Czech Drug Policy and Its Coordination

Evidence-based addiction policy

The drug policy of the Czech Republic is a comprehensive coordinated body of measures aimed at reducing negative consequences of the use of both legal and illegal addictive substances and gambling. The measures include those pertaining to prevention, education, treatment, social work, regulation, and control, including law enforcement.

The drug policy is implemented at two self-contained, although intertwined and complementary, levels, the central and regional (focal). The Czech Republic is also heavily involved in the international drug policy.

Information about national websites:

- rvkpp.vlada.cz
- dotace-drogy.vlada.cz
- www.drogy-info.cz
- www.focalpoint.cz
- www.koureni-zabij.cz
- www.hazardni-hrani.cz
- www.alkohol-skodi.cz
- www.vlada.cz
The Czech drug policy:

- sets achievable and realistic objectives
- is based on four pillars: prevention, harm reduction, treatment and social reintegration, and supply control
- is well balanced (distribution of prevention and treatment on the one hand and control and law enforcement on the other hand)
- rests on the latest evidence available in the field of addiction
- is underpinned by a coordinated interagency and inter disciplinary approach to the issues of legal and illegal drug use and pathological gambling

The objective of the drug policy is to protect individuals and society from the risks which substance use and problem gambling may involve, as well as safeguarding individuals and society against crime associated with the supply and use of drugs and problem gambling.

**Historical background**

A modern Czech drug policy began to shape in the 1990s, following the breakdown of the Communist regime, in the period of social changes associated with the democratisation of society, the opening of borders and the reduction of governmental control.

1990 - The Government of the Czechoslovak Federative Republic established a federal commission for narcotics in response to many professionals being concerned about the rise in the level of illicit drug use. Having no significant practical impact, however, this federal commission was dissolved at the end of 1992.

1993–1997 - The National Drug Commission (comprising ministers, with the Prime Minister being its presiding member) was established and the first formal drug policy programme was drawn up. The governmental policy was explicit in embracing a "balanced approach" in an effort to pursue a course reflecting pragmatic European experience. Attention was focused on the development of basic coordination mechanisms at both the national and regional levels (a system featuring district drug commissions and drug coordinators was introduced) and the development of primary prevention and a system for the collection of drug-related data.

1998–2000 - The second drug policy document was introduced. This second vision of the drug policy can be characterised by its ambition to respond to demand by extending the network of services to include additional prevention, treatment, and social rehabilitation programmes and to define the "basic network of services and facilities", as well as seeking to develop systemic tools making it possible to assess the quality and effectiveness of the measures taken. For the first time, attention was focused on the development of basic coordination mechanisms at both the national and regional levels (a system featuring district drug commissions and drug coordinators was introduced) and the development of primary prevention and a system for the collection of drug-related data.

2000–2004 - A national drug policy strategy for a four-year period was developed. While primarily addressing illegal drugs, the document firmly incorporated, at least on paper, the domains of alcohol and tobacco use, especially in terms of relevant prevention and law enforcement. However, this strand of the policy had no major effect in practice: the strategic documents that were produced mainly addressed illicit drugs. The harm reduction strategy became one of the four cornerstones of the governmental drug policy of that period. A particular focus was placed on improving the quality and effectiveness of preventive and treatment programmes and widening the range of services. It was the first time that illicit drug use and the measures taken, including their practical effects, had been comparatively and rigorously surveyed, analysed, and described.

In 2002 the National Drug Commission changed its name to become the Government Council for Drug Policy Coordination (GCDPC) and the National Monitoring Centre for Drugs and Drug Addictions was established as part of the GCDPC Secretariat.

2005–2009 - A short-term action plan (for 2–3 years) was introduced as a new tool to facilitate the implementation of the national drug strategy. Other major changes during this period included the introduction of a certification system for the professional competency of drug prevention services and the adoption of a law on measures for protection from harm caused by tobacco products, alcohol, and other addictive substances (Act No. 379/2005 Coll.), which codified certain tenets and principles that had always been incorporated in all the previous national drug strategies but without appropriate legislative grounding.

