

Czech-Republic

Czech Republic Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Czech Republic, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

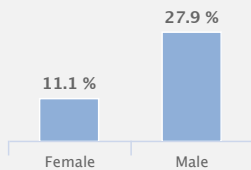
THE DRUG PROBLEM IN THE CZECH REPUBLIC AT A GLANCE

Drug use

"in young adults (15-34 years) in the last year"

Cannabis

19.4 %



Other drugs

MDMA	4.1 %
Amphetamines	1.7 %
Cocaine	0.7 %

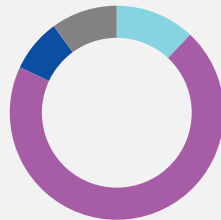
High-risk opioid users

12 500

(12 100 - 13 000)

Treatment entrants

by primary drug



● Cannabis, 12 %
● Amphetamines, 70 %
● Cocaine, 0 %
● Heroin, 8 %
● Other, 10 %

Opioid substitution treatment clients

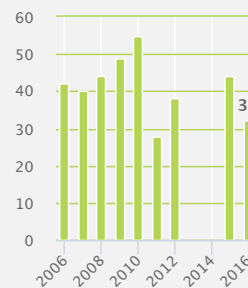
5 000

Syringes distributed

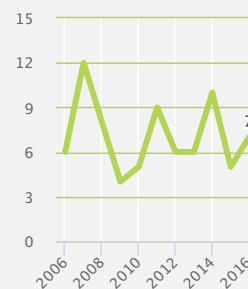
through specialised programmes

6 469 441

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

5 564

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Herbal cannabis
2. Methamphetamines
3. Cocaine
4. Heroin
5. MDMA

Population

(15-64 years)

6 997 715

Source: EUROSTAT Extracted on: 18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

National drug strategy and coordination

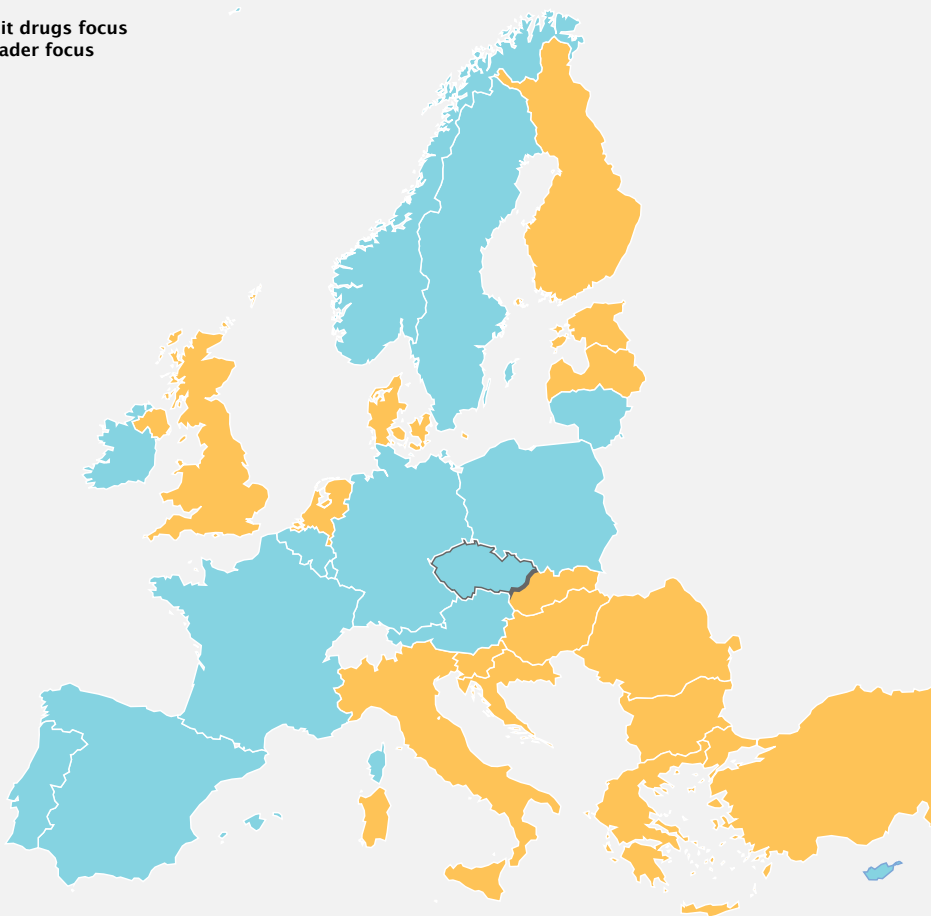
National drug strategy

In the Czech Republic, the National Drug Policy Strategy 2010-18 originally focused solely on illicit drugs, but was revised in 2014 and 2016 to address alcohol and tobacco use and gambling. The strategy is comprehensive and has four pillars: prevention; treatment and reintegration; harm reduction; and supply reduction. It is complemented by three supporting domains: coordination and funding; monitoring, research and evaluation; and international cooperation. In the area of illicit drugs, the strategy defines four key objectives: (i) to reduce the level of experimental and occasional drug use; (ii) to reduce the level of problem and intensive drug use; (iii) to reduce potential drug-related risks to individuals and society; and (iv) to reduce drug availability, particularly to young people. The implementation of the strategy is supported by a series of consecutive three-year action plans for each area.

In 2016, an internal final evaluation of the action plan for 2013-15 was conducted. The evaluation indicated that slightly more than half of the proposed activities had been implemented, with mixed results in terms of meeting the action plan's priorities, namely alcohol and cannabis consumption, problems related to methamphetamine and opioid use, streamlining of funding and integration of alcohol into the drug policy. Three internal mid-term progress reviews of the separate action plans on illicit drugs, gambling and alcohol were also undertaken in 2017.

Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

The Government Council for Drug Policy Coordination (GCDPC), presided over by the prime minister, is responsible at the political level for the overall implementation of the National Drug Policy Strategy. It is the main government coordination body on drug issues. Its scope was expanded following the revision of the National Drug Policy Strategy and it now addresses alcohol, tobacco and gambling issues, as well as illicit drugs. The GCDPC includes all ministries involved in the delivery of the national drug policy and representatives of other significant stakeholders, including representatives of non-governmental organisations and professional associations. The Secretariat of the GCDPC, located in the Office of the Government of the Czech Republic, which also includes the

Czech National Monitoring Centre for Drugs and Addiction, manages the day-to-day implementation of the strategy and the coordination of the ministries' activities. A network of 14 regional drug coordinators based in regional municipalities manages drug-related activities, including the implementation of the national drug policy, at the regional and local levels.

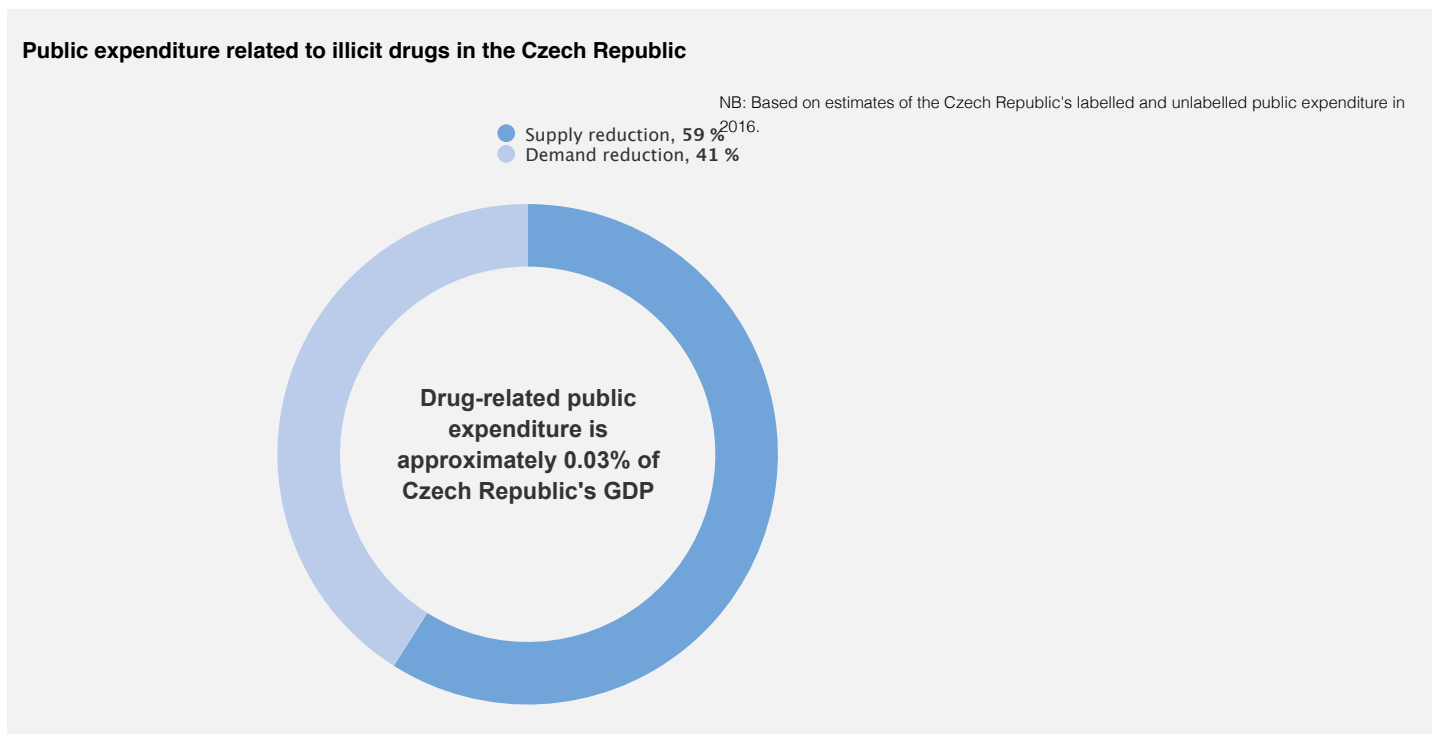
Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

In the Czech Republic, labelled drug-related public expenditure has been regularly monitored since 2002. The current drug strategy calls for the budgeting of planned drug-related initiatives, and the associated action plan identifies, for each activity, a planned time frame, specifying institution(s), output indicators and funding requirements. Between 2007 and 2010, unlabelled expenditures and indirect social costs were also estimated using a 'cost of illness' methodology.

In 2016, the total identified drug-related public expenditure was EUR 56.8 million, representing 0.03 % of gross domestic product (GDP). Of this, almost 59 % funded supply reduction activities and the remaining expenditure was for demand reduction (treatment and harm reduction received the largest proportions of expenditure on demand reduction initiatives).

Long-term trend analysis indicates that total expenditure has increased gradually since 2013 in nominal terms, while it has remained stable as a proportion of GDP.



Drug laws and drug law offences

National drug laws

The Criminal Code, which has been in force since 2010 (Act No 40/2009), is the major act covering drug-related offences in the Czech Republic. The Criminal Code regulates several aspects of drug-related offences, such as drug trafficking, unauthorised possession of drugs, conditions of prosecution, diversion of prosecution, types of penalties, etc. Lawful handling of narcotic drugs and psychotropic substances and precursors is subject to regulation in accordance with the Addictive Substances Act (Act No 67/1998).

