

**Centre for Drug Epidemiology
Hygienic Station of the Capital Prague**

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List of Abbreviations

CMS JEP Czech Medical Society Jana Evangelisty Purkynì
DIS Drug Information System
EMCDDA European Monitoring Centre for Drugs and Drug Addiction
GTA General Treasury Administration
IHIS Institute for Health Information and Statistic
IPDU Incidence of Problematic Drug Users
NADH National Anti-Drug Headquarters
NGO Non-governmental Organisation
NIPH National Institute of Public Health
NDC National Drug Commission
NRL National Reference Laboratory
PMI Postgraduate Medical Institute
RSS Representative School Survey
RGS Representative General Survey
T/C centre Treatment/Contact Centre

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PART I NATIONAL POLICIES: LEGAL & ORGANISATIONAL FRAMEWORK

1. Trends and New Developments in Drug Policy

1.1 Philosophy, direction, scope, objectives

The central motive of the drug policy of the government of the Czech Republic is the protection of citizens against negative impact of drugs and support of their individual decisions for life without drugs. Any citizen has to be provided with the protection against the offer of illegal drugs and information which can support his personal decision to live the life without drugs and if necessary consulting, medical and re-socialising help.

The Czech drug policy is based on a balanced approach in a close co-operation between institutions involved in drug supply as well as drug demand reduction. The basic philosophy of drug related issues in the Czech Republic consists of the balanced application of repressive and preventive strategies of drug policy. The collaboration between both sides is co-ordinated by the National Drug Commission (NDC), which members are representatives of responsible ministries. This Commission established working focus groups for various parts of drug policy (i.e. primary prevention, treatment and re-socialisation, funding, evaluation, education, etc.), which members are representatives of relevant ministries working in the field of drug policy as well as representatives of experts from governmental and non-governmental organisations (GOs and NGOs) sectors. This style of inter-ministerial, inter-departmental and inter-disciplinary collaboration is used in the phase of preparation of a new National strategy of drug policy 2001 – 2004.

Systematic goals:

to provide for linkages, co-ordination and balance of the systematic action in the area of drug policy,

to define the authorities of the respective sectors and to create conditions and tools to increase the quality and efficiency of anti-drug activities,

to create co-ordinated and unified system for funding the drug policy,

to increase the scope and quality of anti-drug actions on the local level.

1.2 Policy developments on specific issues of particular interest

The Concept and Program of Anti-drug Policy for 1998-2000 is the tool of the Government drug policy, approved by the Governmental Resolution No. 111 on 23 February 1998. This document stimulates a number of objectives that must be fulfilled in order to implement the drug policy within the stated period of time. These 94 objectives were assigned to the individual responsible Ministers and authorities in state and public administration. The objective of this material is to set out in more detail the competencies of relevant resorts and to emphasise the importance of drug policy at local level. Because of the supranational nature of the problem of drugs, an active participation of the Czech Republic in programs of international co-operation constitutes a necessary part of the drug policy of the Czech Republic.

In 1999 harm reduction principles of (including the substitution therapy) were fully accepted by professional public even though they have been perceived with distrust until very recently. This is also reflected in the approach of public administration bodies and local authorities that finance in a larger degree than in previous years the introduction and running of low threshold programmes. These programmes are standardised and they are run by professionals. The focus is placed on measuring of their quality and cost efficiency.

There is a discussion on the political and professional level on the intention to establish rooms for injection drug use in the capital of the Czech Republic.

1.3 Developments in public opinion and perceptions of drug issues

The drug scene in the Czech Republic in 1999 was relatively significantly influenced by the change in the attitude of the society towards the recourse of mere holding of narcotic and psychotropic substances. The amendment to the Criminal Code and Offence Act that became effective on 1 January 1999 stipulated that a person holding drugs for his/her own needs without a permit can be prosecuted or can face the administrative action. Discussions concentrate on effects of the amendment and raise such questions as whether it was not a “step back”, whether policemen do not misuse this section of the Criminal Code to improve the statistics etc.

It resulted from questionnaires distributed among secondary school students between 1994 and 1997 (RSS) that the biggest change in the knowledge of young people concerning the legal use and disposal of drugs occurred in the area of awareness of the ban on drug use.

In 1994 one half of respondents thought that the use of drugs is punishable and three years later it was only one quarter of all respondents. The number of those who consider smoking, alcohol drinking and use of illegal drugs harmless has increased several times. As to the secondary school children who have had some experience with illegal drugs we can notice reduction of their awareness of dangerousness of these drugs.

2. *Summary of Relevant Legislation and Penalties*

2.1 Drug laws

The Czech Republic participates in all valid UN conventions concerning the opiates and psychotropic substances: The Single Convention on Opiates from 1961 came into effect in the Czech Republic in 1964 (47/1965 Coll.), including the protocol on its amendments from 1972 (458/1991 Coll.), Convention on Psychotropic Substances from 1971 came into effect in the Czech Republic in 1989 (62/1989 Coll.) and the UN Convention against Illegal Opiates and Psychotropic Substances Trafficking from 1988 came into effect in the Czech Republic in 1991. Obligations resulting from these Conventions were reflected in laws of the Czech Republic. At the beginning of 1999 laws newly regulating the criminal recourse of illegal drug holding and drug trafficking came into effect. They addressed the control of addictive substances including precursors and adjuvants. This is the Law No. 112/1998 Coll. from 18 May 1998 that amends Law No. 140/1961 Coll., Criminal Code, as subsequently amended, and Law No. 167/1998 Coll. from 11 June 1998 on Addictive Drugs and Amendments to Some Other Laws.

The amendment to the Criminal Code and Offence Act performed by Law No. 112/1998 Coll. made the criminal recourse of drug related crimes stricter, even though these crimes were punishable before and it amended Section 187a that introduced the new kind of the body of crime consisting in illegal drug resetting for own user's needs which means the current immunity from prosecution of drug holding for user's personal needs was replaced by punishability regardless of the purpose of this illegal holding. Holding of "bigger than small" drug amount is classified as crime while holding of "small amount for personal use" is classified only as an offence or administrative tort which is not decided by the court but by the police. By introducing the Law No. 167/1998 Coll. provisions of Article 12 of the United Nations Convention against illegal drug and narcotic trafficking from 1988 were reflected in the national legislation.

In the area of fight against illegal narcotic and psychotropic substance trafficking the amendment to the Criminal Code, specifically amendments to provisions of Sections 187, 188 and 188a defined the low level and increased the upper level of punishment by imprisonment for the existing bodies of crimes without exceeding the highest possible punishment which is 15 years in the case of drug related crimes. The law imposes stricter punishments on perpetrators committing crimes on persons under eighteen or fifteen years old or who have significant benefits from such criminal activity. Compared to other drug related crimes the severest punishments are initiated against perpetrators involved in the organised and especially international organised drug trafficking.

Section 187 of Criminal Code was amended by crimes listed in paragraph 1 (the list was amended by offering, facilitating and sale of drugs) and the same section similarly to Section 188 of Criminal Code, newly applies to unauthorised production of substances containing narcotic or psychotropic substance or precursor and illegal trafficking in them. The amendment expands the exhaustive list of crimes in the provision of Section 167 of Criminal Code punishing misprision of the crime and crimes punishable in accordance with Section 187 and Section 188 of the Criminal Code.

Pursuant to Section 187a the perpetrator may be punished by two years in prison or cash penalty and in the case of aggravating circumstances by five years in prison. Nevertheless if drug users commit the crime consisting of mere drug holding, they are usually not awarded unconditional punishment of imprisonment if this is the first conflict with law but they usually get other alternative punishments having educational purpose and motivating the drug user to the treatment. This approach is in line with principles of the criminal policy in the Czech Republic which is an integral part of the Criminal Code and says the punishment of imprisonment should be imposed only if any other punishment cannot meet the purpose resulting from the law. The system of law defines a number of diversions in the criminal proceedings and alternatives to imprisonment as well as probation elements, i.e. such as the treatment of offenders that combines the penalty and social aspects: punishment, limitation, supervision and at the same time efficient help.

2.2 Other legislation (e.g. public health, data protection)

Protection of personality is governed by Law No. 40/1964 of Civil Code, Section 11 and 12. Law No. 256/1992 Coll. on protection of personal data in information systems also addresses issues of personal protection and personal data security.

Within the preparation of accreditation standards of care for problematic drug users and addicts the minimal network of such care was defined. The document relies on the programme of standardisation and accreditation in the area of health care prepared by the Ministry of Health . Criteria of this programme fully correspond to the established health care programmes of the European Union. Proposals of accreditation standards were sent out to all service providers, specialised societies and institutions. Their comments were incorporated into the proposal. Accreditation standards will become an integral part of the new Law on Health Care (Health Care Facilities) and the amendment to Law No. 37/1989 on Protection against Alcoholism and Other Drug Addiction (non-medical facilities). As diagnostic and treatment standards are concerned, the standard of methadone treatment was prepared last year in accordance with regulations concerning the standard creation by the Czech Medical Society of Jan Evangelista Purkynì (CMS JEP).

The decisive legislative document in the prevention of infectious diseases in the Czech Republic is the Act No. 20/1966 Coll. on "Public Health Care" that together with implementing regulations addresses the issues of prevention and repression of infectious diseases. The implementation itself is laid down in the Regulation No. 91/1984 Coll. which defines reports on suspicion of disease, preventive and repressive activity carried out by medical staff. Methodological measures describe in details tasks and activities related to the incidence of HIV/AIDS, TBC and hepatitis A, B and C.

3. *Developments in Organisational Framework*

3.1 Key actors, roles and co-ordination structures

Co-ordination of a complex approach to the drug misuse issue on the central level is (on the basis of the CR Government decision) the task of the National Drug Commission. Head of the Commission is the Prime Minister and, according to the change of its statute, the Executive Deputy Chairman is the Minister without portfolio. Members of the

Commission are the Minister of Interior, Minister of Defence, Minister of Justice, Minister of Health, Minister of Education, Youth and Sports and Minister of Labour and Social Affairs. The composition of the Commission reflects the need for co-operation between the areas of education, medical and social care, social and crime prevention on one hand and the area of public health and order and safety protection on the other hand.

In June 1999 the National Drug Commission approved the statute of its consulting body – Council of Departments’ Representatives. Its mission is to co-ordinate the drug policy on the national level through respective ministerial officials responsible for the implementation of the departmental policy in the respective area. The advantage of its establishment is bigger flexibility. The Council consists of the following departments:

- Finance (and Customs Headquarters),
- Defence,
- Labour and Social Affairs,
- Justice,
- Education, Youth and Sport,
- Interior (and National Drug Centre),
- Health (and the Inspectorate of Narcotic and Psychotropic Substances),
- Agriculture.

Professional public and non-governmental non-profit organisations (NGOs) are also represented in the Council through:

- the Czech Medical Society of Jan Evangelista Purkynì (permanent guest),
- the umbrella organisation A.N.O. (Association of Non-governmental Organisations; permanent guest).

The main task of the Council of Departments’ Representatives in 2000 is the preparation of the drug policy concept for the Czech Republic for 2001 – 2004.

Co-ordination of drug policy on the local level results from the methodological instruction of the National Drug Commission from 1997. The position of drug co-ordinator was established and incorporated into the structure of the district/magistrate authority or local authority that is fully in competence of the mayor. Links and co-ordination of anti-drug measures were guaranteed only by voluntary efforts of all involved institutions in the district (city) and therefore their quality was very different. Due to this reason the

Analysis of Drug Co-ordinators' Positions was prepared and their results will be reflected in the newly prepared drug policy concept of the Government in the upcoming period.

On the local level consulting bodies – drug commissions – were established. They should play the same function as the National Drug Commission on the national level.

The National Drug Commission established the task force of drug co-ordinators last year. Its purpose is to improve communication between the central and local units. In 2000 it has actively participated in the preparation of the drug policy concept of the Czech Republic for the period of 2001 – 2004.

Education, Youth and Sport Sector

Main activities of this sector in the drug area result from the Concept of Prevention of Addictive Substance Use and Other Social and Pathological Phenomena in the Field of Education, Youth and Sport between 1998 and 2000 and the Drug Policy Concept until 2000.

In 1999 the Ministry defined the clear priority in the area of primary prevention which was deepening, improvement and implementation of Minimal Preventive Programmes. These are binding upon every school and educational facility and the principle of the school or educational facility is responsible for the creation of conditions for their implementation.

Health Care Sector

The structure of the existing network of facilities and services:

Out-patient Care

The basic care guaranteed by the state in the area of prevention and treatment of addictive illnesses exceeds the close framework of addictive illnesses and includes the following elements:

- general practitioners and doctors of other clinical branches (general medicine, surgery, internal medicine),
- psychiatric services (dual diagnoses, crises intervention),
- out-patient facilities and programmes providing special services to problematic drug users and drug addicts in the competence of the Ministry of Health :

- * low threshold programmes,
- * out-patient treatment,
- * stationary programmes.

Some low threshold facilities active outside the health care sector and focusing for example on social assistance and consulting are sponsored by the Ministry of Labour and Social Affairs.

In-patient Care

- drunk and drug addicts tanks,
- detoxification programmes
- short-term and medium-term in-patient treatment,
- residential care in therapeutical communities (some facilities partially cover the competence of the Ministry of Labour and Social Affairs),
- specialised facilities in the competence of the Ministry of Justice providing protective and voluntary treatment to persons under punishment or in the custody and other programmes during imprisonment,
- specialised in-patient facilities for drug addicts, children under and teenagers in jeopardy of addiction sponsored by the Ministry of Education, Youth and Sport.

The health care sector participated in the provision of services that are in competence of other sectors within the co-ordination of National Drug Commission and authority of established task forces:

- * Commission of the Ministry of Health for Compulsory Treatment,
- * Task force of the Ministry of Health and Ministry of Labour and Social Affairs for co-ordination of the accreditation programme of health care facilities and accreditation of social services.

The structure and capacity of individual facilities is currently mapped by the secretariat of the National Drug Commission within the prepared Catalogue of Services.

These centres (medical and non-medical) create the current network of medical/contact centres that are the source of data for the national drug information system on problematic drug users.

The drug information system established by the Hygienic services is managed by the national co-ordinator of drug epidemiology and it provides key basic data for the definition of priority tasks of state drug policy. It is based on the systematic monitoring of the „incidence of problematic drug users“ (new users) in the treatment and contact centres (T/C centre) throughout the Czech Republic, notification of incidence of infectious diseases (HIV/AIDS, viral hepatitis of type A, B, C) through the automated EPIDAT system, monitoring of acute intoxication through the system of sentinel hospitals, including the monitoring of early deaths and evaluation of problematic drug users.

The Inspectorate of Narcotic and Psychotropic Substances works within the Ministry of Health and it co-operates with the National Drug Centre and with competent bodies of countries importing and exporting addictive substances, precursors and adjuvants – in line with United Nations Conventions.

Labour and Social Affairs Sector

The system of social services specifically focused on clients suffering from drug problems is partially addressed in the Bill on Social Assistance. In the area of treatment and resocialisation it contains the following forms of help:

- out-patient consulting and therapeutic services,
- therapeutic communities,

in the area of follow-up care then:

- protected jobs and programmes focused on searching for jobs,

Modern and pragmatic trend such as harm reduction has been fully acknowledged by the Ministry of Labour and Social Affairs.

Ministry of the Interior

The National Drug Centre of the Department for Organised Crime Detection within the Police of the Czech Republic (hereinafter referred to as NADH) is a guarantor of the international co-operation and co-ordination of activity of individual departments and

services of the police in the area of drugs and it should collect and evaluate the information concerning drug related crimes.

This institution closely co-operates with the anti-drug section of the department, specifically the section for the fight with smuggling within the Customs Headquarters.

3.2 Budgets and funding arrangements

Rules of Financing

The application of grants in the area of anti-drug policy was regulated in 1999:

- a) by Law No. 576/90 Coll. “On Budget Control Rules of the Czech Republic and Municipalities in the Czech Republic” (*Budgetary Rules of the Czech Republic*), as subsequently amended;
- b) by resolution of the Government from 27 November 1992 No. 663 “Principles for Provision of Grants from the State Budget of the Czech Republic to Civic Associations Through Central Public Administration Bodies of the Czech Republic” amended by the Resolution of the Government No. 225 from 5 May 1993;
- c) by “Rules for the Use of Funds Intended for Anti-drug Policy of District Authorities, Magistrates and Local Authorities” approved by the governmental resolution of the Czech Republic from 9 April 1997 No. 208. The validity of the quoted resolution was extended by the governmental resolution No. 251 from 22 March 1999 to the year 1999;
- d) by related generally binding legal regulations and laws.

In 1999 the budget chapter General Treasury Administration (GTA) – costs of anti-drug policy - allocated the amount of EUROS 4,222,379 (= CZK 150,000,000) – as of 9 March 2000 EUROS 1 = CZK 35.525. At its meeting in March 1999 the National Drug Commission approved the release and allocation of funds from the mentioned chapter to the central level in the total amount of EUROS 1,266,714. Based on projects submitted in accordance with the rules the funds were used in the following structure:

<i>Sector</i>	<i>Required EUROS</i>	<i>Used EUROS</i>
Health Care	563,000	563,000
Education, youth and sport	357,800	255,847
Agriculture	---*	6,334
Labour and social affairs	346,000	156,400

* The Ministry of Health used the amount after the agreement with the Ministry of Education, Youth and Sport from funds allocated to the Ministry of Education, Youth and Sport for the needs of educational facilities in competence of the Ministry of Agriculture.

On the local level the total amount of EUROS 2,006,077.- was allocated for the support of anti-drug activities carried out through district authorities, magistrates and local authorities in the following structure:

<i>Purpose</i>	<i>Used EUROS</i>
Projects	1,353,136
General grant	652,941

In 1999 there was in total EUROS 333, 421 transferred from GTA Chapter – costs of anti-drug policy into the chapter of the Office of the Government to the following:

- Non-investment expenditures for the activity of the Secretariat of the National Drug Commission;
- Distance education of anti-drug co-ordinators of district authorities, magistrates and local authorities.

The amount of EUROS 337,790 was transferred into the Chapter of the Ministry of Health for the following programmes:

- Training courses for future staff running the methadone substitution programmes in the Czech Republic,
- Programme of the Ministry of Health “Introduction of Methadone Substitution Therapy in Prague and in Risk Regions throughout the Czech Republic”.

3.3 International activities and co-operation

The Czech Republic is actively involved in the international co-operation with a number of authorities and bodies of the United Nations Organisation - United Nations Office for Drug Control and Crime Prevention (*ODCCP*), United Nations Drug Control Programme (*UNDCP*), International Narcotic Control Board (*INCB*) and United Nations Commission on Narcotic Drugs (*CND*). The Czech Republic co-operates with the EU Commission in two programmes within PHARE: Multicountry Programme for the Fight Against Drugs and National Money Laundering Project, with the World Health Organisation in Programme on Substance Abuse, Programme of Activities in Central and Eastern Europe for the Prevention of Drug Abuse and Concomitant HIV Transmission, with Interpol, Council for Customs Co-operation, HONLEA (Head of National Law Enforcement Agencies), Council of Europe (Group Pompidou).

During last year the Czech Republic started to co-operate with EMCDDA in Lisbon consisting in the preparation of the standard National Report and wide distribution of received specialised materials. These activities followed the previous and continuing co-operation on the Multidisciplinary Study of Drug Phenomenon.

With respect to certain similarities in the development of the drug scene and related problems the co-operation within the Central European region has been developed. Bilateral co-operation has significant importance for the area of fight with drug related crimes on the international level. This co-operation was established with all neighbouring and a number of other countries in the area of drug policy.

Co-operation with the Police and International Contractual Area:

In the international contractual area we can mention a number of bilateral contracts on police co-operation involving mainly in the area of illegal drug offering reduction that were concluded in last few years and implemented in 1999. These include for example contracts with Germany, Hungary, Bulgaria, France, Poland, Austria, Romania, Russia, Slovakia, Tunisia, Turkey, Ukraine, Uzbekistan and Great Britain. In 1999 steps were taken for the accession of the Czech Republic to the Agreement Against Illegal Trade by Sea that meets the Article 17 of the United Nations Convention against Illegal Trafficking in Narcotic and Psychotropic Substances (Strasbourg, 1995).

Besides the contracts on co-operation concluded with a number of countries it goes without saying the implementation of the international project called Viking was beneficial. Since then more or less formal co-operation of our and Scandinavian customs and police bodies has positively changed. Results of individual actions within the project, involvement of several Inspectorates of Customs and Financial Guards in direct contacts, monitoring of supplies and several joint meetings of organisations have proved that similar type of co-operation between several countries and several different repressive units and bodies is optimal and can significantly contribute to the prevention of drug mafia activities even though only in the area of one type of drug or one route.

The area of international co-operation falls into the competence of the Ministry of Foreign Affairs and individual competent sectors.

4. Developments in Information Requirements for Drug Policy

The wider objective of the new development in Drug policy is to develop and strengthen an efficient legal and institutional framework, meeting EC best-practice in professional and technical capacities, for planning and implementation an effective drug policy in the Czech Republic: combating drug crime and drug addiction, as well as the improvement of drug addict treatment services, in line with EC requirements.

The Immediate Objectives are to:

- Further review/develop the Government's National Drug Strategy, particularly aimed at strengthening multi-sectoral co-ordination structures, procedures and staff capacities, in order to achieve the effective planning, financing, implementation and evaluation of national drug policy;
- Strengthen the effectiveness of delivery instruments/programmes, including sentencing/probation in the area of drugs. Adapting operational guidelines to ensure the efficient targeting of resources and censure, based on a system of regular co-operation with civil society organisations in the field of drug demand reduction/treatment/ rehabilitation;
- Strengthen professional capacities in the drugs area: public administrators, police officers, prison worker, probation service, teachers, social workers, professionals working in drug demand reduction;

- Strengthen the operations and technical capacity of the *National Focal Point*, responsible for the collection, analysis and dissemination of data concerning drugs crime, drugs addiction and prevention:
 - Establishing a National Drug Information Server,
 - Supporting public information aimed at key target audiences, plus
 - Building co-operation with EMCDDA.

