed the inclusion of more lectures and talks, the incorporation of the issues in the curriculum, for instance in the subject of family education, and an increase in the number of “practical demonstrations” such as visits to treatment facilities and meetings with experts or ex-users. The children would also like to receive more informational materials – leaflets and books. There were isolated requests for the establishment of a counselling office in the school or body searches of pupils and strict sanctions against drug use, e.g. suspension from school (Karmelitová and Týc, 2003).

3.3.3 Primary Prevention Community Programme Evaluation Project

The Prev-Centrum civic association started the Primary Prevention Community Programme Evaluation Project in 2003. It aims at evaluation of the quality and efficiency of a five-year preventive programme implemented in 25 basic schools in Prague 6. The scope of drug use among pupils of the 5th grade of basic schools was mapped before the study started; it involved both the classes included in the preventive community programme and the control sample of classes, which are not participating in this programme and have only implemented the so-called Minimum Preventive Programme. Another round of testing of the pupils is planned for 2005, when the pupils will be in the 7th grade, and the last one will take place in 2007, when the pupils will be in the 9th grade (Miovský et al., 2004).

4 Problem Drug Use

In the Czech Republic, problem drug use is defined as the use of drugs by injection and/or the regular or long-term use of opiates and amphetamine-type drugs.

As far as opiates are concerned, this especially involves heroin and buprenorphine (Subutex), which has appeared on the black market; home-made opiates made from medicinal products or poppy heads are rather a (seasonal) exception. The use of amphetamines in the Czech Republic is practically limited to the use of pervitin (methamphetamine). Cocaine use is still rather sporadic in the Czech Republic; however, the first cocaine-related deaths reported in 2004 may be a sign of its increased availability on the Czech market; more detailed information is included in the chapter on Drug-Related Deaths and Mortality of Drug Users, page 40. Information about its increasing prevalence at the dance setting is included in the chapter on Drug Use in Recreational Settings, page 90.

There were 30,000 problem drug users in the Czech Republic in 2004: 10,000 heroin users and 20,000 pervitin users, of whom 27,000 were injecting users. A shift among opiate users to substitution treatment has been taking place in the Czech Republic in recent years, and this shows in a decreasing trend in prevalence estimates based on drug treatment data. On the other hand, the number of problem pervitin users increased slightly between 2003 and 2004, and this is in accordance with the trends among drug users undergoing treatment.

Approximately 60% of problem drug users are in contact with treatment or low-threshold facilities. Data on treated drug users show a relatively stable situation with regard to most indicators. The number of treatment demands has been increasing since 1995; after a drop in the last year, the number of first treatment demands and all treatment demands has increased, while the gender ratio and the proportion of injecting and problem users have remained nearly the same. The age of people requesting treatment has been increasing over the last seven years, while the number of treatment demands among those aged under 19 has been decreasing. Whereas the number of opiates users has been declining since 2001, the number of first treatment demands resulting from the use of stimulants increased in 2004 (by 16.8% as against 2003). The increase in stimulants-related treatment demands involves exclusively pervitin users, especially among clients of low-threshold facilities (by 20.7% as against 2003). Estimates based on data from the final reports of low-threshold facilities which were drawn up for the purposes of the subsidy proceedings of the CGDPC show that the number of pervitin users in low-threshold facilities increased by 8% between 2003 and 2004; more detailed information is included in the chapter on Services Provided by Low-Threshold Facilities, page 52. This difference can be explained by the fact that low-threshold facilities have been reporting clients to the Register more consistently in recent years. An increasing number of users of opiates in specialised substitution programmes (a 46% increase in comparison with 2003) represents a favourable trend. On the other hand, the stable high proportion of injecting drug users among treatment demands is unfavourable.

4.1 Estimates of Prevalence and Incidence of Problem Drug Use

A national prevalence estimate was carried out once again in 2004 using a multiplication method with the use of data from low-threshold facilities. The number of problem drug users in contact with reporting low-threshold facilities, extrapolated to the total number of these facilities in the Czech Republic, was used as the basis for the calculations. The multiplier (in-treatment rate), i.e. the estimated number of problem drug users in contact with such facilities, was obtained by means of a 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 44. The following questions were used for the calculation of the multiplier: (1) How many friends do you have who use opiates (heroin, braun, codeine, other) and/or pervitin on a regular basis?, (2) How many of them have been in contact with a low-threshold centre during the last 12 months? A sample of 206 persons was used for the calculation of the multiplier (selection criteria – data collection in 2003, less than 20 friends in the answer to the first question, valid answers to both of the questions).

An overview of the prevalence estimates carried out using a multiplication method with the use of data from low-threshold facilities during the last three years is given in Table 4-1.

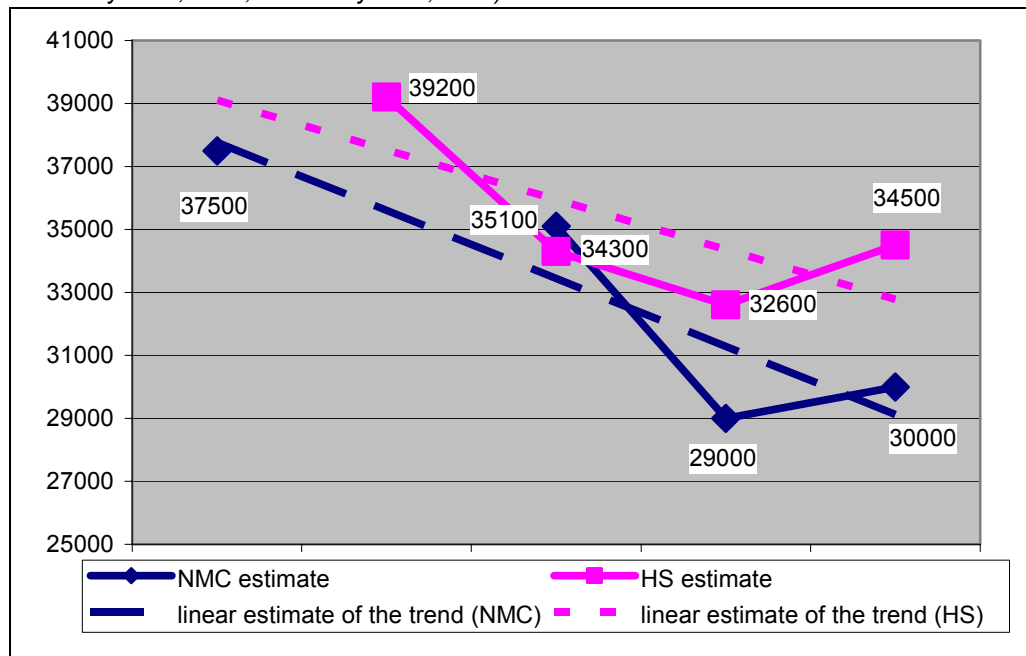
Table 4-1: Development of prevalence estimates of problem drug use carried out using a multiplication method with the use of data from low-threshold facilities in 2002-2004 (NMC, 2005)

Year	Total number of problem drug users		No. of heroin users		No. of pervitin users		No. of injecting drug users	
	Abs.	Per 1,000 inh. (15-64 yrs)	Abs.	Per 1,000 inh. (15-64 yrs)	Abs.	Per 1,000 inh. (15-64 yrs)	Abs.	Per 1,000 inh. (15-64 yrs)
2002	35,100	4.89	13,300	1.85	21,800	3.04	31,700	4.41
2003*	29,000	4.02	10,200	1.41	18,800	2.61	27,800	3.86
2004	30,000	4.14	9,700	1.34	20,300	2.80	27,000	3.73

* Note: The 2003 prevalence estimate was made more accurate in 2005

A graphic overview of trends in the estimated prevalence of problem drug users in 2000-2004 according to the NMC and the Hygiene Service is given in Figure 4-1.

Figure 4-1: Summary of prevalence estimates of all problem drug users carried out using multiplication methods in the Czech Republic in 2000-2004 (Mravčík et al., 2004; Mravčík and Záborský, 2001; Mravčík et al., 2003; Polanecký et al., 2004; Polanecký et al., 2005; Polanecký et al., 2003)



The estimated number of problem drug users declined between 2003 and 2004, while the number of problem pervitin users increased. The increase is most probably caused by an expansion of pervitin into the dance and night entertainment settings, including small towns. The average age of people demanding treatment in connection with pervitin is not declining and the proportion of users aged under 19 years of age has a decreasing tendency; therefore, it is very likely that no new population of young problem drug users is growing; see also the chapter on Profile of Clients in Treatment, page 27.

Final reports of low-threshold facilities show a high prevalence of the use of Subutex (buprenorphine), which comes from the black market. The trends among problem opiates users, especially heroin users, are also influenced by the degree of involvement in substitution treatment; more detailed information is included in the chapter on Substitution Treatment Substitution, page 36.

4.1.1 Injecting Drug Use

A nomination technique was used in the HCV Seroprevalence Among Injecting Users study and it brought to light the fact that 92% of problem drug users injected drugs in 2003. Detailed information about injecting was obtained directly from the respondents. All of the 760 respondents are current injecting drug users (i.e. they have injected a drug within the last year). 97.5% of the respondents have injected drugs within the last six months and 87% within the last month; only 1.8% of the respondents reported that they last injected drugs more than six months ago. Table 4-2 shows the length of regular injecting reported by the respondents.

Table 4-2: Length of regular injecting reported by respondents in the HCV Seroprevalence Among Injecting Users study (Národní monitorovací středisko pro drogy a drogové závislosti, 2005d)

Length of injecting	No. of respondents	%
< 6 months	99	13.1
6-12 months	96	12.7
1-2 years	133	17.7
2-5 years	231	30.7
5-10 years	130	17.3
> 10 years	64	8.5
Total	753	100.0

41.3% of respondents reported that they inject drugs less than four times a month; 32.5% of the respondents inject drugs 2-6 times per week and 26.1% of them inject them every day.

The structure of the sample of injecting drug users in the aforementioned survey with regard to the drugs used is as follows: 127 (16.8%) of 760 respondents reported heroin as their current primary drug, 492 persons (64.7%) reported pervitin, and 55 persons (7.2%) reported that they combine the drugs¹⁴. Altogether, 81 persons (10.7%) reported a different primary drug than those listed¹⁵. 126 respondents (16.7%) reported heroin as their first injected drug while pervitin was mentioned by 574 persons (75.7%); 6.7% of the respondents reported another drug (braun, natural opium, tablets, alcohol) as their first injected drug. 213 persons (28.3%) reported that they have used opiates at some point of their drug career.

4.1.1.1 Risk Behaviour of Injecting Users

The results of the HCV Seroprevalence Among Injecting Users study show that 558 (77.1%) out of 760 injecting drug users have used a syringe after someone else (104 of them have only used a syringe after their partner). On the other hand, 158 (20.8%) have never shared injecting equipment. 37 (6.4%) respondents injected a drug for the first time within the last month, and 33.2% of the respondents injected a drug for the first time during the last year. 77.9% of the respondents have used some other injecting equipment after someone, and 20.7% of the respondents have never done this.

163 respondents (21.5%) have injected a drug abroad, and 96 (12.7%) of the respondents have shared a syringe with a foreigner. Altogether, 25.1% of the respondents know that they have used a syringe after an HCV-positive person, 38.8% know that they have not, and the remaining 36.1% do not know whether they have or have not.

Nearly 40% of the respondents have been in custody or prison. The percentage of those sentenced to prison increases with the age of the respondents and the length of the period since they injected a drug for the first time. Males have substantially more experience of prison sentences than females (53.2% against 14.8%). On the other hand, no substantial connection between imprisonment and level of education, nationality, or ethnicity was demonstrated among the respondents. 120 (40.8%) out of 294 respondents with a history of imprisonment reported an experience with injecting drug use in prison, and 10 of them reported that they had injected a drug for the first time in prison. It is possible to assume that only a minimum of the injection uses in prison are carried out using sterile injecting equipment; the possibility of sterile application equals nearly zero and the probability of sharing is high. A stay in prison has also shown to be one of the strongest predictive factors of HCV.

Approximately 56% of the respondents reported that they have had more than 10 sexual partners, and 21.7% of the respondents have had up to five sexual partners. 13.7% of the respondents have had 10 and more sexual partners who were drug users at the same time. 24.5% of the respondents use a condom during sexual intercourse only sometimes or never; on the contrary, 37.7% of them use one in most cases and the same number of them always use one. 13.1% of the respondents reported performing sex for money. The study did not prove a connection between risk sexual behaviour and gender (with the exception of sex for money, which females reported more often), educational level, or drug career.

4.2 Profile of Clients in Treatment

Data about drug users who use the services of low-threshold and treatment facilities are mainly available thanks to the nationwide system of reporting to the Treatment Demand Register, which has been administered by the Hygiene Service of the Czech Republic since 1995.

Other sources of data about treated drug users involve Registers of Health Care Facilities kept by the IHIS. In particular, they involve reports about the network and capacity of psychiatric facilities, outpatient psychiatric care, inpatient treatment, and the Substitution Treatment Register. The registers administered by the IHIS only collect data from health care facilities¹⁶ and do not process data on clients according to EMCDDA requirements. However, the number of health care facilities which report to the register of the IHIS is higher¹⁷ than the number of health care facilities included in the register administered by the Hygiene Service. More detailed data from the registers administered by the IHIS are included in the chapter on Drug-Related Treatment, page 32.

¹⁴ Four of them reported using a combination of codeine and pervitin.

¹⁵ It most commonly involved cannabinoids - 43 respondents; 17 respondents report a different opiate - codeine, braun (home-made opiate made from medicines), raw opium, and one representative reported methadone; 15 respondents reported Subutex, 3 persons reported inhalants, 2 mentioned ecstasy and one person indicated cocaine as their primary drug of use.

¹⁶ The Treatment Demand Register administered by the Hygiene Service also collects data from non-health care facilities for drug users (therapeutic communities, low-threshold facilities and outpatient non-health care facilities – it involves approximately 100 facilities which are annually visited by 5,500 – 6,000 drug users).

¹⁷ 70 inpatient psychiatric facilities and 382 outpatient facilities reported to the registers administered by the IHIS in 2004 while only 59 inpatient facilities (including therapeutic communities) and 219 outpatient facilities reported to the Register kept by the Hygiene Service (Brožová, 2004; Ústav zdravotnických informací a statistiky, 2004a; Ústav zdravotnických informací a statistiky, 2005e).

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

The Treatment Demand Register involves drug users who have asked for treatment, counselling, or social services at a facility which provides services to drug users for the first time in their life (so-called first treatment demands). Since 2002, the Register has been expanded to include all drug users who have sought a service from such facilities in any given year.

278 centres contributed to the Register in 2004: this involved 76 low-threshold, 141 outpatient, and 59 inpatient facilities. The Register does not include facilities which provide substitution treatment. More detailed information about the network of treatment facilities is given in the chapter on Drug-Related Treatment, page 32.

8,845 drug users, i.e. 3.7% more than in the previous year, sought treatment at the above-mentioned centres in 2004. 4,600 of these (i.e. 10.8% more than in 2003) demanded treatment for the first time. With the exception of a decline in 2003, the number of first treatment demands has been increasing. The relative number has increased from 23.9 per 100,000 inhabitants in 1995 to 45.1 in 2004. Low-threshold centres are the facilities that are visited most commonly; as in the previous years, clients of these facilities represented more than 55% of all treatment demands. The male/female ratio among treatment demands has remained approximately the same in the long term; it was 2.1:1 in favour of males in 2004. The number of all treatment demands by drug types and regions is given in Map 4-1.

Map 4-1: Number of all treatment demands in 2004 by drug types and regions (per 100,000 inhabitants) (Polanecký et al., 2005)

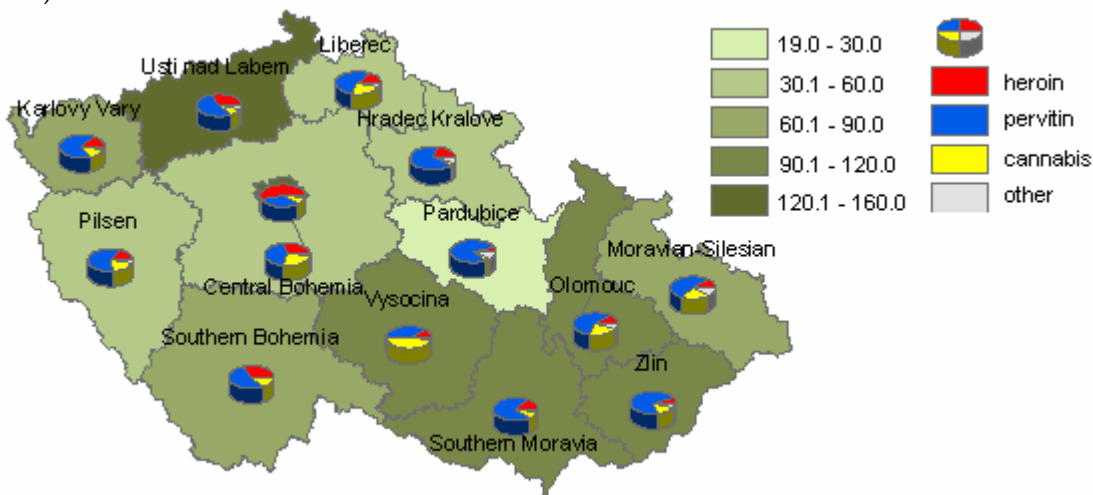


Figure 4-2 shows developments in the number of first treatment demands by primary drugs. Figure 4-3 provides a similar comparison with regard to the total number of treatment demands. The number of first treatment demands in connection with opiates (heroin) has been declining since 2001; after a decline in 2003, the number of first treatment demands in connection with the use of stimulants increased again in 2004. After a period of growth prior to 2002, the number of cannabis-related first treatment demands has stabilised.

Figure 4-2: First treatment demands by drugs in 1995-2004 (Polanecký et al., 2005)

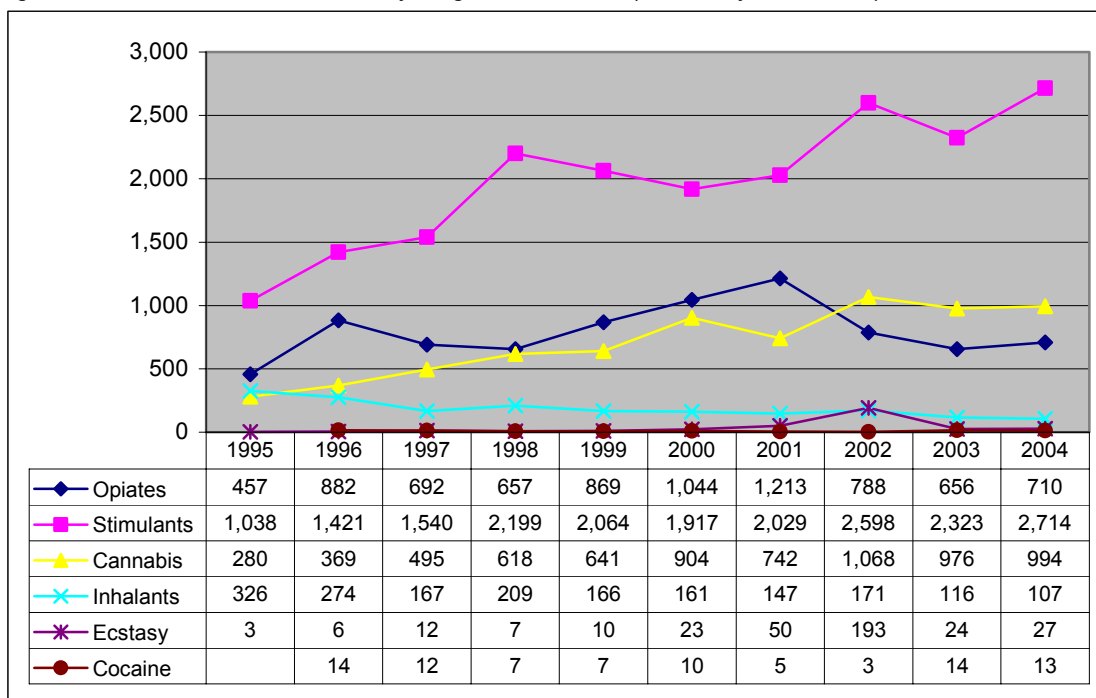
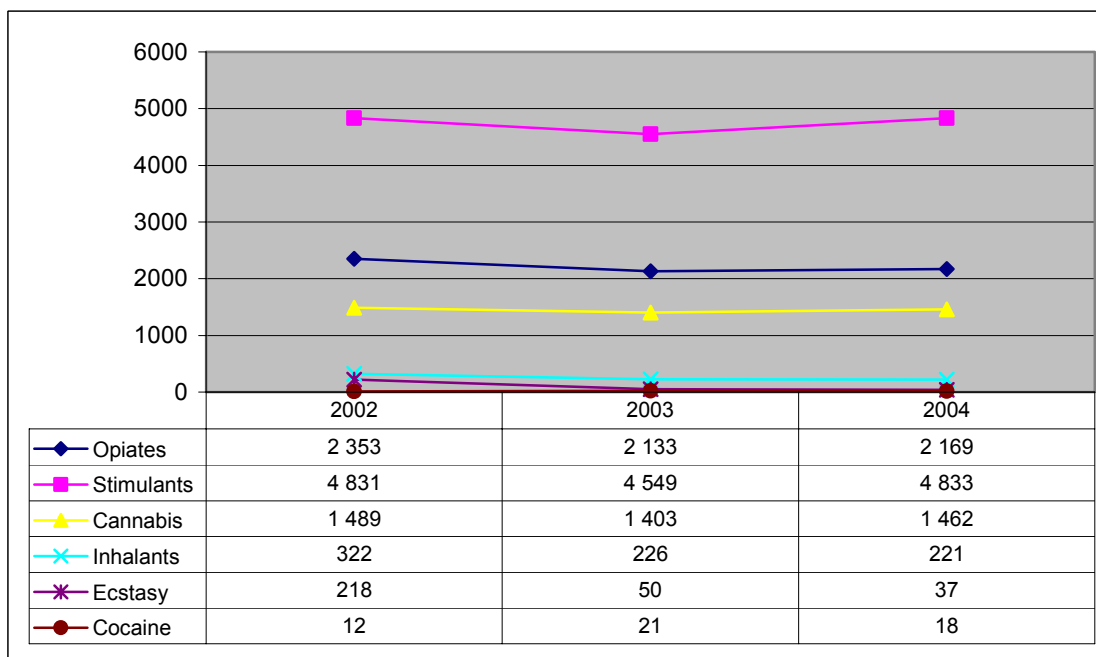


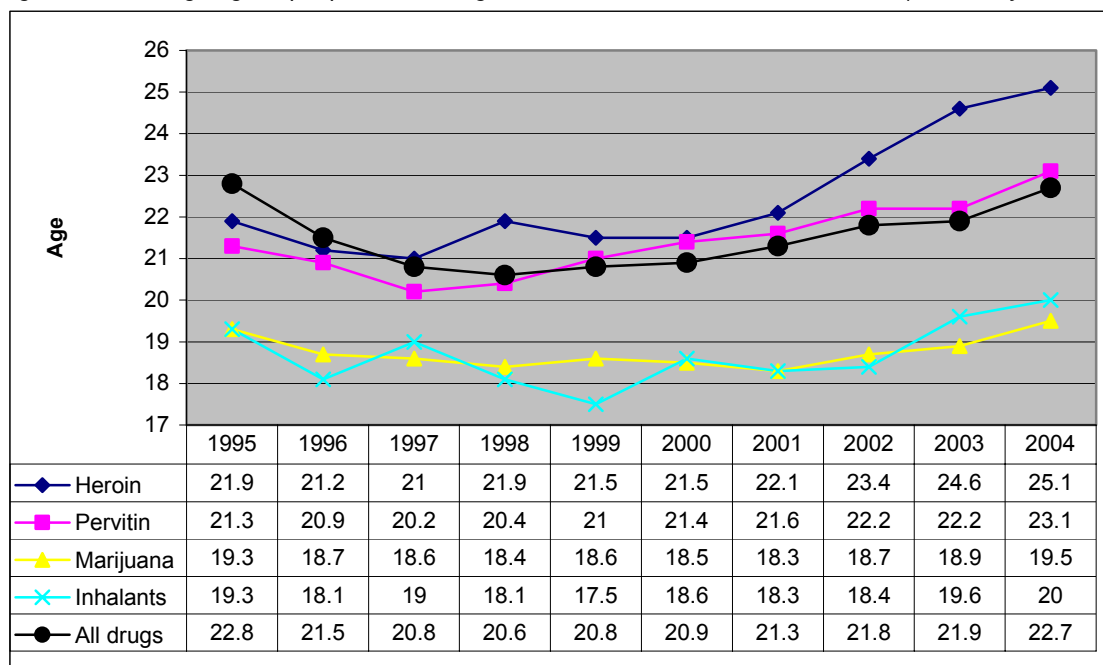
Figure 4-3: All treatment demands in connection with selected types of drugs in 2002-2004 (Polanecký et al., 2005)



The average age of people demanding treatment for the first time increased from 20.6 years of age in 1998 to 22.7 in 2004. The increase in the average age of heroin users is the most marked one; see Figure 4-4. At the same time, the average age of all people demanding treatment is increasing, from an average of 23.4 in 2002 to 24.1 in 2004.

The group aged 25-39 was the most significant one in 2004, for the first time, and it involved 35.5% of all treatment demands. The group of 20-24-year-olds used to be the most significant one until 2003; this corresponds with the long-term trend of increasing age among people demanding treatment. The group aged 15-19 years old is the most significant among first treatment demands (1,597 persons, i.e. 34.7%). However, the ratio between age groups of people demanding treatment for the first time has been changing; 15-19-year-olds represented 41.3% of all treatment demands in 2003, while there were 6.6 percentage points less of them in 2004.

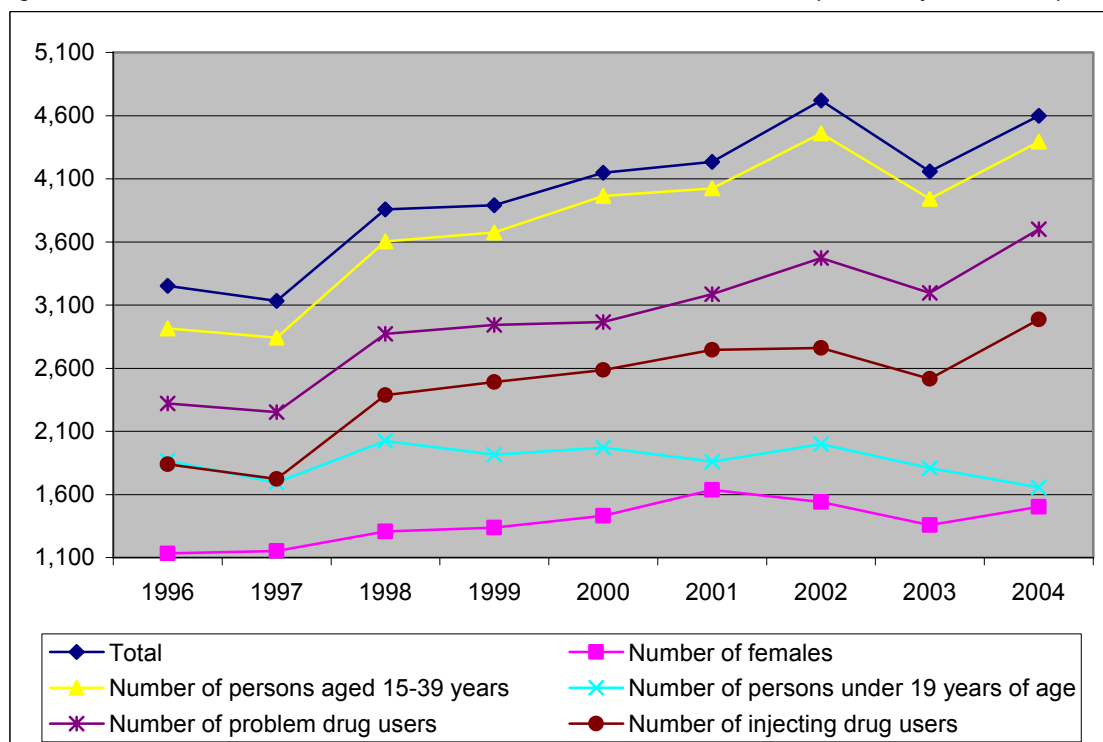
Figure 4-4: Average age of people demanding treatment for the first time, 1995-2004 (Polanecký et al., 2005)



6,363 (71.9%) people demanding treatment reported injecting drug use. Injecting drug use is less common among first treatment demands (2,986 persons, i.e. 64.9%). The development of the proportion of injecting drug users in (first) treatment demands is shown in Figure 4-5 and Figure 4-6, and the curve reflects the total number of (first) treatment demands – the proportion of injecting drug users does not change.

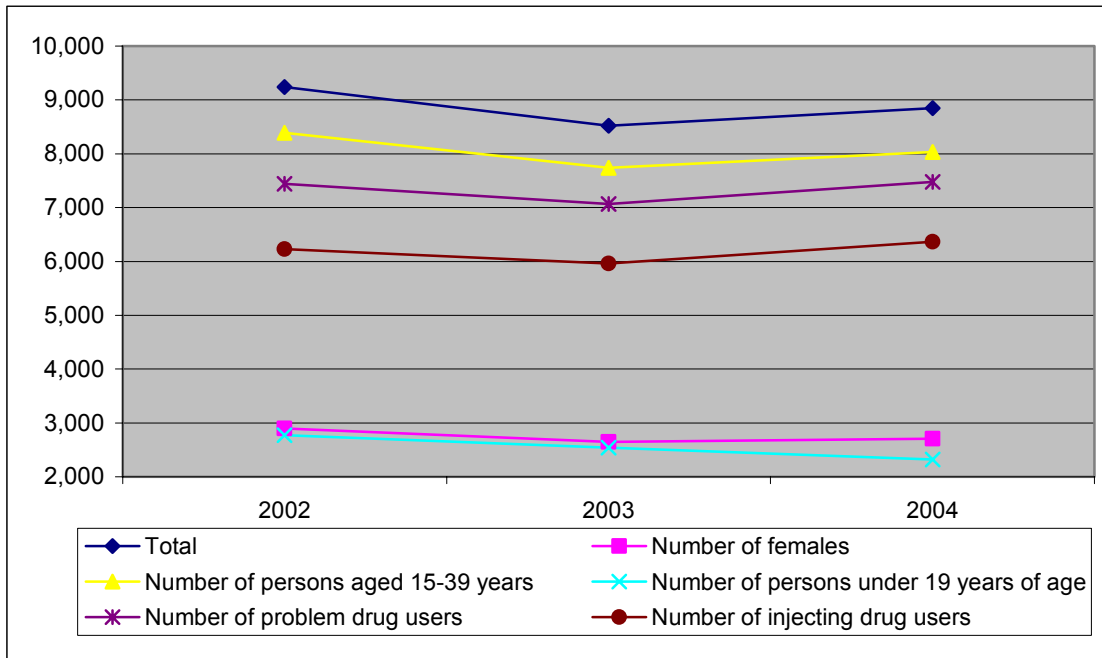
According to the definition of the EMCDDA¹⁸, 84.5% of treatment demands in 2004 involved problem drug users. The proportion among first treatment demands was lower - 80.5%. The trend in the development of the proportion of problem drug users is given in Figure 4-5 and Figure 4-6. Again, no substantial differences have occurred during the years.

Figure 4-5: Selected characteristics of first treatment demands in 1996-2004 (Polanecký et al., 2005)



18 The EMCDDA defines problem use as injecting drug use and/or long-term or regular use of opiates and/or amphetamines and/or cocaine. page 30

Figure 4-6: Selected characteristics of all treatment demands in 2002-2004 (Polanecký et al., 2005)



5 Drug-Related Treatment

A wide spectrum of services provides treatment and social reintegration in the Czech Republic. Their interdisciplinary concept corresponds with the complexity of the drug addiction issue. Treatment can be defined as professional, focused, and structured work with a client with the objective of achieving abstinence or reduction of drug use, reduction of the frequency and severity of relapses, and the involvement of clients in productive life in the family, work, and society. Therefore, the objective is to increase their quality of life to a maximum. The following types of treatment are recognized: outpatient (AT clinics, day-care programmes, and structured aftercare programmes) and inpatient (therapeutic communities, specialised hospital departments, and psychiatric hospitals). Treatment is divided into short-term (4-8 weeks), medium-term (3-6 months) and long-term (7 months and more).

Table 5-1: Treatment programmes which supplied services to drug users in 2004

Programme type	Number	Capacity (places, beds)	Capacity utilisation (No. of persons)
Outpatient health care facilities	382	n.a.	15,383
Day-care centres	2	n.a.	82
Detoxification units	19	n.a.	n.a.
Sobering-up stations	16	n.a.	n.a.
Psychiatric hospitals	17	1,275*	2,883
Psychiatric departments of hospitals	33	1,501**	2,459
Psychiatric hospitals for children	4	368*	27
Therapeutic communities	17	228***	546*
Aftercare programmes	17	n.a.	957
Detoxification units in prisons	1	n.a.	101
Drug-free zones in prisons	30	1,440	2,528
Departments for differentiated serving of sentence	6	292	489
Department for compulsory treatment in prisons	3	73	122
Substitution centres	9	n.a.	1,043
Buprenorphine substitution in outpatient clinics	450****	n.a.	2,000****

Note: * 2003 data, ** number of all psychiatric beds, *** data from 14 communities only, **** estimated

5.1 Outpatient Treatment

A total of 382 outpatient health care facilities reported outpatient treatment of users of licit and/or illicit drugs in 2004 (Ústav zdravotnických informací a statistiky, 2005e)¹⁹. The number of outpatient health care facilities also providing services to illicit drugs users has been increasing since 2000; see Table 5-2. Outpatient clinics that treated 1-50 patients were the most numerous group in 2004. Outpatient clinics with 400 and more patients per year were the least numerous; see Table 5-3.

Table 5-2: Number of outpatient health care facilities providing care to drug users in 2000-2004 (Ústav zdravotnických informací a statistiky, 2005e)

Year	No. of facilities
2000	320
2001	330
2002	342
2003	368
2004	382

¹⁹ This involves the facilities which filled in appendix A013 of the AT psychiatric report.

Table 5-3: Number of outpatient health care facilities by number of patients in 2003 and 2004 (Ústav zdravotnických informací a statistiky, 2005e)

No. of patients	No. of facilities in 2003	No. of facilities in 2004
1-10	139	143
11-50	106	109
51-100	26	31
101-150	12	12
151-200	7	6
201-300	10	8
301-400	8	3
401-500	3	4
501-600	1	1
601-700	0	1
800 and more	4	1

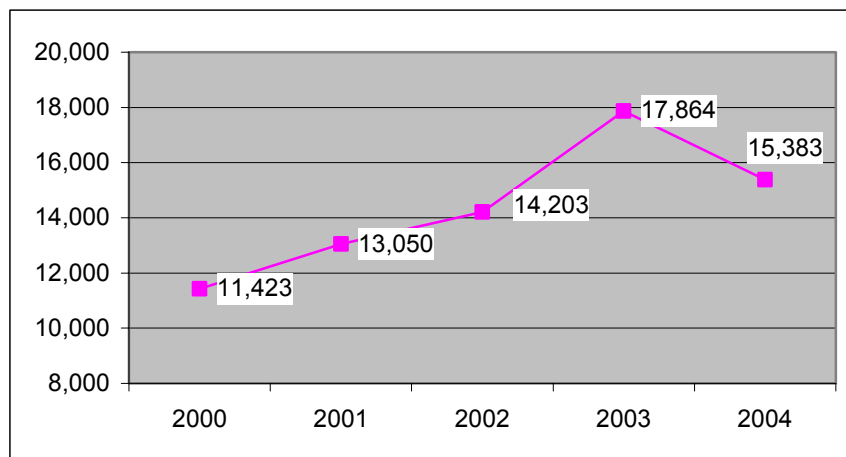
Despite the increasing number of outpatient health care facilities, no increase in the number of illicit drugs users using their services was recorded. 15,383 illicit drugs users, i.e. 14% less than in 2003, were treated in these facilities in 2004; see Table 5-4. If we were to monitor developments since 2000, there was an apparent constant increase in the number of patients between 2000 and 2002. A higher year-on-year increase in the number of patients treated occurred in 2003 (by 20%), while the number of patients in 2004 again corresponds with the stable increases in previous years; see Figure 5-1.

Table 5-4: Patients in outpatient health care facilities in 2003 and 2004 (Ústav zdravotnických informací a statistiky, 2005e)

Type of facility	2003		2004	
	No. of facilities	No. of patients	No. of facilities	No. of patients
Inpatient facilities with outpatient services	53	4,105	49	3,896
Outpatient facilities	24	2,107	23	1,454
General practitioners	2	14	1	5
Independent outpatient clinics of specialist physicians	229	8,643	239	8,608
Other outpatient facilities	5	2,995	6	1,420
Total	313*	17,864	318*	15,383

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

Figure 5-1: Development in the number of patients treated in outpatient health care facilities in 2000-2004 (Ústav zdravotnických informací a statistiky, 2004a)



In 2004, the NMC carried out a survey focused on the provision of outpatient psychiatric care to drug users in 2003. Its objective was to determine how many psychiatric outpatient clinics provide medical treatment to drug users, i.e. how many AT clinics there are in the Czech Republic. 195 psychiatric outpatient clinics participated in the research. 35 of them did not treat any users of licit or illicit drugs in 2003. Therefore, 160 psychiatric outpatient clinics were also providing treatment to users of licit and illicit drugs. 128 outpatient clinics were providing treatment to alcohol users, 33 to tobacco users, and 70 to illicit drug users. 43,201 patients were treated in these 160 outpatient clinics (67% of them were alcohol

users, 15.5% tobacco users and 15% illicit drug users). Pervitin and marijuana were the most commonly used drugs. These outpatient clinics collaborate mainly with psychiatric hospitals, clinics, and departments, and then with general practitioners. The outpatient clinics rated collaboration with NGOs providing treatment to drug users as insufficient (Miovská et al., 2005).

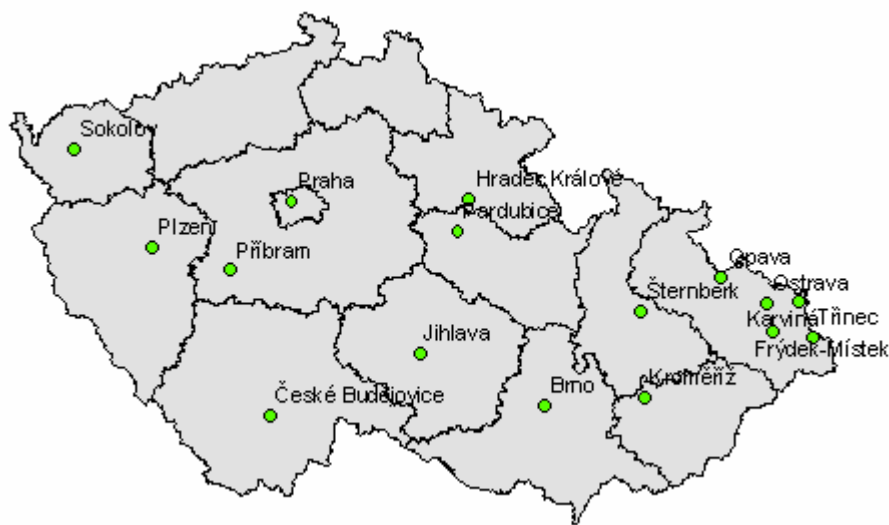
In 2004, 16 NGOs funded from the General Cash Administration budget chapter also provided outpatient treatment to 1,451 clients, of whom 836 (58%) were drug users. The average age of their clients was 25.9 years. Altogether, 224 (27%) clients injected drugs, 69 (8%) used heroin, 237 (28%) used pervitin, and 243 (29%) used cannabis. Subutex users formed a relatively numerous group - 86 (10%) clients (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).

