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THE CZECH REPUBLIC
New Development, Trends and in-depth information on selected issues

REITOX

Annual Report
The Czech Republic
2006 Drug Situation

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Annual Report: The Czech Republic – 2006 Drug Situation

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This Annual Report sums up information about the situation in the field of drug use and its consequences, in the field of legislation, strategies, and drug policy coordination, and about interventions, especially in the areas of drug demand reduction, drug crime, and drug markets in the Czech Republic in 2006, as well as trends in the above-mentioned fields. When up-to-date data are available, it also refers to the current period in 2007. In the parts where the most recent up-to-date or more detailed data were published in recent years, references to the Annual Reports on 2002–2005 Drug Situation have been made (Mravčík et al. 2003; Mravčík et al. 2004; Mravčík et al. 2005; Mravčík et al. 2006).

Many thanks belong to all of the collaborators, members of working groups, organisations, institutions, and bodies that provided the necessary data and contributed to the interpretation of the data for their help and collaboration during the preparation of this annual report. Their names can be found in the reference list or in the text of the report.

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SUMMARY

The year 2006 was the second year of the implementation of the National Drug Policy Strategy for the Period 2005 to 2009 and the last year of the implementation of the subsequent Action Plan for the Implementation of the National Drug Policy Strategy for the period 2005 to 2006. According to the report which has been approved by the government, 32 (22%) of the 144 tasks of the Action Plan have not been fulfilled. The government adopted the Action Plan for the Period 2007–2009 which contains 172 specific tasks.

In July 2007, the Council of the Government for Drug Policy Coordination (the government's advisory body for the field of drug policy with an initiating and coordinating function) was enlarged by the addition of a minister for the field of human rights and national minorities, who became the vice-chairman of the Council of the Government for Drug Policy Coordination on the basis of this provision, and also by a representatives of the Association of the Regions of the Czech Republic, the Czech Medical Association of J. E. Purkyně – Association for Addictive Diseases, and non-governmental organisations dealing with the prevention and treatment of drug addictions; the Minister of Industry and Trade ceased to be a member of the Council. A new Committee of Representatives of Regions of the Council of the Government for Drug Policy Coordination was established. The function of the executive vice-chairman of the Council of the Government for Drug Policy Coordination was defined anew – he/she is nominated by the chairman of the Council of the Government for Drug Policy Coordination, and he/she no longer needs to be a member of the government.

More significant framework changes to the drug policy in 2006 involve the adoption of Act 108/2006 Coll. on social services which inter alia defines basic types of social services for drug users and modifies the conditions for their provision. Furthermore, the system of Certifications of Professional Competency of Services of programmes supplying specific primary prevention was launched. No new bills were discussed by the Parliament of the Czech Republic, and no initiatives of members of parliament concerning drug issues were submitted in 2006.

Compared to 2005, the drug policy expenditures from the state budget increased by approximately CZK 19 million in 2006 (€ 670 thousand); however, the expenditures from the budget of the Ministry of Health declined by 45% to CZK 18 million (€ 630 thousand). The year-on-year volume of financial resources expended by regions decreased by approximately CZK 5.5 million (€ 194 thousand).

No study focusing on drug use among the adult population was carried out in 2006. According to surveys from 2002 and 2004, approximately 20% of the adult population have tried an illicit drug, and the results suggest that the increasing trends from the previous decade have stopped or been reversed, even as far as cannabis is concerned, and this is also true among the group of young adults aged under 35. These favourable trends are also confirmed by the results of the 2006 HBSC survey among 15-year-old pupils of the ninth grades of elementary schools, which show a decline in prevalences of all types of illicit drugs (with the exception of inhalants), i.e. also with cannabis and ecstasy. According to data from available studies, approximately 2.6% of the adult population of the Czech Republic consume cannabis regularly (i.e. approximately 190,000 persons use cannabis at least once a week).

The median of the estimate of the number of problem drug users, which includes users of pervitin, as well as opiates, declined slightly in 2006; however, it is still within the limits of the confidence interval of estimates from previous years. According to these estimates, there are approximately 30,000 problem drug users in the Czech Republic; 20,000 of them are pervitin users and 10,000 opiate users, and approximately 29,000 of them inject drugs. An estimation of the number of problem users of Subutex® (substitution medical drug with buprenorphine as the active substance) was carried out for the first time – 4,500 persons. Problem use of Subutex® is especially common in Capital Prague, Central Bohemia, and Ústí nad Labem regions, where it replaces the use of heroin. Approximately 80% of the estimated number of problem drug users in the Czech Republic are concentrated in these three regions, while pervitin users dominate in the other regions.

The number of treatment demands, including first treatment demands, declined in 2006 compared to 2005. It concerns all main types of drugs as far as first treatment demands are concerned, while the number of pervitin and opiate users increased in all treatment demands. Additionally, the number of treated injecting drug users and users aged under 19 declined. The relative number of treatment demands was the highest in Capital Prague, Ústí nad Labem, and Karlovy Vary regions. Pervitin was the most common primary drug among those demanding treatment in all regions (for the first time also in Capital Prague, which was the only region where heroin was reported as the most common primary drug among those demanding treatment). The outflow of opiate users from residential (inpatient) treatment was very marked; it is probably caused by the expansion of outpatient substitution treatment.

The year 2006 confirmed a relatively good stable situation in the transmission of HIV and viral hepatitis among (injecting) drug users. The number of newly detected cases of HIV infections among injecting drug users was the same as in 2005 (6 cases); the prevalence of HIV among injecting drug users is still far below 1%, according to available studies and monitoring systems. In the most recent national study among clients of low-threshold programmes, which was carried out in 2002–2003, the prevalence of HCV was 35%; local surveys or monitoring of testing in low-threshold facilities averagely find an HCV prevalence of (under) 20%.

In 2006, another increase in the number of needles and syringes distributed in exchange programmes in the Czech Republic took place reaching 3.9 million pieces (3.3 million in 2005).

A high prevalence of HIV and viral hepatitis among the groups of users which especially come from the former Soviet Union states represents a danger in terms of possible further dissemination. The number of HIV and HV tests of drug users declined in 2006 and it means a growing problem for the monitoring and control of the epidemiological situation.

A marked year-on-year decline in the number of fatal overdoses occurred in terms of all main groups of street drugs which are traditionally involved in overdoses (ten cases of fatal overdoses on opiates, twelve on pervitin, and fourteen on inhalants in 2006). It especially involves opiates but also inhalants and pervitin, i.e. substances in which this decline has been obvious since 2003 or 2004, respectively. Sporadic overdoses on ecstasy and cocaine have been reported in the last three years. No death with the presence of methadone or Subutex® occurred in 2006. However, the number of deaths with the presence of pervitin which occurred for reasons other than overdose (especially during accidents, including traffic ones) has been increasing in the last two years.

A wide spectrum of services with good accessibility provides for harm reduction, treatment and resocialisation of drug users in the Czech Republic. The network of low-threshold programmes has remained stable (approximately 60% of problem drug users are in contact with them, and, according to the most recent estimates, up to 70% in Prague). The network of inpatient health facilities and therapeutic communities did not change markedly in 2006.

The situation in the field of providing special outpatient health care continues to be unclear – the number and availability of AT clinics and their utilization by drug users are not known accurately.

Two medicines continue to be available for the substitution treatment of opiate addiction – methadone prepared from an imported generic substance, which is only available in specialised substitution centres, and Subutex® (with buprenorphine as the active substance) in the form of a proprietary medical preparation, which is available in pharmacies and can be prescribed by any physician, regardless of his/her specialisation.

Another increase in the number of patients treated in specialised substitution centres took place in 2006 (there were 950 of them). Programmes are used the most extensively in Capital Prague and Ústí nad Labem regions, which corresponds to the regional distribution of problem opiate users and their concentration in these regions; the Pilsen, Liberec, Pardubice, Vysočina, and Zlín regions continue to lack coverage; the situation in Pilsen can be regarded as alarming because of the estimated 650 problem opiate users.

The quantity of Subutex® consumed is growing. Neither the number of physicians prescribing it nor the number of persons who use it in substitution treatment is known. The reason is that the Substitution Treatment Register kept by the Institute of Health Information and Statistics of the Czech Republic does not cover most of the outpatient facilities prescribing Subutex®. A pilot electronic application which should provide for nationwide reporting was launched in 2007. The impossibility of registering physicians and patients is one of the main reasons for the leakage of Subutex® onto the black market, where it is bought and sold in small quantities of tablets among individual users who trade in surplus tablets prescribed by several physicians. The continuing absence of nationwide registration could lead to fatal consequences in terms of the planned introduction of methadone in the form of a proprietary medical preparation which will be available in pharmacies as of 2008, because there is a far higher risk of overdose on methadone if it gets to the black market than there is with Subutex®.

The number of drug offences in the Czech Republic has remained stable in recent years. The number of offenders prosecuted and sentenced for drug offences increased slightly in 2006. The proportion of offenders prosecuted for the offence of possession of drugs for personal use (Section 187a of the Penal Code) in all drug offences has remained between 8 and 10% since 2001. Most drug offences (60%) relate to pervitin, 30% to cannabis; the proportion of pervitin has been increasing and the proportion of cannabis and other drugs has been declining in recent years. The number of cocaine- and ecstasy-related criminal offences continues to be low. The highest number of persons prosecuted for drug-related criminal offences in proportion to the number of inhabitants was reported in the Karlovy Vary, Ústí nad Labem, and Prague regions; in absolute numbers in Ústí nad Labem and Prague. According to a police estimate, drug users committed approximately 14,000 (11%) of all cleared-up and 74,000 (22%) of all detected criminal offences; approximately 9,000 of the cleared-up offences and 66,000 of the detected ones were represented by thefts.

Most of the marijuana consumed in recent years has probably been domestically produced; growing cannabis (mostly a small quantity of plants) in artificial conditions has become widespread. Pervitin is made exclusively in the Czech Republic; imported ephedrine or pseudoephedrine obtained from medical preparations is used as a precursor. Pervitin is also exported abroad, especially to Germany. Ecstasy and cocaine (originating from South America) are especially imported from the Netherlands, while heroin is imported from Afghanistan via the so-called Balkan route. The number and volume of seizures of the main types of drugs in 2006 were approximately the same as in the previous years; seizures of marijuana and pervitin were the most common, and the number of cocaine and ecstasy seizures has remained low in the long term. Drug prices and purity did not change markedly in 2006.

DATA QUALITY AND CONSISTENCY

Despite partial insufficiencies, the quality of the data available in the Czech drug information system is satisfactory. It makes it possible to track trends over years and new phenomena on the drug scene. It especially involves data from the field of the five key indicators – drug use in the general population, problem drug use, drug-related infections, drug-related overdoses, and drug-related treatment demands.

The phenomena and trends on the drug scene show a consistent picture when crossing indicators, which is especially important in the case of serious or alarming phenomena. For instance, as far as cocaine is concerned, the prevalence is still at a minimal level among the (general) population, the number of cocaine users in treatment has been very low, cocaine-related deaths have been sporadic, cocaine-related crime is low, and the number of seizures is also very low. Another example involves the prevalence of HIV among injecting drug users – very low numbers of new reported cases are accompanied by a (sero)prevalence of practically zero in many studies or monitoring systems.

On the contrary, the description and monitoring of Subutex® use has been associated with problems – the extent of its treatment and problem use and the number and structure of health care facilities prescribing it have not been described satisfactorily; the same also applies to the so-far zero number of deaths with the presence of Subutex®, which can be partly caused by the limited ability of toxicological laboratories to detect it.

PART A: DEVELOPMENTS AND NEW TRENDS IN 2006

1 National Drug Policy and Its Context

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 (CGDPC) is the main initiating, counselling, and coordinating body of the government for drug-related issues; the Secretariat of the CGDPC provides for the activities of the Council and it is an organisational part of the Office of the Government of the Czech Republic. Because of the complex situation which occurred after the June elections to the Lower House of the Parliament of the Czech Republic, the Council of the Government for Drug Policy Coordination only met twice in 2006. In 2007, CGDPC was expanded by the addition of a minister of the government for the field of human rights and national minorities, who became the vice-chairman of the Council of the Government for Drug Policy Coordination on the basis of its statute and also of representatives of the Association of the Regions of the Czech Republic, the Czech Medical Association of J. E. Purkyně – Association for Addictive Diseases, and of NGOs dealing with prevention and treatment of drug addictions; the Minister of Industry and Trade ceased to be a member of the Council. A new Committee of Representatives of Regions of the Council of the Government for Drug Policy Coordination was established.

The National Drug Policy Strategy for the Period 2005 to 2009 (2005–2009 National Strategy) is in force. The Action Plan for the Implementation of the National Drug Policy Strategy for the Period 2007–2009 (2007–2009 Action Plan) was adopted in 2007. The system of Certifications of the Professional Competency of Services supplying specific primary prevention programmes was launched in 2006.

Regional drug coordinators were appointed in 13 regions (the Moravian-Silesian region has not established this position), and they make use of a network of contact workers in individual municipalities with extended competencies in their region. With the exception of the Pilsen region, all regions have drawn up a regional drug policy strategy.

In comparison with 2005, drug policy expenditures increased by approximately CZK 19 million (€ 670 thousand); on the other hand, the volume of financial resources provided by regions has decreased by approximately CZK 5.5 million (€ 194 thousand).

No new bills were discussed by the Parliament of the Czech Republic, and no initiatives on the part of members of parliament which would primarily concern drug issues were put forward in 2006. Act 108/2006 Coll. on social services was adopted; inter alia, it defines basic types of social services for drug users.

Several media campaigns targeting the issues of licit and illicit drugs were carried out in 2006 – the campaigns from previous years, which targeted driving under the influence of alcohol, and campaigns within the framework of the Healthy Cities projects, continued; the campaign Drugs and Parents was launched in 2007. The number of reports on the topic of drugs published in the Czech media increased.

1.1 Legal Framework

1.1.1 Legislation

1.1.1.1 Act 108/2006 Coll. On Social Services

The Act 108/2006 Coll. on social services, which had been in preparation since the beginning of the 1990s, was adopted in 2006. The previous legislation in the field of social services was completely inadequate – as far as social services are concerned, it only used to involve institutional care and community care service; no legal regulations were available for other types of services. At the same time, the law also did not regulate the system for the funding of social services, provision for their availability, and the control of their quality.

According to the above-mentioned act, social services aim to assist people in an unfavourable living situation, including the prevention of their social exclusion. Social services are provided in the form of residential, outpatient, or low-threshold services. The act defines 31 types of social services, divided into: (1) social care services; (2) social prevention services, and (3) social counselling, which is the basic activity during the provision of all types of social services. The act mentions drug users as the target group of several types of social prevention: low-threshold centres, outreach programmes, therapeutic communities, and aftercare services.

The act introduced an obligation for the registration of social services; the appropriate regional authority decides about the registration on the basis of a written application from the service provider. The Ministry of Labour and Social Affairs of the Czech Republic is in charge of keeping the Register of Social Service Providers (in a hard copy as well as in electronic format). Additionally, the act defines the duties of social service providers, for instance, provision for the availability of information about the services provided, drawing up internal rules for the provision of services, keeping written documentation about the course of the service provision and evaluating it, and keeping a register of those requesting a social service. The act also defines qualifications (professional and other) for careers in the social services and for the profession of a social worker. With the exception of social counselling, a contract must be concluded between the provider and recipient of a service; the act defines the terms of the contract. Some types

of services are supplied free of charge (e.g. social services supplied by outreach programmes and low-threshold centres), others are paid for; the manner and extent of the payment is differentiated according to the type of the service and category of the recipient. Regional authorities and the Ministry of Labour and Social Affairs (when the regions establish the service) are in charge of inspecting the quality of the provision of social services. The inspection involves the quality of the provision of social services, observing the conditions for registration, and other duties of the providers. The quality of care is verified on the basis of standards for the quality of social services; their content is defined in an implementing regulation (Decree 505/2006 Coll., which implements several provisions of the act on social services).

1.1.1.2 Penal Code

After its rejection by the Senate, the Lower House of the Parliament of the Czech Republic did not accept the bill for a new Penal Code, which also contained several changes regarding the so-called drug offences – see Annual Reports on 2003, 2004, and 2005 Drug Situation for more information. The government, which was appointed in 2007, continues to make efforts to recodify the Penal Code, which still follow on from the bill which was rejected in 2006 – see also the chapter on Initiatives in the Parliament and Civic Society, page 14.

1.1.1.3 General Instruction of the Office of the Supreme Prosecutor No. 2/2006

In August 2006 (with effect from October 1, 2006), a general instruction No. 2/2006 on the penalties for the criminal offence of the unauthorised production of narcotic and psychotropic substances and poisons according to Section 187a of the Penal Code was issued by the Office of the Supreme Prosecutor. This instruction replaced the instruction of the Office of the Supreme Prosecutor from 2002, which had been in effect until then (No. 6/2002). Inter alia, this internal regulation (which is not a generally binding legal norm) provides guidelines for the attributes "quantity greater than small" and "in a larger extent", which narrow down the punishability of possession of drugs for personal use in the new Penal Code. The newly issued instruction of a general nature did not change this quantification of the attributes of this criminal offence in comparison with the instruction from 2002.

1.1.2 Implementation of the Law

In its decision of June 21, 2006 (file reference 3 Tdo 687/2006, in the Court Reports No. 550/2006), the Supreme Court came to the following conclusion: "The growing of the cannabis plant (Cannabis family) as such … cannot be identified with the term 'production of narcotic and psychotropic substances' according to Section 187 of the Penal Code. Such production could only be involved in the event that the cannabis plant were harvested and subsequently processed in an unauthorised manner in a process in which it would be further processed as an input component, either to a condition ready for consumption (marijuana) or for obtaining the psychotropic substance THC (tetrahydrocannabinol)."

Some media inaccurately interpreted this decision as a "legalisation" of cannabis growing (e.g. MF DNES: It is Legal to Grow Marijuana, the Court Said, February 21, 2007) and so it stimulated a relatively wide public and professional discussion. However, the decision is not likely to bring about a significant change in the procedure of the bodies participating in criminal proceedings. According to the statements of police representatives, the decision does not mean any change in the existing procedures for qualifying the growing of cannabis plans as a criminal offence (Český rozhlas 1 - Radiožurnál, 2007).

Information about the implementation of the law against drug offenders (for instance, about types of sentences imposed or differences according to the type of drug which was involved in the criminal offence) and against drug users committing criminal activities (imposing treatment as an alternative to sentence or criminal prosecution) is also mentioned in the chapters on Drug-Related Crime, page 63, and Prevention of Drug-Related Crime, page 75.

1.2 Institutional Framework, Strategies and Policies

1.2.1 National Strategy

The year 2006 was the second year of the implementation of the 2005–2009 National Drug Strategy, which was adopted by Government Resolution No. 1305 in December 2004, and also the 2005–2006 Action Plan, which was adopted by Government Resolution No. 886 in July 2005.

The Secretariat of the Council of the Government for Drug Policy Coordination drew up an evaluation report regarding the implementation of the 2005–2006 Action Plan, and the government acknowledged it in Government Resolution No. 514 in April 2007. The 2005–2006 Action Plan contained a total of 144 tasks which were divided into 43 goals which relate to seven drug policy fields: (1) primary prevention; (2) treatment and aftercare; (3) risk reduction; (4) drug supply reduction and law enforcement; (5) coordination and funding; (6) the field of information, research, and evaluation, and (7) international collaboration. 105 of these 144 tasks were fulfilled, 7 were fulfilled in part, 28 were not fulfilled, and insufficient information was available about 4 tasks – see Table 1-1.

Table 1-1: Fulfilment of tasks of the 2005–2006 Action Plan by drug policy fields

Field	Total number of tasks	Fulfilled		Partly fulfilled		Unfulfilled/information unavailable	
		Abs.	%	Abs.	%	Abs.	%
Primary prevention	24	14	58.3	2	8.3	8	33.3
Treatment and aftercare	27	12	44.4	3	11.1	12	44.4
Harm reduction	9	7	77.8	0	0.0	2	22.2
Drug supply reduction and law enforcement	24	18	75.0	0	0.0	6	25.0
Information – research – evaluation	27	24	88.9	0	0.0	3	11.1
Coordination and funding	23	20	87.0	2	8.7	1	4.3
International collaboration	10	10	100.0	0	0.0	0	0.0
Total	**144**	**105**	**72.9**	**7**	**4.9**	**32**	**22.2**

The most significant framework changes to the drug policy in 2006 involved:

- The adoption of Act 108/2006 Coll. on social services, which defines the conditions for the provision of assistance to people in an unfavourable living situation via social services. The act defines basic types of social services for drug users – see the chapter on Legal Framework, page 4 for more information.
- The launch of the system of Certification of the Professional Competency of Programmes Supplying Specific Primary Prevention – see the chapter on Prevention, page 20, for more information.

The government adopted the 2007–2009 Action Plan in Government Decree 845 of July 2007. It contains 172 tasks divided into 43 goals which relate to seven drug policy fields: (1) primary prevention (5 goals, 20 tasks); (2) treatment and aftercare (4 goals, 25 tasks); (3) harm reduction (5 goals, 17 tasks); (4) drug supply reduction and law enforcement (7 goals, 15 tasks); (5) the field of information, research, and evaluation (7 goals, 44 tasks); (6) coordination and funding (8 goals, 30 tasks), and (7) international collaboration (7 goals, 21 tasks).

1.2.2 Drug Policy Coordination

The Council of the Government for Drug Policy Coordination (CGDPC), an interministerial advisory body of the government which is in charge of the Czech Republic's drug policy coordination, met twice[1] in 2006.

Government Decree 616 of June 2007 changed the statute of CGDPC. It increased the number of members of CGDPC by adding the minister of the government for the field of human rights and national minorities, who is the vice-chairman of CGDPC on the basis of the statute, and then by three members who are not members of the government: (1) a representative of the Association of Regions of the Czech Republic (i.e. one of the regional presidents or the Mayor of the Capital City, Prague); (2) a representative of the Czech Medical Association of J. E. Purkyně – Association for Addictive Diseases, and (3) a representative of the NGOs dealing with the prevention and treatment of drug addictions. At the same time, the Minister of Industry and Trade ceased to a member of CGDPC. The function of the executive vice-chairman of CGDPC was newly defined – he/she is appointed by the chairman of CGDPC and no longer has to be a member of the government; he/she is responsible for the everyday coordination of drug policy and can concurrently hold the position of a director of the Secretariat of CGDPC. Additionally, a change in the statute established a new Committee of Representatives of Regions, whose members are regional drug coordinators[2] (furthermore, CGDPC has a Committee of Representatives of Ministries and Institutions, a Committee for the Provision of Labelled Subsidies from the State Budget, an Advisory Committee for the Collection of Data on Drugs, and a Committee for Granting Certifications).

Regional drug coordinators have been appointed in all regions[3] except the Moravian-Silesian region[4]. Personnel changes in the position of the regional drug coordinator took place in the Southern Bohemia and Zlín regions[5] in 2006. The regional drug coordinators work full-time but, in most cases, they also perform other duties – for instance, crime prevention or grant proceedings in the region. The question of collaboration between regional drug coordinators and the coordinators of interventions in the field of other socially negative phenomena (for instance, with the crime prevention coordinator, regional coordinator of Roma advisors, or regional school prevention

[1] It was in February and April 2006. Because of the new situation after the elections in June 2006 (the government led by Ing. Jiří Paroubek submitted its resignation on August 16, 2006, the first government led by Ing. Mirek Topolánek was appointed on September 4, 2006 and resigned on October 11, 2006, and the second government led by Ing. Mirek Topolánek was appointed on January 9 and passed a vote of confidence in the Lower House of the Parliament of the Czech Republic on January 19, 2007), CGDPC in its new composition only met as late as in March 2007.

[2] Therefore, the existing working group Vertical Coordination was promoted to the status of a committee.

[3] The regional drug policy data follow on from the Annual Report on Drug Policy Implementation in Regions; they are submitted to the Secretariat of CGDPC; some regions failed to submit their 2006 reports before the deadline for this Annual Report.

[4] The Moravian-Silesian region has not established the position of a regional drug coordinator. The agenda associated with drug policy coordination is taken care of by the officer in charge of social services at the department of social affairs.

[5] The position of a regional drug coordinator remained vacant in the Zlín region between March 1, 2006 and October 31, 2006.

methodologist) is solved in various manners in the individual regions, for example by having all the coordinators in one department, the establishment of horizontal working groups, membership in commissions, or direct communication. All regions believe that this mutual collaboration is working well.

In municipal authorities, drug policy coordination is provided by local drug coordinators, or contact persons for drug-related issues. On the average, the local drug coordinators devote 0.2-0.3 of their workload to this job. The other agendas which they take care of involve, for instance, crime prevention, probation officer for young people, probation officer for adults, advisor for the Roma, etc. Regional drug coordinators provide local coordinators with methodological assistance and counselling, and some regions organise ongoing training and/or periodical meetings for the local coordinators.

All regions except the Pilsen region have drawn up strategic regional drug policy documents (i.e. strategies or action plans). Some municipalities have also drawn up their own drug policy plans.

1.3 Budgets and Funding

The data in this chapter involve public budget expenditures which are specifically earmarked for drug policy. As far as the state budget is concerned, they involve labelled expenditures which can be directly identified in the individual chapters of the state budget, mostly within the framework of the specific indicator of the state budget "Drug Policy Programme" in the final state account and from information from individual ministries. As in previous years, the data of expenditures from local (regional and municipal) budgets were acquired via regional drug coordinators.[6]

The estimation of the other expenditures which are issued for drug policy issues without a direct identification in the budget reporting (non-labelled expenditures) is described in a special chapter Drug-Related Public Expenditures, page 83.

In 2006, as in the previous years, drug policy funding was implemented at two levels, central and local. Until 2006, CGDPC distributed financial resources from the budget chapter General Cash Administration – Drug Policy Programme (hereinafter only referred to as the General Cash Administration), and, since 2006, non-investment subsidies for drug policy projects approved by CGDPC have been distributed by the Office of the Government of the Czech Republic within the framework of the specific indicator of the state budget Drug Policy Programme. Other ministries which had expenditures for the Drug Policy Programme in their budget in 2006 in the form of a specific indicator of the state budget in 2006 include Ministry of Health, Ministry of Education, Youth, and Physical Education (Ministry of Education), Ministry of Labour and Social Affairs, Ministry of Finance, or, more accurately, General Customs Headquarters, the Ministry of Justice, and the Ministry of Defence. The Ministry of the Interior does not specifically have expenditures for the Drug Policy Programme in its budget but it covers the expenditures of the National Drug Squad of the Service of Criminal Police and Investigation of the Police of the Czech Republic, whose expenditures are exclusively related to combating drug crime.

The summary of the drug policy expenditures from public budgets in the Czech Republic by individual ministries and regions where the activities and projects were implemented in 2006 are included in Table 1-3; a part of the expenditures is intended for activities with a nationwide significance.

On the basis of a resolution of CGDPC, 145 drug policy projects which were implemented at the local level (173 in 2005) were supported from the budget chapter of the Office of the Government of the Czech Republic in 2006; the support amounted to CZK 105.3 million (€ 3,715 thousand)[7].In 2006, CGDPC especially supported projects carried out by NGOs in the field of low-threshold services, outpatient treatment, therapeutic communities, and aftercare. An amount of CZK 3.5 million (€ 123 thousand) for the activities of the Secretariat of CGDPC, including the National Monitoring Centre for Drugs and Drug Addiction, was drawn in the following classification – see Table 1-2.

[6] This information was mostly derived from Annual Reports of Drug Policy Implementation in regions, which were submitted to the Secretariat of CGDPC; some regions failed to submit their 2006 reports before the deadline for this Annual Report – in these cases, the data were based on information about expenditures from local budgets in the territory of a given region. This information was provided directly by regional drug coordinators who had been addressed.

[7] 2006 average exchange rate has been used (1€ = CZK 28.343).

Table 1-2: Expenditures of the Secretariat of the Council of the Government for Drug Policy Coordination, including the National Monitoring Centre for Drugs and Drug Addiction in 2006 (€)

Purpose for drawing	**Resources drawn**
Certification of quality of services supplied to drug users	45,726
Publication and information activities	28,967
Training of regional drug coordinators, certifiers, and service providers	16,618
Monitoring and research	16,265
Translations and other services	7,409
Assessment of applications for subsidies within the framework of the subsidy proceedings of CGDPC	5,680
Outsourced analyses	2,364
Total	**123,064**

In 2006, the Ministry of Health gave priority to funding projects which met the priorities of the subsidy proceedings of the Ministry of Health for the year 2006. They involved substitution and detoxification treatment for drug users, outpatient treatment, including AT treatment, smoking cessation programmes, educational programmes for physicians and health care staff, inpatient treatment of drug users, and other secondary prevention programmes. Within the framework of the subsidy proceedings of the Ministry of Health, CZK 17.1 million (€ 604 thousand) were drawn in the form of non-investment subsidies for the implementation of drug policy projects, CZK 100 thousand (€ 3.5 thousand) were drawn for opponent assessments of submitted projects, and CZK 800 thousand (€ 28.2 thousand) for printing of information leaflets.

The Ministry of Education provided financial resources from the state budget for the implementation of the drug policy within the framework of two programmes which aimed to promote healthy lifestyles and the prevention of socially pathological phenomena. Prevention projects implemented by schools, school facilities, and NGOs (Programme I) with a total budget of CZK 6.7 million (€ 237 thousand) were assisted via subsidies to regions which then redistributed the resources to individual schools, school facilities, and NGOs. In separate subsidy proceedings of the Ministry of Education, activities of a supraregional and national nature which especially targeted the creation of a comprehensive system of prevention in the field of special education and specific primary prevention, to be carried out in schools and school facilities, were supported to the tune of CZK 4.1 million (€ 144 thousand) (Programme II).

Within the framework of the Programme for the Support of Social Services, the Ministry of Labour and Social Affairs earmarked a total of CZK 40.2 million (€ 1,418 thousand) for drug policy projects. 90 projects, i.e. 14 less than in 2005 (as a consequence of the merging of several smaller projects and organisations) were subsidised in 2006. A critical part of the resources was expended on the operations of low-threshold centres – CZK 14.7 million (€ 519 thousand), aftercare services – 7.6 million (€ 268 thousand), and therapeutic communities – CZK 7.5 million (€ 265 thousand). The Ministry of Labour and Social Affairs provided other financial resources to the tune of CZK 9.5 million (€ 335 thousand) for drug policy implementation from other sources which did not fall under the specific indicator of the state budget. Therapeutic communities – CZK 5.4 million (€ 191 thousand), the operations of low-threshold centres – CZK 3.3 million (€ 116 thousand), and aftercare services – CZK 800,000 (€ 28 thousand) were supported from these other resources.

Table 1-3: Drug policy expenditures from public budgets in the Czech Republic in 2006 (€ thousand)

Budget	CGDPC	Ministry of Health	Ministry of Education	Ministry of Labour and Social Affairs	General Customs Headquarters	Ministry of Justice	Ministry of Defence	National Drug Squad	State budget total	Regions	Municipalities	Local budgets total	Total
Prague	1,028	297	26	180	–	53	108	–	1,693	1,147	389	1,536	**3,229**
Central Bohemia	217	19	24	253	–	46	11	–	570	505	223	729	**1,299**
Southern Bohemia	166	42	15	217	–	3	8	–	450	212	48	259	**709**
Pilsen	300	11	12	30	–	30	1	–	383	82	196	278	**661**
Karlovy Vary	111	22	7	0	–	13	1	–	155	29	35	64	**218**
Ústí nad Labem	407	74	19	166	–	106	1	–	774	242	205	447	**1,221**
Liberec	172	9	10	94	–	67	0	–	351	285	31	316	**667**
Hradec Králové	70	54	13	87	–	21	1	–	246	102	36	138	**385**
Pardubice	54	0	12	43	–	270	10	–	389	58	37	95	**484**
Vysočina	147	13	12	147	–	5	2	–	327	109	10	118	**445**
Southern Moravia	388	34	27	202	–	685	26	–	1,361	300	n.a.	300	**1,661**
Olomouc	241	22	15	170	–	9	1	–	458	72	93	165	**623**
Zlín	67	3	14	66	–	0	0	–	150	49	16	65	**216**
Moravian-Silesian region	347	5	30	98	–	14	1	–	495	157	380	537	**1,032**
Total with regional designation	**3,715**	**604**	**237**	**1,753**	**–**	**1,321**	**172**	**–**	**7,803**	**3,349**	**1,699**	**5,047**	**12,850**
Total with central designation	**123**	**31**	**144**	**0**	**829**	**135**	**0**	**3,757**	**5,018**	**–**	**–**	**–**	**5,018**
Total	**3,838**	**635**	**381**	**1,753**	**829**	**1,455**	**172**	**3,757**	**12,821**	**3,349**	**1,699**	**5,047**	**17,869**

The expenditures of the Ministry of Finance for drug policy were used for the operations of the drug department of the General Customs Headquarters and amounted to CZK 23.5 million (€ 829 thousand). Special technology for operational-investigative activities of the General Customs Headquarters was purchased from these resources – CZK 17.3 million (€ 610 thousand) and the money was also used to cover car park refurbishment for the carrying out of investigative operations – CZK 6.2 million (€ 219 thousand).

The Ministry of Justice implemented a part of the drug policy activities within the framework of a specific indicator of the state budget with a volume of CZK 39 million (€ 1,376 thousand); however, it also employed extrabudgetary sources in the course of the year. It drew a total of CZK 41.2 million (€ 1,455 thousand) for drug policy funding in 2006. These financial resources were used by the Prison Service of the Czech Republic – CZK 41.1 million (€ 1,450 thousand), Institute for Criminology and Social Prevention – CZK 40,000 (€ 1.4 thousand), and the Judicial Academy – CZK 50,000 (€ 1.8 thousand). Most of the financial resources drawn by the Prison Service were used to fund the operations of drug prevention counselling offices in prisons, to increase the number and capacity of drug-free zones in prisons, and to provide for and improve the quality of treatment in prisons. Other financial resources amounting to CZK 100,000 (€ 3.5 thousand) were used to cover the costs of seminars and conferences on the topic of drug issues.

The resources for drug policy of the Ministry of Defence, amounting to CZK 4.9 million (€ 172 thousand) in 2006, were especially used to implement monitoring and preventive projects, to purchase diagnostic equipment for the detection of drugs and alcohol and professional literature, and to cover the costs of professional lectures and seminars focusing on drugs issues.

The operations of the National Drug Squad were covered from the budget of the Ministry of the Interior; in 2006, the total costs of the National Drug Squad amounted to CZK 106.5 million (€ 3,757 thousand). Antidrug activities were also supported within the framework of the Crime Prevention Programme of the Ministry of the Interior; however, the expenditures for these activities cannot be arrived at without further analysis.

The developments in drug policy expenditures from the state budget by individual ministries are given in Table 1-4; it is obvious that the amount of resources from the budget of the Ministry of Health declined markedly, while the resources from the budget of the General Customs Headquarters increased markedly.

Table 1-4: Drug policy expenditures from state budget in 2002–2006 by ministries/departments (€ thousand)*

Department	**2002**	**2003**	**2004**	**2005**	**2006**
CGDPC	3,242	3,664	3,549	3,728	3,838
Ministry of Health	908	778	934	1,181	635
Ministry of Education	335	329	356	331	381
Ministry of Labour and Social Affairs	1,240	1,562	1,490	1,625	1,753
General Customs Headquarters	969	796	328	512	829
Ministry of Justice	340	497	481	1,296	1,455
Ministry of Defence	140	166	123	140	172
National Drug Squad **	n.a.	3,395	3,051	3,351	3,757
Total	**7,176**	**11,187**	**10,312**	**12,163**	**12,821**

*Note: * 2006 average exchange rate has been used for re-calculation in 2002–2005. ** The expenditures of the National Drug Squad in 2003–2005 only involve the so-called common expenditures.*

Activities implemented within the framework of drug policy were also partly funded via local budgets. According to available information, the regions provided CZK 94.9 million (€ 3,349 thousand) for the implementation of drug policy projects in 2006. As in the previous years, the expenditures were used for services and activities in the fields of prevention, harm reduction, treatment and resocialisation, or research (evaluation) and educational activities.

The manner in which these activities are recorded and funded varies between individual regions. In some regions, the resources for drug policy are approved separately in the regional budget, and in others they are funded within the framework of the whole group of social or health services. The character of subsidy proceedings also varies; some regions have introduced multiple-year funding of services on the basis of a defined network of services. Three regions (Prague, Central Bohemia, and Zlín) introduced multi-annual funding for key providers of services and projects supplied by NGOs; the town of Rokycany (in the Pilsen region) introduced multi-annual funding of a field project in the town. Some regions were able to define better and more precisely than others the subsidies and other expenditures for services which are not provided by NGOs (for instance, the operation of sobering stations or contributions to AT clinics) or which are supplied by various ministries or departments (of Health, Social Affairs, or Education) in the region; the same also applies to expenditures from municipal budgets in the territory of the region. Regardless of the above-mentioned dissimilarities in record-keeping, marked differences can be observed in the volume of drug policy expenditures from local budgets.

Table 1-5 shows the development in expenditures from the budgets of individual regions since 2002. After a steep increase in 2002–2004, the volume of resources provided by regions stabilised at approximately CZK 100 million

(€ 3,530 thousand) per year; a decline took place in 2006, especially in the Pardubice, Vysočina, Karlovy Vary, and Zlín regions.

Table 1-5: Drug policy expenditure from regional budgets in 2002–2006 (€ thousand)*

Region	2002	2003	2004	2005	2006
Prague	448	440	923	1,081	1,147
Central Bohemia	124	282	486	520	505
Southern Bohemia	103	99	204	183	212
Pilsen	0	35	53	119	82
Karlovy Vary	3	18	18	36	29
Ústí nad Labem	51	266	279	244	242
Liberec	0	96	203	285	285
Hradec Králové	26	33	71	72	102
Pardubice	53	53	64	194	58
Vysočina	0	64	146	245	109
Southern Moravia	106	71	176	262	300
Olomouc	3	11	46	71	72
Zlín	39	123	85	74	49
Moravian-Silesian region	80	106	126	154	157
Total	**1,035**	**1,696**	**2,879**	**3,540**	**3,349**

*Note: * 2006 average exchange rate has been used for re-calculation in 2002–2005.*

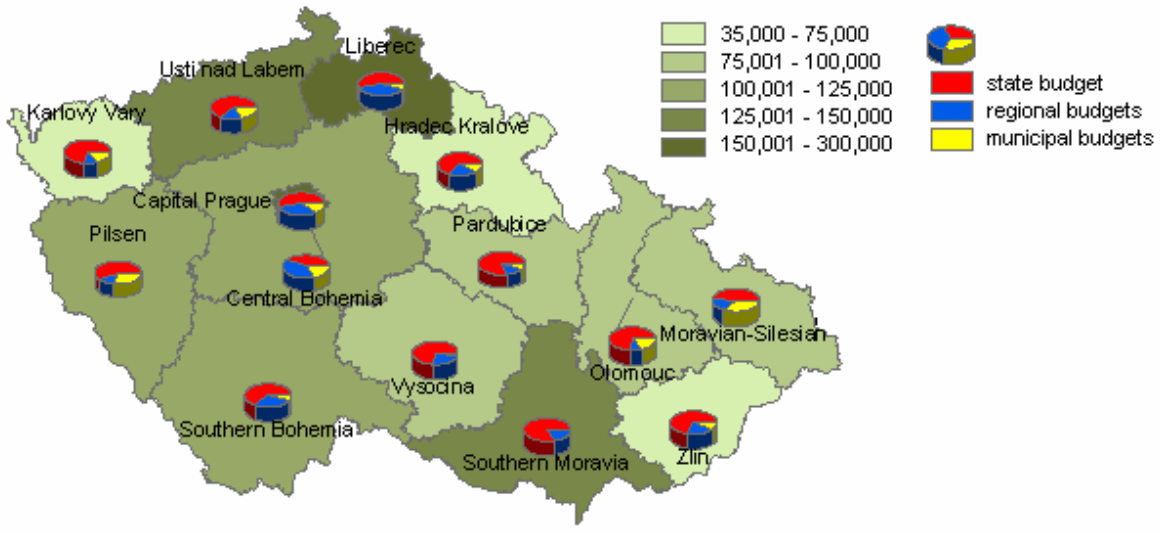
An overview of the development of drug policy expenditures from the state budget, regional budgets, and municipal budgets is given in Table 1-6. An overview of resources from public budgets with a regional designation for the implementation of drug policy programmes in 2006 is given in Map 1-1.

Table 1-6: Drug policy expenditures from state and local budgets in 2002–2006 (€ thousand)*

Year	State budget			Regional budgets	Municipal budgets	Total
	Drug demand reduction **	Drug supply reduction ***	Total			
2002****	5,867	1,309	7,176	1,035	n.a.	8,211
2003	6,499	4,688	11,187	1,696	n.a.	12,884
2004	6,451	3,861	10,312	2,879	2,220	15,411
2005	7,004	5,158	12,162	3,540	1,786	17,488
2006	6,780	6,041	12,821	3,349	1,699	17,869

*Note: * 2006 average exchange rate has been used for re-calculation in 2002–2005. ** I.e. the expenditures of CGDPC, Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Education, and Ministry of Defence; ** i.e. expenditures on the operations of the National Drug Squad, General Customs Headquarters, and from the budget of the Ministry of Justice; *** the expenditures of the National Drug Squad are not included.*

Map 1-1: Drug policy expenditures from state and local budgets in regions of the Czech Republic in 2006 (€ per 100,000 inhabitants)



Note: Data from municipal budgets are not available for the Southern Moravia region.

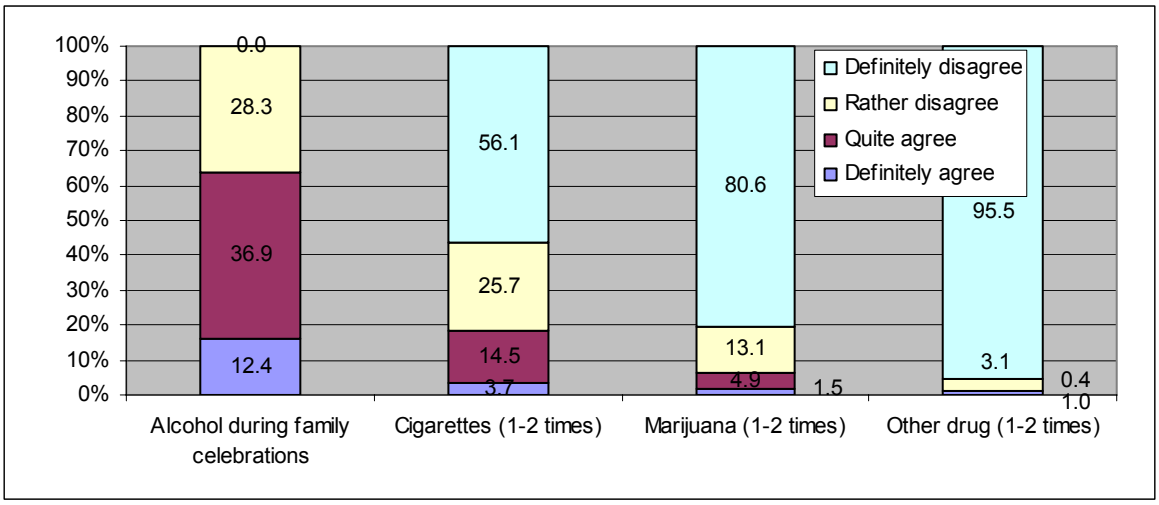
1.4 Social and Cultural Context of Drug Policy

1.4.1 Attitudes towards Drugs and Drug Users

The opinions of the citizens of the Czech Republic about the risks of drug use were surveyed within the framework of a periodic Survey of Opinions and Attitudes of Citizens of the Czech Republic on Issues of Health and a Healthy Lifestyle in 2006. 1,793 respondents aged 15+ were surveyed using a standardised structured interview about their attitudes towards drug issues; altogether, 2,012 respondents were approached, giving the response rate of 89.1% (Agentura INRES - SONES, 2006). The final sample was representative from the point of view of gender, age and regions.

49.3% of respondents would not object if a 15-year-old child tried alcohol during a family celebration, while 50.7% of respondents would not agree with it. 81.8% of respondents would disapprove if their child wanted to try smoking cigarettes, 93.7% would disapprove if their child wanted to try smoking marijuana – Figure 1-1. The disapproval was especially expressed by women and older categories of respondents.

Figure 1-1: Opinions of respondents concerning whether they would agree if a 15-year-old child tried selected substances (%) (Národní monitorovací středisko pro drogy a drogové závislosti, 2007h)



Altogether 61.4% of respondents do not believe it is risky at all (or believe that it is only slightly risky) if a 15-year-old child tastes alcohol during family celebrations. 94.9% of respondents consider (medium or high risk) the regular drinking of five or more glasses of alcohol by children (every weekend) risky. Altogether, 87.8% believe it is risky if a child tries marijuana (once or twice), and 98.2% believe it is risky to try another drug. Females, people with a higher level of education, and people living in a household together with children of this age consider there to be higher risks in drinking alcohol and experimenting with marijuana (Národní monitorovací středisko pro drogy a drogové závislosti, 2007h).

The survey also tracked the level of informedness of citizens regarding facilities supplying services and counselling to drug users. When asked where they would address to if they found out that their child or another family member was using drugs and wanted to seek help, the respondents most commonly mentioned a physician (general practitioner, attending physician, or paediatrician) (in 26.5% of cases); another 5.6% would directly approach a psychologist or psychiatrist – see Table 1-7 for more information.

Respondents under 30 would more commonly approach a drug centre, a psychiatric hospital, or phone help line and they would look for information on the internet or solve the situation on their own or with their family; respondents aged above 60 would most commonly approach a physician and they would solve the situation with the family or the school. The lowest level of informedness about where to address to if problems appeared was found among respondents from Vysočina (nearly 22%), Karlovy Vary, Central Bohemia (19%), and Ústí nad Labem (18%). Persons living in a household together with a child would more frequently approach a physician, drug centre, or counselling office or would look for information on the internet. Those not living with a child in a shared household would more commonly use phone help lines or solve the issue via friends and people close to them, together with the school the person attended, or on their own; a markedly higher proportion of these respondents (17.3%) also would not know where to address to (Národní monitorovací středisko pro drogy a drogové závislosti, 2007h).

Table 1-7: Overview of opinions of respondents as to where to address to when someone in their family uses drugs (%) (Národní monitorovací středisko pro drogy a drogové závislosti, 2007h)

Where they will address to …	Men	Women	Total
Physician	24.8	28.1	**26.5**
Drug centre	23.9	26.7	**25.3**
Counselling office	13.4	12.6	**12.9**
Psychologist, psychiatrist	4.6	6.5	**5.6**
Drug treatment facility, detoxification	2.7	2.7	**2.7**
Family	2.4	1.9	**2.2**
(Phone) help line	2.1	2.2	**2.2**
Internet	1.7	2.2	**1.9**
School	2.1	1.8	**1.9**
Friends	1.3	1.1	**1.2**
Police	0.7	0.4	**0.6**
Nowhere – will solve it on his/her own	5.2	1.9	**3.5**
Does not know	15.1	11.8	**13.4**

In 2006, the Institute for Criminology and Social Prevention, together with the Factum Invenio agency, carried out a public opinion poll about the opinions of citizens of the Czech Republic about crime and its prevention. Altogether, 1,100 respondents aged over 15 were surveyed; the quota sampling method with regard to gender, age, education, region, and size of the place of residence.

The research showed that most of the respondents regard bad education (53.5%) as a source of delinquent behaviour; 22.3% believe that people's delinquency depends on poor living conditions (Večerka et al. 2007). From the list of 25 selected potential phenomena which are often considered as factors influencing criminality, the respondents mentioned drug abuse (point average 4.30[8]), showing of violence in the media (4.09), and alcoholism (4.05) the most commonly – Table 1-8.

Senior citizens above 60 especially mentioned showing of violence in the media, lack of respect for legal norms, loose upbringing in the family, and the consumer lifestyle, while respondents aged under 21 attached greater importance to the phenomena of homelessness and poverty. All respondents, regardless of their age, believe that the influence of drugs on crime is significant (Večerka et al. 2007).

Table 1-8: Assessment of the negative influence of selected phenomena on the current state of criminality in the Czech Republic (Večerka et al. 2007)

Selected phenomena	Average
Drug abuse	4.30
Showing of violence in media	4.09
Alcoholism	4.05
Corruption of state officials	4.00
Corruption in the police	3.97
Unemployment	3.95
Bad example from politicians	3.76
Homelessness	3.75
Influx of foreigners	3.70

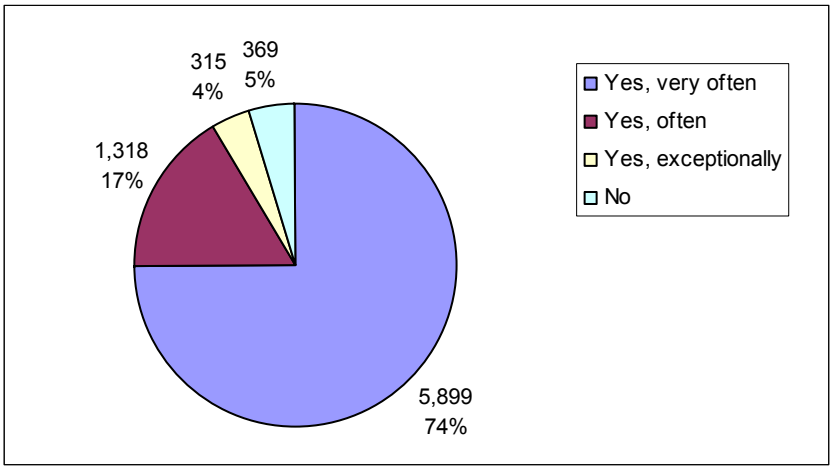
The survey also tracked which groups of people are most commonly involved in crime, according to the respondents. They most commonly mentioned the Roma (43.2%), foreigners, immigrants, and refugees (30.2%), alcoholics, drug addicts, and gamblers (26.3%), homeless people (15.6%), children and young people (13.5%), unemployed people (13.3%), and previously sentenced offenders or habitual offenders (12.1%). From the point of view of crime prevention, respondents would most commonly support programmes for crime reduction (57.4%), increasing the number of police officers on the streets (44.7%), and increasing the number of safety cameras in the streets (30.9%). Altogether, 28.3% would especially support programmes for drug addiction treatment, 25.8% would support the activities of organisations working with children and young people, and 19.8% would support the development of specialised youth clubs (Večerka et al. 2007).

An opinion poll was carried out in 2006–2007 on the www.drogy-info.cz web pages; it tracked public opinion regarding the consumption of alcohol, and particularly whether respondents had ever encountered alcohol being sold to underage persons (under 18) in a restaurant, bar, discotheque, etc., even though the law prohibits the sale or

[8] The degree of seriousness of the phenomenon was assessed using a 5-point scale with 1 meaning a very low influence and 5 meaning a very significant influence on the development of crime.

provision of alcohol to underage people. By the end of August 2007, 7,901 persons had taken part in the poll; 91% had encountered this situation often or very often – Figure 1-2. Only 5% of the respondents had never encountered the sales of alcohol to a person aged under 18.

Figure 1-2: Proportion of answers to the question whether respondents had ever encountered sales of alcohol to a person aged under 18 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007f)



1.4.2 Initiatives in the Parliament and Civic Society

No new governmental bills were discussed and no initiatives on the part of the members of parliament which would primarily concern drugs issues were submitted. The Lower House of the Parliament of the Czech Republic took a vote about two draft bills which were returned by the Senate – the amendment of the Act on addictive substances and on the Penal Code. In both cases, the discussion involved questions which did not relate to drugs issues. Act 108/2006 Coll. on social services was adopted in 2006; inter alia, it regulates the provision of social services to drug users – see the chapter on Legal Framework, page 4 for detailed information.

The legislative classification of drugs according to their level of health and social dangerousness according to the 2001 draft bill which was approved by the government and included in the recodification of the Penal Code (House print 265/2003) was adopted by the Lower House of the Parliament of the Czech Republic but then the Senate rejected it; the Lower House of the Parliament did not vote down the so-called veto of the Senate[9], and so the draft bill was not accepted.

Work on the recodification of the Penal Code continued in 2007 after the new government was appointed[10]. The Ministry of Justice of the Czech Republic took the original rejected draft bill and, after modifications, which did not involve the "drug sections", submitted it for discussion. It also put it before the public on its web pages, which is a break-through procedure in the Czech Republic. The public debate on the bill[11] started at the end of May 2007 (shortly before the so-called "external" consideration of the proposed draft bill) and ended in July 2007. During just the first two weeks, the Ministry of Justice received 130 comments from the public and mentioned that "they are mostly matter-of-fact and professional, and some of them are even fifteen-page analyses" (Televizní noviny 19:00, 16.6.2007, TV Nova, 2007; Ministerstvo vnitra, 2007; Ministerstvo spravedlnosti, 2007) – see also the chapter on Legal Framework, page 4.

According to some media, a single activist from Brno has put Czech breweries in fear of organising beer contests: "Milan Berka from the Kontext association keeps a close eye on advertising campaigns and events put on by brewers and, whenever something does not seem right to him, starts sending complaints. The reason is that the act on advertising stipulates that an advertisement must not incite people to the excessive use of alcohol. He is just as sensitive to connecting alcohol with children and driving" (Kučerová, 2006). The Kontext association also tries to prevent representatives of towns and municipalities from participating in beer celebrations; the activities of the association have been carried out for several years and they are attracting increasing media attention – see also the 2005 Annual Report.

The 8th year of the Million Marijuana March took place in Prague and several other towns of the Czech Republic; every year, it is organised concurrently in hundreds of towns in many countries on the first Saturday in May. It is estimated that approximately 2,000 persons participated in it in Prague. For the first time, it was connected with a

[9] The reason for the rejection rather involved the disputability of other provisions, especially those regulating criminal offences in the economic field.

[10] The elections for the Lower House of the Parliament of the Czech Republic took place in June 2006. In September 2006, a government was appointed, and it submitted its resignation as early as in October 2006; the government which won the confidence of the Lower House of the Parliament was only appointed in January 2007.

[11] A Draft Bill of the Penal Code with a preamble and a Draft of an Accompanying Act to the Penal Code with a preamble were published.

march through the streets of Prague (xChaos@legalizace.cz, 2007; ČTK and iDNES, 2007; Český rozhlas - Radio Praha, 2007). The event became a part of the pre-election campaign of the then governmental party Union of Freedom – Democratic Union.[12] Media traditionally report on the event in news-like format; in 2006 a warning was added that marijuana use is not without risks and reffered to EMCDDA reports on cannabis use.

1.4.3 Media and Media Campaigns

The Domluvený preventive campaign against drunk driving (a parallel to the European Designated Driver campaign) was launched at a summer music festival as early as in 2005 –this campaign is based on an idea which tries to make young people going to an event by car to agree on who is not going to drink alcohol that evening so that he/she can take his/her friends home safely – see also the 2005 Annual Report. The Ministry of Transportation of the Czech Republic (BESIP department), the PSR Forum for the Responsible Consumption of Alcoholic Beverages, and the Responsible Brewers Initiative are participating in the campaign. The third year of the campaign in 2007 is carried out at thirty large rock festivals (Ministerstvo dopravy ČR - BESIP, 2007). Those attending the concert receive a card with a presentation about the campaign upon entering, and a chart for the calculation of the period alcohol takes to decompose in blood, and breath tests are carried out during the event.

