



Drug Situation in the Czech Republic 2004

Annual Report Summary

Contents

- 1** ORGANIZATIONAL BACKGROUND
- 2** EXTENT OF DRUG USE
 - 2/1** Drug Use in the General Population
 - 2/2** Problem Drug Use
- 3** CONSEQUENCES OF DRUG USE
 - 3/1** Drug-Related Deaths and Mortality of Drug Users
 - 3/2** Drug-Related Infectious Diseases
 - 3/3** Drugs and Driving
- 4** PREVENTION AND TREATMENT
 - 4/1** Primary Prevention
 - 4/2** Harm Reduction
 - 4/3** Treatment and Aftercare
- 5** LAW ENFORCEMENT
- 6** DRUG AVAILABILITY

DECEMBER 2005

Main trends in 2004

- In the general population, cannabis use has stabilized and the extent of use of pervitin and heroin has remained at a low level.
- The use of dance drugs (ecstasy) has continued to increase.
- The number of problem users of pervitin (methamphetamine) slightly increased; a decrease was reported in case of heroin users.
- The proportion of injecting users of pervitin and heroin has stayed relatively high (approx. 90%).
- Despite of first cocaine-related death reported, the extent of cocaine use in the Czech Republic has remained low.
- The trend in drug-related deaths is relatively stable; an increase was reported in case of pervitin which could be caused among others by its successive spread from the group of problem drug users into recreational settings.
- The prevalence of infectious diseases among drug users has remained stable; alarming is the decline of HIV tests among injecting drug users. The flow of drug users from Eastern Europe into the Czech Republic is regarded as a threat for HIV spread among Czech injecting drug users.
- The availability of all types of services for drug users is relatively high; approximately 60% of problem drug users are in contact with services. The availability of substitution treatment has increased, mainly due to Subutex (buprenorphine); in 2004 approximately 20–30% of problem opiate users were in substitution treatment.

1 ORGANIZATIONAL BACKGROUND

The year 2004 was the last year of the implementation of the 2001–2004 National Drug Policy Strategy. At the same time, the National Drug Policy Strategy for the period 2005 to 2009 and the Action Plan of the National Drug Policy Strategy Implementation for the period 2005 to 2006 were drawn up this year. The new strategy follows on from the previous strategies and it is based on the principle of public health protection. The preparation of the Action Plan is an innovation, which was adopted by Government in 2005, and it defines the activities, deadlines for completion, and responsibilities of particular ministries. In the context of the balanced enforcement of three key strategies: drug supply reduction, drug demand reduction, and the reduction of potential risks associated with drug use, the strategy has two main goals:

- To combat organised crime involved in drug trafficking and enforce the law in relation to the distribution of legal drugs.
- To reduce the use of all types of drugs and potential risks and damage that may affect individuals and society as a result of drug use.

The Government of the Czech Republic is responsible for the preparation and enforcement of the national drug policy. The Council of the Government for Drug Policy Coordination is the main initiating, counselling, and coordinating body of the Government for drug issues. Ministers of the appropriate ministries are members of this Council. The Council meets approximately four times a year. The Secretariat of the Council of the Government for Drug Policy Coordination 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

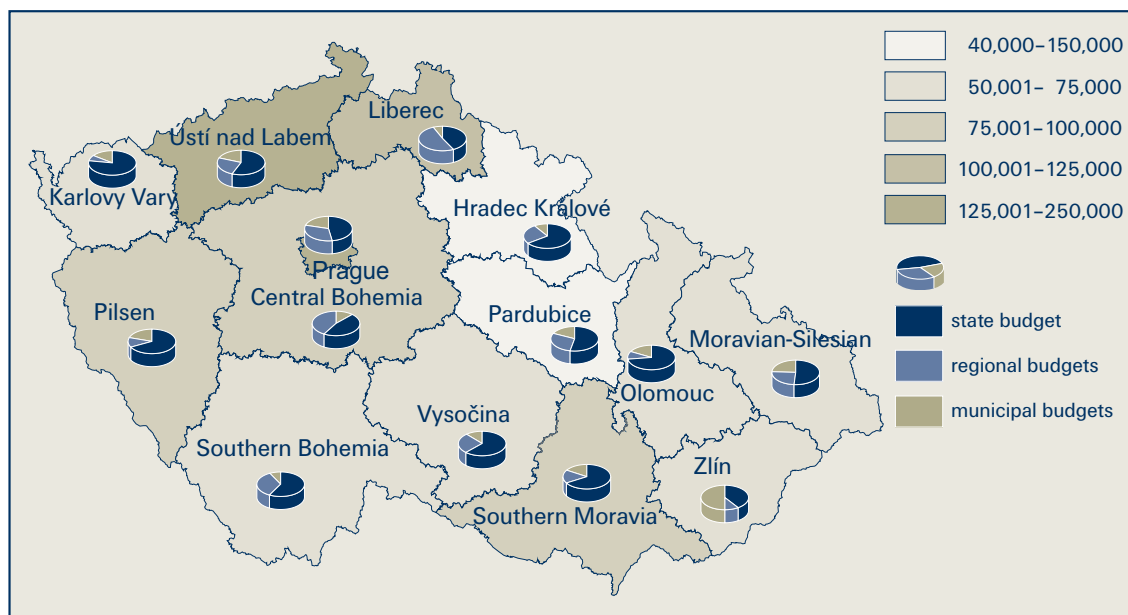
(NMC) operates within it. The Secretariat of the Council of the Government for Drug Policy Coordination is responsible for ongoing coordination at a cross-governmental level and for the methodological guidance of regional drug coordinators. A network of fourteen regional coordinators provides for the coordination of activities on the local level. Nearly all regions have their own drug strategy, which is derived from the national strategy. At the same time, they have established their own coordination mechanisms and advisory committees or commissions. No significant legislative changes took place in the field of drugs in 2004. Penal Code Recodification, including the provisions regarding drug-related criminal offences and the Act against Damages Caused by Tobacco Products, Alcohol, and Addictive Substances, is going through the parliamentary legislative process. State budget expenditures for drug policy programmes have remained relatively stable in recent years (€ 6.4–6.9 million). In comparison with 2003, the expenditures were lower by approximately € 400 thousand in 2004; this was especially due to the decrease in the expenditures of the Customs Administration, the Ministry of Justice, and the Ministry of Defence. There is an annual increase (approximately by 100%) in the amount of financial resources expended by regions; the amount of financial resources expended on drug policy programmes by municipalities was reported for the first time in 2004 – see Map 1.

