



2011 Drug Situation in the Czech Republic

Annual Report Summary

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SPECIAL ENGLISH EDITION

Main trends in 2011

■ The National Drug Policy Strategy for the Period 2010-2018 and its first action plan for the period 2010-2012 are in effect. The interim evaluation of the action plan concluded that the completion of its tasks was affected by the lack of financial resources.

■ In response to a massive increase in the supply of new synthetic drugs recorded in late 2010, Act No. 167/1998 Coll., on addictive substances, was amended in the spring of 2011; 33 new substances were added to its schedules. In addition, a new body of legislation was adopted as part of the healthcare reform. A major part of this material became effective in April 2012.

■ The year 2011 experienced the culmination of the previous public and professional discussions on the issue of making cannabis available for medical use and the relevant legislative changes were drafted.

■ Public expenditure specifically earmarked for the funding of the drug policy amounted to a total of CZK 563.8 million

(€ 22,933 thousand) in 2011. This sum included CZK 341.9 million (€ 13,908 thousand) provided from the national budget and CZK 157.0 million (€ 6,387 thousand) and 64.9 million (€ 2,638 thousand) made available from regional and municipal budgets respectively. For the first time since such data started to be monitored, a year-on-year decrease in the total volume of labelled expenditure for the drug policy, specifically by 10.1%, was recorded.

■ The level of drug use among the general Czech population remains stable, and the evidence even indicates a decline among young people, which may be considered a very positive trend. The ESPAD survey has indicated a declining trend in the prevalence of the use of pervitin (methamphetamine), heroin, ecstasy, and hallucinogenic mushrooms among 16-year-old Czechs in the long term, and, for the first time, the year 2011 also saw a decline in cannabis use among this age group.

■ Key documents pertaining to the school-based primary prevention of drug use – the Standards of Professional Competency and the

Certification Rules – were reviewed in 2011. In addition, a recommended structure and scope for the Basic Preventive Programme, the key strategic document providing for the school-based prevention of risk behaviour, were developed. The available information indicates that there are approximately 90 specialised providers of specific drug prevention services in the whole of the Czech Republic.

■ The year 2011 recorded another slight increase in the number of problem drug users estimated on the basis of data provided by low-threshold programmes; the mean estimate reached 40.2 thousand people, including 38.6 thousand injecting drug users. This increase may be attributed especially to pervitin users (30.9 thousand), while opiate users showed a further decline in their numbers (to 9.3 thousand).

■ In the long term, the Czech Republic has experienced a relatively favourable situation concerning the occurrence of infections among injecting drug users. The annual numbers of newly reported cases of HIV among injecting drug users have been very low. The number of new cases of HCV reported in 2011 rose, while HBV cases maintained the same level. HIV seroprevalence among drug users remains below 1%. The prevalence of HCV ranges from approximately 20% in low-threshold programmes to 40% in prisons and 70% among drug users in substitution treatment.

■ The number of fatal overdoses on illicit drugs and inhalants declined significantly in 2011 to a total of 28 cases, which was especially due to a drop in the number of overdoses on opiates/opioids and on inhalants. The number of cases of fatal overdoses on pervitin remained almost unchanged and fatal overdoses on other illegal drugs are still very rare.

■ Stimulant users (64.9%), with pervitin being the drug of choice for most of them, have long predominated among those demanding treatment. The second largest group among all treatment demands was opiate/opioid users (19.3%), while cannabis users ranked second among first treatment demands (18.6%). An aging of the population demanding treatment is apparent; their average age in 2011 was 27.4 years.

■ A slight drop in the number of drug users admitted to inpatient psychiatric facilities was observed in 2011, which was mainly due to the decline in alcohol-related hospitalisations. The network of outpatient psychiatric services recorded a year-on-year decline in the

number of alcohol users, as well as patients from among users of drugs other than alcohol.

■ Again, the number of patients entered in the Substitution Treatment Register increased – 55 facilities (out of the total of 109) reported 2,290 individuals to the register. However, a considerable number of both patients and practitioners are still unaccounted for by the register. In 2011, for the first time, psychiatrists and general practitioners provided aggregated reports about the numbers of their patients in substitution treatment; 67 outpatient psychiatrists and 357 general practitioners for adults reported a total of 4,092 patients.

■ Since 2007 the total number of drug-related criminal offences has been on the rise and their share of the reported volume of offending is also growing. In 2011 approximately 2.8 thousand individuals (1.2% of all offenders) were prosecuted for drug-related criminal offences, which mostly involved the production, smuggling, and selling of pervitin or cannabis. 2,549 thousand people were indicted. Final court sentences were imposed on 1,870 people, 41% of whom had no previous convictions.

■ According to the estimates of secondary drug-related offences, drug users committed 33.4% of the offences that were reported and 28.5% of those selected criminal offences (especially those against property) that were cleared up (mostly thefts).

■ In 2011 an estimated 18.2 tonnes of cannabis, 4.6 tonnes of pervitin, 1.2 tonnes of heroin, 870 kg of cocaine, 4.6 million tablets of ecstasy, and a million doses of LSD were consumed in the Czech Republic.

■ In comparison to the previous year, the number of seizures and the quantity of the marijuana seized increased (to 441 kg). Conversely, there was a significant decline in both the total number of heroin seizures and the quantity of the heroin seized (34 seizures involving a quantity of 4.7 kg). For the first time after many years, “brown” cooking labs (3) were uncovered in the Czech Republic. “Brown”, an opiate drug containing derivatives of codeine and morphine, was widespread in communist-era Czechoslovakia, where it was manufactured in home labs using medicines with a codeine content.

■ 35 new psychoactive substances were intercepted in 2011, 21 of which appeared in the Czech Republic for the first time. Since the ban on these substances was introduced in April 2011, their sale through retail outlets has been dramatically reduced, but they can still be obtained via the internet.

1 DRUG POLICY AND ITS CONTEXT

1/1 National Drug Policy Strategy

The year 2011 was the second year of the operation of the National Drug Policy Strategy for the Period 2010–2018 (the 2010–2018 National Strategy) and the Action Plan for the Implementation of the National Drug Policy Strategy for the Period 2010–2012 (the 2010–2012 Action Plan). The interim evaluation of the implementation of the 2010–2012 Action

Plan conducted in August 2011 ascertained that 52 out of the 84 activities under evaluation (62%) had been completed and that the implementation of the action plan was affected by the lack of financial resources. Both the Government of the Czech Republic and its Council for Drug Policy Coordination (GCDPC) dealt with the issue of the funding of the drug policy repeatedly in 2011.

One of the principles of the current drug policy in the Czech Republic declared in its 2010–2018 National Strategy is a comprehensive approach to the issue of addictive substances, irrespective of their legal status, and the interconnection and coordination of efforts aimed at tackling the problems associated with the use of both licit and illicit drugs. One of the four priorities defined in the 2010–2012 Action Plan, which elaborates the 2010–2018 National Strategy in more practical terms, is to strengthen the drug policy in relation to legal drugs. The Action Plan has also defined a new separate domain dedicated specifically to alcohol and tobacco.

Becoming the last EU member state to do so, the Czech Republic ratified the World Health Organisation Framework Convention of Tobacco Control in May 2012. This international convention promotes comprehensive protection against the health, social, environmental, and economic consequences of tobacco consumption and against exposure to tobacco smoke.

1/2 Changes in Legal Regulations

A new Penal Code has been effective since 1 January 2010, and the Government passed two regulations determining greater-than-small quantities of narcotic or psychotropic substances and plants or mushrooms that contain them in order to provide further guidance on the implementation of the new legislation. An evaluation of these regulations was conducted in 2011. It showed that no major difficulties were encountered in their practical application. However, certain changes in the regulations were recommended with a view to their use in practice. The respective amendments involved the specification of the names of certain substances, the definition of greater-than-small quantities of additional substances for which such quantities had not been determined, and the inclusion of new substances in the list. As regards the regulation applicable to plants and mushrooms containing drugs, the THC content was to be newly related to the upper sections of the plant only. In response to a massive increase in the supply of new synthetic

drugs recorded in late 2010, Act No. 167/1998 Coll., on addictive substances, was amended in the spring of 2011; 33 new substances, mostly synthetic drugs, were added to its schedules. A law on the criminal liability of legal entities and on proceedings against them (Act No. 418/2011 Coll.) was adopted in the autumn of 2011. Section 7 of this legal regulation, specifying the offences and felonies which may involve the criminal liability of legal entities, also lists three drug-related crimes, namely the unauthorised production and handling of drugs, the possession of drugs, and the unauthorised cultivation of plants containing a narcotic or psychotropic substance.

In November 2011 the Parliament of the Czech Republic passed a body of new health-related regulations prepared as part of the healthcare reform. They included Act No. 372/2011 Coll., on health services, and the terms and conditions of the provision thereof, which also introduces the term "provider of health services" instead of the widely used "healthcare facility", and Act No. 373/2011 Coll., on specific health services, which includes new provisions concerning compulsory treatment. Thus, the issue of compulsory treatment is now covered by both criminal and health regulations. Both laws became effective on 1 April 2012.

Decree No. 55/2011 Coll., concerning the activities of health professionals and other practitioners, issued in 2011, described specific activities which an addictologist is allowed to perform. Since 2012 the role of the profession of an addictologist in the treatment of substance users in healthcare facilities and the establishment of outpatient addiction treatment services have also been envisaged in the implementing decrees pertaining to Act No. 372/2011 Coll., on health services.

The recodification of the material civil law was completed on 3 February 2012 with the adoption of Act No. 89/2012 Coll., the Civil Code, which will become effective from 1 January 2014. The new Civil Code also introduces major changes in relation to non-governmental organisations that provide drug services, as most of them will undergo changes in their legal status.

Making cannabis available for medical use



The year 2011 experienced the culmination of the previous discussions among the public, the professional community, and policymakers about making cannabis available for medical use. The "Medical Cannabis" petition launched in August 2011 had been signed by over 43 thousand people as of the end of July 2012. Commissioned to propose legislative changes that would allow the medical use of cannabis in the Czech Republic, an interagency and interdisciplinary working group was established in September 2011 under the aegis of the Czech Prime Minister and the Chair of the Chamber of Deputies of the Parliament of the Czech Republic. The group's work resulted in the identification of relevant medical indications accompanied by statements of professional societies belonging to the J. E. Purkyně Czech Medical Association and proposals for specific legislative changes. The stipulations as proposed should allow the import of cannabis and cannabis-based products into the Czech Republic, the state-controlled cultivation of cannabis for medical use (under the conditions prescribed by international conventions), and the supply of medical cannabis to patients under a special regime of strict controls over the prescription and dispensation of the preparations by pharmacies. The proposal does not allow for patients to grow medical cannabis on their own.

