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"The war on drugs is a war on human beings."

Pavel Bém

Pavel Bém described the so-called 'Liberalised Drug Policy' in the Czech Republic, or, as he preferred to call it, 'quite well-balanced Drug Policy,' and presented some case studies.

He first introduced himself as a medical doctor who, 22 years ago, had been involved in designing the first national drug strategy in the Czech Republic. Some years later, he became the Czech "drug tsar" – the Secretary of the National Drug Commission – where he designed, formulated, and implemented the initial drug policy. In 1998, he became Mayor of a Prague district, and in 2002 the Lord Mayor of Prague, a position he left in 2010, when he became a Member of the House of Commons of the Czech Parliament and advisor to the Czech Prime Minister on drug issues.

DRUG POLICY IN THE CZECH REPUBLIC

The Czech so-called 'Liberalised Drug Policy' is not about 'fighting' drugs, or 'the war on drugs,' because the war on drugs means war on human beings; instead, it seeks a balanced approach and harmony.

Fifty years ago, the drug policy goals were supply reduction and demand reduction, and international policy-makers were trying to find a harmony between the two concepts. The paradigm then developed to include law enforcement, demand reduction, and harm reduction, which was a significant step forward but not accepted by all without objections. Nowadays, paradigms seeking harmony between the concepts of public health and public safety are becoming more frequent. This is a good change, as these concepts allow for a wide array of valid arguments, broad scientific evidence, and the ability to talk to policy-makers using a simple – but not simplistic – paradigm.

But the question is: What is meant by harmony? What is our definition? And at the same time, do we really know enough about those we are trying to help? Can we minimise their personal, social, health, and economic risks, thus reducing the enormous social and economic costs to them and to the rest of the society? Do we really know enough about drug users, or drug addiction? Do we know about their culture, their values and language?

Whenever we are at the beginning of a revolution or paradigm shift, we have to realise that there are certain risks, and that we need to be willing to face them.

After the Velvet Revolution in 1989, a liberalised Czech Republic adopted the first compact national drug strategy in 1993, no longer penalising the possession of drugs for personal use. However, in 1998 a new criminal law was adopted by the Czech Parliament, penalising personal possession in undefined "amounts bigger than small,"

while possession in amounts "smaller than bigger than small" became a misdemeanour. Immediately after this shift, the National Drug Commission of the Czech government commissioned the Impact Analysis Project (PAD) of the new drug legislation by an interdisciplinary team of scientists.

Two years later, the PAD proved that the new 1998 drug legislation did not lead to any positive impact or outcomes. Later in the 2000s, a new drug strategy was developed, and a more liberal penal code than that of 1998 was adopted. Nowadays, the possession of illicit drugs for personal use is, once again, not a legal offence.

Czech Republic: Case Study in the Liberalization of Drug Policy

- 1993 Governmental Drug Commission
- 1993 First National Drug Strategy
- 1998 Criminal Law penalising possession
- 1999 Impact Analysis Project (PAD) of the New Drugs Legislation
- 2002 PAD outcomes proving no positive impacts; Czech government acknowledging the results of the study
- 2002-10 New National Drug Strategies
- 2010 New Penal Code in force

The fundamental pillars of the Czech Republic's Drug Policy are: primary prevention, treatment, social integration, harm reduction, risk minimisation, and drug supply reduction (Figure 24[1]). Today these appear to be obvious choices, but it was necessary to see the failure of a previous policy to realise that.