2 EXTENT OF DRUG USE

2/1 Drug Use in the General Population

In comparison with previous years, no significant change occurred in the field of drug use in the general population.

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



A Sample Survey on Health Status and Lifestyle of the Population of the Czech Republic was carried out last year focusing on the extent of use, attitudes, risk perception and availability of alcohol, tobacco and illicit drugs (Ústav zdravotnických informací a statistiky, 2005a). The surveys realized have confirmed a growing trend of drug scene differentiation; on the one hand, experimentation with, and the recreational use of cannabis and ecstasy are increasing, as well as the tolerance towards the use of these substances, while the use of drugs with more significant health and social consequences has been stagnating or decreasing. According to general population surveys, about 22% of the adult population of the Czech Republic aged 18–64 have at least one experience with the use of any illicit drug (28% of males and 16% of females). Lifetime prevalence of opiates and amphetamines (including pervitin) remains very low (0.5% and 2.5% respectively), the extent of their use in the last 12 months has declined – see Table 1.

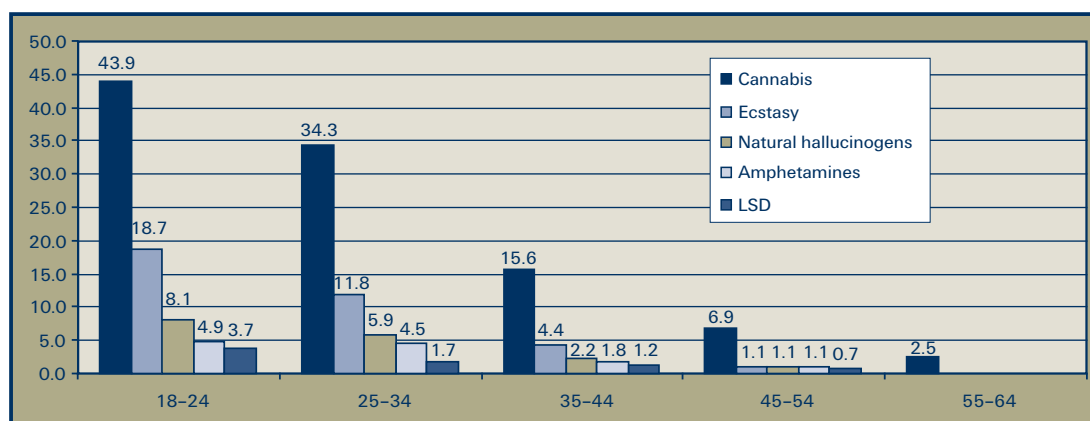
In comparison with the previous survey from 2002, the extent of cannabis use in the adult population has remained stable (20.6% in 2004). An increase in the prevalence of cannabis use was not even reported in the group of young adults (18–34 years: 43.9%). As in school surveys, an increase in both the lifetime (from 4.0% to 7.1%) and last-year (from 2.5% to 3.5%) prevalence of ecstasy use was reported, especially in the youngest age groups 18–24 and 25–34 years – see Figure 1. The use of magic mushrooms and other natural hallucinogens also increased. There was also a trend for the use of cannabis, ecstasy, and natural hallucinogens to increase among those attending dance parties. Studies in Roma communities show that marihuana, toluene and pervitin are the most used drugs in the Roma population; sedatives are misused in a great extent as well. Drug use is regarded as a very serious problem in 23% of communities monitored – it mostly refers to Roma communities in urbanized areas such as Prague, Brno, Ostrava and big cities in North-Western Bohemia (Šimíková and Winkler, 2005).

TABLE 1: Prevalence of illicit drug use in the adult population (lifetime and last 12 months, in %) (Ústav zdravotnických informací a statistiky, 2005b)

Drug	Lifetime prevalence			Last 12 months prevalence		
	Males	Females	Total	Males	Females	Total
Any illicit drug	28.3	16.4	22.3	13.9	6.8	10.4
Cannabis	26.0	15.2	20.6	12.5	6.1	9.3
Ecstasy	9.2	4.8	7.1	4.6	2.3	3.5
LSD	2.2	0.8	1.4	0.7	–*	0.4
Magic mushrooms, other natural hallucinogens	5.1	1.9	3.5	2.2	0.6	1.4
Amphetamines	3.6	1.5	2.5	1.2	–*	0.7
Opiates	0.8	–*	0.5	–*	–*	–*
Cocaine, crack	1.4	0.9	1.1	–*	–*	–*

Note: * values lower than 0.5% are regarded as zero results in general population surveys

FIGURE 1: Lifetime prevalence of use of selected illicit drugs by age groups (in %) (Ústav zdravotnických informací a statistiky, 2005b)



2/2 Problem drug use

There were 30,000 problem drug users in the Czech Republic in 2004: 9,700 heroin users and 20,300 pervitin users, of whom 27,000 (90%) were injecting users. The number of opiate users in substitution treatment increased in recent years, which leads to a declining trend in prevalence estimates based on data from low-threshold facilities. The number of opiate users in substitution treatment is estimated approximately 2,000–3,000 persons, i.e. 20–30% of problem opiates users. At the same time, an increase in the number of users of Subutex (buprenorphine) coming from the black market was reported; this refers to both users of Subutex only and users of Subutex in combination with other drugs. The number of problem pervitin users increased slightly as well, it is in line with data on number of users treated – see Table 2.

Approximately 60% of problem drug users are in contact with treatment or low-threshold facilities. Data on treated drug users show a relatively stable situation with regard to most

indicators. The number of treatment demands has been increasing since 1995; after a drop in the last year, the number of first treatment demands and all treatment demands has increased, while gender ratio and the proportion of injecting and problem users have remained nearly the same.

