

# **2006 ANNUAL REPORT**

## **on Drug Policy Implementation in Prague – an excerpt in English**



**Region: Capital City, Prague**  
**2006 Annual Report – English version**  
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**November 21, 2007**  
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### ***Introductory word from the Mayor of Prague, MUDr. Pavel Bém***

*This year we are again providing you with a voluminous Annual Report on the Implementation of the Drug Policy in the Capital City, Prague, this time for the year 2006. It is the basic evaluative text that describes the extent of the problem, contemporary trends, and measures taken in the entire spectrum of drug prevention, primary prevention, treatment, aftercare and harm reduction programmes.*

*In 2006, an increasing number of people, problem drug users and those addicted to addictive substances, demanded treatment, and the number of those who actively sought help from low-threshold services also continued to increase. It indicates the quality of primary prevention programmes, as well as the extent of the network of services in other types of prevention. However, it is still necessary to monitor the quality of services, develop them, and respond flexibly to the changing needs of the drug scene.*

*A part of the Annual Report contains a general description of the region, provides basic data about the drug scene in the capital, and shows the drug policy tools at the level of the entire city of Prague as well as at the local level of its municipal parts. This section also includes data about drug policy funding from the municipal budgets and the budgets of the municipal districts for individual types of services. This also involves a basic overview of the tender proceedings for the "Healthy City of Prague 2006" project. Financial support for drug prevention projects from regional budgets and the budgets of the municipal districts is absolutely necessary in order to maintain and develop the services. During the last four years, the municipal budgets provided marked and systematic support for specific primary prevention which is carried out directly in schools and school facilities.*

*Drug coordinators working in the offices of Prague's municipal districts serve as the basic source of information about the possibilities for drug prevention. An address book with contacts is included in the Annual Report.*

*A list of basic vocabulary and abbreviations is also included to make reading easier and more comprehensible.*

*The entire 2006 Drug Policy Implementation Annual Report in its Czech version can be downloaded from the web pages of the Capital City, Prague.*

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## 1. GENERAL DESCRIPTION OF THE REGION

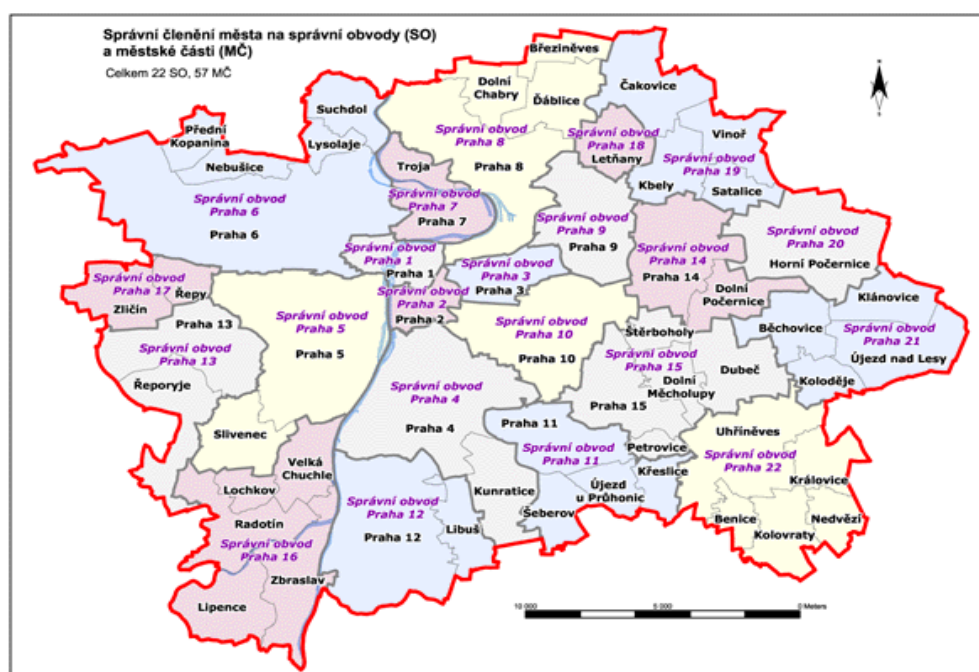
### 1.1 General Information

According to Act 131/2000 Coll.<sup>1</sup>, Prague is the capital of the Czech Republic, and is a municipality as well as a region. It currently occupies a territory of 496 square kilometres and has **1,188,126 inhabitants** (as of December 30, 2006)<sup>2</sup>.

