

CZECH NATIONAL POLICY ON ADDICTIONS AND PRIORITIES OF THE CZECH PRESIDENCY OF THE COUNCIL OF THE EU IN 2022

The Czech Presidency of the Council of the EU (CZ PRES) takes place from 1 July to 31 December 2022 in difficult times. EU Member States are currently facing several challenges, including the impact of the health, economic, energy and social crisis caused by the COVID-19 pandemic and the war in Ukraine. The latest European Drug Report launched by the European Monitoring Centre for Drugs and Drug Addiction in June 2022 highlights the high availability of drugs in the European region and the emergence of new substances posing health risks, but also the increasing diversification of cannabis products and cannabis policies in Europe. This issue of the “Zaostřeno” (Focused) bulletin summarizes the most important information concerning the history, current state of play and perspectives of the Czech addiction policy, its objectives and principles, coordination and results. It includes an overview of the situation and trends in substance use, gambling and other forms of risk behaviour.

Introduction

> The Czech addiction policy is a modern integrated drug policy that does not distinguish between licit and illicit addictive substances. It integrates the areas of illicit drugs, alcohol, tobacco and nicotine products, gambling, but also the new topics of psychoactive medicines, cannabis and cannabinoids, and the excessive use of the internet and digital technologies. In this context, the Czech Republic has gradually moved from the term “drug policy” to “addiction policy”, which reflects a comprehensive approach to addictive substances and behavioural addictions, built on the four pillars including market regulation, supply reduction and law enforcement; prevention; harm and risk reduction; and treatment and social reintegration. ✕

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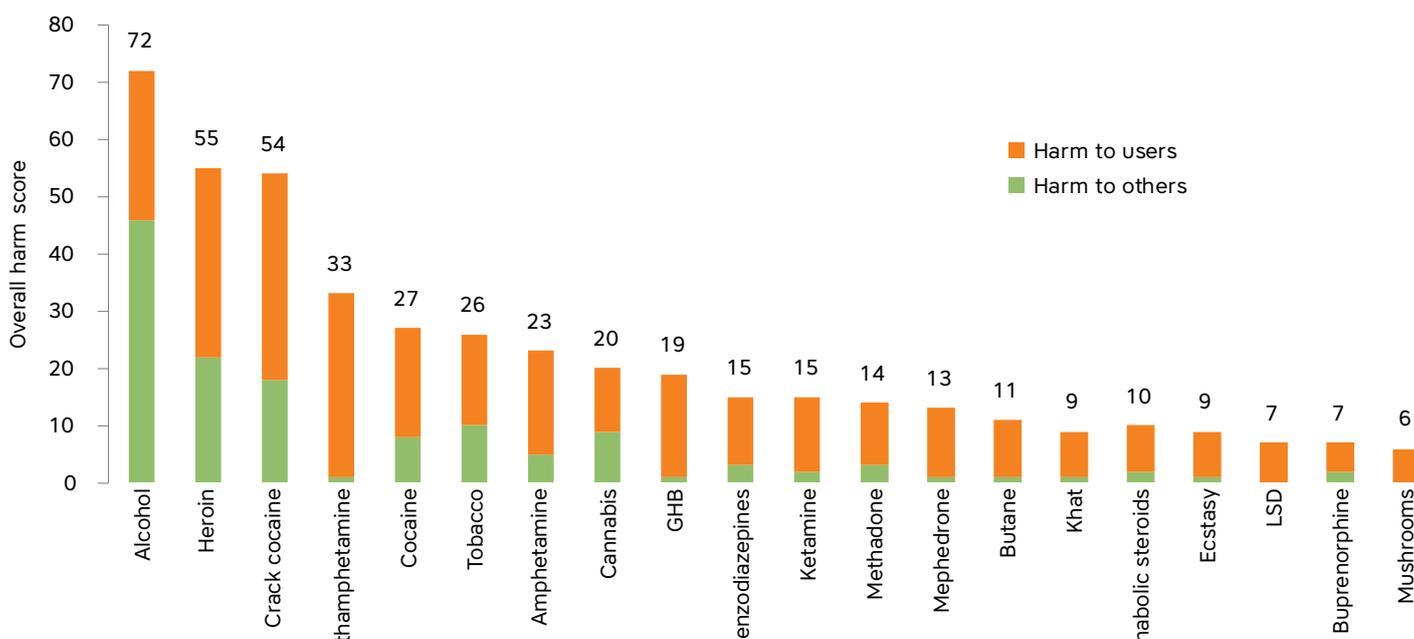
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Addiction Situation in the Czech Republic in the European Context

> Different addictive substances pose varying health and social harms associated with their use, both at the individual and population level. Studies assessing the risks of various substances show that heroin, cocaine, methamphetamine, but also alcohol and tobacco rank the highest on the risk potential

scale – Figure 1. It is evident that the legal status of substances and the degree to which they are regulated by law are not always closely related to the risk that the substance poses to public health and society.

FIGURE 1
Drugs ranked according to total harm, to users and others



Source: Nutt et al. (2010)¹

History of Addiction Policy in the Czech Republic

Self-help activities in the field of addictions began to develop in the Czech Republic in the mid-19th century, and the first specialised treatment programmes were established at the beginning of the 20th century. The Czech psychiatrist Jaroslav Skála (25 May 1916–26 November 2007) is considered to be the founder of Czech addictology (addiction science and clinical practice). In 1948, he founded the Anti-Alcohol Department of the General University Hospital in Prague, developed a comprehensive addiction treatment programme, and in 1951 initiated the establishment of a sobering-up station, one of the first of its kind.²

The 1990s were an important milestone for Czech addiction policy. The collapse of the communist regime posed a challenge to both experts and governments. Trafficking in illegal substances and illicit drugs began to develop quite dynamically. Unlike most countries of the former Soviet Bloc, Czechoslovakia did not opt for an exclusively law

enforcement approach to this situation. On the contrary, in the Czech Republic a balanced approach to drug policy has been promoted since the 1990s, and policies and conceptual documents have included mechanisms to promote public health, as well as emphasis on prevention, harm reduction and treatment. A pragmatic and realistic approach has long been advocated, i.e. policy must not be an ideology, but has to be based on current data and evidence and set achievable goals. The professional community has also played an important role in policy development and inter-ministerial cooperation has been intensively promoted. In 2014, the Czech government decided to join the modern

European integrated addiction policies and for the first time the existing drug policy included alcohol, tobacco and gambling. Since 2019, the national policy was extended to include the use of psychoactive medicines, the uncontrolled use of modern technologies and digital addictions.

² Šejvl, J. & Miovský, M. 2017. *Nejstarší specializované lůžkové zařízení pro léčbu závislosti na alkoholu na historickém území Čech a Moravy: případová studie protialkoholní léčebny ve Velkých Kunčicích (1911–1915) (The oldest specialised inpatient facility for the treatment of alcohol dependence in the historical territory of Bohemia and Moravia: a case study of the alcohol treatment hospital in Velké Kunčice (1911–1915))*. *Adiktologie*, 17 (2), 134–146.

¹ Nutt, D. J., King, L. A. & Phillips, L. D. 2010. Drug harms in the UK: a multicriteria decision analysis. *Lancet* 376 (9752), 1558–65.

The population of the Czech Republic is 10 515 669. In 2021, 111 793 people were born and 139 891 died. The average age of the population was 42.7.³

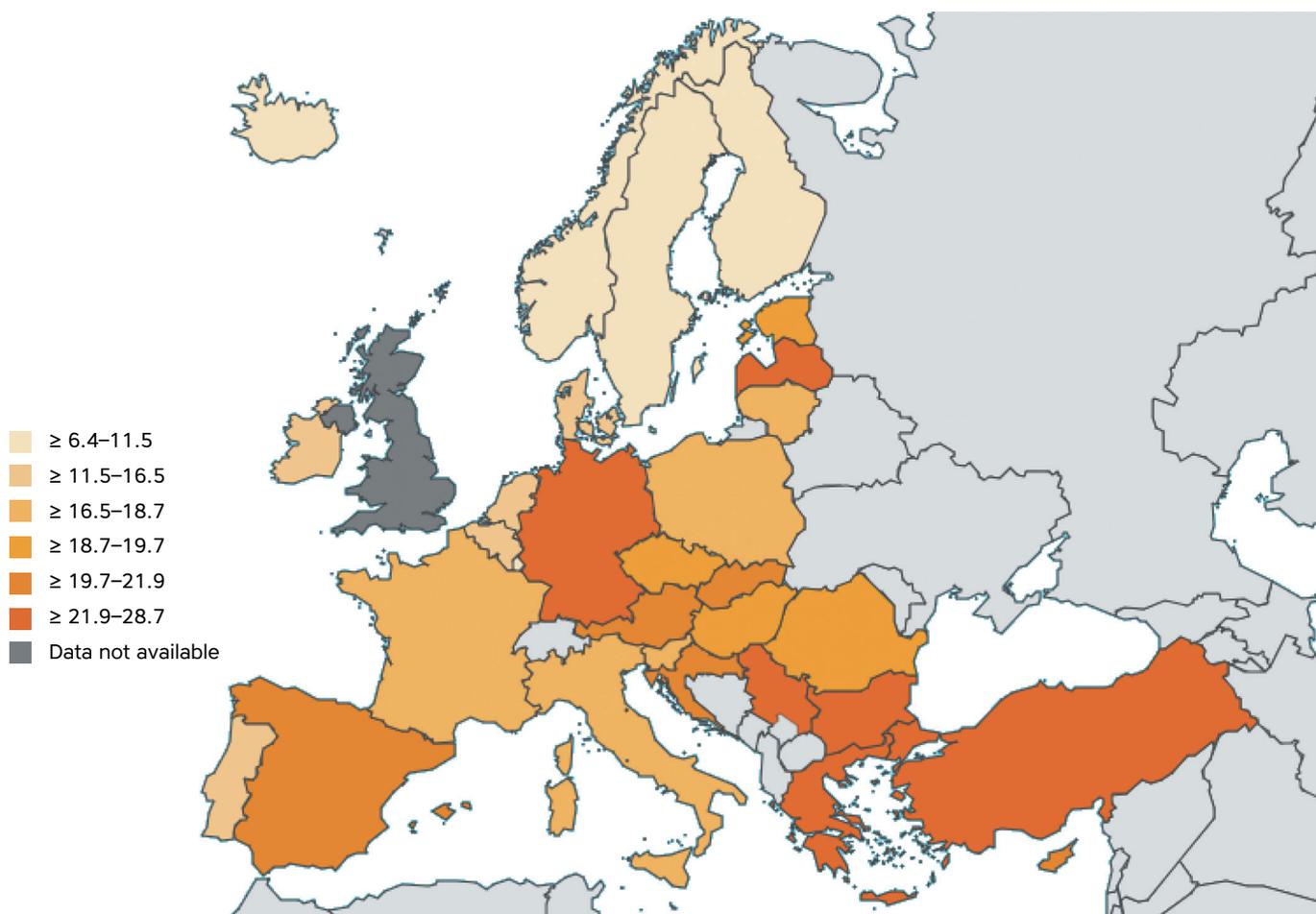
In the Czech Republic, approximately 20% of the population aged 15+ years smoke on a daily basis. The proportion of smokers has long been stable, while the proportion of adolescent smokers has been declining. According to the ESPAD 2019 study,⁴ 10% of 16-year-old students smoked daily, three times less than in the late 1990s. In recent years, alternative products, especially e-cigarettes (or vaporisers) and heated tobacco products, have become increasingly popular, especially among young adults. E-cigarettes and heated tobacco products are currently used by approximately 5% and 3% of adults, respectively. The current and daily cigarette smoking rate in the Czech Republic is above the European average

