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# Role of evidence in drug (de)criminalisation in the Czech Republic

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# ➤ Background

- Czech Rep. in the Central Europe, 10,2 mil. inhabitants
- Relatively high prevalence of cannabis use, problem (injecting) use of methamphetamine (pervitin)
- Low prevalence of drug-related HIV/AIDS and HCV, low level of drug overdoses
- Balanced and pragmatic drug policy since 1993
- Harm reduction is one of four drug policy pillars
- Inter-disciplinary character of drug policy
- Inter-ministerial coordination, civil society involved
- National monitoring system and National monitoring centre for drugs and addictions (Reitox NFP) part of the coordination structure

## **Recommended reading:**

Csete, J. (2012). A Balancing Act: Policymaking on Illicit Drugs in the Czech Republic. New York: Open Society Foundations.



# > Timeline of (de)criminalisation

- > Drug use has never been criminalised
- > Drug possession for personal use:
  - > 1950-1989: criminal offence
  - > 1990-1998: any drug possession decriminalised
  - > 1999-2009:
    - > personal possession in „greater than small amount" criminalized
    - > personal possession in „small amount" remained decriminalized
  - > 2010-present:
    - > additionally, personal cultivation "in small amount" decriminalized
    - > punishment between cannabis and other drugs differentiated
    - > threshold quantities („greater than small amount") defined by governmental decree
  - > 2013: governmental decree annulled and replaced by Supreme court opinion:
    - > threshold quantities decreased in some drugs

## **Recommended reading:**

Belackova, V., & Stefunkova, M. (2018). Interpreting the Czech drug decriminalization: The glass is half full - Response to Cervený, J., Chomynova, P., Mravčík, V., & van Ours, J.C. (2017). Cannabis decriminalization and the age of onset of cannabis use. *Int J Drug Policy*, 52, 102-105. doi:10.1016/j.drugpo.2017.10.010



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# What has been the role of evidence in the process?

# ➤ What is required for research to have an impact on drug policy?

- Impact where research linked directly to the policy
- Networks, think-tanks and policy entrepreneurs
- Key actors – champions of an idea or set of evidence
- Appropriate packaging of findings
- Communication channels to allow the translation of research evidence, i.e. a knowledge transfer process.
- Receptive audience and a window of opportunity
- Timely delivery of findings, to act quickly
- Alliances of researchers

# ➤ Timeline of evidence in the process

- 1950-1989: no systematic monitoring and analysis allowed
- 1990-1998: moral panic about „drug epidemic“, no systematic evidence collected
- 1999: personal possession in „greater than small amount“ criminalized
- 1999-2001: **Impact Analysis Project of New Drugs Legislation (PAD)**
  - convincing evidence that the criminalisation is ineffective, did not deliver the desired **deterrent effect**
  - recommended to the government that the criminal law should distinguish between different types of drugs according to their harms
  - funded basis of the NFP and the drug information system
- 2002: **NFP was established** – systematic monitoring and collection of evidence
- 2010: following PAD, personal cultivation „in small amount“ decriminalised, punishment between cannabis and other drugs differentiated, threshold quantities defined
- 2009-2013: discussion on **setting the threshold quantities** („what is the evidence?“)

# ➤ Effect of decriminalisation in 2010

➤ Alleged deterrent effect of a stricter policy and in contrary stimulating effect of lenient policy was not confirmed

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DRUG POLICY

Research paper

Cannabis decriminalization and the age of onset of cannabis use<sup>☆</sup>

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## LEGISLATIVE NORMS TO CONTROL CANNABIS USE IN THE LIGHT OF ITS PREVALENCE IN THE CZECH REPUBLIC, POLAND, SLOVAKIA, AND HUNGARY

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Panel B. Cannabis use cumulative starting probabilities