The territory of Prague forms a uniform administrative unit – the Capital City, Prague. From the point of view of autonomous administrative organs, it is divided into **57 municipal districts**, and **22 administrative districts** from the point of view of state administration (since July 1, 2001).<sup>3</sup>

#### **Map 1: Administrative districts of the Capital City, Prague after July 1, 2001 (22 administrative districts)**

(source: Information server of the Capital City, Prague, 2002)



**Table 1: Population of the Capital City, Prague as of December 30, 2006 as compared with the 2001 Housing and Population Census\***

(source: Statistical Yearbook of the Capital City, Prague, Czech Statistical Institute, Prague 2003, and 2006 Statistical Bulletin of the Capital City, Prague; web pages of the Czech Statistical Institute, 2007)

	As of December 30, 2006	Housing and Population Census 2001*
Inhabitants, total	1,188,126	1,169,106
- males	570,881	554,382
- females	617,245	614,724

<sup>1</sup> Act 131/2000 Coll., on the Capital City, Prague, as amended.

<sup>2</sup> Czech Statistical Institute (web pages), 2006 Statistical Bulletin of the Capital City, Prague.

<sup>3</sup> On the basis of regulation 55/2000 Coll. of the Capital City, Prague, which defines the Statute of the Capital City, Prague, as amended.

\*) *Housing and Population Census - a population census from which basic data about the number and structure of inhabitants are obtained. It is completed by annual statistical overviews of data on births, marriages, divorces, deaths, and migration.*

**Table 2: Number of inhabitants of the Capital City, Prague according to administrative districts**

(source: 2006 Statistical Bulletin – Capital City, Prague, Czech Statistical Institute and Statistical Yearbook of the Capital City, Prague, Czech Statistical Institute, Prague 2003)

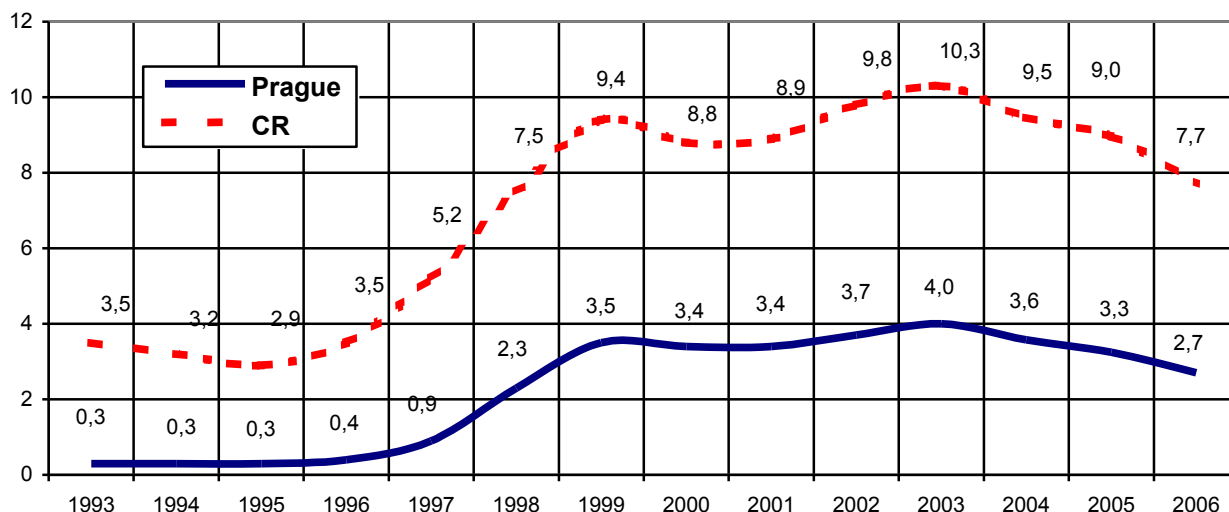
Municipal district	Number of inhabitants		Municipal district	Number of inhabitants	
	as of December 30, 2006	Housing and Population Census 2001		as of December 30, 2006	Housing and Population Census 2001
Prague 1	31,223	34,581	Prague 12	63,827	62,721
Prague 2	47,063	51,003	Prague 13	58,640	54,767
Prague 3	69,939	72,840	Prague 14	44,351	38,529
Prague 4	136,139	137,067	Prague 15	39,409	37,491
Prague 5	82,760	79,164	Prague 16	20,658	18,789
Prague 6	109,497	109,741	Prague 17	27,882	26,283
Prague 7	40,527	41,755	Prague 18	15,325	14,275
Prague 8	106,929	108,107	Prague 19	16,962	14,163
Prague 9	45,389	41,863	Prague 20	13,946	13,036
Prague 10	108,609	108,609	Prague 21	16,060	12,064
Prague 11	84,094	85,020	Prague 22	8,897	7,238

