ZAOSTŘENO NA DROGY

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A ZÁVISLOSTI

2013 Drug Situation in the Czech Republic

Annual Report Summary

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SPECIAL ENGLISH EDITION

Main Trends in 2013

■ The National Drug Policy Strategy for the Period 2010–2018 and the second Action Plan for 2013–2015 were in effect. The key issue addressed at the sessions of the GCDPC and its advisory bodies in 2013 and in early 2014 was an integrated drug policy, a streamlined approach aimed at dealing with legal and illegal drugs and gambling at the same time.

■ In August 2013 the Constitutional Court annulled a substantial part of Government Regulation No. 467/2009 Coll., specifying for the purposes of the Penal Code the quantities greater than small for drugs. Consequently in March 2014, the Supreme Court adopted a unifying opinion on the interpretation of the term "greater than small" in relation to narcotic and psychotropic substances, in which indicative values were taken from the quashed government regulation, with the exception of herbal cannabis (marijuana) and methamphetamine (known locally as "pervitin"), the threshold quantities of which were lowered.

■ An amendment to Act No. 167/1998 Coll., on addictive substances, and a new and separate piece of legislation, Act. No. 272/2013 Sb., on drug precursors, have been in effect since January 2014.

■ Public expenditure specifically earmarked for the funding of drug policy amounted to a total of CZK 469.6 million (€ 18,078 thousand) in 2013. This sum included CZK 234.6 million (€ 9,033 thousand) provided from the national budget and CZK 234.9 million (€ 9,045 thousand) made available from local budgets, with the regions and municipalities contributing CZK 172.4 million (€ 6,638 thousand) and CZK 62.5 million (€ 2,407 thousand) respectively. Compared to the previous year, the resources supplied from the national budget increased by 6.1% while the regions and municipalities spent 2.1% and 2.8% less money on the drug policy.

■ The attitudes of the population of the Czech Republic to substance use have remained stable in the long term. Long-term trends suggest a decline in the level of current cannabis use among the general

population, particularly as far as younger age groups are concerned.

■ Approximately 23.1% of the Czech population, i.e. some 2 million people, smoke tobacco daily. A total of 17-20% of the Czech population, i.e. 1.5–1.7 million adults, show risky alcohol consumption; harmful drinking is associated with 5 to 8% of the population, i.e. 450–700 thousand adults. Approximately 2.7% of the population (i.e. 200 thousand people) are at risk relating to their cannabis use, with 1.1% (i.e. 80 thousand) being at high risk.

■ The estimated number of problem drug users rose again in 2013 reaching approximately 44.9 thousand, including 34.2 thousand methamphetamine (pervitin) users, 3.5 thousand heroin users, and 7.2 thousand buprenorphine users. The number of injecting drug users (IDUs) was estimated at 42.7 thousand.

■ The relatively favourable situation concerning the occurrence of infections among drug users continued in 2013. Six new cases of HIV-positive people who contracted the infection through injecting drug use were identified. HIV seroprevalence among injecting drug users (IDUs) remains below 1% in the Czech Republic, and the prevalence of HCV ranged between 15–50%, according to the characteristics of the sample of tested population.

■ Research into somatic comorbidity suggests that problem drug users suffer most frequently from dental and skin problems. Heroin users, in particular, displayed a worse health status than users of other drugs. There are significant barriers that prevent high-risk drug users (HRDUs) from entering treatment, this primarily applies to women, individuals living with children, and foreigners. In general, the negative attitude to providing HRDUs with medical attendance and treatment on the part of health professionals is an issue.

■ In 2012 altogether 38 cases of overdoses on illicit drugs (12 on opiates/opioids and 16 on methamphetamine) and inhalants (10 cases) were reported by forensic medicine departments. The general mortality register received reports about 45 and 47 fatal overdoses on illicit drugs and inhalants for 2012 and 2013 respectively. In 2013, altogether 292 cases of fatal overdoses on ethanol were identified.

■ Impaired driving has been an issue. The year 2013 recorded an increase in the number of fatalities in accidents caused by road users under the influence of addictive substances – mainly alcohol and methamphetamine.

■ The core of addiction treatment services in the Czech Republic comprises approximately 250 programmes, of which about 200 provide outpatient or outreach interventions only and 50 also feature a residential component. Almost half of the facilities have had their professional competency certified by the Government Council for Drug Policy Coordination and 40% of them have been certified as social services. The availability of programmes is not evenly distributed across the regions.

■ Women account for approximately one third of clients in treatment. Their proportion varies in different programmes, from 22% in low-threshold drop-in centres to 47% in day care centres. The majority of clients of low-threshold centres comprise methamphetamine and opiate/opioid users. While in psychiatric outpatient and inpatient facilities it is the treatment of alcohol-related disorders that predominates, the percentage of users of methamphetamine and opiates/opioids, polyvalent users, or individuals experiencing problems with sedatives and hypnotics among the patients there is also high. Among non-alcohol drugs, the majority of clients in the drug treatment demand register are methamphetamine users (approximately 70% of clients and their number is growing). While a decline in the number of users of heroin has been observed in the long term, the number of buprenorphine users is on the rise. The population of drug users is aging. On average, opiate/opioid users are the oldest (31-32 years), while cannabis users are the youngest (23 years).

■ The number of persons arrested, prosecuted, indicted, and sentenced in relation to drug law offences rose in 2013 – approximately 3,600–3,700 persons were arrested or prosecuted for drug law offences, about 2,600 were indicted and final sentences were imposed on 2,500 individuals. Drug law offences accounted for 1.6% of all the reported crimes in 2013; in the Czech Republic drug crime is primarily associated with methamphetamine and cannabis.

■ According to the data of the Police of the Czech Republic, 18.2 thousand offences were committed under the influence of drugs, i.e. over 14% of the offences that were cleared up (12% were committed under the influence of alcohol and 2% under the influence of drugs other than alcohol). It is estimated that drug users are responsible for about one third of crimes against property, mostly thefts.

■ Altogether, 276 indoor cultivation sites used to grow cannabis were detected in 2013, and a total of 735.4 kg of marijuana, 73.6 thousand cannabis plants, and 1.3 kg of hashish were seized. 261 kitchen labs producing methamphetamine were detected and a total of 69.1 kg of methamphetamine of 71% purity were seized. An increasing involvement of organised groups of people of Vietnamese origin in the cannabis cultivation and distribution, as well as methamphetamine production and distribution has been reported in the recent years.

■ In the framework of the Early Warning System 48 new synthetic drugs were reported in the Czech Republic in 2013. 12 of these substances were identified for the very first time, with three of them being recorded for the first time within the EU.

1 DRUG POLICY AND ITS CONTEXT

1/1 Drug Policy

The development and enforcement of the national drug policy is the responsibility of the Government of the Czech Republic. Its advisory and coordination body is the Government Council for Drug Policy Coordination (GCDPC) with its system of committees and working groups. 2013 was the fourth year of the operation of the National Drug Policy Strategy for the Period 2010–2018

(the 2010–2018 National Strategy) and the first year of the operation of its second action plan, intended for the period 2013–2015. The priorities of the Action Plan include:

- to reduce excessive alcohol use and heavy cannabis use among young people,
- to address the high levels of problem use of methamphetamine and opiates/opioids,
- to improve the effectiveness of drug policy funding, and
- to achieve an integrated drug policy.

The majority of the regions have drawn up their own strategic documents providing for their drug policies. In 2013 and 2014 new policy documents were adopted by the Vysočina region and Prague. Some municipalities use separate strategies to define their drug policies. With the exception of Moravia-Silesia, the office of a regional drug coordinator has been established in all regions. In 2013 local drug coordinators had been appointed in 181 out of the total of 205 municipalities with extended competencies and in all 22 Prague city districts.

Integrated Drug Policy

An integrated drug policy, a streamlined approach aimed at dealing with legal and illegal drugs and gambling at the same time, was a key issue addressed at the sessions of the GCDPC and its advisory bodies in 2013 and in early 2014. In May 2014, following an interdepartmental discussion and objections against the practice of creating parallel strategic documents, a draft of National Action Plan for the Reduction of Alcohol-related Harm prepared by the Ministry of Health was incorporated into the National Drug Policy Strategy for the Period 2010–2018. In addition to the issue of incorporating the domain of alcohol use, in July 2014 the GCDPC also considered a revision of the 2010–2018 National Strategy which provided for the integration of the gambling domain. The revised strategy integrating the issues of alcohol and pathological gambling and envisaging the development of stand-alone alcohol and gambling action plans for the period 2015–2018 was adopted by the Government in December 2014. At the same time, an amendment to the GCDPC statute was approved by the GCDPC that broadened the definition of the drug policy to include the area of legal drugs and gambling and increased the number of members of the GCDPC accordingly.

On the basis of Government Resolution No. 655 dated 6 September 2012, in 2013 and 2014 the National Monitoring Centre for Drugs and Drug Addiction (the National Focal Point) prepared a report on gambling and its health and social consequences in the Czech Republic. It is the first complex report on gambling in the Czech Republic published so far focusing not only on the situation analysis regarding the extent of gaming and gambling activities but covering also legislative and regulatory measures and activities in the field of prevention and treatment. The report contains recommendations for future system measures in the field of problem gambling. The report was submitted to the Government of the Czech Republic in September 2014, and is available on National Monitoring Centre website www.drogy-info.cz.

1/2 Legal Framework

In August 2013 the Constitutional Court annulled 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, and since then the greater-than-small quantities have not been defined by any legal regulation. In March 2014, the Supreme Court adopted a unifying opinion on the interpretation of the term "greater than small" in relation to narcotic and psychotropic substances. Its schedule lists values taken from the annulled government regulation, with the exception of marijuana and methamphetamine (known locally as "pervitin"), the threshold quantities of which were lowered.

An amendment to Act No. 167/1998 Coll., on addictive substances, and a new and separate piece of legislation, Act. 272/2013 Sb., on drug precursors, have been in effect since January 2014. As an innovation, detailed lists of addictive substances and "initial substances and adjuvants" are now provided in follow-up government regulations No. 463/2013 Coll. and No. 458/2013 Coll. This change has effectively excluded the issue of drug precursors from Act. No. 167/1998 Coll. and placed it within the remit of a stand-alone legal regulation, Act No. 272/2013 Coll. What the Government and the Parliament expect from this measure is a more rapid and effective response to the emergence of any new addictive substances on the drug market.

