



Sekretariát Rady vlády
pro koordinaci
protidrogové politiky

Demand Reduction Interventions

The case of the Czech Republic

Jindrich Voboril

National Coordinator for Drug Policy

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> Presentation structure

Part 1

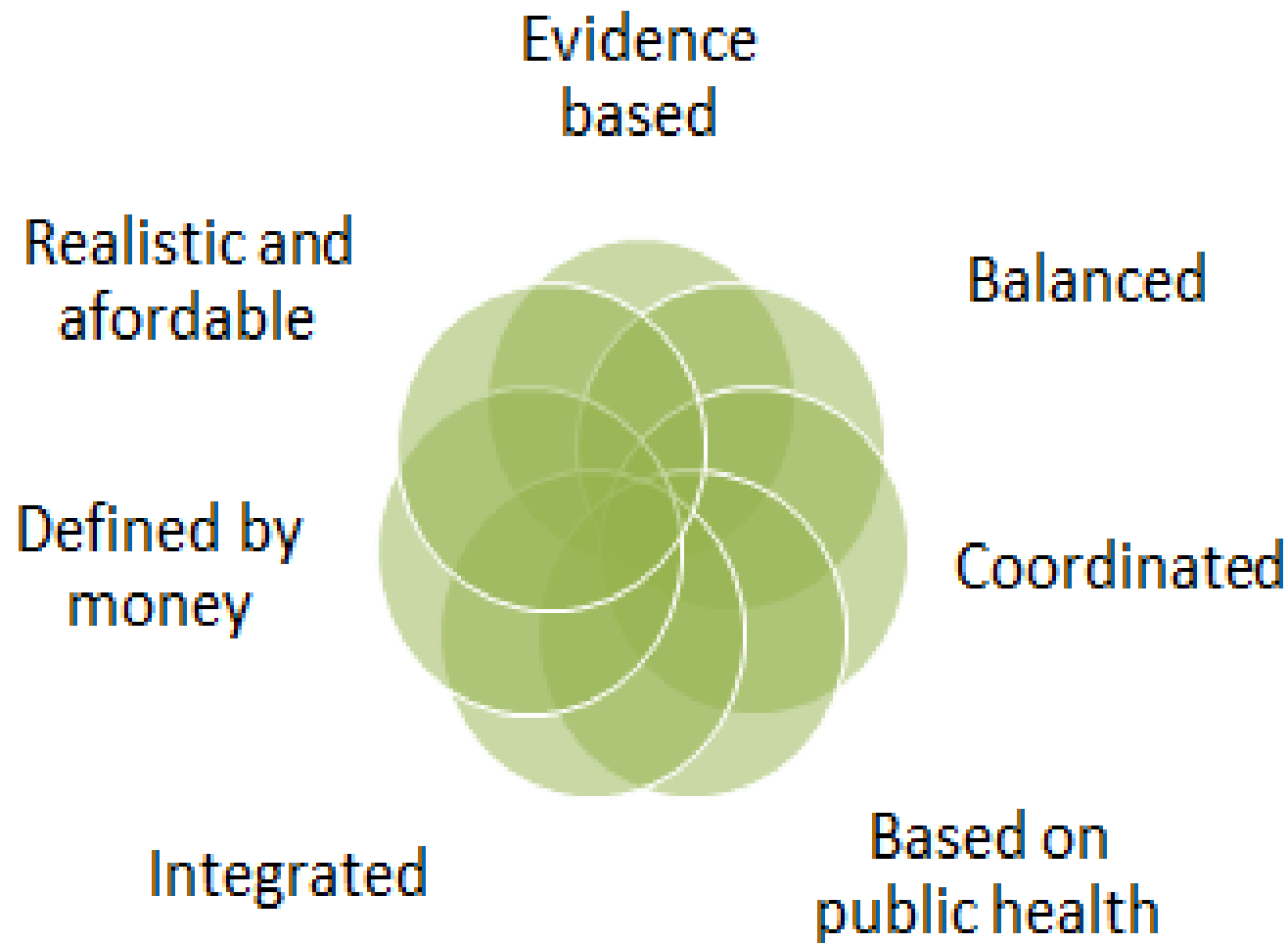
**Services for drug
users**

Part 2

Quality standards

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> Key aspects of Czech Drugs Policy



