National Drug Policy Strategy for the Period 2010 - 2018

Introduction

The National Drug Policy Strategy for the Period 2010 to 2018 was adopted by virtue of Government Resolution No. 340 on 10 May 2010. It is the fifth strategic document on the Czech drug policy since 1993, the year when the first drug policy programme, for the period 1993 to 1996, was conceived.

For the first time, the new National Strategy is defined as a long-term strategic document spanning a period of nine years. Its time framework and its long-range strategic nature are probably the most distinctive features in which this document differs from its predecessors. As regards the issue of drugs, until recently the Czech Republic used mid-term strategic documents (covering periods of four to five years) which, to a varied degree, also set out specific problem-solving approaches.

This strategy is intended to serve the individual drug policy stakeholders as a guide showing the path which the Czech drug policy will follow in the next nine years and defining the background and principles which the Government finds efficient and meaningful in tackling the problem of drug use. In particular, these include a well-balanced approach and the equivalent application of all four traditional cornerstones of the drug policy, ranging from prevention to law enforcement. Furthermore, there are the guiding principles which should be applied to adopting decisions relevant to the drug policy: the principles of realistic, rational, and informed decision making, of long-term and comprehensive planning, of a comprehensive approach to the issue of both legal and illegal drugs, of rational funding, and of service quality, and the principle of partnership and joint accountability. Four main drug policy objectives have been set. They determine the final purpose of all the activities pursued by the entities involved in the drug policy.

Three consecutive three-year action plans covering the period of the operation of the Strategy will articulate specific tools and activities and define specific priorities which the drug policy should account for in the respective forthcoming periods. In comparison to the Strategy, the action plans provide instruments which may respond to any changes in the drug situation more flexibly and facilitate the effective allocation of resources available to deal with pressing issues on the basis of needs that have been formulated.

Undoubtedly, in the course of the forthcoming nine years the Czech drug policy will have to respond to a number of both traditional and emerging challenges. Therefore, it is appropriate to wish it a great deal of all the support necessary for its implementation and, to all those who are developing it and carrying it out, as well as any other drug policy stakeholders, success and perseverance in their work.

The Secretariat of the Government Council for Drug Policy Coordination would like to express their sincere thanks to all the members of the working groups, representatives of the ministries and professionals, who were actively involved in the development and review of the 2010-2018 National Drug Policy Strategy.

Secretariat, Government Council for Drug Policy Coordination

1. Preamble

Both in our country and globally, the use of addictive substances and their illicit handling is perceived as a serious problem which continues to pose a threat to the health, safety, well-being and prosperity of the population, in particular young people. It undermines sustainable development, political stability, and democratic institutions; it compromises the safety of countries and the rule of law, inflicts suffering on both individuals and families, and leads to the loss of people's lives. The Czech Republic is well aware of these dangers and regards it as its responsibility to actively pursue and support, both on its own territory and within international collaboration, a consistent drug policy in order to secure health, dignity, and safety for human society.

Therefore, as early as 1993 the Government of the Czech Republic laid the foundations for the national drug policy, which have been further advanced and updated. In its drug policy, the Government also declares its support for the United Nations Organisation's ("UN") international conventions on drugs, the Political Declaration on Guiding Principles of Drug Demand Reduction, adopted in June 1998 by a Special Session of the UN General Assembly, the Political Declaration and the Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (UN Commission on Narcotic Drugs, March 2009), the conclusions of the Dublin Conference EU Strategy on Drugs – The Way Forward – held in May 2004, and the Health for All in the 21st Century policy promoted by the World Health Organisation. The National Drug Policy Strategy for the Period 2010 to 2018 ("the 2010-2018 National Strategy") builds upon the objectives and measures laid down in the EU Drugs Strategy (2005-2010) and the EU Drugs Action Plan for 2009-2012.

There are correlations with the drug policies adopted by the EU and its member states that are of particular significance for the Czech Republic in this period of time. It is becoming apparent that all EU member states draw on the same core principles: they adopt a well-balanced approach to the reduction of drug supply and demand and conceive their drug policies in such a way as to reinforce the underlying values of the European Union: respect for human dignity, freedom, democracy, equality, solidarity, the rule of law, and human rights. The goals of each EU member state's strategies and action plans are to secure and enhance the well-being of both society and individuals, protect public health, and provide a high standard of security for the general public. The Czech Republic incorporated these approaches, principles, and aims into its drug policy even prior to its accession to the EU. Now, being a member of the Union, it is working on their further development and improvement.

The present 2010-2018 National Strategy builds upon the National Drug Policy Strategy for the Period 2005-2009. It is based on the results of the evaluation of its implementation and the analysis of the drug situation in the years from 2005 to 2008. The evaluation showed that most of the key objectives defined by the previous strategy remain valid for the forthcoming period. The long-term orientation of the Czech Republic's drug policy requires no major revision. Its content, however, needs to take into account the objective results that have been achieved (see Appendix 1).

In the past five years the numbers of problem users of illicit drugs have been kept relatively stable. The level of health consequences of drug use – infectious diseases and deaths – has remained low. The basic network of programmes and services pertaining to the primary, secondary, and tertiary prevention of substance abuse, featuring a relatively wide range of interventions, has been successfully maintained and a system for the assessment of the professional competency (quality) of such programmes and services has been established. On the other hand, the network of specialised outpatient healthcare facilities has not been consolidated. At present, the field of services for drug users is endangered by a reduction in financial support from public budgets.

As far as experimental use is concerned, the rising trend in such use among young people has been stopped. Nevertheless, the levels of experimental use of drugs, cannabis in particular, in the Czech Republic rank among the highest in Europe. Neither has the increase in drug use in the general (adult) population of the Czech Republic been reversed; the consumption of illegal drugs has risen. Efforts to reduce the availability of the most commonly used drugs among the general population, especially cannabis, have been to no avail. The situation concerning the use of alcohol among young people in the Czech Republic has not improved since the 1990s, which is alarming information given the relatively high level of alcohol use (including risk patterns of excessive drinking). For this reason, targeted and systematic preventive measures aimed at reducing the demand for both legal and illegal drugs, particularly in relation to the most vulnerable target groups of adolescents and young adults, must receive special attention in the forthcoming period.

The previous findings suggest that the Czech Republic is at least able to succeed in coping with the gravest threats posed by the complex drug phenomenon. The problem use of illicit drugs, the area of deepest concern, is, to a great degree, under control in the Czech Republic, which is a positive message even within the EU context and against the background of an increased threat of the supply of opiates and the growing supply of stimulants observed around Europe, including our country, in recent years. In this respect, however, new concerns also arise with the spread of cocaine and synthetic drugs, or high-risk trends identified within marginalised social groups. In view of the above, the developments can hardly be considered favourable in all aspects. The pending challenges will need to be addressed in the period 2010-2018, which this National Strategy covers.

The maintenance of favourable indicators and changes in the adverse developments in the drug situation may only be accomplished by joint and coordinated procedures based on both the formal and informal collaboration of entities whose agenda concerns the problem of drug use operating at all levels of public administration and society in general. Civil society's involvement in addressing drug policy-related issues, as envisioned by the Green Paper on the role of civil society in the drugs policy in the European Union, should also be taken into account. One of the objectives of this Strategy is to encourage the active involvement of the largest possible proportion of Czech society in activities intended to facilitate the improvement of the situation concerning the supply and use of drugs and the adverse consequences this implies.

The 2010-2018 National Strategy does not disregard the domain of legal drugs, but places particular emphasis on incorporating this issue into the national drug policy in all areas where it is feasible and practical.

The tenets and principles which the Czech drug policy had pursued since the early 1990s were subsequently stipulated in Act No. 379/2005 Coll. on measures for protection from the harm caused by tobacco products, alcohol, and other addictive substances, and on amendments to other related laws. Narcotic and psychotropic substances, including preparations containing such substances, which are subjected to control in the Czech Republic are defined in Act No. 167/1998 Coll., on addictive substances and on amendments to other related laws (Schedules 1 to 8 thereof); hereinafter also referred to as "illegal/illicit drugs"). The 2010-2018 National Strategy uses the term "drugs" to refer to narcotic and psychotropic substances as specified in the above-mentioned law, universally available substances (organic solvents and other volatile substances), and addictive substances which are highly tolerated by our society and promoted in public (alcohol and tobacco – so-called legal drugs).

The previous National Drug Policy Strategy for 2005-2009 had already declared the intention to focus on all types of drugs, including legal ones. In operational terms, however, the content and scope of the action plans mainly concerned the issue of illegal drugs. The results

of the evaluation showed that the drug policy has not managed to fully incorporate the domain of legal drugs, which is demonstrated by the inconsistent structure of coordination mechanisms in relation to legal drugs, the limited availability of data on alcohol and tobacco, and the absence of a solid network and range of services intended for the users of legal drugs. In the Czech Republic, the issue of alcohol and tobacco has also been dealt with by other strategic documents with a broader scope, including, in particular, the Long-term Plan for Improving the Health of the Czech Population – Health for All in the 21st Century, which also addresses illegal drugs but only marginally, however. The 2010-2018 National Strategy will strive to ensure that close links between the measures aimed at both legal and illegal drugs are established at a strategic level in the future.

The Strategy was developed with the collaboration of experts from departmental agencies and other central institutions, regional authorities, research and academic establishments, and both governmental and non-governmental organisations – service providers. It is, therefore, a consensual outcome of work carried out by representatives of the public administration on the central and regional levels, as well as representatives of the professional community.

2. National Drug Policy Strategy for the Period 2010 to 2018

The 2010-2018 National Strategy is the key policy document of the Government of the Czech Republic and the statement of a programme outlining the intentions and procedures to be followed by the Government in tackling the problem of drug use. It updates the previous strategies in accordance with the current state of the art of scientific knowledge about the phenomenon of drug use, its consequences, and efficient solutions to the problems related to drug use. Conceived as a comprehensive and policy-setting document, the 2010-2018 National Strategy defines the basic starting points for and directions of the measures aimed at dealing with the drug problem and the principles and approaches which the drug policy is based on; it sets objectives which it seeks to achieve and priorities which should be taken into account in implementing the measures to be taken in the forthcoming nine-year period. In addition, the strategy includes a set of measures designed to accomplish the objectives which is further elaborated in the action plans for the implementation of the 2010-2018 National Strategy, including the quantification/identification of the resources necessary for putting it into practice.

Main purposes of the Strategy:

- to designate the core approaches, principles, and objectives, as well as determining the priorities of the national drug policy of the Czech Republic for all the segments of public administration and for civil society;
- to outline the institutional and organisational framework of the drug policy and the responsibilities and competences of all the major segments of the public administration system in relation to the drug policy;
- to establish liaison between public administration, non-governmental, and self-help organisations at all levels of the implementation of the drug policy;
- to provide institutions, organisations, and civil society with the opportunity to take an active part in the implementation of the national drug policy and assist in fulfilling its objectives;
- to inform both the professional community and the lay public about the nature of the national drug policy of the Czech Republic, its goals, and the priorities it strives to pursue in order to facilitate collaboration on both the national and international levels.