Drug use is not an offence in the Czech Republic, and possession of small quantities for personal use is a non-criminal offence under the Act on Violations (Act No 200/1990), punishable by a fine of up to CZK 15 000 (EUR 555). The Criminal Code has introduced a distinction between cannabis and other drugs for criminal personal possession offences: possession of a quantity of cannabis 'greater than small' attracts a prison sentence of up to one year while possession of other substances is punishable by up to two years' imprisonment (or two to eight years if the quantity of drugs is 'significant'). In 2014, the Supreme Court interpreted 'quantities greater than small' as being in 'manifold excess of a normal dose' and adopted all the quantity limits from a governmental regulation previously annulled (by the Constitutional Court), except for cannabis and methamphetamine, for which it decreased (tightened) the limits.

A range of general alternatives to imprisonment are available to the court (e.g. suspended sentences, community service and probation with treatment). Secure detention with compulsory treatment is a possible response to crimes by people who are drug dependent and are deemed to be socially dangerous; detention is also an option for juvenile delinquents.

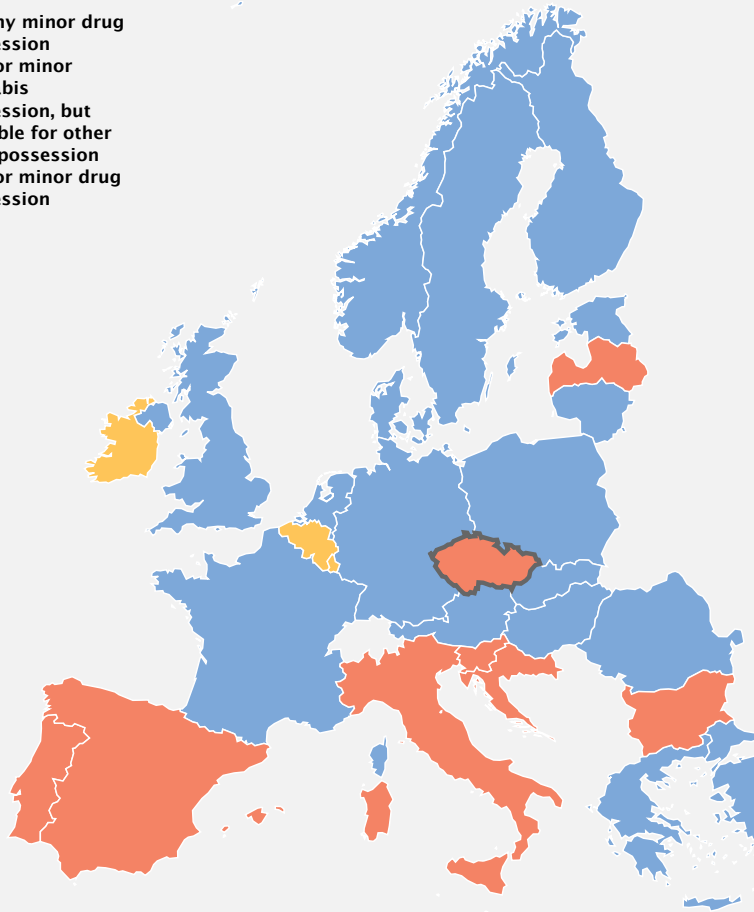
Penalties for drug supply range from one to five years to 10-18 years of imprisonment, depending on various specified aggravating circumstances. For example, punishment might be more severe if an offender commits a new offence within three years of a previous conviction.

Following amendments to several government acts (on pharmaceuticals, addictive substances and administrative fees), the use of cannabis for therapeutic purposes has been allowed in the Czech Republic since 1 April 2013, while a provision allowing the cultivation and supply of medicinal cannabis (through a licensing procedure) came into force on 1 March 2014.

In 2014, the list of controlled substances was removed from the Addictive Substances Act, and instead included in a government regulation (No 463/2013 Coll., on the lists of addictive substances). This facilitates more rapid control of new substances. Sixty-three additional substances were added to the list of controlled substances in 2017.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

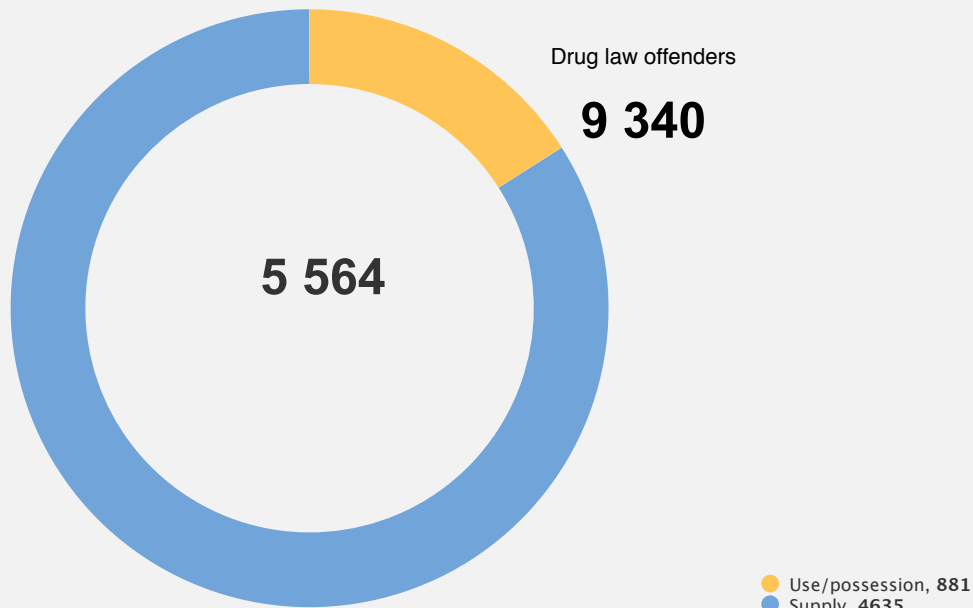
Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies. The statistical data on DLOs from the Czech Republic indicate that supply offences predominated in 2016. The additional data on drug law offenders in the Czech Republic suggest that offences related to cannabis are the most frequent administrative offences, while methamphetamine-related offences are the main criminal offences.

Reported drug law offences and offenders in the Czech Republic

NB: Year of data 2016.

Drug law offences



Drug use

Prevalence and trends

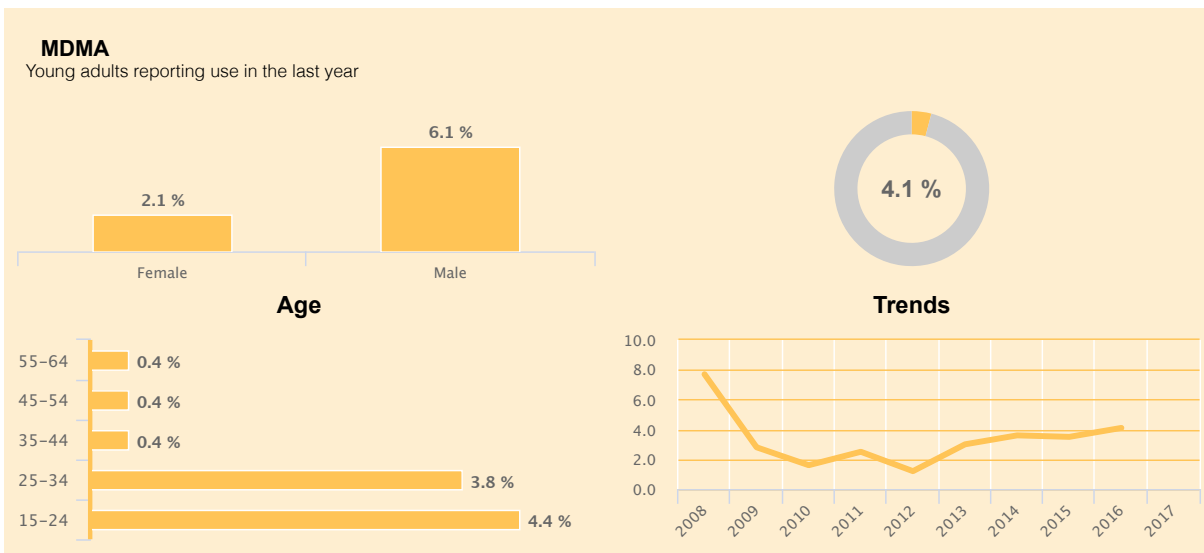
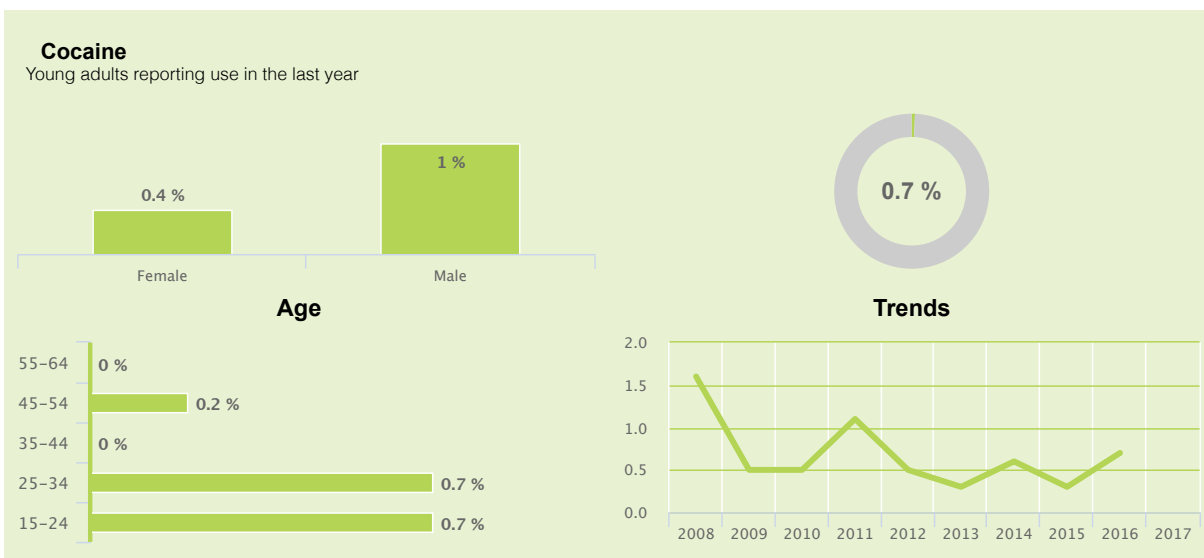
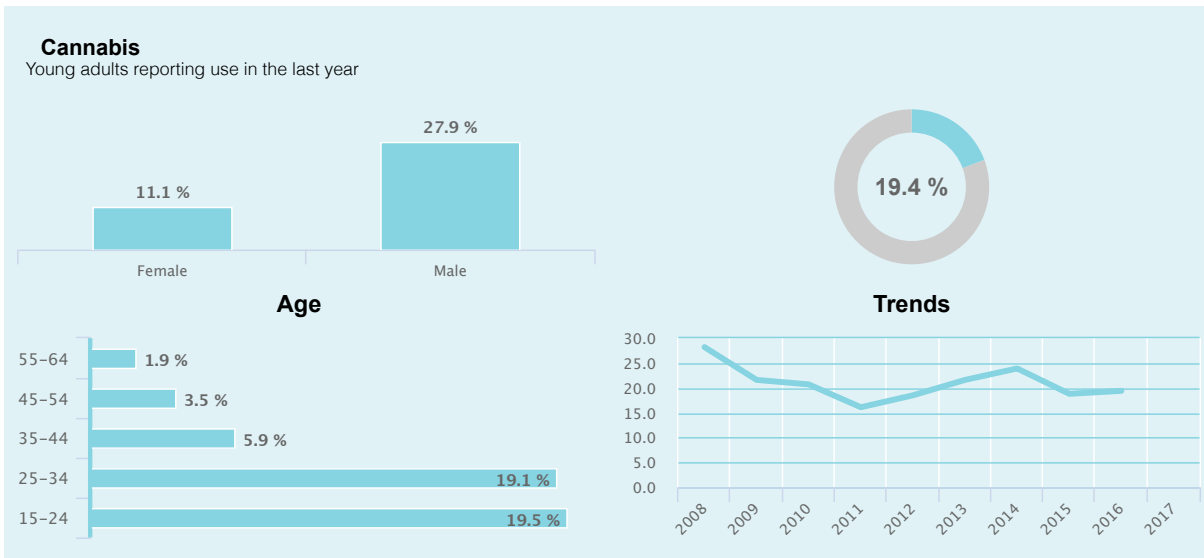
The prevalence of use of illicit drugs in the Czech Republic has been relatively stable in recent years, with cannabis being the most commonly used substance. Illicit drug use is primarily concentrated among young adults aged 15-34 years and among males.