> Outcomes of the CZ policy

- **Lowest traditional heroin market in EU, fragmented methamphetamine market but**
- **No hard core organized crime – almost non existent,**
- **relatively low problem drug use**
- **Lowest overdose rate - between 20 - 40 people a year**
- **Lowest HIV/AIDS prevalence among IDUs in Europe - less than 1%**
- **Prison services are not overcrowded with „minor“ drugs offences**
- **Hidden population in contact with services because of the network of low threshold programs across the country**



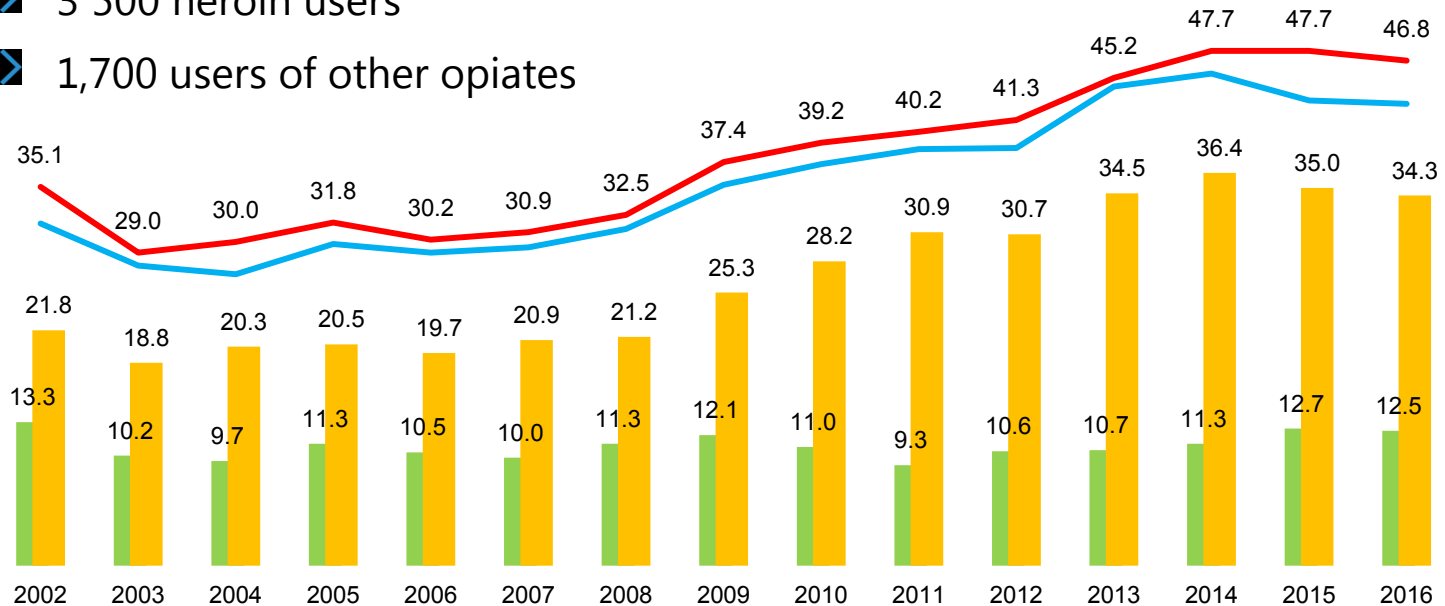
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Part 1: Services for drug users

> Problem drug users

46,800 problem drug users:

- ▣ 34,300 users of methamphetamine
- ▣ 7,300 users of buprenorphine
- ▣ 3 500 heroin users
- ▣ 1,700 users of other opiates