The national network of Healthy Cities[13] has been putting on annual Health Days since 1995; they focus on the promotion of health and a healthy lifestyle, and involve the promotion of non-smoking and activities targeting the prevention of the use of other addictive substances. The campaign was carried out in October 2006 in 25 Czech and Moravian towns, and Czech Radio 2 – Prague was the media partner of the event. Twenty healthy towns also joined the Day Without Tobacco Campaign (on May 31, 2006) (Národní síť Zdravých měst ČR, 2006a; Národní síť Zdravých měst ČR, 2006b).

A media campaign to support the activities of low-threshold youth clubs was carried out from October to December 2006; within the framework of the event, the Czech Outreach Work Association granted the Časovaná Bota award (an annual award for the greatest contribution in the field of low-threshold social services) and an information portal about these services was launched (www.streetwork.cz). Czech Television and Ocko TV were the partners of the campaign, and the Vodafone CR Foundation was the main partner and sponsor of the campaign. Spots for support for the clubs were presented on television, at selected cinemas, and on the Metrovision displays in Prague Metro stations (Česká asociace streetwork a Nadace Vodafone ČR, 2006).

The SANANIM civic association launched the campaign Drugs and Parents in February 2007 (Communication is the Key, or Don't Be Afraid to Ask). The campaign mainly targets on parents and tries to support them in talking to their children about drugs, being interested in the drug situation and preventive programmes in schools, and talking with experts when necessary (SANANIM, 2007). The Ministry of Education and the Ceska Sporitelna Foundation are the partners of the campaign.

Controversial campaigns with negative responses from the professional public involved the campaigns Revolution Train and Say NO to Drugs – Say YES to Life.

The Revolution Train multimedia project has drawn attention from the media ever since it was launched in 2005. According to its creators, it is a preventive project aiming to inform children and young people about drug-related risks by means of a specially equipped railway train where visitors can experience with all their senses the temptation of drugs and its tragic consequences (Mediaservis, 2005). All the main daily newspapers, Czech Television, TV Prima, the Czech Radio programme Radiozurnal, and Radio Impuls provided information about the project; the project has ten main partners, including Czech Railways, Prague City Hall, RWE Transgas Net, and other sponsors. After the train is completed (one coach is in operation so far), it is planned that the train will travel around the entire Czech Republic. The authors assume that all pupils in the 6th to 9th grades of elementary schools in the Czech Republic will visit the train; the project is to be evaluated after four years. According to the statement of experts from the Centre for Addictology, Psychiatric Clinic, 1st Faculty of Medicine, Charles University in Prague and the Ministry of Education (which the NMC has also joined), the project contains misleading information and is based on an outdated principle. Furthermore, it can be assumed that it will not be effective from the point of view of prevention (Centrum adiktologie Psychiatrické kliniky, I. LF UK Praha, 2007).

The fourth annual project of the Church of Scientology entitled Say NO to Drugs – Say YES to Life took place in 2006. The campaign's slogan is A Town Without Drugs and Day Without Drugs and it involves a "cycle run" in various towns of the Czech Republic (with the name Cyclorun for Czech Republic Without Drugs), in which they ask representatives of municipalities for support for their campaign; they put on information campaigns in the streets and deliver lectures for children and young people (Tisková kancelář Scientologické církve, 2007). However, experts believe that the campaign presents distorted information and does not correspond to the standards for quality of

[12] The then minister of justice, the chairman of the party, personally participated in the event; however, US-DEU did not manage to get into the Lower House of the Parliament of the Czech Republic after the elections.

[13] The National Network of Healthy Cities is an association of municipalities, towns, and regions which implement the WHO international Healthy Cities project. In 2006, the network had 76 members with a regional influence on 1,198 towns and municipalities in which approximately 2.4 million citizens (i.e. approximately 24% of the population of the Czech Republic) live.

primary prevention and is not in harmony with the National Drug Policy Strategy (Radimecký, 2006b). Another annual round of the campaign took place in June 2007.[14]

The costs of the implementation of the individual campaigns have not been published, and no evaluation studies of their impacts are available at the present.

According to the analysis of a media monitor (Newton Information Technology, s.r.o., 2007) which the National Monitoring Centre for Drugs and Drug Addiction carried out in 2006, 38,452 contributions were published in the category Drug Issues. According to the analysis which NEWTON IT carried out in 2005 (Newton Information Technology, s.r.o., 2006a; Newton Information Technology, s.r.o., 2006b), 29,539 contributions were published on the topic of drug issues; it means that the number of articles is growing; in comparison with previous years, data from the Annual Reports on the State of Drugs Problem in the Czech Republic are quoted on a regular basis, as are data from annual reports published by the EMCDDA, and the opinions of experts are also published more often.

A special issue of Focused on Drugs bulletin on the topic of The Media Picture of Drugs in the European Union was prepared in 2006 and published in January 2007. The analysis was carried out on the basis of annual reports on the state of drug affairs in all EU states, candidate countries, and Norway between 1995 and 2004. The author states in the conclusion that the Czech Republic is one of those EU states which deal with the issue of drugs in the media and are able to provide comparable and evidence-based data (Běláčková, 2007).

[14] Because of the lack of competence of the campaign, the Green Party, a member of the governmental coalition, asked the individual ministries to dissociate themselves from it and take action to inform the representatives of those towns and municipalities which have joined the campaign (Strana zelených, 2007).

2 Drug Use in the Population

No general population survey focusing on the extent of drug use in the adult population was carried out in 2006; the Czech Republic has joined the HBSC international school survey and pilot testing of a new questionnaire for the ESPAD survey.

The results of the studies which have been carried out so far show that approximately 20% of the adult population have had at least one experience with an illicit drug, and the prevalence of experiences with drugs is even higher among young people (approximately 25% of elementary school pupils and 50% of secondary school students). Cannabis and ecstasy are the most commonly used; experience with inhalants is relatively common among pupils of basic schools. The extent of experiences with opiates, pervitin, and cocaine among pupils and students in the Czech Republic has remained stable and at a very low level in the long term.

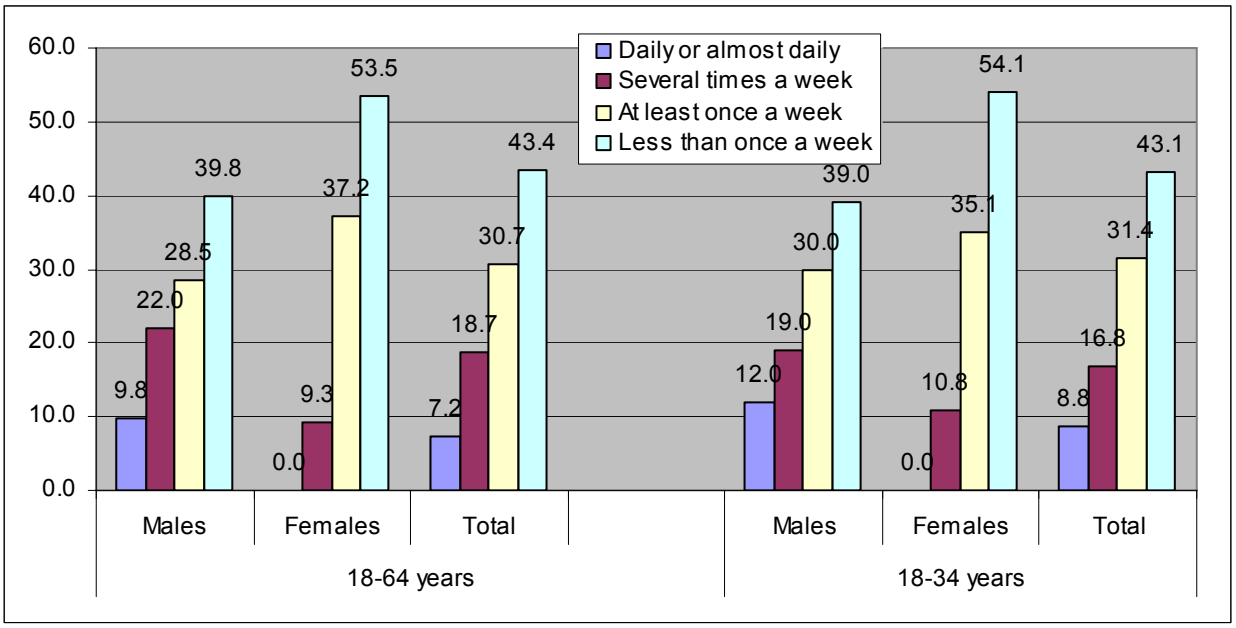
Data from the most recent surveys among the adult population (2002 and 2004) show that the increase in experiences with drugs which was observed in the previous decade has stopped – even in terms of cannabis. This new trend was also confirmed by the HBSC study, according to which a decline in the level of lifetime experiences of pupils in the ninth grade of basic schools with all illicit drugs, including cannabis and ecstasy, occurred between 2002 and 2006; the only increase was observed in terms of inhalants.

2.1 Drug Use among the General Population

The most recent general population survey which focused on the use of illicit drugs (General Population Survey of the Health Status and Lifestyle of the Population in the Czech Republic) was carried out in 2004 (Ústav zdravotnických informací a statistiky ČR, 2006); its results were summed up in the 2004 and 2005 Annual Reports. It is anticipated that the next wave of the General Population Survey will take place in 2008, but funding of the study is not yet clear.

Data obtained within the framework of the General Population Survey of the Health Status and Lifestyle of the Population in the Czech Republic were analysed in detail from the point of view of the frequency of drug use among respondents who had used a drug within the previous month. 4.8% of the survey respondents (7.1% of males and 2.6% of females) had used cannabis within the previous month; 25.9% of these (31.8% of males and 9.3% of females) had used cannabis several times a week or on a daily basis (which corresponds to 1.2% of the total sample of respondents) and another 31% (i.e. 1.4% of the total sample) had used it at least once a week. On the basis of these results, it is possible to expect that approximately 2.6% of the adult population use cannabis on a regular basis. Males, as well as younger age groups of respondents, reported a higher frequency of marijuana use more commonly – Figure 2-1.

Figure 2-1: Frequency of cannabis use among respondents who had used it within the previous month (%) (Ústav zdravotnických informací a statistiky ČR, 2007)



2.2 Drug Use among the School Population

2.2.1 HBSC Study

The Czech Republic participated in the HBSC study (Health Behaviour in School-aged Children) once again in 2006. The international survey focuses on health, lifestyle, and behaviour in terms of the health of children in three age cohorts – 11, 13, and 15 years old. The questions about experiences with the use of illicit drugs are only included in the questionnaire for pupils aged 15. The HBSC study is carried out at periodic four-year intervals, and the Czech Republic has participated in the study since 1994 (questions concerning illicit drugs have been included in the survey since 2002).

Altogether, 1,655 elementary school pupils aged 15 in all regions of the Czech Republic were addressed within the framework of the HBSC survey; it focused on the prevalence of experiences with using cannabis, pervitin (amphetamines), ecstasy, inhalants, and medicaments with a sedative effect. Other drugs (heroin and other opiates, LSD and other hallucinogens, or cocaine) were not included in the survey because of the expected very low prevalence among the population surveyed.

24.8% of respondents (27.3% of boys and 22.3% of girls) had tried cannabis at least once in their life; 19.2% of pupils had used it within the previous year; therefore, most of the cannabis experiences of pupils aged 15 took place within the previous year. 38.2% of those who had tried cannabis in their life had used marijuana or hashish once or twice; more than a quarter (28.3%) of them had used cannabis 3–9 times and a third of them (33.5%) had used cannabis more than ten times (Csémy, 2007).

Inhalants were the second most commonly used substances of those monitored – 9% of respondents mentioned that they had tried them, and 5.3% of pupils had used sedatives with the purpose of 'getting high'. The use of inhalants is more common among boys; on the contrary, girls have more experiences with sedatives – see Table 2-1. Nearly 2% of pupils reported experiences with ecstasy, and 1.5% with pervitin; the experiences are balanced from the point of view of gender.

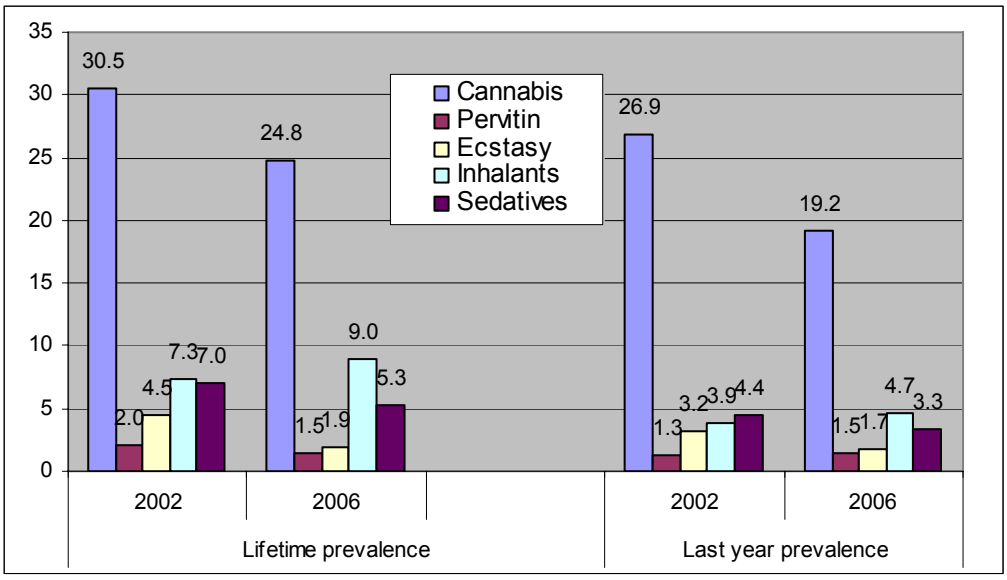
Table 2-1: Prevalence of the use of illicit drugs among elementary school pupils aged 15 in 2006 (%) (Csémy, 2007)

Substance	**Lifetime prevalence**			**Last year prevalence**		
	Boys	Girls	Total	Boys	Girls	Total
Cannabis	27.3	22.3	24.8	20.3	18.2	19.2
Pervitin, amphetamines	1.6	1.5	1.5	1.6	1.4	1.5
Ecstasy	2.0	1.9	1.9	2.2	1.2	1.7
Inhalants	10.3	7.8	9.0	6.2	3.2	4.7
Sedatives, hypnotics	4.9	5.7	5.3	3.2	3.3	3.3

10% of pupils (10.8% of boys and 9.2% of girls) had used cannabis in the last 30 days; a half of them had used marijuana or hashish once or twice. Data about the frequency of use within the last month show that 4.8% of all responding pupils aged 15 had used cannabis three or more times within the last month and can be regarded as regular consumers of cannabis. The frequency of use of other substances within the last month was not surveyed.

In comparison with the previous wave of the HBSC study in 2002, there was a decline in the lifetime prevalence of cannabis (from 30.5% to 24.8%), pervitin, ecstasy, and sedatives. In comparison with 2002, the only increase in lifetime prevalence and previous year prevalence involved inhalants – see Figure 2-2.

Figure 2-2: Trends in prevalence of experiences of pupils aged 15 with the use of selected substances between 2002 and 2006 (%) (Csémy, 2007)



2.2.2 ESPAD Study

Another wave of the ESPAD study (European School Survey Project on Alcohol and Other Drugs) among students aged 16 was carried out in 2007 (data collection was carried out in March, and the results will be available by the end of 2007). In 2006, the Czech Republic, together with seven other European states, participated in the pilot testing of a new questionnaire for the survey; it aimed to determine whether a different structure and formulation of several questions (especially the question concerning the use of alcohol) influences how students fill in the questionnaire, and, consequently, its results. At the same time, it aimed to test the level of comprehensibility of the new module of the questionnaire, which focused in greater detail on the use of cannabis.

2.3 Drug Use among University Students

A repeated survey of the Faculty of Pharmacy at Charles University in Hradec Králové which studies experiences with addictive substances among university students continued in the 2005/2006 academic year. During the four years of the survey's implementation, 3,484 students in their first to fifth years of studies (the average age of the students was 20.8 years) from 13 faculties of 8 Czech universities were addressed; it did not involve a representative study of the Czech population of university students.

Results indicate that 49.6% of students have ever tried marijuana, and 14.2% have ever tried hashish. 8.2% of respondents have ever tried hallucinogens, and nearly 6% have ever tried ecstasy. A relatively low proportion of respondents reported experiences with pervitin and cocaine (2.9% and 1.4%, respectively) (Trojáčková, 2007).

2.4 Drug Use among Specific Population Groups

No survey focusing on the extent of drug use among specific population groups was carried out in 2006. Limited information concerning the issues of drug use among members of national and ethnic minorities and among homeless people is available – see the chapter on Social Correlates and Consequences of Drug Use, page 60, for more information.

The questionnaire survey Dance and Drugs was carried out again in 2007. It surveys young people attending dance events and should provide information about the extent and manner of drug use in the entertainment environment; the most recent similar survey was carried out in 2003 (Kubů et al. 2006).

3 Prevention

The Minimum Preventive Programme is the basic tool for primary prevention in the Czech Republic. It is implemented in all basic and secondary schools. The programme focuses on promoting healthy lifestyles and preventing risk behaviour. Selected schools complement this programme with programmes arranged by external bodies, especially NGOs providing selective and indicated prevention activities; NGOs also participate significantly in extracurricular preventive activities. Schools also often collaborate with pedagogical-psychological counselling centres or educational care centres; some schools take advantage of activities organised by the Police of the Czech Republic, who offer various programmes targeting risk behaviour prevention.

The selective and indicated prevention programmes focus on groups of children and young people that are expected to be at risk of addictive behaviour. In the Czech Republic, these programmes are provided by NGOs or specialised institutions; these programmes focus especially on work with individuals and families.

The process of the certification of specific drug prevention programmes was launched in 2006. A certificate of professional competency can be awarded to a separate programme or a complex of programmes.

3.1 Universal (Primary) Prevention

The Ministry of Education distinguishes non-specific and specific primary prevention; non-specific primary prevention involves various activities targeted at the promotion of healthy lifestyles (including leisure time activities, extracurricular bees, etc.), while specific prevention involves activities which directly focus on actual manifestations of risk behaviour, including addictions (Ministerstvo školství, mládeže a tělovýchovy, 2004).

The Minimum Preventive Programme, which was defined by the Ministry of Education, is the basic tool for the implementation of prevention in schools; its implementation is binding and subject to supervision by the Czech Schools Inspectorate.

The Minimum Preventive Programme focuses on promoting healthy lifestyles and the prevention of all forms of risk behaviour, and, therefore, not only on the prevention of drug use. Besides passing on information, the programme also uses various interactive techniques, group games, skills training, personality development techniques, and experiential programmes. The school prevention methodologist is responsible for the implementation together with other teachers in the school. The programmes also involve the involvement of parents (e.g. information leaflets for parents, talks with parents, and their participation in activities) and educational workers (e.g. further training for prevention methodologists). The programme is updated and evaluated every year, but the evaluation of the programme is not always carried out using standard methods but rather in the form of discussions or questions about what the pupils/students did or did not like (Miovský et al. 2007a).

Some schools face the problem of an insufficient level of training on the part of school prevention methodologists and insufficient appreciation (including financial) of their work, which may lead to a less active approach to issues related to prevention. The Minimum Preventive Programme is defined in a very vague manner and contains many requirements that are often very difficult to implement at the level of individual schools. Schools then resort to a partial implementation of the programme and use the services of external bodies (e.g. non-governmental organisations, pedagogical-psychological counselling centres, educational care centres, or the Police of the Czech Republic) (Miovský et al. 2007a).

Selected schools (approximately 95 in the whole of the Czech Republic) are members of the National Network of Health-Promoting Schools, which implements programmes within the framework of the Healthy School project of the World Health Organisation. The health promotion programmes within the framework of the Healthy Schools project are based on three pillars: a comfortable environment, healthy learning, and open partnership; the goal of the programme involves education towards healthier lifestyles, strengthening respect for one's own health, and improving the skills of the children in terms of choosing a healthier alternative in various life situations (Informační centrum pro mládež, 2007). In the Czech Republic, the Healthy School project is coordinated by the National Institute of Public Health, Centre for Health and Living Conditions.

The programme Ethical Education, which is coordinated by the Ethical Forum Czech Republic civic association, focuses on training in psychosocial skills (communication, self-knowledge, problem-solving) with an emphasis on risk situations and factors, including drug use. Ethics education is taught in 47 elementary schools, 20 secondary schools, and 1 higher professional school; it is based on an experiential method (experiential pedagogy). In the participating schools, the programme is carried out in a long-term and intensive manner; work with the class takes place once or more times in a month for a period of one to several years, depending on the inclusion of the subject of ethics education in the school's curriculum. The Ethical Forum Czech Republic also organises two-year courses for teachers of ethics education (Etické fórum České republiky, o.s., 2007).

3.1.1 Implementation of Preventive Programmes in School Facilities

The Ministry of Education organised a survey targeting the implementation of preventive programmes in school facilities. 177 were addressed; 116 homes for children, 22 homes for children with a school attached, 27 educational

institutions, and 12 diagnostic institutions. Preventive activities were carried out in all school facilities, and they most commonly involved talks and lectures (89%). 80% of them mentioned, in the second place, teacher education in the field of prevention. Altogether, 64% of the facilities mentioned experiential courses and 60% of them long-term programmes (most commonly in homes for children with a school attached and in educational institutions). The individual facilities also mentioned leisure time activities (i.e. non-specific primary prevention, including sports and organised cultural events) as a component of their preventive activities; there were also educational elements such as individual discussions (6%), special therapy, and social programmes for personality development. All of the facilities addressed carried out the preventive activities by themselves but nearly 80% of them complemented them with services provided by external organisations (83% of homes for children, 78% of educational institutions, and 58% of diagnostic institutions). The most commonly mentioned service providers involved pedagogical-psychological counselling centres (44% of facilities) and the police (35%); low-threshold centres, health care facilities, and external psychologists were also mentioned often (Petržílková and Týc, 2006).

3.1.2 Preventive Activities of NGOs Subsidised by the Council of the Government for Drug Policy Coordination

51 of the 152 programmes which were subsidised from the state budget via the subsidy proceedings of CGDPC reported activities in the field of primary prevention. They especially involve the so-called prevention centres and counselling centres, but 29 cases (57%) involved programmes run by facilities which concurrently offered harm reduction services. Besides services in the field of prevention, some centres also offer outpatient treatment (6 facilities), inpatient treatment (3 facilities), and aftercare (2 facilities). Besides preventive programmes, three facilities also supply services to drug users in prisons.

As far as the activities carried out within the framework of school attendance are concerned, the above-mentioned 51 operated in 1,042 schools in the Czech Republic (46 kindergartens, 673 basic schools, 313 secondary schools, 10 colleges of further education or universities) and addressed more than 134,000 pupils and students of these schools (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i). More than 96,000 of them were pupils of basic schools, and nearly 36,000 were secondary school students – Table 3-1. A lower number of schools than in 2005 was addressed but the number of pupils and students addressed (especially those of secondary schools) increased.

Three-year cycles of lectures and seminars (36.6% of schools), experiential and interactive programmes (20.2% of schools), and one-off lectures (18.8% of schools) predominate in elementary schools, and one-off lectures and talks (44% of schools) and two-year cycles of lectures and seminars (27.2% of schools) with additional specially created programmes (12%) were the most common in secondary schools.

Table 3-1: Preventive programmes supplied by NGOs in 2006 – number of schools and pupils/students surveyed (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i)

Programme type		**Kindergarten**	**Elementary school**	**Secondary school**	**Higher professional schools and universities**	**Total**
One-off lecture	Schools	–	127	138	8	**273**
	Persons	–	8,172	9,478	290	**17,940**
Composed programme	Schools	10	33	38	–	**81**
	Persons	522	6,601	7,371	–	**14,494**
Experiential and interactive problems	Schools	31	136	18	–	**185**
	Persons	1,040	24,114	1,414	–	**26,568**
Lecture cycle (one-year)	Schools	5	50	10	1	**66**
	Persons	187	3,204	1,071	160	**4,622**
Lecture cycle (two-year)	Schools	–	73	85*	–	**158**
	Persons	–	13,408	14,598	–	**28,006**
Lecture cycle (three-year)	Schools	–	240**	15	–	**255**
	Persons	–	40,035	1,411	–	**41,446**
Early intervention programme	Schools	–	7	1	–	**8**
	Persons	–	421	28	–	**449**
Peer programme	Schools	–	7	6	1	**14**
	Persons	–	93	152	35	**280**
Other	Schools	–	–	2	–	**2**
	Persons	–	–	584	–	**584**
Total	**Schools**	**46**	**673**	**313**	**10**	**1,042**
	Persons	**1,749**	**96,048**	**36,107**	**485**	**134,389**

*Note: * Of these, 48 schools and 10,518 respondents were reported by the Renarkon Primary Prevention Centre in Ostrava. ** Of these, 87 schools and 21,023 respondents were reported by the Renarkon Primary Prevention Centre in Ostrava.*

5,723 persons were addressed within the framework of extracurricular preventive activities for children and young people (approximately 3,100 of them were pupils of basic schools and 1,400 were students of secondary schools). The activities involved one-off lectures, as well as programmes targeted at work with at-risk groups, experiential programmes, counselling and leisure time activities, residential stays, or low-threshold clubs with financial resources to provide services for children and young people. Some facilities (19 of them) also hold one-off lectures/seminars or lecture cycles for parents (altogether more than 10,000 parents were addressed), seminars for teachers and educational workers (15 facilities, by whom altogether nearly 2,500 persons were addressed) and school prevention methodologists or police officers (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i).

3.1.3 EU-DAP Project

Another round of the EU-DAP (European Drug Addiction Prevention) project, which the Czech Republic has also joined, was launched in 2006. The goal of the project is to verify the possibilities for the implementation of CSI (Comprehensive Social Influence) programmes, which focus on social skills training in combination with normative education and acquiring knowledge about addictive substances. It also aims to determine how demanding it is to implement CSI programmes in the conditions of Czech elementary schools and their cooperation with the Minimum Preventive Programme (Gabrhelík, 2007). The target group of the project involves pupils aged 11–13, and the project is implemented in the Czech Republic by the Centre for Addictology, Psychiatric Clinic, 1st Faculty of Medicine, Charles University in Prague. 55 schools from the whole Czech Republic participate in the project, and the Central Bohemia, Southern Moravia, and Zlín regions were the most represented.

An evaluation of the Unplugged preventive programme for the Czech population of pupils of lower secondary education is planned for 2007. The programme was developed within the framework of the first wave of the EU-DAP project, which was carried out in European states in 2002–2005. The programme focuses on the social skills of pupils, and is complemented with educational programmes and programmes for parents. The Unplugged preventive programme is in accordance with the Strategy for Socially Pathological Phenomena of the Ministry of Education for the Period 2005–2008.

3.1.4 Evaluation of a Community Preventive Programme of the Prev-Centrum Civic Association

Year 2006 was the fifth year of implementation of the Project of Evaluation of Community Primary Prevention Project of the Prev-Centrum civic association. In this year, another qualitative part of the study was carried out with the aim of acquiring detailed knowledge about the content and manner of implementation of the preventive programmes being compared in selected elemntary schools in Prague and then to acquire information about the environment in schools (i.e. about the offer of leisure time activities for pupils, the level of equipment of the school, and the collaboration of educational workers in the implementation of preventive programmes) and to find out which problems were dealt with most commonly by school prevention methodologists (Miovský et al. 2007a). Data were acquired via semi-structured interviews with school prevention methodologists (19 of the sample of 25 methodologists participated in the survey).

The results showed that the experimental group of schools (i.e. schools participating in the primary prevention project carried out by Prev-Centrum) is homogeneous from the point of view of the implementation of the programme, while the control group is very heterogeneous; there is a group of very active schools with a wide range of quality programmes, but there are also schools which only implement the preventive programmes in a limited scope that corresponds to the basic requirements of the Minimum Preventive Programme (Miovský et al. 2007a). The results of the qualitative part of the study should help in assessing information about the scope of drug use acquired from the pupils of basic schools and in assessing the entire primary prevention project. Data about the extent of drug use among basic schools pupils (in the experimental as well as the control group) were acquired within the framework of another re-test in 2007; the results are not available yet (Miovský et al. 2007b). More detailed information about the project is given in the 2004 and 2005 Annual Reports and on the web pages of the project at www.evaluaceppp.cz.

3.2 Selective Prevention

Selective prevention programmes focus on groups of children (or, more accurately, young people or selected professional groups) in whom one can assume higher prevalence of risk behaviour. They especially involve children living in families from socially or culturally disadvantaged environments (for instance, members of several national minorities or ethnic groups), children growing up outside their own family, children living in the families of alcoholics or drug users, and children with non-specific behaviour disorders with a higher inclination towards violence or delinquent behaviour. A separate group involves children with specific (developmental) disorders, for instance attention deficit disorder and attention deficit disorder with hyperactivity (ADD/ADHD), or specific learning disorders. Individual risk groups require different approaches; therefore, the implementation of selective prevention programmes is often more demanding from the point of view of time and the qualifications of the staff members running the programme (Provazník, 1998).

Effective selective prevention programmes involve programmes based on family therapy and work with families, psychotherapy and counselling, and training in social skills; the efficiency of approaches which are based on offering positive alternatives for at-risk groups (e.g. low-threshold youth clubs) and peer programmes has been proved. On

the contrary, no effectiveness has been proved for lectures, composed programmes, or warning examples (Provazník, 1998; Černý and Lejčková, 2007).

3.3 Indicated Prevention

Indicated prevention programmes focus directly on at-risk groups which have manifested the consequences of risk behaviour and the problematic or repeated use of drugs. Therefore, the goal of prevention in this group of individuals is not to inhibit or postpone drug use, but to reduce the frequency of use or to reduce the risks and consequences of use. Specialised governmental and non-governmental institutions work with this target group. Their activities involve, for instance, early intervention centres or education care centres, and partly also the operations of helplines. Indicated prevention programmes focus almost exclusively on work with an individual and his/her family.

More detailed information about the issues of selective and indicated prevention is provided in a special chapter entitled Vulnerable Groups of Young People, page 89.

3.4 Certification of Preventive Programmes

The process of the certification of primary prevention programmes was launched in 2006. It involves an assessment and formal acknowledgment that a programme corresponds to the standards for quality and comprehensiveness laid down by the Ministry of Education in the Standards for the Professional Competency of providers of primary drug prevention. The goal of the certification is to guarantee the quality of the programmes and the effectiveness of the spending of resources from public budgets, and acquiring the certification is a condition for receiving subsidies from the state budget for the implementation of preventive activities in 2008 (Agentura pro certifikace, 2007a).

A physical or legal entity which provides or intends to provide a primary drug prevention programme can ask for certification. The certification of professional competency can be awarded to a separate programme or complex of programmes in the following types of programmes: (1) programmes of specific primary prevention supplied within the framework of school curricula; (2) programmes of specific prevention supplied extracurricularly; (3) early intervention programmes; (4) educational programmes in the field of specific primary prevention, and (5) editorial activity in the field of primary prevention. The process is organised by the Certifications Agency of the Institute of Pedagogical and Psychological Counselling, which is nominated by the Ministry of Education and which develops background documents for meetings of its Certifications Committee for primary drug prevention.

Eight facilities with 16 programmes applied for certification by May 15, 2007; the programmes most commonly involved specific primary prevention programmes provided within the framework of school attendance (all eight facilities), early intervention programmes (three facilities), and educational programmes (two facilities) (Agentura pro certifikace, 2007b).

3.5 Other Activities in the Field of Prevention

The National Monitoring Centre for Drugs and Drug Addiction continued to promote their web pages www.drogy-info.cz and two websites operated by the SANANIM civic association (www.odrogach.cz and www.drogovaporadna.cz) using antidrug pictures and slogans on meal vouchers which are distributed to elementary and secondary schools throughout the Czech Republic. Altogether, 222,290 vouchers were handed out in 2006 (186,890 to pupils of basic schools and 35,400 to students of secondary schools), and 41,820 cards were issued in 2007. The “meal vouchers” project was terminated in May 2007 on the basis of a proposal from the distributor, who wishes to promote another topic. Altogether, 518,729 of these meal vouchers were distributed during the period of the project’s duration in 2005–2007.

4 Problem Drug Use

The EMCDDA defines problem drug use as the use of drugs by injection and/or the regular or long-term use of opiates and amphetamine-type drugs and/or cocaine. Cocaine use in the Czech Republic is at a very low level; amphetamine-type drugs almost exclusively involve pervitin only, while opiate-type drugs mainly involve heroin and Subutex®.

The estimated number of problem drug users declined slightly to approximately 30,200; it is estimated that 10,500 of them use opiates and 19,700 use pervitin; approximately 29,000 are drug injectors. An estimate of the number of problem Subutex® users, carried out for the first time in 2006, produced a figure of 4,300 persons, mostly from Prague and northern Bohemia; the increase in the number of Subutex® users is accompanied by a decline in the number of heroin users.

A year-on-year decline in the number of all treatment demands and first treatment demands was recorded in 2006. As far as first treatment demands are concerned, it involves all the main types of drugs, and the number of users of pervitin and opiates increased slightly in terms of all treatment demands. The number of treated injecting drug users (as well as their proportion among pervitin and heroin users) and the number of users aged under 19 also declined. The relative number of patients seeking treatment is the highest in the Prague, Ústí nad Labem, and Karlovy Vary regions. Pervitin was the most common first drug of treatment demands in all regions (i.e. also for the first time in Prague, a region where heroin was formerly the most commonly mentioned first drug).

The proportion of injecting users among all problem drug users of pervitin and opiates (both heroin and Subutex®) continues to be high (80–90%).

4.1 Estimates of Prevalence and Incidence of Problem Drug Use

During the last five years, the estimates of the prevalence of problem drug users were carried out using a multiplication method with the use of data from low-threshold facilities. The number of problem drug users in contact with reporting low-threshold facilities, extrapolated to the total number of these facilities in the Czech Republic in the given year, was used as the basis for the calculations – see also the chapter on Services Provided by Low-Threshold Facilities, page 55. The multiplier (in-treatment rate), i.e. the estimated number of problem drug users in contact with such facilities, was obtained by means of a nomination technique within the framework of the HCV Seroprevalence Among Injecting Drug Users survey (Zábranský et al. 2006) – data obtained by means of a nomination technique in 2003 were used for national estimates for 2004 and 2005.

For the year 2006, the estimate was constructed as a sum of the estimate for Prague and the rest of the Czech Republic. The basis for the calculation, i.e. the number of users in contact, remained the same (see above). The reason for making estimates separately for Prague and the rest of the Czech Republic was that an up-to-date multiplier specifically for Prague was obtained using a nomination technique from respondents of the Sexual Behaviour of Drug Users[15] study. Altogether, 95 questionnaires were collected from the end of 2006 to June 2007 (the study is still continuing, and the target sample is 400 respondents). Answers from 36 respondents were used for the calculation of the multiplier (at least 20 nominated friends and valid answers were the selection criteria), and the multiplier (the proportion of problem drug users in Prague in contact with a low-threshold facility) reached the value of 71% (0.71; 95% CI[16]: 0.56–0.86). A multiplier obtained from the above-mentioned study in 2003 was used for the rest of the Czech Republic, i.e. 60% (0.60, 95% CI: 0.53–0.67). The number of problem Subutex® users was estimated for the first time ever; this was because reporting the number of Subutex® users was included in the reporting of low-threshold facilities.

The number of problem drug users in the Czech Republic in 2006 is estimated to be 30,200 (95% CI: 26,500–35,100 persons); of these, 19,700 (17,500–22,500) are pervitin users, 6,200 (5,300–7,300) heroin users, and 4,300 (3,700–5,200) Subutex® users; therefore, the estimated number of opiates users (of heroin and Subutex®) is 10,500 (9,000–12,600). It is estimated that there are 29,000 injecting drug users (25,500–33,800) in the Czech Republic.

An overview of the prevalence estimates which were made using a multiplication method with the use of data from low-threshold facilities during the last five years is given in Table 4-1. Compared to 2005, the median of the estimate declined in all the monitored groups of problem users, but is still within the limits of the confidence interval of the previous estimates. During recent years, the number of problem Subutex® users has been increasing and the number of heroin users declining (therefore, some commingling between the two groups has probably taken place);

[15] This study is carried out among clients of four facilities for drug users in Prague (the SANANIM civic association outreach centre, Stage5 civic association outreach centre Progressive, an internal outpatient office and counselling office for liver diseases (Remedis, Nuselská poliklinika, Prague 4), and the Centre for Outpatient Detoxification and Substitution of the Sananim civic association). The aim is to describe the sexual behaviour of drug users and to compare pervitin and opiates users in this respect. Nomination questions were added to the questionnaire as a special module which was not related to the main intention of the study.

[16] 95% confidence interval – i.e. the interval in which the value occurs with a 95% probability.

the problem use of Subutex® is especially common in regions with a traditionally high prevalence of heroin use. Prevalence estimates of problem drug users by drugs and regions[17] are given in Table 4-2 and Map 4-1.

Table 4-1: Mean values of prevalence estimates of problem drug use carried out using a multiplication method with the use of data from low-threshold programmes in 2002–2006 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007c)

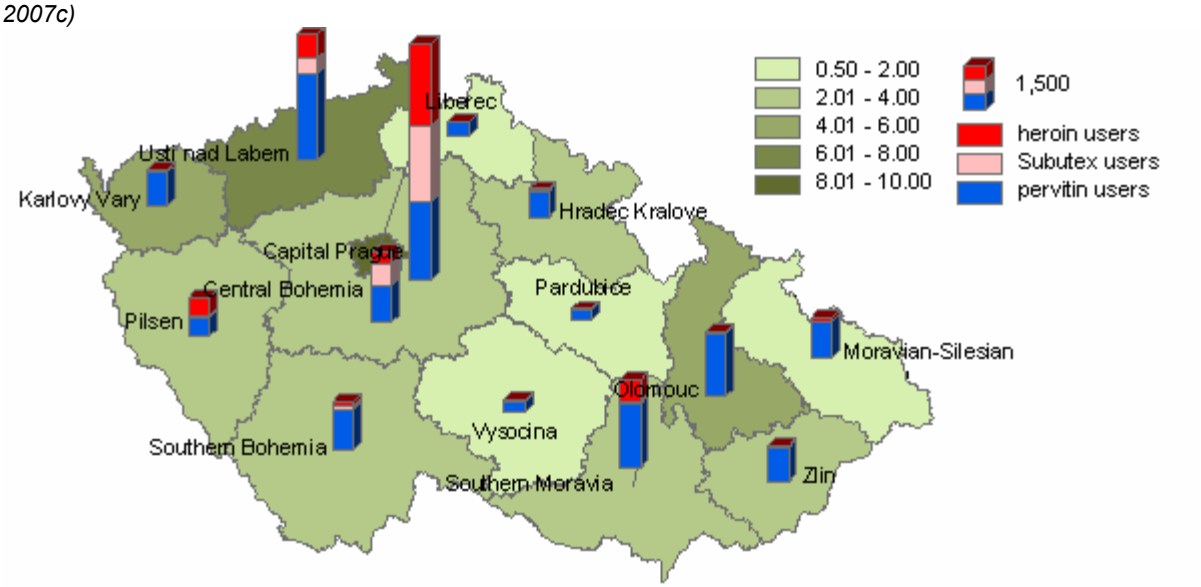
Year	Total number of problem drug users		Opiate users		Pervitin users		Injecting drug users	
	Abs.	Per 1,000 persons aged 15–64	Abs.	Per 1,000 persons aged 15–64	Abs.	Per 1,000 persons aged 15–64	Abs.	Per 1,000 persons aged 15–64
2002	35,100	4.89	13,300	1.85	21,800	3.04	31,700	4.41
2003	29,000	4.02	10,200	1.41	18,800	2.61	27,800	3.86
2004	30,000	4.14	9,700	1.34	20,300	2.80	27,000	3.73
2005	31,800	4.37	11,300	1.55	20,500	2.82	29,800	4.10
2006	30,200	4.13	10,500	1.44	19,700	2.69	29,000	3.97

Table 4-2: Prevalence estimates of the number of problem drug users in the Czech Republic in 2006 by regions of the Czech Republic (Národní monitorovací středisko pro drogy a drogové závislosti, 2007c)

Region	Total number of problem users	Opiate users			Pervitin users	Injecting drug users
		Heroin	Subutex®	Total		
Prague	8,400	2,900	2,700	5,600	2,800	8,400
Central Bohemia	2,450	400	800	1,200	1,300	2,450
Southern Bohemia	1,750	150	150	300	1,450	1,700
Pilsen	1,350	650	<50	650	700	1,250
Karlovy Vary	1,250	100	0	100	1,150	1,150
Ústí nad Labem	4,450	850	550	1,400	3,050	4,350
Liberec	500	<50	0	<50	500	450
Hradec Králové	1,050	50	50	100	950	1,050
Pardubice	350	<50	0	<50	350	300
Vysočina	350	<50	<50	<50	350	350
Southern Moravia	3,150	750	100	850	2,300	2,950
Olomouc	2,350	50	<50	100	2,300	2,150
Zlín	1,300	<50	<50	<50	1,250	1,200
Moravian-Silesian region	1,450	150	0	150	1,300	1,300
Total	**30,200**	**6,150**	**4,300**	**10,500**	**19,700**	**29,000**

[17] Because of the specific nature of data from various regions and differences between the real number of problem drug users in comparison with the "average" value for the Czech Republic, the above-mentioned estimates must be regarded as for orientation purposes only.

Map 4-1: Number of problem drug users per 1,000 inhabitants aged 15–64 and the number of problem users of opiates and pervitin in regions of the Czech Republic in 2006 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007c)



4.2 Profile of Drug Users in Treatment

Data about drug users who use the services of low-threshold and treatment facilities are mainly available through the nationwide system of reporting to the Treatment Demand Register, which has been administered by the Hygiene Service of the Czech Republic since 1995. The Treatment Demand Register involves drug users who have asked for treatment, counselling, or social services at a facility for drug users in a given year; the facilities involve both health care and non-health care facilities (e.g. therapeutic communities, low-threshold centres). It records separately those users who applied for the first time in their life (first treatment demands).

Other sources of data on treated drug users involve data from the Institute of Health Information and Statistics of the Czech Republic (IHIS). They involve mandatorily reported data from inpatient and outpatient (psychiatric) health care facilities and substitution treatment centres. The number of health care facilities which report to the register of the IHIS is higher than the number of facilities which report to the register kept by the Hygiene Service, but they only involve health care facilities. Detailed data from the registers of the Institute of Health Information and Statistics of the Czech Republic are included in the chapter on Drug-Related Treatment, page 32.

Data on all clients of low-threshold facilities which especially provide harm reduction services have been available since 2003 thanks to the uniform system of data collection in low-threshold facilities (FreeBase) and final reports from subsidy proceedings of the Council of the Government for Drug Policy Coordination – see also the chapter on Services Provided by Low-Threshold Facilities, page 55.

4.2.1 Treatment Demand Register of the Hygiene Service of the Czech Republic

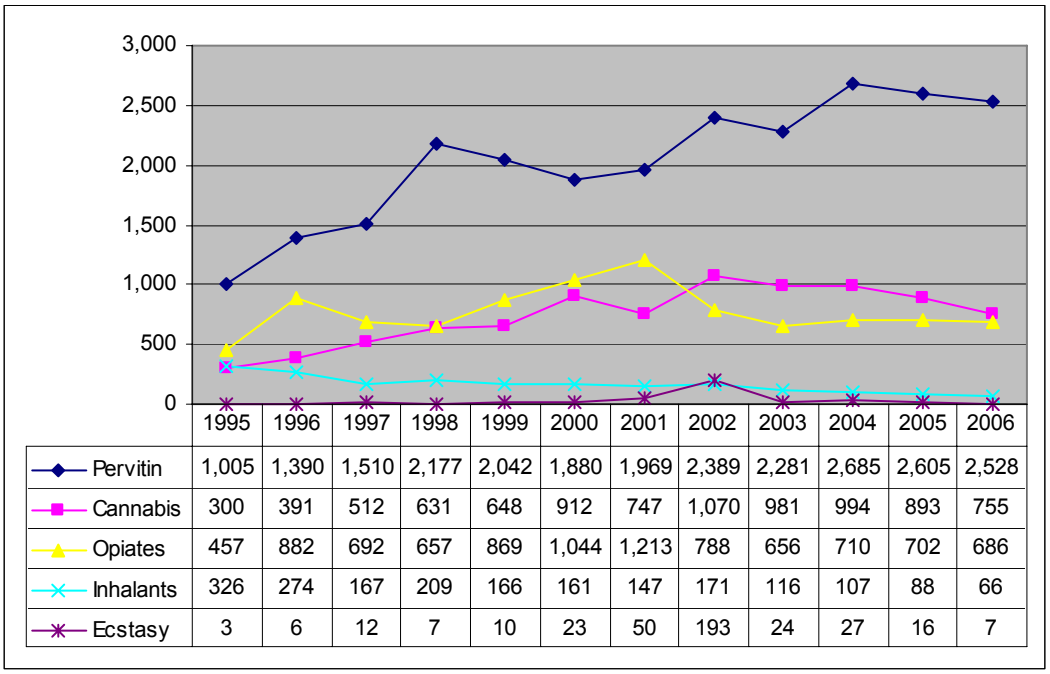
The Register of Treatment Demands in relation to drug use has monitored the so-called first treatment demands, i.e. first demands for treatment in the life of a client, since 1995. The so-called all treatment demands, i.e. all demands for treatment in a given year, including repeated demands, have been monitored since 2002.

A total of 245 treatment and low-threshold centres (69 low-threshold, 123 outpatient, and 53 inpatient facilities) contributed to the Register in 2006. Low-threshold centres are the facilities that are visited most commonly; as in the previous years, clients of these facilities represented more than a half of all treatment demands (Polanecký et al. 2007).

8,366 drug users (82.0 per 100,000 inhabitants), i.e. 2% less than in the previous year, sought treatment at the above-mentioned centres in 2006. 4,119 persons (40.4 per 100.000 inhabitants), i.e. 6% less than in the previous year, sought treatment for the first time in their life.

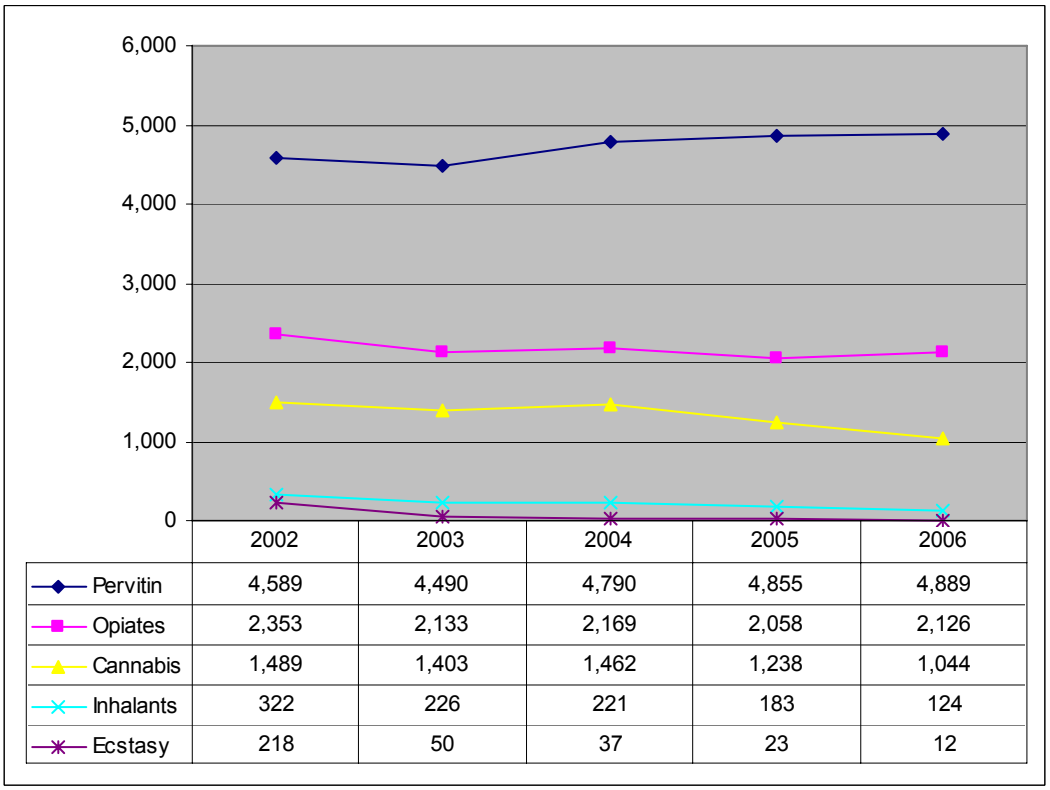
The order of the drugs used which were the cause of all and first treatment demands continues to be the same as in the previous year. Users of stimulants, especially pervitin, were the most commonly represented among all treatment demands (59%), as well as among first treatment demands (62%); they were followed by opiates users (25%) among all treatment demands and cannabis users (18%) among first treatment demands. The development in the number of (first) treatment demands by the drug used is given in Figure 4-1 and Figure 4-2.

Figure 4-1: Number of first treatment demands by drug used in 1995–2006 (Polanecký et al. 2007)



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Pervitin	1,005	1,390	1,510	2,177	2,042	1,880	1,969	2,389	2,281	2,685	2,605	2,528
Cannabis	300	391	512	631	648	912	747	1,070	981	994	893	755
Opiates	457	882	692	657	869	1,044	1,213	788	656	710	702	686
Inhalants	326	274	167	209	166	161	147	171	116	107	88	66
Ecstasy	3	6	12	7	10	23	50	193	24	27	16	7

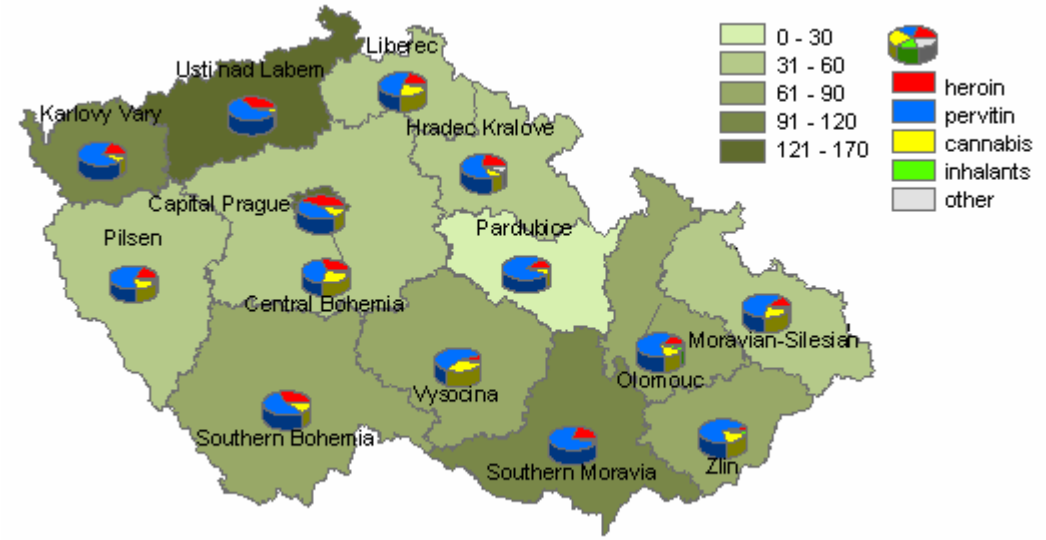
Figure 4-2: All treatment demands by drug used in 2002–2006 (Polanecký et al. 2007)



	2002	2003	2004	2005	2006
Pervitin	4,589	4,490	4,790	4,855	4,889
Opiates	2,353	2,133	2,169	2,058	2,126
Cannabis	1,489	1,403	1,462	1,238	1,044
Inhalants	322	226	221	183	124
Ecstasy	218	50	37	23	12

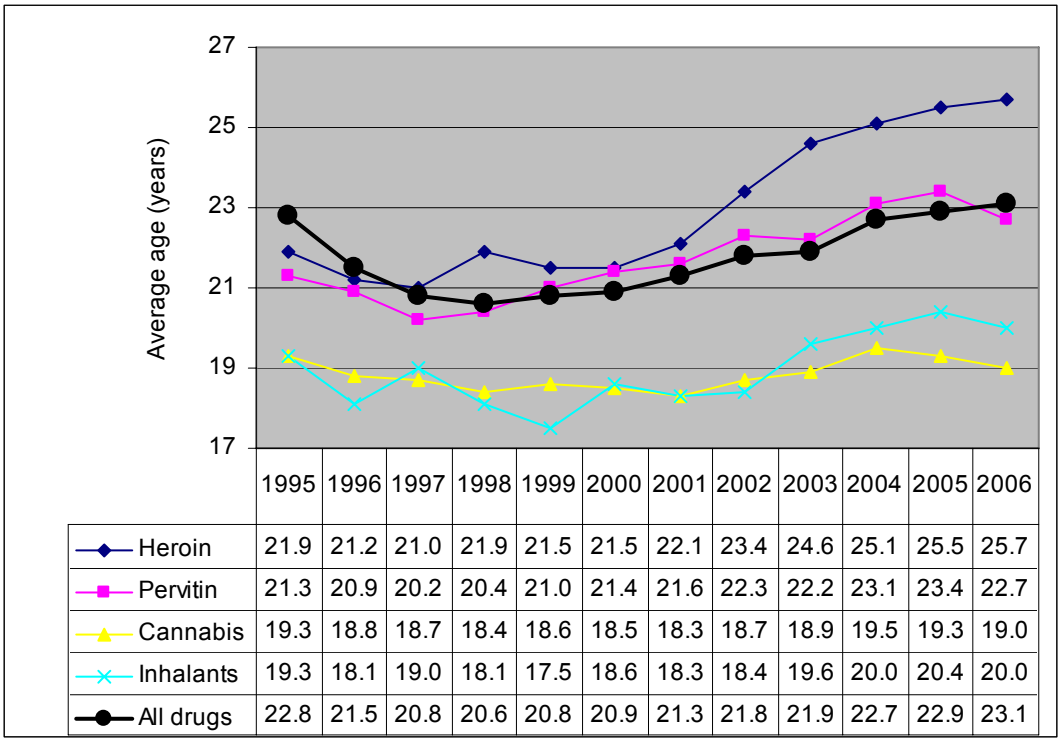
The number of first treatment demands and all treatment demands according to the number of inhabitants and their structure by the type of drug varies between individual regions. The highest relative numbers are reported in the Prague, Ústí nad Labem, and Karlovy Vary regions. Stimulants users (i.e. especially users of pervitin) represented the highest proportion of treatment demands (from 43% in Central Bohemia to 82% in the Pardubice region and, for the first time, also in Prague). Opiates users were represented more significantly in the Prague (43%), Ústí nad Labem (34%), Southern Bohemia (33%), and Central Bohemia (29%) regions; cannabis users were the most commonly represented among all treatment demands in the Vysočina (34%) and Central Bohemia regions (26%) – Map 4-2.

