National Monitoring
Centre for Drugs
and Addiction

Annual Report

The Czech Republic
2013 Drug Situation

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The Czech Republic
2013 Drug Situation

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NATIONAL MONITORING CENTRE FOR DRUGS AND ADDICTION
SECRETARIAT OF THE GOVERNMENT COUNCIL FOR DRUG POLICY COORDINATION

National Report: The Czech Republic – 2013 Drug Situation

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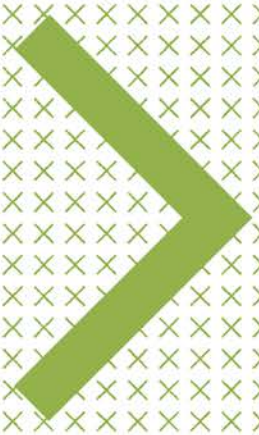

Summary

Drug Policy

The development and enforcement of the national drug policy is the responsibility of the Government of the Czech Republic. Its advisory and coordination body is the Government Council for Drug Policy Coordination (GCDPC) with its system of committees and working groups. 2013 was the fourth year of the operation of the National Drug Policy Strategy for the Period 2010-2018 and the first year of the operation of its second action plan, intended for the period 2013-2015.

The majority of the regions have drawn up their own strategic documents providing for their drug policies. In 2013 and 2014 new policy documents were adopted by the Vysočina region and Prague. Some municipalities use separate strategies to define their drug policies. With the exception of Moravia-Silesia, the office of a regional drug coordinator has been established in all regions. In 2013 local drug coordinators had been appointed in 186 out of the total of 205 municipalities with extended competencies and in all 22 Prague city districts.

The key issue addressed at the sessions of the GCDPC and its advisory bodies in 2013 and in early 2014 was an integrated drug policy, a streamlined approach aimed at dealing with legal and illegal drugs and gambling at the same time.

Legislation

In August 2013 the Constitutional Court annulled a substantial part of Government Regulation No. 467/2009 Coll., specifying for the purposes of the Penal Code the quantities greater than small for drugs. Therefore, in March 2014, the Supreme Court adopted a unifying opinion on the interpretation of the term "greater than small" in relation to narcotic and psychotropic substances. Its schedule lists values taken from the quashed government regulation, with the exception of herbal cannabis (marijuana) and methamphetamine (known locally as "pervitin"), the threshold quantities of which were lowered.

An amendment to Act No. 167/1998 Coll., on addictive substances, and a new and separate piece of legislation, Act. No. 272/2013 Sb., on drug precursors, have been in effect since January 2014. As an innovation, detailed lists of addictive substances and "initial substances and adjuvants" are now included in follow-up government regulations No. 463/2013 Coll. and No. 458/2013 Coll. In relation to Act No. 361/2000 Coll., on road traffic, in April 2014 the Government also passed a new regulation laying down threshold blood levels for drugs other than alcohol in drivers. Above these threshold values, a driver will be considered under the influence of drugs.

In the first half of 2013 the Ministry of Health commenced the legislative process involving the bill on the protection of health against addictive substances, which is to replace Act No. 379/2005 Coll. Later in 2013, as a result of governmental changes, this process was discontinued. The plan is that it will be resumed at the end of 2014. In July 2014, a group of Members of Parliament filed a motion for a brief amendment to Act No. 379/2005 Coll. providing for the introduction of a complete and unconditional ban on smoking inside any public facilities that serve food.

Funding

Public expenditure specifically earmarked for the funding of drug policy amounted to a total of CZK 469.6 million (€ 18,078 thousand) in 2013. This sum included CZK 234.6 million (€ 9,033 thousand) provided from the national budget and CZK 234.9 million (€ 9,045 thousand) made available from local budgets, with the regions and municipalities contributing CZK 172.4 million (€ 6,638 thousand) and CZK 62.5 million (€ 2,407 thousand) respectively. The 2013 figures do not account for the costs incurred by the National Drug Squad (the data was not available) and special-regimen homes (which spent CZK 36.3 million (€ 1,397 thousand), including CZK 28.9 million (€ 1,111 thousand) and CZK 7.4 million (€ 286 thousand) provided by the national and regional budgets

respectively). In comparison to the previous year, the expenditure pertaining to comparable categories rose by 1.9% in total. The resources supplied from the national budget increased by 6.1%. The regions and municipalities spent 2.1% and 2.8% less money on the drug policy. In terms of areas of allocation, the labelled expenditures maintained the same level or recorded a slight increase in all the domains, with the exception of Prevention and Coordination-Research-Evaluation. Resources from the European Social Fund used to support drug policy projects at the local level are estimated to be up to CZK 100 million (€ 3,850 thousand) annually.

Health insurers' expenses incurred in relation to the treatment of substance use disorders in 2012 amounted to a total of CZK 1,597 million (€ 63,503 thousand), with CZK 1,124 million (€ 44,708 thousand) spent on the treatment of alcohol use disorders and CZK 473 million (€ 18,796 thousand) incurred in relation to the treatment of other forms of substance use. The proportion of funds consumed by dedicated alcohol/drug treatment (AT) programmes reached CZK 148 million (€ 5,881 thousand) for alcohol and CZK 64 million (€ 2,548 thousand) for other drugs.

Since 1 January 2014 six addiction treatment-specific interventions have been listed among health interventions. Although the first bidding procedures for the provision of addictological services have taken place, no contract for such services and the coverage thereof by health insurance has been executed yet.

Drug Use in the General Population

The attitudes of the population of the Czech Republic to substance use have remained stable in the long term. Nevertheless, the level of public acceptance of tobacco smoking has shown a slight decrease recently, while a growing number of people find it acceptable to use alcohol and cannabis. There has been a continuous increase in the percentage of the population who oppose the criminalisation of cannabis users, particularly people who use cannabis for medical purposes.

Drug use in the Czech Republic has shown stable levels in the long term. Recent studies indicate the same pattern of drug use among the general population: the most commonly used drug, after alcohol and tobacco, is cannabis, which had been used at least once by approximately one quarter of the adult population. 9% of the population reported having used this illicit drug within the last year. The use of other illegal drugs shows significantly lower levels: the lifetime use of ecstasy and hallucinogenic mushrooms was reported by 5% and 2% of the population, respectively, while the level of use of other illegal drugs stays below 1%. Illicit drug use is more prevalent among men and younger age groups (15-34 years). New psychoactive drugs had been used at least once in their lives by 2% of the adult population (younger age groups reported 4% lifetime use). Long-term trends suggest a decline in the level of current cannabis use among the general population, particularly as far as younger age groups are concerned.

Cross-sectional school surveys have consistently recorded the prevalence of lifetime cannabis use at 26-33% among 14-15-year-old "elementary school"[1] students and 42-47% among 16-year-old secondary school students. At the secondary level of the educational process, the ESPAD survey suggests dramatic differences in terms of substance use, depending on the type of school: students from vocational schools reported dramatically higher rates of regular smoking, frequent binge drinking, and experience with illicit drugs than their peers attending grammar schools or secondary schools.

High-Risk Drug Use

Approximately 23.1% (20.6-25.9%) of the Czech population above 15, i.e. some 2 million people, smoke tobacco daily. A total of 17-20% of the Czech population, i.e. 1.5-1.7 million adults, show risky alcohol consumption; harmful drinking (high-risk drinking or dependence on alcohol) is associated with 5 to 8% of the population, i.e. 450-700 thousand adults.

[1] Attended by children aged 6-15

Approximately 2.7% of the population aged 15-64 (4.2% of men and 1.2% of women), are at risk relating to their cannabis use, with 1.1% (2.0% and 0.2% of men and women respectively) being at high risk. In absolute figures, this corresponds to an estimated 200 thousand people, with 80 thousand exposed to a high risk.

In 2013 there were approximately 44.9 thousand high-risk (problem) drug users (HRDUs) in the Czech Republic, including 34.2 thousand methamphetamine (pervitin) users, 3.5 thousand heroin users, and 7.2 thousand buprenorphine users (i.e. 10.7 thousand opiate/opioid users in total). The number of injecting drug users (IDUs) was estimated at 42.7 thousand. The estimated number of problem drug users rose in 2013 by 8.7% in comparison to the previous year. Statistically significant changes can be observed in the number of opiate/opioid users: again, while the number of heroin users dropped, there were more using buprenorphine. The number of methamphetamine users increased dramatically. In the last ten years the mean estimate of the number of HRDUs has risen by more than half and in 2013 the prevalence of high-risk (problem) drug use in the Czech Republic exceeded 0.6% of the population aged 15-64. Traditionally, the highest rates of high-risk drug users, as well as of opiate/opioid users, are reported from Prague and the Ústí nad Labem region. The Karlovy Vary and Liberec regions have also recorded high rates of what is also referred to as problem drug use. Over the last ten years the greatest long-term increase in these terms was observed in Prague and the Central Bohemia, South Bohemia, Liberec, and Vysočina regions.

Of the group of amphetamines, pervitin (methamphetamine) remains the one that occurs in the Czech Republic almost exclusively. Opiates included in the estimates of high-risk drug use in the Czech Republic are mainly heroin and, ever-more-often, diverted buprenorphine. The phenomenon associated with recent years is the emergence of new synthetic drugs of the cathinone or phenetylamine group: while a significant proportion (no less than one third) of high-risk drug users have used them at least once, a mere fraction of HRDUs report them as their drug of choice.

Health and Social Consequences of Drug Use

The relatively favourable situation concerning the occurrence of infections among drug users continued in 2013. Six new cases of HIV-positive people who contracted the infection through injecting drug use were identified. HIV seroprevalence among injecting drug users (IDUs) remains below 1% in the Czech Republic. The number of newly reported cases of viral hepatitis C (HCV) among IDUs rose slightly in the last year; nevertheless, the prevalence of HCV among IDUs seems to be dropping, ranging from 15-50%, according to the characteristics of the sample of tested population. The number of cases of viral hepatitis B (HBV) among injecting drug users shows a declining tendency in the long term, which is credited to the routine vaccination that was introduced in 2001. A high rate of injecting among problem (high-risk) opiate/opioid and methamphetamine users continues to be an issue.

Research into somatic comorbidity suggests that problem drug users suffer most frequently from dental and skin problems. Common skin conditions include trophic changes in the crura, venous ulceration, and local skin infections (abscesses), especially at the injection site. Heroin users, in particular, displayed a worse health status than users of other drugs. There are significant barriers that prevent high-risk drug users (HRDUs) from entering treatment. This primarily applies to women, individuals living with children, and foreigners. With women, access to gynaecological care is a problem, but the negative attitude to providing HRDUs with medical attendance and treatment on the part of health professionals is an issue in general.

Data on drug-related deaths from forensic medicine departments are available for 2012. The reports refer to 38 cases of overdoses on illicit drugs (12 on opiates/opioids and 16 on methamphetamine) and inhalants (10 cases). The general mortality register received reports about 45 and 47 fatal overdoses on illicit drugs and inhalants for 2012 and 2013 respectively. In 2013 292 cases of fatal overdoses on ethanol were identified. Nine fatal methanol poisonings mean a decline in comparison to the 36 cases recorded in 2012 as a result of the widespread emergence of such poisonings in September.

Impaired driving is an issue. The year 2013 recorded an increase in the number of fatalities in accidents caused by road users under the influence of addictive substances – mainly alcohol and methamphetamine.

The social correlates of drug use include low education, unemployment, relationship and family problems, poor or unsteady housing, even homelessness, and indebtedness. Often present concurrently, these problems may result in social exclusion. In the Czech Republic, social exclusion tends to be associated with areas inhabited by the Roma. Drug scenes in these communities vary. Reportedly, the most common drugs among the Roma include methamphetamine, cannabis, and inhalants. The use of heroin and buprenorphine has been recorded locally (in Prague, Brno, and North Bohemia). Alcohol is a problem, especially among Roma men in older age groups. A higher level of pathological gambling is also commonplace in socially excluded communities.

A survey conducted in Prague showed that substance use is very common among young homeless people. It is associated with psychiatric comorbidity, high-risk sexual behaviour, crime, and victimisation. While the relationship between homelessness and substance use is reciprocal, dependence on alcohol and/or drugs appears to be the critical barrier preventing the social reintegration of young homeless people.

Prevention

In January 2014 the Government discussed a document entitled Health 2020 – National Strategy to Protect and Promote Health and Prevent Diseases, falling within the remit of the Ministry of Health. In March 2014 the document was considered by the Chamber of Deputies of the Parliament of the Czech Republic. The implementation documents that are expected to elaborate on the Health 2020 Strategy include action plans covering the areas of tobacco control and the reduction of alcohol-related harm.

Governed by the National Strategy for the Primary Prevention of Risk Behaviour as the key policy document for the current period 2013-2018, school-based prevention-related activities are the responsibility of the Ministry of Education, Youth, and Sports (the Ministry of Education). So-called regional prevention plans serve as the main tool for the development and coordination of prevention on the regional level.

Structural changes aimed at enhancing the quality of prevention programmes and the competences of the contractors responsible for their implementation continued in 2013. The crucial moment was the renewal of the certification of programmes providing prevention of risk behaviour. The granting of certification (or at least applying for it) is now a precondition for participation in certain subsidy proceedings.

In addition to the usual media campaigns focusing on issues related to the cessation of smoking, alcohol being served to minors, or impaired driving, there were campaigns that targeted heavy cannabis users or users of counterfeit legal drugs in 2013.

Harm Reduction Programmes

Drug-related harm reduction is one of the key areas of the Czech drug policy. Low-threshold drop-in centres and outreach programmes across the Czech Republic form the basis of the network of services in this area. In 2013 there were a total of 111 low-threshold programmes – 57 drop-in centres and 54 outreach programmes – in operation in the Czech Republic. The main target group comprises clients from among injecting drug users (75-80%), mainly methamphetamine and opiate/opioid users. There has been a long-term increase in the number of buprenorphine users and a corresponding decline in the number of heroin users. The average age of the clients continues to grow; women account for 28% of the clients of low-threshold programmes. Specific harm reduction programmes in recreational/nightlife settings were conducted by five programmes in 2013.

Needle and syringe exchange services were provided by 110 low-threshold programmes in 2013. 6.2 million needles and syringes supplied means another significant year-on-year increase. The number of programmes distributing gelatine capsules as an oral alternative to hypodermic syringes has been growing: 113 thousand capsules were supplied by at least 44 programmes.

In 2013, a total of 72 low-threshold programmes offered HIV testing, 78 HCV testing, and 52 HBV testing, and 51 programmes offered testing for syphilis. Although the availability of testing for the clients of low-threshold programmes has varied over time, there is an apparent increase in the number of tests performed.

In the Czech Republic, prophylaxis, treatment services, and care for people who have been infected with HIV and developed AIDS are provided by seven regional AIDS centres. In 2013 39 centres specialising in the treatment of viral hepatitis were available to injecting drug users for HCV treatment, which was actually started in 536 cases. 246 individuals entered HCV treatment in prisons. The number of inmates in treatment for HCV thus remains high.

Treatment and Social Reintegration

While the existing network of addiction treatment services covers the whole range of substance use-related problems, it consists of three separate systems: (1) the network of low-threshold programmes and specialised outpatient treatment and aftercare programmes and therapeutic communities which generally have the status of social services, are operated by NGOs, and cater especially to users of illicit drugs other than alcohol, and exceptionally also to pathological gamblers; (2) the network of healthcare facilities specialising in psychiatry, or alcohol/drug treatment in particular, which provide outpatient and residential health services to users of both alcohol and other drugs, less so to pathological gamblers, and (3) centres for tobacco addicts that were usually established as part of inpatient facilities dedicated to pulmonology or internal medicine.

The core of addiction treatment services in the Czech Republic comprises approximately 250 programmes, of which about 200 provide outpatient or outreach interventions only and 50 also feature a residential component. Almost half of the facilities have had their professional competency certified by the Government Council for Drug Policy Coordination and 40% of them have been certified as social services. The availability of programmes is not evenly distributed: low-threshold programmes are not to be found in 21 districts, specialised alcohol/drug treatment facilities (AT clinics) in 37 districts, substitution treatment centres in 25 districts, specialised aftercare programmes in 61 districts, detoxification services in 55 districts and 2 regions, and alcohol/drug treatment inpatient facilities in 4 regions, and no therapeutic communities are available in 3 regions. The limited availability of drug services has particularly been an issue in the Pardubice, Central Bohemia, and Liberec regions.

Women account for approximately one third of clients in treatment. Their proportion varies in different programmes, from 22% in low-threshold drop-in centres to 47% in day care centres. Clients in different programmes generally differ in terms of their primary drugs. The majority of clients of low-threshold centres comprise methamphetamine and opiate/opioid users. While in psychiatric outpatient and inpatient facilities it is the treatment of alcohol-related disorders that predominates, the percentage of users of methamphetamine and opiates/opioids, polydrug users, or individuals experiencing problems with sedatives and hypnotics among the patients there is also high. It is mostly alcohol users that end up in sobering-up stations (with women accounting for 15% of their clients).

In the long term, individuals seeking treatment for the first time in their lives (first treatment demands) account for approximately half of all the cases in treatment. The majority of individuals listed in the drug treatment demand register are methamphetamine users (about 70% of all the cases) and their number is growing (alcohol is not reported as a drug of choice for these purposes). While a decline in the number of users of opiates and opioids, especially heroin, has been observed in the long term, the number of buprenorphine users is on the rise. The population of drug users is

aging. On average, opiate/opioid users are the oldest (31-32 years), while cannabis users are the youngest (23 years).

The Register of Social Services includes 35 aftercare programmes for drug users. However, a 2012 facility survey, the Drug Services Census, indicates that social work, aftercare support services, and services intended to facilitate the social reintegration of drug users are provided by tens to hundreds of addiction treatment programmes; such services mainly involve assistance with housing, employment, and debts. For a significant number of problem (high-risk) drug users, indebtedness poses a major barrier which prevents them from full social rehabilitation and may provoke relapse. Distraint warrants issued to the effect that clients' earnings are levied increases the level of use of social security benefits (or other sources of tax-free income) to the detriment of employment, as such benefits are not subject to distraint orders.

Drug-related Crime

The number of persons arrested, prosecuted, indicted, and sentenced in relation to drug law offences rose in 2013. It was the greatest year-on-year increase for the last 12 years. In 2013 approximately 3,600-3,700 persons were arrested or prosecuted for drug law offences. About 2,600 were indicted and final sentences were imposed on 2,500 individuals. Drug law offences accounted for 1.6% of all the reported crimes in 2013. Offences involving the production, smuggling, and sale (supply) of drugs represent approximately 80% of the reported drug offences and offences of drug possession for personal use and the cultivation of plants/mushrooms for personal use account for 15% of them. In the Czech Republic drug crime is primarily associated with methamphetamine and cannabis. The highest number of reported drug offences per 100 thousand inhabitants aged 15-64 was recorded in Prague and the Karlovy Vary and Liberec regions. Conversely, the lowest numbers in this respect were reported by the Zlín, Hradec Králové, and Moravia-Silesia regions. In addition, proceedings regarding a total of 1,686 administrative offences involving the unauthorised handling of narcotic and psychotropic substances were held in 2013, which is 401 more than in 2012.

The most common sanction imposed for drug law offences in 2013 was a term of suspended imprisonment. Since 2008, the number of persons sentenced for drug law offences has been increasing, while the rate of unsuspended prison sentences has been declining in favour of non-custodial sentences.

According to the data of the Police of the Czech Republic, 18.2 thousand offences were committed under the influence of drugs, i.e. over 14% of the offences that were cleared up (12% were committed under the influence of alcohol and 2% under the influence of drugs other than alcohol). It is estimated that drug users are responsible for about one third of crimes against property, mostly thefts.

In 2013 prison-based addiction treatment was available in the Czech Republic in eight out of the total of 35 prisons. Compulsory court-ordered treatment could be completed in 4 prisons. Seven prisons provided substitution treatment. 23 prisons worked with NGOs on the implementation of drug policy activities, with 15 establishments reporting intensive collaboration in this respect. The availability of harm reduction interventions in prisons is very limited.

Drug Market and Drug Supply

In 2013, about 21.4 tonnes of cannabis, 6 tonnes of methamphetamine, 0.8 tonnes of heroin, 0.8 tonnes of cocaine, approximately a million tablets of ecstasy, and some 100 thousand doses of LSD were consumed in the Czech Republic. Illicit inland production covers most of the cannabis and all the methamphetamine consumed. The prices of drugs remained practically unchanged in 2013.

Altogether, 276 indoor cultivation sites and three plastic greenhouses used to grow cannabis were detected in 2013. They were mostly small-scale home-based growing sites with no more than 50 plants. Recent years have seen the significant involvement of organised groups of people of Vietnamese descent in the cultivation of cannabis and the distribution of marijuana. In 2013 the Police of the Czech Republic and the Customs Administration of the Czech Republic seized a total

of 735.4 kg of marijuana, 73.6 thousand cannabis plants, and 1.3 kg of hashish. The THC concentration in the cannabis that was seized was 10% on average.

The 2012 National Survey on Substance Use indicated a growing percentage of outdoor-grown marijuana among cannabis users, which may reflect the legislative changes, effective since 2010, that decriminalised the cultivation of small quantities of cannabis plants for personal use. While the perceived availability of cannabis increased, the share of the commercial black market decreased in favour of a higher rate of non-commercial transactions.

Methamphetamine (pervitin) in the Czech Republic is mainly made in low-volume kitchen labs. In 2013 the Police of the Czech Republic detected 261 such installations and seized 69.1 kg of methamphetamine with an average purity of 71%. Pseudoephedrine, extracted from over-the-counter medicines imported especially from Poland, remains the main precursor in the manufacture of methamphetamine. The increasing involvement of organised groups of people of Vietnamese origin in the production and distribution of methamphetamine has been reported.

The cocaine that was seized was smuggled to the Czech Republic, especially in postal consignments and luggage, mostly from the Netherlands. In 2013 a total of 35.8 kg of cocaine with an average purity of 33% were seized. As regards heroin, 5.1 kg of the drug with an average purity of 20% was seized in 2013. In addition to heroin, substitution agents in tablets and opioid analgesics were available on the black market.

In 2013 48 new synthetic drugs were reported in the Czech Republic as part of the Early Warning System providing alerts about new drugs. 12 of these substances were identified for the very first time, with three of them being recorded for the first time within the EU. The substance intercepted in the largest quantity was the cannabinoid JWH-203. New psychoactive substances were offered through 26 e-shops on websites in the Czech language, including five web-based markets specialising exclusively in synthetic substances. Substances of the cathinone and synthetic cannabinoid group were among those offered with the highest frequency.

1

Chapter 1: Drug Policy: legislation, strategies, and economic analysis

- The development and enforcement of the national drug policy is the responsibility of the Government of the Czech Republic. Its advisory and coordination body is the Government Council for Drug Policy Coordination (GCDPC) with its system of committees and working groups. 2013 was the fourth year of the operation of the National Drug Policy Strategy for the Period 2010-2018 (the 2010-2018 National Strategy) and the first year of the operation of its second action plan, intended for the period 2013-2015.
- The majority of the regions have drawn up their own strategic documents providing for their drug policies. In 2013 and 2014 new policy documents were adopted by the Vysočina region and Prague. Some municipalities use separate strategies to define their drug policies. The key issue addressed at the sessions of the GCDPC and its advisory bodies in 2013 and in early 2014 was an integrated drug policy, a streamlined approach aimed at dealing with both legal and illegal drugs and gambling at the same time.
- In August 2013 the Constitutional Court annulled a substantial part of Government Regulation No. 467/2009 Coll., specifying for the purposes of the Penal Code the quantities of drugs that are greater than small. Therefore, in March 2014, the Supreme Court adopted a unifying opinion on the interpretation of the term "greater than small" in relation to narcotic and psychotropic substances. Its schedule lists values taken from the quashed government regulation, with the exception of marijuana and methamphetamine (known locally as "pervitin"), the threshold quantities of which were lowered.
- An amendment to Act No. 167/1998 Coll., on addictive substances, and a new and separate piece of legislation, Act. 272/2013 Sb., on drug precursors, have been in effect since January 2014. As an innovation, detailed lists of addictive substances and "initial substances and adjuvants" are now provided in follow-up government regulations No. 463/2013 Coll. and No. 458/2013 Coll. In April 2014 the Government also passed a new regulation laying down threshold blood levels for drugs other than alcohol in drivers.
- Public expenditure specifically earmarked for the funding of drug policy amounted to a total of CZK 469.6 million (€ 18,078 thousand) in 2013. This sum included CZK 234.6 million (€ 9,033 thousand) provided from the national budget and CZK 234.9 million (€ 9,045 thousand) made available from local budgets, with the regions and municipalities contributing CZK 172.4 million (€ 6,638 thousand) and CZK 62.5 million (€ 2,407 thousand) respectively. The 2013 figures do not account for the costs incurred by the National Drug Squad (the data is not available) and special-regimen homes (which spent CZK 36.3 million (€ 1,397 thousand), including CZK 28.9 million (€ 1,111 thousand) and CZK 7.4 million (€ 286 thousand) provided by the national and regional budgets respectively). In comparison to the previous year, the expenditure pertaining

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1.1 Legal Framework

1.1.1 Laws, Regulations, Directives, or Guidelines in the Field of Drug Issues

1.1.1.1 Criminal Law Regulations

The year 2013 recorded no changes in the legal definitions or sentencing guidelines pertaining to so-called drug crimes specified in Sections 283-287 of Act No. 40/2009 Coll., the Penal Code (the Penal Code). An ad hoc working group established as part of the Government Council for Drug Policy Coordination discussed the need for, and the method to be used for, determining quantities greater than small for narcotic and psychotropic substances for the purposes of offences defined under Section 284 (1) (2) and Section 283 (1) (2) (d) of the Penal Code, as since 23 August 2013 greater-than-small quantities have not been prescribed by any legal regulation as a result of a decision of the Constitutional Court of the Czech Republic;[2] for more details see the 2012 National Report. The conclusions of the working group were reflected in a standpoint adopted by the Criminal Division of the Supreme Court; for more details see the chapter entitled Implementation of Laws (p. 14). Government Regulation No. 455/2009 Coll., setting out for the purposes of the Penal Code which plants and mushrooms should be considered plants and mushrooms containing a narcotic or psychotropic substance and what quantities of them should be considered greater than small in accordance with the Code, remained unchanged. Neither the Constitutional Court of the Czech Republic nor the Government rendered it void.

Additionally, a change in the legal regulation concerning addictive substances and precursors which has an immediate effect on the legal articulation of drug-related crimes was approved in 2013 – see further below.

While minor in its extent, a relatively significant change in terms of the provision and potential broadening of the range of drug services intended for individuals serving a prison sentence was introduced by Act. No. 276/2013 Coll., amending Act No. 293/1993 Coll., on serving remand orders, and Act No. 169/1999 Coll., on serving prison sentences, which came into effect on 1 January 2014. Among other modifications, the amendment bans convicted offenders from possessing materials that describe the manufacturing of addictive substances, but not from possessing materials that

[2] File reference Pl. ÚS 13/12, promulgated in the Collection of Laws under No. 259/2013.

describe the use of addictive substances or poisons, which was the case prior to the amendment. This eliminates the barrier that hampered the dissemination of information about the prevention and reduction of substance-related harm, which made it virtually impossible to introduce new instruments relevant to this area. Moreover, the amendment has introduced the obligation to cover the cost of drug tests if a person tests positive for an addictive substance.

1.1.1.2 Changes in the Legislation Concerning Addictive Substances and Drug Precursors

The year 2013 witnessed substantial changes in the legal framework governing the issue of addictive substances and precursors. With effect from 1 January 2014 the list of substances is no longer included in the schedules of Act. No. 167/1998 Coll., on addictive substances, as was the case from 1999 to 2013, but has been incorporated into Government Regulation No. 463/2013 Coll., on the lists of addictive substances. What the Government and the Parliament expect from this measure is a more rapid and effective response to the emergence of any new addictive substances on the drug market. Act No. 272/2013 Coll., on drug precursors, in conjunction with an implementing regulation in the form of Government Regulation No. 458/2013 Sb., on the list of initial substances and adjuvants and their yearly threshold quantities, has also been in operation since January 2014. Detailed lists of addictive substances or drug precursors have thus been determined by bylaws since 2014. This change has effectively excluded the issue of drug precursors from Act. No. 167/1998 Coll. and placed it within the remit of a stand-alone legal regulation, Act No. 272/2013 Coll.

In addition to allowing easier and prompter control over the handling of addictive substances by moving the lists of narcotic and psychotropic substances to government regulations, the above change also finally separated and streamlined the previous legal control of precursors, which was inconsistent and confusing, as the European primary and, in particular, secondary legislation, represented by EU regulations, was applied in parallel to the existing national norms.[3]

1.1.1.3 Testing of Drivers for Addictive Substances

As regards the issue of driving under the influence of addictive substances, threshold levels of specific substances in the driver's blood are now set out in Government Regulation No. 41/2014 Coll., on the determination of other addictive substances and their threshold quantities which will be considered as impairing a person's ability to drive when reached in their blood sample. This new regulation came into effect on 2 April 2014. For the purposes of misdemeanour (administrative) proceedings, a person will now be deemed to have driven a motor vehicle under the influence of an addictive substance if their blood sample showed the levels determined by the above-cited regulation. The threshold quantities are specified for the following selected substances: THC (2 ng/ml), methamphetamine (25 ng/ml), amphetamine (25 ng/ml), MDMA (25 ng/ml), MDA (25 ng/ml) and benzoylecgonine[4] (25 ng/ml), and cocaine (25 ng/ml) and morphine (10/ml).[5] As for the remaining substances, the extent to which a specific driver may be impaired by a substance that has been detected still needs to be further examined on an individual basis by means of expert opinions or, ideally, forensic reports. In the event of criminal prosecution for an offence under Section 274 of the Penal Code, endangerment under the influence of an addictive substance, it is

[3] Explanatory memorandum on the proposed amendment to Act No. 167/1998 Coll., on addictive substances: http://www.psp.cz/sqw/historie.sqw?o=6&t=981

[4] A cocaine metabolite

[5] If a driver is subjected to a screening saliva test for addictive substances (using the Drugwipe test, for example) when stopped by the traffic police and tests positive for any of the substances under scrutiny, impaired driving is suspected. In such a case, a driver is referred to a general medical examination which includes the collection of blood samples for confirmation toxicological tests using the GC-MS or LC-MS methods, which are designed to rule out any false positivity of the screening test and determine the concentrations of the individual substances in the blood (Bulletin of the Ministry of Health of the Czech Republic 9/2012: Guidelines for Performing Blood or Urine Toxicological Tests for Specified Addictive Substances).

always advisable to have forensic reports produced in order to assess whether a driver was incapacitated because of having used the substance.

1.1.1.4 Bill on the Protection of Health against Addictive Substances

An intergovernmental review of the bill on the protection of health against the harmful effects of tobacco, alcohol, and other addictive substances and on amendments to related laws (the Bill on the Protection of Health against Addictive Substances) was under way in the spring of 2013; for more details see the 2012 National Report. However, the initiator of the bill, the Ministry of Health, had to suspend the process in the second half of 2013 because of the changes in the government. See also the chapters Other Drug Policy Developments (p. 17) and Treatment Policy and Coordination of Treatment Services (p. 80).

The new bill should also serve as one of the transposition regulations pertaining to the new Directive No. 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC. Throughout 2013 the draft document of this regulation, which is of major significance for tobacco control, was discussed at the EU level, with the Czech Republic also playing its part in the process. The preparation of the directive fell within the remit of the Ministry of Agriculture, which is also responsible for the implementation of the final version of the legal act; the Ministry of Health has the status of a co-responsible governmental agency in the process.

On 18 July 2014, arguing that it is not desirable to wait until the government proceeds with its proposal, a group of Members of Parliament filed a motion for a brief amendment to Act No. 379/2005 Coll. that would introduce a ban on smoking inside public facilities that serve food.[6]

1.1.1.5 Changes Concerning the Profession of an Addictologist

The profession of an addictologist has recorded further development as regards the legal codification of an addictologist's "health interventions" for the purposes of health insurance coverage; see also the 2012 National Report. After being approved in March 2013 by the internal inspection body of the Ministry of Health, they were formally published on 20 December 2013 in Decree of the Ministry of Health No. 421/2014, amending the Health Ministry's Decree No. 134/1998 Coll., which provides the index of health interventions with point values assigned to them. Thus, a total of six specific addictological interventions, listed under Chapter 919, Addictology, have been in legal existence with effect from 1 January 2014. They are (i) assessment by an addictologist at the beginning of addictological care (drug treatment), (ii) follow-up assessment, (iii) basic addictologist-patient contact, and (iv) individual, (v) family, and (vi) group[7] addiction treatment. Addictology-specific interventions are described in more detail in a special issue of the *Zaostřeno na drogy* ("Focused on Drugs") bulletin (Fidesová et al., 2013).

1.1.2 Implementation of Laws

In order to unify judicial practice with respect to the interpretation of the term "quantities greater than small" for narcotic and psychotropic substances, any preparations containing such substances, and poisons, particularly in relation to the adjudication of the punishability of drug possession for personal use under Section 284 (1) and (2) of the Penal Code, i.e. Possession of a narcotic or psychotropic substance or poison,[8] on 13 March 2014 the Criminal Division of the Supreme Court

[6] Chamber Print No. 272/0: http://www.psp.cz/sqw/historie.sqw?o=7&t=272 [2014-08-01]

[7] Type I for a 120-minute group session involving a maximum of 9 people.

[8] The Penal Code also uses the term "quantity greater than small" in relation to the criminal offence of Unauthorised production and other handling of narcotic and psychotropic substances and poisons under Section 283(1) (2) (d), with stricter sanctions for an offender who engages in the unauthorised handling of such substances on a significant scale in

of the Czech Republic adopted a standpoint on the interpretation of the term "quantities greater than small" in relation to narcotic and psychotropic substances, any preparations containing such substances, and poisons (with relevance to Sections 283, 284, and 285 of the Penal Code).[9] In its above-cited standpoint, the Supreme Court of the Czech Republic expressed a legal opinion about the element of possession for personal use as envisaged under Section 284 (1) (2) of the Penal Code to the effect that "in formal terms, any manner of a person's unauthorised possessing a narcotic or psychotropic substance or poison for their own use, without the need for the offender necessarily to have it on them, will suffice". The Supreme Court also stated that "the drug user's possession of only one dose before using it is not illegal possession, but mere "consumer's holding". As far as the element of the "greater-than-small quantity" is concerned, the court's opinion concludes that a "quantity greater than small" pursuant to Section 284 (1) (2) of the Penal Code should generally be deemed to be such a quantity of a narcotic or psychotropic substance or poison in personal possession as is in manifold excess – determined by the threat to people's lives and health given by the potential harm posed by the individual substances – of a normal dose of a typical consumer". An annex to the opinion indicates the values of narcotic substances, psychotropic substances, and preparations containing such substances for the purposes of the Penal Code, which were, with two exceptions, adopted from Government Regulation No. 467/2009 Coll., specifying or the purposes of the Penal Code what constitutes a poison and defining the quantities greater than small for narcotic substances, psychotropic substances, any preparations containing such substances, and poisons, the substantial parts of which (including schedules) were annulled on the basis of a decision passed by the Constitutional Court in 2013.[10] A change was made for cannabis, where the Supreme Court found it unsubstantiated to distinguish between the THC values in marijuana and hashish respectively. As a result, the THC level for marijuana was lowered to 1 g (in comparison to the previous 1.5 g) and a proportionate reduction in the "greater-than-small" threshold quantity to 10 g of dry matter (in comparison to the former 15 g) was made. In addition, the threshold quantity for methamphetamine was lowered from 2 g to 1.5 g, with the minimum quantity of the base being changed from 0.6 to 0.5 g (from 0.72 g to 0.6 g for hydrochloride). The levels for the remaining narcotic and psychotropic substances were left by the Criminal Division of the Supreme Court at the values indicated in the annulled government regulation.

In November 2013 the Police of the Czech Republic launched a campaign aimed at eliminating "growshops", i.e. shops engaging in the sale and distribution of goods and products for the growing of plants under artificial lighting, which, according to the police, promoted drug use by offering the complete technology needed for cannabis cultivation. This police action was instigated by a decision of the Supreme Court dated 31 October 2012,[11] which specified the conditions for the assessment of criminal liability for the offence of the promotion of drug use as set out under Section 287 of the Penal Code. The owner and an employee of a growshop were convicted by a trial court of the criminal offence of the promotion of drug use according to Section § 287 (1) (2) (c) of the Penal Code. The offenders were adjudged to have committed this crime by offering and publicly presenting in the growshop during a two-month period in 2011 printed matter promoting the growing of cannabis and the use of marijuana, as well as providing guidance as to how various cannabis cultivars with the highest possible THC content could be grown. The printed matter also included descriptions of the effects of use on the human body and the THC content in the individual cultivars. Moreover, the offenders offered and sold to their customers seeds of cannabis

relation to a child or if such activities involve a quantity greater than small in relation to a child below the age of fifteen. The term "quantity greater than small" is also employed in Section 285 of the Penal Code – Unauthorised cultivation of plants containing a narcotic or psychotropic substance. It is noteworthy that this stipulation is still governed by Government Regulation No. 455/2009 Coll., setting out for the purposes of the Penal Code which plants and mushrooms should be considered plants and mushrooms containing a narcotic or psychotropic substance and what quantities of them should be considered greater than small in accordance with the Code.

[9] File Ref. Tpjn 301/2013

[10] File Ref. Pl. ÚS 13/12, promulgated in the Collection of Laws under No. 259/2013

[11] File Ref. 8 Tdo 1206/2012

sativa. They were both sentenced to a suspended term of imprisonment for one year. The owner of the growshop also received the sentence of forfeiture of an item of property. Appeals against the decisions in the matter were dismissed as unfounded. The extraordinary appeal filed with the Supreme Court of the Czech Republic was denied as clearly unsubstantiated. Both offenders were pardoned by the amnesty issued by the Czech president on 1 January 2013, i.e. their suspended prison sentences were remitted.

The individuals convicted in the case decided by the Supreme Court (see above) filed a complaint with the Constitutional Court of the Czech Republic. They insisted on their constitutional complaint being considered, as they claimed that the act they were adjudged to have committed was not a crime. The offenders objected, inter alia, that their conviction violated the principle of the subsidiarity of criminal repression and contradicted the notion of it as a measure of last resort. In its decision dated 20 February 2014,[12] the Constitutional Court dismissed the complaint, stating, among other arguments, that taking due note of both professional and public discussions on the issue of criminalisation vs. decriminalisation of drug-related offences which have failed to result in social consensus, "it does not intend to adopt any position on the legislative solution to the issue of the criminalisation of the promotion of drug use".

See also the chapter entitled Domestic Production, Imports, and Exports (p. 178).

1.2 National Action Plan, Strategy, Evaluation, and Coordination

1.2.1 National Action Plan and Strategy

The development and enforcement of the national drug policy is the responsibility of the Government of the Czech Republic. Its advisory and coordination body is the Government Council for Drug Policy Coordination (GCDPC). 2013 was the fourth year of the operation of the National Drug Policy Strategy for the Period 2010-2018 (the 2010-2018 National Strategy) and the first year of the operation of its second action plan, intended for the period 2013-2015. A total of three action plans, each for a period of three years, will be drawn up in the period during which the Strategy is in effect; for more details see the 2009 and 2010 national reports.

The 2013-2015 Action Plan was approved by virtue of Government Resolution No. 219, dated 27 March 2013. Building on the previous action plan, it sets out the following priorities:

- reduce excessive alcohol use and heavy cannabis use among young people,
- address the high levels of problem use of methamphetamine and opiates/opioids,
- improve the effectiveness of drug policy funding, and
- achieve an integrated drug policy.

For more information about the action plan see the 2012 National Report.

1.2.2 Implementation and Evaluation of the National Strategy and Action Plan

In March 2014 the Government Council for Drug Policy Coordination discussed the 2013 progress report concerning the activities laid down in the 2013-2015 Action Plan. It contains a total of 100 activities, broken down into 25 to be pursued continuously, 39 with a deadline for fulfilment in 2013, and 36 to be completed in 2014 and 2015. The relevant information was provided by nine

[12] File Ref. III. ÚS 934/13

ministries. Out of the total of 64 activities that were to be completed by the end of 2013 and worked upon continuously, 26 (40%) were completed, 31 (49%) partly completed, and 7 (11%) were not completed.

For information about the interim evaluation of the 2010-2018 National Strategy and the 2013-2015 Action Plan see the 2012 National Report.

1.2.3 Other Drug Policy Developments

The key issue discussed at the sessions of the Government Council for Drug Policy Coordination and its advisory bodies in 2013 and in early 2014 was an integrated drug policy, i.e. a policy approach encompassing the issues of both legal and illegal drugs and gambling. In this respect, the GCDPC considered the National Drug Coordinator's Report: Critical Assessment of the Existing Drug Policy, which summarised the current state of the drug policy and its coordination and suggested strengthening the drug policy as regards the integration of legal drugs, illegal drugs, and gambling, and coordination and funding (e.g. parts of the levies and taxes on gambling, tobacco, and alcohol being used for addressing the problems they bring about). The document provoked interdepartmental controversies and was eventually withdrawn from the agenda of the Government's session in December 2013. In the years 2013 and 2014 the GCDPC also engaged several times in heated debates concerning proposals for a change in its status, especially in relation to the issues of an integrated policy and its coordination.[13] Broadening the definition of the drug policy to include the area of legal drugs and gambling and increasing the number of members of the GCDPC accordingly, an amendment to the statute was approved by the GCDPC in July 2014 and submitted for the intergovernmental review process in September 2014. The integrated policy and its coordination, the definition of addiction treatment services, and the provision of good access to such services were on the agenda of discussions concerning the bill on the protection of health against addictive substances, which is to replace Act No. 379/2005 Coll., on measures for protection from harm caused by tobacco products, alcohol, and other addictive substances; for more details see the 2012 National Report and the chapter entitled Legal Framework (p. 12).

On the basis of Government Resolution No. 655 dated 6 September 2012, in 2013 and 2014 the National Monitoring Centre for Drugs and Drug Addiction (the National Focal Point) made an analysis of gambling and its health and social consequences in the Czech Republic. The report was submitted to the Government in September 2014. In June 2013 the Government Council for Drug Policy Coordination endorsed a new area of support intended for pathological gambling-related interventions to be announced for the 2013 subsidy proceedings administered by the GCDPC. The subsidy proceedings were subsequently joined by 18 projects involving such interventions.

Among other tasks, the 2013-2015 Action Plan commissioned the Ministry of Health to develop the National Action Plan for the Reduction of Alcohol-related Harm. Having revised this assignment, the Health Ministry designed a separate policy document entitled the National Strategy to Reduce Alcohol-related Harm. Following an interdepartmental discussion and objections raised against the practice of creating parallel strategic documents in contradiction of the approach of legal and illegal drugs and pathological gambling being integrated into a single policy, the draft alcohol strategy was incorporated into the 2010-2018 National Strategy by the GCDPC in May 2014. In addition to the issue of incorporating the domain of alcohol use, in July 2014 the GCDPC also considered a revision of the 2010-2018 National Strategy which provided for the integration of the gambling domain. The revised strategy integrating the issues of alcohol and pathological gambling and envisaging the development of stand-alone alcohol and gambling action plans for the period 2015-2018 will be submitted to the Government for approval by the end of 2014.

[13] In June 2014 the Ministry of the Interior, for example, proposed dissolving the GCDPC as an advisory body to the Government for the drug policy domain and commissioning one of the ministries to assume the coordinating role.

The ad hoc (GCDPC) Working Group for the Decision of the Constitutional Court of August 2013 Concerning Greater-than-small Quantities of Drugs[14] began to operate in September 2013. Its mission was to assess the situation and set out the subsequent legal steps required to be taken in the wake of the annulment of the parts of legal regulations that specified threshold quantities of drugs for the purposes of distinguishing whether drug possession for personal use should be qualified as a misdemeanour (administrative offence) or a criminal offence. The working group was involved in the preparation of supporting materials for the unifying opinion of the Supreme Court concerning the determination of greater-than-small quantities for addictive substances; for more information see the chapter entitled Legal Framework, Strategies, and Policies in the Area of Prevention (p. 51).

The ad hoc (GCDPC) Working Group for Reviewing the Process of the Implementation of the Medicinal Cannabis Legislation[15] was established towards the end of 2013. The main objective of this effort is to lift the barriers which still make treatment with cannabis effectively unavailable.

Since September 2013 the Secretariat of the Government Council for Drug Policy Coordination has administered the operation of the Addictology Forum, a professional debating platform created as part of the NETAD project (for more details see the chapter entitled Prevention (p. 51) in order to facilitate the sharing of information and regular meetings of addiction professionals.

In March 2013 the Ministry of Health formally established the Interdepartmental Working Group for Addressing the Issue of Comprehensive Protection against Tobacco-related Harm (MPS KOTA), the purpose of which was to coordinate the fulfilment of commitments ensuing for the Czech Republic from the WHO Framework Convention on Tobacco Control and other international instruments and to facilitate inter-agency liaison in implementing measures aimed at preventing and reducing tobacco use, nicotine addiction (including the issue of electronic cigarettes and other related innovative products), and exposure to tobacco smoke. Apart from this new working group, the Ministry of Health also administers a departmental working group addressing the issue of addictive substances.

The Czech-Vietnamese Association and the Union of Vietnamese in the Czech Republic, in association with the Vietnamese government, prepared an antidrug campaign focused on the prevention of drug crime in the areas near the border with Germany (with the Saxony and Bavaria Länder), where recently people of Vietnamese origin have been increasingly involved in the production and distribution of methamphetamine.

The objective of the Vietnamese-Czech Antidrug League[16] project is to warn against the hidden danger of drug addiction and be proactive in drawing attention to the fact that drug offending committed by a handful of individuals may damage the reputation of the Vietnamese in the Czech Republic and affect their cohabitation with the majority population. As part of the antidrug campaign, the Czech-Vietnamese Association organised two seminars (in Ústí nad Labem and Cheb in March and April 2013 respectively) in order to present the Vietnamese-Czech Antidrug League project. In November and December 2013 the seminars were followed up by three conferences, titled "Stop Drugs", held in Pilsen, Liberec, and České Budějovice.

In response to the growing transborder drug crime, towards the end of 2013 the Czech-German Future Fund announced "Czech and German Civil Society Engaging Together in Drug Prevention"[17] as its central theme for the forthcoming year. The ambition of the Czech-German Future Fund for the year 2014 is to (co-) finance projects that support information exchange and the liaison of

[14] File Ref. Pl. ÚS 13/12, promulgated in the Collection of Laws under No. 259/2013.

[15] Act No. 50/2013 Coll., amending Act No. 378/2007 Coll., on pharmaceuticals, Act No. 167/1998 Coll., on addictive substances, and Act No. 634/2004 Coll., on administrative fees; for more details see the 2012 National Report.

[16] http://www.cvs-praha.cz/ProtidrogovaLiga/ [2014-08-12]

[17] http://www.fondbudoucnosti.cz/aktuality/media/fond-budoucnosti-se-zameri-na-prevenci-drog-da-penize-projektum-ctk [2014-08-12]

organisations concerned with the prevention and treatment of drug addiction on both the Czech and German sides.

In connection with the elections to local authorities to be held in October 2014, some political parties and political movements launched election campaigns which feature the drug problem as one of the topics to attract voters in big cities. The PRO PRAHU (FOR PRAGUE) movement started a billboard campaign pointing out issues encountered by the citizens of Prague: problems with parking, dirty streets, and crime and drugs in the streets. The goal of the Civic Conservative Party[18] in Prague is to address the issue of homelessness, while the Pirate Party[19] has long called for the legalisation of the growing, production, and possession of psychotropic substances for personal use.

1.2.3.1 Initiatives on the Part of Civil Society and the Professional Community

In 2013 the issue of pathological gambling drew much attention on the part of both the professional community and the general public. A number of debates, seminars, and conferences dealing with this topic took place. In October 2013 the Senate of the Parliament of the Czech Republic hosted a conference on gambling, its social consequences, and possible restrictions,[20] held by the Committee on Health and Social Policy. The purpose of the conference was to provide a platform for the exchange of opinions on gambling in the community. Representatives of public institutions, civil society associations fighting against gambling, and the gambling industry in the Czech Republic had the opportunity to present their views at the event.

In December 2013 a professional conference featuring the topic "Pathological Gambling – Treatment Options, Gambling-related Services and Their Funding"[21] was held. The conference was preceded by two round table discussions on gambling organised in Brno and Olomouc in November.

The turn of the years 2013 and 2014 saw a heated discussion about the vision of the drug policy of the capital city, Prague, for the period 2013-2020, which met with opposition from city districts, as it provided for, inter alia, the introduction of supervised injecting facilities for active drug users. The draft policy document was not reviewed and approved until March 2014 (see below for more details).

In March 2013 the *Advaita* civic association based in Liberec organised a two-day conference for the staff of therapeutic communities,[22] which followed up on the 2011 conference held by SANANIM and titled "20 Years of Therapeutic Communities for Addicts in the Czech Republic".

In May 2013 SANANIM organised the "Family and Drugs 2013" conference.[23] The agenda of the event included different approaches to working with the family, options for the use of family therapy in addiction treatment outpatient clinics, illicit drug use in Roma families, and the issues of domestic violence and eating disorders (Čtrnáctá, 2013).

Also in May 2013, the Senate of the Parliament of the Czech Republic hosted a seminar on the occasion of World No Tobacco Day. The seminar was co-organised by several entities, including the Senate Committee on Health and Social Policy, the Association for the Treatment of Tobacco Dependence, and the WHO Country Office, Czech Republic.[24]

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[18] http://okstrana.cz/reseni-bezdomovecke-otazky-praze/ [2014-08-19]
[19] http://www.pirati.cz/program/psychotropni_latky [2014-08-19]
[20] http://www.senat.cz/zpravodajstvi/zprava.php?id=1650 [2014-08-12]
[21] http://www.edad.cz/ [2014-08-12]
[22] http://konference.terapeutickakomunita.cz/ [2014-08-12]
[23] http://www.sananim.cz/projekty/odborne-konference.html [2014-08-12]
[24] http://www.who.cz/31-kvetna-svetovy-den-bez-tabaku.html [2014-10-01]

The 52nd annual national addictological conference ("AT Conference"), organised by the Society for Addictive Diseases of the J.E. Purkyně Czech Medical Association, was held in June 2013. The central topic of the 2013 conference was the development and content of the paradigm of addictology in the Czech Republic. The next AT Conference took place in April/May 2014.[25]

In October 2013 the Institute for Criminology and Social Prevention hosted a one-day professional seminar featuring the topic "At-risk Youth in the Light of Studies and Practice of Preventive Approaches from the Perspective of Recent Research", [26] focusing on young people's offending and their views of crime and crime prevention.

October 2013 also saw the organisation of a two-day addictological conference in the South Bohemia region, subtitled "Off the Centre",[27] which dealt with the issues of social exclusion, minorities, and working with specific target groups of drug users.

November 2013 witnessed what was already the 4th international cannabis-dedicated fair, Cannafest.[28] The exhibitors included cannabis seed cultivators, manufacturers of fertilisers and equipment, manufacturers of hemp cosmetics and textiles, the media concerned with cannabis, and institutions and companies advocating the medicinal use of cannabis.

The "Conference on Youth" was held in November 2013 under the aegis of the Ministry of Education and the Czech National Youth Agency.[29] Its objective was to provide a platform for discussion about the further course of the support for children and young people in the Czech Republic, inform the professional community about the options for the funding of activities intended for children and young people, and offer an opportunity for the exchange of experience and methods pertaining to work with children and young people. The agenda featured an evaluation of the lifestyle of young people in the Czech Republic, including the assessment of risk factors, examples of accredited prevention programmes, and possible ways of working together on the development of prevention programmes.

The 10th annual Primary Prevention of Risk Behaviour conference took place in November 2013. Subtitled "One World is Not Enough, or Converging the Parallel Worlds of Medical and School-based Prevention,[30] the event addressed topics concerning the liaison between the health and education portfolios in the area of the prevention of risk behaviour. The 2014 conference, entitled "(Un)safe school! And for Whom?", will address the issue of school-related dangers and the ways of ensuring a safe environment for children, education professionals, other school staff, and parents.

The "1st Days of Criminology",[31] a two-day conference organised by the Czech Society of Criminology and the Police Academy of the Czech Republic, was also held in November 2013. The event focused on selected criminological topics, including the prison system and alternative sentences, extremism and political radicalism, organised crime, and drugs. A follow-up conference of this type, "2nd Days of Criminology", took place in January 2014 in České Budějovice (Svatoš and Kříha, 2014). In parallel with the above event, a one-day professional conference of the Czech Society of Criminology and the Division of Social Curators[32] of the Association of Social Workers of the Czech Republic was held under the aegis of the Public Defender of Rights in Brno in November 2013. Entitled "Homelessness and Crime",[33] the conference focused on street people being both offenders and victims of crime.

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[25] http://www.at-konference.cz/archiv/rocnik-2013/ [2014-08-12]
[26] http://www.ok.cz/iksp/news.html [2014-08-12]
[27] http://www.akjck.cz/clanky/probehle-rocniky/2013---vii.-rocnik.html [2014-08-12]
[28] http://www.cannafest.cz/profil-veletrhu/ [2014-08-12]
[29] http://www.msmt.cz/mladez/konference-o-mladezi-2013-se-uskutecni-v-listopadu-v-praze [2014-08-12]
[30] http://www.pprch.cz/Minule-rocniky/X-rocnik-konference-PPRCH-2013/ [2014-08-12]
[31] http://www.czkrim.cz/ [2014-08-12]
[32] Specialised social workers
[33] http://www.ok.cz/iksp/docs/a131015.pdf [2014-08-12]

A professional conference, entitled "White Places on the Map of Addiction Treatment Services",[34] was held in December 2013 as part of the NETAD project.[35] The event addressed topical issues, such as children and young people's engagement with addiction treatment services, women, pregnancy, and smoking, addictology in the care of senior citizens, and methamphetamine substitution treatment. At the end of the conference the winners of the Addictology Prize and the Kiron Award were formally announced: the 2013 Addictology Prize was awarded to Arnoštka Maťová, a long-term co-worker of Prof. Skála, for her lifetime contribution to addiction science, and the Kiron Award for the best addictology-related achievement of the year went to the Czech Association of Addictologists for its efforts leading to the formal recognition of health interventions performed by addictologists. The Kiron Award was also conferred upon the Prevent civic association for its organisation of the "Iron Addictologist" contest[36] (for more details about the event see the 2012 National Report). The final conference of the NETAD project, entitled "Quo Vadis, Addictology: reflecting on the outcomes of the NETAD project and their further use", took place in parallel with the AT Conference in Seč in April 2014.

In December 2013 the Ministry of Education organised a conference featuring the topic "Bullying and Cyberbullying,[37] intended primarily for regional school prevention coordinators, prevention methodologists in pedagogical and psychological counselling centres, and school prevention workers, which was dedicated to the risks associated with the internet and social media. Bullying and cyberbullying in schools were also on the agenda of the Hradec Králové regional conference,[38] held in November 2013.

Also in December 2013, the 4th regional conference on the prevention of crime and risk behaviour was held in Karlovy Vary.[39] In November the Liberec regional conference on prevention took place and in October the 6th regional conference on the prevention of risk behaviour in the Moravia-Silesia region was held.

Early 2014 saw the launch of the "Weed Like to Talk" campaign,[40] which makes use of the right of the citizens of member states to raise issues for the governing bodies of the European Union by means of the so-called European Citizens' Initiative – ECI. The objective of this web-based campaign, which was started by French students, is to strive for the unification of cannabis policies in Europe: the efforts are aimed at changing the prohibition-oriented system, decriminalising cannabis users, and introducing a controlled legal market in cannabis and cannabis-based products. The name of the campaign is a play on words: a slang expression for marijuana ("weed") is used instead of "We'd", which implies that "weed" has something to say. The initiative aspires to collect one million signatures across the EU so that it could be submitted to the European Commission. In the Czech Republic the petition was supported by a special campaign.[41]

The ADICTA Foundation[42] was established at the end of 2013 with the objective of supporting and pursuing scientific, research, and evaluation activities in the field of addictology, supporting innovative educational and research projects intended to enhance the professional excellence and prestige of the field, and providing support for substance use treatment. The core mission of the foundation is to collect financial resources needed to ensure the further development of

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[34] http://adiktologie.cz/cz/articles/detail/580/4623/Cena-adiktologie-2013 [2014-08-12]

[35] Networking of research capacities and targeted development of collaboration between universities, public administration, and the private and non-profit sectors in addictology (CZ.1.07/2.4.00/17.0111). The project was carried out by the Department of Addictology of the First Faculty of Medicine of Charles University in Prague and the General University Hospital in Prague in partnership with the A.N.O. and the *Sdružení Podané ruce* civic association.

[36] http://www.zelezny-adiktolog.cz [2014-08-12]

[37] http://www.prevence-info.cz/udalost/konference-sikana-kybersikana [2014-08-12]

[38] http://www.adiktologie.cz/cz/articles/detail/3/4307/Krajska-konference-Kralovehradeckeho-kraje-Sikana-a-kybersikana-ve-skolach [2014-08-12]

[39] http://www.kr-karlovarsky.cz/krajsky-urad/cinnosti/Stranky/socialni/Konference.aspx [2014-08-12]

[40] http://weedliketotalk.wix.com/wltt#!a-propos1/c207v [2014-08-19]

[41] http://weedliketotalk.cz [2014-09-07]

[42] http://www.adicta.cz/cz/o-nadaci/ [2014-08-12]

addictology, train both physicians and non-medical health professionals in addictology, and fund student internships at both Czech and foreign workplaces concerned with addictology.

1.2.4 Coordination Arrangements

1.2.4.1 Coordination at the National Level

In 2013 the Government Council for Drug Policy Coordination met five times and on two occasions voting took place on a long-distance basis. In order to ensure horizontal coordination on the national level, the GCDPC has five permanent committees, three permanent working groups for specific areas of the drug policy, and six permanent working groups that operate within the National Focal Point. The GCDPC further appoints additional working groups when needed.

Table 1-1: Overview of the GCDPC's committees and working groups in 2013

Committees	Permanent working groups	Ad hoc working groups
› Committee of Departmental and Institutional Representatives › Committee of Regional Representatives › Subsidy Committee › Certification Committee › Advisory Committee for Drug-related Data Collection	› for methamphetamine › for drug use prevention and harm reduction at dance parties › for cooperation with the European Union – a departmental coordination group › the National Focal Point's six working groups concerned respectively with: – population and school surveys on attitudes to drug use – drug treatment demands – drug-related infections – drug-related deaths and drug users' mortality – the system of early warning against new drugs (EWS) – criminal justice data	› for the decision of the Constitutional Court concerning greater-than-small quantities of drugs › for reviewing the process of the implementation of the medicinal cannabis legislation › for drug policy funding

1.2.4.2 Coordination at the Regional and Municipal Levels

For the organisational details of drug policy coordination at the local level see the 2012 National Report.

The office of a regional drug coordinator has been established in all regions, with the exception of Moravia-Silesia. As in the previous year, seven coordinators held this office on a full-time basis in 2013.

Within the organisational structure of regional authorities, regional drug coordinators usually work as junior officials in divisions for social affairs (10), health (2), and education (1); in one case, the position of a regional drug coordinator is incorporated into the organisational structure of the office of the regional governor.

Drug policy-specific regional commissions have been established in nine (out of 14) regions. In two regions the drug policy is dealt with by advisory commissions with a broader range of focus. Having no such commissions established, the remaining three regions (Hradec Králové, Moravia-Silesia, and South Moravia) have appointed working groups that are responsible for drug policy coordination.

After several years, in 2013 the Central Bohemia region re-established its Regional Drug Commission, which replaced a permanent working group. The Regional Drug Commission has appointed three permanent working groups as advisory bodies for the areas of harm reduction, treatment and social reintegration, and prevention. Soon after being established, the Regional Drug

Commission began to draw up Central Bohemia's drug policy document for the period 2014-2018. For the time being, the Central Bohemia region has no drug policy-specific document in operation.

In general, regional drug policies are based on regional drug policy-specific strategic documents. Only in three regions (Central Bohemia, Pilsen, and Ústí nad Labem) is the drug policy incorporated into a broader strategy covering the areas of social policy or crime prevention in comprehensive terms. The Liberec region had a regional drug policy action plan that was effective until 2012; no new action plan has been adopted yet. A new action plan for the implementation of the Vysočina Regional Drug Policy Strategy for the Period 2014-2015 was approved in 2013. In March 2014 the strategic document entitled the 2014-2020 Drug Policy of the Capital City, Prague, was also approved.

In 2013 five regions (South Bohemia, Hradec Králové, Pardubice, Zlín, and Moravia-Silesia) carried out interim evaluations of their respective strategic drug policy documents. These activities primarily involved the continuous internal monitoring of the progress of the fulfilment of measures and priorities that had been set out. Prague and the South Moravia and Ústí nad Labem regions undertook a final evaluation of their previous strategic documents in 2013.

At the municipal level, the coordination of the drug policy is provided through local drug coordinators. The year 2013 only witnessed an increase in the number of local drug coordinators in the Ústí nad Labem region, where three new local drug coordinators were appointed, in the municipalities of Litoměřice, Varnsdorf, and Litvínov. On the contrary, in comparison to the previous year the number of these coordinators dropped significantly (from 24 to 19) in the South Bohemia region.

Thus, in 2013, local drug coordinators had been appointed in 181 out of the total of 205 municipalities with extended competencies and in all 22 Prague city districts. Local drug coordinators also operate in all the municipalities with extended competencies situated in the Pilsen, Liberec, Pardubice, South Moravia, Olomouc, and Vysočina regions.

At least to a minimal extent (within the context of specific social services and the support for such services), municipal drug policies are usually outlined in the local community plans of social services. In addition, the drug policy is sometimes articulated in crime prevention policy documents or as part of documents dedicated to lifestyle. Some municipalities, however, have their drug policies laid down in separate documents.[43]

1.3 Economic Analysis

1.3.1 Public Expenditures

Similarly to the previous years, in 2013 the drug policy was funded from central (the national budget) and regional sources (regional and municipal budgets). Planned and identifiable expenditures earmarked for drug policy programmes are referred to as "labelled". Not being subjected to regular annual estimates yet, neither non-labelled budgeted expenditures nor any other indirect drug-related social costs are dealt with in this chapter. The latest study concerned with the total social costs incurred in relation to substance use in the Czech Republic quantified such costs for 2006 and 2007 (Zábranský et al., 2011); for more information see also the 2011 National Report. In addition to public budgets, addiction treatment services are covered by public health insurance; estimates of these costs are presented in the chapter entitled Drug Treatment Expenses Incurred by Health Insurers (p. 30).

[43] The 2010-2014 Drug Policy Strategy of the Town of Milevsko (South Bohemia region) or the Drug Policy Strategy of the City of Brno for the Period 2011-2014 (South Moravia region). In 2013 the following new specific local-level drug policy documents were developed: the Local Drug Policy Plan of the Town of Kyjov and its implementing document, the Kyjov Drug Policy Action Plan for the Period 2014-2015 (South Moravia region) and the City of Pilsen Antidrug Plan for the Period 2013-2015 with its 2013 Action Plan (the Pilsen region), and the Benešov Drug Prevention Plan for the Period 2014-2016 (the region of Central Bohemia) was approved in early 2014.

The sources of data needed for the annual monitoring of labelled expenditures from the state budget are the final accounts of the ministries and additional information provided by the representatives or contact persons of individual ministries and governmental institutions. Regional data is obtained from annual reports on the implementation of drug policies in the individual regions. The structure of the reporting of costs was changed in 2013 in order to arrive at a more accurate differentiation between preventive, low-threshold, outpatient, and inpatient addiction treatment services.

Drug policy as an independent budgetary programme is accounted for in the budgets allocated to the Office of the Government of the Czech Republic, specifically to operate the Secretariat of the Government Council for Drug Policy Coordination (GCDPC), the Ministry of Education, Youth, and Sports (the Ministry of Education), the Ministry of Defence, the Ministry of Health, and the Ministry of Justice.

In addition to the above ministerial portfolios, the Ministry of Labour and Social Affairs is also involved in the funding of the drug policy. While not having an independent chapter dedicated to the drug policy in its budget, it provides support to services specifically targeted at substance users as part of its grant proceedings. Neither does the budget of the Ministry of the Interior include an item specifically intended to cover drug policy-related costs. In response to escalated drug crime in the areas near the border with Germany, however, it launched a special prevention-oriented subsidy programme in 2013. Moreover, specialised law enforcement agencies play a significant role in the implementation of the drug policy. They include the Customs Drug Unit, which constitutes a part of the General Customs Headquarters, and the National Drug Squad of the Criminal Police and Investigation Service of the Police of the Czech Republic. As no specific drug policy-labelled budgetary item is reserved for their activities, the exact figures cannot be obtained from the national final accounts.

The types of drug policy-specific expenditures reported as labelled vary across institutions. While some report only the amounts distributed and accounted for as part of subsidy proceedings intended to support drug policy projects and services (the Ministry of Labour and Social Affairs and the Ministry of the Interior), others include, in addition to subsidies, resources needed to administer subsidy proceedings or payments for services contracted in relation to research or analyses, certification proceedings, publication and information activities, and material costs in their expenses (the GCDPC, Ministry of Education, Ministry of Defence, Ministry of Health, and the Ministry of Justice) or can identify investment resources (General Customs Headquarters) or labour and operating costs only. With the exception of the National Drug Squad, the latter have not been reported by any institutions in recent years. Therefore, any comparisons between the institutions or any developments over time should be considered in the light of such inconsistencies.

At the central level, reported drug policy-labelled expenditures provided from the national budget reached a total of CZK 234.6 million (€ 9,033 thousand) [44] in 2013. The money spent by the National Drug Squad was not included in this amount for 2013. A comparison on a timeline shows a 6.1% year-on-year increase, which is particularly due to higher expenses on the part of the Government Council for Drug Policy Coordination and the Ministry of Labour and Social Affairs. The development of funding from 2004 to 2013 is summarised in Table 1-2.

[44] 2012 average axchange rate was used (1 € = CZK 25.974).

Table 1-2: Drug policy expenditures from the Czech national budget by government portfolios, 2004-2013 (€ thousand)

Institution	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
GCDPC	3,153	3,547	3,838	3,762	4,008	3,686	3,381	3,695	3,599	3,690**
Ministry of Education	316	315	381	452	499	426	592	528	458	403
Ministry of Defence	109	133	172	129	212	162	173	122	94	15
Ministry of Labour and Social Affairs***	1,323	1,546	1,753	2,054	3,186	3,282	3,628	3,129	3,355	3,713
Ministry of Health	829	1,124	635	801	757	569	849	861	746	570
Ministry of Justice	427	1,233	1,455	454	296	409	280	165	441	367
Ministry of the Interior	–	–	–	–	–	–	–	–	–	179
General Customs Headquarters	292	487	829	963	427	120	83	79	72	96
National Drug Squad	2,711	3,189	3,757	4,601	5,527	5,542	5,709	5,328	5,028	n.a.*
Total	**9,161**	**11,574**	**12,821**	**13,217**	**14,912**	**14,196**	**14,694**	**13,908**	**13,794**	**9,033****

Note: Ministry of Labour and Social Affairs, Ministry of the Interior – only expenditures related to subsidy proceedings, Ministry of Education, Ministry of Health – expenditures incurred in relation to subsidy proceedings and their administration, GCDPC, Ministry of Justice – expenditures incurred in relation to subsidy proceedings, purchasing of services, and material costs (inclusive of investments as regards the Ministry of Justice), Ministry of Defence – purchasing of services and material costs, General Customs Headquarters – investment expenditure, National Drug Squad – labour and operating costs. *Unlike in the previous years, the figure does not include the expenses incurred by the National Drug Squad. ** Including CZK 6.4 million (€ 246 thousand) earmarked for the issue of pathological gambling. *** The money spent by the Ministry of Labour and Social Affairs does not include subsidies provided to special-regimen homes, which reached CZK 28,867 thousand (€ 1,111 thousand) in 2013. Should this support be included, the expenditures on the part of the Ministry of Labour and Social Affairs would amount to CZK 125,311 thousand (€ 4,824 thousand). *Average exchange rates in respective years were used for re-calculation of expenses from CZK to €.*

In 2013 the Government Council for Drug Policy Coordination provided a total of CZK 91.2 million (€ 3,690 thousand) to support the implementation of 143 drug policy projects (including those pertaining to the newly-announced area of pathological gambling). CZK 4.7 million (€ 180 thousand) was used for expert activities (such as the administration of the GCDPC's subsidy proceedings, the certification of professional competency, and the monitoring of drug use and pathological gambling) performed by the Secretariat of the GCDPC.

In addition to prevention-oriented programmes, training events for education professionals were supported as part of the subsidy proceedings within the remit of the Ministry of Education. A total of CZK 10.4 million (€ 403 thousand) (including CZK 1.6 million € 61 thousand) used by educational institutions) was provided to fund 56 projects aimed primarily at preventing the use of legal drugs (alcohol, tobacco, medication) and other forms of risk behaviour, assessing needs and the accessibility and effectiveness of services, and providing both the professional community and the general public with evidence-based information.

Using its funds earmarked for drug policy, the Ministry of Defence supported 26 projects with an aggregate sum of CZK 379 thousand (€ 15 thousand). First and foremost, these projects involved the purchase of detection devices, professional literature, and services in the form of professional lectures and seminars.