and, unlike most European countries, it has not declined in the long term – Map 1.

Alcohol consumption in the Czech population has long been high. Per capita alcohol consumption in the Czech Republic is equivalent to 10 litres of pure alcohol. Approximately 10% of the adult population drink alcohol daily and the proportion of daily alcohol users has been increasing in the long run. Frequent heavy episodic or binge drinking, i.e. drinking 5 or more glasses of alcohol at least once a week or more often, is reported by 12% of the population. While frequent binge drinking is the highest among young adults and decreases with age, daily alcohol consumption increases with age. Alcohol consumption, daily drinking and the prevalence of binge drinking in the Czech Republic are among the highest in the world – Map 2. Among adolescents, a significant decline in

MAP 1

Prevalence of current smoking (i.e. smoking in the last 30 days) in Europe in the population aged 15+ – European Health Interview Survey (EHIS) 2019, %



Source: Eurostat (2022)⁵

³ Czech Statistical Office. 2022. *Pohyb obyvatelstva - rok 2021. (Population and population change – year 2021.)* Available at: <https://www.czso.cz/csu/czso/cri/pohyb-obyvatelstva-rok-2021>

⁴ Chomynová, P., Csémy, L. & Mravčík, V. 2020. *Evropská školní studie o alkoholu a jiných drogách (ESPAD) 2019 (European School Survey Project on Alcohol and Other Drugs (ESPAD) 2019.)* Zaostřeno 6 (5), 1-20. ESPAD Group. 2020. ESPAD Report 2019. Results from the European School Survey Project on Alcohol and Other Drugs. Luxembourg: Publications Office of the European Union.

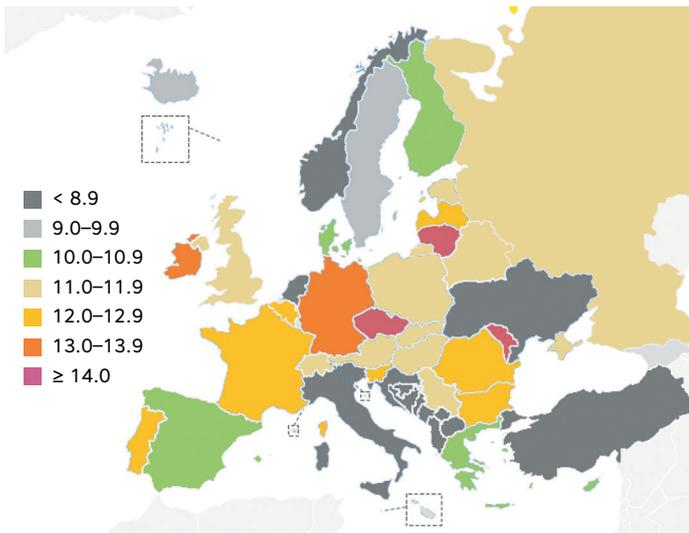
⁵ Eurostat. 2022. *Daily smokers of cigarettes by sex, age and educational attainment level.* Available at: https://ec.europa.eu/eurostat/databrowser/view/hlth_ehis_sk3e/default/map?lang=en

alcohol consumption has been observed since 2011, including regular consumption and risky forms of drinking; however, the prevalence of alcohol consumption among adolescents in the Czech Republic still remains above the European average – Figure 2.

An estimated 14-15% of the adult population fall into the category of problematic use (or misuse) of psychoactive medicines, defined as the use of medication for longer than 6 weeks, a subjective feeling of overuse and/or obtaining medication without a doctor’s prescription. An estimated

MAP 2

Alcohol consumption in Europe according to 2016 WHO data – in litres of pure alcohol per population aged 15+, including registered and unregistered alcohol consumption



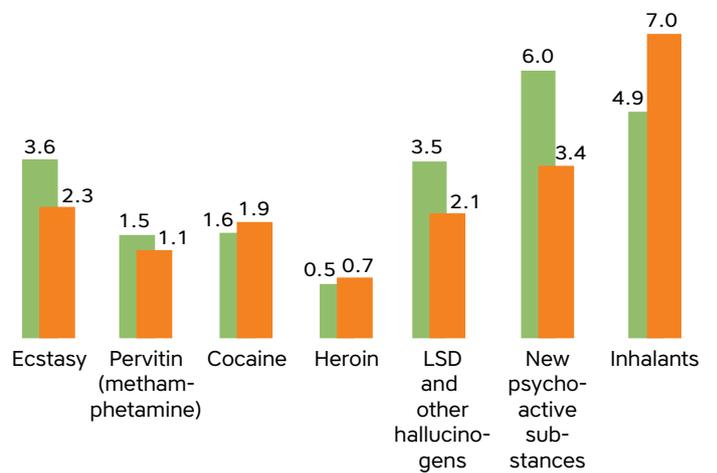
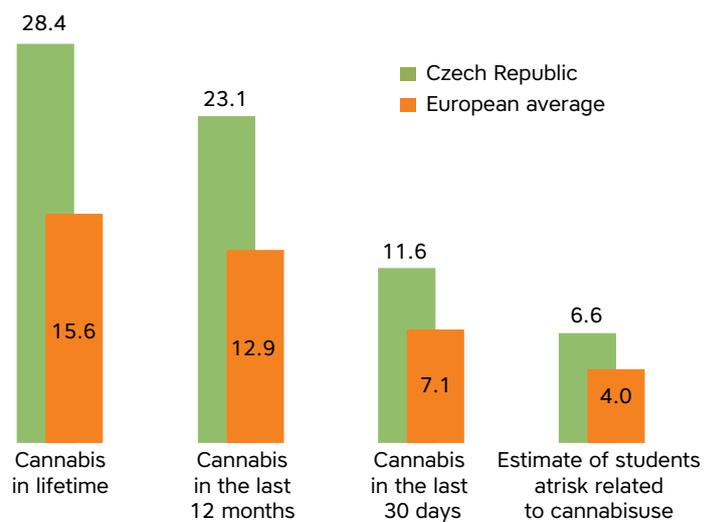
Source: World Health Organization (2019)⁶

1.1 million people misuse sedatives and/or hypnotics, while 550 thousand people misuse opioid analgesics, with more women reporting misuse of psychoactive medicines. Due to the non-standardized approach to the monitoring of the use of psychoactive medicines and their problematic use (i. e. overuse or misuse) in the adult population in European countries, no comparison with European countries is available. In the student population, the use of sedatives and/or hypnotics is at the European average. However, the combined use of psychoactive medicines and alcohol is prevalent among adolescents, with the Czech Republic ranking at the top of European countries – Map 3.

Cannabis is the most commonly used illicit drug in the Czech Republic, with about a quarter to a third of adults reporting

FIGURE 3

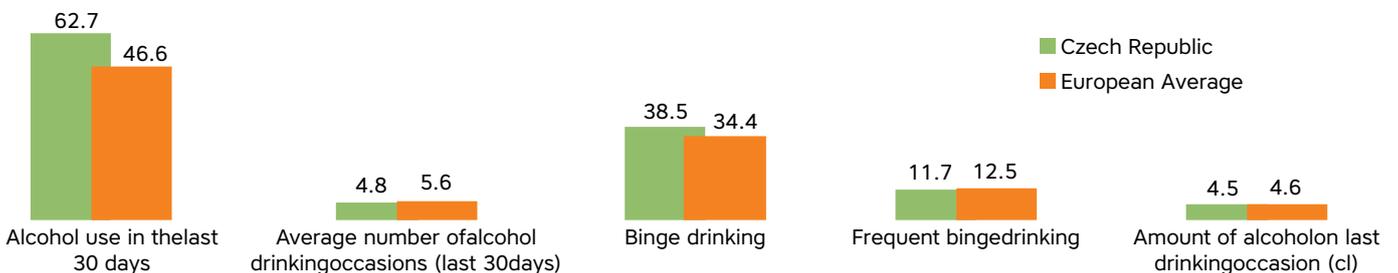
Prevalence of illicit drug use among 16-year-old students in the Czech Republic compared to the European average – ESPAD 2019, in %



Source: Chomynová et al. (2020), ESPAD Group (2020)⁸

FIGURE 2

Prevalence of alcohol consumption among 16-year-olds in the Czech Republic compared to the European average – ESPAD 2019, in %



Source: Chomynová et al. (2020), ESPAD Group (2020)⁷

⁶ World Health Organization. 2019. *Status report on alcohol consumption, harm and policy responses in 30 European countries 2019*. Copenhagen: WHO Regional Office for Europe.

