

STREET SUPPORT PROJECT

Czech Republic

national report

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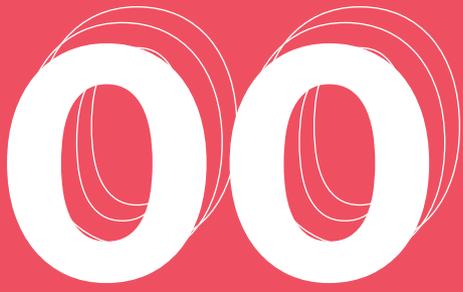
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executive summary

1. Škařupová et al. Analýza drogové situace ve městě Brně a související doporučení pro městskou drogovou strategii. (Brno: Magistrát města Brna, 2017)

Some aspects of homelessness, drug use and public nuisance are closely connected. In this respect, the situation in the Czech Republic is similar to that in other European countries. These individual phenomena are intertwined, especially in cases of rough sleeping and high-risk drug use or excessive alcohol consumption.

Even though the connection between these phenomena has already been documented to some extent¹ the proposed solutions and new approaches do not sufficiently reflect the multifaceted nature of the problem. In part, this is caused by a fragmented and insufficient cooperation between social services and health care. Also, these complicated problems are looked at from fixed lenses, based on narrowly defined target groups (e.g. People endangered by problematic drug use, people in unfavourable social circumstances connected with homelessness, etc.). Lastly, there is a reluctance of the political representation to deal with the structural causes of these problems by taking certain systemic actions (e.g. laws on social housing).

The concept of public nuisance is not clearly embedded in the Czech environment, and its formal use (in legal norms or governmental documents) is usually unrelated to social exclusion. Public nuisances are mostly considered to be connected with excessive noise (e.g. noisy parties) or public disturbances (e.g. after a football match). In the social field, it is mostly reduced to prevention of mendicancy, especially in popular tourist destinations. This concept is thus related mainly to maintaining the status quo in the streets, mostly by means of repressive measures.

Some national strategies (e.g. Social inclusion strategy) approach public nuisance from a social exclusion angle and describe social work as a basic tool for social inclusion. However, there is a discrepancy in how the problem is conceptualized and treated. This is because, on the one hand, the state tries to solve the problem of homelessness in a complex way as a social phenomenon, whereas, in practice, it often uses the discourse of “poverty as a personal failure”. This discourse defines “the homeless” as people with unstable housing who occupy city centres.

Despite an underdeveloped system of responses, the phenomena leading to public nuisances are also indirectly targeted by a number of official social support measures, even though they do not directly refer to this terminology. Some of them are able to tackle the multi-layered nature of the problem by combining housing, psychosocial support and peer-led or inclusive strategies. Although these interventions are not supported at a national level or reflected in a law, they are able to spread at the local level with either local or European resources.

01

national situation

*with regard to homelessness,
drug use & public nuisances*

1.1. Description of Epidemiology

In the following subchapter, we focus on the epidemiology of homelessness, alcohol and drug use in general.²

In addition, we describe the level of alcohol and drug related nuisances in larger and medium-size cities. In order to maintain the basic structure, we divide the subject matter into the subthemes of homelessness, drug use and public nuisances where needed.

DRUG & ALCOHOL, AND RELATED NUISANCES

According to the last general population survey from 2014, as far as consumption of both legal and illegal drugs is concerned, the Czech Republic is one of the countries with above-average consumption when compared to other European countries. According to NMC (2015)³, 97.7 % of the population older than 15 years drink alcohol whereas 9.7 % drinks daily and 17.3 % occasionally consume at least 60 grams of pure alcohol in one day. There are more daily alcohol drinkers among men in all age groups.

The most commonly used illegal substance in the Czech Republic is cannabis – more than a fourth of the adult population has ever used it and, during the last year, one in ten people reported to have used cannabis. This ratio remains stable. Cannabis is followed by Ecstasy (MDMA), used at least once in life by 7 % of the adult Czechs and by 2% in the last year. The illegal drugs connected with problematic use are mainly Pervitin (methamphetamine) followed by opiates, which are lately being replaced by opiate substitution medications (mostly Buprenorphine/Subutex) available also in the black market.

2. The epidemiological data on drug use and related social and health issues used in this report can be found mostly in annual reports concerning drugs and addictions. Such reports are published by the National Monitoring Centre for Drugs and Addiction (NMC), a national Focal Point for data collecting in coordination with EMCDDA. These reports have been published since 2001 to monitor several key indicators (e.g. General drug prevalence, problem drug use, drug treatment, social correlates and many others).

3. Mravčík, V. et al. (2015) Výroční zpráva o stavu ve věcech drog v České republice v roce 2014 Prague: Úřad vlády

In 2015, the total number of people with problematic drug use in the Czech Republic was estimated at 46,900 (6.68 in 1000 people from 15 to 64 years old). From these, 12,700 were using opiates (4500 heroin, 7100 buprenorphine and 1150 other opiates), 34,200 were using Pervitin (methamphetamine); 43,900 people used their drugs intravenously⁴.

The connection between social exclusion and problem drug use, or excessive drinking, is being monitored rather superficially in the Czech Republic. 35–60 % of rough sleepers in Prague manifest tendencies towards problematic use of psychoactive substances (mainly alcohol) and show a higher incidence of mental disorders⁵.

Besides alcohol, the most commonly used drug is methamphetamine (39 % of rough sleepers had used at least once in life) and cannabis (21 %). These authors describe drug use as one of the causes for homelessness in the Czech Republic, even though drug use can be a side effect of living in the streets rather than its cause.

The analysis of drug use in the second largest city of the Czech Republic, Brno⁶ revealed that almost half (44 %) of these people were incarcerated at least once, whereas two thirds of them stated that they used drugs while being in prison. Only 28 % of the sample had a stable income, more than half (58 %) of the respondents stated that they did not have a stable home, and 12 % was completely homeless.

HOMELESSNESS

Since the 1990s, the incidence of homelessness in the Czech Republic has been growing. This is confirmed both by the reports of community social workers starting soon after the revolution⁷ and by several statistics concerning homelessness^{9 10}. Even though the current statistics tend to observe the ETHOS typology of homelessness¹¹, both their present and past outputs are rather inconclusive. The numbers provided are therefore merely indicative. According to Hradecký et al. and their probability calculation¹², there are 19,271 homeless people living in the Czech Republic.

Homeless censuses including people living in reception centres, night shelters and commercial hostels are carried out in the field on a specific date, and only yield partial results for the individual cities (Prague, Brno, Ostrava, Olomouc, České Budějovice, Opava, Plzeň, Tábor, Vsetín, Ústí nad Labem). Moreover, they are not carried out every year.

Homelessness (in accordance with the rooflessness category of the ETHOS typology) occurs in the Czech Republic mostly due to the combination of: financial causes (debts, poverty), loss of job, loss of home and being released from prison or other institutions¹³. The online survey of the Ministry of Labour and Social Affairs, states that community social workers consider problematic use of alcohol as the second strongest cause for homelessness¹⁴. Part of the population uses the services of shelters. On 31 December 2015, this part amounted to 3,659 adults and 1,826 children¹⁵.

4. Mravčík et al. V. et al. Výroční zpráva o stavu ve věcech drog v České republice v roce 2015. Prague: Úřad vlády České republiky 2016

5. Vágnerová, M. et al. (2013). Bezdomečtví jako alternativní existence mladých lidí. Karolinum Press.

6. Vágnerová, M. et al. (2013). Bezdomečtví jako alternativní existence mladých lidí. Karolinum Press.

7. Horáková, M.. Současné podoby bezdomovství v České republice: Pilotní son-
da. Praha: VÚPSV, 1997.

8. Hradecký I. et al. Souhrnný materiál pro tvorbu Koncepce práce s bezdomovci v ČR na období do roku 2020. Praha, 2012.

9. Ministry of Labour and Social Affairs [MPSV]. Koncepce prevence a řešení problematiky bezdomovectví v ČR do roku 2020 [on-line].