In relation to Act No. 361/2000 Coll., on road traffic, in April 2014 the Government also passed a new regulation laying down threshold blood levels for drugs other than alcohol in drivers. For the purposes of misdemeanour (administrative) proceedings, a person will now be deemed to have driven a motor vehicle under the influence of an addictive substance if their blood sample showed the levels given by the Government Regulation No. 41/2014 Coll., on the determination of other addictive substances and their threshold quantities.

The profession of an addictologist has recorded further development in 2013 as regards the legal codification of an addictologist's "health interventions" for the purposes of health insurance coverage and since January 2014 a total of six specific addictological interventions have been in legal existence. They include (i) the assessment by an addictologist at the beginning of addictological care (drug treatment), (ii) follow-up assessment, (iii) basic addictologist-patient contact, and (iv) individual, (v) family, and (vi) group addiction treatment. However, the process of concluding contracts with health insurance companies is getting underway rather slowly.

Growshops

In November 2013 the Police of the Czech Republic launched a campaign aimed at eliminating the so called growshops, i.e. shops engaging in the sale and distribution of goods and products for the growing of plants under artificial lighting, which, according to the police, promoted drug use by offering the complete technology needed for cannabis cultivation, such as printed materials promoting the growing of cannabis and the use of marijuana, guidance how to grow cannabis, description of the effects of cannabis on human organism, content of THC in various cultivars, and cannabis sativa seeds.

The police action was instigated by a decision of the Supreme Court dated 31 October 2012 that specified the conditions for the assessment of criminal liability for the offence of the promotion of drug use as set out under Section 287 of the Penal Code. The owner and an employee of a growshop were convicted by a trial court of the criminal offence of the promotion of drug use according to Section § 287 (1) (2) (c) of the Penal Code, and were sentenced to a suspended term of imprisonment for one year. The owner of the growshop also received the sentence of forfeiture of an item of property.

There are currently over 120 such shops in operation in the Czech Republic, both retail outlets and e-shops, and the activities of some of them have been suspended as a result of the criminal prosecution of the owners (a total of 56 criminal cases were investigated within the framework of this police initiative). The technology for growing plants indoors is, in itself, legal in the Czech Republic and it is usually imported from the Netherlands and the UK.

1/3 Drug Policy Funding

Similarly to the previous years, in 2013 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 drug policy amounted to a total of CZK 469.6 million (€ 18,078 thousand) in 2013. This sum included CZK 234.6 million (€ 9,033 thousand) provided from the national budget and CZK 234.9 million (€ 9,045 thousand) made available from local budgets, with the regions and municipalities contributing CZK 172.4 million (€ 6,638 thousand) and CZK 62.5 million (€ 2,407 thousand) respectively. The 2013 figures do not account for the costs incurred by the National Drug Squad (the data are not available) and special-regimen homes (which spent CZK 36.3 million (€ 1,397 thousand), including CZK 28.9 million (€ 1,111 thousand) and CZK 7.4 million (€286 thousand) provided by the national and regional budgets respectively). Budget expenditures by government portfolios

TABLE 1: Public expenditures on drug policy in 2004–2013 (€ thousand)

Budget	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
GCDPC	3,153	3,547	3,838	3,762	4,008	3,686	3,381	3,695	3,599	3,690**
Ministry of Education	316	315	381	452	499	426	592	528	458	403
Ministry of Defence	109	133	172	129	212	162	173	122	94	15
Ministry of Labour and Social Affairs***	1,323	1,546	1,753	2,054	3,186	3,282	3,628	3,129	3,355	3,713
Ministry of Health	829	1,124	635	801	757	569	849	861	746	570
Ministry of Justice	427	1,233	1,455	454	296	409	280	165	441	367
Ministry of Interior	–	–	–	–	–	–	–	–	–	179
General Customs Headquarters	292	487	829	963	427	120	83	79	72	96
National Drug Squad	2,711	3,189	3,757	4,601	5,527	5,542	5,709	5,328	5,028	n.a.*
Total national budget	**9,161**	**11,574**	**12,821**	**13,217**	**14,912**	**14,196**	**14,694**	**13,908**	**13,794**	**9,033****
Total regional budgets	**2,558**	**3,369**	**3,349**	**4,624**	**6,530**	**6,528**	**7,660**	**6,387**	**7,005**	**6,638**
Total municipal budgets	**1,972**	**1,699**	**1,699**	**2,243**	**2,505**	**2,249**	**2,454**	**2,638**	**2,559**	**2,407**
Total	**13,691**	**16,642**	**17,869**	**20,084**	**23,947**	**22,973**	**24,807**	**22,933**	**23,358**	**18,078****

Note: *Unlike in the previous years, the figure does not include the expenses incurred by the National Drug Squad. ** Including CZK 6.4 million (€ 246 thousand) earmarked for the issue of pathological gambling. *** The money spent by the Ministry of Labour and Social Affairs does not include subsidies provided to special-regimen homes, which reached CZK 28,867 thousand (€ 1,111 thousand) in 2013. Should this support be included, the expenditures on the part of the Ministry of Labour and Social Affairs would amount to CZK 125,311 thousand (€ 4,824 thousand). Average exchange rates in respective years were used for re-calculation of expenses from CZK to €.

TABLE 2: Comparison of expenditures provided from public budgets by service categories in 2009–2013 (€ thousand)

Service category	2009		2010		2011		2012		2013	
	Amount	(%)	Amount	(%)	Amount	(%)	Amount	(%)	Amount	(%)
Prevention	2,078	9.0	2,463	9.9	2,234	9.7	1,938	8.3	1,756	9.7
Harm reduction	6,616	28.8	6,572	26.5	6,209	27.1	6,410	27.4	6,710	37.1
Treatment	4,278	18.6	4,304	17.4	4,155	18.1	4,460	19.1	4,563	25.2
Sobering-up stations	2,421	10.5	3,449	13.9	2,807	12.2	3,175	13.6	3,072	17.0
Aftercare	1,201	5.2	1,238	5.0	1,200	5.2	1,349	5.8	1,353	7.5
Coordination, research, evaluation	421	1.8	749	3.0	756	3.3	537	2.3	299	1.7
Law enforcement	5,851	25.5	5,906	23.8	5,431	23.7	5,222	22.4	119	0.7
Others, unspecified	106	0.5	125	0.5	140	0.6	267	1.1	206	1.1
Total	**22,973**	**100.0**	**24,807**	**100.0**	**22,933**	**100.0**	**23,358**	**100.0**	**18,078***	**100.0**

Note: * Excluding the expenditure of the National Drug Squad, as the relevant information for 2013 was not available. Average exchange rates in respective years were used for re-calculation of expenses from CZK to €.

are summarized in Table 1. In comparison to the previous year, the expenditure pertaining to comparable categories rose by 1.9% in total. The resources supplied from the national budget increased by 6.1%. The regions and municipalities spent 2.1% and 2.8% less money on the drug policy. In terms of areas of allocation, the labelled expenditures maintained the same level or recorded a slight increase in all the domains, with the exception of Prevention and Coordination-Research-Evaluation where a decline was observed (by 6.4% and 42.5%, respectively) – see Table 2.

Resources from the European Social Fund used to support drug policy projects at the local level are estimated to be up to CZK 100 million (€ 3,850 thousand) annually. Three operational programmes (OPs) – the Human Resources and Employment OP, administered by the Ministry of Labour and Social Affairs, the Education for Competitiveness OP, falling within the remit of the Ministry of Education, and the Prague Adaptability OP, managed by the regional authority for the Capital City, Prague – have been used to finance services via the ESF.

Health insurers' expenses incurred in relation to the treatment of substance use disorders in 2012 amounted to a total of CZK 1,597 million (€ 63,503 thousand), with CZK 1,124 million (€ 44,708 thousand) spent on the treatment of alcohol use disorders and CZK 473 million (€ 18,796 thousand) incurred in relation to the treatment of other forms of substance use. The proportion of funds consumed by dedicated alcohol/drug treatment (AT) programmes reached CZK 148 million (€ 5,881 thousand) for alcohol (out of them CZK 140 million/€ 5,575 thousand for residential treatment and CZK 8 million/€ 306 thousand for outpatient treatment) and CZK 64 million (€ 2,548 thousand) for other drugs (out of them CZK 59 million/ € 2,352 thousand for residential treatment and CZK 5 million/ € 196 thousand for outpatient treatment).

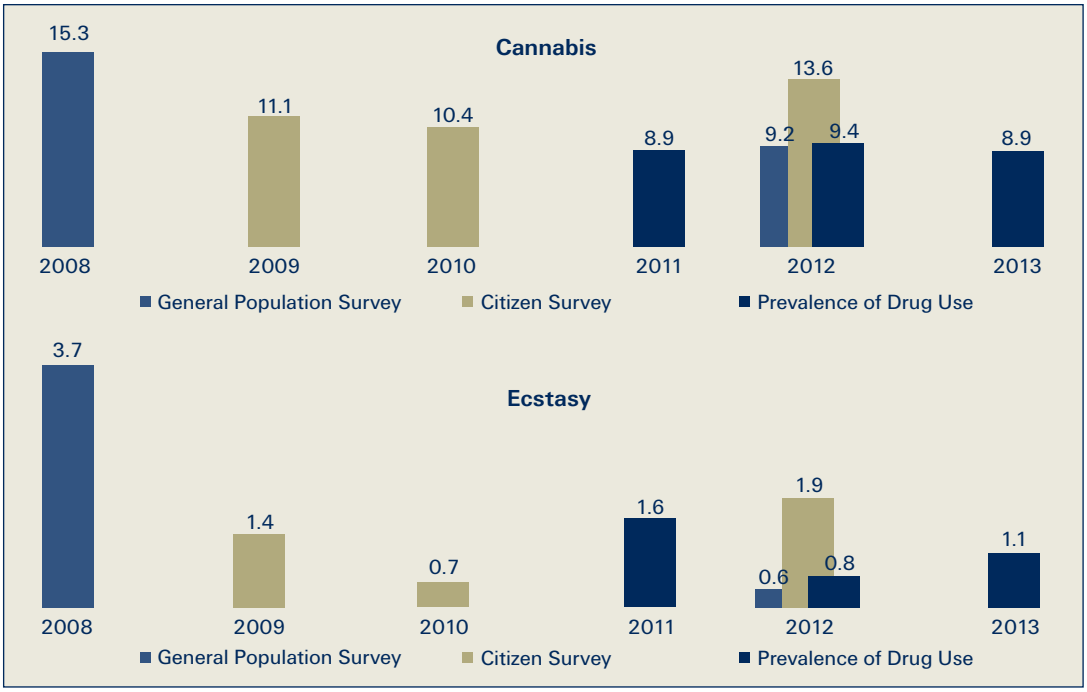
2 DRUG USE AND ITS CONSEQUENCES

2/1 Drug Use in the General Population

Drug use in the Czech Republic has shown stable levels in the long term. Recent studies indicate the same pattern of drug use among the general population: the most commonly used drug, after alcohol and tobacco, is cannabis, which had been used at least once by approximately one quarter of the adult population. 9% of the population reported having used cannabis within the last year. The use of other illegal drugs shows significantly lower levels: according to the omnibus study called the Prevalence of Drug Use in the General Population in 2013, the lifetime use of ecstasy and hallucinogenic mushrooms was reported by 5% and 2% of the population, respectively, while the level of use of other illegal drugs stays below 1%. Illicit drug use is more prevalent among men and younger age groups (15-34 years). New psychoactive drugs had been used at least once in their lives by 2% of the adult population (younger age groups reported 4% lifetime use). Long-term trends suggest a decline in the level of current cannabis use among the general population, particularly as far as younger age groups are concerned – see Graph 1.

