



Drug Situation in the Czech Republic in 2003

Annual Report Summary

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DECEMBER 2004

1 ORGANIZATIONAL BACKGROUND

The year 2003 was the third year of the implementation of the 2001 - 2004 National Drug Policy Strategy which was adopted by Government Resolution No. 1045/2000. No significant changes have occurred in the implementation of the existing policy or the system of drug policy coordination and implementation at a central, regional or local level. The Government of the Czech Republic is responsible for the preparation and implementation of the national drug policy. The Council of the Government for Drug Policy Coordination (Council) is the main initiating, counselling and coordinating body of the Government. Ministers of the appropriate ministries are members of this Council. The Council was established in 1993 by Government Resolution No. 446/1993, and it meets approximately four times a year. It was originally named the

2003 – Basic Characteristics

Development in all key indicators of the drug situation in the Czech Republic in 2003 was similar to 2002. No significant negative change has occurred. In general, the development can be described as favourable.

The year 2003 was the third year of implementation of the 2001–2004 National Drug Policy Strategy. No significant system or legislative change occurred.

The trend of diverging development has continued in the fields of problem drug use of pervitin (methamphetamine) and heroin, and experimental and recreational drug use of cannabis and ecstasy.

National Drug Commission. The Statute and the Code of Procedure define the composition, competences, permanent boards and working groups established by the Council as well as the tasks of the Secretariat. The Statute and the Code of Procedure were updated by Government Resolution No. 296 in March 2003. Council is administratively supported by its secretariat; it is part of the Office of the Government of the

Czech Republic. The Government Resolution No. 643/2002 established the Czech National Monitoring Centre for Drugs and Drug Addiction within the Secretariat of the Council. It is especially responsible for collection, analysis and dissemination of data on drugs, and for publishing the Annual Report. The Secretariat of the Council drew up the Balance Report on the Fulfilment of Targets from the 2001–2004 National Drugs

2003 – Summary of Basic Information about Drug Use and Its Consequences in the Czech Republic. Overview of Selected Indicators (Mravčík et al. 2004)

Indicator	Value
Lifetime prevalence of cannabis use in the general population (%)*	16–20
Number of problem drug users (heroin users and pervitin users there of)	30,000 (11,000 and 19,000)
Number of injecting drug users	29,000
Number of problem drug users (per 1,000 15–64 year-old inhabitants)	4.2
Number of injecting drug users (per 1,000 15–64 year-old inhabitants)	4.0
Number of treatment demands (new treatment demands thereof)	8,522 (4,158)
Share of heroin users in treatment demands (%)	25
Share of pervitin users in treatment demands (%)	54
Share of cannabis users in treatment demands (%)	17
Average age of people demanding treatment in connection with heroin (years)	24.6
Average age of people demanding treatment in connection with pervitin (years)	22.2
Average age of people demanding treatment in connection with cannabis (years)	18.9
Number of problem drug users in contact with low-threshold programmes (%)	60
Number of opiate users in methadone and buprenorphine substitution treatment (%)	18
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)	18.5
Fatal overdoses with illicit drugs (per 1,000,000 inhabitants)	5.3
Mortality of drug users (per 1,000 persons/year)	7–15
Number of people prosecuted for selected drug offences (Sections 187–188 of the Penal Code)	2,357
Share of people prosecuted for possession of drugs (Section 187a) (%)	10.1
Share of offenders prosecuted in connection with heroin (%)	4.5
Share of offenders prosecuted in connection with pervitin (%)	47.9
Share of offenders prosecuted in connection with cannabis (%)	37.8

Note: * 2002 data

MAP 1: Drawing of financial resources for drug policy in regions of the Czech Republic by regional budgets and the state budget in 2003 (€ thousand per 100,000 inhabitants) (Mravčík et al. 2004)

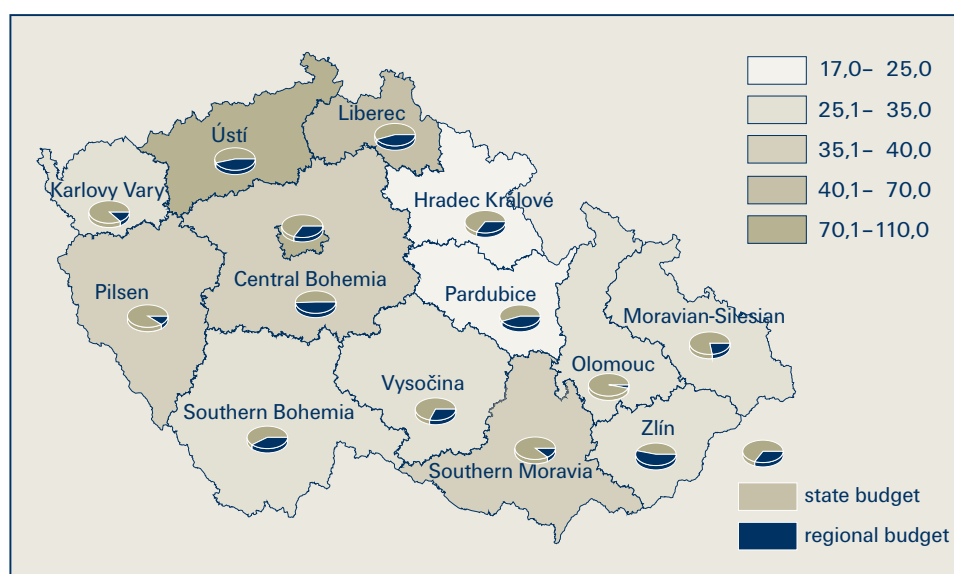


TABLE 1: Drawing of financial resources from regional budgets and the state budget in 2002 and 2003 by regions (€ thousand) (Mravčík et al. 2004)

