



## Drug Situation in the Czech Republic 2005

Annual Report Summary

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### Main trends in 2005

- Prevalence of drug use in the general population has remained stable.
- The estimated number of problem users of pervitin (methamphetamine) and opiates increased slightly in 2005. As far as pervitin is concerned, the increase was most probably caused by the further dissemination of pervitin in night-life and dance settings, including small towns. The increase in the number of opiates users involves those who use Subutex as their primary drug mainly by injection.
- The number of drug users demanding treatment, including injecting drug users, decreased in 2005.
- The proportion of injecting users of pervitin and heroin has stayed relatively high (approx. 80% and 90%, respectively).
- The average age of problem drug users in contact with helping facilities has increased again; the proportion of problem users aged under 19 has a decreasing tendency.
- The prevalence of infectious diseases (HIV/AIDS, viral hepatitis B and C) among drug users has remained stable. However, the availability of testing for infectious diseases among drug users has decreased, which is largely caused by a shortage of previously used rapid screening tests on the Czech market.
- The number of specialised substitution centres is increasing. New methadone programmes were opened in the Southern Bohemia in 2005 and in Karlovy Vary region in 2006. A pilot methadone treatment programme started in two prisons in 2006.
- The number of drug-related deaths (overdoses) has remained relatively stable. Except of most commonly substances involved (i.e. opiates, pervitin, and inhalants), sporadic overdoses on ecstasy and cocaine have been reported in the last 2–3 years.
- The number of those sentenced for drug offences has decreased for the first time since the beginning of the 1990s.

## INSTITUTIONAL FRAMEWORK OF DRUG POLICY

The year 2005 was the first year of the implementation of the National Drug Policy Strategy for the period 2005 to 2009, which was adopted by Government Resolution No. 1305 in December 2004, and the Action Plan of the National Drug Policy Strategy Implementation for the period 2005 to 2006, which was adopted by Government Resolution No. 886 in June 2005. The new strategy follows on from the previous strategies and it is based on the principle of public health protection. The Action Plan defines activities, deadlines, and responsibilities regarding the goals which were mentioned in the strategy; it contains a total of 144 tasks which are mostly aimed at ministries. They are divided into 43 goals which relate to seven drug policy areas: (1) prevention; (2) treatment and aftercare; (3) harm reduction; (4) drug supply reduction and law enforcement; (5) coordination and funding; (6) the field of information, research, and evaluation, and (7) international cooperation.

72 (i.e. 50%) of the 144 tasks were to be fulfilled by December 31, 2005 or they were being fulfilled on a continual basis. 54 of these 72 tasks were fulfilled, 6 partially, 8 were not fulfilled and insufficient information was available about 4 tasks. Therefore, 85% of the tasks for the year 2005 were fulfilled completely or partially.

The Council of the Government for Drug Policy Coordination (CGDPC) is the main initiating, counselling, and coordinating body of the Government for drug-related issues in the Czech

Republic. Ministers of the appropriate ministries are members of this Council. The council met five times in 2005.

The Secretariat of the CGDPC provides for the activities of the Council; it is an organisational part of the Office of the Government of the Czech Republic and the Czech National Monitoring Centre for Drugs and Drug Addiction (NMC) operates within it.

Regional drug coordinators have been appointed in all regions except the Moravian-Silesian region, and they collaborate with local drug coordinators in individual municipalities with extended competencies in their region, as well as with the Secretariat of the CGDPC within the framework of the Vertical Coordination working group. Most regions (with the exception of the Pilsen and Vysočina regions) have drawn up a regional drug policy document.

The total amount of financial resources expended on drug policy programmes from public budgets was €13.453 million; €8.385 million was expended from state budget, €3.369 million from regional budgets and €1.669 million from municipal budgets.<sup>1</sup> In comparison with 2004, drug policy expenditures increased by approximately €1.48 million in 2005. There is an annual increase in the amount of financial resources expended

<sup>1</sup> The data involve public budget expenditures which are identified as drug policy expenditures - mainly in the field of drug demand reduction. Other expenditures in the field of drug supply and demand reduction cannot be calculated without further research.

## The most significant system changes in the field of drug policy in 2005 involve: ↓

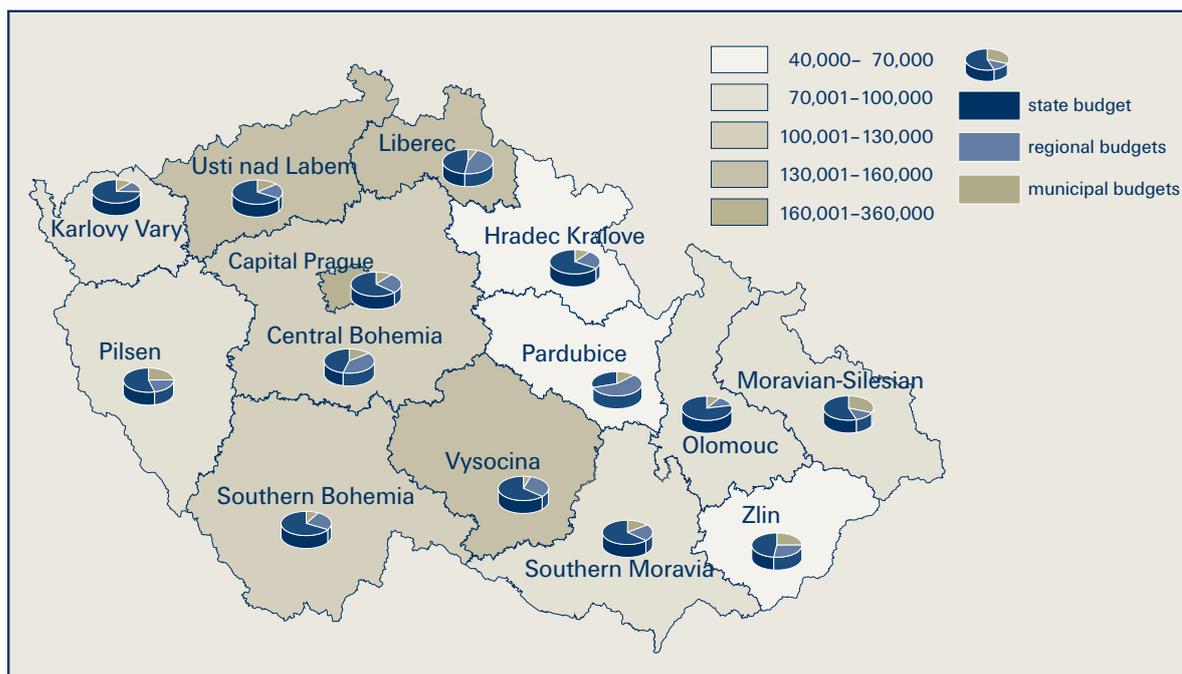
1) Adoption of Act 379/2005 Coll., on Measures for Protection from Harm Caused by Tobacco Products, Alcohol, and Other Addictive Substances as amended, which, inter alia, transfers a significant proportion of the competencies to individual territorial self-governing units (regions and municipalities) and for the first time in the history of the Czech Republic, it defines basic types of services for drug users. For the purposes of the Act, the term "drug policy" relates to illicit drugs, as well as tobacco products and alcohol. According to the Act, drug policy involves measures in the fields of prevention, harm reduction, treatment and re-socialization. The Act also defines rules for examination for the presence of alcohol or another addictive substance.