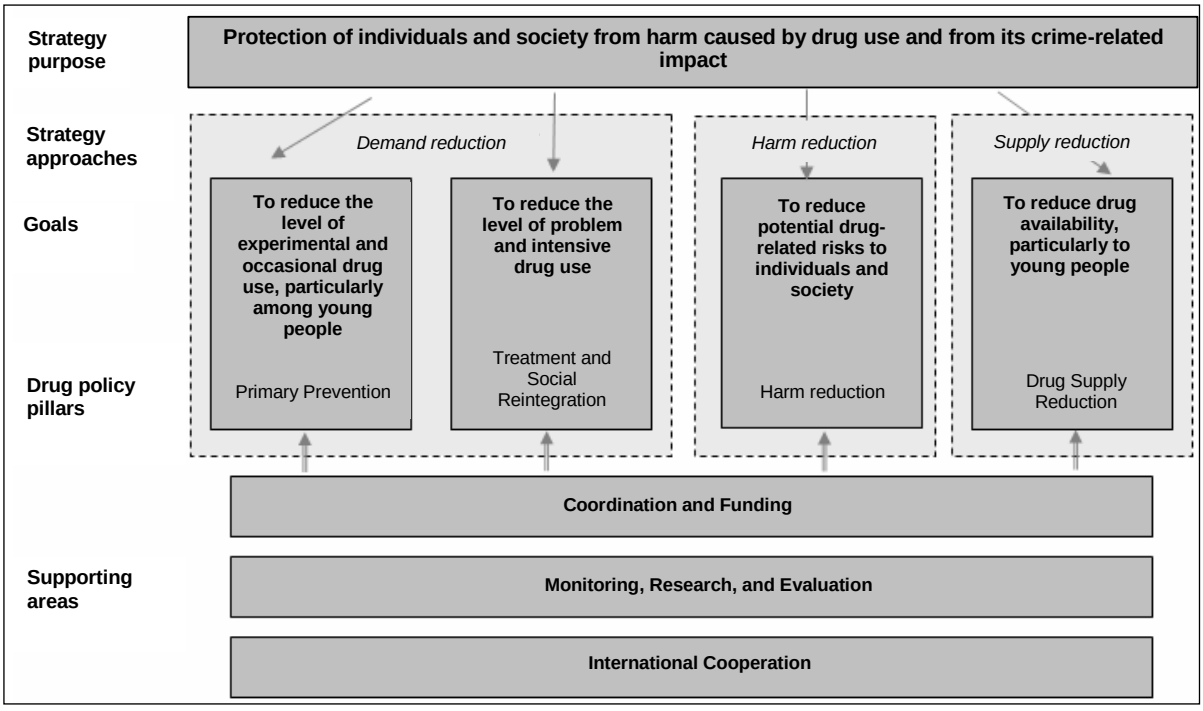


Figure 1. 2010-2018 National Drug Strategy.

AN UNSUCCESSFUL POLICY

[1] Source: The Czech National Drug Commission

In 1998, the new policy in the Czech Republic started to penalise the possession of illicit drugs for personal use. Following its implementation, a complex study of the new legislation was carried out, including cost-benefit analyses, 5 major quantitative and qualitative studies, and 20 sub-studies, thousands of papers, and thousands of figures and analyses based on 5 main hypotheses. The methodology and analyses were extremely complex, combining qualitative and quantitative methods and measuring direct as well as indirect costs. It was carried out by an interdisciplinary research team supervised by the prestigious Florida State University's School of Criminal Justice and School of Social Science. The study was funded by the Government of the Czech Republic.

The proponents of the new punitive law expected: 1) that the availability of illicit drugs would decrease; 2) that the use of illicit drugs (prevalence) would decrease; 3) that the number of new cases of illicit drug use (incidence) would decrease; 4) that the negative health indicators related to drug use would not increase, and 5) that the social costs would not increase.

The results showed that all 5 of the hypotheses had to be rejected.

In the case of hypothesis 1 (decreased availability), drugs were perceived to be more available amongst those with no experience, and hard drugs were perceived to be more available among experienced drug users. There were also other indicators of increased availability after the legislative change, and long-term price stability on the Black Market showed that the new punitive law had – at the most conservative interpretation - no impact on availability.

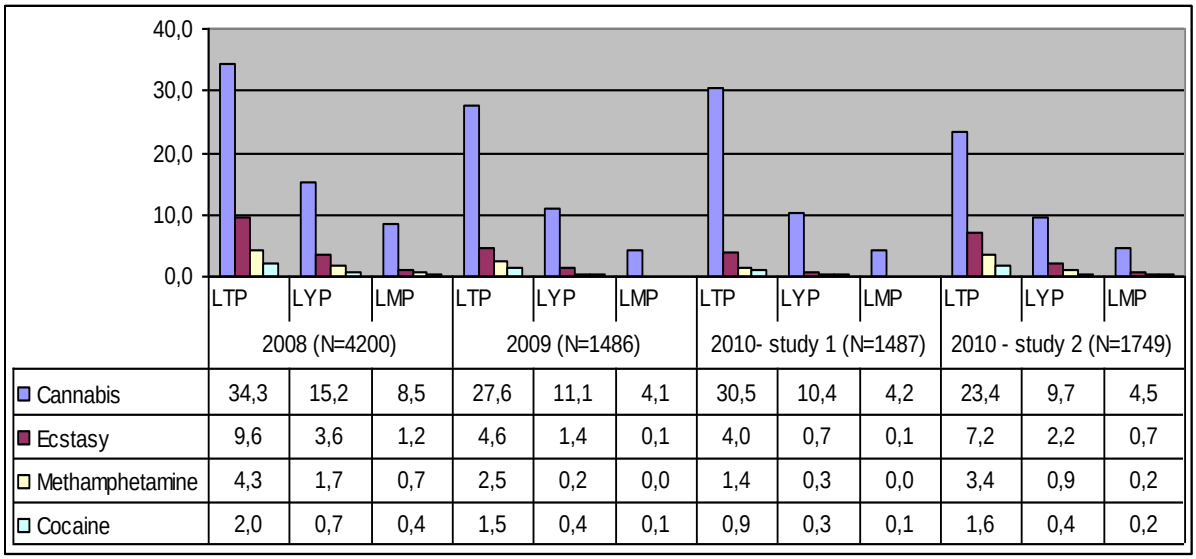
As regards hypothesis 2 (decreased prevalence), both marijuana and Ecstasy use increased in the studied period, and heroin and methamphetamine – two of the major 'hard drugs' - showed steady prevalence of use. Concerning the third hypothesis (decreased incidence), the number of new cases of drug use in the general population actually increased. There was a significant increase in marijuana use among 16 year old teenagers in 2001 compared to 1997, and a similar trend was seen in the general population.

