**QUESTIONNAIRE**

**Contact Details**

Please provide your contact details in case we need to contact you in connection with this questionnaire. Note that this is optional.

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| --- | --- |
|  | [x]  Member State [ ]  Observer State[ ]  Other (please specify) |
| Name of StateName of Survey Respondent | CzechiaIngrid Mihalová |
| Email | Mihalova.ingrid@vlada.cz |

**Background**

Within the framework of Human Rights Council resolution 51/21, the Special Rapporteur on the highest attainable standard of physical and mental health has identified health equity as a strategic priority, ranging from the underlying determinants of health to the need to eliminate structural and systemic barriers in accessing health care services, goods, and facilities, particularly among persons living under vulnerable or marginalised circumstances. In compliance with her mandate and in line with these priorities, the Special Rapporteur on the right to health has decided to devote her next thematic report to the Human Rights Council, to be held in June 2024 to the theme of “Drug policies and responses: a right to health framework on harm reduction”.

**Objectives of the report**

All persons are entitled to the enjoyment of the highest attainable standard of physical and mental health, which includes the underlying determinants of health and timely and appropriate health care. In the present report, the Special Rapporteur intends to explore the ways in which harm reduction intersects with the enjoyment of right to health and related human rights. Relying on the frameworks of the social and commercial,[[1]](#footnote-1) determinants of health, the Special Rapporteur will examine the laws, policies, and practices that give rise to the need for harm reduction, as well as the laws, policies, and practices that take a harm reduction approach, aiming to address the negative health, social, and legal outcomes in various contexts.

Harm reduction has been primarily developed in the context of drug use, including needle and syringe programs, supervised injection and drug use facilities, opioid substitution therapy, overdose prevention, and community outreach programs, as well as access to legal assistance, social services, housing, and adequate food. However, in this report, the Special Rapporteur will take a broadened view of harm reduction to examine how this approach can intersect with the right to health and related human rights in other realms, including but not limited to sex work, abortion, and safe sex.

The Special Rapporteur also intends consider harm reduction as key public health interventions for populations that are often stigmatised and discriminated against. She will explore how the laws, policies, and practices that give rise to the need for harm reduction can disproportionately impact certain people, such as those in situations of homelessness or poverty, persons who use drugs, sex workers, women, children, LGBTIQ+ persons, persons with disabilities, persons who are incarcerated or detained, migrants, Indigenous Peoples, Black persons, persons living with HIV or hepatitis, and persons living in rural areas. Taking an anti-coloniality and anti-racism approach, the Special Rapporteur will explore how in some contexts criminalisation and stigmatisation can serve as a legacy of colonialism and slavery.

**Definitions**

Most commonly, harm reduction refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws.[[2]](#footnote-2) For the purposes of this report, the Special Rapporteur defines harm reduction in a broader sense, including the policies, programmes, and practices that aim to minimise the negative health, social, and legal impacts associated with various behaviours and related policies and laws, as exemplified above.

**Questionnaire**

The questionnaire can be downloaded below in English (original language), French and Spanish (unofficial translations). Responses can address some of the questions or all of them, as feasible or preferred.

* Download the questionnaire (WORD): English | Français | Español

# How and where to submit inputs

Inputs may be sent by e-mail by 15 November 2023.

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| --- | --- |
| **E-mail address** | ohchr-srhealth@un.org |
| **E-mail subject line** | Contribution to HRC report - SR right to health |
| **Word limit** | 500 words per question |
| **File formats** | Word and PDF |
| **Accepted languages** | English, French, Spanish |

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# Treatment of inputs/comments received

# Please note that all responses will be published on the official webpage of the mandate of the Special Rapporteur by default.

# Key Questions

*You can choose to answer all or some of the questions below. (500 words limit per question).*

Inputs may be sent by e-mail **by 15 November 2023**.

1. While the concept of harm reduction has traditionally been applied to drug use, the Special Rapporteur is taking a broadened approach to harm reduction. What types of harm reduction policies, programmes, and practices are in place in your community, and what is their purpose or aim? How successful have they been at achieving that aim? Please provide data, as possible.