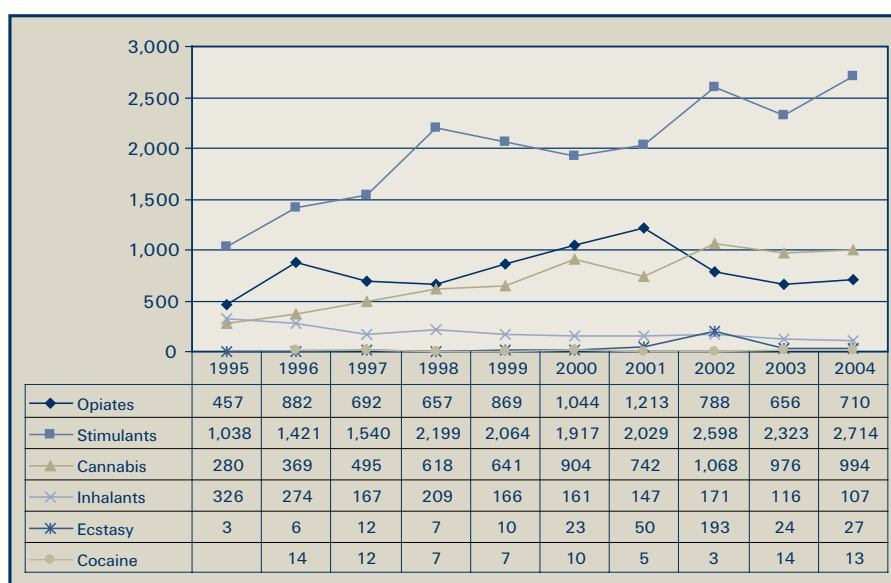
Altogether 8,845 drug users (i.e. 3.7% more than in the previous year) demanded treatment in 2004; out of them 4,600 (i.e. 10.8% more than in 2003) demanded treatment for the first time. While the number of treatment demands in connection with opiates (heroin) has been declining since 2001; the number of treatment demands in connection with the use of stimulants increased in 2004 (by 16.8% compared to 2003). The increase in the number of stimulant users demanding treatment concerns pervitin users only, mostly clients of low-threshold facilities (increase by 20.7% compared to 2003) – see Figure 2. In 2004, the use of FreeBase register collecting data on clients and services provided in low-threshold facilities has increased, which probably led to improvement in quality of the reporting from low-threshold centres.

TABLE 2: Development of prevalence estimates of problem drug use carried out using a multiplication method with the use of data from low-threshold facilities in 2002–2004 (Národní monitorovací středisko pro drogy a drogové závislosti, 2005a)

Year	Total number of problem drug users		No. of heroin users		No. of pervitin users		No. of injecting drug users	
	Abs.	Per 1,000 inh. (15–64 yrs)	Abs.	Per 1,000 inh. (15–64 yrs)	Abs.	Per 1,000 inh. (15–64 yrs)	Abs.	Per 1,000 inh. (15–64 yrs)
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	4.19	9,700	1.38	20,300	2.80	27,000	3.73

Note: * values lower than 0.5% are regarded as zero results in general population surveys

FIGURE 2: First treatment demands by drugs in 1995–2004 (Polanecký et al. 2005)



An increasing number of users of opiates in specialised substitution programmes (a 46% increase in comparison with 2003) represents a favourable trend. On the other hand, the stable high proportion of injecting drug users among treatment demands is unfavourable. Injecting drug use was reported by 6,363 (71.9%) persons demanding treatment; injection is less often among first treatment demands (2,986 persons, i.e. 64.9%). Individual regions differ in both the number of drug-related treatment demands and the types of drugs used.

Altogether 107 persons demanded treatment for the first time in connection with solvents use, which corresponds to 2% of the total number of clients in treatment or low-threshold facilities. At the same time, high (lifetime) prevalence of solvents/volatile substances has prevailed. This shows that solvents users are inadequately reached by treatment institutions.

The average age of people demanding treatment for the first time increased in the last 7 years and the proportion of those below 19 years declined. The average age of people demanding treatment for the first time increased from 20.6 years in 1998 to 22.7 in 2004. The increase in the average age of heroin users is the most marked one. At the same time, the average age of all people demanding treatment is increasing, from an average of 23.4 in 2002 to 24.1 in 2004. The age group 25–39 was the most frequent one in 2004 (35.5% of all treatment demands); until 2003 the age group 20–24 was the most frequent. Among first treatment demands, the age group 15–19 is the most frequent (34.7%).

According to the definition of the EMCDDA¹, 84.5% of treatment demands in 2004 involved problem drug users. The proportion among first treatment demands was lower – 80.5%. The trend

in the development of the proportion of problem drug users among those first demanding treatment is given in Figure 3.

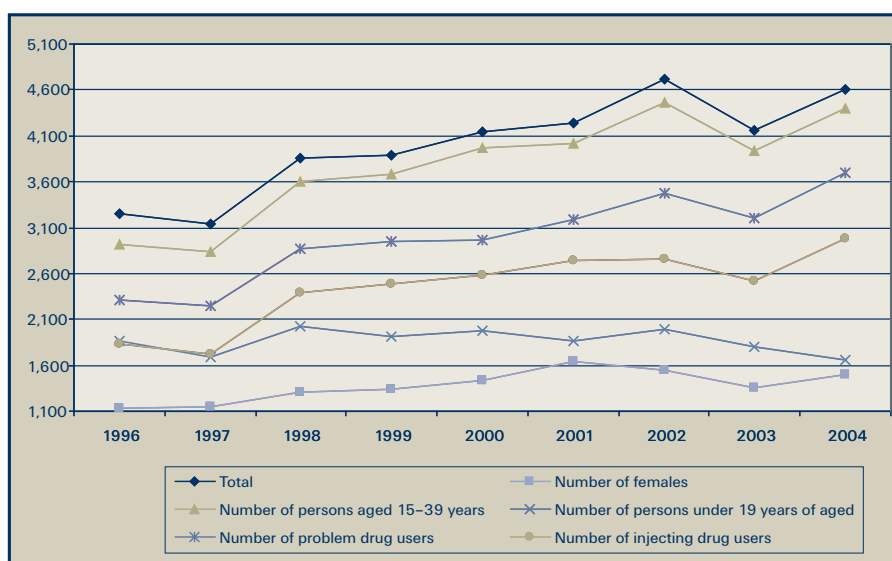
3 CONSEQUENCES OF DRUG USE

3/1 Drug-related Deaths and Mortality of Drug Users

The number of opiates overdoses (this mostly involves opiates contained in medicaments, not heroin or other "street" opiates) and pervitin (methamphetamine) overdoses increased in 2004. Forensic medicine and toxicology departments detected 241 deaths resulting from overdose; 171 of these deaths were due to psychoactive medicaments. Except for medicaments, presently and traditionally opiates have been the most frequent cause of these overdoses (32), followed by solvents (20) and pervitin (16) – see Figure 4. No fatal methadone (or buprenorphine) overdose was recorded, even in combination with other drugs; at the same time, no fatal overdose on ecstasy (MDMA) or cannabis was reported in 2004. One synthetic drug DOB death occurred. A fatal cocaine overdose was reported in 2004 for the first time, and one more death with the presence of cocaine (this shows the threat of further spread of cocaine in the Czech Republic).

