EU2009.CZ

NATIONAL MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION

Czech Drug Policy and its Coordination

History and the Present

APRIL 2009

Contents

Summary

■ The aggravated problems of drug use and drug trafficking at the beginning of the 20th century resulted in a need to introduce effective counter-measures at an international level and in each country.

■ The various socio-political regimes in the Czech Republic in the 20th century have had an impact on the government's response to the phenomenon of drug distribution and drug use.

■ After the political changes in 1989 and the split of Czechoslovakia in 1993, several non-governmental organisations called upon the government to respond to the accelerated social phenomenon of drug use by establishing an effective drug policy system.

■ The drug policy is a set of diverse measures implemented by institutions with various specialisations and interests. Coordination is essential to ensure that all the stakeholders respect a joint approach.

■ The idea behind the coordination of the drug policy is to initiate and promote widespread cooperation, to optimise the use and outputs of existing resources, and to help form and implement effective measures.

■ **The coordination of the Czech Republic's drug policy takes place at two non-interchangeable levels, central and regional (local), while employing instruments for horizontal and vertical coordination.**

■ **The ultimate goal of the drug policy is to reduce drug use and/or the potential risks and damage that individuals and society may suffer as a result of drug use.**

Definition

A drug policy is a comprehensive and coordinated set of preventive, educational, therapeutic, social, regulatory, control, and other measures, including law enforcement, implemented at the international, national, regional, and local levels. Its ultimate goal is to reduce drug use and/or the potential risks and damage that individuals and society may suffer as a result of drug use.

The current Czech drug policy is based on the principles of so-called mainstream drug policies. It is based on a pragmatic and rational approach which lays down realistic and attainable goals (not a "drug-free society"). Resting on four main pillars (i.e. primary prevention, harm reduction, treatment and rehabilitation, and repression), it builds on comprehensive and long-term measures, making an effort to achieve a balance between prevention and repression. It is based on the latest and verified knowledge of drugs and drug use (Radimecký, 2001) and on a coordinated, interdisciplinary, and cross-sectoral approach to drug use.

1 THE CZECH REPUBLIC'S DRUG POLICY

1/1 Historical Context

A modern drug policy as known today (see the above definition) began to take shape in the Czech Republic in the 1990s. However, the issues of drugs, drug abuse, and drug trafficking control had been confronted long before that through various laws.

The phenomenon of drugs began to attract major attention both internationally and nationally at the beginning of the 20th century, as drug abuse increased and illegal drug trafficking expanded. Initiatives emerged to introduce adequate counter-measures and to form the basis of worldwide collaboration in drug control. The first international conference about the issue of mind-altering substances, known as the Opium Commission, was convened in Shanghai in 1909 and the first International Opium Treaty came into force in 1915.

Illegal drug trafficking in Czechoslovakia expanded mainly after the First World War in 1920–1925, when Czechoslovakia became an important transit and destination country thanks to its central position in Europe. Lenient criminal penalties for drug traffickers and distributors also made Czechoslovakia an asylum country for people who would have faced criminal prosecution abroad (Nožina, 1997). The law then in effect that prohibited the unauthorised production and possession of narcotic and psychotropic substances (Law No. 128/1923 Coll.), considered illegal drug trafficking a minor offence, and laid down sentencing guidelines accordingly. The punishment included a monetary fine of up to CZK 20,000 and could be converted into an appropriate custodial sentence of up to 3 months (Sotolář et al., 2002) if the fine could not be collected.

The adoption of the so-called Opium Act (Law No. 29/1938 Coll.[1]) in 1938 was a major step in terms of legislation on psychoactive substances and their control. Some of its principles can still be found in the current legislation. The Opium Act completed the implementation of international conventions in the legal system of Czechoslovakia. The law divided narcotic substances into four groups and provided a precise definition of some key terms, which facilitated the supervision of the handling of narcotic substances. It also introduced special authorisations for handling psychoactive substances, official inspections in pharmacies, and the duty to enter narcotic substances in dedicated registers. The Opium Act is considered to be the first legal act to lay down criminal sanctions for the illegal handling of narcotic substances in Czechoslovakia in a comprehensive manner (Čentéš, 2007).

The underpinnings of the criminal legislation on the illegal production and possession of drugs in a form similar to the current laws were laid down in Act No. 86/1950 Coll. Its provisions were adopted, with only minor modifications, in Law No. 140/1961 Coll. This law, which made possible prosecution for the possession of narcotic substances for personal use, remained in effect unchanged until 1990, when the criminal punishment of possession for personal use was lifted by Law No. 175/1990 Coll. The amended law stipulated that drug possession had to be exercised on behalf of another person in order to constitute a crime (Sotolář et al., 2002). Drug possession for personal use was reintroduced as a crime in the amended Criminal Code (Law No. 112/1998 Coll.), taking effect from 1999.

After the Second World War and the Communist coup in February 1948, the Czechoslovak Socialist Republic closed its borders with the West and shifted away from being the centre of attention of drug cartels. This does not mean that drugs did not cross the borders. In most cases, however, these were transit

[1] Coll. – Collection of Laws and Regulations

Law No. 29/1938 Coll. of the National Assembly implementing the International Opium Treaty of 23 January 1912, promulgated under No. 159/1922 of the Collection of Laws and Regulations, the International Opium Treaty of 19 February 1925, promulgated under No. 147/1927 of the Collection of Laws and Regulations, and the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs of 13 July 1931, promulgated under No. 173/1933 of the Collection of Laws and Regulations (Opium Act)

Section 1
The manufacture, processing (reworking), preparation, distribution, trading, import, transit, and export of the substances specified herein, whether they have been partly manufactured or fully refined, including the synthetic production thereof, shall be subject to official supervision.

Section 2
(1) The manufacture (original manufacture) of the "substances" shall be taken to mean the production or refinement of alkaloids or mixtures thereof, including the production of salts thereof from their precursors (opium, raw cocaine etc.) or synthetically.
(2) A preparation shall be taken to mean any production from ready "substances" or mixtures thereof, while the chemical composition of the "substances" remains essentially unchanged.
(3) Processing (reworking) shall be taken to mean the chemical processing of the "substances", while the chemical composition of the substance essentially does change. If any of the "substances" is processed into another "substance", this shall be considered as processing in relation to the first "substance" and manufacture in relation to the second "substance".