PART II DRUG MONITORING SYSTEMS AND SOURCES OF INFORMATION

5. *Developments and Changing Priorities in National Monitoring Systems, Information Sources and Research*

5.1 Epidemiology

The National Drug Information System that was introduced on 1 January 1995 primarily focuses on monitoring of problematic drug users incidence in quarterly intervals. The information is gathered through employees of hygienic stations from all so called treatment/contact centres (T/C centres) that are in the database within the Czech Republic. This database consists of all medical and non-medical, state and private facilities providing clients medical, consulting or social services. The database included 259 facilities as of 31 December 1999 and their distribution according to EMCDDA instructions is presented in the following Table No. 1.

**Table No. 1: Treatment / Contact Centres according to the Type
IPUD CR, 1999**

Type of the T/C centres	T/C centres		Clients		Number of clients / 1 T/C
	Number	%	Number	%	
Specialised outpatient health centres	138	53.3	1,030	26.5	8
Specialised outpatient non-health centres	24	9.3	210	5.4	9
Inpatient centres	30	11.6	780	20.1	26
Low threshold centres	56	21.6	1,698	43.7	30
Hospital out- and inpatient units	9	3.5	138	3.5	15
Other specialised out- and inpatient units	2	0.8	33	0.8	17
Total	259	100	3,889	100	15

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The form of Pompidou Group is used for monitoring of problematic drug user incidence. It was modified in accordance with EMCDDA Project (Development of a Core Item List

for Monitoring the Treatment of Drug Misusers). This form was amended last year by monitoring of lab markers of viral hepatitis in injection drug users.

This drug information system enables to respond to principle changes in the epidemiological situation immediately the following month of each quarter and to prepare the annual report as early as in February of the subsequent year.

This database has been gradually consolidated and regularly updated.

A certain move in the comprehensiveness and reliability of collected data from these facilities is the improved co-operation which is stimulated by regular feedback – dissemination of information on drug scene in the Czech Republic and specialised materials from EMCDDA.

The intention of the established register of problematic drug users – starting with 1999 – is systematic possibility of monitoring of their prevalence. As the register is not complete yet, the Centre for Drug Epidemiology carried out the national prevalence study in 1999 among problematic drug users. It covered 64 decisive treatment and contact centres.

The source of data on non-fatal emergency monitoring related to drug use is the sentinel system of regional and university hospitals that quarterly provide information on the number of intoxicated persons, their personal characteristics and kinds of used drugs.

The information on incidence of viral hepatitis A, B and C among drug users with risk behaviour is gathered through the hygienic service from automated system of obligatory reporting of infectious diseases EPIDAT.

The data on HIV/AIDS incidence among drug users are gathered from the National Reference Laboratory for HIV/AIDS in Prague.

The source of data on deaths related to drug use is Institute of Health Information and Statistics (IHIS) but also the police and data on death registered as a consequence of non-fatal emergencies. However the gathered data are inaccurate and they do not correlate.

The source of data on drug user prevalence are regular representative epidemiological surveys among secondary school students carried out in three-year intervals by the Hygienic Service of the Czech Republic. Questionnaire surveys on smaller samples of adult population are carried out by the State Health Care Institute. Other ad hoc studies and qualitative studies focus on certain target groups of the population (army, ESPAD, Youth and Techno etc.).

5.2 Demand reduction

Last year the Ministry of Health evaluated a questionnaire mapping the supply and demand for programmes of secondary and tertiary prevention. The side result was the assessment of regional needs of substitution treatment. Based on this analysis methadone substitution programmes were introduced in locations with the largest demand for substitution treatment. The information sources of the Ministry of Health were mainly drug co-ordinators working at individual district authorities, employees of hygienic stations, service providers, organisation specialised in drug addiction.

The questionnaire mapping the needs of the follow-up care was distributed to psychiatric hospitals and therapeutic communities. The revealed results should initiate negotiations with the Ministry of Labour and Social Affairs with the objective to provide for availability of resocialising programmes and follow-up care programmes all over the Czech Republic.

The questionnaire was distributed to all detoxification centres in the Czech Republic with the objective to define the financial standards for individual types of detoxification programmes.

The National Drug Commission created a catalogue of organisations providing services in the area of secondary and tertiary prevention.

The Association of Non-governmental Organisations – Section for Harm Reduction - prepared a project of low threshold coding.

5.3 Drug policy and legislation

1.1.1999 came into effect the amendments in Section 187 and 188 of the Criminal Code and NR No. 200 of the Misdemeanour Code which stipulate to make current sentences of imprisonment stricter and to punish holding (storing) of psychotropic substances regardless of the purpose, including the personal use. At the same time NDC confided to its secretariat to perform a study Running analysis of impacts of legislative amendments in sense of permanent preventive, therapeutic and resocialised goals.

The main goals of the analysis which was named “The Prospective Study of the Impact of the New Drug Legislative in the Czech Republic – PAD Project” are seen as follows:

- **Evaluation of the efficiency of the new laws in the meaning of their goals declared by its presenters**, that is especially the facilitation and validity of the work of the Czech Police and other law-enforcing agencies. These goals were especially defined as follows: an improvement in the persecution of the organised and street drug crime in the sense of punishing the drug dealers; decreasing the availability of illegal drugs; improvement of the common knowledge about harmful and antisocial ill-effects of drugs; and — due to the prevention function of repression — the decreasing of drug use or at less the stopping of its increase.
- **Evaluation of the efficiency in the sense of stable goals of non-repressive state and non-state agencies**, i.e. the goals of prevention, treatment, (re-)socialisation and harm reduction.

The research should be conducted until the end of year 2000, the final research reports should be completed till August 31st 2001.

The National Drug Centre of the Department for Organised Crime Detection of the Criminal Police of the Czech Republic (hereinafter referred to as NPDC) should collect and evaluate information concerning drug related crimes. This task is extraordinarily difficult because the existing information systems of the Police of the Czech Republic do not currently enable any other central assessment than according to committed crimes, i.e. pursuant to provisions of the Criminal Code. It is not possible to collect and assess whether this was the production, import, export, transportation or distribution of narcotic and psychotropic substances, it is impossible to differentiate according to individual types of narcotic and psychotropic substances and it is a big problem to make analyses according to regions in the Czech Republic. The information from the customs service (arrest at the border) and the Ministry of Justice (number of arrested people, imposed penalties, situation in prisons etc.).

5.4 Documentation centres

The Drug Information Centre of the NIPH gathers and distributes available information on drug issues so as provided data could be used purposefully in the target prevention of addiction.

These include:

- systematic expansion of the specialised library, containing domestic and foreign specialised materials (books, magazines, methodology, final reports, audio-visual materials, PC programmes), transfer of the most important documents into the form of the virtual library
- postgraduate education - seminars, courses, workshops
- publishing of own information materials - 4 issues of the Newsletter of the Drug Information Centre per year in the print run of 300 pieces
- presentation of documents on www.szu.cz
- provisioning of consultations and information materials (or their lending), mediation of contacts between different specialists or organisations dealing with drug issues.

The non-governmental organisation – FILIA Foundation – created the wider information basis. It built a specialised documentation centre in the area of addiction prevention. This centre offers specialised and science popularisation literature, outputs from the drug information system of the hygienic service, results of sociological researches and studies, it registers projects, programmes and annual reports from this area and provides directories and lists of organisations, institutions and specialists, it offers video cassettes and information, methodological and promotional materials. It provides visitors with specialised consultations and information from the area of primary prevention of drug addiction, opportunity to borrow the literature and search for information on Internet.

The Departments of Drug Epidemiology at the Regional Hygienic Stations play the role of documentation centres in individual regions as well as some better equipped treatment and contact centres.

6. *Developments at the National Focal Point*

6.1 Organisation, legal basis, operation, staffing, financing

The governmental resolution No. 446/1993 on the concept and drug policy programme in the Czech Republic entrusted the creation and administration of the drug information system with the hygienic service.

The Hygienic service in the Czech Republic has the nation-wide competence, proved vertical methodological management of 8 regional and 86 district hygienic stations and corresponding personnel and technical equipment on all levels.

The Centre of Drug Epidemiology was founded within the Hygienic Station of the City of Prague and it is managed by the Local Contact Person for Phare Project on DIS.

The Centre of Drug Epidemiology collects information from the health-care sector and – on voluntary basis – from the other resorts (police, customs, justice) therefore plays to some extent a role of NFP for drug information system in the Czech Republic.

NFP, officially approved by the Government, which would have the role authorities and funds complying with EMCDDA requirements still does not exist.

Implementation of DIS by the Centre of Drug Epidemiology in the Czech Republic started by its preparation in 1994 and it was put into operation on 1 January 1995. Since the very beginning there was a big effort endeavoured to use recommendations and forms of Pompidou Group and to rely on systematically updated instructions of the epidemiological group of experts. Through co-operation with Phare and Pompidou Group the Czech Republic participated in several international projects: Multicity-Study, First Treatment Demand, Non-fatal Emergencies and Extension of First Treatment Demand in Central and Eastern Europe and some other.

The Drug Epidemiology so far has had quite a low number of staff, specifically 3,5 doctors - epidemiologists - and 1 administrative employee.

Its activities are funded first of all from the budget of the Hygienic Station of the City of Prague and then from special purpose grants and subsidies of the Ministry of Health of the Czech Republic. These funds were used not only for need of Drug Epidemiology Centre, but for technical networking among regional hygienic stations as well. Continuity of

future activities, however, might be endangered because of limited budget possibilities of the Hygienic Station of the City of Prague and changing priorities of Ministry of Health's grants.

6.2 Network of partners of the Focal Point

The backbone of the drug information centre consists of 8 regional and 86 district hygienic stations. Starting with 2001 5 new administrative units – regions should be created that will have to be personally and technically equipped to be able to perform tasks resulting from the respective drug information system.

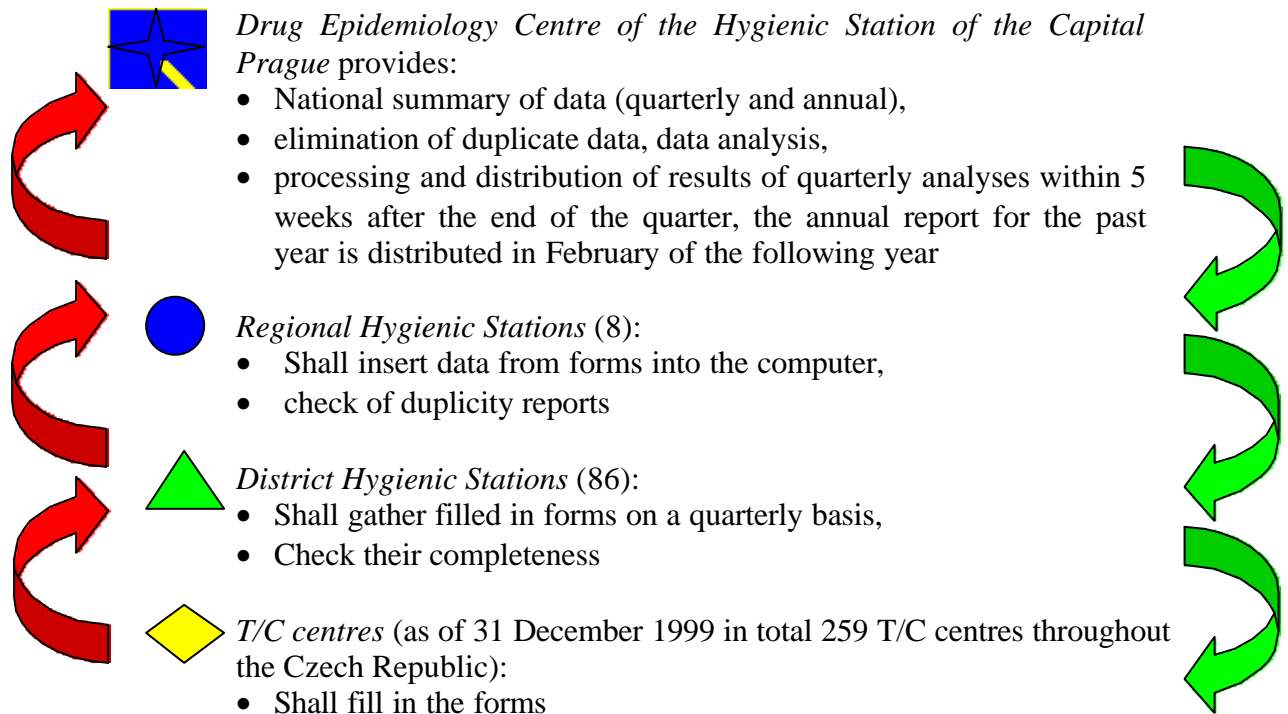
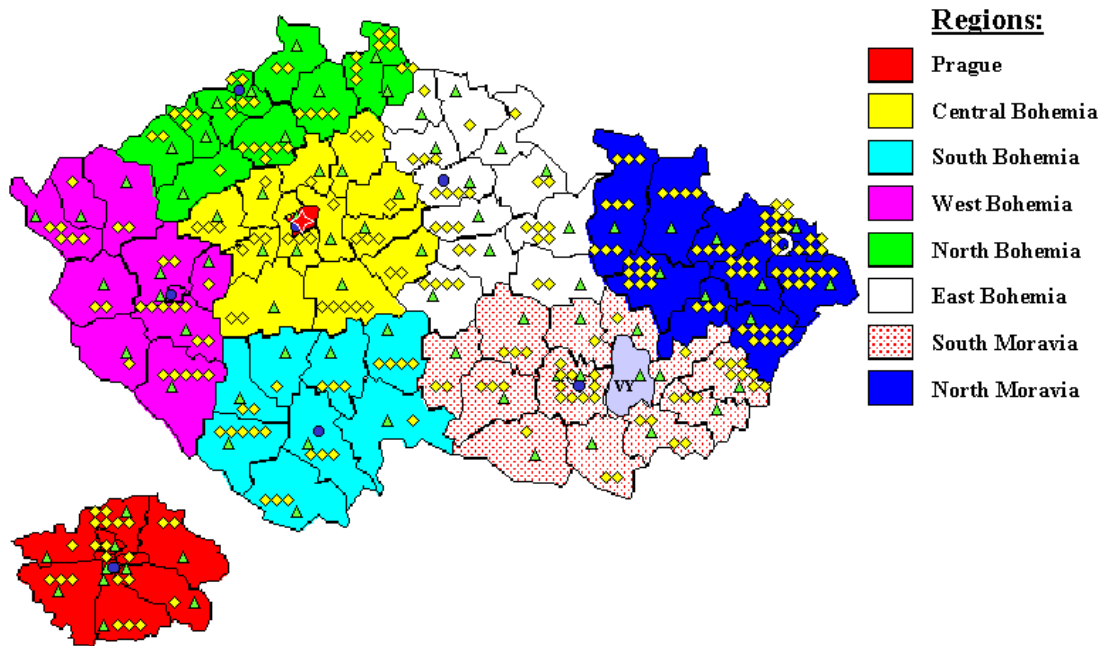
Employees of hygienic stations established co-operation with all facilities and institutions – state and private, medical and non-medical ones that provide medical, consulting and social services to drug users.

These facilities (so called T/C centres) pass to the respective hygienic station as a part of their usual work the information on incidence of problematic drug user (First Treatment Demand) and since 1999 also the information about the prevalence of these users.

This database has been gradually consolidated and regularly updated.

This problematic drug users information system is illustrated on the following figure:

Figure No. 1: Problematic Drug Users Information System (31.12.1999)



The Centre of Drug Epidemiology closely and successfully co-operates with the Health Care Department of the Ministry of Health that manages and co-ordinates Drug Demand Reduction Activities including substitution therapy.

To monitor non-fatal emergencies related to drug use, the sentinel system of regional and university hospitals providing information on number of intoxicated persons on the quarterly basis, on their personal characteristics and kinds of used drug was created.

The information on incidence of viral hepatitis A, B, C among drug users with risk behaviour is gathered through the automated system of obligatory reporting on infectious diseases EPIDAT. It is possible to gather the information on the number of injection drug addicts examined for laboratory markers of viral hepatitis from forms on reported incidence in individual facilities.

The information about the incidence of HIV/AIDS is gathered throughout the whole country, verified and filed in the National Reference Laboratory for HIV/AIDS in the NIPH in Prague.

Co-operation with other sectors – specifically with the Ministry of the Interior, Justice and Education, Youth and Sport – has not been regulated in legislation yet and these sectors provide information in the form of aggregated annual data, however often in non-standard and incomplete form. The willingness to co-operate and exchange information is getting better year by year which was supported by the establishment of a task force for the preparation of the National Report that consists of representatives of these sectors.

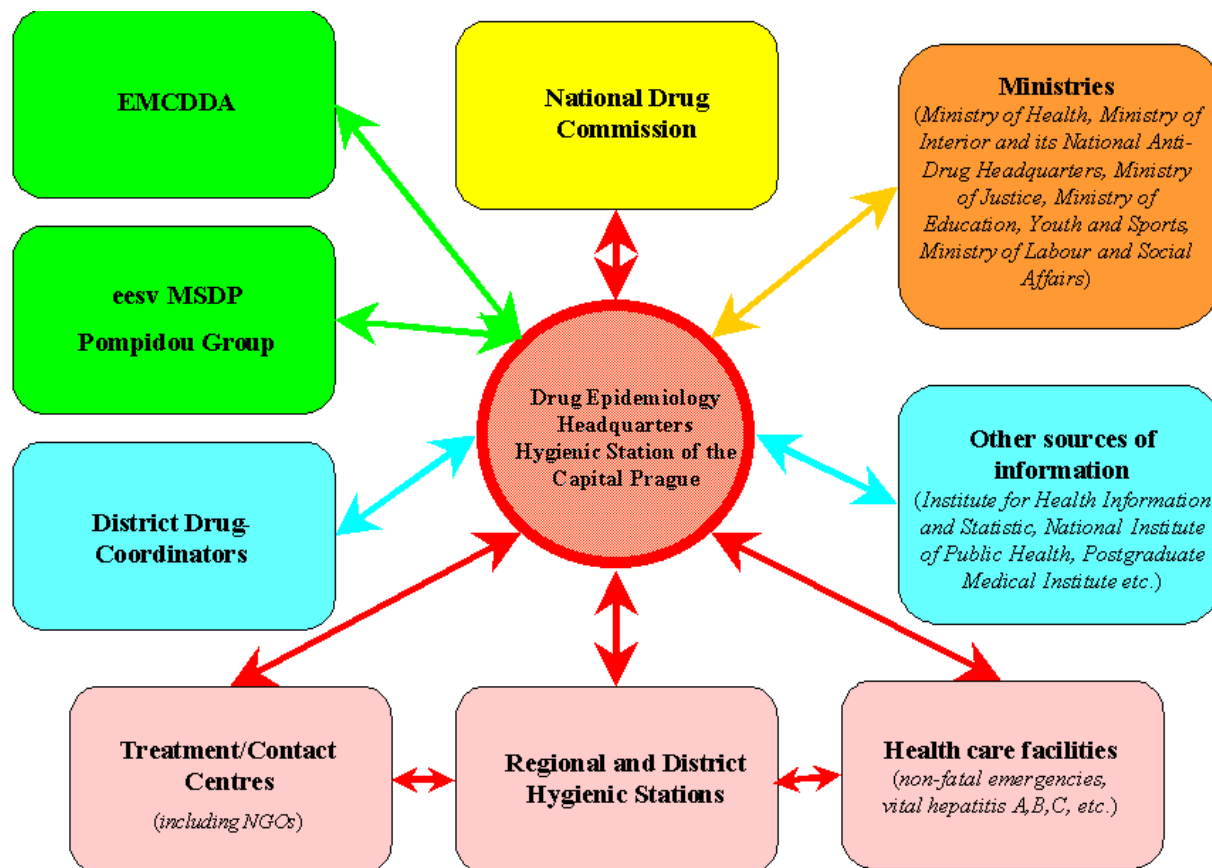
Death certificates are processed nation-wide by the Institute of Health Information and Statistics (IHIS). However these data are incomplete, toxicological examinations are missing and they often do not correspond to the data acquired from the police.

The information on results of local qualitative studies, Harm Reduction Programmes and other studies carried out by different entities in the Czech Republic (such as the State Health Care Institute, Research Psychiatric Institute, research studies carried out by universities etc.) are available on ad hoc basis.

The drug information system network is covered by the National Drug Commission which is responsible for the concept and implementation of anti-drug policy in the Czech Republic (Figure No. 2).

The network of National Focal Point's partners includes pending co-operation with eesv MSDP and newly created contacts with EMCDDA.

Figure No. 2: DIS Network – CR, 1999



6.3 Role of NFP in national monitoring and information systems

Outcomes of the Centre of Drug Epidemiology for DIS in the Czech Republic

- Quarterly standard reports on the incidence of problematic drug users supplemented with:
 - graphical documentation and comments.
- Yearly standard reports on the incidence of problematic drug users supplemented with:
 - graphical documentation and comments,
 - database of T/C centres as of 31 December of the respective year,
 - incidence and epidemiological analysis of the incidence of viral hepatitis A, B, C associated with the drug use,

- incidence and prevalence of HIV/AIDS cases associated with the drug use,
- results of the sentinel monitoring of the incidence of acute intoxication associated with the drug use,
- analysis of the registered death cases associated with the drug use.
- Since 1 January 1999 there was a register of problematic drug users implemented which should provide data on their prevalence.
- Preparation of the National Report on the Drug Situation for EMCDDA.
- Annual Reports Questionnaire for UNDCP.
- Active participation in The Phare Multi-beneficiary Drugs Programme in Central and Eastern European Countries
- An integral part of DIS became representative school surveys conducted on a big sample of young people of the Czech Republic (mainly students of secondary school and vocational training schools) from all regions and these studies are repeated in three-year intervals.
- Presentation of current DIS data through Internet.
- Information for the public and masmedia.