⁷ Chomynová, P., Csémy, L. & Mravčík, V. (2020). *Evropská školní studie o alkoholu a jiných drogách (ESPAD) 2019 (European School Survey Project on Alcohol and Other Drugs (ESPAD) 2019.)* Zaostřeno 6 (5): 1-20.

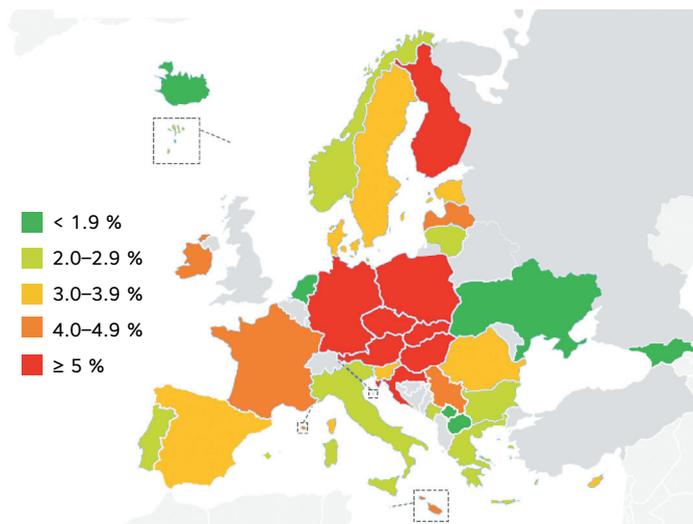
ESPAD Group. 2020. *ESPAD Report 2019. Results from the European School Survey Project on Alcohol and Other Drugs*. Luxembourg: Publications Office of the European Union.

⁸ Chomynová, P., Csémy, L. & Mravčík, V. 2020. *Evropská školní studie o alkoholu a jiných drogách (ESPAD) 2019 (European School Survey Project on Alcohol and Other Drugs (ESPAD) 2019.)* Zaostřeno 6 (5): 1-20.

ESPAD Group. 2020. *ESPAD Report 2019. Results from the European School Survey Project on Alcohol and Other Drugs*. Luxembourg: Publications Office of the European Union.

MAP 3

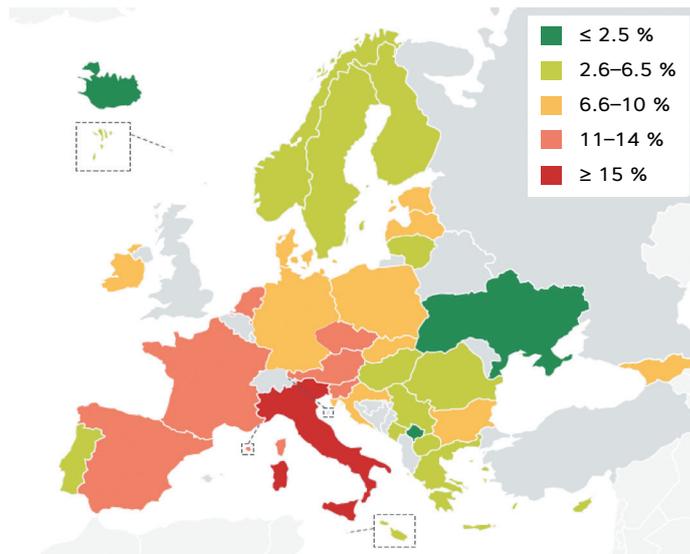
Use of alcohol with pills in order to get high (lifetime prevalence) – ESPAD 2019, in %



Source: ESPAD Group (2020)⁹

MAP 4

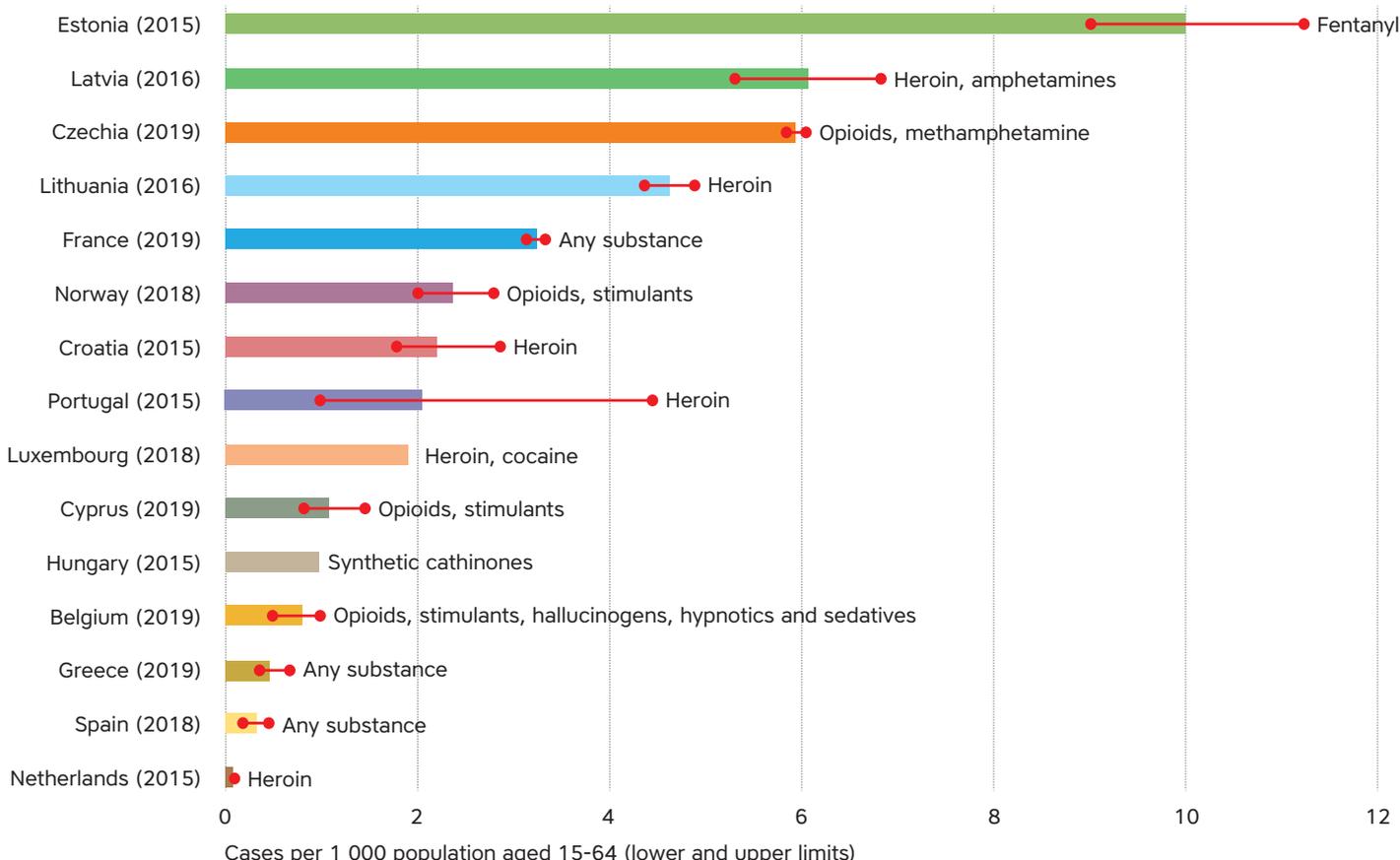
Prevalence of cannabis use in the last 30 days among 16-year-old students – ESPAD 2019, in %



Source: ESPAD Group (2020)¹¹

FIGURE 4

Prevalence of injecting drug use per 1,000 population aged 15–64 and main drug injected, most recent estimates



Source: EMCDDA (2021)¹⁰

⁹ EESPAD Group. 2020. ESPAD Report 2019. Results from the European School Survey Project on Alcohol and Other Drugs. Luxembourg: Publications Office of the European Union.

¹⁰ ESPAD Group. 2020. ESPAD Report 2019. Results from the European School Survey Project on Alcohol and Other Drugs. Luxembourg: Publications Office of the European Union.

¹¹ European Monitoring Centre for Drugs and Drug Addiction. 2021. European Drug Report 2021: Trends and developments. Luxembourg: Publications Office of the European Union.