Section 4
The manufacture, import, transit, export, sale, distribution, and consumption of "processed opium", as well as the ashes and any remains of smoked opium, are prohibited.

Section 14
(1) Holders of the special permission referred to in Section 10 shall keep records of the "substances" and submit to the Ministry of Public Health and Physical Education regular reports on the manufacture, preparation, processing (reworking), distribution, trading, import, and export thereof.

Section 19
(1) Any person who, without authorisation, deliberately manufactures, prepares, processes, reworks, possesses, has for sale, puts into circulation, offers, imports, exports, or transits the "substance" or mediates trading therein shall be sentenced to custody for a period of between three months and three years and a monetary fine of between CZK 5000 and CZK 50,000; however, if the offence was committed on a large scale or in the course of conducting business or under circumstances that resulted in grave bodily harm or the death of a person or a threat to the life or health of people on a larger scale, the perpetrator shall be sentenced to custody for a period of between one year and five years and a monetary fine of between CZK 10,000 and CZK 100,000.
(2) Any person who manufactures, procures for, or conveys to themselves or another person or possesses an instrument or an object that is undoubtedly designed for the unauthorised manufacture or preparation or unauthorised processing or reworking of a „substance", or conspires with another person to commit the crime(s) mentioned in paragraph (1) shall be sentenced to custody for a period of between one month and one year and a monetary fine of up to CZK 5000 [...].

shipments with final destinations in third countries (Nožina, 1997). A focus on issues related to alcohol abuse, on one hand, and the absence of comprehensive measures for non-alcoholic drugs, on the other hand, was typical of Communist Czechoslovakia at the time[2]. In 1948, the country passed the "Act on Controlling Alcoholism" (Law No. 87/1948 Coll.), which stipulated that controlling alcoholism was understood to include all the measures and facilities necessary to protect human health from the effects of alcoholism; importantly, it also laid down provisions on the treatment of alcoholism. The provisions concerning non-alcoholic drugs were not included in the "Act on Combating Alcoholism" of 1962 (Law No. 120/1962 Coll.). That state of affairs prevailed in fact until 1989, when after 17 years Law No. 37/1989 Coll. "On Protection from Alcoholism and Other Addictions" came into effect. This constituted the first law incorporating measures to tackle both alcohol and other psychoactive substances. Five months later, however, the political regime collapsed and, as the social situation changed, the law tailored to the country under Communist rule soon became obsolete.[3]

A comprehensive approach to drug policy began to emerge after 1989 and the first government drug policy concepts were drafted (see below). However, it should be noted for the sake of completeness that the above-mentioned Law No. 37/1989 Coll., no longer satisfactory, was replaced by the "Act on Measures for Protection from Harm Caused by Tobacco Products, Alcohol, and Other Addictive Substances" (Law No. 379/2005 Coll.). The new law made provisions for systematic measures focusing primarily on prevention, reducing the harmful effects of using addictive substances, health care, and the social services system.

[2] In the then Czechoslovak Socialist Republic, the use of illegal drugs was associated with the decadent capitalist society and as such was made a taboo, although drugs were being used in the country (Radimecký, 2004a).

[3] The law reflected neither the changes in drug use patterns nor the decentralisation of public administration, privatisation of health care facilities, new ways of funding, or the evolution of new types of non-health care services (Radimecký, 2007).

1/2 Development of Comprehensive Strategic Drug Policy Documents

The government began to embrace a more comprehensive approach to drug policy coordination after 1989, as the societal system changed (bringing about a liberalisation of society, opening of the borders, and less social control). In 1990 the then government of the Czechoslovak Federative Republic established an advisory body, Government Commission of the Czechoslovak Federative Republic for Narcotics, in response to the voices of experts who predicted a rapid expansion of illegal drugs and a sharp rise in their consumption. However, the commission did not make a significant difference in practice. Apart from establishing international contacts and initiating the involvement of some experts, the commission drafted a policy and programme document for the government, but it was only general and was never discussed by the government. The federal commission for narcotics had ceased to exist by the end of 1992 (Kalina, 1993).

1/2/1 1st Government Drug Policy Concept and Programme (1993–1997)

At the end of 1992, Czech civic society (leading experts with the first NGOs) mobilised and sent the government a memorandum (known as the Christmas Memorandum) in which it warned of the imminent threat of a "drug epidemic" and called upon the government to take action. The Czech government decided to establish the National Drug Commission of the Czech Government[4] (NDC) as early as at its first meeting in January 1993.

In August 1993, the government also approved the historical first Drug Policy Concept and Programme for 1993–1996, one year before the EU approved its first drug strategy (Radimecký, 2004). The foundations of the Czech Republic's national drug policy were thus laid. The implementation of the policy concept was delegated to the relevant members of the government, city mayors, and heads of district offices in those areas where the NDC saw the highest risk.

The first government drug policy concept clearly subscribed to a "balanced approach" and tried to achieve a profile corresponding to pragmatic European experience. It refused to legalise drugs but equally refused to criminalise drug users. It supported the freedom to choose to live a drug-free life, suggested there was a lack of realism in the repressive--prohibitive approach, and prioritised combating organised crime and developing services for drug users, including harm reduction-type services, and also emphasised the role of non-governmental non-profit organisations as the providers of services and partners to the government in developing and implementing the drug policy (Kalina et al., 2003).

In this first phase of the development of the drug policy, efforts focused on building the fundamental coordination mechanisms for collaboration both at the central and the regional (local) levels. The policy concept introduced the system of district drug commissions and district drug coordinators, which worked well in practice and became an important pillar of the development (Kalina et al., 2003).

The policy concept also defined other main priorities, such as establishing the Narcotic and Psychotropic Substances Inspectorate at the Ministry of Health, developing primary prevention, which was almost non-existent at the time, and creating a system for collecting data about drug use

Memorandum on Drug Policy to Members of the Czech Government – "Christmas Memorandum", December 1992

[...] At the end of 1992, we must state that no law on addictive substances has been passed, there is no coordinated primary prevention, there is an acute lack of detoxification, treatment, and rehabilitation facilities for drug addicts, and the opportunities for foreign aid and cooperation have been missed. Although after November 1989 a number of foreign and domestic experts predicted a rapid expansion of drug use, a sharp rise in drug consumption, and the proliferation of HIV/AIDS among injecting drug users, the period from 1990–1992 was not used sufficiently to make adequate arrangements in response to the imminent threats. We consider this state of affairs alarming [...].