Region	State budget			Regional budgets			Total		
	2002*	2003	Annual change 2002–2003 (%)	2002	2003	Annual change 2002–2003 (%)	2002*	2003	Annual change 2002–2003 (%)
Capital Prague	996	841	–16	399	391	–2	1,395	1,232	–12
Central Bohemia	133	261	96	110	251	128	243	512	111
Southern Bohemia	123	140	14	91	88	–4	214	228	7
Pilsen	176	203	15	0	31	–	176	234	33
Karlovy Vary	84	85	1	3	16	421	87	100	16
Ústí nad Labem	269	296	10	45	237	425	314	533	69
Liberec	43	140	223	0	86	–	43	225	421
Hradec Králové	46	63	37	23	30	28	69	93	34
Pardubice	48	64	33	47	47	0	95	111	17
Vysočina	115	134	17	0	57	–	115	191	66
Southern Moravia	336	367	9	94	63	–33	430	430	0
Olomouc	178	185	4	3	10	283	180	195	8
Zlín	86	88	3	34	110	218	120	198	65
Moravian-Silesian	260	313	21	71	94	32	331	408	23
Total with regional destination	3,996	4,570	14	921	1,510	64	4,917	6,080	24
Projects without regional destination	1,582	4,695	197	–	–	–	1,582	4,695	197
Total	5,578**	9,957**	78*	921	1,510	64	6,499	11,467	76

Note: * expenditures of the Police National Drug Squad are not included in 2002 data, ** it is impossible to distinguish between projects with regional destination and projects without a regional destination as far as the resources of the Ministry of Health are concerned; it is impossible to distinguish the region of destination in the resources of the Ministry of Labour and Social Affairs; therefore, the sum of resources drawn from the state budget is higher (by these resources drawn)

Policy Strategy and from the Government Resolution No. 549/03 regarding the outputs of the 2000 Phare Twinning Project "Strengthening National Drug Policy". The report showed that the number of unaccomplished tasks increased from 15 in 2002 to 25 in 2003. These unaccomplished tasks especially involved the plans of activities of individual sectors in the field of drug policy, personnel reinforcement and worker education, introduction of evaluation tools, and the development of the quality and availability of services. They also involved collection of data within the sphere of competence of the individual subjects. Therefore, priority tasks that the individual sectors should fulfil in preference were defined, and the government then authorized them.

As far as the field of legislation is concerned, it was most important that the Bill of the Penal Code re-codification was completed and debated by the Government. The re-codification should define categorization of drugs according to the level of health and social risks. It should provide for a differentiation of sanctions for possession of such drugs. The Bill was submitted to the Parliament of the Czech Republic in 2004. No significant changes in drug-related legislation occurred in the Czech Republic in 2003.

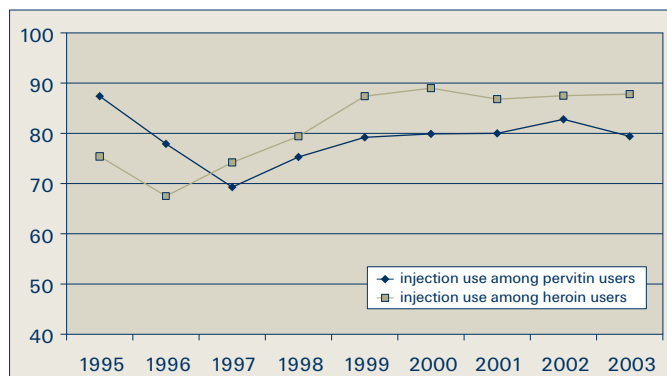
A network of 14 regional coordinators provides for coordination of activities at the regional and local level. The position, competencies and work capacity of the coordinators in the individual regions vary markedly. Regions formulate and implement their own strategies and plans of drug measures in addition to implementation of the national drug policy. Despite persisting heterogeneity in the approaches, in many partial aspects, the regional policies are becoming harmonized. The fact sheet Coordination of Drug Policy in the Czech Republic (August 2004) describes the system of drug policy coordination.

€ 11,5 million were drawn for drug policy programmes from the state budget and regional budgets in 2003 – see Table 1 and Map 1. There were persisting problems with timeliness of transfers of the subsidies from the state budget. The Government has addressed these issues: since 2004, the subsidies will be earmarked by the Office of the Government of the Czech Republic, and this should minimize delays. Financial resources for prevention and drug addiction treatment are earmarked in a differentiated manner and adequately to the different needs and conditions of the regions of the Czech Republic. The amount of the subsidies for projects correlates in a statistically significant manner with drug use indicators (Lejčková et al. 2004).