2) Launch of the system of Certification of the Professional Competency of Services for Drug Users, which was approved by Government Resolution No. 300 in March 2005. This system should especially provide for the availability of quality services in the field of harm reduction, treatment, and resocialisation in the following standard types: outreach programmes, low-threshold and counselling services, detoxification, substitution treatment, outpatient treatment, day-care programmes, short-term and medium-term inpatient treatment, inpatient treatment in therapeutic communities, and outpatient aftercare programmes. Only certified programmes run by non-governmental organisations should be subsidised from the state budget after 2007. Certification of professional competency had been granted to 41 treatment and resocialisation facilities and to 37 facilities in the field of harm reduction by May 31, 2006.

3) Adoption of Rules for Drawing Financial Resources for Drug Policy from the State Budget, which were approved by Government Resolution No. 700 in June 2005.

*The Lower House of the Parliament of the Czech Republic definitively rejected the draft bill of the new Penal Code, which also contained changes regarding "drug-related" criminal offences, on February 21, 2006.*

**MAP 1: Drawing of financial resources for drug policy from state and municipal budgets in regions of the Czech Republic in 2005 (€ per 100,000 inhabitants)**



by regions. Map 1 gives an overview of financial resources drawn from public budgets for the implementation of drug policy programmes in regions of the Czech Republic in 2005.

## 2 PREVENTION, TREATMENT AND HARM REDUCTION

### 2/1 Prevention

The government gave the Ministry of Education the task of drug prevention coordination. All elementary and secondary schools in the Czech Republic have established the position of a school prevention methodologist and implement various forms of a Minimum Preventive Programme; the system of drug prevention in schools is supported by district prevention methodologists and regional school coordinators who work under the methodological guidance of the Ministry of Education. Non-governmental organisations (NGOs) participate significantly in school prevention as well as in selective and indicated prevention in the Czech Republic. Standards for the Professional Competency of Primary Drug Prevention Programmes were approved in 2005. The actual process of the certification of prevention services, i.e. a formal acknowledgment that a programme is of good quality and complies with the criteria specified in the Standards of Professional Competency, has not been launched yet. The Government Resolution No. 693/2006 stipulated that the process of the certification of prevention programmes is to be launched on October 2, 2006. Altogether 67 NGOs reported activities in the field of prevention in 2005. NGOs operated in 1,150 schools in the Czech Republic

(46 kindergartens, 701 basic schools (pupils aged 6–15), 387 secondary schools, 10 higher professional/vocational schools, and 6 universities), and they approached more than 131,000 persons (approximately 98,000 pupils of basic schools and approximately 31,000 secondary school students). More than 7,000 pupils of basic schools and nearly 3,000 secondary school students were addressed within out-of school activities which involve prevention for children and juveniles; the activities involved one-off lectures, as well as early intervention programmes and peer programmes. At the same time, there were specific programmes which focused on young Roma people at higher risk of social-pathological phenomena, children from a refuge for mothers with children, and students living in boarding houses. Nearly 20,000 more people, mostly young people and young adults, were involved in the activities carried out by low-threshold clubs or adventure programmes and they were in contact via internet counselling (Národní monitorovací středisko pro drogy a drogové závislosti, 2006b). In 2005, approximately 130 organisations provided telephone or internet counselling on drugs and associated issues in the Czech Republic. About 20% of them worked 24 hours a day, 7 days a week (Sadílek and Mravčík, 2006).

### 2/2 Treatment and Aftercare

A wide spectrum of services provides treatment and social reintegration in the Czech Republic, their availability is relatively high – Table 1 provides their overview. The number of outpatient facilities which also report that they provide services to illicit drugs users as well as the number of

**TABLE 1: Treatment programmes which supplied services to drug users in 2005 (Ústav zdravotnických informací a statistiky, 2006a, 2006b, 2006c, 2006d; Národní monitorovací středisko pro drogy a drogové závislosti, 2006b, 2006c; Řeháček, 2006)**

Programme type	Number	Capacity (places, beds)	Capacity utilisation (number of persons)
Outpatient health care facilities (clinics) <sup>a)</sup>	401	n.a.	17,531
Day-care centres	2	10 <sup>b)</sup>	36 <sup>b)</sup>
Substitution (methadone) centres <sup>c)</sup>	10	n.a.	758
Buprenorphine substitution in outpatient clinics	n.a.	n.a.	1,000–2,500
Psychiatric hospitals	17	9 538 <sup>d)</sup>	3,104
Psychiatric departments of hospitals	32	1 439 <sup>d)</sup>	1,613
Psychiatric hospitals for children	3	320 <sup>d)</sup>	27
Therapeutic communities	15	193 <sup>e)</sup>	486 <sup>e)</sup>
Aftercare programmes	20	385 <sup>f)</sup>	865
– out of which sheltered housing	12	118	244
Inpatient departments which specialise in treatment of children at risk of drug addiction (special education facilities)	5	66	104
Detoxification units in prisons	1	n.a.	172
Departments for differentiated serving of sentence	6	286	523
Departments for compulsory treatment in prisons	3	105	184