While the budget of the Ministry of Labour and Social Affairs does not specifically account for drug policy-labelled expenditure, it provides subsidies to projects focusing on individuals at risk of drug use or dependent on drugs. In 2013 CZK 125.3 million (€ 4,824 thousand) were made available to support 196 projects involving drop-in centres, outreach programmes, social counselling, therapeutic communities, aftercare, and special-regimen homes. Excluding the funds provided for the operation of the special-regimen homes, which were not previously included in the reports and which amounted to CZK 28.9 million (€ 1,111 thousand) in 2013, the expenditures on the part of the Ministry of Labour and Social Affairs reached CZK 96.4 million (€ 3,713 thousand) in 2013.

The Ministry of Health provided an amount to the total tune of CZK 14.8 million (€ 570 thousand) to subsidise projects involving substance addiction treatment (alcohol/drug treatment outpatient facilities, substitution treatment, detoxification, institutional treatment) and the purchase of medical supplies for drop-in centres and outreach programmes as part of harm reduction interventions. In addition, five projects concerned with substance addiction received support to the total tune of CZK 257 thousand in 2013 as part of the "National Health Programme – Health Promotion Projects" programme.

In the budget of the Ministry of Justice, CZK 3.3 million (€ 127 thousand) were earmarked for subsidy programmes involving the prison-based activities developed by NGOs, which generally focus on pre-release care and the provision of post-release care in the community. The Institute for Criminology and Social Prevention used CZK 75 thousand for research purposes and the Judicial Academy spent CZK 195.8 thousand (€ 7,538 thousand) on organising seminars. The largest amount (CZK 6.0 million (€ 231 thousand)) was consumed by the Prison Service of the Czech Republic in connection with the provision of prevention and treatment services in prisons.

While the budget of the General Customs Headquarters, incorporating the Customs Drug Unit, does not include an independent drug policy programme, in 2013 it provided CZK 2.5 million (€ 96 thousand) worth of investment expenditure associated with the investigation of drug trafficking.

The Ministry of the Interior provided CZK 4.7 million (€ 179 thousand) from its budget for a special subsidy programme aimed at preventing drug crime in the areas near the state border, which was announced in 2013 in response to an increased level of drug-related offending in the areas near the Czech-German border. This ministerial portfolio includes the operation of the National Drug Squad, whose expenses in 2013 are not available.

In addition to the national budget, the drug policy is also funded by local budgets, i.e. those of the regions and municipalities. In 2013 the regions and municipalities provided CZK 172.4 million (€ 6,638 thousand) and CZK 62.5 million (€ 2,407 thousand), respectively, for the drug policy, which totals CZK 234.9 million (€ 9,045 thousand). A detailed overview of these local budgets by service categories and regions is provided in Table 1-3.

The developments in drug policy-specific expenditures made available from local budgets over time since 2005 are summarised in Table 1-4. In comparison to the previous year, in 2013 these expenditures fell by CZK 5.5 million (€ 213 thousand) (2.3%). In 2013 the greatest year-on-year decrease was recorded in the Central Bohemia region. This was due to the discontinuation of support for the Revolution Train project, which received funding to the tune of CZK 8 million (€ 308 thousand) from the regional budget in recent years; see also the chapter Controversial Campaigns (p. 56). A year-on-year decline was also recorded in Prague, as regards the budgets of the city districts. On the other hand, more money was provided from the budget of the Hradec Králové region (especially for harm reduction services) and in the Pardubice and Zlín regions, where the increase in funding was associated with allocating more financial resources to the operation of the sobering-up stations. There has been a continuing decline in support provided from municipal budgets in the Ústí nad Labem region, despite its relatively high number of problem drug users.

The data on funding at the regional level are divided according to the locations where resources were utilised by the providers of projects and programmes. The 2013 drug policy expenditures from the national and local budgets designated for use on regional levels are depicted in Map 1-1.

The total drug policy expenditures can also be divided in terms of drug demand reduction (prevention, harm reduction, treatment, and aftercare) and supply reduction (law enforcement). While drug demand reduction measures are funded from both the national and local budgets, supply reduction operations are funded from the national budget only. The developments in drug policy expenditures by intervention areas over time are summarised in Table 1-5. In all the areas the levels of expenditure stagnated or rose in comparison to the previous year (the highest increase, by 8.1%, was recorded for harm reduction), with the exception of the prevention and coordination-research-evaluation domains (which dropped by 6.4% and 42.5% respectively). The unavailability of data makes it impossible to draw conclusions about any year-on-year developments in the resources available to law enforcement agencies.

Map 1-1: Drug policy expenditures from national and local budgets in regions of the Czech Republic, 2013 (EUR thousand per 100,000 inhabitants aged 15-64)

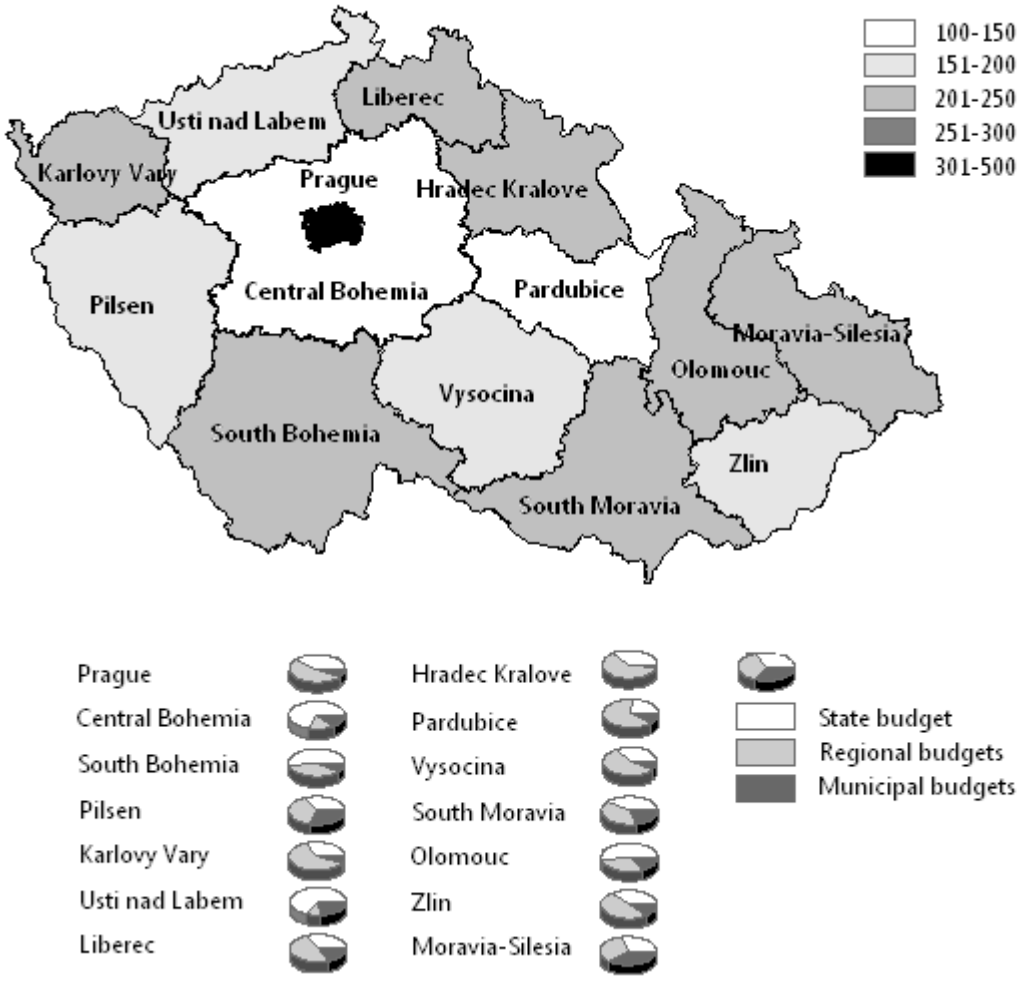


Table 1-3: Drug policy expenditures from local budgets by service categories, 2013 (€ thousand)

	Region	Prevention	Harm reduction	Treatment	Outpatient services	Prison-based prevention and treatment services	Aftercare	Sobering-up stations	Information/ research/ coordination	Others	Total
Regional budgets	Prague	269	462	370	7	287	129	458	26	73	2,081
	Central Bohemia	0	0	0	0	30	0	116	0	0	146
	South Bohemia	45	146	50	0	12	23	77	4	0	358
	Pilsen	35	47	8	6	24	26	112	0	4	262
	Karlovy Vary	17	19	0	0	0	0	253	0	0	289
	Ústí nad Labem	0	84	9	0	11	0	0	0	0	103
	Liberec	2	41	21	8	51	10	193	0	0	326
	Hradec Králové	17	251	21	0	0	0	231	0	0	521
	Pardubice	13	23	12	0	0	0	281	1	0	331
	Vysočina	41	63	0	0	25	42	188	0	0	359
	South Moravia	52	141	23	17	73	62	272	5	31	676
	Olomouc	0	71	10	3	0	13	235	0	0	331
	Zlín	8	70	0	0	0	0	231	0	0	310
	Moravia-Silesia	2	56	12	0	13	13	425	0	24	546
	Total	**502**	**1,474**	**536**	**40**	**526**	**319**	**3,070**	**37**	**133**	**6,638**
Municipal budgets	Prague	172	53	53	0	13	7	0	6	0	304
	Central Bohemia	45	43	4	0	0	0	1	0	0	94
	South Bohemia	6	45	15	0	0	9	0	0	0	76
	Pilsen	57	87	18	6	36	28	0	0	0	232
	Karlovy Vary	0	26	0	0	0	0	0	0	0	26
	Ústí nad Labem	0	171	0	0	12	32	0	0	0	214
	Liberec	5	69	17	1	15	6	0	0	0	114
	Hradec Králové	0	15	0	0	0	0	0	0	0	15
	Pardubice	1	35	13	0	2	0	0	0	0	52
	Vysočina	14	30	0	0	0	3	0	0	0	47
	South Moravia	18	117	33	2	93	20	0	0	39	323
	Olomouc	21	53	47	5	0	20	0	0	0	146
	Zlín	7	54	10	0	0	6	0	0	0	76
	Moravia-Silesia	230	308	61	0	66	21	0	0	0	687
	Total	**576**	**1,107**	**272**	**13**	**237**	**153**	**1**	**6**	**40**	**2,407**
Local budgets in total	Prague	441	514	423	7	300	136	458	33	73	2,385
	Central Bohemia	45	43	4	0	30	0	117	0	0	240
	South Bohemia	52	191	66	0	12	33	77	4	0	434
	Pilsen	92	134	26	12	60	54	112	0	4	494
	Karlovy Vary	17	45	0	0	0	0	253	0	0	315
	Ústí nad Labem	0	254	9	0	22	32	0	0	0	317
	Liberec	7	110	38	8	66	16	193	0	0	440
	Hradec Králové	17	267	21	0	0	0	231	0	0	536
	Pardubice	13	58	26	0	2	0	281	1	0	382
	Vysočina	55	93	0	0	25	45	188	0	0	406
	South Moravia	70	258	56	18	166	82	272	5	71	999
	Olomouc	21	125	56	8	0	33	235	0	0	477
	Zlín	15	124	10	0	0	6	231	0	0	386
	Moravia-Silesia	232	364	73	0	80	35	425	0	24	1,233
	Total	**1,078**	**2,582**	**808**	**53**	**763**	**472**	**3,072**	**44**	**174**	**9,045**

Note: The regional expenditures do not account for the costs of special-regimen homes, which have not been routinely included in drug policy expenditures. In 2013 these amounted to a total of CZK 7,426 thousand (€ 286 thousand), out of which CZK 150 thousand (€ 5780), CZK 5 million (€ 193 thousand), and CZK 2,276 thousand (€ 88 thousand) were made available to these facilities in the Ústí nad Labem, Hradec Králové, and Vysočina regions, respectively. Average exchange rates in respective years were used for re-calculation of expenses from CZK to €.

Table 1-4: Drug policy expenditures from local budgets, 2005-2013 (€ thousand)

Region	2005	2006	2007	2008	2009	2010	2011	2012	2013
Prague	1,436	1,536	1,938	2,563	2,288	2,468	2,230	2,525	2,385
Central Bohemia	672	729	768	909	608	851	722	678	240
South Bohemia	230	259	275	486	464	398	434	458	434
Pilsen	246	278	294	566	516	570	619	568	494
Karlovy Vary	61	64	66	110	44	247	203	269	315
Ústí nad Labem	387	447	385	411	418	489	436	369	317
Liberec	308	316	261	525	372	434	458	456	440
Hradec Králové	97	138	281	320	413	301	339	360	536
Pardubice	223	95	253	296	261	338	331	315	382
Vysočina	266	118	327	183	153	164	208	412	406
South Moravia	408	300	492	572	967	862	1,031	1,132	999
Olomouc	114	165	188	433	460	438	464	480	477
Zlín	137	65	225	356	441	820	303	270	386
Moravia-Silesia	485	537	1,113	1,304	1,372	1,733	1,246	1,272	1,233
Total	**5,068**	**5,047**	**6,867**	**9,035**	**8,777**	**10,113**	**9,025**	**9,564**	**9,045**

Note: Average exchange rates in respective years were used for re-calculation of expenses from CZK to €.

Table 1-5: Comparison of expenditures provided from public budgets by service categories, 2009-2013 (€ thousand)

Service category	2009		2010		2011		2012		2013	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
Prevention	2,078	9.0	2,463	9.9	2,234	9.7	1,938	8.3	1,756	9.7
Harm reduction	6,616	28.8	6,572	26.5	6,209	27.1	6,410	27.4	6,710	37.1
Treatment	4,278	18.6	4,304	17.4	4,155	18.1	4,460	19.1	4,563	25.2
Sobering-up stations	2,421	10.5	3,449	13.9	2,807	12.2	3,175	13.6	3,072	17.0
Aftercare	1,201	5.2	1,238	5.0	1,200	5.2	1,349	5.8	1,353	7.5
Coordination, research, evaluation	421	1.8	749	3.0	756	3.3	537	2.3	299	1.7
Law enforcement	5,851	25.5	5,906	23.8	5,431	23.7	5,222	22.4	119	0.7
Others, unspecified	106	0.5	125	0.5	140	0.6	267	1.1	206	1.1
Total	**22,973**	**100.0**	**24,807**	**100.0**	**22,933**	**100.0**	**23,358**	**100.0**	**18,078**	**100.0**

Note: * Excluding the expenditure of the National Drug Squad, as the relevant information for 2013 was not available. Average exchange rates in respective years were used for re-calculation of expenses from CZK to €.

Projects involving drug services also receive financial support from the European Social Fund[45] (ESF). Three operational programmes (OPs) – the Human Resources and Employment OP, administered by the Ministry of Labour and Social Affairs, the Education for Competitiveness OP, falling within the remit of the Ministry of Education, and the Prague Adaptability OP, managed by the regional authority for the Capital City, Prague – have been used to finance services via the ESF. Organisations can use the framework of these operational programmes to apply for financial support by means of several calls related to global grants (announced by the individual intermediary bodies) and by means of numerous individual regional projects (the beneficiaries receive financial support from regional resources, with the support for projects being conditional

[45] http://www.esfcr.cz/evropsky-socialni-fond-v-cr [2014-09-05]

upon their compliance with regional strategies). The projects are to be carried out for two to three years. A beneficiary is provided with an advance deposit, and the eligible expenses actually incurred are then reimbursed later (mostly at 6-month intervals). The ESF differs from conventional public funding channels in many respects, including its objectives, background, the extent of the target groups, the length and method of administration of projects, and continuous monitoring. Moreover, these resources are provided in order to promote employment and social cohesion policies rather than the drug policy in particular. In the period 2010-2014, for example, a total of CZK 97.5 million (€ 3754 thousand) was made available (as of the time of the writing of this report) for programmes intended to facilitate social inclusion and employment opportunities for people with drug problems as part of three grant calls (Nos. 43, 67, and 86) announced by the Ministry of Labour and Social Affairs. For the above reasons, it is difficult to establish whether the financial resources provided by the ESF for projects pursued by drug services can be ranked as drug policy expenditures and to determine the volume of such funds made available in the individual years.

Therefore, the data on the ESF funds included in the regions' annual reports about the implementation of their drug policies needs to be treated with considerable caution. For 2013, the regions reported an aggregate of CZK 67.0 million (€ 2,579 thousand) obtained from the ESF to fund addiction treatment services (with the largest amount, CZK 36.3 million (€ 1,397 thousand), being used by the Central Bohemia region). All the projects funded by the ESF are co-financed by an obligatory governmental share, amounting to 15% in the given programme period, which is not included in the drug policy-specific expenditure.

1.3.2 Drug Treatment Expenses Incurred by Health Insurers

The expenses incurred by health insurers in relation to the treatment of substance use disorders are provided with a year's delay using health account statistics compiled according to the international System of Health Accounts. They comprise directly identifiable costs, i.e. those reported as incurred in relation to the treatment of primary diagnoses, and unidentifiable costs, with no link to a diagnosis, the proportion of which spent in relation to the F10-F19 diagnoses is estimated (for more details see the 2011 National Report).

In 2012 the estimated volume of expenditures incurred by health insurance companies in relation to the treatment of substance use disorders amounted to CZK 1,597 million (€ 63,503 thousand), with CZK 1,124 million (€ 44,708 thousand) being spent on the treatment of alcohol use disorders (diagnosis F10) and CZK 473 million (€ 18,796 thousand) on disorders caused by other substances (dg. F11-F19). The proportion consumed by specialised addiction treatment (AT) programmes amounted to CZK 148 million (€ 5,881 thousand) for alcohol use disorders with CZK 140 million (€ 5,575 thousand) and CZK 8 million (€ 306 thousand) being spent on inpatient and outpatient care respectively and CZK 64 million (€ 2,548 thousand) for other addictive disorders with CZK 59 million (€ 2,352 thousand) going to inpatient and CZK 5 million (€ 196 thousand) to outpatient services. The development and structure of these costs are provided in Table 1-8.

1.3.3 Social Costs Related to Drug Use

A study to examine the social costs (Cost of Illness, COI) related to the use of the three major groups of addictive substances, i.e. tobacco, alcohol, and illegal drugs, in the Czech Republic in 2007 was conducted (Zábranský et al., 2011). According to the study, the total of such costs amounted to CZK 56.2 billion (€ 2,023 million) (1.6.% of GDP, which is approximately half of the amount reported by other developed countries), with CZK 33.1 billion (€ 1,193 million) (59.0%), CZK 16.4 billion (€ 589 million) (29.1%), and CZK 6.7 billion (€ 241 million) (11.9%) attributed to tobacco, alcohol, and illegal drugs respectively. For more information see the 2011 National Report.

Table 1-6: Drug policy expenditures from national and local budgets by location (region) of implementation, 2013 (€ thousand)

Region	GCDPC	Ministry of Education	Ministry of Defence	Ministry of Labour and Social Affairs	Ministry of Health	Ministry of Justice	Ministry of the Interior	General Customs Head-quarters	National Drug Squad	Total national budget	Regions	Municipalities	Total local budgets	Total	Total (%)
Prague	923	85	–	385	279	–	–	–	–	**1,672**	2,081	304	**2,385**	**4,057**	22.4
Central Bohemia	69	25	–	385	53	–	–	–	–	**532**	146	94	**240**	**773**	4.3
South Bohemia	179	52	–	185	53	–	–	–	–	**470**	358	76	**434**	**904**	5.0
Pilsen	124	29	–	84	32	–	–	–	–	**268**	262	232	**494**	**762**	4.2
Karlovy Vary	59	13	–	64	17	–	–	–	–	**154**	289	26	**315**	**470**	2.6
Ústí nad Labem	238	0	–	351	24	–	–	–	–	**613**	103	214	**317**	**930**	5.1
Liberec	112	0	–	120	0	–	–	–	–	**232**	326	114	**440**	**672**	3.7
Hradec Králové	71	30	–	185	34	–	–	–	–	**319**	521	15	**536**	**855**	4.7
Pardubice	36	7	–	80	0	–	–	–	–	**123**	331	52	**382**	**505**	2.8
Vysočina	51	2	–	177	0	–	–	–	–	**229**	359	47	**406**	**636**	3.5
South Moravia	283	81	–	361	8	–	–	–	–	**733**	676	323	**999**	**1,731**	9.6
Olomouc	216	12	–	237	51	–	–	–	–	**516**	331	146	**477**	**993**	5.5
Zlín	93	20	–	118	5	–	–	–	–	**236**	310	76	**386**	**622**	3.4
Moravia-Silesia	182	18	–	289	6	–	–	–	–	**494**	546	687	**1,233**	**1,727**	9.6
Expenditure with regional designation	2,635	375	–	3,020	562	–	–	–	–	**6,592**	6,638	2,407	**9,045**	**15,637**	86.5
Expenditure with central designation	1,055	28	15	693	8	367	179	96	n.a.	**2,441**	–	–	**–**	**2,441**	13.5
Total	**3,690**	**403**	**15**	**3,713**	**570**	**367**	**179**	**96**	**n.a.**	**9,033**	**6,638**	**2,407**	**9,045**	**18,078**	**100.0**
– including investment expenditure	0	0	0	0	0	23	0	96	0	**3,086**	0	0	**0**	**3,086**	0.7
Total (%)	20.4	2.2	0.1	20.5	3.2	2.0	1.0	0.5	0,0	**50.3**	36.3	13.4	**49.7**	**100.0**	–

Note: The figures do not include the costs of special-regimen homes, which were reported to equal CZK 36,293 thousand (€ 1,397 thousand) in 2013. * Excluding the expenditure on the part of the National Drug Squad, as the relevant information for 2013 was not available. Average exchange rates in respective years were used for re-calculation of expenses from CZK to €.

Table 1-7: Drug policy expenditures in the Czech Republic by service categories, 2013 (€ thousand)

Service category		GCDPC	Ministry of Education	Ministry of Defence	Ministry of Labour and Social Affairs	Ministry of Health	Ministry of Justice	Ministry of the Interior	General Customs Head-quarters	National Drug Squad	Total national budget	Regions	Municipalities	Total local budgets	Total	Total (%)
Prevention		61	403	15	11	10	–	179	–	–	**678**	502	576	**1,078**	**1,756**	9.7
Harm reduction	Outreach programmes	617	–	–	653	18	–	–	–	–	**1,287**	635	576	**1,212**	**2,499**	13.8
	Drop-in centres	1,119	–	–	1,393	66	–	–	–	–	**2,578**	514	451	**965**	**3,543**	19.6
	Integrated programmes	152	–	–	0	111	–	–	–	–	**263**	325	80	**405**	**668**	3.7
	Total	1,887	–	–	2,046	195	–	–	–	–	**4,128**	1,474	1,107	**2,582**	**6,710**	37.1
Outpatient services	Health services	0	–	–	24	202	–	–	–	–	**227**	340	104	**444**	**670**	3.7
	Social services	27	–	–	197	0	–	–	–	–	**224**	99	143	**243**	**467**	2.6
	Others and unspecified	419	–	–	0	0	–	–	–	–	**419**	97	25	**122**	**540**	3.0
	Total	446	–	–	222	202	0	0	–	–	**870**	536	272	**808**	**1,678**	9.3
Prison-based services		41	–	–	52		334		–	–	**427**	40	13	**53**	**480**	2.7
Residential services	Inpatient health services	0	–	–	33	148	–	–	–	–	**181**	7	84	**91**	**272**	1.5
	Therapeutic communities	756	–	–	706	–	–	–	–	–	**1,461**	518	151	**670**	**2,131**	11.8
	Others and unspecified	0	–	–	–	–	–	–	–	–	**0**	0	2	**2**	**2**	0.0
	Total	756	–	–	739	148	0	0	–	–	**1,642**	526	237	**763**	**2,405**	13.3
Aftercare services		255	–	–	627	–	–	–	–	–	**881**	319	153	**472**	**1,353**	7.5
Sobering-up stations		0	–	–	–	–	–	–	–	–	**0**	3,070	1	**3,072**	**3,072**	17.0
Law enforcement		0	–	–	–	–	23	–	96	–	**119**	0	0	**0**	**119**	0.7
Coordination, research, evaluation		245	–	–	–	–	10	–	–	–	**255**	37	6	**44**	**299**	1.7
Others, unspecified		0	–	–	18	15	0	–	–	–	**32**	133	40	**174**	**206**	1.1
Total		**3,690**	**403**	**15**	**3,713**	**570**	**367**	**179**	**96**	**0**	**9,033**	**6,638**	**2,407**	**9,045**	**18,078**	**100.0**

Note: The figures do not include the costs of special-regimen homes, which were reported to equal CZK 36,293 thousand in 2013. * Excluding the expenditure on the part of the National Drug Squad, as the relevant information for 2013 was not available. Average exchange rates in respective years were used for re-calculation of expenses from CZK to €.

Table 1-8: Estimated costs incurred by health insurers in relation to the F10 and F11-19 diagnoses according to the type of care, 2007-2012 (€ thousand)

Type of care	Cost of diagnosis F10						Cost of diagnoses F11-F19					
	2007	2008	2009	2010	2011	2012	2007	2008	2009	2010	2011	2012
Treatment services	26,736	27,472	31,187	30,211	31,108	32,874	7,826	9,127	10,766	11,283	12,546	13,741
Inpatient care	23,825	24,487	27,712	26,669	28,147	28,225	6,620	7,857	9,244	9,699	11,088	11,545
Intensive inpatient care	1,034	871	1,264	1,489	1,221	1,229	323	339	467	532	495	453
› incl. – psychiatry	47	27	44	52	89	62	122	111	129	117	126	82
Standard inpatient care	2,961	3,090	3,673	2,793	2,567	3,179	1,289	1,552	1,583	1,659	1,266	1,648
› incl. – psychiatry	1,479	1,478	1,501	971	1,536	1,345	870	1,031	901	915	910	997
– child psychiatry	0	2	1	1	0	0	1	1	9	1	2	5
Long-term inpatient care	19,809	20,495	22,746	22,343	24,330	23,817	5,002	5,955	7,182	7,492	9,316	9,444
› incl. – alcohol/drug treatment (AT clinics)	4,681	4,026	5,287	5,331	5,543	5,575	1,686	1,591	2,198	2,242	2,460	2,352
– psychiatry	15,054	16,395	17,338	16,890	18,652	18,075	3,264	4,276	4,879	5,127	6,670	6,956
– child psychiatry	0	0	0	1	7	2	51	88	98	120	180	130
One-day care	22	30	30	44	28	82	7	11	11	17	11	34
Outpatient care	2,842	2,859	3,406	3,461	2,896	4,532	1,184	1,223	1,496	1,553	1,432	2,147
Primary care	51	38	58	61	60	97	24	15	25	28	28	37
Dental care	11	10	42	13	6	5	4	4	15	5	3	3
Specialised outpatient care	2,178	2,248	2,689	2,737	2,100	3,992	931	994	1,193	1,282	1,098	1,981
› incl. – alcohol/drug treatment (AT clinics)	313	261	281	277	296	306	150	128	163	144	187	196
– psychiatry	1,363	1,347	1,303	1,279	1,438	1,394	552	582	603	639	757	751
– child psychiatry	5	4	4	3	2	3	15	11	16	13	18	12
Other specialised outpatient care	337	398	376	410	471	438	90	117	114	108	132	126
› incl. – clinical psychology	289	303	336	371	434	437	75	82	98	92	116	125
– psychotherapy	0	0	0	0	0	0	0	0	1	0	0	0
Home care	47	96	40	37	36	35	15	35	14	14	14	15
Rehabilitation services	22	23	262	337	338	53	10	8	100	136	138	24
Long-term care	405	678	679	781	980	805	37	138	99	144	150	71
Supporting services	1,801	1,842	2,216	2,347	2,281	2,481	1,419	1,369	1,558	1,637	1,308	1,403
Laboratories	658	696	910	999	969	1,081	1,169	1,100	1,247	1,306	999	1,041
› incl. – toxicology	157	148	183	175	191	266	295	303	388	320	363	317
Imaging techniques	280	275	361	374	228	256	84	85	122	134	74	95
Transport and emergency medical services	863	871	944	973	1,084	1,145	166	184	189	198	235	267
Medication and medical equipment and supplies	7,974	7,380	9,050	8,254	9,281	8,303	2,561	2,753	3,306	3,233	3,792	3,488
Medication	7,461	6,916	8,391	7,689	8,715	8,202	2,395	2,579	3,066	3,011	3,560	3,443
Medical equipment and supplies	513	464	658	565	566	101	166	174	241	222	233	44
Prevention	230	514	350	292	138	62	76	738	154	114	56	26
Unidentified care	30	75	23	92	37	128	10	28	9	19	14	43
Total	**37,178**	**37,953**	**43,737**	**42,270**	**44,133**	**43,708**	**11,931**	**14,150**	**15,981**	**16,551**	**18,035**	**18,796**

Note: Average exchange rates in respective years were used for re-calculation of expenses from CZK to €.

2

Chapter 2: Drug Use in the General Population and Specific Target Groups

- Drug use in the Czech Republic has shown stable levels in the long term. Recent studies indicate the same pattern of drug use among the general population: the most commonly used illicit drug is cannabis, which has been taken at least once by approximately one quarter of the adult population. 9% of the population reported having used this illicit drug within the last year. The use of other illegal drugs shows significantly lower levels: the lifetime use of ecstasy and hallucinogenic mushrooms was reported by 5% and 2% of the population, respectively, while the level of use of other illegal drugs remains below 1%. Illicit drug use is more prevalent among men and younger age groups (15-34 years). New psychoactive drugs have been used at least once in their lives by 2% of the adult population (younger age groups reported 4% lifetime use).
- Long-term trends suggest a decline in the level of current cannabis use among the general population, particularly as far as younger age groups are concerned.
- Cross-sectional school surveys have consistently recorded the prevalence of lifetime cannabis use at 26-33% among 14-15-year-old elementary school students and 42-47% among 16-year-old secondary school students. At the secondary level of the educational process, the ESPAD survey suggests dramatic differences in terms of substance use, depending on the type of school: students from vocational schools reported dramatically higher rates of regular smoking, frequent binge drinking, and experience with illicit drugs than their peers attending grammar schools or secondary schools.
- The attitudes of the population of the Czech Republic to substance use have also remained consistent in the long term. A 2013 survey of the Public Opinion Poll Centre indicated that the level of public acceptance of tobacco smoking has shown a slight decrease recently, while a growing number of people found it acceptable to use alcohol and cannabis. There has been a continuous increase in the percentage of the population who oppose the criminalisation of cannabis users, particularly people who use cannabis for medical purposes.
- In comparison to their European counterparts, young people (in the 15-24 age group) report the relatively high availability of cannabis and are more likely to underestimate the risks related to one-off experiments with illegal drugs. Regarding their rating of risks posed by the regular use of illegal drugs, Czech respondents show the same attitudes as their foreign peers.

2.1 Drug Use in the General Population

The most recent general population survey using a randomly selected representative sample of the population aged 15-64 was carried out by the Czech National Monitoring Centre for Drugs and Drug Addiction (the National Focal Point) in association with the SC&C in the autumn of 2012; for the results of the 2012 National Survey on Substance Use see the 2012 National Report and a special issue of the *Zaostřeno na drogy* ("Focused on Drugs") bulletin (Chomynová, 2013).

Another round of an annual survey, the Prevalence of Drug Use among the Population of the Czech Republic, took place in 2013. Using a single battery of questions, this omnibus survey enquires about the extent of experience with illegal drugs among the general population. The year 2013 also witnessed the preparation of the second round of the European Health Interview Survey (EHIS): the data collection process was commenced in 2014 as recommended by the international guidelines. The results of a study of tobacco and alcohol use carried out by the National Institute of Public Health under the Two-year Treaty on Cooperation between the Ministry of Health of the Czech Republic and the WHO-EURO for 2012-2013 (Sovinová and Csémy, 2013) are presented in the chapter entitled The Problem Use of Tobacco, Alcohol, and Other Drugs (p. 71).

2.1.1 The 2013 Survey on the Prevalence of Drug Use among the Population of the Czech Republic

In December 2013 the National Focal Point, in association with the *ppm factum research* agency, conducted another round of a research study entitled The Prevalence of Drug Use among the Population of the Czech Republic. The purpose of this annual omnibus survey of the general population is to monitor the level of experience with selected illegal substances among respondents above 15 years of age.

A total of 1,005 respondents aged over 15, out of whom 868 fell into the 15-64 age group, were contacted as part of the survey. The respondents were selected using quota sampling in such a way as to represent the population of the Czech Republic with respect to their age, gender, education, and the region and size of the place of their residence. Data were collected using computer-aided personal (face-to-face) interviews (CAPI). In comparison to its previous round, the survey in 2013 looked more thoroughly into the use of new psychoactive drugs and gambling.

The lifetime use of any illicit drug was reported by a total of 25.7% of the respondents in the 15-64 age category (32.2% of the men and 18.9% of the women). The most frequently used illicit drug was cannabis (22.8%), followed by ecstasy (5.1%), hallucinogenic mushrooms (2.4%), and methamphetamine (1.1%). The rates of experience with other illicit drugs remain low (less than 1.0%); see Table 2-1.

Table 2-1: Drug use in the general population – the 2013 Prevalence of Drug Use among the Population of the Czech Republic survey (%)

Drug type	15-64 age group			Young adults
	Males (n=439)	Females (n=429)	Total (n=868)	15-34 years (n=308)
Lifetime prevalence				
Any illicit drug	32.2	18.9	25.7	44.3
Cannabis	29.6	15.8	22.8	40.7
Ecstasy	6.8	3.3	5.1	11.3
Methamphetamine (pervitin)	1.4	0.7	1.1	2.0
Cocaine	0.7	0.0	0.4	0.7
Heroin	0.5	0.2	0.4	0.7
LSD	0.9	1.0	0.9	2.3
Hallucinogenic mushrooms	3.8	0.9	2.4	4.0
Inhalants	1.2	0.0	0.6	0.7
Other synthetic drugs	1.2	0.0	0.6	1.3
Other herbal drugs	1.9	1.4	1.7	2.7
Psychoactive medicines (sedatives, hypnotics, opioid analgesics)	23.3	19.8	21.5	18.4
Prevalence in the last 12 months				
Any illicit drug	14.5	6.0	10.3	23.6
Cannabis	13.2	4.5	8.9	21.6
Ecstasy	1.2	0.9	1.1	3.0
Methamphetamine (pervitin)	0.2	0.2	0.2	0.7
Cocaine	0.2	0.0	0.1	0.3
Heroin	0.2	0.0	0.1	0.3
LSD	0.2	0.2	0.2	0.7
Hallucinogenic mushrooms	0.2	0.0	0.1	0.3
Inhalants	0.5	0.0	0.2	0.3
Other synthetic drugs	0.2	0.0	0.1	0.3
Other herbal drugs	0.7	1.0	0.8	1.3
Psychoactive medicines (sedatives, hypnotics, opioid analgesics)	12.6	12.1	12.3	8.6
Prevalence in the last 30 days				
Any illicit drug	3.6	1.0	2.3	5.8
Cannabis	3.5	0.7	2.1	5.3
Ecstasy	0.2	0.0	0.1	0.3
Methamphetamine (pervitin)	0.2	0.0	0.1	0.3
Cocaine	0.2	0.0	0.1	0.3
Heroin	0.2	0.0	0.1	0.3
LSD	0.2	0.0	0.1	0.3
Hallucinogenic mushrooms	0.2	0.0	0.1	0.3
Inhalants	0.2	0.0	0.1	0.3
Other synthetic drugs	0.2	0.0	0.1	0.3
Other herbal drugs	0.2	0.2	0.2	0.7
Psychoactive medicines (sedatives, hypnotics, opioid analgesics)	4.2	3.8	4.0	1.7

Source: Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research (2014)

Among the general population, the use of illicit drugs within the last 12 months and the last 30 days shows very low levels, with the exception of cannabis, the use of which was reported by 8.9% and 2.1% of the respondents, respectively. The last-year and last-month prevalence of cannabis use is significantly higher among young adults aged 15-34 (21.6% and 5.3% respectively).

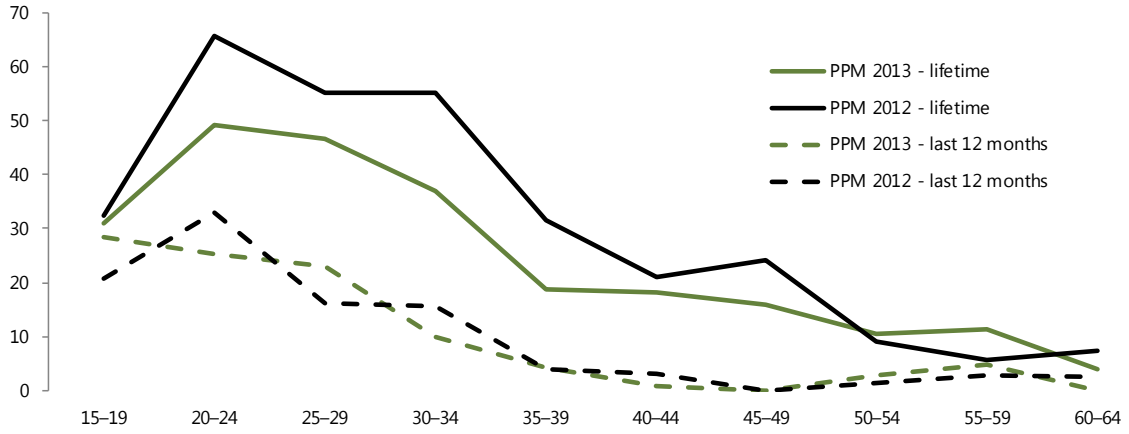
In comparison to 2012, there was a decline in the reported lifetime use of illicit drugs (in all three recall periods) among the general population, especially with regard to cannabis, hallucinogenic mushrooms, and inhalants. A detailed analysis of the levels of cannabis use according to five-year

age groups is provided in Graph 2-1. The increase observed for cannabis use in the 15-19 age category does not seem to correspond with the previously recorded drop in cannabis use among the youngest age categories which was identified by some surveys, e.g. ESPAD, between the years 2007 and 2011 (Csémy and Chomynová, 2012).

A rise can be observed in the prevalence of use of psychoactive medicines with sedative or hypnotic effects and opiate-/opioid-based painkillers being used without prescription or contrary to the physician's or pharmacist's recommendations. However, to some extent, this increase (from the 8.9% last-year prevalence in 2012 to 12.3% in 2013) may be due to the different formulation of the question.

The lifetime use of new psychoactive substances (other synthetic or herbal drugs) was reported by 2.1% of the respondents aged 15-64 (2.8% and 1.4% of the men and women respectively). The highest prevalence rates of both lifetime and current use of "new drugs" were reported by respondents in the 25-34 age category (5.4%). While this may seem to show an increase in the lifetime use of new psychoactive substances in comparison to the previous year (from 0.6% in 2012), it should be noted that in 2013, the question about new drugs was reformulated to be more specific.[46]

Graph 2-1: Lifetime and last-year prevalence of cannabis use, by five-year age groups; comparison of the 2012 and 2013 surveys (%)



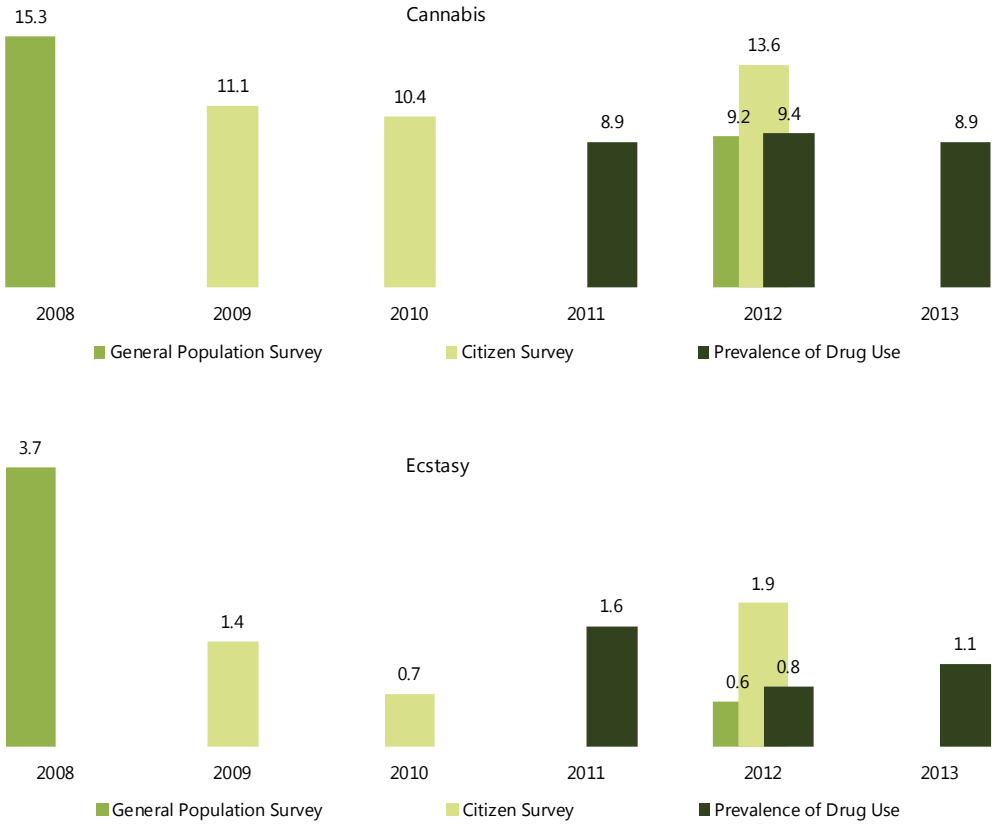
Sources: Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research (2014), Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research (2013)

Being in accord with the studies carried out in the previous years, the 2013 Prevalence of Drug Use among the Population of the Czech Republic survey confirms the same pattern of illicit drug use among the general population: the most frequently used illegal drug was cannabis, which had been taken at least once in their lives and in the last year by 23-36% and 9-15% of the respondents respectively. Long-term trends suggest a decline in mean prevalence rates of last-12-month cannabis use and stable levels of ecstasy use among the general population; see Graph 2-2.

Another wave of the Prevalence of Drug Use among the Population of the Czech Republic omnibus survey is planned for December 2014.

[46] In 2012 the question enquired about the use of "new synthetic drugs (such as mephedrone and synthetic cannabinoids)" in a respondent's lifetime, in the last 12 months, and in the last 30 days. In 2013 the question was divided into two to make it possible to follow the use of "other synthetic drugs (including ketamine, GBL, pentedrone, methylone, MPA, DMX, Funky, El Magico, and synthetic cannabinoids such as JWH or AM)" and "other herbal drugs (including Salvia divinorum, kanna, kratom, and Datura stramonium.)".

Graph 2-2: Comparison of prevalence rates of the use of cannabis and ecstasy among the general population (15-64 years) in the last 12 months, 2008-2013 (%)



Sources: Chomynová (2013), Běláčková et al. (2012), Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2013), Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2010), Národní monitorovací středisko pro drogy a drogové závislosti and INRES-SONES (2009), Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research (2014), Národní monitorovací středisko pro drogy a drogové závislosti and ppm factum research (2013), Národní monitorovací středisko pro drogy a drogové závislosti and Factum Invenio (2011)

2.1.2 European Health Interview Survey 2014

The year 2014 was determined to be the year of the second wave of the European Health Interview Survey (EHIS),[47] coordinated by the Institute of Health Information and Statistics of the Czech Republic in association with the Czech Statistical Office. Data are to be collected from mid-June 2014 to the end of January 2015. Respondents are recruited from a sample of approximately 10 thousand households contacted as part of the Labour Force Sample Survey. One person (aged 15+) is randomly selected from each household. Data is collected using computer-aided personal (face-to-face) interviews (CAPI). The questionnaire survey is followed up by the European Health Examination Survey (EHES), involving the measurement of various health indicators such as blood pressure, anthropometric parameters, and fasting glucose and blood cholesterol levels) (Ústav zdravotnických informací a statistiky et al., 2014).

The EHIS survey focuses on the respondents' health status (including the occurrence of selected diseases in the population, health-related limitations, and mental health), the use of healthcare (including hospital admissions, medical appointments, and the use of medication), and selected

[47] According to Regulation (EC) No. 1338/2008 of the European Parliament and of the Council on Community statistics on public health and health and safety at work. The Regulation defines certain methodological aspects of the study in order to ensure international comparability of the data: for example, it sets out the data collection period, the inventory of variables, and the minimum size of the sample of respondents (a minimum of 6,500 interviews should be administered in the Czech Republic).

aspects of people's lifestyles (smoking, alcohol consumption, and dietary routines). In the Czech Republic the questionnaire incorporates a question about illicit drug use. The results of the survey will be published on the website of the Institute of Health Information and Statistics as the study progresses.[48]

2.2 Attitudes to Substance Use

2.2.1 Eurobarometer 2014 – Young People and Drugs

As in 2011, in 2014 the Czech Republic became involved in a comparative study concerning young people's attitudes to drugs carried out as part of the Flash Eurobarometer thematic survey for the European Commission. The target group comprises respondents in the 15-24 age group. In each participating European country, data were collected using a telephone questionnaire (CATI). Involving a total of 500 respondents, in the Czech Republic the data collection process took place in June 2014.

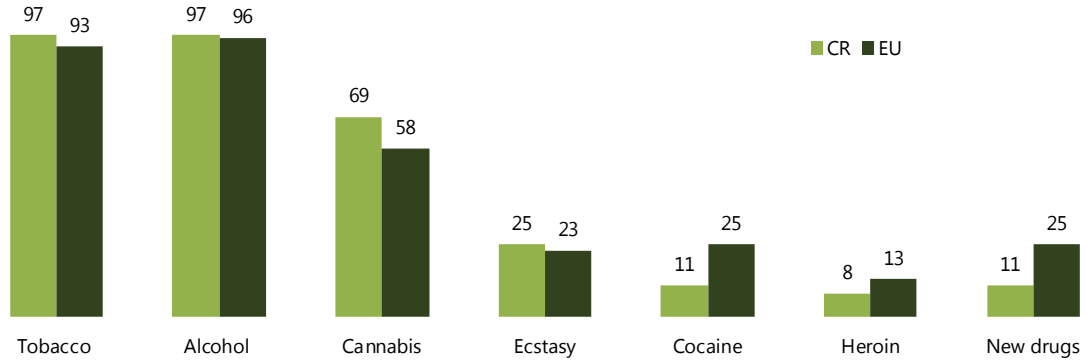
Lifetime use of cannabis was reported by a total of 45% respondents in the Czech Republic. Together with France, this was the highest rate in the EU, followed by Ireland (42%), Slovenia (40%), and Estonia and Spain (both 39%). Within the EU as a whole, lifetime cannabis use was reported by 31% and last-year and last-month use by 17% and 7% of the respondents respectively, while 20% and 5% of young Czech people reported having used cannabis in the last 12 months and the last 30 days respectively. When compared to the results of the similar Barometer survey undertaken in 2011, the level of experience with cannabis use among the Czech population aged 15-24 seemed to have dropped (lifetime prevalence from 47% to 45% and last-year prevalence from 23% to 20%), while the average level of experience with cannabis in the EU recorded an increase (lifetime use from 26% to 31%) (European Commission, 2014).

The study also looked into the use of new psychoactive substances that are intended to produce effects similar to those of illegal drugs (so called legal highs). In the Czech Republic the lifetime use of these substances was reported by 4% of the respondents (in comparison to 8% within the entire EU), with 2% having used them in the last 12 months.

In comparison to their European counterparts, young people in the Czech Republic are more likely to underestimate the risks associated with the one-off use of illegal drugs: using cannabis once or twice involves no or only low risk according to 72% of young adults in the Czech Republic and 24%, 14%, and 19% of the respondents find experimenting with ecstasy, cocaine, and new psychoactive drugs, respectively, as posing no risk. Regarding their rating of risks posed by the regular use of illegal drugs, the Czech respondents show the same attitudes as their peers from other EU countries; see Graph 2-3.

[48] http://www.uzis.cz/ehis/zakladni-informace-setrenich-his-cr [2014-09-02]

Graph 2-3: Rating of risks associated with one-off or regular illicit drug use (% of the respondents stating "no" or "low" risk) – comparison of the Czech Republic with the European average



Source: European Commission (2014)

As for the ways of reducing the drug problem on the national level, the Czech respondents believe that stricter sanctions against drug dealers and traffickers (rated by 69% of the respondents as one of the three most effective measures), information and prevention campaigns (50%), and tougher sanctions against drug users (32%) would be the most effective measures. While the young people from the rest of Europe also frequently mentioned measures against dealers (57%) and prevention campaigns (43%), they tended to point out a greater offer of sports and cultural activities for young people (36 %) rather than sanctions against drug users. Making drugs legal would solve the drugs problem according to 11% of the Czech respondents, while on the all-European average support for legalisation was expressed by 18% of the respondents, with the largest numbers being from Austria (24%), Poland (23%), Slovenia (23%), Italy (22%), Ireland (21%), and France (21%) (European Commission, 2014, The Gallup Organization, 2011).

2.2.2 Citizens' Opinions on Drugs

The latest of the Citizens' Opinions on Drugs surveys carried out annually by the Public Opinion Poll Centre took place in May 2013. Employing a sample of 1,062 respondents above 15 years of age, the survey focused primarily on the moral acceptance of the consumption of addictive substances and the perception of the health risks associated with such consumption; for more details see the 2012 National Report. According to the survey, 32% of the respondents have used cannabis at least once in their lives (26% in 2011 and 2012), while 4% reported having used other illegal drugs (Centrum pro výzkum veřejného mínění, 2013). In 2014 this survey was not repeated because of the lack of space in the questionnaire form.

2.3 Drug Use in the School Population and among Young People

As no nationally representative school survey was conducted in the Czech Republic in 2013, the most recent available results of representative national studies are those of the 2011 European School Survey on Alcohol and Other Drugs (ESPAD) and of the HBSC survey carried out in 2010. Another wave of the HBSC study was carried out in 2014 and the next wave of the ESPAD survey is planned for 2015. The year 2014 also witnessed the collection of data for a study of young people's health risk behaviour as part of the SOPHIE international project and a survey addressing selected personality traits and risky forms of behaviour among Czech schoolchildren.

In addition, the results of two regional school surveys conducted in Moravian regions and the interim results of an international study focusing on the health of university/college students became available in 2013.

2.3.1 HBSC

HBSC (Health Behaviour in School-aged Children), an international survey research project coordinated by the World Health Organisation (WHO), focuses on young people's health and lifestyles. Its target group comprises schoolchildren aged 11, 13, and 15. The survey has been carried out at regular four-year intervals since 1994. The year 2014 was already the sixth wave of data collection. In the Czech Republic, the implementation of the project in 2014 is coordinated by the Institute of Active Lifestyle of the Faculty of Physical Culture of Palacky University in Olomouc.

In June 2014 data was collected in 243 selected elementary schools across the Czech Republic. The questionnaire was completed by a total of 14,550 fifth-, seventh-, and ninth graders. The data is currently being computerised and cleaned. The first results of the study will be available next year. The information about the latest developments of the project is posted on the web portal dedicated to HBSC in the Czech Republic. The research report summarising the Czech branch of the survey conducted in 2010 and the respective international research report can also be found on this website.[49]

2.3.2 ESPAD

The European School Survey on Alcohol and Other Drugs (ESPAD) is an international project aimed at assessing the developments in smoking, drinking, and illicit drug use among 16-year-old students in European countries. The study has been conducted at four-year intervals since 1995. The most recent wave of this international research survey took place in 2011; see the 2011 and 2012 National Reports for more details. The methodology for the survey planned for 2015 is being prepared in 2014. In comparison to the previous waves of the study, the questionnaire will be extended to include the domains of gambling and computer games, including online gaming.

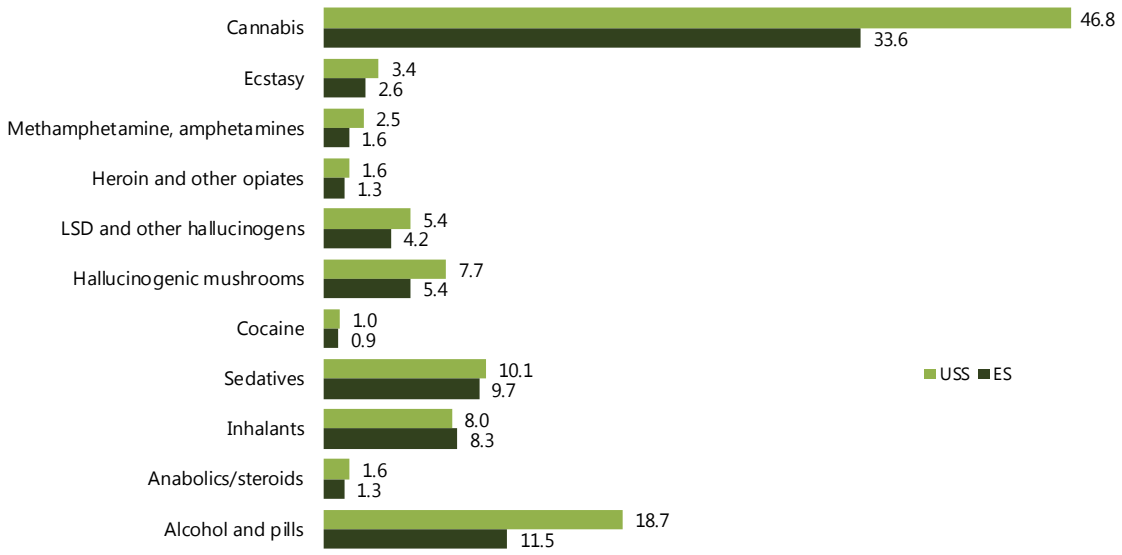
A summary research report from ESPAD 2011 presenting detailed results of the survey in the Czech Republic, including comparisons across regions and comparisons of the behaviour and attitudes of students in elementary schools on the one hand and secondary schools on the other hand, was ready for publication in 2014 (Chomynová et al., 2014).

In 2011 daily smoking was reported by a total of 25.5% of the students: more than a quarter of the secondary school students (27.1%) and one fifth of the elementary school students (21.5%) who were interviewed. Frequent heavy episodic drinking (i.e. 5 drinks or more) was reported by 23.2% and 15.3% of the secondary school students and of the elementary school students respectively. As with smoking, heavy episodic drinking rates showed dramatic differences in secondary school students, depending on the type of school – frequent binge drinking was reported by 14.0% of the grammar school students, 22.2% of the secondary school students, and 32.2% of those attending vocational schools.

The most frequently used illegal drug among both groups of students was cannabis: the lifetime use of this drug was reported by a total of 46.8% of the secondary school students and 33.6% of the elementary school students. The rankings of illegal drugs by their frequency of use were the same for both groups of students: cannabis was followed by hallucinogenic mushrooms and LSD and other hallucinogens. Secondary school students reported a higher prevalence of experience with all the substances under scrutiny, with the exception of the lifetime use of inhalants, for which higher levels were recorded among elementary school students; see Graph 2-4.

[49] http://hbsc.upol.cz [2014-09-02]

Graph 2-4: Lifetime prevalence rates of illicit drug use among students at elementary schools (ES) and secondary schools (USS); comparison of the 2011 ESPAD results (%)



Source: Chomynová et al. (2014)

2.3.3 Research into Young People's Health Risk Behaviour

In March 2014 data were collected in schools for the purposes of a questionnaire survey of health risk behaviour among young people aged 14-15. Carried out as part of the SOPHIE[50] international project and the grant Analysis of the Relationship between Young People' Health Risk Behaviour and Sociogeographic Environmental Determinants,[51] the survey was coordinated in the Czech Republic by the GeoQol Centre of the Department of Social Geography and Regional Development, Faculty of Science, Charles University in Prague. A total of 38 primary and lower secondary/middle schools across the Czech Republic were addressed and 1,032 questionnaires collected (from 495 boys and 537 girls).

Smoking cigarettes in the last 30 days was reported by a total of 24.1% of the respondents: 12.3% reported smoking daily and 3.8% reported smoking 11 or more cigarettes per day. While girls were more likely to report daily smoking, there were more heavy smokers among boys; see Table 2-2.

Lifetime alcohol use was recorded in 77.7% of those interviewed. Beer was consumed at least once per week by 15.0% of the respondents, while the weekly consumption of wine, spirits, and cocktails was recorded by 5.5% of those interviewed. Boys were more likely to engage in heavy episodic drinking: having five or more drinks on a single occasion three times or more in the last 30 days was reported by 10.1% of the boys and 6.5% of the girls.

Lifetime cannabis use was reported by a total of 26.1% of the respondents (26.3% and 25.9% of the boys and girls). 23.4% had used the drug in the last 12 months. While half of them had used cannabis once or twice in the last year, the other half (11.3% of all those interviewed) had used it on three occasions or more within the last 12 months. Cannabis had been tried by 7.5% of the respondents aged 13 or less (Spilková, 2014).

[50] Evaluating the impact of structural policies on health inequalities and their social determinants and fostering change – the European Community's Seventh Framework Programme (FP7/2007–2013)

[51] Internal Grant Agency of the Ministry of Health, No. 278173

Table 2-2: Substance use among elementary school students aged 14-15 (%)

Substance	Boys	Girls	Total
Tobacco			
Smoking in the last 30 days	20.7	27.9	24.1
Daily smokers	10.4	14.3	12.3
Heavy smokers (11 cigarettes or more per day)	4.3	3.2	3.8
Alcohol			
Heavy episodic drinking (5 drinks or more three times or more in the last 30 days)	10.1	6.5	8.3
Cannabis			
Lifetime prevalence	26.3	25.9	26.1
Prevalence in the last 12 months	22.3	24.4	23.4
Prevalence in the last 30 days	11.2	9.7	10.5

Source: Spilková (2014)

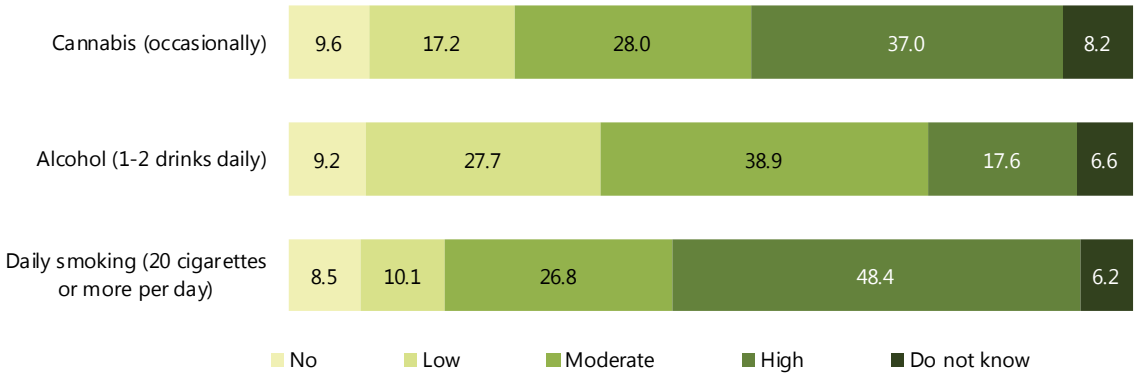
Over one third (36.9%) of the elementary school students who were interviewed do not consider that regular drinking poses any risk and more than a quarter (26.7%) of them do not find it risky to engage in the occasional use of cannabis. Boys, in particular, tend to underestimate the risks of substance use; see Table 2-3. When comparing tobacco, alcohol, and cannabis use, the middle school students rated the regular smoking of 20 cigarettes or more per day as posing the greatest risk; see Graph 2-5.

Table 2-3: Substance use-related risks according to elementary school students aged 14-15; "no" or "low" risk answers (%)

Risk (no or low)	Boys	Girls	Total
Daily smoking (20 cigarettes or more per day)	20.3	16.8	18.6
Alcohol: 1-2 drinks daily	41.2	32.3	36.9
Cannabis: occasionally	29.6	23.6	26.7

Source: Spilková (2014)

Graph 2-5: Substance use-related risks according to elementary school students aged 14-15 (%)



Source: Spilková (2014)

2.3.4 Selected Personality Traits and Risky Forms of Behaviour among Czech Schoolchildren

From September 2013 to February 2014 data was collected for a questionnaire survey focusing on the selected personality traits and risky forms of behaviour among Czech schoolchildren (sixth- to ninth-graders at elementary schools and the first- to fourth-year students of lower secondary

schools). A total of 54 schools (35 elementary schools and 19 lower secondary schools) across the Czech Republic were asked to participate in this project, coordinated by the Department of Psychology of the Philosophical Faculty, Palacky University in Olomouc. The schools were selected on a random basis in order to arrive at a representative national sample as regards the regional distribution and the types of schools. A total of 4,198 respondents aged 11-15 (boys and girls accounted for 48% and 52% respectively) participated in the study (Dolejš et al., 2014).

Using a range of standardised psychodiagnostic tools, the study sought to assess the occurrence of certain forms of risk-posing behaviour, such as trait anxiety, impulsivity, and aggressiveness, while taking into account self-esteem and academic results. The respondents were administered five standardised questionnaires addressing, respectively, perceived school achievements, adolescents' engagement in risk behaviours, adolescents' personality traits, self-esteem (the Rosenberg Self-esteem Scale), and aggressiveness (Dolejš et al., 2014).

The preliminary results suggest that 3% of the children in the 11-15 age category smoke more than five cigarettes per day and 4% had become drunk within the last month. A one-off experiment with marijuana was reported by almost 11% of the respondents. While sixth-graders show little experience with alcohol, tobacco, and marijuana and other risk behaviours, the situation seems to change as the children grow older. Bullying appears to be an issue among children: 7% of the respondents reported having been mocked or hurt through social media, while physical abuse had been experienced by 12%. It was found that bullying seems to peak in the eighth grade of elementary school. Additionally, students' self-esteem tends to drop and their aggressiveness seems to rise with age. In addition, the research indicated that risk behaviour is associated with trait anxiety, emotional lability, and impulsivity. While girls show higher levels of trait anxiety than boys, they tend to be less impulsive. The detailed results of the study will be available at the end of 2014.

2.3.5 Regional School Surveys

As in the previous two years, the organisation *A Kluby Czech Republic* conducted a survey entitled Young People and Drugs in the South Moravia Region. A total of 1,763 respondents from among students of elementary schools (1,003 individuals), grammar schools (170), and secondary and vocational schools (590) were addressed in the 2013 survey. The ages of the respondents ranged from 11 to 21 years: 1,065 of the respondents (60.4%) were in the 11-15 age category, 663 were aged 16-19 (37.6%), and 35 (2.0%) persons were 20-21 years old. Only the aggregate results for all the participants are available, without any further differentiation in terms of gender, age, or the type of school. Lifetime cannabis use was reported by a total of 20.9% of the respondents. 3.2%, 1.3%, and 1.7% reported having used hallucinogenic mushrooms, LSD, and ecstasy, respectively, at any point in their lives. 11.5% of the respondents reported having engaged in gambling (including playing on VLTs, sports betting, and online gambling) (A Kluby ČR o.p.s., 2014). The comparison of results with the previous years is complicated by the different age structures employed in the individual surveys.

In 2013 the Department of Psychology of the Philosophical Faculty, Palacky University in Olomouc, also carried out the School Questionnaire Survey of Substance Use, Other Forms of Risk Behaviour, and Personality Traits among Adolescents. Data collection took place as part of the process of testing the effectiveness of the Substance Use Risk Profile Scale (SURPS). The target group comprised eighth- and ninth-graders from elementary schools in the Olomouc, Zlín, South Moravia, and Moravia-Silesia regions. A total of 836 questionnaires were collected from respondents in the 13-16 age category. According to the survey, 23.2% of the respondents had experience with the use of cannabis, 2.6% had used hallucinogenic mushrooms, 1.4% LSD, and 0.1% methamphetamine. The use of inhalants and pills with sedative effects was reported by 3.6% and 8% of the respondents respectively (Skopal and Dolejš, 2014).

2.3.6 Drug Use among the University Student Population

In the period 2012-2014 the Czech Republic participated in an international longitudinal study, SLiCE (Student Life Cohort in Europe),[52] which investigated various aspects of university students' health. Carried out at higher education institutions in 13 European countries, this research project sought to analyse the health, lifestyles, and outlooks on life of university students and follow the developments of the relevant variables throughout their studies. Another objective was to compare the situations and trends across European countries and identify the needs for interventional programmes that could improve students' health-related behaviour (Janovská et al., 2014). The Czech involvement in the study is represented by the Department of Addictology of the First Faculty of Medicine of Charles University in Prague and the General University Hospital in Prague (the Department of Addictology).

While the study sample in the Czech Republic was expected to comprise as many as 1,000 respondents, only 192 students (including 137 females) were recruited for the study in the 2011/12 academic year. These were contacted again in the next academic year and asked to complete a follow-up questionnaire.

One-off cannabis use in the last month was reported by 10.1% of the respondents, while 5.7% had used the drug more frequently (Janovská et al., 2014).

2.4 Drug Use among Targeted Groups/Settings at the National and Local Level

A qualitative study was undertaken in 2012 with the objective of identifying the level of experience with cannabis use and the ways of obtaining the drug among the group of juveniles placed in facilities for foreigners and comparing such findings with the cannabis use situation in institutional education facilities (Piskáčková, 2013). 16 respondents (male only) participated in the study: 8 respondents were placed in facilities for juvenile foreigners,[53] 8 respondents were Czech nationals in institutional care or protective custody. Aged 15-18, the respondents were deliberately selected to represent individuals with a history of cannabis use. Data was collected using a semi-structured interview.

The two groups showed differences in terms of their age when they had their first experience with cannabis use: while the respondents from the institutions for foreigners reported 13.9 as their average age at the time of their first experience with cannabis use, the Czech respondents in institutional care started with cannabis when they were 12.1 years old. While moderate (once or twice per week) and short-term (for less than four months) cannabis users predominated among the respondents from the institutions for foreigners, the majority of the Czech juveniles in institutional care were heavy (5 times or more per week) and long-term (using for over two years) cannabis users. The respondents from both groups were most likely to use cannabis while away from the institution with permission or on the run. Cannabis use while staying in the facility was reported exceptionally. A total of 14 respondents stated that they shared cannabis with others, usually on any occasion on which they used it. None of the respondents grew cannabis. They mostly obtained it (generally for free) from friends or other people they knew. Five respondents reported having bought the drug from a dealer and seven had stolen cannabis at some point. Ten respondents (mostly those from facilities for foreigners) expressed their fears of somebody finding out about their cannabis use.

[52] http://www.slice-study.eu/ [2014-08-18]
[53] Minor non-Czech nationals found in the Czech Republic without adult accompaniment.

The year 2014 witnessed the preparation of the third round of a questionnaire survey of the prison population looking into offenders' substance use before and after their prison sentences. The previous rounds were conducted in 2010 and 2012. The project is pursued by the National Focal Point in cooperation with the General Directorate of the Prison Service of the Czech Republic and the *ppm factum research* agency. See the 2012 National Report for the results of the 2012 survey.

For data about drug use among other population groups see the chapter entitled Social Exclusion and Drug Use (p. 149).

3

Chapter 3: Prevention

- In January 2014 the Government discussed a document entitled Health 2020 – National Strategy to Protect and Promote Health and Prevent Diseases, falling within the remit of the Ministry of Health. Governed by the National Strategy for the Primary Prevention of Risk Behaviour as the key policy document for the current period, 2013-2018, school-based prevention-related activities are the responsibility of the Ministry of Education, Youth, and Sports (the Ministry of Education). So-called regional prevention plans serve as the main tool for the development and coordination of prevention on the regional level.
- Structural changes aimed at enhancing the quality of prevention programmes and the competences of the contractors responsible for their implementation continued in 2013. The crucial moment was the renewal of the certification of programmes providing prevention of risk behaviour. The granting of certification (or at least applying for it) is now a precondition for participation in certain subsidy proceedings.
- In addition to the usual media campaigns focusing on issues related to the cessation of smoking, alcohol being served to minors, or impaired driving, there were campaigns that targeted the heavy use of cannabis and counterfeit legal drugs in 2013.

3.1 Legal Framework, Strategies, and Policies in the Area of Prevention

In January 2014 the Government discussed [54] a document entitled Health 2020 – National Strategy to Protect and Promote Health and Prevent Diseases.[55] In March 2014 the document was considered by the Chamber of Deputies of the Parliament of the Czech Republic.[56] The main goal of the strategy is to stabilise the system of measures intended to prevent diseases and protect and promote health, as well as establishing effective and sustainable mechanisms to improve the health of the population. The priorities set out in the strategy include promoting physical exercise and healthy diet, enhancing the population's health awareness, reducing health-related risk behaviour and inequalities in health, and improving the standard of secondary prevention, including screening programmes. In 2015 the strategy is to be elaborated into action plans for specific areas which will also be used to support the claims of the Czech Republic for the use of European structural and investment funds and other sources of funding, such as the Third EU Health Programme 2014-2020.[57] The implementation documents that are expected to elaborate on the Health 2020 Strategy include action plans and inter-agency strategic documents covering the areas of tobacco control and the reduction of alcohol-related harm. The implementation documents should focus on the development of interdepartmental tools building up on Objective No. 12 of the long-term programme for the promotion of the health status of the population of the Czech Republic – Health for All in the 21st Century (Health 21). They should be in harmony with the 2010-2018 National Drug Policy Strategy and its action plans and with other national and international documents

[54] Resolution No. 23 dated 8 January 2014
[55] http://www.mzcr.cz/Verejne/dokumenty/zdravi-2020-narodni-strategie-ochrany-a-podpory-zdravi-a-prevence-nemoci_8690_3016_5.html [2014-08-23]
[56] Resolution No. 175, Chamber of Deputies, Parliament of the Czech Republic, Session 7, 20 March 2014
[57] http://ec.europa.eu/health/programme/policy/index_en.htm [2014-08-23]

concerned with this topic (for tobacco, the WHO Framework Convention on Tobacco Control should be reflected, in particular).