3. General Background

The problem of drug use

The use of addictive substances is a complex and multifaceted phenomenon involving a range of interacting potential risks to both individuals and society. In tackling the problem of drug use, the Czech Republic will build upon *Health for All in the 21st Century*, a concept introduced by the World Health Organisation, which addresses drug use as a menace to public health. The greatest concerns include the adverse social, health, legal, safety, and economic implications, which have a negative impact on the healthy development of both individuals and society in all the above-mentioned aspects.

Drug policy

A drug policy is a comprehensive and coordinated body of preventive, educational, therapeutic, social, regulatory, control, and other measures, including law enforcement, carried out at the international, national, regional, and local levels. Its purpose is to secure health and the protection and safety of individuals, society, and property from health, social, and economic harm and the consequences of drug-related crime.

In view of the above, the Czech Republic's drug policy is underpinned by two central concepts, which complement each other rather than being contradictory:

Protection of public health

The concept of public health protection, defined by the World Health Organisation, is based on a comprehensive aggregate of preventive, educational, therapeutic, social, regulatory, and control measures, including law enforcement measures (focusing on the reduction of the supply and demand of drugs and adherence to the law). These are aimed at improving the health, social, economic, safety, and legal conditions which have a bearing on the healthy development of the individual and society. The notion of public health protection and support is also pursued by the European Union; it is provided for in the Lisbon Treaty.

Protection of the safety of individuals and society

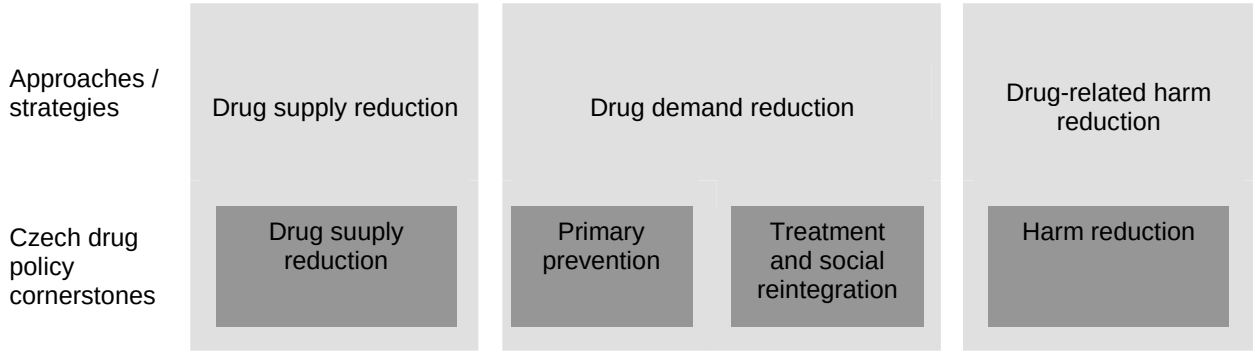
The production, supply, and unauthorised handling of illicit drugs are illegal practices associated with criminal behaviour. While any level of these illegal practices compromises the safety of both individuals and society, the organised forms of crime related to the manufacturing and distribution of drugs and/or the laundering of the money originating from drug trafficking, especially on an international scale, are of particular concern. The handling of legal drugs which goes beyond the boundaries set by the law also poses a risk. The solution to the above-stated problems requires coordinated and sustained efforts on the part of all the drug policy stakeholders in order to ensure the safety of both individuals and society to a maximum degree.

4. Approaches to the problem of drug use

According to the Government of the Czech Republic, for an approach to be effective and lead to a solution to drug-related problems, it needs to be comprehensive, multidisciplinary, and well-balanced. Such an approach must be based on robust nationwide, interdepartmental, interdisciplinary, and inter-agency collaboration at all levels. It is underpinned by the comprehensive, evidence-based, and balanced application of three core strategies/approaches pursued in a modern drug policy. These mutually irreplaceable and complementary approaches include:

- drug supply reduction (controlling the sale and distribution of legal drugs and clamping down on the illicit manufacturing and supply of illegal drugs),
- drug demand reduction (primary prevention, treatment, and social reintegration of users),
- reduction of the harm associated with drug use.

In view of the context of these approaches, the Czech drug policy will continue to feature four cornerstones: primary prevention, treatment and social rehabilitation, harm reduction, and a reduction of the availability of drugs.



Interventions pertaining to the four fundamental areas of the drug policy may be carried out effectively only in a functional institutional environment based on international commitments, experience, and collaboration, on research evidence, information, and the evaluation of the measures being delivered in order to ensure that only effective interventions and activities receive public funding. In all the areas, the activities must be coordinated to ensure that the objectives set in the Strategy are accomplished through joint efforts. Another precondition is support from the public, its awareness, a proactive approach, and refraining from trivialising undesirable and unlawful phenomena. Such an approach makes it possible to have an impact on the problem of drug use, ranging from discouraging individuals from experimenting with drugs to reducing the negative health, social, economic, and safety consequences of drug use.

5. Principles of the Czech Republic's Drug Policy

In the 2010-2018 period the Czech drug policy will continue to be based on the following principles:

- **European values**

The 2010-2018 National Strategy acknowledges and promotes the shared European values: respect for human dignity, freedom, democracy, equality, solidarity, responsibility, the rule of law, and human rights, including the right to health, health care, and equal access to services.

- **Comprehensive approach to the issues of both illegal and legal drugs**

The use of both legal and illegal drugs has a grave impact on society. In addition, there is evidence of a relationship between the use of alcohol, tobacco, and illicit drugs. In systematic strategic terms, the 2010-2018 National Strategy seeks to define and stipulate the networking and coordination necessary to tackle the problems associated with the use of both legal and illegal drugs.

- **Long-term and comprehensive planning**

The solution to the drug problem requires a long-term comprehensive and structural approach in which all the drug policy stakeholders assume indispensable and equal roles. No changes in the adverse developments which this complex phenomenon has experienced may be achieved by means of fragmentary or isolated measures in any one of the areas of drug interventions; long-term and comprehensive efforts and strategies are imperative.

- **Realistic decision making – use of evidence and evaluation of effectiveness**

A realistic drug policy, and the activities it involves, is founded on an analysis of the current state of affairs and on the problems, needs, and priorities that have been identified, i.e. on scientific evidence and data rather than on assumptions and beliefs. Research and the practical application of its findings are encouraged and supported in order to use and implement evidence-based and effective strategies and interventions.

A realistic drug policy must ensure that its actions are consistently monitored, the effectiveness of such actions is evaluated, and the activities conducted as part of such a policy are reviewed and modified in the light of the emerging trends in drug use and the research evidence concerning ways of dealing with such new challenges. The 2010-2018 National Strategy is structured in such a way as to facilitate the evaluation of its implementation and effectiveness; its objectives are realistic (i.e. achievable) and measurable (i.e. easy to assess).

- **Rational funding and service quality guarantee**

As an innovation, the action plans for the implementation of the 2010-2018 National Strategy contain information of relevance to the budget and the quantification of financial resources. This element will be used as a tool for decision making about the rational funding of drug policy measures as early as during the planning of such measures. Moreover, this feature makes it easier to understand that it is impossible to execute effective drug policy measures without the provision of adequate funding for their implementation.

The notion of rational funding also involves support for services providing good-quality programmes. This is especially ensured by the system for certifying the professional competency of services for drug users in the fields of prevention, harm reduction, treatment, and aftercare, as well as by other schemes used to perform professional and objective evaluation of the quality of services. Without providing proof of its quality, a service cannot be eligible for public funding.

- **Partnership and common approach**

The 2010-2018 National Strategy promotes partnership and broad liaison between all the segments of the public administration and civil society. Integrated and coordinated efforts pursued at local/community, regional, national, and international levels increase the probability of effective action and success in achieving the goals that have been set.

6. Objectives of the 2010-2018 Drug Policy

In terms of the drug policy's purpose – to ensure the protection of individuals and society from the health, social, and economic risks of the harm which drug use may cause and secure individuals, society, and property against the consequences of crime associated with drug trafficking and use – and in terms of the well-balanced application of three core approaches to the problem of drug use – drug supply reduction, demand reduction, and the reduction of the potential risks associated with drug use – the Strategy features four key objectives linked to its four corresponding cornerstones:

	Objective I	Objective II	Objective III	Objective IV
Strategic objective	To reduce the level of experimental and occasional drug use, particularly among young people	To reduce the level of problem and intensive drug use	To reduce potential drug-related risks to individuals and society	To reduce the availability of drugs, particularly to young people
Drug policy cornerstones	Primary prevention	Treatment and social reintegration	Harm reduction	Drug supply reduction

The objectives of the strategy can only be achieved if the corresponding conditions for their implementation are created and the existing organisational setting is improved. It is necessary to enhance the existing system of coordination and ensure the effective allocation of resources (funding in particular), provide good information, support research, engage in international collaboration, comply with international obligations, and make use of foreign experience. Therefore, measures and interventions pertaining to the following domains also constitute an integral part of the national drug strategy:

- **Coordination and funding.** The coordination and rationalisation of resources involve organisational activities performed by the public administration. They include the mechanisms used to provide for the coordination and effective distribution of responsibilities among the public administration agencies and other institutions, as well as securing the optimisation of resources in order to prevent any overlaps in the funding of drug policy interventions. In view of the above, the activities falling under this area will be deployed to provide the infrastructure necessary to implement the drug policy.
- **Monitoring, research, and evaluation.** Valid, timely, and comparable data on the scope and consequences of drug use are the fundamental prerequisite for the adoption of qualified decisions, both political decisions at the national and local levels and individual (personal) ones. Evaluation is necessary in order to assess the effectiveness of the measures adopted and the rational allocation of resources; whether they were spent on truly effective interventions. Thus the purpose of the activities pertaining to this domain is to provide decision makers, the professional community, and the general public with a sufficient amount of relevant information on the situation concerning the supply and use of drugs in the Czech Republic and on the effectiveness of the measures being carried out.
- **International cooperation.** Engagement in international cooperation is defined in terms of the global perspective on the problem of drug use; on one hand, it determines the best possible options for the Czech Republic to become involved in international activities, including those pursued within the European structures, and the possibilities of its participation in the development of the international drug policy framework. On the other hand, it allows the Czech Republic to build on foreign experience.

The objectives of the strategy and further activities pertaining to different supporting technical and organisational areas are elaborated on, separately for each of the drug policy domains, in three Action Plans for the Implementation of the National Drug Policy Strategy for the period 2010 to 2018 ("Action Plans"), covering the periods 2010-2012, 2013-2015, and 2016-2018.

7. Priorities of the 2010-2018 Drug Policy

The National Drug Policy Strategy for the Period 2010 to 2018 also sets out the priorities of the drug policy which will be considered when making decisions on and implementing actions pertaining to the drug policy's intervention domains, which represent the four cornerstones of the drug policy and three supporting domains (Coordination and Funding; Monitoring, Research, and Evaluation; International Cooperation).

The drug policy priorities are covered in more detail in the three Action Plans for the Implementation of the National Drug Policy Strategy for the Period 2010 to 2018. The respective Action Plans elaborate on the priorities with a view to the period under consideration and each Action Plan reviews the priorities against an analysis of the current state of affairs.

An overview of the framework for the 2010-2018 National Strategy is provided in the figure below.