*Note:*

a) They involve outpatient health care facilities with various specialisations, not only the AT clinics.

b) Data from one day-care centre only.

c) A substitution centre was opened in Karlovy Vary in February 2006 and two substitution centres were opened in the prisons in Prague-Pankrác and Přebíram within the framework of a pilot project of substitution treatment during the execution of sentence in April 2006.

d) Number of all psychiatric beds.

e) Data from 12 communities only.

f) The data only involve intensive aftercare.

treated drug users increased in 2005 (17,531 drug users, i.e. 14% more than in 2004). Outpatient treatment was also provided by 18 NGOs; they supplied their services to 1,743 illicit drug users. More than 5,000 people were treated in residential treatment facilities (therapeutic communities or inpatient psychiatric facilities). In 2005, specialised inpatient departments for the treatment of children (aged under 18) at risk of drug addiction were part of five school facilities which provide residential care and protective education and school facilities for preventive educational care (Národní monitorovací středisko pro drogy a drogové závislosti, 2006b, 2006c; Ústav zdravotnických informací a statistiky, 2006a, 2006b). Twenty facilities provided aftercare in 2005; nine of them provided outpatient and intensive aftercare, six provided intensive aftercare only, and five provided outpatient aftercare only. Twelve facilities offered their clients sheltered housing and four offered work in sheltered programmes. Altogether, 865 clients used the services. The total volume of sheltered housing provided was 118 beds and this capacity was used by 244 clients. 59 clients worked in sheltered workplace (Národní monitorovací středisko pro drogy a drogové závislosti, 2006b).

NGOs associated in the Section of Drug Services in Prison of the Association of Non-Governmental Organisations Dealing with Prevention and Treatment of Drug Addiction continued to develop their services for drug-using inmates in 2005. The number of inmates to whom the organisations provided services in 15 prisons increased to 610 in 2005 (from 450 in 2004). There were 2,783 contacts with inmates (counselling). The frequency of these contacts varied from one-off meetings to periodical weekly contact. The NGOs held 60 educational seminars of a preventive nature for inmates and supplied training to 170 employees of the Prison Service (Škvařilová, 2006).

### 2/3 Harm reduction

Altogether 92 low-threshold facilities operated in the Czech Republic in 2005; they involved drop-in centres, outreach programmes (streetwork), and exchange programmes. It is estimated that more than 32,000 clients, out of them 27,800 drug users, benefited from the services provided in 2005. In comparison with the previous years, attendance at

low-threshold facilities increased markedly, together with the volume of services supplied, especially the one most commonly utilised - needle and syringe exchange (see Table 2) (Národní monitorovací středisko pro drogy a drogové závislosti, 2006b).

**TABLE 2: Exchange programmes in the Czech Republic in 1998–2005 (Národní monitorovací středisko pro drogy a drogové závislosti, 2006b; Polanecký et al., 2006)**

Year	Number of exchange programmes reporting	Number of syringes and needles exchanged
1998	42	487,000
1999	64	850,000
2000	80	1,152,000
2001	77	1,567,000
2002	88	1,471,000
2003	87	1,780,000
2004	86	2,358,000
2005	88	3,274,000

illicit drug use is even higher among high school students (44% high school students aged 16 and 56% of students aged 18). The use of cannabis and ecstasy is the most common; the lifetime prevalence of the use of illicit drugs with more significant health and social consequences (opiates, methamphetamine and cocaine) remains very low in general population (Mravčík et al., 2005).

### 3/2 Problem Drug Use

In the Czech Republic, problem drug use is defined as the use of drugs by injection and/or the regular or long-term use of opiates<sup>2</sup> and amphetamine-type drugs<sup>3</sup>. The estimated number of problem drug users increased slightly to 31,800 in 2005; approximately 11,300 of them use opiates and 20,500 use pervitin; approximately 29,800 (more than 90%) problem drug users inject drugs – see Table 3. The increase especially involves the number of (mostly injecting) users of Subutex and their proportion in the number of opiates users. The increase in the number of pervitin users is obvious from data on the clients of low-threshold facilities from which prevalence estimates are made as well as from data in the Treatment Demand Register (Národní monitorovací středisko pro drogy a drogové závislosti, 2006a).

Prevalence estimates were also carried out on a regional level in 2005 – see Map 2. However, it is necessary to take the

**TABLE 3: Development of prevalence estimates of problem drug use carried out using a multiplication method with the use of data from low-threshold facilities in 2002–2005 (Národní monitorovací středisko pro drogy a drogové závislosti, 2006a)**

Year	Total number of problem drug users		Number of opiates users		Number of pervitin users		Number of injecting drug users	
	Abs.	Per 1,000 inhabitants aged 15–64	Abs.	Per 1,000 inhabitants aged 15–64	Abs.	Per 1,000 inhabitants aged 15–64	Abs.	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