In May 2014 the Government approved[58] a document which lays down the strategic goals of the national policy in relation to young people for the period 2014-2020, as well as setting out objectives and measures pertaining to the areas of risk behaviour and physical and mental health, including addictive behaviour and addiction. This policy approach is primarily targeted at adolescents and young adults.

The core documents for the area of school-based prevention are the National Strategy for the Primary Prevention of Risk Behaviour for 2013-2018[59] and the Methodological Recommendations on the Primary Prevention of Risk Behaviour among Children and Young People.[60] The main objective of this strategy is to prevent or reduce risk behaviour among children and adolescents by means of an effective prevention system underpinned by comprehensive synergetic efforts on the part of all the stakeholders.

Created on the basis of the Methodological Recommendations on the Primary Prevention of Risk Behaviour among Children and Young People, the so-called regional prevention plans, drafted by the regions for the first time in 2012, provide a new tool for the more effective management and coordination of prevention activities in the regions. Following a unified structure, these strategic plans contain an outline of the background to the prevention plan, including the demographic characteristics of the region, and the prevention strategy, including its main priorities, the network of services, and the coordination of prevention activities. The prevention-related funding process and subsidies provided in the region are specified, too. The plans also encompass a SWOT analysis which in some regions involved working teams including the representatives of pedagogical and psychological counselling centres, schools, educational institutions, children's homes, municipalities, and the non-profit sector.

Analyses of the regional prevention plans indicate certain positive developments, such as a greater willingness to cooperate and provide more effective methodological guidance on the part of the key figures who deliver or coordinate prevention activities (such as school prevention workers, district prevention methodologists in pedagogical and psychological counselling centres, and regional school prevention coordinators), coordination of activities, and networking with the non-profit sector. Other assets include the adoption of plans on the regional level and the introduction of strategic elements, such as the development of policy documents, establishment of the regional prevention centre in certain regions, support for specific prevention, and subsidy programmes. Some regions succeed in conducting the regular monitoring of risk behaviour. Cooperation within the prevention system and the stability of the subsidy system of the Ministry of Education receive positive feedback in some of the regional plans. At the school level, the basic preventive programmes and school counselling centres are viewed as beneficial. Some regional plans imply positive responses to the existence of the standards of the school-based prevention of risk behaviour, the system of certification of prevention programmes, and the gradual strengthening of the legal framework for prevention-related activities. A stabilised network of NGOs concerned with the prevention of risk behaviour is viewed as a positive aspect in some regions.

The subsidy redistribution system, the insufficient utilisation of EU funds, and the centralisation of prevention-specific funding at the Ministry of Education have been identified as major drawbacks of the system of the prevention of risk behaviour. Another pitfall lies in the lack of communication and coordination. In particular, this is a problem on the national level, but there are also cases of poor regional-level communication and coordination. The limited practical application of the findings of research studies, the policy makers' insufficient awareness of prevention-related issues,

[58] Resolution No. 342 dated 12 May 2014
[59] http://www.msmt.cz/file/28077 [2014-08-23]
[60] Ref. No. 21 291/2010–28, http://www.msmt.cz/file/20273 [2014-08-23]

and the perfunctory approach to the prevention of risk behaviour on the part of the Czech School Inspectorate have also been identified as negative features and potential threats.

Insufficient capacity and a lack of commitment to the implementation of interventions aimed at preventing risk behaviour on the part of the key school staff (especially the school prevention worker and the headteacher) are potential threats to the development of prevention activities. Some regions find it inappropriate to combine the position of a school prevention worker with the standard responsibilities of an education professional. Additionally, some regions criticise school management's perfunctory approach to the further training of education professionals and limited support for the prevention of risk behaviour, which may be due to low levels of awareness on the part of school management. Despite the glut of training activities made available by means of European projects, the field of prevention faces insufficient expertise (especially on the part of form teachers) and the absence of supervision. Good evidence-based long-term prevention programmes need to be put into practice, and, when such interventions are available, resources for their implementation must be ensured. The proper evaluation of these programmes is also a major area for improvement and their effectiveness needs to be measured rigorously (including cost-benefit analysis). Some schools are still being approached by organisations whose programmes are found to be of poor quality, interventions tend to be duplicated, and some target groups become overwhelmed by preventive activities. On the other hand, there is a shortage of prevention programmes addressing families and the general public awareness of the significance of prevention appears to be low.

To assure the quality of prevention activities, the process of certifying programmes involving the prevention of risk behaviour was resumed in 2013. The system is based on the Standards of Professional Competency of the Providers of Programmes of School-based Primary Prevention (Pavlas Martanová, 2012c), the Certification Rules and On-site Inspection Guidelines (Pavlas Martanová, 2012a), and the Certifier's Manual (Pavlas Martanová, 2012b); for more details see the 2012 National Report. Commissioned by the Ministry of Education to do so, in June 2013 the National Institute for Education opened the Certification Office, which is responsible for the coordination of the entire certification system. A total of 36 on-site inspection visits had taken place as of June 2014. 66 programmes offering the universal, selective, and indicated prevention of risk behaviour were assessed; 10 were denied certification.[61]

The representatives of various target groups concerned with prevention-related activities (including school prevention workers, the staff of the pedagogical and psychological counselling centres, and school psychologists) met at several working sessions held in 2013. The objective of these events was to present new prevention projects (such as Unplugged, Cats' Garden, and Unplugged: Parents) and discuss their possible implementation.[62] Detailed information about the programmes and the respective methodologies is provided in the 2012 National Report.

CZK 18.5 million (€ 712 thousand) was allocated to the activities pertaining to the prevention of risk behaviour and crime as part of the subsidy proceedings of the Ministry of Education in 2013. That sum included CZK 10.4 million (€ 403 thousand) earmarked for drug policy-specific expenditure; for more information see the chapter entitled Public Expenditures (p. 23).

As part of its subsidy proceedings in 2013, the Government Council for Drug Policy Coordination supported five prevention projects to the tune of a total of CZK 1,588 thousand (€ 61 thousand), which represented 22.8% of their total costs. In 2013 all the projects were concerned with universal, selective, and indicated prevention; three also pursued information and educational activities. Their universal and selective prevention programmes included blocks of lectures, interactive seminars, and individual consultations. Telephone and online counselling were the most frequently used services within the indicated prevention programmes.

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[61] http://www.nuv.cz/cinnosti/ppp/pracoviste-pro-certifikace/poskytovatele [2014-08-23]

[62] These activities were supported by the NETAD project: "Networking of research capacities and targeted development of collaboration between universities, public administration, and the private and non-profit sectors in addictology" (CZ.1.07/2.4.00/17.0111).

3.2 Environmental Prevention

The general legal framework for universal prevention is set out in Act No. 379/2005 Coll., on measures for protection from harm caused by tobacco products, alcohol, and other addictive substances, which is to be replaced by the law "on the protection of health against addictive substances", which was under discussion in 2013 and 2014; for more details see the chapter entitled Legal Framework (p. 12).

For information about the general approaches to environmental prevention, its theoretical background, and the specific control measures adopted in the Czech Republic with respect to the availability and use of alcohol, tobacco, and other drugs, as applicable, see the 2011 and 2012 national reports.

3.3 Universal Prevention

The universal prevention programmes are aimed at the general population of children and adolescents without distinguishing groups according to the level of risk they are exposed to; only their age structures are taken into account (Pavlas Martanová, 2012c).

Thirty universal prevention programmes across the Czech Republic had been certified as of 30 June 2014. An updated list of them can be found on the website of the Certification Office of the National Institute for Education.

The 2012 National Report provided information about the orientation of methodological and research activities towards the role and involvement of parents in the prevention of risk behaviour among children in the Czech Republic. Options for parents' engagement in preventive activities as a way to protect their children from substance use are explored by Gabrhelík et al. (2014).

3.4 Selective Prevention

Programmes involving the selective prevention of risk behaviour are intended for the groups of people who show higher levels of risk factors for developing various forms of risk behaviour, i.e. they are more vulnerable in these terms than other population groups (Pavlas Martanová, 2012c).

As of 30 June 2014, sixteen selective prevention programmes had been certified in the whole of the Czech Republic.[63]

3.5 Indicated Prevention

Indicated prevention programmes are targeted at those individuals who display higher levels of risk factors for developing and engaging in risk behaviour, i.e. are more vulnerable to such behaviour than their peers or other individuals in the general population, or who have already manifested signs of risk behaviour (Pavlas Martanová, 2012c). Indicated prevention is provided by public institutions (such as pedagogical and psychological counselling centres, child and family counselling centres, institutions for juvenile delinquents and children with behavioural disorders, rehabilitation institutions, and educational care centres) administered on the national, regional, and municipal levels and by NGOs.

[63] Jules and Jim, Prev-Centrum, PROSPE, Proxima Sociale, Život bez závislosti ("Life without Addiction", Prague), Pedagogical and Psychological Counselling Centre, Společnost Podané ruce (Brno), AVE (Karviná), CPPT (Pilsen), LECCOS (Český Brod), MADIO (Zlín), Magdaléna (Mníšek p. Brdy), P-Centrum (Olomouc), Renarkon (Ostrava), Semiramis (Nymburk), Společně k bezpečí ("Together to Safety", Orlík n. Vltavou).

As of 30 June 2014 the relevant certification had been granted to a total of seven indicated prevention programmes in the entire Czech Republic.[64]

3.6 National and Local Media Campaigns

Every year on 31 May the Czech Coalition against Tobacco[65] launches a campaign on the occasion of World No Tobacco Day. Its objective is to point out smoking-related risks and motivate smokers to stay away from tobacco at least one day a year and consider quitting smoking. The topic for the 2013 campaign was the benefits of non-smoking restaurants. In early 2014 the Czech Coalition against Tobacco began to operate its own smoking cessation counselling centre.

On the occasion of World No Tobacco Day, the Czech Chamber of Pharmacists, in partnership with PACE 2015 and the Association for the Treatment of Tobacco Dependence, prepared a campaign entitled "Smoking Cessation in Pharmacies",[66] which involved free consultations on smoking cessation options provided by pharmacists in selected pharmacies for a period of one week.

Every year in the Czech Republic the World No Tobacco Day campaign is joined by Healthy Cities of the Czech Republic,[67] an association which organises in municipalities and regions "trips to the fresh air", non-smoking-themed art competitions, and other educational events aimed at preventing smoking among children and adolescents.

In 2013 the Czech Republic also became a venue for another phase of "Ex-smokers Are Unstoppable", an international campaign organised by the European Commission.[68]

Campaigns focused on the prevention of driving under the influence of alcohol and other drugs (for more information see the 2012 National Report) continued in 2013 too. March 2013 witnessed what was already the third round of the annual campaign "I'm Driving, I Drink Non-alcoholic Beer".[69] Run by the Czech Beer and Malt Association in association with the Police of the Czech Republic, the campaign involves alcohol-free beer being given away to drivers who had not been drinking before driving. In addition, on an annual basis the Czech Beer and Malt Association runs kiosks at beer and music festivals where the guests can try on "drunk glasses". Impairing visual perception to imitate the state of alcohol intoxication, this device can be helpful in showing people how their routine activities may be affected after they have been drinking.

Under the aegis of BESIP, the Czech Government Council for Road Safety, a campaign dedicated to the safety of pedestrians in road traffic took place in the Czech Republic in May 2013 as part of the international project Road Safety Week;[70] for more details see the 2012 National Report.

Bearing a name which seeks to point out the problem of alcohol consumption among underage persons, the communication campaign "Respect 18", [71] run by the City of Pilsen, Pilsner Urquell, and the local Drug Prevention and Treatment Centre, was launched on 1 June, International Children's Day, in 2013. Its objective is to change people's attitudes to this issue, as well as encouraging the enforcement of the ban on alcohol being sold and served to young people under 18; for more details see the 2012 National Report.

In 2012 the SANANIM civic association launched a website, koncimshulenim.cz[72] ("I'm Quitting Pot"), focusing on the prevention of (excessive) cannabis use; for more information see the chapter

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[64] Prev-Centrum (Prague), Pedagogical and Psychological Counselling Centre, Společnost Podané ruce (Brno), AVE (Karviná), CPPT (Pilsen), LECCOS (Český Brod), Madio (Zlín).
[65] http://www.bezcigaret.cz/ [2014-08-12]
[66] http://www.lekarnici.cz/Pro-verejnost/Informace-pro-verejnost/Odvykani-koureni-v-lekarnach.aspx [2014-08-12]
[67] http://zdravamesta.cz/index.shtml?apc=rkC [2014-08-12]
[68] http://www.exsmokers.eu/cz-cs/news_and_events.html [2014-10-01]
[69] http://www.ridimpijunealkopivo.cz/realizovane-projekty.php [2014-08-12]
[70] http://www.ibesip.cz/cz/aktivity/akce-a-kampane-v-roce-2013/road-safety-week-2013 [2014-08-12]
[71] http://www.respektuj18.cz/ [2014-08-12]
[72] http://www.koncimshulenim.cz/ [2014-08-10]

entitled Other Topical Information on Drug Treatment (p. 103). This service was promoted by a special cannabis bigboard installed by a motorway; see Figure 3-1. Subtitled "Don't Let It Grow Over Your Head", the bigboard had plant boxes in which industrial hemp was growing placed in its bottom section. The idea was that in the course of time the hemp will come to overgrow the featured message and draw the attention of the target group.

Figure 3-1: Cannabis bigboard of the SANANIM koncimshulenim.cz project

Source: http://www.feedit.cz/

Since 2008 the Prague Municipal Authority, in cooperation with the individual city districts, has held an annual amateur film festival for schools, educational institutions, and low-threshold clubs. Entitled "AntiFetFest, or There Are Other Ways",[73] the festival includes the "Best Student Film" competition, which can be entered with any film on risk behaviour (such as drug addiction, crime, bullying, racism, truancy, gambling, and domestic violence) with a duration not longer than 15 minutes.

3.6.1 Controversial Campaigns

In 2014 the National Drug Squad decided to support a national awareness-raising campaign run by the authorised manufacturers and vendors of tobacco products. Initiated by Philip Morris Czech Republic, this campaign was targeted at tackling the trade in illegal tobacco products and other illicit commodities. Advertisements related to this campaign were published in the *MF Dnes* and *Lidové noviny* national daily newspapers and in the regional press[74] in July and August 2014; see Figure 3-2. Presenting its support as that for "efforts to tackle crime rather than promote addictions", the National Drug Squad justified its involvement in the campaign by claiming that the trade in illegal cigarettes and other counterfeit goods tends to take place in locations where the police detect drug-related crime.[75] Some sections of the media, on the other hand, criticised this as

[73] http://rs.antifetfest.cz/hlavni-stranka-2013 [2014-08-12]
[74] http://data.5plus2.cz/5p2pdf/2014/08-01/20140801DQA000_PETPLUSDVA_QA-PRAHA-V.pdf [2014-08-31]
[75] http://www.policie.cz/clanek/podpora-vzdelavaci-kampane.aspx [2014-08-12]

"promoting the sale of cigarettes"[76] or "misprevention".[77] The Association for the Treatment of Tobacco Dependence expressed its concerns about the discrediting of law enforcement and called upon the police to disclose the terms of their liaison with the tobacco industry.[78]

Figure 3-2: Advertisement as part of a national awareness-raising campaign run by authorised manufacturers and vendors of tobacco products

Source: 5plus2 weekly (1 August 2014, p. 4)

The "Cycle Run for the Czech Republic without Drugs" event was held for what was already the 11th time in 2013.[79] Organised by the Say No to Drugs – Say Yes to Life civic association, the cycle run takes place annually on the occasion of the International Day Against Drug Abuse, which falls on 26 June. Presented as the largest regular sport-related anti-drug campaign, this event, held under the aegis of the Senate of the Parliament of the Czech Republic, seeks to point out the lack of drug prevention awareness and increase "drug literacy". Every year the cycle run passes through approximately 40 towns and cities where information campaigns and lectures about drugs also take place. Together with the "Revolution Train" project, this event belongs among the prevention projects which have long been criticised by the professional community; for more information see the 2012 National Report. The other project, Revolution Train, was discontinued in 2013, as the competent regional authority found it ineligible for support. Moreover, the facility was broken into and damaged in 2014.[80]

3.7 Prevention-related Research and Evaluation

In 2013 the Department of Addictology of the First Faculty of Medicine of Charles University in Prague and of the General University Hospital in Prague (the Department of Addictology) launched a randomised trial of Unplugged, a universal drug prevention intervention, with booster sessions aimed at alcohol, tobacco, and cannabis.[81] Its objective is to assess the effectiveness of the extension of the Unplugged programme to include booster sessions in the forthcoming academic year. In September 2013 approximately 45 school prevention workers who had delivered the Unplugged programme to sixth-graders received relevant training. In parallel, the first round of data collection for the evaluation of the effectiveness of the programme took place. The effectiveness of the programme will be surveyed on a regular basis throughout the project, which

[76] http://mam.ihned.cz/c1-62650190-padelane-drogy [2014-08-31]
[77] http://www.reflex.cz/clanek/komentare/57973/jiri-x-dolezal-zavre-sef-protidrogovky-sam-sebe.html [2014-08-31]
[78] http://blog.aktualne.cz/blogy/eva-kralikova.php?itemid=23613 [2014-09-05]
[79] http://rekninedrogam.cz/cyklobeh-za-cr-bez-drog [2014-08-12]
[80] http://www.ceskatelevize.cz/ct24/regiony/275660-odstaveny-a-vykradeny-protidrogovy-vlak-za-miliony-chatra/ [2014-08-12]
[81] GACR No. 13-23290S

will run until 2015. The uniqueness of the project lies in the fact that it extends the well-known school-based prevention programme, Unplugged, to include booster components intended to enhance and reinforce the effects of the original programme. Approximately 70 schools from Prague, Brno, and the Přerov area are participating in the project.

At the European level, the Czech Republic has been involved in several high-profile projects: the objective of the European Drug Prevention Quality Standards: The Prevention Standards Partnership in Phase II[82] is the practical implementation of the European prevention standards.[83] The Science for Prevention Academic Network (SPAN)[84] project involves collaboration between universities and institutions from the whole of Europe. This network is intended to support the development of prevention-related science and research at the academic level by facilitating top-quality preventive research and promoting the teaching and studying of prevention according to an integrated European curriculum embedded in an internationally comparable credit system (ECTS). The Czech Republic is represented in this network by the Department of Addictology. Another project, Boys & Girls,[85] is designed to develop a series of innovative resources, both online and offline, intended for teachers and youth workers, which should promote young people's interest in healthy lifestyles while raising their awareness about the risks associated with substance use.

[82] http://prevention-standards.eu/the-prevention-standards-partnership-in-phase-ii/ [2014-08-22], co-funded by the Drug Prevention and Information Programme (DPIP) of the European Union

[83] http://prevention-standards.eu/standards/ [2014-08-22]

[84] http://www.adiktologie.cz/cz/articles/detail/172/4162/Vznikla-nova-evropska-sit-preventivni-mediciny-vedena-Oxford-Brookes-Univerzitou-1-LF-UK-je-clenem [2014-08-22]

[85] www.boysandgirlslabs.eu [2014-08-22]

4

Chapter 4: High-risk Drug Use

- Approximately 23.1% (20.6-25.9%) of the Czech population above 15, i.e. some 2 million people, smoke tobacco daily. A total of 17-20% of the Czech population, i.e. 1.5-1.7 million adults, show risky alcohol consumption, with harmful drinking (high-risk drinking or dependence on alcohol) being associated with 5 to 8% of the population, i.e. 450-700 thousand adults.
- Approximately 1.1% of the population aged 15-64 (2.0% of the men and 0.2% of the women) are at high risk as a result of their cannabis use. The rate of those who are at moderate risk is 1.6% (2.2% of the men and 1.0% of the women). In absolute figures, this implies an estimated 80 thousand and 120 thousand cannabis users at high and moderate risk, respectively, as a result of their use of the drug. Cannabis-related problems are more likely to occur with increasing frequency of use. Heavy cocaine users (who use it at least weekly) are estimated to account for only 0.1% of the adult population in the Czech Republic.
- In 2013 there were approximately 44.9 thousand high-risk (problem) drug users (the mean estimate) in the Czech Republic, including 34.2 thousand methamphetamine (pervitin) users, 3.5 thousand heroin users, and 7.2 thousand buprenorphine users (i.e. 10.7 thousand opiate/opioid users in total). The number of injecting drug users was estimated at 42.7 thousand. The estimated number of high-risk drug users (HRDUs) rose by 8.7% in 2013 in comparison to the previous year. Statistically significant changes can be observed in the number of opiate/opioid users: again, while the number of heroin users dropped, there were more using buprenorphine. The number of methamphetamine users increased dramatically. In the last ten years the mean estimate of the number of high-risk drug users has risen by more than half and in 2013 the prevalence of high-risk drug use in the Czech Republic exceeded 0.6% of the population aged 15-64. Traditionally, the highest rates of high-risk drug users, as well as of opiate/opioid users, are reported from Prague and the Ústí nad Labem region. The Karlovy Vary and Liberec regions have also recorded high rates of what is also referred to as problem drug use. Over the last ten years the greatest long-term increase in these terms has been observed in Prague and the Central Bohemia, South Bohemia, Liberec, and Vysočina regions.
- Of the group of amphetamines, methamphetamine[86] is the one that is used almost exclusively in the Czech Republic. Opiates/opioids included in the estimates of high-risk drug use in the Czech Republic are mainly heroin and, ever more frequently, diverted buprenorphine. One phenomenon associated with recent years is the emergence of new synthetic drugs of the cathinone or phenetylamine group: while a significant proportion (no less than one third) of high-risk drug users have used them at least once, a mere fraction of HRDUs report them as their drug of choice.

[86] known locally as „pervitin"

4.1 Prevalence of and Trends in High-risk Drug Use

4.1.1 High-risk Use of Opioids and Methamphetamine in the Czech Republic

As in previous years, a national estimate of the number of high-risk (problem) drug users, specifically problem users of opioids and methamphetamine (pervitin), for 2013 was arrived at using the multiplication method, which involves the adjustment of the number of problem (high-risk) users in contact with low-threshold programmes by the rate (multiplier) at which the entire user population is engaged with these programmes.[87] The national estimate is obtained as the sum total of the estimates for the individual regions (Národní monitorovací středisko pro drogy a drogové závislosti, 2014b).

It was estimated that altogether there were approximately 44,900 problem users of opioids and methamphetamine in the Czech Republic in 2013 (95% CI: 44,500-45,300), of whom 34,200 (34,100-34,400) were methamphetamine users, 3,500 (3,400-3,600) heroin users, and 7,200 (7,100-7,300) users of buprenorphine (mainly Subutex®). Thus, the total number of opiate/opioid users was estimated to be 10,700 (10,600-10,800). The estimated number of injecting drug users (IDUs) reached 42,700 (42,500-42,900). The prevalence of problem drug use in the Czech Republic exceeded 0.6% of the population aged 15-64 in 2013.

The trends in the period 2002-2013 are presented in Table 4-1 and Graph 4-1. The total number of problem drug users increased again in 2013; over the past ten years the mean estimate of the number of problem drug users has risen by more than half. Statistically significant changes can be observed in the number of opiate/opioid users, where a decline in heroin use and an increase in buprenorphine use were recorded again. In comparison to 2012, there was a marked increase in the number of methamphetamine users. Methodological aspects need to be taken into account in this respect, however, as the data collection procedure was changed in 2013. The multiplication method estimates are based on the data from the final reports produced as part of the subsidy proceedings of the Government Council for Drug Policy Coordination. An estimate of the number of unidentified (anonymous) clients is a new element that is included in the number of clients. In view of the fact that the reported numbers of clients and interventions specified in the final reports are becoming increasingly used as the basis for the evaluation of a project within the subsidy proceedings, it is

[87] Estimation using the multiplication method arises as the product of the size of the known population of users (in this case the number of problem users of opioids and methamphetamine in contact with low-threshold programmes in a calendar year) and the value of the multiplier. The sources of data on the number of problem drug users in contact are the annual final reports of projects funded in the GCDPC subsidy scheme and in 2009-2013 also an additional survey of the programmes that were not supported as part of the subsidy proceedings, and for which no final reports are therefore available. The multiplier essentially expresses the proportion of problem users in contact with low-threshold programmes of that of all problem drug users. The rest is the hidden population of problem drug users. As a way of estimating the number of high-risk opioid and methamphetamine users on the basis of client data from low-threshold programmes, the multiplication method has been used in the Czech Republic since 2002. The value of the multiplier was first obtained using a special questionnaire module in a study of HCV among injecting drug users in 2003 (for more details on the study see the 2003 National Report) and applied to the estimates from 2002-2005. The estimates for 2006 were created as the sum of the estimate for the whole country outside Prague calculated using the multiplier from 2003 and the estimate for Prague, where the updated value of the multiplier was obtained as a by-product of a study entitled Sexual Behaviour of Drug Users (see the 2006 National Report). The multiplier was then updated for the entire Czech Republic in a separate survey in 2008 (the estimates for 2007 and 2008), in 2010 (the estimates for 2009-2011) and in 2013 (the estimates for 2012 and 2013). In 2013, the value of the multiplier established using the peer nomination technique for the whole country except Prague, expressed as a percentage, was 65% (95% CI: 63-70%) and declined by two percentage points compared to the value for 2011. The value of the multiplier for Prague, however, did not change and was 80% (95% CI: 74-85%). The estimate of the number of problem drug users in the Czech Republic is the sum of the estimates for the individual regions. For more information see the 2012 National Report.

probable that these figures show a systematic increase when compared to the previous period. In addition, the multiplication method does not make it possible to control for overlaps between programmes, especially in Prague. If such overlaps were taken into account, the estimates for Prague, and nationally for that matter, would be lower by some 4 thousand. On the other hand, the 2013 estimate of problem drug users in Prague alone arrived at by another method (capture-recapture) was 14.3 thousand, which accords with the unadjusted estimate made on the basis of the multiplication method; see the chapter entitled Problem Use of Opioids and Methamphetamine (p. 68).

Prevalence estimates of problem drug use by region are shown in Table 4-2 and Map 4-1, and trends in Table 4-3. The highest relative number of problem drug users was traditionally estimated in Prague and the Ústí nad Labem region, i.e. in the areas that concurrently have high prevalence levels of problem users of opiates/opioids. A prevalence of problem drug users which is far above the average in relation to the number of inhabitants has also been reported by the Karlovy Vary, Liberec, South Bohemia, and Olomouc regions. In the long term, over the past ten years, the greatest increase has been recorded in Prague and the Central Bohemia, South Bohemia, Liberec, and Vysočina regions.

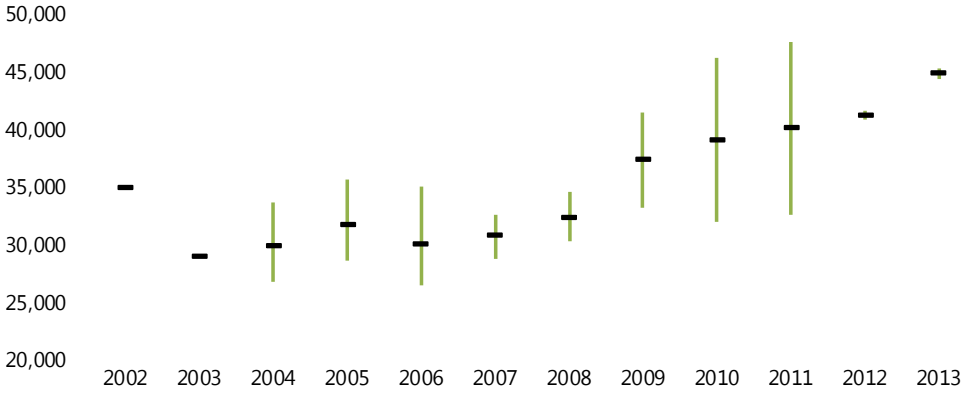
The 2013 annual reports on the implementation of regional drug policies indicate a continuing upward trend in the misuse of fentanyl in the Pilsen, Karlovy Vary, and Moravia-Silesia regions and the morphine-based analgesic Vendal® Retard in the South Bohemia and Pilsen regions (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2014b).

Table 4-1: Mean values of prevalence estimates of problem drug use carried out using the multiplication method with the use of data from low-threshold programmes, 2002-2013

Year	Problem drug users in total		Problem users of opiates/opioids				Problem methamphetamine users		Injecting drug users	
	Number	Per 1,000 inhabitants aged 15-64	Heroin users	Buprenorphine users	Total	Total per 1,000 inhabitants aged 15-64	Number	Per 1,000 inhabitants aged 15-64	Number	Per 1,000 inhabitants aged 15-64
2002	35,100	4.89	–	–	13,300	1.85	21,800	3.04	31,700	4.41
2003	29,000	4.02	–	–	10,200	1.41	18,800	2.61	27,800	3.86
2004	30,000	4.14	–	–	9,700	1.34	20,300	2.80	27,000	3.73
2005	31,800	4.37	–	–	11,300	1.55	20,500	2.82	29,800	4.10
2006	30,200	4.13	6,200	4,300	10,500	1.44	19,700	2.69	29,000	3.97
2007	30,900	4.20	5,750	4,250	10,000	1.36	20,900	2.84	29,500	4.01
2008	32,500	4.39	6,400	4,900	11,300	1.52	21,200	2.87	31,200	4.21
2009	37,400	5.04	7,100	5,100	12,100	1.63	25,300	3.40	35,300	4.75
2010	39,200	5.30	6,000	5,000	11,000	1.48	28,200	3.81	37,200	5.03
2011	40,200	5.51	4,700	4,600	9,300	1.27	30,900	4.24	38,600	5.29
2012	41,300	5.71	4,300	6,300	10,600	1.47	30,700	4.25	38,700	5.35
2013	44,900	6.29	3,500	7,200	10,700	1.50	34,200	4.79	42,700	5.97

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014b)

Graph 4-1: Mean values and 95% confidence intervals of prevalence estimates of problem drug use (PDU) carried out using the multiplication method with the use of data from low-threshold programmes, 2002-2013



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
95% CI lower limit			26,900	28,600	26,500	28,900	30,400	33,300	32,000	32,700	40,900	44,500
95% CI upper limit			33,700	35,700	35,100	32,700	34,700	41,500	46,300	47,700	41,700	45,400
PDU mean estimate	35,100	29,000	30,000	31,800	30,200	30,900	32,500	37,400	39,200	40,200	41,300	44,900

Note: The variations in confidence intervals result from the varying levels of accuracy of the multiplier in different years determined by the size of the respondent samples in the individual regions (the smaller the number of respondents, the wider the confidence interval).

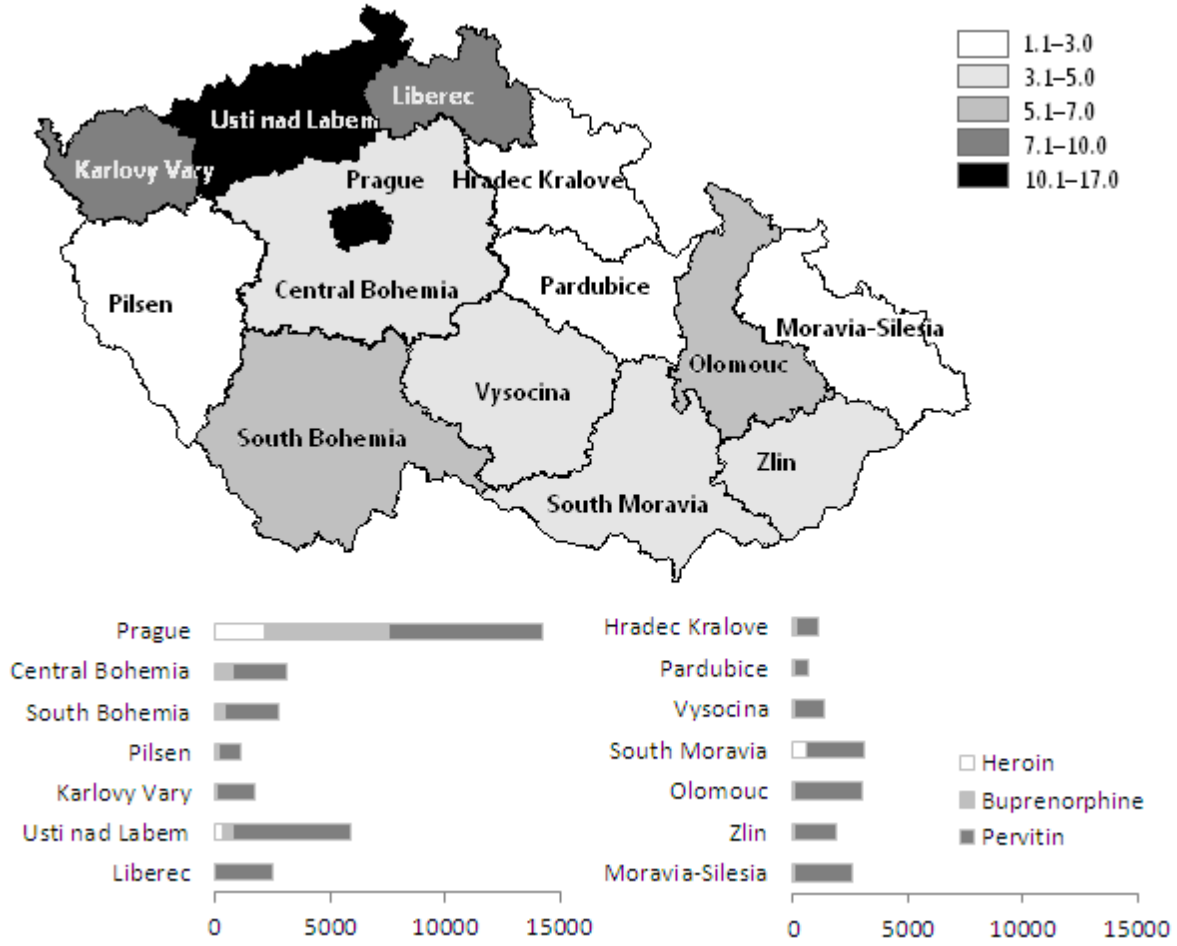
Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014b)

Table 4-2: Estimated number of problem drug users in the Czech Republic by region, 2013 – mean values

Region	Problem drug users in total		Opiate/opioid users			Methamphetamine users	IDUs
	Number	Per 1,000 people aged 15-64	Heroin	Buprenorphine	Total		
Prague	14,300	16.8	2,200	5,400	7,600	6,700	14,300
Central Bohemia	3,100	3.5	100	700	800	2,300	2,900
South Bohemia	2,800	6.5	100	400	500	2,300	2,600
Pilsen	1,100	2.9	100	100	200	1,000	1,100
Karlovy Vary	1,700	8.4	100	< 50	100	1,700	1,700
Ústí nad Labem	5,900	10.5	300	400	700	5,200	5,800
Liberec	2,500	8.3	< 50	< 50	< 50	2,500	2,400
Hradec Králové	1,100	2.9	< 50	100	100	900	1,000
Pardubice	600	1.8	< 50	< 50	< 50	600	600
Vysočina	1,300	3.8	< 50	< 50	100	1,300	1,200
South Moravia	3,100	4.0	600	< 50	600	2,600	2,700
Olomouc	3,000	6.9	100	< 50	100	2,900	2,500
Zlín	1,900	4.7	< 50	< 50	< 50	1,900	1,500
Moravia-Silesia	2,500	3.0	< 50	< 50	< 50	2,500	2,400
Entire Czech Republic	**44,900**	**6.3**	**3,500**	**7,200**	**10,700**	**34,200**	**42,700**

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014b)

Map 4-1: Number of problem drug users per 1,000 inhabitants aged 15-64 in the Czech Republic by drug and region, 2013 – mean values



Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014b)

Table 4-3: Prevalence estimates of problem drug users in the Czech Republic in 2005-2013 by region, mean values in absolute numbers

Region	2005	2006	2007	2008	2009	2010	2011	2012	2013
Prague	9,800	8,400	10,000	11,500	10,400	11,350	10,900	14,600	14,300
Central Bohemia	2,500	2,450	1,700	1,750	2,400	2,150	2,100	2,500	3,100
South Bohemia	1,700	1,750	1,500	1,550	1,500	1,400	1,300	2,000	2,800
Pilsen	1,450	1,350	1,300	1,650	2,400	2,000	1,900	1,250	1,100
Karlovy Vary	1,450	1,250	900	1,000	1,200	900	1,200	1,950	1,700
Ústí nad Labem	4,450	4,450	4,100	4,150	5,300	4,900	6,200	4,600	5,900
Liberec	750	500	500	1,500	1,300	2,650	2,800	1,750	2,500
Hradec Králové	1,150	1,050	1,750	1,100	1,000	950	1,100	1,050	1,100
Pardubice	600	350	450	450	500	400	400	1,000	600
Vysočina	600	350	700	500	600	600	600	750	1,300
South Moravia	2,800	3,150	3,400	3,250	3,400	3,900	4,000	2,650	3,100
Olomouc	1,900	2,350	1,650	1,600	3,000	3,300	3,200	2,350	3,000
Zlín	1,150	1,300	1,850	1,350	2,400	2,350	2,500	1,850	1,900
Moravia-Silesia	1,500	1,450	1,100	1,150	2,000	2,350	2,000	3,000	2,500
Entire Czech Republic	**31,800**	**30,200**	**30,900**	**32,500**	**37,400**	**39,200**	**40,200**	**41,300**	**44,900**

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014b)

4.1.2 Problem Use of Opioids and Methamphetamine in Prague

As in 2011, six Prague-based low-threshold programmes[88] provided the National Focal Point with their clients' anonymous identification codes[89] for the latter to estimate the number of problem drug users by means of the capture-recapture method (CRM). The statistical analysis was based on loglinear analysis using the R-based Rcapture package (Baillargeon and Rivest, 2007), which makes it possible to account for the extent of overlaps between the individual sources: consider the relationships between the sources and decide on the most probable alternative.

On aggregate, the six programmes reported a total of 7,952 clients who were assigned codes. A comparison of the lists provided by the respective programmes yielded a total of 4,805 unique codes, of which 3,354 (69.8%) were reported by one programme only and 1,451 (30.2%) by two or more programmes. 52 persons (or codes) were reported to be in contact with all six programmes at the same time. The data entering the model was controlled for by the proportion of no-code clients (Sopko et al., 2013); see Table 4-4.

Table 4-4: Distribution of codes by the number of programmes in which they are registered

Number of programmes	Number of codes	Adjusted number
1	3,354	5,560
2	578	955
3	347	596
4	281	481
5	193	328
6	52	88
Total	**4,805**	**8,008**

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014a)

The final results, including the comparison with the estimates generated by the multiplication method mentioned above, are summarised in Table 4-5 and Table 4-6. Both methods yielded quite similar figures, including the rates of the drugs used; the CRM-based estimate suggests a slightly smaller number of methamphetamine users. The male/female ratio among problem drug users in Prague is 3:1. About one third of problem drug users in Prague (4,800) were estimated to have used new synthetic drugs (such as Funky and El Magico) in the last 12 months.

The development of the estimated numbers of problem drug users in Prague obtained by means of the CRM method is shown in Table 4-7. In the past two years the estimated number of problem drug users in Prague seems to have risen. There has been a slight increase in the number of clients reporting methamphetamine and buprenorphine as their drugs of choice. On the other hand, the number of heroin users has recorded a decline. While in 2011 Suboxone® and new synthetic drugs were not reported among drugs of choice at all, in 2013 the estimates indicated that Suboxone® was a drug of choice for 1,200 users and 1,100 used other substances (including new synthetic drugs in 700 cases) as their primary drugs.

[88] Three drop-in centres and three outreach programmes operated by SANANIM, Drop In, and Progressive. Each organisation was responsible for one drop-in centre and one outreach programme respectively.

[89] So-called "harm reduction codes", constructed as follows: the first three letters of the mother's given name, two digits standing for the client's date of birth, the first three letters of the client's given name, and two digits corresponding to the client's month of birth. Other data, such as gender, year of birth, drugs used, and the route of their administration were not available. However, it can be assumed that they are generally injecting drug users.

Table 4-5: Estimated number of problem drug users in Prague from the data of low-threshold programmes before and after controlling for the no-code clients, 2013

Input data	Estimated number of problem drug users		
	Mean value	95% CI lower limit	95% CI upper limit
Codes only	8,719	8,395	9,069
All clients after adjustment for no-codes	14,376	13,964	14,814

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014a)

Table 4-6: Comparison of the estimated number of problem drug users (PDUs) in Prague using the capture-recapture method (CRM) and the multiplication method (MM), 2013

Method	PDUs in total			Drug of choice					
	Total	Men	Women	Meth-amphetamine	Heroin	Buprenor-phine	Methadone	Suboxone	Others
CRM	14,400	11,000	3,400	5,800	1,300	5,400	500	1,200	1,100
MM	14,300	–	–	6,700	2,200	5,400	n. a.	n. a.	n. a.

Note: In the multiplication method clients are assigned only one drug of choice, while in the capture-recapture method client groups by drugs overlap, as clients could report more drugs of choice. Rounded to hundreds.

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014a)

Table 4-7: The development of the estimated number of problem drug users (PDUs) in Prague from the data of low-threshold programmes, 2011 and 2013

Year	PDUs in total			including		
	Mean value	95% CI lower limit	95% CI upper limit	Methamphetamine	Heroin	Buprenorphine
2011	10,800	10,400	11,100	5,600	2,600	4,700
2013	14,400	14,000	14,800	5,800	1,300	5,400

Note: Rounded to hundreds.

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014a), Národní monitorovací středisko pro drogy a drogové závislosti (2014b)

4.1.3 Problem Cannabis Use in the Czech Republic

According to the Cannabis Abuse Screening Test (CAST) used to assess the problem or risky use of cannabis (Piontek et al., 2008, Legleye et al., 2007, Beck and Legleye, 2008), which was incorporated into the 2012 National Survey on Substance Use,[90] more than two thirds of current cannabis users (i.e. those who had used cannabis-related drugs in the last year) are at no or low risk because of their using.

In response to the latest literature and research findings concerning the CAST measure (Spilka et al., 2013, Legleye et al., 2011, Thanki et al., 2013, Gyepesi et al., 2014), the calculation of the estimated rate of cannabis users and their share of the general population was modified. According to the updated figures, a total of 17.5% of the respondents (17.2% of the men and 18.2% of the women) fell into the moderate/medium-risk category (i.e. 3-6 points on the CAST scale) and another 12.0% of the respondents (15.6% of the men and 3.6% of the women) were identified as being at high risk in relation to their use of cannabis (i.e. 7 or more CAST points); see Table 4-8. The respondents who had scored one or two points were ranked under the no/low-risk category.

[90] The CAST measure consists of 6 questions enquiring about various aspects of cannabis use within the previous 12 months (such as cannabis use before midday, alone, attempts to stop or reduce cannabis consumption, and cannabis use-related problems). Each question can be rated on a scale from 0 = never to 4 = very often. Accordingly, the final CAST score can range from 0 to 24 points. For the research methodology see the 2012 National Report.

The proportion of individuals exposed to a high risk corresponds to approximately 1.1% of the population aged 15-64 (2.0% of the men and 0.2% of the women); those at moderate risk account for 1.6% of the population (2.2% of the men and 1.0% of the women). When extrapolated to the population aged 15-64, these rates are equivalent to an estimated 79 thousand cannabis users at high risk and about another 116 thousand people exposed to a moderate/medium risk in relation to their use of the drug.

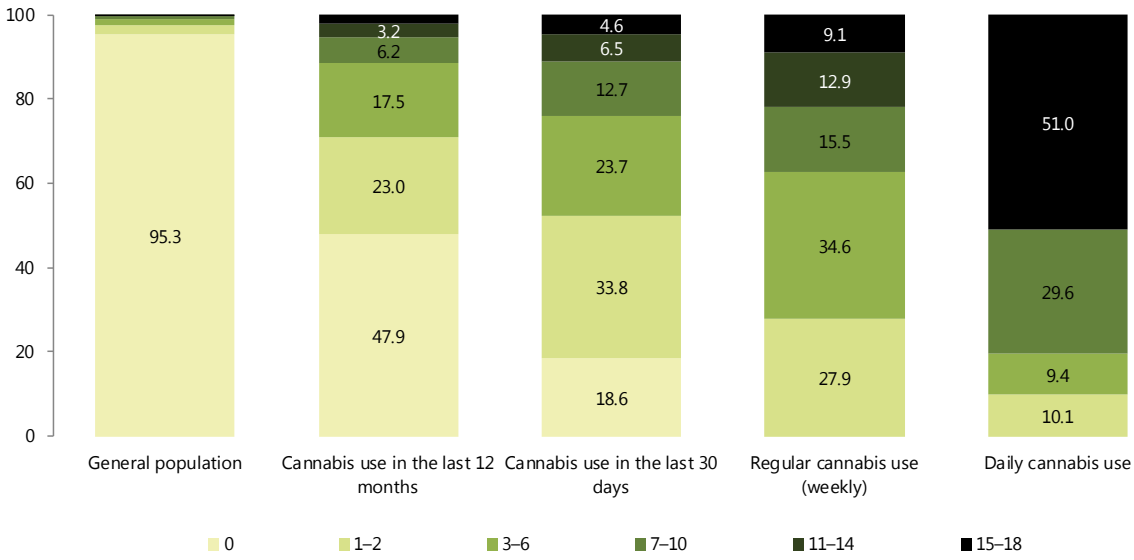
Table 4-8: CAST results and the occurrence of risky cannabis use (indicated as the percentage of those who had used cannabis in the last 12 months and the percentage of the general population)

CAST	Males	Females	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	Total	15-34 age category
Risky use – among those who had used cannabis in the last 12 months									
No or low risk (0-2 points)	67.2	78.2	71.8	75.8	59.3	72.7	50.0	70.5	73.5
Moderate or medium risk (3-6 points)	17.2	18.2	19.2	17.7	3.7	27.3	50.0	17.5	19.4
High risk (7 or more points)	15.6	3.6	9.0	6.5	37.0	0.0	0.0	12.0	7.1
Risky use – among the general population									
No or low risk (0-2 points)	95.8	98.8	93.6	96.6	97.5	99.2	99.8	97.3	95.2
Moderate or medium risk (3-6 points)	2.2	1.0	4.4	2.5	0.2	0.8	0.2	1.6	3.5
High risk (7 or more points)	2.0	0.2	2.0	0.9	2.3	0.0	0.0	1.1	1.3

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

It was found that the probability of cannabis-related problems increases with a higher frequency of use: half (47.9%) of those who had used cannabis in the last 12 months showed no signs of cannabis-related risks, cannabis users who had used the drug in the last 30 days were those most likely (38.8%) to fall into the low-risk category (1-2 points), and those who used cannabis regularly, on a weekly basis or more frequently, mostly fell (34.6%) into the moderate or medium-risk category (3-6 points). Daily cannabis users are more likely to reach a score of seven or more points and are thus those most likely (80.6%) to meet the criteria of the high cannabis-related risk category; see Graph 4-2.

Graph 4-2: Rates of the final CAST scores in different subgroups of cannabis users (%)



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SC&C (2013)

4.1.4 The Problem Use of Tobacco, Alcohol, and Other Drugs among the General Population

A representative survey focusing on smoking and drinking in the population was conducted in the Czech Republic in 2012 under the Two-year Treaty on Cooperation between the Ministry of Health of the Czech Republic and the WHO-EURO for 2012-2013 (Sovinová and Csémy, 2013). One of the objectives of the study was to consider the applicability of various methods for estimating the levels of alcohol consumption among the population. Out of the tools under testing, the BSQF (beverage-specific quantity-frequency) method was found to be the most suitable one for the Czech population. Smoking-related questions were adapted from the Global Adult Tobacco Study (GATS) and those concerning alcohol use were based on the SMART project. A total of 1,802 respondents over 15 years of age participated in the study. Data were collected in association with the INRES-SONES agency as part of the omnibus Survey on Czech Citizens' Opinions about and Attitudes to the Issues of Health and Healthy Lifestyles (the Citizen Survey) held in November 2012.

The study showed that 23.1% of the population of the Czech Republic are currently daily smokers (26.7% of the men and 19.6% of the women), and another 8.2% smoke occasionally. The men are most likely to smoke 15-24 cigarettes a day, the women 10-14.

Daily or almost daily alcohol use was reported by 6.6% of the respondents (10.2% of the men and 3.1% of the women). The average annual consumption of alcohol reached 7.43 litres of pure alcohol per capita (11.0 litres in the men and 4.1 in the women), with the highest level (8.9 l) being recorded for the 15-24 age category. Given the daily alcohol consumption rates,[91] 7.1% of the respondents (9.9% of the men and 4.3% of the women) fell into the harmful drinking category, while 6.9% were classified as at-risk drinkers (7.7% of the men and 6.7% of the women). Frequent (weekly or more often) heavy episodic drinking (involving the consumption of 60 or more grams of pure alcohol) on a single occasion was reported by 18% of the respondents; there were more binge drinkers among the men than the women (28% in comparison to 8.7%). Frequent heavy episodic drinking declines with age and is more likely to be reported by respondents from rural areas. While 8.6% of the study participants reported having been advised by their general practitioners to reduce their alcohol

[91] According to the OECD definition, the average daily consumption of more than 60 grams of alcohol by men and more than 40 grams of alcohol by women are considered harmful drinking. Hazardous or risky drinking refers to a daily intake of 40-60 grams of alcohol for men and 20-40 grams of alcohol for women.

consumption, 1.2% of the alcohol users had considered seeking help in relation to their drinking problems, and 0.4% finally demanded treatment (Sovinová and Csémy, 2013).

About 4.8% of the population (7.2% of the men and 2.4% of the women) fell into the category of problem drinkers,[92] who are likely to be alcohol-dependent. Another 16.0% of the population (23% of the men and 9.3% of the women) ranked among the high-risk and 48.7% (47.3% of the men and 49.9% of the women) among the low-risk category in relation to their alcohol use. Abstainers and moderate drinkers accounted for 30.6% of the respondents (22.5% of the men and 38.3% of the women) (Sovinová and Csémy, 2013).

The estimates of problem use derived from the 2012 National Survey on Substance Use (Chomynová, 2013) and their extrapolation to the overall population of the Czech Republic aged 15-64 are shown in Table 4-9 (for more details see the 2012 National Report). Daily smokers accounted for 23.1% of this age group (95% CI: 20.6-25.9%) (which is a rate identical to the estimates made by Sovinová and Csémy above), i.e. 1.5-1.9 million people.

As regards alcohol, 10.1-14.2% of the adults consumed excessive doses (five or more drinks on a single occasion on a weekly basis or with a higher frequency), i.e. 730 thousand to one million individuals aged 15-64. Daily or almost daily (5-7 times per week) binge drinkers accounted for 1.7-3.0%, i.e. about 120-200 thousand persons. The criteria for at-risk drinking according to CAGE were met by 15.2-18.8% of the people aged 15-64 (1.1-1.4 million), with 6.9-9.6% (500-690 thousand) falling into the high-risk drinking category (Chomynová, 2013).

[92] In addition to alcohol consumption within the harmful drinking range, this category also takes account of the frequency of heavy episodic drinking.

Table 4-9: Heavy and risky substance use and problem gambling in the Czech population aged 15-64 years.

Indicator	Proportion (%)		Number	
	Mean estimate	95% CI	Mean estimate	95% CI
Daily smokers	23.1	20.6-25.9	1,669,000	1,488,000-1,871,000
Regular users of alcohol (5 or more drinks with a frequency of at least once a week in the last 30 days)	12.8	10.1.-14.2	925,000	730,000-1,026,000
Regular users of alcohol (5 or more drinks with a daily or almost daily frequency)	2.3	1.7-3.0	166,000	123,000-217,000
At-risk drinkers (CAGE score 1+)	17.0	15.2-18.8	1,230,000	1,100,000-1,360,000
People engaging in harmful drinking (CAGE score 2+)	8.2	6.9-9.6	590,000	500,000-690,000
People who had used cannabis with a frequency of at least once a week in the last 30 days	2.0	1.4-2.6	145,000	101,000-188,000
People who had used cannabis daily in the last 30 days	0.3	0.1-0.5	22,000	7,000-36,000
High-risk cannabis users (CAST score 7+)*	1.1	0.7-1.7	79,000	51,000-123,000
People who had used cocaine with a frequency of at least once a week in the last 30 days	0.1	–	7,000	–
Heavy users of any drug (excluding tobacco) – weekly in the last 30 days	13.9	12.4-15.4	1,004,000	896,000-1,123,000
Heavy users of any drug (excluding tobacco) – daily in the last 30 days	2.5	1.8-3.2	180,000	130,000–231,000
People at moderate risk of problem gambling (PGSI score 3-7)	1.7	1.2-2.2	126,000	86,000-166,000
People at high risk of problem gambling – pathological gamblers (PGSI score 8+)	0.6	0.3-0.9	42,000	21,700-65,000

Note: The numerical estimates were rounded to thousands. * See also Problem Cannabis Use (p. 69) above.

Source: Chomynová (2013)

4.2 Characteristics of High-risk Drug Users

The characteristics of the sets of drug users receiving treatment and other drug services are provided in the chapters entitled
Drug-Related Treatment: Treatment Demand and Treatment Availability (p. 79), Prevention and Treatment of Drug-Related Infectious Diseases (p. 138), Socio-economic Characteristics of Drug Users (p. 149), and Responses to Drug-related Health Issues in Prisons (p. 171).

4.2.1 Problem (High-risk) Drug Users in the Survey of Physical Comorbidity in Prague

In November 2013 the National Focal Point, in association with the *FOCUS – Marketing & Social Research* agency, conducted a study of physical comorbidity and treatment barriers among problem drug users who are clients of Prague-based low-threshold programmes (Mravčík and Nečas, 2014, Národní monitorovací středisko pro drogy a drogové závislosti and FOCUS – Centrum pro sociální a marketingovou analýzu, 2014). The study consisted of three components: a questionnaire survey involving a sample of 240 problem drug users, a medical examination of 40 clients, and two focus groups with 14 problem drug users (8 men and 6 women); for more details see the chapter entitled Physical Comorbidity of Problem Drug Users (p. 119).

The questionnaire survey sample comprised a total of 240 individuals, with 188 (78.3%) and 52 (21.7%) respectively being men and women. The age range of the sample was 18 to 64 years, with an average of 34.8 years (the average was 35.8 for men aged 18-64 and 31.4 for women aged 19-49).

116 persons (48.3%) were homeless, 53 (22.1%) had temporary housing, 26 (10.8%) were staying in a facility, and 40 individuals (16.7%) had permanent housing. 93 persons (38.8%) lived on their own, 64 (26.7%) with a partner, and 45 (18.8%) with friends. 11 people (4.6%) lived with children. 127 respondents (52.9%) lived with an(other) drug user(s).

167 persons (69.6%) were unemployed. Regular employment was reported by 26 people (10.8%) and 25 (10.4%) had occasional jobs. Five individuals (2.1%) were retired. Secondary education without the school-leaving exam ("*maturita*") was reported by the highest proportion of the respondents (48.3%). 30.4% of the respondents had basic[93] education and 16.7% had secondary education completed with the school-leaving exam. The sample consisted of 231 Czechs and nine foreign nationals (eight Slovaks and one Hungarian).

Methamphetamine use was reported by 198 individuals (82.5%), 101 (42.1%) injected buprenorphine, and heroin was used by 44 respondents (18.3%). The use of marijuana was reported by 46 persons (19.2%), with seven of them indicating it as their drug of choice. The use of other drugs (including opium poppy, 3.3%, "brown", 2.1%, and Funky, El Magico, or other new synthetic drugs, 2.1%) was reported by less than 5% of the respondents.

237 individuals (98.8%) had injected drugs at some point. Injecting drug use in the last 12 months was reported by 232 respondents (96.7%) and in the last 30 days by 228 (95.0%).

The injecting of the drugs that they currently used was reported by 222 individuals (92.5%). The injecting use of their drug of choice (the drug stated as the first one) was reported by 210 people (87.5%).

The duration of use of the drug of choice ranged from 1 to 43 years, with an average of 11.1 years. The weekly use of the drug of choice was reported by 230 respondents (95.8%) and its daily use by 174 (72.5%).

78 persons (32.5%) had received substitution treatment at some point. 58 respondents (24.2%) were in opioid maintenance programme at the time of survey.

133 people (55.4%) had experience of a different type of programme: 30 (12.5%) had been in an outpatient treatment programme, 79 (32.5%) had undergone detoxification, 82 (34.2%) had been admitted to a psychiatric hospital, 43 (17.9%) had received treatment in a therapeutic community, and 35 (14.6%) had undergone treatment while serving a prison sentence.

116 (48.9%) out of 237 injecting users had shared needles or syringes to administer a drug at some point. The sharing of injecting equipment in the last month was reported by 35 persons (15.4%) out of 227 individuals who indicated having injected drugs in the same recall period.

Needle and syringe exchange programme services had been used by 220 individuals (91.7%) in the last month. 116 people (48.3%) reported obtaining injecting material from other sources, including friends, reported by 60 individuals (25.0%), pharmacies, 54 (22.5%), other drug users, 43 (17.9%), dealers, 21 (8.8%), and other retail outlets, 5 (2.1%). None of the respondents reported having obtained injecting equipment by stealing it from a pharmacy, shop, or hospital.

The people who had injected a drug in the last month had an average (median) of 50 syringes available for their use.

[93] encompassing primary and middle school

4.2.2 Experience with Home-made Drugs and the Misuse of Medicines

The questionnaire survey and the focus group component used in the study of physical comorbidity (see above and the chapter Physical Comorbidity of Problem Drug Users on page 119) were extended to address the topic of experience with home-made drugs (Národní monitorovací středisko pro drogy a drogové závislosti and FOCUS – Centrum pro sociální a marketingovou analýzu, 2014).

The levels of experience with the injecting use of selected drugs which are often obtained from medicines in the Czech Republic are shown in Table 4-10. According to the respondents, the majority of the fentanyl and codeine used originated from medicines and transdermal patches; as regards morphine, the rate was less than 50%, which was probably due to the experience with opium poppy; see Table 4-11. A friend or a dealer were reported by the respondents as the most common sources of misused medication; see Table 4-12. Approximately one third of the respondents reported that they could manufacture pervitin (methamphetamine) without other people's assistance. 13% claimed the same about "brown".[94]

Table 4-10: Lifetime prevalence (LTP) and last-year prevalence (LYP) of the injecting use of selected drugs

Drug	N	LTP		LYP	
		Number	%	Number	%
Fentanyl	237	45	19.0	38	16.0
Morphine	239	78	32.6	34	14.2
Codeine	238	76	31.9	40	16.8
Brown	238	105	44.1	61	25.6

Source: Národní monitorovací středisko pro drogy a drogové závislosti and FOCUS – Centrum pro sociální a marketingovou analýzu (2014)

Table 4-11: Number and proportion of respondents (those with a history of use of the drugs under study) claiming that the selected drugs originated from medicines (pills or fentanyl patches) (%)

Drug	n	Number	%
Fentanyl	45	32	71.1
Morphine	78	38	48.7
Codeine	76	52	71.2
Brown	3	3	100.0

Source: Národní monitorovací středisko pro drogy a drogové závislosti and FOCUS – Centrum pro sociální a marketingovou analýzu (2014)

Table 4-12: Sources of medication misused as a drug or drug precursor

Drug	n	Pharmacy		Healthcare facility		Friend		Dealer		Others	
		Number	%	Number	%	Number	%	Number	%	Number	%
Fentanyl	45	5	11.1	1	2.2	23	51.1	12	26.7	4	8.9
Morphine	71	7	9.9	6	8.5	37	52.1	14	19.7	7	9.9
Codeine	71	9	12.7	4	5.6	33	46.5	16	22.5	9	12.7
Brown	1	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0

Source: Národní monitorovací středisko pro drogy a drogové závislosti and FOCUS – Centrum pro sociální a marketingovou analýzu (2014)

[94] Brown, also "braun", is a mixture of codeine and morphine derivatives made on a makeshift basis from medicines containing codeine.

Table 4-13: Could you "cook" any of the following drugs without other people's assistance?

Drug	Yes		No		Refused to answer	
	Number	%	Number	%	Number	%
Pervitin	83	34.6	151	62.9	6	2.5
Brown	30	12.5	206	85.8	4	1.7

Source: Národní monitorovací středisko pro drogy a drogové závislosti and FOCUS – Centrum pro sociální a marketingovou analýzu (2014)

The analysis of the focus groups suggests that all the participants have experience with drugs that are made from medicines. They do not find it very difficult to obtain such medicines and seem to know the exact manufacturing procedures, but are reluctant to share their experience out of fear of legal sanctions.

In addition to drugs such as cannabis, hallucinogenic mushrooms, and ecstasy, the respondents had experience with the use of methamphetamine (pervitin), heroin, brown, and opium poppy (raw opium). As regards medicinal products, they stated that they had used benzodiazepines in both pill and injecting form (e.g. diazepam, flunitrazepam, and clonazepam), Subutex®, and fentanyl derived from patches. The use of Subutex® as a drug of choice was identified by the respondents as a current trend. They also indicated that it is necessary to follow the latest trends, as the composition of medicines changes constantly. They identified their friends' recommendations as a major source of information. Medicines can be obtained illicitly from friendly pharmacists or medical orderlies or on forged prescriptions.

Medicines containing ephedrine (or pseudoephedrine) or codeine are mainly used as precursors for the manufacturing of drugs that can be administered by injecting. The final products include pervitin (derived from ephedrine and pseudoephedrine), raw codeine, or brown (made from codeine). Attempts to make heroin from opium poppy (raw opium) were also recorded.

Women were very critical of the recent use of new synthetic drugs (such as Funky and El Magico), which they consider to be of low quality and dangerous.

The respondents appear to have unrealistic assumptions about the possibilities of the makeshift manufacturing of drugs and skills of the "cooks" of home-made substances ("anything can be made of anything"). The respondents stated that they alone knew the process for making pervitin using red phosphorus, which is reportedly obtained illicitly from school chemistry laboratories. Experience with fentanyl being extracted from transdermal patches and active ingredients from tablets using water and alcohol were also mentioned. There are cases of home-made drug manufacturing being unsuccessful: according to the respondents, the reasons are failure to follow the appropriate procedure or use the right basic materials.

5

Chapter 5: Drug-Related Treatment: Treatment Demand and Treatment Availability

- While the existing network of addiction treatment services covers the entire spectrum of problems associated with substance use, it essentially consists of three separate systems: (1) the network of low-threshold programmes and specialised outpatient treatment and aftercare programmes and therapeutic communities which predominantly have the status of social services and are operated by NGOs focusing particularly on users of illicit drugs other than alcohol and, exceptionally, on pathological gamblers; (2) the network of healthcare facilities specialising in psychiatry, or alcohol/drug treatment in particular, which provide outpatient and residential health services to users of both alcohol and non-alcohol drugs and, less often, to pathological gamblers, and (3) tobacco addiction treatment centres, formed largely in inpatient facilities dedicated to pulmonology or internal medicine.
- Six specific addiction treatment interventions have been included in the list of health interventions since 1 January 2014.
- The core of addiction treatment services in the Czech Republic consists of approximately 250 programmes, of which approximately 200 are only outpatient or outreach services, while 50 provide residential services either additionally or exclusively. Almost half of the facilities have a valid professional competency certification by the GCDPC and 40% of the facilities were registered as social services. Geographical accessibility is not evenly distributed – a drop-in programme is lacking in 21 districts, an alcohol/drug treatment outpatient facility (AT clinic) in 37 districts, substitution treatment in 25 districts, specialised aftercare programmes in 61 districts, detoxification in 55 districts and two regions, alcohol/drug treatment inpatient care in four regions, and a therapeutic community in three regions. The availability of addiction treatment services is particularly an issue in the Pardubice, Central Bohemia, and Liberec regions.
- Approximately one third of the clients in treatment are women, in various types of programmes, ranging from 47% in day care centres to over 22% in low-threshold centres. Clients in different programmes generally differ in terms of their drugs of choice. Users of methamphetamine and opiates/opioids make up the majority of clients of low-threshold centres. Alcohol users constitute the majority of clients of outpatient and inpatient psychiatric facilities, but there is also a high proportion of users of methamphetamine, opiates/opioids, polydrug users, or people with problem use of sedatives and hypnotics. Users of alcohol are the predominant clients in sobering-up stations, with 15% of the clients being female.
- People seeking treatment for the first time (first treatment demands) make up approximately half of all treatment cases in the long term. The Register of Treatment Demands associated with drug use where alcohol is not reported as a drug of choice is dominated by methamphetamine users (about 70% of all cases) and their number is

increasing. In the long term, there is a noticeable decrease in the number of users of opiates/opioids, mainly heroin, while the number of buprenorphine users is growing. The population of drug users is getting older; users of opiates/opioids are the oldest (31-32 years on average), while cannabis users are the youngest (23 years on average).

5.1 Treatment Policy and Coordination of Treatment Services

Treatment and social reintegration and harm reduction are two of the four pillars of the currently applicable National Drug Policy Strategy for 2010-2018. Also applicable is the 2013-2015 Action Plan, a document building on the strategy. The plan sets out four priorities, focusing on high levels of drug use among young people, methamphetamine, issues of funding, including the funding of services, and the integration of various substances and addictive behaviour patterns into a single policy. The Action Plan addresses treatment in three areas: (1) the network of services for drug users and its accessibility and quality, with 12 activities; (2) developing programmes for drug users in prison and maintaining their availability, with six activities, and (3) developing and improving the quality of substitution treatment, with five activities. Drug policy strategies are also developed by individual regions – all 14 regions have them in one form or another – see also the chapter entitled Legal Framework (p. 12).

Addiction treatment services are funded by subsidies from the Ministry of Health (health services), the Ministry of Labour and Social Affairs (social services), the Government Council for Drug Policy Coordination (various types of services), and the regions and municipalities (various types of services); health insurance companies also contribute significantly to payments for care (health services); for more details see the chapter entitled Economic Analysis (p. 23).

New healthcare legislation has been effective since 1 April 2012, with Act No. 372/2011 Coll., on health services, coordinated by the Ministry of Health, being of key significance; for more details see the 2011 National Report.

In 2013 and 2014 the Ministry of Health conducted a review process concerning the bill on the protection of health against addictive substances, intended to replace Act No. 379/2005 Coll., which defines, inter alia, the types of professional care provided to persons with problem drug use and the delivery of drug policy including treatment; see also the chapter entitled Legal Framework (p. 12).

In 2014, the Society for Addictive Diseases, the Czech Association of Addictologists, and the Department of Addictology jointly drafted and approved *The System of Education in Addictology for the Period 2014-2020: a policy document*. This document proposes making a distinction between elementary professional competency (an addictologist in healthcare) and specialised competency (a clinical addictologist). In addition, the *2014-2020 Addiction Science and Research Strategy* and the *Code of Ethics for Addictologists* were drafted and approved by both professional societies.

5.2 Organisation and Provision of Services for Drug Users

Based on the system of specialised addiction treatment services in the Czech Republic as outlined in the relevant policy document (Společnost pro návykové nemoci ČLS JEP et al., 2013), specialised addictological care is taken to mean differentiated care provided to patients/clients with addictive disorders in outpatient clinics or day care centres or by inpatient (residential) services. Specialised addictological care is provided to users of all types of psychoactive substances, pathological

gamblers, and people suffering from other similar disorders. It is provided by staff members with various specialisations, including addictologists, physicians, nurses, psychologists, social workers, and education professionals. Specialised addictological care is provided in services registered solely as health and/or social services. Formally, specialised addictological care is defined by the standards of professional competency that are verified through the so-called GCDPC certification system (see below).

Addictological care includes a range of treatment procedures and interventions that are often combined into groups, thereby creating programmes. As a result, smaller components with various partial objectives and serving different target groups are developed within the addiction treatment services. Addictological services include various forms of intervention – a comprehensive assessment, individual and group psychotherapy, pharmacotherapy, social therapy, social work, family therapy, counselling and education of relatives and close friends, and other methods of treatment based on the specific needs of patients/clients. Long-term comprehensive care is important to minimise episodes of relapse and their adverse health and social consequences.

The existing network of addiction services covers the entire spectrum of problems associated with substance use, but is poorly coordinated and balanced. As a result, some areas are catered for disproportionately, sometimes the continuity of care is not sufficient, and, at the same time, some segments of care either do not exist or are suffering from severe under-funding and gradually disappear or do not develop in the desired direction. Treatment and counselling services for users of alcohol, tobacco, and other psychoactive substances and for pathological gamblers are now provided essentially by three separate systems and networks of services – healthcare-specific addiction treatment services, non-healthcare-specific (mainly social) services, both of which take the form of outpatient and residential services, and smoking cessation programmes of the outpatient type.