Information outputs are regularly submitted in the standard form to the National Drug Commission, ministries contributing to the solution of drug issues, Parliamentary Health Care Committee, district drug co-ordinators, documentation and information centres, hygienic stations and all T/C centres involved in the drug information system. Through the Health Care Newspaper and other media the general public is informed about the principle findings.

6.4 Other roles and activities of NFP within the Member State

The original DIS primarily focused on monitoring of problematic drug user incidence and efforts were endeavoured to create their register. It does not provide sufficient information or qualified prevalence estimates. Therefore the Drug Epidemiology Centre carried out the nation-wide prevalence study of problematic drug users in 1999 (for the methodology see page 35).

The Focal Point prepares and issues DROGINFO on the quarterly basis (in the scope of 20 - 50 pages) which contains up-to-date information on the drug scene, excerpts from the domestic and foreign literature and occasionally it is supplemented with the results of selected studies or up-to-date information from the field centres. The bulletin is distributed to the drug epidemiology centres at all hygienic stations of the Czech Republic and anti-drug co-ordinators in all districts and cities of the Czech Republic.

The Local Contact Person as a head of the Drug Epidemiology Centre regularly participates in meetings of a group of experts for drug epidemiology at Pompidou Group in Strasbourg and prepares background documents on discussed topics.

To improve the mutual information flow and exchange of know-how in the area of the drug information system, the Focal Point - Hygienic Station of the City of Prague organises each year the two-day seminar for the employees of hygienic stations, district anti-drug co-ordinators, staff of T/C centres and other involved persons and institutions.

7. Developments in Reporting to other International Organisations

The Drug Epidemiology Centre in Prague participates in Phare Multibeneficiary Drug Programme in Central and Eastern European Countries. Within the prepared accession of the Czech Republic to European Union the drug information system is monitored in the Czech Republic in accordance with EMCDDA recommendations and the National Report is prepared each year in line with that.

The delegation of the Czech Republic participated in the activity of the task force that created the new UNDCP questionnaire for unified information system.

NPDC of the Police of the Czech Republic is represented in the following projects:

UNDCP – cross-border co-operation in the area of fight with organised narcotic and psychotropic substance trafficking,

PHARE – exchange of police experts between the member and candidate EU countries,

SEI – task force for dealing with narcotic and psychotropic substances.

An important means for national and international co-operation is the network of centres and specialists communicating via e-mail “*@fad.phare.org” but also the presentation and provision of information of the European Drug Information system via Internet where available current information on the drug scene in Europe can be found on the address <http://www.fad.phare.org/DIS/>. The Drug Epidemiology Centre in Prague managed to create the new, widely conceived and updated homepage of the Czech Republic (with dates from 1998) in the English and Czech version.

PART III EPIDEMIOLOGICAL SITUATION

8. *New Information on Historical Development of Drug Use (since 1990)*

Political and social changes after 1989 dramatically reflected in problems caused by addictive substances from various reasons:

- The Czech currency started to be convertible and became more attractive for international drug trafficking. This probably relates to the fast inflow of heroin in 1990s which was the drug we had an access to just in rare cases.
- The tourism and possibilities of travelling increased which contributed to bigger drug availability.
- The freedom of speech, the interest of media in sensations and extreme attitudes and commercial interests of those who produce and sell legal and illegal drugs led to direct and indirect and to wanted and unwanted promotion of addictive substances.
- Bigger degree of social instability, bigger mobility of labour force, bigger opportunities of career development but also bigger existence risks caused that many parents did not devote so much time and energy to their children as in the past. Smaller supervision from parents and bigger degree of stress generally belong to risky factors of addictive behaviour.
- Efficient strategy of demand reduction for addictive substances (interactive programmes and peer programmes at schools, prevention in families, community based prevention) are introduced very slowly. On contrary a number of widely used processes in this area is obviously completely inefficient.
- The Czech population of teenagers is vulnerable to addictive substances considering high consumption of alcohol which is evidently the most serious gateway drug in the Czech Republic.

In view of the above mentioned we cannot be surprised by dramatic increase in the number of teenagers that have any experience with drugs produced of cannabis but also by the dramatic increase in the number of pervitin and heroin addicts.

New sub-cultures of addictive substance users – e.g. in the area of those who use so called dancing drugs (MDMA, in the Czech Republic pervitin pressed into tablets is pretended to be MDMA). The number of addicts who are interested in the treatment currently significantly exceeds possibilities of treatment facilities and the situation is getting worse.

9. Trends and New Developments in Drug Use

9.1 Drug Consumption in the population

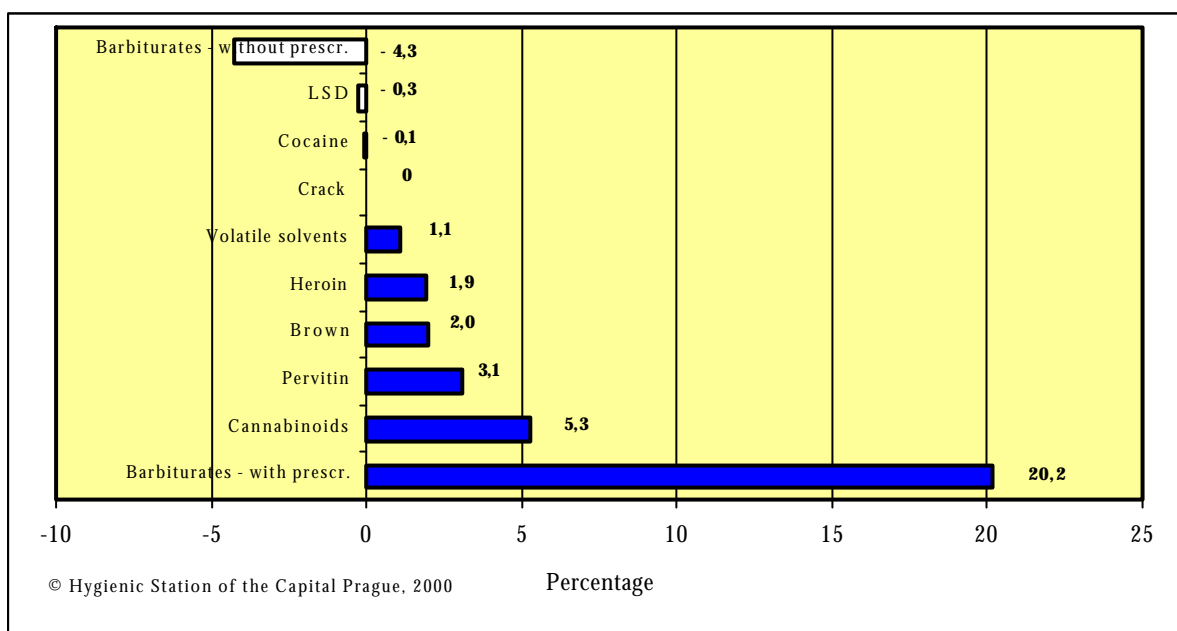
In 1994 the Hygienic service of the Czech Republic carried out a questionnaire survey of the use of psychotropic substances by secondary school students, apprentices and pupils from basic schools (RSS). After three years, i.e. in 1997, this study was repeated but only at different types of secondary schools among students and apprentices between 14 -18. The questionnaire from 1994 was modified so as to provide for the international comparison with ESPAD paneuropean study from 1995 and not to lose the opportunity to monitor changes in time by means of the comparison with the results of the hygienic service study from 1994 and to evaluate the trend in the changes of the drug scene, attitudes and experience of young people with drugs in the Czech Republic during last three years.

In 1999 the comparative study of results gathered in 1994, 1995 and 1997 brought the following conclusions:

- In alcohol as a representative of legally used drugs we did not register any major changes. The number of young people having any experience with illegal drugs increased by six percent within three years (in more risky once by 3%).
- The increase in the number of users and mainly experimenters was registered in six out of ten compared drugs and mainly in the most risky ones, such as barbiturates, pervitin, heroin and brown. The dramatic increase was reported in the number of people experimenting with pervitin and heroin.
- The number of those who say that friends use drugs has increased. The structure of drug use has changed according to individual types of schools. In the group in 1994 illegal drugs dominated among gymnasium students but three years later the experience with them appeared more often among apprentices.

- The number of conflicts and problems with neighbourhood due to drug use increased by more than the number of experimenters and drug users (most often conflicts with parents or police).
- The ability to get drugs increased. Drugs started to become available not only in big cities but their offer has spread all over the Czech Republic. In 1997 more than every third young person was offered any other drug than marihuana while three years earlier it was every fifth person.
- The age level of the first contact with the drug went down. The number of young people who tried the drug in the age of thirteen to sixteen doubled while the number of people over sixteen dropped to one half.
- The number of young people who confessed they use injection application of drugs increased, however, the number of those who share the needle with someone else dropped. In 1997 needle sharing was spread mainly among more frequent users and mainly among boys.
- Changes occurred not only in the sphere of drug use but also in the area of knowledge of their harmfulness. The number of those who consider legal and illegal drugs (marihuana and solvents) harmless increased. The awareness of drug risks is limited by the degree up to which drugs are common in the environment where the young persons live. If he/she has any experience with them, then he/she loses the awareness of their safety.

Figure No. 3: Lifetime Experiences of Students with Drugs
 – *Changes between 1994 and 1997 (in %)*
RSS 1994 and 1999



Generally we can say that:

- In 1990s we noticed the increase in the use of more or less risky drugs by young people in the age of 15 – 18.
- The most wide spread drug is marihuana.
- The share of users of more risky drugs among teenagers is still marginal compared to cannabinoid consumers. However it is alarming that in the majority of monitored risky addictive substances we can see the increase in the number of their consumers.
- The most dramatic increase can be seen in the number of people experimenting with pervitin and heroin.
- The first contact with the drug moves to still younger age.
- Young men often have experience with drugs, the share of girls that got into contact with drugs grows relatively faster.
- The number of young people who personally know drug users goes up. In the environment, where young people live, drugs are still more intensively present, they are its integral part.

- The number of conflicts and problems with the neighbourhood (mainly with parents and the police) due to drug use increased.
- The drug offer goes up more aggressively, it gradually spreads out to smaller cities.

The survey in general population (RGS) "Health and Harmful Habits in 1999" – carried out by the State Health Care Institute in Prague at the end of 1999 – focused on experience of citizens of the Czech Republic with smoking, alcohol drinking and use of narcotic and psychotropic substances.

The data were collected from 1,340 respondents selected via quotas. The group is a representative sample of the population of the Czech Republic in the age between 15 and 64 with respect to sex, age and region. The interpretation of results and their analysis is based on the 1st and 2nd classification degree.

Within the study the respondents were asked about their current experience with illegal drug use. The following drugs were monitored: marihuana, stimulants (e.g. pervitin, amphetamines), heroin or other opiates and hallucinogens of LSD type and ecstasy.

The Czech population most often uses marihuana. This fact is more often reported by men (similarly as in the case of pervitin). Marihuana is also the drug that was used by the majority of respondents more than five times – i.e. repeatedly.

The use of narcotic substances depends on the age. Younger age groups (15 – 24 years old and 25 – 34 years old) significantly more often say they have tried marihuana while age groups over 35 report that significantly less frequently.

The comparison with 1997 shows that no major shifts occurred in the use of narcotic substances among adults.

In 1999 the preparation for the third school survey started and it is focused on the age group of 13 – 18 years old and should be carried out in spring 2000.

9.2 Problematic Drug Use

The basic required data on the incidence of problematic drug users (IPDU) between 1995 and 1999 are provided in the enclosed tables (TREAT-EVOL and TREAT-AN-A).

Besides these basic data on the profile of the problematic drugs users other data are regularly collected and evaluated - see time trends.

To provide for more accurate characteristics of changes in the drug scene other data are monitored which belong among indirect indicators - cases of drug intoxication (non-fatal emergencies), cases of infectious diseases - viral hepatitis and HIV.

Trends of problematic drug use incidence

We are describing the trends of the most important selected indicators monitored with problematic drug users. These are trends of changes in the number of men and women, changes in the age distribution, age of the first drug use, changes in the mutual ratio of used drugs, injection use of drugs with a special focus on heroin and pervitin users and finally changes in the geographical distribution of used drugs.

The Table No. 2 summarises the basic data for four years, characterising the registered problematic users in the Czech Republic.

Table No. 2: Summary - Basic Data for 1995-1999
IPDU, CR 1995 - 1999

	1995	1996	1997	1998	1999
Number of new problematic drug users	2,470	3,252	3,132	3,858	3,891
Incidence for 100 000 inhabitants	23.9	31.5	30.4	37.4	37.7
Specific incidence in 15-19 years olds/100 000 inh.	62.9	78.7	75.1	96.3	99.0
Men / Women Ratio	2.4 : 1	1.9 : 1	1.7 : 1	2.0 : 1	1.9 : 1
Mean Age (in years)	22.8	21.5	20.8	20.6	21.5
Percentage of Users under 19 years	47.2	57.4	54.1	52.4	49.1
Percentage of Injection Users	54.3	56.5	55.0	61.8	64.0
Percentage of Injection Users					
– from all users under 19 years	51.6	53.9	52.1	54.9	52.5
– in all injection users	44.9	54.7	51.2	46.5	40.3
– in all registered users	24.4	30.9	28.2	28.8	25.8
Number of newly registered heroin users (primary and secondary drug)	529 = 21.4%	1,050 = 32.3%	945 = 30.2%	909 = 23.6%	1,094 i.e. 28.1 %
Number of newly registered pervitin users (primary and secondary drug)	1,252 = 50.7%	1,757 = 54.0%	1,946 = 62.1%	2,642 = 68.5%	2,554 i.e. 65.6 %

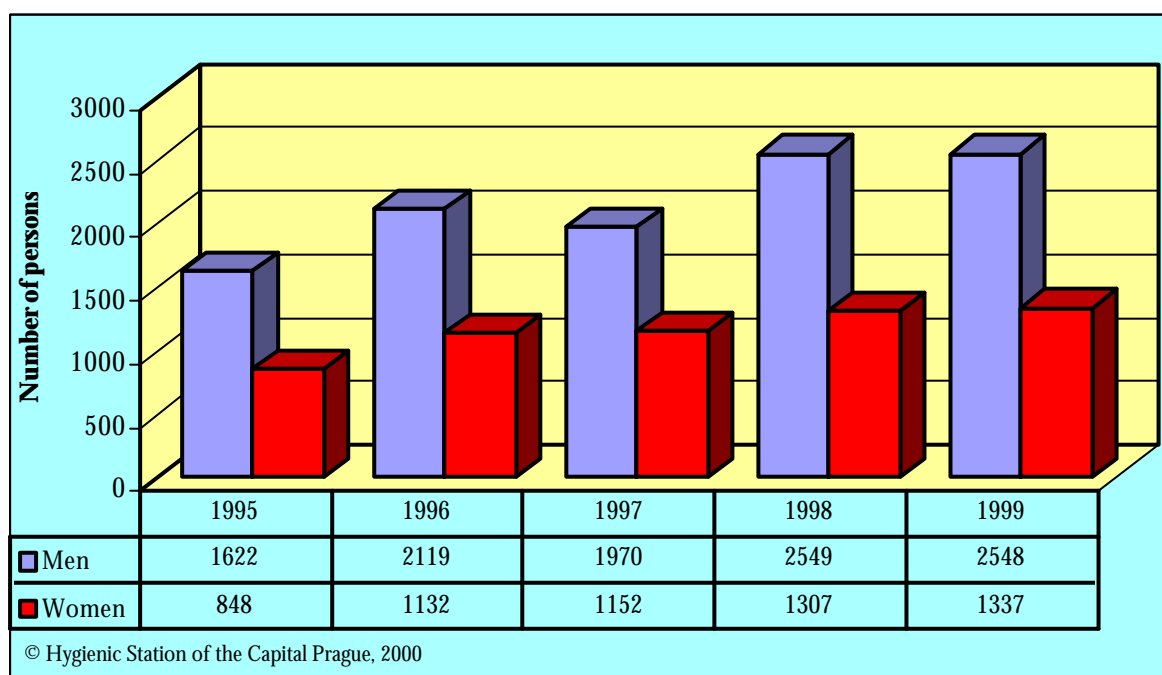
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The total number of newly registered clients in the Czech Republic in 1999 was 3,891 persons, i.e. 37.7/100 000 inhabitants. It can be seen from the summarising Table No. 2 that this was the highest annual incidence since the start of problematic users

monitoring. In total there was 2,548 men and 1,337 women, the overall ratio of affected men and women was 1,9 : 1. The age specific incidence in the age group between 15 - 39 was 3,720 persons, i.e. 99.0 / 100 000 inhabitants. The table shows that the average age of users at the time of their first visit to a T/C centre slightly goes up. At the end of 1999 it was 20.8 years, the share of injection users has increased (64 %).

The Figure No. 4 shows the number of newly registered problematic drug users according to their sex in individual quarters of 1995 - 1999. These numbers range between 600 - 900 cases in individual quarters, the ratio of affected men and women shows the gradual increase in the number of affected women.

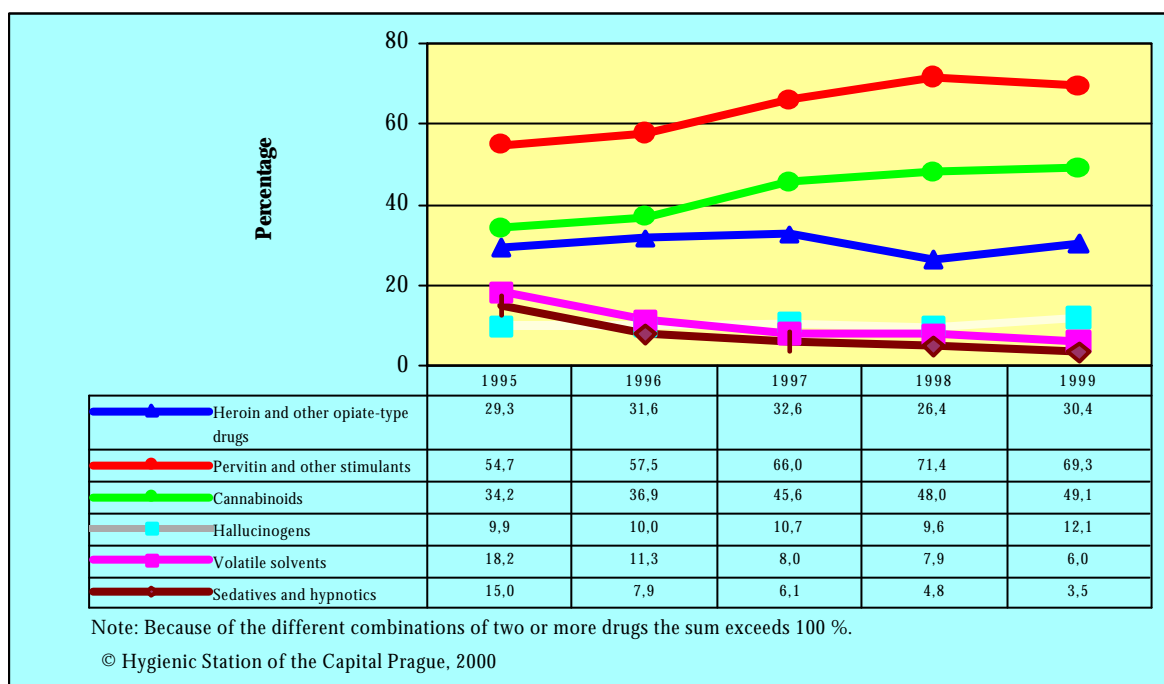
Figure No. 4: Incidence of Problematic Drug Users according to Sex
IPDU CR, 1995 – 1999



The Figure No. 5 shows trends of the mutual ratio of individual groups of used drugs. Many users do not stick to one kind of drug but combine it with other drugs and the figure informs us on the availability and popularity of drugs in our drug scene. (The total exceeds 100% of registered users.) It is obvious that pervitin and other stimulants dominate have an increasing tendency - pervitin users represent almost two thirds of all newly registered users. The dramatic increase in the number of heroin users could be seen from 1995. In the last year number of heroin users exceeded 28 % from all newly

registered users. The permanent increase in the number of newly registered problematic cannabinoid users is significant. In fact it is marihuana which is used as the secondary drug. The percentage of users of other drug groups has a permanent or even slightly decreasing tendency and does not reach 10% of all users.

Figure No. 5: Trends in Proportion of Individual Types of Drugs
IPDU CR, 1995 - 1999



Problematic drug use prevalence

In 1999 the first efforts for problematic drug use prevalence were made – by extrapolation from the reported incidence. It is available nation-wide in quarterly intervals from more than 250 T/C centres from all over the Czech Republic. 54 facilities from all 8 regions of the Czech Republic were identified from this database as key ones for the drug information system in the Czech Republic due to the numbers of newly reported clients in each quarter. Employees of these facilities were asked to report the numbers of all clients who visited their T/C centre in the course of the 2nd half of 1999 or went to hospital in connection with drug use or were included into the substitution programme. Every such identified client was reported just once regardless of the number of his visits in the respective period. Gender and the basic used drug was registered with each client.

Thus the coefficient (multiple) was acquired by which the revealed number of all clients exceeded the reported incidence (First Treatment Demand). The qualified estimate of annual prevalence of problematic drug users in the Czech Republic ranges between 15,248 – 29,112 at 95% reliability interval (RI), i.e. 2.5 – 4.7 / 1000 inhabitants in the age group of 15 – 54 years old.