NATIONAL DRUG POLICY STRATEGY FOR 2010-2018

Purpose:
To ensure the protection of individuals and society from the health, social, and economic risks of harm which drug use may cause and secure individuals, society, and property against the consequences of crime associated with drug trafficking and use

Primary Prevention

To reduce the level of experimental and occasional drug use, particularly among young people

In particular, prevention involves the implementation of specific preventive activities (of evidence-based effectiveness). In terms of specific prevention, the interventions seek to bring about especially the following changes:

- motivation to drug-free lifestyles;
- motivation to resume drug-free lifestyles if episodes of experimental or occasional drug use occur;
- delay in the onset of experimenting with drugs (drug use) until an older age;
- reduction in the level of drug use if episodes of experimental or occasional drug use occur;
- reduction of the risks associated with drug use if episodes of experimental or occasional drug use occur.

Treatment and social reintegration

To reduce the level of problem and intensive drug use

Interventions carried out in the domain of treatment and social reintegration seek to bring about especially the following changes:

- return to drug-free lifestyles in people who use addictive substances on a regular or long-term basis or in people who are dependent on addictive substances;
- improvement in the general health status of drug users and those dependent on addictive substances, including their psychiatric and somatic comorbidity;
- improvement in the social status and the level of social reintegration of drug users and those dependent on addictive substances;
- reduction of the risks of negative health and social consequences for drug users and those dependent on addictive substances.

Harm reduction

To reduce potential drug-related risks to individuals and society

Harm reduction interventions seek to minimise the adverse health and social consequences of drug use for both society and current drug users. They focus on:

- reduction of the risks of negative health consequences (both physical and mental) for drug users and those dependent on addictive substances; in particular, such consequences include overdoses, infectious diseases and other somatic and psychiatric comorbidities;
- reduction of the risks of negative social consequences for drug users and those dependent on addictive substances; in particular, such consequences include unemployment, problems in family life and social interactions and/or offending;
- reduction of the level of drug use and motivation to resume drug-free lifestyles in drug users and those dependent on addictive substances.

Drug Suppply Reduction

To reduce the availability of drugs, particularly to young people

Particularly on the basis of the more efficient use of the existing legislative and institutional instruments, law enforcement interventions focus on:

- reduction of the availability of legal and illegal drugs, particularly in relation to children and young people;
- regulation and control of the market in narcotic and psychotropic substances, preparations, and drug precursors;
- combating crime related to the unauthorised production, supply, and other handling of drugs, particularly with regard to its organised and international forms;
- protection of the health and safety of individuals and society and protection of property from crime related to the production of and trafficking in drugs and from its consequences in a way which minimises the harm sustained by individuals and society.

Coordination and funding – Coordination and rationalisation of resources involve organisational activities performed by the public administration. They include the mechanisms used to provide for the coordination and effective distribution of responsibilities among the public administration agencies and other institutions, as well as securing the optimisation of resources in order to prevent any overlaps in the drugs sphere. In view of the above, the activities falling within this area will be deployed to improve coordination and funding.

Monitoring, research, and evaluation – The activities will be oriented towards collecting valid, timely, and comparable data on the scope and consequences of drug use as the fundamental prerequisite for the adoption of qualified decisions (political decisions at the national and local levels, as well as individual ones). Evaluation methods will be used to assess the effectiveness of measures taken as the basis for rational decision making about the allocation of resources. Decision makers, the professional community, and the general public will be provided with information on the drug problem and on the effectiveness of measures being carried out to tackle it.

International cooperation – The engagement in international cooperation is defined in terms of the global perspective of the drug problem; on one hand, it determines the best possible options for the Czech Republic to become involved in international drug policy issues, including those addressed within European structures, and its participation in the development of the international framework of the drug policy. On the other hand, it allows the Czech Republic to build on foreign experience.

8. Action Plans for the Implementation of the National Drug Policy Strategy for the Period 2010 to 2018

The Action Plans for the Implementation of the National Drug Policy Strategy for the period 2010 to 2018 ("Action Plans") provide a more thorough coverage of the actions planned to be carried out in order to meet the objectives of the 2010-2018 National Strategy, as well as defining measures to be pursued in the supporting technical and organisational domains. Three action plans will be drawn up during the operation of the Strategy. They will cover the periods 2010-2012, 2013-2015, and 2016-2018.

In addition to being an integral part of the 2010-2018 National Strategy, the Action Plans function as:

- the Strategy's implementation tools for the given area – they set out specific activities and deliverables, the distribution of responsibilities, the deadlines for completion, and the estimated sources needed to carry out the activities;
- the Strategy's implementation control instruments – they define the indicators of achieving the objectives as set and the indicators of taking action as planned, and identify the necessary sources of information for each indicator;
- regulatory documents in relation to the implementation of the drug policy by different entities active in the given sphere – they define the drug policy's priorities for the period of time covered by the respective action plan.

9. Roles and Responsibilities of the Key Drug Policy Stakeholders

The national drug policy is pursued in liaison among the representatives of the public administration agencies at all levels and in association with the members of professional associations and the representatives of civil society. At the central level, the implementation of the measures ensuing from the national drug strategy is the responsibility or co-responsibility of the member of the Government in charge of the respective department or the competent official from the Government Council for Drug Policy Coordination.

9.1. Government Council for Drug Policy Coordination

The Government Council for Drug Policy Coordination ("GCDPC" or "the Council") is an advisory, coordinating, and initiating body of the Government of the Czech Republic as far as drug policy-related issues are concerned. It creates a platform for continuous communication with ministries, other segments of the public administration, and other entities involved in the implementation of the drug policy (including non-governmental non-profit organisations and professional associations). The Council submits proposals for measures and activities pertaining to the drug policy to the Government, coordinates and evaluates their implementation, and checks whether, and to what extent, the tasks ensuing from the National Strategy and the Action Plans are fulfilled at all levels. The Council makes recommendations for the funding of drug policy programmes delivered at both the central and local levels. The Council also guarantees the system assuring the quality of programmes featuring drug use prevention and harm reduction and the treatment and social reintegration of drug users and people dependent on addictive substances. In addition, the Council coordinates the Czech Republic's involvement in international and European activities concerning drug issues.

In dealing with the practical day-to-day agenda related to the above activities, the Council is assisted by its Secretariat – the Secretariat of the Government Council for Drug Policy Coordination ("the GCDPC's Secretariat") – which is an integral organisational unit of the Office of the Government of the Czech Republic. The GCDPC's Secretariat is responsible for the preparation of strategic drug policy documents, the practical implementation of such documents, the day-to-day coordination of the drug policy between the Council's sessions, the funding of drug policy programmes, the

certification of the professional competency of services for drug users, and for international collaboration. Furthermore, the GCDPC's Secretariat manages the activities of other instruments, such as committees and working groups, used to coordinate and pursue the drug policy and monitor the drug situation.

In addition, the Council coordinates the collection, analysis, and dissemination of data on drug use, its effects, and the drug policy measures taken. These activities are performed by means of the National Monitoring Centre for Drugs and Drug Addiction (the National Focal Point), an organisational unit of the Secretariat of the GCDPC. The National Focal Point provides coordination and methodological support for the activities carried out by the government departments and other entities involved in the collection of subdata concerning the indicators under scrutiny; the relevant planning and coordination activities are governed by the National Plan on Drug Information System approved by the GCDPC. In order to coordinate mutual communication, the National Focal Point also appoints working groups comprising representatives of ministries and other entities. Finally, the National Focal Point is the Czech national partner of the decentralised agency of the European Union for the monitoring of drugs – the European Monitoring Centre for Drugs and Drug Addiction – and the Czech partner of the REITOX network, established and supported by national governments and the European Union for the purpose of the monitoring of the situation concerning psychotropic substances.

The network of regional and local drug coordinators and regional and municipal drug commissions plays a significant role in the communication of tasks and knowledge from the central level to the local ones and vice versa. These entities assess the actions taken and their impact on the developments in drug use in the territory of the respective regions and participate in the review of drug policy interventions that have been carried out in the light of the needs identified in cooperation with the central institutions.

9.2. Competent Ministries

- **Ministry of Health**

This ministry is responsible for legislation concerning the legal handling of addictive substances, products, precursors, and adjuvants. It permits the handling of addictive substances, products containing them, precursors, and adjuvants; it authorises imports and exports of such substances, conducts inspections, and fulfils its duty to report the import, export, manufacture, consumption, and reserves of these substances for the purposes of UN and EU bodies. In addition, it is responsible for legislation regarding protection against the harm caused by tobacco products, alcohol, and other addictive substances, including the treatment of addictive diseases. The Health Ministry's other duties include the provision and funding of drug treatment, the reduction of health risks, and the provision of education and interventions promoting healthy lifestyles and professional training for health practitioners.

- **Ministry of Labour and Social Affairs**

The drug policy is part of the social policy of the government department responsible for labour and social affairs. This ministry is responsible for tackling social problems associated with the use of all types of drugs, i.e. legal and illegal ones, and for the delivery and funding of social services for individuals at risk of drug use, drug users, and their families and people close to them. The ministry is also responsible for legislation related to the building and financing of the system of social services for users of all types of drugs and for ensuring that the system is accessible and of good quality.

- **Ministry of Education, Youth, and Sports**

In the drug policy, this ministry is mainly responsible for primary prevention of the use of all types of drugs by children and young people, which is based on evidence-based measures and activities. The ministry is also responsible for the implementation of preventive programmes in schools and educational establishments and for the funding of other preventive programmes provided by both governmental and non-governmental

organisations. Last but not least, it is responsible for the professional training of teachers and education specialists in delivering prevention-oriented messages as part of their work with children and young people.

In terms of special education, the ministry is responsible for providing programmes dealing with early and crisis interventions and the therapeutic-educational care of children and young people who experiment with drugs or abuse them.

- **Ministry of the Interior**

As far as the drug policy is concerned, this ministry is mainly responsible for the regulation of measures designed to combat the supply of illegal drugs and for law enforcement in relation to the distribution of legal drugs. In general terms, it is responsible for the protection of public order and safety and for fighting crime committed in relation to all types of drugs. The ministry is also responsible for the professional training of staff working within this government department, including the Police of the Czech Republic. In addition, it provides accreditation for training programmes for officials from local and regional authorities who are concerned with prevention and work with drug addicts and their social environment. The Police of the Czech Republic endeavour to reduce supply mainly by detecting and combating organised drug crime and drug-related street crime and by enforcing the effective laws. They are responsible for the detection of unlawful conduct on the part of road users suspected of having consumed either legal or illegal drugs prior to or while driving. The Police of the Czech Republic are also required to enforce the law in relation to non-smoking regulations and the use of alcohol and addictive substances by individuals who perform activities which could pose a risk to their own life and health or that of other people and/or cause damage to property. The Police of the Czech Republic check on compliance with the obligations of entities operating retail outlets in relation to the sale of tobacco and/or alcohol to minors. They are responsible for the control of the illicit manufacturing and sale of legal drugs.