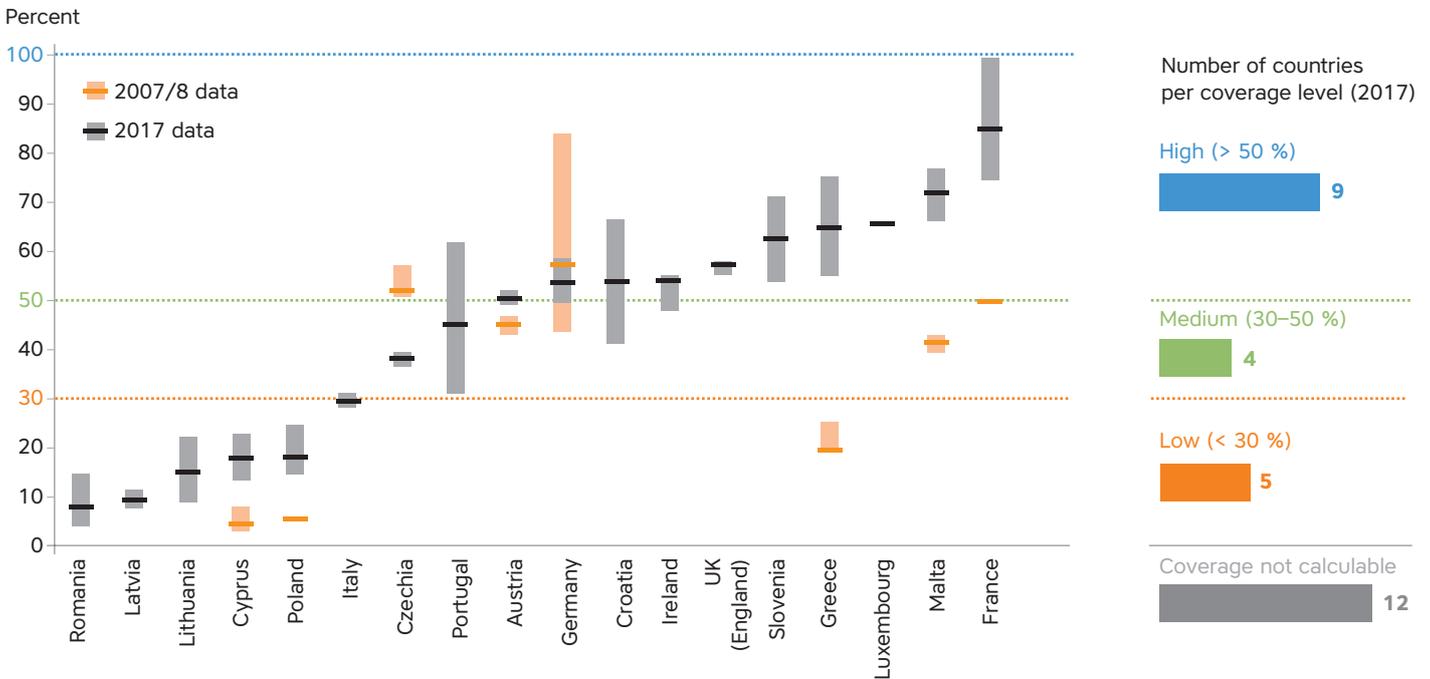
having used cannabis in their lifetime. Use of other illicit drugs is much less prevalent. Lifetime use of ecstasy is reported by 5-7% of adults, hallucinogens by 4-6% and methamphetamine and cocaine by 2-4%. Compared to other European countries, the prevalence of illicit drug use in the Czech Republic is high, above the average especially in case

of cannabis and ecstasy, even among adolescents – Map 4 and Figure 3.

High-risk drug use is at the European average, but the Czech Republic reports an above-average prevalence of injecting drug use – Figure 4. In the European context, the Czech

FIGURE 5

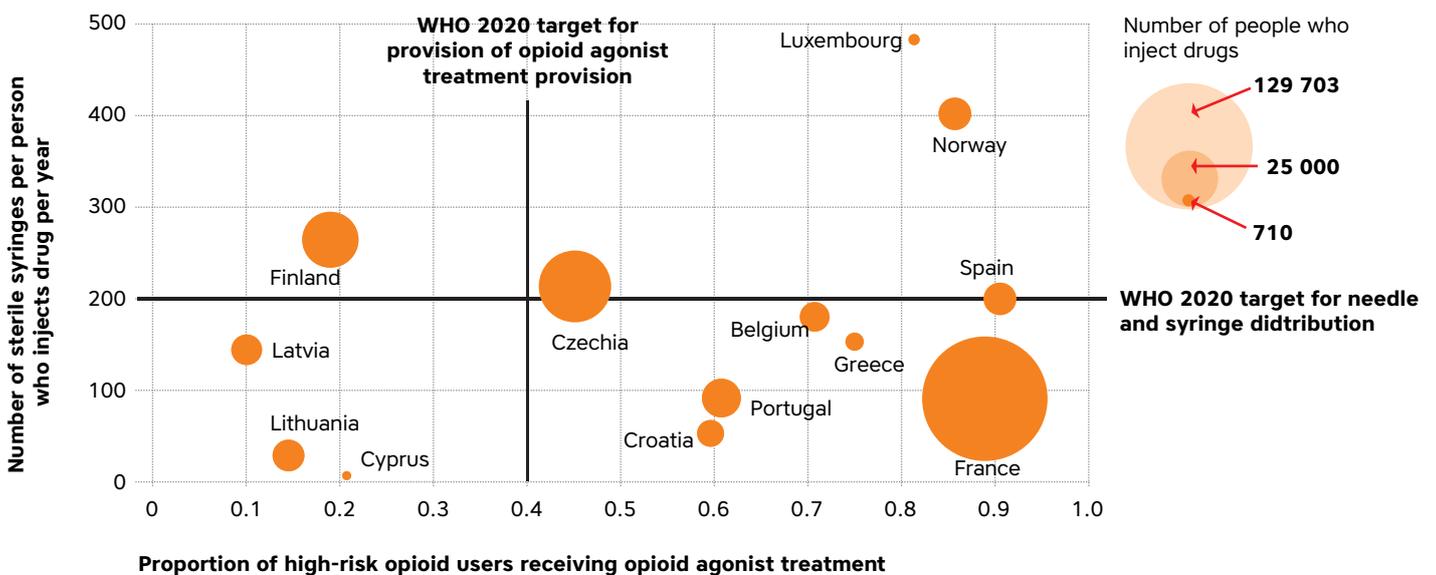
Coverage of opioid agonist treatment (percentage of estimated high-risk opioid users receiving treatment) in 2017 or most recent year and in 2007/8 (mean estimate and confidence intervals)



Source: EMCDDA (2019)¹²

FIGURE 6

Number of needles and syringes distributed per person who injects drugs and opioid agonist treatment coverage in relation to WHO 2020 targets, 2020 or latest available estimate



Source: EMCDDA (2022)¹³

¹² European Monitoring Centre for Drugs and Drug Addiction. 2019. *European Drug Report 2019: Trends and developments*. Luxembourg: Publications Office of the European Union.

¹³ European Monitoring Centre for Drugs and Drug Addiction. 2022. *European Drug Report 2022: Trends and developments*. Luxembourg: Publications Office of the European Union.

Republic is characterized by a high prevalence of problem methamphetamine use. The extent of severe consequences associated with drug use (overdoses, infectious diseases) is very low in the Czech Republic compared to other European countries.

The proportion of people who use opioids entering opioid agonist treatment has been relatively low in the long term

– according to the EMCDDA, the Czech Republic falls into the medium level of coverage for opioid agonist treatment (30–50%) – Figure 5. According to the latest data available, the coverage of people who use opioids with opioid agonist treatment was 40%, while at the same time the Czech Republic was one of four European countries to meet the WHO targets for needle and syringe distribution for 2020 (200 needles and syringes per person who inject drugs) – Figure 6. ✕

Addictive Behaviour in the Adult Population of the Czech Republic

17–23% of the population aged 15+, i.e. **1.5–2.1 million** people, smoke cigarettes daily or almost daily

10% of people aged 15+, i.e. **800–980 thousand** people, drink alcohol daily or almost daily

17–19% of people, i.e. **1.5–1.7 million** people, report risky alcohol consumption, which includes **9–10%** of the population (**800–900 thousand** people) who fall into the category of harmful drinking

14–15% of adults, an estimated **1.25–1.45 million** people, fall into the category of problematic use of psychoactive medicines

8–10% of people aged 15+, i.e. an estimated **800–900 thousand** adults, have used cannabis in the last 12 months; approximately **207 thousand** adults are at high risk of developing problems related to the use of cannabis

5–10% of the adult population have used cannabis for self-treatment in the last 12 months, i.e. an estimated **400–900 thousand** people

1% of adults have used ecstasy in the last 12 months; **1.5%** have used hallucinogenic mushrooms, less than **1%** have used methamphetamine (or amphetamines) and cocaine

44,2 thousand people are estimated to be high-risk users of methamphetamine or opioids, of which **33.1 thousand** use methamphetamine, **6.4 thousand** buprenorphine, **3.3 thousand** heroin and **1.4 thousand** other opioids

2–3% of the population aged 15+ fall into the category of problem gambling according to the Lie/Bet screening scale (i.e. approximately **170–220 thousand** people), of whom **90–120 thousand** fall into the high-risk category

Consequences of Substance Use in the Czech Republic

16–18 thousand deaths are annually caused by smoking tobacco

6–7 thousand deaths are annually caused by alcohol consumption, with alcohol being the main or only cause of death in **2 thousand** cases, of which alcohol intoxication accounts for **400–500** cases annually

96 people died in 2020 as a result of fatal drug overdoses, **58** of which were overdoses attributed to illicit drugs or inhalants and **38** were related to psychoactive medicines

150 deaths under the influence of illicit drugs and psychoactive medicines were identified as being due to causes other than overdose, with most of these caused by illness, accidents and suicide

14 newly diagnosed HIV cases in 2020 were likely to be related to injection drug use, and another **5** people had a history of injection drug use

800–1000 cases of hepatitis C virus (HCV) infection are reported annually, of which **400–500** cases are reported among people who inject drugs

14–15 thousand admissions to hospitals are reported annually for injury under the influence of addictive substances, including **13.5–14 thousand** people under the influence of alcohol; **250** people are hospitalised annually for injury under the influence of illicit drugs, **150–200** people under the influence of psychoactive medicines and **10–15** people under the influence of inhalants

4,5 thousand road accidents are annually reported under the influence of alcohol, and **260** under the influence of other drugs

Addictive Behaviour among Children and Adolescents in the Czech Republic

10–11% of students aged 13 to 16 report smoking tobacco on a regular or daily basis

17% of 11-year-olds, **43%** of 13-year-olds, **76%** of 15-year-olds and **95%** of 16-year-olds had drunk alcohol at some point in their lives, with around half of them reporting drinking alcohol in the last 30 days

39% of students aged 16 report binge drinking (i.e. 5 or more drinks on one occasion) in the last 30 days, **12%** once a week or more often

24% of students aged 16 have used an illicit drug in the last 12 months, **23%** have used cannabis, **3.5%** sedatives without a doctor's prescription, **3.3%** inhalants, **2.6%** ecstasy, **1.1%** hallucinogenic mushrooms, **1.9%** LSD or other hallucinogens, and approximately **1%** cocaine or methamphetamine

9–11% of adolescents have gambled for money in the last 12 months

Network of Addiction Services in the Czech Republic

The addiction service network covers the whole spectrum of problems associated with substance use and other forms of addictive behaviour. Currently, addiction services are provided mainly within the framework of social services and the health services network, i.e. health or social services or both health and social services simultaneously. Inter-disciplinarity is a strong point of addiction services; however, it is limited by the incompatibility of the different sectoral frameworks within a single programme.