10. Kuchařová, V. et al. Vyhodnocení dostupných výzkumů a dat o bezdomovectví v ČR a návrhy postupů průběžného získávání klíčových dat. Vyd. 1. Praha: VÚPSV 2015

11. ETHOS is the European Typology of Homelessness

12. Hradecký I. et al. Souhrnný materiál pro tvorbu Koncepce práce s bezdomovci v ČR na období do roku 2020. Praha, 2012.

13. Prudký, L. and Šmídová, M. Kudy ke dnu. Vyd. 1. Praha: Socioklub, 2010.

14. MPSV Vyhodnocení průzkumu řešení bezdomovectví v obcích s rozšířenou působností. Online dotazníkový průzkum. Praha: MPSV, 2015

15. MPSV Statistická ročenka z oblasti práce a sociálních věcí [on-line]. Praha: MPSV, 2016

Far more people live in either unstable or substandard housing. These include households owing for rent or services, households with insufficient income to pay their debts, households with other debts and at least one long-term unemployed member, households unable to change their current housing and persons returning from institutional care¹⁶.

16. MPSV Konceptce prevence a řešení problematiky bezdomovectví v ČR do roku 2020 [on-line]. Praha: MPSV, 2013.

According to the analytic part of the Housing Strategy of the Czech Republic, until 2020 (Ministry of Regional Development) the groups most endangered by homelessness are families of senior citizens over 65 years of age, households of single parents or households with long-term unemployed members. The estimated number of potentially homeless people living in the Czech Republic in 2012 was as high as 100,000 people¹⁷.

17. Ibid.

A specific Czech phenomenon is the increase in poverty industry which manifests itself by an expansion of commercial/worker's hostels, mostly in economically disadvantaged regions. According to GAC¹⁸, there are currently around 700 of these hostels in the Czech territory. In December 2014, 27,000 people receiving housing benefits were living in these hostels. From this total, 2700 people were taking care of a minor.

18. Cada, Karel a spol. Analýza sociálně vyloučených lokalit v ČR [on-line]. Praha: GAC spol. s.r.o., 2015.

In most of the monitored hostels, people live on a long-term basis, yet with short-term contracts. Hygienic conditions in most of these establishments are unsuitable; shared sanitary facilities, occurrence of bedbugs, dysentery, scabies or hepatitis A are quite common. These hostels are also considered problematic with respect to coexistence, neighbourly relations, problem drug use and maintenance of public order.

Besides the commercial/workers' hostels there is also an increase in private accommodation services offering qualitatively substandard housing.

PUBLIC NUISANCES IN LARGE & MEDIUM SIZE CITIES.

The only city in the Czech Republic with an open drug scene is Prague. In the second largest Czech city, Brno, there is only a semi-open drug scene. There are around 3000 people with problematic drug use in Brno and approximately 14,000 in Prague¹⁹.

19. Mravčík, V. et al. (2016) V. et al. Výroční zpráva o stavu ve věcech drog v České republice v roce 2015. Prague: Úřad vlády České republiky

Both in Prague and in Brno, these scenes can be found in the very centres of the cities, in busy streets or near central stations. This is closely related to people's need for finding means of subsistence and obtaining money for drugs. Petty theft, shoplifting, pickpocketing and drug trafficking are often referred to as being connected with the open drug scenes.

20. Šnajdrová, Zuzana et al. Scitání Bezdomavců na území hl. Mesta Prahy, Závěrečná Zpráva. Praha, 2010

21. MMB. Zjišťování počtu lidí bez domova v Brně [on-line]. Praha, 2014.

22. Hruška, Lubor a kol., Studie o stavu bezdomovectví v Ostravě [on-line]. Ostrava: Proces, 2012

23. Škařupová et al. (2017) Analýza drogové situace ve městě Brně a související doporučení pro městskou drogovou strategii. Brno: Magistrát města Brna.

As far as rough sleeping goes, there are around 2,800–4,000 homeless people living in Prague²⁰, 1,950 in Brno²¹, and 513 in Ostrava²². There is no precise estimation of how many problematic alcohol users live on the street. According to interviews with social workers from night shelters and day centres, 80% of their clients have serious problems with alcohol consumption²³.

1.2. Description of the national policy approach

Practical measures based on conceptual/policy documents regarding homelessness are only partially coordinated. Moreover, they are not capable of responding to the multifaceted nature of the problems connected with public nuisances related to drugs or homelessness.

The situation is different at the level of regions and individual local/municipal authorities. There, some of the strategic documents have an ambition to deal with complex topics conceptually and are able to connect individual problems such as social exclusion, problem drug or alcohol use, gambling and homelessness. They achieve this, for instance, through community planning or social inclusion strategies.

DRUGS, ALCOHOL & GAMBLING

As far as drugs are concerned, the first governmental concepts and programmes which influenced the future direction of drug policy emerged at the beginning of the 1990s. Nowadays, the main strategic drug policy document of the Czech Republic is the National Drug Policy Strategy and the Action Plans thereof.

Currently, the National Drug Policy Strategy for 2010-18 (NDPS) is in force. Its subsequent revisions from 2014 and 2016 approach drug policy from an integrated perspective, including alcohol, tobacco and gambling²⁴. For each of these areas, action plans are created every three years.

24. MPSV, 2014 & MMR 2016a

These documents are elaborated by the Government Council for Drug Policy Coordination – an interdepartmental body headed by the Prime Minister and the National Drug Coordinator. The objective of the National Strategy is to improve the well-being of both the society and individuals, protect public health and provide high levels of security concerning drugs and gambling.

This objective is to be reached by means of three different approaches: decreasing and regulating the offer, reducing demand and occurrence of problematic drug use and gambling, and reducing the risks related to drug use and gambling. These approaches are implemented through primary prevention, treatment and resocialisation, harm reduction and demand reduction concerning drugs or gambling.

The action plan also partially takes account of social risks by stating: "Most drug users who receive treatment do not have a permanent residence, are

25. Ministry of Regional Development [MMR]. Koncepce bydlení České republiky do roku 2020 (revidovaná). [on-line]. Praha: MMR, 2016.

26. MPSV 2014; 2016a

unemployed or work only occasionally (in both cases it is almost 60 %)²⁵ One of the sub-objectives is to increase the cooperation between social and health services.

Legal substances started playing a more important role in drug policy documents with the 1st and 2nd revisions of the National Strategy²⁶ within the scope of the implementation of an integrated drug policy. Together with the action plans, new objectives concerning alcohol and tobacco are also being developed. The Act No. 379/2005 Col. on protective measures against the damage caused by tobacco products, alcohol and other addictive substances, also defines the basic framework of the Czech drug policy.

In addition to measures that receive extensive media coverage, such as the ban on smoking in pubs and bars, the new law also removes some of the burden and responsibilities of the regions and municipalities. For example, regions and cities no longer need to appoint their own drug coordinators.

HOMELESSNESS

As far as homelessness is concerned, there are several strategies and concept documents. The main ones are:

Social Housing Concept of Czech Republic 2015–2025

The Social Housing Concept of Czech Republic 2015–2025 drafted by the Ministry of Labour and Social Affairs was approved in October 2015. The Concept considers people with no shelter as a group entitled to social housing. It also takes into account emergency housing for people whose health or life is seriously endangered²⁷.

