



DRUG SITUATION IN THE CZECH REPUBLIC IN 2014

This issue of the Zaostřeno ("Focused") bulletin provides a summary of major findings and trends concerning substance use which were published in the Annual Report on 2014 drug situation in the Czech Republic. It outlines the current situation and latest developments in the field of drug policy, describes the results of studies focusing on the extent and patterns of drug use, discusses the situation and changes in the areas of prevention, treatment, and harm reduction, and reports on the developments in drug-related crime and current trends on drug markets.

Contents

National Drug Policy and Its Context
Drug Use and Its Consequences
Prevention, Treatment, and Harm Reduction
Drug-related Crime
Drug Market



foto: pixabay.com

National Drug Policy and Its Context

Drug Policy

> The development and fulfilment of the national drug policy is the responsibility of the Government of the Czech Republic. Its advisory and coordination body in this respect is the Government Council for Drug Policy Coordination (GCDPC). The year 2014 was the fifth year of the effect of the National Drug Policy Strategy for the Period 2010-2018 and the second year of the effect of its second action plan covering the period 2013-2015. The priorities set out in the 2013-2015 Action Plan were to reduce excessive alcohol consumption and heavy cannabis use among young people, address the high level of problem use of methamphetamine (known locally as "pervitin") and opiates/opioids, improve the effectiveness of drug policy funding, and pursue an integrated drug policy.

Regional drug policies are generally based on their respective drug policy specific strategic documents. Only in three regions (Central Bohemia, Pilsen, and Ústí nad Labem) the drug policy is incorporated into a broader strategy covering the areas of

social policy or crime prevention in general. Also some municipalities use separate strategies to define their drug policies.

The office of a regional drug coordinator has been established in all regions, with the exception of Moravia-Silesia. In 2014, as in the previous two years, seven regional drug coordinators held their office on a full-time basis. Drug policy-specific regional commissions have been established in nine (out of 14) regions. In two regions the drug policy is dealt with by advisory commissions with a broader range of focus, while the remaining three have engaged dedicated working groups. At the municipal level, the coordination of the drug policy is provided through local drug coordinators. In 2014, the office of the local drug coordinator had been established in all 22 Prague city districts and in 184 municipalities with extended competencies out of the total of 205 (in 12 municipalities they are not referred to as local drug coordinators but contact persons for drug-related issues).

Main Trends and Events in 2014

- > A revision of the National Drug Policy Strategy for the Period 2010-2018, extended to include the areas of gambling and alcohol, was approved in December 2014. The new Czech drug policy is thus defined as integrated, i.e. incorporating the issues of alcohol, tobacco, illicit drugs, and gambling.
- > In 2014, the preparation of a new law on the protection of health against addictive substances continued, which should replace the existing Act No. 379/2005 Coll. from 1 January 2016, on measures for protection from harm caused by tobacco products, alcohol, and other addictive substances.
- > Since 1 January 2014 the lists of narcotic and psychotropic substances and the so called initial substances and adjuvants have been newly included in by-laws, specifically government regulations No. 463/2013 Coll. and No. 458/2013 Coll. This measure should make the lists more flexible in case newly emerged psychoactive substances are needed to be controlled.
- > In early March 2015, the National Drug Treatment Register was launched integrating the Treatment Demand Register of the Public Health Service and the National Register of Users of Medically Indicated Substitution Substances. The new register now allows the reporting of individuals with alcohol and tobacco as their primary drugs as well as reporting of pathological gamblers.
- > The use of both licit and illicit drugs in the general population in the Czech Republic has remained stable. The use of alcohol, tobacco, and cannabis shows relatively high levels; this also applies to heavy or high-risk forms of use. The estimated number of problem (high-risk) methamphetamine ("pervitin") users again recorded a slight increase in 2014. Injecting users still account for a high proportion of all users of methamphetamine and opioids (heroin and buprenorphine).
- > The situation concerning the health consequences of drug use (the incidence of infections, such as HIV/AIDS and viral hepatitis, and fatal overdoses) has remained relatively favourable.
- > There is rather good availability of low-threshold harm reduction programmes in the Czech Republic. The availability of other types of specialised addiction treatment services is unevenly distributed. Services have reduced their opening hours and staff. The financial affordability of opiate substitution treatment is very low (the majority of the patients need to cover the costs from their own resources); the number of patients in substitution treatment has remained largely unchanged in the past three years.

2014 in Figures

23.5% of individuals aged 15+ smoke cigarettes on a daily basis.

12.5% of individuals aged 15+ drink alcohol daily or almost daily.

7.2% of the population aged 15+ years fall into the at-risk alcohol consumption category.

11.4% of individuals aged 15–64 had used cannabis in the last 12 months.

16% of ninth-graders, 15-year-olds, are regular smokers and almost **20%** of them are regular drinkers.

24% of 15-year-olds have experience with cannabis.

47,700 people are estimated to be problem (high-risk) users of methamphetamine and opiates/opioids.

45,600 problem users inject drugs.

40,300 drug users and addicts maintained contact with low-threshold programmes, **36,400** were in contact with outpatient psychiatric programmes, **16,500** were admitted to inpatient psychiatric facilities for addiction treatment, **11,300** underwent detoxification, **23,900** received services provided by sobering-up stations, and **2,400** drug users were registered in substitution treatment.

9 individuals are believed to have contracted HIV as a result of injecting drug use.

48 people died of drug overdoses – **14** fatal overdoses were on opiates/opioids, **10** on stimulants other than cocaine (mostly methamphetamine), **13** on inhalants, and **11** on unspecified substances.

322 people died as a result of overdoses on alcohol (ethanol).

271 facilities provide addiction services in the Czech Republic.

6.6 million needles and syringes were distributed through needle exchange programmes.

CZK 1,253.8 million (€ 45,536.0 thousand) were public expenditures specifically labelled in central and local government budgets for drug policy.

3,925 individuals were arrested for drug law offences.

12.3% of the total of **126,200** criminal offences that were cleared up had been committed under the influence of alcohol and **3.4%** under the influence of other drugs.

Legislation

The year 2014 brought several legislative changes. An amendment to Act No. 167/1998 Coll., on addictive substances, came into effect on 1 January 2014 and a new and separate law, Act No. 272/2013 Sb., on drug precursors, is also in operation. The lists of narcotic and psychotropic substances and so called initial substances and adjuvants are newly included in by-laws, specifically government regulations No. 463/2013 Coll. and No. 458/2013 Coll.

While Regulation No. 463/2013 Coll., on the lists of addictive substances, was being adopted, two additional substances, namely 5-(2-Aminopropyl)indole, abbreviated as 5-IT, which belongs to the group of arylalkylamines, and the phenethylamine 4-methylamphetamine, known as 4-MA, were added to the list. In 2014, preparations were made to further extend both the list of narcotic and psychotropic substances and the list of initial substances and adjuvants to include more items.



19 new synthetic substances, mainly cathinones, cannabinoids and phenethylamines, were added to the list of narcotic and psychotropic substances. The list of initial substances and adjuvants was extended to include chloroephedrine and chloropseudoephedrine, which are used to produce methamphetamine. On 14 September 2015 both amendments were approved by the Government with effect from 1 October 2015.

In relation to the annulment of a substantial part of Government Regulation No. 467/2009 Coll., specifying for the purposes of the Penal Code the quantities of drugs that are greater than small, the Supreme Court in March 2014 adopted a unifying opinion on the interpretation of the term "greater than small" for narcotic and psychotropic substances. The cut-off values

were taken from the quashed government regulation; the threshold quantities were only lowered for marijuana and methamphetamine.

In 2014, the preparation of a new act on the protection of health against the harmful effects of addictive substances, which by 1 January 2016 should replace the existing Act No. 379/2005 Coll., on measures for protection from harm caused by tobacco products, alcohol, and other addictive

Revision of the 2010-2018 National Strategy

A revised version of the National Drug Policy Strategy for the Period 2010-2018 was approved in December 2014 extending the original strategy to include the domains of gambling and alcohol. The revised strategy seeks to reduce the level of experimental and occasional substance use, especially among young people, to reduce the level of gambling among children and young people, to reduce the level of high-risk and intensive use of addictive substances and problem gambling, to reduce the potential harm associated with substance use and problem gambling on both the individual and society level, to reduce the availability of addictive substances, especially among young people, and to enhance the statutory regulation of gambling.

With regard to alcohol, it strives to raise awareness about the extent and nature of the health, social, and economic problems caused by the harmful use of alcohol, to ensure the availability of effective preventive measures, to improve access to effective treatment interventions aiming at alcohol-related harm reduction and prevention, to reduce the negative impact of alcohol use on physical and mental health, public order and safety, including traffic accidents and work performance, to prevent and reduce harmful drinking among high-risk communities and groups (including the homeless, the elderly and pregnant women), and to restrict the availability of alcoholic beverages, especially for children and adolescents, as well as establish favourable environmental factors.

With regard to gambling, it seeks to increase knowledge about the nature and risks of gambling in general population, to correct gamblers' misconceptions and false beliefs, to promote the principles of "responsible gambling", to ensure the availability of effective preventive measures, to reduce the level of problem gambling and the associated economic, social, and health consequences, to improve access to effective treatment interventions aimed at reducing and preventing harm caused by problem gambling, to reduce the negative impact of problem gambling on both physical and mental health and the safety and property of individuals, communities, and society, and, last but not least, to regulate gambling and promote measures aiming at reducing the risk of the development of problem gambling and harmonising the conditions for the operation of gambling with the EU legislation.

Specific action plans for the areas of gambling, alcohol, and tobacco control were drafted and approved by the Government in 2015.