The *Concept for the Development of Addictology Services*¹⁴ from 2021 sets out the framework and content of the field of addictology and addictology services, and defines 6 basic types of services:

- > prevention services;
- > harm reduction services;
- > outpatient treatment and counselling services;
- > short-term treatment services;
- > residential treatment services;
- > aftercare treatment.

250–300 facilities provide specialised addiction services, including **55–60** low-threshold drop-in centres,

50 outreach needle and syringe programmes, **90–100** outpatient treatment programmes (including **10** programmes for children and adolescents), **10–15** detoxification units, **25–30** inpatient health care units, **15–20** therapeutic communities, **35–45** outpatient aftercare programmes (including **20–25** with sheltered housing) and **5–7** homes with a special regime for people who use substances; **60** facilities report patients in opioid agonist treatment and an estimated **600–700** general practitioners provide (buprenorphine) opioid agonist treatment.

1–2 thousand people are in treatment or in contact with services annually in relation to tobacco smoking, **30–35 thousand** people in relation to alcohol consumption, **3–4 thousand** people in relation to the problematic use of psychoactive drugs, **40–45 thousand** people in relation to the use of illicit drugs and **2–3 thousand** people in relation to gambling.

The availability of addiction services varies locally, with very poor or limited availability of certain types of services in certain regions (in particular outpatient and opioid agonist treatment programmes, addictology programmes targeted specifically at children and adolescents). In recent years, there has been a growing range of treatment and counselling e-health and m-health interventions available.

Objectives and Principles of Addiction Policy in the Czech Republic

> The aim of addiction policy is to ensure that the health of individuals and society as a whole is protected from the adverse societal consequences (health, economic, social, law enforcement) of substance use and addictive behaviour and to ensure the safety of individuals, society and property. The main intervention areas of addiction policy in the Czech Republic include prevention, risk and harm reduction, treatment and social reintegration, and regulation and supply reduction. Since 2014, the Czech drug policy has integrated the topics of licit and illicit drugs, as well as behavioural addictions. The *National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019–2027* (National Strategy) is the key strategic document defining the focus and principles of the addiction policy. Compared to the previous one, the current strategy focuses in greater detail not only on areas such as alcohol, tobacco, illicit drugs and gambling, but also on topics that have not yet been systematically addressed – specifically the misuse of psychoactive medicines, the excessive use of digital technologies, and cannabis and cannabinoids.

The implementation of the National Strategy is supported by action plans for three-year periods in order to meet its

objectives. Since 2019, action plans have been developed comprehensively for all addiction policy areas. The key premise of a successful addiction policy is that the responses proposed in the action plan are evidence-based, have realistic goals and are feasible in economic terms. An action plan specifies the individual addiction policy activities for a given period, sets deadlines for their implementation and defines targets, including estimates of the funding needed to achieve them. Additionally, it defines indicators that are used to measure changes in specific areas. Featuring such a structure, an action plan thus serves as a means of implementing and evaluating the implementation of the National Strategy, as well as a guideline for various actors involved in the implementation of the addiction policy.

The evaluation of the *Action Plan for the Implementation of the National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour for the period 2019–2021*¹⁵ suggests that the integration of all addiction policy areas into one action plan is an effective means of developing further strategic, analytical and background materials.

¹⁴ Sekretariát Rady vlády pro koordinaci protidrogové politiky & Společnost pro návykové nemoci ČLS JEP. 2021. *Koncepce rozvoje adiktologických služeb (Concept for the Development of Addiction Services)*. Praha: Úřad vlády České republiky.

¹⁵ Černíková, T. & Horáčková, K. 2022. *Souhrnná zpráva o plnění Akčního plánu realizace Národní strategie prevence a snižování škod spojených se závislostním chováním 2019–2021. (Summary Report on the Implementation of the Action Plan for the Implementation of the National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019–2021)*. Praha: Úřad vlády České republiky.

The main goal of the National Strategy is to prevent and reduce the health, social and economic harm related to:

- > the use of addictive substances, gambling and other types of addictive behaviour; and
- > the existence of markets in both legal and illegal substances, gambling and other products with addictive potential;

by means of a sustainable set of modern, effective, mutually coordinated, and evidence-based educational, preventive, therapeutic, social, legislative, economic, law enforcement and other responses.

The National Strategy focuses on the following areas:

- > scaling up prevention and raising awareness;
- > ensuring a network of high-quality and accessible addiction services;

- > providing effective regulation of markets on addictive substances and products with addictive potential;
- > improving the effectiveness of management, coordination and funding;
- > special topics:
 - medicines containing psychoactive substances;
 - excessive use of the internet and new (digital) technologies;
 - cannabis and cannabinoids.

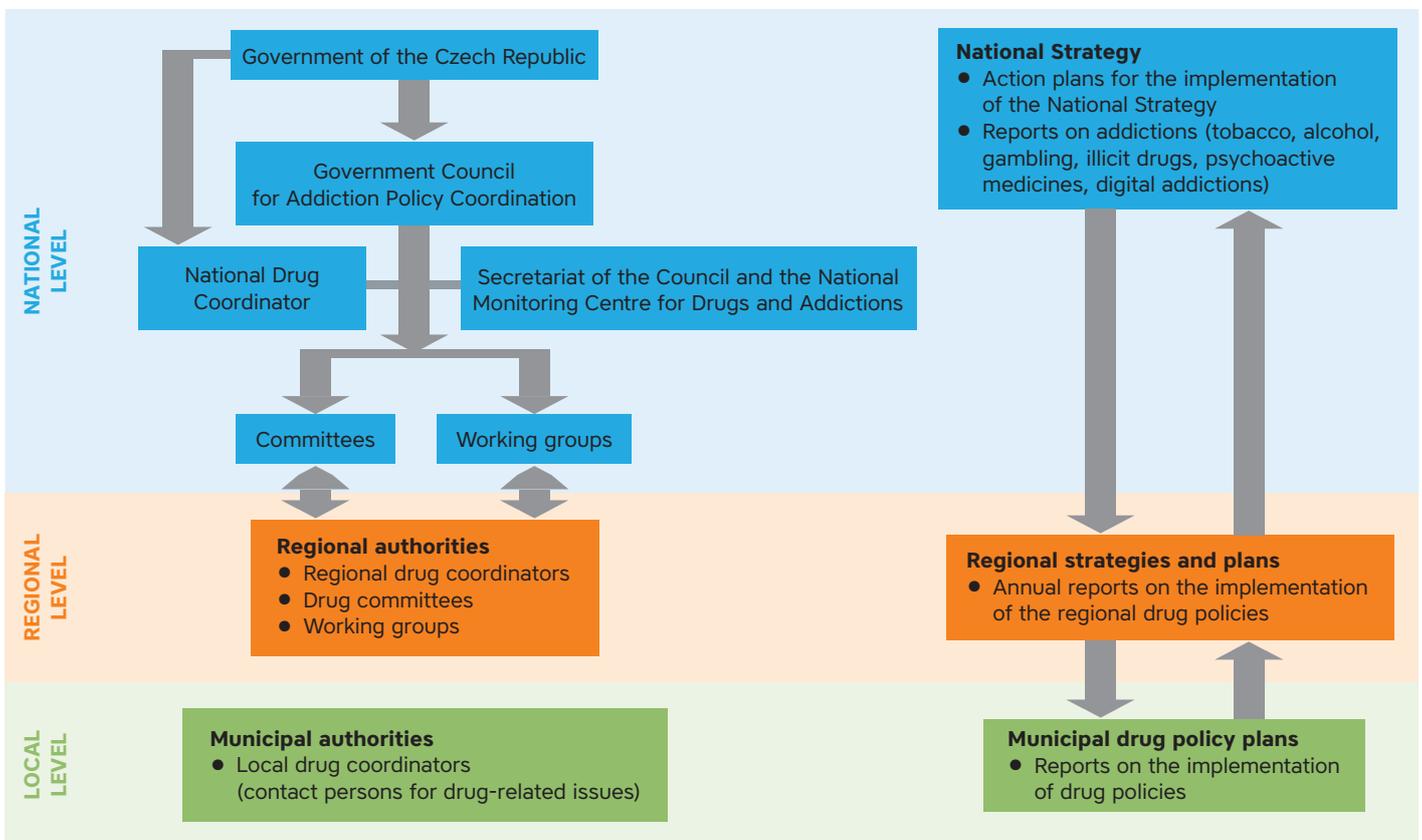
The formulation and implementation of addiction policy responses involve professional associations and societies, providers of services intended for people with addictive disorders and their relatives, other responsible stakeholders and the representatives of the target group. ✕

Coordination of Addiction Policy

> The coordinating, advisory and initiating body of the government of the Czech Republic's addiction policy is the Government Council for Addiction Policy Coordination ("Council"), formerly the Government Council for Drug Policy Coordination.