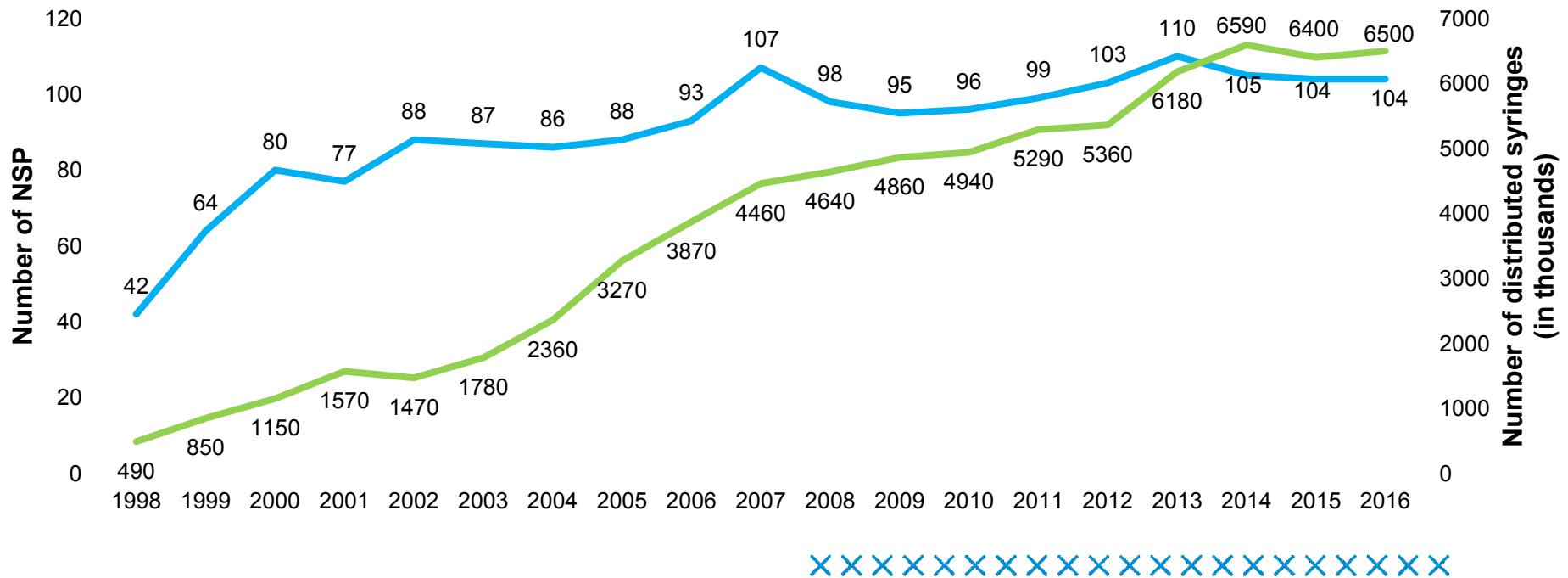


■ Problem users of opioids
 ■ Problem users of pervitin
 — Injecting drug users
 — Problem drug users (total)



> Needle and syringe programs

- good coverage with low threshold facilities in the Czech Republic (total of 104 low-threshold programs)
- 70 % of drug users (39,5 thousand) in contact with drug services
- 80% of IDUs
- decreasing the level of risk behavior (needle exchange)
- 6,5 mil. of distributed syringes



> Services for drug users

Approx. 250–270 stable stationary addiction care facilities:

90–100 outpatient medical based treatment (psychiatric clinics – usually between 1 – 2 members of the staff only)

55–60 drop in centres + 50 outreach programs

35–45 outpatient after-care (approx. 20 of them with possibility of housing)

25–30 residential treatment in psychiatric hospitals

15–20 therapeutical communities

5 special regime houses (oldery people)

6 facilities of special education for adolescents (Under the 18 years old)

Availability of services for drug users (2015)

- ▶ interdisciplinary complex of health, social/health, social and/or educational interventions provided to drug users and/or their relatives
- ▶ drop-in centers and outreach programs as the basis of the network of services
- ▶ emphasis on early detection and early intervention