The fourth hypothesis (no increase in negative health indicators) could not be proven or rejected reliably: even though some outcomes may have supported the hypothesis, the reality was that there was not sufficient evidence to prove it. In addition, there was an increased number of fatal overdoses. Regarding the fifth hypothesis (no increase in social costs), in the first 2 years of enforcing the new punitive law, the social costs of illicit drug use increased both financially and from a public health perspective, while no benefits were identified.

As a consequence of these outcomes, it was concluded that the toughening of drug laws had not led to any positive outcomes. The government therefore undertook to amend the law so that at least some of its negative effects were repealed, and the newly-revised law seems successful, albeit only after quite a long time.

A 'QUITE WELL-BALANCED' DRUG POLICY: A SUCCESS STORY

The Czech Republic has been criticised for having a high lifetime prevalence of cannabis use among adults, as well as amongst teenagers and young people aged 15-34. Looking at this indicator of cannabis use among young adults in Europe, the Czech Republic scored quite unfavourably. However, the question should be: what is the real social cost of the fact that the lifetime prevalence (i.e., prevalence of having used cannabis at least – and mostly only – once in their lifetime) among young people has been over 30% (Figure 25[2])?



	2008 (N=4200)			2009 (N=1486)			2010- study 1 (N=1487)			2010 - study 2 (N=1749)		
	LTP	LYP	LMP	LTP	LYP	LMP	LTP	LYP	LMP	LTP	LYP	LMP
Cannabis	34,3	15,2	8,5	27,6	11,1	4,1	30,5	10,4	4,2	23,4	9,7	4,5
Ecstasy	9,6	3,6	1,2	4,6	1,4	0,1	4,0	0,7	0,1	7,2	2,2	0,7
Methamphetamine	4,3	1,7	0,7	2,5	0,2	0,0	1,4	0,3	0,0	3,4	0,9	0,2
Cocaine	2,0	0,7	0,4	1,5	0,4	0,1	0,9	0,3	0,1	1,6	0,4	0,2

Figure 2. General Population Surveys in 2008-2010 (age 15-64).

Regarding problem drug use, there are approximately 35,000-39,000 problem drug users in the Czech Republic, 2/3 of whom use amphetamine and 1/3 of whom use heroin. Compared to the prevalence of problem drug use in the EU, as well as HIV prevalence among injection drug users (IDUs), the Czech Republic actually scores quite favourably (Tables 1-3, Figures 26-30). In the case of drug overdoses and mortality, the results for the Czech Republic compared to other EU countries are more than favourable.

All this – translated into monetary terms – means relatively low health costs, low social costs, and a relatively small economic impact of the illicit drug use phenomena for Czech citizens.

To understand this in context, it is important to be aware that the EU countries have a better situation in all those areas than the US, Australia, and Canada, and a much better situation than Russia or China or any Third World country.

[2] Source: Czech National Monitoring Centre on Drugs and Addictions (unless otherwise noted)

Prevalence	Drug	2008 (n=1891)	2009 (n=616)	2010-study 1 (n=615)	2010-study 2 (n=674)
Lifetime Prevalence	Cannabis	53.3	45.5	49.3	38.9
	Ecstasy	18.4	9.3	7.8	14.7
	Pervitin (amphetamines)	7.8	4.4	2.9	5.9
	Cocaine	3.6	1.9	1.6	1.9
Last-year Prevalence	Cannabis	28.2	21.6	20.7	20.3
	Ecstasy	7.7	2.8	1.6	3.9
	Pervitin (amphetamines)	3.2	0.3	0.8	1.6
	Cocaine	1.6	0.5	0.5	0.4
Last-month prevalence	Cannabis	16.7	8.6	8.0	9.2
	Ecstasy	2.6	0.3	0.2	1.3
	Pervitin (amphetamines)	1.4	0.0	0.0	0.4
	Cocaine	0.8	0.2	0.2	0.3

Table 1. Prevalence of selected drugs in Czech youth and young adults (age 15 – 34)

Year	Problem Drug Users – Total	Opiate/opioid Problem Drug Users			Pervitin Users	Injecting Drug Users
		Heroin	Subutex®	Total		
2002	35 100	n.a.	n.a.	13 300	21 800	31 700
2003	29 000	n.a.	n.a.	10 200	18 800	27 800
2004	30 000	n.a.	n.a.	9 700	20 300	27 000
2005	31 800	n.a.	n.a.	11 300	20 500	29 800
2006	30 200	6 200	4 300	10 500	19 700	29 000
2007	30 900	5 750	4 250	10 000	20 900	29 500
2008	32 500	6 400	4 900	11 300	21 200	31 200
2009	37 400	7 100	5 100	12 100	25 300	35 300
2010	39 200	6 000	5 000	11 000	28 200	37 200

Table 2. Estimates of problem drug use in the Czech Republic, 2002 – 2010.