Map 4-2: Number of all treatment demands by types of drugs and regions of the Czech Republic in 2006 per 100,000 inhabitants (Polanecký et al. 2007)



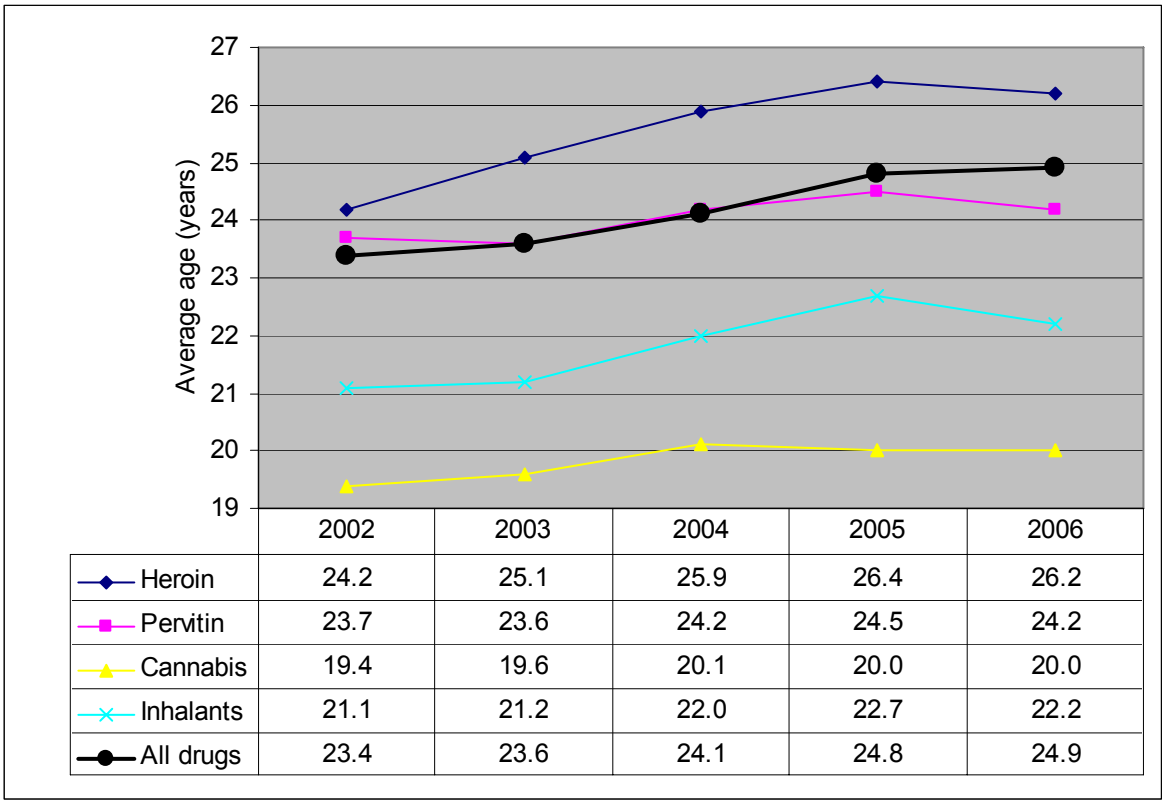
According to data from the Hygiene Service, the average age of first treatment demands and all treatment demands increased again in 2006. But, at the same time, the Hygiene Service also reports a decline in the average age of users of the main types of drugs – pervitin, cannabis, inhalants, and also of heroin among all treatment demands (Figure 4-3 and Figure 4-4). It is an obvious contradiction, and so the value as testimony of the data on the average age of treatment demands in 2006 is thus very limited.

Figure 4-3: Average age of first treatment demands by selected drugs in 1995–2006 (Polanecký et al. 2007)



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Heroin	21.9	21.2	21.0	21.9	21.5	21.5	22.1	23.4	24.6	25.1	25.5	25.7
Pervitin	21.3	20.9	20.2	20.4	21.0	21.4	21.6	22.3	22.2	23.1	23.4	22.7
Cannabis	19.3	18.8	18.7	18.4	18.6	18.5	18.3	18.7	18.9	19.5	19.3	19.0
Inhalants	19.3	18.1	19.0	18.1	17.5	18.6	18.3	18.4	19.6	20.0	20.4	20.0
All drugs	22.8	21.5	20.8	20.6	20.8	20.9	21.3	21.8	21.9	22.7	22.9	23.1

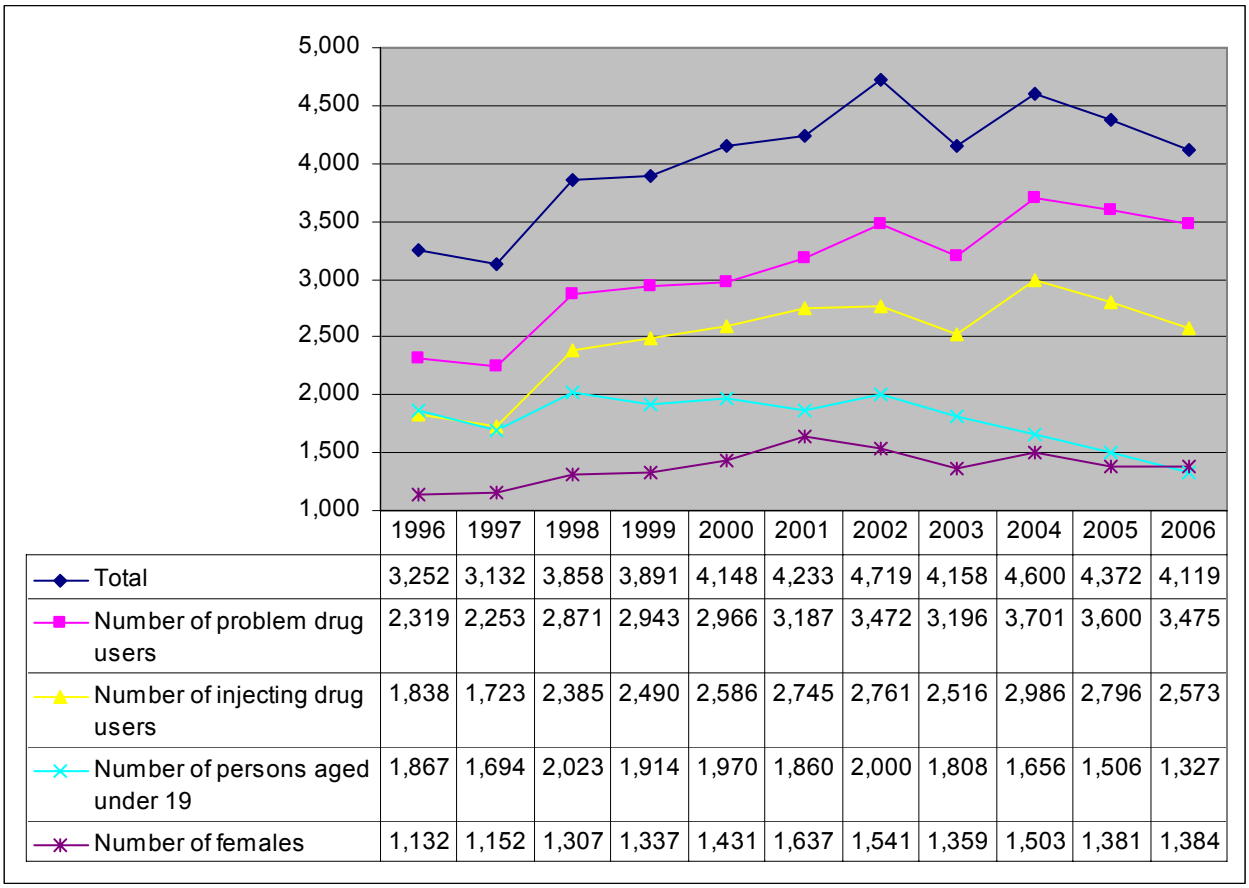
Figure 4-4: Average age of all treatment demands by selected drugs in 2002–2006 (Polanecký et al. 2007)



	2002	2003	2004	2005	2006
Heroin	24.2	25.1	25.9	26.4	26.2
Pervitin	23.7	23.6	24.2	24.5	24.2
Cannabis	19.4	19.6	20.1	20.0	20.0
Inhalants	21.1	21.2	22.0	22.7	22.2
All drugs	23.4	23.6	24.1	24.8	24.9

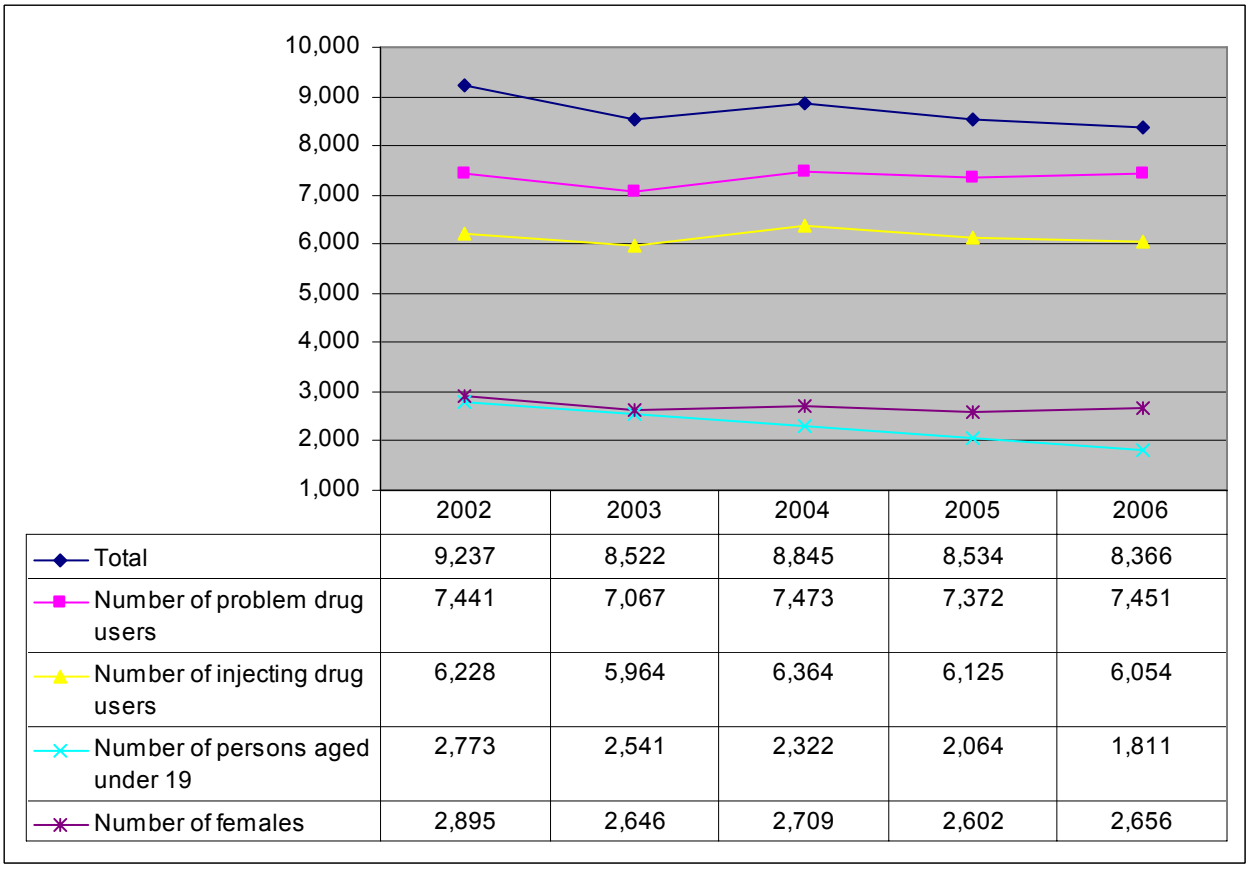
In 2006, the total of all treatment demands involved 7,451 problem drug users (i.e. 89%) and that of first treatment demands involved 3,475 (i.e. 84%) of them; their proportion has been increasing slightly over a period of years – from 71.3% in 1996 to 84.4% in 2006 among first treatment demands and from 80.6% in 2002 to 89.1% in 2006 among all treatment demands. Women represented approximately a third of the treatment demands. Their proportion is the highest in the 15–19 age category. The trends of selected characteristics among first treatment demands and all treatment demands are given in Figure 4-5 and Figure 4-6.

Figure 4-5: Selected characteristics of first treatment demands in 1996–2006 (Polanecký et al. 2007)



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Total	3,252	3,132	3,858	3,891	4,148	4,233	4,719	4,158	4,600	4,372	4,119
Number of problem drug users	2,319	2,253	2,871	2,943	2,966	3,187	3,472	3,196	3,701	3,600	3,475
Number of injecting drug users	1,838	1,723	2,385	2,490	2,586	2,745	2,761	2,516	2,986	2,796	2,573
Number of persons aged under 19	1,867	1,694	2,023	1,914	1,970	1,860	2,000	1,808	1,656	1,506	1,327
Number of females	1,132	1,152	1,307	1,337	1,431	1,637	1,541	1,359	1,503	1,381	1,384

Figure 4-6: Selected characteristics of all treatment demands in 2002–2006 (Polanecký et al. 2007)

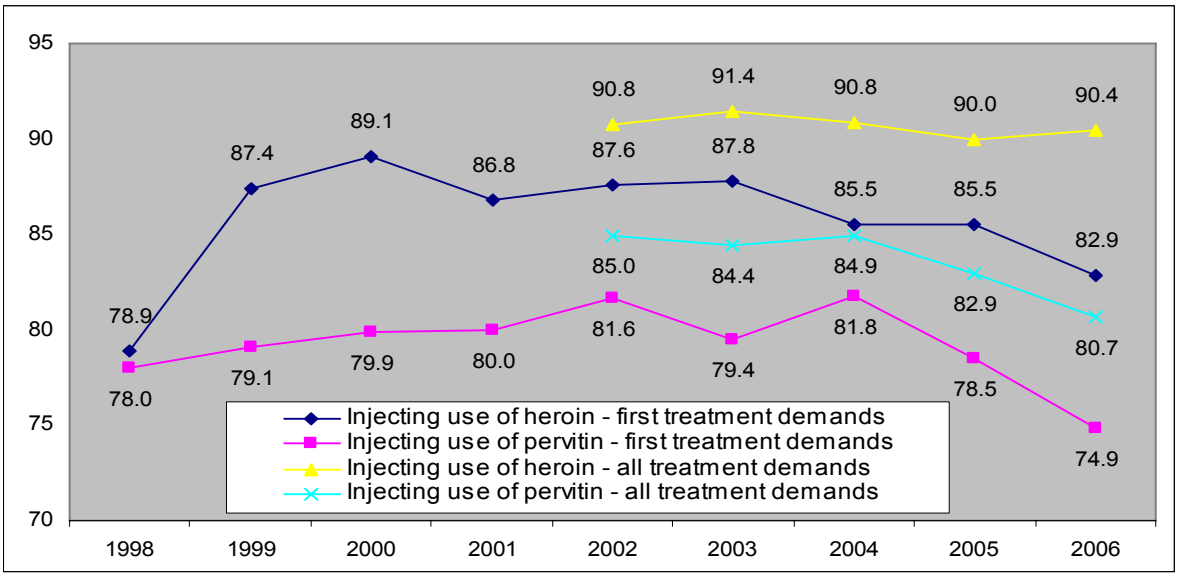


	2002	2003	2004	2005	2006
Total	9,237	8,522	8,845	8,534	8,366
Number of problem drug users	7,441	7,067	7,473	7,372	7,451
Number of injecting drug users	6,228	5,964	6,364	6,125	6,054
Number of persons aged under 19	2,773	2,541	2,322	2,064	1,811
Number of females	2,895	2,646	2,709	2,602	2,656

The proportion of injecting use among first treatment demands declined in 2006 in relation to the use of heroin (to 83%), as well as pervitin (to 75%). These are the lowest values since 1999. The proportion of injecting pervitin users

among all treatment demands also declined (to 81%). The proportion of injecting heroin users among all treatment demands continues to be stable and is around 90% in the long term (Polanecký et al. 2007). Developments in 1998–2006 are shown in Figure 4-7.

Figure 4-7: Proportion of injecting use among first treatment demands (in 1998–2006) and all treatment demands (in 2002–2006) in relation to the use of heroin and pervitin (%) (Polanecký et al. 2007)



Injecting use is also the most common route for the administration of Subutex® among its problem drug users in the drug scene – see the chapter on Abuse of Substitution Preparations and Their Occurrence on the Black Market, page 40, for more information.

4.3 Problem Drug Use in Other Sources of Data

Other information about the characteristics and number of problem drug users in contact with various types of helping facilities is given in the chapters on Drug-Related Treatment, page 32, Abuse of Substitution Preparations and Their Occurrence on the Black Market, page 40, Services Provided by Low-Threshold Facilities, page 55, and Treatment as an Alternative to Punishment According to the Statistics of the Probation and Mediation Service, page 76.

5 Drug-Related Treatment

The treatment of addiction to psychoactive substances is understood as professional, focused, and structured work with a client with the objective of achieving abstinence or reduction of drug use, reduction of the frequency and severity of relapses, and the involvement of clients in productive life, thus improving the quality of their life. A wide spectrum of interdisciplinary services provides treatment and social reintegration in the Czech Republic. The following types of treatment are recognised: outpatient (AT clinics, day-care programmes, and structured aftercare programmes) and inpatient (therapeutic communities, specialised hospital departments, and psychiatric hospitals). Treatment is also divided into short-term (4–8 weeks), medium-term (3–6 months), and long-term (7 months and more).

The number of patients receiving outpatient treatment increased in 2006 in health care facilities (the increase has been apparent since 2000), as well as outpatient clinics operated by NGOs (a marked year-on-year increase). The number of patients hospitalised in inpatient psychiatric facilities has increased slightly in the last five years, especially in relation to the use of stimulants and combinations of drugs, while a marked decline has been taking place since 2001 in terms of opioids.

The number of patients in substitution treatment has been increasing, both in specialised centres and probably also in the clinics of other physicians prescribing Subutex®. However, the extent of treatment with Subutex® is not recorded in full in the substitution treatment register.

Table 5-1: Treatment programmes supplying services to drug users in 2006

Programme type	Number	Capacity (places, beds)	Utilisation (number of persons)
Sobering-up stations	15	n.a.	n.a.
Detoxification units	19	n.a.	n.a.
Outpatient health care facilities	385	n.a.	17,921*
Day-care centres	1	10	41
Specialised substitution centres	14	n.a.	949
Psychiatric hospitals	17	9,442**	3,200
Psychiatric departments of hospitals	31	1,420**	1,629
Psychiatric hospitals for children	3	320**	29
Therapeutic communities	15	185***	451***
Aftercare programmes	18	365****	904
Inpatient departments specialising in treatment of children endangered by drug addiction (special education facilities)*****	5	66	104
Detoxification units in prisons	2	n. a.	172*****
Departments for differentiated serving of sentence	6	286	625
Departments for serving of protective drug addiction treatment in prisons	3	105	162

*Note: * it involves the number of persons in the so-called live files, i.e. persons who have visited the facility at least once a year; ** number including all psychiatric beds; *** data from 12 communities only; **** data involve the capacity of intensive care programmes; ***** data from 2005.*

The chapter on Services Provided by Low-Threshold Facilities, page 55, deals with services provided in the field of harm reduction, and the chapter on Prevention of Drug-Related Crime, page 75, deals with services in prisons.

A system for the certification of the professional competency of services for drug users started to operate in 2005 (see also the 2005 Annual Report), and it deals with the quality of services in the field of harm reduction, treatment, and resocialisation. It involves the following standard types of services: outreach programmes, low-threshold and counselling services, detoxification, outpatient treatment, day-care programmes, short-term and medium-term inpatient treatment, residential care in therapeutic communities, outpatient aftercare programmes, and substitution treatment. Only certified NGOs can receive subsidies from the 2007 state budget; this condition does not apply to new or developmental projects for service provision. This condition will apply for primary prevention programmes from 2008 – see the chapter on Certification of Preventive Programmes, page 23 for more information.

Certification of professional competency was granted to 14 treatment facilities and 57 harm reduction facilities[18] in 2007; four facilities did not receive the certification – two applied for certification of their "outreach programmes"

[18] It involved those cases in which field surveys had already been carried out in 2006 but the certifications were only awarded in 2007 because CGDPC did not meet with regard to the situation after elections (see the chapter on Institutional Framework, Strategies and Policies, page 6).

service, one applied for certification of its "low-threshold and counselling services", and one for certification of its "outpatient treatment" service (Národní monitorovací středisko pro drogy a drogové závislosti, 2007a). The number of certifications granted to individual types of services in 2005–2007 is given in Table 5-2.

Table 5-2: Overview of results of certification of professional competency of services in the field of harm reduction, treatment, and resocialisation up till June 30, 2007 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007a)

Type of service	Number of certifications granted				Certification not granted
	2005	2006	2007	Total	
Detoxification	1	3	0	4	0
Outpatient treatment	2	6	3	11	1
Day-care centres	1	0	0	1	0
Short-term and medium-term inpatient treatment	0	3	0	3	0
Residential care in therapeutic communities	5	4	4	13	0
Outpatient aftercare programmes	4	8	4	16	0
Substitution treatment	3	1	3	7	0
Outreach programmes	7	11	28	46	5
Low-threshold and counselling services	9	11	29	49	4
Total	**32**	**47**	**71**	**150**	**10**

5.1 Outpatient Treatment

385 outpatient health care facilities[19] reported providing outpatient treatment to users of licit and illicit drugs in 2006 (Ústav zdravotnických informací a statistiky, 2007a). It is less than in 2005 – see Table 5-3. Outpatient clinics which treated 1–50 patients were the most common, and outpatient clinics with 500 and more patients per year were the least common – see Table 5-4.

Table 5-3: Number of outpatient health care facilities providing care to drug users in 2000–2006 (Ústav zdravotnických informací a statistiky, 2007a)

Year	Number of facilities
2000	320
2001	330
2002	342
2003	368
2004	382
2005	401
2006	385

Table 5-4: Number of outpatient health care facilities by the number of drug users treated 2003–2006 (Ústav zdravotnických informací a statistiky, 2007a)

Number of patients	Number of facilities			
	2003	2004	2005	2006
1–10	139	144	156	161
11–50	106	109	107	110
51–100	27	32	36	34
101–150	11	12	9	11
151–200	7	7	9	4
201–300	10	8	10	10
301–400	5	3	4	3
401 or more	8	7	8	7

17,921 users of drugs apart from alcohol (dg. F11–F19 according to ICD-10) were treated in outpatient health care facilities in 2006; 16,392 of them were users of drugs apart from tobacco (dg. F11–F16, F18–F19). A comparison with the previous years is given in Table 5-5 and Figure 5-1.

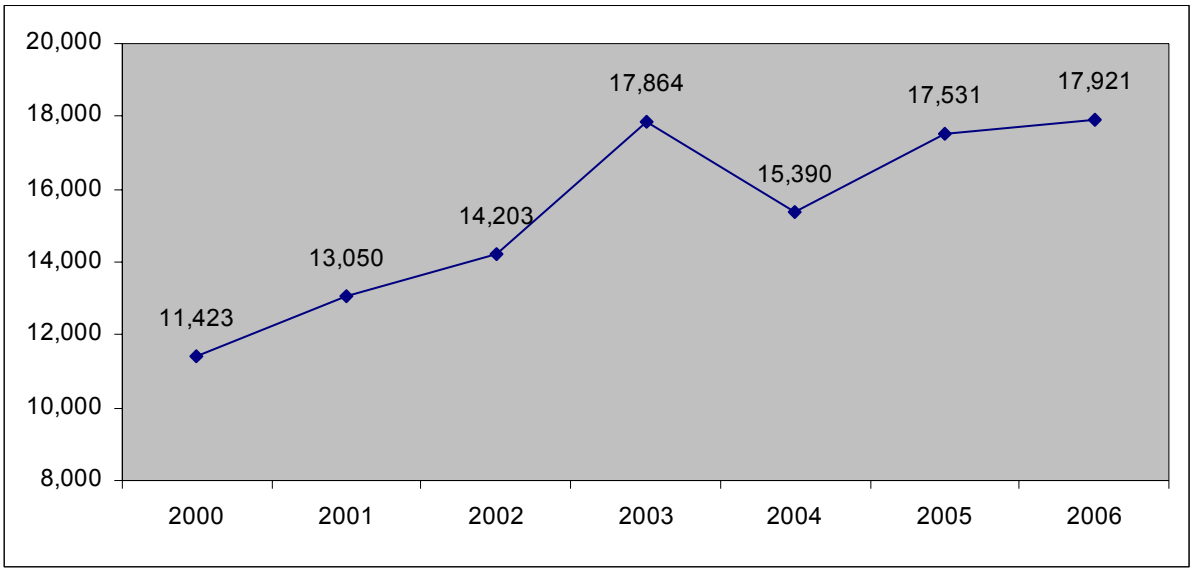
[19] This involves the facilities which filled in an A013 appendix of the AT psychiatric report; most cases do not involve the so-called AT clinics specialising in addiction treatment.

Table 5-5: Drug users treated in outpatient health care facilities in 2003–2006 (Ústav zdravotnických informací a statistiky, 2007a)

Type of facility	2004		2005		2006	
	Number of facilities	Number of persons	Number of facilities	Number of persons	Number of facilities	Number of persons
Inpatient facilities with outpatient services	49	3,896	49	4,131	51	5,130
Outpatient facilities	23	1,458	26	1,877	25	2,760
General practitioners	1	5	1	7	1	12
Independent outpatient clinics of specialist physicians	243	8,611	257	8,890	261	8,480
Drug addiction treatment facilities **	n.a.	n.a.	6	2,584	5	1,495
Other outpatient facilities	6	1,420	1	42	1	44
Total	**322***	**15,390**	**334***	**17,531**	**344***	**17,921**

*Note: * The facilities are identified by their company identification number; at the same time, it holds true that each of them can have more surgeries. ** "Drug addiction treatment facilities" were excluded from the group "other outpatient facilities" of the record-keeping system kept by the Institute of Health Information and Statistics of the Czech Republic in 2005.*

Figure 5-1: Development in the number of drug users treated in outpatient health care facilities in 2000–2006 (Ústav zdravotnických informací a statistiky, 2007a)



15 NGOs funded by the Council of the Government for Drug Policy Coordination also provided outpatient treatment in 2006. They supplied their services to 2,428 illicit drug users, and the average age of the clients was 29.6 years. Altogether, 1,024 clients (42%) injected drugs, 771 clients (32%) used pervitin, 240 (10%) heroin, 405 (17%) cannabis, and 110 (4.5%) used other opiates, especially illicit buprenorphine. In comparison with 2005, the number of clients increased markedly, both in terms of drug users (especially users of pervitin and cannabis) and people close to them. A comparison of the years 2003–2006 is given in Table 5-6 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i).

Table 5-6: Outpatient treatment facilities run by NGOs, and their clients in 2003–2006 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i)

Indicator	2003	2004	2005	2006
Number of subsidised facilities	19	20	18	15
Number of clients	2,820	2,506	3,127	4,301
Number of drug users	1,590	1,493	1,743	2,428
– injecting drug users	848	697	1,034	1,024
– pervitin users	547	540	540	771
– cannabis users	246	339	158	405
– heroin users	310	223	391	240
– users of other opiates	n.a.	n.a.	126	110
Average age of drug users	23.6	25.9	26.8	29.6

Only one facility in Prague, which is run by the SANANIM civic association, supplied intensive outpatient treatment in the form of a day-care centre in 2006. The capacity of the programme was 10 persons and services were supplied to 41 clients (17 men, 24 women), whose average age was 24.9 years. Altogether, 30 clients (75%) used to inject drugs before treatment; 6 clients (15%) used heroin and 27 (66%) used pervitin. 68% of the clients completed the treatment successfully. The average length of treatment per client was a month and a half. The Elysium day-care psychotherapeutic sanatorium in Brno focuses fully on providing substitution treatment. It works with motivation of its clients in the form of interviews with the guarantor and group programmes which cannot be considered as intensive outpatient treatment (day-care centres) (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i).

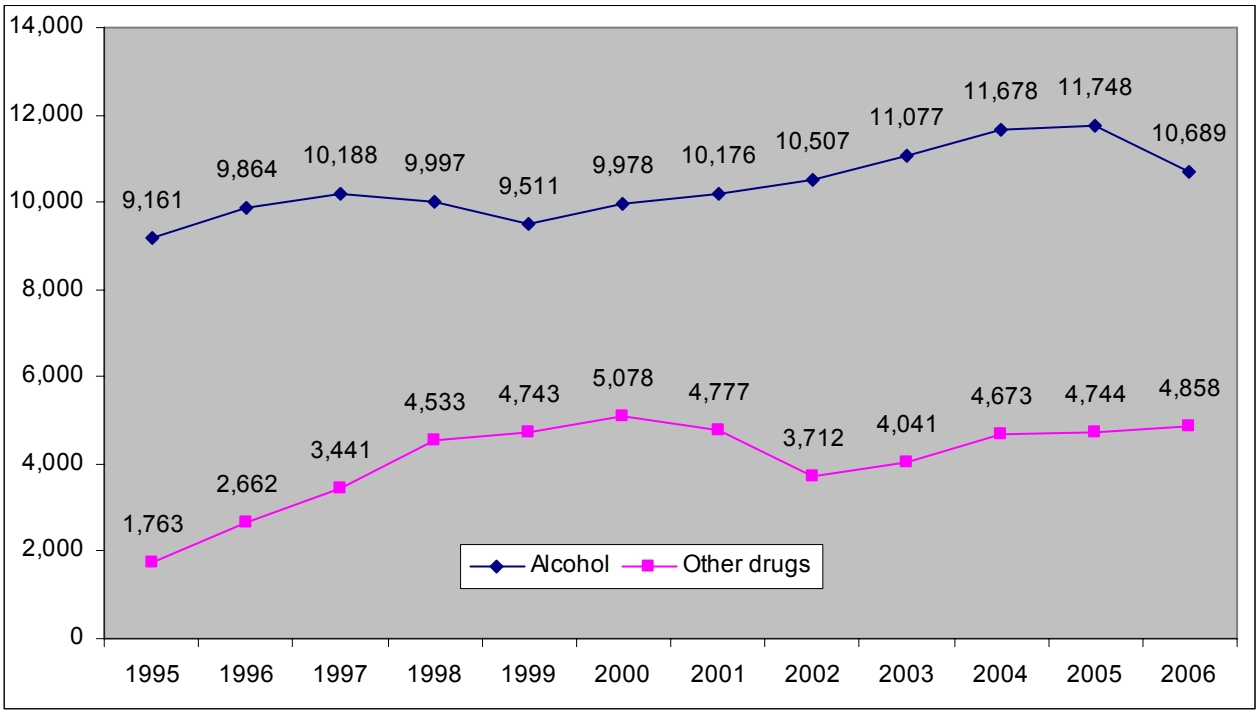
5.2 Residential Treatment (Inpatient Treatment Facilities)

5.2.1 Treatment in Inpatient Psychiatric Facilities

Inpatient psychiatric care is provided by psychiatric hospitals and psychiatric departments of hospitals. The network of psychiatric hospitals did not change in 2006; only the number of beds for adults in psychiatric hospitals decreased (by 96 beds). One psychiatric department with 19 beds was closed down (Ústav zdravotnických informací a statistiky, 2007a).

Inpatient psychiatric facilities reported 15,549 hospitalisations resulting from disorders caused by drug use in 2006; 10,689 of them were due to alcohol-related disorders (a marked year-on-year decline) and 4,858 due to disorders caused by the use of other psychoactive substances (excluding tobacco). The development in the number of hospitalisations is given in Figure 5-2 (Ústav zdravotnických informací a statistiky, 2007a).

Figure 5-2: Number of hospitalisations caused by the use of alcohol and other psychoactive substances in inpatient psychiatric hospitals in 1995–2006 (Ústav zdravotnických informací a statistiky, 2007a)



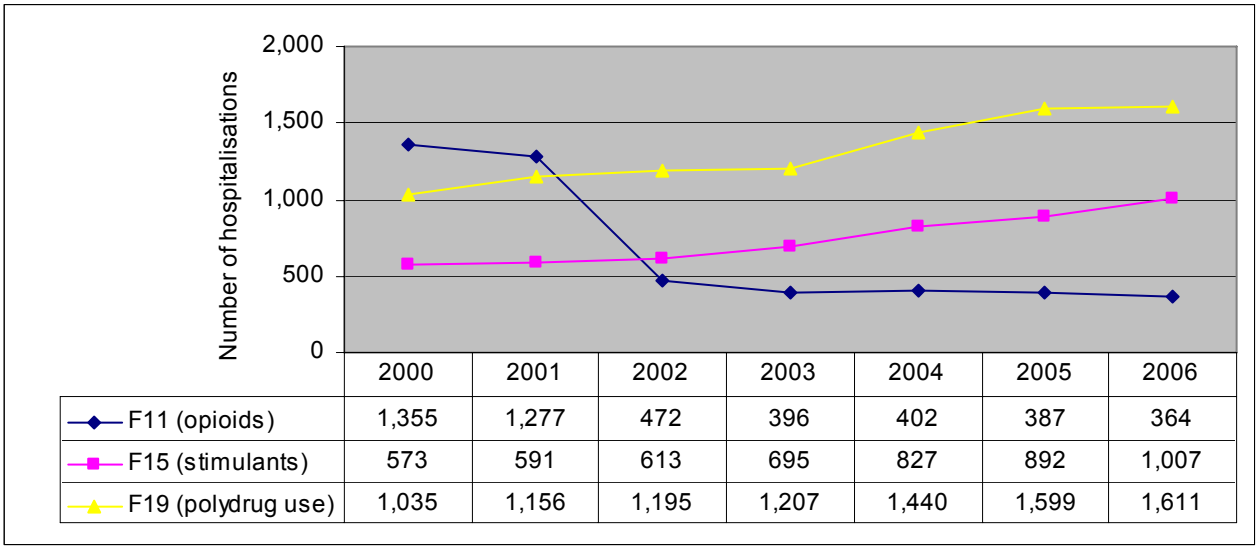
Polydrug use or the use of other psychoactive substances (Dg. F19) were again the most common reasons for hospitalisations of drug users in inpatient psychiatric facilities in 2006 (43.8% of hospitalisations). Other reasons for hospitalisations involve the use of stimulants (29.1%) and opioids (17.7%). Psychiatric hospitals for children reported a combination of substances and the use of cannabis and inhalants as the most common reasons for hospitalisation – Table 5-7. The 20–29 age group was the most commonly represented among those hospitalised (57.5%) (Ústav zdravotnických informací a statistiky, 2007a).

Table 5-7: Number of hospitalisations resulting from disorders caused by the use of alcohol and other psychoactive substances in inpatient psychiatric facilities in 2006 by type of health care facility, gender, and diagnosis (Ústav zdravotnických informací a statistiky, 2007a)

Diagnosis	**Psychiatric hospitals for children**			**Psychiatric clinics for adults**			**Psychiatric departments of hospitals**		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
F11–19 (all illicit drugs)	18	11	29	2,279	921	3,200	1,087	542	1,629
– F11 (opioids)	0	0	0	270	94	364	355	139	494
– F12 (cannabis)	6	0	6	62	4	66	34	4	38
– F15 (stimulants)	0	2	2	688	317	1,005	247	159	406
– F18 (inhalants)	2	2	4	46	3	49	39	3	42
– F19 (polydrug use and use of other substances)	10	7	17	1,175	419	1,594	368	151	519
F10 (alcohol)	1	0	1	5,739	2,245	7,984	1,693	1,011	2,704
Total	**19**	**11**	**30**	**8,019**	**3,167**	**11,186**	**2,780**	**1,553**	**4,333**

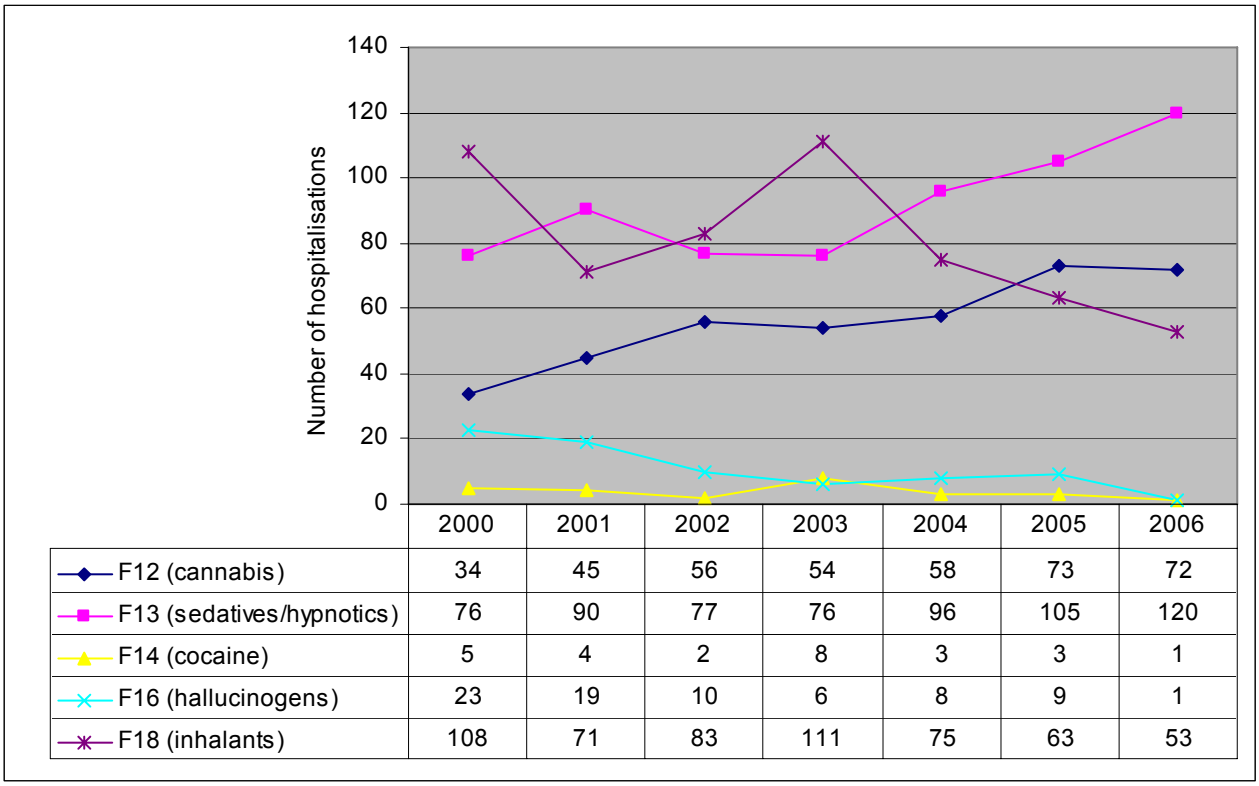
There are differences in the trends of the numbers of those hospitalised by individual (groups of) drugs (Ústav zdravotnických informací a statistiky, 2007a). One particular long-term decline involves hospitalisations for disorders caused by opioids (F11), and there is an increase involving stimulants (F15) and polydrug use (F19) – see Figure 5-3. The numbers of hospitalisations resulting from disorders caused by other drugs are considerably lower, and the number of hospitalisations resulting from cannabis (F12) and sedatives/hypnotics (F13) has been increasing in the long-term perspective – Figure 5-4. A decline in opioids is probably connected with the developments in substitution treatment in the Czech Republic since 2000 and the exodus of users of opioids and those addicted to them (especially heroin) from inpatient to outpatient care where substitution treatment is provided – see also the chapter on Substitution and Maintenance Programmes , page 38.

Figure 5-3: Number of hospitalisations in psychiatric hospitals resulting from disorders caused by the use of opioids, stimulants, and polydrug use in 2000–2006 (Ústav zdravotnických informací a statistiky, 2007a)



	2000	2001	2002	2003	2004	2005	2006
F11 (opioids)	1,355	1,277	472	396	402	387	364
F15 (stimulants)	573	591	613	695	827	892	1,007
F19 (polydrug use)	1,035	1,156	1,195	1,207	1,440	1,599	1,611

Figure 5-4: Number of hospitalisations in psychiatric hospitals resulting from disorders caused by the use of other drugs in 2000–2006 (Ústav zdravotnických informací a statistiky, 2007a)



	2000	2001	2002	2003	2004	2005	2006
F12 (cannabis)	34	45	56	54	58	73	72
F13 (sedatives/hypnotics)	76	90	77	76	96	105	120
F14 (cocaine)	5	4	2	8	3	3	1
F16 (hallucinogens)	23	19	10	6	8	9	1
F18 (inhalants)	108	71	83	111	75	63	53

The National Monitoring Centre for Drugs and Drug Addiction carried out a survey of inpatient psychiatric care for drug users in 2007. 79 questionnaires were distributed to psychiatric hospitals (and their departments) and psychiatric departments of hospitals between February and April 2007. 27 facilities had responded by July 19, 2007; 13 of them were psychiatric hospitals for adults, 1 a psychiatric hospital for children, 10 psychiatric hospital departments for adults, and 3 psychiatric hospital departments for children (altogether 14 psychiatric hospitals and 13 psychiatric departments). 22 facilities (81%) supply care to addicted patients; 13 of them are psychiatric hospitals (12 for adults and 1 for children) and 9 psychiatric departments for adults. 2,546 drug users were hospitalised in these facilities in 2006 (52% of all hospitalisations for disorders caused by drug use in the Czech Republic). 13 facilities supply separate treatment to addicts and other psychiatric patients (25 facilities responded); 9 of them are psychiatric hospitals for adults and 4 psychiatric departments for adults. Five facilities provide different regimes for patients addicted to alcohol and other addictive substances (four psychiatric hospitals for adults and one psychiatric department for adults). Only one facility reported a special department for young people aged 15–18 and one facility reported having a special department for children aged under 15. Ten facilities (six psychiatric hospitals and four psychiatric departments) have special departments for detoxification, with a capacity ranging from 4 to 13 beds. Patients on whom treatment is imposed by the courts can undergo their treatment in eight facilities. Patients with the so-called dual diagnosis[20] can undergo treatment in 17 facilities which offer a more individual approach corresponding to their mental condition and needs. 17 facilities supply short-term treatment of up to 3 months, 6 facilities supply medium-term treatment from 3 to 6 months, and only 1 facility reports that it provides treatment of more than 6 months (Národní monitorovací středisko pro drogy a drogové závislosti, 2007d).

5.2.2 Treatment in Therapeutic Communities

Fifteen therapeutic communities supplied residential treatment (of a duration of 6–15 months) in 2006. The Medvědí kámen (Bear Stone) therapeutic community ceased its operations in the autumn of 2006, and became part of an educational institution for young people. Data from twelve therapeutic communities are available. Their capacity was 185 beds (12 for young people and 9 for mothers with children) and 451 drug users were treated there (22 of them were mothers with children); their average age was 25.1 years. Altogether, 375 clients (83%) used to inject drugs before treatment; 281 clients (62%) used pervitin and 105 (23%) used opiates (93 of them heroin, 12 illicitly procured buprenorphine). 19 clients (4%) were treated in connection with the use of cannabis. 124 completed treatment successfully and the average length of (completed) treatment was 309 days. 171 clients (38%) completed treatment prematurely, 35% of them after two thirds of the treatment. The average length of treatment of all clients was 189

[20] A dual diagnosis is a term used for the concurrent occurrence of addiction to an addictive substance and another mental disorder (or behavioural disorder) in one patient.

days. A comparison of the years 2003–2006 is given in Table 5-8 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i).

Table 5-8: Therapeutic communities and their clients in 2003–2006 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i)

Indicator	2003	2004	2005	2006
Number of communities	17	14	12	12
Capacity of facility	238	218	183	185
Number of clients	510	546	491	451
– injecting drug users	428	429	400	375
– pervitin users	270	306	287	281
– heroin users	187	151	132	93
Average age of clients	23.4	24.2	24.9	25.1

Treatment interventions in prisons are described in the chapter on Handling of Drug Users in Prisons, page 75.

5.3 Substitution and Maintenance Programmes

5.3.1 Substitution Treatment with Opiate Agonists

As in the previous years, two substitution preparations were available in 2006 – methadone prepared from an imported generic substance[21] (available in specialised substitution centres) and Subutex® (with buprenorphine as the active substance) in the form of a proprietary medical preparation. Substitution preparations are only administered orally in the Czech Republic.

It is planned that a composite sublingual preparation, Suboxone, which contains buprenorphine and naloxone, will be introduced in 2008; it is possible to expect a lower prevalence of its abuse via injecting than is the case with Subutex® (see below). Furthermore, the introduction of methadone in the form of a syrup as a proprietary medical preparation is being negotiated.

The methodology for substitution treatment is defined in the Standard of Substitution Treatment (Ministerstvo zdravotnictví ČR, 2001). As the current version of the standard does not correspond to the current condition of substitution treatment provision, especially the development of prescription in non-specialised facilities, the Ministry of Health announced an updated version by the end of 2007. The National Register of Users of Medically Indicated Substitution Substances (Substitution Register) kept by the Institute of Health Information and Statistics of the Czech Republic will soon be transferred to an electronic internet application to make it possible to report patients to all health care facilities providing substitution treatment; pilot testing of this electronic application was carried out in the first half of 2007.

5.3.1.1 Specialised Substitution Centres

12 substitution centres were registered in the Czech Republic in 2006; four of them were in Prague (Drop In o.p.s. runs two centres). On top of that, a pilot project of substitution treatment in prisons was launched in the Prague-Pankrác and Příbram prisons – see the chapter on Handling of Drug Users in Prisons, page 75, for more information. There is still no coverage in the Pilsen, Liberec, Pardubice, Vysočina, and Zlín regions; this lack can be regarded as alarming in Pilsen (because it is estimated that there are approximately 650 problem users of opiates in the Pilsen region, while the estimated numbers are very low in the other regions which do not have a specialised centre – see the chapter on Problem Drug Use, page 24, for more detailed information). With the exception of the CADAS programme in Prague, all the programmes supplied methadone prepared from a generic substance; all centres, with the exception of the centre in Brno and centres in prisons, provided the proprietary medicine Subutex® in 2006.

14 specialised centres treated a total of 949 patients in 2006; 574 of them were treated with methadone and 375 with Subutex®; the male/female ratio has remained around 2.4:1 in the long term (Ústav zdravotnických informací a statistiky, 2007b). The development in the number of patients of specialised centres by December 31 of a given year is given in Table 5-9. It is obvious that the programmes in Prague and Ústí nad Labem are used the most, which corresponds to the regional distribution of the prevalence of problem users of opiates, which is the highest in these regions – see the chapter on Problem Drug Use, page 24, for detailed information.

[21] The Ministry of Health funds the purchasing of methadone for specialised programmes; it amounted to CZK 468 thousand (€ 16.5 thousand) in 2006.

Table 5-9: Number of patients treated in specialised substitution centres in 2003–2006 by gender (Ústav zdravotnických informací a statistiky, 2007b)

Year	Males	Females	Total	Male/female ratio
2003	559	233	792	2.4:1
2004	586	246	832	2.4:1
2005	583	248	831	2.4:1
2006	661	288	949	2.3:1

Table 5-10: Patients in specialised substitution programmes in 2002–2006, always by December 31 of a given year (Ústav zdravotnických informací a statistiky, 2007b)

Centre	2000	2001	2002	2003	2004	2005	2006
Ústí nad Labem	54	124	123	190	182	184	185
Prague (Drop In)	71	110	100	142	135	135	152
Prague (General Teaching Hospital)	50	60	54	117	96	115	125
Brno	4	50	53	46	46	63	63
Prague (SANANIM)	0	0	0	0	0	0	56
Hradec Králové	5	9	13	13	18	32	31
České Budějovice	0	0	0	0	0	8	26
Mělník	4	7	9	22	16	12	21
Olomouc	2	2	5	4	6	12	17
Karlovy Vary	0	0	0	0	0	0	10
Ostrava	0	1	4	10	11	10	9
Prague–Pankrác and Příbram prisons	0	0	0	0	0	0	3
Total	**190**	**363**	**361**	**544**	**510**	**571**	**698**

It is apparent that the number of patients treated in specialised substitution centres is increasing as a result of the growing number of centres, as well as the fact that the number of patients has increased in some centres. The mutual proportion between patients using methadone and Subutex® varies considerably between the individual specialised centres – see Table 5-11.

Table 5-11: Proportion of patients using methadone and Subutex® by December 31, 2006 by individual specialised centres (Ústav zdravotnických informací a statistiky, 2007b)

Centre	Methadone		Subutex®		Total
	Abs.	%	Abs.	%	
Ústí nad Labem	122	65.9	63	34.1	**185**
Prague (Drop In)	133	87.5	19	12.5	**152**
Prague (General Teaching Hospital)	73	58.4	52	41.6	**125**
Brno	63	100.0	0	0.0	**63**
Prague (Sananim)	0	0.0	56	100.0	**56**
Hradec Králové	9	29.0	22	71.0	**31**
České Budějovice	6	23.1	20	76.9	**26**
Mělník	2	9.5	19	90.5	**21**
Olomouc	11	64.7	6	35.3	**17**
Karlovy Vary	7	70.0	3	30.0	**10**
Ostrava	5	55.6	4	44.4	**9**
Prague-Pankrác and Příbram prisons	3	100.0	0	0.0	**3**
Total	**434**	**62.2**	**264**	**37.8**	**698**

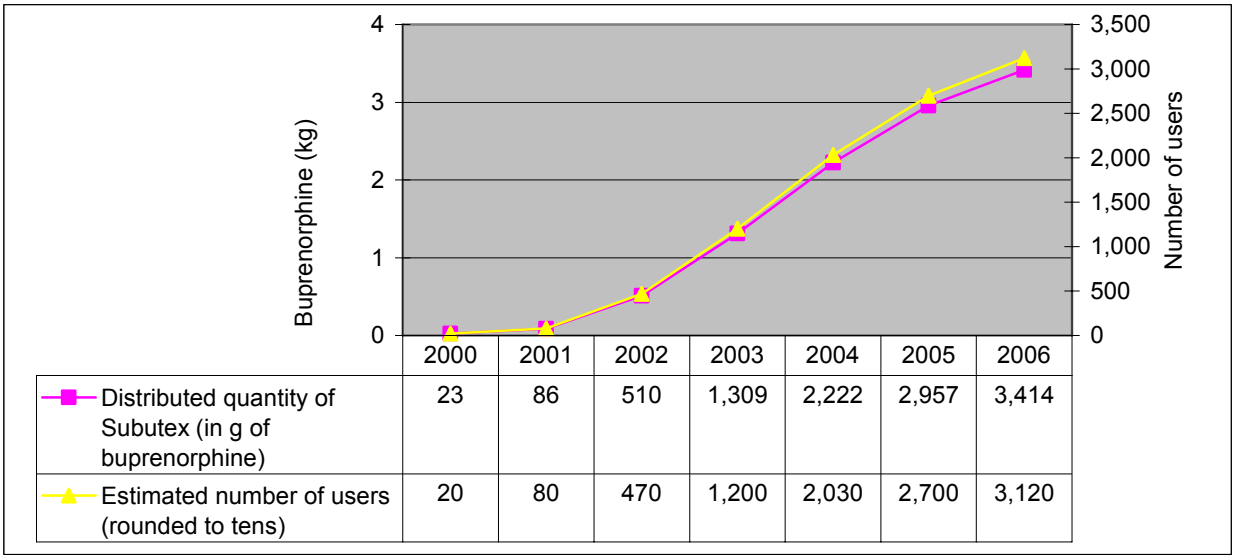
5.3.1.2 Substitution Treatment in (Non-Specialised) Outpatient Facilities

Subutex® can be prescribed by every physician, regardless of his/her specialisation – besides substitution centres, it is also especially prescribed by general practitioners and psychiatrists. The patients using Subutex® in specialised

centres are recorded (see above), while both the number of patients who use Subutex® prescribed by outpatient physicians and the number of physicians prescribing it are unknown.[22]

Data about the distribution of Subutex® in the Czech market are available (Státní ústav pro kontrolu léčiv, 2007). According to these data, the consumption of Subutex® is growing; a quantity of Subutex® corresponding to 3,414 g was distributed in three different dosages (8, 2, and 0.4 mg) in 2006. Estimating a daily consumption of 6 mg of buprenorphine and the average frequency of using it as every other day[23], it is possible to guess that 3,120 persons were using it – see Figure 5-5. This number is probably underestimated; furthermore, the proportion between patients in legitimate substitution treatment and problem users of Subutex® (i.e. persons who abuse it in the drug scene) is not known accurately[24] and it is also possible to assume that the two groups overlap. 2,890 users of Subutex® procured without a medical prescription were in contact with low-threshold facilities – see also the chapter on Services Provided by Low-Threshold Facilities, page 55; a prevalence estimate of the number of problem users was carried out for the first time in 2006, and it reached the figure of 4,300 persons – see the chapter on Problem Drug Use, page 24, for more information.

Figure 5-5: Quantity of Subutex® distributed (in grams of buprenorphine) and estimated number of Subutex® users in 2000–2006 (Národní monitorovací středisko pro drogy a drogové závislosti, 2004; Státní ústav pro kontrolu léčiv, 2007)



	2000	2001	2002	2003	2004	2005	2006
Distributed quantity of Subutex (in g of buprenorphine)	23	86	510	1,309	2,222	2,957	3,414
Estimated number of users (rounded to tens)	20	80	470	1,200	2,030	2,700	3,120

5.3.2 Abuse of Substitution Preparations and Their Occurrence on the Black Market

As in the past, methadone was not available on the black market in 2006, according to available data.

The occurrence of Subutex® on the black market in Prague has been reported since 2002 (Řezníčková and Nedvěd, 2004), and it started to be reported in other regions, especially in Bohemia, in subsequent years – see also the Annual Reports from 2003, 2004, and 2005. In a survey of low-threshold centres in Prague in 2006, 56.1% of clients used Subutex® on its own or in combination with other substances; compare this with 48.5% of clients using pervitin and 12.6% of clients using heroin (Mravčík and Orlíková, 2007). The black market in Subutex® especially occurs in the form of the purchasing and sales of small quantities of Subutex® tablets procured in pharmacies between individual users who sell a portion of the tablets prescribed to them by one or, more commonly, several physicians.[25]

The Register of Treatment Demands kept by the Hygiene Service has recorded the use of Subutex® since 2003, and reports an obvious increase in the number of treatment demands in relation to its use – Table 5-12.

[22] Only partial and limited data are available. For instance, a survey among psychiatric (AT) clinics (Miovská et al. 2006) showed that approximately 50 psychiatric (AT) clinics supplied treatment with Subutex in 2003. A survey which was carried out in the Central Bohemian region in February 2007 identified 9 physicians (psychiatrists as well as general practitioners) who prescribe Subutex (Plaček, 2007). The numbers of patients treated with Subutex in the clinic of a psychiatrist but also in the clinic of another specialist may be considerable – for instance, 241 persons were treated with Subutex in 2006 at the clinic of the Remedis internal outpatient clinic and counselling office for liver diseases, Nuselská poliklinika, Prague 4, which specialises in the treatment of somatic illnesses of drug users and is part of a network for drug users in Prague (Annual Report of Drug Policy Implementation in Prague in 2006).

[23] Information about the average length of treatment of a duration of approximately six months was obtained from a 2004 survey among outpatient psychiatrists (Národní monitorovací středisko pro drogy a drogové závislosti, 2004); when recalculated to a year, it is an average of use once in two days.

[24] For instance, it was found that approximately 60% of the Subutex consumed by clients of low-threshold facilities in Prague probably comes from the black market (Mravčík and Orlíková, 2007).

[25] Up-to-date sources: contributions and discussions at conferences: Substitution Treatment, Central Bohemia, May 2, 2007; Opiate Addiction in the Czech Republic and New Treatment Procedures, Prague, June 28, 2007.

