



# National Drug Policy Strategy

for the period 2005 to 2009

The Czech Republic





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	<b>FOREWORD</b>	<b>6</b>
1	<b>PREAMBLE</b>	<b>7</b>
2	<b>FUNCTIONS OF THE STRATEGY</b>	<b>8</b>
3	<b>PRINCIPAL CHARACTERISTICS OF THE SITUATION IN THE CZECH REPUBLIC</b>	<b>9</b>
3/1	Drug use and the services provided	9
3/2	Drug availability and measures to reduce drug availability	10
3/3	Regional differences	11
4	<b>STARTING POINTS OF THE NATIONAL DRUG POLICY STRATEGY 2005–2009</b>	<b>12</b>
4/1	The problem of drug use	12
4/2	Drug policy	13
4/3	Basic approach towards drug use	14
4/4	Guiding principles of the Czech drug policy	16
5	<b>OBJECTIVES OF THE NATIONAL DRUG POLICY STRATEGY 2005–2009</b>	<b>17</b>
5/1	Main objectives	17
5/2	Specific objectives	18
5/3	Technical and organizational objectives	19
6	<b>BASIC FRAMEWORK OF THE STRATEGY</b>	<b>20</b>
6/1	Strategy and action plans	20
6/2	Organizational framework and timeframe	21
6/3	Structure of action plans	22
7	<b>ROLES AND RESPONSIBILITIES OF KEY BODIES INVOLVED IN THE DRUG POLICY</b>	<b>23</b>
7/1	Government Council for Drug Policy Coordination	23
7/2	Competent ministries	24
7/3	Police Force of the Czech Republic	26
7/4	Customs Administration	27
7/5	Regions and municipalities	28
7/6	Expert and non-governmental organizations	29
	<b>ANNEX</b>	
	Responsibilities of members of the Government regarding the production of action plans for the implementation of the National Strategy in the competence of the departments they manage	<b>30</b>

## FOREWORD

The National Drug Policy Strategy for the period from 2005 to 2009, approved under Government Resolution No 1305/2004, is the fourth consecutive strategy to be drawn up since the Czech Republic became independent. In its starting points, principles, and objectives, it follows up on the positive action that has been taken in Czech Republic's drug policy over the past twelve years. Like any modern drug policy within the EU, it is based on balanced intervention in reducing demand (prevention, treatment, and resocialization), minimizing risks, and suppressing supply (curbing the availability of drugs).

The National Strategy also relies on certain fundamental reform steps, the aim of which is to make the drug policy system more efficient. The most pressing requirement is the reform of drug policy funding, based on checks of the level of quality among drug policy service providers who receive financial aid from public resources. Another fundamental necessity is to improve coordination between individual providers of grants who are also the main authors of the drug policy: on the one hand the state, represented by the National Drug Commission and individual ministries, and on the other hand regions and municipalities. Work on these reform measures began immediately after the National Strategy was approved.

I am confident that the National Strategy, as a basic conceptual document, will help make further improvements in reducing drug supply and demand. It will be assisted by a newly introduced instrument (already used in a number of EU Member States and the EU Drugs Strategy) - Action Plans. The first Action Plan will be prepared for the 2005-2006 period, the second for the period from 2007 to 2009. These Action Plans will be used to implement the National Strategy; evaluations will prove how far the Strategy has been successful.

I wish all those contributing to the drug policy in the Czech Republic much success in their work.

Jaroslav Bureš  
Minister and Chairman of the Governmental Legislative Council,  
Executive Deputy Chairman of the National Drug Commission

## 1 PREAMBLE

Drug use has become a serious social problem in the Czech Republic and throughout the world. Therefore, in 1993 the Government of the Czech Republic laid the foundations of a national drug policy, which continues to be developed and updated. This Strategy follows up on the National Drug Policy Strategy for the period 2001–2004, and is based on an analysis of the current situation regarding drug-related issues in previous years.

By virtue of its drug policy, the Government declares its support for the UN's international Conventions on drugs, the Political Declaration on Guiding Principles of Drug Demand Reduction, adopted in June 1998 by the Special Session of the UN General Assembly, the European Community's Amsterdam Treaty, the conclusions of the Dublin conference of May 2004 on the future form of the EU Strategy on Drugs – The Way Forward, and Health for All in the 21st Century – the programme run by the World Health Organization.