Cross-sectional school surveys have consistently recorded the prevalence of lifetime cannabis use at 26–33% among 14–15-year-old elementary school students and 42–47% among 16-year-old secondary school students. At the secondary level of the educational process, the ESPAD survey suggests dramatic differences in terms of substance use, depending on the type of school: students from vocational schools reported dramatically higher rates of regular smoking, frequent binge drinking, and experience with illicit drugs than their peers attending grammar schools or secondary schools – see Graph 2. Next wave of the ESPAD study is planned to be carried out in 2015.

GRAPH 1: Comparison of prevalence rates of the use of cannabis and ecstasy among the general population (15–64 years) in the last 12 months, 2008–2013 (%)



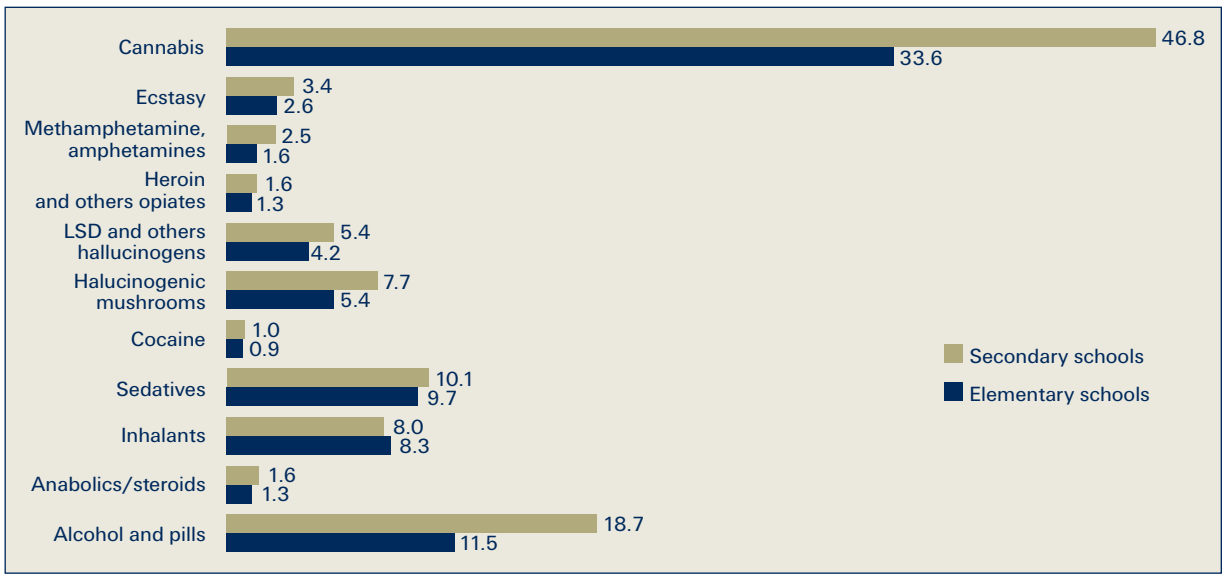
The attitudes of the population of the Czech Republic to substance use have remained stable in the long term. Nevertheless, the level of public acceptance of tobacco smoking has shown a slight decrease recently, while a growing number of people find it acceptable to use alcohol and cannabis. In 2014 Eurobarometer survey, young Czechs (aged 15–24) report a relatively high availability of cannabis and are more likely to underestimate the risks related to one-off experiments with illegal drugs. Regarding their rating of risks posed by the regular use of illegal drugs, Czech respondents show the same attitudes as their European peers.

2/2 Intensive and High-risk Drug Use

Approximately 23.1% (20.6–25.9%) of the Czech population above 15, i.e. some 2 million people, smoke tobacco daily. A total of 17–20% of the Czech population, i.e. 1.5–1.7 million adults, show risky alcohol consumption; harmful drinking (high-risk drinking or dependence on alcohol) is associated with 5 to 8% of the population, i.e. 450–700 thousand adults.

Approximately 2.7% of the population aged 15-64 (4.2% of men and 1.2% of women) are at risk related to their cannabis use, out of them 1.1% (2.0% of men and 0.2% of women) are at high risk and 1.6% (2.2% of the men and 1.0% of the women)

GRAPH 2: Lifetime prevalence of illicit drug use among students at elementary schools and secondary schools; comparison of the 2011 ESPAD results (%)



in moderate risk related to cannabis use. In absolute figures, this implies an estimated 80 thousand, and 120 thousand cannabis users at high and moderate risk, respectively, related to their use of the drug. Cannabis-related problems are more likely to occur with increasing frequency of use. Heavy cocaine users (who use cocaine at least once a week) are estimated to account for only 0.1% of the adult population in the Czech Republic (approximately 7 thousand people) – see Table 3.

TABLE 3: Heavy and risky substance use and problem gambling in the Czech population aged 15–64 years (according to National Survey on Substance Use 2012)

Indicator	Proportion (%)		Number	
	Mean estimate	95% CI	Mean estimate	95% CI
Daily smokers	23.1	20.6–25.9	1,669,000	1,488,000–1,871,000
Regular users of alcohol (5 or more drinks with a frequency of at least once a week in the last 30 days)	12.8	10.1.–14.2	925,000	730,000–1,026,000
Regular users of alcohol (5 or more drinks with a daily or almost daily frequency)	2.3	1.7–3.0	166,000	123,000–217,000
At-risk drinkers (CAGE score 1+)	17.0	15.2–18.8	1,230,000	1,100,000–1,360,000
People engaging in harmful drinking (CAGE score 2+)	8.2	6.9–9.6	590,000	500,000–690,000
People who had used cannabis with a frequency of at least once a week in the last 30 days	2.0	1.4–2.6	145,000	101,000–188,000
People who had used cannabis daily in the last 30 days	0.3	0.1–0.5	22,000	7,000–36,000
High-risk cannabis users (CAST score 7+)*	1.1	0.7–1.7	79,000	51,000–123,000
People who had used cocaine with a frequency of at least once a week in the last 30 days	0.1	–	7,000	–
Heavy users of any drug (excluding tobacco) – weekly in the last 30 days	13.9	12.4–15.4	1,004,000	896,000–1,123,000
Heavy users of any drug (excluding tobacco) – daily in the last 30 days	2.5	1.8–3.2	180,000	130,000–231,000
People at moderate risk of problem gambling (PGSI score 3–7)	1.7	1.2–2.2	126,000	86,000–166,000
People at high risk of problem gambling – pathological gamblers (PGSI score 8+)	0.6	0.3–0.9	42,000	21,700–65,000

Note: The numerical estimates were rounded to thousands. Screening scales used for estimation of the risky substance use: CAGE scale for risky alcohol consumption, CAST scale (Cannabis Abuse Screening Test) for risky cannabis use, PGSI scale (Problem Gambling Severity Index) for risky involvement in gambling activities.

TABLE 4: Mean values of prevalence estimates of problem drug use carried out using the multiplication method with the use of data from low-threshold programmes, 2002–2013

Year	Problem drug users in total		Problem users of opiates/opioids				Problem methamphetamine users		Injecting drug users	
	Number	Per 1,000 inhabitants aged 15–64	Heroin users	Buprenorphine users	Total	Per 1,000 inhabitants aged 15–64	Number	Per 1,000 inhabitants aged 15–64	Number	Per 1,000 inhabitants aged 15–64
2002	35,100	4.89	–	–	13,300	1.85	21,800	3.04	31,700	4.41
2003	29,000	4.02	–	–	10,200	1.41	18,800	2.61	27,800	3.86
2004	30,000	4.14	–	–	9,700	1.34	20,300	2.80	27,000	3.73
2005	31,800	4.37	–	–	11,300	1.55	20,500	2.82	29,800	4.10
2006	30,200	4.13	6,200	4,300	10,500	1.44	19,700	2.69	29,000	3.97
2007	30,900	4.20	5,750	4,250	10,000	1.36	20,900	2.84	29,500	4.01
2008	32,500	4.39	6,400	4,900	11,300	1.52	21,200	2.87	31,200	4.21
2009	37,400	5.04	7,100	5,100	12,100	1.63	25,300	3.40	35,300	4.75
2010	39,200	5.30	6,000	5,000	11,000	1.48	28,200	3.81	37,200	5.03
2011	40,200	5.51	4,700	4,600	9,300	1.27	30,900	4.24	38,600	5.29
2012	41,300	5.71	4,300	6,300	10,600	1.47	30,700	4.25	38,700	5.35
2013	44,900	6.29	3,950	7,100	10,700	1.50	34,200	4.79	42,700	5.97

In 2013 there were approximately 44.9 thousand high-risk (problem) drug users (the mean estimate) in the Czech Republic, including 34.2 thousand methamphetamine (pervitin) users, 3.5 thousand heroin users, and 7.2 thousand buprenorphine users (i.e. 10.7 thousand opiate/opioid users in total). The number of injecting drug users was estimated at 42.7 thousand – see Table 4. The estimated number of high-risk drug users (HRDUs) rose by 8.7% in 2013 compared to the previous year. Statistically significant changes can be observed in the number of opiate/opioid users: again, while the number of heroin users dropped, there were more using buprenorphine. The number of methamphetamine users increased dramatically.

In the last ten years the mean estimate of the number of high-risk drug users has risen by more than half and in 2013 the prevalence of high-risk drug use in the Czech Republic exceeded 0.6% of the population aged 15-64. Traditionally, the highest rates of high-risk drug users, as well as of opiate/opioid users, are reported from Prague and the Ústí nad Labem region, followed by Karlovy Vary and Liberec regions. Over the last ten years the greatest long-term increase in these terms has been observed in Prague and the Central Bohemia, South Bohemia, Liberec, and Vysočina regions. There has been a continuing upward trend in the misuse of fentanyl in the Pilsen, Karlovy Vary, and Moravia-Silesia regions and the morphine-based analgesic Vendal® Retard in the South Bohemia and Pilsen regions.