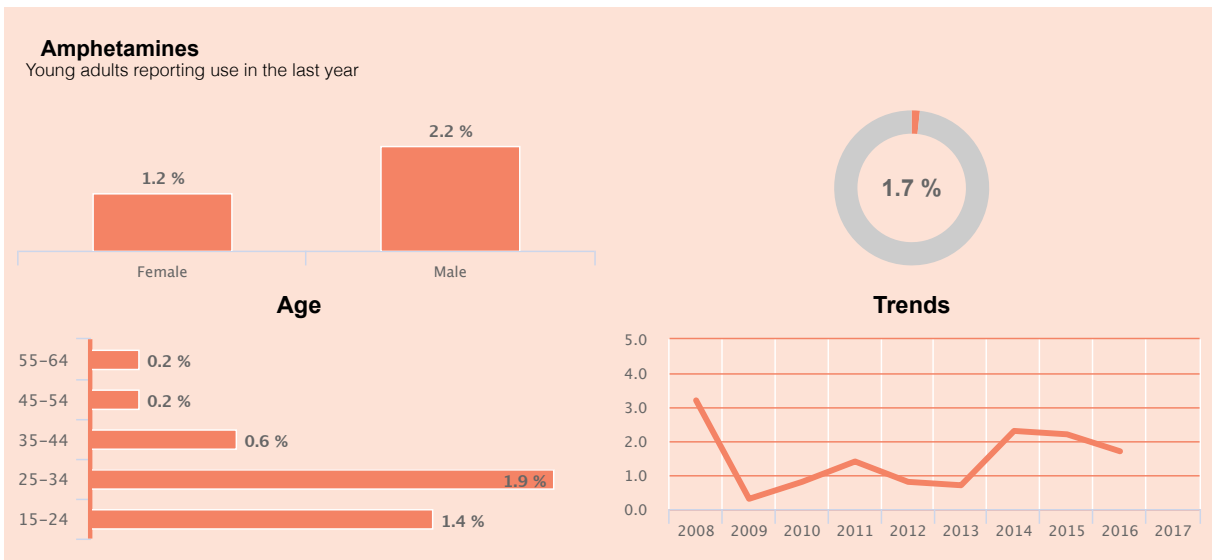
The most recent data from 2016 indicate that almost one in five young adults had used cannabis in the last year, which is slightly below the levels reported in studies from 2013-14. The use of other illicit substances was significantly less common than that of cannabis.

MDMA/ecstasy was the most common stimulant used among the general population and its use was also concentrated primarily among young adults. Use of methamphetamine (known locally as 'pervitin') is less common among the general population but is the main substance linked to problem drug use in the Czech Republic. The latest study indicates that 1 in 100 adults have ever tried new psychoactive substances (NPS). As for other substances, the use of NPS is higher among males and young adults aged 15-34 years. Prevalence of drug use is higher among subgroups of young people (e.g. in nightlife settings).

Brno and Ceske Budejovice participate in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The results indicate that levels of cocaine and MDMA residues in Ceske Budejovice wastewater are generally low; however, an increase was registered between 2011 and 2017. Despite a slight decrease in the observed levels of methamphetamine residues, they remain among the highest in Europe.

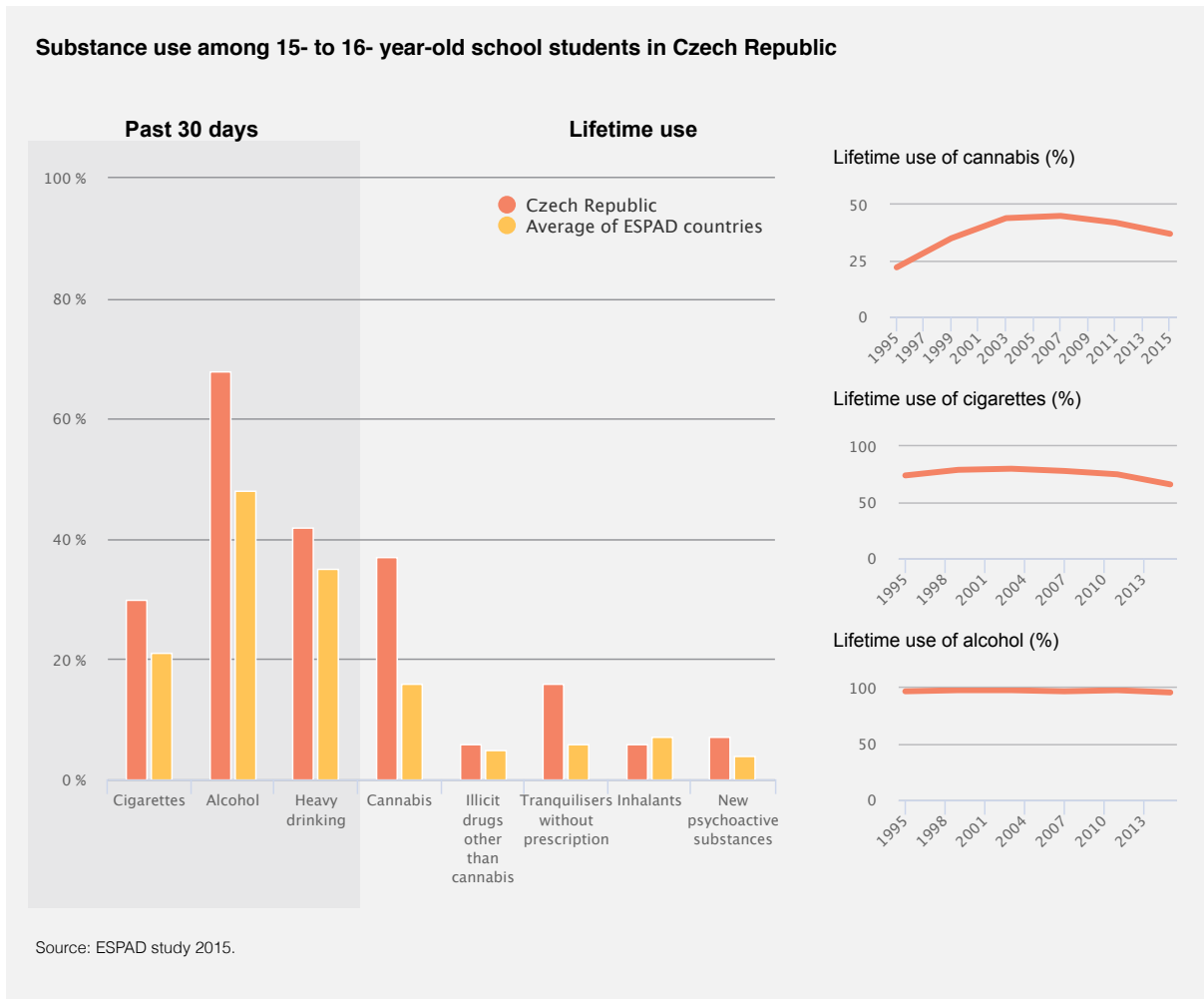
Estimates of last-year drug use among young adults (15-34 years) in the Czech Republic





NB: Estimated last-year prevalence of drug use in 2016.

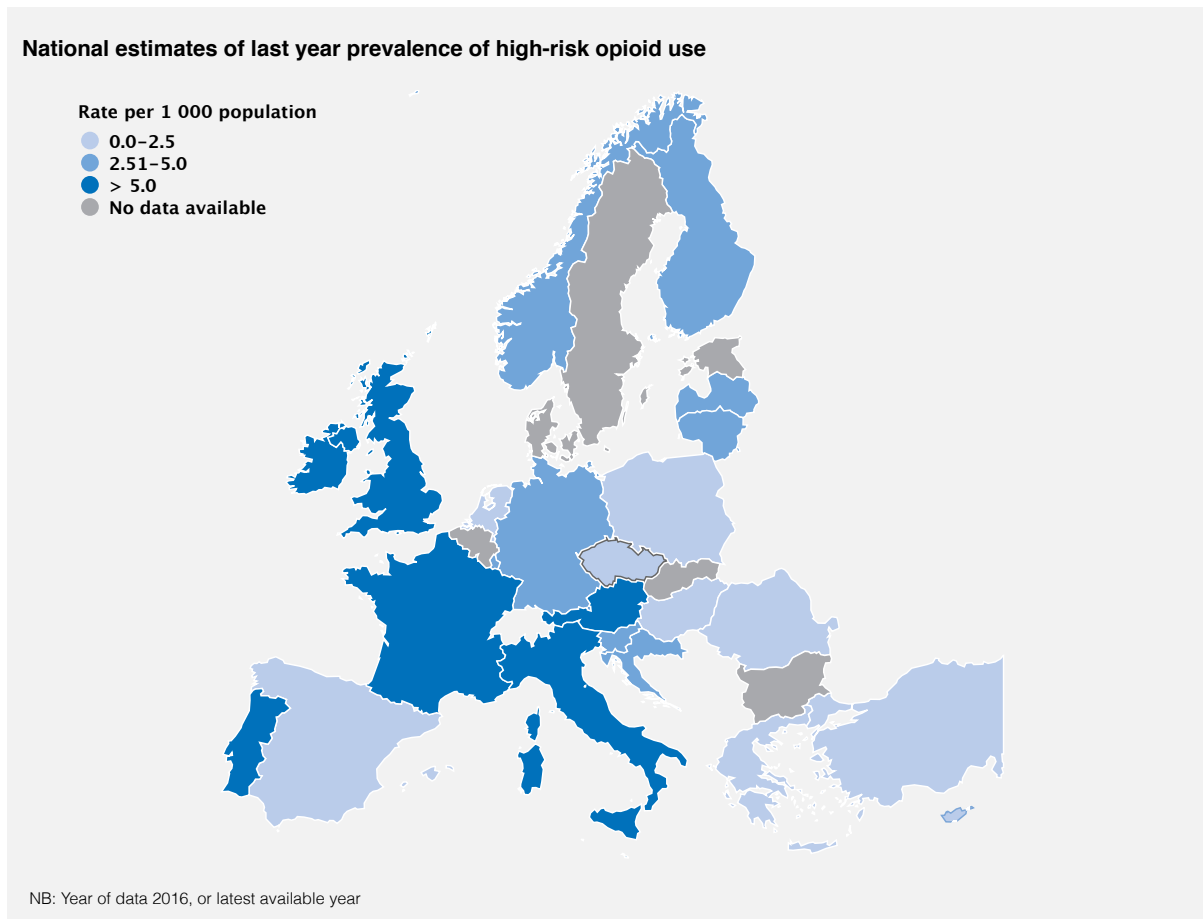
The most recent data on drug use among students are reported by the 2015 European School Survey Project on Alcohol and Other Drug (ESPAD). Drug use prevalence among Czech students was similar to the European average in the case of lifetime use of illicit drugs other than cannabis and lifetime use of inhalants, while average lifetime NPS use was higher. For all remaining substances, the Czech results were well above the ESPAD average. Most notable is the fact that lifetime use of cannabis and lifetime use of tranquillisers or sedatives without prescription were more than twice as high as the European average (37 % versus 16 % and 16 % versus 6 %, respectively). In addition, last-30-day alcohol use and heavy episodic drinking were clearly above average, as was last-30-day cigarette use. The long-term analysis found a decline in cannabis use from its peak in 2007 and a reduction in alcohol consumption between 2011 and 2015.