Only two day-care centres in Prague and Brno with an intensive structured programme and a capacity of 22 persons provided intensive outpatient care in 2004. Services were provided to 82 clients (49 males, 33 females) with an average age of 25.8 years. 69 (84%) of the patients treated were injecting drug users, 54 (66%) were heroin users, and 12 (15%) were pervitin users. The Day-Care Psychotherapeutic Sanatorium Elysium in Brno also provides services to methadone programme clients; 46 clients of this methadone programme participated in intensive outpatient care in 2004. 41% of the clients successfully completed intensive outpatient treatment, while 21% of them ended the treatment prematurely in 2004. A one-month treatment period is the most common (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).

5.2 Inpatient Treatment

There were 16 sobering-up stations in the Czech Republic in 2004. They are not evenly distributed among individual regions (Ústav zdravotnických informací a statistiky, 2005g). There is no facility whatsoever of this type in the Usti nad Labem and Liberec regions; on the other hand, there are 5 sobering-up stations in the Moravian-Silesian region - see Map 5-1.

Map 5-1: Sobering-up stations in the Czech Republic in 2004 (Ústav zdravotnických informací a statistiky, 2005g)



Inpatient psychiatric treatment is provided in psychiatric hospitals and psychiatric departments of hospitals.

There are 17 psychiatric hospitals for adults in the Czech Republic, with a capacity of 9,583 beds (see the regional distribution in Map 5-2). They registered 11,549 hospitalisations due to disorders caused by drug use (dg. F10-F19 according to ICD-10) in 2004; of these, 8,620 (74.6%) were hospitalisations of males and 2,929 (25.4%) of females. There were 75% of the hospitalisations due to disorders caused by alcohol use. 2,883 hospitalisations were due to disorders caused by illicit drugs (dg. F11-F19); 49.5% of them were in connection with poly-drug use and the use of other psychoactive substances, 28.5% were in connection with the use of stimulants, and 13.9% with the use of opiates. Patients aged 20-29 were the largest group (55%).

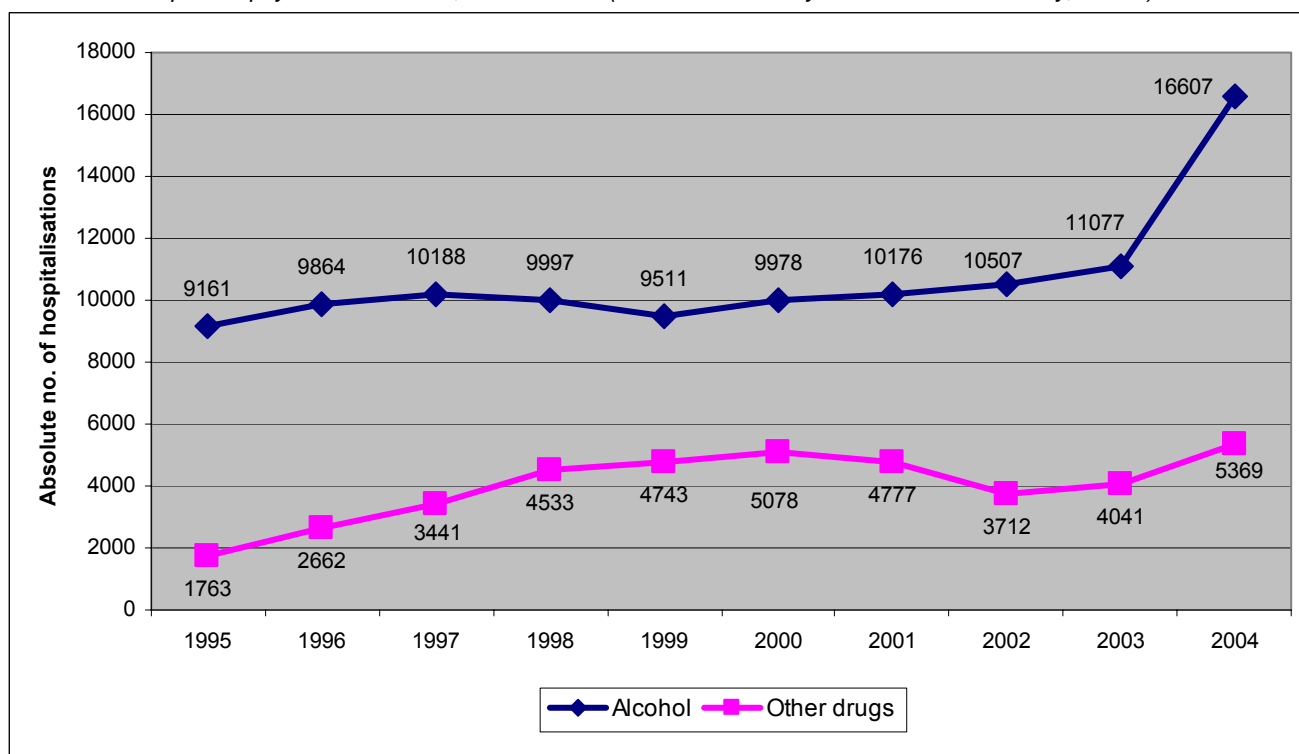
Psychiatric departments of hospitals (33 departments) reported 10,398 hospitalisations in 2004 (6,806 males and 3,592 females). Most of the hospitalisations were due to disorders caused by the use of alcohol (76.4%). 2,459 hospitalisations were due to disorders caused by the use of illicit drugs (dg. F11-F19); 34% involved hospitalisations in connection with the use of opiates, 25% with poly-drug use and the use of other psychoactive substances, and 20% with the use of stimulants.

In 2004, 29 children (19 boys and 10 girls) were hospitalised in four psychiatric hospitals for problems caused by drug use, including alcohol; 7 children were under 14 and 20 children were aged 15-19. The hospitalisations were most frequently the result of disorders caused by poly-drug use and the use of other psychoactive substances (14 hospitalisations), then by disorders caused by the use of organic inhalants (4 hospitalisations), stimulants (4 hospitalisations), and cannabinoids (4 hospitalisations). Two children were hospitalised as a result of disorders caused by the use of alcohol (Ústav zdravotnických informací a statistiky, 2005e).

Figure 5-2 shows the development in the number of hospitalisations due to disorders caused by alcohol and other psychotropic substances in inpatient psychiatric facilities.

The economic aspects of the system of psychiatric care are being discussed. It is struggling with an increase in the costs required for the treatment of patients. This is especially because of demographic development (an ageing population), technological progress (fast development and the necessity of purchasing new technologies), the increasing consumption of medicaments, an inefficient health care monitoring system, and the like. The design of a method for the allocation and calculation of the average costs of psychiatric care in the Czech Republic is being developed within the framework of a grant project (Půbal et al., 2004).

Figure 5-2: Development in the number of hospitalisations due to disorders caused by alcohol and other psychoactive substances in inpatient psychiatric facilities, 1995 – 2004 (Ústav zdravotnických informací a statistiky, 2005e)

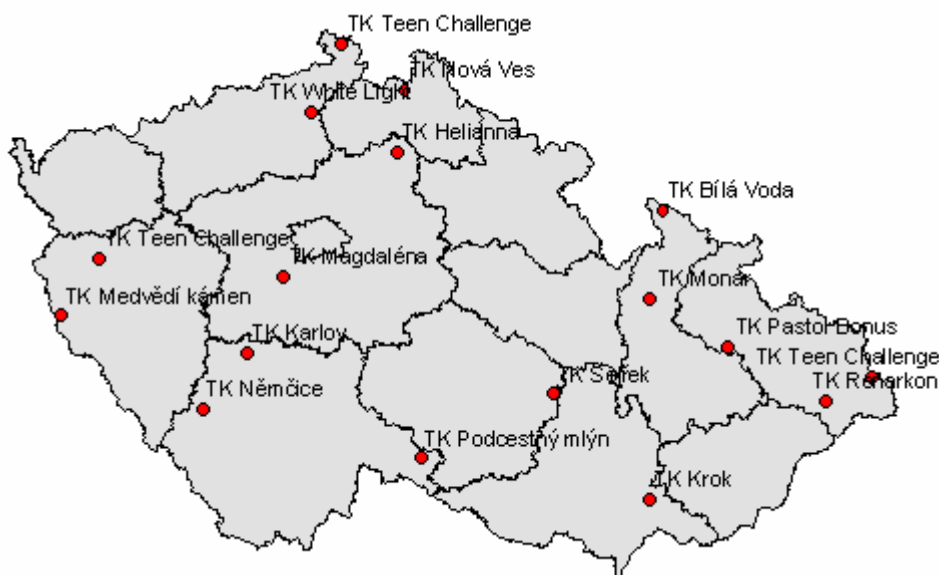


Seventeen facilities supplied inpatient treatment in therapeutic communities in 2004 – see Map 5-3. This involves medium-term and long-term treatment in 3-12-month programmes. Data for 2004 are available from 14 therapeutic communities, with a capacity of 228 beds (194 beds for adults, 15 for juveniles, and 9 for mothers with children). 546 drug users were undergoing treatment in these facilities (17 of them were mothers with children), and the average age of clients was 24.2 years old (the average age of the mothers was 26). 429 (79%) clients were injecting drug users. Pervitin (methamphetamine) was the most commonly used drug (306 clients), followed by heroin (132 clients). 134 (25%) clients successfully completed a 12-month treatment programme. 252 (46%) clients stopped their treatment prematurely. 55% of the clients who ended treatment prematurely left the programme after 2 weeks of treatment, and 30% terminated the programme after two thirds of the period (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).

Map 5-2: Psychiatric hospitals in the Czech Republic in 2004



Map 5-3: Therapeutic communities in the Czech Republic in 2004



Information about treatment in prison is included in the chapter on Prevention of Drug-Related Crime, page 67.

5.3 Substitution Treatment

5.3.1 Opiate Agonist Treatment

Since 2000, methadone prepared from an imported generic substance has been used for opiate substitution, and it is only administered in specialised substitution centres. The medicinal product Subutex (buprenorphine) has been registered since 2000, and it can be prescribed by every physician, regardless of his/her specialisation. However, there is a certain limitation because of the fact that it is necessary to use a so-called “opiate prescription with a blue stripe” – i.e. a prescription with a higher degree of registration and control. Substitution preparations in the Czech Republic are administered exclusively orally.

The Substitution Treatment Standards (Ministerstvo zdravotnictví ČR, 2001a) define the methodology for substitution treatment in the Czech Republic, including criteria for admission to treatment; more information is also included in the Annual Report 2002 and 2003 (Mravčík et al., 2004; Mravčík et al., 2003). The Substitution Treatment Register has been functioning in the Czech Republic since mid-2000 (Ministerstvo zdravotnictví ČR, 2001b). It is only obligatory to register treatment in specialised substitution centres.

5.3.1.1 Specialised Substitution Centres

As in 2003, there were nine substitution centres in the Czech Republic in 2004 (a new substitution centre was opened in České Budějovice in the Southern Bohemia region in January 2005). Still, no coverage is available in the Pilsen,

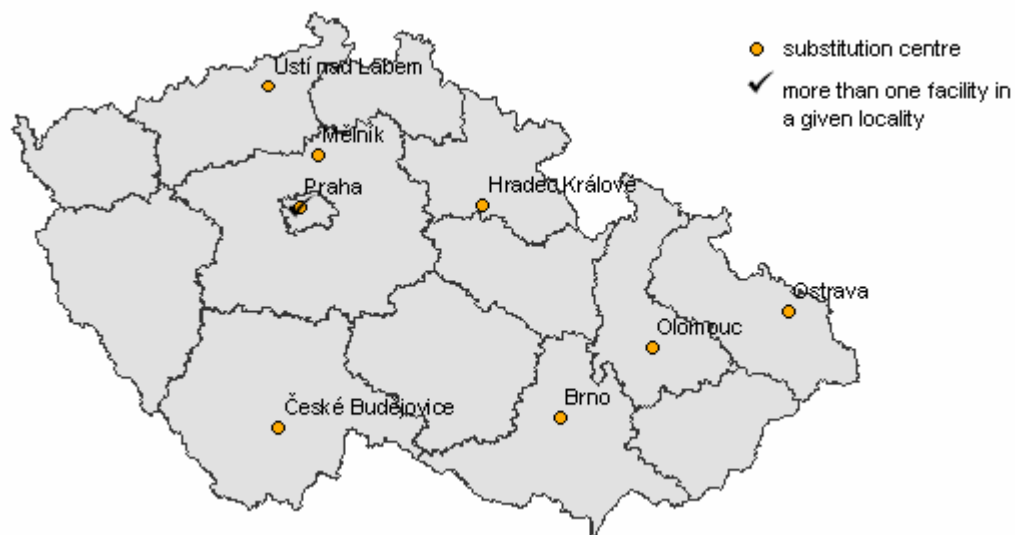
Karlovy Vary, Pardubice, Vysocina, and Zlin regions. All of the programmes were providing methadone prepared from an imported generic substance and the mass-produced medicinal product Subutex (buprenorphine).

The nine substitution programmes (Drop In Prague operates two centres) provided treatment to a total of 1,043 persons (compare this number with 714 in 2003 and 463 patients in 2002). 696 patients were treated with methadone and 347 with Subutex. Table 5-5 shows the numbers reported to the Substitution Treatment Register by December 31, 2004. It is apparent that the programmes in Prague and Ústí nad Labem are those utilised the most; this corresponds with the regional distribution of prevalence of problem opiate users, which is the highest in these regions.

Table 5-5: Substitution treatment patients in specialised programmes by December 31, 2004 (Ústav zdravotnických informací a statistiky, 2005f)

Centres	No. of persons	Proportion (%)
Prague (VFN)	101	19.3
Ostrava	11	2.1
Olomouc	5	0.9
Brno	53	10.2
Ústí nad Labem	182	24.9
Prague (Drop In)	136	26.1
Hradec Králové	18	3.4
Mělník	16	3.1
Total	522	100.0

Map 5-4: Specialised substitution centres in the Czech Republic as of January 2005

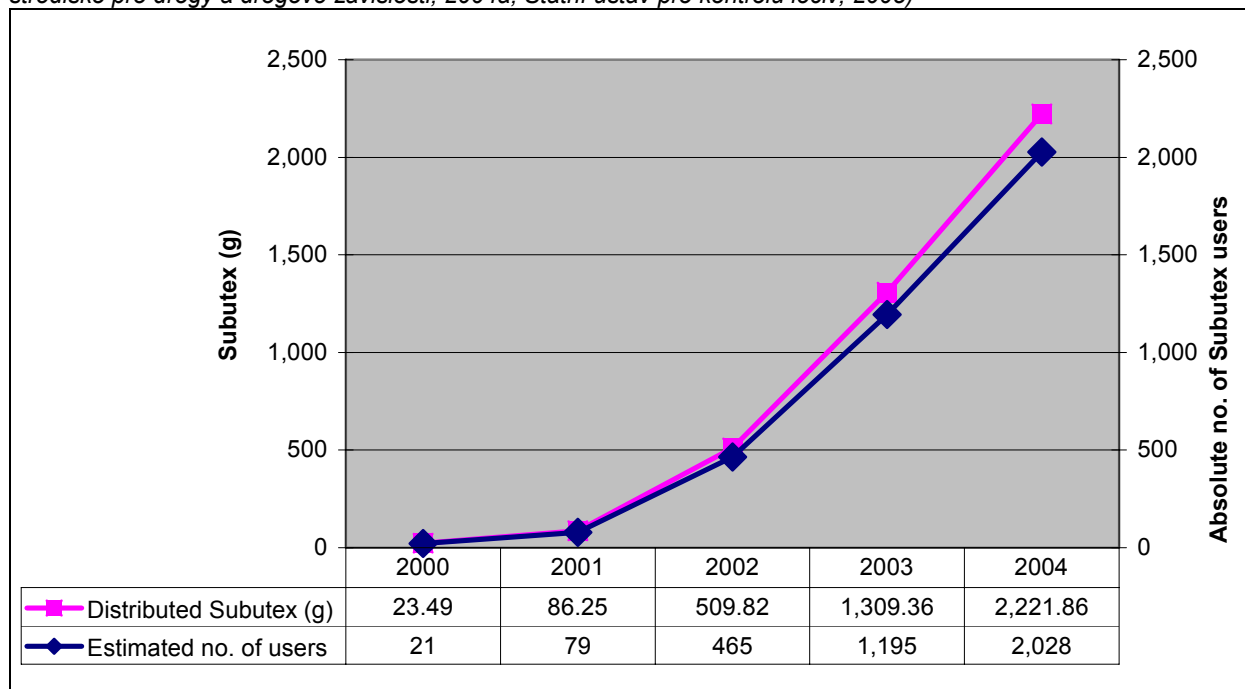


5.3.1.2 Buprenorphine Substitution Treatment

Each practitioner, regardless of his/her specialisation, can prescribe Subutex; it is also administered to suitable patients in specialised substitution centres. The number of patients using Subutex in specialised centres is accurately known (see above), while the number of patients using Subutex prescribed by outpatient physicians, as well as the number of these physicians, is not accurately known.

State Institute for Drug Control data about the distribution of Subutex on the Czech market are available (Státní ústav pro kontrolu léčiv, 2005). According to them, the quantity of Subutex consumed is increasing. Given an average daily consumption of 6 mg and an average length of treatment of 6 months (Národní monitorovací středisko pro drogy a drogové závislosti, 2004a), it is possible to estimate the number of Subutex users - see Figure 5-3.

Figure 5-3: Distributed quantity of Subutex and estimated number of Subutex users in 2000 - 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004a; Státní ústav pro kontrolu léčiv, 2005)



It is estimated that approximately 7-9% out of the total of 5,200 general practitioners in the Czech Republic prescribe Subutex; in Prague, this involves 27% and in Ústí nad Labem 12% of general practitioners (Mravčík et al., 2005; Sdružení praktických lékařů, 2005). Subutex was prescribed by 27% of the 160 psychiatric outpatient clinics that provided services to licit and illicit drugs users in 2003 and participated in the research of the NMC (see the chapter on Outpatient Treatment, page 32) (Miovská et al., 2005).

5.3.2 Occurrence of Substitution Preparations on the Black Market

Methadone hardly ever appears on the black market. If it does, only anecdotal data are available.

Subutex appears on the black market, or, more accurately, on the open drug scene. The proportion of users who get Subutex from the black market is unknown; according to expert estimates, approximately 50% of Subutex may come from the black market. The price of Subutex on the black market is several times higher than the price in a pharmacy; an 8-mg tablet costs approximately € 4.40 in a pharmacy, while the price on the black market is € 12.50-14.10 (Petroš et al., 2005).

The number of Subutex users on the open drug scene, especially in Prague and Northern Bohemia, may be even higher than the number of heroin users. A survey carried out in January and February 2005 in selected drop-in centres and outreach programmes showed marked regional differences (Randák, 2005); see Table 5-6.

Table 5-6: Ratio between heroin and Subutex users in selected low-threshold centres in the Czech Republic in January and February 2005 (%) (Randák, 2005)

Programme	Heroin	Subutex
Drop In Prague	20	80
SANANIM Prague	30	70
Prostor Kolín	40	60
Prevent České Budějovice	10	90
Drug Out Club Ústí nad Labem	< 50	> 50
CPPT Pilsen	80	20
Podané ruce Brno	70	30
Laxus Hradec Králové	69	31

Injecting use of Subutex is not exceptional. No death from an overdose on methadone or Subutex was reported in 2004 - see the chapter on Drug-Related Deaths and Mortality of Drug Users, page 40.

5.3.3 Evaluation Substitution Treatment Results

The proportion of problem users of opiates in substitution treatment has been increasing in the Czech Republic; it was estimated at 20-30% in 2004 (the lower limit of the estimate reflects an estimation of the quantity of Subutex procured

from the black market); it was estimated at 18% in 2003 and at 7% in 2002. The availability of specialised (methadone) substitution centres continues to be poor; they are located in 7 regional towns and therefore they are practically inaccessible to potential patients from small towns or villages. At the same time, no methadone-based branded medicinal product which could improve this situation is available on the Czech market. The centres in Prague and Ústí nad Labem have the highest volume and turnover of patients (Ústav zdravotnických informací a statistiky , 2005f).

No comprehensive evaluation of substitution treatment has yet been carried out in the Czech Republic. Data from the Substitution Treatment Register are available; see Table 5-7.

Table 5-7: Reason for termination of treatment in specialised centres in 2000–2004 (Ústav zdravotnických informací a statistiky , 2005f)

Centres	Total in register		Reason for treatment termination						Total
	Admission	Termination	1	2	3	4	5	6	
Prague (VFN)	392	291	45	29	127	3	1	86	291
Ostrava	24	13	4	1	2	1	0	5	13
Olomouc	20	14	3	1	7	0	0	3	14
Brno	73	20	1	0	7	6	0	6	20
Ústí nad Labem	694	512	9	25	415	29	2	32	512
Prague (Drop In)	1,082	946	49	48	750	7	2	90	946
Hradec Králové	28	10	3	1	3	0	1	2	10
Mělník	68	52	10	4	13	0	0	25	52
Total	2,381	1,858	124	109	1,324	46	6	249	1,858

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

A survey on the quality of life of participants in Subutex substitution programmes was carried out in 2004. The research sample consisted of 64 persons (42 males, 22 females) who were undergoing substitution treatment in 3 specialised substitution centres, a psychiatric outpatient clinic, and a general practitioner's outpatient clinic. The respondents were aged 17–47. SDS (Severity of Dependence Scale) and SQALA (life quality questionnaire) standardised questionnaires were used. The overall score of seriousness of addiction was 10.33²⁰, and no significant difference was found between individual programmes. Satisfaction was detected in connection with the home environment, food, children, care for oneself, and family relations. Therefore, this rather involves modalities which are usually unambiguously disturbed in the period of actual drug use and where a positive advance can be expected in comparison with the past. On the contrary, lack of satisfaction was expressed in connection with the fields of justice²¹, work, money, and hobbies. Females expressed a more marked degree of satisfaction with their relations with the environment and children. The highest degree of satisfaction with the quality of life was detected among those who receive substitution treatment from their general practitioner (Randák, 2005).

²⁰ The overall score varies from 0 to 15; the higher it is, the higher the level of addiction.

²¹ The questionnaire inquires, for instance, about the importance of and level of satisfaction with the fulfilment of the following values: freedom, truth, justice and faith.

6 Health Correlates and Consequences of Drug Use

The number of opiates overdoses (this mostly involves opiates contained in medicaments, not heroin or other “street” opiates) and pervitin (methamphetamine) overdoses increased in 2004. A relatively high number of overdoses on inhalants and very high numbers of overdoses on medicaments, especially benzodiazepines, have persisted. No fatal overdose on ecstasy (MDMA) was reported; there was one death caused by another synthetic drug (DOB). A single death as a result of a cocaine overdose was reported in the Czech Republic for the first time. In addition, there was one death where cocaine was identified (this suggests a danger of cocaine spreading further in the Czech Republic). In addition, data on drug users’ mortality were analysed; it is approximately 7–11 times higher than in the general population of the same age.

The trend regarding infectious diseases among drug users has been favourable. HIV seroprevalence among injecting drug users has remained under 1%; however, it is necessary to observe closely the increase in newly HIV-infected injecting drug users, even though the numbers are low. HCV prevalence among injecting drug users is approximately 30%; this proportion is higher in specific subpopulations (substitution treatment patients, drug users in prison). As in the last year, the means available for testing for infectious diseases directly in the at-risk population of injecting drug users are insufficient, and the decrease in the number of tests in this population poses a warning.

6.1 Drug-Related Deaths and Mortality of Drug Users

The year 2004 was the third year of operation of an automated system of data collection pertaining to drug mortality; data from all 13 departments of forensic medicine and forensic toxicology have been available in a database format for two years. 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. Data about overdoses on narcotic and psychotropic substances have been available in a consistent time series since 1998²²; data about death “with the presence of narcotic and psychotropic substances have been reported since 2003²³. The entire automated system and coordination of collection of this type of data in general has been developed in close collaboration between the NMC 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 NMC.

6.1.1 Overdoses

Forensic medicine and toxicology departments detected 241 deaths resulting from overdoses; 171 of these deaths were due to psychoactive medicaments - see below. Regardless of medicaments, presently and traditionally opiates have been the most frequent cause of these overdoses (32), followed by inhalants (20) and pervitin (16). No fatal methadone (or buprenorphine) overdose was recorded, even in combination with other drugs; at the same time, no fatal overdose on ecstasy (MDMA)²⁴ or cannabis was reported in 2004. A fatal cocaine overdose was reported in 2004 for the first time since special registers of drug-related deaths were established in forensic medicine and toxicology departments (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2005); see Table 6-1 and 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. 171 overdoses on psychotropic medicaments were identified in 2004; 94 of these cases involved overdoses on benzodiazepine, including flunitrazepam (Rohypnol).

In comparison with 2003, the number of opiates overdoses increased in 2004 (from 21 to 32). However, heroin was identified in 5 of these 32 cases and morphine in another 7 cases; the remaining cases involved codeine or dihydrocodeine, which suggests that the persons rather overdosed on opiates contained in medicaments. Pervitin overdoses nearly doubled; this increase corresponds with the increase in the estimated number of problem pervitin users and increase in pervitin-related treatment demands in 2004. Overdoses on inhalants remained at nearly the same level as in 2003. 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; see Figure 6-2. Overdoses on benzodiazepines have an increasing tendency; the number of overdoses on flunitrazepam has been decreasing. This corresponds with the introduction of a stricter regime through prescription with forms featuring a blue stripe, which occurred in August 2003.

²² With the exception of data on overdoses on inhalants (see below).

²³ A detailed methodological summary for the determination of drug-related deaths was published in 2004 (Zábranský et al., 2004).

²⁴ One fatal overdose on DOB occurred in 2004. DOB was not identified post mortem but only identified in clinical materials - more details are included in the chapter on Drug Use in Recreational Settings, p. 90.

Table 6-1: Fatal overdoses on drugs in the Czech Republic in 2003 by the type of drug, age groups, and gender (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2005)

Drug(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	1	3	3	1	0	0	0	0	0	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	3	5	4	1	3	1	2	2	0	2	17	6	23
- also methadone	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
More substances or one substance – not opiates/opioids	1	3	7	10	4	4	2	2	2	1	0	1	31	6	37
- inhalants	1	3	3	4	3	1	1	1	1	1	0	1	19	1	20
- pervitin	0	0	4	5	1	3	1	1	1	0	0	0	11	5	16
- cocaine	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1
- dance drugs (e.g. MDMA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
- hallucinogens	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychoactive medicaments	1	6	2	9	9	22	25	24	25	12	10	26	101	70	171
- benzodiazepines	0	1	1	6	5	12	12	13	13	7	7	17	57	37	94
Not specified/unknown	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
Total	2	10	13	27	20	28	30	27	29	16	10	29	156	85	241

Figure 6-1: Fatal overdoses in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2005)

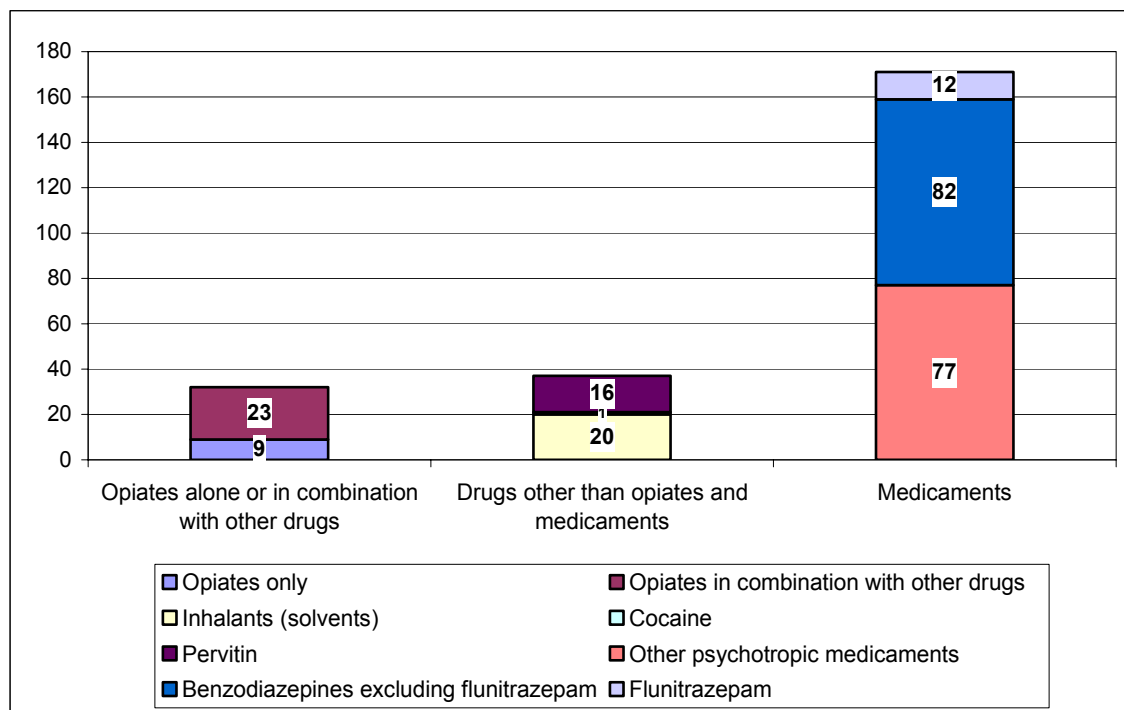
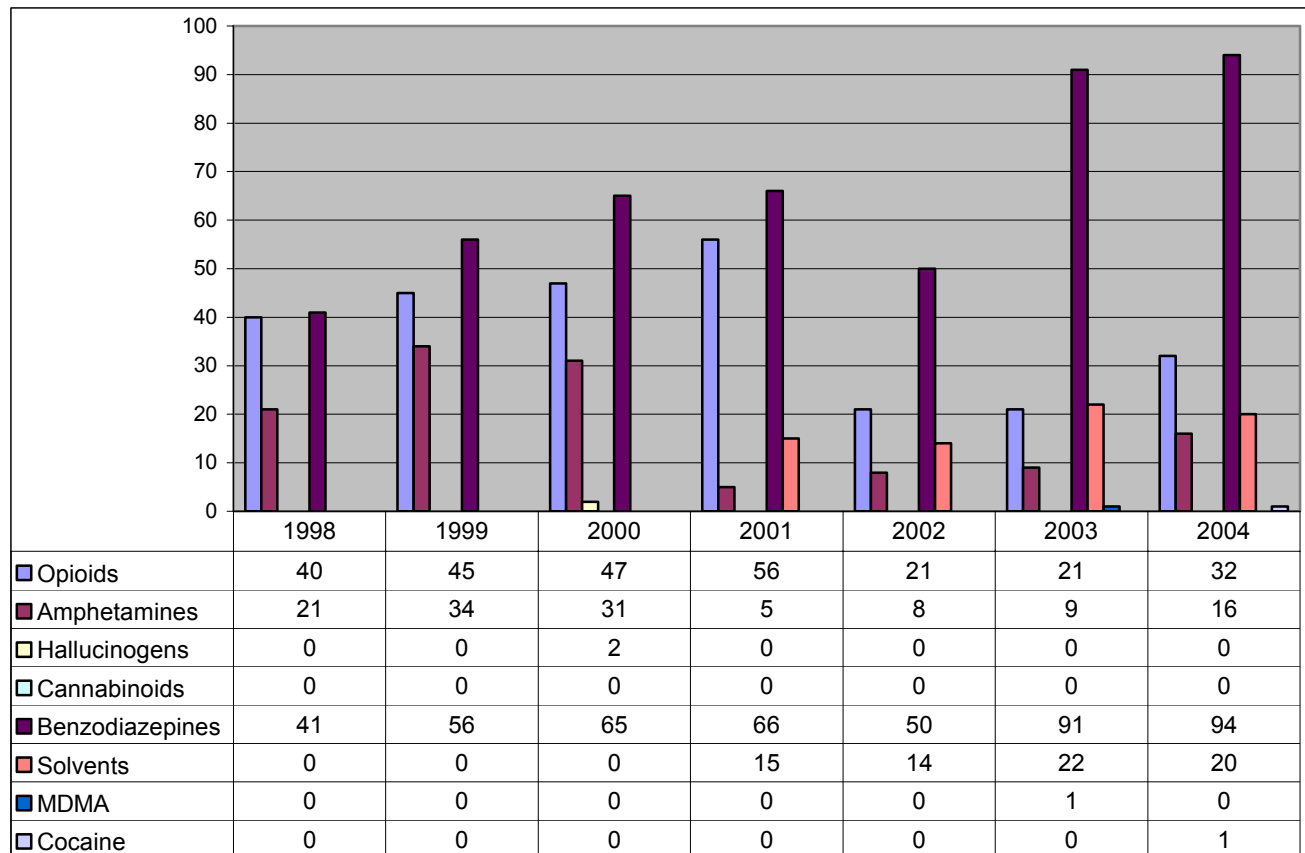


Figure 6-2: Fatal overdoses on selected drugs, 1998-2004 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2005)



6.1.2 Deaths with the Presence of Drugs

The special register of drug-related mortality identified 164 deaths with the presence of drugs: 2 were due to illness, 72 to accidents, 83 were suicides, 3 were cases of manslaughter or murder, and 4 deaths were due to other causes. Table 6-2 gives a summary of the proportion of selected drugs in the individual groups of deaths with the presence of drugs.

Table 6-2: Deaths with the presence of drugs detected by forensic medicine departments in the Czech Republic in 2004 by type and causes of death (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2005)

Substance/ cause of death	Illness (n=2)	Accident (n=72)	Suicide (n=83)	Manslaughter/ murder (n=3)	Other (n=4)	Total (n=164)	Proportion (%)
Benzodiazepines	0	35	44	1	2	82	50.0
THC	2	2	6	0	0	10	6.1
Opiates /opioids	0	5	9	0	0	14	8.5
Pervitin	0	9	9	1	0	19	11.6
Inhalants	0	2	3	0	1	6	3.7
MDMA	0	3	0	0	0	3	1.8
Cocaine	0	0	0	1	0	1	0.6

Information about the detection of drugs in the bodies of persons who died in traffic accidents is included in the chapter on Other Drug-Related Correlates and Consequences, page 48.

6.1.3 Mortality of Drug Users

European cohort mortality studies show that mortality among drug users is significantly higher than in the general population of the same age. A retrospective cohort mortality survey was carried out in the Czech Republic in 2003-2004. Four pre-defined groups of drug users were available for the study: two sets of persons hospitalised for drug-related disorders (12,207 and 2,824 persons), a set of injecting users with identified viral hepatitis (3,037 persons), and a set of users in opiate substitution treatment (704 persons). The first three sets were followed in 1997-2002, and

the set of drug users in substitution treatment was followed in 2000-2002. Detailed information about data sources and methodology is included in the 2003 Annual Report of the NMC (Mravčík et al. 2004).

6.1.3.1 Description of Cohorts

320 persons (2.6%) out of the cohort of those hospitalised with primary diagnoses F11-F19 (i.e. disorders caused by the use of addictive substances, with the exception of alcohol and excluding diagnosis F17 – tobacco) died during the period monitored; see Table 6-3. 114 of these cases involved users of opiates, 48 users of stimulants, and 103 poly-drug users. Other deaths were reported in connection with the use of other psychoactive substances.

112 persons out of the cohort of those hospitalised with secondary diagnoses F11-F19 had died by the end of 2002. 42 of these cases involved users of opiates, 4 users of stimulants, and 37 poly-drug users. The total number of those who died represents nearly 4% of this cohort.

As far as the cohort of injecting drug users with identified viral hepatitis (EPIDAT register) is concerned, 56 deaths were reported, and this represents nearly 2% of the set. The primary drug of use is not recognised in the register. There were 8 deaths (1% of the sample) among the drug users registered in the opiate substitution treatment register.

Table 6-3: Description of individual cohorts (Lejčková and Mravčík, 2005)

Cohort	No. of persons in a cohort	No. of deaths in a cohort	Proportion of deaths in a cohort (%)
Hospitalised – primary diagnosis F11-F19	12,207	320	2.62
Hospitalised – secondary diagnosis F11-F19	2,824	112	3.97
Injecting drug users – EPIDAT	3,037	56	1.84
Drug users in substitution treatment	704	8	1.14

6.1.3.2 Standardised Mortality Rate

Because of differences in the age and gender structure of individual cohorts, an indicator of crude mortality rate is not appropriate for mutual comparison between the cohorts. Therefore, the crude rates were standardised with regard to the population of the Czech Republic aged 15-49 (for comparison, the crude mortality rate of the Czech population in this age group was 8.39% in 2000). The directly standardised rate expresses what the mortality of drug users would be if their age structure corresponded with the age structure of the population of the Czech Republic.

The standardised mortality rate in the cohort of those hospitalised with primary drug-related diagnosis was 16.78 per 1,000 person-years of follow-up of a given cohort. The cohort of those hospitalised with a secondary diagnosis F11-F19 and the cohort of injecting drug users had a mortality rate twice as high (33.55 and 31.67 per 1,000 person-years). Mortality in the cohort of drug users in substitution treatment is markedly lower (7.24); this fact may be considerably influenced by the size of the cohort and low number of reported deaths; see Table 6-4.

It became apparent in all of the cohorts that mortality among males is higher than mortality among females; it was as much as twice as high among those hospitalised with a primary diagnosis. With regard to the types of drugs monitored, the highest mortality was found among users of opiates (in the cohort of those hospitalised with a primary diagnosis) and poly-drug users (in the cohort of those hospitalised with a secondary diagnosis F11-F19) (Lejčková and Mravčík, 2005).

Table 6-4: Directly standardised mortality rate (‰) (per 1,000 person-years of monitoring) (Lejčková and Mravčík, 2005; Národní monitorovací středisko pro drogy a drogové závislosti, 2005c)

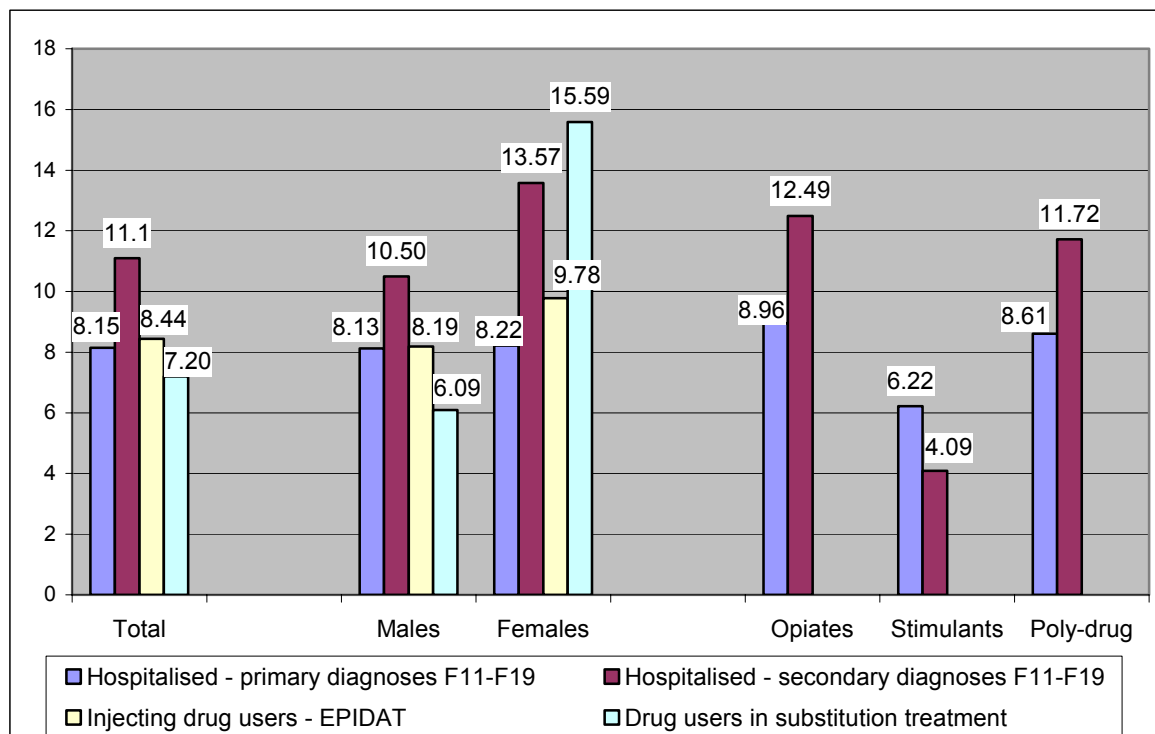
Cohort	Total	Males	Females	Opiates	Stimulants	Combinations of drugs
Hospitalised – primary diagnosis F11-F19	16.78	22.38	11.18	23.05	7.51	20.36
Hospitalised – secondary diagnosis F11-F19	33.55	35.44	30.06	29.59	11.60	123.06
Injecting drug users – EPIDAT	31.67	39.21	30.69	-	-	-
Drug users in substitution treatment	7.24	-	-	-	-	-

6.1.3.3 Standardised Mortality Ratio

The standardised mortality ratio (SMR) expresses the risk of death in a monitored cohort with regard to mortality in the general population of the same gender and age. The SMR calculation derives from the proportion the actual and expected number of deaths in the entire cohort and it is not influenced by the age structure of the cohort. Mortality among drug users is approximately 7-11 times higher than mortality among the general population of the same age (Lejčková and Mravčík, 2005; Národní monitorovací středisko pro drogy a drogové závislosti, 2005c); it is 6-10.5 times higher among males and 8-16 times higher among females. As far as individual types of drugs are concerned, mortality

is the highest among users of opiates and poly-drug users (9-12 times higher), and the mortality of users of stimulants is 4-6 times higher than is the case in the general population; see Figure 6-3.

