

## TOBACCO, ALCOHOL AND ILLICIT DRUGS IN THE CZECH REPUBLIC IN 2019

This issue of the Zaostřeno bulletin provides a summary of major findings and trends concerning substance use which were published in the Annual Report on the Drug Situation in the Czech Republic in 2019. It outlines the current situation and latest developments in drug policy, presents the results of studies of the scope and patterns of drug use, and summarises the situation and changes in the domains of prevention, treatment, and harm reduction, as well as the developments in drug-related crime and recent trends on drug markets. In comparison with the previous year, this report includes more information concerning tobacco and alcohol (in addition to information about the degree and extent of use of these substances, there is also input on the consequences of their use, and tobacco and alcohol supply), and also addresses the latest situation regarding addictive substances and addiction services during the outbreak of COVID-19 in the spring of 2020.

## National Addiction Policy and Its Context

### Addiction Policy

➤ In May 2019 the Government of the Czech Republic endorsed a new *National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2027* (the *2019-2027 National Strategy*), which fully integrates the issues of licit and illicit substances and behavioural addictions. Its key strategic objective is to prevent and reduce the health, social, and economic harm related to substance use, gambling, and other types of addictive behaviour, as well as to the existence of both legal and illegal markets in addictive substances, gambling, and other products with addictive potential.

The *2019-2027 National Strategy* sets out four priorities: to scale up prevention and raise awareness of the negative effects of substance use and the development of addictive behaviour, ensure a network of high-quality and accessible addiction services, provide for effective regulation of markets in addictive substances and products with addictive potential, and to improve the effectiveness of management, coordination, and funding. Special topics include the misuse of psychoactive

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In both this year's annual report and this issue of Focused, the terminology was modified with the intention of reducing the stigma associated with individuals engaging in substance use. The term *injecting drug users* was replaced with *people who inject drugs* (PWIDs) and the term *problem drug users* was replaced with *high-risk drug users* (HRDUs).

# Main Trends and Events in 2019

- > In May 2019 the Government of the Czech Republic endorsed a new *National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2027* (the *2019-2027 National Strategy*), which fully integrates the issues of licit and illicit substances and behavioural addictions.
- > In December 2019 the Government endorsed the *Action Plan for the Implementation of the National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2021* (the *2019-2021 Action Plan*), which covers all the areas under consideration (i.e. alcohol, tobacco, illicit drugs and psychoactive medicines, gambling, and behavioural addictions).
- > On 1 July 2020 an amendment to Decree No. 236/2015 Coll., laying down the conditions for prescribing, preparing, distributing, dispensing, and using magistral formulas containing cannabis for medical use, became effective. It has increased the permitted levels of the content of delta-9-THC to 25% and CBD to 23%. With effect from 1 January 2020, an amendment to Act No. 48/1997 Coll., on public health insurance, introduced patients' eligibility for the partial coverage of medical cannabis.
- > Excise tax on heated tobacco products was introduced in April 2019. Since March 2020 excise tax rates for spirits and tobacco have been raised. Since 1 May 2020 draught beer consumed in restaurants and similar establishments has come under a reduced 10% VAT rate.
- > Public expenditure on the integrated addiction policy (excluding the resources provided from health insurance) amounted to a total of CZK 2,071.6 million (€ 80,773 thousand), compared to CZK 2,113.7 million (€ 82,373 thousand) in 2018. Despite the drops in expenditure from local government by approximately CZK 26 million (€ 1,000 thousand) and by some CZK 13 million (€ 490 thousand) from the budget of the Ministry of Health, the budget for prevention, harm reduction, treatment, and social rehabilitation grew on aggregate by approximately CZK 5 million (€ 195 thousand).
- > In the Czech Republic, the situation regarding the use of both licit and illicit drugs among the general population remains stable in the long term. The levels of alcohol, tobacco, and cannabis use are relatively high, which also applies to intensive high-risk patterns of use.
- > The 2019 ESPAD survey confirmed a drop in the prevalence of tobacco smoking, alcohol drinking, and illicit drug use among Czech adolescents, although the decline has slowed down in comparison with the 2011-2015 period.
- > In comparison to tobacco smoking, the use of electronic cigarettes and heated tobacco products among the adult population is low. Among adolescents, however, the level of the use of electronic cigarettes is comparable to that of tobacco smoking. Therefore, the drop in the prevalence of smoking among adolescents may, to a great extent, be associated with the use of electronic cigarettes.
- > The main high-risk illicit drug used in the Czech Republic is methamphetamine (known locally as "pervitin"). Problem use of opioids includes buprenorphine and heroin, as well as various opioid-based analgesics, including the potent fentanyl. The estimated number of high-risk drug users has remained stable in recent years; the rate of people who inject drugs continues to be high.
- > Tobacco and alcohol use have substantial health consequences: in the Czech Republic, tobacco is responsible for approximately 18,000 deaths per year and alcohol for approximately 6,000, which, on aggregate, accounts for about a quarter of the overall mortality rate in the Czech Republic. Deaths attributable to illicit drugs represent less than 1% of overall mortality.
- > In terms of the health consequences of illicit drug use, particularly as regards the occurrence of infectious diseases such as HIV/AIDS and viral hepatitis, or deaths by overdose, the situation remains relatively favourable.
- > In the Czech Republic there are currently almost 300 providers of various types of addiction services. Their inter-agency nature may pose practical difficulties for their operation, as the provision of a range of services (health, social, and educational) under the aegis of a single programme is inevitably confronted with the incompatibility and limited "pervasiveness" of the individual departmental frameworks.
- > The network of addiction services continues to be regarded as insufficient; certain types of specialised addiction services (such as outpatient treatment centres, substitution centres, and the care for clients with dual diagnoses) are unevenly distributed. There is still a lack of outpatient psychotherapists, psychiatrists, and other physicians who are willing to work with people engaging in substance use.
- > Of rather limited availability until recently, addiction services dedicated specifically to children and adolescents have been scaled up. The number of aftercare programmes offering sheltered housing is also increasing. In addition, the availability of treatment and counselling interventions provided online and by means of modern technologies is expanding. Web-based and mobile applications intended for smokers, drinkers, illicit drug users, and gamblers and the people close to them are growing in number.
- > After several years of stagnation, in 2019 the quantity of injecting material distributed rose again. Relative to the estimated total number of PWIDs, this corresponds to an equivalent of 182 syringes per person annually, which, however, only corresponds to the medium-scale coverage according to the WHO recommendations. The number of PWIDs entering treatment for viral hepatitis C is growing.
- > The affordability of buprenorphine-based maintenance agents is still a problem, as is the small proportion of opioid users in substitution treatment (OST). In addition, the method used for reimbursing payments for buprenorphine-based medication from health insurance poses a major barrier to introducing buprenorphine maintenance in prisons. Until now (October 2020), the approved pilot project involving the distribution of naloxone among clients of low-threshold programmes has not started.
- > The practical application of brief interventions as a way of screening for substance use disorders is still relatively limited and inconsistent, although its use is required by the law from all health professionals.

## 2019 in Figures

**24.9%** of individuals aged 15+ are current smokers, **18.1%** smoke on a daily basis, **16.4%** are ex-smokers, and only **58.7%** are lifetime non-smokers

**4.9%** of the population use e-cigarettes daily or occasionally; **2.2%** use heated tobacco products on a daily basis

**8.5%** of individuals aged 15+ drink alcohol daily or almost daily, **15.9%** engage in binge drinking (60 g of alcohol or more on a single occasion at least weekly or more frequently), and **14.0-18.1%** of individuals engage in risky drinking; these proportions are significantly higher among men: men are **three times more** likely than women to drink alcohol daily or almost daily

**172.5 l** of alcohol per inhabitant was consumed in the Czech Republic in 2018, which is an equivalent of **9.9 l** of pure alcohol per person

**9-11%** of individuals aged 15-64 had used cannabis in the last 12 months

**7.5-9.2%** of the adult population had used cannabis for self-medication in the last 12 months; **2.7-4.7%** had used cannabis for self-medication only in the last 12 months

**1.7-2.5%** of adults had used CBD products (cannabis containing high levels of non-psychoactive cannabidiol and low levels of psychoactive THC) in the last 12 months

**8.5-12.5%** of adults had used psychoactive medicines with sedative or hypnotic effects and/or opioid-based painkillers without a doctor's prescription or not in line with the physician's or pharmacist's recommendations in the last 12 months

**0.66%** of the population aged 15-64, i.e. **45,100** individuals, engages in the high-risk use of methamphetamine or opioids, among them **34,600** engage in the high-risk use of methamphetamine, **5,700** buprenorphine, **3,200** heroin, and **1,500** other opioids

**40,800** individuals use illicit drugs by injection

**10.3%** of 16-year-old students smoke tobacco on a daily basis, and **23.6%** of 16-year-old students have smoked tobacco in the last 30 days

**19.8%** of 16-year-old students had used e-cigarettes (irrespective of whether they had contained nicotine or not) in the last 30 days

**38.5%** of 16-year-old students had engaged in binge drinking (i.e. consuming five or more drinks on a single occasion) in the last 30 days, with **11.7%** having done so three or more times in the last 30 days

**23.8%** of 16-year-old students had used an illicit drug in the last 12 months, with **23.1%** having used cannabis, **3.5%** sedatives without doctor's prescription, **3.3%** inhalants, **2.6%** ecstasy, **1.1%** hallucinogenic mushrooms, **1.9%** LSD or other hallucinogens, and approximately **1%** had tried cocaine or methamphetamine

**12.4%** of 16-year-old students had used an illicit

drug in the last 30 days, with **11.6%** having used cannabis and only **1.7%** other drug than cannabis

**18,000** deaths annually are caused by tobacco smoking, while alcohol drinking being responsible for **6,000** and illicit drug use for an estimated **500** deaths per year

**783** deaths in 2019 were associated with alcohol intoxication, including **214-423** cases involving fatal alcohol overdoses

**217** deaths in 2019 were reported under the influence of illicit drugs or psychoactive medicines, of which **42** cases involved fatal drug overdoses; **19** on opioids, **12** on methamphetamine, and **eight** on inhalants

**42** individuals had fatal overdoses on psychoactive medicines, with **17** cases involving benzodiazepines and **16** zolpidem.

**94** programmes are certified for school-based prevention of risky behaviour, of which **80** specialise in addiction-specific prevention, including **52** addressing universal, **20** selective, and **eight** indicated prevention

**278** facilities provide specialised addiction services according to the regional drug policy implementation reports, including **56** low-threshold drop-in centres, **51** outreach programmes, **99** outpatient treatment programmes, **16** opioid maintenance centres, **two** daycare centres, **22** detoxification units, **28** inpatient psychiatric departments, **15** therapeutic communities, **35** outpatient aftercare programmes (with **23** of them offering sheltered housing), and five special-regimen homes for substance-dependent people

**7.5** million syringes were distributed in 2019 among PWIDs (**520,000** more than in the previous year)

### 2,071.6 million CZK

(**€ 80,733 thousand**) were earmarked for the drug policy, exclusive of health insurance expenses – CZK 1,746.9 million (€ 68,078 thousand) were provided from the national budget, CZK 241.9 million (€ 9,428 thousand) from regional budgets, and CZK 82.8 million (€ 3,227 thousand) from municipal budgets), of which law enforcement expenditure accounted for **56%**, harm reduction **15%**, drug treatment **12%**, prevention **4%**, aftercare **4%**, and coordination, research, and evaluation **1%**

**3,900** people were arrested, approximately **4,000** prosecuted, **3,100** indicted, and **2,600** sentenced in connection with drug law offences

**14,500** criminal offences (out of the total of 93,200 cleared-up cases), i.e. **16%**, were committed under the influence of addictive substances (of which **79%** were under the influence of alcohol and **21%** were under the influence of drugs other than alcohol)

**258** indoor cannabis cultivation sites and **234** clandestine methamphetamine labs were detected in 2019

**52** substances were reported using the Early Warning System on New Psychoactive Substances, with **16** substances being identified for the very first time

medicines, the excessive use of modern technologies, and the area of cannabis and cannabinoids.

In December 2019 the Government endorsed the *Action Plan for the Implementation of the National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2021* (the *2019-2021 Action Plan*), which covers all the areas under consideration (i.e. alcohol, tobacco, illicit drugs and psychoactive medicines, gambling, and behavioural addictions). The Action Plan identifies a total of 272 measures to be taken, 72 of which require additional funding amounting in total to CZK 478.5 million (€ 18.6 million) for the entire period of focus of the Action Plan, i.e. three years.

The coordination and advisory body of the Government as regards the addiction policy-related agenda is the Government Council for Drug Policy Coordination (GCDPC). At present the GCDPC has 19 members representing governmental institutions, regions, and professional and non-governmental organisations. The Government also appoints the National Drug Coordinator.

Twelve regions have established addiction-related policies which are based on their regional strategic documents specifically addressing the issue of addictions. In the remaining regions this domain is covered by more general strategies.