1/3 Drug Policy Funding

Public expenditure specifically earmarked for the funding of drug policy reached a total of CZK 563.8 million (€ 22,933 thousand) in 2011. The national budget provided CZK 341.9 million (€ 13,908 thousand) (60.6%) and local budgets contributed CZK 221.9 million (€ 9,025 thousand), with CZK 157.0 million (€ 6,387 thousand) (27.9%) and CZK 64.9 million (€ 2,638 thousand) (11.5%) made available from regional and municipal budgets respectively. It was the first time that a year-on-year decrease in the total expenditures had been experienced. In comparison to the previous year, they dropped by 10.1%. The decline is even more pronounced when one controls for inflation. A summary of drug policy expenditures from national and local budgets is provided in Table 1.

The most dramatic cuts were observed in the funding of sobering-up stations (by 20.9%) and law enforcement (by 10.6%). Subsidies to support primary prevention, harm reduction, and treatment were reduced by 11.8%, 8.1%, and 6.2% respectively.

The expenditures of the individual ministries/departments are summarised in Table 2.

Treatment is mainly funded by means of the system of public health insurance, in addition to the resources made available from the budgets of central and local government authorities. On the basis of data reported by health insurers, the annual costs of treatment related to disorders caused by the use of substances other than alcohol (dg. F11-F19) were estimated to have amounted to CZK 459 million (€ 16,533 thousand) in 2010 (the latest year for which relevant data are available), while in 2009 it was CZK 444 million – € 15,981). The cost of the treatment of disorders related to alcohol use (dg. F10) reached CZK 1173 million (€ 42,252 thousand) in 2010.

The largest proportion of the total costs incurred in relation to the treatment of users of both alcohol and drugs other than alcohol was spent on inpatient care, which accounted for approximately 60% of these costs. Outpatient care represented approximately 10% of the costs, and almost one fifth of the

TABLE 1: Drug policy-labelled expenditures from state and local budgets, 2007-2011 (€ thousand)

Year	Demand reduction and harm reduction				Supply reduction	Total
	State budget	Regional budgets	Municipal budgets	Total	State budget	
2007	7,425	4,624	2,243	14,292	5,792	20,084
2008	8,812	6,530	2,505	17,847	6,100	23,947
2009	8,345	6,528	2,249	17,122	5,851	22,973
2010	8,788	7,660	2,454	18,901	5,906	24,807
2011	8,477	6,387	2,638	17,502	5,431	22,933

TABLE 2: Comparison of labelled expenditures provided from public budgets, according to service categories, 2007-2011

Service category	2007	2008	2009	2010	2011	
	€ thousand	€ thousand	€ thousand	€ thousand	€ thousand	%
Prevention	1,753	2,340	2,078	2,463	2,234	9.7
Harm reduction	5,078	6,389	6,616	6,572	6,209	27.1
Treatment	3,817	4,890	4,278	4,304	4,155	18.1
Sobering-up stations	1,680	2,509	2,421	3,449	2,807	12.2
Aftercare	739	999	1,201	1,238	1,200	5.2
Coordination, research, evaluation	605	504	421	749	756	3.3
Law enforcement	5,792	6,100	5,851	5,906	5,431	23.7
Others, unspecified	620	217	106	125	140	0.6
Total	20,084	23,947	22,973	24,807	22,933	100.0

Recent trends in public expenditures on drug services



The impact of the current financial crisis on expenditures earmarked for drug policy and the provision of drug services in the Czech Republic is described in one of the selected issue chapters included in the Annual Report. It has been shown that restrictive measures had an effect on the drug policy (in terms of funds available to governmental portfolios, regional authorities, and service providers) in 2010 and, especially, in 2011. Subsidies provided from the national budget which are used to fund the majority of prevention, counselling, and low-threshold drug services were reduced in both years (by up to 10% in 2011). While in 2010 local government bodies spent 10% more financial resources on the drug policy than in the previous year, by 2011 the crisis had taken its toll even at this level, as documented by a 13% year-on-year decrease in drug policy-labelled expenditures. Although no consistent approach to the setting of priorities can be identified across the governmental portfolios and regions, the cuts within the drug services segment affect, first and foremost, primary prevention services, information and research projects, and any new projects. The most common response of the regions to the limited supply of funding intended to subsidise drug services is an overall cutting down on money for all the services. The network of drug services has been retained thus far and no massive closing down of programmes and services has been experienced.

costs was used to cover medication. The remaining resources were consumed by other types of care (such as rehabilitation and long-term care) and supporting services, including laboratories, transport, and emergency medical services. Psychiatric specialisations accounted for approximately a half of the total costs incurred.

2 DRUG USE AND ITS CONSEQUENCES

2/1 Drug Use in the General Population

In December 2011 the National Focal Point conducted a research study of the prevalence of drug use among the population of the Czech Republic.

Lifetime alcohol and tobacco use was reported by the majority of the total of 1,028 respondents over 15 who participated in the survey (91% and 66% respectively), and smoking tobacco and drinking in the past 30 days were reported by almost 39% and 69% of the respondents respectively. The most common illicit substance was cannabis (marijuana and hashish), which 24.9% of the respondents (30.8% of the males and 18.8% of the females) reported having used at least once in their lifetime.

Social costs of the use of alcohol, tobacco, and illicit drugs



Between 2009 and 2011, with support from the Internal Grant Agency of the Czech Ministry of Health, the Department of Addictology of the First Faculty of Medicine of Charles University in Prague and of the General University Hospital in Prague carried out a study of the social costs in 2007 of the use of alcohol, tobacco, and illicit drugs in the Czech Republic. The study sought to quantify the economic burden imposed on society in relation to the most commonly used psychoactive substances. The social costs in 2007 related to the use of three major groups of addictive substances, i.e. tobacco, alcohol, and illegal drugs, amounted to CZK 56.2 billion (€ 2,023 million) in the Czech Republic, with CZK 33.1 billion (€ 1,193 million) (59.0%), CZK 16.4 billion (€ 589 million) (29.1%), and CZK 6.7 billion (€ 241 million) (11.9%) attributed to tobacco, alcohol, and illegal drugs respectively.

Direct costs (CZK 24.1 billion (€ 900 million) in total, i.e. 42.8%) include health-related costs (those incurred in relation to services for substance users, addiction treatment, and the treatment of other attributable illnesses), law enforcement costs (those related to the operation of the criminal justice system – the police, public prosecutors, courts, and prisons – in responding to primary and secondary crime), and other areas (such as those involving the costs of research and excise tax administration). Indirect costs (CZK 32.1 billion (€ 1,100 million) in total, i.e. 57.2%) are associated with lost productivity. In healthcare, they include the costs of morbidity (incurred during treatment and as a result of incapacity to work and absence from work) and mortality (years of life lost), while in terms of law enforcement, they comprise costs related to criminal careers and those incurred by the victims of crime in relation to their morbidity and mortality. As for tobacco, the indirect costs were more than twice as high as the direct ones, particularly because of the high mortality-related costs. As far as alcohol is concerned, the direct costs were slightly higher than the indirect ones; the most significant items included both primary and secondary crime and mortality. As regards illicit drugs, the direct costs were significantly higher than the indirect ones, which was especially due to the costs of activities aimed at combating secondary crime involving offences against property.

Other substances reported by the respondents included ecstasy (5.8%) and hallucinogenic mushrooms (4.1%). The use of "new synthetic drugs" (such as mephedrone and other cathinones and synthetic cannabinoids), i.e. substances that have similar effects to traditional drugs but are not included in the list of illegal narcotic and psychotropic substances, was reported by a total of 1.4% of the respondents, which exceeds the respective rates of experience with cocaine, heroin, and inhalants reported by the respondents. 8.9% of the respondents (12.7% of the males and 4.9% of the females) reported cannabis use in the past 12 months, with 16.1% and 22.5% of the respondents falling into the 15-34 and 15-24 age categories respectively; see Table 3.

All the surveys carried out in the years 2008-2011 drew the same conclusions about the patterns of substance use among the general population (15-64 years). The most frequently used illegal drugs included cannabis (23-34%, depending on the study), followed by ecstasy (4-10%), hallucinogenic mushrooms (4-9%), and LSD (2-6%). In the 15-34 age category, cannabis had been used by 16-28% of the respondents in the past 12 months, which suggests a declining trend. The situation concerning ecstasy and pervitin use has remained stable in the long term, although the year 2011 recorded a slight increase in the reported use of cocaine within the time frame of the past 12 months; see Graph 1.

TABLE 3: Lifetime prevalence rates of drug use in the general Czech population, 2011 (%)