In 2007 the Government Council for Drug Policy Coordination was enlarged to include members representing a professional association, the non-governmental sector, and regions. This step formalised the principle of partnership between public administration and civil society which has been essential for the drug policy in the long term.

2010–2018 - The national strategy was developed as a long-term policy document (for 10 years). It is therefore intended to set out the framework for the implementation of the drug policy and its main challenges, principles, and approaches. Specific activities are laid down in relevant action plans. This period is a significant milestone in the development of drug policy. The latter activity, to accommodate this new integrated approach, the very first report on the effects of gambling on Czech society was produced, and separate action plans devoted to the areas of alcohol, tobacco, and cannabis were drawn up. In addition, the mandate of the GCDPC was extended to cover the issues of addictive substances (including alcohol and tobacco) and gambling. Accordingly, the comprehensive and focus of the activities of the GCDPC Secretariat and the National Monitoring Centre for Drugs and Drug Addictions have inevitably broadened, with the latter changing its name to the National Monitoring Centre for Drugs and Addictions.

**Drug Policy Cornerstones**

While each playing a unique and indispensable role of its own, the cornerstones of the drug policy also interconnect and complement each other. Therefore, a balanced approach should be exercised in applying them:

- Prevention – activities aimed at preventing addictive behaviour and the development of addiction, or delaying initiation into drug use until an older age.
- Treatment and social reintegration – a range of treatment services available to problem or dependent substance users and gamblers.
- Harm reduction – activities leading to reducing potential health and social risks and other harms related to the use of both legal and illegal drugs and gambling.
- Supply control – a body of legislative measures and law enforcement activities aimed at reducing or controlling the supply of addictive substances and gambling.

Drug Policy Coordination

The drug policy is implemented and coordinated at both the national and regional (local) levels, using horizontal and vertical coordination tools.

- the national strategy, action plans for the implementation of the national strategy, and analytical annual reports available at the national level are used. They include the authority of the regional and local drug coordinators, drug commissions, working groups, regional (local) drug policy strategies and action plans, and the evaluation of drug policy situations at the regional and local levels in annual reports.

The development and implementation of the Czech drug policy is the responsibility of the Government, using the following structures to coordinate the relevant activities:

- Government Council for Drug Policy Coordination (GCDPC), the principal coordination and advisory governmental body for drug policy-specific issues.
- GCDPC Secretariat, headed by the National Drug Coordinator
- GCDPC committees and working groups, the activities of which are coordinated by the National Drug Coordinator

**Integrated Drug Policy**

Since 2014 the drug policy of the Government of the Czech Republic has been extended to include the issues of alcohol, tobacco, and gambling. This marks a major change towards coordinated national measures to prevent and respond to the negative consequences of substance use and gambling.

**Drug Policy Coordination**

- Government of the Czech Republic
- Government Council for Drug Policy Coordination (GCDPC)
- National Strategy
- GCDPC Secretariat and National Monitoring Centre for Drugs and Addictions
- Working Groups
- Committees
- Regional Authorities
- Municipal authorities
- Local drug coordinators (contacts for drug-related issues)
- Regional strategies and plans
- Local municipal drug policy plans
- Reports on the implementation of drug policies

"We have known for long that these are not worlds apart. For young people, in particular, there is no dividing line between legal and illegal drugs. Alcohol and tobacco work as initiators into the world of hard drugs. Addiction must be perceived comprehensively." Jindřich Vobořil, National Drug Coordinator
The drug policy on the national level is coordinated by the Government Council for Drug Policy Coordination (GCDPC).

The mission of the GCDPC is to develop and maintain an integrated and comprehensive national drug policy strategy and relevant action plans and coordinate the activities of all the stakeholders involved in their implementation on both the central and local levels.

GCDPC Structure

Since 2016 the Government Council for Drug Policy Coordination has had a total of 19 members.