Locally, regional and municipal coordinators and advisory bodies operate. In 2019 the post of a regional drug coordinator had been filled in all regions, with the exception of the Moravia-Silesia region, where this office has not been established. At the municipal level, addiction policy is coordinated by local drug coordinators; these positions are established in all 22 Prague city districts and in 188 municipalities with extended competencies<sup>1</sup> out of the total of 205 (there were 191 of them in 2018).

### Legislation and Regulation

The legislation concerning the handling of addictive substances and precursors (Act No. 167/1998 Coll., on addictive substances, Government Regulation No. 463/2013 Coll., on the lists of addictive substances, EU legislation concerning drug precursors, Act No. 272/2013 Coll., on drug precursors, Government Regulation No. 458/2013 Coll., on the list of reactants and adjuvants) remained unchanged in 2019. No changes were made in the definitions of drug-related criminal and administrative offences, including their types and the applicable sentencing guidelines. Neither did the legislation regulating impaired driving see any changes.

Neither were any changes made to Act No. 65/2017 Coll., on the protection of health against the harmful effects of addictive substances, in 2019. Nevertheless, a partial amendment to it, regarding, in particular, testing for alcohol and other substances, has entered the legislative process.

On 1 July 2020 an amendment to Decree No. 236/2015 Coll., laying down the conditions for prescribing, preparing, distributing, dispensing, and using magistral formulas containing cannabis for medical use, became effective. It increased the permitted levels of the content of delta-9-THC to 25% and CBD to 23%.

<sup>1</sup> The latest data for 2019 is not available from three regions. The data from the Central Bohemia (the Local Drug Coordinator position had been established in 22 out of the total of 26 municipalities) and Olomouc regions (13 out of the total of 13) refer to 2018; the data from the Moravia-Silesia region (18 out of the total of 22 municipalities) refer to 2017.

With effect from 1 January 2020, an amendment to Act No. 48/1997 Coll., on public health insurance, introduced patients' eligibility for the coverage of medical cannabis up to 90% of the price of cannabis for the end consumer in a quantity not

## COVID-19 and Its Consequences for the Field of Addictology

The available information about the consequences of the COVID-19 pandemic suggests that during the state of emergency heavy users increased their level of substance use and other forms of addictive behaviour, while occasional and recreational users reduced their substance use. This means, inter alia, that people at risk of addiction or dependence could experience deterioration of their addictive disorder and its decompensation.

The level of online communication and web-based activities (such as the use of social networks and digital games) rose significantly. As in the case of addictive substances, increased levels were observed among people showing intensive patterns of engagement in online activities.

Addiction-related effects need to be viewed in the context of their mental health implications and other risk factors in general (such as anxiety, mood swings, the suicide rate, aggressiveness, and domestic violence), which were recorded to a greater degree during the state of emergency. It may thus be presumed that the substance use implications will later be reflected in a higher demand for addiction services. These concerns are supported by the expected deterioration of the socioeconomic situation of the population of the Czech Republic.

Addiction services demonstrated their ability to respond promptly to their clients' needs, as well as exploring new methods of providing services, including the offer of online communication with clients, online communication among the staff and institutions, and interdisciplinary liaison.

As a result of measures that were introduced, the operation of certain programmes was discontinued or limited during the state of emergency. The need for guidelines addressing similar situations in the future was identified.

During the state of emergency, long-term shortcomings in certain areas stood out. These included insufficient detoxification capacity and inconsistent conditions for the provision of these services, issues faced by addiction services operating on the borderline between health and social services, and insufficient capacity in substitution treatment and low-threshold programmes.

Locally, cuts associated with the COVID-19 epidemic in the funds earmarked in regional and municipal budgets for addiction services and prevention programmes already occurred in 2020 and, given the economic situation, reductions in the financial resources intended for these services and programmes can be expected in 2021 at all levels (municipal, regional, and national). In combination with increased costs incurred by addiction services in association with the COVID-19 epidemic and the expected increase in clients' demand for services, this could have negative effects on the availability of services.

exceeding 30 g of cannabis per month. When recommended and reasonably justified by the prescribing practitioner, a physician reviewer may raise the 30 g reimbursement limit in the event that the policy holder's condition so requires, but not beyond the monthly threshold of 180 g stipulated in Decree No. 236/2015 Coll.

Excise tax on heated tobacco products was introduced in April 2019. Since March 2020 excise tax rates for spirits and tobacco have been raised. As regards tax on gambling, lotteries have come under a higher tax rate since January 2020.

Since 1 May 2020 draught beer consumed in restaurants and similar establishments has come under a reduced 10% VAT rate. The regular 21% VAT rate will continue to apply to bottled/canned beer and draught beer consumed outside restaurants, pubs, bars, etc.

### Addiction Policy Expenditures

Addiction policy is financed from two levels: the central (the national budget) and the regional ones (regional and municipal budgets). In addition to the public budgets, addiction services are financed from public health insurance and European funds.

Public expenditure on the integrated drug policy (excluding the resources provided from health insurance) amounted to a total of CZK 2,071.6 million (€ 80,733 thousand) in 2019 (CZK 2,113.7 million / € 82,373 thousand in 2018). This sum included CZK 1,746.9 million (€ 68,078 thousand) from the national budget (CZK 1,763.1 million / € 68,709 thousand in 2018) and CZK 324.7 million (€ 12,655 thousand) provided from local government budgets (CZK 350.6 million / € 13,664 thousand in 2018), with the regions contributing CZK 241.9 million / € 9,428 thousand (CZK 259.2 million / € 10,101 thousand in 2018) and municipalities CZK 82.8 million / € 3,227 thousand (CZK 91.4 million / € 3,563 thousand in 2018). Thus, there was a decline in expenditure at all public administration levels in 2019 (Table 1).

Labelled as drug policy, expenditures earmarked for addiction policy are accounted for as a national budget cross-sectional

**TABLE 1**

**Public expenditure on addiction policy by government portfolios in 2014-2019 (CZK thousand)**

Government portfolio	2014	2015	2016	2017	2018	2019	2019 in € (thousand)
GCDPC	93,198	94,987	125,940	142,925	189,106	231,090	9,006
Ministry of Education	11,956	12,196	11,905	12,058	11,983	19,012	741
Ministry of Defence	448	488	468	712	763	732	29
Ministry of Labour and Social Affairs*	143,024	160,657	185,375	207,230	291,583	292,041	11,381
Ministry of Health	23,607	23,118	21,009	36,013	42,653	30,071	1,172
Ministry of Justice	11,064	11,938	14,911	16,494	16,342	14,363	560
Ministry of the Interior	19,877	25,030	0	0	0	0	0
General Customs Headquarters	n. a.	n. a.	n. a.	5,986	n. a.	0	0
Police of the Czech Republic**	706,365	837,353	903,490	1,030,050	1,210,650	1,159,571	45,190
Ministry of Foreign Affairs	3,200	6,380	4,386	2,000	0	0	0
<b>National budget in total</b>	<b>1,012,739</b>	<b>1,174,081</b>	<b>1,267,484</b>	<b>1,453,469</b>	<b>1,763,080</b>	<b>1,746,880</b>	<b>68,078</b>
<b>Regional budgets</b>	<b>173,083</b>	<b>198,347</b>	<b>198,749</b>	<b>225,200</b>	<b>259,202</b>	<b>241,930</b>	<b>9,428</b>
<b>Municipal budgets</b>	<b>60,819</b>	<b>69,930</b>	<b>70,004</b>	<b>76,953</b>	<b>91,414</b>	<b>82,803</b>	<b>3,227</b>
<b>Grand total (Czech Republic)</b>	<b>1,253,798</b>	<b>1,442,357</b>	<b>1,536,236</b>	<b>1,755,622</b>	<b>2,113,697</b>	<b>2,071,612</b>	<b>80,733</b>

Note: Ministry of Education and Ministry of Health – expenditure on subsidy proceedings and their administration; GCDPC and Ministry of Justice – expenditure on subsidy proceedings, purchasing of services, and material and investment costs; Ministry of Defence – purchasing of services and material costs. \*Since 2013 the drug policy-labelled expenditure incurred by the Ministry of Labour and Social Affairs has included subsidies provided to special-regimen homes. \*\*In addition to the money consumed by the National Drug Headquarters (labour and operating costs), since 2014 the expenditure on the part of the police has included other costs incurred by the regional police headquarters in relation to forensic reports, laboratory analyses, testing for alcohol and other narcotic and psychotropic substances, and law enforcement operations.

indicator in the budgets of the Office of the Government of the Czech Republic (GCDPC), Ministry of Education, Ministry of Defence, Ministry of Health, and Ministry of Justice. Since 2020 the national resources to support the drug policy have been centralised under the budget section of the Office of the Government of the Czech Republic. The rationale for this was to streamline the system used to grant financial support to both addiction services and public agencies. In addition to the aforementioned government portfolios, other departments are involved in the funding of the drug policy, drawing from budget items which are not specifically earmarked for funding addiction-related activities.

Despite the drop in expenditure from local government budgets by approximately CZK 26 million (€ 1,000 thousand) and by some CZK 13 million (€ 490 thousand) from the budget of the Ministry of Health, the budget for prevention, harm reduction, treatment, and social rehabilitation grew on aggregate by approximately CZK 5 million (€ 195 thousand) thanks to a rise in the budget of the GCDPC by approximately CZK 42 million (€ 1,600 thousand). The most significant decline in expenditure was observed in the regions of Hradec Králové (by CZK 19 million / € 715 thousand) and Karlovy Vary (by CZK 14 million / € 527 thousand).

The trends in expenditure according to types of services (i.e., resources spent on prevention, harm reduction, treatment, aftercare, law enforcement, etc.) are shown in Table 2. Law enforcement expenditures accounted for 56% of the total labelled expenditure provided from public budgets to the addiction policy and 67% of the expenditure supplied from the national budget (exclusive of the resources provided from health insurance). A little less than 4% of the total expenditure earmarked for the addiction-related policy was spent on prevention (Table 2).

Since 2020 the national resources to support the addiction policy have been centralised under the budget heading assigned to the Office of the Government of the Czech Republic. The Ministries of Health and Justice will no longer provide grant proceedings concerning the drug policy agenda. In its grant

**TABLE 2**  
Trends in public expenditure by types of services in 2016-2019 (CZK thousand)

Types of services	2016		2017		2018		2019		2019 in € (thousand)
	Amount	Share (%)	Amount						
Prevention	57,116	3.7	64,167	3.7	77,121	3.6	80,951	3.9	3,155
Harm reduction	237,690	15.5	247,031	14.1	310,074	14.7	309,639	14.9	12,067
Treatment	137,212	8.9	162,274	9.2	223,801	10.6	238,648	11.5	9,300
Sobering-up stations	67,065	4.4	74,271	4.2	77,266	3.7	86,691	4.2	3,378
Aftercare	51,335	3.3	63,414	3.6	74,260	3.5	85,646	4.1	3,338
Special-regimen homes	55,764	3.6	48,576	2.8	65,694	3.1	39,081	1.9	1,523
Coordination, research, evaluation	18,688	1.2	24,236	1.4	25,037	1.2	25,918	1.3	1,010
Law enforcement	903,490	58.8	1,044,356	59.5	1,218,943	57.7	1,166,792	56.3	45,471
Others, unspecified	7,876	0.5	27,297	1.6	41,500	2.0	38,247	1.8	1,491
<b>Total</b>	<b>1,536,236</b>	<b>100.0</b>	<b>1,755,622</b>	<b>100.0</b>	<b>2,113,697</b>	<b>100.0</b>	<b>2,071,612</b>	<b>100.0</b>	<b>80,733</b>

Note: \*The Olomouc and Moravia-Silesia regions did not provide data about expenditure from their local government budgets in 2019. The 2018 data for these regions was used.

proceedings, the Ministry of Education will continue to support projects involving the prevention of risky behaviour which are not primarily focused on addictions and projects carried out by schools and educational facilities. In 2020 the Ministry of Health invited bids for grants as part of the project titled Support for New Mental Health Services, aimed at funding pilot operations of two types of addiction services.

Information about the expenditure incurred by health insurers in relation to the treatment of substance use disorders from the health account system is not available for the years 2018 and 2019. In 2017 these expenses amounted to an estimated CZK 1,798 million (€ 70,070 thousand) with alcohol use disorders consuming CZK 1,195 million (€ 46,500 thousand) and other substance use disorders CZK 603 million (€ 23,500 thousand). Out of the total that has been reimbursed, specialised outpatient addiction treatment programmes (AT clinics) received CZK 275 million (€ 10,717 thousand). ✕

## Substance Use and Its Consequences

### Substance Use among the Adult Population

> As indicated by the National Survey on Tobacco and Alcohol Use (NAUTA) conducted by the National Institute of Public Health in Prague, in 2019 in the Czech Republic 24.9% of the population aged 15+ were current smokers (i.e. they had smoked in the last 30 days), with 18.1% of them smoking daily (21.1% of males and 15.2% of females). Trends observed

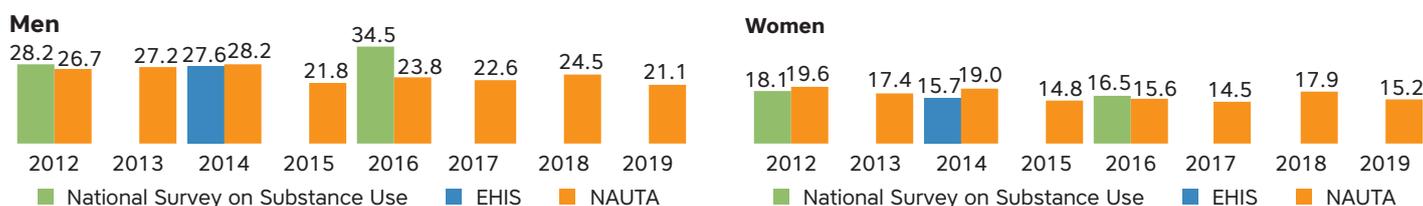
in the last seven years suggest a slight decline in the levels of both current and daily smoking among the adult population. The greatest reductions were recorded between 2012 and 2015. Since 2015 the situation has remained more or less the same (Figure 1).