Table 5-12: First treatment demands and all treatment demands in relation to the use of Subutex® as the primary or secondary drug in 2003–2006 (Polanecký et al. 2004; Polanecký et al. 2005; Polanecký et al. 2006; Polanecký et al. 2007)

Year	First treatment demands			All treatment demands		
	Primary drug	Secondary drug	Total	Primary drug	Secondary drug	Total
2003	4	13	17	16	41	57
2004	58	51	109	145	114	259
2005	6	72	78	223	187	410
2006	117	157	274	331	409	740

It is estimated that there were 4,300 problem users of Subutex® in 2006 – see the chapter on Problem Drug Use, page 24, for more information. Most of the problem users use Subutex® intravenously – a 95% proportion of injectors among all Subutex® users was found (Petroš et al. 2005; Mravčík and Orlíková, 2007); injecting users represented 70.7% of all treatment demands and 74.4% of first treatment demands with Subutex® as the primary drug (Polanecký et al. 2007).

No death with the presence of methadone or buprenorphine (Subutex®) was recorded in 2006; one death of a Subutex® user as a result of septic endocarditis was reported – see the chapter on Drug-Related Deaths and Mortality of Drug Users, page 43, for more information.

5.3.3 Evaluation of Substitution Treatment

The availability of substitution in specialised centres increased again in 2006 – new centres which provide methadone were opened in Karlovy Vary and in two prisons.

3,607 admissions to treatment and 2,909 terminations of treatment were carried out in specialised centres in 2000–2006. A breach of the therapeutic contract on the part of the patient was the most common reason for the termination of the treatment – in 2,111 cases (72.6%); 8 persons (0.3%) died. 622 admissions to substitution treatment and 495 terminations took place in 2006. It is not exceptional that a client enters substitution treatment repeatedly – the average number of entries to treatment per client was 1.2 in 2006 (Ústav zdravotnických informací a statistiky, 2007d). The reasons for the termination of treatment in specialised centres are given in Table 5-13.

Table 5-13: Reason for termination of substitution treatment in specialised centres from 2000 until December 31, 2006 (Ústav zdravotnických informací a statistiky, 2007b)

Centre	Number of episodes		Reason for treatment termination						
	Admission	Termination	1	2	3	4	5	6	**Total**
Prague (Drop In)	1,604	1,452	57	62	1,193	12	3	125	**1,452**
Ústí nad Labem	944	759	13	30	619	42	2	53	**759**
Prague (General Teaching Hospital)	505	380	52	41	162	8	1	116	**380**
Mělník	117	96	13	5	20	1	1	56	**96**
České Budějovice	84	58	1	9	40	0	0	8	**58**
Ostrava	54	45	5	1	23	3	0	13	**45**
Brno	104	41	1	0	27	6	0	7	**41**
Hradec Králové	63	32	4	8	12	3	1	4	**32**
Olomouc	40	23	3	1	11	0	0	8	**23**
Prague (Sananim civic association)	71	15	1	6	3	0	0	5	**15**
Karlovy Vary	15	5	1	1	1	0	0	2	**5**
Prague-Pankrác and Příbram prisons	6	3	3	0	0	0	0	0	**3**
Total	**3,607**	**2,909**	**154**	**164**	**2,111**	**75**	**8**	**397**	**2,909**

Note: Reason for termination of treatment: 1 – transfer of a patient to another facility; 2 – transfer of a patient to another type of treatment; 3 – failure to observe rules; 4 – imprisonment; 5 – death of a patient; 6 – another reason.

The Semiramis civic association carried out a survey among seven low-threshold programmes in the Central Bohemian region in February 2007. It mapped the state of provision of substitution treatment to their clients. The staff of the programmes perceive a lack of facilities providing substitution treatment in the Central Bohemian region. Furthermore, the survey found out that an overwhelming majority of physicians do not regard injecting Subutex® as a contradiction of treatment, and the level of subsequent psychosocial care and collaboration with other facilities providing (psychosocial) services to drug users is also found to be insufficient. According to clients, Subutex® is easily available on the black market, while they regard legal substitution treatment as harder to obtain (Plaček, 2007).

A survey focusing on the quality of life of 20 patients (14 men, 6 women) in substitution treatment with Subutex® was carried out in a clinic of the Department for Addiction Treatment of the General Teaching Hospital in Prague. The average age was 26.2 years, with a span of 17–39 years (men 27.4, span 18–39; women 22.8, span 17–24). The WHOQOL-BREF Quality of Life questionnaire was used. 18 respondents (90%) reported an overall improvement in their quality of life during their treatment. A worsening was reported in terms of their level of satisfaction with their health; it was probably caused by the development of insight. A worse feeling regarding meeting their financial needs was also reported; it was probably caused by the reduction of their income from criminal activities (Vlčková-Zenáhlíková, 2007).

A survey of 132 patients addicted to heroin (average age 25 years, 76% males, average length of heroin use 7.5 years) deals with how long they remained in a Subutex® substitution programme. They were randomly selected to three forms of substitution treatment (specialised centre, combination of a specialised centre with a general practitioner's clinic, and a general practitioner's clinic). The average period they remained in a programme for was nearly two months (57.4 days). During the three-month monitoring period, 35% of the clients completed the programme. The period between the fifth and ninth week of the programme was a critical one in terms of leaving the programme. Neither the length of time for which they remained in a programme nor the level of completion of the three-month monitoring varied in terms of whether it was a programme in a specialised centre or in the clinic of a general practitioner. The authors of the study believe that abiding by recommended standards, improving the level of education of general practitioners, and increasing their motivation are necessary for the successful implementation of substitution treatment in general practitioners' clinics (Večeřová et al. 2007).

6 Health Correlates and Consequences of Drug Use

A marked year-on-year decrease took place in 2006 in all main groups of street drugs which are traditionally involved in overdoses (10 cases of fatal overdoses on opiates, 12 on pervitin, and 14 on inhalants) – this decline has been especially apparent since 2003 in terms of opiates as well as inhalants, and since 2004 in terms of pervitin. Sporadic overdoses on ecstasy and cocaine have been reported in the last three years. No deaths with methadone or buprenorphine (Subutex®) were detected in 2006.

The situation in the transmission of infectious diseases among drug users has remained stable. HIV seroprevalence among injecting drug users is far below 1%, and is so even in groups of at-risk users with a longer history of injecting use or groups with a high prevalence of viral hepatitis. The number of users newly infected with HIV in 2006 was the same as in 2005. The prevalence of hepatitis C virus among injecting drug users tested in low-threshold programmes in 2006 was under 20%, and approximately 2% as far as hepatitis B virus is concerned.

6.1 Drug-Related Deaths and Mortality of Drug Users

On the basis of a bylaw standard (Decree 19/1988 Coll. on funeral services and procedures in the event of a death), a forensic surgeon carries out a mandatory autopsy in all cases of sudden death in which the examining practitioner could not determine the cause of death and in all cases of violent deaths. Drug-related deaths (overdoses) have been monitored on a routine basis by means of a special register kept by all thirteen departments of forensic medicine and forensic toxicology departments since 1998. Data on deaths "with the presence of narcotic and psychotropic substances" have been reported in the same regime since 2003[26].The entire automated system and coordination of the collection of data of this type in general has been developed in close collaboration between the NMC and the Professional Association of Forensic Medicine and Toxicology of the Czech Medical Association of J. E. Purkyně. Since 2006, the Professional Association of Forensic Medicine and Toxicology has been giving notice about an increasing number of autopsies carried out by forensic surgeons outside the network of the thirteen forensic departments; it also mentions a decline in the number of forensic autopsies and requested toxicological examinations ordered by the police according to Section 115 of the Code of Criminal Procedure. Both of these factors may underestimate the number of deaths detected in the special register.

6.1.1 Drug Overdoses

212 deaths resulting from overdoses on illicit drugs, inhalants, and psychotropic medicaments were detected in 2006. 37 involved overdoses on street drugs (i.e. illicit narcotic and psychotropic substances and inhalants) and 170 involved psychoactive medicaments; the substance which caused the fatal overdose was not established in 5 overdoses. Altogether, ten cases of fatal overdoses on (illicit) opiates, especially heroin, were identified (24 cases in 2005); in three of these cases, an opiate combined with alcohol, and, in one case, with pervitin, was detected. Pervitin was the cause of an overdose in twelve cases (14 cases in 2005), in one case in combination with MDMA. As far as street drugs are concerned, inhalants were the most common cause of an overdose in 2006 (14 cases versus 18 cases in 2005); two of the cases involved lighter gas (boys aged 14 and 15) (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2007).

No fatal overdose with the presence of methadone or buprenorphine was identified in 2006 (but two deaths resulting from septic endocarditis were recorded in the Ústí nad Labem region, and one of these cases involved a buprenorphine (Subutex®) user – these cases were not included in the overdose statistics. MDMA was found in one case in combination with pervitin (the case was classified as a pervitin overdose). No case of an overdose on hallucinogens and THC was reported in 2006, as in the previous years (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2007) – Table 6-1.

Overdoses on psychotropic medicaments represent a very heterogeneous category and it is difficult to provide an accurate assessment. The reason is that these include suicide overdoses, accidental overdoses, or overdoses without an established cause, both on *lege artis* prescribed medicaments as well as on abused medicaments. 170 overdoses on psychotropic medicaments were reported in 2006[27] (156 cases in 2005); 50 of these cases involved overdoses on benzodiazepines (56 cases in 2005) and 16 cases involved overdoses on medicaments containing opiates (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2007).

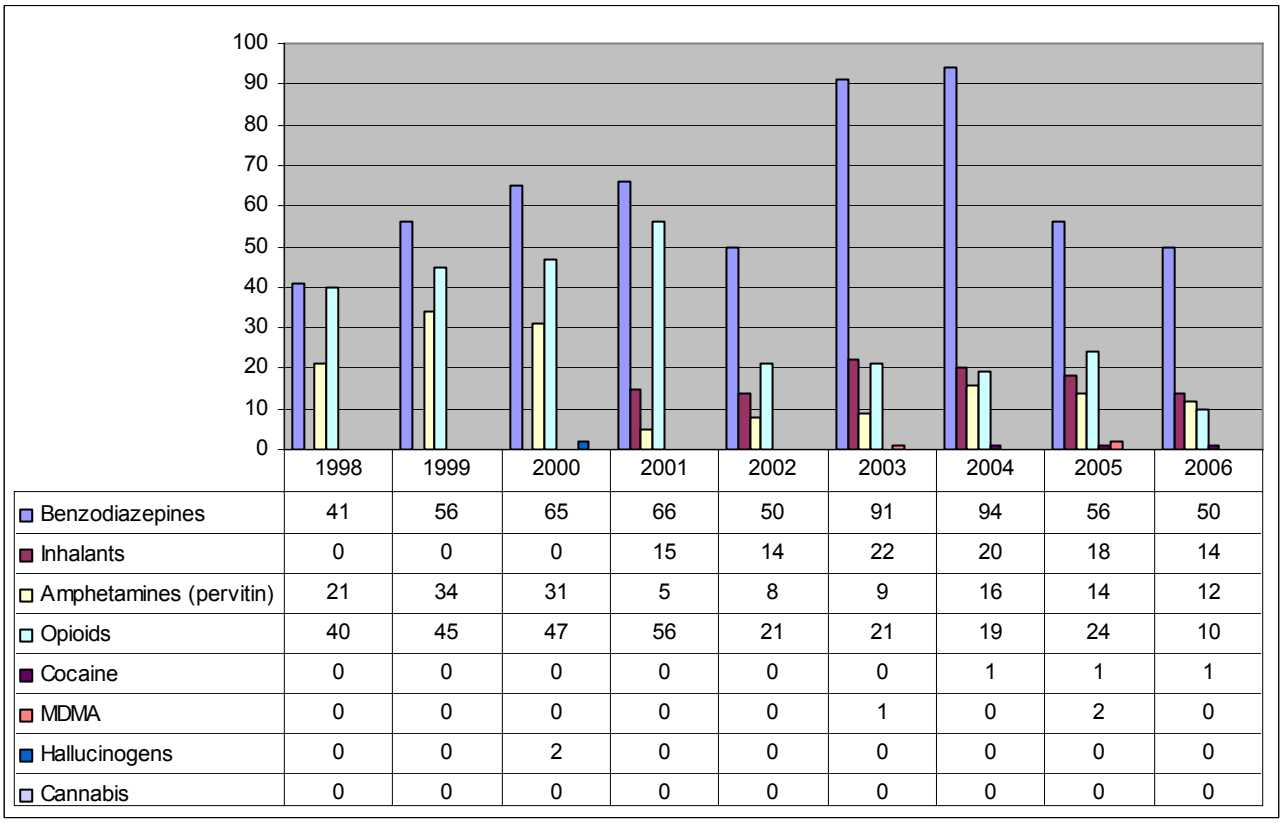
Leaving aside medicaments, there was a marked year-on-year decline involving all the main types of street drugs which are traditionally involved in overdoses – in terms of opiates. It was the lowest number during the period monitored since 1998; a decline in overdoses on inhalants has been apparent since 2003 and, since 2004, in those on pervitin; sporadic deaths in relation to cocaine have been reported since 2004 – Figure 6-1.

[26] A detailed methodological summary for the determination of drug-related deaths is included in a methodological publication (Zábranský et al., 2004).
[27] A majority of the overdoses have a suicidal nature, and they mostly involve a combination of (several) medicaments with alcohol.

Table 6-1: Fatal drug overdoses in the Czech Republic in 2006 by groups of drugs, age groups and gender (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2007)

Drug / age group	<15	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	>64	Unknown	Total		
														Males	Females	**Total**
Only opiates or opioids (excluding methadone)	0	0	1	4	4	0	0	0	0	0	0	0	0	9	0	**9**
Only methadone	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
More substances including opiates/opioids	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	**1**
– of which methadone	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Opiates total	0	0	1	4	4	0	0	0	0	0	0	1	0	10	0	**10**
More substances or one substance – excluding opiates/opioids	1	2	6	4	6	1	2	2	1	1	1	0	0	21	6	**27**
– of which inhalants	1	1	2	4	4	0	0	1	0	0	1	0	0	12	2	**14**
– of which pervitin	0	1	4	0	2	1	2	0	1	1	0	0	0	8	4	**12**
– of which cocaine	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	**1**
– of which dance drugs (e.g. MDMA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
– of which hallucinogens	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Psychoactive medicines	0	2	5	14	6	19	24	20	24	22	11	23	0	82	88	**170**
– of which benzodiazepines	0	0	0	3	5	5	7	5	8	6	4	7	0	26	24	**50**
Unspecified/uknown	0	0	0	3	1	0	1	0	0	0	0	0	0	5	0	**5**
Total excluding medicines	**1**	**2**	**7**	**8**	**10**	**1**	**2**	**2**	**1**	**1**	**1**	**1**	**0**	**31**	**6**	**37**
Total	**1**	**4**	**12**	**25**	**17**	**20**	**27**	**22**	**25**	**23**	**12**	**24**	**0**	**118**	**94**	**212**

Figure 6-1: Fatal overdoses on selected drugs in 1998–2006 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2007)



	1998	1999	2000	2001	2002	2003	2004	2005	2006
Benzodiazepines	41	56	65	66	50	91	94	56	50
Inhalants	0	0	0	15	14	22	20	18	14
Amphetamines (pervitin)	21	34	31	5	8	9	16	14	12
Opioids	40	45	47	56	21	21	19	24	10
Cocaine	0	0	0	0	0	0	1	1	1
MDMA	0	0	0	0	0	1	0	2	0
Hallucinogens	0	0	2	0	0	0	0	0	0
Cannabis	0	0	0	0	0	0	0	0	0

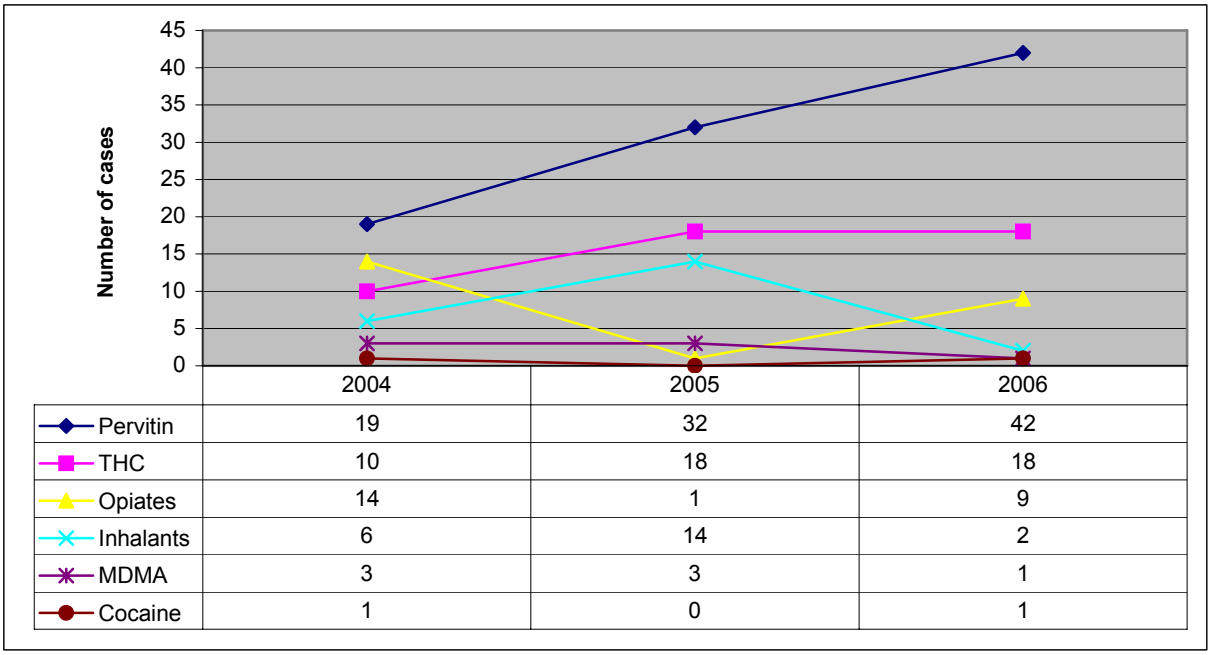
6.1.2 Deaths with the Presence of Drugs

Altogether, 145 deaths with the presence of a drug[28] were identified in 2006; 4 of the cases involved an illness, 69 accidents, 64 suicides, 5 were cases of manslaughter or murder, and 3 deaths were due to other causes. Table 6-2 gives a summary of the proportion of selected groups of drugs in the individual groups of deaths with the presence of drugs, and Figure 6-2 and Table 6-3 give the trend in the last three years. It is especially worth mentioning the increase in the number and proportion of deaths with the presence of pervitin.

Table 6-2: Deaths with the presence of drugs detected by forensic medicine departments in the Czech Republic in 2006 by selected groups of drugs and causes of death (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2007)

Drug	Illness (n=4)	Accident (n=69)	Suicide (n=64)	Manslaughter /murder (n=5)	Other (n=3)	Total (n=145)	Proportion (%)
Pervitin	2	26	12	2	0	42	29.0
Benzodiazepines	0	17	19	2	2	40	27.6
THC	1	15	1	0	1	18	12.4
Opiates/opioids	1	2	5	1	0	9	6.2
Inhalants	0	0	2	0	0	2	1.4
MDMA	0	1	0	0	0	1	0.7
Cocaine	0	0	0	1	0	1	0.7

Figure 6-2: Deaths with the presence of selected drugs detected by forensic medicine departments in the Czech Republic in 2004–2006 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2007)



	2004	2005	2006
Pervitin	19	32	42
THC	10	18	18
Opiates	14	1	9
Inhalants	6	14	2
MDMA	3	3	1
Cocaine	1	0	1

Table 6-3: Proportion of selected groups of drugs among all deaths with the presence of drugs detected by forensic medicine departments in the Czech Republic in 2003–2006 (%) (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2007)

Drug	2004 (n=164)	2005 (n=151)	2006 (n=145)
Pervitin	11.6	21.2	29.0
Benzodiazepines	50.0	33.8	27.6
THC	6.1	11.9	12.4
Opiates/opioids	8.5	0.7	6.2
Inhalants	3.7	9.3	1.4
MDMA	1.8	2.0	0.7
Cocaine	0.6	0.0	0.7

Information about the detection of drugs in the bodies of persons who died in traffic accidents is included in a special subchapter on Other Drug-Related Disorders, page 50.

[28] As far as cannabinoids are concerned, positive cases involved those cases where THC or its active metabolite (therefore, not, for instance, THC-COOH) were found, and positive cases of inhalants involve the detection of substances which do not develop *post mortem* or are not indicated in several physiological or pathological conditions (e.g. acetone, acetaldehyde, n-propanole, n-butanole).

6.1.3 Mortality of Drug Users

A retrospective cohort study of mortality was carried out in the Czech Republic in 2004; the outputs of the study involve the period 1997–2002. Four pre-defined groups of drug users were available for the study: two samples of those hospitalised in relation to drug-related disorders (12,207 and 2,824 persons), a sample of injecting drug users with reported viral hepatitis (3,037 persons) and a sample of users in opiate substitution treatment (704 persons). More detailed information about the outcomes of the study is included in the 2004 Annual Report and in articles published in professional journals (Lejčková and Mravčík, 2005; Lejčková and Mravčík, 2007). No other cohort study of the mortality of drug users is planned at the present.

6.2 Drug-Related Infections

6.2.1 Reported Incidence of HIV/AIDS and Viral Hepatitis

The reported incidence of new cases of HIV infection among injecting drug users and among the general population is relatively low in the Czech Republic; however, it seems to have been increasing during the last three years. 93 new cases of HIV were diagnosed in 2006 (i.e. 3.3% more than in 2005); 6 of these may have become infected as a result of injecting drug use. Altogether, 920 HIV positive persons with a permanent place of residence in the Czech Republic were registered on December 31, 2006; 41 of them are injecting drug users and another 13 are injecting drug users and homo/bisexuals at the same time (altogether 5.6%, 4–10% in individual years) (Brůčková et al. 2007) – Table 6-4.

Table 6-4: HIV incidence in the Czech Republic by December 31, 2006 by route of transmission (Brůčková et al. 2007)

Route of transmission (risk group)	Before 2000	2000	2001	2002	2003	2004	2005	2006	Total
Homo/bisexual intercourse	236	27	27	28	37	30	49	54	488
Heterosexual intercourse	130	22	13	20	19	30	31	28	293
Injecting drug use	14	4	3	1	4	6	5	4	41
Haemophiliac	17	0	0	0	0	0	0	0	17
Blood recipient	14	0	0	0	0	0	0	0	14
Homo/bisexual intercourse and injecting drugs	5	0	2	1	1	1	1	2	13
Mother-child	2	1	0	0	1	0	0	0	4
Nosocomial transfer	2	0	0	0	0	0	0	0	2
Not ascertained	23	4	6	0	1	5	4	5	48
Total	**443**	**57**	**51**	**50**	**63**	**72**	**90**	**93**	**920**

The number of newly reported cases of acute type B viral hepatitis (HBV) in total and among injecting drug users declined again in 2006[29] – see Figure 6-3. The number of all cases of type C viral hepatitis (HCV) and cases of HCV among drug users increased markedly, from 844 cases in 2005 to 1,022 in 2006 – see Figure 6-4. The reason for this artificial increase involves a review of the documentation of patients who attended the Remedis internal clinic and counselling office for liver diseases at the Nuselská policlinic, Prague 4, on a regular basis, and their subsequent retrospective reporting to the Hygiene Service[30] (Polanecký et al. 2007).

[29] National vaccination against HBV was introduced in the Czech Republic in 2000 and it is possible to expect that the incidence of HBV will continue to decrease.

[30] This department reported 293 cases of HCV infection in 2006. Only 91 of these cases had previously been reported and recorded in other departments/clinics. Approximately 30 out of 202 newly reported infections were primarily diagnosed in this facility in 2006. The other cases involved infections of persons who were diagnosed for the first time in other health care facilities but were not reported to the Hygiene Service; this correlates with the increase in the number of reported HCV infections in the Czech Republic by 160–180 cases in 2006.

Figure 6-3: Reported HBV incidence among all patients and injecting drug users in the Czech Republic in 1996–2006 (Beneš, 2007)

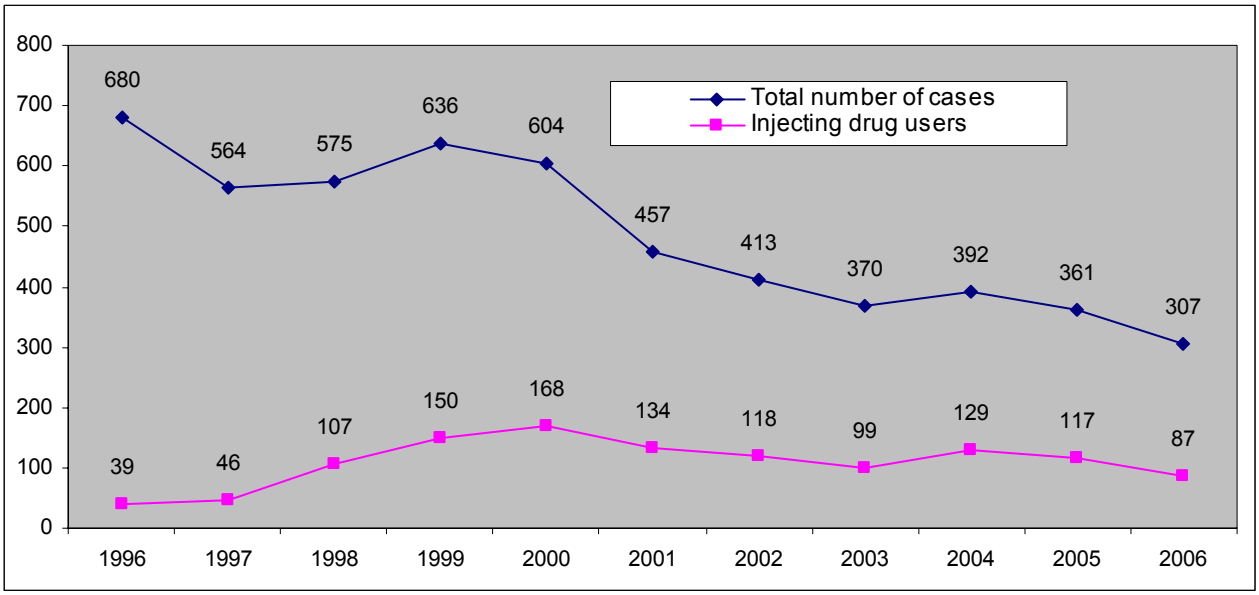
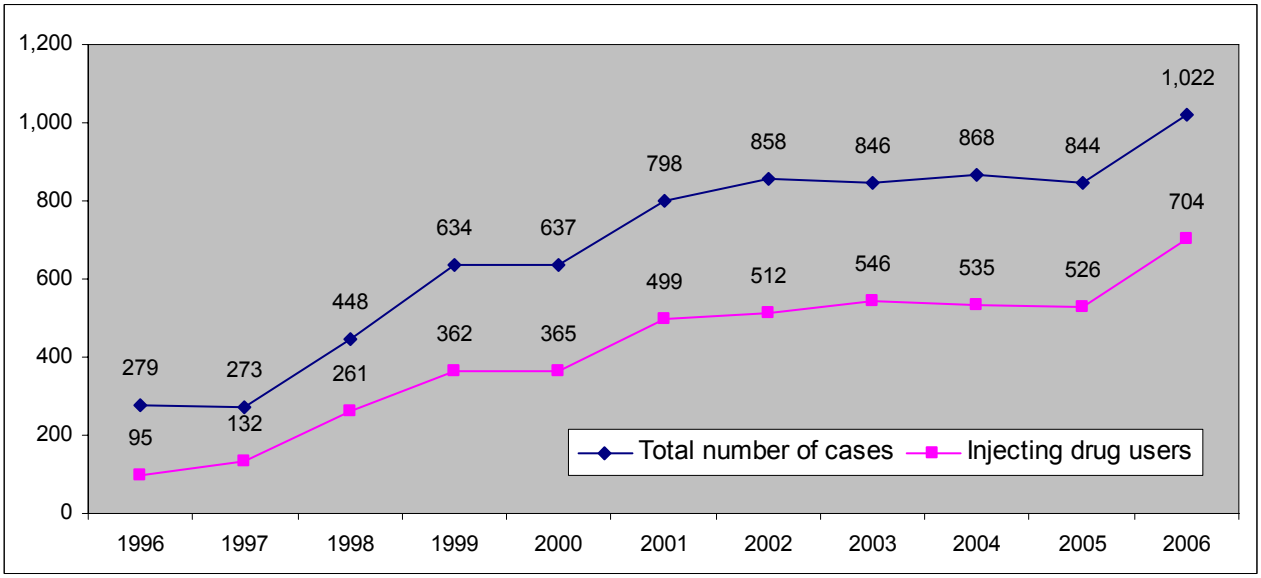


Figure 6-4: Reported incidence of acute and chronic HCV among all patients and injecting drug users in the Czech Republic in 1996–2006 (Beneš, 2007)



6.2.2 Prevalence of HIV and Viral Hepatitis among Drug Users

Results of seroprevalence studies, routine reporting of test results from laboratories (laboratory surveillance), or monitoring of the testing of drug users provide a better picture about the prevalence of infections, namely viral hepatitis, among drug users.

Altogether, 819,812 laboratory tests for HIV were carried out in the Czech Republic in 2006, according to the National Reference Laboratory for AIDS at the National Institute of Public Health in Prague; 1,406 tests involved drug users and one test was positive (0.07%); the number of tests of injecting drug users[31] declined again and it is the lowest number since 1998 (Brůčková et al. 2007; Brůčková, 2007) – see Figure 6-4. Information about the results of HIV testing in low-threshold facilities is given below, and data on the availability of testing for infections in low-threshold facilities are provided in the chapter on Services Provided by Low-Threshold Facilities, page 55.

[31] It involves cases when information about drug use is known before the test or it is a reason mentioned for taking the test.

Table 6-5: Tests of injecting drug users for HIV antibodies in 1994–2006 (Brůčková, 2007)

Year	Blood tests		Saliva tests		Total	
	Number of tests	No. of positive results	Number of tests	No. of positive results	Number of tests	No.of positive results
Before 1998	2,101	1	895	0	2,996	1
1998	2,158	0	1,124	0	3,282	0
1999	2,320	0	1,219	0	3,593	0
2000	2,091	0	1,001	0	3,092	0
2001	2,169	1	961	0	3,130	1
2002	1,536	0	734	1	2,270	1
2003	985	1	652	0	1,637	1
2004	1,609	0	222	0	1,831	0
2005	1,374	1	449	1	1,823	1*
2006	994	1	412	0	1,406	1
Total	**17,337**	**5**	**7,669**	**2**	**25,060**	**6**

*Note: * It involves one newly identified case which was detected by a saliva test and then confirmed by a blood test.*

The national seroprevalence study HCV Seroprevalence among Injecting Drug Users is the most recent (semi) representative HCV study carried out in the Czech Republic. It was carried out on a sample of 760 clients of 12 low-threshold programmes (the basic seroprevalence part was carried out in 2002–2003, while the seroincidence part lasted until the end of 2005). 760 persons were examined in the basic part of the study and 226 tests[32] were reactive. After adjustments to the sensitivity and specificity of the tests, an HCV seroprevalence of 35.0% was calculated (95% CI: 31.6–38.4) (Zábranský et al. 2006) – see also the 2005 Annual Report.

The testing of injecting drug users in low-threshold programmes has been monitored since 2004; the results for 2006 obtained from 35 low-threshold programmes are given in Table 6-6. Every year, the detected level of prevalence is lower than in seroprevalence studies which were carried out earlier; this can probably be explained by the fact that especially new clients, i.e. clients with a lower seroprevalence, take advantage of the offer of testing and that the monitoring is also carried out in areas with a lower prevalence of infections among drug users. The results of HCV testing (from capillary as well as venous blood) in low-threshold programmes by regions are given in Table 6-7 – the highest HCV prevalence was found in the Prague and Ústí nad Labem regions (Národní monitorovací středisko pro drogy a drogové závislosti, 2007g).

Table 6-6: Results of testing for infections among injecting drug users in low-threshold facilities in 2006 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007g)

Infection	Type of material tests	Tests carried out	Positive tests	Proportion of positive tests (%)
HIV	Capillary blood	222	0	0.0
	Venous blood	292	0	0.0
	Saliva	214	0	0.0
VHC	Capillary blood	416	59	14.1
	Venous blood	279	52	18.6
VHB	Venous blood	340	6	1.8
VHA	Venous blood	202	0	0.0
Syphilis	Venous blood	205	1	0.5
	Capillary blood	58	0	0.0

[32] The Hepatitis C Virus Whole Blood Test (Cassette) of Alfa Scientific Designs, Inc., USA was used. It is a quick screening test from a drop of capillary blood taken from a fingertip. The test was evaluated prior to the start of the study, and it has been shown that it has a sensitivity of 86% and 100% specificity. It has not been available in the Czech Republic since 2006.

Table 6-7: Results of HCV testing of injecting drug users in low-threshold facilities in 2006 by regions (Národní monitorovací středisko pro drogy a drogové závislosti, 2007g)

Region	Number of centres carrying out HCV tests	Number of tests	Number of positive tests	Proportion of positive tests (%)
Prague	1	105	35	33.3
Central Bohemia	1	27	3	11.1
Southern Bohemia	3	54	3	5.6
Pilsen	3	134	13	9.7
Karlovy Vary	0	–	–	–
Ústí nad Labem	5	230	55	23.9
Liberec	1	34	0	0.0
Karlovy Vary	1	4	0	0.0
Pardubice	0	–	–	–
Vysočina	3	31	0	0.0
Southern Moravia	1	41	0	0.0
Olomouc	2	16	1	6.3
Zlín	1	11	0	0.0
Moravian-Silesian region	1	8	1	12.5
Total	**23**	**695**	**111**	**16.0**

The results of testing for HIV and HCV antibodies among clients of the Centre for Drug Prevention and Therapy public service company were presented separately. The testing was carried out in collaboration with the Health Institute in Pilsen (Fránová, 2007). From January 2005 to May 2007, the HIV/AIDS counselling office of the Health Institute tested 112 injecting drug users (the ELISA laboratory tests from venous blood were used). No HIV positive case was identified; 20 cases (17.9%) were positive for HCV antibodies (with a maximum of 24.5% in 2005). The authors correlate the higher prevalence of HCV in the first year after the service was introduced with greater interest in the testing on the part of older clients with a longer history of drug use (and thus with a higher likelihood of a positive result); in the next years, the testing was carried out more commonly on clients with a shorter history of use (a similar trend was also observed in HCV testing by means of rapid tests). The authors emphasised the benefits of collaboration between the health institute and the low-threshold centre for the monitoring and prevention of infections among drug users.

A higher prevalence of HIV and viral hepatitis is found among groups of injecting drug users with a longer period of drug use, or in selected samples of dispensed or treated drug users with somatic difficulties. For instance, the Remedis internal clinic and counselling office for liver diseases at the Nuselská policlinic in Prague 4 had 671 newly registered drug users on its books in 2003–2006; an HBV seroprevalence of 47% and an HCV seroprevalence of 66% were found among them (Řehák, 2007). In a sample of 436 hospitalised drug users in the Infections Centre for Drug Users at the Motol Teaching Hospital in Prague in 2002–2005, an HBV (sero) prevalence of 44% and an HCV seroprevalence of 50% were found; HIV infection was not detected – see below.

(Im)migrants from states with a high prevalence of HIV and viral hepatitis, especially former Soviet Union states, represent a subgroup of users in the Czech Republic in whom a higher prevalence of infections can be assumed. The Centre for Addictology, with support from the NMC and Prague City Hall, launched a study aiming to establish the (sero) prevalence of HIV, HCV, and HBV among the population of injecting drug users from the states of the former Soviet Union on the drug scene in Prague. 26 persons had been tested by August 15, 2007 and the results are known for 22 of them: HIV infection was detected in one case (5%), active HCV was detected in 19 cases (86%), and a previous and probably spontaneously cured HCV was found in one case. Altogether, 14 persons (63%) were infected with type B viral hepatitis. The study is expected to finish during November 2007.

6.2.3 Occurrence of Other Infections among Drug Users

The results of the monitoring of a sample of patients hospitalised in the Infections Centre for Drug Users at the Motol Teaching Hospital in Prague have been published (Hobstová and Vitouš, 2007). 436 drug users were hospitalised there in 2002–2005. Acute viral hepatitis was the reason for the hospitalisation of 191 patients (44%), skin infection and soft tissue infection in 67 patients (15%), chronic viral hepatitis in 65 patients (15%), respiratory infections in 31 cases (7%), urogenital infections in 24 cases (6%), and sepsis in 19 cases (4%); the other 9% of diagnoses involved less common infections. The established (sero) prevalence of HIV, HBV, and HCV is mentioned above.

6.3 Other Drug-Related Disorders

6.3.1 Co-Morbidity among Hospitalised Drug Users

In 2006, the NMC carried out an analysis of the 2001–2005 data from obligatory hospitalisation reports to the Institute of Health Information and Statistics of the Czech Republic. The survey involved all hospitalisations of persons who had been diagnosed with a primary or secondary diagnosis of a mental or behavioural disorder caused by drug use (F11–F16 and F18–F19 according to ICD-10) at least once during this period). The sample consisted of 19,795 persons, 12,654 of whom were males and 7,137 females (the gender of four persons was not reported) – see the 2005 Annual Report.

Another analysis from the point of view of gender and age was carried out in 2007 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007b). The hospitalisations most commonly involved disorders in relation to polydrug use (F19) – 43.8% of the cases among males and 35.5% of those among females; then followed hospitalisations resulting from the use of opioids (29.5% of males and 27.9% of females) and stimulants (24.3% of males and 22.6% of females). Disorders caused by the use of hypnosedatives occurred markedly more commonly among females (22.3%), while disorders resulting from the use of cannabis were more common among males (10.7%) – see Table 6-8.

Table 6-8: Number of hospitalised patients diagnosed with disorders caused by the use of individual groups of drugs in 2001–2005 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007b)

Diagnosis	**Number of hospitalised persons**			**Proportion (%)**		
	Males	Females	Total	Males	Females	Total
F11 – opioids	3,732	1,990	5,722	29.5	27.9	28.9
F12 – cannabinoids	1,356	442	1,798	10.7	6.2	9.1
F13 – hypnosedatives	953	1,592	2,545	7.5	22.3	12.9
F14 – cocaine	133	94	227	1.1	1.3	1.1
F15 – stimulants	3,078	1,610	4,688	24.3	22.6	23.7
F16 – hallucinogens	308	130	438	2.4	1.8	2.2
F18 – inhalants	615	141	756	4.9	2.0	3.8
F19 – polydrug use and use of other substances	5,543	2,531	8,074	43.8	35.5	40.8
Total	**12,654**	**7,137**	**19,791**	**100.0**	**100.0**	**100.0**

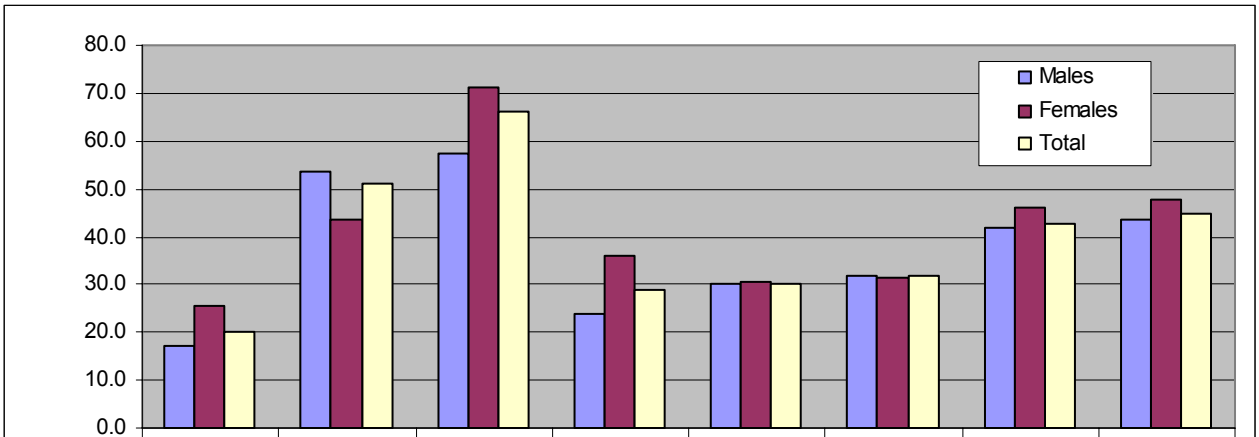
Note: The sum of cases according to diagnoses is higher than the total number of clients; the reason is that some patients have multiple diagnoses.

Hospitalisations with a primary diagnosis of a mental and behavioural disorder (86.6% among males and 84.4% among females[33]) prevailed among the sample. The next most common were hospitalisations with a primary diagnosis of an injury, poisoning, and some other consequences or external causes (29.2% among males and 25.3% among females). The next most common among males were infectious and parasitic diseases (A00–B99; 11.8%) and digestive tract diseases (K00–K93; 11.1%), while pregnancy, childbirth, and puerperium (O00–O99; 19.1%), digestive tract diseases (K00–K93; 15.3%), and genitourinary tract diseases (N00–N99; 13.2%) were the most common among females.

Psychiatric disorders (diagnoses F00–F99, excluding F10–F19) occurred relatively most commonly together with the use of sedatives and hypnotics (57.4% of males and 71.2% of females with the diagnosis F13), and then with the use of cannabis among males (53.5% of males with the diagnosis F12) and with polydrug use among females (47.9% of females with the diagnosis F19). Psychiatric disorders were relatively the least common among opiates users (17.3% of males and 25.6% of females), and then among cocaine users among males (24.1%), and among females using stimulants (30.4%) – see Figure 6-5.

[33] This is understandable as a result of the selection criteria for the sample selection.

Figure 6-5: Psychiatric disorders (F00–F99, excluding F10–F19) in combination with illicit drug use among hospitalised patients by gender (%) (Národní monitorovací středisko pro drogy a drogové závislosti, 2007b)



	F11	F12	F13	F14	F15	F16	F18	F19
Males	17.3	53.5	57.4	24.1	30.1	31.8	42.0	43.6
Females	25.6	43.7	71.2	36.2	30.4	31.5	46.1	47.9
Total	20.2	51.1	66.1	29.1	30.2	31.7	42.7	44.9

Note: Mental and behavioural disorders caused by the use of illicit drugs: opioids – F11, cannabis – F12, hypnosedatives – F13, cocaine – F14, stimulants – F15, hallucinogens – F16, inhalants – F18, polydrug use and use of other psychoactive substances – F19.

Outside the circle of substance addictions, adult personality and behaviour disorders (F60–F69; 16.8%), and neurotic, stress-related, and somatoform disorders (F40–F49; 12.0%), and then schizophrenia, schizotypal, and delusional disorders (F20–F29; 8.5%) were the most common psychiatric disorders among males. Neurotic and stress-related disorders (F40–F49; 21.0%), adult personality and behaviour disorders (F60–F69; 14.1%) and affective disorders, i.e. mood disorders (F30–F39; 13.2%) were the most common among females. The higher occurrence of personality and behaviour disorders among males than among females was especially recorded in terms of users of cannabis and stimulants; neurotic disorders among males concern especially users of stimulants and cannabis. A markedly higher occurrence of neurotic disorders and stress-related disorders was observed among females using hypnosedatives but also female users of cocaine (in this regard, it is necessary to consider the low number of cases) and opioids. At the same time, a higher occurrence of affective disorders was recorded among female users of hypnosedatives. More detailed information is given in Table 6-9 and Table 6-10.

Table 6-9: Psychiatric disorders in combination with illicit drug use among selected patients – males (%) (Národní monitorovací středisko pro drogy a drogové závislosti, 2007b)

Diagnostic group	**F11**	**F12**	**F13**	**F14**	**F15**	**F16**	**F18**	**F19**	**Total**
F00–F09	2.3	1.6	10.0	2.3	1.1	2.3	3.3	3.2	**2.9**
F20–F29	3.1	15.2	9.2	5.3	7.0	10.7	7.6	12.3	**8.5**
F30–F39	2.9	4.7	19.5	5.3	2.9	5.5	2.3	5.7	**4.9**
F40–F49	5.5	19.4	28.9	9.8	9.5	10.1	9.8	14.2	**12.0**
F50–F59	0.5	0.8	1.7	1.5	0.5	0.3	0.5	0.7	**0.6**
F60–F69	7.9	25.6	24.4	17.3	18.4	15.6	17.2	23.8	**16.8**
F70–F79	0.9	2.4	1.5	0.8	0.6	2.3	8.0	2.4	**1.8**
F80–F89	0.1	0.4	0.5	0.0	0.1	0.0	1.1	0.2	**0.2**
F90–F98	1.1	10.1	2.0	0.8	2.2	3.2	12.5	3.3	**3.2**
F99	0.2	0.3	0.5	2.3	0.4	0.6	0.3	0.3	**0.3**
Total (N)	**3,732**	**1,356**	**953**	**133**	**3,078**	**308**	**615**	**5,543**	**12,654**

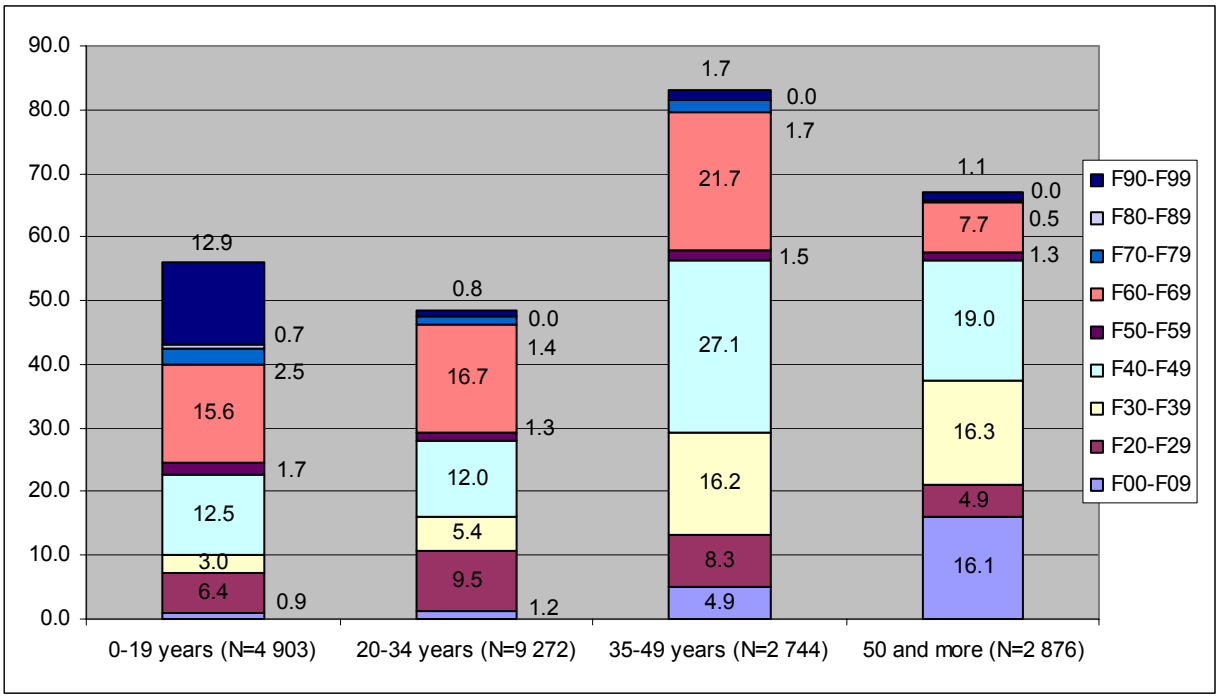
Table 6-10: Psychiatric disorders in combination with illicit drug use among selected patients – females (%) (Národní monitorovací středisko pro drogy a drogové závislosti, 2007b)

Diagnostic group	F11	F12	F13	F14	F15	F16	F18	F19	Total
F00–F09	4.0	2.3	11.7	4.3	1.3	0.8	5.0	4.4	**5.3**
F20–F29	3.9	9.0	7.0	3.2	7.3	6.2	4.3	9.6	**6.8**
F30–F39	7.8	10.0	29.0	7.4	5.8	6.2	8.5	13.3	**13.2**
F40–F49	11.6	15.6	44.0	21.3	10.4	13.8	17.0	22.6	**21.0**
F50–F59	1.7	2.5	4.5	5.3	3.1	3.1	2.1	3.6	**2.9**
F60–F69	7.4	12.9	24.4	11.7	12.0	11.5	11.3	19.6	**14.1**
F70–F79	1.3	0.7	0.9	1.1	1.2	2.3	3.5	1.5	**1.1**
F80–F89	0.0	0.9	0.1	1.1	0.2	0.8	2.1	0.3	**0.2**
F90–F98	1.9	13.6	3.2	7.4	5.7	3.8	12.1	6.1	**4.4**
F99	0.2	0.9	0.6	1.1	0.2	0.8	0.7	0.7	**0.4**
Total (N)	**1,990**	**442**	**1,592**	**94**	**1,610**	**130**	**141**	**2,531**	**7,137**

Note: F00–F09 – organic, including symptomatic, mental disorders, F20–F29 – schizophrenia, schizotypal, and delusional disorders, F30–F39 – mood (affective) disorders, F40–F49 – neurotic, stress-related, and somatoform disorders, F50–F59 – behavioural syndromes associated with physiological disturbances and physical factors, F60–F69 – adult personality and behaviour disorders, F70–F79 – mental retardation, F80–F89 – developmental disorders, F90–F98 – behavioural and emotional disorders in children, F99 – unspecified mental disorder. Mental and behavioural disorders caused by the use of opioids: F11 – opioids, F12 – cannabinoids, F13 – sedatives or hypnotics, F14 – cocaine, F15 – stimulants, F16 – hallucinogens, F18 – inhalants, F19 – polydrug use and use of other psychoactive substances

The occurrence of psychiatric disorders in the sample of hospitalised persons was also analysed from the point of view of age groups. In the age groups 0–19 and 20–34 years, psychiatric diagnoses, excluding substance addictions, most commonly involved adult personality and behaviour disorders (F60–F69; 15.6% and 16.7%, respectively); the age group under 19 most commonly involved behaviour disorders in children and unspecified disorders (F90–F99; 12.9%). In the age groups 35–49 and above 50, neurotic disorders, stress-related disorders, and somatoform disorders prevail (F40–F49; 27.1% and 19.0%, respectively). The occurrence of affective disorders (F30–F39) and organic mental disorders (F00–F09) grows with age – Figure 6-6.

Figure 6-6: Psychiatric disorders in combination with illicit drug use among selected patients by age groups (%) (Národní monitorovací středisko pro drogy a drogové závislosti, 2007b)



Note: The names of categories of psychiatric diagnoses are included in Table 6-10. The sum of the occurrences of the individual groups of psychiatric diagnoses does not correspond to the total occurrence of psychiatric diagnoses (F00–F99, excluding F10–F19); the reasons involve the occurrence of several psychiatric diagnoses in individual patients.

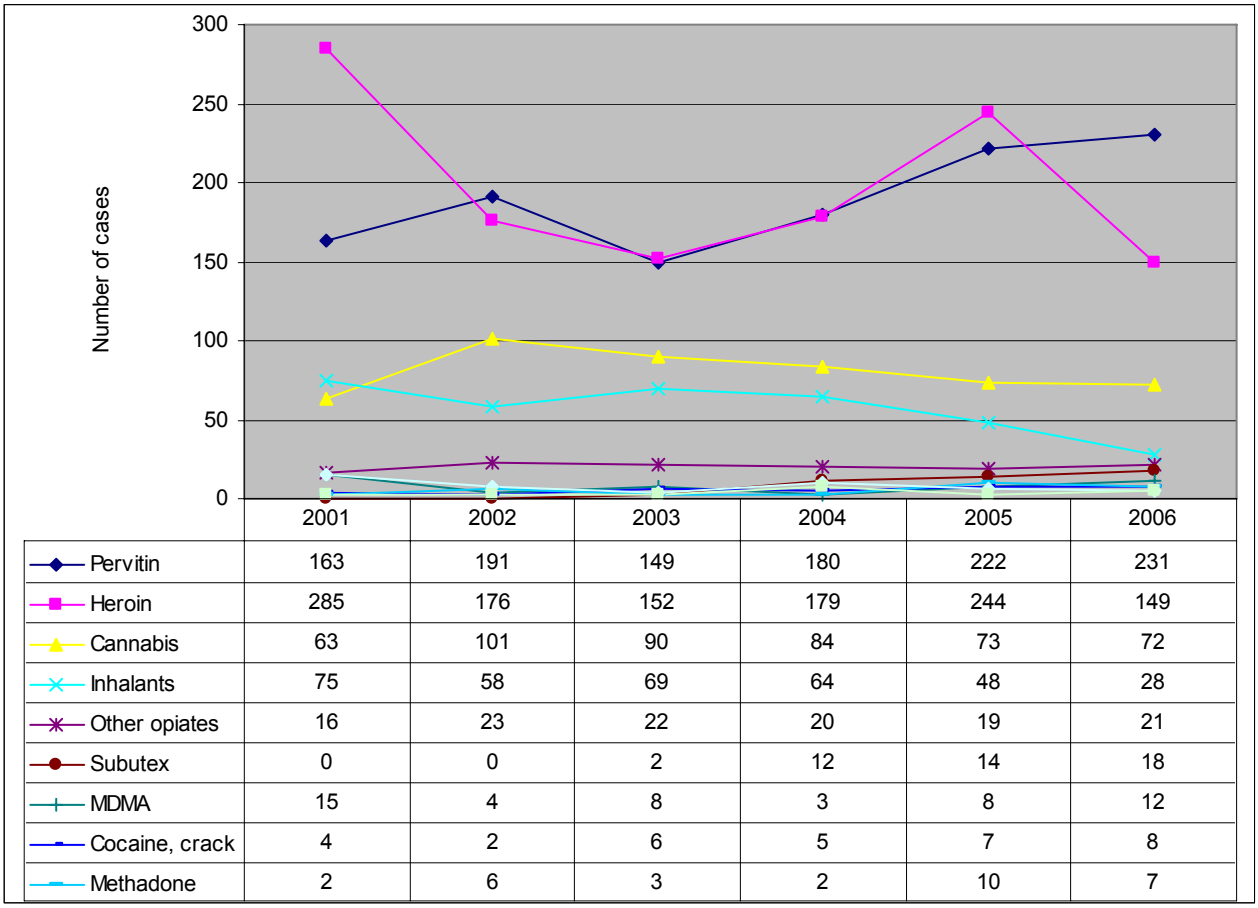
6.3.2 Non-Fatal Drug Intoxications

The collection of data about non-fatal intoxications[34] is based on the system administered by the Hygiene Service. Considerable regional differences in data collection systems have persisted. Various types of health care facilities

[34] The system also includes the reporting of overdoses and other health complications which require hospitalisation.

represent sources of data. 954 cases were recorded in 2006 (1,193 cases in 2005). The trends regarding selected drugs are given in Figure 6-7.