High-risk drug use and trends

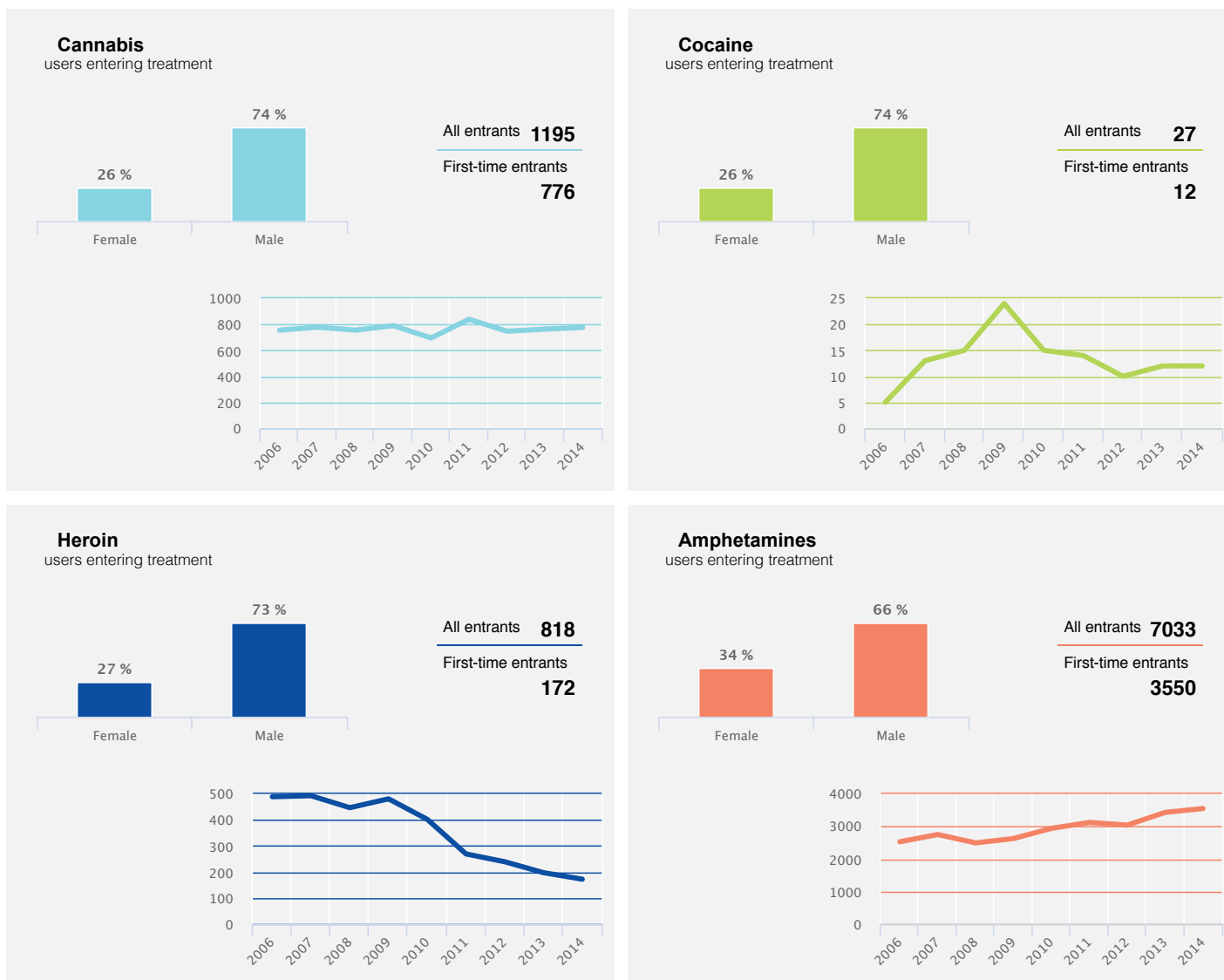
Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment services, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

In the Czech Republic, high-risk drug use is mainly linked to the use of home-made methamphetamine (pervitin), which is predominantly injected. It is estimated that there are 34 300 primary methamphetamine users and approximately 12 500 primary users of heroin or other opioids. Although buprenorphine remains the main drug of choice among high-risk opioid users, in recent years concerns have been raised about the increased misuse of opioid-based pain medications among problem drug users. In 2016, an estimated number of around 43 000 people injected their drug of choice. Based on the most recent survey in 2016, around 2 in 10 adult cannabis users exhibit a high-risk cannabis use pattern.



Data from specialised treatment centres are available up to 2014. They indicate that amphetamines (mainly methamphetamine) were the most commonly reported primary substance for new clients entering treatment during 2014, followed by cannabis. Methamphetamine is often used in the context of polydrug use with opioids. The data from clients entering treatment also confirm that injecting remains the primary mode of drug use, in particular among those clients who report methamphetamine or opioids as their primary drug. The long-term trend indicates an increase in the age of drug treatment clients.

Characteristics and trends of drug users entering specialised drug treatment in the Czech Republic



NB: Year of data 2014. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In the Czech Republic, data on drug-related infections are available from national registers and studies involving different drug user groups. These data indicate that the rates of human immunodeficiency virus (HIV) infection/acquired immunodeficiency syndrome (AIDS), hepatitis B virus (HBV) infection and hepatitis C virus (HCV) infection among drug users have remained stable in recent years.

The number of newly diagnosed HIV-positive people among the general population is relatively low, with transmission among men who have sex with men identified as the dominant routes overall. HIV seroprevalence rates among people who inject drugs (PWID) also remain low. The number of newly reported cases of acute HBV infection continues to decline. This is attributed to the routine vaccination programme for the general population introduced in 2001. In the Czech Republic, more than half of newly reported cases of HCV infection in which the transmission route is known occur in PWID. The latest available data from low-threshold facilities suggest that fewer than one in five of those tested in the facilities were HCV positive.

Prevalence of HIV and HCV antibodies among people who inject drugs in the Czech Republic (%)

region	HCV	HIV
National	14.56	0.0 - 0.1
Sub-national	:	:

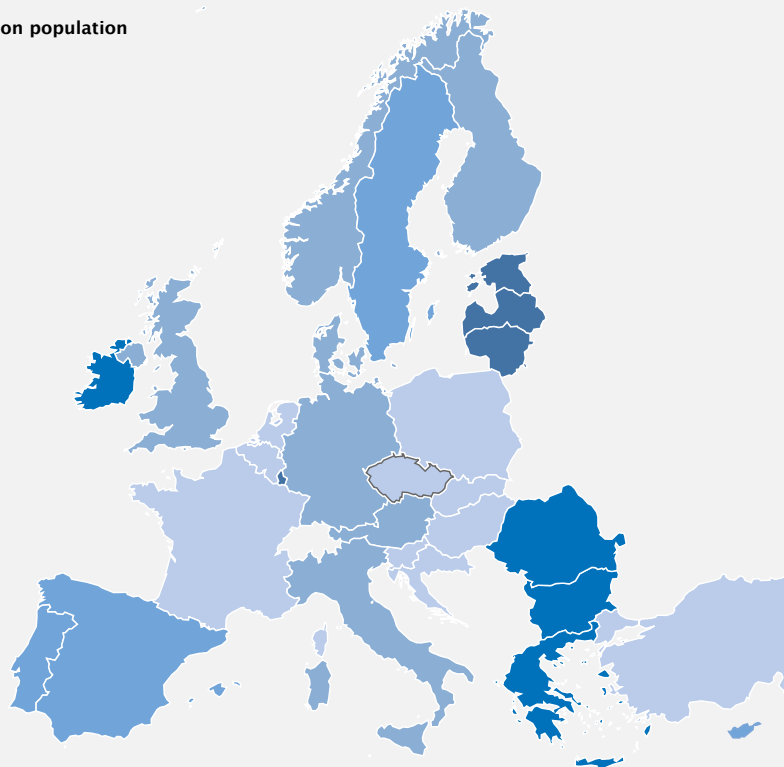
Year of data: 2016

Data from field studies suggest that methamphetamine is the most prevalent injected drug in the Czech Republic and that more than half of those who have ever injected drugs have shared their injecting equipment with peers.