2 DRUG USE

Both the problematic and experimental use of pervitin and heroin have a decreasing tendency. It is estimated that there were 30,000 problem drugs users in the Czech Republic in

PICTURE 1: Share of injection use among first treatment demands who report pervitin and heroin as the primary drug in 1995–2003 (%)
(Polanecký et al. 2004)

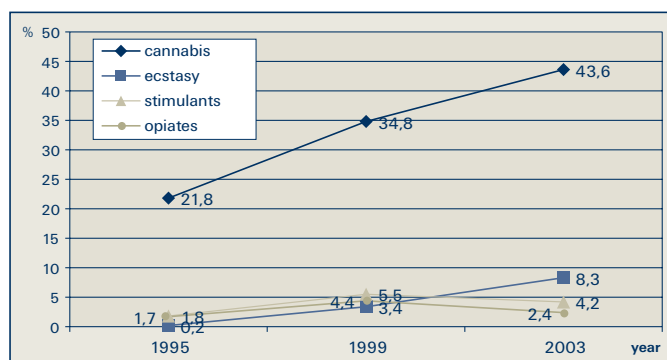


2003; thereof, 11,000 were heroin users and 19,000 were pervitin users. The estimates have had a decreasing trend in the previous four years. A certain number of problem drug users entered substitution treatment, especially with buprenorphine (Subutex). This has reflected in a decreasing trend in prevalence estimates based on data from drug treatment.

Approximately 80–90% of problem drug users inject drugs – see Picture 1.

According to the HCV Seroprevalence Study among Injecting Drug Users, 76.9% have shared a syringe (14% have only shared

PICTURE 2: Development of lifetime prevalence of selected illicit drugs among students aged 15–16 (%)
(Csémy et al. 2003)



with their partner), while 20.9% of the respondents have never shared syringes. 6.7% of the respondents have shared a syringe within the last month, 39.6% of the respondents have shared a syringe within the last year. 77.8% of respondents have ever used other injecting equipment after someone, 20.8% have never done this. 56.6% of the respondents being ever in prison injected drugs while they were in prison.

Approximately 60% of problem drug users are in contact with treatment or low-threshold facilities. Data about treated drug

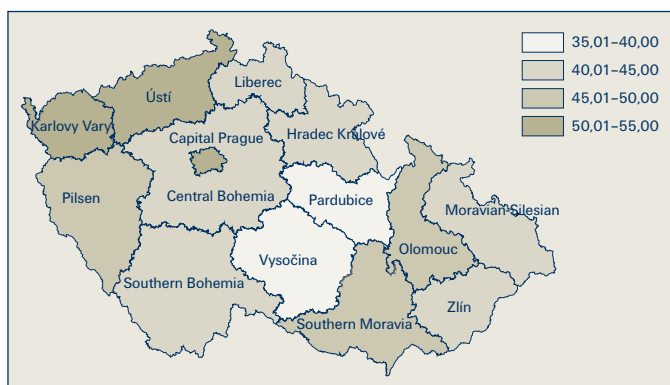
users¹ suggests that drug users aged 22 to 25 years are treated the most often, the female to male ratio is approximately 1:2 (except for the users of medicaments where the ratio is 2:1). The ratio of injecting drug users to the total number of drug users being treated varies according to the type of a facility; it varies from 50% in outpatient treatment, more than 60% in low-threshold facilities, to 80–90% in residential treatment. Experimental and recreational use of cannabis and ecstasy has been increasing. No new data about drug use in the general (adult) population appeared in 2003. The surveys among secondary school students (ESPAD) show that there has been an increasing trend in the use of cannabis and ecstasy (44% and

8% of sixteen-year-olds respectively) and an increasing trend in cigarette smoking as well as in the occurrence of risky forms of alcohol consumption. Experimental use of heroin and pervitin is decreasing – see Picture 2.

As far as young people attending dance events are concerned, their lifetime prevalence of use of cannabis (92%), ecstasy (67%) and pervitin (41%) is high and increasing, while the lifetime prevalence of heroin use (6%) is low and decreasing – see Picture 3.

Use of inhalants (solvents, glue, and lighter gas) represents a dangerous phenomenon. The surveys carried out among sixteen-year-olds show a slightly increasing and relatively high lifetime prevalence of inhalant use (9%). Treatment institutions do not cover a sufficient number of inhalant users; fatal inhalant overdoses had an increasing trend in 2003 reaching the number of opiate overdoses and doubling the number of pervitin overdoses.

