European Monitoring Centre for Drugs and Drug Addiction

Czechia

Czechia Country Drug Report 2019

This report presents the top-level overview of the drug phenomenon in Czechia, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

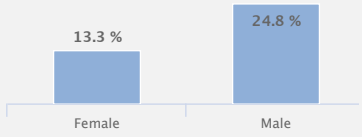
THE DRUG PROBLEM IN THE CZECHIA AT A GLANCE

Drug use

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

Cannabis

19.3 %



Other drugs

MDMA	2.1 %
Amphetamines	0.7 %
Cocaine	0.2 %

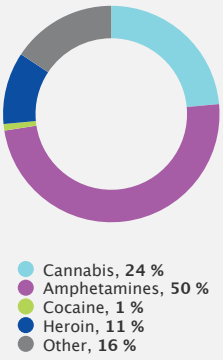
High-risk opioid users

13 100

(12 600 - 13 600)

All treatment entrants

by primary drug



Opioid substitution treatment clients

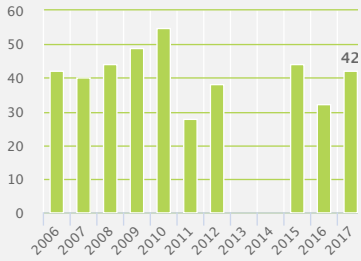
5 000

Syringes distributed

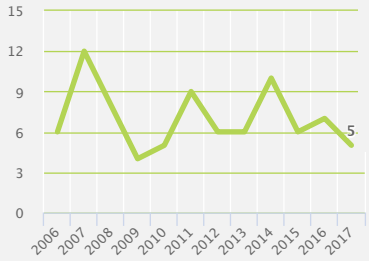
through specialised programmes

6 409 862

Overdose deaths



New HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

5 564

Top 5 drugs seized

ranked according to quantities meas
kilograms

1. Herbal cannabis
2. Metanphetamine
3. Cocaine
4. Heroin
5. Cannabis resin

Population

(15-64 years)

6 942 623

Source: Eurostat Extracted on: 18/03/2019

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin. The number of high-risk methamphetamine users was estimated at 34 700 in 2017.

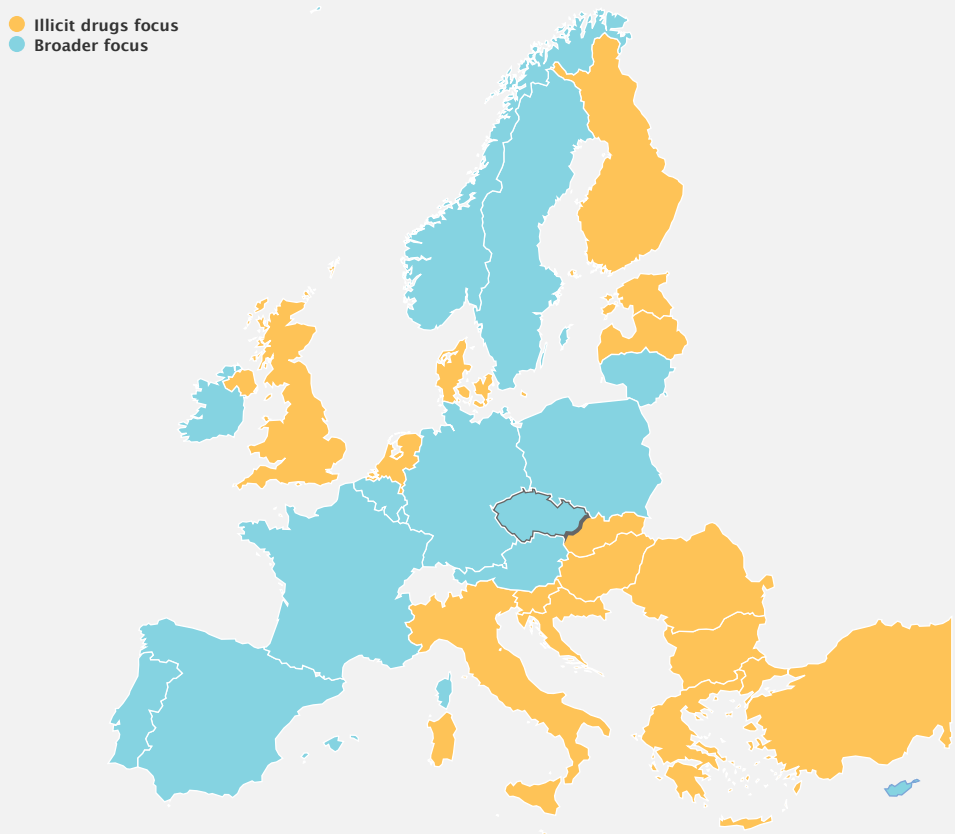
National drug strategy and coordination

National drug strategy

In Czechia, the National Drug Policy Strategy 2010-18 originally focused exclusively on illicit drugs, but it was subsequently revised in 2014 and 2016 to address alcohol and tobacco use and gambling. The strategy is comprehensive and is grounded on four pillars: (i) prevention; (ii) treatment and reintegration; (iii) harm reduction; and (iv) supply reduction. It is complemented by three supporting domains: (i) coordination and funding; (ii) monitoring, research and evaluation; and (iii) international cooperation. In the area of illicit drugs, the strategy defines four key objectives: (i) to reduce the level of experimental and occasional drug use; (ii) to reduce the level of problem and intensive drug use; (iii) to reduce the potential drug-related risks to individuals and society; and (iv) to reduce drug availability, particularly to young people. The implementation of the strategy is supported by a series of consecutive 3-year action plans for each area.

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

Focus of national drug strategy documents: illicit drugs or broader



NB: Data from 2017. Strategies with a broader focus may include, for example, licit substances and other addictions.

National coordination mechanisms

The Government Council for Drug Policy Coordination (GCDPC), presided over by the prime minister, is responsible at the political level for the overall implementation of the National Drug Policy Strategy. It is the main government coordination body on drug issues. Its scope was expanded following the revision of the National Drug Policy Strategy and it now addresses alcohol, tobacco and gambling issues, as well as illicit drugs. The GCDPC includes all ministries involved in the delivery of the national drug policy and representatives of other significant stakeholders, including non-governmental organisations and professional associations. The Secretariat of the GCDPC, located in the Office of the Government of Czechia, which also includes the Czech National Monitoring Centre for Drugs and Addiction, manages the day-to-day implementation of the strategy and the coordination of the ministries' activities. A network of 14 regional drug coordinators based at the regional

municipalities manages drug-related activities, including the implementation of the national drug policy, at the regional and local levels.

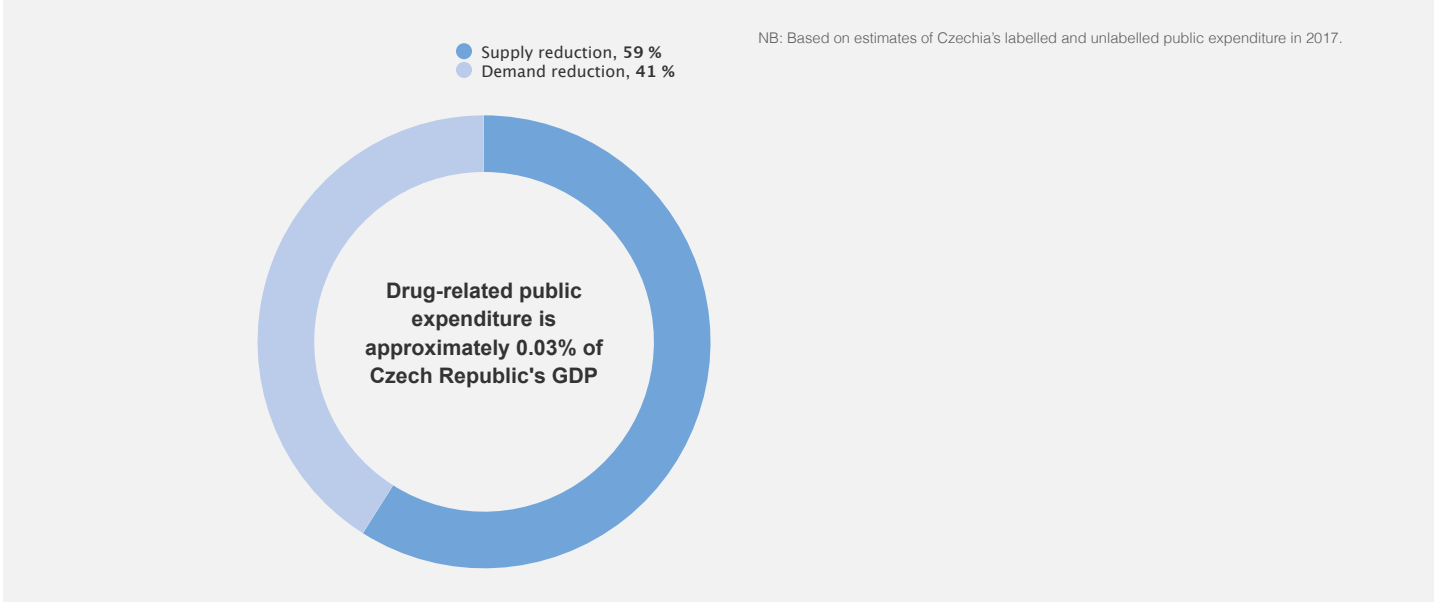
Public expenditure

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

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

In 2017, the total identified drug-related public expenditure amounted to EUR 66.7 million, representing 0.03 % of gross domestic product (GDP), or double the estimate from a decade ago. Of this, 59 % funded supply reduction activities, 41 % funded demand reduction (with treatment and harm reduction receiving the largest proportion of this expenditure) and 3 % was allocated to transversal initiatives, such as coordination, research and evaluation. Long-term trend analysis indicates that total expenditure has increased gradually since 2013 in nominal terms, while it has remained stable as a proportion of GDP.

Public expenditure related to illicit drugs in Czechia



Drug laws and drug law offences

National drug laws

The Criminal Code, which has been in force since 2010 (Act No 40/2009), is the major act covering drug-related offences in Czechia, although minor offences are addressed under the Act on Violations (Act No 200/1990). The Criminal Code regulates several aspects of drug-related offences, such as drug trafficking, the unauthorised possession of drugs, the conditions of prosecution, the diversion of prosecution and types of penalties. The lawful handling of narcotic drugs and psychotropic substances and precursors is subject to regulation in accordance with the Addictive Substances Act (Act No 67/1998).