The Council creates a platform for continuous communication with ministries, other segments of the public administration, and other actors involved in the implementation of the policy (including non-governmental organisations, professional

IMAGE 1
Scheme of addiction policy coordination



Source: Secretariat of the Government Council for Drug Policy Coordination (2016), updated¹⁶

¹⁶ Sekretariát Rady vlády pro koordinaci protidrogové politiky. 2016. Česká protidrogová politika a její koordinace – politika závislostí založená na důkazech. (Czech drug policy and its coordination

– evidence-based addiction policy.) Information leaflet. Available at: <https://www.drogy-info.cz/publikace/navykove-latky/protidrogova-politika/ceska-protidrogova-politika-a-jeji-koordinace/>

associations and patients' organisations). It proposes measures and activities pertaining to the addiction-related policy to the government, and coordinates, monitors and evaluates their implementation. By its authority, the Council coordinates the effective funding of addiction policy and the expenditure of state budget funds within the scope of its competence, and assures the quality of addiction services, including prevention, harm reduction, treatment, and social reintegration services for people at risk of addiction. Finally, working bodies are established as a part of the Council in order to promote inter-agency and inter-disciplinary liaison. The National Drug Coordinator is appointed by the Government to address addiction policy issues and holds the position of the Executive Vice-Chair of the Council. At the regional level, addiction policy is coordinated by regional drug coordinators, and at the local level by local drug coordinators – Image 1.

The Secretariat of the Council provides administrative and other support for the activities pursued by the Council. Also referred as Drug Policy Department, it is an organisational unit of the Office of the Government of the Czech Republic. It is responsible for the development of strategic documents and situation reports, and for the daily horizontal and vertical coordination of addiction policy. It provides organisational support for the Council's committees and working groups, and prepares expert documents for the Council. It is responsible for administration of the grant scheme of the Office of the Government that provides funding to addiction policy programmes and addiction services. In addition, it manages the system of certification of professional competency for addiction services, and coordinates international activities of the Czech Republic in the field of addiction policy.

The National Monitoring Centre for Drugs and Addiction (NMC) is a part of the Secretariat of the Council. The NMC is an expert executive, methodological and coordinating unit established for the collection, analysis, interpretation and dissemination of data on addictions in the Czech Republic. Internationally, the NMC is a member of the Reitox network of national focal points;¹⁷ and cooperates with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).¹⁸ At the national level, the NMC is responsible for coordination of the information system on addictions, i.e. the system for collecting, processing, reporting and disseminating information on the addiction-related situation; in this respect, it coordinates the activities of other public administration agencies and non-governmental bodies and carries out its own studies and analyses. It prepares information summaries and publications on the addiction-related situation in the Czech Republic, and regularly submits them to the Council, the government of the Czech Republic and the EMCDDA. In addition to reports on illicit drugs, it has been compiling reports on gambling since 2014. Stand-alone reports on alcohol, tobacco and related products and psychoactive medicines were published in 2021, and a report on digital addictions was prepared in 2022. For the first time ever, the NMC published the *Summary Report on Addictions in the Czech Republic 2021*,¹⁹ which covers all addiction

policy-related areas and provides the first ever recommendations to the government for the implementation of addiction policy based on the weaknesses of the existing system identified within the scope of the comprehensive monitoring of the situation. At the same time, the NMC is responsible for the coordination of the national Early Warning System (EWS), which provides a mechanism for the prompt exchange of information on the emergence, use and risks of new psychoactive substances in the Czech Republic.

Public Expenditures on Addiction Policy

Addiction policy and addiction services in the Czech Republic are still based on the principle of multiple-source funding, receiving financial support from different actors. Addiction services are mainly funded through subsidies from two levels: the national level (state budget), and the regional and local level (regional and municipal budgets).

Labelled as drug policy, public expenditures earmarked for addiction policy are accounted for as a national budget cross-sectional indicator in the budgets of the Office of the Government, the Ministry of Education, the Ministry of Defence, the Ministry of Health and the Ministry of Justice. Since 2020, part of the national funds targeted at addiction policy and

Financing in Figures

CZK 2,297.5 million
(€ 86.9 million)

(i.e. 0.04% of GDP, or 0.12% of state budget expenditures)²⁰ was earmarked for the addiction policy in 2020, of which law enforcement expenditure accounted for **52%**, harm reduction **16%**, drug treatment **12%**, prevention **4%**, aftercare **5%**, sobering-up stations **6%** and coordination, research and evaluation less than **2%**.

In terms of services, expenditures provided for harm reduction services, sobering-up stations, and outpatient treatment programmes are increasing; while funds for prevention have remained stable over the long term.

CZK 1,886.6 million
(€ 70.6 million)

was provided from the state budget (81%), **CZK 340.6 million (€ 12.9 million)** from regional budgets (15%) and **CZK 90.3 million (€ 3.4 million)** from the municipal budgets (4%).

CZK 938.0 million
(€ 35.5 million)

were expenditures reported by health insurance companies provided on substance use treatment, of which **CZK 113.4 million (€ 4.3 million)** was spent on outpatient care and **CZK 824.6 million (€ 31.2 million)** on inpatient care.

¹⁷ Information on Reitox available at:

http://www.emcdda.europa.eu/about/partners/reitox_en

¹⁸ Information on the EMCDDA available at:

<http://www.emcdda.europa.eu/about>

¹⁹ Chomynová, P., Grohmannová, K., Janíková, B., Rous, Z., Černíková, T., Cibulka, J. & Mravčík, V. 2022. *Souhrnná zpráva o závislostech v České republice 2021 (Summary Report on Addictions in the Czech Republic 2021)*. Praha: Úřad vlády České republiky.

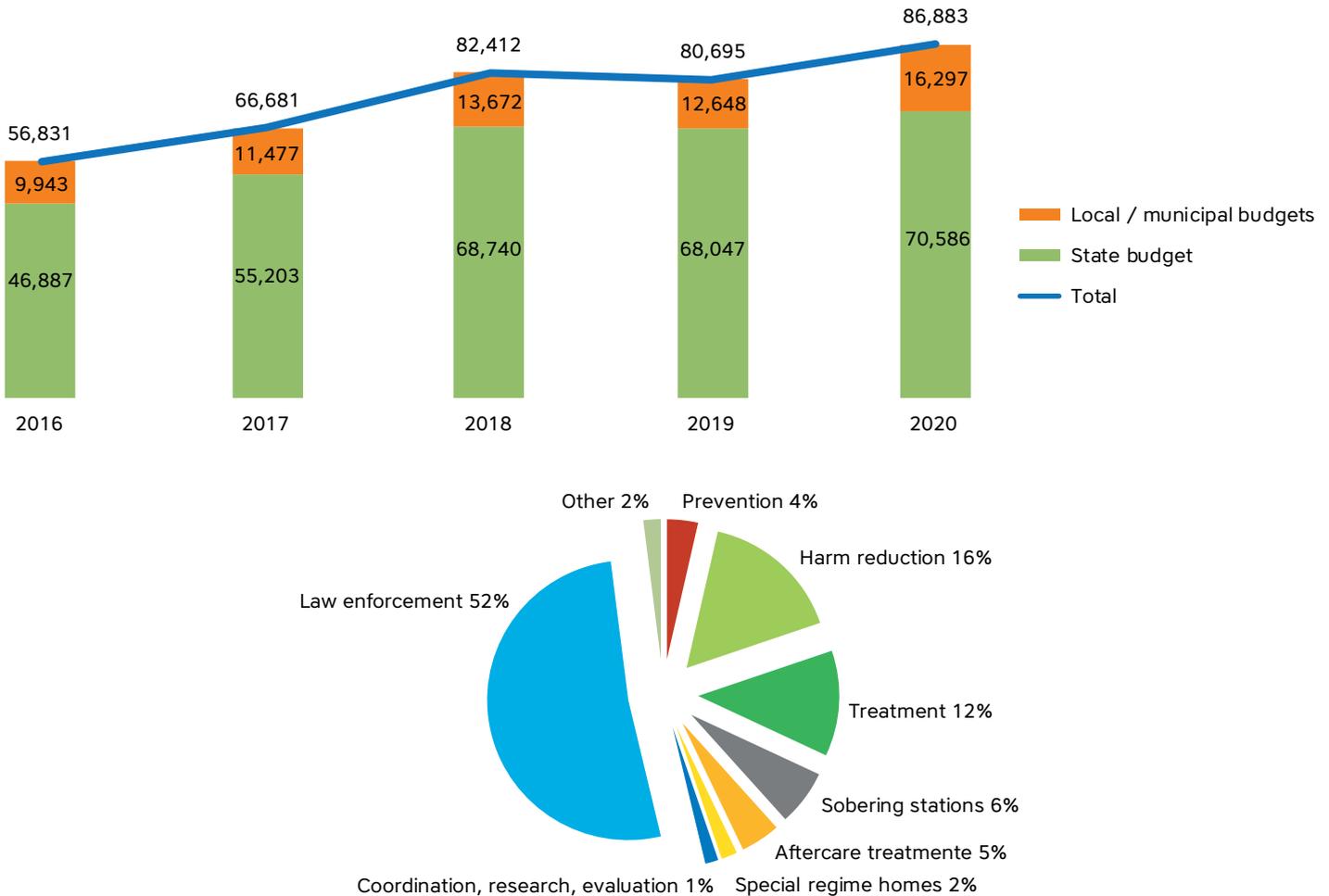
²⁰ Mravčík, V., Chomynová, P., Grohmannová, K., Janíková, B., Černíková, T., Rous, Z., Cibulka, J., Franková, E., Nechanská, B., Fidesová, H. & Vopravil, J. 2021. *Zpráva o nelegálních drogách v České republice 2021 (Report on Illicit Drugs in the Czech Republic 2021)*. Praha: Úřad vlády České republiky.

addiction services has been centralised under the budget heading assigned to the Office of the Government of the Czech Republic. The aim was to streamline the system used to grant financial support to both addiction services and public agencies; however, the funding system has remained multiple-source and imposing great administrative burden. Total public expenditure on addiction policy has been increasing slightly in recent years – Figure 7.

The Ministry of Labour and Social Affairs is a significant source of funding of social services for people at risk of addictions. Law enforcement and drug crime prevention expenditures are identified in the budget of the Ministry of Interior.