Figure 6-7: Non-fatal intoxications with selected drugs in the Czech Republic in 2001–2006 (Polanecký et al., 2002–2007)



	2001	2002	2003	2004	2005	2006
Pervitin	163	191	149	180	222	231
Heroin	285	176	152	179	244	149
Cannabis	63	101	90	84	73	72
Inhalants	75	58	69	64	48	28
Other opiates	16	23	22	20	19	21
Subutex	0	0	2	12	14	18
MDMA	15	4	8	3	8	12
Cocaine, crack	4	2	6	5	7	8
Methadone	2	6	3	2	10	7

6.3.3 Drugs and Traffic Accidents

Detections of alcohol and other drugs[35] among dissected victims of traffic accidents in all thirteen departments of forensic medicine and forensic toxicology in the Czech Republic have been analysed since 2003 – see the chapter on Drug-Related Deaths and Mortality of Drug Users, page 43; the 2003 data were published in the professional press (Mravčík et al. 2005). The sample is divided into four categories: pedestrians, cyclists, drivers of motor vehicles, and others. The category "others" concerns especially passengers in motor vehicles and dead persons not belonging to any of the other three categories (other than road traffic accidents – for instance, plane accidents, accidents on construction sites, passengers in mass transportation vehicles, etc.).

Approximately 50% of the dead victims of traffic accidents were tested toxicologically[36] in 2003–2006 – Table 6-11. The highest proportion of positive results involved alcohol; the declining trend from 2003–2005 has stopped and the proportion of positive findings almost reached its 2003 value. The proportion of positive findings of pervitin and THC increased, and for the first time it exceeded the values found for benzodiazepines (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2007) – Table 6-12.

[35] As far as ethanol is concerned, cases with an alcohol level higher than 0.2 g/kg are regarded as positive (Společnost soudního lékařství a soudní toxikologie, 1999), as far as cannabinoids are concerned; positive cases involved those cases where THC or its active metabolite (therefore, not, for instance, THC-COOH) were found, and positive cases of inhalants involve the detection of substances which do not develop *post mortem* or are not indicated in several physiological or pathological conditions (e.g. acetone, acetaldehyde, n-propanole, n-butanole).

[36] i.e. examined for alcohol or a drug belonging to the group of inhalants, opiates, stimulants, cannabis, cocaine, benzodiazepines, barbiturates.

Table 6-11: Overview of those dissected in forensic medicine departments in the Czech Republic in 2003–2006 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2007)

Year	Total number of dissected bodies	Dead victims of traffic accidents thereof		
		Bodies dissected	Toxicologically tested	Proportion of toxicologically tested (%)
2003	9,960	1,035	554	53.5
2004	12,731	1,255	590	47.0
2005	11,358	1,047	561	53.6
2006	12,498	1,034	438*	46.4**

*Note.: * The sample of toxicological examinations from the Královské Vinohrady Teaching Hospital was delivered after the deadline for the processing of this chapter, and so it was not included (altogether 645 autopsies, 91 traffic accidents thereof). ** Calculated without the Královské Teaching Hospital in Vinohrady (n=943).*

Table 6-12: Detection of alcohol and narcotic and psychotropic substances among victims of traffic accidents in 2003–2006 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2007)

Substance	Year	Category of victims of traffic accidents							
		Pedestrians		Cyclists		Drivers		Total	
		Tests	Positive (%)	Tests	Positive (%)	Tests	Positive (%)	**Tests**	**Positive (%)**
Ethanol	2003	141	51.8	50	40.0	203	32.0	**394**	**40.1**
	2004	150	48.7	44	29.5	209	23.9	**403**	**33.7**
	2005	148	45.3	35	34.3	198	18.7	**381**	**30.4**
	2006	102	55.9	35	37.1	164	26.2	**301**	**37.5**
Inhalants	2003	141	0.7	50	0.0	203	0.5	**394**	**0.5**
	2004	150	0.7	44	0.0	209	0.0	**403**	**0.3**
	2005	148	1.4	35	0.0	198	0.0	**381**	**0.5**
	2006	102	0.0	35	0.0	164	0.0	**301**	**0.0**
Opiates (including heroin)	2003	92	0.0	28	3.6	153	0.7	**273**	**0.7**
	2004	109	0.0	23	4.3	172	0.0	**304**	**0.3**
	2005	103	0.0	17	0.0	149	0.7	**269**	**0.4**
	2006	81	0.0	15	0.0	127	0.8	**223**	**0.4**
Stimulants (including pervitin and ecstasy)	2003	91	1.1	27	0.0	152	3.3	**270**	**2.2**
	2004	109	1.8	23	0.0	170	1.8	**302**	**1.7**
	2005	103	1.9	17	0.0	148	0.7	**268**	**1.1**
	2006	79	1.3	15	0.0	125	7.2	**219**	**4.6**
Cocaine	2003	39	0.0	8	0.0	54	0.0	**101**	**0.0**
	2004	50	0.0	13	0.0	75	0.0	**138**	**0.0**
	2005	45	0.0	10	0.0	71	0.0	**126**	**0.0**
	2006	43	0.0	7	0.0	67	0.0	**117**	**0.0**
Cannabis (active metabolites of THC)	2003	70	2.9	21	0.0	101	4.0	**192**	**3.1**
	2004	44	2.3	14	0.0	100	0.0	**158**	**0.6**
	2005	54	1.9	11	0.0	94	3.2	**159**	**2.5**
	2006	53	11.3	8	12.5	91	4.4	**152**	**7.2**
Benzodiazepines	2003	89	3.4	28	7.1	150	2.0	**267**	**3.0**
	2004	109	5.5	23	4.3	172	2.9	**304**	**3.9**
	2005	103	2.9	17	5.9	147	4.1	**267**	**3.7**
	2006	81	2.5	15	0.0	127	3.9	**223**	**3.1**
Barbiturates	2003	88	0.0	28	3.6	149	0.0	**265**	**0.4**
	2004	109	1.8	23	0.0	169	1.2	**301**	**1.3**
	2005	101	2.0	15	0.0	131	0.8	**247**	**1.2**
	2006	77	0.0	14	0.0	111	0.9	**202**	**0.5**
Any drug besides alcohol	2003	108	7.4	35	11.4	171	6.4	**314**	**7.3**
	2004	117	9.4	26	7.7	181	5.5	**324**	**7.1**
	2005	110	8.2	19	5.3	158	7.0	**287**	**7.3**
	2006	84	9.5	18	5.6	133	12.8	**235**	**11.1**

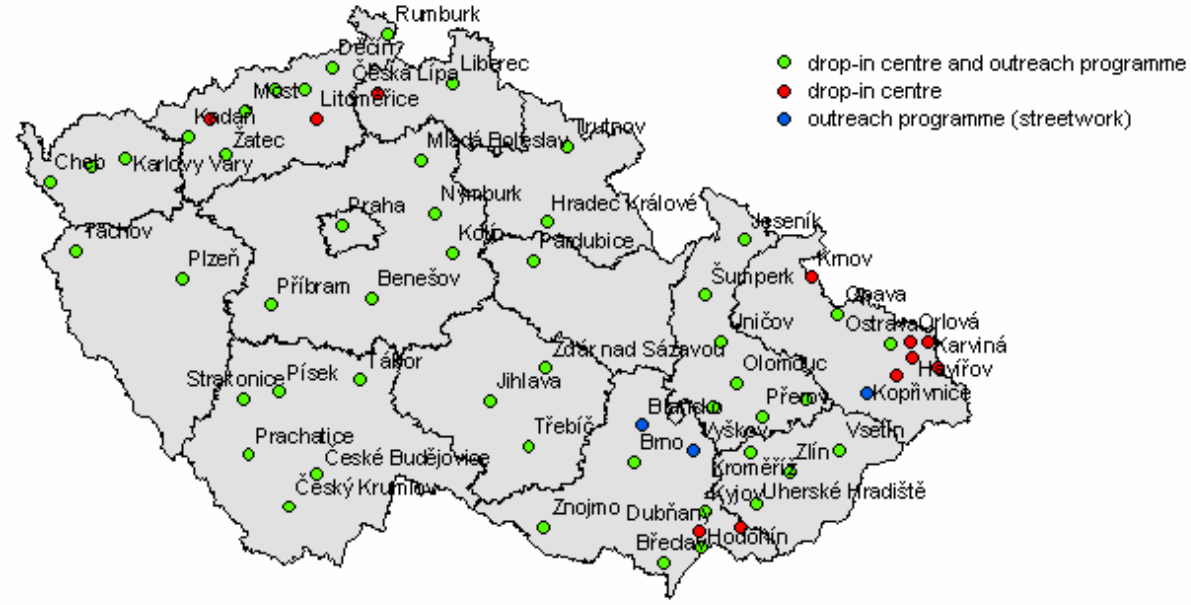
7 Responses to Health Correlates and Consequences of Drug Use

The measures targeted at the reduction of drug-related health risks are carried out by low-threshold facilities for drug users. The availability, capacity, and use of the facilities have been increasing continually since the second half of the 1990s. The proportion of problem users who are in contact with the facilities is relatively high (60–70%) (see more information in the chapter on Problem Drug Use, page 24). The number of injecting needles and syringes distributed in exchange programmes increased again in 2006. On the other hand, a decrease in the availability of testing for infectious diseases can be mentioned as a weakness – the number of HIV and HVC tests of clients of low-threshold facilities declined rapidly in 2006 to approximately half of the number in 2003–2005.

7.1 Services Provided by Low-Threshold Facilities

The network of low-threshold programme consists of low-threshold (drop-in) centres and outreach (streetwork) programmes; altogether, there were 90[37] of them in 2006 – see Map 7-1. The target population of the low-threshold facilities consists of problem drug users, experimenters, and their friends and relatives; some facilities also provide services to recreational users of dance drugs.

Map 7-1: Low-threshold facilities in the Czech Republic in 2006



Data on the services provided by low-threshold facilities and on persons who have received them are available in annual reports drawn up by the facilities for the purposes of the subsidy proceedings of the Council of the Government for Drug Policy Coordination. 71 (78%) of the total of 90 low-threshold facilities participated in the subsidy proceedings. A summary of the data on the clients of low-threshold programmes in recent years and the services provided by them is included in Table 7-1 and Table 7-2.

Table 7-1: Clients of Czech low-threshold facilities in 2002–2006, extrapolated to the total number of programmes (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i)

Indicator	2002	2003	2004	2005	2006
Number of low-threshold facilities	92	93	92	92	90
Number of drug users	n.a.	25,200	24,200	27,800	25,900
– injecting drug users	19,000	16,700	16,200	17,900	18,300
– pervitin users	12,900	11,300	12,200	12,300	12,100
– opiates users	8,000	6,100	6,000	6,800	6,900*
– cannabis users	3,400	5,500	4,100	3,600	2,700
– inhalant users	n.a.	705	560	470	450
Average age of drug users (years)	22.0	23.2	23.4	25.0	25.3
Total number of contacts/visits	290,000	315,000	317,900	403,900	322,900

Note: 4,000 heroin users and 2,900 Subutex® users thereof.

[37] Many organisations operate low-threshold centres and outreach programmes as separate programmes; some outreach programmes are carried out as part of the services supplied by low-threshold centres and whether they are defined as an independent programme depends, for instance, on whether they are funded as a separate project.

Table 7-2: Selected activities of low-threshold facilities in 2004–2006, extrapolated to the total number of programmes (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i)

Indicator	2004	2005	2006
Number of exchanges in exchange programmes	139,800	249,000	191,000
Food service	94,700	99,500	97,600
Hygiene service	34,500	40,900	41,100
Individual counselling	27,300	25,800	21,900
Medical attendance	13,500	12,500	10,500
Group counselling	1,800	1,500	1,500
Crisis intervention	3,000	2,500	1,800

In comparison with the previous years, attendance at low-threshold facilities did not increase and neither was there an increase in the volume of the services provided; however, the number of injecting sets exchanged increased markedly (see below). The number of drug users who took advantage of the services supplied by these facilities and their structure by gender and drugs used has remained stable in the long term. In the long term, the average age of users increased from 22 in 2002 to 25.3 in 2006.

Only four low-threshold programmes (the Drop In – Prague outreach programme, Jihočeský streetwork – České Budějovice, CPPT – Pilsen outreach programme, and Kappa – Přerov outreach programme) carried out harm reduction activities among drug users attending dance events; altogether 1,122 drug users were contacted and 276 orientative tests of tablets containing synthetic drugs were carried out (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i). One other facility carried out activities at dance events in 2007 – the Renarkon Ostrava outreach programme. For the sake of comparison, 18 and 16 programmes dealt with preventive activities at dance events and nearly 5,000 and 3,700 persons were contacted in 2003 and 2004, respectively – see also the 2004 Annual Report. The decline in the number of programmes which work with the users of dance drugs and the number of contacts with these users is a consequence of a restriction on the funding of these programmes, which took place on the basis of a political decision in 2004. The long-term leader of these activities, the programme entitled Prevention of Synthetic Drugs Abuse, carried out by the Podané ruce civic association in Brno, completely withdrew from its work at dance events. The Designated Driver campaign has been implemented in the environment of mass dance events – see the chapter on Media and Media Campaigns, page 15 for more information.

7.2 Overdose Prevention

In the Czech Republic, overdose prevention is carried out through the counselling and education of drug users within the framework of the services provided by low-threshold and treatment facilities. The main topics dealt with in education involve first aid in the case of an overdose, the risks of combining drugs, and principles of safer use.

The Dekontaminace (Decontamination) journal is one of the sources of information for the clients of low-threshold programmes. It is published by the SANANIM civic association and distributed free of charge to all outreach programmes and low-treshold centres in the Czech Republic. In addition to information about overdoses and infectious diseases, the journal also publishes thematic articles about various options for treatment, reports, interviews with experts, information about individual drugs and their effects and risks, and legal and social counselling. The journal also provides a list of low-threshold centres and detoxification units which operate in large towns.

The Podané ruce civic association drew up the publication Guide to Safer Use for its clients (it can be downloaded free of charge at www.extc.cz). The SANANIM civic association and the Podané ruce civic association has also published publications focusing on overdose prevention and infection prevention for Roma and Russian-speaking clients of low-threshold facilities; they are available in Roma and Russian.[38]

Most low-threshold facilities also deal with overdose prevention within the framework of anonymous counselling to clients via e-mail and by telephone. More detailed information about internet and phone counselling in the field of addictions can be found in a previously published survey (Sadílek and Mravčík, 2006).

The prevention of overdose and health complications in relation to the use of dance drugs, namely MDMA, is part of the programmes which operate at dance events (see above) and the specialised website and internet counselling office of the Podané ruce civic association at www.extc.cz.

No other specific activities leading to overdose prevention (e.g. the preventive distribution of opioid antagonists to users or rooms for hygienic application for injecting drug users) have been implemented in the Czech Republic.

[38] Several dozen Russian-speaking drug users from former Soviet Union countries (especially Ukraine) can be found in the Prague drug scene; therefore, the SANANIM field programme employs Russian-speaking employees (native speakers) who work with these clients. A study on the (sero) prevalence of HIV, HBV, and HCV among Russian-speaking drug users in Prague was launched in 2007 – see more information in the chapter on Drug-Related Infections, page 54.

7.3 Prevention of Infectious Diseases

Activities in the field of infection prevention belong among the basic services supplied by low-threshold facilities (provision of information, education and motivation towards safer drug use, needle and syringe exchange programmes, education and motivation towards safer sex, distribution of condoms, provision/mediation of testing for infections, and/or further medical care). The types of services provided by individual low-threshold facilities vary according to their financial means and capacity and demand on the part of their clients.

Many low-threshold and other facilities which supply services to drug users collaborate in the field of prevention and testing for infections with public health protection bodies – regional hygiene stations or health institutions. The degree of collaboration varies and depends especially on willingness on the part of the health institutions, or, more accurately, the appropriate HIV/AIDS counselling offices of these institutions, and also on what they can offer. In October and November 2006, the Ministry of Health, together with the National Monitoring Centre for Drugs and Drug Addiction, carried out a survey among health institutions about the possibilities of and conditions for infection testing among drug users and collaboration with drug services in a given region; the survey was then processed and published (Národní monitorovací středisko pro drogy a drogové závislosti, 2007e). Health institutions are involved in testing for infections among drug users and their prevention, and collaborate with drug services in the regions, especially in the Central Bohemia, Pilsen, Ústí nad Labem, Pardubice, and Karlovy Vary regions.

In 2006, the number of specialised counselling offices for HIV/AIDS prevention operating in health institutions of the Czech Republic increased to 64 (which is the highest number since 2001).

In the field of the prevention and treatment of infectious diseases and other somatic disorders, the facilities which supply services to drug users also collaborate with other health facilities – for instance, with general practitioners or infectologists; the degree of collaboration varies locally. Some facilities focus specifically on drug users – for instance, the internal surgery and counselling office for liver diseases Remedis, Nuselská policlinic, Prague, which specialises in the treatment of somatic illnesses of drug users (especially viral hepatitis) and which is part of the network of the services for drug users in Prague; in 2003–2006 it registered 671 drug users for the first time (Řehák, 2007).

Some low-threshold facilities carry out HIV testing from saliva in collaboration with the National Reference Laboratory for AIDS at the National Institute of Public Health in Prague. Since the beginning of 2006, there has been a problem with the availability of HCV testing in low-threshold facilities thanks to the absence of a rapid test for HCV antibodies, which is shown in the declining number of tests carried out (see below).

Public free-of-charge phone lines focusing on counselling in the field of infections are available in the Czech Republic. One of them (operated by the National Programme to Combat AIDS, www.aids-hiv.cz) focuses on HIV/AIDS (+420 800 144 444) and two (operated by pharmaceutical companies) focus on HCV (+420 800 333 365, +420 800 331 122).

7.3.1 Needle and Syringe Exchange Programmes

89 out of 90 low-threshold facilities operated a needle and syringe exchange programme in 2006; the number of needles and syringes distributed has been increasing for a number of years – see Table 7-3 and Table 7-4. According to information from final reports, each injecting user who visited a low-threshold facility in 2006 exchanged nine times on the average and received a total of 210 sterile syringes. The regional distribution of the volume of the distributed injecting materials corresponds to the relative number of injecting (problem) drug users – see Map 7-2.

Table 7-3: Exchange programmes in the Czech Republic in 1998–2006 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i; Polanecký et al. 2007)

Year	Number of exchange programmes	Number of needles and syringes distributed
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
2005	88	3,271,624
2006	90	3,868,880

Table 7-4: Needles and syringes distributed in exchange programmes in 2002–2006 by regions (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i; Polanecký et al. 2007)

Region/year	2002	2003	2004	2005	2006
Prague	858,507	979,560	1,210,704	1,697,554	1,850,330
Central Bohemia	12,561	31,682	66,600	110,325	168,220
Southern Bohemia	14,883	69,004	102,621	124,454	141,825
Pilsen	23,221	44,670	88,450	116,611	157,317
Karlovy Vary	16,608	29,299	35,756	58,680	66,382
Ústí nad Labem	256,071	262,418	351,561	479,383	612,259
Liberec	12,273	21,108	33,467	32,800	47,756
Hradec Králové	22,250	45,089	41,021	86,221	98,269
Pardubice	23,622	23,330	36,081	38,725	48,144
Vysočina	11,254	29,363	39,348	61,425	68,682
Southern Moravia	134,285	122,137	165,846	173,090	227,833
Olomouc	21,809	33,832	85,872	96,416	150,024
Zlín	19,973	11,362	41,977	52,169	69,005
Moravian-Silesian region	41,907	75,103	56,232	143,771	162,834
Total	**1,469,224**	**1,777,957**	**2,355,536**	**3,271,624**	**3,868,880**

Map 7-2: Needles and syringes distributed in the Czech Republic in 2006 per 1,000 inhabitants (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i; Polanecký et al. 2007)

7.3.2 Sales of Injecting Needles and Syringes in Pharmacies

Information about purchases of clean injecting materials by drug users in pharmacies and on the subjectively perceived availability of needles and syringes in pharmacies is included in the 2005 Annual Report.

The most recent estimation of the number of sets of injecting materials sold to drug users in pharmacies in the Czech Republic was carried out for the year 2000, when the number reached 924,000 units (Mravčík and Zábranský, 2002). The Centre for Addictology of the 1st Faculty of Medicine, Charles University in Prague plans to carry a similar study in 2007; it will map the volume of injecting materials sold to drug users, attitudes of pharmacies in this respect, and the potential for their being more closely involved in the prevention of infections among drug users.

7.3.3 Testing for Infectious Diseases among Drug Users

In 2006, 46 low-threshold facilities offered testing for HIV, 56 for HBV antibodies, 62 for HCV, and 3 for syphilis; the number of tests carried out declined rapidly (see the reasons mentioned above) – Table 7-5. The results of the testing are mentioned in the chapter on Drug-Related Infections, page 46.

Table 7-5: Number of tests for infections and the number of testing low-threshold facilities in 2002–2006 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i; Národní monitorovací středisko pro drogy a drogové závislosti, 2007g)

Infection	2002		2003		2004		2005		2006	
	Tests	Facilities	Tests	Facilities	Tests	Facilities	Tests	Facilities	Tests	Facilities
HIV	1,158	35	2,629	64	2,178	58	2,425	54	1,253	46
HBV	515	26	739	21	932	25	1,370	28	693	56
HCV	1,202	33	2,499	60	2,582	53	2,664	55	1,133	62
Syphilis	176	2	209	4	84	1	54	2	209	3

7.4 Interventions Relating to Psychiatric Co-Morbidity

The treatment of drug users who also suffer from other, dual diagnoses is carried out in an integrated manner, i.e. within the existing treatment system for drug users, and the specific needs of the patients are taken into consideration – see the chapter on Drug-Related Treatment, page 32.

8 Social Correlates and Consequences of Drug Use

The most significant social problems of drug users involve family and work problems, unemployment, lower education, and poor housing, which sometimes even lead to homelessness; the accumulation of several social problems may lead to social exclusion. Social exclusion does not necessarily have to be a consequence of drug use (especially problem drug use); on the contrary, it can also be one of the causes of drug use.

Besides drug users, unemployed and homeless persons, and people with a low level of education, the groups which are directly at risk of social exclusion also involve immigrants, members of minorities, or children who grow up in problem families; in the Czech Republic, social exclusion involves especially certain groups of the Roma population.

The number of drug offences has remained relatively stable in the Czech Republic in recent years. A slight increase in the number of prosecuted and sentenced drug offenders took place in 2006. The proportion of those prosecuted for offences involving possession of drugs in a quantity greater than small (Section 187a of the Criminal Code) among all detected drug offences has been around 8 to 10 per cent since 2001. The number of misdemeanours of the possession of drugs for personal use was approximately four times higher than the number of offences of the possession of drugs for personal use. Most (60%) drug offences were associated with pervitin, 30% with cannabis; in recent years, the proportion of pervitin has been increasing and the proportion of cannabis and other drugs has been declining. The number of offences in relation to cocaine and ecstasy has been low. In comparison with pervitin-related offences, a markedly higher proportion of juveniles among those accused of and sentenced for cannabis-related offences and a markedly lower proportion of custodial sentences were observed in cannabis-related offences. The highest number of those prosecuted for drug offences per the number of inhabitants was recorded in the Karlovy Vary, Ústí nad Labem, and Liberec regions; in absolute numbers in the Ústí nad Labem and Prague regions. According to a police estimate, drug users committed approximately 14,000 (11%) of all cleared-up offences and 74,000 (22%) of all detected criminal offences, of which approximately 9,000 offences involved cleared-up thefts and 66,000 detected thefts.

8.1 Social Exclusion

The most significant social problems of drug users involve family and work problems, unemployment, lower (incomplete) education, and poor housing, which sometimes even lead to homelessness; the accumulation of several social problems may lead to social exclusion. Social exclusion does not necessarily have to be a consequence of drug use (especially problem drug use); on the contrary, it can also be one of the causes of drug use. Besides drug users, unemployed and homeless persons, and people with a low level of education, the groups which are directly endangered by social exclusion also involve immigrants, members of minorities, or children who grow up in problem families; in the Czech Republic, social exclusion involves especially certain groups of the Roma population.

The 2006–2008 National Action Plan for Social Inclusion defines drug users as one of the target groups on which individual activities should focus (priority aim Reinforcement of the integration of those socially excluded or those at risk of social exclusion, removal of barriers for their entry into and remaining in the labour market) (Ministerstvo práce a sociálních věcí ČR, 2006).

8.1.1 Social Characteristics of People Demanding Treatment

The Prague Hygiene Station has been carrying out long-term monitoring of selected social characteristics of clients who demand treatment in relation to their drug use in individual facilities within the Register of Treatment Demands. The sample consisted of 8,366 treatment demands; 7% of the persons were homeless, and another 7% lived in a facility (e.g. in prison, diagnostic and educational institutions, in dormitories, or in sheltered living facilities). Homelessness and living in a facility are more common among men (8.4% of men and 4.5% of females are homeless, 7.5% of males and 5.0% of females live in facilities); living in a facility is also more common among repeated treatment demands.

More than 50% of the treatment demands involve unemployed people and people who only work on an occasional basis; their proportion among repeated treatment demands is nearly 60%. The low level of education of the people who demand treatment is a significant problem – nearly 50% completed basic education only, and 3% did not even complete basic school. The educational level is higher among those who sought treatment for the first time; however, it may be due to their lower age (Polanecký et al. 2007) – Table 8-1. The structure of treatment demands in terms of the monitored social characteristics does not change in the long term.

Table 8-1: Selected social characteristics of treatment demands in 2006 (%) (Polanecký et al. 2007)

Social characteristics	All treatment demands	First treatment demands	Repeated treatment demands
Homeless	7.1	6.7	7.6
Living in an institution	6.7	5.2	8.1
Unemployed, occasional work	52.0	46.2	57.6
Incomplete elementary education	3.2	4.4	2.0
Elementary education	49.4	51.5	47.3

8.1.2 Drug Users and Labour Market

The Needs Analysis of Treated Drug Users from the Point of View of their Ability to Participate in the Labour Market – a study among clients of therapeutic communities, substitution programmes, psychiatric hospitals, and aftercare facilities – showed that 43% of the respondents have completed their elementary education and 38% have completed secondary education without a school-leaving exam. Nearly 38% of the respondents are unemployed and registered at labour offices, and another 14% do not work but are not registered at a labour office. More than half of the respondents have a record in the penal register (Miovský et al. 2006).

The most commonly mentioned issue in relation to looking for employment was a record in the penal register, which made the clients accept work without a labour contract, and a low level of qualifications, i.e. incomplete education and insufficient working experience; on the contrary, the clients have high expectations regarding the salary and their job description. Visible signs of drug use, conflicts in the workplace, or insufficient work discipline were commonly mentioned as reasons for loss of employment (Miovský et al. 2006).

8.1.3 Drugs and Homelessness

Several studies focusing on estimating the number of homeless people in various towns in the Czech Republic have been carried out in recent years – it is estimated that approximately 3,000 homeless people lived in Prague (in 2004), approximately 1,200 in Brno (in 2006), and approximately 1,200 in Ostrava (in 2005) (Hradecký, 2006; Hradecký et al. 2004; Petřík et al. 2006). The most recent national estimate of the number of homeless people was carried out in 1996; it estimated that there were approximately 35,000 homeless people (i.e. 0.35% of the total population) in the Czech Republic. Males (85%) and people under 40 (55%) were prevalent among them. According to the study from 1996, the prevalence of various illnesses and health handicaps (nearly 90%), as well as the prevalence of substance addiction (50%), were markedly higher among homeless people; nearly 80% of those living on the street mentioned experiences with drug use – especially with pervitin and cannabis; however, sniffing inhalants, which may serve as a substitute for alcohol, is also very common (Hradecká and Hradecký, 1996).

Problems with drugs can be one of the reasons for homelessness – 13% of the respondents to a survey in Prague and Havířov in 2005 mentioned alcohol consumption as the cause; however, problems in family and partner relationships were mentioned more commonly (30–40%) and a loss of employment and associated indebtedness (15–25% of the respondents) were also common causes (Hradecký, 2005; Kosová et al. 2004). The use of alcohol and illicit drugs also complicates the contact of homeless people with charity organisations; persons under the influence of alcohol and drugs do not obey the rules in sheltered living homes and dormitories, drug use makes their access to the labour market even more difficult; more commonly they make their living by collecting waste materials or they turn to committing petty thefts to procure the wherewithal to obtain drugs (Hradecký, 2005; Naděje, 2006).

A qualitative study focusing on the health status and lifestyle of homeless people in Olomouc was carried out in 2005–2006. It involved 22 people (16 men and 6 women) aged 23–67. Most of the respondents mentioned health complications (most commonly skin or parasitical diseases, epilepsy, respiratory illnesses, and illnesses of the locomotor apparatus as the result of an injury). Impaired health status is commonly a result of a neglect of care for health or procrastination in going for medical check-ups; some respondents even mentioned that they do not pay their health insurance. Low awareness of one's own health condition is common – some more serious illnesses are sometimes detected during an accidental medical check-up. Frequent occurrence of injuries and wounds (especially among those under 40) and infectious diseases, especially tuberculosis, were also found. Most of the sample of respondents smoke tobacco (18), thirteen respondents have problems with alcohol, eight mentioned experiences with illicit drugs (most commonly with marijuana, ecstasy, pervitin, or inhalants), and two respondents mentioned previous drug addiction and treatment. Five persons mentioned gambling on slot-machines. Specific health problems occur among drug-using homeless people (e.g. injuries under the influence of drugs, self-damaging, and viral hepatitis among injecting drug users). Drug use was not mentioned as the reason for homelessness in any of the cases, but drugs and alcohol, as well as problems in the family, break-up with a partner, loss of employment, debts, domestic violence, and mental disorders are regarded as significant factors in the onset of homelessness (Krylová, 2007).

8.1.4 Roma Communities and Drugs

The exclusion of Roma communities is regarded as an accumulation of social problems; the primary factors of the social exclusion of the Roma involve long-term unemployment, low income, and the unavailability of housing or its being of poor quality (Kancelář Rady vlády pro záležitosti romské komunity, 2007a).

The Office of the Governmental Council for Roma Community Issues deals with the long-term monitoring and evaluation of the situation in Roma communities within the framework of the Social Workers Support Programme. The primary goal of the programme is to improve the social competencies of socially excluded people in the target community in order to increase their ability to participate in activities which are common for other citizens and prevent their social exclusion (Winkler and Šimíková, 2005).

Altogether, 55 municipalities with 97 outreach workers were involved in the Social Workers Support Programme in 2006. The number of municipalities which are involved in the programme has remained stable in the long term. The number of outreach workers who operate within the framework of this programme has increased in comparison to 2005. Most municipalities (31%) mentioned that the programme has been implemented for four years (31% of municipalities), or five or more years in 29% of municipalities (Kancelář Rady vlády pro záležitosti romské komunity, 2007b).

Outreach social workers supplied services to 13,116 clients in 2006. 32,268 contacts were made, and most of them involved individual work (49%) and work with families (41%). Services in relation to housing (32% of clients), debts (28%), and unemployment (16%) were the most common. Interventions in relation to drug use involved 457 clients (3%) – see Table 8-2. In comparison with the previous years, addressing the issues which relate to debts and truancy increased, while the representation of problems with unemployment is decreasing. The situation in addressing the issues which relate to drug use, gambling, and prostitution has remained stable (Kancelář Rady vlády pro záležitosti romské komunity, 2007b).

Table 8-2: Number of people living in Roma communities who received services from outreach social workers in 2006 by the type of problem (Kancelář Rady vlády pro záležitosti romské komunity, 2007b)

Problem type	Number of clients	Proportion (%)
Debts	4,477	34.1
Quality of housing	3,362	25.6
Unemployment	2,672	20.4
Problematic tenant/landlord relations	1,847	14.1
Insufficient hygiene	1,300	9.9
Truancy	907	6.9
Criminality	620	4.7
Drug use	457	3.5
Gambling	277	2.1
Debts	268	2
Prostitution	63	0.5
Total	**13,116***	**100.0**

*Note: * The sum of the number of clients by problems is higher than the total number of clients – probably due to an accumulation of problems in individual clients.*

In 2005–2006, an Analysis of Socially Excluded Roma Localities and Communities in the Czech Republic and of the Absorption Capacity of Entities which Operate in this Area was drawn up for the Ministry of Labour and Social Affairs. The main aim of the analysis was to acquire basic data about the situation of (socially) excluded people and Roma communities in the Czech Republic which are endangered by social exclusion; the outcome of the project is an interactive electronic map of the localities and their characteristics and an overview of organisations that provide help operating in this field (Gabal Analysis and Consulting a Nová škola, o.p.s., 2006).

Altogether, 310 socially excluded localities in 167 municipalities were described in the Czech Republic; 30% of the localities emerged during the last ten years, especially because of the systematic moving of people to these areas. Nearly a quarter of the localities (23%) are clearly excluded spatially; they are located away from surrounding built-up areas, and 31% of the houses and flats in these localities are in a poor or uninhabitable condition. A high level of unemployment in relation to a low level of education, low social competencies, low motivation, the frequently impaired health condition of inhabitants who are negatively influenced by poor eating habits, smoking, and the consumption of alcohol and other addictive substances have been identified as a principal problem in the excluded Roma localities (Gabal Analysis and Consulting a Nová škola, o.p.s., 2006).

In 2006, the Ministry of Labour and Social Affairs also funded activities in Roma communities within the framework of the programmes entitled Social Exclusion Prevention in Roma Communities and Removing Its Consequences and Support for Providing Special Social Services in Socially Excluded Roma Communities – altogether CZK 58 million (€ 2,046 thousand). The Ministry of Education provides financial support to the Programme for the Support of Integration of the Roma Community – approximately CZK 24 million (€ 850 thousand), which aims to improve the

conditions of the members of the Roma community and reduce their social exclusion; the programme especially focuses on the inclusion of Roma children into schools, further education, and leisure-time activities (Rada vlády pro národnostní menšiny, 2007). Some projects related to the integration of the Roma minority are funded directly via the European Social Fund; in 2006, the European Social Fund provided nearly CZK 67 million (€ 2,360 thousand) for these projects.

In 2006, the Ministry of the Interior carried out a study focusing on mapping the situation in drug use among members of national and ethnic minorities. The aim was to propose measures of a preventive or even repressive nature which will lead to a reduction in the availability of drugs. The data were collected via regional administrations of the Police of the Czech Republic (liaison officers of the Police of the Czech Republic for minorities). The conclusions of the study mention that the Roma and the Vietnamese minority are especially afflicted by drug use; at the same time, it holds true that the Vietnamese minority is very closed and only limited information about drug use in this group is available. The sniffing of inhalants prevails among Slovak Roma, and in recent years, the use of cannabis and pervitin has also been prevalent, while the use of Subutex® prevails among Vlachike Roma. According to the data of the Police of the Czech Republic, members of the Roma (but also the Vietnamese) community are often involved in drug trafficking and cannabis growing; prostitution and soliciting were often mentioned as sources of finance. The Roma are sometimes involved in the acquisition and sale of Subutex® on the black market. Older persons from Roma communities often collaborate with bodies participating in criminal proceedings out of a fear that drugs could endanger children from their family. Families also often accuse drug users from within their own ranks with the aim of achieving a stiffer sentence for them in order to prevent them from continuing to use drugs (Ministerstvo vnitra ČR, 2007c).

8.2 Drug-Related Crime

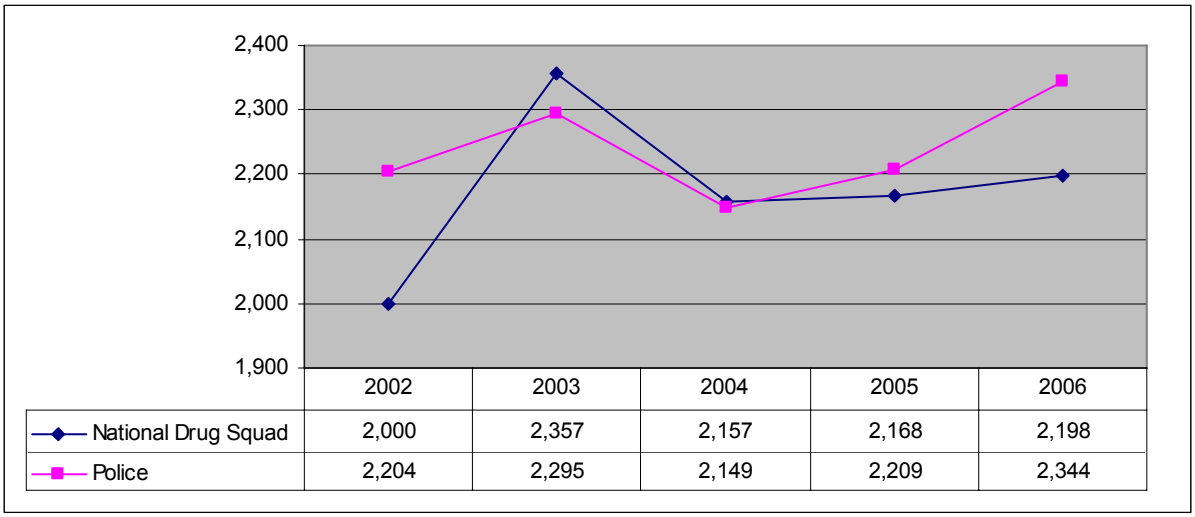
Several stable sources of data about the so-called drug-related crimes, i.e. offences according to the provisions of Sections 187, 187a, 188, and 188a of the Penal Code, are available. They especially involve the statistics of the National Drug Squad of the Police of the Czech Republic, the Police of the Czech Republic, and the Ministry of Justice (Public Prosecutors' Offices and courts). Other information about those prosecuted and sentenced is kept in the registers of the Probation and Mediation Service and the Prison Service of the Czech Republic.

Some of the above-mentioned sources of data overlap; those persons prosecuted or accused of (drug-related) criminal offences are registered in the statistics of the National Drug Squad, which focus exclusively on drug-related criminal activities, as well as in the statistics of the Police of the Czech Republic and Public Prosecutors' Offices, which monitor overall, not only drug-related, crime. This, for instance, causes certain differences in the data about the number of persons accused of drug offences reported by the individual record-keeping systems. This condition is a consequence of differences in methodology between the record-keeping systems (for instance, the case is recorded in different phases of the criminal proceedings or the case reported is defined in various manners). However, the non-existence of a uniform record-keeping system for all institutions involved in criminal proceedings (the police, Public Prosecutors' Offices, and courts) is the underlying reason for this.

8.2.1 Summary Data about Drug-Related Crime and Offenders

2,165 persons were prosecuted in 2006, according to the statistics of the National Drug Squad, which confirms a stable situation in the last three years (Národní protidrogová centrála, 2007c). 2,344 persons were prosecuted of drug-related offences in 2006, according to the Statistical System of Criminality of Police of the Czech Republic (Ministerstvo vnitra ČR, 2007b). Unlike the statistics of the National Drug Squad, the data recorded with the framework of the Statistical System of Criminality suggest a slight increase in drug-related crime during the last three years – see Figure 8-1.

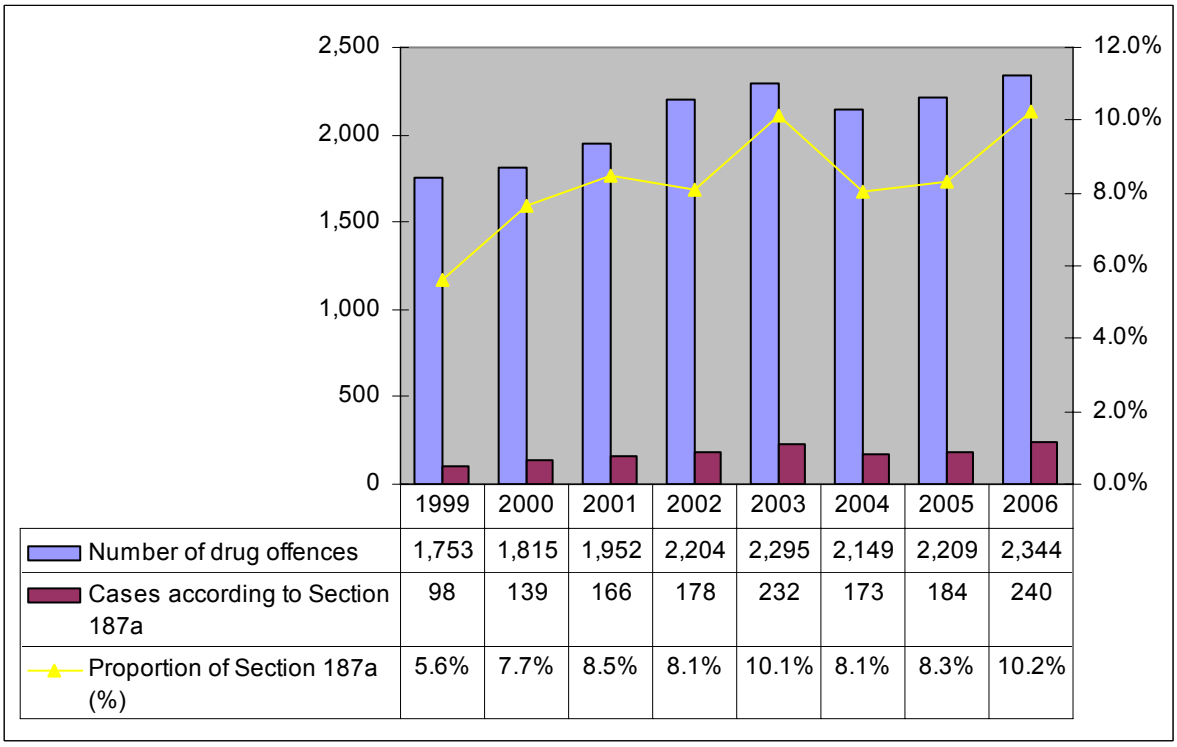
Figure 8-1: Prosecuted drug offenders in 2002–2006 (Národní protidrogová centrála, 2007c; Ministerstvo vnitra ČR, 2007b)



	2002	2003	2004	2005	2006
National Drug Squad	2,000	2,357	2,157	2,168	2,198
Police	2,204	2,295	2,149	2,209	2,344

The proportion of those prosecuted for the unauthorised possession of drugs for personal use (Section 187a of the Penal Code) out of all those prosecuted for all drug-related crimes has been between 8 and 10% since 2001 – see Figure 8-2 (Ministerstvo vnitra ČR, 2007b).

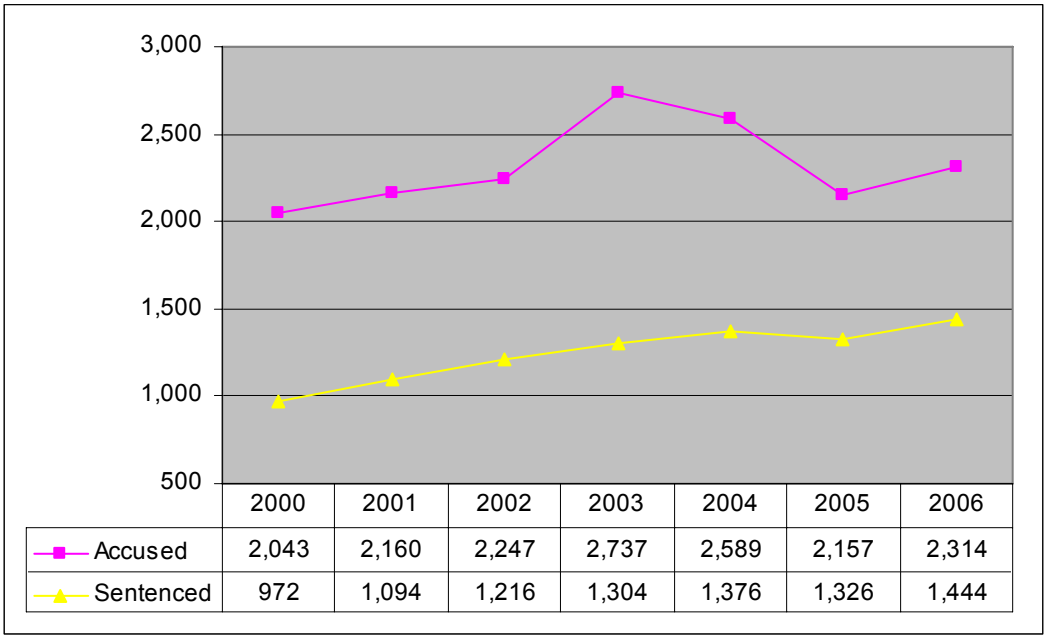
Figure 8-2: Proportion of offenders prosecuted for possession of drugs for personal use (Section 187a TZ) among all offenders prosecuted for drug offences in 1999–2006 (Ministerstvo vnitra ČR, 2007b)



	1999	2000	2001	2002	2003	2004	2005	2006
Number of drug offences	1,753	1,815	1,952	2,204	2,295	2,149	2,209	2,344
Cases according to Section 187a	98	139	166	178	232	173	184	240
Proportion of Section 187a (%)	5.6%	7.7%	8.5%	8.1%	10.1%	8.1%	8.3%	10.2%

2,314 offenders were accused of drug offences in 2006, according to the statistics of Public Prosecutors' Offices. It represents a 7% increase compared to 2005, but the number is lower than in 2003 and 2004. Courts imposed 1,444 custodial sentences for drug offences in 2006 (9% more than in 2005). The long-term trend of the number of those accused and sentenced is given in Figure 8-3 (Ministerstvo spravedlnosti ČR, 2007b).

Figure 8-3: Accused and sentenced offenders of drug crimes in 1999–2006 (Ministerstvo spravedlnosti ČR, 2007b)



	2000	2001	2002	2003	2004	2005	2006
Accused	2,043	2,160	2,247	2,737	2,589	2,157	2,314
Sentenced	972	1,094	1,216	1,304	1,376	1,326	1,444

In 2006, 12% of those prosecuted for drug offences were juveniles and 16% females, 8% of those accused were juveniles and 15% females, and 7% of those sentenced were juveniles and 16% females (Ministerstvo vnitra ČR, 2007b), (Ministerstvo spravedlnosti ČR, 2007b).

8.2.2 Drug Offences by Drug Type

The National Drug Squad is the basic source of data about the participation of individual drugs in drug offences for which investigation and, in most cases, prosecution started (Národní protidrogová centrála, 2007c). Pervitin is the most commonly represented drug among drug offences – 1,293 (60%) of the cases recorded in 2006. Cannabis (especially marijuana) was the main drug[39] in 638 cases. An increase in the proportion of pervitin-related cases, as well as a decrease in the proportion of cases in relation to cannabis and other drugs, especially ecstasy, can be observed during the last five years. As far as cocaine-related cases are concerned, a decline to approximately the level of the previous years occurred after a marked increase in 2005. Table 8-3 and Figure 8-4 give the number of drug offences by drug type and the proportions of the individual drugs in 2002–2006.

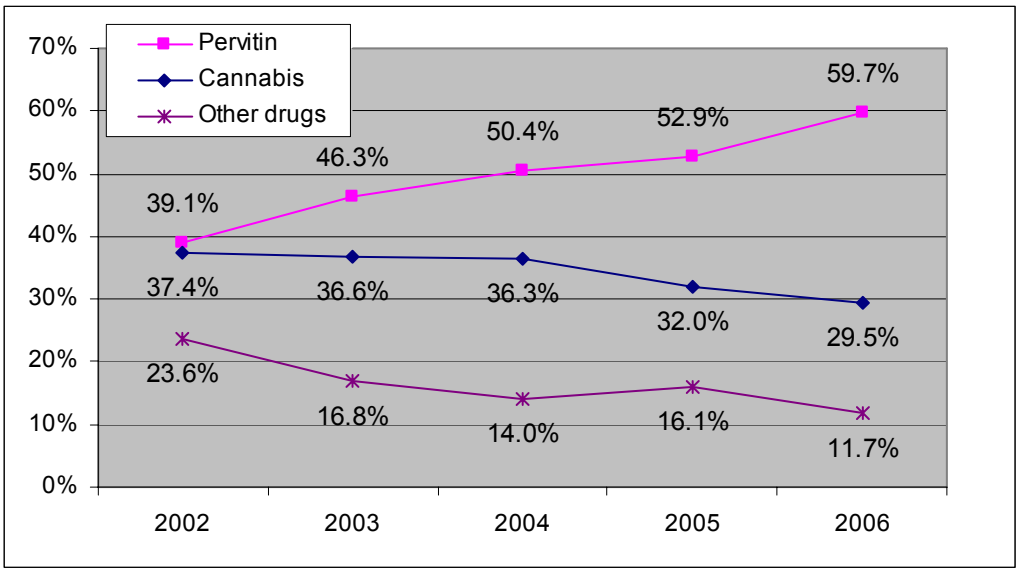
Table 8-3: Number of drug offences (prosecuted persons) by drug type in 2002–2006 (Národní protidrogová centrála, 2007c)

Drug	**2002**	**2003**	**2004**	**2005**	**2006**	
					Abs.	%
Pervitin*	781	1,129	1,058	1,125	1,293	59.7
Cannabis	748	892	763	682	638	29.5
Heroin	157	105	134	145	116	5.4
Ecstasy	140	66	66	55	35	1.6
Cocaine	10	24	17	50	13	0.6
LSD	4	4	3	9	4	0.2
Other drugs	160	137	59	62	66	3.0
Total	**2,000**	**2,437**	**2,100**	**2,128**	**2,165**	**100.0**

*Note: * The data for 2002 also include amphetamine-related cases – no classification into pervitin (methamphetamine) and amphetamine is available for this year; however, it is likely that, as in the previous years, there were only a few cases which involved amphetamine (3 cases in 2004, 2005, and 2006).*

[39] (Since 2002, when it started to report the cases in compliance with the requirements of the EMCDDA), the National Drug Squad has reported the cases according to the so-called "main drug" – i.e. that drug of which the greatest quantity was found in a given case (production, sales, possession, etc.); therefore, the total sum of the cases categorised by drug type corresponds to the total number of cases, i.e. prosecuted drug offences.

Figure 8-4: Proportion of pervitin, cannabis, and other drugs in all drug offences (persons prosecuted) in 2002–2006 (Národní protidrogová centrála, 2007c)



The year 2006 is the second year for which the data of the Ministry of Justice (statistics of courts and Public Prosecutors' Offices) concerning drug offences are available by drug type (Ministerstvo spravedlnosti ČR, 2007a). In comparison with 2005, the proportion of cases which were differentiated in this manner increased to 58% of all offenders accused of drug offences (32% in 2005) and 84% of sentenced offenders (68% in 2005).

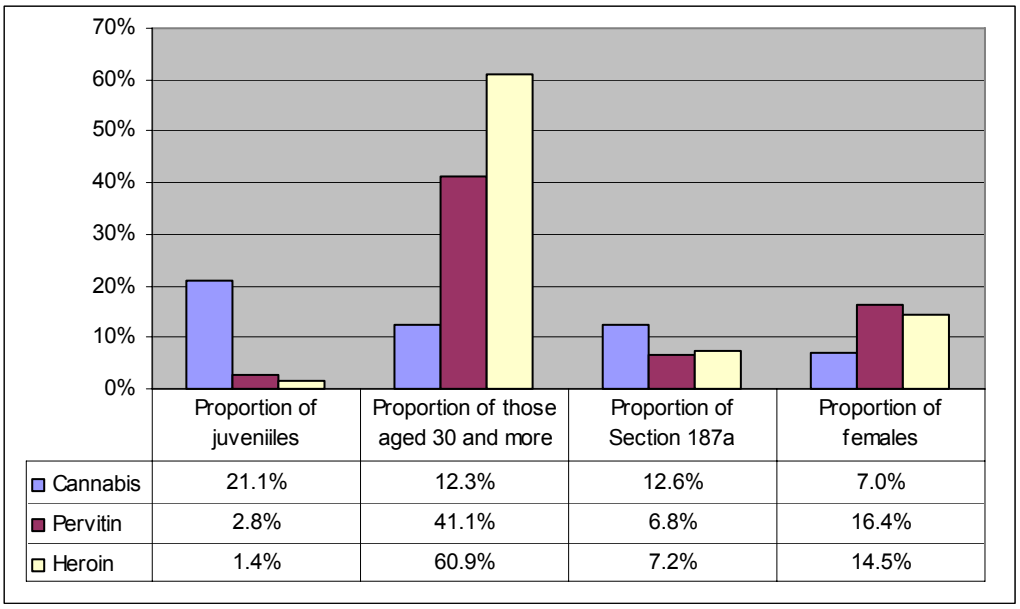
Pervitin (66% of accused offenders and 49% of sentenced offenders) and cannabis (21% of accused as well as sentenced offenders) continue to be the most commonly represented drugs – Table 8-4.

Table 8-4: Accused and sentenced offenders of drug offences by drug type in 2006 (Ministerstvo spravedlnosti ČR, 2007a)

Monitored group	**Persons**	**Pervitin (%)**	**Cannabis (%)**	**Heroin (%)**	**Ecstasy (%)**	**Cocaine (%)**	**Other drug (%)**
Accused offenders (Public Prosecutor's Office)	1,342	65.9	21.2	5.1	1.3	1.3	5.1
Sentenced offenders (courts)	1,212	48.7	21.0	7.0	2.4	1.5	19.5

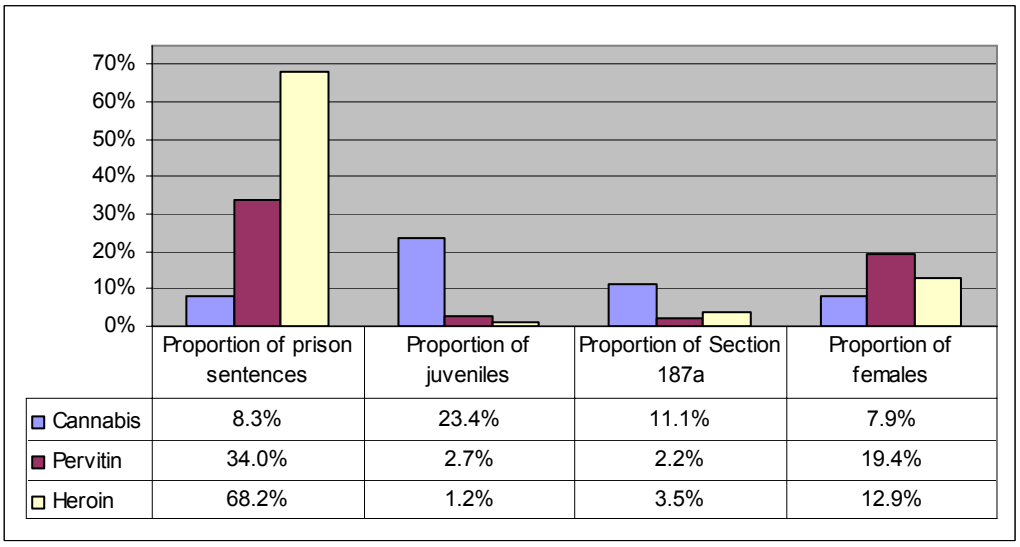
The proportion of cannabis-related offences involves a markedly higher proportion of juveniles than pervitin- and heroin-related offences (21% of accused offenders and 23% of sentenced offenders), and a nearly double proportion of accused offenders, as well as a markedly higher proportion of offenders sentenced for the offences of possession of drugs for personal use (Section 187a of the Penal Code) and a markedly lower proportion of imposed custodial sentences. The differences between accused and sentenced drug offenders by drug type are given in Figure 8-5 and Figure 8-6.