27. MPSV, 2015b

The Concept preceded the draft of the Law on Social Housing. The later was not approved by the parliament in the spring of 2017, but rather postponed indefinitely.

The concept of preventing and tackling homelessness issues in the Czech Republic until 2020

This concept represents a complex model of working with people experiencing homelessness, specially adapted to the Czech environment. It combines the Housing Ready and Housing First approaches. It describes in great detail the field of social services for the homeless and their access to housing and medical care. In each of these fields, it defines objectives and measures until 2020. At the same time, it states that the common goal of all the policies dealing with homelessness is to maintain existing housing or to find new housing²⁸.

28. MPSV, 2013

Social Inclusion Strategy 2014–2020

The strategy maps poverty and social exclusion in the Czech Republic. It deals

with the topics of job access, the working poor²⁹, access to housing, education and health care. It describes social work as a basic tool of social inclusion. The strategy considers the following issues to be the main obstacles hindering access to housing: financial unaffordability, threat of social and spatial exclusion, decreasing number of state and council flats, lack of tools/methods preventing loss of home, insufficient use of existing support schemes (subsidy programmes), lack of legislation, lack of tools and funds for social housing, and the application of the principle of housing as a reward³⁰.

29. People whose incomes fall below a given poverty line due to lack of work hours and/or low wages.

30. MPSV, 2014.

Czech Republic's Concept of Housing until 2020 (revised)

The Concept of Housing includes an analysis of the available housing in the Czech Republic since 2011. It expresses the need for new housing development and describes the housing market situation, the current situation in the mortgage and housing loans market, housing prices and housing expenditure.

In 2014, the housing expenditure of single-parent households with dependent children was 29.2 % of the total disposable income, on average (according to the SILC Survey, 2014); for households without working members it was 28.1 %. The percentage of people living in households with total house expenditure exceeding 40% of their total disposable income (after deduction of housing benefits) was 10.5%³¹.

31. ČR, MMR. (2016). Koncepce bydlení ČR do roku 2020 (revidovaná). Praha: Ministerstvo pro místní rozvoj ČR.

PUBLIC NUISANCE

There is neither a national/government strategy which deals specifically with public nuisances, nor a generally accepted definition of "public nuisance". This issue is partially covered by strategies addressing other problems such as drug use, homelessness and housing policies.

Public nuisances are also addressed by several legal norms such as the Transgressions/Misdemeanours Act (200/1990 Col.), which specifies situations associated with excessive noise and mendicancy.

Individual municipalities can issue the so-called Municipal Ordinances by means of which they regulate other aspects of public nuisances. Alcohol use, for example, can be regulated by defining zones in which the public consumption of alcohol is prohibited.

Measures regarding public nuisances are occasionally used by politicians, especially populists, who want to win peoples' votes by offering quick and radical solutions such as ridding the streets of people experiencing homelessness and problematic drug use.

1.3. Description of the national social support system

As far as the problems of homelessness and drug use are concerned, the Czech legal system offers several tools to provide support and help. However, there is a severe lack of cooperation and continuity between them. This is caused by the gradual separation of services into social and medical, which makes it harder to solve problems related to drugs or homelessness in a complex way.

SOCIAL / WELFARE BENEFITS

Social/welfare benefits, namely the Housing Benefit and Housing Supplement³², represent a practical tool which helps to prevent and reduce homelessness. All tenants registered as permanent residents in a given property are entitled to a housing allowance if 30% (in Prague 35%) of their family income is insufficient to cover the housing costs and, at the same time, this 30% (in Prague 35%) of the family income is lower than the relevant prescriptive housing costs.

The rest of the housing costs above the amount paid by a household (calculated from its income) is covered by the housing allowance. Moreover, the additional benefit (housing supplement) addresses the cases where the income of the person or family, including the housing allowance, is insufficient to cover justified housing costs. The benefit is provided to dwelling owners or tenants who are entitled to a subsistence allowance (minimum income).

Consequently, for families with no income the housing supplement may actually cover the total housing costs³³. Especially the provision of housing supplement for commercial/worker's hostels underwent several changes in July 2017 (it was reduced), as set out in the amendment to the Act on Assistance in Material Poverty³⁴.

Immediate Emergency Assistance is provided in adverse or emergency situations which require immediate help. The Act On Assistance in Material Poverty stipulates several situations under which this emergency benefit may be provided. These situations include, for example, paying the rental/security deposit when people cannot afford it due to their general social and financial circumstances.

One can also apply for a special benefit after being released from a psychiatric hospital, after finishing drug treatment or after being released from prison. However, in these cases the maximum amount of this benefit is set to 1000 CZK³⁵.

32. LUX, Martin. 2014. Social Housing in the Czech Republic. S. 165 – 180 in SCANLON, Kathleen, WHITEHEAD, Christine, ARRIGOITIA, Melissa Fernández (eds). Social Housing in Europe. Vyd. 1. Chichester: Wiley Blackwell, 490 s.

33. Ibid

34. "Platform for Social Housing" Act on Assistance in Material Poverty <https://socialnibydeni.org/>

35. MPSV [online] <https://www.mpsv.cz/cs/5>

SOCIAL & HEALTH BENEFITS

In the Czech Republic social services play an important role in supporting people experiencing homelessness, including those using drugs, to find housing and reintegrate into society³⁶. Social services are regulated by the Act on Social Services No. 108/2006 Col., which defines the types of social services, their financing system and guarantees their accessibility and quality.

36. Marek, Jakub et al. *Bezdomovectví v kontextu ambulantních sociálních služeb*. Vyd. 1. Praha: Portál, 2012.

Social services are defined as residential, ambulant or outreach services and are provided either by the state or by non-profit organizations. The law defines 31 types of social services which are divided into social care services, social prevention services and social counselling services, the latter is an essential activity accompanying all other types of social services.

The supplement No. 505/2006 Col. defines social services for the target group of people experiencing homelessness or living under adverse social conditions associated with the loss of housing. These include outreach programmes, “low-threshold” day care centres, night shelters, hostels/homeless shelters or youth centres/halfway houses. With regards to people endangered by problematic drug use, the law lists drop-in centres and collaborative/sober living houses. However, people with problematic drug use may also receive help from social services which are not specific to this target group, such as therapeutic communities or after-care.

The Act No. 379/2005 Col. on Protective Measures Against Damage Caused by Tobacco Products, Alcohol and Other Addictive Substances defines the range of services specialized into drugs, including healthcare and other services. Besides the aforementioned social services, there are also emergency/acute, short-term and medium-term treatments, detoxification, outpatient and short stay programmes, follow-up care and opioid substitution treatment (OST).

ACCESS TO HEALTHCARE

People with problematic drug use and those experiencing homelessness often have limited access to healthcare, even though they typically struggle with a number of health problems. Within the public healthcare and health insurance system, healthcare for the homeless is not being addressed in any systematic way. Generally speaking, in the Czech Republic the right to health protection is guaranteed by the Charter of Fundamental Rights and Freedoms.

Citizens are, on the basis of the public insurance system, entitled to free healthcare and medical care equipment under the conditions defined by law. However, people experiencing homelessness often cannot afford to make regular insurance payments because of their unfavourable situation and debts. Even though the legal system of the Czech Republic unequivocally protects the rights of every person to basic health care, people who do not pay their insurance are sometimes refused to care on grounds of being “uninsured”³⁷.

37. MPSV, 2013

Currently, a Reform of Psychiatric Care is under way in the Czech Republic; its implementation period runs from 2014 to 2023. This reform shall also include the integration of healthcare and services for people with problematic drug use.