- **Ministry of Justice**

This ministry is responsible for drawing up legislative proposals in the field of criminal law. It creates conditions for the activities of courts and public prosecutor's offices in matters related to drug crime. The ministry is responsible for the operations of the Probation and Mediation Service, diversions in criminal proceedings, or alternatives to imprisonment. It is also responsible for the provision of services involving prevention, treatment, harm reduction, and the corresponding assistance for drug addicts on remand or serving a prison sentence. Finally, it is responsible for the professional training of judges, public prosecutors, and the staff of the Prison Service and the Probation and Mediation Service.

- **Ministry of Defence**

This ministry ensures the protection of the safety and sovereignty of the Czech Republic. It allocates forces and resources to be deployed in operations to support and maintain peace and in rescue and humanitarian missions outside the Czech Republic. Its role within the drug policy is mainly associated with concern about drug use among soldiers on active service. The ministry is responsible for the timely identification of problems related to the use of legal and illegal drugs among soldiers, the good professional training of the command corps, the staff of the military education system, and all the other employees of this government department in relation to the issue of the use of all drugs.

- **Ministry of Foreign Affairs**

This ministry coordinates the fulfilment of tasks ensuing from the international treaties by which the Czech Republic is bound and from the membership of the Czech Republic in the United Nations Organisation (UN); they include, in particular, the International Narcotics Control Board (INCB), the UN Commission on Narcotic Drugs (CND), and the UN General Assembly. In addition to the Ministry of Foreign Affairs, two other bodies, namely the European Affairs Section (formerly the Office

of the Minister for the EU Affairs) and the Department for Compatibility of the Office of the Government of the Czech Republic, participate in the coordination of European matters.

- **Ministry of Finance**

This ministry participates in the setting of rules for the funding of the non-profit-making sphere and supervises their accordance with Act No. 218/2000 Coll., on budgetary rules. It provides methodological guidance and consulting in relation to the granting of subsidies from the state budget and with regard to audits of the corresponding financial flows.

Within its terms of reference, the Customs Administration of the Czech Republic develops activities aimed at reducing the supply of drugs, precursors, tobacco, and alcohol, focused primarily on the detection of illicit shipments (from) abroad. In order to pursue these activities, the Customs Administration makes use of its control powers, which fall exclusively within the competence of the Customs Administration of the Czech Republic and are complementary to the authority of the Police of the Czech Republic. Moreover, it is responsible for the control and inventory of the legal production of opium poppy and industrial hemp. It provides support for and carries out prevention programmes associated with illicit trafficking.

- **Ministry of Industry and Trade**

Within its competence, the ministry is responsible for the control of advertising pertaining to legal drugs – alcohol and tobacco.

- **Ministry of Agriculture**

The ministry maintains technical collaboration with the General Customs Headquarters concerning the keeping of records relating to the legal production of opium poppy and industrial hemp, i.e. crops containing narcotic or psychotropic substances.

9.5. Regions and Municipalities

The regions and municipalities are key partners of central institutions in the preparation and pursuit of the national drug policy strategy and in the introduction of the drug policy at the relevant levels of public administration. They carry out drug policy measures and interventions in accordance with the main objectives, principles, priorities, and procedures recommended by the National Strategy, while taking into consideration local conditions and needs. For this purpose, the representatives of local government bodies are members of both the Government Council for Drug Policy Coordination and of the Council's advisory and working bodies, the working groups of the Council's Secretariat, and the National Monitoring Centre for Drugs and Drug Addiction.

To a varying degree, the regions and certain municipalities (particularly those with extended competences) also adopt their own drug strategies and plans, which are used as the basis for the implementation of measures suitable for the area in question. The diversity of their approaches is demonstrated by a range of aspects. Nevertheless, the coordination of the drug policy facilitates the growing harmonisation of action and the introduction of good practices stemming from the exchange of experience among regions.

According to Act No. 167/1998 Coll., on addictive substances and on amendments to certain other laws, the regions are responsible for inspection activities in healthcare establishments, including pharmacies.

9.6. Professional Associations, Non-Governmental Organisations, and Colleges/Universities

In terms of drug policy-related issues, key professional partners of public administration institutions at all levels include professional associations, non-governmental organisations,

research institutions, and colleges/universities[1]. In partnership with public administration bodies, their representatives are particularly involved in the planning and implementing of drug policy measures and activities, in the evaluation of such measures and activities, and in the enhancement of the quality and effectiveness of the services they provide using financial support from public funds.

The interests of the professional community and of the non-governmental and academic sectors are advocated by means of their representatives' membership of the Government Council for Drug Policy Coordination, the Council's advisory and working bodies, the working groups of the Council's Secretariat, and of the National Monitoring Centre for Drugs and Drug Addiction.

10. Time Frame

The Strategy is intended to remain in force from 2010 to 2018. The implementation of the Strategy will be facilitated by three Action Plans, each covering a three-year period. The fulfilment of tasks will be regularly evaluated (reviewed) on a yearly basis. In the years 2012 and 2015 the implementation and results of the respective action plans will be subjected to evaluation, the findings of which, in consideration of the existing situation concerning the developments in the drug problem and those in the organisational framework, will be used as the foundation for the articulation of the topical priorities of the drug policy and the drawing up of the next action plan.

The implementation of the National Drug Policy Strategy for the Period 2010 to 2018 will be evaluated in 2018. The results of the evaluation will be used to develop a drug policy strategy for the period from 2019 onwards.

[1] In the Czech Republic, associations with which the governmental agencies have maintained long-term liaison include the Society for Addictive Diseases of the J.E. Purkyně Czech Medical Association, A.N.O. – the Association of NGOs concerned with the prevention and treatment of drug addiction, and the Centre for Addictology, based at the Department of Psychiatry of the 1st Faculty of Medicine of Charles University in Prague and of the General University Hospital in Prague.

Appendix 1: Developments in quantitative indicators of the drug situation for the evaluation of specific strategic objectives set in the 2005-2009 National Drug Policy Strategy

Objective I: To stabilise or reduce the number of problem drug users

Table 1: Estimated number of problem drug users (Source: Mravčík et al., 2005-2009)

	2004	**2005**	**2006**	**2007**	**2008**
Estimate of problem users in total	30,000	31,800	30,200	30,900	32,500
Estimate of problem opiate users	9,700	11,300	10,500	10,000	11,300
- including heroin users	-	-	6,150	5,750	6,400
- including Subutex® users	2,028	2,699	4,300	4,250	4,900
Estimate of problem pervitin users	20,300	20,500	19,700	20,900	21,200
Estimate of injecting users	27,000	29,800	29,000	29,500	31,200

Table 2: Number and proportion of problem drug users who have used low-threshold services (Source: Mravčík et al., 2005-2009)

	2004	**2005**	**2006**	**2007**	**2008**
Number of problem drug users (PDUs) in contact with harm reduction programmes	24,200	27,800	25,900	27,200	28,300
Proportion of PDUs in contact	80.67%	87.42%	85.76%	88.03%	87.08%

Table 3: Number and proportion of problem drug users in treatment facilities and injecting use (Sources: Mravčík et al., 2005-2009; Výroční zprávy HS Hl. m. Prahy, Centrálního pracoviště drogové epidemiologie 2005-2009, ÚZIS)

		2004	**2005**	**2006**	**2007**	**2008**
Number of problem opiate users	Psychiatric facilities	4,592	5,558	4,640	4,259	4,585
	Drug treatment demand register maintained by the Public Health Service	2,169	2,058	2,126	1,961	2,063
	Final reports of outpatient treatment programmes covered by subsidy proceedings administered by the GCDPC's Secretariat	223	517	350	372	503
Number of problem pervitin users	Psychiatric facilities	2,579	2,662	3,055	3,272	3,330
	Drug treatment demand register maintained by the Public Health Service	4,790	4,855	4,889	5,177	4,925
	Final reports of outpatient treatment programmes covered by subsidy proceedings administered by the GCDPC's Secretariat	540	540	771	511	456
Number of injecting users in treatment (drug treatment demand register maintained by the Public Health Service)		6,364	6,125	6,054	6,109	5,986
Proportion of injecting route of administration among heroin users in treatment (drug treatment demand register maintained by the Public Health Service)		90.8	90.0	90.4	86.5	88.9
Proportion of injecting route of administration among pervitin users in treatment (drug treatment demand register maintained by the Public Health Service)		84.9	82.9	80.7	81.0	79.8

Table 4: Substitution treatment (Sources: Mravčík et al., 2005-2009; Výroční zprávy HS Hl. m. Prahy, Centrálního pracoviště drogové epidemiologie 2004-2009; ÚZIS–NRÚLISL; SÚKL)

	2004	**2005**	**2006**	**2007**	**2008**
Estimated number of Subutex® users – estimated by the NFP [a)]	-	-	4,300	4,250	4,850
Estimated number of Subutex® users – estimated by the NFP [b)]	2,030	2,670	3,120	3,030	3,280
Numbers of treatment demands in relation to the use of Subutex® as a drug of choice (drug treatment demand register maintained by the Public Health Service)	145 + 114 = **259**	225 + 187 = **412**	331 + 194 = **525**	315 + 211 = **526**	336 + 254 = **590**
Number of patients registered with specialised substitution centres (NRULIS, the Substitution Treatment Register operated by the Institute of Health Information and Statistics of the Czech Republic)	832	831	950	1,064	1,615
Consumption of Subutex® in the Czech Republic (grams) (Inspectorate for Narcotic and Psychotropic Substances, Czech Ministry of Health)	2,222	2,957	3,414	3,315	3,595

a) Multiplication method
b) The estimate was based on the consumption of Subutex® at average dosage and for an average period of time

Table 5: Average age of first treatment demands (Source: Výroční zprávy HS Hl. m. Prahy, Centrálního pracoviště drogové epidemiologie 2005-2009)

Users according to drug of choice	**2004**	**2005**	**2006**	**2007**	**2008**
Opiate users (years)	25.1	25.5	25.7	27.3	28.7
Pervitin users (years)	23.1	23.4	22.7	23.7	25.4

Objective II: To halt the rising experimental and recreational use of legal and illegal drugs

Table 6: Prevalence of substance use among the adult population in 2004 (ever and in the past 12 months (%) (Ústav zdravotnických informací a statistiky, 2005)

Drug	**Lifetime prevalence**			**Past 12 months**		
	Males	Females	Total	Males	Females	Total
Any illicit drug	28.3	16.4	22.3	13.9	6.8	10.4
Cannabis	26.0	15.2	20.6	12.5	6.1	9.3
Ecstasy	9.2	4.8	7.1	4.6	2.3	3.5
LSD	2.2	0.8	1.4	0.7	-*	0.4
Magic mushrooms, other natural hallucinogens	5.1	1.9	3.5	2.2	0.6	1.4
Amphetamines	3.6	1.5	2.5	1.2	-*	0.7
Opiates	0.8	-*	0.5	-*	-*	-*
Cocaine, crack	1.4	0.9	1.1	-*	-*	-*

Note: * In general population surveys, levels below 0.5% are considered zero.