TABLE 1

Public expenditures on drug policy by government portfolios, 2008-2014 (€ thousand)

Government portfolio		2008	2009	2010	2011	2012	2013	2014
GCDPC		4,008	3,686	3,381	3,695	3,599	3,690	3,385
Ministry of Education		499	426	592	528	458	403	434
Ministry of Defence		212	162	173	122	94	15	16
Ministry of Labour and Social Affairs*	Special-regimen homes	n. a.	n. a.	n. a.	n. a.	n. a.	1,111	1,088
	Other	3,186	3,282	3,628	3,129	3,355	3,713	4,107
	Total	3,186	3,282	3,628	3,129	3,355	4,824	5,195
Ministry of Health		757	569	849	861	746	570	857
Ministry of Justice		296	409	280	165	441	367	402
Ministry of the Interior		–	–	–	–	–	179	720
General Customs Headquarters		427	120	83	79	72	96	0
Police of the Czech Republic**	National Drug Headquarters	5,527	5,542	5,709	5,328	5,028	n.a.	5,333
	Others	n. a.	n. a.	n. a.	n. a.	n. a.	n. a.	20,322
	Total	5,527	5,542	5,709	5,328	5,028	n.a.	25,655
Ministry of Foreign Affairs***		n. a.	n. a.	n. a.	n. a.	n. a.	n. a.	116
National budgets in total		14,912	14,196	14,694	13,908	13,794	10,145	36,781
Regional budgets in total		6,53	6,528	7,660	6,387	7,005	6,924	6,546
Municipal budgets in total		2,505	2,249	2,454	2,638	2,559	2,407	2,209
Grand total		23,947	22,973	24,807	22,933	23,358	19,475	45,536

Note: Ministry of Labour and Social Affairs and Ministry of the Interior – expenditure involved in subsidy proceedings concerning crime prevention and research, Ministry of Education and Ministry of Health – expenditure on subsidy proceedings and their administration, GCDPC and Ministry of Justice – expenditure on subsidy proceedings, purchasing of services, and material and investment costs, Ministry of Defence – purchasing of services and material costs, National Drug Headquarters – labour and operating costs.

* In 2013 and 2014, the drug policy labelled expenditures incurred by the Ministry of Labour and Social Affairs included subsidies provided to special-regimen homes.

** In addition to the money consumed by the National Drug Headquarters, the 2014 expenditure on the part of the police included also other costs. *** In 2014, for the first time, costs incurred in relation to international assistance and collaboration were reported.

substances, continued. On 3 June 2015 the Government submitted a bill incorporating a number of changes to the Chamber of Deputies. Major changes include the introduction of a ban on smoking and the use of electronic cigarettes inside all public facilities where food is served or the interiors of publically accessible premises, with some exceptions, such as structurally modified dedicated areas which are part of the public transport infrastructure or airports and closed psychiatric wards and other addiction treatment facilities. In addition, it introduces new responsibilities for alcohol sellers, restrictions on the sale of tobacco and alcohol, modifications to the conditions for testing people for alcohol and other substances, extended enforcement powers for governmental authorities, and, as a new element, a system of sanctions for non-compliance.

Act No. 108/2006 Coll., on social services, was amended in November 2014, as well as Act No. 111/2006 Coll., on assistance in material need, and Act No. 73/2011 Coll., on the Labour Office of the Czech Republic. In particular, the amendment established a new system for the funding of social services which has to do with the core of the system of the provision of services at the local level being shifted onto the regional authorities. Thus, the Ministry of Labour and Social Affairs will provide subsidies intended to support social services to the regions, which will proceed to distribute such funds further among providers of social services at the local and regional level. The amendment foresees fundamental changes in the funding system for social services which are to take place in 2016.

An amendment to Act No. 293/1993 Coll., on serving remand orders, and Act No. 169/1999 Coll., on serving prison



sentences, has been in operation since January 2014. It lifted the ban on the possession of printed matter and materials that describe “the use of addictive substances” which will allow to disseminate harm reduction-related information in prisons.

Drug Policy Funding

Similarly to the previous years, in 2014 the drug policy was funded from central (the national budget) and regional sources (regional and municipal budgets). The sources of data include the final accounts of the ministries, information provided by the representatives or contact persons of ministries and governmental institutions, and annual reports on the implementation of drug policies in the individual regions. In addition to public budgets, the cost of addiction services is covered by public health insurance and European funds.

In 2014 expenditure specifically earmarked for the drug policy amounted to a total of CZK 1,253.8 million (€ 45,536 thousand). This sum included CZK 1,012.7 million (€ 36,781 thousand, 80.8%) provided from the national budget and CZK 241.1 million (€ 8,755 thousand) made available from local budgets, with the regions and municipalities contributing CZK 180.2 million (€ 6,546 thousand, 14.4%) and CZK 60.8 million (€ 2,209 thousand, 4.8%) respectively. For the first time, the 2014 figures accounted for the expenditure on the part of special-regimen homes (a total of CZK 37.1 million/€ 1,088 thousand), the police (excluding the costs incurred by the National Drug Headquarters) (CZK 559.5 million/€ 20,322 thousand), and social businesses (CZK 1.2 million/€ 44 thousand), and that used to develop international partnership projects (CZK 3.2 million/€ 116 thousand). Labelled expenditures from public sources by government portfolios in 2014 are summarised in Table 1. In comparison with the previous year, the Ministry of Labour and Social Affairs, the Ministry of Health, and the National Drug Headquarters reported an increase in the expenditure pertaining to similar segments of activities. In terms of service types, a further year-on-year decline in the prevention-related expenditure was recorded, while more money was spent on harm reduction and aftercare services; see Table 2.

Health insurers' expenses incurred in relation to the treatment of substance use disorders in 2013 amounted to CZK 1,467 million/€ 50,291 thousand (it was CZK 1,597 million/€ 63,517 thousand in 2012), with CZK 977 million/€ 34,179 thousand (CZK 1,124 million/€ 44,705 thousand in 2012) spent on the treatment of alcohol use disorders (dg. F10) and CZK 490 million/€ 16,798 thousand (CZK 473 million/€ 18,813 thousand in 2012) incurred in relation to the treatment of other forms of substance use (dg. F11-F19). Alcohol/drug treatment (AT) programmes consumed a total of CZK 214 million/€ 7,336 thousand.

From 2009 to 2013, approximately CZK 310.0 million (€ 11,935 thousand) was spent on addiction treatment services in the Czech Republic from European funds, including CZK 287.2 million (€ 11,057 thousand, 92.6%) provided by the European Social Fund (ESF) and CZK 22.8 million (€ 878 thousand, 7.4%) from the European Regional Development Fund. Resources provided by European funds accounted for about 12% of the total amount of funding available for addiction treatment services in the period 2009-2013 (excluding law enforcement-specific expenditure); European funds had their greatest share in the funding of the services from 2011 to 2012 (16% on average), their smallest in 2009 (4%). ✕

TABLE 2

Comparison of public expenditures by service categories, 2010-2014 (€ thousand)

Service category	2010		2011		2012		2013		2014	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Prevention	2,463	9.9	2,234	9.7	1,938	8.3	1,756	9.0	1,453	3.2
Harm reduction	6,572	26.5	6,209	27.1	6,410	27.4	6,710	34.5	6,977	15.3
Treatment	4,304	17.4	4,155	18.1	4,460	19.1	4,563	23.4	4,285	9.4
Sobering-up stations	3,449	13.9	2,807	12.2	3,175	13.6	3,072	15.8	2,693	5.9
Aftercare	1,238	5.0	1,2	5.2	1,349	5.8	1,353	6.9	1,480	3.3
Special-regimen homes	n. a.	–	n. a.	–	n. a.	–	1,397	7.2	1,348	3.0
Coordination, research, evaluation*	749	3.0	756	3.3	537	2.3	299	1.5	1,380	3.0
Law enforcement**	5,906	23.8	5,431	23.7	5,222	22.4	119	0.6	25,802	56.7
Others, unspecified	125	0.5	140	0.6	267	1.1	206	1.1	118	0.3
Total	24,807	100.0	22,933	100.0	23,358	100.0	19,475	100.0	45,536	100.0

Note: *For the first time, in 2014 this category included expenditure pertaining to an international development assistance project on drug policy. **In 2013 the expenditure incurred by the National Drug Headquarters was not included, while in 2014 the expenditure reported by the Police of the Czech Republic also incorporated the resources consumed by the National Drug Headquarters.

Drug Use and Its Consequences

Drug Use in the General Population

> The use of both licit and illicit drugs shows relatively stable levels in the Czech Republic. Surveys conducted in recent years (the 2012 National Survey on Substance Use and a series of omnibus surveys on the prevalence of drug use among the population carried out annually from 2011 to 2014) indicate the same pattern of drug use among the general population. The most commonly used illicit drug is cannabis, which has been used at least once in lifetime by approximately one quarter of the adult population, and about one tenth of the adult population reported having used the drug within the last year; see Figure 1. Compared to the previous years, there was an increase in the age of the respondents reporting both lifetime and current cannabis use (the highest levels were

reported by the 25-29 age group), while an increase in the prevalence of cannabis use among the 15-19 age group was also recorded.

The use of other illicit drugs shows significantly lower levels. The lifetime use of ecstasy, hallucinogenic mushrooms, and methamphetamine was reported by approximately 6%, 4%, and 3% of the population, respectively. The level of use of other drugs remains below 1%. In the last 12 months, ecstasy use was reported by approximately 1.5% of the adult population, while use of other drugs was hardly recorded.

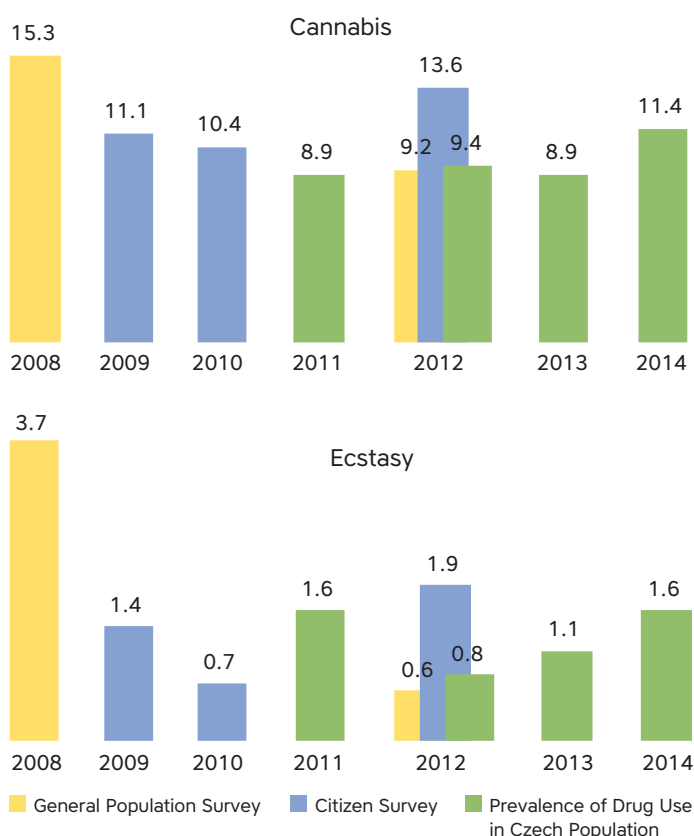
About 18.3% of the adult population had used psychoactive medicines (sedative or hypnotics or opiate-/opioid-based

medicines) without doctor's prescription or outside the doctor's recommendations in the last 12 months. Lifetime use of "new drugs" (both synthetic or herbal) was reported by 1.3% of the respondents. A total of 2.0% of the respondents reported lifetime use of anabolic steroids.