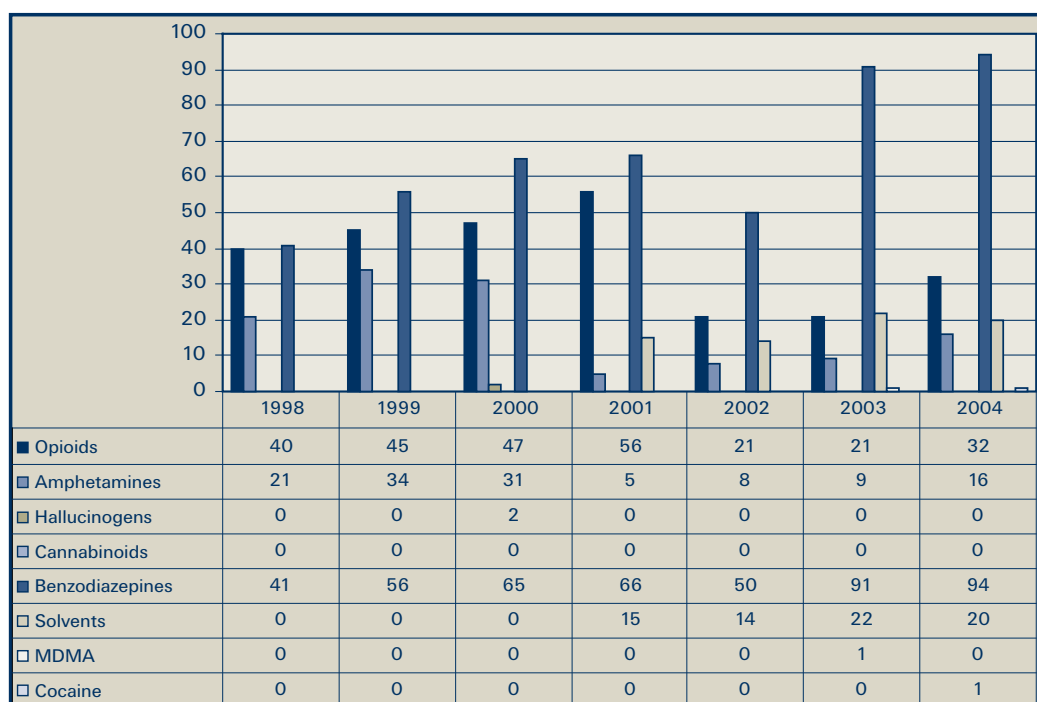
The special register of drug-related mortality identified 164 deaths with the presence of drugs: 2 were due to illness, 72 to accidents, 83 were suicides, 3 were cases of manslaughter or murder, and 4 deaths were due to other causes. In 50% of cases, the presence of benzodiazepines was proved, in 12% presence of pervitin, 9% proved the presence of opiates,

FIGURE 3: Selected characteristics of first treatment demands in 1996–2004 (Polanecký et al. 2005)



¹ The EMCDDA defines problem use as injecting drug use and/or long-term or regular use of opiates and/or amphetamines and/or cocaine

FIGURE 4: Fatal overdoses on selected drugs, 1998–2004
(Národní monitorovací středisko pro drogy a drogové závislosti a SSLST ČLS JEP, 2005)



6% THC and 4% solvents (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2005).

The cohort study of mortality of drug users in the Czech Republic showed that compared to general population, the mortality of drug users is 7–11 times higher; when analysed by drug type, the level of mortality is the highest among opiates and polyvalent users (9–12 times higher compared to general population), and the mortality of stimulants users is 4–6 times higher. The analysis showed that the level of mortality is very high among sedatives and hypnotics users as well (Lejčková and Mravčík, 2005; Národní monitorovací středisko pro drogy a drogové závislosti, 2005b).

the proportion and number of injecting drug users among all newly reported HCV cases, including chronic ones, declined for the first time since 1996. As in the last year, the means available for testing for infectious diseases directly in the at-risk population of injecting drug users are insufficient, and the decrease in the number of tests in this population poses a warning – see Table 3.

New results of a prospective part of the survey "HCV Seroprevalence among Injecting Drug Users" carried out by the NMC were available in 2004. 760 respondents participated in the basic part of the study; 226 (29.8%) respondents were

TABLE 3: Tests of injecting drug users for HIV antibodies, 1994–2005
(Brůčková et al. 2005; Jedlička et al. 2005)

Year	No. of tests	No. of positive results
Before 1998	2,996	1
1998	3,282	0
1999	3,593	0
2000	3,092	0
2001	3,130	1
2002	2,270	1
2003	1,637	1
2004	1,831	0
Total	20,228	4

3/2 Drug-related Infectious Diseases

The trend regarding infectious diseases among drug users has been favourable. HIV seroprevalence among injecting drug users has remained under 1%; however, it is necessary to observe closely the increase in newly HIV-infected injecting drug users – in 2004, 7 newly HIV-infected drug users were reported which is the highest incidence in the last several years (1–5 cases in a year). By December 31, altogether 737 HIV positive persons with permanent residence in the Czech Republic were registered, out of them 34 are injecting drug users and 10 were reported to be injecting drug users and bisexuals at the same time.

HCV prevalence among injecting drug users is approximately 30%; this proportion is higher in specific subpopulations (substitution treatment patients, drug users in prison). In 2004,

tested positively. An incidence rate of 12.2 cases per 100 persons and year of monitoring was determined for a sample of 173 persons (who tested negatively in the prospective part of the study) in the period between February 2003 and May 2004. The highest HCV incidence rate was reported in Děčín, Ústí nad Labem and Prague.