Newly diagnosed HIV cases attributed to injecting drug use

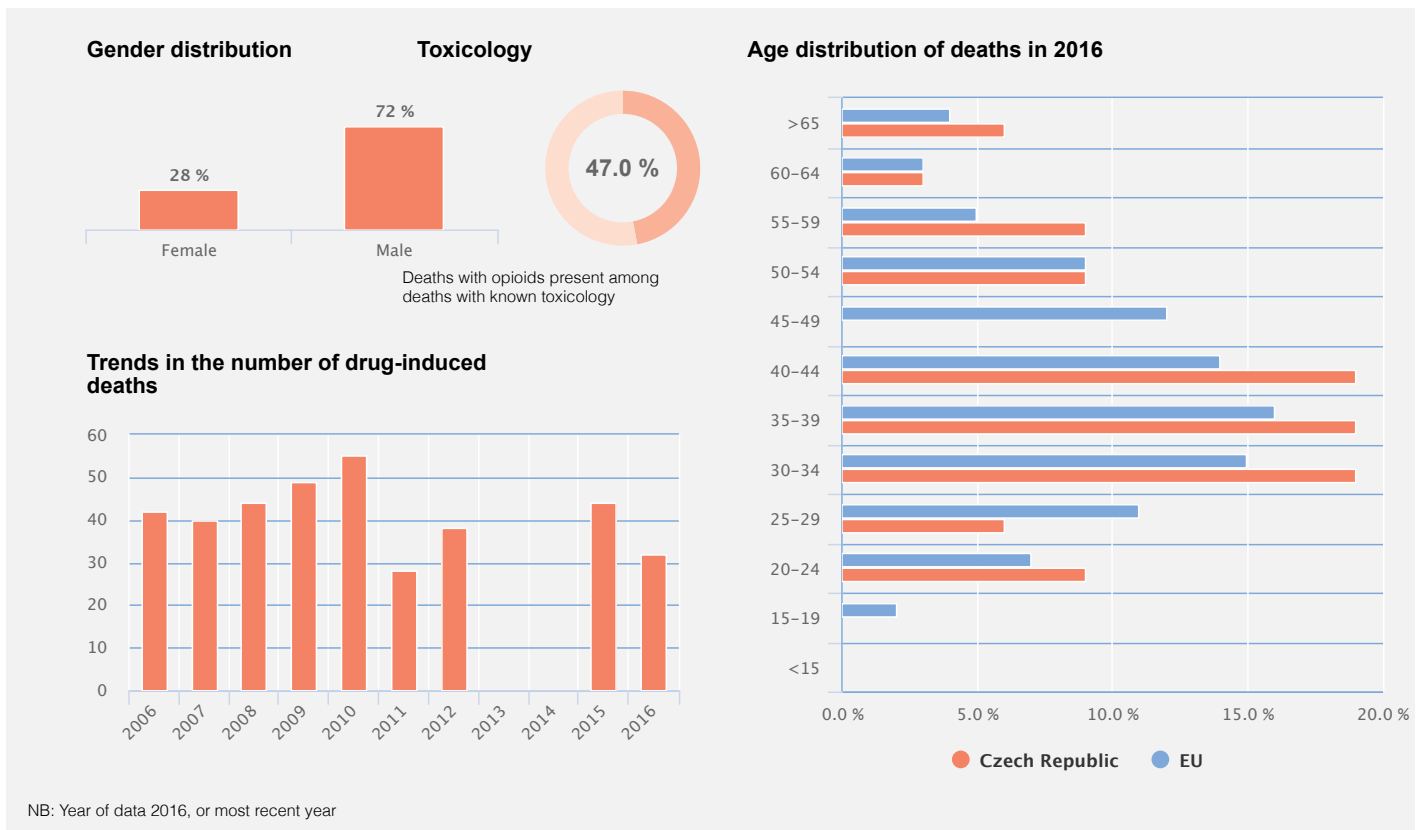
Cases per million population

- <1.0
- 1.0-2.0
- 2.1-3.0
- 3.1-8.0
- >8.0



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in the Czech Republic



Drug-related emergencies

Information on drug-related emergencies in the Czech Republic originates from a special warning system at the Public Health Service and from the National Hospitalisation Register, which reports data on acute hospitalisations requiring at least 24 hours of care. The data from the Public Health Service indicate that there has been a slight increase in non-fatal drug intoxication since 2011. In 2016, a total of 1 101 non-fatal intoxications were reported, a fairly similar figure to that for 2015 (1 205). Methamphetamine and benzodiazepines were the drugs most frequently reported as a cause of non-fatal intoxications, followed by cannabis; heroin-related intoxications have fallen significantly since 2005.

At the same time, the National Hospitalisation Register shows a long-term decline in acute hospitalisations due to drug intoxications. Regional differences in data collection methods and possible flaws in the coding of substances mean that national estimates of drug-related emergencies must be treated with caution.

Drug-induced deaths and mortality

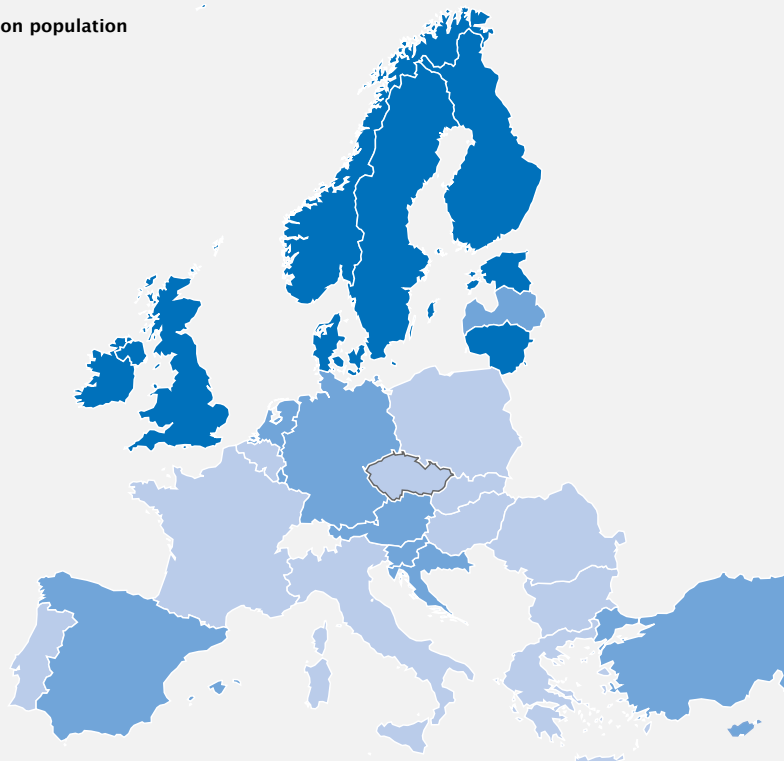
Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

In the Czech Republic, this information is collected from the special mortality and general mortality registers. In 2016, a total of 32 drug-induced deaths were reported, fewer than in 2015. According to the toxicological results, opioids (buprenorphine or other opioid-based medicines and heroin), alone or in combination with other psychoactive substances, were recorded as the principal drug involved in less than half of drug-induced deaths, which is a lower proportion than in the 2015 data. At the same time, the proportion of prescribed opioid medicines involved in opioid-related deaths has increased. Stimulants, primarily methamphetamine, are linked to approximately one third of drug-induced deaths. The majority of the victims are males in their early thirties, whereas the mean age of female victims tends to be above 40 years.

Drug-induced mortality rates among adults (15-64 years)

Cases per million population

- <10
- 10-40
- > 40



"NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes."

The drug-induced mortality rate among adults aged 15-64 years was 4.29 deaths per million in 2016, which is below the latest available European average of 21.8 deaths per million.

Prevention

The Ministry of Education, Youth and Sports provides methodological guidance and coordinates prevention activities in the school system. The local actors in regional, district and school prevention specialists play increasingly important roles in these activities. Since 2012, each region has established its own prevention plan, outlining the main priorities, the network of services and the coordination and funding of activities. Non-governmental organisations are widely involved in prevention activities and receive project-based funding to carry out additional prevention activities in schools and in the out-of-school environment; this comes from subsidy proceedings at the national level, through the Ministry of Education, Youth and Sports and the Government Council for Drug Policy Coordination.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

In the Czech Republic, environmental prevention activities aim to reduce the availability of and access to tobacco and alcohol for those younger than 18 years. In May 2017, a new bill was approved implementing a general ban on smoking in pubs, bars and restaurants (except water pipes and e-cigarettes), as well as stronger measures reducing the availability of tobacco to minors.

Each elementary and secondary school is obliged to provide a Minimum Preventive Programme, a prevention programme that can be delivered by the school or an external provider. These programmes address a broad range of risk behaviours, including social problems such as truancy, bullying, racism, xenophobia, hooliganism, crime and substance use.

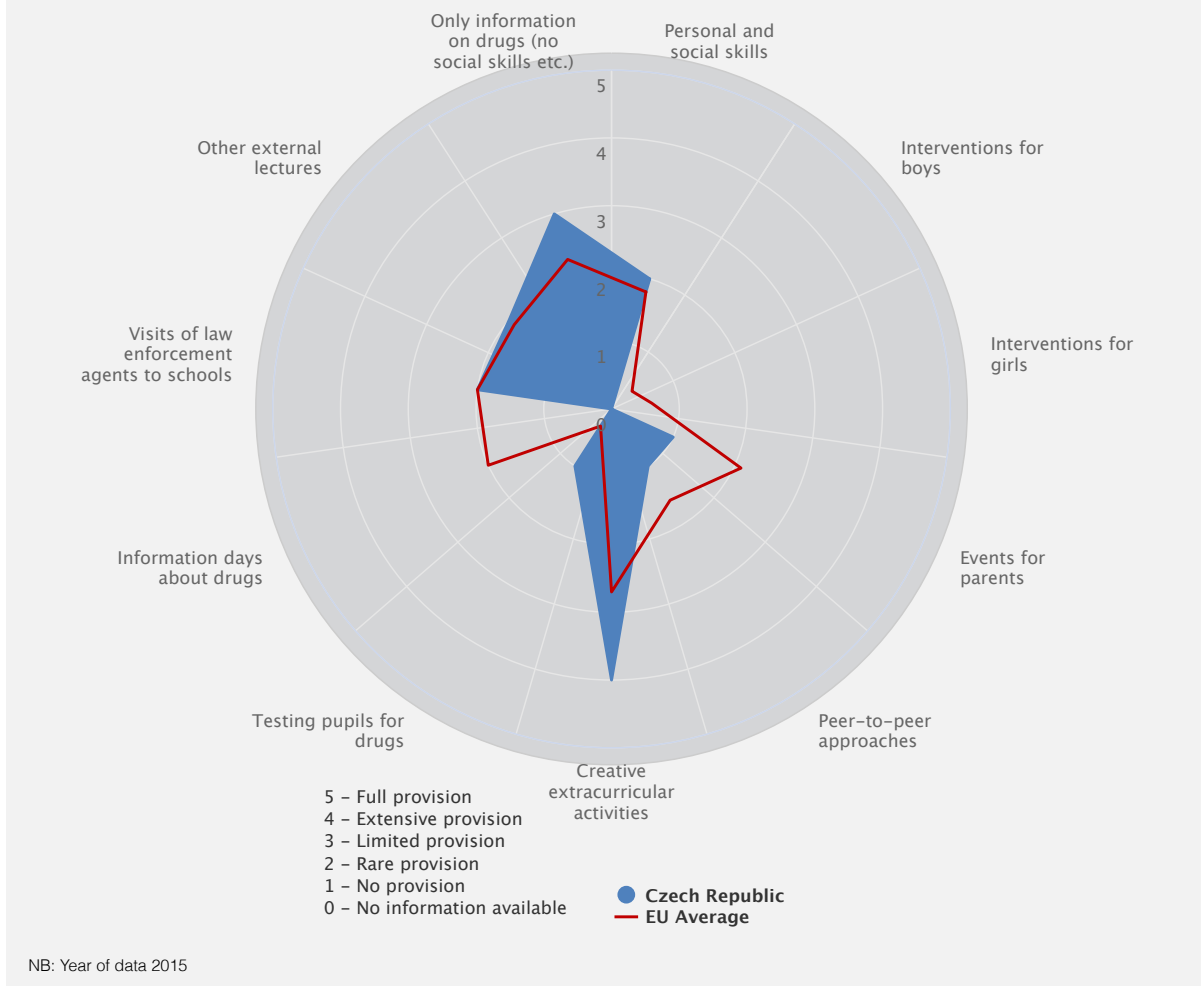
The European Union Drug Abuse Prevention (EU-Dap) pilot project, Unplugged, was piloted in the Czech Republic between 2006 and 2010. Following a thorough evaluation, which indicated a statistically significant reduction in recent tobacco use and a reduction in experimentation among its target audience (children aged 12-14 years), the programme was scaled up. In 2013-14, Unplugged booster sessions were introduced in more than 70 schools, and the effectiveness of these sessions was evaluated in 2015. In addition, the Unplugged Parents module was introduced in selected schools.

A priority target audience for selective prevention activities is that of children and adolescents at risk of substance use, while local projects addressing high-risk families and children with attention and behavioural problems are also available. Selective prevention activities are mainly implemented by pedagogical and psychological counselling centres that carry out special programmes for schools or classes at risk, or are operated by non-governmental organisations. In the Czech Republic, in July 2017, a total of 25 selective prevention programmes and 10 indicated prevention programmes on risk behaviour were certified (see the section 'Quality assurance'), of which 19 selective prevention programmes and 7 indicated prevention programmes included a focus on the topic of addiction.