Substance use is also relatively common among Czech adolescents. In a survey of young people's health risk behaviour conducted in 2014, smoking cigarettes in the last 30 days was reported by 22% of the pupils aged 14-15 and 12% smoked on a daily basis. While girls were more likely

FIGURE 1

Last 12 months prevalence of cannabis and ecstasy use in the general population (15-64 years) – comparison of surveys conducted in 2008-2014 (%)



Substance Use in Recreational Settings

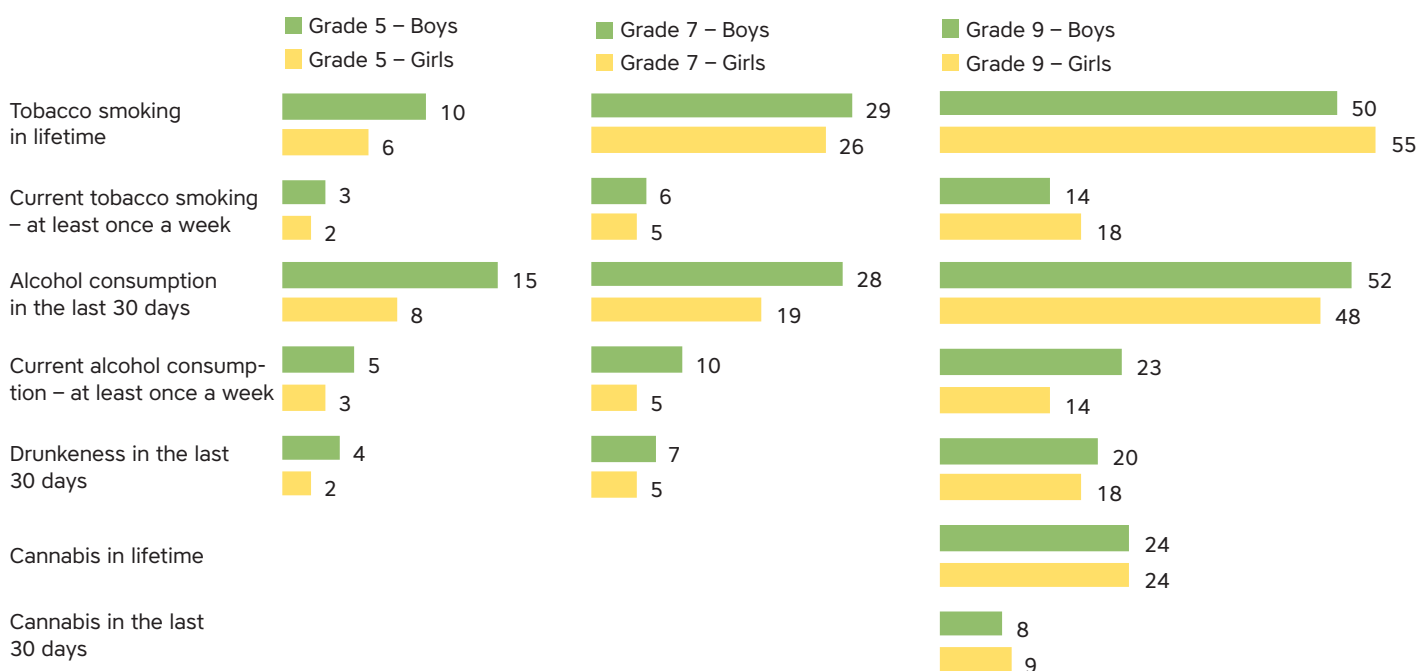
Compared to the general population, certain subgroups of young adults in nightlife settings and members of certain subcultures show higher levels of substance use, however, there are great differences in both the licit and illicit drugs preferred. Surveys conducted in dance settings (Semtex Dance 2000, Dance and Drugs 2003-2010, and a survey of the dance scene carried as part of the New Drugs project in 2014) confirmed that after alcohol and tobacco, cannabis and ecstasy were the most common substances used in the nightlife/recreational setting in all the years under study.

Cannabis use in the last 12 months has been reported by more than 70% of the participants of dance events, while 42% had used it in the last 30 days. 44% and 34% had used ecstasy and hallucinogens, respectively, in the last 12 months, while methamphetamine and cocaine use was reported by 23% in the last year.

From 2003 to 2014 a decline in the prevalence of the current use of cannabis, ecstasy, and hallucinogens (LSD and "magic" mushrooms) was recorded among dance party goers. On the other hand, between 2003 and 2007 the levels of methamphetamine and cocaine use increased and remained relatively stable until 2014. Higher prevalence rates of the current use of ketamine, GHB, inhalants, and heroin were identified in 2014.

FIGURE 2

Prevalence of cigarette smoking, alcohol drinking and cannabis use in the school population – the 2014 HBSC survey (%)



Substance Use among Clients of Low-threshold Facilities for Children and Young People

A national survey of the prevalence of risk behaviour among the clients of low-threshold facilities for children and young people (the low-threshold youth facilities)¹ indicated the existence of subgroups of young people who are exposed to a greater risk of substance use. The survey was aimed at identifying various forms of risk behaviour in adolescents engaged with the low-threshold youth facilities and comparing them with a sample of eighth- and ninth-graders at selected elementary schools and first- and second-year students at selected secondary schools. The final sample included 499 adolescents aged 11-19 who used the services of the low-threshold youth facilities. The control sample of elementary and secondary school students consisted of 450 respondents aged 11-17.

The study revealed that clients of the low-threshold youth

facilities aged 11-15 show higher levels of the lifetime and current use of both licit and illicit drugs than the general school population of the same age. The clients of the low-threshold youth facilities are three times more likely to engage in regular daily smoking (37.8% vs. 11.1%), and almost two times more likely to report lifetime cannabis use compared to the control group (38.5% vs. 22.5%).

In addition, they are more likely to exhibit other forms of risk behaviour such as delinquency, bullying, truancy, forging their parents' signatures, and thefts. Similar differences were observed in the older age group (16-19 years) among the clients of the low-threshold youth facilities: almost 60% of them reported smoking five or more cigarettes on a daily basis and 63.3% lifetime cannabis use.

to report daily smoking, there were more heavy smokers among boys. Five or more drinks on a single occasion three times or more in the last 30 days was reported by 10.0% of the boys and 6.5% of the girls aged 14-15.

In the 2014 HBSC survey, regular smoking (at least once a week) was reported by 2% of the 11-year-olds, 5% of the 13-year-olds, and 16% of the 15-year-olds. Regular drinking (at least once a week) was reported by a similar proportion of students as regular smoking, while almost 20% of the 15-year-olds reported drunkenness in the last 30 days. About 24% of the respondents in ninth grades (with boys and girls being represented equally) reported having used cannabis in lifetime, while 9% of the respondents reported use in the last 30 days; see Figure 2. Compared to the previous wave of the survey conducted in 2010, the levels of regular smoking, regular drinking, and lifetime cannabis use (from 31% in 2010 to 24% in 2014) declined.

Intensive and Problem Drug Use

The prevalence of both regular smoking and risky alcohol consumption among the Czech adult population has remained stable in the long term. About 31.4% of population aged 15+ (37.4% of men and 25.8% of women) are current smokers, with 23.5% (28.2% of men and 19.0% of women) smoking daily, which corresponds to more than two million individuals. Male smokers mostly smoke 15-20 cigarettes per day, while women smoke in average 5-9 cigarettes on a daily basis. Altogether, 23% of the respondents reported exposure to tobacco smoke at home, while 22% are exposed to smoking at their workplaces.

Alcohol consumption on daily or almost daily basis was reported by 12.5% of the respondents (18.9% of the men



foto: pixabay.com

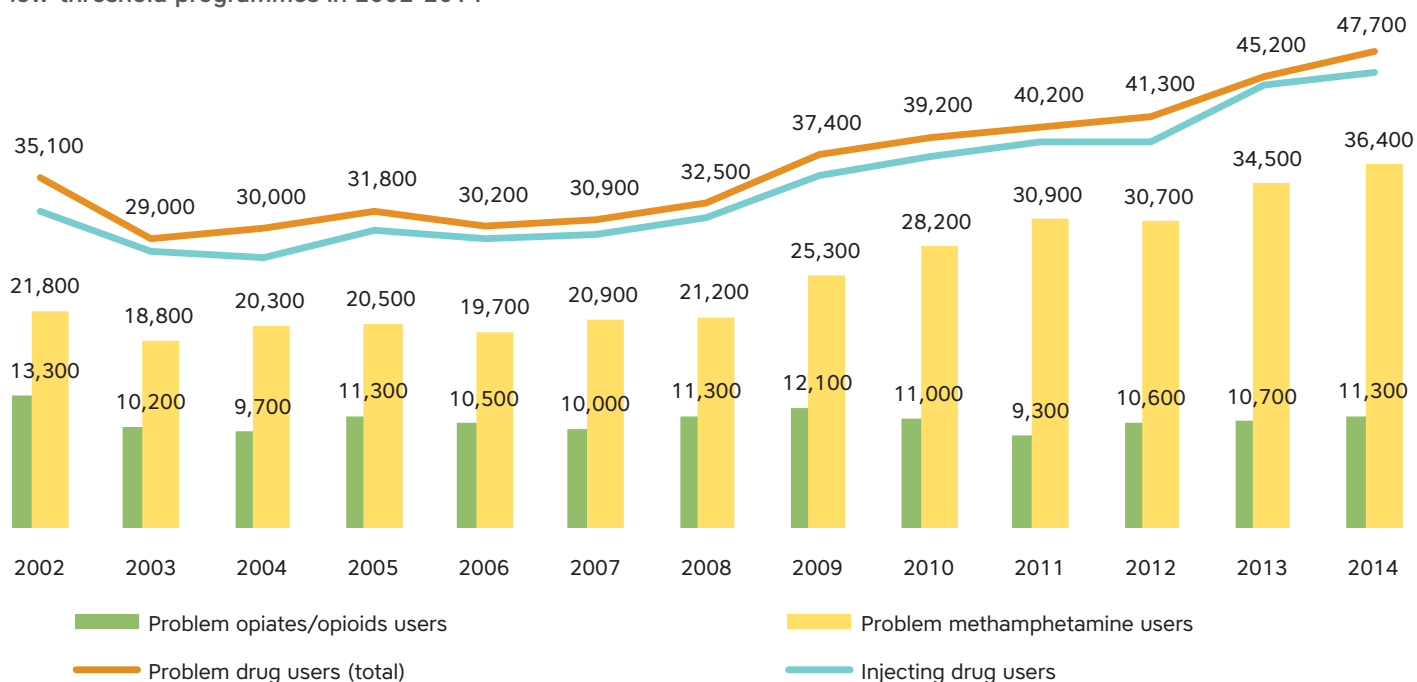
and 6.4% of the women). About 6.0% of the population aged 15+ (7.4% of the men and 4.7% of the women) fall into the harmful drinking category (consumption of 40-60 g of alcohol in men and 20-40 g in women) and another 7.2% fall into the risky drinking category (consumption of over 60 g of alcohol in men and over 40 g in women), which corresponds to approximately 540,000 and 640,000 people, respectively.