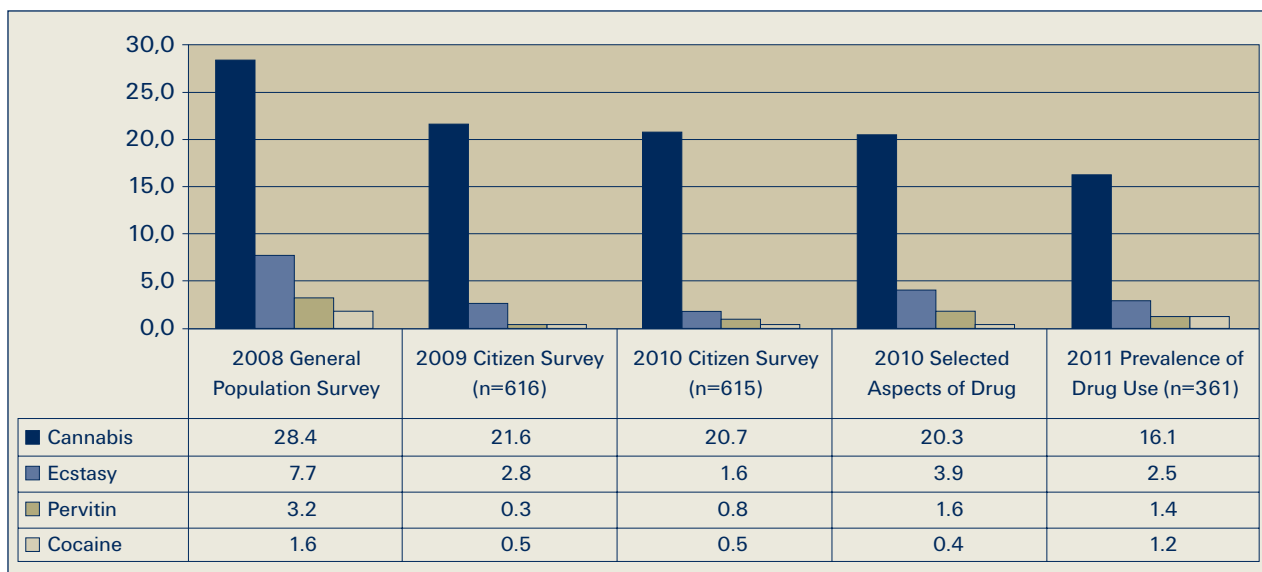
Prevalence	Drug	Gender		Selected age groups		Total
		Males	Females	15-24 years	15-34 years	15-64 years
		(n=456)	(n=445)	(n=157)	(n=361)	(n=901)
Lifetime prevalence	Tobacco	74.6	57.3	70.7	68.7	66.0
	Alcohol	91.9	90.4	87.1	89.7	91.1
	Marijuana, hashish	30.8	18.8	36.7	35.6	24.9
	Ecstasy	8.1	3.4	14.3	9.8	5.8
	Pervitin, amphetamines	3.1	1.1	5.8	3.8	2.1
	Cocaine	1.8	1.1	2.1	2.5	1.4
	Heroin	1.3	0.4	–	0.7	0.9
	LSD	2.6	1.6	5.4	3.0	2.1
	Hallucinogenic mushrooms	5.5	2.7	8.7	6.7	4.1
	Inhalants	2.0	0.7	4.1	1.8	1.3
	New synthetic drugs	1.8	1.1	2.0	1.6	1.4
Prevalence in the past 12 months	Tobacco	53.1	37.3	56.8	50.4	45.3
	Alcohol	90.1	86.5	83.2	87.2	88.4
	Marijuana, hashish	12.7	4.9	22.5	16.1	8.9
	Ecstasy	2.2	0.9	5.7	2.5	1.6
	Pervitin, amphetamines	0.9	0.7	3.2	1.4	0.8
	Cocaine	0.4	0.7	1.3	1.2	0.6
	Heroin	0.7	–	–	–	0.3
	LSD	1.1	1.1	4.2	1.8	1.1
	Hallucinogenic mushrooms	1.1	0.9	2.0	0.9	1.0
	Inhalants	0.7	0.2	1.8	0.8	0.4
	New synthetic drugs	1.1	–	1.5	0.6	0.6
Prevalence in the past 30 days	Tobacco	46.5	31.2	42.2	40.5	38.9
	Alcohol	76.3	61.7	60.0	68.2	69.1
	Marijuana, hashish	4.4	1.8	9.8	6.1	3.1
	Ecstasy	0.2	–	0.5	0.2	0.1
	Pervitin, amphetamines	–	–	–	–	–
	Cocaine	0.2	–	–	0.3	0.1
	Heroin	0.2	–	–	–	0.2
	LSD	–	–	–	–	–
	Hallucinogenic mushrooms	–	–	–	–	–
	Inhalants	0.2	–	0.6	0.3	0.1
	New synthetic drugs	–	–	–	–	–

A survey entitled *Citizens' Opinions on Drugs*, conducted by the Public Opinion Poll Centre in May 2012 among 1,402 respondents above 15 years of age, suggested that the acceptance of cannabis use by the Czech public has been rising. The survey showed a growing percentage of people who oppose the criminalisation of cannabis users, users of medical cannabis, and people who cultivate cannabis for their personal use; see Graph 2.

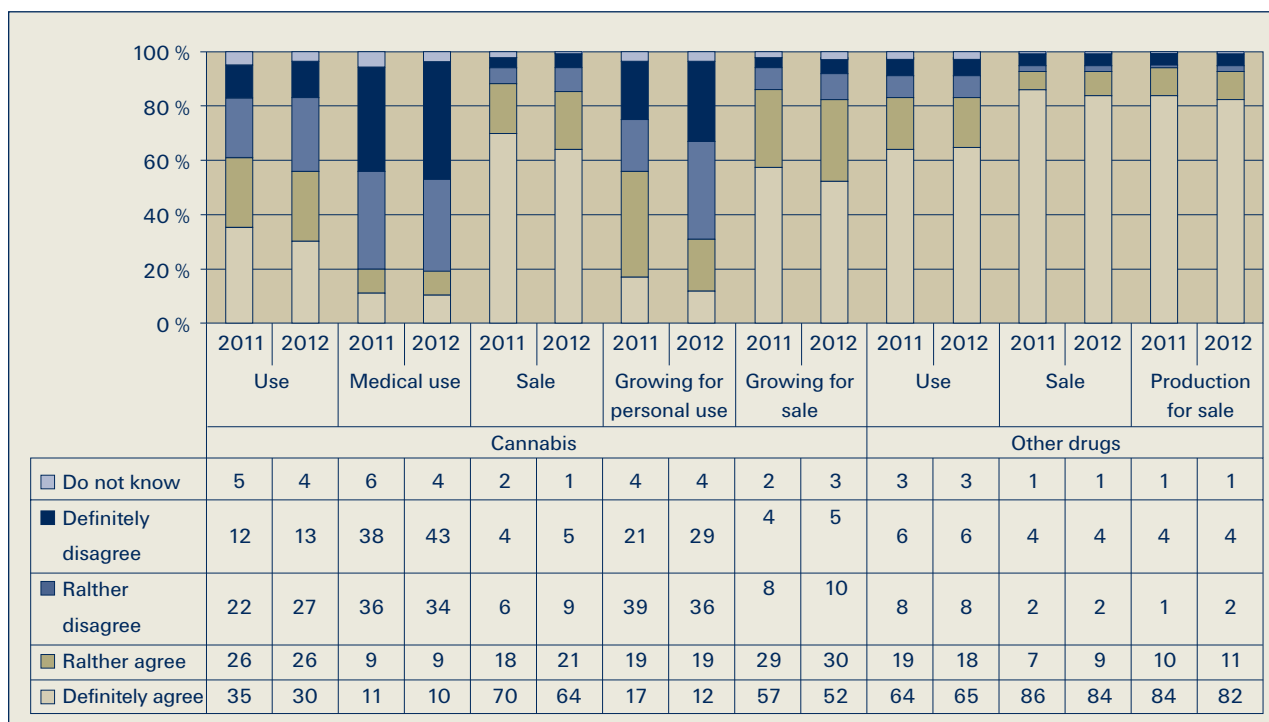
2/2 Problem Drug Use

According to the definition of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), problem drug use includes injecting drug use and/or the long-term/regular use of opioids and/or amphetamine-type drugs and/or cocaine. Of the group of amphetamines, pervitin (methamphetamine) is almost the only one that occurs in the Czech Republic. The

GRAPH 1: Prevalence of the use of illicit drugs among young adults (15-34 years) in the last 12 months, comparison of studies undertaken between 2008 and 2011 (%)



GRAPH 2: Agreement with criminal sanctions for the use, production, and sale of drugs – Citizens' Opinions on Drugs survey (%)



European School Survey on Alcohol and Other Drugs (ESPAD) ↓

The year 2011 experienced what was already the fifth round of the collection of data for the European School Survey on Alcohol and Other Drugs (ESPAD) among 16-year-old students (basic and secondary school students born in 1995). The 2011 sample comprised a total of 3,913 respondents. Daily smoking was reported by 25.7% of 16-year-olds (27.2% and 24.2% of the boys and girls respectively), with a total of 8.2% of the students falling within the heavy smoking category (11 cigarettes per day or more). Approximately 60% of those who were interviewed (66% and 50% of the boys and girls respectively) can be considered regular drinkers (having drunk alcohol on 20 or more occasions in their lifetime). Frequent heavy episodic drinking (i.e. the consumption of five drinks or more on three or more occasions during the past thirty days) was reported by 21.3% of the students. The lifetime use of any illicit drug was reported by 43.4% of the students who were interviewed, with the highest rate being stated for cannabis (42.3%). Other frequently reported illicit drugs included hallucinogenic mushrooms (6.9%), LSD (5.1%), and ecstasy (3.3%). The survey indicates the long-term declining trend in the prevalence of the use of pervitin, heroin, ecstasy, and hallucinogenic mushrooms, and a drop in relation to cannabis was recorded in 2011 for the first time. In comparison with their peers in other European countries, 16-year-old Czechs have had above-average experience with cannabis, alcohol, and tobacco. Detailed results of the ESPAD study were presented in the *Zaostřeno na drogy* ("Focused on Drugs") bulletin, No. 1/2012.

opioids included in the estimates of problem drug use in the Czech Republic are mainly heroin and diverted buprenorphine. In addition, to a lesser extent, problem drug use includes the use of raw opium and, increasingly, the abuse of painkillers containing opiates/opioids, such as fentanyl or morphine. Cocaine has not been included in the estimates of problem drug use in the Czech Republic, as the numbers of cocaine users involved with treatment services or accounted for by various information sources remain very low.

In 2011, the number of problem drug users estimated from the number of clients of low-threshold programmes increased slightly again; the mean value reached 40.2 thousand. The growth mainly involved pervitin users (30.9 thousand), while the number of opiate users recorded a further decrease (to 9.3 thousand). The estimated number of injecting drug users also increased (to approximately 38.6 thousand); see Table 4. Traditionally, the regions with the greatest numbers of problem drug users, as well as the greatest numbers of opiate users,

TABLE 4: Mean values of prevalence estimates of problem drug use obtained by means of the multiplication method using data from low-threshold programmes, 2002-2011

Year	Problem drug users in total		Problem users of opiates/opioids				Problem pervitin users		Injecting drug users	
	Number	Per 1,000 people aged 15-64	Heroin user	Subutex® users	Total	Total per 1,000 people aged 15-64	Number	Per 1,000 people aged 15-64	Number	Per 1,000 people aged 15-64
2002	35,100	4.89	n/a	n/a	13,300	1.85	21,800	3.04	31,700	4.41
2003	29,000	4.02	n/a	n/a	10,200	1.41	18,800	2.61	27,800	3.86
2004	30,000	4.14	n/a	n/a	9,700	1.34	20,300	2.80	27,000	3.73
2005	31,800	4.37	n/a	n/a	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

include Prague and Ústí nad Labem. Injecting buprenorphine (especially Subutex®) is particularly widespread in Prague and in other regions of Bohemia. The combined use of pervitin and opiates is also common.