## 1.2 Unemployment

The level of unemployment in the Capital City, Prague has remained markedly lower than in other regions of the Czech Republic. It was 3.25% in 2005 and 2.72% in 2006. The graph below shows the development of unemployment in the Capital City, Prague in recent years.

**Graph 1: Comparison of registered unemployment rates in the Capital City, Prague and the Czech Republic in 1993-2006 (%)**

(source: databases of the Czech Statistical Institute according to data from the Ministry of Labour and Social Affairs and the Statistical Bulletin of the Capital City, Prague for 2006)



## 2. THE PRAGUE DRUG SCENE IN 2006 - SUMMARY

The data were taken from the 2006 Prague Annual Report, which was drawn up by the Hygiene Station of the Capital City, Prague. The data are supplemented with tables included in Section 6 of this report.

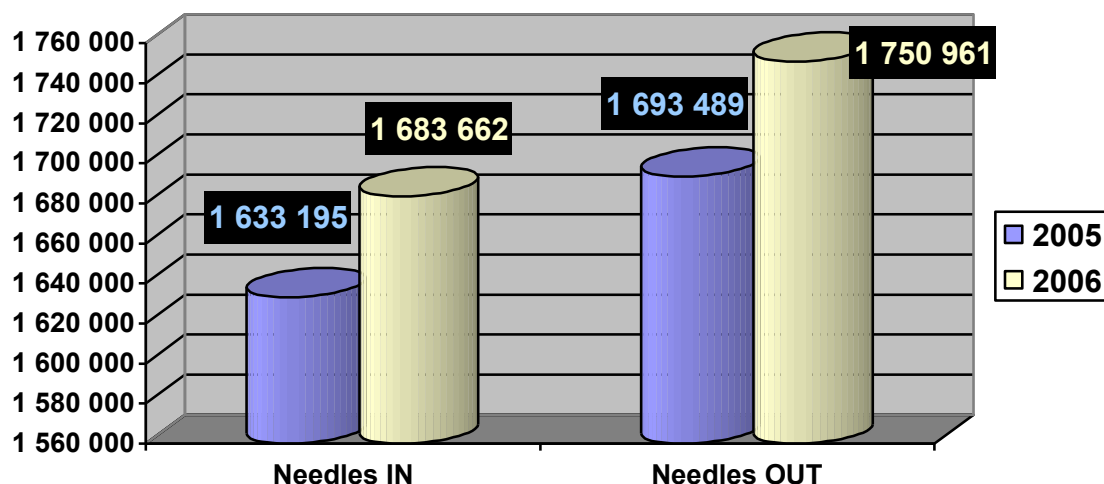
- Information on the incidence and prevalence of treated drug users in Prague in 2006 was obtained from 29 out of 31 (93.6%) treatment/outreach centres included in the Prague database.
- Altogether, 831 persons were newly registered in treatment/outreach centres in Prague in 2006, i.e. the incidence in Prague was 71.3/100,000 inhabitants. The age-specific incidence among the group aged 15-39 in Prague was 769 persons, i.e. 183.8/100,000 inhabitants.
- The total number of drug users treated in Prague in 2006 was 1,809 persons, i.e. 155.2 /100,000 inhabitants; 1,667 persons among the age group aged 15-39 represents a specific prevalence of 398.3/100,000 inhabitants.
- Prague occupies first place in the Czech Republic in terms of the number of drug users treated. It is in second place as far as prevalence is concerned. In comparison with 2005, the position of Prague changed markedly in terms of the incidence of treated drug users.
- Stimulant users are the most numerous among first treatment demands in connection with drugs (404 persons). They represent 48.6% of all newly registered clients (compared with 61.8% in the whole of the Czech Republic). Unlike the rest of the country, opiates represent the second most common group of drugs in Prague, with 254 persons, i.e. 30.6% (it is in third position in the Czech Republic with only 16.7%); 160 (19.3%) of these users mentioned heroin as their primary drug (only 11.9% of all new clients in the Czech Republic).
- Unlike in 2005, opiates were not the most common drug among all clients treated in treatment/outreach centres in 2006. As in the Czech Republic generally, stimulants were the drugs that were used most commonly. They were used by 800 clients, i.e. 44.2% of all treated drug users (58.9% in the whole of the Czech Republic). Of these, 494 persons, i.e. 43.9%, mentioned pervitin (58.4% in the whole of the Czech Republic). Opiates, which used to be the most common, occupy the second position – 775 persons, i.e. 42.8% (25.4% in the whole of the Czech Republic), of whom 500 persons, i.e. 27.6%, used heroin (19.1% in the whole of the Czech Republic).