Figure 6-3: Standardised mortality ratio (SMR) by gender and drug type (Lejčková and Mravčík, 2005; Národní monitorovací středisko pro drogy a drogové závislosti, 2005c)



An interim analysis has shown a very high mortality rate among users of sedatives and hypnotics (diagnosis F13) (Národní monitorovací středisko pro drogy a drogové závislosti, 2005c).

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 incidence of HIV infection in the Czech Republic have been stable since the first half of the 1990s.

The number of newly diagnosed HIV cases in 2004 was the highest since 1985 (72 persons), and the number of infected injecting drug users was higher than in the previous 10 years (7 persons); see Table 6-5. Altogether, 737 HIV positive persons with permanent residence in the Czech Republic were registered by December 31, 2004; 34 of them are injecting drug users and 10 were reported to be injecting drug users and bisexuals at the same time. In the long term, the situation in the Czech Republic can be regarded as relatively favourable, even though the higher number of newly diagnosed cases in 2004 may represent an increasing trend in the number of HIV positive persons (Brůčková et al., 2005).

Table 6-5: HIV+ incidence in the Czech Republic by December 31, 2004 by route of administration (Jedlička et al., 2005)

Way of transmission	up till 2000	2001	2002	2003	2004	Total
Homo-/bisexual	262	29	27	37	30	385
IDU	19	3	2	4	6	34
Homosexual and IDU	5	2	1	1	1	10
Haemophiliacs	17	0	0	0	0	17
Blood recipients	14	0	0	0	0	14
Heterosexual	152	13	20	19	30	234
Mother-child	3	0	0	1	0	4
Nosocomial	2	0	0	0	0	2
Not ascertained	27	4	0	1	5	37
Total	501	51	50	63	72	737

Altogether, 836,601 laboratory tests for HIV antibodies were carried out in the Czech Republic in 2004, and 0.09% were positive. 1,609 persons reported injecting drugs as the reason for testing, and none of them was positive²⁵. Testing labelled as testing of injecting drug users has only detected sporadic cases of positive injecting drug users (4 cases out of 42). The number of tests for HIV antibodies among injecting drug users has been decreasing since 1999; see Table 6-6 (Brůčková et al., 2005; Jedlička et al., 2005). The availability of testing in the at-risk groups of injecting drug users has been decreasing.

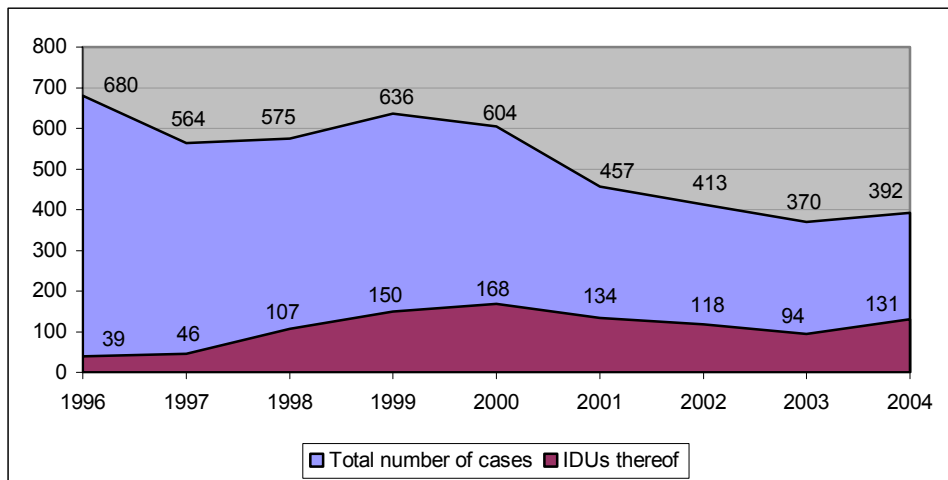
Table 6-6: Tests of injecting drug users for HIV antibodies, 1994-2005 (Brůčková et al., 2005; Jedlička et al., 2005)

Year	Blood		Saliva		Total	
	No. of tests	No. of positive results	No. of tests	No. of positive results	No. of tests	No. 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	3,593	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
2004	1,609	0	222	0	1,831	0
Total	14,741	3	6,814	1	20,228	4

6.2.2 Viral Hepatitis

Figure 6-4 and Figure 6-5 show data about reported new cases of acute HBV and HCV in the Czech Republic in 1996-2004. More acute cases than in previous years have been reported for the first time in four years. Approximately 30% of reported new HBV cases and 60% of reported new HCV cases represent injecting drug users. The proportion and number of injecting drug users among all newly reported HCV cases, including chronic ones, declined for the first time since 1996; see Figure 6-6 (Beneš and Částková, 2005).

Figure 6-4: Reported HBV incidence and proportion of injecting drug users in the Czech Republic in 1996-2004 (Beneš and Částková, 2005; Polanecký et al., 2005)



²⁵ Positive cases of injecting drug users 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, prisoners, contacts of HIV positive persons, pregnant women, etc.).

Figure 6-5: Reported HCV incidence – acute incidence and proportion of injecting drug users in the Czech Republic in 1997-2004 (Beneš and Částková, 2005; Polanecký et al., 2005)

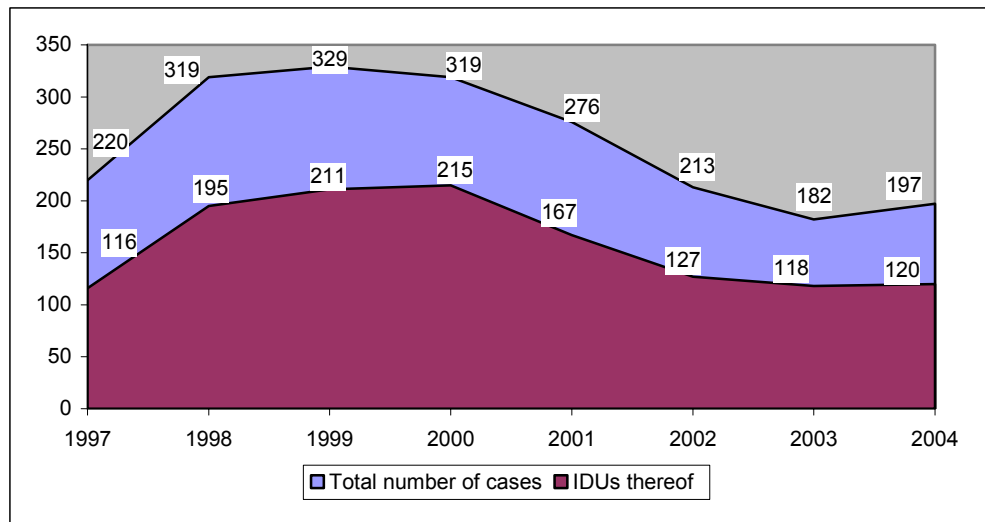
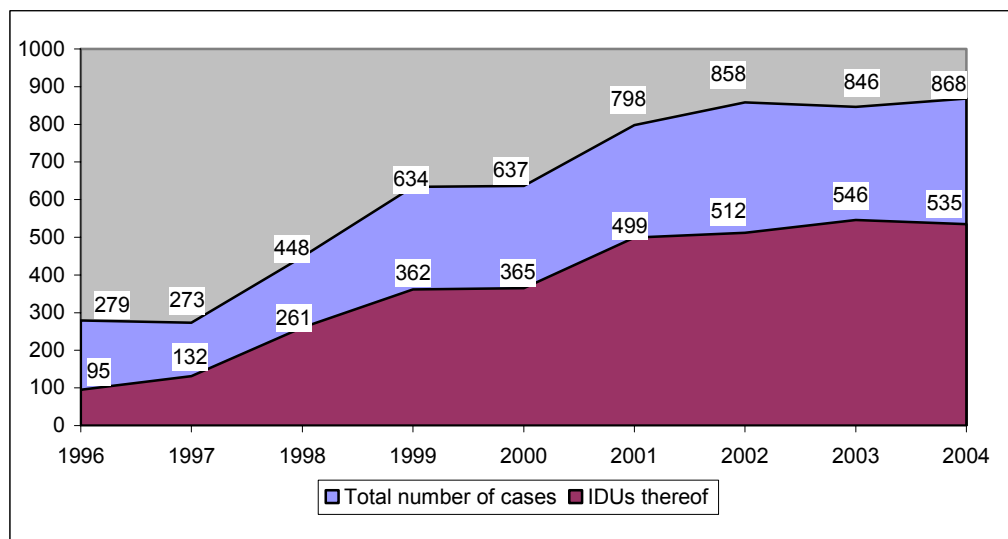


Figure 6-6: Reported HCV incidence – acute and chronic HCV incidence and proportion of injecting drug users in the Czech Republic in 1996-2004 (Beneš and Částková, 2005)



Testing for antibodies against the causal agents of individual types of viral hepatitis directly in this at-risk population provides a better picture of the prevalence of viral hepatitis among injecting drug users. In addition to the results published in previous Annual Reports of the NMC (Mravčík et al. 2004; Mravčík et al. 2003), new results of a prospective part of the survey “HCV Seroprevalence among Injecting Drug Users” carried out by the NMC are available as well. 760 respondents participated in the basic part of the study; 226 (29.8%) respondents tested positively. An incidence rate²⁶ of 12.2 cases per 100 persons and year of monitoring was determined for a sample of 173 persons (who tested negatively in the prospective part of the study) in the period between February 2003 and May 2004. The results of the prospective part of the study by facilities are given in Table 6-7.

²⁶ It gives the number of newly infected per sum during a defined time unit – in this case, one year.

Table 6-7: Results of the prospective part of the HCV Seroprevalence Among Injecting Drug Users carried out by the National Monitoring Centre for Drugs and Drug Addiction by facilities

Drop-in centres (operated by/name, city)	No. of tests	No. of positive findings	Person days of monitoring	Incidence rate
Podané ruce Association, Brno	11	0	6,933	0
Háječek, České Budějovice	1	0	112	0
K-centre, Děčín	6	3	1,023	107.11
Drop In, Prague	8	1	1,530	23.87
Laxus, Hradec Králové	34	5	12,213	14.95
Centrum U Větrníku, Jihlava	11	0	1,458	0
K-centrum, Liberec	14	1	3,737	9.77
Pod slunečníkem, Opava	8	0	3,490	0.00
CPPT, Plzeň	29	1	6,899	5.29
SANANIM, Prague	13	1	2,955	12.36
Auritus, Tábor	12	0	2,396	0
Drug out club, Ústí nad Labem	26	4	5,253	27.81
Total	173	16	47,999	12.18

6.2.3 Monitoring of Infections in Specific Populations of Drug Users

The results of monitoring the situation among drug users in low-threshold facilities in 2004 are given in Table 6-8.

Table 6-8: Results of tests of injecting drug users in 23 low-threshold facilities in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e)

Infection	No. of tests	No. of positive findings	Proportion (%)
HIV	811	0	0
VHA	136	1	0.7
VHC	2,138	77	3.6

Note: Altogether, almost 6,000 tests were carried out in low-threshold facilities in 2004 - see the chapter on Services Provided by Low-Threshold Facilities, page 52, for more detailed information. The table shows the available results (from 28 facilities).

Table 6-9: Results of monitoring of infections among patients of substitution centres in 2004 (Ústav zdravotnických informací a statistiky, 2005f)

Infection	No. of patients	No. of positive findings	Proportion (%)
HIV	683	5	0.7
VHB	683	106	15.5
VHC	683	284	41.6

6.3 Psychiatric Co-morbidity

Another analysis regarding psychiatric co-morbidity in 2003 was carried out in 2004. 4,636 hospitalisations resulting from disorders associated with the use of illicit drugs (F11-F19) were reported in psychiatric hospitals and hospital departments in 2003 (Ústav zdravotnických informací a statistiky, 2004b). Other diagnoses were reported 316 times (6.8%); a psychiatric disorder was mentioned as a first secondary diagnosis in 64.4% of all first secondary diagnoses; at the same time, they were diagnosed as a second secondary diagnosis in 26% and as a third secondary diagnosis in 7.5% of the cases (Mravčík et al. 2004).

Altogether, 1,740 hospitalisations where disorders caused by the use of addictive substances were only mentioned as one of the secondary diagnoses were reported in 2003. Neurotic disorders represented 30.2% of these diagnoses; alcohol (66.4%), sedatives, or hypnotics (11.5%) were the most commonly used substances. As far as personality disorders (20.3% of all diagnoses) were concerned, the substances involved were alcohol (60.2%) and cannabis (8.1%). Schizophrenia (20.1%), most usually in combination with the use of alcohol (57.9%) and cannabis (6.0%), represented the third largest group. Non-specified disorders (13%) were also relatively prominent in all diagnostic categories; see Table 6-10. 2004 data are not available.

Table 6-10 Hospitalised patients with secondary diagnoses F10-F19 in 2003 (%) (Ústav zdravotnických informací a statistiky, 2004b)

Primary diagnosis		F00-F09	F20-F29	F30-F39	F40-F49	F50-F59	F60-F69	F70-F79	F90-F99	Total	
Total of diagnoses	Abs.	229	380	228	572	6	384	42	50	1,891	
Secondary diagnosis	F10	%	83.8	57.9	70.6	66.4	50.0	60.2	88.1	20.0	65.3
	F11	%	3.9	1.6	1.3	1.7	0	2.1	0	2.0	1.9
	F12	%	0.9	6.0	1.8	4.7	0	8.1	0	28.0	5.3
	F13	%	6.1	3.1	13.2	11.5	0	3.6	0	0	7.2
	F14	%	0	0.3	0.4	0	0	0.5	0	0	0.2
	F15	%	0.9	4.5	0.4	4.2	16.7	3.6	0	0	3.1
	F16	%	0	0	0	0.2	0	0	0	0	0.1
	F17	%	0	5.0	1.3	4.5	0	1.0	0	2.0	2.8
	F18	%	0.4	1.3	0	0.2	0	1.0	4.8	14.0	1.1
F19	%	3.9	20.3	10.9	6.5	33.3	19.8	7.1	34.0	13.0	

Note: 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 caused by 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 Correlates and Consequences

6.4.1 Non-Fatal Drug Intoxications

The collection of data about non-fatal intoxications²⁷ is based on the system administered by the Hygiene Service (Polanecký et al. 2004). Considerable regional differences in data collection systems have persisted, in terms of both quality and quantity. Various types of health care facilities represent a source of data about drug-related intoxications. Intoxications caused by pervitin and heroin (19 cases each) were those reported most commonly in 2004. A comparison of the rate of intoxications in 2001 to 2004 by drugs is provided in Table 6-11.

Table 6-11: Intoxications with drugs in the Czech Republic, a comparison of the years 2001-2004, by drugs (Polanecký et al., 2004; Polanecký et al., 2005; Polanecký et al., 2003; Polanecký et al., 2002)

Drug	2001		2002		2003		2004	
	abs.	%	abs.	%	abs.	%	abs.	%
Heroin	285	24.1	176	17.6	152	17.3	179	18.8
Methadone	2	0.2	6	0.6	3	0.3	2	0.2
Subutex	n.a.	-	n.a.	-	2	0.2	12	1.3
Other opiates	16	1.4	23	2.3	22	2.5	20	2.1
Pervitin	163	13.8	191	19.1	149	16.9	180	18.9
Ecstasy	15	1.3	4	0.4	8	0.9	3	0.3
Cocaine	4	0.3	2	0.2	6	0.7	5	0.5
Amphetamines and other stimulants	4	0.3	12	1.2	7	0.8	17	1.8
Marijuana and hashish	63	5.3	101	10.1	90	10.2	84	8.8
Barbiturates	19	1.6	16	1.6	9	1.0	6	0.6
Benzodiazepines	137	11.6	89	8.9	157	17.8	126	13.2
Sedatives, hypnotics	176	14.9	121	12.1	73	8.3	97	10.2
LSD	3	0.3	2	0.2	3	0.3	7	0.7
Psilocybin	15	1.3	7	0.7	4	0.5	10	1.1
Inhalants	75	17.8	58	5.8	69	7.8	64	6.7
Datura	4	0.3	0	0	0	0.0	0	0.0
Other drugs and medicaments	182	15.4	179	17.9	100	11.4	92	9.7
Unknown	20	1.7	13	1.3	27	3.1	48	5.0
Total	896	100.0	818	100.0	881	100.0	952	100.0

6.4.2 Drugs and Traffic Accidents

A detailed analysis of all those dissected in all thirteen forensic medicine and forensic toxicology departments in 2003 has been published (Mravčík and Vorel, 2005). As far as alcohol is concerned, cases with an alcohol level higher

²⁷ Non-fatal – in this context, it means an intoxication that does not result in death. This system reports overdoses, as well as other complications that require hospitalisation.

than 0.2 g/kg were regarded as positive (Společnost soudního lékařství a soudní toxikologie, 1999). As far as cannabinoids are concerned, positive cases involved the cases where THC or its active metabolite (therefore, not for instance THC-COOH) were found, and positive cases of inhalants involve the detection of substances which do not develop *post mortem* or are not indicated in several physiological or pathological conditions (e.g. acetone, acetaldehyde, n-propanole, n-butanole). Blood alcohol level examinations are carried out according to the Guidelines for Ethanol Level Determination issued by the Professional Association of Forensic Medicine and Toxicology of the Czech Medical Association of J. E. Purkyně (Společnost soudního lékařství a soudní toxikologie, 1998). At the minimum, toxicological examinations involve urine screening by means of immunochemical methods and confirmation by means of a specific analytic method after previous extrapolation from blood or organs, and they focus on addictive substances and other medicaments. Altogether, 554 cases were analysed (i.e. a blood alcohol level examination and/or toxicological examination was carried out); 440 (79.4%) of these involved males and 114 (20.6%) involved females; 35.5% of the sample were aged 20-34. The entire sample was divided into four categories: pedestrians, cyclists, drivers of motor vehicles, and others. The category "others" especially involved co-passengers in motor vehicles and those who died and do not belong to any of the three above-mentioned categories (other than traffic accidents, e.g. plane crashes, accidents at building sites, etc.). The basic characteristics of these categories, percentage of positive detections of alcohol and other narcotic and psychotropic substances among the dead victims of traffic accidents, and percentage of those positive by gender and age are given in Table 6-12 to Table 6-15.

Table 6-12: Number of cases, average age, and the percentage of males by categories of dead victims of traffic accidents (Mravčík and Vorel, 2005)

Category	No. of cases		Average age	Proportion of males (%)
	Abs.	%		
Pedestrians	143	25.8	45.4	76.2
Cyclists	50	9.0	51.1	82.0
Drivers of motor vehicles	204	36.8	36.3	91.2
Others	157	28.4	36.1	66.2
Total	554	100.0	39.9	79.4

Table 6-13: Detection of alcohol and narcotic and psychotropic substances among victims of traffic accidents (Mravčík and Vorel, 2005)

Substance	Category of victims of traffic accidents							
	Pedestrians		Cyclists		Drivers		Total	
	Tests (abs.)	Positive (%)	Tests (abs.)	Positive (%)	Tests (abs.)	Positive (%)	Tests (abs.)	Positive (%)
Alcohol	141	51.8	50	40	203	32.0	394	40.1
Inhalants	141	0.7	50	0	203	0.5	394	0.5
Opiates (including heroin)	92	0	28	3.6	153	0.7	273	0.7
Stimulants (including pervitin and ecstasy)	91	1.1	27	0	152	3.3	270	2.2
Cocaine	39	0	8	0	54	0	101	0
Cannabis (active metabolites of THC)	70	2.9	21	0	101	4.0	192	3.1
Benzodiazepins	89	3.4	28	7.1	150	2.0	267	3.0
Barbiturates	88	0	28	3.6	149	0	265	0.4
Any drug except alcohol	108	7.4	35	11.4	171	6.4	314	7.3
Combination of alcohol and any other drug	106	3.8	35	5.7	170	0.6	311	2.3

Table 6-14: Positive detection of alcohol and other narcotic and psychotropic substances among victims of traffic accidents by gender (Mravčík and Vorel, 2005)

Substance	Males		Females		Total	
	Tests (abs.)	Positive (%)	Tests (abs.)	Positive (%)	Tests (abs.)	Positive (%)
Alcohol**	335	44.8	59	13.6	394	40.1
Inhalants	335	0.6	59	0	394	0.5
Opiates (including heroin)*	238	0	35	5.7	273	0.7
Stimulants (including pervitin and ecstasy)	236	2.1	34	2.9	270	2.2
Cocaine	91	0	10	0	101	0
Cannabis (active THC metabolites)	167	3.6	25	0	192	3.1
Benzodiazepins*	233	2.1	34	8.8	267	3.0
Barbiturates	231	0.4	34	0	265	0.4

Note: * difference at significance level of $p < 05$. **difference at significance level of $p < 01$ (chi-quadrat test)

Table 6-15: Average age of people with positive and negative detection of alcohol and other narcotic and psychotropic substances among victims of traffic accidents (Mravčík and Vorel, 2005)

Substance	Positive	Negative	Total
Alcohol*	39.1	43.3	41.6
Inhalants	40.5	41.6	41.6
Opiates (including heroin)	28.0	39.3	39.2
Stimulants (incl. pervitin and ecstasy)	29.2	39.2	39.0
Cocaine	-	36.1	36.1
Cannabis (active THC metabolites)*	20.5	38.7	38.2
Benzodiazepins	46.3	39.1	39.3
Barbiturates	65.0	38.9	39.0

Note: * difference at significance level of $p < 05$ (ANOVA test)

A study implemented in the Southern Bohemia region in 1998-2002 with a sample of dead drivers (toxicological examination was carried out for 166 of them) produced similar results. Illicit drugs were identified in 2 (1.2%) of these cases (one case of pervitin and one case of THC). 4.8% were under the influence of pharmaceutical psychotropic substances at the moment when the fatal traffic accident occurred, 4.8% were under the influence of other medicaments, and 37% were under the influence of alcohol (Vorel, 2003).

Official data of the Police of the Czech Republic mention 195,581 traffic accidents in the Czech Republic in 2003. 1,319 persons died during these accidents. 9,076 accidents (4.6%) were caused by alcohol, and 111 persons (i.e. 8.4% of all dead victims of traffic accidents) died during these accidents. The summary shows that 18 cyclists and 32 drivers who died in traffic accidents were under the influence of alcohol; pedestrians are not listed there. It is apparent that the official statistics of the Police Presidium do not provide an adequate picture of the influence of alcohol on the course and consequences of traffic accidents because they substantially underestimate it.

6.4.3 Other Drug-Related Health Correlates and Consequences

Drug use and health consequences among those attending dance events have been monitored since 2003 (Mravčík et al. 2005). Those who came to have their ecstasy tablet(s) tested were interviewed. The lifetime prevalence of health complications in connection with attendance at a dance event is given in Table 6-16 and Table 6-17. Altogether, 3.8% of respondents had to seek further medical help in 2003 and 4.3% in 2004.

Table 6-16: Lifetime prevalence of health complications in connection with attendance at a dance event by type (%) (Mravčík and Valnoha, 2005)

Complication	2003 (n=468)	2004 (n=92)
Sickness /headache/vomiting	15.8	17.4
Heart palpitation	16.7	23.9
Somnolence	6.6	14.1
Aggressiveness	2.6	3.3
Overheating	9.2	12.0
Anxiety	11.5	15.2
Loss of consciousness	3.8	4.3
Other	1.3	3.3

Table 6-17: Lifetime prevalence of health complications in connection with attendance at a dance event by perceived causes (%) (Mravčík and Valnoha, 2005)

Mentioned causes	2003 (n=468)	2004 (n=92)
Causes outside the dance event	3.8	10.9
Heat	12.6	25.0
Exhaustion	9.8	10.9
Combined use of several drugs/substances	11.3	12.0
Excessive use of a drug	12.8	12.0
Accident, violence, fight	1.1	3.3
I don't know (other)	3.6	4.3

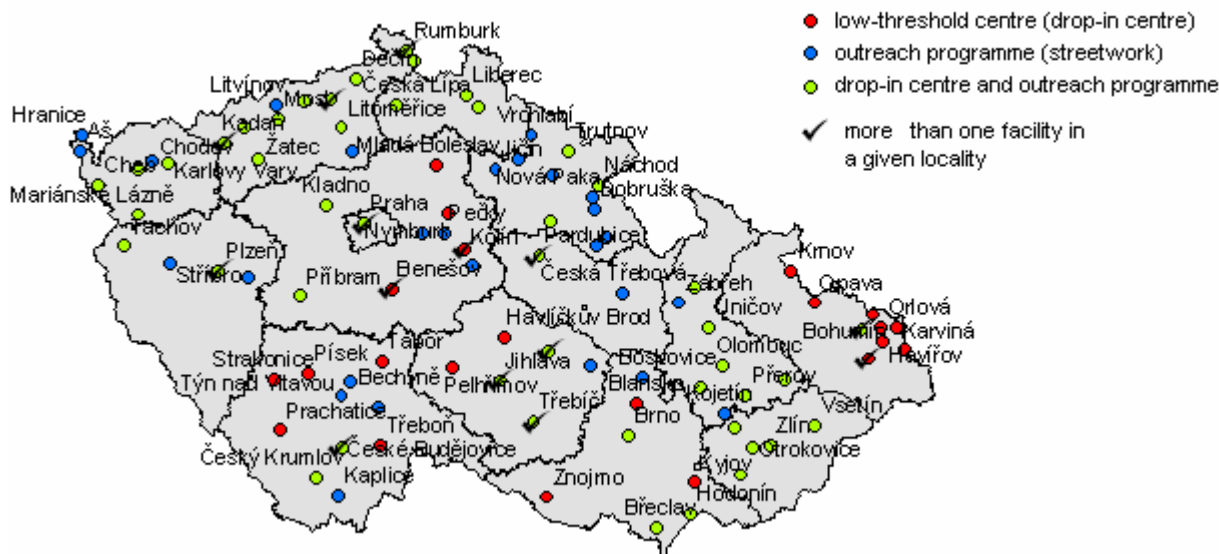
A survey carried out by two Prague authors (Wilczek and Štěpán, 2003) dealt with the influence of the long-term use of opiates on bone metabolism. The sample consisted of 37 persons (31 males and 6 females, aged 18-39, with an average age of 26). Long-term heroin use was associated with the acceleration of bone remodelling and loss of bone marrow in the cortical section of the skeleton with no development of metabolic osteopathy. A year-long methadone substitution treatment only corrected bone remodelling to normal values.

7 Responses to Health Correlates and Consequences of Drug Use

The measures that are targeted at the reduction of health risks associated with drug use are carried out in particular in treatment facilities and in low-threshold facilities for drug users. Treatment facilities provide abstinence-oriented treatment and substitution treatment (see the chapter on Drug-Related Treatment, page 32) and provide care by specialised physicians, e.g. infectologists, psychologists, or psychiatrists. Low-threshold facilities provide services targeted at the reduction of health (and social) risks to clients who are not yet motivated for treatment. The target group of low-threshold facilities consists of problem and occasional drug users and people close to them. Some facilities also provide specific services to recreational drug users in dance settings. The basic goals of services provided in the field of health harm reduction involve improving the level of informedness of users about the effects of individual drugs, reduction of overdoses, restricting the spread of viral hepatitis among users, maintenance of low rates of HIV prevalence, increasing users' motivation to engage in less risky behaviour, and changing lifestyles towards abstinence.

The network of low-threshold facilities in the Czech Republic has been built up since 1992; the provision of such services has been relatively sufficient²⁸ and stable in recent years. 92 low-threshold facilities operated in the Czech Republic in 2004; they involved drop-in centres, outreach programmes (streetwork), and exchange programmes. While the number of users who use their services has been decreasing slightly, attendance at facilities has been increasing. Exchange programmes represent the most commonly used service and the number of syringes exchanged is increasing every year (approximately 2.4 million were exchanged in 2004). More than a half of the facilities also carry out HIV/AIDS and HCV tests.

Map 7-1: Low-threshold facilities in the Czech Republic in 2004



7.1 Services Provided by Low-Threshold Facilities

Data on services provided in low-threshold facilities and data on persons that have used them stem from data from the final reports of low-threshold facilities which were drawn up for the purposes of the subsidy proceedings of the CGDPC. 84 (i.e. 91% of the total number) participated in these subsidy proceedings. Data from these facilities were used to produce an estimate of the volume of services and number of persons that have used them in all low-threshold facilities in the Czech Republic; see Table 7-1 and Table 7-2. As information on the activities of the low-threshold facilities is derived from aggregated data from individual projects, it is not possible to exclude duplications in the numbers of persons who have used services in more than one facility.

²⁸ With the exception of the Capital Prague, where approximately half of the demand for these services is covered (Miovská et al. 2004; Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).

Table 7-1: Data on clients of low-threshold facilities in the Czech Republic in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e)

Clients of low-threshold facilities	Number	Proportion (%)
Total number of persons	29,900	-
Drug users	24,200	100.0
Injecting drug users	16,200	66.9
Users with pervitin as their primary drug	12,200	50.4
Users with heroin as their primary drug	5,100	21.1
Users with cannabis as their primary drug	4,100	16.9
Users with Subutex as their primary drug*	680	2.8
Users with inhalants as their primary drug	560	2.3
Average age of users (years)	23.4	-

Note: * This involves users who use Subutex, which they get from the black market.

Table 7-2: Data on services provided by low-threshold facilities in the Czech Republic in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e)

Services provided by low-threshold facilities	Number
Total number of contacts	317,900
Needle and syringe exchange programme	139,800
Food service	94,700
Hygiene service	34,500
Medical attendance	13,500
Individual counselling	27,300
Group counselling	1,800
Crisis intervention	3,000

Table 7-3 (below) gives a comparison of the estimated numbers of clients and contacts in low-threshold facilities during the last three years. The number of users who use their services has slightly declined, while attendance at facilities has been increasing.

Table 7-3: Estimate of the number of contacts and clients of low-threshold facilities in the Czech Republic in 2002-2004

Clients and services of low-threshold facilities	2002	2003	2004
Drug users	n.a.	25,200	24,200
Injecting drug users	19,000	16,700	16,200
Users with heroin as their primary drug	8,000	6,100	6,000
Users with pervitin as their primary drug	12,900	11,300	12,200
Users with cannabis as their primary drug	3,400	5,500	4,100
Contacts	290,000	315,000	318,000

7.2 Overdose Prevention

Overdose prevention in the Czech Republic is only carried out by educating and training drug users within the framework of the services provided to them in low-threshold facilities and treatment facilities. The main areas covered by this training involve first aid in the event of an overdose, the risks of combining drugs, and principles of safer use.

Apart from the above-mentioned services and substitution treatment programmes, no other specific activities that could be considered as measures leading to overdose prevention (for instance, the use of antagonists or injecting rooms for drug users) are carried out in the Czech Republic.

7.3 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 the prevention of infectious diseases involve the provision of information about infectious diseases, education about and motivation towards safer patterns of drug use, needle exchange programmes – including the safe disposal of used syringes and secondary exchange programmes²⁹, education and motivation promoting safer sex, the distribution of condoms, testing for infectious diseases, motivational training to learn about one's own state of health (to undergo medical tests), mediation of vaccination, and mediation of contact with a specialist physician in the event of illness. The scale of services provided by individual facilities varies according to capacity, financial resources, and demand from users.

²⁹ Involvement of active drug users who undergo training and professional supervision and exchange injecting materials and provide information to other drug users.

The number of tests carried out by low-threshold facilities cannot be considered sufficient. 14,900 injecting drug users³⁰, i.e. persons with a high risk of exposure to infection, attended low-threshold facilities in 2004. If we assume that the same persons were not tested repeatedly³¹, only fewer than 17% of injecting drug users who visited a low-threshold facility in 2004 were tested in 2004 - see Table 7-4.

Table 7-4: Testing for infectious diseases in low-threshold facilities in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e)

Service	No. of facilities providing the service	No. of tests carried out
HIV tests	58	2,178
HAV tests	1	123
HBV tests	25	932
HCV tests	53	2,582
Lues tests	1	84

7.3.1 Needle and Syringe Exchange Programmes

86 (94%) out of the 92 low-threshold facilities in the Czech Republic carry out needle and syringe exchange programmes. The number of syringes exchanged has been increasing every year; the number of syringes exchanged increased by 32%³² between 2003 and 2004; see Table 7-5. The estimated number of injecting drug users (see the chapter on Problem Drug Use, page 25) has not been increasing in recent years. This means that there are fewer risky situations during which infectious diseases may spread. According to information from the final reports of low-threshold facilities, each injecting drug user who attended a facility in 2004 exchanged syringes 9 times on average and received an average of 151 sterile syringes per year. The number of syringes exchanged in individual regions is given in Table 7-6 and Map 7-2.

Table 7-5: Exchange programmes in 1998-2004 (Mravčík et al., 2004; Národní monitorovací středisko pro drogy a drogové závislosti, 2005e; Polanecký et al., 2005)

Year	No. of programmes	No. of needles and syringes exchanged
1998	42	486,600
1999	64	850,285
2000	80	1,152,334
2001	77	1,567,059
2002	88	1,469,224
2003	87	1,777,957
2004	86	2,355,536

³⁰ This number stems from data from final reports of facilities which obtained funding from the Council of the Government for Drug Policy Coordination in 2004, and not from an estimate which was carried out for all Czech low-threshold facilities.

³¹ Data about the number of persons tested are not available.

³² The biggest distributor of syringes to low-threshold facilities changed the technological procedure for the production of one-time syringes. It is difficult to use the new type of syringes for repeated application because the needle is soft and the tip blunts quickly (in the past, injecting drug users used one-time insulin sets up to five times). It can be assumed that this fact played a substantial role in the increase in the number of syringes exchanged.

Table 7-6: Number of syringes exchanged by regions in 2002-2004 (Mravčík et al., 2004; Národní monitorovací středisko pro drogy a drogové závislosti, 2005e; Polanecký et al., 2005)

Region	2002	2003	2004
Capital Prague	858,507	979,560	1,210,704
Central Bohemia	12,561	31,682	66,600
Southern Bohemia	14,883	69,004	102,621
Pilsen	23,221	44,670	88,450
Karlovy Vary	16,608	29,299	35,756
Usti nad Labem	256,071	262,418	351,561
Liberec	12,273	21,108	33,467
Hradec Kralove	22,250	45,089	41,021
Pardubice	23,622	23,330	36,081
Vysocina	11,254	29,363	39,348
Southern Moravia	134,285	122,137	165,846
Olomouc	21,809	33,832	85,872
Zlin	19,973	11,362	41,977
Moravian-Silesian	41,907	75,103	56,232
Czech Republic	1,469,224	1,777,957	2,355,536

Map 7-2: Needles and syringes exchanged in individual regions in 2004 (per 1,000 inhabitants) (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e; Polanecký et al., 2005)



7.4 Interventions Related to Psychiatric Co-morbidity

Drug users with other, dual diagnoses are treated by means of integrated treatment in the Czech Republic, i.e. treatment is carried out within the framework of the existing treatment system for drug users and their specific needs are taken into account; see the chapter on Drug-Related Treatment, page 32.

8 Social Correlates and Consequences of Drug Use

The social problems of drug users involve especially homelessness, family problems, unemployment, and lower education. Data from the Treatment Demand Register suggest that the prevalence of these negative phenomena increases along with the length of problem drug use. Accumulation of the above-mentioned problems may lead to social exclusion.

The issue of social exclusion has two dimensions – social exclusion as a consequence of drug use, and, on the other hand, also as a cause of drug use in socially excluded communities. In the Czech Republic, this second dimension particularly involves several Roma communities where social exclusion is mainly caused by the poor housing and economic situation associated with unemployment; above all, the drug issue involves Roma communities in Prague, Brno, Ostrava, and towns in North-West Bohemia. The available data show the increasing degree of seriousness of the issue.

Crime is one of the most significant social correlates of drug use. According to the available data, the number of offenders prosecuted for and accused of all drug-related crimes, including possession of a quantity greater than small, decreased in 2004 for the first time since 1996; the proportion of those prosecuted for possession in the Czech Republic has been low in the long term (8% in 2004).

A more accurate estimate of secondary drug-related crime committed by drug users was made in 2004. Drug users committed 17% of selected criminal offences (20% of ordinary thefts and 14% of robberies).

8.1 Social Exclusion

At the individual level, 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/or poor housing, which sometimes even leads to homelessness. In certain cases, accumulation of the above-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.

Social exclusion has other dimensions at the level of society or groups of citizens: on the social level it may involve the break-up of a traditional family and concentration of several negative socio-demographic phenomena, e.g. the abortion rate, unwanted pregnancies, or juvenile crime. As far as the community level is concerned, it involves the deterioration of housing and the environment, the non-availability of services, and, in particular, the concentration of excluded persons or entire groups, which further extends social exclusion (Mareš, 2003). Social exclusion is amplified by the so-called symbolic exclusion, which involves negative attitudes on the part of society towards a particular group of citizens, and it is also mediated by the media (Mareš, 2002). It is also intensified by the so-called subjectively perceived social exclusion, i.e. a condition in which an individual or a group of citizens feels excluded from society (Kancelář Rady vlády pro záležitosti romské komunity, 2005).

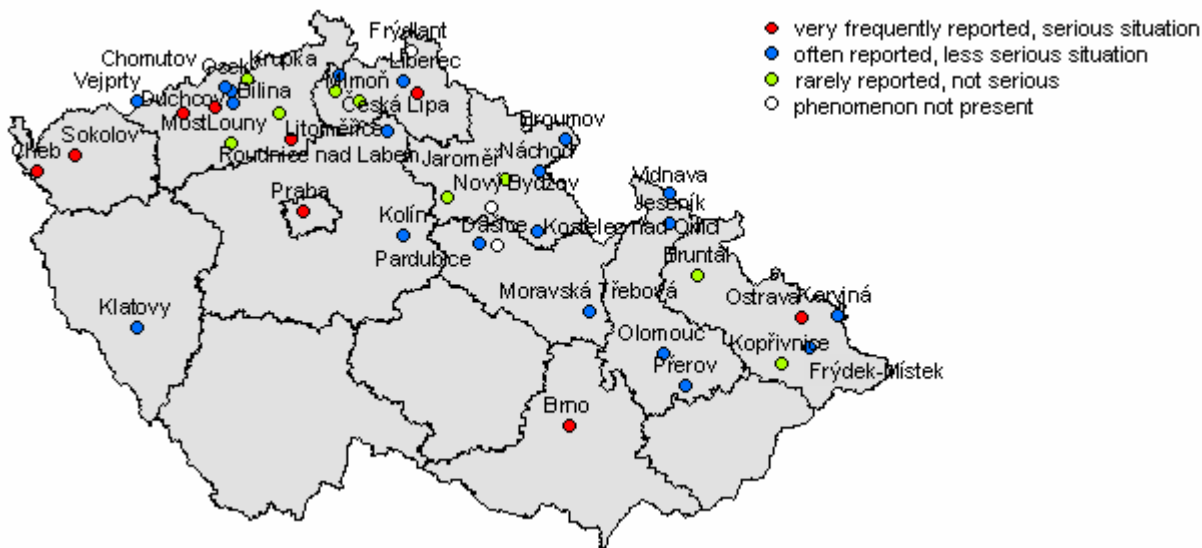
8.1.1 Social Exclusion and Specific Population Groups

According to the “2004-2006 National Action Plan of Social Integration” (Ministerstvo práce a sociálních věcí ČR, 2004) and the 2005 Roma Integration Policy Concept (Kancelář Rady vlády pro záležitosti romské komunity, 2005), social exclusion in the Czech Republic only concerns specific groups of the Roma population. The documents understand exclusion as the accumulation of problems in Roma communities, which is basically a consequence of economic transformation and the social policy of the Czech Republic (Musil, 2002). Therefore, primary factors relating to the social exclusion of the Roma in the Czech Republic mainly involve long-term unemployment, lower incomes, and the inaccessibility of housing (Mareš, 2003; Sirovátka, 2003; Vašečka, 2002). The number of so-called socially excluded Roma communities, i.e. socially and locally excluded Roma enclaves, has started to grow and expand substantially since the beginning of the 1990s. This involves, for instance, deteriorating housing in city centres, peripheral slums with low-quality housing and inappropriate sanitary conditions, newly built ghetto-like residences with low-quality housing, services, and transport facilities, or devastated blocks of flats or prefabricated housing estates (Kancelář Rady vlády pro záležitosti romské komunity, 2005).

