

- 112 low-threshold facilities in the Czech Republic in 2008 (see Map 1).
- Target population: problem drug users, experimenters, their friends and relatives.

- Services:
 - **Distribution of syringes and paraphernalia**
 - Individual and group counselling
 - Crisis intervention
 - Testing and counselling on BBDs, overdose prevention
 - Medical attendance
 - Food and hygiene service

- System of certification of the quality of services.

- Specific data collection software on clients and services provided (FreeBase, UniData).

- **Important data source, esp. for:**
 - Problem drug use estimates (KI)
 - Drug related infectious diseases (KI)

- Wide base for testing and evaluation of new harm reduction practices → **strong innovative potential.**

Figure 1. Number of exchange programmes and number of needles and syringes exchanged in the Czech Republic 1998-2007. [1].

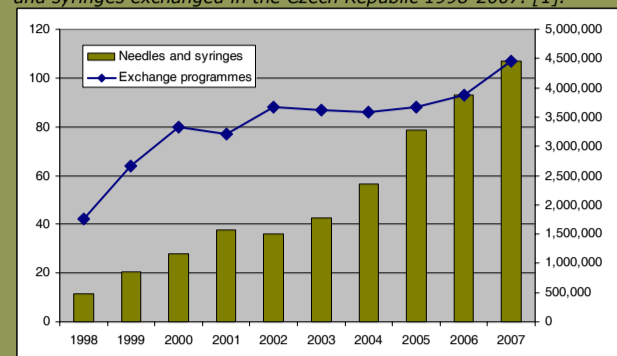
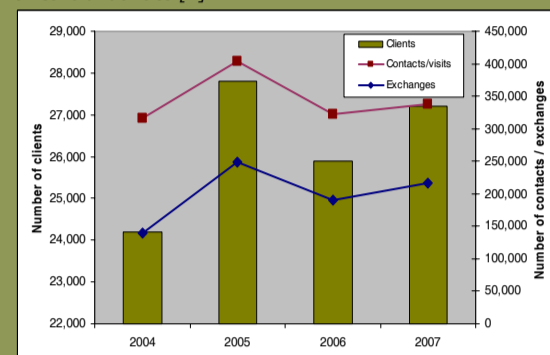


Figure 2. Changes in number of clients and services in low-threshold facilities [1].



Overview

- **Certification of quality as a condition of financial support** from Government Council for drug Policy Coordination (GCDPC) stated by *Government Resolution no. 300/2005* in March 2005.

- Quality standards cover 9 types of services including low-threshold programmes.

- The main objective of the certification is to assess the relevant service and formally recognize whether it complies with the criteria of **quality, expertise and comprehensiveness**. [2]

Quality Standards include:

- Availability (low threshold)
- Client's rights (confidentiality)
- Evaluation (quality and efficiency)
- etc.

Quality Standards

- Estimates of prevalence of problem drug use via **multiplication method** from **low-threshold facilities data** are available from 2002.

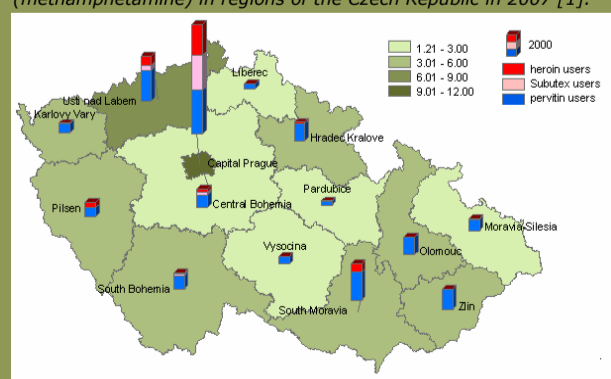
Table 3. Central values of prevalence estimates of problem drug use carried out using a multiplication method with the use of data from low-threshold programmes in 2002-2007 [1].

Year	Total number of problem drug users		Opiate users		Methamphetamine users		Injecting drug users	
	Abs.	Per 1,000 persons aged 15-64	Abs.	Per 1,000 persons aged 15-64	Abs.	Per 1,000 persons aged 15-64	Abs.	Per 1,000 persons aged 15-64
2002	35,100	4.89	13,300	1.85	21,800	3.04	31,700	4.41
2003	29,000	4.02	10,200	1.41	18,800	2.61	27,800	3.86
2004	30,000	4.14	9,700	1.34	20,300	2.80	27,000	3.73
2005	31,800	4.37	11,300	1.55	20,500	2.82	29,800	4.10
2006	30,200	4.13	10,500	1.44	19,700	2.69	29,000	3.97
2007	30,900	4.20	10,000	1.36	20,900	2.84	29,500	4.01

- Method:

- Benchmark: data on number of PDUs in contact with low-threshold services.
- **Multiplier** (in-treatment rate): an estimated rate of PDUs in contact with such facilities is updated every second year using **nomination technique** in a separate analysis (survey among low-threshold programmes clients with following questions: (1) "How many persons who you know on a close basis habitually use opiates (heroin or Subutex®) and/or pervitin (methamphetamine) and whose use is long-term?", (2) "How many of these persons contacted a low-threshold centre or an outreach programme in the past 12 months?").
- The national estimate of PDUs is constructed as a sum of individual regions (see Map 2).
- In 2008, the national average multiplier without Capital Prague was 68% (0.68; 95% CI: 0.66-0.72), and the value of the multiplier for the capital city was 76% (0.76; 95% CI: 0.63-0.90). [1]

Map 2. Number of problem drug users per 1,000 inhabitants aged 15-64 and the number of problem users of opiates and pervitin (methamphetamine) in regions of the Czech Republic in 2007 [1].



Problem Drug Use Estimates

- A **testing for infections among IDUs** is being carrying out in low-threshold programmes.
- Mostly rapid tests from capillary blood or serum; in some programmes HIV tests from saliva, and laboratory (ELISA) tests from venous blood.
- Since 2006, there has been a shortage of rapid HCV tests, which reduced the availability of HCV testing.

Table 1. Low-threshold facilities carrying out tests for infections and number of tests [1].

Year	HIV		HBV		HCV		Lues	
	Tests	Programmes	Tests	Programmes	Tests	Programmes	Tests	Programmes
2002	1,158	35	515	26	1,202	33	176	2
2003	2,629	64	739	21	2,499	60	209	4
2004	2,178	58	932	25	2,582	53	84	1
2005	2,425	54	1,370	28	2,664	55	54	2
2006	1,253	46	693	56	1,133	62	209	3
2007	609	53	370	19	401	24	62	4

Table 2. Results of testing among injecting drug users in low-threshold facilities in 2008 [3].

Infection (number of facilities)	Type of material (test)	Number of facilities performing tests	Tests carried out	Positive tests	Proportion of positive tests (%)
HIV (36)	Saliva (lab)	12	241	0	0.0
	Capillary blood (rapid)	17	348	1	0.3
	Capillary blood serum (rapid)	5	65	0	0.0
	Venous blood serum (lab)	9	272	0	0.0
HCV (27)	Capillary blood (rapid)	5	86	5	5.8
	Capillary blood serum (rapid)	15	340	34	10.0
	Venous blood serum (lab)	12	271	52	19.2
Lues (8)	Capillary blood (rapid)	3	162	0	0.0
	Venous blood serum (lab)	5	177	3	1.7

Drug Related Infectious Diseases

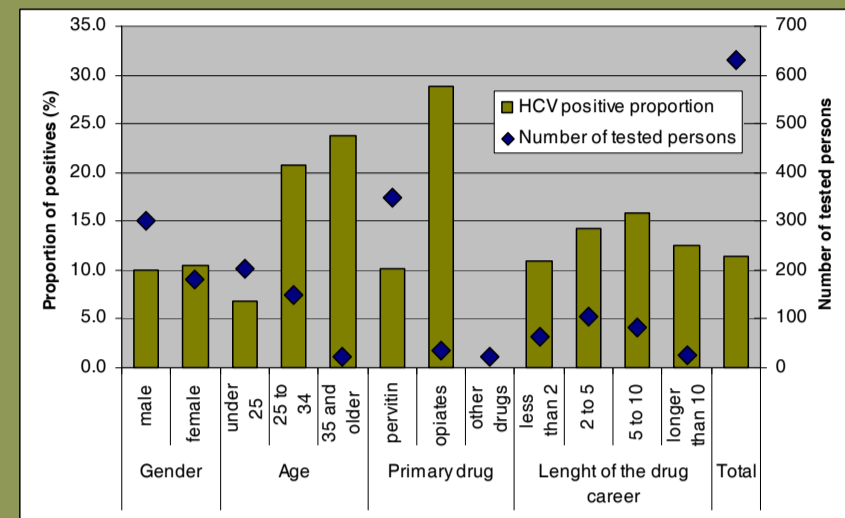
- A monitoring of testing has been ongoing from 2004.

- In 2008 monitoring via on-line questionnaire; data available from 54 facilities on **gender, age, primary drug, and length of the drug career** of tested/positive clients.

- Prevalence of HIV historically very low: 1 positive male in 2008.