In the Czech Republic, the definition of problem (high-risk) drug use includes regular, long-term and/or injecting use of amphetamines and opiates/opioids. Of the group of amphetamines, methamphetamine (locally known as "pervitin") is the one that is used in the Czech Republic almost exclusively. The opiates/opioids used by problem drug users in the Czech Republic are mainly heroin and buprenorphine. While still rather limited, the misuse of opioid analgesics, including fentanyl patches, morphine-based Vendal® Retard, and hydromorphone-based Palladone®, by problem drug users is on the rise. There is information about good-quality heroin being made from raw opium or morphine-based products by acetylation. Although rarely, instances of codeine-based products being used to manufacture "brown" were recorded. The use of desomorphine ("krokodil") has not been detected in the Czech Republic.

¹ Low-threshold youth facilities are outpatient centres for vulnerable, unorganised children and adolescents who are at risk of negative social phenomena and social exclusion or engage in distinctive lifestyles which are not accepted by the majority of the population. The provision of recreational and educational activities, incentivisation, social work, and referral to other services are the basic means of establishing contact. Some 200 programmes of this type currently operate in the Czech Republic; for more details visit <http://www.streetwork.cz/>.

FIGURE 3

Mean values of prevalence estimates of problem drug use based on multiplication method with the use of data from low-threshold programmes in 2002-2014



The estimated number of problem users of methamphetamine and opiates/opioids increased again in 2014 with respect to all types of drugs; and the number of injecting users increased as well – see Figure 3. In 2014, the mean estimate of the number of problem users of opiates/opioids and methamphetamine reached 47,700 (0.67% of the population aged 15-64), of whom 36,400 were methamphetamine users and 11,300 opiate/opioid users (including 4,100 heroin users and 7,200 buprenorphine users). The number of injecting drug users reached 45,600. The highest prevalence per 1,000 inhabitants was recorded in Prague and the Ústí nad Labem, Karlovy Vary, Liberec, South Bohemia, and Olomouc regions. The greatest increase in the past 10 years was seen in Prague followed by Ústí nad Labem, South Bohemia, Liberec, and Vysočina regions.

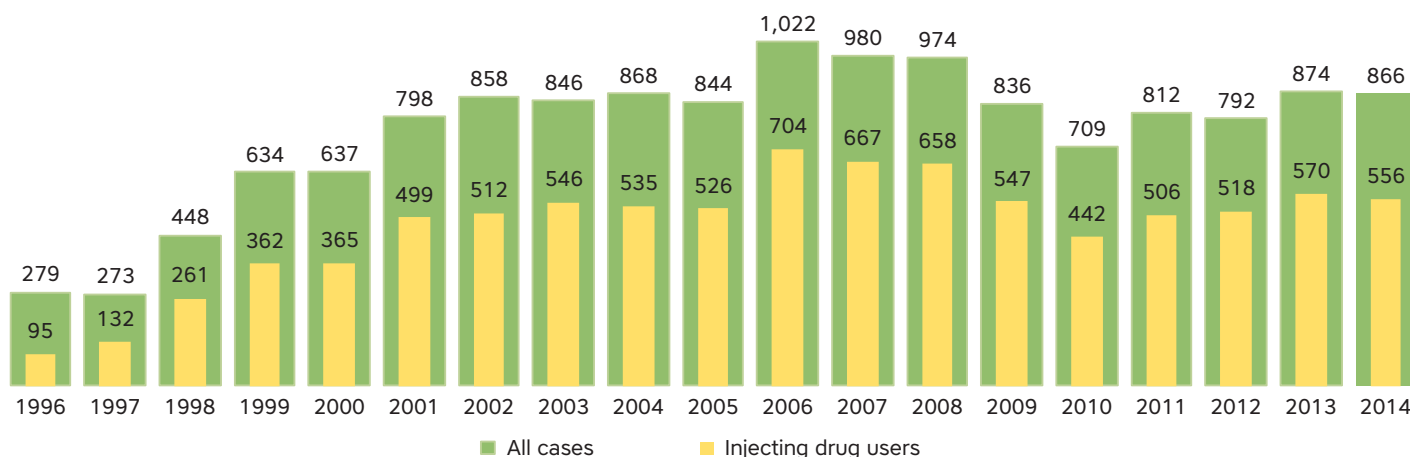
A phenomenon associated with recent years is the emergence of new synthetic drugs of the cathinone or phenethylamine group; however, the use of these drugs has remained limited.

For problem drug users, new synthetic drugs are mainly complementary to their primary drug. Both physical and mental problems (such as vein damage, skin disorders, exhaustion and fatigue, dysphoria, and psychosis) were reported in relation to the use of cathinones.

An omnibus survey among general practitioners for adults and for children and adolescents conducted in 2014 yielded an estimate of 42,000-54,000 problem users of opioids and methamphetamine (of whom ca. 4,500 were aged under 18), 160,000-200,000 problem cannabis users (with ca. 22,000-24,000 aged under 18), and 240,000-310,000 problem alcohol users (with ca. 11,000-12,000 aged under 18). Nevertheless, the information obtained from physicians is very likely to overestimate the number of opiate users and underestimate the numbers of methamphetamine users. The reason is that general practitioners can provide substitution treatment with buprenorphine-based agents, which may result in more intensive contact with general physicians. No

FIGURE 4

Reported incidence of acute and chronic HCV among all patients and injecting drug users in the Czech Republic, 1996-2014



such treatment alternative is available to methamphetamine users from general practitioners.

Health Consequences of Drug Use

The relatively favourable situation concerning the occurrence of infections among drug users continued in 2014. Nine new cases of HIV-positive people who were most likely to have contracted the infection through injecting drug use were diagnosed, with another 12 new patients diagnosed as HIV positive having a history of injecting drug use. Sexual intercourse between men predominates as a route of HIV transmission in the Czech Republic; it accounts for 72.4% of all new cases. HIV seroprevalence among injecting drug users (IDUs) in the Czech Republic remains below 1%.

The number of newly reported cases of viral hepatitis C (HCV) recorded a decline, both among all patients and among IDUs; see Figure 4. The prevalence of HCV among injecting drug users remains at the same level, ranging from ca. 15% to 50%, depending on the characteristics of the population tested. There has been a long-term increase in the average age of HCV positive injecting drug users. The number of new cases

of viral hepatitis B (HBV) among IDUs shows a declining trend in the long term, which is partly due to the routine vaccination.

In 2014, the National Register of Hospitalisations recorded 1,184 cases of admissions for drug intoxication. Despite the obvious flaws in the coding of substances by physicians, one can



foto: pixabay.com

TABLE 3

Number of admissions to acute care hospitals for drug intoxication, 2005-2014

Drug	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Heroin	24	18	31	41	19	20	17	4	13	8
Methadone	0	6	1	2	3	2	1	2	1	3
Other opiates/opioids	71	79	64	62	50	62	57	79	96	107
Cocaine	7	2	1	4	1	3	1	1	9	2
Cannabis	78	67	55	86	66	66	58	57	65	62
LSD	0	6	5	3	4	1	2	2	2	2
Methamphetamine and other stimulants	25	22	29	30	25	25	17	30	39	57
Other and unspecified drugs	116	146	136	83	94	77	79	87	98	107
Illicit drugs – Total	321	346	322	311	262	256	232	262	323	324
Alcohol	1,220	1,184	1,161	1,125	919	724	714	738	608	557
Inhalants	401	401	306	264	230	243	241	262	234	303
Total	1,942	1,931	1,789	1,700	1,411	1,223	1,187	1,262	1,165	1,184

Note: Heroin (T40.1), methadone (T40.3), other opiates/opioids (T40.0, T40.2), cocaine (T40.5), cannabis (T40.7), LSD (T40.8) methamphetamine and other stimulants (T43.6), other and unspecified drugs (T40.4, T40.6, T40.9), alcohol (T51.0, T51.9), inhalants (T52.0–T52.9)

TABLE 4

Number of fatal drug overdoses in the Czech Republic in the general mortality register by groups of drugs, 2002-2014

Year	Opiates/ opoids	of which methadone	Cannabis	Cocaine	Other stimulants (metham- phetamine)	Hallucinogens	Un- specified drugs	Illicit drugs in total	Inhalants	Illicit drugs and inhalants in total
2002	6	0	0	0	3	0	4	13	17	30
2003	12	0	0	0	2	0	4	18	14	32
2004	2	0	0	0	1	0	11	14	14	28
2005	9	0	0	1	2	0	7	19	16	35
2006	11	0	1	1	1	0	5	19	14	33
2007	6	1	1	0	2	0	10	19	15	34
2008	9	0	0	0	7	0	8	24	8	32
2009	20	1	1	0	2	0	10	33	10	43
2010	13	1	0	0	8	0	8	29	13	42
2011	12	0	0	1	3	1	5	22	5	27
2012	17	1	0	0	7	0	8	32	13	45
2013	17	1	3	0	10	0	9	39	8	47
2014	14	0	0	0	10	0	11	35	13	48

see a long-term decline in the number of admissions for drug intoxication, while the number of those for alcohol poisoning is approximately twice the number of overdoses on all narcotic and psychotropic substances combined; see Table 3.