Current (daily and occasional) smokers generally reported smoking 10-14 cigarettes a day, both commercially manufactured and rolled manually. Daily smokers reported smoking an average of 11.2 cigarettes per day. Until 2017 the highest prevalence of (current) smoking was found among the 15-24 age group, in 2018 it was the 25-44 age category, and in 2019 both the 25-44 and 45-64 age categories displayed the highest prevalence rates in this respect.

In 2019 e-cigarettes were used daily or occasionally by a total of 4.9% of the respondents (6.2% of males and 3.6% of females). A slight increase compared to the year 2018 was observed (from 4.6%). There have been a growing proportion of people who are switching from traditional cigarettes to e-cigarettes only, while the proportion of those who use both types of products concurrently is declining. Altogether 3.2% of the respondents (3.3% of males and 3.1% of females) are current users of heated tobacco products, with 2.2% using them on a daily basis.

According to the 2019 NAUTA survey, a total of 8.5% of the population (12.7% of males and 4.6% of females) had drunk alcohol daily or almost daily. Frequent binge drinking (defined as the intake of 60 g of pure alcohol or more on a single occasion with the frequency of once a week or more) was reported by 15.9% of the respondents. In recent years the

**FIGURE 1**  
Trends in the prevalence of daily tobacco smoking among the adult population (aged 15+); comparison of surveys conducted in the period 2012-2019 (%)

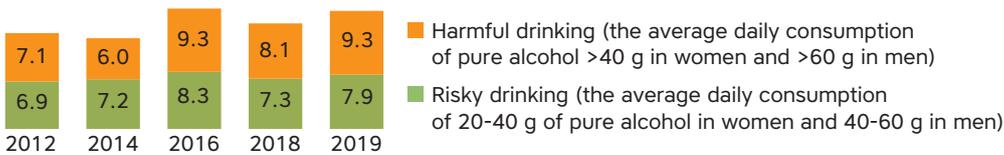


Note: \*The results of the 2012 National Survey on Substance Use apply to the population aged 15-64; in the 2012 and 2016 National Surveys, the relevant question includes daily or almost daily smokers, i.e. those who smoked 5-7 times per week.

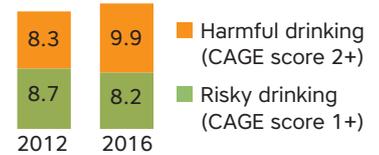
**FIGURE 2**

**Prevalence of risky and harmful alcohol consumption among the general population aged 15+; comparison of surveys conducted in the period 2012-2019 (%)**

**NAUTA survey**



**National Survey on Substance Use**



Note: The data from the NAUTA survey applies to the population aged 15+. In order to compare the development over time the results of the National Survey on Substance Use for the 15-64 age category are used.

prevalence of the daily consumption of alcohol and frequent binge drinking has been rising, both among men and women. About 6.9-8.7% of the population fall into the risky alcohol consumption category, another 6.0-9.3% fall into the harmful alcohol use category (i.e. on aggregate, 14.0-18.1% fall into the at-risk category). When extrapolated to the adult population of the Czech Republic, these estimates indicate that almost 1.5 million individuals engage in risky and harmful drinking, with 800,000 of them showing signs of harmful alcohol use (Figure 2).

In three series, since 2008 the National Monitoring Centre for Drugs and Addiction has conducted a total of 19 surveys which looked into the level of experience with illicit drug use among the general population:

- > *National Survey on Substance use – two waves in 2012 and 2016 which built on the General Population Survey on Drug Use and Attitudes towards Drugs (the General Population Survey) from 2008;*
- > *Survey on Czech Citizens’ Opinions about and Attitudes to Issues of Health and Healthy Lifestyles (the Citizen Survey) conducted in association with INRES-SONES – seven waves in the period from 2009 to 2019;*
- > *Prevalence of Drug Use among the Population of the Czech Republic (the Prevalence of Drug Use), in association with ppm factum research – nine waves in the period from 2011 to 2019.*

The surveys carried out in 2019 confirmed that cannabis was the most commonly used illicit drug in the Czech Republic. Lifetime cannabis use was reported by 26-39% of the respondents. Experience with other drugs is less frequent: ecstasy had been used at some point in their lives by approximately

6%, hallucinogenic mushrooms by 4-6%, and other illicit drugs by 2-3% of the adults under study.

The prevalence of illicit drug use in the last 12 months and last 30 days among the general population displays very low levels, with the exception of cannabis (9-11% and 3-4% of the respondents, respectively). The extent of illicit drug use is approximately two to three times higher among young adults aged 15-34 and among men.

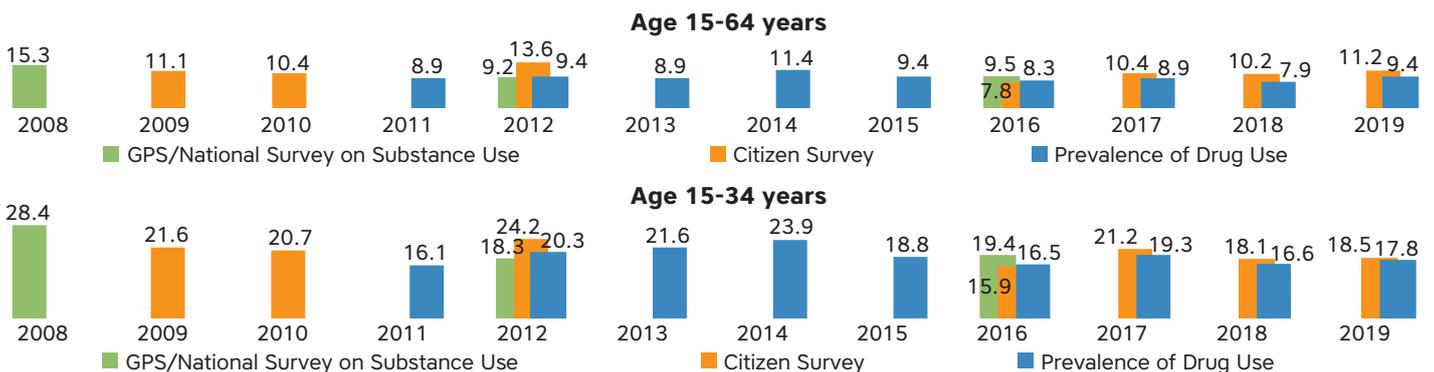
The estimated prevalence rates of cannabis use both among the general population aged 15-64 and young adults aged 15-34 appear to have reached stable levels (Figure 3) and young adults’ use of other drugs also shows relatively stable figures, with the exception of cocaine, where a slight increase has been observed.

Psychoactive medicines, i.e. products with sedative or hypnotic effects and/or prescription painkillers containing opioids obtained without a prescription or used not in line with a physician’s or pharmacist’s recommendations, had been used in lifetime by 18-27% of the adults under study, while 8.5-12.5% of the adults had used it in the last 12 months and 2.5-3.9% in the last 30 days, which, in the long term, represents a higher prevalence than the prevalence observed for cannabis, which is the most widespread illicit drug. Conversely to the case of illicit drugs, the prevalence of the current use of psychoactive medicines was higher among older age groups (45+) and women.

As regards high-risk (long-term, regular, especially injecting) illicit drug use, in 2019 the prevalence of the high-risk use of opioids and methamphetamine reached 0.66% of the population aged 15-64. Estimates indicated a total of 45,100 individuals engaging in high-risk drug use, of whom 34,600 were methamphetamine users and 10,500 opioid users (includ-

**FIGURE 3**

**Prevalence of cannabis use among the general population (aged 15-64) and among young adults (aged 15-34) in the last 12 months; comparison of surveys conducted in the period 2008-2019 (%)**



ing 5,700 buprenorphine users, 3,200 heroin users, and 1,500 users of other opioids). The estimated number of people who inject drugs (PWIDs) was 40,800. In 2019 the prevalence of high-risk drug use in the Czech Republic recorded a slight growth against the previous year; the increase involves the numbers of methamphetamine and opioid users (Figure 4). In the long term, the highest estimated rates of high-risk drug use are reported from Prague and the Ústí nad Labem regions (Table 3 and Map 1).

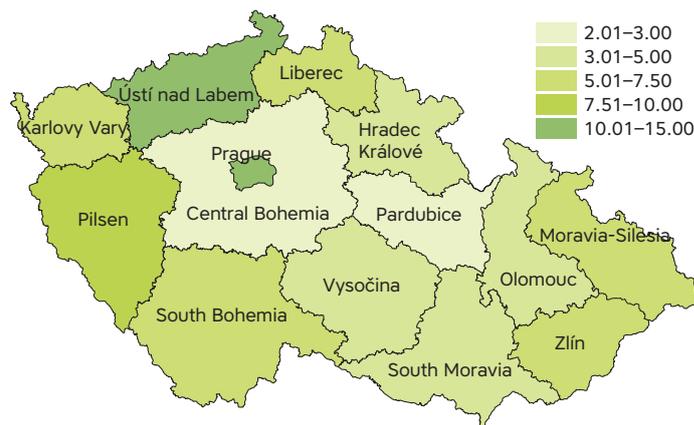
Certain population groups tend to use addictive substances in a greater degree than the general population. The levels of drug use observed, for example, among young adults in nightlife settings, university students, prisoners, or people in socially excluded communities are several times higher than in the general population. Children and young people in institutional care are also at greater risk of higher levels of substance use, lower levels of life satisfaction, and poorer mental health, including greater suicide rates.

**Substance Use among Children and Adolescents**

The 2019 ESPAD survey confirmed a drop in the prevalence of tobacco smoking, alcohol drinking, and illicit drug use among Czech adolescents, although the decline has slowed down in comparison with the 2011-2015 period. While no major changes were observed as regards indicators of risky drinking, an increase in the rates of risky drinking was found among

**MAP 1**

**Estimated number of high-risk drug users (HRDUs) per 1,000 inhabitants aged 15-64 in the Czech Republic by regions, 2019 – mean estimates**

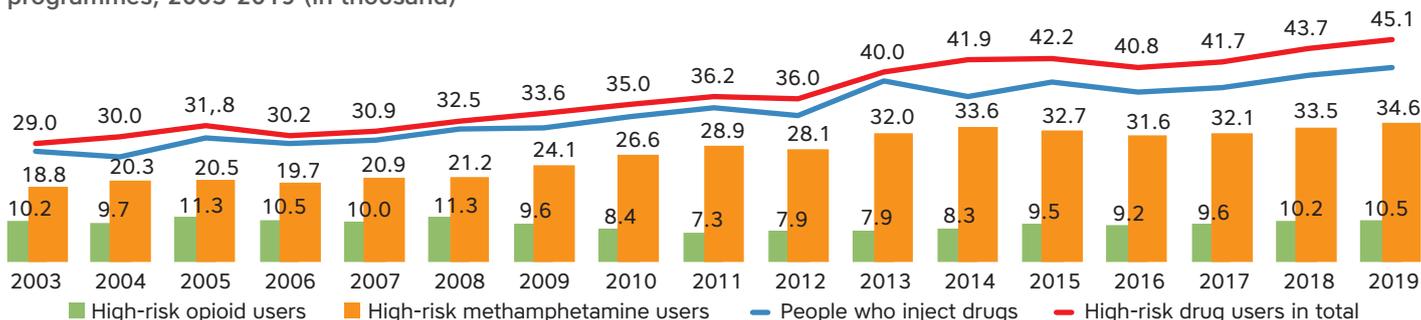


girls. A trend of the gaps between boys and girls narrowing, including their experience with illegal drugs (cannabis), was confirmed. The greatest degree of experience in this respect was found among students at vocational schools.