*The principle of harm reduction has been a key pillar of Czech addiction policy[[3]](#footnote-3) since the 1990s. It is also one of the four pillar of the National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2027[[4]](#footnote-4) and the main approach in Addiction Policy Action Plan 2023-2025 which corresponds to current Government Statement, which aims to revise the regulation model for addictive substances and the gambling depending on how harmful they are. The main aim is to achieve realistic goals in the field addiction policy, protection of public health and human freedom and dignity. In Czechia, we see harm reduction as a key mechanism that leads to the protection of vulnerable groups and helps to reduce harm across the community of people who use drugs.*

*As the main approach in the Czech addiction policy, there are several harm redution programmes for people who use drugs. Services for people who use drugs in Czechia are relatively well established and offer the help in various phases of treatment, ranging from an outreach programmes, substitution treatment or aftercare programmes and counselling.* *The Czech specificity is also the fact that a large part of the impact reduction services are operated by non governmental organizations.* *Although service coverage in the Czech Republic is relatively good, there are still regions, including the capital, that would welcome more service capacity of clients.*

*The number of low-threshold/harm reduction programmes has been around 100 for a long time in Czechia (in 2022 112 programs), almost 40 thousand people who use drugs in 2022 were in contact with those services, mainly the people who use methamphetamine (70%), and 36,4 thousand were people who inject drugs. Harm reduction services provide sterile equipments (eg. needle and syringe exchange programs), testing on infectious diseases, counseling and infection treatment mediation, and referrals to other services. Some of them provide other specific services and programs, such as distribution of injection equipment through vending machines, mobile units in the field, peer programs, employment of people who use drugs aimed at their social stabilization.*

*The first mobile drug consumption room in Czechia was also launched in September 2023. However, it is a on a level of the pilot programme, which is co-financed by the Government Office, as are other services for people who use drugs that meet national standart criteria of quality. Coming to the pilot projects based on the harm reduction principle, we would like to also mention naloxone programme, which was launched in April 2021. Since November 2023 it became the regular harm reduction intervention in Czechia.* *Since 2017. A condom distribution program has been running in two Czech prisons. Condoms can be obtained through vending machines or on request.*

1. How do legal frameworks affect the harm reduction policies, programmes, and practices (whether related to drug use or otherwise) that are available in your community, country, or region? Are there laws or policies that either facilitate or serve as a barrier to adopting or implementing certain harm reduction policies, programmes, and practices? Aside from legal and regulatory barriers, are there other obstacles in place? Please provide specific examples.

*Some harm reduction programmes require specific legislation needs, typically drug consumption rooms. Therefore, some harm reduction interventions may only appear at the pilot level. For example, some programmes for clients in prisons, e.g. needle and syringe exchange programs are missing in the Czech Republic due to existing law. Thus, it can be said that the current legislation is not flexible enough to cover all the latest harm reduction measure and thrends which has a positive impact on public health according to the best scientific evidence. However, the discussion on the revision of some laws limiting harm reduction measures has already started at the national level, e.g. the revision of the Criminal Code.*

1. How does the jurisdiction in place in your region/country/state approach the criminalisation (or decriminalisation) of drug use? Please provide disaggregated data, including but not limited to gender, age, race/ethnicity, status of poverty, sexual orientation and the number of persons deprived of liberty for drug possession or consumption.

*For the past 25 years, the extent and nature of (de)criminalisation of minor possession of drugs has been a key issue for drug policy in the Czech Republic. After years of intense public and scientific debates, in 2010 Czechia officially decriminalised possession of illicit drugs for the personal use.*

*In March, 2014, in order to unify judicial practice, the Supreme Court adopted its unifying opinion on the interpretation of the term ‘‘greater than small quantity’’, which define types and quantities of narcotic and psychotropic substances for the purposes of the Criminal Code. Unauthorised possession of drugs for personal use is illegal and subject to legal sanctions at all times:* *for unauthorised possession of a small quantity of any drug for personal use may be imposed a fine of up to CZK 15,000;for unauthorised possession of drugs for personal use in a quantity greater than small, penalties may be imposed of imprisonment for a term of up to two years, of prohibition of business activity, or of forfeiture of an item of property or other asset.*

