Secretariat of the
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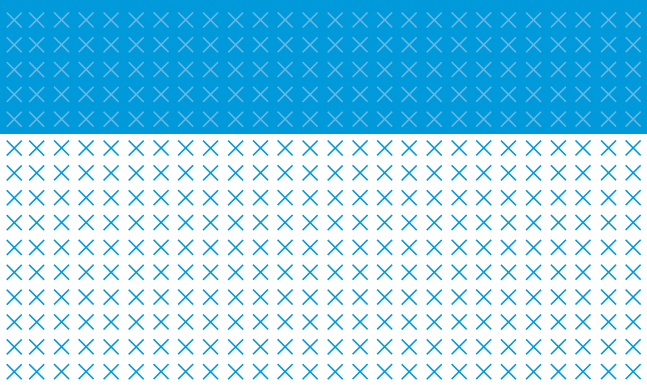
National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2027



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National Strategy
to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019–2027

Prague, May 2020
SECRETARIAT OF THE
GOVERNMENT COUNCIL FOR DRUG POLICY COORDINATION

National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2027

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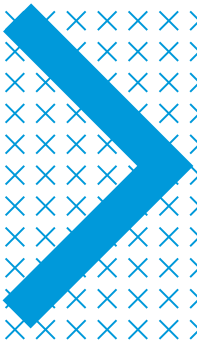

Introduction

The National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2027 (hereinafter also referred to as "the National Addiction Strategy" or the "2019-2027 National Strategy") is the key policy document of the Government of the Czech Republic[1] which articulates its intentions and specific activities involving the implementation of measures aimed at preventing and reducing the harm related to substance use, pathological gambling, and the uncontrolled use of modern technologies among the Czech population.

The addictive behaviour policy is defined as a comprehensive and coordinated set of preventive, educational, therapeutic, social, regulatory, and control and law enforcement measures adopted on the international, national, regional, and local levels. Its purpose is to pursue a coordinated and evidence-based approach to preventing negative consequences of addictive behaviour and reducing the harm (health, social, economic, and immaterial) caused by addictive behaviour to both individuals and society as a whole, including its negative effects on public budgets. The ultimate goal of these efforts is to enhance the well-being of the population of the Czech Republic.

The 2019-2027 National Strategy includes a set of measures aimed at achieving the objectives elaborated in the relevant action plans.

The 2019-2027 National Strategy builds upon the previous strategy for the period 2010-2018, which was updated twice while it was in operation in response to the call for the integration of illegal drugs, alcohol, tobacco, and gambling into a single policy. *The National Drug Policy Strategy for the Period 2010-2018* (*the 2010-2018 National Strategy*) set four strategic objectives:

- to reduce the level of experimental and occasional substance use, particularly among young people, and reduce the level of gambling among children and adolescents;
- to reduce the level of problem and heavy substance use and problem gambling among the population;
- to reduce the harm associated with substance use and problem gambling caused to individuals and the community; and
- to reduce the availability of addictive substances, particularly to young people, and to scale up the legal regulation of gambling.

Evaluation

The comprehensive nature of the 2010-2018 National Strategy and the wide range of topics it covered makes it difficult to evaluate the degree of its success. Conclusions can be drawn to the effect that:

1 This document was adopted by the Government on the basis of Section 28 (2) of Act No. 65/2017 Coll., on the protection of health from the harmful effects of addictive substances.

- the level of substance use among the adult population is not declining and remains relatively high;
- the level of illicit substance use among children and adolescents is currently on the decline, but remains relatively high in comparison with other European countries;
- the level of experience with gambling is rising, mainly among young people and especially in the online setting;
- heavy alcohol use among the population maintains high levels;
- tobacco use shows a sustained downward trend; its prevalence among the population reaches average rates in the European context;
- the level of cannabis use is relatively high and the level of problem (high-risk) drug (methamphetamine and opioids) use is at the European average, while the prevalence of injecting drug use reaches above-average levels;
- the social and public health effects of the problem use of methamphetamine and opioids (such as infections and overdoses) or any other drugs maintain relatively low levels, including their implications for public budgets;
- gaps exist in the monitoring of the health and social harms associated with tobacco and alcohol use in the Czech Republic, despite the existence of evidence of such harms being generally significant;
- in terms of the international context, the prevalence of pathological gambling reaches rather above-average levels; while the significance of playing on electronic gaming machines (slots) is currently in decline, online gambling is on the rise;
- the availability of alcohol and tobacco remains very high and not much has changed in this respect, including as far as underage people are concerned;
- the availability of controlled illicit drugs remains unchanged;
- during the operation of the Strategy, the WHO Framework Convention on Tobacco Control was ratified, Directive 2014/40/EU was transposed into the national legislation, and Act No. 65/2017 Coll., on the protection of health from the harmful effects of addictive substances, was adopted. Tobacco-related responses included a general smoking ban applicable to all establishments that serve food and the introduction of "combined" (text and image) health warnings on the packaging of tobacco products;
- new legislation to regulate gambling was introduced and the availability of electronic gaming machines has decreased, while online gambling is on the rise.

Interim evaluation of the tobacco control action plan and the action plan to reduce alcohol-related harm were conducted as part of the progress report to provide feedback on the implementation of *Health 2020 – National Strategy to Protect and Promote Health and Prevent Diseases* (October 2018). The evaluation concluded that the implementation of the action plans was ongoing; however, it was hindered by challenges such as limited human resources and the lack of sources to fund some of the activities.

The evaluation of the action plan on illicit drugs carried out in early 2018 found structural shortcomings in the system of school-based prevention, limited availability of prevention programmes, including limited availability of specific programmes for

selective and indicated prevention, and limited availability of addictological[2] services, especially outpatient health services and social reintegration programmes for substance users.

The action plan on gambling was also last evaluated in early 2018. Areas for improvement include activities aimed at preventing the development of problem gambling and its early identification. Shortcomings were also found as regards the development of the network of outpatient services for problem gamblers.

The national policy on addictions and its legal framework are shaped by the relevant international framework comprising a number of binding documents and guidelines and its implementation overlaps with other public policy domains which follow their own strategies and policies. They are summarised in Appendix 1 hereto. The addiction policy and other related public policies should be interlinked.

2 In relation to the area of addictions, the National Strategy uses "addictological" and "addictology" in terms of the interdisciplinary field of addictology, which is based on the bio-psycho-social model of addiction and is not defined as a healthcare discipline. Where these terms are used to refer to the non-medical health profession of an addictologist, such usage is apparent from the context.

Chapter 1

Background

Substance use and the development of addictive behaviour are a comprehensive and multifaceted phenomenon involving a range of potential interacting risks to both individuals and society as a whole. The negative effects include adverse social, health, criminal, safety, and economic implications for the healthy development of individuals and society in all relevant aspects.

The 2019-2027 National Strategy acknowledges that addictive behaviour is not a matter of strong or weak will, where a person's decision or good upbringing and education and prevention can make a difference. The 2019-2027 National Strategy addresses addictive behaviour from a comprehensive and interdisciplinary perspective as a complex issue framed by the bio-psycho-socio-spiritual model of addiction. In terms of mental health, addiction-related problems are often associated with comorbid mental conditions, and addiction is also accompanied by physical problems. Finally, addiction goes hand in hand with socioeconomic factors, such as indebtedness, unemployment, housing issues, and the disruption of family and social support systems.

The 2019-2027 National Strategy covers all the topics and issues pertaining to the area of addictions. In addition to alcohol, tobacco, illegal drugs, and gambling, which were also dealt with in the previous Strategy, it introduces and elaborates on other areas of concern which have not yet been the subjects of coordinated efforts, specifically the misuse of psychoactive medicines and the uncontrolled use of modern technologies.

In the Czech Republic, the numbers of people who are estimated to be at risk of the development of addiction and may thus be exposed to health and social problems on both the individual and societal levels are as follows (these groups overlap to a great extent):

- 2.0 million daily smokers
- 1.6 million at-risk alcohol users (approx. 600,000 daily alcohol users, with approx. 100,000 engaging in heavy alcohol consumption on a daily basis)
- 900,000 people misusing sedatives and hypnotics
- 125,000 at-risk cannabis users
- 80,000-120,000 pathological gamblers
- 45,000 injecting users of methamphetamine and opioids

People with addictive disorders mainly receive help from addiction programmes providing services based on the interdisciplinary approach and the bio-psycho-social model of addiction. The areas in which the services are provided include prevention, early intervention, counselling, harm reduction, treatment, and the social rehabilitation and reintegration of people with addictive disorders.

According to a study conducted in 2007, the social costs[3] of the use of legal substances (tobacco and alcohol) and illegal drugs were CZK 56.2 billion (1.6% of GDP), with tobacco, alcohol, and illicit drugs accounting for CZK 33.1 billion, (59.0%), CZK 16.4 billion (29.1%), and CZK 6.7 billion (11.9%), respectively (Zábranský et al., 2011). Another study quantified the costs incurred in relation to alcohol in the Czech Republic in 2010 at CZK 19.6 billion (Gustavsson et al., 2011; Csémy and Winkler, 2012), and the most recent estimates, for 2016, indicate over CZK 56 billion (Mlčoch et al., 2019). The first estimates of the social costs of gambling in the Czech Republic were made for 2012, with the resulting figures ranging from CZK 14.2-16.1 billion, including material costs amounting to CZK 3.5-4.7 billion (Winkler et al., 2014).

Main Characteristics of the Current Situation

The Strategy is based on the results of the monitoring of the situation in the area of substance use and gambling, which are thoroughly described in the drug and gambling reports[4] published by the National Monitoring Centre for Drugs and Addiction (the National Monitoring Centre), and in the reports on tobacco and alcohol use published by the Czech National Institute of Public Health. Other relevant data sources include health statistics collected and issued by the Czech Institute of Health Information and Statistics and the reports and information about drug supply, the drug market, and drug-related crime issued by the Police of the Czech Republic and the Ministry of Justice. The latest developments in the different areas under scrutiny are outlined below.

Tobacco

- Tobacco use is a major cause of morbidity and mortality in the Czech Republic. Smoking is responsible for almost 20% of overall mortality. The greatest burden of disease attributed to tobacco has been recorded among people in middle age and older.
- Regular smokers presently account for approximately 25% of the adult population, which is indicative of a sustained downward trend. The use of other forms of tobacco products, such as smokeless tobacco, emerging heated tobacco products, and electronic cigarettes, is less prevalent among the population in comparison with smoking traditional cigarettes.
- Daily smoking among the population of the Czech Republic reaches average levels in the European context.
- Recent data indicates a significant drop in the prevalence of smoking among children and adolescents in the general population. There are, however, groups of children and adolescents who are at greater risk of substance use (they include those placed in youth institutions and living in socially excluded communities). While the degree of experience with the use of e-cigarettes among children and adolescents appears relatively high, no data on trends is available.

3 Both direct and indirect costs of substance use, or any intangible costs involving those incurred in healthcare, law enforcement, and other areas (such as prevention and research).