The core of addictological care consists of approximately 250 programmes. 254 facilities of various types, mostly with the status of healthcare facilities and social services, participated in the 2012 Addiction Treatment Facility Survey[95]. More than half of the facilities identified themselves in the survey as addiction services, i.e. specialised care for people with problem substance use or addictive disorders that are expected to be of an interdisciplinary nature. A significant part of the services (especially those with the status of social services) was provided by the non-governmental sector, while facilities providing healthcare services were mainly operated by natural persons (outpatient clinics) and state-funded organisations (inpatient care). Healthcare facilities offered mainly outpatient and inpatient care, while social services facilities offered low-threshold services and outpatient care. A total of 204 programmes (80%) were of a purely outpatient or outreach nature, while 50 (20%) had a residential component. Almost half of the facilities had a valid professional competency certification from the Government Council for Drug Policy Coordination (see below) and 41% of the facilities were registered as social services. Inpatient care facilities had 1,505 beds earmarked for the treatment of substance use disorders, while the capacity of outpatient services on the reporting day was 3,818 clients. On the census day, i.e. 20 June 2012, there were 2,303 people in full-time employment (2,111.3 full-time equivalents), while 171 people had a contract for work. Illicit drug users were the most common target group, reported by 226 facilities (89%), while 191 facilities (75%) reported users of psychoactive drugs as their target group, 167 facilities (66%) focused on alcohol users, 143 (56%) on pathological gamblers, and 54 (21%) on tobacco users.

At present, outpatient addiction treatment services are provided mainly by low-threshold programmes and outpatient healthcare services. Most of these programmes are registered as social services (some of them are also registered as health services) and they specialise in working with users of drugs other than alcohol. The number of low-threshold programmes in the Czech Republic has been around 100 in recent years, with 111 low-threshold programmes being identified in 2013, including 57 drop-in centres and 54 outreach programmes.

[95] Also referred to as "The 2012 Drug Services Census"

As regards outpatient health services, these are typically outpatient psychiatric clinics reporting the treatment of people with addictive disorders. Some of them specialise in the treatment of addictive disorders: so-called AT clinics. The well-functioning and coordinated network of these alcohol/drug treatment outpatient facilities collapsed in the early 1990s (Mravčík et al., 2011b). Today, the number of AT clinics is estimated at 40 to 70 (Vavrinčíkoá et al., 2013, Mravčík et al., 2013b). These specialised outpatient programmes are the main providers of opioid substitution treatment in the Czech Republic.

There are also outpatient counselling and treatment centres (again, with the majority of them registered as social services) and programmes that provide more structured care and that may also have the character of aftercare (they are operated mainly by NGOs).

The above addictological care is complemented by psychotherapeutic day care centres, some of which specialise in addiction clients, and crisis centres.

Sobering-up stations are also considered outpatient treatment facilities, despite the fact that their clients stay in beds. These programmes provide diagnostic and therapeutic care to patients who – through the use of alcohol or other addictive substances – brought themselves into a state in which they pose a risk to themselves or to other people. However, there is no special standard of professional competency for these facilities, they have no links to other addiction treatment services, and their operation is associated with economic and ethical issues (Burešová et al., 2013, Mravčík et al., 2013a). Therefore, in their current form, they are not considered specialised addictological care by the professional community (Společnost pro návykové nemoci ČLS JEP et al., 2013).

Short-, medium-, and long-term inpatient care is provided by a network of psychiatric hospitals and addiction treatment wards within hospital compounds and also by the network of therapeutic communities for drug addicts that developed after 1990. These programmes usually operate at or beyond the regional level. Of the approximately 50 inpatient psychiatric facilities that exist in the Czech Republic (psychiatric hospitals and psychiatric wards of acute care hospitals), with about 90 wards or units, approximately 15 to 17 can be considered specialised addictological programmes (Mravčík et al., 2012, Vavrinčíková et al., 2013). Depending on the source cited, another 11 to 16 therapeutic communities that specialise in addiction treatment are reported in the Czech Republic (Mravčík and Nechanská, 2013, Vavrinčíková et al., 2013).

In addition to specialised inpatient care facilities, addiction patients are also treated by general psychiatric services – psychiatric wards and departments and psychiatric hospitals. The system of inpatient care facilities also includes sheltered housing in aftercare centres used to stabilise the patient socially by means of temporarily provided accommodation (these are mainly operated by NGOs).

Wards and units providing detoxification are also included among the inpatient addiction treatment services. These are established especially in inpatient psychiatric facilities. Detoxification is also provided outside specialised units by means of non-dedicated beds in other wards with different specialisations.

The network of health and social addiction treatment services is complemented by five facilities[96] that have programmes that specialise in addiction-related problems among children and adolescents.

Prison programmes are considered a special type of programme – these are largely outpatient services provided while a person is on remand or serving a prison sentence. Part of the care is

[96] Of the total of 240 special education facilities in 2013, which included 176 children's homes, 29 rehabilitation institutions, 12 institutions for juvenile delinquents and children with behavioural disorders, one facility for foreign children, and 22 educational care centres with a total of 52 off-site units, including 39 outpatient and 13 residential.

provided externally by NGO programmes; see the chapter entitled Responses to Drug-related Health Issues in Prisons (p. 171).

In addition to the above outpatient services, a network of approximately 40 tobacco addiction treatment centres, founded primarily within inpatient facilities dedicated to pulmonology or internal medicine, has recently been created thanks to the initiative of the Association for the Treatment of Tobacco Dependence.[97] Their narrow specialisation in smokers only is another factor which delineates these programmes as a separate segment in the system of addiction treatment services in the Czech Republic.

An analysis of the geographical availability of an addiction services network in the Czech Republic conducted in 2013 (Vavrinčíková et al., 2013) at the district level[98] showed that a drop-in programme is lacking in 21 districts, an alcohol/drug treatment outpatient facility (AT clinic) in 37 districts, substitution treatment in 25 districts, a specialised aftercare programme in 61 districts, detoxification in 55 districts and two regions, alcohol/drug treatment inpatient care in four regions, and a therapeutic community in three regions. The results show that there were considerable gaps in the availability of addiction treatment services, especially in the Pardubice, Central Bohemia, and Liberec regions.

In their annual reports for 2013 the regions highlighted deficiencies in the network of outpatient treatment services and their uneven distribution and understaffing. The regions generally point out deficiencies in the network of healthcare facilities and a shortage of physicians and therapists willing to work with drug users. Of the information presented in the annual reports it is worthwhile to mention the situation in the service network in the Karlovy Vary region, where the absence of multiple types of primarily residential services, such as detoxification, residential treatment, and a therapeutic community, but also a specialised substitution or aftercare programme, was identified in 2013. 2013 saw the establishment of an outpatient centre named *Laxus* in Mladá Boleslav in the Central Bohemia region and in the Zlín region the establishment of an addiction treatment outpatient facility of the *Podané ruce* association in Zlín and a new aftercare service which is part of the *Restart* aftercare centre run by the *Darmoděj* association in Kroměříž (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2014b).

Six specific addiction treatment interventions have been included in the list of health interventions since 1 January 2014; for more details see the chapter entitled Legal Framework (p. 12). At the beginning of 2014, the Czech Association of Addictologists, in cooperation with the Society for Addictive Diseases of the J. E. Purkyně Czech Medical Association, entered into negotiations with health insurance companies regarding the extent and level of reimbursement for addictological care (or, more specifically, its healthcare component) from health insurance. Already during 2013 and later in 2014, individual providers of addiction treatment services in the Czech Republic started to register addiction treatment outpatient clinics as healthcare facilities, either within the existing services that had until then been registered as social services or as a completely new service. 2014 saw the gradual beginning of the tendering process before entering into a contract for the provision and reimbursement of addiction treatment services at the individual regional authorities of the Czech Republic. Health insurance companies take into account the results of the tendering process when executing contracts for the provision and reimbursement of reimbursable services.[99]

A total of 235 addictologists, i.e. healthcare workers competent to conduct a health profession without expert supervision, were registered in the Czech Republic as of 1 August 2014.[100] The conditions for the reimbursement of the interventions delivered by an addictologist from public health insurance include, in addition to this compulsory registration and a minimum of two years' experience in the field, the qualification of a healthcare professional with a university degree in the

[97] http://www.slzt.cz/centra-lecby [2014-08-05]

[98] The analysis included 76 districts and Prague, a total of 77 units in 14 regions.

[99] Health insurance companies are only authorised to enter into a contract with the applicant if this is recommended on the basis of a public tender (pursuant to Act no. 48/1997 Coll., on public health insurance).

[100] http://www.nconzo.cz/web/guest/info-registr

pertinent field with a specialist qualification (this currently does not exist in the field of addictology) or a special professional qualification. In practice, a special professional qualification means the completion of a bachelor's degree in addictology and a so-called certified course accredited by the Czech Ministry of Health.[101]

5.2.1 Outpatient care

Outpatient healthcare-specific addiction treatment services are currently provided primarily in outpatient psychiatric clinics and outpatient medical facilities (referred to as AT clinics) specialising in alcohol/drug addiction treatment. The treatment of addiction patients, i.e. patients with a primary diagnosis F10-F19, was reported by a total of 488 outpatient psychiatric wards and units in 2013. This figure includes not only specialised alcohol/drug treatment clinics, but all outpatient psychiatric clinics that treated at least one addiction patient.

Addiction patients constituted more than 50% of the total number of patients in just 52 of the total number of 488 outpatient facilities, of which 38 were alcohol/drug treatment clinics, 13 outpatient psychiatric clinics, and one child psychiatric clinic. 42 facilities reported more than 200 addiction patients in care. A total of 74 facilities met either criterion in 2013, of which 34 were outpatient psychiatric clinics (including one child psychiatric ward) and 40 were alcohol/drug treatment outpatient facilities (AT clinics). These specialised outpatient facilities treated 48% of the total number of patients treated for alcohol problems and 65% of the number of patients treated for illicit drug use.

A total of 64 healthcare facilities reported patients in substitution treatment to the National Register of Users of Medically Indicated Substitution Substances (the Substitution Treatment Register) in 2013. The Pardubice region remains the only region that does not have an actively reporting facility.

Aggregated data about patients in substitution treatment is monitored on the basis of the statements of interventions delivered by outpatient psychiatric facilities and those from general practitioners for adults. In total, substitution treatment was reported by 59 outpatient psychiatric facilities and 215 general practitioners for adults. Most general practitioners had one or two of such patients in care.

17 sobering-up stations provided information about their activities in 2013, with 153 beds reported in those stations. In 2013, the service of the sobering-up station in Prague was transferred from the *Na Bulovce* hospital to the Prague Municipal Polyclinic and a new sobering-up station was established at the Liberec Regional Hospital, but it did not provide a report on its activities.

In 2013, care for drug users was reported by one crisis centre and eight therapeutic day care centres with a capacity of 363 places.

The network of low-threshold drug services is described in the chapter entitled Responses to Health Correlates and Consequences of Drug Use (p. 137). Addiction treatment services in prisons are described in the chapter Responses to Drug-related Health Issues in Prisons (p. 171) and aftercare services in Social Reintegration (p. 152).

[101] Section 61 of Act No. 96/2004, on non-medical health professions

Table 5 -1: The network of outpatient addictological care programmes in 2013

Type of programme		Number of programmes	Capacity (persons)	Characteristics
Low-threshold drop-in centres*		57	–	low-threshold harm reduction services primarily for illicit drug users or problem (injecting) drug users
Sobering-up stations		17 18**	153	short-term detention (a matter of hours) until sobering up, designed especially for persons intoxicated with alcohol or, to a lesser extent, with other drugs
Outpatient treatment	› outpatient healthcare facilities – psychiatry	74 (488)***	–	outpatient addiction treatment (or psychiatric) facility, whose target group mainly consists of the users of alcohol and illicit drugs
	› outpatient (non-healthcare) programmes ****	7	–	outpatient addictological (social) services, whose target group mainly consists of the users of illicit drugs
Substitution treatment	› Substitution Treatment Register	64	–	substitution treatment in the form of outpatient health services in various specialist fields, whose target group primarily consists of the users of opiates/opioids, possibly in combination with other substances (polydrug users)
	› annual statement from psychiatrists and general practitioners	274	–	
Treatment in prisons	› substitution treatment	7	–	outpatient addiction treatment services provided primarily to illicit drug users while on remand or serving a prison sentence
	› voluntary treatment	8	306	
	› compulsory (court-ordered) treatment*****	5	128	
	› drug-free zones******	34	1,898	
	› NGO programmes	23(15)	–	
Crisis centres		1	–	programmes providing crisis intervention
Psychotherapeutic day care centres		8	363	day care programmes (day care centres) primarily for illicit drug users
Special aftercare programmes		11	99	addiction treatment programmes whose aim is to support and rehabilitate clients after treatment, intended primarily for illicit drug users
Tobacco addiction treatment centres		38	–	outpatient tobacco addiction treatment provided primarily within inpatient facilities in the fields of pulmonology or internal medicine

Note: * These are low-threshold (stationary) centres. ** One sobering-up station failed to submit its report of interventions. *** The number of outpatient facilities that can be considered to be specialised in addictology (the number of all outpatient facilities that reported at least one addiction patient in 2013). **** Outpatient programmes subsidised by GCDPC that are not accredited as a healthcare facility. ***** Five wings in four prisons. ****** Of which 31 are without and three with a therapeutic regimen, and which have 1,797 and 101 patients, respectively.

Source: Ústav zdravotnických informací a statistiky (2014h), Nechanská (2014), Společnost pro léčbu závislosti na tabáku (2014), Generální ředitelství Vězeňské služby ČR (2014d), Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

Approximately two thirds of the clients in outpatient addiction treatment programmes are men – their proportion varies in different programmes from 53% to 85%, with relatively the highest

proportion of men among the clients of sobering-up stations and the lowest in psychotherapeutic day care centres. The proportion of children and adolescents is very low – below 5% in all types of programmes. The proportion of different types of addictive substances varies significantly, depending on the type of programme based on its target group.

Table 5 -2: Number of clients (drug users) in outpatient addiction treatment programmes in 2013

Type of facility		Number of clients	Proportion (%)	
			women	persons under 20
Low-threshold drop-in centres		18,149	30	n.a.
Sobering-up stations		23,018	15	2
Outpatient treatment	› outpatient healthcare facilities – psychiatry	36,379	36	3
	› outpatient (non-healthcare) programmes*	991	36	n.a.
Substitution treatment	› Substitution Treatment Register	2,311	30	0
	› annual statement from psychiatrists and general practitioners	2,485	31	n.a.
Prisons	› substitution treatment	62		
	› voluntary treatment	589		
	› compulsory (court-ordered) treatment	184		
	› drug-free zones**	3,748		
	› NGO programmes	5,035		
Crisis centres		73	22	4
Psychotherapeutic day care centres		343	47	3
Special aftercare programmes		696	37	n.a.
Tobacco addiction treatment centres		n.a.	–	–

Note: * outpatient programmes subsidised by GCDPC that are not accredited as a healthcare facility, ** 3,552 persons in standard drug-free zones and 196 persons in drug-free zones with a therapeutic regimen

Source: Ústav zdravotnických informací a statistiky (2014h), Nechanská (2014), Společnost pro léčbu závislosti na tabáku (2014), Generální ředitelství Vězeňské služby ČR (2014d), Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

5.2.2 Inpatient Care

Detoxification from addictive substances was provided in 33 inpatient facilities in 2013, including five university hospitals, 14 acute care hospitals, and 14 psychiatric hospitals. The only region without the possibility of detoxification was the Karlovy Vary region, as was the case last year. A total of 153 dedicated detoxification beds in 16 hospitals were reported. Another 17 inpatient facilities detoxified their patients in various wards where the beds are not dedicated for these purposes.

Residential abstinence-oriented treatment for substance-addicted patients is mainly provided by psychiatric hospitals and psychiatric wards in hospitals in the Czech Republic. Psychiatric hospitals in particular organise treatment in wards that specialise in addiction treatment. The number of inpatient psychiatric facilities in 2013 remained unchanged (18 psychiatric hospitals for adults and three for children, 30 psychiatric wards in hospitals, and two psychiatric wards in other inpatient facilities). There was a further decrease in the number of beds in psychiatric hospitals.

The Section of Therapeutic Communities of the Association of Non-Government Organisations had a total of 14 facilities[102] in 10 regions (there was no active therapeutic community for addicts in

[102] http://www.terapeutickakomunita.cz/ [2014-08-04]

Prague and the Karlovy Vary, Hradec Králové, Pardubice, Zlín, and Vysočina regions) registered in October 2013. In total, there were 10 therapeutic communities with their professional competency certified in the GCDPC system as of June 2014. As of August 2014,[103] the Register of Social Services Providers maintained by the Ministry of Labour and Social Affairs had 13 therapeutic communities on record in the Czech Republic providing services to people at risk of addiction or dependent on addictive substances. All three sources combined make up a list of 16 facilities; see Table 5-4.

Table 5-3: The network of inpatient addiction treatment facilities in 2013

Type of facility		Number of programmes	Capacity (beds)	Characteristics
Detoxification	› inpatient healthcare facilities	16 (17*)	153	a health service, the purpose of which is usually to minimise withdrawal symptoms at the beginning of treatment
	› prison	4	n.a.	
Psychiatric inpatient care	› psychiatric hospitals for adults	18	8,606	abstinence-oriented healthcare-specific addiction treatment in psychiatric inpatient facilities using pharmacological and psychotherapeutic approaches designed for all addictive disorders
	› psychiatric hospitals for children	3	250	
	› psychiatric wards in hospitals	30	1,275	
	› other inpatient facilities with a psychiatric ward	2	66	
Therapeutic communities		16	272**	residential care on the principle of therapeutic communities, whose target group mainly consists of illicit drug users
Special education facilities		5	74	specialised wards for children at risk of drug addiction in residential special education facilities
Sheltered housing		9***	99	accommodation for clients in an aftercare programme, whose target group mainly consists of illicit drug users

Note: * detoxification in non-dedicated beds, ** estimated at 272, as the 10 programmes supported within the GCDPC subsidy proceedings average 17 (with a capacity of 171 places in 10 communities) *** programmes supported within the CGDPC subsidy proceedings in 2013

Source: Ústav zdravotnických informací a statistiky (2014c), Ministry of Education (2014), Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

[103] http://iregistr.mpsv.cz/ [2014-08-05]

Table 5 -4: Therapeutic communities (TC) for addicts in the Czech Republic in 2014

Facility/programme	Municipality (region) of service provision	Operated by
TC ADVAITA	Chrastava (Liberec)	ADVAITA
TC Sejřek	Nedvědice (South Moravia)	Kolping Society Czech Republic
Sheltered housing ("halfway flats")	Brno-střed (South Moravia)	Lotos – aftercare centre
TC Magdaléna	Mníšek pod Brdy (Central Bohemia)	Magdaléna
TC Krok civic association	Kyjov (South Moravia)	*Krok* civic association
TC Renarkon	Čeladná (Moravia-Silesia)	Renarkon
TC Salebra	Hrabětice (South Moravia)	Salebra
TC Karlov	Čimelice (South Bohemia)	SANANIM
TC Němčice	Protivín (South Bohemia)	SANANIM
TC Podcestný Mlýn	Dačice (South Bohemia)	*Podané ruce* association
TC Vršíček	Rokycany (Pilsen)	Christian Aid Centre Pilsen
TC WHITE LIGHT I	Úštěk (Ústí nad Labem)	WHITE LIGHT I
TC Kladno – Dubí	Kladno (Central Bohemia)	Social intervention facility Kladno
TC Fénix	Bílá Voda (Olomouc)	Marianna Orańska Psychiatric Hospital
TC Harmonie	Bílá Voda (Olomouc)	Marianna Orańska Psychiatric Hospital
TC Kaleidoskop	Solenice (Central Bohemia)	*Kaleidoskop* civic association

Men account for approximately two thirds of the clients in all residential programmes. The proportion of children and adolescents is low, at below 10% (with the exception of children's psychiatric hospitals).

Table 5 -5: Number of clients (drug users) in inpatient treatment facilities in 2013

Type of facility		Number of clients	Proportion (%)	
			women	persons under 20
Detoxification	› inpatient healthcare facilities	9,361	34	6
	› prisons	187	n.a.	n.a.
Psychiatric inpatient care	› psychiatric hospitals for adults	11,429	29	4
	› psychiatric hospitals for children	24	29	100
	› psychiatric wards in hospitals	4,058	38	9
	› other inpatient facilities with a psychiatric ward	93	39	1
Therapeutic communities		420	33	n.a.
Special education facilities*		159	35	100

Note: * 4 out of 5 facilities are for boys only

Source: Ústav zdravotnických informací a statistiky (2014c), Ministry of Education (2014), Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

5.2.3 Total Estimated Number of Clients in Treatment

It is very difficult to estimate the total number of drug users and addicts in contact with addiction treatment services in a given year because the aggregate data do not make it possible to exclude multiple records of the same client and the various reporting systems overlap.

However, the number of addiction clients and the total number of clients in each category can be very roughly estimated as the sum of the numbers reported by those sources that most probably

do not overlap or overlap as little as possible. The estimated number, including the source or sources whose data make up the total, listed by groups, is provided in Table 5-6.

Table 5-6: The total number of addiction clients in contact with services in 2013 by type of drug/addictive disorder

Category	Sources	Number*
Alcohol users	OPT, LTF, TC	23,000
Tobacco users	OPT, TATC	n.a. (500 OPT)
Users of sedatives/hypnotics	OPT	3,100
Pathological gamblers	OPT, LTF	1,600
Illicit (street) drug users	NZ, IPT, TC	44,900
› of whom methamphetamine users	NZ, IPT, TC	26,000
› of whom opiate/opioid users	LTF, IPT, TC	9,000
› of whom clients in substitution treatment	ST	3,000-4,000
Addiction treatment clients total		**73,000****

Note: OPT = outpatient psychiatric treatment, TATC = tobacco addiction treatment centre, IPT = inpatient psychiatric treatment, LTF = low-threshold facilities, TC = therapeutic communities, ST = substitution treatment. * Rounded to hundreds; the total number of opiate/opioid users and addiction treatment clients is rounded to thousands. ** Excluding treated tobacco users.

Source: Ústav zdravotnických informací a statistiky (2014c), Ústav zdravotnických informací a statistiky (2014h), Nechanská (2014), Společnost pro léčbu závislosti na tabáku (2014), Generální ředitelství Vězeňské služby ČR (2014d), Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

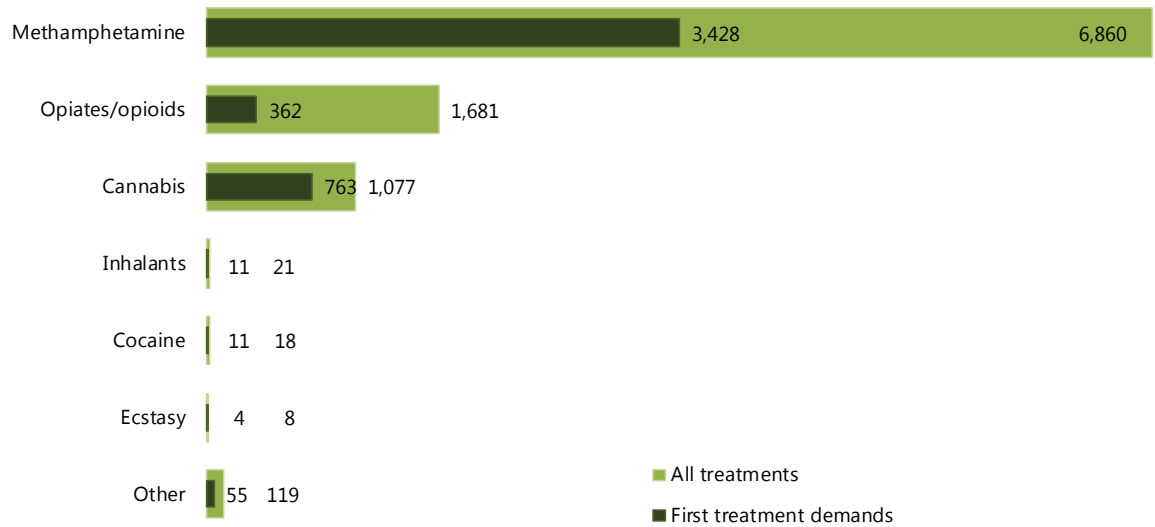
5.3 Characteristics of the Population in Treatment

5.3.1 Treatment Demand Register

A total of 198 facilities reported data on clients treated in 2013 to the register, with more than half the reports (51.7%) coming from a total of 65 low-threshold drop-in centres, a quarter (24.6%) from 85 outpatient programmes, and a quarter (23.7%) from 48 residential treatment facilities (Petrášová and Füleová, 2014). The regions most frequently represented in the register are the Moravia-Silesian region (36 reporting facilities) and Prague (30 reporting facilities). Overall, 9,784 applicants were registered for treatment in 2013, of whom 4,634 reported drug-related treatment for the first time in their life (first treatment demands). The highest numbers of applicants were reported in Prague (1,659; 17.0%) and in the Central Bohemia region (1,288; 13.1%). In terms of the most common drugs used, methamphetamine (locally known as pervitin) was reported as the drug of choice by 6,860 (70.1%) of individuals demanding treatment, followed by opiates (1,681; 17.2%) and cannabis (1,077; 11.0%); see Graph 5-1 and Map 5-1.

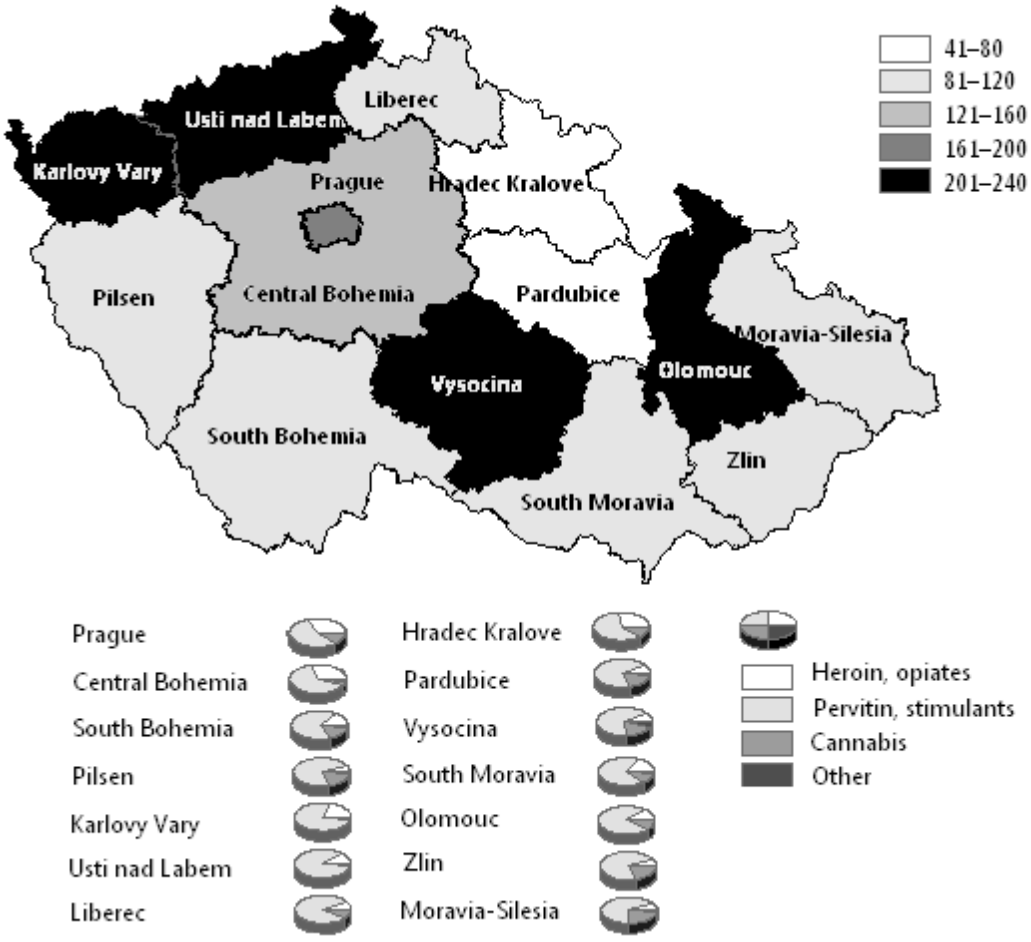
The proportion of men and women in the population seeking treatment has long been approximately 2 to 3 : 1 (2.25 : 1 in 2013) for all primary drugs, with the exception of hypnotics and sedatives, where women make up the majority (60% in 2013). The second exception is the group of methamphetamine users in treatment in the 15-19 age group, where 351 women (56.3%) and 273 men were reported. The average age of all the users treated in 2013 was 28.2 years (29.4 years for men, 26.9 years for women) and 26.5 years (27.4 years for men, 25.5 years for women) in first treatment demands. The average age of those demanding treatment has steadily risen from 2003 by 4.5 years in both groups.

Graph 5 -1: Structure of treatment demand by drug of choice, 2013



Source: Petrášová and Füleová (2014)

Map 5 -1: Number of all treatment demands according to drug type, by region, per 100,000 inhabitants aged 15-64 years, 2013



Source: Petrášová and Füleová (2014)

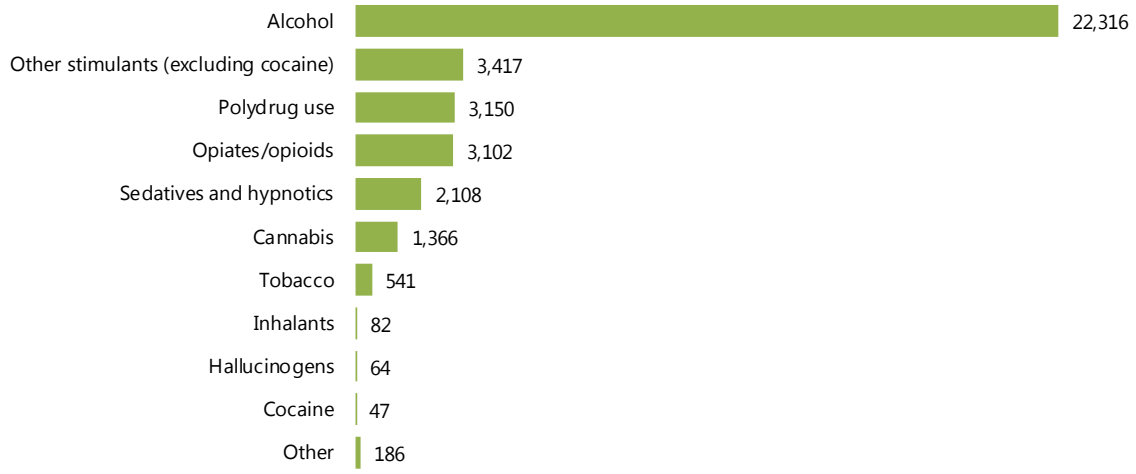
5.3.2 Clients of Outpatient Programmes

The majority of the 18,149 drug users in low-threshold drop-in centres in 2013 were users of methamphetamine (12,468) and opiates/opioids (3,395), while only 592 alcohol users were reported in low-threshold facilities. Low-threshold centres also reported contact with 140 pathological gamblers. Women accounted for 30% of their clients.

By contrast, the patients of outpatient psychiatric clinics (36,379 in 2013) were most often reported as suffering from alcohol use disorders (22,316 cases); there were 13,522 patients with disorders caused by drugs other than alcohol (excluding tobacco) and 541 tobacco users. Most users of non-alcohol drugs were treated in outpatient psychiatric clinics for the abuse of stimulants excluding cocaine (25%), which, in the context of the Czech Republic includes mainly methamphetamine (24%), polydrug use (23%), and opiates/opioids (23%). The proportion of patients treated for cannabis use was 10% and the proportion of those treated for the use of sedatives and hypnotics was 16%. The number and proportion of users of other drugs was very low. A detailed structure of the group using opiates/opioids suggests that the majority of users of opiates/opioids in outpatient psychiatric care are included in opiate substitution treatment; see Graph 5-2 and Graph 5-3.

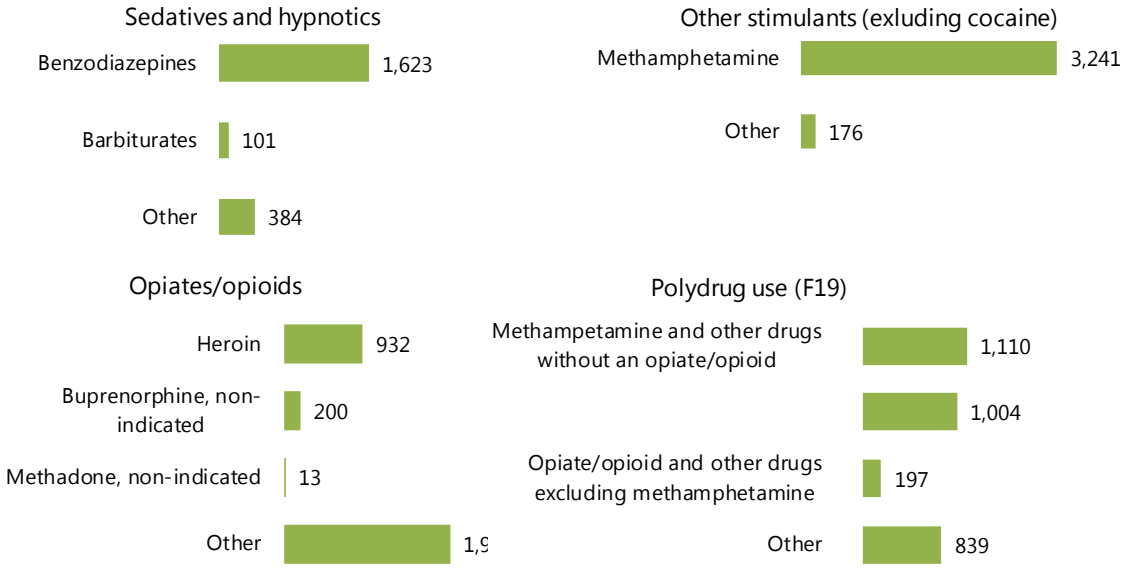
For all the addictive substances under monitoring there was a higher proportion of men than women, except for sedatives and hypnotics, where the proportion of women was almost 60%. The network of 74 facilities with a significant rate or number of addiction patients that can be described as dedicated alcohol/drug treatment outpatient facilities (see above) registered 19,394 patients, i.e. 53% of the total of 36,379 addiction patients in treatment. 1,429 pathological gamblers were treated in outpatient psychiatric facilities in 2013.

Graph 5-2: Structure of patients in outpatient psychiatric care by groups of drugs, 2013



Source: Ústav zdravotnických informací a statistiky (2014h)

Graph 5 -3: Structure of patients in outpatient psychiatric care by individual drugs, 2013



Source: Ústav zdravotnických informací a statistiky (2014h)

In 2013, the Institute of Health Information and Statistics had 2,311 persons in treatment on record in the National Register of Medically Indicated Substitution Substances, of whom 30% were women. More than two thirds of the patients treated in 2013 were aged 30-39, less than a quarter were aged 20-29, and there were six adolescents under 20 years of age. The annual data sheets submitted to the Institute of Health Information and Statistics show that substitution treatment in outpatient psychiatric facilities was provided to 1,991 patients, of whom 31% were women. More than 84% of these patients were aged 20-39, 15% were aged 40-64, and less than 1% (13 patients) were 15-19 years of age. General practitioners for adults provided substitution treatment to 494 persons, with the proportion of women being around 30%.

Of the 23,018 people who were provided with services in sobering-up stations in 2013, 238 (1%) were intoxicated with drugs other than alcohol. Of this total, 15% were women, the proportion of young people up to 20 years of age was less than 2%, and the proportion of those aged over 65 years was almost 6%.[104]

One crisis centre registered a total of 73 persons with problems caused by substance use, with women accounting for 22%. The services of psychotherapeutic day care centres were used by 343 users of addictive substances, with a higher proportion of women (47%).

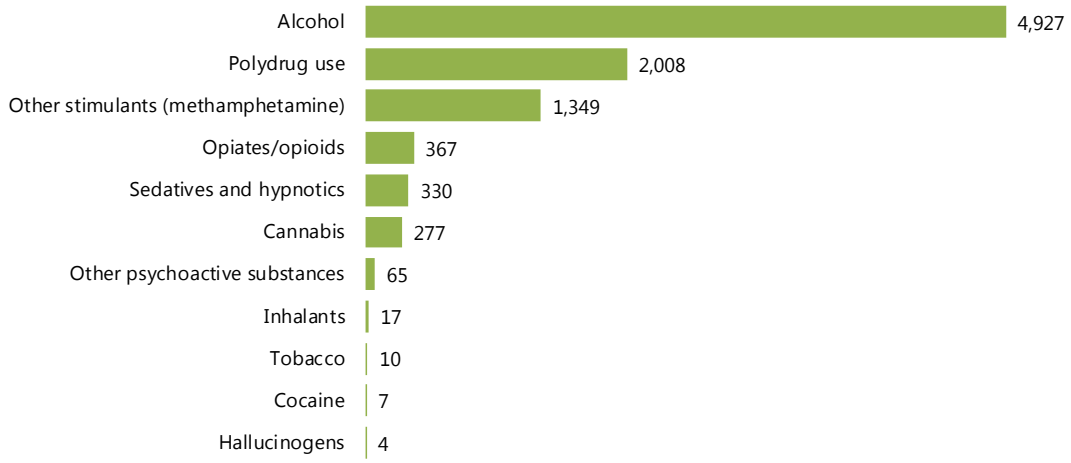
The target group of low-threshold facilities for drug users is described in more detail in the chapter entitled
Responses to Health Correlates and Consequences of Drug Use (p. 137), prison-based addiction treatment services in the chapter Responses to Drug-related Health Issues in Prisons (p. 171), and follow-up care services in the chapter Social Reintegration (p. 152).

[104] The data on the activites of sobering-up stations reported in 2013 were significantly influenced by the change of the entity operating the sobering-up station in Prague, as the Prague Municipal Polyclinic only took over the part of the care provided "in beds", while other activities were not transferred. As a result of this change, the number of patients in sobering-up stations in 2013 decreased by the number of persons examined at the request of the police (i.e. approximately by one fifth) that were previously reported by the Prague sobering-up station on its data sheet of activities. The newly established sobering-up station in Liberec did not submit the data collected in 2013.

5.3.3 Clients of Inpatient Facilities

A total of 9,361 patients were hospitalised for detoxification from addictive substances in 2013, of whom more than a third were women and more than 6% were children and adolescents under the age of 20. More than half of the patients, i.e. 4,927 (53%), were hospitalised for detoxification from alcohol and 4,434 patients were detoxified from drugs other than alcohol. As for the latter, the largest number of patients were detoxified from a combination of two or more substances (2,008 patients, i.e. 45% of the users of non-alcohol drugs), almost one third (1,349 patients) from stimulants other than cocaine, and more than 8% (367 patients) from opiates/opioids. Admission for detoxification from drugs other than alcohol accounted for 16% (710 patients).

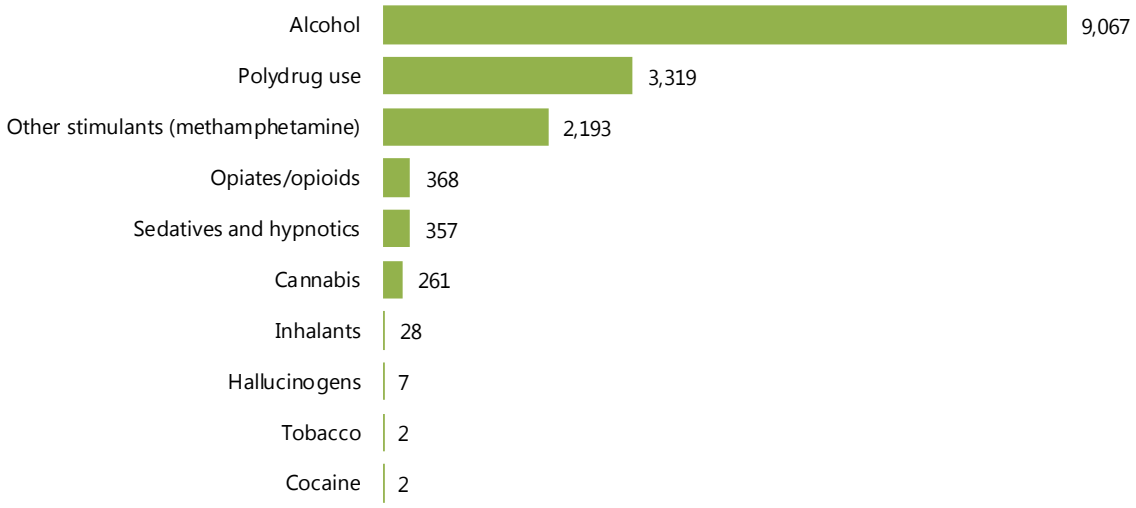
Graph 5 -4: Structure of patients hospitalised for detoxification from addictive substances, by drug, 2013



Source: Ústav zdravotnických informací a statistiky (2014h)

15,604 hospitalisations for substance use disorders were registered in 2013. Of these, 9,067 (58%) were admissions for alcohol use disorders and 6,537 (42%) for disorders associated with the use of drugs other than alcohol. Nearly one third of the admissions were of women and more than 5% were of children and adolescents up to 20 years of age. Approximately three quarters of admissions took place in psychiatric hospitals, one quarter in the psychiatric wards of hospitals. Patients hospitalised for alcohol use disorders accounted for almost 58% of all admissions for disorders resulting from psychoactive substance use. As regards hospitalisations of non-alcohol drug users, the most common causes were polydrug use (21%), followed by the use of stimulants excluding cocaine (14%) and the use of opiates/opioids (2%).

Graph 5-5: Structure of patients in inpatient psychiatric care, by drug, 2013



Source: Ústav zdravotnických informací a statistiky (2014c)

Women accounted for one third of the addiction clients in therapeutic communities in 2013. Users of stimulants or, more specifically, methamphetamine (85%) formed the majority of those in therapeutic communities; users of opiates/opioids and cannabis accounted for 11% and 3.6% respectively. Clients with alcohol use problems or pathological gamblers are an exception in therapeutic communities.

5.4 Services Provided

5.4.1 Interventions Provided by the Network of Addiction Treatment Services

The Drug Services Census conducted in 2012 also looked into the availability of interventions. The facility survey followed six groups of interventions provided: assessment of client status and pre-treatment services, offered by 208 facilities (82%), low-threshold services (41%), testing of biological material (71%), interventions in the fields of social work, education, and other supportive interventions (86%), pharmacotherapy (37%), and aftercare (48%). The results also showed that psychosocial treatment/counselling was available in all the outpatient and residential programmes in the form of individual or group therapy. Most outpatient programmes provided assistance with access to other health and social services and assistance with finding employment or housing. Selected types of interventions are listed in Table 5-7.

Table 5-7: Availability of selected interventions in outpatient and residential treatment services in the 2012 facility survey, % of the programmes offering the intervention

Type of intervention	Outpatient programmes (n=204)	Residential programmes (n=50)	Total (N=254)
Psychosocial therapy/counselling	100.0	100.0	100.0
› of which individual psychotherapy	49.0	78.0	54.7
› of which group psychotherapy	26.5	74.0	35.8
Screening for mental illness	28.0	39.6	30.2
Comprehensive assessment or diagnosis of mental disorders	30.0	56.3	35.1
Support services in the field of mental health	30.0	37.5	31.5
Case management	44.5	41.7	44.0
Outreach programmes for clients in the community	33.0	2.1	27.0
(Inpatient) detoxification	–	53.1	10.5
Referral services	77.5	54.2	73.0
Assistance with job search	61.5	37.5	56.9
Assistance with finding housing	59.5	33.3	54.4
Peer support	4.5	22.9	8.1
Self-help group support	13.0	20.8	14.5

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014c)

5.4.2 Substitution Treatment

Since 2011, there have been two sources of data about the number of patients in opiate/opioid substitution treatment. The first one is the National Register of Users of Medically Indicated Substitution Substances (the Substitution Treatment Register); the other one consists of the aggregated data from annual data sheets reporting the activities of outpatient psychiatric facilities and general practitioners for adults.

Each physician administering any substitution substance has a legal obligation to report data on the individual patients to the Substitution Treatment Register, which has been in operation since 2000. A total of 64 health facilities reported patients in opioid maintenance treatment in 2013. The Pardubice region remains the only region that does not have an actively reporting facility. In total, substitution treatment was reported by 59 outpatient psychiatric facilities and 215 general practitioners.

In 2013, the Substitution Treatment Register had 2,311 patients on record (of whom 2,201 were treated by psychiatrists, 67 by general practitioners, and 43 by physicians with other specialisations); almost 30% of the patients were women. More than 60% of the total number of patients in the reporting year were aged 30-39 and more than a quarter were aged 20-29. Adolescents aged 15-19 accounted for only 1%. In 2013, almost 74% of the patients in treatment reported in the Substitution Treatment Register received buprenorphine maintenance, of whom almost two thirds did so in the form of Subutex® and a third in the form of Suboxone®, while treatment with other buprenorphine-based medications was exceptional. 26% of the patients were receiving methadone.

Thus, a total of 2,485 patients received substitution therapy in the clinics of psychiatrists and general practitioners for adults in 2013. Substitution therapy was provided to 1,991 patients in outpatient psychiatric facilities and 494 patients in the clinics of general practitioners. Women accounted for 31% of the total number of patients. The Substitution Treatment Register thus probably still does not cover all the prescribers or patients in treatment.

There were five medications available for opiate/opioid maintenance treatment in the Czech Republic in 2013:

- methadone (since 1997), prepared from an imported generic substance (available in specialised substitution centres),
- Subutex® (since 2000), containing buprenorphine as the active ingredient,
- the composite medication Suboxone® (since February 2008), with buprenorphine and naloxone as the active ingredients,
- Buprenorphine Alkaloid® (since January 2011), containing buprenorphine,
- Ravata® (since June 2011), containing buprenorphine.

In 2009-2013, other proprietary medicinal products containing methadone, as well as buprenorphine, intended for substitution treatment were registered in the Czech Republic, but they were not placed on the market.[105]

Substitution drugs are administered only orally for treatment in the Czech Republic and may be prescribed by any physician regardless of their specialisation. It has been possible to provide partial reimbursement for Suboxone® 8 mg, as a single substitution medication, from public health insurance since 2010 (see the 2010 National Report for details), but because of the conditions for reimbursement, this is essentially not happening. Central purchasing of the methadone substance is covered by the Ministry of Health.

In 2013, 17.9 kg of pure methadone substance were imported and 3.5 kg of buprenorphine preparations were distributed in the form of Buprenorphine Alkaloid®, Ravata®, Suboxone®, and Subutex®, each package containing 7 sublingual tablets in two different strengths of 2 mg and 8 mg per tablet, respectively (Ministerstvo zdravotnictví ČR, 2014); see Table 5-8. Since 2008, there has been an increase in the consumption of buprenorphine in the composite medication Suboxone®, which also contains naloxone, and a corresponding decline in that of the preparations containing buprenorphine only; see Graph 5-6.

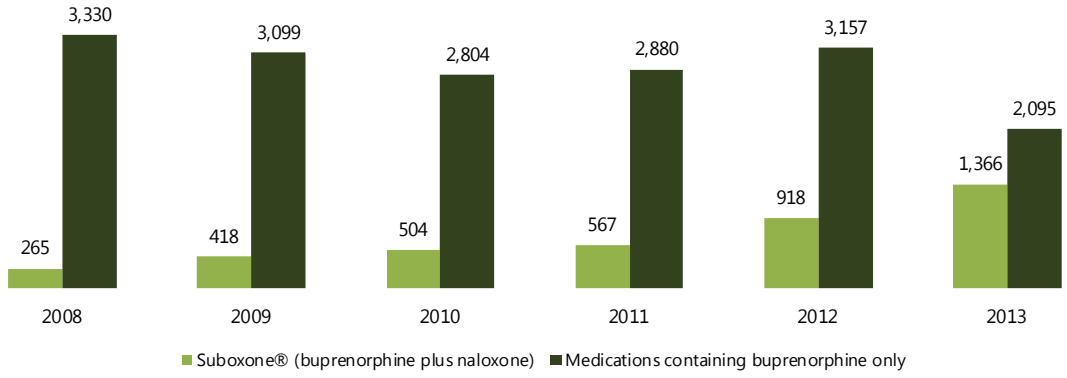
[105] On 18 March 2009, the medication Methadone-Zentiva® 5 mg/ml oral solution in packs of 10, 50, and 1,000 ml received marketing authorisation; in July 2011, the State Institute for Drug Control (SUKL) refused to grant reimbursement for this medication from public health insurance and the product has not been placed on the market yet. On 20 November 2013, the SUKL granted a marketing authorisation for the MISYO methadone concentrate for oral solution in packs of 1 l and 0.1 l and with a strength of 10 mg/ml, which has not yet been placed on the market either. The marketing authorisation for the substitution medication Addnok®, registered by the SUKL in 2010, has been suspended.

Table 5-8: Amounts of substitution drugs imported (methadone) and distributed (buprenorphine), 1999-2013

Year	Methadone – import (kg)	Buprenorphine – distribution (g)
1999	13.5	–
2000	11.7	23.5
2001	0.0	86.2
2002	0.0	509.8
2003	8.1	1,309.4
2004	11.3	2,221.9
2005	5.7	2,957.3
2006	12.2	3,414.3
2007	10.8	3,315.0
2008	12.6	3,594.5
2009	15.4	3,517.0
2010	22.5	3,308.0
2011	24.3	3,446.8
2012	18.0	4,075.1
2013	17.9	3,460.7

Source: Ministerstvo zdravotnictví ČR (2014)

Graph 5-6: The amount of buprenorphine distributed in medications containing only buprenorphine and in composite medications containing also naloxone, 2008-2013, in grams



Source: Ministerstvo zdravotnictví ČR (2014)

In the period between August 2012 and April 2013, the Czech Republic took part in an international survey on the availability and quality of substitution treatment for opioid dependence, INSIGHT (The International Survey Informing Greater Insights in Opioid Dependence Treatment). Data collection was conducted through a questionnaire survey in nine countries in Central and Eastern Europe, South Africa, and Southeast Asia from patients with opioid addiction in substitution treatment, from physicians and nurses caring for patients addicted to opioids, and from untreated opiate users. The survey examined the experiences and knowledge of those involved concerning the availability, principles, and conditions of substitution treatment, identifying the doses of the substitution drugs administered, the healthcare provided to patients, and also whether and how the substitution drugs are diverted. Among the countries that participated in the INSIGHT study, the Czech Republic is one of those with the poorest availability of substitution treatment. The availability of treatment is one of the most important factors (and the results of the INSIGHT study confirm this) that determine whether the client seeks treatment. In all countries (except the Czech Republic, Romania, and South Africa), there is at least one medication available to patients (often two or all) that is fully covered by health insurance (Abagiu et al., 2014).

The occurrence of buprenorphine-based medications on the black market and their abuse by problem drug users in the Czech Republic is a relatively widespread phenomenon (methadone is

practically non-existent on the black market because it is only available in a limited number of methadone treatment centres). The first reports of Subutex® on the black market in Prague emerged in the summer of 2002 from outreach programmes (Řezníčková and Nedvěd, 2004), while at the end of 2002, similar reports began to emerge in northern Bohemia and sporadically elsewhere in the country. Injecting opioid users gradually moved on to injecting buprenorphine to replace heroin, which is significantly more expensive (Mravčík et al., 2004, Mravčík and Orlíková, 2007). As early as in 2003 the use of buprenorphine on the open drug scene was also associated with positive public health impacts that are apparent today (Větrovec, 2003). One of the factors that contributed to making the diversion of buprenorphine more widespread was the amendment to Act No. 167/1998 Coll., on addictive substances, which came into effect on 1 September 2003, reclassifying buprenorphine to Schedule No. 5, which in practice meant that buprenorphine could only be prescribed on a special prescription form marked with a blue stripe, associated with an increased control regime and limited availability. This led to negative changes and created a black market in buprenorphine-based products; the short-term failure of the supply of Subutex® to the Czech Republic at the end of 2003 (Nechanská et al., 2012) also had a negative impact. More details on the problem use of buprenorphine are provided in the chapter entitled High-risk Drug Use (p. 63).

5.4.3 Quality Assurance

The system for certifying the professional competences of drug services (the GCDPC certification system)[106] is designed to ensure the quality of addiction treatment services. The system has been in operation since 2006 and the certification has been a prerequisite for NGOs to receive funding from the state budget since 2007. It is based on the Standards of Professional Competency of Drug Services, which consist of a general part and a special part for each type of service. Originally, nine types of services were defined (Kalina et al., 2003). In July 2013, a review of the standards[107] that had been under way since 2010 was completed, including also the pilot testing and development of a special tenth standard for prison-based addiction treatment services (Libra et al., 2012); see Table 5-9:. A draft of the updated version of the Certification Rules is currently under review by the professional community. The revision is yet to be approved by the Government Council for Drug Policy Coordination.

Table 5-9: The contents of the revised Standards of Professional Competency of Drug Services in 2013

A – General section	B – Special section (10 model standards)
1. Characteristics of service and patient/client rights	1. Detoxification
2. Staffing aspects, ensuring professional competence of service	2. Outreach programmes
3. Entry of client/patient into service	3. Drop-in and counselling services
4. Principles of service provision, individual plan, record keeping, and termination of service	4. Outpatient treatment
5. Organisational aspects of service, funding, external relationships, and networking	5. Outpatient day care
6. Environment, extraordinary events, and emergency situations	6. Short- and medium-term institutional/inpatient treatment
7. Evaluation of the quality, safety, and effectiveness of service	7. Residential care in therapeutic communities
	8. Aftercare programmes
	9. Substitution therapy
	10. Addiction treatment services in prison

Source: Kalina et al. (2003), Libra et al. (2012)

[106] Approved by Government Resolution No. 300 of 16 March 2005.

[107] As part of a project entitled "Exchanging Experience and Disseminating Good Practice in the Field of Quality Control of Services for Drug Users" (funded from the European Social Fund's Human Resources and Employment Operational Programme (HREOP)), implemented by the Centre for Quality and Standards in Social Services of the National Training Fund in 2009-2012.

A total of 165 programmes had a valid GCDPC certification as of the end of June 2014; see Table 5-10.

Table 5-10: Overview of certified programmes, by type, 2011-2014

Type of service	2011	2012	2013	2014
Detoxification	2	1	2	2
Outreach programmes	49	50	49	52
Drop-in and counselling services	52	49	50	52
Outpatient treatment	15	13	18	19
Day care programmes	1	1	1	1
Short- and medium-term inpatient treatment	2	2	2	5
Residential care in therapeutic communities	10	10	10	10
Outpatient aftercare programmes	16	17	17	17
Substitution treatment	8	8	7	7
Total	**155**	**151**	**156**	**165**

Note: As of 16 May 2011, 29 May 2012, 28 June 2013, and 30 June 2014

Source: Sekretariát Rady vlády pro koordinaci protidrogové politiky (2014a)

According to Law No. 108/2006 Coll., on social services, social services are registered subject to approval by the pertinent regional authority (services founded by the region itself are subject to approval by the Ministry of Labour and Social Affairs). The regional authority (or the Ministry of Labour and Social Affairs) conducts inspections of the services that are registered to verify the quality of social services using the quality standards for social services. The system of monitoring the quality of social services and the GCDPC certification system overlap in terms of their requirements for the professional competency of the programmes.

Procedures for drug addiction treatment from the perspective of psychiatry are defined by the Psychiatric Society of the J. E. Purkyně Czech Medical Association (Popov and Nešpor, 2006). They deal with the management of withdrawal states and addiction treatment-specific procedures and therapies involving psychotherapy, psychosocial interventions, and pharmacotherapy, including substitution treatment and harm reduction. The importance of psychiatric care is stressed, particularly when dealing with acute psychiatric conditions (such as intoxication, withdrawal state, and toxic psychosis) and psychiatric comorbidity (e.g. depression, eating disorders, and pathological gambling). A revised version was published in 2010 (Nešpor, 2010) and work on the next revision was started in 2012. The Society for Addictive Diseases of the J. E. Purkyně Czech Medical Association is developing its own recommended addiction treatment procedures. Some sub-areas, such as the management of acute conditions (Dvořáček, 2003) and therapeutic communities for addicts, had been dealt with previously (Adameček et al., 2003).

The Substitution Treatment Standard is the only officially issued addictology-specific treatment method standard in the Czech Republic (Ministerstvo zdravotnictví ČR, 2008).

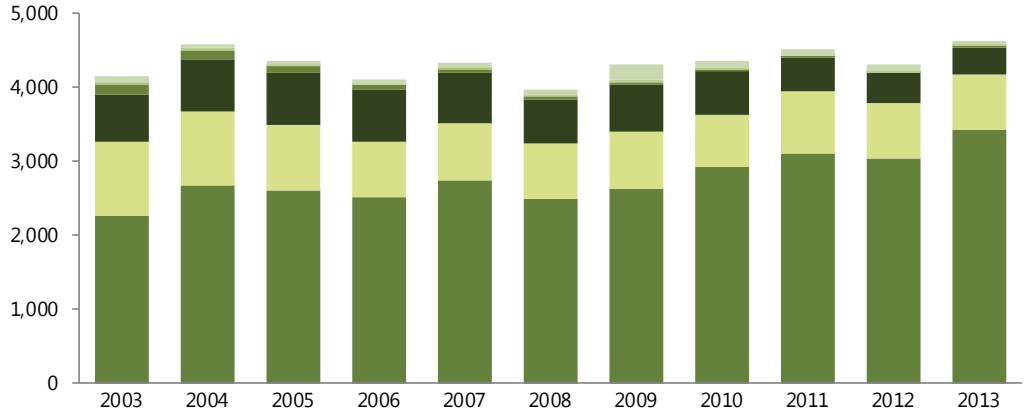
5.5 Trends among Drug Users in Treatment

5.5.1 Development of the Number of Clients in the Treatment Demand Register

The Treatment Demand Register monitors the users of primary drugs other than alcohol and tobacco. People seeking treatment for the first time (first treatment demands) make up approximately half of all the cases in the register in the long term. Users of methamphetamine as their drug of choice account for around 70% of all treatment demands. In the long term, there is an apparent decrease in the number of opiate/opioid users (by one fifth from 2003), especially heroin

(a decrease of 50.3% from 2003), and the number of users treated with buprenorphine increased from 16 in 2003 to 502 in 2013.

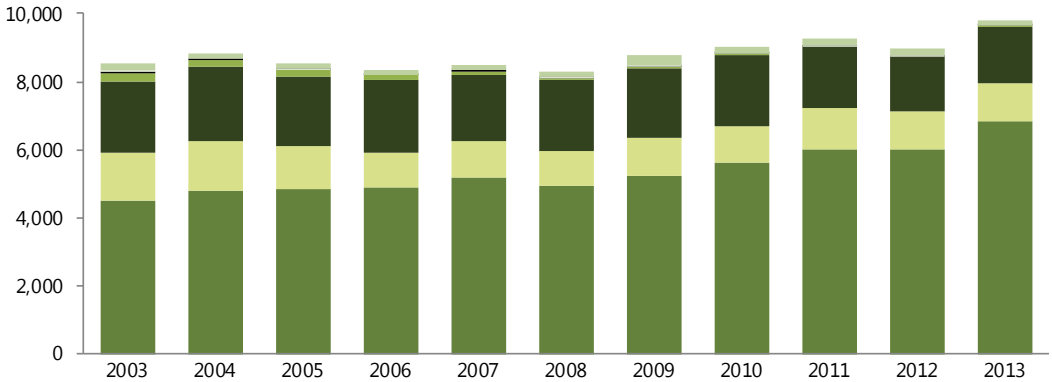
Graph 5-7: Number of first treatment demands in the Treatment Demand Register by drug of choice, 2003-2013



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	4,158	4,600	4,372	4,119	4,346	3,981	4,318	4,362	4,512	4,313	4,634
Other	85	64	63	72	68	75	215	91	74	88	54
Cocaine	15	13	5	5	13	15	24	15	14	10	12
Ecstasy	24	27	16	7	5	10	5	4	3	3	4
Inhalants	116	107	88	66	53	32	24	18	23	11	11
Opiates/opioids	656	710	702	686	680	602	634	606	443	417	362
Cannabis	981	994	893	755	778	755	790	695	839	747	763
Methamphetamine	2,281	2,685	2,605	2,528	2,749	2,492	2,626	2,933	3,116	3,037	3,428

Source: Petrášová and Füleová (2014)

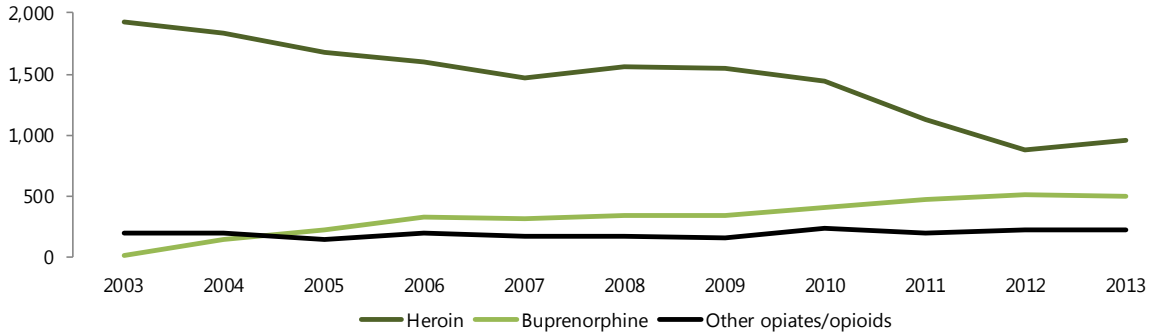
Graph 5-8: Number of all treatment demands in the Treatment Demand Register by drug of choice, 2003-2013



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	8,522	8,845	8,534	8,366	8,487	8,279	8,763	9,005	9,284	8,955	9,784
Other	198	148	162	159	139	138	287	163	204	189	119
Cocaine	22	18	15	12	22	24	38	23	30	19	18
Ecstasy	50	37	23	12	11	14	8	7	6	6	8
Inhalants	226	221	183	124	94	62	47	46	40	22	21
Opiates/opioids	2,133	2,169	2,058	2,126	1,961	2,063	2,053	2,084	1,791	1,615	1,681
Cannabis	1,403	1,462	1,238	1,044	1,083	1,053	1,121	1,050	1,214	1,111	1,077
Methaphetamine	4,490	4,790	4,855	4,889	5,177	4,925	5,209	5,632	5,999	5,993	6,860

Source: Petrášová and Füleová (2014)

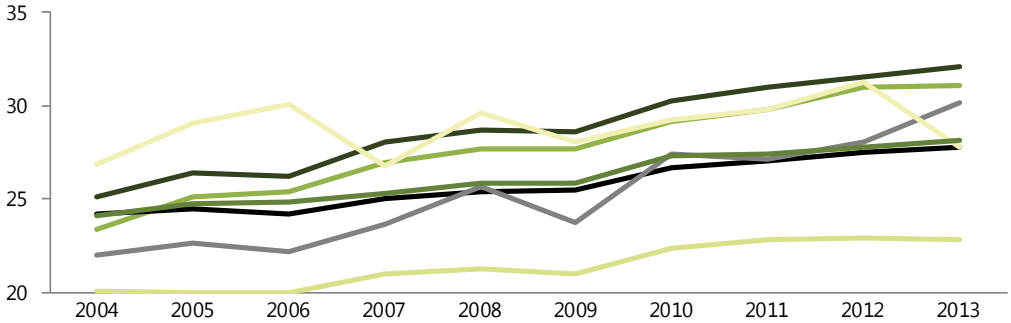
Graph 5-9: Number of opiate/opioid users among all clients in the Treatment Demand Register, 2003-2013



Source: Petrášová and Füleová (2014)

The population of drug users is getting older; users of opiates/opioids are the oldest (31-32 years on average), while cannabis users are the youngest (23 years on average); see Graph 5-10.

Graph 5-10: Average age of clients demanding treatment, by drug of choice, 2004-2013



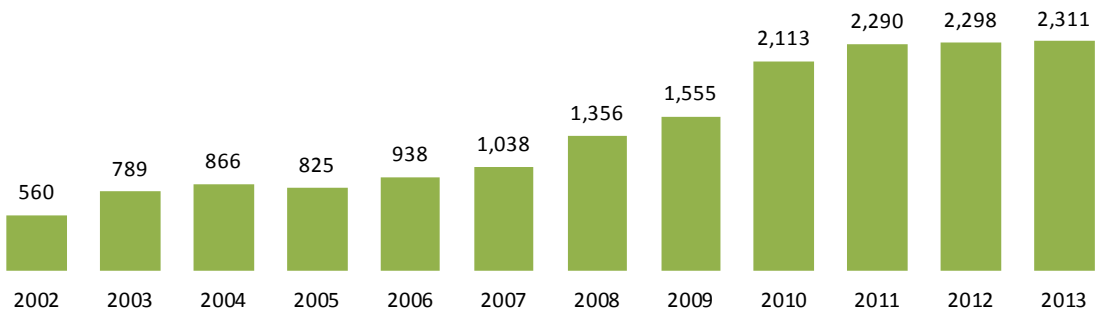
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Heroin	25.1	26.4	26.2	28.1	28.7	28.6	30.3	31.0	31.6	32.1
Buprenorphine	23.4	25.1	25.4	27.0	27.7	27.7	29.2	29.8	31.0	31.1
Methamphetamine	24.2	24.5	24.2	25.0	25.4	25.5	26.7	27.1	27.5	27.8
Cannabis	20.1	20.0	20.0	21.0	21.3	21.0	22.4	22.8	22.9	22.8
Inhalants	22.0	22.7	22.2	23.7	25.7	23.8	27.4	27.2	28.1	30.2
Cocaine	26.9	29.1	30.1	26.8	29.6	28.1	29.3	29.8	31.3	27.8
All drugs	24.1	24.8	24.9	25.3	25.9	25.9	27.3	27.4	27.8	28.2

Source: Petrášová and Füleová (2014)

5.5.2 Number of Clients in Other Information Systems

The numbers of patients reported in the Substitution Treatment Register rose steeply from 2007, when the web application was launched, until 2010. In 2011 there was a slowdown in growth and in 2012 and 2013 the numbers of patients receiving substitution treatment remained virtually unchanged; see Graph 5-11.

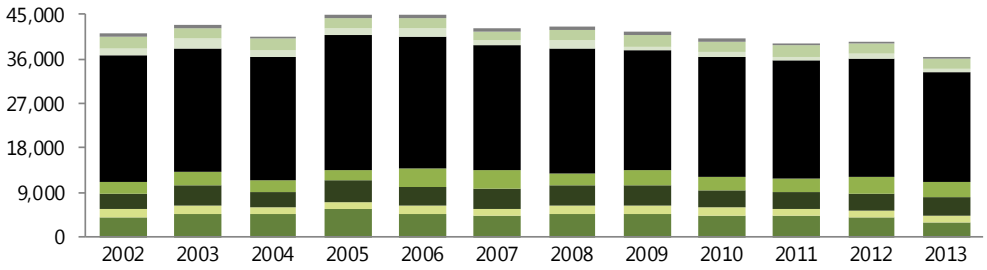
Graph 5-11: Number of clients in substitution treatment, 2002-2013



Source: Nechanská (2014)

The number of patients treated in outpatient psychiatric facilities in 2002-2009 varied between 15,500 and 16,500. Since 2009, their numbers have gradually decreased, mainly as a result of the diminishing number of patients treated for disorders caused by opiate/opioid use.

Graph 5 -12: Number of patients treated in outpatient psychiatric facilities, 2002-2013

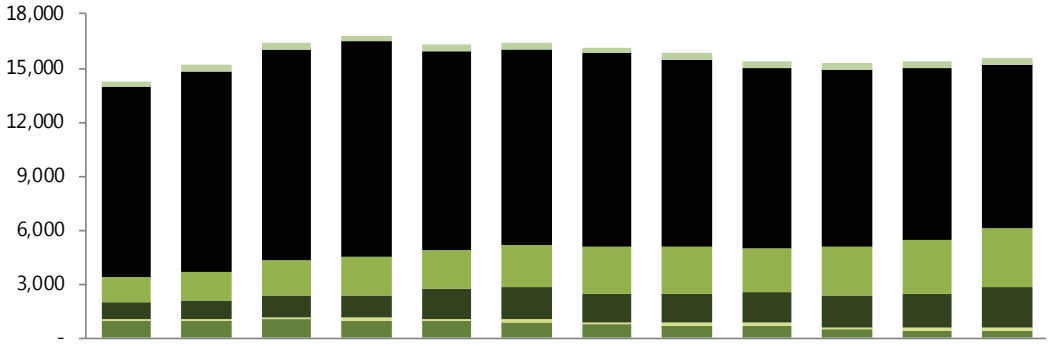


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	41,136	42,881	40,625	44,971	44,887	42,196	42,612	41,419	40,198	39,033	39,554	36,379
Other substances	649	455	454	492	459	454	612	488	517	278	297	332
Sedatives and hypnotics	2,292	2,090	2,257	2,312	2,190	1,799	2,229	2,377	2,379	2,268	2,241	2,108
Tobacco	1,533	2,078	1,350	1,137	1,529	1,170	1,608	870	829	855	1,035	541
Alcohol	25,400	25,017	25,235	27,440	26,966	25,342	25,293	24,206	24,182	23,643	23,838	22,316
Polydrug use	2,480	2,912	2,279	2,275	3,631	3,616	2,489	3,071	2,936	2,874	3,252	3,150
Stimulants	3,248	3,843	3,104	4,123	3,791	4,012	4,176	3,943	3,420	3,310	3,481	3,464
Cannabis	1,505	1,718	1,354	1,634	1,681	1,544	1,620	1,667	1,477	1,446	1,426	1,366
Opiates/opioids	4,029	4,768	4,592	5,558	4,640	4,259	4,585	4,797	4,458	4,359	3,984	3,102

Source: Ústav zdravotnických informací a statistiky (2014h)

The number of hospitalisations for non-alcohol drugs (excluding tobacco) is growing in the long term. This growth is caused primarily by the increasing number of hospitalisations for disorders caused by the use of stimulants and polydrug use. There was a significant reduction in hospital admissions resulting from the use of opiates/opioids in the reporting period.

