

2015 DRUG SITUATION IN THE CZECH REPUBLIC

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: The Czech Republic – 2015 Drug Situation. It outlines the current situation and latest developments in drug policy, describes the results of studies of the scope and patterns of drug use, and provides up-to-date information pertaining to the domains of prevention, treatment, and harm reduction, as well as reporting on the developments in drug-related crime and current tendencies on drug markets.

National Drug Policy and Its Context

Drug Policy

➤ The implementation of the national drug policy is the responsibility of the Government. Its advisory and coordination body in this respect is the Government Council for Drug Policy Coordination (GCDPC), featuring a system of committees and working groups. 2015 was the sixth year of the operation of the National Drug Policy Strategy for the Period 2010–2018 (the 2010–2018 National Strategy).

In February 2016 the Government considered the results of the evaluation of the 2013–2015 action plan concerning illegal drugs. 82 out of the total of 100 activities were completed fully or in part. The evaluation concluded that out of four priorities, which were to reduce excessive drinking and heavy cannabis use among young people, address the high level of problem use of methamphetamine (known locally as “pervitin”) and opioids, improve the effectiveness of drug policy funding, and pursue an integrated drug policy, activities to tackle the high level of the problem use of methamphetamine and opioids fell short of the expected level of fulfilment.

Following the revision of the 2010–2018 National Strategy which took place in December 2014 in order to extend the Strategy to include the domains of gambling and alcohol, in 2016 the Government approved a revision by virtue of which the 2010–2018 National Strategy also incorporates tobacco control. The Strategy thus currently involves four action plans:

- 2016–2018 Action Plan for Illegal Drugs,
- 2015–2018 Action Plan for Gambling,
- 2015–2018 Action Plan to Reduce Alcohol-related Harm in the Czech Republic, and
- 2015–2018 Tobacco Control Action Plan.

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The new action plan concerning illegal drugs for the period 2016–2018 was approved by the Government in June 2016. Its priorities include:

- > to reduce substance use, especially (heavy) cannabis use, among children and adolescents,
- > to address the high level of problem methamphetamine and opioid use,
- > to improve the availability, accessibility, and affordability of specialised addiction treatment services,
- > to introduce a new system for evaluating the availability of specialised addiction treatment services and their support,
- > to improve the effective coordination of the drug policy and its funding.

Regional drug policies are based on their respective dedicated strategic documents (in 2014 such documents were adopted in 11 out of the total of 12 regions; in 2015 a new drug-specific strategy was approved in the Ústí nad Labem region). In two regions (Central Bohemia and Pilsen) drug policies are incorporated into broader strategies dealing with social policy or crime prevention in general. The office of a regional drug coordinator has been established in all regions, with the exception of Moravia-Silesia. In 2015 the office of the local drug coordinator had been established in all 22 Prague city districts and in 188 municipalities with extended competencies out of the total of 205.

Legislation

In June 2015 the Government approved a bill on the protection of health against the harmful effects of addictive substances, which is to replace Act No. 379/2005 Coll. However, in May 2016 the Chamber of Deputies failed to pass the bill as a whole in the third reading, particularly because of disagreements concerning the extent of the smoking ban in public establishments that serve food. Having incorporated the amendments proposed and passed in the third reading (with some exceptions, especially the amendment permitting designated smoking areas in public establishments where food is served), the Government promptly approved the bill again, and it re-entered the legislative process in the Parliament. In comparison with Act No. 379/2005 Coll., nevertheless, the bill lacks certain stipulations regarding drug policy coordination at the regional and municipal levels and stipulations on specialised addiction treatment services.

In one of its decisions on extraordinary appeals in 2015, the Supreme Court concluded that not all cases of the unauthorised handling of narcotic and psychotropic substances can always be considered a criminal offence; the specific circumstances of the case in terms of the nature and the degree of seriousness of the offence must be taken into account. The case under consideration involved the unauthorised handling of a medicinal product containing a narcotic and psychotropic substance, for which a medical doctor was convicted. The Supreme Court thus pointed out again that specific circumstances in terms of the nature and severity of the offence must be taken into account and that the state should use the resources of the criminal law prudently and as an option of last resort after all the alternatives offered by the civil, commercial, and administrative law have proven inapplicable.

The list of narcotic and psychotropic substances incorporated into Government Regulation No. 463/2013 Coll. was extended to include 19 new synthetic drugs. In addition, the list

2015 in figures

29.5% of individuals aged 15–64 had used cannabis at any point in their lives.

15% of 16-year-olds drink beer on a weekly basis.

66.1% of 16-year-olds had smoked tobacco at any point in their lives.

15.3% and **17.5%** of 16-year-old boys and girls, respectively, smoke tobacco on a daily basis.

46,900 individuals are considered problem (high-risk) users of methamphetamine and opioids, with **34,200** of them being methamphetamine (pervitin) users, **4,500** heroin users, **7,100** buprenorphine users, and **1,100** users of other opioids.

43,900 individuals are injecting drug users.

3 new cases of HIV infection among injecting drug users were reported, while hepatitis C was reported in **560** injecting drug users.

104 people died of drug overdoses, of which **44** fatal overdoses were due to illegal drugs and inhalants and **60** deaths were caused by psychoactive medication.

99 people died while under the influence of drugs (mainly as a result of accidents and suicides), of which **57** cases were associated with illegal drugs and inhalants and **42** occurred under the influence of medication.

815 deaths were identified as related to alcohol, **133** directly (overdoses) and **682** indirectly (in a state of intoxication).

69% of problem drug users are in contact with low-threshold programmes (drop-in centres and outreach programmes); in Prague the rate is up to **82%**

41,000 clients from among substance users were reported by low-threshold programmes, **35,000** by outpatient psychiatric clinics, **11,000** by inpatient psychiatric facilities, and **22,000** by sobering-up stations.

3,752 individuals were arrested by the police for drug law offences and **5,319** were registered by the police in relation to misdemeanours (administrative offences) involving the unauthorised handling of drugs.

220 indoor cannabis cultivation sites and **263** clandestine methamphetamine labs were detected in 2015.

35 new psychoactive substances were reported using the Early Warning System providing alerts about any new drugs, with 11 substances being identified for the very first time in the Czech Republic and one substance for the very first time within the EU.

Current Trends and Major Events in 2015

- > In January 2016 a revised version of the National Drug Policy Strategy, extended also to cover tobacco control, was approved. The Strategy currently includes four action plans (concerning illegal drugs, gambling, tobacco control, and the reduction of alcohol-related harm).
- > In June 2015 the Government endorsed a bill on the protection of health against the harmful effects of addictive substances. However, in May 2016 the Chamber of Deputies failed to pass the bill as a whole in the third reading. Having incorporated the amendments proposed and passed in the third reading (with some exceptions, especially the amendment permitting designated smoking areas in public establishments that serve food), the Government promptly approved the bill again, and it re-entered the legislative process in the Parliament.
- > Since September 2016 the packaging of tobacco products has featured health warnings (images depicting smoking-related diseases and other harms) and contact details for the national smoking cessation support website www.koureni-zabiji.cz. A national smoking cessation hotline has also been established recently (800 35 00 00).
- > There was an increase in expenditure earmarked for the drug policy in 2015. In particular, this increase concerned the budgets of the Police of the Czech Republic and the Ministry of Labour and Social Affairs and regional budgets as a whole. Expenditure grew in all the areas of the drug policy (prevention, treatment, social reintegration, harm reduction, and law enforcement).
- > The use of tobacco, alcohol, and other drugs among the adult population shows stable levels. In the long term, cannabis has been the most commonly used illegal drug in the Czech Republic. It has been used at any point in their lives by about a quarter of the adult population, while in the last 12 months and 30 days cannabis had been used by approximately 10% and 3%, respectively, of adults. The level of the lifetime use of other illicit drugs is markedly lower.
- > Another wave of the ESPAD survey among 16-year-olds took place in 2015. In comparison with the previous wave of the ESPAD survey in 2011, a dramatic decline in the prevalence of cigarette smoking (including daily and heavy smoking) was found, with the differences between boys and girls becoming narrower. A significant decline in the consumption of alcohol (including at-risk drinking) among 16-year-olds was recorded. In addition, a downward trend in young people's experience of illegal drugs, including cannabis, continued (a major drop was found in boys, while no significant changes occurred in girls in recent years in this regard; the levels of experience of cannabis in boys and girls have aligned). Despite these positive trends, however, the experience of Czech 16-year-olds of addictive substances remains at above-average levels in the European context.
- > The estimated number of problem (high-risk) drug users recorded a slight decrease in 2015 (the mean estimate reached a total of 46,900, including 34,200 methamphetamine users and 12,700 opioid users). This drop pertains especially to methamphetamine ("pervitin") users, while opioid users seem to have grown in numbers. Injecting drug users account for 94% of the estimate. Traditionally, the highest estimates of the relative number of problem drug users are reported from Prague and the Ústí nad Labem region, which are also areas with high rates of problem opioid users.
- > The use of other opioids, specifically diverted opioid-based analgesics, such as fentanyl, morphine, hydromorphone, and, recently, oxycodone, is on the rise. Locally, these substances may predominate among opioids of abuse. Increasingly, these opioids are reported in association with fatal drug overdoses. The problem use of new synthetic drugs (especially cathinones generally referred to as Funky) occurs to a limited degree and currently appears to be declining.
- > The situation concerning the occurrence of infections (HIV and hepatitis) and deaths associated with illegal drugs (as a result of overdoses and other causes in a state of intoxication) remains relatively favourable. The number of alcohol-related deaths is higher than those associated with all the other drugs in the aggregate by the order of ten.
- > In the long term, both tobacco and alcohol have been easily available to minors in the Czech Republic. Mystery shopping revealed that alcoholic beverages or tobacco were sold or served to minors in at least 50% of cases, with both substances being most easily available to them from so-called "evening shops", generally small retail outlets that stay open late and at weekends (up to 90% of the cases).
- > The latest information from various sources indicates that in the Czech Republic there are currently 250–270 addiction treatment facilities, comprising 55–60 drop-in centres, 90–100 outpatient treatment programmes, 25–30 inpatient healthcare programmes, 15–20 therapeutic communities, five special-regimen homes, six special education facilities, and 35–45 outpatient aftercare programmes (with about 20 of which providing sheltered housing for 200 persons in total). On top of this, there are approximately 50 outreach programmes and over 80 certified prevention programmes. Prison-based addiction treatment can be undertaken in 11 prisons out of the total of 35, with substitution treatment being provided by seven prisons.
- > Despite the rise in the estimated number of problem opioid users, in 2015 fewer opioid users in methadone- and buprenorphine-based substitution treatment were reported in comparison with the previous year.