We acknowledge that the state authorities cannot resolve these issues on their own. This is why we declare that the non-governmental sector is ready to participate in dealing with the problem of addictive substance abuse. However, this work is unthinkable without the underlying policy-making, technical, legislative, and organisational involvement of the governmental sector, and particularly without drafting a fundamental framework drug policy document for the Czech Republic.

We believe that the Prime Minister and the other members of the Czech Government we have addressed will pay welcoming attention to this memorandum [...].

The text of the memorandum with hand-written notes was discovered in the archive of the SANANIM civic association and is probably the last agreed version before the clean copy was sent out on 12 December 1992. The original has not been preserved.

Source: www.drogy.net

[4] The National Drug Commission later became the Council of the Czech Government – National Drug Commission and subsequently, in 2002, the Government Council for Drug Policy Coordination (GCDPC).

and its impacts. It also mentioned examples of new types of facilities, such as low-threshold centres, day-care centres, and therapeutic communities.
There was a one-year gap between the effective period of the first government drug policy document for 1993–1996 and the second one for 1998–2000. 1997 was not included in the government's official documents on its drug policy and can be described as a year of drug policy inertia, at least in the national context. International collaboration was suspended during that year (Radimecký, 2001).

1/2/2 2nd Government Drug Policy Concept and Programme (1998–2000)

The following phase and the second Government Drug Policy Concept and Programme for 1998–2000 can be characterised as a declaratory effort to supply the missing prevention, treatment, and rehabilitation programmes, to institute the so-called minimum network of services and facilities, and an effort to work towards the development of systematic instruments to measure the quality and effectiveness of the measures implemented (e.g. the introduction of a standards and services accreditation process), improve multi-agency collaboration, and work on the development of education and funding. For the first time ever, priorities also included alternatives to the (criminal) prosecution of drug users and prison programmes.
In comparison with the previous period, there was also a shift in the perception of drugs in this drug policy document, from the perception of drugs as a direct threat to society to a more realistic perception of drugs as a phenomenon presenting health and social risks (Radimecký, 2004a).

1/2/3 National Drug Strategy 2001–2004

This was the first time that the key drug policy document was drafted not as a policy concept but as a strategic plan for a four-year period, bearing the title National Drug Strategy for 2001–2004.
Although this strategic document was primarily focused on illegal drugs, the authors succeeded in focusing attention on the issues of using alcohol and tobacco, mainly in terms of prevention and repression, taking into consideration the proven relationship between using legal and illegal drugs (Radimecký, 2001). Furthermore, the harm reduction strategy finally became one of the four pillars of the government policy

The Criminal Code amendment of 1998 was a significant development of the 1990s. Czech society was directly confronted with the phenomenon of drug distribution and drug use. The government drafted an amendment to the crimes act which made it possible to prosecute for the possession of drugs for personal use and provoked a major debate. In the end the bill was passed and the Czech law that has been in effect since 1 January 1999 again makes it possible to prosecute for the possession of drugs for personal use.
The amended law did not distinguish between different drugs in terms of their health or social risks. The disadvantage of this approach was highlighted in the PAD study, which asserted among other things that this indiscriminate approach to drugs resulted in an amalgamation of the previously separate illegal market for marijuana and that for other drugs such as pervitin and cocaine (Zábranský et al., 2001). Following expert advice, the government approved the intention to introduce into Czech law a classification of drugs into two or three categories depending on their health and social risks and, in relation to this categorisation, also punishments for the possession thereof (Government Resolution No. 1177+P/2001 on the PAD study). The proposal was to be incorporated into the bill to recodify the Criminal Code.
The bill was discussed in the government and the lower chamber of the Parliament. In 2006, the Chamber of Deputies refused to pass the bill. However, this was for reasons that did not concern the drug-related sections (but mainly the sections on economic crime).
In 2008, the government submitted the Criminal Code bill to the Chamber of Deputies again. After being passed by the Chamber of Deputies in November 2008, it was passed by the Senate and signed by the President in January 2009. The law was published in the Collection of Laws as Law No. 40/2009 Coll., Criminal Code, to become effective from 1 January 2010.

The main pillars of the drug policy

The main pillars have a key role to play in the government's drug policy, interacting with and complementing each other. Therefore, there should be a balanced approach to their application.

Primary prevention – **activities aimed at preventing drug use or postponing first drug experience to a later age.**

Treatment and rehabilitation – **a range of treatment services available to those drug users who have voluntarily opted for a drug-free life.**

Harm reduction – **activities to reduce the potential health and social risks and the impact of drug use on those drug users who have not opted for a drug-free life at the moment and on society.**

Supply reduction – **a set of legislative measures and law enforcement activities to reduce the supply of drugs.**

Impact analysis of the new drug legislation (PAD)

The PAD research project took place in 1999–2001. In December 1998, the National Drug Commission of the Czech Government approved the intention to conduct a research exercise to analyse the impacts of the newly adopted legislative intervention that criminalised the possession of illegal drugs for personal use.

To make an objective and comprehensive assessment of the impacts of the newly introduced intervention, it was necessary to map the situation in the various sub-areas and compare their development between 1998 and 2000. Besides the five key indicators, the social cost of illegal drug use in the Czech Republic was quantified as well.

The findings of the PAD study concluded, among other things, that criminalising the possession of drugs for personal use did not meet the expectations of the proponent of the bill[5], nor did it confirm the catastrophic scenarios[6] anticipated by some opponents of the idea of criminalising the possession of illegal drugs for personal use. With no distinction made between drugs according to their health and social risks, the move proved to be ineffective and caused unnecessary economic and social costs. The government acknowledged the conclusions of the PAD study in 2001 and adopted measures to increase the effectiveness of activities and procedures, particularly on the supply reduction side.