Graph 5 -13: Number of hospitalisations for substance use disorders, 2002-2013



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	14,280	15,183	16,416	16,815	16,341	16,374	16,154	15,885	15,362	15,253	15,419	15,604
Other substances	297	323	350	336	362	319	343	378	357	381	375	392
Tobacco	2	6	2	1	2	0	4	2	3	1	3	2
Alcohol	10,561	11,139	11,738	11,984	11,053	10,877	10,722	10,419	10,003	9,765	9,544	9,067
Polydrug use	1,475	1,615	1,929	2,087	2,169	2,387	2,588	2,634	2,476	2,745	3,011	3,319
Stimulants	935	999	1,233	1,301	1,688	1,734	1,597	1,558	1,628	1,728	1,875	2,195
Cannabis	92	112	96	118	152	150	165	181	199	185	215	261
Opiates/opioids	918	989	1,068	988	915	907	735	713	696	448	396	368

Source: Ústav zdravotnických informací a statistiky (2014c)

5.5.3 Other Topical Information on Drug Treatment

A paper was published on the treatment of female patients addicted to methamphetamine, with a focus on the typology of female methamphetamine users and therapeutic interventions (Hetzerová and Gabrhelík, 2014). Semi-structured interviews were conducted with five staff members of the women's inpatient ward of the Department of Addictology ("Apolinar"), accompanied by an analysis of documentation and participant observation. Seven women addicted to methamphetamine were admitted to the ward in 2012. According to the staff, female patients addicted to methamphetamine are typically young, immature, creative, impulsive, and with external motivation and dissocial behaviour, they can be destructive, aggressive, and reckless, and they do not follow the rules and boundaries of decent behaviour. If retention in treatment is successful, they are well placed for recovery. The interventions are not fundamentally different from the interventions provided to other female patients. Female users of methamphetamine may require a higher level of support in aftercare, for example assistance at the onset of therapeutic community treatment, extension of treatment, or help in finding employment.

A qualitative research study was conducted as part of a diploma thesis in addictology. Its objective was to describe the common and different characteristics of patients with a diagnosis of pathological gambling and patients with other addictions in terms of clinical presentation, needs, and the course of treatment, and to determine the experience with conjoint treatment and the related attitudes (Solfronková, 2014). The researcher approached all the psychiatric hospitals where both these groups of addiction clients are treated together. The resulting sample consisted of 21 patients from four facilities. Data were obtained through semi-structured interviews in the period April-June 2014. Pathological gamblers made up a distinct minority in the facilities. Gamblers look at drug users with contempt, which complicates the treatment process. More than half of the gamblers would opt for specialised treatment. The majority of drug users would usually opt for treatment together with gamblers. A joint form of therapy with certain separate components of treatment depending on the type of addiction would appear to be a suitable solution. Gamblers would only be treated in those facilities that made such division possible and had specialised programmes. This would then rule out the possibility of there being just one gambler in a facility. The limited capacity of treatment facilities is another obstacle. The thesis also showed a low level of awareness among gamblers about the possibilities of addictological care.

The staff of the Office of the Ombudsman conducted systematic inspections of facilities where the freedom of persons is restricted. In 2013 and 2014, they visited six sobering-up stations out of the total number of 18 in the Czech Republic (Veřejný ochránce práv, 2014). It was found that the staff members of most sobering-up stations do not know that the placement of a person in the sobering-up station is to be decided by the provider of health services (not the police), and the legal conditions for placement in a sobering-up station do not always appear to be met. The obligation to notify the general practitioner of the person admitted to the facility is not fulfilled. Other findings included understaffing, a predominance of female staff, or the absence of training in managing aggressive clients, which reduces the safety of both the persons admitted and the station's staff members. None of the stations had an alarm system in the room that the client could use to call the staff if necessary. Restraint techniques (especially strapping and sedatives) are used in the stations to cope with aggressive people. The staff members of some stations were not sufficiently familiar with the conditions of use of the restraint techniques and internal regulations governing the use of restraints were sometimes missing, which led to serious irregularities in the use of restraints and the documentation thereof. At half of the stations visited cases were found in which the restraint technique (strapping) was applied for several hours without it being obvious whether the reason for the restraint still existed. Of the 23 randomly scrutinised cases, 10 (43%) included strapping for a period longer than three hours, of which six cases (26%) included strapping for over six hours. In the majority of the sobering-up stations visited the physician is usually not present throughout the operating hours. Five stations have a physician available at least on call. One station fails to have a physician on duty for a set time of the day, although the law stipulates that only a physician may decide on matters relating to admission, release, or the

application of restraints. None of the stations visited provided sufficient privacy for clients while using the toilet and privacy is not always ensured during the admission procedure either. Treatment in the sobering-up station is covered by direct payment. The amount varies significantly between the facilities, ranging from CZK 600 (€ 23) to CZK 4,300 (€ 165). The clients of the sobering-up stations are mainly socially disadvantaged people and direct payment for standard healthcare is inconsistent with the constitutionally guaranteed right to free healthcare. According to the Ombudsman, the system of collecting payments for the services of sobering-up stations in the Czech Republic is not appropriate, as it represents a major financial burden for both the operating and founding organisations and is also problematic with regard to the protection of the rights of the persons placed in the stations. It was recommended that the Ministry of Health should establish minimum requirements for sobering-up stations in terms of human resources and material and technical equipment. A number of other recommendations concerned issues such as the tightening of, and compliance with, the conditions set for placing people in sobering-up stations and for documenting the indications for such placement, the use of restraints and the documentation thereof, notification of the client's general practitioner, clarification and adjustment of the amount paid for the stay in the sobering-up station, sufficient and appropriate staffing and material and technical support, or respect for the privacy and safety of those detained (Veřejný ochránce práv, 2014).

The medication Selincro®, containing nalmefene, an opioid receptor modulator, was launched on the Czech market in 2013. It is used in the treatment of addiction and reduces the craving for alcohol and its consumption. Selincro® is indicated in adult patients who remain at high risk of drinking alcohol even after consultation with a physician and who do not require immediate detoxification. It must only be prescribed in combination with psychosocial support aimed at reducing alcohol consumption. It is used as needed – when the patient is aware of the risk of drinking alcohol, one tablet should be used, preferably 1-2 hours before anticipated drinking (Šulcová and Popov, 2013, Lundbeck, 2013).

SANANIM operates the website *koncimshulenim.cz* ("I'm Quitting Pot"),[108] intended for cannabis users. It offers information about cannabis and the risks associated with its use, and advice on how to reduce consumption or quit. The site also offers a self-assessment test focused on detecting the rate of problem cannabis use and an online treatment programme for 4-6 weeks, the first of its kind in the Czech Republic. See also the chapter entitled National and Local Media Campaigns (p. 55).

Since 2012, the Department of Addictology has operated an online addiction counselling centre,[109] which provides information, self-testing, and assistance in four areas: alcohol, internet addiction, procrastination, and other addictions. In the section dedicated to internet addiction, procrastination, and alcohol addiction, visitors can also use a self-help intervention programme, divided into three consecutive parts: a motivational phase, change phase, and relapse prevention phase.

Since 2012, some low-threshold programmes in particular have focused on the issue of new drugs. For example, there is a programme in Pilsen that provides counselling on issues related to fentanyl, because the abuse of fentanyl derived from transdermal patches has occurred locally among its clients; see also the 2012 National Report. The Prague-based SANANIM centre deals with the issue of new drugs on a continuous basis, providing advice and information to clients – in a magazine for drug users called *Dekontaminace* (Decontamination) and on a website entitled *eDekontaminace*.[110] With the exception of these activities undertaken by low-threshold programmes, there are no special programmes for users of new synthetic drugs.

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[108] http://www.koncimshulenim.cz/ [2014-08-10]

[109] http://poradna.adiktologie.cz/ [2014-08-10]

[110] http://www.edekontaminace.cz/ [2014-08-10]. Issue no. 4/2012 was devoted, inter alia, to the topic of the quality of drugs and their ingredients, Issue no. 1/2013 provided information about the drug known as Funky (a cathinone used by some problem drug users in Prague), and Issue no. 4/2013 addressed the topic of new synthetic drugs in general.

6

Chapter 6: Health Correlates and Consequences of Drug Use

- The state of affairs in terms of infections among drug users remained relatively favourable in 2013. Six new cases were reported of HIV-positive persons who became infected through injecting drug use. HIV seroprevalence among injecting drug users (IDUs) in the Czech Republic continues to remain below 1%. The number of newly reported cases of viral hepatitis C (HCV) among IDUs increased slightly in the last year. Nevertheless, the prevalence of HCV among injecting drug users seems to be dropping, ranging from 15-50%, according to the characteristics of the sample of testees. The number of cases of viral hepatitis B (HBV) among injecting drug users has been decreasing in the long term, which is credited to the routine vaccination that was introduced in 2001.
- The proportion of injecting drug use (IDU) among problem (high-risk) users of opiates/opioids and methamphetamine is still high; most problem users of these drugs apply them by injecting.
- Research into the somatic comorbidity of problem drug users indicates that diseases of the teeth and skin are of particular concern. Common skin conditions include trophic changes in the crura, venous ulceration, and local skin infections (abscesses, ulcers). Heroin users in particular showed poorer health than users of other drugs. There are significant barriers to entry into treatment for problem drug users, especially for women, persons living with children, or foreigners. Women find it difficult to get access to gynaecological care, but there is a general problem in the negative attitude of health professionals towards providing care and treatment to problem drug users.
- Data on drug-related deaths from forensic medicine departments are available for 2012, when 38 cases were reported of overdoses on illicit drugs and inhalants, of which 12 were on opiates/opioids, 16 on methamphetamine, and 10 on inhalants. The general mortality register recorded 45 cases of fatal overdoses on illicit drugs and inhalants in 2012 and 47 cases in 2013. 292 cases of fatal overdoses on ethanol and nine on methanol were identified in 2013, the latter representing a decrease compared to the 36 cases in 2012 caused by mass poisoning by methanol in September of that year.
- Impaired driving is an issue. The year 2013 witnessed an increase in the number of fatalities in accidents caused by road users under the influence of addictive substances – mainly alcohol and methamphetamine.

6.1 Drug-Related Infections

6.1.1 Newly Diagnosed Cases

6.1.1.1 HIV/AIDS

In 2013, there were six newly diagnosed cases of HIV among injecting drug users (IDUs), i.e. persons who most probably contracted HIV through injecting drug use. Seven other newly

diagnosed HIV-positive persons had a history of injecting drug use; see Table 6-1 (Státní zdravotní ústav Praha, 2014b). Sexual intercourse between men is the dominant route of HIV transmission in the Czech Republic.

Table 6-1: The number of newly diagnosed cases of HIV in the Czech Republic until 2013, by route of transmission

Route of transmission (risk group)	Year										Total
	1985-2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
IDU	**32**	**4**	**4**	**12**	**8**	**4**	**4**	**7**	**5**	**6**	**86**
› men	26	3	3	5	7	4	3	7	2	4	**64**
› women	6	1	1	7	1	0	1	0	3	2	**22**
Homo-/bisexual intercourse and IDU	**12**	**1**	**1**	**5**	**4**	**3**	**3**	**5**	**5**	**4**	**43**
Other with a history of IDU	**27**	**2**	**1**	**5**	**2**	**3**	**5**	**2**	**2**	**3**	**52**
Other without a history of IDU	665	83	85	99	134	146	168	139	200	222	**1,941**
Total	**736**	**90**	**91**	**121**	**148**	**156**	**180**	**153**	**212**	**235**	**2,122**

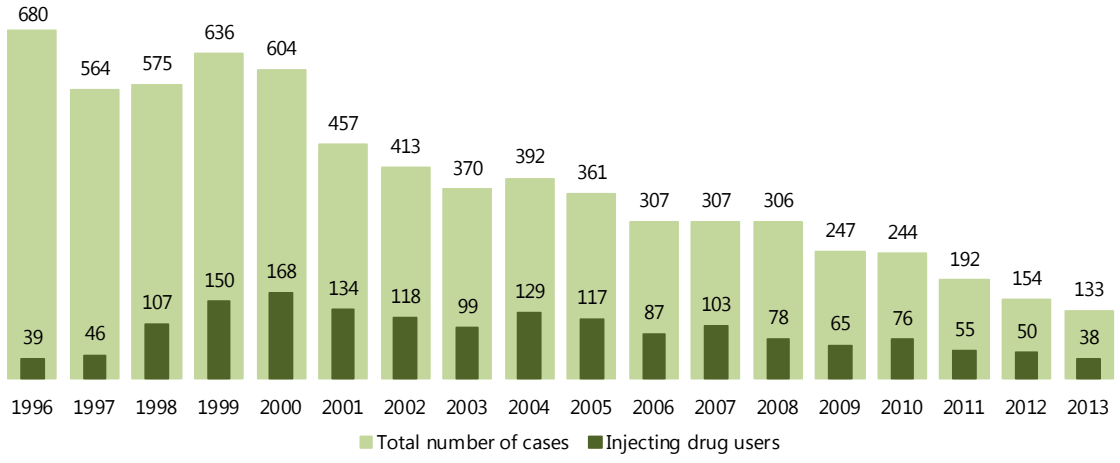
Note: The number of cases for previous years has been corrected – the corrections stem from duplications that were found and from subsequent clarification of information regarding the route of transmission.

Source: Státní zdravotní ústav Praha (2014b)

6.1.1.2 Viral Hepatitis

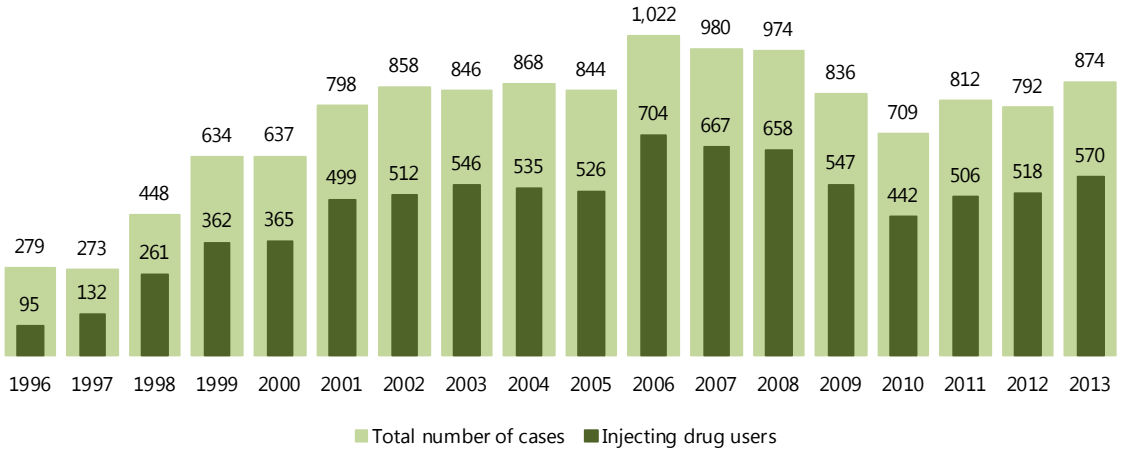
The total number of newly reported cases of acute viral hepatitis B (HBV, diagnosis B16) has been declining in recent years, both overall and among IDUs. As regards viral hepatitis C (HCV, diagnosis B17.1 and B18.2), the number of cases among IDUs increased again in 2013. In the long term, the average age of infected injecting drug users is increasing (Státní zdravotní ústav Praha, 2014a); see Graph 6-1, Graph 6-2, and Graph 6-3.

Graph 6-1: The reported incidence of acute HBV among all patients and injecting drug users in the Czech Republic, 1996-2013



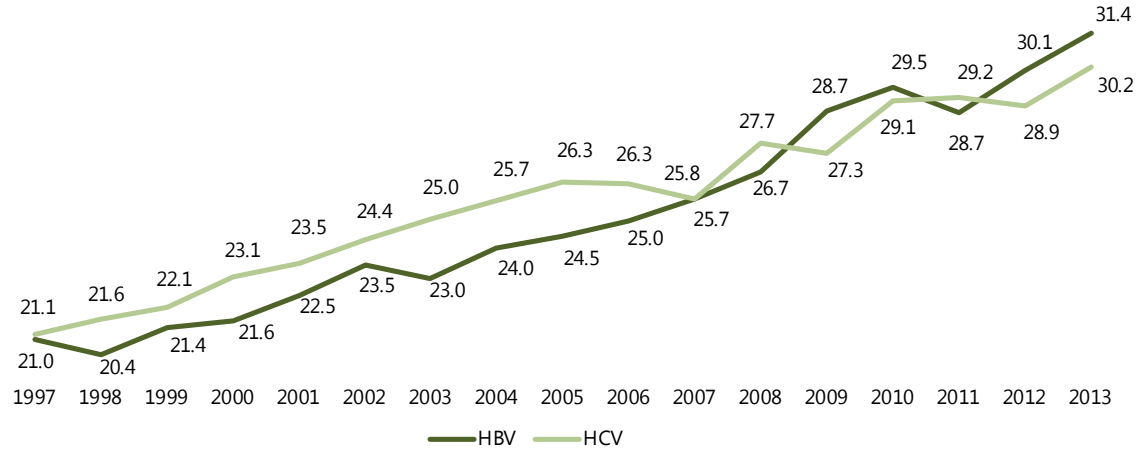
Source: Státní zdravotní ústav Praha (2014a)

Graph 6-2: Reported incidence of acute and chronic HCV among all patients and injecting drug users in the Czech Republic, 1996-2013



Source: Státní zdravotní ústav Praha (2014a)

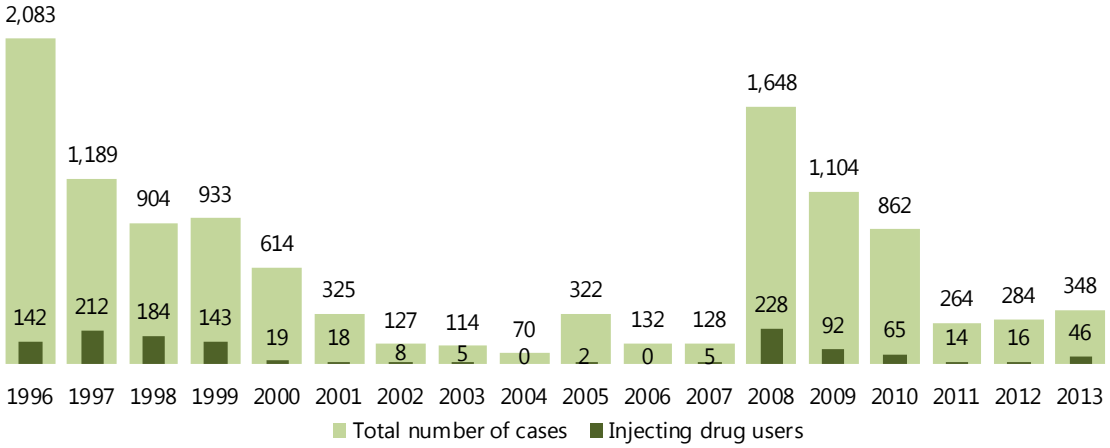
Graph 6-3: Average age of injecting drug users with reported HBV and HCV, 1997-2013



Source: Státní zdravotní ústav Praha (2014a)

Following the epidemic of viral hepatitis A (HAV, dg. B15) which broke out mainly in Prague and Central Bohemia in 2008 and was associated with IDUs at the beginning (see the 2008 National Report), since 2011 the number of cases has been returning to its low pre-epidemic values. The number of cases reported in 2013 increased almost threefold (Státní zdravotní ústav Praha, 2014a); see Graph 6-4.

Graph 6-4: Reported incidence of HAV among all patients and injecting drug users in the Czech Republic, 1996-2013



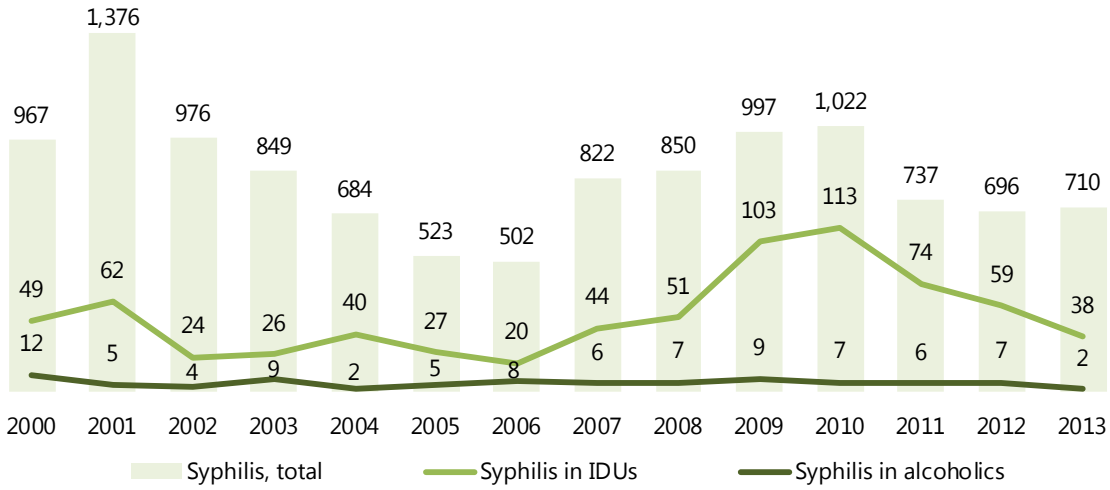
Source: Státní zdravotní ústav Praha (2014a)

6.1.1.3 Sexually Transmitted Diseases

The evolution of the total number of syphilis cases reported to the National Register of Sexually Transmitted Diseases and the number of cases among injecting drug users and alcohol users is shown in Graph 6-5.

After an increase in 2006-2010 the number of reported cases of syphilis among IDUs and in general remained stagnant in 2011-2013. The total number of reported cases of gonorrhoea has increased in the last two years, reaching 1,421 in 2013, of which the number of cases among drug users or alcohol users is in the order of units.

Graph 6-5: Reported incidence of syphilis among all patients and among injecting drug users and alcoholics in the Czech Republic, 2000-2013

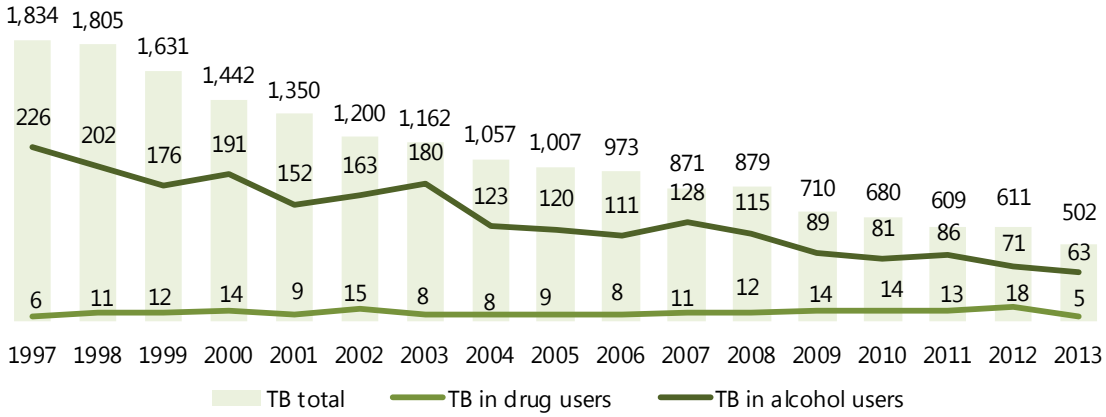


Source: Ústav zdravotnických informací a statistiky (2014d)

6.1.1.4 Tuberculosis

In 1997-2013, the annual number of cases reported in the Tuberculosis Register decreased more than three times. The number of reported cases among alcohol users is much higher than that among non-alcohol drug users; a downward trend is observed among alcohol users; see Graph 6-6.

Graph 6-6: Reported incidence of TB among all patients, among users of alcohol and other drugs in the Czech Republic, 1997-2013



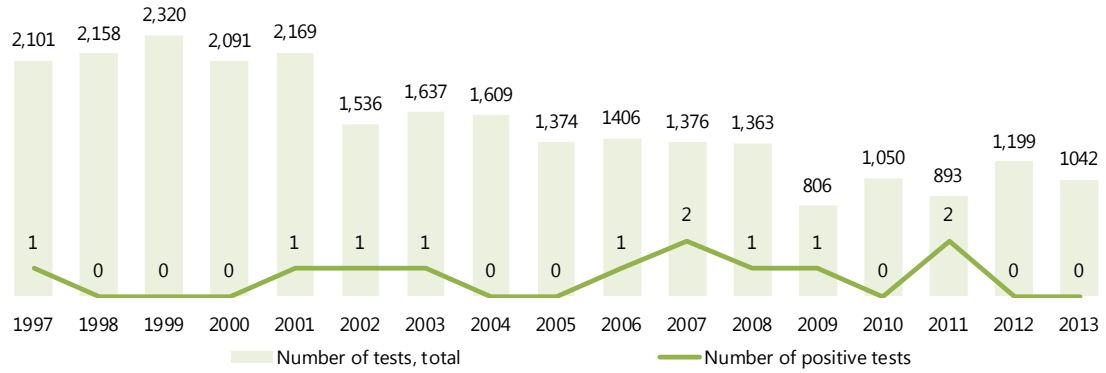
Source: Ústav zdravotnických informací a statistiky (2014e)

6.1.2 Prevalence of Infections among Drug Users

6.1.2.1 Monitoring of HIV Tests in Laboratories

In 2013, the National Reference Laboratory for AIDS recorded 1,042 examinations of IDUs, all with negative results (Státní zdravotní ústav Praha, 2014b); see Graph 6-7.

Graph 6-7: Results of testing for HIV antibodies among injecting drug users, 1997-2013



Note: These are tests when information about drug use is known prior to the test or is reported as the reason for testing. Injecting drug users can also be tested for many other reasons, and in these cases it only becomes apparent afterwards that the subject was an injecting drug user – this was also how other reported HIV positive cases among IDUs were identified. Testing in low-threshold facilities for drug users is not recorded by the National Reference Laboratory for AIDS in its entirety.

Source: Státní zdravotní ústav Praha (2014b)

6.1.2.2 Testing for Infections in Low-Threshold Programmes

Since 2004 the National Monitoring Centre for Drugs and Drug Addiction (the National Focal Point) has conducted an annual survey of low-threshold programmes for drug users to map the availability of testing, the number and results of the tests, and basic characteristics of the clients tested. The 2013 results were collected using an online questionnaire survey in July and August 2014 (Národní monitorovací středisko pro drogy a drogové závislosti, 2014f). The survey involved a total of 49 low-threshold programmes across the Czech Republic, of which 41 reported the results of testing for HCV, 36 for HIV infection, 30 for syphilis, and 25 for HBV; the results are collected for all types of tests (quick immunochromatographic tests and laboratory immunoenzymatic ELISA-type tests); see Table 6-2.

Table 6-2: Number of low-threshold programmes in the monitoring of tests for infections, 2013

Region	Total	of which testing for			
		HIV	HBV	HCV	Syphilis
Prague	5	3	0	3	3
Central Bohemia	6	4	1	6	3
South Bohemia	2	2	1	2	2
Pilsen	3	3	3	3	2
Karlovy Vary	2	1	1	1	1
Ústí nad Labem	10	7	6	7	6
Liberec	2	2	0	2	2
Hradec Králové	3	1	1	3	1
Pardubice	1	0	1	1	0
Vysočina	2	2	1	2	2
South Moravia	3	3	3	3	2
Olomouc	4	4	3	4	3
Zlín	2	2	2	2	1
Moravia-Silesia	4	2	2	2	2
Total	**49**	**36**	**25**	**41**	**30**

Note: * an antigen indicating acute or chronic active infection, ** anti-HBc IgG are antibodies generated during an acute HBV infection, but lasting even long after recovery

Source: Národní monitorovací středisko (2014f)

As in previous years, the results for 2013 suggest a relatively low incidence of infections among clients of low-threshold facilities. However, it is necessary to take into account the fact that the sample of participating programmes and the sample of the clients tested cannot be described as a representative selection. Moreover, this is a diagnostic screening, which is probably used to a greater extent by hitherto negative clients. The results thus rather underestimate the prevalence of these diseases in the population of drug users or clients of low-threshold facilities; see Table 6-3.

Table 6-3 Results of HCV testing among drug users in low-threshold facilities, 2013

Infection	Indicator tested	Number of programmes by type of test			Tests		
		Quick	Laboratory	Total	Total tested	Number of positive results	Positive (%)
HIV	anti-HIV	32	4	36	1762	2	0.1
HCV	anti-HCV	39	4	41	1,873	274	14.6
HBV	HBsAg*	17	2	19	834	2	0.2
	anti-HBc IgG**	4	2	6	293	5	1.7
syphilis	anti-treponema pallidum	26	4	30	1,181	25	2.1

Note: * an antigen indicating acute or chronic active infection, ** anti-HBc IgG are antibodies generated during an acute HBV infection, but lasting even long after recovery

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014f)

There are regional variations in the prevalence rates of HCV. However, it needs to be taken into account that this is not a representative sample of the drug users or the facilities (some facilities that exist and run testing did not participate in the survey); the sample of the clients tested is very small and in some cases the indication criteria of the individual facilities for client testing may vary. In most regions, the prevalence of HCV among the clients of low-threshold facilities is around 10% or less, while the South Bohemia, Ústí nad Labem, Pardubice, and South Moravia regions and Prague reported 20-30%; see Table 6-4.

Table 6-4: Results of HCV testing among drug users in low-threshold facilities, 2013

Region	Number of programmes		Number of persons tested		
	Responded	Tested for HCV	Total	Number of positive results	Positive (%)
Prague	5	3	252	63	25.0
Central Bohemia	6	6	221	25	11.3
South Bohemia	2	2	41	12	29.3
Pilsen	3	3	228	25	11.0
Karlovy Vary	2	1	60	2	3.3
Ústí nad Labem	10	7	241	62	25.7
Liberec	2	2	109	11	10.1
Hradec Králové	3	3	173	12	6.9
Pardubice	1	1	21	5	23.8
Vysočina	2	2	139	5	3.6
South Moravia	3	3	104	23	22.1
Olomouc	4	4	165	20	12.1
Zlín	2	2	94	8	8.5
Moravia-Silesia	4	2	45	3	6.7
Total	**49**	**41**	**1,893**	**276**	**14.2**

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014f)

A study of physical comorbidity, conducted among problem drug users in Prague by the National Focal Point in cooperation with the *FOCUS – Marketing & Social Research* agency in November 2013 also collected from the clients the results of their viral hepatitis and HIV tests; see the chapter entitled Physical Comorbidity of Problem Drug Users (p. 119).

6.1.2.3 Data on Testing for Infections in the Treatment Demand Register

Data about testing for infections and test results in the Treatment Demand Register come in part from the clients themselves, which diminishes their information value. However, it shows a stable and relatively low seroprevalence of the infections observed among injecting drug users; see Table 6-5.

Table 6-5: Results of HIV, HAV, HBV, and HCV testing among injecting drug users in the Treatment Demand Register, 2003-2013

Year	HIV		HVA		HBV		HCV	
	Total tested	Positive (%)	Total tested	Positive (%)	Total tested	Positive (%)	Total tested	Positive (%)
2003	2,471	0.8	2,132	7.1	2,504	11.2	2,884	31.5
2004	2,483	0.4	2,059	5.5	2,581	9.9	2,913	33.6
2005	2,253	0.2	1,931	4.5	2,332	10.1	2,577	35.0
2006	2,196	0.5	1,997	3.3	2,290	10.0	2,497	32.6
2007	1,905	0.3	1,774	3.3	2,004	8.4	2,168	31.0
2008	2,332	0.6	2,271	8.4	2,463	8.9	2,636	32.0
2009	2,558	0.5	2,307	6.1	2,553	8.3	2,852	29.8
2010	2,865	0.6	2,515	5.8	2,837	8.1	3,189	30.4
2011	2,933	0.9	2,429	5.5	2,915	7.2	3,276	28.7
2012	2,942	0.7	2,428	7.0	2,888	10.3	3,286	29.2
2013	3,603	0.6	2,740	8.4	3,494	10.3	3,976	29.0

Note: Only tests with known results are included.

Source: Petrášová and Füleová (2014)

6.1.2.4 Testing for Infectious Diseases among Patients in Substitution Treatment

The results of the 2013 testing for HIV, HBV, and HCV among those registered in the Substitution Treatment Register are provided in Table 6-6. A total of 2,311 persons treated were reported in the register in 2013. 182 people were tested for HIV, with one testing positive. 187 individuals were tested for antibodies against HCV (anti-HCV), with 83 testing positive (seroprevalence 44.4%). Of these 83 subjects, 68 were tested for direct identification of the HCV virus (PCR-RNA), and 34 tests were positive, indicating that the infection had reached its chronic phase (Nechanská, 2014). The HCV seroprevalence trend is shown in Graph 6-8.

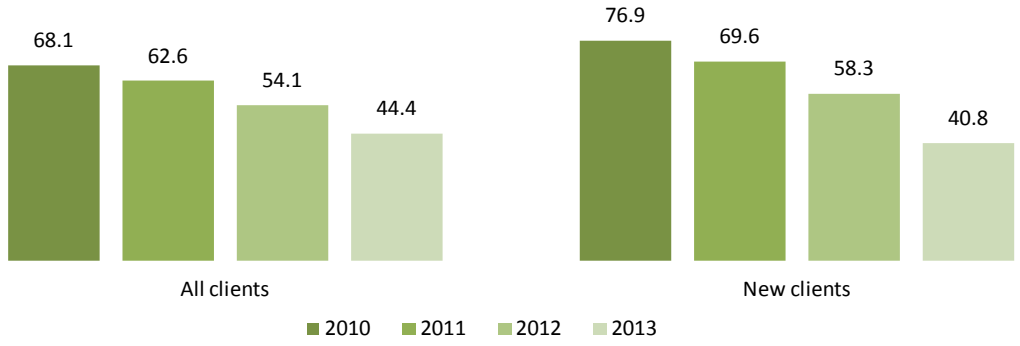
Table 6-6: Results of the testing of patients receiving substitution treatment for HIV, HVB, and HVC, 2013

Infection	Indicator tested	All clients			New clients		
		Total tested	Number of positive results	Positive (%)	Total tested	Number of positive results	Positive (%)
HIV	anti-HIV	182	1	0.5	69	–	0.0
	HBsAg*	185	13	7.0	69	3	4.3
HBV	anti-HBc IgG**	142	26	18.3	52	4	7.7
	anti-HBs**	138	40	29.0	51	13	25.5
HCV	anti-HCV	187	83	44.4	71	29	40.8

Note: * an antigen indicating acute or chronic active infection, ** anti-HBc IgG are antibodies generated during an acute HBV infection, but lasting even long after recovery

Source: Nechanská (2014)

Graph 6-8: HCV seroprevalence trend among tested patients in substitution treatment (%), 2010-2013



Source: Nechanská (2014)

6.1.2.5 Testing among Drug Users in Prisons

The Prison Service monitors the examinations of imprisoned injecting drug users for selected infections[111]; see Table 6-7. A year-on-year comparison is provided in Graph 6-9.

[111] The sample of prisoners is not representative and repeated tests on the same (positive) person in the various stages of serving a custodial sentence cannot be ruled out. Therefore, caution must be exercised in the interpretation and generalisation of the results and trends.

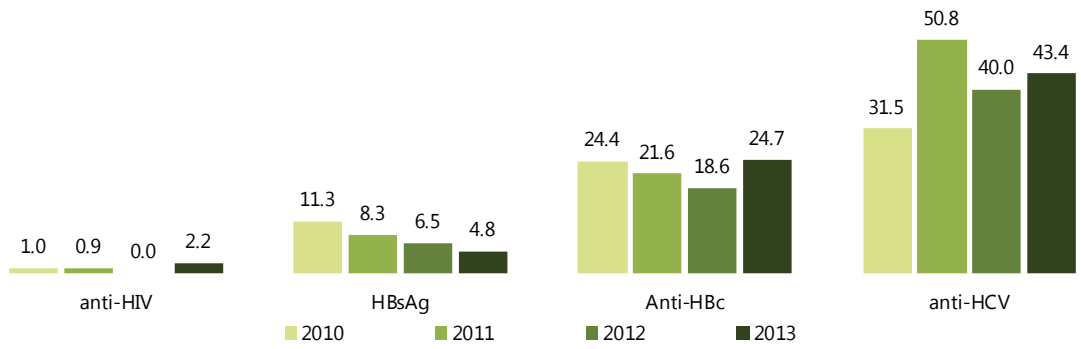
Table 6-7: Results of testing for HIV, HBV, and HCV among injecting drug users in prisons, 2013

Infection	Indicator tested		Start of prison sentence	Start of remand	During prison sentence	Total
HIV	anti-HIV	Total tested	271	265	336	872
		Positive	19	0	0	19
		Positive (%)	7.0	0.0	0.0	2.2
HBV	HBsAg*	Total tested	1,506	1,644	1,162	4,312
		Positive	61	82	62	205
		Positive (%)	4.1	5.0	5.3	4.8
	anti-HBc IgG**	Total tested	802	1,190	829	2,821
		Positive	226	231	239	696
		Positive (%)	28.2	19.4	28.8	24.7
VHC	anti-HCV	Total tested	1,473	1,762	1,355	4,590
		Positive	633	791	569	1,993
		Positive (%)	43.0	44.9	42.0	43.4

Note: * an antigen indicating acute or chronic active HBV infection, ** antibodies generated during an acute HBV infection, but lasting even long after recovery

Source: Generální ředitelství Vězeňské služby ČR (2014c)

Graph 6-9: Trend of selected serological markers of HIV, HBV, and HCV among tested injecting drug users in prison (%), 2010-2013



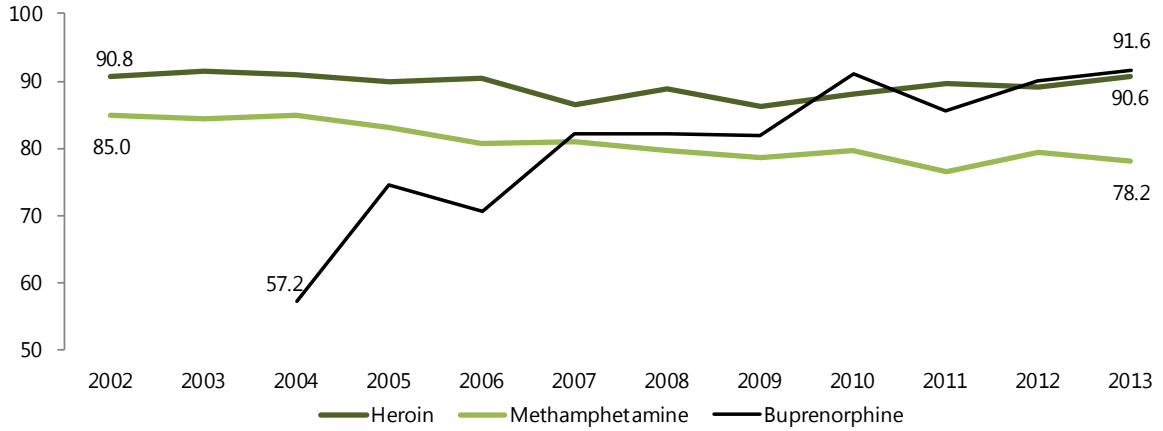
Source: Generální ředitelství Vězeňské služby ČR (2014c)

6.1.3 Risk Behaviour of Drug Users

6.1.3.1 Proportion of Injecting Use

The rates of injecting drug use among those demanding treatment is very high in the long term and this is the most common method used for the application of methamphetamine, heroin, and buprenorphine (Petrášová and Füleová, 2014); see Graph 6-10.

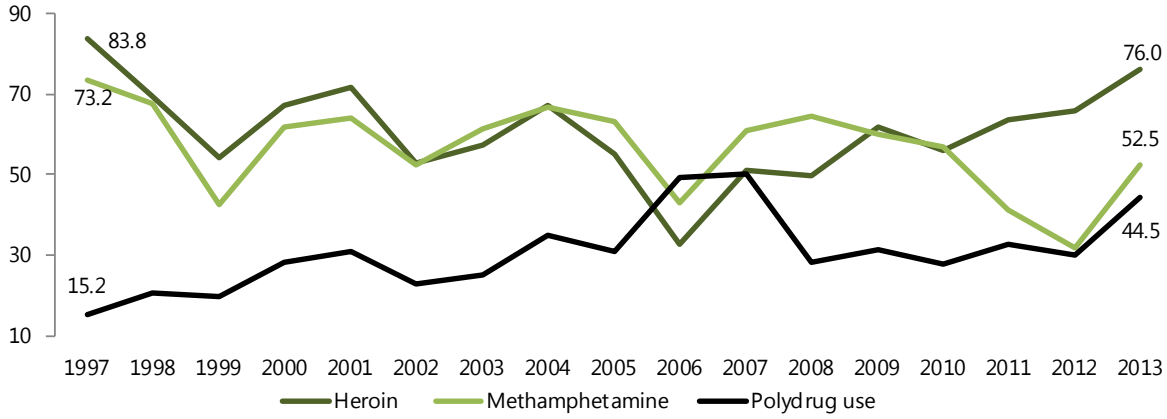
Graph 6-10: Trends in the proportion of IDUs among those demanding treatment with heroin, methamphetamine, and buprenorphine as their drug of choice (%), 2002-2013



Source: Petrášová and Füleová (2014)

The proportion of injecting drug users treated in psychiatric clinics is lower than that in the Register of Treatment Demands, but has been rising in recent years, especially among opiate/opioid users and polydrug users; see Graph 6-11.

Graph 6-11: Trends in the proportion of injecting heroin, pervitin, and polydrug users treated at outpatient psychiatric facilities (%), 1997-2013



6.1.3.2 Sharing of Needles and Syringes

The proportion of injecting drug users demanding treatment who reported sharing needles and syringes at any time in the past has been decreasing in the long term; see Table 6-8.

Table 6-8: Sharing of needles and syringes at any time in the past reported by IDUs demanding treatment, 2002-2013

Year	Number of IDUs	Number of those sharing	Proportion of those sharing (%)
2002	6,437	2,590	40.2
2003	5,901	2,356	39.9
2004	6,314	2,725	43.2
2005	5,769	2,421	42.0
2006	5,860	2,313	39.5
2007	5,338	2,139	40.1
2008	5,766	2,057	35.7
2009	6,012	2,263	37.6
2010	6,581	2,146	32.6
2011	6,471	2,136	33.0
2012	6,481	1,976	30.5
2013	7,184	2,395	33.3

Source: Petrášová and Füleová (2014)

A study of physical comorbidity conducted among problem drug users in Prague by the National Focal Point in cooperation with the *FOCUS – Marketing & Social Research* agency in November 2013 also determined the prevalence of sharing needles and syringes and other risk factors; see the chapter entitled Problem (High-risk) Drug Users in the Survey of Physical Comorbidity in Prague (p. 73).

6.1.3.3 Sexual Risk Behaviour and Drug Use

A study of sexual risk behaviour in relation to substance use in the general population was conducted in 2011; the results are available for women (Stemmler et al., 2014). Visitors to bars, cafés, and beer gardens were asked to complete a questionnaire during July and August 2011; the selection was carried out using the time-space method.[112] The sample included 124 women aged 18-67 years (average age 29 years); 25% identified their sexual orientation as other than heterosexual. The study showed there was a correlation between excessive use of alcohol and the number of new, random, or frequently changing partners in younger women. Lower alcohol consumption was found in mothers. 60% of the women never used a condom; this was correlated to the status of being single, a larger number of male partners, and the short duration of sexual relationships. Condom use was more frequent in women who had a long relationship and discussed the issue of HIV status with their sexual partners. The women who sought an HIV test were younger and heterosexually oriented. It is thus apparent from the study that alcohol increases the risk of contracting sexually transmitted diseases, including HIV, and condom use and other protective and preventive practices are rare in the Czech female population.

6.2 Other Drug-Related Health Correlates and Consequences

6.2.1 Psychiatric Comorbidity

Všetička (2014) published a paper on the correlation between the use of methamphetamine and marijuana and toxic psychosis and schizophrenia. The motivation for this paper was an increase in the incidence and prevalence of endogenous psychoses (dg. F20-F29), as well as increasing levels of

[112] A probabilistic selection strategy for populations without a known sampling frame, similar to respondent-driven sampling.

drug use in the Czech population in 1994-2011, while the boundary between toxic psychosis (caused by the use of addictive substances, especially central stimulants and cannabis) and endogenous psychosis is blurred. A sample of 510 patients hospitalised in the Brno Psychiatric Hospital in 2011 with a diagnosis F20-F29 was analysed. The sample was monitored for lifetime experience with the use of methamphetamine and cannabis. The results were compared with the prevalence of these substances in the general population. It was found that patients with endogenous psychosis have more experience with methamphetamine compared to the general population, while the rate of cannabis use among these patients was equal to or lower than that in the general population. The odds ratio (OR) for methamphetamine was 2.9 to 8.7 (by a population survey used for comparison), i.e. patients hospitalised with psychosis had an experience with methamphetamine 3-9 times more frequently than the general population. In the subset of 280 patients with schizophrenia the odds ratio for methamphetamine was as high as 4.3 to 12.7. The paper then observed the incidence of hospitalisation for toxic psychosis caused by cannabis, methamphetamine, and polydrug use (dg. F19) in 1994-2011, which increased approximately ten-fold. The most common reasons for hospitalisation include psychosis caused by multiple substances and methamphetamine, less frequently by cannabis. The lifetime prevalence of cannabis use, according to various surveys, is 8-12 times more frequent than that of methamphetamine use in the general population, but hospitalisation for toxic psychosis resulting from cannabis use in the study period was, on average, 5.3 times less frequent than that for methamphetamine use, which means that the potential of methamphetamine to induce toxic psychosis is 42-64 times higher than that of cannabis. Therefore, the author suggests that the increase of toxic and endogenous psychoses in the Czech Republic could be attributed partly to methamphetamine use (Všetička, 2014).

An analysis of the results of the monitoring of female clients treated in 2010-2012 in the *Slunečnicová zahrada* (Sunflower Garden) programme of the Centre for the Family run by Drop In, a public service company, which provides comprehensive multidisciplinary care for drug-using mothers (Doležalová et al., 2014), focused on the incidence of traumatic stress and psychopathology in relation to drug use. The group included 75 women with an average age of 35 years, of whom 36 used methamphetamine, 35 heroin, and four alcohol as their drugs of choice. It was found that 44% had experienced physical abuse at some point and 29% domestic violence, 65% were neglected, and 95% had experienced emotional trauma. Some of the personality and behaviour disorders were diagnosed in 21% of the group, anxiety disorders in 44%, bipolar affective disorder in 48%, and eating disorders in 8% (with a significantly higher incidence of 14% among the users of methamphetamine). The conclusions suggest that the experience of trauma increases the incidence of psychiatric comorbidity, addressing the symptoms of post-traumatic stress disorder in treatment reduces problems related to drug use and this effect persists after treatment, and treatment improved their subjectively perceived quality of life.

A questionnaire survey was conducted for a school project focused on the context of problem drug use and eating disorders (Čejdová, 2014). The sample consisted of 37 women aged 17-41 years (with a duration of drug use from 2 to 20 years), the clients of a drop-in centre and substitution treatment programme in Brno, of whom 25 were methamphetamine users and 12 users of opiates/opioids (including methadone). The diagnoses of some eating disorders and body weight change were determined from each client's medical history – an eating disorder had been diagnosed at some point in 10 clients (27%). On the basis of their body mass index (BMI),[113] 10 clients fell into the underweight category and two the category of malnutrition (32% combined), while three clients were overweight. 27 clients (73%) experienced a reduction in their weight during the time they were using drugs. The proportion of clients with a body weight below normal weight

[113] The survey did not study each specific diagnostic criterion for eating disorders, and the BMI thus might not have captured some of the eating disorders that are not manifested by loss of weight, and a BMI outside the normal range does not necessarily have to be associated with an eating disorder.

(i.e. BMI < 18.5) or diagnosed with an eating disorder was significantly higher than in the general population and was associated mainly with the use of methamphetamine.

6.2.2 Physical Comorbidity of Problem Drug Users

6.2.2.1 Study among the Clients of Low-Threshold Programmes in Prague

In November 2013, the National Focal Point, in cooperation with the *FOCUS – Marketing & Social Research* agency, conducted a study among the clients of four low-threshold programmes for drug users – the SANANIM, Stage 5 Progressive, and Drop In "contact centres" and the SANANIM "Ambulance" outreach programme. The aim of the study was to map somatic problems, the related therapeutic needs, and barriers to treatment in active problem drug users (PDUs). The study consisted of three parts: a questionnaire survey involving a sample of 240 problem drug users focused on health problems and barriers preventing them from accessing healthcare services, medical examinations of 40 PDUs, and two focus groups – one with eight men and a second with six women (Mravčík and Nečas, 2014, Národní monitorovací středisko pro drogy a drogové závislosti and FOCUS – Centrum pro sociální a marketingovou analýzu, 2014).

The data in the survey was collected through face-to-face interviews with a trained interviewer (PAPI) from a sample of 240 PDUs. A description of the sample is given in the chapter entitled Problem (High-risk) Drug Users in the Survey of Physical Comorbidity in Prague (p. 73). The questionnaire consisted of 209 items in total and the questions covered the following areas:

- sociodemographic characteristics,
- risky drug use behaviour, previous testing for HIV, HAV, HBV, HCV, and its results (questions taken from the report form concerning applications for drug-related treatment submitted to the Treatment Demand Register of the Public Health Service),
- experience with addiction treatment,
- participation in needle exchange programmes, previous diagnoses, and treatment of selected somatic diseases; questions were taken from the EMCDDA model questionnaire for behavioural studies in populations of injecting drug users (EMCDDA, 2013),
- the Opiate Treatment Index (OTI), part 3: state of health (Darke et al., 1991),
- barriers to accessing treatment; the questions were based on the Barriers to Treatment Inventory; 38 questions were adopted from the original 59 questions (Rapp et al., 2006),
- clients' own experience with accessing health services when experiencing somatic problems.

The symptoms of muscular and skeletal diseases had been experienced in the last month by 37.2% of the users (mainly stiffness and pain in their joints and muscles), general health problems by 36.8% (fatigue, weight loss, sleep problems, dental problems), and 34.6% of the women reported gynaecological problems (especially an irregular menstrual cycle). At the same time, 12-30% of the PDUs reported current symptoms of neurological, cardiovascular, respiratory, digestive, and genito-urinary diseases and problems associated with injecting drug use. Heroin users in particular showed a significantly higher rate of occurrence of (almost) all the groups of health problems compared to the users of other drugs.

The most common diagnosis that the respondents had ever heard from their physician was HCV (59.6%). The other most frequently diagnosed health problems were diseases of the teeth (54.6%), abscesses at the injecting site (39.6%), pneumonia (33.8%), HBV (29.6%), abscesses elsewhere on the body (16.7%), nephritis (13.3%), and liver cirrhosis (10.0%). According to the clients' own statements, 16.3% of them had suffered from HVA at some point, 32.9% from HBV, and 63.7% from HCV. Two respondents (0.9%) were HIV-positive.

Most of the respondents were provided with healthcare for all the diseases except dental problems (dental care was provided to 42.0% of the respondents). Medical care for HCV was provided,

according to the respondents, to 60.8% of them, medical care for abscesses at the injecting site in 77.9% of cases, and for pneumonia in 82.7% of cases. A relatively high proportion of the persons refused to accept healthcare for their diagnosed HCV and dental problems (about 8%).

141 respondents (58.8%) had sought medical treatment in a healthcare facility (outside a drop-in centre) in the last 12 months. Of these, 100 persons (70.9%) were always examined/treated, 31 (22.0%) were examined/treated in most cases, and 10 (7.1%) in half of the cases or fewer cases. A total of 96 persons (68.1%) had been treated on an outpatient basis at least once, and 46 persons (32.6%) had been hospitalised. 70 persons (29.2%) had been transported by the emergency ambulance service at least once in the last 12 months, 32 of them (13.3%) repeatedly.

Five key factors were identified that constitute barriers to entry into treatment and its provision. It is apparent that women, persons living with children, and foreigners encounter barriers to a greater extent. These include, in a descending order of importance:

1. the perceived uselessness or futility of treatment – the respondents believe that they do not need treatment, or they do not believe that treatment could help them;
2. fear of the unknown and reluctance to accept treatment – a wide range of concerns, based on both practical reasons (fear of losing friends, fear of withdrawal symptoms, or fear of potential fellow-patients) and less specific reasons (shyness, reluctance, avoiding stress);
3. poor previous experience – with treatment, its results, or the attitude of the medical staff;
4. fear of repression or criminalisation – the fear that entry into treatment will lead to unwanted confrontation with the (legal, health, and social) system or that it will deepen the existing confrontation;
5. the barriers posed by family and existential ties – unwillingness or inability to break away from one's family or social or existential background and to cut off or loosen the currently functioning ties and relationships.

40 problem drug users, 10 from each of the participating programmes, were examined by a physician. All the clients underwent anamnestic and physical examination; their weight was measured; their height was determined from their medical history or measured with a folding rule; their body mass index (BMI) was calculated. A total of 20 clients underwent a urine dipstick test.[114]

Blood pressure was normal in 27 of those examined (67.5%), hypotension was determined in three persons (7.5%), elevated blood pressure levels were found in three persons (7.5%), and hypertension was found in seven individuals (17.5%). 34 persons (85.0%) exhibited a normal heart rate, six persons (15.0%) had tachycardia (above 90 beats per minute). 29 (73%) of the respondents (80% of the women and 70% of the men) were in the normal body weight range, two of the women (one fifth of the women and 5% of the entire sample) were in the underweight range, eight men were overweight, and one exhibited mild obesity.

Most pathological findings were observed in the teeth (90.0%), skin (15.0%), and extremities (7.5%). In most cases, the dental problems found included treated or untreated decay, incomplete teeth, or even the complete extraction of teeth (three cases). Skin problems included mainly trophic changes on the lower limbs, varicose ulcers, and local skin infections such as abscesses or pustules, while one case involved foot mycosis.

As regards their gynaecological history, three out of the 10 women reported one or two abortions, six women reported giving birth (five of them once, one of them twice), nine women reported current menstruation, and one woman used contraception. Symptoms of gynaecological diseases were detected by the physician in two out of the 10 women.

The physician described the state of health of 35 persons (87.5%) as good or satisfactory; five of the individuals examined (12.5%) were found to have an unsatisfactory state of health. The diagnoses

[114] HEPTAPHAN diagnostic strips were used to examine pH, proteins, ketones, urobilinogen, and blood haemoglobin.

that occurred in most cases were (chronic) HCV, past HAV/HBV infection, chronic tooth decay, incomplete dentition, lower limb edema and trophic changes on the lower limbs after thrombophlebitis, purulent skin defects, gastroduodenal ulcer disease, and smoking. 39 of those examined exhibited normal cognition.

All the persons examined were referred to further examinations or further medical care of various specialisations. In most cases, the referrals were made for dental care, followed by referrals to the departments of hepatology and gastroenterology (as a result of hepatitis or gastroduodenal ulcer disease), internal outpatient clinic (as a result of hypertension, another finding, or their general state of health), dermatovenerology (as a result of skin disorders or sexually transmitted diseases), general practitioners (for a follow-up examination, e.g. for a blood pressure check), surgery (mainly as a result of localised skin inflammation – abscesses, although the sample also included one case of suspected acute abdomen, but the patient refused transport) or neurological cases (after a stroke or suspected epilepsy).

According to the examining physician, the majority of clients could not provide proof of health insurance, and some did not have identity documents; in general, they had problems with access to healthcare. They usually seek medical care at emergency units only when they experience major health problems. The physician, however, believes that "a significant minority" would be willing to accept regular care, show up for planned checks and examinations, and follow a physician's recommendations.

In addition, two focus groups were conducted with a total of 14 problem drug users (eight men and six women). It turned out that PDUs perceive visits to medical facilities as if they were entering a hostile and indifferent environment. All of them had experience of a negative attitude on the part of the medical staff either towards themselves personally or towards other drug users.

Drug users deal with their health problems by self-help if possible, most often by using illicit drugs (methamphetamine) or over-the-counter medications. If forced to visit a healthcare facility, they decide to conceal their drug problem for fear of negative reactions from physicians and nurses.

Problem drug users perceive the negative attitude of healthcare staff as aggression and a lack of understanding of their situation and they are convinced that the staff essentially do not want to help them. Interaction with medical staff often turns into conflict. They are aware of the fact that if they themselves behave politely and helpfully to the medical staff, they will often encounter a more agreeable attitude.

Women are faced with considerable difficulties if they want to deal with gynaecological problems or an unwanted pregnancy. They are not able to find a gynaecologist if they admit drug use.

Women have a positive experience of substitution treatment being offered to them during hospitalisation. Men do not have this experience; more often their friends supplied them with drugs while they were staying in hospital.

Although the respondents essentially have a negative attitude towards healthcare institutions as such, they would welcome a facility in which they would not be stigmatised because of their addiction and where the staff would be ready to work with drug users, as is the case in drop-in centres.

6.2.2.2 Study among the Staff of Low-Threshold Programmes in Prague

A research study was conducted as part of a master's diploma thesis in addictology among the staff members of low-threshold programmes in Prague, focusing on the physical complications of injecting drug users (Spůrová, 2013). A questionnaire survey was carried out in all seven low-threshold programmes (the Sananim, Drop In, Progressive, and Eset Help outreach programmes, and the Sananim, Drop In, and Stage 5 Progressive drop-in centres). 38 (68%) out of the total number of 56 workers participated in the survey. The analysis shows that all the respondents

provide IDUs with information concerning physical complications and 87% of the respondents provide healthcare treatment themselves. The types of physical complications treated are shown in Table 6-9.

Table 6-9: Physical complications in IDUs – number of interventions by type in the last 30 days

Physical complications of IDUs	Number of interventions delivered	Proportion (%)
Small festering locations	251	14.3
Abscesses	249	14.2
Lower limb ulcers	236	13.4
Other skin problems, unclear	215	12.2
Hepatitis	187	10.6
Mechanical injuries, e.g. stab wounds and cuts, abrasions	142	8.1
Phlebitis	111	6.3
Sexually transmitted infections	77	4.4
Parasitic diseases (e.g. scabies, lice)	73	4.2
Phlegmona	70	4.0
HIV	47	2.7
Infective endocarditis	35	2.0
Overall sepsis	34	1.9
Burns, frostbite	27	1.5
Other		
› fungal diseases	2	0.1
› overdoses	1	0.1
› epileptic seizures	1	0.1
Total	**1,758**	**100.0**

Source: Spůrová (2013)

The interventions dealing with physical complications in IDUs include treatment and the provision of information on physical complications, or referral to a healthcare facility. The most common problem for staff providing healthcare treatment is uncertainty (40%). In addition, they lacked manual dexterity and orderliness in providing treatment (29%), the ability to detect somatic complications (16%), and knowledge of the correct procedure (16%), or they had insufficient healthcare skills in general (16%); only 6% of the respondents said they did not lack skills. The respondents most often received information and acquired practical care skills from their more experienced colleagues, followed by literature, courses, seminars, or conferences. The thesis also developed a methodology for the management of physical complications in IDUs for the staff members of low-threshold services (Spůrová, 2013).

6.2.3 Non-Fatal Drug Intoxications

The collection of data on non-fatal intoxications has been performed by the Public Health Service within a special warning (sentinel) system since 1995. However, there are considerable regional differences in the data collection systems, which complicates the interpretation of the current state of affairs and trends.[115] 1,043 cases of non-fatal intoxications by drugs were reported in 2013 (Petrášová and Füleová, 2014); see Table 6-10. Methamphetamine and benzodiazepines make up the highest proportion of the intoxications reported.

[115] This system reports cases of overdoses, as well as other health complications that require emergency hospitalisation. Various types of healthcare facilities report to the system, particularly emergency units and intensive care units. In 2013, data collection was conducted in three regions (South Bohemia, South Moravia, and Hradec Králové).

Table 6-10: Non-fatal drug intoxications in the Czech Republic registered by the Public Health Service, 2004-2013

Drug	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Methamphetamine	180	222	231	343	364	187	148	150	260	245
Heroin	179	244	149	190	166	122	162	96	77	63
Methadone	2	10	7	2	1	1	0	0	0	0
Subutex®	12	14	18	32	7	0	0	0	0	0
Other opiates/opioids	20	19	21	40	17	42	24	32	42	37
Benzodiazepines	126	153	124	139	113	180	136	138	206	248
Other sedatives and hypnotics	103	88	107	125	135	127	112	105	120	101
Cannabis	84	73	72	127	108	105	102	84	125	125
Inhalants	64	48	28	31	9	33	18	25	26	15
Psilocybin	10	6	5	10	9	7	4	2	7	4
Cocaine, crack	5	7	8	1	7	2	0	1	5	3
Datura stramonium	0	1	0	1	5	2	0	0	2	1
LSD	7	3	5	7	4	13	3	7	15	7
Ecstasy	3	8	12	12	3	1	2	0	4	0
Other known drugs and medications	92	111	89	124	140	173	137	139	147	191
Other, unknown	65	186	78	71	58	23	1	26	3	3
Total	**952**	**1,193**	**954**	**1,255**	**1,146**	**1,018**	**849**	**805**	**1,039**	**1,043**

Source: Petrášová and Füleová (2014)

In addition, information is available on the occurrence of intoxication with addictive substances, collected from the National Register of Hospitalisations (NRHOSP).[116] Despite the obvious flaws in the coding of substances by physicians, one can see a long-term decline in the number of admissions for drug poisoning, while the number of those for alcohol poisoning is approximately twice the number of poisonings caused by all other substances combined; see Table 6-11.

Table 6-11: Number of admissions to acute care hospitals for intoxication caused by drugs, 2002-2013

Drug	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Heroin (T40.1)	27	24	18	31	41	19	20	17	4	13
Methadone (T40.3)	1		6	1	2	3	2	1	2	1
Other opiates/opioids (T40.0, T40.2)	50	71	79	64	62	50	62	57	79	96
Cocaine (T40.5)	2	7	2	1	4	1	3	1	1	9
Cannabis (T40.7)	95	78	67	55	86	66	66	58	57	65
LSD (T40.8)	4		6	5	3	4	1	2	2	2
Methamphetamine and other stimulants (T43.6)	24	25	22	29	30	25	25	17	30	39
Other and unspecified drugs (T40.4, T40.6, T40.9)	100	116	146	136	83	94	77	79	87	98
Illegal drugs total	**303**	**321**	**346**	**322**	**311**	**262**	**256**	**232**	**262**	**323**
Alcohol (T51.0, T51.9)	1,505	1,220	1,184	1,161	1,125	919	724	714	738	608
Inhalants (T52.0-T52.9)	434	401	401	306	264	230	243	241	262	234
Total	**2,242**	**1,942**	**1,931**	**1,789**	**1,700**	**1,411**	**1,223**	**1,187**	**1,262**	**1,165**

Source: Ústav zdravotnických informací a statistiky (2014c)

[116] This register is managed by the Institute of Health Information and Statistics and records only cases requiring hospitalisation for more than 24 hours. Cases of accidental, intentional, or undetermined poisoning caused by illegal drugs were extracted, i.e. diagnoses of intoxications with non-alcohol drugs, excluding medications (diagnoses T40 and T43.6) and the toxic effect of alcohol (T51.0, T51.9) and the toxic effect of inhalants (T52.0-T52.9).

6.2.4 Methanol Poisonings

The mass methanol poisonings which broke out in September 2012 continued to occur, but on a smaller scale, in 2013, when 15 hospital admissions were reported for methanol intoxication, with 9 deaths; see Table 6-12. For more details on the mass poisonings in 2012 see the 2012 National Report.

Table 6-12: Number of hospitalisations and deaths resulting from methanol poisoning in the Czech Republic, 2002-2013

Year	Number of hospitalisations	Number of deaths
2002	11	0
2003	8	2
2004	12	0
2005	9	3
2006	8	1
2007	2	1
2008	7	1
2009	3	3
2010	11	3
2011	10	3
2012	97	36
2013	15	9

Note: * Includes hospitalisations for accidental, intentional, or unspecified poisonings.

Sources: Ústav zdravotnických informací a statistiky (2014c), Ústav zdravotnických informací a statistiky (2014b)

6.2.5 Injuries under the Influence of Drugs

The number of accidents under the influence of drugs other than alcohol treated in outpatient surgical units[117] in 2013 rose by almost a half and the number of accidents under the influence of alcohol increased slightly; see Table 6-13.

Table 6-13: Number of injuries treated in surgical wards in total and under the influence of alcohol and drugs, 2001-2013

Year	Total number of injuries	Of which injuries under the influence of			
		alcohol		other drugs	
		Number	Proportion (%)	Number	Proportion (%)
2001	1,681,741	37,954	2.3	816	0.05
2002	1,776,050	42,414	2.4	919	0.05
2003	1,806,886	39,182	2.2	869	0.05
2004	1,824,015	40,608	2.2	819	0.04
2005	1,841,339	40,205	2.2	1,071	0.06
2006	1,855,697	38,584	2.1	1,085	0.06
2007	1,794,213	41,498	2.3	1,433	0.08
2008	1,649,519	39,116	2.4	1,671	0.10
2009	1,640,975	45,606	2.8	1,446	0.09
2010	1,661,721	35,041	2.1	1,996	0.12
2011	1,696,419	42,940	2.5	2,696	0.16
2012	1,739,243	41,252	2.4	1,442	0.08
2013	1,787,775	43,021	2.4	2,140	0.12

Source: Ústav zdravotnických informací a statistiky (2014f)

[117] The data are drawn from the data sheet tracking treatment in the field of surgery completed annually by each outpatient department or unit for surgery; the data sheet tracks the number of injuries treated in surgical departments and, separately, the number of accidents that occurred under the influence of alcohol or under the influence of drugs.

Furthermore, all cases with an external cause of injury and those under the influence of drugs, or those in which the influence of addictive substances was obvious from a secondary diagnosis, were extracted from the National Register of Hospitalisations.[118] The proportion of accidents under the influence of drugs was 4.9% in 2013, most of them under the influence of alcohol (3.4%); the proportion of accidents under the influence of alcohol has been growing in the long term. The proportion of accidents under the influence of psychoactive drugs reached 1.3%. The proportion of illicit drugs and inhalants was very low in the reporting period and reached between 0.1% and 0.2% in 2013; see Table 6-14.

Table 6-14: Development in hospitalisations for injury, overall and under the influence of drugs, 2002-2013

Year	Total number of injuries	Of which injuries resulting from accidents under the influence of				
		addictive substances in total	alcohol	illicit drugs	psychoactive medications	inhalants
2002	187,090	**8,942**	4,959	443	3,350	441
2003	196,577	**9,080**	5,373	428	3,090	421
2004	203,211	**9,681**	6,010	402	3,098	446
2005	202,815	**9,341**	5,845	391	2,991	415
2006	195,803	**8,659**	5,216	423	2,872	412
2007	191,937	**9,157**	5,878	410	2,812	315
2008	196,013	**9,588**	6,650	425	2,566	271
2009	198,738	**9,670**	6,974	370	2,385	242
2010	200,319	**9,163**	6,615	365	2,255	249
2011	200,553	**9,416**	6,807	326	2,325	250
2012	205 090	**10 032**	7 190	384	2,519	271
2013	204,603	**10,040**	7,049	458	2,692	237

Source: Ústav zdravotnických informací a statistiky (2014c)

6.2.6 Drugs and Road Accidents

Since 2003, cases have been analysed of ethanol and other drugs detected[119] in victims of traffic accidents autopsied in forensic medicine departments in the Czech Republic; for more details see the chapter entitled Drug-Related Deaths and Mortality of Drug Users (p. 128). So-called active participants in traffic accidents (pedestrians, cyclists, and drivers) are monitored separately.[120] The data for 2012 are newly available.

In 2012, 12 departments of forensic medicine[121] performed autopsies on 807 individuals who died in road accidents or as a result of injuries sustained in them, of whom 414 (51.3%) were subjected to toxicological examination,[122] which is the same as in the previous year. The largest proportion of positive results (26.7%) involved alcohol, although compared to previous years, there was a significant decrease, especially in the number of drivers of motor vehicles. For methamphetamine,

[118] Cases with a primary diagnosis or any secondary diagnosis F10.0 and T51.0 or T51.9 were defined as injuries under the influence of alcohol, cases with a primary diagnosis or any secondary diagnosis F11.0, F12.0, F14.0, F15.0, F16.0, F19.0, T40, or T43.6 for illegal drugs, cases with a primary diagnosis or any secondary diagnosis F18.0 or T52 for inhalants, and cases with a primary diagnosis or any secondary diagnosis F13.0, T42, or T43, except T43.6, for psychoactive drugs.