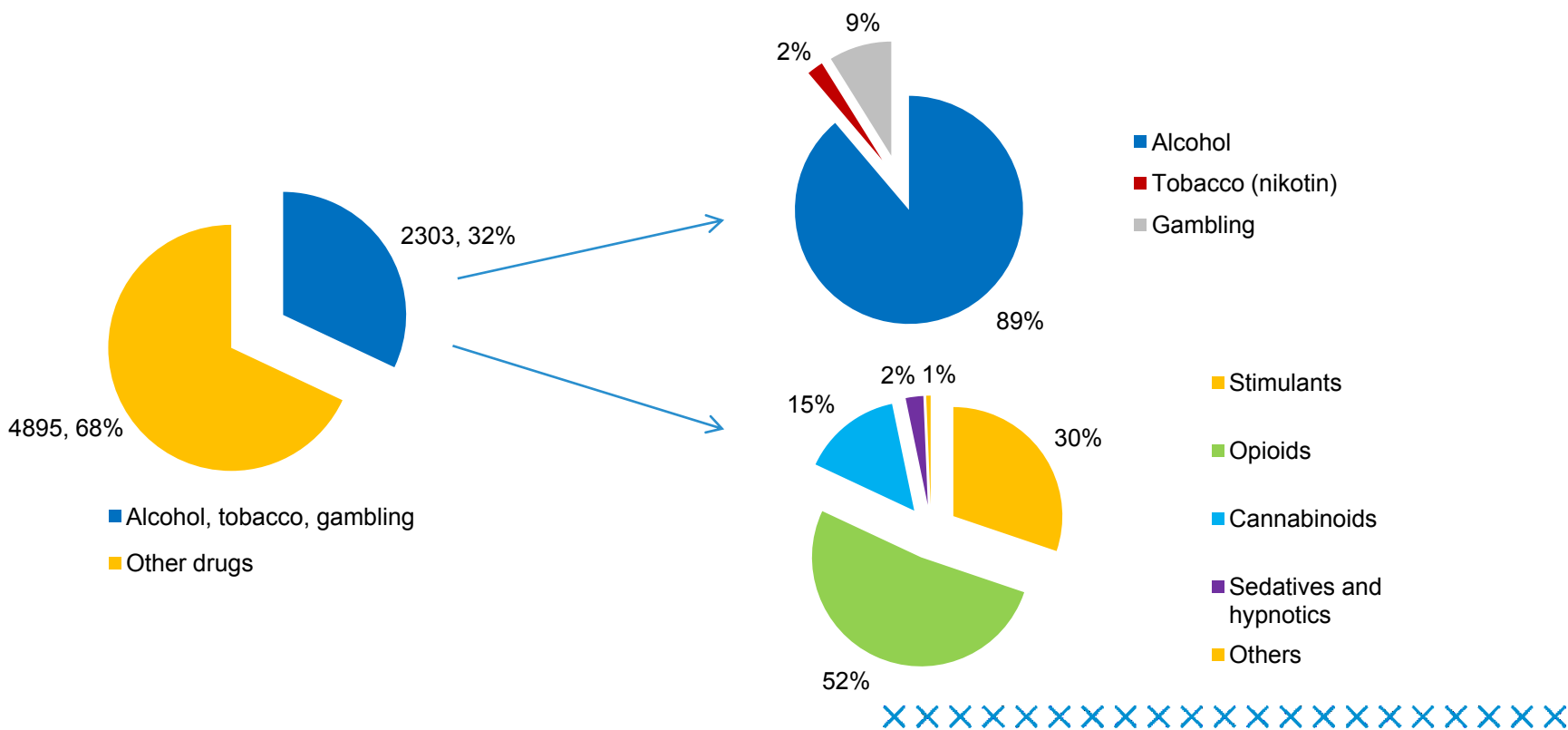
189 certified programs + 90 primary prevention programs



> Treatment demand

Since 2015 new **National register of treatment of drug users**
not possible to follow trends, technical problems