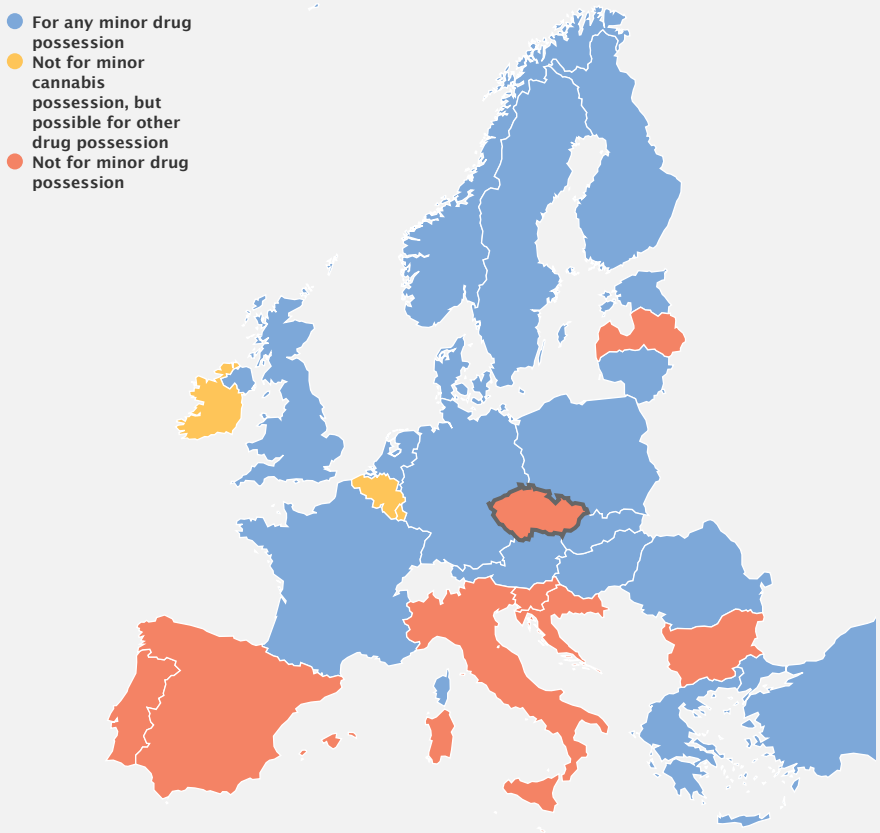
Drug use is not an offence in Czechia, and the cultivation or possession of small quantities for personal use is a non-criminal offence under the Addictive Substances Act (Act No 67/1998), punishable by a fine of up to CZK 15 000 (EUR 555). The Criminal Code has introduced a distinction between cannabis and other drugs for criminal personal possession offences: possession of a quantity of cannabis 'greater than small' attracts a prison sentence of up to 1 year, while possession of other substances is punishable by up to 2 years' imprisonment. For any substance, the range increases to between 2 and 8 years if the quantity of drugs is 'significant'. In 2014, the Supreme Court interpreted 'quantities greater than small' as being in 'manifold excess of a normal dose' and adopted all the quantity limits from a governmental regulation previously annulled (by the Constitutional Court), except for cannabis and methamphetamine, for which it decreased (i.e. tightened) the limits.

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

Penalties for drug supply range from 1 to 5 years and from 10 to 18 years of imprisonment, depending on various specified aggravating circumstances, such as the involvement of minors, large quantities of drugs, organised crime, or injury or death.

In order to facilitate a more timely control of new substances, in 2014 the list of controlled substances was removed from the Addictive Substances Act, and instead included in a government regulation (No 463/2013 Coll., on the lists of addictive substances). In 2017, 63 additional substances were added to the list of controlled substances.

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



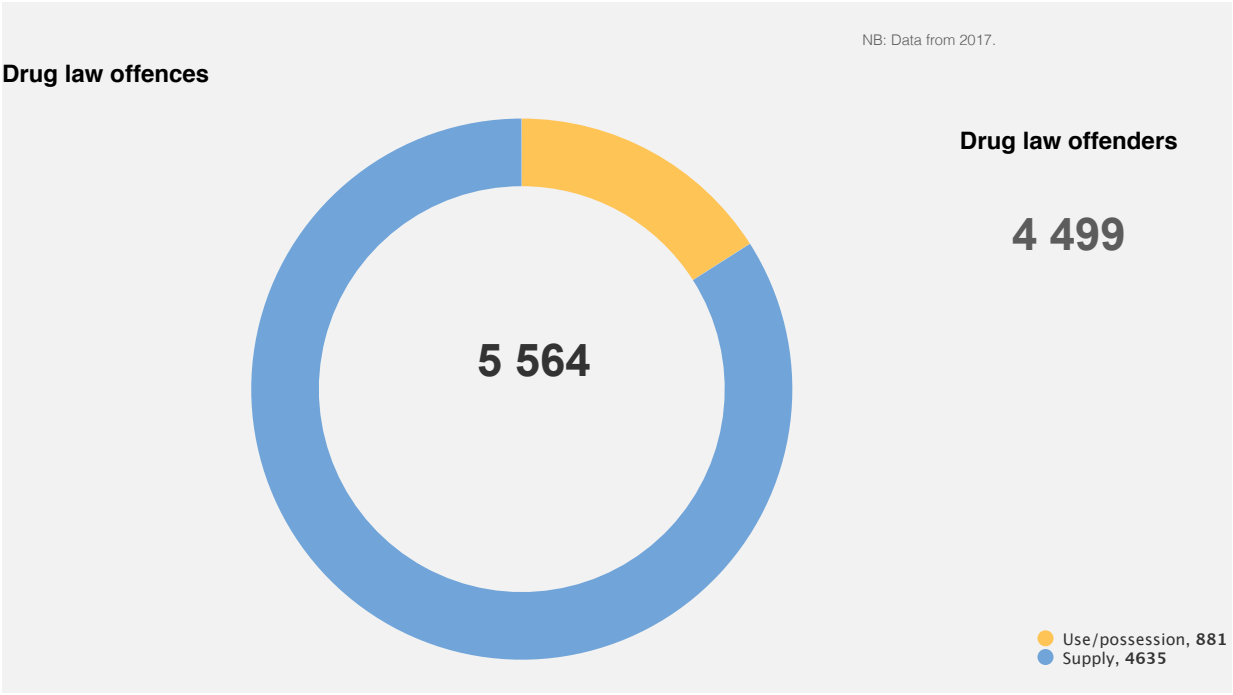
NB: Data from 2017.

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

Statistical data from Czechia on DLOs indicate that supply offences predominated in 2017. Additional data on drug law offenders in the country suggest that offences relating to cannabis are the most frequent administrative offences, while methamphetamine-related offences are the main criminal offences.