Estimates of annual prevalence of heroin, pervitin and other drug use as the basic drug are presented in Table No. 3.

We have to stress that average numbers represent the low threshold of estimated prevalence – not only because all problematic drug users will contact the T/C centre for help but also because there are drug users participating in needle and syringe exchange programmes through street-workers that are not registered anywhere. It is probable that the upper ceiling of reported values will be closer to the reality.

The problematic drug user prevalence estimate was also made by the demographic method based on the average treatment time of drug users. The resulting estimated prevalence using this method ranges between 19,500 – 23,350 of problematic drug users.

This method also seems to be undervalued because there is a certain number of drug users who have never been treated and therefore could not be included into the prevalence estimate.

Table No. 3: Estimate Prevalence of Problematic Drug Users according to Primary Drug

CR, 1999

Problematic drug users	Selected T/C centres			Czech Republic				
	2 nd half of 1999			2 nd half of 1999			Estimate year prevalence	
	Incidence	Number of all clients	Index *)	Incidence	Estimate prevalence		by 95% IR	Average
					by 95% IR	Average		
Heroin	306	1,750	5.7	477	1,879 – 3,577	2,700	3,758 – 7,154	5,400
Pervitin	408	2,127	5.2	878	3,178 – 5,970	4,600	6,356 – 11,940	9,200
Other drugs	192	1,334	6.9	545	2,567 – 5,009	3,800	5,134 – 10,018	7,600
Total	906	5,211	5.8	1 900	7,624 – 14,556	11,100	15,248 – 29,112	22,200

*) Index = Number of all clients / notified incidence (First Treatment Demand)

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9.3 Patterns and models of drug use, characteristics of users (for drug consumption and prevalence described in 9.1 and 9.2)

The most serious problem of drug scene in the Czech Republic are heroin and pervitin users. In both of these drugs the injection application prevails and it reached 87% in heroin users and more than 79% in pervitin users where these are the basic drugs.

Characteristics of problematic heroin and pervitin users are listed in the following table:

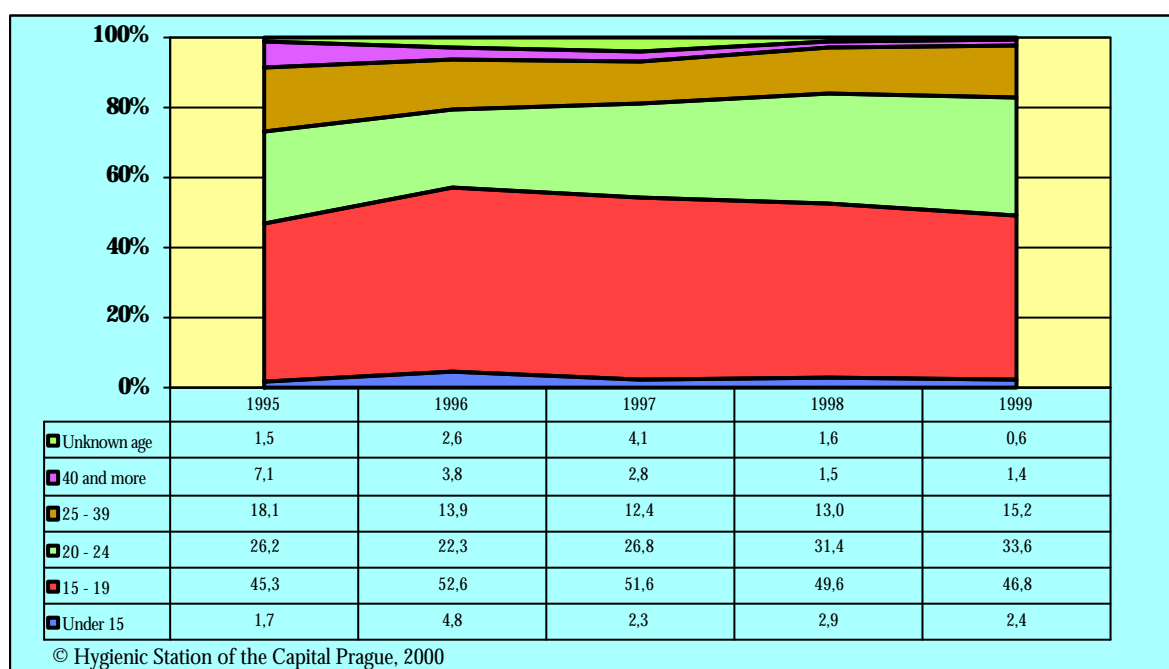
Table No. 4: Current Characteristics of Problematic Heroin and Pervitin Users CR, 1999

HEROIN	PERVITIN
<ul style="list-style-type: none"> • 22% of all problematic drug users, increasing trend 	<ul style="list-style-type: none"> • 53% of all problematic users, increasing trend
<ul style="list-style-type: none"> • ratio of men and women was 2.5:1, increasing share of women 	<ul style="list-style-type: none"> • ratio of men and women was 1.6:1, permanent trend
<ul style="list-style-type: none"> • average age = 21.5 (modus 18) 	<ul style="list-style-type: none"> • average age = 21 (modus 18)
<ul style="list-style-type: none"> • modus of the first use age = 17 	<ul style="list-style-type: none"> • modus of the first use age = 16
<ul style="list-style-type: none"> • injection application - over 87% 	<ul style="list-style-type: none"> • injection application - over 79%
<ul style="list-style-type: none"> • in 36% pervitin is a secondary drug 	<ul style="list-style-type: none"> • almost in 11% heroin is a secondary drug
<ul style="list-style-type: none"> • almost 60% of unemployed 	<ul style="list-style-type: none"> • over 45% of unemployed
<ul style="list-style-type: none"> • almost 18% of students / pupils 	<ul style="list-style-type: none"> • about 30% of students / pupils
<ul style="list-style-type: none"> • the highest incidence - Prague, North Bohemia • the lowest incidence – East Bohemia 	<ul style="list-style-type: none"> • the highest incidence – South Moravia, North Bohemia

The problem of drug use is the most serious among young people which can be demonstrated by the problematic drug user incidence and questionnaire prevalence study.

The most affected age group of problematic drug users in the long-term horizon is the age group of 15 – 19 years old people. Compared to last 2 years we can see a slight shift in the age distribution into the older age group – i.e. 20 – 24 years old people (Figure No. 6). In 1999 the share of newly registered problematic drug users under 19 was almost 50% out of all drug users.

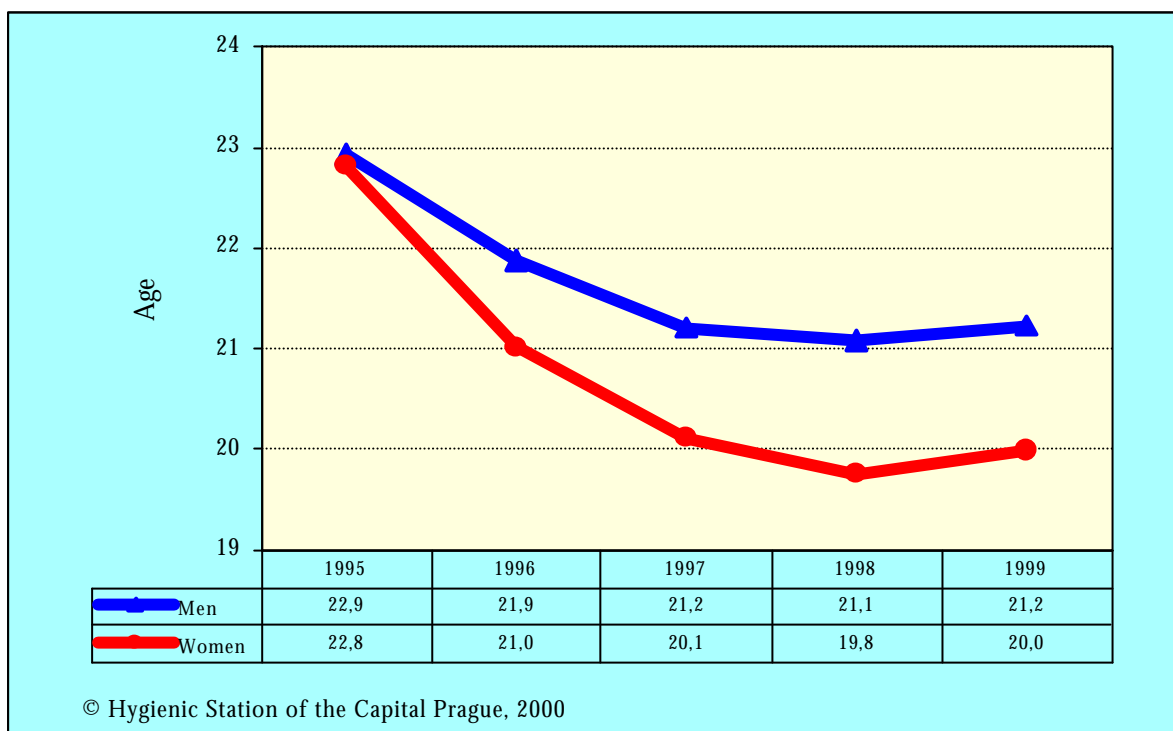
Figure No. 6: Trends of the Proportion of Drug Users Age Groups
IPDU CR, 1995 – 1999



If we look at the long-term development in the use of individual drugs in the group of 15 - 19 years old people we see that the number of pervitin users constantly increases and in heroin after the temporary drop we can see repeated increase in the share of users.

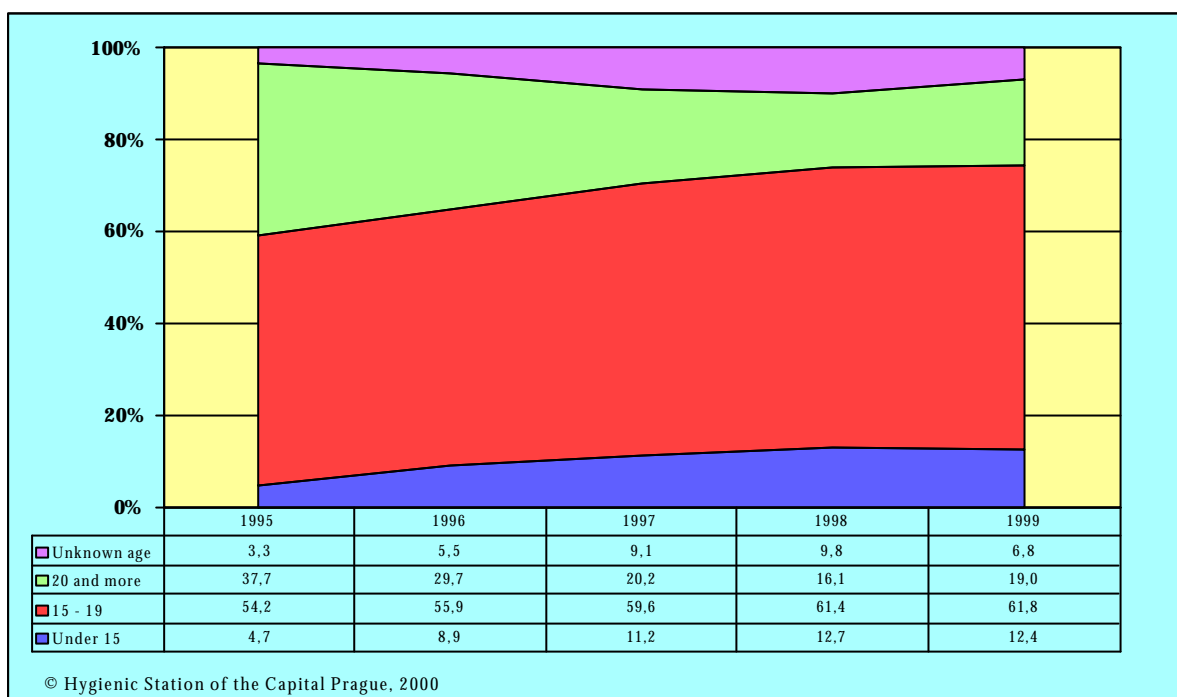
During the monitored period the average age of men dropped by more than 3 years and the average age of women dropped by more than 2.5 years (see the Figure No. 7). It seems that the decrease of average age of newly registered problematic drug users in the Czech Republic has stopped in the year 1999.

Figure No. 7: Trend in Average Age according to Male and Female
IPDU CR, 1995 - 1999



The age of the first use of the basic drug has the permanently decreasing trend. Figure No. 8 contains very important information. It shows trends of share of age groups according to the age of the first drug use. More than three quarters of all newly registered users started to use drugs before they were 19 and the figure of more than 12% of users who started to use drugs before they were 15 is really alarming.

Figure No. 8: Trend of the Proportion of the Age of First Drug Use
IPDU CR, 1995 – 1999



The drug related health risk is often intensified by the risk behaviour during injection application without keeping aseptic principles and often with sharing the needles and syringes. In 1999 there were 2,377 injection primary drug users among 3,891 newly registered problematic users and other 113 used this method for the application of the secondary drug while using the different method for primary drug application (IPDU). The percentage of injection drug users exceeded 64% of all newly registered drug users (61.8% in 1998).

The injection application significantly dominates with heroin and pervitin (Table No. 5). The absolutely highest numbers of injection users were in the age group of 15 - 19 year olds.

**Table No. 5: Route of Application of Primary Drug by Groups of Drugs and Sex
IPDU, CR - 1999**

Group of Drugs	Application															Total		
	Injection			Smoking			Oral			Inhalation			Other/Unknown					
	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T
Heroin and other opiate-type drugs	536	212	748	45	21	66	9	1	10	24	12	36	7	2	9	621	248	869
Pervitin and other stimulants	981	633	1619*	15	8	23	24	22	46	214	132	346	20	10	30	1254	805	2064*
Cannabinoids	*	*	*	460	180	640	3	1	4	2	0	2	0	2	2	465	183	648
Hallucinogens	*	*	*	*	*	*	30	13	43	*	*	*	1	0	1	31	13	44
Volatile solvents	*	*	*	*	*	*	2	0	2	122	42	164	*	*	*	124	42	166
Sedatives and Hypnotics	3	4	7	0	1	1	20	34	54	*	*	*	*	*	*	23	39	62
Other Drugs, Medicaments	*	*	*	*	*	*	9	6	16*	1	0	1	2	0	2	12	6	19*
Unknown	3	0	3	*	*	*	*	*	*	*	*	*	15	1	16	18	1	19
Total users	1523	849	2377*	520	210	730	97	77	175*	363	186	549	45	15	60	2548	1337	3891*

* By 6 problematic drug users his/her sex is not known.

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Among all 1,911 users under 19 there were 1,061 injection users which is 55,5% in this age category (Table No. 6).

**Table No. 6: Injection Drug Users by Age – 1998 and 1999
IPDU, CR - 1999**

Age Group	1998					1999					Change in Proportion of Injection Drug Users 1998/1999 (%)
	Injection Users		Total Injection Drug Users	Number of Users in 1998		Injection Users		Total Injection Drug Users	Number of Users in 1999		
	Primary Drug	Other Drug		Total Number of Users	% of Injection Users	Primary Drug	Other Drug		Total Number of Users	% of Injection Users	
Under 15	19	1	20	112	17,9	10	0	10	92	10,9	- 7,0
15 - 19	1021	69	1090	1911	57,0	994	57	1051	1819	57,8	+ 0,8
20 - 24	812	57	869	1212	71,7	935	39	974	1308	74,5	+ 2,8
25 - 39	327	18	345	505	68,3	409	17	426	593	71,8	+ 3,5
40 and more	19	2	21	58	36,2	11	0	11	55	20,0	- 16,2
Unknown	31	9	40	60	66,7	18	0	18	24	75,0	+ 8,3
Total	2229	156	2385	3858	61,8	2377	113	2490	3891	64,0	+ 2,2

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The important finding is the fact that the injection drug use is linked to further risk behaviour, i.e. syringe and needles sharing during their application (Table No. 7). It is most frequent in the age group of 15 – 19 (47,7%), but in comparison with previous year the percentage of sharing has decreased (52,2% in 1998).

Table No. 7: Sharing of Injection/Needles among Injection Drug Users according Age Groups

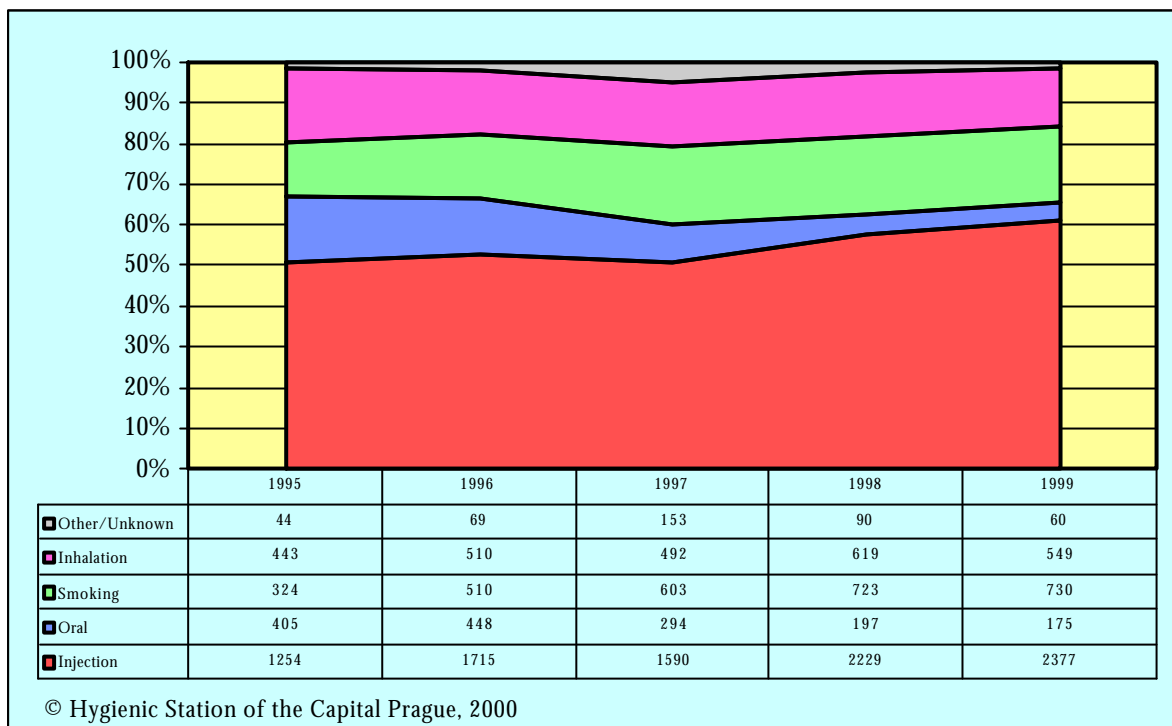
IPDU, CR - 1999

Age Group	Number	% of users sharing injection/needles
Under 15	1	0,2
15 - 19	210	47,7
20 - 24	159	36,1
25 - 39	67	15,2
40 and more	2	0,5
Unknown	1	0,2
Total	440	100

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The Figure No. 9 shows trends in the basic drug method application in the case of newly registered problematic drug users between 1995 – 1999. We can clearly see the gradual increase in the injection application which is related to the change in the spectrum of used drugs in which the number of heroin and pervitin users grows. Up to a certain degree we can also notice gradual increase in the number of problematic users preferring drug smoking.

Figure No. 9: Route of Application of Primary Drug Groups
IPDU CR, 1995 - 1999



9.4 New user groups, new drugs, new drug use patterns

In pervitin application which was almost exclusively applied by injections we can see the increase in the share of less risky application by drug inhalation in last two years.

In heroin we can notice another significant change. Highly concentrated heroin started to appear in our market and after its application the high occurrence of overdose was reported. Another change is an offer of water soluble salts that make injection application easier. Most often it is hydrochloride the concentration of which is often up to 90% in the street sale that causes frequent deaths due to overdose.

We believe this is a consequence of involvement of other entities into the international heroin trade.

Changes can be also seen in the perception of the involvement of Vietnamese people in the illegal narcotic and psychotropic substance trafficking when just few heroin dealers were identified. The heroin origin sold by the Vietnamese has not been detected yet. This was highly concentrated heroin different from that one coming from the golden triangle and transported into the Czech Republic along the Balkan route. The origin from the golden triangle was not confirmed or eliminated. Another possibility is the production in

the area of Central Asia, processing in different laboratories and different manner than heroin transported via Turkey. Another probability is the involvement of Russian speaking criminal groups that transport heroin from the classical production territory via Central Asian republics and then via the Russian Federation, the Ukraine or Belorussia to Poland or Slovakia and Czech Republic to the west. Intensive works are pending to reveal the origin of this heroin.

Anecdotic reports point to the increasing availability and use of ecstasy and other so called “dancing drugs” but the objective verification of this fact is missing. The drug information system covers the incidence of problematic drug users but ecstasy consumers usually do not belong to them and therefore only the data from the questionnaire study carried out among young people are available. From these data we can see slight increase in the number of young men having the experience with ecstasy but their share in the group of young people is neglectable.

Questionnaire studies also show the change of the structure of the group of young drug users: In mid-1990s gymnasium students mostly had an experience with drug use but three years later the share of this group went down and apprentices from secondary apprentice training centres mostly had a drug experience.

9.5 Health consequences and risk behaviour

Treatment demand

The information on patients treated in connection with the drug use is get from the Institute of Health Information and Statistics (IHIS) which, however, disposes only of the data from the health care facilities (psychiatric wards) whether state or private, but data from the non-medial facilities are missing.

The above mentioned data from IHIS have several other shortages. Not only are they incomplete, but they have two-year delay because they are measured mainly on the monitoring of the number of activities and they are loaded with double-counting.