MAP 2: Lifetime prevalence of marijuana use among students aged 15–16 by regions of the Czech Republic (%) (Csémy et al. 2004)

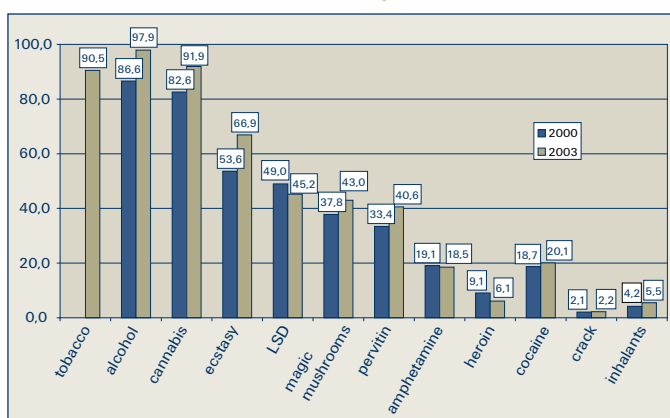


3 CONSEQUENCES OF DRUG USE

3/1 Drug-Related Treatment Demands

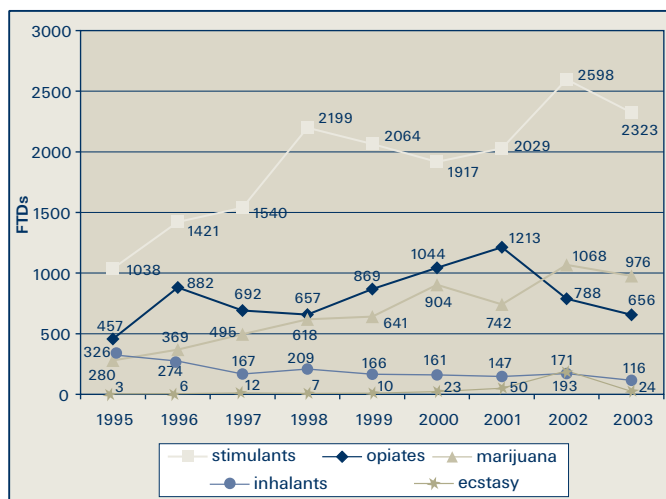
Altogether 8,522 persons were registered in the Treatment Demand Register kept by the Hygiene Service in 2003, thereof 4,158 were first treatment demands. It has been the first year since 1997 when there were less treatment demands (including first treatment demands) than in the previous year. There was a decrease in first treatment demands for all basic types of drugs, and it was especially apparent in connection with the use

PICTURE 3: Lifetime prevalence of use of selected addictive substances among young people attending dance events in 2000 and 2003 (%) (Kubů and Csémy 2004)



¹ Register of Treatment Demands, registers maintained by the Health Information and Statistics Institute (outpatient care reports, obligatory hospitalization reports, substitution treatment register), final reports of projects subsidized by the Council of the Government for Drug Policy Coordination.

PICTURE 4: First treatment demands in connection with selected types of drugs in 1995–2003 (Polanecký et al. 2004)



of stimulants and opiates. The decrease of opiate-related treatment demands is probably caused by a decrease in the number of opiate users and also by the fact that a certain number of opiate users entered substitution treatment. At the same time, it holds true that the Treatment Demand Register does not cover the field of substitution treatment sufficiently – see Picture 4.

As in 2002, low-threshold facilities were the most attended type of facility. They report an average of 56 clients per facility per year, and there were approximately 29 first treatment demands per low-threshold facility in 2003.

The group aged 20–24 years has remained the most represented among all treatment demands; 3,427 persons (40.2%) were registered in 2003. The group aged 15–19 is the most represented among first treatment demands (1,716 persons, i.e. 41.3%). The average age of treatment demands increased from 23.4 years in 2002 to 23.6 in 2003. At the same time, the average age of first treatment demands has been increasing since 1998 – see Picture 5.

Stimulant users are the most represented group among treatment demands (53.5%). Opiate users are the second most represented group (25.0%), and cannabis users are at the third position (16.5%). The order in first treatment demands is different: stimulants lead with 55.5%, cannabis users are the

second (23.6%) and opiate users are the third (15.8%). Altogether 5,964 (i.e. 70%) of people demanding treatment reported injecting drug use. Drug injecting is less common among first treatment demands (2,516 persons, i.e. 60.5%). Table 2 provides selected characteristics of first treatment demands in 1995–2003, and Map 3 shows regional distribution of treatment demands in 2003.

PICTURE 5: Average age of first treatment demands in connection with selected drugs in the Czech Republic in 1995–2003
(Polanecký et al. 2004)