The present Czech drug policy and the system used for its coordination are rated as an example of good practice by the European Union, although there is still room for improvement. While the fulfilment of the tasks of the National Drug Policy Strategy 2001–2004 contributed to specific achievements, there are still a number of adverse and alarming trends (see Section 3).

Bearing this in mind, the Government has prepared and approved this Strategy with the aim of actively involving as broad a section of society as possible in activities intended to improve the situation regarding the use of all types of drugs. More than sixty experts from the ministries and other central institutions, from the regional authorities, and from state and non-governmental service providers contributed to the preparation of this Strategy. Therefore, it is the consensual output of public administration representatives at central and regional level, and of members of the professional community.

In the Czech Republic, drugs are defined by Act No 167/1998 Coll., on narcotic substances, as narcotic and psychotropic substances (Schedules 1 to 8 of the Act) and products containing these substances. In the Strategy, 'drug' as a term covers the above-mentioned substances, universally available substances (solvents), and substances highly tolerated by society and promoted in public (alcohol and tobacco). Considering the proven links between the use of alcohol, tobacco, and illegal drugs, and the serious consequences that the use of legal substances has on society, the Strategy also discusses these drugs.

With regard to the adverse developments witnessed so far, changes can only be achieved by means of a shared, coordinated approach based on formal and informal cooperation of entities who are responsible for drug-related issues at all levels of public administration and society.



## **2 FUNCTIONS OF THE STRATEGY**

The National Drug Policy Strategy 2005–2009 is a key document of the Czech Government that updates the previous strategy in line with the latest scientific knowledge of the phenomenon of drug use, the consequences of drug use, and effective solutions to drug-related problems. In this document, the Government defines the starting points and the paths to be taken in tackling the problem of drug use, as well as the recommended basic framework for the creation and implementation of drug policy strategies among all components of public administration at the level of ministries, regions and municipalities. The main functions of the Strategy are as follows:

**TO SET OUT THE GUIDING PRINCIPLES AND OBJECTIVES, AND TO DEFINE THE PRIORITIES OF THE NATIONAL DRUG POLICY OF THE CZECH REPUBLIC FOR ALL COMPONENTS OF PUBLIC ADMINISTRATION AND CIVIL SOCIETY**

**TO DEFINE THE INSTITUTIONAL AND ORGANIZATIONAL FRAMEWORK OF THE DRUG POLICY AND THE RESPONSIBILITIES AND COMPETENCE OF ALL KEY PARTS OF PUBLIC ADMINISTRATION IN THIS POLICY**

**TO OFFER INSTITUTIONS AND ORGANIZATIONS INVOLVED IN NATIONAL DRUG POLICY-MAKING THE OPPORTUNITY TO FIND THEIR PLACE AND ROLE IN THE IMPLEMENTATION OF THE ANTI-DRUG STRATEGY**

**TO INTERLINK PUBLIC ADMINISTRATION, STATE AND NON-GOVERNMENTAL, VOLUNTARY AND SELF-HELP ORGANIZATIONS AT ALL LEVELS OF DRUG POLICY IMPLEMENTATION**

**FOR THE REQUIREMENTS OF COOPERATION AT NATIONAL AND INTERNATIONAL LEVEL, TO SUPPLY INFORMATION ABOUT THE FORM, OBJECTIVES, AND PRIORITIES OF THE CZECH NATIONAL DRUG POLICY**

### 3 BASIC CHARACTERISTICS OF THE SITUATION IN THE CZECH REPUBLIC

#### 3/1 Drug use and services provided

- Use of heroin and the specifically Czech drug pervitin (metamphetamine) has been stabilized; the number of heroin users in particular has fallen. Young people can access sufficient objective information about the risks of various drugs.
- The fall in the age of first experimenting with illicit drugs has stopped. Heroin and pervitin users are an ageing population, as evidenced by the waning influx of new users.
- Experimental and recreational use of cannabis products and ecstasy is rising, but in recent years this growth has been stemmed.
- Alcohol and tobacco consumption continues to rise in the population in general and among young people.
- The incidence of HIV/AIDS among drug users has stabilized at a very low level; the reported incidence of viral hepatitis

among intravenous drug users has dipped, and the prevalence of viral hepatitis among drug users is relatively low compared with the average in other EU countries.