This problem should be solved by introducing by state-wide register of problematic drug users.

The existing drug information system monitors the incidence of problematic drug users (First Treatment Demand) – See Table TREAT-EVOL(B) and Chapter 9.2.

Drug-related deaths

Collection of data on drug related deaths is very difficult. There are many sources that, however, do not provide clear and complete information on this problem. The source of data can be death certificates, police statistics but also data from the area of legal medicine and pathological anatomy. Difficult comparability of data and their collection does not enable to assess this issue.

The monitoring system of drug related deaths has not been created yet and collected data reflect just a certain part – within drug related intoxication monitoring. The hygienic service registers each year several cases that ended with death of intoxicated person (*Tables MORT-A-1, MORT-A-EVO*).

The total number of deaths revealed by this method is 15 (in 1998 in total 22 cases). Four deaths were reported in Prague (3 persons resided in Prague in Central Bohemia), one death was reported by the Central Bohemia region (the person resided in this region), 9 deaths in Northern Bohemia (all resided in Northern Bohemia) and one death in Northern Moravia (resided in the reporting district).

In total 13 men and 2 women died. The most frequent reason was heroin overdose – 9 cases, i.e. 60%. Opiates caused 73.3% of all deaths. Pervitin and toluene caused 2 deaths each (i.e. 13.3% of reported cases each).

According to age groups 5 people were under 19 years old, 7 between 20 and 24 years old, only 3 persons between 25 and 39 years old (2 deaths caused by pervitin and 1 by toluene).

For the first time we have results of work of the investigator from the Investigation Office of the City of Prague providing information on the number of deaths registered by the Police of the Czech Republic caused due to drug use in Prague in the course of 1999 (*Tables MORT-A-1/2*). These people did not get into the medical facility or T/C centre that would register drug related intoxication and death. Cases of these deaths are reported in the statistics of the dead people in IHIS but the information which would point to the relation between the death and the use of drug is missing. This fact will be the subject of other efforts for more accurate mutual information flow between the police and health care sector.

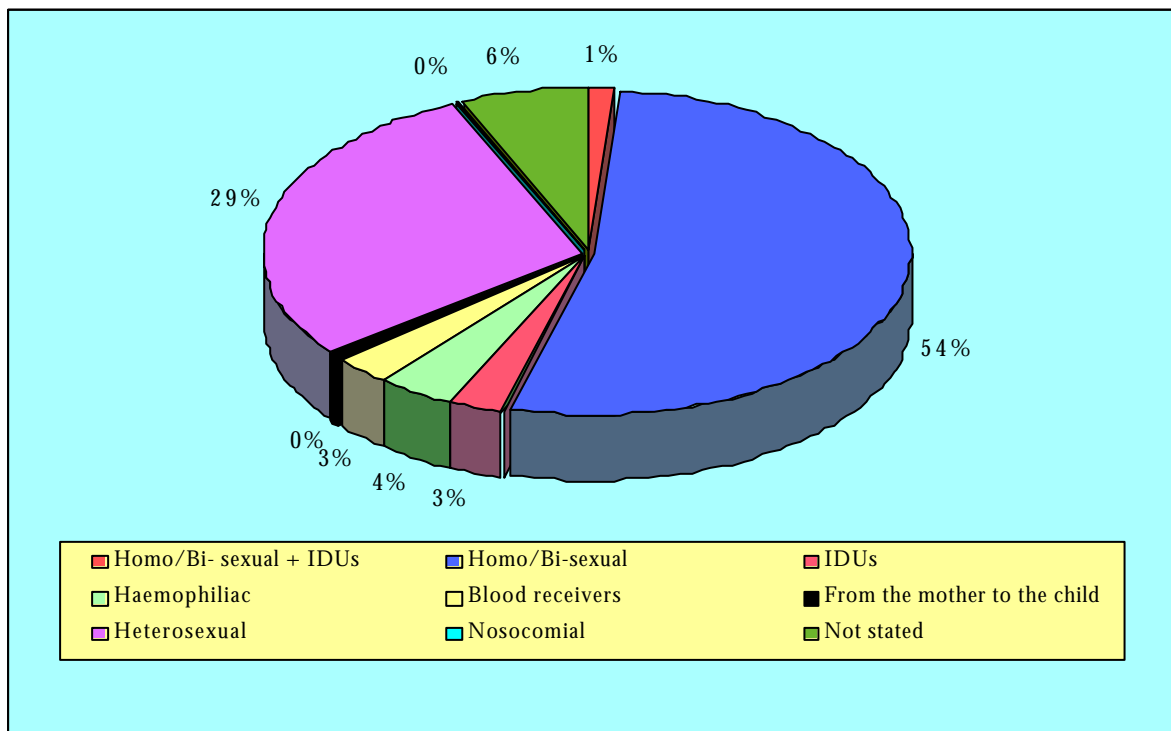
*Drug-related infectious diseases***HIV infection**

The total number of registered cases of HIV infection was 442 cases in the Czech Republic as of 31 December 1999, out of which 134 infected people have already AIDS.

The changes in the mode of the HIV infection transmission continue. The main way of the transmission is sexual intercourse. In total more than 80% of all diagnosed infections were transmitted through sexual intercourse in 1999. Over 54% of them was homo-/bisexual intercourse, almost 30% heterosexual intercourse where we can notice slightly increasing tendency. The new trend is the HIV infection transmission among homosexual male prostitutes.

In 1999 there was no new case of HIV infection registered with the injection drug users. As of 31 December 1999 there were 13 HIV positive injection drug users registered in total in the Czech Republic (with 2 of them AIDS has manifested) and further 5 cases in the category „Homo/Bisexual + IUD“ where mode of transmission cannot be clearly determined (Figure No. 10, Table No. 8).

Figure No. 10: HIV+ in the CR according to the Mode of Transmission
Cumulative data to 31.12.1999 – NRL AIDS, NIPH



**Table No. 8: Notified Cases of HIV and Cases of AIDS
CR 1990 - 1999**

Year	HIV +		AIDS	
	Total	Injection drug users *)	Total	Injection drug users
Up to 1990	107	0	20	0
1991	12	1	2	0
1992	24	0	9	0
1993	27	1	15	0
1994	38	2	12	2
1995	40	2	13	0
1996	50	1	19	0
1997	63	3	20	0
1998	31	3	8	0
1999	50	0	16	0
Total	442	13	134	2

*) + 5 cases of IDU/homo/bisex

According to the information of the National Reference Laboratory for HIV/AIDS 345 drug addicts (219 men and 126 women) were examined in 1999 within the one time study (saliva sampling) and 1 case of HIV positive men was revealed in the category “homo/bisexual and injection drug user”.

In the systematic study in several T/C centres 1,219 drug addicts were examined in 1999 and no case of HIV+ was revealed. In the course of usual screening of injection users in different laboratories 2,320 persons were examined, out of whom HIV infection was revealed in two cases (1 injection user, 1 homo/bisexual and injection user) who had been identified before.

Viral hepatitis A, B, C

The Table No. 9 shows the incidence of viral hepatitis in the Czech Republic between 1996 to 1999 which specifies the numbers and percentage of persons with risk behaviour which provided for the infection transmission with high probability. Including hepatitis A, where the risk behaviour is considered the sharing of the dining sets between persons living in unsuitable hygienic conditions and using drugs. Trend of hepatitis C is rapidly increasing and practically most of cases are diagnosed in IUDs.

**Table No. 9: Viral Hepatitis Type A, B, C
CR, 1996 – 1999**

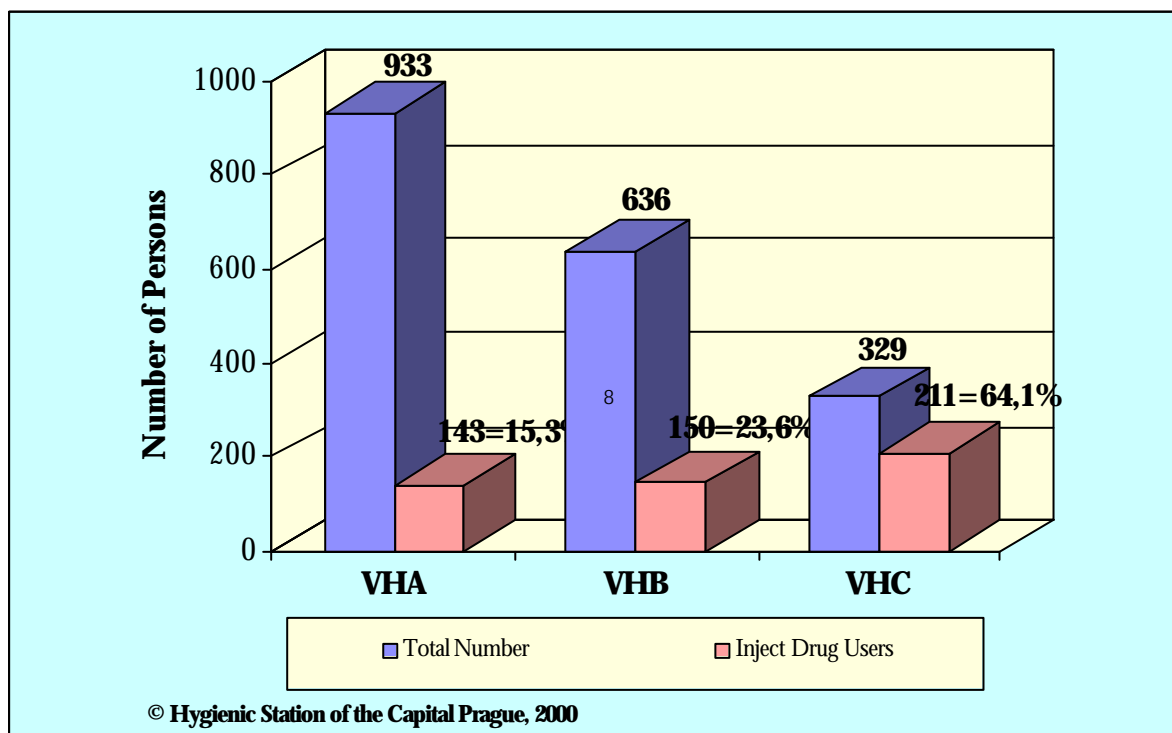
	1996			1997			1998			1999		
	Total	Risk behaviour	%	Total	Risk behaviour	%	Total	Risk behaviour	%	Total	Risk behaviour	%
Viral hepatitis type A	2,086	145	7.0	1,187	212	17.9	904	213	23.6	933	143	15.3
Viral hepatitis type B	680	39	5.7	557	46	8.3	575	131	22.8	636	185	29.1
Viral hepatitis type C	281	102	36.3	220	116	52.7	319	209	65.5	329	221	67.2

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The share of injection drug addicts in the total number of reported viral hepatitis A, B, C in the Czech Republic in 1999 is shown in the Figure No. 11.

Figure No. 11: Viral Hepatitis A, B, C – Proportion of Inject Drug Users from all Reported Cases

CR, 1999



Non-fatal emergencies

Within PHARE project called Non-fatal Emergencies, the incidence of acute intoxication of in-patients, caused by drugs, is monitored in the selected sentinel network of regional and university hospitals.

In 1999 there were 999 cases reported against 1,098 cases in 1998, 999 cases in 1997, 885 cases in 1996 and 489 cases in 1995.

The drop in the revealed cases of intoxication by sedatives, hypnotics, barbiturates and benzodiazepins is probably caused by the impact of unified methodology of data collection when it is possible in larger scope to detect drug intoxication while eliminating suicides from the statistics. The drug scene (and thus intoxication) has an impact on younger age groups, the most widespread drug is pervitin and heroin, sedatives and hypnotics appear rather as the second drug, as a substituting drug or as a means to overcome or mitigate withdrawal symptoms.

Compared to previous years heroin became the cause of intoxication No. 1 in the Czech Republic – 27.5% (19.1% in 1998) out of all types of trapped intoxication (Table No. 10). Together with other opiates it caused 29.1% - men prevail among affected persons (over 75% of cases, only 70% in 1998). Pervitin as the most widespread substance from psychostimulancia caused 16.5% of intoxications – which is 1.1% increase compared to 1998; all psychostimulating drugs caused 17.4% cases of intoxication; but the share of women fell from 42% to 36% compared to 1998.

Sedatives and hypnotics as originators of intoxication hold the third place with 14.7% and together with barbiturates and benzodiazepins they caused 21.8% of reported drug intoxication. Affected persons include predominantly women as 70% of women were intoxicated by benzodiazepines.

Table No. 10: Intoxications Caused by Drugs according to Primary Drug and Sex, CR – 1999, Sentinel study

Primary drug	Men		Women		Total	Percentage from all cases
	Number	%	Number	%		
Heroin	195	75,3	64	24,7	259	27,5
Morphine	*	*	1	100	1	0,1
Codeine	*	*	1	100	1	0,1
Other opiate-type drugs	10	76,9	3	23,1	13	1,4
Amphetamine	4	80,0	1	20,0	5	0,5
Pervitin	99	63,9	56	36,1	155	16,5
Ecstasy	*	*	1	100	1	0,1
Speed	*	*	1	100	1	0,1
Cocaine	*	*	2	100	2	0,2
Marihuana	39	84,8	7	15,2	46	4,9
Hashish	5	100	*	*	5	0,5
Barbiturates	5	55,6	4	44,4	9	1,0
Benzodiazepins	17	29,8	40	70,2	57	6,1
Sedative, hypnotics	54	39,1	84	60,9	138	14,7
LSD	5	71,4	2	28,6	7	0,7
Psilocybin	6	100	*	*	6	0,6
Datura species (Durman)	4	100	*	*	4	0,4
Toluene	26	78,8	7	21,2	33	3,5
Other solvents	21	80,8	5	19,2	26	2,8
Other drugs, medicaments	64	39,0	100	61,0	164	17,4
Unknown	5	62,5	3	37,5	8	0,9
Total	559	59,4	382	40,6	941	100

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The largest number of tracked intoxication appears in the group of 15 – 19 and 20 - 24 years old people. 4 new born children of addictive mothers were registered in the group of children under 15 years old.

More than one third of intoxication cases was a consequence of injection drug application. This mainly applied to heroin (91.5% of all heroin intoxication cases) and pervitin (73.3%

of pervitin intoxication cases). Unemployed people dominate among heroin and pervitin intoxicated people.

15 cases of drug intoxication resulted in the death of the addict. The largest number of deaths – 9, i.e. 60%, was caused by heroin. Opiates caused in total 73.3% of all deaths. Two deaths were caused by pervitin and toluene (i.e. each drug caused 13.3% of cases of reported deaths.)

9.6 Legal consequences

The total number of culprits accused in accordance with Sections 187, 1888 and 188a of Criminal Code (illegal production of narcotic and psychotropic substances and their trafficking, drug addiction promotion) was 1,650 persons (1,954 persons were prosecuted). The annual increase in the number of culprits was 1.08 multiple (in prosecuted persons 1.10 multiple) which represents significant slow-down in the annual increase compared to the previous year where this increase was approximately one-third.

The number of culprits accused in accordance with newly introduced Section 187a of Criminal Code (holding of narcotic and psychotropic substances for user's personal needs) was 115 in 1999 (130 persons were prosecuted).

The total number of persons condemned for drug related crimes in 1999 (Sections 187, 187a, 188 and 188a) is 891 persons which represents 1.4% of all condemned. In all, especially property and violent crimes, the influence of narcotic and psychotropic substances was revealed in 394 out of 62,595 condemned people, i.e. in 0.6%, while alcohol influence in 3,429 persons, i.e. in 5.4% of all cases.

Pursuant to Section 187, 188 and 188a of Criminal Code 873 persons were condemned in 1999 which represents 1.09 multiple annual increase similar to the number of the accused.

Pursuant to Section 187a 18 persons were condemned. The difference between the number of accused and the number of condemned pursuant to Section 187a is significant (the average time of the criminal proceedings does not exceed two months in these cases), nevertheless at the relatively small number of condemned and without more detailed analysis of individual cases we cannot evaluate the impact of this legislative change on the criminal justice practice.

The development of the total number of persons condemned for drug related crimes (Sections 187, 187a, 188 and 188a) between 1992 and 1999:

Year:	1992	1993	1994	1995	1996	1997	1998	1999
Number of condemned	46	73	136	162	334	419	802	891

The 1999 data provide the following picture of the structure of persons condemned for drug related crimes:

- the share of condemned culprits of drug related crimes represented 1.4% out of the total number of all condemned persons in the respective year,
- recidivists represented 12.1% in drug related crimes while the share of recidivism in the criminal activity in general was 15.8% in 1999
- the condemned consisted of 11.6 % of women which represents two percent increase against the previous year,
- 21% of juveniles,
- suspended and other sentences (63%) prevailed over unsuspended imprisonment (37%),
- treatment was imposed in 56 cases.

9.7 Drug markets (supply and availability, market indicators)

The situation in the Czech Republic in the area of illegal drugs is currently with few exceptions fully comparable with the situation in countries that were several decades ahead of us few years ago.

At the moment fully developed drug scene works in the Czech Republic. Heroin supplies transit via the Czech Republic from the Near and Far East, cocaine supplies from Latin America, cannabinoid supplies from Near and Middle East and from Africa. The Czech Republic is the target country for all kinds of narcotic and psychotropic drugs with the exception of crack. The Czech Republic strongly participates in the illegal drug

production and transportation, illegal production of and trafficking in precursors, in money laundering from illegal drug trafficking.

Drug users in the Czech Republic are children in the age of 13, they experiment for the first time with heroin and acquire the first experience with intravenous application.

The increase in the number of persons using heroin has remained stable in last two years, it has not proceeded so dynamically.

A number of legal measures was adopted that focused on the limitation of drug offer, punishing money laundering from drug trafficking. The Government passed the Concept of the Fight Against Drugs until the Year 2000.

Summary of basic characteristics of our drug scene fully remains valid:

- existence of open drug scene
- existence of permanent customer base of heroin users
- fashion wave of so called disco drugs
- use of drugs in all regions of the Czech Republic
- practically dissolved communities of heroin substitute users (so called „brown“)
- settlement of drug trafficking organisers of international importance.

In several aspects the drug scene in the Czech Republic remains to be highly problematic:

- in view of their price drugs are relatively highly available
- the age level of youth experimenting with hard drugs is extremely low
- the share of injection heroin users is about 85%
- high share of first users starting with the "hard" drug.

The following specifics apply to the Czech Republic in the long-term horizon:

- low demand for cocaine
- practically zero representation of crack (the police did not stop any dose)
- significantly high share of drug addicts misusing volatile solvents.

The following characteristics are typical for the drug trafficking in the Czech Republic:

- high involvement of foreign citizens into narcotic and psychotropic substance trafficking, especially in larger scope
- high involvement of Romanians in the street drug trafficking
- high involvement of persons under 15 years old in the street drug trafficking
- so far relatively low violent and property criminality.

The share of persons committing the crime pursuant to Section 187a, i.e. mere holding of narcotic and psychotropic substances for their own needs ranges each year around 6% out of all drug related crimes. This clearly destroys the view that the police will abuse this provision of the Criminal Code to improve the statistics on the police efficiency.

Another big change is the adoption of the law on addictive substances which replaced the old and for a long time unsuitable governmental regulation from 1988. The problem is the fact that drugs and pharmaceuticals containing ephedrine, pseudoephedrine and generally all precursors are freely sold in pharmacies. This is abused by domestic pervitin producers who use this relatively easily available source for the drug production for themselves and for wide distribution. In co-operation with the independent Inspectorate of Narcotic and Psychotropic Substances of the Ministry of Health the amendment to the law is being prepared which would address this problem.

In the course of 1999 we could see dramatic increase in the amount of seized drugs in the Czech Republic in the whole spectrum. It is worth mentioning that 108,4 kg of heroin, 140,8 kg of Cocaine and 111,2 kg of Cannabis herbal (See Table SE-B) was seized.

In last two years prices of individual kinds of drugs at street level remained practically the same. For the first time in 1999 we have data available on drug purity at street level (See Table PR-PU).

9.8 Social problems linked to drugs

Some conclusions may be deduced from the routine monitoring of problematic drug users (IPDU).

Almost 2/3 of problematic users live with their parents. Over 17% of problematic users live alone or with the partner, 2,8% were ranked among homeless (Table No. 11).

However this information is not available with a relatively high percentage of users but we can assume that this group will expand the share of homeless.

Table No. 11: Current Living Status

IPDU, CR - 1999

	Number	%
Alone	305	7.8
With parental family	2,532	65.1
With friends	195	5.0
With partner	384	9.9
Temporary/Homeless	109	2.8
Other	189	4.9
Unknown	177	4.5
Total	3,891	100

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More than 14% of the newly registered problematic drug users lived in the joint household with another drug user (increasing trend: 11% in 1997, 14% in 1998) - Table No. 12.

Table No. 12: Living with Drug Misusers – by Regions

IPDU, CR - 1999

Region	Yes		No		Unknown		Total
	Number	%	Number	%	Number	%	
Prague	41	9.8	274	65.7	102	24.5	417
Central Bohemia	49	11.1	364	82.4	29	6.6	442
South Bohemia	38	12.2	230	74.0	43	13.8	311
West Bohemia	52	19.7	178	67.4	34	12.9	264
North Bohemia	138	17.8	544	70.0	95	12.2	777
East Bohemia	27	14.7	149	81.0	8	4.3	184
South Moravia	165	20.5	563	70.1	75	9.3	803
North Moravia	82	11.8	518	74.7	93	13.4	693
Czech Republic	592	15.2	2,820	72.5	479	12.3	3,891

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PART III EPIDEMIOLOGICAL SITUATION

Only 2.3% of problematic users newly registered in 1999 were of the different nationality than Czech. With 1.8% the nationality is not available. Foreigners represent in the registered new problematic drug users only 2.3%.