of precursors established on the basis of Government Regulation No. 458/2013 Coll. was extended to include chlorinated derivatives of ephedrine and pseudoephedrine used for the illicit manufacturing of methamphetamine.

An amendment to the law on foodstuffs and tobacco products and a related decree were adopted. Both pieces of legislation incorporate the majority of the provisions of Directive 2014/40/EU, which lays down the rules for the marketing of

tobacco products, electronic cigarettes (containing nicotine), and herbal products for smoking. Since September 2016 the packaging of tobacco products has featured health warnings involving images of diseases and other smoking-related harm and contact details for the koureni-zabiji.cz website. Administered by the National Monitoring Centre for Drugs and Addictions (the National Focal Point), the website is a source of professional help for people who want to give up smoking (Figure 1). It also provides a link to the national smoking

FIGURE 1

Example of combined health warning on tobacco packaging introduced in the Czech Republic in 2016



Source: Ministry of Agriculture (2016)

TABLE 1

Public expenditures on drug policy by government portfolios, 2009–2015 (CZK thousand)

Government portfolio	2009	2010	2011	2012	2013	2014	2015
GCDPC	97,476	85,504	90,852	90,502	95,854	93,198	94,987
Ministry of Education	11,263	14,967	12,993	11,521	10,455	11,956	12,196
Ministry of Defence	4,280	4,384	2,999	2,372	379	448	488
Ministry of Labour and Social Affairs*							
Special-regimen homes	n. a.	n. a.	n. a.	n. a.	28,867	29,956	30,399
Other	86,785	91,743	76,931	84,356	96,444	113,068	130,258
Total	86,785	91,743	76,931	84,356	125,311	143,024	160,657
Ministry of Health	15,057	21,462	21,167	18,754	14,811	23,607	23,118
Ministry of Justice	10,817	7,081	4,059	11,095	9,531	11,064	11,938
Ministry of the Interior	–	–	–	–	4,653	19,877	25,030
General Customs Headquarters	3,180	2,100	1,931	1,800	2,500	n. a.	n. a.
Police of the Czech Republic*							
National Drug Headquarters	146,548	144,370	131,000	126,419	n. a.	146,834	166,941
Other	n. a.	559,531	670,412				
Total	146,548	144,370	131,000	126,419	n. a.	706,365	837,353
Ministry of Foreign Affairs*	n. a.	3,200	6,380				
National budget in total	375,406	371,611	341,932	346,819	263,494	1,012,739	1,174,081
Regional budgets in total	172,630	193,710	157,027	176,131	179,833	180,240	198,347
Municipal budgets in total	59,476	62,054	64,868	64,343	62,525	60,819	69,929
Grand total	607,513	627,376	563,827	587,293	505,853	1,253,798	1,442,357

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. * Since 2013 the drug policy-labelled expenditure incurred by the Ministry of Labour and Social Affairs and regions has included subsidies provided to special-regimen homes. In addition to the money consumed by the National Drug Headquarters, since 2014 the expenditure on the part of the police has included other costs incurred by the regional police headquarters in relation to forensic reports, laboratory analyses, testing for alcohol and other narcotic and psychotropic substances, and law enforcement operations. Since 2014 costs incurred in relation to international assistance and collaboration have also been reported.

cessation hotline (800 35 00 00), which is operated by the Czech Coalition against Tobacco.

Drug Policy Funding

Similarly to the previous years, in 2015 the drug policy was funded from central (the national budget) and regional sources (regional and municipal budgets). Public expenditure specifically earmarked for the funding of the drug policy amounted to a total of CZK 1,442.4 million in 2015. This sum included CZK 1,174.1 million provided from the national budget and CZK 268.3 million made available from local

budgets, with the regions contributing CZK 198.3 million and municipalities CZK 69.9 million.

There was an increase in drug policy-specific expenditure against the previous year. In particular, this increase concerned the budgets of the Police of the Czech Republic and the Ministry of Labour and Social Affairs (Table 1). More funds were also made available from local, especially regional, budgets. In terms of the individual areas of the drug policy, more money was spent on all types of services, i.e. those pertaining to prevention, harm reduction, treatment, aftercare, and law enforcement (Table 2).

TABLE 2

Comparison of public expenditures by service categories, 2012–2015 (CZK thousand)

Service category	2012		2013		2014		2015	
	Amount	Rate (%)	Amount	Rate (%)	Amount	Rate (%)	Amount	Rate (%)
Prevention	48,725	8.3	45,605	9.0	40,040	3.2	46,780	3.2
Harm reduction	161,160	27.4	174,281	34.5	192,111	15.3	208,004	14.5
Treatment	112,145	19.1	118,531	23.4	117,981	9.4	125,615	8.6
Sobering-up stations	79,818	13.6	79,784	15.8	74,142	5.9	80,120	5.6
Aftercare	33,926	5.8	35,152	6.9	40,757	3.3	59,909	4.3
Special-regimen homes	n. a.	–	36,293	7.2	37,112	3.0	38,075	2.7
Coordination, research, evaluation	13,497	2.3	7,762	1.5	38,002	3.0	41,866	2.5
Law enforcement*	131,304	22.4	3,086	0.6	710,398	56.7	837,353	58.4
Others, unspecified	6,717	1.1	5,354	1.1	3,256	0.3	4,635	0.3
Total	587,293	100.0	505,853	100.0	1,253,798	100.0	1,442,357	100.0

Note: * In 2013 the expenditure incurred by the National Drug Headquarters was not included. Since 2014 the Police of the Czech Republic have provided comprehensive data on their drug policy-specific expenditure.

Analysis of subsidy proceedings

In 2016 the association of NGOs providing addictological and social services for people at risk of addictive behaviour (A.N.O.) conducted an analysis of the drug policy-specific multisource funding system based on subsidy proceedings administered by ministries and regional authorities. The analysis identified problems in all aspects of subsidy proceedings. There were issues with calls for proposals, priorities set within the individual call topics, project description and budget forms, application and accounting procedures, the assessment of the applications, the publication of the proposed subsidies, the final project budgets, the transfer of finance, requirements for the use of the subsidy and ineligible costs, requirements for the final report, and with the financial settlement of the project. The multisource subsidy system used to fund drug services was found to be complex and difficult for service management, as it is complicated by a number of inconsistent and contradictory rules. As they have a strongly negative impact on both service providers and donors, dramatic differences in subsidy proceedings pose a threat to the basic network of services. Overall, call topics are designed in a way which fails to follow any consistent structure or system. In its resolution adopted in response to the outcomes of the analysis, the GCDPC commissioned the National Drug Coordinator to submit a body of both legislative and non-legislative proposals for measures aimed at harmonising the conditions for the funding of the basic network of services.