Reported drug law offences and offenders in Czechia



Drug use

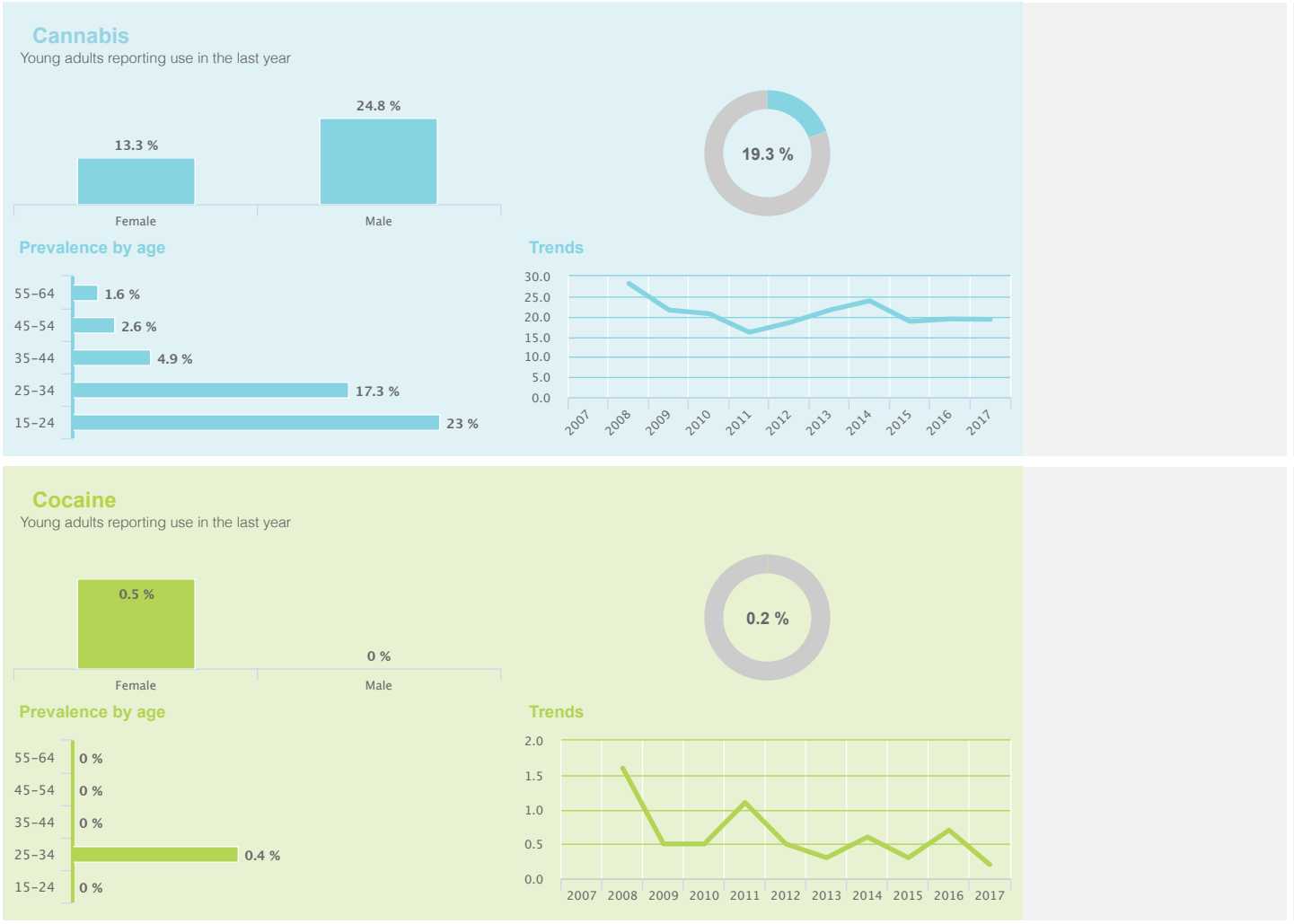
Prevalence and trends

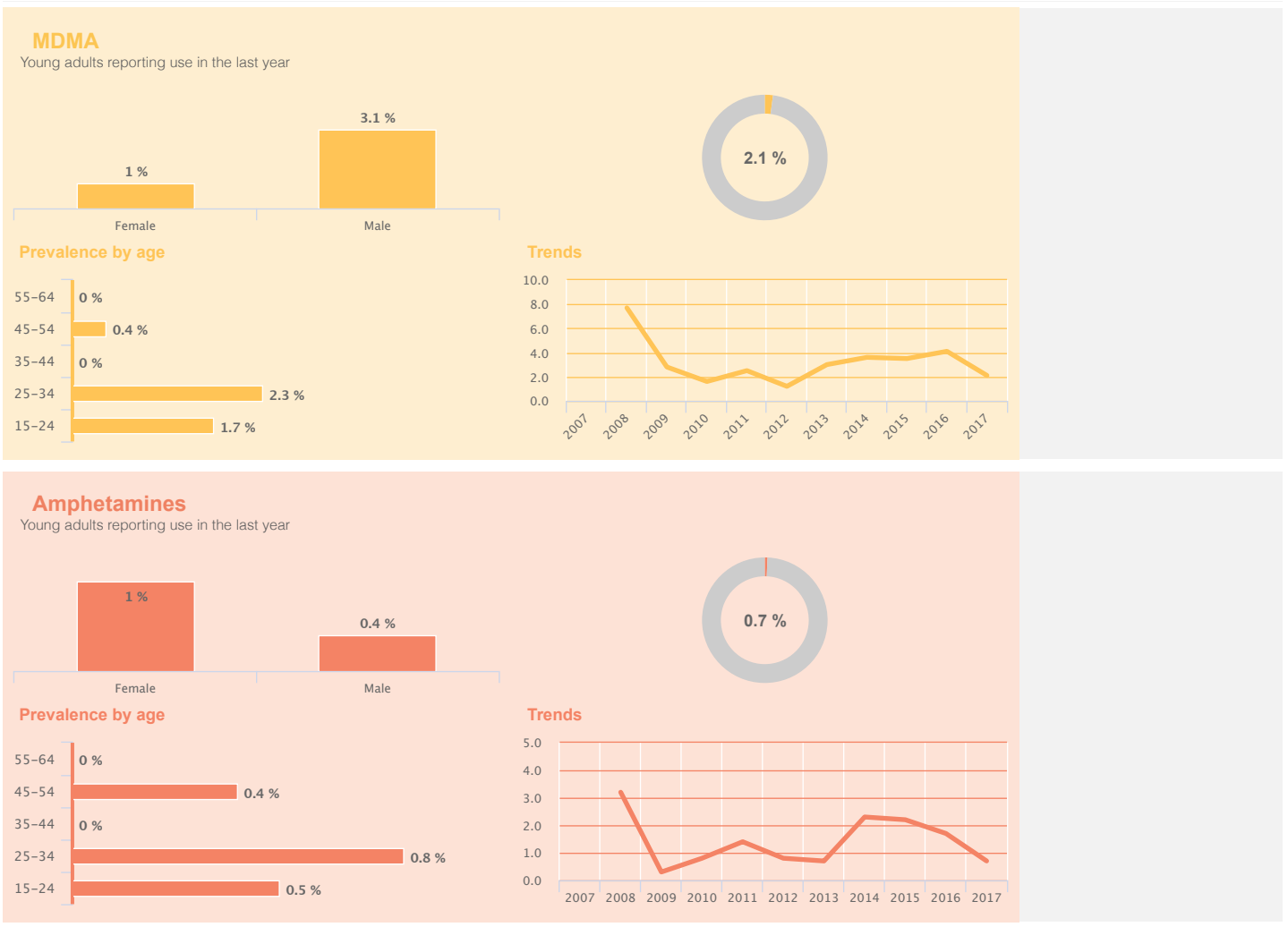
The prevalence of illicit drug use in Czechia has been relatively stable in recent years, with cannabis being the most commonly used substance. Illicit drug use is primarily concentrated among young adults aged 15-34 years and among males. The most recent data, from 2017, indicate that almost one in five young adults had used cannabis in the past year, which is slightly below the levels reported in studies from 2013-14. The use of other illicit substances was significantly less common than the use of cannabis.

MDMA/ecstasy was the most common stimulant used among the general population, and its use was also concentrated primarily among young adults. The use of methamphetamine (known locally as 'pervitin') is less common among the general population but is the main substance linked to problem drug use in Czechia. The latest study indicates that 1 in 100 adults have tried new psychoactive substances (NPS) in their lifetime. As with other substances, the use of NPS is higher among males and young adults aged 15-34 years.

The cities of Brno and Ceske Budejovice participate in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The results indicate that levels of cocaine and MDMA residues in Ceske Budejovice wastewater are generally low; however, an increase was registered between 2011 and 2018. Despite a decrease in the observed levels of methamphetamine residues, they remain among the highest in Europe.

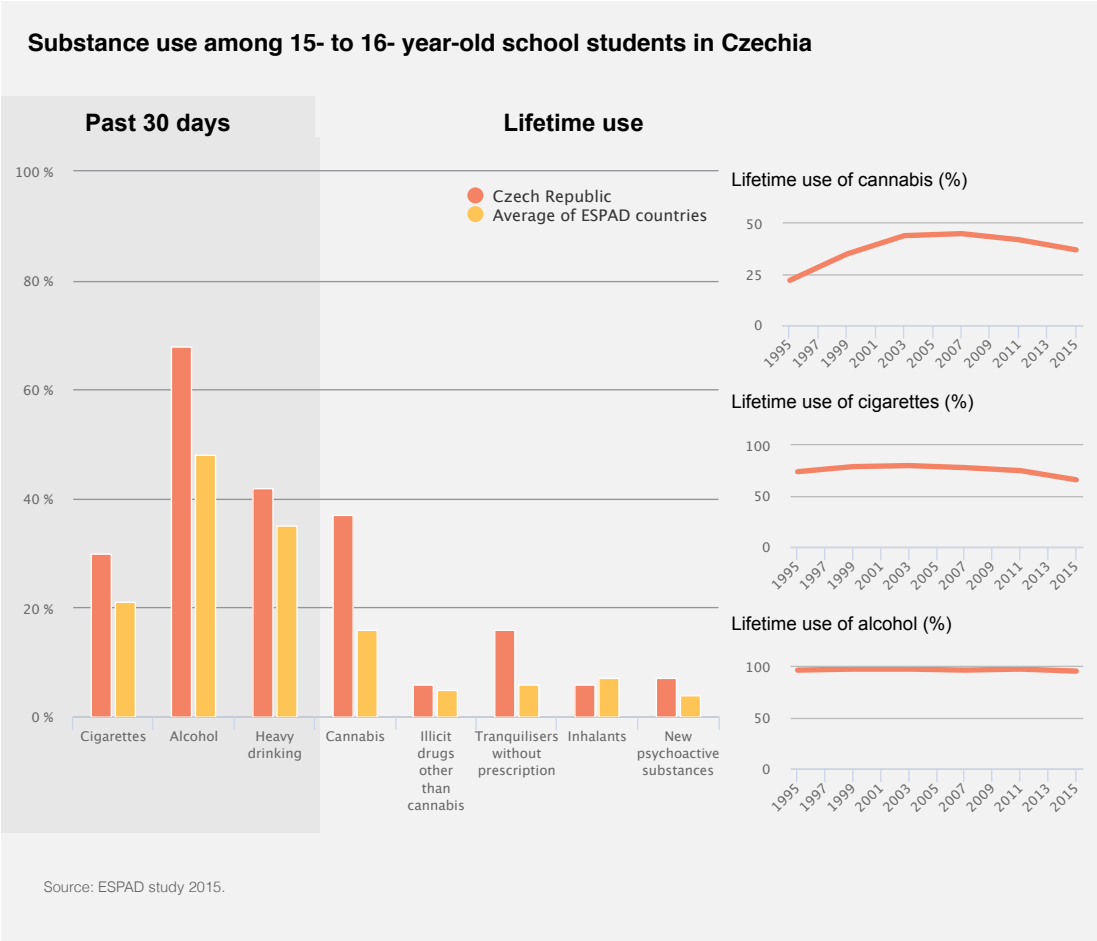
Estimates of last-year drug use among young adults (15-34 years) in Czechia





NB: Estimated last-year prevalence of drug use in 2017. The trends data are from different series of surveys: 'National Survey on Substance Use' in 2008, 2012 and 2016; 'Prevalence of Drug Use in the Population' in the remaining years.

The most recent data on drug use among students are reported by the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). Drug use prevalence among Czech students was similar to the European average in the case of lifetime use of illicit drugs other than cannabis and lifetime use of inhalants, while average lifetime NPS use was higher. For all remaining substances, the Czech results were well above the ESPAD average. Most notable is the fact that the lifetime use of cannabis and tranquillisers or sedatives without prescription was more than twice the European average (37 % vs. 16 % and 16 % vs. 6 %, respectively). In addition, levels of last 30-day alcohol use and heavy episodic drinking were clearly above average, as was the level of last 30-day cigarette use. The long-term analysis found a decline in cannabis use from its peak in 2007 and a reduction in alcohol consumption between 2011 and 2015. An ESPAD validation study carried out in 2016 on a comparable sample of students indicates that the declining trends seen in ESPAD 2015 in regular smoking, risky forms of alcohol consumption and cannabis use continued in 2016.



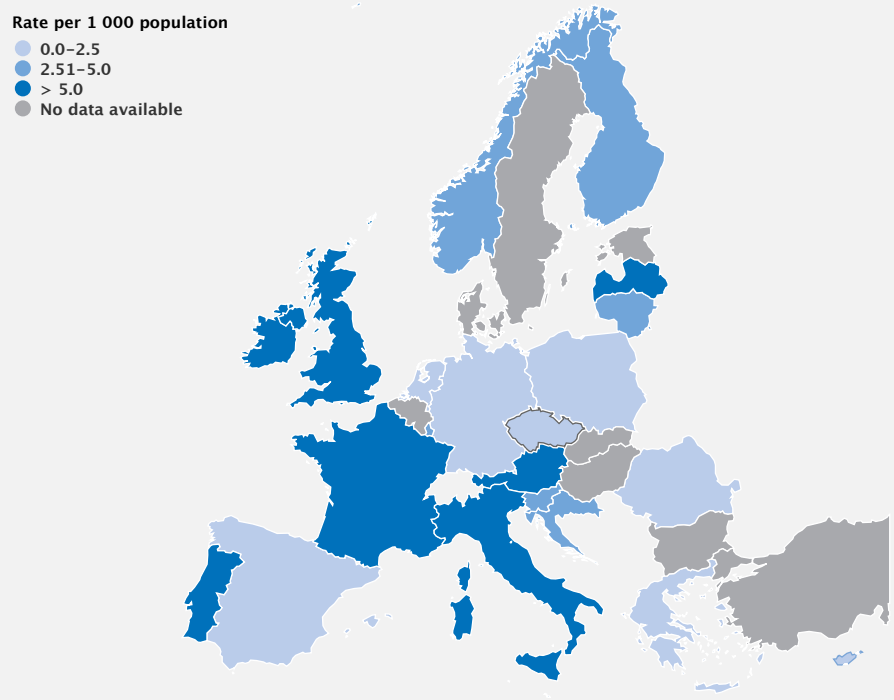
High-risk drug use and trends

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

In Czechia, high-risk drug use is mainly linked to the use of home-made methamphetamine (pervitin), which is predominantly injected. It is estimated that there are 34 700 primary methamphetamine users and approximately 13 100 primary users of heroin or other opioids. Methamphetamine is often used in the context of polydrug use with opioids. Although buprenorphine remains the main drug of choice among high-risk opioid users, in recent years concerns have been raised about the increased misuse of opioid-based pain medications. In 2017, an estimated 43 700 people injected their primary drug. Based on a 2016 survey, around 2 in 10 adults who reported cannabis use in the past 12 months were identified as high-risk users based on the Cannabis Abuse Screening Test scale.