- As in the rest of the country, three quarters of all treated drug users in Prague used heroin and pervitin.
- In comparison with 2005, the male/female ratio among new clients declined from 1.5:1 to 1.4:1. It is low among those under 24, and females prevail among those under 19.
- The male/female ratio among all clients in treatment is 1.6:1; just like among new clients, it is also low among those under 24 and females also prevail among those under 19.
- In the two groups of drug users in treatment which were monitored, the male/female ratio was the lowest among pervitin users, at 1.1:1, and females prevailed among those under 24.
- Most of those who made new demands for treatment were aged 25-39 and 15-19; younger age groups were more prevalent than in the previous year. More than a half of all clients in Prague were aged 25-39 or 20-24. Most of the first treatment demands in the Czech Republic generally were also made by people aged 25-39.
- The average age of those demanding treatment for the first time in Prague was 21.9 (23.1 in the whole of the Czech Republic), and 25.9 years among all clients (26.2 in the whole of the Czech Republic). Females are younger than males by 4.2 years among first treatment demands, and by 2.9 years among all clients.
- 46.9% of heroin users demanding treatment for the first time and 53.8% of all heroin users started using heroin before they turned 19; as far as pervitin is concerned, this applies to as many as 73.2 (or, more accurately, 70%) of the users .
- 486 newly registered users (i.e. 58.5%), and 68.6% of all clients in treatment (i.e. 1,241), inject their primary or secondary drug.
- The proportion of less risky modes of use is increasing.
- 41% of heroin users and nearly a quarter of pervitin users report daily consumption. However, a consumption frequency of 2 to 6 times per week is more common.
- Just like last year, marijuana is the most common secondary drug among clients who have been registered for the first time. Unlike in 2005, it was also the most common among all clients.
- Popularity: pervitin predominates among all clients and even more markedly among those demanding treatment for the first time (the proportion of the users of this drug is approximately 10% higher in the Czech Republic as a whole). Heroin occupies the second and marijuana the third position among all clients in treatment. This order is reversed among first treatment demands (and it is also reversed in the Czech Republic as a whole). Subutex is gaining ground – it is used for substitution but also as an illicit secondary drug - it is in the fourth position among both groups of drug users (in the Czech Republic as a whole, it is in the sixth position and the proportion of its users is 10-12% lower than in Prague).
- 1,645 drug users (90.9% of the total of 1,809 registered drug users in Prague, 89.1% in the Czech Republic as a whole) can be classified as problem drug users. Of these, 1,009 are males and 628 females; the gender of 8 drug users was not specified. As far as first treatment demands in 2006 are concerned, there were 701 drug users (84.4% of 831 newly registered drug users in Prague, 84.4% in the Czech Republic as a whole). Of these, 395 were males and 303 females; the gender was not specified for 3 drug users. The male/female ratio is low among newly registered problem drug users (1.3:1).
- According to the data of the National Monitoring Centre for Drugs and Drug Addiction at the Office of the Government of the Czech Republic, it is estimated that the number of problem drug users in the Czech Republic has remained stable at approximately 32000 persons. **8,400 of them are based in Prague.**

- In comparison with 2005, the number of syringes and needles exchanged in harm reduction programmes increased again in 2006 (see Graph 2).