4 Annual Report on the Drug Situation in the Czech Republic and Annual Report on Gambling in the Czech Republic

- The regulation and control of tobacco products and related goods were significantly strengthened in terms of restricting their availability and protecting people from exposure to tobacco smoke. In 2016, for example, text-and-image health warnings on the packaging of tobacco products were introduced, new measures concerning the composition of tobacco products were adopted, and specific regulation of e-cigarettes was launched, and since 31 May 2017 smoking has been banned in all establishments serving food and in various other types of settings. Czech society is generally supportive of such measures.
- People who use tobacco products, herbal products intended for smoking, or electronic cigarettes still lack enough information about the health effects of such products, including the level of danger they pose.
- The limited application of brief interventions for smokers by health professionals continues to be an area for improvement.
- The offer of professional services concerned with the treatment of tobacco dependence is limited. The network of tobacco dependence treatment centres comprises some 40 facilities (mainly pulmonary and internal medicine departments) with long waiting periods for admission to treatment. Other types of services (including other health services, pharmacies, and addiction services) provide tobacco dependence treatment only exceptionally.
- The National Smoking Cessation Quitline (800 350 000) was launched in 2017.
- The number and proportion of smokers who use tobacco treatment services are low. Approximately 3000 people are reported to be receiving treatment for tobacco dependence annually.
- The majority of smokers stopped or tried to stop smoking without any help (84%), 3% received medical support or smoking cessation services, 7% opted for replacement nicotine therapy, and 9% resorted to electronic cigarettes.
- The regular systematic monitoring of the effects of tobacco use is lacking.

Alcohol

- Alcohol is a major cause of morbidity and mortality in the Czech Republic. Alcohol use is responsible for approximately 6% of overall mortality.
- The Czech Republic ranks among the countries with the highest levels of excessive alcohol use in Europe and its alcohol consumption per head is one of the greatest globally.
- The greatest burden of disease attributed to alcohol use has been recorded among people in middle age and older.
- A total of 16.8% of the population aged 15+ falls under the at-risk drinking category, with 9.0% meeting the high-risk category criteria.
- Among younger age groups (particularly among the male population under 45), alcohol-related accidents and injuries represent a major cause of death.
- The level of alcohol use, including at-risk drinking, among Czech children and adolescents has been in significant decline recently, although it still reaches above-average figures on the European scale.
- 300-400 fatal alcohol overdoses are reported to the general mortality register annually. The data provided by forensic medicine departments indicates that about

800 people in the Czech Republic die under the influence of alcohol (mainly as a result of accidents and suicides) annually.

- The rate of crime committed under the influence of alcohol is high – such offending accounts for 10-13% of the overall crime rate.
- The limited application of brief interventions for alcohol users by health professionals continues to be an area for improvement.
- The abstinence-oriented treatment approach continues to predominate. The application of harm reduction approaches is scarce.
- Major gaps exist in the availability of addictological care for alcohol users as regards outpatient treatment and relevant aftercare services. Annually, approximately 25,000 people receive alcohol dependency treatment, mainly provided by outpatient and inpatient psychiatric facilities.
- Alcohol continues to be easily available. Recent legislative changes intended to protect the population from the harmful effects of addictive substances have not made much difference.
- In comparison to other developed countries, advertising for alcohol is not subject to sufficient control.
- Alcohol is widely tolerated across society.
- The regular systematic monitoring of the effects of alcohol use is lacking.

Illegal substances

- The level of illegal substance use among the population of the Czech Republic is high and above-average in the international context, particularly as far as cannabis use is concerned. A total of 4.4% of the adult population (especially young males) is estimated to be at risk of cannabis-related problems, with 1.8% falling under the high-risk category in this respect.
- Children's and adolescents' experience with illicit drug use shows relatively low levels. The exception is cannabis, where the Czech Republic ranks among the countries with the greatest prevalence of cannabis use among children and adolescents, despite its current decline. There are, however, groups of children and adolescents who are at greater risk of substance use (they include those placed in youth institutions and living in socially excluded communities, where transgenerational use is common).
- The latest estimates indicate that problem users of opioids and methamphetamine (known locally as "pervitin") account for approximately 0.7% (approx. 50,000 people) of the adult population in the Czech Republic, with the number of methamphetamine users growing in the long term.
- Internationally, the Czech Republic is typified by its problem methamphetamine use. The most widespread opioid among problem drug users in the Czech Republic is diverted buprenorphine. Recently, there has been an increase in the use of heroin and opioid analgesics.
- The problem use of opioids and methamphetamine in the Czech Republic reaches average European levels, but the rates of injecting drug use in the Czech Republic are above the European average.

- In 2017 forensic medicine departments reported a total of 42 cases of fatal overdoses on any illegal drugs or inhalants and an additional 128 deaths under their influence (especially as a result of accidents and suicides). An increase in the number of deaths related to opioids (fentanyl, morphine, and codeine derivatives) has been observed recently.
- The prevalence of HIV infection among injecting drug users maintains low rates, less than 1%, in the long term. The prevalence of hepatitis C among injecting drug users ranges from 15 to 80%, depending on the characteristics of the sample examined, with the mean value hovering around 35%.
- In terms of overdoses on illegal drugs and inhalants and infectious diseases among injecting drug users, the Czech Republic reports very low levels in comparison to other countries.
- New psychoactive substances (NPS) represent an emerging phenomenon of concern. While their structures and effects resemble those of traditional drugs, these substances are (for the time being) controlled by neither international conventions nor national regulations. A total of 48 NPS were reported in the Czech Republic in 2017 through the dedicated Early Warning System coordinated by the National Monitoring Centre, with 16 of them being noted for the first time ever. The level of NPS in the Czech Republic is relatively low.
- The proportion of illicit drug users in contact with the system of services is relatively large. An estimated 45,000 illicit drug users annually maintain contact with addicto-logical services. They are mainly methamphetamine users (approx. 25,000) and opioid users (approx. 10,000). First and foremost, users are in contact with low-threshold facilities and outpatient services. Approximately 4000 people annually receive opioid substitution treatment.
- Since 2010 it has not been a criminal offence in the Czech Republic to possess cannabis and cultivate cannabis plants, other plants, and mushrooms containing narcotic and psychotropic substances for personal use in small quantities (it is currently considered an administrative offence).

Psychoactive medicines

- The problem use of medicinal products primarily concerns opioid analgesics, sedatives, and hypnotics. It occurs among both the general population and problem users of other substances (including methamphetamine, opioids, and alcohol).
- The number of people who misuse sedatives and hypnotics in the Czech Republic is currently estimated at some 900,000, with people misusing alprazolam (e.g. Neurol®), approx. 270,000, and zolpidem (e.g. Stilnox®), approx. 190,000, representing the greatest groups.
- Annually, approximately 3000 users of sedatives and hypnotics receive treatment (mainly from outpatient psychiatric and addictological services).
- In the long term, the problem use of opioid analgesics, sedatives, and hypnotics, in particular, remains a hidden and overlooked issue. No action, such as awareness-rais-ing campaigns among prescribing doctors and patients, has been taken in this respect.

Gambling and other non-substance addictions

- The level of gambling among the general population has grown in the last two years, which is particularly due to an increase in the prevalence of gambling activities

involving numerical and instant lotteries. An increase has also been observed lately as regards online gambling (involving especially fixed-odds and live betting), while the levels of playing on electronic gaming machines ("slots") have recorded a decline in recent years.

- No clear-cut trend can be determined as far as problem/pathological gambling is concerned. Nevertheless, 5.7% of the adult population is estimated to be at risk and 1.4% at high risk. Extrapolated, these figures correspond to a total of 510,000 people at risk, including up to 120,000 coming under the high-risk category. While no aggregate international comparisons are available, the relevant data indicates that the prevalence of problem gambling in the Czech Republic is high.
- An increased risk of problem gambling associated with online gambling has been observed recently. This risk applies to young males in particular. Electronic gaming machines ("slots") remain responsible for the greatest proportion of problem gambling cases. While access to such gambling activities has been reduced recently as a result of new regulatory measures effective since 2017, the Czech Republic remains a country with a wide offer of electronic gaming machines in the international context.
- Estimates from 2015 and 2016 indicate that in the Czech Republic up to 3.9% of 16-year-olds are at risk of developing problem gambling, which, relative to the 15-19 age group, corresponds to 13,000 thousand people, mainly young males preferring fixed-odds betting.
- Up to 28% of 16-year-old students play computer games on a daily basis and 42% of students spend four or more hours online on weekdays. 16-year-old Czechs spend more time engaging in gaming than the European average.
- A new law adopted in 2017 introduced a number of measures to prevent the development of problem gambling, the effect of which has not fully set in because of the previous legislation being still in operation. These changes are expected to lead to a drop in the level of problem gambling as a result of reductions in the availability of electronic gaming machines. Nevertheless, it is feared that more cases of problem gambling may result from the growing scale of online gambling, particularly fixed-odds and live betting.
- Approximately 3000 gamblers are in contact with helping services every year. The offer of specialised programmes for problem gamblers has been scaled up recently.
- No systematic efforts have been made to survey the situation regarding non-substance addictions and no relevant framework policies and strategies have been adopted to address the issue.

Public attitudes to addictive substances

- While the attitudes of the population of the Czech Republic towards substance use are not changing much in the long term, there have been signs recently of less acceptance of tobacco and alcohol use, especially in terms of regular smoking and drinking.
- A high degree of tolerance towards drinking and smoking expressed by the media and public figures persists.
- Attitudes towards restrictions on smoking remain unchanged in the long term: 50-60% of the adult population have been supporting them since 2011. Even the recent

introduction of a smoking ban in establishments serving food had no bearing on the attitudes: 60% of the population supports the ban.

- The attitudes of the population of the Czech Republic towards illegal drugs are relatively uptight, with cannabis use being the most acceptable. Tolerance towards cannabis use, especially on the part of older age groups, has increased in the past twenty years.

Prevention

- The quality and availability of school-based programmes intended to prevent risk behaviour are improving. However, their quality and coverage vary significantly across regions. Despite the existence of a number of key structural elements (a certification system, school prevention workers, prevention methodologists in pedagogical and psychological counselling centres and regional school-based prevention coordinators, school prevention programmes, and a reporting system), the Ministry of Education should work to enhance the efficiency and coordination of the existing comprehensive system and embark on the full implementation of structural tools and evidence-based programmes in practice.
- The problem faced by school-based prevention is the underfunding of the system (the amount of funding provided by the Ministry of Education to support school-based prevention programmes has been the same, and insufficient, for a number of years – about CZK 20 million). Inadequate financial remuneration and time allocated to the discharge of the responsibilities of school prevention workers, which are performed on top of their full-time teaching commitments, continue to be a problem. As a result, the requirements for school-based prevention programmes are often met on paper only.
- There is a continuous lack of any systematic long-term programmes targeting the entire population (not only the school one) and programmes aimed at specific settings (including the nightlife setting, prisons, and socially excluded communities) or the specific needs of selected target groups (such as Roma).
- The availability and funding of universal, selective, and indicated prevention programmes focusing on vulnerable groups and individuals are limited. The majority of the regions and municipalities continue to provide little support for prevention programmes.
- Prevention programmes which are not evidence-based continue to be implemented and receive support.
- Community-based prevention programmes aimed at parents and the general public are still lacking.
- Awareness of the health and legal implications of substance use among the population is still limited (e.g. persisting myths about the health benefits of alcohol and misconceptions about the possession of small quantities of drugs carrying no criminal sanctions or about the health effects of illicit drug use).
- The level of substance use among children and adolescents is currently declining. The causes and factors behind this development are yet to be systematically explored and the sociocultural assets with positive effects on children and adolescents thus remain unexploited.
- Early diagnoses and brief interventions concerning addictive disorders are provided to a very low degree (this applies to alcohol, tobacco, gambling, and specific target

groups, such as children and adolescents, young adults, members of socially excluded communities, and people at risk of social exclusion).