## 3 DRUG USE AND ITS CONSEQUENCES

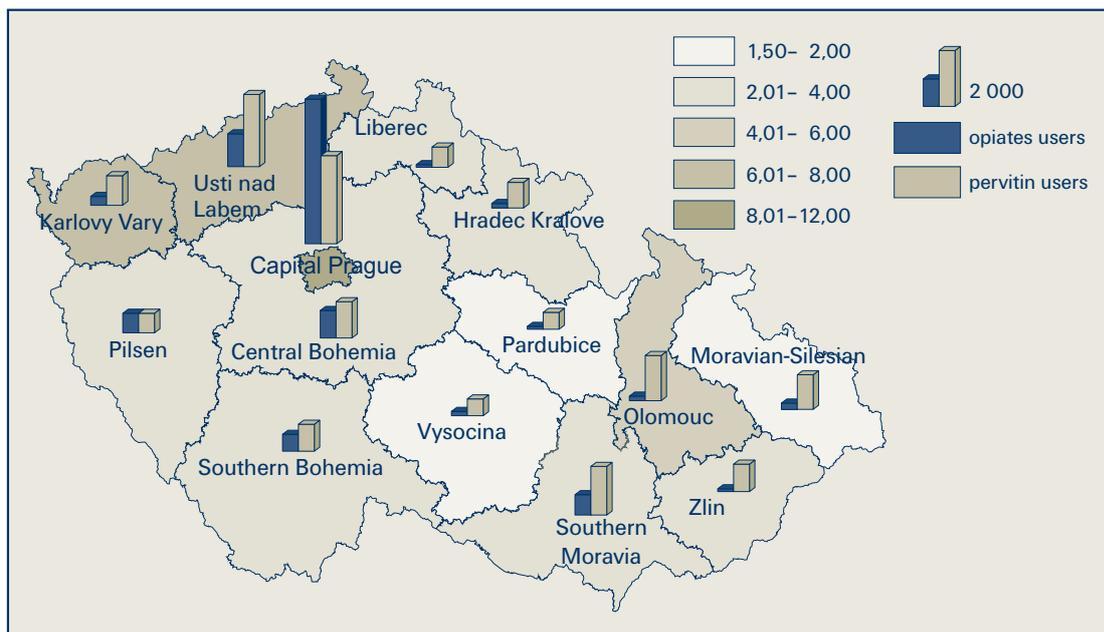
### 3/1 Drug Use in General Population

The most recent general population survey which focused on the use of illicit drugs was carried out in 2004 (Ústav zdravotnických informací a statistiky, 2005); its results were summarized in the 2004 Annual Report. According to surveys conducted in 2002 and 2004, about 20% of the adult population of the Czech Republic have at least one experience with the use of any illicit drug and the lifetime prevalence of

<sup>2</sup> As far as the use of opiates is concerned, heroin is the most common. At the same time, buprenorphine (Subutex), either prescribed by a physician or obtained from the black market, is also being used increasingly often in some regions. Home-made opiates made from medicinal products or poppy heads are rather a (seasonal) exception.

<sup>3</sup> The problem use of amphetamine-type drugs in the Czech Republic is limited exclusively to the use of pervitin (methamphetamine).

**MAP 2:** Number of problem drug users per 1,000 inhabitants aged 15–64 and the proportion of problem users of opiates and pervitin in the Czech Republic in 2005 (Národní monitorovací středisko pro drogy a drogové závislosti, 2006a)

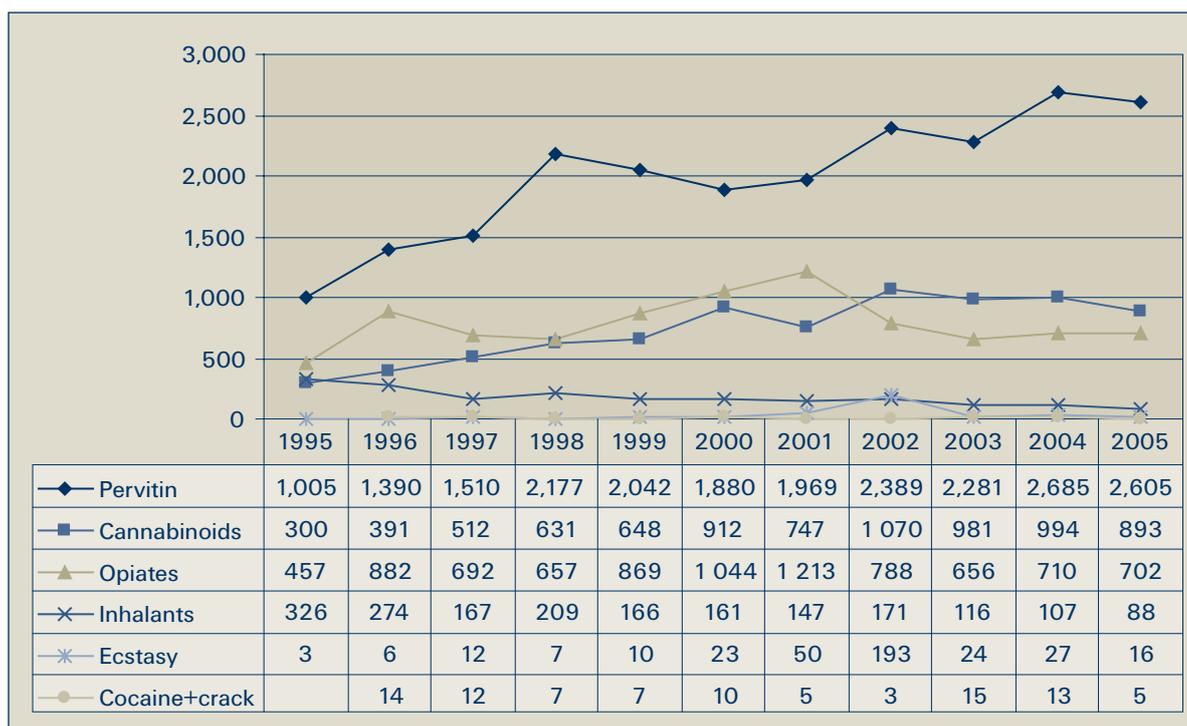


estimates according to individual regions as indicative numbers only because of the specifics of the source data from individual regions and the difference between the real proportion of problem drug users who are in contact with treatment services and the "average" value for the Czech Republic.

### 3/3 Drug Users in Treatment

The number of treated drug users decreased in 2005. With the exception of all treatment demands relating to pervitin use, a decline in the number of both all treatment demands and first treatment demands occurred with regard to all the main groups of drugs.