**Graph 2: Needles IN and OUT comparison<sup>4</sup> in 2005 and 2006**

(source: Final reports of recipients of subsidies from the Capital City, Prague in 2006)



## 2.1 Drug Prices in the Capital City, Prague

As shown in the table below, the prices of drugs<sup>5</sup> on the street market have not changed markedly in recent years. However, it is possible to say that they have become “cheaper”, because the prices have remained the same while the financial situation of Prague’s inhabitants continues to improve. Even the pocket money which parents give their children continues to increase, which of course increases the purchasing capacity of children and young people.

**Table 3: Drug prices in 2006**

(source: National Drug Squad, 2006)

Drug	Price in CZK/g		Price in CZK/g	
	Street sales <sup>1)</sup>	mean <sup>2)</sup>	Bulk sales <sup>1)</sup>	mean <sup>2)</sup>
Amphetamine (g)	800 - 1,500	931	500 - 1000	700
Ecstasy (tbl)	50 - 500	224	30 - 200	108
Hashish	150 - 500	296	100 - 300	168
Heroin	500 - 2,000	988	500 - 1,500	850
Cocaine	1500 - 3,000	2224	1500 - 2,000	1686
LSD/hallucinogens	50 - 300	168	30 - 100	81
Marijuana <sup>3)</sup>	50 - 300	178	30 - 200	123
Marijuana - 1 joint	10 - 100	30		
Methamphetamine	400 - 2,000	1091	400 - 900	750
Opium	100	100	50 - 100	70
Subutex 2mg	150 - 200	175		
Subutex 8mg	300 - 1,000	575	200	200
Toluene (kg)	60 - 75	68		

<sup>4</sup> Needles IN = needles/syringes accepted within the framework of harm reduction programmes.

Needles OUT = needles/syringes distributed within the framework of harm reduction programmes.

<sup>5</sup> 2006 Annual Report of the National Drug Squad, [www.mvcr.cz](http://www.mvcr.cz)



- 1) price ranges according to data reported by individual districts
- 2) mean value calculated from all prices reported by individual districts
- 3) price per gram regardless of the percentage of the active substance - cannot be distinguished

## 2.2 Crime

The 2006 Annual Report of the National Drug Squad<sup>6</sup> indicates that the Capital City, Prague continues to be a leader in terms of drug-related crime in the regions of the Czech Republic.

The current drug scene is evenly distributed throughout the entire territory of the Capital City, Prague; the sales of drugs are especially concentrated in places where large numbers of people gather, namely in nodal points of Prague's mass transportation system, underground stations in flatblock estates, bus and railway stations, clubs and gambling places.

As far as the organised criminal structures which operate in Prague are concerned, Czech citizens occupy the basic positions and usually serve as sellers or transporters of drug consignments. Foreigners usually occupy higher positions in the structure of these groups, and they organise and control the criminal activities. In addition to foreigners and Czechs, members of national minorities living in the Czech Republic are also involved in these criminal activities.

In recent years, members of the Roma community have engaged in drug crime, especially in street sales. During the last two years, increased involvement in drug crimes has been observed among the members of the Vietnamese community. Several small or high-tech high-capacity marijuana grow rooms operated by Vietnamese, and a large consignment of high-quality ephedrine, were seized by the National Drug Squad. The Vietnamese groups are well organised and they especially deal with marijuana growing; the marijuana usually has a very high THC content.

Methamphetamine is the leader in terms of criminal activity on the territory of the Capital City, Prague. The main reasons are its easy availability, acceptable price, and relative simplicity of production (it is made from over-the-counter medicaments containing pseudoephedrine).

Heroin occupies the second position. In this context, it is necessary to mention that heroin users commonly abuse the substitution preparation Subutex. No occurrence of highly concentrated "white" heroin in Prague was reported in 2006; in the past, it caused an increase in the number of overdose-related deaths among drug addicts.