The reform generally responds to the long-insufficient and underfunded care for people with mental distress, the obsolete technical equipment and facilities of psychiatric hospitals and the unevenly distributed network of services with widely differing conditions, overworked outpatient psychiatrists and insufficient community care.

The most significant changes include: the establishment and development of so-called community Centres for Mental Health (CMH), the support of larger outpatient departments, and the establishment of psychiatric departments in general hospitals. Shifting our focus to deinstitutionalization and community care opens up new possibilities in the field of problematic drug use to organize services that cover both healthcare and social aspects while securing their funding.

The reform can also overcome the perceived gap between healthcare and social services by establishing multidisciplinary outreach teams with a field psychiatrist and a nurse. Such teams will be able to provide emergency care for people in the streets or in their homes, thus covering the insufficient capacities of drug outreach programmes.

The dark side of the reform may consist in the fact that many people are long-time inpatients of psychiatric hospitals due to social rather than medical reasons. Many of them lost contact with their families and have nowhere and nobody to go back to. After these hospitals are closed down, it will be necessary to find a new place for them to stay.

LAW ON SOCIAL HOUSING (absence of)

Because of the persistent pressure exerted by some non-profit organizations to adopt a Law on Social Housing, the previous Social Democrat government outlined in its Programme Statement for 2013–2017 the objective of preparing a new Act on Social Housing. This act would define the standard of social housing and specify the persons in need of housing who, after meeting specific requirements, would be entitled to it³⁸.

38. MPSV, 2014

The Social Housing Concept of Czech Republic 2015–2025 drafted by the Ministry of Labour and Social Affairs was approved in October 2015. The Concept declares “the right to housing as a right protected by the government. . . This right will be implemented by means of social policy (social services, social work and social benefits) and by means of housing policy (two types of social housing: social and accessible housing)”³⁹.

39. MPSV, 2015

In 2017 the draft of the bill on Social Housing was submitted to the government of the Czech Republic; however, taking into account the impending 2017 autumn

elections, its adoption was postponed indefinitely.

Predictions concerning its acceptance during the following period are rather sceptical. The absence of this law means that people experiencing homelessness have to remain in unsuitable housing conditions, often in commercial/worker's hostels. Because of the expected budget cuts affecting housing benefits, there is also a possibility of an increase in rough sleeping in the following years.

REPRESSION AND PENALTIES

Besides supporting the main pillars of drug policy, the Act No 379/2005 Col. also delineates the penalties in connection with public nuisances and drug use.

These include measures such as:

- Ban on smoking in certain public places such as platforms and train stations where people experiencing homelessness and those who use drugs often stay. The amendment of the law also bans smoking in pubs, bars and restaurants. Ironically, this led to an increase in public nuisances during night hours in city centres, where the smoke and noise made by people smoking outside bothers local residents.
- Municipal Ordinances regulating sales and consumption of alcohol. Autonomous municipalities can issue ordinances regulating or banning distribution, serving or consumption of alcoholic beverages at certain times of the day, on particular days or in particular places. Municipal ordinances prohibiting the consumption of alcohol in public places have started to occur in larger numbers since February 2008 (after the breakthrough decision of the Constitutional Court). In February 2012 there were already 322 of these ordinances in place. They soon have become instruments of oppression of so-called socially maladjusted people.
- Cities or municipal districts (especially those popular with tourists) subsequently started to use the amendment to the Transgressions/ Misdemeanours Act to expel people from public places in city centres by issuing area ban orders for several months. One can only be issued such a prohibition if one does not have permanent residence in the given city and was already punished for the same misdemeanour before. Most often these misdemeanours consist in consumption of alcohol in public places⁴⁰.
- Entry ban for persons who are evidently under the influence of alcohol or other addictive substances to public transport, public places, sporting events, places of childcare.
- Sobering up stations (short term rehabilitation centres for excessive drinkers). People can be detained in these facilities against their will if

40. STAVENÍK, A. Bezdomovci, občané a vyhlášky: Lidé bez domova ve veřejném prostoru pohledem kulturní sociologie. Diss. Masarykova univerzita, Fakulta sociálních studií, 2014.

they are under the influence of alcohol or other psychoactive substances and if their behaviour is posing a threat to themselves, the people around them, public order and property, or if they are causing public nuisance. Being hospitalized in these institutions means the person is obligated to undergo medical treatment and stay at the station as long as necessary for the acute intoxication to subside. In reality, it means that he or she is released in the morning of the following day without any further support or care. In case it is proven the presence of alcohol or another psychoactive substance in the person's body, he or she has to pay for the transport, treatment and subsequent stay at the sobering-up station.

Clients of social services for people who use drugs have also experienced increased level of police control. Both people who use drugs and those experiencing homelessness are often affected by the ordinances and regulations defining criminal activity.

A new Infringement Register was created in the Czech Republic to keep a record of all misdemeanours. Repeated infringements are punished by larger fines. The damages caused by theft are also recorded and added– thus they can quickly add up to constitute a criminal offence. In case of criminal offences associated with drug use, the penalty sometimes involves compulsory drug treatment, issued on the basis of a court decision rather than a decision of the person him/herself.

Another method of unadmitted repression is the newly amended Act on Assistance in Material Poverty 111/2006 Col. from July 2017 which defines in article 33d the term “area with increased occurrence of socially undesirable phenomena”. In case a municipality identifies one of its zones as an “area with increased occurrence of socially undesirable phenomena”, people living in this zone cannot receive the housing supplement, which is one of the basic benefits of the state social support system.

This approach is being defended as an effort to eliminate socially excluded areas. However, in reality people are often displaced against their will and their unfavourable social and life situation is made even worse.

Another type of hidden repression can be observed in certain interventions by municipalities in public spaces with more frequent occurrence of homeless people or other socially excluded groups. Benches are often removed from these places or there are special armrests/partitions installed onto them to prevent people from lying down. The effectiveness of such measures is often questionable; moreover, they cause inconvenience for all the people spending time in such public places.

INTERACTION / COMMUNICATION CHANNELS BETWEEN REGULATIONS, REPRESSION AND SUPPORT

The Government Council for Drug Policy Coordination consists of representatives of the individual ministries. All its members take part in devising the National Strategy. The situation is similar at the regional and municipal level; however, the cooperation between departments is often only on paper and the strategy is actually devised by the team around the given drug coordinator.

The duty to carry out so-called community planning of social services is embedded also in section 95d of Act No. 108/2006 on Social Services. This act requires regions and municipalities to cooperate with providers of social services and fulfil the needs of the users of social services on their territory.

However, the law does not specify how to fulfil these needs and does not impose on regions and municipalities the duty to cooperate directly with users of social services on the preparation of community plans. In recent years the trend is to involve the users of social services in the negotiations concerning community plans.

Nonetheless, the groups of people affected by social exclusion, that is homeless people and those who use drugs, are mostly represented by experts who collect their opinions by means of surveys. Therefore, these groups are not involved directly.

At the same time, in larger Czech cities there is an increasing tendency to establish so-called multidisciplinary teams which operate in the given region or in smaller territories. These teams may consist of representatives of the police, employees of the Authority for Social and Legal Protection of Children (OSPOD), low-threshold service workers, or others.

Their main objective is to approach the social problems in the given region (e.g. specific socially excluded areas) in an integrated way, to find appropriate solutions and to efficiently coordinate activities of the individual subjects. An example of such a team is, for instance, a team of crime prevention assistants established in an excluded Roma locality in Brno.

Its aim was to share information, connect and aid the cooperation of the organizations active in this locality. As a consequence, a new social service was established in the excluded area to assist people using drugs and their families.

Efforts are also being made to connect the teams of the individual social services and to improve the integration and accessibility of local help. In Brno, more specifically, regular meetings are held with representatives of certain social service providers in order to use the methods of case management and coordinated care.