Figure 8-5: Offenders accused of drug offences in 2006 – selected characteristics by drug type (Ministerstvo spravedlnosti ČR, 2007a)



	Proportion of juveniiles	Proportion of those aged 30 and more	Proportion of Section 187a	Proportion of females
Cannabis	21.1%	12.3%	12.6%	7.0%
Pervitin	2.8%	41.1%	6.8%	16.4%
Heroin	1.4%	60.9%	7.2%	14.5%

Figure 8-6: Offenders sentenced for drug offences in 2006 – selected characteristics by drug type (Ministerstvo spravedlnosti ČR, 2007a)

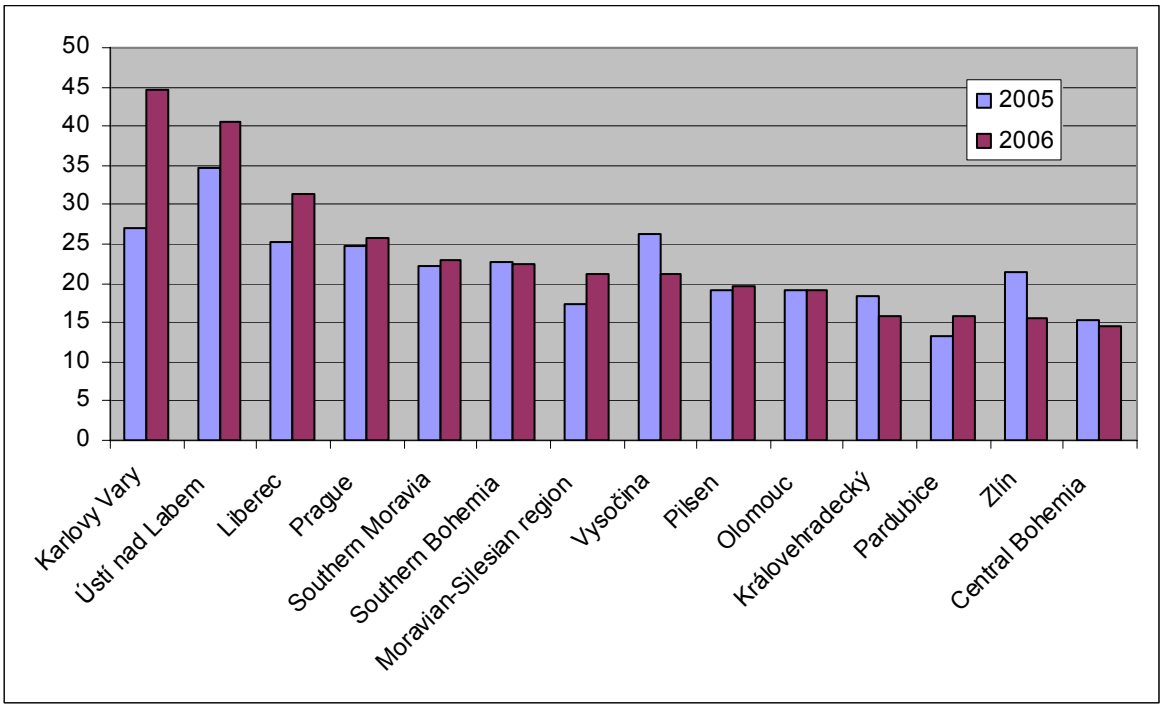


	Proportion of prison sentences	Proportion of juveniles	Proportion of Section 187a	Proportion of females
Cannabis	8.3%	23.4%	11.1%	7.9%
Pervitin	34.0%	2.7%	2.2%	19.4%
Heroin	68.2%	1.2%	3.5%	12.9%

8.2.3 Drug Offences by Regions

The highest number of offenders prosecuted for drug offences per 100,000 inhabitants (45 persons) was recorded in the Karlovy Vary region, where the highest year-on-year increase (by 66%) also took place in 2006. The lowest extent of drug-related crime was recorded in the Central Bohemia and Zlín regions (14 and 16 persons prosecuted per 100,000 inhabitants, respectively); the highest year-on-year decline (by 27%) was recorded in the Zlín region. A comparison of the number of offenders prosecuted for drug crimes in individual regions of the Czech Republic per 100,000 inhabitants in 2005 and 2006 is given in Figure 8-7; the situation in 2006 is shown in Map 8-1 – the regions with the highest levels of drug offences are in the north and west of the Czech Republic. In absolute numbers, drug crime was most extensive in the Ústí nad Labem region and in Prague (334 and 305 prosecuted offenders, respectively) (Ministerstvo vnitra ČR, 2007b).

Figure 8-7: Drug offences by regions in 2005 and 2006 (per 100,000 inhabitants) (Ministerstvo vnitra ČR, 2007b)



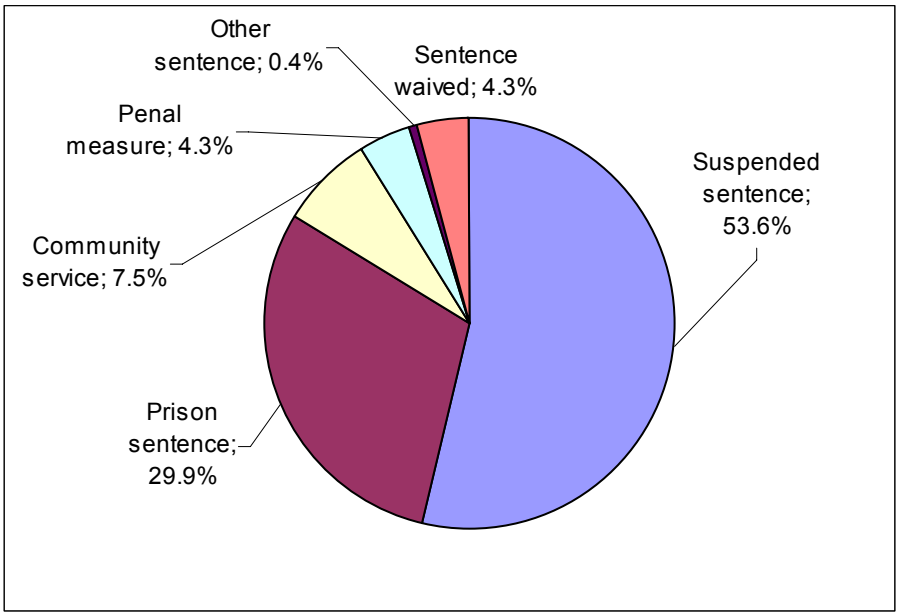
Map 8-1: Drug offences by regions in 2006 per 100,000 inhabitants (Ministerstvo vnitra ČR, 2007b)

8.2.4 Sentences for Drug Offences

The composition of the sentences for drug offences in 2006 was not very different than in the previous years. There was a slight year-on-year increase in the proportion of suspended and unsuspended sentences (to 54% and 30%, respectively) and a decline in the proportion of community service orders (by 8%). The composition of the sentences for drug offences in 2006 is given in Figure 8-8.

432 prison sentences (i.e. 30% of all sentences) were imposed for drug offences in 2006. The proportion of custodial sentences of one to five years has declined in the last two years (68% in 2006 against 75% in 2004); however, in contrast, the proportion of prisonl sentences of five to fifteen years has been increasing (17% in 2006, 14% in 2005, and 10% in 2004) (Ministerstvo spravedlnosti ČR, 2007b).

Figure 8-8: Structure of sentences for drug offences in 2006 (Ministerstvo spravedlnosti ČR, 2007b)



The data of the Probation and Mediation Service about its drug-addicted clients and drug offences are also available for 2006 (Probační a mediační služba ČR, 2007). In 2006, the Probation and Mediation Service recorded 24,885 cases, of which 712 (2.9%) were recorded as "drug-related criminal activity". These cases especially involved the so-called drug offences (Section 187 to Section 188a of the Penal Code; 657 cases); the other cases involved criminal activities committed by drug users (secondary drug crime).

98 cases of criminal offences (including drug offences) in which the attribute "drugs" was mentioned in the category "client's addiction – type" were selected from the database of the Probation and Mediation Service for a more detailed analysis. Only two of the cases involved a case in the phase of preliminary proceedings or proceedings in front of a court; the remaining 96 cases involved the cases of persons after a court sentence had been imposed. The most common type of activity of the Probation and Mediation Service involved the supervision of offenders on whom a suspended sentence with supervision had been imposed (54 cases, i.e. 55%), then supervision of the serving of a sentence of community service (16 cases), and suspended release from the serving of a sentence with supervision (10 cases). In 44 cases, drug treatment was imposed on accused or sentenced drug users, most commonly within the framework of a suspended sentence with supervision. Unauthorised production of narcotic and psychotropic substances according to Section 187 of the Penal Code (36% of cases) and theft (28%) were the most common offences committed by the clients of the Probation and Mediation Service who were registered as addicted drug users. The types of criminal activities committed by drug-addicted clients of the Probation and Mediation Service are given in Table 8-5.

Table 8-5: Offences committed by drug-addicted clients of the Probation and Mediation Service in 2006 (Probační a mediační služba ČR, 2007)

Offence (provision of the Penal Code)	**Number of cases**	**Proportion (%)**
Drug production and distribution (Section 187)	35	35.7
Theft (Section 247)	27	27.6
Infringement of domiciliary freedom (Section 238)	6	6.1
Counterfeiting and altering money (Section 140)	4	4.1
Robbery (Section 234)	3	3.1
Intentional bodily harm (Section 221)	3	3.1
Disorderliness (Section 202)	3	3.1
Blackmail (Section 235)	3	3.1
Damage to property (Section 257)	2	2.0
Unauthorised use of property (Section 249, 249b)	2	2.0
Other criminal offences (one case each)	10	10.2
Total	**98**	**100.0**

8.2.5 Secondary Drug-Related Crime

A study of secondary drug-related crime was carried out in 2007; it followed on from the previous studies from 2004 and 2005, which were described in the 2004 Annual Report and the 2003 Annual Report respectively.

The study was carried out in the form of an expert retrospective estimate by district police headquarters; the estimate involves the proportion of criminal offences committed by drug users for the purpose of acquiring the wherewithal for purchasing drugs for personal use out of all criminal offences committed in 2006. This proportion was only estimated for criminal offences in which it is possible to assume that they had been committed by drug users. The volume of these selected criminal offences represents 74% of all detected and 51% of all cleared-up criminal offences, according to the police statistics (Statistical System of Criminality). They especially involve crimes against property (for instance, theft or fraud), crime with violence (e.g. robbery, causing bodily harm, arbitrary interference with home) and others (neglect of welfare, duress, etc.). The selection also includes criminal offences involving the unauthorised production and distribution of narcotic and psychotropic substances according to Section 187 of the Penal Code.

For the above-mentioned purpose, the National Drug Squad sent a request to all district police headquarters in the Czech Republic to estimate the proportion of criminal offences committed by drug users in 2006. 69 out of the total number of 76 police headquarters sent the data back. The National Drug Squad sent these data to the National Monitoring Centre for Drugs and Drug Addiction for analysis. The estimations of the proportion for the missing districts (i.e. those which did not send the data) and the missing values for some criminal offences were then extrapolated according to the average values in the appropriate regions. Then, the estimated values were compared to the actual number of cleared-up criminal offences in the individual districts (Ministerstvo vnitra ČR, 2007a).

According to the above-mentioned estimates, in 2006 drug users committed 30% of the detected and 21% of the cleared-up criminal offences[40] which were monitored within the framework of the study. They most commonly involved thefts – approximately 66,000 (32%) of the detected and 9,000 (26%) of the cleared-up thefts were committed by drug users, according to the study – see Table 8-6.

Assuming that the proportion of drug users in other drug offences (Sections 187a, 188, and 188a of the Penal Code) is 100% and 0% in the criminal offences which were not included in the study, then the proportion of the criminal offences committed by drug users can be estimated to be 22% (detected criminal offences) or 11% (cleared-up criminal offences), respectively – see Table 8-7.

It is estimated that the highest proportion of the selected criminal offences committed by drug users took place in the Ústí nad Labem region (49%) and in Prague (33%). In the other regions, the estimated proportion is lower than the value for the Czech Republic, and the lowest values were found in the Vysočina and the Zlín regions (4% and 5%, respectively) – see Figure 8-9. (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2007).

[40] This involves the terminology used in the crime statistics – the so-called cleared-up offences involve offences in which the identities of the offenders are known, while the so-called detected criminal offences involve all reported criminal offences including ones in which the identity of the offender remained unknown (in the given year). For instance, in drug offences, the proportion of cleared-up criminal offences is traditionally high (94% in 2006), while, on the contrary, it is low in the cases of thefts (18% in 2006).

Table 8-6: Estimated proportion of offences committed by drug users for selected criminal offences in 2006 (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2007)

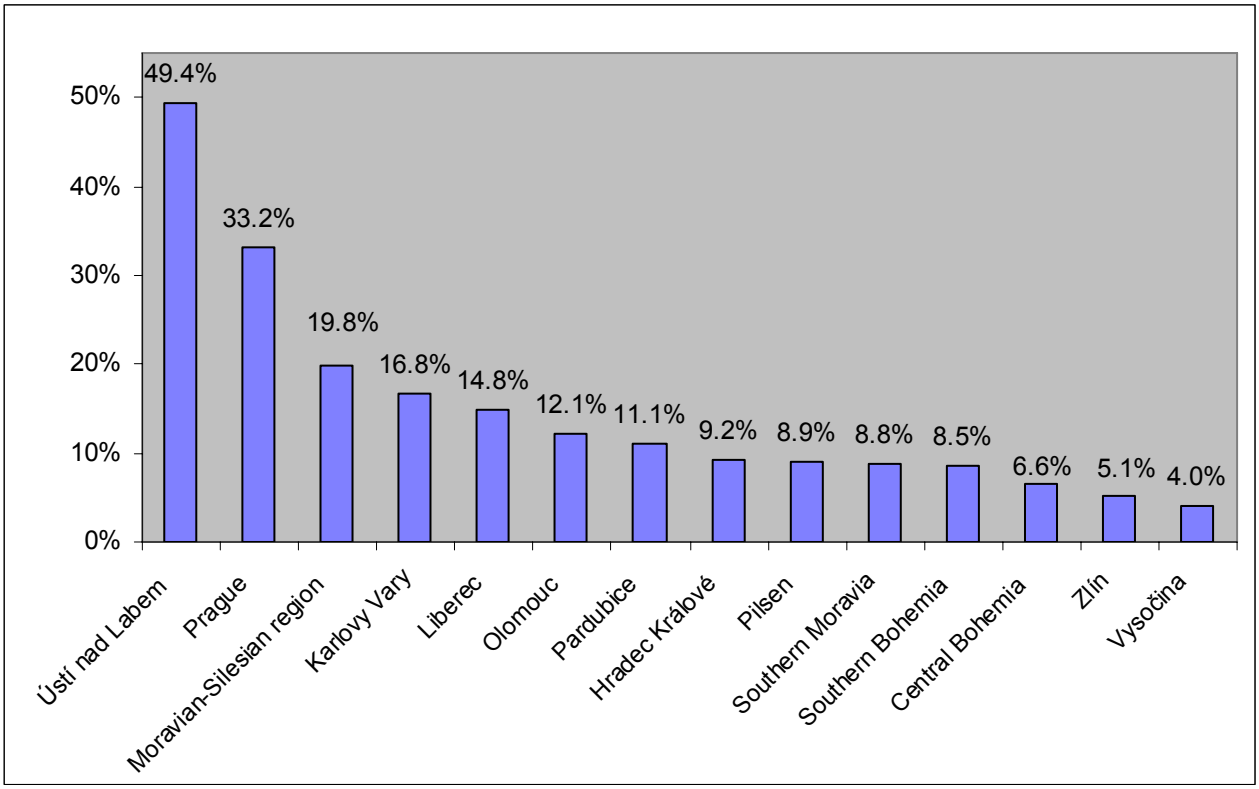
Offence	Detected criminal offences			Cleared-up criminal offences		
	All	Committed by drug users		All	Committed by drug users	
		Proportion (%)	Number		Proportion (%)	Number
Murder with robbery	23	10.0	2	22	10.0	2
Robbery	4,613	20.3	936	2,064	20.3	419
Intentional bodily harm	5,765	4.6	262	4,709	4.6	214
Blackmail	1,292	5.4	70	1,043	5.4	56
Restraint and deprivation of personal freedom	289	2.4	7	202	2.4	5
Infringement of domiciliary freedom	2,203	14.8	326	1,480	14.8	219
Burglary *	53,503	24.8	13,286	10,671	24.4	2,599
Ordinary theft*	151,136	35.1	52,977	25,828	26.7	6,892
Drug production and distribution	2,248	72.0	1618	2,123	72.0	1528
Failure to pay maintenance	11,571	2.9	331	11,570	3.0	331
Misappropriation of funds or property	2,905	11.8	341	2,656	12.0	312
Fraud	5,186	21.1	1096	4,225	21.0	893
Unauthorised possession of a credit card	7,908	37.1	2930	1,372	37.0	508
Total of the selected criminal offences	**248,642**	**29.8**	**74,183**	**67,965**	**20.6**	**13,978**

*Note: *The estimated proportion of thefts with burglary and simple thefts was calculated from the data related to the proportion of the individual types of thefts which were distinguished in the police reports of the Statistical System of Criminality (15 types of theft with burglary and 16 types of simple thefts). This is why the proportions of the offences (cleared-up and detected) committed by drug users are different for these two basic types of thefts.*

Table 8-7: Estimate of the proportion of criminal offences committed by drug users in all criminal offences in 2006 (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2007)

Criminal offences	Detected criminal offences			Cleared-up criminal offences		
	All	Committed by drug users		All	Committed by drug users	
		Number	Proportion (%)		Number	Proportion (%)
Selected criminal offences	248,642	74,183	29.8	67,965	13,978	20.6
Sections 187, 188, and 188a of the Penal Code	674	674	100.0	635	635	100.0
Other criminal offences	87,130	0	0.0	65,095	0	0.0
All criminal offences	**336,446**	**74,857**	**22.2**	**133,695**	**14,613**	**10.9**

Figure 8-9: Estimate of the proportion of criminal offences committed by drug users in all selected criminal offences in 2006 by regions of the Czech Republic (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2007)



8.2.6 Misdemeanours Involving Possession of Drugs for Personal Use

The possession of drugs for personal use is more commonly prosecuted as a misdemeanour than as an offence (Section 30 paragraph 1, letter j) of Act 200/1990 Coll. on misdemeanours). Altogether, 970 such misdemeanours were detected in 2006; this number is approximately four times higher than the number of prosecuted and investigated drug offences according to Section 187a of the Penal Code (240 according to the statistics of the Police of the Czech Republic, 223 according to the National Drug Squad). 43 misdemeanours concluded with a reprimand, and 421 fines were imposed. 600 cases were discussed in administrative proceedings, and the fines imposed in administrative proceedings amounted to CZK 848,700 (€ 29,900); the average amount of the fines was CZK 1,415 (€ 50) (Národní protidrogová centrála, 2007a).

8.3 Drug Use in Prisons

The use of illicit psychoactive substances in prisons has been monitored since October 2005 by means of the so-called rapid tests, i.e. in the form of orientative urine testing with testing strips[41]. Each test determined the presence of benzodiazepines, metamphetamine, cannabinoids, opiates, and other substances[42], which were put in the category "other narcotic and psychotropic substances" in the final outputs (according to information from the Prison Service, they most commonly involved barbiturates).

Testing is carried out during admission checks, either during admission to custody or admission to prison directly from civil life. According to the General Directorate of the Prison Service of the Czech Republic, 6,504 persons were admitted to custody and 8,784 persons were admitted to prison from civil life (Generální ředitelství Vězeňské služby ČR, 2007c); 8,281 (54%) of the total number of 15,288 were tested.

Accused offenders who have been in custody for more than three months and sentenced offenders serving their sentence undergo testing. These persons are tested every three months on the basis of random selection by the employees of the department for the carrying-out of custody and sentence of the Prison Service of the Czech Republic; 5% of those in custody and 10% of those serving a custodial sentence are tested in each prison every three months. Altogether 7,498 tests were conducted in this manner in 2006[43].

8,281 tests were carried out on admission to custody or prison and 2,511 (30.3%) were positive for one of the drugs monitored (some tests were positive for more than one drug). If benzodiazepines are not included, which may be contained in prescribed medicinal products, 2,004 (24.2%) tests were positive. Cannabinoids and methamphetamine

[41] In the previous years, the specimens taken were sent to a laboratory for examination.
[42] In these cases, an untypical substance was indicated in rapid test, which was then determined by a laboratory test.
[43] Some of those accused and sentenced were tested repeatedly; the number of these cases is not reported.

(36% and 34% of positive results, respectively) were found the most often. 7,498 tests of offenders in custody (for more than three months) or in prison were carried out and 776 (10.3%) were positive for one of the drugs monitored – 401 (5.3% of tests) without benzodiazepines. Benzodiazepines, methamphetamine, and cannabinoids (48%, 27%, and 17% of positive tests) were detected the most often. The results of the monitoring are given in Table 8-8 (Generální ředitelství Vězeňské služby ČR, 2007b).

Table 8-8: Results of monitoring in prisons in 2006 (Generální ředitelství Vězeňské služby ČR, 2007b)

Drug type	Admission to prison			Stay in prison			Total		
	Number of tests	Positive		Number of tests	Positive		**Number of tests**	**Positive**	
		Number	%		Number	%		**Number**	**%**
Benzodiazepines	8,281	507	6.1	7,498	375	5.0	**15,779**	**882**	**5.6**
Metamphetamine	8,281	860	10.4	7,498	211	2.8	**15,779**	**1,071**	**6.8**
Cannabinoids	8,281	912	11.0	7,498	131	1.7	**15,779**	**1,043**	**6.6**
Opiates	8,281	232	2.8	7,498	59	0.8	**15,779**	**291**	**1.8**
Other narcotic and psychotropic substances	8,281	193	2.3	7,498	78	1.0	**15,779**	**271**	**1.7**
Total	**8,281**	**2,511**	**30.3**	**7,498**	**776**	**10.3**	15,779	**3,287**	**20.8**
Total excluding benzodiazepines	**8,281**	**2,004**	**24.2**	**7,498**	**401**	**5.3**	15,779	**2,405**	**15.2**

8.4 Social Costs of Drug Use

The most recent available data about drug-related social costs (including indirect costs) in the Czech Republic (Zábranský et al., 2001) were published in the 2002 Annual Report. An overview of labelled expenditures from public budgets for the implementation of drug-related measures is included in the chapter on Budgets and Funding, page 7, and a more detailed analysis of the expenditures from public budgets which were expended for drug use and addressing drug-related issues (including non-labelled expenditures) is included in the chapter on Drug-Related Public Expenditures, page 83.

9 Responses to Social Correlates and Consequences of Drug Use

A year-on-year decline in the number of (subsidised) facilities providing aftercare specifically to drug users occurred in 2006, while the number of the clients increased slightly. The capacity of sheltered housing and the number of clients in sheltered housing hardly changed at all.

The forms of handling of drug users in prison continue to be the same as in previous years. The programmes which the Prison Service of the Czech Republic provides in prisons offer inmates drug-free zones, counselling for drug users, detoxification treatment, and therapy in specialised departments. A pilot substitution treatment programme was launched in two prisons in 2006; on the basis of the positively assessed results, it is estimated that the programme will continue and will be extended in the years to come. Six NGOs, members of the Association of Non-Governmental Organisations, worked in fourteen prisons. The number of drug users in prisons who used their services increased in 2006; the post-penitentiary care offered by these organisations has been developing.

Treatment as an alternative to a sentence or criminal prosecution was imposed on 75 persons who were clients of the Probation and Mediation Service in 2005 and 2006. The most common offences committed by these persons involved theft and the unauthorised production and distribution of narcotic and psychotropic substances.

9.1 Social Reintegration (Aftercare)

Aftercare for drug users and their social inclusion in the Czech Republic is provided via outpatient aftercare programmes; these involve, for instance, sheltered housing and sheltered work programmes. They involve intensive structured outpatient aftercare, and their target population consists of abstaining people with a history of substance addiction and a recommended minimum abstinence period of three months.

In 2006, aftercare was provided by 18 facilities which were subsidised by CGDPC; eight of them supplied outpatient and intensive aftercare, eight supplied intensive aftercare only, and two outpatient aftercare only. Thirteen facilities provided their clients with sheltered housing and five facilities also provided sheltered employment. Altogether, 904 clients (566 males) used the aftercare services; 594 (66%) used to inject drugs before they entered treatment, 520 (58%) used to use pervitin, 183 (20%) heroin, and 10 (1%) Subutex®. The total capacity of the facilities offering sheltered employment was 126 places and 235 clients took advantage of this offer. 40 clients worked in sheltered work programmes (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i) – a comparison with 2005 is given in Table 9-1.

Table 9-1: Aftercare programmes subsidised by the Council of the Government for Drug Policy Coordination in 2005 and 2006 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i)

Indicator	2005	2006
Number of facilities	20	18
Total number of clients in aftercare	865	904
Capacity of sheltered housing (number of beds)	118	126
Number of clients in sheltered housing	244	235
Number of clients in sheltered work programmes	59	40

Ten facilities supplied outpatient aftercare to 380 clients (249 males). The average age of the clients was 26.4 years. 230 clients (61%) injected drugs before they entered treatment, 216 (57%) used pervitin, and 81 (21%) used opiates (heroin or Subutex®). A comparison of the years 2003–2006 is given in Table 9-2 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i).

Table 9-2: Outpatient aftercare programmes subsidised by the Council of the Government for Drug Policy Coordination and their clients in 2003–2006 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i)

Indicator	2003	2004	2005	2006
Number of facilities	8	14	13	10
Number of clients	460	444	336	380
– injecting drug users	320	307	218	230
– pervitin users	210	187	182	216
– heroin users	120	115	58	78
Average age of clients	26.0	26.6	27.4	26.4

Sixteen facilities provided intensive aftercare; their total capacity of 365 beds was used by 524 clients (317 of whom were males). The average age of the clients was 27.1 years. 364 (69%) injected drugs before treatment, 304 (58%) used pervitin, and 112 (21%) used opiates (heroin or Subutex®). The average length of the programme per client was six months. 133 clients (25%) completed the programme successfully, 97 (19%) prematurely, and 61 (12%) were expelled from the programme (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i). Table 9-3 shows a comparison of the years 2003–2006.

Table 9-3: Intensive aftercare programmes subsidised by the Council of the Government for Drug Policy Coordination and their clients in 2003–2006 (Národní monitorovací středisko pro drogy a drogové závislosti, 2007i)

Indicator	2003	2004	2005	2006
Number of facilities	14	14	15	16
Capacity	321	342	385	365
Number of clients	585	562	526	524
– injecting drug users	463	404	399	364
– pervitin users	245	260	276	304
– heroin users	224	184	143	105
Average age of clients	24.5	27.0	26.4	27.1

Besides the above-mentioned facilities, aftercare services can also be provided by other residential or outpatient treatment facilities; their number and the types of services which they provide are difficult to establish. Alcoholics Anonymous (AA) groups also work on the principle of self-help. Currently, 32 AA groups operate in eighteen towns of the Czech Republic (Anonymní alkoholici, 2006). According to available data, there is no self-help group of the Narcotics Anonymous type which would focus on non-alcoholic drugs.

The Work and Social Agency (run by the SANANIM civic association) has operated in Prague since September 2005; it helps former drug users find their place in the labour market – it mediates employment to clients, helps them find a job on their own, runs requalification courses, and offers further education. The Work and Social Agency project aims to establish a network of collaborating employers from the whole labour market spectrum and complement the existing services in the field of drug prevention and treatment. Until mid-2007, more than 170 persons had used the services of the Work and Social Agency; most of them were interested in assistance in finding employment; more than 100 persons found their job (especially in public administration and in the catering industry and other service industries, for instance as drivers or storekeepers). The Agency also assists its clients in communication with the authorities; the future plans assume greater collaboration with schools which support distance studies, support to clients who need to complete their education, and provision of career counselling for clients who have abstained from drugs on a long-term basis (Ambrož, 2007). Services focusing on better involvement of former drug users in the labour market are also provided by other NGOs, for instance the White Light civic association and the Podané ruce civic association; nevertheless, the list of activities in this field is not complete.

A network of Minorities Integration Centres has operated in the Czech Republic since 2006 (www.strediskasim.cz). The project aims to establish and verify a support system of care for children and young people from socially disadvantaged and culturally different environments (national minorities, immigrants). It also wishes to improve the conditions for the integration of these children and young people into society. The centres provide information services, help with educational problems, leisure time activities, psychological diagnostic services, and individual and family counselling, inter alia also in the field of risk behaviour and addictions (Střediska integrace menšin, 2007).

9.2 Prevention of Drug-Related Crime

9.2.1 Handling of Drug Users in Prisons

The General Directorate of the Prison Service provides annual information about the handling of drug users in prisons (Generální ředitelství Vězeňské služby ČR, 2007a).

Drug-free zones which aim to restrict the contact of inmates with narcotic and psychotropic substances operate in prisons. The inmates are accepted into these drug-free zones either on the basis of a decision of the attending physician after an admission examination upon entering prison, or on the basis of their own application, which is then considered by a commission consisting of members of the professional staff of the prison. A failure to observe the rules is a reason for excluding the inmate from the drug-free zone. The handling of the inmates in a drug-free zone involves the enforcement of safety, medical, psychological, and educational approaches which motivate the inmate to abstain from drugs and live a healthy lifestyle both during their stay in the prison and after it. In 2006, 31 of the total number of 35 prisons operated a total of 35 drug-free zones. In comparison with 2005, one new drug-free zone was opened, and the capacity increased to 1,837 beds in 2006 (1,606 in 2005). 3,343 inmates, i.e. 484 more than in 2005, were serving their sentences in drug-free zones in 2006.

Drug prevention counselling offices have been established in all prisons and provide drug users with professional counselling, individual and group therapy, and other health care with the aim of minimising health and social risks and motivating the inmates to undergo treatment during their stay in prison.

A physician from an appropriate prison decides about the detoxification treatment of an inmate on the basis of a diagnosis. When the condition of the inmate requires immediate care, he/she is either transferred to an internal department of the Prague-Pankrác custodial prison or to the psychiatric departments of the custodial prison in Brno. Data about the number of inmates who have gone through detoxification treatment in prisons in 2006 are not available.

Two types of special departments focusing on drug users operate in prisons. The first type involves specialised departments for the differentiated serving of a sentence, which operate in six prisons (Bělušice, Nové Sedlo, Ostrov, Pilsen, Příbram, and Všehrdy). These departments especially provide a treatment-education programme on the basis of a therapeutic community; the rules for the enrolment and expulsion of the inmates are similar to those in drug-free zones. In 2006, the total capacity was the same as in 2005, i.e. 286 beds. 625 inmates were serving their sentence in the departments for the differentiated serving of a sentence in 2006, i.e. 102 more than in 2005. The second type of specialised department focuses on drug users who were ordered by the court to undergo institutional drug addiction treatment. They can be found in the Opava, Rýnovice, and Znojmo prisons. The departments have the nature of a treatment facility for the treatment of addiction to addictive substances; they utilise regime activities which are based on group therapy with elements of a therapeutic community; the treatment programme is designed for a duration of twelve months, but the length of the stay is determined on an individual basis. The total capacity is 105 beds, and 162 inmates received treatment there in 2006.

A pilot project of substitution treatment for problem opiate users took place in the Prague-Pankrác and Příbram custodial prisons from May 1, 2006 to April 30, 2007. The project was prepared together with the Czech Medical Association of J. E. Purkyně – Association for Addictive Diseases and other experts. It aimed to ascertain the capability of the Prison Service of the Czech Republic to provide substitution treatment for problem drug users during the serving of their sentences. On the basis of the results of the project, a decision to continue with it or expand it was to be made. The Departments of the Health Service of the Prison Service of the Czech Republic received a certificate from the Ministry of Health. On the basis of this, specialised substitution treatment centres were established in the above-mentioned prisons; the certificate is a condition for acquiring a substitution substance (methadone) free of charge. The programme was especially used by inmates who started substitution treatment before they entered prison or during their stay in prison on the basis of a court decision. All those who were sentenced to substitution treatment were serving it in the Prague-Pankrác prison; most of them went through their treatment in this prison, and a small number of them were transferred to the prison in Příbram. In 2006, 11 inmates out of 167 examined inmates who came to a psychiatric surgery with an issue in relation to drug addiction were admitted to a substitution treatment programme. Four of them were transferred to the Příbram prison for the treatment. During the project, two inmates were expelled from the programme because they breached the therapeutic contract. The Prison Service of the Czech Republic believes that the results are satisfactory and beneficial for work with drug use in prison. Therefore, it is assumed that the programme will continue and substitution treatment will be more widely available in prisons.

The care for imprisoned drug users which is provided by the Prison Service of the Czech Republic is complemented by services provided by NGOs which are associated in the Drug Users in Prisons Section of the Association of Non-Governmental Organisations.[44] The number of inmates to whom these organisations supplied services in fourteen prisons (Brno, Kuřim, Břeclav, Olomouc, Mírov, Pardubice, Jiřice, Pilsen, Hradec Králové, Prague-Ruzyně, Prague-Pankrác, Odolov, Světlá nad Sázavou, and Valdice) increased to 720 in 2006 (610 in 2005). 2,717 contacts (counselling consultations) with inmates took place (2,783 in 2005). The frequency of the contacts ranges from one-off meetings to periodical weekly contacts. In some prisons (Kuřim, Brno, Hradec Králové, Pardubice), a group form of treatment started to be used more intensively – the following thematic groups were formed: relapse prevention groups, self-knowledge, and experiential groups, social skills training groups, and drama therapy or art therapy groups. The NGOs carried out 54 educational seminars of an informative or preventive nature for 976 inmates and ran 15 educational seminars for 570 employees of the Prison Service. The NGOs extended their services by directed aftercare and post-penitentiary care of a duration of approximately 1–6 months. These services were supplied to 72 clients (Škvařilová, 2007). The non-existence of professional standards for the implementation of drug services in prisons represents an obstacle to the further development of the collaboration between the NGOs and the Prison Service. Their preparation is included in the 2007–2009 Action Plan.

9.2.2 Treatment as an Alternative to Punishment According to the Statistics of the Probation and Mediation Service

Imposing treatment as an alternative to a sentence or an alternative to criminal proceedings is an important issue from the point of view of the prevention of crime committed by drug users. The Criminal Code and the Code of Criminal Proceedings regulate several institutes which make it possible to impose the obligation to undergo drug addiction treatment (more details are included, for instance, in the 2004 Annual Report). Personal motivation on the part of the accused or convicted person plays an important role during the decision-making of the court or the public prosecutor (during preliminary proceedings).

In 2006, the Probation and Mediation Service reported 44 addicted drug users on whom the court or the public prosecutor imposed treatment as an obligation (31 in 2005). Altogether, 75 cases from 2005 and 2006 were analysed in greater detail. Treatment was most commonly imposed within the framework of a suspended sentence with supervision (68% of cases); the male/female ratio was approximately 5:1. Only two cases involved activity on

[44] By the end of 2006, it concerned the following seven NGOs: the Podané ruce civic association from Brno, the Podané ruce civic association from Olomouc – the Walhalla Agency from Olomouc, the SANANIM civic association from Prague, the LAXUS civic association from Hradec Králové, the CPPT public service association from Pilsen, and the Semiramis civic association from Nymburk.

the part of the Probation and Mediation Service in the phase before the final decision of the court was made; the remaining 73 cases involved work with legitimately sentenced offenders. The most common offences which the clients of the Probation and Mediation Service on whom treatment was imposed were accused of or for which they were sentenced involved theft (29% of cases) and the unauthorised production and distribution of narcotic and psychotropic substances according to Section 187 of the Penal Code (27% of cases). Table 9-4 gives the results of the analysis of the cases in which treatment as an alternative to sentence or criminal prosecution was imposed on clients of the Probation and Mediation Service in 2005 and 2006 (Probační a mediační služba ČR, 2006; Probační a mediační služba ČR, 2007).

Table 9-4: Results of analyses of cases from 2005 and 2006 when treatment as an obligation was imposed on the clients of the Probation and Mediation Service by a decision of a court or a public prosecutor (Probační a mediační služba ČR, 2006; Probační a mediační služba ČR, 2007)

Indicator		**Number**	**Proportion (%)**
Measure of decision on the basis of which treatment was imposed	Suspended sentence with supervision	51	68.0
	Conditional discharge with supervision	9	12.0
	Community service	6	8.0
	Suspended sentence	4	5.3
	Replacing custody by supervision	3	4.0
	Suspended remission of prosecution with supervision	2	2.7
Type of a criminal offence	Theft (Section 247)	22	29.3
	Drug production and distribution (Section 187)	20	26.7
	Infringement of domiciliary freedom (Section 238)	5	6.7
	Robbery (Section 234)	4	5.3
	Assault on a public official (Section 155)	3	4.0
	Intentional bodily harm (Section 221)	3	4.0
	Disorderliness (Section 202)	3	4.0
	Drug possession for personal use (Section 187a)	2	2.7
	Murder (Section 219)	2	2.7
	Other criminal offences (one case each)	11	14.7
Type of proceedings	Enforcement proceedings	73	97.3
	Preliminary proceedings and proceedings in front of a court	2	2.7
Gender	Males	63	84.0
	Females	12	16.0
Total		**75**	**100.0**

10 Drug Markets

Marijuana is the most widely available drug in the Czech Republic. Ecstasy, which is used relatively commonly in the Czech Republic, and the less common cocaine are especially available in recreational nightlife settings. The availability of another stimulant drug, pervitin, has also been increasing in these settings. Most of the marijuana consumed has most probably come from domestic production; growing cannabis in artificial conditions is becoming common and it usually involves growing a small quantity of plants. Pervitin is made in the Czech Republic only; imported ephedrine and pseudoephedrine from medicines serve as precursors. Pervitin is also exported abroad, especially to Germany. Ecstasy and cocaine are imported to the Czech Republic especially from the Netherlands; heroin especially reaches the Czech Republic from Afghanistan via the so-called Balkan route. The number and volume of seizures of the main types of drugs were approximately on the same level as in the previous years. Seizures of marijuana and pervitin are the most common; the number of ecstasy and cocaine seizures has remained low in the long term. The average quality of the specimens of heroin, pervitin, and cocaine that were tested declined in 2006, while the average quality of the cannabis seized improved slightly. Drug prices continue to be stable according to available data.

10.1 Drug Availability and Supply

No survey or study focusing on the monitoring of drug availability was carried out in the Czech Republic in 2006.

According to the available data, e.g. the Annual Report of the National Drug Squad (Národní protidrogová centrála, 2007a), all basic types of drugs are available in all the large towns of the Czech Republic. At the same time, the availability of drugs in small towns and country areas has increased in recent years. Marijuana is the most widely available and its use is very widespread in all regions and social groups. Ecstasy continues to be available especially in clubs and at discotheques and dance events. Pervitin use (and its availability) has also spread from the population of problem drug users to so-called recreational users and to the recreational nightlife setting – see for instance (Kubů et al. 2006). The availability of cocaine is probably increasing, especially in large towns (Prague, Brno, and Ostrava), again in the recreational nightlife setting. In some regions (Prague, Ústí nad Labem, and Southern Bohemia) a lower demand for heroin has been recorded; it has partly been replaced by Subutex®, either prescribed legally or from the black market (more information about the occurrence of Subutex® in the black market is included in the chapter on Substitution and Maintenance Programmes , page 38).

10.2 Drug Production and Trafficking

The Annual Reports of the National Drug Squad and the General Customs Headquarters are the most important sources of the information about drug production, trafficking, and distribution on the territory of the Czech Republic which is provided in this chapter (Národní protidrogová centrála, 2007a; Celní správa ČR, 2007a).

According to the above-mentioned sources, the volume of imported marijuana is decreasing. It corresponds to an increase in the supply of marijuana with a high THC content which is grown hydroponically in the Czech Republic. In some regions (Prague, Southern Moravia, Hradec Králové, Pardubice), the police have detected a higher number of marijuana growing rooms; in most cases, they served for small-scale production (less than 20 plants) for personal use or close friends.

The so-called Balkan route continues to be the main route for heroin imports. Heroin is transported from Afghanistan via Turkey and Macedonia or Bulgaria; the Czech Republic mostly serves as a transit country (the heroin is on its way to other EU states), and a small part of the consignments stays in the Czech market. Organised Kosovo-Albanian, Turkish, and Bulgarian groups play a significant role in its illegal transportation.

Cocaine is especially imported to the Czech Republic from the Netherlands. The involvement of citizens of the Czech Republic citizens in courier transportation of cocaine from South America and the Caribbean to Western Europe was recorded in 2006. No large consignments of cocaine were seized on the territory of the Czech Republic in 2006.

Ecstasy is especially imported to the Czech Republic from the Netherlands, and also from Belgium and Poland. Ecstasy continues to be smuggled in private cars and buses. Information about the production of ecstasy on the territory of the Czech Republic is not available.

According to the Annual Report of the National Drug Squad, ephedrine continues to be the main precursor for pervitin (methamphetamine) production. It is especially imported from Germany, Poland, Bulgaria, and the former Yugoslavian states. The involvement of Macedonian and Albanian groups in ephedrine imports via the so-called Balkan route and pervitin production in the territory of the Czech Republic and its subsequent export to Germany were recorded in 2006.

According to the National Drug Squad, pseudoephedrine from medicines (Modafen®, Nurofen Stop Grip®, Paralen Plus®, Panadol Plus Grip®) is used to a great extent for the production of pervitin. The police recorded a particular increase in production in the Central Bohemian, Olomouc, and Moravian-Silesian regions. Pervitin made from ephedrine has greater purity and it is especially widely available in the Southern Moravia, Zlín, and Vysočina regions, according to the police. The mutual proportion of the quantities of ephedrine and pseudoephedrine from over-the-counter medicines used as materials for the illicit production of pervitin cannot be quantified because of the current high latency of such crimes.

Interministerial negotiations, which the Secretariat of CGDPC coordinated in the first half of 2006, focused on organisational and legislative addressing of the issue of the abuse of over-the-counter medicines containing pseudoephedrine. The negotiations resulted in an amendment to Act 79/1997 Coll. on medicines; the amendment proposes the registration of over-the-counter medicines and placing limits on the number of packages sold to one patient; however, the Parliament of the Czech Republic has not discussed this amendment yet.

Manufacturers of over-the-counter medicines containing pseudoephedrine initiated a survey of the perception of these issues among eighteen key informants (from the state administration, the academic sector, helping organisations, and politicians). It aimed to find a way to restrict illicit pervitin production while not reducing the availability of these medicines for the (self) treatment of patients (Jelínek et al. 2007). Most of the respondents consider it satisfactory to sell a limited quantity of the medicines and reinforce the role of the pharmacy, or they regard the current condition as the best possible variant. Additionally, most of the respondents believe that merely shifting over-the-counter medicines into the category of prescribed medicines would have a very low impact on the consumption of drugs. This type of measure would have the greatest impact on self-producers, who could be replaced by organised criminal groups, and it could also increase the demand for cocaine. There are also fears that shifting these medicines into the category of prescribed products could bring about an increase in the costs of both patients and the public health system.

According to the National Drug Squad, the illicit distribution of Subutex®, a substance used for the substitution therapy of opiate addiction, increased again in 2006 – see also the chapter on Substitution and Maintenance Programmes, page 38.

10.3 Drug Seizures

10.3.1 Total Number and Volume of Drug Seizures in the Czech Republic

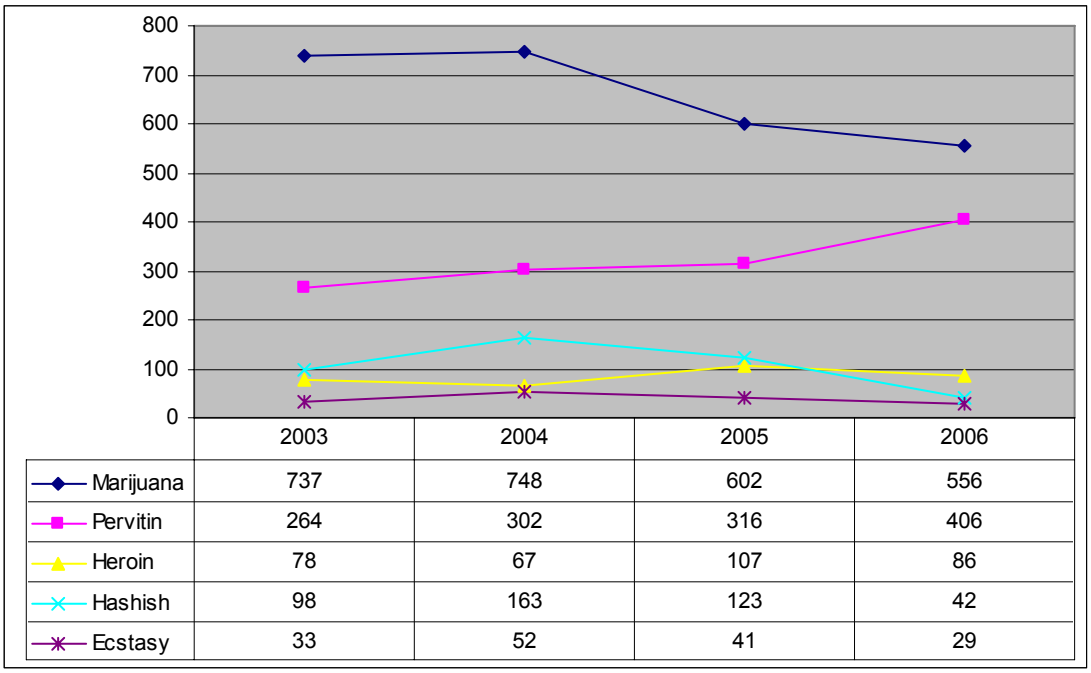
The data on drug seizures represent the seizures which were reported by the Police of the Czech Republic and Customs Service of the Czech Republic. The data on the police seizures also involve those cases which were prosecuted as misdemeanours (possession of a small quantity of drugs for personal use); however, these cases are more marked only among the seizures of marijuana (204, i.e. 37% of all seizures in 2006) and pervitin (109, i.e. 27% of all seizures in 2006). The seizures which involved several types of drugs are included separately for each type of drug.[45]

Marijuana was the most commonly seized drug in 2006 (556 seizures). Neither the number nor the volume of the seizures of this drug has changed markedly since 2005; the number of marijuana seizures has been declining during the last two years (by approximately a quarter in 2006 compared to 2004). Pervitin continues to be the second most commonly seized drug (406 seizures). The number of pervitin seizures increased compared to 2005, but their volume continues to remain on approximately the same level – the number of seizures of small quantities has increased especially (see below). The number of hashish seizures has declined markedly and repeatedly during the last two years. It declined by 66% compared to 2005 and by approximately by three quarters compared to 2004; their volume declined even more markedly – by 90% compared to 2005 and by 98% compared to 2004. The numbers of ecstasy, cocaine, and LSD seizures continue to be low. The number and volume of heroin seizures have remained stable during the last three years. A comparison of the number and volume of the seizures of the main types of drugs is given in Figure 10-1 and Table 10-1.

As for other substances, 488 tablets of Subutex®, 1.2 kg of ephedrine, and more than 6 kg of amphetamine, for instance, were seized in 2006 (Národní protidrogová centrála, 2007a).

[45] This explains the difference between this year's data about seizures and the data published in the previous annual reports of the National Monitoring Centre for Drugs and Drug Addiction and in the standard tables of the EMCDDA – in the previous years, misdemeanours were not included in the number of seizures (but they were included in the volumes of the seizures) and only the drug of which the highest quantity was seized was included in the data on those seizures during which several types of drugs were seized.

Figure 10-1: Numbers of seizures of selected types of drugs in 2003–2006 (Národní protidrogová centrála, 2007c)



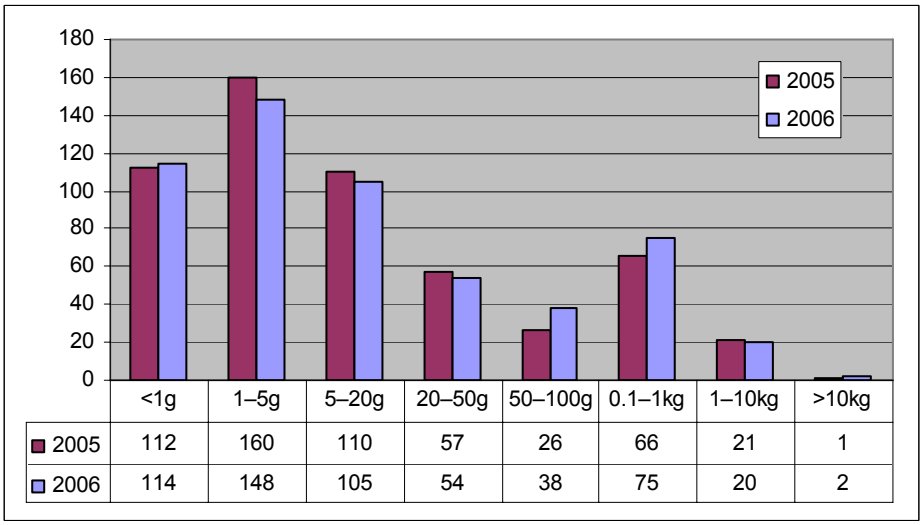
	2003	2004	2005	2006
Marijuana	737	748	602	556
Pervitin	264	302	316	406
Heroin	78	67	107	86
Hashish	98	163	123	42
Ecstasy	33	52	41	29

Table 10-1: Numbers and volumes of seizures of main types of drugs in 2003–2006 (Národní protidrogová centrála, 2007c)

Drug type (units)	**2003**		**2004**		**2005**		**2006**	
	Number	Volume	Number	Volume	Number	Volume	Number	Volume
Marijuana (g)	737	77,816.9	748	168,528	602	103,337	556	108,352
Pervitin (g)	264	9,630.0	302	3,423	316	5,310	406	5,249
Heroin (g)	78	9,135.2	67	35,904	107	36,340	86	27,877
Cannabis plants (pcs)	117	3,125	49	1,617	53	1,780	44	2,276
Hashish (g)	98	64,805.0	163	22,693	123	4,625	42	466
Ecstasy (tablets)	33	75,992	52	108,379	41	19,010	29	26,259
Cocaine (g)	20	2,623.6	10	3,283	16	10,169	11	4,708
LSD (doses)	4	65	7	326	5	3,067	7	1,748

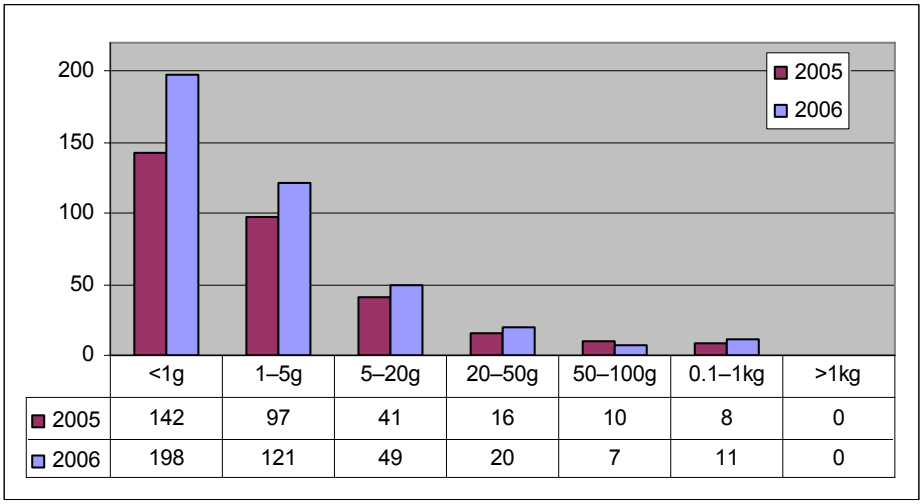
As in previous years, a classification of the seizures according to their volume is available for the year 2006 (Národní protidrogová centrála, 2007b). The distribution has not changed markedly in comparison with the previous years. Seizures of less than one gram were the most common in pervitin seizures (50% of all seizures). The year-on-year increase in the total number of pervitin seizures (Figure 10-1) is especially caused by an increase in the number of seizures of less than one gram. Seizures of less than one gram were also the most common in terms of heroin in 2006 (36%); seizures of 1 to 5 g were the most common as far as marijuana is concerned (27%). The classification of the seizures of marijuana and pervitin by volume in 2005 and 2006 is shown in Figure 10-2 and Figure 10-3.

Figure 10-2: The distribution of marijuana seizures by volume in 2005 and 2006 (Národní protidrogová centrála, 2007b)



	<1g	1–5g	5–20g	20–50g	50–100g	0.1–1kg	1–10kg	>10kg
2005	112	160	110	57	26	66	21	1
2006	114	148	105	54	38	75	20	2

Figure 10-3: Distribution of pervitin seizures by volume in 2005 and 2006 (Národní protidrogová centrála, 2007b)



	<1g	1–5g	5–20g	20–50g	50–100g	0.1–1kg	>1kg
2005	142	97	41	16	10	8	0
2006	198	121	49	20	7	11	0

10.3.2 Detailed Information about Drug Seizures by the Customs Service of the Czech Republic

Detailed information is available for 131 seizures by the Customs Service of the Czech Republic in 2006 (Celní správa ČR, 2007b).

51 of the 131 cases involve seizures on importation, 35 of them seizures on exportation, and 41 inland seizures[46]. Air transportation was the most common type of transportation (62, i.e. 47% of the seizures) and car transportation (44, i.e. 34% of the seizures). Drugs were found most commonly in a postal consignment (64, i.e. 49% of the seizures, 59 of them in air transportation), then in a private car (25) and in a passenger's luggage (18, 13 of them in a private car). More than one type of drug was seized several times – a total of 148 seizures of individual drugs was recorded; most commonly, they involved marijuana (92, i.e. 62% of the cases) and hashish (27 cases), pervitin (14 cases), and heroin (9 cases).

Most of the marijuana which was seized on importation to the Czech Republic (30 cases, average volume of 7.9 g, median 2.7 g) was in an air-mail consignment (27 cases, 17 of them from the Netherlands). The customs bodies seized marijuana while it was being exported from the Czech Republic 31 times (average volume 19.8 g, median 3.4 g). Eleven cases involved the exporting of marijuana by persons of Czech nationality to Slovakia, always in a private car and in a small quantity which was most probably intended for personal use (2.2 g on the average). The number of cases of marijuana seizures from air-mail consignments to Ireland was relatively large (9 cases), and the volumes of these seizures were relatively higher (15.8 g on average). The customs bodies usually seized hashish while it was being imported (24 of 27 seizures, average volume 11.9 g, median 4.0 g); ten times from Spain and nine times from the Netherlands; most commonly in a postal consignment (23 cases, 20 times during air transportation).

4 out of 14 cases of pervitin seizures by the customs bodies (average volume 61.6 g, median 9.0 g) involve a seizure during exportation. The remaining cases involved inland seizures. Pervitin being exported to Germany was seized twice, in both cases from German citizens and in a greater quantity (247 and 51 g). There was a seizure of 3.4 kg of cocaine from the passenger luggage of a Czech citizen who flew from Argentina to the Czech Republic and a seizure of 286 g of cocaine found in the body cavities of a British passenger who flew from Great Britain to the Czech Republic.