An extremely dangerous development took place in terms of cannabinoids. Hydroponic grow rooms in which several to several dozen plants are grown can be found in flats throughout the entire territory of Prague.

The so-called "dance drugs" continue to be popular.

In addition to methamphetamine, imported cocaine is also sold in Prague. It is mainly sold in clubs and gambling places in the centre of Prague. We can expect that cocaine, like methamphetamine, is going to represent another safety and health risk in the future, especially in certain social circles, namely among young people. Cocaine may become an alternative to stimulants in the future.

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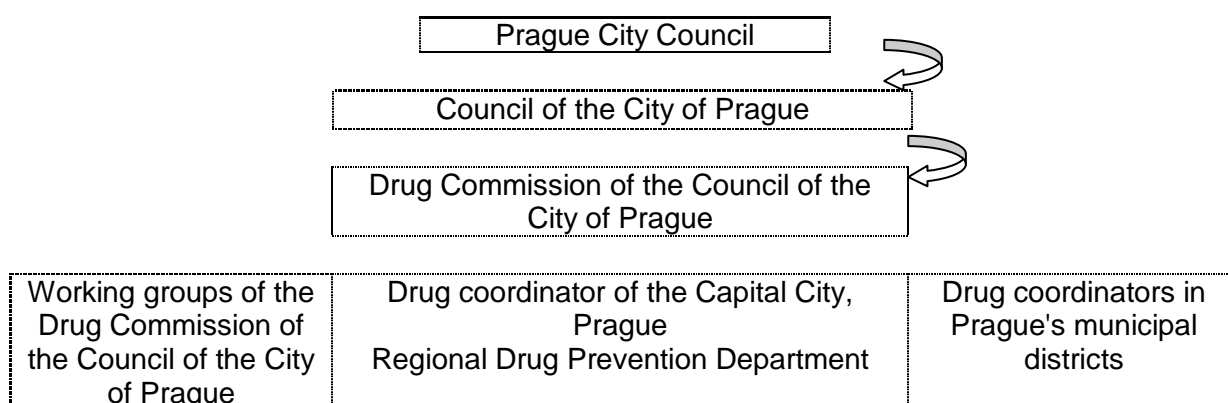
<sup>6</sup> [www.mvcr.cz](http://www.mvcr.cz)

### 3. DRUG POLICY COORDINATION

#### 3.1 Institutional Provision

The Drug Commission of the Council of the Capital City, Prague, its working groups for individual types of prevention, and the drug coordinator of the Capital City, Prague provide for the drug policy of the region.

#### Organisational structure of drug policy at the level of the Capital City, Prague



**The Drug coordinator of the Capital City, Prague** (in post since January 1996) is a full-time employee of the “Office of the Mayor”. At the same time, she is the head of the Regional Drug Prevention Department, which also provides for the prevention of socially pathological phenomena at the regional level.

#### **Drug Commission of the Council of the City of Prague:**

The advisory body of the Council of the City of Prague consists of 12 members. MUDr. Pavel Bém, the Mayor of the City of Prague, is the chair of the commission. The other members are politicians and members of the professional public.

**Sections:** The sections are working groups of experts from individual fields of drug policy. They collaborate closely with the Regional Drug Prevention Department and the Drug Commission of the Council of the City of Prague. They participate in the preparation of strategies and action plans and the evaluation of individual drug prevention services.

**Regional Drug Prevention Department:** This is part of the Prague City Hall and the “Office of the Mayor”. The department provides for drug policy coordination within the Prague City Hall, as well as in terms of the central bodies of the Czech Republic and individual municipal parts of the Capital City, Prague. It collaborates closely with similar departments in the regions of the Czech Republic. It also represents drug policy abroad.

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**Logo of the department:**

**Web pages of the Regional Drug Prevention Department:** [www.praha-mesto.cz](http://www.praha-mesto.cz) ⇒ social area ⇒ drug policy

The web page offers information about the drug policy of the Capital City, Prague – topical news, grant proceedings, address books, contacts, strategic materials, lists of facilities etc.