Cooperation between providers of social services in the field of drug use and representatives of law enforcement (the police, prisons) takes place, for

instance, in the context of specific projects involving workers of certain outreach programmes, drop-in centres or social services working directly with people who use drugs in prisons.

1.4. Concurrence and/or discrepancy of national legislation & daily practice

The exclusion of people experiencing homelessness from city centres on the basis of a cumulative approach to misdemeanours, such as public consumption of alcohol, causes a paradoxical situation. Municipalities are issuing ordinances and regulations which are obligatory for all citizens and visitors of a given city.

Yet, at the same time, representatives of municipal councils admit that regulations should apply mostly those experiencing homelessness. Individual cities usually state that the municipal police will judge the violations of these ordinances “case by case”.

In practice, this means that they mostly penalize the homeless. The binding documents, in which the Czech Republic commits itself to solve the problems of rough sleeping and drug use in a complex way, contrast with the need to somehow punish the homeless for their presence in “busy public places”.

This discrepancy is based on the fact that, on the one hand, the state tries to solve the problem of homelessness in a complex way as a social phenomenon whereas, on the other, it often uses the discourse of “poverty as a personal failure” to define the homeless as people who occupy or take over city centres.

Another discrepancy is the conflict between the “continuum of care model”, which provides social services to people experiencing homelessness using help as a reward, and the reflective practice of Housing First.

41. MPSV, 2013b

The Concept⁴¹ acknowledges Housing First as a way of supporting the homeless and the Czech terminology concerning social work provision to people without homes (including those using drugs and alcohol) is gradually changing in line with the European standards. Nevertheless, work methods as well as the relationship between social workers and service users remain largely unchanged.

In practice, one can see a dominant model of approaching homelessness manifested in the rules and regulations in hostels (homeless shelters), individual plans aimed at finding employment, the emphasis placed on acquiring competences before starting to live independently, or in the exclusion of people who use drug and alcohol from this care system. The last one, especially, is in line

with the moral model of perceiving problematic drug use as a failure of one's will which makes one unworthy of receiving help.

The conflict between the pro-abstinence and the pragmatic approach towards drug services reveals itself in the system of drug services and their focus. Drug services are still predominantly based on the pro-abstinence model. People who use alcohol and other drugs, thus, gradually go through outreach programmes, therapeutic communities and rehabilitation centres.

Within the scope of these services, abstinence is emphasized, even though the NDPS (Office of the Government, 2016a) describes harm reduction as one of the three pillars of drug policy. Currently, harm reduction interventions can be found only at the "lowest" levels of help provided to people who use drugs. Harm reduction for alcohol users, for instance in the form of so-called "wet shelters", is largely undeveloped.

02

interventions

The first part of this chapter describes the current standard interventions targeting alcohol and drug related nuisances and street homelessness in the Czech republic.

Regarding homelessness, this structure represents a rather conservative model of support for homeless people. There is a lack of harm reduction services for those people experiencing homelessness who use alcohol or other substances problematically, and especially, a lack of low threshold services (such as wet day centres, wet shelters and wet hostels⁴²) for problematic alcohol use.

42. Facilities for people experiencing homelessness, where drinking is allowed on-site.

For many years the Salvation Army in Prague has been unsuccessfully trying to open a “wet shelter”. According to them, these shelters keep being refused because of the “not in my backyard syndrome”. Moreover, the low threshold services for problem drug use do not provide housing or systematic case management work.

The second part of this chapter focuses on innovative interventions and services which are not part of the standard service delivery network, but targets homelessness and problematic drug use in a promising and effective way.

2.1. STANDARD INTERVENTIONS

LOW-THRESHOLD SERVICES

Outreach programmes

The objective of outreach programmes is to carry out outreach social work to find new users, visit the old ones, provide basic social counselling and motivate users to use other services. Within the scope of this outreach work, social assistance is being offered as well (e.g. visits to hospital and public authorities)⁴³

⁴⁴.

Many people experiencing homelessness use alcohol in a problematic way, however, regular outreach work does not use harm reduction interventions to deal with this problem. Therefore, the number of people who die because of excessive alcohol use is much higher than the one with all the other illegal substances together. Only in 2015, 342 people died of alcohol poisoning in Czech Republic.

Outreach social work with users of alcohol and other drugs and people experiencing homeless is strictly separated, even though their target group is often one and the same.

The Multiplikator survey in 2016⁴⁵ revealed that almost 70% of the people using drugs in a problematic way were involved in one of the 47 harm reduction outreach programmes available across the Czech Republic. The high percentage of people who use drugs (PWUD) who are in touch with outreach services is thought to be connected with the low prevalence of HIV among PWUD (less than ten a year).

The number of deaths of PWUD related to drug use is also one of the lowest in Europe and it decreases each year. The last data are from 2015 when 44 people died because of using illegal drugs⁴⁶.

Low threshold day centres and drop in centres

The purpose of day centres is to provide for basic vital necessities: they offer material assistance such as new clothing or food aid in the soup kitchens. There are showers for basic sanitation and hygiene and sometimes people can also have their clothes washed and ironed.

Furthermore, these centres offer both basic and expert social counselling including help with obtaining documents and papers, job searching or both short and long-term emergency housing^{47 48}.

43. Nedělníková, D. (ed.) Metodická příručka pro výkon terénní sociální práce. Vyd. 1. Ostrava: Ostravská univerzita v Ostravě, 2008.

44. Marek, J. et al. Bezdomovectví v kontextu

45. Mravčík, V. et al. Výroční zpráva

46. National Monitoring Center for Drugs. Press Release.

47. Průdková, Táňa & Novotný, Přemysl. Bezdomovectví. Vyd. 1. Praha: Triton, 2008

48. Marek, Jakub et al. Bezdomovectví v kontextu

There are 55 of these centres in the Czech Republic. In 2015, the services of low threshold day centres were used by 28,153 men and 5,673 women⁴⁹. The drawback of these centres is that they do not focus enough on the problematic drug use (especially alcohol) of their clients.

Similarly to outreach programmes, low threshold centres for PWUD (drop-in centres) are separated from the ones for people experiencing homelessness, even though their users often overlap. Currently there are 52 drop-in centres in the Czech Republic (most of them in Prague – 4).

The offer of services is similar to the regular low threshold centres with the addition of harm reduction services (mostly needle exchange programme, voluntary testing and counselling, information, basic medical and psychological care, etc.) . In drop-in centres people can be under the influence of drugs or alcohol, although persons that are heavily drunk are less tolerated.

Drug consumption or alcohol drinking is not tolerated in drop-in centres. There are no drug consumption rooms in the Czech Republic yet, even though there have been discussions about opening this service for more than 20 years. The main factors behind the absence of drug consumption rooms are: relatively low level of heroin use and related open drug scene in the Czech Republic, and city municipalities that are strongly against this service due to possible conflicts in facilities' neighbourhoods.

The length of stay on the premises of drop-in centres is often limited (1–2 hours). This limit has been introduced mostly because of lack of staff providing the services. Especially in larger cities, the slowness of clients is too strong to allow their unlimited stay in these facilities.

With regard to the fact that problem drug use is often connected with homelessness, the users of these services are being forced to spend most of their day somewhere else, mostly in public places such as train stations, parks, shopping centres etc. Some drop-in centres and outreach programmes have external medical personnel on their teams who offer regular check-ups or consultations.

Currently, the way the target group is perceived is starting to change and the services are often opening up to a wider range of potential users. The drop-in centre Prevent Strakonice, for instance, allocated part of its working hours to people with problematic alcohol use and experiencing homelessness, even though these people originally did not fall within their target group. It did so in reaction to this group's higher demand for the services of the centre. However, the relatively narrow focus on problematic substance use means that the problems related to housing and social counselling are neglected.