Year	HIV	VHB	VHC

	No tested	Positive (%)	No tested	Positive (%)	No tested	Positive (%)
2003	2 471	0,8	2 504	11,2	2 884	31,5
2004	2 483	0,4	2 581	9,9	2 913	33,6
2005	2 253	0,2	2 332	10,1	2 577	35,0
2006	2 196	0,5	2 290	10,0	2 497	32,6
2007	1 905	0,3	2 004	8,4	2 168	31,0
2008	2 332	0,6	2 463	8,9	2 636	32,0
2009	2 558	0,5	2 553	8,3	2 852	29,8
2010	2 865	0,6	2 837	8,1	3 189	30,4

Table 3: DRIDs Prevalence of those using medical services because of drug-related disorders.

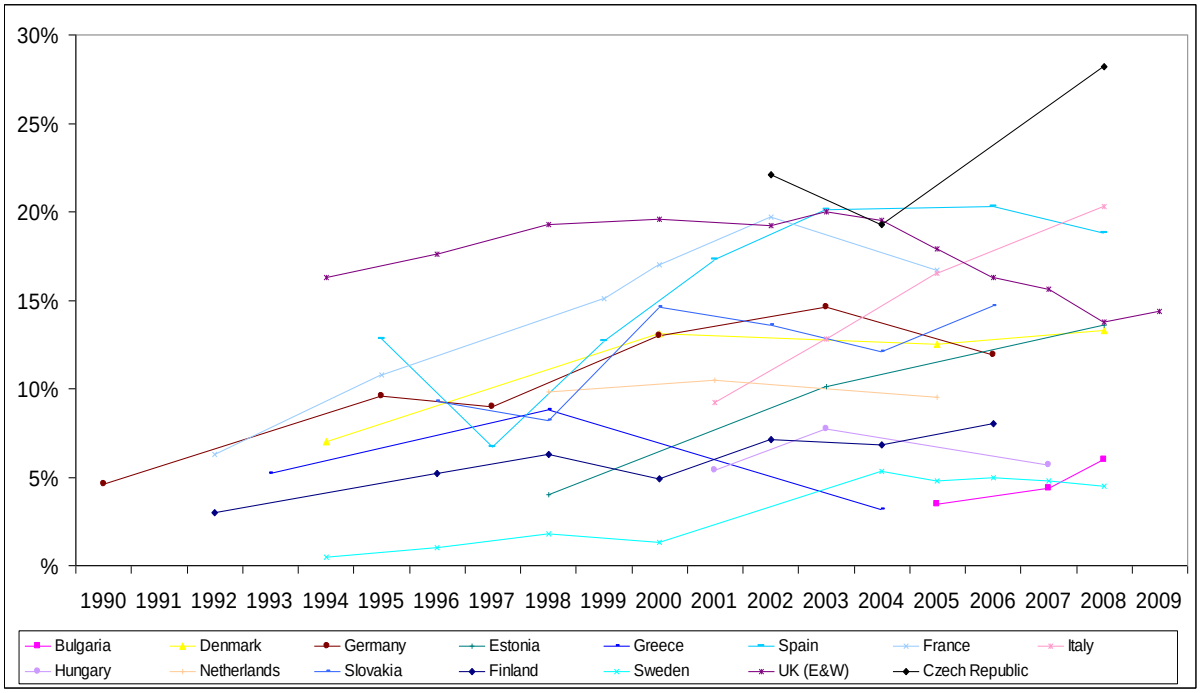


Figure 3. Cannabis use among youth and young adults aged 15-34 years.