**FIGURE 1:** First treatment demands by type of drug in 1995-2005 (Polanecký et al., 2006)

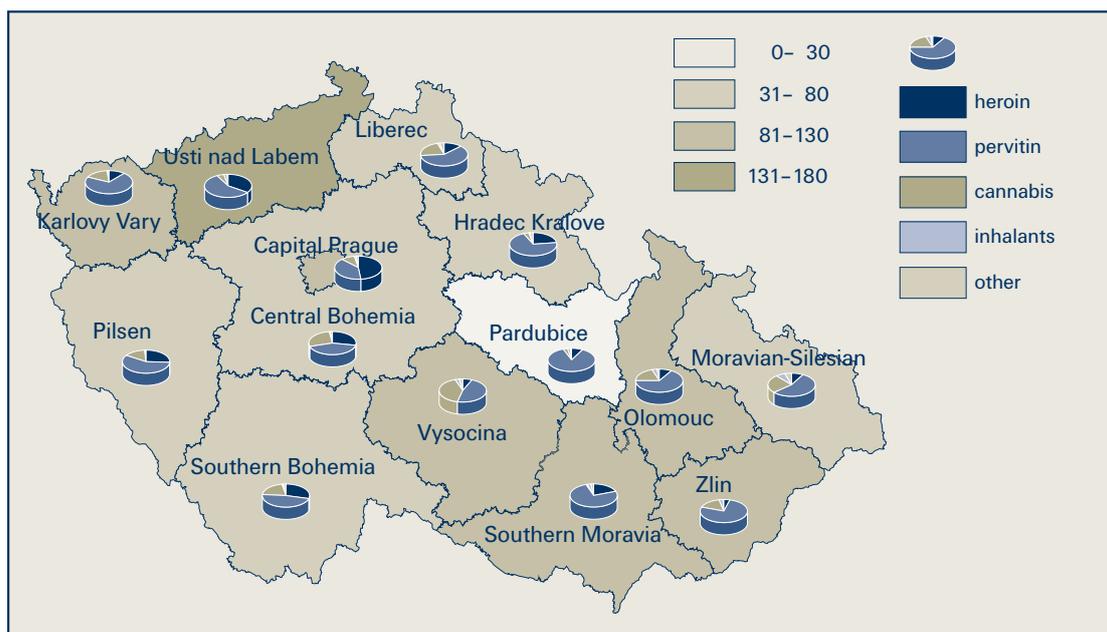


According to the Treatment Demand Register administered by the Hygiene Service of the Czech Republic, 8,534 drug users (i.e. 3.5% less than in 2004) sought treatment at the low-threshold and treatment centres in 2005. 4,372 persons (i.e. 5% less than in 2004) sought treatment for the first time. Most of them, approx. 60%, sought treatment in relation to the use of stimulants, especially pervitin. Pervitin users were followed by the opiates users (24% among all treatment

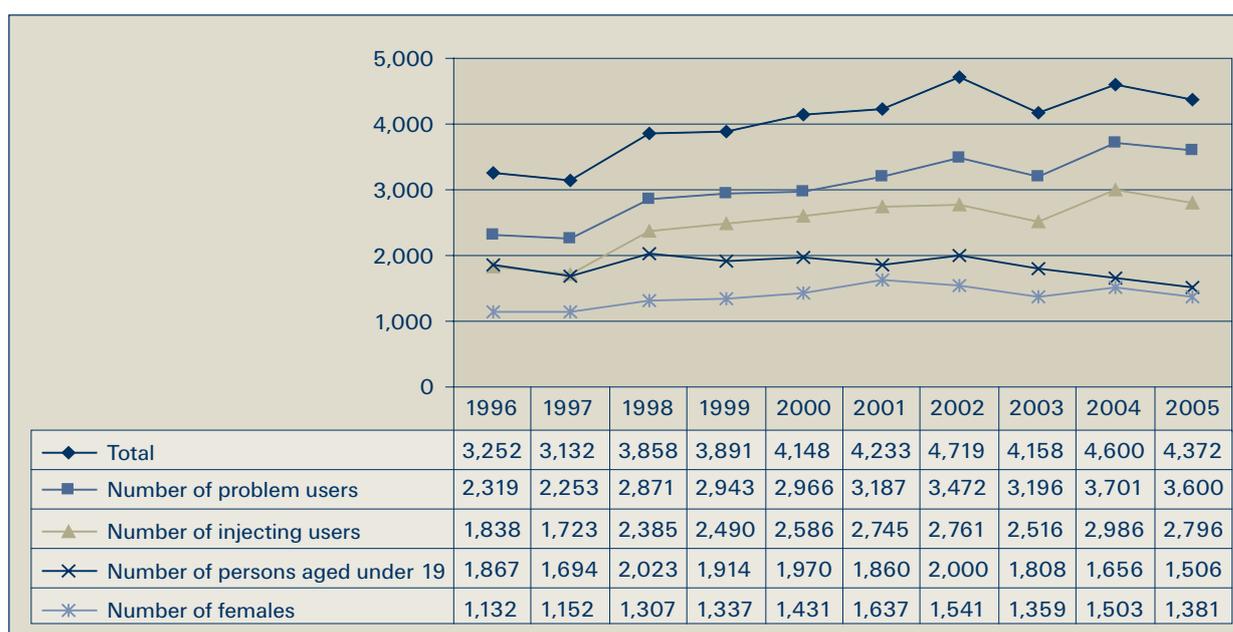
demands and 13% among first treatment demands) and cannabis users (15% of all treatment demands and 20% among first treatment demands). The sequence according to the drugs used has remained the same since 2002 – see Figure 1 (Polanecký et al., 2006).

The prevalence and incidence of treatment demand rates and the proportion of drugs used vary between individual regions – see Map 3.

**MAP 3: Number of all treatment demands in 2005 by type of drug and regions (per 100,000 inhabitants) (Polanecký et al., 2006)**



**FIGURE 2: Selected characteristics of drug users demanding first treatment in 1996-2005 (Polanecký et al., 2006)**



There has been an annual decline in the number of injecting users, females, and users aged under 19 who have been treated – see Figure 2. The average age of drug users asking for treatment continues to increase. The group aged 25–39 was the most numerous (39.4%) among all users demanding treatment in 2005. The group aged 20–24 was the most represented (33.7%) among first treatment demands for the first time in 2005 (the group of those aged 15–19 used to be the most represented in the past) (Polanecký et al., 2006).

reported in 2005 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2006). Altogether, 151 deaths with the presence of drugs were identified in 2005; 2 were due to illness, 66 due to accidents,

**TABLE 4: Proportion of selected groups of drugs among all deaths with the presence of drugs detected by forensic medicine departments in the Czech Republic in 2003–2005 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2006)**