Members

Chair of the GCDPC: Prime Minister of the Czech Republic
Executive Vice-chair: National Drug Coordinator and Director of the GCDPC Secretariat
Ministers: of Health; Finance; Labour and Social Affairs; Justice; the Interior; Agriculture; Defence; Education, Youth, and Sports; Industry and Trade; Foreign Affairs, and for Human Rights, Equal Opportunities, and Legislation
Professional community representatives:
- Society for Addictive Diseases, J. E. Purkyně Czech Medical Association
- Czech Association of Addictologists
- Czech Association of Providers of Social Services
- Association of Non-governmental Associations engaged in drug prevention and treatment (A.N.O.)
- Association of Regions of the Czech Republic
- Expert appointed by the Chair of the Council

GCDPC Secretariat

The Secretariat of the GCDPC provides administrative support to the activities pursued by the Council. Also referred to as the 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 drug policy documents and the continuous coordination of the implementation of the drug policy and for the funding of drug policy programmes under the grant scheme administered by the GCDPC. In addition, it manages the system of certification of professional competency for drug services and coordinates the international activities of the Czech Republic in relation to the drug policy. The Secretariat also provides organisational support for the operation of the committees and expert working groups of the GCDPC.

GCDCC Committees

- Committee of Departmental and Institutional Representatives
  This committee provides a meeting ground for the representatives of ministries and institutions involved in the drug policy who can discuss actions and liaison with relevance to public administration, especially at the national level.

- Committee of Regional Representatives
  This committee is a meeting ground for regional drug coordinators. It was established in order to coordinate and harmonise the national and regional drug policies.

- Committee for Specific-Purpose Subsidies (Subsidy Committee)
  The committee considers applications for public funds earmarked in the national budget specifically for drug and other dependence services and proposes to the GCDPC the amount of subsidies provided for these services.

- Committee for the Certification and Quality of Addiction Treatment Services (Certification Committee)
  As part of the system for the certification of the professional competency of professional addiction treatment facilities and programmes, this committee proposes to the GCDPC that the certification of professional competency as a guarantee of a service is granted, declined, or suspended.
Advisory Committee for Addiction-related Data Collection
The advisory committee was established in order to address the issues of the monitoring of the situation concerning the full range of both substance and non-substance addictions and their consequences. One of its major tasks is to ensure that rigorous scientific methods are used to prepare the annual reports on the drug and gambling situations in the Czech Republic.

GCDPC Working Groups

Working group for illicit drugs
This working group prepares supporting materials for the sessions of the GCDPC on prevention, treatment, and law enforcement concerning the area of illegal drugs. It also coordinates the activities set out in the action plan for illicit drugs.

Working group for gambling
The main task of this working group is to prepare supporting materials for the sessions of the GCDPC on prevention, treatment, regulation, and law enforcement and coordinate the activities set out in the action plan for gambling.

Interdepartmental working group for alcohol-related harm
This working group coordinates the liaison of governmental agencies and other organisations in implementing measures aimed at reducing alcohol-related harm. This group is within the remit of the Ministry of Health as a member of the GCDPC.

Working group for the medicinal use of psychoactive substances and plants
This working group is concerned with issues concerning the use of psychoactive substances and plants in research and treatment, especially in relation to addictology, including the use of pharmaceuticals in substitution treatment, psychiatry, and pain management, and the medicinal use of cannabis.

Working group for drug policy funding
The working group prepares proposals for changes in the structural provision of resources to fund the drug policy.

Strategic Documents

National Drug Policy Strategy 2010–2018
The National Drug Policy Strategy for the Period 2010-2018 is the principal governmental strategic document to define the key objectives of the drug policy, identify the major drug- and gambling-related challenges to be addressed, and outline the principles and approaches underlying the Czech drug policy.

Adopted in December 2014, the first revision of the 2010-2018 National Strategy extended it to include the areas of gambling and alcohol. The second revision of the 2010-2018 National Strategy was approved in 2016 and resulted in the topic of tobacco control becoming incorporated.

National Drug Policy Strategy Action Plans
The action plans are intended to facilitate the practical implementation of the Czech national drug strategy. Covering shorter periods of time, they define specific tasks, deadlines for their fulfilment, and the agencies responsible for carrying them out. The National Strategy currently features four parallel action plans addressing specific areas of the drug policy:

Prepared by the National Drug Coordinator, this action plan was approved by the Government in June 2016.

Prepared by the National Drug Coordinator, this action plan was approved by the Government in November 2015.