2/3 Drug-related Health Consequences

The situation in terms of infections among drug users remained relatively favourable in 2013. The total number of newly reported HIV cases has been growing since 2005, and reached 235 in 2013. Six new cases were reported of HIV-positive persons who became infected through injecting drug use, i.e. the number of IDU among new HIV cases has remained low, and sexual intercourse between men is the main route of HIV transmission in the Czech Republic. HIV seroprevalence among injecting drug users (IDUs) in the Czech Republic continues to remain below 1%.

The number of newly reported cases of viral hepatitis C (HCV) among IDUs increased slightly in the last year (see Graph 3). Nevertheless, the prevalence of HCV among injecting drug users seems to be dropping, ranging from 15–50%, according to the characteristics of the sample of testees. The number of cases of viral hepatitis B (HBV) among injecting drug users has been decreasing in the long term, which is credited to the routine vaccination that was introduced in 2001. However, a high proportion of injection has persisted among problem opiates/opioids and pervitin users.

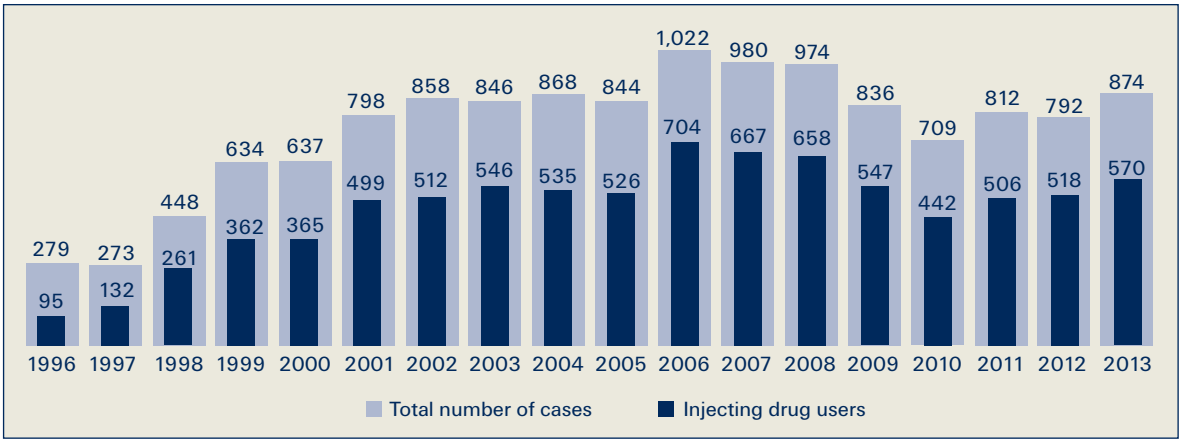
In 2013, altogether 1,165 cases of hospitalizations related to intoxication by addictive substances were reported in the National Register of Hospitalisations (NRHOSP). In the long-term, there has been a decline in the number of admissions for drug poisoning reported, while the number of alcohol poisonings is approximately twice the number of poisonings caused by all other substances combined – see Table 5. In 2013, 15 cases of methanol intoxications were reported causing 9 deaths, these were still the impacts of mass methanol poisoning which broke out in September 2012.

Altogether 10,040 cases of hospital admissions related to injuries under the influence of addictive substances were reported in 2013, out of them 7,049 (3.4%) under the influence of alcohol; the proportion of accidents under the influence of alcohol has been growing in the long term.

A research on psychiatric comorbidity showed that patients hospitalized for psychosis were 3-9 times more likely, and patients hospitalized for schizophrenia 4-13 times more likely, to have an experience with pervitin use compared to the general population. The most common reasons for hospitalisation include psychosis caused by multiple substances and methamphetamine, less frequently by cannabis.

In 2012, 199 deaths resulting from overdoses on illicit drugs, inhalants, and psychotropic drugs were detected (190 in 2011), out of them 38 were cases of fatal overdoses on illicit drugs and inhalants, which means an increase compared to the extremely

GRAPH 3: Reported incidence of acute and chronic HCV among all patients and injecting drug users in the Czech Republic, 1996–2013



Somatic Comorbidity of Problem Drug Users

In 2013, the National Focal Point carried out a study focusing on mapping of somatic problems, related therapeutic needs, and barriers to treatment among active problem drug users (PDUs). The study consisted of three parts: (i) a questionnaire survey involving a sample of 240 problem drug users focused on health problems and barriers preventing them from accessing healthcare services, (ii) medical examinations of 40 PDUs, and (iii) two focus groups of drug users.

Research indicated that diseases of the teeth and skin were of particular concern. Common skin conditions include trophic changes in the crura, venous ulceration, and local skin infections (abscesses, ulcers). The diagnoses that occurred in most cases were also (chronic) HCV, past HAV/HBV infection, and gastroduodenal ulcer disease.

Heroin users in particular showed poorer health than users of other drugs. There are significant barriers to entry into treatment for problem drug users, especially for women, persons living with children, or foreigners. Women find it difficult to get access to gynaecological care, but there is a general problem in the negative attitude of health professionals towards providing care and treatment to problem drug users.

The majority of clients could not provide proof of health insurance, and some did not have identity cards; they usually seek medical care at emergency units only when they experience major health problems. The research results support the arguments for establishment of a specialized facility for treatment of somatic problems among drug users in Prague where the clients would not be stigmatised because of their addiction and where the staff would be ready to work with drug users, as is the case in drop-in centres.

TABLE 5: Number of admissions to acute care hospitals for intoxication caused by drugs, 2004–2013

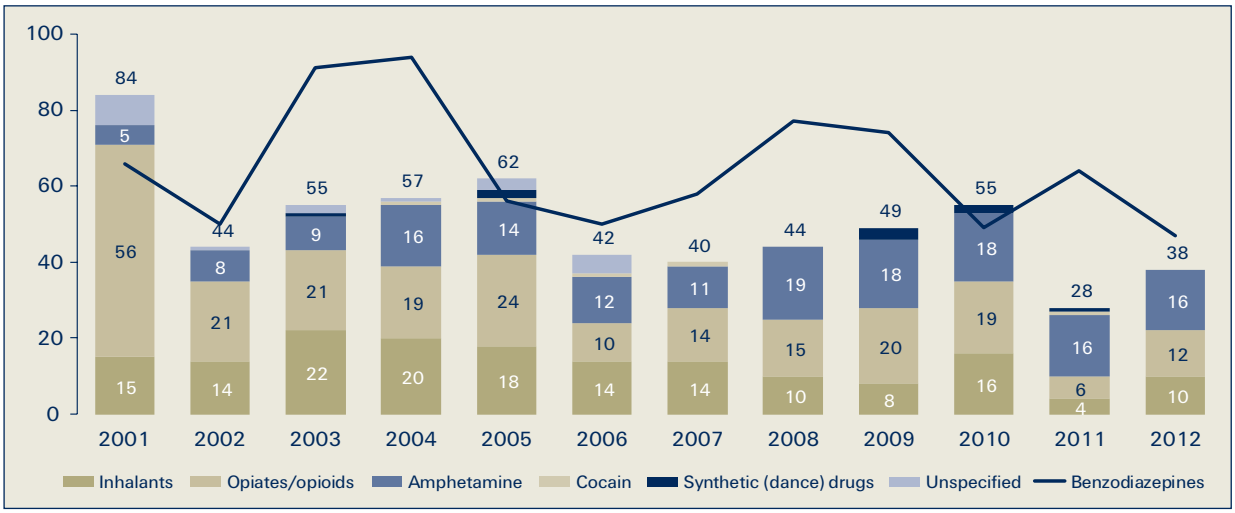
Drug	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Heroin (T40.1)	27	24	18	31	41	19	20	17	4	13
Methadone (T40.3)	1	0	6	1	2	3	2	1	2	1
Other opiates/opioids (T40.0, T40.2)	50	71	79	64	62	50	62	57	79	96
Cocaine (T40.5)	2	7	2	1	4	1	3	1	1	9
Cannabis (T40.7)	95	78	67	55	86	66	66	58	57	65
LSD (T40.8)	4	0	6	5	3	4	1	2	2	2
Methamphetamine and other stimulants (T43.6)	24	25	22	29	30	25	25	17	30	39
Other and unspecified drugs (T40.4, T40.6, T40.9)	100	116	146	136	83	94	77	79	87	98
Illegal drugs total	**303**	**321**	**346**	**322**	**311**	**262**	**256**	**232**	**262**	**323**
Alcohol (T51.0, T51.9)	1,505	1,220	1,184	1,161	1,125	919	724	714	738	608
Inhalants (T52.0–T52.9)	434	401	401	306	264	230	243	241	262	234
Total	**2,242**	**1,942**	**1,931**	**1,789**	**1,700**	**1,411**	**1,223**	**1,187**	**1,262**	**1,165**

low number in the previous year (28 in 2011). Psychoactive drugs were the cause of the overdose in 161 cases (162 in 2011). A total of 12 cases of fatal overdoses on (illicit) opiates/opioids were detected (in 2011, this number was extremely low, with only six cases, the lowest annual figure since the launch of the special register of autopsies at forensic medicine departments). Methamphetamine was the cause of a fatal overdose in 16 cases (16 cases identically in 2011), of which 11 cases involved the substance alone, the rest in various combinations with THC, tramadol, ethanol, and benzodiazepines. 10 cases were fatal overdoses on inhalants (four cases in 2011) – see Graph 4.

In General Mortality Register, altogether 47 fatal overdoses on illicit drugs and inhalants were reported in 2013 (45 cases in 2012) which is comparable to data reported by the Special Mortality Register run by the Forensic Medicine Departments. The number of fatal overdoses on ethanol (alcohol) according to the same criteria reached 292 cases which is about ten times higher compared to the number of fatal overdoses on all illicit substances together.

Impaired driving is an issue. The year 2013 witnessed an increase in the number of fatalities in accidents caused by road users under the influence of addictive substances – mainly alcohol and methamphetamine. In 2013, altogether 4,686 accidents caused under the influence of alcohol (i.e. 6.1% of the total) were recorded in 2013, with 52 fatalities (i.e. 9.0% of the total) and another 2,306 persons injured.