*The court may, as part of diversions in criminal proceedings or together with an alternative sentence (i.e. not associated with imprisonment), impose reasonable restrictions and obligations, such as, for example, treatment, the obligation to refrain from consuming alcoholic beverages or other addictive substances, submit to an appropriate program of counseling or treatment.*

*Discussions on decriminalisation are also currently taking place at national level at the working level as mentioned above. The aim of discussion is the possibilities of legislative changes to mitigate criminal rates in the area of selected forms when it come to use and possetion of illegal substances in Czechia without disrupting the system of criminal law in the Czechia.*

*Drug use in specific population groups such as foreigners, ethnic minorities or hidden populations, only partial information is available.* *In 2022, 4.2 thousand primary drug offences were registered. In the long term, criminal proceedings are most often brought against persons who have committed illicit production and other disposal of illegal substances. As for the offenders, less than 3% were committed by juveniles. From the point of view of the trend in the last 10 years, there is a noticeable increase in the number of people convicted of drug crimes. The largest share is represented by persons detained for a long time in connection with methamphetamine and cannabis substances (48% in connection with methamphetamine and 41% in connection with cannabis substances).*

1. Beyond reducing the adverse health, social, and legal consequences of drug use, what other areas can benefit from harm reduction policies, programmes, and practices in furtherance of the right to health and related human rights?Examples may include, but are not limited to, the decriminalisation of sex work, the decriminalization of abortion, and safe sex programmes.

*Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support. Harm reduction, as an cost-effective and evidence-based approach, is effective in preventing transmission of HIV and viral hepatitis, reversing overdoses, improving quality of life and connecting people to broader health services.*

*Last but not least, in addition to the health benefits, it can also have financial impact, as it reduces the cost of treatment (eg. HIV, HCV), which could be even more costly if impacts are not systematically reduced.*

*The Czech government set out a policy of harm reduction, among other things, by proportionately regulating addictive substances with regard to their harmfulness. The effective regulation of addictive substances according to their harmfulness, as a harm reduction approach, can bring economic benefits, eg. effective tax policy which could bring fund for financing prevention, treatment and other interventions for people who use drugs.*

1. What type of harm reduction policies, programmes, and practices, as well as mental health and other support (e.g., housing, legal, social, educational, and economic), are available for people who use drugs in the community, institutions, or detention facilities? Please share examples of the impact of criminalisation, discrimination, stereotypes and stigma on the different groups of the population e.g., persons in situation of homelessness, migration, or poverty, sex workers, women, children, LGBTIQ+ persons, persons who are detained or incarcerated, persons with disabilities, Indigenous Peoples, Black persons, persons affected by HIV or hepatitis, and persons living in rural areas, etc.).

*Almost all basic harm reduction programmes are available in the Czech Republic. Low-threshold programmes and social services are mostly run by non-governmental non-profit organisations (NGOs). They target mainly people who are at risk use of illicit drugs and to a lesser but increasing people who use alcohol daily and people with non substance addictions. This network is mainly funded by subsidies from the state, regions and municipalities, but also part of the funding is private.*

*The number of low-threshold programmes has been around 100 for a long timeThe proportion of people injecting drugs among clients of low-threshold programmes has been above 90%, and the average age of clients. The most frequently provided service is the distribution of needle and syringe and paraphernalia, and the number of medical treatments.*

*Specific harm reduction programmes at night-life setting in the Czech Republic have been developing in recent years. There are 10-18 programmes operating in the entertainment sector in the Czech Republic*

*Since 2020, a project focusing on drug testing samples at dance events is underway. Free distribution of condoms through dispensers in 2 prisons and in 10 prisons condoms are available in the visiting rooms for visitors without sight or hearing. In the prisons, there is also available the testing of infectious diseases.Distribution of syringes or other harm reduction material is not available in the Czech prisons due to legislative barriers.*