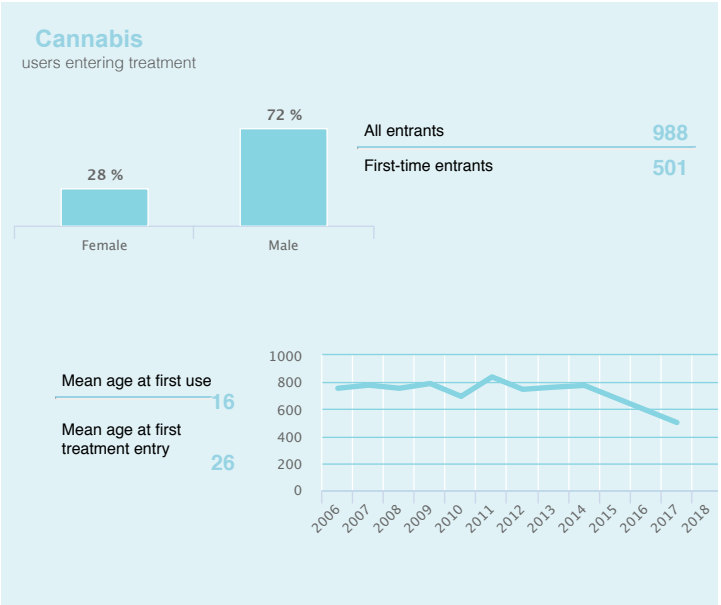
Amphetamines (methamphetamine) are the most commonly reported primary substance for new clients entering treatment, followed by cannabis. Data from 2017 are not comparable with trend data up to 2014. Data from specialised treatment centres up to 2014 are inclusive of a substantial proportion of low-threshold services. Since then, a new treatment register has been launched, with new data now reporting predominantly on treatment services.

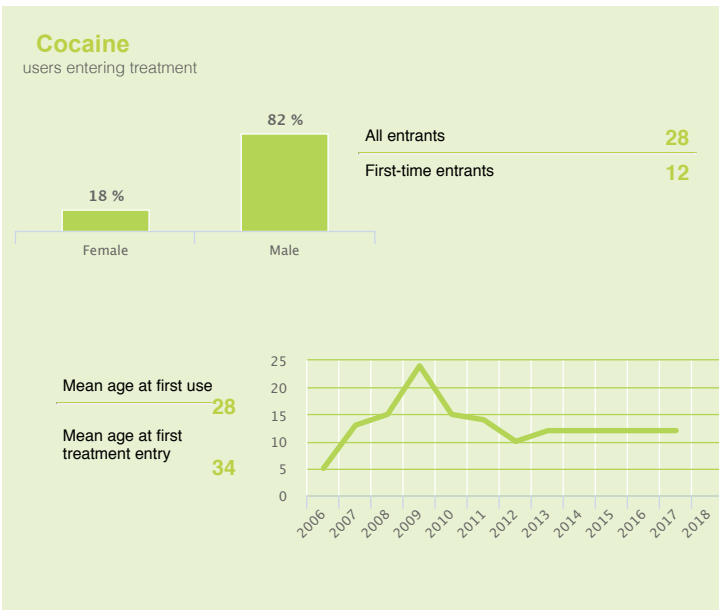
National estimates of last year prevalence of high-risk opioid use

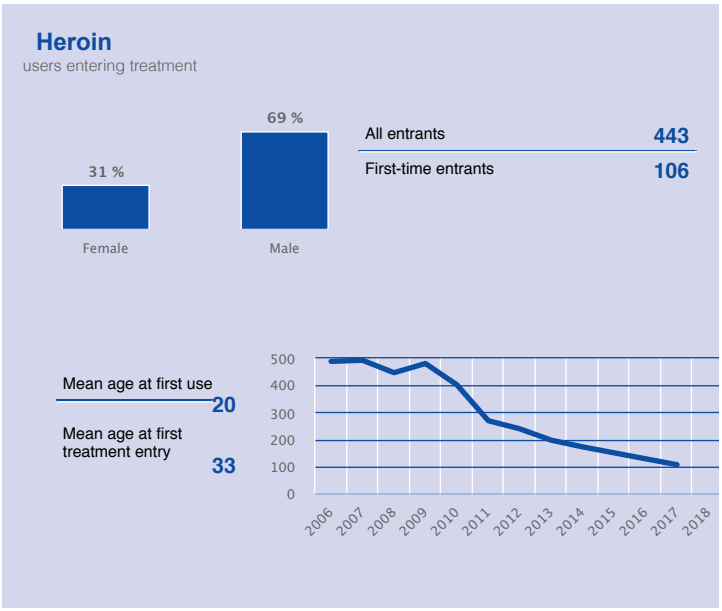


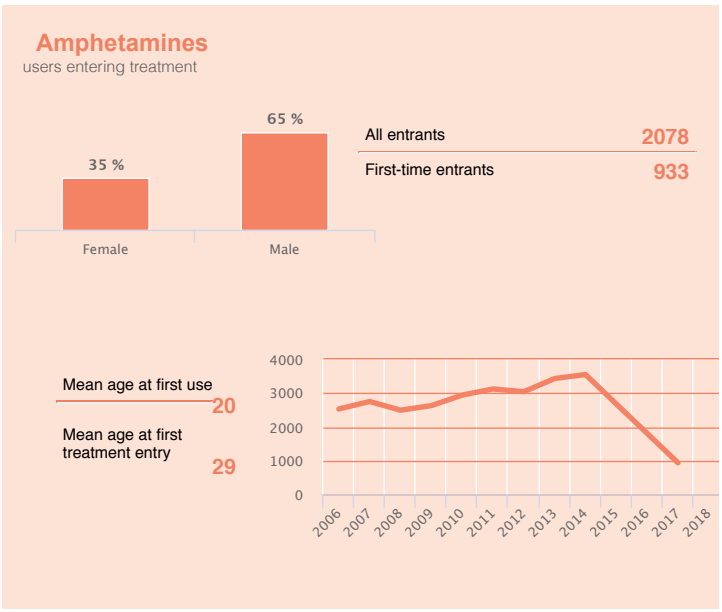
NB: Data from 2017, or the most recent year for which data are available.

Characteristics and trends of drug users entering specialised drug treatment in Czechia









NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

Drug-related infectious diseases

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

Prevalence of HIV and HCV antibodies among people who inject drugs in Czechia (%)

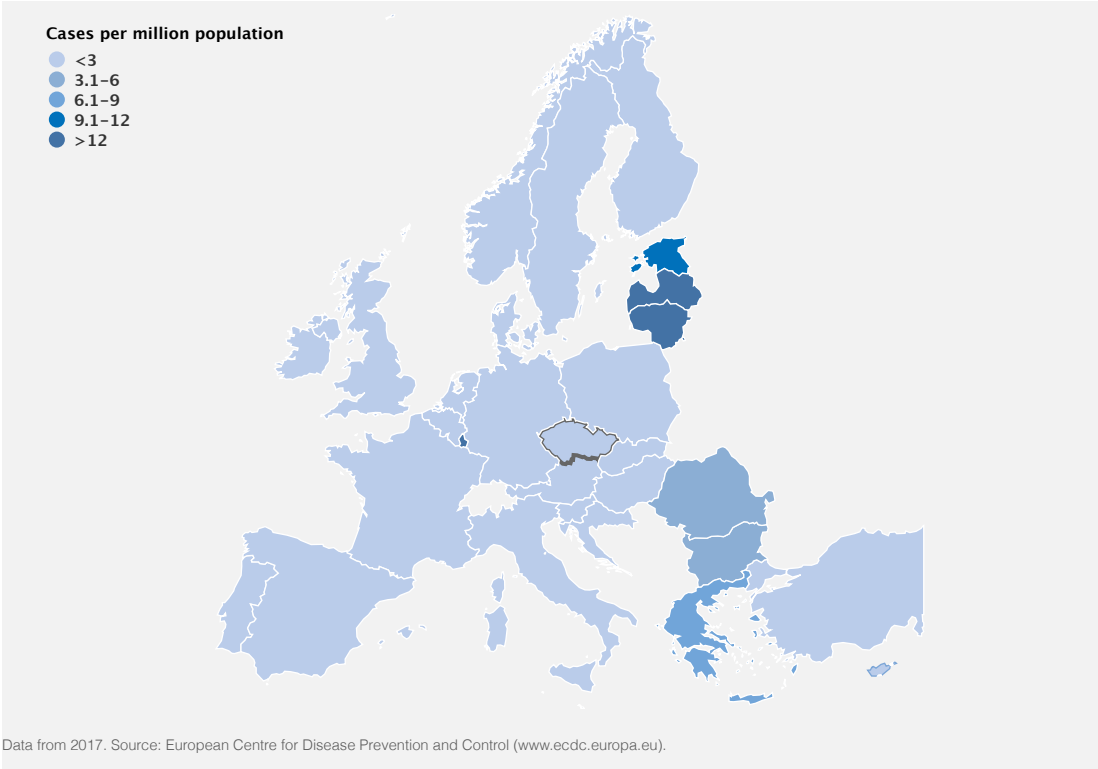
	Region	HCV	HIV
	National	14.7	0.0 - 0.1
	Sub-national	:	:

Data from 2016 (HIV) and from 2017 (HCV).

The number of newly diagnosed HIV-positive people among the general population is relatively low, with transmission among men who have sex with men identified as the dominant route overall. HIV seroprevalence rates among people who inject drugs (PWID) also remain low. The number of newly reported cases of acute HBV infection continues to decline. This is attributed to the routine vaccination programme for the general population introduced in 2001. In Czechia, more than half of newly reported cases of HCV infection in which the transmission route is known are in PWID. The latest available data from low-threshold facilities suggest that fewer than one in five clients of needle exchange programmes tested in these facilities were positive for HCV antibodies. A seroprevalence study among PWID is being conducted to provide a representative estimate.