3/3 Drugs and Driving

A detailed analysis of all those dissected in all thirteen forensic medicine and forensic toxicology departments in 2003 has been published. Altogether, 554 cases were analysed (i.e. a blood alcohol level examination and/or toxicological examination was carried out). The sample was divided into four categories: pedestrians, cyclists, drivers of motor vehicles, and others (e.g. co-passengers in motor vehicles). Among the positive results, alcohol was the mostly detected substance, and that was among all of the categories of the victims of traffic accidents (40%). In 7% of cases, other drug than alcohol was detected

and in 3% of cases combination of alcohol and other drug was reported. The detection of alcohol and other substances among victims of traffic accidents (active participants) by categories – see Table 4.

The experience with driving under the influence of addictive substances was monitored through a questionnaire survey Dance and Drugs 2003 as well. About 42% of respondents have ever driven a car under the influence of alcohol, 56% under the influence of cannabis. 26% drove under the influence of ecstasy and 15% of pervitin. As far as the cases of traffic accidents under the influence of addictive substances in comparison with the prevalence of impaired driving are concerned, they occurred most commonly under the influence of alcohol (even relatively) – see Table 5. The proportion of traffic accidents which occurred under the influence of cannabis is also significant. Unfortunately, it was not possible to determine data about driving and traffic accidents under the concurrent influence of both cannabis and alcohol from the responses, even though this phenomenon may be rather common.

TABLE 4: Detection of alcohol and narcotic and psychotropic substances among victims of traffic accidents (Mravčík et al. 2005c)

Substance	Category of victims of traffic accidents							
	Pedestrians		Cyclists		Drivers		Total	
	Tests (abs.)	Positive (%)	Tests (abs.)	Positive (%)	Tests (abs.)	Positive (%)	Tests (abs.)	Positive (%)
Alcohol	141	51.8	50	40	203	32.0	394	40.1
Solvents	141	0.7	50	0	203	0.5	394	0.5
Opiates (including heroin)	92	0	28	3.6	153	0.7	273	0.7
Stimulants (including pervitin and ecstasy)	91	1.1	27	0	152	3.3	270	2.2
Cocaine	39	0	8	0	54	0	101	0
Cannabis (active metabolites of THC)	70	2.9	21	0	101	4.0	192	3.1
Benzodiazepines	89	3.4	28	7.1	150	2.0	267	3.0
Barbiturates	88	0	28	3.6	149	0	265	0.4
Any drug except alcohol	108	7.4	35	11.4	171	6.4	314	7.3
Combination of alcohol and any other drug	106	3.8	35	5.7	170	0.6	311	2.3

TABULKA 5: Driving of motor vehicles and traffic accidents under the influence of drugs among those attending dance parties (Kubů et al. 2005)

Owner of a driver's license (n = 1,010)		Alcohol	Cannabis	Ecstasy	Pervitin	Hallucinogens	Cocaine
Driving under the influence	Number	421	566	264	146	97	54
	Proportion (%)	41.7	56.0	26.1	14.5	9.6	5.3
Accidents thereof	Number	44	20	3	2	0	1
	Proportion (%)	10.5	3.5	1.1	1.4	0	1.9

4 PREVENTION AND TREATMENT

4/1 Primary Prevention

The Ministry of Education is in charge of primary prevention coordination in the Czech Republic. Standards of Professional Qualification for primary prevention programmes have been completed and pilot verification has been carried out in 2004; the Ministry of Education monitors the methodologies used in school drug prevention activities and it evaluates several primary prevention programmes. Annually, the Ministry of Education earmarks approximately €313.5 thousand for specific primary prevention implementation while 70% of this sum is distributed for locally and regionally implemented programmes and 30% is used for funding of supraregional projects.

School prevention programmes represent the highest proportion of all preventive activities. The Minimum Preventive Programme continues to be the basic programme in schools.

Out-of-school programmes of primary prevention (general, selective and indicated) are implemented mainly by NGOs and pedagogical-psychological counselling offices. In 2004, the resources earmarked by the Ministry of Education were, for instance, used to support the operation of the drug information server www.odrogach.cz, which provides information related to the field of primary prevention to the general public, teachers, parents, and also children and juveniles.

4/2 Harm Reduction

Altogether 92 low-threshold facilities operated in the Czech Republic in 2004; they involved drop-in centres, outreach programmes (streetwork), and exchange programmes; for their regional distribution see Map 2. While the number of users who use their services has been decreasing slightly, attendance at

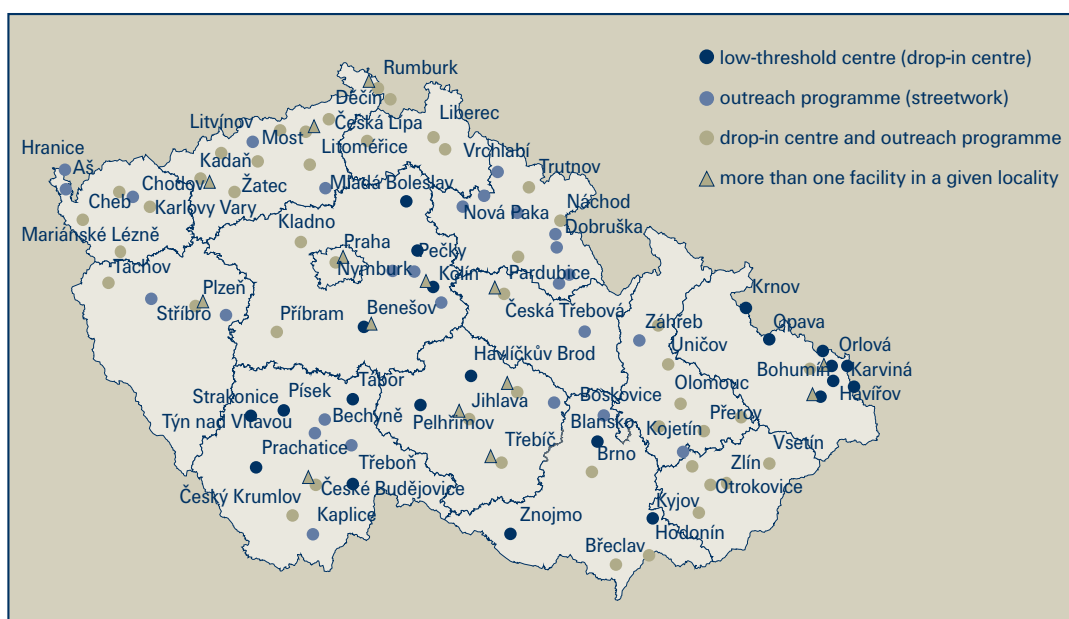
facilities has been increasing. It is estimated that almost 30,000 clients, out of them 24,000 drug users, benefited from the services provided in 2004.