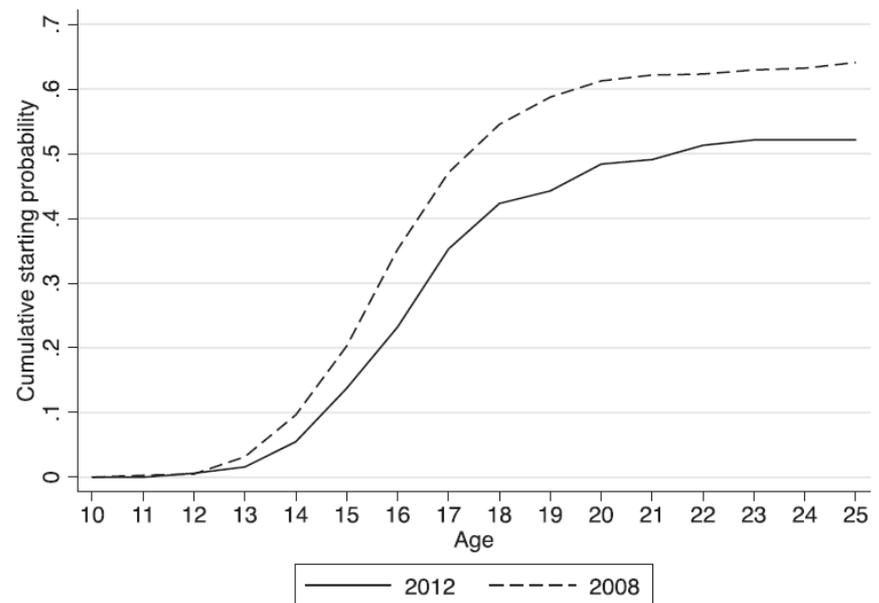


Fig. 2. Cannabis use starting rates and cumulative starting probabilities by age.





# ➤ Discussion on the threshold quantities

- 2 contradicting positions in the Czech Republic:
  - low-enforcement agencies: to keep them low close to one (average) dose
  - NFP and service providers: to increase the threshold at equivalent of seven times the (average) daily dose
- Review of evidence showed:
  - lack of evidence in setting the threshold quantities
  - inconsistency between countries
  - unclear principles
  - inconsistency between threshold for cultivation and possession in the same country

European Monitoring Centre for Drugs and Drug Addiction. (2010). Threshold quantities for drug offences. Retrieved from <http://www.emcdda.europa.eu/html.cfm/index99321EN.html#T1>

Transnational Institute, & European Monitoring Centre for Drugs and Drug Addiction. (2011). TNI-EMCDDA expert seminar on threshold quantities, Lisbon – 20 January 2011.

# > 2013 change of threshold quantities

| Drug                       | Quantity “greater than small” in Government Decree no. 467/2009 Coll. | Unifying opinion of the Supreme Court ref. no. Tpjn 301/2013 |
|----------------------------|---|--|
| Pervitin (methamphetamine) | >2 g  | >1.5 g   |
| Heroin (diacetylmorphine)  | >1.5 g  | unchanged  |
| Cocaine                    | >1 g  | unchanged  |
| Ecstasy (MDMA/MDA/MDEA)    | >4 tablets of 0.4 g powder or crystals                                | unchanged  |
| LSD                        | 5 paper tabs, tablets, capsules or “crystals”                         | unchanged  |
| Marijuana (delta-9-THC)    | >15 g dry matter  | >10 g dry matter   |
| Hashish                    | >5 g  | unchanged  |
| Psilocybin mushrooms       | >40 fruiting bodies   | unchanged  |

Mravcik, V. (2015). (De)criminalisation of possession of drugs for personal use - A view from the Czech Republic. *Int J Drug Policy*, 26(7), 705-707. doi:10.1016/j.drugpo.2015.01.022



# ➤ Drug policy rules: sarcastic, but true

- Evidence that a drug impairs human capacities is always believable and important.
- **Our best estimate of a drug's harm is not the average estimate but the most severe estimate yet obtained.**
- Evidence that an illicit drug could have benefits may not be collected.
- Treatment requires evidence of both effectiveness and cost-effectiveness.
- Evidence regarding prevention is always welcome, but it still would not get much funding.
- **Law enforcement and interdiction require no evidence at all; they are assumed to be effective and appropriate.**
- **Evidence against enforcement creates a presumption that the researcher is a liberal.**
- Evidence for harm reduction creates a presumption that the researcher approves of drug use.
- **Scientific research on drugs cannot motivate a change from tough law to lenient law, but it can motivate a change in the opposite direction.**

# > Conclusion

- Evidence is an important element in policy processes and debates on decriminalisation
- NFP and drug information system close to drug policy processes plays important role in informing the drug policy
- Routine communication channels are important, but window of opportunity is equally important
- Despite increasing role of evidence, decisions are not necessarily motivated by the evidence and go in opposite direction
- Alleged deterrent effect of the strict drug policy still has a strong voice in the debate



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**Thank you for your attention!**

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