A new study to estimate the prevalence of problem drug use for 2006 and 2007, applying the capture-recapture method, was carried out using treatment data sources, including the General Health Insurance Company database, the National Register of Hospitalisations, the National Register of Users of Medically Indicated Substitution Substance, and the official register of infectious diseases. It was estimated that in 2006 and 2007 there were approximately 23.9 thousand and 31.0 thousand problem drug users respectively. These estimates turned out to be statistically comparable with those obtained by means of the multiplication method using the data from low-threshold facilities.

Furthermore, the number of problem drug users in Prague in 2011 was estimated using the capture-recapture method applied to data about the overlaps of code-identified clients between

the low-threshold programmes. The resulting estimate was 8 to 10 thousand people. The data show, inter alia, that the number of clients in contact with low-threshold programmes in Prague is, as a result of overlaps between programmes, approximately 40% lower than the sum of the clients reported by the individual programmes.

2/3 Drug-related Infections and Deaths

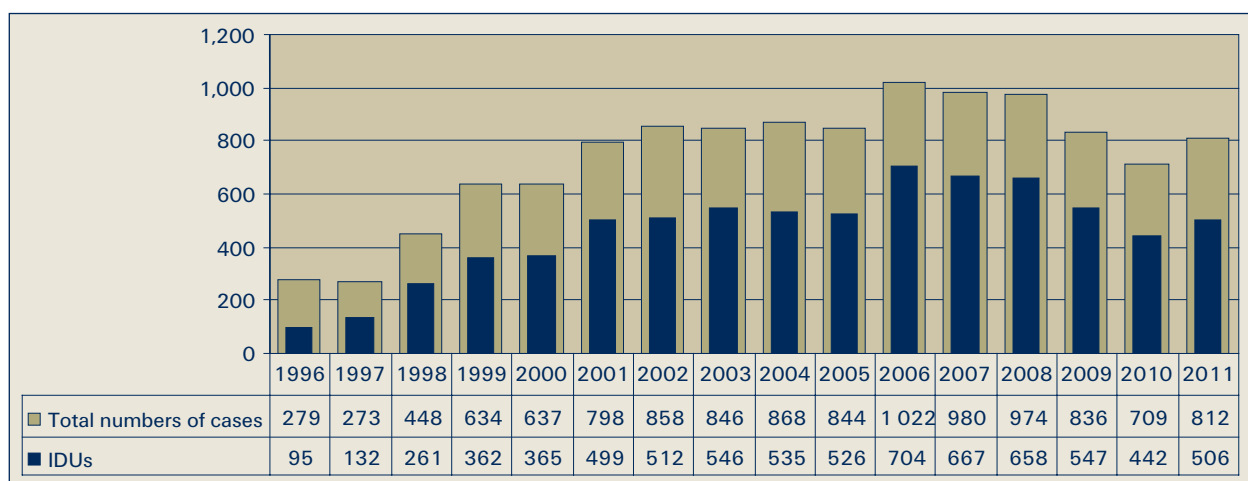
The Czech Republic has experienced a sustained favourable situation concerning the occurrence of infections among injecting drug users. A total of 1,675 HIV-positive persons with a permanent place of residence in the Czech Republic were registered in 1985–2011; 76 (4.5%) of them were injecting drug users (IDUs). Another 79 HIV-positive individuals (4.7%) had a history of injecting drug use. Injecting drug use remains a significantly minor route of HIV infection in the Czech Republic; see Table 5.

The total number of newly reported cases of acute viral hepatitis B has been declining in recent years; out of the total

TABLE 5: The number of newly diagnosed HIV cases in the Czech Republic, according to route of transmission, 2011

Route of transmission		1985–2004	2005	2006	2007	2008	2009	2010	2011	Total
IDUs		33	4	4	12	8	4	4	7	76
of whom	men	27	3	3	5	7	4	3	7	59
	women	6	1	1	7	1	0	1	0	17
Homo-/bisexual intercourse and IDU		11	1	1	5	4	3	3	5	33
Other with a history of IDU		27	2	1	4	2	3	5	2	46
Other without a history of IDU		665	83	85	100	134	146	168	139	1,520
Total		736	90	91	121	148	156	180	153	1,675

GRAPH 3: Reported incidence of acute and chronic HCV among all patients and injecting drug users in the Czech Republic, 1996–2011



of 192 cases reported in 2011, 76 were associated with injecting drug use.

After a period of a decline in the total number of newly reported cases of viral hepatitis C, the number of cases increased by nearly 15% in 2011. Injecting drug users accounted for 506 out of 812 newly reported cases; see Graph 3. The prevalence of HCV among drug users ranges from approximately 20% in low-threshold programmes to 40% in prisons and 70% among drug users in substitution treatment.

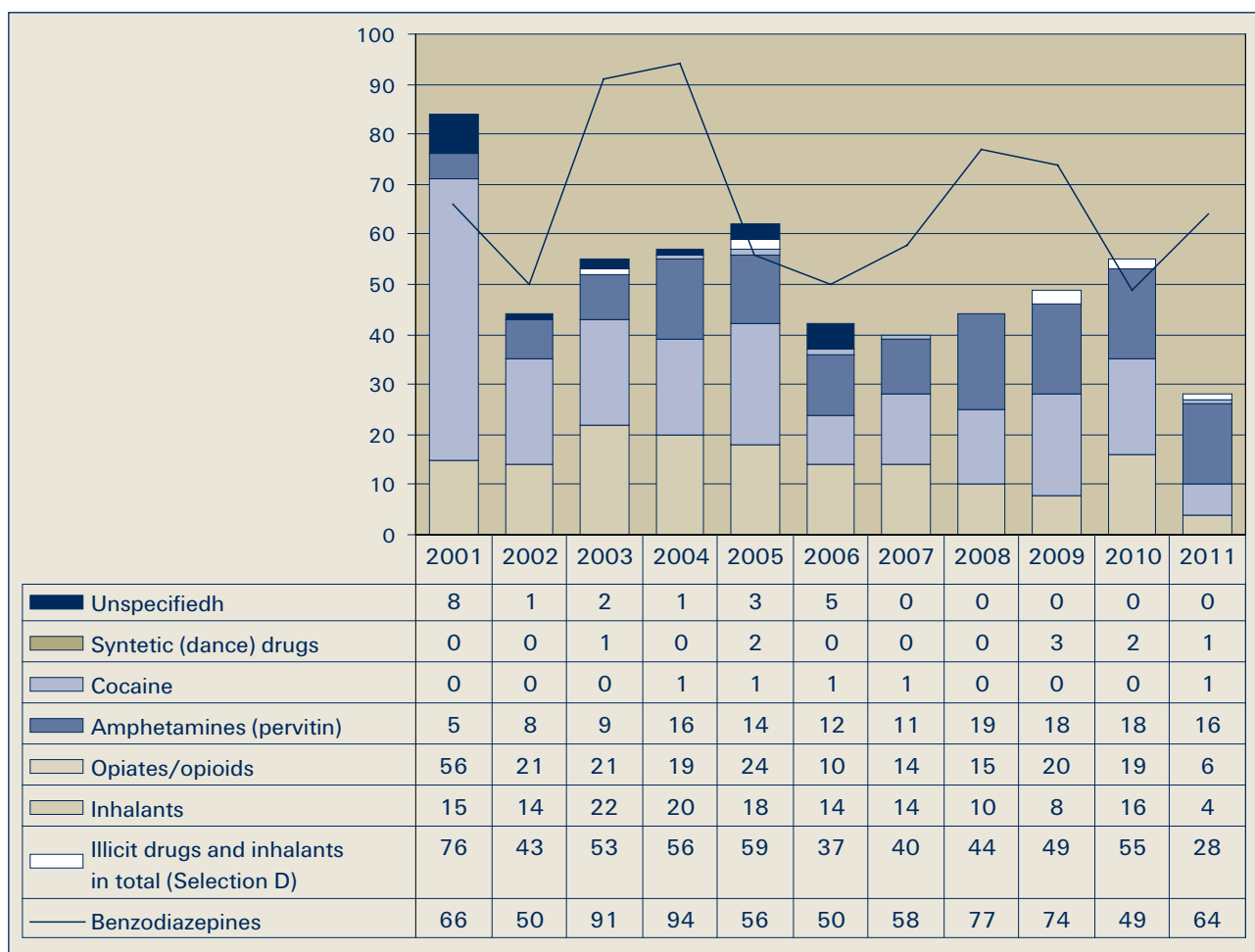
As far as sexually transmitted diseases are concerned, following an increase in the number of cases of syphilis in 2006-2010 (from 49 to 113 cases), the year 2011 saw a drop in the

occurrence of syphilis among drug users (74 cases). The number of reported cases of gonorrhoea among injecting drug users and alcohol users has remained low in the long term (3 cases in 2011). Data on the incidence of high-risk behaviour pertaining to the reported cases of sexually transmitted diseases indicate that concurrent commercial sex and injecting drug use is relatively common. In 2000-2011, injecting drug use was found to be associated with a total of 20.4% of syphilis cases in commercial sex workers and the provision of commercial sex was concurrently found in 16.9% of injecting drug users (mainly females); see Table 6.

TABLE 6: Numbers and rates of commercial sex workers (CSWs) and injecting drug users (IDUs) among the reported cases of syphilis and gonorrhoea, 2000-2011

Infection	Number of cases reported				Proportion (%)	
	Total	CSWs	IDUs	CSWs and IDUs	IDUs per CSWs	CSWs per IDUs
Syphilis	10,305	524	633	107	20.4	16.9
Gonorrhoea	10,751	231	136	14	6.1	10.3

GRAPH 4: Fatal overdoses on benzodiazepines, illegal drugs, and inhalants, 2001-2011 (data provided by the special forensic medicine register)



The information from the special register maintained by forensic medicine departments shows that the number of fatal overdoses on illicit drugs and inhalants declined significantly in 2011 to a total of 28 cases identified, which was especially due to a drop in the number of overdoses on opiates/opioids (from 19 to 6 cases) and inhalants (from 16 to 4 cases). The number of cases of fatal overdoses on pervitin remained almost unchanged and fatal overdoses on other illegal drugs are still very rare; see Graph 4. 162 cases of fatal overdoses on psychotropic medication were detected in 2011, of which 64 and 32 cases respectively involved benzodiazepines and medicines containing opiates/opioids. Pervitin and cannabis were the most likely illegal drugs to be detected in connection with indirect drug-related deaths (i.e. deaths from causes other than overdoses, mainly as a result of accidents and suicides, with the presence of drugs) examined by forensic medicine departments.