The information concerning the job of problematic users is important (Table No. 13). Almost 43% are unemployed or work just temporarily (increasing trend: more than 35% in 1997, almost 40% in 1998). More than 33% are pupils or students and only 15.2% had the regular job (decreasing trend: 17.7% in 1997). In 1999 the monitoring of job characteristics was expanded by the category “retired” (including invalids). More than one half of 19 reported clients (11 problematic drug users) in the age between 20 and 39 fell into this category and we can expect their invalidity is related to drug use. The highest share of drug users who are without jobs or have just a temporary job is among heroin users (60%) and pervitin users (over 45%). The most often drugs of pupils and students are solvents, cannabinoids and hallucinogens. Persons with the regular job more often use other drugs and pharmaceuticals and sedatives with hypnotic drugs.

Table No. 13: Groups of Primary Drugs Classified according to Employment of the User

IPDU, CR - 1999

Group of Drugs	Regular employment		Unemployed /Casual work		Student / Pupil		Pensioned (incl. disability p.)		Other		Unknown		Total
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	
Heroin and other opiate-type drugs	136	15.7	509	58.6	154	17.7	7	0.8	25	2.9	38	4.4	869
Pervitin and other stimulants	331	16.0	933	45.2	613	29.7	4	0.2	86	4.2	97	4.7	2,064
Cannabinoids	89	13.7	144	22.2	374	57.7	*	*	17	2.6	24	3.7	648
Hallucinogens	3	6.8	13	29.5	26	59.1	*	*	*	*	2	4.5	44
Volatile solvents	7	4.2	43	25.9	107	64.5	2	1.2	5	3.0	2	1.2	166
Sedatives and Hypnotics	18	29.0	21	33.9	8	12.9	5	8.1	8	12.9	2	3.2	62
Other Drugs, Medicaments	4	21.1	6	31.6	6	31.6	1	5.3	1	5.3	1	5.3	19
Unknown	4	21.1	2	10.5	1	5.3	*	*	*	*	12	63.2	19
Total users	592	15.2	1,671	42.9	1,289	33.1	19	0.5	142	3.6	178	4.6	3,891

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The drug use is in indirect proportion to the education. It relates also to the age of problematic users who did not have time to finish any other than elementary education and they will never achieve higher education. In 1999 the category of the highest

completed education was expanded by “unfinished basic” and “higher specialised” education. Among the registered problematic drug users in 1999, more than 5% of them have not completed elementary education, 51.5% had only elementary education. On the other hand there were only 0.4% of them university graduates (Table No. 14).

Table No. 14: Groups of Primary Drugs Classified according to Completed Education of the User

IPDU, CR - 1999

Group of Drugs	Not finished elementary		Elementary		Secondary school without graduation certificate		Secondary school with graduation certificate		High school		University		Unknown		Total
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Heroin and other opiate-type drugs	34	3.9	420	48.3	218	25.1	115	13.2	1	0.1	3	0.3	78	9.0	869
Pervitin and other stimulants	75	3.6	1051	50.9	492	23.8	259	12.5	1	0.0	5	0.2	181	8.8	2,064
Cannabinoids	56	8.6	381	58.8	119	18.4	59	9.1	1	0.2	2	0.3	30	4.6	648
Hallucinogens	6	13.6	26	59.1	5	11.4	5	11.4	*	*	*	*	2	4.5	44
Volatile solvents	33	19.9	99	59.6	20	12.0	2	1.2	*	*	*	*	12	7.2	166
Sedatives and Hypnotics	4	6.5	21	33.9	13	21.0	15	24.2	*	*	4	6.5	5	8.1	62
Other Drugs, Medicaments	2	10.5	5	26.3	6	31.6	1	5.3	*	*	1	5.3	4	21.1	19
Unknown	*	*	2	10.5	1	5.3	3	15.8	*	*	*	*	13	68.4	19
Total users	210	5.4	2,005	51.5	874	22.5	459	11.8	3	0.1	15	0.4	325	8.4	3,891

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Due to the impact of drugs, addicts are often not able to go through the whole educational process. This relates also to the decrease of age of the first drug use and the average age of the problematic drug users.

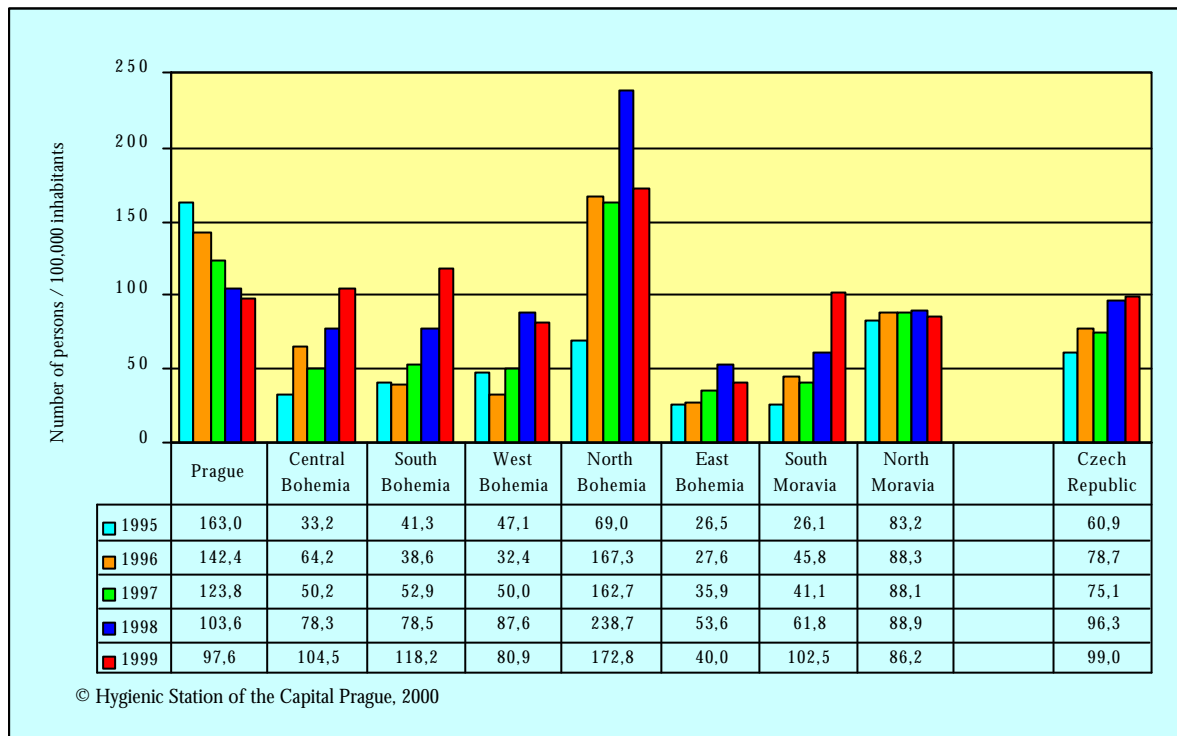
Mainly NGOs and charity organisations provide the drug users with different services in the large cities in the form of hygienic opportunities and meals in daily stationary facilities or in the form of temporary protected inhabitation.

9.9 Geographical/regional differences in trends indicators

The drug offer is still more aggressive, it expands gradually into smaller seats. Generally we can say that compared to 1998 previous differences between individual regions as to

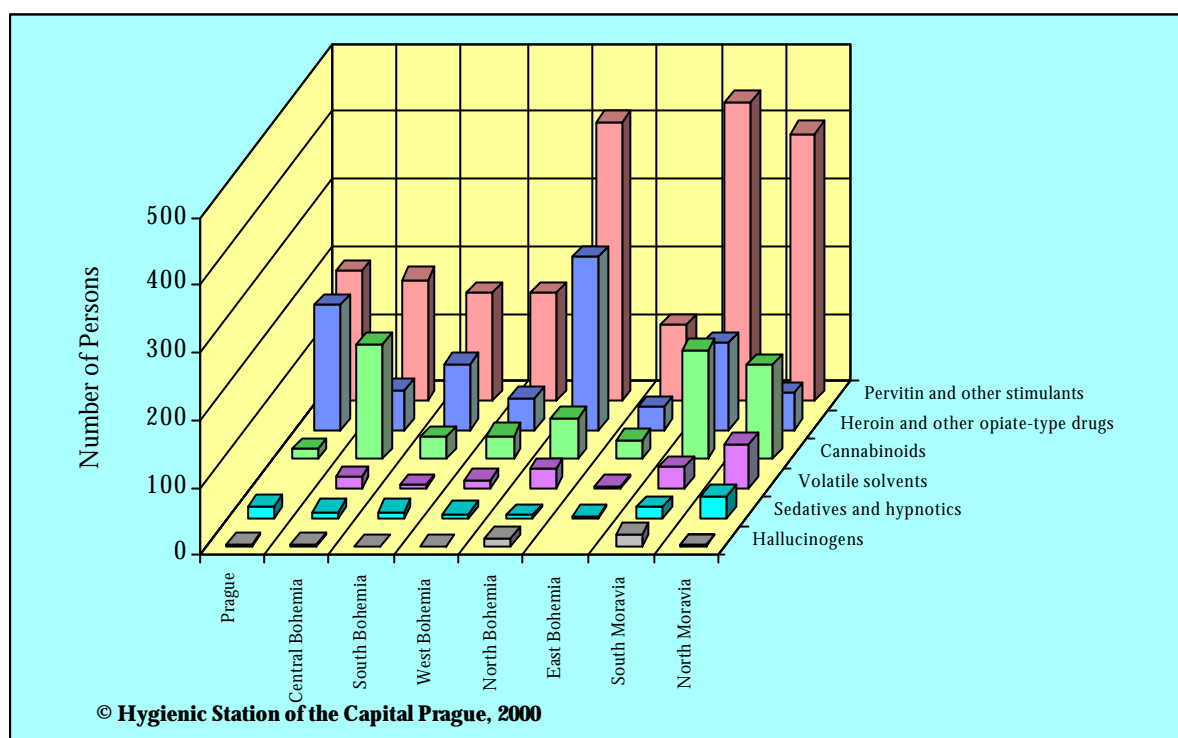
the number of users get balanced (Figure No. 12) but there are still important differences in the representation of individual groups.

Figure No. 12: Specific Incidence in the Age Group 15 – 39 Years per 100,000 Inhabitants
IPUD CR, 1995 – 1999



Heroin and other opiate users have still significant dominance in the region of North Bohemia (29.6%) and in Prague (21.3%) but compared to 1998 this represents significant decrease. On contrary the major increase in the number of these users was reported last year in South Moravia region and partially also in South Bohemia region (Figure No. 13).

Figure No. 13: Groups of Primary Drug according to Regions
IPUD CR, 1999



Pervitin and other stimulancia are most often reported from both Moravian regions and North Bohemia. Dramatic increase was reported by South Moravia – from 13.8% in 1998 to 21.5% in 1999.

Problematic cannabinoid users are most often registered in Central Bohemia and in Moravia regions.

We registered significant drop in the number of solvent users in all Czech regions compared to 1998 but on the other hand the increase in Moravian regions.

The Figures No. 14 - 16 show quality differences in the representation of individual groups of drugs in three regions between 1995 – 1999. These figures very well cover the different drug scenes in individual regions as well as changes occurred last few years.

Figure No. 14: Prague – Trends in the Proportion of Primary Drug Groups
IPUD CR, 1995 – 1999

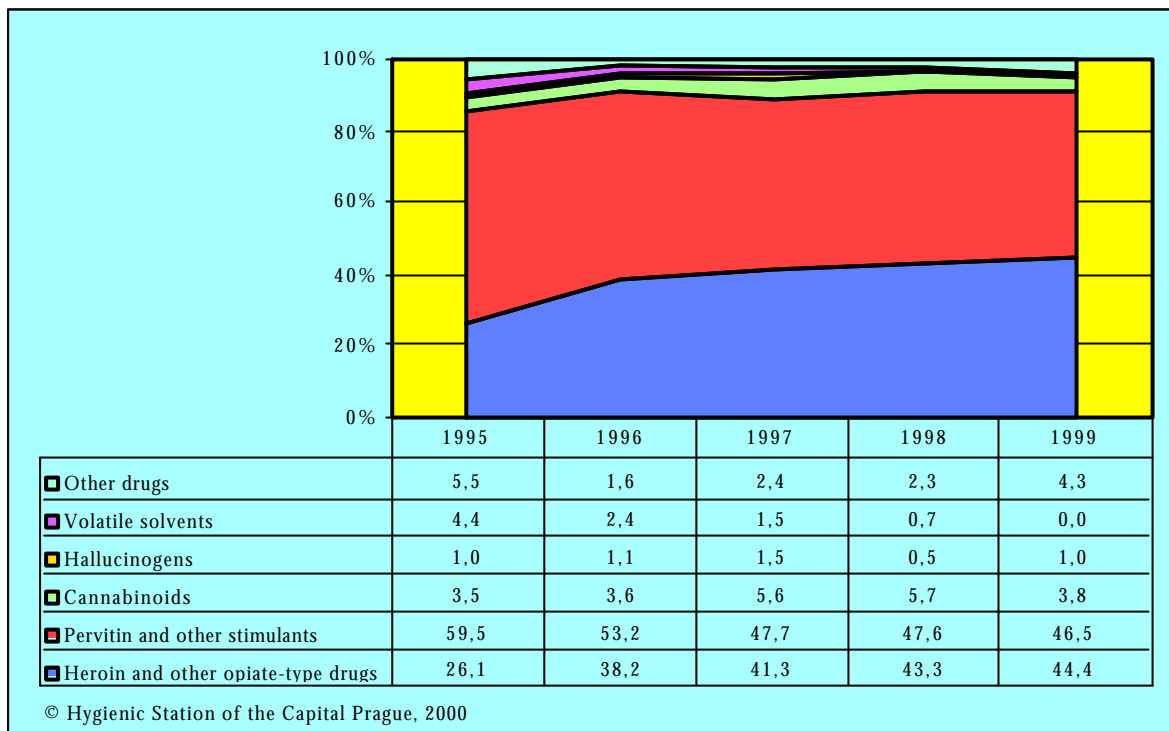


Figure No. 15: North Bohemia – Trends in the Proportion of Primary Drug Groups
IPUD CR, 1995 – 1999

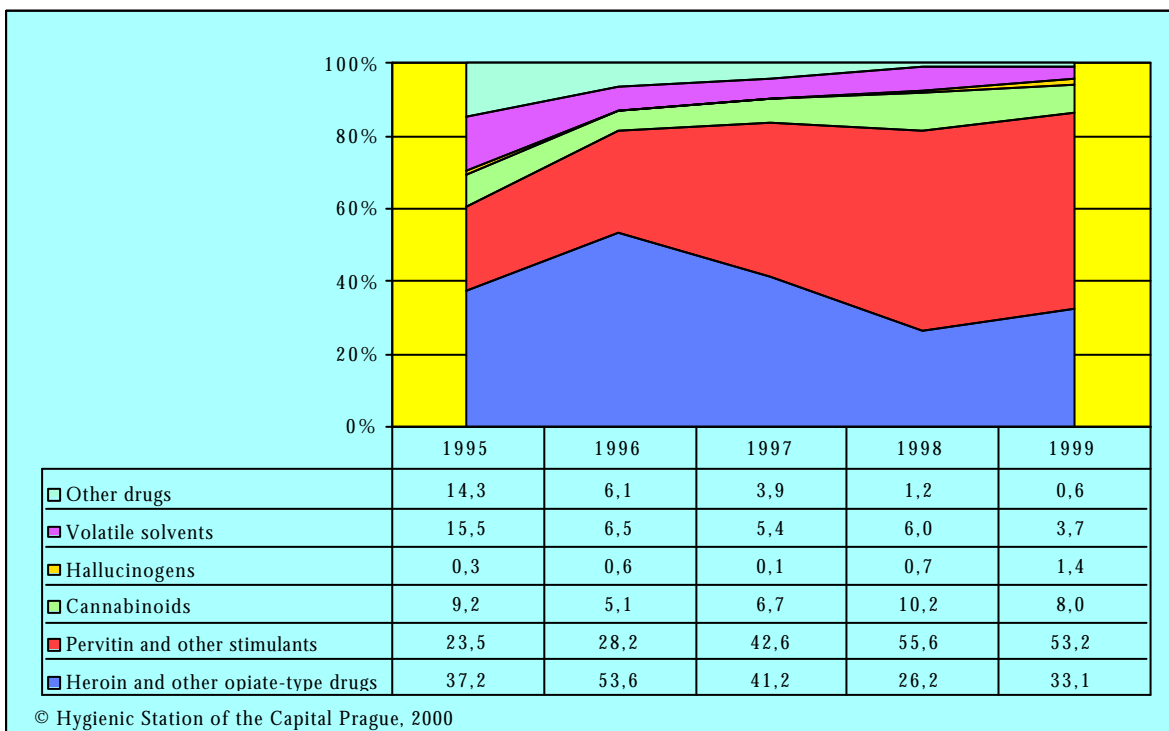
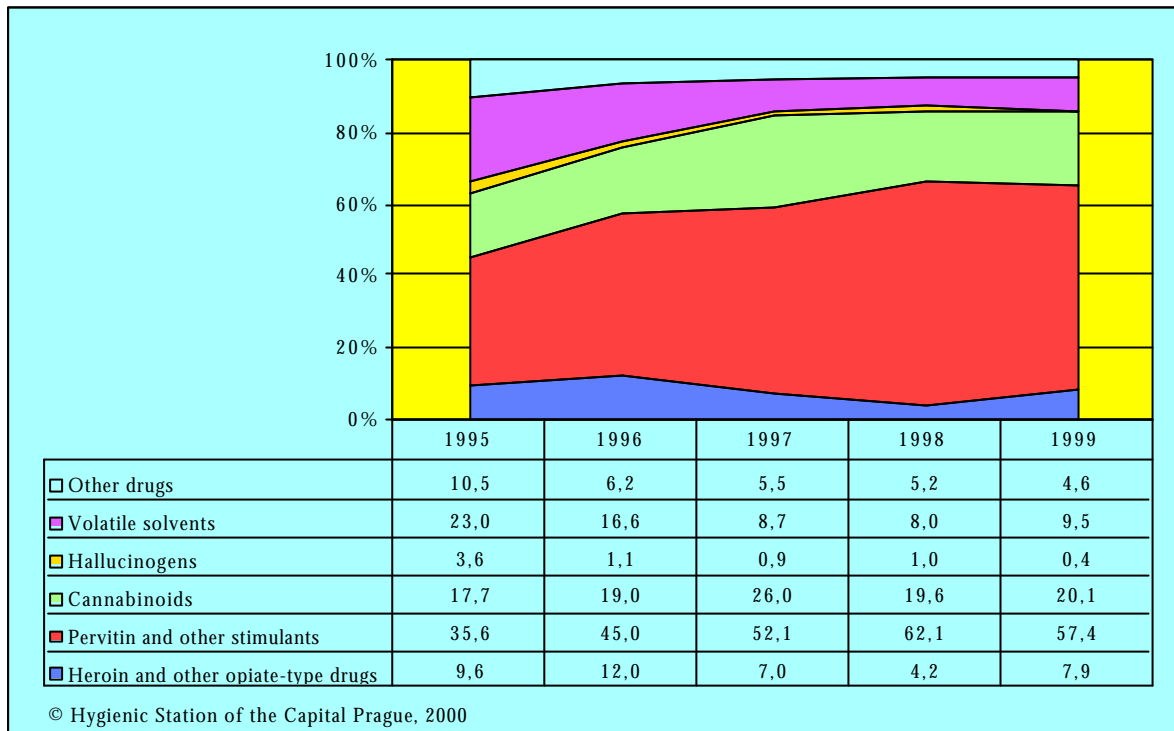


Figure No. 16: North Moravia – Trends in the Proportion of Primary Drug Groups
IPUD CR, 1995 – 1999



9.10 Risk and protective factors (individual and population level)

Risk factors

- Commercialisation of leisure time activity offer and limitation of spontaneous activities of children and youth result in limited availability of sport grounds and limited offer of hobby groups etc.
- Children and youth in anonymous municipal housing estates gather in groups that often look for unsuitable activities, including smoking, drinking, drug taking, criminal activities.
- Unemployment but also stress associated with the effort to retain the job or the working load of parents-businessmen have negative impacts on the family life and systematic care for a child (they do not reveal in time potential experiments of a child with drugs or drug taking).

- Early and wide-spread cigarette smoking among young people as well as alcohol drinking and popularity of gambling creates assumptions for easier decisions about experimenting or using of drugs.
- Lack of available information on risks related to drug use will not prevent experiments and illegal drug use – even if it is unknown.
- Tolerant approach of young people to drug use and drug users.
- Increase in the number of children and young people who have friends using drugs.
- Increasing availability of drugs – not only in the anonymity of the city but also in smaller cities and municipalities.
- Gaps in the scope and quality of prevention of drug use for different age and professional groups.

Protective factors

- Gradual enforcement of the drug law in practice. Efforts to keep the balance between preventive and repressive approach to drug users.
- Support of activities for higher quality use of leisure time of children and youth.
- Preventive programmes at all types of schools.
- Programmes focused on prevention of drug use and mitigation of its consequences (for employees of treatment and contact centres, teachers, parents, women-drug users, prostitutes, etc.).
- Support of educational programmes of wide scope.
- Creation of nation-wide network of consulting centres, T/C centres and social services for drug users, standardisation of their equipment and treatment methods, etc.

9.11 Social process and cultural context (possible impact on trends)

Experience with illegal drugs affects the bigger and bigger part of the young population – the share of individuals who had the drug experience in the course of 1990s increased.

The age, social and demographic structure of young people who – although as an experiment – started to use illegal drugs has dramatically changed. In the course of 1990s women pick on men and if this trend continues girls will be jeopardised in the same scope as boys.