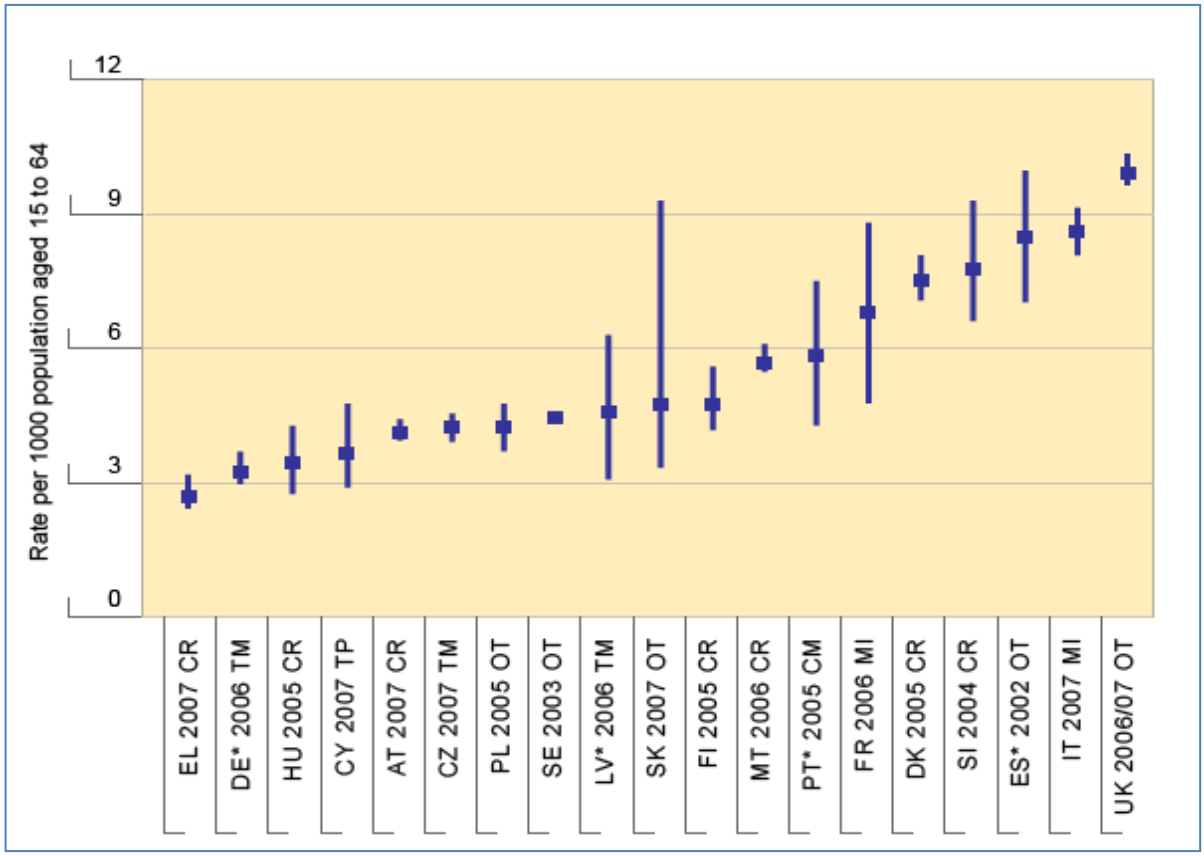


Figure 4. Estimates of the Prevalence of Drug Use in EU Countries.

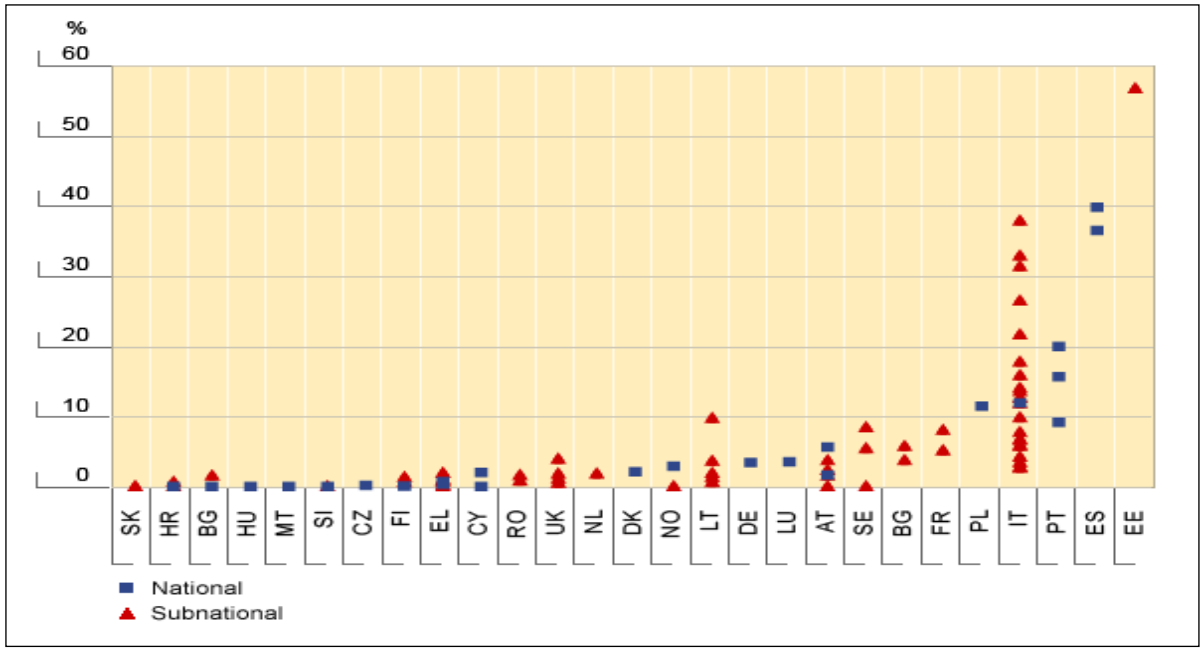


Figure 5. HIV prevalence among Injecting Drug Users (IDUs) in EU.