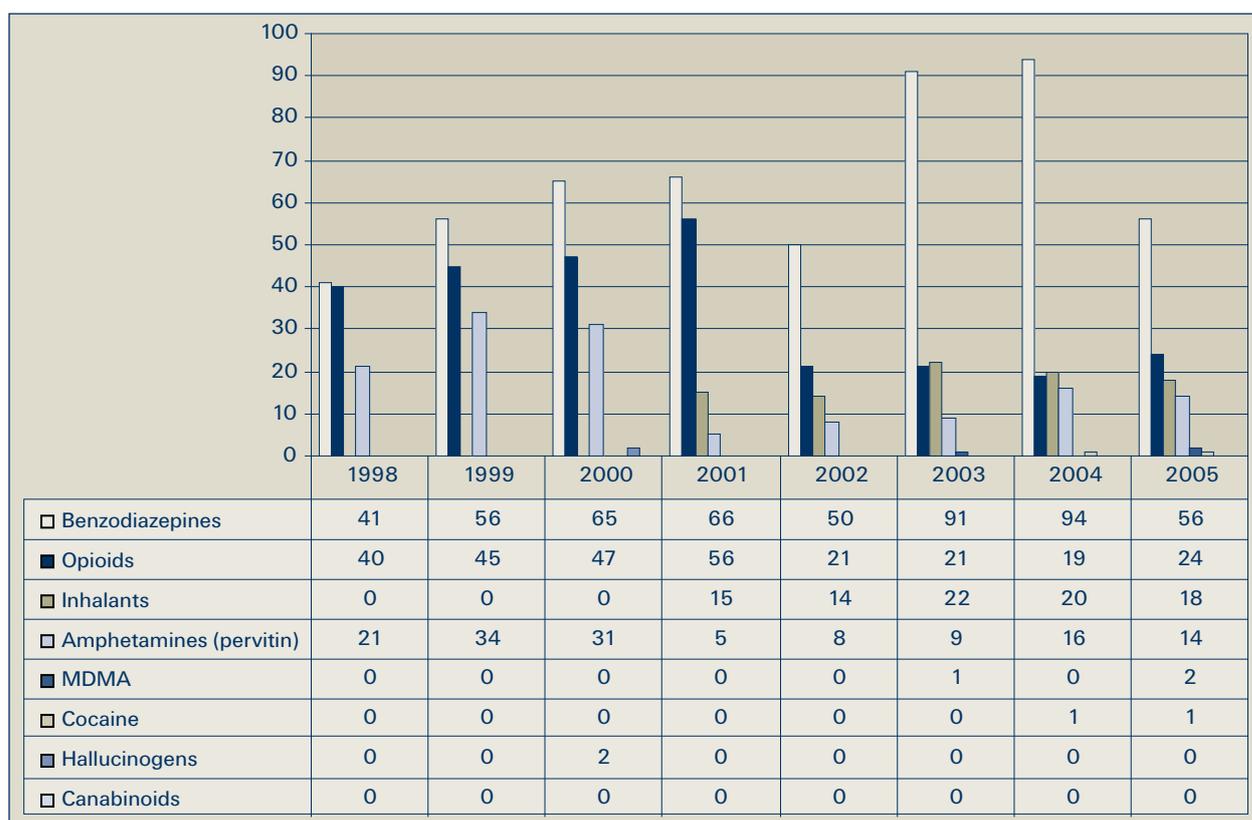
Drug	2003 (n = 251)	2004 (n = 164)	2005 (n = 151)
Benzodiazepines	38.2	50.0	33.8
Pervitin	11.6	11.6	21.2
THC	16.7	6.1	11.9
Inhalants	4.8	3.7	9.3
MDMA	0.4	1.8	2.0
Opiates/opioids	4.8	8.5	0.7
Cocaine	0.0	0.6	0.0

### 3/4 Drug-Related Deaths

#### 3/4/1 Drug Overdoses and Deaths with the Presence of Drugs

The number of fatal drug overdoses has remained stable – see Figure 3. 218 deaths resulting from drug overdoses were detected in 2005; 156 involved psychoactive medicines. Leaving aside medicaments, traditionally opiates (24), inhalants (18), and pervitin (14) have been the most common causes of these overdoses. Three overdose-related deaths with the presence of methadone were identified (one case in combination with ethanol, two in combination with other drugs). No fatal buprenorphine overdose was recorded. Furthermore, two fatal ecstasy (MDMA) overdoses and one cocaine overdose were

**FIGURE 3: Fatal overdoses on selected drugs in 1998-2005 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2006)**



76 were suicides, 4 were cases of manslaughter or murder, and 3 deaths were due to other causes (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2006). Table 4 gives a summary of the proportion of selected groups of drugs among all deaths with the presence of drugs in the last three years. It is especially worth mentioning an increase in the number and proportion of deaths with the presence of pervitin.

### 3/4/2 Presence of Drugs among Dead Victims of Traffic Accidents

Approximately 50% of the dead victims of traffic accidents (1,705 persons), dissected in all thirteen departments of forensic medicine and forensic toxicology in the Czech Republic, were tested for the presence of ethanol or some of the drugs belonging to the following groups: inhalants, opiates, stimulants, cannabis, cocaine, benzodiazepines, and barbiturates in 2003–2005. The highest proportion of positive results involved alcohol; however, this proportion has a declining trend – from 40% in 2003 to 30% in 2005 among all active participants in traffic accidents (and from 32% to 19% among drivers). Every year, approximately 7% of the active participants in traffic accidents tested were positive for some drug besides alcohol; the cases most commonly involved benzodiazepines (3–4%), cannabis (1–3%), and stimulants (1–2% of active participants in traffic accidents) (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2006).

### 3/5 Drug-Related Infectious Diseases

There is a favourable trend in the prevalence of infectious diseases among drug users. HIV seroprevalence among injecting drug users continues to be under 1%. 827 HIV-positive persons with a permanent place of residence in the Czech Republic were registered on December 31, 2005; 37 of them are injecting drug users and another 11 are injecting drug users and homo/ bisexuals at the same time (Brůčková et al., 2006).