Drug Use and Its Consequences

Drug Use in the General Population

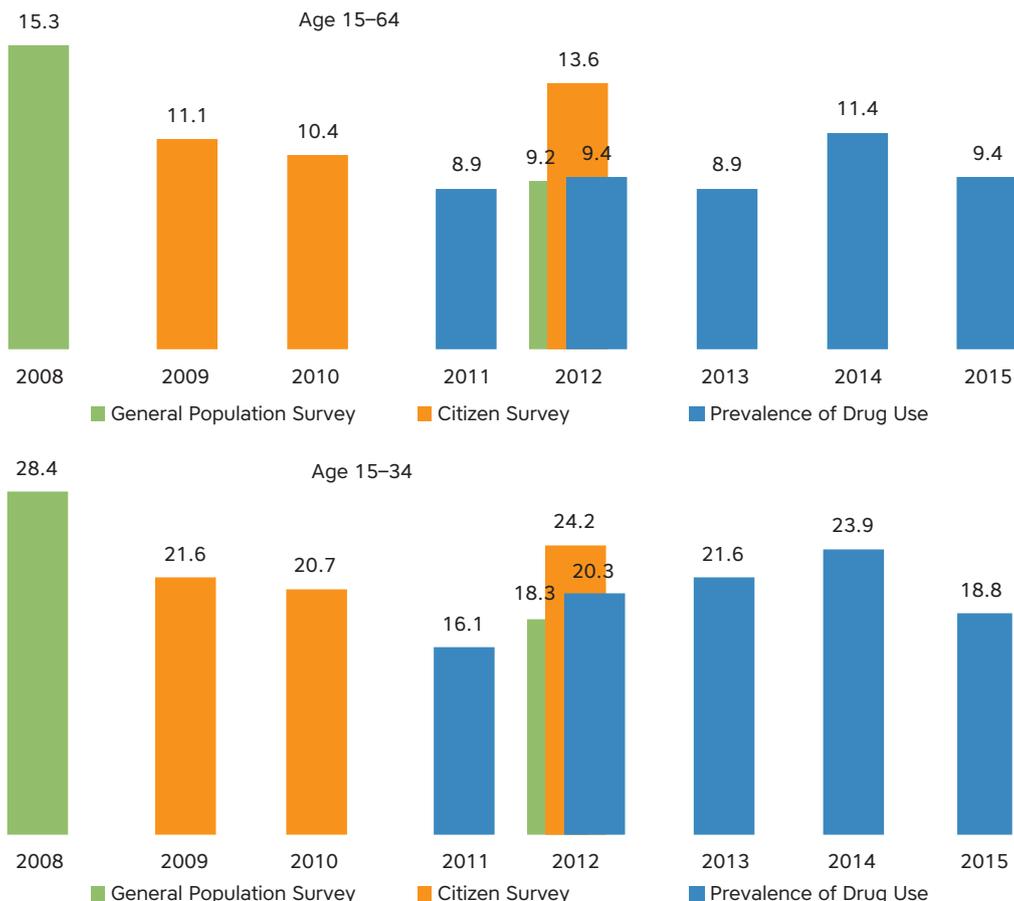
> The level of the use of both legal and illegal drugs remains relatively stable in the Czech Republic. Research into the prevalence of drug use among the population of the Czech Republic showed that some of the illicit drugs had been used at any point in their life by a total of 34.5% of the respondents in the 15–64 age category. The most common illicit drug was cannabis, the lifetime use of which was reported by 29.5% of the respondents. From the perspective of long-term trends, a very moderate decline in the last-12-month prevalence of cannabis use among the general population aged 15–64 and among young adults in the 15–34 age category has been observed (Graph 1).

The use of other illegal drugs shows significantly lower levels. The lifetime use of ecstasy was reported by 6.3% of the respondents, hallucinogenic mushrooms by 5.4%, new synthetic or herbal drugs by 4.5%, methamphetamine by 4.4%, LSD by 3.1%, and cocaine by 1.8% of the respondents. Less than 1.0% of the respondents had used any other illegal drugs at any point in their life. A total of 2.6% of the respondents reported the lifetime use of anabolic steroids.

Medication with sedative or hypnotic effects or opioid-based pain killers, without prescription or contrary to a physician's or pharmacist's recommendations, had been used at any point in their life by 36.8% of the respondents, while 19.5% and 6.3% had used them in the last 12 months and last 30 days respectively. In the long term, women show higher prevalence

GRAPH 1

Prevalence rates of cannabis use among the general population (15–64 years old) and young adults (15–34 years old) in the last 12 months – comparison of surveys conducted in the period 2008–2015 (%)



ESPAD Survey

Another wave of the the European School Survey Project on Alcohol and Other Drugs (ESPAD) took place in 2015. Carried out at four-year intervals since 1995, the ESPAD survey is intended to assess the situation and developments concerning smoking, drinking, and illicit drug use among 16-year-old students in European countries.

In comparison with 2011, a major decrease in alcohol consumption reported by 16-year-olds was recorded. This applied to alcohol use in the last 12 months and last 30 days and at-risk drinking. Lower levels were observed for both boys and girls with respect to all the indicators under study. Alcohol had been used at least once during their lifetime by 95.8% of the respondents, of whom approximately 42.5% can be considered repeated drinkers (they had drunk alcohol on more than 20 occasions in their life). The regular consumption of beer (at least once per week or more often) was reported by 15% of the respondents, with 8% and 4% being regular drinkers of spirits and wine respectively.

In 2015 a total of 66.1% of 16-year-olds reported having smoked cigarettes at least once in their lifetime. 29.9% of the students, with a higher proportion of girls, reported having smoked in the last 30 days. 15.3% of the boys and 17.5% of the girls smoked every day.

37.4% of the 16-year-old students reported having used any illicit drug at least once. The most commonly used illicit drug was cannabis, i.e. marijuana or hashish (36.8% of the respondents), while the use of any other illicit drugs showed significantly lower levels (7%). Other illicit drugs used among the population of 16-year-olds included LSD and other hallucinogens (3.8%), hallucinogenic mushrooms (3.3%), and ecstasy (2.7%). The lifetime use of methamphetamine was reported by 1.4% of the respondents, with the same rate applying to cocaine, while heroin or other opioids had been used by less than 1% of the respondents. Self-medication with sedatives (15.7%) and inhalant use (5.7%) turned out to be relatively widespread among students. Experience with anabolic steroids was reported by 3.3% of the respondents.

Despite the decline in prevalence rates, the levels of smoking, drinking, and cannabis use among 16-year-old Czechs remain above the European average.

The ESPAD survey and its results in the Czech Republic are dealt with thoroughly in a separate issue of the "Focused" bulletin: <http://www.drogy-info.cz/publikace/zaostreno-na-drogy/2016-zaostreno/05-2016-evropska-skolni-studie-o-alkoholu-a-jinych-drogach-2015/>.

rates for the use of medication with regard to all the time frames under scrutiny.

Problem Substance Use

Problem (high-risk) substance use is defined as injecting and/or long-term and regular use of opiate- and/or amphetamine-based drugs and/or cocaine. Given the very small numbers of cocaine users in the relevant data sources, cocaine has not been included in the problem drug use estimates in the Czech Republic.

After a sustained ascending trend, the estimated number of problem drug users (PDUs) recorded a slight decrease

in 2015. This drop applies especially to methamphetamine ("pervitin") users, while the number of opioid users grew in fact (Graph 2). In 2015 there were an estimated 46,900 problem users of methamphetamine and opioids in the Czech Republic, of whom 34,200 were methamphetamine users, 4,500 heroin users, and 7,100 users of buprenorphine (mainly Subutex®). An estimate of problem users of other opioids was provided in 2015 for the first time. It came to 1,150 individuals. The total number of opioid users was thus estimated at 12,700. The estimated number of injecting drug users (IDUs) reached 43,900. In 2015 the prevalence of problem drug use in the Czech Republic was the same as in 2014, i.e. 0.67% of the population aged 15–64.