[119] A test is considered to be positive for ethanol if the level of ethanol is higher than 0.2 g/kg, positive for cannabis if THC or its active metabolite is proven (i.e. not THC-COOH, for instance), and positive for inhalants if a post-mortem examination detects substances which do not develop post mortem or are not indicated in some physiological or pathological conditions (e.g. acetone, acetaldehyde, n-propanol, or n-butanol).

[120] The category of other victims mainly comprises passengers in vehicles and the fatalities that could not be assigned to any of the three previous categories (i.e. victims of other than road accidents, e.g. aircraft accidents, construction site accidents, and public transport accidents).

[121] I.e. all the forensic medicine departments except the Department of Forensic Medicine of the First Faculty of Medicine of Charles University in Prague and the General University Hospital in Prague, which did not supply a database of autopsies performed.

[122] I.e. examined for ethanol or any drug in the following groups: inhalants, opiates, stimulants, cannabis, cocaine, benzodiazepines, and barbiturates.

the proportion (7.0%) of positive tests recorded was the highest since monitoring began in 2003; this increase is attributable to drivers (12 out of the total number of 14 cases were drivers). Not a single case of a driver testing positive for cannabis was recorded and there was a further annual decline in the number involving benzodiazepines, to 3.6%; see Table 6-15. Opiates/opioids were only found in the case of one driver and barbiturates in two cases of a driver and a cyclist; neither inhalants nor cocaine were detected in 2012 (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2014). In total, 75 victims of traffic accidents were identified as being positive for ethanol (of whom 25 drivers) and 23 victims who were positive for some of the narcotic and psychotropic substances under monitoring (of whom 16 were drivers); this number is much higher than the number recorded by the Police of the Czech Republic (however, one needs to take into account the different methodology used for monitoring and reporting).

Table 6-15: Detection of ethanol and other drugs in the bodies of active road users who died in traffic accidents, 2008-2012

		Pedestrians		Cyclists		Drivers		Total	
Drug	**Year**	Examined	Positive (%)	Examined	Positive (%)	Examined	Positive (%)	Examined	Positive (%)
Ethanol	2008	139	51.8	40	37.5	202	29.2	381	38.3
	2009	114	50.9	30	16.7	184	25.0	328	33.2
	2010	144	50.0	30	43.3	198	19.7	372	33.3
	2011	115	56.5	19	42.1	139	27.3	273	40.7
	2012	106	40.6	17	41.2	158	15.8	281	26.7
Stimulants (incl. methamphetamine and ecstasy)	2008	121	3.3	21	0.0	195	9.2	337	6.5
	2009	84	3.6	18	0.0	175	5.1	277	4.3
	2010	97	1.0	16	0.0	172	4.7	285	3.2
	2011	67	6.0	7	0.0	120	2.5	194	3.6
	2012	68	2.9	7	0.0	125	9.6	200	7.0
Cannabis (active metabolites of THC)	2008	60	6.7	13	0.0	130	6.2	203	5.9
	2009	49	4.1	9	0.0	125	1.6	183	2.2
	2010	51	5.9	8	0.0	119	5.9	178	5.6
	2011	39	10.3	4	0.0	82	1.2	125	4.0
	2012	38	0.0	4	0.0	94	0.0	136	0.0
Benzodiazepines	2008	135	5.2	24	12.5	204	2.0	363	3.9
	2009	99	6.1	22	13.6	189	4.2	310	5.5
	2010	114	4.4	18	0.0	197	6.1	329	5.2
	2011	83	3.6	14	21.4	131	3.1	228	4.4
	2012	90	5.6	14	0.0	147	2.7	251	3.6
Any drug other than ethanol	2008	142	10.6	29	10.3	213	12.7	384	11.7
	2009	100	8.0	22	13.6	191	11.5	313	10.5
	2010	124	7.3	21	0	205	14.6	350	11.1
	2011	93	10.8	14	21.4	135	5.9	242	8.7
	2012	101	5.9	15	6.7	152	10.5	268	8.6

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP (2014)

In 2013, the Police of the Czech Republic recorded 4,686 accidents caused under the influence of alcohol (i.e. 6.1% of the total), with 52 fatalities (i.e. 9.0% of the total) and another 2,306 persons injured (Ředitelství služby dopravní policie Policejního prezidia ČR, 2014); see Table 6-16. More than every 16th accident was caused under the influence of alcohol and every 11th person killed in a traffic accident died in an accident caused under the influence of alcohol. Compared with 2012, the number of such accidents is lower by 288, the number of deaths is higher by seven, and the

number of those injured decreased by 219. The highest percentages of accidents caused under the influence of alcohol were in the Zlín and Karlovy Vary regions (10.9% and 9.8%, respectively). The accidents with most fatalities occurred on the territory of the Central Bohemia (9), Hradec Králové (9), and Moravia-Silesia (7) regions. The highest proportion of people killed in these accidents occurred, as in 2012, in the Liberec Region – 20%. The Karlovy Vary region reported no persons killed in accidents caused under the influence of alcohol. The culprit in accidents occurring under the influence of alcohol had, in most cases (59.4%), blood ethanol levels higher than 1.5‰.

Table 6-16: Road accidents in the Czech Republic, 2003-2013 – the influence of alcohol and other drugs

Year	Accidents					Deaths (within 24 hours of the accident)				
	Total	Under the influence of alcohol		Under the influence of other drugs		Total	Under the influence of alcohol		Under the influence of other drugs	
	Number	Number	%	Number	%	Number	Number	%	Number	%
2003	195,851	9,076	4.9	39	0.02	1,319	111	8.5	0	0.0
2004	196,484	8,445	4.5	53	0.03	1,215	59	4.9	1	0.1
2005	199,262	8,192	4.3	60	0.03	1,127	59	5.2	0	0.0
2006	187,965	6,807	3.8	64	0.03	956	42	4.3	1	0.1
2007	182,736	7,266	4.3	78	0.04	1,123	36	3.2	2	0.2
2008	160,376	7,252	4.8	109	0.07	992	80	8.1	1	0.1
2009*	74,815	5,725	8.1	137	0.18	832	123	14.9	6	0.7
2010	75,522	5,015	6.6	165	0.22	753	102	13.5	15	2.0
2011	75,137	5,242	7.5	165	0.24	707	89	12.6	10	1.4
2012	81,404	4,974	6.7	173	0.22	681	45	6.6	9	1.3
2013	84,398	4,686	6.1	244	0.32	583	52	9.0	14	2.4

Note: * Effective from 1 January 2009, the estimated damage limit for the mandatory reporting of accidents to the police was increased from CZK 50,000 (€ 1.9 thousand) to CZK 100,000 (€ 3.9 thousand); as a result, the number of accidents reported dropped.

Source: Ředitelství služby dopravní policie Policejního prezidia ČR (2014)

The police further registered 213 accidents in which the person responsible tested positive for drugs other than alcohol and in which 10 people were killed and 102 injured. In 2013, there were also 31 accidents in which the person responsible tested positive for alcohol in combination with some other addictive substance; four people died and 12 were injured in these accidents.

Of the total of 4,686 accidents caused under the influence of alcohol, drivers of passenger cars caused 3,331 accidents (71.1%). The highest proportion of accidents caused by persons under the influence of alcohol was, as in 2012, detected in cyclists. 30.2% accidents caused by cyclists were under the influence of alcohol, followed by moped riders (23.7%) and pedestrians (15.9%). The decrease in the number of accidents under the influence of alcohol in 2013 was due primarily to a decrease in the number of accidents caused by drivers of motor vehicles (down by 6.3%) and pedestrians (down by 12.6%). The increase in the number of fatalities is due to accidents in which the person responsible was the driver of a motor vehicle or a cyclist (3 deaths in each category). Most accidents registered by the police as caused under the influence of alcohol occurred on Saturdays and Sundays, the fewest on Mondays.

The traffic police test drivers for alcohol and, since 2007, they have also tested drivers for narcotic and psychotropic substances using DrugWipe screening saliva tests. If a quick test for non-alcohol drugs is positive, it is necessary to carry out a specialist medical and subsequent toxicological examination. The numbers of positive tests for narcotic and psychotropic substances and alcohol among drivers in 2007-2014 are shown in Table 6-17. The rising number of positive tests for narcotic and psychotropic substances is mainly due to the increase in the number of these tests performed.

Table 6-17: Positive tests for narcotic and psychotropic substances and alcohol (ethanol) among drivers, 2007-2014

Year	Narcotic and psychotropic substances	Ethanol
2007	347	7,395
2008	794	7,600
2009	1,149	13,298
2010	1,450	13,268
2011	1,717	12,777
2012	2,195	11,046
2013	2,785	9,729
2014 (first half)	1,742	5,139

Source: Ředitelství služby dopravní policie Policejního prezidia ČR (2014)

6.3 Drug-Related Deaths and Mortality of Drug Users

6.3.1 Drug-Related Deaths in the Special Mortality Register

In the Czech Republic, a forensic medical examiner 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 (i.e. including all injuries and poisonings). Since 1998 direct drug-induced deaths (fatal overdoses), and since 2003 also indirect drug-related deaths (with the presence of drugs), have been monitored on a routine basis by means of a special register kept by all thirteen departments of forensic medicine, with close collaboration between the National Focal Point and the Society for Forensic Medicine and Toxicology of the J. E. Purkyně Czech Medical Association. Data for 2012 are newly available from 12 departments.[123]

On 1 April 2012, Act No. 372/2011 Coll., on health services and the terms and conditions governing the provision of these services (the Act on Health Services), came into force. This Act newly incorporates the National Register of Autopsies and Toxicology Tests Carried Out at the Department of Forensic Medicine, maintained by the Institute of Health Information and Statistics, which is intended to be replaced by the special register of drug-related deaths starting from 2015.

6.3.1.1 Fatal Drug Overdoses

In 2012, 199 deaths resulting from overdoses on illicit drugs, inhalants, and psychotropic drugs were detected (190 in 2011), including suicidal overdoses, accidental overdoses, or overdoses without any established intention. Of this number, 38 cases fell under the EMCDDA standard selection D for drug-related deaths, i.e. cases of fatal overdoses on illicit drugs and inhalants, which means an increase compared to the extremely low number in the previous year (28 in 2011). Psychoactive drugs were the cause of the overdose in 161 cases (162 in 2011).

[123] I.e. all the forensic medicine departments except the Department of Forensic Medicine of the 1st Faculty of Medicine at Charles University in Prague, which did not supply a database of autopsies performed. In total, the remaining 12 departments performed 12,784 autopsies in 2012. In 2011, the 12 departments of forensic medicine, excluding the Institute of Forensic Medicine and Toxicology of the First Faculty of Medicine of Charles University in Prague, performed 12,472 autopsies, while the First Faculty of Medicine of Charles University in Prague and the General University Hospital in Prague performed 1,087 autopsies, i.e. a total of 13,559 autopsies were performed by all thirteen forensic medicine departments in 2011.

A total of 12 cases of fatal overdoses on (illicit) opiates/opioids were detected (in 2011, this number was extremely low, with only six cases, the lowest annual figure since the launch of the special register of autopsies at forensic medicine departments). In 2012, the opiate/opioid alone was the cause of the fatal overdose in three cases (of which one case was on heroin), and three cases involved a combination with ethanol (heroin in one case) or a combination with methamphetamine and THC (three cases each). Two cases involved methadone detected in combination with medications, another an opiate/opioid and alcohol, and one case involved buprenorphine in combination with morphine, methamphetamine, and THC.

Methamphetamine was the cause of a fatal overdose in 16 cases (16 cases identically in 2011), of which 11 cases involved the substance alone, the rest in various combinations with THC, tramadol, ethanol, and benzodiazepines; at least one case involved a German citizen. 10 cases were fatal overdoses on inhalants (four cases in 2011), of which six cases were on toluene, three cases on propane-butane, and one case on trichlorethylene.

There were no reported deaths caused by an overdose on cocaine, dance drugs such as MDMA, or new synthetic drugs, hallucinogens, or THC in 2012. (Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP, 2014); see Table 6-18.

Table 6-18: Fatal drug overdoses in the Czech Republic in the special mortality register by groups of drugs, age group, and gender, 2012

Drug	Age group												Total		
	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>64	Men	Women	Total
Opiates/opioids	0	0	1	3	4	4	0	0	0	0	0	0	12	0	12
› of which opiates/opioids only	0	0	0	1	1	1	0	0	0	0	0	0	3	0	3
› of which more substances, including opiates/opioids	0	0	1	2	3	3	0	0	0	0	0	0	9	0	9
– of which methadone	0	0	0	0	1	1	0	0	0	0	0	0	2	0	2
Drugs other than opiates/opioids	0	1	1	5	8	2	3	2	2	1	0	1	20	6	26
› of which inhalants	0	0	0	2	1	0	2	2	1	1	0	1	9	1	10
› of which methamphetamine	0	1	1	3	7	2	1	0	1	0	0	0	11	5	16
Total illicit drugs and inhalants*	**0**	**1**	**2**	**9**	**12**	**9**	**7**	**2**	**3**	**1**	**1**	**1**	**32**	**6**	**38**
Psychoactive medications	**2**	**1**	**4**	**6**	**8**	**17**	**14**	**24**	**22**	**20**	**14**	**29**	**72**	**89**	**161**
› of which benzodiazepines	0	1	0	2	3	4	6	7	6	5	4	9	22	25	47
Total	**2**	**2**	**6**	**15**	**20**	**26**	**21**	**26**	**25**	**21**	**15**	**30**	**104**	**95**	**199**

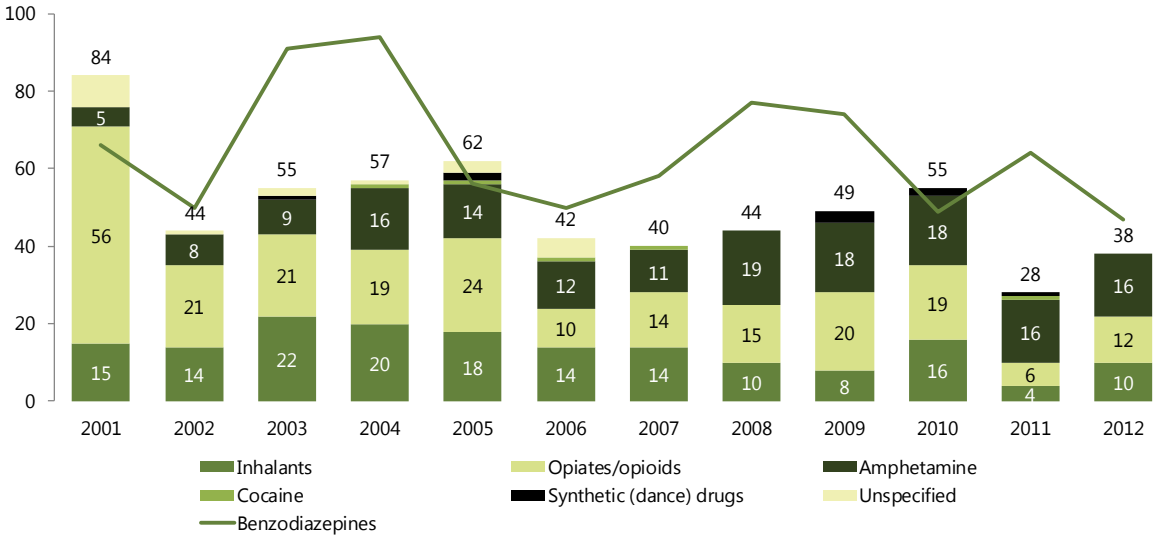
Note: * standard EMCDDA selection D

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP (2014)

Fatal overdoses on psychoactive medications involve a higher degree of suicidal overdoses, usually caused by a combination of medication(s) with alcohol. In total, 161 cases of fatal overdoses on psychotropic medications were detected in 2012 (162 in 2011), of which 47 cases were overdoses on benzodiazepines (64 in 2011) and 23 on medications containing opiates/opioids (32 in 2011).

The favourable low incidence of fatal overdoses on illicit drugs and inhalants continued in 2012, particularly as a result of the decrease in the number of fatal overdoses on opiates/opioids and inhalants; the number of cases of fatal overdoses on methamphetamine remained virtually at the same level; overdoses on other illicit drugs are still very sporadic. The long-term trend is shown in Graph 6-12.

Graph 6-12: Fatal overdoses on benzodiazepines, illicit drugs, and inhalants, 2001-2012



Note: From 2002 on, data from the forensic medicine departments are available in an electronic database format.

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP (2014)

6.3.1.2 Deaths with the Presence of Drugs

A total of 124 deaths with the presence of drugs were identified in 2012 (113 in 2011), most of them caused by accidents and suicides, as in the past. A summary of the numbers and proportions of selected groups of drugs in the individual groups of deaths with the presence of drugs is provided in Table 6-19, and the trend since 2004 is shown in Graph 6-13. In the long term, indirect deaths with the presence of methamphetamine and THC make up the highest number of cases.

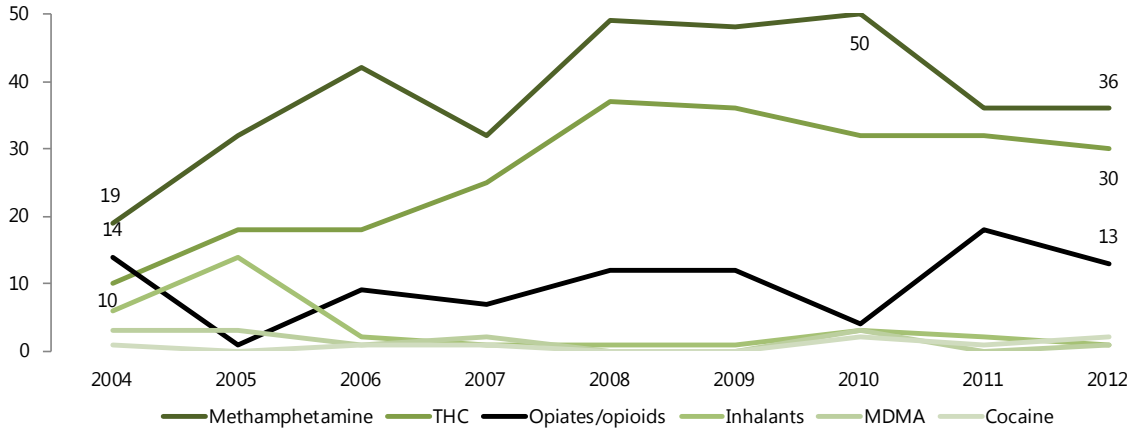
Table 6-19: Death with the presence of drugs detected by forensic medicine departments in the Czech Republic in 2012, by selected groups of drugs and causes of death

Drug	Illness (n=10)	Accident (n=70)	Suicide (n=36)	Manslaughter/murder (n=8)	Other (n=0)	Total (N=124)	Proportion (%)
Benzodiazepines	2	20	13	4	0	39	31.5
Methamphetamine	3	26	5	2	0	36	29.0
THC	2	18	8	2	0	30	24.2
Other psychoactive medications	2	10	5	1	0	18	14.5
Opiates/opioids	2	6	5	0	0	13	10.5
Cocaine	0	1	0	1	0	2	1.6
Inhalants	0	0	1	0	0	1	0.8
MDMA and other synthetic drugs	0	1	0	0	0	1	0.8

Note: More drugs can be detected in one and the same fatal case.

Source: Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP (2014)

Graph 6 -13: Deaths with the presence of selected drugs detected by forensic medicine departments in the Czech Republic, 2004-2012



Source: Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP (2014)

For information on the detection of drugs in the corpses of road accident victims see the chapter Drugs and Road Accidents (p. 125).

A study was conducted as part of a bachelor's thesis focusing on deaths associated with the use of opioids in Prague in the period 2005-2011, based on an analysis of autopsy reports in three Prague-based forensic medicine departments (Zvingerová, 2013). The research sample consisted of 55 autopsy reports of those who died in connection with the use of opiates/opioids. The presence of opioids in the body of the deceased person was the main criterion for selection. Metabolites of heroin (or morphine) in the blood were detected in 37 deaths, other opioids in nine deaths (methadone, ethylmorphine, fentanyl, hydrocodone, or dihydrocodeine – metabolites indicative of the application of the home-made codeine-based opiate known locally as "brown", pethidine and tramadol). In nine other cases, opioids were not detected in the blood (serum), but in the urine or organs. An opiate/opioid only (without the presence of other substances) was detected in eight cases, while the other drugs found most frequently included benzodiazepines, alcohol, and methamphetamine. The cause of death reported in most (38) cases was the swelling of the brain and lungs along with shortness of breath, often caused by the aspiration of the contents of the gastric tract. Intoxication as the sole cause of death was only reported in five cases. Diseases and disorders were the causes of death reported in 10 cases (e.g. bronchopneumonia, sepsis, encephalopathy, renal failure, peritonitis, embolism, and heart failure), and in one case the death was due to a traffic accident. The most frequent place of death was a private apartment or dormitory, with 24 deaths (44%), followed by intensive care units or an emergency ambulance (16%), public spaces (16%), or public toilets (9%). The typical case of an opioid-related death was that of a man around 30 years of age who died in a private apartment following the swelling of the brain and lungs caused by an accidental heroin overdose in combination with the use of other narcotic and psychotropic substances.

6.3.2 Drug-Related Deaths in the General Mortality Register

When data on drug-related deaths are being extracted from the Deaths Information System, known as the general mortality register, the EMCDDA criteria are used, based on the selection of an appropriate diagnosis as the cause of death, or a combination of causes of death and the mechanism of death.

The structure of fatal drug overdoses in 2013, according to the EMCDDA standard selection and expanded selection B[124] by age, gender, and type of drug, is shown in Table 6-20 and the development of deaths by drugs in the period 1994-2013 is shown in Table 6-21 (Ústav zdravotnických informací a statistiky, 2013).

Table 6-20: Fatal drug overdoses in the Czech Republic according to selection B and expanded selection B in the general mortality register by groups of drugs, age groups, and gender, 2013

Drug	Age group												Total		
	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>64	Men	Women	**Total**
Opiates/opioids	0	1	0	3	0	1	2	2	3	3	0	2	12	5	**17**
Cannabis	0	0	1	0	0	0	1	0	0	0	0	1	2	1	**3**
Cocaine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Other stimulants	0	1	1	2	5	1	0	0	0	0	0	0	8	2	**10**
Hallucinogens	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Unspecified drugs	0	1	1	1	1	0	0	2	1	0	0	2	5	4	**9**
Total illicit drugs*	**0**	**3**	**3**	**6**	**6**	**2**	**3**	**4**	**4**	**3**	**0**	**5**	**27**	**12**	**39**
Inhalants	0	0	1	0	0	0	0	2	0	1	2	2	6	2	**8**
Total illicit drugs and inhalants	**0**	**3**	**4**	**6**	**6**	**2**	**3**	**6**	**4**	**4**	**2**	**7**	**33**	**14**	**47**

Note: * standard EMCDDA selection B

Source: Ústav zdravotnických informací a statistiky (2014b)

[124] As a standard, EMCDDA selection B is used. This consists in selecting deaths where the primary cause of death is a mental disorder or behavioural disorder caused by illegal drugs and combinations thereof (diagnoses F11-F19, excluding F13, F17, and F18) or in cases where there was accidental, intentional, or undetermined poisoning caused by illegal drugs, i.e. a combination of diagnoses listed under the letters X or Y with diagnoses for poisoning caused by the given substance (diagnoses T40 and T43.6). In an effort to bring selection B from the general register as close to selection D from the special mortality register as possible, selection B was expanded to include inhalants, i.e. diagnosis F18 (a mental disorder or behavioural disorder caused by the use of inhalants) and diagnoses X46, X66, and Y16 in combination with diagnosis T52, i.e. accidental, intentional, or undetermined poisoning caused by inhalants.

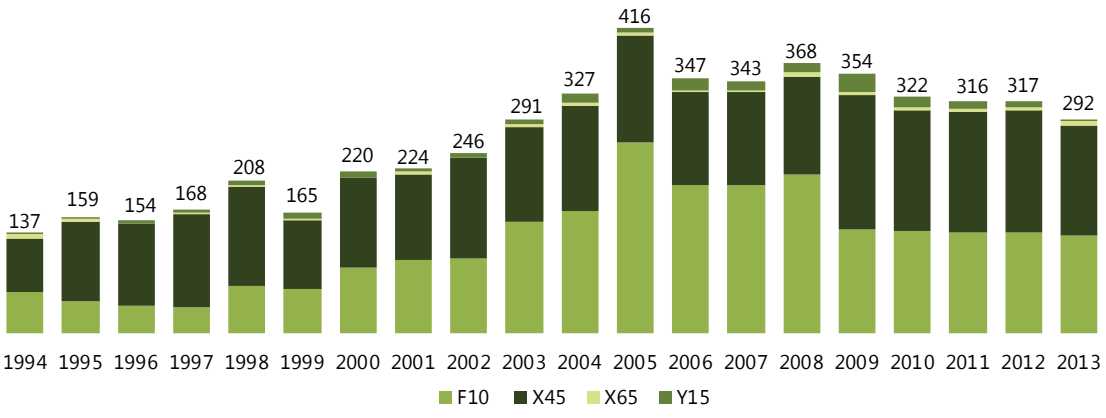
Table 6-21: Fatal drug overdoses in the Czech Republic according to selection B and expanded selection B in the general mortality register by groups of drugs, 1994-2013

Year	Opiates/opioids	of which methadone	Cannabis	Cocaine	Other stimulants (methamphetamine)	Hallucinogens	Unspecified drugs	Total illicit drugs	Inhalants	Total illicit drugs and inhalants
1994	7	0	0	0	0	0	3	**10**	12	**22**
1995	0	0	0	0	0	0	3	**3**	9	**12**
1996	2	0	0	0	0	0	4	**6**	18	**24**
1997	4	0	0	0	0	0	9	**13**	17	**30**
1998	7	0	0	0	0	0	9	**16**	10	**26**
1999	14	1	1	0	1	0	8	**24**	14	**38**
2000	11	0	0	0	0	0	12	**23**	19	**42**
2001	18	0	0	0	0	0	13	**31**	21	**52**
2002	6	0	0	0	3	0	4	**13**	17	**30**
2003	12	0	0	0	2	0	4	**18**	14	**32**
2004	2	0	0	0	1	0	11	**14**	14	**28**
2005	9	0	0	1	2	0	7	**19**	16	**35**
2006	11	0	1	1	1	0	5	**19**	14	**33**
2007	6	1	1	0	2	0	10	**19**	15	**34**
2008	9	0	0	0	7	0	8	**24**	8	**32**
2009	20	1	1	0	2	0	10	**33**	10	**43**
2010	13	1	0	0	8	0	8	**29**	13	**42**
2011	12	0	0	1	3	1	5	**22**	5	**27**
2012	17	1	0	0	7	0	8	**32**	13	**45**
2013	17	1	3	0	10	0	9	**39**	8	**47**

Source: Ústav zdravotnických informací a statistiky (2014b)

292 cases of fatal overdoses on ethanol were identified in 2013; the development of these overdoses since 1994 is shown in Graph 6-14.

Graph 6-14: Structure of fatal alcohol overdoses in the Czech Republic in the general mortality register, 1994-2013



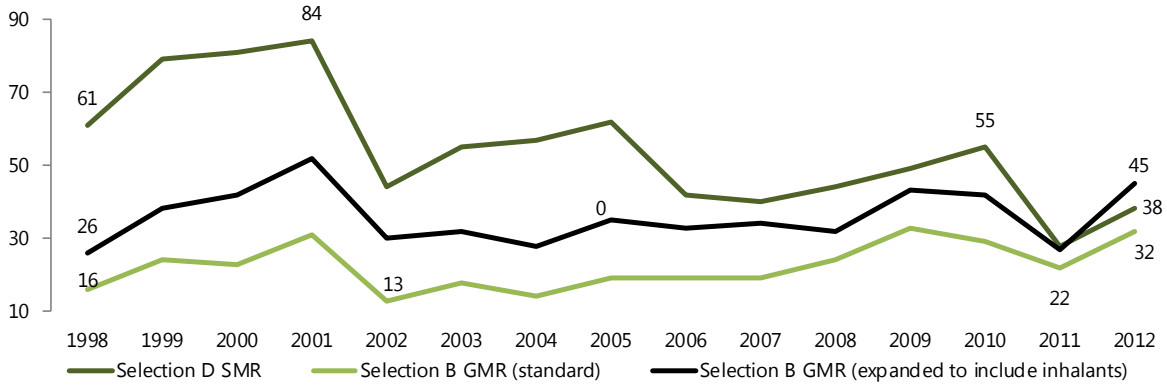
Note: F10 – mental and behavioural disorders resulting from the use of alcohol, X45 – accidental poisoning by and exposure to alcohol, X65 – intentional self-poisoning by and exposure to alcohol, Y15 – poisoning by and exposure to alcohol, undetermined intent

Source: Ústav zdravotnických informací a statistiky (2014b)

6.3.3 Comparisons of Drug-Induced Deaths across Data Sources

A comparison between the number of drug-induced deaths reported in the special register of drug-related deaths (EMCDDA selection D) and in the general mortality register (EMCDDA selection B) is provided in Graph 6-15. It is evident that all the curves show the same trend; in addition, they have also been converging in terms of their absolute values in recent years.

Graph 6-15: Comparison of trends in fatal drug overdoses extracted from the general mortality register (GMR) and special mortality register (SMR), 1998-2012



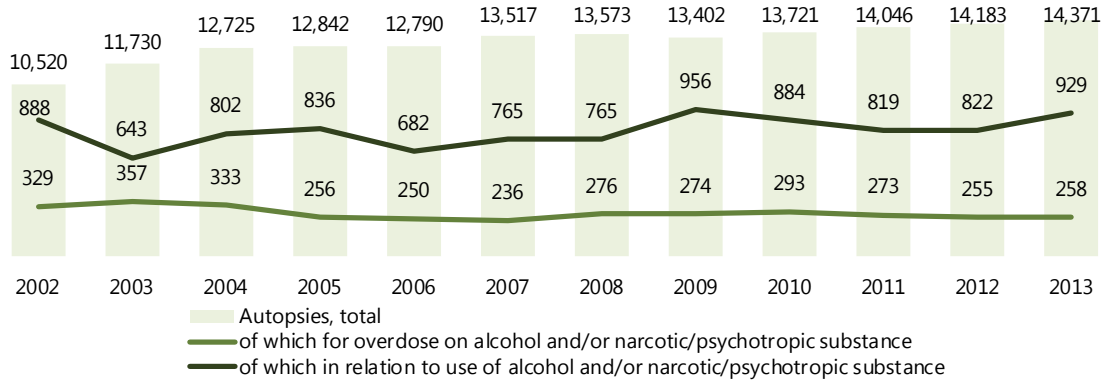
Source: Ústav zdravotnických informací a statistiky (2014b), Národní monitorovací středisko pro drogy a drogové závislosti and SSLST ČLS JEP (2014)

6.3.4 Autopsies Performed by Forensic Medicine Departments

The annual forensic medicine data sheets represent another source of information on the occurrence of drug-related deaths.[125] The number of deaths related to the consumption of addictive substances (i.e. indirect deaths) according to the annual data sheets was approximately 3.5 times higher than the number of fatal overdoses in 2013. In 2013, for the first time, the number of deaths from overdoses on alcohol or in connection with its use was monitored separately from that for narcotic and psychotropic substances. Overdoses killed 258 people, including 118 on narcotic and psychotropic substances. 929 people died in connection with the use of an addictive substance, 124 of them in connection with the use of narcotic and psychotropic substances. Developments in the total number of autopsies and autopsies following an overdose in connection with the use of alcohol and/or narcotic and psychotropic substances are shown in Graph 6-16. The number of drug-related deaths corresponds well with the data from the special register, while the number of fatal overdoses (also including those on psychoactive medications) is probably underestimated.

[125] Forensic medicine departments and toxicology units complete the data sheet once a year. The number of autopsies in cases of overdoses on alcohol or narcotic and psychotropic substances (i.e. drug-induced deaths) is monitored separately from the number of autopsies of those who died in connection with the use of alcohol or narcotic and psychotropic substances, i.e. cases of positive detection when the cause of death is other than an overdose, such as injury (i.e. drug-related deaths). The data sheet is aggregated; it is not possible to differentiate individual substances or causes of death.

Graph 6-16: Number of autopsies performed by forensic medicine departments, 2002-2013



Source: Ústav zdravotnických informací a statistiky (2014g)

6.3.5 Mortality of Drug Users

The Substitution Treatment Register also includes the deaths of clients among the reasons for the termination of treatment. In 2013, (Nechanská, 2014) a total of 2,311 persons were registered as being in treatment, with deaths reported for three of these patients, representing an annual gross mortality rate of approximately 1.3‰. Despite the very low numbers, the data since 2000 show a declining mortality trend among registered patients; see Table 6-22. However, the mortality rate in the Substitution Treatment Register is underestimated because physicians do not report all of their patients' deaths to it.

Table 6-22: Mortality rate for patients in the Substitution Treatment Register, 2000-2013

Year	Number of registered patients in treatment	Number of registered patients who died	Mortality rate (‰)
2000	245	0	0.0
2001	533	2	3.8
2002	560	0	0.0
2003	789	2	2.5
2004	866	2	2.3
2005	825	1	1.2
2006	938	1	1.1
2007	1,038	0	0.0
2008	1,356	3	2.2
2009	1,555	3	1.9
2010	2,113	4	1.9
2011	2,290	4	1.7
2012	2,298	3	1.3
2013	2,311	3	1.3

Source: Nechanská (2014)

7

Chapter 7: Responses to Health Correlates and Consequences of Drug Use

- Harm reduction has been one of the main areas of the Czech drug policy in the long term. Low-threshold drop-in centres and outreach programmes across the Czech Republic form the basis of the network of services in this area. A total of 111 low-threshold programmes, comprising 57 drop-in centres and 54 outreach programmes, were in operation in the Czech Republic in 2013. The group of clients is dominated by drug users (75 to 80%), mainly by methamphetamine and opiate/opioid users. There is a significant long-term increase in the number of buprenorphine users and a corresponding reduction in that of heroin users. The average age of the clients grows continuously; women account for 28% of the clients of the low-threshold programmes. Specific harm reduction programmes in recreational/nightlife settings were conducted in 2013 by a total of five programmes.
- Needle and syringe exchange services were provided by 110 low-threshold programmes in 2013. Almost 6.2 million items of injecting equipment were supplied, a marked increase against the previous year. The number of programmes that distribute gelatine capsules as an oral alternative to injecting is growing, and 113 thousand such capsules were supplied under at least 44 programmes.
- In 2013, a total of 72 low-threshold facilities offered HIV testing, 78 HCV testing, and 52 HBV testing, and 51 low-threshold facilities offered syphilis testing. Although the availability of testing for the clients of low-threshold programmes has varied over time, there is an apparent increase in the number of tests performed in the medium term.
- A total of seven AIDS centres, which also operate at the regional level, provide care for HIV-infected persons and AIDS patients in the Czech Republic. HCV treatment was provided to injecting drug users (IDUs) by a total of 39 viral hepatitis treatment centres, where the treatment of 536 persons started in 2013. A total of 246 persons started their HCV treatment in prisons, making the number of prisoners treated for HCV still relatively high.

7.1 Legal Framework, Strategies, and Policies for Harm Reduction

Harm reduction forms one of the four pillars of the National Drug Policy Strategy for the Period 2010-2018. In the 2013-2015 Action Plan, the activities under the "Harm Reduction" chapter are divided into two areas:

- prevention of infectious diseases and other risks associated with injecting drug use and problem drug use;
- prevention of overdoses and other risks in the context of the recreational use of addictive substances and among the consumers in general.

The National Programme for HIV/AIDS in the Czech Republic for 2013-2017 contains a number of activities that are also targeted at injecting drug users; for details see also the 2012 National Report. In January 2014 the government discussed the document entitled "Health 2020 – National Strategy

to Protect and Promote Health and Prevent Diseases"; for more details see the chapter entitled Legal Framework, Strategies, and Policies in the Area of Prevention (p. 51).

7.2 Prevention of Drug-Related Emergencies and Reduction of Drug-Related Deaths

In the Czech Republic, the prevention of overdoses is conducted through the counselling and education of drug users as part of the services provided by low-threshold and treatment facilities; for more details see the chapter entitled Low-Threshold Harm Reduction Programmes (p. 138). No programmes have been implemented or tested in the Czech Republic regarding the distribution of naloxone to drug users for the treatment of opiate/opioid overdoses on a self-help basis.

7.3 Prevention and Treatment of Drug-Related Infectious Diseases

7.3.1 Low-Threshold Harm Reduction Programmes

The prevention of infectious diseases is one of the key services provided by the low-threshold programmes. In addition, programmes aimed at drug users in the nightlife setting have also been implemented in the Czech Republic.

The network of harm reduction programmes in the Czech Republic consists of drop-in centres and outreach programmes which provide harm reduction services in the form of exchanging needles and syringes, distributing condoms, providing or mediating tests for infectious diseases, and disseminating information on the risks related to drug use. The target population of the low-threshold facilities includes problem drug users, experimenters, and their families and friends. Low-threshold programmes are usually the first point of contact for those users who are in the process of deciding to enter treatment. The number of low-threshold programmes has been around one hundred in recent years. A total of 111 low-threshold programmes, comprising 57 drop-in centres and 54 outreach programmes, were in operation in the Czech Republic in 2013.[126]

In 2013, such low-threshold programmes were in contact with 38,316 drug users, most commonly comprising users of methamphetamine[127] (23,417, i.e. 61.1%), opiates/opioids (8,332, i.e. 21.7%), and cannabis (1,561). There is a significant gradual increase in the number of problem (injecting) users of buprenorphine and a corresponding reduction in that of heroin users. The share of IDUs among the clients of low-threshold programmes has been 75 to 80 per cent in the long term. The average age of the clients has been increasing (up by four years since 2006). The interpretation can be that there are fewer new clients and/or they come into contact with the programmes at an older age and that contact has been established with drug users who were not previously contacted; see Table 7-1. Women account for 28% of the clients of the low-threshold programmes (Národní monitorovací středisko pro drogy a drogové závislosti, 2014g).

Because of the high share of injecting drug users among problem drug users, needle and syringe exchange and paraphernalia distribution programmes are the service that is used most commonly; see Table 7-2. In terms of regional distribution, the low-threshold programmes in Prague, followed

[126] The number of programmes is affected by the formal structure of the individual organisations, as well as by the policy of the organisation and its donors in terms of subsidies. A drop-in centre and an outreach programme may both be operated by one and the same entity within a single facility or organisation, while in other cases or in other years, they may form two or more separate programmes.

[127] known locally as "pervitin"

by those in the Ústí nad Labem and Central Bohemia regions, reported the highest numbers of contacts and needle and syringe exchanges in 2013 (Národní monitorovací středisko pro drogy a drogové závislosti, 2014g). A detailed account of the services reported by the low-threshold programmes in 2013 by region is provided in Table 7-3.

Additional information about the clients of low-threshold facilities is also provided in the chapter entitled Characteristics of High-risk Drug Users (p. 73).

Table 7-1: Drug users in contact with low-threshold programmes in the Czech Republic, 2006-2013

Indicator	2006	2007	2008	2009	2010	2011	2012	2013
Pervitin users	12,100	14,600	14,900	16,000	17,500	19,400	19,457	23,417
Opiate/opioid users	6,900	7,300	8,300	8,900	8,100	6,800	9,160	8,332
› of whom heroin users	4,000	4,100	4,600	4,950	4,200	3,300	2,802	2,659
› of whom buprenorphine users	2,900	3,200	3,700	3,950	3,900	3,500	6,167	5,487
Cannabis users	2,700	2,000	1,700	2,200	1,900	3,200	3,303	1,561
Inhalant users	450	390	300	250	300	250	159	238
Injecting drug users	18,300	20,900	22,300	23,700	24,500	25,300	27,553	31,271
Average age (years)	25.3	26.1	26.4	27.4	27.0	28.1	28.5	29.3
Total number of drug users	**25,900**	**27,200**	**28,300**	**30,000**	**32,400**	**35,500**	**34,248**	**38,315**

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

Table 7-2: Selected services of low-threshold programmes, 2006-2013 (thousands)

Services	2006	2007	2008	2009	2010	2011	2012	2013
Hygiene service	41.1	40.0	34.8	44.3	56.3	53.0	46.4	42.4
Individual counselling	21.9	24.1	21.0	27.8	37.6	30.8	34.0	27.4
Crisis intervention	1.8	1.6	1.1	1.6	2.4	2.4	1.8	1.4
Food service	97.6	94.1	87.8	108.8	107.7	100.7	94.3	100.2
Group counselling	1.5	1.0	1.1	1.3	1.3	0.7	0.5	0.5
Exchange programme	191.0	215.8	217.2	237.8	234.9	256.5	240.1	279.1
Medical attendance	10.5	9.4	7.7	10.2	9.7	9.5	9.2	10.8
Total number of contacts	**322.9**	**338.1**	**329.5**	**365.6**	**396.8**	**415.4**	**421.5**	**458.1**

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

Table 7-3: Selected services of low-threshold programmes by region, 2013

Region	Total number of contacts	First contact	Exchange programme	Individual counselling	Crisis interven-tion	Medical attendance	Needles supplied
Prague	154,084	3,439	121,842	5,477	147	5,594	2,516,107
Central Bohemia	28,310	1,096	15,949	1,047	87	310	486,648
South Bohemia	21,398	1,467	12,921	1,501	156	342	253,895
Pilsen	16,140	706	7,515	1,260	165	340	247,632
Karlovy Vary	23,309	415	9,621	433	43	267	150,344
Ústí nad Labem	75,176	3,339	47,970	3,298	128	1,162	830,720
Liberec	14,035	643	8,453	373	50	70	220,184
Hradec Králové	11,222	306	5,034	731	30	102	245,608
Pardubice	3,117	170	1,410	101	8	39	87,839
Vysočina	9,053	301	3,665	1,028	29	106	136,669
South Moravia	27,509	733	14,671	2,019	84	528	318,798
Olomouc	21,883	1,754	6,939	3,236	84	1,336	199,494
Zlín	17,738	366	4,172	1,235	35	167	97,826
Moravia-Silesia	35,108	1,081	18,987	5,703	316	468	383,354
Czech Republic total	**458,082**	**15,816**	**279,149**	**27,442**	**1,362**	**10,831**	**6,175,118**

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

The Summary Report on the Implementation of the Drug Policy in the Regions in 2013 (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2014b) indicates that the territory of Moravia is evenly covered by harm reduction programmes and there is a drop-in centre or outreach programme office in almost every district, but the distribution of such services is uneven in Bohemia. Harm reduction services were extended in the Ústí nad Labem, Hradec Králové, and Pilsen regions, whereas a drop-in centre was closed in Jablonec nad Nisou in the Liberec region in 2013. The availability of the programmes is a problem because of their limited (staff) capacity. Because of financial constraints, the individual activities are being reduced, the opening hours are shortened, and the time available for contact with the client is more limited. Needle and syringe vending machines have become more widespread in recent years; in 2013 they were placed in the drop-in centres in Pilsen (Pilsen region), Kolín (Central Bohemia), and Strakonice (South Bohemia).

7.3.1.1 Needle and Syringe Exchange Programmes

Programmes for the exchange of needles, syringes, and other injecting paraphernalia were provided by 103 low-threshold programmes in 2013. The quantity of material that is distributed has been on the rise in the long term, with 6.2 million needles and syringes being supplied in 2013 (Národní monitorovací středisko pro drogy a drogové závislosti, 2014g). The trends in the number of programmes and the number of syringes distributed are shown in Table 7-4, and the numbers of syringes issued in each region are shown in Table 7-5 and Map 7-1.

According to the information available from the final reports, each injecting drug user who visited a low-threshold facility in 2013 exchanged 161 items of injecting paraphernalia on average. The regional distribution of the needles and syringes provided in each region corresponds to the relative numbers of injecting (problem) drug users.

Table 7-4: Exchange programmes in the Czech Republic in 1998-2013

Year	Number of exchange programmes	Number of needles and syringes supplied
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	93	3,868,880
2007	107	4,457,008
2008	98	4,644,314
2009	95	4,859,100
2010	96	4,942,816
2011	99	5,292,614
2012	103	5,356,318
2013	110	6,175,118

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

Table 7-5: Numbers of needles and syringes distributed in the exchange programmes, 2005-2013, by region (thousands)

Region*	2005	2006	2007	2008	2009	2010	2011	2012	2013
Prague	1,697.6	1,850.3	2,071.8	2,060.6	2,130.7	2,130.4	2,198.7	2,266.9	2,516.1
Central Bohemia	110.3	168.2	215.6	309.6	345.2	350.1	332.8	414.1	486.6
South Bohemia	124.5	141.8	212.8	228.9	239.7	183.3	202.5	206.8	253.9
Pilsen	116.6	157.3	189.9	207.9	188.4	190.6	181.4	204.1	247.6
Karlovy Vary	58.7	66.4	83.5	79.8	102.5	141.4	177.8	151.5	150.3
Ústí nad Labem	479.4	612.3	655.9	637.9	678.0	604.2	735.9	616.6	830.7
Liberec	32.8	47.8	64.0	129.9	87.3	130.0	150.8	174.7	220.2
Hradec Králové	86.2	98.3	139.1	173.4	183.2	200.6	253.3	217.8	245.6
Pardubice	38.7	48.1	29.9	52.7	62.5	85.0	88.9	93.8	87.8
Vysočina	61.4	68.7	99.4	65.3	81.1	89.8	86.1	79.5	136.7
South Moravia	173.1	227.8	269.2	264.9	252.1	286.3	331.1	311.6	318.8
Olomouc	96.4	150.0	134.4	137.3	164.7	197.8	199.9	175.9	199.5
Zlín	52.2	69.0	115.7	89.9	111.1	96.3	91.5	88.9	97.8
Moravia-Silesia	143.8	162.8	175.7	206.1	232.5	257.0	261.9	354.1	383.4
Czech Republic total	**3,271.6**	**3,868.9**	**4,457.0**	**4,644.3**	**4,859.1**	**4,942.8**	**5,292.6**	**5,356.3**	**6,175.1**

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

Map 7-1: Numbers of needles and syringes distributed in Czech regions in 2013, per 1,000 inhabitants aged 15-64

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

Needle and syringe exchange programmes are complemented in the low-threshold centres by the distribution of aluminium foil for smoking heroin and the distribution of gelatine capsules intended for the oral application of a drug, particularly methamphetamine (pervitin), as an alternative to injecting.

A total of 49 low-threshold programmes provided their responses as part of the 2013 monitoring survey of the tests for infections and their prevention among drug users in low-threshold programmes; see also the chapter entitled Testing for Infections in Low-Threshold Programmes (p. 111). Gelatine capsules were offered by 44 (90%) of these programmes, under which almost 113 thousand capsules were distributed. Gelatine capsule distribution has become a standard part of the services offered by low-threshold programmes in the Czech Republic, and some of the clients use the capsules as an alternative to injecting (see e.g. Nezdarová, 2011, Mravčík et al., 2011c). However, there is still little validated information on the methods of use of these capsules and their potential benefits and risks.

Table 7-6: Gelatine capsule distribution in low-threshold programmes in the Czech Republic, 2008-2013

Year	Number of programmes which responded to the questionnaire	Capsule distribution programmes		Number of capsules distributed (thousands)
		Number	Share (%)	
2008	50	16	32.0	23.9
2009	20	14	70.0	28.6
2010	43	30	69.8	56.9
2011	52	42	80.8	72.6
2012	38	27	71.1	46.8
2013	49	44	89.7	112.8

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

Additional information about the gelatine capsule distribution programmes is provided in the 2012 National Report.

The physical comorbidity study which was performed by the National Focal Point in cooperation with *FOCUS – Marketing & Social Research* among drug users in Prague in November 2013 also included questions regarding the use of harm reduction programmes; see the chapter entitled Problem (High-risk) Drug Users in the Survey of Physical Comorbidity in Prague (p. 73).

7.3.1.2 Testing for Infectious Diseases

The National Focal Point is informed about the number of testing programmes and number of tests performed in low-threshold facilities by the final reports concerning projects supported as part of the subsidy proceedings of the Government Council for Drug Policy Coordination. The results of the tests performed by some of these programmes are available from another source, i.e. the monitoring of the tests for infections in low-threshold programmes; for detailed information see the chapter entitled Testing for Infections in Low-Threshold Programmes (p. 111). In 2013, a total of 72 programmes offered HIV testing, 52 HCV testing, and 78 HBV testing, and 51 programmes offered syphilis testing; see Table 7-7. Even though the number of facilities which offer testing for infections has varied in recent years, there is an apparent medium-term increase in the number of tests performed.

Table 7-7: Numbers of tests for infections and numbers of low-threshold programmes providing testing, 2003-2013

Year	HIV		HBV		HCV		Syphilis	
	Programmes	Tests	Programmes	Tests	Programmes	Tests	Programmes	Tests
2003	64	2,629	21	739	60	2,499	4	209
2004	58	2,178	25	932	53	2,582	1	84
2005	54	2,425	28	1,370	55	2,664	2	54
2006	46	1,253	56	693	62	1,133	3	209
2007	53	609	19	370	24	401	4	62
2008	50	1,120	18	399	40	862	3	124
2009	47	1,592	23	560	43	1,501	4	143
2010	58	1,821	40	1,200	59	2,134	20	771
2011	78	2,833	69	1,598	80	3,158	66	1,516
2012	64	2,892	48	1,468	67	3,011	46	1,969
2013	72	2,952	52	1,756	78	3,278	51	1,811

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

The clients' history of HIV, HBV, and HCV testing is also monitored in the Register of Treatment Demands. The information contained in these items is mostly self-reported but may also come from the client's documentation or from reports on the examination of infection as part of the relevant treatment episode. The percentage of injecting drug users demanding treatment in 2004-2013 who self-reported previous infection testing is shown in Table 7-8.

Table 7-8: Percentages of clients (injecting drug users) demanding treatment in 2004-2013 who had previously been tested for HBV, HCV, and HIV

Year	Number of IDUs demanding treatment	Tests for		
		HBV	HCV	HIV
2004	6,364	38.7	44.8	52.8
2005	6,125	39.8	44.1	54.8
2006	6,022	38.4	42.2	55.7
2007	6,109	37.4	40.3	53.4
2008	5,986	42.1	45.0	55.1
2009	6,157	42.9	48.2	57.8
2010	6,581	43.1	48.5	57.7
2011	6,471	45.0	50.6	57.1
2012	6,481	44.6	50.7	55.2
2013	7,184	48.6	55.3	50.2

Note: This is the proportion of injecting drug users tested out of all injecting drug users demanding treatment in that year, whether or not the outcome of the test is known.

Source: Petrášová and Füleová (2014)

7.3.2 HIV/AIDS and Viral Hepatitis C Treatment

The diagnosis, prophylaxis, and treatment of HIV/AIDS in the Czech Republic follows the recommended guidelines, which were updated in 2012 (Rozsypal et al., 2013). The services are provided through a network of seven regional AIDS centres; methodological guidance is provided by the centre in the *Na Bulovce* Hospital (Staňková, 2013).

In addition to the conventional dual combination of pegylated interferon α (PEG-IFN) and ribavirin (RBV), treatment utilising direct antivirals aimed at the various stages of the replication of the viral particles became a standard treatment modality for HCV in 2011; the protease inhibitors telaprevir and boceprevir received their first approval worldwide; for details see the 2012 National Report. Since November 2012, HCV treatment with direct antivirals has been paid for for 120 patients in 17 centres in the Czech Republic (Česká hepatologická společnost, 2012). Because of recent developments, the Czech Society for Hepatology and the Society for Infectious Diseases modified the Standard Diagnostic and Therapeutic Procedure for Chronic Viral Hepatitis C Infections in early 2013. With regard to the specific conditions in the Czech Republic and the high price of both preparations, the triple combination involving PEG-IFN, RBV, and boceprevir or telaprevir is recommended as a second-choice procedure, i.e. that used for persons with a history of unsuccessful treatment using the conventional dual combination.[128]

In 2012, the Institute for Health Information and Statistics started monitoring the total number of patients and that of injecting drug users treated for HCV for the first time in its annual overview of gastroenterology and infectious diseases. There was a total of 38 facilities of both specialisations treating 745 (former or current) injecting drug users for HCV in 2012 (Nechanská, 2013b); for more details see the 2012 National Report. HCV monitoring was modified in 2013: now only those patients whose treatment for HCV with antiviral preparation began in the relevant year are reported. The 39 facilities providing both specialisations started treating 536 former and current IDUs (Ústav zdravotnických informací a statistiky, 2014a).

The data provided by the Prison Service of the Czech Republic show that in 2013 a total of 246 persons commenced HCV treatment while serving custodial sentences; compared to the 272 prisoners whose treatment for HCV started in 2012, 239 persons in 2011, and 69 persons in 2010,

[128] http://www.ces-hep.cz/standardni-diagnosticky-a-terapeuticky-postup-chronicke-infekce-virem-hepatitidy-c [20 August 2014]

this means that the number of prisoners treated for HCV remains high (Generální ředitelství Vězeňské služby ČR, 2014c).

7.4 Responses to Other Health Correlates and Consequences of Drug Use

According to the annual reports on the implementation of the drug policy in the regions, specific prevention programmes aimed at dance parties and concerts are not very common, which is related to their limited funding. The services focus on activities in nightlife settings only marginally within the framework of their existing programmes, mainly the outreach ones. In 2013, prevention activities at summer music festivals in the Central Bohemia region were carried out by the *Magdaléna* and SEMIRAMIS outreach programmes, which visit approximately 15 festivals per year, including illegal techno events. In the South Bohemia region, the PREVENT outreach programme visited two dance parties, while in the Pilsen region activities in recreational settings were offered by KOTEC. The re-opened Outreach Work in Nightlife Settings Programme of the *Podané ruce* association is active on the Brno club scene (Sekretariát Rady vlády pro koordinaci protidrogové politiky, 2014b).

According to the final reports from the projects subsidised by the Government Council for Drug Policy Coordination, three specific harm reduction programmes in recreational/nightlife settings were conducted in 2013,[129] i.e. the same figure as in 2012 (compared to 6 programmes in 2011). Two of the programmes provided detailed information: a total of 545 persons were contacted at five events (Národní monitorovací středisko pro drogy a drogové závislosti, 2014g).

In addition, the online and SMS-based "Promile INFO"[130] service has also been in operation since 2005. It is run by the SANANIM civic association, focusing on the prevention of driving under the influence of alcohol. It is a tool through which the users can determine the reference level of blood alcohol and the approximate time of sobering up. An application is also available for download for smartphones. In 2013, there were 23 thousand downloads and installation of the Promile INFO application, and the users performed a total of 263 thousand calculations of their blood alcohol level. The SANANIM civic association is also active in summer festivals, where they operate a rest zone named "K-LEE-DECK", provide information and counselling regarding alcohol consumption, provide reference breath test, and distribute disposable tests. In 2013, they visited 20 festivals, distributed 2,400 breathalysers, and conducted 6,736 breath alcohol tests.

[129] *Podané ruce* association, South Bohemia Streetwork (PREVENT), and the Drop In Outreach Programme
[130] http://www.promile.info/ [2014-09-23]

8

Chapter 8: Social Correlates and Social Reintegration

- The social correlates of drug use include low education, unemployment, relationship and family problems, low-quality and unsteady housing, or even homelessness, and indebtedness. These problems may often occur simultaneously and may even lead to social exclusion. They are manifested to a higher degree in certain population groups, such as ethnic and national minorities (mainly Roma in the Czech Republic), the homeless, migrants, and immigrants.
- Social exclusion often occurs in the Czech Republic in locations inhabited by Roma. The drug scene is different in these locations; the drugs most commonly reported by Roma include methamphetamine (known locally as "pervitin"), cannabis, and inhalants, while in some locations (in Prague, Brno, and North Bohemia) they include heroin and buprenorphine. Alcohol is a problem, particularly among older Roma males. Pathological gambling also occurs to a higher degree in socially excluded communities.
- Drug use is very common among the young homeless. It is associated with psychiatric comorbidity, high-risk sexual behaviour, crime, or victimisation. Homelessness and drug use are interrelated but a drug or alcohol addiction is apparently the most serious obstacle to the social reintegration of the young homeless people.
- The Social Service Register contains 35 programmes dealing with aftercare for drug users. Nevertheless, a 2012 facility survey, the Drug Services Census, indicates that social work and support services intended to facilitate the social reintegration of drug users are provided by tens to hundreds of addiction treatment programmes; such services mainly involve assistance with housing, employment, and debts. For many problem (high-risk) drug users, debts represent a major barrier which prevents them from full social reintegration and may provoke relapse. Distraint warrants issued to the effect that clients' earnings are levied increases the level of use of social security benefits to the detriment of employment, as such benefits are not subject to distraint orders.

8.1 Social Exclusion and Drug Use

8.1.1 Socio-economic Characteristics of Drug Users

Out of the total number of 9,784 patients demanding treatment in 2013, regular employment was reported by 15.9%, less than a tenth (9.5%) were students, and over half (58.5%) were unemployed. Nearly half of those demanding treatment reported having a basic level of education[131]. 42.4% of the users had permanent housing, 21.2% had temporary housing, and 14.0% were homeless. A total of 802 (8.2%) patients receiving treatment reported that there were children living with them in their household. Women were significantly more likely than men to live with a child, often living

[131] encompassing primary and middle school

without a partner. Approximately a quarter of the drug users (23%) were living with another drug user (Petrášová and Füleová, 2014).

In his school paper, Vondrka (2014) focused on the occurrence of debt and its possible impact on the social reintegration of the clients of aftercare services provided by DC Restart Jeseník, using a sample of 23 clients (22 men and 1 woman), of whom 11 clients used alcohol as their primary drug, 8 reported using methamphetamine, and 4 reported polydrug use. It was found that 20 clients (87%) had a problem with debts and that approximately the same number believed that debts increased the risk of relapse. 16 clients reported that they were able to repay their debts. For a major part of the clients, debts represent an important barrier to social reintegration and may increase the likelihood of a relapse. Distraint warrants connected with the clients' income increase the clients' use of social security benefits at the expense of employment because such warrants do not apply to social benefits. Declaring personal bankruptcy may be a way to partially resolve the situation.

8.1.2 Drug Use among Marginalised Groups

The data regarding drug use among children placed in facilities for juvenile foreigners is provided in the chapter entitled Drug Use among Targeted Groups/Settings at the National and Local Level (p. 46).

8.1.2.1 Drug Use in the Roma Population

It is becoming apparent that the available data on the prevalence of drug use in the Roma population varies, often because it comes from partial studies in territorially isolated, often socially excluded communities (Šťastná et al., 2010). In addition, Nepustil et al. (2012) also noted, in their analysis of the sources of information on drug use in groups for whom access to drug services is complicated, that the extent of drug use can vary significantly, depending on the region/location where the research was conducted.

The available data indicates that there is a higher prevalence of daily smokers in the Roma population (61%); Roma smokers start smoking at the age of 14 on average. Approximately a quarter of the Roma population drink alcohol, predominantly beer, regularly, i.e. at least 4 times per week. The most commonly used illegal drugs include cannabis, heroin, methamphetamine, buprenorphine (Subutex®), sedatives, and inhalants. The starting age for the use of illegal drugs is lower in the Roma population in comparison with the mainstream population. The available studies have noted poor levels of openness and low levels of willingness to participate in the research as the main problems encountered in the collection of data regarding drug use in the Roma population (Davidová et al., 2010).

A review study was published in 2014 to summarise the findings of research that focused on drug use in Roma communities in the Czech Republic and Slovakia (Kajanová and Hajduchová, 2014). It suggests that Roma start using drugs earlier (often influenced by relatives of the same age) and have lower levels of awareness of the harmful consequences of drug use in comparison with the mainstream population. The most commonly used drugs in Roma areas included buprenorphine, cannabis, toluene and other inhalants, heroin, and methamphetamine. Research conducted in the Czech Republic also shows that Roma are often smokers and that the attitude to the use of alcohol varies. While the use of alcohol by men is socially acceptable, inebriation is considered a breach of social etiquette for women. Beer is the beverage that is consumed the most; the Olah Roma reported drinking luxury spirits. The authors found that there was a higher risk associated with Roma clients, needles and syringes were shared, and the age of transition to injecting application was lower, as was the awareness of the risks caused by drug use. The family is often the initiating and maintaining element in the history of drug use, and multi-generation drug use occurs.

The 2012 Roma Minority Report suggests that drug use and gambling are among the negative phenomena which accompany social exclusion. In the report, they were described as an escape strategy from a hopeless situation but also as a trigger for criminal behaviour. What is considered an alarming problem is the early age (9-13 years) of the first contact with drugs and the absence of official statistics on drug use among Roma. The family often has a major impact on the course of the drug career among Roma; drug users are not excluded, they are taken care of, and multi-generation drug use or introduction to a drug through the family is common. Drug use significantly reduces the potential for integration and may be an obstacle to the availability of social housing. The drug scenes vary from place to place in terms of the drug used; methamphetamine, cannabis and inhalants are among the drugs most commonly reported by Roma. In Ústí nad Labem, Prague, and South Moravia (in Brno), the use of heroin and buprenorphine (Subutex®) prevails. Drug use in the Roma population is mostly associated with a younger age, while alcohol is more often reported by older users. Drug manufacture and distribution is also associated with drug use among Roma, and gambling also occurs at a higher rate, in particular because of the higher availability of gambling premises in the vicinity of socially excluded areas, in response to which the municipalities have banned the operation of such premises in many cases (Kancelář Rady vlády pro záležitosti romské menšiny and Sekretariát Rady vlády pro národnostní menšiny, 2013).

The Government Council for Roma Minority Affairs (2014) has issued its 2013 annual report, in which it describes the preparation of the Roma Integration Policy Document, during which a working group met to discuss, among other matters, the strategies for social inclusion, health-related topics, including the issue of drug use, and the nature of programmes regarding drug use among Roma.

The Report on Safety and Security Risks, prepared by the Agency for Social Inclusion (2014), indicates that the number of drug users in the populations living in socially excluded areas is estimated to be between 10 and 70%. The consequences of drug use mainly include increased aggressiveness and a rise in the number of crimes and misdemeanours, including road traffic accidents, conflicts with neighbours, and increased tension in the excluded communities. Drug-related problems contribute to the intensification of social exclusion in the context of other common negative phenomena such as low qualifications, unemployment, and low-quality housing. The authors of the report observed a connection between the deterioration of the social situation in socially excluded areas and an increase in the distribution of drugs as one of the few opportunities to make a living. At the same time, the level of drug use is increasing as a consequence of the unfavourable social situation. In addition, the age of drug users is decreasing and the number of Roma users of methamphetamine is increasing across all social strata, in particular among young people. The phenomena that are typical of Roma drug users include experience with multiple drugs, the low age of the users, distrust of institutions, lack of awareness of the risks of drug use, high-risk drug administration practices, and low coverage of the communities by social services. The severity of the entire situation is illustrated by the lack of trust in the police and the inadequate response from local government. Nevertheless, there are examples of good practice where the local government addressed the issue of drug use in socially excluded communities, including support for the network of drug services.

8.1.2.2 Drug Use and Homelessness

There is a close relation between the occurrence of addiction or another mental disorder and homelessness but the causality is often difficult to determine. Combined with socioeconomic problems, a mental disorder may trigger homelessness. On the other hand, homelessness may lead to mental problems, depression, and drug use (Šupková, 2008).

Vágnerová et al. (2013) explored homelessness as an alternative way of existence among young people. Their literature review shows that drug use is very common among the young homeless, with drug addiction being the most common mental disorder among the homeless. Another common feature is the coincidence of drug use and psychiatric disorders (up to 35-60% of the

young homeless). Excessive drug use may also be related to risky sexual behaviour and criminal behaviour; the risk of criminal behaviour and victimisation increases with drug use. Excessive drug use is described as one of the causes of the descent of young people to living in the street even though it is rarely the sole cause but rather a part of an entire spectrum of factors such as loss of employment and loss of housing and other adaptation mechanisms. As a consequence, individuals leave the educational process, find no employment because they lack the required qualifications, and the fact that their earnings are insufficient to cover the cost of living leads to indebtedness and the loss of their home. While drug use may not always be the cause of homelessness, it often occurs together with adopting a homeless lifestyle. Drug use among young people may also be a form of protest against social conventions, an escape from reality or a traumatic experience, etc. While the relationship between homelessness and substance use is reciprocal, dependence on alcohol and/or drugs appears to be the critical barrier preventing social reintegration.

The authors conducted a survey involving a group of 90 young homeless people in Prague (60 men and 30 women) aged 19-26. The survey also included a question regarding the use of drugs or alcohol in the last 6 months. The authors split the sample into three groups on the basis of the answers. The first group comprised those who did not currently drink alcohol (17%), the second those who said they drank but could not be referred to as problem alcohol users (59%), and the third those who reported drinking alcohol often and in excessive amounts (24%). As for drug use, 61% of the respondents said they had used an illegal drug. The most common drugs reported were methamphetamine (39%), cannabis (21%), Subutex® (9%), heroin (2%), and cocaine (1%). Marijuana was most commonly used in combination with methamphetamine. The authors reported that the adverse effect of drug and alcohol use on school attendance is not infrequent. Only two clients who reported having used drugs since basic and secondary school considered drug use the main cause of homelessness. The impulses most commonly reported by young homeless people as those that made them change their lifestyle included problems related to drug use, severe adverse reaction after drug use, and the death of a person close to them (Vágnerová et al., 2013).

8.2 Social Reintegration

Aftercare services are particularly concerned with the social reintegration of drug users and support for them after treatment. They include outpatient aftercare programmes, which may be extended to encompass other support services, in particular sheltered housing and protected employment (sheltered workshops, protected and supported employment). In August 2014, a total of 35 aftercare programmes for the target group of persons at risk of addiction or persons with a substance addiction were included in the Register of Social Service Providers,[132] administered by the Ministry of Labour and Social Affairs. Nevertheless, a 2012 facility survey, the Drug Services Census, indicates that social work and support services intended to facilitate the social reintegration of drug users are provided by tens to hundreds of addiction treatment facilities and programmes; such services mainly involve assistance with housing, employment, and debts (Nechanská et al., 2013); for more details see also the 2011 National Report and the chapter entitled Drug-Related Treatment: Treatment Demand and Treatment Availability (p. 79).

Out of the 11 aftercare programmes subsidised by the Government Council for Drug Policy Coordination in 2013, a total of 9 programmes provided sheltered housing; no programme reported providing protected employment in that period. Altogether, 1,412 clients (612 of them male) used the aftercare services; 757 (53.6%) of them used to inject drugs before they entered treatment; 770 (54.5%) used to use methamphetamine, 137 (9.7%) heroin, and 29 clients (2.1%) used to use cannabis. The capacity of the sheltered housing facilities in 2013 was 99 places (Národní monitorovací středisko pro drogy a drogové závislosti, 2014g); see Table 8-1.

[132] http://iregistr.mpsv.cz/ [2014-08-25]

Table 8-1: Aftercare programmes subsidised by the Government Council for Drug Policy Coordination in 2007-2013

Indicator	2007	2008	2009	2010	2011	2012	2013
Number of programmes	18	18	15	16	15	11	11
Number of aftercare clients	883	1,041	986	987	1,095	1,134	1,412
Sheltered housing places	126	283	134	127	129	108	99
Number of clients in protected employment	44	25	29	25	20	4	–

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

In 2013 unstructured aftercare was provided by eight facilities and used by 764 clients, 323 of whom were men. The average age of the clients was 30.2 years, yet another increase against the previous years. A total of 374 clients (57.7%) used to inject drugs before they entered treatment; 378 (58.3%) had used methamphetamine, 63 (9.7%) heroin, and 14 clients (2.2%) used to use cannabis (Národní monitorovací středisko pro drogy a drogové závislosti, 2014g); see Table 8-2.

Table 8-2: Unstructured aftercare programmes subsidised by the Government Council for Drug Policy Coordination, 2007-2013

Indicator	2007	2008	2009	2010	2011	2012	2013
Number of programmes	12	12	11	13	13	10	8
Number of clients	389	487	443	494	624	676	764
› injecting drug users	236	306	235	335	274	274	383
› methamphetamine users	209	259	246	286	272	292	392
› opiate/opioid users	69	71	64	82	57	49	74
› cannabis users	–	–	–	10	12	10	15
Average age of clients	29.3	30.3	30.4	28.3	29.2	29.8	30.2

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

Eight facilities provided intensive aftercare in the form of a long-term structured programme (typically involving sheltered housing); their total capacity of 191 beds was used by 648 clients (323 of whom were men). The average age of the clients of the structured programmes was 29.3 years, a slight decrease against the previous years. A total of 383 clients (50.1%) used to inject drugs before they entered treatment; 392 (51.3%) had used methamphetamine, 74 (9.7%) heroin, and 15 clients (1.9%) used to use cannabis (Národní monitorovací středisko pro drogy a drogové závislosti, 2014g); see Table 8-3.