Lifetime cigarette smoking was reported in 2019 by 54.0% of the 16-year-olds surveyed. Smoking within the last 30 days

**FIGURE 4**

**Mean estimates of the prevalence of high-risk drug use based on the multiplication method using data from low-threshold programmes, 2003-2019 (in thousand)**



**TABLE 3**

**Estimated number of high-risk drug users (HRDUs) in the Czech Republic by regions, 2019 – mean estimates**

Region	HRDUs in total		Opioid users				Methamphetamine users	PWIDs
	Number	Per 1,000 inhabitants aged 15-64	Heroin	Buprenorphine	Other opioids	Total		
Prague	12,600	14.75	2,400	4,200	500	7,100	5,500	11,500
Central Bohemia	2,400	2.74	< 50	400	< 50	400	2,000	2,200
South Bohemia	2,600	6.28	< 50	300	100	400	2,200	2,300
Pilsen	2,900	7.68	< 50	100	400	500	2,500	2,700
Karlovy Vary	1,200	6.43	< 50	< 50	< 50	< 50	1,200	1,100
Ústí nad Labem	6,800	12.84	300	500	< 50	900	5,900	6,600
Liberec	2,000	7.01	< 50	< 50	< 50	< 50	2,000	1,900
Hradec Králové	1,300	3.83	< 50	200	< 50	200	1,100	1,200
Pardubice	900	2.61	< 50	< 50	< 50	100	800	700
Vysočina	1,000	3.11	< 50	< 50	< 50	100	1,000	900
South Moravia	3,400	4.43	300	< 50	100	400	3,000	3,000
Olomouc	2,000	4.93	< 50	< 50	100	100	1,900	1,600
Zlín	2,000	5.35	< 50	< 50	100	100	1,900	1,700
Moravia-Silesia	3,900	5.06	100	< 50	200	200	3,700	3,600
<b>Czech Republic</b>	<b>45,100</b>	<b>6.57</b>	<b>3,200</b>	<b>5,700</b>	<b>1,500</b>	<b>10,500</b>	<b>34,600</b>	<b>40,800</b>

Note: The numbers of users were rounded. In 2019 a revision was applied for the estimates from Prague for the 2009-2018 period, which was reflected in the overall estimates for the Czech Republic. The 2019 estimates were generated by using this revised methodology.

## Medical Cannabis

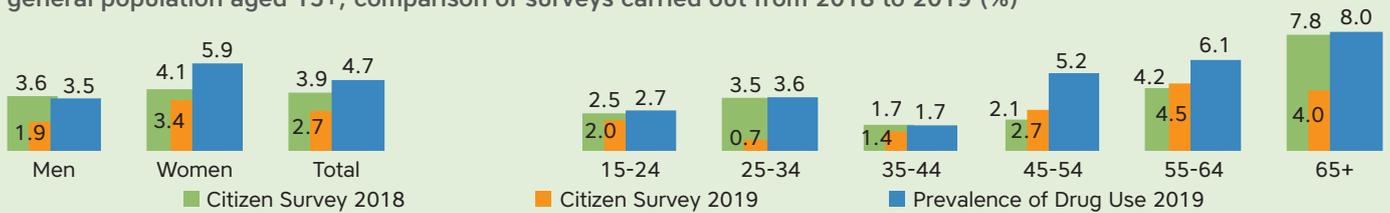
The omnibus surveys have recently looked specifically into cannabis used exclusively for the self-treatment of physical (rather than mental) conditions. A question addressing this topic was included in the Citizen Survey carried out in 2018 and 2019 and the 2019 Prevalence of Drug Use survey.

In 2019, lifetime cannabis use for self-medication was reported by a total of 14.6-17.9% of the adult population and last-12-months use by 7.5-9.2%. For self-medication purposes only, i.e. after excluding recreational use, cannabis use in the last 12 months was reported by

2.7-4.7% of the respondents. While the level of recreational use declines dramatically with age, the extent of cannabis use for self-medication purposes only, on the contrary, is rising with the respondents' age; the highest rates were found among the oldest age groups: 55-64 and, especially, 65+ years. When extrapolated, these figures correspond to some 670,000-825,000 people who had used cannabis for self-medication in the past year, including 240,000-420,000 individuals who had used cannabis for self-medication only (i.e. without using cannabis as a recreational drug).

**FIGURE 5**

**Cannabis use for self-medication only in the last 12 months (i.e. after excluding recreational cannabis use) among the general population aged 15+; comparison of surveys carried out from 2018 to 2019 (%)**



## CBD Products

While cannabidiol (CBD) is not a psychoactive substance and thus is controlled neither by international conventions nor the Czech legislation covering narcotic and psychotropic substances, its supply receives much attention and may contravene the law.

At present, the Czech Republic is experiencing a growing supply of what is referred to as CBD cannabis and CBD products (i.e. products containing non-psychoactive CBD at levels greater than those of psychoactive delta-9-THC).

Since July 2020, "CBD-mats", vending machines offering CBD cannabis and CBD products, have been available in a number of municipalities in the Czech Republic. They sell both herbal material containing CBD, and CBD-based extracts. CBD cannabis and CBD products are commonly available online. In addition, CBD cannabis and CBD products are offered as souvenirs by retail outlets, especially in Prague. However, even cannabis flowers and resin are often labelled as CBD products, the sale of which is against the law in the Czech Republic.

The supply of e-liquids for electronic cigarettes (e-cigarettes) and other products intended for smoking that contain CBD is also on the rise. The presence of CBD and the way these products are labelled, however, may create the impression

that they are beneficial to health, which is in contravention of the law.

The lifetime use of CBD cannabis or CBD products was reported in 2019 by a total of 4.3-7.1% of the population and 1.7-2.5% of the adult population had used them in the last 12 months. When extrapolated to the adult population, CBD cannabis or CBD products are estimated to have been used in lifetime by approx. 380,000-640,000 people and approx. 150,000-220,000 individuals used them in the last 12 months.

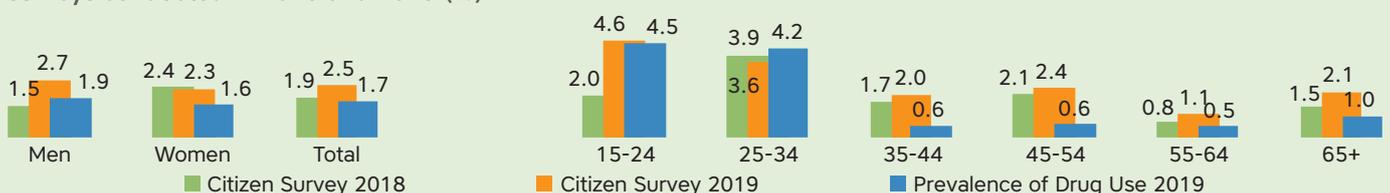
**IMAGE 1**

**A vending machine offering CBD cannabis and CBD products in the city of Ústí nad Labem and CBD cannabis offered by retailers in Prague**



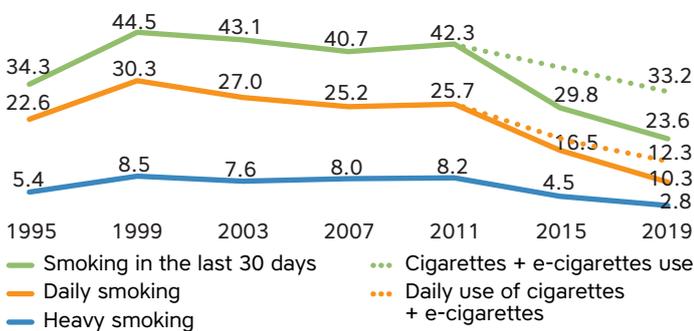
**FIGURE 6**

**Use of CBD cannabis and CBD products in the last 12 months among the general population aged 15+; comparison of surveys conducted in 2018 and 2019 (%)**

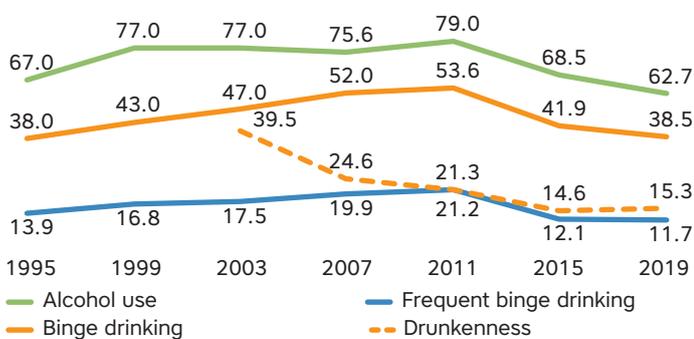


was reported by 23.6% of the students, with girls being represented more frequently (20.8% of the boys and 26.5% of the girls). Daily smoking was reported by 10.3% of the students. A total of 60.4% of the students had used electronic cigarettes (e-cigarettes) at least once in their lifetime, irrespective of whether the e-cigarettes contained nicotine or not. This figure is thus greater than the proportion of the students who reported the lifetime use of traditional cigarettes. 19.8% of the students (22.5% of the boys and 16.9% of the girls) had used e-cigarettes within the past 30 days, which is slightly less than the case of traditional cigarettes (23.6%). It appears that, to a great extent, the decrease in the prevalence of smoking among the population of 16-year-olds is associated with the increasing use of e-cigarettes (Figure 7).

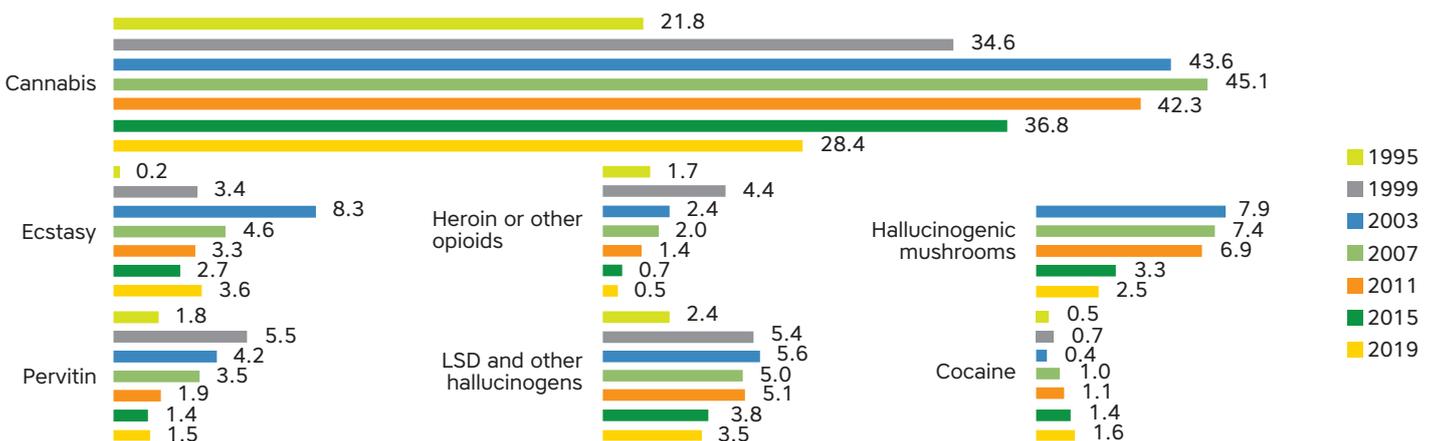
**FIGURE 7**  
Trends in the prevalence of tobacco smoking and the use of e-cigarettes among 16-year-old students in the last 30 days, 1995-2019 – ESPAD study (%)



**FIGURE 8**  
Trends in the prevalence of alcohol use among 16-year-old students in the last 30 days, 1995-2019 – ESPAD study (%)



**FIGURE 9**  
Trends in the lifetime prevalence of illicit drug use among 16-year-old students, 1995-2019 – ESPAD study (%)



Alcohol had been consumed at least once in their lifetime by 95.1% of the 16-year-old students. The prevalence of alcohol use within the past 30 days is also high (62.7%), including frequent drinking (15.0% had engaged in drinking six times or more often). Binge drinking (i.e. drinking five or more drinks on a single occasion) during the past 30 days was reported by 38.5% of the students (40.8% of the boys and 36.1% of the girls), with 11.7% (12.9% of the boys and 10.5% of the girls) engaging in binge drinking three times or more frequently within a month (Figure 8).

Lifetime use of any illicit drug was reported by 29.3% of the respondents (30.1% of the boys and 28.5% of the girls). The most commonly used drug was cannabis (28.4%), followed by ecstasy (3.6%), LSD or other hallucinogens (3.5%), hallucinogenic mushrooms (2.5%), methamphetamine (1.5%), cocaine (1.6%), and heroin or other opioids (less than 1%). Inhalants were reported by 4.9% of students. In the long term, the level of students' experience with illicit drugs has been in decline, with the exception of cocaine. Nevertheless, an increase was also observed in case of ecstasy between 2015 and 2019 (Figure 9).

There has been a long-term increase in the average age of the onset of substance use among adolescents. The average age of the first experience with cigarettes smoking was 13 years, while the onset of daily smoking occurs at an average of 14.3 years of age. The average age at which the first drink is consumed was 14.4 years and the first use of cannabis generally occurs at 14.5 years of age.