According to the data extracted from the Deaths Information System, there were 27 cases of fatal overdoses on illicit drugs and inhalants in 2011, which is a figure that shows a high level of consistency with the data reported by the special forensic medicine register. Occurring at a rate of approximately 330 cases per year, fatal overdoses on alcohol (ethanol) are much more frequent.

The traffic police records indicate that the number of drink-driving accidents increased in 2011, while the rate of accidents involving drivers under the influence of other drugs remained at the same level. The police data further show that in 2011 the number of people killed in road accidents caused under the influence of psychoactive substances decreased to 89 fatalities resulting from accidents under the influence of alcohol and 10 fatalities in accidents that occurred under the influence of other substances and pills, which is still less than what is reported on the basis of autopsies and toxicological tests on people who died in road accidents. In 2011 the forensic medicine departments (except for the one based in the Na Bulovce Hospital, which did not provide the relevant data in time) identified a total of 111 "active" road users killed in traffic accidents who tested positive for ethanol (including 38 drivers) and 21 who were positive for any of the narcotic and psychotropic substances under monitoring (including 8 drivers). The number of positive tests for ethanol in drivers who died in road accidents in 2011 increased (27.3%) and that of positive tests for illicit drugs decreased (5.9%), while the number of positive tests for ethanol in pedestrians increased (56.6%) and that of positive tests for illicit drugs increased significantly (10.8%).

Information on the number of injuries became available for the first time. This is collected from the annual data sheets of the surgical departments compiled by the Institute of Health Information and Statistics as part of the statistical data it provides to the Ministry of Health. The number of injuries under

the influence of drugs other than alcohol in the period 2001-2011 increased 3.3 times (from 816 injuries in 2001 to 2,696 injuries in 2011) and their share of the total number of injuries that were treated also increased, from 0.05% in 2001 to 0.15% in 2011. The number of injuries under the influence of non-alcohol drugs among children aged 0-14 years is around 30 per year; the number of accidents under the influence of drugs among young people aged 15-19 has been monitored since 2009 and around 400 such injuries are recorded annually. The number and proportion of injuries under the influence of alcohol in 2001-2011 did not change significantly and averaged about 40,000 injuries a year, i.e. about 2.3% of the total number of injuries that were treated. The number of injuries under the influence of alcohol among children fluctuated around 250 a year. As regards juveniles, an average of 3,800 injuries under the influence of alcohol per year were treated in 2010 and 2011.

3 PREVENTION, TREATMENT, AND HARM REDUCTION

3/1 Prevention

In the Czech Republic, the coordination of the primary prevention of risk behaviour among children and young people, including the primary prevention of substance use, is within the competence of the Czech Ministry of Education, Youth, and Sports (the Ministry of Education). The preparation of the new Strategy for the Primary Prevention of Risk Behaviour for 2013-2018 was launched in 2011. In addition, Decree No. 116/2011 Coll., on the provision of counselling services in schools and school counselling facilities, was amended in order to modify the terminology used in the existing legislation; the terminological shift from "social pathologies" to "risk behaviour" was a significant change.

The key documents concerning primary prevention were revised in 2011 as part of the "Development of a System of Modular Training in the Prevention of Risk Behaviour for Educational and Counselling Professionals in Schools and Educational Institutions at the National Level" project (VYNSPI), implemented by the Department of Addictology of the First Faculty of Medicine of Charles University in Prague and of the General University Hospital in Prague and financed from the European Social Fund (ESF) and the state budget. The key outcomes of the project include the updated Standards of Professional Competency of the Providers of Programmes of School-based Primary Prevention, Certification Rules and On-site Inspection Guidelines, and Certifier's Manual, documents that specify the conditions for the certification of primary prevention programmes in schools and provide the practical tools to be followed by the certifying

agency while conducting on-site inspections in the facilities to be certified.

Moreover, a recommended structure and scope of the Basic Preventive Programme were drawn up, examples of good practice in prevention programmes compiled, and an explanatory dictionary of the key terms pertaining to the prevention of risk behaviour prepared as part of the VYNSPI project. The main rationale for the changes is a comprehensive approach on the part of the Ministry of Education to prevention, which should already cover all forms of risk behaviour in the future.

In their 2011 subsidy proceedings, the Government Council for Drug Policy Coordination and the Ministry of Education respectively supported 11 and 113 projects involving prevention programmes. The regions reported a total of 87 prevention projects in 2011, mainly involving specialised prevention centres or programmes provided by non-governmental organisations, which often also offer other types of drug services. With a certain degree of simplification, these approximately 90 providers of primary prevention programmes can be considered a network of specialised providers of specific primary drug prevention in the Czech Republic.

With few exceptions, prevention campaigns in the media focus on the issues of non-smoking and driving under the influence of alcohol and illicit drugs (e.g. the "Pay Attention – Or Pay the Price!" and "Designated Driver" campaigns). Prevention activities are also targeted at participants in summer music festivals so as to reach the group of young people most at risk.

3/2 Treatment and Social Rehabilitation

An overview of the numbers of treatment and counselling programmes for drug users and their capacity and utilisation rates in 2011 is provided in Table 7.

Patients using addictive substances, i.e. patients with the primary diagnoses F10-F19, had been registered by a total of 454 outpatient psychiatric clinics. This figure does not include solely specialised alcohol/drug units, but all outpatient psychiatric clinics that treated at least one alcohol/drug patient. A total of 55 specialised alcohol/drug treatment outpatient clinics/centres had been registered by the Institute of Health Information and Statistics as of the end of 2011. However, the degree of specialisation in care for alcohol/drug patients can also be judged by the share of patients using addictive substances of the total number of patients of these clinics or by the absolute number of alcohol/drug patients. Alcohol/drug patients constituted a majority of the total number of patients in only 52 outpatient facilities (11%), of which 39 were specialised alcohol/drug treatment clinics, 12 outpatient psychiatric clinics, and one an outpatient psychiatric clinic for children. Looking at the absolute number of substance users in outpatient treatment, one can see that in 2011 68 clinics provided care to more than 150 drug-using patients and 48 clinics treated more than 200 drug users. This suggests that 50-70 outpatient psychiatric clinics may be considered as specialising in drug treatment in the Czech Republic. In comparison with the previous year, the total number of alcohol and illicit drug users treated by outpatient psychiatric clinics decreased (from 40,198 to 39,033).

In 2011 there was a slight decline in the number of admissions of substance users to inpatient psychiatric facilities. This decrease is mainly attributable to hospitalisations related to alcohol use, the number of which has been dropping significantly since 2005. On the other hand, the number of hospitalisations for disorders caused by the use of drugs other than alcohol (excluding tobacco) increased by 131 (2%) in 2011. The

Environmental Prevention Strategies

Whether physical, chemical, biological or social, cultural or economic in nature, environmental factors are significant determinants of health, including substance use and the occurrence of the associated problems or consequences. Favourable environmental factors thus have a preventive effect, and environmental prevention or environmental strategies are often referred to as the fourth pillar, complementing universal, selective, and indicated prevention.

In terms of addictive substances, this mainly involves policies and interventions regarding tobacco and alcohol control, which may include issues such as the pricing policy for tobacco and alcohol and measures regarding the advertising and marketing of such products and their availability, but also the influence of local communities and the policies adopted by them. Measures aimed at increasing the prices of alcohol and tobacco are considered to be an effective way of reducing the harmful use of alcohol and tobacco. Taxes are an important tool in terms of the price policy (in the Czech Republic, such taxation includes excise duty and value added tax). Other environmental prevention strategies include the control of the sale of tobacco products and alcohol beverages (by means of sale licensing, for example), the regulation of marketing of tobacco and alcohol, and the promotion of a non-smoking environment, including measures against exposure to tobacco smoke. The environmental prevention measures also include those that aim to prevent drink driving and reduce the number of accidents caused under the influence of alcohol, especially in road traffic, such as the setting of a limit for blood alcohol content while driving. As far as the specific impact of the school environment is concerned, the school's internal standards, in particular the school regulations and internal rules, are a factor complementing the prevention-related activities, as they should also include the procedures to address any current challenges related to the occurrence of risk behaviour, including drug use.

TABLE 7: Treatment programmes providing services to drug users in the Czech Republic, 2011

Type of programme	Total ¹			of which		
	Number of facilities/ programmes	Capacity (slots, beds)	Occupancy (number of persons)	Non-alcohol drugs (excluding tobacco)		Alcohol
				Number of facilities/ programmes	Occupancy (number of persons)	Number of facilities/ programmes
Outpatient psychiatric facilities	454	–	39,033 ²	394	14,535	428
Outpatient (non-health) programmes operated by NGOs	12 ⁵	–	1,524 ⁵	The target group consists primarily of users of non-alcohol (illicit) drugs.		
Day care centres	1	10	32	The target group consists primarily of users of non-alcohol (illicit) drugs.		
Healthcare facilities providing substitution treatment and reporting clients to the Substitution Treatment Register	55	–	2,290	These are data on treatment provided to users of opiates, or opiates in combination with other substances (polydrug users).		
Substitution treatment provided by psychiatrists and general practitioners for adults	424	–	4,092	These are data on treatment provided to users of opiates, or opiates in combination with other substances (polydrug users).		
Sobering-up stations	17	152	28,365 ¹¹	–	3,760	–
Drop-in centres and outreach programmes (low-threshold programmes)	99	–	35,500	The target group of these facilities consists primarily of users of non-alcohol (illicit) drugs or problem (injecting) drug users.		
Detoxification units in inpatient healthcare facilities	17 ⁶ (29 ⁷)	150	7,161 ²	–	3,199	–
Psychiatric hospitals for adults	18	8,994 ³ (1,305 ⁴)	11,305 ²	–	3,976	–
Psychiatric wards in hospitals	31	1 328 ³	3,812 ²	–	1,466	–
Psychiatric hospitals for children	3	260 ³	33 ²	–	32	–
Other inpatient facilities with a psychiatric ward	2	66 ³	103 ²	–	13	–
Therapeutic communities	15–20 (10 ⁵)	158 ⁵	402 ⁵	The target group consists primarily of users of non-alcohol (illicit) drugs.		
Specialised departments for children at risk of drug addiction in residential special education facilities	5	68	155	The target group consists primarily of users of non-alcohol (illicit) drugs.		
Aftercare programmes	25–30 (15 ⁵)	129 ⁵	1,095 ⁵	The target group consists primarily of users of non-alcohol (illicit) drugs.		
Detoxification in prisons	5	Unknown	309	These are the data on detoxification from non-alcohol (illicit) drugs.		
Substitution treatment in prisons	7	–	99	The target group consists of users of opiates, or opiates in combination with other substances (polydrug users).		
Departments for differentiated service of a sentence (voluntary treatment)	7	287	535	These are data on the treatment of users of non-alcohol (illicit) drugs.		
Departments for undergoing compulsory substance use treatment in prisons	3	113	206	These are data on the treatment of users of non-alcohol (illicit) drugs.		
Drug-free zones in prisons	33 ⁸	1,905	4,279	The target group consists primarily of users of non-alcohol (illicit) drugs.		
NGO programmes in prisons	25 ⁹	–	578 (3,422) ¹⁰	The target group consists primarily of users of non-alcohol (illicit) drugs.		