Counselling, treatment, aftercare, and social integration

- The network of addiction services is multidisciplinary and features inter-agency liaison.
- There is a number of common structural elements which underpin the provision of services to people with addictive disorders and their relatives. These include quality standards, a quality control (certification) system, a reporting system, and the existence of addictology as an autonomous field of study recognised by service providers and national and local government.
- Low-threshold programmes, aftercare programmes, and therapeutic communities are registered as social services rather than health services and they are predominantly operated by non-governmental organisations. In particular, they aim at illicit drug users and, to a lesser but growing degree, at alcohol users and pathological gamblers, with a single organisation generally operating multiple facilities providing addiction services of different types.
- Networks of providers of social and health services concerned with addictive behaviour are becoming interlinked and thus form the core of addiction services in the Czech Republic. The system is funded from multiple sources, with the major ones including subsidies from public (national, regional, and municipal) budgets and resources coming from public health insurance schemes.
- Multiple-source funding places greater demands on coordinated support, imposes a greater administrative burden on service providers, and involves various drawbacks affecting the general day-to-day provision of services.
- There are 250-300 addictological programmes of various types in the Czech Republic. Their availability varies from place to place. In some regions, the availability of certain types of services (such as outpatient care in general, substitution treatment, and aftercare) is very poor or limited, or specific programmes are hard to find (e.g. the provision of housing for addiction clients).
- Historically, the network of tobacco dependence treatment centres, affiliated predominantly with inpatient healthcare facilities, primarily pulmonary wards, has not developed as part of addictological care and is not identified to this effect.
- Designed for the target group of problem users of illegal substances, harm reduction programmes are relatively well available (especially to injecting drug users), although in some locations their availability may be limited. The public health benefits of low-threshold harm reduction services are evident. Harm reduction programmes aimed at other substances and gambling are implemented/available to a much lesser degree.
- The low availability of providers of psychiatric health services specialising in addictive diseases continues to be an issue. In addition, psychiatric outpatient facilities are still fairly reluctant to provide health services to patients with addictive diseases. An increase has been observed in the number of outpatient addiction services, the operation of which is supervised by an addictologist as a non-medical professional.
- There is a lack of intensive outpatient treatment in the form of day care centres/structured programmes and effective specific services addressing housing (“Housing First”) and employment issues.

- In Prague, especially, and in other regions with a high prevalence of problem opioid use, the availability of opiate substitution treatment is low. In the EU context, the Czech Republic ranks among the countries with low to medium substitution treatment coverage.
- Emerging addiction services intended for children and adolescents face a lack of child psychiatrists, psychologists, and special education professionals. There are still gaps in having these services effectively interlinked with institutional education and care and with indicated prevention programmes. Much improvement is also needed in their liaison with general practitioners for children and adolescents (early diagnosis and brief intervention) and gynaecologists (screening for drugs in pregnant users).
- Systematic needs assessment of geriatric patients (older-age-category people at risk of addictive behaviour) and addiction services available to this target group are missing.
- Some marginalised population groups (such as Roma and other ethnic minorities) may have limited access to addictological care.
- Advocacy organisations associating the representatives of the target groups and clients of the services that could become involved in the creation of addiction-specific measures are lacking.

Availability of addictive substances and gambling

- The availability and accessibility of alcoholic beverages and tobacco products is high and practically unlimited for adults. Alcohol and tobacco are still also easily available to minors. The legal age for these substances is enforced to a very small extent. The affordability of alcohol and tobacco has not changed. Neither has the legislation on the protection of health from the harmful effects of addictive substances effective since 2017 made much difference in reducing the availability of alcohol. Major restrictions have been adopted to reduce the exposure of the Czech population to advertising promoting tobacco products and electronic cigarettes (although it is still allowed at points of sale). Alcohol advertising is subject to more lenient control, which contributes to its social normalisation.
- Recent years have seen a dynamic development of the market in tobacco and related products, such as electronic cigarettes and vaporisers featuring both nicotine and non-nicotine e-liquids and heated tobacco products generating emissions which contain fewer of some of the toxic substances than the tobacco products used by smoking. They constitute a diverse range of products with different characteristics, especially as regards e-cigarettes. In view of the fact that these products were

5 Heated tobacco products have been marketed in the Czech Republic since 2017. On the EU level, tobacco and related products are governed by Directive 2014/40/EU, which was transposed into the Czech national legislation by means of, especially, Act No. 180/2016 Coll., amending the law on foodstuffs and tobacco products (Act No. 110/1997 Coll.).
In some aspects, the regulation of heated tobacco products corresponds with the regulation of smokeless tobacco products rather than that of tobacco products intended for smoking. Major similarities include the form and extent of mandatory health warnings and notification and marketing requirements. There are also some differences in the requirements applied to tobacco products and electronic cigarettes (for example, an information leaflet must be enclosed in the packaging of the latter).

launched onto the market not so long ago, their properties and health effects should be subjected to further independent research.[5]

- The legal offer of gambling is currently undergoing changes in the aftermath of the new gambling legislation effective since 1 January 2017. While the offer of electronic (slot) gaming machines is in decline, that of live games and online gambling (in particular, as the new law has opened an online gambling market in the Czech Republic) is growing. This entails the shift in major gambling-related areas of concern from playing on electronic gaming machines to online gambling which is currently taking place and will continue. The offer of lotteries, including instant lotteries (scratchcards), is reaching very high levels. While these gambling activities are regarded as involving minor social risks, online lotteries may give rise to some new risks. Finally, the omnipresence of advertising for gambling, especially fixed-odds betting, makes it seem normal and contributes to it being more easily available (including on the internet or through the social media).
- A supply of illegal substances continues to exist, despite the prohibitory approaches and both criminal and administrative sanctions related to the unauthorised handling of even small quantities of such substances. This results in significant economic costs (including damage caused by criminal activities and costs incurred in relation to law enforcement) and safety risks. Illicit substance use entails health risks involving overdoses and intoxication with the active ingredient or potentially hazardous adulterants. New psychoactive substances and the online supply of narcotic and psychotropic drugs represent a challenge for the drug control system.
- The availability of illegal substances is also determined by the interaction of good drug demand reduction services on the one hand and rigorous law enforcement efforts on the other hand.

Key Principles

The 2019-2027 National Strategy is based on the following principles:

European values

The policy fosters and adheres to shared European values, such as democracy, equality, solidarity, responsibility, respect for human dignity, freedom, the rule of law, and human rights, including the rights to health and healthcare, equal access to services, and the right of an individual, the family, and the community to health and a safe environment.

Integrated approach to addictions

An integrated approach takes account of the fact that the substances or activities involved in the development of the disease referred to as addiction or addictive behaviour may vary in their legal status. The policy reflects the overlaps and interaction of different types of addiction, whether they result from the misuse of legal substances (such as alcohol, tobacco, and psychoactive medicines) and illegal substances, pathological gambling, or the uncontrolled use of modern technologies. Finally, the policy also takes into consideration specific particular features of different areas of concern, the degree of progress in dealing with the relevant issues, and the way they project into other related policies.

Effective evidence-based measures and best practices

A realistic national policy and the activities it incorporates are based on analysis of the existing situation and identified problems, needs, and priorities, i.e. an evidence base, rather than by assumptions and beliefs. Selected research findings and evidence which should be considered in determining the current orientation and nature of the addiction-related policy are summarised in Appendix 2: International Evidence Relevant to Addiction Policies (page 50). A realistic policy in the area of addictions ensures that measures are thoroughly monitored, evaluations are conducted to assess regulatory and law enforcement measures on the one hand and preventive and treatment measures on the other hand for their impact and effectiveness in reducing risk behaviour, and, as applicable, that the activities are modified in reaction to the development of trends in addictions, public health, and research into the most efficient response options. Best practices are supported and disseminated; evidence-based activities are promoted and implemented in accordance with best practices where possible.

The balance between individual freedoms and the protection of the public

The measures envisaged in the national policy are designed in such ways as to strive for a balance between fundamental individual rights and freedoms (making a choice about one's health) and the protection of society as a whole from the negative consequences of addictive behaviour. In this respect, the Czech drug policy will follow the latest developments in the international regulatory framework and promote rational and balanced approaches.

The balance between law enforcement and preventive measures

A balanced approach fostered by the national policy implies a quest for equilibrium between rigorous law enforcement and the accessibility of preventive and treatment interventions. Recognising that any major deflection towards either side may generate undesirable effects and negative consequences involving higher social costs, it advocates an approach of finding a balance between excessive regulation and complete liberalisation – for details see the U-curve in Appendix 2: International Evidence Relevant to Addiction Policies (page 50). This approach is reflected in the legal framework and the allocation of public funds (the balanced approach is also considered in drafting the sections of the national budget for the given domain, ideally in liaison with local government and health and social insurance schemes).

Differentiated approaches to substances, gambling, and other addictive behaviours according to the level of risk they pose

The regulatory, law enforcement, preventive, and treatment activities will also be differentiated according to the harm the individual substances and gambling activities cause to society.

Prioritisation of resources to eliminate the greatest harms and maximise public health benefits

The policy promotes the rational allocation of financial and other resources to areas and activities which evidently involve the greatest (potential) harm and where society can thus gain the greatest benefit. In terms of public health, illegal substances have a smaller impact in comparison to alcohol and tobacco. Nevertheless, social, safety,

and economic implications and the public risks associated with illegal substance use are significant to such a degree that the issue needs to be addressed thoroughly, primarily from the perspective of prevention, harm reduction, and supply reduction. Relevant evidence should support the drafting of the national budget for the given area, ideally in liaison with local government and health and social insurance schemes. Rational funding should take account of support for activities and services of proven quality.

Scaling up measures to protect children and adolescents

Special attention needs to be paid to substance use and addictive behaviour among children and adolescents, who represent a particularly vulnerable group because of the developmental processes in their central nervous system, their lesser ability to control impulses, and their tendency to engage in risky behaviours.

Coordinated action

The issue of substance use and problem gambling requires a sustained comprehensive and structured response in which each component of the addiction policy plays a unique and equal role. The trajectory of a multifaceted phenomenon such as addictive behaviour needs to be changed by sustained coordinated and comprehensive action at all levels (both national and local) involving all relevant stakeholders (such as professional associations, umbrella organisations of service providers, research institutions, and funders of health and social services) rather than by fragmentary or isolated responses in one domain of efforts to tackle the drug problem. In view of there being a number of thematic overlaps and the involvement of a wide range of stakeholders, the national strategy posits coordinated management, i.e. the relevant topics will be considered at the level of the Government of the Czech Republic, which will be accountable for the implementation of specific measures, including the efficient funding of such efforts.

Enhancing the role of local government

The policy assumes that more responsibilities and the related competences and tools, including funding, will be delegated to local government, as well as supporting the idea of extending the regulation related to substance use and addictions at the local level. National coordination structures implied by the addiction policy will increase methodological support for the implementation of policies at local government level. Rather than copying the national strategy, the local policies must have the opportunity to identify their own priorities on the basis of analysis of the local situation.

Engagement of professional associations, providers of services intended for people with addictive disorders, other relevant institutions, and clients

The policy makers work with relevant research and professional associations and with all stakeholders concerned with the issue of addictive behaviour throughout the entire process of designing, developing, implementing, and evaluating the drug policy. This particularly applies to addictive behaviour-specific prevention, harm reduction, and treatment. Service providers, professional and research associations, and umbrella organisations will be represented in the drug policy coordination bodies. Those responsible for the implementation of the policy will strive for the target groups to become involved in the planning and implementation of drug policy responses based on best practice.