Approximately 35% and 10% of injecting drug users are infected with viral hepatitis C (HCV) and hepatitis B (HBV), respectively; this proportion is higher among specific subpopulations (substitution treatment patients, drug users in prison) – approx. 60% HCV and 15% HBV (Mravčík et al., 2006). On a long-term basis, the number of tests for HIV antibodies among injecting drug users has decreased (from 3,600 tests in 1999 to 1,800 tests in 2005) (Brůčková et al., 2006). Since the end of year 2005, availability of HCV testing has decreased significantly; this is largely caused by a shortage of rapid screening tests on the Czech market which can be used in low-threshold facilities.

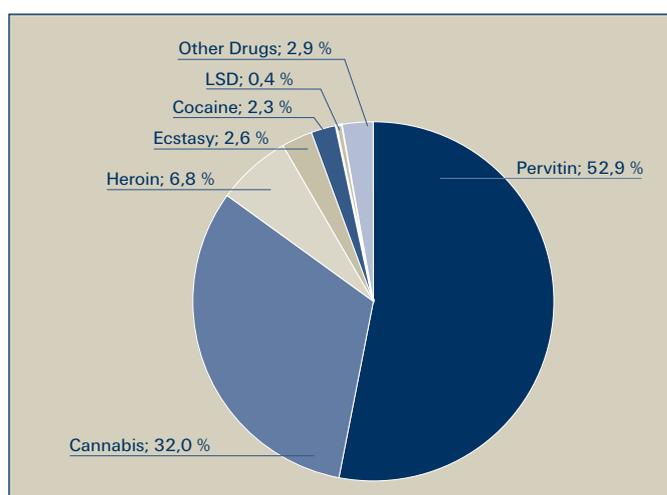
## 4 LAW ENFORCEMENT DATA

### 4/1 Drug-Related Crime

2,128 persons were prosecuted for drug offences in 2005, i.e. approximately the same number as in 2004 (2,100 persons). The number (166) and proportion (8%) of cases of the possession of drugs in a quantity greater than small (Section 187a of the Penal Code) as a percentage of overall drug offences has remained approximately the same as well (Národní protidrogová centrála, 2006).

Pervitin is the drug which is most commonly associated with drug-related crime and the proportion of pervitin-related offences has been increasing from 39% in 2002 to 53% in 2005. On the other hand, the proportion of cannabis-related offences has been decreasing slightly since 2002 to 32% in 2005, compared to 37% in 2002. The number of cocaine-related offences has been rising for the last four years (Národní protidrogová centrála, 2006). Figure 4 shows proportions of individual drugs on drug-related crime.

**FIGURE 4: Prosecuted drug offenders by drug type in 2005 (Národní protidrogová centrála, 2006)**



As in the last year, the relatively highest number of persons prosecuted for drug offences was recorded in the Usti nad Labem region (35 persons per 100,000 inhabitants), then in the Karlovy Vary, Vysocina, Liberec, and Prague regions (25 to 27 persons per 100,000 inhabitants) – see Map 4. The lowest values were recorded in the Pardubice and Central Bohemia regions (13 and 15 persons per 100,000 inhabitants respectively). The highest annual increase (by approximately 60%) occurred in the Hradec Kralove and Pardubice regions, which had recorded the lowest values in the previous year (Ministerstvo vnitra ČR, 2006). The number of those sentenced for drug offences has decreased for the first time since the beginning of the 1990s. Suspended sentences continue to be the most commonly imposed type of

**MAP 4: Offenders prosecuted for drug offences in regions of the Czech Republic in 2005 per 100,000 inhabitants (Ministerstvo vnitra ČR, 2006)**



sentence for drug offences (51%) in 2005. However, the proportion of custodial sentences among those sentenced has been increasing (29% of the sentences imposed). Community service was imposed in 9% of the cases (Ministerstvo spravedlnosti ČR, 2006a). The proportion of suspended sentences, first offenders, and juveniles among those sentenced for cannabis-related offences is markedly higher than among those sentenced for offences which involve other drugs (Ministerstvo spravedlnosti ČR, 2006b).

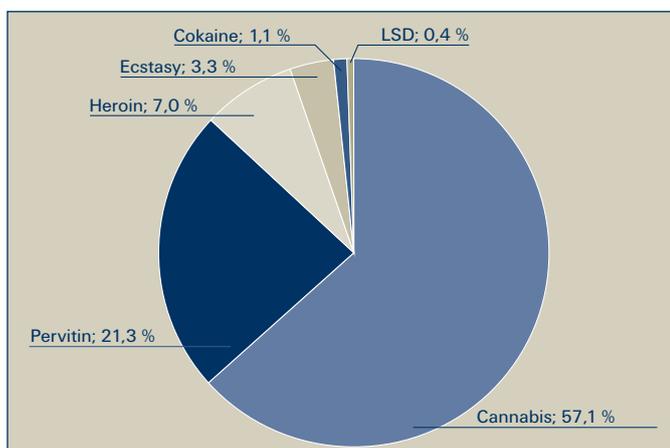
#### 4/2 Drug Seizures, Drug Prices and Purity

The number of drug seizures by law enforcement bodies in 2005 was approximately the same as in 2004. The volume of

**TABLE 5: Average drug prices in 2004 and 2005 (in €) (Národní protidrogová centrála, 2006)**

Drug	2004	2005
Ecstasy (tbl)	7.70	7.00
Hashish (g)	9.40	8.20
Heroin (g)	35.30	36.60
Cocaine (g)	77.20	75.90
LSD (dose)	5.70	6.00
Marijuana (g)	5.70	5.70
Methamphetamine (g)	36.90	34.30
Subutex (8mg tbl)	9.20	12.60

**FIGURE 5: Proportions of seizures of individual drugs in 2005 (Národní protidrogová centrála, 2006)**



seizures of hashish and ecstasy decreased and the number of cocaine seizures increased. Figure 5 shows proportions of seizures of individual drugs in 2005.

Drug prices have remained at a stable level – see Table 5 for comparison of prices in 2004 and 2005. Street drug purity has remained relatively stable as well, although there are annual differences in the purity of drugs analysed by law enforcement authorities – the differences are caused by including the seizures of large quantities of drugs with a high level of purity before adulteration.