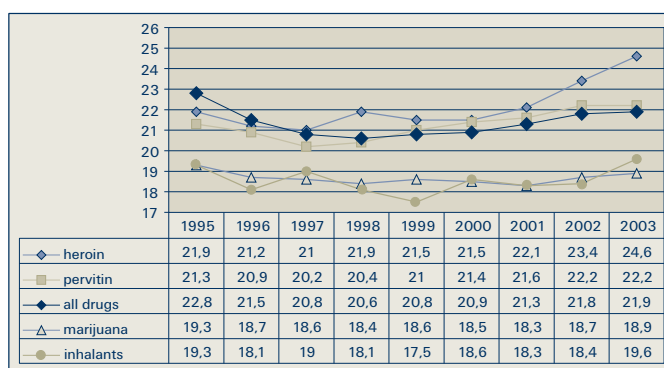
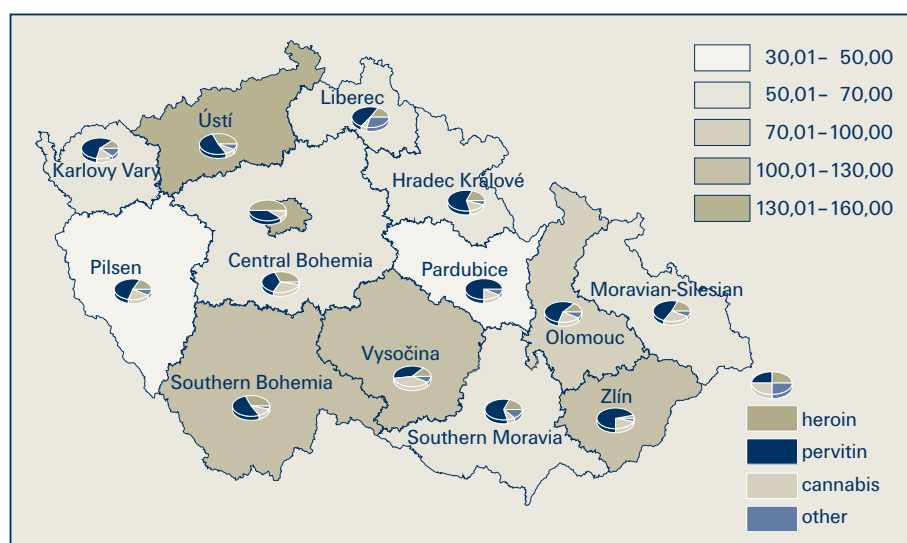


TABLE 2: First treatment demands in the Czech Republic in 1995–2003, selected characteristics
(Polanecký et al. 2004)

Characteristics	1995	1996	1997	1998	1999	2000	2001	2002	2003
Number of first treatment demands	2,470	3,252	3,132	3,858	3,891	4,148	4,233	4,719	4,158
Incidence / 100,000 inhabitants	23.9	31.5	30.4	37.4	37.7	40.3	41.2	45.9	40.4
Incidence in the age group of 15–39-year-olds / 100,000 inhabitants	62.9	78.7	75.1	96.3	99.0	105.5	106.1	118.1	103.7
Rate of males and females	2.4 : 1	1.9 : 1	1.7 : 1	2.0 : 1	1.9 : 1	1.9 : 1	1.9 : 1	2.1 : 1	2.0 : 1
Average age	22.8	21.5	20.8	20.6	20.8	20.9	21.3	21.8	21.9
Proportion of users aged under 19 (%)	47.2	57.4	54.1	52.4	49.1	47.5	43.9	40.1	43.5
Share of injecting users (%)	54.3	56.5	55.0	61.8	64.0	62.3	64.8	58.5	60.5
Share of injecting users aged under 19 in all injecting users (%)	44.9	54.7	51.2	46.5	40.3	38.3	35.5	33.1	32.8
Number of heroin users (primary and secondary drug), percentage of all users	529 21.4	1,050 32.3	945 30.2	909 23.6	1,094 28.1	1,229 29.6	1,362 32.2	947 20.1	794 19.1
Number of pervitin users (primary and secondary drug), percentage of all users	1,252 50.7	1,757 54.0	1,946 62.1	2,642 68.5	2,554 65.6	2,576 62.1	2,545 60.1	2,932 62.1	2,761 66.4

MAP 3: Number of all treatment demands in 2003 by regions and types of drugs (per 100,000 inhabitants) (Polanecký et al. 2004)



3/2 Drug-Related Deaths and Mortality of Drug Users

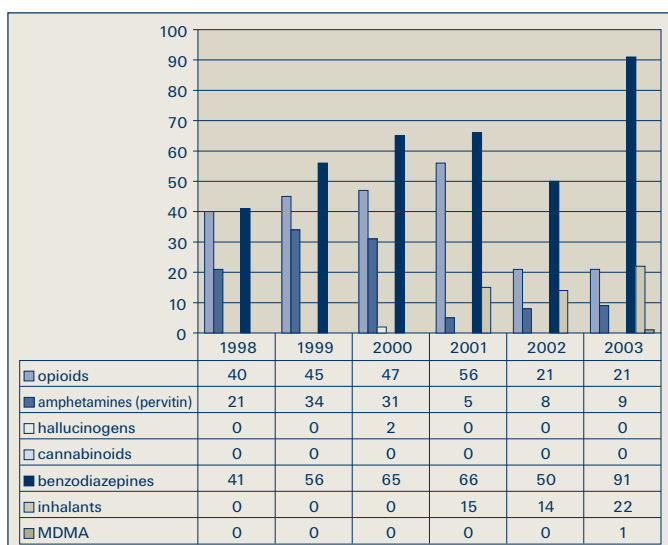
Forensic medicine and toxicology departments detected 222 deaths due to overdose on narcotic and psychotropic substances in 2003. Regardless of psychotropic medicaments, presently and traditionally opiates were the most frequent cause of these overdoses, followed by inhalants and pervitin; at the same time, there has been a slight increase in inhalant overdoses. One death that probably occurred due to MDMA overdose was reported. No fatal methadone (or buprenorphine)

overdose was recorded, not even in combination with other drugs. At the same time, no fatal cannabis or cocaine overdose was recorded – see Picture 6. Data about mortality of drug users were collected for the first time and total deaths have reached 1% per year – see Table 3.