Exchange programmes represent the most commonly used service and the number of syringes exchanged is increasing every year (approximately 2.4 million were exchanged in 2004, which is by 32% more than in 2003) – see Table 6. The highest number of syringes and needles exchanged was in Capital Prague, Usti nad Labem and Southern Moravia regions. More than a half of the facilities also carry out HIV/AIDS and HCV tests. The number of tests carried out in 2004 by low-threshold facilities is not considered sufficient; assumed that the same persons were not tested repeatedly, only less than 17% of injecting drug users who visited low-threshold facilities were tested in 2004.

TABLE 6: Exchange programmes in 1998–2004
(Mravčík et al. 2004; Národní monitorovací středisko pro drogy a drogové závislosti, 2005e; Polanecký et al. 2005)

Year	No. of programmes	No. of needles and syringes exchanged
1998	42	486,600
1999	64	850,285
2000	80	1,152,334
2001	77	1,567,059
2002	88	1,469,224
2003	87	1,777,957
2004	86	2,355,536

MAP 2: Low-threshold facilities in the Czech Republic in 2004



4/3 Treatment and Aftercare

A wide spectrum of services provides treatment and social reintegration in the Czech Republic, their availability is relatively high. A total of 382 outpatient health care facilities reported outpatient treatment of users of licit and/or illicit drugs in 2004 which provided treatment to 15,383 illicit drugs users, and 16 NGOs that provided services to 836 drug users. There are 17 psychiatric hospitals for adults in the Czech Republic which reported more than 3,000 persons hospitalized for drug-related disorders. About 2,500 persons were hospitalized for drug-related disorders in psychiatric departments of hospitals. Residential treatment in therapeutic communities was provided by 17 facilities in 2004. Substitution treatment in 2004 was provided by 9 specialized centres. A new substitution centre was opened in České Budějovice in the Southern Bohemia region in January 2005; however, Western Bohemia regions in particular remain insufficiently covered. The substitution centres provided treatment to a total of 1,043 persons, 696 patients were treated with methadone and 347 with Subutex. The number of patients using Subutex prescribed by general practitioners is

TABLE 7: Treatment programmes providing services to drug users in 2004 (Mravčík et al. 2005b)

Programme type	Number	Capacity (places, beds)	Capacity utilisation (No. of persons)
Outpatient health care facilities	382	n.a.	15,383
Day-care centres	2	n.a.	82
Detoxification units	19	n.a.	n.a.
Sobering-up stations	16	n.a.	n.a.
Psychiatric hospitals	17	1,275*	2,883
Psychiatric departments of hospitals	33	1,501**	2,459
Psychiatric hospitals for children	4	368*	27
Therapeutic communities	17	228***	546*
Aftercare programmes	17	n.a.	957
Detoxification units in prisons	1	n.a.	101
Drug-free zones in prisons	30	1,440	2,528
Departments for differentiated serving of sentence	6	292	489
Department for compulsory treatment in prisons	3	73	122
Substitution centres	9	n.a.	1,043
Buprenorphine substitution in outpatient clinics	450****	n.a.	2,000****

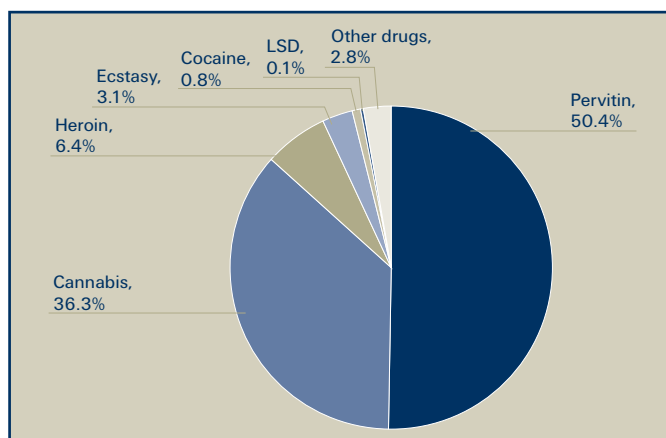
Note: * 2003 data, ** number of all psychiatric beds, *** data from 14 communities only, **** estimated

not known precisely; it is estimated that approximately 7–9% of general practitioners and 25% of outpatient clinics providing services for drug users prescribe Subutex (Mravčík et al. 2005a; Sdružení praktických lékařů, 2005; Miovská et al. 2005). A pilot project of substitution treatment in prisons is about to start.

5 LAW ENFORCEMENT

The number of prosecuted and accused drug offenders, including those prosecuted for the possession of drugs in a quantity greater than small for personal use, decreased in 2004 for the first time since 1996. The proportion of those prosecuted for possession for personal use has been low in the Czech Republic in the long term (8% in 2004). More than half of drug offenders were prosecuted for criminal offences associated with pervitin and 36% were prosecuted for cannabis-related criminal offences – see Figure 5. In comparison with 2003, the number of those prosecuted in connection with heroin increased, while the number of those prosecuted in connection with cannabis

FIGURE 5: Offenders prosecuted for drug offences in 2004 by drug type (Národní protidrogová centrála, 2005)



MAP 3: Prosecuted perpetrators of drug offences in 2004 by regions (per 100,000 inhabitants) (Ministerstvo vnitra, 2005)

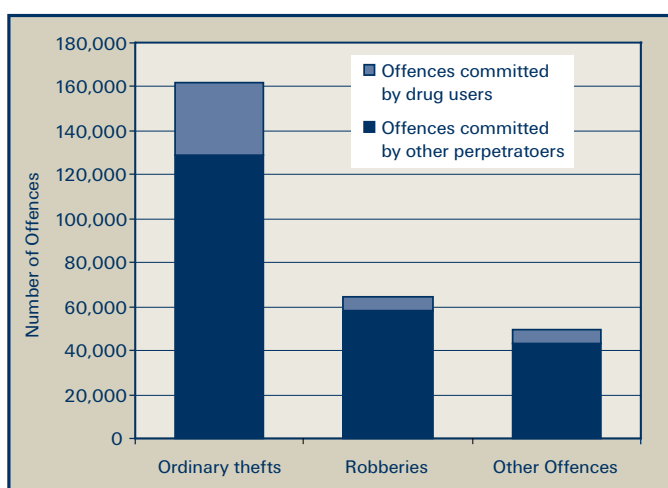


and pervitin declined; the number of those prosecuted in connection with ecstasy is similar as in the preceding year and lower by more than half than in 2002.