Note: ¹This is the total capacity and total number of users of all addictive substances; other columns contain data for alcohol and non-alcohol drugs, if available. ²This is the number of patients with the primary diagnoses F10-F19 treated in the given year. ³Total number of psychiatric beds. ⁴Number of beds in wards for treating alcohol/drug patients. ⁵Number of programmes, capacity and number of clients in programmes supported by subsidies from the Government Council for Drug Policy Coordination. ⁶Number of detoxification units with dedicated detoxification beds. ⁷Number of facilities providing inpatient detoxification to alcohol/drug patients, including detoxification in various departments without dedicated beds. ⁸Drug-free zones are not essentially a therapeutic programme, but rather provide a safe and motivating environment for prisoners who are ready to abstain; however, four of the drug-free zones have a therapeutic programme. ⁹Number of prisons in which NGOs operated. ¹⁰Number of visits to prisons (number of clients). ¹¹This is not the sum of the categories of alcohol and non-alcohol drugs, as the sobering-up station in the Pardubice region did not distinguish the persons treated by drug – there were 1,176 persons in total.

number of hospitalisations for disorders caused by polydrug use (F19) increased in the long term, as did the number of hospitalisations for disorders caused by the use of stimulants other than cocaine (F15), i.e. especially pervitin. Again, the number of patients reported to the National Register of Users of Medically Indicated Substitution Substances (the Substitution Treatment Register) increased (2,290 individuals). This applies to the patients of both the specialised centres and the clinics of other physicians who prescribe products containing buprenorphine. In 2011 the Substitution Treatment Register added 13 new facilities providing substitution treatment, which gave a total of 109 registered services for the year. However, substitution treatment is still not fully covered by the Register. As an innovation, psychiatrists and general practitioners also provided aggregate reports about the numbers of their

patients in substitution treatment: the total of 4,092 patients corresponds with the previous estimates made on the basis of information collected as part of regular omnibus surveys among Czech physicians.

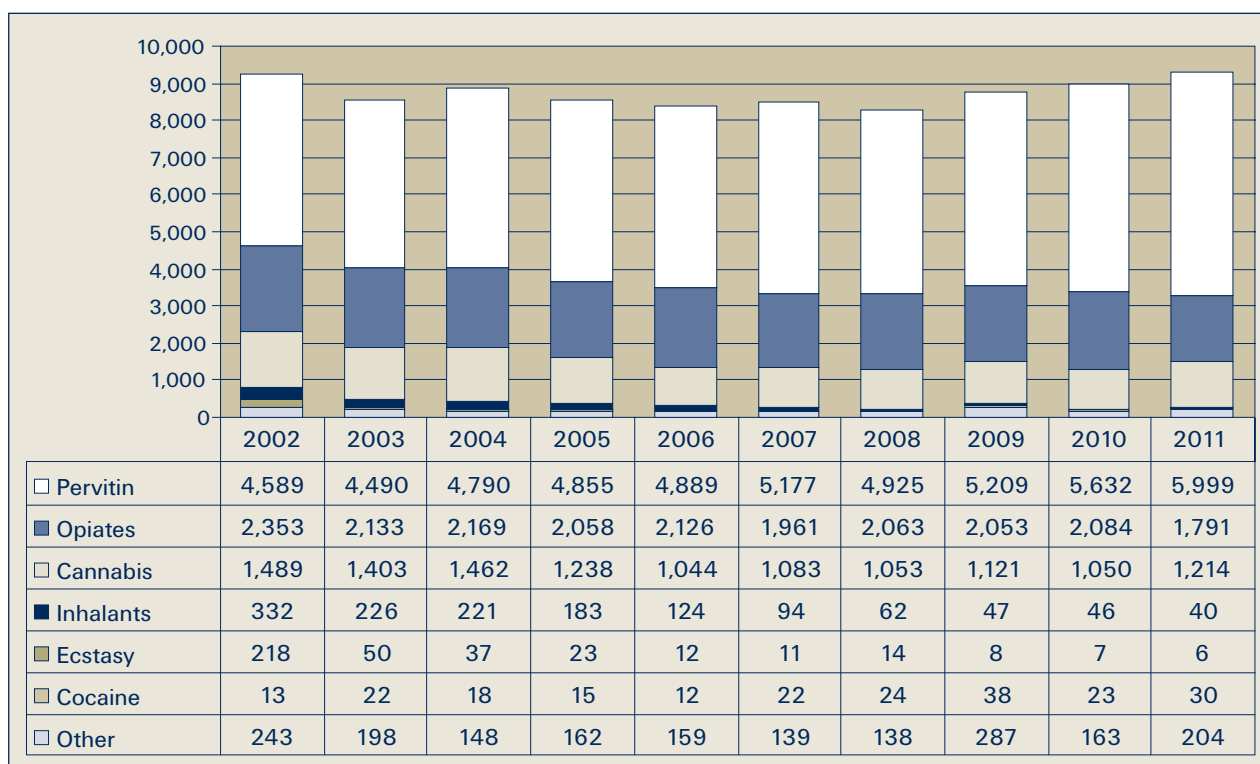
In 2011, the detoxification units were located in 17 inpatient facilities with 150 dedicated beds and detoxification was provided in an additional 12 inpatient facilities. In total, 7,161 persons underwent detoxification from addictive substances during the year, of whom 3,199 underwent detoxification from illicit drugs.

There are 11 therapeutic communities associated in the specialist section of the Association of Non-Governmental Organisations (A.N.O.). According to the Register of Social Services Providers maintained by the Ministry of Labour and Social Affairs, as of August 2012 there were 14 programmes in the Czech Republic

TABLE 8: Facilities providing aftercare according to the final reports on projects subsidised by the Government Council for Drug Policy Coordination, 2005-2011

Indicator	2005	2006	2007	2008	2009	2010	2011
Number of facilities	20	18	18	18	15	16	15
Number of aftercare clients	865	904	883	1,041	986	987	1,095
Sheltered housing capacity (slots)	118	126	126	283	134	127	129
Number of clients in sheltered housing	244	235	261	–	–	–	–
Number of clients in sheltered employment	59	40	44	25	29	25	20

GRAPH 5: Number of all treatment demands according to drug of choice, 2002-2011



registered as therapeutic communities whose primary target group is people at risk of dependency on addictive substances or dependent on them.

The social rehabilitation of drug users in recovery and support for them are provided especially by aftercare services. They include outpatient aftercare programmes, which may be extended to encompass other support services, in particular sheltered housing and protected employment (sheltered workshops, protected and supported employment) or, most recently, services aimed at intermediating or facilitating the access of drug users to the labour market. In July 2012, a total of 34 aftercare programmes for the target group of individuals at risk of addiction or persons with a substance addiction were included in the Register of Social Service Providers administered by the Ministry of Labour and Social Affairs. A total of 1,095 clients used the aftercare services; 635 (57.9%) of them used to inject drugs before they entered treatment, 577 (52.7%)

used to use pervitin and 148 (13.5%) heroin. The capacity of the sheltered housing facilities in 2011 was 129 slots; a total of 20 clients worked in sheltered workshops; see Table 8.

205 facilities provided data about their clients to the register of drug treatment demands, maintained by the Public Health Service, in 2011. A total of 9,284 drug users, which is 279 more than in 2010, were listed. 4,512 individuals demanded treatment for the first time, which is 150 more than in 2010. Users of stimulants, especially pervitin, have long predominated among those demanding treatment (64.9%). The second largest group among all treatment demands comprised opiate/opioid users (19.3%), while cannabis users ranked second among first treatment demands (18.6%). An aging of the population demanding treatment is apparent; their average age in 2011 was 27.4 years. The numbers of both first treatment demands and all treatment demands have been rising since 2008; see Graph 5.

Drug Services Census 2012



From June to August 2012 a cross-sectional questionnaire study, entitled the Drug Services Census 2012, was carried out among the providers of drug services in the Czech Republic. The data were collected through a web-based form consisting of three parts: (1) the characteristics of the facility and the services provided, (2) the number of clients as of 20 June 2012 and their structure, and (3) further use of the data collected and the willingness of the facility to cooperate in research and development activities. A total of 865 facilities were contacted. Analysis was performed using the 255 questionnaires that were returned fully completed.

More than half (53%) of the facilities identified themselves as a service aimed at users of addictive substances (addictological care), almost a quarter ranked themselves among facilities providing psychiatric care, and more than 13% of the facilities identified themselves as a social service aimed at drug users as one of their target groups. The largest groups of clients to whom addictological facilities provide services are users of illicit drugs (227 out of 255 facilities), psychoactive pills (192), and alcohol (168). 144 facilities worked with clients who have problems with gambling. While most facilities provide their services to clients free of charge, 15% of them collect fees from clients.

As of 20 June 2012 the total capacity of residential services specifically dedicated to the treatment of disorders caused by substance use was 1,368 beds, the total daily capacity of outpatient programmes (i.e. how many clients the facility is able to provide with services within one working day) was 4,002 clients, and the total capacity of facilities providing sheltered housing or accommodation for clients on that day was 332 beds.

The provision of aftercare services was reported by 94 facilities (36.9%). While they were predominantly facilities that provided outpatient treatment and counselling along with aftercare services, combinations with other types of services were also quite frequent.