TABLE 3: Non-standardized mortality by gender and type of drugs in 1997–2002 (%o) (Národní monitorovací středisko pro drogy a drogové závislosti 2004a)

Gender	All drugs	Opioids	Stimulants	Sedatives, hypnotics	Poly-drug use
Males	10.07	9.96	6.09	16.53	12.32
Females	5.53	5.70	3.02	9.80	6.84
Total	8.57	8.66	4.94	12.57	10.66

PICTURE 6: Fatal overdoses on selected narcotic and psychotropic substances in 1998–2003 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP 2004b)



3/3 Drug-Related Infectious Diseases

The spread of infections among drug users has stabilized; this especially involves HIV. There are regional differences in the incidence of HCV, and the incidence of HCV also varies in different groups of users. The number of newly infected HIV positive injecting users has been low over the last years (4 cases were reported in 2003), the number of reported new acute cases of HBV and HCV among injecting drug users has been decreasing. According to local and national surveys, the seroprevalence of HIV, HBV and HCV has been stable; mainly HCV seroprevalence is relatively high (approximately 30% of

the clients of low-threshold centres and outreach programmes, and 60% of substitution clients). Regional differences are in accordance with the history of problem drug use in a particular region (prevalence is above average in Prague and Northern Bohemia). According to the HCV Seroprevalence Study among Injecting Drug Users carried out by the National Monitoring Centre for Drugs and Drug Addiction in twelve low-threshold centres in 2002–2003, 29.8% of injecting users were positive. The prospective part of the study tracked on a sample of 107 persons (who tested negatively in the basic part of the study), and it determined an incidence rate² of 18.5 cases per 100 person-years of follow-up. Map 4 shows seroprevalence by regions where the individual centres operate.

Increasing length of injecting use, increasing age, history of imprisonment, increasing frequency of injecting use and concurrent use of heroin and pervitin have been found as main predictive factors of HCV seroprevalence.

MAP 4: HCV seroprevalence from the HCV Seroprevalence Study among Injecting Drug Users by regions where the individual centres operate (%) (Národní monitorovací středisko pro drogy a drogové závislosti 2003)



Note: Samples examined in respective centres vary in the characteristics of respondents; that explains a significant part of regional differences.

3/4 Drugs and Driving

The analysis of all autopsies in all thirteen forensic medicine departments in 2003 was carried out. 9,960 bodies were dissected in these departments in 2003. 1,035 cases thereof

involved victims of traffic accidents. A toxicological examination was carried out for 554 (54%) of them. The results are summarized in Table 4.

A questionnaire survey Dance and Drugs 03 was carried out among 1,652 of dance events attendants in 2003; it also focused on experiences with drugs and driving. The data show that this risky behaviour is relatively very frequent – see Table 5.

TABLE 4: Detection of alcohol, medicaments and narcotic and psychotropic substances in bodies of dead victims of traffic accidents dissected by forensic medicine departments in the Czech Republic in 2003 (%) (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP 2004a)

Substance / category of victims of traffic accidents	Pedestrians (n = 143)	Cyclists (n = 50)	Drivers of motor vehicles (n = 204)	Others (n = 157)	Total (n = 554)
Ethanol	46.2	36.0	24.0	32.5	33.2
Opiates (including heroin)	0.0	2.0	0.5	0.0	0.4
Stimulants (including pervitin and ecstasy)	0.7	0.0	2.5	0.6	1.3
Cocaine	0.0	0.0	0.0	0.0	0.0
Cannabis	3.5	0.0	2.9	2.5	2.7
Benzodiazepines	2.1	4.0	1.5	0.6	1.6

TABLE 5: Lifetime prevalence of driving under the influence of psychotropic substances and other risky traffic situations among dance events attendants in the Czech Republic in 2003 (% , n = 1,652) (Kubů et al. 2004)

Drug / risk behaviour	Driving under the influence	Fellow passenger under the influence	Accident under the influence
Cannabis	37.0	66.3	1.9
Alcohol	27.9	57.4	4.2
Cocaine	3.8	8.7	0.1
Ecstasy	16.6	34.8	0.5
Pervitin	9.7	24.4	0.3
Hallucinogens	6.1	11.9	0.2

² It gives a number of newly infected per the sum of individual periods of monitoring - in this case, per 100 person-years.

4 PREVENTION AND TREATMENT

4/1 Primary Prevention

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

The system of school preventive programmes is professionally and methodologically guaranteed by school, district and regional prevention methodologists.

Out-of-school primary prevention programmes are especially implemented by NGOs and pedagogical-psychological counselling offices. The programmes focus on the general population, at-risk groups (e.g. special school pupils, problem classes, health-service personnel, groups of handicapped persons, young unemployed persons and urban gangs) and individuals at risk (e.g. children or siblings of addicts, children with a problematic position in a group, people with behaviour disorders).