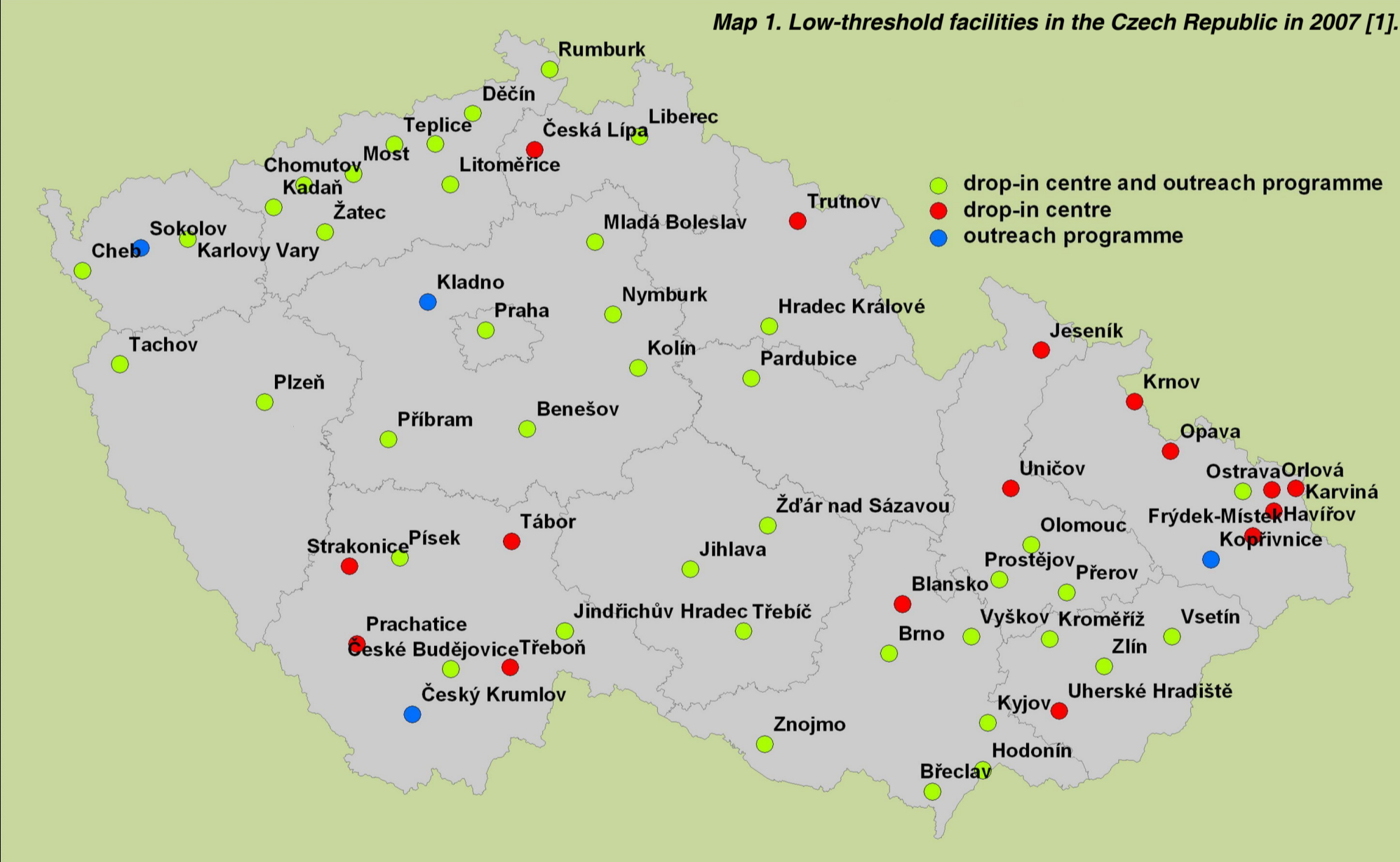
- The most prevalent infection remains HCV (see Figure 2).

Figure 3. Number of persons tested for HCV and HCV prevalence (%) in 2008 [3].



Low Threshold – High Impact

Map 1. Low-threshold facilities in the Czech Republic in 2007 [1].



HR Material Vending Machines

- First-time used in Denmark in 1987 (utilized in 10 EU countries in 2006).
- Target population: **hard to reach or high risk IDUs**.
- Advantages: **no threshold**, no opening hours, anonymity, low costs, "contact" with hidden IDUs.
- Disadvantages: absent contact with social worker. [4]

- In the Czech Republic:

- NON STOP 24 project (Prague, from May to December 2008).

- Teen Challenge (Plzeň, from February 2009).



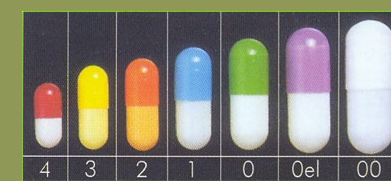
Source: Vláda Lázeň Píseň, Martin Divišek.

Capsules

- Hard gelatine capsules as a **safer drug delivery** alternative to i.v. application.
- Target population: long-term or daily IDUs without available veins, IDUs reducing i.v. application, experimenters.
- Can be used *per os* or *per annum*.
- Advantages: less risk of transmission of BBDs, saves veins, onset more intense or comparable to i.v., less intense hangover, cheap HR material.
- Disadvantages: risk of stomach ulcer when used frequently, more problematic estimate of proper dose. [5]

- In the Czech Republic:

- 17 facilities
- size 0 or 00



Source: pharmaceuticals.industryclub.com

Innovations