Indicated prevention programmes are rare and target mainly adolescents who experiment with psychoactive substances and their families. In 2017, there were 90 pedagogical and psychological counselling centres in the Czech Republic.

Some interventions to reduce the risk of drug use in recreational settings, such as clubs and music festivals, have also been implemented.

Provision of interventions in schools in the Czech Republic



Harm reduction

The National Drug Policy Strategy 2010-18 endorses harm reduction as one of its four pillars and is operationalised through triennial action plans, the current one covering the period 2016-18. Harm reduction action is focused on reducing the risks of negative health consequences for people who use drugs (overdoses, infectious diseases and other somatic and psychiatric comorbidities); reducing the risks of negative social consequences for people who use drugs (unemployment, problems in family life and social interactions and/or offending); and reducing the level of drug use and increasing the motivation to resume a drug-free lifestyle among people who use drugs.

Harm reduction interventions

The Czech network of low-threshold facilities, established in the early 1990s, consists of more than 100 low-threshold (drop-in) centres and outreach programmes. These harm reduction programmes are focused mainly on users of illicit drugs and operate in all regions, providing a wide range of services, including clean needles, syringes and other paraphernalia, condoms and testing for infectious diseases, as well as counselling, healthcare, hygienic services and referrals. In two cities, syringes are also available from vending machines. Special street bins for the safe disposal of used injecting equipment have been installed in Prague. These services are mainly delivered by non-governmental organisations and financed through grant systems that have been established at national and regional levels.

The number of drug users in contact with harm reduction services has been increasing over the last decade and, in 2016, low-threshold services with needle and syringe programmes reached more than 32 000 people, more than a quarter of whom were new clients. The majority of clients use methamphetamine, while approximately one quarter injects heroin or buprenorphine. In the last decade, the number of syringes distributed to clients through needle and syringe programmes increased steadily from 4.5 million in 2007 to, in the last four years, more than 6 million (almost 6.5 million in 2016). An increase in the number of cannabis users seeking help from low-threshold services has been noted in recent years.

Taking into account the high proportion of methamphetamine users among the population of problem drug users, many harm reduction programmes distribute gelatine capsules as an oral alternative to injection of methamphetamine.

Treatment for the hepatitis C virus is available to people who inject drugs in public health facilities across the Czech Republic, as well as in prisons; however, access to it remains limited.

Overdose prevention activities focus on information provision and awareness raising among users.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

The treatment system

Treatment-related objectives in the Czech National Drug Policy Strategy 2010-18 and its action plans place emphasis on enhancing the availability and quality of drug treatment services, as well as supporting the social rehabilitation of people who use drugs in the country. Drug treatment and care services are funded by subsidies and grants from the Ministry of Health, the Ministry of Labour and Social Affairs, the Government Council for Drug Policy Coordination, and regional and municipal administrations, as well as payments from health insurance companies. An independent agency is responsible for the accreditation of drug treatment at clinics and inpatient facilities. In the Czech Republic, drug treatment is delivered through low-threshold harm reduction (drop-in) centres, specialised outpatient centres (specialised addiction treatment or specialised non-medical centres), non-specialised psychiatric outpatient centres, psychiatric units in general hospitals, special units in psychiatric hospitals and non-hospital-based residential treatment units, such as therapeutic communities.

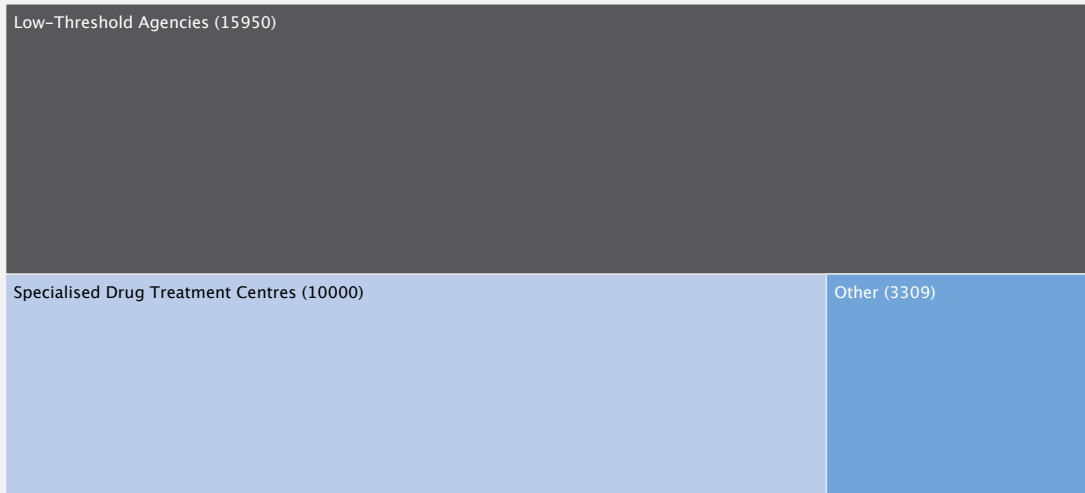
The core drug treatment services, called 'addictological services' (approximately 250 to 300 programmes), are provided mainly in outpatient and drop-in (harm reduction) centres, while 50 to 60 units provide residential care. Therapeutic communities (15 programmes) generally have the status of social services and are operated by non-governmental organisations; they cater mainly for users of illicit drugs, rather than of alcohol, and, exceptionally, for pathological gamblers. Specialised aftercare programmes are available in the treatment settings in the Czech Republic.

Inpatient treatment includes detoxification, residential abstinence-oriented treatment and residential care based on the therapeutic community principle. However, there are significant variations at district level in the geographical accessibility of different drug treatment programmes, with specialised outpatient addiction treatment, detoxification and specialised aftercare programmes being among the least available. Opioid substitution treatment (OST) using methadone was introduced in the Czech Republic in 1998. Five substitution agents are available: methadone, three buprenorphine medications and a composite sublingual preparation that contains buprenorphine and naloxone. Methadone maintenance treatment is delivered in specialised psychiatric facilities and has also been available in prisons since 2009. OST may be initiated by any medical doctor, regardless of his or her specialty. However, access to OST is of particular concern, especially in the capital city, owing to a number of regulatory and systemic factors.

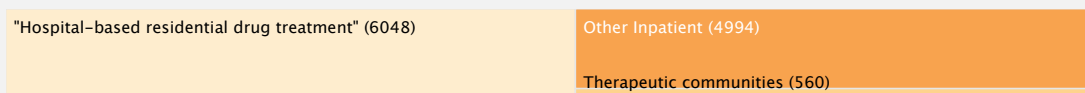
A discussion on a psychiatric care reform strategy for 2014-20, led by the Ministry of Health, is ongoing in the Czech Republic. The reform will aim to shift the Czech treatment system further towards community care and introduce more flexible service provision based on regional needs and priorities.

Drug treatment in The Czech Republic: settings and number treated

Outpatient



Inpatient



Prison



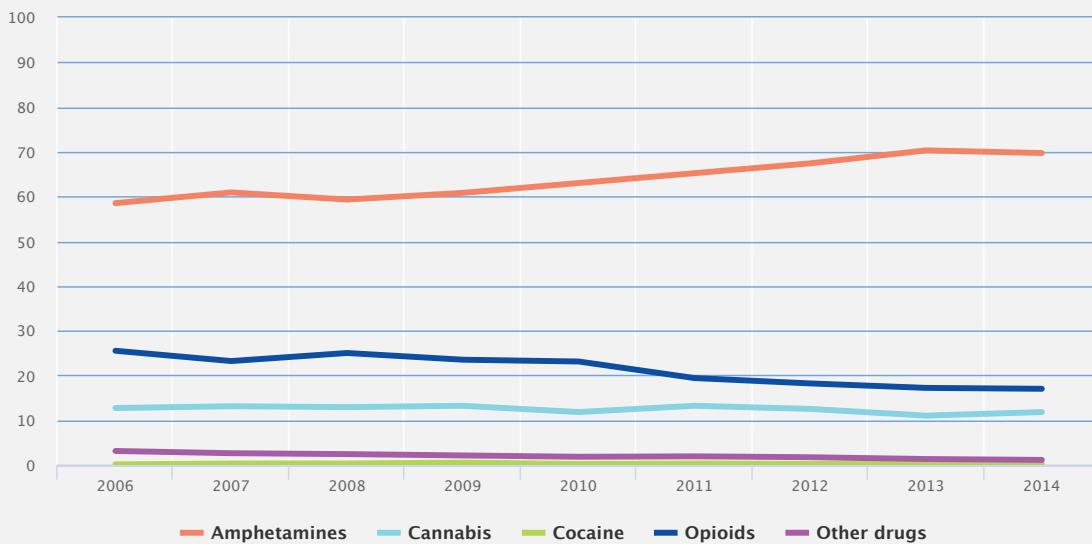
NB: Year of data 2016

Treatment provision

More than 40 000 clients were treated in 2016. Most clients received treatment in outpatient services, while one in five received treatment in inpatient units. Prison inmates constitute a small proportion of the total number of treatment clients who received drug treatment in 2016.

In the last decade, the number of clients entering treatment has been rising, mainly owing to demands linked to use of methamphetamine (pervitin), which is mainly injected, while treatment demands linked to use of opioids (mainly heroin) have been stable in absolute numbers. Polydrug use is common among clients entering treatment for methamphetamine use and this sometimes includes use of heroin and misuse of buprenorphine.

Trends in percentage of clients entering specialised drug treatment, by primary drug, in the Czech Republic



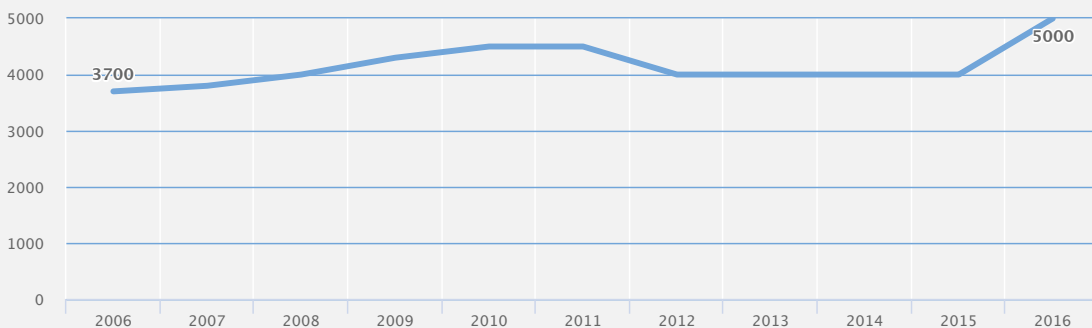
NB: Year of data 2014.

The estimated number of clients reported to be receiving OST was around 5 000 in 2016, with the majority of them receiving buprenorphine-based medication.

Opioid substitution treatment in the Czech Republic: proportions of clients in OST by medication and trends of the total number of clients



Trends in the number of clients in OST



NB: Year of data 2016.

Drug use and responses in prison

In the Czech Republic, the Prison Service administers 35 prisons and the health department of the Prison Service coordinates health-related interventions in prison, with drug-related health being one of the priorities in the general strategic document on the development of the Prison Service.