Table 8-3: Structured aftercare programmes subsidised by the Government Council for Drug Policy Coordination, 2007-2013

Indicator	2007	2008	2009	2010	2011	2012	2013
Number of programmes	15	15	12	13	14	11	9
Capacity	325	283	316	269	228	227	191
Number of clients	494	554	543	493	471	458	648
› injecting drug users	360	422	392	385	361	304	374
› methamphetamine users	284	317	329	297	305	299	378
› opiate/opioid users	104	105	99	73	91	60	63
› cannabis users	–	–	5	5	11	11	14
Average age of clients	26.6	28.7	29.2	28.8	29.5	31.0	29.3

Source: Národní monitorovací středisko pro drogy a drogové závislosti (2014g)

According to the Association for the Services of Alcoholics Anonymous, a total of 59 AA groups were operating in 42 Czech cities in August 2014.[133] According to the available information, there

[133] http://www.anonymnialkoholici.cz/setkani/adresar-skupin.html [2014-08-28]

are two Narcotics Anonymous groups, one in Prague and one in Brno. A meeting of English-speaking users was held in Prague in 2012.[134]

[134] http://anonymni-narkomani.webnode.cz/ [2014-08-28]

9

Chapter 9: Drug-related Crime, Prevention of Drug-related Crime, and Prison

- Drug law offences accounted for 1.6% of the reported crime in 2013. Offences involving the production, smuggling, and sale of drugs represent approximately 80% of the reported offences and those involving drug possession for personal use and growing plants/mushrooms for personal use represent roughly 15%.
- A total of 3,701 persons were arrested and 3,568 prosecuted for drug law offences in 2013, most commonly for the illicit production, smuggling, and sale of methamphetamine and cannabis. The number of persons prosecuted for drug law offences has been increasing in the long term.
- A total of 2,615 persons were indicted and 2,522 were convicted of drug law offences in 2013. The most common sanction imposed was a term of suspended imprisonment. Since 2008, the number of persons sentenced for drug law offences has been increasing, while the number of unsuspended prison sentences has been declining in favour of non-custodial sentences.
- Proceedings regarding a total of 467.2 thousand administrative offences were held in 2013, with 1,686 cases involving the unauthorised handling of narcotic and psychotropic substances, an increase by 401 cases against 2012. As in the previous year, these misdemeanours accounted for approximately 0.4% of all the misdemeanours.
- According to the data of the Police of the Czech Republic, 18.2 thousand offences were committed under the influence of drugs, i.e. over 14% of the offences that were cleared up (12% under the influence of alcohol and 2% under the influence of drugs other than alcohol). According to estimates, drug users commit approximately one third of property crime, in particular thefts.
- Compulsory treatment was imposed upon 287 persons in 2013: non-alcohol drug addiction treatment concerned 112 individuals, while alcohol addiction treatment concerned 175 persons. Compulsory alcohol addiction treatment was most commonly imposed upon persons sentenced for disorderly conduct, while compulsory drug addiction treatment most commonly concerned those who had committed the offence of theft.
- In 2013, addiction treatment was available in eight out of 35 prisons in the Czech Republic; a compulsory treatment sentence could be served in 4 prisons. Substitution treatment was provided by seven prisons. 23 prisons worked with an NGO on the implementation of drug policy activities and 15 of these prisons reported intensive cooperation in this respect.

9.1 Drug Law Offences

Drug law offences[135] are those consisting of criminal conduct violating the laws and regulations in the area of the control of narcotic and psychotropic substances (Zeman and Gajdošíková, 2010). The nature of such conduct is specified in Act No. 40/2009 Coll., the Penal Code ("the Penal Code"), which came into force on 1 January 2010, and replaced the previous Act No. 140/1961 Coll. (the "old Penal Code").[136] Drug law offences include:

- unauthorised production and unauthorised possession of narcotic or psychotropic substances (Sections 283, 284, and 285 of the Penal Code);
- unauthorised production and unauthorised possession of articles intended for the production of narcotic or psychotropic substances (Section 286 of the Penal Code);
- inciting or promoting the use of addictive substances other than alcohol (Section 287 of the Penal Code). [137]

The text and tables provide data for the same offence according to the provisions of the old Penal Code and the Penal Code, and the name of the relevant category is in the "Section of the old Penal Code/Section of the Penal Code" format, with the only exception being Section 285, for which there was no equivalent provision in the old Penal Code.

The data sources include the Criminal Statistics Record System of the Headquarters of the Police of the Czech Republic (Police Headquarters), National Drug Squad of the Criminal Police and Investigation Service of the Police of the Czech Republic (National Drug Squad), the Ministry of Justice, the Prison Service of the Czech Republic, and the Probation and Mediation Service of the Czech Republic. Information about persons arrested or prosecuted for drug law offences is recorded in the systems of the National Drug Squad, the Police Headquarters, and the Ministry of Justice. Any differences in the data from these sources arise from different reporting practices and data collection procedures.

9.1.1 Drug Law Offences by Offence and Drug Type

The data indicates that there were 3,701 persons arrested for drug law offences and, according to two data sources, 2,836 to 3,568 persons were prosecuted for drug law offences in 2013. Of this figure, 15% were women and 5% were persons under the age of 18. 2,615 persons were indicted and 2,522 were sentenced.

These figures increased in all the phases of the criminal proceedings, i.e. the number of persons arrested (data from the National Drug Squad), prosecuted (data separately from the Police Headquarters and the Ministry of Justice), indicted, and sentenced (Ministry of Justice) in 2013. The most significant increase (26%) was reported in terms of the number of persons who were prosecuted (Police Headquarters). This was the highest year-on-year increase in the last 12 years; see Table 9-1.

[135] Also referred to as "primary drug-related crime"

[136] The two norms continued to run in parallel in 2013. Those cases which had not been closed prior to the coming into force of the Penal Code were judged according to whichever legal norm stipulated more lenient penalties for the conduct in question.

[137] Section 187/Section 283: unauthorised production and other handling of narcotic or psychotropic substances and poisons, Section 187a/Section 284: possession of narcotic or psychotropic substances and poisons for personal use, Section 285: unauthorised cultivation of plants and mushrooms containing narcotic or psychotropic substances for personal use, Section 188/Section 286: manufacturing and possession of an article for the unauthorised production of a narcotic or psychotropic substance or poison, Section 188a/Section 287: inciting or promoting substance use or enticing others to it.

Table 9-1: Number of persons arrested, prosecuted, indicted, and sentenced for drug law offences, 2002-2013

Year	Arrested	Prosecuted (Police Headquarters)	Prosecuted (Ministry of Justice)	Indicted	Sentenced
2002	2,000	2,204	2,504	2,247	1,216
2003	2,357	2,295	3,088	2,737	1,304
2004	2,157	2,149	2,944	2,589	1,376
2005	2,168	2,209	2,429	2,157	1,326
2006	2,198	2,344	2,630	2,314	1,444
2007	2,031	2,023	2,282	2,042	1,382
2008	2,322	2,296	2,304	2,100	1,360
2009	2,340	2,415	2,553	2,332	1,535
2010	2,525	2,437	2,377	2,152	1,652
2011	2,759	2,782	2,798	2,549	1,870
2012	3,065	2,827	2,593	2,368	2,079
2013	3,701	3,568	2,836	2,615	2,522

Source: Národní protidrogová centrála SKPV Policie ČR (2014b), Policejní prezidium Policie ČR (2014), Ministerstvo spravedlnosti ČR (2014c), Ministerstvo spravedlnosti ČR (2014a)

Criminal proceedings were most commonly instigated against persons for the unauthorised production or other handling of narcotic and psychotropic substances (76% in 2013; 81% in 2012); see Table 9-2. The composition of the drug law offences by the type of offence did not change significantly in comparison with the previous year.

Table 9-2: Number of persons arrested, prosecuted, indicted, and sentenced for drug law offences in 2013, by type of offence

Offenders, by phase of criminal proceedings	Sections 187/283		Sections 187a/284		Section 285		Sections 188/286		Sections 188a/287		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Arrested	2,861	77.3	508	13.7	164	4.4	88	2.4	80	2.2	3,701	100.0
Prosecuted (Police Headquarters)	2,694	75.5	500	14.0	194	5.4	105	2.9	75	2.1	3,568	100.0
Prosecuted (Ministry of Justice)	2,275	80.2	299	10.5	110	3.9	132	4.7	20	0.7	2,836	100.0
Indicted	2,133	81.6	259	9.9	78	3.0	129	4.9	16	0.6	2,615	100.0
Sentenced	1,963	77.8	317	12.6	113	4.5	117	4.6	12	0.5	2,522	100.0

Sources: Národní protidrogová centrála SKPV Policie ČR (2014b), Policejní prezidium Policie ČR (2014), Ministerstvo spravedlnosti ČR (2014c), Ministerstvo spravedlnosti ČR (2014a)

Drug offenders were most commonly arrested for the unauthorised production, smuggling, and sale of methamphetamine[138] in 2013. The second most common reason for arrest was the cultivation, smuggling, and sale of cannabis; see Table 9-3. In comparison with the previous year, there was a marked increase in the number of persons arrested for the production, smuggling, and sale of cannabis and methamphetamine and for promoting drug use in connection with cannabis.

[138] Known locally as "pervitin"

Table 9-3: Number of persons arrested in 2013, by main drug type and drug offence type

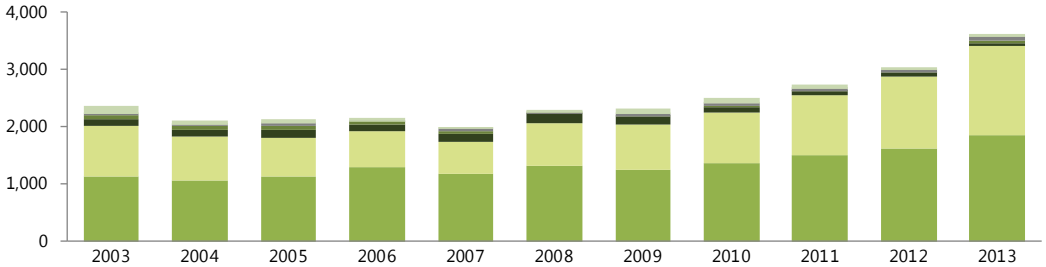
Drug	Production, smuggling, and sale		Possession for personal use		Promoting drug use		Total	
	Number	Share (%)	Number	Share (%)	Number	Share (%)	Number	Share (%)
Cannabis	1,073	36.4	479	71.3	70	87.5	1,622	43.8
Methamphetamine	1,719	58.3	142	21.1	4	5.0	1,865	50.4
Cocaine	35	1.2	21	3.1	0	0.0	56	1.5
Heroin	54	1.8	1	0.1	0	0.0	55	1.5
Ecstasy	23	0.8	20	3.0	-	0.0	43	1.2
LSD	1	0.0	0	0.0	0	0.0	1	0.0
Amphetamine	4	0.1	1	0.1	0	0.0	5	0.1
Other drugs	40	1.4	8	1.2	6	7.5	54	1.5
Total	**2,949**	**100.0**	**672**	**100.0**	**80**	**100.0**	**3,701**	**100.0**

Note: Production, smuggling, and sale includes Sections 187/283 and Sections 188/286, possession for personal use includes Sections 187a/284 and Section 285, and promoting drug use includes Sections 188a/287.

Source: Národní protidrogová centrála SKPV Policie ČR (2014a)

The number of persons arrested in connection with methamphetamine has been growing since 2009. Their share among all the persons arrested for drug law offences has been slowly declining since 2007 but still remains at around 50%. As far as cannabis is concerned, the number and share of the persons arrested have been growing since 2007. While only 29% of the persons were arrested in connection with cannabis in 2007, the share was almost 43% in 2013. At the same time, the highest year-on-year increase in the number of persons arrested in connection with cannabis in the last 11 years was reported in 2013. The share of persons arrested in connection with heroin has been around 2% in the last 3 years. The proportion of those arrested in connection with cocaine has remained very low (below 2%) in the long term; see Graph 9-1.

Graph 9-1: Number of persons arrested for the offences of the unauthorised handling of narcotic and psychotropic substances, poisons, and articles for their manufacture, by drug type, 2002-2013



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	2,357	2,100	2,128	2,165	1,996	2,297	2,329	2,516	2,745	3,050	3,621
Other drugs	137	59	62	66	30	36	75	98	65	58	53
LSD	4	3	9	4	4	2	5	1	1	3	1
Cocaine	24	17	50	13	50	23	47	50	56	38	56
Ecstasy	66	66	55	35	38	18	5	14	4	11	43
Heroin	105	134	145	116	127	151	136	95	61	69	55
Cannabis	892	763	682	638	569	746	786	896	1063	1242	1552
Methamphetamine	1,129	1,058	1,125	1,293	1,178	1,320	1,257	1362	1,495	1,629	1861

Source: Národní protidrogová centrála SKPV Policie ČR (2014a)

In comparison with the definition of the drug law offences, alcohol-related crime, i.e. that committed in connection with alcohol, includes a single offence – exposure of children to alcoholic beverages (Sections 218/204). According to the data from the Criminal Statistics Record System, a total of 99 such offences were reported in 2013 (compared to 101 offences in 2012). 71 persons, 23 of whom were female, were prosecuted in this context (Policejní prezidium Policie ČR, 2014).

According to the records of the Ministry of Justice, the number of persons prosecuted for all drug law offences increased in 2013. As in the previous years, the highest number of persons was prosecuted for the unauthorised handling of methamphetamine – 1,396 individuals (Sections 187/283). The second largest group was that of people prosecuted for the same offence in connection with cannabis – 955 individuals; see Table 9-4.

Table 9-4: Number of persons prosecuted in 2013, by main drug type and drug offence type

Drugs	Sections 187/283		Sections 187a/284		Section 285		Sections 188/286		Sections 188a/287		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Cannabis	955	42.0	176	58.9	105	95.5	31	23.5	9	45.0	1,276	45.0
Methamphetamine	1,396	61.4	99	33.1	0	0.0	98	74.2	9	45.0	1,602	56.5
Cocaine	31	1.4	9	3.0	0	0.0	0	0.0	0	0.0	40	1.4
Heroin	56	2.5	7	2.3	0	0.0	1	0.8	0	0.0	64	2.3
Ecstasy	20	0.9	15	5.0	0	0.0	0	0.0	0	0.0	35	1.2
Other drugs	86	3.8	25	8.4	6	5.5	7	5.3	5	25.0	129	4.5
Total	**2,275**	**–**	**299**	**–**	**110**	**–**	**132**	**–**	**20**	**–**	**2,836**	**–**

Note: The data provided in the "Total" row are not the aggregate number of drug law offences by drug type because certain persons were prosecuted for the violation of multiple drug law sections of the Penal Code or in connection with multiple drug types; a single individual can therefore appear in the statistics several times.

Source: Ministerstvo spravedlnosti ČR (2014c)

The number of people indicted for drug law offences increased in 2013. An increase was reported for all the drug law offences except the unauthorised cultivation of plants/mushrooms containing narcotic or psychotropic substances for personal use. The highest number of persons (1,343) was indicted for the unauthorised production, smuggling, and sale of methamphetamine. An overview of the number of persons indicted, by drug type and drug offence type, is provided in Table 9-5.

Table 9-5: Number of persons indicted in 2013, by main drug type and drug offence type

Drugs	Sections 187/283		Sections 187a/284		Section 285		Sections 188/286		Sections 188a/287		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Cannabis	856	40.1	145	56.0	70	89.7	30	23.3	6	37.5	1,107	42.3
Methamphetamine	1,343	63.0	90	34.7	0	0.0	96	74.4	8	50.0	1,537	58.8
Cocaine	30	1.4	8	3.1	0	0.0	0	0.0	0	0.0	38	1.5
Heroin	49	2.3	6	2.3	0	0.0	1	0.8	0	0.0	56	2.1
Ecstasy	18	0.8	13	5.0	0	0.0	0	0.0	0	0.0	31	1.2
Other drugs	79	3.7	22	8.5	4	5.1	7	5.4	3	18.8	115	4.4
Total	**2,133**	**–**	**259**	**–**	**78**	**–**	**129**	**–**	**16**	**–**	**2,615**	**–**

Note: The data provided in the "Total" row are not the aggregate number of drug law offences by drug type because certain persons were prosecuted for the violation of multiple drug law sections of the Penal Code or in connection with multiple drug types; a single individual can therefore appear in the statistics several times.

Source: Ministerstvo spravedlnosti ČR (2014b)

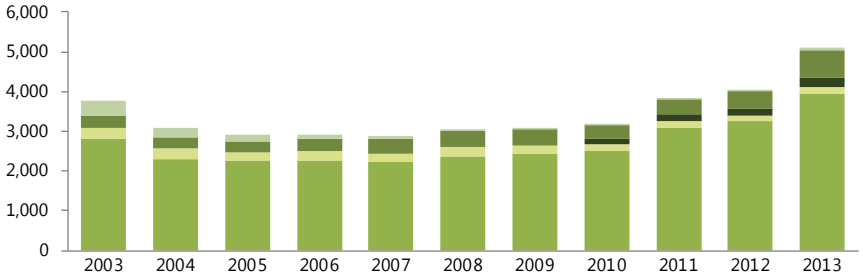
The increase in the total number of drug law offences and in their share of the reported crimes continued in 2013; see Table 9-6. A major part in this trend is played by the growing number of offences involving the production, smuggling, and sale of drugs, which account for approximately 80% of drug law offences. Offences involving the possession of drugs for personal use and cultivating plants/mushrooms for personal use represent approximately 15%; see Graph 9-2.

Table 9-6: Development of the number of drug law offences and their share of the offences reported in 2002-2013

Year	Offences reported	Number of drug law offences	Percentage of drug law offences
2002	372,341	4,330	1.2
2003	357,740	3,760	1.1
2004	351,629	3,086	0.9
2005	344,060	2,915	0.8
2006	336,446	2,922	0.9
2007	357,391	2,865	0.8
2008	343,799	3,041	0.9
2009	332,829	3,069	0.9
2010	313,387	3,179	1.0
2011	317,177	3,834	1.2
2012	304,528	4,032	1.3
2013	325,366	5,117	1.6

Source: Policejní prezidium Policie ČR (2014)

Graph 9-2: Number of drug law offences reported in 2003–2013, by drug offence type



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	3,760	3,086	2,915	2,922	2,865	3,041	3,069	3,179	3,834	4,032	5,117
Promoting drug use	367	239	158	110	59	37	23	24	31	25	93
Possession for personal use	312	263	281	310	364	411	419	343	375	433	689
Cultivation for personal use	0	0	0	0	0	0	0	145	168	193	225
Possession of articles for drug production	263	283	209	254	226	229	184	151	163	120	163
Production, smuggling, and sale	2,818	2,301	2,267	2,248	2,216	2,364	2,443	2,516	3,097	3,261	3,947

Source: Policejní prezidium Policie ČR (2014)

Prague, followed by Karlovy Vary and Liberec, was the region with the highest number of drug law offences in relative terms per 100 thousand inhabitants aged 15-64. On the contrary, the lowest figures were reported from the Zlín, Hradec Králové, and Moravia-Silesia regions. All the regions except Central Bohemia reported an increase in the number of reported drug law offences in 2013, with the increase being most significant in Prague, followed by the Pardubice, Karlovy Vary, and South Moravia regions. Karlovy Vary and Ústí nad Labem were the regions with the highest number of persons prosecuted in relative terms per 100 thousand inhabitants aged 15-64. On the contrary, the lowest numbers of individuals prosecuted per 100 thousand inhabitants aged 15-64 were reported in the Zlín and Moravia-Silesia regions; see Table 9-7 and Map 9-1.

Table 9-7: Drug law offences reported and persons prosecuted for drug law offences in 2013, by region

Region	Drug law offences			Persons prosecuted for drug law offences		
	Number	Share (%)	Per 100 thousand inhabitants aged 15-64	Number	Share (%)	Per 100 thousand inhabitants aged 15-64
Prague	1,529	29.9	181.4	522	14.6	61.9
Central Bohemia	588	11.5	67.1	495	13.9	56.5
South Bohemia	264	5.2	61.5	230	6.4	53.5
Pilsen	246	4.8	63.6	202	5.7	52.2
Karlovy Vary	191	3.7	93.0	179	5.0	87.2
Ústí nad Labem	390	7.6	69.5	365	10.2	65.1
Liberec	210	4.1	70.9	181	5.1	61.1
Hradec Králové	161	3.1	43.8	146	4.1	39.7
Pardubice	175	3.4	50.3	147	4.1	42.3
Vysočina	241	4.7	70.0	146	4.1	42.4
South Moravia	407	8.0	51.6	326	9.1	41.3
Olomouc	210	4.1	48.9	206	5.8	47.9
Zlín	137	2.7	34.5	107	3.0	26.9
Moravia-Silesia	368	7.2	44.0	316	8.9	37.8
Total	**5,117**	**100.0**	**72.0**	**3,568**	**100.0**	**50.2**

Source: Policejní prezidium Policie ČR (2014)

Map 9-1: Drug law offences, 2013, in relative terms per 100 thousand inhabitants aged 15-64, by region

Source: Policejní prezidium Policie ČR (2014)

9.1.2 Sentences Imposed for Drug Law Offences

A total of 2,552 persons were sentenced for drug law offences in 2013. Of this figure, 15% were women and 3% were juveniles. The shares of female and juvenile offenders remained essentially identical in comparison with 2012. 41% of the offenders sentenced for drug law offences had no prior convictions. In terms of age, the 30-39 age group was the largest (30%). Table 9-8 shows that a term of suspended imprisonment (72%) was the most common sanction imposed in 2013. In comparison with the previous year, this share increased by 11 percentage points. Unsuspended

imprisonment sentences represented the second largest group (22%). The most common length of a prison sentence was 1-5 years (73%).

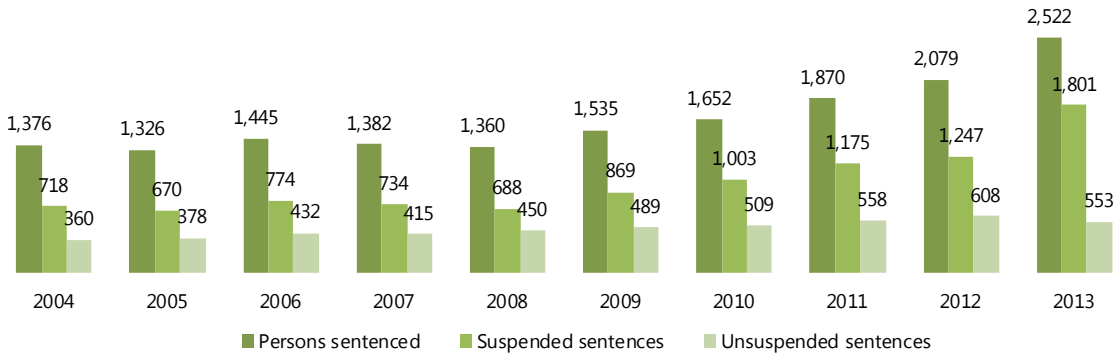
Table 9-8: Sentences imposed for drug law offences in 2013, by type of offence

Sentences for drug law offences	Sections 187/283		Sections 187a/284		Section 285		Sections 188/286		Sections 188a/287		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Unsuspended imprisonment	490	25.3	36	11.6	2	1.8	25	0.2	0	0.0	553	22.2
Suspended imprisonment	1,368	70.7	247	79.4	94	83.2	82	0.7	10	0.8	1,801	72.4
House arrest	6	0.3	1	0.3	0	0.0	1	0.0	0	0.0	8	0.3
Community service	52	2.7	21	6.8	5	4.4	7	0.1	1	0.1	86	3.5
Prohibition of activity	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Forfeiture of property	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Fine	9	0.5	0	0.0	6	5.3	0	0.0	0	0.0	15	0.6
Forfeiture of articles	1	0.1	5	1.6	6	5.3	1	0.0	0	0.0	13	0.5
Expulsion	9	0.5	1	0.3	0	0.0	1	0.0	1	0.1	12	0.5
Prohibition of entry and residency	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	**1,935**	**100.0**	**311**	**100.0**	**113**	**100.0**	**117**	**1.0**	**12**	**1.0**	**2,488**	**100.0**

Source: Ministerstvo spravedlnosti ČR (2014a)

As Graph 9-3 shows, the number of persons sentenced for drug law offences has been increasing since 2008, while the share of unsuspended prison sentences has been declining in favour of sentences which do not involve imprisonment.

Graph 9-3: Development in the number of persons sentenced and the structure of sanctions imposed for drug law offences, 2004-2013



Source: Ministerstvo spravedlnosti ČR (2014a)

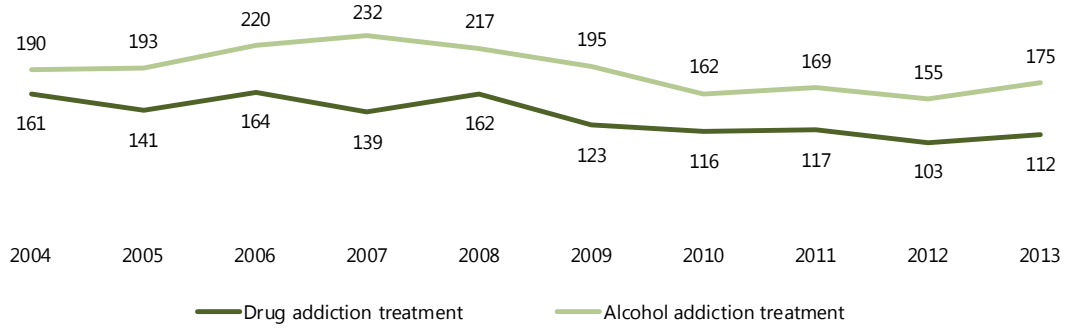
9.1.3 Protective and Educational Measures

A sentence of compulsory (court-ordered) treatment is one of the most common protective measures that is imposed.[139] A compulsory treatment sentence was imposed upon 287 persons in 2013: non-alcohol drug addiction treatment concerned 112 individuals, while alcohol addiction treatment concerned 175 persons. Compulsory alcohol treatment was most frequently imposed upon individuals sentenced for the offences of abuse of a person living in a shared home, intimidation, and grievous bodily harm. Compulsory drug addiction treatment was most commonly imposed by the courts upon persons sentenced for the offences of theft, unauthorised production and other handling of narcotic and psychotropic substances, damage to property, disorderly conduct, and arbitrary interference with the home. The development of the number of compulsory treatment sentences is shown in Graph 9-4.

A court may also impose appropriate measures or obligations within the scheme of diversion from criminal proceedings or as part of alternative sentencing. According to the records of the Probation and Mediation Service, an obligation to undergo substance addiction treatment was imposed upon 168 individuals, and a restriction in the form of compulsory abstinence from using alcohol or other addictive substances was imposed upon 534 persons in 2013. In comparison with the previous year, 2013 saw an increase in the number of persons upon whom a restriction or an obligation was imposed in connection with drug use (Probační a mediační služba, 2014).

In 2013, the courts imposed educational measures in 17 drug-related cases: supervision by a probation officer was imposed in six cases, participation in a probation programme in one case, educational obligations in two cases,[140] and educational measures in eight cases[141] (Ministerstvo spravedlnosti ČR, 2014a).

Graph 9-4: The development of the number of compulsory treatment sentences, 2004-2013



Source: Ministerstvo spravedlnosti ČR (2014a)

In 2013, the Probation and Mediation Service registered a total of 26,028 clients, i.e. individuals sentenced to a non-custodial sentence, individuals upon whom a restriction or obligation had been imposed, or prisoners released on parole with probationary supervision.

A total of 828 (3.2%) of them had been sentenced for the offence of unauthorised production or other handling of narcotic and psychotropic substances (Sections 187/283); 87 persons (0.3%) had committed the offence of drug possession for personal use (Sections 187a/284), 20 persons (0.1%) the offence of unauthorised cultivation of plants or mushrooms containing narcotic and psychotropic substances for personal use (Section 285), and nine persons (0.03%) the offence of

[139] It is served either in residential or outpatient form on the basis of a final judgement of the court. The court may impose this sanction on offenders who abuse addictive substances and have committed an offence under the influence of, or in connection with, the abuse of such a substance. Compulsory treatment sentences are served in healthcare facilities. If imposed in addition to a prison sentence, the outpatient form of compulsory treatment can also be served in prison. If it is obvious from the personality of the offender that sufficient protection of the public cannot be achieved by compulsory treatment, the court may impose a measure in the form of security detention.

[140] Such as the obligation to live with their parents, pay compensation for damage, or undergo substance addiction treatment.

[141] Such as a prohibition on attending certain events and maintaining contact with certain individuals.

promoting drug use (Sections 188a/287). Compulsory drug addiction treatment had been imposed upon 73 clients of the Probation and Mediation Service in 2013. Out of these clients, 36 had been ordered to undergo compulsory alcohol treatment and 37 compulsory drug treatment. An obligation to undergo the appropriate type of drug rehabilitation programme, which does not represent compulsory treatment according to the Penal Code, had been imposed upon one person.

As a part of the supervision of probation, in particular when checking adherence to the obligation to abstain from alcohol or other substances,[142] a total of 3,228 tests were conducted in 2013, with 797 of the tests returning a positive result. Cannabis and methamphetamine were the substances detected most commonly (Probační a mediační služba, 2014).

9.1.4 Administrative Offences Involving the Unauthorised Handling of Narcotic and Psychotropic Substances

In 2013 the administrative authorities registered a total of 942,662 administrative offences (misdemeanours). Another 129,065 administrative offences were pending from the previous period. Proceedings regarding 467,242 administrative offences were held in 2013, including 1,686 administrative offences (0.4%) involving unauthorised possession of a small quantity of drugs for personal use and/or unauthorised cultivation of a small quantity of plants or mushrooms containing narcotic and psychotropic substances for personal use (Section 30 (1) (j) and (k) of Act No. 200/1990 Coll.). The share of drug administrative offences committed by juveniles continued to decrease in 2013 (8.8% in 2013, compared to 12.1% in 2012). The regions with the highest absolute number of administrative offences reported in 2013 included Central Bohemia, Prague and, Ústí nad Labem; see Table 9-9. The Karlovy Vary region reported the highest share of drug-related administrative offences in all the administrative offences that were reported in the region. In comparison with the previous year, the most significant increase in the number of administrative offences handled was observed in the Central Bohemia region (266 administrative offences in 2013, against 127 in 2012). Conversely, the most significant decreases were observed in the Zlín and South Bohemia regions (with 73 administrative offences in 2013, against 103 in 2012, for Zlín and 51 administrative offences in 2013, against 81 in 2012, for South Bohemia).

Because of a change in the reporting system, data regarding the breakdown of the administrative offences by drug type are not available from 2010 onwards; for details see the 2010 National Report. However, we can assume that the administrative offences were most commonly associated with cannabis and methamphetamine.

[142] Imposed under Section 48 (4) (h) of Act No. 40/2009 Coll.

Table 9-9: Drug-related administrative offences in 2013, by administrative offence type, the offender's age, and region

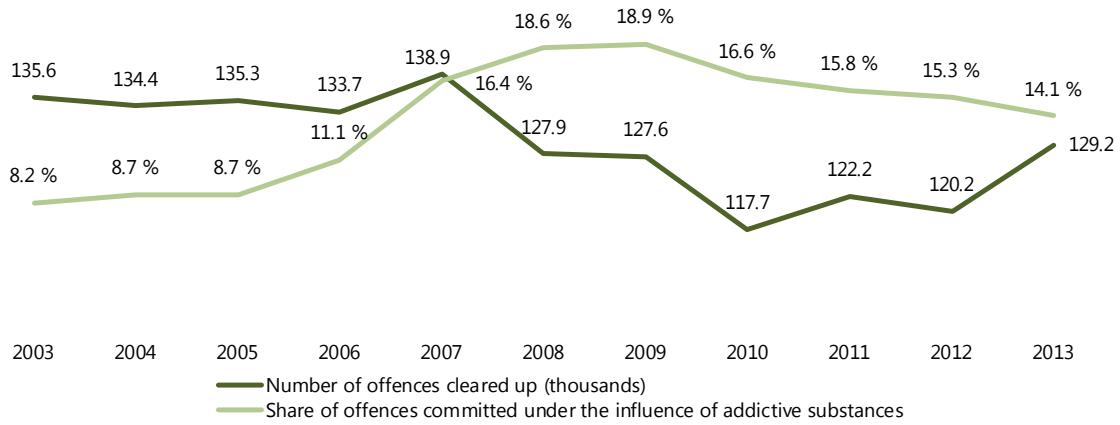
Region	Possession		Cultivation of plants or mushrooms		Total drug-related administrative offences	Total administrative offences
	Total	of whom under 18	Total	of whom under 18		
Prague	229	8	6	0	235	187,423
Central Bohemia	219	19	47	0	266	38,741
South Bohemia	39	10	12	0	51	13,692
Pilsen	93	0	5	0	98	14,475
Karlovy Vary	108	5	3	0	111	9,216
Ústí nad Labem	164	20	37	2	201	32,777
Liberec	120	10	6	0	126	29,620
Hradec Králové	39	5	7	0	46	11,527
Pardubice	99	10	9	0	108	10,901
Vysočina	21	3	5	0	26	9,045
South Moravia	125	18	8	2	133	34,498
Olomouc	63	7	23	2	86	20,643
Zlín	67	8	6	0	73	16,364
Moravia-Silesia	116	19	10	0	126	38,320
Total	**1,502**	**142**	**184**	**6**	**1,686**	**467,242**

Source: Ministerstvo vnitra ČR (2014)

9.2 Other Drug-related Crime

Other drug-related crime[143] encompasses those criminal offences which do not directly involve the handling of illegal substances but are committed in connection with the use or handling of such substances (Zábranský et al., 2011). A total of 129.2 thousand offences were cleared up in 2013, according to the data of the Police of the Czech Republic reported from the Criminal Statistics Records System. 18.2 thousand (14.1%) of these offences were committed under the influence of addictive substances. The proportion of offences committed under the influence of addictive substances increased steadily between 2005 and 2009. However, the trend has been reversed in the last four years; see Graph 9-5.

Graph 9-5: Development in the number of offences cleared up and the proportion of offences committed under the influence of addictive substances, 2003-2013



Source: Policejní prezidium Policie ČR (2014)

[143] also referred to as "secondary drug-related crime"

A total of 15.2 thousand offences committed under the influence of alcohol, i.e. 84.1% of all the offences committed under the influence of addictive substances, were reported by the police in 2013; see Table 9-10. The offences of endangerment under the influence of an addictive substance and inebriation (48%), road traffic accidents caused by negligence (16%), voluntary bodily harm (6%), and disorderly conduct (6%) accounted for the highest percentages of offences committed under the influence of alcohol. A total of 2.9 thousand offences were committed under the influence of drugs other than alcohol in 2013, i.e. 15.9% of all the offences committed under the influence of addictive substances. The offenders most typically committed the offences of endangerment under the influence of an addictive substance (69%), obstructing justice (12%), and road traffic accidents caused by negligence (3%). In the long term, there is an apparent high percentage of offences committed under the influence of alcohol, even though the number has been decreasing and the percentage of offences committed under the influence of drugs other than alcohol has been increasing since 2007; see Table 9-10.

Table 9-10: Number of offences committed under the influence of alcohol and other substances, 2003-2013

Year	Offences committed under the influence of alcohol		Offences committed under the influence of drugs other than alcohol		Total offences committed under the influence of addictive substances
	Number	Share (%)	Number	Share (%)	
2003	10,143	91.5	939	8.5	11,082
2004	10,916	93.0	816	7.0	11,732
2005	11,020	93.4	781	6.6	11,801
2006	14,075	95.0	735	5.0	14,810
2007	22,030	96.5	793	3.5	22,823
2008	22,826	95.7	1,019	4.3	23,845
2009	22,277	92.1	1,900	7.9	24,177
2010	17,290	88.4	2,277	11.6	19,567
2011	17,168	88.9	2,142	11.1	19,310
2012	16,130	87.6	2,289	12.4	18,419
2013	15,265	84.1	2,890	15.9	18,155

Source: Policejní prezidium Policie ČR (2014)

An estimation of secondary drug-related crime was again performed in 2013 (Národní protidrogová centrála and Národní monitorovací středisko pro drogy a drogové závislosti, 2014). As in the previous years, it was an expert retrospective estimate performed by the staff of the regional police headquarters and the territorial departments of the Police of the Czech Republic, who determined the share of criminal offences committed by drug users, in particular for the purpose of acquiring the wherewithal to purchase drugs for personal use. A total of 17 offences were considered and the estimated shares were weighted using the actual numbers of offences that were reported and cleared up in the districts.

A total of 231 thousand selected offences were reported in 2013. Drug users are estimated to have committed approximately 34% of them (78 thousand offences). Theft accounted for the highest percentage. 75 thousand of the selected offences were cleared up. Drug users are estimated to have committed approximately 24% of them (18 thousand offences). The results are summarised in Table 9-11.

Table 9-11: Estimate of selected offences committed by drug users in 2013

Offence type	Offences reported			Offences cleared up		
	Total	Committed by drug users	Share (%)	Total	Committed by drug users	Share (%)
Theft	112,939	46,399	41.1	25,833	8,317	32.2
Theft, unauthorised use of property	21,322	8,561	40.2	4,107	1,551	37.8
Robbery	2,959	1,055	35.6	1,777	635	35.8
Unauthorised possession of means of payment	8,244	2,706	32.8	1,946	635	32.6
Theft, arbitrary interference with the home	52,936	15,694	29.6	12,663	3,810	30.1
Arbitrary interference with the home	3,253	732	22.5	1,872	430	23.0
Fraud	4,995	1,040	20.8	3,871	819	21.1
Embezzlement	2,528	320	12.6	2,187	280	12.8
Voluntary bodily harm	5,374	560	10.4	4,458	458	10.3
Neglect of compulsory maintenance	14,726	1,215	8.3	14,730	1,215	8.3
Extortion	1,441	118	8.2	1,209	99	8.2
Illegal restraint	258	10	3.7	194	7	3.7
Murder	11	0	0.0	12	0	0.0
Total	**230,986**	**78,411**	**33.9**	**74,859**	**18,257**	**24.4**

Source: Národní protidrogová centrála and Národní monitorovací středisko pro drogy a drogové závislosti (2014)

In 2013, the Probation and Mediation Service of the Czech Republic registered a total of 26,028 clients. (Problem) substance use was found in 402 clients (1.5%) during criminal proceedings or during contact with the Probation and Mediation Service staff. A total of 144 of the clients used alcohol and 258 used drugs other than alcohol. Alcohol users had most typically committed the offences of endangerment under the influence of an addictive substance (28%), disorderly conduct (17%), obstructing justice (15%), and theft (15%). The users of drugs other than alcohol had most typically committed the offences of theft (37%), unauthorised production and other handling of narcotic and psychotropic substances (31%), arbitrary interference with the home (10%), and obstructing justice (8%). In comparison with the previous period, the number of clients in whom substance use was found decreased by 16% in 2013; their share remained the same (Probační a mediační služba ČR, 2014).

9.3 Prevention of Drug-related Crime

The prevention of drug-related crime falls within the competence of the Ministry of the Interior, which coordinates the relevant activities across the government portfolios, as well as with the Police of the Czech Republic and other stakeholders, both directly and through the National Crime Prevention Committee. 2013 was the second year of the operation of the Crime Prevention Strategy for 2012-2015; for more details see the 2012 National Report.

At the national level, crime prevention is supported from a specific funding envelope of the Ministry of the Interior. In addition, the Ministry of the Interior introduced a special funding programme, *Prevention of Drug-related Crime in the Border Region in 2013*, which seeks to support projects aimed at the prevention of the involvement of selected target groups in drug-related crime, at increasing motivation to cooperate with the police in detecting drug-related crime, and at preventing drug use. The amount of CZK 4.7 million (€ 179 thousand) was earmarked for this purpose. A total of 29 applications were submitted, most of which focused on activities for children aimed at preventing drug use. Support was granted to 13 projects. The implementation commenced in May/June 2013 and was completed on 31 December 2013. Nevertheless, the specific impact of the projects that were implemented on the drug market in the border areas is

more than questionable because the focus of most of the projects, i.e. on preventing drug use, with a particular focus on basic[144] and secondary school students, had little to do with addressing the issues present in the border areas described by the National Drug Squad. A total of 10 beneficiaries used the resources that had been allocated to implement activities aimed at reducing the demand for drugs; only in two of these cases was the beneficiary an organisation certified as being professionally competent to work with drug users.

9.4 Drug Use and Problem Drug Use in Prisons

The Prison Service administered 35 prisons in 2013. As of 31 December 2013, there were 16,645 prisoners (i.e. approximately 6,000 less than in the previous year[145]), 14,301 of whom had been sentenced and with 2,308 awaiting trial. 36 persons were committed to detention institutions. Women accounted for 5.7% of the prison population and juveniles 0.7%. The share of foreign nationals was 9% of the prison population. The number of persons imprisoned for drug law offences decreased to 1,465, i.e. by 11%, in comparison to the previous year. The decrease in the number of prisoners occurred for all types of drug law offences but the drop was most significant as far as the offence of unauthorised production and other handling of narcotic and psychotropic substances was concerned. There was also a decrease by 45% in the numbers of offences directly related to intoxication with an addictive substance – endangerment under influence of an addictive substance (Sections 201/274) and inebriation (Sections 201a/360) in 2013; see Table 9-12.

Table 9-12: Number of individuals imprisoned for drug-related offences and offences related to drug use, as of 31 December of the given year

Year	Sections 187/283	Sections 187a/284	Sections 188/286	Sections 188a/287	Sections 201/274	Sections 201a/360	Total
2007	1,314	101	144	69	299	95	2,022
2008	1,257	127	185	93	554	158	2,374
2009	3,073	323	365	138	1,595	106	5,600
2010	1,696	143	145	32	936	27	2,979
2011	1,929	126	155	26	1,077	27	3,340
2012	1,399	120	112	14	883	33	2,561
2013	1,281	98	78	8	480	27	1,972

Note: Sections 201/274: endangerment under the influence of an addictive substance; Sections 201a/360: inebriation.

Source: Generální ředitelství Vězeňské služby ČR (2014b)

Information about the number of drug users in prison, obtained from examinations/treatment interventions by general practitioners, from drug screening tests, and drug seizures in prisons, is also available for 2013 (Generální ředitelství Vězeňské služby ČR, 2014b, Generální ředitelství Vězeňské služby ČR, 2014d). A total of 59,118 examinations or treatment interventions involving prisoners were performed in 2013. On the basis of the findings of the examinations or treatment interventions, the medical service reported 8,468 individuals with a history of drug use (11,463 persons in 2012 and 11,534 persons in 2011).

32,640 prisoners were tested for addictive substances in 2013 (compared to 37,411 in 2012). 8,238 of them were persons entering prison to await trial in custody or serve a prison sentence. 14,307 persons were tested for alcohol and 18,333 for illegal addictive substances. Positive results were confirmed only in persons who were already serving their prison sentence or those remanded in

[144] encompassing primary and middle school

[145] The partial amnesty declared in early 2013 resulted in a significant decrease in the number of prisoners. The decision was published in the Collection of Laws under no. 1/2013 Coll. as a separate item, 1/2013, on 2 January 2013.

custody (not those entering prison). Positive results for substances other than alcohol were found in 503 persons (530 in 2012), while 18 persons tested positive for alcohol (34 in 2012). As regards drugs other than alcohol, they most commonly included methamphetamine (41% of those tested) and cannabis (31%). Polydrug use was found in 10% of those tested.

The Medical Service Department of the General Directorate of the Prison Service also reported the summary of the test findings concerning persons entering prison to serve a prison sentence or await trial in custody in 2013. Only screening tests without any further confirmation are performed as a part of the initial medical examination. A total of 55% of the persons entering prison (56.5% of those indicted and 53.5% of those sentenced) had used any of the addictive substances that were tested for, most commonly THC and methamphetamine; multiple substances were often found.

The Prison Service reported a total of 82 seizures of drugs (totalling 124 grams) in prisons in 2013. Methamphetamine (38 seizures totalling 41.9 grams) and cannabis (42 seizures totalling 79.5 grams) were the drugs that were seized most frequently. The drugs, including medicines, were mainly seized during checks on correspondence (32 cases) and when prisoners were searched (23 cases). In addition, the prisons reported three cases in which alcohol was found and 10 seizures of medicines containing addictive substances (totalling 417 tablets). Trained drug-sniffing dogs are used during the searches. A total of 462,792 searches were performed in 2013. In 44 cases, the dog indicated a place where a suspicious substance was later found; in another 56 cases the drug-sniffing dog indicated a place where a drug had probably been placed.

The preparations for the collection of data under the third round of the questionnaire study of drug use among prisoners serving a prison sentence are under way in 2014. The study is performed every other year. The last round took place in 2012. The study is conducted by the National Focal Point in cooperation with the General Directorate of the Prison Service of the Czech Republic. For the results of the first round of the study see the 2010 National Report and the *Zaostřeno na drogy* ("Focused on Drugs") bulletin 5/2011 (Mravčík et al., 2011a). For the results of the second round of the study see the 2012 National Report.

9.5 Responses to Drug-related Health Issues in Prisons

Prevention, addiction treatment, harm reduction interventions, and efforts to mitigate the social impact of drug use were carried out in prisons through drug prevention counselling centres, drug-free zones, specialised wings, and programmes provided by NGOs.

Drug prevention counselling centres operated in all the prisons. A total of 5,588 persons used the services of one of these centres in 2013,[146] i.e. 1,721 less than in the previous year. The decrease in the number of clients of the counselling centres was caused by the overall decrease in the number of prisoners as a result of the amnesty that took place at the beginning of the year. The scope of the services provided by the counselling centres in the individual prisons varied, depending on the specialisation and capacity of the professional staff. Nevertheless, the drug prevention counselling centres provided information and individual counselling services in all the prisons.

Drug-free zones are special prison wings that operate in either the standard or therapeutic regimen.[147] A standard drug-free zone was operated in 31 prisons, with a capacity totalling 1,797 beds in 2013. Even though the total capacity of prisons decreased in 2013 because of the amnesty, the impact on the number of beds in drug-free zones was only marginal. A total of 3,552 persons

[146] The use of services refers to the provision of at least one intervention. Every individual is included only once in each year, regardless of the number of interventions provided to this person.

[147] The main purpose of a standard drug-free zone is to motivate the prisoners to abstain and follow a drug-free routine. The target group for the drug-free zones with a therapeutic regime includes only drug users. The programme is aimed at promoting therapy either while in prison or after release.

used the option of serving their sentence in standard drug-free zones in 2013. A total of three prisons (Příbram, Vinařice, and Znojmo) operated a therapeutic drug-free zone. Their capacity was 101 beds. The opportunity to be placed in these zones was taken by 196 persons, 87 of whom were newly assigned to these zones.

Addiction treatment while serving a prison sentence could be provided by specialised wings, which were available in 12 prisons in 2013. In eight prisons (Bělušice, Kuřim, Nové Sedlo, Ostrov, Pilsen, Příbram, Valdice, and Všehrdy), these specialised wings were intended for voluntary treatment, while in four prisons (Heřmanice, Opava, Rýnovice, and Znojmo) they were used for serving court-ordered compulsory treatment. The capacity of the specialised wings for voluntary treatment was 306 in 2013. The opportunity to undergo voluntary treatment in any of the specialised wings was taken by 589 persons (with 324 new entries) in 2013.

A total of five specialised wings in four prisons, one of which was intended for women (Opava), were used for serving compulsory treatment sentences,[148] providing alcohol addiction, drug addiction, and gambling addiction treatment. The number and profile of these wings remained unchanged in comparison with the previous year. The capacity of these wings was 128 beds. In 2013, the Prison Service registered a total of 184 persons assigned to one of these wings. An overview of the number, capacity, and utilisation of the drug-free zones and specialised wings is provided in Table 9-13.

Table 9-13: Number, capacity, and utilisation of drug-free zones and specialised wings, 2006-2013

Year	Drug-free zones			Voluntary treatment departments			Compulsory treatment departments		
	Number of prisons	Capacity	Persons	Number of prisons	Capacity	Persons	Number of prisons	Capacity	Persons
2006	31	1,665	3,201	6	286	625	3	105	162
2007	35	1,877	3,524	6	258	419	3	114	200
2008	33	1,998	3,646	6	262	422	3	120	206
2009	33	2,057	4,224	7	294	507	3	120	117
2010	33	2,075	3,443	7	300	437	3	109	128
2011	33	1,905	4,279	7	287	535	3	113	206
2012	34	1,918	4,549	7	287	537	3	128	184
2013	34	1,898	3,747	8	306	589	3	128	184

Source: Generální ředitelství Vězeňské služby ČR (2014d)

The authorisation to provide substitution therapy[149] was held by ten prisons, seven of which reported treating patients in 2013. The substitution treatment programmes in prisons reported 62 clients, i.e. 27 less than in the previous year. In comparison with 2012, the average treatment period increased to 7.6 months; see Table 9-14. Methadone was used as the substitution substance.

[148] In 2011, the General Directorate of the Prison Service stated in its opinion that the healthcare provided by the existing specialised wings for compulsory treatment cannot be considered institutional health care. "Protective" treatment is therefore delivered in prisons in the outpatient form. The percentage of outpatient treatment cases in prison thus started to increase in 2011. The opinion of the Prison Service is codified by the new Act No. 373/2011 Coll. on specific health services, which came into force on 1 April 2012. According to Section 83 (2) of this Act, compulsory treatment can be provided in the healthcare facilities of the Prison Service while an offender is serving a prison sentence. This concerns compulsory institutional treatment provided in the form of one-day care, and compulsory treatment provided on an outpatient basis.

[149] In order to be included in a substitution treatment programme in prison, the clients need to have been included in a substitution therapy programme before they entered the prison to await trial in custody or to serve their prison sentence.

Table 9-14: Number of individuals undergoing substitution therapy and average treatment period (in months) in the individual prisons, 2010-2013

Prison	2010		2011		2012		2013	
	Persons	Treatment period	Persons	Treatment period	Persons	Treatment period	Persons	Treatment period
Brno	11	11.0	22	3.0	28	4.0	20	1.0
Břeclav	0	–	0	–	0	–	0	–
Kuřim	7	19.5	12	2.0	13	3.0	12	1.3
Litoměřice	10	4.8	11	1.0	9	3.0	3	7.0
Opava	5	6.0	13	1.5	5	1.0	5	6.0
Ostrava	0	–	0	–	0	–	0	–
Praha-Pankrác	15	8.3	24	5.2	15	5.0	11	7.0
Praha-Ruzyně	1	1.0	0	–	0	–	0	–
Příbram	16	6.5	14	11.0	17	8.0	7	10.0
Rýnovice	2	4.0	3	12.0	2	3.0	4	21.0
Total	**67**	**7.6**	**99**	**5.1**	**89**	**3.9**	**62**	**7.6**

Source: Generální ředitelství Vězeňské služby ČR (2014d)

Detoxification was provided by four prisons in 2013. Acute withdrawal treatment was received by 187 persons, 147 of whom were men and 40 women. Opiate/opioid users accounted for 74% of the persons detoxified and methamphetamine users for 9%. There was a significant decrease, by 47%, in the number of persons undergoing withdrawal management in comparison with the previous year (353 persons in 2012).

23 prisons were working with a non-governmental organisation in 2013. The cooperation was defined by a written agreement in 16 of these prisons. The cooperation between prisons and NGOs was more intensive in 2013 than in the previous year, with a total of 15 prisons reporting 10 or more visits during the year (compared to nine prisons in 2012). A total of 5,035 individuals on remand or serving a prison sentence were in contact with an NGO in 2013, an increase of almost 38% against 2012. Individual interventions accounted for 47% of the services provided. The NGOs providing drug services in prisons, the number of visits, and the number of clients are summarised in Table 9-15

Table 9-15: NGOs providing drug services in prisons, number of visits, and number of prisoners contacted

Name of NGO	Prison	Number of visits	Number of clients
CPPT	Pilsen	48	508
Laxus	Hradec Králové, Jiřice, Liberec, Odolov, Pardubice, Rýnovice, Stráž pod Ralskem, Světlá nad Sázavou, Valdice	286	1,559
Magdaléna	Příbram	2	20
Blue Cross	Ostrava, Heřmanice	2	83
Most k naději	Liberec	2	21
Společnost Podané ruce	Brno, Kuřim, Mírov, Rapotice, Světlá nad Sázavou, Znojmo, Olomouc	321	2,188
Renarkon	Heřmanice, Karviná	3	34
Riaps	Hradec Králové	23	91
SANANIM	Praha-Ruzyně, Světlá nad Sázavou, Vinařice, Znojmo	67	522
White light I.	Teplice	2	9
Total		**756**	**5,035**

Note: If an individual was contacted multiple times during a single day, e.g. if they participated in a debate and then used individual counselling, only a single contact has been included for that day. If the contacts were made on multiple days, each day is included as a contact.

Source: Generální ředitelství Vězeňské služby ČR (2014d)

In relation to the task under the 2013-2015 Action Plan for the National Drug Policy Strategy, in 2013 the Prison Service of the Czech Republic carried out the analysis of the possibility of a pilot introduction of harm reduction material in prisons. It concluded that the current legislative framework did not enable sterile needles and syringes and other injecting paraphernalia or a disinfectant for cleaning such injecting supplies to be distributed in prisons. It also stated that there was currently no systematic distribution of condoms in prisons but the inmates had the opportunity to purchase condoms in the prison canteen, where condoms must be available by law. However, the distribution of condoms is not contrary to the regulations on imprisonment and execution of custody. The recommendation of the document is to prepare reference materials for prisoners with a focus on preventing overdoses, preventing the transmission of infectious diseases in connection with drug use, including information on the risks associated with tattoos and piercing, the prevention of sexually transmitted diseases, etc. It also recommends training medical staff in drug addiction issues (including overdose prevention) and the associated occurrence of infectious diseases and setting up a scheme for providing drug addiction counselling, including the prevention of overdoses and infectious diseases, in the prison-based drug prevention counselling centres (Generální ředitelství Vězeňské služby ČR, 2014a).

>10

Chapter 10: Drug Markets

- According to preliminary estimates, the 2013 nationwide consumption in the Czech Republic was 21.4 tonnes of cannabis, 6.0 tonnes of methamphetamine (locally known as "pervitin"), 0.8 tonnes of heroin, 0.8 tonnes of cocaine, approximately a million tablets of ecstasy, and approximately 100 thousand doses of LSD. Domestic illicit production covers most of the consumption of marijuana and all of that of methamphetamine.
- A total of 276 indoor cultivation sites and three plastic greenhouses used for growing cannabis were detected in 2013. Low-volume home-based cultivation sites with under 50 cannabis plants were those most commonly detected. Organised groups of people of Vietnamese descent have been increasingly involved in the cultivation of cannabis and the distribution of marijuana in recent years. In 2013, the Police of the Czech Republic and the Customs Administration of the Czech Republic seized a total of 735.4 kg of marijuana, 73.6 thousand cannabis plants, and 1.3 kg of hashish. The average THC concentration in the cannabis that was seized was 10%.
- The 2012 National Survey on Substance Use indicates an increased percentage of marijuana grown outdoors among the users of cannabis, which is probably related to the legislative change which decriminalised the growing of a small quantity of cannabis for personal use, starting in 2010. While the perceived availability of cannabis increased, the share of the commercial black market decreased and, conversely, the share of non-commercial transactions increased.
- Methamphetamine is predominantly made in the Czech Republic in low-volume cooking laboratories. In 2013, the Police of the Czech Republic detected 261 cooking labs, seizing 69.1 kg of methamphetamine with an average purity of 71%. Extracted from over-the-counter medicines imported mainly from Poland, pseudoephedrine continues to be the main precursor for the production of methamphetamine. The involvement of organised groups of individuals of Vietnamese descent in the manufacture and distribution of methamphetamine is increasing.
- Cocaine is mostly imported to the Czech Republic in postal consignments and luggage, typically from the Netherlands. A total of 35.8 kg of cocaine with an average purity of 33% was seized in 2013. As for heroin, 5.1 kg with an average purity of 20% was seized in 2013. In addition to heroin, substitution agents in tablets and opioid-based analgesics were also available on the black market.
- A total of 48 new synthetic substances were reported in the Czech Republic under the Early Warning System in 2013, 12 of which were reported for the very first time, and for three substances it was the first time they had occurred within the EU. The JWH-203 cannabinoid was the substance seized in the highest number of cases. The new psychoactive substances were offered by 26 e-shops on websites in the Czech language, five of which focused exclusively on synthetic substances. The substances offered for sale most commonly included cathinones and synthetic cannabinoids.

10.1 Supply to and within the Country

10.1.1 Domestic Production, Imports, and Exports

Information provided by the National Drug Squad of the Police of the Czech Republic and by the Customs Drug Unit of the General Customs Headquarters represents the basic sources of data. This mainly concerns the number of cultivation sites and cooking labs detected, the number of seizures of the individual drugs, and the quantities seized, broken down by the location of the seizure (Národní protidrogová centrála SKPV Policie ČR, 2014b, Celní protidrogová jednotka, 2014).

In 2013, the Police of the Czech Republic and the Customs Administration of the Czech Republic detected 276 indoor cannabis cultivation sites[150] and three plastic greenhouses used for growing cannabis. Low-volume home-based cultivation sites accounted for the largest share of the cultivation sites (45%).[151] On the contrary, the cultivation sites with the highest capacity represented 7%. The largest numbers of cultivation sites were detected in Prague (48 in 2013, compared to 27 in 2012), in Moravia-Silesia (44 in 2013, compared to 17 in 2012), and in the Pilsen region (35 in 2013, compared to 19 in 2012). The Moravia-Silesia region reported the highest year-on-year increase in the number of cultivation sites detected. Home-based and low-volume cultivation sites have dominated the seizures in the last three years, with their combined proportion being over 72% in 2013. According to the National Drug Squad, organised groups of people of Vietnamese descent have been increasingly involved in the cultivation of cannabis and the distribution of marijuana. A change in the strategy of these groups became apparent in recent years as they switched from large-scale cultivation sites to those with a lower capacity (of approximately 300-500 plants), or turned their attention completely to methamphetamine production. The reasons behind the changing of the product are the high initial investment involved in setting up a high-volume cultivation site and the high risk of detection.

The cultivated cannabis is mainly intended for the domestic market but law enforcement authorities have also reported it being exported and imported. Altogether, 57 seizures of a total of 13 kg of marijuana that was being exported were reported in 2013. The highest single quantity of marijuana that was being exported from the Czech Republic was 10 kg. In this case, the drug was found in a passenger vehicle travelling from the Czech Republic to Poland. In the previous seven years there were no more than 50 seizures of export marijuana per year but there was an apparent increase. Quantities of less than 100 grams, transported in postal consignments, were those most commonly seized. Marijuana was most commonly seized between the Czech Republic and the UK. Other countries to which marijuana was exported included the neighbouring countries, Ukraine, Hungary, and Scandinavia. There are no more than 15 cases of marijuana imports to the Czech Republic per year, with most of them originating from the Netherlands, Spain, and Poland.

As far as the illegal production of cannabis is concerned, the Police of the Czech Republic responded to the decision of the Supreme Court in November 2013 by focusing on the activities of the so-called "growshops", i.e. shops that sell and distribute items and products intended for growing plants under artificial lighting. It is to the activity of these shops that the National Drug Squad attributes the increase in the domestic cultivation of cannabis and production of marijuana. The growshops are operated as retail outlets as well as e-shops. A total of 56 criminal cases were investigated within the framework of this police initiative. There are currently over 120 such shops in operation in the Czech Republic, the activities of which have been suspended as a result of the criminal prosecution of the owners. The technology for growing plants indoors is, in itself, legal in the Czech Republic and it is usually imported from the Netherlands and the UK (Národní

[150] Designed for growing plants indoor under artificial lighting.

[151] Low-volume home-based site: 6-49 plants, low-volume cultivation site: 50-249 plants, medium-volume cultivation site: 250-499 plants, high-volume cultivation site: 500–999 plants, and industrial cultivation site: 1000+ plants. Source: NÁRODNÍ PROTIDROGOVÁ CENTRÁLA SKPV POLICIE ČR 2014b. 2013 Annual Report

protidrogová centrála SKPV Policie ČR, 2014b, Nejvyšší státní zastupitelství, 2014). See also the chapter entitled Implementation of Laws (p. 14).

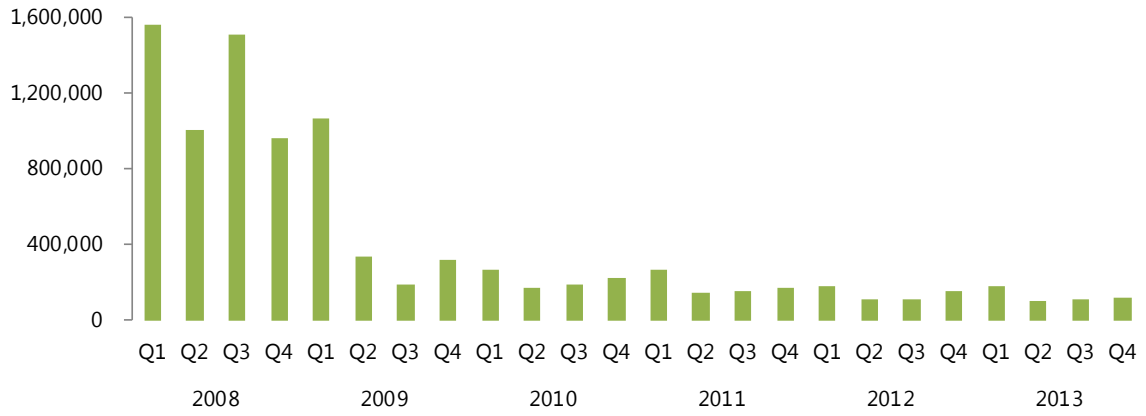
Methamphetamine (pervitin) is made in the Czech Republic, mainly in low-volume cooking labs. However, the National Drug Squad has noted an increasing number of seizures of high-volume laboratories in recent years. In 2013 the police detected 261 cooking labs, i.e. 26 more than in the previous year. In the long term, there has been an apparent decrease in the number of cooking labs detected and, conversely, an increase in the amount of methamphetamine that has been seized since 2008. According to the National Drug Squad, there is a noticeable trend of increasing the production volume within a single production cycle (in the order of tens of kilograms) and the production is usually organised into several shifts. The highest numbers of cooking labs were detected in the South Moravia (62), Olomouc (29), and Moravia-Silesia (27) regions in 2013. In the previous years, it was in the Zlín (34), South Moravia (29), and Moravia-Silesia (26) regions.

Extracted from over-the-counter medicines, pseudoephedrine continues to be the main precursor for the production of methamphetamine. The control of the sale of medicines containing pseudoephedrine in the Czech Republic keeps their domestic sales consistently low but the demand from the producers is satisfied through illegal imports, originating almost exclusively from Poland, where such medicines are readily available; Graph 10-1. In the Czech Republic, the maximum quantity for a single uncontrolled transaction is 900 mg, which corresponds to 30 tablets or bags containing 30 mg of pseudoephedrine. The traditional procedure for manufacturing methamphetamine is the iodine-phosphorus method but examples of producing methamphetamine from other precursors or with the use of other methods have also been reported. The so-called pre-precursors,[152] which are predominantly imported from China, form a special group of substances. Another problem specific to the production of methamphetamine is the toxic waste and its disposal.

As the scale of the involvement of people of Vietnamese descent in the production and distribution of methamphetamine is constantly increasing, the National Drug Squad has reported that these groups have practically taken control over this part of the illegal drug market in the last two years. The seizure data indicate that both very pure methamphetamine in powder form and that in crystal form, demanded mostly by German, Austrian, and Polish users, were available on the market. In the border regions, mainly those along the border with Germany and Austria, methamphetamine was distributed in market places as well as in gambling venues, bars, and other establishments (Národní protidrogová centrála SKPV Policie ČR, 2014b). The National Drug Squad, working with the Customs Drug Unit and other authorities, paid particular attention to detecting crime in these regions. A working group consisting of the Deputy Ministers of the Interior, Justice, Finance, Industry and Trade, Agriculture, and Health, the General Director of the General Customs Headquarters, the President of the Police, the General Director of the Fire and Rescue Service, a representative of the Supreme Public Prosecutor's Office, and the National Drug Coordinator coordinated the joint efforts of the relevant public authorities aimed at combatting drug-related crime along the border with Germany. For other activities aimed at combatting the production and exports of methamphetamine see the chapter entitled Other Drug Policy Developments (p. 17).

[152] Chemical substances that can easily be converted to precursors. Unlike in the case of many precursors, the availability of which is relatively limited on the illegal market, the handling of pre-precursors is not controlled by any international agreements. This makes the pre-precursors very cheap in comparison with the precursors.

Graph 10-1: Development of the sales of medicines containing pseudoephedrine in the Czech Republic, by number of packages, 2008-2013



Source: Státní ústav pro kontrolu léčiv (2014)

Cocaine is imported to the Czech Republic from South America. Socially disadvantaged individuals from Central and Western Europe, the Balkans, and the Baltics are often hired to transport cocaine to the EU. As for the method of transport, the most common cases detected involved smuggling in postal consignments and in luggage. The highest numbers of seizures of this drug were those of shipments originating from the Netherlands (50 seizures of a total of 274 grams in total) in 2013. All the cases involved quantities of less than 25 grams. As in previous years, West African nationals, mostly from Nigeria, as well as groups from the West Balkans, such as from Serbia, Croatia, and Bosnia and Herzegovina, participated in the trafficking and distribution of cocaine (Národní protidrogová centrála SKPV Policie ČR, 2014b).

Heroin is imported to the Czech Republic in relatively small shipments of under 10 kg. The Czech Republic is both a destination and a transit country. Ethnic Albanians, especially Kosovar and Macedonian nationals, as well as Turkish nationals, were significantly involved in the trafficking and distribution of heroin. According to the National Drug Squad, heroin is often trafficked in trucks carrying textiles. As for heroin dealing, organised Macedonian groups have recently established their presence in the Czech Republic, and, in addition, these have also started working with Bulgarian and Vietnamese nationals to get involved in the distribution of marijuana and methamphetamine (Národní protidrogová centrála SKPV Policie ČR, 2014b). In addition to heroin, substitution preparation tablets containing buprenorphine as the active substance (Subutex®, Suboxone®, and Ravata®), morphine-based analgesics such as Vendal® Retard, and transdermal patches containing fentanyl were also available on the black market. The fentanyl patches either enter the black market through the relatives of seriously ill patients who use the patches for pain treatment, or used patches are obtained by the users from unprotected medical waste. The demand for other opiates is most probably stimulated by the lack and low quality of heroin at the end of the distribution chain.

10.1.2 Drug Market Estimate

The estimated consumption figures specified below are based on the data regarding the average drug consumption and level of drug use in the last 12 months, obtained from population surveys, the annual estimates of problem drug use, data regarding the average doses of drugs, and information on the seizures of drugs within the Czech Republic and while being exported and imported. The results of a European research project (Trimbos Institute, 2013) were added to the average consumption in the categories of average cannabis users (infrequent users, occasional users, regular users, and intensive users).

According to preliminary estimates, a total of 18.3 tonnes of cannabis were produced in the Czech Republic in 2013 and another 3.4 tonnes were imported and 0.3 tonnes exported. The production of methamphetamine in the Czech Republic was approximately 6.5 tonnes, 0.5 tonnes of which was exported. Heroin was imported in the quantity of 0.2 tonnes, an amount which was cut another four times before it reached the end users. The cutting of drugs by domestic dealers is considered as domestic production and it is included in the report as such. Similarly, approximately 0.5 tonnes of cocaine were imported but the drug was cut to make up a total quantity that was consumed of 0.8 tonnes. Ecstasy and LSD are imported illegal drugs and their import figures correspond with their consumption data; see Table 10-1.

21.4 tonnes of cannabis, 6.0 tonnes of methamphetamine, 0.8 tonnes of heroin, 0.8 tonnes of cocaine, approximately 1 million tablets of ecstasy, and approximately 100 thousand doses of LSD were consumed in 2013. Out of these figures, problem users consumed 5.7 tonnes (95%) of the methamphetamine and nearly all the heroin. In accordance with the development of the data regarding drug use in the population and the prevalence of problem (high-risk) drug use, the consumption of cannabis, ecstasy, and heroin has been decreasing and that of methamphetamine and cocaine has been growing in recent years; see Table 10-2.

Table 10-1: Estimated drug market in the Czech Republic in 2013

Indicator	Cannabis (t)	Methamphetamine (t)	Heroin (t)	Cocaine (t)	Ecstasy (mill. of tablets)	LSD (mill. of doses)
Domestic production	18.3	6.5	0.6	0.3	0.0	0.0
› for personal use	10.6	2.2	0.0	0.0	0.0	0.0
› for the domestic market	7.4	3.8	0.6	0.3	0.0	0.0
› for export	0.3	0.5	0.0	0.0	0.0	0.0
Imports	3.4	0.0	0.2	0.5	1.1	0.1
Consumption	21.4	6.0	0.8	0.8	1.1	0.1

Note: The estimate considers the different concentrations of the active ingredient in the drugs in the different stages of the market, i.e. cutting the drugs.