GRAPH 4: Fatal overdoses on benzodiazepines, illicit drugs, and inhalants, 2001–2012



2/4 Drug-related Social Consequences

The social correlates of drug use include low education, unemployment, relationship and family problems, low-quality and unsteady housing, or even homelessness, indebtedness, and others. These problems may often occur simultaneously and may even lead to social exclusion. Social exclusion often occurs in the Czech Republic in locations inhabited by Roma population. The drug scene is different in these locations; the drugs most commonly reported by Roma include methamphetamine (pervitin), cannabis, and inhalants, while in some locations (in Prague, Brno, and North Bohemia) they include heroin and buprenorphine. Alcohol is a problem, particularly among older Roma males. Pathological gambling also occurs to a higher degree in socially excluded communities.

As a research in Prague showed, drug use is very common among young homeless people. It is associated with psychiatric comorbidity, high-risk sexual behaviour, crime, or victimisation. Homelessness and drug use are interrelated but a drug or alcohol addiction is apparently the most serious obstacle to the social reintegration of the young homeless people.

For many problem (high-risk) drug users, debts represent a major barrier which prevents them from full social reintegration and may provoke relapse. Distraint warrants issued to the effect that clients' earnings are levied increases the level of use of social security benefits to the detriment of employment, as such benefits are not subject to distraint orders.

Roma Communities and Drug Use

A review study focusing on substance use in Roma communities in the Czech Republic and Slovakia, published in 2014, suggests that Roma start using drugs earlier (often influenced by relatives of the same age) and have lower levels of awareness of the harmful consequences of drug use in comparison with the mainstream population. There was a higher risk associated with Roma clients, needles and syringes were shared, and the age of transition to injecting application was lower, as was the awareness of the risks caused by drug use. The family is often the initiating and maintaining element in the drug career, and multi-generation drug use occurs.

The 2012 Roma Minority Report suggests that drug use and gambling are among the negative phenomena which accompany social exclusion. In the report, they were described as an escape strategy from a hopeless situation but also as a trigger for criminal behaviour. What is considered an alarming problem is the early age (9-13 years) of the first contact with drugs and the absence of official statistics on drug use among Roma. The drug scenes vary from place to place in terms of the drug used; methamphetamine, cannabis and inhalants are among the drugs most commonly reported by Roma. In Ústí nad Labem, Prague, and Brno, the use of heroin and buprenorphine (Subutex®) prevails. Drug manufacture and distribution is also associated with drug use among Roma, and gambling also occurs at a higher rate, in particular because of the higher availability of gambling premises in the vicinity of socially excluded areas, in response to which the municipalities have banned the operation of such premises in many cases.

The consequences of drug use mainly include increased aggressiveness and a rise in the number of crimes and misdemeanours, including road traffic accidents, conflicts with neighbours, and increased tension in the excluded communities. Drug-related problems contribute to the intensification of social exclusion in the context of other common negative phenomena such as low qualifications, unemployment, and low-quality housing.

3 PREVENTION, TREATMENT AND HARM REDUCTION

3/1 Prevention

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. The main goal of the strategy is to stabilise the system of measures intended to prevent diseases and protect and promote health, as well as establishing effective and sustainable mechanisms to improve the health of the population. In 2015 the strategy is to be elaborated into action plans for specific areas including tobacco control and reduction of harm caused by alcohol.

School-based prevention-related activities are the responsibility of the Ministry of Education, Youth, and Sports (the Ministry of Education). The core documents for the area of school-based prevention are the National Strategy for the Primary Prevention of Risk Behaviour for 2013-2018 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.

So-called regional prevention plans have served recently as the main tool for the development and coordination of prevention on the regional level. Analyses of the regional prevention plans indicate certain positive developments, such as a greater willingness to cooperate and provide more effective methodological guidance on the part of the key figures who deliver or coordinate prevention activities (such as school prevention workers, district prevention methodologists in pedagogical and psychological counselling centres, and regional school prevention coordinators), coordination of activities, and networking with the non-profit sector.

On the other hand, the subsidy redistribution system, the insufficient utilisation of EU funds, and the centralisation of prevention-specific funding at the Ministry of Education have been identified as major drawbacks of the system of the prevention of risk behaviour.

To assure the quality of prevention activities, the process of certifying programmes involving the prevention of risk behaviour was resumed in 2013. The system is based on the Standards of Professional Competency of the Providers of Programmes of School-based Primary Prevention. Commissioned by the Ministry of Education to do so, in June 2013 the National Institute for Education opened the Certification Office, which is responsible for the coordination of the entire certification system.

3/2 Treatment and Social Reintegration

While the existing network of addiction treatment services covers the entire spectrum of problems associated with substance use, it essentially consists of three separate systems:

(1) the network of low-threshold programmes and specialised outpatient treatment and aftercare programmes and therapeutic communities which predominantly have the status of social services and are operated by NGOs focusing particularly on users of illicit drugs other than alcohol and, exceptionally, on pathological gamblers;

(2) the network of healthcare facilities specialising in psychiatry, or alcohol/drug treatment in particular, which provide outpatient and residential health services to users of both alcohol and non-alcohol drugs and, less often, to pathological gamblers, and

(3) tobacco addiction treatment centres, formed largely in inpatient facilities dedicated to pulmonology or internal medicine.

The core of addiction treatment services in the Czech Republic consists of approximately 250 programmes, of which approximately 200 are only outpatient or outreach services, while 50 provide residential services. Almost half of the facilities have a valid professional competency certification by the GCDPC and 40% of the facilities were registered as social services. Geographical accessibility is not evenly distributed – a drop-in programme is lacking in 21 districts, an alcohol/drug treatment outpatient facility (AT clinic) in 37 districts, substitution treatment in 25 districts, specialised aftercare programmes in 61 districts, detoxification in 55 districts and two regions, alcohol/drug treatment inpatient care in four regions, and a therapeutic community in three regions. The availability of addiction treatment services is particularly an issue in the Pardubice, Central Bohemia, and Liberec regions.

An overview of outpatient and inpatient treatment and counselling programmes for drug users and their capacity and occupancy rates in 2013 are provided in Table 6 and Table 7, respectively. Approximately one third of the clients in treatment are women, in various types of programmes, ranging from 22% in low-threshold centres to 47% in day care centres. Clients in different programmes generally differ in terms of their drugs of choice. Users of methamphetamine and opiates/opioids make up the majority of clients of low-threshold centres. Alcohol users constitute the majority of clients of outpatient and inpatient psychiatric facilities, but there is also a high proportion of users of methamphetamine, opiates/opioids, polydrug users, or people with problem use of sedatives and hypnotics – see Graph 5 and Graph 6.

A total of 198 facilities reported data on clients treated in 2013 to the Treatment Demand Register run by the Public Health Service, with more than half the reports (51.7%) coming from a total of 65 low-threshold drop-in centres, a quarter (24.6%) from 85 outpatient programmes, and a quarter (23.7%) from 48 residential treatment facilities. Overall, 9,784 applicants were registered for treatment in 2013, of whom 4,634 reported

TABLE 6: The network of outpatient addictology care programmes in 2013

Type of programme		Number of programmes	Capacity (persons)	Number of clients	Characteristics
Low-threshold drop-in centres*		57	–	18,149	low-threshold harm reduction services primarily for illicit drug users or problem (injecting) drug users
Sobering-up stations		17 (18)**	153	23,018	short-term detention (a matter of hours) until sobering up, designed especially for persons intoxicated with alcohol or, to a lesser extent, with other drugs
Outpatient treatment psychiatrie	outpatient healthcare facilities – psychiatry	74 (488)***	–	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 ****	7	–	991	outpatient addictological (social) services, whose target group mainly consists of the users of illicit drugs
Substitution treatment	Substitution Treatment Register	64	–	2,311	substitution treatment in the form of outpatient health services in various specialist fields, whose target group primarily consists of the users of opiates/opioids, possibly in combination with other substances (polydrug users)
	annual statement from psychiatrists and general practitioners	274	–	2,485	
Treatment in prisons	substitution treatment	7	–	62	outpatient addiction treatment services provided primarily to illicit drug users while on remand or serving a prison sentence
	voluntary treatment	8	306	589	
	compulsory (court-ordered) treatment*****	5	128	184	
	drug-free zones******	34	1,898	3,748	
	NGO programmes	23 (15)	–	5,035	
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	696	addiction treatment programmes whose aim is to support and rehabilitate clients after treatment, intended primarily for illicit drug users
Tobacco addiction treatment centres		38	–	n.a.	outpatient tobacco addiction treatment provided primarily within inpatient facilities in the fields of pulmonology or internal medicine

Note.: * These are low-threshold (stationary) centres. ** One sobering-up station failed to submit its report of interventions. *** The number of outpatient facilities that can be considered to be specialised in addictology (the number of all outpatient facilities that reported at least one addiction patient in 2013). **** Outpatient programmes subsidised by GCDPC that are not accredited as a healthcare facility. ***** Five wings in four prisons. ****** Of which 31 are without and three with a therapeutic regimen, and which have 1,797 and 101 patients, respectively.

drug-related treatment for the first time in their life (first treatment demands). The highest numbers of applicants were reported in Prague (17.0%) and in the Central Bohemia region (13.1%). In terms of the most common drugs used, methamphetamine (locally known as pervitin) was reported as the drug of choice by 70.1% of individuals demanding treatment and their number has been increasing – see Graph 7 and Graph 8.

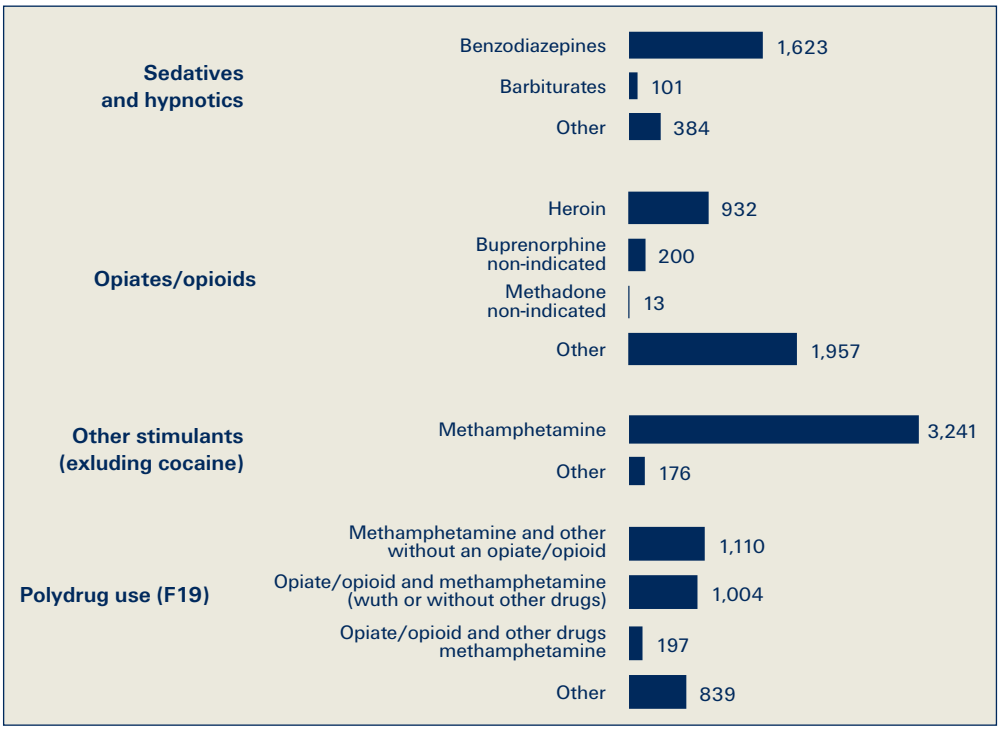
In the long term, there is a noticeable decrease in the number of users of opiates/opioids, mainly heroin, while the number of buprenorphine users is growing. The population of drug users is getting older; users of opiates/opioids are the oldest (31-32 years on average), while cannabis users are the youngest (23 years on average).