The Social Workers Support Programme implemented by the Council of the Government of the Czech Republic for Roma Community Affairs monitors the social situation in Roma communities. By the end of 2004, social workers were operating in 76 Roma communities in the Czech Republic. In addition to the situation in the field of drug use, the programme also focused on the situation in the fields of unemployment, truancy, insufficient hygiene, illiteracy, usury, gambling, prostitution, criminality, and poor-quality housing. The gravity of the phenomena monitored was also assessed. The Research Institute for Labour and Social Affairs carried out an analysis of the results of the programme within the framework of the project Identification of Effective Models of Programmes Implemented for the Benefit of the Roma Community (Šimíková and Winkler, 2005); the final report of the project will be available in the middle of 2005.

Outreach workers supplied services to 15,962 clients during 2004 (altogether, 26,263 interventions were carried out). They most commonly involved services in the field of housing (28.4%), social benefits (17.5%), and leisure time activities (14.5%). 3.8% of the services were provided in connection with drugs and gambling – altogether, 1,001 interventions (Šimíková and Winkler, 2005). By the end of 2004, the drugs issue involved 70 communities (out of 76 communities, i.e. 93%), and 17 (22.7%) of them characterised it as serious. The degree of gravity of the drugs issues was assessed on a scale of 1 (i.e. the problem only occurs sporadically) to 3 (i.e. the problem is very serious in a locality), and the result was 1.9, just like the situation regarding gambling. Unemployment (2.9) and poor-quality housing (2.4) were considered as the most serious issues, while usury (1.1) and prostitution (0.6) were regarded as the least serious. The degree of gravity of the drugs situation in the communities monitored is shown in Map 8-1. It is apparent that the drugs situation is most serious in Roma communities in urban areas - Prague, Brno, and Ostrava, and in large cities in North-West Bohemia. However, the project did not involve Roma communities in all regions of the Czech Republic; the situation in the Southern Bohemia, Vysocina, and Zlin regions has not been mapped at all, and only partial data are available from Pilsen, Central Bohemia, and Southern Moravia regions.

Map 8-1: Gravity of drugs issues in monitored Roma communities (Šimíková and Winkler, 2005)



The number of communities which reported the prevalence of drugs increased from 58 in 2003 to 70 in 2004, and the number of communities which characterised the problem as very serious also increased (from 11 to 17). The most commonly used drugs are cannabis (in 83% of communities), toluene (solvents) (65%), and pervitin (46%); sedatives are also widely used (25% of communities). Ecstasy use involves 14% of communities and heroin use involves 8% (Šimíková and Winkler, 2005).

8.1.2 Social Characteristics of People Demanding Treatment

The Hygiene Station of the Capital City Prague has been carrying out long-term monitoring of selected social characteristics of people demanding treatment (or specialised services) in connection with drug use. Nearly 6% of the 8,845 people who demanded treatment in connection with drug use were homeless people, and another 7% of them lived in facilities (e.g. a 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; repeated treatment demands more frequently involve homeless people (7%) and persons living in facilities (nearly 9%). At the same time, in comparison with first treatment demands, these people are more commonly unemployed or work on an occasional basis; see Table 8-1. The low level of education of those demanding treatment is also an issue; nearly 50% of them only have elementary education and 5% did not complete elementary education (Polanecký et al., 2005).

Table 8-1: Selected social characteristics of people demanding treatment (%) (Polanecký et al., 2005)

Characteristic	All clients	First treatment demands	Repeated treatment demands
Homeless	6.3	5.7	6.9
Living in a facility	7.0	5.6	8.6
Unemployed, occasional work	52.4	49.6	55.4
Incomplete basic education	4.5	5.3	3.6
Basic education	49.4	51.1	47.6

8.2 Drug-Related Crime

As in the previous years, several sources of data from the field of drug-related crime are available. Persons accused of a criminal offence are included in three sets of statistics during the first phase of criminal prosecution:

- The statistics of the Police National Drug Squad exclusively track drug-related crime;
- The statistics of the Police Praesidium of the Czech Republic monitor all types of criminal offences;
- The statistics of the Ministry of Justice record data about accused persons after a certain time shift (after a Public Prosecutor issues a final judgment regarding the case).

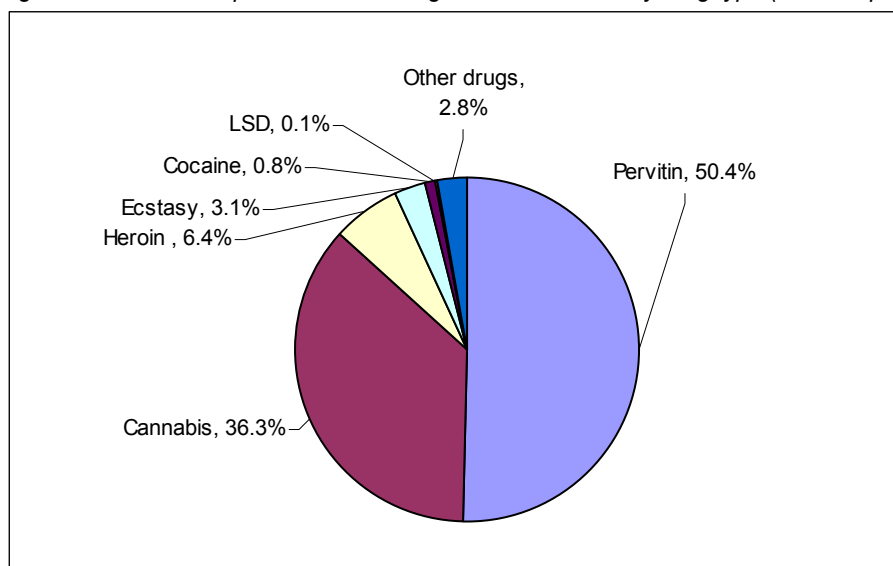
The statistics of the Ministry of Justice also record data on those accused of and prosecuted for criminal offences.

8.2.1 Drug-Related Crime According to the Police National Drug Squad

According to the data of the Police National Drug Squad, 2,100 persons suspected of drug-related offences (Sections 187 to 188 of the Penal Code)³³ were prosecuted; i.e. 11% less than in 2003. Persons prosecuted for offences related to the unauthorised production and possession of narcotic and psychotropic substances in a quantity greater than small for personal use (Section 187a) represent 8% of all those prosecuted (153 persons). The male/female ratio among those is approximately 7:1.

More than half of the total number of those prosecuted were prosecuted for criminal offences associated with pervitin and 36% were prosecuted for cannabis-related criminal offences³⁴; see Figure 8-1. In comparison with 2003, the number of those prosecuted in connection with heroin increased, while the number of those prosecuted in connection with cannabis and pervitin declined; the number of those prosecuted in connection with ecstasy is similar as in the preceding year and lower by more than half than in 2002 - see Figure 8-2.

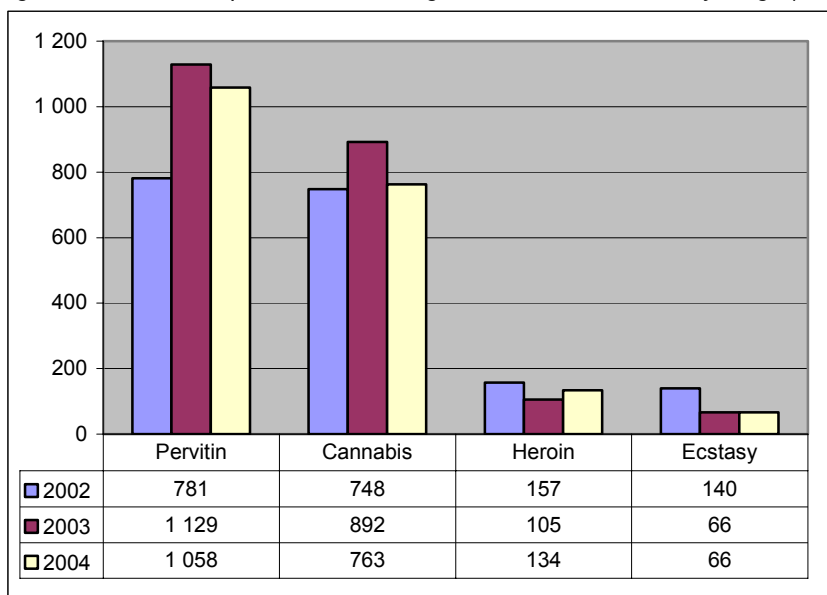
Figure 8-1: Offenders prosecuted for drug offences in 2004 by drug type (Národní protidrogová centrála, 2005b)



³³ It only involves the offences of unauthorized production and possession of narcotic and psychotropic substances according to Sections 187, 187a, and 188 of the Penal Code. In addition, 72 offences of promotion of drug addiction (Section 188a of the Penal Code) were reported in 2004 – they were not included in the grand total for comparison with previous years because they did not use to be reported then.

³⁴ Each prosecuted person was only counted once according to the type of the drug of which the biggest quantity was seized or found on him/her.

Figure 8-2: Offenders prosecuted for drug offences in 2002-2004 by drugs (Národní protidrogová centrála, 2005b)

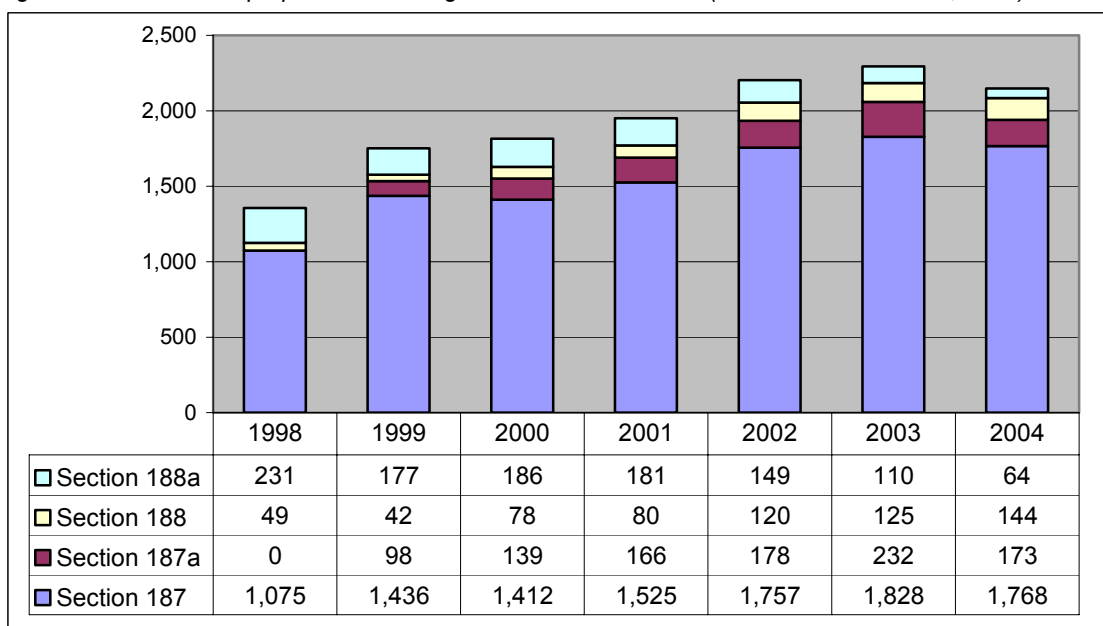


8.2.2 Drug-Related Crime According to the Statistics of the Police of the Czech Republic

The Registration Statistical System of Criminality of the Police of the Czech Republic recorded an annual decline in the number of prosecuted perpetrators of drug offences for the first time during the period monitored (since 1996) – from 2,295 to 2,149 prosecuted persons (i.e. 6.4%). The annual number of perpetrators of the offence of drug possession in a quantity greater than small (Section 187a of the Penal Code) declined for the first time since it was introduced; see Figure 8-3.

2,085 persons were prosecuted if we only count offences which involve the production, distribution, and possession of drugs (i.e. excluding offences according to Section 188a – promotion of drug addiction). Compare this with the statistics of the Police National Drug Squad (see above). Therefore, data from both of the sets of police statistics regarding persons prosecuted in connection with drug offences have come substantially closer than in 2003.

Figure 8-3: Prosecuted perpetrators of drug offences in 1996-2004 (Ministerstvo vnitra ČR, 2005)



8.2.3 Drug-Related Crime By Regions

The data on the regional distribution of drug-related offences mentioned in the previous two Annual Reports (Mravčík et al., 2004; Mravčík et al., 2003) were based on data on the number of detected criminal offences published by the Police

of the Czech Republic. It has become apparent that these data were distorted by a lack of uniform procedure during the reporting of criminal offences in individual regions (for instance, their number was considerably overestimated in Prague). This year, the regional comparison is derived from the data on the number of offenders prosecuted, which were supposed to be reported by regions using an identical methodology.

The Usti nad Labem region reported significantly the highest number of perpetrators of drug offences (35 persons per 100,000 inhabitants), followed by the Karlovy Vary, Liberec, Southern Bohemia, Southern Moravia, and Vysocina regions. Other regions (surprisingly even Prague) have reported lower numbers than the nationwide average. The Pardubice and Hradec Kralove regions report the lowest relative values (8 and 12 persons per 100,000 inhabitants respectively). The results are given in Map 8-2.

Map 8-2: Prosecuted perpetrators of drug offences in 2004 by regions (per 100,000 inhabitants) (Ministerstvo vnitra ČR, 2005)



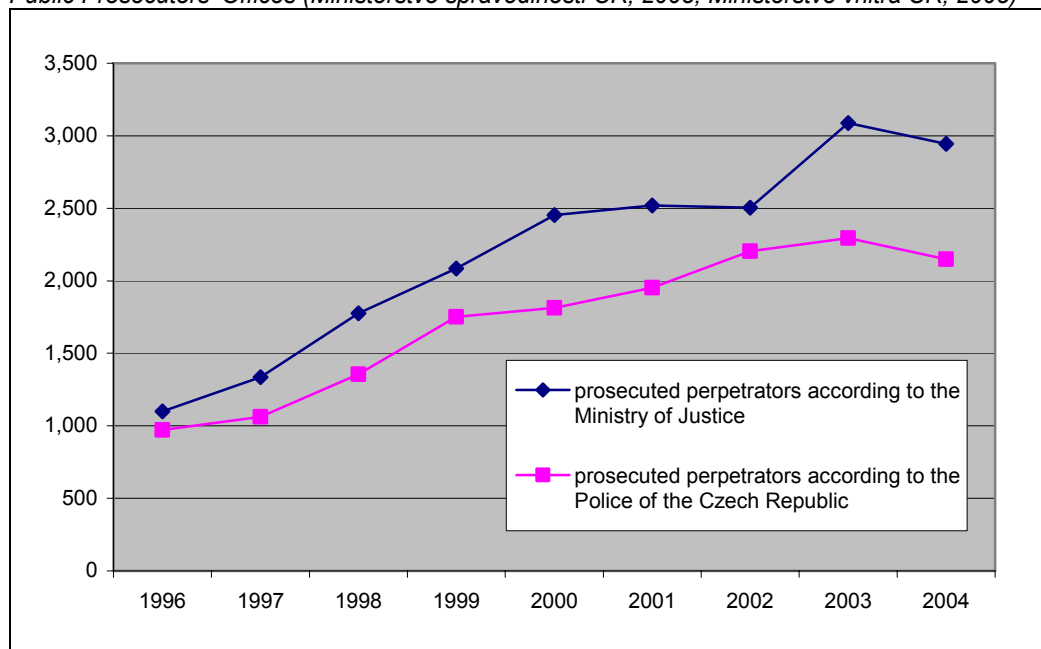
8.2.4 Drug-Related Crime According to the Statistics of the Ministry of Justice

The Ministry of Justice annually publishes statistical data from Courts and Public Prosecutors' Offices regarding criminal offences and offenders. The statistics involve cases for which a final judgment of the public prosecutor or the court was issued, and they contain basic data about the number of perpetrators of criminal offences prosecuted, accused, and sentenced by individual sections of the Penal Code.

The data on the number of prosecuted (i.e. accused) persons should roughly³⁵ correspond with the data on the number of offenders prosecuted according to police statistics (see above). However, a comparison of the data shows that the Police reported 23% fewer persons prosecuted for drug offences than the Ministry of Justice; see Figure 8-4. The police statistics most probably underestimate the actual number of perpetrators of drug offences prosecuted (no methodological differences were found).

³⁵ The data of the Police and the Public Prosecutors' Offices differ because of a time shift in the statistics of the Public Prosecutors' Offices; however, the multiannual sums should be identical.

Figure 8-4: Prosecuted perpetrators of drug offences - comparison of statistics of the Police of the Czech Republic and the Public Prosecutors' Offices (Ministerstvo spravedlnosti ČR, 2005; Ministerstvo vnitra ČR, 2005)



The ratios of the persons that were prosecuted, accused, and sentenced for drug offences (according to the statistics of the Courts and the Public Prosecutors' Offices) in the cases which were cleared up between 1996 and 2004 are given in Figure 8-5. An annual decline in the number of persons prosecuted and accused was reported for the first time since 1992, and the number of those sentenced continues to increase slightly; see Table 8-2, Table 8-3, and Figure 8-5.

In comparison with general criminal activities, drug offences are characterised by a higher proportion of juvenile perpetrators and offenders aged under 25 years. Those sentenced for drug offences involve 13.2% of juveniles and 53.9% persons aged under 25 years (against 4.7% and 33.8% among all criminal offences respectively). The proportion of females is comparable to that found among general criminal activities - 12.9% of drug offences and 12.0% of all criminal offences.

Suspended custodial sentences for drug offences continued to prevail in 2004 - see Figure 8-6. The custodial sentences imposed involved approximately one quarter of the cases. 75% of the 360 custodial sentences imposed involved imprisonment for 1 to 5 years, while 14% of the sentences were for less than one year and 11% of the sentences were for more than five years (Ministerstvo spravedlnosti ČR, 2005). The proportion of the individual sentences imposed has been stable in the last two years.

Table 8-2: Number of persons accused of drug offences (Ministerstvo spravedlnosti ČR, 2005)

	Section 187	Section 187a	Section 188	Section 188a	Total
1998	1,029	0	159	342	1,530
1999	1,102	115	119	429	1,765
2000	1,276	158	190	419	2,043
2001	1,418	215	195	332	2,160
2002	1,444	206	223	374	2,247
2003	1,708	277	319	433	2,737
2004	1,710	217	363	299	2,589

Table 8-3: Number of persons sentenced for drug offences (Ministerstvo spravdnosti ČR, 2005)

	Section 187	Section 187a	Section 188	Section 188a	Total
1998	702	0	55	45	802
1999	765	26	38	70	899
2000	819	92	29	61	1,001
2001	905	86	62	41	1,094
2002	1,007	103	58	48	1,216
2003	1,077	115	63	49	1,304
2004	1,146	121	64	45	1,376

Figure 8-5: Prosecuted, accused, and sentenced perpetrators of drug offences (Ministerstvo spravdnosti ČR, 2005)

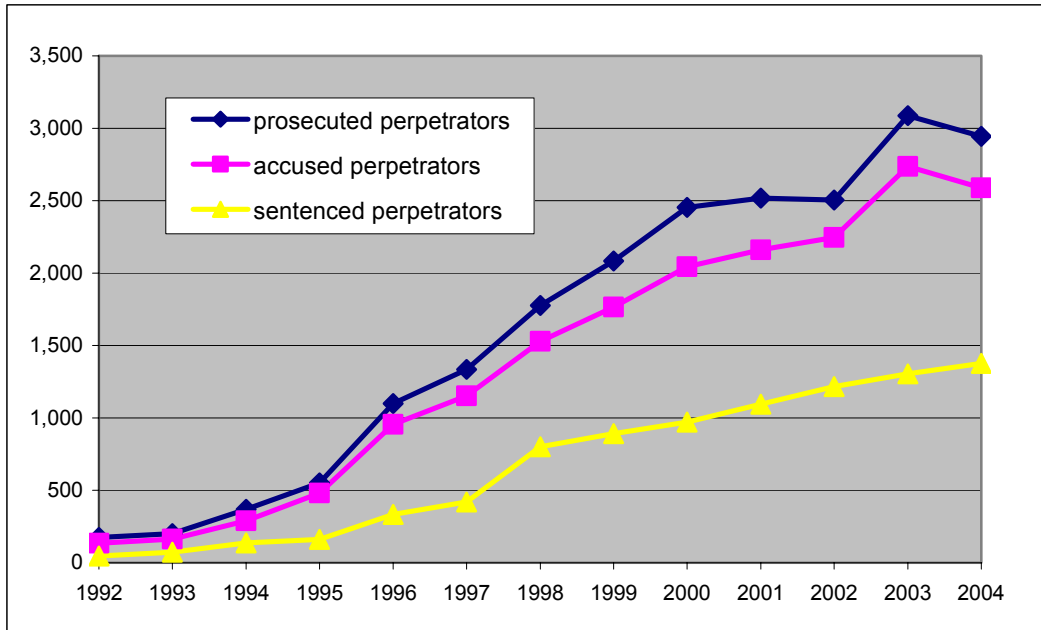
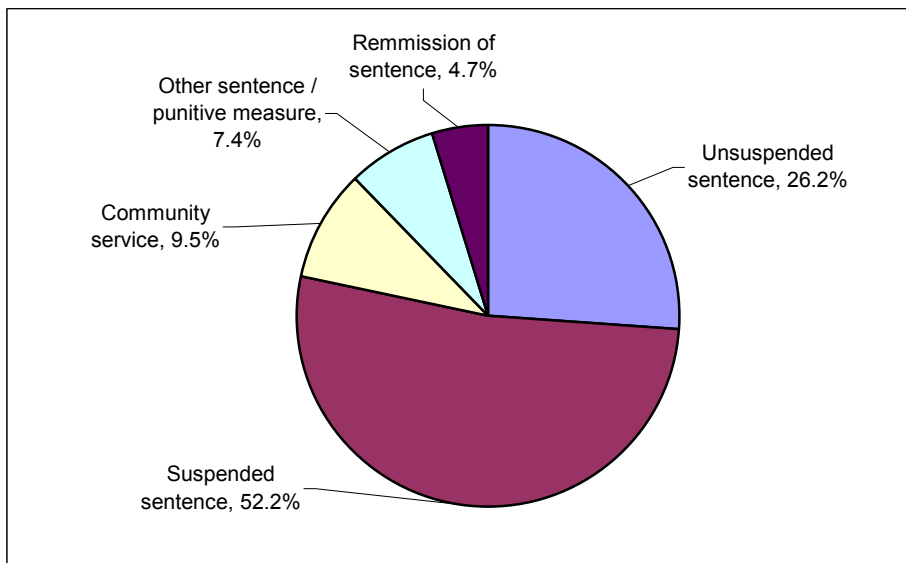


Figure 8-6: Distribution of sentences for drug offences in 2004 (Ministerstvo spravdnosti ČR, 2005)



8.2.5 Drug Misdemeanours

According to the data of the Police of the Czech Republic, the number of misdemeanours of possession of a small quantity of drugs for personal use (Section 30 of the Act on Misdemeanours, 200/1990 Coll.) was at the same level as in 2003. 958 cases were reported. 46 of the cases were settled by a reprimand and 508 by a fixed penalty (ticket). Statutory penalties amounting to € 33,637 were imposed for the commission of these misdemeanours (i.e. a 47% increase as against 2003). 627 misdemeanours were dealt with in administrative proceedings. 373 of these ended with the suspension or discontinuance of the case or submission to another body, and 19 cases were placed in the hands of the bodies responsible for criminal proceedings because they involved possession of drugs in a quantity greater than small (Section 187 of the Penal Code). Forfeiture was imposed in 489 cases (Národní protidrogová centrála, 2005c).

8.3 Secondary Drug-Related Crime

The Police National Drug Squad provided documentation for an estimate of the scope of secondary drug-related crime in 2004. The methodology used in making this estimate was the same as in the previous year, a retrospective police expert's estimation of the proportion of criminal activities committed by drug users and motivated by the desire to obtain the wherewithal for their own consumption of drugs. Unlike during the process of making the 2003 estimate (Mravčík et al., 2004), all district police headquarters were approached. 56 police headquarters returned the questionnaire, which means a return rate of approximately 70%. The higher volume of data made it possible to make a more accurate estimate than in 2003, when the final values of the proportion of crime committed by drug users were most probably considerably overestimated. Police estimates were weighted by the proportion of individual regions in selected criminal offences in 2004 (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2005).

According to the police estimate, drug users committed 62% of the criminal offences of production and distribution of drugs (Section 187 of the Penal Code) in order to finance their own consumption of drugs. The proportion of other types of criminal offences motivated in this manner is given in Figure 8-7. As far as the absolute number of criminal offences is concerned, the number of so-called ordinary thefts (i.e. thefts carried out without the use of violent means) is rather significant; see Figure 8-8. 16.6% of the selected criminal offences committed by drug users were financially motivated, according to the estimate; see Table 8-4.

Data on criminal offences committed by drug users who were clients of the Probation and Mediation Service in 2004 are given in the chapter on Prevention of Drug-Related Crime, page 67.

Figure 8-7: Estimate of the proportion of financially motivated crimes committed by drug users in the total number of selected* criminal offences (%) (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2005)

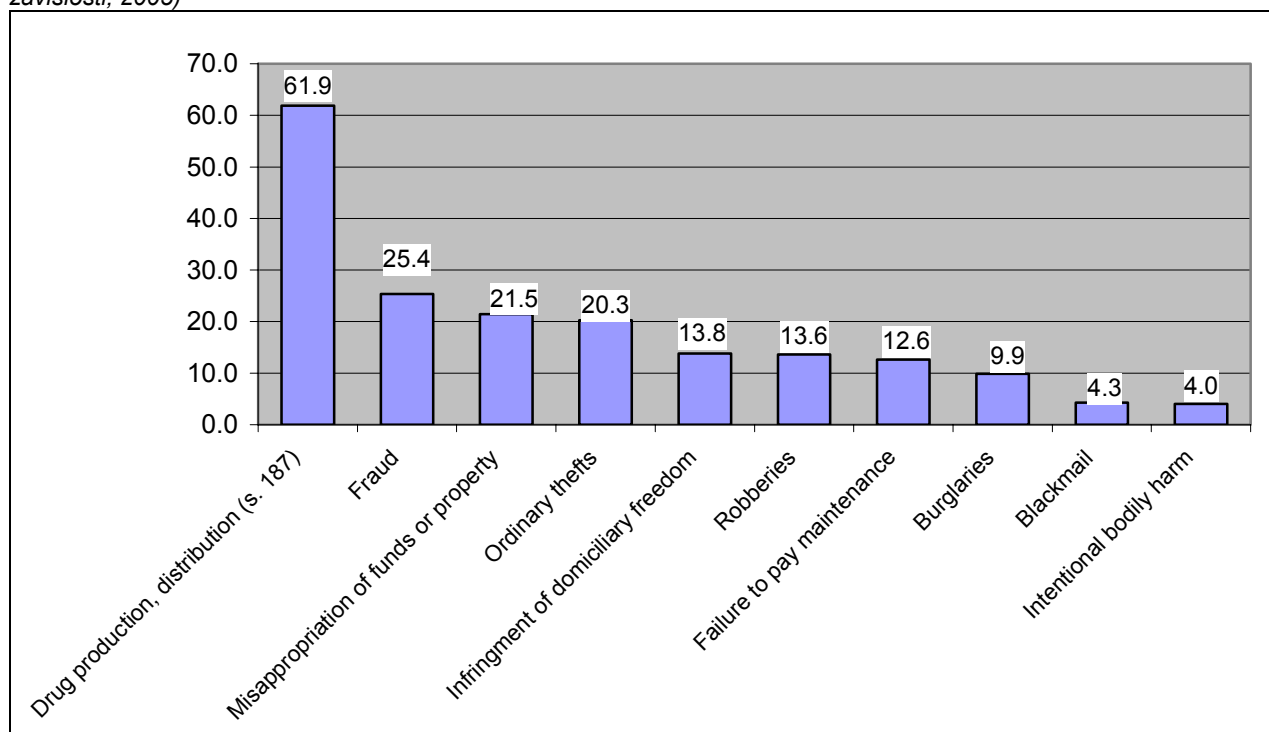
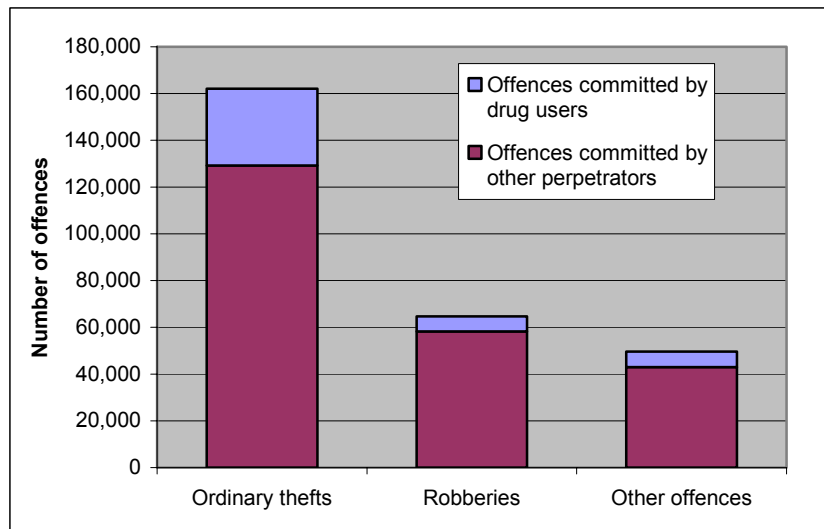


Figure 8-8: Estimate of the proportion of financially motivated criminal offences committed by drug users in selected* criminal offences (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2005)



Note: * Selected offences represent approx. 80% of all criminal offences in the Czech Republic in 2004.

Table 8-4: Estimate of the number of financially motivated criminal offences committed by drug users and their proportion in selected types of criminal offences (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2005)

Type of criminal activity	Total no. of offences	Committed by drug users	Proportion (%)
Ordinary theft	162,139	32,891	20.3
Burglary	64,695	6,384	9.9
Failure to pay maintenance	13,094	1,654	12.6
Unauthorised production and distribution of drugs (Section 187 of the Penal Code)	2,301	1,424	61.9
Unauthorised possession of a credit card	5,510	878	15.9
Misappropriation of funds or property	4,005	859	21.5
Robbery	5,931	809	13.6
Infringement of domiciliary freedom	2,540	351	13.8
Intentional bodily harm	7,180	289	4.0
Fraud	6,752	159	2.3
Restraint and deprivation of personal freedom	457	116	25.4
Blackmail	1,786	76	4.3
Murder with robbery	39	1	1.5
Total	276,429	45,890	16.6

8.4 Drug Use in Prisons

A survey on drug use carried out among prison inmates continued in 2004. A summary report for the period between October 2003 and September 2004 is available (Generální ředitelství Vězeňské služby ČR, 2005). The data obtained partly overlap with the results of monitoring published in the 2003 Annual Report (Mravčík et al., 2004); therefore, the two data sets are not comparable with one another.

9,467 inmates in all the 35 prisons in the Czech Republic were tested during the aforementioned 12-month period. Each prison sent urine samples for laboratory tests four times a year, while the number of samples corresponded with at least 10% of the prison's capacity. Table 8-5 provides a summary of results by individual types of drugs. 3.2% of the tests were positive. The highest proportion of positive samples (3.8%) was detected in common prison departments; the proportion was lower in drug-free zones and departments for a differentiated serving of sentence (1.4% in both of them); only one person tested was positive in the departments for the execution of protective treatment (i.e. 0.2%). The frequency of positive drug tests was higher among persons serving a sentence than those in custody. Amphetamines (1.2% of the tests) and barbiturates (1.0%) were the most commonly detected substances. Detections of

benzodiazepines (361, i.e. 3.7% of the persons tested) were not included in the results because they are often present in commonly used medicaments and it is not possible to recognise whether they were used legally or illegally³⁶.

For comparison, 5,256 of those entering the Prague-Pankrác and Prague-Ruzyně remand prisons³⁷ were tested. The results suggest a high prevalence of drug use among these inmates. 1,114 (21.2%) of these drug tests were positive (again, excluding benzodiazepines), and this is 6 times more than among those serving a sentence or in custody. Amphetamines (10.4% of the tests carried out), barbiturates (6.5%), and THC (3.1%) were the most commonly detected substances. A summary of the results of the survey is given in Table 8-5.

Table 8-5: Drug use among inmates in 2003-2004 (Generální ředitelství Vězeňské služby ČR, 2005)

Tests	In custody and serving sentence		Upon entering prison (Prague)	
	Number	Proportion (%)	Number	Proportion (%)
Total number of tests	9,767	100.0	5,256	100.0
Positive – amphetamines	121	1.2	545	10.4
Positive – barbiturates	99	1.0	342	6.5
Positive – THC	46	0.5	165	3.1
Positive – opiates	46	0.5	35	0.7
Positive – cocaine	0	0	27	0.5
Total no. of positive tests	312	3.2	1,114	21.2

Data on injecting drug use among the clients of low-threshold facilities who reported a stay in prison are included in the chapter on Drug-Related Infectious Diseases, page 44.

8.5 Social Costs of Drug Use

The most recent data on the 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).

³⁶ However, benzodiazepine abuse is common in prison facilities, according to the General Directorate of the Prison Service.

³⁷ It involves persons who enter custody or prison from civil life, i.e. with no previous custody.

9 Responses to Social Correlates and Consequences of Drug Use

The social reintegration and aftercare of drug users are provided for particularly by means of structured outpatient aftercare programmes and sheltered housing programmes. No significant changes occurred in the field of drug user handling in prisons in 2004, and a pilot substitution treatment programme is being prepared. Specialised departments for the provision of compulsory treatment or the differentiated serving of sentence for drug addicts continued to operate in several prisons. No significant development occurred in the services provided by NGOs to drug users in prisons.

The percentage of alternative sentences (i.e. community service and suspended custodial sentences) imposed on perpetrators of drug offences has been stable during the last two years. The proportion of custodial sentences imposed has decreased from 37% in 2001 to 26% in 2003 and 2004.

9.1 Social Reintegration (Aftercare)

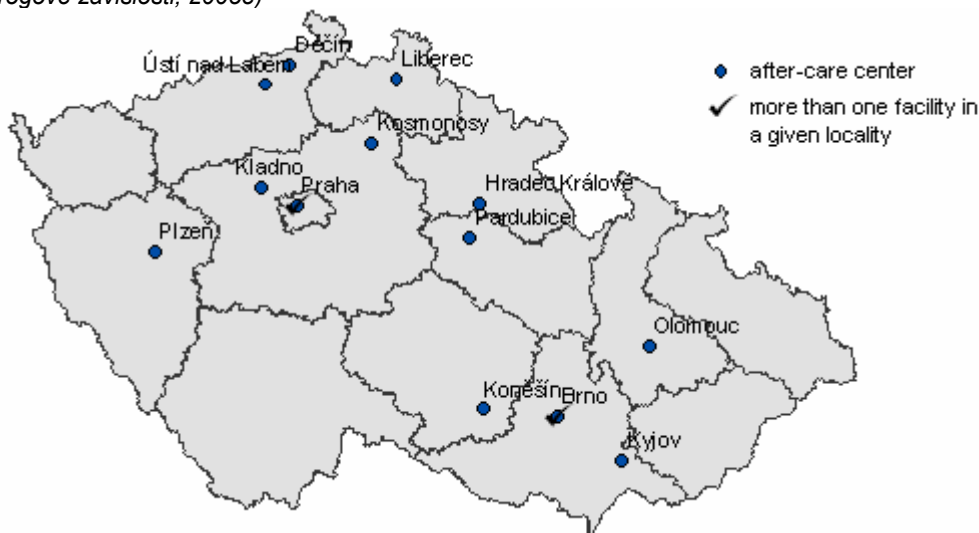
Two types of programmes provide aftercare in the Czech Republic, outpatient aftercare programmes and intensive aftercare programmes. The target population includes clients who have completed drug addiction treatment or clients who have abstained for at least two months, clients who have returned from treatment facilities, those who have completed their prison sentence, or even clients who have not been treated before. In addition, it also includes parents, the children of clients, partners, other family members, or people close to them. The goal is to maintain the treatment effect, reduce the risk of relapse, and facilitate social reintegration. Altogether, seventeen facilities subsidised by the General Cash Administration budget chapter provided aftercare in 2004; seven facilities provided both outpatient and intensive aftercare, six facilities only provided outpatient aftercare, and four facilities only provided intensive aftercare (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).

Thirteen facilities provided outpatient aftercare to 424 clients (246 males, 178 females). The average age of clients was 26.8. Altogether, 307 clients injected drugs, 115 clients used heroin, and 187 used pervitin. 302 non-users also used the services provided by these facilities (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).

Eleven facilities provided 6-12-month intensive aftercare programmes in 2004. These eleven facilities provided their clients with sheltered housing and four facilities also provided sheltered work. The services were provided to 533 clients (323 males, 210 females), and their average age was 26.8; 399 (75%) of them were injecting drug users, 253 (48%) were pervitin users, and 182 (34%) were heroin users. The average length of the programme per client was just under 5 months. Altogether, 144 (27%) clients successfully completed the programmes, 98 (18%) clients left early, and 52 (10%) clients were expelled from the programme (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).

The unbalanced regional coverage reflects the inadequacies of the aftercare system in the Czech Republic. Aftercare is significant by its absence in the Southern Bohemia, Karlovy Vary, Moravian-Silesian, and Zlin regions; see Map 9-1.

Map 9-1: Aftercare facilities for drug users in the Czech Republic in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e)



9.2 Prevention of Drug-Related Crime

9.2.1 Assistance to Drug Users in Prison

In the event that their health status requires it, imprisoned drug users first undergo detoxification in internal departments of the Prague-Pankrác prison hospital. Drug users, especially problem heroin and pervitin users, receive individual and group therapy from the staff of the drug prevention counselling offices which have been established in each prison.

The number of drug-free zones increased from 22 to 30 in 2004, and the total capacity is 1,440 beds. A special regime regarding the serving of sentence or custody is used in the drug-free zones; it is regulated by internal guidelines and it has the objective of preventing inmates from having contacts with drugs. Therapy is not part of the programme in the drug-free zones.

Drug-using inmates who decide to undergo treatment may be placed in specialised primary departments, which focus on drug users. Specialised departments for the differentiated serving of sentence operate in six prisons (Bělušice, Nové Sedlo, Ostrov, Pilsen, Příbram, Všechny), and their capacity increased from 214 to 292 beds in 2004. The second type of specialised departments for drug users involves inpatient compulsory treatment; this treatment is administered in three prisons (Opava, Rýnovice, and Znojmo), and the capacity is 73 beds.