Night shelters

Night shelters offer an ambulant service of hygiene and accommodation for the night. Accommodation for the homeless is provided for one night but they

can use the service repeatedly. The standard of accommodation is low, mostly it is just one room with multiple beds. Users have to vacate the premises in the morning and can return only in the evening.

The price for a bed is usually around 30–60 CZK per night (1–2 EUR). Specific conditions for entering night shelters are set by the individual organizations. They often include being sober, paying the fee, arriving at the shelter by a particular time and providing an identification. The personnel is present throughout the entire night and provide on demand counselling or give out contacts for other facilities providing services in which the users show⁵⁰.

50. Průdková, Novotný, 2008; Marek et al., 2012

In the Czech Republic, there are practically no night shelters that officially allow people under the influence of psychoactive substances. Sometimes the staff tolerate alcohol intoxication if the person does not behave aggressively or does not seem heavily drunk. However, it is common practice that the staff tests the newcomers not only for alcohol, but also for other psychoactive substances.

For example the Brno branch of the Salvation Army has a 0.5 permille tolerance for blood alcohol content and 0 tolerance for other substances. This fact increases the incidence of PWUD without stable housing and sleeping rough in the streets, even during winter.

In 2015, there were 72 night shelters in the Czech Republic, all being used to their full capacity, especially in winter season. In that year, 30,399 men and 6,239 women used night shelters⁵¹. The so called “winter chairs” are a relatively common offer, and mean that people have to spend the night sitting in a chair to increase the capacity of night shelters in cold winter months.

51. MPSV, 2016.

Hostels (homeless shelters, refugees)

Hostels are social facilities/establishments with a higher threshold than night shelters. They provide 24-hour accommodation, social services and expert social counselling. People can stay in hostels for longer periods of time; they have to follow the house rules and actively deal with their social situation.

The overall objective of hostels is to allow their clients to become self-reliant again. Hostels are further divided into men's hostels, hostels for women and mothers with children, for families, senior citizens without home, or special hostels for the homeless people with impairments, problematic drug use, or people with experiences of mental distress⁵².

52. Průdková, Novotný, 2008; Marek et al., 2012

In 2015 there were 215 hostels in the Czech Republic with the total capacity of 7,311 beds. In 2015 hostels were used by 1,908 men, 1,751 women and 1,826 children under 18 years of age. There is a long-term lack of capacity in hostels for families with children⁵³.

53. MPSV, 2016

HOUSING SERVICES WITH HIGHER THRESHOLD

Youth hostels (halfway houses)

Youth hostels are shelters for the youth from 18 to 25 years of age. According to Charita, one of the main providers of these services in Czech Republic, youth hostels aim to: “help its residents to find a job, permanent accommodation, necessary social skills (personal finance management, housekeeping, common social relations – both in and outside of the establishment, etc.).

The House also provides very important mental and emotional stability, which helps them succeed in gaining an autonomous life outside of the Halfway House and building and sustaining valuable interpersonal relationships. The goal of this process is to prevent these young adults from depending on the social rescue network.”⁵⁴

54. Available at: <http://praha.charita.cz/en/social-services/halfway-house/>

Accommodation/flats with floating support

Accommodation with floating support is a continuation of halfway houses services. Social workers visit the flats at prearranged intervals. The clients prepare themselves for moving into their own rented flat. Some of these flats are for a single person, some are shared with other people⁵⁵. In 2015 there were 276 of these houses/flats with the total capacity of 15,494 beds⁵⁶.

55. Průdková, Novotný, 2008; Marek et al., 2012

56. MPSV, 2016

Shelters for people with complex needs

Shelters for people with special needs provide accommodation and other services to people with decreased self-reliance caused by a chronic mental illness or problematic substance use. Generally, this service is in short supply and offered only in larger cities. Elderly people with problematic drug use are often also experiencing homelessness.

DRUG TREATMENT (OST, Control Strategies, Detox, Rehab)

Besides the low threshold programmes described above, in the Czech Republic there are a number of mostly medical services for people who use drugs. These include opioid substitution therapy (OST) centres offering a low threshold maintenance programme based on methadone. Currently, the country has 8 OST centres and they can only be found in larger cities such as Prague, Brno, Olomouc or Ostrava.

However, these days the substitution drug of choice is mostly subutex/suboxone. This substance started spreading to the black market as well and, in fact, it has practically replaced street heroine. Subutex/suboxone use helped to reduce the number of overdoses thanks to its ‘ceiling effect’.

In smaller cities the demand for opioid substitutes is not so high, as amphetamines are usually the preferred drug of choice. There is no standard substitution therapy for amphetamines yet, but standardization is being discussed repeatedly on public and professionals forums. Some psychiatrists already prescribe methylphenidate (Ritalin) to a limited number of patients with stabilized methamphetamine consumption^{57 58}.

57. Hampl, K. Substituční léčba závislosti na pervitinu. Česká a slovenská psychiatrie, 100(5): 274-278, 2004

Other treatment services are the detoxification centres which are often part of psychiatric wards of teaching hospitals. The problem with these centres is that they mostly mix wards with both people diagnosed with a mental disorder and people diagnosed with a substance use disorders. The centres often limit their capacity to individual diagnoses to prevent conflicts between patients, or possibly between patients and staff.

58. Minařík, J et al. Methylphenidate substitution for methamphetamine addiction and implications for future randomized clinical trials: a unique case series. Journal of Substance Use, 21(4), 435-438, 2016.

Limiting the number of places allotted for the individual diagnoses leads to excessively long waiting times. Another drawback of detoxification centres is not providing long-term treatment. They only take in people for the shortest period necessary, usually between 7 and 14 days, and do not provide for or arrange any follow-up treatment.

Another type of detoxification facilities in the Czech Republic are stand-alone psychiatric hospitals. However, these are less frequent. The conditions for being admitted to such a facility are relatively "high threshold". The admitted person must have a valid identification card, insurance card, medical report and a confirmation of a pre-arranged follow-up treatment. In some cases, the follow-up treatment can be carried out in the same facility. One has to keep in mind that these hospitals treat various mental illnesses, and the departments specializing in problematic drug use are only a small part of these services.

Another type of residential medical facilities operating in the Czech Republic are the therapeutic communities. There are currently 16 of them, offering residential treatment outside the hospital environment and effectively using a group of peers to facilitate social and psychosocial changes in individual's behaviours. All their activities are tailored to contribute to therapeutic and formative changes in one's behaviour, whereas all the parties involved are mediators of these changes.

In addition to that, in the Czech Republic, there are 28 ambulant therapeutic centres, 19 rehabilitation programmes and 4 programmes offering "addictology" services.

2.1. INNOVATIVE INTERVENTIONS

Innovative and inclusive interventions are usually not available nationwide. These are services or programmes that focus on work reintegration and empowerment while using participative elements. In the field of drug treatment, these services do not fall within the typical therapeutic model based on abstinence and surpass the narrow focus on drug use only. Other innovative interventions are being carried out in the field of harm reduction with recreational or problematic drug use in the nightlife environment. When concerning people affected by rough sleeping, innovative interventions prefer the right to housing approach to the continuum of care model.

WORK REINTEGRATION PROGRAMS

The Open Motivational Ambulant Group of the Sanazim z.ú. organization in Prague may serve as an example of good practice for innovative interventions. Twice a week, it offers a space in which people who use drugs can spend most of their day and at the same time work on their motivation and core work skills.