GRAPH 2

Mean values of prevalence estimates of problem drug use carried out using the multiplication method with the use of data from low-threshold programmes, 2002–2015 (thousand)

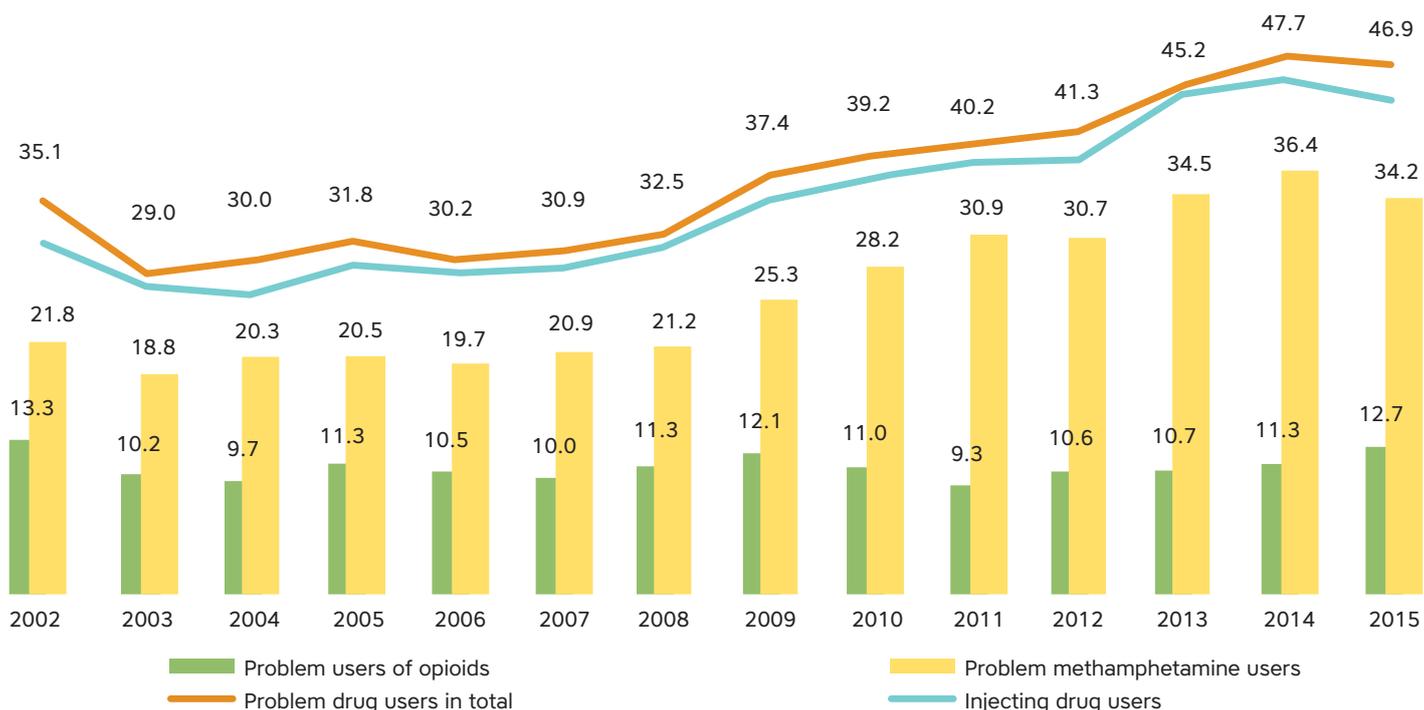


TABLE 3

Estimated number of problem drug users in the Czech Republic by region, 2015 – mean values

Region	PDUs in total		Opioid users				Meth-amphetamine users	IDUs
	Number	Per 1,000 people aged 15–64	Heroin	Buprenorphine	Other opioids	Total		
Prague	14,900	17.58	3,000	5,300	400	8,600	6,300	13,500
Central Bohemia	2,400	2.72	100	500	<50	600	1,800	2,100
South Bohemia	2,900	6.80	100	300	200	500	2,400	2,800
Pilsen	2,000	5.21	100	100	200	300	1,700	2,300
Karlovy Vary	1,500	7.42	<50	<50	<50	100	1,400	1,400
Ústí nad Labem	6,000	10.90	400	400	<50	900	5,100	5,800
Liberec	2,500	8.58	<50	<50	<50	<50	2,500	2,300
Hradec Králové	1,000	2.64	<50	100	<50	100	800	1,400
Pardubice	400	1.25	<50	<50	<50	<50	400	400
Vysočina	1,000	2.82	<50	<50	<50	100	900	800
South Moravia	3,300	4.26	600	<50	100	700	2,600	2,800
Olomouc	2,600	6.05	100	<50	<50	100	2,500	2,200
Zlín	1,900	4.88	<50	<50	100	100	1,800	1,700
Moravia-Silesia	4,700	5.75	200	300	100	700	4,100	4,400
Czech Republic in total	46,900	6.68	4,500	7,100	1,100	12,700	34,200	43,900

Regional estimates of problem drug use vary. Traditionally, the highest estimates of the number of problem drug users are reported from Prague and the Ústí nad Labem region, which are areas with high rates of problem opioid users (Table 3). In the last 10 years the greatest increase was recorded in Prague and in the Ústí nad Labem, South Bohemia, Liberec, and Vysočina regions. The greatest relative year-on-year increase was observed in the Moravia-Silesia region in 2015.

Health Consequences of Drug Use

The relatively favourable situation concerning the occurrence of infections among drug users continued in 2015. Three new HIV cases were diagnosed in injecting drug users (IDUs), i.e. individuals who were very likely to have contracted the HIV infection through injecting drugs.

The number of newly reported cases of acute viral hepatitis B (HBV) in total and among IDUs has shown a declining trend since 2000, particularly thanks to the mandatory inoculation that was introduced in 2001. The number of IDUs infected with viral hepatitis C (HCV) does not display major variations (Graph 3). They continue to account for over half of all those infected (58.6% in 2015).

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 of testees. For example, in 2015 the new National Drug Treatment Register recorded 145 individuals tested for HIV, with one case turning out positive (0.7%). HCV seroprevalence among injecting drug users reached 45.0% of the total of 218 testees. In 65% of the individuals who tested positive for HCV antibodies the infection developed into the active chronic stage. The testing for infections in low-threshold programmes has been monitored annually by the National Monitoring Centre. Among the clients of 42 programmes participating in the project in 2015, the seroprevalence of HIV infection reached 0.2% and that of HCV 16.6% (it should be noted that this involves diagnostic testing and the actual rate of infections is likely to be higher).

1,205 cases of non-fatal intoxications by drugs were recorded in 2015. Intoxications involving two or more substances were reported in 38.8% of the cases, with cannabinoids and alcohol being the most frequent secondary drugs. The largest number of cases was associated with stimulants – a total of 449 (37.3%), with methamphetamine being involved in 394 cases (32.7%).

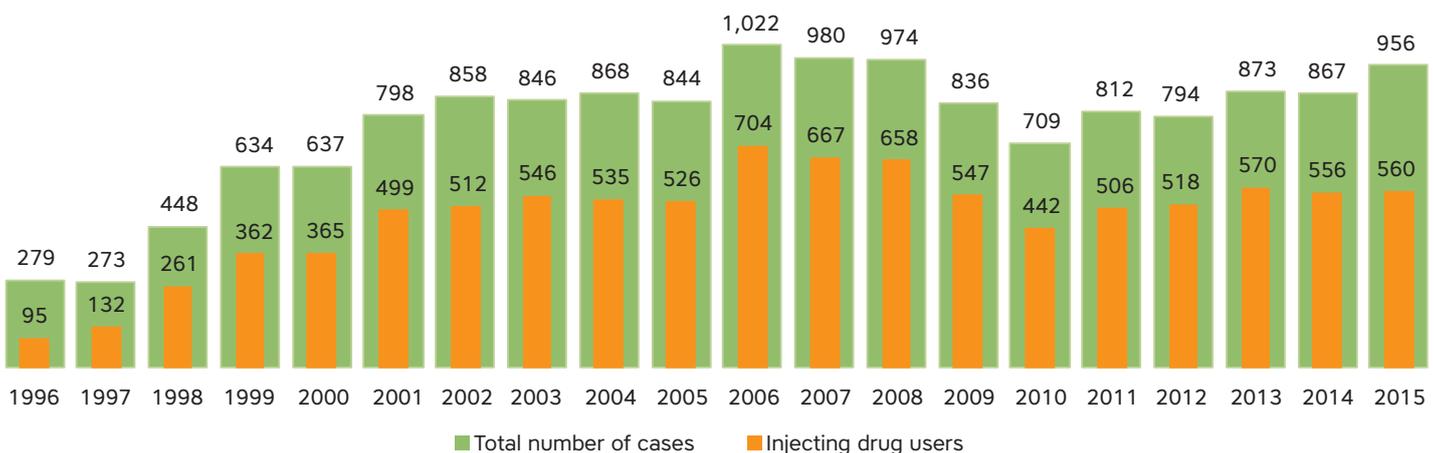
Problem use of NSDs

The year 2015 saw the final stages of several projects concerned with the use of new synthetic drugs (NSDs) and their risks and specific issues encountered in working with NSD users in the Czech Republic. Thus far the use of NSDs has occurred to a limited degree in this country. While NSDs appear to be complementary drugs for problem users (mainly those of methamphetamine), their availability on the internet has been growing. A study on the use of new synthetic drugs among problem users showed that the most commonly used substances of this type are cathinones, marketed as Funky, Cocolino, El Padrino, or El Magico. There is a potential for opioid-based NSDs, such as highly potent fentanyl derivatives, to become widespread among problem opioid users. However, the use of these substances has not been reported in the Czech Republic yet.