A year-long pilot project of substitution treatment in the Prague-Pankrác and Příbram prisons, with an overall capacity of 70 persons, is planned to start in October 2005.

Several prisons collaborate with NGOs which operate in the field of drug prevention; workers visit the prisons. 540 drug-using inmates were clients of NGOs in 2004. The service providers involve in particular the NGOs the Podané ruce Association, SANANIM, and Laxus. They focus in particular on motivating addicted users in custody or serving their sentence to undergo treatment. Collaboration between NGOs and prisons is sometimes established by means of formal agreements on collaboration. The services of the NGOs in prisons are funded from funds for specific purposes which the General Directorate of the Prison Service earmarks for the prisons for all activities associated with drug prevention. The General Directorate of the Prison Service earmarked € 12,290 for these purposes in 2004.

A professional section, Drug Services in Prison, coordinates the activities of the NGOs in prisons. The section approved several methodological documents in 2004 (definitions and descriptions of services and tasks, a curriculum for a course for NGO workers in prisons, a framework for collaboration with the Prison Service, etc.) and it also participated in the preparation of a pilot project for substitution treatment in prison.

9.2.2 Alternative Sentences for Drug Users

9.2.2.1 Legal Regulation

Under Czech penal law it is possible to impose several types of alternative sentences that serve as an alternative to imprisonment (e.g. community service, statutory penalties, prohibition of activities, etc.). Some of the sentences can only be imposed together with another sentence, or they can also be imposed separately to the sentences explicitly mentioned in the Penal Code. More detailed information about legal regulations regarding the sentences is given in the 2003 Annual Report (Mravčík et al., 2004), and the distribution of sentences imposed is given in the chapter on Drug-Related Crime, page 58.

The Penal Code and the Code of Criminal Procedure do not specify procedures for imposing sentences upon drug users. However, they contain provisions which allow compulsory drug addiction treatment to be imposed within the framework of the supervision of persons prosecuted, accused, or sentenced. Unlike compulsory treatment, these cases involve voluntary treatment and personal motivation for treatment substantially influences the decision-making of courts or public prosecutors (during the preparatory proceedings).

Compulsory treatment monitored by a probation officer can be imposed within the framework of a decision about:

- supervised remission of sentence (Section 26 of the Penal Code),
- suspended custodial sentence with supervision (Section 60a of the Penal Code),
- suspended discharge from serving of sentence (Section 61 of the Penal Code),
- suspension of criminal proceedings (Section 307 of the Code of Criminal Procedure),
- replacing custody by supervision (Section 73 of the Code of Criminal Procedure).

The institute of suspended remission of prosecution and the institute of settlement (Section 309 of the Code of Criminal Procedure) represent the so-called diversions of standard criminal proceedings, i.e. alternative types of criminal proceedings. An amendment to the Code of Criminal Procedure under Act 283/2004 introduced a new type of diversion of criminal proceedings, the institution of a suspended proposal for punishment according to Sections 179g and 179h of the Code of Criminal Procedure.

Act 218/2003 Coll. On Juvenile Justice, which came into effect from January 1, 2004, also brought about an extension of alternative measures imposed on juveniles. The Act introduced a special type of alternative to standard criminal proceedings – remission of criminal prosecution – and also contains a special arrangement for several conditions for the application of previously established alternatives. However, several authors (Ščerba, 2005) advise that the above-mentioned Act rather tightens the conditions for the use of alternatives for juvenile offenders, which contradicts the general purpose of the Act, i.e. reinforcement of the educational influence on juvenile offenders.

Statistical data about imposing compulsory treatment or the use of alternatives to standard criminal proceedings for drug users have not yet been collected in a systematic manner. The Probation and Mediation Service has been the only source of data in this field since 2004.

9.2.2.2 Drug Users Among the Clients of the Probation and Mediation Service

Changes which make it possible to recognise the type of drug in connection with which a client of the Probation and Mediation Service committed an offence were introduced in the database of the clients of the Probation and Mediation Service (the Probation Register) in 2004. The attributes monitored involve “primary addiction”, where the type of drug used with a certain degree of regularity³⁸ by the clients is stated, and “committed under the influence of”, which monitors the influence of the drug at the moment of commission of the offence. In addition, the type of criminal offence (according to the Penal Code) and the type of activity carried out by the Probation and Mediation Service in this particular case are mentioned in the database (Probační a mediační služba ČR, 2005).

The database kept by the Probation and Mediation Service contains 2004 data on 443 clients who were under the influence of drugs at the time of the commission of an offence. Data for the columns “primary addiction” and “committed under the influence of” are available for 314 of these cases; the exact nature of the offence was specified in 294 of these cases. These cases were also analysed by the type of drug (Národní monitorovací středisko pro drogy a drogové závislosti, 2005a).

The clients of the Probation and Mediation Service most commonly reported the use of pervitin (49%), and then cannabis (31%) and heroin (8.5%). Most cannabis-related offences involve drug offences, while the clients of the Probation and Mediation Service who use marijuana or hashish only committed 11% of other types of criminal activities. This number is lower than that among heroin users (17%) or users of inhalants (12%). Thefts represent the most common offence other than a drug offence among the drug-using clients of the Probation and Mediation Service; 59% of pervitin users and 22% of heroin users committed thefts. The results of the analyses are given in Table 9-1 and Table 9-2.

Table 9-1: Criminal activities among drug-addicted clients of the Probation and Mediation Service (%) (Probační a mediační služba ČR, 2005)

Drug	Total (n=294)	Drug offences (n=178)	Other offences (n=116)
Pervitin	48.6	46.1	52.6
Cannabis	31.0	43.8	11.2
Heroin	8.5	2.8	17.2
Inhalants	6.8	3.4	12.1
Ecstasy	1.4	2.2	0
Other drugs	3.7	1.7	6.9

³⁸ The attributes mentioned in the Probation Register were not defined unambiguously.

Table 9-2: Selected criminal offences committed by clients of the Probation and Mediation Service by the type of the drug used (absolute number) - (Probační a mediální služba ČR, 2005)

Section	Offence	Pervitin	Cannabis	Heroin	Ecstasy	Inhalants	Other drugs	Total
187/188	Drug production, cultivation, and distribution	81	69	5	4	1	3	182
187a	Drug possession for personal use	1	7	0	0	0	0	8
188a	Promotion of drug addiction	0	2	0	0	5	0	7
247	Theft	37	5	14	0	5	2	63
234	Robbery	4	3	3	0	2	1	13
238	Infringement of domiciliary freedom	4	0	0	0	2	0	6
250	Fraud	4	1	0	0	0	1	6

The operations of the Probation and Mediation Service officers involve several types of activities carried out during preparatory or judicial proceedings. 443 of the cases involving drug-addicted clients of the Probation and Mediation Service most commonly involved a suspended custodial sentence with supervision (28% of the cases), supervision of serving of sentence or community service (11%), activities during the replacement of custody by supervision and during suspended remission of prosecution (10% identically); see Table 9-3.

Table 9-3: Most common types of activities of the Probation and Mediation Service in cases which involve drug users (Probační a mediální služba ČR, 2005)

Type of activity	Number	Proportion (%) (n=443)
Suspended custodial sentence with supervision	125	28.2
Punitive measure/sentence of community service	111	25.1
Replacing custody by supervision	48	10.8
Suspended discharge from serving of sentence	46	10.4
Suspended remission of prosecution	43	9.7

10 Drug Markets

The Czech Statistical Institute estimates that 11.5 tons of cannabis, 3.7 t of pervitin (methamphetamine), 2.2 t of heroin, 1.2 mil. ecstasy tablets, and 275,000 doses of LSD are consumed in the Czech Republic every year. The number of seizures carried out by the criminal law authorities in 2004 was approximately the same as in 2003; the volume of seizures of cannabis (191 kg and 1,617 plants), heroin (36 kg), ecstasy (108,379 tablets), and LSD (326 doses) increased, while the quantity of pervitin seized declined (3.4 kg). Despite the concerns regarding an increase in cocaine use, the number of cocaine seizures did not increase; they dropped from 20 to 7 in 2004, and the overall volume of seizures only increased slightly, to 3.3 kg.

The Czech Republic is a traditional producer of pervitin (methamphetamine), which is also exported illegally. Even the consumption of cannabis is substantially covered by domestic production. The Czech Republic continues to be a destination and transit country for the other drugs.

Drug prices have remained stable; the purity of the heroin seized declined and the quality of the pervitin seized increased; there are also increases in the proportion of ecstasy tablets which contain MDMA as the active substance.

10.1 Drug Supply and Availability

10.1.1 Estimated Drug Consumption in the Czech Republic in 1999-2003

The Czech Statistical Institute carried out an estimate of consumption of illicit drugs in the Czech Republic for the period 1999-2003 in 2005. The study was divided into two parts: an estimate of drug consumption among problem drug users and an estimate of drug consumption among occasional and recreational users (Vopravil, 2005). The estimates also drew on the data supplied by the NMC.

Drug consumption among problem drug users was determined by means of a questionnaire survey carried out among clients of low-threshold facilities. The NMC carried it out in collaboration with selected low-threshold facilities. Data on the average one-time dose used of heroin, pervitin, and buprenorphine (Subutex), which comes from the black market, data on the average frequency of use of these substances, etc. were investigated. 409 problem drug users, who are clients of 26 low-threshold facilities, provided the data (Petroš et al. 2005).

The results of the survey on drug consumption among drug users are given in Table 10-1 to Table 10-3. The final estimate of the mean weekly consumption was determined as a mean of two values for each of the drugs monitored. The first value involves consumption calculated from data on average dose and frequency of use of the substance (marked as "weekly consumption A" in the tables) and the second value involves consumption calculated from data on expenditures for drugs and common drug prices ("weekly consumption B").

Table 10-1: Mean weekly consumption and other characteristics of problem pervitin users (Petroš et al., 2005)

	Length of use (months)	Average dose (g)	Weekly frequency of use	Weekly consumption A (g)	Price (CZK/g)	Weekly expenditure (CZK)	Weekly expenditure > 0 (CZK)	Weekly consumption B (g)	Mean weekly consumption (g)
N	295	293	295	293	265	277	235	226	-
Average	67.5	0.30	13	4.18	960	1,926	2 269	2.87	3.53
Median	60.0	0.25	11	2.63	1,000	1,000	1,500	1.67	-

Table 10-2: Mean weekly consumption and other characteristics of problem heroin users (Petroš et al., 2005)

	Length of use (months)	Average dose (g)	Weekly frequency of use	Weekly consumption A (g)	Price (CZK/g)	Weekly expenditure (CZK)	Weekly expenditure > 0 (CZK)	Weekly consumption B (g)	Mean weekly consumption (g)
N	72	72	72	70	71	71	70	68	-
Average	69.6	0.37	12	4.36	1,024	3 240	3 286	3.36	3.86
Median	60.0	0.30	7	2.14	1,000	2 500	2 500	2.42	-

Table 10-3: Mean weekly consumption and other characteristics of problem Subutex users (Petroš et al., 2005)

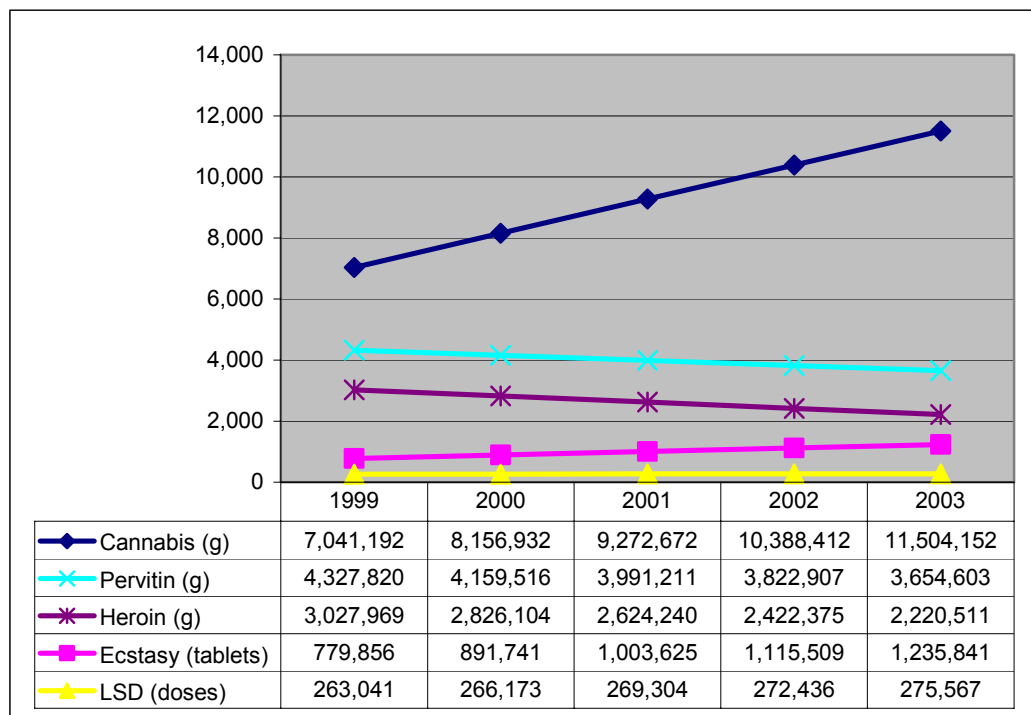
	Length of use (months)	Average dose (g)	Weekly frequency of use	Weekly consumption A (mg)	Price (CZK/mg)	Weekly expenditure (CZK)	Weekly expenditure > 0 (CZK)	Weekly consumption B (mg)	Average weekly consumption (mg)
N	95	89	93	86	89	91	88	83	-
Average	19.7	3.3	11	36.0	58	1,564	1,617	28.8	32.4
Median	18.0	3.0	14	28.0	50	1,400	1,400	25.0	-

Note: 31.904 CZK = 1 € (2004)

The data required for an estimate of consumption among occasional and recreational drug users were obtained from the results of the GENACIS survey carried out in 2002 (Psychiatrické centrum Praha, 2003) and the 2003 ESPAD survey carried out among high-school students (Csémy et al. 2003). In addition, data from the Dance and Drugs 2003 survey (Kubů et al. 2005), the CANLONG survey (Miovský and Čermák, 2005), and other sources were used.

Linear time series of estimated consumptions of individual drugs during the period between 1999 and 2003 were drawn up on the basis of a comparison of results of general population surveys carried out in 1999 and 2002, the ESPAD survey (1999 and 2003), surveys in the dance setting (2000 and 2003), and estimates of the prevalence of problem drug users (1999 and 2003); see Figure 10-1. The trend of consumption between 2002 and 2004 will be modified in 2005 on the basis of the results of the general population survey which the IHIS carried out in 2004 (Ústav zdravotnických informací a statistiky, 2005d).

Figure 10-1: Estimated trend of drug consumption in the Czech Republic in 1999-2003 (Vopravil, 2005)



10.1.2 Availability of Drugs in the Dance Setting

In comparison with the general population, drug use prevalence and probably even drug availability is high among those attending dance events; see (Kubů et al., 2000; Kubů et al., 2005). Several characteristics regarding the purchasing and distribution of drugs among those attending dance events were inquired about within the framework of the Dance and Drugs 2003 survey; see the special chapter on Drug Use in Recreational Settings, page 90, for more information.

10.2 Drugs Production and Trafficking

Pervitin (methamphetamine) is a traditional drug produced in the Czech Republic. The police detected 248 illegal pervitin laboratories (188 in 2003). The Police National Drug Squad reported a continuing increase in the production of pervitin from pseudoephedrine contained in branded medicinal products. It also reported that insufficient availability of the precursor ephedrine in the Czech Republic led to imports of ephedrine from former Yugoslavian states, Bulgaria, and Germany. Pervitin also continues to be the only drug of which larger quantities are exported from the Czech

Republic; in addition to exports to Germany and Austria, exports to Slovakia were also reported (Národní protidrogová centrála, 2005c).

As far as heroin imports are concerned, the Czech Republic especially serves as a transit country for West European markets. The so-called Balkan route is still the most important one. The purity of heroin in consignments seized continues to be low (12% on the average); the number of seizures of small quantities of heroin increased in comparison with 2003; see the chapter on Drug Seizures, page 72. A consignment of 25 kg of very pure 96% heroin was seized in 2004.

A significant part of the marijuana consumed is grown on the territory of the Czech Republic either for personal use or for profit. It is estimated that at least a third of the marijuana is grown locally (Miovský and Čermák, 2005; Vopravil, 2005). Marijuana growing in artificial conditions has been expanding in the Czech Republic, as well as in other European Union countries, in recent years. 14 hydroponic growing rooms were detected in 2004 (2 in 2003). At the same time, increasing importation of hashish from Asian countries, especially Nepal, India, and Thailand, was reported (Národní protidrogová centrála, 2005c).

The preliminary results of the qualitative survey CANLONG, which tracked regular and heavy marijuana users, showed that 41% of these users get marijuana as a present, 34% grow it themselves, 22% buy it, and 3% exchange it. 61% of regular marijuana users participating in the survey cover at least a part and 30% more than half of their consumption by growing cannabis themselves. Interim results involve the responses of 87 regular marijuana users (Miovský and Čermák, 2005).

As in the previous years, no case of ecstasy manufacturing in the Czech Republic was reported in 2004; this drug is imported in particular from the Netherlands, Belgium, and Poland (Národní protidrogová centrála, 2005c).

10.3 Drug Seizures

The volume of seizures of the most common illicit drugs was approximately the same in 2004 and 2003; see Figure 10-2. The volume of seizures of cannabis, heroin, ecstasy, and LSD increased against 2003, while the quantity of pervitin seized declined. The estimated increase in cocaine use – see, for instance, Národní protidrogová centrála, 2005c – was not reflected in the seizures; their number decreased from 20 in 2003 to 7 in 2004, and the overall volume only slightly increased; see Table 10-4.

Figure 10-2: Number of seizures of common drug types in 2002-2004 (Národní protidrogová centrála, 2005b)

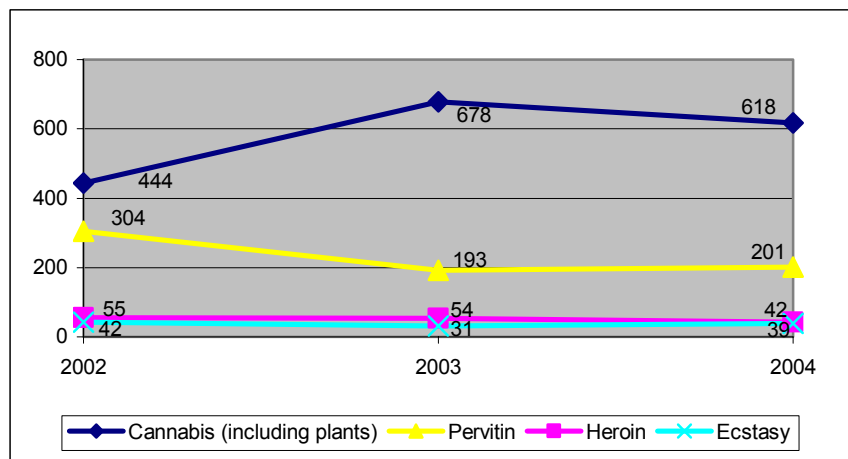
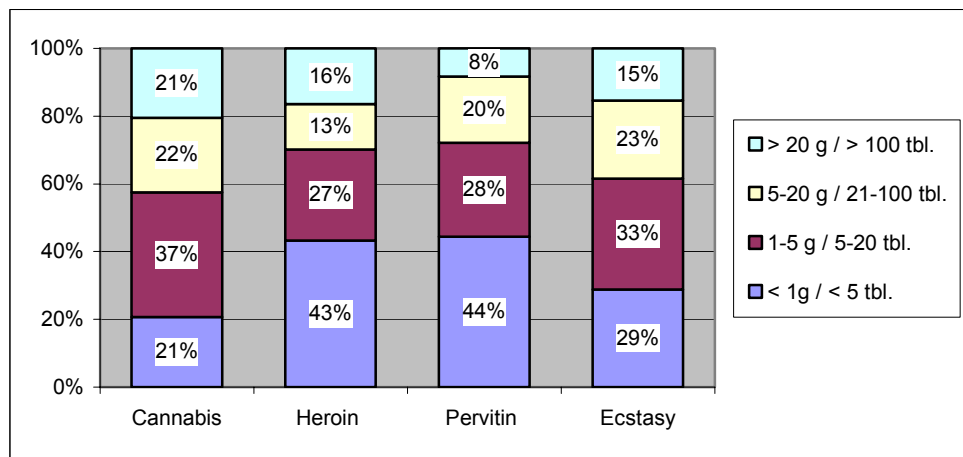


Table 10-4: Number of seizures and quantities of drugs seized in 2002-2004 (Národní protidrogová centrála, 2005b)

Substance seized	Units (volume)	2002		2003		2004	
		Number	Volume	Number	Volume	Number	Volume
Marijuana and hashish	kg	351	112.12	561	142.62	572	191.22
Cannabis plants	pcs	93	3,173	117	3,125	46	1,617
Heroin	kg	55	34.34	54	9.14	42	35.90
Cocaine	kg	12	6.04	20	2.62	7	3.28
Pervitin	kg	304	4.30	193	9.63	201	3.42
Ecstasy	tablets	42	88,391	31	51,692	39	108,379
LSD	doses	3	107	3	65	1	326
Total	-	860	-	979	-	907	-

As in the last year, the Police National Drug Squad supplied an overview of drug seizures by volume³⁹. The proportion between the volumes of seizures of selected types of drugs is given in Figure 10-3.

Figure 10-3: Classification of seizures of selected types of drugs by quantity seized (Národní protidrogová centrála, 2005a)



Note: The data involve all drug seizures, including seizures of small quantities.

The Customs Administration of the Czech Republic reported 410 drug seizures which it implemented either on its own or in collaboration with the police. Marijuana and hashish were the most commonly seized drugs (87% of the seizures). 66% of the cases involved drug seizures at the Prague-Ruzyně Airport, and consignments of drugs sent via air mail were the most common (Generální ředitelství cel, 2005).

10.4 Drug Prices and Purity

10.4.1 Drug Prices

Drug prices have remained relatively stable in the Czech Republic in recent years, according to information provided by the Police National Drug Squad (Národní protidrogová centrála, 2005c). Data on the prices of drugs are recorded on the basis of information supplied by the District Headquarters of the Police of the Czech Republic regarding minimum and maximum prices in individual districts.

A survey of the NMC among clients of low-threshold facilities tracked common street prices of pervitin, heroin, and buprenorphine. The average price of a gram⁴⁰ of pervitin is € 30.10, while 44% of respondents mentioned a price of € 31.30 (CZK 1,000). The average price of 1 g of heroin is € 32.10, and 61% of problem drug users reported a retail price of € 31.30. The average price of an 8-mg tablet of Subutex on the black market is € 14.40, while the common price is € 12.50 (CZK 400) (Petroš et al., 2005).

The Annual Report of the Police National Drug Squad also mentions that the average street price of pervitin is around € 31.30 per gram. In areas near the border, the prices of pervitin sold to Austrian and German citizens sometimes exceed € 47. The price of a gram of the precursor ephedrine, from which approximately 0.7g of pervitin can be made, was up to € 7.80 in 2004.

The Police National Drug Squad reported cases of sales of very low-purity heroin (5-10%) in 2004; it was sold for approximately € 25. On the contrary, the price of a gram of 20% heroin may reach € 47. Ecstasy tablets continue to be sold for approximately € 6.30 (CZK 200). The price of ecstasy usually decreases to less than € 3.10 (CZK 100) per tablet when larger quantities are bought. A gram of cocaine usually sells for € 63-78 (CZK 2,000-2,500) (Národní protidrogová centrála, 2005c).

10.4.2 Drug Purity

The Police National Drug Squad obtains data on the purity of drugs seized from laboratory analyses carried out by the Prague Institute of Criminalistics and regional Departments of Criminological Techniques and Expertise (OKTE).

In 2004, the Police National Drug Squad determined prices on the basis of data provided by the the Institute of Criminalistics in Prague and OKTE units of the Central Bohemian, the North Bohemian, and the West Bohemian sections of the Police of the Czech Republic. As we have mentioned above, the Police National Drug Squad reports a decline in the purity of heroin and an increase in the purity of pervitin. Minimum, maximum, and mean purities of basic drug types in 2004 are given in Table 10-5. Data on the total number of analyses are not available to the NMC.

³⁹ These data are not comparable with the 2003 data – seizures in cases regarded as misdemeanours (i.e. possession of a small quantity for personal use) were included in 2003.

⁴⁰ The actual quantity of pervitin and heroin sold on the street as one gram is usually lower – approximately 0.8 g.

As far as the contents of tablets sold as ecstasy (MDMA) are concerned, the proportion of tablets which only contained MDMA as the active substance increased from 80% in 2003 to 94% in 2004 (65 of 69 tablets analysed).

Table 10-5: Purity of selected drug types in 2004 (%) (Národní protidrogová centrála, 2005b)

Type of drug	Minimum	Maximum	Mean
Marijuana	0.4	18	3
Hashish	5.4	20	10
Pervitin	23.3	80	50
Heroin	0.8	26.9	12
Cocaine	21.7	88	65

Part B: Special Chapters

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

11 Gender Differences in Drug Use

The term gender refers to differences between males and females which – unlike biological differences – are culturally and socially determined or construed, i.e. they can change with time and they vary both within and between cultures (European Communities, 1998).

11.1 Drug Use Among the General Population and Young People

The IHIS carried out a Sample Survey of the Health Status and Living Style of the Population in the Czech Republic in 2004. The study tracked the use of licit and illicit drugs; more detailed information is included in the chapter on Drug Use in the General Population, page 14. 1,760 females and 1,766 males participated in the survey. The study has shown differences in the prevalence of illicit drugs among males and females. The prevalence of use of all substances is higher among males than among females. The smallest differences can be found with regard to lifetime prevalence, while there are larger differences in last 12 months' prevalence and the biggest differences involve last 30 days' prevalence; see Figure 11-1 and Figure 11-2. The prevalence of drug use declines with an increase in the age of respondents in both groups (Ústav zdravotnických informací a statistiky, 2005d).

Figure 11-1: Lifetime prevalence of drug use among females and males in the group aged 18-64 (Ústav zdravotnických informací a statistiky, 2005d)

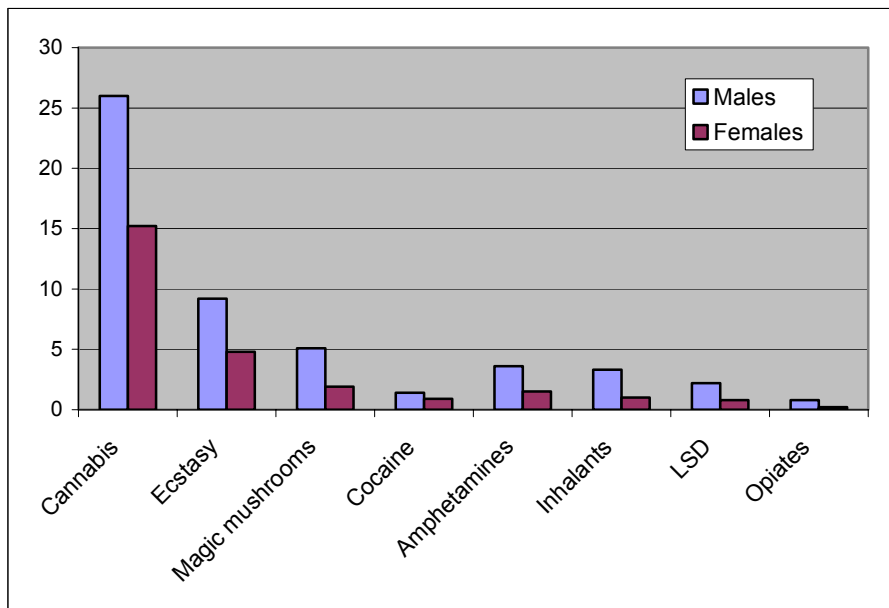
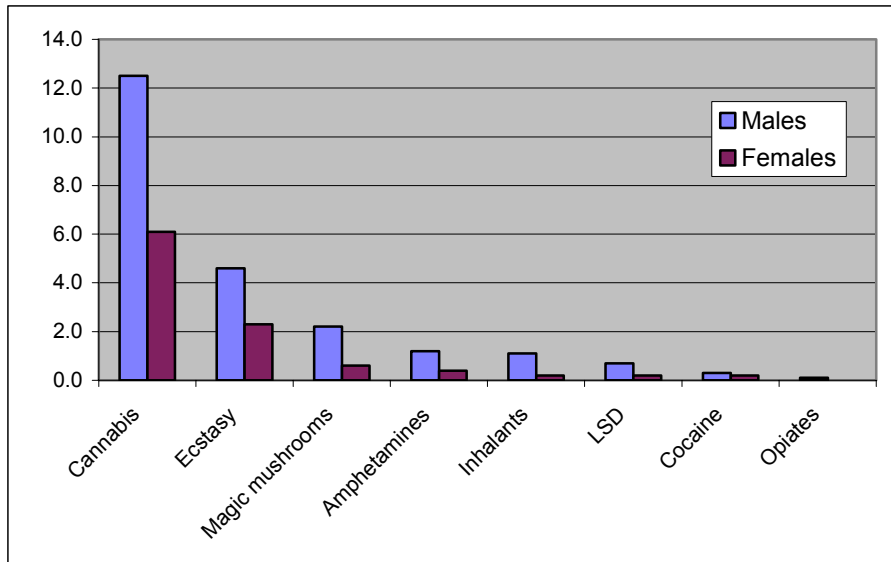


Figure 11-2: Last 12 months' prevalence of drug use among females and males aged 18-64 (Ústav zdravotnických informací a statistiky, 2005d)



The ESPAD study was carried out in 2003 with the goal of assessing the scope of drug use among high-school students. 3,172 students aged 15-16 participated in it. The results of the study show that differences in the prevalence of drug use among boys and girls are smaller than those between males and females in the adult population. The lifetime prevalence of marijuana is higher among boys, while the prevalence of use of other drugs monitored is balanced. Girls report a higher prevalence of ecstasy, pervitin, and cocaine; see Figure 11-3. The differences in last-month prevalence among high-school students are similar to those regarding lifetime prevalence; see Figure 11-2 (Csémy et al., 2005).

Figure 11-3: Lifetime prevalence of drug use among 16-year-old boys and girls (%) (Csémy et al., 2005)

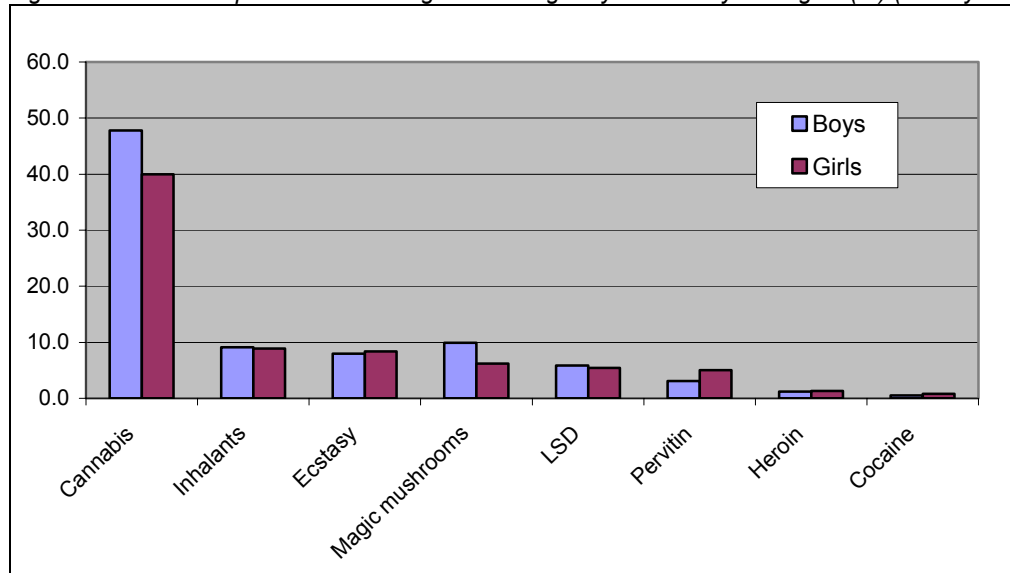
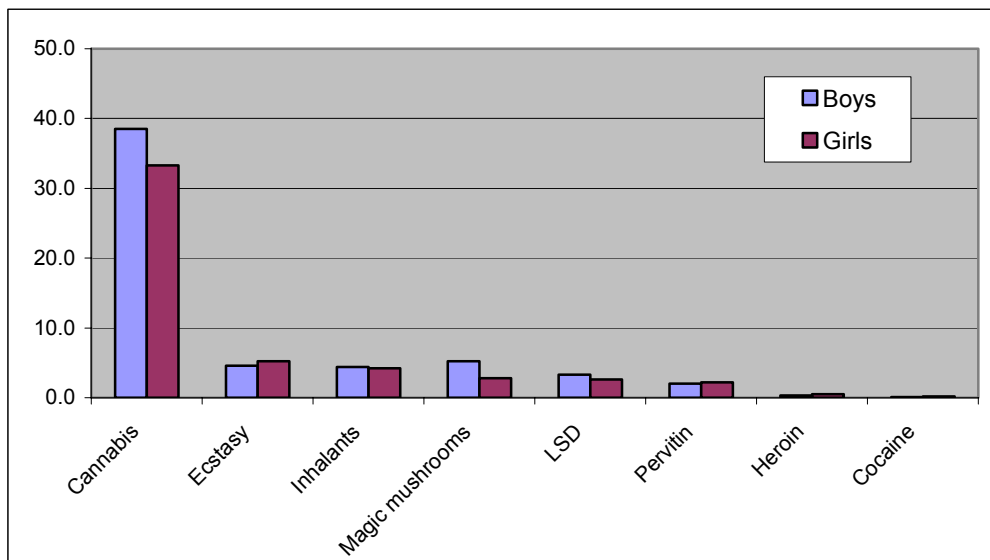


Figure 11-4: Prevalence of drug use within the last 12 months among 16-year-old boys and girls (%) (Csémy et al., 2005)



Similar differences can also be found regarding lifetime prevalence and last-year prevalence among the specific population of those attending dance events. The questionnaire survey Dance and Drugs was carried out among this population in 2003, and 1,040 males and 612 females with an average age of 21 (males – 22, females – 21 years of age) participated in it. The extent of their experience is substantially higher than that among high-school students, but the differences between males and females are approximately the same as those found in the ESPAD study. Females also report a higher lifetime prevalence of ecstasy, pervitin, and cocaine; see (Kubů et al., 2004).

Figure 11-5: Lifetime prevalence of drug use among the population of those attending dance events (%) (Kubů et al., 2004)

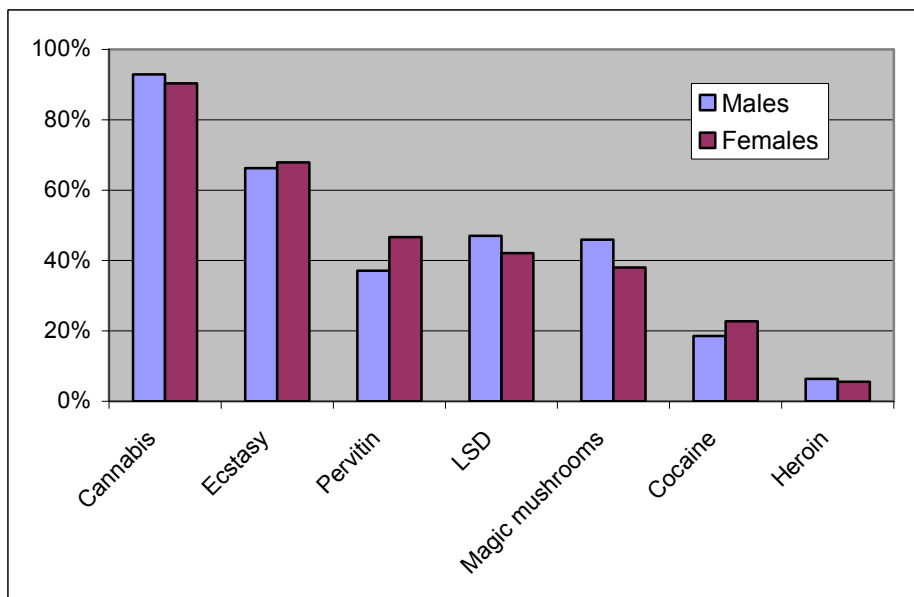
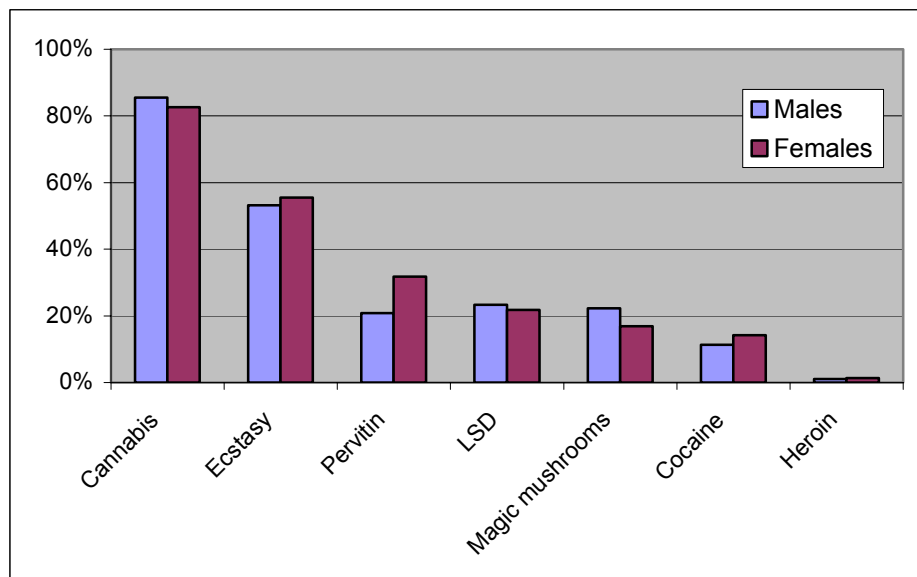


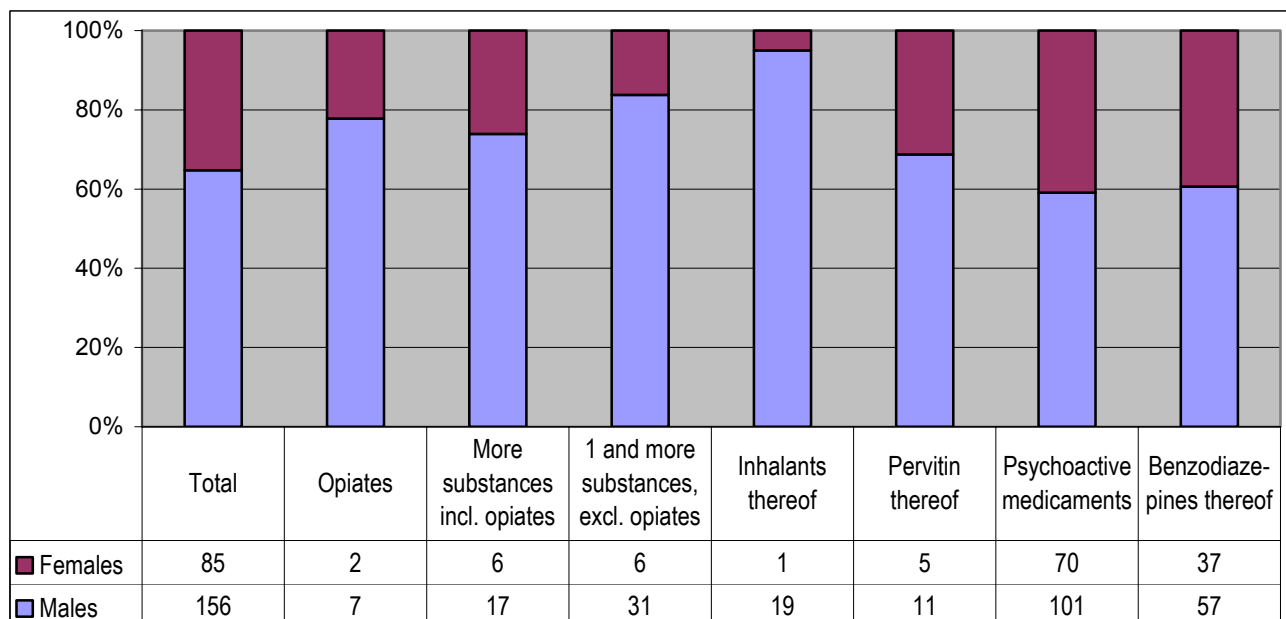
Figure 11-6: Prevalence of drug use within the last 12 months among the population of those attending dance events (%) (Kubů et al., 2004)



11.2 Drug-Related Deaths and Mortality of Drug Users

Data on the male/female ratio among overdoses on narcotic and psychotropic substances have been available in the Czech Republic since 1998; more detailed information is included in the chapter on Drug-Related Deaths and Mortality of Drug Users, page 40. The proportion of males among the deaths is approximately 65%, the proportion of males in overdoses on “street” drugs is even higher, and the proportion in inhalants overdoses is the highest. Females are the most prominent in the group of those who died as a result of an overdose on psychoactive medicaments (more than 40%). Detailed 2004 data are given in Figure 11-7.