Cross-sectional surveys on drug use among prison inmates in the Czech Republic have been conducted biennially since 2010. The 2016 survey indicated that more than half of inmates had used an illicit drug prior to imprisonment, with cannabis being the most commonly used drug (42 %), followed by methamphetamine (pervitin) or amphetamines (41 %) and MDMA/ecstasy (23 %). Slightly less than one quarter of respondents reported regular use of heroin, buprenorphine or pervitin in the 30 days prior to imprisonment. Almost one quarter of the respondents had used an illegal psychoactive substance during one of their previous prison sentences, with alcohol made in prison being the most commonly reported substance (16 %), followed by cannabis (14 %). Almost one third of prisoners had injected drugs during their lifetime, with 7 % reporting injecting drug use in prison and 6 % sharing injecting equipment in prison.

Prevention and drug treatment interventions are carried out in prisons through drug prevention counselling centres, drug-free zones and specialised prison wings, and increasingly non-governmental organisations provide programmes in prisons.

Ten prisons are authorised to provide opioid substitution treatment (OST). It is provided to inmates who have received it prior to imprisonment, and initiation of OST while in prison is done only on an exceptional basis. Detoxification is available in a small number of prisons. Addiction treatment provided by specialised wings is provided on a voluntary basis and as part of court-ordered compulsory treatment. Since 2017, pilot schemes for distributing condoms through dispensing machines, upon request or in dedicated spaces (canteens and visiting rooms without visual or auditory supervision) have been in operation.

Quality assurance

The action plan for illicit drugs for 2016-18 of the National Drug Policy Strategy defines a number of activities that are related to the quality assurance system. There are several guidelines governing the operation of centres, facilities and programmes providing services in the field of drugs. These guidelines are primarily embodied in the certification standards of the Government Council for Drug Policy Coordination (GCDPC), which have been in operation since 2006. Compliance with these standards is tested as part of the certification process [<http://www.vlada.cz/cz/ppov/protidrogova-politika/certifikace/certifikacni-rad--standardy--metodika-mistniho-setreni-a-eticky-kodex-certifikacniho-vyboru-69228/> ; <http://www.cekas.cz/category/hlavni-nabidka/certifikace-rvkpp>]. Conceived as an inter-agency instrument, these guidelines currently cover a wide range of health and social services, including services provided by external agencies in prisons. Guidelines on diagnosis-based procedures include the Recommended Treatment Procedures for Addiction Disorders and Pathological Gambling and the Health Ministry's standards for opioid substitution treatment.

The GCDPC coordinates the system of quality assurance. An external agency carries out audits as part of the certification process, while the GCDPC makes the final decision on certification. Funding is mainly provided from the state budget but service providers interested in the audit can co-fund the costs. The accreditation certificate is valid for three years. Accredited services are published in a public list .

Substantial efforts have been made in recent years to enhance the quality of primary prevention programmes by standardisation, certification and training, and sharing experiences and best practices. The certification system for prevention programmes exists in parallel with that of the GCDPC and, to date, the Czech Republic remains the only country in the world that has introduced a certification system for prevention programmes .

A medical specialisation in the treatment of alcoholism and other addictions has existed in the Czech Republic since 1980. In addition, addictology was introduced as an interdisciplinary field of study in 2005 (bachelor's and later master's and doctoral programmes), which led to the establishment of the profession of addictologist in 2008. In general, many training courses and educational events in the field of addiction are organised by various actors.

Drug-related research

The National Drug Policy Strategy 2010-18 and the latest action plan emphasise the role of research, evidence and evaluation. Several public administration bodies and grant agencies fund drug-related research in the Czech Republic, which is mainly implemented by academic centres. The National Monitoring Centre for Drugs and Addiction facilitates collaboration and exchange of information among research institutions, service providers and public administration bodies. It coordinates the National Drug Information System and leads the National Action Plan on the Drug Information System, which stipulates the priorities and main activities in monitoring, including research.

The Department of Addictology was established in 2012 as a scientific and clinical workplace at the First Faculty of Medicine, Charles University, Prague, and the General Faculty Hospital, Prague. This department represents a unique merger of two separate workplaces, where members of both clinical and paramedical professions are involved in the field of addictology. In 2014, the first strategy on addiction science and research, for 2014-20, was formulated in the Czech Republic. In 2015, the National Institute for Mental Health established a Department of Epidemiological and Clinical Research in Addiction (EPCLIRA). In 2016, the Government Council for Drug Policy Coordination increased the budget for projects on drug policy substantially, which allowed new projects, including research projects, to be supported. Research covers a vast variety of topics relevant for the analysis of the illicit drug phenomenon.

The Czech National Monitoring Centre for Drugs and Addiction publishes an annual report on the drug situation in the Czech Republic, which summarises available data about drug use and its consequences. Several national scientific journals are also an important dissemination channel for drug-related research findings.

Drug markets

Cannabis is the most frequently seized drug in the Czech Republic. Monitoring data indicate that the quantities of seized cannabis products are continuing to increase, although there are diverse trends for different products. In addition, domestic production of cannabis has been on the increase. Cannabis is grown in both natural and artificial conditions. Although cultivated cannabis is mainly intended for the domestic market, cultivation on a large scale and for export, predominantly to neighbouring countries, has also been reported. Organised criminal groups of Vietnamese descent have contributed to the emergence of large-scale cannabis cultivation, although, in recent years, these groups have also engaged in the production and distribution of methamphetamine (pervitin).

Methamphetamine is the most frequently seized stimulant. Available information suggests that, although it is primarily produced for the domestic market, sizeable quantities are exported to neighbouring and Northern European markets. Production of pervitin takes place predominantly in low-volume home-based laboratories, which can be easily relocated to avoid detection, although an increase in the proportion of high-volume laboratories operated by organised groups has been noted in recent years. Medicines containing pseudoephedrine are the main precursor used in methamphetamine production. In 2009, restrictions on the sale of pseudoephedrine-containing medication were introduced in the Czech Republic, which was followed by a significant rise in the illegal importation of such medication, mainly from Poland. Following the restrictions on the sale of pseudoephedrine-containing medication introduced in Poland in 2015, the medication is now primarily illegally imported from Turkey, with Poland remaining a significant transit country for these operations. Moreover, the operational data suggest that cross-national criminal groups involved in the trafficking and production of pervitin are shifting some of their operations across the border, mainly to Poland, with the aim of shortening the precursors' trafficking route and minimising associated risks. In 2016, a high-volume amphetamine production facility, reportedly producing mainly for export, was seized in the Czech Republic for the first time.

Cocaine seizures show significant annual variations and exceptionally large-volume seizures are probably not intended for distribution in the Czech drug market. The drug enters the Czech Republic mainly from Belgium, Spain and the Netherlands by couriers and in postal deliveries.

In recent years, heroin seized in the Czech Republic has been reaching the country increasingly via the Southern Caucasus route (from Iran via Armenia, Azerbaijan and Georgia to Ukraine or Moldova), continuing a trend favouring this route over the historically significant Balkan route. In 2013-16, buprenorphine-containing medication, fentanyl patches and morphine-based painkillers were also seized from the illicit market. Sporadically, cases of home-based opioid production (from codeine or morphine) are also reported in the Czech Republic.

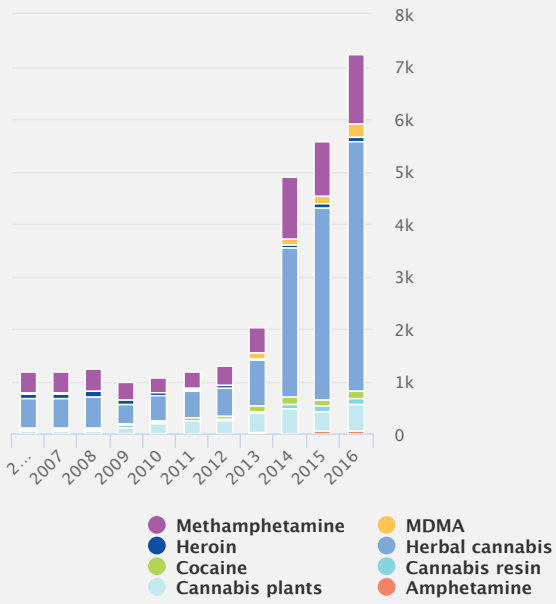
MDMA/ecstasy is not produced domestically and is mainly imported from the Netherlands.

Regarding new psychoactive substances (NPS), cathinones and synthetic cannabinoids seem to dominate. In 2016, 44 NPS (mainly synthetic cathinones and synthetic cannabinoids) appeared for the first time in the country.

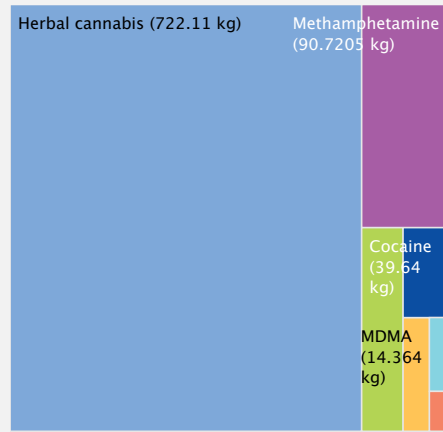
Taking into account the nature of the illicit drug market in the Czech Republic, the law enforcement agencies focus their activities on detection and prevention of illegal drug trafficking activities, mainly linked to pervitin and cannabis, in the regions bordering Germany, Austria and Poland.

Drug seizures in the Czech Republic: trends in number of seizures (left) and quantities seized (right)

Number of seizures



Quantities seized



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	36.8	6.5	36.8
Last year prevalence of use - young adults (%)	2016	19.4	0.4	21.5
Last year prevalence of drug use - all adults (%)	2016	9.5	0.3	11.1
All treatment entrants (%)	2014	11.8	1.0	69.6
First-time treatment entrants (%)	2014	16.4	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	722.1	12	110855
Number of herbal cannabis seizures	2016	4777	62	158810
Quantity of cannabis resin seized (kg)	2016	6.5	0	324379
Number of cannabis resin seizures	2016	96	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.32 - 18	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	1.73 - 4.6	0	70
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	1.48 - 25.9	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	3.7 - 18.5	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.3	0.9	4.9
Last year prevalence of use - young adults (%)	2016	0.7	0.2	4.0
Last year prevalence of drug use - all adults (%)	2016	0.3	0.2	2.3
All treatment entrants (%)	2014	0.3	0.0	36.6
First-time treatment entrants (%)	2014	0.3	0.0	35.5
Quantity of cocaine seized (kg)	2016	39.6	1	30295
Number of cocaine seizures	2016	131	19	41531
Purity (%) (minimum and maximum values registered)	2016	23.8 - 23.8	0	99
Price per gram (EUR) (minimum and maximum values registered)	2016	37 - 92.49	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	0.8	0.8	6.5
Last year prevalence of use - young adults (%)	2016	1.7	0.0	3.6
Last year prevalence of drug use - all adults (%)	2016	0.8	0.0	1.7
All treatment entrants (%)	2014	69.7	0.2	69.7
First-time treatment entrants (%)	2014	75.1	0.3	75.1
Quantity of amphetamine seized (kg)	2016	3.5	0	3380
Number of amphetamine seizures	2016	59	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	27.8 - 74.51	0	100
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	n.a.	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.6	0.5	5.2
Last year prevalence of use - young adults (%)	2016	4.1	0.1	7.4
Last year prevalence of drug use - all adults (%)	2016	1.7	0.1	3.6
All treatment entrants (%)	2014	0.03	0.0	1.8
First-time treatment entrants (%)	2014	0.1	0.0	1.8
Quantity of MDMA seized (tablets)	2016	47256	0	3783737
Number of MDMA seizures	2016	255	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	n.a.	1.90	462
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	28.1 - 52.8	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	3.7 - 9.3	1	26.00
Opioids				
High-risk opioid use (rate/1 000)	2016	1.7	0.30	8.10
All treatment entrants (%)	2014	17.0	4.8	93.4
First-time treatment entrants (%)	2014	7.0	1.6	87.4
Quantity of heroin seized (kg)	2016	19.3	0	5585