The general mortality register recorded 57 cases of fatal overdoses on illicit drugs and inhalants in 2015 (it was 48 cases in 2014). 27 of these overdoses were due to opioids (14 in 2014), 16 cases were caused by stimulants other than cocaine, with methamphetamine probably being involved in the majority of them (10 in 2014), four by inhalants (13 in 2014), and unspecified substances were responsible for 10 of these overdoses (11 in 2014). A major (almost twofold) increase in fatal opioid poisonings was also observed. Furthermore, in 2015 the general mortality register recorded 342 cases of lethal alcohol (ethanol) poisonings (322 in 2014), with methanol being the cause of poisoning in two cases (7 in 2014).

After a two-year intermission, data on drug-related deaths was available again in 2015 from the new national register of autopsies and toxicology tests performed at the departments of forensic medicine. 44 cases of fatal overdoses on illicit drugs and inhalants were identified. Psychoactive medication was responsible for another 60 cases of overdoses. Out of 44 cases of direct drug-related deaths, 20 were caused by opioids, 15 by methamphetamine, seven by inhalants, and one by cocaine. In 2015 the forensic medicine departments reported no deaths resulting from overdoses on dance drugs of the MDMA type or new synthetic drugs, hallucinogens, and

GRAPH 3
Reported incidence of acute and chronic HCV among all patients and injecting drug users in the Czech Republic, 1996–2015



THC. In comparison with 2012, when a total of 38 cases were reported, the higher mortality level was particularly due to an increase in deaths related to opioids (by eight cases), including, in addition to heroin, morphine, and codeine derivatives, hydromorphone, oxycodone, fentanyl, and probably also raw opium (noscapine).

Besides drug overdoses, in 2015 the new register also recorded 99 deaths under the influence of drugs for reasons other than overdoses. As in the past, accidents and suicides

accounted for the major part of these. In terms of illegal drugs, the highest number of these fatalities occurred under the influence of methamphetamine (27) and cannabis (13).

In 2015, for the first time ever, data from the forensic medicine departments was also analysed for ethanol-related deaths. A total of 815 deaths involving alcohol were identified, with 133 being directly and 682 indirectly associated with the substance (where the latter was mostly due to external causes such as accidents and suicides).

Drug use by pregnant women and mothers

Several studies provide the latest information about substance use in pregnancy. In addition to tobacco, cannabis, and alcohol, methamphetamine and buprenorphine were found to be the most commonly used drugs in the last 30 days. The majority of female drug users seem to reduce their substance use and sharing of injecting equipment greatly during pregnancy. The greatest reduction occurs approximately from the seventh month of pregnancy onwards. Alcohol use is generally reduced at the very onset of pregnancy.

The children of drug users are often born prematurely and have a lower birth weight. Generally, these mothers go home with their children after discharge, but cases of babies being given up for adoption or placed in nursery homes are also common. Children are not breastfed for long or at all, and the deliberate discontinuation of lactation on the advice of health professionals has also been noticed.

Clients tend to have a prolific obstetric history, including multiple abortions, both spontaneous and induced. The majority of women attend prenatal counselling facilities, although they are faced with a range of barriers, especially a negative attitude on the part of the staff (particularly nurses). In addition, drug-using mothers often have to deal with poor availability and accessibility of services or difficulties with babysitting while they are visiting the healthcare centre. During their stay in the maternity ward, for example, users in substitution treatment generally have to provide their substitution drug themselves. Some inappropriate procedures have been pursued by the child protection authorities, as well as other professionals with limited awareness of the issue. These include unreasonable criminalisation on the grounds of substance use in pregnancy, pressure for the immediate withdrawal of the drug in pregnancy, and the removal of children from mothers stabilised on maintenance treatment or because of their lapsing. Some interventions may have a negative impact on clients' social functioning. Those associated with the loss of housing and an increase in the level of indebtedness are of particular concern. (For example, when a child is placed in a nursery home, the mother must pay to be able to stay there with him or her. The financial constraints this situation entails often result in her losing her own flat because of her failure to pay the rent and utilities).

Social Consequences of Drug Use

The social implications and correlates of drug use represent a relatively wide spectrum of issues, ranging from housing problems (homelessness), unemployment, and indebtedness to relationship and interpersonal problems.

The availability of housing for problem substance users is low. This also applies to temporary housing facilities (such as shelters), as drug users are often denied entry there, especially when they are intoxicated. Their access to permanent housing is made difficult by their indebtedness or the amount required as a deposit, which is beyond drug users' capacity. Homeless drug users tend to move to larger cities in search of temporary housing opportunities.

Substance users experience competitiveness issues on the labour market. They often work illegally and fall victim to fraud and dishonest conduct (e.g. a failure to pay for work). In addition to addiction itself, difficulties in finding a job include long-term unemployment, a criminal history, and insufficient working habits. According to the National Drug Treatment Register, the highest rates of unemployment were among the users of methamphetamine (56%), opioids (48%), and cannabis (39%).

The majority of the clients of addiction treatment services have debts amounting to up to several hundred thousand Czech crowns. The amount of the overdue debt payable by substance users who were clients of debt counselling services in 2015 reached an average of CZK 525,000. The most common causes of indebtedness among problem illicit drug users are arrears in payment of social and health insurance and outstanding payments of telephone bills or fines (typically for fare evasion). Drinkers and pathological gamblers are more likely to incur debts in relation to bank loans and consumer credits. Indebtedness is difficult to deal with for a significant proportion of problem drug users, as they often fail to meet the eligibility requirements for the personal discharge scheme. Most of them are subjected to distraint orders. Under such circumstances, a drug user is better off working illegally or not working at all.

There is also a relationship between substance use and the provision of commercial sex services. The prevalence of substance use among sex workers is higher than that in the general population. A particularly high level of problem drug use has been found among female street commercial sex workers. Male sex workers offering their services in gay clubs and bars seem to engage in rather heavy methamphetamine use. Although it was one of the few of its kind and small in its scale, a study in 2016 found that approximately one third of those surveyed had used methamphetamine on a regular or daily basis. Methamphetamine is also the most common drug used by men having sex with men as part of "chemsex".

Prevention, Treatment, and Harm Reduction

Prevention

> The domain of prevention comprises one of the four cornerstones of the 2010–2018 National Drug Policy Strategy and related action plans. It also constitutes an integral part of Health 2020 – the National Strategy to Protect and Promote Health and Prevent Diseases (the Action Plan to Develop an Interdisciplinary Interdepartmental Framework for the Prevention of Risk Behaviour among the Most Vulnerable Groups of Children in the Czech Republic, pertaining to this strategy, was adopted in 2015).

The key documents specific to prevention within the remit of the Ministry of Education, Youth, and Sports (the Ministry of Education) are the National Strategy for the Primary Prevention of Risk Behaviour among Children and Adolescents for the period 2013–2018 and the Methodological Recommendations on the Primary Prevention of Risk Behaviour among Children and Young People. On the national level, school-based prevention is coordinated by the Ministry of Education. Regional school prevention coordinators operate on the regional level and prevention methodologists in pedagogical and psychological counselling centres on the district level. School prevention workers are appointed in schools.

There is not enough information about the extent, nature, and quality of prevention programmes implemented in schools. While the number of high-quality certified programmes delivered by external providers is growing and well-established evidence-based methodologies are being pilot-tested in the Czech Republic, one-off activities featuring lectures or themed discussions seem to predominate in day-to-day practice.

As of December 2015 the National Institute for Education had registered a total of 51 organisations offering 84 certified programmes (comprising 50 universal prevention programmes, 25 selective prevention programmes, and nine indicated prevention programmes). The largest numbers of them were based in Prague (20) and the Central Bohemia region (11), while there was none in the Karlovy Vary region. An online catalogue of certified programmes for the prevention of risk behaviour was created as part of the website of the National Institute for Education.

In the long term, alcohol has been easily available to minors in the Czech Republic. This applies to both perceived availability reported in questionnaire studies and objective availability identified in retail outlets where alcohol and tobacco are sold or served. During mystery shopping undertaken as part of various projects, alcohol or tobacco were sold or served to minors in at least half of the cases. Besides beer, wine and spirits are also sold to minors. Alcohol seems to be easiest to obtain from small retail outlets that stay open late hours and at weekends (“evening shops”), where up to 90% of minors succeed in buying alcohol. In response to the alarming level of alcohol use among children and adolescents, extensive inspections aimed at enforcing the ban on the sale of alcohol to children and adolescents in retail outlets across the Czech Republic were conducted in the autumn of 2015. Initiated by the National Drug Coordinator, this campaign involved the Presidium of the Police of the Czech Republic, the Czech Ministry of the Interior, the Czech Trade Inspection Authority, trade licensing authorities, fire brigades, and the customs

administration. From October to December 2015, police officers and civil servants checked almost 4,000 retail outlets and 18,000 individuals. 660 underage individuals who had used alcohol were identified during these checks.