The following counselling web pages deal with preventive activities targeting the population of dance drugs users:

- Podané ruce civic association (Brno) has operated an on-line counselling focusing on the dance drugs issues since 2000 (<http://www.extc.cz>).
 - A database of analysed ecstasy tablets has been available at the web pages of the Pharmacology Department of the 3rd Medical Faculty at Charles University in Prague since 2002 (<http://www.lf3.cuni.cz/drogy/>). It provides results of quantitative analyses of the contents of the tablets.
- 18 low-threshold facilities were providing informative counselling and materials (leaflets) about the issues associated with dance drugs used at dance parties, 10 of them were offering qualitative pill testing. Information or counselling in this field was carried out nearly 5,000 times in 2003, altogether 3,010 tablets were tested.

4/2 Harm Reduction

The network of low-threshold facilities in the Czech Republic has been built since 1992. By the end of 2003, it consisted of 92 individual projects³ – 94% of them report a needle and syringe exchange programme (the exchange service was provided approximately 135,000 times in 2003). While the number of problem drug users has not increased, the number of exchanged syringes has been increasing every year – see Table 6 and Map 5.

³ The number of facilities stems from the data available to the National Monitoring Centre for Drugs and Drug Addiction (subsidy proceedings of state institutions, public directories, information of the Harm Reduction Section of the Association of Non-Governmental Organizations)

TABLE 6: Needles and syringes exchange programmes in 1998–2003 (data source: Hygiene Station of Capital Prague and National Monitoring Centre for Drugs and Drug Addiction)

Year	Number of reporting exchange programmes	Number of distributed needles and syringes
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

MAP 5: Needles and syringes distributed in syringe exchange programmes in 2003 (per 1,000 inhabitants) (Národní monitorovací středisko pro drogy a drogové závislosti 2004b)



4/3 Treatment and Aftercare

A wide spectrum of services provide treatment and social reintegration, their availability is relatively high. The estimated share of opiate users in substitution treatment programmes (18%) has increased profoundly; this involves both the methadone and buprenorphine (Subutex) treatment. The number and coverage of specialized substitution (methadone) centres is insufficient; especially in Southern and Western Bohemia. Each practitioner can prescribe Subutex to patients, and the exact number of the patients who use Subutex is not known; on the basis of data about consumed Subutex in 2003, it is possible to estimate that there are approximately 1,200 persons who use Subutex. Therefore, approximately 2,000 persons were treated with opioid agonists in 2003. The capacity and availability of structured outpatient programmes and aftercare programmes is relatively insufficient – see Table 7 for an overview of treatment and aftercare.

TABLE 7: Treatment programmes providing services to drug users in the Czech Republic in 2003 (Mravčík et al. 2004)

Type of a programme	Number	Capacity	Number of clients
Out-patient health care facilities	368*	n.a.	17,864
Day-care centres	2	n.a.	78
Detoxification units	19	n.a.	n.a.
Sobering-up stations	17	n.a.	n.a.
Psychiatric hospitals	17	1,275	2,541
Psychiatric departments of hospitals	33	n.a.	2,095
Residential departments with treatment care (special education facilities)	1	n.a.	n.a.
Therapeutic communities	15	223	496
Aftercare programmes	16	n.a.	1,045
Detoxification units in prisons	1	n.a.	61
Drug-free zones in prisons	22	1,118	n.a.
Departments for differentiated execution of sentence	3	214	n.a.
Department for compulsory treatment in prisons	3	69	n.a.
Substitution centres	9	n.a.	714

Note: * A total of 368 out-patient health care facilities reported outpatient treatment of users of licit and/or illicit drugs in 2003 (Ústav zdravotnických informací a statistiky, 2004). 139 of these facilities reported 1–10 patients, and 106 facilities reported 11–50 patients. Therefore, only 123 health care facilities reported more than 50 patients.

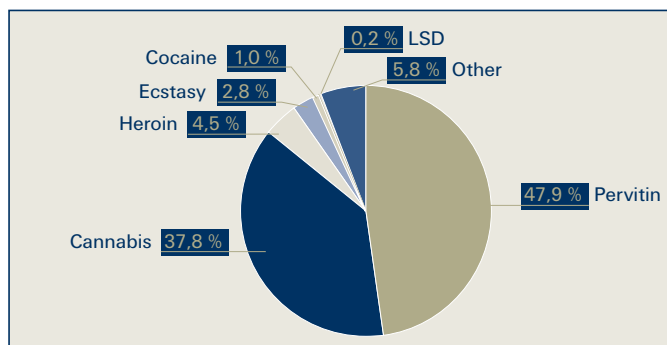
LAW ENFORCEMENT

The trend of slow increase in the number of offenders prosecuted for drug offences continued in 2003. According to the data of the Police National Drug Squad, 2,357 persons were prosecuted for unauthorized production and possession of narcotic and psychotropic substances in 2003; this constitutes of an increase in 2003 by 357 persons (17.9%) compared to 2002. While the share of offenders prosecuted for heroin and ecstasy declined, the share of offenders prosecuted for cannabis and pervitin increased. The persons prosecuted under Section 187a of the Penal Code (possession of drugs in a quantity greater than small) represent approximately 10% of all offenders prosecuted for drug offences. Picture 7 and Map 6 show the situation in 2003.