**Drug coordinators of municipal districts:** Drug coordinators have been appointed in the Prague 1 to Prague 22 municipal districts. They meet every two weeks at the Prague City Hall. The drug coordinator of the Capital City, Prague provides them with methodological guidance and they serve as her advisory body. Drug coordinators guarantee the efficiency of drug policy at the local level. At the same time, they participate in the assessment of drug prevention projects and preparation of drug strategies.

**District methodologists for the prevention of socially pathological phenomena (prevention of socially pathological phenomena = primary prevention):** They are employed by pedagogical-psychological counselling offices, of which there are 12, and deal with primary prevention. The Regional Drug Prevention Department provides them with methodological guidance and they serve as its advisory body.

### 3.2. Drug Policy Services in the Capital City, Prague

**3.2.1 The basic network of services in Prague consists of organisations dealing with primary prevention, treatment and aftercare, and harm reduction services:**

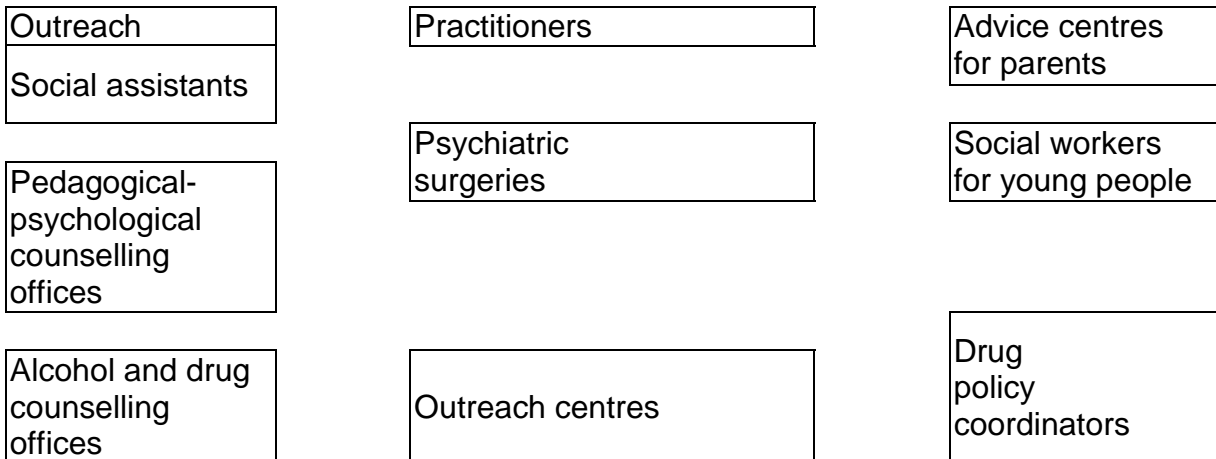
<b>Specialised services:</b>	<b>Number of programmes:</b>
Primary prevention	22
Outpatient treatment	9
Outreach centres	3
Field programmes	7
Detoxification centres	4
Therapeutic communities	3
Aftercare centres	7
Substitution	6
Sobering-up stations	1

In addition to the above-mentioned facilities, Prague also possesses a network of so-called AT surgeries (Alcohol – Toxicomania). It also has centres for smoking cessation and specialised anti-alcohol departments in psychiatric hospitals.

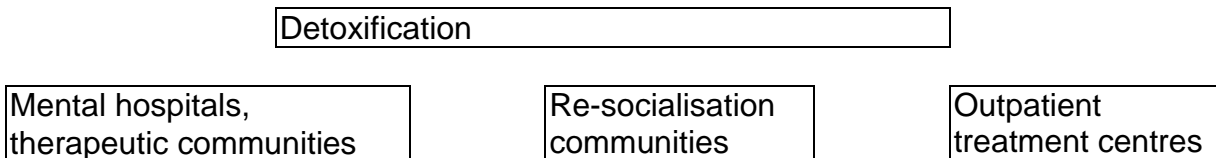
### 3.2.2 Network of services

#### Primary prevention – education towards a healthy lifestyle & towards positive values

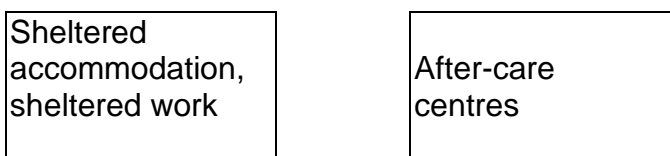
The following services are available for people after contact with drugs:



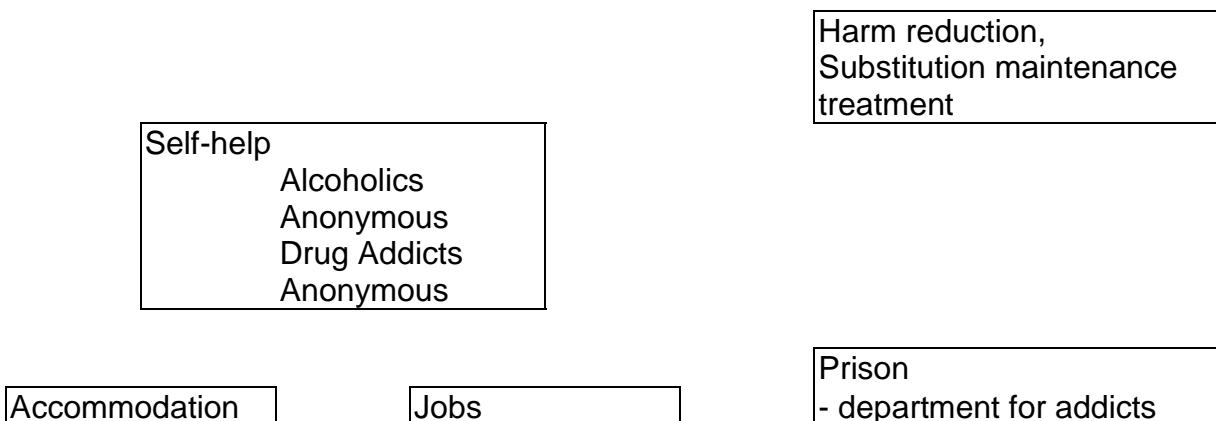
The following services exist for drug addicts:



After quitting...



When addiction persists...



#### 4. Capital City, Prague Drug Policy Funding

##### Statistics

Budget of the Capital City, Prague – “Drug Policy of the Capital City, Prague:

##### 1/ Amount of Approved Financial Resources in the Chapter “Drug Policy in the Capital City, Prague”:

2003	2004	2005	2006
CZK 12,446,000	CZK 29,000,000	CZK 29,000,000	CZK 32,500,000

##### 2/ Resources Allocated for Services from the Region (Capital City, Prague) and municipalities (municipal districts) in 2006 (CZK)

Type of service	Region – Capital City, Prague –	Municipalities – municipal districts	TOTAL
<b>Specific primary prevention<sup>7</sup></b>	<b>7,210,000</b>	<b>6,208,920</b>	<b>13,418,920</b>
<i>Outreach centres</i>	<i>4,174,000</i>	<i>680,000</i>	<i>4,854,000</i>
<i>Field programmes</i>	<i>6,428,000</i>	<i>1,316,400</i>	<i>7,744,400</i>
<b>Harm Reduction</b>	<b>10,602,000</b>	<b>1,996,400</b>	<b>12,598,400</b>
<i>Outpatient treatment</i>	<i>7,379,000</i>	<i>1,392,000</i>	<i>8,771,000</i>
<i>Therapeutic communities, residential programmes</i>	<i>3,820,000</i>	<i>399,500</i>	<i>4,219,500</i>
<i>Aftercare</i>	<i>2,320,000</i>	<i>682,500</i>	<i>3,002,500</i>
<b>Outpatient treatment and aftercare</b>	<b>13,519,000</b>	<b>2,474,000</b>	<b>15,993,000</b>
<b>Other<sup>8</sup></b>	<b>1,169,000</b>	<b>354,599</b>	<b>1,523,599</b>
<b>TOTAL</b>	<b>32,500,000</b>	<b>11,033,919</b>	<b>43,533,919</b>

<sup>7</sup> Specific primary prevention and prevention of socially pathological phenomena

<sup>8</sup> For instance, educational activities, publishing activities, conferences, etc.