Key tasks were approved, including one of submitting to the government a bill for a law to divide drugs into categories according to their health and social risks. Drug users (including possessors of drugs and occasional small drug dealers) should be offered drug treatment instead of criminal punishment. The criminal law enforcement agencies should, as a priority, focus particularly on controlling and prosecuting the activities of highly organised criminal gangs producing, smuggling, and distributing illicit drugs (mainly heroin) (Zábranský et al., 2001, 2002).

in addition to prevention, treatment, and law enforcement, similarly to other EU countries (Radimecký, 2004).

The objectives of the government strategy at this stage included maintaining continuity of development, improving the quality and effectiveness of the measures adopted, and developing instruments to assess them. As regards prevention, treatment, and rehabilitation, these were no longer addressed through creating more programmes as in the previous years, when the drug policy was gradually taking shape. The objective was to improve the quality and effectiveness of the programmes, to make them more differentiated and targeted, to maintain the range of services, and to evaluate consistently the outcomes and practical impact of the measures implemented, including those that were repressive (Radimecký, 2001). The above was also to be reflected in drug policy areas such as funding, education, foreign collaboration, and coordination.

This period was also important in terms of the assessment and analysis of the drug situation, as well as drug research. In 2002, an institutional framework was created to evaluate drug policy measures to ensure that the measures proposed and implemented were evidence-based. The National Monitoring Centre for Drugs and Drug Addiction (NMC) was established at the Office of the Government of the Czech Republic and became responsible for collecting, analysing, and distributing data on drugs and coordinating data collection at the national level. Additionally, this was the first time since 1993 that research had comprehensively mapped, analysed, and described the situation regarding illicit drug use and the measures implemented and their impact in practice, thanks to the PAD research project.

[5] In the sense of reducing drug availability, reducing the number of drug users, increasing drug users' treatment compliance, improving law enforcement etc.

[6] i.e. that the amended law will result in the significant criminalisation of drug users, as well as of those who possess drugs for personal use etc.

1/2/4 National Strategy and Action Plans (2005–2009)

At the moment, two major goals are defined in the strategy for 2005–2009, to combat organised crime involved in illegal drug handling and to reduce drug use and the risks associated with drug use. The government's strategic document for this period outlined key activities to implement some fundamental reforms intended to make the drug policy system and drug policy coordination more effective.

The issue found to be particularly pressing was the reform of drug policy funding to one based on needs identification

An important law adopted in this period (2005) was the Act on Measures for Protection from Harm Caused by Tobacco Products, Alcohol, and Other Addictive Substances (Law No. 379/2005 Coll.). The law codified some principles and fundamentals that had been included in all the national drug strategies so far (since the 1990s). These principles were applied in practice but lacked a clear legal basis. For the purpose of the law, the term "drug policy" covers not only illegal drugs but also tobacco products and alcohol. According to the law, drug policy includes primary, secondary, and tertiary prevention measures. The implementation of drug policy at the national level is undertaken and coordinated by the government through the ministries and other central public administration authorities. By virtue of the law, the government has the power to establish a special advisory body for drug policy coordination (this role is played by the GCDPC).

and on verifying the quality of service providers supported financially from the public purse. The introduction in June 2005 of a professional certification system for secondary and tertiary prevention drug services can be considered a major development of the 2005–2009 period. The certification system helped develop and maintain the quality and availability of the services and to protect their users.
Another important development was to improve coordination between the recipients of grants, who are, at the same time, the key drug policy-makers: the government, represented by the Government Council for Drug Policy Coordination, and the various ministries[7], regions, and municipalities.
This period saw the introduction of a new instrument – the action plan (used in many EU Member States, as well as the EU Drug Strategy). The first action plan was drafted for the period from 2005–2006 and another for 2007–2009. The evaluation of these action plans should show to what extent the current strategy has been successful.

2 COORDINATION MECHANISMS OF THE CZECH DRUG POLICY

Definition

The idea behind the coordination of the drug policy is to initiate and promote widespread cooperation, to optimise the use and outputs of existing resources (information, financial, institutional, and human), and to help form and implement effective measures.

The implementation and coordination of the Czech Republic's drug policy takes place at two non-interchangeable levels, central and regional (local), while employing instruments for horizontal and vertical coordination (see below).

TABLE 1: The composition of the Government Council for Drug Policy Coordination in 2009

Member of the Council	Main responsibility in drug policy
Prime Minister – Chairman of the GCDPC	development and implementation of the Czech Republic's drug policy
Minister for Human Rights and Minorities – Vice-Chairman of the GCDPC	development and implementation of the Czech Republic's drug policy
Director of the Drug Policy Department of the Office of the Government of the Czech Republic – Executive Vice-Chairman of the GCDPC	advisory, policy-forming, and coordination activity at all levels
Minister of Health care	health education, treatment of users of addictive substances, professional education, legislation on and control of narcotic and psychotropic substances and their precursors
Minister of the Interior	reduction of drug supply through detecting and combating the organised production and distribution of illicit drugs, legal drug supply control
Minister of Education	primary prevention of addictive substance use, early intervention and teacher education
Minister of Labour and Social Affairs	improving the availability, quality, and effectiveness of social services for users of addictive substances
Minister of Justice	drug legislation, prison drug programmes
Minister of Defence	prevention of drug use in the army
Minister of Finance	rules of funding, drug supply reduction
A.N.O. – Association of Non-Governmental Organizations – Executive Director	associates professional NGOs working in the prevention and treatment of addictions
Association of Regions of the Czech Republic - Mayor of Prague	involvement of the regional and local levels
Society for Addictive Diseases of the J. E. Purkyne Czech Medical Association - Chairman	associates expert practitioners

[7] Particularly the Ministries of Labour and Social Affairs, Health, and Education, Youth and Sports.

2/1 Coordination at the Central Level

Definition

Horizontal coordination at the central level strives to harmonise the procedures of the various ministries and to initiate and support their optimal cooperation in the fulfilment of tasks defined by the National Drug Policy Strategy at the central level.

The responsibility for creating and implementing the Czech Republic's drug policy lies with the government. The government uses the following instruments for coordination:

- Government Council for Drug Policy Coordination (GCDPC)
- GCDPC Secretariat, which includes the National Monitoring Centre for Drugs and Drug Addiction
- GCDPC Committees
- Working Groups
- National Drug Strategy and Action Plans.