Available data indicate that methamphetamine is the most prevalent injected drug in Czechia and that more than half of those who have ever injected drugs have shared their injecting equipment with peers.

Newly diagnosed HIV cases attributed to injecting drug use



Data from 2017. Source: European Centre for Disease Prevention and Control (www.ecdc.europa.eu).

Drug-related emergencies

Information on drug-related emergencies in Czechia originates from a special warning system at the Public Health Service and from the National Hospitalisation Register. In 2016, a total of 1 101 non-fatal emergencies were reported by the Public Health Service. Methamphetamine and benzodiazepines were the drugs most frequently reported as a cause of non-fatal intoxications, followed by cannabis; heroin-related intoxications have fallen significantly since 2005.

At the same time, the National Hospitalisation Register, which reports data on cases requiring at least 24 hours of residential care, shows a long-term decline in acute hospitalisations due to drug intoxications. Regional differences in data collection

methods and possible flaws in the coding of substances mean that national estimates of drug-related emergencies must be treated with caution. For 2017, a total of 324 cases in which an illicit drug was involved were reported. Methamphetamine was involved in one in seven cases, whereas heroin and methadone were involved in 1 in 30 cases. 'Other opioids' were involved in almost one third of cases.

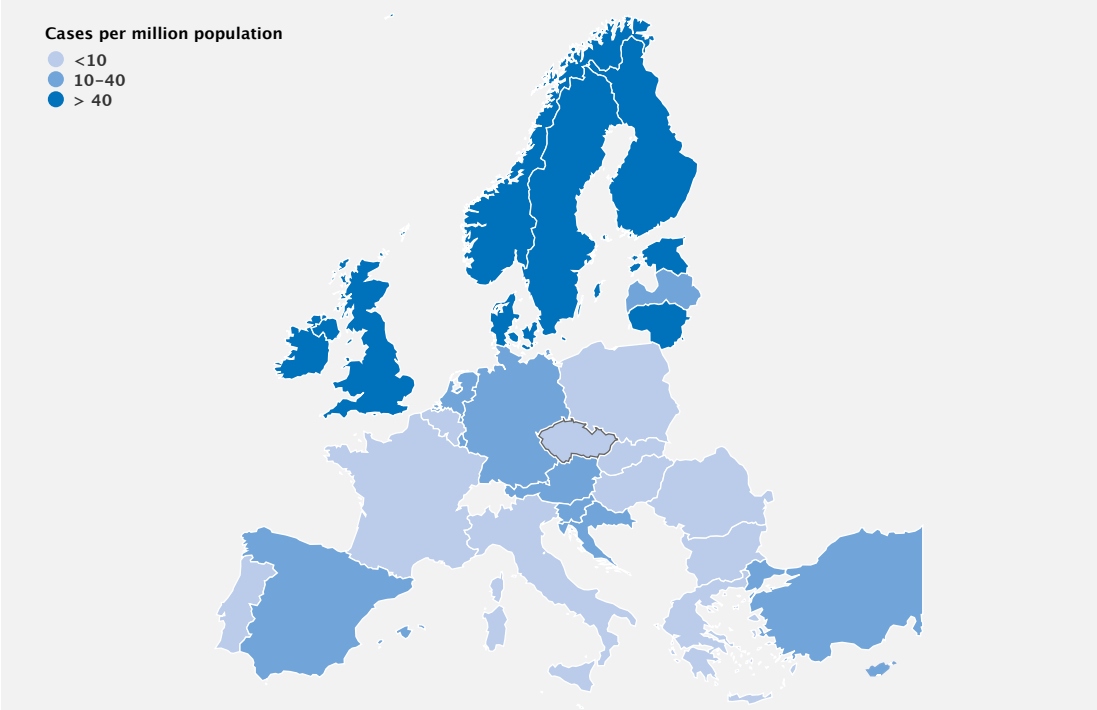
Drug-induced deaths and mortality

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

In Czechia, this information is collected from the special mortality and general mortality registers. In 2017, a total of 42 drug-induced deaths were reported. According to the toxicological results, opioids (including fentanyl, morphine and codeine), used alone or in combination with other psychoactive substances, were recorded as the principal drugs involved in two thirds of drug-induced deaths. The number of opioid-related deaths doubled between 2016 and 2017. Among opioid-related deaths, two thirds involved only opioids, whereas the remaining cases involved other drugs and medicines, primarily benzodiazepines. Stimulants, primarily methamphetamine, were linked to approximately one quarter of drug-induced deaths. The majority of the victims were males in their early thirties, whereas the mean age of female victims tends to be above 40 years.

The drug-induced mortality rate among adults aged 15-64 years was 5 deaths per million in 2017, which is below the latest available European average of 22 deaths per million.

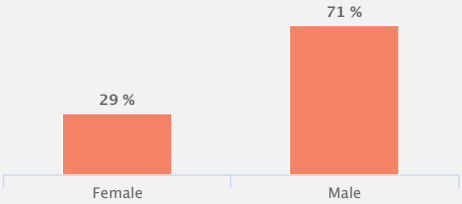
Drug-induced mortality rates among adults (15-64 years)



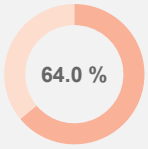
NB: Data from 2017, or the most recent year for which data are available. Comparisons between countries should be undertaken with caution. The reasons for this include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes. Data for Greece are for all ages.

Characteristics of and trends in drug-induced deaths in Czechia

Gender distribution

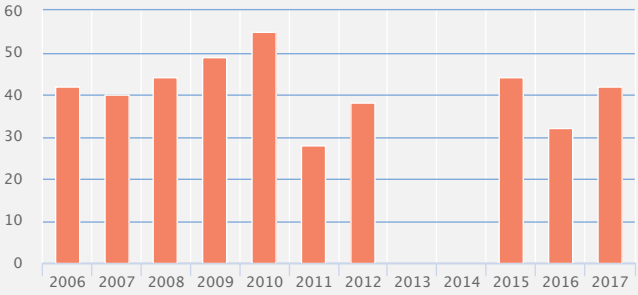


Toxicology

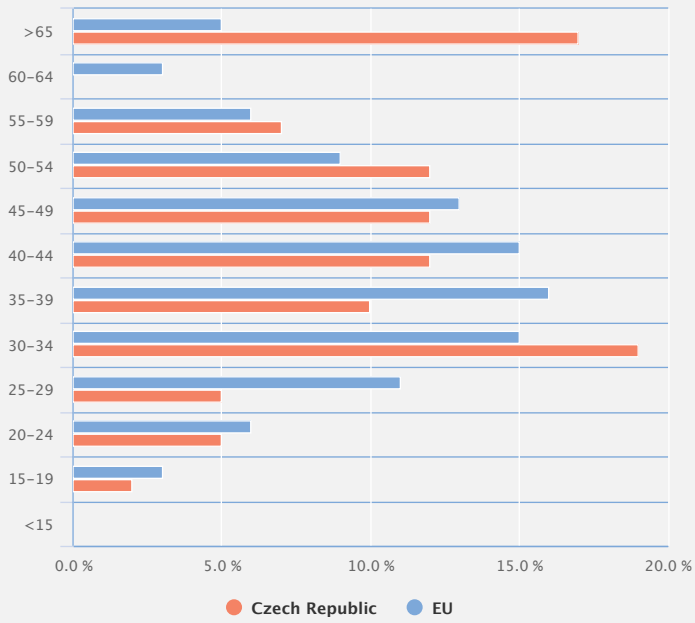


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



NB: Year of data 2017

Prevention

The Ministry of Education, Youth and Sports coordinates prevention activities in the school system in Czechia. Since 2012, each region has established its own prevention plan, outlining the main priorities, the network of services and the coordination and funding of activities. Non-governmental organisations (NGOs) are widely involved in prevention activities and receive project-based funding that comes from subsidy proceedings at the national level, through the Ministry of Education, Youth and Sports and the Government Council for Drug Policy Coordination.

Prevention interventions

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

In Czechia, environmental prevention activities aim to reduce the availability of and access to tobacco and alcohol for those younger than 18 years. In May 2017, a new bill was approved implementing a general ban on smoking in pubs, bars and restaurants, as well as stronger measures aimed at reducing the availability of tobacco to minors.

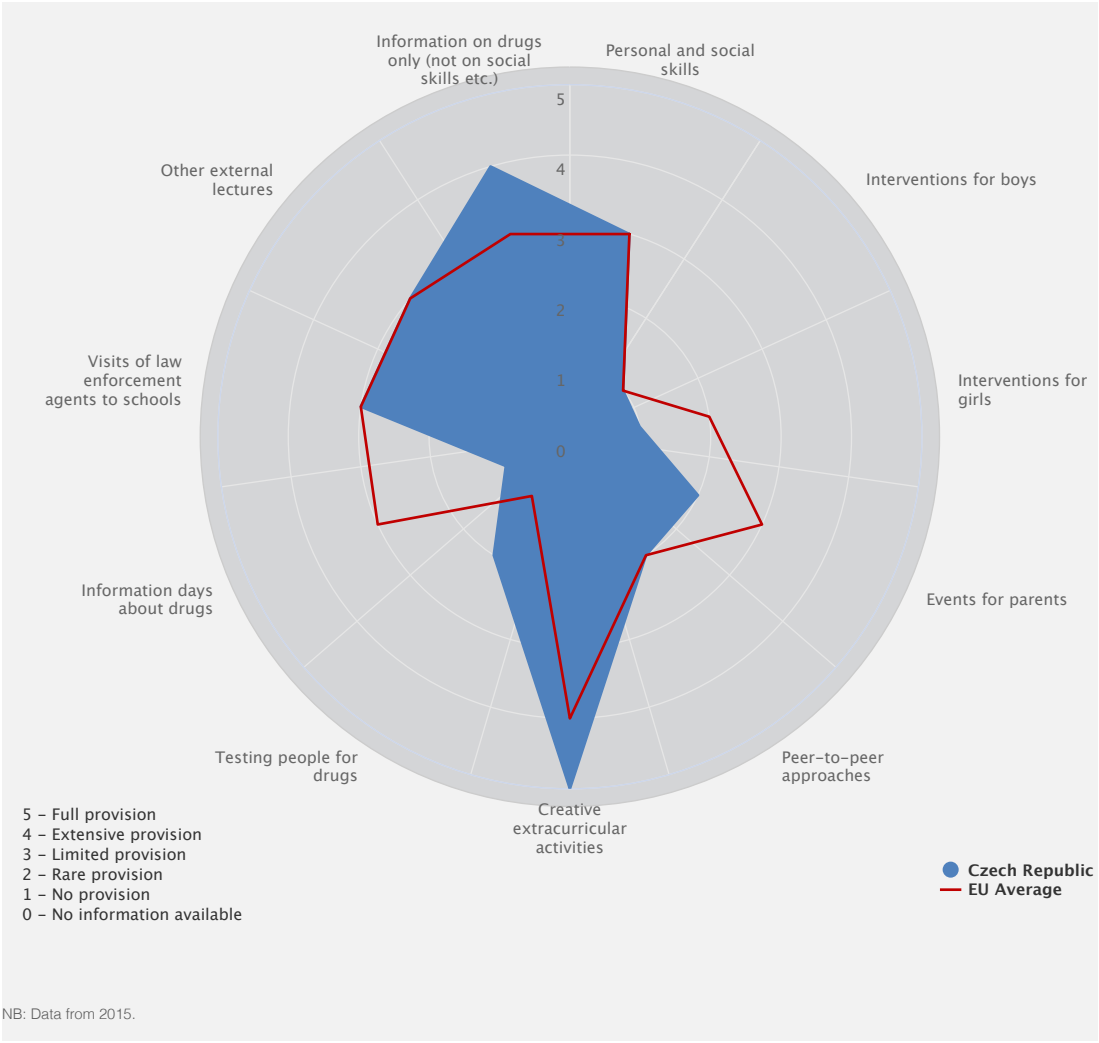
Each elementary and secondary school is obliged to provide a Minimum Preventive Programme and to appoint a school prevention professional who is responsible for implementing it. Minimum Preventive Programmes address a broad range of risk behaviours, including social problems such as truancy, bullying, racism, xenophobia, hooliganism, crime and substance use.