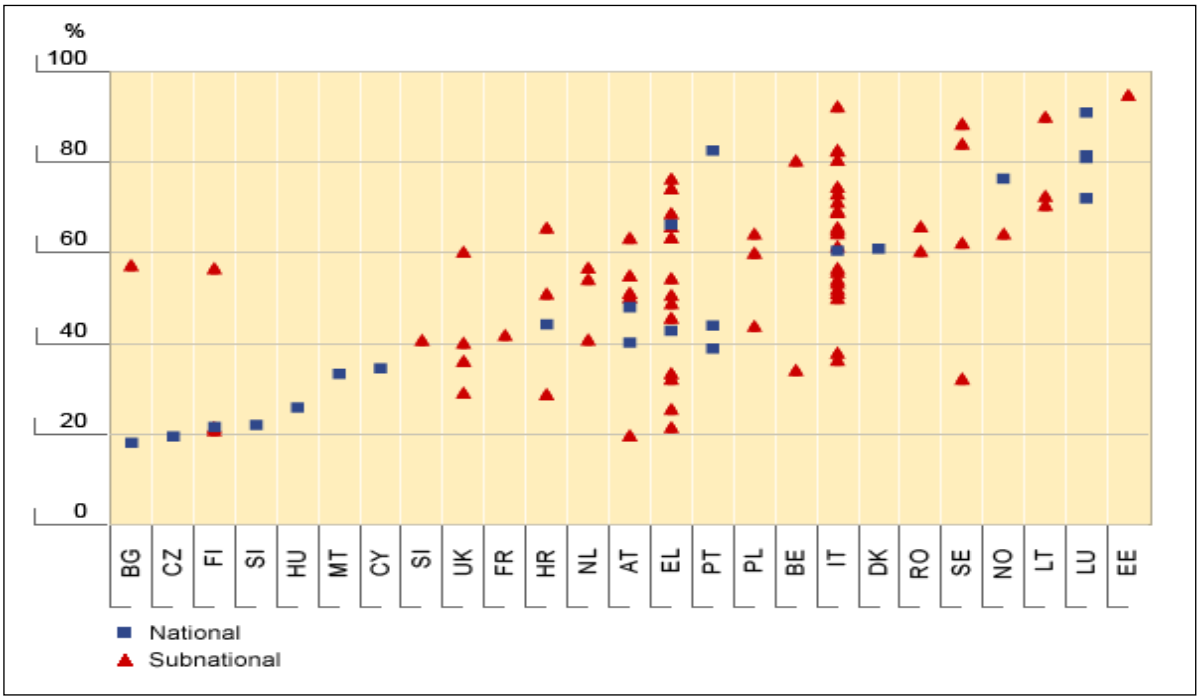


Figure 6. HIV Prevalence among IUDs in Europe.