The high level of availability of addictive substances and social tolerance for them in the Czech Republic has been responded to by a bill on the protection of health against the harmful effects of addictive substances, which is to replace Act No. 379/2005 Coll., on measures for protection from harm caused by tobacco products, alcohol, and other addictive substances. Measures which the new piece of legislation should introduce include:

- > a complete ban on smoking, with the exception of water pipes, inside establishments serving food or offering entertainment,
- > a ban on the sale of tobacco and tobacco-related products in healthcare facilities and schools and other educational establishments,
- > a ban on the sale of tobacco, electronic cigarettes, and alcoholic beverages by means of vending machines, mobile shops, etc.,
- > an obligation for establishments serving food and refreshment stands to sell at least one soft drink which is cheaper than the alcoholic beverages on offer,
- > the strengthening of enforcement powers on the part of governmental authorities, e.g. inspectors of the Czech Trade Inspection Authority being authorised to close a business outlet (including shops, refreshment stands, restaurants, hotels, and means of transport offering catering services) for up to two days in the event of their breaching the ban on the sale or serving of alcohol to a person under 18, or
- > the extension of the powers of the Czech School Inspectorate to include the authority to enforce the ban on the sale of alcoholic beverages and tobacco in schools or enforce the smoking ban in educational facilities.

Treatment

According to information provided by the regions, in 2015 there were a total of 269 stationary facilities offering specialised addiction treatment and counselling (i.e. excluding prevention, outreach, and prison-based programmes) in the Czech Republic. The latest information from various sources indicates that in the Czech Republic there are currently 250–270 (stationary) addiction treatment facilities, comprising 55–60 drop-in centres, 90–100 outpatient treatment programmes, 25–30 inpatient healthcare programmes, 15–20 therapeutic communities, five special-regimen homes, six special education facilities, and 35–45 outpatient aftercare programmes (with about 20 of these providing sheltered housing for 200 persons in total).

The availability of prison-based addiction treatment services remained at the same level in 2015. Prison-based addiction treatment could be undertaken in 11 out of the total of 35 prisons, with three of them being responsible for compulsory court-ordered treatment. Substitution treatment was provided by seven prisons. 33 prisons worked with NGOs on addiction-specific issues, with 21 reporting intensive cooperation in this respect.

As of June 2016 a total of 182 addictological programmes had had their professional competency certified by the Government Council for Drug Policy Coordination. Another 84 programmes had been granted certificates of professional competency for prevention.

Risk behaviour in schools and its prevention

The fundamental strategy for the prevention of risk behaviour in schools and educational facilities is postulated in the Basic Preventive Programme, drawn up by school prevention workers in collaboration with the school management and other education professionals.

The available information suggests that the most common risk behaviours that schools have to deal with include truancy (more of an issue at secondary schools), aggression, bullying, vulgarity, and misbehaving. While smoking is a common issue, alcohol or drug use are encountered rarely. Problems associated with tobacco, alcohol, and other drugs in schools seem to have been in decline recently. On the other hand, aggression, bullying (particularly cyberbullying), and vandalism are on the rise. Bullying and aggressive behaviour are also the most frequent problems dealt with by the pedagogical and psychological counselling centres.

An online questionnaire survey was conducted in the Central Bohemia region in the 2014/2015 academic year in order to examine the prevention of risk behaviour in schools. The areas covered by the survey included the implementation of the Basic Preventive Programme in schools, the discharge of the office of the school prevention worker, the occurrence of risk behaviour in schools and the ways of dealing with it, trends in the occurrence of risk behaviour, and the cooperation of the schools with external organisations and parents. Involving 421 schools, the survey showed that only two schools in the region had not established a Basic Preventive Programme. Only 4.5% of the schools had not established the position of a school prevention worker. 34% of school prevention workers had completed a specialised training course for the position of a school prevention worker. The most common risk behavioural issues that were dealt with included truancy, smoking,

interpersonal problems among students (bullying), thefts, and vandalism. The percentage of schools experiencing issues with smoking, alcohol, and other drugs recorded a decline in the past three academic years.

A survey looking into the occurrence of risk behaviour in primary, middle, and secondary schools was also carried out in the South Moravia region. The most common issues that were dealt with concerned truancy, smoking, and alcohol use. In addition, bullying was found to be a problem in primary and middle schools, while "soft" drugs were dealt with in secondary schools. The use of "hard" illegal drugs occurred sporadically.

The Association of Primary and Lower Secondary Education Professionals conducted a study aimed at analysing students' behaviour and identifying the ways in which schools can influence it. School management were asked to complete questionnaires in 2007 (1,015 schools) and in 2016 (1,232 schools), which makes it possible to compare the results after almost a 10-year interval. In both surveys, the majority of the education professionals reported that students' behaviour had deteriorated in the past 10 years, although the 2016 survey generated slightly more favourable ratings: in 2007 the trend in students' behaviour was rated as declining by 89.5% of the schools, while in 2016 it was 78.3% of the schools. The education professionals reported negative developments with regard to aggression, bullying, vulgarity, disrespect for good manners, and attitudes to property, but improvements were identified as far as smoking, drinking, and drug use were concerned. In addition, the rate of answers to the effect that schools have resources to influence negative behaviours has increased (while in 2007 positive answers were provided by 4% of the schools, it was no less than 31% in 2016).

The procedures used to compile the network of specialised addiction treatment services and criteria for programmes to become part of it vary from region to region. The majority of the regions refer to the existing network of services as providing basic coverage, which is at the same time perceived as insufficient. While the geographical accessibility of low-threshold harm reduction services is good according to the regions, their staffing capacity is diminishing, activities are being reduced, and so is the time available for contact with the client. The availability of outpatient programmes and services for dual diagnosis clients is particularly limited. Thanks to a new subsidy programme launched by the GCDPC, new services for pathological gamblers are emerging across the Czech Republic. Major areas for improvement continue to exist in the Karlovy Vary region, which lacks almost all the standard types of programmes.

On the basis of an amendment to Act No. 108/2006 Coll., on social services, since 2015 the responsibility for the funding of local social services has been delegated to the regional authorities. In addition, since 2016 social services have been eligible for mandatory "compensation", a tool used to fund services of economic relevance which receive

support from public sources. However, this rule has not been applied consistently in all the regions, and addictological services, being registered as social services, face scores of practical difficulties.

Since January 2014 the index of health procedures and interventions has listed six such procedures and interventions pertaining to addictology. In practice, however, entering into contracts with health insurers involves a range of challenges. As of June 2016 not more than 11 organisations had managed to conclude contracts concerning reimbursement for addictological procedures and interventions for 13 outpatient addiction treatment facilities in eight regions. Insurance-covered outpatient services are still unavailable in the Karlovy Vary, Pilsen, Pardubice, Moravia-Silesia, Zlín, and Vysočina regions. The regions also point out that a non-systematic approach is applied in creating the network of healthcare-specific addiction treatment services.

Approximately two thirds of the clients of outpatient addiction treatment programmes are men. In relative terms, the highest representation of men is among the clients of sobering-up stations (over 80%), while their rates are lowest in

crisis centres and psychotherapeutic day care centres, where they account for less than 50%. The proportion of women is relatively high among younger age groups and among users of sedatives and hypnotics. The proportion of children and young people under 20 is very low: they account for less than 5% of those in outpatient programmes and less than 10% of those in residential programmes (with the exception of those specialising in paediatric patients).

The proportions of users of different types of substances vary significantly according to the type of programme. Problem users of illicit drugs, mainly methamphetamine, but also opioids, predominate in low-threshold centres. Alcohol users are predominant in outpatient and inpatient psychiatric facilities, but the proportion of methamphetamine, opioid, and polydrug users, as well as users of sedatives and hypnotics, is also high.

According to the law, brief interventions should be routinely applied to substance users by all healthcare professionals. Despite several projects being implemented in the Czech Republic in order to promote the use of brief interventions, their practical application is rather limited and non-systematic. The importance of treatment and counselling interventions provided online or using modern technologies seems to be growing.

In 2015 the treatment of addictological patients was reported by a total of 447 outpatient psychiatric clinics. Addictological patients accounted for more than 50% of the clients in 47 of those and 49 provided treatment to over 200 addictological patients, with both criteria being met by 19 facilities. Outpatient psychiatric clinics provided treatment to 35,405 patients with substance use-related problems in 2015, 60% of them being individuals with alcohol use disorders.