Figure 11-7: Fatal overdoses in the Czech Republic in 2004 by types of drugs and gender (%) (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2005)



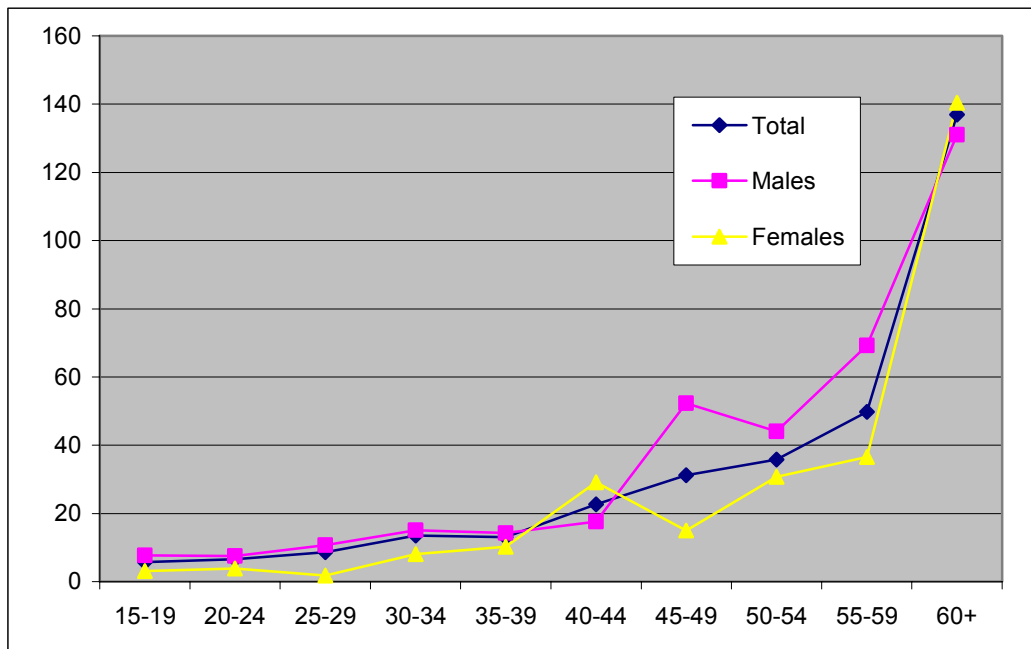
Data about the mortality of drug users are also available; more detailed information is included in the chapter on Drug-Related Deaths and Mortality of Drug Users, page 40. Registers kept by the IHIS – hospitalised with diagnosis F11-F19, substitution programme patients – and data provided by the National Institute of Public Health about injecting drug users with reported viral hepatitis (EPIDAT) were used as cohorts (groups of drug users). There are marked differences within the individual cohorts with respect to age, type of drug use, and gender. Mortality has been higher among males than females in the long term, regardless of the drug used. Non-standardised values of specific

mortalities on the basis of the cohort of those hospitalised with the primary diagnosis F11-F19 are given in Table 11-1 and Figure 11-8 (Mravčík et al., 2004).

Table 11-1: Non-standardised mortality by gender and type of drug (%) (Mravčík et al., 2004)

Gender	All drugs total	Opiates	Stimulants	Sedatives, hypnotics	Poly-drug use
Males	10.70	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

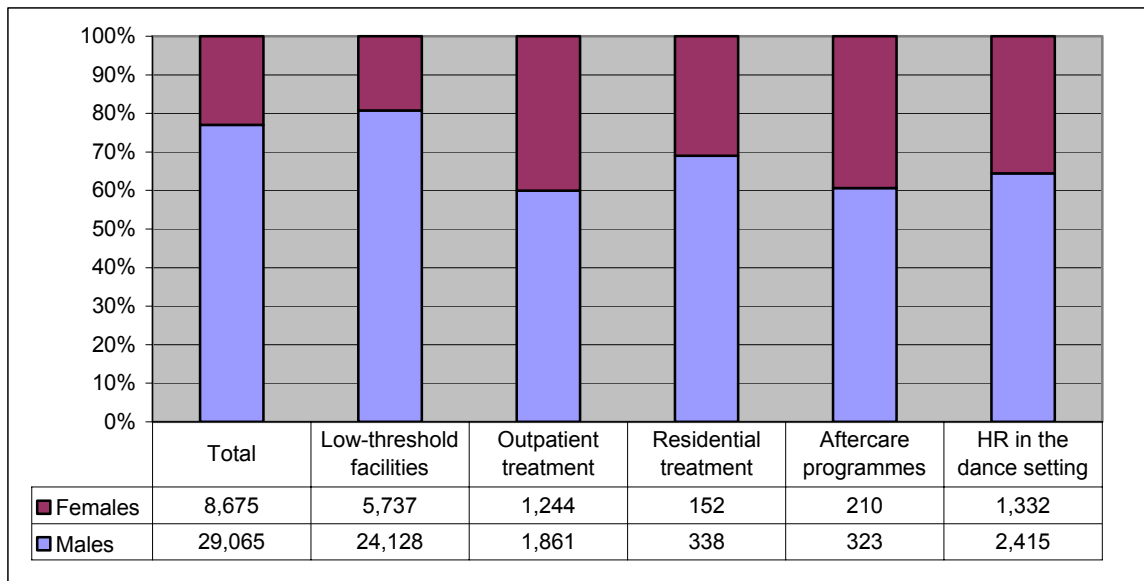
Figure 11-8: Mortality by gender and age groups – all drugs total (%)



11.3 Treatment Demands

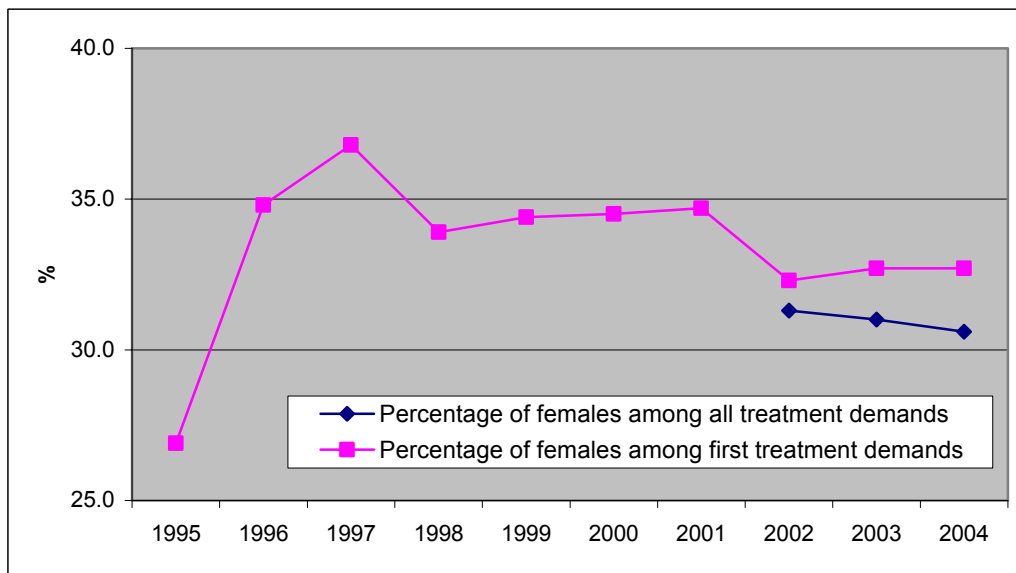
Data from low-threshold and treatment facilities show that males prevail among their clients. They represent 60-80% of the clientele for several of the types of services provided. 34,400 persons, of whom 78% were males, used the services of low-threshold and treatment facilities, according to the data from the final reports of the facilities which participated in the subsidy proceedings of the CGDPC in 2004. The highest proportion of females (40%) was reported by outpatient and aftercare programmes, and the lowest proportion (20%) was reported by low-threshold facilities which provide harm reduction services to drug users (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e) - see Figure 11-9.

Figure 11-9: Clients of facilities subsidised by the CGDPC in 2004 by gender (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e)



Information that is more detailed can be found in the Treatment Demand Register kept by the Hygiene Service; see the chapter on Profile of Clients in Treatment, page 27. The Hygiene Service has been collecting data about drug users who have attended a low-threshold or treatment facility for the first time in their life since 1995; in 2002, it started to collect data on all users who have used services provided by these facilities. The percentage of males among all clients of these facilities has been higher in the long term; after an initial period of growth in 1995-1997, the percentage of females among first treatment demands has stabilised at approximately one third of the clients. The percentage of females among all treatment demands is slightly lower than among first treatment demands; see Figure 11-10.

Figure 11-10: Percentage of females in the Treatment Demand Register (%) (Polanecký et al., 2005)



The average age of the females who demanded treatment was approximately 2.5 years lower than the average of males demanding treatment, including first treatment demands. The percentage of females is relatively higher in the younger age categories. Figure 11-11 and Figure 11-12 show data about the age of people demanding treatment. With the exception of certain aspects, sociodemographic data regarding housing, education, and employment do not differ substantially between males and females. Nearly twice as many males (18%) as females (11%) are homeless or live on their own, and they are unemployed more often (56% of males against 46% of females), but they have regular employment more often (17% of males against 13% of females). A higher percentage of females (20%) than males (11%) live with a partner or only with a child; see Figure 11-13. Females study approximately twice as often as males.

Figure 11-11: Male/female ratio of people demanding treatment by age groups in 2004 (Polanecký et al., 2005)

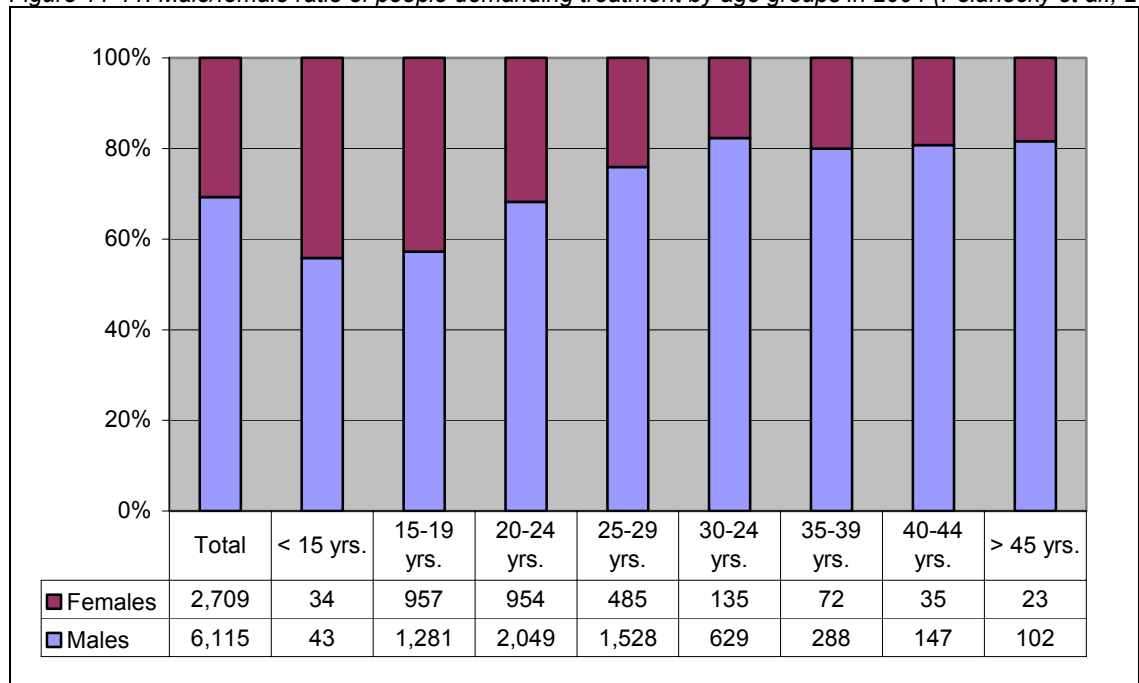


Figure 11-12: Comparison of the average age of people demanding treatment by gender in 2002-2004 (Polanecký et al., 2005)

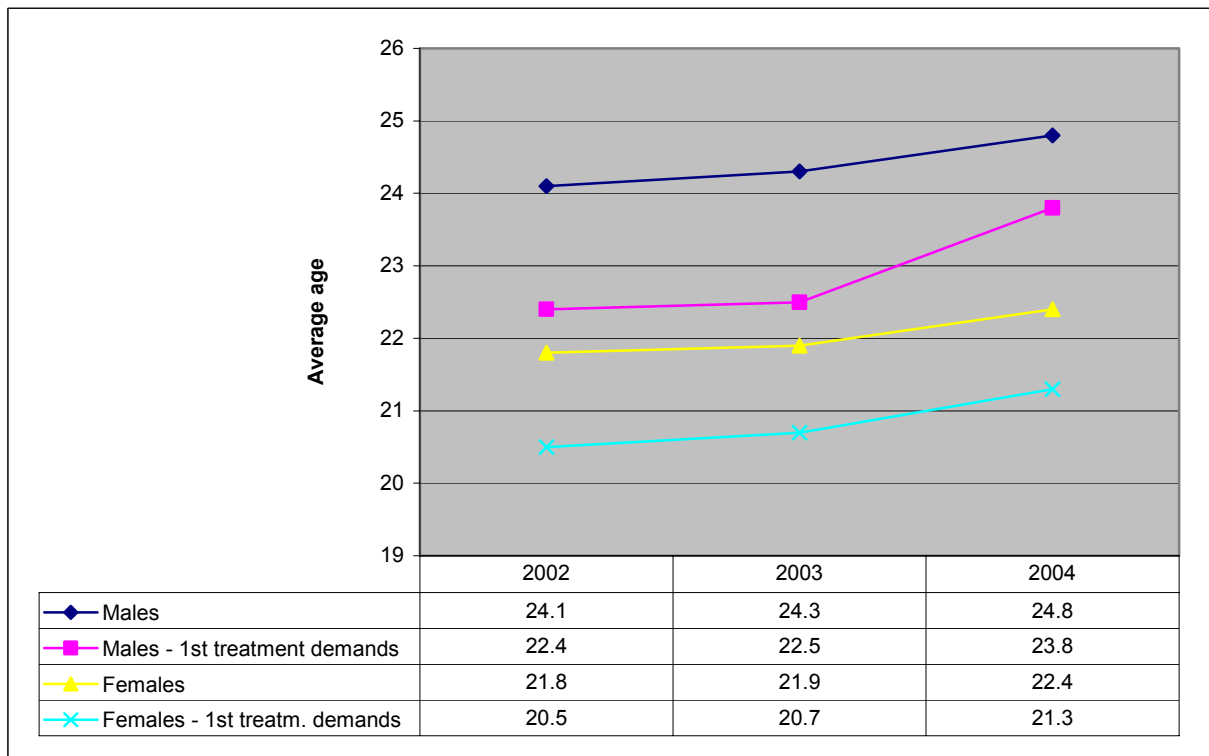
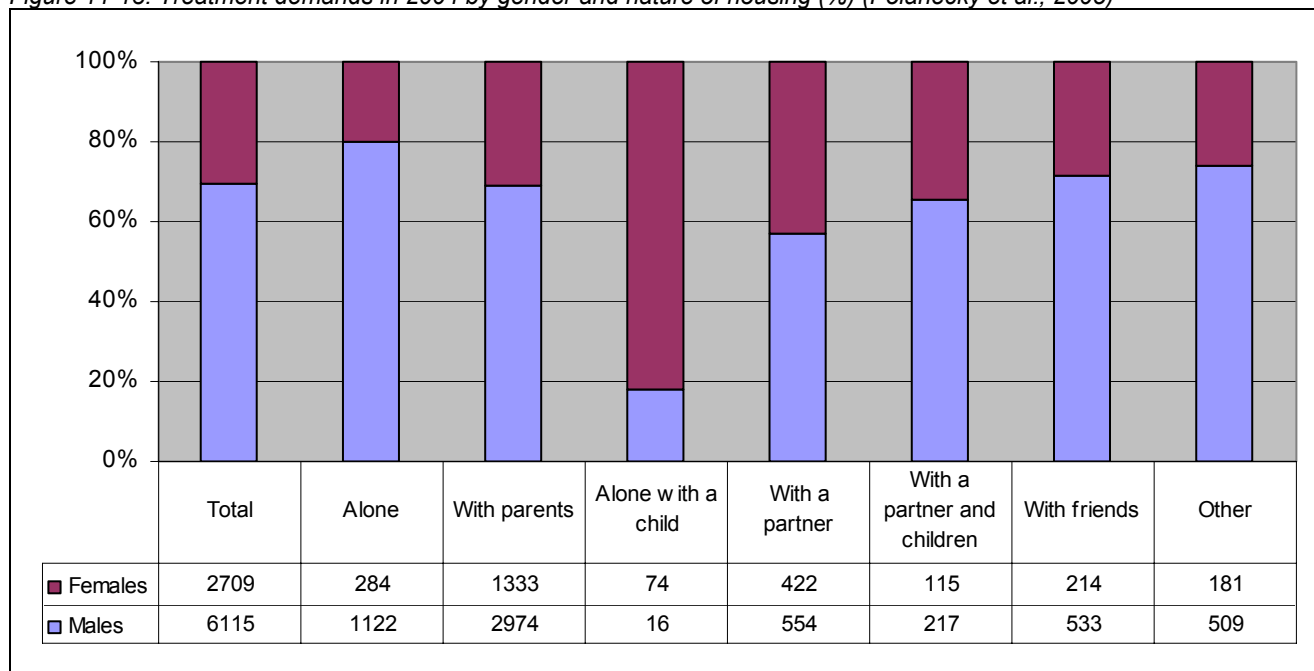
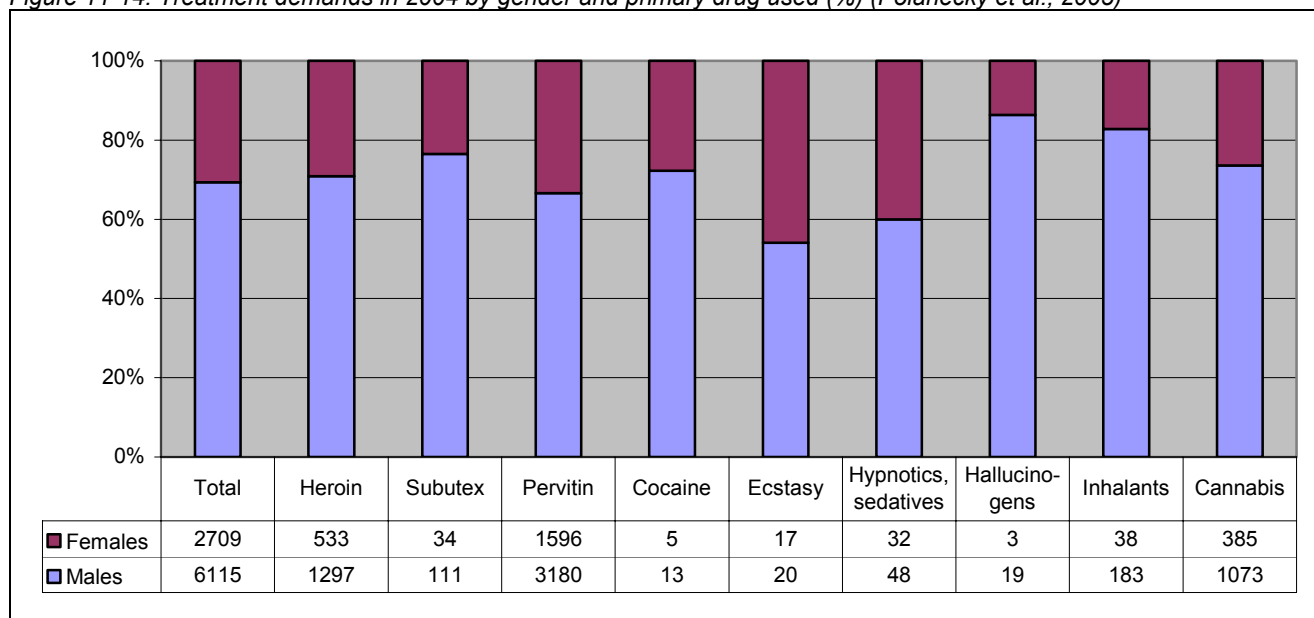


Figure 11-13: Treatment demands in 2004 by gender and nature of housing (%) (Polanecký et al., 2005)



The male/female ratio among treatment demands by the primary drug is given in Figure 11-14. Males dominate in all groups of drugs. The lowest percentage of females was in the group which sought treatment in connection with the use of hallucinogens and inhalants in 2004, and the highest proportion was found among users of ecstasy and hypnotics or sedatives.

Figure 11-14: Treatment demands in 2004 by gender and primary drug used (%) (Polanecký et al., 2005)



11.4 Drug-Related Infections

2004 data on reported HIV/AIDS incidence, newly diagnosed cases of viral hepatitis⁴¹, and data from a survey carried out among different groups of drug users are available. HIV seroprevalence among injecting drug users is under 1%, HCV prevalence among injecting drug users exceeds 30%, while HBV prevalence varies between 10 and 20%. Infection seroprevalence is higher among the specific population of drug users; see the chapter on Drug-Related Infectious Diseases, page 44 for more detailed information. An overview of newly reported HIV and VH cases among

⁴¹ Symptoms of HBV and HCV infection are often latent, and so it possible to assume that the actual prevalence is higher. Seroprevalence studies carried out among the population of drug users provide a better picture of the actual prevalence.

injecting drug users in 2004 is given in Table 11-2. An overview of the available results of seroprevalence studies by gender of respondents is given in Table 11-3.

Table 11-2: Numbers of newly reported HIV, HBV, and HCV cases among injecting drug users in 2004 (Beneš and Částková, 2005; Brůčková et al., 2005)

Infection	Total	Males		Females	
		Number	Proportion (%)	Number	Proportion (%)
HIV	6	6	100	0	0
VHC	535	382	71.4	153	28.6
VHB	131	94	71.8	37	28.2

Table 11-3: Results of HIV, VHB and VHC tests carried out among injecting drug users by gender (Brůčková et al., 2005; Národní monitorovací středisko pro drogy a drogové závislosti, 2005d; Národní monitorovací středisko pro drogy a drogové závislosti, 2005e; Ústav zdravotnických informací a statistiky, 2005f)

Infection	Tested population	Size of sample		Proportion of positive tests (%)	
		Males	Females	Males	Females
HIV	Tests of drug users recorded by the National Reference Laboratory for AIDS in 2004	982	627	0	0
	Methadone substitution clients in 2004	500	183	1.0	0
	Tests in low-threshold facilities in 2004	440	277	0	0
VHC	Methadone substitution clients in 2004	500	183	42.6	39.8
	Seroprevalence study among injecting drug users – clients of low-threshold facilities in 2002-2003	495	265	32.5	24.5
	Tests in low-threshold facilities in 2004	610	364	7.7	8.2
VHB	Methadone substitution clients 2004	500	183	16.2	13.7

Males dominate in newly reported cases of infectious diseases among injecting drug users, and they also report higher seroprevalence in seroprevalence studies. An exception was found regarding HCV tests in 28 Czech low-threshold facilities in 2004, when females had more positive results.

11.5 Drug-Related Crime

Drug-related crime involves secondary drug-related crime⁴² and the criminal offences of the unauthorised production and possession of narcotic and psychotropic substances (Sections 187, 187a, and 188) and the promotion of drug addiction (Section 188a of the Penal Code), for which the summary term 'drug offences' is used. Males represent fewer than 90% of those accused of drug offences. The proportion of females among those prosecuted for, accused of, and sentenced for drug offences has increased since 1998; see Table 11-4. No data about secondary drug-related crime by gender of perpetrators are available.

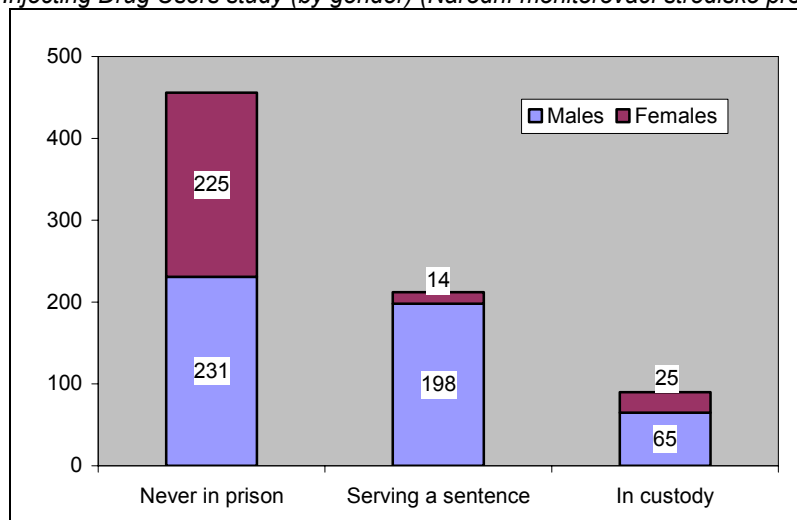
Table 11-4: Overview of the percentage of females among those prosecuted, accused, and sentenced in 1998-2004 (Ministerstvo spravedlnosti ČR, 2005)

Year	Prosecuted		Accused		Sentenced	
	Total	Proportion of females (%)	Total	Proportion of females (%)	Total	Proportion of females (%)
1998	1,776	8.2	1,530	8.2	802	9.6
1999	2,084	11.1	1,765	10.7	891	11.6
2000	2,453	11.8	2,043	11.2	972	12.2
2001	2,519	12.7	2,160	12.6	1,094	13.1
2002	2,504	12.3	2,247	12.1	1,216	14.7
2003	3,088	11.9	2,737	12.4	1,304	12.3
2004	2,944	11.8	2,589	11.9	1,376	12.9

Females only committed 55 (5%) of 1,087 drug offences committed by those serving a sentence. Previous stays in prison were inquired about within the framework of risk behaviour mapping carried out within the framework of the HCV Seroprevalence Among Injecting Drug Users study, which the NMC has implemented since 2002. It involved clients of low-threshold facilities who had injected drugs within the last year. Nearly 40% (53.2% of males and 14.8% of females) out of 758 respondents reported that they had served a prison sentence at some point in their life; see Figure 11-15.

⁴² Criminal activities committed by drug users usually for the purpose of obtaining drugs or the wherewithal for drugs.

Figure 11-15: Prevalence of a previous stay in prison and custody among respondents of the HCV Seroprevalence Among Injecting Drug Users study (by gender) (Národní monitorovací středisko pro drogy a drogové závislosti, 2003)



11.6 Situation in the Field of Drug Demand Reduction

Responses to drug demand reduction usually focus on the target population regardless of gender aspects.

Primary prevention activities are mostly carried out in schools. Due to the coeducational nature of the Czech school system, identical services are supplied to girls and boys.

Services in the field of harm reduction, i.e. reduction of health and social risks of drug use, are provided in particular by low-threshold facilities, which offer their services regardless of the gender of clients. The structure of the services provided in these facilities in 2004 is given in the chapter on Services Provided by Low-Threshold Facilities, page 52. Several low-threshold facilities offer special programmes for females (in the so-called female groups), and they focus on issues that are specific to the population of female users (e.g. contraception, motherhood, sexual abuse). Just under 40% of the low-threshold facilities which participated in the subsidy proceedings of the CGDPC in 2004 offered free pregnancy tests to clients. 779 tests were carried out in 2004. Each of the low-threshold facilities supplies specific services to pregnant drug users; these usually involve the mediation of professional gynaecological and obstetric care and the mediation of substitution treatment or specific treatment for pregnant women and mothers with children (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).

Gender-specific services are most commonly supplied in the field of treatment and aftercare. Separate male or female groups feature as part of intensive outpatient programmes and inpatient treatment in coeducational facilities⁴³. Treatment programmes for pregnant women and mothers with children represent a special type of intervention and they especially focus on the stabilisation of the social and the mental state of the clients, their relationship with their family, motherhood, and housekeeping. Four such programmes were carried out in 2003; three of them were outpatient (two of them provided sheltered housing), while one programme was carried out within the framework of a therapeutic community. The basic services supplied involved individual counselling and psychotherapy, relapse prevention, family and partner therapy, parent groups, mother groups, counselling, social work (e.g. prevention of unwanted pregnancy, interventions in the home environment, and day-care with a programme for children), physiotherapy, etc. 86 females and 54 children were treated in these facilities in 2003 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004b).

Serving of sentence and execution of custody take place in separate departments for males and females. A separate department for sentenced females in the Remand Prison in Prague-Ruzyně, Řepy branch, supplies specific services. The females are selected on the basis of psychological tests, personality, and the nature of the offence committed. The inmate-handling programme involves work and educational and interest activities. Assistance during the restoration and rebuilding of relationships with children, families, or friends is also offered.

⁴³ All outpatient facilities and most therapeutic communities are coeducational in the Czech Republic. Treatment in psychiatric facilities is usually coeducational, too; the exceptions can be found in institutions where departments for males and females are so separated (e.g. in different buildings) that their programmes operate independently.

12 Drug Policy and Licit Drugs

12.1 Epidemiology of licit drugs

Approximately 30% of the adult population (15-64 years) are regular smokers, and 53% of adults report that they are non-smokers. Regular smoking is most common among those aged 45-54 and 15-24 (Sovinová et al. 2003). The proportion of regular smokers among those aged 15-16 is comparable; however, the fact that approximately 11% of 13-year-old and 2% of 11-year-old pupils of basic schools smoke on a regular basis poses a threat (Sovinová and Csémy, 2003).

High alcohol consumption continues to prevail in the Czech Republic. A figure of just under 15 litres of 100% alcohol per adult was reported in 2002 (Sovinová and Csémy, 2003), and health-risky forms of alcohol consumption (the drinking of above-average daily doses or binge drinking of five or more glasses of alcohol during one session) involve 33% of males and 14% of females. As for alcohol consumption among young people, 23% of boys and 13% of girls report frequent binge drinking, and 17% of boys and 10% of girls aged 16 years admit to repeated drunkenness (Sovinová and Csémy, 2003).

High subjectively perceived availability also continues to prevail among young people; approximately 95% of 16-year-old students reported that it would be easy for them to get beer or wine, and 84% said it would be easy for them to get spirits (Csémy et al., 2003). All of this occurs despite the fact that Czech laws prohibit the sale and distribution of alcohol to young people below 18 years of age.

12.2 Licit Drugs and Health Policy of the Czech Republic

The issues of alcohol use and tobacco smoking have been incorporated in specific documents which regulate the long-term health policy of the Czech Republic. Negative impacts of smoking, alcohol drinking, and the use of illicit drugs on the health status of the population are discussed in the document Health for All in the 21st Century (Health 21) and in the Action Plan for Health and Environment. The Czech Republic has also joined the European Action Plan on Alcohol (WHO) and Framework Convention on Tobacco Control of the WHO.

The long-term programme for the improvement of the health status of the population, Health 21, focuses on a continuous and gradual improvement of indicators of the health status. Altogether 21 objectives were defined; one of them is dedicated to alcohol, tobacco, and illicit drugs (Objective 12): to reduce damage caused by alcohol, drugs and tobacco, i.e. to reduce the negative correlates of the use of addictive substances such as tobacco, alcohol, and psychoactive drugs by the year 2015 (Ministerstvo zdravotnictví, 2002).

Specific objectives of the Health 21 programme define activities which should be accomplished by 2015: 80% of those aged above 15 years and just under 100% of those aged under 15 should be non-smokers (Objective 12.1); alcohol consumption per person should not exceed 6 litres per year and zero consumption should be achieved among those aged under 15 years (Objective 12.2). The measures which have been proposed in order to achieve these objectives involve legislative and tax measures, a prohibition on advertising, preventive programmes in school and the media, the ensurance of an adequate network of treatment facilities, and the establishment of a coordinating, monitoring, and research centre for alcohol and tobacco. The Government of the Czech Republic is responsible for the fulfilment of these tasks via the Health and Environment Council and the Ministry of Health.

Similar objectives were already defined in the 1998 Action Plan on Health and Environment and in the 1994 National Health Programme. Key objectives in this field involved a reduction of alcohol consumption and smoking, especially among young people, restrictions on the availability of alcohol and tobacco, the promotion of non-smoking, and regular monitoring of the situation in the field of alcohol and tobacco (Ministerstvo zdravotnictví, 1998).

The Government of the Czech Republic approved all of the above-mentioned documents during the 1990s. However, fulfilment of the objectives has not been monitored systematically and the available data suggest that these objectives have not been fulfilled at all (Nešpor and Csémy, 2004). This is especially caused by insufficient political and social will to deal seriously with the issues of alcohol and tobacco, which probably stems from the above-mentioned underestimation of the problem (Lejčková et al., 2005).

The Czech Republic has also joined the 2000-2005 European Action Plan on Alcohol, which defines objectives for preventing and reducing the harm caused by alcohol, and the Framework Convention on Tobacco Control of the WHO, which has a similar objective in the field of tobacco smoking. The European Action Plan on Alcohol defined its objectives in ten fields of alcohol use (information and education, public, private, and work environments, driving under the influence of alcohol, availability of alcoholic drinks, alcohol promotion, treatment, the responsibilities of producers of alcoholic beverages, the ability of society to confront the harmful impacts of alcohol, NGOs, and the formulation, implementation, and monitoring of programmes) (WHO, 2000). However, no substantial progress has occurred in the fulfilment of the tasks; on the contrary, the situation regarding alcohol consumption has worsened since 2000 (Nešpor

and Csémy, 2004), despite the fact that several of these targets also appeared in the above-mentioned governmental document Health 21.

The key objective defined in the Framework Convention on Tobacco Control (WHO), which the Czech Republic joined in 2003, is to protect current and future generations against the deleterious health, social, and economic effects of tobacco use and exposure to tobacco smoke (WHO, 2003). By signing the agreement, the Czech Republic committed itself to supporting all tobacco control measures, which will lead to a reduction in smoking and the protection of non-smokers against tobacco smoke.

More detailed information is included in the chapters on Legal Framework, page 4, and Social and Cultural Context, page 11.

12.3 2005-2009 National Strategy and Licit Drugs

Issues related to licit drugs (in particular, tobacco and alcohol) were incorporated into the National Drug Policy Strategy for the first time in 2004 during the preparation of the 2005-2009 National Strategy. Several experts were calling attention to correlations between the use of licit and illicit drugs and the comparable impacts of the use of these drugs even during the preparation of the previous strategy (for the period 2001-2004). However, issues related to licit drugs failed to be incorporated into the previous strategy.

Several reasons led to the incorporation of issues related to tobacco smoking and alcohol consumption into the drug policy:

- These substances are addictive substances and, like illicit drugs, they cause addiction, changes of perception, mood, thinking, and/or motor functions, and they also cause serious health and social problems (Ministerstvo zahraničních věcí, 1989);
- The consumption of alcohol and tobacco is socially tolerated and the issues associated with the consumption of these substances are underestimated, even though they have repeatedly been mentioned in strategies which were geared towards the protection and promotion of public health (Ministerstvo zdravotnictví, 2002; Rehn et al., 2001; WHO, 2002);
- The prevalence of smoking and alcohol drinking in the population of the Czech Republic is high both among the adult population and among children and young people; see, for instance, (Csémy et al., 2003; Ministerstvo zdravotnictví, 2002; Sovinová and Csémy, 2003). At the same time, the sales of cigarettes and alcohol to underage persons are prohibited and so these substances are illegal for this age group;
- Current school prevention does not differentiate between licit and illicit drugs.

Solvents and doping substances used in sports also belong among addictive substances, and (pathological) gambling and other types of compulsive behaviour are also regarded as an addiction in several diagnostic systems. Neither these substances (with the exception of inhalants) nor gambling have been incorporated into the current strategy and there are no efforts being made to incorporate them.

An expert working group, Alcohol and Tobacco, was established during the preparation of the 2005-2009 National Strategy and it was supposed to prepare background documentation for the formulation of individual activities and responses in this field. The following key objectives in this field were defined: to reduce alcohol and tobacco consumption, especially among young people; to reduce the unfavourable impacts for individuals and society, and to reduce the availability of alcohol and tobacco products (Pracovní skupina Alkohol a tabák, 2004). As the capacity of the working group did not allow for detailed discussion of all aspects of smoking and alcohol drinking across the fields of prevention, treatment, harm reduction, and supply reduction, four fields were selected and specific activities were formulated for each of them:

- Data collection: to prepare a comprehensive, standardised, and regular system for the collection, analysis, and distribution of data about alcohol and tobacco consumption and its impacts (i.e. to establish a Monitoring Centre for Alcohol and Tobacco Use);
- Legislation: to update current legislation so that it corresponds with current conditions at the national level and also with the WHO recommendations (i.e. to review and amend Acts which involve health protection and the advertising of tobacco products and alcohol, to prepare a draft bill for the introduction of licenses for tobacco and alcohol sales, and to ensure enforcement of the existing legislation);
- Prevention and treatment: to ensure greater involvement of health and non-health workers in prevention and treatment resulting from the use of alcohol, tobacco, and other addictive substances;
- Information: to increase the awareness of experts, politicians, society, and the media with regard to the risks posed by alcohol and tobacco consumption and to contribute to a change in the approach to tobacco and alcohol consumption.

Three of the six specific objectives of the 2005-2009 National Strategy involve issues related to licit drugs (see the chapter on Institutional Framework, Strategies, and Policies, page 6.):

- Objective II: to halt the increasing experimental and occasional use of licit and illicit drugs;
- Objective III: to stabilise or reduce the consumption of licit and illicit drugs in society and especially among adolescents;
- Objective VI: to reduce the availability of licit and illicit drugs among the general population and especially among adolescents via more efficient implementation of existing legislative and institutional instruments.

12.4 2005-2006 Action Plan

The 2005-2006 Action Plan provides a detailed description of individual activities which are geared towards the fulfilment of a particular objective, and defines the responsibilities and deadlines for the implementation of activities. It was originally intended to dedicate a special part of the Action Plan to issues related to licit drugs and highlight the main shortcomings in this field. However, in the end, the individual activities which involve licit drugs were attached to the parts which were dedicated to basic drug policy strategies (e.g. primary prevention, treatment, and supply reduction).

Table 12-1 provides an overview of specific activities in the field of licit drug use.

12.5 Implementation of Objectives in Practice

As we have mentioned above, the implementation of measures which are targeted at reduction of the extent of tobacco and alcohol use is very difficult, especially because this behaviour is very common, it is socially tolerated, and its risks are underestimated (Lejčková et al., 2005).

The available data show that the situation is not improving, despite the existence of several health policy documents which aim to reduce the extent of alcohol and tobacco use in the adult population and among young people. On the contrary, long-term trends show an increasing prevalence of smoking among young people and especially an increasing prevalence of risky alcohol consumption. Therefore, it is questionable whether the activities defined in the 2005-2006 Action Plan will have the desired effect on reducing the prevalence of illicit drugs use. The fact is that the general population does not regard alcohol and tobacco as risky and that society still refuses to admit that licit drugs are also drugs.