In total 7198 patients in abstinence based treatment

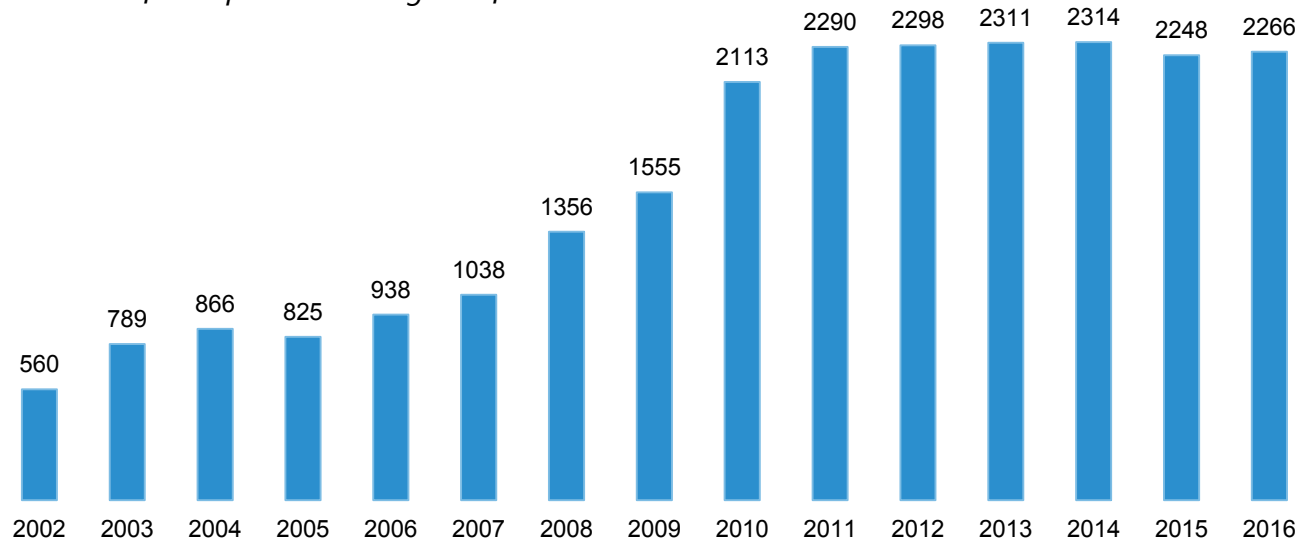


> Opioid substitution treatment

Estimation: 20–30 % problem opioid users in OST

↑ **Suboxone®**
↓ **buprenorfin -**
Buprenorphine
Alkaloid®, Ravata® a
Subutex®

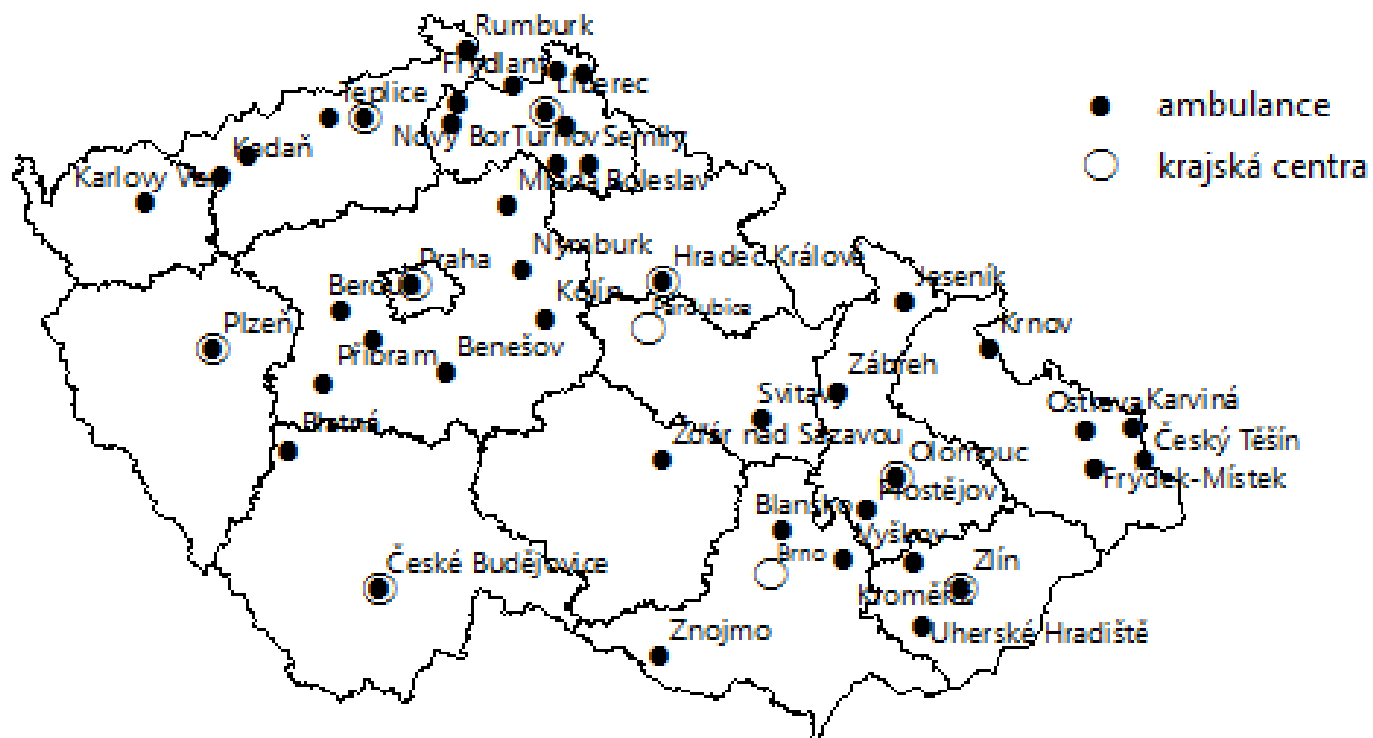
Number of OST patients in registr of OST