Detoxification from addictive substances was provided in 47 inpatient facilities in 2015 (49 in 2014). A total of 11,632 patients (almost the same number as in the previous year) were hospitalised for detoxification from addictive substances in 2015, of whom about a third were women and over 6% were children and young people under 20. Detoxifications from alcohol accounted for 61% of the total. As in the previous years, the only region with no detoxification services was Karlovy Vary. Detoxification is also available in four prisons.

In the Czech Republic, residential abstinence-oriented treatment for patients with a substance addiction is mainly provided by psychiatric hospitals and psychiatric wards in hospitals. The number of inpatient psychiatric facilities in the Czech Republic remained unchanged in 2015: there

were 18 psychiatric hospitals for adults and three for children, 30 psychiatric wards in hospitals, and two psychiatric wards in other inpatient facilities. Psychiatric inpatient services registered 15,845 hospitalisations for substance use disorders, with 60% of those being due to alcohol.

The number of individuals in opioid substitution treatment stagnated in the past four years, while currently it seems even to be in decline, probably because of the limited availability of the programmes, especially in regions with a high level of problem opioid use (mainly in Prague), and the substitution drugs not being affordable for a number of patients. In 2015 a total of 63 healthcare facilities registered patients in substitution treatment (64 in 2014) and altogether 2,248 were reported as receiving this type of treatment (2,314 in 2014). There has been a growth in the consumption of the composite medication Suboxone® and a corresponding decline in the use of buprenorphine-only products; in 2015, for the first time, the quantity of buprenorphine consumed in a combined medication exceeded that contained in single-active substance agents. Suboxone® is currently the most common preparation used in substitution treatment.

Substitution treatment for dependence on stimulants, including methamphetamine, is still unavailable, even though the latest evidence shows that such treatment would be acceptable and welcome to a significant proportion of Czech problem methamphetamine users.

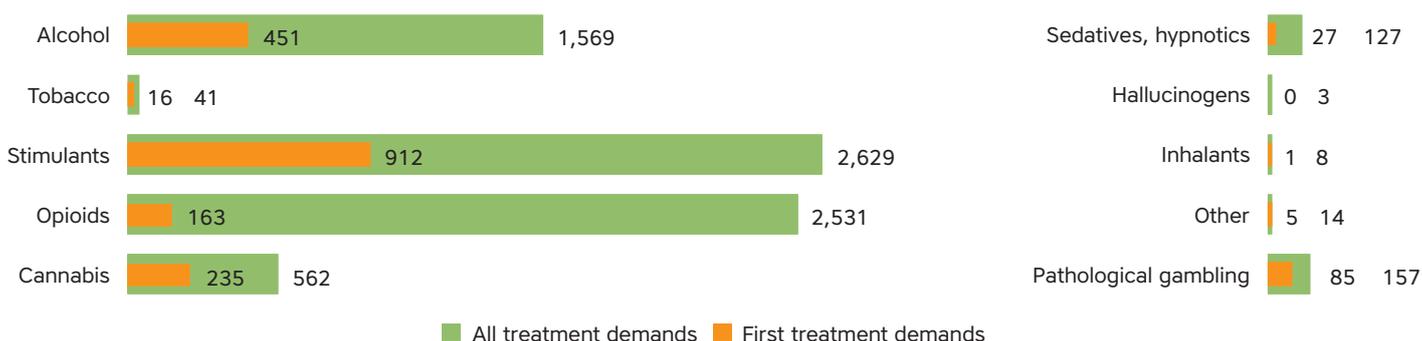
It has been shown that, generally, neither addiction treatment services nor other programmes, such as low-threshold facilities for children and adolescents, find young cannabis users their primary target group. This population of substance users thus seems to be largely unaccounted for by the system of addictological services.

The National Drug Treatment Register (NRLUD) was launched in early March 2015. Because of technical difficulties, however, the register is still lacking data from a significant segment of the network of treatment services for the years 2015 and 2016. In addition to illicit drug users, the NRLUD makes it possible to report individuals whose primary drugs are alcohol or tobacco and pathological gamblers. In 2015 the NRLUD registered a total of 7,641 clients, of whom 1,895 (25%) entered treatment for the first time in their life (Graph 4).

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 2015 there were

GRAPH 4
Structure of treatment demand by primary drug (problem), 2015



a total of 104 low-threshold programmes, including 57 drop-in centres and 47 outreach programmes, in operation in the Czech Republic.

41,000 drug users were in contact with low-threshold programmes in 2015. They were mostly users of methamphetamine (24,800; 61%), opioids (9,900; 24%), and cannabis (2,400, 6%). From the long-term perspective, the number of problem methamphetamine users is growing. Injecting drug users account for 75-80% of the clients of low-threshold programmes in the long term. Since 2006 the clients' average age has risen by five years to 31.3. Women comprise one third of the clients of low-threshold programmes.

Needle and syringe exchange services were provided by 104 low-threshold programmes in 2015. 6.4 million injecting kits were distributed as part of these activities. For the first time since 1998 there was no increase in the number of hypodermic needles supplied; 200,000 less were distributed in comparison with 2014. The number of interventions involving the distribution of injecting equipment decreased by approximately 8,000. This can be considered a negative trend, as the estimated number of injecting drug users has remained high in the long term. On average, one injecting drug user in contact with low-threshold programmes received 171 clean kits. In 2015 the highest number of contacts and exchanges of injecting equipment was reported by low-threshold programmes in Prague, followed by programmes based in the Ústí nad Labem and Moravia-Silesia regions.

European Project HA-REACT

“Joint Action on HIV and Co-infection Prevention and Harm Reduction” (HA-REACT), a project co-financed by the European Commission, was launched on 1 October 2015 and is to be implemented for a period of three years. A number of European countries, including the Czech Republic, represented by the National Monitoring Centre, are participating in the project. It focuses on the issue of drug use-related infections, primarily HIV and the hepatitis C virus. The aims of the project are to scale up efforts to prevent the transmission of HIV and other infections among injecting drug users, apply interventions aimed at reducing the risks and negative health and social consequences associated with injecting drug use (harm reduction), promote early diagnosis (testing) and interventions, and enhance the quality of multidisciplinary services. The project activities are divided into eight work packages, with one being dedicated to measures aimed at preventing and reducing the risk of the transmission of infections in the prison setting. The area of prison-based harm reduction, which is a priority for the Czech Republic, involves a wide range of activities. One of them is a pilot condom distribution project which, starting in 2017, will take place in selected wings of the Prague Pankrác Remand Prison. As part of the project, condoms will be routinely distributed free of charge when inmates have private visits (without visual and auditory supervision). These activities are in line with the prison system policy document effective until 2025, which was endorsed by the Government in early 2015, and the related action plan for the period 2016–2018.

Three vending machines for injecting paraphernalia have been available in the long term in the Czech Republic and 15 containers for injecting waste have been installed in public spaces in Prague. In the entire Czech Republic low-threshold programmes collected a total of 51,331 needles discarded in public areas.

No programmes involving the distribution of the opioid antagonist naloxone have been either tested or introduced in the Czech Republic. However, these are irrelevant to methamphetamine users, who constitute the majority of the problem drug users in the Czech Republic.

In 2015 HIV testing was offered by 67 low-threshold programmes. Testing for HCV, HBV, and syphilis was provided by 74, 51, and 50 programmes, respectively. While the number of tests performed rose continuously from 2008 to 2014, in 2015 it recorded a year-on-year decline.

Specific harm reduction services in recreational/nightlife settings were provided in 2015 by a total of 11 programmes. Their staff attended 110 dance and music events.

In the Czech Republic, care for people who have been infected with HIV and have developed AIDS is provided by seven regional AIDS centres. A growing number of people in treatment for HCV has been recorded in recent years. The latest available aggregated data for the Czech Republic comes from 2013. In that year, treatment was started by a total of 931 people, including 536 individuals with a history of injecting drug use. 246 individuals (26% of the total number) were treated for HCV in prisons in 2013. In 2014 prison-based HCV treatment was delivered to no less than 325 people, and in 2015 the number rose to 597. Presumably, the majority of those receiving treatment in prisons are former or current drug users.

Drug-related Crime and Drug Market

Drug Law Offences

> A total of 3,752 individuals were arrested and 3,659–3,816 (depending on data sources) prosecuted for drug law offences in 2015. The majority of the drug offences involved the production, smuggling, and sale of methamphetamine or cannabis and 51% of them were committed by repeat offenders. 3,340 people were indicted and 2,708 convicted (Table 4). Drug law offences accounted for 2% of reported crimes in 2015.

For the first time since 2007, a decline in the number of drug law offences was experienced in 2015. However, their share of reported crimes increased. Offences involving the production, smuggling, and sale (supply) of drugs accounted for 81% of drug law offending. Criminal offences involving drug possession and the growing of plants/mushrooms containing narcotic and psychotropic substances in large quantities and for personal use make up 15–20% in the long term. The highest number of drug law offences per 100 thousand inhabitants aged 15–64 was reported in Prague, while the lowest was recorded in the Pardubice region.