2015–2018 Tobacco Control Action Plan
Prepared by the Minister of Health, this action plan is also intended to be used as a tool facilitating the implementation of the 2010–2018 National Drug Policy Strategy. The Government considered it in August 2015.

2015–2018 Action Plan to Reduce Alcohol-related Harm
Prepared by the Minister of Health, this action plan is also intended to be used as a tool facilitating the implementation of the 2010–2018 National Drug Policy Strategy. The Government considered it in August 2015.
The National Monitoring Centre for Drugs and Addictions (the National Focal Point) provides reliable evidence-based information about addiction-related issues in the Czech Republic.

The National Focal Point is a part of the Secretariat of the Government Council for Drug Policy Coordination (Drug Policy Department of the Office of the Government of the Czech Republic).

**Activities of the National Focal Point**

- coordination of the “Drug Information System” at the national level
- collection, analysis, interpretation, and dissemination of data on drugs and addictions in the Czech Republic
- monitoring of interventions, policies, and strategies pertaining to prevention, harm reduction, treatment, social reintegration, and law enforcement
- dissemination of information about the addiction-related situation in the Czech Republic:
  - annual reports on the drug and gambling situations
  - Zaostřeno (“Focused”) bulletin
  - publications
- coordination of the national Early Warning System providing alerts about any new psychoactive substances

**Drug Information System**

Addiction monitoring system. One of the tools for the implementation of the Drug Information System (DIS) is the Drug Information System National Action Plan, designed to plan and coordinate activities developed by Czech institutions and organisations concerned with the field of addictions.

The DIS is planned and developed in line with the guidelines provided by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) based in Lisbon.

**Early Warning System**

The system of early warning against new drugs (EWS) ensues from Council Decision 2005/387/JHA. It provides a mechanism for the prompt exchange of information about new psychoactive substances at both the European and national levels. It is an initial step in the process of assessing the risks posed by new drugs and controlling them. At the European level, the EWS is coordinated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol. In the Czech Republic, the EWS is coordinated by the National Monitoring Centre for Drugs and Addictions, which manages the activities of the EWS coordination group, which is responsible for the regular assessment of the situation and makes proposals for “new drugs” to be scheduled as controlled substances, where appropriate.

**The National Focal Point Working Groups**

The National Monitoring Centre for Drugs and Addictions (the National Focal Point) operates working groups dealing with the following specific aspects of the monitoring of addiction-related issues:

- Population and school surveys
- Drug-related deaths
- Criminal data
- Problem drug use and the uptake of addictological services
- Drug-related infections
- Monitoring of gambling and its consequences
- Early Warning System

Information about the activities and members of the working groups of the National Focal Point is available on www.drogy-info.cz.
Publications of the National Monitoring Centre for Drugs and Addictions

Annual reports – reports on the drug situation and on gambling (they are each published on a yearly basis)
“Focused” – a periodical bulletin (issued bimonthly)
Drugs – specialist publications (Monographs, Guidelines, and Research Reports series)
Gambling – specialist publications

Coordination – publications dealing mainly with drug policy coordination

The publishing plans and the individual publications, including the "Focused" bulletin, can be downloaded from www.drogy-info.cz.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

The national focal points associated within the Reitox network collect and analyse information in their respective countries and pass it on to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), which is responsible for the analysis of the drug situation at the European level. As one of the focal points, the Czech National Monitoring Centre for Drugs and Addictions also works with the EMCDDA in surveying, processing, and disseminating information on addiction-related topics. Annually, the EMCDDA issues its European Drug Report, which provides the latest trends and data concerning the consequences of substance use in Europe. It also prepares and publishes a wide range of other reports, information materials, and analyses (available from www.emcdda.europa.eu).

Established in 1993, the European Monitoring Centre for Drugs and Drug Addiction began to operate in 1995. Its main task is to provide the European Union and its member states with a factual overview of European drug problems and a solid evidence base to support the drugs debate. It offers policymakers the data they need for drawing up informed drug laws and strategies. The EMCDDA also helps professionals and practitioners working in the field pinpoint best practices and new areas of research.