Availability of low-threshold services (2012)



➤ Outpatient Gambling Addiction Treatment (2016)





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Part 3: Quality standards

> Quality standards (certifications) of drug treatment services

- ▶ The certification of professional competency - examination and formal recognition of drug services provided in line with good practice (criteria of quality and complexity = standards)
- ▶ Certification of primary prevention programs – Ministry of Education (since 2007)
 - ▶ Quality standards of professional competence in school primary prevention programs of risk behavior
 - ▶ Basic tool for securing the quality and efficacy of provided care
 - ▶ Special standards: universal, selective and indicated prevention
- ▶ **Certification of drug treatment services – GCDPC (since 2005)**
- ▶ General and special standards
- ▶ EU minimum quality standards in drug demand reduction adopted in 2015 – the Czech Republic as an example of best practice

> Goals

- ▶ Improvement and maintenance of quality of services in benefit of their clients
- ▶ Integration into the system of health and social services
- ▶ Protection of clients of services
- ▶ Quality assurance of services provided in the Czech Republic
- ▶ Efficient allocation of funding from public resources
- ▶ Certification is a condition for funding by GCDPC, Ministry of Health, regional autonomy

> Quality Standards

General Standards (all types of services)

- ▶ Characteristics of the service (mission, target group, objectives of services, and accessibility and affordability) and rights of the patients/clients.
- ▶ Staffing and ensuring the competence of the service.
- ▶ Entry of the patient/client into the service (discussions held with a person interested in the service, admission of the patient/client, giving consent – an agreement/contract on the provision of a specialist service).
- ▶ Service provision principles, individual plans, record keeping, and service termination.
- ▶ Organization of the service, financing, external relations, and networking.
- ▶ The environment, extraordinary events, and emergencies.
- ▶ Evaluation of the quality, safety, and effectiveness of the service.