- The number of deaths from drug overdoses is falling.
- The network of services is stable and covers a wide range of offers, from primary prevention, to out-reach services and low-threshold contact centres, through to out-patient and in-patient treatment and resocialization facilities.
- With the odd exception, regional service availability is relatively good. The treatment capacity in prisons is increasing. Treatment is available without waiting, with the exception of some substitution centres, services for mothers with children, and services for minors.
- A system for the certification of the professional eligibility of services is ready to be implemented; the idea of this system is to ensure a comparable standard of services (it covers nine different treatment modalities).

### **3/2 Drug availability and measures to reduce drug availability**

■ Alcohol and tobacco are available practically without restriction to young people and minors, although this conflicts with current legislation and suggests there are shortcomings in the way the law is enforced.

■ The corresponding legislation exists to clamp down on dealers in illicit drugs. Drug users are not a priority group for targeting by the police.

■ The subjectively perceived availability of pervitin and heroin is lower; in the case of

marihuana and ecstasy it is rising.

The proportion of society offered illegal drugs at some point in their lives is on the rise.

■ The supply of drugs has not registered a significant drop, and exceeds demand. This is evidenced by the long-term stable prices of drugs; the prices of some drugs are even falling.

■ There has been an increase in the number of crimes of illicit drug production and distribution that have been discovered and prosecuted.

### 3/3 Drugs in the regions of the Czech Republic

- Research has confirmed a link between the incidence of an increased level of environmental risk factors (the quality of the environment, demographic and socio-economic indicators) and a higher incidence of drug use, including the adverse effects of drugs; the situation varies from region to region.
- In regions where drugs are more in demand and more readily available, there is a higher concentration of services for drug users, which corresponds to the higher demand for services.
- The funding of preventative services and drug user treatment out of the state budget is differentiated and adequate to the disparate needs and conditions of regions in the Czech Republic.
- From the aspect of the occurrence of demographic and socio-economic risk factors and drug use, Czech regions can be divided into five groups:
- Those regions with a positive socio-demographic environment and situation in terms of drug use are Královéhradecký region, Pardubický region, Vysočina region, and to some extent

Jihomoravský region, Olomoucký region and Zlínský region.

- Regions with an average situation in relation to demographic and health indicators and a positive situation in drug use are Středočeský region and Jihočeský region.
- In the Karlovarský and Liberecký regions, the demographic environment is highly inauspicious, problematic social phenomena are concentrated here, but drug use is average. To a certain extent Moravskoslezský region reports similar characteristics.
- Ústecký region is distinguished by its very poor demographic indicators and also by its adverse situation as regards drug use.
- The City of Prague ('Hlavní město Praha') is characterized by its poorer social environment, high concentration of 'ordinary' crime and drug-related crime, and very adverse drug use situation.
- In all regions, regional drug coordinators cooperate with municipalities, and the regions have their own individual strategies. Cooperation between state and regions is good, but has insufficient legislation to support it.

## **4 STARTING POINTS OF THE NATIONAL DRUG POLICY STRATEGY 2005–2009**

### **4/1 The problem of drug use**

The use of all types of narcotic and psychotropic substances is a complex and multilayered phenomenon with a whole number of interrelated potential risks for individuals and society. In tackling the problem of drug use, the Czech Republic

will draw on the World Health Organization's concept Health for All in the 21<sup>st</sup> Century, according to which drug use is a problem endangering public health. Primarily at issue here are the possible adverse social, health, criminal, security, and economic impacts that could detract from the healthy development of individuals and society in a broader social context.

**4/2 Drug policy**

The drug policy is a comprehensive, coordinated set of preventative, educative, therapeutic, social, regulatory, control, and other measures, including the enforcement of the law, which are implemented at international level, national level, regional level, and local level. Its ultimate aim is to reduce the use of all types of drugs and/or the potential risk and damage that could occur to individuals and society as a result of drug use.

#### **4/3 Basic approach towards the problem of drug use**

The Czech Government acknowledges that a comprehensive, multidisciplinary, and well-balanced approach is required as an effective strategy to tackle the problems associated with drug use. This is an approach based on broad complex, interdepartmental, interdisciplinary, and inter-sectoral cooperation at all levels, and is founded on the comprehensive, research-backed, and balanced application of three basic strategies of modern drug policy.

These strategies are drug supply reduction (*controlling the sale and distribution of legal drugs and clamping down on the illegal distribution of illicit drugs*); drug demand reduction (*primary prevention, therapy and resocialization for users*); and risk reduction (*i.e. harm reduction*). These strategies are not interchangeable; instead, they complement one another.