In 2014, the general mortality register (the Deaths Information System), from which data on drug-related deaths can be extracted using the EMCDDA criteria, recorded 48 cases, of which 14 concerned opiate/opioid overdoses, 10 cases involved overdoses on stimulants other than cocaine (probably mainly methamphetamine) and 13 inhalants, with the remaining 11 cases being caused by unspecified substances. The number of cases of overdoses has been increasing in recent years. This rise may partly be due to the better discipline and quality of reporting, which is demonstrated by the increase in overdoses on stimulants (methamphetamine), which were probably grossly underreported in the past; see Table 4.

Using comparable criteria, 322 cases of fatal ethanol overdoses were identified in 2014. Methanol poisonings continued to occur in 2013 and 2014 in the aftermath of the massive wave of such poisonings which broke out in September 2012. Altogether 11 hospitalisations for methanol intoxication and seven cases of methanol-related fatalities were reported in 2014, while in 2013 there were 15 hospitalisations for methanol intoxication, with nine deaths.

While the impact of alcohol on the rate of traffic accidents shows a declining tendency, the proportion of road fatalities

in accidents caused by road users under the influence of alcohol has been increasing in recent years (to 10% in 2014). The rate of road fatalities involving drugs other than alcohol is dramatically lower (1%). The largest number of accidents involving intoxicated road users is associated with drivers of passenger cars and cyclists; the latter also show the highest rate of being under the influence in the accidents they cause.

Social Consequences of Drug Use

The social correlates of drug use include low education, unemployment, indebtedness, relationship and family problems, and housing issues, which may even lead to homelessness. The majority (almost 57%) of drug users in treatment have no stable housing and are unemployed or have only temporary jobs (almost 60%). It seems, however, that abstaining drug users in recovery are well employable with support from helping services.

Negative socioeconomic factors often occur simultaneously and may even lead to social exclusion of drug users. Drug use in ethnic, national, and other minorities, which are more at risk of social exclusion than the majority population, features some specific characteristics. In the Czech Republic, social exclusion is associated with locations where the proportion of Roma inhabitants is above average. Different socially excluded communities may have specific drug scenes of their own. After alcohol and tobacco, the drugs most commonly reported include methamphetamine, cannabis, and inhalants; in some



foto: Barbara Janíková

Indebtedness

An online questionnaire survey among addiction treatment services conducted by the National Monitoring Centre for Drugs and Addiction (the National Focal Point) in 2014 focusing on the issue of indebtedness indicated that the majority (up to 95%) of the clients of addictological services are in debt, although these people do not seem to have detailed knowledge of their debt situation. The information provided by the staff of the services suggests that problem gamblers have the biggest debts, while problem alcohol users do not tend to be in debt. Problem users of illicit drugs often do not know the size of their debts. A great number of problem drug users had their property or pay subjected to a distraint order. The services estimate that most of their clients are not able to deal with their indebtedness without professional help and many of them find themselves in a hopeless situation – their debt

situation poses a predicament which they find impossible to solve despite the use of all the resources that are available.

The levels of drug users' debts generally do not exceed CZK 250,000 (€ 9,100). Specialised debt counselling centres deal with debts amounting to an average of CZK 650,000 (€ 23,600). The major reason of indebtedness is outstanding health insurance payments and fines. Problem drug users very often fail to meet the eligibility requirements for the personal discharge scheme. If subjected to a salary attachment order, a drug user is better off working illegally or not working at all. For a significant proportion of problem drug users, indebtedness represents a barrier which prevents them from achieving social reintegration and a drug-free life.

areas heroin and buprenorphine are an issue. Pathological gambling also occurs to a higher degree in socially excluded communities. The production and sale of drugs (particularly cannabis and methamphetamine) are common in these communities. The inhabitants of socially excluded communities usually do not get into contact with drug services until they have been using for a long time, which makes it more difficult and costly to deal with the consequences. Another distinctive feature of substance use in socially excluded communities is that it occurs across generations, which may pose difficulties in engaging the family in the treatment process. In addition, dormitories providing accommodation on the basis of housing benefits received by people eligible for assistance with their

material needs which are also often used by drug users appear to be associated with the concentration of socially negative phenomena, including the manufacturing and distribution of drugs.

There is a relationship between substance use and the provision of commercial sex services, especially street prostitution. Approximately 20-25% of commercial sex workers are current or former users of illicit drugs. Former (abstaining) female drug users get involved in the sex business because of their limited opportunities on the labour market coming from their drug-using history. In addition, many of them are single mothers. ✕

Prevention, Treatment, and Harm Reduction

Prevention

> On the national level, the system of preventive activities aimed at children and adolescents is coordinated by the Ministry of Education, Youth, and Sports (the Ministry of Education). Regional school prevention coordinators operate on the regional level and prevention methodologists in pedagogical and psychological counselling centres on the municipal level. The key prevention-specific policy document for the current period, 2013-2018, is the National Strategy for the Primary Prevention of Risk Behaviour and the Methodological Recommendations on the Primary Prevention of Risk Behaviour among Children and Young People. The main objective of this strategy is to prevent or reduce risk behaviour among children and adolescents by means of an effective prevention system underpinned by comprehensive synergetic efforts on the part of all the stakeholders. On the regional level, the coordination of prevention has been facilitated in recent years by so-called "regional prevention plans".

The year 2014 saw the continuation of the process of certification of programmes involving universal, selective, and indicated prevention which is underpinned by the Standards of Professional Competency of the Providers of Programmes of School-based Primary Prevention. Since 2013, the certification process has been managed by the National Institute for Education. By the end of August 2015, certifica-

tion had been awarded to 83 programmes from all regions of the Czech Republic, specifically 49 universal prevention programmes, 25 selective prevention programmes, and nine indicated prevention programmes. The granting of certification (or at least applying for it) is now a precondition for participation in certain subsidy proceedings.

The testing of students for addictive substances remains a subject of debate. In 2014, preliminary guidelines and recommendations for educational institutions which decided to proceed with testing in accordance with the applicable legislation were drafted. The main issues they cover include the requirements for informed consent by the testee's statutory representative, testing to be carried out by trained staff, and in special rooms designated for this purpose, and the testee to be instructed about the nature of the testing and the testing procedures to be applied, including the steps to be taken when the test comes out positive/negative.

In January 2014, the Government discussed a document entitled Health 2020 – National Strategy to Protect and Promote Health and Prevent Diseases, falling within the remit of the Ministry of Health. In August 2015, it proceeded to adopt 13 action plans based on this strategy, including the Action Plan to Reduce Health Risk Behaviour, which is further broken down into three action plans: the Action Plan on

Addiction Treatment Facility Survey 2014

According to the 2014 Addiction Treatment Facility Survey, there were 271 facilities providing addiction treatment services in the Czech Republic. Almost 40% of the facilities identified themselves in the survey as "addictological" (addiction-specific), 34% as social, and 17% as psychiatric health services. In most cases, they were facilities with the formal status of social (58.3%) or health (35.8%) services.

The greatest proportion of the facilities work with users of illicit drugs (88.6%), alcohol (63.5%), and psychoactive medicines (58.3%), and to pathological gamblers (50.9%). Addictological facilities provide mainly outpatient treatment and counselling (134 centres, i.e. 49.4%) and low-threshold services and counselling (128 centres, 47.2%). Residential care is provided by 58 facilities (21.4%), including

31 healthcare facilities. The provision of aftercare was reported by 93 facilities. Aftercare combined with sheltered or social housing, excluding psychiatric inpatient establishments and therapeutic communities, was declared by only 23 facilities with 254 beds. More than half of the facilities (51.3%) maintained waiting lists for clients demanding treatment, and among them by 78% of the residential services. More than half of the facilities have been awarded certification of professional competency by the Government Council for Drug Policy Coordination (GCDPC). Approximately the same proportion of the facilities has been formally registered with the Ministry of Labour and Social Affairs as social services. Addiction treatment facilities had a total of 2,184 staff members, with predominating health professionals, social workers, addictologists, and psychologists.

Development an Interdisciplinary Interdepartmental Framework for the Prevention of Risk Behaviour among the Most Vulnerable Groups of Children in the Czech Republic, the Action Plan on Reduction of Alcohol-related Harm in the Czech Republic for the period 2015-2018, and the Tobacco Control Action Plan for the Period 2015-2018.

In May 2015, the Government approved a bill on the protection of health against addictive substances, which should replace the existing Act No. 379/2005, Coll. and reinforce certain measures aimed at preventing substance use among persons under 18 years of age.

Various preventive and information campaigns take place. These are particularly aimed at preventing and reducing smoking, preventing driving under the influence, and preventing alcohol use among minors. Campaigns focused on illegal drugs and their consequences, such as those intended to minimise infectious diseases, seem to be more common.

Treatment and Social Reintegration

An overview of the network of outpatient and inpatient drug services and their capacity and uptake in 2014 is provided in Table 5 and Table 6.

TABLE 5
Network of outpatient addiction treatment services in 2014

Type of programme		Number of programmes	Capacity (slots)	Number of clients	Characteristics
Low-threshold drop-in centres*		54	–	17,578	low-threshold harm reduction services primarily for illicit drug users or problem (injecting) drug users
Sobering-up stations		17 (18)**	161	23,903	short-term detention (in hours) until sobering up, designed especially for persons intoxicated with alcohol or, to a lesser extent, with other drugs
Outpatient treatment	outpatient healthcare facilities – psychiatric care	50 (500)***	–	36,379	outpatient addiction treatment (or psychiatric) facility, whose target group mainly consists of the users of alcohol and illicit drugs
	outpatient (non-healthcare) programmes****	13	–	1,940	outpatient addictological (social) services, whose target group mainly consists of the users of illicit drugs
Substitution treatment	Substitution Treatment Register	64	–	2,314	substitution treatment in the form of outpatient health services in various specialist fields, whose target group primarily consists of the users of opiates/opioids, or in combination with other substances (polydrug users)
	annual reports from psychiatrists and general practitioners*	274	–	2,485	
Treatment in prisons	substitution treatment	7	–	50	outpatient addiction treatment services provided primarily to illicit drug users while on remand or serving a prison sentence
	voluntary treatment	8	287	504	
	compulsory (court-ordered) treatment**	5	129	188	
	drug-free zones***	34	1,889	3,528	
	NGO programmes****	26 (17)	–	8,073	
Crisis centres*		1	–	73	programmes providing crisis intervention
Psychotherapeutic day care centres*		8	363	343	day care programmes (day care centres), primarily for illicit drug users
Special aftercare programmes		11	99	680	addiction treatment programmes targeted at support and rehabilitation of clients after treatment, intended primarily for illicit drug users
Tobacco addiction treatment centres		40	–	n. a.	outpatient tobacco addiction treatment provided primarily within inpatient facilities in the fields of pulmonology or internal medicine