*One of the goals of Czech drug policy at the national and international level is also to detabulize the issue of addiction and mental health problems, destigmatize mental health problems and the need to seek services and care. Due to patterns of drug use, e.g. among adolescents, children have more experience with psychoactive drugs socio-economically disadvantaged, clients of low threshold facilities for children and young people, children in institutional care or children with a Roma background. The Roma minority in particular is to some extent more burdened by stigma.*

*In the Czech Republic, the addiction policy and mental health issue is very closely connected. The prevention and reduction of harm associated with addictive behaviour is also part of the broader concept of mental health. Legislatively, this area is anchored mainly in Act No. 65/2017 Coll., on the Protection of Health from the Harmful Effects of Addictive Substances, as amended. Act No. 65/2017 Coll. for example, imposes the obligation to carry out short interventions, which also applies to professional care for people with addictological disorders, etc.*

1. Are there alternative measures to institutionalisation or detention? For example, are there outpatient or inpatient facilities available in your country for people using drugs? Please provide additional details (are they compulsory, voluntary; number available in urban and rural areas; entity in charge; type of support provided and type of staff working in these facilities/centres)?

*All services and treatment in the Czech Republic are completely voluntary, and in the case of low threshold, also anonymous. There are cases where treatment is court-ordered, but this is only possible if the person in question, for example, commits a felony or serious misdemeanour under the influence of drugs. Outpatient or inpatient facilities are available.*

*Basically, there are three types of alternatives to conviction/punishment designed specifically for people with mental health disorder in contact with the criminal justice system in the Czech Republic:*

*1) Quasi-compulsory treatment*

*2) Security detention*

*3) Appropriate obligations and appropriate restrictions*

*Conditions for the imposition of these measures are regulated by the Penal Code no. 40/2009 Coll., as amended. They all can be applied in different stages of criminal proceedings.*

*The quasi-compulsory treatment (QCT) is a so called “protective measure”.
It can be imposed exclusively by a court and requires the offender to undertake a treatment either in a residential way in the medical treatment facility (in-patient treatment) or in an ambulatory way in the community (out-patient treatment). In cases when QCT is imposed together with the prison sentence, it can be applied in prison given that there are conditions for the execution of QCT. It can be imposed separately as the only sanction, in addition to the punishment, or as a part of the decision on the waiver of punishment.*

*The security detention (SD) is also a protective measure designed for individuals offending in the condition of mental disorder, with paraphilia or otherwise mentally disturbed, and thus being dangerous to public. It can be imposed on similar conditions as QCT in cases where QCT would not be able to sufficiently ensure the protection of public (i.e. a security detention is a subsidiary measure to QCT). Generally speaking, it is designed for dangerous offenders who are not (at the given time) able or willing to undergo regular therapeutic treatment.*

*Appropriate obligations and appropriate restrictions (AOAR) are measures that can be imposed by the court or (in the preliminary proceedings) by the public prosecutor as a complement of certain general instruments of penal law to contribute to the rehabilitation of the offender, often in combination with the probation supervision. They cannot be imposed separately (as the single measure) but always as a part of certain other institute (e.g. a conditional sentence, a conditional release etc.).*

*The court may, after serving half of the custodial sentence imposed, convert the remainder of the offense into a house arrest sentence if the convicted person has shown an improvement in his conduct and duties and can be expected to lead a decent life in the future.*

*Probation and Mediation Service carries out following activities in the post-sentencing stage:*

*• enforcement of alternative sentences – suspended sentence with supervision, community service, home detention, conditional release with supervision etc. In case any obligations are imposed by the court (e.g. ban on alcohol or drug, alcohol and drug addiction treatment) the Service regularly supervises its fulfillment or arranges it (helps finding a treatment facility etc.);*

*• enforcement of supervision replacing protective treatment – applied to alcohol or drug addicted offenders who discontinued protective treatment as the treatment did not serve its purpose and at the same time these offenders are at risk of commiting crimes;*