Table 12-1: Overview of activities in the field of alcohol and tobacco use defined in the 2005-2006 Action Plan (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2005)

Objective	Activity	Deadline	Responsibility	Output / indicator
Available, quality, and interconnected network of treatment and aftercare for users of licit and illicit drugs	To extend short interventions for alcohol, smoking, and addictive substances carried out by physicians and other health care workers	1.7.2006	Ministry of Health	Number of short interventions by physicians
	To accept standards of short interventions according to existing methodology and to incorporate them into the undergraduate and postgraduate education of physicians and other health care workers	31.12.2006	Ministry of Health	Standards of short interventions Pregraduate and postgraduate education programmes
	To carry out an analysis of the existing network of facilities which provide prevention and treatment for alcohol and nicotine addictions	31.12.2005	Ministry of Health in collaboration with CGDPC and Ministry of Labour and Social Affairs	A report with results of the analysis and suggested measures
Comprehensive knowledge of health-care and non-health care workers regarding risks of drug use	To incorporate further education of health care workers and other persons who deal with the prevention and treatment of addiction into Minimum Treatment Standards and education at medical faculties	31.12.2006	Ministry of Health, Ministry of Education	Minimum Treatment Standards which will involve the training of health care workers and other persons who deal with the prevention and treatment of addictive diseases
	Training courses of the Medical Chamber and professional associations	1.6.2006	Ministry of Health	Number of courses Number of trainees
Reduction of availability of alcohol and tobacco among general population and youth	To prepare an amendment to Act 132/2003 Coll. (On Tobacco Advertising), which will include a complete ban on tobacco advertisement	31.12.2005	Ministry of Industry and Trade	An Amendment to Act 132/2003 and 40/1995 Coll.
	To prepare an amendment to Act 40/1995 Coll., On the Regulation of Advertising, with regard to the regulation of alcohol advertising which will contain measures which will markedly limit alcohol advertising	31.12.2005	Ministry of Industry and Trade	
	To prepare a draft bill which will anchor licenses for tobacco and alcohol sales and contain measures to reduce the number of places where alcohol and tobacco will be sold (it will also include increased responsibility on the part of individual sellers)	31.12.2006	Ministry of Industry and Trade in collaboration with Ministry of Finance	

Objective	Activity	Deadline	Responsibility	Output/indicator
Reduction of the availability of alcohol and tobacco in the general population and among young people	More vigorous enforcement of Act 37/1989 Coll. On Protection Against Alcoholism and Other Drug Addictions, especially in the following fields: alcohol-impaired driving, smoking in areas where smoking is prohibited, and the sales of alcohol and tobacco to underage people	ongoing	Ministry of Interior	Declining prevalence of tobacco use in the general population and among young people Increasing number of misdemeanours and increased volume of statutory penalties for misdemeanours in the field of protection against alcoholism and other drug addictions Lower number of traffic accidents under the influence of alcohol
	To prepare an analysis for an amendment to the Act on Excise Duties which will increase the duty on tobacco and alcohol	31.12.2006	Ministry of Finance	Reducing prevalence of tobacco and alcohol in the general population and among young people
Available and complete data on alcohol and tobacco use and its consequences	To formally establish and set up a Monitoring Centre for Alcohol and Tobacco Use and Their Consequences	1.5.2005	Ministry of Health	Increased availability of data about the use of alcohol and tobacco and its impacts. It will serve as the basis for decision-making about necessary responses in the field of prevention, treatment, and availability control
	Establishment of an expert group for drawing up a system of indicators for the monitoring of alcohol and tobacco use and its consequences	31.12.2005	Ministry of Health in collaboration with CGDPC, Ministry of Education, Ministry of Labour and Social Affairs, Czech Statistical Office	A list of indicators Expert group activity report
	To provide staff for the Monitoring Centre for Alcohol and Tobacco Use and Their Consequences	31.12.2006	Ministry of Health	
	To draw up an Annual Report on the State of Alcohol and Tobacco Use and Its Consequences in the CR	31.12.2006	Ministry of Health	A drawn-up Annual Report

13 Drug Use in Recreational Settings

13.1 Current Trends Among Those Attending Dance Parties

An extensive survey, Dance and Drugs, was carried out in 2003. It tracked the consumption of licit and illicit drugs and the context of drug use among those attending dance parties. The survey followed on from a similar survey, Semtex Dance, which was carried out in 2000 (Kubů et al., 2000). This made it possible to monitor trends of drug use in the dance setting.

Data collection was carried out by means of a questionnaire survey at the www.drogy-info.cz web page kept by the NMC and questionnaires distributed at dance music festivals in the summer of 2003. 1,652 respondents participated. 63% of the sample were males, the average age of the respondents was 21 (males 22 and females 20), and 98% of the respondents were aged 15-30.

In addition, drug use in the dance setting has also been mapped by means of a questionnaire survey carried out in collaboration between the NMC and NGOs which operate in the dance setting (Mravčík et al., 2005). The survey is geared towards the lifetime prevalence and repeated use of selected drugs within the last 30 days, and on the prevalence of selected health complications and their causes. A one-page questionnaire is used. The sample consisted of 468 respondents in 2003 and 92 respondents in 2004. Approximately half of the respondents were basic school pupils, secondary school students, or university students when the data were collected.

This chapter provides a summary of the results of the above-mentioned surveys carried out among those attending dance parties. Unless mentioned otherwise, it involves data from the Dance and Drugs 2003 survey (Kubů et al., 2005). The NMC carried out several additional analyses of data supplied by the authors of the Dance and Drugs survey for the purposes of this chapter (Národní monitorovací středisko pro drogy a drogové závislosti, 2005b).

13.1.1 Prevalence of Drug Use Among Those Attending Dance Parties

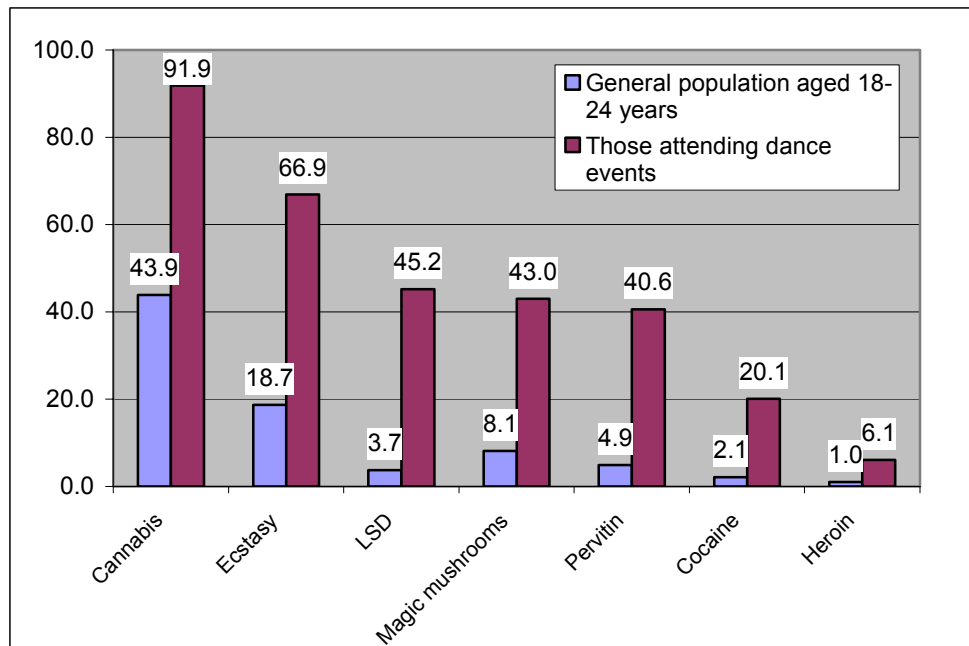
The results of the Dance and Drugs survey confirmed a high prevalence of drug use among those attending dance parties. Only 6% of respondents have never used an illicit drug in their life and 10% have not used any drug within the last year. A summary of lifetime, last-year, and last-month prevalence values is given in Table 13-1. Cannabis, ecstasy, and hallucinogens are the most frequent drugs as far as lifetime prevalence is concerned. After cannabis and ecstasy, pervitin is the third most commonly used drug within the last year and last month.

The prevalence of illicit drugs among those attending dance parties is significantly higher than in the general population. According to the general population survey carried out by the IHIS (Ústav zdravotnických informací a statistiky, 2005d), the lifetime prevalence of cannabis in the group aged 18-24 years was 43.9%. The following lifetime prevalence values apply: ecstasy (18.7%), magic mushrooms (8.1%), LSD (3.7%), pervitin (4.9%), cocaine (2.1%), and opiates (1.0%). A comparison of the lifetime prevalence of selected drug types is given in Figure 13-1.

Table 13-1: Prevalence of use of main types of drugs among those attending dance parties in 2003. (%) (Kubů et al., 2005)

Drug	Lifetime	Last 12 months	Last 30 days
Cannabis	91.9	84.4	64.4
Ecstasy	66.9	54.0	32.5
LSD	45.2	22.8	8.8
Magic mushrooms	43.0	20.3	3.5
Pervitin	40.6	24.9	13.8
Cocaine	20.1	12.4	4.3
Heroin	6.1	1.1	0.4

Figure 13-1: Comparison of lifetime prevalence of drug use among the general population (aged 18-24 years) and among those attending dance parties (Kubů et al., 2005; Ústav zdravotnických informací a statistiky, 2005d)



The use of ecstasy is typical in the dance setting. The lifetime prevalence of ecstasy among those attending dance parties reached just under 67% in 2003, according to the Dance and Drugs survey. The last-year prevalence of ecstasy was 54% and the last-month prevalence involved more than 32% of the respondents. Those who had used ecstasy within the last month had, on average, used it 2.3 times during this period. Half of those who had used ecstasy within the last year usually use one tablet per occasion; on average, 1.7 tablets⁴⁴ are used.

As in the general population, cannabis is the most commonly used substance in the dance setting. However, cannabis prevalence is higher in this environment than in the general population: 92% of respondents had used cannabis at least once in their life, 84% had used it within the last year, and 64% had used it within the last month. As for those who had used cannabis within the last month, a quarter of them had used cannabis approximately once or twice, nearly 40% had used it more than ten times, and 9% used cannabis on a daily basis. Frequent cannabis users represent a substantial part of the cannabis users in the sample; 50% of those who had used cannabis within the last year, i.e. 43% of the entire sample, had used it at least five times within the last month.

Hallucinogens represent another group of illicit drugs commonly used by those attending dance parties. Lifetime prevalence of LSD among the respondents is approximately 45%, last-year prevalence is 23%, and last-month prevalence is 9%. The prevalence of magic mushrooms is slightly lower: lifetime prevalence is 43%, last-year prevalence is 20%, and 4% had used them within the last month.

Even pervitin use is rather common among dance music fans. Last-year and last-month prevalence is higher than the prevalence of hallucinogens (25% against 14%); 41% of those attending dance parties had used pervitin at least once in their life. The average frequency of pervitin use among the respondents who reported use within the last month is 4.5 uses per month.

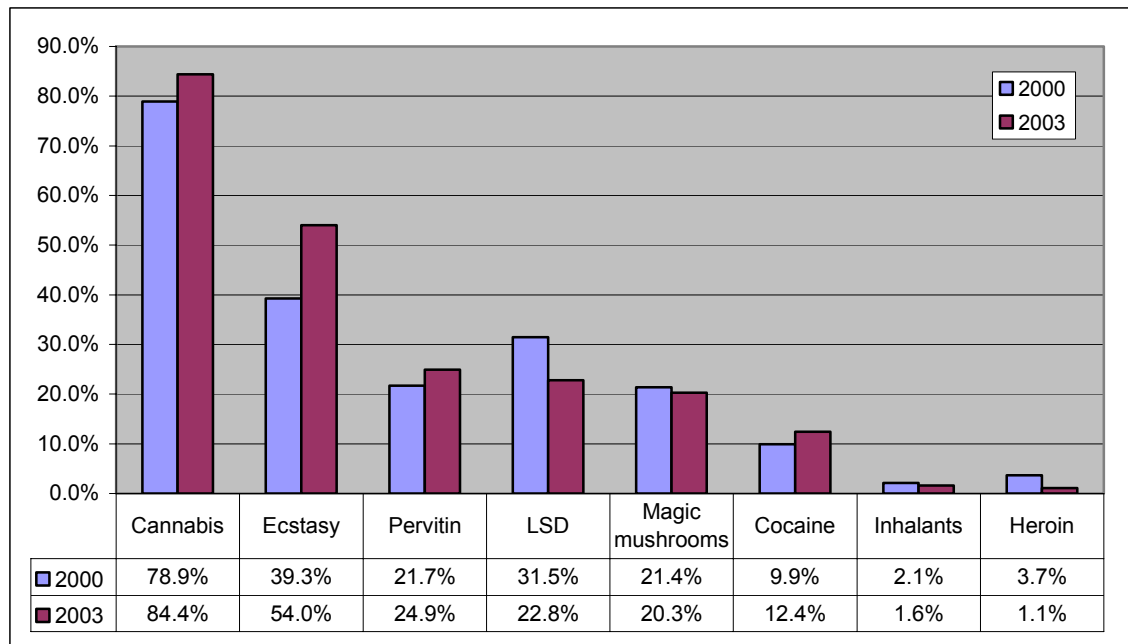
Relatively high cocaine prevalence was also detected; 20% of the respondents had used it at least once, 12% of the respondents had used it within the last year, and 4% of the respondents had used it within the last month (with an average of 3.8 uses per month).

6% of respondents reported lifetime experience with heroin; prevalence of use within the least year and month is low: 1% and 0.4% (the value is under the limit of statistical error).

A comparison of the yearly prevalence of the main types of drugs in 2000 and 2003 is given in Figure 13-2. In comparison with 2000, the last-year prevalence of ecstasy increased the most markedly, and the prevalence of cannabis, pervitin, and cocaine also increased. A more marked decrease was reported for heroin and LSD, and there was a slight decline for magic mushrooms and inhalants.

⁴⁴ These data apply when zero values and values exceeding 10 are excluded.

Figure 13-2: Prevalence of use of selected drugs within the last year among those attending dance parties in 2000 and 2003 (Kubů et al., 2000; Kubů et al., 2005)



Monitoring of drug use among those attending dance parties (Mravčík et al., 2005) who have used preventive and harm reduction services provided by NGOs also inquires about lifetime prevalence and repeated use of selected drugs within the last month. Table 13-2 shows the values of lifetime prevalence and the prevalence of having used these drugs three times or more within the last month. With the exception of a significantly higher value lifetime prevalence of ecstasy (exceeding 90%), it found a similar lifetime prevalence of the use of basic types of drugs to the Dance and Drugs survey. This is probably caused by the fact that the services provided by NGOs in the dance setting usually involve orientative tests of ecstasy, a service which is the most attractive for the target population. In this respect, the sample is biased by a sampling error.

Table 13-2: Prevalence of drug use among those attending dance parties who used preventive and harm reduction services provided by NGOs in 2003 and 2004 (Mravčík and Valnoha, 2005)

Drug	Lifetime prevalence		Used 3 times or more within the last month	
	2003	2004	2003	2004
Ecstasy	90.4	90.2	26.7	25.0
Cannabis	91.2	96.7	55.1	55.4
Pervitin and other amphetamines	53.0	43.5	15.6	14.1
Heroin	7.7	10.9	1.5	1.1
Cocaine	17.5	22.8	2.1	3.3
Hallucinogens	51.7	60.9	8.8	6.5
Toluene*	0.2	-	0	-
N ₂ O*	0.6	4.3	0.2	1.1
Datura*	0.9	-	0	-
Poppers*	0.4	6.5	0.4	3.3
GHB (GABA)*	-	2.2	-	1.1
Ketamin*	-	3.3	-	1.1

Note: Substances marked with an asterisk (*) were mentioned in open answers, and so their prevalence is probably underestimated.

As far as the average age of the first experience with the use of individual types of drugs is concerned, the Dance and Drugs survey found that it was between 18 and 19 with regard to ecstasy, hallucinogens, and pervitin. The respondents started to use cannabis at an earlier age (16 on average) and they started to use cocaine later (at the age of 20).

Table 13-3: Average age of first experience with the use of most commonly used drugs (Kubů et al., 2005)

Drug	Number *	Age of first experience (years)	Under 18 (including) (%)	Under 15 (including) (%)
Cannabis	1,457	16.2	87	43
LSD	701	18.3	61	11
Pervitin	593	18.3	61	12
Ecstasy	1,059	18.6	60	12
Magic mushrooms	640	18.8	55	9
Cocaine	308	20.4	33	3

Note: * Number of respondents who have used the drug at least once in their lifetime and reported the age at which they had their first experience

The prevalence of use of several substances from the group of new synthetic drugs and other less common types of drugs was also investigated within the framework of the Dance and Drugs survey. The so-called synthetic drugs can be used intentionally but they can also appear in tablets sold as ecstasy instead of the active substance MDMA. As far as these substances are concerned, only the use of PMA and 4-MTA was detected among those attending dance parties; prevalence values are relatively low. The prevalence of use of commonly available poppers (usually amyl nitrate) is higher. Other synthetic drugs used in the dance setting involve GHB (gama-hydroxybutyrate) and ketamine. Only 2% of the respondents reported the use of crack; approximately 1% of them reported that they had used it within the last year; see Table 13-4.

Table 13-4: Prevalence of use of less common drug types among those attending dance parties in 2003. (%) (Kubů et al., 2005)

Drug	Lifetime	Last year	Last month
Poppers	35.1	21.1	7.9
GHB	6.7	2.1	0.9
Ketamine	6.7	1.7	0.8
PMA	2.5	1.3	0
Crack	2.2	1.1	0
4-MTA	0.6	0	0

The prevalence of problem drug users among those attending dance parties is low, despite the high prevalence of use of several types of drugs, including pervitin. The percentage of persons who either inject drugs (i.e. who have injected a drug at least once within the last year) and/or use pervitin and/or cocaine (i.e. those who meet the definition of problem use) was 5.4% (89 persons)⁴⁵. 7.4% of the respondents had injected a drug at least once in their lifetime, and 3.2% had injected within the last year. Using pervitin or cocaine five or more times within the last month was selected as the criterion for regular use. 5.1% of the respondents reported this frequency of use of pervitin and/or cocaine. Just under two thirds (63%) of regular pervitin users had injected drugs within the last year (Národní monitorovací středisko pro drogy a drogové závislosti, 2005b).

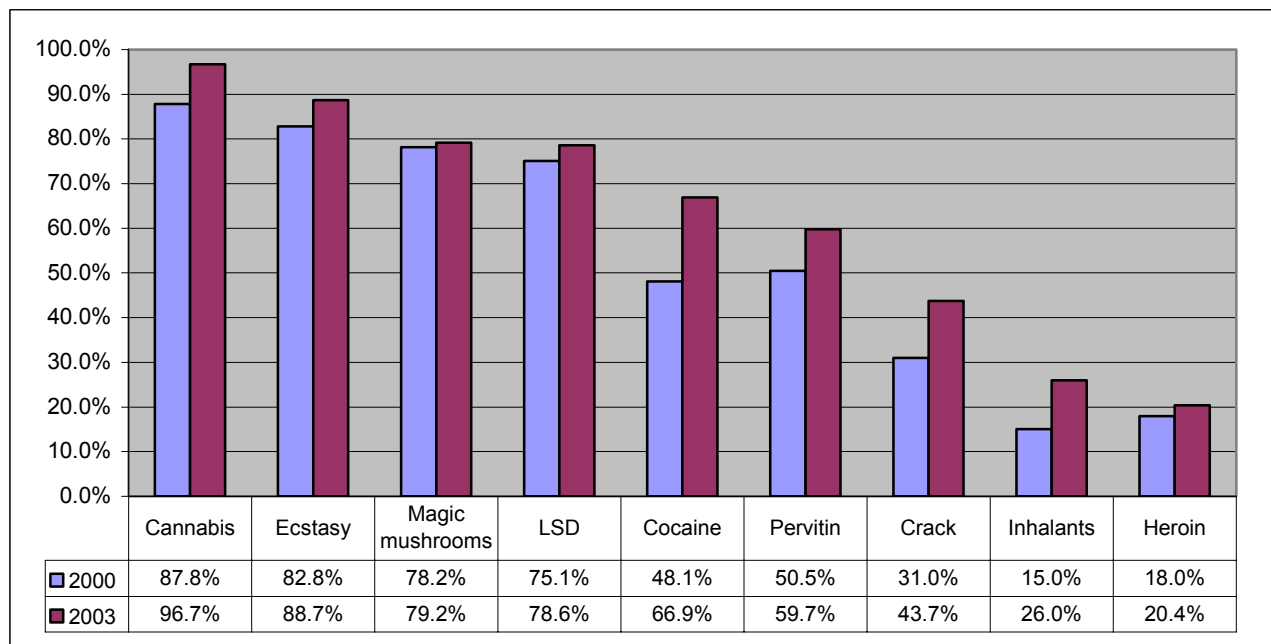
13.1.2 Attitudes to Drug Use

Both of the more extensive surveys among those attending dance parties which were carried out in 2000 and 2003 (Kubů et al., 2000; Kubů et al., 2005) inquired about the degree of acceptability of using individual types of drugs. The degree of acceptability was monitored by means of answers to the question: Which drug would you never try? The use of heroin (20%) and inhalants (26%) were the least acceptable to the respondents. On the contrary, the use of cannabis (97%), ecstasy (89%), magic mushrooms, and LSD (identically 79%) was reported as the most acceptable. In comparison with 2000, the degree of acceptability of all basic types of drugs increased; this trend is especially marked with regard to cocaine, which was unacceptable for 48% of the respondents in 2000 and for as many as 67% in 2003; see Figure 13-3.

The high prevalence of drug use in this setting also corresponds with the other attitudes of the respondents towards drug use. More than 78% of the respondents believe that "adults can decide for themselves which drugs they want to use" and 66% reckon that it is necessary to "accept that the use of illicit drugs is a normal part of life for some people".

⁴⁵ Only one respondent reported using heroin more than twice within the last month – at the same time, this user reported injecting use within the last year.

Figure 13-3: Acceptability of individual drugs among those attending dance parties in 2000 and 2003 (Kubů et al., 2000; Kubů et al., 2005)



13.1.3 Motivation for Attending Dance Parties

The participants of the Dance and Drugs survey report the following most common reasons for attending dance parties: the wish to have fun (84% of the respondents), and an interest in music (83%), dance (71%), and getting to know people (47%). Only 16% of respondents mentioned drug use as one of the reasons.

Techno is the most popular music style among those attending dance parties; 62% of the respondents mentioned it as one of their favourite electronic music styles. Next, drum & bass (41%), house (33%), and trance (31%) were those reported most commonly. Ecstasy and pervitin users prefer techno, while users of cannabis and hallucinogens reported drum & bass as their popular style.

Table 13-5: Connection between drugs used and favourite styles of music (Pearson's correlation) (Kubů et al., 2005)

Drug	Techno	Drum & bass	House	Trance
Ecstasy	0.219*	-0.068*	0.097*	0.073*
Pervitin	0.173*	-0.037	0.021	-0.019
LSD	0.070*	0.110*	-0.081*	-0.032
Cannabis	0.034	0.107*	-0.026	-0.075*
Cocaine	-0.010	-0.016	0.099*	0.052**
Magic mushrooms	-0.019	0.142*	-0.036	-0.011

Note: the correlation is significant: * at confidence level 0.01. ** at confidence level 0.05.

13.1.4 Social and Economic Characteristics

More than half (51%) of the survey respondents completed secondary education with a school leaving exam, 27% completed basic education, and 8% completed university education. 42% of the respondents work, 34% study at secondary school, and 19% go to university; 5% neither work nor study (3.4% are unemployed and looking for a job). Prague is the most represented (28% of the respondents), 28% of the respondents live in Moravia⁴⁶, and the remaining 44% live in other regions.

The average monthly budget of the respondents is approximately € 270. Nearly half of those attending dance parties live on a monthly budget under € 157 (CZK 5,000) and only 7% can spend more than € 627 (CZK 20,000) per month. The analysis of the results shows that dance music fans usually spend approximately 11% of their monthly budget at a dance party; half of the respondents spend less than 3% of their monthly budget and 5% spend a half or more of their monthly budget on drugs (Národní monitorovací středisko pro drogy a drogové závislosti, 2005b).

⁴⁶ I.e. from the former Northern Moravia or Southern Moravia regions; the survey did not inquire about the place of permanent residence according to the current regions.

13.1.5 Purchasing and Distribution of Drugs

Those attending dance parties most commonly buy drugs from their friends (68% of answers). 30% of the respondents usually buy from a dealer whom they do not know closely.

Buying drugs for friends or relatives is a relatively common phenomenon; it most commonly involves the buying and distribution of cannabis (46% of all respondents) and ecstasy (44%). Sales of these drugs, which are the most common ones in the dance setting, to persons other than friends or relatives is not unusual (17% or, more accurately, 14%).

13.1.6 Sources of Information About Drugs

In addition to the high prevalence of drug use among this population, those attending dance parties are often interested in information regarding the use of these substances. Only 3.6% of the respondents to the Dance and Drugs survey reported that they do not have enough information about the risks of drug use and just under 5% do not regard any information available as trustworthy. Table 13-6 lists sources of information about the risks of drugs according to the degree of trustworthiness.

The internet is the most easily available and also trustworthy source of information about the risks of drug use for recreational drug users. 73% of the respondents reported using this source of information and 58% regard it as trustworthy. It is followed by newspapers and magazines – the most used and trusted source of information in 2000. The respondents also get enough information from peers, television, and from school. Information from peers is also regarded as relatively trustworthy. The recreational users believe the least in information from the radio and from home (probably usually from parents). In proportion to availability, information from television, radio, and school are regarded as the least trustworthy.

Table 13-6: Sources of information about the risks of drug use among those attending dance parties in 2003. (%) (Kubů et al., 2005)

Sources of information	Sufficiency		Credibility	
	2000	2003	2000	2003
Internet	57.9	73.0	41.9	58.0
Newspapers and magazines	70.5	59.9	50.1	38.9
Peers	47.7	48.7	36.4	36.2
Older friends	29.7	36.2	23.7	31.0
School	34.2	39.6	15.7	21.1
Low-threshold centres	14.9	12.5	32.5	20.8
Television	45.5	41.2	20.2	20.0
Home (family)	16.5	19.7	9.9	11.9
Radio	23.6	18.0	11.5	9.0
None	3.4	3.6	-	4.8

13.1.7 Correlates of Drug Use Among Those Attending Dance Parties

Deaths after the use of MDMA or other dangerous synthetic substances contained in ecstasy tablets are sporadic in the Czech Republic. They involved a death resulting from a PMA overdose in 2001, and two more deaths occurred in 2001 after the use of MDMA in combination with alcohol and pervitin respectively (Zábranský et al., 2002). It is very likely that one MDMA overdose occurred in 2003 (Mravčík et al., 2004). Two young males became intoxicated by DOB, which they confused with MDMA, in Prague in April 2004. One of them died later (Páleníček et al., 2004a; Páleníček et al., 2004b); more detailed information is included in the chapter on Drug-Related Deaths and Mortality of Drug Users, page 40.

13.1.7.1 Health Correlates of Recreational Drug Use

The monitoring of drug use among those attending dance parties also involves the monitoring of health problems and their causes (Mravčík and Valnoha, 2005); see the chapter on Other Drug-Related Health Correlates and Consequences, page 50, for more detailed information.

A prevalence of at least one of the listed health complications was monitored in connection with intensive drug use within the last 30 days and intensive poly-drug use within the last month. The following statistically significant prediction factors of the prevalence of health complications associated with attendance at a dance event were identified: poly-drug use and intensive use of pervitin and other amphetamines, ecstasy, hallucinogens, and cannabis within the last 30 days (Mravčík et al., 2005); see Table 13-7.

Table 13-7: Prevalence of health complications in connection with intensive use of selected substances within the last 30 days (the so-called ODDS ratio) (Mravčik et al., 2005)

Used three times or more within the last 30 days*	ODDS ratio	95% CI **	
		lower	upper
Pervitin and other amphetamines	3.41	2.04	5.68
More than two groups of drugs	2.99	1.97	4.52
Ecstasy	2.63	1.72	4.03
Hallucinogens	2.20	1.15	4.20
Cannabis	2.17	1.44	3.26
Cocaine	2.18	0.62	7.65
Heroin	1.62	0.36	7.32

Note: * Reference categories involve "non-using the substance three and more times within the last 30 days" and "using no or one group of drugs". ** In the event that the 95% confidence interval of the ODDS ratio (95% CI) involves the value of 1, the prediction factor cannot be considered as statistically significant at the confidence level of 95%.

13.1.7.2 Mood Disorders In Connection With Drug Use

Connections between factors regarding drug use and the occurrence of subjectively perceived mood disorders which are characteristic symptoms of depression were also investigated within the framework of analysis of the results of the Dance and Drugs survey⁴⁷.

Two indicators were used as far as drug use is concerned. The first one tracked poly-drug use within the last year and the second indicator monitored the quantity of ecstasy consumed within the last month. Poly-drug use is typical among those attending dance parties; approximately 45% of the respondents reported having used three or more types of drugs within the last year; approximately 12% of the respondents had used three or more tablets within the last month.

The results of this part of the analysis have confirmed a connection between an increasing level of depressivity and an increased number of drugs used. It involves both males and females, but females have higher average values of depressive symptoms than males. As far as females are concerned, the degree of depressivity also increases with the frequency and quantity of ecstasy use; this relationship was only partly confirmed among males. Females report depressive symptoms more often and to a greater extent. Females who reported using ecstasy three or more times within the last 30 days achieved higher values on the so-called depressivity scale; 41% of the cases involve a rough score of depressivity above 12 (on a scale from 0 to 18 points). Cross-section data do not permit the direction of those connections found or the clinical relevance to be determined.

13.1.7.3 Drug-Impaired Driving and Traffic Accidents

A substantial percentage of the respondents who have a driver's license have even driven under the influence of drugs. Driving under the influence of cannabis (56%) is more common than driving under the influence of alcohol (42%). 26% of the drivers have driven under the influence of ecstasy and 15% under the influence of pervitin. As far as the cases of traffic accidents under the influence of addictive substances in comparison with the prevalence of impaired driving are concerned, they occurred most commonly under the influence of alcohol (even relatively). The proportion of traffic accidents which occurred under the influence of cannabis is also significant. Unfortunately, it was not possible to determine data about driving and traffic accidents under the concurrent influence of cannabis and alcohol from the responses, even though this phenomenon may be rather common. A summary of the results is given in Table 13-8.

Table 13-8: Driving of motor vehicles and traffic accidents under the influence of drugs among those attending dance parties (Kubů et al., 2005)

Owner of a driver's license (n=1,010)		Alcohol	Cannabis	Ecstasy	Pervitin	Hallucino-gens	Cocaine
Driving under the influence	Number	421	566	264	146	97	54
	Proportion (%)	41.7	56.0	26.1	14.5	9.6	5.3
Accidents thereof	Number	44	20	3	2	0	1
	Proportion (%)	10.5	3.5	1.1	1.4	0	1.9

13.1.8 Summary of Results of Surveys Carried Out in the Dance Setting

The results of the above-mentioned surveys lead in particular to the following conclusions:

⁴⁷ Mood disorder occurrence within the last month was monitored using six questions (distaste for food, problems with concentration, depression, feelings of sadness, difficulty to fulfil obligations and inability to work); the responses were classified using a four-stage scale from "never" to "often".

- The prevalence of use of licit and illicit drugs among the subpopulation of those attending dance parties is very high. Only approximately 10% of those attending dance parties have not used any illicit drug within the last year. The prevalence of use of basic types of drugs, with the exception of heroin, increased during the period between 2000 and 2003. The most commonly used drugs are cannabis, ecstasy, pervitin, and hallucinogens. The use of several types of drugs (so-called poly-drug use) is a frequent phenomenon.
- The attitudes of this target group show a high degree of tolerance of the acceptability of drug use. The use of ecstasy is unacceptable for 11% and the use of cannabis is unacceptable for as few as 30% of those attending dance parties. On the other hand, only 16% of the respondents reported drug use as the main motive for attending these entertainment events. Drug use is a common way, or rather a typical accompanying phenomenon, of spending leisure time for this subpopulation.
- These users do not regard drug use as a serious issue. The social status of these persons is relatively high (53% attend secondary school or university, 42% work). An absolute majority (97%) of the population surveyed believe that they have enough information about the risks of drug use. Despite this, 30% reported at least one of the forms of health complication and 4% had sought professional medical attention in connection with the complication(s). The use of an excessive amount of a drug (especially pervitin or ecstasy) and combining several types of drugs are a frequent cause of health complications. Driving a motor vehicle under the influence of alcohol and/or illicit psychoactive substances represents another relatively common type of risky behaviour. Therefore, it is becoming apparent that the health risks of drug use (alone or in combination with other factors associated with attending dance parties) may be underestimated.
- Those attending dance parties seldom seek professional counselling or medical assistance; a large proportion of them represent a hidden and hard-to-reach population of drug users. Knowledge based on the surveys carried out has confirmed that drug prevention services and harm reduction supplied directly in the dance setting are an appropriate instrument for contacting drug users, which is a prerequisite for influencing their attitudes towards drug use in a desirable direction (i.e. either towards stopping, or at least reducing, drug use and minimising its negative impacts). At the same time, it is an appropriate instrument for monitoring current trends in the dance setting.

13.2 Responses to Recreational Drug Use

13.2.1 Early Warning System

The Early Warning System (EWS) was implemented in the Czech Republic in 2003 pursuant to the 1997 Joint Action on New Synthetic Drugs, and its goal is to prevent negative health correlates of the use of new drugs. This legal document was replaced by an EU Council Decision⁴⁸ with effect from May 1, 2005, which extended this system from new synthetic drugs to all newly appearing psychoactive substances; however, the basic principles have not changed.

Collaboration is carried out in three consecutive phases: 1) fast exchange of information about newly appearing drugs; 2) scientific assessment of the risks of these new drugs and (in justified cases), 3) placing the substance under control in all EU Member States. The Early Warning System represents an instrument required for the implementation of the first phase of the process, the fast information exchange about the appearance of new drugs and the risks associated with their use. Europol and the EMCDDA are international partners and guarantors of the entire process.

Conditions for the practical implementation of this system were provided for in the Czech Republic by the end of 2003, when the NMC established an Early Warning System working group consisting of experts from the fields of drug prevention, public health protection, and the criminal law sphere. The members of this working group also involve representatives of NGOs which provide drug prevention services in the dance setting. The working group meets at least twice a year and its main task is to coordinate information exchange on new and dangerous phenomena in the field of drug use. The Early Warning System working group was formally established by a Resolution of the CGDPC in July 2005.

The work of the above-mentioned working group made it possible to identify a rare substance, DOB, in April 2004. It caused one death. DOB appeared in the form of a capsule, and it is likely that it was confused with MDMA. Consequently, the NMC published several press releases which warned potential dance drug users against the use of substances distributed in the form of capsules.

One of the members of the working group is a representative of the Institute of Pharmacology of the 3rd Medical Faculty of Charles University in Prague. A Database of Ecstasy Tablets used in the Czech Republic has been available on the web page of the Institute of Pharmacology since 2002 (<http://www.lf3.cuni.cz/drogy/>), and it contains quantitative analyses of the contents of the tablets (Fišerová and Páleníček, 2002).

13.2.2 Action Plan and National Strategy

Specific goals of the 2005-2009 National Strategy include:

⁴⁸ Council Decision 2005/387/JVV on information exchange, risk assessment and control of new psychoactive substances

- to halt the rising experimental and occasional use of drugs,
- to reduce the negative impacts and potential risks associated with all types of drugs.

The 2005-2006 Action Plan derives from the Strategy, and it does not contain any explicit reference to drug users in the dance setting or the development of drug prevention services in this setting. However, the field of harm reduction specifies activity which directs the appropriate state institutions (CGDPC, Ministry of Health, and Ministry of Labour and Social Affairs) to “provide financial support to programmes which seek for, contact, and effectively supply services to specific groups of drug users and help them enter the system of care for drug users”. This task follows on from the conclusion of the working group for the preparation of the national Harm Reduction strategy, whose SWOT analysis identified the lack of availability of harm reduction services in several specific groups as a weakness. Dance drug users were mentioned as one of these specific target groups.

13.2.3 Preventive Services in the Dance Setting

Eighteen low-threshold facilities supplied informative counselling and materials about the risks of dance drugs directly during dance parties in 2003; 10 of them were offering orientative qualitative testing of tablets. Nearly 5,000 drug users were contacted within the framework of these activities, and 3,010 tablets containing synthetic drugs were tested (Národní monitorovací středisko pro drogy a drogové závislosti, 2004b). Harm reduction services for dance drug users were reported by sixteen NGOs in 2004; five of them were providing these services directly during dance parties. The number of contacts reported (by all sixteen organisations) dropped to 3,747 in 2004; 1,128 of these cases involved ecstasy users. In addition, 2,482 counselling interventions and 282 orientative tests of tablets containing synthetic drugs were reported (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).

On the basis of negotiations between coalition parties at the beginning of 2004, the Secretariat of the CGDPC⁴⁹ concluded the discussion about the provision of a subsidy with a requirement that NGOs should not use the subsidies to cover the costs of orientative (qualitative) testing of tablets containing synthetic drugs, including staff wages for these activities. Most organisations which used to provide this service (together with counselling and the delivery of preventive information) withdrew from the provision of these services in response to this requirement⁵⁰.

The Synthetic Drug Abuse Prevention programme of the Podané Ruce Association, which is one of the key providers of preventive and harm reduction services in the dance setting, replaced the services accompanied by orientative ecstasy testing with a multimedia information tent in 2004. However, this form of dissemination of preventive information (on colour posters and leaflets and by means of video projection) only received scant attention from the target group. More than 500 direct contacts with drug (especially ecstasy) users were carried out during Orion Hall, the largest dance event in Brno, in 2003, while only 65 persons visited the tent during the same event in the spring of 2005 and close contact was only established with eight of them. This confirms the experiences from other EU Member States, according to which orientative testing of tablets is an effective instrument for establishing contacts with recreational drug users in the dance setting; see, for instance, (Benschop et al., 2002).

The Synthetic Drug Abuse Prevention programme also operated informative web pages and on-line counselling offices for dance drug users (www.extc.cz). The use of these web pages and of the counselling office declined in 2004. The pages were accessed 4,800 times in 2004 and workers of the counselling office answered approximately 250 inquiries (compared with approximately 12,000 accesses and 500 answered inquiries in 2003). The decline was probably caused by a decrease in the number of contacts of the programme workers with the target population in connection with the above-mentioned reduction of services involving the orientative testing of tablets containing synthetic drugs.

The degree of utilisation of drug prevention services in the dance setting, in particular the orientative testing of ecstasy tablets, was also investigated within the framework of the Dance and Drugs survey. 38% out of 860 persons who reported that they had used ecstasy at least once within the last year used orientative tablet testing services, and another 5% carry out their own testing by means of reaction agents. Just under a half (43%) of these ecstasy users who occasionally or always (13%) test the contents of tablets sold as ecstasy reported that contingent information about the content of dangerous substances in the tablet tested always discourages them from using it. Another 38% of the respondents reported that such information occasionally discourages them and 13% reported that it never discourages them (Kubů et al., 2005).

According to the survey carried out among the clients of preventive and harm reduction programmes in the dance setting (Mravčík et al., 2005), approximately 10% of those attending dance parties have used the services (counselling, informative interview, qualitative testing of tablets) without any previous experience of ecstasy. Therefore, preventive and harm reduction services provided directly in the dance setting may represent an effective instrument for contacting

⁴⁹ Inter alia, the Secretariat of the Council of the Government for Drug Policy Coordination provides for the administrative and organisational ensurance of the process of granting subsidies from the General Cash Administration budget chapter for the implementation of drug policy programmes.