2/1/1 Government Council for Drug Policy Coordination

The main policy-forming, advisory, and coordination body of the government was established as early as in 1993 as the National Drug Commission of the Czech Government; it has operated as the Government Council for Drug Policy Coordination since 2002. Its main spheres of activity are the development of a comprehensive national strategy, its coordination, and collaboration in practical implementation at the central and local levels. The members of the GCDPC are the heads of the relevant ministries involved in dealing with the issue of drugs.

There was a major change to the composition of the GCDPC in 2007, when the council was extended to include three more members who are not in the cabinet. These are a representative of the Association of Czech Regions (i.e. one of the presidents of the regions or the Mayor of Prague), a representative of the Society for Addictive Diseases of the J. E. Purkyne Czech Medical Association, and a representative of Czech non-governmental organisations dealing with drug prevention and drug treatment. This meant that the role and status of experts and NGOs in the development of drug policy was formally established and recognised.

2/1/2 GCDPC Secretariat

The GCDPC Secretariat is responsible for drafting and implementing strategic drug policy documents and the day-to-day coordination of drug policy between GCDPC meetings, funding drug policy programmes, and international collaboration. The GCDPC Secretariat also makes organisational arrangements for its committees and working groups as the other instruments of the coordination and implementation of drug policy and of monitoring the drug situation.

The strategic documents place a great emphasis on ensuring that the drug policy is planned on the basis of a regularly evaluated and updated situation and needs analysis and that it strives to develop instruments for evaluating the quality and effectiveness of the measures implemented. With this objective in mind, the National Monitoring Centre for Drugs and Drug Addiction (NMC) was established at the GCDPC Secretariat in 2002. Since then, the centre has drafted annual situation reports and evaluations of the measures implemented and published them in the Annual Report on the Drug Situation in the Czech Republic.

2/1/3 GCDPC Committees

The GCDPC Committees were established to facilitate the implementation of key drug policy initiatives/activities and to analyse the development of the drug situation in the Czech Republic. The committees involved in the implementation of the key drug policy initiatives/activities include:

- **GCDPC's Committee of Departmental and Institutional Representatives** – a committee where the members of staff responsible within their ministries for the implementation of measures and activities related to drug policy meet on a regular basis to discuss issues concerning procedures and cooperation in public administration, particularly at the central level. All the documents submitted to the GCDPC should first be discussed by this committee.
- **GCDCP's Funding Committee for the Provision of Special-Purpose Subsidies from the National Budget** – discusses funding/project applications for drug policy programmes and submits proposals to the GCDPC for approval. A subsidy for services subject to certification is conditional upon the provision of a valid quality certificate.
- **Certification Committee** – makes proposals to the GCDPC for granting, not granting, or removing professional certifications which guarantee the quality of a service. It also operates as the appeal authority if an organisation does not agree with the choice of certifiers.
- **Committee of Regional Representatives** – established in 2007 to facilitate better coordination between the state and local government. The committee replaced the former Vertical Drug Policy Coordination working group established in 2003.

The following committee was set up to provide a thorough assessment of the development of the drug situation in the Czech Republic:

- **GCDPC's Advisory Committee for Drug-Related Data Collection** – oversees the NMC's activities in monitoring the situation in the field of drug use and its consequences. The committee also discusses and approves the Annual Report on the Drug Situation in the Czech Republic.

2/1/4 Working Groups

Working groups are established to deal with specific drug policy issues or needs and to deliver the tasks laid down in the Action

Plan for implementing the National Drug Strategy. There are permanent and ad hoc working groups:

■ **Working Group on EU Collaboration – Ministerial Coordination Group** - responsible for drafting instructions for the meetings of the Horizontal Working Group on Drugs and instructions for discussions on certain issues at the COREPER[8].

■ **GCDPC's Working Group for Non-Substance Addictions** – headed by the Minister for Human Rights and Minorities, this group maps the situation regarding non-substance addictions and proposes corresponding measures.

■ **Working Group for Drug Use Prevention and Harm Reduction at Dance Events** – the objective of this group is to propose, in collaboration with the representatives of relevant stakeholders, specific prevention and harm reduction measures for drug users at dance events.

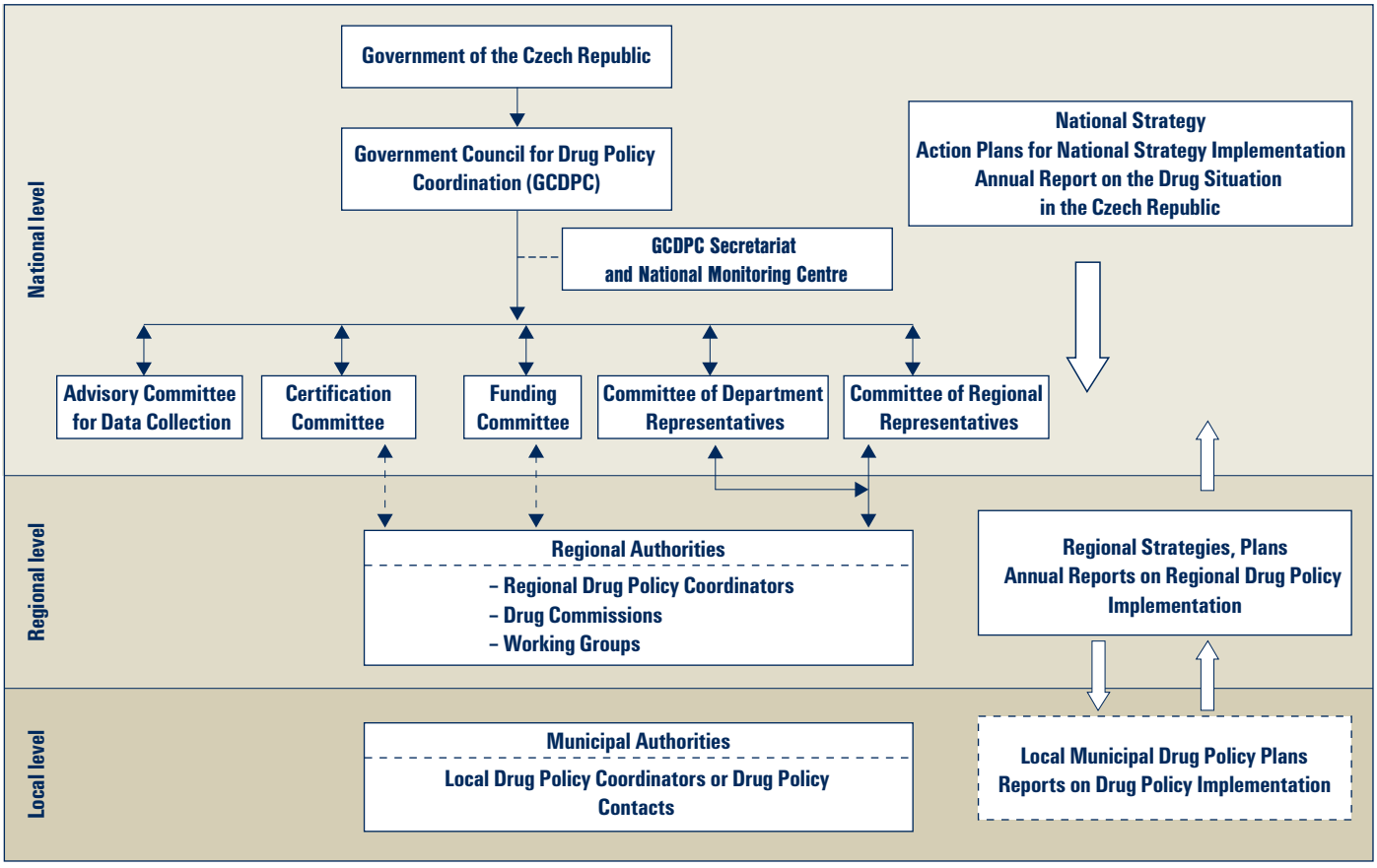
■ **Methamphetamine Working Group** – a newly established group; for details refer to the GCDPC meeting of 31 October 2008.