In addition to public budgets, services for people who use substances are funded from public health insurance and, where appropriate, European funds. ✕

FIGURE 7
Trends in public expenditures earmarked for addiction policy in 2016–2020 and structure of public expenditures by service category in 2020, EUR thousands



Source: Chomynová et al. (2022)²¹

Czech Presidency Priorities – Evidence- and Human Rights-based Approach towards Modern Drug Policy

> The Czech Republic has long advocated an evidence-based addiction policy that requires a comprehensive approach that promotes public health while ensuring the protection of the human rights and dignity of people who use drugs in order to reduce stigma and discrimination. At the same time, the Czech Republic has pointed out the adverse and undesirable

consequences of the “war on drugs” and the application of disproportionate punishments for people who use drugs in general. Therefore, the Czech Presidency of the Council of the EU (CZ PRES) raises the issue of an evidence- and human rights-based drug policy, as well as an approach based on the decriminalization of drug possession and use as a part of modern drug policy.

²¹ Chomynová, P., Grohmannová, K., Janíková, B., Rous, Z., Černíková, T., Cibulka, J. & Mravčík, V. 2022. *Souhrnná zpráva o závislostech v České republice 2021 (Summary Report on Addictions in the Czech Republic 2021)*. Praha: Úřad vlády České republiky.

Governments in different countries around the world enforce different approaches on how to deal with world drug phenomena. Some mitigate punishments, while others escalate

punitive measures. The rising costs of combating drug offences, the emphasis on individual freedom, and reports of the adverse consequences of a criminal justice approach to drugs have led many states to adopt alternative approaches, such as decriminalization of drug possession and use.²²

Modern, evidence-based and human rights-oriented drug policy also seeks to reduce the stigma related to people who use drugs. Civil society plays a key role in the Czech environment, which is mainly due to the historical development of Czech addiction policy.²³

The stigmatisation of people who use drugs is often directly related to the level of criminalisation. However, other factors such as media image, politics or the general narrative around the use of certain types of illicit substances also play a role.



Definitions of decriminalization, depenalization, legalization and regulation according to EMCDDA (2016)²⁴

Decriminalization refers to the removal of criminal status from a certain behaviour or action. This does not mean that the behaviour is legal, as non-criminal penalties may still be applied. With respect to the drug debate, this concept is usually used to describe laws addressing personal possession or use rather than drug supply.

Depenalization refers to introducing the possibility or policy of closing a criminal case without proceeding towards punishment, for example as the case is considered 'minor' or prosecution is 'not in the public interest'.

Legalization refers to making an act lawful when previously it was prohibited. In the context of drugs, this usually refers to the removal of all criminal and noncriminal sanctions, although other regulations may limit the extent of the permission. This term is generally used in the context of drug supply.

Regulation implies that a set of rules and restrictions is placed around the supply or use of a substance, as is the case for alcohol and tobacco. Regulatory systems usually place limits on access, such as age limits and control of outlets, and may place restrictions on advertising. Penalties for breaching these rules may be criminal or non-criminal.

²² Rosmarin, A. & Estwood, N. 2013. *Tichá revoluce: Praktické uplatňování politik dekriminlizace drog v různých zemích světa (A Quiet Revolution: Drug Decriminalisation Policies in Practice Across the Globe)*. Praha: Úřad vlády České republiky.

²³ Csete, J. 2012. *A Balancing Act: Policymaking on Illicit Drugs in the Czech Republic*. New York: Open Society Foundations.

²⁴ European Monitoring Centre for Drugs and Drug Addiction. 2016. *Models for the legal supply of cannabis: recent developments*. Perspectives on drugs, p. 2. Available at: https://www.emcdda.europa.eu/publications/pods/legal-supply-of-cannabis_en

Priorities of the Czech Presidency in the EU 2022

The Czech Presidency of the Council of the EU in the second half of 2022 (CZ PRES) chairs several working bodies of the Council of the EU – the *Horizontal Working Party on Drugs (HDG)*,²⁵ the *Standing Committee on Operational Cooperation on Internal Security (COSI)* and the *Law Enforcement Working Party - Customs (LEWP-C)*. Within these bodies, CZ PRES will lead and coordinate discussions on various policy priorities in the field of addictions, such as:

- > discussing the feasibility of decriminalizing drug possession for personal use and drug use;
- > promoting evidence-based drug policies and ensuring their harmonisation with human rights in the form of an outcome document with recommendations for EU Member States;
- > continuing the process of revising Regulation (EC) No. 1920/2006 of the European Parliament and the Council of 12 December 2006 on the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA);
- > promoting the international dimension of drug policies, in particular cooperation with third countries, regions and other partners;
- > promoting civil society involvement in the development, implementation and evaluation of drug policies;
- > discussing trends in relation to methamphetamine in the EU;
- > discussing drug trafficking in the virtual environment;
- > discussing the topic of synthetic opioids, in particular the safety of customs officers handling these substances, and the trafficking of synthetic opioids through postal services.

CZ PRES raises the issue of an evidence- and human rights-based approach towards modern drug policies. Questions on effective responses to the challenges posed by the stigmatisation of people who use drugs, their criminalisation, limited access to health and social services and harm reduction measures have been raised in recent years across EU Member States, but also in many Western democracies outside the EU.

Therefore, it is the intention of CZ PRES to highlight the potential for implementing humane drug policies and to support the rights of people who use drugs and possess drugs for their personal use. CZ PRES will promote an effective, modern and evidence-based approach to drug policies based on the principle of public health. The aim is to present a comprehensive approach to drug policies that reduces the stigma of people who use drugs, as well as the burden for law enforcement authorities and prisons and, last but not least, tries to eliminate the adverse consequences of the "war on drugs".

CZ PRES fully respects the different national frameworks of each EU Member State. The aim is to promote a balanced approach between public health and law enforcement in full compliance with the national legal frameworks. The aim of CZ PRES is to support EU Member States in reconsidering the effectiveness of law enforcement measures on the basis of the recommendations and to consider promoting proportionate sentencing, including alternatives to coercive sanctions,

²⁵ Information on HDG available at: <https://www.consilium.europa.eu/cs/council-eu/preparatory-bodies/horizontal-working-party-drugs/gs/>



Legal Framework of Illicit Drugs in the Czech Republic

After years of debate, the Czech Republic decriminalized the use of illicit drugs in 2010. This was done on the basis of the *Impact Analysis Project of New Drugs Legislation (PAD)*²⁶, carried out in 1999–2001, that mapped the consequences of the introduction of new drug legislation into practice. Particular attention was paid to the criminalization of drug possession, which proved to have hardly any impact on drug-related problems and to be ineffective from an economic point of view, and disadvantageous in terms of social costs.

In the Czech Republic, any unauthorised handling of narcotic and psychotropic substances, or plants or mushrooms containing them, is currently punishable. Criminal offences consisting of violations of drug legislation and related laws on the regulation of narcotic and psychotropic substances, primary drug-related crimes, are defined by Act No. 40/2009 Coll., the Penal Code. These include a total of 5 criminal offences:

- > unauthorised production, distribution and other handling of narcotic and psychotropic substances and poisons (Section 283);
- > possession of a narcotic or psychotropic substance for personal use (Section 284);
- > unauthorised cultivation of plants containing narcotic or psychotropic substances for personal use (Section 285);
- > manufacturing and possession of an article for the unauthorised production of a narcotic and psychotropic substance or poison (Section 286); and
- > promotion of drug use (Section 287).

As regards penalties, the law imposes lower penalties for the unauthorised possession and cultivation of cannabis for personal use (Section 284) and for the unauthorised

handling of other narcotic or psychotropic substances for personal use (Section 285).

Decriminalization in the Czech Republic means that less serious act such as possession of a narcotic or psychotropic substance for personal use, or cultivation of plants or mushrooms containing a narcotic or psychotropic substance for personal use is classified as a minor offence (misdemeanour) with no criminal sanctions. Minor offences are defined in Section 39(2) of Act No. 167/1998 Coll., on Addictive Substances (Addictive Substances Act). This includes the unauthorised possession of small quantities of a narcotic or psychotropic substance for personal use [Section 39(2)(a)], the cultivation of plants or mushrooms containing a narcotic or psychotropic substance in small quantities for personal use [Section 39(2)(b)], and facilitating the unauthorised use of an addictive substance for a person under the age of 18 [Section 39(2)(c)]. The threshold for distinguishing the severity of the unauthorised handling of a narcotic or psychotropic substance for personal use, i.e. whether it is a criminal act or a minor offence, is the quantity “*greater than small*”. The levels for each substance are defined by the 2014 decision of the Criminal Division of the Supreme Court. On the other hand, the production, distribution, smuggling and other handling of a narcotic or psychotropic substance, even for personal use, is always a criminal act.

In 2020, a total of 3.3 thousand people were arrested and 3.7 to 3.8 thousand people were prosecuted for drug-related crimes (depending on the data source). 2.8 thousand people were indicted and 2.5 thousand convicted – Figure 8. Criminal proceedings were most frequent for the unauthorised production and other handling of a narcotic or psychotropic substance (Section 283). In recent years, there has been a decrease in the proportion of crimes related to the production, trafficking and sale of drugs (in 2011, Section 283 and Section 286 accounted for 85% of drug-related crimes; in 2020 for 74% of drug-

FIGURE 8
Trends in the number of people sentenced for drug offences and number of unsuspended prison sentences in 2008–2020



Source: Mravčík et al. (2021)²⁷

²⁶ Zábanský, T., Miovský, M., Gajdošíková H. & Mravčík, V. 2001. Projekt analýzy dopadů novelizace drogové legislativy, Souhrnná závěrečná zpráva (Impact Analysis Project of New Drugs Legislation, Summary final report). Praha: ResAd.