Note: * Excluding outreach programmes. ** One sobering-up station failed to submit a report on its activities *** Estimated on the basis of previous years, as the 2014 data is not available: the number of outpatient facilities that can be considered specialised in addictology (the number of all outpatient facilities that reported at least one addiction patient in 2013). **** Outpatient programmes subsidised by the GCDPC that are not accredited as healthcare facilities. * The figures apply to 2013; the data for 2014 is not available. ** Five wings in four prisons *** Of which 31 are without and 3 with a therapeutic regimen; in total 3,323 individuals are placed in standard drug-free zones and 205 in drug-free zones with therapeutic regimens. **** Number of prisons working with NGOs (number of prisons maintaining intensive cooperation with NGOs)

TABLE 6

The network of inpatient (residential) addiction treatment facilities in 2014

Type of facility		Number of programmes	Capacity (beds)	Number of clients	Characteristics
Detoxification	inpatient healthcare facilities	16 (49*)	183	11,283	health services targeted at minimalization of withdrawal symptoms at the beginning of treatment
	prisons	5	n. a.	154	
Psychiatric inpatient care	psychiatric hospitals for adults	18	8,582	11,911	abstinence-oriented healthcare specific addiction treatment in psychiatric inpatient facilities using pharmacological and psychotherapeutic approaches designed for all addictive disorders
	psychiatric hospitals for children	3	250	17	
	psychiatric wards in hospitals	30	1,274	4,374	
	other inpatient facilities with a psychiatric ward	2	66	86	
Therapeutic communities		16	277**	401	residential care on the principle of therapeutic communities, whose target group mainly consists of illicit drug users
Special education facilities		6	84	200	specialised wards for children at risk of drug addiction in residential special education facilities
Sheltered housing		10***	120		accommodation for clients in an aftercare programme, whose target group mainly consists of illicit drug users

Note: * detoxification in non-dedicated beds, ** estimated at 277, as the 10 programmes supported within the GCDPC subsidy proceedings have a capacity of 173 slots, *** programmes supported within the CGDPC subsidy proceedings in 2014

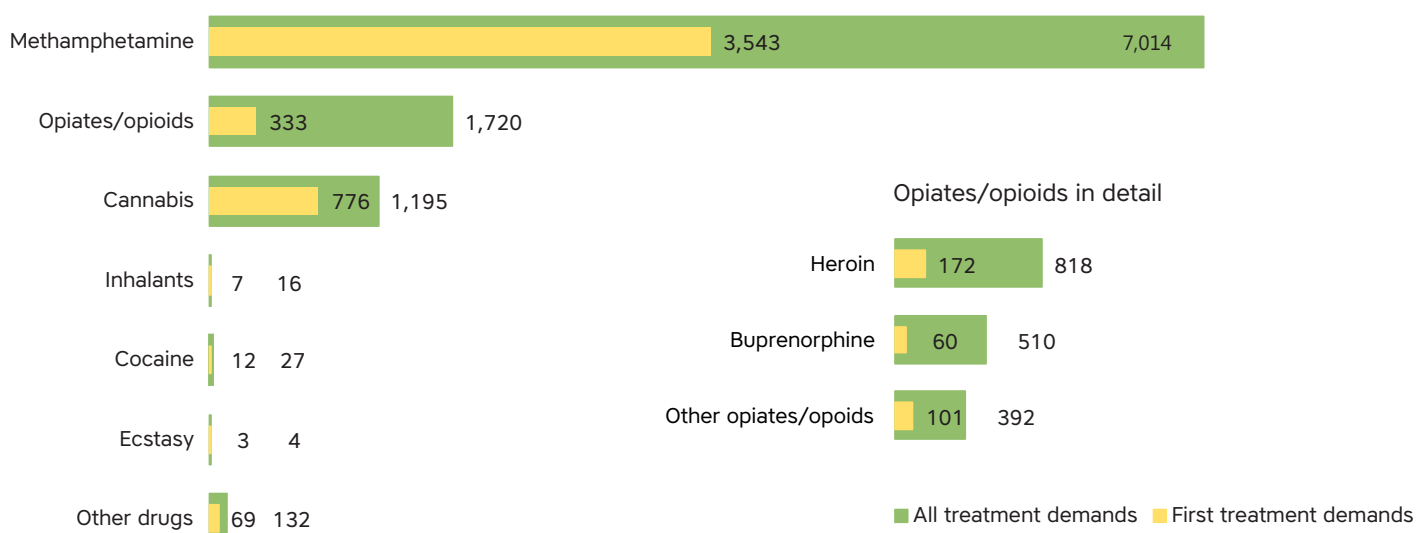
Women account for approximately one third of the clients in treatment. Their proportion varies in different programmes, from 22% in low-threshold drop-in centres to 47% in day care centres. Clients in different programmes generally differ in terms of drugs used. The majority of clients of low-threshold centres consists of methamphetamine and opiate/opioid users. While in psychiatric outpatient and inpatient facilities, treatment of alcohol-related disorders predominates, however, the percentage of users of methamphetamine and opiates/opioids, polydrug users, or individuals experiencing problems with sedatives and hypnotics is also high.

While the local availability of harm reduction services is good in Moravia (with the exception of the Greater Brno and Karviná districts, there is a drop-in centre or an outreach programme



Substitution Treatment

The number of people in substitution treatment with opioid agonists has remained stable in the past three years. In 2014, approximately 4,000 persons were in substitution treatment, the majority of them (some 3,300 persons) were maintained on buprenorphine-based agents. The use of Suboxone®, a safer, dual-action medication, has been on the rise in recent years (in 2014 it accounted for ca. 40% of all the buprenorphine used). The coverage of substitution medicines by health insurance remains an issue. Full reimbursement only applies to Suboxone®, but the eligibility requirements are so restrictive that hardly any coverage is provided; as of August 2015 four facilities were known to provide treatment with reimbursed medication to approximately 75 patients. While the total cost of substitution buprenorphine purchased in the Czech Republic amounts to some CZK 60 million (€ 2,310 thousand) annually, the General Health Insurance Company (VZP) stated that it had spent CZK 2.1 million (€ 80,850 thousand) to cover the medication for almost 160 patients. For the majority of patients, however, the only choice is to buy the substitution drug at full price, which means spending thousands of Czech crowns monthly from their personal resources. This leads to patients obtaining prescriptions for a greater quantity of medicines (a practice known as “doctor shopping”), part of which they proceed to sell at higher prices on the black market as a way of financing doses for themselves. The black market thus co-funds treatment provided within the system of public healthcare.

FIGURE 5**Structure of treatment demands by primary drug in 2014**

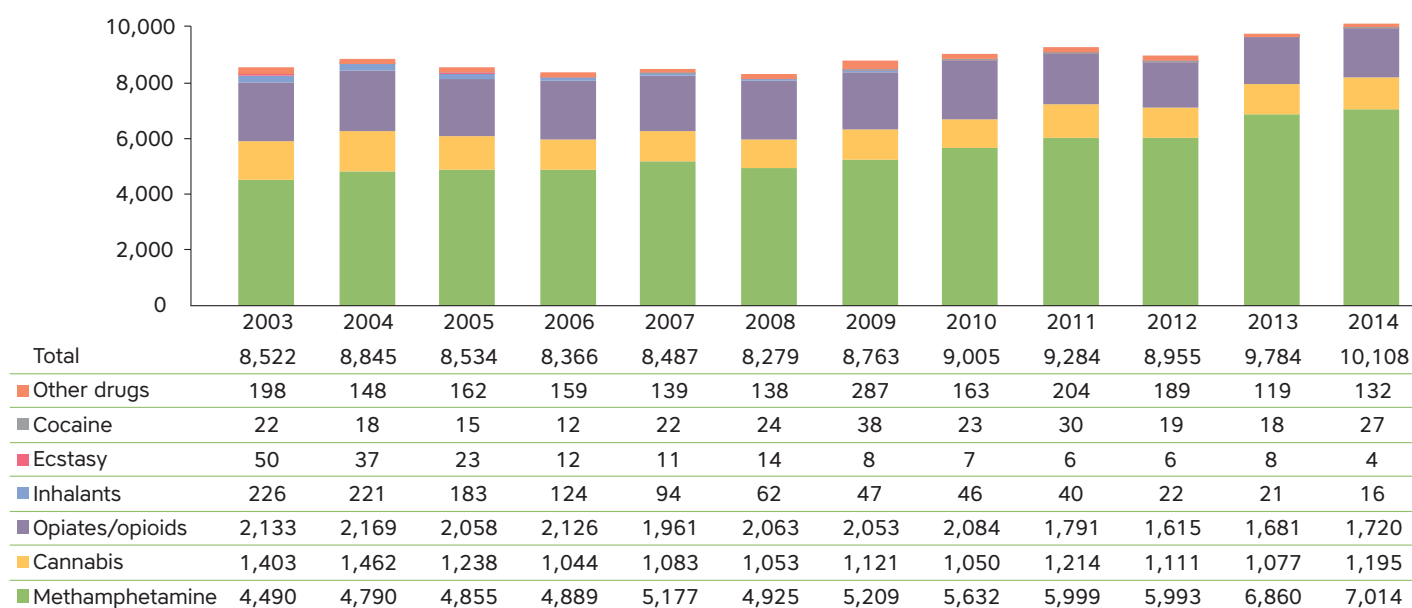
in each district), the distribution of these services in Bohemia is rather uneven (this applies to the Pilsen, Central Bohemia, Liberec, Hradec Králové, Pardubice, and Vysočina regions). The coverage by outpatient treatment programmes is quite uneven. In general, operating hours and staffing seem to be the major availability issues. Because of financial constraints, selected activities are being reduced, opening hours shortened, and the time available for contact with the client is limited. The lack of funding is probably the reason for relatively small number of psychotherapists, psychiatrists, and other practitioners willing to work with the population of substance users.

The Treatment Demand Register administered by the Public Health Service collects information about people demanding treatment in relation to the primary drug used (other than alcohol and tobacco). Altogether, 10,108 people demanded treatment in 2014, of whom 4,743 entered drug treatment for the first time in their life ("first treatment demands"). In terms of the most common drugs used, methamphetamine (locally

known as "pervitin") was reported as primary drug by 7,014 persons (69.4%), followed by opiates/opioids (1,720; 17.0%) and cannabinoids (1,195; 11.8%) – see Figure 5. In the first treatment demands, the ranking according to the primary drug is different: the largest numbers were reported for methamphetamine, followed by cannabis and opiates/opioids. The average age of people of both genders demanding treatment has been rising in the long term. In 2014 it was 28.9 years (29.8 for men and 27.0 for women) among all treatment demands and 27.1 years (27.9 for men and 25.5 for women) among first treatment demands.