10.4 Drug Prices and Purity

10.4.1 Drug Prices

The prices of the basic types of drug continue to be stable, according to the National Drug Squad – Table 10-2 (Národní protidrogová centrála, 2007c). The National Drug Squad receives data on drug prices from district headquarters of the Police of the Czech Republic (50 out of 76 district police headquarters provided data on drug prices in 2006). Minimum and maximum prices during street drug sales of small quantities are reported. Then, these prices are averaged for each district and the overall average, as well as the modus (the most commonly mentioned average in districts), is then calculated from these data. The National Drug Squad reports that the most commonly mentioned price of heroin decreased by 20%, that of ecstasy by 25%, and that of hashish by 20% – these trends should be verified from other sources because of the methodology for the collection of the data about the prices (see above).

[46] The remaining four cases involved a combination of the above-mentioned attributes.

Table 10-2: Average and most frequently reported street drug prices in 2004–2006 according to the Police of the Czech Republic (€) (Národní protidrogová centrála, 2007c)

Drug type	2004		2005		2006	
	Average	Modus	Average	Modus	Average	Modus
Marijuana (g)	6.0	7.1	6.0	3.5	6.7	5.3
Hashish (g)	9.9	8.8	8.5	8.8	9.5	7.1
Ecstasy (tablet)	8.1	8.8	7.4	7.1	7.8	5.3
Pervitin (g)	38.8	35.3	36.0	35.3	37.4	35.3
Heroin (g)	37.0	35.3	38.5	35.3	38.5	28.2
Cocaine (g)	81.1	70.6	79.7	70.6	78.0	70.6
LSD (dose)	6.0	5.3	6.4	5.3	5.6	5.3

Note: 2006 average exchange rate has been used for re-calculation in 2004–2005.

Other data about the prices of drugs are mentioned in the Annual Report of the National Drug Squad (Národní protidrogová centrála, 2007a):

- Ephedrine prices have increased because of its shortage in the illicit market; they vary from CZK 200,000 to 250,000 (€ 7,000 to 8,800) per kilogram (according to the 2005 Annual Report of the National Drug Squad, the price of imported ephedrine was approximately CZK 100,000 (€ 3,500) in 2005).
- The price of a gram of methamphetamine which is produced in the Czech Republic and sold in Germany is up to 65 €.
- The price of ecstasy bought in a quantity of at least 1,000 tablets varies from CZK 50 to 70 (€ 1.8 to 2.7) per tablet.
- Hydroponically grown marijuana usually sells for CZK 150 to 250 (€ 5.3 to 8.8) per gram (information from the Central Bohemia region).
- In Ostrava, cocaine costs approximately CZK 1,500 (€ 53) per gram.
- Subutex® is sold on the black market for CZK 300 to 1,000 (€ 10.6 to 35.3) per 8 mg tablet.
-

10.4.2 Drug Purity

Data about drug purity are only available for some of the drugs seized in the Czech Republic. Most (approximately 60%) of the data about drug purity in 2006 come from the regional analytical departments of the Police of the Czech Republic, and the rest come from the Institute of Criminalistics in Prague. Table 10-3 shows the average purities of the main types of drug in 2005 and 2006. According to available data, the average purity of the heroin, pervitin, and cocaine seized has declined and the average purity of the cannabis seized increased slightly (Národní protidrogová centrála, 2007c).

Table 10-3: Average drug purities in 2005–2006 (%) (Národní protidrogová centrála, 2007c)

Drug type	2005		2006	
	Number of specimen	Average purity	Number of specimen	Average purity
Hashish	10	7.4	1	11.0
Marijuana	108	3.8	151	4.5
Heroin	19	41.5*	35	7.9
Cocaine	25	55.9	12	40.2
Pervitin	65	62.9	58	52.3
Ecstasy **	135	27.2	54	22.6

*Note: * The high average purity of heroin was caused by the inclusion of several seizures of highly concentrated heroin in 2005. ** Average content of MDMA in one tablet (mg).*

PART B: SELECTED ISSUES

Three special chapters on selected issues are included in the Annual Report every year. The EMCDDA assigns the topics in collaboration with focal points in individual countries of the Reitox network with regard to their relevance and importance.

11 Drug-Related Public Expenditures

The estimation of the expenditures from public budgets spent on drug issues, which is mentioned in this chapter, was carried out according to instructions from the EMCDDA. The COFOG classification was used for the identification of the expenditure items; however, this classification has not been implemented fully in the Czech Republic so far. The so-called attributable proportion, i.e. the part of the expenditures which was expended as a consequence of illicit drug use, was determined for the expenditures which are not directly allocated for the implementation of the drug policy.

It is estimated that a total of CZK 5,517 million (€ 194.7 million) was expended from public budgets for the addressing of drugs issues in 2006 – i.e. 0.17% of GDP, of which CZK 451 million (€ 15.9 million), i.e. 8.2%, were expended for drug demand reduction on the one hand, and CZK 5,066 million (€ 178.8 million), i.e. 91.8%, were expended for drug supply reduction and law enforcement on the other hand.

When including the expenditures of health insurance companies, the drug-related expenditures are estimated to be CZK 6,426 million (€ 226.7 million) – i.e. 0.20% of GDP; of which CZK 1,360 million (€ 48.0 million), i.e. 21.2%, were the expenditures for drug demand reduction and treatment and CZK 5,066 million (€178.8 million), i.e. 78.8%, for drug supply reduction and law enforcement.

The estimation was mostly based on routinely reported and previously published data, some of which were processed secondarily; the estimation is not the result of extensive research and is based on many assumptions. For these reasons, the final result must be regarded as for orientation purposes only.

11.1 Methodology

This chapter was prepared on the basis of a procedure defined by the EMCDDA´s instructions for the preparation of the 2006 Annual Report. Its goal is to estimate the volume of the expenditures from public budgets (state budget and regional budgets) allocated for addressing drugs issues. They involve the expenditures for drug demand reduction (drug prevention, harm reduction, and the treatment and resocialisation of drug users), as well as drug supply reduction and law enforcement (criminal prosecution and imprisonment in connection with drug crime, measures leading to seizures of illicit drugs, etc.).

Two types of expenditures are involved: (1) labelled drug-related expenditures, in their full volume (for instance, resources labelled for subsidies to programmes which provide services to drug users, or the expenditures of the National Drug Squad), and (2) non-labelled drug-related expenditures, of which only a part is used for addressing drugs issues (e.g. a part of the total expenditures for the activities of the police, Public Prosecutors' Offices or courts, or expenditures for outpatient and hospital services).

The EMCDDA chose the COFOG (Classification of the Functions of Government) international classification for the identification and categorisation of the expenditures from state and regional budgets. However, the categorisation of the expenditures according to this classification has not been implemented fully in the Czech Republic. Only the Czech Statistical Institute reclassifies the data from the national account (provided by individual ministries, institutions, regions, and municipalities) according to the COFOG. During this process, an expenditure can be inaccurately classified in a (sub) item of the COFOG, and so other data sources were also used for the purposes of this chapter – as far as the labelled drug-related expenditures from the state budget and the regional budgets are concerned, they involved information obtained directly from ministries and regions, and the data published by the Institute of Health Information and Statistics of the Czech Republic were used to verify the expenditures of the health care system.

Determining the proportion of the non-labelled expenditures which were spent for addressing drugs issues in the individual expenditure items was another key moment. As for drug supply reduction, a retrospective survey was carried out in 2006 and it supplied an estimate of the proportion of drug users involved in the commission of crimes (especially crimes against property). This estimate (the so-called attributable proportion) was then applied to the expenditures of the criminal law system. No similar survey is available as far as treatment expenditures are concerned, and so the estimation of the attributable proportion was carried out specially for the purposes of this chapter on the basis of data from health care registers.

For the reasons mentioned above, it is necessary to understand the data in this chapter as indicative only – the estimation is mostly based on publicly published sources, without any extensive survey or research.

11.2 COFOG Classification

The COFOG international classification is used in the EU for the classification of expenditures from state and regional budgets; the Czech version is known as the Classification of the Functions of Governmental Institutions (CZ-COFOG). This classification has not been fully implemented in the state administration system of the Czech Republic, and the expenditures are classified according to the classification included in Decree 323/2002 Coll. of the Ministry of Finance – these items cannot be transferred to the COFOG directly.

In compliance with the instructions of the EMCDDA, the following COFOG items (see Table 11-1) were used for the estimation of the public expenditures, and the expenditures in other areas (for instance, non-labelled expenditures for social services) were not included in the estimation.

Table 11-1: COFOG categories used for the estimation of drug-related expenditures

COFOG code	Category
03.1	Police services
03.3	Courts and Public Prosecutors' Offices
03.4	Prisons
07.1	Medical products, appliances, and equipment
07.2	Outpatient services
07.3	Hospital services
07.4	Public health services (i.e. public health authorities, public health institutes, mandatory vaccination, etc.)

11.3 Labelled Expenditures

Labelled drug-related expenditures are expenditures which the individual ministries keep in their budgets under the title Drug Policy Programme. This programme corresponds to the budget structure item 3541 – Prevention of drugs, alcohol, nicotine, and other addictive substances. These expenditures are included in the budgets of the Office of the Government of the Czech Republic – Council of the Government for Drug Policy Coordination, Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Education, Ministry of Justice, and Ministry of Defence. The General Customs Headquarters also has a drug policy programme in its budget. The expenditures of the National Drug Squad are also included in the labelled drug-related expenditures. Furthermore, data from local (regional and municipal) budgets are also available. The labelled drug-related expenditures from public finances are described in greater detail in the chapter on Budgets and Funding, page 7.

Accordingly, the labelled expenditures can be used for addressing drug-related issues in their full volume (the attributable proportion is 100%). The classification of these attributable proportions in 2006 according to the COFOG items is given in Table 11-2.

Table 11-2: Labelled expenditure for the Drug Policy Programme in 2006 according to COFOG (€ million)

Code	Category	CGDC	Ministry of Defence	Ministry of Labour and Social Affairs	Ministry of Education	Ministry of Health	Ministry of Justice	National Drug Squad	General Customs Headquarters	Regions and municipalities	Total
03.1	Police services	0	0	0	0	0	0	3.8	0.8	0	**4.6**
03.3	Courts and Public Prosecutors' Offices	0	0	0	0	0	0	0	0	0	**0**
03.4	Prisons	0	0	0	0	0	1.5	0	0	0	**1.5**
07.1	Medical products and medical devices	3.8	0.2	1.8	0.4	0.6	0	0	0	5.0	**11.8**
07.2	Outpatient services										
07.3	Institutional health care										
07.4	Public health services	0	0	0	0	0	0	0	0	0	**0**
–	**Total**	**3.8**	**0.2**	**1.8**	**0.4**	**0.6**	**1.5**	**3.8**	**0.8**	**5.0**	**17.9**

*Note: * The expenditures of the Customs Administration were included in item 03.1, because it participates in detecting drug-related crime .*

11.4 Non-Labelled Expenditures

The non-labelled drug-related expenditures are the expenditures which are not directly intended for the addressing of drug-related issues, but they are still involved in addressing drug-related issues (the attributable proportion is smaller than 100%).

11.4.1 Attributable Proportion

This section presents the results of a retrospective survey in which the proportion of drug users involved in crimes (against property) (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2007) was used for the field of drug supply reduction – see the chapter on Drug-Related Crime, page 63 for more details. The attributable proportion was determined separately for the individual phases of criminal proceedings (police, Public Prosecutors' Offices, courts, prisons) – because of differences in the representation of the criminal offences monitored in the total number of the cases which were processed in the individual phases. The attributable proportions for drug-related (Section 187a to Section 188a of the Penal Code) and other criminal offences (secondary drug-related crime) were determined separately – Table 11-3.

Table 11-3: Attributable proportions in expenditures of the law enforcement sector (Národní protidrogová centrála a Národní monitorovací středisko pro drogy a drogové závislosti, 2007; Ministerstvo spravedlnosti ČR, 2007b)

Body/institution	**All criminal offences**	**Drug-related criminal offences**		**Secondary crime**		**Total**	
		Number	Attributable proportion (%)	Number	Attributable proportion (%)	**Number**	**Attributable proportion (%)**
Police – criminal offences cleared	133,695	2,758	2.06	12,388	9.27	**15,146**	**11.33**
Public Prosecutors' Offices – offenders prosecuted	102,476	2,630	2.57	8,965	8.75	**11,595**	**11.31**
Courts – offenders accused by Public Prosecutors' Offices	90,199	2,314	2.57	8,123	9.01	**10,437**	**11.57**
Prisons– offenders sentenced to prison	9,997	432	4.32	1,286	12.86	**1,718**	**17.19**

No special study to determine the attributable proportion was carried out in the field of drug demand reduction (treatment). The data were estimated on the basis of data which the Institute of Health Information and Statistics of the Czech Republic published about hospital admissions and numbers of patients who had sought outpatient care; additionally, data about the relative number of problem drug users in the population were used.

156,002,380 attendances or examinations of outpatients took place in the Czech Republic in 2005; 140,077,160 of them by medical branches which may participate in the treatment of substance users (excepting geriatrics, paediatrics, neonatal surgery, plastic surgery, occupational medicine and occupational illnesses, sports medicine, medical genetics); 2,689,389 of the examinations were carried out by the psychiatric branch (Ústav zdravotnických informací a statistiky, 2006c). However, the number of examinations of substance users (Dg. F11–F19 according to ICD-10) was not published, and so it was estimated from data on first examinations in the field of psychiatry (Ústav zdravotnických informací a statistiky, 2006b). In 2005, 450,166 first psychiatric examinations were carried out in the psychiatric branch; 12,948 (2.3%) of them involved the diagnoses F11–F19. This proportion was applied to the total number of examinations in the psychiatric branch – therefore, it is estimated that 77,350 of the examinations involved substance users. It represents 0.055% of outpatient examinations carried out by all branches which may participate in the treatment of health complications and illnesses of substance users or complications or illnesses which occurred as a consequence of drug use (Dg. F11–F19).

The proportion of the examinations which were carried out by branches of medicine other than psychiatry which can be attributed to substance users or substance use was not estimated in greater detail; the relative number of problem substance users in the whole Czech population (0.29%) in 2006 was used as the attributable proportion – see also the chapter on Problem Drug Use, page 24. It means that it is estimated that 411,600 outpatient examinations were carried out by those branches which may participate in the treatment of illnesses of substance users (except the field of psychiatry – see the separate estimation above).

Data about hospital admissions in 2001–2005, registered by the Institute of Health Information and Statistics of the Czech Republic and processed by the National Monitoring Centre for Drugs and Drug Addiction (Národní monitorovací středisko pro drogy a drogové závislosti, 2007b), were used for estimating the attributable proportion of residential treatment – see also the chapter on Other Drug-Related Disorders, page 50 and the relevant chapter in the 2005 Annual Report. In 2001–2005, 21,947 hospital admissions in direct connection with drug-related disorders were recorded (primary diagnoses F11–F16 and F18–F19). Furthermore, there were 71,235 hospital admissions for

other reasons of patients for whom the diagnoses F11–F16 and F18–F19 were determined during (another) hospital admission during this period. Altogether, 11,521,276 hospital admissions were recorded, including those for reasons (e.g. pregnancy, post-birth complications, inborn defects) and in branches (e.g. geriatrics, occupational illnesses) which are not connected with substance use or the treatment of its consequences. On the basis of the number of physicians working in individual branches in hospital wards, or reasons for hospital admissions, one can assume that the proportion of hospital admissions in which the influence of substance use can be considered is 91% or 92%, respectively, i.e. approximately 10.5 million hospital admissions.

The attributable proportions for outpatient and hospital services were estimated on the basis of the above-mentioned data – see Table 11-4. As far as expenditures for medicines and public health care services are concerned, an attributable proportion which is equal to the relative number of problem drug users among the population was used (0.29%).

Table 11-4: Attributable proportions concerning the expenditure for health care (Ústav zdravotnických informací a statistiky, 2006c; Ústav zdravotnických informací a statistiky, 2006b; Národní monitorovací středisko pro drogy a drogové závislosti, 2007b)

Health care category	**All cases * (thousand)**	**Primary diagnoses F11–F19**		**Other causes**		**Total**	
		Number (thousand)	Attributable proportion (%)	Number (thousand)	Attributable proportion (%)	**Number (thousand)**	**Attributable proportion (%)**
Medical products, appliances, and equipment	–	–	–	–	–	**–**	**0.29**
Outpatient services (attendances in 2005)	140,077	77.4	0.06	411.6	0.29	**489.0**	**0.35**
Hospital services (hospital admissions 2001–2005)	10,500	21.9	0.21	71.2	0.68	**93.2**	**0.88**
Public health services	–	–	–	–	–	**–**	**0.29**

*Note: * The cases which could have involved substance users (for instance in geriatrics, paediatrics etc.)*

11.4.2 Total Volume of Non-Labelled Expenditures

Total expenditures from public budgets in categories according to the COFOG are given in Table 11-5 (Český statistický úřad, 2007; Ústav zdravotnických informací a statistiky, 2007c). The expenditures for the activities which do not relate to clearing up and prosecuting criminal offences were estimated from these total expenditures concerning the police and courts; data about the staff representation of individual professions given in the PAD study (Zábranský et al. 2001b) were used for this purpose. The PAD study found that 86.06% of the police staff participate in clearing-up and investigative activities (for instance, the departments of traffic police, protection of state representatives, immigration police and border guard, departments of professional sports were excluded), and 26.2% of all judges are criminal judges. Accordingly, the total expenditures of the police and courts were adjusted to these proportions; in addition, the expenditures of the police were then reduced by the expenditures of the National Drug Squad – the attributable proportion of their expenditures is 100% – Table 11-5.

The total expenditures for health care were reduced by the expenditures for the professions which most probably do not participate at all in the treatment of drug addiction or its consequences (i.e. especially the professions and departments of geriatrics, paediatrics, neonatal surgery, plastic surgery, occupational medicine and occupational illnesses, sports medicine, and medical genetics). For outpatient services the estimates were based on the number of examinations in the individual medical professions in 2006, for hospital admissions number of doctors of individual departments was used (Ústav zdravotnických informací a statistiky, 2007c). After the deduction of the branches with a zero attributable proportion, the proportion of the expenditures for outpatient care was then assessed to be 89.8% in outpatient care and 90.8% in institutional care; no similar calculations were performed for the expenditures for medicines and public health care because the data available were insufficient – see Table 11-5.

One should take into account that the sum of the expenditures from public budgets for health care does not include the expenditures of the public health insurance system, which represents the highest proportion of the total expenditures in the health care system; an estimation of the expenditures of public health insurance companies in included at the end of this chapter.

Table 11-5: Expenditures from state and local budgets for selected COFOG items in 2006 (€ million) (Český statistický úřad, 2007; Ústav zdravotnických informací a statistiky, 2007c; Zábranský et al. 2001b)

Code	Category	Total expenditures	Adjusted expenditures
03.1	Police services	1,205.4	1,033.6
03.3	Public Prosecutors' Offices	68.3	68.3
	Courts	305.6	80.1
03.4	Prisons	224.6	224.6
07.1	Medical products, appliances, and equipment	0.2	0.2
07.2	Outpatient services	133.3	119.7
07.3	Hospital services	410.9	373.1
07.4	Public health services	132.6	132.6

11.4.3 Volume of Non-Labelled Expenditures Related to Drugs

The amounts which can be attributed to addressing drugs issues both on the side of drug supply reduction and on the side of drug demand reduction were obtained from the above-mentioned adjusted data with the use of attributable proportions – see Table 11-6.

Table 11-6: Non-labelled drug-related expenditures according to COFOG in 2006

Code	Category	Adjusted expenditures total (€ million)	Directly attributed to drug use (drug-related criminal offences, dg. F11–F19)		Indirectly attributed to drug use (secondary drug-related crime, other causes of morbidity)		Total attributed	
			Proportion (%)	Amount (€ million)	Proportion (%)	Amount (€million)	**Proportion (%)**	**Amount (€million)**
03.1	Police services	1,033.6	2.06	21.3	9.27	95.8	**11.33**	**117.1**
03.3	Public Prosecutors' Offices	68.3	2.57	1.8	8.75	6.0	**11.31**	**7.7**
	Law courts	80.1	2.57	2.0	9.01	7.2	**11.57**	**9.3**
03.4	Prisons	224.6	4.32	9.7	12.86	28.9	**17.19**	**38.6**
07.1	Medical products, appliances, and equipment	0.2	–	–	–	–	**0.29**	**0.0**
07.2	Outpatient services	119.7	0.06	0.1	0.29	0.4	**0.35**	**0.4**
07.3	Hospital services	373.1	0.21	0.8	0.68	2.5	**0.88**	**3.3**
07.4	Public health services	132.6	–	–	–	–	**0.29**	**0.4**

11.5 Total Expenditures (Labelled and Non-Labelled)

The total volume of the expenditures from the public budgets which were expended in 2006 for addressing drugs issues is estimated to be € 194.7 million (i.e. 0.17% of GDP in 2006), of which € 15.9 million (8.2%) were expended for drug demand reduction and drug-related treatment and € 178.8 million (91.8%) were used for drug supply reduction and law enforcement. The sum of the total expenditures from the public budgets for addressing drugs issues in the Czech Republic in 2006 is given in Table 11-7.

Table 11-7: Labelled and non-labelled expenditures from the state budget and the local budgets for drug policy in 2006 according to the COFOG (€ million)

Code	Category	Labelled expenditures	Non-labelled expenditures	Total
3.1	Police services	4.6	117.1	**121.7**
3.3	Public Prosecutors' Offices	0	7.7	**7.7**
	Courts	0	9.3	**9.3**
3.4	Prisons	1.5	38.6	**40.1**
7.1	Medical products, appliances, and equipment	11.8	0.0	**15.5**
7.2	Outpatient services		0.4	
7.3	Hospital services		3.3	
7.4	Public health services	0	0.4	**0.4**
–	**Total**	**17.9**	**176.8**	**194.7**

Note: including the expenditures of the Customs Administration .

The above-mentioned data do not involve the expenditures for treatment covered from public health insurance. According to the Institute of Health Information and Statistics of the Czech Republic, the expenditures of health insurance companies for health care in 2006 were CZK 180,006 million (€ 6,351.0 million) (Ústav zdravotnických informací a statistiky, 2007c). If the structure of the expenditures stayed the same as in 2005 (Ústav zdravotnických informací a statistiky, 2006a), then approximately CZK 44,200 million (€ 1,559.5 million) of this amount were expended for medicines, approximately CZK 40,000 million (€ 1,411.3 million) were expended to cover outpatient care, and approximately CZK 81 400 million (€ 2,872.0 million) were used to cover residential care. Provided that the attributable proportion in these segments is the same as in the expenditures from the state budget, it is possible to estimate that the drug-related expenditures of the health insurance companies in 2006 were CZK 130 million (€ 4.6 million) for medicines, CZK 125 million (€ 4.4 million) for outpatient care, and CZK 653 million (€ 23.0 million) for inpatient care, i.e. a total of CZK 909 million (€ 32.1 million).

The drug-related expenditures from public budgets, together with the expenditures from public health insurance, are estimated to be € 226.7 million (i.e. 0.20% of GDP in 2006); € 48.0 million (21.2%) were expended for drug demand reduction and €178.8 million (78.8%) for drug supply reduction and law enforcement.

The PAD study from 2001 produced similar results; it examined the social costs of drug abuse in the Czech Republic in 1998 (Zábranský et al. 2001a; Zábranský et al. 2001b). In 1998, direct costs (expenditures not only from the public budgets but also the costs of families, for instance) were estimated to be approximately CZK 2 320 million (0.16% of GDP); 16% of this amount was expended for drug demand reduction and 82% for drug supply reduction and law enforcement (the remaining 2% represents transaction costs and the costs of families). The procedures for the determination of the direct costs and expenditures from public budgets used in this chapter and in the PAD study differed in their methodology.

12 Vulnerable Groups of Young People

No strategic document in the Czech Republic defines or lists the groups of young people and children at risk as a result of substance use. Some documents mention examples of the groups of children and juveniles with risky health, social, or family predispositions. There is no complete or systematic overview about drug-related treatment or substance use and its consequences among these at-risk groups – only partial data and the results of focused studies are available.

Several types of facilities deal with drug prevention among at-risk groups and individuals, early diagnostics, and drug addiction treatment among vulnerable groups within the framework of other activities – e.g. pedagogical-psychological counselling centres, counselling centres for children, or family or educational care centres. However, there are also specialised programmes, often carried out by NGOs, which focus specifically on the issues of drug use by vulnerable individuals and groups. However, there is no complete overview of these programmes and their clients.

12.1 Definition and Profile of Vulnerable Groups and Young People

No document defining or closely characterising vulnerable groups of young people in terms of their vulnerability to drug use exists in the Czech Republic.

Children, juveniles and young people represent one of the five most vulnerable groups of citizens in the Czech Republic; these groups have been defined from the point of view of the greatest disadvantage in relation to other citizens, i.e. from the point of view of the highest degree of endangerment of social exclusion. The other groups involve people with a health handicap, senior citizens, ethnic minorities and immigrants, homeless people, and those leaving institutional education or prison (Ministerstvo práce a sociálních věcí ČR, 2004). Among this group of children, juveniles and young adults, the following groups were specifically mentioned as vulnerable ones (again, from the point of view of social exclusion and opportunities in society): (1) fresh graduates of schools (they are especially endangered by unemployment); (2) abused and battered children; (3) young people with behavioural disorders; (4) children from dysfunctional families; (5) young drug addicts, and (6) children growing up in families with a deviant lifestyle and value orientations. Additionally, (7) Roma children and juveniles, (8) children in residential facilities, and (9) young adults leaving institutional education were mentioned explicitly as being at risk of social exclusion. The National Action Plan for Social Inclusion then mentions that unfavourable social situations which children may experience in their families (or in schools or facilities) can be a source of social exclusion. The situations involve conflict situations (e.g. bullying, vandalism, running away from home), difficult life situations (e.g. break-up of the family, parent partnership problems, pregnancy, abuse) and limiting life conditions (e.g. inability to adapt). Children from families with low incomes, children from incomplete families, and children from families with multiple children, who may be endangered by poverty or social exclusion are also sometimes mentioned as being vulnerable in terms of the limiting conditions (Ministerstvo práce a sociálních věcí ČR, 2004).

Some of the above-mentioned vulnerable groups of young people are mentioned as examples of target groups targeted by programmes providing selective and indicated prevention. They are only mentioned as examples in the 2005–2008 Strategy of Socially Pathological Phenomena among Children and Juveniles Who Fall Within the Sphere of Competency of the Ministry of Education (Ministerstvo školství, mládeže a tělovýchovy, 2004). It is the basic document for the implementation of primary prevention in the Czech Republic. The vulnerable groups of young people are not mentioned explicitly either in 2005–2009 National Strategy or 2005–2006 Action Plan and 2007–2009 Action Plan.

The Standards for the Professional Competence of the Providers of Primary Drug Prevention Programmes (Ministerstvo školství, mládeže a tělovýchovy, 2005) recognise three target groups for primary prevention: children and juveniles, educational workers, and specific target groups (e.g. prevention methodologists or NGOs providing other activities in the field of prevention). The groups are then defined from the point of view of their age (children, juveniles, young adults, and the adult population). Profession is a criterion for the adult population (for instance, public transport drivers are considered as vulnerable group). The place where the target group can be approached can also serve as another criterion for defining the target group (Ministerstvo školství, mládeže a tělovýchovy, 2005). More detailed information about the standards was mentioned in a chapter entitled Prevention in the 2005 Annual Report. Miovský and Zapletalová (2005) use three criteria in their classification: age (they recognise six groups), problem (seriousness) (which follows on from health and social burden, which is reflected in increased vulnerability to addictive substances), and profession's point of view (for instance, children and students, health professionals, or pedagogues are recognised). The authors mention inconsistent control of the coverage of the target groups by all ministries involved in the field of drug prevention (Miovský and Zapletalová, 2005).

As there is no complete overview of the vulnerable groups of young people from the point of view of substance use which could be followed for the preparation of this chapter, the following sections will only deal with the selected groups about which at least some information have been acquired.

12.2 Drug Use and Problem Use among Vulnerable Groups of Young People

In recent years, only a few studies which focused on the issues of substance use among vulnerable groups of young people have been carried out in the Czech Republic. A brief overview of the prevalence of risk behaviour in school facilities, which was acquired during a survey which targeted the implementation of preventive activities in these facilities (Petržílková and Týc, 2006) is available as well as an evaluation of the prevalence of risk behaviour among children in institutional care (Večerka et al. 2000), and the results of another study which focused on children living in the families of alcoholics and drug users (Csémy et al. 2003). Then, some data were published in the ESPAD study, comparing substance use among students from the point of view of selected factors involving family situation and environmental factors (Csémy et al. 2006).

12.2.1 Children in Institutions

In 2006, the Ministry of Education carried out a survey targeting preventive activities which were provided in school facilities. 116 of the 177 facilities surveyed were children's homes, 22 children's homes with school, 27 educational institutions, and 12 diagnostic institutions. The study monitored the prevalence of problems in the field of socially pathological phenomena in individual facilities, and it also tracked the problems which were addressed the most frequently. Smoking was mentioned the most frequently (95% of the facilities reported its occurrence, and 81% of the facilities considered smoking as the most common issue which they address), aggressiveness (occurrence in 90 facilities, and 60% mentioned it in the category of the most common issues), and bullying (occurrence in 67%, 25% in the category of the most common issues). More than half of the facilities reported addressing issues in connection with vandalism, alcohol and drug abuse, truancy, and criminal activity. Table 12-1 lists the most commonly reported issues (it was possible to list up to three) by type of facility. Illicit drugs were among the most commonly addressed problems, especially in educational institutions; truancy was especially addressed in diagnostic institutions, and crime and absconding were especially addressed in children's homes with school.

The individual facilities were also asked to report the proportion of the children that a particular issue involved in 2005. According to the study, smoking did not occur at all in only 15% of the facilities, 31% did not address the issue of excessive alcohol consumption that year, and 42% of the facilities did not address any drug-related issues that year. 46% of the facilities which addressed an issue reported more than ten cases of smoking per year, 30% reported more than ten cases of excessive alcohol consumption per year, and 14% of the facilities reported more than ten cases of illicit drug abuse (these facilities especially involve educational institutions) (Petržílková and Týc, 2006).

Table 12-1: The most commonly addressed issues in school facilities according to the type of facility (%) (Petržílková and Týc, 2006)

Most commonly addressed issues	Children's homes with school	Educational institution	Diagnostic institution	Children's homes	Total
Smoking	86	67	67	85	**81**
Aggressiveness	68	52	42	60	**59**
Bullying	32	15	33	23	**24**
Vandalism	18	11	17	28	**23**
Problems with alcohol	5	37	8	18	**18**
Problems with illicit drugs	18	59	17	8	**18**
Truancy	18	19	50	13	**17**
Crime	14	11	0	6	**8**
Runaways	14	0	8	5	**5**
Gambling	5	7	0	1	**2**

Note: The total is higher than 100%, as up to three most common issues could have been reported.

Within the framework of the surveys focusing on the occurrence of socially pathological phenomena among children and juveniles, the Institute for Criminology and Social Prevention carried out the survey Czech Children in Institutional and Educational Care at the end of the 1990s; the survey involved children aged 12–15 who had been placed by courts in protective and institutional education. 464 children (320 boys and 144 girls) were surveyed in 1998. The study was based on a questionnaire survey among the employees of the bodies for the legal protection of children (the so-called questionnaire about a child sentenced to protective or institutional education), reports from diagnostic institutions for children, reports from elementary or special schools which the children attended, reports by the Police of the Czech Republic, and anamnestic-psychological examinations of children (Večerka et al. 2000).

As far as the assessment of the occurrence of risk behaviour is concerned, social workers most commonly reported the occurrence of truancy (69.3% of the children monitored), thefts (53.4%), smoking (51.4%), physical aggression (36.3%), and bullying (24.3%). Children with problems with alcohol use were reported in 20.6% of cases, and there were problems with substance use in 17.7% of the children. Truancy and thefts were also the most common reasons for a child being placed into educational care (71.0% and 50.2% of children, respectively) – Table 12-2.

Table 12-2: Reasons for placing a child into a diagnostic institution for children (Večerka et al. 2000)

Reasons	Frequency (%)
Truancy	71.0
Thefts	50.2
Smoking	39.8
Long-term behavioural difficulties	38.9
Physical aggression	29.9
Verbal aggression	26.7
Social resons	25.3
Lack of interest in school	24.9
Disrespect to authorities	22.6
Running away from home	19.0
Neglect of a child	17.6
Problems with alcohol	13.6
Problems with drugs	13.1
Bullying	11.3
Wandering	9.0
Morality-related issues	9.0
Inclination to gambling	4.5
Child battering	2.3
Child abuse	1.8

Note: The sum of the reasons exceeds 100%; it mostly involves a concurrence of several reasons for placing a child into institution care.

According to the survey among the employees of diagnostic institutions for children, children commonly smoke (62.3% of children regularly) and use alcohol (53.7%). 37.2% of the children have tried an illicit drug, 13.9% have used an illicit drug repeatedly or regularly. The substances most commonly involve inhalants, cannabis, and pervitin; volatile and cannabis substances are commonly reported as the first drug used. The most common age for the first use of a drug was 12 or 13. Nearly a third of the children also have experience with gambling on slot machines (Večerka et al. 2000).

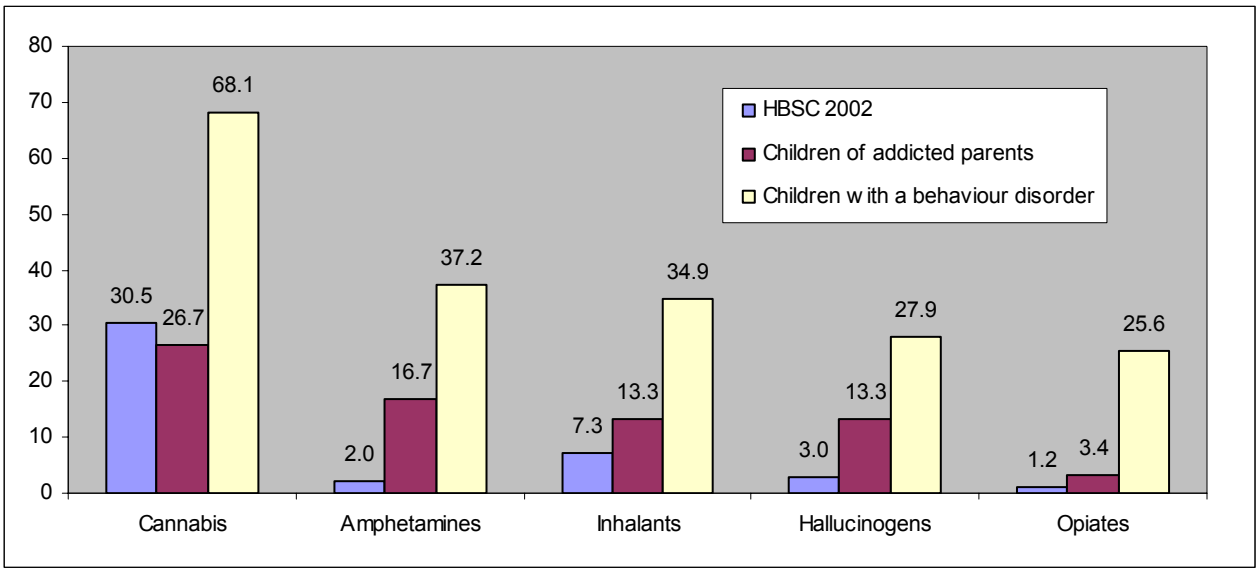
67.9% of the children are involved in criminal activities (delinquent behaviour which is considered a criminal offence in juveniles and adults, and is not prosecuted in children because of their age); their delinquent careers most commonly started when the children were aged 12 or 13. Nearly half of the children (45.8%) belong in the category of repeat offenders of crimes against property, 18% of the children belong in the group of repeat offenders who committed violent crimes (Večerka et al. 2000).

12.2.2 Children in Families of Alcohol and Drug Users

A study which focused on substance use and its context among extremely vulnerable groups of children was carried out in 2003. Two groups of children aged 10–15 were monitored within the framework of the study: (1) children from families in which one of the parents was treated for alcohol addiction, and (2) children who were placed in a health or educational facility as a result of behavioural disorders and had a history of running away from their families.

Altogether, 75 children participated in the study (their average age was 13.2); 45 of them belonged in the group of children with behavioural disorders and 30 of them were children of addicted parents. According to the study, about half of the children with a behavioural disorder and a third of the children of addicted parents were regular smokers; a quarter of the children reported the frequent drinking of alcohol. Approximately a quarter of the children of addicted parents and two thirds of the children with a behavioural disorder had tried cannabis; for comparison, less than a third of 15-year-old pupils of regular elementary schools have used cannabis. The experiences with other illicit drugs are markedly higher among the groups monitored than among the representative sample of pupils of elementary schools which was surveyed within the framework of the HBSC study in 2002; let us mention that these respondents were younger than those in the HBSC study. 13.3% of children of addicted parents and 27.9% of children with a behavioural disorder reported experience with hallucinogens, and 16.7% and 37.2% reported experience with amphetamines, respectively. Experience with inhalants is also common among these children – 13.3% of children of addicted parents and 34.9% of children with a behavioural disorder mentioned it (Csémy et al. 2003). More results of the study can be found in the special chapter on Drug Use and Related Problems among Very Young People (Under 15 Years) in the 2005 Annual Report.

Figure 12-1: Lifetime prevalence of illicit drug use among children of addicted parents and children with a behavioural disorder in comparison with the results of HBSC study in 2002 (%) (Csémy et al. 2003)



12.2.3 Young People in Socioeconomically Disadvantaged Areas

In 2004, the National Monitoring Centre for Drugs and Drug Addiction prepared a situation analysis concerning the relationship between the extent of problem or risk forms of behaviour, including substance use and crime, the extent of unfavourable demographic and socioeconomic conditions (the so-called environmental risk factors), and the extent of unfavourable institutional conditions. The analysis confirmed that drug use and crime are concentrated in regions with a higher average income, especially in large cities and/or urban areas, which offer greater anonymity, as well as in areas with a higher unemployment rate and unfavourable social situation (Lejčková et al. 2004; Lejčková et al. 2007). In these regions, a higher prevalence of the use of drugs (including illicit ones) and a higher proportion of problem drug users and treatment demands were observed. It has also been shown that the concentration of services for drug users is also higher in the regions where drugs are more sought for and available.

The analysis of the data from the 2003 ESPAD study confirmed regional differences in the extent of the experience of juveniles with the use of licit and illicit drugs (Lejčková et al. 2004). Northern Bohemian regions – the Ústí nad Labem and Karlovy Vary regions – reported the highest number of daily smokers among students aged 16; a very urbanised and industrial environment is characteristic for these regions. Regional differences in the extent of the experience of the students with an illicit drug show a very similar picture – students in the Ústí nad Labem and Karlovy Vary regions reported the highest prevalence (more than 50%); the lowest prevalence rates were reported in less urbanised regions – the Pardubice and Vysočina regions (less than 40%) – see Map 12-1. Cannabis is the most commonly mentioned drug used in the Czech Republic (lifetime prevalence of cannabis among students aged 16 in 2003 was 43.6%, followed by inhalants (9.0%) and ecstasy (8.3%).

Map 12-1: Lifetime prevalence of use of any illicit drug according to the ESPAD study (%) (Lejčková et al. 2004)

Regional differences according to the extent of use of any illicit drug other than cannabis, are similar – students in the Prague and Ústí nad Labem regions reported the highest prevalence of use (nearly 15%); on the other hand, students in the Zlín (7%), Olomouc, and Pardubice (8%) regions reported the lowest prevalence – see Map 12-2.

Map 12-2: Lifetime prevalence of use of any illicit drug other than cannabis (%) (Lejčková et al. 2004)

12.2.4 Dance Party Goers

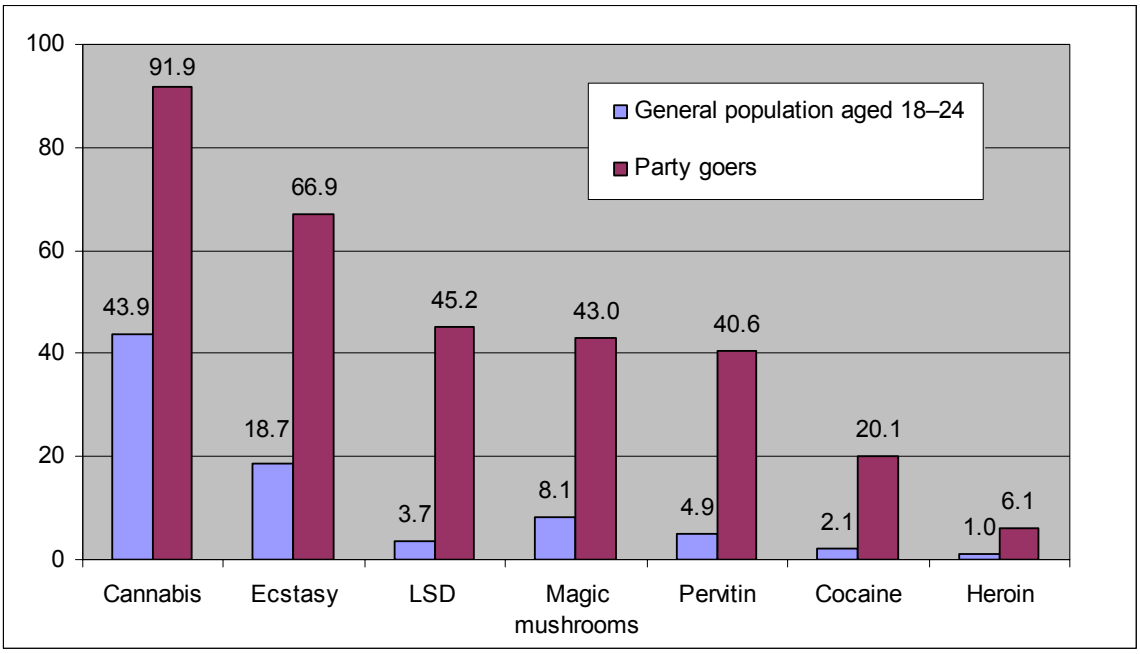
Studies mentioned that young people attending dance events are one of the vulnerable groups. The first more extensive survey among party goers was carried out in the Czech Republic in 2000, and the 2003 Dance and Drugs study followed. This study is being repeated in 2007, but its results are not available yet.

The results of the 2003 Dance and Drugs survey (Kubů et al. 2006) confirmed a high prevalence of drug use among dance party goers. Only 6% of party goers who were surveyed had never tried an illicit drug and 10% had not used a drug during the previous year. Table 12-3 sums up the lifetime, last year, and last month prevalence of drug use values. Cannabis, ecstasy, and hallucinogens are the most commonly used among party goers. After cannabis and ecstasy, pervitin was the most commonly used drug in last year and in last months. The prevalence of illicit drugs among party goers is considerably higher than among the general population – see Figure 12-2. Detailed results were summed up in the 2004 Annual Report's special chapter on Drug Use in Recreational Settings.

Table 12-3: Prevalence of drug use among party goers in 2003 (%) (Kubů et al. 2006)

Drug	Lifetime	Last 12 months	Last 30 days
Cannabis	91.9	84.4	64.4
Ecstasy	66.9	54.0	32.5
LSD	45.2	22.8	8.8
Magic mushrooms	43.0	20.3	3.5
Pervitin	40.6	24.9	13.8
Cocaine	20.1	12.4	4.3
Heroin	6.1	1.1	0.4

Figure 12-2: Lifetime prevalence of the use of illicit drugs among the general population aged 18–24 and among party goers (%) (Kubů et al. 2006)(Ústav zdravotnických informací a statistiky ČR, 2006)



12.2.5 Risk Factors in Families According to the ESPAD Study

Differences between students aged 16 with regard to the structure of the family and parents' knowledge about how their child spends his/her leisure time were assessed on the basis of the data acquired in the 2003 ESPAD study; it also monitored drug use among older siblings and school attendance/truancy (number of unexcused lessons during the previous month).

The students living in complete families report a markedly lower prevalence of smoking, alcohol consumption, and experiences with illicit drugs in all of the three time horizons – see Table 12-4. Regular daily smoking and frequent alcohol consumption are especially mentioned by students who do not live with either of their parents (i.e. they live with step-parents, grandparents, other relatives, or other persons), students living in so-called restructured families (i.e. with one parent of their own and one step-parent) and students living in an incomplete family (i.e. with one parent only).

The degree of parental control over how their child spends his/her leisure time is a substantial factor in terms of smoking, alcohol drinking, and illicit drug use. Less than 5% of the students whose parents have an idea about how they spend a Saturday night smoke and 11% of them report regular binge drinking; 30.6% have tried cannabis and 3.7% have tried ecstasy. On the other hand, nearly 26% of the students whose parents usually do not know where and how they spend Saturday nights smoke and more than 41% report regular binge drinking; at the same time, nearly 77% of them have tried cannabis and 28% have tried ecstasy. This group also has the highest proportion of current cannabis (56%) and ecstasy (6%) users – see Table 12-4.

Table 12-4: ESPAD study results – substance use prevalence according to family structure (%) (Csémy et al. 2006)

Drug	Family structure				Parents' knowledge about how their child spends Saturday evenings			
	Complete	Restructured	One parent	Other	Always	Mostly	Sometimes	Usually not
Cigarettes								
Smoking 40 or more times in lifetime	34.2	51.0	**52.0**	39.9	27.2	47.6	65.2	**74.8**
Daily smoking of 11 or more cigarettes in last 30 days	6.2	8.6	11.2	**15.4**	4.9	7.6	16.9	**25.7**
Alcohol								
Alcohol drinking 6 or more times in last 30 days	29.7	34.3	31.9	**36.1**	22.2	38.0	49.2	**54.5**
Binge drinking 3 or more times in last 30 days	15.8	21.2	20.7	**25.7**	10.8	21.1	36.9	**41.2**
Drunkenness 3 or more times in last 30 days	11.7	16.2	17.4	**20.4**	7.9	15.7	27.6	**39.3**
Illicit drugs, lifetime prevalence								
Any illicit drug	40.0	**56.2**	53.2	46.9	31.0	56.2	67.5	**76.1**
Cannabis	39.7	**55.8**	53.4	46.6	30.6	56.0	67.4	**76.8**
Amphetamines	3.0	6.8	6.8	**7.4**	1.5	4.7	12.0	**18.4**
LSD or other hallucinogens	4.3	9.2	7.5	**11.4**	2.4	7.0	14.9	**20.4**
Ecstasy	6.9	**12.1**	11.2	11.4	3.7	10.3	20.9	**28.3**
Inhalants	9.0	8.2	9.3	**10.1**	5.7	11.5	**18.6**	14.9
Illicit drugs, last 12 months prevalence								
Any illicit drug	32.9	**46.0**	43.6	36.9	23.4	46.7	59.8	**72.8**
Cannabis	32.7	**46.1**	43.6	36.1	23.3	46.4	60.2	**72.3**
Ecstasy	4.0	**7.9**	7.2	7.4	1.9	6.0	15.6	**17.5**
Illicit drugs, last 30 days prevalence								
Any illicit drug	17.3	23.9	**25.3**	25.2	10.5	24.7	42.1	**56.1**
Cannabis	17.1	23.1	**25.1**	24.5	10.3	24.4	41.1	**56.1**
Ecstasy	1.2	2.4	2.8	**4.0**	0.6	1.6	**6.1**	**6.1**

Note: The highest prevalence values found are in bold.

Issues of truancy are often discussed in connection with substance use by children and students. Data from the ESPAD study make it possible to compare the behaviour of students in terms of the number of absences from school during the previous month. Nearly 30% of the students who mentioned at least three unexcused days during the previous month smoke daily (against 4.5% among the students with no absence), 48.7% (against 13.2%), frequently report binge drinking, 77.3% (against 36.4%) have tried cannabis, and 29.9% (against 5.1%) have used ecstasy. Students with a higher number of absences mention drug use during the previous year and month markedly more commonly – see Table 12-5.

Another factor influencing the extent of substance use among students is substance use by older siblings. The students who knew that their older sibling has tried or is currently using drugs were more likely to mention an experience with drugs – they were found to be twice as likely to be regular smokers and to report binge drinking, they mentioned cannabis use twice as often, and they reported the use of other illicit drugs (e.g. LSD or other hallucinogens, ecstasy, and amphetamines) four times more often. These students also mentioned three times more often that they currently use illicit drugs – see Table 12-5. The students who do not have an older sibling mentioned average experiences with substance use; the students who do not know whether their older sibling has or has not used or uses drugs mentioned experiences with inhalants more often than their peers.

Table 12-5: ESPAD results – substance use prevalence according to school absences and drug use by older siblings (%) (Csémy et al. 2006)

Drug	Number of absences in last month			Drug use by older siblings			
	No	1–2 days	3 or more days	Yes	No	Does not know	No older sibling
Cigarettes							
Smoking 40 or more times in lifetime	31.6	55.7	**76.5**	**56.8**	34.6	35.7	37.0
Daily smoking of 11 or more cigarettes in last 30 days	4.5	13.4	**29.4**	**13.9**	6.8	7.1	6.1
Alcohol							
Alcohol drinking 6 or more times in last 30 days	25.2	45.9	**64.5**	**46.0**	27.9	26.2	28.7
Binge drinking 3 or more times in last 30 days	13.2	26.7	**48.7**	**31.4**	15.8	23.8	13.8
Drunkenness 3 or more times in last 30 days	9.2	21.2	**41.4**	**25.6**	10.6	16.7	11.8
Illicit drugs, lifetime prevalence							
Any illicit drug	36.7	63.8	**76.7**	**75.2**	36.5	46.3	42.1
Cannabis	36.4	63.4	**77.3**	**74.8**	36.0	46.3	42.0
Amphetamines	2.0	9.5	**18.3**	**11.2**	3.0	–	2.9
LSD or other hallucinogens	3.1	10.9	**23.5**	**15.9**	3.8	–	4.2
Ecstasy	5.1	16.1	**29.9**	**22.5**	5.0	9.5	7.0
Inhalants	7.2	13.4	**19.5**	13.4	6.8	**19.5**	10.2
Illicit drugs, last 12 months prevalence							
Any illicit drug	28.9	55.6	**69.9**	**67.2**	27.5	35.7	35.6
Cannabis	28.7	55.4	**69.7**	**66.4**	27.5	35.7	35.4
Ecstasy	2.7	10.6	**22.7**	**13.9**	2.7	4.8	4.7
Illicit drugs, last 30 days prevalence							
Any illicit drug	14.0	33.5	**52.0**	**41.4**	14.1	14.3	18.2
Cannabis	13.9	33.3	**50.3**	**40.5**	14.0	14.3	17.8
Ecstasy	0.8	3.3	**9.7**	**3.7**	1.1	–	1.8

*Note: The highest values of the prevalence of use are in **bold**.*

12.3 Vulnerable Groups of Young People in Treatment

Young people aged under 24[47] represented 65.5% of all first treatment demands and 52.6% of all drug-related treatment demands in 2006. More detailed information is included in a special chapter in the 2005 Annual Report.

12.4 Correlates and Consequences of Substance Use among Vulnerable Groups

No systematically gathered information on health consequences and correlates (i.e. information about the occurrence of infectious illnesses or overdoses) among vulnerable groups is currently available; (health and social) risk factors are not monitored routinely in the registers.

36 fatal overdoses on street drugs (i.e. illicit narcotic and psychotropic substances and inhalants) were recorded in 2006; 3 of them were cases involving those aged under 19; 1 of these 3 deaths was caused by pervitin and 2 by inhaling lighter gas (both of these cases of death after inhaling lighter gas involved boys aged 14 and 15) – see the chapter on Drug-Related Deaths and Mortality of Drug Users, page 43. Deaths resulting from inhaling lighter gas have been reported sporadically in the Czech Republic since 2002. The relatively high occurrence of overdoses on inhalants among children and juveniles corresponded to the relatively high level of experimentation with them (see above).

Some social correlates and consequences of substance use were discussed in the previous sections, especially in terms of the prevalence of other forms of risk behaviour among children and juveniles and the relationship to selected family characteristics and environmental factors.

[47] Statistical data from the Register of Treatment Demands or other registers are only available in five-year age groups, the following categories are recognised: under 15, 15–19, and 20–24.

12.5 Policy and Strategy Concerning Vulnerable Groups of Young People

As it was mentioned above, the 2005–2009 National Strategy and the subsequent Action Plans or the 2005–2008 Prevention Strategy of the Ministry of Education do not define the vulnerable groups of young people explicitly; no objectives or aims are defined for these groups in the strategies and no activities or measures which focus specifically on these groups have been planned.

The 2006–2008 National Action Plan for Social Inclusion defines several areas and goals for addressing the issues of poverty and social exclusion and proposes several measures in the field of social exclusion. The long-term goals involve: (1) mitigation of regional inequalities; (2) facilitation of employment; (3) facilitation of access to resources, rights, goods, and services for everyone (including providing equal access to social services, health care, and housing, and removal of disadvantages in access to education); (4) prevention of social exclusion, and (5) help to the most vulnerable groups of citizens. The specific measures that have been proposed that target children, young people, and young adults[48] involve a programme of prevention of long-term unemployment (entitled First Opportunity), the Early Intervention Centre project, which focuses on providing rapid assistance in situations in which children and young people get into conflict with the law, support for low-threshold facilities and clubs for children and young people, and probation programmes for juvenile offenders (Ministerstvo práce a sociálních věcí ČR, 2004).

12.6 Prevention and Treatment Responses Focusing on Vulnerable Groups

An uniform and complete overview of the vulnerable groups of young people and their definition and description is lacking in the Czech Republic, it is very difficult to give a comprehensive overview of the measures from the field of prevention and treatment which should focus on these groups. Therefore, this part of the chapter only mentions certain facilities providing specific services to vulnerable groups and certain examples of projects which are being carried out.

12.6.1 Pedagogical-Psychological Counselling Centres

Pedagogical-psychological counselling offices focus on working with children aged three and up until they complete secondary education or higher professional education, and on working with parents and teachers in the form of individual care, as well as group work. The counselling offices carry out comprehensive psychological, special pedagogical and social diagnoses, focusing on the examination of whether youngsters are mature enough for school and detection of the causes of learning and behavioural disorders and other devalopmental problems. Then they provide counselling services focusing on the development of personality and prosocial behaviour, the prevention of school failure and negative phenomena, and the correction of learning and behavioural disorders. At the same time, they provide counselling services with psychologists and special teachers in schools which do not otherwise provide these services (Institut pedagogicko-psychologického poradenství, 2007). The network of pedagogical-psychological counselling centres in the Czech Republic is well developed – there is a counselling office in operation in every former district town. Altogether there are 96 counselling offices and other 22 detached departments of pedagogical-psychological counselling centres in the Czech Republic.

12.6.2 Counselling Centres for Children and Families

The counselling centres for children and families provide support and assistance to families and children at risk of problem behaviour; the spectrum of their services covers children with food intake disorders, excessive TV watching or playing computer games, smoking, alcohol consumption, and substance use. The counselling centres offer anonymous counselling and phone counselling, seminars for parents, and individual, family, and group therapy. The provision of the services is conditioned by a suspicion of substance use by children or the prevalence of other forms of risk behaviour (e.g. truancy, running away from home).

In addition to working with individuals and families, the counselling centres also provide two types of preventive programmes for schools: a primary prevention programme focusing on peer relations and communication, and an intervention programme for vulnerable individuals and their parents. At the same time, the counselling offices also provide counselling in the field of behavioural disorders and counselling to families with children with the ADD/ADHD syndrome (attention deficit disorder and hyperactivity).