Shared responsibility and a rational, balanced, and evidence-based approach to international drug control

Recognising that the phenomenon of addictive behaviour can hardly be dealt with within the borders of the Czech Republic only, the policy makers will follow and reflect on the trends and developments in the global drug policy.

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Chapter 2

Goal

To prevent and reduce the health, social, economic, and intangible harm related to

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

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

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Chapter 3

Objectives and Priorities

In the forthcoming nine years, *the 2019-2027 National Strategy* will focus on the following priority areas, for which both general and specific objectives, activities, and interventions, to be detailed in action plans, will be defined:

- Scaling up prevention and raising awareness
- Ensuring a network of high-quality and accessible addiction services
- Providing for effective regulation of markets in addictive substances and products with addictive potential
- Improving the effectiveness of management, coordination, and funding
- The Strategy will also address the issues of medicinal products containing psycho-active substances, the uncontrolled use of the internet and new technologies, and cannabis and cannabinoids.

Within the framework of the priorities as set out above, *the 2019-2027 National Strategy* will specifically focus on the topics laid down below.

Scaling up prevention and raising awareness

- Enhancing the coordination of prevention efforts with a clear definition of the roles of the individual entities entering the system of the prevention of addiction-related risk behaviour.
- Raising public awareness (health and legal literacy) of the development, harms, and risks of substance use (involving the use of both legal and illegal drugs and psycho-active medicines) and addictive behaviour.
- Removing the stigma from substance users as part of the destigmatisation of mental health disorders and the prevention of social exclusion.
- Analysing relevant factors and fostering the downward trend in the level of substance use among children and adolescents and delaying the onset of substance use and risk behaviour.
- Fostering the downward trend in the level of addictive behaviour among the adult population.
- Scaling up effective prevention programmes, especially those targeted at children and adolescents, including gender-sensitive programmes and those focusing on specific population groups (such as people at risk of social exclusion), and ensuring that sufficient resources are earmarked in public budgets for funding such activities.

- Promoting the wider use of addiction-specific screening, early diagnosis, and brief interventions in practice.
- Scaling up prevention and education (in liaison with the professional community) targeted at driving under the influence.
- Supporting efforts aimed at enhancing the knowledge and skills of those involved in the implementation of the interventions and the policy makers at all levels.

Network of high-quality and accessible addiction services

- Defining and providing a conceptual framework for a (basic) network of addiction services and the supporting mechanisms and tools needed to build the network of services in practice.
- Finalising the network of services, with the main emphasis being placed on outpatient addiction services (including those intended for children and adolescents).
- Seeking modern, evidence-based, and effective types of services, procedures, and skills and implementing them in the network of addiction services and providing such services.
- Enhancing the accessibility of addiction services to people from socially excluded communities.
- Ensuring sufficient capacity and staffing for low-threshold harm reduction programmes targeting problem methamphetamine and opioid users.
- Ensuring the availability of maintenance treatment for chronic and dependent opioid users.
- Launching a study of substitution treatment for chronic and dependent methamphetamine users that evaluates its impact on their mental and physical health, social reintegration, independence from illegal markets, and well-being.
- Supporting interventions and measures that facilitate the adoption of less intensive and hazardous paterns of substance use, gambling, and other forms of addictive behaviour.
- Supporting programmes focusing on interventions in the nightlife setting.
- Improving access to screening for infectious diseases in addiction services and encouraging infected clients to enter treatment and remain in it.
- Supporting social reintegration aftercare programmes available to clients who have completed treatment in therapeutic communities and mid-term treatment programmes in every region.
- Supporting housing programmes for substance users/pathological gamblers, increasing the capacity of such services, and adopting other measures aimed at stabilising their social situation (including employment opportunities).
- Supporting preventive and treatment programmes, including harm reduction programmes, for people with addiction-related disorders or at risk of developing them provided in detention centres, prisons, and as part of non-custodial sentences (such as home detention or community service orders) and orders involving protective

measures, restrictions, and obligations and enhancing the continuity and interconnectedness of addictological care.

- Supporting the quality and professional competency of the services defined as comprising the network of addiction services – revision of the system of quality assurance and control and enhancing the qualifications and expertise of practitioners working in addiction services.
- Establishing a conceptual professional framework for the addictological care of older age groups and ageing substance users and introducing targeted structured services intended for surviving and ageing chronic substance users, including health, rehabilitation, sociotherapeutic, social reintegration, and spiritual interventions.
- Promoting the development of programmes aimed at the early detection of substance use and relevant crisis interventions, treatment, and harm reduction as part of the early intervention, treatment, and harm reduction efforts pursued within the special education domain, specifically in relation to the care of at-risk and vulnerable populations of children and adolescents.
- Establishing a conceptual framework for harm reduction responses designed for users of alcohol and tobacco.
- Dealing with the challenges related to the existence of addiction services on the border between the health and social domains, including the relevant legal environment and the national framework for coordinated action on the part of the agencies responsible for the individual areas.
- Promoting the synergetic use of the processes and outcomes of the ongoing reform of mental healthcare and the project involving structural support for addiction services within the integrated drug policy.

Effective regulation of markets in addictive substances and products with addictive potential

- Designing the economic and marketing regulation of different types of legal substances and gambling activities (including regulation in terms of pricing, taxation, availability, and advertising) according to their level of risk in such a way as to achieve reductions in supply, availability, and demand while preventing the development of black markets in addictive substances and gambling.
- Initiating a study to analyse the general characteristics of parallel illicit markets in (both legal and illegal) drugs and interpreting the general characteristics, risks, and proposed solutions under the professional and administrative supervision of the Government Council for Drug Policy Coordination.
- Creating conditions for the establishment of harm reduction instruments on the part of the producers and sellers of legal substances and gambling operators, including ways of providing information about such instruments.
- Articulating rules for the communication between the manufacturers, distributors, and sellers of products with addictive potential on the one hand and addiction policy makers on the other hand in order to prevent the public health policy from being influenced by private entities.

- Reducing the availability of drug precursors and other chemicals used in the illegal production of drugs (coordination at both the national and international levels is required).
- Strengthening consistent law enforcement in order to reduce the availability of illegal and legal substances.
- Scaling up law enforcement in order to improve the protection of children and adolescents against the supply of addictive substances and gambling activities.
- Monitoring the use of the internet for the distribution of addictive substances, including controlled and new psychoactive substances.
- Designing measures to improve public safety and order in response to the existence of legal and illegal markets in addictive substances and gambling.

Improving the effectiveness of management, coordination, and funding

- Initiating changes in the system used to fund programmes and services in order to ensure accountable planning and cultivation of the defined network of services in partnership with local governments.
- Using all available sources and systems to provide sufficient funding for the implementation of the addiction policy and ensuring that such resources are earmarked for evidence-based and effective programmes/activities.
- Establishing a system to fund the network of services aimed at preventing and treating addictions which will have the capacity to: (a) assure the efficiency, stability, and sustainability of such a network, (b) have legal substances and gambling fully incorporated in the integrated drug policy, (c) apply, promptly and effectively, innovative programmes that respond to the changes and pressing needs in the areas of both demand and supply reduction, (d) prevent fragmentation resulting from multisource funding and make it possible to adopt more effective and coordinated approaches to the implementation of the integrated drug policy in cooperation with local governments.[6]
- Strengthening and providing clear formal endorsement of the implementation and coordination of the addiction policy at the national level, including sufficient human resources.
- Strengthening and providing clear formal endorsement of the role and competencies of local government in the implementation of the addiction policy at the municipal and regional levels.

6 The future distribution of financial resources will be designed analogously to the national strategy for the development of social services for the period 2016-2025, which calls for a change in the system of funding (subsidies from the national budget) involving unclaimed expenses being replaced with mandatory ones and undertakes to analyse the existing legislative ways of providing multi-year financing, study the methods for allocating public resources applied in other governmental portfolios, and consider the possibility of establishing a national fund for the development of social services.

- Promoting partnership and liaison between professional associations, research institutions, umbrella organisations of service providers, and self-help and patients' organisations, as applicable, in the implementation of the policy at all levels.
- Promoting the active involvement of the Czech Republic in international projects, activities, and EU initiatives, as well as its participation in the development of the international framework for addiction policies, in line with best practices and scientific evidence, and offering assistance as part of international collaboration on drug policy issues.
- Promoting the monitoring and scientific investigation of addictive behaviour, including its new forms, such as the misuse of psychoactive medicines, the uncontrolled use of new technologies and social networks, or studies evaluating the effectiveness of the policy or methods of regulation.
- Facilitating closer links between research, practice, and policy, and putting evidence into practice.
- Initiating cost-effectiveness analyses of different measures adopted in relation to both the supply and demand reduction efforts.

Special topics

Medicines containing psychoactive substances

- Raising awareness of the risks associated with the excessive prescription and use of psychoactive medicines (especially opioid analgesics, sedatives, and hypnotics) among both the professional community and the general public.
- Scaling up the use of control instruments (such as the e-prescription system or the restricted medication supply register) in the regulation of the consumption of medicines containing psychoactive substances.

The uncontrolled use of the internet and new technologies

- Establishing a conceptual and strategic framework for this area, including regular monitoring and needs analysis.
- Enhancing public awareness of the risks associated with the uncontrolled use of the internet, social networks, and new technologies.
- Scaling up measures to protect children and adolescents using the internet, social networks, and new communication technologies.
- Exploring ways of regulating risky gaming and risky elements of computer games.

Cannabis and cannabinoids

- Increasing the availability of medical cannabis to such a degree as to prevent indicated patients from having to obtain it from illicit sources.
- Raising public awareness of the effects of cannabis and cannabinoids.
- Monitoring the use of cannabis-based products with a high content of CBD and a low content of THC and their effects.
- Conducting needs, feasibility, and risk analyses of regulation of the cannabis market.

- Following the international developments in the regulation of cannabis and the legalisation of cannabis for recreational use, especially in the EU Member States, including the monitoring of the legislative changes and their social impact.

Individual activities will be elaborated in the relevant action plans set out for shorter periods covered by the National Strategy.

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Chapter 4

Key Areas

The 2019-2027 National Strategy addresses four key strategic areas of a modern addiction policy. These self-contained but interacting core areas are:

- prevention,
- risk and harm reduction,
- treatment and social reintegration,
- market regulation and supply reduction.

Interventions in the four strategic areas of the addiction policy can only be pursued effectively in a functional institutional environment, including sufficient financial support. Therefore, the *2019-2027 National Strategy* also incorporates measures and interventions pertaining to the following domains:

- coordination and collaboration,
- funding,
- monitoring, information, research, and evaluation,
- international commitments, best practice, experience, and international cooperation.

Figure 1: Addiction policy structure

Coordination and Collaboration			
Prevention Preventing the onset and development of addictive behaviour.	**Risk and harm reduction** Reducing the adverse health and social effects of active substance use and other addictive behaviours on individuals and the community.	**Treatment and social reintegration** Improving health, social circumstances, and the overall quality of life and promoting the recovery and social (re)integration of people suffering from addictive behaviour.	**Regulation and supply reduction** Regulating the market in addictive substances and exposure to gambling.
Monitoring, Information, Research, and Evaluation			
International Commitments, Best Practice, Experience, and Cooperation			
Funding			

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Chapter 5

Implementation

Action plans

The implementation of the Strategy is supported by an action plan, which lays down in detail the procedures to be taken in order to meet the objectives of the *2019-2027 National Strategy*.