3/3 Harm Reduction

Harm reduction has been one of the main areas of the Czech drug policy in the long term. The network of low-threshold services in the Czech Republic consists of drop-in centres and outreach programmes. Their number has remained relatively stable in recent years; there were 99 of them in operation in 2011. The total number of drug users maintaining contact with low-threshold programmes increased in 2011, to 35.5 thousand individuals. There was an increase in the number of pervitin users and injecting drug users in contact with these programmes in comparison with the previous year. Conversely, the number of opiate/opioid users in contact with them fell. In addition, there has been a sustained increase in the number of cannabis users

TABLE 9: Clients of low-threshold programmes, 2003-2011

Indicator	2003	2004	2005	2006	2007	2008	2009	2010	2011
Number of low-threshold programmes	93	92	92	90	109	100	95	96	99
Number of drug users	25,200	24,200	27,800	25,900	27,200	28,300	30,000	32,400	35,500
– injecting drug users	16,700	16,200	17,900	18,300	20,900	22,300	23,700	24,500	25,300
– pervitin users	11,300	12,200	12,300	12,100	14,600	14,900	16,000	17,500	19,400
– opiate/opioid users	6,100	6,000	6,800	6,900	7,300	8,300	8,900	8,100	6,800
– heroin users	–	–	–	4,000	4,100	4,600	4,950	4,200	3,300
– Subutex® users	–	–	–	2,900	3,200	3,700	3,950	3,900	3,500
– cannabis users	5,500	4,100	3,600	2,700	2,000	1,700	2,200	1,900	3,200
– inhalant users	705	560	470	450	390	300	250	300	250
Average age of drug users (years)	23.2	23.4	25.0	25.3	26.1	26.4	27.4	27.0	28.1

TABLE 10: Selected services of low-threshold facilities, 2005-2011

Indicator	2005	2006	2007	2008	2009	2010	2011
Needle/syringe exchange	249,000	191,000	215,800	217,200	237,800	234,900	256,500
Food service	99,500	97,600	94,100	87,800	108,800	107,700	100,700
Hygiene service	40,900	41,100	4,000	34,800	44,300	56,300	53,000
Individual counselling	25,800	21,900	24,100	21,000	27,800	37,600	30,800
Medical attendance	12,500	10,500	9,400	7,700	10,200	9,700	9,500
Crisis intervention	2,500	1,800	1,600	1,100	1,600	2,400	2,400
Group counselling	1,500	1,500	1,000	1,100	1,300	1,300	700
Total number of contacts	403,900	322,900	338,100	329,500	365,600	396,800	415,400

in contact with low-threshold programmes; see Table 9. The number of cocaine users in contact with them is still very low; 17 people were reported for the whole Czech Republic. The service that is most commonly used in low-threshold programmes is the exchange of needles and syringes and distribution of paraphernalia, which is understandable, considering the historically high percentage of injecting drug users among the clients of harm reduction programmes; see Table 10. There has also been a long-term rise in the number of contacts with IDUs and the amount of injecting equipment and paraphernalia exchanged – over 5 million hypodermic needles and syringes were distributed in 2011.

4 LAW ENFORCEMENT DATA

4/1 Primary and Secondary Drug Crime

The total number of drug-related criminal offences and their share of the reported crimes have been rising since 2007. In 2011 drug offenders were most commonly arrested for the illicit

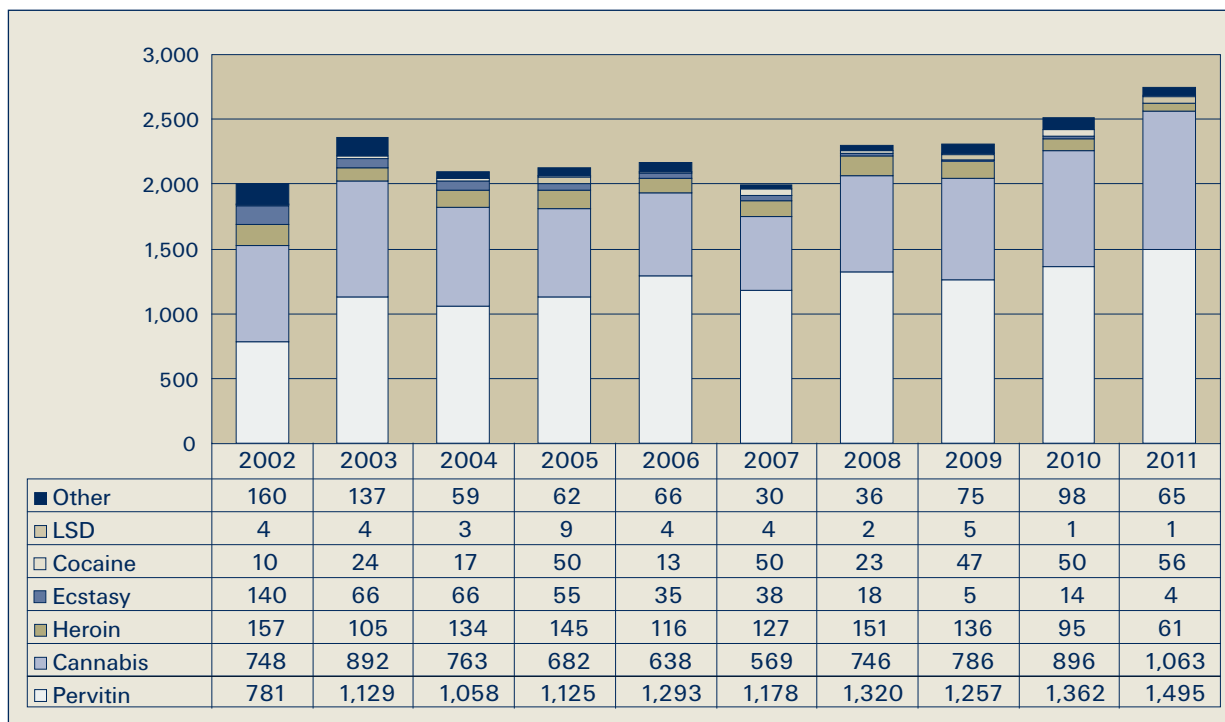
production, smuggling, and sale of pervitin and cannabis. According to the National Drug Headquarters of the Police of the Czech Republic, the share of those arrested for drug-related offences in connection with pervitin remained unchanged in year-on-year terms (54%), while a slight increase was observed as regards cannabis-related criminal offences. The share of persons arrested for drug-related offences involving other drugs did not exceed 3%; see Graph 6. In the long term, the number of individuals prosecuted for drug-related offences has been increasing. Nearly 2.8 thousand people were prosecuted for 3.8 thousand drug-related offences (representing 1.2% of all offences) in 2011. According to data from the Police of the Czech Republic, the number and share of persons prosecuted for the possession or cultivation of drugs for their personal use continue to grow. In 2011 the total figure was 430 individuals (i.e. 15.5% of the drug-related offences). 19 persons were prosecuted for promoting drug use in 2011, i.e. 11 persons more than in 2010. Even though relatively small, this is the very first increase in the number of persons prosecuted for this offence since 2000.

Proceedings regarding a total of 1,169 misdemeanours involving the unauthorised handling of narcotic and psychotropic substances were also held in 2011. This figure represents 0.4% of all the misdemeanours dealt with. Similarly to the previous year, misdemeanours involving the unauthorised possession of narcotic and psychotropic substances accounted for 93% of the cases.

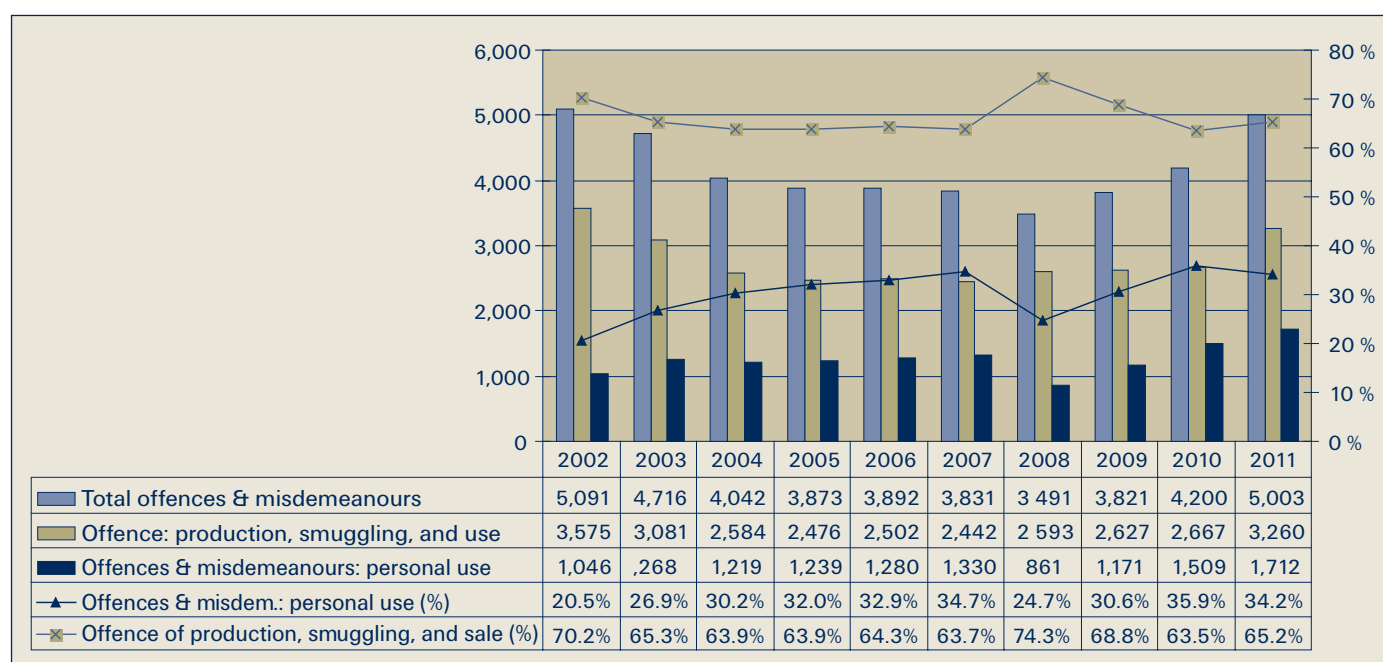
The development of the number of unlawful acts involving the unauthorised handling of narcotic and psychotropic substance is shown in Graph 7.

2,549 individuals were indicted in connection with drug-related crime. Final court sentences were imposed on 1,870 people, 41% of whom had no previous convictions. The most common sanc-

GRAPH 6: Number of persons arrested for drug-related offences in the period 2002-2011, according to drug type



GRAPH 7: The development of the number of drug-related offences and misdemeanours involving personal use and drug-related offences involving production, smuggling, and sale, 2002-2011



tions imposed were a term of suspended imprisonment (64%), unsuspended imprisonment (31%), and community service (4%). Most of the unsuspended sentences of imprisonment were for a period of one to five years.