12.6.3 Help Lines

Children who have a problem in their family (divorce or disputes between parents, lack of interest or understanding from parents, consumption of alcohol and other drugs in the family), and those at risk of bullying, battering, or sexual abuse often address to helplines. One example is the national free-of-charge help line Linka bezpečí (in operation 24/7 since 1994). Just like other similar counselling lines, the help line provides counselling and crisis interventions to children who call; adults who want to solve problems with their children also turn to them. The most common reasons why children call the help line involve partnership problems and love (23% of the calls from children), problems in the family (22%), peer relations (10%), problems in school (8%), battering and neglect of care (5%),

[48] One of the five groups which were defined as the most vulnerable in the Czech Republic from the point of view of the greatest disadvantage in relation to other citizens, and so from the point of view of the greatest endangerment by social exclusion – see the chapter Definition and Profile of At-Risk Groups of Young People.

substance addiction (4%), and bullying (2%). Every year, the help line answers approximately 100,000 phone calls (Lovasová et al. 2005).

The help line Linka bezpečí also provides counselling to children running away from home and from institutional care facilities; they offer the children a special service entitled the Message to Home Line, where children on the run can leave a message for their parents so that they do not need to worry. The Message to Home Line also passes messages from children to their parents.

12.6.4 Sheltered Housing and Emergency Centres for Children

The Czech Republic also has several facilities which provide shelter to children in crisis – sheltered housing for children (residential facilities) and emergency centres for children (outpatient facilities). The sheltered housing for children are family-type facilities for children who need immediate help, especially children who have been battered, neglected, or abused. The effort is aimed at making it possible for the children to return to a stabilised family environment. Therefore, it is necessary to provide comprehensive professional support to the family, not only to provide shelter to the child; other family members become clients of the outpatient part of the facility and the goal is to solve the situation satisfactorily with regard to all aspects of the crisis in which the family has found itself. More information can be found, for instance, on the web pages of the Dům tří přání (Přemysl Pittr Asylum Home for Children and Young People), which is operated by the Prague sheltered housing for children: www.dumtriprani.cz.

Emergency centres for children provide psychological support, psychotherapy, and crisis intervention to children. They especially focus on children with the CAN (Child Abuse and Neglect) syndrome, i.e. those children who have experienced being abused and battered. They also deal with traumatised children (victims and witnesses of a criminal offence or traffic accidents) and children with anxiety disorders and interpersonal relationship disorders. More information can be found at www.dkc.cz.

12.6.5 Low-Threshold Clubs for Children and Young People

Low-threshold clubs for children and young people focus on working with non-organised young people aged 12 to 20 who spend their leisure time on the street or in a group; the clubs provide sheltered space for leisure time, sport activities and equipment, space for listening to music, rehearsal rooms with musical instruments, art workshops, computers, etc. At the same time, they provide psychological and social assistance in crises and counselling in difficult life situations (e.g. break-up of the family, educational and school problems, substance use), as well as counselling for parents. The clubs represent an alternative to various extracurricular bees and organised activities; their goals are to provide children and young people with a positive alternative way to spend their leisure time, to seek out and establish contact with vulnerable or disadvantaged individuals and groups and to make efforts to reduce the risks of the impacts of negative phenomena (Národní vzdělávací fond, 2007), (Ministerstvo práce a sociálních věcí ČR, 2004). The clubs function in all the large towns of the Czech Republic, and provide their services free of charge and anonymously. Some clubs also offer activities to younger pupils of elementary schools or pre-school children.

Low-threshold clubs are considered as a social service; they are included among the types of social services according to the act on social services and they are specially funded via subsidies from the Ministry of Labour and Social Affairs.

12.6.6 Early Intervention Centres

Some cities have established so-called early intervention centres within the framework of their programmes for the prevention of crime and risk behaviour. They focus on early social assistance for children and young people with educational problems and their families, especially via psychological and legal counselling. Children under 15 who have committed an offence or misdemeanour for which they would have been sentenced otherwise and young people aged 15–18 who have been subject to criminal proceedings or have committed a misdemeanour are the target groups of the early intervention centres. The activities of the centres also focus on children and young people with educational problems and problems at school or in the family, but also the parents of these children and educational counsellors and school facilities working with these children (Ministerstvo práce a sociálních věcí ČR, 2004).

12.6.7 Association for Probation and Mediation in Justice

The Association for Probation and Mediation in Justice provides motivational and learning programmes focusing on support for social integration and assistance in looking for employment to clients who have committed a criminal offence and in whom it is very likely that employment will minimise the risk of habitual offending; the programme has a structured form of working with an individual and his/her family, and supports communication abilities and skills while addressing risky situations (Sdružení pro probaci a mediaci v justici, 2007).

12.6.8 Minorities Integration Centres

The so-called Minorities Integration Centres were established to support working with socially and culturally disadvantaged children and young people (e.g. Roma children and the children of asylum seekers and immigrants)

and their parents. They aim to support the inclusion of the members of these groups into society. The centres focus on identifying vulnerable groups and early diagnostics and intervention in the fields of truancy, criminal behaviour, and substance use. The Minorities Integration Centres operate in five regions of the Czech Republic (Central Bohemian, Ústí nad Labem, Southern Moravian, Olomouc, and Moravian-Silesian regions). More information about the centres is also included in the chapter on Social Reintegration (Aftercare), page 74.

12.6.9 Preparatory Classes and Teaching Assistants for Pupils from Disadvantaged Environments

Individual schools have established preparatory classes for pre-school children and they provide teaching assistants for pupils from socioculturally disadvantaged environments in order to prevent absences from school and truancy and improve the success of the children in school. These assistants have been working in schools with a higher representation of children from vulnerable groups since 1993; they work directly in classrooms and they also liaise with problem families, where they provide counselling and therapy.

12.6.10 Education Care Centres

The education care centres are part of the network of school facilities for the provision of institutional and protective education (especially diagnostic institutions). They aim to prevent the onset and development of risk forms of behaviour among children and mitigate the causes and consequences of behavioural disorders and negative phenomena that have already developed. The centres work with children and young people aged 3 to 26 and provide services in outpatient, day-care and inpatient forms. Currently, there are 37 educational care centres in the Czech Republic; the Ministry of Education has established them as separate departments of diagnostic institutions or other school facilities.

Outpatient services cover the pedagogical-psychological diagnosis of behavioural disorders and social development. On the basis of the diagnoses, they provide a one-off intervention or the long-term guidance of their clients in the form of individual, group, or family therapy. Upon a request from individual schools, they process and implement programmes for classes focusing on the issues of bullying, school violence, and substance use. A day-care department provides group programmes to clients after school, and its clients are transferred to an outpatient programme after some time.

Inpatient departments focus on working with children and juveniles (aged 6–18) with serious educational problems and behavioural disorders; the stay there is voluntary, and the residential programme usually lasts for 6–8 weeks. The programmes incorporate elements of therapeutic communities. They work with clients individually or in groups (maximum of eight children). Support and reinforcement of family relations is part of the programme. School attendance is not discontinued during the programme.

12.6.11 Half-Way Houses and Supported Living Facilities

The so-called half-way houses have emerged to support the social integration of young people leaving homes for children, foster parents, and facilities for institutional or protective education. They offer accommodation, as well as services in the field support of the creation of working habits. The half-way house projects were established in collaboration between individual municipalities, the Ministry for Regional Development, and the Ministry of Labour and Social Affairs. They are funded via the programmes for the social integration of disadvantaged people (Ministerstvo práce a sociálních věcí ČR, 2004).

The so-called supported living facilities provide temporary accommodation to persons who cannot use their own home for a serious reason or have lost it permanently. The clients of these homes are people who have gone through various levels of sheltered living and acquired the skills necessary for living on their own but do not have their own home (Městské centrum sociálních služeb a prevence, 2007).

12.6.12 Resocialisation Facilities for Young People with a Mental Illness

Community psychiatric facilities in the Czech Republic provide services to young people who have been admitted to a hospital as a result of a mental disorder (especially a psychotic illness or serious affective disorder); they provide comprehensive psychiatric care in a non-institutional environment and support their return to normal life and society and to the world of education and work. Besides outpatient psychiatric care, these facilities also provide sociotherapeutic services, sheltered work, supported employment, and support during entry to the labour market and on return to school. The also offer work with the client's family and support self-help activities. More detailed information can be found on the internet pages of the service providers, for instance at www.fokus-praha.cz (Fokus Prague civic association) or www.osbaobab.cz (Baobab civic association) and www.greendoors.cz (Green Doors civic association).

12.6.13 Facilities for Commercially Sexually Abused Young People

The programmes which focus on commercially sexually abused young people provide their services in the form of outreach work directly in a vulnerable group, or offer outpatient counselling, testing for infectious diseases, medical provision, legal aid, and crisis intervention. For instance, the Šance Project provides these services in Prague, and it has been designed for young males who make their living by prostitution (www.sance.info). The Rozkoš bez rizika

organisation operates two centres (in Prague and Brno) and it uses a mobile ambulance unit in vulnerable localities. It especially targets women with risky sexual behaviour and provides counselling, social-legal assistance, and testing for and treatment of sexually transmitted diseases (www.rozkosbezrizika.cz). Other organisations provide aid to young women who are the victims of trafficking in human beings (e.g. the La Strada civic association, www.strada.cz) or the victims of criminal offences (Bílý kruh bezpečí civic association, www.bkb.cz).

13 Drug-Related Research

This chapter describes the situation in the field of drug research in the Czech Republic. It examines it from the point of view of its institutional and legislative background, as well as from the point of view of support and practical implementation.

The 2005–2009 National Strategy emphasises the role of research, evidence, and evaluation of the measures taken in the drug policy field in the Czech Republic. The support of research in the field of drugs is mentioned explicitly as one of the tasks of the 2007–2009 Action Plan, which also contains several specific research activities.

The National Monitoring Centre for Drugs and Drug Addiction, which the government established in 2002, coordinates collaboration and the exchange of information between research institutions, service providers, and public administration bodies. Every year, it publishes the Annual Report on the State of the Drugs Problem in the Czech Republic. It summarises available data about drug use and its consequences.

The evidence-based approach is currently applied in the process of the certification of the professional competency of addictological services or the provision and development of services on the basis of local investigation and needs analyses which are implemented by some NGOs and local administration bodies.

Several public administration bodies (Council of the Government for Drug Policy Coordination, Ministry of Health) and several grant agencies support research in the field of drugs (however, only the Internal Grant Agency of the Ministry of Health deals with it explicitly). Several public institutions deal directly with research in the field of drugs. They involve the Centre for Addictology, Psychiatric Clinic, 1st Faculty of Medicine, Charles University in Prague, the Prague Psychiatric Centre at the 3rd Faculty of Medicine, Charles University in Prague, the Institute for Criminology and Social Prevention, and others.

Approximately thirty papers written or co-written by Czech authors which deal with research in the field of drugs were published in international peer-reviewed journals.

13.1 Research Structures

13.1.1 Drug Research in Key Documents

Via its 2005–2009 National Strategy (which was approved by Government Decree 1305/2004), the Czech Republic professes to a comprehensive, multidisciplinary, and balanced approach to addressing the drugs problem. According to this document, the approach "follows on from broad societal, interdepartmental, interdisciplinary, and interministerial collaboration at all levels and it is built on the comprehensive, research-based enforcement of the three basic strategies[49] of a modern drug policy, which can only be enforced effectively in a functioning institutional environment which builds upon international commitments, experience, and collaboration, evidence from research, findings of evaluation of the measures implemented so that only effective measures and activities are financed". The implementation of this requirement continues to be questionable.[50]

According to the 2005–2009 National Strategy, the main principles of the Czech drug policy involve the priority of protecting public health, as well as priorities of evidence base and evaluation of effectiveness.[51]

The 2007–2009 Action Plan (which was approved in Government Decree 845/2007), which is based on the strategy, includes aims which concern the mapping and evaluation of existing services and procedures, analyses of applicable legislation, mapping examples of good practice, and evaluation of the effectiveness of the drug policy. But it especially includes aims No. 24 and 28, which contain specific research activities and even the support of research as such – see Table 13-1.

13.1.2 Links between Research, Practice, and Policy

The professional public and executive bodies are informed about the situation and new trends in the field of drug use and its consequences via the National Monitoring Centre for Drugs and Drug Addiction, which the government established in 2002 to acquire, gather, and analyse data and evidence base about drugs issues in the Czech Republic. The Annual Report on the State of the Drugs Problem in the Czech Republic is the main information output of the National Monitoring Centre for Drugs and Drug Addiction. It is presented every year to CGDPC, the

[49] Three basic strategies are mentioned in the 2005–2009 National Strategy: drug supply reduction, drug demand reduction, and harm reduction.

[50] For instance, the research project of evaluation of the amendments of the so-called "drug sections" of the Criminal law from 1999, the Impact Analysis Project of New Drugs Legislation in the Czech Republic (Zábranský et al. 2001a), proved that the amendment did not bring about the expected impacts on the drug situation, but, on the contrary, brought about unnecessary social costs (i.e. was economically ineffective). However, no executive or legislative response to the conclusions of the study has taken place so far.
On the other hand, the recent introduction of the certification of the professional competency of the services for drug users as a condition for funding from public resources is an example of supporting quality (effective) programmes.

[51] Although the strategy declares that evidence-based approaches will be implemented in the drug policy, Radimecký believes that "mutually contradictory claims can be found in the strategy" (as well as in the EU strategy), and "in some parts, these documents contradict the current knowledge from science and research" (Radimecký, 2006).

government of the Czech Republic, and the EMCDDA. The National Monitoring Centre for Drugs and Drug Addiction coordinates the activities of working groups dealing with gathering data about drugs from individual fields. They also serve as a platform for discussion and the exchange of information between representatives of the public administration, research institutions, and service providers.

The certification process of addictological services can be mentioned as a good example of introducing scientific knowledge into practice. The certifications of the professional competency of the services for drug users (assessment and formal acknowledgment of a service) were launched on June 1, 2005; the certification teams consist of selected experts from practice, who are supposed to guarantee the transparency of the process and the independence of the professional examination. Several other bodies participate in the certification process. The Committee for Awarding Certifications awards and takes away certificates, participates in the development of standards, orders local investigations, and keeps the Register of Certified Facilities. The Certifying Agency is an independent service organisation that arranges local investigations; inter alia, it also appoints the head and the members of the certifying teams. The standards of professional competency, which form the professional basis of these certifications, are an open document which was co-authored by a team of experts with international experience, professional practice, and access to the most recent scientific knowledge – see also the chapter on Drug-Related Treatment, page 32. The process of certifying services in the field of the primary prevention of drug use was launched in October 2006 – see also the chapter on Prevention, page 20.

Several NGOs and self-administration bodies (regional authorities or municipalities with extended competences) are trying to provide existing services and introduce new ones on the basis of an investigation and a needs analysis in a given locality (Miovský et al. 2004; Vacek et al. 2005; Gabrhelík et al. 2006; Libra and Novák, 2005; Radimecký, 2006a; Radimecký et al. 2006; Schwarz et al. 2007; Miovský et al. 2006). Little information is available about the implementation of recommended procedures and the effectiveness of the resources expended on such projects; however, these procedures correspond to the evidence-based approach.

Table 13-1: Research-related aims and activities of the 2007–2009 Action Plan

Aim	Activity
2. Available, quality, and efficient primary prevention programmes	2.2. Pilot verification of the quality of specific primary prevention of risk behaviour in Prague
5. Effective legal action in the field of primary prevention of risk behaviour	5.1. Analysis of the current applicable regulations in the field of primary prevention
14. Risk reduction among specific groups of drug users (e.g. among ethnic minorities, immigrants, drug users in prisons)	14.1. Analysis of the situation in the field of drug use in prisons and developing appropriate measures on the basis of the results of the analysis
16. More effective measures against drug trafficking	16.3. Mapping of innovative methods and good practice examples in penalties for the street distribution of drugs in Europe after they are put into practice in Europe
18. Reduction of availability of alcohol and tobacco products to juveniles	18.1. Analysis of efficiency of the procedures of state administration and local administration bodies during the controlling and sanctioning of unauthorised sales and serving of alcohol and tobacco to juveniles with a proposal of recommendation measures
19. Reduction of availability of inhalants with regard to their abuse as psychoactive substances	19.1. Analysis of applicable legislation with regard to the possibility of restricting the sales of volatile solvents only to persons above 18 years, with a possible proposal of recommended measures (legislative and other) to restrict sales
24. Collection and analysis of data on the drug situation	24.2. Realization of the ESPAD survey, analysis and publication of results
	24.3. Realization of a general population survey about drug use in the Czech Republic
	24.4. Monitoring the prevalence of HIV and VHC among the group of drug users, especially (im)migrants
	24.5. Realization of survey of drug use on the dance scene
	24.8. Expert police estimation of the extent of secondary drug crime committed by drug users
25. Collection and analysis of data on alcohol, tobacco, and other licit addictive substances, their use and consequences, and on the measures taken	25.4. Mapping the existing network of facilities dealing with the prevention and treatment of alcohol and nicotine addiction
26. Evaluation of the Czech Republic's drug policy	26.6. Realization of a study of costs associated with the phenomenon of illicit drugs in the Czech Republic
	26.8. Monitoring and evaluation of measures in the field of drug supply reduction in prisons
27. Mapping and evaluation of the capacity of drug services and their regional availability and availability to various target groups	27.1. Developing methodology for an analysis of drug services
	27.2. Developing methodology for an analysis of capacity and availability of low-threshold and counselling services with a proposal for measures to be taken
	27.3. Developing methodology for an analysis of capacity and availability of outpatient treatment with a proposal for measures to be taken
	27.4. Developing methodology for an analysis of capacity and availability of residential treatment with a proposal for measures to be taken
	27.5. Developing methodology for an analysis of capacity and availability of detoxification programmes with a proposal for measures to be taken
	27.6. Developing methodology for an analysis of capacity and availability of therapeutic communities with a proposal for measures to be taken
	27.7. Developing methodology for an analysis of capacity and availability of aftercare programmes with a proposal for measures to be taken
	27.8. Summary report about the capacity and availability of drug-related services in the Czech Republic with a proposal for measures to be taken
28. Support of research and evaluation of interventions in the field of drugs	28.1. Increasing the number of projects from the Czech Republic which are entered in the EDDRA database
	28.2. Support and initiation of an evaluation of services in the field of prevention, harm reduction, treatment, and aftercare
	28.3. Analysis of cost-effectiveness of projects supported in the subsidy proceedings of CGDPC
	28.4. Support of activities of research departments and dissemination of results of research in the field of drugs
29. Functioning legislative and organisational framework of the current drug policy	29.2. Analysis of problem areas of the existing legislative and organisational framework of drug policy
34. Provision of subsidies to efficient drug policy programmes	34.3. Developing methodology for assessing the efficiency of expending financial resources for services which are provided to drug users
35. Innovation of the system of drug policy funding	35.2. Analysis of the current system for the funding of the drug policy programmes

13.1.3 National Structures for Research Support

The Council for Research and Development is a professional and advisory body of the Government of the Czech Republic established in 2002. It processes strategic documents and the long-term directions and proportions of the development of research in the Czech Republic. In its 2004–2008 National Policy for Research and Development in the Czech Republic, it proposed a medium-term vision for the support and development of research and the total amount of expenditure for research and development in the Czech Republic. Neither the field of health nor the social field belongs among the basic long-term directions of research. The aim of the Action Plan of the 2nd National Research Programme is to implement the priorities of the national policy for research and development in 2006–2011 via a set of four thematic programmes and three cross-sectional programmes; none of the programmes contain any drug-related topics.

The resources from the public budget for the implementation of research activity are distributed via the central grant agency (Czech Science Foundation), individual ministries, and public administration bodies. The multidisciplinarity of drugs issues is also reflected in the sources of research funding; basic information about the sources is given in Table 13-2.

Table 13-2: Main sources of research funding in the field of drugs in the Czech Republic

Funding body	Explicit support for the field of drugs (for 2007)	Research support	Total budget for research in 2007 (€ thousand)	Budget for drug-related research in 2007 (€ thousand)*
Czech Science Foundation	No	Yes	53,598.3	0
Grant Agency of the Academy of Science of the Czech Republic	No	Yes	43,849.6	0
Internal Grant Agency of the Ministry of Health	Yes	Yes	28,562.6	530.3**
Ministry of Education	No	Yes	19,070.1	0
CGDPC	Yes	Yes	78.0	78.0***
Ministry of the Interior	No	Yes****	172.1	0

*Note: * Source: Research and Development Information System http://aplikace.isvav.cvut.cz/. ** It is the total budget of the projects; the amount provided by the Ministry of Health is € 485.1 thousand. *** Including the ESPAD survey in 2007 and other expenditures from monitoring and research carried out by the National Monitoring Centre for Drugs and Drug Addiction. **** Ministry of the Interior – labelled funding via public contracts for research and development on exactly defined topics.*

Table 13-3 shows research projects currently being implemented in the field of drugs which are subsidised by the Ministry of Health.

Table 13-3: Research projects supported by the Internal Grant Agency of the Ministry of Health in 2007

Code	Name	Recipient, project manager	Project period	Total budget (€ thousand)
1A8610	Factors influencing the health of offspring of drug-addicted mothers	Charles University in Prague, MUDr. Romana Šlamberová, Ph.D.	2005–2009	120.9
NR8785	Studies into effect mechanisms of the new synthetic drug 2C-B in an animal model and a comparison with the effects of popular psychotropic substances (LSD, MDMA, psilocine, and mescaline): possible risks of use, implications for prevention and treatment of intoxications	Prague Psychiatric Centre, MUDr. Tomáš Páleníček	2006–2008	311.2*
NR9447	The role of pharmacies in the prevention of infectious illnesses among injecting drug users in the Czech Republic	Centre for Addictology, General Teaching Hospital in Prague, Doc. PhDr. Michal Miovský, Ph.D.	2007–2008	35.5
NR9365	Screening of medicines and drugs in toxicological analysis – dissemination of systematic procedures for the purposes of clinical diagnostics	Charles University in Prague, Ing. Věra Marešová, CSc.	2007–2009	62.8

*Note: * Expenditures from the state budget in the whole period of implementing this projects amount to CZK 7,539,000 (€ 266.0 thousand).*

The Internal Grant Agency of the Ministry of Health is the only grant agency in the Czech Republic which explicitly mentions support for drug research. Drugs issues can be found in three priorities of the 2007–2009 Ministerial Programme for Research and Development of the Ministry of Health – Table 13-4.

Table 13-4: Selected priorities and aims of the Ministerial Programme for Research and Development of the Ministry of Health in 2007–2009

Priority	Specification of the priority	Aim
Neurotic and mental illnesses	Addiction	To increase diagnostic and therapeutic efficiency with an improvement of the quality of life of patients and a reduction of the incidence of illnesses, introduction of new diagnostic and treatment methods, mapping of pathoplastic factors, epidemiological capturing of neuropsychiatric illnesses and addiction, and reduction of their social impact and optimisation of the network of services provided.
Infectious illnesses and immunity disorders	Serious infectious illnesses in our population (viral hepatitis, TBC, vector-borne infectious illnesses – Lyme disease, neuroinfections, AIDS)	To improve the diagnosis, treatment, and prevention of infectious illnesses and immunopathological conditions.
Pharmacology and pharmaceutics	Drugs	Research into new biologically active substances for medical purposes, clarification of undesirable effects of medicines and acquisition of knowledge to restrict drug addiction, ascertainment of efficiency and safety of medicines, ascertainment of the fate of a medicine in the body, issues of pharmacoepidemiology and pharmacoeconomics.

13.1.4 Drug Research Institutions

The institutions which deal with research in the field of drugs (addictive substances and substance addictions, preventive and treatment interventions) in the Czech Republic include, for instance:

Prague Psychiatric Centre, 3rd Faculty of Medicine, Charles University in Prague; status: professional academic department; http://www.pcp.lf3.cuni.cz/pcpout/. Laboratory of Social Psychiatry: research into sociomedical and psychological context of the use of alcohol and addictive substances among the Czech population, research into treatment process and results of addiction treatment, coordination of the ESPAD study and the HBSC study in the Czech Republic; significant staff members: PhDr. Ladislav Csémy, PhDr. Luděk Kubička, CSc. Laboratory of Biochemistry and Brain Pathophysiology: inter alia, it studies the effect mechanism of (synthetic) drugs on neurotransmitter receptors and their involvement in neurobiological mechanisms of the reward system.

Centre for Addictology, Psychiatric Clinic, 1st Faculty of Medicine and General Teaching Hospital, Charles University in Prague; status: professional academic department; fields of interest: multidisciplinary research into drug use and activities which may lead to an onset of addictive behaviour, research into and development of new approaches in prevention, treatment, and social reintegration of those affected; significant staff members: doc. PhDr. Michal Miovský, Ph.D., MUDr. Tomáš Zábranský, Ph.D.; http://www.adiktologie.cz/.

Institute of Forensic Medicine and Toxicology, 1st Faculty of Medicine and General Teaching Hospital, Charles University in Prague; status: professional academic department; fields of interest: toxicology of drugs, forensic toxicology, changes in the consequence of drug abuse; significant staff member: doc. Ing. Marie Balíková, CSc.

Institute of Pharmacology, Medical Faculty, Masaryk University in Brno; status: professional academic department; fields of interest: pharmacology of drugs and drug addictions; significant staff member: prof. MUDr. Alexandra Šulcová, CSc.; http://www.med.muni.cz/farmakol/farmakc.html.

Public Opinion Poll Centre, Institute of Sociology, Academy of Science of the Czech Republic; status: research department of the Institute of Sociology of the Academy of Science; fields of interest: population and specialised surveys of attitudes and opinions, drugs issues are occasionally a part of the project entitled Our Society; http://www.cvvm.cas.cz/.

Institute of Psychology, Academy of Science of the Czech Republic; status: professional department of the Academy of Science of the Czech Republic; fields of interest: personality psychology, cognitive psychology, health psychology, methodology for psychological research; http://www.psu.cas.cz/.

Institute of Criminology and Social Prevention; status: research department established by the Ministry of Justice; fields of interest: state and development of crime, socially pathological phenomena and crime policy; http://www.kriminologie.cz.

Institute of Health Information and Statistics of the Czech Republic; status: state budgetary organisation established by the Ministry of Health; fields of interest: the role of the Institute of Health Information and Statistics and the National Health Information System is defined by Act 20/1966 Coll., on public health care, as amended – Section 67c: the activities especially involve the collection and processing of health information, keeping national health registers, providing information for use within the framework of health research; http://www.uzis.cz/.

13.2 Main Current Research Projects and Publications

13.2.1 Significant Research Studies (since 2000)

The selection consists of five projects[52] from the field of drug epidemiology and drug policy evaluation; this overview ignores projects from other fields (e.g. basic research). The degree of the significance of the project in terms of understanding the (epidemiological) situation in the field of drugs and drug policy implementation was chosen as the criterion for the selection of the research studies which are described in this chapter.

13.2.1.1 Impact Analysis Project of New Drugs Legislation in the Czech Republic (PAD study)

Implemented by: ResAd, s.r.o.

Implementation period: 2000–2001.

Funding: financial resources from the state budget for drug policy from the General Cash Administration budget chapter in the sphere of competency of the National Drug Commission.

Budget: CZK 1.7 mil. (€ 60.0 thousand)

Aim: the drug legislation amendment (Section 187 to 188a of the Penal Code) came into force in 1999. Inter alia, it introduced sentences for the possession of drugs for personal use. The study aimed to analyse the impacts of the introduction of this amendment at several levels.

Methods: secondary analysis of school surveys, prevalence of problem use of illicit drugs in the Czech Republic, economic and social costs of drug abuse in the Czech Republic, qualitative analysis of the impacts of the amendments, cost-benefit analysis of the introduction of sentences for drug possession for personal use.

Results and conclusions: the introduction of sentences for drug possession for personal use did not meet the expectation of the bill's proposer (in terms of reducing drug availability, reducing the number of drug users, increasing their willingness to undergo treatment, better law enforcement, etc.) nor did the catastrophic forecasts (i.e. that the amendment would lead to markedly higher levels of prosecution of users, as well as those who possess drugs for personal use, etc.) of several opponents of the introduction of sentences for drug possession for personal use come true. The study showed that the amended drug legislation brought about unnecessary social costs – i.e. caused society to expend resources which could have been used for other purposes, to an amount of at least CZK 37 million. The enforcement of sentences for drug possession for personal use is disadvantageous from the point of view of social costs.

Publications:

- Zábranský, T., Mravčík, V., Gajdošíková, H. & Miovský, M. (2001) Projekt analýzy dopadů novelizace drogové legislativy v ČR (Souhrnná závěrečná zpráva). Impact Analysis Project of New Drugs Legislation in the Czech Republic (Final Summary Report). Prague: ResAd.
- 10 articles about individual (sub) studies were published in the Supplementum of the Addictology journal in 2001.

13.2.1.2 Evaluation of Drug Measures and Programmes Implemented in the Central Bohemia Region

Implemented by: NTI Consulting, s.r.o., Liberec.

Implementation period: 2003–2005.

Funding: Central Bohemia region.

Budget: CZK 2 million (€ 70.5 thousand).

Aim: to evaluate the 2002–2004 Drug Policy Strategy of the Central Bohemian Region, i.e. whether it corresponds to the needs and whether these needs are addressed adequately; assessment of the quality and the efficiency of specific antidrug measures which were implemented in this region (drug demand reduction and drug supply reduction) and evaluation of the impacts of the measures taken.

Methods: analysis of the system of coordination and management of the regional drug policy, analysis of the institutional context of service provision in the field of drug policy, analysis of needs of clients of low-threshold facilities, analysis of measures leading to improved coordination and collaboration in the field of drug policy, pilot verification of the system for registering the care provided within the framework of the Minimum Evaluation Set,

[52] According to the requirement of the EMCDDA, the number of projects selected was limited to five.

provision of specific primary prevention in schools, selected indicators associated with drug use, and recommendations for periodical monitoring of the indicators.

The analysis resulted in specific recommendations for changes which will lead to improvements in the efficiency of the regional system of drug policy coordination and the implementation of individual services and measures. The project establishes an opportunity for further comparison of the measures taken and their impact in other regions. It also serves as a methodological guide for implementing an analogous type of evaluation in the Czech Republic.

Publications:

- Miovský, M., Broža, J., Šťastná, L. (2003) Analýza systému koordinace a řízení krajské protidrogové politiky. Závěrečná zpráva č.1 projektu Evaluace protidrogových opatření a programů realizovaných ve Středočeském kraji. Analysis of the System for Coordinating and Controlling Regional Drug Policy. Final Report No. 1 of the Project Evaluation of Drug Measures and Programmes Implemented in the Central Bohemian Region. Liberec: NTI – consulting s.r.o. .
- Vacek, J. (2004) Analýza institucionálního kontextu poskytování služeb v oblasti protidrogové politiky kraje. Závěrečná zpráva č.2 projektu Evaluace protidrogových opatření a programů realizovaných ve Středočeském kraji. Analysis of the Institutional Context of Service Provision in the Field of Drug Policy. Final Report No. 2 of the Project Evaluation of Drug Measures and Programmes Implemented in the Central Bohemian Region. Liberec: NTI – consulting s.r.o.
- Charvát, M., Gabrhelík, R. (2004) Analýza potřeb klientů nízkoprahových zařízení ve Středočeském kraji. Závěrečná zpráva č. 3 o projektu Evaluace protidrogových opatření a programů realizovaných ve Středočeském kraji. Analysis of Needs of Clients of Low-Threshold Facilities. Final Report No. 2 of the Project Evaluation of Drug Measures and Programmes Implemented in the Central Bohemian Region. Liberec: NTI – consulting, s.r.o.

13.2.1.3 European School Survey Project on Alcohol and Other Drugs (ESPAD)

Implemented by: Prague Psychiatric Centre, 3rd Faculty of Medicine, Charles University in Prague in collaboration with the National Monitoring Centre for Drugs and Drug Addiction, Office of the Government of the Czech Republic.

Implementation period: 2003, 2007.

Funding: financial resources for drug policy from the state budget within the sphere of competence of CGDPC.

Budget: CZK 1,229 thousand in 2003 (€ 38.6 thousand); CZK 1,310 thousand in 2007 (€ 46.2 thousand).

Aim: to acquire reliable estimates of the prevalence of the use of drugs (licit and illicit) among young people aged 15–18 (15–16 in 2007), evaluate trends in the use of drugs since 1995, compare the extent of drug use in the Czech Republic and other European states, and compare the extent of drug use at the level of individual regions for the purposes of interregional comparisons and background data for the implementation of drug policy programmes at the regional level.

Methods: cross-sectional questionnaire survey on a representative sample of the school population, standardised European methodology of the ESPAD questionnaire. Nearly 15,000 respondents participated in the survey in 2003 and more than 10,000 in 2007.

Results: nearly 44% of 16-year-old students of secondary schools have tried an illicit drug (in 2003). The substances most commonly involve cannabis, sedatives, solvents, and ecstasy; experiences with hallucinogens, amphetamines, and opiates are less common.

Publications: Csémy, L., Lejčková, P., Sadílek, P., Sovinová, H. (2006) Evropská školní studie o alkoholu a jiných drogách (ESPAD). Výsledky průzkumu v České republice v roce 2003. European School Survey Project on Alcohol and Other Drugs. Results of the 2003 Survey in the Czech Republic. Prague: Office of the Government of the Czech Republic.

13.2.1.4 Prevalence Estimates of Problem Drug Users

Implemented by: National Monitoring Centre for Drugs and Drug Addiction.

Implementation period: 2003–2007.

Funding: financial resources for drug policy from the state budget within the sphere of competence of CGDPC.

Budget: not quantified (the National Monitoring Centre carried out the estimates within the framework of its activities).

Aim: to ascertain the prevalence of problem drug users in the Czech Republic.

Methods: a multiplication method every year since 2003, capture-recapture method in 2003 (for the years 2001 and 2002), estimation of the number of problem opiate users via a questionnaire survey among general practitioners in 2003.

Results: a declining trend in prevalence estimations during the last five years; this finding is supported by the fact that the estimations were carried out by several independent institutions. The number of problem drug users ranges from 21 to 38 thousand people, according to the estimation method used. It is most likely that there are approximately 30 thousand of them; approximately 10 thousand are opiates users and approximately 20 thousand are pervitin users, and there are approximately 28–29 thousand injecting drug users.

Conclusions: the declining estimated number of problem drug users is probably influenced by the expansion of substitution treatment in the Czech Republic and the outflow of users to services of this type, which are not registered sufficiently with the registers which are used for making the prevalence estimates.

Publications: Mravčík, V., Lejčková, P., Korčišová, B. (2005) Prevalence Estimates of the Number of Problem Drug Users in the Czech Republic – summary article. Adiktologie, 5, 12–20.

13.2.1.5 Sample Survey on Health Status and Lifestyle of the Population of the Czech Republic Focusing on Drug Abuse

Implemented by: Institute of Health Information and Statistics of the Czech Republic.

Implementation period: 2004.

Funding: subsidy of CGDPC and resources from the budget of the Institute of Health Information and Statistics of the Czech Republic.

Budget: the total budget was CZK 1 378 775 (€ 43.2 thousand), of which CZK 978,000 (€ 30.7 thousand) was covered by a subsidy of CGDPC.

Aim: to ascertain the prevalence of drug use among the general population of the Czech Republic.

Methods: randomised stratified sampling on the basis of a selection of electoral districts of the Czech Republic; the questionnaire follows on from the European Model Questionnaire of the EMCDDA; altogether there were 3,526 respondents aged 18 to 64.

Results: 22% of the adult population of the Czech Republic have tried an illicit drug at least once in lifetime. 21% of the population aged 18 to 64 have tried cannabis; 7% of the population have tried ecstasy, 3.5% have tried magic mushrooms and other natural hallucinogens, and 2.5% have tried amphetamines. Experiences with other illicit drugs are relatively uncommon.10% of respondents have used an illicit drug during the last year, 5% during the last month. Respondents mention that substances with a sedative effect, inhalants, and cannabis are the most widely available. Especially young people believe that it is easy or very easy to obtain a drug. Clubs or discotheques and then bars or restaurants are the places where drugs are most commonly distributed; 23.9% and 21.5% of the respondents, respectively, were approached by dealers there.

Publications: ÚZIS (2006) Výběrové šetření o zdravotním stavu a životním stylu obyvatel ČR zaměřené na zneužívání drog. Sample Survey of the Health Status and Lifestyle of the Population of the Czech Republic with a Focus on Drug Abuse. Prague: Institute of Health Information and Statistics of the Czech Republic.

13.2.2 Publications in International Peer-Reviewed Journals in 2006

Articles were retrieved by means of the Web of Science database (ISI Web of Knowledge, http://www.webofknowledge.com/) with the following criteria: the contribution was published in 2006 and at least one of its authors works in an institution in the Czech Republic on behalf of which he/she published the contribution (function Analyse by Country/Territory). The following key words were used to locate the articles which related primarily to the field of drugs and addictions: drug use, substance use, abuse, problem use, addiction, dependency, dependent, intoxication, drinking, alcohol, smoking, tobacco, nicotine, cocaine, methamphetamine, opiates, heroin, cannabis, marijuana, hashish, hepatitis, AIDS, HIV.

Epidemiology:

- Bobak, M., Pikhart, H., Pajak, A., Kubinova, R., Malyutina, S., Sebakova, H. et al. (2006). Depressive symptoms in urban population samples in Russia, Poland, and the Czech Republic. British Journal of Psychiatry, 188, 359–365.
- Bruckova, M., Bautista, C. T., Graham, R. R., Maly, M., Vandasova, J., Presl, J. et al. (2006). Short report: HIV infection among commercial sex workers and injecting drug users in the Czech Republic. American Journal of Tropical Medicine and Hygiene, 75, 1017–1020.
- Kralikova, E. (2006). Czech Republic: addiction course includes tobacco. Tobacco Control, 15, 151.
- Kubicka, L. (2006). Alcohol use in the country with the world's highest per capita beer consumption – the Czech Republic. Addiction, 101, 1396–1398.
- Trojáčková, A., & Višňovský, P. (2006). Alcohol Use in Czech Pharmacy Students. Central European Journal of Public Health, 3, 117–120.
- Zabransky, T., Mravcik, V., Korcisova, B., & Rehak, V. (2006). Hepatitis C virus infection among injecting drug users in the Czech Republic – Prevalence and associated factors. European Addiction Research, 12, 151–160.

Medicine, Biology, Neurosciences:

- Al-Kubati, M., Al-Kubati, A. S., Al'Absi, M., & Fiser, B. (2006). The short-term effect of water-pipe smoking on the baroreflex control of heart rate in normotensives. Autonomic Neuroscience-Basic & Clinical, 126, 146–149.
- Besson, H., Brennan, P., Becker, N., De Sanjose, S., Nieters, A., Font, R. et al. (2006). Tobacco smoking, alcohol drinking and Hodgkin's lymphoma: a European multi-centre case-control study (EPILYMPH). British Journal of Cancer, 95, 378–384.
- Besson, H., Brennan, P., Becker, N., Nieters, A., De Sanjose, S., Font, R. et al. (2006). Tobacco smoking, alcohol drinking and non-Hodgkin's lymphoma: A European multicenter case-control study (Epilymph). International Journal of Cancer, 119, 901–908.
- Jindrichova, E., Buresova, M., Kazdova, L., & Kovar, J. (2006). The effect of moderate alcohol consumption in a rat model of metabolic syndrome. Atherosclerosis Supplements, 7, 197.
- Kucerova, J., Landa, L., Slais, K., & Sulcova, A. E. (2006). MDMA pre-treatment cross-sensitizes to methamphetamine stimulatory effects in mice. European Neuropsychopharmacology, 16, S513.
- Kukacka, J., Vajtr, D., Bibova, J., Santorova, P., Kotaska, K., & Prusa, R. (2006). Administration of methamphetamine affects serum levels of trace elements in rats. Faseb Journal, 20, A195–A196.
- Landa, L., Slais, K., & Sulcova, A. (2006). Involvement of cannabinoid CB1 and CB2 receptor activity in the development of behavioural sensitization to methamphetamine effects in mice. Neuroendocrinology Letters, 27, 63–69.
- Landa, L., Slais, K., & Sulcova, A. (2006). Impact of cannabinoid receptor ligands on behavioural sensitization to antiaggressive methamphetamine effects in the model of mouse agonistic behaviour. Neuroendocrinology Letters, 27, 703–710.
- Marsalek, T., Matousek, V., Mautner, P., Merta, M., & Moucek, r. (2006). Coherence of EEG signals and biometric signals of handwriting under influence of nicotine, alcohol and light drugs. Neural Network World, 16, 41–60.
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13.3 Dissemination of Research Results

13.3.1 The Role of the National Monitoring Centre for Drugs and Drug Addiction in the Dissemination of Information

The Annual Report: The Czech Republic Drug Situation is the main information output of the National Monitoring Centre for Drugs and Drug Addiction. It is submitted to CGDPC, the Government of the Czech Republic, and the EMCDDA every year. It sums up officially published or otherwise available results of studies and research in the field of drugs and its consequences or the availability, impact, and efficiency of treatment and preventive and other interventions. The Annual Report is printed in 1,500 copies and distributed according to an updated distribution list to all collaborating organisations, experts, members of working groups, and partners at the regional and local levels. At the same time, the Annual Report is sent to all professional libraries and for information to the members of the Parliament and Senate of the Czech Republic and the media. Its English translation is sent to international partners, national focal points of European states, and the EMCDDA. The report is available to the public in electronic form on the web pages of the National Monitoring Centre for Drugs and Drug Addiction: www.drogy-info.cz.

Other publications of the National Monitoring Centre for Drugs and Drug Addiction also disseminate the results of domestic and foreign research (the publications are published by the Office of the Government of the Czech Republic). The National Monitoring Centre for Drugs and Drug Addiction prepares and publishes the bi-monthly bulletin Focused on Drugs; individual issues deal in detail with specific topics, the results of studies, and information from the field of drug policy measures. It is printed in 2,000 copies and, similarly to the Annual Report, distributed to experts, employees of facilities operating in the field of prevention and treatment, employees of public administration institutions, the media, politicians, and libraries. The individual issues can also be downloaded free of charge from the web pages of the National Monitoring Centre for Drugs and Drug Addiction at www.drogy-info.cz.

In the fourth year of its being published, 2006, the following issues of Focused on Drugs were published: Primary Prevention of Drug Use – Essential Principles and Effective Programmes, Drug Users in Conflict with the Law – Drug-Related Legal Issues, Drugs in the Media – The Main Results of a Media Analysis of Drugs Issues in 2004–2005, Drug Services in Prisons – Possibilities for Drug Interventions and Collaboration between NGOs and Prisons, the Drug Situation in the Czech Republic – Summary of the 2005 Annual Report: Drug Situation in the Czech Republic 2005.

The following issues of Focused on Drugs were published in 2007: Media Picture of Drugs in the European Union – Media Topics in Annual Reports on Drugs, Systematic Approach in Drug Prevention – What Does and Does Not Work in Primary Prevention, Heredity of Drug Addictions – the Share of Genetic Equipment in the Onset of Addictions. Furthermore, an issue on the topic of drugs and pregnancy, an overview of the situation in the field of drug-related deaths and, as every year, one issue about the drug situation in the Czech Republic (a summary of the Annual Report) will be published in 2007.

Since 2003, the National Monitoring Centre for Drugs and Drug Addiction has also been publishing other publications designed for the professional public. It has three edited series – Monographs, Methodology, and Research Reports; they involve the results of those studies which were implemented in the Czech Republic, methodological manuals, and translations of overview publications. The following titles were published in 2006: Position Statement about Prisons, Drugs and Harm Reduction (monograph), Needle Exchange in Prisons: Findings from a Comprehensive Overview of International Data and Experiences (monograph), Dance and Drugs 2000 and 2003: Results of a Questionnaire Survey among Dance Party Goers in the Czech Republic (research report), Over-the Phone and Internet Counselling in the Field of Addictions (research report), European School Survey Project on Alcohol and Other Drugs (ESPAD): Results of the 2003 Survey in the Czech Republic (research report). Altogether, eighteen professional publications (ten in the Monographs series, four in the Methodology series, and four in the Research Reports series) have been published since 2003.

The National Monitoring Centre for Drugs and Drug Addiction has published and distributed more than 50,000 copies of professional publications during the period of its existence.

Dissemination of information about research in the field of drugs – see below.

13.3.2 Czech Professional Journals

The databases of contributions in professional journals which are published in the Czech Republic and are not indexed in international databases, for instance Medline, PubMed, or Academic Search Premier, are available on the internet:

- Catalogue and Database of the National Library of the Czech Republic: ANL – Articles in Czech newspapers, journals, and collections (http://sigma.nkp.cz/)
- Bibliographia Medica Čechoslovaca (http://dec2.nlk.cz:4001/ALEPH/CZE/BMC/BMC/BMC/START)
- Database of articles in journals published by the Czech Medical Association of J.E. Purkyně (http://www.clsjep.cz/hledani.asp).

One professional journal which specifically focuses on issues related to addictions (including research) is published in the Czech Republic; other professional journals have a different or other focus and they cover drugs and addictions only irregularly – Table 13-5.

Table 13-5: Overview of professional journals in the Czech Republic which publish contributions from the field of drugs

Name	Topics	Drug-related topics	International contributions	Peer-reviewed	Languages of abstracts	Web pages
Journals focusing on drugs and (drug) addictions						
Adiktologie	Addictology	Yes	Yes	Yes	CZ, EN	http://casopis.adiktologie.cz
Other professional journals						
Biograf	Qualitative research, sociology	Yes	No	Yes	CZ, EN	http://www.biograf.org/
Časopis lékařů českých	Medicine	Yes	Yes, indexed	Yes	CZ, EN	http://www.clsjep.cz/nts/casop/lekari/lekari.asp
Česká a slovenská psychiatrie	Psychiatry	Yes	Yes	Yes	CZ/SK, EN	http://www.clsjep.cz/nts/casop/psychiatrie/psychiatrie.asp
Česko-slovenská pediatrie	Pediatry	Yes	Yes	Yes	CZ/SK, EN	http://www.clsjep.cz/nts/casop/pediatrie/pediatrie.asp
Československá psychologie	Psychology	Yes	Yes, indexed	Yes	CZ/SK, EN	http://cspsych.psu.cas.cz/
Epidemiologie, mikrobiologie, imunologie	Epidemiology	Yes	Ne	Yes	CS	http://www.clsjep.cz/nts/casop/epidemiologie/epidemiologie.asp
Psychiatrie	Psychiatry	Yes	Yes	Yes	CZ, EN	http://www.tigis.cz/PSYCHIAT/Index.htm
Psychiatrie pro praxi	Psychiatry	Yes	Yes	Yes	CZ, EN	http://www.psychiatriepropraxi.cz/
Sociální práce	Social work	Yes	Yes	Yes	CZ/SK, EN	http://www.socialniprace.cz/
Sociologický časopis	Sociology	Not primarily	Yes	Yes	CZ, EN	http://sreview.soc.cas.cz/
Central European Journal of Public Health	Public health, epidemiology	Yes	Yes, indexed	Yes	EN	http://www.szu.cz/svi/cejph/

*Note: * CZ – Czech, SK – Slovak, EN – English.*

13.3.3 Other Forms of Dissemination of Information

Important web pages about (the results of) research in the field of drugs in the Czech Republic include:

- Drogy-info, Information Portal about Licit and Illicit Drugs, National Monitoring Centre for Drugs and Drug Addiction: http://www.drogy-info.cz/
- Drug Information Server, SANANIM civic association: http://www.drogy.net/
- Centre for Addictology, 1st Faculty of Medicine, Charles University in Prague: http://www.adiktologie.cz/

The research topics in the field of drugs are included in the agenda of professional conferences. The most significant annual conferences include:

- International Conference of the Czech Medical Association of J. E. Purkyně – Association for Addictive Diseases and the International Conference of the AT Section of the Psychiatric Association of Czech Medical Association of J.E. Purkyne; in recent years, it has been held in Měřín, where the 46th annual conference took place in 2007: http://snncls.cz/
- Conference of Primary Prevention of Risk Behaviour, Prague; the 4th annual conference will take place in 2007.
- International Conference Community Collaboration in the Field of Drugs Issues, Brno; the 4th conference took place in 2007.
- Regional Drug Conference of the Central Bohemian Region, Prague; the 5th annual conference will take place in 2007.
- Conference about the Prevention and Treatment of Addictions in the Pilsen Region, Pilsen; the 2nd annual conference took place in 2007.

The Czech professional community awards prizes for research activity in the field of drugs and addictions. It especially involves the Jaroslav Skála Prize, which the Czech Medical Association of J. E. Purkyně – Association for Addictive Diseases and the SANANIM civic association award to the authors of innovative approaches, articles, lectures, publications, and research studies in addictology (it has been awarded since 2001) and the Prize for Addictology, which the Centre for Addictology, 1st Faculty of Medicine, Charles University in Prague awards for extraordinary contributions to the discipline of addictology (it has been awarded since 2006).

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SELECTED DRUG-RELATED WEB PAGES ON THE CZECH INTERNET

An extensive list of (not only) Czech websites that deal with drug issues is available at http://www.drogyinfo.cz/link/category/1/. The following list provides selected official pages of key institutions in the field of the prevention, treatment, and monitoring of drug use.

Adiktologie – odborný časopis pro prevenci, léčbu a výzkum závislostí (Addictology – a professional journal for prevention and treatment of and research into addiction): http://www.adiktologie.cz/Casopis-Adiktologie.html

A.N.O. – Asociace nestátních organizací zabývajících se prevencí a léčbou drogových závislostí (Association of NGOs): http://www.asociace.org/

Celní správa ČR (Customs Administration of the Czech Republic): http://www.cs.mfcr.cz/

Centrum adiktologie – Psychiatrická klinika I. LF a VFN, Univerzita Karlova v Praze (Centre for Addictology at the Psychiatric Clinic of the 1st Medical Faculty and General Teaching Hospital in Prague): http://www.adiktologie.cz/

Centrum epidemiologie a mikrobiologie SZÚ (Centre of Epidemiology and Microbiology of the National Institute of Public Health): http://www.szu.cz/cem/hpcem.htm

Centrum pro výzkum veřejného mínění - Sociologický ústav AV ČR (Public Opinion Poll Centre – Institute of Sociology of the Academy of Science of the Czech Republic): http://www.cvvm.cas.cz/

Česká asociace streetwork (Czech Outreach Work Association): http://www.streetwork.cz/

Česká lékařská společnost JEP (Czech Medical Association of J. E. Purkyně): http://www.cls.cz/

Česká neuropsychofarmakologická společnost (Czech Neuropsychopharmalogical Society): http://www.cnps.cz/

Český statistický úřad (Czech Statistical Office): http://www.czso.cz/

Databáze služeb sociální prevence (Database of Social Prevention Services): https://www.sluzbyprevence.mpsv.cz/

Drop In, o.p.s. (Drop In, public service company): http://www.dropin.cz/

EXTC - prevence zneužívání syntetických drog (EXTC – prevention of synthetic drug abuse): http://www.extc.cz/

Informační centrum OSN v Praze (Information Centre of the UNO in Prague): http://www.osn.cz/

Informační portál primární prevence (Primary Prevention Information Portal): http://www.odrogach.cz/

Institut pedagogicko-psychologického poradenství (Institute of Pedagogical and Psychological Counselling): http://www.ippp.cz/

Institut pro kriminologii a sociální prevenci (Institute for Criminology and Social Prevention): http://www.ok.cz/iksp/

Ministerstvo spravedlnosti (portál českého soudnictví) (Ministry of Justice – Czech Justice Portal): http://portal.justice.cz/

Ministerstvo práce a sociálních věcí (Ministry of Labour and Social Affairs): http://www.mpsv.cz/

Ministerstvo školství, mládeže a tělovýchovy (Ministry of Education, Youth, and Physical Education): http://www.msmt.cz/

Ministerstvo vnitra (Ministry of the Interior): http://www.mvcr.cz/

Ministerstvo zdravotnictví (Ministry of Health): http://www.mzcr.cz/

Národní monitorovací středisko pro drogy a drogové závislosti (National Monitoring Centre for Drugs and Drug Addiction): http://www.drogy-info.cz/

Národní program boje proti AIDS ČR (National Programme of Combating AIDS in the Czech Republic): http://www.aids-hiv.cz/

Národní protidrogová centrála Služby kriminální policie a vyšetřování, Policie ČR (Police National Drug Squad): http://www.mvcr.cz/policie/prezentace/npdc.html

Poslanecká sněmovna Parlamentu ČR, Výbor pro zdravotnictví, Podvýbor pro problematiku civilizačních onemocnění a závislostí (Lower House of the Parliament of the Czech Republic – Subcommittee for Drugs and Addiction issues): http://www.psp.cz/sqw/snem.sqw?id=779

Probační a mediační služba ČR Probation and Mediation Service of the Czech Republic): http://www.pmscr.cz /

Prev-Centrum, o.s. (Prev-Centre, civic association): http://www.prevcentrum.cz/

Psychiatrické centrum Praha (Prague Psychiatric Centre): http://www.pcp.lf3.cuni.cz/pcpout/

Rada vlády pro koordinaci protidrogové politiky (Council of the Government for Drug Policy Coordination): http://rvkpp.vlada.cz

Registr poskytovatelů sociálních služeb (Register of Social Service Providers): http://www.mpsv.cz/cs/3880

SANANIM, o.s. – weby (drogový informační server, drogová poradna, server primární prevence) – SANANIM civic association – web pages (Drug Information Server, Drug Counselling Office, Primary Prevention Server): http://www.sananim.cz/

Sdružení Podané ruce, o.s. (Citizen-Action Public Association Sdružení Podané ruce): http://www.podaneruce.cz/

Sekce terapeutických komunit A.N.O. Therapeutic Communities Section, Association of NGOs): http://www.terapeutickekomunity.org/

Státní zdravotní ústav (National Institute of Public Health): http://www.szu.cz/

Ústav farmakologie 3. LF UK - neuropsychofarmakologie a prevence drogových závislostí ((Institute of Pharmacology of the 3rd Medical Faculty of Charles University in Prague – Neuropsychopharmacology and Prevention of Drug Addiction): : http://www.lf3.cuni.cz/drogy/

Ústav zdravotnických informací a statistiky (Institute of Health Information and Statistics of the Czech Republic): http://www.uzis.cz/

Vězeňská služba ČR (Prison Service of the Czech Republic): http://www.vscr.cz/

Výzkumný ústav práce a sociálních věcí (Research Institute of Labour and Social Affairs): http://www.vupsv.cz/

ABBREVIATIONS

2005–2006 Action Plan – Action Plan for the Implementation of the National Drug Policy Strategy for the period 2005 to 2006

2007–2009 Action Plan – Action Plan for the Implementation of the National Drug Policy Strategy for the period 2007 to 2009

2005–2009 National Strategy – National Drug Policy Strategy for the Period 2005 to 2009

ADD – Attention Deficit Disorder

ADHD – Attention Deficit Hyperactivity Disorder

Annual Report – Annual Report: The Czech Republic – Drug Situation

AT – Alcohol – Toxicomania (AT clinic – a name for outpatient medical facility dealing with addiction treatment)

CGDPC – the Council of the Government for Drug Policy Coordination

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

ESPAD – European School Survey on Alcohol and Other Drugs

EU – European Union

EWS – Early Warning System

HAV – hepatitis A virus, viral hepatitis A

HBV – hepatitis B virus, viral hepatitis B

HCV – hepatitis B virus, viral hepatitis C

HIV - Human immunodeficiency virus

HR – harm reduction

NGO – non-governmental organisation

WHO – World Health Organisation

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