The results generated by the CAST screening instrument indicate that a total of 6.6% of the population of 16-year-old students were at risk in relation to their cannabis use. Of those, 4.9% fell into the low-risk category, and 1.7% into the high-risk category. The proportion of students who were at risk related to their cannabis use showed no differences in terms of gender. It was lowest among grammar school students, while the greatest rates were recorded among students of vocational schools.

When extrapolated to the adolescent population aged 15-16, it was estimated that 11,000-14,000 individuals are at risk in relation to their use of cannabis, with some 2,000-4,000 being at high risk. When extrapolated to the entire population of adolescents aged 15-19, approx. 27,000-35,000 students are at risk related to cannabis use, including 6,000-10,000 individuals being at high risk of development of cannabis-related problems.

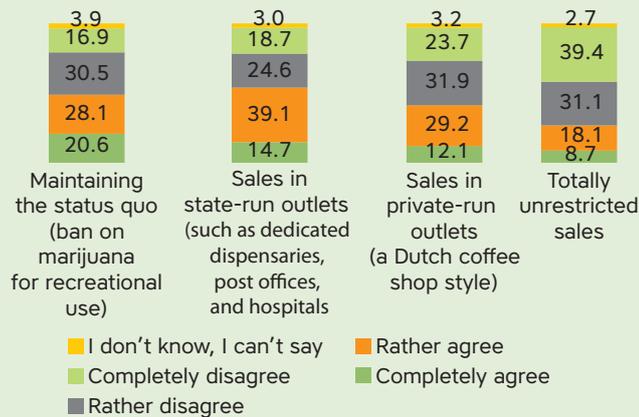
## Public Opinion on Addictions

While the attitudes of the population of the Czech Republic to substance use have remained consistent in the long term, the levels of tolerance towards tobacco smoking and alcohol consumption, particularly as regards their regular use, have shown a slight decline. On the other hand, there has been a slight increase in the level of tolerance towards the use of cannabis and other illicit drugs.

The degree of satisfaction with the introduction of a smoking ban in restaurants has been rising in the long term; in 2019 satisfaction in this respect was reported by a total of 75.6% of the respondents (compared to 69.5% in 2018 and 61.4% in 2017).

According to a population survey conducted in 2019 by the Ipsos agency on a representative sample of internet users aged 18+, 53.8% of the adults agreed with the idea of introducing cannabis for recreational use which would be available from state-run points of sale. This form of legalisation received an even more positive response than the current ban on the sale of marijuana for recreational use and was associated with the least concern on the part of the respondents.

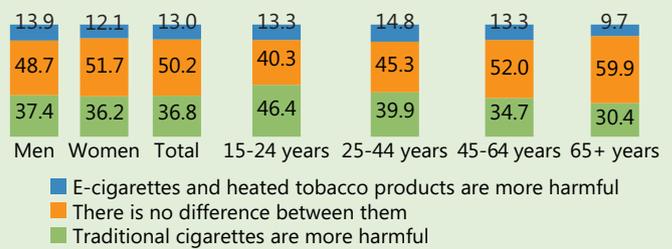
**FIGURE 10**  
Public attitudes towards different options for the sale of marijuana for recreational use (%)



## Awareness of E-cigarettes and Heated Tobacco Products

In 2019 NAUTA, the National Survey on Tobacco and Alcohol Use, showed that people had false and insufficient information about the risks posed by e-cigarettes. Only 37% of the population think that smoking traditional cigarettes is more harmful than the use of e-cigarettes and heated tobacco products. More than half of the respondents believe that harms related to the use of e-cigarettes and traditional cigarettes are the same, and 13% believe that e-cigarettes are more harmful. The greatest proportion of the respondents who considered traditional cigarettes riskier was found in the 15-24 age group, and their proportion declines with increasing age.

**FIGURE 11**  
Respondents' beliefs on harmfulness of smoking traditional cigarettes, e-cigarettes, and heated tobacco products among the population aged 15+; NAUTA, 2019 (%)



Annually, alcohol use is responsible for approximately 6,000 deaths (6% of the overall mortality rate) in the Czech Republic. While the largest proportions of the total number of alcohol-related deaths are found among older age groups, the greatest relative alcohol-related burden is observed among younger individuals, in their late thirties and early forties, where up to one-quarter of deaths are attributed to drinking. Major conditions caused exclusively by alcohol use include liver diseases and alcohol-induced intoxication (1,500 annually, with 500 deaths).

Illicit drug use is responsible for fewer than 500 deaths per year (less than 1% of the overall mortality rate). About 50 people die of overdoses on illicit drugs annually, while about 150 individuals die of other causes while under the influence of drugs. In addition to overdoses, the health consequences of illicit drugs include suicides, accidents, and infectious diseases.

In 2019 the special mortality register included 42 cases of fatal overdoses on illicit drugs and inhalants (there were 39 in 2018). Of this figure, 19 fatal overdoses were due to opioids (20 in 2018), six including heroin/morphine and 13 other opioids (fentanyl, codeine, dihydrocodeine, hydro-morphone, and oxycodone). Methamphetamine was the cause of fatal overdoses in 12 cases (12 in 2018). Single cases of fatal overdoses on MDMA, cocaine, and a cannabinoid, respectively, were recorded. Inhalants were responsible for fatal overdoses in eight cases (there were three in 2018).

Overall, 42 cases of fatal overdoses on psychoactive medicines were identified in 2019 (49 in 2018), with 17 cases involving benzodiazepines and 16 zolpidem (Figure 12).

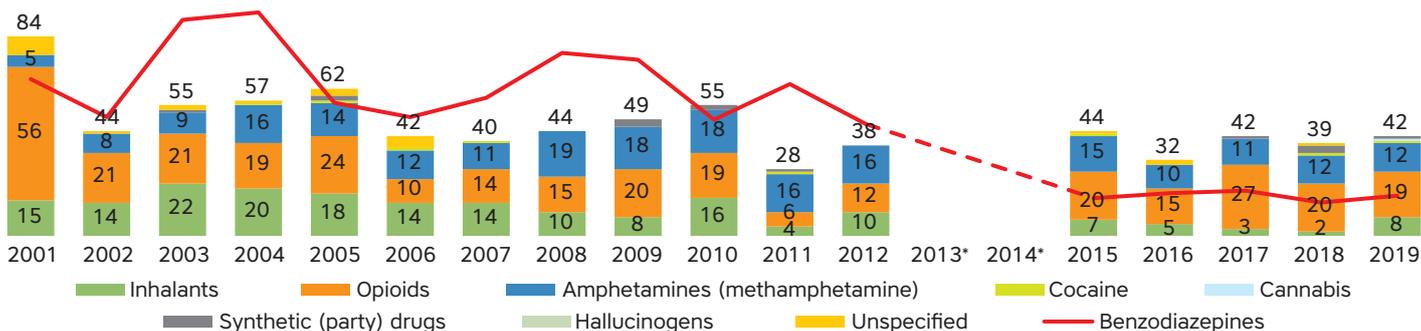
## Health Consequences of Substance Use

Addictive substances are a significant health risk factor. Globally, they are responsible for 10-15% of all disability-adjusted life years. They account for about one-fifth of total mortality, with tobacco smoking being the greatest contributor (ca. 13% of overall mortality), followed by alcohol use (5%) and illicit drugs (less than 1%).

In the Czech Republic, tobacco smoking is annually responsible for approximately 18,000 deaths (about one-fifth of the overall mortality rate), resulting primarily from cardiovascular diseases, pulmonary conditions, and malignant neoplasms. Annually, in the Czech Republic, approximately 5,000 individuals die of malignant lung tumours and 3,000 of chronic obstructive pulmonary disease (COPD), to the development of which smoking is a major contributory factor. Growing numbers have been observed as regards lung cancer in women and COPD.

FIGURE 12

Fatal overdoses on benzodiazepines, non-alcohol drugs, and inhalants recorded in the special mortality register, 2001-2019



Note: \* Data for 2013 and 2014 are not available. In 2015 the existing information system, the special register of drug-related deaths, was replaced with a national register of autopsies and toxicology tests performed at the departments of forensic medicine.

The general mortality register identified 51 fatal overdoses on illicit drugs and inhalants in 2019 (59 in 2018), including 32 cases of overdoses on opioids (31 in 2018), two involving cocaine (one in 2018), 12 stimulants other than cocaine, probably mainly methamphetamine (14 in 2018), and five unspecified substances (nine in 2018).

In addition, the special mortality register identified 133 deaths under the influence of illicit drugs and psychoactive medicines for causes other than overdoses (135 cases in 2018), with the greatest number of those, as in the past, resulting from accidents and suicides. In the long term, the largest number of deaths indirectly related to drug use (but in a state of intoxication) involved methamphetamine and cannabis.

The general mortality register recorded 423 cases of fatal overdoses on alcohol in 2019 (408 cases in 2018), while the special mortality register indicated 783 alcohol-related deaths, including overdoses, in 2019 (776 in 2018).

In terms of the health consequences of illicit drug use, particularly as regards the occurrence of infectious diseases such as HIV/AIDS and viral hepatitis or deaths by overdose, the situation remains relatively favourable. The proportion of PWIDs in the newly reported cases of HIV infections in the Czech Republic has remained small in the long run; in 2019 six new cases were diagnosed where infection was transmitted through drug injecting. The number of newly reported cases of hepatitis B (HBV) has shown a declining trend since 2001 (four cases among PWIDs in 2019) thanks to the vaccination that was introduced. Currently reaching 500-650 per year, newly reported cases of viral hepatitis C (HCV) among PWIDs account in the long term for more than half of all cases (582 cases in 2019, i.e. 51.1%) (Figure 13).

The prevalence of HIV among PWIDs has remained very low in the long term, below 1%. In a national study among the clients of low-threshold programmes, the seroprevalence of HCV reached 37.1% in 2018, with the highest levels being recorded in the Ústí nad Labem (54.2%), Pilsen (51.5%),

and South Moravia (51.1%) regions. The seroprevalence of HCV examined as part of the diagnostic screening of PWIDs in 2019 showed levels ranging from 20.2% in low-threshold programmes to 62.6% in prisons.

The level of injecting drug use among HRDUs has remained high. PWIDs account in the long term for about 90% of the HRDUs in contact with low-threshold programmes. Additionally, users in treatment have long reported very high levels of injecting drug use, which represents the most common route of administration of methamphetamine, buprenorphine, and heroin.

From a long-term perspective, the sharing of needles and syringes appears to be declining. A total of 7.2% of PWIDs who were clients of low-threshold facilities had not used a sterile needle or syringe when last injecting. 21.8% of PWIDs from among the clients of low-threshold programmes reported sharing needles and syringes in the last 30 days, while paraphernalia had been shared by 40.6% of the same sample.

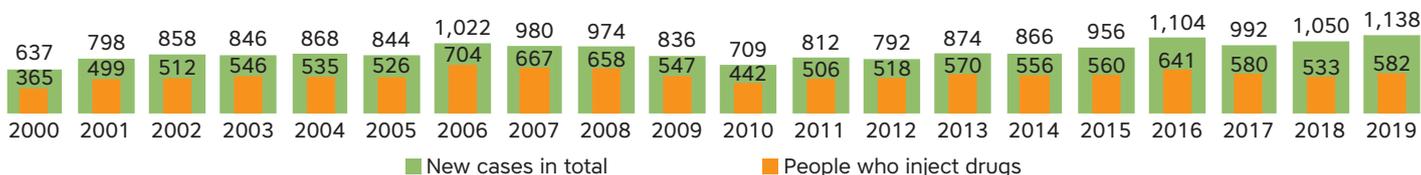
Injecting drug use and tattooing in prison pose a very high risk. 41.4% of the clients of low-threshold programmes had been in prison at some point in their life, with 50.2% of them having used drugs while in prison, 29.4% of them by injection. Almost half of the PWIDs from among the clients of low-threshold facilities who had served a prison sentence had been tattooed while in prison.

**Social Consequences and Correlates of Drug Use**

The relationship between substance use and adverse socio-economic circumstances is bidirectional. Social exclusion, for example, presents a major barrier to substance users' social reintegration. People engaging in high-risk substance use are more likely to be unemployed or experience housing problems. Unstable housing conditions and indebtedness, too, are significant obstacles to recovery and social reintegration, and often pose an insurmountable problem unless a person is provided with assistance.

FIGURE 13

Reported incidence of acute and chronic HCV – new cases in total and among PWIDs, 2000-2019



Unstable housing (68%) and unstable, or illegal, income (52.3%) are highly prevalent among high-risk drug users in contact with low-threshold programmes. 20.9% of the HRDUs do not have a valid ID card and 29.8% of them do not have a valid health insurance card. 81.9% of the clients are in debt, with 72.7% of them keeping track of their indebtedness. In 2019 the amount of debt ranged from CZK 100 to CZK 9.1 million (€ 4 to € 355 thousand), with the average debt amounting to CZK 573,000 (€ 22,300), the median being CZK 200,000 (€ 7,800).

Substance use represents one of many problems existing in the context of social exclusion and poverty in socially excluded communities. Cannabis and methamphetamine have long been the most widespread illicit drugs in socially excluded communities. In the Czech Republic, the Roma represent an ethnic minority which is disproportionately affected by substance use and the problems it entails in the context of social exclusion.