Source: Vopravil (2014)

Table 10-2: Development of the consumption of selected drugs in the Czech Republic, 2003-2013

Drug	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Cannabis (t)	24.8	26.5	27.5	28.4	29.4	27.5	26.3	25.1	23.8	22.6	21.4
Methamphetamine (t)	3.6	3.8	3.9	4.0	4.2	4.3	4.6	5.0	5.3	5.7	6.0
Heroin (t)	2.2	2.0	1.8	1.7	1.5	1.3	1.2	1.1	1.0	0.9	0.8
Cocaine (t)	0.0	0.1	0.2	0.3	0.5	0.5	0.6	0.6	0.7	0.8	0.8
Ecstasy (mill. of tablets)	4.8	6.3	7.3	6.2	5.2	3.6	3.1	2.6	2.1	1.6	1.1
LSD (mill. of doses)	0.3	0.4	0.5	0.5	0.6	0.6	0.5	0.4	0.3	0.2	0.1

Source: Vopravil (2014)

10.1.3 Cannabis Market

The respondents of the 2012 National Survey on Substance Use who reported using cannabis in the last 12 months were asked a special set of questions regarding additional aspects of the cannabis market in the Czech Republic. It means that this set of questions was answered by over 190 respondents. A comparison can also be drawn with 2008, when similar questions were asked in the

General Population Survey on Drug Use and Attitudes towards Drugs in the Czech Republic (Mravčík et al., 2009, Běláčková et al., 2012, Běláčková, 2014).

10.1.3.1 Locations of Purchase of Cannabis

Nearly half of the respondents from 2012 reported that obtaining cannabis was fairly difficult or impossible (40%). On the other hand, obtaining cannabis was very easy for 29.9%. This is different in comparison to the results from 2008, when cannabis was considered difficult to obtain by over half of the respondents. In this sense, the perceived availability of cannabis increased.

The persons who had used the drug in the previous year had acquired cannabis at a private event or in a home environment (36%), with 12% of these transactions taking place in the seller's home. Bars, restaurants, or clubs were the second most common location for obtaining cannabis (35% of the respondents, a similar rate to the results from 2008). In this respect, the cannabis market had shifted slightly since 2008, when bars or restaurants were the most common location for obtaining cannabis (36%), towards a more closed, private environment. Public areas were the third most common place for obtaining cannabis (24%). Only a few respondents had recently obtained marijuana at school or at work (3%).

10.1.3.2 Ways of Obtaining Cannabis

Most of the respondents (86%, compared to 72% in 2008) reported that they had most recently obtained cannabis for free or shared it, with sharing accounting for the larger proportion (67%). Only 7% of the respondents had most recently purchased cannabis, and 6% reported that they grew cannabis themselves. In comparison, purchasing was reported as the most recent way of obtaining cannabis by 17% of the respondents in 2008. This data indicates that the share of the commercial market has decreased.

The person the user had most recently obtained cannabis from was predominantly a friend (71%, an increase from 61% in 2008), a relative, or a partner. 17% of the respondents obtained cannabis from an acquaintance and approximately 5% obtained the drug from a dealer or an unknown person. The cannabis that had most recently been obtained or grown was given to, or shared with, others by 68% of the users.

10.1.3.3 Retail and Wholesale Prices and Quantities and the Macroeconomic Context

In 2012 over two thirds (67%) of the respondents who had most recently purchased marijuana paid less than CZK 200 (€ 8) per gram. The most commonly reported price per gram was less than CZK 50 (€ 2) (38% of the respondents), the second most common price was CZK 200-249 (€ 8-9) per gram (29% of the respondents). Outdoor marijuana was purchased for CZK 60 (€2) (median of CZK 25) on average, indoor marijuana for CZK 180 (€ 7) (median of CZK 166 - € 6) per gram on average, i.e. slightly more than the price in 2008, when the average price paid by the respondents for indoor marijuana was CZK 164 (€ 6).

Nearly half of the respondents (46%, similar to 2008) had most recently obtained a quantity of one gram or less. The same percentage of respondents reported the purchase of three grams or more, and 21% of the respondents who had used marijuana in the previous year reported obtaining 10 grams or more of marijuana in their most recent purchase.

10.1.3.4 Origin of Cannabis on the Domestic Market

In 2012 outdoor marijuana, most recently used by 39% of the respondents, accounted for the highest share of cannabis in the Czech Republic. Indoor marijuana had been used most recently by 25% of the respondents, including those who grew indoor marijuana themselves. That is a

significant shift since 2008, when indoor marijuana was both the most commonly used and obtained variety. Hashish continues to represent only a small proportion of the marijuana that was obtained most recently (3%). A third of the respondents (three percentage points less in comparison with 2008) did not know what type of marijuana they had obtained most recently.

In 2012 most (78%) of the cannabis users reported that the cannabis they had obtained most recently originated from the Czech Republic, followed by a foreign country (4%). A fifth of the respondents could not determine where the drug had come from. This is different from the situation in 2008, when 34% of the respondents were unaware of the origins of the cannabis they had used.

10.1.4 New Psychoactive Substances on the Czech Drug Market

New psychoactive substances have been increasingly present on the Czech drug scene approximately since 2010. They are synthetic and herbal substances with different effects, most typically stimulants or hallucinogens. They are sold under a number of trade names or, in the case of synthetic substances, directly under their chemical name or an abbreviation based on the chemical name of the substance.[153] The new synthetic drugs are predominantly imported to the Czech Republic from China and India. When imported, they are declared as another type of goods or under a different chemical name. The substances belong to a number of chemical groups. A total of 48 new synthetic substances were reported in the Czech Republic in 2013 using the Early Warning System, coordinated by the National Focal Point. Twelve of them were reported for the very first time in the Czech Republic, and for three substances it was the first time they had occurred within the EU. They were most commonly cathinones, cannabinoids, and phenetylamines. The substances seized in the largest quantities included the cannabinoid JWH-203 (8.5 kg) and ketamine, a substance from the arylcyclohexamine category. No new purely herbal substances were reported in the Czech Republic in 2013 (Národní monitorovací středisko pro drogy a drogové závislosti, 2014d).

The new psychoactive substances were mainly sold via e-shops. The retail outlets, which had become abundant between the end of 2010 and April 2011, practically went out of business after the coming into force of the amendment to Act No. 167/1998 Coll. on addictive substances in April 2011.

In February 2013 the National Focal Point conducted regular research into the supply of new psychoactive substances on the internet. The research concerned e-shops in the Czech language which offered synthetic or herbal substances or products with a psychoactive effect. A total of 19 online markets were identified, four of which specialised exclusively in synthetic substances. The supply most typically included cathinones and cannabinoids. The range offered by the e-shops was similar to a certain degree; the same six substances were offered by three e-shops. While the number of online markets specialising in synthetic drugs decreased in comparison with the previous year (eleven shops in 2012, compared to four in 2013), the supply of substances expanded. While 19 e-shops offered a total of 12 various synthetic substances in 2012, in 2013 the same number of e-shops offered 42 such substances (Národní monitorovací středisko pro drogy a drogové závislosti, 2013). The National Focal Point conducted another round of the survey in 2014. New psychoactive substances were being offered by 26 online markets, five of which specialised only in synthetic substances. In comparison with the previous year, the supply of synthetic substances had expanded even further, reaching 64 substances. As in the previous year, cathinones and cannabinoids accounted for the largest share of the substances. The overlap of the offer in the individual shops increased in comparison with 2013, as one substance was offered by four shops and another eight substances were offered by three shops (Národní monitorovací středisko pro drogy a drogové závislosti, 2014e).

[153] Herbal substances are sold in the form of extracts, pulp, powders, or mixtures. Synthetic substances are purposely selected to avoid the international control system, as well as the national control system of the target country.

10.2 Seizures

"Seizure" means the capturing of a substance or multiple substances at the same time and in the same place by law enforcement authorities as a part of the investigation of unauthorised handling of narcotic and psychotropic substances. Information provided by the National Drug Squad of the Police of the Czech Republic and by the Customs Drug Unit represents the basic sources of data concerning drug seizures (Národní protidrogová centrála SKPV Policie ČR, 2014a, Národní protidrogová centrála SKPV Policie ČR, 2014b, Celní protidrogová jednotka, 2014).

The number of seizures and the quantities of the individual drugs seized in the period 2007-2013 are provided in Table 10-4. As in the previous years, marijuana was the drug that was seized most frequently. The Police of the Czech Republic and the Customs Administration of the Czech Republic reported a total of 875 seizures of a total of 735.4 kg of this drug in 2013, i.e. 172 kg more than in the previous year. The largest quantity of marijuana that was seized involved 66.2 kg. The number of seizures and the quantities seized have been increasing since 2009. Cannabis plants were seized in 361 cases in 2013, involving a total of 73.6 thousand plants. In comparison with the previous year, the law enforcement authorities reported a higher number of seizures of cannabis plants but the total number of plants seized was lower. The number of hashish seizures was slightly higher than that in the previous year but the quantity seized was a fraction of that seized in 2012 (1.3 kg in 2013, compared to 20.5 kg in 2012). The largest quantity of hashish that was seized involved 834.1 g.

Methamphetamine was the second most commonly seized drug. Altogether, 464 seizures of a total of 69.1 kg of methamphetamine were reported in 2013. The total quantity of methamphetamine seized more than doubled against 2012 (31.9 kg in 2012). This is historically the highest quantity of the drug seized in a year. The largest quantity that was seized involved 18.3 kg. Medicines containing pseudoephedrine are used as the main precursor of methamphetamine and they are smuggled from other countries, mainly from Poland. Cirrus® was the medicine seized in most cases. The smuggling of medicines containing pseudoephedrine is predominantly motivated by the control of the sale of these medicines in the Czech Republic, the lower price, and, especially, there being a higher content of pseudoephedrine per unit than in the medicines available on the Czech market. In 2013, the Customs Drug Unit and the police seized a total of 223,382 tablets of various medicines containing pseudoephedrine, approximately the same quantity as that seized in the previous year. The largest single seizure involved 105,160 tablets. As for ephedrine, the traditional precursor used for producing methamphetamine in the Czech Republic, the law enforcement authorities seized only a small amount of the substance in 2013, compared to the previous year. The seizures of the individual medicines containing pseudoephedrine in the last 5 years are summarised in Table 10-3.

Table 10-3: Quantities of medicines containing pseudoephedrine seized in 2009-2013

Medicine	2009	2010	2011	2012	2013
Acatar® (tablets)	3,508	26,924	240	168	72
Apselan® (tablets)	-	-	-	160	1,647
Cirrus® (tablets)	6	68	17,551	24,788	158,842
Claritine Active® (tablets)	-	-	-	20,981	36,221
Ephedrine (g)	6,023	8,152	2,317	2,167	23
Ephedrine (tablets)	-	15,000	4,070	0	0
Gripex, Gripex Max® (tablets)	-	-	-	-	170
Ibuprofen® (tablets)	80	0	0	0	0
Ibuprom® (tablets)	22,080	551	1,474	0	1,499
Modafen® (tablets)	840	3,356	2,762	2,208	1,095
Neoafrin® (tablets)	-	-	2,120	2,492	0
Nurofen Stop Grip® (tablets)	876	0	14,892	228	2,760
Panadol Plus Grip® (tablets)	1,224	0	0	0	0
Paralen Plus® (tablets)	1,440	144	0	0	0
Pseudoephedrine (g)	-	2,179	2,880	2,307	63,739
Pseudoephedrine (tablets)	-	-	40	0	0
Reactine® duo (tablets)	-	-	10,940	0	0
Rhinafen® (tablets)	-	-	960	0	0
Rhinopront® (tablets)	-	-	540	588	24
Sudafed® (tablets)	12,231	278,133	403,105	169,348	21,052
Zyrtec® (tablets)	-	-	28,140	0	0

Source: Národní protidrogová centrála SKPV Policie ČR (2014b)

The number of cocaine seizures and the quantity seized were significantly higher than those reported in the previous year. Altogether, 106 seizures of a total of 35.8 kg of cocaine were reported in 2013, the highest annual quantity seized since 2007. The largest quantity that was seized involved 32.1 kg. In that particular case, the cocaine, originating from the Dominican Republic, was being smuggled to the Czech Republic in luggage by air.

In comparison with 2012, the number of seizures and the quantity of heroin seized decreased from 41 seizures of 7.6 kg in 2012 to 38 seizures of 5.1 kg in 2013. The largest quantity of heroin that was seized involved 2.5 kg.

The number of ecstasy seizures increased from 12 in 2012 to 114 in 2013. In addition, the quantity of the drug that was seized also increased. While in 2012 the law enforcement authorities seized 1,782 tablets of ecstasy, in 2013 it was 5,061 tablets. The largest single seizure involved 987 tablets. An increase in the number of seizures and in the quantity seized was also reported for LSD. In 2013, a total of 11 seizures of a total of 471 doses were reported, compared to 3 seizures of a total of 44 doses in 2012. The largest single seizure involved 160 doses of LSD.

Table 10-4: Number of seizures and the quantities of the individual drugs seized in 2007-2013

Year		Marijuana (g)	Methamphetamine (g)	Heroin (g)	Cannabis plants (no.)	Hashish (g)	Ecstasy (tablets)	Cocaine (g)	LSD (doses)
2007	Number	563	374	96	46	25	30	38	5
	Quantity	122,124	5,978	20,332	6,992	387	62,226	37,587	117
2008	Number	602	405	105	69	30	18	24	5
	Quantity	392,527	3,799	46,302	25,223	696	16,610	7,631	246
2009	Number	384	326	73	117	41	13	26	5
	Quantity	171,799	3,599	31,257	33,427	12,499	198	12,904	142
2010	Number	455	283	61	189	27	16	42	8
	Quantity	277,988	21,301	30,453	64,904	9,354	865	14,162	1,218
2011	Number	508	304	34	240	24	15	44	7
	Quantity	440,780	20,054	4,730	62,817	2,375	13,000	16,071	1,313
2012	Number	558	355	41	259	24	12	44	3
	Quantity	563,335	31,901	7,576	90,091	20,532	1,782	8,050	44
2013	Number	875	464	38	361	28	114	106	11
	Quantity	735,362	69,137	5,046	73,639	1,321	5,061	35,788	471

Source: Národní protidrogová centrála SKPV Policie ČR (2014a)

10.3 Availability

10.3.1 Perceived Availability of Drugs, Exposure, and Access to Drugs

The 2014 Eurobarometer survey conducted among young people aged 15-24 (see also the chapter entitled Eurobarometer 2014 – on p. 40) showed that, in comparison with their peers from other European countries, young people in the Czech Republic perceive alcohol, tobacco, and cannabis as easily available (67% of the respondents in the Czech Republic reported that marijuana or hashish were easy for them to obtain, compared to the total of 58% of the respondents in the EU 28), but they considered it more difficult to obtain heroin (only 8% of the respondents considered it easy to obtain, compared to 13% in the EU), cocaine, or new psychoactive substances (11% in the Czech Republic, against 25% in the EU) (European Commission, 2014).

The perceived availability of illicit drugs was examined by Papáček (2013) in his bachelor's thesis. The selective set of respondents for the questionnaire survey consisted of the students of four secondary vocational schools that specialised in landscaping (located in Litomyšl, Prague 9, Liberec, and Kopidlno). A total of 330 students participated in the study. The data was collected in the first half of 2013. Cannabis was found to be fairly easy or very easy to obtain by 41% of the respondents. On the contrary, 49% of the respondents reported that it was impossible or very difficult for them to obtain cannabis, and 13% were unable to rate the availability of cannabis. Ecstasy or methamphetamine were very easy or fairly easy to obtain for 23% of the respondents, inhalants for 21%, and sedatives without a prescription for 12% of the respondents. Obtaining methamphetamine was impossible or very difficult for 49% of the respondents, sedatives without a prescription for 63%, ecstasy for 41%, and inhalants for 45%. The availability of other illegal substances was not examined.

Information about the availability of cannabis and its development is also provided in the chapter entitled Cannabis Market on p. 181.

10.3.2 Price and Purity

The information about the prices of drugs comes from the drug-related offences investigated by the Police of the Czech Republic and is thus available only for a limited number of cases with regard to the nature of the criminal activities detected. The information about drug purity comes from the data provided to the National Drug Squad by the Departments for Forensic and Technical Analyses of the regional police headquarters and from the Institute of Criminalistics in Prague. The informative value of the drug purity data is limited by the number of samples that were analysed. In addition, samples obtained from the seizures of larger quantities of drugs with a higher concentration of the active ingredient are not distinguished from samples of street drugs of lower purity. However, any interpretation of the development of the price and purity of drugs is very difficult without distinguishing between the levels of the distribution chain. An overview of the average purity of drugs and their average and most commonly reported prices is provided in Table 10-5 and Table 10-6.

The marijuana samples analysed in 2013 had a higher THC content than those analysed in the previous year. A total of 478 samples (i.e. 55% of the marijuana seizures) were analysed. The lowest THC concentration was 0.03%, while the highest was 29.9%. The price was known in 359 cases. The lowest reported price of 1 gram of marijuana was CZK 50 (€ 2), while the highest price was CZK 500 (€ 19).

The number of samples of heroin analysed in 2013 was significantly lower than that in the previous year. While 40 samples were analysed in 2012, only 14 samples were examined in 2013 (i.e. 37% of the seizures of heroin). The lowest content of the active ingredient was 5.5%, while the highest was 75.6%. The price was known in 29 samples. The lowest reported price of 1 gram of heroin was CZK 700 (€ 27), while the highest price was CZK 2000 (€ 77).

As for methamphetamine, 241 samples were analysed (52% of the seizures of methamphetamine). The lowest content of the active ingredient was 16.3%, while the highest was 84.0%. The price was known in 659 samples. The lowest reported price of 1 gram of methamphetamine was CZK 450 (€ 17), while the highest price was CZK 5,000 (€192).

Cocaine purity was analysed in 34 samples (i.e. 32% of the seizures of cocaine). The lowest content of the active ingredient was 9.1%, while the highest was 80.0%. The price was known in 6 samples. The lowest reported price of 1 gram of cocaine was CZK 100 (€ 4), while the highest price was CZK 2,000 (€ 77).

Ecstasy was analysed in 32 cases (i.e. 28% of the seizures of ecstasy). The lowest content of the active ingredient was 9.0%, while the highest was 81.0%. The price was known in 17 samples. The lowest reported price of 1 tablet of ecstasy was CZK 70 (€ 3), while the highest price was CZK 500 (€ 19).

Table 10-5: Average purity of drugs in 2007-2010, as a percentage of the pure drug

Year	Marijuana		Hashish		Ecstasy		Meth-amphetamine		Heroin		Cocaine	
	Number of samples	Average purity	Number of samples	Average purity	Number of samples	Average purity	Number of samples	Average purity	Number of samples	Average purity	Number of samples	Average purity
2007	177	4.7	2	8.1	31	27.4	123	66.4	31	17.4	48	49.1
2008	404	5.5	5	5.2	20	17.5	145	64.3	47	22.6	35	43.5
2009	289	8.1	3	15.9	6	3.4	144	68.1	57	16.6	21	33.1
2010	391	7.7	8	9.3	9	15.3	160	64.4	51	24.6	35	27.9
2011	497	7.2	24	11.0	5	43.0	163	69.0	31	14.0	52	45.0
2012	599	7.1	11	12.2	7	37.5	146	71.6	40	14.7	49	36.9
2013	478	10.0	7	19.2	32	38.1	241	71.0	14	20.2	34	33.0

Note: The THC concentration is reported for cannabis. The average purity of ecstasy tablets is expressed as the average quantity of MDMA in milligrams in one tablet containing MDMA.

Source: Národní protidrogová centrála SKPV Policie ČR (2014a)

Table 10-6: Average and most commonly reported (modus) prices of drugs, 2007-2013 (€)

Year	Marijuana (g)		Hashish (g)		Ecstasy (tablets)		Meth-amphetamine (g)		Heroin (g)		Cocaine (g)	
	Average	Modus	Average	Modus	Average	Modus	Average	Modus	Average	Modus	Average	Modus
2007	7	4	9	7	8	7	41	36	40	36	74	72
2008	7	8	10	10	9	8	45	40	43	40	80	80
2009	8	9	10	11	8	9	49	38	48	38	73	95
2010	8	10	9	10	8	10	51	40	51	40	79	79
2011	8	8	9	–	6	6	52	40	44	40	90	81
2012	8	8	8	–	10	-	49	40	43	40	70	60
2013	7	8	7	–	8	8	50	39	43	39	62	77

Note: Prices rounded to tens of €. Average exchange rates in respective years were used for re-calculation of expenses from CZK to €.

Source: Národní protidrogová centrála SKPV Policie ČR (2014a)

Annexes

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Selected Drug-related Czech Websites

The following list provides selected websites of key institutions and services concerned with drug-related issues. An exhaustive list of helping organisations is provided in the Help Map application available at www.drogy-info.cz.

An application used to register drug-related services and their clients (UniData): http://www.drogovesluzby.cz

Adiktologie – odborný časopis pro prevenci, léčbu a výzkum závislostí (*Adiktologie* – a professional journal for the prevention, treatment of, and research into addiction): http://www.adiktologie.cz

Agentura pro sociální začleňování (Agency for Social Inclusion): http://www.socialni-zaclenovani.cz

Alcoholics Anonymous: http://www.anonymnialkoholici.cz

A.N.O. – Asociace nestátních organizací poskytujících adiktologické a sociální služby pro osoby ohrožené závislostním chováním (Association of NGOs providing addictological and social services for people at risk of addictive behaviour): http://www.asociace.org

Benzodiazepine counselling service (administered by SANANIM, a registered institute): http://www.benzo.cz

Celní správa České republiky (Customs Administration of the Czech Republic): http://www.cs.mfcr.cz

Centrum pro výzkum veřejného mínění – Sociologický ústav AV ČR, v.v.i. (Public Opinion Poll Centre, – Institute of Sociology of the Academy of Science of the Czech Republic, a public research institution): http://www.cvvm.cas.cz/ http://cvvm.soc.cas.cz

Czech National HIV/AIDS Programme (the website is administered by the National Institute of Public Health): http://www.aids-hiv.cz/

Česká asociace adiktologů (Czech Association of Addictologists): http://www.asociace-adiktologu.cz

Česká asociace streetwork (Czech Outreach Work Association): http://www.streetwork.cz

Česká lékařská společnost J. E. Purkyně (J. E. Purkyně Czech Medical Association): http://www.cls.cz

Česká neuropsychofarmakologická společnost (Czech Neuropsychopharmacological Society): http://www.cnps.cz

Český statistický úřad (Czech Statistical Office): http://www.czso.cz

Drug information server (administered by SANANIM, a registered institute): http://www.drogy.net

Drug counselling service (administered by SANANIM, a registered institute): http://www.drogovaporadna.cz

EXTC – web counselling – prevention of synthetic drug abuse (administered by *Společnost Podané ruce*, a public service company): http://www.extc.cz

Hygienická stanice hl. m. Prahy, referát drogové epidemiologie (Public Health Office in Prague, Drug Epidemiology Unit): http://www.hygpraha.cz

Information for the staff and clients of outreach programmes and drop-in centres (administered by SANANIM, a registered institute): http://www.edekontaminace.cz

Information portal and database of social prevention services for people at risk of social exclusion: https://www.sluzbyprevence.mpsv.cz

Institut pro kriminologii a sociální prevenci (Institute for Criminology and Social Prevention): http://www.ok.cz/iksp

Klinika adiktologie 1. LF UK a VFN v Praze (Department of Adictology, First Faculty of Medicine, Charles University in Prague and General University Hospital in Prague): http://www.adiktologie.cz

Ministerstvo práce a sociálních věcí (Ministry of Labour and Social Affairs): http://www.mpsv.cz

Ministerstvo spravedlnosti (Ministry of Justice – official server of the Czech judiciary): http://portal.justice.cz

Ministerstvo školství, mládeže a tělovýchovy (Ministry of Education, Youth, and Sports): 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 závislosti (National Monitoring Centre for Drugs and Addiction – National Focal Point): http://www.drogy-info.cz

Národní protidrogová centrála SKPV PČR (National Drug Squad of the Criminal Police and Investigation Service, Police of the Czech Republic): http://www.policie.cz/narodni-protidrogova-centrala-skpv.aspx

Národní ústav pro vzdělávání (National Institute for Education – a training and counselling centre for education professionals): http://www.nuv.cz

Poslanecká sněmovna Parlamentu České republiky, Výbor pro zdravotnictví (Chamber of Deputies of the Parliament of the Czech Republic, Health Committee): http://www.psp.cz

Prevention information portal (administered by SANANIM, a registered institute): http://www.odrogach.cz

Prevention of risk behaviour (prevence-info.cz, a project supported by the Ministry of Education, Youth, and Sports): http://www.prevence-info.cz

Probační a mediační služba České republiky (Probation and Mediation Service of the Czech Republic): http://www.pmscr.cz

Psychiatrické centrum Praha (Prague Psychiatric Centre): http://www.pcp.lf3.cuni.cz

Rada vlády pro koordinaci protidrogové politiky (Government Council for Drug Policy Coordination): http://rvkpp.vlada.cz

Register of social service providers (The Ministry of Labour and Social Affairs): http://iregistr.mpsv.cz

Sdružení azylových domů v ČR, o.s. (Czech Association of Shelters, a civic association): http://www.azylovedomy.cz

Společnost pro návykové nemoci České lékařské společnosti J. E. Purkyně (Society for Addictive Diseases of J. E. Purkyně Czech Medical Association): http://snncls.cz

Společnost sociálních pracovníků ČR (Czech Association of Social Workers): http://socialnipracovnici.cz

Státní agentura pro konopí pro léčebné použití (State Agency for Medical Cannabis): http://www.sakl.cz

Státní ústav pro kontrolu léčiv (State Institute for Drug Control): http://www.sukl.cz

Státní zdravotní ústav (National Institute of Public Health): http://www.szu.cz

UN Information Centre in Prague: http://www.osn.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

Ústav zdravotnických informací a statistiky ČR (Institute of Health Information and Statistics of the Czech Republic): http://www.uzis.cz

Vězeňská služba České republiky (Prison Service of the Czech Republic): http://www.vscr.cz

Výzkumný ústav práce a sociálních věcí, v.v.i. (Research Institute of Labour and Social Affairs, a public research institute): http://www.vupsv.cz

Abbreviations

2010-2018 National Strategy – National Drug Policy Strategy for the Period 2010-2018

AA – Alcoholics Anonymous

AT – Alcohol – Toxicomania (AT clinic – a name for an outpatient medical facility dealing with alcohol/drug treatment)

CBT – cognitive behavioural therapy

CRM – capture-recapture method

Department of Addictology – Department of Addictology, First Faculty of Medicine of Charles University in Prague and General University Hospital in Prague

dg. – diagnosis

DSM-IV – Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Fourth Edition

EC – European Commission

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

EPIDAT – register of infectious diseases

ESF – European Social Fund

ESPAD– European School Survey on Alcohol and Other Drugs

EU – European Union

GCDPC – Government Council for Drug Policy Coordination

GDP – Gross domestic product

HAV – hepatitis A virus, viral hepatitis A

HBV – hepatitis B virus, viral hepatitis B

HCV – hepatitis C virus, viral hepatitis C

HRDUs – high-risk drug users

IDU(s) – injecting drug user(s)

MM – multiplication method

National Report – National Report: The Czech Republic – Drug Situation

NMC –National Monitoring Centre for Drugs and Drug Addiction, after change of the status of GCDPC in October 2014 National Monitoring Centre for Drugs and Addiction

NGO(s) – non-governmental organisation(s)

NRHOSP - National Register of Hospitalisations

NRLUD - National Drug Treatment Register

NRULISL – Substitution Treatment Register

PDUs – problem drug users

TB – tuberculosis

TC – therapeutic community

UNOCD – United Nations Office on Drugs and Crime

WHO – World Health Organisation

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References

A KLUBY ČR O.P.S. 2014. Statistika Mládež a drogy 2013. Dotazníkový průzkum mezi žáky a studenty jihomoravských škol [2013 Young People and Drugs Statistics. A Questionnaire Survey among Pupils and Students in South Moravian Schools]. Brno: A Kluby ČR o.p.s.

ABAGIU, A. O., CAVAR, Z., DANNON, P., GEORGE, P., HABRAT, B., MAHOMEDY, Z., POPOV, P., SARASVITA, R., UTAMI, D. S. & KASTELIC, A. 2014. Outcomes from the International Survey Informing Greater Insights in Opioid Dependence Treatment (INSIGHT) project. *Drugs: Education, Prevention, and Policy***,** 1-11.

ADAMEČEK, D., RICHTEROVÁ TĚMÍNOVÁ, M. & KALINA, K. 2003. Rezidenční léčba v terapeutických komunitách. Kapitola 8/8 [Residential Treatment in Therapeutic Communities. Chapter 8/8]. *In:* KALINA, K. (ed.) *Drogy a drogové závislosti - mezioborový přístup.* Praha: Úřad vlády ČR.

AGENTURA PRO SOCIÁLNÍ ZAČLEŇOVÁNÍ 2014. Průběžná zpráva o bezpečnostních rizicích v sociálně vyloučených lokalitách za první pololetí 2014 [Safety Risks in Socially Excluded Communities: a progress report for the first half of 2014].

BAILLARGEON, S. & RIVEST, L. P. 2007. Rcapture: Loglinear models for capture-recapture in R. *Journal of Statistical Software,* 19**,** 1-31.

BECK, F. & LEGLEYE, S. 2008. Measuring cannabis-related problems and dependence at the population level. *In:* EMCDDA (ed.) *A cannabis reader: global issues and local experiences, vol. II.* Luxembourg: EMCDDA.

BĚLÁČKOVÁ, V. 2014. Národní výzkum užívání návykových látek 2012 - zpracování modulu konopných trhů [2012 National Survey on Substance Use – Cannabis Market Module].

BĚLÁČKOVÁ, V., NECHANSKÁ, B., CHOMYNOVÁ, P. & HORÁKOVÁ, M. 2012. Celopopulační studie užívání návykových látek a postojů k němu v České republice v roce 2008 [General Population Survey on Drug Use and Attitudes towards Drugs in the Czech Republic in 2008]. Praha: Úřad vlády České republiky.

BUREŠOVÁ, Z., MRAVČÍK, V., POPOV, P. & MIOVSKÝ, M. 2013. Institucionální analýza současného stavu záchytných stanic v České republice [Institutional Analysis of the Current State of Sobering-up Stations in the Czech Republic]. *Česká a slovenská psychiatrie,* 109 (3)**,** 115-121.

CELNÍ PROTIDROGOVÁ JEDNOTKA 2014. Záchyty OPL a prekurzorů drog v roce 2013 Celní správou ČR [Narcotic and Psychotropic Substances and Drug Precursors Seized by the Customs Administration of the Czech Republic in 2013].

CENTRUM PRO VÝZKUM VEŘEJNÉHO MÍNĚNÍ 2013. Názory občanů na drogy - květen 2013 [Citizens' Opinions on Drugs – May 2013] Praha: Centrum pro výzkum veřejného mínění.

CHOMYNOVÁ, P. 2013. Národní výzkum užívání návykových látek 2012. Kouření, užívání alkoholu a dalších drog v obecné populaci [2012 National Survey on Substance Use. The Use of Tobacco, Alcohol and other Drugs in the General Population]. *Zaostřeno na drogy,* 11**,** 1-16.

CHOMYNOVÁ, P., CSÉMY, L., GROLMUSOVÁ, L. & SADÍLEK, P. 2014. Evropská školní studie o alkoholu a jiných drogách (ESPAD): Výsledky průzkumu v České republice v roce 2011 [European School Survey on Alcohol and Other Drugs (ESPAD): the 2011 results for the Czech Republic]. Praha: Úřad vlády České republiky.

CSÉMY, L. & CHOMYNOVÁ, P. 2012. Evropská školní studie o alkoholu a jiných drogách (ESPAD): Přehled hlavních výsledků studie v České republice v roce 2011 [ESPAD: An Overview of the Main Results in the Czech Republic in 2011]. *Zaostřeno na drogy,* 10**,** 1-12.

ČEJDOVÁ, E. 2014. *Komorbidita závislosti na nelegálních návyových látkách a poruch příjmu potravy.* Klasifikovaná zápočtová práce pro předmět: Metodologie výzkumu v adiktologii 2 [Comorbidity of

Dependence on Illegal Drugs and Eating Disorders]. A credit paper for the course Research Methodology in Addictology II].

ČESKÁ HEPATOLOGICKÁ SPOLEČNOST. 2012. *Novinky v léčbě chronické hepatitidy C [The Latest Developments in the Treatment of Chronic Hepatitis C]* [Online]. Available at http://www.ces-hep.cz/ [2012-12-18].

ČTRNÁCTÁ, Š. (ed.) 2013. *Rodina a drogy. Sborník odborné konference, Praha 16.-17. května 2013 [The Family and Drugs. Conference proceedings, Prague, 16-17 May 2013],* Praha: SANANIM.

DARKE, S., WARD, J., HALL, W., HEATHER, N. & WODAK, A. 1991. The Opiate Treatment Index (OTI) Researcher's Manual. National Drug and Alcohol Research Centre, Technical Report No. 11. .

DAVIDOVÁ ET AL. 2010. Kvalita života a sociální determinanty zdraví u Romů v České a Slovenské republice [The Quality of Life and Social Determinants of Health in the Roma in the Czech and Slovak Republics]. Praha: Triton.

DOLEJŠ, M., SKOPAL, O. & SUCHÁ, J. 2014. Vybrané osobnostní rysy a rizikové formy chování u českých žáků a žákyň [Selected Personality Traits and Risky Forms of Behaviour among Czech Schoolchildren].

DOLEŽALOVÁ, P., VACEK, J. & SEDLÁČKOVÁ, S. Treatment of pregnant women with substance use disorder at high risk of stigmatization. Eighth Annual Conference of the International Society for the Study of Drug Policy, 21-23 May 2014 2014 Rome, Italy. Klinika adiktologie and DropIn.

DVOŘÁČEK, J. 2003. Předlékařská a lékařská první pomoc při akutní intoxikaci obecné otázky. Kapitola 5/5. - Zvládání akutní intoxikace - speciální postupy u jednotlivých návykových látek. Kapitola 5/6. - Detoxifikace, léčba odvykacího syndromu. Kapitola 5/7 [Pre-medical and Medical First Aid for Acute Intoxication: general issues. Chapter 5/5 – Acute Intoxication Management: special procedures for the individual addictive substances. Chapter 5/6 – Detoxification, Withdrawal Syndrome Management. Chapter 5/7]. *In:* KALINA K. ET AL. (ed.) *Drogy a drogové závislosti - mezioborový přístup.* Praha: Úřad vlády České republiky.

EMCDDA 2013. DRID Guidance Module: Example questionnaire for bio-behavioural surveys in people who inject drugs. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

EUROPEAN COMMISSION 2014. Young People and Drugs. Flash Eurobarometer 401. European Commission.

FIDESOVÁ, H., SKLENÁŘ, O., VAVRINČÍKOVÁ, L., KIŠŠOVÁ, L. & MIOVSKÝ, M. 2013. Vstup adiktologických služeb do systému zdravotnictví. Praktický návod registrace a provozu adiktologické služby jako zdravotnického zařízení [Addiction Treatment Services Entering the Healthcare System: the registration and operation of an addiction treatment service as a healthcare facility – a practical handbook]. *Zaostřeno na drogy,* 11(6).

GABRHELÍK, R., CALAFAT, A., SUMNALL, H., BRENZA, J., JUAN, M., MENDES, F., KARLSSON RÅDELIUS, E., TALIĆ, S., CSÉMY, L. & GROUP, T. E. 2014. (Self) Organizing Potential of European Parents to Prevent Children from Alcohol, Tobacco and Other Drug Use. *Adiktologie,* 14 (2)**,** 116-124.

GENERÁLNÍ ŘEDITELSTVÍ VĚZEŇSKÉ SLUŽBY ČR 2014a. Analýza možnosti pilotního zavedení distribuce harm reduction materiálu ve věznicích [Analysis of the Possibility of a Pilot Introduction of Harm Reduction Material in Prisons].

GENERÁLNÍ ŘEDITELSTVÍ VĚZEŇSKÉ SLUŽBY ČR 2014b. Statistická ročenka VS ČR za rok 2013 [Statistical Yearbook of the Prison Service of the Czech Republic for 2013].

GENERÁLNÍ ŘEDITELSTVÍ VĚZEŇSKÉ SLUŽBY ČR 2014c. Údaje o testování a léčbě vězňů pro VHB, VHC a HIV v r. 2013 [Data on the Treatment and Testing of Prisoners for HBV, HCV, and HIV].

GENERÁLNÍ ŘEDITELSTVÍ VĚZEŇSKÉ SLUŽBY ČR 2014d. Vyhodnocení činnosti VS ČR v protidrogové politice za rok 2013 [Prison Service of the Czech Republic: evaluation of drug policy activities in 2013].

GYEPESI, A., URBÁN, R., FARKAS, J., PIONTEK, D., PAKSI, B., HORVÁTH, G., MAGI, A., EISINGER, A., PILLING, J., KÖKÖNYEI, G., KUN, B. & DEMETROVICS, Z. 2014. Psychometric Properties of the Cannabis Abuse Screening Test in Hungarian Samples of Adolescents and Young Adults. *European Addiction Research,* 20**,** 119-128.

HETZEROVÁ, L. & GABRHELÍK, R. 2014. Pohled personálu ženského lůžkového oddělení Kliniky adiktologie na léčbu pacientek závislých na pervitinu: Pilotní studie [Views of the Staff on Treatment of Methamphetamine-dependent Female Patients in the Department of Addictology Inpatient Treatment Facility: a Pilot Study]. *Adiktologie,* 14 (1)**,** 22-29.

JANOVSKÁ, A., OROSOVÁ, O. & JURYSTOVÁ, L. 2014. Rizikové správanie vysokoškolákov v kontexte vybraných sociodemografických charakteristík - porovnanie štyroch krajín v rámci medzinárodnej štúdie SLiCE [Risk Behaviour of University Students in the Context of Selected Socio-demographic Characteristics – a comparison of four countries as part of the SliCE international study]. *Adiktologie,* 14 (2)**,** 134-144.

KAJANOVÁ, A. & HAJDUCHOVÁ, H. 2014. Romská minorita a návykové látky v České republice a na Slovensku [The Roma Minority and Substance Abuse in the Czech and Slovak Republics]. *Adiktologie,* 14 (2)**,** 168-172.

KALINA ET AL. 2003. *Standardy odborné způsobilosti pro zařízení a programy poskytující odborné služby problémových uživatelům a závislým na návykových látkách, verze 7 - 2.revize* [Standards of Professional Competency for Facilities and Programmes Providing Professional Services to Problem Drug Users and Drug Addicts, Version 7, 2nd revision*]*.

KANCELÁŘ RADY VLÁDY PRO ZÁLEŽITOSTI ROMSKÉ MENŠINY & SEKRETARIÁT RADY VLÁDY PRO NÁRODNOSTNÍ MENŠINY 2013. Zpráva o stavu romské menšiny v České republice za rok 2012 [The 2012 Report on the Situation of the Roma Community in the Czech Republic].

LEGLEYE, S., KARILA, L., BECK, F. & REYNAUD, M. 2007. Validation of the CAST, a general population Cannabis Abuse Screening Test. *Journal of Substance Use* 12**,** 233-242.

LEGLEYE, S., PIONTEK, D. & KRAUS, L. 2011. Psychometric properties of the Cannabis Abuse Screening Test (CAST) in a French sample of adolescents. *Drug and Alcohol Dependence,* 113**,** 229-235.

LIBRA ET AL. 2012. Inovované Standardy odborné způsobilosti pro zařízení a programy poskytující adiktologické odborné služby (Standardy služeb pro uživatele drog, závislé a patologické hráče). Verze 2.4 : Po připomínkách resortů [Updated Standards of Professional Competency of Facilities and Programmes Providing Professional Addiction Treatment Services (Standards of Services for Drug Users, Dependent Users, and Pathological Gamblers). Version 2.4. Reviewed by relevant government portfolios]. MPSV, MZ, September 2012.

LUNDBECK. 2013. *Příbalová informace: informace pro pacienta: Selincro 18 mg potahované tablety nalmefenum [Patient Information Leaflet: Selincro 18 mg film-coated tablets - nalmefenum]* [Online]. Available at http://www.lundbeck.com/upload/cz/files/pdf/Selincro_18mg_PIL.pdf [Accessed on 22 April 2014.

MINISTERSTVO SPRAVEDLNOSTI ČR 2014a. Přehled o pravomocně odsouzených osobách v r. 2013 podle paragrafů trestního zákoníku [The 2013 Summary of Convictions by Drug Law Sections].

MINISTERSTVO SPRAVEDLNOSTI ČR 2014b. Přehled o pravomocně odsouzených osobách v r. 2013 podle typů drog a drug law sections [The 2013 Summary of Convictions by Drug Types and Drug Law Sections].

MINISTERSTVO SPRAVEDLNOSTI ČR 2014c. Přehled o stíhaných, podezřelých, obžalovaných a obviněných osobách v r. 2013 podle paragrafů trestního zákoníku [The 2013 Summary of those Prosecuted, Suspected, Indicted, and Accused by Drug Types and Drug Law Sections].

MINISTERSTVO ŠKOLSTVÍ, MLÁDEŽE A TĚLOVÝCHOVY, 2014. Údaje o specializovaných odděleních pro děti ohrožené drogovou závislostí v pobytových zařízeních speciálního školství [The data on the specialised departments for children at risk of drug addiction in residential special education facilities].

MINISTERSTVO VNITRA ČR 2014. Přestupky na úseku ochrany před alkoholismem a jinými toxikomaniemi v r. 2013 [Misdemeanours involving the abuse of alcohol and other substances in 2013].

MINISTERSTVO ZDRAVOTNICTVÍ ČR 2008. Věstník MZ ČR částka 3/2008 - Standard substituční léčby [Bulletin of the Ministry of Health of the Czech Republic Vol. 3/2008 – Substitution Treatment Standard]. Praha: Ministerstvo zdravotnictví ČR.

MINISTERSTVO ZDRAVOTNICTVÍ ČR 2014. Přehled dovozu a distribuce metadonu a přípravků obsahujících buprenorfin v r. 2013 [An Overview of the Import and Distribution of Methadone and Preparations Containing Buprenorphine in 2013].

MRAVČÍK, V., BUREŠOVÁ, Z., POPOV, P. & MIOVSKÝ, M. 2013a. Záchytné stanice v ČR v kontextu obdobných služeb o akutně intoxikované v Evropě [Czech Sobering-up Stations in the Context of Similar Services for People with Acute Intoxications in Europe]. *Časopis lékařů českých,* 152(3)**,** 129-134.

MRAVČÍK, V., CHOMYNOVÁ, P., GROHMANNOVÁ, K., NEČAS, V., GROLMUSOVÁ, L., KIŠŠOVÁ, L., NECHANSKÁ, B., SOPKO, B., FIDESOVÁ, H., VOPRAVIL, J. & JURYSTOVÁ, L. 2013b. *Výroční zpráva o stavu ve věcech drog v České republice v roce 2012* [*National Report: The Czech Republic – 2012 Drug Situation*]*,* Praha, Úřad vlády ČR.

MRAVČÍK, V., GROHMANNOVÁ, K., CHOMYNOVÁ, P., NEČAS, V., GROLMUSOVÁ, L., KIŠŠOVÁ, L., NECHANSKÁ, B., FIDESOVÁ, H., KALINA, K., VOPRAVIL, J., KOSTELECKÁ, L. & JURYSTOVÁ, L. 2012. *Výroční zpráva o stavu ve věcech drog v České republice v roce 2011* [*National Report: The Czech Republic – 2011 Drug Situation*]*,* Praha, Úřad vlády ČR.

MRAVČÍK, V., HORÁKOVÁ, M., PEŠEK, R. & KOŇÁK, T. 2011a. Drogy a vězni v ČR: Výsledky dotazníkové studie mezi osobami ve výkonu trestu odnětí svobody [Drugs and Prisoners in the Czech Republic: the results of a questionnaire survey among individuals serving a prison sentence]. *Zaostřeno na drogy,* 9 (5)**,** 1-15.

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* [*National Report: The Czech Republic – 2003 Drug Situation*]*,* Praha, Úřad vlády České republiky.

MRAVČÍK, V. & NEČAS, V. 2014. Somatická komorbidita uživatelů drog [Drug Users' Physical Comorbidity] *Unpublished manuscript*.

MRAVČÍK, V. & NECHANSKÁ, B. 2013. České terapeutické komunity ve Sčítání adiktologických služeb 2012 [Czech Therapeutic Communities in the 2012 Addiction Treatment Facility Survey]. *Adiktologie,* 13 (2)**,** 92-105.

MRAVČÍK, V., NECHANSKÁ, B. & ŠŤASTNÁ, L. 2011b. Ambulantní péče o uživatele a závislé na návykových látkách v ČR ve zdravotnické statistice od r. 1963 [Outpatient Care of Drug Users and Addicts in the Czech Republic in Healthcare Statistics since 1963]. *Epidemiologie, Mikrobiologie, Imunologie,* 60 (2)**,** 64-73.

MRAVČÍK, V. & ORLÍKOVÁ, B. 2007. Překryv klientů mezi jednotlivými nízkoprahovými programy a zneužívání buprenorfinu v Praze [The overlap of clients among low-threshold programmes in

Prague and an assessment of the current drug situation in Prague with an emphasis on buprenorphine (Subutex) misuse]. *Adiktologie,* 7 (1)**,** 13-20.

MRAVČÍK, V., PEŠEK, R., ŠKAŘUPOVÁ, K., ORLÍKOVÁ, B., ŠKRDLANTOVÁ, E., ŠŤASTNÁ, L., KIŠŠOVÁ, L., BĚLÁČKOVÁ, V., GAJDOŠÍKOVÁ, H. & VOPRAVIL, J. 2009. *Výroční zpráva o stavu ve věcech drog v České republice v roce 2008* [*National Report: The Czech Republic – 2008 Drug Situation*], Praha, Úřad vlády ČR.

MRAVČÍK, V., ŠKAŘUPOVÁ, K., ORLÍKOVÁ, B., ZÁBRANSKÝ, T., KARACHALIOU, K. & SCHULTE, B. 2011c. Use of gelatine capsules for application of methamphetamine: A new harm reduction approach. *International Journal of Drug Policy,* 22(2)**,** 172-73.

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI 2013. *Výsledky monitoringu nabídky nových drog v e-shopech v r. 2013 [The Monitoring of the Offer of New Drugs in e-Shops in 2013: study results]*.

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI 2014a. Prevalenční odhady problémových uživatelů drog metodou Capture-Recapture z dat nízkoprahových zařízení v Praze [Using the Capture-Recapture Method to Estimate the Prevalence of Problem Drug Use on the Basis of Data from Prague-based Low-threshold Facilities].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI 2014b. Prevalenční odhady problémových uživatelů drog multiplikační metodou z dat nízkoprahových zařízení v r. 2013 [Using the Multiplication Method to Estimate the Prevalence of Problem Drug Use on the Basis of the 2013 Data from Low-threshold Facilities].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI 2014c. Sčítání adiktologických služeb 2012 – analýza dat pro účely výroční zprávy o stavu ve věcech drog [Drug Facility Survey 2012 – data analysis for the purposes of the national report on the drug situation].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI 2014d. Systém včasného varování před novými drogami – zpráva za rok 2013 [The System of Early Warning against New Drugs – 2013 Report].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI 2014e. *Výsledky monitoringu nabídky nových drog v e-shopech v r. 2014 [The Monitoring of the Offer of New Drugs in e-Shops in 2014: study results]*.

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI 2014f. Výsledky monitorování testování infekčních nemocí v nízkoprahových zařízeních v r. 2013 [The Monitoring of Testing for Infections in Low-threshold Facilities in 2013: study sesults].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI 2014g. Zpracování závěrečných zpráv k dotačnímu řízení RVKPP za rok 2013 [The Drafting of Final Reports for the 2013 GCDPC Subsidy Proceedings].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI & FACTUM INVENIO 2011. Prevalence užívání drog v populaci ČR [The Prevalence of Drug Use among the Population of the Czech Republic].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI & FOCUS – CENTRUM PRO SOCIÁLNÍ A MARKETINGOVOU ANALÝZU 2014. Somatická komorbidita problémových uživatelů drog, podomácku připravované drogy: hrubé výsledky studie mezi klienty 4 nízkoprahových programů v Praze [Problem Drug Users' Physical Comorbidity, Home-made Drugs: preliminary results of a survey among clients of four Prague-based low-threshold programmes].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI & INRES-SONES 2009. Výzkum názorů a postojů občanů k problematice zdravotnictví a zdravého způsobu života [Survey on Czech Citizens' Opinions about and Attitudes to the Issues of Health and Healthy Lifestyles].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI & INRES-SONES 2010. Výzkum názorů a postojů občanů k problematice zdravotnictví a zdravého způsobu života [Survey on Czech Citizens' Opinions about and Attitudes to the Issues of Health and Healthy Lifestyles].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI & INRES-SONES 2013. Výzkum názorů a postojů občanů k problematice zdravotnictví a zdravého způsobu života v r. 2012 [Survey on Czech Citizens' Opinions about and Attitudes to the Issues of Health and Healthy Lifestyles in 2012].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI & PPM FACTUM RESEARCH 2013. Prevalence užívání drog v populaci ČR v roce 2012 [The Prevalence of Drug Use among the Population of the Czech Republic in 2012].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI & PPM FACTUM RESEARCH 2014. Prevalence užívání drog v populaci ČR v roce 2013 [The Prevalence of Drug Use among the Population of the Czech Republic in 2013].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI & SC&C 2013. Výsledky Národního výzkumu užívání návykových látek 2012 [The Results of the 2012 National Survey on Substance Use].

NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI & SSLST ČLS JEP 2014. Speciální registr úmrtí spojených s užíváním drog v r. 2012 [Special Register of Drug-related Deaths in 2012].

NÁRODNÍ PROTIDROGOVÁ CENTRÁLA & NÁRODNÍ MONITOROVACÍ STŘEDISKO PRO DROGY A DROGOVÉ ZÁVISLOSTI 2014. Retrospektivní odhad rozsahu finančně motivované sekundární drogové kriminality v r. 2013 [A Retrospective Estimate of the Scope of Financially Motivated Secondary Drug-related Crime in 2013].

NÁRODNÍ PROTIDROGOVÁ CENTRÁLA SKPV POLICIE ČR 2014a. Údaje pro standardní tabulky EMCDDA za r. 2013 [The 2013 Data for the EMCDDA Standard Tables].

NÁRODNÍ PROTIDROGOVÁ CENTRÁLA SKPV POLICIE ČR 2014b. Výroční zpráva 2013 [The 2013 Annual Report].

NECHANSKÁ, B. 2014. Informace z Národního registru uživatelů lékařsky indikovaných substitučních látek - rok 2013. Aktuální informace č. 01/2014. [Information from the National Register of Users of Medically Indicated Substitution Substances – Year 2013. Updated information No. 01/2014] Praha: ÚZIS ČR.

NECHANSKÁ, B., MRAVČÍK, V. & POPOV, P. 2012. *Zneužívání psychoaktivních léků v České republice. Identifikace zrdojů dat [The Misuse of Psychoactive Medication in the Czech Republic. Identification of Data Sources],* Praha, Úřad vlády České republiky.

NECHANSKÁ, B., NEČAS, V. & MRAVČÍK, V. 2013. Sčítání adiktologických služeb 2012 [Drug Facility Survey 2012]. *Zaostřeno na drogy,* 2013/5**,** 1-16.

NEJVYŠŠÍ STÁTNÍ ZASTUPITELSTVÍ 2014. Zpráva o činnosti státního zastupitelství za rok 2013 [The Supreme Public Prosecutor's Office: 2013 Report on Activities].

NEPUSTIL, P., PANČOCHA, K., FRIŠAUFOVÁ, M., KALIVODOVÁ, R. & BÁRTOVÁ, A. 2012. *Užívání drog ve skupinách s obtížným přístupem k drogovým službám. Situace v ČR: analýza informačních zdrojů [Drug Use among the Groups with Limited Access to Drug Services. The situation in the Czech Republic: data source analysis],* Praha, Úřad vlády ČR, Národní monitorovací středisko pro drogy a drogové závislosti.

NEŠPOR, K. 2010. *Doporučené postupy v léčbě návykových poruch a patologického hráčství [Addictive Disorders and Pathological Gambling: recommended treatment procedures],* Praha, Psychiatrická společnost ČLS JEP.

NEZDAROVÁ, E. 2011. Zkušenosti klientů terénního programu s želatinovými kapslemi [Outreach Programme Clients' Experience with Gelatine Capsules]. *1. lékařská fakulta, Centrum adiktologie*. Praha: Univerzita Karlova v Praze.

PAPÁČEK, A. 2013. *Nebezpečí drogové závislosti na středních školách [The Danger of Drug Addiction at Secondary Schools]*. Bachelor's thesis, Mendelova univerzita v Brně.

PAVLAS MARTANOVÁ, V. 2012a. Certifikační řád a metodika místního šetření pro proces certifikace dle Standardů odborné způsobilosti poskytovatelů programů školské primární prevence rizikového chování [The Certification Rules and On-site Inspection Guidelines for the Certification Process according to the Standards of Professional Competency of the Providers of Programmes of School-based Primary Prevention of Risk Behaviour]. *Praha: Univerzita Karlova v Praze & Togga*.

PAVLAS MARTANOVÁ, V. 2012b. Manuál certifikátora [Certifier's Manual]. *Praha: Univerzita Karlova v Praze & Togga*.

PAVLAS MARTANOVÁ, V. 2012c. Standardy odborné způsobilosti poskytovatelů programů školské primární prevence rizikového chování [The Standards of Professional Competency of the Providers of Programmes of School-based Primary Prevention of Risk Behaviour]. *Praha: Univerzita Karlova v Praze & Togga*.

PETRÁŠOVÁ, B. & FÜLEOVÁ, A. 2014. *Výroční zpráva: Incidence, prevalence, zdravotní dopady a trendy léčených uživatelů drog v České republice v roce 2013 [The 2013 Annual Report: Drug Users in Treatment in the Czech Republic - Prevalence, Health Implications, and Trends]*, Praha, Hygienická stanice hl. m. Prahy, referát drogové epidemiologie.

PIONTEK, D., KRAUS, L. & KLEMPOVA, D. 2008. Short scales to assess cannabis-related problems: a review of psychometric properties. *Substance Abuse, Treatment, Prevention and Policy,* 3.

PISKÁČKOVÁ, K. 2013. *Získávání konopných drog mladistvými: srovnání zkušeností svěřenců ze zařízení pro cizince s vybranými zařízeními pro svěřence české národnosti. [Obtaining cannabis drugs by adolescents: a comparison of the experience of clients of facilities for foreigners and selected facilities for Czech juveniles]* Master's thesis, Univerzita Karlova v Praze, 1. lékařská fakulta, Klinika adiktologie.

POLICEJNÍ PREZIDIUM POLICIE ČR 2014. Statistické přehledy kriminality v r. 2013 (ESSK) [The 2013 Crime Statistics].

POPOV, P. & NEŠPOR, K. 2006. Závislost na psychoaktivních látkách [Dependence on Psychoactive Substances]. *In:* RABOCH ET AL. (ed.) *Psychiatrie - Doporučené postupy psychiatrické péče II*. Praha: Psychiatrická společnost ČLS JEP.

PROBAČNÍ A MEDIAČNÍ SLUŽBA 2014. Informace o činnosti Probační a mediační služby v souvislosti s drogovou problematikou za r. 2013 [Probation and Mediation Service: the 2013 information about activities in relation to drug issues].

RADA VLÁDY ČESKÉ REPUBLIKY PRO ZÁLEŽITOSTI ROMSKÉ MENŠINY 2014. Výroční zpráva Rady vlády České republiky pro záležitosti romské menšiny za rok 2013 [Government Council for Roma Minority Affairs: the 2013 Annual Report].

RAPP, R. C., XU, J., CARR, C. A., LANE, D. T., WANG, J. & CARLSON, R. 2006. Treatment barriers identified by substance abusers assessed at a centralized intake unit. *J Subst Abuse Treat,* 30**,** 227-35.

ROZSYPAL, H., STAŇKOVÁ, M., SEDLÁČEK, D., SNOPKOVÁ, S., KAPLA, J., ASTER, M., MACHALA, L., JILICH, D., DLOUHÝ, P., KOLČÁKOVÁ, J., ZJEVÍKOVÁ, A., JERHOTOVÁ, Z. & OLBRECHTOVÁ, L. 2013. Doporučený postup péče o dospělé infikované HIV a postexpoziční profylaxe infekce HIV [Recommended Treatment Procedures for HIV-infected Adults and Post-exposure HIV Prophylaxis]. *Klinická mikrobiologie a infekční lékařství,* 19**,** 62-71.

ŘEDITELSTVÍ SLUŽBY DOPRAVNÍ POLICIE POLICEJNÍHO PREZIDIA ČR 2014. Přehled o nehodovosti na pozemních komunikacích v České republice za rok 2013 [The 2013 Summary of Road Accidents in the Czech Republic]. Praha: Ředitelství služby dopravní policie Policejního prezidia ČR.

ŘEZNÍČKOVÁ, M. & NEDVĚD, T. 2004. Zkušenosti terénních pracovníků s uživateli Subutexu na otevřené drogové scéně [Street Workers' Experience with Subutex Users on the Open Drug Scene]. *Adiktologie,* 4**,** 410-411.

SEKRETARIÁT RADY VLÁDY PRO KOORDINACI PROTIDROGOVÉ POLITIKY 2014a. Seznam certifikovaných programů k 30. červnu 2014 [List of Certified Programmes as of 30 June 2014].

SEKRETARIÁT RADY VLÁDY PRO KOORDINACI PROTIDROGOVÉ POLITIKY 2014b. Souhrnná zpráva o relizaci protidrogové politiky v krajích ČR za r. 2013 [The Summary Report on the Implementation of the Drug Policy in the Regions in 2013].

SKOPAL, O. & DOLEJŠ, M. 2014. Školní dotazníková studie o návykových látkách, dalších formách rizikového chování a osobnostních charakteristikách adolescentů [School Questionnaire Survey of Substance Use and Other Forms of Risk-taking Behaviour among Adolescents and their Personality Characteristics]. *Adiktologie,* 14 (1)**,** 54-65.

SOLFRONKOVÁ, R. 2014. *Společná ústavní léčba patologického hráčství a syndromu závislosti: potřeby, zkušenosti a postoje pacientů. [Conjoint inpatient treatment of pathological gambling and addiction syndrome: needs, experiences and attitudes of patients]* Master's thesis, Univerzita Karlova v Praze, 1. lékařská fakulta, Klinika adiktologie.

SOPKO, B., NEČAS, V., ŠKAŘUPOVÁ, K. & MRAVČÍK, V. 2013. The capture-recapture estimation of problem drug users in Prague in 2011 from low-threshold data: adjusting for non-coded clients. *Submitted for publication*.

SOVINOVÁ, H. & CSÉMY, L. 2013. Užívání tabáku a alkoholu v České republice v roce 2012 [The Use of Tobacco and Alcohol in the Czech Republic in 2012]. Praha: Státní zdravotní ústav.

SPILKA, S., JANSSEN, E. & LEGLEYE, S. 2013. Detection of problem cannabis use: The Cannabis Abuse Screening Test (CAST). Saint-Denis: Observatoire Francais des Drogues et des Toxicomanies.

SPILKOVÁ, J. 2014. Výzkum zdravotně rizikového chování mládeže. Přehled výsledků zpracovaných pro NMS [Investigation of Young People's Health Risk Behaviour. A summary of results processed for the National Focal Point].

SPOLEČNOST PRO NÁVYKOVÉ NEMOCI ČLS JEP, KLINIKA ADIKTOLOGIE 1. LF UK A VFN V PRAZE & ČESKÁ ASOCIACE ADIKTOLOGŮ 2013. Koncepce sítě specializovaných adiktologických služeb v České republice. Verze 4.7 z 5.listopadu 2013 [The System of Specialised Addiction Treatment Services in the Czech Republic: a policy document. Version 4.7 dated 5 November 2013]. *In:* VAVRINČÍKOVÁ, L., LIBRA, J., MIOVSKÝ, M., MRAVČÍK, V. & JEP, V. S. P. N. N. Č. (eds.). Praha.

SPOLEČNOSTI PRO LÉČBU ZÁVISLOSTI NA TABÁKU. 2014. *Centra pro závislé na tabáku [Centres for Individuals Dependent on Tobacco]* [Online]. Společnosti pro léčbu závislosti na tabáku. Available on http://www.slzt.cz/centra-lecby [Accessed on 5 August 2014].

SPŮROVÁ, N. 2013. *Mapování a metodika zvládání somatických komplikací injekčních uživatelů drog. [Mapping and methodological management of physical complications of injecting drug users]*. Master's thesis, Univerzita Karlova v Praze, 1. lékařská fakulta, Klinika adiktologie.

STAŇKOVÁ, M. 2013. Trendy a perspektivy léčby HIV/AIDS v České republice [HIV/AIDS Treatment in the Czech Republic: Trends and Outlooks]. *In:* STEHLÍKOVÁ, D. (ed.) *Ročenka Národního programu HIV/AIDS v České republice 2011–2012*. Praha: Státní zdravotní ústav.

STÁTNÍ ÚSTAV PRO KONTROLU LÉČIV 2014. Vývoj prodeje léčiv obsahujících pseudoefedrin v ČR 2007-2013 [The Sale of Medicinal Products Containing Pseudoephedrine in the Czech Republic: Developments in 2007-2013].

STÁTNÍ ZDRAVOTNÍ ÚSTAV PRAHA 2014a. Virové hepatitidy 1996-2013 (EPIDAT) – analýza pro účely VZ 2013 [Viral Hepatitis 1996-2013 (EPIDAT) – analysis for the purposes of the 2013 National Report].

STÁTNÍ ZDRAVOTNÍ ÚSTAV PRAHA 2014b. Výskyt a šíření HIV/AIDS v ČR v roce 2013 – analýza pro účely VZ 2013 zpracovaná NRL pro AIDS [The Incidence and Spread of HIV/AIDS in the Czech Republic in 2013 – analysis for the purposes of the 2013 National Report produced by the National Reference Laboratory for AIDS].

STEMMLER, M., HALL, T., PROKOPÍK, P. & SHOPTAW, S. 2014. A time-site survey of substance use, sexual behaviors, and HIV-testing practices among women attending social venues in Prague. *Cent Eur J Public Health,* in press.

SVATOŠ, R. & KŘÍHA, J. (eds.) 2014. *II. kriminologické dny [Days of Criminology II],* České Budějovice: Vysoká škola evropských a regionálních studií.

ŠŤASTNÁ, L., ADÁMKOVÁ, T. & CHOMYNOVÁ, P. 2010. Užívání drog v národnostních menšinách v ČR [Drug Use among Ethnic Minorities in the Czech Republic]. *Adiktologie,* (10) 1**,** 36-44.

ŠULCOVÁ, A. & POPOV, P. 2013. Nalmefen v léčbě alkoholové závislosti [Nalmefene in the Treatment of Alcohol Dependence]. *Psychiatrie,* 17 (3)**,** 151-155.

THANKI, D., DOMINGO-SALVANY, A., BARRIO ANTA, G., SANCHEZ MANEZ, A., LLORENZ ALEIXANDRE, N., SUELVEZ, J. M., BRIME BETETA, B. & VICENTE, J. 2013. The Choice of Screening Instrument Matters: The Case of Problematic Cannabis Use Screening in Spanish Population of Adolescents. *Addiction,* 2013**,** 13.

THE GALLUP ORGANIZATION 2011. Youth attitudes on drugs. Flash Eurobarometer No. 330. The Gallup Organization for European Commission.

TRIMBOS INSTITUTE 2013. *Further insights into aspects of the illicit EU drugs market Justice,* Luxembourg, Publications Office of the European Union.

ÚSTAV ZDRAVOTNICKÝCH INFORMACÍ A STATISTIKY 2013. Údaje z informačního systému Zemřelí - extrakce případů drogových úmrtí [Data from the Deaths Information System – extracts of cases of drug-related deaths]. Praha: ÚZIS ČR.

ÚSTAV ZDRAVOTNICKÝCH INFORMACÍ A STATISTIKY 2014a. Informace z ročního výkazu oboru gastroenterologie a infekční lékařství [Information from the Annual Reports of Gastroenterology and Infectious Medicine].

ÚSTAV ZDRAVOTNICKÝCH INFORMACÍ A STATISTIKY 2014b. Údaje z informačního systému Zemřelí ČSÚ – extrakce případů drogových úmrtí [Data from the Deaths Information System of the Czech Statistical Office – extracts of cases of drug-related deaths].

ÚSTAV ZDRAVOTNICKÝCH INFORMACÍ A STATISTIKY 2014c. Údaje z Národního registru hospitalizovaných [Data from the National Register of Hospitalisations].

ÚSTAV ZDRAVOTNICKÝCH INFORMACÍ A STATISTIKY 2014d. Údaje z Národního registru pohlavních nemocí [Data from the National Register of Sexually Transmitted Diseases].

ÚSTAV ZDRAVOTNICKÝCH INFORMACÍ A STATISTIKY 2014e. Údaje z Registru tuberkulózy [Data from the Tuberculosis Register].

ÚSTAV ZDRAVOTNICKÝCH INFORMACÍ A STATISTIKY 2014f. Údaje ze statistického zjišťování MZ – výkaz o činnosti oboru chirurgie [Data from the Statistical Enquiry of the Ministry of Health – data sheets provided by the field of surgery].

ÚSTAV ZDRAVOTNICKÝCH INFORMACÍ A STATISTIKY 2014g. Údaje ze statistického zjišťování MZ – výkaz o činnosti oboru soudní lékařství [Data from the Statistical Enquiry of the Ministry of Health – data sheets provided by the field of forensic medicine].

ÚSTAV ZDRAVOTNICKÝCH INFORMACÍ A STATISTIKY 2014h. Údaje ze statistického zjišťování MZ – výkazy ambulantních zařízení oboru psychiatrie, praktického lékařství pro dospělé a detoxifikace [Data from the Statistical Enquiry of the Ministry of Health – reporting provided by outpatient facilities pertaining to psychiatry, general medicine for adults, and detoxification].

ÚSTAV ZDRAVOTNICKÝCH INFORMACÍ A STATISTIKY, ČESKÝ STATISTICKÝ ÚŘAD & STÁTNÍ ZDRAVOTNÍ ÚSTAV 2014. Evropské výběrové šetření o zdraví EHIS 2014: Základní informace o šetření. [European Health Interview Survey 2014: general information] Praha: ÚZIS ČR, ČSÚ a SZÚ.

VÁGNEROVÁ, M., CSÉMY, L. & MAREK, J. 2013. *Bezdomovectví jako alternativní existence mladých lidí [Homelessness as Young People's Alternative Existence],* Praha, Karolinum.

VAVRINČÍKOVÁ, L., MRAVČÍK, V., BUREŠOVÁ, Z., KIŠŠOVÁ, L., NEČAS, V. & VOPRAVIL, J. 2013. Mapování dostupnosti a charakteru sítě služeb oboru Adiktologie. Analytická zpráva pro Ministerstvo zdravotnictví ČR – program Národní akční plány a koncepce 2012 [Mapping the Availability and Character of the Drug Services Network. Analytical Report for the Ministry of Health of the Czech Republic – the 2012 National Action Plans and Policies Programme]. Praha: Klinika adiktologie VFN a 1. LF UK v Praze.

VEŘEJNÝ OCHRÁNCE PRÁV 2014. Zpráva ze systematických návštěv protialkoholních záchytných stanic [A Report from Systematic Visits to Sobering-Up Stations].

VĚTROVEC, M. 2003. Užívání buprenorfinu na pražské drogové scéně [Buprenorphine Use on the Prague Drug Scene]. Harm Reduction Conference, Praha [].

VONDRKA, J. 2014. *Výskyt zadluženosti a souvisejících faktorů u klientů v programu následné péče DC Restart Jeseník. [Indebtedness and Related Factors in Clients of the Aftercare Programme provided by DC Restart Jeseník]. A* credit paper for the course Research Methodology in Addictology II].

VOPRAVIL, J. 2014. Odhad drogových trhů a spotřeby drog v r. 2013 [An Estimate of Drug Markets and Drug Consumption in 2013]. Unpublished.

VŠETIČKA, J. 2014. Souvislosti mezi užíváním pervitinu a marihuany, toxickými psychózami a schizofrenií [Correlations between the Use of Pervitin and Marijuana, Toxic Psychoses, and Schizophrenia]. *Česká a slovenská psychiatrie,* 110 (2)**,** 67-74.

ZÁBRANSKÝ, T., BĚLÁČKOVÁ, V., ŠTEFUNKOVÁ, M., VOPRAVIL, J. & LANGROVÁ, M. 2011. *Společenské náklady užívání alkoholu, tabáku a nelegálních drog v ČR v roce 2007 [*The *S*ocial Costs of the Use of Alcohol, Tobacco, and Illegal Drugs in the Czech Republic in 2007*],* Praha, Centrum adiktologie PK 1. LF UK v Praze.

ZEMAN, P. & GAJDOŠÍKOVÁ, H. 2010. Nový trestní zákoník [The New Penal Code]. *Zaostřeno na drogy,* 8 (1)**,** 1-12.

ZVINGEROVÁ, N. 2013. *Úmrtí za přítomnosti opioidů v Praze v letech 2005-2011. [Opioid-related deaths in Prague in the years 2005-2011].* Bachelor's thesis, Univerzita Karlova v Praze, 1. lékařská fakulta, Klinika adiktologie.

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