TABLE 7: The network of inpatient addiction treatment facilities in 2013

Type of facility		Number of programmes	Capacity (beds)	Number of clients	Characteristics
Detoxification	inpatient healthcare facilities	16 (17*)	153	9,361	a health service, the purpose of which is usually to minimise withdrawal symptoms at the beginning of treatment
	prison	4	n.a.	187	
Psychiatric inpatient care	psychiatric hospitals for adults	18	8,606	11,429	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	24	
	psychiatric wards in hospitals	30	1,275	4,058	
	other inpatient facilities with a psychiatric ward	2	66	93	
Therapeutic communities		16	272**	420	residential care on the principle of therapeutic communities, whose target group mainly consists of illicit drug users
Special education facilities		5	74	159	specialised wards for children at risk of drug addiction in residential special education facilities
Sheltered housing		9***	99		accommodation for clients in an aftercare programme, whose target group mainly consists of illicit drug users

Note: * detoxification in non-dedicated beds, ** estimated at 272, as the 10 programmes supported within the GCDPC subsidy proceedings average 17 (with a capacity of 171 places in 10 communities) *** programmes supported within the CGDPC subsidy proceedings in 2013

GRAPH 5: Structure of patients in outpatient psychiatric care by individual drugs, 2013



The GCDPC Certification System – System of the Quality Assurance

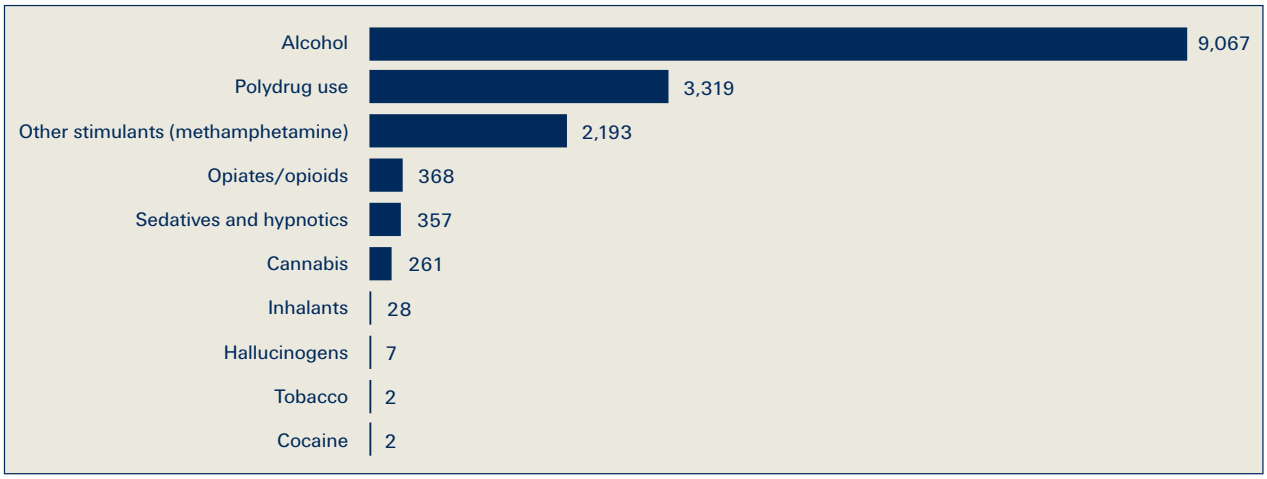
The system for certifying the professional competences of drug services (the GCDPC certification system) is designed to ensure the quality of addiction treatment services. The system has been in operation since 2006 and the certification has been a prerequisite for NGOs to receive funding from the state budget since 2007. It is based on the Standards of Professional Competency of Drug Services, which consist of a general part and a special part for each type of service. Originally, nine types of services were defined. In July 2013, a review of the standards that had been under way since 2010 was completed, including also the pilot testing and development of a special tenth standard for prison-based addiction treatment services. A draft of the updated version of the Certification Rules is currently under review by the professional community. The revision is yet to be approved by the Government Council for Drug Policy Coordination.
A total of 165 programmes had a valid GCDPC certification as of the end of June 2014 – see Table 8.

TABLE 8: Overview of certified programmes, by type, 2011–2014

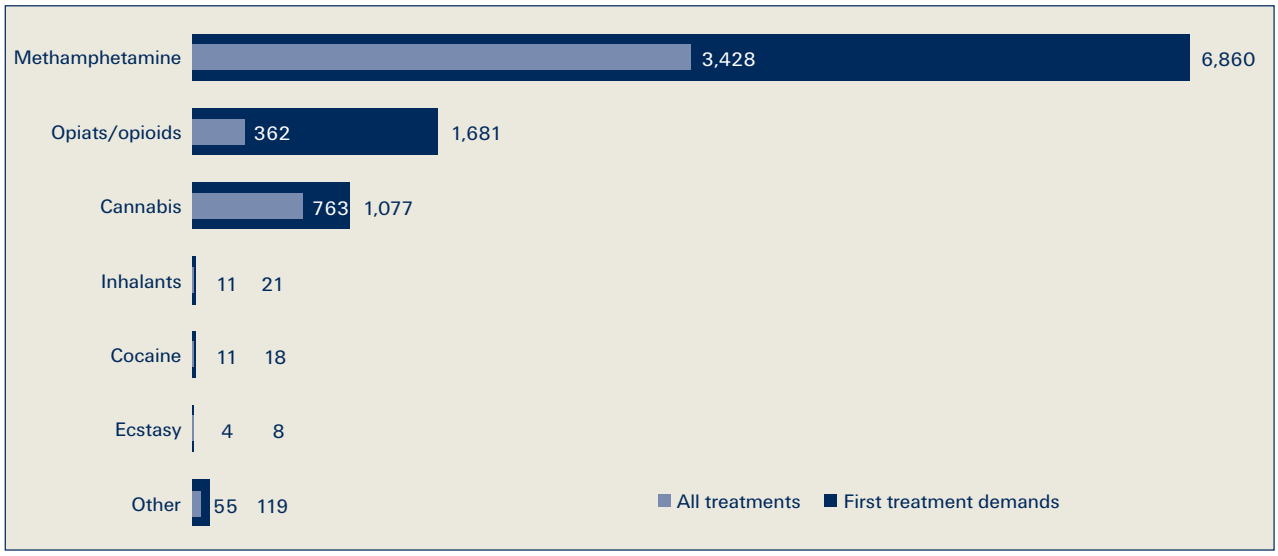
Type of service	2011	2012	2013	2014
Detoxification	2	1	2	2
Outreach programmes	49	50	49	52
Drop-in and counselling services	52	49	50	52
Outpatient treatment	15	13	18	19
Day care programmes	1	1	1	1
Short- and medium-term inpatient treatment	2	2	2	5
Residential care in therapeutic communities	10	10	10	10
Outpatient aftercare programmes	16	17	17	17
Substitution treatment	8	8	7	7
Total	**155**	**151**	**156**	**165**

Note: As of 16 May 2011, 29 May 2012, 28 June 2013, and 30 June 2014

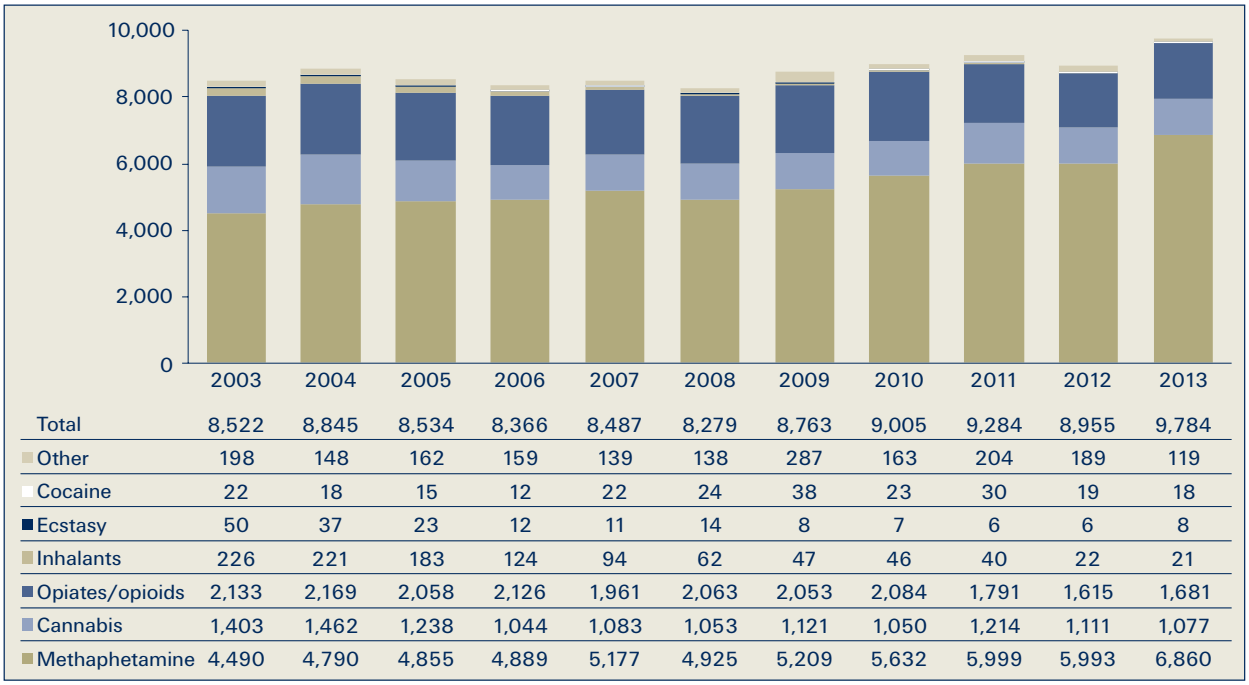
GRAPH 6: Structure of patients in inpatient psychiatric care, by drug, 2013