TABLE 4
Numbers of persons arrested, prosecuted, indicted, and convicted in connection with drug law offences, 2002–2015

Year	Arrested (National Drug Headquarters)	Prosecuted (Police Presidium)	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
2015	3,752	3,816	3,659	3,340	2,708

The greatest proportion of people arrested for violating the drug laws were methamphetamine offenders. In the past 10 years, arrests in connection with methamphetamine account for an average 55% of arrests for drug law offences, while cannabis-related arrests make up 39% (Graph 5).

Criminal offending involving the violation of alcohol legislation is associated with only one offence, specifically the serving of alcoholic beverages to individuals under 18, for which 56 persons were prosecuted in 2015. Given the extent of alcohol use among Czech minors, it is apparent that alcohol law offences show considerable latency.

A total of 2,708 persons were sentenced for drug law offences in 2015. 67% of the sanctions imposed involved suspended

prison sentences. Since 2008 the number of people sentenced for drug law offences has been rising. The proportion of custodial sentences decreased between 2008 and 2013 in favour of non-custodial sanctions. This trend seems to have been reversed in the last two years, however, which may indicate that the seriousness and the level of organisation of drug-related criminal activities are growing.

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 2015 these compulsory treatment orders were issued for 367 persons, of whom 226 were dependent on alcohol and 141 on drugs other than alcohol.

In 2015 municipal and regional administrative authorities dealt with 1,940 misdemeanours (administrative offences) involving the unauthorised handling of narcotic and psychotropic substances. This figure represents 0.7% of all the misdemeanours that were considered and it is 106 more than in 2014 and 254 more than in 2013. In another information system, the Police of the Czech Republic registered 5,319 individuals who committed misdemeanours involving the unauthorised handling of narcotic and psychotropic substances in 2015. Misdemeanours related to cannabis (72%) and methamphetamine (16 %) comprised the greatest part of those.

Other Drug-related Crime

According to the statistics of the Police of the Czech Republic, a total of 112,100 offences were cleared up in 2015, with 19,200 (17%) being committed under the influence of addictive substances. The structure of offending is generally the same as in the previous year. In the long term, there has been a high percentage of offences committed under the influence of alcohol, even though the number has been decreasing and the percentage of offences committed under the influence of drugs other than alcohol has been increasing since 2007. The most common offences committed under the influence of alcohol included endangerment under the influence of addictive substances, inebriety, and road accidents caused by negligence, while endangerment under

GRAPH 5
Numbers of persons arrested for the offences of the unauthorised handling of narcotic and psychotropic substances, poisons, and articles for their manufacture, by drug type, 2005–2015



the influence of addictive substances, inebriety, and obstructive justice accounted for the greatest proportion of offences committed under the influence of drugs other than alcohol.

The extent of economically motivated secondary drug related-crime was estimated for 2015 on the basis of retrospective expert estimates made by the staff of the regional headquarters and territorial departments of the Police of the Czech Republic. The idea was to determine the share of selected criminal offences committed by drug users specifically in order to obtain the wherewithal to buy drugs for their personal use. A total of 156,000 selected offences were identified, of which an estimated 33% were committed by drug users. 13,000 selected offences have been cleared up, with an estimated 25% of those being committed by drug users. Thefts combined with the unauthorised use of another person's property (e.g. car or bicycle thefts) accounted for the greatest proportion of those.

Drug Market

A total of 220 indoor cannabis cultivation sites were detected in 2015. 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 involvement of organised groups of Vietnamese nationals. However, the Vietnamese groups seem to have reduced their engagement in cannabis cultivation in favour of the manufacturing of

and 51 g of hashish were seized as part of administrative proceedings.

In the Czech Republic, methamphetamine (pervitin) is generally produced in small-scale cooking labs situated in residential buildings. In 2015 the Police of the Czech Republic detected 263 labs and seized a record-breaking 106.9 kg of methamphetamine with an average purity of 70.4% as part of criminal proceedings. As part of administrative proceedings, a total of 448 g of methamphetamine was seized. The main precursor in the manufacture of methamphetamine is pseudoephedrine, extracted from medicines imported mainly from Poland. The trend of increasing the volume of production in large-scale labs continues. Featuring sophisticated distribution of work, high-volume methamphetamine production has for several years been the domain of organised groups of people of Vietnamese origin.

Cocaine is brought to the Czech Republic especially from South America. In particular, groups of individuals from Nigeria and the West Balkans but also Czechs participate in the trafficking and distribution of cocaine. As part of criminal proceedings, 120.4 kg of cocaine with an average purity of 39.1% was seized in 2015. 10 g was seized as part of administrative proceedings.

Heroin is imported to the Czech Republic in relatively small shipments of under 10 kg. 1.6 kg of heroin was seized as part of criminal proceedings and another 23 g as part of administrative proceedings in 2015. Its average purity was 25.1%. Mainly Albanian and Turkish nationals are involved in the trafficking and distribution of heroin. In addition to heroin, substitution preparation tablets and opioid-based analgesics were also available on the black market.

Drug use among prisoners

The fourth wave of the questionnaire survey of drug use among prisoners serving a prison sentence took place in 2016. The sample comprised 2,100 inmates. The questionnaire was completed by 1,815 respondents. The preliminary results show that illicit drugs had been used at any point in their life by 59% of the respondents, with cannabis, methamphetamine or amphetamines, and ecstasy being reported with the highest frequency (44%, 42%, and 26%, respectively). Of all the addictive substances, the use of alcohol and tobacco was the most common.

46% of the respondents had used an illicit drug in the last 12 months and 36% in the last 30 days. Lifetime injecting drug use was reported by 31% of the respondents, with 7.3% of them having injected drugs in prison. 31% of the prisoners can be referred to as problem drug users, which makes it 6,200 individuals, considering the total prison population.

methamphetamine. As regards large-scale cannabis growing, using a large number of low-capacity (300–500 plants) cultivation sites is a continuing trend. The cannabis grown on Czech territory is intended predominantly for the domestic market.

In 2015, as part of criminal proceedings, the Police of the Czech Republic and the Customs Administration of the Czech Republic seized a total of 645.2 kg of marijuana, 30,300 cannabis plants, and 7.5 kg of hashish. The THC concentration in the cannabis that was seized was 8.3% on average. Another 9.9 kg of marijuana, 449 cannabis plants,

New psychoactive substances

Coordinated by the National Focal Point, the Early Warning System providing alerts about any new drugs recorded 35 new synthetic substances in the Czech Republic in 2015. 11 of them were identified for the very first time in the Czech Republic, and for one of them it was the first time it had occurred within the EU. They were most commonly cathinones, synthetic cannabinoids, and phenethylamines. The substances seized in the largest quantities were the cathinone referred to as 3-MMC (20.0 kg) and the cannabinoid AMB-CHMICA (11.5 kg).

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. In 2015 a total of 33 online markets in the Czech language, of which nine specialised exclusively in synthetic substances, were identified. The synthetic 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 "new drugs" was identified among two specific groups: problem drug users and dance partygoers.

Sources of information

> This issue was prepared on the basis of the annual report on the 2015 drug situation in the Czech Republic [MRAVČÍK, V., CHOMYNOVÁ, P., GROHMANNOVÁ, K., JANÍKOVÁ, B., TION LEŠTINOVÁ, Z., ROUS, Z., KIŠŠOVÁ, L., KOZÁK, J., NECHANSKÁ, B., VLACH, T., ČERNÍKOVÁ, T., FIDESOVÁ, H., JURYSTOVÁ, L., VOPRAVIL, J. 2016. Výroční zpráva o stavu ve věcech drog v České republice v roce 2015 [Annual Report: The Czech Republic – 2015 Drug Situation]. MRAVČÍK, V. (Ed.). Praha: Úřad vlády České republiky. ISBN 978-80-7440-156-5]. For detailed information and references to their sources according to the citation standards see the Annual Report. ✕

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National Monitoring
Centre for Drugs
and Addiction

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/>.

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.

Když musíš, tak musíš

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.

UniData and PrevData applications for maintaining a record of clients and interventions of drug services, including user support

<http://www.drogoesluzby.cz/>.

Media monitoring on drogy-info.cz

<http://www.drogy-info.cz/index.php/info/monitor>.

Website of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

<http://www.emcdda.europa.eu/>.

The EMCDDA European Drug Report

<http://www.emcdda.europa.eu/edr2015>.

National smoking cessation website

<http://www.koureni-zabiji.cz/>.

National smoking cessation hotline (800 35 00 00).

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Editor in charge > Zuzana Tion Leštinová
Written by > Barbora Drbohlavová, Zdeněk Rous, Tereza Černíková,
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Edited by > Viktor Mravčík, Ph.D.
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