There has been a sustained increase in the number of users of methamphetamine as the primary drug, while the number of users of opiates/opioids, particularly heroin, has decreased. A slight increase in the number of buprenorphine users in treatment has been recorded; see Figure 6.

Aftercare services are particularly concerned with the social reintegration of drug users and support for them after

FIGURE 6**Number of all treatment demands in the Treatment Demand Register by primary drug, 2003-2014**



National Drug Treatment Register

As part of the reform of the Czech National Health Information System as a whole, the National Drug Treatment Register (NRLUD), integrating the Treatment Demand Register of the Public Health Service and the National Register of Users of Medically Indicated Substitution Substances, was launched in early March 2015. Both previous information systems ceased to exist after their data was uploaded into the new register.

The NRLUD has a legislative grounding in Act No. 372/2011 Coll. on health services. Unlike the Treatment Demand Register, it also makes allows to report individuals with alcohol and tobacco as their primary drugs and pathological gamblers. The primary diagnosis (problem) for which a patient enters treatment is thus addiction-specific and the treatment (intervention) is directly aimed at recovery. The purpose is to report the commencement of treatment, but the system also allows for its completion to be recorded.

The register collects clients'/patients' general sociodemographic data, information about addictive substances being used, risk behaviours, drug-related health and social consequences, and other relevant data. The data on patients/clients will be entered using individual electronic forms or data sets exported from the existing systems. This will ensure a high standard of data management, data security, and user support, and the further development of the register.

treatment. They include outpatient aftercare programmes, which may be extended to offer other support services, in particular sheltered housing and protected employment (sheltered workshops and protected and supported employment).

The Register of Social Services includes 35 aftercare programmes for drug users. The 2014 Addiction Treatment Facility Survey identified 23 specialised aftercare programmes for individuals with addiction issues.

Harm Reduction

Drug-related harm reduction is one of the key areas of the Czech drug policy. Low-threshold drop-in centres and outreach programmes across the Czech Republic form the basis of the network of services in this area. In 2014, there were a total of 105 low-threshold programmes, including 54 drop-in centres and 51 outreach programmes, in operation in the Czech Republic.

Altogether 40,300 drug users were in contact with low-threshold programmes in 2014. They were mostly users of methamphetamine (26,500; 66%), opiates/opioids (7,500; 19%), and cannabis (2,500, 6%); see Table 7. A growing number of problem methamphetamine users among clients has been observed, while the number of buprenorphine users dropped in the last year. Injecting drug users (IDUs) account for 75-80% of the clients in the long term. The clients' average age continues to rise. Women create one third of the clients of low-threshold programmes.

Needle and syringe exchange services were provided by all 105 low-threshold programmes in 2014. 6.6 million items of injecting equipment were supplied, which means a significant year-on-year increase. The number of programmes distribut-

TABLE 7

Drug users in contact with low-threshold programmes in the Czech Republic, 2006-2014

Indicator	2006	2007	2008	2009	2010	2011	2012	2013	2014
Methamphetamine users	12,100	14,600	14,900	16,000	17,500	19,400	19,500	23,500	26,500
Opiate/opioid users	6,900	7,300	8,300	8,900	8,100	6,800	9,200	8,400	7,500
of whom heroin users	4,000	4,100	4,600	4,950	4,200	3,300	2,800	2,700	2,900
of whom buprenorphine users	2,900	3,200	3,700	3,950	3,900	3,500	6,200	5,500	4,700
Cannabis users	2,700	2,000	1,700	2,200	1,900	3,200	3,300	1,600	2,500
Inhalant users	450	390	300	250	300	250	160	250	160
Injecting drug users	18,300	20,900	22,300	23,700	24,500	25,300	28,000	31,500	33,000
Average age (years)	25.3	26.1	26.4	27.4	27.0	28.1	28.5	29.3	30.4
Total number of drug users	25,900	27,200	28,300	30,000	32,400	35,500	34,500	38,300	40,300

ing gelatine capsules as an oral alternative to hypodermic syringes has been growing: more than 80 programmes supplied some 200,000 capsules.

In 2014, 74 low-threshold programmes offered HIV testing, 79 HCV testing, and 54 HBV testing, and 57 programmes offered testing for syphilis. Since 2008 the number of tests has been increasing.

In the Czech Republic, care for people who have been infected with HIV and have developed AIDS is provided by seven AIDS centres available at the regional level. In 2013, 39 centres specialising in the treatment of viral hepatitis were available to injecting drug users for HCV treatment, which was actually started in 536 cases (the data for 2014 are not available). In the second half of 2014, prison-based HCV treatment was provided to 325 individuals, which means a significant year-on-year increase. ✕

Drug-related Crime

> Altogether, 3,925 individuals were arrested and 3,989 prosecuted for drug law offences in 2014. They were mostly criminal offences involving the production, smuggling, and sale of methamphetamine (pervitin) and cannabis. A total of 2,929 people were indicted and 2,654 convicted; see Table 8.

The rise in drug law offences is mainly due to the growing number of criminal offences involving the production, smuggling, and sale (supply) of drugs, which account for about 80% of all the reported drug law offences. Criminal offences involving drug possession and the growing of plants

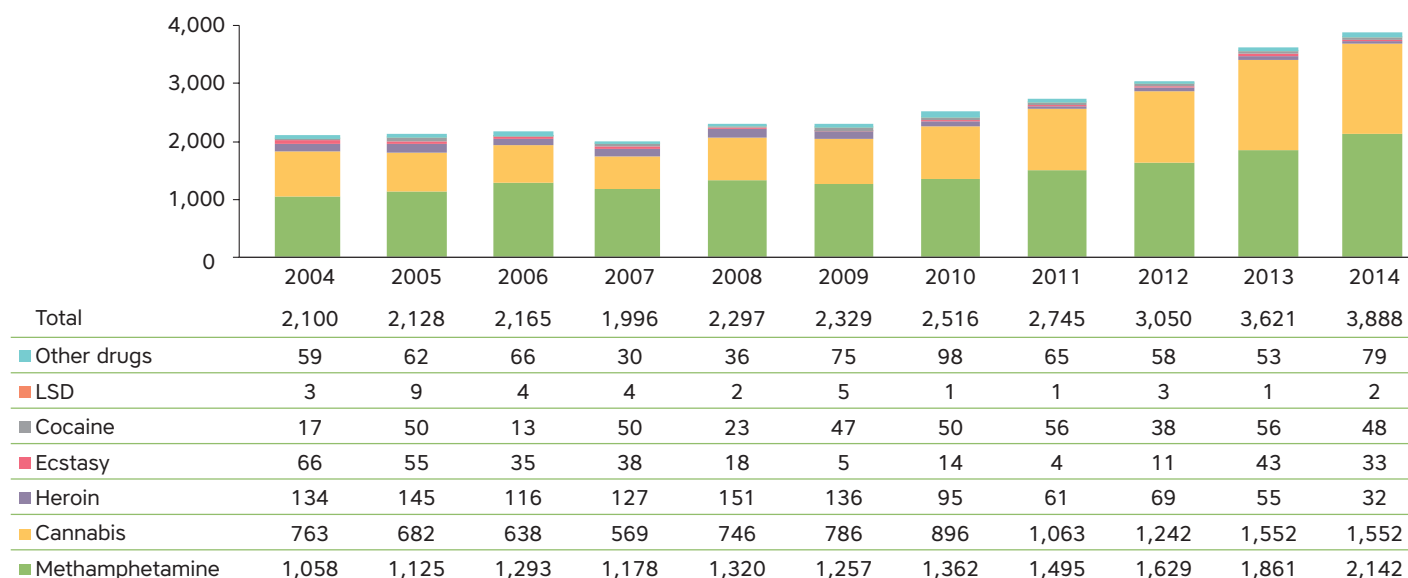
TABLE 8

Numbers of persons arrested, prosecuted, indicted, and convicted in connection with drug law offences, 2002-2014

Year	Arrested (National Drug Headquarters)	Prosecuted (Police Headquarters)	Prosecuted (Ministry of Justice)	Indicted (Ministry of Justice)	Convicted (Ministry of Justice)
2002	2,000	2,204	2,504	2,247	1,216
2003	2,357	2,295	3,088	2,737	1,304
2004	2,157	2,149	2,944	2,589	1,376
2005	2,168	2,209	2,429	2,157	1,326
2006	2,198	2,344	2,630	2,314	1,444
2007	2,031	2,023	2,282	2,042	1,382
2008	2,322	2,296	2,304	2,100	1,360
2009	2,340	2,415	2,553	2,332	1,535
2010	2,525	2,437	2,377	2,152	1,652
2011	2,759	2,782	2,798	2,549	1,870
2012	3,065	2,827	2,593	2,368	2,079
2013	3,701	3,568	2,836	2,615	2,522
2014	3,925	3,989	3,208	2,929	2,654

FIGURE 7

Numbers of persons arrested for the offences of the unauthorised production and possession of narcotic and psychotropic substances, poisons, and objects determined for unauthorized production, by drug type, 2004-2014



or mushrooms containing narcotic and psychotropic substances in large quantities and for personal use create up to 15-20% in the long term. The highest number of drug law offences per 100 thousand inhabitants aged 15-64 was reported in Prague, the lowest in the Zlín region.

The number of persons arrested in connection with methamphetamine has been growing since 2009. Their share among all the persons arrested for drug law offences has ranged from 51% to 55% since 2006, with the highest level (60%) being recorded in 2006. As far as cannabis is concerned, both the number and share of the persons arrested in connection with the drug was on the rise from 2007 to 2013. While in 2007 cannabis offenders accounted for approximately 29% of the individuals arrested for drug law offences, in 2013 they created no less than 43% of drug law offenders. For the first time since 2007, the year 2014 witnessed a decline in the percentage of individuals arrested for cannabis-related offences. The number and share of persons arrested in connection with heroin recorded the lowest levels since 2002. The proportions of those arrested in connection with cocaine, ecstasy, and LSD have not gone beyond the 2% level since 2007; see Figure 7.