Younger people are under the biggest risk more than in the past because experiments with drug use start in still lower age.

At the beginning of 1990s students of gymnasia were the most active sub-culture (mainly “grass”) and this trend now switched to apprentices who besides alcohol drinking and smoking appeared to be on the first place among other young people also in drug experience.

The family life determines the increased drug consumption of young people: If the respondent lived only with one of the parents or completely without them, it resulted in 1994 in more frequent drug experiments and in 1997 in more regular use of less risky drugs.

In the course of 1990s experiments with drug use went up also in other bigger cities of the Czech Republic with the wider drug offer.

Those who came from better economically situated families were often drug experimenters or users. The link between the drug use among secondary school students and apprentices and the amount of pocket money is obvious in the case of more risky drugs and also cannabinoids where this link is, however, not so strong.

In 1994 cannabinoid users were recruited mainly from truants, in 1997 this relationships got even stronger. However it is not clear whether this is unidirectional cause or the consequence.

The fact whether a young man has any experience with illegal drug is also linked to the fact whether somebody else in the family used drugs. This fact could be best observed among those who used marihuana, barbiturates without prescription but also pervitin and heroin.

An important factor for the use of drugs is whether some of the friends of the respective person use drugs or not. In 1994 about 17% of secondary school students and apprentices had such a friend, in 1997 it was even 32%.

As results from studies drug use is related to the social and cultural environment (character of the family and relationships in the family, economic situation of the family, character of the place of residence, type of school, character of friends, possibilities and the manner of leisure time spending etc.) where the young person lives.

9.12 Attitudes and public opinion

The attitude towards drugs has been significantly liberalised among young people and this increasing tolerance is accompanied by belittlement of their risks.

Respondents of the research “Youth and Drugs 1997” have significantly more liberal attitudes to the use of legal and illegal drugs compared to ESPAD survey in 1995. The mitigation of the critical view can be seen in the same degree in both genders.

In both surveys students were asked a half-open question on their attitude to people performing certain activities – with the objective to find out in what degree they personally disapprove or approve the respective behaviour.

Tolerant attitude towards drug experiments and use has doubled against the previous survey as in the case of regular marihuana smoking (from 9.2 % of responds who do not condemn such behaviour in 1995 to 18.1 % in 1997). The much higher tolerance of experiments with highly risky drugs such as heroin or LSD is alarming. The smallest tolerance increase was reported due to occasional use of volatile substances. The attitude of respondents to alcohol drinking and tobacco smoking can be also considered stabilised.

Despite this “liberalisation” of attitudes towards drugs the share of respondents who condemn the respective behaviour remains almost unchanged. The share of those who “strongly condemn” drugs and “indecisive” respondents has dramatically decreased.

From results of survey among adults relating the views of the respondents on what should be done in order to eliminate the drug-related problems, more than 93% of the population think that punishments for the drug use should be stricter as well as for the distribution of drugs (49%), that the prevention and education should be more supported (46%). The holding of drugs for personal needs should be considered a crime (45% of the respondents) and soft drugs should not be legalised (71%).

Changes have been reported not only in the area of drug use but also in the area of awareness of their harmfulness. The increase in the number of those who consider legal and illegal drugs harmless is alarming.

The awareness of drug risks is limited by the environment where the young person lives and whether drugs are common in this environment. If such a person has any experience with drugs, then his/her awareness of drug risks goes down.

10. Trends per Drugs

When evaluating the development trends in drug use we refer to Figure No. 3 that shows changes in the share of problematic users of the respective drug group between 1995 – 1999. The Figure does not only cover the share of those using the drug as the basic drug but in individual drug groups also its use as the secondary or tertiary drug. The Figure in fact covers the trends of popularity and availability of individual types of drugs.

10.1 Cannabis

Cannabis – specifically marihuana – still remains the most frequently used drug among young people and the secondary drug among problematic drug users. In the long-term horizon we can search the annual increase in the share of people using marihuana. The use of hashish is neglectable compared to marihuana.

Marihuana is reported as the first used addictive substance by almost 80% of young drug users. The age of the first use of marihuana goes down and the biggest increase in the number of marihuana users is between the age of 16 – 18.

In the course of 1999 more than 111 kg of marihuana was seized which is twenty times more than the amount seized in previous years. The majority of marihuana comes from abroad but a certain amount is also grown in the conditions of the Czech Republic.

The price of marihuana has remained the same for a longer period and it ranges between EUROS 0.6 – 0.8 per 1 joint.

10.2 Synthetic drugs (amphetamine, ecstasy, LSD)

The share of problematic pervitin users has permanently the increasing trend. The share of problematic users of other synthetic drugs and hallucinogens does not permanently exceed the level of 10%.

Pervitin (metamphetamine)

Based on the NADH recommendation concerning the changes in more safe production and storing of ephedrine, stricter control and monitoring by the Inspectorate of Opiates and Psychotropic Substances, stricter permit procedures, the "unnoticed flow" of ephedrine

was prevented. Ephedrine was practically unavailable on the black market which resulted in two different manners of its illegal production.

One way was the return to the classical "preparation" from Solutan or other drugs (Modafen, Nurofen etc.) and pharmaceuticals containing ephedrine which was easy to isolate.

The second way is the increasing interest in ephedrine acquired from warehouses through robberies when the amount of ephedrine stolen in one robbery amounts to several kilograms.

Pervitin is the most common basic drug used by problematic drug users in the Czech Republic. We can see the similar trend as in cannabinoids – i.e. the increase in the number of pervitin users.

The serious fact is that in last three years the number of experimenting young people doubled and the number of cases when this drug was used as the first drug in life went up. In the case of pervitin the ratio between men and women is the most balanced. In the youngest age groups girls even exceed boys.

The use of pervitin becomes a frequent cause of intoxication. In 1999 there were 155 intoxication cases registered and in Prague 23 cases of drug related deaths were reported.

The amount of pervitin seized by the Police of the Czech Republic in 1999 (21,4 kg) many times exceeded the amounts seized in previous years. The price in street sale remains unchanged and it ranges between EUROS 22 – 28 per 1 gram.

Amphetamines, Ecstasy

The numbers of problematic drug users are permanently very low.

The biggest problem will probably be ecstasy among young people where 20% of respondents admitted they had an experience with that at techno events (Youth and TECHNO).

The trend of ecstasy users has undoubtedly increasing character but the accurate data on the number of users in the population is not available.

Its price remains unchanged and it ranges between EUROS 8 – 12 per one dose.

Another new phenomenon is the use of drugs containing pseudoephedrine for the preparation of a substance similar to metamphetamine based on pseudoephedrine. These are mainly the following drugs Modafen, Disophrol, Nurofen. Domestic laboratories specialised in this activity were detected. Producers thus replace the lack of ephedrine in the market. In co-operation with the Ministry of Health steps were taken to control the dispense of these drugs.

Hallucinogens

LSD is another drug used by young people especially at Techno events. The share of persons using these drugs is low but despite that we can see gradual increase. The price per 1 dose ranges between EUROS 3 – 6 and in last two years it went down.

Besides LSD reports on other hallucinogens appeared: psilocybin (the source is *Psilocybe bohemica* – „mushrooms“) and newly *Datura* species (Durman). Users are predominantly young boys. Difficult dosage of the used drug often results in intoxication.

10.3 Heroin/opiates

In the case of heroin coming from the Near East and transported to Europe along the Balkan route the groups of organisers coming from Turkey and Albanian Kosovars dominate.

The degree of involvement of citizens of the Czech Republic into illegal heroin trafficking increases their position, the number of messengers and assistants involved into this “trade” goes up (lessor of flats, fictitious owners of telephones, cars, companies etc.).

The big change was made in heroin target countries where the number of deliveries transported to Italy significantly went up.

The massive spread of heroin availability could be seen in the Czech Republic in the course of 1985. The share of problematic users of heroin as the basic and secondary drug ranges around 30% of all problematic drug users. Heroin users very often combine this drug with pervitin.

Even though the experience of youth with heroin is relatively low, the sextuple increase was registered between 1994 and 1997.

Heroin use often results in intoxication (especially in the case of injection application), heroin share in registered non-fatal emergencies permanently goes up. Registered death cases caused by intoxication were in the majority of cases caused by heroin. 42 death cases were registered in 1999 due to heroin use.

In last year 108,4 kg of heroin was seized. Its price in last two years went up to EUROS 17 – 28 per gram.

The use of other opiates (morphine, brown, codeine, etc.) has the permanently decreasing trend among problematic drug users and we can see cases of methadone use beyond the substitution programme.

10.4 Cocaine

Cocaine remains to be on the edge of consumers' interest, inspite of that the greatest amount of cocaine (140,8 kg) was seized during last year.

The circle of cocaine users is limited by financial availability and it is limited to economically better situated groups of citizens. The price of 1 gram of cocaine is high, it ranges between EUROS 56 – 83.

After detection of several kilos transported by air and several dozens of swallowers this kind of transportation seized to be used as early as in 1997. Direct cocaine smuggling occurs exceptionally.

It is obvious from operative findings that Albanian Kosovars get involved into the cocaine trafficking more often.

The largest share in deliveries transported into the Czech Republic or transiting via the Czech Republic have big supplies of several dozens of kilograms organised by citizens of the Czech Republic and transported in supplies of ordinary commercial goods.

10.5 Medicines

The use of hypnotics, sedatives, barbiturates and benzodiazepins is wide spread in the population of the youngest age groups and among women of the middle age.

Young people buy sedatives in larger percentages on medical prescription, a number of children and youth also use them without the medical prescription, especially children between 15 and 16 years old.

Among problematic drug users the number of barbiturate and benzodiazepin users goes down, on contrary the permanent trend can be seen in sedative and hypnotics users that mainly consist of women of the middle age.

This group of drugs most often affects non-fatal emergencies – both suicides and overdose and especially in combination with another drug or alcohol.

In the international view the problematic drug is Rohypnol which was seized during the whole 1998 in bigger supplies and comes exclusively from a single producer – Léeiva a.s. The active substance of this drug is flunitrazepam. The abuse of Rohypnol in the Czech Republic does not show any increasing trends.

10.6 Multiple use (including alcohol)

The use of several drugs simultaneously or their combination is very frequent.

Out of the total number of 3,891 problematic drug users registered in 1999 2,118 persons report the combination with another drug and out of them 796 uses the third drug. The most often used secondary drug was marihuana, followed by pervitin, LSD and heroin.

Marihuana has a special position and it is popular especially in connection with LSD and less popular with pervitin. In last two years the link between pervitin and heroin significantly strengthened and together with the link between LSD and pervitin it became the strongest of all. The link between marihuana and heroin also strengthened. Barbiturates without the medical prescription have the link only to the use of marihuana and weakly to pervitin.

None of the mentioned drugs has reported the relation to the use of anabolic steroids which confirms their link to a different life style and different purpose of their use.

Besides combinations of drugs there is also a link between the use of drugs and drinking of individual types of alcohol although their intensity is significantly weaker than between drugs. Beer is often sought by marihuana smokers. We can notice a certain link of beer to LSD and pervitin. Besides beer drinkers marihuana was popular among people drinking wine and distillates where it was possible to see small relation to pervitin use.

10.7 Solvents

The use of solvents is relatively widespread in the Czech Republic and it reports several specifics:

- users are mostly from the youngest age groups
- users are predominantly boys from secondary apprentice training centres
- regionally different distribution supported by differences in social and economical situation in regions with higher unemployment rate is significant
- it is higher in regions with higher concentration of the Romany population
- it is often linked to non-fatal emergencies

While the trend of share of problematic solvent users has slightly gone down recently, we registered a small increase in the number of experimenting youth.

10.8 Doping

The legislation of the Czech Republic knows just a single crime that enables recourse for doping abuse, i.e. administration of anabolic substances to the youth. It must be repeated administration of anabolic substances to a person under 18 years old or administration in larger quantity from any other than treatment reason. The law defines which substances belong to anabolics. Illegal trade, import or export of anabolic substances is not punishable in the Czech Republic.

Despite that the use of anabolic steroids is quite popular among young people, especially among men in the age of 17 – 18 years old who mainly include apprentices from secondary apprentice training centres with the objective to achieve muscular body and there is a link to spending the leisure time by sport activities on the daily basis. We can see that efforts for maximum performance that is more and more promoted in the whole society – and also among young people devoted to sport who want to succeed in the competition with others – is offset in the form of use of forbidden supportive substances.

11. Conclusions

11.1 Main trends and new developments in drug use and consequences

- The numbers of problematic drug users go up each year.
- Estimates of problematic drug users prevalence show that their annual prevalence in the age group from 15 to 54 ranges between 2.5 – 4.7/ 1,000 inhabitants.
- The drug offer aggressively moves from large municipal agglomerations into smaller seats.
- Relatively low prices of drugs result in their relatively easy availability.
- The age level of the first drug use goes down, very often these are very risky drugs (heroin, pervitin).
- The most widespread drug among problematic users in the Czech Republic remains to be pervitin (in the young population it is marihuana).
- In the course of few years the permanent customer base of heroin users was created.
- The number of injection heroin and pervitin users went up.
- The Harm Reduction programme - the programme of syringe and needle exchange - gradually expands.
- In last two years we can see the spread of fashion wave of so called "disco" drugs.
- The number of people suffering from hepatitis C goes up each year especially among persons with the anamnesis of injection drug use.
- The number of registered HIV positive people among injection drug addicts remains to be relatively low.
- Last year the amount of drugs detected by the Police of the Czech Republic dramatically increased.
- The amendment to the Criminal Code and Offence Act made the recourse of drug related crimes stricter. The current immunity from prosecution of drug holding for the personal needs of the user was replaced by its punishability regardless of the purpose of illegal holding.

- The work of the National Drug Commission got stabilised as well as sponsorship of individual resorts and creation of the network of drug co-ordinators in all districts of the Czech Republic.

11.2 Possible reasons of hypotheses for major trends observed

The reasons of continuously increasing numbers of drug users undoubtedly include the aggressive drug offer for relatively low prices, expansion of the offer of different drugs into smaller cities but also an opportunity to get some substances in the sales network (over-the-counter drugs, solvents).

Decision on the drug use is supported by life immaturity of very young consumers the age of which permanently goes down in the case of first drug use. This is related to the increasing tolerance to the use of some drugs (especially marihuana smoking) and to drug users among the youth.

Unemployment, stress regarding job retention but also high working load in the case of business activities impairs the family co-existence and the quality and attention that parents devote to children. Children from incomplete families but also from families with better financial situation are more often experimenters or drug users.

The amendment to the Criminal Code and Offence Act resulted in the change of the character of the drug offer:

- the tactics of the street drug sale has changed,
- the drug sale is more frequent in restaurants and clubs,
- the sale based on the order via the mobile phone or Internet is more popular,
- the distribution network becomes generally more conspirative.

So far it has not been possible to address some target groups of the population in the area of drug prevention (Romanies, prisoners, etc.).

11.3 Methodological limitations and evaluation of data quality

There is the nation-wide system of data collection using a standard form for data collection on problematic drug users (incidence – First Treatment). Its completeness and

reliability is on the high quality level. So far it has not been possible to gradually register all clients using services of the T/C centres (prevalence – All Treatments).

Data on viral hepatitis incidence are highly reliable and complete. Their hospitalisation and notification is obligatory in the Czech Republic and brings correct results.

Monitoring of non-fatal emergencies does not use the nation-wide system but it is limited to sentinel collection from catchment regional and university hospitals.

Questionnaires and surveys conducted among school students (RSS) are representative and cover the young population in all individual types of school and in all regions.

The existing information systems of the Police of the Czech Republic do not currently allow any other central evaluation than according to crimes, i.e. pursuant to sections of the Criminal Code. It is impossible to collect and evaluate data according to production, import, export, transfer, distribution of opiate and psychotropic substances, it is impossible to differentiate according to types of opiate and psychotropic substances and big problems are associated with analyses according to individual regions of the Czech Republic. The information from the customs service (stoppage at the border) and the Ministry of Justice (the number of condemned people, imposed penalties, situation in prisons, etc.) cannot be centrally evaluated.

Data registration and collection differs between the Ministry of Justice and the Interior and therefore the data of these resorts are hardly comparable.

11.4 Relationship between indicators (consistencies and inconsistencies)

High number of injection drug users and high share of injection drug users is a long-term problem which brings its consequences in the form of growing number of hepatitis C cases with persons who have "the injection drug application" in their anamneses.

Despite the high percentage of injection drug addicts the number of registered HIV positive addicts remains very low which may relate to the relatively low number of persons among of injection drug users, who were tested for HIV.

The small number of registered drug related deaths reflects inconsistency of different information sources (police, legal medicine, rescue services), often missing drug laboratory examination and existing inconsistency in the classification of causes of death.

The permanently increasing numbers of problematic drug users and wide distribution network correspond to increasing numbers of persons arrested for drug crimes and the amount of seized drugs.

Frequent drug combinations potentially with alcohol result in significant number of non-fatal emergencies.

There is a remarkable parity between prevalence estimates by two different methods, specifically demographic and extrapolation from the reported incidence of problematic drug users.

11.5 Relevance of data to policy issues or interventions

The drug scene in the Czech Republic in 1999 was relatively significantly influenced by the changed attitude of the society towards the recourse of mere holding of narcotic and psychotropic substances. The amendment to the Criminal Code and Offence Act effective since 1 January 1999 set forth that a person holding for his/her own need drugs without the permit is subject to criminal or administrative punishment. The efficiency of the law is the subject of discussions in media that try to find out whether it was a "step back" and whether it does not result in the abuse of provisions of the Criminal Code by the police for the improvement of statistics, etc.

From the police point of view this is highly useful change having the positive impact on the drug scene. The possibility to confiscate narcotic and psychotropic substances clearly contributes to the reduction of consumption of these substances. The change of prices in the street sale was in principal not registered and it means the drug addicts are not "pushed" to commit property and violent crimes in connection with the amendment.

The negative aspect seems to be the lack of decision on the amount of small amount of narcotic or psychotropic substances. Individual public prosecutors push very different trends from punishment of holding of several plants of cannabis up to the announcement that resetting of cannabis in any amount will always remain only an offence. The way to find the nation-wide compromise will be very long. In connection with marihuana views of bodies active in the criminal proceedings concerning the recourse of crimes are often in conflict according to the NPDC. In some regions even one "joint" is prosecuted but in other regions the police systematically overlooks even the more serious form of drug

growing and distribution. Unification or at least elimination of differences, views through discussions with the Ministry of Justice is the task for the year 2000.

Wide application of drug policy in the area of prevention was made easier by the establishment of the position of district drug co-origiators and the prepared analysis of their position will be reflected in the newly prepared concept of the governmental policy for the upcoming period.

11.6 New information needs, gaps, and priorities for future work

The drug information system focused on health indicators has relatively solid bases but there are still areas to be improved.

First of all it applies to records on drug related deaths. So far there have been only scattered data from the health sector available which were not verified, sometimes they were supplemented by the information from the police. We do not have the information about deaths of persons under the influence of drugs which happened for example during car accidents. Only the direct cause of the death is registered - regardless of links to the drug use. Discussions on the level of respective specialised societies within the CMS JEP on methods of registration and death reporting in connection with using of drug or deaths of persons with the anamnesis of the drug user are pending.

For the first time in 1999 we had the data on drug related deaths in Prague from the Police of the Czech Republic. Efforts focus on the collection of these data from all regions of the Czech Republic and on possibility of their comparability with the official health care statistics.

In the course of last year we managed to get some data for the register of problematic drug users, however, they are still incomplete and discussions are pending about the nationwide application. Technical and software conditions for the existence and interconnection of this register were created in all regions including the method of protection of personal data of registered persons.

We still have to pay attention to the further expansion of tests of injection drug users for laboratory markers of viral hepatitis and HIV.

So far we have missed the information on other possible consequences of risk drug use, such as endocarditis. Therefore the current system of non-fatal emergencies monitoring will be expanded in the selected hospitals also to this field.

One of the priorities for the upcoming period will be the validation and specification of problematic drug users prevalence estimates.

In the course of 2000 "The Prospective Study of the Impact of the New Drug Legislation in the Czech Republic" will continue.

It is necessary to update the information on the drug use among school children and therefore another questionnaire study will be carried out among secondary school children, apprentices and pupils of higher classes of basic schools in all regions of the Czech Republic in 2000.

PART IV DEMAND REDUCTION INTERVENTIONS

12. New Developments and Information Needs

12.1 New Developments during the reporting year

The concept and the programme of the drug governmental policy for the period of 1998 - 2000 created the needed framework for the implementation of programmes focused on the drug demand reduction including the development of tools for the quality assurance and control.

In connection with this concept the training of drug co-ordinators, professionals and paraprofessionals, employees of public administration and self-administration was organised in the form of long-term certification programmes and one-time information campaigns. Extensive activities were made within primary prevention programmes that focused on risks of tobacco products use, alcohol and other addictive substances in the target group of children and youth. The training of patients (clients) included into the secondary and tertiary prevention programmes was organised systematically so as to reduce drug related risks and to promote the healthy life style including the abstinence.

12.2 Specific events or programmes during the reporting year

Within the Phare Harm Reduction project the summer school was organised on harm reduction principles focused on non-profit NGO's. The Ministry of Health under support of Lindesmith Centre organised the First National Seminar on Methadone Treatment for representatives of regional drug policy, specialists and media. The public was informed on drug issues mostly in the form of reports of drug co-ordinators published in the daily press. Specialised publications had predominantly the educational character. The new element were publications clarifying the drug policy in the Czech Republic and abroad.

The 3rd National Seminar of hygienic service staff, district drug co-ordinators and employees of T/C centres was held. Issues of the drug information system and its outcomes for the drug use prevention and drug demand reduction were discussed there.