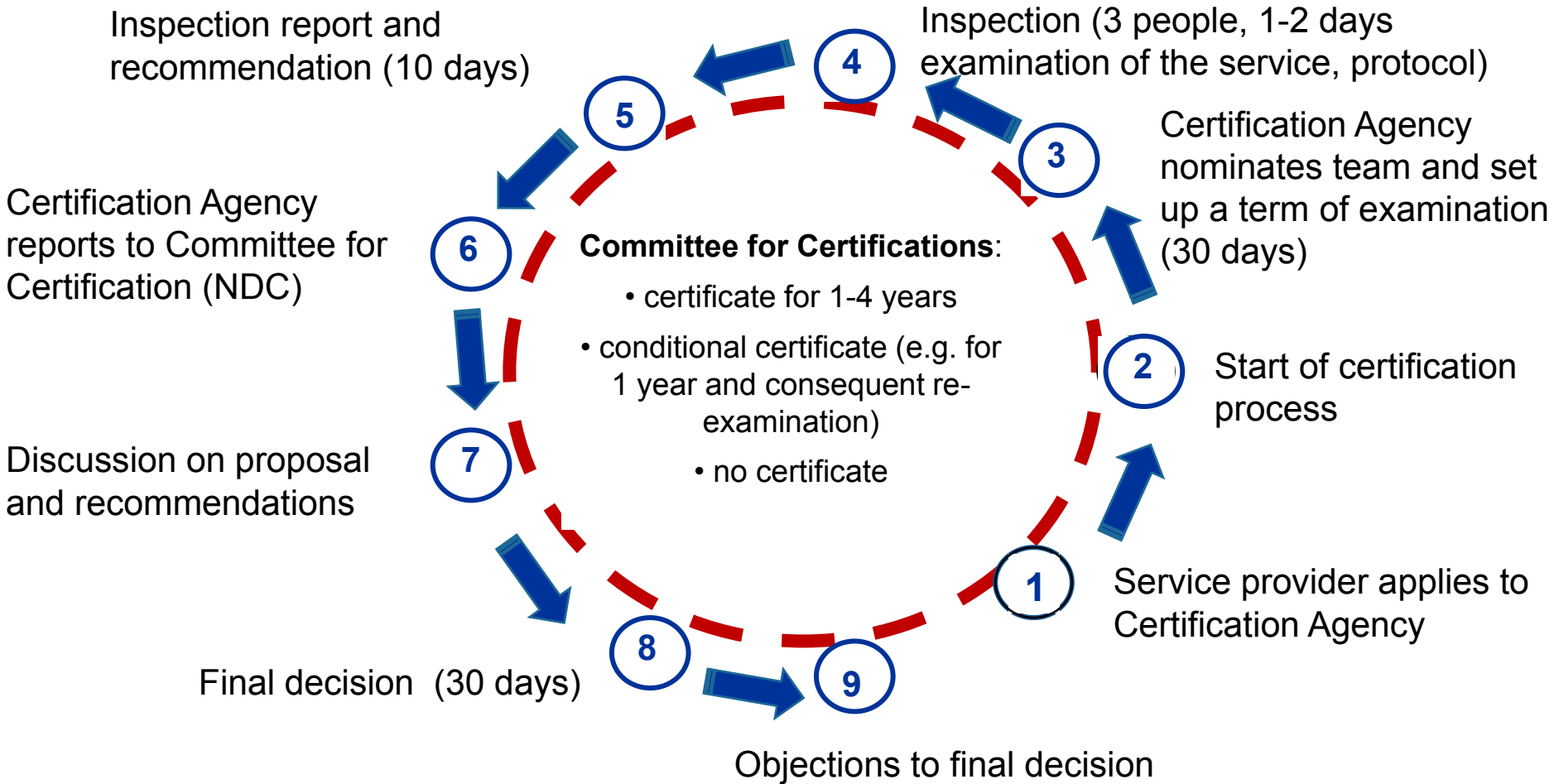
Special Standards (type of services)

- ▶ Detoxification
- ▶ Outreach programs
- ▶ Low-threshold centers
- ▶ Out-patient treatment
- ▶ Stationary programs
- ▶ Short- and mid-term residential treatment
- ▶ Residential care in therapeutic communities
- ▶ After-care programs
- ▶ Substitution treatment
- ▶ Services in prisons (since 2015)