The service also offers an interesting experiment for clients to try developing a controlled consumption of alcohol. In this experiment, alcohol is given to those with a problematic use of the substance in small regular doses, during their stay in the facility. This helps to prevent withdrawal symptoms and to keep people only very mildly intoxicated.

Another example that deserves mentioning is the Fixpoint programme⁵⁹, created by the non-profit organization Progressive, from Prague. Fixpoint is a work reintegration and re-socialization programme intended for people with problematic drug use who are interested in changing their lifestyle. Within the scope of this programme, people are given a training job position.

The objective of this programme is to help prevent crime and use individual plans to change the priorities of clients. Furthermore, its employees partake in cleaning up public spaces by removing drug use paraphernalia from the streets. The programme currently employs 5 indigenous workers and operates in 5 municipal districts of Prague.

In 2017 the programme had 17 containers installed in the streets to allow safe disposal of used syringes and other hazardous materials. In 2016 the total of 3,539 syringes were found in these containers. In the same year, another 11056 syringes were collected in the streets of Prague by the indigenous workers⁶⁰.

A similar programme which engages people who use drugs is run by Sananim z.ú. The origins of this programme goes back to 1995. The programme is currently

59. More info at:
<http://www.progressive-os.cz/fixpoint/>

60. Progressive annual report, 2017. Available at:
<http://www.progressive-os.cz/vz-2017/>

operated as a part of the organization's outreach work. Workers' job description is to contact hidden groups of people using drugs and offer them harm reduction services and basic information by the hands of a peer.

HARM REDUCTION INNOVATION

The installation of vending machines containing safer drug use material was another innovation the NGO Progressive, aiming to increase the accessibility of harm reduction medical supplies and to address people injecting drugs who are not yet in touch with outreach programmes or drop-in centres. This model suffered opposition from some members of the general public and politicians. Despite the fact that the vending machines had to be removed from certain places in Prague, several other cities took up the idea, which led to thousands of syringes being exchanged.

Another harm reduction innovation operating in the Czech Republic since 2012 is the Hard and Smart programme. This is an outreach programme targeted at the nightlife environment. Its interventions aim to prevent the risks related to use of drugs and/or alcohol. Originally, the programme was only active on the Brno club scene; however, over the past two years it has spread to two more cities – Prague and Olomouc. The program also started offering its services at open-air music festivals all over the Czech Republic⁶¹.

61. <http://www.hardandsmart.podaneruce.cz/o-klubu/>

Another case of good albeit rather unconventional practice in the Czech Republic is the cooperation between organizations working on the drug scene and pharmacies. This is a model of cooperation which found its place especially in smaller cities/towns with no drop-in centres and with outreach programmes available only on certain days of the week. In these cases, clean sets of basic safer drug use material, including syringes, are available in pharmacies to increase accessibility on the days in which the outreach programme is not operating.

This type of intervention depends on individual agreements with specific pharmacies, and it is not unusual that they refuse such cooperation. Often, pharmacies even remove syringes from their range of goods to prevent people who use drugs from entering their premises.

HOUSING PROJECTS

In the city of Brno, two innovative interventions aimed at the homeless population with complex problems (including drug and alcohol use) are being tested at the moment (2016 – 2020).

The project Housing First for Families in Brno⁶² aims to bring an end to the homelessness of 50 families with complex needs (debts, drug use, incarceration, institutionalization, and long-term homelessness). This is to be achieved by means of public housing and supportive social work using intensive case management.

62. <https://hf.socialnibydeni.org/housing-first-for-families-in-brno>

A project evaluation from 31 August 2017 demonstrated that the rapid re-housing had positive effects in three areas in the short term:

- In the area of psychological well-being, the families noticed changes in children. These related to a decrease in aggressive behaviour, improved communication, greater independence and willingness to help with chores. Both children and caretakers felt more satisfied and composed. Generally, the families appreciated a greater degree of autonomy;
- In the area of housing, the quality was improved, especially regarding satisfactory hygiene conditions and larger living space;
- In the area of social relationships, the children were more often visited by their friends⁶³

63. Černá, Eliška. Průběžná evaluační zpráva k projektu Rapid Re-Housing ve městě Brno. Ostrava: Fakulta sociálních studií, 2017 [to be published]

Housing first for individuals has been running since January 2017. Just as Housing First for Families, it aims to end homelessness by means of public housing and voluntary social work for 50 adults and 15 young adults (18 – 25 years old). The first wave of resettlement took place in September 2017 and the short-term evaluation's outcomes are yet to come.

PARTICIPATIVE & COMBINED PROJECTS

64. <http://jakodoma.org/english/>

Cooks without home⁶⁴ is a project of the Prague organization Homelike, focused on female homelessness, meaningful participation and using the creative potential of women experiencing homelessness to help them re-integrate.

The idea of Cooks without home emerged with the realization that many female clients of homeless shelters would like to contribute to society but had difficulties in doing so due to their socio-economic disadvantages. Homelike, thus, offers these women the possibility to present their art in public and at the same time to bring about a positive change in the social perception of homelessness.

Stalls selling the food prepared by the cooks are to be found at different farmers' markets all over Prague and are becoming meeting points for the public and people without home. In 2007, Cooks without home opened a bistro where vegan food for dozens of people is cooked every day.

The organization goes beyond the traditional approach, as it is based on a participatory principle: women experiencing homelessness are involved in the decision making and have the status of co-workers instead of clients. The art of these unusual cooks is often accompanied by photo exhibitions on the subject of homelessness, theatre plays or different workshops where women experiencing homelessness take up the position of experts. This activity aims to break through the barrier between the general public and homeless people.

A similar project aimed at emancipation and participation of people experiencing homelessness are participatory groups. One of them is the Homeless Action

Group of the organization Aslido⁶⁵. Aslido aims to create a platform for active citizenship and mutual support for people experiencing homelessness and those excluded from housing.

65. <http://www.aslido.cz/>

The inclusive character of this activity is embedded in the horizontal structure of the organization, in which people experiencing homelessness are official members and part of the organization's statutory body. People experiencing homeless who are members of ASLIDO aim to actively influence and improve the conditions that keep them, and many other people, homeless. Its core action is inviting people experiencing homelessness to exercise active citizenship and influence in a public sphere.

ASLIDO uses the concept of the "Theatre of the oppressed" from Paulo Freire, among others, to achieve this goal. In the theatre, people create a play based on their own experiences of homelessness. The first play discussed barriers which deny people access to decent and adequate housing as well as the strict conditions in homeless shelters that lead many people to rough sleeping.

Through this play, many people experiencing homeless were able to express and articulate their anger, worries and frustration, as well as their desires and hope for a better future.

03

conclusions &
recommendations

3.1. Main findings of this report

- A **working definition of public nuisance** in social services and interventions is **lacking**;
- There is **insufficient coordination both in policy and services**, leading to an artificial and ineffective separation of homelessness and drug use;
- The issue of personal responsibility for one's situation and the principle of reward are often emphasized for populations experiencing homelessness and problematic drug use. This leads to the **underdevelopment of participative models, housing first programs and the Law on Social Housing**;
- There are virtually **no researches/surveys of service/intervention effectiveness**, apart for some local exceptions such as the evaluated project Rapid Rehousing. Effectiveness, thus, can be ascertained only indirectly, for instance by low incidence of infectious diseases, low rate of drug-related deaths and capacity of services;
- **Public nuisances are mostly dealt with by means of repression**, as ordinances are used to oppress people without homes and who use drugs. Not enough attention is given to what will happen to these people when legal authorities drive them out of city centres;
- There are **many innovative services** which strive to solve the above mentioned shortcomings; however, they are mostly **not approved at the national level** with the argument that they would not fall within the regular network of social services defined by their target groups. This harms the sustainability of such services, since they must draw funds from other than the usual sources (local municipalities or European funds);
- A **wide net of drug services** operates under the umbrella of **harm reduction**, such as outreach services, drop-in centres, OST, and harm reduction in nightlife. Even without using the framework of "public nuisance", these services **tackle public nuisance supportively** and overcome some of the problems mentioned above.