Important to the Czech prevention system is its certification and accreditation system, which, since 2006, has verified the quality of primary risk prevention programmes undertaken by outside bodies in education. The system assesses the provider and its programme according to the quality criteria set by the approved standards before granting (or not) a certificate of fulfilment. The certification system for prevention is coordinated by the National Institute for Education (NÚV) certification.

Priority target audiences for selective prevention activities are children and adolescents at risk of substance use. Local projects addressing high-risk families and children with attention and behavioural problems are also available. Selective prevention activities are mainly implemented by pedagogical and psychological counselling centres that carry out special programmes for schools or classes at risk, or are operated by NGOs. Some interventions to reduce the risk of drug use in recreational settings, such as clubs and music festivals, have also been implemented.

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

Provision of interventions in schools in Czechia (expert ratings)



NB: Data from 2015.

Harm reduction

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

Harm reduction interventions

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

The number of drug users in contact with harm reduction services has been increasing over the past decade and, in 2017, low-threshold services with needle and syringe programmes reached more than 39 000 people, more than one quarter of whom were new clients. In the past decade, the number of syringes distributed to clients through needle and syringe programmes has increased from 4.5 million in 2007 to more than 6 million in 2017. An increase in the number of cannabis users in contact with low-threshold services has been noted in recent years.

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

Although there is no national hepatitis strategy in place, treatment for hepatitis C is available to people who inject drugs in public health facilities across Czechia, as well as in prisons.

Availablity of selected harm reduction responses in Europe

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

Treatment

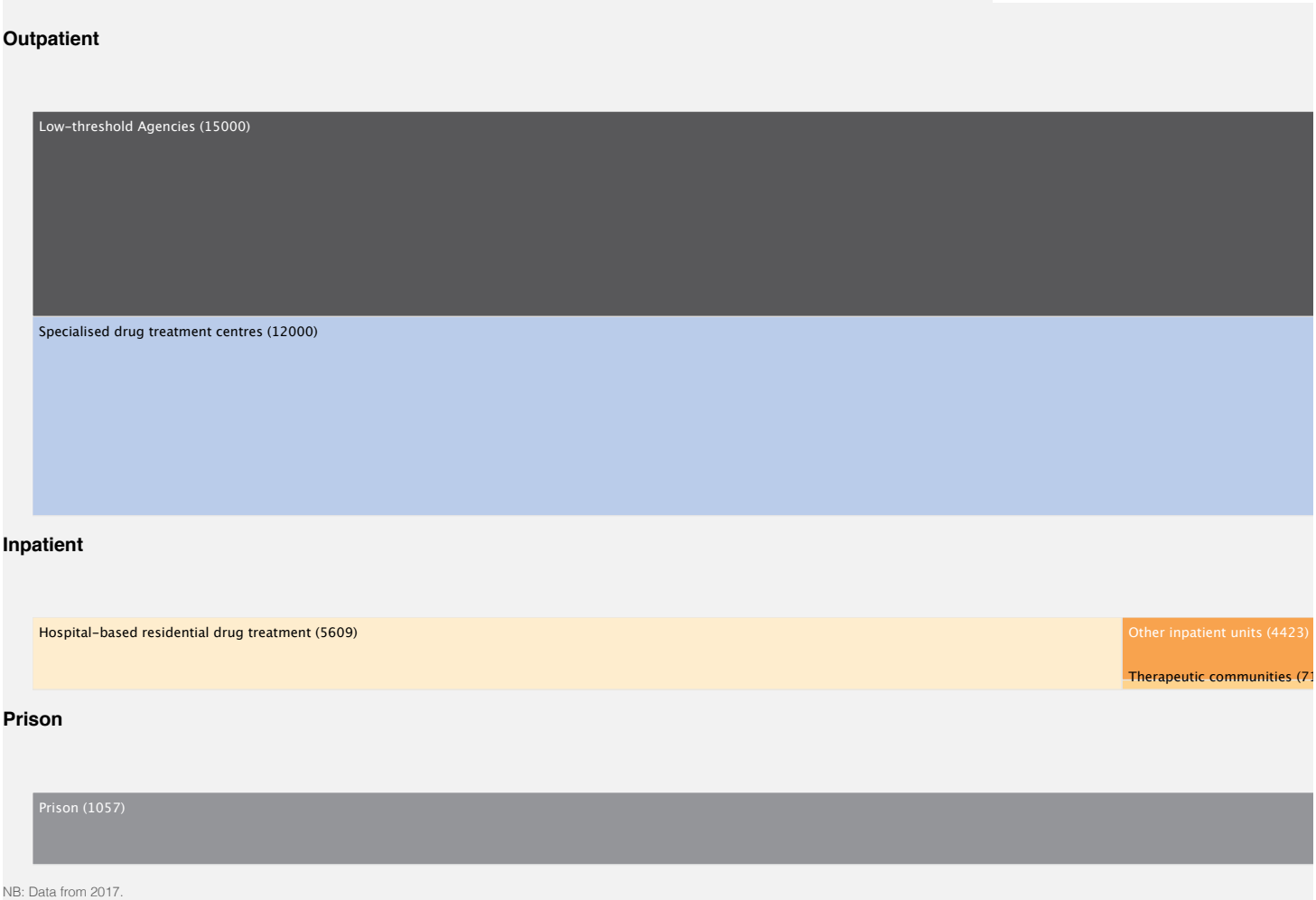
The treatment system

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

The core drug treatment services, called 'addictological services' (272 programmes in total), are provided mainly in outpatient and drop-in (harm reduction) centres, and 50-60 of them provide residential care. Therapeutic communities (19 programmes) generally have the status of social services and are operated by non-governmental organisations; they cater mainly for users of illicit drugs. Specialised aftercare outpatient programmes are available, some of which provide sheltered housing.

Inpatient treatment includes detoxification, residential abstinence-oriented treatment and residential care based on the therapeutic community principle. However, there are significant variations at district level in the geographical accessibility of different drug treatment programmes, with specialised outpatient addiction treatment, detoxification and specialised aftercare programmes among the least available. Opioid substitution treatment (OST) using methadone was introduced in Czechia in 1998; it is delivered in specialised psychiatric facilities and has been available in prisons since 2009. Five substitution agents are available: methadone, three buprenorphine medications and a composite buprenorphine and naloxone preparation. OST may be prescribed by any medical doctor.

Drug treatment in Czechia: settings and number treated



NB: Data from 2017.

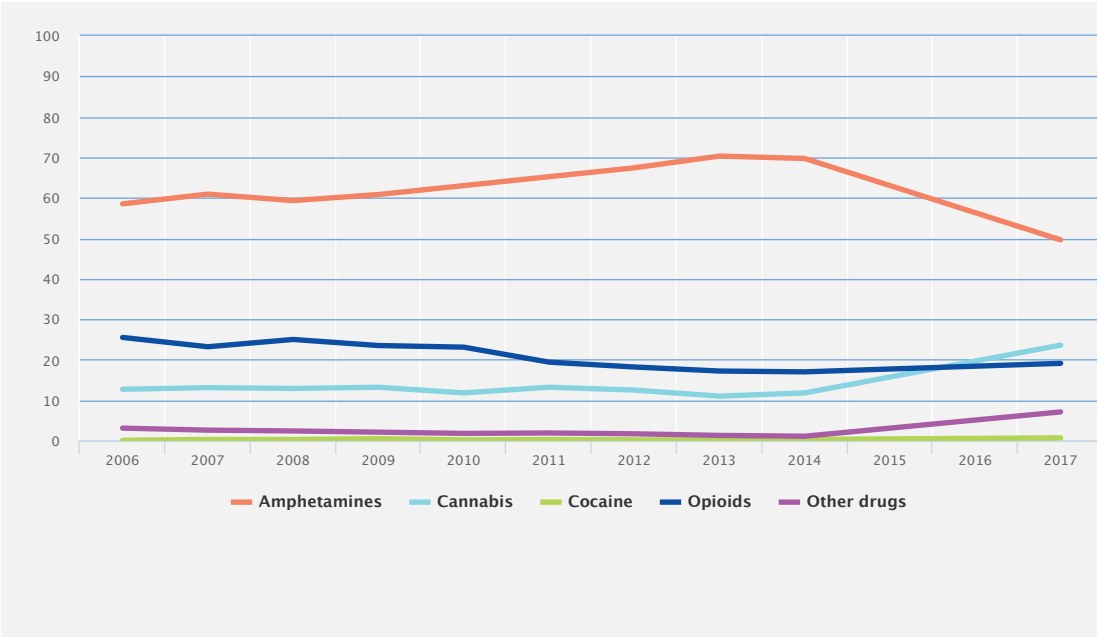
Treatment provision

An estimated 41 000 clients were treated for drug problems in 2017. Most clients received treatment in outpatient services, whereas one in five received treatment in inpatient units. Prison inmates constitute a small proportion of the total number of treatment clients who received drug treatment in 2017.

2017, around half of the clients entering treatment reported primary use of methamphetamine (pervitin), which is mainly injected. The other half reported primary use of opioids, mainly heroin, cannabis and other substances. Polydrug use is common among clients entering treatment for methamphetamine use and this sometimes includes the use of heroin and the misuse of buprenorphine. A new treatment register was recently launched, with changed reporting practices; data are reported predominantly from treatment services since 2015. Given this, caution is needed when assessing trend data since 2014.