The key premise of a successful policy in this area is that the responses proposed in the action plan are evidence-based, have realistic goals, and are feasible in economic terms.

The action plan defines the objectives of the changes and related specific tasks, including the estimates of the financial resources needed for their successful implementation. Additionally, it defines policy success indicators, which will be used to measure changes in specific areas. Featuring such a structure, it thus serves as an implementation tool for the strategy in the given area and one against which to check the implementation of the Strategy, as well as providing guidance for various actors involved in the implementation of the addiction policy.

The action plans for the implementation of the addiction policy will cover three-year periods: 2019-2021, 2022-2024, and 2025-2027.

Addiction policy coordination and roles of different actors

The national addiction policy is pursued in liaison with the representatives of the public administration agencies at all levels and in association with the members of professional associations and the representatives of civil society.

Government Council for Drug Policy Coordination

The Government Council for Drug Policy Coordination (GCDPC) is an advisory, coordinating, and initiating body of the Government of the Czech Republic as regards the policy aimed at reducing the harms caused by addictive behaviour. It creates a platform for continuous communication with ministries, other segments of the public administration, and other entities involved in the implementation of the policy (including non-governmental organisations and professional associations). The GCDPC submits proposals for measures and activities pertaining to the addiction-related policy to the Government, coordinates and evaluates their implementation, and checks whether, and to what extent, the tasks ensuing from the 2019-2027 National Strategy and the Action Plans are fulfilled at all levels. By its authority, the GCDPC secures financial resources for the implementation of the addiction policy and assures the quality of addiction services, including prevention, harm reduction, treatment, and social reintegration services for people affected by addiction. Finally, working bodies are established as part of the GCDPC in order to promote inter-agency and interdisciplinary liaison.

In dealing with the practical day-to-day agenda related to the above activities, the GCDPC is assisted by its Secretariat – the Secretariat of the Government Council for Drug Policy Coordination ("the GCDPC's Secretariat") – which is an integral organisational unit of the Office of the Government of the Czech Republic.

The key executive element responsible for the practical coordination of the policy is the National Coordinator for Drug Policy, who reports to the Chair of the GCDPC and is in charge of the day-to-day operational coordination of the addiction policy in the agenda of the GCDPC and its Secretariat.

Ministry of Health

This ministry is responsible for legislation concerning the legal handling of addictive substances, products, and drug precursors. It permits the handling of addictive substances, products containing them, and drug precursors; it authorises imports and exports of such substances, conducts inspections, and fulfils its duty to report the import, export, manufacture, consumption, and reserves of these substances for the purposes of UN and EU bodies. In addition, it is responsible for legal regulations governing the protection of health from the harmful effects of tobacco and related products, alcohol, and other addictive substances, including the treatment of addictive disorders. Other duties of the Health Ministry include the provision and funding of such treatment (within its terms of reference), the reduction of health risks, the provision of education and interventions promoting healthy lifestyles, professional training for health practitioners, and the addiction policy. The Ministry of Health performs a coordination role in implementing the Framework Convention on Tobacco Control (FCTC) in the Czech Republic.

In addition, it coordinates the implementation of the Psychiatric Care Reform Strategy, the target group of which is identical to that of the 2019-2027 National Strategy in many respects.

The supervisory bodies of the Ministry, i.e. regional public health services, conduct governmental supervision over the fulfilment of the requirements concerning electronic cigarettes, refill containers, and herbal products according to Act. No 110/1997 Coll., on foodstuffs and tobacco products and on changes and amendments to certain related laws, as amended, and the implementing Decree No. 37/2017 Coll., on electronic cigarettes, refill containers, and herbal products intended for smoking, as well as enforcing the requirements prescribed by Act No. 65/2017 Coll., on the protection of health from the harmful effects of addictive substances, as amended.

Ministry of Labour and Social Affairs

The addiction-specific policy is part of the social policy of the government department responsible for labour and social affairs. This ministry is responsible for tackling the social problems associated with addiction and for the delivery and funding of social services for people affected by addiction. Within the scope of its remit, the ministry is also responsible for legislation related to the building and financing of the system of social services for people affected by addiction and for ensuring that the system is accessible and of good quality.

Ministry of Education, Youth, and Sports

In terms of the drug policy, the Ministry of Education, Youth, and Sports (the Ministry of Education) is primarily responsible for the prevention of risk behaviour, including the prevention of substance use and non-substance addictions, in the school setting, which is based on evidence-based measures and activities. It coordinates the school-based prevention of risk behaviour at both the horizontal and vertical levels. It provides methodological guidance for the implementation of prevention programmes in schools and educational establishments and audits such implementation by means of the Czech School Inspectorate. It provides financial support for the implementation of school-based prevention programmes delivered by schools and both governmental and non-governmental organisations. It manages the system for the certification of professional competency in prevention.

The Ministry of Education provides methodological and financial support for the prevention-oriented training of education professionals and prevention programme facilitators.

As part of educational establishments, it provides programmes involving early interventions and the therapeutic and educational care of children and young people who experiment with drugs or misuse them.

Ministry of the Interior

With regard to the drug policy, this ministry is mainly responsible for illegal drug supply reduction and law enforcement in relation to the distribution of illicit substances and gambling operations. In general terms, it is responsible for maintaining public order and tackling crime associated with the unauthorised handling of drugs. In addition, it is responsible for the professional training of staff working within this government portfolio, including the Police of the Czech Republic. It also provides accreditation for training programmes for officials from local and regional authorities who are concerned with prevention and work with people affected by addiction and their social environment. The Police of the Czech Republic pursue and fund activities aimed at preventing drug-related offending, as well as promoting awareness raising in this respect. Such efforts can be facilitated by the financial resources provided by the Ministry of the Interior for crime prevention. Furthermore, the ministry may use the resources earmarked for crime prevention to fund activities developed by the regional and municipal authorities, such as analyses, networking, and training of their own staff in drug prevention specific to their area. The major activities of the Police of the Czech Republic aimed at curtailing the supply include the detection, documentation, and investigation of drug-related offending at all levels, ranging from street drug crime to organised criminal activities. They are responsible for law enforcement pertaining to substance control in relation to public order, including road safety. The Police of the Czech Republic participate in law enforcement in relation to substance use engaged in by people who perform activities that could jeopardise their own or someone else's life or health or cause damage to property. Finally, the Police of the Czech Republic are involved in the enforcement of the obligations applicable to businesses with regard to the restrictions on the sale of tobacco and alcohol to underage people.

Ministry of Justice

This ministry is responsible for drawing up legislative proposals in the field of criminal law. It creates conditions for the activities of courts and public prosecutor's offices in

matters related to drug crime. It is also responsible for the professional training of judges, public prosecutors, and the staff of the Prison Service of the Czech Republic and the Probation and Mediation Service.

The Prison Service of the Czech Republic and the Probation and Mediation Service falls under the organisational structure of this government portfolio. The Prison Service of the Czech Republic provides or arranges for the professional care (including prevention, treatment, and harm reduction services and assistance equivalent to the care available in the community) of people with addictive disorders who are remanded in custody, detained, or serving a prison sentence. In addition, it takes measures to prevent drugs from penetrating the prison setting. The Probation and Mediation Service conducts supervision over people accused of, indicted for, or convicted of criminal offences and manages offenders who have received non-custodial sentences, including the obligations and restrictions imposed as part of such orders (e.g. to refrain from the use of narcotic and psychotropic substances, including alcohol), as well as providing its clients with individualised assistance (e.g. referrals to mental health services, drop-in centres, and other facilities for people with addiction-related issues). Finally, the ministry supports and coordinates structural projects involving penitentiary and post-penitentiary care, including the care of people with addictive disorders.

Ministry of Finance

This ministry participates in the setting of rules for the funding of the non-profit sphere and supervises their accord with Act No. 218/2000 Coll., on budgetary rules and on amendments to certain related laws (the Budgetary Rules), as amended. It provides methodological guidance and consulting in relation to the granting of subsidies from the state budget and with regard to audits of the corresponding financial flows.

The Ministry of Finance is the central public administration body responsible for the pricing and tax policies. In addition, the Ministry, specifically its Department 73 – Procedural Agenda and Control of Gambling, acts as a regulatory authority in relation to gambling; Act No. 186/2016 Coll., on gambling (the Gambling Act), falls within its remit. The agenda pertaining to Act No. 187/2016 Coll., on the taxation of gambling, is the responsibility of Department 32 – Tax Legislation. The Ministry of Finance issues licences ("basic licences") for gambling operations, while municipalities issue licences concerning the location of a gambling venue or casino. Moreover, the Ministry oversees the operation of online gambling. Since 1 January 2017 the regulation of gambling activities, especially those operated in land-based settings, has also been the responsibility of the Customs Administration of the Czech Republic, which also supervises the advertising and promotion of gambling activities that are not authorised under the Gambling Act. In this context, where compelling observance of government-imposed gambling-specific regulatory measures by investigating clandestine activities, the Customs Administration acts in the capacity of a law enforcement authority.

The law enforcement aspect of the Customs Administration is also reflected in the competences vested in the service in relation to non-fiscal activities, including its operations aimed at curtailing the illicit trafficking of illegal substances, drug precursors, tobacco, and alcohol. In order to pursue these activities, the Customs Administration of the Czech Republic makes use of its control powers, which fall exclusively within the remit of the service and are complementary to the authority of the Police of the Czech

Republic. Enjoying the status of a law enforcement authority, the dedicated drug squads of the Customs Administration are commissioned to detect, document, and investigate cross-border drug crime. Finally, the service is responsible for the control and inventory of the legal production of opium poppy and hemp.

Ministry of Defence

This ministry ensures the protection of the safety and sovereignty of the Czech Republic. It allocates forces and resources to be deployed in operations to support and maintain peace and in rescue and humanitarian missions outside the Czech Republic. Its role within the drug policy is mainly associated with concern about substance use and the development of addictive behaviour among soldiers on active service (soldiers).
The ministry is responsible for the early identification of problems related to substance use and the development of addictive behaviour among soldiers and the good professional training and education of soldiers, the command corps, the staff of the military education system, and all the other employees of this government department in relation to the issue of substance use and the development of addictive behaviour.

Ministry of Foreign Affairs

This ministry coordinates the fulfilment of tasks ensuing from the international treaties by which the Czech Republic is bound and from the membership of the Czech Republic in the United Nations Organisation (UN) and its bodies, including, in particular, the International Narcotics Control Board (INCB), the UN Commission on Narcotic Drugs (CND), and the UN General Assembly. The Ministry of Foreign Affairs is also involved in the coordination of EU-related matters.

Ministry of Industry and Trade

By authority of its terms of reference, the Ministry of Industry and Trade is responsible for the implementation of Act No. 40/1995 Coll., on the regulation of advertising, as amended, which also governs the regulation of advertising for tobacco products and alcoholic beverages. This ministry is thus a strategic partner in the drafting of regulatory measures applicable to the marketing of these commodities. This ministry also has within its remit Act No. 455/1991 Coll., on licensed trade (the Trade Licensing Act), as amended, which also sets out conditions for the attainment of a licence for a "notifiable trade" requiring a professional qualification for "tobacco processing and the manufacturing of tobacco products", for a notifiable trade requiring a professional qualification for "the manufacture of hazardous chemical substances and hazardous chemical agents and the sale of chemical substances and chemical agents classified as highly toxic or toxic", and for a "permitted trade" involving "the production and processing of fermented spirits, consumer spirits, spirits and other alcoholic beverages (with the exception of beer, fruit wine, other wines, and mead, and fruit distillates obtained from the grower's own distillation) and the sale of fermented spirits, consumer spirits, and spirits".