The following groups were set up to deal with the tasks of monitoring the state and development of the drug situation in the Czech Republic:

■ **NMC's Working Group "Population and School Surveys on Attitudes towards Drug Use"** – this group specialises in the methodological aspects of preparing and running surveys on drug use in the population, collects their results, and monitors the development of the key "drug use in the population" indicator.

■ **NMC's Working Group "Infectious Diseases Related to Illicit Drug Use** – deals with the issue of infectious diseases related to drug use. Its task is mainly to collect data in the form required by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and to link up all the relevant institutions to the data collection system. It also deals with the possibilities of drug testing for active users, particularly in low-threshold facilities, and determines the prevalence/incidence of infectious diseases in drug users.

FIGURE 1: The system of drug policy coordination in the Czech Republic



[9] COREPER – The "Committee of Permanent Representatives" consists of permanent representatives (ambassadors) of EU Member States; it coordinates and prepares the various meetings of the Council of the EU and strives to achieve a consensus on the issues on the agenda so that the Council can adopt resolutions. It comprises Coreper I – the ambassadors' representatives and Coreper II – the ambassadors themselves.

■ **NMC's Working Group "Drug-Related Treatment Demand"** – the group focuses on the collection of data about the users of addictive substances who were in treatment in health care or other facilities in the given year. The task of this group is to provide data in the structure required by the EMCDDA and to coordinate data collection.

■ **NMC's Working Group "Estimates of Prevalence and Mortality of Problem Drug Users"** – estimates the prevalence and mortality of problem drug users, considers methodological issues, prepares suitable sources of data, and conducts research studies.

■ **NMC's Working Group "Drug-Related Deaths"** – the group is responsible for collecting data from a special register at 13 forensic medicine units in the Czech Republic and facilitates improvements in the reporting of drug-related deaths in the country's general mortality register.

■ **NMC's Working Group "Criminal Law Sector Data"** – deals with issues related to unifying the collection, analysis, and distribution of criminal law data and data quality and comparability at the national and international level.

■ **NMC's Working Group "Early Warning System"** – makes sure that the national Early Warning System (EWS) is functional, allowing the rapid exchange of information on the manufacture, distribution, use, and risks of new psychoactive substances between relevant partners.

2/1/5 National Drug Policy Strategy

This is the key policy document approved by the Czech Republic's government that defines the basic shape of the national drug policy (see Chapter 1 for more details).

2/2 Coordination at the Regional and Local Level

Definition

The purpose of vertical coordination is to harmonise individual drug policy activities at the local level (i.e. at the regional and municipal levels) in order to take into account local conditions and needs, and at the same time to ensure that interventions and measures are carried out in line with the objectives, principles, and procedures recommended by the national strategy.

The 1993–1996 drug policy concept introduced a system of district drug policy commissions and district drug policy coordinators, in order to provide a link between the central and local levels. This relatively flexible system of coordination was based on the principle of subordination between the central and the local state administration authorities.

With the public administration reform in 2001 regional drug policy coordination was transferred from the district level (the district/municipal offices – state administration) to the regional level (regional authorities – self-government). As a result, the network of drug policy coordinators effectively ceased to exist. This is why it became necessary to redesign and recreate the Czech Republic's vertical drug policy coordination system. Despite initial reluctance on the part of the local authorities, the network of drug policy coordinators and commissions was restored, thus providing a mechanism for collaboration between the central and local levels and for the implementation of the government's policy.

Instruments of coordination at the local level

■ Committee of Regional Representatives
■ Regional Drug Policy Coordinators
■ Drug Commissions
■ Working Groups
■ Strategies and Plans
■ Local Drug Policy Coordinators

2/2/1 Committee of Regional Representatives

To formalise collaboration on drug policy between the national level (GCDPC) and the regional level, the *Vertical Drug Policy Coordination* working group was established in May 2003, and was transformed into the *Committee of Regional Representatives* in 2007. Similarly to the working group, the committee also comprises a representative of the GCDPC Secretariat and Regional Drug Policy Coordinators responsible for implementing the drug policy in their regions. The aim of the committee is to coordinate and harmonise drug policy between the government and the regions. The committee also meets with the Committee of Department Representatives, which offers an opportunity to share experience and harmonise procedures between the central public administration authorities and the regions.