In this respect, the Czech drug policy will

continue to be formed by four basic pillars – primary prevention, treatment and resocialization, harm reduction, and a reduction in the availability of drugs. These pillars can be applied efficiently only in a functioning institutional environment based on international commitments, experiences, and cooperation, on scientific knowledge, on information, and on assessments of action taken so that only efficient measures and activities are funded. Activities in all areas must be coordinated to ensure a common approach in achieving the goals of the set strategies. According to the UN General Assembly, this approach can influence the problems related to the use of narcotic and psychotropic substances, from acting as a deterrent to experimentation to restrictions in negative health, social, economic, and safety consequences of their use.

The comprehensive form of drug policy that is required can be illustrated as follows:

# COORDINATION

## FUNDING

primary prevention	treatment and resocialization	risk reduction	reduction in availability
ACTIVITIES AIMED AT PREVENTING DRUG USE OR POSTPONING FIRST EXPERIENCE OF DRUGS TO A MORE MATURE AGE	A RANGE OF SERVICES RELATED TO ABSTINENCE THERAPY FOR DRUG USERS WHO MAKE A CONSCIOUS CHOICE TO LIVE WITHOUT DRUGS	ACTIVITIES TO REDUCE THE POTENTIAL HEALTH AND SOCIAL RISKS AND IMPACTS OF DRUG USE IN RELATION TO USERS NOT YET READY TO GIVE UP DRUGS, AND IN RELATION TO SOCIETY	ACTIVITIES TO ENFORCE THE LAW IN COMBATING THE SUPPLY OF DRUGS
<b>REDUCING DEMAND</b>			
<b>REDUCING HARM</b>			
<b>REDUCING SUPPLY</b>			
<b>RESEARCH, INFORMATION, EVALUATION</b>			
<b>INTERNATIONAL COMMITMENTS, AND COOPERATION</b>			



#### **4/4 Guiding principles of the Czech Republic's drug policy**

Under Resolution No 109/04, on the preparation of the National Drug Policy Strategy 2005–2009, the Government approved the protection of public health as the main principle of the Czech drug policy. This concept, defined by the World Health Organization, is based on comprehensive preventative, educative, therapeutic, social, regulatory, and control measures, including law-enforcement measures and other measures aimed at improving health, social, economic, safety, and criminal conditions that affect the health development of the individual and society. The European Union's Amsterdam Treaty also adheres to a concept of protecting public health.

Other principles applied in the realization of the drug policy in 2005–2009 will be:

##### **■ A realistic, informed approach**

The drug policy will be based on an analysis of the present situation and identified problems, requirements, and priorities. Its objectives will be realistic (feasible) and measurable.

##### **■ A priority of verified data and strategies**

All the activities of the drug policy must be based on scientifically verified facts and data, not on assumptions and premises. In order to apply and introduce proven effective strategies and interventions, the support of research and the integration of research output into practice are essential.

##### **■ Partnership and a common approach**

The National Strategy is based on partnership and the broad cooperation of all elements of public administration and civil society. A joint, coordinated approach at local (community), regional, national, and international level increases the chances of effectiveness and success in attaining set objectives.

##### **■ A comprehensive approach**

The process of finding solutions to drug use problem requires a comprehensive, structured approach in which individual elements of the drug policy play an irreplaceable, equal role. Changes in the hitherto unfavourable development of such a complex phenomenon cannot be achieved by bit measures or isolated actions in a single area of drug policy.

##### **■ Assessments of efficiency**

All drug policy measures must be closely monitored and their effectiveness must be evaluated, and where appropriate activities must be modified in connection with the development of trends in the use of drugs and scientific knowledge of solutions. In this respect, the strategy has been compiled in a structure allowing for assessments of implementation and efficiency, and in a manner defining indicators for evaluations of the attainment of set objectives.

##### **■ Long-term planning**

Experience shows that the problem of drug use can be influenced only by means of long-term efforts and long-term strategies, not one-off actions.