The Usti nad Labem region reported significantly the highest number of perpetrators of drug offences followed by the Karlovy Vary, Liberec, Southern Bohemia, Southern Moravia, and Vysocina regions – see Map 3. Other regions including Prague have reported lower numbers than the national average. Those sentenced for drug offences involve 13.2% of juveniles and 53.9% persons aged below 25 years (compared to 4.7% and 33.8% respectively among all criminal offences).

Suspended custodial sentences for drug offences continued to prevail in 2004; custodial sentences imposed involved approximately 25% of the cases. The trend of increase in the number of alternative sentences continued in 2004. According to the police estimate, drug users committed 62% of the criminal offences of production and distribution of drugs (Section 187 of the Penal Code) in order to finance their own consumption of drugs. As far as the absolute number of criminal offences is concerned, the number of so-called ordinary thefts (i.e. thefts carried out without the use of violent means) is rather significant – see Figure 6.

FIGURE 6: Estimate of the proportion of financially motivated criminal offences committed by drug users in selected* criminal offences (Ministerstvo spravedlnosti ČR, 2005; Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2005)



Note: * selected offences represent approx. 80% of all criminal offences in the Czech Republic in 2004.

DRUG AVAILABILITY

Subjectively perceived availability of addictive substances in both the general and the school population is according to realized surveys relatively high. Alcohol and cigarettes are very easy or rather easy to get for almost 100% of students at the age of 16, cannabis is easy to get for 60-70% of them. Subjectively perceived availability of ecstasy, magic mushrooms and hallucinogens among 16-year-olds is relatively high as well (20-30%). All types of drugs are regarded as easily available among those attending dance events (Kubů et al. 2000; Kubů et al. 2005).

The Czech Statistical Institute estimates that 11.5 tons of cannabis, 3.7 t of pervitin, 2.2 t of heroin, 1.2 million ecstasy tablets, and 275,000 doses of LSD are consumed in the Czech Republic every year. It is estimated that the consumption of cannabis and ecstasy increases while the consumption of pervitin and heroin declines (Vopravil, 2005).

The number of seizures carried out by the criminal law authorities in 2004 was approximately the same as in 2003; the volume of seizures of cannabis (191 kg and 1,617 plants), heroin (36 kg), ecstasy (108,379 tablets), and LSD (326 doses) increased, while the quantity of pervitin seized declined (3.4 kg).

TABLE 8: Number of seizures and quantities of drugs seized in 2002–2004 (Národní protidrogová centrála, 2005)

Substance seized	Units (volume)	2002		2003		2004	
		Number	Volume	Number	Volume	Number	Volume
Marijuana and hashish	kg	351	112.12	561	142.62	572	191.22
Cannabis plants	pcs	93	3,173	117	3,125	46	1,617
Heroin	kg	55	34.34	54	9.14	42	35.90
Cocaine	kg	12	6.04	20	2.62	7	3.28
Pervitin	kg	304	4.30	193	9.63	201	3.42
Ecstasy	tablets	42	88,391	31	51,692	39	108,379
LSD	doses	3	107	3	65	1	326
Total	-	860	-	979	-	907	-

Despite the concerns regarding an increase in cocaine use, the number of cocaine seizures did not increase; they dropped from 20 to 7 in 2004, and the overall volume of seizures only increased slightly, to 3.3 kg – see Table 8.

Drug prices have remained relatively stable; the average price of 1 gram of pervitin is €30, likewise is the price of 1 gram of heroin. 1 gram of cocaine is sold usually for €63–78, ecstasy tablets continue to be sold for approximately €6.30 per tablet. One 8-mg tablet of Subutex on the black market is €14.40 in average, while the common price is €12.50 (Petroš et al. 2005). The purity of the heroin seized declined and the quality of the pervitin seized increased; there are also increases in the proportion of ecstasy tablets which contain MDMA as the active substance.