2/2/2 Regional Drug Policy Coordinator

The Regional Drug Policy Coordinator provides the key link in transferring information and measures from the national level to the regional and local levels and vice versa. The position was established pursuant to Section 23 of Law No. 379/2005 Coll. on Measures for Protection from Harm Caused by Tobacco Products, Alcohol, and Other Addictive Substances. The position of the Regional Drug Policy Coordinator has been established in all the regions but one.

The coordinators are employed by the respective regional authorities. Their position in the structure of the regional authority is not unified and in most cases the drug policy coordinators, despite being appointed on a full-time basis, cover other areas as well, e.g. crime prevention or regional grant schemes.

Regional drug policy coordinators draft Annual Reports on the Regional Implementation of the Drug Policy that have the same structure across all the regions. They submit these to the GCDPC Secretariat on a voluntary basis. The number and quality of the reports submitted shows a tendency to grow (the region with no coordinator was the only one not to submit a report). This facilitates the collection of data and information on the development of the drug situation and on the implementation of drug policy at the local level.

2/2/3 Drug Commissions

The drug commission is an important instrument for the implementation of drug policy in a region. Drug commissions have been established in almost all the regions, often as advisory bodies to the mayor/president of the region or to the vice-mayor/vice-president of the region or to the regional council. In some regions, drug policy is in the remit of advisory bodies covering a wider range of issues, e.g. social and health, negative social phenomena including crime prevention etc.
The benefit of regional drug commissions lies mainly in their comprehensive approach to the issue. They usually comprise experts from various professions and from various institutions and organisations. The commission participates in analysing the drug situation, implementing drug policy measures tailored to local needs, drafting proposals for partial or major framework changes at the local level, and linking up the key stakeholders involved in reducing the demand for drugs and drug supply in the region. The commissions are complemented by a varying number of working groups in about half of the regions.

2/2/4 Working Groups in the Regions

Working groups in the regions usually participate in dealing with the current and specific drug issues of the region at an expert level. Their set-up varies but most often follows the pillars of the drug policy (primary prevention, harm reduction, treatment and rehabilitation, and supply reduction). Major service providers willing to participate in tackling problems and to share their own experience and skills should be represented on them.

2/2/5 Strategies and Plans

All the regions but one have drawn up their regional drug policy strategic documents (strategies, strategic plans, often complemented by action plans with concrete tasks and deadlines for completion). When drafting the documents, the regions usually draw from the national drug policy strategy, taking into consideration the specific regional and local conditions and needs. The regional drug policy strategies are most often drawn up in a structure similar to that of the national strategy and for the same period. Some municipalities also develop their own drug policy plans or draw up final reports on the implementation of drug policy.
(An overview of the strategic documents and institutional arrangements for drug policy in the regions and in the municipalities with extended powers can be found in the 2007 Annual Report on the Drug Situation in the Czech Republic.)

2/2/6 Local Drug Policy Coordinator – Drug Coordinators in Communities

Similarly to their regional counterparts, local drug policy coordinators or drug policy contacts make arrangements for drug policy coordination and the implementation of measures at the local level, and the transfer of information between the regional level and the community level.
The position of the local drug policy coordinator was also established pursuant to Law No. 379/2005 Coll. Local drug policy coordinators usually do not devote all their time to drug policy issues (this covers 0.2 to 0.3 of their workload, on average); the scope of their responsibilities can include also crime prevention, youth social work, adult social work, consultancy for members of the Roma community etc.[9] Regional drug policy coordinators provide methodological guidance and advice to local drug policy coordinators. Some regions have also developed a system of continuous education and/or regular meetings for local drug policy coordinators.

Main sources of information

- Čentéš, J. (2007) Hmotnoprávne aspekty trestnej činnosti páchanej v súvislosti s nealkoholovou toxikomániou v Slovenskej republike [Substantive Law Aspects of Crime Related to Non-Alcohol Addiction in the Slovak Republic]. Bratislava: Úrad vlády. ISBN 978-80-88707-94-3
- Kalina, K. (1993) Koncepce a program protidrogové politiky 1993–1996 [Drug Policy Concept and Programme 1993–1996]. Praha: Ministerstvo vnitra. Unpublished.
- Kalina, K. et al. (2003). Drogy a drogové závislosti 1. Meziodborový přístup [Drugs and Drug Addiction – Interdisciplinary Approach]. Praha: Úřad vlády České republiky. ISBN 80-86734-05-6
- Kalina, K., Bém, P. (1994). Drug problems and drug policy in the Czech Republic. Substance Abuse in the Czech Republic. Selected papers on Alcohol and Drug Abuse Country Report on Drug Abuse.
- Mravčík, V., Chomynová, P., Orlíková, B., Škařupová, K., Škrdlantová, E., Pešek, R., Miovská, L., Gajdošíková, H., Vopravil, J. (2008). Výroční zpráva o stavu ve věcech drog v České republice v roce 2007 [Annual Report on Drug Situation 2007 – Czech Republic]. Praha: Úřad vlády České republiky. ISBN 978-80-87041-46-8
- Mravčík, V., Chomynová, P., Orlíková, B., Škrdlantová, E., Trojáčková, A., Petroš, O., Vopravil, J., Vacek J. (2007). Výroční zpráva o stavu ve věcech drog v České republice v roce 2006 [Annual Report on Drug Situation 2006 – Czech Republic]. Praha: Úřad vlády České republiky. ISBN 978-80-87041-22-2

[9] Some cities that house the registered offices of the regional authorities have established the position of city coordinators (e.g. Ostrava or Brno).