## **5 OBJECTIVES OF THE NATIONAL DRUG POLICY STRATEGY 2005–2009**

### **5/1 Main objectives**

In the context of the balanced application of the three basic strategies – drug supply reduction, drug demand reduction, and risk reduction – the National Strategy will have two principal objectives:

**TO COMBAT ORGANIZED CRIME INVOLVED  
IN DRUG TRAFFICKING  
AND TO ENFORCE THE LAW IN RELATION  
TO THE DISTRIBUTION OF LEGAL DRUGS**

**TO REDUCE THE USE OF ALL TYPES  
OF DRUGS  
AND POTENTIAL RISKS AND DAMAGE  
THAT CAN AFFLICT INDIVIDUALS AND  
SOCIETY DUE TO DRUG USE**

## 5/2 Specific objectives

Based on an analysis of the current situation, attention will continue to focus on precluding the problem use of heroin and pervitin and the related health and social risks posed to individuals and society. In the drug policy, more attention will be paid to precluding and reducing the use of cannabis products and synthetic (ecstasy-type) drugs. Preventative programmes will focus on the intensive provision of information regarding the harmfulness and risks attached to the use of these substances, especially to young people and the public at large. The following specific objectives have been set in the drug policy for the period from 2005 to 2009:

- I. to stabilize or reduce the number of problem drug users.
- II. to halt the rising experimental and recreational use of legal and illegal drugs.
- III. to stabilize or reduce the consumption of legal and illegal drugs in society, especially among minors.
- IV. to reduce the potential risks of all types of drugs and the economic, health, and social impacts of their use on the individual and society.
- V. to increase the quality of life of users of all types of drugs, their parents, and other close persons by assuring the availability of quality treatment and resocialization services.
- VI. to reduce the availability of legal and illegal drugs for the general population, and in particular for minors by means of the proper use of existing legislative and institutional instruments.

**5/3 Technical and organizational objectives**

In order to achieve the specific objectives related to drug use and distribution, it is necessary to improve the quality of the current system and create a corresponding and functional organizational setting for the implementation of a set of drug policy measures. Therefore the following technical and organizational objectives have been set:

- VII. **Efficient funding** – to make the financing of individual drug policy strategies and measures more efficient and more transparent based on identified requirements and their proven efficiency;
- VIII. **Coordination** – to create a sufficient legislative environment for the drug policy, to improve the quality of the current system and to build up a functional, transparent structure based on the efficient coordination of activities of entities involved at all levels, with clearly defined and distributed responsibilities and competences;
- IX. **Public awareness** – to propose and

implement a flexible model of universal communication and to appoint the competence of the entities involved so that the public is provided with comprehensive, objective, reliable, and balanced information about the use of drugs, the impacts of drug use, and the measures implemented;

- X. **International cooperation** – to become fully involved in international cooperation and to ensure the active participation of Czech representatives in the processes of harmonizing the drug policy with that of the European Union.
- XI. **Evaluations of activities** – to ensure the consistent application of evidence-based procedures in the evaluation of the effectiveness of measures in all areas of the drug policy and to apply knowledge based on evaluations in practice.

The appointed specific objectives will be developed in detail in the Action Plans of the national drug policy 2005–2006 and 2007–2009 (see Section 6).

## 6 BASIC FRAMEWORK OF THE STRATEGY

### 6/1 Strategy and Action Plan

The National Drug Policy Strategy in the period from 2005 to 2009 and action plans for its implementation are, as regards their role in the formulation of the future form of the national drug policy, different yet complementary documents, whereby:

The **strategy** defines the main direction of the drug policy, its main starting points, principles, objectives, and the responsibilities of the entities involved, which will be applied with a view to achieving the set principal objectives.

The **action plans** develop the strategy and are instruments for the implementation of the strategy. The principal and specific objectives, sources, responsibilities, and individual activities are defined in detail within a set timeframe.

**6/2 Timeframe**

The strategy is intended to remain in force between 2005 and 2009. After it has been approved by the Government, it will be developed into action plans. These action plans will be processed by the competent departments into the periods 2005–2006

and 2007–2009. In 2007, the implementation and results of the first plan will be assessed, and the conclusions will be used to draw up the second plan with revised tasks. The timeframe for the implementation of the National Strategy and the action plans is outlined in the following table:

Year	Type of document	Principal activities
2005	National Drug Policy Strategy 2005–2009	Action plan 2005–2006 Evaluation Report 1
2006		
2007		Action plan 2007–2009 Evaluation Report 2
2008		
2009		
		Implementation of tasks from the action plan Evaluation of Action Plan 2005–2006
		Implementation of tasks from the action plan Evaluation of the Strategy 2005–2009

In 2009, the implementation of the National Strategy 2005–2009 will be assessed. Based on this evaluation, a drug policy strategy will be prepared for the subsequent period as of 2010.