In addition to the harm to users themselves, substance use causes damage to their social environment at various levels (family, community, and society as a whole). Harm to society is expressed and quantified as social (economic) costs. The latest estimates of social costs account for CZK 80 to 100 billion (€ 3,100 and 3,900 million) for tobacco, CZK 57 billion (€ 2,200 million) for alcohol, CZK 7 billion (€ 273 million) for illicit drugs, and almost CZK 16 billion (€ 624 million) for problem gambling. ✕

## Prevention, Harm Reduction, Treatment, and Social Rehabilitation

### Addiction Prevention

> The domain of prevention constitutes one of four intervention areas of the Czech policy dedicated to addiction. Addiction-specific prevention targeted at children and adolescents is incorporated into a broader framework of the prevention of risk behaviour coordinated by the Ministry of Education. Regional school prevention coordinators operate on the regional level. On the level of the former administrative districts, the agenda is covered by prevention methodologists, working within the system of pedagogical and psychological counselling. Schools appoint their own prevention workers. The majority of the school prevention workers have other responsibilities, such as class teacher positions. Only half of the school prevention workers have completed accredited training qualifying them for the performance of specialised activities.

The system of certification of the professional competency of prevention programmes was stopped in May 2019. The certification process is now in the remit of the newly established National Pedagogical Institute of the Czech Republic. In June 2020 the GCDPC recommended that the certification process should be resumed by the end of 2020.

In December 2019 a total of 62 organisations with 94 certified prevention programmes were registered (as of January 2018 there were 57 organisations and 89 programmes). Out of the total of 94 certified programmes, 80 focused on addiction-specific prevention, including 52 working in the field of

universal prevention, 20 in selective prevention, and eight in indicated prevention. Certified programmes of indicated prevention are completely lacking in the Central Bohemia, Karlovy Vary, Hradec Králové, and Vysočina regions.

Minimum Preventive Programme is the key instrument of risk behaviour prevention in schools and educational facilities, and each school is required to have the programme established. Only a quarter of autonomous prevention programmes aimed at universal prevention that were implemented in schools in the 2019/2020 academic year had a certification of professional competency. Selective prevention provided by means of autonomous preventive activities and programmes was reported by only 6.1% of the schools, while indicated prevention was reported by 1.7% of the schools.

Outside the school system, prevention-oriented projects are less common (the exceptions include the prevention of driving under the influence of alcohol or illicit drugs or prevention efforts developed as part of community projects). However, number of media campaigns is growing: since 2013 a campaign targeting alcohol use, *Dry February*, has been conducted annually; the *Non-drinking is Normal* campaign was launched in 2019 by the Office of the Government of the Czech Republic, Ministry of Health, and General Health Insurance Company in association with Czech Television; and a campaign initiated by the Association of Non-Governmental Organisations (A.N.O.) called *Stay Over the Influence*, targeted at adolescents, continued. The Department of Addictology (First Faculty of Medicine, Charles University, and General University Hospital) ran the social media-based campaign *Alcohol Under Control* and during the state of emergency in 2020 it released the *Addictions in Quarantine* and *Quitting in Quarantine* campaigns presented on screens in public transport buses.

### Addiction Services

The network of addiction services covers the entire spectrum of problems associated with substance use and other types of addictive behaviour. It comprises a range of facilities and programmes embedded in various fields and departmental (legislative) frameworks. In the Czech Republic there are currently almost 300 programmes providing various types of addiction services.

While interdisciplinarity is a major asset of addiction services, their inter-agency nature may pose practical difficulties for their operation, as the provision of a range of services (health, social, and educational) under the aegis of a single programme is inevitably confronted with the incompatibility and limited "pervasiveness" of the individual departmental frameworks.

Drug users' entry to treatment is complicated by multiple barriers which can be broken down into five domains: (1) difficulties in entering treatment because of other responsibilities (such as child care, family, and work), (2) previous negative experience with treatment and fears and concerns associated with treatment and the staff's attitudes, (3) financial difficulties and formal barriers (such as outstanding health insurance payments and legal issues), (4) concerns about treatment being too complicated and difficult, and (5) a lack of confidence in treatment improving the client's situation. People who use drugs may experience stigmatisation, especially when receiving treatment for physical conditions.

According to the regional drug policy implementation reports from 2019, in the Czech Republic there were a total of 278 specialised addiction centres, excluding prevention-orient-

ed and outreach programmes (275 in 2018). These included 56 low-threshold drop-in centres, 51 outreach programmes, 99 outpatient treatment programmes, 16 opioid maintenance centres, two daycare centres, 22 detoxification units, 28 inpatient psychiatric departments, 15 therapeutic communities, 35 outpatient aftercare programmes (with 23 of them offering sheltered housing), and five special-regimen homes for substance-dependent people. Regions report limited availability of outpatient services (pointing out the shortage of psychiatrists specialising in addictology), detoxification, and addiction treatment services for children and adolescents. Various addiction services are still lacking, especially in the Karlovy Vary region, despite the efforts on the part of different public

administration levels to initiate the establishment of services that are in demand.

In November 2019 the GCDPC approved the proposal for a general network of regional addiction-specific outpatient healthcare facilities for adult patients and clients.

In 2019 altogether 39,700 substance users were in contact with low-threshold programmes, including 26,000 methamphetamine users (66%), 11,600 opioid users (29%), and 2,000 cannabis users (5%), and another 11,500 people who use drugs were in mediated contact. In addition, low-threshold programmes worked with over 3,000 alcohol users in 2019.

**TABLE 4**  
Network of outpatient addiction services, 2019

Type of programme		Number of programmes	Number of clients	Characteristics
Sobering-up stations		19	23,744	Short-term detention (a matter of hours) until sobering up, designed especially for persons intoxicated with alcohol or, to a lesser extent, with other drugs
Outpatient treatment	Outpatient psychiatric healthcare facilities <sup>(a)</sup>	61 (450)	12,067 (37,156)	Outpatient addiction treatment (psychiatric) facilities, whose target group mainly consists of users of alcohol and illicit drugs
	Outpatient addiction treatment (healthcare) facilities <sup>(b)</sup>	24	4,573	Outpatient healthcare services provided within the scope of non-medical healthcare specialisation of addictology
	Outpatient (non-healthcare) programmes <sup>(c)</sup>	15	2,739	Social services providing outpatient addiction services
	Outpatient programmes targeted at children and adolescents <sup>(b)</sup>	9	1,364	A range of outpatient addiction services targeted at children and adolescents
Opioid substitution treatment	Substitution treatment providers in the National Drug Treatment Register	61	2,347	Substitution treatment in the form of outpatient health services provided by different specialisations and targeted at opioid users
	Psychiatrists' annual reporting	47	2,444	
Prison-based counselling and treatment	Drug prevention counselling centres	35	11,027	Outpatient prison-based addiction treatment and counselling, especially for illicit drug users
	Substitution treatment	5	86	
	Voluntary treatment	11	618	
	Court-ordered treatment <sup>(d)</sup>	3	171	
	Drug-free zones <sup>(e)</sup>	35	4,467	
	NGO programmes <sup>(f)</sup>	35 (33)	9,954	
Crisis centres <sup>(g)</sup>		1	62	Programmes providing crisis intervention
Daycare centres <sup>(h)</sup>		1	25	Daycare programmes
Aftercare programmes		<sup>(i)</sup> 39 (24)	1,857	Addiction-specific programmes aimed at supporting clients in recovery and assisting them in their social reintegration
Tobacco addiction treatment centres <sup>(k)</sup>		43	2,300	Outpatient tobacco treatment provided mainly by inpatient pulmonology and internal medicine facilities

Note: <sup>(a)</sup> The number of outpatient psychiatric facilities registered as AT (alcohol/drug treatment) clinics (the number of all outpatient psychiatric facilities reporting at least one addiction patient in 2019). <sup>(b)</sup> Data by August 2018; the number of clients is an extrapolation of the data from the programmes subsidised by the GCDPC in 2019. <sup>(c)</sup> Programmes supported under the grant scheme administered by the GCDPC in 2019 (outpatient programmes without the status of a healthcare facility). <sup>(d)</sup> Four units in three prisons. <sup>(e)</sup> Including three with a therapeutic programme. <sup>(f)</sup> The number of prisons maintaining cooperation with NGOs (number of prisons maintaining intensive cooperation with NGOs, i.e. ten visits or more per year). <sup>(g)</sup> In 2018 one Prague-based crisis centre reported the provision of drug services to the Institute of Health Information and Statistics of the Czech Republic. <sup>(h)</sup> According to the Institute of Health Information and Statistics of the Czech Republic, substance users received care from six psychotherapeutic daycare centres with a total capacity of 145 places. There were two daycare centres in both Prague and the Moravia-Silesia region, and the South Moravia and Olomouc regions had one each. The majority of the daycare centres catered to small numbers of clients. Only one daycare centre in Prague reported higher numbers of substance use patients and can be considered a specialised addiction programme. <sup>(i)</sup> The number of aftercare programmes in the Register of Social Service Providers of the Ministry of Labour and Social Affairs targeted at people at risk of addiction or dependent on addictive substances (a number of such programmes including sheltered housing); the number of clients is an estimate generated by the extrapolation of the data about the programmes subsidised by the GCDPC in 2019. <sup>(j)</sup> An extrapolation of the data from 19 programmes subsidised by the GCDPC in 2018. <sup>(k)</sup> The number of clients is an estimate from 2017 generated on the basis of the number of new patients per centre and the number of centres.

In 2019 outpatient psychiatric facilities were in contact with 37,200 patients with substance use problems, of whom 21,000 (56.6%) received treatment for alcohol use disorders, 15,500 (41.8%) for disorders caused by non-alcohol drugs (excluding tobacco), and 583 (1.6%) were tobacco users. Out of the illicit drug users, the largest groups comprised methamphetamine users (11.2%) and opioid users (11.0%). Annually, addiction-specific outpatient healthcare facilities had an estimated 5,000 clients in care, outpatient non-healthcare programmes approximately 3,000, and aftercare programmes some 2,000 clients. Approximately 1,500 clients were in contact with outpatient addiction treatment services for children and adolescents (Table 4).

11,500 people were admitted to in-patient detoxification units in 2019, most frequently in connection with alcohol (57.2%). 15,890 hospitalisations for substance use disorders were recorded in inpatient psychiatric care in 2019, of which 61.0% were related to alcohol and 39.0% related to substances other than alcohol, with polydrug use and stimulant (methamphetamine) use being the most common causes for the latter (Table 5). Therapeutic communities provided treatment to approximately 670 individuals in 2019. A total of 148 children stayed in six specialised residential facilities managed by the education department and intended for children at risk of drug addiction.

The average age of the substance users in contact with addiction services is growing (this is particularly true for illicit drug users), with women accounting for approximately one-third of the clients. The exception is the clients receiving treatment because of their use of sedatives and hypnotics, where women (accounting for two-thirds) and the 40+ age categories predominate.

In 2019 the National Drug Treatment Register (TDI register) received client data from 137 treatment programmes (there were 169 of them in 2018). 15,325 clients were reported, of whom 6,904 (45%) had entered treatment for the first time in their life ("first treatment demands"). In 2017 the correspond-

ing figure reached 8,647 clients and 14,167 clients in 2018. The National Drug Treatment Register was launched in 2015. While its coverage is expanding, it has not yet covered the entire network of addiction services and all the clients in treatment.

By July 2020 a total of 206 programmes had had their professional competency formally certified by the Government Council for Drug Policy Coordination (204 by August 2019). At present, ten special standards for ten types of services are in effect. In December 2019 the Government endorsed new certification rules. Since the beginning of 2020 the certification process has been suspended (a public procurement for a new certification agency was announced in July 2020) and the validity of the existing certificates has been prolonged. In order to ensure alignment with an innovated typology of addiction services, a review of the professional competency certification standards is under way as part of RAS, a European project implemented by the Drug Policy Department of the Office of the Government of the Czech Republic.

The practical application of brief interventions remains relatively limited and inconsistent, in spite of the fact that, in justified cases, its use is required by the law from all health professionals. Brief interventions with smokers and at-risk or heavy drinkers are performed by only 50% of physicians. Approximately one in three smokers who see a doctor in the Czech Republic is given a recommendation to stop smoking and approximately half of those who see a doctor are asked about their alcohol use, with less than one in ten being recommended to stop or reduce their drinking.

In August 2019 the National Helpline for Substance Use Cessation (800 35 00 00) was extended to include counselling services aimed at illegal drugs. The line is operated by the Office of the Government of the Czech Republic in association with the Czech Coalition against Tobacco.

The supply of treatment and counselling interventions provided online and by means of modern technologies has been

**TABLE 5**  
**Network of inpatient addiction treatment facilities, 2019**

Type of facility	Number of programmes	Capacity (beds)	Number of clients	Characteristics	
Detoxification	Inpatient healthcare facilities	14 (38*)	234	11,488	A healthcare service with the aim of minimisation of withdrawal symptoms at the beginning of treatment.
	Prisons	2	n. a.		
Inpatient psychiatric care	Psychiatric hospitals for adults	19	8,606	10,387	Abstinence-oriented healthcare-specific addiction treatment provided by inpatient psychiatric facilities using pharmacological and psychotherapeutic approaches designed for all addictive disorders.
	Psychiatric hospitals for children	3	210	15	
	Psychiatric wards in hospitals	32	1,361	3,487	
	Other facilities with a psychiatric ward	1	36	69	
Therapeutic communities	19	**323	***665	Residential care on the principle of a therapeutic community mainly targeted at illicit drug users.	
Special education facilities	6	86	****148	Specialised departments for children at risk of drug addiction in residential educational facilities (youth institutions).	
Sheltered housing as part of aftercare programmes***	22	224		Accommodation for clients in aftercare programmes mainly targeted at illicit drug users.	

Note: \* Including facilities with non-dedicated beds. \*\* An estimate based on the capacity of 183 beds made available through 11 programmes supported as part of the GCDPC grant scheme in 2019. \*\*\* The number of programmes according to the Register of Social Service Providers of the Ministry of Labour and Social Affairs; the number of clients was extrapolated from data about the projects supported as part of the GCDPC grant scheme in 2019. \*\*\*\* Extrapolation of the data from 11 programmes supported as part of the GCDPC grant scheme.

increasing. Web-based and mobile applications intended for smokers, alcohol consumers, illicit drug users, and gamblers and the people close to them are growing in number.

The availability of addiction services in prisons is increasing. Since 2016 the Prison Service has appointed prison-based addictologists. In 2019 altogether 15 such addiction specialists were operating in 13 out of the total of 35 prisons. Drug prevention counselling centres and drug-free zones are available in all the prisons. In 2019 the services provided by such facilities were sought by a total of 11,027 inmates and 4,278 inmates, respectively. Prison-based addiction treatment was possible in 14 prisons, three of which provided so called protective treatment ordered by the court decision. 618 individuals received treatment in units designed for voluntary treatment, while 171 offenders were placed in units dedicated to compulsory treatment ordered by the court decision. In 2019 a “non-smoking zones” project was piloted in three prisons (Bělušice, Oráčov, and Vinařice). The results of a project looking into the effectiveness of prison-based addiction treatment showed that despite the treatment units being understaffed, treatment reduces criminal thinking and relapse, and increases the offenders’ quality of life.

**Opioid Substitution Treatment**

The number of individuals in opioid substitution treatment (OST) has stagnated in the past seven years (Figure 14). In 2019 a total of 61 healthcare facilities reported patients in substitution treatment to the National Drug Treatment Register (54 facilities in 2018). Altogether 2,347 individuals were registered as receiving maintenance treatment (2,312 in 2018), among them 1,626 (69.3%) received buprenorphine and 721 (30.7%) methadone. Surveys carried out among physicians and clients of drug services indicate that a significant number of patients (an estimated 1,500-3,000) on opioid maintenance are not reported to this register.

While the number of patients on methadone remains stable in the long term around 700 individuals annually, in recent years an increase in the number of patients maintained on Suboxone® has been observed, with a corresponding decline in the number of patients treated with buprenorphine-only agents.

502 terminations of substitution treatment episodes were reported in 2019. Expulsion for non-compliance has remained the most frequent reason for OST termination (31.5% in 2019) which contradicts the recommendations of international organisations (such as the WHO, UNODC, UNAIDS, and the Council of Europe) concerning access to treatment and patients’ rights.

The availability of substitution treatment is an issue in all the regions of the Czech Republic. In 2019, an average of 22.4% of the high-risk opioid users was registered in substitution treatment in the Czech Republic. In Prague, with an estimated 76% of all high-risk opioid users in the country in 2019, the proportion of those registered in substitution treatment was

17.5%. The number of physicians providing substitution treatment is limited.

The affordability of buprenorphine-based maintenance agents remains a problem. As buprenorphine-based single-active substance agents are not covered by health insurance, patients pay the full price for them in pharmacies. The composite product Suboxone® 8 mg is the only mass-produced substitution medication that has been covered by health insurance since 2010, but in practice the number of patients on the reimbursed Suboxone® is estimated at a few dozen. Thus, the majority of the patients have to cover the buprenorphine treatment using their own resources.

The substitution treatment of methamphetamine dependency by drugs with a central stimulant effect is in sporadic cases prescribed off-label in clinical practice. In 2020 the Society for Addictive Diseases issued guidelines for the medication-assisted treatment of methamphetamine users using off-label central stimulants. No clinical trial studying this area has yet been conducted in the Czech Republic.

Substitution treatment was provided in 2019 by a total of five prisons (six in 2018), with 86 individuals undergoing the treatment (64 in 2018). Previously, while in prison, it was only possible to continue with previously started substitution treatment, not to enter it. In April 2019 two prisons (Prague-Pankrác and Brno) launched a pilot project involving the commencement of substitution treatment, based mainly on methadone, provided to eligible offenders serving their prison sentence. The wider use of buprenorphine in prisons is hindered by the reimbursement method applied to buprenorphine-based agents; inmates are generally unable to pay for them.

**Harm Reduction Programmes**

The network of harm reduction services is based on low-threshold drop-in centres and outreach programmes. The number of low-threshold programmes has hovered around 100 in recent years. According to the National Monitoring Centre, in 2019 there were altogether 107 of them (same as in 2018), including 55 drop-in centres and 52 outreach programmes. Contacts with these facilities were maintained by 39,700 people who used illicit drugs (38,000 in 2018). In addition, in 2019 low-threshold programmes worked with 3,135 alcohol users (2,888 in 2018) and 52 pathological gamblers (53 in 2018).

Historically, the number of methamphetamine-using clients appears to be growing. In recent years the number of opioid users increased as well, mostly due to increasing number of users of opioids other than heroin and buprenorphine (i.e. mainly opioid analgesics in the form of tablets or patches). The proportion of PWIDs among the clients of low-threshold programmes has remained at about 80% in the long term (84% in 2019). The trend of increasing average age of clients continues: in 2019 it reached 33.4 years (32.6 in 2018).

**FIGURE 14**  
Number of clients in OST reported to the National Drug Treatment Register, 2000-2019

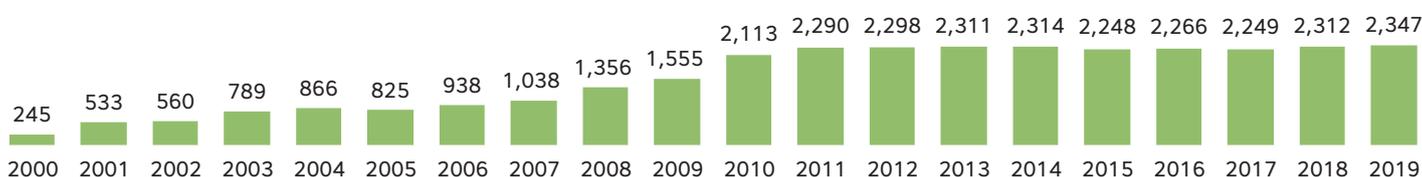
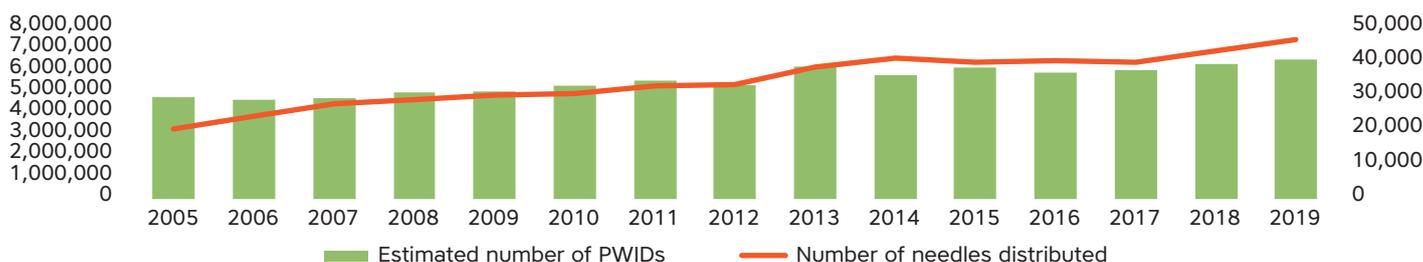


FIGURE 15

Trend in the distribution of needles and syringes and the trend in estimated number of people who inject drugs, Czech Republic, 2005-2019



Women account for 32.0% of the clients of low-threshold programmes.

In April 2020 the GCDPC approved the implementation of a pilot programme involving the distribution of naloxone among the clients and staff of low-threshold programmes. The launch of the project is planned for the autumn of 2020 (the start of the programme has been hindered by the unavailability of the product Nyxoid® in the Czech Republic).

After several years of stagnation, the quantity of injecting equipment distributed rose again; in 2019 it went up to 7.5 million syringes (which was 520,000 more than in the previous year) (Figure 15). Relative to the estimated total number of PWIDs, this corresponds to an equivalent of 182 syringes per person annually, which, however, only corresponds to the medium-scale coverage in terms of the prevention of HIV transmission according to the WHO.

In recent years only three vending machines providing injecting equipment were in operation in the Czech Republic (in Kolín, Strakonice, and Pilsen). In 2019 only one, in Strakonice, was in operation; reporting a total of 3,400 injecting kits bought.

Harm reduction strategies pursued by low-threshold programmes include the supply of aluminium foil for smoking heroin, gelatine capsules intended for the oral application of methamphetamine, in particular, and “snorters” as alternatives to injecting drug use. Gelatine capsules are distributed by over 90 programmes, with an estimated 171,000 of them being given out in the Czech Republic on a yearly basis.

In recent years low-threshold programmes have also used social media and online discussion fora as part of their outreach efforts. This approach has become known as “virtual outreach” among practitioners.

In 2019 testing for HIV was offered by 79 programmes, 61 programmes provided testing for HBV, 84 for HCV, and 82 for syphilis. While from 2008 to 2017 the numbers of tests that were performed (especially those for HIV and HCV) grew, it has stagnated in the last two years. The rate of PWIDs tested in low-threshold programmes is low. Approximately 7% of the estimated total number of PWIDs is tested for HCV and HIV annually.

Harm reduction programmes specifically providing services at dance and music events are not very common in the Czech Republic, although their activities have scaled up in recent years. About 10-18 programmes operate in recreational/night-life settings in the Czech Republic, with about three to five of them specialising in this setting. The small number of these

programmes reflects the limited financial support for these activities.

Two prisons have introduced free distribution of condoms available from dispensers and in 15 prisons (out of the total of 35) condoms are available in rooms for private visits without visual and auditory supervision. Neither injection material nor any other harm reduction material is distributed in Czech prisons. ✕

## Crime Associated with Addictive Substances

> 4,819 drug law offences were registered in 2019. The figure is markedly smaller than in 2018, when 5,465 such offences were recorded. In the long term, criminal proceedings are generally (80%) led against individuals who engaged in the unauthorised manufacturing and other handling of narcotic and psychotropic substances.

There is an increase in the proportion of people prosecuted for the possession of narcotic and psychotropic substances for personal use; they account for about one-fifth of all drug law offences (in 2019 the greatest year-on-year increase was recorded, from 14.5% to 19.8%) (Figure 16). This growth was mainly due to the rise in the number of criminal offences involving cannabis-related possession for personal use.

In terms of different drugs, in the long term the greatest proportion of cases involve individuals arrested in relation to methamphetamine and cannabis. In the last ten years, people arrested in relation to methamphetamine accounted on average for 50% and those arrested in relation to cannabis for 41% of all the individuals arrested for drug law offences. The percentage of people arrested in relation to other drugs is below 5%.

The regions with the greatest numbers of individuals aged 15-64 prosecuted for drug law offences (per 100,000 inhabitants) included Ústí nad Labem, Prague, and Liberec. On the contrary, the smallest numbers of individuals prosecuted per 100,000 inhabitants were reported in 2019 from the Olomouc, South Moravia, and Pilsen regions.

A total of 2,631 persons were sentenced for drug law offences in 2019 (2,353 in 2018) (Table 6). The most frequent main sanction involved suspended prison sentences (65% of the sanctions).

FIGURE 16

Number of drug law offences reported in 2002-2019, by offence definition

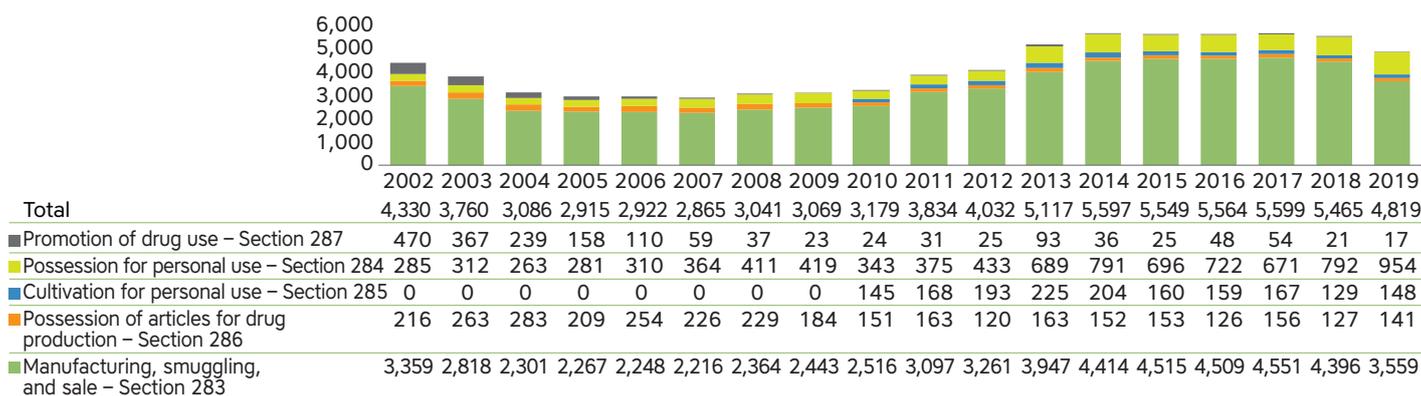


TABLE 6

Number of persons arrested, prosecuted, indicted, and sentenced for drug law offences, 2008-2019

Year	Arrested (National Drug Headquarters)	Prosecuted (Police Praesidium)	Prosecuted (Ministry of Justice)	Indicted (Ministry of Justice)	Sentenced (Ministry of Justice)
2008	2,322	2,296	2,107	1,909	1,164
2009	2,340	2,415	2,411	2,158	1,209
2010	2,525	2,437	2,305	2,020	1,302
2011	2,759	2,782	2,750	2,404	1,515
2012	3,065	2,827	2,781	2,226	1,622
2013	3,701	3,568	3,385	2,466	1,951
2014	3,925	3,989	3,769	2,729	2,103
2015	3,752	3,816	3,915	3,174	2,180
2016	3,657	4,089	3,636	2,899	2,372
2017	3,663	4,098	3,855	3,068	2,233
2018	3,615	4,022	3,950	3,102	2,353
2019	3,878	4,248	4,060	3,085	2,631

Note: Until 2015 the Criminal Statistics Record System accounted for individuals prosecuted for serious crimes only. Following methodological changes in reporting, since 2016 any offending has been recorded. As a result, since 2016 the number of persons prosecuted has not been comparable with the numbers for the previous years, as some of the criminal offences may not have been classified as serious crimes in the previous years and, therefore, the person may not have been included. The data from the Police Praesidium of the Czech Republic until 2015 is not cleaned of duplications.

A person reported in the Criminal Statistics Record System as prosecuted refers to a person who was formally notified of being accused or suspected of offending or who committed an act punishable under different terms and whose prosecution is not admissible (minors, people found not responsible for their actions, diplomats, etc.). The data of the Ministry of Justice concerning the number of the prosecuted includes individuals prosecuted on the basis of summary pre-trial proceedings.

The data of the Ministry of Justice concerning the number of those indicted does not include individuals for whom a public prosecutor issued a proposal for legal action (an equivalent of indictment in summary proceedings).

Criminality related to the violation of alcohol legislation, “alcohol law offences”, is associated with one type of offence, i.e. the serving of alcoholic beverages to children, or individuals below the age of 18 (Section 204). 197 such criminal offences were reported in 2019 (174 in 2018).

14,500 criminal offences were committed under the influence of addictive substances in 2019 (16% of the total of 93,200 cleared-up cases), of which 79% were perpetrated by offenders under the influence of alcohol and 21% under the influence of drugs other than alcohol. An increase in the proportion of criminal offences committed under the influence of addictive substances was observed in comparison with the previous year. Historically, these generally include offences involving endangerment under the influence of addictive substances and/or inebriety and negligent road accidents.

For 2019, the Ministry of Health registered 15,694 final convictions concerning administrative offences of the unauthorised possession of a small quantity of a narcotic or psychotropic substance for personal use and 255 convictions for the administrative offence involving the unauthorised cultivation of small quantities of plants or mushrooms containing narcotic or psychotropic substances for personal use and 52 convictions for the administrative offence of enabling a person below the age of 18 to engage in the unauthorised use of addictive substances. Compared to the previous year, there was a significant increase in the number of administrative offences involving the possession of small quantities of drugs for personal use. In 2019 the police recorded a total of 6,383 people who were found to have committed the administrative offence of the unauthorised handling of narcotic or psychotropic substances. Persons found guilty of administrative offences related to cannabis and methamphetamine accounted for the greatest proportion of the perpetrators of administrative offences (74% and 18%, respectively) according to the police.

According to the Ministry of Health, in 2019, 7,531 administrative offences committed against the public health protection rules were related to tobacco and alcohol, mostly concerning a violation of the smoking ban in a place designated by the law (85%). In the context of road traffic, 20,244 substance use-related administrative offences were committed in 2019, with driving a vehicle or riding an animal while being under the influence of alcohol or other addictive substances being the most frequent offence.

The latest estimates of economically motivated secondary drug crime were made for 2017. A total of 120,400 selected economically motivated criminal offences were reported (60% of all the criminal offences reported), with some 35% of them (42,300) committed by people who use drugs. Thefts accounted for the greatest proportion of those. X

## Drug Markets

> According to the Czech Statistical Office, a total of 172.5 litres of alcoholic beverages per inhabitant aged 0+ were consumed in the Czech Republic in 2018, which corresponds to 9.9 litres of pure alcohol per capita. The greatest amounts were consumed in beer (4.8 l), spirits (2.8 l), and wine (2.4 l). Alcohol consumption in the Czech Republic has not been in decline in recent years and the Czech Republic thus continues to rank among the countries with the greatest rates of alcohol consumption globally.

Until 2018 the consumption of cigarettes did not decline, either, according to the Czech Statistical Office, and in 2018 almost 2,000 cigarettes per inhabitant of the Czech Republic were consumed, which is a little less than 100 packets of cigarettes per person and year. The prices of cigarettes are gradually increasing in the Czech Republic (which also reflects the rise in the excise tax on tobacco products). In 2012 one average salary (CZK 25,100 / € 1,000) would buy 389 "average" packets of cigarettes, while in 2018 (CZK 32,086 / € 1,250) the equivalent was 329 packets.

The Czech Republic is a country to which illicit drugs are imported, but it is also a country of drug production. Methamphetamine is manufactured and cannabis cultivated, on both a self-supply and commercial basis, in the Czech Republic. The self-supply manufacturing of "braun", using codeine-based medications, or other opioids is scarce. The manufacturing of desomorphine ("crocodile") has not been reported in the Czech Republic so far. Seasonally, raw opium is gained and processed from food poppy by users directly in the fields, with sporadic instances of (attempted) heroin manufacturing being reported. Other illicit drugs are imported into the Czech Republic. Nevertheless, several cases of the manufacturing of ecstasy tablets have been recorded in the Czech Republic in the last four years.

In 2019 the Police of the Czech Republic and the Customs Administration of the Czech Republic detected a total of 258 indoor cannabis growing sites (202 in 2018). Since 2011 there has been a growing share of small-scale home-based cultivation sites among the detected ones, while the share of detecting cultivation sites with a production capacity exceeding 500 plants has been declining. In 2019 cannabis consumption in the Czech Republic was predominantly covered by domestic production.

234 clandestine methamphetamine labs were detected in the Czech Republic in 2019 (240 in 2018). Small-scale home-based installations, mainly supplying the domestic market, predominated among those in 2019. According to the National Drug Headquarters, the high-volume production of methamphetamine, stimulated particularly by foreign demand, mainly involved organised groups of people of Vietnamese origin. As in the previous years, the tendency to move large-scale production abroad (Poland, Germany, the Netherlands) continued.

The main precursor in the production of methamphetamine is pseudoephedrine, extracted from medicines. In the Czech Republic, the supply of medicines containing pseudoephedrine has been controlled since 2009. This regulation led to a significant reduction in the supply of these medicines by Czech

pharmacies and to an increase in their illegal import from other countries. The pseudoephedrine-based medicines used to manufacture methamphetamine most frequently originated from Poland.

Cocaine is imported into the Czech Republic from the countries of South America. In comparison to the surrounding countries, the Czech Republic is neither a major target nor transit country, despite the increasing trend in the availability and purity of cocaine in the Czech Republic observed in 2019. Ecstasy tablets are generally imported into the Czech Republic from the Netherlands or Belgium. In the last four years, the manufacturing of ecstasy was also recorded in the Czech Republic. Heroin enters the Czech Republic mainly via what is referred to as the "Balkan route". The organisation of the heroin market remained practically unchanged in comparison with the previous year.

As in the previous years, the substance seized with the highest frequency was cannabis. In 2019, 1,356 cases of herbal cannabis (marijuana) seizures were reported within the scope of drug-related crime in a total amount of 519.8 kg (in 2018 there were altogether 1,410 cases involving a quantity of 933.7 kg). Cannabis plants seized within drug-related offences were reported in 340 cases. In total, 26,500 plants were seized, of those, seizures of up to 20 plants accounted for 54% and seizures of more than 100 plants for 14%.

Methamphetamine was the second most frequently seized drug. In 2019, as part of criminal proceedings, there were 686 seizures reported involving a quantity of 26.4 kg in crystal form (altogether 799 seizures involving 105.3 kg of the drug in crystal form and 3,635 methamphetamine-containing tablets).

In 2019, as part of criminal proceedings, there were 235 cases involving seizures of cocaine in a total amount (187.1 kg) dramatically exceeding the amount of cocaine seized in the previous year (in 2018 there were 243 seizures involving a quantity of 24.2 kg in total).

As regards heroin, a higher number of seizures and also a much higher quantity seized were reported in comparison with the previous year. In 2019, 52 seizures involving a total quantity of 8.8 kg were recorded in connection with criminal offending (46 seizures involving a total of 1.3 kg in 2018).

In 2019 law enforcement authorities kept records of 333 seizures of ecstasy as part of criminal proceedings, of which 171 cases involved seizures of tablets (464 seizures of ecstasy, including 257 seizures of ecstasy tablets in 2018). A total of 74,700 tablets were seized, which is more than double the quantity seized in 2018 (32,400 tablets).

Seizures of 26.6 kg of marijuana, 468 cannabis plants, 95 g of hashish, 1.2 kg of methamphetamine, 38 g of cocaine, 34 g of heroin, 89 ecstasy tablets, and 15 LSD trips were reported as part of proceedings involving drug-related administrative offences.

In 2019 a total of 52 new psychoactive substances were reported in the Czech Republic to the Early Warning System on New Psychoactive Substances, coordinated by the National Monitoring Centre, with 16 of them for the very first time (in 2018 there were 65 substances). They most commonly included synthetic cathinones (17 substances). ✕

This issue was prepared on the basis of the annual report on the 2019 drug situation in the Czech Republic: MRAVČÍK, V., CHOMYNOVÁ, P., GROHMANNOVÁ, K., JANÍKOVÁ, B., ČERNÍKOVÁ, T., ROUS, Z., CIBULKA, J., FIDESOVÁ, H., VOPRAVIL, J. 2020. Výroční zpráva o stavu ve věcech drog v České republice v roce 2019 [Annual Report on the Drug Situation in the Czech Republic in 2019] MRAVČÍK, V. (Ed.). Praha: Úřad vlády České republiky. For detailed references following the citation standards see the Annual Report.

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National Monitoring  
Centre for Drugs  
and Addiction

## ANNOUNCEMENTS / LINKS

### Information about substance use and gambling in the Czech Republic is available at

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

All the publications released by the National Focal Point (National Monitoring Centre for Drugs and Addiction), including all the issues of the "Zaostřeno" bulletin, are downloadable in electronic format in Czech from <http://www.drogy-info.cz/publikace>.

Any orders for hard copies of the publications should be sent to [drogyinfo@vlada.cz](mailto:drogyinfo@vlada.cz).

### Map of Aid

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

Changes in contact information should be sent to: [drogyinfo@vlada.cz](mailto:drogyinfo@vlada.cz).

### Calendar of events

<http://www.drogy-info.cz/kalendar-akci/>. Information about training events and seminars that concern addictology or are relevant to it and can be posted in the calendar should be sent to: [drogyinfo@vlada.cz](mailto:drogyinfo@vlada.cz).

For the UniData and PrevData applications for maintaining a record of the clients and interventions of drug services, including user support, visit <http://www.drogovesluzby.cz/>.

### EMCDDA Best Practice Portal

<http://www.emcdda.europa.eu/best-practice>

### The EMCDDA European Drug Report

[https://www.emcdda.europa.eu/edr2020\\_en](https://www.emcdda.europa.eu/edr2020_en).

### National smoking cessation website

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

### National smoking cessation hotline (800 35 00 00)

### 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.

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

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

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Editor in charge > Lucie Grolmusová  
Written by > Zdeněk Rous, Pavla Chomynová, Viktor Mravčík  
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