²⁷ Mravčík, V., Chomynová, P., Grohmannová, K., Janíková, B., Černíková, T., Rous, Z., Cibulka, J., Franková, E., Nechanská, B., Fidesová, H. & Vopravil, J. 2021. *Report on Illicit Drugs in the Czech Republic 2021*. Praha: Úřad vlády České republiky.

-related crimes) and, on the contrary, an increase in the proportion of crimes related to the use and cultivation of plants or mushrooms containing a narcotic or psychotropic substance for personal use (in 2011, Section 284 and Section 285 accounted for 14% of drug-related crimes; in 2020 for 26% of drug-related crimes).

The largest proportion of primary drug-related crimes related to the unauthorised production and handling of a narcotic or psychotropic substance was related to methamphetamine and cannabis. Over the last 10 years, arrests related to methamphetamine represent approx.

49% and arrests related to cannabis represent approx. 42% of all drug-related crimes.

There were 2,460 people convicted for drug-related crimes in 2020 (2,631 in 2019). Most people were convicted for the unauthorised production, trafficking and sale of methamphetamine and cannabis. A suspended prison sentence was the most common sanction (59% of sanctions). Unsuspended prison sentences were the second largest group (23%). Most often the length of the unsuspended prison sentence was 1–5 years.

decriminalization and depenalization. This approach should take into account the different levels of harm and adverse impacts of individual drugs on both public and individual health.

The discussion should lead to the adoption of a document which will follow up on the 2018 Council Conclusions²⁸ on promoting the use of alternatives to coercive sanctions for drug using offenders and which:

- > promotes destigmatization and evidence-based drug policies that ensure access to health and social services and interventions;
- > reinforces the importance of human rights in drug policy;
- > considers the effectiveness of imprisonment for drug-related offences, including proportionate sentencing and alternatives to coercive sanctions; and
- > opens discussion on the decriminalization and depenalization of people who use drugs.

This outcome document will be based on the relevant international documents that emphasise a human rights-based approach to drug policy:

- > Universal Declaration of Human Rights;²⁹
- > Agenda 2030;³⁰
- > 2016 UNGASS outcome document;³¹

> 2019 Ministerial Declaration;³²

> UN System Common Position on Drug Policy;³³

> International Guidelines on Human Rights and Drug Policy.³⁴

These documents support EU Member States in developing and implementing policies that emphasise a human rights- and health-based approach. They also support the promotion of proportionate sentencing, including alternatives to coercive sanctions in appropriate cases, and in particular an approach based on the decriminalization of drug possession and use. The outcome document will also lead to the active implementation of actions in the *EU Drugs Strategy and its Action Plan 2021–2025*.

CZ PRES also aims to share good practice between EU Member States, promoting access to care, including support for a harm reduction approach. Last but not least, CZ PRES aims to identify barriers to the access and availability of services for people who use drugs, while promoting alternatives to coercive sanctions and decriminalization.

Drug policy will be also part of the *Standing Committee on Operational Cooperation on Internal Security (COSI)* which will open up discussion on trends in relation to methamphetamine in the EU. This issue is also highlighted, among others, in the *European Drug Report 2022* published by the EMCDDA.³⁵ Since 2019, large-scale seizures of Mexican methamphetamine in Western European countries have been reported. The latest trends in this area suggest seizures of methamphetamine

²⁸ Council of the European Union. 2018. *Council conclusions on promoting the use of alternatives to coercive sanctions for drug using offenders*. 6931/18. Available at: https://www.emcdda.europa.eu/document-library/council-conclusions-promoting-use-alternatives-coercive-sanctions-drug-using-offenders_en

²⁹ United Nations. 1948. *Universal Declaration of Human Rights*. Dostupné na: <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

³⁰ United Nations. 2015. *The 2030 Agenda for Sustainable Development*. A/RES/70/1. Dostupné na: <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>

³¹ United Nations. 2016. *Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem: Our Joint Commitment to Effectively Addressing and Countering the World Drug Problem*. Available at: <https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>

³² United Nations. 2019. *Ministerial Declaration on strengthening our actions at the national, regional and international levels to accelerate the implementation of our joint commitments to address and counter the world drug problem*. Available at: https://www.unodc.org/documents/commissions/CND/2019/Ministerial_Declaration.pdf

³³ United Nations. 2018. *United Nations system Common Position supporting the implementation of the international drug control policy through effective inter-agency collaboration*. Dostupné na: <https://vngoc.org/2019/07/introducing-the-un-systems-new-common-position-on-drugs/>

³⁴ International Centre on Human Rights and Drug Policy, Office of the United Nations High Commissioner for Human Rights, Joint United Nations Programme on HIV/AIDS, World Health Organisation & United Nations Development Programme. 2020. *International Guidelines on Human Rights and Drug Policy*. Dostupné na: <https://www.undp.org/publications/international-guidelines-human-rights-and-drug-policy>

³⁵ European Monitoring Centre for Drugs and Drug Addiction. 2022. *European Drug Report 2022: Trends and developments*. Luxembourg: Publications Office of the European Union.

in liquid form, with Scandinavian countries becoming the main destination for this drug. Afghan (or Iranian) methamphetamine should also be seen as a potential serious threat not only for the EU but also from a global perspective, with the potential use of already established heroin routes for the transport of Afghan methamphetamine to Europe. The discussion on methamphetamine has an overlap in various areas, including public health and environmental issues. The aim of CZ PRES is to prepare a document with recommendations that summarises the discussion among EU Member States.

The discussion at the COSI meeting also focuses on drug trafficking in virtual environments, which has been highlighted in recent years in the *European Drug Report* published

by the EMCDDA. There is a growing trend of drug trafficking through online market, using both the Internet and the darknet, and also through encrypted communication platforms available through the Internet. It is closely related to the increasing use of postal and courier services for the distribution of drugs, as well as the use of cryptocurrencies as a form of payment for these illicit transactions.

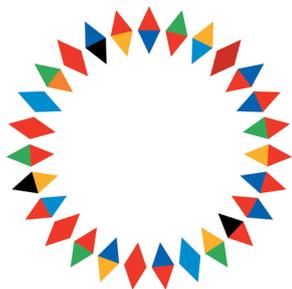
The *Law Enforcement Working Party - Customs (LEWP-C)* meetings focus on the issue of synthetic opioids, including fentanyl, new synthetic drugs and other psychoactive substances. The discussion focuses in particular on the safety of customs officers handling these substances and their transport by post. The aim of the discussions is to identify and present safety operational procedures in the detection and handling of these substances, to present ways of providing first aid during and after contamination with these substances, and to exchange information and share data.

Following the adoption of the general approach to the revision of Regulation (EC) No. 1920/2006 of the European Parliament and the Council of 12 December 2006 on the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) by the Council of the EU (Justice and Home Affairs Council) on 9 June 2022, CZ PRES is seeking to keep all EU Member States informed about the current state of play of the discussion on the revision of the Regulation in the European Parliament and the launch of a trilogue with the European Parliament. The revision of the Regulation aims to strengthen the EMCDDA mandate and transform it into the EU Drugs Agency.

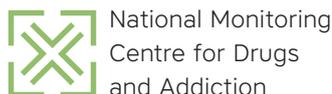
Other priorities include strengthening international cooperation through dialogues with third countries and regions and other partners, promoting the involvement of civil society in the development, implementation and evaluation of drug policies, and the assessment of the impact of the humanitarian crisis in Ukraine and Afghanistan on the drug situation in these regions, as well as in the EU. In September, thematic discussions in the UN Commission on Narcotic Drugs will be held on the implementation of the 2019 Ministerial Declaration, where CZ PRES aims to actively promote a human rights-based approach and a common EU position. ✕

EU Coordination Bodies in the Field of Illicit Drugs

- > European Parliament
- > European Council
- > Council of the European Union
- > European Commission
- > COREPER I a II
- > Horizontal Working Party on Drugs (HDG)
- > other working bodies of the Council of the EU, e.g. the Standing Committee on Operational Cooperation on Internal Security (COSI), the Law Enforcement Working Party (LEWP), and the European Commission's Expert Group on Drug Precursors
- > European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)



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and Addiction

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ANNOUNCEMENTS / LINKS OF INTEREST

**Czech Presidency of the Council of the EU (CZ PRES)
(eu2022.cz):**

<https://czech-presidency.consilium.europa.eu/cs/>.

**Information on the situation and trends in addictions
in the Czech Republic:**

<https://www.drogy-info.cz/>.

**All publications released by the Czech National Focal
Point (National Monitoring Centre for Drugs and Addic-
tions), including all issues of the "Zaostřeno" bulletin,
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<https://www.drogy-info.cz/kalendar-akci/> – **information
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that can be posted in the calendar should be sent to:
drogyinfo@vlada.cz.**

**UniData application for reporting clients and interven-
tions of drug services, including user support:**

<https://www.drogozsluzby.cz/>.

**Project "Systemic Support for the Development
of Addictology Services within the Framework
of Integrated Drug Policy":**

<https://www.rozvojadiktologickychsluzeb.cz/>.

**Website of the European Monitoring Centre for Drugs
and Drug Addiction (EMCDDA):**

<https://www.emcdda.europa.eu/>.

EMCDDA Best Practice Portal:

https://www.emcdda.europa.eu/best-practice_en.

EMCDDA European Drug Report:

[https://www.emcdda.europa.eu/publications/edr/trends-
developments/2022_en](https://www.emcdda.europa.eu/publications/edr/trends-developments/2022_en) .

National smoking cessation website

<https://www.koureni-zabiji.cz/>.

National gambling-related harm reduction website

<https://www.hazardni-hrani.cz/>.

National website to support alcohol use reduction

<https://www.alkohol-skodi.cz/>.

**National Helpline for Substance Use Cessation:
800 35 00 00.**

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Editor in charge > Lucie Grolmusová

Written by > Kateřina Horáčková, Ingrid Mihalová, Jan Cibulka,
Hana Jarošíková, Tereza Černíková, Pavla Chomynová

Edited by > Pavla Chomynová

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