## References:

- Brůčková, M., Vandasová, J. a Malý, M. (2006) Výskyt a šíření HIV/AIDS v ČR v roce 2005. Zprávy centra epidemiologie a mikrobiologie 14/2.
- Ministerstvo spravedlnosti ČR (2006a) Statistická ročenka kriminality – rok 2006. Praha: Ministerstvo spravedlnosti ČR.
- Ministerstvo spravedlnosti ČR (2006b) Trestní statistika státních zastupitelství a soudů: Přehled o stíhaných, podezřelých, obžalovaných a odsouzených osobách – drogové trestné činy podle druhu drogy. Praha: Ministerstvo spravedlnosti ČR.  
Notes: Nepublikováno
- Ministerstvo vnitra ČR (2006) Přehledy kriminality v r. 2005. Ministerstvo vnitra ČR.  
Notes: [http://www.mvcr.cz/statistiky/krim\\_stat/2005/index.html](http://www.mvcr.cz/statistiky/krim_stat/2005/index.html)
- Mravčík, V., Korčíšová, B., Lejčková, P., Miovska, L., Škrdlantová, E., Petoš, O., Sklenář, V. a Vopravil, J. (2005) Výroční zpráva o stavu ve věcech drog v České republice v roce 2004. Praha: Úřad vlády ČR. 80-86734-59-5.
- Mravčík, V., Petrošová, B., Zábranský, T., Coufalová, M. a Řehák, V. (2006) Výskyt VHC u injekčních uživatelů drog. Praha: Úřad vlády ČR.  
Notes: V tisku
- Národní monitorovací středisko pro drogy a drogové závislosti (2006a) Prevalenční odhady problémových uživatelů drog s daty z nízkoprahových zařízení v r. 2002–2005.  
Notes: Nepublikováno
- Národní monitorovací středisko pro drogy a drogové závislosti (2006b) Zpracování závěrečných zpráv k dotačnímu řízení RVKPP 2005.  
Notes: Nepublikováno
- Národní monitorovací středisko pro drogy a drogové závislosti (2006c) Výsledky výzkumu ve školských zařízeních pro výkon ústavní výchovy a ochranné výchovy a ve školských zařízeních pro preventivně výchovnou péči.  
Notes: Nepublikováno
- Národní monitorovací středisko pro drogy a drogové závislosti a SSLST
- ČLS JEP (2006) Speciální registr úmrtí spojených s užíváním drog v r. 2005. Notes: Nepublikováno
- Národní protidrogová centrála (2006) Údaje pro standardní tabulky EMCDDA za r. 2005. Národní protidrogová centrála Policie ČR.  
Notes: Zpracováno pro NMS
- Polanecký, V., Studničková, B., Klepetková, M., Šeblová, J. a Zemanová, R. (2006) Výroční zpráva ČR 2005 – Incidence, prevalence, zdravotní dopady a trendy léčených uživatelů drog. Praha: Hygienická stanice hlavního města Prahy.
- Řeháček, M. (2006) Informace o zacházení s uživateli drog ve věznicích v r. 2005.  
Notes: Zpracováno pro NMS
- Sadílek, P. a Mravčík, V. (2006) Poradenská činnost v oblasti závislosti poskytovaná prostřednictvím telefonu nebo internetu. Praha: Úřad vlády ČR.
- Škvařilová, O. (2006) Závěrečná zpráva o činnosti Sekce Drogové služby ve vězení A.N.O. za rok 2005.  
Notes: Nepublikováno
- Ústav zdravotnických informací a statistiky (2005) Celopopulační studie o zdravotním stavu a životním stylu obyvatel v České republice – Nelegální drogy. Praha: ÚZIS. Aktuální informace č. 46/2005.
- Ústav zdravotnických informací a statistiky (2006a) Hospitalizace 2001–2005. Praha: ÚZIS ČR.  
Notes: Nepublikované výsledky
- Ústav zdravotnických informací a statistiky (2006b) Psychiatrická péče 2005. Praha: ÚZIS ČR.
- Ústav zdravotnických informací a statistiky (2006c) Registr substituční léčby. Praha: ÚZIS ČR.  
Notes: Nepublikované výsledky
- Ústav zdravotnických informací a statistiky (2006d) Zdravotnická zařízení v ČR v roce 2005. Praha: ÚZIS ČR.  
Notes: Aktuální informace č. 9/2006

Ministerstvo spravedlnosti – Ministry of Justice

Ministerstvo vnitra – Ministry of the Interior

Národní monitorovací středisko pro drogy a drogové závislosti – National Monitoring Centre for Drugs and Drug Addiction

Národní protidrogová centrála – Police National Drug Squad

SSLST ČLS JEP – Professional Association of Forensic Medicine and Toxicology of the Czech Medical Association of J.E. Purkyně

Ústav zdravotnických informací a statistiky – Institute of Health Information and Statistics

# Year 2005: Summary of basic information about drug use and its consequences in the Czech Republic – overview of selected indicators

Indicator	Value
Number of problem drug users	31,800
- Number of injecting drug users	29,800
- Number of problem heroin users	11,300
- Number of problem pervitin users	20,500
Number of treatment demands	8,534
Number of first treatment demands	4,372
- Proportion of heroin users in first treatment demands (their average age)	13.3% (25.5)
- Proportion of pervitin users in first treatment demands (their average age)	59.6% (23.4)
- Proportion of cannabis users in first treatment demands (their average age)	20.4% (19.3)
Proportion of problem drug users in contact with low-threshold services	60%
Proportion of opiate users in methadone and buprenorphine substitution treatment	20–30%
HIV prevalence among injecting drug users	< 1%
HBV prevalence among injecting drug users	10–15%
HCV prevalence among injecting drug users	30–60%
HCV incidence among injecting drug users (per 100 persons/year)	12.2
Fatal overdoses (including psychoactive medicaments)	218
Fatal overdoses (excluding psychoactive medicaments)	62
Number of people prosecuted for drug offences (Sections 187–188 of the Penal Code)	2,128
- Proportion of people prosecuted in connection with heroin	7%
- Proportion of people prosecuted in connection with pervitin	53%
- Proportion of people prosecuted in connection with cannabis	32%
- Proportion of people prosecuted for possession for personal use (Section 187a)	8%

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