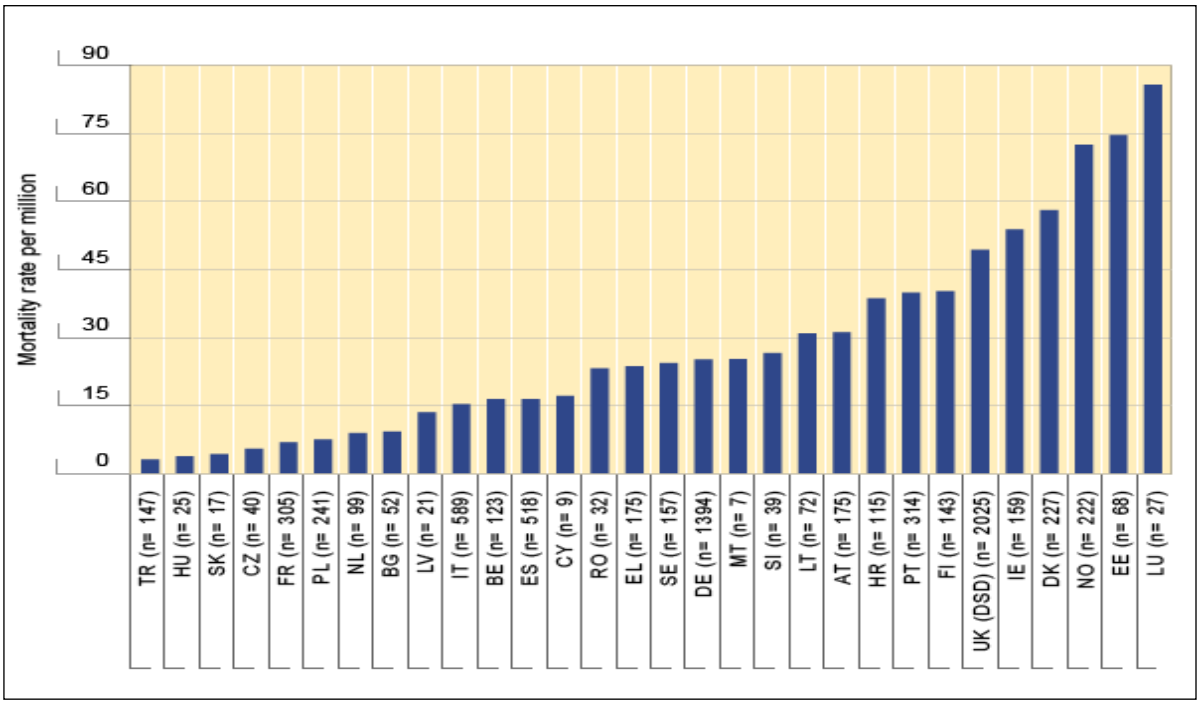
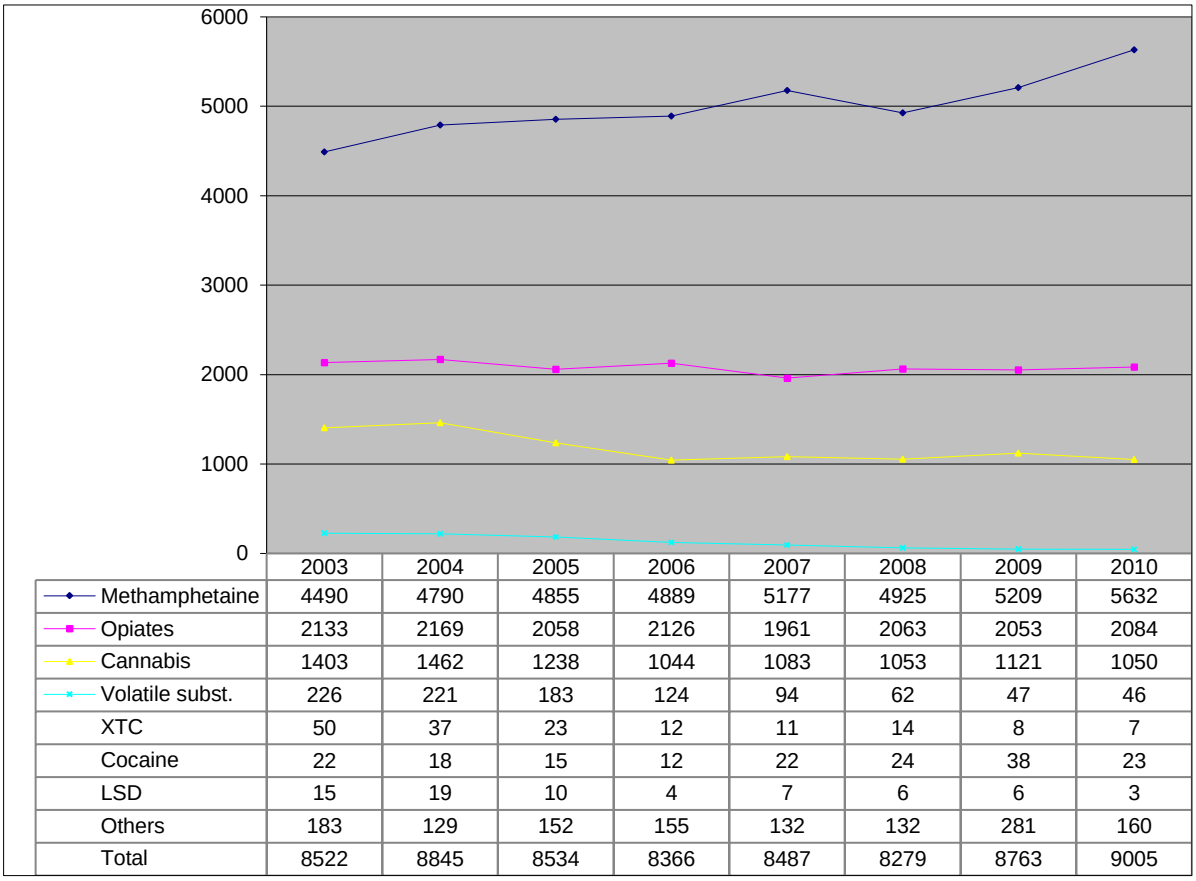


Figure 7. Drug Overdoses–EU Countries.

Looking at health service utilisation ('treatment demand', Figure 31), almost 25% of ~37,500 problem drug users are now receiving high-quality medical treatment. When considering those who are in contact with services and are receiving sterile injection equipment and blood testing, then it is more than 70%. It is thanks to this that the Czech Republic was effective in minimising the real health, social, and economic costs – i.e., the harm to society. In 1998, less than half a million pieces of sterile injecting equipment had been distributed to injecting drug users in the Czech Republic, but nowadays they are distributing 10 times more - ~5 million per year (Table 4). This is another example where a very cheap intervention can lead to extremely successful and cost effective results.



	2003	2004	2005	2006	2007	2008	2009	2010
Methamphetaine	4490	4790	4855	4889	5177	4925	5209	5632
Opiates	2133	2169	2058	2126	1961	2063	2053	2084
Cannabis	1403	1462	1238	1044	1083	1053	1121	1050
Volatile subst.	226	221	183	124	94	62	47	46
XTC	50	37	23	12	11	14	8	7
Cocaine	22	18	15	12	22	24	38	23
LSD	15	19	10	4	7	6	6	3
Others	183	129	152	155	132	132	281	160
Total	8522	8845	8534	8366	8487	8279	8763	9005