Number of heroin seizures	2016	73	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	11.3 - 23	0	92
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	18.5 - 73.99	4.00	296.00

Drug-related infectious diseases/injecting/death

Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	0.7	0	33.00
HIV prevalence among PWID* (%)	2016		0	31.50
HCV prevalence among PWID* (%)	2016	14.56	14.60	82.20
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	2016	6.14	0.10	9.20
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	4.29	1.40	132.30

Health and social responses

Syringes distributed through specialised programmes	2016	6469441	22	6469441
Clients in substitution treatment	2016	5000	229	169750

Treatment demand

All entrants	2014	10108	265	119973
First-time entrants	2014	4743	47	39059
All clients in treatment	2016	47000	1286	243000

Drug law offences

Number of reports of offences	2016	5564	775	405348
Offences for use/possession	2016	881	354	392900

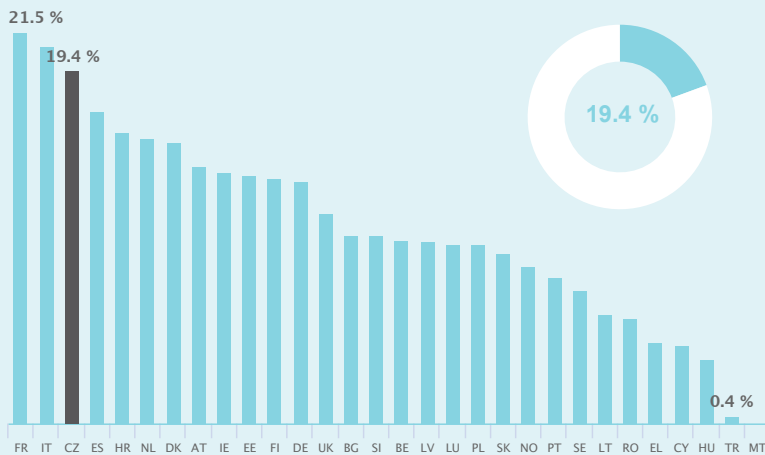
* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

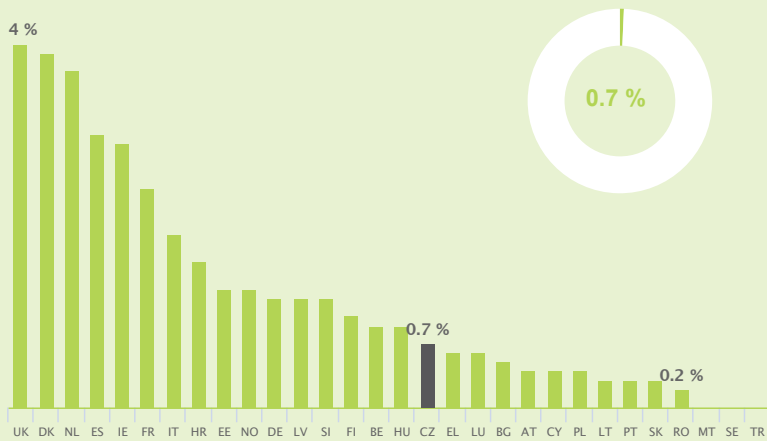
Cannabis

Last year prevalence among young adults (15-34 years)



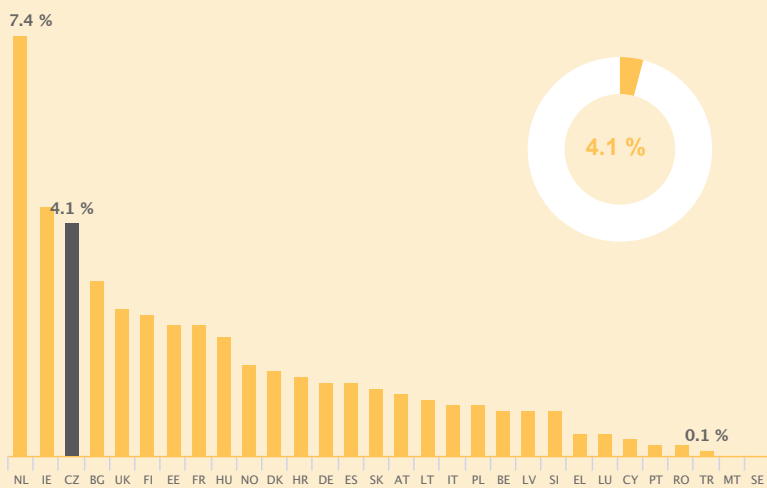
Cocaine

Last year prevalence among young adults (15-34 years)



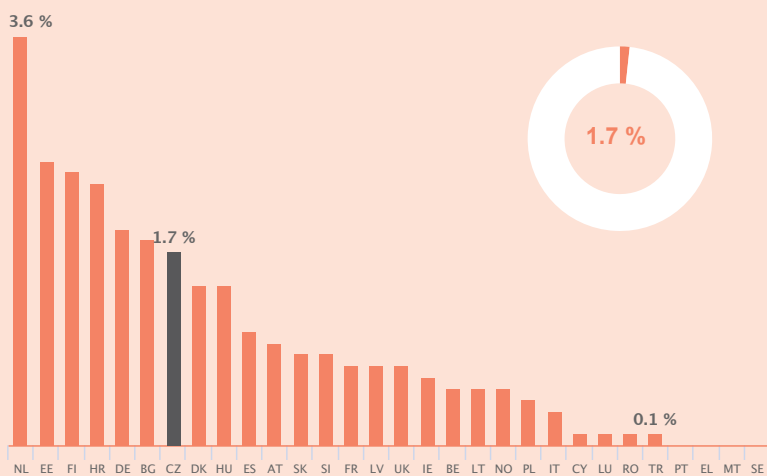
MDMA

Last year prevalence among young adults (15-34 years)



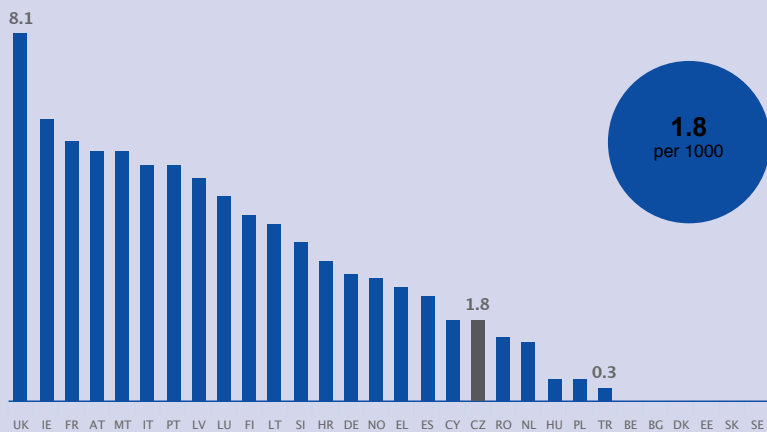
Amphetamines

Last year prevalence among young adults (15-34 years)



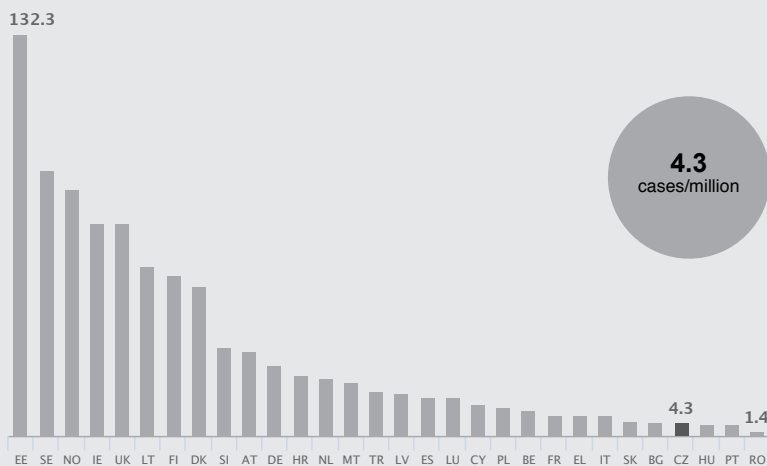
Opioids

High-risk opioid use (rate/1 000)



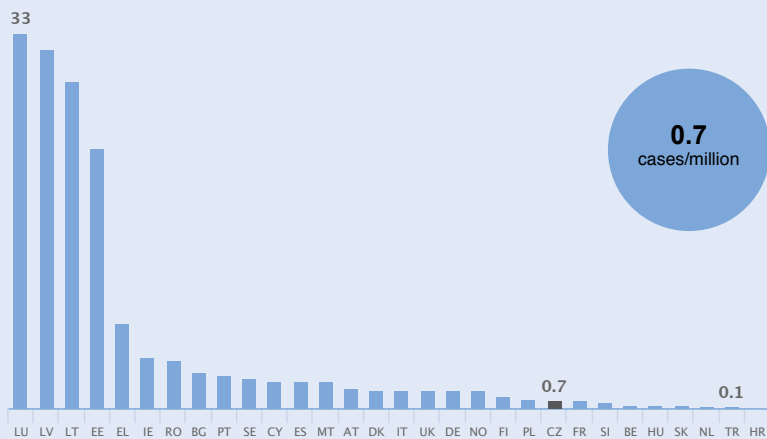
Drug-induced mortality rates

National estimates among adults (15-64 years)



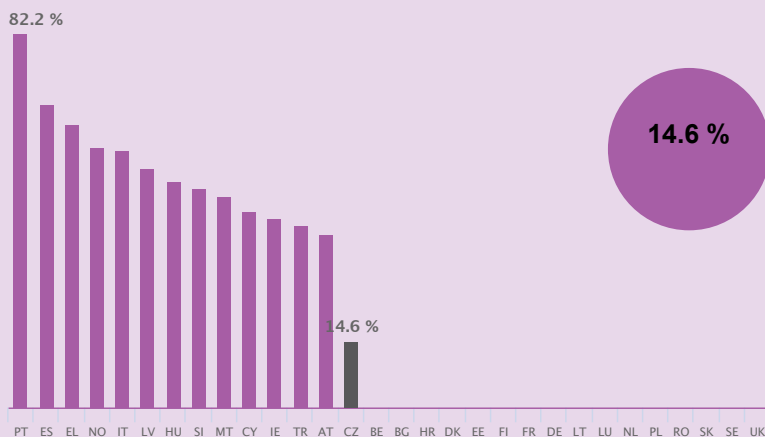
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

About our partner in the Czech Republic

The national focal point was established as the National Monitoring Centre for Drugs and Drug Addiction in 2002, within the structure of the Office of the Government of the Czech Republic, Secretariat of the Council of the Government for Drug Policy Coordination. The main objectives of the national focal point are to monitor the situation in the field of use of psychotropic substances, prepare documentation for evidence-based decision-making at the national and European level and evaluate the efficiency of such actions. In 2014, in line with the goals of the integrated drug policy, the national focal point became responsible for data collection and analysis in the field of gambling and was renamed the National Monitoring Centre for Drugs and Addictions.

National Monitoring Centre for Drugs and Addictions



National Monitoring
Centre for Drugs
and Addiction

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