■Mravčík, V., Korčišová, B., Lejčková, P., Miovská, L., Škrdlantová, E., Petroš, O., Radimecký, J., Sklenář, V., Gajdošíková, H., Vopravil, J. (2004). Výroční zpráva o stavu ve věcech drog v České republice v roce 2003 [Annual Report on Drug Situation 2003 – Czech Republic]. Praha: Úřad vlády ČR. ISBN 80-86734-25-0

■Mravčík, V., Korčišová, B., Lejčková, P., Miovská, L., Škrdlantová, E., Petroš, O., Sklenář, V., Vopravil, J. (2005). Výroční zpráva o stavu ve věcech drog v České republice v roce 2004 [Annual Report on Drug Situation 2004 – Czech Republic]. Praha: Úřad vlády ČR. ISBN 80-86734-59-5

■Mravčík, V., Lejčková, P., Orlíková, B., Petrošová, B., Škrdlantová E., Trojáčková, A., Petroš, O., Sklenář, V., Vopravil, J. (2006). Výroční zpráva o stavu ve věcech drog v České republice v roce 2005 [Annual Report on Drug Situation 2005 – Czech Republic]. Praha: Úřad vlády ČR. ISBN 80-86734-99-4

■Mravčík, V., Zábranský, T., Korčišová, B., Lejčková, P., Škrdlantová, E., Šťastná, L., Macek, V., Petroš, O., Gajdošíková, H., Miovský, M., Kalina, K., Vopravil, J. (2003). Výroční zpráva o stavu ve věcech v České republice v roce 2002 [Annual Report on Drug Situation 2002 – Czech Republic]. Praha: Úřad vlády ČR. ISBN 80-86734-06-4

■Národní strategie protidrogové politiky na období 2005 až 2009. Strategie schválená vládou České republiky [National Drug Policy Strategy 2005–2009. A Strategy Approved by the Government of the Czech Republic]. Praha: Úřad vlády České republiky, 2005. 32 s. ISBN 80-86734-39-0.

■Nožina M. (1997) Svět drog v Čechách [The World of Drugs in Bohemia]. Praha: Koniasch Latin Press, 1997. 348 s. ISBN 80-85917-36-X

■Radimecký, J. (2001) Česká protidrogová politika – pro a proti [Czech Drug Policy – Positives and Negatives], Adiktologie – odborný časopis pro prevenci, léčbu a výzkum závislostí, 2, 2001, pp. 29–37. ISSN: 1213-3841

■Radimecký, J. (2003) Rhetoric versus Practice in the European Union and the Czech Drug Policies, dissertation, London: Imperial College. Unpublished.

■Radimecký, J. (2004a) Česká drogová politika 1993–2003: Analýza vývoje – 1. část [The Czech Drug Policy 1993–2003: Analysis of Development – Part 1]. Available at: http://www.adiktologie.cz/articles/cz/90/210/Ceska-drogova-politika-1993-2003-analyza-vyvoje-1.-cast.html (25.9.2008)

■Radimecký, J. (2004b) Česká drogová politika 1993–2003: analýza vývoje – 2. část. [The Czech Drug Policy 1993–2003: Analysis of Development – Part 2]. Available at: http://www.adiktologie.cz/articles.php?l=cz&tcid=90&tiid=221&tacc=enb.

■Radimecký, J. (2006) Když dva dělají totéž...: Srovnávací analýza strategie drogové politiky Evropské unie a České republiky na období od roku 2005 [When Two Do the Same...: A Comparative Analysis of the Drug Policy Strategies of the EU and the Czech Republic From 2005 Onwards]. Adiktologie – časopis pro prevenci, léčbu a výzkum v adiktologii 6/4 – Supplementum. ISSN: 1213-3841. ESF grant no. CZ.04.3.07/3.1.01.1/0182

■Radimecký, J. (2007) Rhetoric Versus Practice in Czech Drug Policy. Journal of Drug Issues vol. 37/ 1. ESF grant no. CZ.04.3.07/3.1.01.1/0182

■Sotolář, A. et al. (2002) Trestná činnost spojená se zneužíváním drog a formy jejího řešení. Právní aspekty trestního postihu drogové kriminality a lékařský přístup ke zneužívání drog [Drug-Related Crime and Ways to Tackle It. The Legal Aspects of the Criminal Punishment of Drug-Related Crime and a Medical Approach to Drug Abuse]. Praha: Institut vzdělávání Ministerstva spravedlnosti České republiky. Příručky Ministerstva spravedlnosti České republiky – volume 65,

■Výroční zpráva o činnosti Rady vlády pro koordinaci protidrogové politiky za rok 2007, zasedání RCKPP dne 14. dubna 2008 [2007 Annual Report of the Government Council for Drug Policy Coordination, GCDPC meeting of 14 April 2008], ref. no.: 06477/08-OPK.

■Zábranský, T., Mravčík, V., Gajdošíková, H., and Miovský, M. (2001) Projekt analýzy dopadů novelizace drogové legislativy v ČR (Souhrnná závěrečná zpráva) [The Project of Impact Analysis of the Amended Drug Legislation in the Czech Republic (Summary Closing Report)]. Praha: ResAd, Scan; 2001. 54 s. ISBN: 80-86620-01-8. Notex: Assistence Bullington, B. and Rasmussen, D.

■Zábranský, T., Radimecký, J., Mravčík, V., Gajdošíková, H., Petroš, O., Korčišová, B., Miovský, M., Vopravil, J., Csémy, L., Kuda, A. (2002) Výroční zpráva o stavu ve věcech v České republice v r. 2001 [Annual Report on Drug Situation 2001 – Czech Republic]. Praha & Lisabon: Národní monitorovací středisko pro drogy a drogové závislosti & EMCDDA. ISBN 80-238-9912-0

■Zaostřeno na drogy 3: Koordinace protidrogové politiky. Nástroj realizace účinných komplexních opatření [Focused on Drugs 3. Drug Policy Coordination. An Instrument for the Implementation of Effective Comprehensive Measures]. Praha: Úřad vlády ČR, 2004. ISSN 1214-1089

■Zeman, P. (2007) Legislation and praktice concerning prosecution of drug offenses in the Czech Republic. Journal of Drug Issues 37, 45–73.

Information on the internet
http://drogovapolitika.vlada.cz – Government Council for Drug Policy Coordination webpage
http://www.drogy-info.cz – the national drugs information portal

Zaostřeno na drogy – special issue
Published by ■ Úřad vlády České republiky
Nábřeží E. Beneše 4, 118 01 Praha 1
Identification Number: 00006599
Editor's Office ■ Vladislavova 4, Praha 1, ph. +420 296 153 222
Editor in charge ■ Eva Škrdlantová
Author of this issue ■ Lucia Kiššová
Translation ■ David Fuchs

This issue was published on 20th April 2009.
Reference number of the Ministry of Culture of the Czech Republic: MK ČR E 14088.
ISSN 1214-1089

This issue was drawn up by the Secretariat of the Government Council for Drug Policy Coordination.
Editors: Viktor Mravčík, Kateřina Škařupová and Vladimír Sklenář.