The most common sanction imposed on drug law offenders was a sentence of suspended imprisonment. While the rate

of non-custodial sanctions versus custodial sentences had increased since 2008, this trend stopped in 2014. The court may impose compulsory ("protective") treatment on offenders who use addictive substances and have committed an offence under the influence of, or in connection with, the use of such substances. In 2014, these compulsory treatment orders were issued for 315 persons, of whom 197 were dependent on alcohol and 118 on drugs other than alcohol. As in the previous year, compulsory alcohol treatment was most frequently imposed upon individuals convicted of the offence of disorderly conduct, while compulsory drug treatment was most commonly imposed by the courts upon persons convicted of theft. Since 2012 the number of these treatment orders has been growing, particularly thanks to cases of court-ordered alcohol treatment.

Drug Use among the Prison Population

The third wave of the questionnaire survey of drug use among prisoners serving a prison sentence took place in 2014. The sample included 2,100 inmates, and the questionnaire was completed by 1,751 respondents. The use of illicit drugs in their lifetime was reported by 54% of the inmates participating in the survey. They were mostly cannabis (41%), methamphetamine or amphetamines (40%), and self-medicated sedatives (23%). Lifetime injecting drug use was reported by 31% of the respondents. 23% of the respondents had used any illicit drug in the last 12 months and 10% in the last 30 days.

According to the respondents, alcohol made in prison and illicitly obtained prescription medicines were the most easily available addictive substances in prison. About 25% of the respondents had used any drug, including alcohol, while in prison, 21% had used any illicit drug or sedatives (without alcohol) in prison. About 30% of the prisoners can be referred to as problem drug users, which corresponds to approximately 4,800 individuals in 2014.



foto: pixabay.com



foto: pixabay.com



foto: pixabay.com

In 2014, altogether 1,834 misdemeanours (administrative offences) were reported involving the unauthorised possession of narcotic and psychotropic substances and cultivation of plants or mushrooms containing narcotic and psychotropic substances, both in small quantities and for personal use, which was 148 more than in 2013.

A total of 126.2 thousand criminal offences were cleared up, according to the data of the Police of the Czech Republic. 19,700 of them (15.6%) were committed under the influence of addictive substances (12.3% under the influence of alcohol and 3.4% under the influence of drugs other than alcohol). In the long term, there is an apparent high proportion of offences committed under the influence of alcohol, even though

the number has been decreasing and the share of offences committed under the influence of drugs other than alcohol has been increasing since 2007. ✕

Drug Market

> Estimates of drug consumption were last made in 2013. They indicate that 21.4 tonnes of cannabis, 6.0 tonnes of methamphetamine, 0.8 tonnes of heroin, 0.8 tonnes of cocaine, approximately a million tablets of ecstasy, and approximately 100 thousand doses of LSD were consumed in the Czech Republic. Domestic illicit production covers most of the consumption of marijuana and whole consumption of methamphetamine.

A total of 301 indoor cannabis cultivation sites were detected in 2014. They were mostly small-scale home-based growing sites with no more than 50 plants. A part of indoor production is very well managed and is characterised by the significant involvement of organised groups of individuals of Vietnamese origin. The cannabis grown inland is intended for the domestic market, as well as for export. In 2014, the Police of the Czech Republic and the Customs Administration of the Czech Republic seized a total of 558.1 kg of marijuana, 77,200 cannabis plants, and 14.8 kg of hashish. The THC concentration in the cannabis that was seized was 8.2% on average.

Methamphetamine (pervitin) in the Czech Republic is mainly produced in small-size cooking labs. However, the emerging trend of well-organised large-scale production and distribution of methamphetamine continues to rise. In 2014, altogether 261 cooking labs were detected and 10 l of liquid and 49.8 kg of crystal methamphetamine with an average purity of 69.8% were seized. Pseudoephedrine, extracted from over-the-counter medicines smuggled from abroad, especially from Poland, but also from Slovakia, Hungary, and Turkey, is the main precursor for the manufacture of methamphetamine. Methamphetamine producers generally obtain the precursors and chemicals necessary for the manufacture of methamphetamine from some of the entities registered as legal suppliers of these substances. According to the National Drug



foto: pixabay.com

Headquarters, the large-scale production of this drug is the domain of Vietnamese groups. Demanded mainly by users from Germany, Austria, and also Poland, methamphetamine of a relatively high purity (about 75% of active substance), in the form of powder or crystals, is available on the market. The issue of a methamphetamine market in some of the areas near the Czech national border has been the subject of international communication and cooperation in recent years.

Cocaine is brought to the Czech Republic especially in postal consignments and luggage, mostly from the Netherlands. In particular, Nigerian nationals and groups from the West Balkan countries (such as Serbia, Croatia, and Bosnia and Herzegovina) but also Czechs and ethnic Albanians participate in the trafficking and distribution of cocaine. In 2014 a total of 5.4 kg of cocaine with an average purity of 25.9% was seized.

156.8 kg of heroin with an average purity of 29.3% was seized in 2014. Heroin is imported to the Czech Republic in relatively small shipments of less than 10 kg. Groups of ethnic Albanians, especially Kosovar and Macedonian nationals, as well as Turkish nationals, are particularly involved in the trafficking and distribution of heroin. The retail distribution network generally consists of drug users. In addition to heroin, substitution medicines containing buprenorphine as the active substance (Subutex®, Suboxone®, and Ravata®), opioid-based analgesics such as Vendal® Retard, and transdermal patches containing fentanyl were also available on the black market. ✕



foto: pixabay.com

New Psychoactive Substances

V Coordinated by the National Focal Point, the Early Warning System on New Psychoactive Substances providing alerts about any new drugs recorded 22 new synthetic substances in the Czech Republic. 13 of them were identified for the very first time in the Czech Republic, and for two of them it was the first time they had occurred within the EU. They were most commonly cathinones and phenethylamines. The substances seized in the largest quantities included the cathinone referred to as MDPPP (2.2 kg) and the cannabinoid 5F-PB-22 (2.0 kg).

The increased occurrence of new psychoactive substances has been observed in the Czech Republic since approximately 2010. Since their supply through land-based retail outlets was significantly curtailed in April 2011, new psychoactive substances have been available particularly, and increasingly so, via the internet. To a limited extent, however, they can also be obtained on the black market together with traditional illegal drugs. In 2015 a total of 33 online markets in the Czech language, of which nine specialised exclusively in synthetic substances, were identified. The cathinone alpha-PVP was the most commonly offered substance.

General population studies show that the prevalence of the use of new psychoactive substances, of both synthetic and herbal origin, is very low among the Czech adult population. A higher level of experience with these substances was identified among two specific groups: problem drug users and dance partygoers. The problem drug users mainly have experience with cathinones, i.e. substances chemically similar to amphetamines, which became known as "Funky" on the black market. The level of cathinone use currently shows a stagnating to declining tendency. In a survey conducted among dance partygoers in 2014, the lifetime use of new psychoactive substances was reported by 16.9% of the respondents, while 7.2% had used them in the last 12 months. The most commonly used ones were mephedrone and substances referred to as "Funky" or "Turbo TDI".

Sources of information

This issue was prepared on the basis of the annual report on the 2014 drug situation in the Czech Republic (Mravčík, V., Chomynová, P., Grohmannová, K., Janíková, B., Grolmusová, L., Tion Leštinová, Z., Rous, Z., Kiššová, L., Nechanská, B., Sopko, B., Vlach, T., Fidesová, H., Jurystová, L., Vopravil, J., Malinová, H. 2015. Výroční zpráva o stavu ve věcech drog v České republice v roce 2014 [Annual Report: The Czech Republic – 2014 Drug Situation]. MRAVČÍK, V. (Ed.). Prague: Office of the Government of the Czech Republic, 2015. ISBN 978-80-7440-134-3). The references to individual sources of information are mentioned in the Annual Report according to quoting standards.



National Monitoring
Centre for Drugs
and Addiction

Acknowledgements

Many thanks for help and collaboration during the preparation of the annual report are due to all the collaborators, members of working groups, organisations, institutions, and bodies that provided the necessary data and contributed to the interpretation thereof. Their commitment also made it possible to publish this summary.

ANNOUNCEMENTS / LINKS OF INTEREST

Information about substance use and gambling in the Czech Republic is available at <http://www.drogy-info.cz/>, <http://www.drogy-info.cz/en/>.

Information about tobacco and alcohol use in the Czech Republic: is available at <http://www.szu.cz/tema/podpora-zdravi/prevence-zavislosti?lang=1>.

All the publications released by the National Focal Point (National Monitoring Centre for Drugs and Addiction), including all the issues of the "Zaostřeno" bulletin, are downloadable in electronic form from <http://www.drogy-info.cz/publikace/>.

Any orders for hard copies of the publications should be sent to grygarova.marketa@vlada.cz.

Map of Aid

<http://www.drogy-info.cz/en/map-of-aid/>

– changes in contact information should be sent to grygarova.marketa@vlada.cz.

Calendar of events

<http://www.drogy-info.cz/kalendar-akci/> – information

about training events and seminars that concern addictology or are relevant to it and can be posted in the calendar should be sent to grygarova.marketa@vlada.cz.

Orders for the reedition of six DVDs with documentaries on drugs – the **Když musíš, tak musíš** ("When You Have To, You Just Have To") project – should be sent to grygarova.marketa@vlada.cz.

For the UniData and PrevData applications for maintaining a record of clients and interventions of drug services, including user support, visit <http://www.drogozsluzby.cz/>.

Website of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA): <http://www.emcdda.europa.eu/>.

The EMCDDA best practice portal: <http://www.emcdda.europa.eu/best-practice>.

The EMCDDA European Drug Report 2015: <http://www.emcdda.europa.eu/edr2015>.

> Zaostřeno

Published by > Úřad vlády České republiky
nábřeží E. Beneše 4, 118 01 Praha 1, ID No. 00006599

Editor's office > nábřeží E. Beneše 4, 118 01 Praha 1, tel. 224 002 111
Editor in charge > Mgr. Lucie Grolmusová
Written by > Mgr. Pavla Chomynová and Mgr. Kateřina Grohmannová
Edited by > MUDr. Viktor Mravčík, Ph.D.
Translation > Mgr. Jiří Bareš
English proofreading > Simon Gill

This issue was published on 12. 2. 2016

To be published at least six times a year.

Reference number of the Ministry of Culture of the Czech Republic: E 14088.

ISSN 2336-8241

Not for sale. To be distributed by the publisher.

© Úřad vlády České republiky (Office of the Government of the Czech Republic), 2016



9 772336 824155

05