References

- Brůčková, M., Vandasová, J. and Malý, M. (2005) Výskyt a šíření HIV/AIDS v ČR v roce 2004. *Zprávy centra epidemiologie a mikrobiologie* 14/2.
- Jedlička, J., Stupka, J. and Chmelová, B. (2005) Ročenka Národního programu HIV/AIDS v České republice 2004–2005. Praha: Pracoviště manažera Národního programu HIV/AIDS.
- Kubů, P., Škařupová, K. and Csémy, L. (2005) Tanec a drogy 2003: výsledky dotazníkové studie mezi příznivci elektronické taneční hudby v České republice. Připravuje se k tisku
- Kubů, P., Křížová, E. and Csémy, L. (2000) Anketa Semtex Dance 2000. *Tripmag* 4, 24–30.
- Notes: <http://www.drogmem.cz/html/projekty/anketa.htm>
- Lejčková, P. and Mravčík, V. (2005) Úmrtnost uživatelů drog – souhrn výsledků kohortové studie. *Epidemiol. Mikrobiol. Imunol.* V tisku.
- Ministerstvo spravedlnosti ČR (2005) Statistická ročenka kriminality – rok 2004. Praha: Ministerstvo spravedlnosti ČR.
- Ministerstvo vnitra ČR (2005) Přehledy kriminality v r. 2004. Staženo z webových stránek http://www.mvcr.cz/statistiky/krim_stat/2004/index.html.
- Miovská, L. et al. (2005) Poskytování ambulantní psychiatrické péče uživatelům drog v roce 2003. V tisku.
- Mravčík, V., Coufalová, M., Popov, P., Zábanský, T. and Procházka, R. (2005a) Dotazníková studie mezi praktickými lékaři zaměřená na zkušenosti a postoje k substituci opioidů. *Epidemiol. Mikrobiol. Imunol.* V tisku.
- Mravčík, V., Korčíšová, B., Lejčková, P., Miovská, L., Škrdlantová, E., Petroš, O., Sklenář, V., Vopravil, J. (2005b). Výroční zpráva o stavu ve věcech drog v České republice v roce 2004. Praha: Úřad vlády ČR.
- Mravčík, V., Zábanský, T. and Vorel, F. (2005) Drogy a dopravní nehody. *Čas. Lék. čes.* 144, 561–566.
- Mravčík, V. and Valnoha, J. (2005) Užívání drog a zdravotní následky na tanečních akcích. Národní monitorovací středisko pro drogy a drogové závislosti. Průběžná analýza dat z dotazníků na tanečních akcích.
- Mravčík, V., Korčíšová, B., Lejčková, P., Miovská, L., Škrdlantová, E., Petroš, O., Radimecký, J., Sklenář, V., Gajdošíková, H. and Vopravil, J. (2004) Výroční zpráva o stavu ve věcech drog v České republice v roce 2003. Praha: Úřad vlády ČR.
- Národní monitorovací středisko pro drogy a drogové závislosti (2005a) Prevalenční odhad problémového užívání provedených multiplikační metodou za použití dat z nízkoprahových programů v r. 2002–2004. Nepublikováno.
- Národní monitorovací středisko pro drogy a drogové závislosti (2005b) Průběžné výsledky kohortové studie mortality uživatelů drog. Nepublikováno.
- Národní monitorovací středisko pro drogy a drogové závislosti (2005c) Zpracování závěrečných zpráv k dotačnímu řízení RVKPP 2004. Nepublikováno.
- Národní monitorovací středisko pro drogy a drogové závislosti a SSLST ČLS JEP (2005) Speciální registr úmrtí spojených s užíváním drog v r. 2004. Praha: Nepublikováno.
- Národní protidrogová centrála (2005) Standardní tabulky EMCDDA za r. 2004. Nepublikováno, zpracováno pro NMS.
- Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti (2005) Retrospektivní odhad rozsahu sekundární drogové kriminality v r. 2004. Nepublikováno.
- Petroš, O., Mravčík, V. and Korčíšová, B. (2005) Spotřeba drog problémovými uživateli. *Adiktologie* 5, 49–59.
- Polanecký, V., Studničková, B., Klepetková, M., Šeblová, J. and Železná, Z. (2005) Výroční zpráva 2004 – Incidence, prevalence, zdravotní dopady a trendy léčených uživatelů drog. Praha: Hygienická stanice hl. města Prahy.
- Sdružení praktických lékařů (2005) Průzkum týkající se substituce mezi praktickými lékaři v r. 2004. Praha: Sdružení praktických lékařů. Nepublikováno.
- Šimíková, I. and Winkler, J. (2005) Analýzy v rámci výzkumného projektu Identifikace efektivních modelů programů realizovaných ve prospěch romské komunity. Praha: Výzkumný ústav práce a sociálních věcí. Nepublikované výsledky analýzy Programu podpory terénních sociálních pracovníků realizovaného Kanceláří Rady vlády pro záležitosti romské komunity.
- Ústav zdravotnických informací a statistiky (2005a) Celopopulační studie o zdravotním stavu a životním stylu obyvatel v České republice – Úvodní informace. Praha: ÚZIS ČR. Aktuální informace č. 7/2005.
- Ústav zdravotnických informací a statistiky (2005b) Celopopulační studie o zdravotním stavu a životním stylu obyvatel v České republice – Nelegální drogy. Praha: ÚZIS. Aktuální informace č. 46/2005.
- Vopravil, J. (2005) Data Collection: Illegal Activities – Final Report. Český statistický úřad.
- Notes: PHARE Multi-beneficiary Statistical Co-operation Programme 2002, Eurostat Grant Contract No. 2004.19100.005.

Year 2004: Summary of basic information about drug use and its consequences in the Czech Republic – overview of selected indicators (Mravčík et al. 2005b)



Indicator	Value
Lifetime prevalence of cannabis use in the general population (18–64 yrs)	20.6%
Lifetime prevalence of ecstasy use in the general population (18–64 yrs)	7.1%
Number of problem drug users	30,000
Number of injecting drug users	27,000
Number of problem heroin users	9,700
Number of problem pervitin users	20,300
Number of treatment demands (first treatment demands thereof)	8,845 (4,600)
Proportion of heroin users in first treatment demands	15.4%
Proportion of pervitin users in first treatment demands	59.0 %
Proportion of cannabis users in first treatment demands	21.6%
Average age of people demanding first treatment in connection with heroin	25.1 years
Average age of people demanding first treatment in connection with pervitin	23.1 years
Average age of people demanding first treatment in connection with cannabis	19.5 years
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	10–50%
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)	241
Mortality of drug users (compared to general population)	7–11times higher
Number of people prosecuted for drug offences (Sections 187–188 of the Penal Code)	2,100
Proportion of people prosecuted for drug possession (Section 187a)	8%
Proportion of people prosecuted in connection with heroin	6.4 %
Proportion of people prosecuted in connection with pervitin	50.4%
Proportion of people prosecuted in connection with cannabis	36.3%

This issue of Drugs in Focus was drawn up by the National Monitoring centre for Drugs and Drug Addiction. It was prepared on the basis of the Annual Report: 2004 Drug Situation – the Czech Republic (ISBN 80-86734-60-9) and the above-mentioned main information sources.

Focused on Drugs

Published ■ Úřad vlády České republiky
Nábřeží E. Beneše 4, CZ-118 01 Praha 1
IČO 00006599

Editor's office ■ Vladislavova 4, Praha 1, tel. 296 153 222

Responsible editor ■ Ing. Eva Škrdlantová

Authors of this issue ■ Kamila Orbanová, Mgr. Pavla Lejčková

Editor ■ MUDr. Viktor Mravčík

Published on 15.11.2005

ISSN 1214-1089

Not for sale. Distributed by the publisher.

© Úřad vlády České republiky, 2005