*• provision of expert probation opinions on the parole application – probation officers cooperate with offenders in prison, evaluate their preparedness for an early release, prepare expert probation opinion on the parole application. In case any risks are detected, e.g. problems with drug usage, probation officers propose imposition of measures leading to reducing risk. In case the offender is granted with an early release the Service carries out probation supervision.*

 *Network of services for clients with addictions is available in the Czech Republic, mainly provided by NGOs. Aprox. 250-300 facilities provide specialised addictology services are available, including 55-60 low-threshold centres, 50 outreach programmes, 90-100 outpatient treatment programmes (including 10 programmes for children and adolescents), 10-15 detoxification units, 25-30 inpatient healthcare units, 15-20 therapeutic communities, 35-45 outpatient aftercare programmes (including 20-25 with sheltered housing) and 5-7 homes with special regime for substance users; 60 facilities report patients in opioid substitution treatment and an estimated 600-700 general practitioners provide opioid substitution treatment. 43 centres provide tobacco dependence treatment in hospital outpatient clinics, around 200 outpatient doctors and around 300 specialist pharmacies offer counselling.*

1. Please provide examples of harm reduction policies, programmes, and practices adopted or implemented with international cooperation or through foreign assistance in your country, as well as their impact on different groups within the population. What types of challenges can arise from reliance on foreign assistance? Please also provide examples focusing on the need for, and impact of, harm reduction policies, programmes, and practices on different groups of the population (e.g., persons in situation of homelessness, migration, or poverty, sex workers, women, children, LGBTIQ+ persons, persons who are detained or incarcerated, persons with disabilities, Indigenous Peoples, Black persons, persons affected by HIV or hepatitis, and persons living in rural areas, etc.).

*From January 2022, the Czech Republic is one of the partners of the international DRUG-PREP project (Increasing preparedness and efficient responses of drug information systems and drug policy capacities to respond to emerging challenges and possible threats through strategic prospective approaches). The project aims to strengthen the preparedness and resilience of European countries to potential upcoming drug developments by strengthening the monitoring system for emerging trends and threats and effective response to them.*

*The Czech Republic also internationally promote and support harm reduction approach as a key pillar of drug policies. During the Presidency of the Czech Republic in the EU in 2022, Council conclusions on human rights-based approach in drug policies were adopted. The document invites EU Member States to ‘further support the development and implementation of evidence-based policies and interventions that put human rights at the centre of drug responses, whilst countering crime and ensuring public safety and security, sustainable and viable livelihoods and the health of individuals, families and communities across the EU’.*

1. Are there programmes of research and innovation related to harm reduction from a right to health perspective (e.g., needle and syringe programmes, supervised injection and drug use facilities, opioid substitution therapy, and others beyond the area of drug use), including outreach and education programmes, in your community, country, or region? Please provide good practices and examples.

*All of the above services are available in the Czech Republic, please see a couple of answers above, eg. the first mobile drug consumption room in Czechia was also launched in September 2023. However, it is a on a level of the pilot programme, which is co-financed by the Government Office, as are other services for people who use drugs that meet national standart criteria of quality. Coming to the pilot projects based on the harm reduction principle, we would like to also mention naloxone programme, which was launched in April 2021. Since November 2023 it became the regular harm reduction intervention in Czechia.* *Since 2017, a condom distribution program has been running in two Czech prisons. Condoms can be obtained through vending machines or on request.*

1. See: [www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health](http://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health) [↑](#footnote-ref-1)
2. See also: <https://undocs.org/Home/Mobile?FinalSymbol=A%2F65%2F255&Language=E&DeviceType=Desktop&LangRequested=False>, para. 50. [↑](#footnote-ref-2)
3. The Czech Drug Policy is integrated, i.e. covering both, the legal and illegal substances, such as illegal drugs, alcohol, tobacco or psychoactive medicines, and nonsubstance addictions, including gambling and gaming. [↑](#footnote-ref-3)
4. https://www.vlada.cz/assets/ppov/protidrogova-politika/National\_strategy\_2019\_2027\_fin\_rev3.pdf [↑](#footnote-ref-4)