⁵⁰ Even though they could theoretically cover these services from other financial resources, which must represent at least 30% of the total budget of subsidy recipients.

and influencing the attitudes of first-time drug users, who represent one of the most endangered groups with regard to negative health consequences.

List of Tables

Table 1-1: 2005-2009 National Strategy Objectives and 2005-2006 Action Plan Sections	7
Table 1-2: Expenditures from the state and regional budgets for drug policy in the Czech Republic in 2004 (€ thousand).....	9
Table 1-3: Drawing of financial resources from the General Cash Administration of the Office of the Government of the Czech Republic in 2004 (€).....	10
Table 1-4: Drawing of financial resources from regional budgets in 2002-2004 (€ thousand).....	11
Table 1-5: Drawing of financial resources from state, regional, and municipal budgets in 2002-2004 (€ thousand).....	11
Table 2-1: Prevalence of illicit drug use in the adult population (lifetime and last 12 months prevalence, in %) (Ústav zdravotnických informací a statistiky, 2005d).....	14
Table 2-2: Prevalence of drug use among 18-year-old students (lifetime, last 12 months and last 30 days prevalence), (%) (Csémy et al., 2005).....	16
Table 2-3: Lifetime prevalence of the use of addictive substances among 12-, 14-, and 16-year-olds (%) (Blatný et al., 2004).....	17
Table 2-4: Proportion of pupils/students who were in school after having used an addictive substance (%) (Blatný et al., 2004).....	17
Table 2-5: Lifetime prevalence of the use of illicit drugs among university students (%) – a comparison of surveys (Bečková et al., 1999; Bečková and Višňovský, 2000; Kavalířová et al., 2003; Klusoňová, 2005).....	18
Table 4-1: Development of prevalence estimates of problem drug use carried out using a multiplication method with the use of data from low-threshold facilities in 2002-2004 (NMC, 2005).....	25
Table 4-2: Length of regular injecting reported by respondents in the HCV Seroprevalence Among Injecting Users study (Národní monitorovací středisko pro drogy a drogové závislosti, 2005d).....	26
Table 5-1: Treatment programmes which supplied services to drug users in 2004.....	32
Table 5-2: Number of outpatient health care facilities providing care to drug users in 2000-2004 (Ústav zdravotnických informací a statistiky, 2005e).....	32
Table 5-3: Number of outpatient health care facilities by number of patients in 2003 and 2004 (Ústav zdravotnických informací a statistiky, 2005e).....	33
Table 5-4: Patients in outpatient health care facilities in 2003 and 2004 (Ústav zdravotnických informací a statistiky, 2005e).....	33
Table 5-5: Substitution treatment patients in specialised programmes by December 31, 2004 (Ústav zdravotnických informací a statistiky, 2005f).....	37
Table 5-6: Ratio between heroin and Subutex users in selected low-threshold centres in the Czech Republic in January and February 2005 (%) (Randák, 2005).....	38
Table 5-7: Reason for termination of treatment in specialised centres in 2000–2004 (Ústav zdravotnických informací a statistiky, 2005f).....	39
Table 6-1: Fatal overdoses on drugs in the Czech Republic in 2003 by the type of drug, age groups, and gender (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2005).....	41
Table 6-2: Deaths with the presence of drugs detected by forensic medicine departments in the Czech Republic in 2004 by type and causes of death (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2005).....	42
Table 6-3: Description of individual cohorts (Lejčková and Mravčík, 2005).....	43
Table 6-4: Directly standardised mortality rate (‰) (per 1,000 person-years of monitoring) (Lejčková and Mravčík, 2005; Národní monitorovací středisko pro drogy a drogové závislosti, 2005c).....	43
Table 6-5: HIV+ incidence in the Czech Republic by December 31, 2004 by route of administration (Jedlička et al., 2005).....	44
Table 6-6: Tests of injecting drug users for HIV antibodies, 1994-2005 (Brůčková et al., 2005; Jedlička et al., 2005).....	45
Table 6-7: Results of the prospective part of the HCV Seroprevalence Among Injecting Drug Users carried out by the National Monitoring Centre for Drugs and Drug Addiction by facilities.....	47
Table 6-8: Results of tests of injecting drug users in 23 low-threshold facilities in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).....	47
Table 6-9: Results of monitoring of infections among patients of substitution centres in 2004 (Ústav zdravotnických informací a statistiky, 2005f).....	47
Table 6-10 Hospitalised patients with secondary diagnoses F10-F19 in 2003 (%) (Ústav zdravotnických informací a statistiky, 2004b).....	48
Table 6-11: Intoxications with drugs in the Czech Republic, a comparison of the years 2001-2004, by drugs (Polanecký et al., 2004; Polanecký et al., 2005; Polanecký et al., 2003; Polanecký et al., 2002).....	48
Table 6-12: Number of cases, average age, and the percentage of males by categories of dead victims of traffic accidents (Mravčík and Vorel, 2005).....	49
Table 6-13: Detection of alcohol and narcotic and psychotropic substances among victims of traffic accidents (Mravčík and Vorel, 2005).....	49
Table 6-14: Positive detection of alcohol and other narcotic and psychotropic substances among victims of traffic accidents by gender (Mravčík and Vorel, 2005).....	50
Table 6-15: Average age of people with positive and negative detection of alcohol and other narcotic and psychotropic substances among victims of traffic accidents (Mravčík and Vorel, 2005).....	50
Table 6-16: Lifetime prevalence of health complications in connection with attendance at a dance event by type (%) (Mravčík and Valnoha, 2005).....	50
Table 6-17: Lifetime prevalence of health complications in connection with attendance at a dance event by perceived causes (%) (Mravčík and Valnoha, 2005).....	51
Table 7-1: Data on clients of low-threshold facilities in the Czech Republic in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).....	53

Table 7-2: Data on services provided by low-threshold facilities in the Czech Republic in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e)	53
Table 7-3: Estimate of the number of contacts and clients of low-threshold facilities in the Czech Republic in 2002-2004	53
Table 7-4: Testing for infectious diseases in low-threshold facilities in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).....	54
Table 7-5: Exchange programmes in 1998-2004 (Mravčík et al., 2004; Národní monitorovací středisko pro drogy a drogové závislosti, 2005e; Polanecký et al., 2005)	54
Table 7-6: Number of syringes exchanged by regions in 2002-2004 (Mravčík et al., 2004; Národní monitorovací středisko pro drogy a drogové závislosti, 2005e; Polanecký et al., 2005).....	55
Table 8-1: Selected social characteristics of people demanding treatment (%) (Polanecký et al., 2005).....	57
Table 8-2: Number of persons accused of drug offences (Ministerstvo spravedlnosti ČR, 2005)	61
Table 8-3: Number of persons sentenced for drug offences (Ministerstvo spravedlnosti ČR, 2005).....	62
Table 8-4: Estimate of the number of financially motivated criminal offences committed by drug users and their proportion in selected types of criminal offences (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2005).....	64
Table 8-5: Drug use among inmates in 2003-2004 (Generální ředitelství Vězeňské služby ČR, 2005).....	65
Table 9-1: Criminal activities among drug-addicted clients of the Probation and Mediation Service (%) (Probační a mediační služba ČR, 2005)	68
Table 9-2: Selected criminal offences committed by clients of the Probation and Mediation Service by the type of the drug used (absolute number) - (Probační a mediační služba ČR, 2005).....	69
Table 9-3: Most common types of activities of the Probation and Mediation Service in cases which involve drug users (Probační a mediační služba ČR, 2005).....	69
Table 10-1: Mean weekly consumption and other characteristics of problem pervitin users (Petroš et al., 2005).....	70
Table 10-2: Mean weekly consumption and other characteristics of problem heroin users (Petroš et al., 2005)	70
Table 10-3: Mean weekly consumption and other characteristics of problem Subutex users (Petroš et al., 2005).....	71
Table 10-4: Number of seizures and quantities of drugs seized in 2002-2004 (Národní protidrogová centrála, 2005b)	72
Table 10-5: Purity of selected drug types in 2004 (%) (Národní protidrogová centrála, 2005b)	74
Table 11-1: Non-standardised mortality by gender and type of drug (%) (Mravčík et al., 2004).....	79
Table 11-2: Numbers of newly reported HIV, HBV, and HCV cases among injecting drug users in 2004 (Beneš and Částková, 2005; Brůčková et al., 2005)	83
Table 11-3: Results of HIV, VHB and VHC tests carried out among injecting drug users by gender (Brůčková et al., 2005; Národní monitorovací středisko pro drogy a drogové závislosti, 2005d; Národní monitorovací středisko pro drogy a drogové závislosti, 2005e; Ústav zdravotnických informací a statistiky, 2005f).....	83
Table 11-4: Overview of the percentage of females among those prosecuted, accused, and sentenced in 1998-2004 (Ministerstvo spravedlnosti ČR, 2005).....	83
Table 12-1: Overview of activities in the field of alcohol and tobacco use defined in the 2005-2006 Action Plan (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2005)	88
Table 13-1: Prevalence of use of main types of drugs among those attending dance parties in 2003. (%) (Kubů et al., 2005)	90
Table 13-2: Prevalence of drug use among those attending dance parties who used preventive and harm reduction services provided by NGOs in 2003 and 2004 (Mravčík and Valnoha, 2005)	92
Table 13-3: Average age of first experience with the use of most commonly used drugs (Kubů et al., 2005)	93
Table 13-4: Prevalence of use of less common drug types among those attending dance parties in 2003. (%) (Kubů et al., 2005).....	93
Table 13-5: Connection between drugs used and favourite styles of music (Pearson's correlation) (Kubů et al., 2005).....	94
Table 13-6: Sources of information about the risks of drug use among those attending dance parties in 2003. (%) (Kubů et al., 2005)	95
Table 13-7: Prevalence of health complications in connection with intensive use of selected substances within the last 30 days (the so-called ODDS ratio) (Mravčík et al., 2005)	96
Table 13-8: Driving of motor vehicles and traffic accidents under the influence of drugs among those attending dance parties (Kubů et al., 2005).....	96

List of Figures

Figure 1-1: Persons prosecuted for unauthorised possession of drugs for personal use by type of drug; n = 153 (Národní protidrogová centrála, 2005b)	5
Figure 1-2: Persons prosecuted for unauthorised production, growing, and distribution of drugs by type of drug; n = 1,947 (Národní protidrogová centrála, 2005b).....	5
Figure 2-1: Lifetime prevalence of use of selected illicit drugs by age groups (in %) (Ústav zdravotnických informací a statistiky, 2005d)	15
Figure 2-2: Prevalence of any illicit drug use – a comparison of 16- and 18-year-old students (lifetime, last 12 months and last 30 days prevalence), (%) (Csémy et al., 2005)	16
Figure 2-3: Subjectively perceived availability of addictive substances (% of students who reported that it would be “very easy” or “quite easy” to get the substance) (Blatný et al., 2004)	17
Figure 2-4: Subjective perception of the risks of drug use (%) (Ústav zdravotnických informací a statistiky, 2005c).....	20
Figure 2-5: Acceptability of selected types of behaviour (Centrum pro výzkum veřejného mínění, 2005)	21

Figure 4-1: Summary of prevalence estimates of all problem drug users carried out using multiplication methods in the Czech Republic in 2000-2004 (Mravčík et al., 2004; Mravčík and Zábanský, 2001; Mravčík et al., 2003; Polanecký et al., 2004; Polanecký et al., 2005; Polanecký et al., 2003).....	26
Figure 4-2: First treatment demands by drugs in 1995-2004 (Polanecký et al., 2005).....	29
Figure 4-3: All treatment demands in connection with selected types of drugs in 2002-2004 (Polanecký et al., 2005).....	29
Figure 4-4: Average age of people demanding treatment for the first time, 1995-2004 (Polanecký et al., 2005).....	30
Figure 4-5: Selected characteristics of first treatment demands in 1996-2004 (Polanecký et al., 2005).....	30
Figure 4-6: Selected characteristics of all treatment demands in 2002-2004 (Polanecký et al., 2005).....	31
Figure 5-1: Development in the number of patients treated in outpatient health care facilities in 2000-2004 (Ústav zdravotnických informací a statistiky, 2004a).....	33
Figure 5-2: Development in the number of hospitalisations due to disorders caused by alcohol and other psychoactive substances in inpatient psychiatric facilities, 1995 – 2004 (Ústav zdravotnických informací a statistiky, 2005e).....	35
Figure 5-3: Distributed quantity of Subutex and estimated number of Subutex users in 2000 - 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004a; Státní ústav pro kontrolu léčiv, 2005).....	38
Figure 6-1: Fatal overdoses in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2005).....	41
Figure 6-2: Fatal overdoses on selected drugs, 1998-2004 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2005).....	42
Figure 6-3: Standardised mortality ratio (SMR) by gender and drug type (Lejčková and Mravčík, 2005; Národní monitorovací středisko pro drogy a drogové závislosti, 2005c).....	44
Figure 6-4: Reported HBV incidence and proportion of injecting drug users in the Czech Republic in 1996-2004 (Beneš and Částková, 2005; Polanecký et al., 2005).....	45
Figure 6-5: Reported HCV incidence – acute incidence and proportion of injecting drug users in the Czech Republic in 1997-2004 (Beneš and Částková, 2005; Polanecký et al., 2005).....	46
Figure 6-6: Reported HCV incidence – acute and chronic HCV incidence and proportion of injecting drug users in the Czech Republic in 1996-2004 (Beneš and Částková, 2005).....	46
Figure 8-1: Offenders prosecuted for drug offences in 2004 by drug type (Národní protidrogová centrála, 2005b).....	58
Figure 8-2: Offenders prosecuted for drug offences in 2002-2004 by drugs (Národní protidrogová centrála, 2005b).....	59
Figure 8-3: Prosecuted perpetrators of drug offences in 1996-2004 (Ministerstvo vnitra ČR, 2005).....	59
Figure 8-4: Prosecuted perpetrators of drug offences - comparison of statistics of the Police of the Czech Republic and the Public Prosecutors' Offices (Ministerstvo spravedlnosti ČR, 2005; Ministerstvo vnitra ČR, 2005).....	61
Figure 8-5: Prosecuted, accused, and sentenced perpetrators of drug offences (Ministerstvo spravedlnosti ČR, 2005).....	62
Figure 8-6: Distribution of sentences for drug offences in 2004 (Ministerstvo spravedlnosti ČR, 2005).....	62
Figure 8-7: Estimate of the proportion of financially motivated crimes committed by drug users in the total number of selected* criminal offences (%) (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2005).....	63
Figure 8-8: Estimate of the proportion of financially motivated criminal offences committed by drug users in selected* criminal offences (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2005).....	64
Figure 10-1: Estimated trend of drug consumption in the Czech Republic in 1999-2003 (Vopravil, 2005).....	71
Figure 10-2: Number of seizures of common drug types in 2002-2004 (Národní protidrogová centrála, 2005b).....	72
Figure 10-3: Classification of seizures of selected types of drugs by quantity seized (Národní protidrogová centrála, 2005a).....	73
Figure 11-1: Lifetime prevalence of drug use among females and males in the group aged 18-64 (Ústav zdravotnických informací a statistiky, 2005d).....	75
Figure 11-2: Last 12 months' prevalence of drug use among females and males aged 18-64 (Ústav zdravotnických informací a statistiky, 2005d).....	76
Figure 11-3: Lifetime prevalence of drug use among 16-year-old boys and girls (%) (Csémy et al., 2005).....	76
Figure 11-4: Prevalence of drug use within the last 12 months among 16-year-old boys and girls (%) (Csémy et al., 2005).....	77
Figure 11-5: Lifetime prevalence of drug use among the population of those attending dance events (%) (Kubů et al., 2004).....	77
Figure 11-6: Prevalence of drug use within the last 12 months among the population of those attending dance events (%) (Kubů et al., 2004).....	78
Figure 11-7: Fatal overdoses in the Czech Republic in 2004 by types of drugs and gender (%) (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2005).....	78
Figure 11-8: Mortality by gender and age groups – all drugs total (‰).....	79
Figure 11-9: Clients of facilities subsidised by the CGDPC in 2004 by gender (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).....	80
Figure 11-10: Percentage of females in the Treatment Demand Register (%) (Polanecký et al., 2005).....	80
Figure 11-11: Male/female ratio of people demanding treatment by age groups in 2004 (Polanecký et al., 2005).....	81
Figure 11-12: Comparison of the average age of people demanding treatment by gender in 2002-2004 (Polanecký et al., 2005).....	81
Figure 11-13: Treatment demands in 2004 by gender and nature of housing (%) (Polanecký et al., 2005).....	82
Figure 11-14: Treatment demands in 2004 by gender and primary drug used (%) (Polanecký et al., 2005).....	82
Figure 11-15: Prevalence of a previous stay in prison and custody among respondents of the HCV Seroprevalence Among Injecting Drug Users study (by gender) (Národní monitorovací středisko pro drogy a drogové závislosti, 2003).....	84
Figure 13-1: Comparison of lifetime prevalence of drug use among the general population (aged 18-24 years) and among those attending dance parties (Kubů et al., 2005; Ústav zdravotnických informací a statistiky, 2005d).....	91

Figure 13-2: Prevalence of use of selected drugs within the last year among those attending dance parties in 2000 and 2003 (Kubů et al., 2000; Kubů et al., 2005).....	92
Figure 13-3: Acceptability of individual drugs among those attending dance parties in 2000 and 2003 (Kubů et al., 2000; Kubů et al., 2005).....	94

List of Maps

Map 1-1: Drawing of financial resources for drug policy in regions of the Czech Republic from municipal and state budgets (in € per 100,000 inhabitants).....	11
Map 4-1: Number of all treatment demands in 2004 by drug types and regions (per 100,000 inhabitants) (Polanecký et al., 2005).....	28
Map 5-1: Sobering-up stations in the Czech Republic in 2004 (Ústav zdravotnických informací a statistiky, 2005g)	34
Map 5-2: Psychiatric hospitals in the Czech Republic in 2004	36
Map 5-3: Therapeutic communities in the Czech Republic in 2004.....	36
Map 5-4: Specialised substitution centres in the Czech Republic as of January 2005.....	37
Map 7-1: Low-threshold facilities in the Czech Republic in 2004	52
Map 7-2: Needles and syringes exchanged in individual regions in 2004 (per 1,000 inhabitants) (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e; Polanecký et al., 2005)	55
Map 8-1: Gravity of drugs issues in monitored Roma communities (Šimíková and Winkler, 2005).....	57
Map 8-2: Prosecuted perpetrators of drug offences in 2004 by regions (per 100,000 inhabitants) (Ministerstvo vnitra ČR, 2005).....	60
Map 9-1: Aftercare facilities for drug users in the Czech Republic in 2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2005e).....	66

Selected drug-related web pages on the Czech Internet

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

Adiktologie - odborný časopis pro prevenci, léčbu a výzkum závislosti (Addictology – a professional journal for prevention, treatment and research of addiction): <http://www.adiktologie.cz/>

A.N.O. - Asociace nestátních organizací zabývajících se prevencí a léčbou drogových závislostí (Association of NGOs): <http://www.asociace.org/>

Antidopingový výbor České Republiky (Antidoping Committee of the Czech Republic): <http://www.antidoping.cz/>

Celní správa ČR (Customs Administration of the Czech Republic): <http://www.cs.mfcr.cz/>

Centrum epidemiologie a mikrobiologie SZÚ (Centre of Epidemiology and Microbiology of the National Institute of Public Health): <http://www.szu.cz/cem/hpccem.htm>

Centrum pro výzkum veřejného mínění - Sociologický ústav AV ČR (Public Opinion Poll Centre – Institute of Sociology of the Academy of Science of the Czech Republic): <http://www.cvvm.cas.cz/>

Česká asociace streetwork (Czech Streetwork Association): <http://streetwork.ecn.cz/>

Česká lékařská společnost JEP (Czech Medical Association of J. E. Purkyně): <http://www.cls.cz/>

Česká lékařská společnost JEP - hledání v časopisech (Czech Medical Association of J. E. Purkyně – search in journals): <http://www.clsjep.cz/hledani.asp>

Česká neuropsychofarmakologická společnost (Czech Neuropsychopharmacological Society): <http://www.cnps.cz/>

Český statistický úřad (Czech Statistical Office): <http://www.czso.cz/>

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

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

EXTC - prevence zneužívání syntetických drog (EXTC – prevention of synthetic drug abuse): <http://www.extc.cz/>

Hygienická stanice hl. m. Prahy (Hygiene Station of Capital Prague): <http://www.hygp Praha.cz/>

Informační centrum OSN v Praze (Information Centre of the UNO in Prague): <http://www.osn.cz/>

Informační portál primární prevence (Primary Prevention Information Portal): <http://www.odrogach.cz/>

Institut pro kriminologii a sociální prevenci (Institute for Criminology and Social Prevention): <http://portal.justice.cz/soud/soud.aspx?o=6&j=16&k=207>

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

Metadonová substituce (Methadone Substitution): <http://www.methadone.cz/>

Ministerstvo spravedlnosti - české soudnictví (Ministry of Justice – Czech justice): <http://portal.justice.cz/>

Ministerstvo práce a sociálních věcí (Ministry of Labour and Social Affairs): <http://www.mpsv.cz/>

Ministerstvo školství, mládeže a tělovýchovy (Ministry of Education): <http://www.msmt.cz/>

Ministerstvo vnitra (Ministry of Interior): <http://www.mvcr.cz/>

Ministerstvo zdravotnictví (Ministry of Health): <http://www.mzcr.cz/>

Národní monitorovací středisko pro drogy a drogové závislosti (National Monitoring Centre for Drugs and Drug Addiction): <http://www.drogy-info.cz/>; <http://www.focalpoint.cz/> (English)

Národní program boje proti AIDS ČR (National Programme of Combating AIDS in the Czech Republic): <http://www.aids-hiv.cz/>

Národní protidrogová centrála Policie ČR (Police National Drug Squad): <http://www.mvcr.cz/policie/npdc.html>

Newton IT - Přehled tisku s tematikou drog (Newton IT – press monitor of drugs issues): <http://imm.newtonit.cz/drogy.newton.cz.asp>

Poradenské centrum pro drogové a jiné závislosti, odloučené pracoviště pedagogicko-psychologické poradny v Brně (Counselling Centre for Drug and Other Addictions, detached unit of the Pedagogical-Psychological Counselling Office in Brno): www.poradenskecentrum.cz

Poslanecká sněmovna Parlamentu ČR, podvýbor pro problematiku drog a toxikomanie (House of Commons of the Parliament of the Czech Republic – Subcommittee for Drugs and Addiction issues): <http://snemovna.cz/sqw/fsnem.sqw?id=669>

Probační a mediační služba ČR (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/>

Psychiatrické centrum Praha (Prague Psychiatric Centre): <http://www.pcp.lf3.cuni.cz/pcpout/>

Rada vlády pro koordinaci protidrogové politiky Council of the Government for Drug Policy Coordination) : http://wtd.vlada.cz/pages/rvk_rkpp.htm; http://wtd.vlada.cz/pages/rvk_rkpp_en.htm (English)

Sdružení Podané ruce (Podané Ruce Association): <http://www.podaneruce.cz/>

Soudní lékařství v ČR (Forensic medicine in the Czech Republic): <http://www.nemcb.cz/soudni/>

Státní zdravotní ústav (National Institute of Public Health): <http://www.szu.cz/>

Ústav farmakologie 3. LF UK - neuropsychofarmakologie a prevence drogových závislostí (Institute of Pharmacology of the 3rd Medical Faculty of Charles University in Prague – neuropsychopharmacology and prevention of drug addiction): <http://www.lf3.cuni.cz/drogy/>

Ústav zdravotnických informací a statistiky (Institute for Health Information and Statistics): <http://www.uzis.cz/>

Vězeňská služba ČR (Prison Service of the Czech Republic): <http://www.vscr.cz/>

Výzkumný ústav práce a sociálních věcí (Research Institute of Labour and Social Affairs): <http://www.vupsv.cz/>

Abbreviations

2005-2009 National Strategy – 2005 – 2009 National Drug Policy Strategy

AIDS – Acquired immunodeficiency syndrome

A.N.O. - Association of NGOs Dealing with Prevention and Treatment of Drug Addiction

AT - Alcohol – toxicomania (drug addiction)

CGDPC - Council of the Government for Drug Policy Coordination – formerly ‘National Drug Commission’

ČLS JEP - Czech Medical Association of J.E. Purkyně

CPPT – Drug Prevention and Therapy Centre

ČR - Czech Republic

EMCDDA - European Monitoring Centre for Drugs and Drug Addiction

ESPAD - European School Survey Project on Alcohol and Other Drugs

EU - European Union

EWS – Early Warning System

HAV – Viral hepatitis A

HBV – Viral hepatitis B

HCV – Viral hepatitis C

HIV - Human immunodeficiency virus

ICD-10 – International Classification of Diseases, Revision 10

IDU(s) – Injecting drug user(s)

NGO(s) - Non-governmental organisation(s)

NMC - National Monitoring Centre for Drugs and Drug Addiction

OKTE - Department(s) of Criminological Techniques and Expertise

SSLST - Association of Forensic Medicine and Toxicology

VFN – General Hospital in Prague

WHO - World Health Organization

Index

- A.N.O. (Association of Non-Governmental Organisations), 12, 104, 106
- abstinence, 32, 52
- abuse, 10, 65, 84, 104
- addiction, 4, 8, 12, 13, 15, 16, 17, 18, 23, 32, 39, 43, 47, 49, 58, 59, 66, 67, 68, 69, 83, 85, 86, 88, 96, 104, 105, 106
- administration
public, 6, 7, 13
- aftercare, 2, 7, 8, 9, 13, 32, 66, 79, 84, 88
- alcohol, 3, 4, 6, 10, 11, 14, 15, 16, 17, 18, 20, 27, 33, 34, 35, 43, 47, 49, 50, 85, 86, 87, 88, 89, 95, 96, 97, 106
consumption, 85, 86, 87
- alternative sentences, 2, 66, 67
- amphetamine, 1, 14, 15, 25, 30, 65, 92, 95, 96
- antibodies, 45, 46
- AT clinics, 32, 33
- attitudes, 12, 14, 16, 18, 20, 22, 23, 56, 93, 97, 99
- availability, 2, 7, 8, 14, 17, 19, 25, 39, 45, 56, 71, 85, 86, 87, 88, 89, 95, 98
- braun, 25, 27
- budget, 4, 8, 9, 10, 11, 22, 34, 66, 94, 98
state, 3, 9, 11
- buprenorphine, 1, 2, 19, 25, 26, 36, 37, 40, 70, 73
- cannabis, 1, 2, 4, 5, 11, 12, 14, 15, 16, 18, 20, 28, 34, 40, 47, 53, 57, 58, 68, 70, 72, 90, 91, 92, 93, 94, 95, 96, 97
- cannabinoids, 27, 35, 49
hashish, 16, 20, 48, 68, 72, 73
marijuana, 12, 16, 17, 18, 20, 34, 68, 72, 76
- capacity, 2, 27, 34, 35, 54, 64, 67, 86
- care, 4, 8, 13, 27, 32, 33, 34, 35, 39, 48, 52, 84, 88, 98
- certification, 7, 8, 23
- cocaine, 1, 2, 14, 20, 25, 27, 30, 40, 41, 65, 70, 72, 73, 76, 77, 90, 91, 92, 93
- Code of Criminal Procedure, 67
- codeine, 25, 27, 40
- co-morbidity, 47
- condom, 27, 53
- consequences, 2, 7, 13, 14, 50, 89
health, 50, 99
- Council of the Government for Drug Policy Coordination (CGDPC), 5, 1, 4, 6, 7, 8, 9, 10, 12, 13, 25, 52, 54, 79, 80, 84, 88, 89, 97, 98, 104, 106
- counselling, 4, 10, 22, 23, 28, 53, 67, 84, 97, 98, 99
on-line, 98
- court, 60, 67
- crack, 14, 93
- crime, 2, 3, 6, 10, 12, 19, 56, 58, 59, 60, 61, 63, 64, 67, 68, 69, 70, 83, 97
drug-related, 5, 56, 58, 83
secondary, 2, 56, 63, 83
- criminal offences, 2, 5, 56, 58, 59, 60, 61, 62, 63, 64, 66, 67, 68, 69, 83, 84
drug-related, 4, 5, 58, 59, 60, 61, 62, 66, 68, 83
- customs, 4
- dance
drugs, 2, 41, 97, 98
parties, 1, 2, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99
- demand reduction, 6, 84
- driving, 3, 20, 42, 49, 50, 85, 89, 96
- drug
consumption, 3, 7, 15, 35, 37, 63, 70, 71, 72, 85, 86, 87, 90
use, 1, 2, 3, 4, 6, 7, 8, 10, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 27, 28, 30, 32, 33, 34, 35, 39, 40, 42, 43, 44, 45, 47, 52, 53, 54, 55, 56, 57, 63, 64, 65, 66, 67, 68, 69, 70, 71, 75, 76, 77, 78, 79, 80, 82, 83, 84, 87, 88, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 104, 106
- drug-free zones, 64, 67
- Early Warning System, 97, 106
- ecstasy, 1, 2, 12, 14, 15, 16, 18, 19, 20, 27, 40, 49, 50, 58, 70, 72, 73, 74, 76, 77, 82, 90, 91, 92, 93, 95, 96, 97, 98, 99
- efficiency, 7, 8, 22, 24
- EMCDDA, 8, 12, 14, 27, 30, 75, 97, 106
- ESPAD (European School Survey Project on Alcohol and Other Drugs), 15, 17, 71, 76, 77, 106
- estimate, 1, 2, 3, 19, 37, 38, 39, 52, 54, 56, 63, 70, 71
prevalence, 25, 26
- European Union, 4, 7, 72, 97, 98, 106
Council, 97
Member States, 97, 98
- evaluation, 7, 8, 10, 18, 24, 39
- exchange
needle and syringe, 52, 54, 55
programme, 52, 53
- expenditure, 4, 8, 9, 10, 11, 70
- facility, 8, 23, 25, 27, 28, 32, 33, 34, 35, 39, 46, 47, 48, 52, 53, 54, 56, 57, 65, 66, 70, 79, 80, 83, 84, 88
low-threshold, 1, 2, 19, 25, 26, 27, 47, 52, 53, 54, 65, 70, 73, 79, 83, 84, 98
school, 10, 22, 23
treatment, 23, 27, 28, 52, 53, 66, 79, 80, 85
- financial resources, 4, 7, 8, 10, 11, 54, 98
- general practitioners, 34, 38, 39
- government, 4, 6, 7, 8, 12
- hallucinogens, 1, 14, 15, 16, 41, 82, 90, 91, 92, 94, 95, 97
- harm reduction, 10, 52, 79, 84, 86, 92, 97, 98, 99
- hepatitis, 1, 2, 3, 25, 26, 27, 40, 42, 43, 45, 46, 47, 52, 54, 78, 82, 83, 84, 106
- heroin, 1, 2, 16, 19, 20, 25, 26, 27, 28, 29, 34, 35, 38, 40, 48, 49, 50, 51, 53, 57, 58, 66, 67, 68, 70, 72, 73, 91, 93, 97
- HIV/AIDS, 1, 19, 40, 44, 45, 47, 52, 54, 82, 83, 104, 106
- hospitalisations, 3, 34, 35, 42, 43, 47, 78
- Hygiene Service, 26, 27, 28, 48, 80
- incidence, 1, 2, 44, 45, 46, 47, 82
- infections, 1, 40, 44, 46, 47, 53, 54, 82, 83
- intoxication, 48, 95
- ketamine, 93
- law, 2, 6, 7, 12, 40, 67, 70, 85, 97
enforcement, 2, 6, 7
- legislation, 1, 4, 7, 12, 22, 85, 86, 87
- low-threshold services, 1, 2, 8, 9, 10, 19, 25, 26, 27, 28, 38, 47, 52, 53, 54, 65, 70, 73, 79, 80, 83, 84, 98
- LSD, 1, 2, 14, 15, 16, 18, 48, 70, 72, 90, 91, 93, 94
- magic mushrooms, 1, 14, 15, 17, 90, 91, 93
- medicaments, 1, 2, 35, 40, 41, 48, 49, 50, 65, 78
- medicinal products, 25, 71
- methadone, 2, 19, 27, 34, 36, 37, 38, 39, 40, 41, 51, 104
- Ministry
of Defence, 4, 8, 9, 10
of Education, 8, 9, 10, 22, 23, 88, 89, 104
of Finance, 8, 9, 10, 88, 89
of Health, 4, 8, 9, 10, 40, 85, 88, 89, 98, 104
of Industry and Trade, 88
of Interior, 10, 22, 89, 104
of Justice, 4, 8, 9, 10, 58, 60, 104
of Labour and Social Affairs, 8, 9, 10, 88, 89, 98, 104

misdemeanours, 63, 73, 89
 morphine, 1, 40
 mortality, 1, 3, 25, 38, 39, 40, 42, 43, 44, 48, 78, 79, 95, 97
 cohort, 42, 43, 44
 drug-related deaths, 1, 2, 3, 38, 40, 41, 42, 52, 53, 78, 95
 multiplication method, 25, 26
 National Monitoring Centre for Drugs and Drug Addiction (NMC), 8, 13, 14, 25, 26, 33, 38, 40, 43, 46, 70, 73, 83, 90, 97, 106
 NGOs (non-governmental organizations), 9, 10, 12, 22, 23, 34, 66, 67, 85, 90, 92, 97, 98, 104, 106
 opiate, 1, 2, 14, 15, 16, 19, 25, 26, 27, 28, 30, 34, 36, 39, 40, 41, 42, 43, 44, 48, 51, 65, 90
 outreach programmes, 8, 10, 19, 38, 52
 Penal Code, 4, 5, 12, 58, 59, 60, 63, 64, 67, 68, 83
 pervitin, 1, 2, 5, 14, 16, 18, 19, 25, 26, 27, 34, 35, 40, 41, 48, 49, 50, 53, 57, 58, 66, 67, 68, 70, 71, 72, 73, 74, 76, 77, 90, 91, 92, 93, 94, 95, 96, 97
 police, 10, 11, 22, 59, 60, 63, 71, 73
 policy, 4, 7, 8, 12, 56, 85, 87
 drug, 1, 4, 7, 8, 9, 10, 11, 12, 86, 87, 98
 poppers, 93
 possession, 2, 5, 56, 58, 59, 63, 64, 69, 73, 83
 of drugs, 2, 5, 59, 63
 prescription, 2, 36, 40
 prevalence, 1, 2, 3, 11, 14, 15, 16, 17, 18, 19, 25, 26, 37, 40, 46, 51, 52, 56, 57, 65, 71, 75, 76, 77, 82, 86, 87, 89, 90, 91, 92, 93, 95, 96, 97
 last 12 months, 1, 14, 15, 16, 25, 75, 77, 78
 last 30 days, 14, 16, 75, 90, 95, 96
 lifetime, 1, 15, 17, 18, 50, 75, 76, 77, 90, 91, 92
 problem drug use, 26, 37, 71, 93
 prevention, 4, 7, 8, 10, 12, 13, 18, 22, 23, 24, 53, 67, 84, 85, 86, 88, 89, 92, 97, 98, 99, 104, 105
 primary, 6, 22, 23, 87
 price, 2, 3, 38, 70, 73
 prison, 1, 2, 13, 27, 32, 36, 40, 57, 64, 65, 66, 67, 83, 84
 imprisonment, 27, 39, 61, 67
 probation, 13, 67
 proceedings
 administrative, 63
 criminal, 63, 67, 68
 judicial, 69
 preparatory, 67
 subsidy, 10, 25, 52, 79, 84
 prosecution, 2, 5, 56, 58, 59, 60, 61, 67, 68, 69, 83
 public health, 1, 86, 97
 public prosecutors, 60, 67
 purity, 2, 3, 70, 72, 73
 quantity
 greater than small, 2, 5, 56, 58, 59, 63
 small, 63, 73
 regional drug coordinators, 4, 8, 10, 22
 register, 3, 27, 36, 39, 40, 42, 43
 EPIDAT, 43, 78
 Substitution Treatment Register, 43
 research, 7, 10, 13, 16, 19, 33, 38, 39, 75, 85, 104
 risk, 1, 6, 7, 12, 14, 20, 22, 23, 27, 40, 43, 45, 46, 52, 53, 54, 66, 83, 84, 86, 87, 88, 95, 97, 98
 behaviour, 83
 health, 52, 97
 perception, 20
 seizures, 2, 58, 70, 72, 73
 sentence, 5, 10, 27, 32, 60, 61, 62, 64, 65, 66, 67, 69, 83, 84
 custodial, 61, 66, 67, 69
 services, 2, 6, 7, 8, 9, 10, 12, 13, 19, 23, 27, 28, 32, 33, 34, 38, 52, 53, 54, 56, 57, 66, 67, 69, 79, 80, 84, 92, 97, 98, 99
 schools, 1, 2, 10, 12, 14, 15, 16, 17, 18, 22, 23, 24, 56, 71, 76, 77, 84, 85, 86, 90, 94, 95, 97
 smoking, 13, 15, 20, 85, 86, 87, 88, 89
 social
 exclusion, 2, 56
 social costs, 65
 standards
 quality, 7, 8, 23
 stimulants, 16, 19, 25, 28, 34, 35, 43, 44, 48
 strategy
 national, 4, 8, 12, 87
 streetwork, 8, 10, 19, 38, 52, 104
 study, 3, 7, 10, 11, 13, 14, 15, 16, 17, 18, 19, 22, 24, 26, 27, 33, 38, 39, 42, 46, 50, 70, 75, 76, 77, 80, 82, 83, 84, 85, 94, 104
 substitution, 1, 2, 8, 10, 25, 26, 28, 32, 36, 37, 39, 40, 42, 43, 47, 51, 52, 53, 66, 67, 78, 83, 84
 Subutex, 1, 2, 19, 25, 26, 27, 36, 37, 38, 40, 53, 70, 71, 73
 supply reduction, 6, 86, 87
 survey
 general population, 1, 14, 15, 18, 20, 71, 90
 school, 1, 2, 14, 15, 16
 syndrome, 48, 106
 synthetic drugs, 1, 2, 40, 41, 42, 70, 74, 92, 93, 95, 97, 98, 104
 testing, 24, 40, 45, 46, 53, 54, 64, 65, 98, 99
 pill, 50, 98, 99
 THC, 42, 49, 50, 65
 tobacco, 4, 6, 11, 12, 13, 14, 15, 17, 18, 20, 33, 43, 85, 86, 87, 88, 89
 treatment, 1, 2, 4, 6, 7, 8, 9, 10, 12, 13, 19, 23, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 42, 43, 51, 52, 53, 55, 57, 64, 66, 67, 68, 79, 80, 82, 84, 85, 86, 87, 88, 89, 104
 inpatient, 2, 8, 9, 27, 28, 32, 35, 67, 84
 outpatient, 2, 8, 9, 10, 27, 28, 32, 33, 34, 37, 38, 39, 66, 79, 84
 substitution, 1, 2, 8, 10, 25, 26, 28, 32, 36, 37, 39, 40, 42, 43, 47, 51, 52, 53, 66, 67, 78, 83, 84
 treatment demand, 1, 2, 25, 26, 28, 29, 30, 31, 40, 57, 80, 81, 82
 first, 25, 28, 29, 30, 57, 80
 trends, 1, 2, 14, 25, 26, 29, 30, 40, 44, 71, 87, 90, 93, 97
 use
 drug, 1, 2, 3, 4, 6, 7, 8, 10, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26, 27, 28, 30, 32, 33, 34, 35, 39, 40, 42, 43, 44, 45, 47, 52, 53, 54, 55, 56, 57, 63, 64, 65, 66, 67, 68, 69, 70, 71, 75, 76, 77, 78, 79, 80, 82, 83, 84, 87, 88, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 104, 106
 injecting, 1, 19, 25, 26, 27, 30, 34, 35, 40, 42, 43, 44, 45, 46, 47, 53, 54, 65, 66, 78, 82, 83, 93
 poly-drug, 34, 35, 43, 44, 95, 96, 97
 problem, 1, 2, 3, 7, 25, 26, 30, 39, 56, 70, 73, 93
 recreational, 1, 14, 15, 52, 70, 71, 95, 98
 vaccination, 53
 volatile substances, 2, 14, 57
 WHO, 85, 86, 106

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