### 6/3 Structure of action plans

The action plans will be drawn up in a structure approved under Government Resolution No 109/04, which will facilitate their implementation and evaluation:

<b>Component</b>	<b>Charakteristics</b>
<b>Analysis of situation</b>	a description and analysis of the present situation, with identified problems, requirements, and priorities
<b>Main objective</b>	a general objective which the drug policy aims for
<b>Specific objectives</b>	more specific descriptions of the situation the drug policy wants to achieve through its activities; they support the general goal
<b>Indicators</b>	each specific objective should have an indicator of the achievement of the objective, and a defined method on how to verify the attainment of the objective
<b>Strategy</b>	approaches used with a view to achieving the principal and specific objectives
<b>Aktivities</b>	each strategy is composed of a number of various activities which are planned and implemented in a logical sequence
<b>Coordinator</b>	the responsible ministry or other public administration authority
<b>Output</b>	the final products of individual activities
<b>Milestones</b>	as a rule, these should be reached at a certain date and in a certain order; they verify whether the planned measures and interventions are progressing in the right direction
<b>Results</b>	changes compared with the original situation

## **7 ROLES AND RESPONSIBILITIES OF KEY BODIES INVOLVED IN THE DRUG POLICY**

### **7/1 National Drug Commission (Government Council for Drug Policy Coordination)**

The National Drug Commission, as an advisory, coordinating, and initiating body of the Czech Government, creates a platform for ongoing communication with the ministries, with other elements of public administration, and with other entities which contribute to the implementation of the drug policy (including nongovernmental organizations). The Council submits drafts of drug policy measures and activities to the Government, coordinates and evaluates their implementation, and inspects the fulfilment of tasks under the National Strategy and under action plans at all levels. In accordance with the priorities of the National Strategy, the NDC co-finances multidisciplinary programmes of the drug policy implemented at local level. The implementation of the national drug policy is secured in the form of cooperation between delegated representatives of public administration authorities at all levels and representatives of the professional public who, in interdepartmental committees and

working groups, contribute to the preparation and implementation of joint activities.

The NDC is responsible for the collection, analysis, and distribution of data on drug use, the impacts of drug use, and drug policy measures realized at all levels. These activities are carried out via the National Monitoring Centre for Drugs and Drug Addiction (National Focal Point), which is an organizational component of the secretariat of the Government Council for Drug Policy Coordination – Office of the Government of the Czech Republic. The Monitoring Centre coordinates and methodologically manages other state and independent institutions which contribute to the collection of data on the monitored indicators.

In the transfer of tasks and knowledge from a central to a local level and back, the network of regional anti-drug coordinators and the drug commissions of regions and municipalities play a significant role. They assess the measures adopted and their impact on the development of drug use in a the given region, and contribute to the updating of implemented drug policy measures based on identified needs in cooperation with central institutions.



## **7/2 Competent ministries**

Responsibility for the implementation of measures stemming from the Government's drug strategy is held at central level by the competent minister and at local level by the statutory representative of the competent authority.

### **■ Ministry of Health**

This ministry is responsible for legislation concerning the legal handling of narcotic and psychotropic substances, products, precursors, and adjuvants. It permits the handling of narcotic and psychotropic substances, products containing them, precursors, and raw materials; it permits imports and exports of these substances, conducts inspections, and fulfils its reporting duty regarding the import, export, manufacture, consumption, and reserves of these substances for UN and EU bodies.

The drug policy is part of the health policy at the Ministry of Health, which is responsible for the implementation and financing of all types of treatment of addiction-related illnesses, for a reduction in health risks, for health education aimed at a healthy lifestyle, and for professional training of the ministry's members of staff.

The Ministry of Health is also responsible for the implementation of tasks stemming from the European Alcohol Action Plan, the Framework Convention on Tobacco Control, and the Health 21 programme, which the Minister of Health has helped implement in the Czech Republic.

### **■ Ministry of Labour and Social Affairs**

The drug policy is part of the social policy of the Ministry of Labour and Social

Affairs. This ministry is responsible for tackling social problems associated with the use of all types of drugs, i.e. legal and illegal drugs, and for the realization and financing of social services for drug users, and their friends and family. The ministry is responsible for legislation related to the building, financing, and control of the quality of the system of social services, including those applied to users of all types of drugs.