3.2. Evaluation of the findings

This report confirmed the existence of a well-developed network of basic services both for people experiencing homelessness and problematic drug use. Harm reduction services are available in all larger Czech cities together with outreach programmes and low threshold day centres. It also confirmed the separation of target groups and services that work with them, even though homelessness is closely connected with problematic drug use. Whether it should remain so is a matter for discussion.

For the users themselves it might be advantageous to be able to use the services of more facilities/organizations. However, as far as effectual help and improving clients' living conditions are concerned, we favour a more integrated approach. We were rather surprised to find out that in the Czech Republic the concept of public nuisance is not being officially dealt with. At least, not from the point of view of social services and interventions that would aim to curb public nuisances through supportive measures and work with individuals. Instead, in the Czech Republic the prevailing approach is based mostly on repression and policy measures (such as banning public consumption of alcohol) which do not solve the issue, but merely displace it.

Another unexpected yet very positive finding concerns the existence of a large number of local projects dealing with problems that are not covered by the basic network of services, thus helping to fill the gaps in the system. Even though this is not entirely sufficient, we consider initiatives such as Cooks Without Home, Fix Point, Hard and Smart and others to be very important and worthy of support and further development.

The last unexpected finding was the absence of evaluations concerning the effectiveness of services, especially the lack of clearly defined and measurable indicators which would allow us to monitor the results of the available services.

The positive discoveries concerning the situation in the Czech Republic include the above mentioned existence of a nation-wide, well-developed and functional network of basic services both for people experiencing homelessness and those with problematic drug use, . It includes also the local projects which complement the official network of services and deal with specific problems the basic services cannot address. Furthermore, there are the participative projects such as ASLIDO, Homelike, and others.

Another piece of good news is the effort to introduce the Law on Social Housing. The draft of this law was approved by the Czech government in the spring of 2017 and elicited a strong reaction, especially among local representatives and municipal councillors. Although the future of the Law on Social Housing is still uncertain, it is important that it is being discussed and it has raised the issues of decent housing, non-discrimination and social exclusion, among others. The draft of this law is also connected to the innovative pilot projects Housing

First and Rapid Re-Housing, thanks to which Brno has freed 100 council flats to people experiencing homelessness and other complex problems (including drug use and alcoholism).

The negative findings revealed by this report include the repressive approach and measures against public nuisances on the part of politicians. As mentioned above, this problem is being dealt with mostly by a number of different ordinances, bans and restrictions which aim to push some individuals out of certain areas. These measures do not address the roots of the problem and only move it somewhere else where other people have to deal with it.

The individuals in question are labelled as misfits or nuisances and are being driven out of public places. This is, to certain extent, related to another negative finding revealed in this report, which is the lack of interventions focusing on harm reduction for people using alcohol.

As stated above, homelessness and problematic substance use are closely connected, especially with regard to homelessness and consumption of alcohol. The fact that a number of services for people experiencing homeless are available only for those who remain sober represents an exclusion of people with problematic substance use from these services.

On the other side, the services for people who use drugs respect the fact that people use substances, but do not offer any services to deal with problems connected with homelessness. Another problem lies in the fact that even though the target groups of the services dealing with homelessness and drug use overlap, there is a lack of substantial communication and coordination between them. The focus on case management and sharing information among services is insufficient. Tools for the evaluation of services are also lacking, which negatively influences their operation and direction due to a lack of objective indicators to reveal whether the service is being run well.

The last negative aspect we would like to mention here is the prevailing orientation towards the Continuum of Care Model, based on the assumption that people have to deserve help. This is best exemplified by the refusal to provide services to the people experiencing homeless who are under influence of substances. This model of help as a reward raises the threshold for both being admitted to, and remaining in a service, treatment or therapy.

3.3. Advice for best practices

The situation in the Czech Republic regarding public nuisances could be improved by adopting the Law on Social Housing. Currently, there is no legal regulation defining social housing or persons entitled to receive housing benefits. The rights, duties and responsibilities of the individuals implementing/offering social housing are not clearly defined either.

The support provided in the field of social housing is fragmented, decreasing its effectiveness. As social housing is not clearly defined by any specific legal regulation, municipalities often use this term to refer to different types of housing for different target groups. This explains why the rights and duties of Czech citizens differ based on their place of permanent residence.

This inconsistency of the system of rights and duties issued by individual municipalities also causes some cities to be heavily burdened. This happens as socially disadvantaged people move to certain localities which often turn into socially excluded areas with high concentration of exclusion-related issues and problems.

The main objective of a Law on Social Housing should be to increase the accessibility of housing for individuals and families which are currently homeless. The draft of a law addressing this agenda was approved by the Government of the Czech Republic in March 2017. At the moment, however, its fate is uncertain: due to the recent parliamentary elections, the law must be negotiated and adopted also by the new parliament. Pilot projects like Housing First and Rapid Re-Housing from Brno bring valuable experiences, and the basis to establish similar strategies in other Czech cities. Together with the Law on Social Housing, these projects can help devise a working strategy to fight homelessness and poverty.

Another way to improve the situation regarding public nuisances is to involve service users in the process of creating interventions, allowing them to actively participate in the planning, implementation and evaluation of services. Their view of the situation and the problems they find themselves in should be the main guideline when identifying points for action and formulating interventions.

The involvement of users in the services is already happening to a limited extent, such as in client meetings and discussions during which they can formulate requirements and suggestions regarding the given service. However, the real power to define directions remains solely in the hands of professionals and experts. We believe that it is possible to distribute this power also among service users and already see this happening in some of the above mentioned projects such as Cooks Without Home or in projects connected with social entrepreneurship.

3.4. Perspectives for the future

In the future we would like move towards a more participative direction and promote the involvement of service users in decision making, planning and, furthermore, the very operation of the services. We would like to create job positions for people with lived experience, so that they can be a source of valuable know-how and viewpoints that experts without such experience simply cannot

have. We would like to give more responsibility to service users and build equal partnerships between employees and users. We would also like to increase the spaces where people with lived experience have their voices heard.

This can be achieved by inviting them to conferences, political debates, public and expert education, and also by allowing them to partake in the process of community planning, for instance. Furthermore we would like to promote the idea of broader definitions of target groups and more. For that, it would be beneficial to look for common issues and roads to fruitful cooperation between the services for people experiencing homelessness and those for people with problematic drug use.

Another important future direction should be a strong emphasis on social housing and related projects which aims to end homelessness and are able to work with people with specific needs (such as problematic drug use and mental or emotional distress). A strong alliance among different types of social services, the general public and the target populations should be established to fight for the right for housing and against populist neoliberal policies.

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bibliography

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Drug- and alcohol-related nuisance is an important policy issue in nearly all smaller, medium-sized and bigger cities. Experience and research has shown that this is a pan-European problem which many local and municipal authorities are struggling to address in an effective manner.

A broad range of participatory interventions and prevention activities have been developed to prevent nuisance among youngsters. Intervention, targeting adults however, are limited and mainly based on repressive and sanctionary acts, including arrests, restraining orders and fines. Less is known about inclusive strategies and adult learning opportunities, which provide daily structure and support to this specific group.

The Street Support Project is built on the idea that each person has the potential to learn and to do something meaningful. Adult learning, work and other activities can play a vital role in this context, as long as it is adapted to the specific needs and living conditions of the target group.