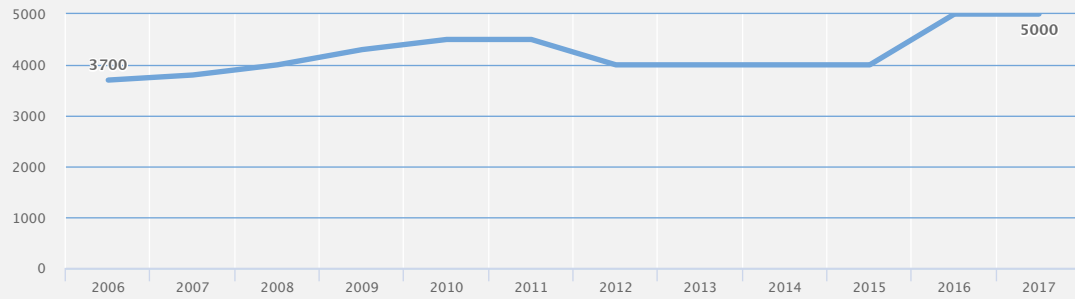
The estimated number of clients reported to be receiving OST was around 5 000 in 2017, with the majority receiving buprenorphine-based medication.

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Czechia



Opioid substitution treatment in Czechia: proportions of clients in OST by medication and trends in the estimated number of clients

Trends in the estimated number of clients in opioid substitution treatment in Czechia



NB: Data from 2017.

Drug use and responses in prison

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

A cross-sectional survey on drug use among prison inmates in the country has been conducted biennially since 2010. The 2018 survey indicated that almost half of the inmates had used an illicit drug in the 12 months prior to imprisonment, with methamphetamine (pervitin) reported as the most commonly used drug (30 %), followed by cannabis (28 %) and MDMA/ecstasy (12 %). One in five respondents reported regular use of heroin, buprenorphine or pervitin in the 30 days prior to imprisonment. Twenty-one per cent of the respondents had used an illegal psychoactive substance during one of their previous prison sentences, with alcohol made in prison being the most commonly reported substance (16 %), followed by sedatives or painkillers without medical prescription (13 %) and cannabis (12 %). Almost one third of prisoners had injected drugs during their lifetime, with 7 % reporting having injected drugs in prison and 5 % reporting having shared injecting equipment in prison.

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

Ten prisons are authorised to provide opioid substitution treatment (OST), of which six reported treating patients with OST in 2017. OST is provided to inmates who have received it prior to imprisonment, and initiation of OST while in prison is done only in exceptional circumstances. Detoxification is available in a small number of prisons. Addiction treatment in specialised wings is provided in 13 prisons, on a voluntary basis and also as part of court-ordered compulsory treatment.

Quality assurance

The National Drug Policy Strategy action plan for illicit drugs for 2016-18 defines a number of activities that are related to the quality assurance system. There are several guidelines governing the operation of centres, facilities and programmes providing services in the field of drugs. These guidelines are primarily embodied in the certification standards of the Government Council for Drug Policy Coordination (GCDPC), which have been in place since 2006. Compliance with these standards is tested as part of the certification process. Conceived as an interagency instrument, these guidelines currently cover a wide range of health and social services, including services provided by external agencies in prisons. Guidelines on diagnosis-based procedures include the Recommended Treatment Procedures for Addiction Disorders and Pathological Gambling and the Health Ministry's standards for opioid substitution treatment.

The GCDPC coordinates the system of quality assurance. An external agency carries out audits as part of the certification process, but the GCDPC makes the final decision on certification. Funding is provided mainly from the state budget, but service providers interested in the audit can co-fund the costs. The accreditation certificate is valid for 3 years. Accredited services are published in a public list.

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

A medical specialisation in the treatment of alcoholism and other addictions has been available in Czechia since 1980. In addition, addictology was introduced as an interdisciplinary field of study in 2005 (bachelor's and later master's degrees and doctoral programmes), which led to the establishment of the profession of addictologist in 2008.

Drug-related research

The National Drug Policy Strategy 2010-18 and the latest action plan emphasise the role of research, evidence and evaluation. In addition, in 2014, the first strategy for addiction science and research for 2014-20 was formulated by professionals and the research community. An evidence-based approach is currently applied in the certification process of addiction services, as well as in the decisions to develop old, and open new, services.

Several public administration bodies and grant agencies fund drug-related research in Czechia, which is mainly implemented by academic centres. The National Monitoring Centre for Drugs and Addiction facilitates collaboration and exchange of information among research institutions, service providers and public administration bodies. It coordinates the National Drug Information System and leads the National Action Plan on the Drug Information System, which stipulates the priorities and main activities in monitoring, including research.

National scientific journals are also an important dissemination channel for drug-related research findings. In 2018, the most prominent national journal, *Adiktologie*, was divided into two periodicals: one is a scientific open-access international publication published in English, and the other remains focused on clinical and implementational orientation in preventive and treatment practices, and is geared to a domestic audience.

The Department of Addictology was established in 2012 as a scientific and clinical workplace at the First Faculty of Medicine, Charles University, Prague, and the General Faculty Hospital, Prague. In 2016, the Government Council for Drug Policy Coordination increased the budget for drug policy projects substantially, which allowed new projects, including research projects, to be supported. Research covers a vast array of topics relevant for the analysis of the illicit drug phenomenon. In 2017, the government continued investing in research, financing, for example, projects to estimate the costs of different types of addiction services.

The Czech National Monitoring Centre for Drugs and Addiction publishes an annual report on the drug situation in Czechia, which summarises the available data on drug use and its consequences.

Drug markets

Czechia is a production country for cannabis and methamphetamine, the latter of which is known locally as ‘pervitin’. Small-scale indoor cannabis cultivation sites prevail. An established part of the indoor cannabis cultivation is well organised and dominated by Vietnamese organised crime groups, assisted by Czech citizens at large-scale cultivation sites. Cannabis cultivation is mainly supplying the domestic market, but a substantial part is also intended for export. Available information on methamphetamine production suggests that, although it is primarily produced for the domestic market, it is also exported to neighbouring countries. Production takes place predominantly in small-scale kitchen laboratories, although an increase in the number of large-scale laboratories operated by organised crime groups has been reported more recently. Pseudoephedrine extracted from prescription medicines is the main precursor for methamphetamine production in Czechia. In 2009, restrictions on the sale of pseudoephedrine-containing medicines were introduced, causing a significant increase in the illicit importation of such medication from Poland. These medicines are now primarily imported from Turkey, after Poland also introduced legal restrictions to the sale of these medicines.

The trafficking and distribution of cocaine in Czechia is dominated by West African criminals, but also by organised crime groups from the western Balkans countries, and, to a lesser extent, Czech citizens. Cocaine seizures show significant annual variations, and exceptionally large-volume seizures are unlikely to be intended for the domestic market. Cocaine is imported from Belgium, the Netherlands and Spain by courier and through postal packages.

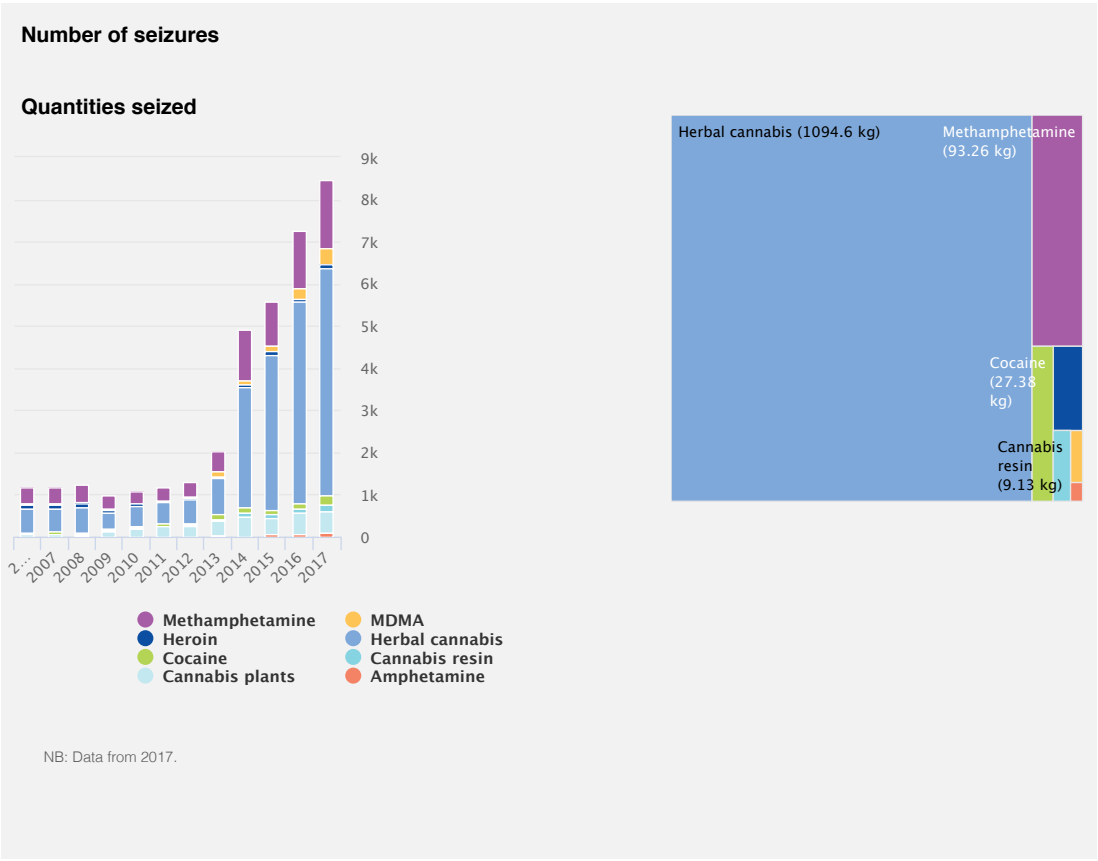
The heroin market has stagnated in Czechia. In recent years, heroin seized in the country has been entering the country more and more via the Southern Caucasus route (from Iran via Armenia, Azerbaijan and Georgia to Ukraine or Moldova), and less via the historically favoured Balkan route. In 2013-17, buprenorphine tablets, fentanyl patches and morphine-based prescription medicines were also seized.

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

Owing to the nature of the illicit drug market, Czech law enforcement prioritises the detection and prevention of illicit drug-trafficking activities, mainly linked to methamphetamine and cannabis, in the regions bordering Austria, Germany and Poland.

Data on the retail price and purity of the main illicit substances seized are shown in the ‘Key statistics’ section.

Drug seizures in Czechia: trends in number of seizures (left) and quantities seized (right)



NB: Data from 2017.