### **■ Ministry of Education, Youth, and Sport**

In the drug policy, this ministry is mainly responsible for primary prevention of the use of all types of drugs by children and young people, which is based on evidence-based measures and activities. The ministry is responsible for the implementation of preventative programmes in schools and educational establishments and for the funding of other preventative programmes realized by state and independent organizations. It is also responsible for the professional training of teachers for effective prevention in the teaching of children and young people.

In the conditions of special education, it is responsible for providing programmes of timely and emergency intervention, therapeutic and educative care of children and young people who experiment with drugs or abuse them. The ministry also carries out inspections.

### **■ Ministry of the Interior**

In the drug policy, this ministry is mainly responsible for the regulation of measures designed to combat the supply of illicit drugs, and for enforcing the law in relation to the distribution of legal drugs.

At a general level, it is responsible for the protection of public order and safety, and for combating crimes committed in connection with the use of all types of drugs. The ministry is also responsible for the professional training of staff at the ministry and the Czech Police Force.

It supports programmes for the prevention of crime at local level, especially in the non-specific prevention of drug use and the related criminality.

#### ■ Ministry of Justice

This ministry is responsible for drawing up legislative proposals in the field of criminal law. It creates conditions for the activities of courts and public prosecutor's offices in matters related to drug crime. The ministry is responsible for ensuring the operations of the Probation and Mediation Service, diversions in criminal proceedings or alternatives to imprisonment. It is responsible for implementing services for prevention, treatment, and risk minimization, and the corresponding assistance for persons addicted to drugs in the conditions of a term of imprisonment. It is also held responsible for the professional training of judges, public prosecutors, members of staff of the Prison Service and the Probation and Mediation Service of the Ministry of Justice of the Czech Republic.

#### ■ Ministry of Defence

Given its role in ensuring the protection of the safety and sovereignty of the Czech Republic, and the risk of drug use by weapon-carrying soldiers, the ministry

plays a particularly sensitive and important role in the drug policy. Therefore it is responsible for the timely identification of problems connected with drug use by soldiers in active service, and for the quality professional training of members of the command corps, members of staff in the military education system, and all other members of staff at the ministry in relation to the issue of drug use.

#### ■ Ministry of Foreign Affairs

This ministry coordinates the fulfilment of tasks stemming from international treaties binding on the Czech Republic, and from membership of the UN; particularly at issue here are the International Narcotics Control Board (INCB), the UN Commission on Narcotic Drugs (CND), and the UN General Assembly. It also coordinates the fulfilment of obligations of a legislative or non-legislative nature stemming from the Czech Republic's membership of the EU.

#### ■ Ministry of Finance

This ministry releases funds from the national budget which are purposefully tied to drug policy programmes at central and local level. The ministry is held generally responsible for the appointment of rules for the financing of the non-profit sphere out of the public purse.

#### ■ Ministry of Agriculture

This ministry provides expert cooperation to the Customs Headquarters in the registration of the legal production of poppies and hemp, i.e. agricultural crops containing OPL.

### **7/3 Police Force of the Czech Republic**

The police force is responsible for the implementation of specific measures for combating the supply of illegal drugs, for inspections of the observance of legal regulations regulating the sale of legal drugs (alcohol and tobacco), for the protection of public order and safety, and for combating crime committed in connection with the use of all types of drugs at all levels.

In particular, the police force suppresses the supply of drugs by uncovering and

combating organized drug-related crime and street drug-related crime, and by inspecting and enforcing observance of legislation in force. The police force is responsible for detecting unlawful conduct among drivers suspected of consuming legal and illegal drugs before or during a journey.

It supports programmes for the prevention of crime at local level, especially in the non-specific prevention of drug use and criminality related to the distribution and use of drugs.

#### **7/4 Customs Administration**

In terms of suppressing the unlawful supply of drugs, customs authorities carry out activities focusing on the identification of illegal consignments of drugs from/to other countries; in this respect, they conduct checks of goods at airports (functioning as a border with non-EU states), and inspections in the scope of inland customs offices and irregular

checks throughout the Czech Republic. Customs authorities have similar powers to the police force in the uncovering of drug-related crime, with the exception of investigations.

Customs authorities are also responsible for the inspection and registration of the legal production of poppies and hemp, i.e. agricultural crops containing OPL.