Table 7: Prevalence of substance use among the adult population in 2008 (ever, in the past 12 months, and in the past 30 days (%). (Mravčík et al., 2009)

Drug	Lifetime prevalence			12-month prevalence			30-day prevalence		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Any illicit drug	45.0	27.8	36.5	22.2	11.6	17,0	13.5	5.1	9.3
Any illicit drug other than cannabis	21.3	11.6	16.5	9.8	4.7	7,3	4.1	1.7	2.9
Marijuana/hashish	42.5	26.0	34.3	20.1	10.1	15,2	12.4	4.6	8.5
Ecstasy	11.9	7.3	9.6	4.8	2.6	3,6	1.5	0.9	1.2
Amphetamine/pervitin	5.7	3.0	4.3	2.3	1.0	1,7	0.9	0.5	0.7
Cocaine	2.8	1.2	2.0	1.2	-*	0,7	0.6	-*	-*
Heroin	1.7	0.5	1.1	0.7	-*	-*	-*	-*	-*
LSD	7.8	3.4	5.6	2.8	1.4	2,1	0.9	0.6	0.7
Magic mushrooms	12.4	5.0	8.7	4.4	1.7	3,1	1.8	-*	1.1

Note: * In general population surveys, levels below 0.5% are considered zero.

Table 8: Prevalence of substance use among 16-year-old students in the 2007 ESPAD survey (%) (Csémy et al., 2009)

Drug	Prevalence for the past 12 months			Prevalence for the past 30 days		
	Boys	Girls	Total	Boys	Girls	Total
Any illicit drug	39.1	33.7	36.3	21.9	16.5	19.1
Any drug other than cannabis	8.9	6.8	7.8	3.7	2.7	3.2
Cannabis	37.8	32.1	34.8	20.9	15.6	18.1
Inhalants	3.4	3.3	3.4	1.9	1.5	1.7
Magic mushrooms, other natural hallucinogens	4.1	2.4	3.2	0.8	0.4	0.6
Ecstasy	3.0	2.9	3.0	1.4	0.9	1.2
LSD	3.0	2.3	2.7	1.4	0.9	1.1
Pervitin	2.3	2.0	2.1	1.2	1.2	1.2
Heroin, opiates	1.2	1.2	1.2	0.7	0.5	0.6
Cocaine	0.8	0.3	0.5	0.3	0.2	0.3

Table 9: Proportion of 16-year-old students having their first experience with the use of legal and illegal drugs at the age of 13 or younger as shown by the ESPAD survey (%) (Csémy et al., 2009)

	1999	2003	2007
Cigarettes – first cigarette	51	54	57
- daily	11	13	13
Alcohol (at least one drink)			
Beer	54	59	66
Wine	52	57	52
Spirits	29	34	30
Drunk	16	19	18
Cannabis (marijuana or hashish)	1	6	9
Amphetamines			0
Ecstasy	0	1	1
Inhalants	2	2	2
Tranquillisers/sedatives	3	2	2

Table 10: Risk of the use of addictive substances once or twice in a lifetime as perceived by young people – “great risk” responses (%), ESPAD (Csémy et al., 2009; Csémy et al., 2006)

	1999	2003	2007
Cigarettes (a pack or more per day)	63	67	52

Alcohol (5+ drinks over the weekend)	28	25	36
Cannabis (marijuana or hashish)	19	13	18
Amphetamines	36	37	42
Ecstasy	32	23	26
Inhalants	44	38	n.a.

Table 11: Heavy use of alcohol among 16-year-old students (%), ESPAD*, (*Sources: Csémy et al., 2009; Csémy et al., 2006)

	Boys				**Girls**				**Total**			
Excessive amounts of alcohol	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
	19.9	24	23.1	23.5	6.6	10.4	12.6	16.7	13.9	16.8	17.5	19.9

Table 12: Lifetime, 12-month, and 30-day prevalence rates of substance use among dance partygoers (Source: Tanec a drogy, 2000-2007)

	Lifetime			**12 months**			**30 days**	
	2000	**2003**	***2007***	**2000**	**2003**	***2007***	**2003**	***2007***
Alcohol	86.6	97.9	***96.8***	81.4	95.0	***94.4***	84.0	***89.6***
Cannabis	82.6	91.9	***91.2***	78.9	84.4	***75.8***	64.4	***60.0***
Ecstasy	53.6	66.9	***69.0***	39.3	54.0	***49.7***	32.5	***30.0***
Pervitin	33.4	44.6	***47.6***	21.7	24.9	***28.0***	13.8	***15.8***
Magic mushrooms	37.8	43.0	***47.6***	21.4	20.3	***19.8***	3.5	***3.9***
Poppers	10.8	35.1	***44.9***	5.4	21.1	***16.6***	7.9	***5.8***
LSD	49.0	45.2	***43.0***	31.0	22.8	***20.7***	8.8	***6.8***
Cocaine	18.7	20.1	***30.9***	9.9	12.4	***19.3***	4.3	***7.7***
Heroin	9.1	6.1	***6.4***	3.7	1.1	***1.2***	0.4	***0.7***
GHB	9.8	6.7	***6.2***	5.4	2.1	***1.4***	0.9	***0.3***

Table 13: Total expenditures of the Czech Ministry of Education earmarked for drug policy as part of Programmes I, II, and III in the period 2004-2008 (Mravčík et al., 2009)

	2004	**2005**	**2006**	**2007**	**2008**
Amount (CZK million)	10.1	9.4	10.8	12.6	12.4

Table 14: Certified programmes of specific primary prevention by regions, the number of towns/cities, agencies, and types of programmes as of the end of 2008 (Agentura pro certifikace, 2009).

Region	Number of towns/cities	Number of agencies	Number of programmes	Type of programme*				
				CUR	ECUR	EI	EP	ED
South Moravia	3	4	5	4	0	0	1	0
South Bohemia	6	6	7	6	1	0	0	0
Hradec Králové	0	0	0	0	0	0	0	0
Karlovy Vary	1	1	1	1	0	0	0	0
Liberec	0	0	0	0	0	0	0	0
Olomouc	3	3	4	3	1	0	0	0
Moravia-Silesia	2	2	5	2	1	2	0	0
Pardubice	0	0	0	0	0	0	0	0
Pilsen	1	2	3	2	1	0	0	0
Central Bohemia	4	4	4	4	0	0	0	0
Ústí nad Labem	2	2	2	2	0	0	0	0
Vysočina	4	5	5	5	0	0	0	0
Zlín	1	1	1	1	0	0	0	0
Prague	1	6	11	5	0	0	3	3
Total	28	36	48	35	4	2	4	3

Note: * CUR – Specific primary prevention programmes delivered as part of the school curriculum, ECUR - Specific primary prevention programmes delivered on an extracurricular basis, EI – Early intervention programmes, EP – Specific primary prevention-oriented educational programmes, ED – Editing activities related to the area of primary prevention.

Figure 1: Lifetime prevalence of substance use among 16-year-old students in the ESPAD surveys (%) (Sources: Csémy et al., 2009; Csémy et al., 2006)

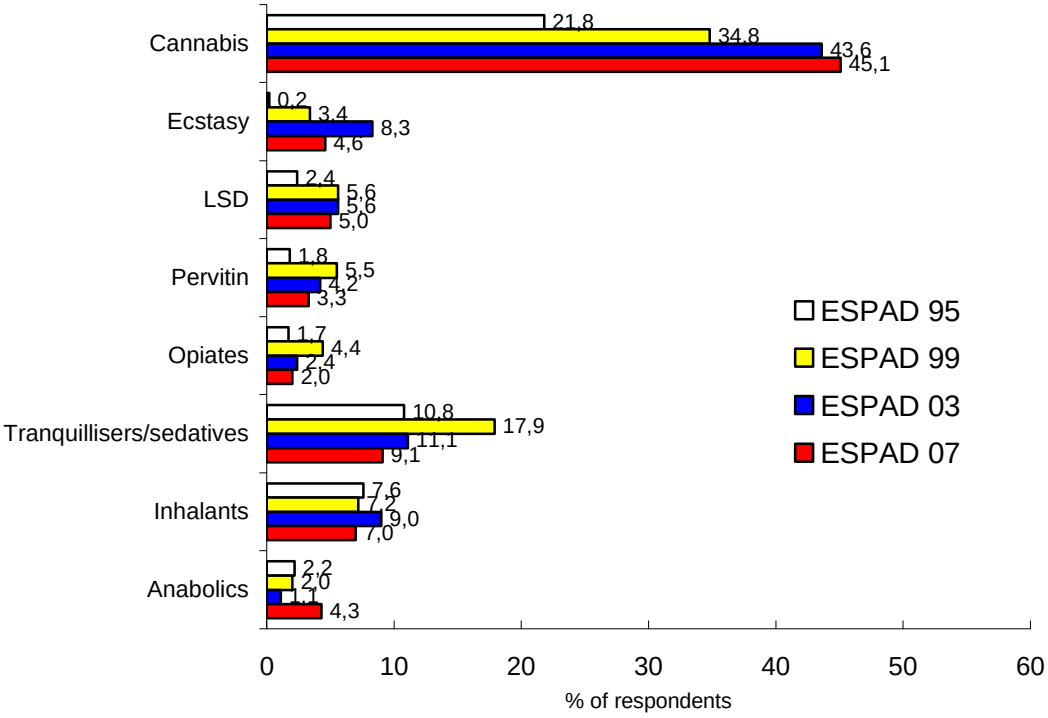
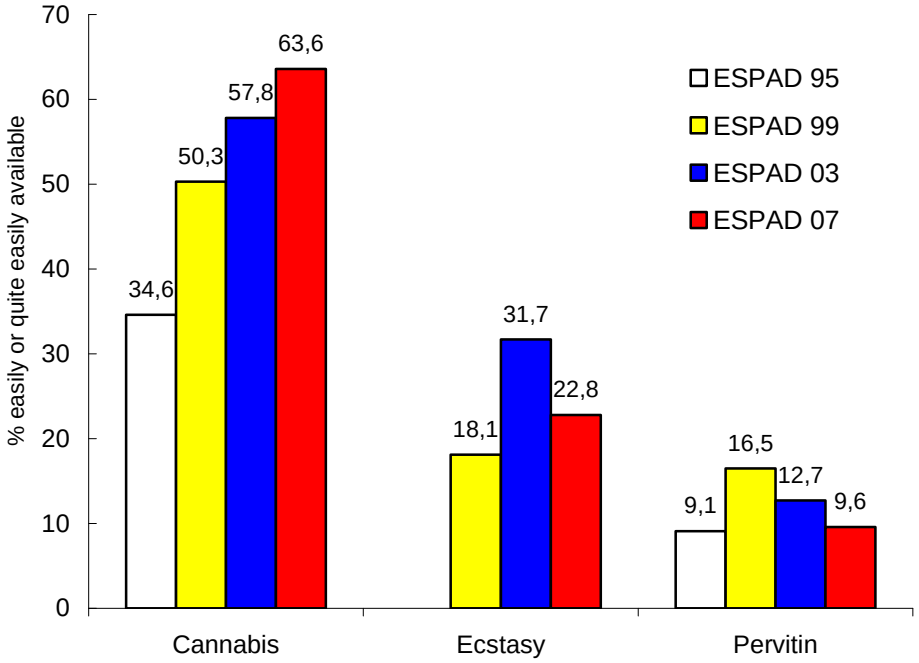


Figure 2: Proportion of students who find the drugs under consideration easily or quite easily available (ESPAD, %). (Sources: Csémy et al., 2009; Csémy et al., 2006)



Objective III: To stabilise or reduce the consumption of legal and illegal drugs in society, especially among minors

Table 15: Consumption of alcohol and tobacco per one inhabitant in 2004-2008 (Source: ČSÚ, 2009)

	Unit of measurement	**2004**	**2005**	**2006**	**2007**	**2008**
Alcoholic beverages in total	litres	184.6	188.1	184.3	185.8	183.2
- converted to pure alcohol	litres	9.8	10.2	10.2	10.4	10.4
Spirits (40%)	litres	7.6	7.8	8.0	8.2	8.1
- converted to pure alcohol	litres	3.0	3.1	3.2	3.3	3.2
Wine	litres	16.5	16.8	17.2	18.5	18.5
- converted to pure alcohol	litres	1.9	1.9	2.0	2.1	2.1
Beer	litres	160.5	163.5	159.1	159.1	156.6
- converted to pure alcohol	litres	4.9	5.2	5.0	5.0	5.1
Cigarettes in total	pieces	2,243	2,275	2,338	2,345	2,107

Table 16: Consumption of illegal drugs in 2003 and 2008 (Sources: Vopravil, 2005; Vopravil, 2010)

	2003	**2008**	**Change in %**
Cannabis (g)	11,504,152	18,846,470	+ 64%
Ecstasy (tbl)	1,235,841	4,714,833	+ 282%
LSD (pcs)	275,567	1,053,683	+ 282%
Pervitin (g)	3,654,603	4,435,600	+ 21%
Heroin (g)	2,220,511	1,313,833	- 41%
Subutex® (g)	654,700	n.a.	n.a.
Cocaine (g)	n.a.	956,610	n.a.

Objective IV: To reduce the potential risks of all types of drugs and the economic, health, and social impacts of their use on individuals and society

Table 17: Fatal overdoses on specific drugs in 2004-2008 (Source: Mravčík et al., 2005-2009)

Drug	**2004**	**2005**	**2006**	**2007**	**2008**
Inhalants	20	18	14	14	10
Opiates/opioids	19	24	10	14	15
Amphetamines (pervitin)	16	14	12	11	19
Cocaine	1	1	1	1	0
MDMA	0	2	0	0	0
Hallucinogens	0	0	0	0	0
Cannabis	0	0	0	0	0
Illegal drugs and inhalants in total	**56**	**59**	**37**	**40**	**39**
Psychotropic pills					
- including benzodiazepines	94	56	50	58	77
Not ascertained					
Total	241	218	212	213	238

Table 18: Reported incidence of infectious diseases in 2004-2008 (Sources: Mravčík et al. 2005-2009; SZÚ Praha – NRL pro AIDS, 2005-2009; SZÚ Praha – EPIDAT, 2005-2009)

	2004	**2005**	**2006**	**2007**	**2008**
HIV/ AIDS – in total	72	90	93	122	148
- including IDUs	6	4	4	12	9
- including IDUs and homo-/bisexual intercourse	1	1	2	3	4
- % IDUs +IDUs h/b	9.72	5.56	6.45	12.30	8.78
Acute and chronic HCV – in total	868	844	1022	981	974
- including IDUs	535	526	704	667	658
- % IDUs	61.64	62.32	68.88	67.99	67.56
HBV – in total	392	361	307	307	306
- including IDUs	129	117	87	103	78
- % IDUs	32.91	32.41	28.34	33.55	25.49

Table 19: Testing of injecting drug users for HIV antibodies in 2004-2008 as shown by laboratory surveillance (Sources: Mravčík et al., 2005-2009; SZÚ Praha – NRL pro AIDS, 2005-2009)

	Number	**2004**	**2005**	**2006**	**2007**	**2008**
Blood tests	- tests	1,382	925	994	845	886
	- positive results	0	1	1	1	1
	- positive tests permille	0.00	1.08	1.01	1.18	1.13
Saliva tests	- tests	227	449	412	531	477
	- positive results	0	1	0	1	0
	- positive tests permille	0.00	2.23	0.00	1.88	0.00
Total	- tests	1,609	1,374	1,406	1,376	1,363
	- positive results	0	1	1	2	1
	- positive tests permille	0.00	0.73	0.71	1.45	0.73

Table 20: Results of testing for infections among injecting drug users in low-threshold facilities in 2008 (Source: Mravčík et al., 2009)

Infection	Type of test *	Number of testing programmes	Number of tests		Number of persons		
			Total	Positive tests	Total	Positive tests	Positive tests (%)
HIV	Saliva test	12	241	0	155	0	0.0
	Quick capillary blood test	15	311	1	281	1	0.4
	Quick capillary blood serum test	5	65	0	52	0	0.0
	Laboratory vein blood serum test	8	272	0	237	0	0.0
	Total	34	889	1	725	1	0.1
HCV	Quick capillary blood test	4	78	4	76	4	5.3
	Quick capillary blood serum test	15	340	26	314	24	7.6
	Laboratory vein blood serum test	11	269	52	232	45	19.4
	Total	26	687	82	622	73	11.7
HBV	Laboratory vein blood serum test	8	263	4	227	2	0.9
Syphilis	Quick capillary blood test	3	162	0	119	0	0.0
	Laboratory vein blood serum test	5	177	3	147	3	2.0
	Total	8	339	3	266	3	1.1

Table 21: Number of tests for infections and the number of low-threshold facilities performing such tests in 2004-2008 (Source: Mravčík et al., 2005-2009)

	Number	2004	2005	2006	2007	2008
HIV	Tests	2,178	2,425	1,253	609	889
	Programmes	58	54	46	53	34
HBV	Tests	932	1,370	693	370	263
	Programmes	25	28	56	19	8
HCV	Tests	2,582	2,664	1,133	401	687
	Programmes	53	55	62	24	26
Syphilis	Tests	84	54	209	62	339
	Programmes	1	2	3	4	8
Total	**Tests**	**5,776**	**6,513**	**3,288**	**1,442**	**2,178**
	Programmes	**137**	**139**	**167**	**100**	**76**

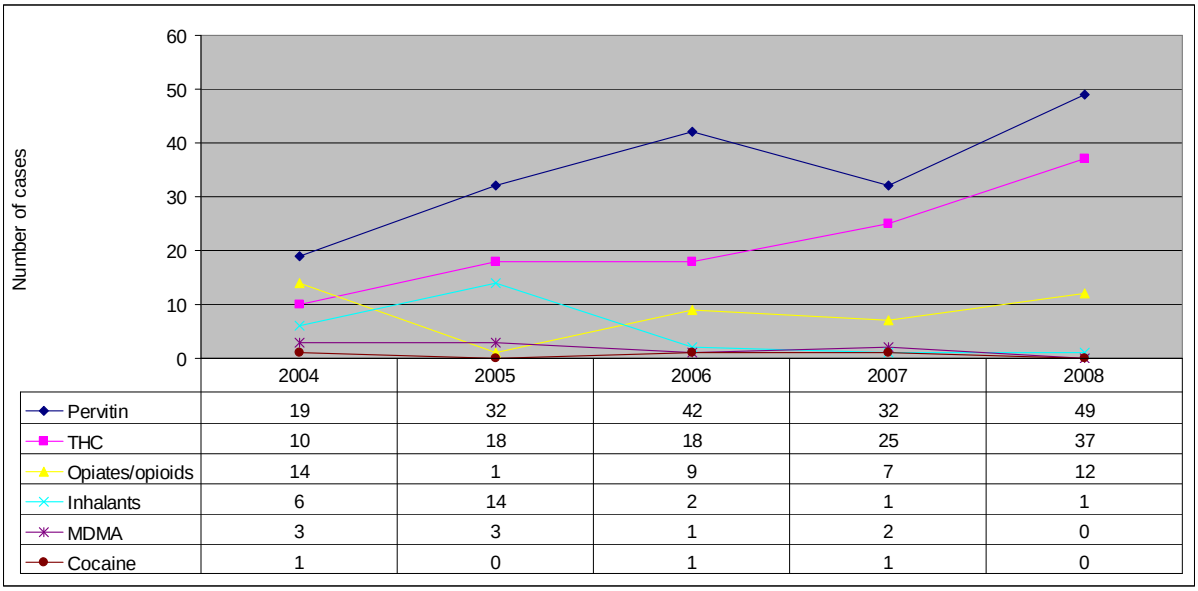
Table 22: Low-threshold programmes in the Czech Republic (Source: Mravčík et al., 2005-2009)

	2004	2005	2006	2007	2008
Number of programmes	92	92	90	109	100
Number of drug users in contact	24,200	27,800	25,900	27,200	28,300
Number of contacts	317,900	403,900	322,900	338,100	329,466
Number of injecting drug users in contact with low-threshold facilities	16,200	17,900	18,300	20,900	22,300
Proportion of injecting drug users who have used low-threshold services	67%	64%	71%	77%	79%
Number of exchange programmes	86	88	93	107	98
Number of exchanges in exchange programmes	139,800	249,000	191,000	215,800	217,200
Number of syringes and needles exchanged	2,355,536	3,271,624	3,868,880	4,457,008	4,644,314

Table 23: Sharing of needles and syringes at any time in the past reported by injecting drug users demanding treatment in 2002-2008 (Source: Výroční zprávy HS Hl. m. Prahy, Centrálního pracoviště drogové epidemiologie, 2003-2009)

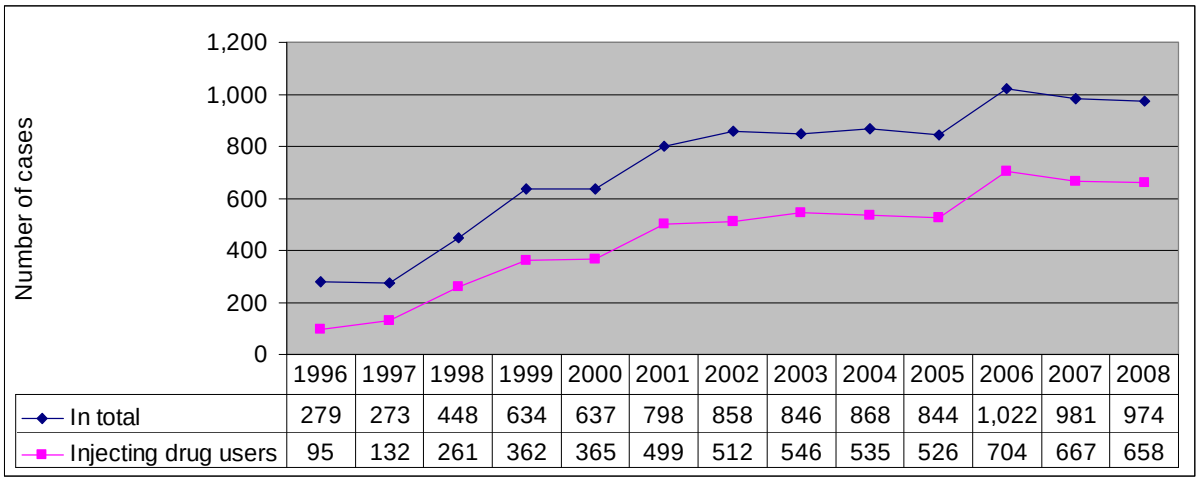
Year	Number of IDUs	Number of those sharing	Sharing (%)
2002	6,437	2,590	40.2
2003	5,901	2,356	39.9
2004	6,314	2,725	43.2
2005	5,769	2,421	42.0
2006	5,860	2,313	39.5
2007	5,338	2,139	40.1
2008	5,766	2,057	35.7

Figure 3: Deaths with the presence of selected drugs detected by forensic medicine departments in the Czech Republic, 2004-2008 (Source: Mravčík et al., 2005-2009)



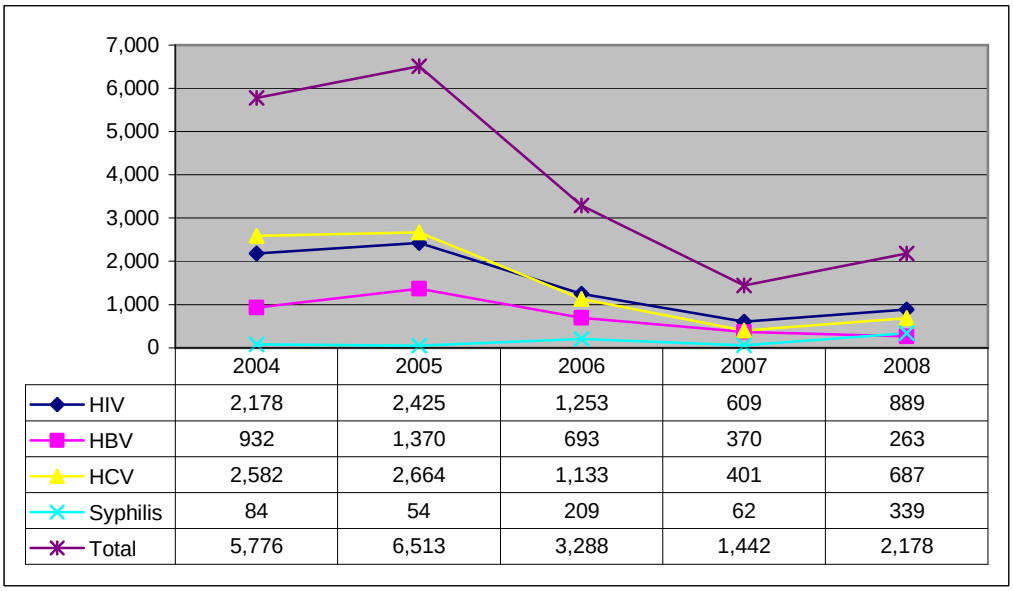
	2004	2005	2006	2007	2008
Pervitin	19	32	42	32	49
THC	10	18	18	25	37
Opiates/opioids	14	1	9	7	12
Inhalants	6	14	2	1	1
MDMA	3	3	1	2	0
Cocaine	1	0	1	1	0

Figure 4: Reported incidence of acute and chronic HCV in total and among injecting drug users in the Czech Republic in 1996-2008 (Source: Mravčík et al., 2005-2009; SZÚ Praha – EPIDAT, 2005-2009)



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
In total	279	273	448	634	637	798	858	846	868	844	1,022	981	974
Injecting drug users	95	132	261	362	365	499	512	546	535	526	704	667	658

Figure 5: Number of tests for infectious diseases performed among clients of low-threshold programmes in 2004-2008 (Source: Mravčík et al., 2005-2009)



	2004	2005	2006	2007	2008
HIV	2,178	2,425	1,253	609	889
HBV	932	1,370	693	370	263
HCV	2,582	2,664	1,133	401	687
Syphilis	84	54	209	62	339
Total	5,776	6,513	3,288	1,442	2,178

Objective V: To increase the quality of life of users of all types of drugs, their parents, and other persons close to them by assuring the availability of quality treatment and resocialisation services

Table 24: Programmes providing services for drug users in 2004-2008 (Source: Mravčík et al., 2005-2009)

		2004	2005	2006	2007	2008
Day care centres	Number	2	2	1	1	1
	Capacity (persons, beds)	n.a.	10 [b)]	10	10	10
	Occupancy (number of persons)	82	36 [b)]	41	40	38
Outpatient healthcare facilities	Number	382	401	385	372	357
	Capacity (persons, beds)	n.a.	n.a.	n.a.	n.a.	n.a.
	Occupancy (number of persons)	15,383	17,531	17,921*	15,684*	15,711*
Detoxification units	Number	19	19	19	19	19
	Capacity (persons, beds)	n.a.	n.a.	n.a.	n.a.	n.a.
	Occupancy (number of persons)	n.a.	n.a.	n.a.	n.a.	n.a.
Sobering-up stations	Number	16	16	15	15	15
	Capacity (persons, beds)	n.a.	n.a.	n.a.	n.a.	n.a.
	Occupancy (number of persons)	n.a.	n.a.	n.a.	n.a.	n.a.
Psychiatric hospitals	Number	17	17	17	16	16
	Capacity (persons, beds)	1,275*	9,538 [c)]	9,442**	9,307**	9,240**
	Occupancy (number of persons)	2,883	3,104	3,200	3,423	3,389
Psychiatric departments in hospitals	Number	33	32	31	32	32
	Capacity (persons, beds)	1,501**	1,439 [c)]	1,420**	1,419**	1,396**
	Occupancy (number of persons)	2,459	1,613	1,629	1,299	1,247**
Psychiatric hospitals for children	Number	4	3	3	3	3
	Capacity (persons, beds)	368*	320 [c)]	320**	320**	300**
	Occupancy (number of persons)	27	27	29	16	25
Specialised residential treatment facilities for children at risk of drug addiction (special education establishments)	Number		5			5
	Capacity (persons, beds)		66			46
	Occupancy (number of persons)		104			76
Aftercare programmes	Number	17	20	18	18	18
	Capacity (persons, beds)	n.a.	385 [e)]	365****	325****	283****
	Occupancy (number of	957	865	904	883	1,041

	persons)					
Therapeutic communities	Number	17	15	15	15	15-20
	Capacity (persons, beds)	228***	193 [d)]	185***	169***	138***
	Occupancy (number of persons)	546*	486 [d)]	451***	472***	427***
Substitution (methadone) centres	Number	9	10	14	15	13
	Capacity (persons, beds)	n.a.	n.a.	n.a.	n.a.	n.a.
	Occupancy (number of persons)	1 043	758	949	1 064	
Buprenorphine substitution in outpatient centres	Number	450****	n.a.	-	-	
	Capacity (persons, beds)	n.a.	n.a.	-	-	-
	Occupancy (number of persons)	2,000****	1,000-2,500	-	-	
Detoxification units in prisons	Number	1	1	2	2	4
	Capacity (persons, beds)	n.a.	n.a.	n. a.	n.a.	n.a.
	Occupancy (number of persons)	101	172	172*****	n.a.	208
Drug-free zones in prisons	Number	30	34	-	35	
	Capacity (persons, beds)	1,440	1,606	-	1,877	
	Occupancy (number of persons)	2,528	2,859	-	3,524	
Departments for differentiated serving of sentence	Number	6	6	6	6	6
	Capacity (persons, beds)	292	286	286	258	262
	Occupancy (number of persons)	489	523	625	419	422
Departments for serving of compulsory drug/alcohol treatment in prisons	Number	3	3	3	3	3
	Capacity (persons, beds)	73	105	105	114	120
	Occupancy (number of persons)	122	184	162	200	206

2004 Note: * data from 2003; ** total number of psychiatric beds; *** data only from 14 communities; **** estimate

2005 Note: a) outpatient healthcare facilities with various specialisations; not only alcohol/drug treatment; b) data only from one day care centre; c) total number of psychiatric beds; d) data only from 12 communities; e) the figure refers to intensive aftercare only; f) no therapy is provided in drug-free zones.

2006 Note: * number of persons in the so-called live files, i.e. persons who have visited the facility at least once in that year; ** total number of psychiatric beds; *** data only from 12 communities; **** the figure refers to the capacity of intensive care programmes; ***** data from 2005.

2007 Note: * number of persons in the so-called live files, i.e. drug users who have visited the facility at least once in that year; ** total number of psychiatric beds; *** data only from 11 communities; **** the figure refers to the capacity of intensive care programmes.

2008 Note: * number of persons in the so-called live files, i.e. persons who have visited the facility at least once in that year; ** total number of psychiatric beds; *** data only from 15 communities; **** the figure refers to the capacity of intensive care programmes.

Table 25: Number of certified programmes as of 31 June 2009 (Source: Mravčík et al., 2005-2009)

Type of service	Number of programmes
Detoxification	4
Outreach programmes	58
Low-threshold and counselling services	59
Outpatient treatment	16
Day care programmes	1
Short- and medium-term inpatient treatment	3
Residential care in therapeutic communities	12
Outpatient aftercare programmes	17
Substitution treatment	7
Total	**177**

Objective VI: To reduce the availability of legal and illegal drugs for the general population, and in particular for minors by means of the proper use of existing legislative and institutional instruments

Table 26: Quantity of the precursors and medicines containing pseudoephedrine and intended for pervitin production seized, cooking labs detected, and pervitin seized in 2004-2008 (Sources: Mravčík et al., 2009, Národní protidrogová centrála, 2005-2009)

Seizures	2004	2005	2006	2007	2008
Ephedrine (g)	825	27,301	1,201	1,185	1,677
Pseudoephedrine (g)	89	3	0,7	218	–
Modafen® (tbl)	n.a.	10,980	2,406	3,480	7,876
Nurofen Stop Grip® (tbl)	n.a.	12	4,631	11,948	21,785
Panadol Plus Grip® (tbl)	n.a.	n.a.	–	72	17,021
Number of cooking labs	248	261	426	388	434
Pervitin (g)	3,423	5,310	5,249	5,978	3,799

Table 27: Number and quantity of seizures of main drug types in 2004-2008 (Sources: Mravčík et al., 2005-2009, Národní protidrogová centrála, 2005-2009)

		2004	2005	2006	2007	2008
Marijuana	Number	748	602	556	563	602
	Quantity (g)	168,528	103,337	108,352	122,124	392,527
Pervitin	Number	302	316	406	374	405
	Quantity (g)	3,423	5,310	5,249	5,978	3,799
Heroin	Number	67	107	86	96	105
	Quantity (g)	35,904	36,340	27,877	20,332	46,302
Cannabis plants	Number	49	53	44	46	69
	Quantity (g)	1,617	1,780	2,276	6,992	25,223
Hashish	Number	163	123	42	25	30
	Quantity (g)	22,693	4,625	466	387	696
Ecstasy	Number	52	41	29	30	18
	Quantity (tbl)	108,379	19,010	26,259	62,226	16,610
Cocaine	Number	10	16	11	38	24
	Quantity (g)	3,283	10,169	4,708	37,587	7,631
LSD	Number	7	5	7	5	5
	Quantity (doses)	326	3,067	1,748	117	246

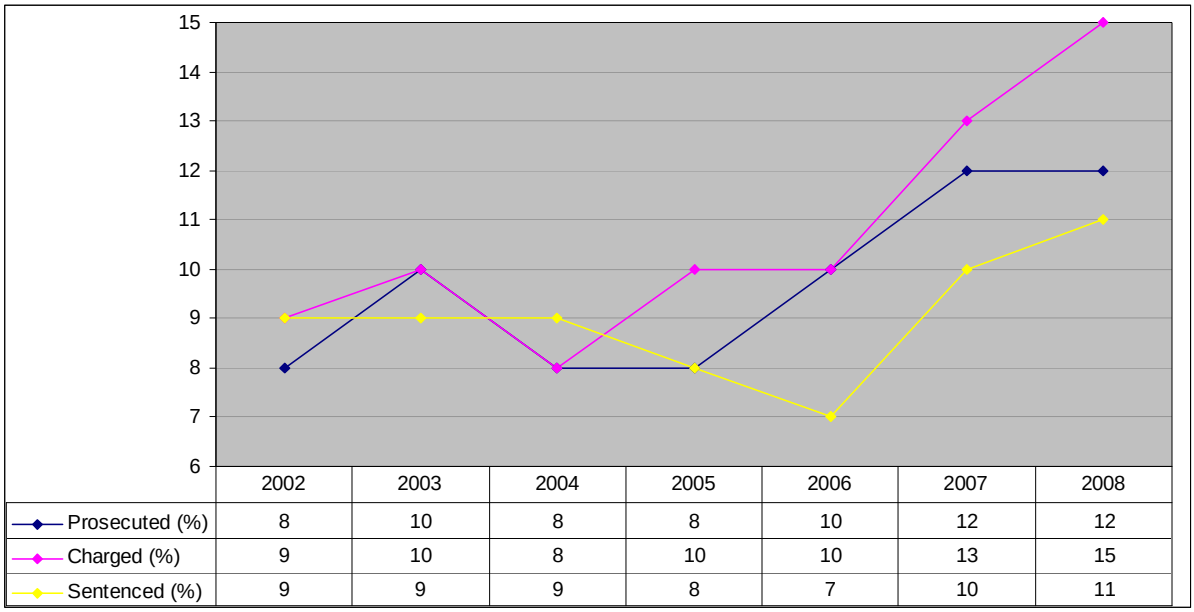
Table 28: Number of pervitin cooking labs and marijuana plantations detected by the Police of the Czech Republic in 2004-2008 (Sources: Mravčík et al. 2005-2009, Národní protidrogová centrála, 2005-2009)

	2004	2005	2006	2007	2008
Number of marijuana plantations detected	14	17	n.a.	34	79
Number of cooking labs detected	248	261	426	388	434

Table 29: Number of persons prosecuted, charged, and sentenced in relation to drug-related offences in 2004-2008 (Source: Mravčík et al., 2005-2009)

	2004	2005	2006	2007	2008
Number of those prosecuted					
as reported by the National Drug Headquarters	2,157	2,168	2,198	2,031	2,322
as reported by the Police of the Czech Republic (Criminal Statistics Record System)	2,149	2,209	2,344	2,023	2,296
as reported by the Ministry of Justice	2,944	2,429	2,630	2,282	2,304
Number of those charged (Ministry of Justice)	2,589	2,157	2,314	2,042	2,100
Number of those sentenced (Ministry of Justice)	1,376	1,326	1,444	1,382	1,360

Figure 6: Trends in the percentage of persons prosecuted, charged, and sentenced under Section 187a in the period 2002-2008 (Mravčík et al., 2009)



	2002	2003	2004	2005	2006	2007	2008
Prosecuted (%)	8	10	8	8	10	12	12
Charged (%)	9	10	8	10	10	13	15
Sentenced (%)	9	9	9	8	7	10	11

Table 30: Average and most common (modus) prices of drugs in 2004-2008 (CZK) (Mravčík et al., 2009; Národní protidrogová centrála, 2005-2009)

Drug type	2004		2005		2006		2007		2008	
	Average	Modus	Average	Modus	Average	Modus	Average	Modus	Average	Modus
Marijuana (g)	170	200	170	100	190	150	180	100	180	200
Hashish (g)	280	250	240	250	270	200	260	200	240	250
Ecstasy (tablets)	230	250	210	200	220	150	210	200	220	200
Pervitin (g)	1,100	1,000	1,020	1,000	1,060	1,000	1,130	1,000	1,130	1,000
Heroin (g)	1,050	1,000	1,090	1,000	1,090	800	1,100	1,000	1,080	1,000
Cocaine (g)	2,300	2,000	2,260	2,000	2,220	2,000	2,060	2,000	2,000	2,000
LSD (doses)	170	150	180	150	160	150	180	200	180	100

Note: Prices rounded to tens of CZK.

Table 31: Average drug purity in 2004-2008 (%) (Mravčík et al., 2009; Národní protidrogová centrála, 2005-2009)

Drug type	2004		2005		2006		2007		2008	
	Number of samples (NoS)	Average purity (AP) (%)	NoS	AP	NoS	AP	NoS	AP	NoS	AP
Marijuana	n.a.	3	108	3,8	151	4.5	177	4.7	404	5.5
Hashish	n.a.	10	10	7.4	1	11.0	2	8.1	5	5.2
Ecstasy*	n.a.	n.a	135	27.2	54	22.6	31	27.4	20	17.5
Pervitin	n.a.	50	65	62.9	58	52.3	123	66.4	145	64.3
Heroin	n.a.	12	19	41.5**	35	7.9	31	17.4	47	22.6
Cocaine	n.a.	65	25	55.9	12	40.2	48	49.1	35	43.5

Note: * average MDMA content in a single tablet, indicated in milligrams; ** the high average purity of heroin resulted from the inclusion of several seizures of highly concentrated heroin.

Table 32: Frequency of drugs ever offered to respondents included in a general population survey (Běláčková, 2010).

Frequency of offer	Cannabis	Ecstasy	Pervitin	Cocaine	Heroin	LSD	Hallucinogenic mushrooms
not once	50.7	77.8	86.9	92.2	93.5	86.8	81.8
1-2 times	15.4	11.1	7.0	5.3	4.0	6.6	9.4
3-5 times	10.1	5.1	2.2	1.2	1.3	3.0	4.0
6-9 times	5.1	2.4	1.2	0.5	0.3	1.3	1.4
10-19 times	7.1	1.7	1.0	0.4	0.3	1.1	1.7
20-39 times	3.9	0.9	0.5	0.1	0.2	0.4	0.7
40 or more	7.7	1.0	1.0	0.4	0.4	0.8	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 33: Funding of public services comprising the prevention and treatment network in 1996-2010 (CZK million)

Budgets	***1996***	***1997***	***1998***	***1999***	***2000***	***2001***	***2002***	***2003***	***2004***	***2005***	***2006***	***2007***	***2008***	***2009***	***2010***
Ministry of Health	70.5	22.5	32.5	32	43.02	34	25.74	22.1	26.5	33.5	18	22,2	18,9	15,0	7,6**
Ministry of Education	30	14.8	14.8	8.03	4.78	17.05	9.5	9.3	10.1	9.4	10.8	12,6	12,4	9,3	9,3*
Ministry of Labour and Social Affairs	14.1	9.5	13.44	14.74	24.29	29.9	35.15	44.3	42.22	46.5	49.7	57,0	73,9	86,7	86,7*
GCDPC	0	35	40	150	57	84	91.89	103.9	100.6	105.7	108.8	104,4	100,0	97,5	85,5
Ministry of Justice (subsidies for NGOs)												0,6	0,6	0,6	0,6*
Central level – total	***114.6***	***81.8***	***100.74***	***204.77***	***129.09***	***164.95***	***162.28***	***179,6***	***179.42***	***195.1***	***187.3***	***196,8***	***205,8***	***209,1***	***189,8***
Regions							29.34	48.08	81.6	100.33	94.9	128,4	162,9	?	?
Municipalities							n.a.	n.a.	62.9	50.6	48.1	62,3	62,5	?	?
Local levels – total							***29.34***	***48.08***	***144.5***	***150.93***	***143.1***	***190,6***	***225,4***	***?***	***?***
Grand total	**114.6**	**81.8**	**100.74**	**204.77**	**129.09**	**164.95**	**191.62**	**227.68**	**323.92**	**346.03**	**330.4**	**340,2**	**340,2**	**?**	**?**

Source: National Monitoring Centre for Drugs and Drug Addiction

Note: * estimate made using the data from the previous year; ** tentative estimate

Table 34: Public expenditures on drug services in relation to GDP and state budget expenditure in 1998-2009

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
State budget expenditure (CZK million)	566,741	596,909	632,268	693,921	750,683	808,718	862,891	922,798	1,020,640	1,092,275	1,083,940	1,167,010
Labelled expenditures provided from the state budget for prevention and treatment services (CZK million)	100.74	204.77	129.09	164.95	162.28	179.6	179.42	195.1	187,3	196,8	205.8	209.1
Labelled expenditures provided from the state budget for prevention and treatment services indicated as percentage of the state budget expenditure	0.0178	0.0343	0.0204	0.0238	0.0216	0.0222	0.0208	0.0211	0.0184	0.0180	0.0190	0.0188

Source: National Monitoring Centre for Drugs and Drug Addiction, 2007 and 2008 (working material); * preliminary data

Note: Provided that the 2009 expenditures earmarked for drug services amounted to 0.021% of the state budget expenditure (at least the sum equivalent to that recorded in 2001-2005), the labelled expenditures on drug prevention and treatment services would amount to approximately CZK 245 million in 2009.

Table 35: Developments in co-funding of drug policy projects as part of subsidy proceedings administered by the Government Council for Drug Policy Coordination, 2001-2010

Year	**Total financial support requested in subsidy applications per year [CZK]**	**Subsidies from the state budget provided via the GCDPC per year [CZK]**	**Requests for funding uncovered by the GCDPC's financial participation scheme [CZK]**	**Rate of subsidy applications granted by the GCDPC [%]**	**GCDPC's index of financial participation through subsidies** (for the year-on-year increase/decrease in absolute numbers see Column 3)	**GCDPC's index of financial participation through subsidies for the entire period** (calculations are referred to the year 2001; for absolute numbers see Column 3)
2001	101,501,146.00	75,775,000.00	-25,726,146.00	75	1.0	1
2002	110,732,450.00	85,666,500.00	-25,065,950.00	77	1.1305	1.1305
2003	130,939,473.00	94,123,000.00	-36,816,473.00	72	1.0987	1.2421
2004	135,719,243.00	97,725,000.00	-37,994,243.00	72	1.0383	1.2897
2005	148,058,516.00	101,696,000.00	-46,362,516.00	69	1.0406	1.3421
2006	154,140,466.00	105,300,000.00	-48,840,466.00	68	1.0354	1.3896
2007	156,891,211.00	100,046,000.00	-56,845,211.00	64	0.9501	1.3203

2008	152,119,654.00	95,300,000.00	-56,819,654.00	63	0.9526	1.2577
2009	147,433,885.00	93,899,000.00	-52,534,885.00	64	0.9853	1.2391
2010	139,570,699.00	81,993,000.00	-57,577,699.00	59	0.8732	1.0821

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