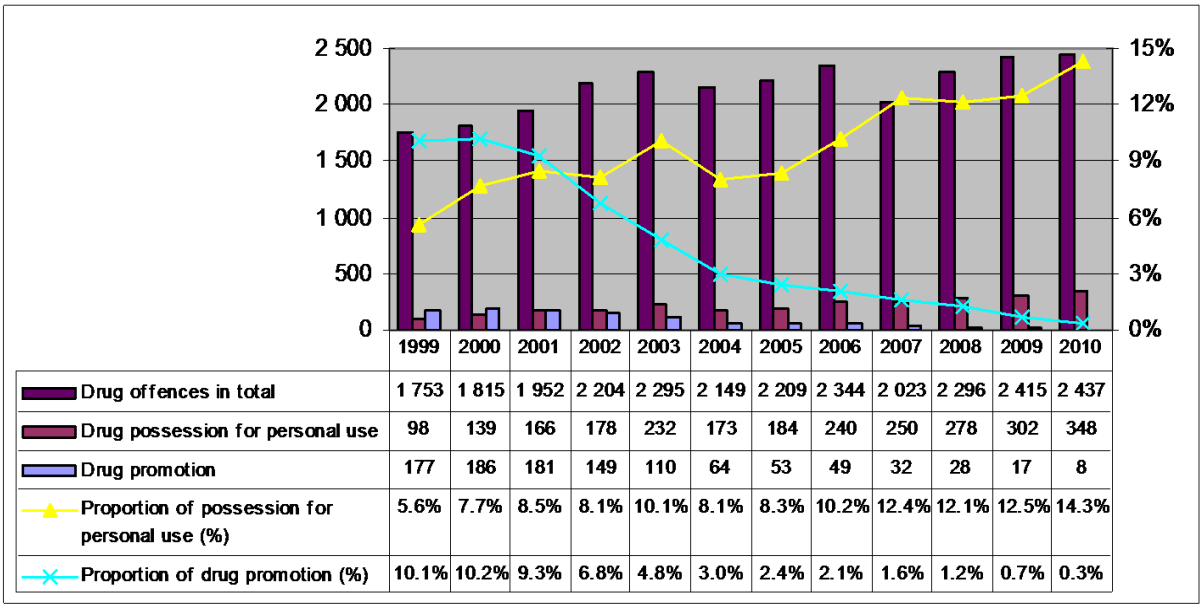
Figure 8. All Treatment Demand in the Czech Republic.

Table 4. Needle and syringe exchange programs in the Czech Republic 1998–2010

Year	No. of exchange programmes	No. of needles and syringes distributed
1998	42	486,600
1999	64	850,285
2000	80	1,152,334
2001	77	1,567,059
2002	88	1,469,224
2003	87	1,777,957

2004	86	2,355,536
2005	88	3,271,624
2006	93	3,868,880
2007	107	4,457,008
2008	98	4,644,314
2009	95	4,859,100
2010	96	4,942,816

With regard to crime in the Czech Republic, there are ~130,000 offences a year leading to criminalisation and imprisonment. Of those, ~2,500 represent primary drug offences - i.e. less than 2%. The proportion of possession crimes among these is 14.3%, and the criminality very much depends upon the size and contents of such possession (Figure 32). Although slightly increasing, the proportion of use/possession offences among all primary drug crimes in the Czech Republic is the lowest among all EU states – and most probably worldwide. Again, this is a sign of pragmatism, where the costly and limited police resources are being spent on the 'big fish,' rather than on simple drug users, for whom any health or social intervention is substantially more beneficial than incarceration, as numerous studies have shown.



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Drug offences in total	1 753	1 815	1 952	2 204	2 295	2 149	2 209	2 344	2 023	2 296	2 415	2 437
Drug possession for personal use	98	139	166	178	232	173	184	240	250	278	302	348
Drug promotion	177	186	181	149	110	64	53	49	32	28	17	8
Proportion of possession for personal use (%)	5.6%	7.7%	8.5%	8.1%	10.1%	8.1%	8.3%	10.2%	12.4%	12.1%	12.5%	14.3%
Proportion of drug promotion (%)	10.1%	10.2%	9.3%	6.8%	4.8%	3.0%	2.4%	2.1%	1.6%	1.2%	0.7%	0.3%

Figure 9. Primary drug crimes (those where drug production, possession, use, or other dealing with it is the substance) in the Czech Republic 1999–2010.

These were valuable lessons learned by the Czech Republic regarding drug policy, and they should be used widely. It is necessary to put together all the good instruments at hand, all the proof and scientific evidence, and all the information, of which plenty is available.

At the same time, a change of attitude is also needed. The present Meeting offers a fantastic opportunity to share information and discuss drug policies.

It is also important to remember that no one size fits all. Recently the results of a local intervention in Prague were presented, aimed at the local level (rather than a global or supranational one). Strategies must be adapted to national or local circumstances, and countries should not try to find one common single strategy. Realism is the key!

It is absolutely unjust, unethical, and unbearable to punish somebody who is addicted, who is ill, simply for the possession of drugs for personal use. There is no rationale – such as evidence for preventive effects to society – to have drug users guilty of a criminal offence.

It is necessary to find a balance between the concepts of supply and demand, public health and public safety, and to move forwards. Scientific evidence must inform interventions, and must be shared throughout the world.

These principles have been shown to lead to effective results. Monitoring and evaluating interventions is a vital instrument for effective drug policies. Local, national, or supranational interventions must not be undertaken without reasonable evaluation and monitoring of their effectiveness. There are bound to be difficulties, because opportunities and risks are always closely associated.