As far as the cases that the Public Prosecutors' Offices completed in 2003 are concerned, 3,597 drug offences were

reported and 2,737 persons were accused (12% of females and 16% of juveniles). The number of persons accused increased markedly in comparison with 2002 (by 21.8%).

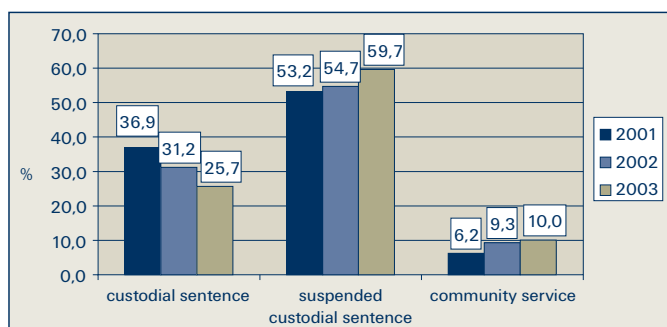
PICTURE 7: Prosecuted criminal offences of unauthorised production and possession of narcotic and psychotropic substances (Section 187–188 of the Penal Code) by the type of drug in 2003 (Národní protidrogová centrála Policie ČR and Generální ředitelství cel 2004)



MAP 6: Drug offences reported in 2003 by regions (per 100,000 inhabitants) (Ministerstvo vnitra ČR 2004)



PICTURE 8: Share of selected sentences in all drug offences in 2001–2003 (Ministerstvo spravedlnosti 2004)



Altogether, 1,304 perpetrators of drug offences were convicted in 2003 (12% females and 14% of juveniles). It is a slight increase (by 7.2%) in comparison with 2002.

Custodial sentences represented a quarter of those sentenced for drug-related criminal offences; the trend of the increasing share of alternative sentences imposed continued – see Picture 8.

The number of imprisoned persons sentenced for a custodial sentence remained stable in 2003 (619 persons). The share in the entire prison population slightly declined to 4.5%.

6 DRUG AVAILABILITY

Subjectively perceived availability of cannabis and ecstasy has increased, and availability of heroin and amphetamines (incl. pervitin) in the population of sixteen year-olds has decreased compared to 1999 – see Picture 9.

In 2003, law enforcement agencies seized approximately the same quantity of drugs as in 2002; there was an increase in the amount of seized marijuana and hashish (from 112 to 143 kg) as well as pervitin (from 4.3 to 9.6 kg); the quantity of heroin seized declined from 34.3 to 9.1 kg, and even the quantity of the ecstasy seized decreased. Table 8 provides an overview of drug seizures in the Czech Republic.

Prices and purity of drugs have remained stable – see Table 9; no dangerous or new synthetic drug was seized in 2003.

TABLE 8: Number of seizures and quantities of drugs seized in 2003
(Národní protidrogová centrála Policie ČR a Generální ředitelství cel 2004);
(Národní protidrogová centrála Policie ČR 2004a)

Type of drug	Seizures	Quantity
Marijuana	483	77.817 kg
Hashish	97	64.805 kg
Cannabis plants	117	3,125 ks
Heroin	57	9.135 kg
Cocaine	20	2.624 kg
Pervitin	193	9.630 kg
Ecstasy	30	51,692 tbl.
	1	4.851 kg
LSD	3	65 doses

PICTURE 9: Subjectively perceived availability of drugs among sixteen-year-olds in 1999 and 2003 (% of answers "it is very/quite easy to get....")
(Csémy et al. 2003)

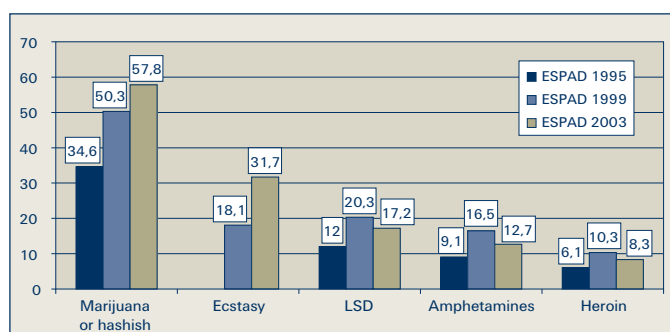


TABLE 9: Minimum and maximum prices of drugs in 2003 (€)
(Národní protidrogová centrála Policie ČR 2004b)

Type of a drug	Street sales		Wholesale	
	Min.	Max.	Min.	Max.
Ecstasy (tablet)	4.70	15.70	1.60	6.30
Hashish (g)	6.30	15.70	3.10	6.30
Heroin (g)	25.10	47.10	15.70	25.10
Cocaine (g)	47.10	94.20	47.10	62.80
LSD (trip)	2.20	9.40	1.60	5.70
Marijuana (g)	0.90	9.40	0.90	4.70
Marijuana – skunk (g)	6.30	9.40	0.90	4.70
Pervitin (g)	15.70	62.80	14.10	25.10
Subutex (8 mg tablet)	9.4	47.10	–	–

Information on the Internet

www.drogy-info.cz

www.vlada.cz

www.emcdda.eu.int

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