### **7/5 Regions and municipalities**

These are key partners of central institutions in the preparation and implementation of the national drug policy, and in the introduction of the drug policy at the relevant levels of public administration. They implement drug policy measures and interventions in accordance with the main objectives, principles, and procedures recommended by the National Strategy, while taking into consideration local conditions and requirements.

Regions and certain municipalities also run their own anti-drug strategies and

plans to varying degrees, and they are active in their own drug policy. The heterogeneity of their approaches is manifested in a whole number of aspects; however, they are continuing to work towards greater harmonization and towards implementing tried and tested practices and experiences from other regions.

In accordance with Act No 167/1998 Coll., regions are responsible for inspections of health facilities, including pharmacies.

## **7/6 Specialist societies and nongovernmental organizations**

Key specialist partners of public administration institutions for issues of drug policy at all levels are specialist societies and nongovernmental organizations. The two most significant organizations in the Czech Republic are the Addiction-Related Disease Society of the J. E. Purkyně Czech medical Society and A.N.O. – Association of Independent Organizations specializing in the prevention and treatment of drug addiction.

These organizations, in cooperation with public administration authorities, contribute in particular to the planning

and implementation of measures and activities of drug policy, to evaluations of these measures and activities, and to an increase in the quality and efficiency of their services, which are funded out of the public purse. They also operate individual services for the prevention, treatment, resocialization, and reduction in risks connected with drug use; these services form a comprehensive system offering assistance and services to various target groups endangered by the use of all types of drugs. The Government guarantees state and independent service providers an equal approach and partnership in the preparation and implementation of drug policy measures.

## ANNEX

### **Coordination by members of the Government regarding the production of action plans for the implementation of the National Strategy in the competence of the departments they manage**

The action plans develop the strategy and are instruments for the implementation of the strategy in individual defined areas of the Government's drug policy. The main and specific objectives, resources, responsibilities and individual activities stemming from the SWOT analysis of the current situation in individual areas of the drug policy are defined in detail in the set timeframe, based on the structure laid down in the strategy.

The relevant ministers into whose competence the given area of drug policy falls are responsible for the preparation of draft action plans. Members of staff of other central state administration authorities contributing directly to the realization of activities in a given area will also help draw up the plans.

The Executive Vice-Chairman of the NDC is responsible for the production of a summary action plan for the implementation of the National Drug Policy Strategy 2005–2009 based on documentation prepared by the materially competent ministers in all areas. The coordination of members of the Government for the production of action plans for the implementation of the National Strategy and entities which contribute to the production of sub-plans are specified in the table below:

<b>Coordinator</b>	<b>Area of drug policy</b>	<b>Cooperating entities</b>
<b>Minister of Education, Youth, and Sport</b>	primary prevention	Ministry of Defence, Ministry of Labour and Social Affairs, Ministry of Health, Secretariat of the Government Council for Drug Policy Coordination, Ministry of the Interior
<b>Minister of Health</b>	treatment and resocialization	Ministry of Labour and Social Affairs, Ministry of Justice, Ministry of Education, Youth, and Sport, Secretariat of the Government Council for Drug Policy Coordination
<b>Minister of Health</b>	harm reduction	Ministry of Labour and Social Affairs, Ministry of Justice, Secretariat of the Government Council for Drug Policy Coordination
<b>Interior Minister and Finance Minister</b>	suppressing the supply of drugs	Ministry of Justice, Secretariat of the Government Council for Drug Policy Coordination
<b>Minister of Health</b>	use of legal drugs	Ministry of the Interior, Ministry of Justice, Secretariat of the Government Council for Drug Policy Coordination
<b>Executive Vice-Chairman of the funding National Drug Commission</b>	funding	Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Education, Youth, and Sport, Ministry of Finance
<b>Executive Vice-Chairman of the coordination National Drug Commission</b>	coordination	Ministry of the Interior, Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Education, Youth, and Sport, Ministry of Foreign Affairs, Ministry of Justice, Ministry of Defence
<b>Executive Vice-Chairman of the public relations National Drug Commission</b>	public relations	Ministry of the Interior, Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Education, Youth, and Sport, Ministry of Foreign Affairs, Ministry of Justice, Ministry of Defence
<b>Minister of Foreign Affairs</b>	international cooperation	Ministry of the Interior, Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Education, Youth, and Sport, Ministry of Justice, Ministry of Defence, secretariat of the Government Council for Drug Policy Coordination



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