Key statistics

Most recent estimates and data reported

			EU range	
	Year	Country data	Min.	Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	36.79	6.51	36.79
Last year prevalence of use — young adults (%)	2017	19.3	1.8	21.8
Last year prevalence of drug use — all adults (%)	2017	8.9	0.9	11
All treatment entrants (%)	2017	23.6	1.03	62.98
First-time treatment entrants (%)	2017	28.4	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	1 094.6	11.98	94 378.74
Number of herbal cannabis seizures	2017	5 369	57	151 968
Quantity of cannabis resin seized (kg)	2017	9.1	0.16	334 919
Number of cannabis resin seizures	2017	173	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	2.18 - 16.6	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	5.1 - 42.2	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	1.14 - 22.79	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	3.7 - 18.5	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.38	0.85	4.85
Last year prevalence of use — young adults (%)	2017	0.2	0.1	4.7
Last year prevalence of drug use — all adults (%)	2017	0.1	0.1	2.7
All treatment entrants (%)	2017	0.7	0.14	39.2
First-time treatment entrants (%)	2017	0.7	0	41.81
Quantity of cocaine seized (kg)	2017	27.4	0.32	44 751.85
Number of cocaine seizures	2017	227	9	42 206
Purity (%) (minimum and maximum values registered)	2017	18.5 - 87.5	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	49.37 - 132.93	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	0.86	0.84	6.46
Last year prevalence of use — young adults (%)	2017	0.7	0	3.9
Last year prevalence of drug use — all adults (%)	2017	0.3	0	1.8
All treatment entrants (%)	2017	49.6	0	49.61
First-time treatment entrants (%)	2017	52.8	0	52.83
Quantity of amphetamine seized (kg)	2017	1.8	0	1 669.42
Number of amphetamine seizures	2017	88	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	n.a.	n.a.	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	n.a.	n.a.	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.67	0.54	5.17
Last year prevalence of use — young adults (%)	2017	2.1	0.2	7.1
Last year prevalence of drug use — all adults (%)	2017	0.8	0.1	3.3
All treatment entrants (%)	2017	0.6	0	2.31
First-time treatment entrants (%)	2017	1	0	2.85
Quantity of MDMA seized (tablets)	2017	15 279	159	8 606 765
Number of MDMA seizures	2017	387	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	1.169 - 81.5	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	3.42 - 15.19	1	40
Opioids				
High-risk opioid use (rate/1 000)	2017	1.89	0.48	8.42
All treatment entrants (%)	2017	19.1	3.99	93.45
First-time treatment entrants (%)	2017	10.9	1.8	87.36
Quantity of heroin seized (kg)	2017	19.1	0.01	17 385.18
Number of heroin seizures	2017	90	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	1.7762 - 66.6	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	30.38 - 151.92	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	1	0	47.8
HIV prevalence among PWID* (%)	2016	0.0 - 0.1	0	31.1
HCV prevalence among PWID* (%)	2017	14.7	14.7	81.5
Injecting drug use (cases rate/1 000 population)	2017	6.32	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	5.04	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	6 409 862	245	11 907 416
Clients in substitution treatment	2017	5 000	209	178 665

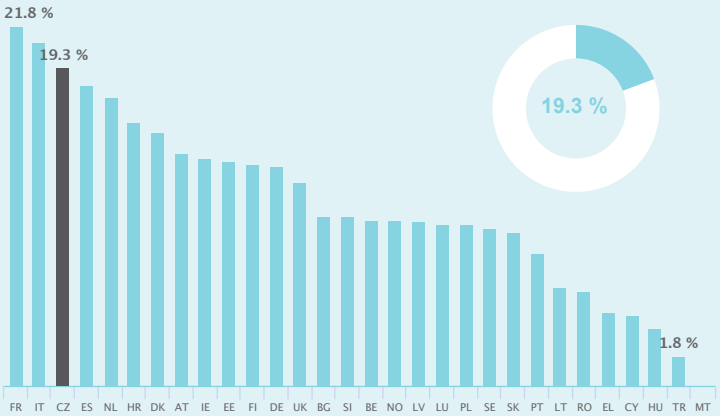
Treatment demand				
All entrants	2017	4 189	179	118 342
First-time entrants	2017	1 766	48	37 577
All clients in treatment	2017	41 000	1 294	254 000
Drug law offences				
Number of reports of offences	2017	5 564	739	389 229
Offences for use/possession	2017	881	130	376 282

Purity for heroin refers to heroin white. High-risk methamphetamine use estimate available: 5.02 users per 1 000 population.

EU Dashboard

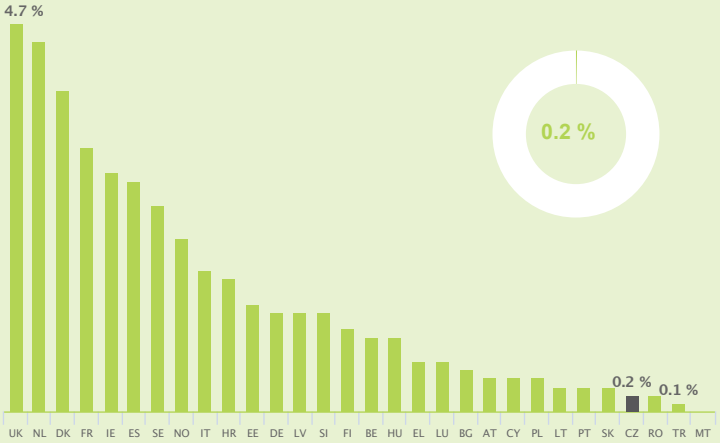
Cannabis

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



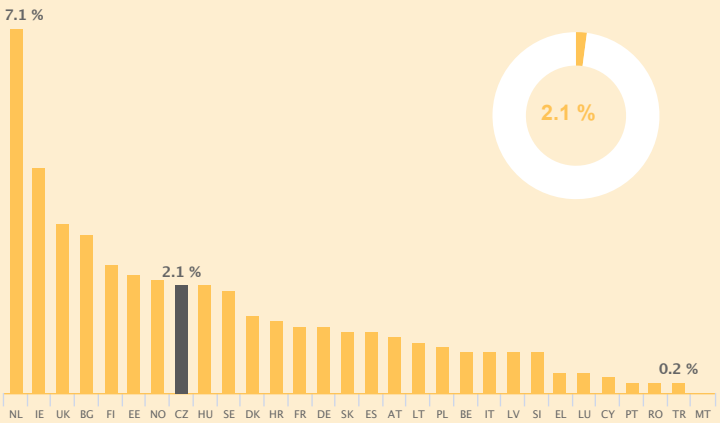
Cocaine

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



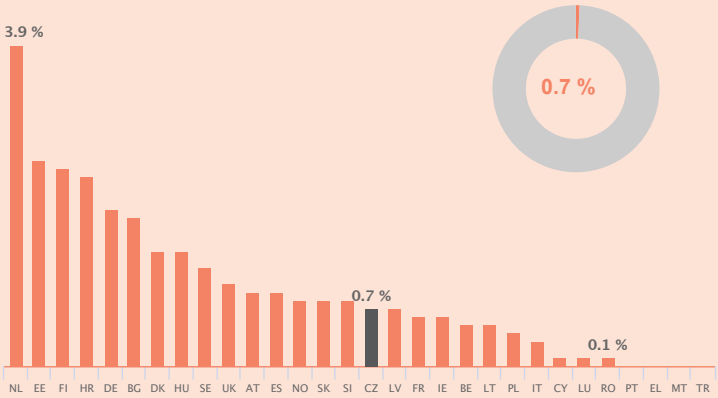
MDMA

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



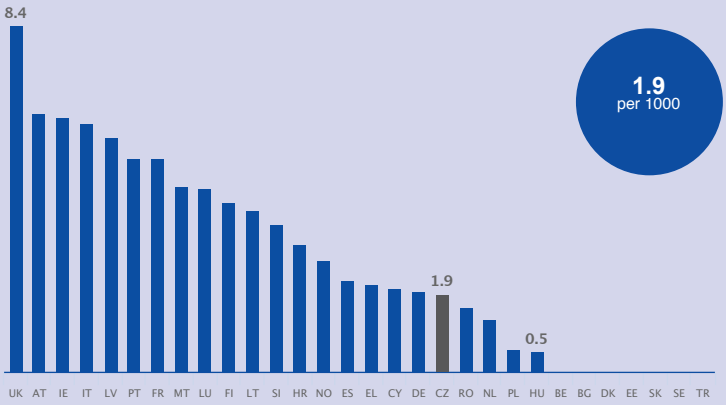
Amphetamines

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



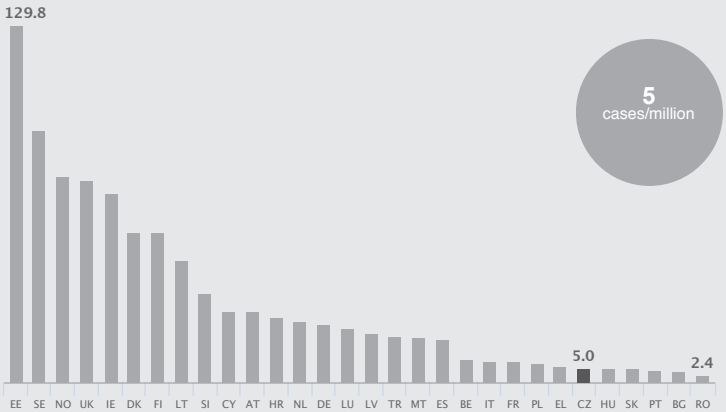
Opioids

High-risk opioid use (rate/1 000)



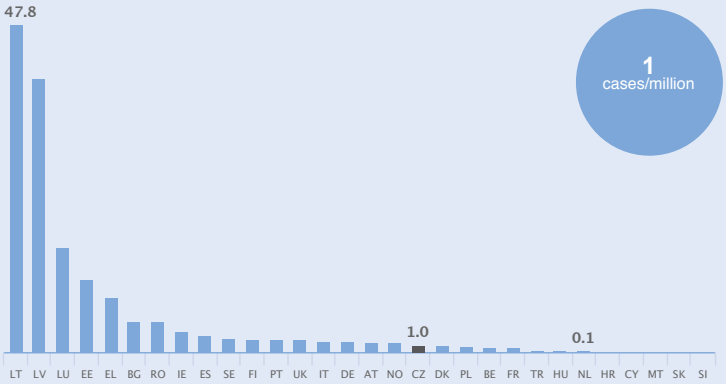
Drug-induced mortality rates

National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users

NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

About our partner in Czechia

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

Click here to learn more about our partner in Czechia .

Czech national focal point

Secretariat of the National Drug Commission

Office of the Government of Czechia

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Tel. +420 296 153 222/391

Fax. +420 296 153 264

Head of national focal point: Mr Viktor Mravcik

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin .