

NATIONAL DRUG POLICY STRATEGY

2001 – 2004

Adopted by the Government of the Czech Republic
(resolution no. 1045, October 23, 2000)

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Drug use became one of the serious problems in our country. Despite of all measures accepted and implemented up to now in the Czech Republic - as well as in other European countries - the number of persons experimenting, using or addicted to drugs continues to increase. The average age of persons experimenting with drugs (including alcohol and tobacco) decreases. The number of injection drug users is increasing; the number of persons inflicted with blood-transmitted diseases increases. The number of detected and prosecuted criminal acts of illicit production, trafficking, keeping, and distribution of drugs in our country increases.

Under the term drug, we understand wide group of substances, including not only substances defined by international agreements of UN as was less amendments of the Act No. 167/1998 Coll., on addictive substances (including also group of medical drugs, such analgesics, hypnotics, barbiturates, and some opiates, if used otherwise than on medical prescription), but also commonly available substances (organic solvents) and substances usually highly tolerated by a society and publicly promoted (for instance alcohol and tobacco).

This material deals primarily with non-alcoholic and non-tobacco drugs which will be, for simplicity, denominated as drugs or, in the sense of international UN conventions, as addictive substances or "narcotics and psychotropic substances" (NPS). However, because the use of alcohol and other addictive substances are closely related, the strategy focuses also on problems of use of typical drugs, that is alcohol and tobacco.

Drug use damages health and life quality not only of drug users and their relatives, but also, in a consequence of negative health, social, economic, and security impacts related to the drug use; it even endangers the healthy development of the whole society. The drug use poses significant risk: changes of fundamental life values, weakening of the will, the corrosion of interpersonal relationships and decay of families, threat to peace in towns, public health and security, and increase of social costs in general.

Changes of the hitherto adverse development could be achieved only by joint and co-ordinated action.

That is the reason, why the Government of the Czech Republic elaborated and adopted this strategy of drug policy, which goal is to actively engage the widest possible part of our society into the activities aiming at the decrease of the drug accessibility, and to turn the present sinister situation in their distribution and use.

With its National Drug Policy Strategy 2001-2004, the Government stands for fundamental codes, principles and aims defined in EU Action Plan of combating drugs for the period 2000 - 2004 (see Appendix I) and their fulfilment.

National Drug Policy Strategy 2001-2004 is the key document approved by the Government of CR, defining the basic starting points and directions of solving the problems of drug use. It is the base for creation and implementation of drug policy of individual departments and of local, district, and regional public administration bodies. Its functions are:

- * **TO MARK BASIC PRINCIPLES AND GOALS AND TO SET PRIORITIES OF CZECH DRUG POLICY**

- * **TO DELIMIT RESPONSIBILITY AND COMPETENCIES OF RELEVANT DEPARTMENTS AND INDIVIDUAL UNITS OF PUBLIC ADMINISTRATION, AND TO BIND THEM TO FULFIL THE GIVEN TASKS FOR ACHIEVEMENT OF DEFINED GOALS**

- * **TO OFFER INSTITUTIONS AND ORGANISATIONS WORKING IN THE AREA OF DRUG POLICY TO FIND THEIR PLACE AND ROLE IN FULFILLING OF THE DRUG POLICY**

- * **TO MOBILISE CIVIC SOCIETY AND TO STRIVE FOR INCORPORATION OF RESPONSIBLE INSTITUTIONS ON ALL LEVELS, LOCAL GOVERNMENT BODIES, LOCAL COMMUNITIES, GOVERNMENTAL AS WELL AS NON-GOVERNMENTAL ORGANISATIONS, VOLUNTEERS AND SELF-HELP ORGANISATIONS, INTO THE DRUG POLICY**

- * **FOR THE NEEDS OF INTERNATIONAL CO-OPERATION, TO INFORM ON FORM, ON GOALS AND ON PRIORITIES OF THE DRUG POLICY OF THE CZECH GOVERNMENT, WHICH IS ONE OF THE MONITORED AREA IN THE CASE OF EU CANDIDATE COUNTRIES**

2. DRUG SCENE IN THE CZECH REPUBLIC

2.1. Trends in the drug use

The following can be marked as the basic and provable trends in the drug use¹ in the year 1999:

- Marijuana is the mostly and most frequently used drug, its planting for personal use is widespread in the CR.
- Pervitine belongs between synthetic drugs of the Czech origin, it is the second most used drug in the CR.
- Heroin is the third most frequently used drug. The number of fatal cases of overdose significantly increased in the last year (46 deaths only in Prague), in which so-called "white" heroin participated significantly as well.
- Cocaine and crack continue to remain at the margin of the consumer's interest.
- Ecstasy belongs to the group of synthetic, so called "dance drugs", which use is modern and wide spread in the CR, just as in the EU countries.
- Other substances:
 - Use of organic solvents (diluters) remains on relatively constant level. These substances are used predominantly by minors from socially weaker groups of population.
 - Growing trend of use of the medical substances - psychotropic drugs without medical recommendation - has been recorded.
- Alcohol and tobacco consumption, medical drug use, and the first and repeated experience with non-alcohol and non-tobacco drugs of children and young people are increasing in an alarming way. The age threshold of the first experience with NPS decreased repeatedly.
- It follows from the prevalence estimations that there are at least 26,000 so called problematic drug users in the area of the Czech Republic.
- The most frequent way of use of pervitine and heroin by the problematic drug users is injection application (64%).
- Drugs and health: health of drug users is damaged mostly by their injection application. There was no injection drug user amongst the newly registered HIV-positive persons in the Czech Republic in the year 1999. On the contrary, the number of drug users infected with various types of hepatitis increases. This fact represents serious threat to the public health.
- In the Czech Republic, 941 cases of drug intoxication has been recorded in the year 1999 in connection with use of heroin (259), other drugs and medical preparations (164), pervitine (155), sedatives and hypnotics (138).
- Number of deaths related to the drug use is not monitored statistically. However, only in the area of the capital city of Prague, the National drug headquarters gives the number of 91 deaths as a consequence of drug use in the year 1999.

Trends in the illicit production and distribution (use) of individual drugs in the EU countries and in the Czech Republic are given in the Appendices II. and III.

¹ Sources: CPDE study 1999, Public Health Office of the Metropolitan Prague; NPDC and ESPAD study 1999.

2.2. Drug supply reduction measures and use of drugs

The ministers of the relevant issue departments are responsible for implementation of measures accepted in the frame of the effective drug policy of the government on the central level; majors of district offices and majors of magistrates and of the statutory town offices are responsible on the local level.

The National Drug Commission (NDC) is charged with co-ordination of activities of individual subjects on both levels. The Prime Minister is its chairman, the minister without portfolio is its executive vice-chairman, and ministers of interior, justice (Home Office), defence, health, labour and social affairs, education, youth and sports are the members. Ministers of other departments, into which scope the partial aspects of the drug policy belong, can also participate in discussions of the NDC. Co-ordinating activity of the NDC is ensured on a running base by the Secretariat that is incorporated into the section of expert administration activity of the Minister and chief of the Government office. The Secretariat is directed by director appointed on the basis of suggestion of the chairman of the NDC.

On the working level, the co-ordination of activities of the central offices is ensured by the Board of Representatives of Ministries, consisting of representatives of relevant issue Ministries, representatives of expert public (ČSLJEP) and non-governmental organisations (A.N.O.) as permanent guests. Members of the Board co-operate in various subject-differentiated groups and participate on preparation of the conception documents, including the national strategy of the drug policy, and on regular evaluation of implemented measures

On the local level, the co-ordination is ensured by network of drug policy co-ordinators, who work on district and/or local offices. Heads and chief of district and local offices established as their advisory body the drug commission, in which the key local institutions and organisations, within whose sphere of action the drug policy falls, are represented. The committees participate on creation of local and district drug policy strategies, which are based on the governmental conception, and on their practical fulfilment. Drug policy co-ordinators are methodically lead by the NDC Secretariat.

Measures against the use and distribution of drugs are systematically planned since the year 1993 in the CR, when the Government adopted key document "Conception and programme of the drug policy of the Government for the period 1993 -1996". At this time, current system of co-ordination of the drug policy by co-ordinators of the appropriate authorities has been created as well.

Since the year 1993, the drug policy of the CR has been subjected to many changes, and number of specific measures in the area of legislation, prevention, treatment and re-socialisation of addicts has been implemented. Gradually, the quality of activities in the area of legal repression as well as in the area of prevention has been improved. In the past years, the drug scene in the CR went also through its development, as a consequence of which new problems appeared, and hence also the need for searching for new solutions. The key steps implemented in the passed period are as follows:

- Act No 257/2000 Coll., on probation and mediation service;
- amendment of the Act No. 167/1998 Coll., on addictive substances and on changes of some other acts (No. 354/1999 Coll. and No. 117/2000 Coll.);
- harmonisation of the legislation with the European Community and its fulfilment;
- proposal of the Home Office "Detection of intake of drugs in participant of road traffic";
- guideline of the director of the Department of smuggling combating of the General Directorate of Customs, regulating customs officer's actions in combating illicit traffic with NPS;

- binding instruction No. 39/1998 of the chief of the Police of the CR (sanctioning of criminal activity associated with drug addiction)²;
- binding instruction of PP of the CR No 12 (procedure in dealing with offences, among others in protection against alcoholism and other addictions, that is ensured by units of the Police of the CR);
- instruction No. 6 of Director of The Highest Public Prosecution, effective since the 1st May, 2000, regulating the procedure of the Public Prosecutor's Offices during sanctioning of the criminal offence of illicit production and holding of NPS according to the 187a) of the Criminal code (containing table with quantification of the quantity of drug bigger than small); it is elaborated as joint material for Public Prosecutor's Offices and police;
- Act on public health protection (regulates, among others, sanitary requirements for operation of medical facilities and welfare institutions);
- stepping up of the security conditions for subjects legally handling with addictive substances, preparations, precursors;
- improvement of checking mechanisms, involvement of the District Office in supervisory activities of medical facilities and pharmacies. Inspection of subjects, which were granted permission of the Ministry of Health to handle with NPS, depends on the present number of workers of INPS;
- network of drug policy co-ordinators, who operate at district and some local authorities. Chiefs of these offices appointed the Drug Commissions constituted from representatives of key institutions, as their advisory body. Drug policy co-ordinators and local drug commissions initiate and co-ordinate the drug activities on a local level in harmony with governmental strategy;
- system of medical and rehabilitation care for drug users has been established, which ensures provision of key services on the territory of the whole CR. As at the end of May 2000, this care system consists namely of:
 - 43 low-threshold centres with outreach programmes or contact and counselling centres (72% of programmes is accomplished by the non-governmental organisations);
 - 24 detoxification units with total capacity of 180 beds (only state facilities);
 - 7 day-care out patient centres for treatment of addicts (out of 43% - non-governmental);
 - 1 state out-patient facility of critical intervention for minor drug users;
 - 13 department of state psychiatric units for short-term treatment of drug addicts (total capacity 800 patients);
 - 16 therapeutic communities (87,5% non-governmental) for treatment and re-socialisation of addicts with total capacity of 216 clients;
 - 4 state in-patient departments of critical intervention for young drug users;
 - 3 programmes of critical intervention for problematic drug users with ordered institutional or protective education (state);
 - 6 after-care programmes with sheltered housing (66% non-governmental);
 - 8 workplaces of methadone substitution treatment in 7 towns (their capacity should reach 400 - 500 clients during the year 2000), 25% of which is non-governmental;
 - experimental introduction of programmes of so-called "drug-free zones" in prison facilities.

For the young drug users, women with children and for after-care, the offer and capacity of programmes continues to be insufficient.

² After issuing of the binding instruction of the Chief of Police No. 39/1998, **Joint instruction of the Chief of Police and Director of the Office of Investigation for the CR of the Police of the CR** is prepared, **which regulates procedures of police bodies and investigators during detection and investigation of illicit actions related to drug crime**; In the appendix of the Joint instruction should be also a table containing the quantification of the quantity of drug bigger than small. The formerly effective binding instruction of the Chief of Police No. 39/1998 applied only on procedures of police bodies, the new Joint instruction is expected to influence and regulate also activities of police investigators.

2.3. International co-operation

Taking in consideration the advancing globalisation and rapid increase of interconnection of drug use with international organised crime, the international co-operation on the field of solution of drug problems is vital. It is based on international conventions and it is performed namely on the level of multinational organisations and on the level of multilateral (regional) and bilateral level.

The Czech Republic is signatory of all three UN conventions from the years 1961, 1971, and 1988 on narcotic substances, psychotropic substances, precursors and other substances. It participates actively in the international co-operation in the frame of offices and bodies of United Nations, European Commission, World Health Organisation, Interpol, World Customs Organisation, and the Council of Europe, and of competent bodies of relevant countries. Because of similarities in the development of drug scene and related problems, the co-operation in the frame of central Europe region is developing as well. Bilateral co-operation on suppression of drug crime on the international level is of crucial significance. It has been started with all neighbouring countries and with a number of other states.

3. BASIC APPROACH, STARTING POINTS, PRINCIPLES, TOOLS, AND FUNCTIONS OF THE STRATEGY

3.1. Basic approach

In the Czech Republic as well as in the EU countries, the complex multidisciplinary and balanced approach is considered to be an effective strategy leading to the solution of problems in the area of drug use. That is the approach starting from broad, inter-departmental, interdisciplinary, and inter-sectorial co-operation and based on balance between drug supply reduction (*legal repression*) and drug demand reduction (*primary prevention, harm reduction, treatment and rehabilitation*).

The four fundamental pillars create the drug policy of the Czech Republic:

Primary prevention	Harm reduction	Treatment and rehabilitation	Repression
ACTIVITIES FOCUSED ON PREVENTION OF DRUG USE OR POSTPONING THE FIRST ENCOUNTER OF CHILDREN AND YOUNG PEOPLE WITH DRUGS.	ACTIVITIES FOCUSED ON DECREASE OF HEALTH AND SOCIAL DAMAGES OF DRUG USERS, WHICH ARE NOT DECIDED IN THE GIVEN MOMENT FOR LIFE WITHOUT DRUGS.	SPECTRUM OF TREATMENT PROGRAMS TOWARDS ABSTINENCY, AVAILABLE FOR DRUG USERS WHO FREELY DECIDED TO LIVE WITHOUT DRUGS.	SET OF LEGAL MEASURES AND ACTIVITIES TO SUPPRESS DRUG OFFER.
DRUG DEMAND REDUCTION (PREVENTION)			DRUG SUPPLY REDUCTION (REPRESSION)

Each of these fundamental pillars plays its irreplaceable and mutually influencing and fulfilling role in the drug policy of the state. Therefore, the approach to their implementation must be balanced. If it is not so, break of the system and stability of the drug policy takes place, which means also increase of negative impacts and consequences following from drug use. This approach is based on "Declaration of United Nations on basic principles of drug demand reduction" and allows to influence problems of drug use, starting with repelling from experimentation with drugs up to the limitation and reduction of negative health, social, economic, and security impacts of their use.

3.2. Basic starting points

- are continuing the Conception and programme of the drug policy of the Government of the Czech Republic for the period 1998 - 2000;
- are based on the analysis of the present situation and on research oriented to drug use in the preceding years (see appendix IV);
- are based on international experience and co-operation, on principles and goals contained in the international documents (namely in the EU Action plan combating drugs for the period 2000 - 2004, in the Annual report of the European Monitoring Centre for drugs and drug addictions 1999, in the Declaration of the United Nations on basic principles of the drug demand reduction, in the materials of the World Health Organisation).

Implementation of a National drug policy strategy 2001-2004 will be focused on:

- Prevention of a drug use namely by children and young people, postponing of the first encounter with drugs to the adult age and to minimise the negative impact of drug use on users, their close persons as well as on general public.
- Decrease of drug demand and decrease of health damage caused by drugs through the preventive activities and professional services.
- Differentiation between drugs depending on their health and social risks. Purpose of this approach is to prevent expulsion of experimenters and drug users to the edge of the society and a shift to more dangerous drugs, types and forms of drug use and behaviour.
- Offer of a relevant help and services to addicts, and thus support in their quitting drug use. If they decide so, relevant care is provided to them. The main goal of this approach is helping in renewal of their physical and mental health and in their re-integration into the society.
- A reaction to changing trends. It is necessary to inform the general public, as broad as possible, on risks connected with drug use and to provide information on the dangers of newly appearing types of drugs. For this purpose, monitoring of new substances and support of research is indispensable.
- Decrease of drug offer, namely by sentencing and fighting against organised crime and street crime related to the drug use.
- Combating organised crime on the field of illicit production, trafficking, holding, and distribution of drugs has the highest priority in the area of suppression of the drug offer.
- Preference of treatment and help, rather than sentencing for the drug use and holding of drugs for personal need, which is much more effective than execution and stigmatisation.

3.3. Main principles

Activities of the drug policy oriented towards drug supply and drug demand reduction must be based on statistics and scientifically proven data and facts, rather than on hypotheses and assumptions. Support of research is inevitable for application and implementation of verified and effective strategies and intervention.

Priority of verified data and strategies

The national strategy builds on partnership and broad co-operation of all parts of civic society. Joint co-ordinated action on a local - community, regional, national as well as international level increases precondition of efficiency of the drug action and success in reaching given goals.

Partnership and the Joint Action

Solution of drug use problems demand complex and stricter structure would approach, in which individual components of the drug policy play irreplaceable and equal role. Changes in the existing unwanted of allotment of so complex if any man could not be reached this partial now isolated measures in one area from the areas of drug action.

Complex approach

The strategy defines indicators of efficiency evaluation, success, and reaching the to mind calls (see Chapter 5).

Effectiveness Evaluation

Foreign experience show that the drug use problems could be influenced only by a long-term effort and by long term strategies.

Long-term planning

3.4. Basic tools

- Rational and realistic approach to solution of drug use problems based on wide social consensus,
- The existing system of co-ordination of activities of the drug policy on the horizontal as well as vertical level,
- Wide inter-departmental, interdisciplinary, and inter-sectorial dialogue and co-operation; ad hoc inter-departmental workgroups,
- Existence of balanced and inter-connected network of services and programmes provided and available on the basis of local, regional or social needs,
- Clearly defined tasks and responsibility for realisation of activities of the drug policy including checking,
- Departmental conception of the drug policy, in the same way as the conception of drug policy of the public administration offices on lower levels,
- Continuous research, verification on a running base, and regular evaluation of realised activities and subsequent decision on further action,
- Participation in programmes of international co-operation and observing international obligations of the Czech Republic.

The allocation of corresponding amount of financial resources necessary for creation of a long-term stable financial environment for efficient implementation of the drug policy is the basic precondition for reaching goals determined by the strategy.

4. GOALS OF THE NATIONAL DRUG POLICY STRATEGY 2001-2004

4.1. Main goals

- ◆ To stop the increase of drug use and to decrease the number of children and young people experimenting with drugs;
- ◆ To provide families and individuals coming into contact with drugs and solving problems related to its use with relevant, timely, and professional help;
- ◆ To decrease the availability of all types of drugs (including alcohol and tobacco), namely to children and youngsters;
- ◆ To keep the existing network of services provided;
- ◆ To create unified system of education in the area of drug policy and increasing of professional abilities of staff;
- ◆ To actively participate on implementation of international activities and programmes of drug supply and demand reduction;
- ◆ To increase quality of the system of co-ordination of the drug policy on the horizontal and vertical level;
- ◆ To engage the whole society in the prevention of drug use, with special emphasis on municipalities/local communities;
- ◆ To ensure corresponding financial resources, to create and implement into practice the new system of financing of drug policy programmes with regard to reform of public administration.

The determined goals of the drug action could not be reached without adoption of real responsibility, without active participation of public administration at all levels, without co-operation of governmental as well as non-governmental organisations as well as the whole society.

4.2. Fulfilling of the National Strategy

4.2.1. Role of the National Drug Commission

The National Drug Commission is advisory, co-ordination, and initiation body of the Government of the Czech Republic. It communicates with departments, individual units of public administration, governmental as well as non-governmental organisations. It co-ordinates, and/or evaluates measures and activities of the drug policy in the Czech Republic, and performs control activities. Continual dialogue and co-ordination between representatives of the relevant departments, co-operation in the inter-departmental workgroups on preparation as well as implementation of joint activities continues on the central level.

In transfer of tasks from central to local level, significant role is played by a network of drug policy co-ordinators and drug commissions of district and local offices of the Czech Republic. They are evaluating performed measures as well as their impact on development of drug use in the area of the given region.

4.2.2. Role and responsibility of the relevant departments

On the central level, the relevant minister is responsible for implementation of measures which follows from the drug policy of the Government, and on the local level, statutory representative of the relevant office is responsible for it.

The Ministry of Health is responsible for legislation related to addictive substances, the precursors and other substances (Article 12 of the convention from the year 1988) except legal punishment. It is the competent body (via the department of the Inspectorate of Narcotic Drugs and Psychotropic Substances; INDPS) for the UN bodies as well as for the partnership bodies in other countries. It is issuing permissions for handling with addictive substances, preparations, and precursors (namely their production and distribution); it performs registration of handling with other substances. It performs also checking these activities.

The Ministry of Health (MH)

It is responsible for implication of treatment programmes, health education and education for a healthy life-style, and for professional education of corresponding workers of the department.

Taking into consideration departmental competency, the MLSA is responsible for solution of social problems related to drug use. Drug policy is part of social policy of department of the MLSA. The MLSA is responsible for the system of social services for drug users, addicts and their families - and for the course of the reform of the system. Reform must be based on analysis of needs, definition of their contents, setting of standards of their satisfaction and system of accreditation for their satisfaction. Last, but not least, the reform must be based on financial possibilities of the state.

Ministry of Labour and Social Affairs (MLSA)

In the drug policy, it is responsible on the first place for primary prevention of use of all types of drugs by children and young people, which is performed mainly by education for healthy life style, providing information on danger of drug use as well as by offer of active utilisation of leisure time. Hitherto, it ensures the preventive programmes by direct financing of school facilities³ and by financing of programmes of prevention of drug use, implemented by governmental as well as non-governmental organisations. It guarantees good level and quality of programmes of primary prevention by system of accreditation. In the frame of professional preparation of pedagogic workers, it is responsible for their preparation for efficient preventive effect during teaching, education and upbringing of children and youth.

The Ministry of Education, Youth, and Sports (MEYS)

Under conditions of special education, it is responsible for implementation of programmes of early intervention, treatment and educational care for children and young people, which are experimenting with drugs or are using drugs. It performs also controlling activities.

Is responsible for drug supply reduction (DSR), generally for protection of public peace and security and for combating crime committed in relation to drug use. DSR is reached in particular by detection and combating organised drug crime and street drug delinquency. Is responsible for taking transgression procedures and discloses illegal acts in the case of participant of road traffic suspected from consuming of drugs before or during ride.

The Ministry of Interior (Home Office)

³ In the connection with cancellation of school offices, the way of financing for the upcoming period will be operatively accommodated to the steps of the reform of public administration.

It promotes programmes of crime prevention on a local level, particularly in a non-specific prevention of drug use and crime related to drug use.

The Ministry of Justice

It is responsible for creation of legislative drafts in the area of criminal law. It creates preconditions for action of courts and Public Prosecutor's Offices, which is oriented towards prosecution, supervision in preliminary procedure and decision making on guilt, punishment, and protective measures in the issues related to drug crime. It ensures rise and development of probation and mediation service, deviations in the criminal prosecution or alternatives of the sentence of imprisonment. It warrants programmes of drug use prevention in the prison service, differentiated execution of a punishment for drug users and creation and offer of programmes corresponding to the helping drug addicts under the conditions of execution of a punishment. Simultaneously, it is responsible for professional education of judges, state's attorneys, and workers of the prison service and of Probation and Mediation Service.

The Ministry of Defence

Taking into consideration its role in protection of security and sovereignty of the CR and danger of drug use by soldiers handling with weapons, it plays especially sensitive and important role in the drug policy. Therefore, it bears responsibility for early identification of problems connected with drug use by soldiers in the active service and for preventive influence on the young population in the frame of the compulsory military service. It is responsible for high quality professional preparation of members of the corps of officers, staff of the military educational system, and all other staff of the department in relation to drug use problems.

The Ministry of Finance

It releases from the state budget financial means specifically bound to programmes of drug policy on the central as well as local level. It is generally responsible for setting of rules for financing the non-profit sphere from the state budget. The General Directorate of Customs participates, in the frame of its competencies, on disclosure of illicit trade with narcotic and psychotropic substances (NPS).

The Ministry of Agriculture

It is responsible for registration of legal production of opium poppy and hemp (cannabis), i.e. agricultural produces containing NPS⁴.

4.2.3. Role of non-governmental organisations

The National Drug Policy Strategy is, in the part related to drug demand reduction (DDR), based on existing network of preventive, treatment and rehabilitation programmes. Just the non-governmental organisations are having significant and irreplaceable role between providers of services today. From the point of view of existing system in the area of prevention, treatment and rehabilitation care, the non-governmental organisations provide not only supplementary or higher standard services, but they are operating programmes, which are ensured by the state organisations in limited extent or not at all.

The key providers of services on the field of primary, secondary and tertiary prevention are the non-governmental organisations of all types (abbreviated further as NGO, disregarding its type). These are the services, without which the drug policy cannot be implemented efficiently and in full

⁴ For primary (drug use) prevention and professional education of pedagogic staff of the departmental school system (in connection to the Act No. 175/2000 Coll.) till the end of the year 2001

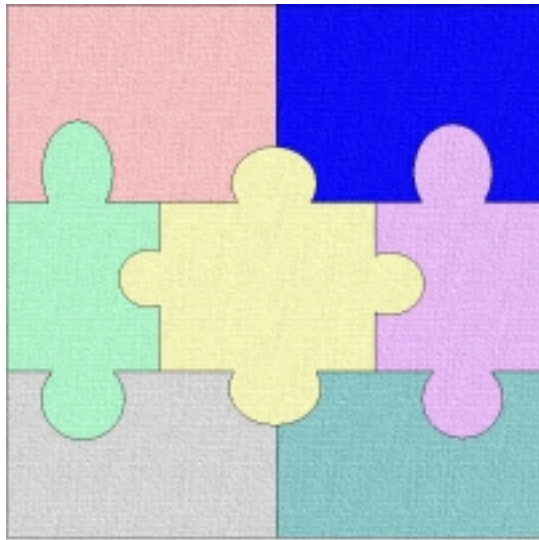
value. The governmental and non-governmental organisations together are creating system of services for the public and supplement each other in an effective way. Therefore, the same demands regarding quality and efficiency as well as equal conditions for operation of the services must be applied to the governmental as well as non-governmental organisations.

Significant role on the field of non-governmental sector is played by the "A.N.O. - Association of non-governmental organisations, dealing with prevention and treatment of drug addictions" (further as A.N.O.), associating the key non-governmental organisations, which is, on behalf of non-governmental sector, the warrant of quality of the services provided and a partner to the relevant departments, state institutions and NDC. A.N.O. co-operates with these institutions namely in the area of planning and implementation of the drug policy and increasing quality and efficiency of the services provided.

One of the priorities of the National Strategy is the continuous and systemic support of organisations and services, which are part of the network of preventive, treatment and rehabilitation care, and which adhere to the standards of quality and efficiency of provided services. The non-governmental organisations fulfilling the mentioned standards can ask relevant ministries for granting accreditation or licence for operation of services. Also government organisations should pass through similar process and with the same goal of maximal ensuring of quality and efficiency of spent means.

If NGO's fulfil the given requirements, and if the state needs the services provided, these organisations require that the government will adopt unified system of financing allowing them for more long-term guaranties, which, on the other hand, will ease the state administration to maintain continuity of services provided.

5. SPECIFICATION OF GOALS OF THE NATIONAL DRUG POLICY STRATEGY 2001-2004



5.1. Primary prevention

GOAL: To stop increase of drug use by education for the healthy life style, by providing information, by strengthening personal responsibility for quality of own life, by support of self-confidence, and by offer of positive examples and alternatives.

Prevention of drug use belongs to fundamental pillars of drug policy. It is vital, that preventive programmes address the largest possible number of children from the lowest age. Simultaneously, it could not be applied on a global and uniform basis. The programmes must be targeted on the basis of knowledge of problems and needs of various groups of children and young people. This requires primarily support of implementation of preventive programmes on all types and levels of schools (with emphasis on quality of programmes and their implementers warranted by accreditation, on sufficient number of properly prepared pedagogues, and availability and capacity of programmes), preparation and distribution of information materials and mass media influence, which will address also the target groups. Actions of public character, performance of politicians, representatives of social and cultural life, public administration on a central, regional or local level, experts and adults should contain clear message of "non-modernity" of drug use.

Significant role in the non-specific prevention of use of all types of drugs must be played by family, local community, and offices of local authorities, preferentially by creation and distribution of offers of attractive preventive, leisure time and sport programmes for children and youth.

It is vital to elaborate integral conception of primary prevention (including definition of concepts of specific and non-specific primary prevention), to create and employ in practice the system of accreditation and to create tools for evaluation of quality and efficiency of the programmes. All units of public administration (starting with offices of local authorities, through regional authorities and organs of state administration up to the central level) must create strategies of drug action. These will be based on the government strategy taking in consideration local or regional specific conditions and needs.

Success of implemented strategies, qualitative changes in attitudes of the society - children and young people in particular - should be monitored on regular basis, e.g. through epidemiological studies and scientific research.

Integral part of prevention of drug use is primarily cultivation of the value system, where drugs will find no place, and education for healthier lifestyle. In this case, health is not the goal, but the mean for satisfied and valuable life of individual as well as the whole society.

The key areas of primary prevention:

a) Family

Beside the basic educational role, the family plays also the basic role in prevention of drug use. Parents inculcate children with the basic life values and norms, allow them to develop constructive, valuable, and meaningful lifestyle and to refuse drugs. Parents should be able to early detect and intercept the developing problem of drug use by children, and to be able to find out an early professional help. For this, they need adequate knowledge and skills.

b) School

Regarding the drug offer (namely marijuana), the school belongs to markedly risk environment. Drugs are offered by persons of the same age and classmates. Therefore, it is vital to take this universal phenomenon into account, and to find ways for prevention of problems and their solution, rather than make taboo from these problems. Credit of schools should not be measured by their ability to hush up problems, but according to their success in their solution.

Prevention should be oriented primarily to teaching of proper communication, solution of conflicts, building of self-confidence, self-knowledge of pupils and students, their ability to effectively defence against manipulation, and their ability to refuse drugs. This is closely linked to mediation of the knowledge on drugs, creation of attitudes of children and young people in their relationship to drugs, increase of their psychological resistance and skills to project their knowledge and attitudes also to their action and behaviour.

c) Risk groups of children and youth

On the field of primary prevention, it is necessary to pay special attention to specifically endangered groups of children and young people. Especially endangered are children from handicapping socio-cultural environment, which doesn't allow full development of abilities and skills of children. This environment could be characterised at least by three risk factors acting simultaneously:

- Age of mother in the time of childbirth is lower than 17 years, or the mother gave three or more deliveries till twenty years of age, or both parents are too young (adolescent),
- Low education of a mother (not higher than the primary education), or both parents, and insufficient professional qualifications,
- Chronic disease or handicap of parents decreasing their ability to take care for the child,
- Severe psychic illness of one of parents decreasing his/her ability to take care for the child,
- Insufficient social integration of parents (for instance foreigners with language barrier, lacking background and so on), or lacking or insufficient support of broader family
- Insufficient provision of food and clothes, bad housing conditions,
- Home violence,
- Use of addictive substances in the family,
- Substantiated and confirmed investigation of bodies insuring protection of rights and interest of the child.

Creation of offers and extension of spectrum of out-of-school programmes for children and young people is the vital integral part of non-specific preventive action, which will not solve problems of drug use alone, but must be the integral part of complex preventive strategies. Responsibility for its implementation is namely on offices of local authorities, governmental as well as non-governmental institutions and organisations, including schools and school facilities, hobby and sport organisations, and local community. Activities offered must be available regardless of social/economic status of children; the care for children must be the long-term one.

d) Leisure time zone

Preventive programmes of local communities are one of the most efficient forms of prevention of use of NPS. The adopted measures are based on local situation and needs, engage the local community in their fulfilment. Therefore, it is vital that offices of local authority in co-operation with other local organisations create plans of community prevention, and actively participate on their financing and implementation.

e) Local community

In the present time, mass media are playing unique role in the influencing of the general public and public opinion. Therefore, they can be significant in prevention of drug use. It is vital to prepare a long-term plan of the action of media on general public with the goal to provide objective and true (reliable) information on problems of drug use.

f) Mass media

Internet is more and more frequently used communication tool of the present society and predominantly of the generation of young people. Therefore, it is vital to create a corresponding information channels and sources on the Internet, which will be used in the prevention of drug use. This form of preventive action can address limited, nevertheless specific target group of today's' young people. Simultaneously, this implicates interconnectedness of this type of prevention with other forms of prevention.

g) Internet

Workplaces should play a significant role in prevention of use of alcohol and tobacco products, and also in the creation of preventive measures against drug use as well as misuse of substances used for medical purposes (e.g. analgesics, hypnotics, barbiturates, and some opiates). The most significant factors in the given area are primarily the issues of labour safety and efficiency, an early identification and an early intervention. It is also necessary to deal with question of employment of drug addicts in selected professions of public administration.

h) Workplaces

Security role of army and high responsibility together with the service in army strictly requires abstinence from all types of drugs. Available data on occurrence of drug users between soldiers of compulsory military service are warning. Therefore, it is vital to update on a

i) Army

running base and to implement programme of complex preventive action under conditions of army, and further increase professional preparedness of officers, implementers of preventive action.

j) Churches and religious communities

The field of primary prevention of use of NPS is the area in which churches could play a very significant role. Space for forming of basic life attitudes (hierarchy of values) of internally balanced citizen is their strength.

Institutions responsible for implementation of primary prevention

- The Ministry of Education, Youth and Sports,
- The Ministry of Labour and Social Affairs,
- The Ministry of Defence,
- The Ministry of Health,
- The Ministry of Agriculture,
- The Ministry of Interior (Home Office),
- Self-administration,
- Schools and school facilities.

5.1.2. Specific goals:

A. LONG-TERM GOALS

- ◆ To stop and overturn the existing increase of the number of drug users:
 - To decrease the number of children and young people experimenting with drugs;
 - To change trend of experimenting with drugs in younger and younger children.

Despite the fact that in the short-term perspective, continuation of increase of number of drug users can be expected, it is necessary to struggle for change so that we succeed to overturn this unfavourable development in the long-term perspective.

- ◆ To engage the widest possible part of civic society in prevention, with special emphasis on parents of children and young people.

Characteristic feature of the present drug policy on the field of prevention of NPS use is participation of experts and pedagogues. However, the preventive activities of schools and school facilities are implemented only formally in some cases, efforts to engage parents are unsuccessful. Therefore, it is vital to look for new strategies, to support activities of bootstrap organisations and parents' movements, to provide public with true information directly from the parents whose children are using drugs.

- ◆ Drug use should not be socially accepted form of behaviour of young people.

Currently, we encounter such attitude in some groups of young people, that drug use is "normal" rather than life without drugs. This attitude is often confirmed by influence of mass media. It is vital

that children and young people are aware of danger of drugs, to know that the major part of our society does not use drugs, and that the drug use cannot be perceived as "normal".

- ◆ **Healthy life style, life without drugs should become attractive.**

Beside the negative message on risks and danger of drugs, it is vital to offer young people positive message, the message that they can live healthy, meaningful, and productive life. However, this cannot be reached by any formal declarations. Carriers of this message must be people active in the politic and public life, representatives of culture and sports in particular, who can inspire thinking of the young generation by their influence.

B. MEDIUM-TERM GOALS

- ◆ **To create functional system of primary prevention financing.**

It is vital that financing of minimal preventive programmes would be solved system-wise, not only through subsidies. Financing of other types of preventive programmes should be solved according to local needs, in a form of purchase of high quality programmes (services). The offices of local self-administration and public administration must take more significant share on programmes of prevention and leisure time activities (including its financing).

- ◆ **To implement conception of education of staff from the field of primary prevention, including pedagogues, into practice.**

Education for health and healthy lifestyle must be common integral part of education and teaching of individual subjects. For that, sufficient number of pedagogues perfectly prepared in the area of prevention of drug use.

- ◆ **To implement into practice connected system - conception of primary prevention from nursery school up to university.**

The current practice on the field of primary prevention is scattered; the level of programs as well as their implementers is patchy.

- ◆ **To create and introduce into practice system of interconnection of preventive activities on horizontal as well as vertical level.**

The Ministry of Education, Youth, and Sports is responsible for implementation of prevention. The current fractionalism of preventive acting calls for creation of co-ordinated system of integrated action on all levels. The basic tools are namely conception, professional standards and system of accreditation of implementers and programmes of prevention.

C. SHORT-TERM GOALS

- ◆ **To create conception of education of staff from the field of primary prevention, including pedagogues.**

This conception defines contentual educational minimum and method of its integration into professional preparation.

- ◆ **To create conception of primary prevention from nursery school up to university.**

This conception contains the basic frame of preventive action, qualification prerequisites for implementers of programmes, offer of verified approaches and tools for verification of their efficiency.

- ◆ To create and introduce into practice the system of accreditation of lecturers and programmes of primary prevention.

Today, anybody can implement preventive programmes, without meeting professional requirements and without evaluation of efficiency and quality of the programme. Therefore, it is vital to elaborate professional standards of primary prevention, set qualification prerequisites for implementers of programmes, and to introduce into practice the system of accreditation.

- ◆ Study of prevalence of drug use by young people and evaluation of efficiency of preventative programmes.

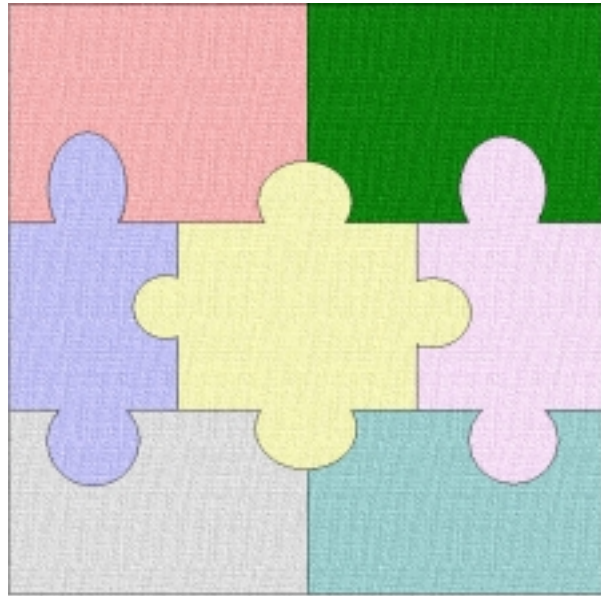
To evaluate the efficiency of implemented preventative programmes, recognition of trends in drug use and attitudes of the young people towards drugs, it is necessary to perform research on a regular basis, to rely on scientific studies.

- ◆ To create National information server for the area of problems of NPS use.

Because of lack of available and true information, to establish workplace focused on gathering and distribution of correspondent data and information for general public, to create programmes for specific target groups of Internet users.

5.1.3. Indicators and evaluation tools in the field of primary prevention:

	<i>Indicators of success</i>	<i>Evaluation tools</i>
<i>Long-term goals</i>	<ul style="list-style-type: none"> ◆ positive indicators in epidemiological studies ◆ positive changes of attitudes and behaviour of children and young people in their relation to drugs ◆ extended offer of available leisure time activities ◆ number of persons engaged in preventive activities ◆ use of drugs including the legal ones is not the socially accepted norm ◆ healthy lifestyle is socially attractive 	<ul style="list-style-type: none"> ◆ epidemiological studies ◆ surveys focused on attitudes and behaviour of young people ◆ mass observations (polls) ◆ local reports and statistics ◆ analyses of utilisation of leisure time programmes by children and young people
<i>Middle-term goals</i>	<ul style="list-style-type: none"> ◆ conception of primary prevention is created and utilised in practice ◆ created and institutionally integrated conception of education of pedagogic staff on the field of primary prevention ◆ education for healthy lifestyle is suitably incorporated into the process of teaching and education ◆ professional standards of primary prevention are created and applied ◆ programmes of prevention are financed on the basis of their quality and efficiency ◆ programmes of prevention are implemented by accredited organisations ◆ corresponding sources of information from the field of primary prevention are available ◆ changes of attitudes and level of knowledge of pupils and students 	<ul style="list-style-type: none"> ◆ conception of primary prevention from nursery school up to university ◆ educational curriculum for pedagogic staff ◆ evaluating reports, annual reports on activities ◆ number of professionally prepared workers of school facilities ◆ database of accredited organisations on the field of primary prevention ◆ increase of number of information materials and sources ◆ analysis of purposefulness and efficiency of utilisation of financial means for programmes of primary prevention ◆ epidemiological studies and research in children and young people ◆ analysis of mass media
<i>Short-term goals</i>	<ul style="list-style-type: none"> ◆ conception of education of pedagogic workers is created ◆ conception of primary prevention from nursery school up to university is created ◆ system of accreditation lecturers and programmes of primary prevention is created ◆ regular monitoring and evaluation of situation on the field of drug use is running ◆ National information server for primary prevention on the field of drug use is established already 	<ul style="list-style-type: none"> ◆ epidemiological studies, prevalence studies ◆ reports on activities, annual reports ◆ opponencies (defence) of the conception of education of pedagogic workers ◆ opponencies (defence) of the accreditation system in primary prevention ◆ public opinion polls on availability of corresponding information



5.2. Treatment and re-socialisation

GOAL: To offer to families and individuals, coming into contact with drugs and are solving problems related to drug use, correspondent, available and professional help.

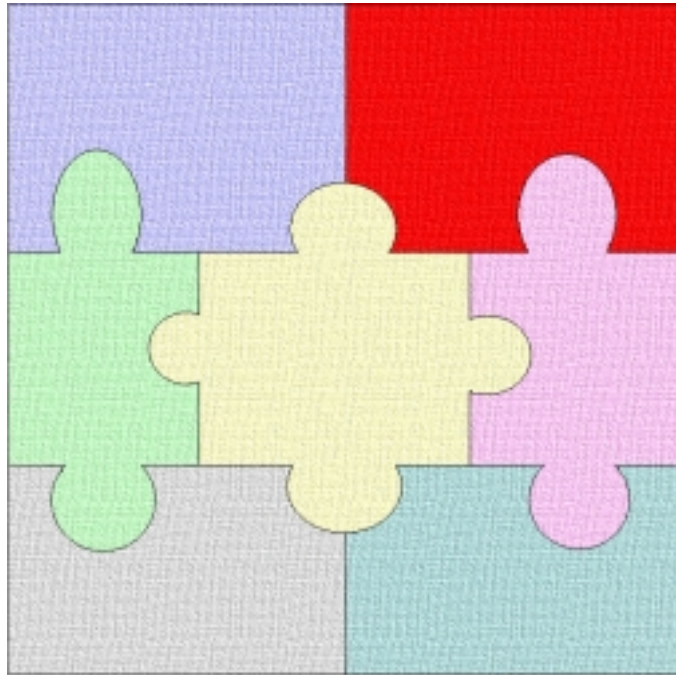
5.2.1. Starting points:

Treatment and re-socialisation of addicts is the second fundamental pillar of drug policy. It contains a various types of verified and established programmes starting with an early and crisis intervention, through establishing low-threshold, detoxification and treatment, to programmes of after-care, rehabilitation or re-qualification. Joint effort of staff of treatment programmes and re-socialisation is to support addicts, to help them to quit drug use or to choose less risky drugs or forms of their intake.

Drug use is influenced by different components of human life: physical and psychic health, chart of life values, structure of personality, family and social relationships. Thus the so-called bio-psycho-social model of addiction is the starting point for treatment and re-socialisation. It is a number of various factors influencing rise and development of addiction to drugs, which could be hardly influenced by worker of only one profession. Therefore, treatment of drug addicts requires the multidisciplinary and complex approach, in which each profession should have its own clearly defined role.

In the frame of bio-psycho-social model of drug addiction, the expected results of treatment and rehabilitation programme are not limited to "only" the abstinence and decrease of physical, psychic or social risks and damages resulting from drug use in the short-term horizon. The main goal is that the drug user/client will reach, in the frame of his possibilities, changes in his existing way of behaviour in relation to drugs, and that he will maintain the achieved change without returning to the more risky form of drug use or life. The basic goals in respect to drug addicts or drug users could be formulated as follows:

- ◆ Decreasing social and health risks and damages resulting from drug use;
- ◆ Reaching abstinence:
 - reaching and enforcing of the motivation for abstinence;
 - support and maintenance of the lifestyle without drugs;
- ◆ Support during changes of behaviour leading to increasing personal satisfaction:
 - reaching and maintenance of optimal health condition;
 - diagnostics and treatment of psychiatric symptoms and illnesses;
 - adoption of skills and knowledge for everyday life;
 - solution of relationships and family problems;
 - solution of questions connected with work, work assertion, qualification;
 - solution of questions connected with habitation;
 - satisfaction of spiritual needs and creation of value system in harmony with socially accepted values;
- ◆ Relapse prevention:
 - Drug addiction has character of chronic disease, often resulting in relapse. Omission of some of the topics discussed above increases the risk of relapse. Risk of relapse could be avoided by proper methods of relapse prevention that are increasing efficiency of treatment programmes.



5.3. Harm Reduction

GOAL: By a set of specific approaches, to help drug addicted persons to survive and minimise damage of their health and social condition and simultaneously to motivate such persons to change their risky behaviour with the goal of life without drugs. To protect society against negative impacts of drug use, including blood-transmitted diseases.

5.3.1. Starting points:

Thanks to its orientation, content, and goals, the harm reduction approach creates the third indispensable pillar of drug policy. It is focused on reduction of social and health damages and risks resulting from drug use on the side of the users as well as on the side of public.

The harm reduction programmes represent the realistic and pragmatic approach to problems of drug use. It is based on knowledge that some groups of people are not able or willing to quit the drug use immediately. Therefore, the harm reduction approach is also based on effort to keep the drug addicts alive, and simultaneously to prevent dissemination of HIV/AIDS and various types of hepatitis between injection drug users, or further into the society.

In the case of a group of injection drug users, this programme is efficient and economic. By specific interventions, it protects the lives and health of chronic drug users, which are not motivated for treatment oriented to abstinence. Simultaneously, during work with drug users, the long-term goal - life without drugs - is not abandoned. Harm reduction is a set of activities, in which the programmes of injection syringes and needles replacement, programmes of primary health care, and substitution maintenance treatment are ranked between the most significant ones.

"After the years of semi-official status in many countries, the harm reduction approach is increasingly acknowledged as an important tool in national as well as local drug policies. Currently, discussion is focused primarily on its scientific verification, and it is heading towards legal, professional, or political recognition of the range of activities such as replacement of injection material, injection rooms or substitution treatment, which are trying to decrease the health and social damages caused by a drug addiction."⁵

Multidisciplinary personnel background of treatment programmes and harm reduction:

The offer of help to drug users, addicts, and their families must contain different types of interventions provided by experts in the relevant professions, which correspond to individual needs of the client/patient and stage of his problem. The most significant role in all types of intervention is played by prevention of relapse.

In the past years, the Government, with its subsidy programmes, helped to create a network of diverse types of care and support for drug users and their relatives. It is vital that local authorities, district (or regional) offices will undertake responsibility for their support and development and will participate on financing of specific types of services for drug users and their relatives in the frame of their activity on the basis of knowledge of local or regional needs.

These are in particular programmes of primary health care, early intervention, counselling, crisis intervention, out-reach work, harm reduction, detoxification, diagnostics, short-term, medium-term, or long-term treatment of addicts, help during management of psycho-social problems, relapse prevention, protected housing and rehabilitation. These types of services require existence of interdisciplinary teams, which members are for instance physicians, psychiatrists, psychologists, special pedagogues, pedagogues and pedagogic workers, social workers, intermediary health service workers, therapists, and if possible, also cured ex-users. However, it

⁵ Extended Annual report on the state of the drugs problem in the European Union 1999 – E.M.C.D.D.A.

is vital that workers of these professions will continue to educate themselves and to acquire corresponding knowledge and skills on the field of treatment of addictive illnesses. To achieve success on the field of treatment and re-socialisation, it is necessary to create the interconnected system of care containing elements from so-called low-threshold services (street-work, out-reach programmes, low-threshold centres, counselling) to programmes with high threshold (abstinence-oriented treatment).

5.3.2. Goals in the field of treatment and harm reduction:

A. LONG-TERM GOALS

- ◆ To decrease negative social and health impacts and damages caused by drug use, and thus to decrease related social costs.

Drug use is projected into the expenses of the whole society, in the form of costs of treatment, of social benefits, unemployment grants, and to disability pension. Expenses of the society are increased by sickness rate of drug users as well as their untimely deaths, direct as well as indirect costs connected with criminal activity, costs of protection of public peace and security or of execution of a punishment. It is necessary to reverse this negative trend of drug use and thus to decrease costs spent by society in connection with drug use.

- ◆ To improve availability, quality and efficiency of health care and social services for drug users and their relatives.

To replenish lacking types of care (after-care, day-care, programmes for minor addicts, for women and mothers with children, for persons in prison), to evaluate real needs of support of the network of services with corresponding availability and capacity.

- ◆ To ensure long-term performance of researches (studies) on a running base and data acquisition on the field of drug use, to increase quality of services provided.

Drug policy could not be implemented without permanent research, which will participate on creation of tools necessary for evaluation of the policy.

B. MEDIUM-TERM GOALS

- ◆ On the basis of evaluation of actual needs to supplement lacking types of care (after treatment programmes, treatment programmes for specific target groups).

To ensure the necessary network of services with relevant availability and capacity.

- ◆ To create and introduce into practice the conception of work with drug users under conditions in prisons.

Drug use among prisoners is increasing. Therefore, it is vital to create adequate and high quality types of programmes in prisons with participation of non- prison staff. However, this will require removal of the basic barrier - overfilling of Czech prisons.

- ◆ To create the transparent and functional system of multi-year financing of services in the given area.

The existing system of financing programmes of treatment and rehabilitation is insufficient. Financing of the service network of treatment and rehabilitation should be solved according to

local needs, on the principle of subsidiarity, purchase of high quality services and long-term planning. Offices of local authorities and public administration should undertake more significant role in financial support of programmes for local needs.

- ◆ To create conditions for equal opportunities of services providers on the field of treatment of drug addicts, that is on the basis of quality of services, regardless the form of the legal subjectivity of the provider.

In particular in the area of financial support, to create equal conditions for the governmental as well as non-governmental organisations providing services in the area of drug addicts treatment.

- ◆ To build up and implement unified data collection on the field of drugs and drug addictions with simultaneous ensuring of their optimal protection.

To create the internationally comparable system of data collection and to create a register of drug users, considering the needs of local and international co-operation. To utilise for this purpose the workplace of National Focal Point built in co-operation of the Czech Republic and EU (programme PHARE).

- ◆ To create integrated, institutionalised system of education and postgraduate diplomas.

Experts from different professions are working on the field of treatment and rehabilitation of addicts. It is necessary to create for them unified educational curriculum for increasing and fulfilling their qualification, including offers of specialised study for specific types of services.

- ◆ To create and implement system of evaluation and maintenance of quality of provided care.

To implement the open system of accreditation of health care as well as non-health-care programmes as well as social services into the practice for ensuring of adequate network of services and system of its multi-year financing.

C. SHORT-TERM GOALS

- ◆ To set qualification requirements for workers in the drug field for individual types of services.

Meeting qualification requirements on workers from the field of treatment and re-socialisation, is the necessary prerequisite for increasing of quality and efficiency of services provided.

- ◆ To extend the capacity and to increase availability of substitution programme for specified target population of drug users.

On the basis of evaluation of actual needs to extend the existing capacities of substitution programmes and to create their necessary network on the area of the Czech Republic.

- ◆ To accommodate the execution of institutional and protective upbringing to the needs of children and youth with a drug problem.

Capacity of places in the special school system facilities for drug users is insufficient. It is necessary to create specialised departments for the work with such people.

- ◆ To create network of detoxification programmes, which will utilise as much as possible the possibility of out-patient

detoxification in connection with optimal extent of in-patient fraction.

The existing capacity of the in-patient facilities for detoxification is insufficient; out-patient detoxification is significantly cheaper than the in-patient one.

- ◆ **To create conditions for building system of treatment in prisons, thus helping its availability for drug users in the execution of a punishment.**

- ◆ **To implement system of accreditation.**

To support creation of network of accredited workplaces on the basis of fulfilment of defined standards, with the goal to increase quality and efficiency of treatment care.

- ◆ **To create long-term Public Relations plan of treatment and re-socialisation programmes and to ensure its implementation.**

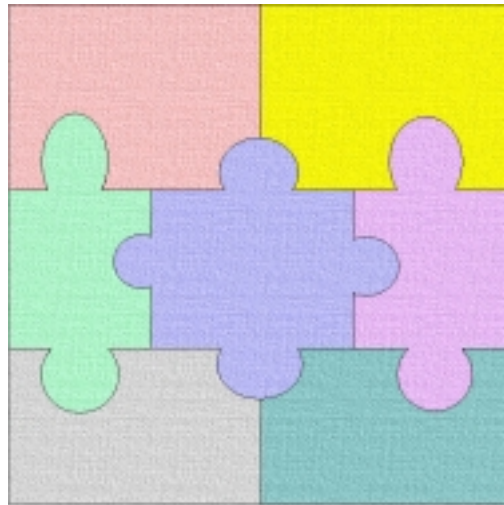
For increasing of information on possibilities of early solution of raising problem and for acceptance and support of individual types of programmes by public.

- ◆ **To support aimed and practically applicable research in the field of drug policy.**

Research is necessary for development of efficient interventions and evaluation of quality and efficiency of implemented measures.

5.3.3. Indicators and evaluation tools in the field of treatment and harm reduction:

	<i>Indicators of success</i>	<i>Evaluation tools</i>
<i>Long-term goals</i>	<ul style="list-style-type: none"> ◆ positive trends in epidemiological indicators ◆ Increase of availability of adequate type of services ◆ extension of spectrum and increase of capacity of treatment programmes in prisons ◆ shortening waiting periods before taking up to treatment ◆ increase of quality and efficiency of provided services ◆ increase of quality and interconnectedness and co-operation of individual programmes 	<ul style="list-style-type: none"> ◆ epidemiological studies, prevalence studies ◆ local surveys and statistics ◆ surveys among users of services and their relatives ◆ research projects oriented to quality and efficiency of provided care ◆ long-term catamnestic observation of clients of treatment and re-socialisation programmes ◆ annual and running reports on activity including statistics indicators
<i>Middle-term goals</i>	<ul style="list-style-type: none"> ◆ services of treatment and rehabilitation programmes are purchased from the part of state on the basis of need and quality, for prices set by the state ◆ regional offices and offices of local authority participate on purchase of services for their citizens ◆ data collection on the field of drugs and drug addictions compatible with EU is created and institutionalised ◆ educational curriculum for workers in the field of treatment and re-socialisation of addicts is created ◆ education of workers of interdisciplinary teams is institutionalised and warranted by the state 	<ul style="list-style-type: none"> ◆ surveys of satisfaction of needs of applicants for treatment and their relatives ◆ analysis of financial stability of treatment and re-socialisation programmes ◆ research projects focused on evaluation of satisfaction, quality and efficiency of programmes ◆ analyses of public cash flow ◆ annual reports on activity of programmes ◆ epidemiological studies, evaluation of the national report from the part of international institutions (EMCDDA, UNDCP) ◆ educational curriculum - defence ◆ evaluation of the education programme by graduates
<i>Short-term goals</i>	<ul style="list-style-type: none"> ◆ the qualification requirements for workers in the field of treatment and re-socialisation are defined and accepted by the state ◆ PR plan of treatment/re-socialisation programmes is created ◆ fulfilment of the PR programme 	<ul style="list-style-type: none"> ◆ qualification requirements set ◆ recommended personal background for treatment and re-socialisation programmes (personal optimum) set ◆ survey of public opinion in relation to the treatment programmes ◆ analysis of mass media



5.4. Legal Regulation of Drug Issues

GOAL: To decrease availability of drugs through adopted measures and acts.

5.4.1. Starting points:

The existing legal regulation makes the Czech Republic relatively "safe" for organised crime. It is vital to adopt number of fundamental measures, which will make difficult establishing and activities of foreign organised groups of drug distributors in our territory.

Punishment for drug possession for personal use is not the priority. Legal regulation must distinguish between punishment for possession and for distribution of drugs depending on the extent of their health and social risk. In the field of punishment of criminal activity connected with drug use including drug possession for personal use, it is necessary to consider execution of imprisonment namely in the case of a young person's and experimenters with drugs.

The goal of the efficient drug policy is that the young people in particular, which started to experiment with drugs or committed for the first time criminal act consisting drug possession for personal use, would not get into prison. In such case, a range of so called diversions in legal prosecution as well as the alternative punishments, which are not connected with imprisonment, should be used. This supposes also support and development of mediation and probation service.

Because of recorded trends of increasing consumption of alcohol and tobacco products by children and young people, and proved negative impacts of these substances to the human health, it is also necessary to pay extraordinary attention to handling with this group of substances. In the case when legislation regulating conditions of sale of alcohol and tobacco products to underage and young persons in particular will prove as insufficient, it will be necessary to change and amend in adequate way this legislation (e.g. the Act on small businesses, the Act on advertising, the Act on the protection against damages caused by tobacco products, alcohol and other addictive substances).

The institutions in the field of legal regulation of drug issues

a) Imprisonment service

Creates and operates specialised departments of prisons for imprisonment of drug addicts and persons endangered by drugs, it implements on experimental base so-called drug-free zones in prisons and prepares implementation of system of addiction protective treatment.

b) Probation and mediation service

According to the Act on mediation and probation service, it will perform and ensure execution of so-called diversions in the criminal prosecution as well as alternative punishments, which are not connected with imprisonment, including therapeutic alternative of punishment. Accused young people and accused drug users will represent preferential target groups of mediation and probation service in particular.

c) Public Prosecutor's Office

It is the body responsible for penal proceedings, which power should be executed (from the point of view of subsidiary role of criminal repression and from the point of view of concept of criminal law as "ultima ratio") as late as when the less extreme means and measures will be applied unsuccessfully. It should play significant role also in relationship to mediation and probation service; utilisation of help of probation service, especially in preliminary procedure, will be

important. Criminal repression is also tightly connected with the subsequent effect of general and individual prevention as a component of social prevention.

The highest public prosecutor's office (Director of The highest public prosecution) is, in relation to the whole system of public prosecutor's office, entitled to unify and direct steps of public prosecutor's office during fulfilment of its duties by the law (section 9 paragraph 3 of the Act No. 283/1993 Coll., on the public prosecutor's office, as amended by later regulations). This applies fully also on procedure of prosecutors in criminal proceedings during application of individual merits of criminal acts designated as part of drug crime, especially criminal acts according to the section 187, section 187a, section 188, and section 188a of the criminal code, including relevant forms of diversion in criminal proceedings and proposals of alternative punishment and alternative measures.

It is participating actively on the international co-operation during checking of NPS. It is the body, which is competent for the bodies of UN as well as for partnership bodies in other countries, it is elaborating the statistical report for bodies of UN. It is preparing methodical instructions and performs checking and inspections on the field of handling with addictive substances, preparations, precursors, and other substances. It is amending on a regular basis the appendices of the Act No. 167/1998 Coll., on addictive substances and changes of some other Acts as amended by later regulations.

d) Inspectorate of Narcotic and Psychotropic Substances (INPS)

5.4.2. Goals in the field of legal regulation of drug issues:

A. LONG-TERM GOALS

- ◆ To decrease availability of NPS.

Currently, this can be achieved by initiation and submitting drafts of amendments of Acts or bills of new Acts, which will complicate illegal production, trafficking, sale, and distribution of all types of drugs, including alcohol, and tobacco products particularly for children and young people.

- ◆ To change perception of the CR from the point of view of organised drug crime as a "safe environment" for illegal trade with drugs.

To adopt such legislative measures that would complicate establishing and action of organised crime in the CR (e.g. by adoption of Act on proving of acquiring of property, Act on confiscation of property of perpetrators for criminal activity related to distribution of drugs and its utilisation for financing of drug policy).

- ◆ To increase checking of legal manipulation with NPS.

To create conditions for full utilisation of opportunities of the existing legal regulation, which is fully in accord with requirements of EU.

- ◆ To intensify checking of transportation of legal substances and precursors, to decrease amount of illegally transported NPS across borders.

To utilise and further develop the already working co-operation between competent bodies of the Custom Authority of the CR, Police of the CR, and INPS. To amend the tariff Act, to tighten requirements for granting licenses and to participate on international co-operation.

B. MEDIUM-TERM GOALS

- ◆ To improve the quality of co-ordination of individual branches responsible for penal proceedings.

To evaluate functionality of the existing structure and organisation arrangement. To create workgroup, which will evaluate on a running base efficiency of existing measures, organisation and inter-departmental co-operation. This group will initiate drafts of amendments of legislation as well as department directives to increase efficiency of repressive activities.

- ◆ To continue in ensuring harmonisation with legal regulations of the CR with EU in the field of drug policy.

Considering Ministry of Interior and Ministry of Justice as the gestors of legal regulations in the drug area, these departments will submit new legislative drafts so that they will be in harmony with the EU legislation. To further continue in, and widen the international co-operation.

- ◆ To create, implement, and support utilisation of functional system alternative punishments and measures.

After adoption of the Act on probation and mediation service, it is one of Ministry of Justice priorities. Differentiation of recourse for possession and distribution of drugs on the basis of their health and social danger will contribute to the decrease of the number of pursued, accused, and punished, and to optimal utilisation of the institution of alternative punishments.

C. SHORT-TERM GOALS

- ◆ To differentiate the recourse for possession and distribution of drugs on the basis of the level of their health and social danger.

To adopt necessary norms for differentiation of the recourse of drug users and perpetrator for organised crime in connection with distribution of drugs. This is necessary prerequisite for adequate application of sanctions of alternative punishments by imprisonment as well.

- ◆ To evaluate the existing criminal practice in the field of drug crime.

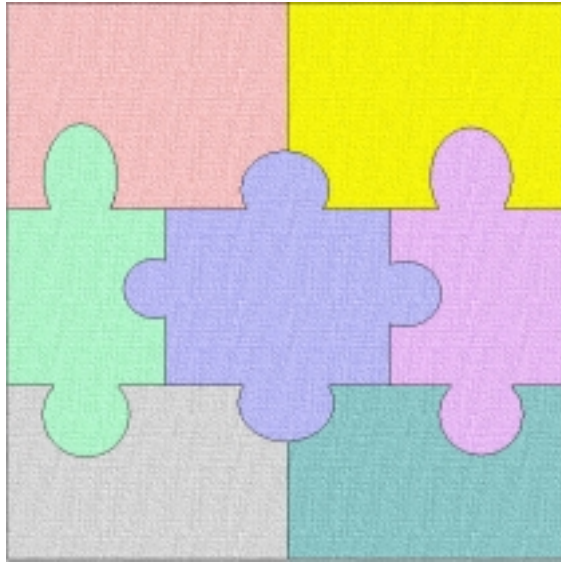
To perform analysis of the existing system. Work of examining bodies is protracted and the accused is, because of high number of solved cases, often forced to be under arrest even several months.

- ◆ To create legal frame for protection of society against use of socially tolerated drugs and NPS.

Put in force the amendment of the Act on protection against harmful effects of tobacco products, alcohol and other addictive substances and introduce it into practice.

- ◆ To introduce duty of reporting.

To elaborate drafts of laws for registration of foreigners after entering of the CR into the EU. To continue on works on harmonisation with legal regulations of the CR and EU.



5.5. Drug Supply Reduction

GOAL: Through adopted measures and acts, to decrease availability of drugs.

5.5.1. Starting points:

The drug supply is decreased primarily by proper detection and pursuing of criminal acts of illegal handling with drugs and of related criminal acts.

In the field of DSR of the offer, the highest priority is affliction and combating of illicit organised production, trafficking, possession and distribution of drugs - international illegal trade to street distribution.

Affliction of drugs possession for personal use has no priority in the field of DSR.

Because of recorded increase of consumption of alcohol and tobacco products by children and young people, it is necessary to pay special attention to this area and to require more consistently adhering to the laws regulating preconditions of sale, distribution, and promotion of this group of drugs. Attention should be paid also to use of solvents.

Institutions of drug supply reduction:

a) Police of the CR

Activity of police is focused on disclosure and detection of criminal activity related to illicit handling with NPS. Material competence of police units in combating organised crime is clearly defined. The National Anti-drug Headquarters (NDHQ) is oriented to highly organised criminal activity and international illegal activities, elaborates new methods of affliction of criminal activity, including street distribution. Procedure of expert and specialised branches of Police of the CR is regulated by binding instruction of the chief of the police of the CR.

On all levels of the Police of the CR, the emphasis is placed on further professional growth of competent policemen and to close co-operation with offices of investigation.

b) Customs Authority of the CR

It is participating on disclosure of illicit trade with NPS based on authorisation following from provisions of the Act No 13/1993 Coll. (tariff Act) as amended by later regulations. It co-operates with bodies of the Police of the CR and with INPS of the MH of the CR.

c) Financial and analytical unit of Ministry of Finance

This control body deals with analysis and control of flows of financial means, so-called "money laundering", originating from criminal activity related to drugs. It closely co-operates with bodies of the Police of the CR, prosecutions, Ministry of Justice, and Customs Authority of the CR.

5.5.2. Goals in the field of drug supply reduction:

A. LONG-TERM GOALS

- ◆ To decrease availability of narcotic and psychotropic substances.

So-called repressive bodies are working in this field, which are engaged also in the international co-operation. However, it is necessary to emphasise simultaneously the responsibility of bodies of local authority and the whole society.

- ◆ To intensify control of transportation of legal substances and precursors, decrease quantity of NPS transported illegally across the borders.

To utilise and further develop the already working co-operation between competent bodies, including the international ones.

- ◆ To maintain balanced approach towards prevention and repression in the field of drug use.

To utilise balanced approach towards financing of preventive, as well as repressive activities. To held regular meetings and training courses of workers from the field of repression and prevention, and co-operate on implementation of preventive activities.

B. MEDIUM-TERM GOALS

- ◆ To co-ordinate activities of individual branches responsible for penal proceedings.

To evaluate functionality of the existing structure and organisational arrangement. To create workgroup, which will evaluate on a running base the efficiency of the existing provisions and inter-departmental co-operation. To initiate proposals of changes and departmental regulations for increasing the efficiency and purposefulness of repressive activities.

- ◆ To engage policemen into prevention of use of addictive substances.

To introduce into practice conception of preventive influence of policemen during performance of their service. To co-operate on realisation of preventive programmes with workers of prevention.

- ◆ To create unified information system in the field of DSR.

Taking into consideration needs of inter-departmental and international co-operation, to create functioning system of data collection. To utilise for this purpose the project of preparation of the institution National Focal Point in the field of DSR (PHARE programme).

C. SHORT-TERM GOALS

- ◆ To create conception of preventive action of members of the Police of the CR.

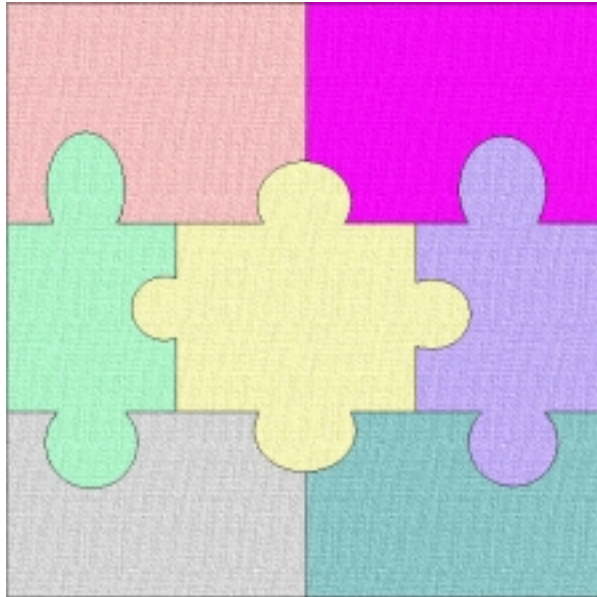
To focus in this connection preferentially on preventive influence of policemen during performance of their service and its realisation in the practice.

- ◆ To create manual of good practice of prevention in the community.

To elaborate manual of joint preventive action of workers in prevention and repression.

5.5.3. Indicators and evaluation tools in the field of legal regulation and drug supply reduction

	<i>Indicators of success</i>	<i>Evaluation tools</i>
<i>Long-term goals</i>	<ul style="list-style-type: none"> ◆ positive indicators of decrease of availability of drugs in society ◆ number of apprehended, pursued, sentenced and imprisoned drug distributors ◆ number of successful interventions against organised drug crime ◆ quantity of seized NPS ◆ number of ascertained leaks of NPS and precursors to black market, including quantities ◆ number of detected and closed cases of "money laundering" ◆ increase of the number of professionally and language-educated workers ◆ adequate technical equipment of workplaces ◆ balanced approach towards prevention and repression is maintained ◆ adopted laws and measures in the field of organised crime 	<ul style="list-style-type: none"> ◆ local surveys and statistics ◆ study on availability of drugs in schools ◆ annual and running reports on activity including statistics indicators ◆ evaluation by competent foreign bodies ◆ analyses of flows of financial means from public sources
<i>Middle-term goals</i>	<ul style="list-style-type: none"> ◆ quality of co-ordination and co-operation between branches responsible for penal proceedings is increased ◆ proposals of legislative changes are created ◆ flexibility in harmonisation of legislation of CR and EU ◆ CR is actively engaged into international co-operation ◆ unified system of data collection is created, content is unified with EU ◆ diversions from criminal sentence, and alternative sentences for drug users are utilised in increased extent ◆ decrease of number of prisoners ◆ network of technically and personally equipped workplaces of mediation and probation services is created 	<ul style="list-style-type: none"> ◆ annual reports on activity of programmes ◆ adoption of proposals of legislative changes ◆ evaluation by competent foreign bodies ◆ number of implemented actions of international character ◆ international comparative surveys ◆ availability of statistic data ◆ annual reports and statistic reviews
<i>Short-term goals</i>	<ul style="list-style-type: none"> ◆ created proposals of legislative changes/ lower legislative norms related to differentiation between drugs ◆ defined specific weaknesses of the existing system of criminal practice and measures for their solution are proposed ◆ diversions from criminal sentence, and alternative sentences for drug users are utilised in increased extent ◆ proposals of legislative changes related to registration of foreigners are created and harmonised with EU 	<ul style="list-style-type: none"> ◆ adoption of proposals of amendments of laws/changes of lower legislative norms ◆ analyses ◆ annual reports and statistic reviews ◆ evaluation by competent foreign bodies ◆ comparative studies focused on vital changes in the existing legislation with the goal to harmonise it with the EU



5.6. Financing of drug policy

GOAL: To ensure optimal financial resources, for successful fulfilment of drug policy strategy and implementation of determined activities in individual areas, create and implement new system of financing in accord with the reform of public administration.

5.6.1. Starting points:

Financing of the drug policy is insured primarily one the central level at present time. Relevant departments are taking into consideration in their budgets the area of standard drug action (for instance functioning of Police of the Czech Republic in the field of drugs, preventive action of pedagogues in school facilities, functioning of health centres). Beside that, departments are in their budgets allocating financial means for their subvention programmes in the field of drug policy (Ministry of Health, Ministry of Labour and Social Affairs) or for prevention of socially pathologic phenomena (Ministry of Education, Youth and Sports, Ministry of Interior), into which also the prevention of drug use is ranked partially. Departmental budgets are approved by government and parliament of the Czech Republic.

In the budget chapter General cash administration of the state budget, separated item "expenses for drug policy" is created (this amount does not include financial means for repressive measures). Allocation of given financial means is approved - on the basis of propositions of corresponding departments - the National Drug Commission and they are released by the Ministry of Finances. Financial means allocated in the state budget for the drug policy are not stable for each year, there is no legal claim for such financial means and they are fluctuating according to the level approved by the Parliament of the Czech Republic and the Government. Related financial insecurity and quarterly way of providing financial means endangers stability of the existing network and development of new (lacking) types of programmes in the field of prevention, treatment, and rehabilitation, as well as increase of quality of provided services. Therefore, it is vital to create stable and sustainable environment for financing of drug policy and to change the existing system of allocation of subvention for its implementation. This can be reached by a fundamental systemic solution, for which implementation, the political will is necessary.

On the basis of analysis of present system of financing of drug policy in the Czech Republic and the general trends in financing of public services in the EU countries,⁶ is therefore necessary to create system of financing of drug policy, which will be based on the following principles:

Support of quality

financing of drug policy is based on enforcing and increasing quality of services. Services of drug policy are financed from public financial sources only after thorough assessment of their quality.

Assuring of efficiency

consists of maximisation of social effect from the spent public means. The goal is to reach the best value on the basis of combination of quality, price and need of the services. System must prevent duplicate financing of the same programme.

Inter-linked system

system of financing and services of drug policy must contain links to other systems of financing from public and other sources.

⁶ For definitions in this division, the material "Příprava České republiky na realizaci politiky soudržnosti EU od roku 2000, MMR CR 1999 " (Preparation of the Czech Republic for implementation of EU togetherness policy starting from the year 2000) MLD CR, 1999, has been utilised

system of financing has the ability to develop and allows the various types of financing of services on the territorial and local level. Simultaneously it allows entering of new subjects thus creating space for competition and for innovation.

Flexibility
of the system,
space for
innovation

system of financing should create space for stability of services of drug policy. This, beside other, includes creation of a network of services and their adequate e.g. more years financing.

Stability of
the system

all spent sources should be checkable, from the point of view of the economy of spent means as well as from the point of view of efficiency of services. To promote the following basic principles during reaching given goals in financing of services of drug policy.

Ability to
check the
resources

- Principle of concentration - utilises public means only for implementation of goals, which are clearly defined in advance. Means should be used in the most purposeful way for activities bringing maximum use, namely in regions with biggest problems. Financial help should not be broke down into many less significant actions.
- Principle of partnership - includes close co-operation between the NDC, corresponding ministries, relevant organs on regional and local level, governmental and non-governmental services providers, clients, educational institutions, trade unions and other interested subjects in all phases of fulfilment of set goals.
- Principle of programming - the essence is the complex approach to solution of situation in problematic regions, e.g. on the basis of many-years and interdisciplinary programmes. Public financial means are allocated to accepted programmes, which are than implemented via specific projects or via direct payments or transfers in general.
- Principle of supplementarity - financial means allocated from the state budget should not be used as replacement of other resources (foundation sources, foreign sources, payment of health insurance companies, income from clients, territory budget etc.), which they should suitably and mutually supplement in the relevant areas. Providers of services should actively seek for adequate and available non-governmental resources.
- Principle of monitoring and evaluation - to monitor implementation of the project on a running base or utilisation of direct payments or transfers. Preliminary evaluation of impacts of the project or direct payments or transfers, monitoring of the implementation phase and subsequent evaluation of benefits of the project or direct payments or transfers belongs here.
- Principle of subsidiary - individual goals should be implemented on the lowest possible control level, if it is possible to ascertain this fulfilment on this level satisfactorily. That means that relevant regional and local bodies can select by themselves projects for financing, decide on utilisation of the institute of direct payments and transfers and consequently check efficiency of spent costs and the services of drug policy as such.
- Principle of equal opportunities - system of financing should be uniform regardless legal form of provider of services of drug policy. Individual providers, governmental and non-governmental subjects have equal access to the public sources.
- Principle of responsibility (or competence) - is based on clear definition of roles individual subjects, including delimitation of their responsibilities and competencies in the field of financing of drug policy.
- Principle of transparency - allocation of public sources must be performed under public control. System of financing must contain defined guaranties preventing subjective decision making and acting

motivated by corruption. System of continual (also backward) publication of information limits lobbying pressures and creates positive climate in the society.

5.6.2. Goals in the field of financing:

A. LONG-TERM GOALS

- ◆ To create sustainable and adequate financial resources and to implement transparent and efficient system of purchase of services in the field of drug policy.

On the basis of long-term planning to ensure sustainable public financial resources for programmes of service network.

B. MEDIUM-TERM GOALS

- ◆ To create environment of financial stability and safety in the field of drug policy.

To create tools and mechanisms ensuring adequate and sustainable level of financial means allocated for drug policy.

- ◆ To create system of multi-source financing of drug policy on the principle of subsidiarity so that corresponding regional and local organs could participate on selection of projects for financing and check efficiency of spent costs.

To ensure participation of health insurance institutions for payment of health care provided by individual programmes.

- ◆ To create system of purchase of prevention services, treatment and re-socialisation of addicts, including harm reduction, on local level from local resources.

Local, district, and regional bodies of public administration are carrying responsibility for quality of life of citizens living on territory administered by them. Therefore, they are responsible for creation of spectrum of services for prevention and treatment addictions adequate to territorial and local needs. Therefore, they are establishing or purchasing these services from their budget sources, the state participates on co-financing in the case of all-society need.

- ◆ To create and implement system multi-year purchase of services under conditions guaranteed by the state.

To create program of long-term planning in the field of financing of drug policy on the basis of running mapping of needs and evaluation of implemented measures.

- ◆ To create and implement individual tools for evaluation of efficiency of programmes of prevention, treatment and re-socialisation as well as repression.

Services in the field of drug policy will be financed from public sources on the basis of evaluation of their quality and efficiency.

- ◆ To ensure equal chances for governmental and non-governmental organisations.

To create uniform system of financing on the basis of criterion of quality, regardless the legal form of provider of drug policy services.

- ◆ To elaborate manual for provision of grants from the state budget for implementation of programmes of drug policy.

To elaborate manual for provision of grants from the state budget, including definition of resources of financial means and responsibility of individual institutions.

- ◆ To introduce system of accreditation and map network of accredited workplaces.

To support creation of network of accredited workplaces on the basis of fulfilment of defined standards, with the goal to increase quality and efficiency of therapeutic care.

5.6.3. Indicators and evaluation tools in the field of financing:

	<i>Indicators of success</i>	<i>Evaluation tools</i>
<i>Long-term goals</i>	<ul style="list-style-type: none"> ◆ financing of drug policy is based on long.-term planning ◆ system of financing of prevention, treatment and re-socialisation (incl. harm reduction) of addiction based on quality of services 	<ul style="list-style-type: none"> ◆ analyses of financial flows from public sources ◆ studies focused on satisfaction of needs of drug users and their families
<i>Middle-term goals</i>	<ul style="list-style-type: none"> ◆ legislative tools ensuring adequate and sustainable sources of financing of drug policy are created ◆ system of financing of public administration on the principle of subsidiarity is created ◆ regional plans of care including specification of financial means, necessary for their fulfilment, are created ◆ offices on local, district and regional level are engaged in purchase of services of prevention, treatment, and re-socialisation (incl. harm reduction) ◆ unified tools for evaluation of quality and efficiency of services are created 	<ul style="list-style-type: none"> ◆ adoption of proposals of laws (confiscation of property coming from organised crime, allowances of sponsors, etc.) ◆ system of financing of public administration ◆ analyses of financial flows from public sources ◆ comparative studies of quality and efficiency of services
<i>Short-term goals</i>	<ul style="list-style-type: none"> ◆ network of necessary services is created ◆ system of accreditation is implemented ◆ number of accredited workplaces 	<ul style="list-style-type: none"> ◆ analyses of availability of services ◆ list of accredited workplaces ◆ number of workplaces applying for accreditation procedure ◆ statistic reviews

Proposal of provisional solution:

To maintain, in the frame of possibilities, the existing approach to financing of programmes of the drug policy, till the time of creation of the new approach to financing of drug policy, based on the principle of purchase of services for the state-defined prices.

National Drug commission (NDC), Ministry of Education, Youth, and Sports (MEYS), Ministry of Health (MH), and Ministry of Labour and Social Affairs (MLSA) are determining unified deadline for accepting applications for subsidies and grants for implementation of programmes of primary, secondary and tertiary prevention for the next calendar year. The programmes are supported in a form of multi-source financing:

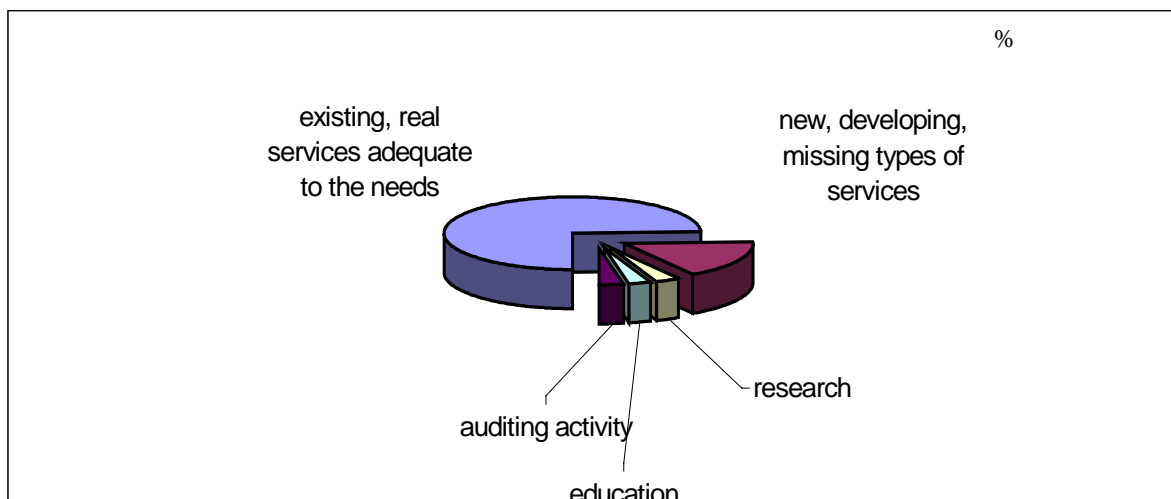
MEYS	MH	MLSA	NDC
Subsidies for implementation of programmes of primary prevention to governmental as well as non-governmental subjects. Evaluation and checking activities.	Subsidies for ensuring of specific services of health care (integral parts of programmes of secondary and tertiary prevention). Evaluation and checking activities.	Subsidies for ensuring of specific social services (integral parts of programmes of secondary and tertiary prevention). Evaluation and checking activities.	Subsidies for ensuring of services of non-health care and non-social character provided on interdisciplinary base. Evaluation and checking activities.

One of the possibilities of joint action in allocation of subsidies from the state budget is implementation of joint subsidy proceedings for projects of drug policy in common, inter-departmental, subsidy commission. This variant expects creation of inter-departmental workgroup, which will propose such method of allocation of subsidies from the state budget to support of programmes of drug policy, and will elaborate it into unified methodical instructions.

Proposal of optimal scheme of allocation of financial means:

The highest priority in the field of financing of the drug policy is to maintain the existing network of high quality, efficient, and necessary services. To ensure stable environment and systemic approach in this area, it is necessary to start from the following classification of financial means in the departmental chapters of the state budget and in expenses to drug policy (chapter General cash Administration), taking in consideration priorities of given provider of subsidies:

- ◆ Existing, real services adequate to the needs - 75 % from the total volume
- ◆ new, developing, missing types of services - 15 - 20 %
- ◆ research - 2 - 4 %
- ◆ education - 2 - 5 %
- ◆ auditing activities, measuring of efficiency - 2 - 5 %

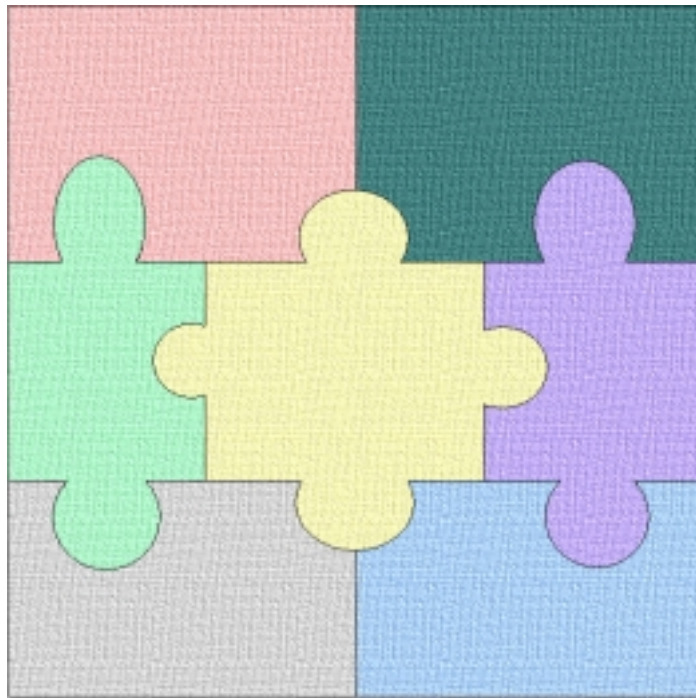


Sources of financial means for the drug policy

Basis for building of efficient system of drug policy, which will satisfy current needs of the society, is creation of financial environment stable in a long-term perspective. For this, it is necessary to identify and utilise adequate sources of financial means and to create new system of financing of the drug policy services. The possible sources, which will ensure stable and sustainable volume of these means for realisation of drug activities, are as follows:

1. Levy of 1% from consumption tax from sale of alcohol and tobacco products.
2. Contributions from entrepreneurial sphere.
3. Yield from confiscated and sold property originating from criminal activity connected with production and distribution of drugs.

NDC will decide allocation of financial means in such created financial environment (e.g. sub-account in the state budget) for programmes of drug policy (prevention as well as repression) on the basis of evaluated needs and given priorities. The way and form of allocation of subsidies from the state budget will be regulated by new system for granting subsidies to drug policy, which will be connected with model of financing of public administration, which is coming through transformation currently. In the case of creation of financial environment for financing of drug policy in the state budget by allocation of 1% from consumption tax from sale of alcohol and tobacco products, to extend the range of drug policy to prevention of alcohol and tobacco addictions.



5.7. Professional education

GOAL: To increase quality of realised drug policy, by creation of integrated system of education, and by increasing professional abilities of workers.

5.7.1. Starting points:

It is possible to stop and reverse the present unfavourable developmental trends in the area of drug use only when theoretically as well as practically sufficiently prepared and qualified workers will deal with it. The offer of education in the field of drug policy, as integral part of common professional preparation or of further education of workers of various professions, is the basic precondition of increasing their professional skills, and thus also increasing of quality and efficiency of their work at drug supply as well as drug demand reduction. Professional preparedness and adequate knowledge and skills are also indispensable prerequisite of integration of individual units acting in the area of drug policy into equal co-operation with partner institutions and the EU countries.

Reaching this goal is conditional on creation of integrated, variable system of education. The module-wise system is the way to continuous education. It should contain compulsory educational minimum as a basic module, and follow-up specialisation modules connected with it, which will take into consideration needs of various professional groups.

The proposed educational modules should be included into the programmes of usual professional preparation, and into further education of the workers in certain field of the drug policy. Simultaneously, it is vital that these programmes will be suitably institutionalised, that is recognised as a qualification or complementary specialisation study, reaching of which will have, in the case of workers of individual professional groups, impacts on their working position and corresponding remuneration for performed work. From the part of state the professional education must be required, recognised, and supported. Fulfilment of this requirement is important prerequisite of motivation of workers for graduation on this specialised study.

Negative impacts of drug use projects into a broad range of professions. Therefore, basics of drug topics should be adequately included into standard study programmes and curricula regardless whether or not graduates of this education will professionally deal with.

5.7.2. Goals in the field of professional education:

A. LONG-TERM GOALS

- ◆ To increase the theoretical and practical preparedness of workers active in all areas of drug policy and thus to improve quality and efficiency of implemented measures in the field of drug supply as well as drug demand reduction.

B. MEDIUM-TERM GOALS

- ◆ To implement interdisciplinary minimum of drug topics as a standard part of professional education.
- ◆ To incorporate the system of professional education (including its financing) into the institutional frame.

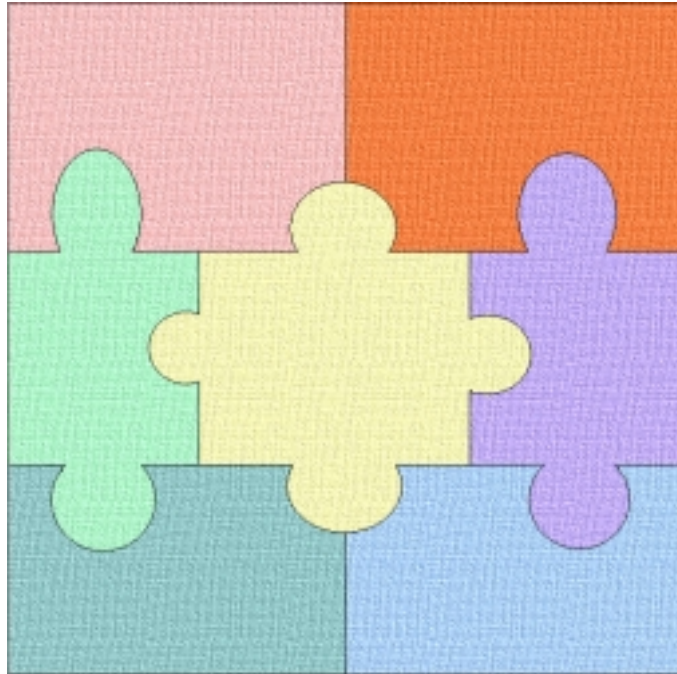
- ◆ To create a model of the integrated system of education of workers from the field of drug policy, adequate to the needs and taking into consideration the reform of the public administration and decentralisation.
- ◆ To create conditions for more significant share of universities on professional education.

C. SHORT-TERM GOALS

- ◆ To elaborate analysis of the needs of professionals education in the field of drug policy.
- ◆ To define and elaborate interdisciplinary drug minimum as a standard part of professional education.
- ◆ To create basic teaching materials for the needs of interdisciplinary drug minimum.
- ◆ To incorporate requirements for professional education into career orders, to incorporate it into the law on state service.
- ◆ To standardise contents and number of teaching hours of individual types of education for performance of profession in the specialisation of addictive illnesses.

5.7.3. Indicators and evaluation tools in the field of professional education:

	<i>Indicators of success</i>	<i>Evaluation tools</i>
<i>Long-term goals</i>	<ul style="list-style-type: none"> ◆ number of qualified educators and their sufficiency (selection) ◆ number of accredited programmes, workers with license ◆ number of qualified and professionally prepared workers ◆ evaluation of quality and efficiency of implemented measures, programmes ◆ attitudes of society, children and young people ◆ incidence a prevalence of drug users 	<ul style="list-style-type: none"> ◆ registration of workers by qualification ◆ accreditation and licensing process ◆ evaluating research programmes, comparative studies, catamnestic studies, statistic data ◆ public opinion polls ◆ surveys of attitudes of children and young people in schools ◆ epidemiological studies and evaluation of data
<i>Middle-term goals</i>	<ul style="list-style-type: none"> ◆ created educational curricula (modules) ◆ created study materials ◆ incorporation of drug minimum into professional preparation of workers in the given sphere ◆ requirement for graduation from drug minima/ specialised studies for performance of specific professions ◆ institutionalisation of professional education in the field of drugs issues ◆ established system of financing of professional education ◆ number of Universities engaged in educational programmes 	<ul style="list-style-type: none"> ◆ opponent's opinions ◆ expert reviews ◆ evaluation of educational curricula ◆ analysis of qualification requirements/regulations ◆ annual and evaluating reports ◆ analyses, research oriented to evaluation of knowledge of graduates of professional education ◆ analysis of financial flows into the area of professional education ◆ register of network of educational institutions
<i>Short-term goals</i>	<ul style="list-style-type: none"> ◆ definition of needs in the field of profession education ◆ incorporation of requirement of ability into the catalogue of works (career orders) ◆ corresponding and good quality offer of professional texts ◆ attitudes of expert and laymen public, motivation to acquire „drug minimum” in relevant professions ◆ existence of standardised contents incl. number of hours for performance of profession in the specialisation of addictive illnesses 	<ul style="list-style-type: none"> ◆ questionnaire surveys, analyses ◆ reports and evaluation of situation in individual professions/ departments ◆ opponent's opinions ◆ expert reviews ◆ research studies of attitudes of workers of various professions to drug minimum



5.8. International co-operation

GOAL: To enforce international co-operation and to participate actively on the realisation and implementation of international activities and programmes, to decrease availability of drugs and drug demand.

5.8.1. Starting points:

Use of NPS is one of serious worldwide problems. It touches social, health, security, economy as well as political spheres of life of the society, practically in all countries of the world. With its international character (crossing of state borders, regions or geo-political groupings), the drug issues represent typical area, which could not be solved without broad international co-operation based on international treaties and conventions, without implementation of programmes of regional co-operation and bilateral agreements between individual states.

The existing co-operation with international institutions (UNDCP), EU countries, as well as other neighbouring countries must continue on the same principle. It is necessary to perform comparison "ACQUIS COMMUNITAIRE EU" with measures, which have been performed up to now in the Czech Republic and those, which will be still necessary to implement in the frame of closing and convergence of our legal order, that is a kind of "study of impacts of entering into the EU to the field of drugs".

5.8.2. Goals in the field of international co-operation:

A. LONG-TERM GOALS

- ◆ To support participation of the Czech Republic representatives in the international organisations/structures, including the co-operation of the governmental and non-governmental institutions and organisations.
- ◆ To ensure fulfilment of international treaties including the flexibility in supplementing appendices.

B. MEDIUM-TERM GOALS

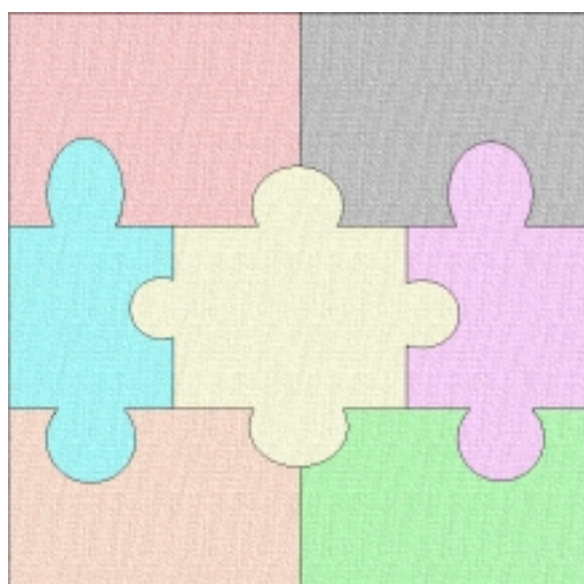
- ◆ To harmonise drug policy of the CR with the EU, including participation of NGOs.
- ◆ To create conditions for reaching the good language knowledge of workers in the given field.

C. SHORT-TERM GOALS

- ◆ Successfully implement the PHARE 2000 project focused on increasing quality of the system of acquisition and distribution of data from the area of prevention and repression of drug use (National Focal Point).
- ◆ To perform study of impacts of entering the CR into the EU to the field of drugs.

5.8.3. Indicators and evaluation tools in the field of international co-operation:

	<i>Indicators of success</i>	<i>Evaluation tools</i>
<i>Long-term goals</i>	<ul style="list-style-type: none"> ◆ number of qualified and professionally prepared workers from various professions ◆ impacts of implemented measures ◆ situation in the field of use, trafficking, and distribution of drugs ◆ evaluation of implementation international treaties in the CR ◆ activity of the CR in the international structures 	<ul style="list-style-type: none"> ◆ attests, certificates ◆ representation of the CR in the international institutions and organisations ◆ annual reports and evaluation of the CR from the side of international institutions ◆ outputs and conclusions from international projects and meetings ◆ statistic data ◆ oriented surveys and research
<i>Middle-term goals</i>	<ul style="list-style-type: none"> ◆ compatible legislation ◆ evaluation of adherence to agreements, memoranda, ◆ evaluation of results and efficiency of bilateral co-operation ◆ evaluation of completed projects and cases of international co-operation 	<ul style="list-style-type: none"> ◆ comparison of valid legislative regulations ◆ agreed bilateral agreements ◆ accepted memoranda ◆ evaluating annual reports on bilateral co-operation ◆ analysis of effects of mass media
<i>Short-term goals</i>	<ul style="list-style-type: none"> ◆ unification of system acquisition, analysis and distribution of data and information ◆ evaluation of participation of the CR in programs of international co-operation in the field of data acquisition and comparative research 	<ul style="list-style-type: none"> ◆ annual reports and evaluation of CR from the side of international institutions ◆ running and final reports on implementation of projects ◆ surveys of information of public



5.9. Co-ordination of drug policy

GOAL: To improve the quality of the system of drug policy co-ordination on the horizontal as well as vertical level, to engage the whole society into prevention of drug use with special emphasis on local communities so that they would accept their responsibility and role in the drug policy of the Government of the Czech Republic, by creation of conditions and by supporting of programmes oriented on decreasing of negative impact connected with drugs use.

5.9.1. Starting points:

Topics of use of NPS, including alcohol and tobacco, are reaching across the borders of individual branches of human activity by its character. Their solution requires broad inter-departmental, interdisciplinary and inter-sectorial co-operation on horizontal as well as vertical level. It poses demands on a joint and co-ordinated action of different parts of society - the highest representatives of state, regional and local political representation, institutions and organisations of public administration, educational institutions, health care facilities, military and security units, mass media, non-governmental organisations, voluntary, interest, and self-help associations and movements.

The Czech government bears responsibility for creation and fulfilment of government drug policy. Therefore, it elaborates National drug policy strategy, in which it defines main goals and principles of combating drug use and sets tasks to all relevant institutions of public administration on all levels aimed at stopping and overturning of the existing unfavourable development in the field of drug use.

The Government appointed, as its counselling body for topics of drug policy, the National Drug Commission, which is charged by co-ordination of drug policy on the central and local levels. More consistent implementation of this policy on a central level is performed by workgroup - Board of Representatives of Ministries (see above - division 2.2).

The system of co-ordination and implementation of drug policy based on close co-operation of central and local or district level proved to be good. Practical fulfilment of the National drug policy strategy, fulfilment of tasks set by it (that is establishing of inter-connected system of help and care, local interdisciplinary co-operation and creation of regional and local strategies, based on the national strategy and taking into consideration local conditions and needs), is without the existence of this system of co-ordination impossible. Therefore, it is vital that this system will be conserved even in the conditions of reform of public administration and transfer of performance of state administration to other levels than up to now. The reform brings transformation of the agendas, rather than changes of activities. Vital prerequisite for maintenance of existing system of co-ordination of drug policy is incorporation of activities of drug policy co-ordinators into the catalogue of works, creation of table system positions of drug policy co-ordinators in the structure of newly appearing or transformed offices of public administration and unification of the statute of drug commissions of the relevant offices of public administration (see Appendices V, VI, VII and VIII).

On the central level, the existing way of co-ordination and implementation of drug policy through NDC and its Secretariat corresponds to existing needs. To increase its efficiency and functionality, the NDC should be extended by a representative of Ministry of Finance, which is playing irreplaceable role in financing drug policy.

5.9.2. Goals in the field of co-ordination of drug policy:

A. LONG-TERM GOALS

- ◆ To maintain the existing way of co-ordination on the horizontal as well as vertical level.
- ◆ To deepen and improve quality of inter-departmental, inter-sectorial, and inter-disciplinary co-operation.
- ◆ To strengthen participation of the general public on programmes of drug policy.
- ◆ To perform research on regular basis.
- ◆ To ensure sufficient human resources.
- ◆ To strengthen critical attitude of public towards addictive substances and their use, and to develop ability to resist advertising of addictive substances.
- ◆ To incorporate local communities into the drug policy.

B. MEDIUM-TERM GOALS

- ◆ To effect on implementation of balanced distribution of competencies of state administration, regional bodies, and municipality.
- ◆ To unify system of co-ordination of drug policy.
- ◆ To introduce a system of accreditation and licences.
- ◆ To unify the subsidy policy.
- ◆ To ensure long-term (more years) financing of programmes of drug policy.
- ◆ To refund costs of services between regions.
- ◆ To inter-connect flows of information horizontally as well as vertically.
- ◆ To allocate resources on the principle of subsidiarity.
- ◆ To ensure necessary programmes of prevention and treatment of drug addicts.
- ◆ To perfect the technical equipment, and professional and language knowledge of workers of institutions for drug supply and drug demand reduction. To increase knowledge and skills of workers of all departments working in the field of drug policy considering the entering into the EU to be able to improve and broaden international co-operation.

C. SHORT-TERM GOALS

- ◆ To incorporate drug policy into the structures of the Parliament of the CR.
- ◆ To perform modifications of statute and activity of NDC, its executive organs and Secretariat on the basis of analysis of counselling and executive bodies of the Czech Government and proposal of systemic solution.
- ◆ Effectively develop international co-operation.
- ◆ Permanently ensure co-ordinated approach of relevant departments.
- ◆ To introduce function of regional drug policy co-ordinators (delimitation of competence, rules).
- ◆ To clearly define responsibility and competence of departments.
- ◆ To support proven programmes, based on criteria of quality.
- ◆ To perfect system of checking.
- ◆ To create long-term plan of medial politics and to ensure its implementation. For increasing information of general public on implementation of drug policy of the Government in the field of drug supply and in the field of drug demand reduction - to co-ordinate and unify process of presentation of realised activities and reached results.
- ◆ To create and institutionalise the National Focal Point, as a centre for collection, analysis and distribution of data from the field of drugs and drug addictions, compatible with the EU. In the frame of PHARE 2000 project - to ensure adequate technical equipment, to create system collection and to unify content of monitored data according to the requirements of the European Monitoring Centre for Drugs and Drug Addictions.

5.9.3. Indicators and evaluation tools in the field of co-ordination:

	<i>Indicators of success</i>	<i>Evaluation tools</i>
<i>Long-term goals</i>	<ul style="list-style-type: none"> ◆ evaluation of quality and efficiency of horizontal (interdepartmental, inter-sectorial) and vertical communication ◆ adequate information network - information is everywhere, where needed ◆ evaluation of drug policy by public ◆ existing network prevention and treatment services corresponds to actual needs ◆ evaluation of participation of civic public in drug activities ◆ evaluation of level of personal support of programmes of drug policy ◆ attitude of society/political representation towards legal and illegal drugs ◆ participation of non-governmental sector on drug policy 	<ul style="list-style-type: none"> ◆ transactions (reports on activity), annual reports ◆ analyses ◆ surveys of satisfaction of needs in the field of information ◆ public opinion polls ◆ research studies on satisfaction of needs of children and young people in the field of prevention in schools ◆ research studies on satisfaction of needs of drug users and their relatives in the field of treatment of addictions ◆ list/ catalogue of providers of services in the field of prevention and treatment of addictions ◆ list of accredited workplaces and programmes ◆ polls of attitudes of specific target groups towards drugs
<i>Middle-term goals</i>	<ul style="list-style-type: none"> ◆ existence of local co-ordination structures ◆ symmetry of structure on all levels of public administration ◆ existence of local and regional strategies of drug policy based on governmental strategy ◆ existence of local and regional plans of care ◆ allocation of financial means for implementation of programmes of drug policy from budgets of local and regional offices of public administration ◆ existence of long-term financial plan for the field of drug policy ◆ change of attitudes of children and young people in relation to use of legal and illegal drugs ◆ quality and quantity of international projects on state as well as non-state level ◆ change of adverse trends in relation to drug use 	<ul style="list-style-type: none"> ◆ transactions (reports on activity), annual reports, analyses ◆ evaluation of local/regional drug strategies ◆ evaluation of local/regional care plans ◆ research studies related to satisfaction of needs of the society ◆ analysis of financial flows into the area of drug policy ◆ epidemiological studies on incidence and prevalence of drug use ◆ statistic reviews, data collection ◆ surveys of informedness on relevant levels ◆ school studies on attitude of children and young people towards drugs ◆ reports and evaluation of realised projects, activities
<i>Short-term goals</i>	<ul style="list-style-type: none"> ◆ informedness of policy-makers ◆ attitude of public towards issues of drug use and implemented drug policy ◆ unified and planned mass media policy, co-operation with media ◆ evaluation of methodical leadership from the central level ◆ ensuring current needs in the field of prevention and treatment ◆ fulfilment of tasks of the National drug policy Strategy ◆ created and unified tools of evaluation of quality and efficiency of programmes ◆ national Focal Point created 	<ul style="list-style-type: none"> ◆ surveys of informedness ◆ public opinion polls ◆ analysis of mass media ◆ transactions, evaluating and annual reports ◆ surveys of satisfaction of needs ◆ checking of fulfilling tasks of the National Strategy, evaluation ◆ analyses of quality and efficiency of programmes ◆ statistic data

THE EUROPEAN UNION 2000 – 2004 COMBATING DRUGS ACTION PLAN

From the beginning of the 90ies, drug issues came to the front of political agenda not only of particular member countries, but the EU as a whole. This approach of the member countries underlines the general threat represented by the illegal drugs, and necessity of common approach to the drug phenomenon solving, and need of intensive collaboration on all levels.

The EU still regards complex and comprehensive and balanced approach as the best strategy aiming at solution of future problems in the sphere of illegal drugs, i.e. approach based on all-society, interdepartmental and inter-sectorial co-operation, bottomed on the balanced drug supply (legal retaliation) and drug demand reduction (prevention, therapy including harm reduction and re-socialisation). Only such approach may cover the spheres of drug use prevention beginning with discouraging people from experimenting with drugs to limiting negative health and social consequences of drug use.

The risks of injury to health are not limited to illicit drugs only. **More attention should be therefore paid to smoking of tobacco products and consumption of alcohol** in early age as well as to first experiments with illicit drugs. Preventive strategies applied to tobacco and alcohol consumption should have positive impact on illegal drug use as well.

If we consider the fact that the tendency to **illegal drug use**, despite all efforts made so far, **has been rising, the member states should devote increased attention to specification of particular standards in the sphere of preventive programs**, not only to **the number and quality** thereof, with regard to their easy availability if needed, but also to measures aimed at prevention of recurrence.

The EU 2001 – 2004 Combating Drugs Action Plan attaches the greatest priority to the activities in the sphere of prevention, health, education, research and fight against social isolation. Fundamental objectives were set before the EU; the execution thereof should be assessed before 2004 by the means of given and comparable methods of data research, collection and evaluation.

A. MAIN OBJECTIVES AND TASKS OF THE EU

On the basis of the principle of subsidiarity when implementing particular drug policy steps, the EU 2001 - 2004 Combating Drugs Action Plan f sets the following main tasks for achieving the objectives:

- 1. To ensure that combating drug use issue remained the highest priority within the framework of internal and external EU activities;**
- 2. To continue the integrated and balanced EU approach towards combating drug use, within the framework of which the drug demand and drug supply reduction appear as mutually supportive elements;**
- 3. To provide the collection, analysis and dissemination of reliable and comparable information concerning drug phenomenon in the EU countries with the support of EMCDDA and Europol;**
- 4. To enforce international collaboration, integration of drug control into the developing collaboration within the EU and to support the UN and UNDCP effort, particularly in the sphere of international co-operation;**
- 5. To emphasize that if sufficient financial sources are not available, the successful exercise of strategy and activities mentioned herein will require further necessary sources.**

The main features of the EU 2001 – 2004 Combating Drugs Action Plan are as follows:

- **The necessity to evaluate periodically the gained experience and to identify the approved methods is emphasized considering the provided consistency and continuity of activities of the Community when dealing with the drug phenomenon; here it is based on the previous 1996 – 2000 Action plan;**
- **New tasks and strategies are identified and have to be implemented on the EU level and in co-operation with our international partners;**
- **In accordance with the European Parliament Resolution of October 1998, the obligation towards UN conventions regarding drug control has been confirmed again.**

B. SPECIFIC OBJECTIVES

The Action Plan defines five basic domains of drug policy within the framework of which it defines the following specific objectives:

B.a. Information

Global EU strategy for combating drug must be based on regular assessment of the nature and scope of drug use in the population and on its impacts, as well as on the knowledge gained by the means of research and results of previous programmes.

In the sphere of drug phenomenon-related data collection, analysis and comparison - which is the task of EMCDDA - it is necessary to initiate the process of key epidemiological indicators progressive harmonisation in the sphere of drug use spreading and its health consequences, it is particularly:

- the information on first treatment demand of drug addicts;
- the data on mortality and death cases connected with drugs;
- the data on the rate of infection diseases connected with drug use (HIV, Hepatitis B and C);
- the compatibility of researches in the sphere of drug use, behaviour and attitude of general public towards them;
- the comparability of usual assessments in the sphere of drug use.

B.b. Activities aimed at limitation of demand for drugs

In the sphere of Drug Demand Reduction, the Action Plan pursues two basic aims:

- 1. Within five years to achieve a significant limitation of illegal drug use among persons under the age of 18;**
- 2. Within five years, to achieve a significant decrease in number of deaths connected with drug use.**

To achieve such objectives, the Action Plan based on the identified key problems defines the following tasks that have to be regarded and considered:

- To identify the best preventive practices for future use thereof and to ensure equal influence of and support to the preventive instruments aimed at specific target groups;
- The necessity of comprehensive preventive approach in the schools, including special teachers' training so that they might be able to recognize pupils' problems in time;
- To place greater emphasis on the instruments of fight against social isolation, to be able to restrict preventively drug use and assist in re-socialisation of former drug addicts;
- Health and social aspects related to the travel of risk groups over the territory of the EU countries, with immigrants and homeless people, with those whose problems origin in drug tourism;
- To improve substitution programs based on methadone and to use other alternative and less addictive substitutes;

- The necessity to take into account the significant number of serious facts such as application of law and the need to treat the drug users and to develop sanctions alternative to punishment.

B.c. Activities Aimed at Drug Supply Reduction

In this sphere, the EU should pay primary attention to improving of measures and tools concerning:

- the control of propagation of chemical precursors in the EU countries and third countries;
- the preventive measures in the sphere of money laundering;
- more effective collaboration between the police, customs authorities and judicial institutions;
- the execution of the Action Plan combating organised crime;
- prevention in the sphere of use of new communication systems (e.g. Internet) as the means of development of drug use, their production and trade in them;
- international co-operation in the sphere of fight against trade in illicit drugs.

B.d. Activities on International Level

The international extent of combating drugs requires sensitive cooperation. This has to be developed with regard to the target countries and areas in the sense of support of national and/or regional plans where such plans exist, based on main principles and with the use of the existing tools (development, dialogue in the sphere of technology, finance, trade and policy, collaboration in justice and internal affairs). Co-operation of the EU with industrial countries and with UNDCP and other competent international institutions and groups must continue and be developed further.

B.e. Co-operation, Integration and Simplification

Co-ordination is the corner stone for fight against the polymorphic drug use phenomenon and an “internal pillar” of aspects of activities implemented by the EU. Co-ordination should be reinforced at all levels and include all institutions and subjects.

C. CONCLUSIONS

The EU 2001 – 2004 Combating Drugs Action Plan is aimed at furnishing the Community with suitable instruments and tools for its fight against drugs. The co-ordination of activities at all levels should contribute to ensuring really comprehensive and balanced approach towards the drug phenomenon and to execution of tasks of high priority. EU shall make use of all available information instruments and co-ordination structures to this effect.

In the sphere of drug demand reduction, the Action Plan emphasizes that the EU highest priorities should be preventions relating to health issues, upbringing, research and education activities as well as instruments fighting against outing the drug users from society. It accentuates the requirement for exchange of information and approved methods, supports creation of programme network on local level, and broad collaboration of experts. It also highlights that for provision of such activities, corresponding financial sources must be appropriated.

The highest priority in the sphere of drug supply reduction and activities aimed against illegal drug trade should be put to improve quality of the EU instruments and measures, which relate to the control of chemical precursor abuse in the EU territory and in third countries, prevention and fight against money laundering, effective collaboration between police, customs and judicial institutions, consolidation of Schengen Convention aspects aimed at the drug scene, implementation of the EU Action Plan in the sphere of organized crime, and collaboration with third countries and regions in fight against illegal drug trade.

In the sphere of international activities the EU shall systematically incorporate components of drug scene control into the development of its own collaboration policy. Based on the shared responsibility principle, the EU attaches the highest priority to the drug control, which will show the strength of political determination to fight against the illegal drugs. The drug control programme will be implemented in connection with the development of co-operation with national governments and regional institutions of all European countries implementing corresponding measures in the sphere of drug scene control.

TRENDS IN ILLEGAL PRODUCTION AND DISTRIBUTION OF DRUGS IN THE EU COUNTRIES

HEROIN

- Most heroin seized in the EU countries come from South-West Asia. Central Asia becomes more and more a transit sphere for heroin coming from South-West Asia and determined for Russia or EU countries. This heroin is transported further via the „Balkan route“. In the Central and East European countries, transit stockhouses were built serving for illegal distribution of smaller amounts of the drugs into the EU countries. The trade in drugs is controlled mostly by criminal organizations. Criminal groups from Turkey play an important role in the heroin trade; the role of Alban-Yugoslav criminal groups keeps increasing. Only part of the Columbian heroin is determined for the EU countries.

COCAINE

- The shipping transport dominates the cocaine supply to the EU countries. The main producer of cocaine consumed in the member countries is Columbia. One of the most important transit territories for cocaine trade is the Caribbean area. Cocaine deliveries into the Central and East Europe countries keep increasing particularly due to the subsequent re-export thereof into the EU countries.

SYNTHETIC DRUGS

- The EU countries are the main producers of the synthetic drugs. The synthetic drug production is influenced by the Scandinavian member states. Insufficient control of precursors and lack of specialized chemists in the Central and East European countries becomes a severe threat for the member states.

CANNABIS

- The number of cannabis products seized in the member countries is immense and amounts up to 600 tons annually. The main suppliers of cannabis resin (hashish) into the EU member countries are Morocco and Pakistan. Columbia, South Africa, Niger, and Thailand are suppliers of leaf cannabis (marijuana). The Central and East European Countries are transit territory for the target member countries. Growing of cannabis for personal consumption is quite common almost in all member states; however, it does not show signs of some more extensive trading within the EU.

COCA AND OPIUM POPPY

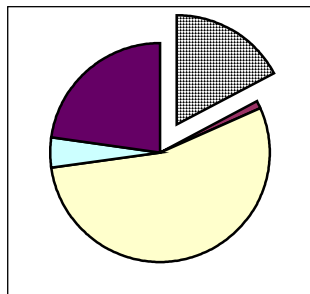
- In the sphere of illegal coca and opium poppy growing, significant limitation was achieved, particularly thanks to involvement of the protagonists of the Special Session of the UN General Assembly Meeting on Drug Issues (June 1998, New York). The success in the main production countries has been the result of immobilization of the international community aimed at supporting those countries in their struggle to stop illegal growing by the means of sustainable development programs. These programs take into consideration particularly the measure related to alternative forms of development and access to international markets.

TRENDS IN USE, ILLICIT PRODUCTION, DISTRIBUTION AND USE OF INDIVIDUAL DRUGS IN THE CR

1 Brief analysis of drug scene in the Czech Republic

1.1.1 Trends in abuse of illicit drugs in the CR by individual drugs¹

1.1.1.1 Cannabis

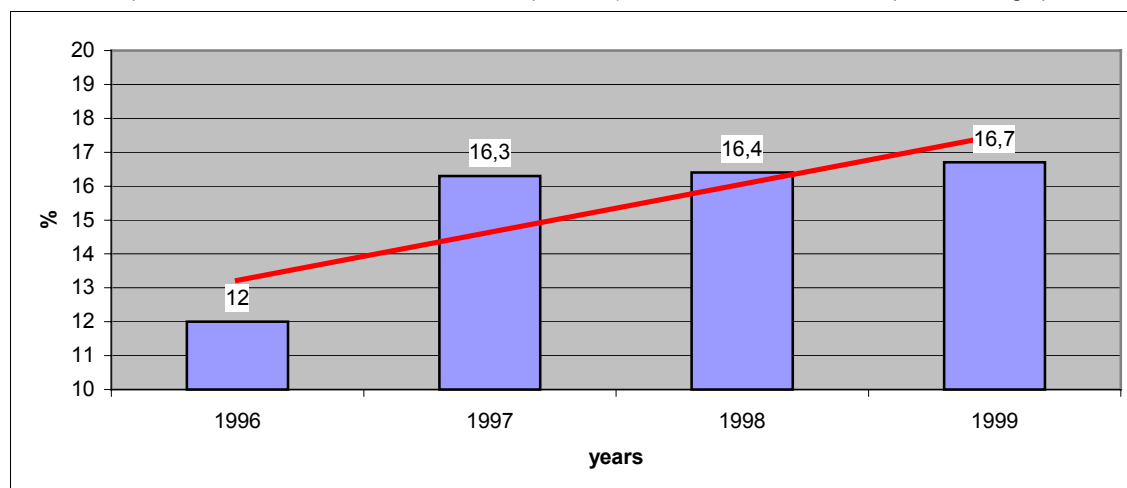


In concord with the global situations, even in the CR, the most prolific illicit drug is cannabis, i.e. hemp (*Cannabis sativa, var. indica*). Its main active substance is represented by δ -9-trans-tetrahydrocannabinol (THC). The most frequent form of its intake is inhalation of combustion gasses of either perigone and leaves of this plant (marihuana), or hemp resin (hashish).

Similarly to other places in Europe, home cultivation of this plant, either on the open air (mainly in the "country districts") or hydroponically in aquiculture under artificial light, is quite significantly distributed also in the Czech Republic. Imported cannabis products originate chiefly from the North Africa, Asia and Netherlands and are generally characterised by significantly higher contents of active substance.

In the Czech Republic, cannabis users represented in the year 1999 16,65%¹ (i.e. 647 persons) from the number of those who are reported as "First Treatment Demand", patients, who sought treatment in connection with abuse of illicit NPS. However, methods used in the data acquisition do not allow deciding on the character of this relationship.

I. Graph 1: Cannabis - First Treatment Demand patients (source: CPDE - Central workplace for drug epidemiologies)

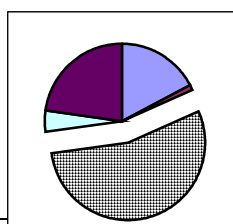


According to various school studies (CPDE, ESPAD, NEAD), 29,5 – 35,4 % of students of high schools, comprehensive schools and apprenticeship educational establishments has at least single experience with the use of cannabis psychotropic substance.² This indicator (lifelong prevalence) has permanently increasing trend in the age cohorts mentioned above. **Approximately 13% from population group 14-19 years smokes cannabis substances regularly.**

Qualitative data as well as data from the above mentioned school studies indicate broader and broader acceptance of cannabis drugs in-between the generation of adolescents and young adults.

On the contrary, the all-population surveys show in a long-term perspective inacceptance of this group of drugs for general population, and in particular for the medium and older generation. **The value of lifelong prevalence of cannabis use reaches in the whole population approx. 16% according to sociological studies (8).**

1.1.1.2 Pervitine and other amphetamines and their derivatives



Pervitine (methamphetamine) represents on a long-term base traditional Czech drug. This is predetermined by relatively easy way of its production under primitive home "laboratories"; a range of raw materials from the group of freely available as well as prescription-bound medicines (containing ephedrine, pseudoephedrine etc.) can be utilised for it. Marginally, the group of dance drugs (so-called hallucinogenic amines) collectively marked as "ecstasy" is ranked into this group (see hereinafter). Marginal

¹ For comparison: **Germany** 36%, **Belgium**(French part) 27%, **Denmark** 26%, **Ireland** 21%, **France** 16%, **Spain** 9%

² **Denmark** 42%, **Great Britain** (England and Wales) 37%, **Spain** 32%, **Netherlands** 28%, **France** 27%, **Germany** 20%, **Finland** 18%, **Flemish part of Belgium** 9%

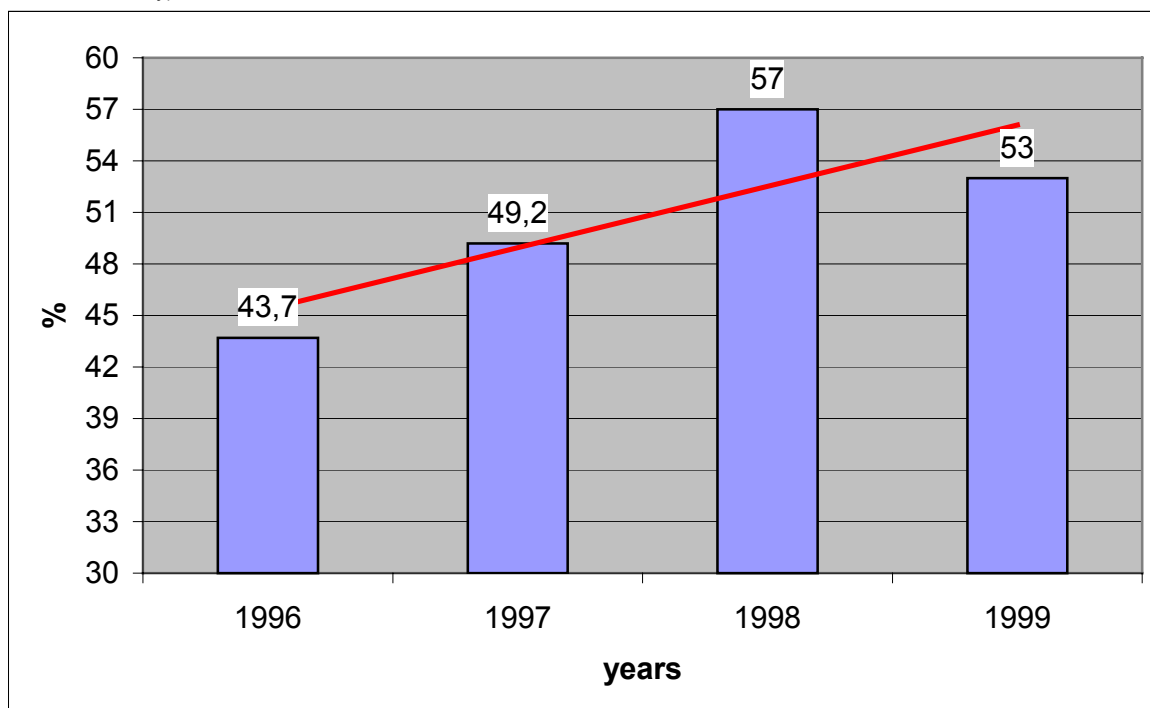
evidence exists on abuse of amphetamines on the North Moravia (likely of foreign provenience), also some captured tablets sold as ecstasy contain amphetamines (usually in combination with a hallucinogen).

Cocaine as well as crack remain on the margin of consumers' interest; in the case of cocaine, the cause is probably its high price; however, the relatively cheap crack (cocaine base) represents potential danger for the future, as proved by its epidemic dissemination, mainly in-between socially stigmatised population of the West Europe.

The most frequent ways of intake stimulating drugs is sniffing and injection (intravenous) use.

In the year 1999, users of stimulating drugs represented 53%³ (i.e. 2064 persons) from the number of those, who are reported as FTD (First Treatment Demand) patients, who sought therapy in connection with abuse of illicit NPS.

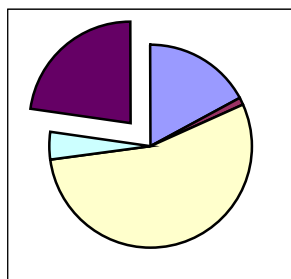
II. Graph 2: Pervitine and other stimulants – share of the First Treatment Demanders (CPDE; includes also cocaine and ecstasy)



According to various school studies, 3,3 – 7,6 % of students of high schools, comprehensive schools and apprenticeship educational establishments has at least single experience with the use of stimulating psychotropic substance. This indicator has increasing trend in the age cohorts mentioned above.

All-population surveys indicate lifelong prevalence of approx. 2,5%.

1.1.1.3 Heroin and other opioides



Abuse of opioides has also relatively long tradition in the Czech Republic. During the seventies and eighties, it was represented by abuse of pharmaceutically prepared opiates (morphine, codeine etc.) and mainly home-made mixture called "braun" (brown)⁴. The nineties are then characterised by rapid shakeout of domestic drugs by commercially prepared heroine of foreign provenience⁵, also the first cases of abuse of the (imported) methadone were recorded.

³ Fraction of stimulants users from FTD in EU in the year 1998 in %: Belgium: 5 (French part) – 26,6 (Flemish); Denmark: 2,7; Germany: 8-36; Greece: 0,4; Spain: 7,6; France: 2,9; Ireland: 0,9; Italy: 2,9; Luxembourg: 12; Netherlands: 20,9; Portugal: 1,5; Finland: 45,5; Sweden: 21; Great Britain: 11-47;

⁴ usually codeine, hydrocodeine and hydrocodynal

⁵ whereat interesting exception in otherwise unambiguous monitoring of this trend represent data from school study from the year 1997 (Polanecký V., Šmidová O., Studničková B., Šejda J.: Užívání drog, alkoholu, tabáku a životní styl středoškoláků a učňů v České republice, CPDE Praha 1998); one of possible interpretations is confusion of „braun“ (see above) and brown heroine (in slang „brown, brown sugar“) in respondents after appearance of „white“ heroine on the Czech market (see above)

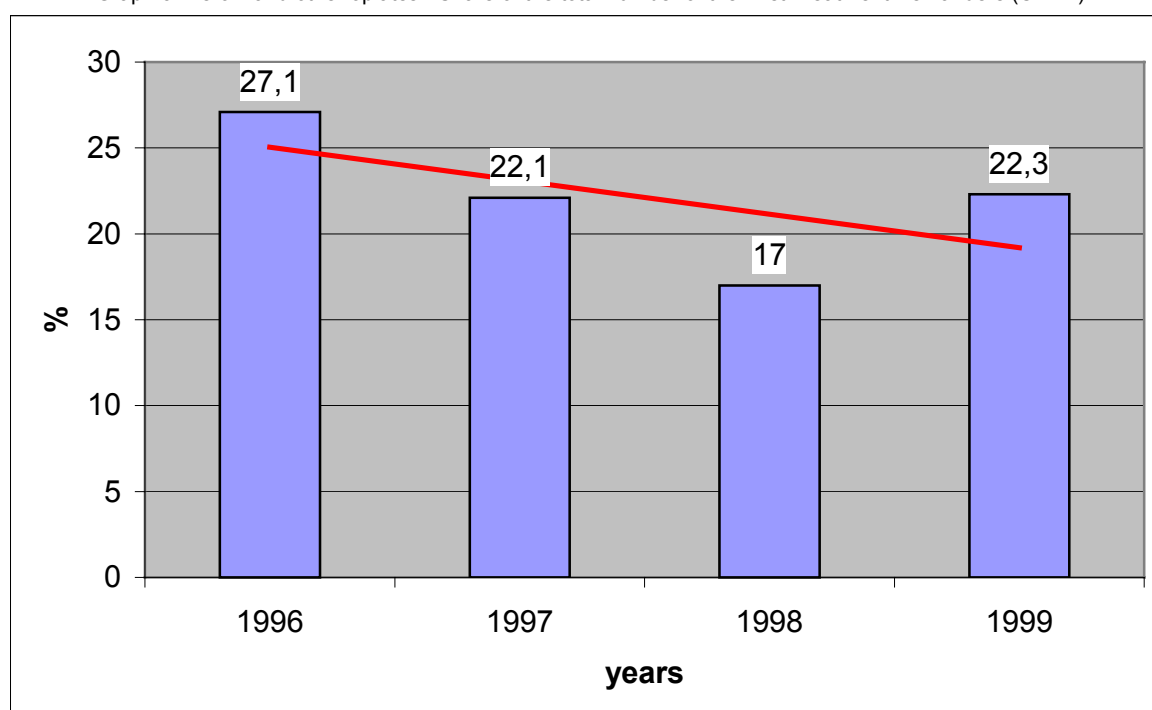
In the Czech Republic, the most frequent way of abuse of opiate drugs is injection (intravenous) use, followed by inhalation of vapours made on heated metallic foil. They are rarely abused by ingestion (per os).

In the first two thirds of nineties, heroin was a significant problem predominantly in Prague and in the North Bohemia. Qualitative data from the last two years indicate beginning of the stage of dissemination of this extraordinarily dangerous drug into other regions (so-called "country districts"), which were inflicted marginally up to now.

Continuously disseminating abuse of heroin in Romany (gipsy) population (across age groups with emphasis on adolescents and often also underage) represents extraordinarily dangerous trend. This development, together with (on average) lower level of hygienic habits and generally low accessibility, in the sense of preventive as well as therapeutic measures (namely of the most afflicted Olach subgroup), of this ethnic group represents not only threat to this minority, but also to the whole population.

In the year 1999, users of opiates represented 22,3% (i.e. 869 persons)⁶ from the number of those, who are reported as FTD (First Treatment Demand) patients, who sought therapy in connection with abuse of illicit NPS.

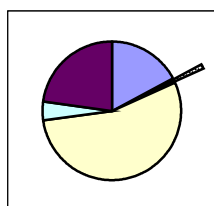
III. Graph 3: Heroin and other opiates - Share of the total number of the First Treatment Demanders (CPDE)



According to various school studies, 3,3 – 5 % of students of high schools, comprehensive schools and apprenticeship educational establishments has at least single experience with the use of psychotropic substance of opiate character (in the case of so-called "country districts", this value fluctuated at the edge of statistic error in the year 1998). Also this indicator had increasing trend in the age cohorts mentioned above, especially in the capital city and some urbanised regions.

All-population surveys /e.g. (8)/ indicate lifelong prevalence of approx. 1%, which is more or less in agreement with all-European estimates. Nevertheless, methodology of EMCDDA (EU Monitoring Centre for Drugs and Drug Addiction) recommends taking this datum with significant pinch of salt, because of near limit of statistic error.

1.1.1.4 Hallucinogens and ecstasy



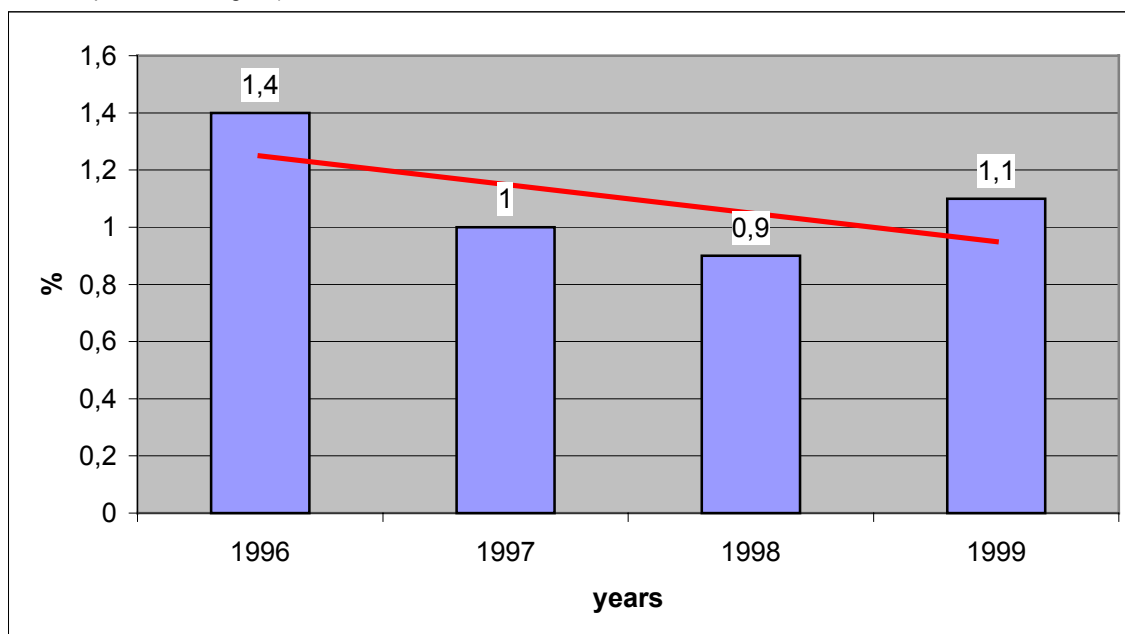
Hallucinogens create relatively broad group of substances of chemical as well as of synthetic character. Under the Czech conditions, it includes in particular LSD (lysergic acid N,N-diethylamide), distributed in the form of tiny impregnated pieces of paper, psilocybine (active substance of commonly growing fungus *Psilocybe bohemica*) and other active substances from other fungi (fly agaric) and plants (stramonium/datura, henbane etc.).

⁶ see j

Ecstasy meant originally slang denomination of methylene-dioxy-methamphetamine (MDMA). Currently, this name is used in the in-jargon for broader group of substances (MDMA, MDA, MBDB, MDE a MDA) differing in duration of the intoxication and slightly also in the character of this intoxication. Because of its chemical structure (amphetamines substituted on aromatic nucleus) and psychotropic effect, they are mostly qualified as substances on the boundary between amphetamines and hallucinogens. However, tablets, sold as ecstasy, can contain also (meth)amphetamines, hallucinogens of the LSD or 2CB type, caffeine, paracetamol, yohimbine, THC and other substances, in various mixtures of these as well as with the "genuine" ecstasy. This uncertainty of the consumers regarding effects of the purchased substance means one of the biggest – if not the biggest one – risks of so-called dance drugs.

In the year 1999, users of hallucinogens represented 1,1% (i.e. 42 persons) from the number of those, who are reported as FTD (First Treatment Demand) patients, who sought therapy in connection with abuse of illicit NPS..

IV. Graph 4: Hallucinogens - Share of the total number of the First Treatment Demanders (CPDE; contains only LSD and plant hallucinogens)



According to various school studies, 5,5– 6,2 % of students of high schools, comprehensive schools and apprenticeship educational establishments has at least single experience with the use of hallucinogens (in the case of ecstasy, this value fluctuates around 3,5%.

Sociologic study on a representative population sample (8) states in this case lifelong prevalence of approx. 2,1%.

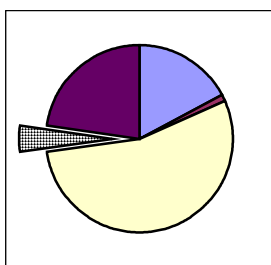
1.1.1.5 Dance drugs

Phenomenon of dance drugs is relatively new feature of world drug scenes, which significantly differs from their usual picture. The Czech (or Prague) "techno-scene" is – similarly as elsewhere in the Europe (6, 9) – characterised primarily by

- **specific social structure** - 58% of visitors (techno, rave, drum'n'bass etc. parties) are university students, 24% employed, 11% unemployed, 3% pupils, 4% civilian service and other
- **high lifelong prevalence of use of illicit** (at least single experience with illicit drugs is reported by 82,1% participants of the research (6)) **as well as legal** (tobacco 78%, alcohol 91%) **drugs**
- **use of cannabis** (72%), (meth)amphetamines (24%), hallucinogens (22%) and ecstasy (21%)
- **preferentially so called „weekend“ (thus non-addict) use (Friday and Saturday)**

On the contrary to Western Europe, no cases of death has been recorded in this connection with techno scene in the Czech Republic up to now (in Western Europe as well as in North America, These were predominantly cases of hyperthermia, dehydration, and exhaustion of organism in connection with excessive body work and lack of drinking, and in a much lesser extent also excessive intake of water). This could be attributed primarily to a delayed start of this fashion phenomenon and relatively high level of self-educative abilities of the subculture members.

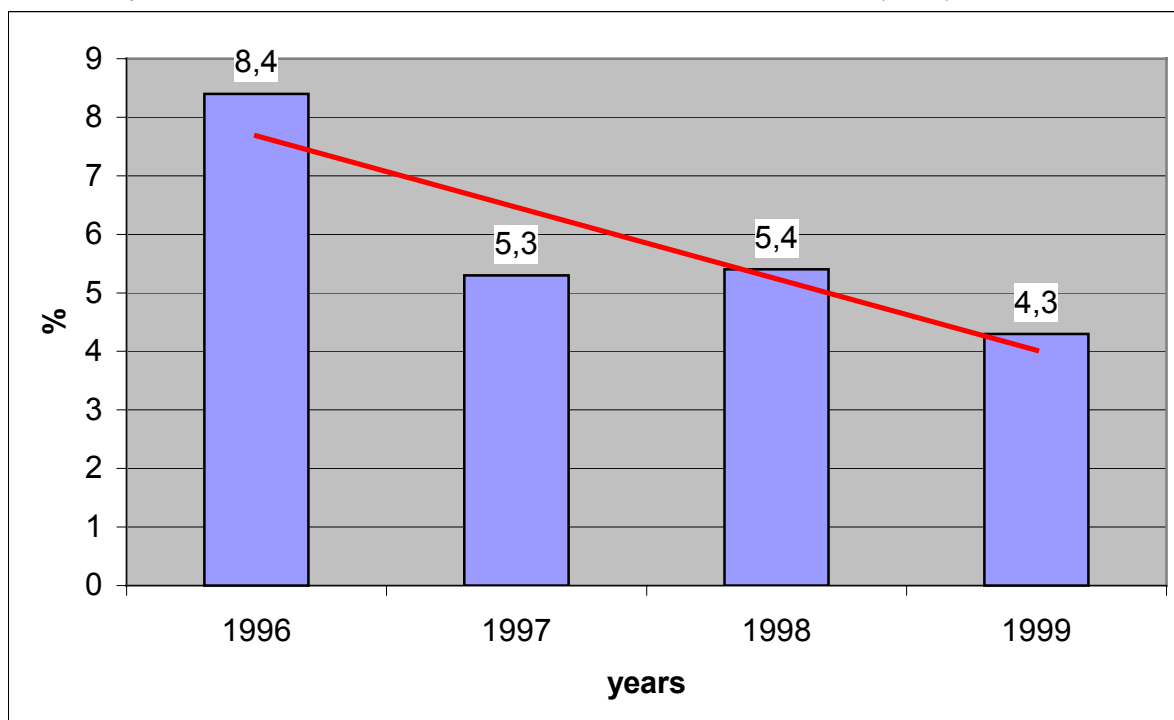
1.1.1.6 Volatile substances



Another group of "traditional" Czech drugs characterised mainly by high availability (free sold technical raw materials), by low age and a high degree of social stigmatisation of its users (low level of education, belonging to minorities etc.). These are used basically exclusively by inhalation of vapours using various aids. It is the most dangerous group of drugs regarding somatic as well as psychic health injuries: neurotoxic, hepatotoxic and renal-toxic effects has been proved with this drugs as well as high level of cancerogenicity, and that after a relatively short-term use.

In the year 1999, users of hallucinogens represented 4,3% (i.e. 167 persons) from the number of those, who are reported as FTD (First Treatment Demand) patients seeking therapy in connection with abuse of illicit NPS.. Discrepancy between this decreasing trend, known health hazards, and signals coming from the field, could be explained by working hypothesis on the generally lower availability of services for drug users, for the socially stigmatised groups, and for the under-age population.

V. Graph 5: Solvents - share of the First Treatment Demanders from the total number (CPDE)



According to various school studies, 3,3 – 7,6 % of students of high schools, comprehensive schools and apprenticeship educational establishments has at least single experience with the use of volatile psychotropic substance. This indicator has slowly stabilising trend in the age cohorts mentioned above.

1.1.1.7 Other psychotropic substances

Significantly increasing trend of consumption of psychotropic medicines, especially of so-called small anxiolytics (medical preparations of the benzodiazepine group) has been recorded, both on the medical doctor's recommendation as well as without it.

We are ranked traditionally to the "leading" positions in the Europe in the drug abuse – especially of alcohol and tobacco products.

1.1.2 Public health issues¹

The present health hazard of illicit drug abuse with the biggest impact on the whole-society expenses and state budget, paradoxically, are not only the direct damages (that is somatic and psychic damages caused directly by the given drug because of its chemical nature and interaction with a living organism), **but so cold indirect damages** (mainly such somatic damages, which are related to insecurity regarding composition of abused substance and its admixtures, with the ways of application of the drug and with social-economic situation namely of heavily addicted drug users).

These include in particular

- a) Intoxication by foreign compound,
- b) embolism because of foreign compound,
- c) surface wounds of skin,
- d) damage to peripheral blood vessel,
- e) apostemic inflammations,
- f) endocarditis,
- g) blood-borne diseases (BBD),
- h) nutrition disorders,
- i) immunity disorders,
- j) other than the blood-borne diseases (e.g. tuberculosis),
- k) damages to teeth etc.,

when many of these can result in the irreversible damage or death.

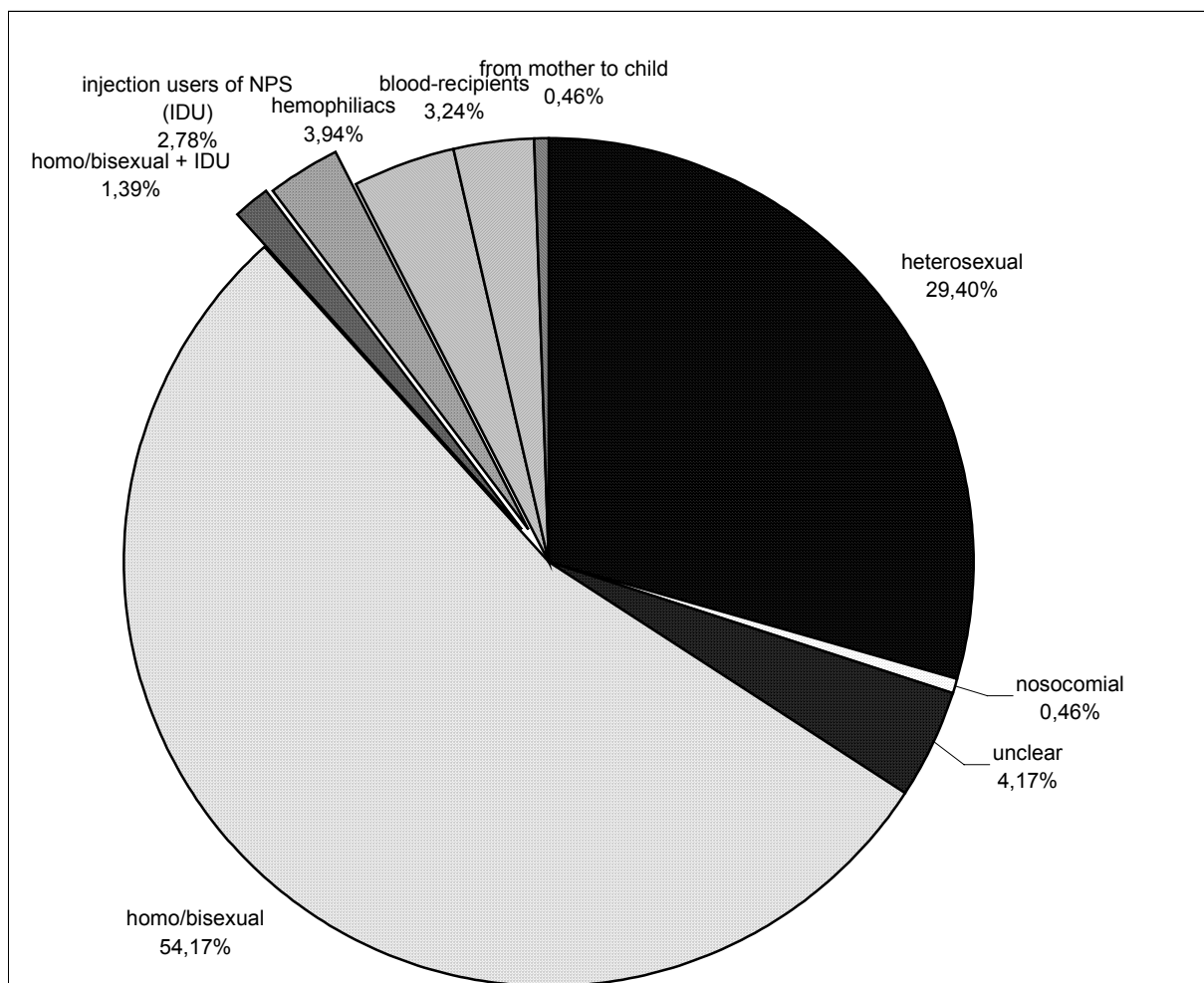
In general, it can be stated that especially the injection drug users suffer the most severe (direct, but mostly indirect) health impacts of the drug abuse.

1.1.2.1 Blood-borne diseases

This field includes primarily the infection of HIV/AIDS and virus hepatitis of the type B and C, to which also the virus hepatitis of the type A is often included because of practical reasons – typically rather enterally disseminated.

1.1.2.1.1 HIV/AIDS

The HIV/AIDS infection could be up to now considered to be managed in the Czech Republic. Probable reasons of this unique situation are the early adopted preventive measures focused on the general (free of charge by name and anonymous investigation), as well as on the risky population (active seeking between prostitutes, early implementation of measures of the harm reduction type between drug users).

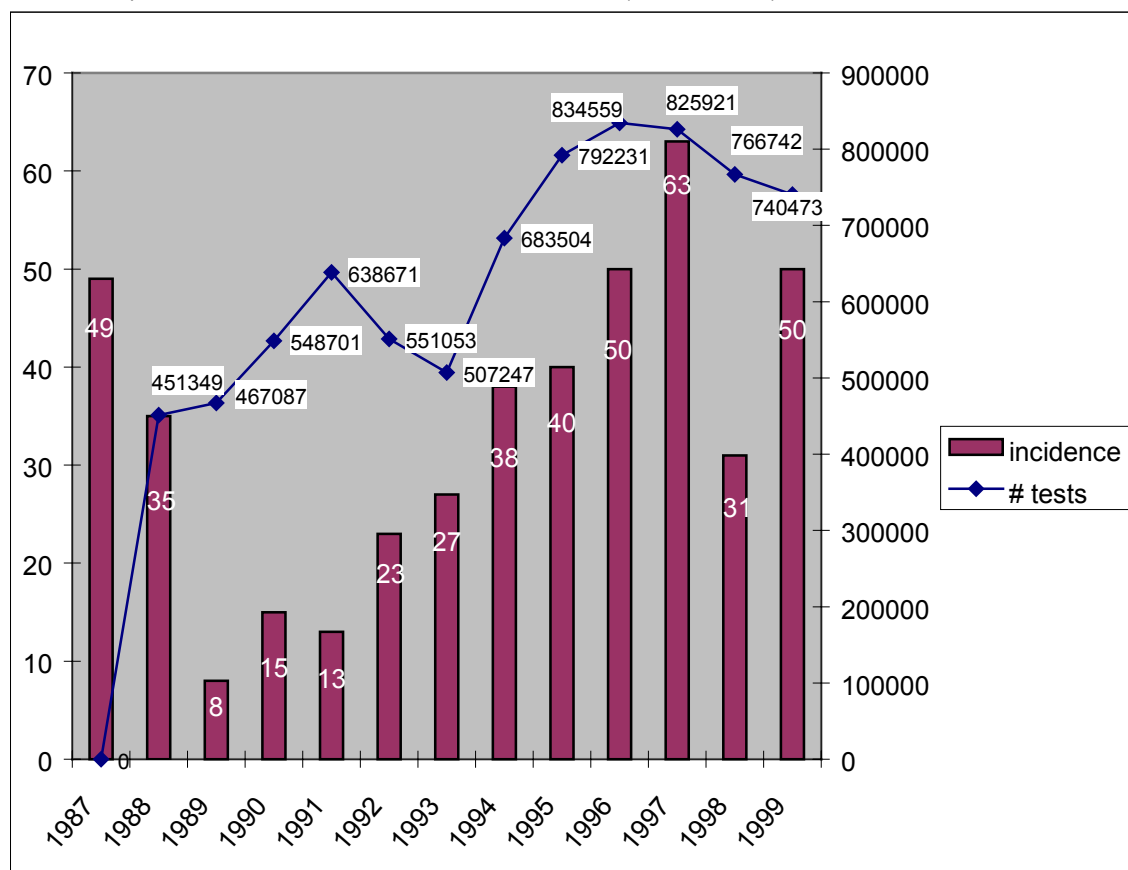


VI. Graph 6: Infected by HIV by the way of transfer of the infection (NRL HIV/AIDS)

On a cumulative basis, total of 576 cases of HIV or AIDS has been detected in the Czech Republic as at 31st December 1999, wherein only 18 were injection drug users (and even from this number, 6 were simultaneously homosexuals or bisexuals; thus the infection entry path is unclear in these cases).

However, this extraordinarily favourable situation⁷ (regarding all-population situation as well as prevalence between injection drug users which is limit-wise getting closer to zero) in no case gives reason to decrease attention or even attempts to cancel preventive measures of the type of free testing.

VII. Graph 7: Number of examinations and incidence of HIV (NRL HIV/AIDS)



1.1.2.1.2 Virus hepatitis A-C

Despite the fact that the **virus hepatitis (infectious inflammation of liver) of the A type** is considered to be the classic "illness of dirty hands" and parenteral transfer is rather exceptional in this case, several smaller epidemics are taking place between drug users and their closest surrounding each year, namely in Prague. **Share of persons with a risky behaviour in the sense of intravenous use of drugs on the total incidence of this illness varies between 16 - 20 % for several years already.**

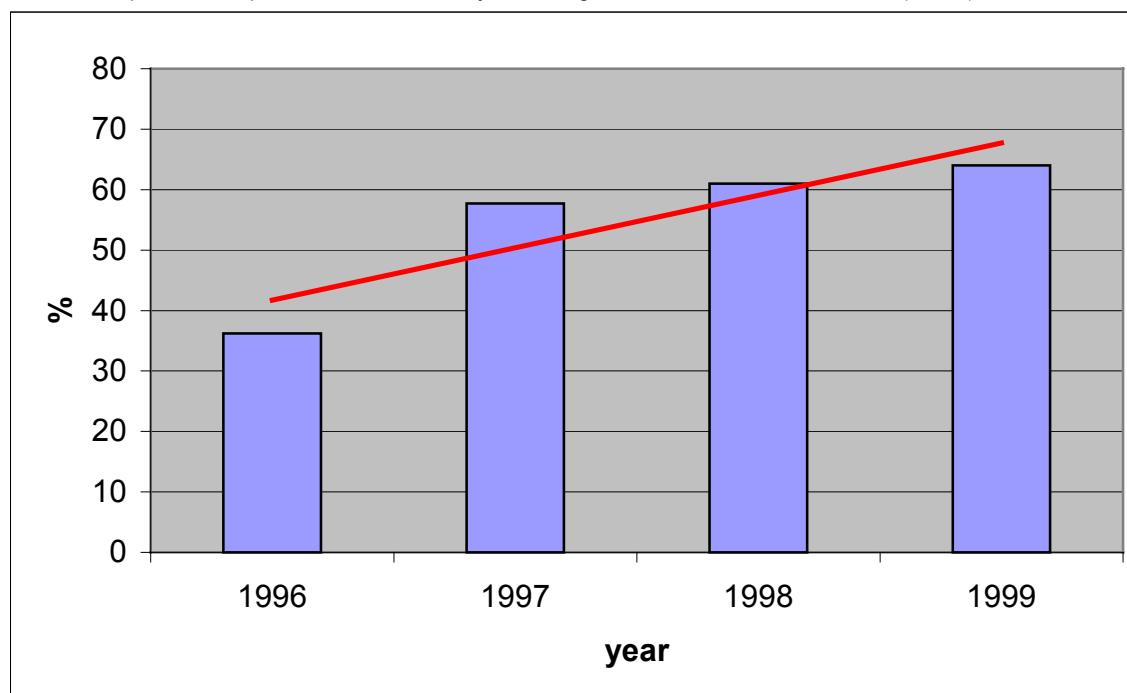
Virus hepatitis of the B type is the classic nosocomial (hospital) infection in the Czech Republic; up to the year 1998, when double increase of relative incidence took place between injection addicts (IDU), the share of this risk group on the total incidence did not represent more serious problem. **Now, this share represents approx. 24 % .**

To manage both infections, preventive measures has been adopted, consisting mainly in possibility of vaccination of registered addicts and workers of (even the non-healthcare ones) facilities providing services for addicts by effective vaccines. Nevertheless, this option is not available for the last type of the viral inflammation of liver.

Just as elsewhere in the world⁸, also in the Czech Republic, the virus hepatitis type C classic „addicts“ hepatitis. For several years, injection drug users create the fundamental (absolute majority) part of all newly reported cases and their ratio slowly, but constantly increases.

⁷ prevalence of HIV in-between injection users in the EU: Belgium 2,2-2,6; Denmark 4,0; Germany 0,6-3,8; Greece 0,5-3,2; Spain 32; France 15,5-18,3; Ireland 0,9; Italy 15,7; Luxembourg 3,0; Netherlands 2,0-26; Austria 1,5-2,0; Portugal 14; Finland 3,0; Sweden 2,6; Great Britain 1,0

VIII. Graph 8: Development of the share of injection drug users on total incidence of VHC (CPDE)



Up to now, 2 surveys of seroprevalence of VHC in injection drug users in the CR has been published.^{ii, iii} This fluctuates between 23-37%. Information on „seroincidence“, i.e. incidence of new anti-HCV positivities in-between injection drug users is even more serious. This fluctuates in the range 20-36 cases/100 persons a year – currently, the speed of the VHC dissemination is such that 1/5-1/3 so far negative injection users are infected annually.

Relatively significant reservoir of infection together with high infectivity of the VHC virus (in the range 100 times higher than in the HIV virus) explains comparatively lower efficiency of the preventive measures, including "harm reduction" strategy. Primarily this aspect of prevention of blood-borne diseases should be further improved, namely in the sense of increasing availability injection tools, shifts to more safe ways of NPS use and education of the target population with the final goal of abstinence from drugs.

1.1.2.2 Other somatic diseases

Despite that (especially injection) use of illicit drugs is the cause factor of a number of other somatic diseases, up to now, there is no functional system of their monitoring.

1.1.2.3 Mortality

Mortality in relation to illicit drugs is not monitored with good quality up to now.

1.1.2.4 Review of the First Treatment Demand (FTD) for treatment in the years 1996-1999

1.1.2.4.1 Total number of First Treatment Demands

1999: 3891, i.e. 37,4 / 100 000 inhabitants

1998: 3858, i.e. 37,4 / 100 000 inhabitants

1997: 3132, i.e. 30,4 / 100 000 inhabitants

1996: 3252, i.e. 31,5 / 100 000 inhabitants

1991: WHO — 5546 detected, from which 2500 in Prague; AT cons. room - 3035, from which 293 in Prague

1986: Police detected in the ČSSR 242 groups of young addicts (ČSR 182, SSR 60). Total 1451 persons.

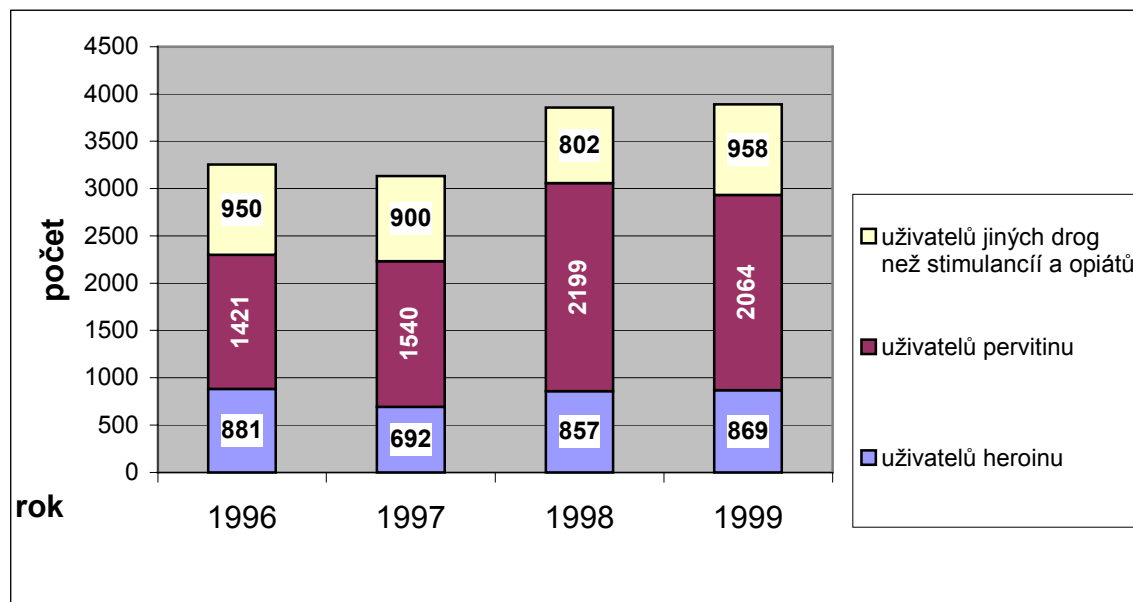
This indicator is currently monitored in the Central workplace for the drug epidemiology, established by the Hygienic/Public Health Station of the capital city Prague. It is review of such persons, who in connection with

⁸ seroprevalence of virus inflammations of liver in the EU countries (virus hepatitis B / virus hepatitis C) between IUD: **Belgium** (Francophonie part) 22 / 47%; **Denmark** 21 / 50%; **Germany** 48-80 / 63-95%; **Greece** 65 / 50-80%; **Spain** 59 / 83%; **France** 15-30 / 62-70%; **Ireland** data on VHB not available / 62%; **Italy** 40 / 67%; **Luxembourg** 23 / 18%; **Netherlands** 59-63 / 74-84%; **Austria** 50-56 / 72-79%; **Portugal** number on VHB not available / 74%; **Finland** 34 / 63-85%; **Sweden** 55 / 92%; **Great Britain** 19 / 38%,

their use of (any illicit) drugs, solvents prescribed as well as non-prescribed medicines sought in the given calendar year professional help in any type of facility.

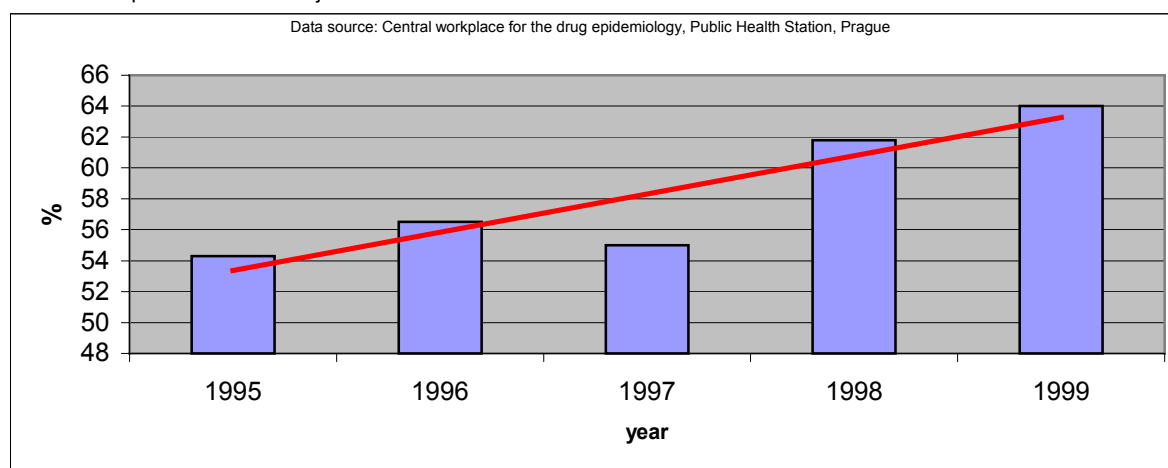
It should be underlined that these data are valid only population of drug users who are in contact with any kind of institution of services for addicts (starting with contact centres through psychiatric hospital up to communities) and do not reflect in any way the situation in so-called hidden population,⁹ i.e. those, who are from various causes avoiding contact with the institution.

IX. Graph 9: First Treatment Demands – fraction of users of opiates and stimulants as the primary drug (CPDE)



Also the following graph should be perceived in this context, processing trend in fraction of injection users between First Treatment Demanders¹⁰; it is natural that those, who are experiencing relatively fastest appearance of the most serious psychic as well as somatic problems, will be in between persons seeking help – i.e. those who are using NPS in the most risky way. However, this does not reduce seriousness of this phenomenon in any way (**number of detected injection users of NPS between FTD in 1996-1999 in absolute figures: 1837; 1723; 2384; 2490**), from which follows also the need in so called. „for abstinence non-motivated“ drug users to further strengthen mechanisms of prevention in the sense of increase of availability injection aids replacement and especially education, oriented in the first phase to the transfer to the so-called „safer“ ways of NPS use and further up to the motivated abstinence.

X. Graph 10: Percent of injection users from the total number of the FTD 1995-1999



⁹ hidden population: for the purpose of this text: that part of drug users, which is avoiding contact with institutions including the low-threshold (semi-anonymous) services for drug users; here belongs population of "experimenters" and „recreational users“ (see dance drugs) as well as so-called "hard core" of heavily somatically addicted, de-socialised drug users

¹⁰ % of heroine users from FTD / from which injection users in the EU: **Belgium** (Francophonie part): 78/34; **Denmark**: 85/52; **Germany**: 65/50; **Greece**: 91/84; **Spain**: 85/32; **France**: 79/68; **Ireland**: 80/64; **Italy**: 70/89; **Luxembourg**: 81/90; **Netherlands**: 65/15; **Portugal**: 96/42; **Great Britain**: 70/58.

1.1.2.5 Relative health danger of individual types of drugs

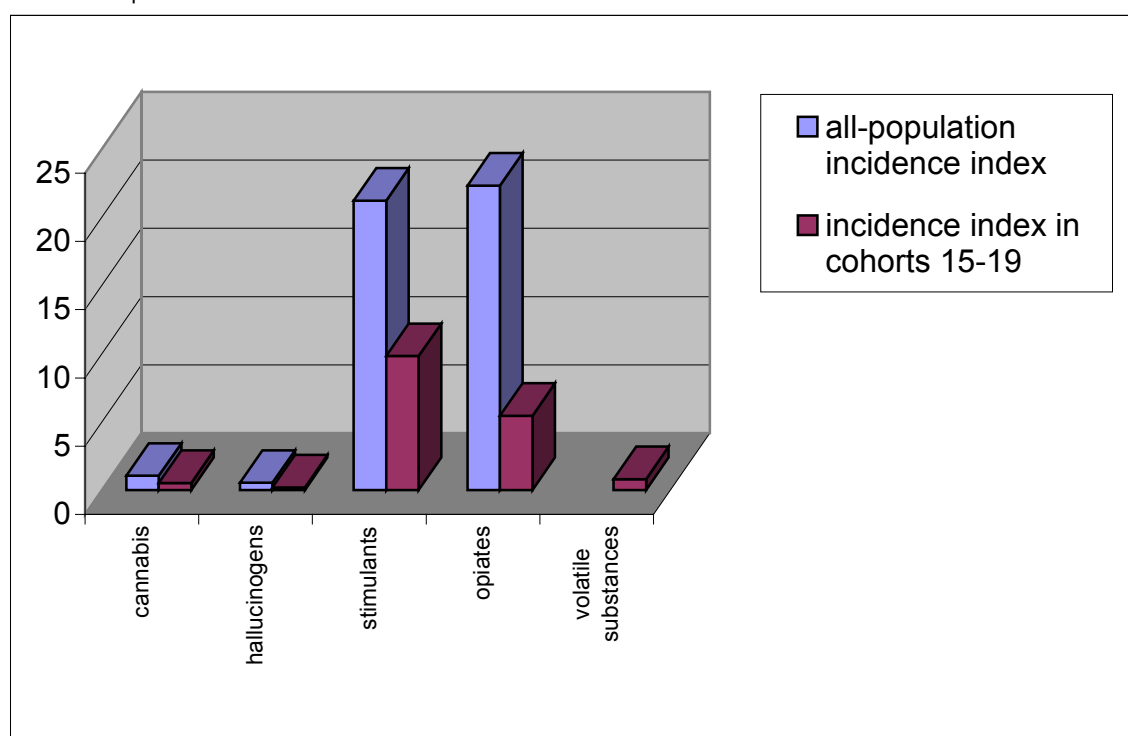
Since the second half of 90 s, calling for classification of illicit drugs according to a degree of their social danger increases in the professional community as well as in the society. Such a step would be surely in accord with the worldwide as well as European trends (4 groups according to UN Convention on narcotic drugs from the year 1961, - six lists in Great Britain, 2 groups of drugs in the Netherlands, 4 in France and so on) as well as with practical needs of our country. Health hazards (as integral part of social danger) of illicit NPS are thoroughly researched. Nevertheless, even the health hazard is the variable which is influenced by factors out of reach of the healthcare sector.

One of the possible - despite very raw - indicators of actual **relative** health danger of use of individual types of drugs can be the ratio: *percentage of problematic drug users with the given primary drug/all-population lifetime prevalence in percents* (6).

The *ratio % age of problematic drug users with the given primary drug/lifetime prevalence in the most risky cohorts (15 - 19)* can be the indicator with a slightly higher descriptive value which is burdened in other way. (6)

It holds true for both indicators that the higher the resulting number, the higher is the health hazardousness of the given group off substances.

XI. Graph 11: Incidence indexes of relative health hazard



1.1.3 Criminal issues

1.1.3.1 The historic draft of legal regulation of drug related criminal acts on the historical territory of Bohemia, Moravia, and Silesia

1.1.3.1.1 Austro-Hungarian monarchy

On our territory, the issues of criminal offences related to drugs are dated since the Fifties of the 19th century already, that this since the period of Austrian monarchy, however, not in that way as it is conceived by the current criminal law.

The Act No. 117/ 1852 r.z., the Act on criminal acts, offences, and transgressions touched already the issues of poisons and medical drugs already. However, this was rather about regulation of the commercial activity, that is sanction of wrong doing against those time rules regulating handling with medicines and poisons. Illicit sale of medicines, internal as well as external ones, has been sanctioned (*section 354*), negligence in storage and separation of poison (*section 368*) and neglecting supervision on poisonous or toxic substance (*section 370*).

Regarding the administration of drug , "use of extracts from poppy-heads in children" (*section 337*) was criminal. However, in this connection, sentence has been threatening only in the case when severe damage on

body or killing as a result of administration of this substance took place. Here, the offender has been endangered by sentence for offence in a form of imprisonment from one to six months, in the case of death, it was so-called misdemeanor, which was sentenced by tough imprisonment for 6 months - 1 year (*section 336*). This way of sentencing applied also to persons who behaved careless during fumigation by sulphur and during use of narcotising means (*section 336 d*). The cited Act contained also interesting regulation regarding operation of medical or healing practice without license, where the fact that such person used ether vapours, i.e. committed anaesthesia, was particularly considered (*section 343*).

The Act on criminal acts, offences, and transgressions thus regulated that what we could call today as distribution, whereat the sentences were not too high. Holding and use of NPS were not punishable.

1.1.3.1.2 The "First" Republic

The Austro-Hungarian criminal regulation remained conserved up to the 30s of the 20th century, when significant change took place in connection with adoption of the International Opium Treaty and the Treaty on Limitation of Production and Regulation of Distribution of Narcotic Substances. Both regulations were projected into the legal system of the then Czechoslovakia by the Act No. 29/1938 Coll., implementing the *International Opium Treaty dated 23rd January 1912*, pronounced under the No.. 159/1922 Coll. z. a n., *International Opium Treaty dated 19th June 1925* pronounced under the No.. 147/1927 Coll. z. a n. and the *Treaty on Limitation of Production and Regulation of Distribution of Narcotic Substances dated 13th June 1931* pronounced under the No.. 173/1933 Coll. z. a n. (*opium act*). In the first place, the Act punished intentional production of NPS, preparation, processing, remake, receiving/storing, sale, introduction into circulation, offer, import, export, or transport through. Such behaviour was qualified as misdemeanor, which was sentenced by tough imprisonment from 3 months through 3 years and money penalty from 5.000,- through 50.000,- crowns. In the case such act was committed in large extent, in the frame of operation of business or under such circumstances, that it resulted in severe damage of body or death of a man danger for life or public health in greater extent, the offender was threatened by sentence of imprisonment from 1 through 5 years and a money penalty from 10.000,- through 100.000,- crowns (*section 19 par. 1* of the cited Act).

Also production, provision, receiving/storing or cession of tool or object which was undoubtedly intended for illicit production or preparation or illicit processing or modification of NPS were criminal. Here, the offender was threatened by sentence of imprisonment from 1 month through 1 year and a money penalty up to 5.000,- crowns (*section 19 par. 2* of the cited Act).

The term "narcotic means" – later "narcotic substances" – was specified by procedural decrees.

This demonstrates that the law already anchored individual criminal acts similarly as it is known by the existing legislative regulation, wherein it did not distinguished between holding the drug for personal use or for other person.,

1.1.3.1.3 Legal regulation after the World War II.

The post-war legal regulation already ranked the drug offences directly into the frame of the Criminal code. It was the case of two drug offences, that is illicit production and keeping of narcotic means and poisons. The person who, without permission produced, imported, exported, or provided for other person or kept narcotic means or poisons, was threatened by sentence of imprisonment in duration up to three years (*section 197 par. 1*); In the case the offender committed such act in greater extent or for profit, or caused death of a man or heavily injured many persons' health, he/she could be sentenced by imprisonment in duration of 1 – 5 years (*section 197 par. 2*). Production, keeping, of object intended for illicit production of narcotic means and poisons was sentenced by imprisonment in duration of up to 2 years (*section 198*).

1.1.3.1.4 Drug possession according to penal law 140/1961 of the Law Collection

Penal law 140/1961/ Law Collection has more or less taken over the preceding penal law ruling. According to provisions of § 187, *section 1*, penal proceeding could be enforced against those who without permission manufactured, imported, exported, provided for other persons or kept narcotics or toxins. For this behaviour the individual could be penalised by imprisonment of up to two years, penal measures or financial penalty. Circumstances justifying the use of a higher penal rate were specified in § 187, *section 1* so that imprisonment of two to eight years was indicated when the offender committed the offence as a member of an organised group, gained a considerable profit through it or caused by it a severe health injury to several persons or death. Criminal offence according to § 188, *section 2* was committed by an offender who manufactured, provided for himself or others, or kept an object suitable for illicit production of narcotics or toxins, and merited imprisonment of up to two years or a penal measure or a financial penalty.

This law ruling was in force until the amendment of the penal law effected by law 175/1990 of the Law Collection. Effective as of July 1, 1990, the definition of the offence of illicit manufacture and keeping of narcotic and psychotropic drugs and toxins according to § 187 of the penal law was modified so that it covered not only narcotics and toxins but also psychotropic substances. In addition, it eliminated the penal liability of keeping the substances for oneself, since according to this amendment the keeping of a narcotic or psychotropic substance had to be done for another person.^{iv}

The penal law amendment effected by law 112/1998 introduced more severe penalties for illicit manufacture and keeping of narcotic and psychotropic substances for other persons and also reintroduced the criminal nature of keeping a narcotic or a psychotropic substance or toxin in an amount larger than small for oneself.

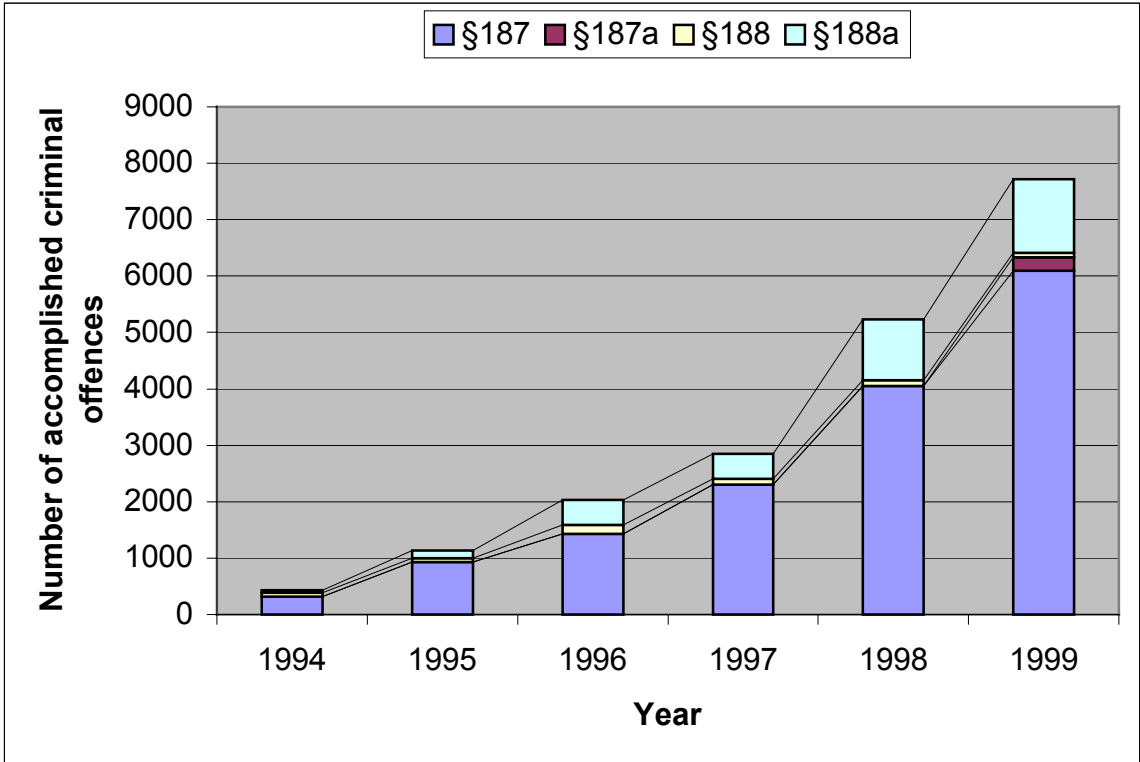
1.1.3.2 Drug offences according to police statistics

The drug scene in the Czech Republic has been significantly affected by the penal law amendment effects by law 112/1998 which, beginning on January 1, 1999, introduced not only more severe penalties for drug vendors but also instituted, within the provisions of § 187a of the penal law, the criminal nature of keeping a drug for one’s own needs.

According to the legislators submitting this amendment the change was necessary because of the obligation of the Czech republic within international agreements. The Ministry of Interior of the CR also considered as important the need for simplifying the gathering of evidence for the criminal activities of drug vendors who had previously pleaded that the drug found on their person was for their own personal use.

1.1.3.2.1 Actually effected drug-associated criminal activity

XII. Fig. 12: Development of accomplished criminal offences according to the “drug paragraphs” in 1994-1997



1997

XII. Table 1: Actually effected drug-associated criminal activities¹¹ according to the statistics of the CR Police Presidium^v – situation from 1990 to 1999

Year	§ 187	§ 187a	§ 188	§ 188a	Total
1990	111	0	20	9	140
1991	101	0	24	18	143
1992	99	0	18	22	139
1993	194	0	35	16	245
1994	320	0	63	53	436
1995	932	0	67	132	1131
1996	1432	0	156	446	2034
1997	2303	0	101	449	2853
1998	4056	0	101	1077	5234
1999	6100	228	90	1302	7720

It should be stated that since 1996 the number of committed drug-associated criminal offences has markedly increased, especially as regards § 187. No significant change has occurred with respect to the commitment of criminal deeds according to §188a in the period of 1998-1999; however, a significant rise in the actually committed criminal deeds within the frames of §188a occurred on comparing the years 1997 and 1998.¹¹

XIV. Table 2: Total number of persons prosecuted for drug-associated criminal activities in 1999 divided according to districts according to the statistics of the CR Bureau of Investigation^v

District	§ 187	§ 187a	§ 188	§ 188a	District total
City of Prague	345	95	11	61	512
Central Bohemia	141	26	25	31	223
Southern Bohemia	129	10	6	33	178
Western Bohemia	227	21	18	75	341
Northern Bohemia	251	24	47	70	392
Eastern Bohemia	210	22	12	90	334
Southern Moravia	343	55	53	109	560
Northern Moravia	304	19	44	252	619
CR total	1950	272	216	721	3159

Out of the total number of 7720 accomplished drug-associated offences, there were a total of 3159 prosecutions. Among these, 1950 concerned the offence of illicit manipulation with and keeping of NPS for another person according to §187 (committed 6100), 272 concerned the offence of keeping NPS for one's own use (committed 228), 216 concerned the offence of manufacture and keeping of objects for NPS manufacture according to § 188 (accomplished 90) and 721 were for the offence of drug addiction according to §188a (accomplished 1302).

1.1.3.2.1.1 Rating of districts according to the types of drug-associated criminal activities in absolute numbers

In the rating of individual districts, The North-Moravian district has the highest total number of prosecutions for all kinds of drug offences, followed by South-Moravia and the City of Prague.

¹¹ I.e. the police investigation before making the charge and before presenting it to the investigator, e.g. based on police investigation, criminal complaint, etc.

¹² In this connection it should be again stressed that, from July 1, 1990 to January 1, 1999 the keeping of a drug for one's own use was not a criminal offence.

¹¹ I.e. the police investigation before making the charge and before presenting it to the investigator, e.g. based on police investigation, criminal complaint, etc.

¹² In this connection it should be again stressed that, from July 1, 1990 to January 1, 1999 the keeping of a drug was not a criminal offence.

In the rating of individual districts according to individual regulations of the penal law, the sequence of the districts based on the number of prosecuted persons is as follows:

§187 – Illicit manipulation with and keeping of NPS for another person

1. City of Prague
2. Southern Moravia
3. Northern Moravia

§187a – Illicit keeping of NPS for one's own use

1. City of Prague
2. Southern Moravia
3. Central Bohemia

§188 – Manufacture and keeping of objects for NPS manufacture

1. Southern Moravia
2. Northern Bohemia
3. Northern Moravia § 188a – šíření toxikomanie

§188a – Spreading of drug addiction

1. Northern Moravia
2. Southern Moravia
3. Eastern Bohemia

1.1.3.2.2 Confiscated drugs

The amount of confiscated drugs in the Czech Republic varies widely. In 1999 the amount of confiscated drugs increased, which can, among other factors, be ascribed to successful completion of long-planned actions. No premature conclusions should be drawn – the data will have to be evaluated together with those for 2000.

XV. Table 3: Composition and amount of confiscated drugs according to the CR Police data (available data are since 1991)^y

Substance	1991	1992	1993	1994	1995	1996	1997	1998	1999
Hemp-dry matter (kg)	4	30	2			12000	5,5	5,5	111,2
Heroin (kg)	10	123	18	26,3	3	20	3,4	147,3	108,38
Cocaine (kg)	105	4,7	4,7	17,1	36	22	62,5	41,3	140,8
Amphetamines (kg)			7	0		21			4,1
LSD (doses)			540	620					19
Ecstasy (tablets)	0	0	0						673
Pervitin (kg)					0,165	0,764	0,67	0,198	21,4
Hashish (kg)				500					1,2
Ephedrine				12,5	17	91	2,5		15
Poppy straw (kg)									91,4

1.1.3.2.3 Drug prices

An important indicator in this connection is also the price and purity of drugs at the level of street distribution. It may be stated that no significant change in the price took place in 1999 relative to previous periods. A question arises, however, if the drug purity did not change because, according to the police data, this parameter was monitored only since 1999.

XVI. Table 4: Price and purity of “street” drugs

Substance	1996		1997		1998		1999	
	Purity	Price	Purity	Price	Purity	Price	Purity	Price
Marijuana 1 joint	xxx	30	xxx	20	xxx	20-30	2-14%	20-30
Cocaine 1g	xxx	1500-3000	xxx	1500-3000	xxx	2000-2500	85-95%	2000-2500
Heroin 1g	xxx	400-800	xxx	1000	xxx	600-1000	5-30%	600-1000
Pervitin 1g	xxx	800-1000	xxx	800-1000	xxx	800-1000	50-70%	800-1000
Ecstasy 1dose	xxx	400	xxx	300-500	xxx	300-500	0,1g	300-500
LSD 1 dose	xxx	250	xxx	100-200	xxx	100-200	xxx	100-200
Hashish 1g	xxx	200-400	xxx	200-300	xxx	200-300	10-20%	200-300

NOTE: The table data for marihuana, hashish, cocaine and pervitin are given according to the content of the active component, for LSD and ecstasy they denote the amount of the active component in one dose; drug price is given in Kč

1.1.3.3 Drug offences within the jurisdiction of the CR Police according to police statistics

The amendment of the penal law effected by law 112/1998 of the Law Collection was accompanied by an amendment of law 200/1990 about offences: infringements against the protection from alcoholism and other drug abuses were supplemented by a new offence, an illicit keeping of NPS in small amounts for personal use (§30, section 1, item j). The power over this offence was given to the CR Police bodies.

The offence law was supplemented by regulation of §30, section 1, item f), according to which an offence is committed by the person who promotes an illicit consumption of NPS by individuals below 18 years of age unless the deed has not fallen into the category of more severely prosecuted offences. The treatment of this offence falls within the competence of communities and district authorities. The data about the number of prosecuted offences are not yet available, and efforts will be made to acquire these data from district anti-drug coordinators.

XVII. Table 5: "Drug" offences processed by the CR Police in 1999^{vi}

Offences reported	372
Concluded by reprehension	4
Treated by on-site fine	9
Legal procedure initiated	168
Adjourned, stopped, not treated	81
Still not concluded	110
Reprehension	5
Fine up to 1.000 Kč	83
Fine 1.000 – 10.000 Kč	50
Fine 10.000 – 15.000 Kč	5
Total Kč	292.250

The available statistics of offences do not contain data on actually paid fines.

1.1.3.4 Criminal deeds associated with the use of NPS

When assessing the extent of criminal activities, the effect of NPS cannot be limited to the drug criminality alone; an important factor is the commitment of other criminal offences under the influence of NPS and in associated with their consumption.

An important area in this respect concerns **traffic accidents** that have severe consequences for the lives and health of persons participating in the accidents, and also extensive property damage.

XVIII. Table 6: Accident consequences in **vehicle drivers** that were under the influence of medicinal drugs or narcotics in 1999

Accident participation total	72
Number of dead	2
Severely injured	3
Slightly injured	10
Uninjured	57

XIX. Table 7: Accident consequences in **pedestrians** who were under the influence of medicinal drugs or narcotics in 1999

Accident participation total	20
Number of dead	1
Severely injured	5
Slightly injured	13
Uninjured	1

XX. Table 9: Accidents **caused by drivers** who were under the influence of medicinal drugs or narcotics in 1999

	<i>Motorcar driver</i>	<i>Driver of a non-motor vehicle</i>	<i>Total</i>
Number of accidents	56	3	59
Dead	0	1	1
Severely injured	4	1	5
Slightly injured	14	0	14
Material damage in Kč	2,702.800	30.200	2,733.000

XXI. Table 9: Accidents **caused by pedestrians** who were under the influence of medicinal drugs or narcotics in 1999

Number of accidents	13
Dead	0
Severely injured	4
Slightly injured	10
Material damage in Kč	137.000

1.1.3.5 Drug criminal offences according to the statistics of the CR Ministry of Justice^{vii}

1.1.3.5.1 According to the data from public prosecutors

XXII. Table 10: Drug criminal offences, § 187 of penal law, 1998-1999 under the jurisdiction of public prosecutor's offices

	1998	1st half-year1999	1999 total
Concluded (persons)	1266	657	1385
Criminal offences	1352	915	1834
Adjourned according to penal law § 159	81	45	85
Prosecuted persons	1185	612	1300
Indicted persons	1029	516	1102
Prosecution stopped	121	77	162
prosecution adjourned	35	19	36
Settlement proposal	0	0	0

XIII. Table 11: Drug criminal offences, § 187a of penal law, 1998-1999 under the jurisdiction of public prosecutor's offices

	1998	1st half-year1999	1999 total
Concluded (persons)		44	137
Criminal offences		45	139
Adjourned according to penal law § 159		4	7
Prosecuted persons		40	130
Indicted persons		38	115
Prosecution stopped		2	11
Prosecution adjourned		0	4
Settlement proposal		0	0

XIV. Table 12: Drug criminal offences, § 188 of penal law, 1998-1999 under the jurisdiction of public prosecutor's offices

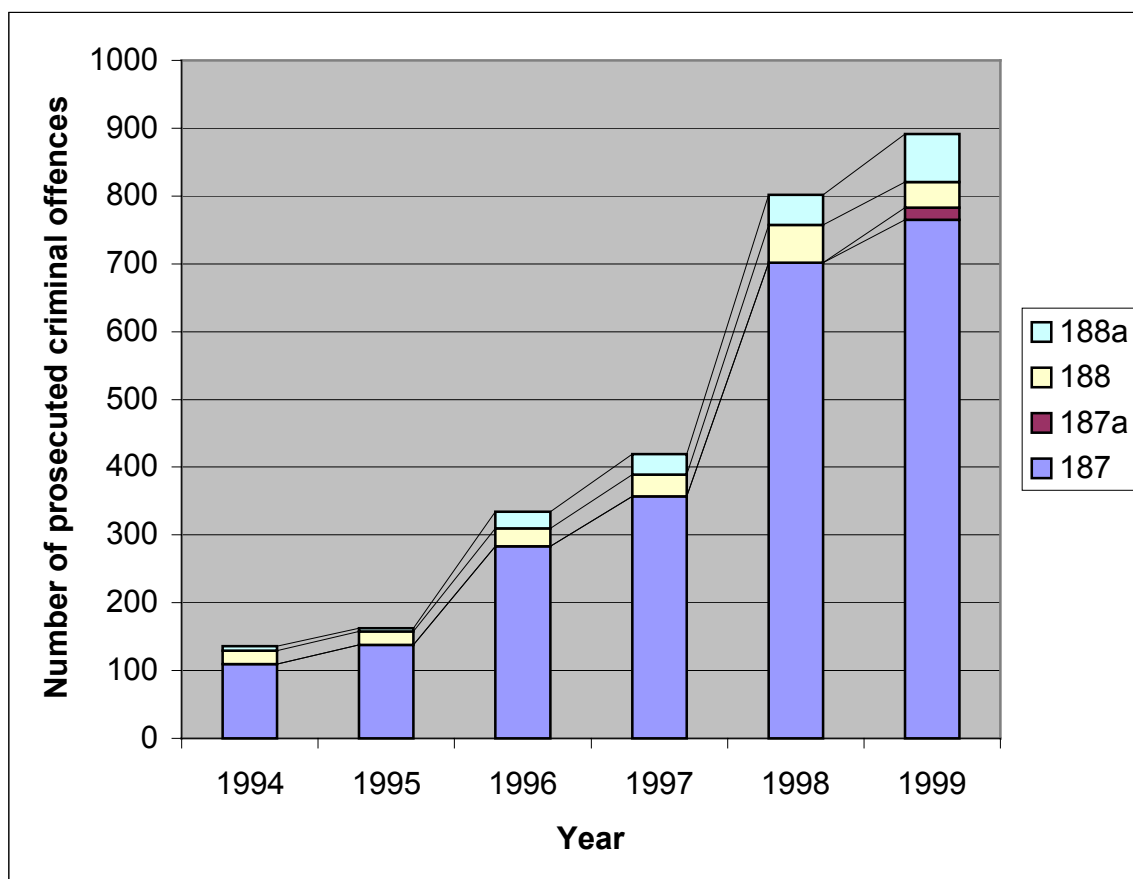
	1998	1st half-year1999	1999 total
Concludede (persons)	188	70	145
Criminal offences	202	77	154
Adjourned according to penal law § 159	4	3	4
Prosecuted persons	184	67	141
Indicted persons	159	56	119
Prosecution stopped	14	9	19
Prosecution adjourned	11	2	3
Settlement proposal	0	0	0

XV. Table 13: Drug criminal offences, § 188a of penal law, 1998-1999 under the jurisdiction of public prosecutor's offices

	1998	1st half-year1999	1999 total
Concluded (persons)	515	301	605
Criminal offences	574	346	670
Adjourned according to penal law § 159	108	47	92
Prosecuted persons	407	254	513
Indicted persons	342	219	429
Prosecution stopped	59	31	72
Prosecution adjourned	6	4	12
Settlement proposal	0	0	0

1.1.3.5.2 According to the court data

XXVI. Fig. 13: Development of the number of criminal offences in 1994-1999



XXVII. Table 14: Drug criminal offences, § 187 of penal law, prosecuted by courts in 1998-1999

	1998	1st half-year 1999	1999 total
Criminal offences (total)	812	411	835
Condemned persons	702	379	765
out of this other drugs	241	139	251
Unconditional penalties total	279	143	279
up to 1 year	75	35	63
1 – 5	180	95	192
5 – 15	24	13	24
more than 15	0	0	0
life term	0	0	0
life term	358	211	432
Conditional penalties	0	0	0
Activity ban	17	1	4
Fine	15	9	23
Public labour	1	0	0
Other penalty	32	15	27
Penalty desisted			
Penalties combined with other penalties	130	61	117
- activity ban	1	1	2
- fine	14	7	8
- other penalty	115	53	107
Preventive treatment total	63	22	50
- alcoholism	2	0	2
- drug addiction	60	22	48
- other	1	0	0
Protective correction	0	0	0
Acquitted	33	11	29
Stopped	16	12	32
Forwarded	5	0	0

XXVIII. Table 15: Drug criminal offences, § 187a of penal law, prosecuted by courts in 1998-1999

	1998	1st half-year1999	1999 total
Criminal offences (total)		5	26
Condemned persons out of this other drugs		4	18
		3	10
Unconditional penalties total		3	11
up to 1 year		3	10
1 – 5		0	1
5 – 15		0	0
more than 15		0	0
life term		0	3
Conditional penalties		0	0
Activity ban		0	1
Fine		0	2
Public labour		1	1
Other penalty		0	0
Penalty desisted			
Penalties combined with other penalties		2	9
- activity ban		0	0
- fine		0	0
- other penalty		2	0
Preventive treatment total		0	0
- alcoholism		0	0
- drug addiction		0	0
- other		0	0
Protective correction		0	0
			0
Acquitted		0	1
Stopped		0	3
Forwarded		0	0

XXIX. Table 16: Drug criminal offences, § 188 of penal law, prosecuted by courts in 1998-1999

	1998	1st half-year1999	1999 total
Criminal offences (total)	172	63	114
Condemned persons out of this other drugs	55	19	38
	16	3	10
Unconditional penalties total	8	4	7
up to 1 year	1	3	3
1 – 5	7	1	4
5 – 15	0	0	0
more than 15	0	0	0
life term	41	15	26
Conditional penalties	0	0	0
Activity ban	1	0	1
Fine	3	0	2
Public labour	0	0	1
Other penalty	2	0	1
Penalty desisted			
Penalties combined with other penalties	9	1	3
- activity ban	1	0	0
- fine	0	0	0
- other penalty	8	1	3
Preventive treatment total	2	0	3
- alcoholism	0	0	1
- drug addiction	2	0	2
- other	0	0	0
Protective correction	0	1	1
Acquitted	4	0	1
Stopped	48	3	8
Forwarded	0	0	0

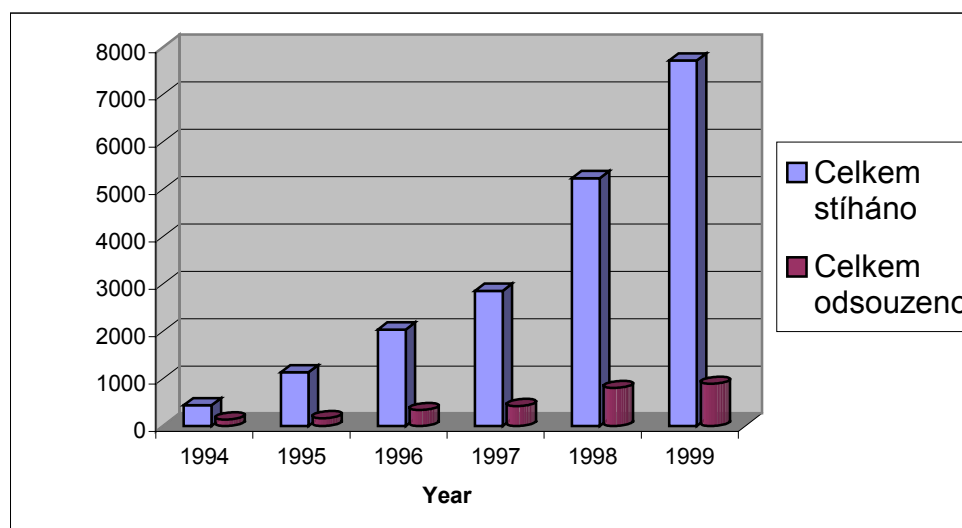
XXX. Table 17: Drug criminal offences, § 188a of penal law, prosecuted by courts in 1998-1999

	1998	1st half-year 1999	1999 total
Criminal offences (total)	150	131	273
Condemned persons	45	37	70
out of this other drugs	20	21	41
Unconditional penalties total	1	4	6
up to 1 year	1	3	4
1 – 5	0	1	2
5 – 15	0	0	0
more than 15	0	0	0
life term	35	27	46
Conditional penalties	0	0	0
Activity ban	1	0	0
Fine	1	3	6
Public labour	0	0	0
Other penalty	7	3	12
Penalty desisted			
Penalties combined with other penalties	3	3	5
- activity ban	0	0	0
- fine	0	0	0
- other penalty	3	3	5
Preventive treatment total	4	0	3
- alcoholism	1	0	0
- drug addiction	2	0	3
- other	1	0	0
Protective correction	0	0	0
Acquitted	4	2	4
Stopped	8	1	3
Forwarded	0	0	0

1.1.3.6 Summary trends in the field of criminal law

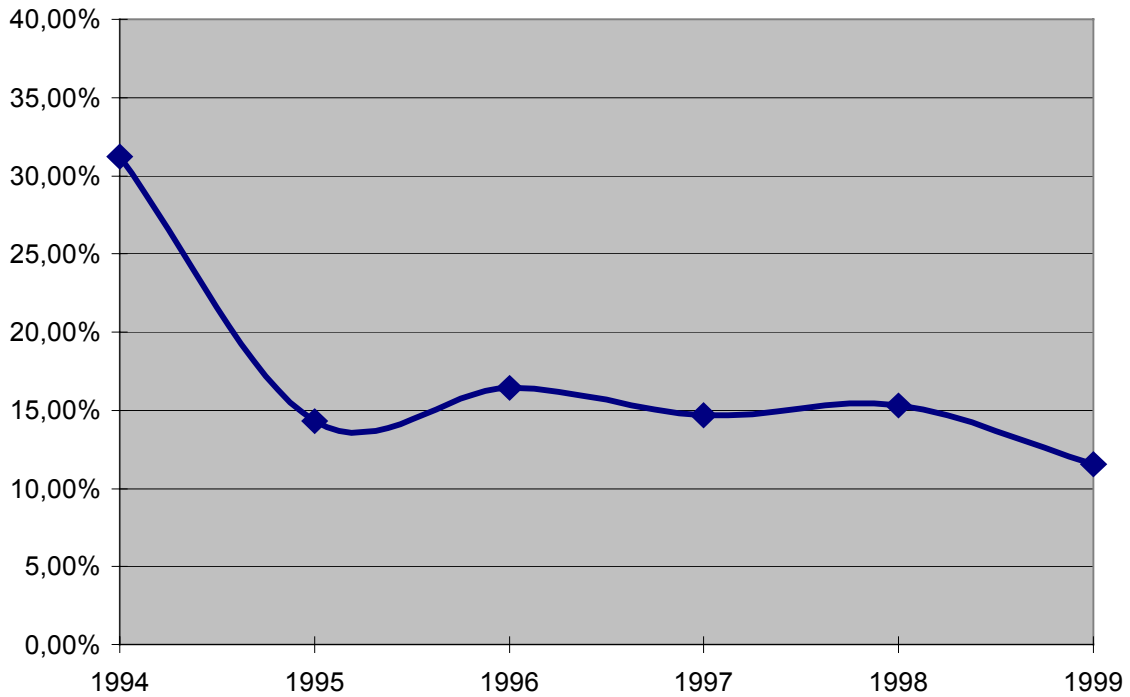
Although the evaluation of court and public prosecutors' statistics involves a certain time lag relative to the evaluation performed by the CR Police, caused by the longer duration of the criminal court proceedings (two-instance prosecution, etc.), it is interesting, especially over prolonged periods, to compare the "accomplished" and "sentenced" criminal offences according to all sections of §187 and 188 for current years.

XXXXI. Fig. 14: Development of the number of accomplished and sentenced criminal offences in 1994-1999



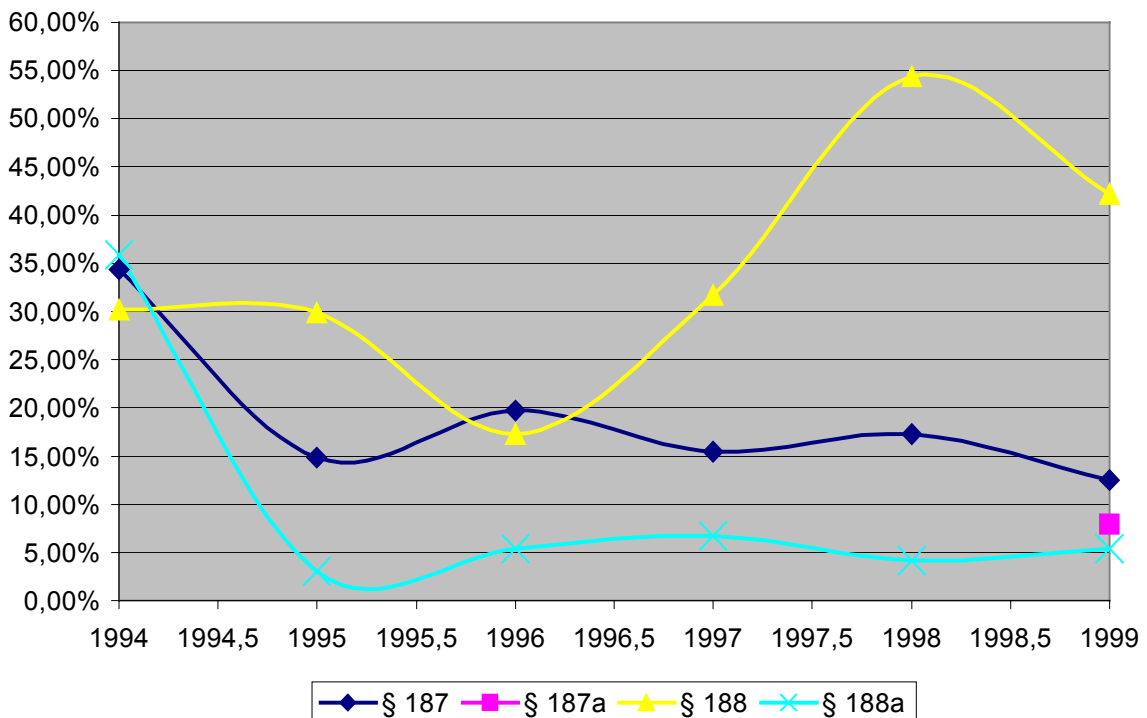
A better overview of the development of efficiency of police work in relation to cases that have been concluded in court can be obtained by introducing an indicator constructed as a ratio of sentenced cases in the denominator and accomplished cases in the numerator.

XXXII. Fig. 15: Uncorrected indicator of efficiency (police/courts)



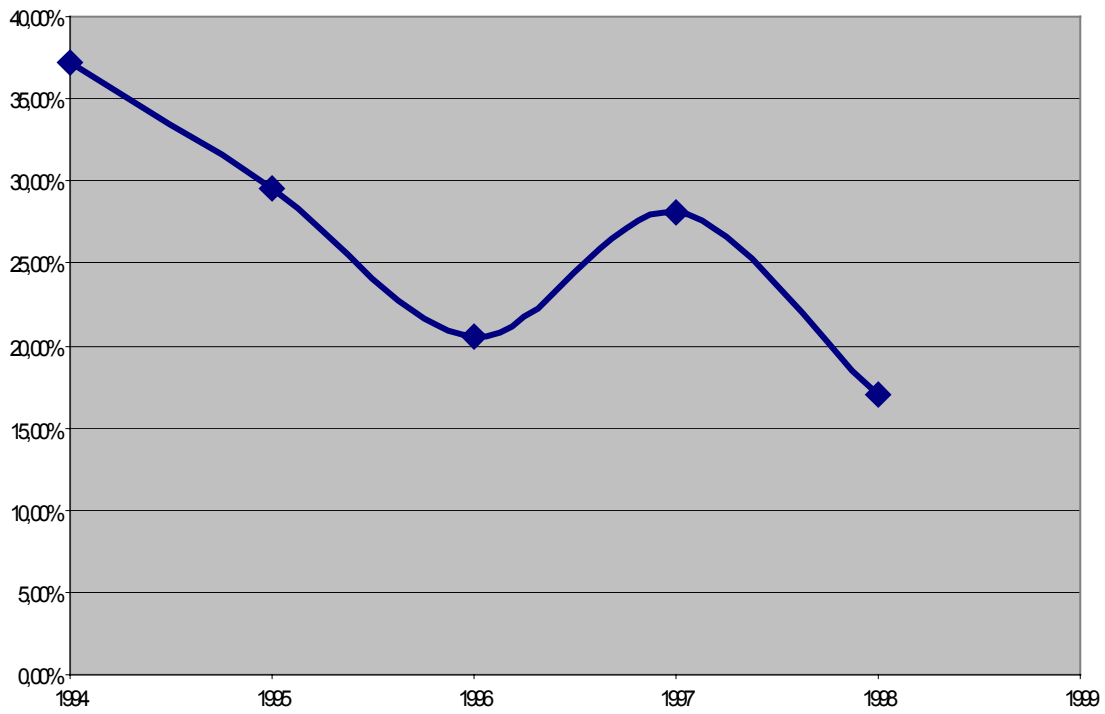
Similar graphs can be constructed for each of the “drug paragraphs” separately

XXXIII. Fig. 16: Uncorrected indicator of efficiency for individual criminal offences

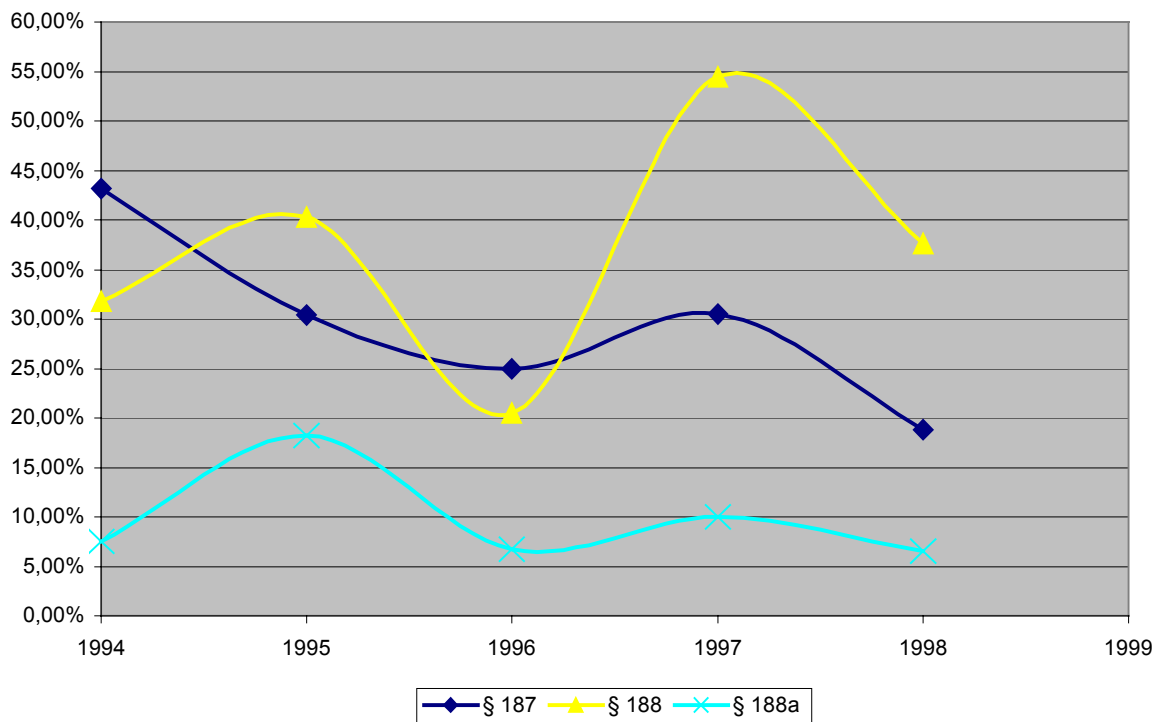


It is clear that the statement value of this uncorrected indicator is very low if used as an evaluating criterion of the *intervention* that has changed the environment. One of the tasks of the quantitative part of the PAD study will be, based on expert standpoints and documentation summaries, to determine the correlation coefficient of an average duration of criminal court proceedings. The introduction of this coefficient will increase the credibility of the proposed indicator. For the sake of clarity we enclose the graphs for a correlation factor of +1.

XXXIV. Fig. 17 Corrected indicator of efficiency (courts/police); correlation +1 year



XXXV. Fig. 18: Corrected indicator of efficiency for individual criminal offences; correlation +1 year



2. ILLICIT MANUFACTURE AND DISTRIBUTION

2.1. HEROIN

The majority of heroin confiscated in the Czech Republic comes from Southeast Asia. Central Asia becomes increasingly a transit region for heroin destined for Russia or for EU countries, where it is currently transported by the “Balkans route”. The transit of heroin across the Czech Republic takes place mostly via the routes from Hungary and Slovakia or from Russia via Baltic States and Poland, with the possibility of outlets to Germany or Austria. New trends have been detected, especially the transfer of heroin via the eastern branch of the Balkans route, i.e. via Russia and Poland, over our territory to Austria and further to Italy.

The dominant groups of organisers in the heroin trade are from Turkey and Kosovo Albanians. A number of organisers of the international trade residing in the Czech Republic are fugitives from countries where they were prosecuted for similar criminal activities. This unambiguously documents the “advantages” of taking refuge in the Czech Republic and the low probability of detection. Despite this, the authorities were in some cases successful in exposing persons very highly positioned in criminal organisations.

The extent of participation of citizens of the Czech Republic into the illicit heroin traffic increases, their economic status rises and so does the number of couriers and auxiliary agents (persons renting flats, owning fictitious phones, cars, companies, etc.) involved in this traffic.

An important change has occurred with the appearance on the market of the so-called “white heroin” whose consumption led to a considerable number of cases of overdose.

2.2. COCAINE

A rising trend in its smuggling into the Czech Republic was documented in 1999, especially for the purpose of its subsequent re-export into EU countries. The majority of cocaine intercepted in the Czech Republic comes from Columbia, with the Caribbean area as a transit zone. The drug is transported into this country mostly in containers, in trucks or aeroplanes.

The first signals of the conspicuous rise in a new trend – transport in letters and small packets (to so-called “unwitting” recipients, i.e. persons who had no knowledge about the actual contents of the packets and the consignment was taken from them for the real addressee) have not been confirmed and this type of traffic has not set in with expected intensity. The illicit trade proceeds with an ever-increasing participation of Albanians from Kosovo.

Direct smuggling of cocaine is exceptional. The largest proportion of the consignments transported into the Czech Republic or transferred across the country are large lots of several tens of kilograms organised by Czech citizens and transported in shipments of common commercial goods.

2.3. SYNTHETIC DRUGS

The year 1999 witnessed an increased number of elucidated cases connected with illicit traffic with synthetic drugs, mostly of the methamphetamine type – pervitin, Pervitin belongs among synthetic drugs of Czech provenance and thanks the international “renown” of Czech illicit laboratories its popularity among consumers rises even in foreign illegal markets. This fact rises the demand of this drug, which currently exceeds the supply. Accordingly, pervitin producers try to increase the production, which leads to a subsequent increase in the demand for the precursors and chemical substances needed for its illicit manufacture.

The number of cleared-up cases of ecstasy (XTC) or amphetamine smuggling is decreasing. The majority of couriers are Czech nationals transporting drug shipments hidden mostly in personal cars.

The latest trend in the development of illicit manufacture of synthetic drugs is directed towards displacement of the production into countries with more liberal legislature. The production of pervitin is assumed to be shifted to Poland, the drug being transported back to the Czech Republic directly to target consumers.

Amphetamine shipments of several kilograms of conceivably Czech origin were intercepted in north European countries. However, the frequency of these interceptions has decreased considerably.

The institution of several changes in the security measures concerning the production and storage of ephedrine, increased surveillance and control by the NPS Inspection and introduction of more strict permit procedure practically prevented the “invisible leak” of ephedrine in years 1997/98. This resulted in a virtual unavailability of ephedrine on the black market. At present, pervitin is manufactured:

- from stockpiles obtained before these measures came into force,
- from ephedrine obtained by classical burglaries,
- from ephedrine imported into the Czech Republic from abroad,
- from over-the-counter medical drugs containing ephedrine or pseudoephedrine.

2.4. ECSTASY

The situation around this drug has not changed as to the place and amount of abuse. Signals and data on the production in the Czech Republic are not available.

2.5. HASHISH

Shipments of 100 kg or more from north and central Africa pass through intermediary stores in the Czech Republic and are subsequently re-exported to west Europe, especially to Great Britain and Scandinavian countries.

The illicit trafficking is conducted mostly by Czech, Slovak and Dutch nationals. These persons have a good knowledge of conspirative work with the use of internet data transfers, and have considerable financial resources.

2.6. CANNABIS

The main suppliers are African countries and Thailand.

Growing of marihuana for own personal use in the Czech Republic is relatively common; no cases of extensive trafficking in the Czech territory have been discovered.

ⁱ **Literature for Chapter 1:**

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AN ANALYSIS OF THE CURRENT STATE OF THE NATIONAL DRUG POLICY

The preparation of the National Drug Policy National Strategy 2001-2004 is based on a description of the current situation in seven defined areas (primary prevention, treatment and re-socialisation, legislation and drug supply reduction, financing of drug policy, professional education, international co-operation, co-ordination of drug policy).

The method chosen for this purpose was SWOT analysis, that is, a structured method, whereby we have attempted in individual working groups to characterise the predefined areas and to map out the internal and external factors affecting the drug policy in the Czech Republic. The SWOT abbreviation is an English acronym, where:

S (the initial letter of the word „*Strengths*”), i.e., describes the identified strengths of the current drug policy;

W (the initial letter of the term „*Weaknesses*”), describes the weak aspects of the current drug policy;

O (the initial letter of the expression „*Opportunities*”), i.e., defines the opportunities available in the area of drug policy with a view to future;

T (the initial letter of the concept „*Threats*”), i.e., defines what threats may loom for the implementation of the drug policy in the future.

SWOT analysis provides a description of how drug policy is perceived at a given moment by the staff members of the responsible departments, drug policy co-ordinators, representatives of the professional public as well as non-governmental organisations active in the Czech Republic. It serves as the basis for decision making on the path to take in the future, i.e., what strategy to adopt for the drug policy. **The Board of representatives of ministries has chosen the WO (*Weaknesses/Opportunities*) strategy, i.e., a strategy aimed at eliminating the weak aspects with the use of the opportunities as defined.** The priorities defined by members of the working groups in the weak and strong aspects of opportunities and threats, in the individual areas of the drug policy are printed in bold type in the individual SWOT analyses.

What on the one hand is assessed as a strength or an opportunity may at the same time be perceived, for instance, due to its insufficient functionality, as a weakness, or a threat. In such a case what is important is to preserve the quality that ranks the given area within the strengths and eliminate the part that ranks the given area among the weaknesses. For instance, joining the EU is among opportunities from the point of view of unifying approaches, exchanging experiences and enhancing co-operation; at the same time, it may present a threat, because it means, for example, the removal of formal borders, which will surely make the work of the customs officers more difficult.

Drug policy is multidisciplinary in nature. The problem of drug use is affected by a series of internal and external factors of a social, educational, health or economic character, as well as by, for example family factors or personal predisposition of the individual. It cannot therefore be resolved by partial measures, but rather by means of comprehensive interdisciplinary, interdepartmental and inter-sectorial activities. This fact is evident also in the SWOT analyses conducted in the individual areas of drug policy. Among the weaknesses listed in the area of legislation and its application is, for instance, the inadequate capacity for the healing of additions, which specifically belongs in the area of treatment and re-socialisation. For this reason it is, for example, unthinkable that legal repression in the area of the use of illegal drugs would improve without the establishment of the corresponding capacities for the treatment of drug addicts to drugs within the prisons as well as outside.

5.1. SWOT ANALYSIS IN THE PRIMARY PREVENTION AREA

strengths	weaknesses
<ul style="list-style-type: none"> ▪ Comprehensive nature of primary prevention, its extent and reach ▪ Support by the government ▪ The acceptance of prevention by society ▪ Institutional prevention network ▪ Human resources and their potential ▪ Focus of prevention on lower age groups ▪ School facilities for the implementation of primary prevention ▪ The positive character of primary prevention ▪ The low costs of primary prevention 	<ul style="list-style-type: none"> ▪ Uniform criteria for the evaluation of the quality and effectiveness of the programmes ▪ Accreditation of primary prevention programmes ▪ Education, motivation and knowledge of educators ▪ Specification of professional standards in the field of primary prevention ▪ Specification of financial standards in the field of primary prevention ▪ Preventive activity with respect to young people over 15 years of age, not attending school ▪ Scope and interconnection, co-ordination of preventive activities ▪ Formal approach to the implementation of primary prevention programmes ▪ Lack of financial means for securing the implementation of prevention programmes ▪ Conditions for the work of prevention methodologists in the schools
opportunities	threats
<ul style="list-style-type: none"> ▪ The concept of drug policy and its fulfilment ▪ Objective information provided to the public ▪ The attitude of politicians ▪ The attitude of society, exploitations of its potential ▪ The development of civic society – broad engagement in preventive activity ▪ Public administration reform ▪ Science and research ▪ Legislation and its application ▪ International co-operation and its impact 	<ul style="list-style-type: none"> ▪ Oversaturation with unsuitable types of preventive programmes ▪ Lobbyism by interest groups, corruption ▪ Unsystematic implementation of the public administration reform—decentralisation process ▪ Pro-drug attitude of society and tolerance of legal and illegal drugs ▪ Budget, cuts, insufficient funding ▪ Political instability ▪ Growth in risk factors ▪ International influences ▪ Politicisation of drug use issues ▪ Legislation and its application ▪ EU entry

Analysis of the current situation

WEAKNESSES

A major drawback of the current situation may be considered to be the non-existence of a uniform conception of primary prevention, of uniform criteria for the evaluation of the quality and effectiveness of the programmes, as well as the non-existence of a system of accreditation of primary prevention programmes. This leads to a fractionalism of the preventive activity, the non-uniform activity of those implementing the programmes, and often to a merely formal fulfilment of the tasks in the area of prevention. The implementation of prevention in the schools and school facilities has not been systematically secured, for a long time there has been little success in involving parents of today's children in prevention activities, prevention programmes based on local communities are developing only with difficulty. Sufficient attention is not being devoted to the prevention of the use of tobacco products and alcohol by children, including the prohibition of advertising and promotion of these products in the mass media.

STRENGTHS

The availability of a wide range of primary prevention programmes and the huge potential of the persons implementing it, their accessibility for the identified target groups, the preventive activities enjoy government support and are perceived in a positive light by the general public. Recently there has been a marked improvement in the school facilities for the implementation of primary prevention programmes, which are increasingly focusing, by means of education for a healthy lifestyle, on pre-school age children.

OPPORTUNITIES

May be seen particularly in the ongoing changes in society, including the public administration reform currently underway, which lead to the development of civic society and the transfer of responsibility for the quality of life of society to the local level and to citizens. The

coming accession to the EU may help in gaining and exchanging experiences in the area of prevention activity, the use of financial assistance on the part of the European Commission and the engagement of new information technologies in the prevention of drug use.

THREATS/ RISKS

Among the risks can be reckoned the highly tolerant attitude of society and of politicians to the consumption of tobacco products and alcohol. The implementation of high-quality primary prevention is also threatened by the relative oversaturation by various types of programmes, which at the present time may be offered by anyone without the need to demonstrate professional qualifications or the quality of the programmes offered. A threat may also be seen in the pro-drug attitude of the young generation, as well as the politicisation of the issue—political populism—which leads to a distortion and oversimplification of reality. Equally problematic is the practical application of drug legislation, which makes it more difficult to intercept experimentation with drugs at an early stage.

5.2. SWOT ANALYSIS IN THE AREA OF TREATMENT AND RE-SOCIALISATION

strengths	weaknesses
<ul style="list-style-type: none"> ▪ Acceptance of treatment and re-socialisation by society ▪ The existence of dedicated funds in the state budget ▪ The position of the National Drug Commission at the Cabinet level ▪ The potential of its staff members ▪ The participation of NGOs´ ▪ Accreditation standards of facilities providing treatment programmes ▪ The development of substitution ▪ Interest in the profession ▪ An adequate network of Harm-reduction programmes, drop-in centres, therapeutic communities 	<ul style="list-style-type: none"> ▪ Inadequate co-ordination and linkage at the interdepartmental and local levels ▪ Policy of subsidies ▪ Lack of accreditation ▪ Lack of financial standards ▪ Unrealistic nature of cabinet resolutions in relation to the funds appropriated ▪ Scarcity of qualified personnel and scarcity of educational opportunities ▪ Missing links in the network (out-patient care and after-care) ▪ International co-operation ▪ Media policy
Opportunities	threats
<ul style="list-style-type: none"> ▪ Positive changes in the legislation ▪ Completion of the accreditation system ▪ Public administration reform ▪ Experience of NGOs´ with the new programmes and their inclusion in the social-care system ▪ Equalisation of conditions of GO and NGO ▪ The potential of government agencies and organisations, including institutions of higher learning ▪ Utilisation of model projects, experiences ▪ Monitoring of incidence ▪ EU accession (know -how) 	<ul style="list-style-type: none"> ▪ Bad system (co-operation, communication, legislation) ▪ Insufficient financial means ▪ Bureaucracy ▪ Setting of unrealistic legislative tasks ▪ Scarcity of experts—specialised consulting ▪ Discontinuation of programmes for lack of management ▪ The cabinet’s attitude to the non-profit sector

Analysis of the current situation

WEAKNESSES

In the area of treatment and re-socialisation, these consist in the co-ordination and linkage on the horizontal as well as vertical level. Financing in the given area is based on an ineffective subsidy system, which, along with an unsystematic appropriation and allocation of funds for the maintenance of a system of services, gives rise to an unstable environment. Care providers do not have equitable conditions for obtaining funding for the implementation of programmes, such as would be based on an evaluation of the quality of the services provided. No accreditation system or financial standards exist for the purchase of services on the part of the government. Programmes are contending with a scarcity of qualified personnel, the educational opportunities are inadequate. Some types of services for specific target groups are lacking or their level does not correspond to current needs.

STRENGTHS

The minimum network of Harm reduction programmes, low-threshold drop-in centres and therapeutic communities is adequate. There are resources in the state budget earmarked for the support of treatment and re-socialisation programmes, work in the given area is attractive, in

particular for young people. In the Czech Republic there exists instruments of drug policy co-ordination — the National Drug Commission and a network of drug policy co-ordinators, which provide for the transfer and implementation of the tasks of drug policy from the central to the local level. An important part of the services in the area of treatment and re-socialisation is being provided by the non-governmental sector, which has a considerable potential in terms of trained staff and professionals. Accreditation standards of the facilities providing treatment care have been established and are about to be introduced in practice.

OPPORTUNITIES

May be seen in the legislative changes in preparation (the social services act, the health care act), the public administration reform being implemented, the social services reform in preparation and the introduction of an accreditation system. A further benefit are the experiences of the non-governmental sector with new types of programmes and their inclusion in the current system social care system. In the same way the potential of government agencies and organisations and the opportunities for applying the model projects and experiences of the EU member countries.

THREATS/ RISKS

Among the risks is a lack of funds essential for operating current programmes and developing the types of programmes that are lacking, which may have as one of its consequences the departure of professionals from the area of treatment and re-socialisation of drug addicts. A further threat is presented by the current non-functioning system, clashing against barriers and conflicts hindering interdisciplinary and inter-sector co-operation and communications. The stability of the environment is also not enhanced by the setting of unrealistic objectives in the area of drug policy, centralism and bureaucracy in the area of the mapping, planning and meeting the needs of specific target groups.

5.3. SWOT ANALYSIS IN THE AREA OF LEGISLATION AND DRUG SUPPLY REDUCTION

strengths	weaknesses
<ul style="list-style-type: none"> ▪ International co-operation ▪ Respect of foreign partners ▪ Long-term experiences and professional standards ▪ Monitoring of production and distribution of precursors ▪ Internal interdepartmental co-operation ▪ Good legislation (Customs Service and IOPL) ▪ Participation of GO and NGO in the given issues and widely ramified activities 	<ul style="list-style-type: none"> ▪ Bad media policy ▪ Incompletely elaborated legislation and application practice ▪ Inadequate differentiation of drugs based on their threat to society ▪ Non-uniform activity in the area of primary prevention ▪ Inadequate capacity for the treatment of addicts ▪ Inadequate personnel and technical resources ▪ Dual-track management of police units in the fight against drug distribution ▪ Inadequate linguistic facilities ▪ Missing information system ▪ Lack of penitentiary and post-penitentiary care ▪ Bad co-operation between GO and NGO ▪ Inadequate educational system
opportunities	threats
<ul style="list-style-type: none"> ▪ Conception for the 2001 – 2004 period ▪ Utilisation of experiences from abroad ▪ A functional probation service ▪ Legislation (civil service act, the penal code, the health care act, etc.) ▪ Construction of an information system ▪ Support for foreign organisations PHARE, UNDCP ▪ Change in subsidy policy ▪ Membership in international organisations ▪ International co-operation ▪ Experience 	<ul style="list-style-type: none"> ▪ Imbalance between prevention and repression ▪ Scarcity of funds ▪ Playing down of health risks ▪ Cancellation/opening of borders ▪ Visa and asylum policy ▪ Heavy-handed and protracted penal proceedings ▪ Underestimation of prevention ▪ Underestimation of media policy ▪ Growth in the crime rate and organised crime—“a safe haven” for it in the Czech Republic ▪ A tolerant attitude by society towards drugs (including legal drugs) ▪ Failure to stipulate safety priorities ▪ Illegal migration ▪ Delay in admission to the EU ▪ New natural drugs

Analysis of the current situation

WEAKNESSES

The current legislation does not include all effective instruments focused on a more effective fight against organised drug crime; for this reason our country is relatively “safe” for the organised drug trade. A further weakness is the current legislation and its application in practice in relation to the treatment of drug users, including the insufficient differentiation of drugs according to the degree of the social and health risks, inadequate development and application of the sanctions of alternative punishments in place of imprisonment. Closely related to this is the state of personal security and technical facilities, as well as the inadequate capacity for the treatment of addicts, particularly as part of serving a sentence. A major weakness identified in this area was a bad media policy.

STRENGTHS

In the area of drug supply reduction, there are long-term experience and the professional standard of the staff, internal interdepartmental as well as international co-operation in investigating and fighting organised drug crime. The above-mentioned facts and legislation in the field of monitoring of the production and distribution of precursors and other illegal substances has led to recognition and respect on the part of partners from abroad.

OPPORTUNITIES

An opportunity for attaining the needed changes in the field of legislation and its application is the conception of drug policy currently in preparation, the legislative changes currently underway as well as the use of foreign experiences and support with the scope of our approximation to the EU. Equally advantageous is our representation in international organisations and co-operative programmes, which should culminate in the near future in the construction of a corresponding information system for the given area.

THREATS/ RISKS

Among the risks is the possible change of approach to the drug problems in a direction away from a balance between drug supply and drug demand reduction, the disappearance of state borders after our accession to the EU, or the appropriation of an adequate level of funds for the drug policy. Also dangerous is the downplaying of health and social risks connected with the use of drugs (including legal drugs), connected with the underestimation of prevention and a media policy presenting a clear drug attitude. From the point of view of organised crime a sensitive area is the visa and asylum policy.

5.4. SWOT ANALYSIS IN THE AREA OF THE FINANCING OF DRUG POLICY

strengths	weaknesses
<ul style="list-style-type: none"> ▪ Relative availability of key services and resources for development programmes ▪ Current funding system including co-ordination mechanisms ▪ Relative sufficiency of funds ▪ Targeting of subsidies (quality and effectiveness) ▪ Human potential, resources ▪ Capacity for monitoring 	<ul style="list-style-type: none"> ▪ Monitoring and assessment of effectiveness ▪ Lack of a system of long-term funding ▪ Centralism ▪ Level of public awareness ▪ Legislative-administrative complexity ▪ Fractionalism – redistribution of funds ▪ Current subsidy system ▪ Human resources
opportunities	threats
<ul style="list-style-type: none"> ▪ National Drug Policy Strategy 2001–2004 ▪ Approximation to the European Union and the utilisation of structural funds ▪ Economic revival ▪ Interest on the part of the public ▪ Interest on the part of politicians ▪ Interest on the part of the private sector ▪ Public administration reform 	<ul style="list-style-type: none"> ▪ Restrictive budgetary policy ▪ Attitude of the politicians ▪ Public administration reform ▪ Lobbyism ▪ Legislation ▪ Recession ▪ Departure of professionals ▪ Failure to meet the requirements for EU accession (integration system) ▪ Unbalanced approach

Analysis of the current situation

WEAKNESSES

A major deficiency of the current situation may be seen in the fact that the financing of governmental and non-governmental entities providing drug policy services¹ is separate and the providers thus do not have equal access to funds. Under the present situation it is possible to finance these services on the basis of the available capacity rather than based on need. Also inadequate is the current way of tracking the effectiveness of the funds expended. The current situation is further complicated by excessive centralisation of the funding system and the non-existence of legislative conditions for long-term funding.

STRENGTHS

An indisputable advantage of the current situation in the area of the drug policy funding is the existence of funding system including the co-ordinative and organisational mechanisms for its application, which are in place. Also significant is the appropriation of funds specifically earmarked for the implementation of an drug policy, thanks to which the key services are relatively well secured and even funding for development programmes is partly secured (even if not on the basis of need). A further benefit in this area are the continuing efforts at achieving the targeting of subsidies with the objective of supporting quality and effectiveness.

OPPORTUNITIES

Our time also provides many opportunities. The continuing process of approximation to the EU offers to opportunity to make use of the EU's structural funds and the sharing of common principles in this area. A further opportunity is provided by the ongoing reform of the public administration and the preparation of the National Drug Policy Strategy 2001-2004. A further opportunity in this area is the economic recovery in our society, the interest on the part of politicians in the drug policy area, as well as the possibility of using thus far unused sources of funding. For example, the difference in income for the advertising and sale of alcohol and tobacco products or resources gained by means of the confiscation of proceeds coming from drug-related criminal activity.

THREATS/ RISKS

Among the risks to be considered is the possible blockage of budgetary means on the part of the Ministry of Finance and the continuing lobbying pressures by the representatives of various interest groups. A further threat is the attitude of the politicians and the general public, which does not consider the services of the drug policy as sufficiently useful and necessary. The reform of the public administration and its final form may also result in the creation of an effective system of financing of an drug policy.

5.5. SWOT ANALYSIS IN THE AREA OF PROFESSIONAL EDUCATION

strengths	Weaknesses
<ul style="list-style-type: none"> ▪ Motivation for education ▪ Support in the Strategy ▪ Interdisciplinary contacts ▪ Utilisation of international experience ▪ Adequate information ▪ Wide offer of programmes ▪ Quality of educators ▪ Wide spectrum of recipients ▪ Contribution to practical development ▪ National tradition ▪ Broad basis of educators 	<ul style="list-style-type: none"> ▪ Fractionalism, lack of co-ordination, unsystematic approach ▪ Lack of an institutional framework ▪ Information/skills/attitudes ▪ Low legal awareness ▪ Government-sponsored educational activities ▪ Not adequate to the demand ▪ Quality criteria ▪ Low financial motivation for education ▪ Funding (allocations) ▪ Capacity of qualified educators ▪ Involvement by institutions of higher learning ▪ Lack of quality teaching materials ▪ Not commensurate to need ▪ Low social standing ▪ Lack of information (what is going on)
opportunities	threats

¹ By the concept of drug policy services we mean sets of activities through which primary, secondary and tertiary prevention is implemented.

<ul style="list-style-type: none"> ▪ National Strategy 2001–2004 ▪ Interdisciplinary contacts ▪ Willingness to change ▪ Political atmosphere ▪ New educational methods ▪ Objective information, rational problem solving ▪ Exchange of information ▪ Development of information technologies ▪ Scientific developments ▪ Experience gained ▪ Long-term perspective ▪ Increasing professional level (competitive environment) ▪ Work opportunities ▪ International contacts ▪ Self-education, educating others ▪ EU accession ▪ Educational system reform 	<ul style="list-style-type: none"> ▪ Monopolisation ▪ Lobby system ▪ Commercialisation ▪ Change in the political atmosphere ▪ Lack of financing ▪ Media attitudes ▪ Loss of a balanced approach ▪ Simplification of the problem ▪ Increased tolerance to drugs ▪ Difficult demonstration of effectiveness ▪ Loss of motivation ▪ Departmental self-interest ▪ Scientific developments ▪ Development of information technologies ▪ Regimentation of the educational model ▪ Penetration of organised crime into public administration
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Analysis of the current situation

WEAKNESSES

The area of professional education is lacking the structure of the system, the definitions of individual activities and their weight. The current educational programmes are lacking support, that would clearly specify what the attendees will gain by completing the courses. Obtaining higher education is not accompanied by a corresponding career growth, prestige, or financial rewards. The current circle of educators in the field of drug-related issues is inadequate and relatively closed, the programmes are often put together with an emphasis on their attractiveness to the detriment of quality, some of them are financially unaffordable. No quality criteria have been set for the educational programmes.

STRENGTHS

Most of the employees in the area of drug-related issues is motivated for further education, the programmes are put together in an interdisciplinary manner, a high quality base of educators exists with commensurate practical as well as foreign experience. Education has a long tradition in our country, access to information is very good thanks to international co-operation and support from abroad.

OPPORTUNITIES

For the optimum development of professional education, an opportunity is presented by the Drug Policy Strategy, developing interdepartmental and international contacts, providing opportunities for an ongoing exchange of experiences and the preparation of an educational curriculum within the scope of the Council of Europe's Pompidou Group Project—Drug Demand Reduction Staff Training Project II. A further advantage is the development of information systems and of science, new approaches and methods in the area of education, as well as the improving professional standards, which have a positive effect on the process of the development of a competitive environment.

THREATS/ RISKS

A threat to the positive development is the possible monopolisation and commercialisation of professional education, as well as a lack of funding and possible political changes, which could result in a deviation from the balanced approach to the resolution of drug-related issues.

5.6. SWOT ANALYSIS IN THE AREA OF FOREIGN COOPERATION

Strengths	weaknesses
<ul style="list-style-type: none"> ▪ Membership in key international organisations ▪ Bilateral co-operation ▪ Active participation in international organisations ▪ Recognition of our experts ▪ Reputation of the Czech Republic ▪ Application of all UN conventions 	<ul style="list-style-type: none"> ▪ Financing ▪ Language skills ▪ Human resources ▪ Communication and co-operation among departments and sectors ▪ Access to and awareness of foreign sources of information

<ul style="list-style-type: none"> ▪ Active participation in international projects ▪ Export of experts and know-how ▪ Participation in sub-regional co-operation 	<ul style="list-style-type: none"> ▪ Fluctuations (personnel policy) ▪ Relative unavailability of professional literature from abroad ▪ Observance of international accords—inflexibility of the legislative process in publishing lists ▪ Current legislation on monitoring shipments
opportunities	threats
<ul style="list-style-type: none"> ▪ EU accession ▪ Foreign support/offers (projects) ▪ Foreign funds – active search ▪ Application of drug policy in all areas—experiences from abroad, models ▪ Foreign language and professional internships/courses ▪ Amendment to the penal code ▪ State administration act ▪ Export of experts and know-how ▪ Cross-border co-operation 	<ul style="list-style-type: none"> ▪ Language barrier/lack of language skills ▪ Admission/non-admission to the EU ▪ Organised Crime – “dangerous environment” ▪ Drug tourism ▪ Ineffective and undifferentiated assistance from abroad ▪ Excessive crime rate ▪ Geographical position of the Czech Republic

Analysis of the current situation

WEAKNESSES

In the area of international co-operation, a weakness in the area of drug problems is the lack of financial resources and professionals equipped with adequate language skills. Closely connected with this is the current personnel policy, resulting in a fluctuation of professionals in the field with the requisite language skills. In relation to foreign organisations, a frequent problem is communication and co-ordination among departments and sectors, inadequate accessibility and knowledge of foreign sources of information. The area of international projects and bilateral co-operation is perceived in part as a weakness. In the interest of a co-ordinated approach in the area of foreign co-operation, all contacts should pass through the secretariat of the National Drug Commission and the Council of departmental representatives, in order for them to be accessible to all respective departments. In relation to the observance of international conventions and obligations, there is a lack of flexibility of the legislative process.

STRENGTHS

The Czech Republic is an active and respected member of all-important international organisations and takes an active part in international programmes and activities. The Czech drug policy and our professionals enjoy international recognition, and we are gradually taking part, within the scope of programmes of international co-operation, in the export of experts and of know-how to the countries of Central and Eastern Europe.

OPPORTUNITIES

A major opportunity appears to be the accession of our country to the EU, currently in preparation, which offers, besides the utilisation of support and funding from abroad, also the opportunity of foreign language and professional internships and participation in international programmes. In the area of personnel policy it is possible to anticipate the benefit from the legislative changes, currently in preparation, particularly of the law on public service.

THREATS/RISKS

Lack of language skills in the individual areas of drug policy threatens the favourable development of international co-operation, as well as foreign support and assistance. This is often in disregard of the needs and specific characteristics of our country. Both the accession of our country to the EU and the related elimination of state borders and its non-accession could have an unfavourable impact. A further disadvantage is the geographical position of the Czech Republic and the current form of its legislation, giving rise to the conditions of a “safe environment” for organised drug-related crime.

5.7. SWOT ANALYSIS IN THE AREA OF DRUG POLICY CO-ORDINATION

strengths	weaknesses
<ul style="list-style-type: none"> ▪ Interdepartmental/intersectoral/interdisciplinary co-operation ▪ Respect for professional viewpoints ▪ The existence of interdepartmental co-ordination ▪ The current network of drug policy co-ordinators ▪ Pragmatic approach ▪ System of drug policy ▪ Initiation of legislative and non-legislative changes ▪ Existence of financial resources ▪ Professionals ▪ Comparability with Europe ▪ The system and level of subsidy policy 	<ul style="list-style-type: none"> ▪ Insufficient definition of the responsibility of the departments ▪ Inflexibility and immaturity of the current co-ordinating system ▪ Legislation ▪ Conflict of interests among departments ▪ Major difference of approach to drug policy at the local level ▪ Lack of funds ▪ Lack of uniformity of approach of the departments in application practice ▪ Insufficient professionalism ▪ Isolated approach to the problem of legal drugs ▪ Vertical communications (central and local level)
opportunities	threats
<ul style="list-style-type: none"> ▪ National Strategy 2001–2004 ▪ International co-operation ▪ Public administration reform ▪ Plurality ▪ Legislative regulations ▪ Accession to European Union ▪ Educational system ▪ Political influence 	<ul style="list-style-type: none"> ▪ Political instability ▪ Politicisation of the problem/drug populism ▪ Lobbyism, particularism ▪ Lagging behind European trends in the access to the resolution of the drug policy ▪ Non-uniform quantification and qualification of Section 187a ▪ Disregard for the problem of legal drugs ▪ EU accession–Schengen accords (removal of borders) ▪ Public administration reform ▪ Inadequately established ethical principles

Analysis of the current situation

WEAKNESSES

The deficiencies of the current situation consist in the inflexibility and immaturity of the existing system of co-ordination, which to a certain extent is causing also the insufficiently clear definition of the powers and responsibilities of the departments involved. Another deficiency is the low degree of involvement of the non-governmental sector. Also unsatisfactory is the current situation in the legislative area, as a result of which there are major differences of approach to drug policy at the local level. In the field of drug policy an important factor that was identified was the isolated approach to the issues involving the use of legal drugs. Drug policy at the central as well as at the local levels is not among the political priorities, and this is having a negative impact also in the insufficient quantity of financial means appropriated for the resolution of these issues. A major deficiency is the non-participation of the Ministry of Finance, as a key department in the National Drug Commission.

STRENGTHS

The current system is balanced insofar as the relationship between co-ordination and independence of the departments, despite occasional conflict of interest among them. An indisputable advantage is not just the formal establishment of interdepartmental, interdisciplinary and inter-sectorial co-operation and co-ordination at the central and local levels, but its practical implementation as well. The Czech Republic has a network of drug policy co-ordinators set up, the existence of this system helps in the effective transmission of information and in the implementation of practical steps from the central to the local level, and vice versa. The approach of the Czech government to the issues of drug use is a pragmatic one, respects the balanced approach and multidisciplinary understanding of addiction and the drug system is, despite the weaknesses identified, comparable with the systems in effect in the advanced EU countries.

OPPORTUNITIES

An opportunity for a further improvement in the quality of the system of co-ordination and implementation of the drug policy exists in the form of a new conception based on foreign experiences and building on international co-operation. A possible contribution may

be seen also in the public administration reform being implemented and the related legislative changes that are in preparation, corresponding with EU requirements.

THREATS/ RISKS

The gradual improvement in the quality of the drug policy co-ordination system would be at risk in the event of political instability and the politicisation of the problem connected therewith, at the expense of a professional approach. This could have an impact also on our lagging behind European trends in our approach to the handling drug policy. Certain risks may also be seen in our country's accession to the EU and the related public administration reform and the opening of borders. The attainment of optimum changes in the use of drugs is seriously impaired by the tendency to belittle and disregard the problem involving the use of legal drugs on the part of the majority of the public.

5.8. SWOT ANALYSIS IN THE AREA OF DRUG POLICY CO-ORDINATION (DRUG POLICY CO-ORDINATORS WORKING GROUP)

strengths	weaknesses
<ul style="list-style-type: none"> ▪ Existence of a network of drug policy co-ordinators ▪ Existence of a concept of drug policy ▪ Regional co-operation ▪ Existence of working group of drug policy co-ordinators under the National Drug Commission ▪ Existence of non-governmental organisations ▪ Existing network of professional facilities ▪ A good level of communication among the various subjects at the local level ▪ Existing sources of funding ▪ Activity of the National Anit-Drug Headquarter unit ▪ Education of drug policy co-ordinators ▪ Communication between the National Drug Commission secretariat and the drug policy co-ordinators ▪ Increased credit of drug policy co-ordinators ▪ Rationalisation of the approach to drug issues ▪ Provision of information to the general public ▪ Co-operation with the media at the local level ▪ Public interest in drug policy 	<ul style="list-style-type: none"> ▪ Current system of the financing of drug policy ▪ Sources of funding ▪ Current position of drug policy co-ordinators ▪ Application of legislation ▪ Fundraising from local sources ▪ Position of the National Drug Commission and communication among its members ▪ Lack of co-ordination of information flows ▪ System of accreditation ▪ The role of the Ministry of Education, Youth and Sport, the position of school drug prevention co-ordinators ▪ Language skills ▪ Co-operation with local governments ▪ Educating various professional groups ▪ Current legislation ▪ Immaturity of non-governmental organisations ▪ The primary prevention system being applied ▪ Inadequate spectrum of services ▪ Prevalence studies
opportunities	threats
<ul style="list-style-type: none"> ▪ Introduction of a standard accreditation system ▪ Introduction of a system of alternative sentencing in practice ▪ Programmes for the support of employment and retraining ▪ Uniform school educational system ▪ Offer of foreign internships, study visits ▪ Expansion of the spectrum of services by missing services ▪ Foreign financial resources (EU, Euroregions) ▪ Utilisation of local resources (human, financial) ▪ Elimination of all slack from the school system ▪ Presentation of a healthy lifestyle ▪ Law enforcement ▪ Preparation of a new concept of an drug policy ▪ Setting up of non-governmental organisations ▪ Inspiration from abroad (e.g., cross-border co-operation) ▪ Development of communications, media, information ▪ Concerted use of means within regions, the country ▪ Chance to consult with experts ▪ Resolution of the position of staff in drug work ▪ Influencing public attitudes to legal drugs 	<ul style="list-style-type: none"> ▪ Public administration reform ▪ Inadequate financial resources ▪ Use of the system (entry of non-experts, sects, etc. into drug policy) ▪ Legislation and its application ▪ Inadequate spectrum of unspecific prevention programmes ▪ Lobbyism ▪ New trends in criminal activity ▪ Corruption ▪ Public aversion to drug issues ▪ EU accession ▪ Burn-out of works in the drug area ▪ "Rosy" view of the future ▪ Positive discrimination ▪ Personal relationships ▪ Professionalism of the accreditation committees ▪ Absence of after-care programmes (supplemental treatment programmes) ▪ Lack of experts ▪ One-sided commentaries by the media ▪ Negative advertising

DRAFT MODEL JOB DESCRIPTION OF DRUG POLICY CO-ORDINATOR

Conceptual and Co-ordination Activity

- Drug policy co-ordinator elaborates the concept of drug policy of the relevant authority in line with the governmental concept/strategy,
- He/she initiates, suggests and submits proposals needed for the strategy solution to the drug policy commission,
- He/she creates projects for the drug policy of the authority,
- He/she collaborates with self-governments on the creation of drug programmes/policies of communities and towns,
- He/she collaborates with central bodies of the state administration and with the NDC when announcing, preparing and evaluating drug policy grant programmes,
- He/she evaluates situation in drug use in the district or town and submits draft solutions,
- He/she co-ordinates fulfilment of tasks defined in the concept of the district or metropolitan authority drug policy,
- He/she elaborates annual final report on implementation of drug policy by the district, metropolitan authority in the given region;

Methodical Activity

- He/she methodically collaborates with the subjects operating in the field of drug policy, provides them with expert consultations;

Data Collection and Analysis

- He/she keeps records of the Czech Government grant policy on the relevant local level,
- He/she elaborates documents and monitors effective use of grants for the drug policy of the authority,
- He/she periodically maps, collects and evaluates information on the development in the sphere of drug use in the territory,
- He/she creates and updates the data-base of institutions and programmes working in the drug policy field at the districts and towns level in the given region;

Other Activities

- He/she provides completely expert work for the drug policy of the authority,
- He/she exercises the function of the secretary/deputy chairperson/agent of the district/metropolitan drug commission,
- He/she searches out, interconnects and enhance the subjects in the region for collaboration in the drug policy sphere,
- He/she collaborates with the Secretariat of the National Drug Commission, which is responsible for methodical management of drug policy co-ordinators,
- He/she collaborates with the relevant representatives of state administration bodies in solving drug policy issues.

Eligibility: complete secondary education, university (bachelor, magisterial) education.

Pay grade: 7th to 10th salary grade according to valid regulations.

Organisation grade: section responsible for drug policy issues.

Qualifications for pay grade enlistment: according to the work catalogue.

**DRAFT STATUTE OF THE DRUG COMMISSION OF THE REGIONAL, DISTRICT,
METROPOLITAN AUTHORITY**

I.

Drug commission position

The Drug commission (hereinafter “Commission“ only) is the advisory body of the chief officer of the regional authority, chief of the district office or mayor of the local authority. It is established as a collective, co-ordination, advisory and initiative body of the contractual parties for practical implementation of drug policy at local level. Its activities are governed by laws and other legal regulations and also by government resolutions and directions of central bodies.

II.

Drug commission Tasks

The Drug commission particularly:

- a) prepares documents for creation of drug concept of the given region, district or town,
- b) provides information and documents for evaluation of the scope of problems caused by drugs in the given region, district, town,
- c) provides cohesion and co-operation for application of the drug policy at local level,
- d) co-participates in decision-taking on allocation of financial means for drug use prevention activities at local level,
- e) co-participates in activities checking the use of allocated financial means for drug policy projects at local level,
- f) fulfils other tasks assigned by the chief officer, chief or mayor.

III.

External Relations of the Commission Work

When fulfilling the tasks, the commission is entitled particularly to:

- a) require co-operation of the contractual parties and organisations managed by them, necessary for ensuring imposed tasks,
- b) require documents, information and materials necessary for ensuring imposed tasks of relevant authorities of the contractual parties.

IV.

Commission Members

1. The Commission consists of: the Chairperson, Secretary and members.
The Commission member is the worker of contractual parties responsible for sphere arising under the Commission.
2. The Commission member is appointed and withdrawn on the nomination of relevant institution statutory representative by the chief of the district authority (and/or by the mayor/chief officer of the regional authority) and on the motion of the drug policy co-ordinator.
3. The Commission members are particularly:
 - a representative of the departments/divisions of health, social affairs and finance spheres,

- a representative of self-government bodies,
 - a representative of medical institutions,
 - a representative of the educational office¹,
 - a representative of Police,
 - a representative of military garrison,
 - a representative of expert public, non-governmental organisations.
4. The Commission member particularly:
 - a) takes part in meetings and voting of the Commission;
 - b) submits motions in the name of the particular contractual party represented by him/her in the Commission,
 - c) fulfils the tasks imposed by the Commission within the framework of competence of the contractual party represented by him/her in the Commission,
 - d) represents the Commission in compliance with his/her authorisation and within its limits.
 5. The chairperson of the Commission is usually the chief executive of the regional authority, chief of the district authority, mayor appointing the Commission's Secretary.
 6. The Chairperson of the Commission particularly:
 - a) is in charge of the Commission and is responsible for its activities,
 - b) chairs its meetings,
 - c) determines the place and time of the meetings,
 - d) represents the Commission,
 - e) decides to invite the expert advisors and other persons for Commission meetings,
 - f) conveys questions at issue in the Commission to the corporate agents of contractual parties,
 - g) appoints heads and members of working groups to handling of tasks imposed by the Commission,
 - h) fulfils other tasks regarding drugs adopted by the corporate agents of the contractual parties.
 7. The Secretary (Agent) of the Commission is the drug co-ordinator.
 8. The Secretary (Agent) particularly:
 - a) fulfils the tasks of the chairperson of the Commission based on his/her charging,
 - b) ensures administrative work of the Commission,
 - c) ensures organizational preparation and course of the Commission meetings,
 - d) records tasks imposed by the Commission and keeps summary of execution thereof,
 - e) fulfils other tasks he/she was charged with by the Commission or chairperson.

¹ This does not apply in case the office is cancelled.

**DRAFT RULES OF PROCEDURE OF THE DRUG COMMISSION OF THE REGIONAL,
DISTRICT, METROPOLITAN AUTHORITY**

I.

Commission Meetings

1. The Commission meetings are in camera.
2. The Commission meetings are convened and chaired by its chairperson.
3. The Commission meets according to the needs, however, once in three months at least.
4. The Chairperson convenes an extraordinary Commission meeting in cases worth of special regard. He/she will do so any time the other corporate representatives of the contractual parties adopt such decision or if asked by one third of the Commission members.
5. The Commission has the quorum if absolute majority of its members are present.
6. The Commission makes decisions by majority of votes. In case of even division of votes, the chairperson's vote decides.
7. The expert advisors and other persons invited to the Commission meeting do not have right of vote.
8. The Commission chairperson may convene a working group for preparation of working background documents to be discussed and approved by the Commission. The working group may consist of Commission members, workers of contractual parties, and independent experts. The activity of the working group is managed by its head appointed by the chairperson of the Commission.

II.

Commission Documents

1. The secretary (agent) of the Commission sends invitations for Commission meetings, basic documents for meetings and other written material concerning its agenda to all members in sufficient advance.
2. The Commission secretary (agent) takes minutes of the Commission meeting.
3. The Commission secretary (agent) sends the minutes to all Commission members.

III.

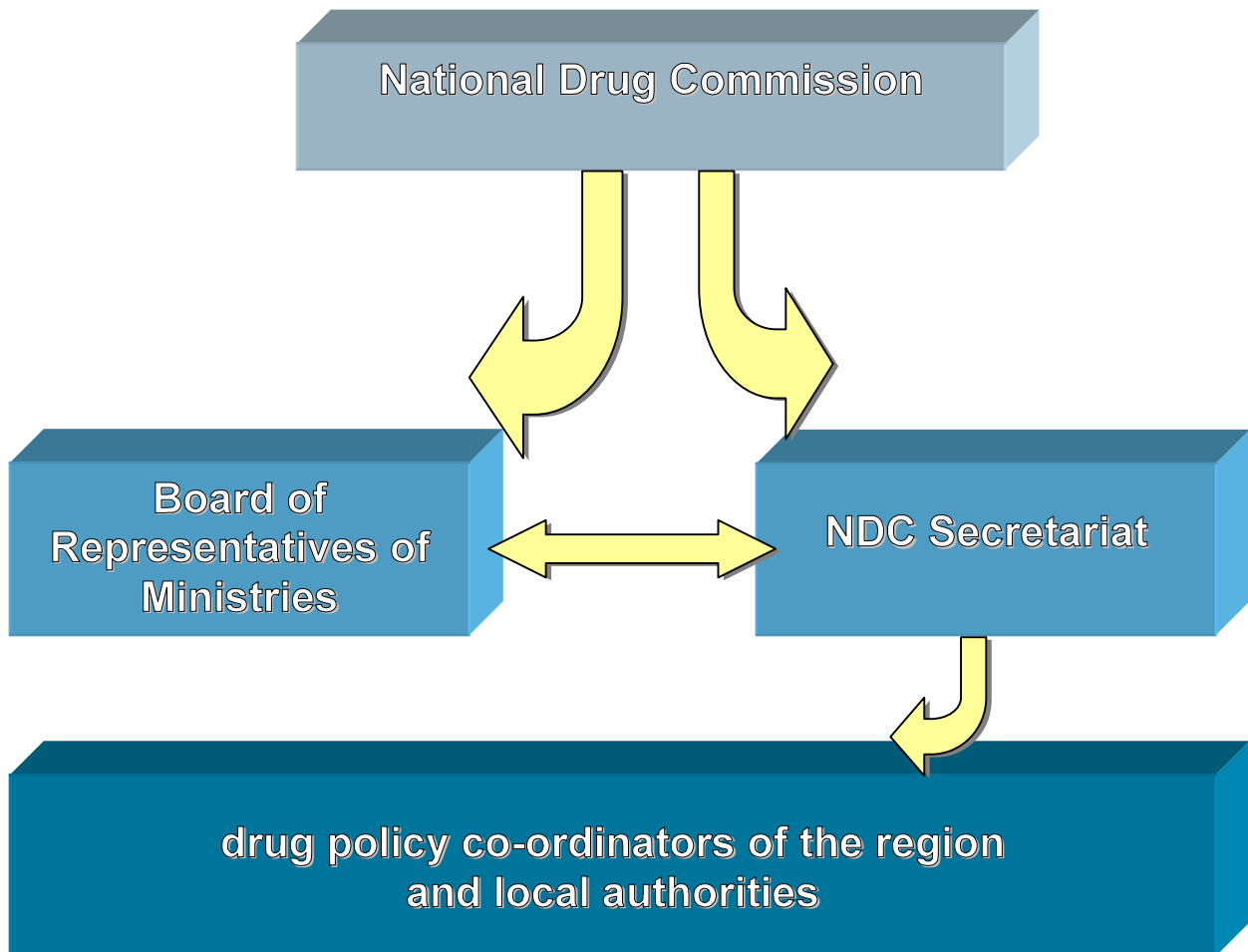
Final Provisions

This Statute and Rules of Procedure come into effect upon the date of approval and are valid for all Commission members.

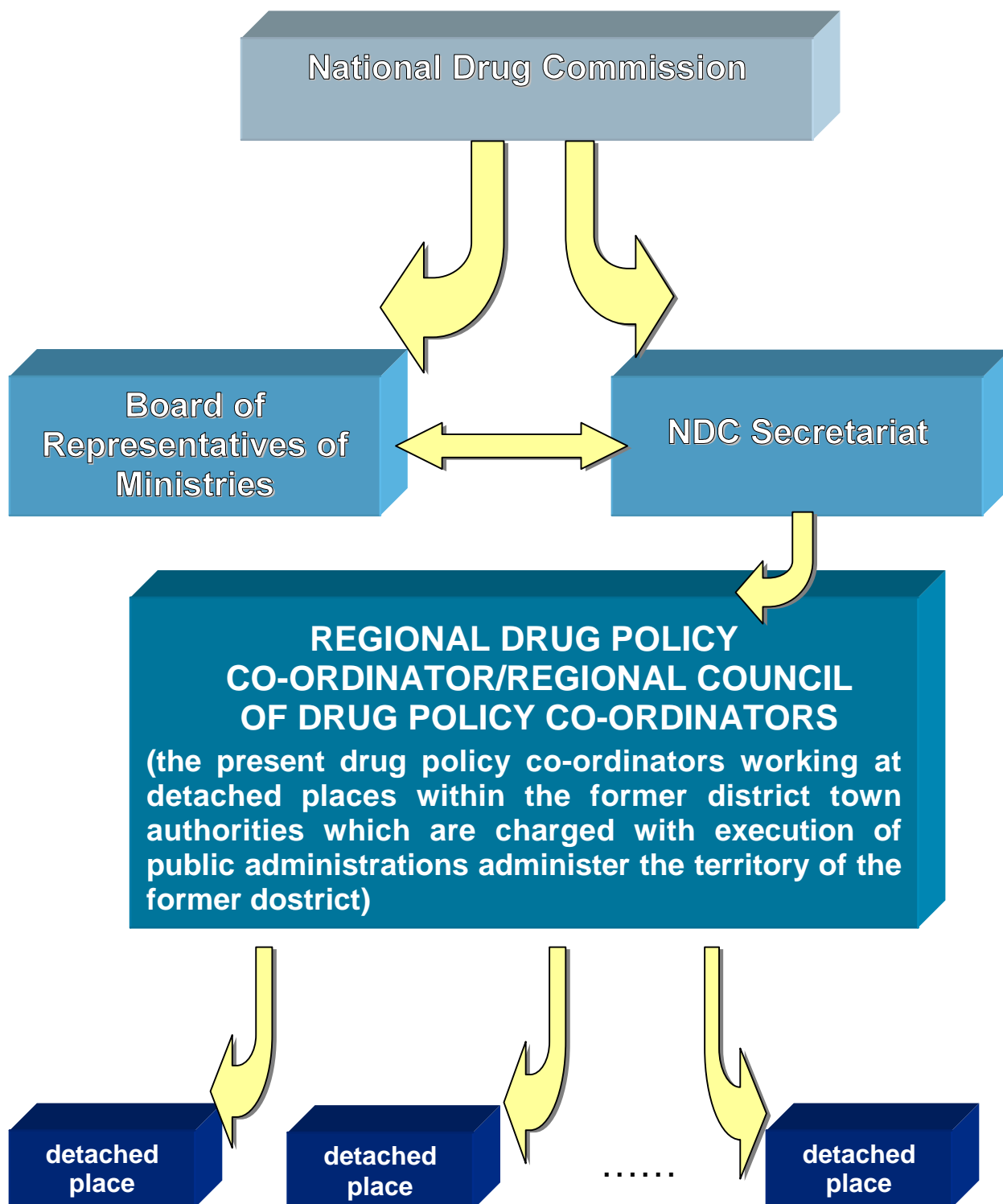
ORGANIZATION SCHEME OF THE DRUG POLICY CO-ORDINATION SYSTEM

The co-ordination system and implementation of the drug policy based on narrow collaboration of the central and local and/or district level, has proved. Practical implementation of the National Drug Policy Strategy fulfilment of tasks set by it, building of interrelated system of help and care, local interdisciplinary co-operation, and creating of strategies taking local conditions and needs into account are unthinkable without such system. It is therefore vital that such system remained under the conditions of public administration reforms and state administration execution transfer to levels different from the existing ones. The incorporation of drug policy co-ordinators into the catalogue of works, creation of tabled berths for drug policy co-ordinators in the structure of newly arising regional authorities and unification of the statue of drug policy commissions of relevant public administration authorities are an essential prerequisite for maintenance of the existing system of drug policy co-ordination.

1. THE EXISTING SYSTEM



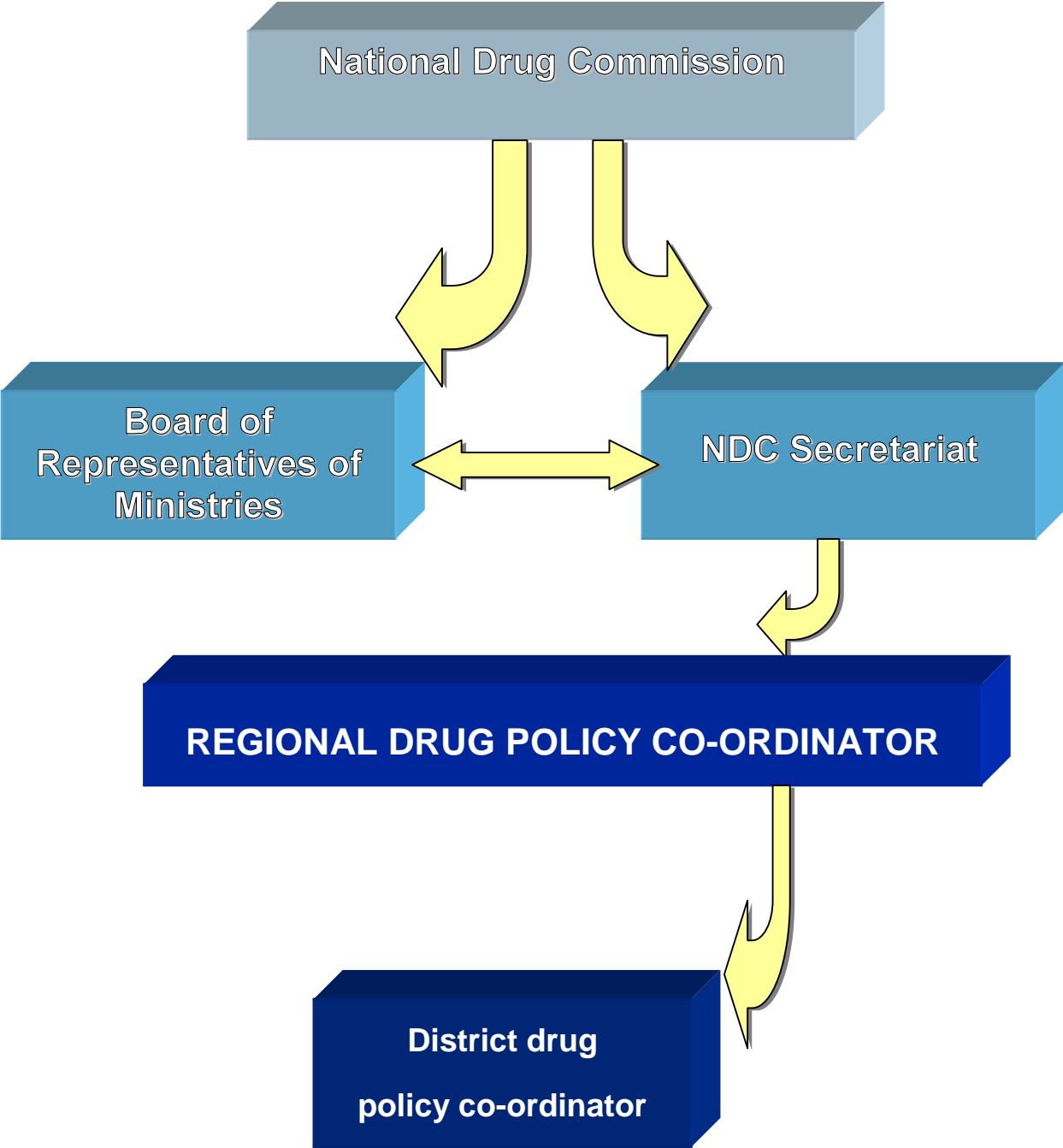
2. CREATION OF REGIONS AND “SMALL DISTRICTS” (VARIANT A)



Note:

When the number of drug policy co-ordinators remains unchanged, the local level drug policy co-ordination system of trained workers with good knowledge of local issues will be preserved. One of the present drug policy co-ordinators should be chosen in competition for the post of regional policy drug co-ordinator.

3. CREATION OF REGIONS AND “SMALL DISTRICTS (VARIANT B)



Resolution
of the Government of the Czech Republic
dated October 23, 2000 no. **1045**

with respect to the National Drug Policy Strategy for the 2001-2004 period

The Government

- I. a p p r o v e s** The National Drug Policy Strategy for the 2001-2004 period (further as “The National Strategy”), given in part III of the material presented;
- II. a u t h o r i z e s**
1. the Prime-Minister of the Government to submit the National Strategy to the Speaker of the Chamber of Deputies of the Parliament of the Czech Republic and to the Speaker of the Senate of the Parliament of the Czech Republic,
 2. the Minister without Portfolio and head of the Office of the Government to co-ordinate the progress in fulfilling the tasks following from the National Strategy, given in the Annex to the present resolution;
- III. e n j o i n s**
1. the Minister without Portfolio and head of the Office of the Government to publish the complete material on the www page of the National Drug Commission, among other things for the needs of the regional and local governmental bodies,
 2. the first Vice-Chairman of the Government and the Minister of Labor and Social Affairs, the Vice-Chairman of the Government and the Minister of Finance, the Vice-Chairman of the Government and the Chairman of the Legislative Council of the Government, the Minister of Defense, the Minister of Justice, the Minister of Education, Youth and Sport, the Minister of the Interior, the Minister of Health, the Minister of Agriculture, the Minister without Portfolio and head of the Office of the Government, to complete the specification of the tasks to be fulfilled pursuant to the National Strategy and given in the Annex to this resolution, by March 31, 2001,
 3. the heads of district offices to acquaint mayors of cities and communities with this resolution and the National Strategy,
 4. the heads of district offices, the mayors of statutory cities, the mayor of the capital city of Prague and the directors of regional offices to complete the specification of the tasks to be fulfilled, given in the Annex to this resolution, in the strategic plans of district or local drug policy strategies;
- IV. r e c o m m e n d s** to governors of the regions and provosts of municipalities and cities to fulfill the tasks pursuant to the National Strategy and given in the Annex to this resolution.

To be implemented by:

The first Vice-Chairman of the Government and Minister of Labor and Social Affairs,
The Vice-Chairman of the Government and Minister of Foreign Affairs,
The Vice-Chairman of the Government and Minister of Finance,
The Vice-Chairman of the Government and Chairman of the Legislative Council of the Government,
The Minister of Defense,
The Minister of Justice,
The Minister of Education, Youth and Sport,
The Minister of Interior,
The Minister of Health,
The Minister of Agriculture,
The Minister without Portfolio and Head of the Office of the Government
The Heads of District Offices
The Directors of Regional Offices
The Mayor of the Capital City of Prague
The Mayors of the Statutory Cities of Kladno,
České Budějovice, Plzeň, Karlovy Vary,
Ústí nad Labem, Liberec, Hradec Králové, Pardubice,
Brno, Zlín, Olomouc, Ostrava, Havířov, Most.

For information:

Regional Governors

Annex

To the Resolution of the Government
of the Czech Republic
No. 1045 of October 23, 2000

Tasks following from the National Drug Policy Strategy 2001–2004

The National Drug Policy Strategy 2001–2004 is discussed and approved by the Government of the Czech Republic in the period of ongoing transformation of the public administration. The given tasks and their implementation should be adjusted and updated annually in concurrence with the progress of transformation.

1. A. To specify tasks (including schedule) following from the National Drug Policy Strategy 2001–2004 and submit it for discussion to the National Drug Commission.
B. To evaluate impacts of tasks resulting from the National Strategy on the ministerial chapter of the state budget and consider priority tasks during elaboration of budgets for the years 2002 - 2004.

Completion date : A. by 31/03/2001

B. always by 30/06 of the year preceding the year of the proposed budget

To be implemented by: the Minister of Interior, the Minister of Justice, the Minister of Defence, the Minister of Health, the Minister of Labour and Social Affairs, the Minister of Education, Youth and Sports, the Minister of Agriculture

2. To elaborate an Annual Report on the implementation of the tasks following from the National Drug Policy Strategy 2001-2004 and to submit it, along with the Annual Report on the situation and development in drug-related issues in the Czech Republic for information to the Government.

Completion date: starting in 2002, as of 31/03 of the following calendar year

To be implemented by: the executive Vice-Chairman of the National Drug Commission

3. To create and secure the conditions for the continuing education of and increasing the professional and language skills of the department's employees in the area of drug policy (in the case of the Ministry of Interior, also of the Police of the Czech Republic).

Completion date: in an ongoing manner

To be implemented by: the Minister of the Interior, the Minister of Justice, the Minister of Defence, the Minister of Health, the Minister of Labour and Social Affairs, the Minister of Education, Youth and Sports, the Minister of Agriculture

4. To elaborate the minimum standards of primary prevention of drug use in order to improve the quality and effectiveness of the programmes being implemented by governmental and non-governmental institutions in this.

Completion date: by 31/12/2001

To be implemented by: the Minister of Education, Youth and Sports in co-operation with the executive Vice-Chairman of the National Drug Commission

5. A. To perform a revision of the National Educational Curriculum for the courses of the school prevention methodologists and on the basis of the analyses to elaborate a conception of primary prevention of the use of narcotic and psychotropic substances at all types and levels of schools as well as in the area of teacher education.

B. To create a functional interconnected system of preventive activities at all levels.

Completion date: A. by 31/12/2001

B. by 31/12/2002

To be implemented by: the Minister of Education, Youth and Sports

6. In co-operation with the National Drug Commission to create and put into practice a system of granting accreditation and licenses as a precondition for the disbursement of funding to governmental and non-governmental entities in the area of primary prevention of drug addiction from public resources.

Completion date: by 31/12/2002

To be implemented by: the Minister of Education, Youth and Sports in co-operation with the executive Vice-Chairman of the National Drug Commission

7. To elaborate methods of assessing the quality and effectiveness of primary prevention programmes and on their basis to perform an analysis of the implementation of the Minimum Prevention Programmes in the schools and educational facilities. On the basis of this analysis to perform an inspection of the methodical materials.

Completion date: by 31/12/2002

To be implemented by: the Minister of Education, Youth and Sports

8. To recommend to institutions of higher learning the inclusion, in the requisite extent and quality, of the issues of the use of narcotic and psychotropic substances in the system of undergraduate education in institutions of higher learning with medical, teaching, social and psychological study programmes, and to co-operate in their introduction in practice.

Completion date: by 31/12/2002

To be implemented by: the Minister of Education, Youth and Sports

9. To create, in co-operation with the Minister of Labour and Social Affairs the organisational, institutional and financial conditions for an early identification and resolution of problems connected with the use of narcotic and psychotropic substances by problem students and groups of children and youth at risk.

Completion date: by 31/12/2001

To be implemented by: the Minister of Education, Youth and Sports in co-operation with the Minister of Labour and Social Affairs

10. A. To perform an analysis of the incidence of problem drug users among children and youth in the environment of the special education system.

B. On the basis of the analysis performed to secure a sufficient capacity of high-quality programmes of therapeutic and educational care aimed at children and youth and at problem drug users, committed into institutional or protective care.

Completion date: A. by 31/12/2001

B. by 31/12/2002

To be implemented by: A. the Minister of Education, Youth and Sports

B. the Minister of Education, Youth and Sports in co-operation with the Minister of Health

11. In co-operation with the Ministry of Health to elaborate a conception of secondary prevention and minimum standards for special intensive care for pupils and students using narcotic and psychotropic substances. To clearly define the responsibilities, competencies and effectiveness and to secure the organisational, institutional and financial conditions for the implementation of this type of care within the scope of the department.

Completion date: by 31/12/2001

To be implemented by: the Minister of Education, Youth and Sports in co-operation with the Minister of Health

12. To perform an analysis of the implementation of primary prevention programmes of the use of narcotic and psychotropic substances and to set up a catalogue of accredited programmes and of the entities conducting them in the Czech Republic.

Completion date: by 31/12/2004

To be implemented by: the Minister of Education, Youth and Sports

13. To elaborate preventive measures of the use of narcotic and psychotropic substances in the elementary school system, with the special emphasis on national minorities.

Completion date: by 31/12/2001

To be implemented by: the Minister of Education, Youth and Sports in co-operation with the executive Vice-Chairman of the National Drug Commission

14. To support selective leisure time and out-of-school programmes, focused on specific target groups of children and youth at risk, with a special emphasis on the problems faced by national minorities.

Completion date: in an ongoing manner

To be implemented by: the Minister of Education, Youth and Sports

15. With respect to the reform of the public administration to establish the personnel, organisational and financial conditions and to take the needed systematic steps for the long-term and high-quality implementation of primary prevention in the schools and educational facilities.

Completion date: by 31/12/2002

To be implemented by: the Minister of Education, Youth and Sports, governors of regional administrative offices

16. To ensure at regular intervals the elaboration of studies of the prevalence of the use of narcotic and psychotropic substances by young people and to ascertain the trends and attitudes to drug use in the Czech Republic. To co-ordinate these activities with the European Union.

Completion date: in an ongoing manner

To be implemented by: the executive Vice-Chairman of the National Drug Commission

17. To set up and institutionally secure National Information Server for the area of the use of narcotic and psychotropic substances.

Completion date: by 31/12/2002

To be implemented by: the executive Vice-Chairman of the National Drug Commission

18. In co-operation with the Ministry of Health, the Ministry of Labour and Social Affairs and the Ministry of Education, Youth and Sport to produce a good practices manual for the purpose of evaluation the quality and effectiveness of individual types of services, provided in the area of drug policy.

Completion date: by 31/12/2001

To be implemented by: the executive Vice-Chairman of the National Drug Commission in co-operation with the Minister of Health, the Minister of Labour and Social Affairs and the Minister of Education, Youth and Sport

19. In co-operation with the Ministry of Health and the Ministry of Labour and Social Affairs to set up a long-term "Public Relations" plan of treatment programmes and to ensure its implementation.

Completion date: by 31/12/2001

To be implemented by: the executive Vice-Chairman of the National Drug Commission in co-operation with the Minister of Health and the Minister of Labour and Social Affairs

20. In co-operation with the Ministry of Health and the Ministry of Labour and Social Affairs to elaborate the financial standards for individual types of treatment and re-socialisation in the case of addictive illnesses.

Completion date : by 31/12/2001

To be implemented by: the executive Vice-Chairman of the National Drug Commission in co-operation with the Minister of Health and the Minister of Labour and Social Affairs

21. In co-operation with the Ministry of Health and the Ministry of Labour and Social Affairs to specify the qualification requirements for employees in the area of treatment and re-socialisation of drug addicts.

Completion date: by 31/12/2001

To be implemented by: the executive Vice-Chairman of the National Drug Commission in co-operation with the Minister of Health and the Minister of Labour and Social Affairs

22. In co-operation with the Ministry of Agriculture and the Ministry of Labour and Social Affairs to create and introduce into practice an integrated institutionalised educational system in the area of treatment and re-socialisation of drug addicts.

Completion date: by 31/12/2002

To be implemented by: the executive Vice-Chairman of the National Drug Commission in co-operation with the Minister of Health and the Minister of Labour and Social Affairs

23. A. In co-operation with the Ministry of Health, the Ministry of Labour and Social Affairs and the Ministry of Education, Youth and Sport to maintain and continually update the central database of programmes to which a subsidy from the state budget was provided for the implementation of drug policy programmes.

B. In co-operation with drug policy co-ordinators to maintain and continuously supplement the directory (catalogue) of services provided in the area of drug policy.

Completion date: in an ongoing manner

To be implemented by: the executive Vice-Chairman of the National Drug Commission in co-operation with the Minister of Health, the Minister of Labour and Social Affairs, the Minister of Education, Youth and Sport and heads of regional administrative offices

24. To provide for the comprehensive diagnosis of problems connected with the use of narcotic and psychotropic substances by servicemen during basic military service as well as among professional servicemen.

Completion date: in an ongoing manner
To be implemented by: the Minister of Defence

25. To ensure the uniform collection of data in the area of drug use and the operation of the drug information system in the Army of the Czech Republic.

Completion date: in an ongoing manner
To be implemented by: the Minister of Defence

26. To provide for the continuing education of commanders—professional servicemen and commanders-non-commissioned officers, servicemen performing basic military service, with regards to drug-related issues.

Completion date: in an ongoing manner
To be implemented by: the Minister of Defence

27. In co-operation with the Ministry of Education, Youth and Sport to elaborate a good practices manual in the area of primary prevention of the use of narcotic and psychotropic substances within the scope of the Army of the Czech Republic and military schools.

Completion date: by 31/12/2001
To be implemented by: the Minister of Defence in co-operation with the Minister of Education, Youth and Sport

28. To facilitate the training of employees of the humanitarian service of the Army of the Czech Republic in drug use prevention and intervention issues.

Completion date: by 31/12/2002
To be implemented by: the Minister of Defence

29. To elaborate the conception of drug use prevention for members of the military units sent abroad as part of international missions and to provide for it the facilities of high-quality lecturers.

Completion date: by 31/12/2001
To be implemented by: the Minister of Defence;

30. To provide for the operation of diagnostic-regeneration centres at military installations and military schools for the implementation of the healthy lifestyle program.

Completion date: in an ongoing manner
To be implemented by: the Minister of Defence

31. In co-operation with the National Drug Commission and the Ministry of Labour and Social Affairs to set up and put into practice a system of accreditation and licenses of governmental as well as non-governmental care providers in the area of the treatment and re-socialisation of drug addicts.

Completion date: by 31/12/2002
To be implemented by: the Minister of Health in co-operation with the Minister of Labour and Social Affairs and the executive Vice-Chairman of the National Drug Commission

32. On the basis of an evaluation of current needs, in co-operation with the Ministry of Labour and Social Affairs and the National Drug Commission, to expand the current capacities of the substitution treatment programme and to increase its availability in other pre-selected cities.

Completion date: by 31/12/2002
To be implemented by: the Minister of Health in co-operation with the Minister of Labour and Social Affairs and the executive Vice-Chairman of the National Drug Commission

33. To set up and introduce into practice a system for the attestation of health care workers in the field of the treatment of addictive illnesses.

Completion date: by 31/12/2002

To be implemented by: the Minister of Health

34. A. Within the scope of the activity of the drug information system, operated by the public health service, to provide for the monitoring of the needed epidemiological indicators.

B. To improve and complete uniform data collection system in the area of drugs and drug addiction, corresponding to EMCDDA requirements.¹

Completion date : A. in an ongoing manner

B. by 31/12/2002

To be implemented by: the Minister of Health in co-operation with the Minister of Interior, the Minister of Justice, the Minister of Defence, the Minister of Labour and Social Affairs and the Minister of Education, Youth and Sport

35. Within the scope of the activity of the National Institute of Health and the Public Health Service, to provide for the implementation of preventive programmes at work places and local communities.

Completion date: in an ongoing manner

To be implemented by: the Minister of Health

36. By means of the National Health Program to provide support for the programme for the prevention of addictive illnesses.

Completion date: in an ongoing manner

To be implemented by: the Minister of Health

37. To implement the amended act 37/1989 on protection against damages caused by tobacco products, alcohol, and other addictive substances.

Completion date: 01/01/2002

To be implemented by: the Minister of Health

38. To increase the human resources of the Inspectorate of Narcotic Drugs and Psychotropic Substances in order to increase and improve the control of the legal handling of narcotics and psychotropic substances.

Completion date: by 31/12/2001

To be implemented by: the Minister of Health

39. On the basis of analysis of needs to ensure an improvement in the accessibility of detoxification, including out-patient detoxification and out-patient treatment programmes for addictive illnesses.

Completion date: by 31/12/2002

To be implemented by: the Minister of Health

40. To facilitate the development of the field of addictive illnesses and the corresponding training of professional staff and other health care professionals, who come into contact with drug users and drug addicts.

¹ European Monitoring Centre for Drugs and Drug Addiction

Completion date: in an ongoing manner
To be implemented by: the Minister of Health

41. To improve the quality of co-operation and the exchange of information between squads of the Police of the Czech Republic engaged in the investigation, prosecution and combating of illicit drug production, trafficking and distribution.

Completion date: in an ongoing manner
To be implemented by: the Minister of Interior

42. In conformity with the development of the drug scene in the Czech Republic and with the related criminal activity, to reinforce the respective squads of the Police of the Czech Republic, both in terms of additional personnel and equipment.

Completion date: in an ongoing manner
To be implemented by: the Minister of Interior

43. A. As part of the support for research and development, to carry out a pilot project for the verification of an effective approach by the police against drivers suspected of the consumption of drugs before and while driving and to present its conclusions for review by the National Drug Commission.

B. To standardise and introduce in practice the procedure of the Police of the Czech Republic against drivers suspected of drug taking.

Completion date: A. by 31/12/2001
B. by 31/12/2002
To be implemented by: the Minister of Interior

44. Within the scope of the powers of the Police of the Czech Republic to elaborate a medium-term strategy for the drug supply reduction and the accessibility of drugs on the territory of the capital city of Prague.

Completion date: by 30/06/2001
To be implemented by: the Minister of Interior in co-operation with the Mayor of the capital city of Prague

45. Within the scope of the Comprehensive Program of Co-operation for Crime Prevention at the local level, to support programmes for non-specific primary prevention of socially pathological phenomena, including the drug use prevention.

Completion date: in an ongoing manner
To be implemented by: the Minister of Interior

46. A. In co-operation with the Ministry of Education, Youth and Sport to prepare a good practice manual for prevention in the community, with a focus on the co-operation of professionals in the field of repression and prevention in drug use prevention programmes.

B. On the basis of the good practices manual of prevention within the community to provide for the preparation and participation of police officers in primary prevention programmes aimed against the drug use, in co-operation with persons engaged in prevention work.

Completion date: A. by 31/12/2001
B. by 31/12/2002
To be implemented by: the Minister of Interior in co-operation with the Minister of Education, Youth and Sport

47. To set up and introduce in practice a manual of preventive activity on the part of police officers who come into direct contact with drug users, as part of their duties, to provide for

their training and within the scope of their professional service training, to reinforce the strategy of dealing with drug addicts.

Completion date: by 31/12/2002, in an ongoing manner

To be implemented by: the Minister of Interior

48. Within the scope of the Phare 2000 project to set up a uniform information system for the collection, analysis and distribution of data within the scope of drug supply and drug demand reduction – National Focal Point – within the intent of the EU and EMCDDA terminology. To do so within the structure of the National Anti-Drug Headquarters of the Police of the Czech Republic for the area of drug supply reduction, and within the secretariat of the National Drug Commission for the area of prevention, treatment and re-socialisation of addictive illnesses.

Completion date: by 31/12/2002

To be implemented by: the Minister of Interior in co-operation with the executive Vice-Chairman of the National Drug Commission

49. In co-operation with the National Drug Commission to facilitate further education of drug policy co-ordinators of district and regional administrative offices.

Completion date: in an ongoing manner

To be implemented by: the Minister of Interior in co-operation with the executive Vice-Chairman of the National Drug Commission

50. In co-operation with the Ministry of Interior and the National Drug Commission to facilitate, within the scope of the organisational structure of district administrative offices (their successor bodies), the setting up of the post of an drug policy co-ordinator and within the scope of the regional authorities, for the direction and co-ordination of protection against damage caused by tobacco products, alcohol and other addictive substances in the section of the Government drug policy (Act 37/1989).

Completion date: 30/06/2001

To be implemented by: the Minister of Labour and Social Affairs in co-operation with the Minister of Interior and the executive Vice-Chairman of the National Drug Commission

51. To improve the accessibility, quality and effectiveness of social services for drug users and their relatives.

Completion date: in an ongoing manner

To be implemented by: the Minister of Labour and Social Affairs

52. In co-operation with the Ministry of Health to elaborate a basic conceptual document defining the issue of re-socialisation and aftercare in drug prevention.

Completion date: by 31/12/2001

To be implemented by: the Minister of Labour and Social Affairs in co-operation with the Minister of Health

53. To set up the minimum standards for social services and put into practice a system of accreditation for social services in for drug-related issues.

Completion date: by 31/12/2002

To be implemented by: the Minister of Labour and Social Affairs

54. To provide in an ongoing manner funding for socio-therapeutic assistance and re-socialisation of persons addicted to narcotic and psychotropic substances.

Completion date: in an ongoing manner

To be implemented by: the Minister of Labour and Social Affairs

55. A. In accordance with the reform of the public administration to set up a conception for the financing of drug policy programmes by means of the purchasing of services.

B. For the supplementation of the network of services and the formulation of development programmes (on the basis of current needs) to set up a system of financing in the form of the allocation of subsidies from the state budget.

Completion date: by 31/12/2003

To be implemented by: the executive Vice-Chairman of the National Drug Commission in co-operation with the Minister of Labour and Social Affairs, the Minister of Health and the Minister of Finance

56. To ensure the substantive reinforcement and intensification of inspections of illegal transportation of narcotic and psychotropic substances over the borders of the Czech Republic.

Completion date: by 31/12/2001

To be implemented by the Minister of Finance

57. To continue in concluding new and fulfilling already concluded Memoranda of Understanding with selected partner customs service authorities in the area of a joint approach against the illegal transportation of drugs over the borders of the Czech Republic.

Completion date: in an ongoing manner

To be implemented by: the Minister of Finance

58. To facilitate the comprehensive and continuous education of customs officers specialising in drug-related issues and the training of other customs administration employees.

Completion date: in an ongoing manner

To be implemented by: the Minister of Finance

59. Upon agreement with the Ministry of Foreign Affairs to set up the conditions for the establishment of the post of a contact customs officer in the Federal Republic of Germany.

Completion date: by 31/12/2002

To be implemented by: the Minister of Finance after agreement with the Minister of Foreign Affairs

60. To set up the financial prerequisites for the purchase of a large-capacity X-ray machine with a frame for the inspection of the illegal transport of drugs in lorries and containers.

Completion date: by 31/12/2003

To be implemented by: the Minister of Finance

61. To ensure record-keeping of the legal production of agricultural crops containing narcotic and psychotropic substances.

Completion date: in an ongoing manner

To be implemented by: the Minister of Agriculture

62. In co-operation with the Ministry of Education, Youth and Sport to ensure the further education of teachers within the school system for which the department is responsible in the field of drug prevention².

² In relation to Act 175/2000 on the transfer of certain things, rights and obligations from the possession of the Czech Republic to the possession of the regions.

Completion date: by 31/12/2001

To be implemented by: the Minister of Agriculture in co-operation with the Minister of Education, Youth and Sport

63. In co-operation with the Ministry of Education, Youth and Sport to ensure the implementation specific prevention programmes of the use of narcotic and psychotropic substances in the departmental school facilities.².

Completion date: by 31/12/2001

To be implemented by: the Minister of Agriculture in co-operation with the Minister of Education, Youth and Sport

64. To evaluate the effectiveness of drug use prevention activities in the penitentiaries and the quality of treatment programmes, also from the point of view of co-operation with governmental health facilities and non-governmental organisations focused on the care of drug users. On the basis of the analysis performed to propose measures for improving the quality and effectiveness of these programmes.

Completion date: by 31/12/2001

To be implemented by: the Minister of Justice

65. To implement the departmental conception of the education of employees of prisons for the youngsters and in programmes of differentiated sentencing and to put it into practice.

Completion date: by 31/12/2002

To be implemented by: the Minister of Justice

66. To elaborate and submit a proposal of measures essential for introducing the treatment of drug dependent persons as an alternative for a sentence of imprisonment.

Completion date: by 31/12/2002

To be implemented by: the Minister of Justice

67. To enjoin the Office of the Supreme State Prosecutor to perform an analysis of the current criminal justice practice within the area of drug-related crimes, including the differentiation of sentencing based on the type and quantity of narcotic and psychotropic substances and the elaboration of a proposal for corresponding measures.

Completion date: by 30/06/2002

To be implemented by: the Minister of Justice

68. A. To set up the organisational, technical, financial and personnel conditions for the development of a Mediation and Probation Service and to support the application of a system of alternative sentencing with respect to the punishment of youngsters, drug users and first-time perpetrators of drug-related crimes involving a lesser threat to society.

B. To set up and put into practice a program of education in drug-related issues for the employees of the Mediation and Probation Service.

Completion date: A. by 31/12/2002

B. by 31. 12. 2002

To be implemented by: the Minister of Justice

69. To provide for the monitoring of addiction to drugs or medications on the part of prisoners upon their arrival in the prison system and in the course of their serving of their sentences.

Completion date: in an ongoing manner
To be implemented by the Minister of Justice

70. On the basis of evaluation of need to increase the capacity of drug-free zones in individual prisons and to implement differentiated ways of serving sentences of imprisonment in the case of drug addicted prisoners, on a volunteer basis.

Completion date: in an ongoing manner
To be implemented by: the Minister of Justice

71. In co-operation with the Ministry of Health to set up the conditions for the implementation of protective drug and alcohol treatment in the course of imprisonment for all prisoners serving sentences longer than 6 months.

Completion date: by 31/12/2002
To be implemented by: the Minister of Justice in co-operation with the Minister of Health

72. To ensure the implementation of prison research aimed at finding optimal ways of dealing with drug addicted perpetrators of criminal activity.

Completion date: by 31/12/2002
To be implemented by: the Minister of Justice

73. In co-operation with the Ministry of Health to elaborate and put into practice a conception of work with drug users and drug addicts, including treatment of addiction illnesses under prison conditions.

Completion date: by 31/12/2002
To be implemented by: the Minister of Justice in co-operation with the Minister of Health

74. To conceive and introduce into practice further programmes of drug prevention in the prison system, oriented primarily on the groups at risk, particularly on youthful inmates, and persons serving sentences directly related to addictive substances.

Completion date: in an ongoing manner
To be implemented by: the Minister of Justice

75. To perfect the technical and organisational conditions for the prevention of the penetration of drugs into prisons and preventive detention facilities.

Completion date: in an ongoing manner
To be implemented by: the Minister of Justice

76. A. To create a long-term strategic plan of district drug policy in guidelines with the National Strategy, to evaluate its impact on the budget of the office and to take into consideration the priority tasks in putting together the budgets for 2002-2004.

B. To evaluate the impact of the measures and activities of drug policy, to map out the local situation in the area of drug use and to define the priorities for the following periods.

Completion date: A. by 31/03/2001
B. in an ongoing manner
To be implemented by: heads of local administrative offices

77. To carry out an active international policy and promote Czech professionals into programmes of international co-operation and into international institutions.

Completion date: in an ongoing manner
To be implemented by: the Minister of Foreign Affairs

78. To ensure the participation of the Czech Republic's representatives at all key international meetings held abroad in the area of drug policy.

Completion date: in an ongoing manner

To be implemented by: the Minister of Foreign Affairs

79. To provide for the education of the staff of embassies and consulates in the area of drug policy both in the area of repression and of prevention.

Completion date: in an ongoing manner

To be implemented by: the Minister of Foreign Affairs

Recommended fulfilment of the tasks:

80. A. To set up a long-term strategic plan for local drug policy in accordance with the National Strategy, to evaluate its impacts on the budget of the office and to take into account the priority tasks in setting up the budgets for the 2002 - 2004 period.

B. Each year to evaluate the impacts of the measures taken and the activities of drug policy, to map out the local situation in the area of drug use and to define the priorities for the following periods.

Completion date: A. by 31/03/2001

B. in an ongoing manner

To be implemented by: the Mayor of the capital city of Prague and the mayors of Brno, Ostrava and Plzeň

81. To ensure the establishment of the post of regional drug policy co-ordinator, to establish regional drug policy commissions and in co-operation with the National Drug Commission to provide for the activity and co-ordination of drug policy co-ordinators within the respective regions

Completion date: by 30/06/2001

To be implemented by: Governors of Regional Administrative Offices

82. A. To draw up a long-term strategic plan of regional drug policy in accordance with the National Strategy, to evaluate its impacts on the budget of the office and to take into account the priority tasks in drawing up the budgets for the 2002 - 2004 period.

B. Each year to evaluate the impacts of the measures taken and the activities of the drug policy, to map out the situation on the territory of the region in the area of drug use and to define the priorities for the further period.

Completion date: A. by 30/06/2001

B. in an ongoing manner

To be implemented by: Governors of Regional Administrative Offices