GRAPH 7: Structure of treatment demands by drug of choice, 2013



GRAPH 8: Number of all treatment demands in the Treatment Demand Register by drug of choice, 2003–2013



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	8,522	8,845	8,534	8,366	8,487	8,279	8,763	9,005	9,284	8,955	9,784
Other	198	148	162	159	139	138	287	163	204	189	119
Cocaine	22	18	15	12	22	24	38	23	30	19	18
Ecstasy	50	37	23	12	11	14	8	7	6	6	8
Inhalants	226	221	183	124	94	62	47	46	40	22	21
Opiates/opioids	2,133	2,169	2,058	2,126	1,961	2,063	2,053	2,084	1,791	1,615	1,681
Cannabis	1,403	1,462	1,238	1,044	1,083	1,053	1,121	1,050	1,214	1,111	1,077
Methaphetamine	4,490	4,790	4,855	4,889	5,177	4,925	5,209	5,632	5,999	5,993	6,860

It is mainly aftercare services that focus on the social reintegration of drug users and support them after they have completed treatment. They include outpatient aftercare programmes, which may be extended to encompass other support services, in particular sheltered housing and protected employment (sheltered workshops, and protected and supported employment). In August 2014, a total of 35 aftercare programmes for the target group of persons at risk of addiction or persons with a substance addiction were included in the Register of Social Service Providers. Nevertheless, a 2012 facility survey, the Drug Services Census, indicates that social work and support services intended to facilitate the social reintegration of drug users are provided by tens to hundreds of addiction treatment facilities and programmes; such services mainly involve assistance with housing, employment, and debts.

Total Estimated Number of Clients in Treatment

For the first time in 2013, a total number of drug users and addicts in contact with addiction treatment services was estimated. The aggregated data from different registers and sources do not make it possible to exclude multiple records of the same client and the various reporting systems overlap, and thus a simple aggregation of records would overestimate the number of clients. Summing up the numbers reported by those sources that most probably do not overlap or overlap as little as possible, a total of 73,000 drug users in contact with addiction treatment services was estimated – out of them approximately 23,000 were alcohol users, almost 45,000 were users of illicit drugs and 1,600 were pathological gamblers (see Table 9).

TABLE 9: The total number of addiction clients in contact with services in 2013 by type of drug/addictive disorder

Category	Sources	Number*
Alcohol users	OPT, LTF, TC	23,000
Tobacco users	OPT, TATC	n.a. (500 OPT)
Users of sedatives/hypnotics	OPT	3,100
Pathological gamblers	OPT, LTF	1,600
Illicit (street) drug users	NZ, IPT, TC	44,900
of whom methamphetamine users	NZ, IPT, TC	26,000
of whom opiate/opioid users	LTF, IPT, TC	9,000
of whom clients in substitution treatment	ST	3,000–4,000
Addiction treatment clients total		**73,000****

Note: OPT = outpatient psychiatric treatment, TATC = tobacco addiction treatment centre, IPT = inpatient psychiatric treatment, LTF = low-threshold facilities, TC = therapeutic communities, ST = substitution treatment. * Rounded to hundreds; the total number of opiate/opioid users and addiction treatment clients is rounded to thousands. ** Excluding treated tobacco users.

3/3 Harm Reduction

Harm reduction has been one of the main areas of the Czech drug policy in the long term, the main priorities in this area include prevention of infectious diseases and prevention of overdoses. Low-threshold drop-in centres and outreach programmes across the Czech Republic form the basis of the network of services in this area. A total of 111 low-threshold programmes, comprising 57 drop-in centres and 54 outreach programmes, were in operation in the Czech Republic in 2013.

In 2013, such low-threshold programmes were in contact with more than 38 thousand drug users, most commonly comprising users of methamphetamine (61.1%), opiates/opioids (21.7%), and cannabis (4.1%) – see Table 10. There is a significant gradual increase in the number of problem (injecting) users of buprenorphine and a corresponding reduction in that of heroin users. The share of IDUs among the clients of low-threshold programmes has been 75 to 80 per cent in the long term. The

TABLE 10: Drug users in contact with low-threshold programmes in the Czech Republic, 2006–2013

Indicator	2006	2007	2008	2009	2010	2011	2012	2013
Pervitin users	12,100	14,600	14,900	16,000	17,500	19,400	19,457	23,417
Opiate/opioid users	6,900	7,300	8,300	8,900	8,100	6,800	9,160	8,332
of whom heroin user	4,000	4,100	4,600	4,950	4,200	3,300	2,802	2,659
of whom buprenorphine users	2,900	3,200	3,700	3,950	3,900	3,500	6,167	5,487
Cannabis users	2,700	2,000	1,700	2,200	1,900	3,200	3,303	1,561
Inhalant users	450	390	300	250	300	250	159	238
Injecting drug users	18,300	20,900	22,300	23,700	24,500	25,300	27,553	31,271
Average age (years)	25.3	26.1	26.4	27.4	27.0	28.1	28.5	29.3
Total number of drug users	**25,900**	**27,200**	**28,300**	**30,000**	**32,400**	**35,500**	**34,248**	**38,315**

average age of the clients has been increasing (up by four years since 2006). The interpretation can be that there are fewer new clients and/or they come into contact with the programmes at an older age and that contact has been established with drug users who were not previously contacted.

Needle and syringe exchange services were provided by 110 low-threshold programmes in 2013. Almost 6.2 million items of injecting equipment were supplied, a marked increase against the previous year. The number of programmes that distribute gelatine capsules as an oral alternative to injecting is growing, and 113 thousand such capsules were supplied under at least 44 programmes.

In 2013, a total of 72 low-threshold facilities offered HIV testing, 78 HCV testing, and 52 HBV testing, and 51 low-threshold facilities offered syphilis testing. Although the availability of testing for the clients of low-threshold programmes has varied over time, there is an apparent increase in the number of tests performed in the medium term – see Table 11.

A total of seven AIDS centres, which also operate at the regional level, provide care for HIV-infected persons and AIDS patients in the Czech Republic. HCV treatment was provided to injecting drug users (IDUs) by a total of 39 viral hepatitis treatment centres, where the treatment of 536 persons started in 2013. A total of 246 persons started their HCV treatment in prisons, making the number of prisoners treated for HCV still relatively high.

Specific programmes of harm reduction in nightlife settings were provided by five programmes – the availability of prevention programmes aimed at dance parties and concerts is very limited which is related to their limited funding. The services thus focus on activities in nightlife settings only marginally within the framework of their existing programmes, mainly the outreach ones.

TABLE 11: Number of tests for infections and numbers of low-threshold programmes providing testing, 2003–2013

Year	HIV		HBV		HCV		Syphilis	
	Programmes	Tests	Programmes	Tests	Programmes	Tests	Programmes	Tests
2003	64	2,629	21	739	60	2,499	4	209
2004	58	2,178	25	932	53	2,582	1	84
2005	54	2,425	28	1,370	55	2,664	2	54
2006	46	1,253	56	693	62	1,133	3	209
2007	53	609	19	370	24	401	4	62
2008	50	1,120	18	399	40	862	3	124
2009	47	1,592	23	560	43	1,501	4	143
2010	58	1,821	40	1,200	59	2,134	20	771
2011	78	2,833	69	1,598	80	3,158	66	1,516
2012	64	2,892	48	1,468	67	3,011	46	1,969
2013	72	2,952	52	1,756	78	3,278	51	1,811

4 LAW ENFORCEMENT DATA

4/1 Drug-related Crime

Drug law offences accounted for 1.6% of the reported crime in 2013. Offences involving the production, smuggling, and sale of drugs represent approximately 80% of the reported offences and those involving drug possession for personal use and growing plants/mushrooms for personal use represent roughly 15%.

The number of persons arrested, prosecuted, indicted, and sentenced in relation to drug law offences rose in 2013. It was the greatest year-on-year increase for the last 12 years. In 2013 approximately 3,600-3,700 persons were arrested or prosecuted for drug law offences. About 2,600 were indicted and final sentences were imposed on 2,500 individuals – see Table 12.

Offences involving the production, smuggling, and sale (supply) of drugs represent approximately 80% of the reported drug offences and offences of drug possession for personal use and the cultivation of plants/mushrooms for personal use account for 15% of them. In the Czech Republic drug crime is primarily associated with methamphetamine and cannabis - see Graph 9.

The most common sanction imposed was a term of suspended imprisonment. Since 2008, the number of persons sentenced for drug law offences has been increasing, while the number of unsuspended prison sentences has been declining in favour of non-custodial sentences.