Ministry of Agriculture

The Ministry of Agriculture is the central public administration body responsible for food-related legislation. The supervisory agency of the ministry, the Czech Agriculture and Food Inspection Authority, oversees the observance of the responsibilities laid down in Act No. 110/1997 Coll., on foodstuffs and tobacco products and on changes and

amendments to certain other related laws, as amended by the relevant implementing decrees and EU legislation, and is also competent to carry out official checks on the safety, quality, and labelling of alcoholic beverages and spirits.

This ministry is responsible for the agenda pertaining to the "Tobacco Directive", No. 2014/40/EU, on the approximation of the laws, regulations, and administrative provisions of the Member States concerning the manufacture, presentation, and sale of tobacco and related products and the system providing for the traceability of tobacco products within the European Union.

In terms of alcohol and spirits, the Ministry of Agriculture is responsible for the application of Act No. 61/1997 Coll., on spirit, as amended, and implementing Decree No. 141/1997 Coll., on technical requirements for the production, storage, and processing of spirit, as amended.

In liaison with the General Customs Directorate, the ministry maintains records of the areas given over to the cultivation of opium poppy and cannabis and of the quantities of the harvested poppy straw, cannabis, and poppy and cannabis seeds in accordance with Section 29 of Act No. 167/1998 Coll., on addictive substances and on amendments to certain other laws, as amended.

Ministry of Transport

Within its competence, the Ministry of Transport is responsible for the development of the national transport policy and, within its terms of reference, for the implementation of such a policy. It is involved in the realisation of measures aimed at preventing and tackling substance use among people participating in transport, especially road users, which are laid down in the 2011-2020 National Road Safety Strategy. BESIP, an autonomous agency which is concerned with the methodology of traffic education in schools and both national and regional road safety campaigns that also focus on the prevention of driving under the influence, is affiliated with the ministry.

Ministry of Culture

The portfolio of the competences exercised by the Ministry of Culture include the media (the press, radio, and television), audiovisuals, and cinematography. This ministry is responsible for the application of Act No. 231/2001 Coll., on the operation of radio and television broadcasting and on amendments to other laws, as amended, Act No. 132/2010 Coll., on on-demand audiovisual media services and on amendments to certain other laws (the On-Demand Audiovisual Media Service Act), as amended, Act No. 46/2000 Coll., on the rights and obligations in the issue of periodicals and on amendments to certain other laws (the Press Act), as amended, Act No. 483/1991 Coll., on Czech Television, as amended, Act No. 484/1991 Sb., on Czech Radio, as amended, and Act No. 496/2012 Coll., on audiovisual works and support for cinematography and on amendments to certain laws (the Audiovisual Act).

Ministry for Regional Development

The Ministry for Regional Development is responsible for the portfolio concerning strategic management, as well as providing methodological support for both the national and regional public administration authorities in relation to the full cycle of strategic

management (involving planning, ensuring communication and participation, monitoring, and evaluation). By means of the IROP (Integrated Regional Operational Programme), it is also involved in the funding of the social structure at the regional and municipal levels and is responsible for integrated tools.

Regions and Municipalities

The regions and municipalities are the key partners of the central institutions in the preparation and pursuit of the national addiction policy strategy and in the introduction of the policy at the relevant levels of public administration. They also act as regulatory activities in relation to Act No. 65/2017 Coll., on the protection of health from the harmful effects of addictive substances. They implement measures and interventions envisaged in the addiction policy in line with the key objectives, principles, priorities, and procedures highlighted by the national strategy, while taking into consideration local conditions and needs. For this purpose, the representatives of the local government bodies are members of both the GCDPC and of its advisory and working bodies, the working groups of the GCDPC's Secretariat, and the National Monitoring Centre for Drugs and Addiction. To a varying degree, the regions and certain municipalities (particularly those with extended competences) also adopt their own drug strategies and plans, which are used as the basis for the implementation of measures suitable for the area in question. The diversity of their approaches is demonstrated by a range of aspects. Nevertheless, the coordination of the addiction-specific policy facilitates the growing harmonisation of action and the introduction of best practices stemming from the exchange of experience among regions. According to Act No. 167/1998 Coll., on addictive substances and on amendments to certain other laws, the regions are responsible for inspection activities in healthcare settings.

In accordance with Act No. 108/2006 Coll., on social services, by means of the mid-term plans for the development of social services, regions and municipalities are involved in the building of local networks of social services concerned with addictive behaviour. Regions grant authorisations for the provision of the services in this area according to Act No. 372/2011 Coll., on health services.

Finally, as part of grant schemes, regions provide financial support for schools and non-governmental organisations aimed at the prevention of risky behaviour.

Health Insurers

Health insurers are significant funders of health services provided to people with addictive disorders and are, in particular, responsible for the availability of healthcare. Therefore, they are an important partner as regards the coordination of the funding of addictological care. At the same time, it is their responsibility to ensure the good availability and quality of outpatient addiction treatment, both medical and non-medical, including opioid agonist maintenance treatment, detoxification, mid- and long-term residential treatment, and aftercare.

Professional associations, non-governmental organisations, colleges/universities, and research institutions

In terms of addiction policy-related issues, key professional partners of public administration institutions at all levels include professional associations, non-governmental

organisations, research institutions, and colleges/universities. In partnership with public administration bodies, their representatives are particularly involved in the planning and implementing of addiction policy measures and activities, in the evaluation of such measures and activities, and in the improvement of the quality and effectiveness of the services they provide using financial support from public funds.

The key professional associations and societies involved in the addiction-related policy include the Society for Addictive Diseases of the J.E. Purkyně Czech Medical Association, the Czech Association of Addictologists, the Professional Society for the Prevention of Risk Behaviour, A.N.O. – the Association of Non-governmental Organisations, the Association of Social Service Providers of the Czech Republic, the Association of Hospitals of the Czech Republic, the Society for the Treatment of Tobacco Dependence, and the Czech Coalition against Tobacco.

Major Czech academic research centres concerned with addictions include the Department of Addictology of the First Faculty of Medicine of Charles University and of the General University Hospital and the National Institute of Mental Health in Klecany.

In the Czech Republic there have thus far been no self-help or patient organisations actively involved in the development and implementation of the policy concerned with addictions and their effects on individuals and communities, as is common abroad. The existing self-help groups, such as Alcoholics Anonymous and Recovery, have not been actively involved in the shaping of the policy to this point. The Strategy will seek to encourage their participation in the development of the Czech addiction policy.

Evaluation of the Strategy

The Strategy is intended to remain effective from 2019 to 2027. Its implementation will be facilitated by action plans, with each covering a period of three years. Progress in the fulfilment of the tasks set out in the action plans will be evaluated (reviewed) on a yearly basis. In the years 2021, 2024, and 2027 the implementation and results of the respective action plans will be subjected to evaluation, the findings of which, in consideration of the existing situation concerning the latest developments in addiction-related issues and in the organisational framework, will be used as the foundation for the articulation of the topical priorities of the addiction policy and the drawing up of the next action plan.

The implementation of the 2019-2027 National Strategy will be evaluated in 2027. The results of the evaluation will be used to develop an addiction policy strategy for the following period.

The outcomes and the achievements of the implementation of the action plans will be tracked by means of action plan implementation reports and annual monitoring reports on drugs, gambling, and tobacco and alcohol in the Czech Republic. The system of monitoring indicators is thoroughly described in the Drug Information System coordinated by the National Monitoring Centre for Drugs and Addiction. It defines the main sources of information used to monitor the situation, activities developed in partial areas of the monitoring efforts, and the key indicators for different areas. The key assessment indicators under scrutiny include:

- the levels and patterns of substance use, gambling, and non-substance addictions among the general population and among children and adolescents;
- the levels and patterns of problem substance use, problem gambling, and problem forms of non-substance addictions – the number and characteristics of clients in contact with counselling services;
- the number and characteristics of problem substance users and gamblers in treatment and in contact with services;
- the occurrence of health consequences associated with substance use, gambling, and non-substance addictions;
- the occurrence of deaths associated with substance use;
- the number and characteristics of prevention programmes implemented in relation to the drug policy and their geographical coverage;
- the number of counselling and treatment programmes intended for specific target groups and their geographical distribution;
- the development of the social situation of people with addictive behaviour (homelessness, unemployment, indebtedness, etc.);
- estimates of the consumption of addictive substances and precursors, the quantities of the drugs and precursors seized and the number of such seizures, and the development of the number of drug-related administrative and criminal offences;
- the development of addictive behaviour-related crime;
- the development of the volume of financial resources allocated to the addiction policy and the number and types of programmes receiving support;
- the development of the social costs incurred in relation to addictive behaviour.

Appendices

Appendix 1: International and national strategic and legal context

International documents

Table 1: Selected international binding documents and guidelines relevant to the drug policy

Title	Description
Binding UN documents	
United Nations Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol	It lists narcotic drugs subjected to international control and divides them into schedules, introduces the control regimes applicable to the legal production, import, export, and distribution of narcotic drugs, sets rules governing the cultivation of the opium poppy, the cannabis plant, and the coca bush and the manufacture of narcotic drugs based on these plants, and introduces measures against the use of narcotic drugs and penal provisions which the parties to the Convention are required to observe.
United Nations Convention on Psychotropic Substances of 1971	It lists psychotropic substances subjected to international control and divides them into schedules, as well as, analogously to the 1961 Single Convention, introducing the control regimes in relation to these psychotropic substances.
United Nation Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988	It strengthens and specifies the powers of the contracting parties with respect to the illicit trafficking in narcotic and psychotropic substances, especially in the criminal law area, and stipulates, categorises, and sets rules for legal activities involving substances which are often misused for illicit drug production (drug precursors).
World Health Organisation Framework Convention on Tobacco Control (FCTC) of 2003	It defines a range of measures, such as those involving price and non-price interventions, the regulation of the contents of tobacco products and their packaging and labelling, and demand reduction measures, including those aimed at raising education and public awareness about the effects of tobacco use; guidelines have been developed to facilitate the implementation of certain articles of the FCTC; decisions adopted by the Conference of the parties to the FCTC should also be taken into consideration.
WHO Framework Convention on Tobacco Control Protocol to Eliminate Illicit Trade in Tobacco Products of 2012	The objective of this first FCTC Protocol was to encourage the state parties in adopting effective responses to tackle all forms of illicit trade in tobacco and tobacco products.
International Convention against Doping in Sport of 2005	In the annexes thereto, this treaty summarises prohibited substances and methods (some only in particular sports), including therapeutic use exemptions.

Title	Description
Convention on the Rights of the Child of 1989	It obliges the state parties to adopt all appropriate measures, including legislative, administrative, social, and cultural ones, to protect children against the illicit use of addictive substances and to prevent the use of children in the illicit production of, and trafficking in, such substances.
Binding EU documents	
Regulation (EC) No. 1920/2006 of the European Parliament and of the Council	on the European Monitoring Centre for Drugs and Drug Addiction
Regulation (EC) No. 273/2004 of the European Parliament and of the Council, as amended by Regulation No. 1258/2013	on drug precursors; this document lays down rules for the trade in drug precursors within the Community
Council Regulation (EC) No. 111/2005 of 22 December 2004, as amended by Regulation No. 1259/2013	lays down rules for the monitoring of trade in drug precursors between the Community and third countries
Directive (EU) 2017/2103 of the European Parliament and of the Council dated 15 November 2017	This directive amends Council Framework Decision 2004/757/JHA in order to include new psychoactive substances in the definition of "drug" and repeals Council Decision 2005/387/JHA.
Regulation (EU) 2017/2101 of the European Parliament and of the Council dated 15 November 2017	This regulation amends Regulation (EC) No. 920/2006 as regards information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances.
Council Framework Decision 2004/757/JHA of 25 October 2004	It lays down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking.
Directive 2003/33/EC of the European Parliament and of the Council, dated 26 May 2003	on the approximation of the laws, regulations, and administrative provisions of the Member States relating to the advertising and sponsorship of tobacco products
Directive 2014/40/EU of the European Parliament and of the Council, dated 3 April 2014	on the approximation of the laws, regulations, and administrative provisions of the Member States concerning the manufacture, presentation, and sale of tobacco and related products and repealing Directive 2001/37/EC
UN Guidelines	
Global Strategy to Reduce the Harmful Use of Alcohol, WHO 2010	It provides recommendations targeted at specific policy areas, such as healthcare, community planning, road traffic, availability, advertising, pricing, harm reduction, and monitoring.
WHO Framework Policy on Alcohol in the European Region, 2006	This document includes recommendations concerning alcohol consumption and its regulation.
European Action Plan to Reduce the Harmful Use of Alcohol 2012-2020	Building on the Global Strategy to Reduce the Harmful Use of Alcohol, this action plan includes a range of policy options in relation to specific areas (such as availability, pricing, and monitoring).

Název dokumentu	Popis
Making Tobacco a Thing of the Past: Roadmap of Actions to Strengthen Implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015-2025	Adopted by the 65th session of the WHO Regional Committee for Europe in September 2015, this roadmap identifies three focus areas: strengthening the implementation of the FCTC and supporting innovation, responding to new challenges (such as electronic cigarettes), and reshaping social norms.
WHO, M-POWER, 2008	Referring to a "tobacco epidemic", this document identifies six policies to reverse it: monitoring – prevention, protection against passive smoking, help in smoking cessation, education about the harmful effects of tobacco, bans on tobacco advertising and sponsorship, and raising taxes on tobacco.
Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019-2025	This document provides a medium-term strategic framework for the implementation of the FCTC in the period from 2019 to 2025 adopted by the eighth session of the Conference of the Parties to the Convention (in 2018) through Decision FCTC/COP8(16)
Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020	This document also deals with the prevention of tobacco and alcohol use.
Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem (UNGASS 2016, UNODC)	This document summarises the conclusions of the session as regards the joint commitment of States to countering the issue of narcotic and psychotropic substances in the global context.
International Standards for the Treatment of Drug Use Disorders, UNODC, WHO 2017	This document prepared by the UN Office on Drugs and Crime and the World Health Organisation contains standards for the treatment of drug use disorders.
Transforming Our World: the 2030 Agenda for Sustainable Development	Adopted by the UN Summit on 25 September 2015, this document includes Sustainable Development Goals (SDGs), some of which also address drug-related issues (e.g. Goal 3.5 or 3.a)
EU Guidelines	
EU Drugs Strategy (2013-2020)	It recommends taking the following action: to reduce the demand for drugs through prevention and treatment, to strengthen cooperation and coordination in drug supply and law enforcement efforts, and to coordinate drug policies in relation to research, monitoring, and evaluation.
EU Action Plan on Drugs 2017-2020	The document sets out measures to be taken in the period under consideration in two policy areas – drug demand reduction and drug supply reduction; the cross-cutting themes include better coordination and international cooperation.
Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence of 18 June 2003	In order to provide for a high level of health protection, it recommends that the Member States should develop comprehensive drug strategies and (also) strive for a dramatic reduction in the incidence of infections (such as HIV, hepatitis B and C, and TB) and the number of drug-related deaths.

Title	Description
Green Paper on the Role of Civil Society in Drugs Policy in the European Union, 26 June 2006	It outlines options for the greater involvement of all those concerned with drugs problems in the process of drug policy making at the EU level.
Council Conclusions on promoting the use of alternatives to coercive sanctions for drug-using offenders of 8 March 2018	This document recommends that the Member States should, where appropriate and in accordance with their legal frameworks, provide and apply alternatives to coercive sanctions in relation to drug-using offenders in order to prevent crime, reduce recidivism, and enhance the efficiency and effectiveness of the criminal justice system, while also looking at a possible reduction of health-related harms and minimisation of social risks.
Council Recommendation 2001/458/EC of 5 June 2001	This document addresses alcohol use among young people, especially among children and adolescents.
EU Strategy (2006) to Support Member States in Reducing Alcohol-related Harm	It provides recommendations as to what measures might be taken in relation to the enforcement of the current age limits for selling and serving alcohol, education about the harmful effects of alcohol, serving alcohol to intoxicated people, and impaired driving.
Green Paper: towards a Europe Free from Tobacco Smoke (2007)	This document deals with efforts aimed at reducing the adverse effects of “passive smoking” i.e. exposure to environmental tobacco smoke.
Council Recommendation of 30 November 2009 on Smoke-free Environments	This document encourages the Member States to provide effective protection against exposure to tobacco smoke in indoor workplaces, indoor public places, public transport, and, as appropriate, other public places as stipulated by Article 8 of the WHO Framework Convention on Tobacco Control and in the relevant guidelines applicable to the article.
Council Recommendation 2003/54/EC of 2 December 2002	on the prevention of smoking and on initiatives to improve tobacco control

National Legal Framework and Non-legislative Strategic Documents Pertaining to Addictive Behaviour

To varying extents, the issue of addictive behaviour projects itself into other domains of public policy featuring strategic or policy documents of their own. In developing their respective action plans and specific responses, the drug policy and other related public policies should take account of the mutual links between them.

The most significant national documents addressing the topic of addictive behaviour are summarised in Table 2.

Table 2: The most significant national documents concerning addictive behaviour

Title	Description
Legal norms	
Act No. 167/1998 Coll.	on addictive substances and on amendments to certain other laws
Act No. 65/2017 Coll.	on the protection of health against the harmful effects of addictive substances
Act No. 40/2009 Coll.	Penal Code (especially Section 130, Section 274, and Sections 283-287)
Act No. 272/2013 Coll.	on drug precursors
Act No. 273/2008 Coll.	on the Police of the Czech Republic (esp. Section 67)
Act No. 361/2000 Coll.	on road traffic and on amendments to certain other laws (esp. Section 5)
Act No. 378/2007 Coll.	on pharmaceuticals and on amendments to certain related laws (esp. Section 78)
Act No. 258/2000 Coll.	on the protection of public health and on amendments to certain related laws
Act No. 110/1997 Coll.	on foodstuffs and tobacco products and on changes and amendments to certain other related laws
Act No. 372/2011 Coll.	on health services and the terms and conditions for the provision of such services
Act No. 373/2011 Coll.	on specific health services
Act No. 48/1997 Coll.	on public health insurance and on changes and amendments to certain related laws
Act No. 108/2006 Coll.	on social services
Act No. 186/2016 Coll.	on gambling
Act No. 187/2016 Coll.	on the taxation of gambling
Act No. 359/1999 Coll.	on the social and legal protection of children
Strategies and policies	
Czech Republic 2030	This document outlines the future development in the forthcoming decade, with the goal being to improve the quality of life of the population of the Czech Republic in all regions; it is also intended to guide the country towards development that is sustainable in social, economic, and environmental terms; it also addresses health-specific challenges, such as substance use.
National Strategy to Prevent Risk Behaviour among Children and Adolescents	Referring to addictive behaviour as a form of risk behaviour, the strategy defines the roles of all the competent and relevant national and regional public administration authorities and other entities involved in the implementation of prevention efforts.
Health 2020 – National Strategy to Protect and Promote Health and Prevent Diseases, including the relevant action plans	The purpose of the document is to stabilise the system of disease prevention and health protection and promotion and introduce effective and sustainable mechanisms aimed at improving the health of the population.
Psychiatric Care Reform Strategy	The objective of this strategy is the reform of mental health care, especially as regards deinstitutionalisation, destigmatisation, and the promotion of a multidisciplinary approach to the care of the mentally ill.

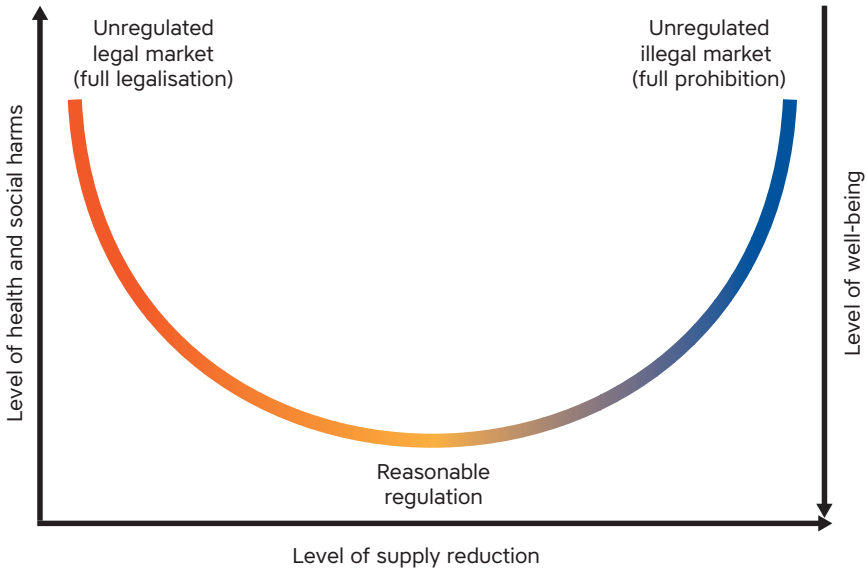
Title	Description
National Strategy for the Development of Social Services 2016-2025	It sets out the plan for the development of social services, including the legislative basis for such efforts, as well as addressing the borderline areas between the health and social services.
Social Inclusion Strategy 2014-2020	Addictive behaviour is seen as one of the multiple causal factors for social exclusion; the aim is to reduce the risks and economic, health, and social harms associated with drug misuse.
Czech Social Housing Policy 2015-2025	Drug addiction is identified as one of the risks associated with homelessness.
Czech Crime Prevention Strategy 2016-2020	In this document, drug-related crime is addressed only marginally, with reference to the national addiction strategy.
Crime Prevention Action Plan 2016-2020	Drug-related crime is addressed especially with a view to tackling crime in socially excluded communities.
Prison Service Concept until 2025	In terms of addictions, the general objectives of the policy are to maintain a system of assistance to substance users, to prevent drug use in prison, and take effective measures to keep drugs away from the prison setting.

Appendix 2: International Evidence-based Conclusions Relevant to Addiction Policies

This chapter summarises relevant research and evidence-based conclusions relevant to the development, shaping, and orientation of addiction policies.

- The aetiology of addiction is multifactorial: its development is determined by a wide range of interacting factors which can be explained in comprehensive terms by what is referred to as the "bio-psycho-socio-spiritual model (or models) of addiction incorporating hereditary, (neuro)biological, developmental, psychological, and social causes and dispositions. There is also the role of the pharmacological properties of a specific substance which condition the degree and type of risk (potential harm), including the risk of the development of addiction (West, 2013).
- Problems and negative consequences associated with substance use and addictive behaviour are not dichotomous in nature (ill versus healthy) and occur on a continuum. The heavier the use, the greater and more frequent the problems. Indeed, it is heavy/problem use that is responsible for the majority of social harms (Rehm et al., 2013).
- Primarily, policies should strive for well-being and be assessed for any unwanted damage they may bring about (OECD, 2015). It has turned out that policies may reduce harm while causing unwanted damage, including criminalisation, violence, stigma, and social exclusion, which hinders well-being at both the individual and social levels (Anderson et al., 2017).

Figure 2: U-shaped relationship between substance use-related harms and well-being on the one hand and the level of prohibition on the other hand (adapted by the National Monitoring Centre from Transform Drug Policy Foundation, 2013; Alice Rap, 2014; Anderson et al., 2017; and Global Commission on Drug Policy, 2018)



Note: the figure integrates the U-shaped curve from various sources. The relationship shown is that between the degree of supply reduction as an independent variable and the degrees of health and social harms and well-being as dependent variables. The arrows indicate the orientation of the values of the variables marked out on the axes of the chart, i.e. the values of the variables are growing in the direction of the arrows.

- Policies should seek to protect children and adolescents against exposure to addictive substances. Adolescence involves rapid biological and social development. During this period, the brain undergoes structural changes which are not finalised until about 25 years of age. Adolescents may have poorer control over executive functions and be susceptible to risk taking. Drug policies should not resort to unreasonable penalisation and stigmatisation of underage people who use drugs. Instead, policies should focus on reducing and delaying the onset of substance use, reducing risks, building resilience, and promoting physical and mental health among children and adolescents (Conrod et al., 2015; Alice Rap, 2016).
- In both public health and economic terms, the most efficient approach appears to be finding the balance between prohibition and a free market. There seems to be agreement about the U-shaped relationship between substance use-related health and social harms and the strictness of regulation, where an unregulated free market on the one hand and rigorous prohibition on the other hand are associated with significant health and social harm, while the lowest levels of harm and the highest levels of well-being are associated with reasonable regulation of supply at the lowest point of the U-shaped curve (Transform Drug Policy Foundation, 2013; Alice Rap, 2014; Anderson et al., 2017).

- Different addictive substances vary in terms of the degree of health and social harms associated with using them at both the individual and population levels. The harm to society mainly involves the risk of adverse consequences for the users and their environment and exposure of the population to a specific substance, or the level and frequency of the use of the substance in the population (Nutt et al., 2010; van Amsterdam et al., 2010; Taylor et al., 2012). Heroin, cocaine, and methamphetamine, but also legal substances such as alcohol and tobacco, were found to cause the greatest harm. Given the general lack of information concerning their toxicity and other health risks and the harm they cause, "new synthetic drugs" present a major challenge (Dines et al., 2015; European Monitoring Centre for Drugs and Drug Addiction, 2015). Finally, the misuse of psychoactive medicines causes major public health harm, as demonstrated by, for example, the "opioid crisis" in the US (Kolodny et al., 2015; Woolf and Aron, 2018).
- Different types of gambling activities and gambling settings also vary in their level of risk in terms of the development of problem gambling with negative consequences for the individual and the society. The degree of risk derives from their structural and situational characteristics (Parke and Griffiths, 2007; Abbott et al., 2013).
- Policies should also take into consideration the assessment of the harmful effects of different substances/products (see above), where the objective indicator should be the margin of exposure, that is, the ratio between a typical and a harmful (lethal) dose (Lachenmeier and Rehm, 2015; Anderson et al., 2017).
- Policies should strive for balanced approaches. With regard to illegal drugs, in particular, there is a risk of law enforcement measures predominating over those focusing on prevention, harm reduction, and treatment. The reason is, among other things, that while law enforcement tends to be considered effective, demand reduction interventions must usually rely on evidence to have their effectiveness justified (MacCoun and Reuter, 2008; Maccoun, 2010; Macleod and Hickman, 2010).
- Excessive law enforcement responses to illegal drugs may lead to users being stigmatised and increase public health risks in the settings where illegal drugs are used, which may contribute to negative consequences associated with drug use, such as the spread of infectious diseases among people who inject drugs (Maher and Dixon, 1999; Sarang et al., 2010; Strathdee et al., 2010; Csete et al., 2016). While users of legal drugs experience far less stigma and criminalisation, even this area has recently been a subject of discussions as to what extent of social pressure on users is desirable and ethically justifiable to prevent them from being stigmatised and socially excluded and, at the same time, not to increase the individual and public health risks related to the use of legal drugs (Williamson et al., 2015).
- Drug policy in relation to illegal drugs is especially effective in reducing harm. Drug policies have little effect on drug demand and cannot influence the outbreak of a drug epidemic or its severity or the prevalence rate of drug use and addictions. The drug situation influences the drug policy rather than vice versa. The drug policy brings about unintended consequences (such as violence and a black market, including undesirable changes on it) (Trimbos Institute and RAND, 2009).
- Attitudes to the regulation of the cannabis market are changing. There is a growing number of countries that are adopting legislation which effectively legalises cannabis for both medical and non-medical purposes (the latter being the case especially in

some US states). Discussions about the legalisation of cannabis are also being held within the EU (European Monitoring Centre for Drugs and Drug Addiction, 2017). Both decriminalisation or legalisation of cannabis and adopting stricter laws concerning the use and possession of the drug may be associated with both an increase and decrease in the level of use among the population, i.e. no direct relationship exists between the degree of repressive measures and the prevalence of drug use (European Monitoring Centre for Drugs and Drug Addiction, 2017, p. 22). Recent data reported by the states that have legalised cannabis for recreational purposes does not show clear trends (the levels of use across population groups are both rising and dropping, the rates of positive tests for THC in road traffic are both decreasing and increasing, the numbers of people in treatment for cannabis use are growing, and the rate of primary cannabis-related crime is declining, but there are cases of infringements of the rules of the legal market or illegal exportation to neighbouring countries that have not embraced the legalisation approach); in the short term, there has been a decline in the cost of law enforcement countering illicit markets and a rise in tax revenues generated by the legal market, providing that cannabis is a taxable product. No information about long-term effects is available.

- As regards alcohol, the most effective measures are those aimed at reducing the availability of alcoholic beverages directly or indirectly (by pricing and taxation policies) or reducing the demand for alcohol (through restrictions on advertising). Such responses have been found to be the most effective in reducing the level of alcohol consumption in the population (Anderson et al., 2009).
- In addition to interventions intended to reduce the total consumption of alcohol, national drug policies apply, to varying extents, interventions aimed at reducing risks and harms associated with specific problematic activities, situations, and groups. Such interventions concern age limits, opening hours, restrictions on serving alcohol to persons who are intoxicated, drink-driving, training of staff working in outlets selling or serving alcohol, measures addressing high-risk groups (such as pregnant women and children) and heavy drinkers (i.e. responses involving early diagnosis and intervention, counselling, and treatment), and information about harms being disseminated through the media and labels on drink containers (Crombie et al., 2007; Anderson et al., 2009).
- A comprehensive addiction policy is hardly possible without these additional programmes and activities in the area of the regulation of availability, prevention, and treatment which compound with price regulation in a synergetic effect.
- In terms of tobacco control, six evidence-based interventions are promoted in order to reduce the tobacco-related burden of disease (MPOWER): monitoring of tobacco use and prevention policies, protection from tobacco smoke, offers of help in quitting tobacco use, warning about the dangers of tobacco use, enforcement of bans on tobacco advertising, promotion, and sponsorship, and the raising of taxes on tobacco. Countries that have adopted comprehensive policies comprising these interventions report a lower prevalence of smoking, stronger tendencies towards reducing tobacco consumption, and higher smoking cessation rates (WHO, 2008; Feliu et al., 2018; WHO, 2018b).
- Some states have recently scaled up their harm reduction strategies based on alternatives to smoking tobacco. Foreign studies suggest that from a harm reduction perspective the use of electronic cigarettes or oral tobacco may be associated with

lower risks than smoking and that such products may facilitate smoking cessation. All this can be helpful in reducing the smoking-related burden of disease (Sweanor et al., 2007; Gartner and Hall, 2010; Polosa et al., 2013), unless non-smokers take to these products. Nevertheless, a number of unanswered questions about tobacco-specific harm reduction remain. For example, very limited data on heated tobacco products is available, as they have been on the market for too short a time for their potential effects to be investigated thoroughly. Therefore, it is hardly possible to draw any definite conclusions about their ability to assist in smoking cessation, their potential to attract new tobacco users from among young people (a gateway effect), or their interaction in dual use with other conventional tobacco products. In the future independent studies should be designed to address these effects and the safety of, and risks posed by, these products. Research is also limited as regards smokeless tobacco and electronic cigarettes. The relevant provisions of the Framework Convention on Tobacco Control apply to these categories of tobacco products, too (WHO, 2016; WHO, 2018a).

- An emphasis on human rights, including the right to a fair trial, health, and healthcare, is a core component of modern drug policies (ECDC and EMCDDA, 2011; Pompidou Group, 2017; Pompidou Group, 2018).
- The elimination of stigma is a fundamental and integral part of modern policies. This includes the appropriate use of language in expert or strategic documents, which has recently become a communication principle in modern science and policies (Broyles et al., 2014). Using heavy use as a definition of a substance use disorder may also help in reducing stigma (e.g. heavy or harmful use versus alcoholism or drug abuse) (Rehm et al., 2013).

Abbreviations

2019-2027 National Strategy	National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2027
2010-2018 National Strategy	National Drug Policy Strategy 2010-2018
A.N.O.	Association of Non-Governmental Organisations providing addictological and social services for people at risk of addictive behaviour
BESIP	a road safety agency affiliated with the Ministry of Transport of the Czech Republic
CBD	cannabidiol
CND	UN Commission on Narcotic Drugs
EU	European Union
FCTC	Framework Convention on Tobacco Control
GCDPC	Czech Government Council for Drug Policy Coordination
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus, the virus that causes AIDS
INCB	International Narcotics Control Board
IROP	Integrated Regional Operational Programme
NPS	new psychoactive substances
OECD	Organisation for Economic Co-operation and Development
SDGs	sustainable development goals
TB	tuberculosis
THC	tetrahydrocannabinol
UN	United Nations Organisation
WHO	World Health Organisation

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National Strategy
to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2027

- The new national strategy is the key policy document of the Government of the Czech Republic which articulates its intentions and specific activities involving the implementation of measures aimed at preventing and reducing the harm related to substance use, pathological gambling, and the uncontrolled use of modern technologies among the Czech population. On 13 May 2019 it was considered by the Government of the Czech Republic and adopted by virtue of its Resolution No. 329.
- It is the sixth strategic document on the Czech drug policy since 1993, the year when the drug policy programme for the period from 1993 to 1996 was conceived. The new national strategy builds upon the previous strategy for the period 2010-2018, which was updated twice during the period of its effect in response to the call for the topics of illegal drugs, alcohol, tobacco, and gambling to be integrated under a single policy.
- This publication is presented by the Secretariat of the Government Council for Drug Policy Coordination, which is an integral organisational unit of the Office of the Government of the Czech Republic. For the full wording of this strategy, the previously published materials, and information about publications in the making visit rvkpp.vlada.cz and drogy-info.cz.
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