In 2011, compulsory treatment was imposed upon 286 persons: drug treatment upon 117 persons and alcohol treatment upon 169 persons. Compulsory institutional or outpatient alcohol treatment was most frequently imposed upon persons sentenced for the offence of causing bodily harm, while drug treatment was imposed upon the offenders sentenced for the unauthorised production and possession of drugs and poisons. While the number of compulsory treatment sentences decreased every year between 2008 and 2010, a slight year-on-year increase was observed in 2011.

According to the official police records, a total of 122.2 thousand offences were cleared up in 2011, 16% of which had been committed under the influence of addictive substances. Offences committed under the influence of alcohol accounted for nearly 89% of these cases, i.e. 17.1 thousand offences. They were most commonly the offences of endangerment under the influence of an addictive substance and inebriation. The level of secondary drug-related crime (mainly property crime) was again estimated for selected offences for 2011. Users of illegal drugs are estimated to have committed 33.4% of the selected offences reported and 28.5% of the selected offences cleared up, which makes them responsible for approximately one sixth of the total crime rate. Theft was the most common offence.

4/2 Drug Use in Prison and the Care of Incarcerated Drug Users

The prison population increased against the previous year: as of 31 December 2011, there were 23,170 persons in 36 prisons, 20,541 of whom had been sentenced and 2,613 were awaiting trial. 16 persons were committed to detention institutions. The number of persons imprisoned for drug-related offences increased by 2,236, i.e. by nearly 11%, against 2010. The offences that account for this increase are exclusively those of the production, smuggling, and sale of narcotic and psychotropic substances (Section 187/Section 283) and the possession of an article intended for the production of narcotic and psychotropic substances (Section 188/Section 286). In turn, the number of other drug-related offences decreased. There was a 15% increase in the number of offences directly associated with intoxication with an addictive substance (Section 201/Section 274 and Section 201a/Section 360) in 2011. Information about the number of drug users in prison, obtained from examinations/treatment interventions by general practitioners, drug screening tests, and drug seizures in prisons, is available for 2011. A total of 424,521 examinations or treatment interventions involving prisoners were performed as part of prison health services in 2011. On the basis of such examinations or treatment interventions, 11,534 inmates with

a history of drug use were reported (10,763 individuals in 2010). Drug prevention counselling centres operated in all the prisons. In 2011, a total of 6,223 persons used the services of one of these centres, 225 more than in the previous year. Drug-free zones were available in 33 prisons. A total of 4,279 individuals took the opportunity of being placed in these wings in 2011. Ten prisons were intended for providing substitution therapy, seven of which reported treating patients in 2011. The substitution treatment programmes in prisons reported 99 clients, i.e. 32 more than in the previous year. Almost exclusively, methadone was administered as the main substitution substance. In order to be included in a substitution therapy programme in prison, the clients had to have been included in a substitution therapy programme before they entered the prison to await trial in custody or to serve their prison sentence.

4/3 Drug Availability, Supply, and Consumption

An estimated 18.2 tonnes of cannabis, 4.6 tonnes of pervitin, 1.2 tonnes of heroin, 870 kilograms of cocaine, 4.6 million tablets of ecstasy, and a million doses of LSD were consumed in the Czech Republic in 2011.

The consumption of cannabis in the Czech Republic is mostly covered by domestic production, which in 2011 accounted for approximately 16 tonnes of cannabis, mostly grown indoors. Another three tonnes of cannabis were imported. The THC content in indoor cannabis was between 12% and 20%. The Police of the Czech Republic dismantled 165 cannabis cultivation sites in 2011. The share of people of Vietnamese descent involved in the cultivation of cannabis and distribution of marijuana increased significantly. The number of marijuana seizures and the quantities seized have been increasing since 2009. In 2011, the Police of the Czech Republic and the Customs Administration of the Czech Republic reported 508 seizures of a total of 441 kg of marijuana, 62.8 thousand cannabis plants, and 2.4 kg of hashish; see Table 11.

An estimated 4.7 tonnes of pervitin were produced in the Czech Republic in 2011, approximately 1.7 tonnes of which were intended for the personal use of the manufacturers, while 2.9 tonnes were to be marketed domestically, and 140 kg of pervitin were exported. Produced only domestically, pervitin is mainly made in low-volume domestic laboratories. The police detected 338 cooking labs. Medicines containing pseudoephedrine, imported mainly from Poland but also from Germany and Slovakia, were used as the precursors in the manufacture of pervitin. The drug market in pervitin is gaining in importance in northwest Bohemia, where it is stimulated by the demand from German nationals. Altogether, 304 seizures of a total of 20.05 kg of pervitin were reported in the Czech Republic in 2011. An estimated 650 kg of cocaine with an average purity of 60% are estimated to have been imported into the Czech Republic in 2011. The drug was further cut domestically. Cocaine mostly entered the Czech Republic via Italy, Romania, Spain, the

Netherlands, and Austria, either by Czech couriers or in postal consignments. 44 seizures of cocaine were made, involving a total of 16.1 kg.

As far as heroin is concerned, the Czech market is supplied using small shipments. An estimated 375 kg of heroin with an average purity of 25% are estimated to have been imported into the Czech Republic in 2011. The purity of the heroin distributed to the end users after further cutting was around 8%. The total number of seizures and the quantity of heroin seized decreased significantly, from 61 seizures of 30.5 kg in 2010 to 34 seizures of 4.7 kg in 2011.

The police discovered three cooking labs for "brown". According to the National Drug Headquarters, the most recent seizure of

brown was reported in 1991 and involved 250 grams of the drug. Before 1989, brown used to be the main home-made opiate drug and was manufactured from medicines containing codeine.

A total of 35 new psychoactive substances were intercepted in 2011, with 21 of the substances being detected in the Czech Republic for the first time. In terms of quantities, mephedrone (58 kg), JWH-122 (2 kg), and methylone (1.8 kg) accounted for the largest seizures. The new psychoactive substances were sold via e-shops, as well as regular retail outlets. After April 2011, the retail sales were significantly reduced, and most of the sales took place via the internet (e-shops).

TABULKA 11: The number of seizures and the quantities of the individual drugs seized in 2008-2011

Drug	2008		2009		2010		2011	
	Seizures	Quantity	Seizures	Quantity	Seizures	Quantity	Seizures	Quantity
Marijuana (g)	602	392,527	384	171,799	455	277,988	508	440,780
Pervitin (g)	405	3,799	326	3,599	283	21,301	304	20,054
Heroin (g)	105	46,302	73	31,257	61	30,453	34	4,730
Cannabis plants (pcs)	69	25,223	117	33,427	189	64,904	240	62,817
Hashish (g)	30	696	41	12,499	27	9,354	24	2,375
Ecstasy (tablets)	18	16,610	13	198	16	865	15	13,000
Cocaine (g)	24	7,631	26	12,904	42	14,162	44	16,071
LSD (doses)	5	246	5	142	8	1,218	7	1,313

Estimated Drug Consumption Based on the Analysis of Surface and Waste Waters

In 2011 two studies were carried out in order to estimate drug consumption using the (quantitative) analysis of drugs and their metabolites present in waste water or in surface waters into which waste water is released from waste water treatment plants. The objective was to back-calculate the consumption of drugs among the population concerned.

The Fisheries and Hydrobiology Institute of the Faculty of Fisheries and Protection of Waters of the University of South Bohemia in České Budějovice was involved in a multi-centre study aimed at analysing samples collected from waste water treatment plants in 19 European cities during a single week in March 2011. In the Czech Republic, the study was carried out in České Budějovice. The study suggested that České Budějovice belonged among the cities with an above-average consumption of methamphetamine (pervitin). The quantity of cannabis (THC-COOH) detected there was rather low in comparison with other European cities, and the quantities of ecstasy, cocaine, and amphetamine were very low. A similar study was performed in the Czech Republic by the T. G. Masaryk Water Research Institute. It analysed waste water samples collected over 7 days in April 2011. A total of 60 substances were monitored, of which 19 analytes were detected every day of the campaign and 38 analytes were not detected at all (e.g. heroin, LSD, and buprenorphine). The estimate of the consumption was made for cocaine, amphetamine, methamphetamine, MDMA, and methadone for each day of the collection campaign, in milligrams per day per 1,000 inhabitants. After conversion to consider the purity of the drugs, the consumption can be estimated as 230 kg of cocaine, 250 kg of pervitin, 13 kg of pure MDMA, and 13 kg of methadone substance per one million inhabitants per year. These estimates correspond rather well to the drug consumption estimated on the basis of drug use prevalence data, and the methadone consumption estimate also corresponds to the methadone imports into the Czech Republic.

Sources of information

This issue was prepared on the basis of the annual report on the 2011 drug situation in the Czech Republic [Mravčík, V., Grohmannová, K., Chomynová, P., Nečas, V., Grolmusová, L., Kiššová, L., Nechanská, B., Fidesová, H., Kalina, K., Vopravil, J., Kostecká, L., Jurystová, L. Annual Report: The Czech Republic – 2011 Drug Situation. Prague: Office of the Government of the Czech Republic, 2012. ISBN 978-80-7440-069-8]. The references to individual sources of information are mentioned in the Annual Report according to quoting standards.

National Focal Point's Announcements and Links of Interest



- All the publications released by the National Focal Point (National Monitoring Centre for Drugs and Drug Addiction), 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 addiction or are relevant to it and can be posted in the calendar should be sent to grygarova.marketa@vlada.cz.
- Information on life-long education in addiction is available at <http://www.adiktolog.cz/>.
- UniData and PrevData applications to maintain a record of clients and interventions of drug services, including user support: <http://www.drogozsluzby.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: <http://www.emcdda.europa.eu/>.

- Field data collection for the 2012 National Survey on Substance Use was undertaken in October and November 2012. Focusing on smoking, drinking, the use of both prescription and over-the-counter drugs, the lifetime use of illegal drugs, and gambling among the general population aged 15–64, this survey follows up on the 2008 General Population Survey looking into the use of psychotropic substances and the attitudes to such use in the Czech Republic. The first results of the survey will be available in 2013. The study is conducted by the National Focal Point, the data are collected by the SC&C agency.
- Following up on a similar research project carried out in 2010, a study of the prevalence of the use of addictive substances among the population of offenders serving their prison sentences took place in November 2012. It was conducted by the National Focal Point in partnership with the Prison Service of the Czech Republic and the ppm factum research agency. The purpose of the study is to identify the scope and patterns of substance use among a representative sample of people serving their prison sentences, monitor development trends, and to collect information that may be used to design interventions aimed at reducing both drug demand on the part of inmates and drug supply within prisons.

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