TABLE 12: Number of persons arrested, prosecuted, indicted, and sentenced for drug law offences, 2002–2013

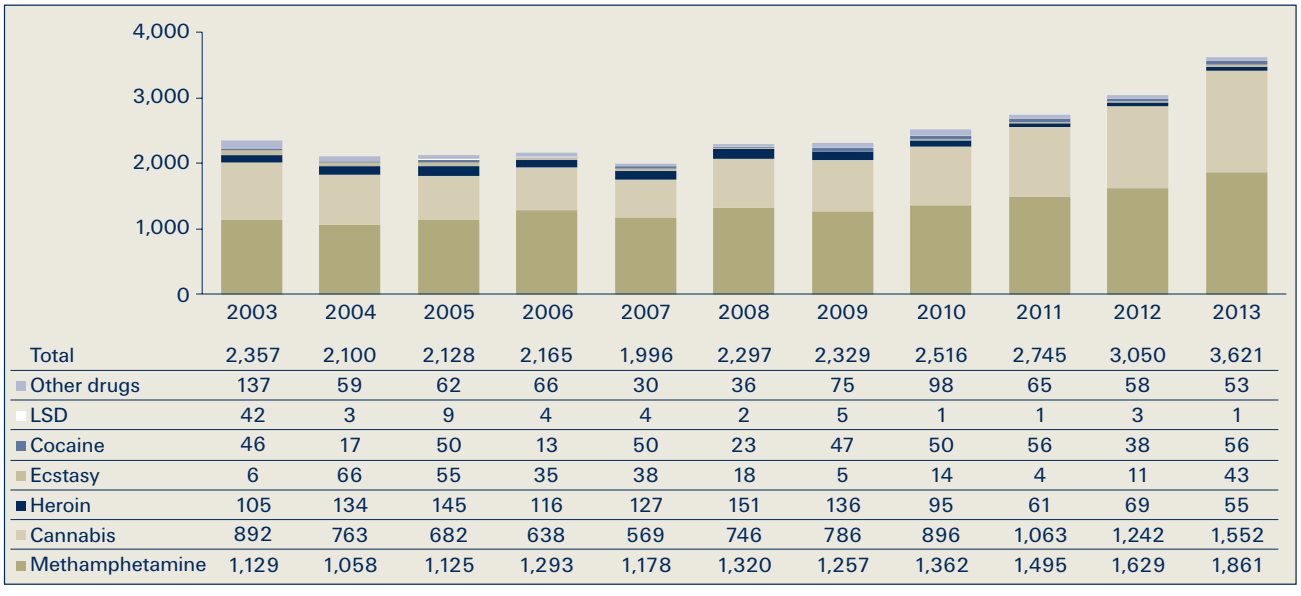
Year	Arrested	Prosecuted (Police Headquarters)	Prosecuted (Ministry of Justice	Indicted	Sentenced
2002	2,000	2,204	2,504	2,247	1,216
2003	2,357	2,295	3,088	2,737	1,304
2004	2,157	2,149	2,944	2,589	1,376
2005	2,168	2,209	2,429	2,157	1,326
2006	2,198	2,344	2,630	2,314	1,444
2007	2,031	2,023	2,282	2,042	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

Proceedings regarding a total of 467.2 thousand misdemeanours (administrative offences) were held in 2013, with 1,686 cases involving the unauthorised handling of narcotic and psychotropic substances, an increase by 401 cases against 2012. As in the previous year, these misdemeanours accounted for approximately 0.4% of all the misdemeanours.
According to the data of the Police of the Czech Republic, 18.2 thousand offences were committed under the influence of drugs, i. e. over 14% of the offences that were cleared up (12% under the influence of alcohol and 2% under the influence of drugs other than alcohol). In the long term, there is an apparent 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. According to estimates, drug users commit approximately one third of property crime, in particular thefts.
In 2013, addiction treatment was available in 8 out of 35 prisons in the Czech Republic; a compulsory treatment sentence could be served in 4 prisons. Substitution treatment was provided by seven prisons. 23 prisons worked with an NGO on the implementation of drug policy activities and 15 of these prisons reported intensive cooperation in this respect. The availability of harm reduction interventions in prisons is very limited.
Compulsory treatment was imposed upon 287 persons in 2013: non-alcohol drug addiction treatment concerned 112 individuals, while alcohol addiction treatment concerned 175 persons. Compulsory alcohol addiction treatment was most commonly imposed upon persons sentenced for disorderly conduct, while compulsory drug addiction treatment most commonly concerned those who had committed the offence of theft.

4/2 Drug Markets and Supply

In 2013, about 21.4 tonnes of cannabis, 6 tonnes of methamphetamine, 0.8 tonnes of heroin, 0.8 tonnes of cocaine, approximately 1 million tablets of ecstasy, and some 100 thousand doses of LSD were consumed in the Czech Republic – see Table 13. Domestic illicit production covers most of the cannabis and all the methamphetamine consumed. The prices of drugs remained practically unchanged in 2013.
A total of 276 indoor cultivation sites and three plastic greenhouses used for growing cannabis were detected in 2013.

GRAPH 9: Number of persons arrested for the offences of the unauthorised handling of narcotic and psychotropic substances, poisons, and articles for their manufacture, by drug type, 2002–2013



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	2,357	2,100	2,128	2,165	1,996	2,297	2,329	2,516	2,745	3,050	3,621
Other drugs	137	59	62	66	30	36	75	98	65	58	53
LSD	42	3	9	4	4	2	5	1	1	3	1
Cocaine	46	17	50	13	50	23	47	50	56	38	56
Ecstasy	6	66	55	35	38	18	5	14	4	11	43
Heroin	105	134	145	116	127	151	136	95	61	69	55
Cannabis	892	763	682	638	569	746	786	896	1,063	1,242	1,552
Methamphetamine	1,129	1,058	1,125	1,293	1,178	1,320	1,257	1,362	1,495	1,629	1,861

TABLE 13: Estimated drug market in the Czech Republic in 2013

Indicator	Cannabis (t)	Methamphetamine (t)	Heroin (t)	Cocaine (t)	Ecstasy (mill. of tablets)	LSD (mill. of doses)
Domestic production	18.3	6.5	0.6	0.3	0.0	0.0
for personal use	10.6	2.2	0.0	0.0	0.0	0.0
for the domestic market	7.4	3.8	0.6	0.3	0.0	0.0
for export	0.3	0.5	0.0	0.0	0.0	0.0
Imports	3.4	0.0	0.2	0.5	1.1	0.1
Consumption	21.4	6.0	0.8	0.8	1.1	0.1

Note: The estimate considers the different concentrations of the active ingredient in the drugs in the different stages of the market, i.e. cutting the drugs.

Low-volume home-based cultivation sites with under 50 cannabis plants were those most commonly detected. Organised groups of people of Vietnamese descent have been increasingly involved in the cultivation of cannabis and the distribution of marijuana in recent years. In 2013, the Police of the Czech Republic and the Customs Administration of the Czech Republic seized a total of 735.4 kg of marijuana, 73.6 thousand cannabis plants, and 1.3 kg of hashish. The average THC concentration in the cannabis that was seized was 10%.

Methamphetamine is predominantly made in the Czech Republic in low-volume cooking laboratories. In 2013, the Police of the Czech Republic detected 261 cooking labs, seizing 69.1 kg of methamphetamine with an average purity of 71%. Extracted from over-the-counter medicines imported mainly from Poland, pseudoephedrine continues to be the main precursor for the production of methamphetamine. In the last years, the National Drug Squad has informed about an increasing number of seized cooking laboratories producing higher volume of methamphetamine. The involvement of organised groups of individuals of Vietnamese descent in the manufacture and distribution of methamphetamine is increasing.

Cocaine is mostly imported to the Czech Republic in postal consignments and luggage, typically from the Netherlands. A total of 35.8 kg of cocaine with an average purity of 33% was seized in 2013.

As for heroin, 5.1 kg with an average purity of 20% was seized in 2013. In addition to heroin, substitution agents in tablets containing buprenorphine (Subutex®, Suboxone® a Ravata®) and opioid-based analgesics Vendal® Retard and fentanyl containing transdermal patches were also available on the black market.

A total of 48 new synthetic substances were reported in the Czech Republic under the Early Warning System in 2013, 12 of which were reported for the very first time, and for three substances it was the first time they had occurred within the EU. The JWH 203 cannabinoid was the substance seized in the highest number of cases. The new psychoactive substances were offered by 26 e-shops on websites in the Czech language, five of which focused exclusively on synthetic substances. The substances offered for sale most commonly included cathinones and synthetic cannabinoids.

Cannabis Market

The respondents of the 2012 National Survey on Substance Use who reported using cannabis in the last 12 months were asked a special set of questions regarding additional aspects of the cannabis market in the Czech Republic. Nearly half of the respondents from 2012 reported that obtaining cannabis was fairly difficult or impossible (40%), on the other hand, obtaining cannabis was very easy for 29.9%.

The persons who had used the drug in the previous year had acquired cannabis at a private event or in a home environment (36%), followed by bars, restaurants, or clubs (35%), and public areas (24%). Only a few respondents had recently obtained marijuana at school or at work (3%). Most of the respondents (86%) reported that they had most recently obtained cannabis for free or shared it, most often with a friend (71%). Only 7% of the respondents had most recently purchased cannabis, and 6% reported that they grew cannabis themselves.

More than two thirds (67%) of the respondents who had most recently purchased marijuana paid less than CZK 200 (€ 8) per gram. Outdoor marijuana was purchased for CZK 60 (€ 2) on average, indoor marijuana for CZK 180 (€ 7) per gram on average.

In 2012, outdoor marijuana accounted for the highest share of cannabis in the Czech Republic which is probably related to the legislative change which decriminalised the growing of a small quantity of cannabis for personal use, starting in 2010. While the perceived availability of cannabis increased, the share of the commercial black market decreased and, conversely, the share of non-commercial transactions increased, which is regarded as a positive trend.

Sources of information
This issue was prepared on the basis of the annual report on the 2013 drug situation in the Czech Republic [Mravčík, V., Chomynová, P., Grohmannová, K., Nečas, V., Grolmusová, L., Kiššová, L., Nechanská, B., Fidesová, H., Vopravil, J., Jurystová, L. (2014). Annual Report: The Czech Republic - 2013 Drug Situation. Prague: Office of the Government of the Czech Republic, 2014. ISBN 978-80-7440-110-7. The references to the individual sources of information are mentioned in the Annual Report according to quoting standards.

National Focal Point´s Announcements and Links of Interest

■ On 20 October 2014, the Government of the Czech Republic approved the broadening of the scope of interest of the Government Council for Drug Policy Coordination (GCDPC). The drug policy, so far focusing on illicit substances only, is now broadened to include the area of alcohol, tobacco and gambling. In the context of these changes, the National Monitoring Centre (National Focal Point) changed its name to the National Monitoring Centre for Drugs and Addiction.

■ In January 2015 the new National Register of Treatment of Drug Users was launched for pilot testing. All health and social services providing treatment and services to drug users will report compulsorily all clients starting their treatment after 1 January 2015.

■ All the publications released by the National Monitoring Centre for Drugs and Addiction (National Focal Point), including all the issues of the "Zaostřeno na drogy" bulletin, are downloadable in electronic form from **http://www.drogy-info.cz/index.php/publikace**. Any orders for hard copies of the publications should be sent to: **grygarova.marketa@vlada.cz**.

■ Help map: **http://www.drogy-info.cz/index.php/map/** – changes in contact information should be sent to: **grygarova.marketa@vlada.cz**.

■ Calendar of events: **http://www.drogy-info.cz/index.php/calendar/** – information about training events and seminars that concern addictology or are relevant to it can be posted in the calendar and should be sent to: **grygarova.marketa@vlada.cz**.

■ Information on life-long education in addictology is available on **http://www.adiktologie.cz/**, **http://www.asociace-adiktologu.cz/**, **http://snncls.cz/, http://www.asociace.org/**

■ UniData application to maintain a record of clients and interventions of drug services, including user support: **http://www.drogovesluzby.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/**.

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