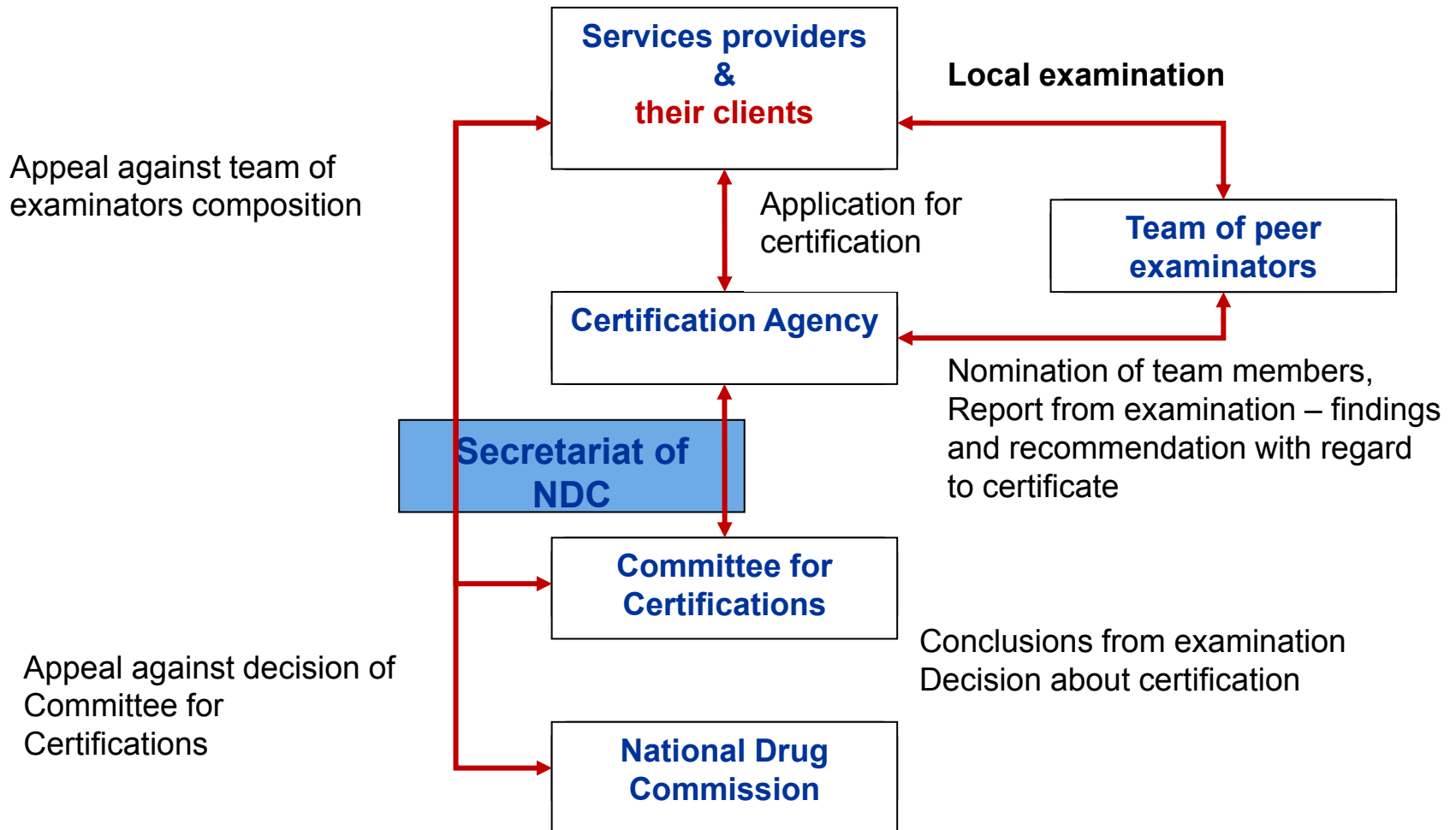




Certification Process



> Key Players in Certification Process



> Recommended procedures in addictology

- ▶ Examples of best practice in addictology
- ▶ Description of the minimum - which care is appropriate for which target group
- ▶ Evidence-based approach
- ▶ Based on EMCDDA recommendations for the development of national standards of best practice
- ▶ Closely linked to quality standards (certifications) - give content to what define / specify these standards and vice versa

> Challenges...

- High numbers of users of legal drugs and cannabis
- Low coverage with specific prevention programs and early interventions for alcohol and tobacco users
- Very low percentage of alcohol users and gamblers in contact with helping services
- Low coverage of substitution treatment (treatment not paid by health insurance)
- Lack of substitution treatment programs for methamphetamine users
- Complicated financing of the services – we have a mix of good and bad - some type of services based on one year budget, number of donors (several {both} local and central authorities), though coordinated, everybody accepted certification as a key access point for financing, every project has to be cofinanced by local authority (central government donates maximum 70%), each of the 14 regions and the major cities are encouraged to set their own strategies in conjunction with the national one, though budget is still often dependent on the political representation of local authorities - future vision is buying services not donating

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**Thank you
for your attention ...**