12.3 Main issues and future information needs

The unified system of data collection should be established in the Czech Republic based upon which it would be necessary to prepare several efficient information strategies proven abroad and determined for certain target groups of the population. So far the attention has focused mainly on children and youth in some cases not using too efficient methods. The educational activity towards the wide public remains aside. It should focus on the general relation to addictive substances including alcohol and tobacco and to more tolerant attitude to treatment interventions.

For the treatment quality and efficiency we still miss the national register of problematic drug users.

13. Organisation, Structures and Responsibilities related to Drug Demand Reduction Activities

13.1 Changes in national structure

The amendment to the Criminal Code came into force in 1999 and it punishes drug holding. Its effects are the subject of longer-term monitoring and analyses. Financial resources were allocated from the governmental drug policy budget for the implementation of development programmes within individual sectors. These included mainly projects including the definition of the network of facilities providing specialised services to problematic drug users and drug addicts, the project of methadone programme and minimal preventive programme in school facilities. The preparation of the drug policy concept and programme of the Czech Republic was made in view of the prepared reorganisation – creation of higher administrative and territorial units.

NGOs are one of key elements of the system of prevention in the Czech Republic covering more than 70% of services in this area. They are gathered in the Association of Non-governmental Organisations dealing with the prevention and treatment of drug addiction. The association currently has 40 members. Non-governmental organisations are mostly positively accepted by public administration representatives, their position is, however, dependent on the allocation of financial resources.

13.2 Involvement in European activities during the year

The international co-operation was established on the level of multinational organisations, international conventions and regional activities. The strongest co-operation in 1999 could be seen within the PHARE Programme which included the implementation of the Drug Demand Reduction Project and Money Laundering Project. Pompidou group of the Council of Europe implemented the Drug Demand Reduction Staff Training Project and together with UNDCP Multi-City Network Project (ESPAD). WHO participated in the training of general practitioners in the area of prevention of problems caused by addictive substances and in support of the harm reduction programmes in the Czech Republic.

14. Demand Reduction Approaches in their Socio-cultural Context

In the course of 1999 activities were carried out on two basic levels. There were numerous political discussions in connection with the introduction of the "drug" law that were reflected in the bigger attention devoted to drug issues by mass media. Drug coordinators regularly informed the press on the implementation of individual drug projects in the regions. The electronic media monitoring was established – Sender – bringing the information from the area of drugs. The full length film fighting against drug abuse and addressing mainly the teenagers was created thanks to the support of National Drug Commission. The second area was the use of mass media for the increase of information flow among the widest public about new measures and specific impacts of the "drug" law on drug users and creation of positive attitudes of the public to these approaches.

15. Major Strategies and Activities in Demand Reduction

The central motif of the drug policy of the Government of the Czech Republic is the protection of citizens against the negative influence of drugs and support of their individual decisions for life without drugs. In the area of drug demand reduction the Government of the Czech Republic took needed measures through the involved sectors. The primary prevention area is in the responsibility of the Ministry of Education and Sport. Its task is to create and support effective preventive programmes focused on the

wide population and especially on risk groups of teenagers. The area of secondary and tertiary prevention is in the competence of the Ministry of Health and the Ministry of Labour and Social Affairs. Their task is to assure the availability, quality and efficiency of care for problematic drug users and drug addicts. The same strategy is applied in the competence of the Ministry of the Interior, Ministry of Justice and Ministry of Defence whose target groups are mainly representatives of the police, army and prisoners.

16. Specific Intervention Areas

16.1 First Childhood intervention

The primary prevention focused on the early childhood mainly through special programmes implemented in pre-school facilities of all types. NGOs got involved into the education of employees of kindergartens.

Integral part of the drug prevention programme in kindergarten is also early detection of psycho-social development disorders and other child impairments.

16.2 Prevention in the family

Specialised programmes focusing on obstetric-gynaecological care for mothers-addicts and their children and reduction of drug use related consequences by mother during her pregnancy. Drug addictive pregnant women were preferentially included into the methadone substitutional programme. Within the National Health Support Programme general principles of education towards healthy life style were applied. Specifically this included the reduction of smoking, handling excessive stress, limitation of alcohol consumption and prevention of harmful drug use.

Activities towards the drug prevention in the family were organised by some NGOs and focused on the improvement of knowledge of parents about risks of drug use, possibilities of early recognition of drug use but also active spending of leisure time of their children and thus reduction of risks that the children will take the drug.

16.3 School programmes

In 1999 the Ministry of Education in the area of primary prevention set the clear priority to deepen, improve and implement the Minimal Preventive Programmes that were launched as early as in 1998. They are binding upon each school and educational facility, the principal of the school or educational facility is responsible for the creation of conditions for their implementation. The Ministry of Education, Youth and Sport supported the project called "Education towards Health at Schools" with the focus on prevention of problems caused by addictive substances. A partial outcome was the methodological publication "Principles of Efficient Primary Prevention" that provides teachers with an outline of proven procedures. The assessment of implemented programmes was carried out.

16.4 Youth programmes outside school

Special attention in the drug prevention programmes is directed to the field of free time activities. Schools and institutions are the integral part of preventive systems implemented on local level. Leisure time activities for children and adolescents are co-ordinated through close co-operation of both state and non-governmental organisations working in the field of organisation and implementation of free time activities. The offer ranges from cultural, sport, art and educational activities, club programmes and various forms of active social learning in groups of children and adolescents at risk. The implementation of free time activities is fostered by Ministry of Education of the Czech Republic through the system of grant projects. Effective communication with parents and families is involved as well.

Extramural programmes mainly focused on the risk group of teenagers. The priority of the year 1999 were specific forms of prevention. The project of Timely Intervention Centre was prepared in Ostrava and focused on delinquent children and youth.

16.5 Mass media campaigns

The effect of mass media in drug prevention on national level is not sufficient. There is no longitudinal system of targeted media campaigns concerning the problems of drug abuse. Due to lack of financial resources no media campaign on the drug demand reduction was launched by any entity.

The intervention of media including the press through giving a positive, prevention effecting information, is therefore not significant. More attraction is given to tragic events or stories, the preventive influence of which is vague and would deserve additional discussion. The same could be said about impersonal posters and leaflets.

16.6 Telephone help lines

Hot lines were created mainly at consulting and treatment centres. Last year their number went up and they specialised on individual target groups of population. The interest of service providers has increased in the area of qualified services related to drug addiction. Services are provided free of charge.

The telephone line "Child in Need" with the nation-wide coverage provides besides other consulting services the assistance to children and youth in drug related problems and drug use.

16.7 Community programmes

The drug demand reduction in local communities was assured by interconnection of Comprehensive Crime Prevention Programmes with cities with the large criminal rates through projects implemented in cities involved into the National Network of Healthy Cities – in line with the WHO programme "Healthy City". Projects were implemented in 24 cities of the Czech Republic. This was predominantly non-specific prevention form to which one organisation identified in advance was included. A part of the project was devoted to smoking, alcohol drinking and addictive substance use.

16.8 Outreach work

Exchange programmes are a part of health care and social services, mainly of T/C centres belonging to the health care sector. So far it was impossible to introduce this efficient system of infection prevention among drug users into facilities in the competence of the Ministry of Justice. Within the Association of Non-governmental Organisations the pressure was imposed on the creation of a separate harm reduction section. This section mapped the existing service providers and harm reduction providers and created the Czech Harm Reduction Network. Exchange programmes focused on minorities mainly in larger cities (Praha, Brno, Ostrava, Ústí nad Labem, Chomutov, Teplice) were successfully

implemented. PHARE Technical Assistance Project enabled DDR to organise the 2^d National Conference of the Association of Non-governmental Organisations on the topic Harm Reduction in Practice.

Even though the acquired information about the scope of the syringe and needle exchange programme in the whole Czech Republic is incomplete, 850,000 pieces were used last year – predominantly in Prague and Northern Bohemia.

16.9 Low threshold services

Low-threshold services exist in all districts and they are generally available. Their operators are mainly non-governmental organisations but in some districts the close link to the Department of Social Affairs or Health Care persists. Created accreditation standards enabled close proliferation and focus of these facilities which we missed in previous years.

They offer the exchange of needles and syringes for sterile ones, HIV tests, consulting services and contacts for treatment centres and according to their possibilities they provide vitamins and means for safe sex and in a limited scope (based on their financial means) also hygienic and food services.

16.10 Substitution and maintenance programmes

Last year the pilot programme of methadone substitution treatment implemented at the General University Hospital Apolinář at the Department of Addiction Treatment extended to 70 clients. The Ministry of Health prepared the concept of the introduction of substitution therapy as a part of the comprehensive care for drug addicts based on the experience from the pilot project.

The Ministry of Health initiated the creation of substitution programmes in locations with high prevalence of heroin or other opiate use and organised the intensive training for members of future work forces. These were representatives of the following cities: another centre in Prague that will focused on low threshold programmes with psychosocial services compared to University hospital Prague – Apolinář, Ústí nad Labem, Ostrava, Brno, Hradec Králové, Olomouc, Mlčnick and in the next stage also Most, Teplice and Èeské Budìjovice. The expected number of substitution programme clients for 2000 in

Prague is 200, the overall number in the Czech Republic is estimated at 400 registered patients.

The regulation of substitution treatment has been carried out in the form of methodological management by the Ministry of Health, substitution treatment standards. The prepared law on protection against damages caused by tobacco products, alcohol and other addictive substances will set the basic criteria for running methadone programmes. So far the programmes have been implemented mainly by state university hospitals and in three cases by the non-state facility. The security requirements for methadone handling are regulated by the Law on Addictive Substances.

The majority of centres uses buprenorfin for the treated detoxification.

16.11 Prevention of infectious diseases

In line with principles of infectious disease prevention of drug users announced by WHO and the Council of Europe the Law on Protection against Damages Caused by Tobacco Products, Alcohol and Other Addictive Substances was prepared. The basic strategies in this area include:

- 1) Information, communication and education,
- 2) Easy availability of health and social care,
- 3) Identification of injection drug users,
- 4) Provision of sterile injection tools,
- 5) Substitution treatment.

Numerous publications were issued within these strategies both by the state and non-state organisations. HIV Prevention Programme organised by the Ministry of Health comprehensively addresses this issue.

Preventive measures are managed by the Ministry of Health through the Main hygienist that manages the activity of regional hygienic stations and these stations manage preventive measures on the district level provided by district hygienic stations. The activity itself is performed by graduated epidemiologists – doctors and middle health care personnel. Drug epidemiology is carried out on the same level.

Health education exists on all levels of the above mentioned organisation and it includes written briefings, lectures, articles in the press, presentations on the radio and television. The special purpose information is provided to drug addicts both by the hygienic service and centres specialised in drug addicts.

The harm reduction system in the Czech Republic is operated throughout the territory of the Czech Republic. It includes needle exchange projects that managed to provide for the exchange of 850,000 syringes in 1999, additional programmes, examination of HIV antibodies from saliva, examination of hepatitis markers.

Considering the serious situation on the occurrence of hepatitis on the territory of the city of Prague the new infectious ward for the acute and chronic hepatitis treatment was opened in the University Hospital in Motol. This ward also provides additional services, education, psychiatric and psychological care.

Training in the area of infectious diseases and epidemiology including drug epidemiology is provided in the frame further education by PMI.

Within the sponsoring grant of firms producing the vaccination against A and B hepatitis TOXIVAC project which offered the vaccination to problematic drug users was launched. It turned out the project of this type was not efficient, results showed small interest of drug users – only 25% of persons received two doses. In total 365 persons were vaccinated with 1 TWINRIX dose, 334 persons with 2 doses and 375 persons with 3 doses.

16.12 Treatment systems

The treatment system consists of networks of out-patient and in-patients facilities established by state and non-state medical and non-medical facilities (See 3.1).

The Ministry of Health participated in services that are in competence of other sectors under the co-ordination of the National Drug Commission and in the authority of established task forces: Commission of the Ministry of Health for Protective Treatment, Task Force of the Ministry of Health and the Ministry of Labour and Social Affairs for Co-ordination of the Accreditation Programme of Health Facilities and Social Services Accreditation.

The structure and capacity of individual facilities has been mapped within the prepared Catalogue of Services. The system of education of employees in the area of treatment and resocialisation:

The specialised society (Society of Addictive Diseases of CMS JEP), Sub-department of Addictive Diseases PMI in Prague and some other specialised societies of CMS JEP and PMI Departments participate in the organisation of training programmes.

The network of out-patient facilities and partially also in-patient facilities are sources of data for the national drug information system.

16.13 After-care

The availability of follow-up care programmes compared to previous types of services was not sufficient in 1999 as proved by the evaluation of the follow-up care questionnaire which was distributed by the Ministry of Health to psychiatric facilities and therapeutic communities. Facilities of protected work places and programmes focused on provision of assistance in searching for the job similarly to protected housing for treatment graduates is a part of the prepared law on social assistance.

16.14 Self-help groups

The spectrum of self-help groups was expanded in 1999 and brought further benefits. Besides anonymous alcoholics, drug addicts and gamblers the spontaneous establishment of the Association of Anonymous Parents was registered as well as other groups usually founded within the treatment and resocialising facilities.

16.15 General health care

One of the activities supported by WHO was the organisation of a meeting of specialists from the area of general practitioners training in the prevention of problems caused by alcohol and other addictive substances. Its objective was to focus on general practitioners who meet in their surgeries with the issue of addictive substances. The meeting was attended by 30 trainers of general practitioners for adults, children and teenagers who participate in the preparation and training of general practitioners. Following this meeting similar seminars were organised in all regions.

16.16 Criminal justice system

The objective of anti-drug policy of the Ministry of Justice was to reduce the drug abuse and to develop services within the criminal and legal system related to drug issues, to support the development of drug interventions in persons executing alternative punishments at liberty, to support the drug intervention development among prisoners including persons released from the execution of a punishment. Conditions for the development of alternative methods of crimes committed by drug addicts were created and the specific forms of work with this target group within the probation and mediation period were developed. The legislative assumptions for the award of alternative punishments were created.

As of 31 December 1999 there were in total 23,060 prisoners in Czech prisons, out of which 502 persons condemned for drug related crimes (pursuant to Sections 187, 187a, 188 and 188a) which represents 2.18% of all prisoners. This figure does not include persons condemned for property and violent crimes committed in the effort to get financial resources for the purchase of narcotic and psychotropic substances or in connection with their drug addiction.

The medical service in prisons registered as of the same day 5,990 drug addicts or persons with health problems related to their previous drug career (almost 26% of the prison population).

16.17 Gender-specific issues

A special department focused on the gender issues was established at the Ministry of Labour and Social Affairs. In the Czech Republic this issue is addressed mainly by NGOs focusing on detection of "white meat" trafficking often related to drug problems. In cross-border locations of the Czech Republic the international project on prostitution was implemented. It considered increased risks resulting from drug use in this target group.

The association "Lust Without Any Risks" has been working for several years throughout the country and it focuses on prostitutes and endeavours efforts in the area of HIV/AIDS and drug use prevention and assistance.

16.18 Children of drug users

Therapeutical communities for addictive mothers with children were established. Non-profit organisations prepared special programmes for children of drug addicts.

The project of resocialising of mothers-drug addicts was implemented by NGOs with the objective to motivate clients to abstinence and in the case this is not possible to assure the substitution treatment, motivation of clients to change their risky behaviour, respecting of "safe sex" principles, prophylaxis resulting in acquiring of basic social communication with the surrounding world (authorities, documents, etc.), consultations, potential crisis intervention; in motivated mothers to develop their self-view and reflection of own actions and motifs, modify self-assessment, assure more realistic assessment of the person and his/her relationships. Then intervention into the child's education and his/her activation and involvement into the usual life based on the possibilities of clients. The target population of pregnant women – drug users that decided to found a family but also drug users having children in their care or those whose children were taken away.

16.19 Parents of drug users

Parents' groups were offered by the majority of high quality contact, treatment and consulting centres. Some of them worked on the basis of anonymous self-help groups.

16.20 Drug use at the workplace

The pilot project on the drug prevention at the workplace was organised. Based on its results other people interested in its implementation applied for participation.

16.21 Ethnic minorities

The largest ethnic minority in the Czech Republic consists of Romanies. In the course of 1999 the Czech Republic became the target country of refugees mainly from the development countries and illegal workforce. Exchange programmes for minorities were successfully implemented in larger cities (Praha, Brno, Ostrava, Ústí nad Labem, Chomutov, Teplice).

In 1999 several surveys oriented on Romany young people were carried out under the aegis of the Institute of Social Studies of the Faculty of Arts of Charles University in

Prague. They also included the mapping of knowledge, experience and attitudes to the drug use.

17. Quality Assurance

17.1 Research

For the area of drug demand reduction the project of Analysis of Institutional Response and Quality of Institutional Integration was prepared with the objective to develop and to apply the national research strategy and the tool that would enable to monitor the differentiated network of different institutionalised forms of intervention in the area of illegal drug demand reduction in the Czech Republic while considering their specifics and mutual links.

The psychiatric centre in Prague launched the project of analysis of institutionalised response and the quality of institutional integration with the objective to develop and apply on the national level the research strategy and the tool enabling to monitor the differentiated network of different institutionalised forms of intervention in the area of demand reduction for illegal drugs in the Czech Republic while considering their specifics and mutual links.

See „PAD“ – page 17.

17.2 Evaluation

Non-profit NGOs and grant agencies expressed their interest in the methodology and forms of evaluation in the past. Last year criteria of efficient specialised programmes for problematic drug users and drug addicts were created and the system of quality assurance and evaluation was established. This system is fully in line with the EU requirements.

The Ministry of Education created and implemented the evaluation project "Minimal Preventive Programmes in School Facilities".

17.3 Training

Last year the education in the area of drug demand reduction focused mainly on public administration representatives, teachers and other teachers, professionals and paraprofessionals in the area of treatment and resocialising.

In the course of 1999 the distant basic and upgrade training of drug co-ordinators was organised with the objective to provide for the definition of regional strategies, plans and to implement the Drug Policy Concept on the local level.

The professional education in the area of primary prevention mainly focused on teachers in school facilities. This was the postgraduate programme called "National Educational Curricula" at Teachers' Training Faculties. 8 Teachers' Training Faculties participated in the mentioned programme. Then special educational courses for teachers on primary drug prevention and seminars on the implementation of minimal preventive programmes at schools were organised.

In the area of treatment and resocialising PMI organised seminars and specialised conferences leading to the qualification improvement in the field of addictive disease treatment.

The first postgraduate training was organised for methadone programme staff. The training was completed by 30 attendees who received the certificate authorising them to methadone prescription.

WHO participated in the training of general practitioners in the area of prevention of problems caused by addictive substances and in the support of harm reduction programme in the Czech Republic.

Other activities included the project "Education in the Area of Follow-up Care" and "Interdisciplinary Education in the Area of Drugs" and "Summer School of Harm Reduction" organised by the Association of Non-governmental Organisations.

PMI organised the training of laic healers in co-operation with NGOs.

CONCLUSIONS

21. Main Issues and Future Information Needs

21.1 Summary of main points, key trends and new developments

- The number of problematic drug users and experimenting youth increases each year.
- Estimation of national level prevalence of problematic drug users varies between 2.5 - 4.7 / 1000 inhabitants (age 15 – 54 years).
- The drug offer aggressively moves from large cities into smaller municipalities which is supported by relatively low prices of drugs.
- The most common drug in the Czech Republic used by problematic users is pervitin and among the young population it is also marihuana.
- The number of injection drug addicts suffering from viral hepatitis C goes up each year.
- Last year the amount of seized drugs significantly increased.

- The work of the National Drug Commission was stabilised and the network of drug co-ordinators on the district level proved to be successful.
- The amendment to the Criminal Code and Offence Act make the recourse for drug related crimes stricter.
- The network of treatment and contact centres was expanded and stabilised. Accreditation principles contribute to the quality of their activity.
- Extensive activities within primary prevention programmes were launched and they cover the prevention of legal and illegal drug use (children and youth, women, parents).
- The Ministry of Health of the Czech Republic prepared the introduction of the substitution therapy as a part of comprehensive care for drug addicts, standards of methadone treatment were defined and training courses were organised for methadone programme staff.

21.2 New information needs and priorities for the future

The wider objective of the new development in Drug policy is to develop and strengthen an efficient legal and institutional framework, meeting EC best-practice in professional and technical capacities, for planning and implementation an effective drug policy in the Czech Republic: combating drug crime and drug addiction, as well as the improvement of drug addict treatment services, in line with EC requirements.

Other specific tasks include:

- systematic analysis of impact of the new drug legislation in the Czech Republic
- update of information on the drug scene among youth (through the national questionnaire survey)
- finalisation of the legislation and assurance of the functionality of the problematic drug user register in the Czech Republic
- improvement of mutual information flow of different sources of mortality data in connection with the drug use using the International Classification of Diseases (ICD codes)
- creation of the legislative, personnel and material statute of the National Focal Point in accordance with EMCDDA recommendation

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DEMOGRAPHICAL DATA**Population (31. 12. 1998) by Age and Gender**

Age	Total	Male	Female
0	90 215	46 387	43 828
1 - 4	381 546	195 864	185 682
5 - 9	623 392	319 698	303 694
10 - 14	656 318	335 895	320 423
15 - 19	733 248	375 486	357 762
20 - 24	910 017	463 606	446 411
25 - 29	775 299	396 564	378 735
30 - 34	694 956	354 877	340 079
35 - 39	647 562	329 474	318 088
40 - 44	745 706	374 777	370 929
45 - 49	807 963	402 375	405 588
50 - 54	775 874	380 959	394 915
55 - 59	583 573	280 169	303 404
60 - 64	452 514	208 240	244 274
65 - 69	463 725	202 352	261 373
70 - 74	409 171	161 579	247 592
75 - 79	304 286	108 265	196 021
80 - 84	115 042	36 601	78 441
85 >	119 214	32 267	86 947
Total Number	10 289 621	5 005 435	5 284 186

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