



Czech Republic

Country Drug Report 2017

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THE DRUG PROBLEM IN THE CZECH REPUBLIC AT A GLANCE

Drug use

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

Cannabis

18.8 %



11.7 % 25.6 %

Other drugs

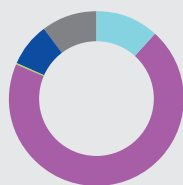
MDMA	3.5 %
Amphetamines	2.2 %
Cocaine	0.3 %

High-risk opioid users

12 700
(12 300 - 13 200)

Treatment entrants

by primary drug



Opioid substitution treatment clients

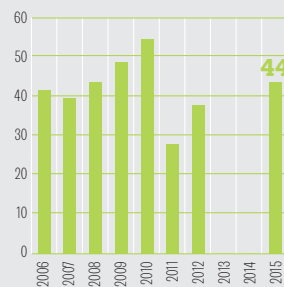
4 000

Syringes distributed

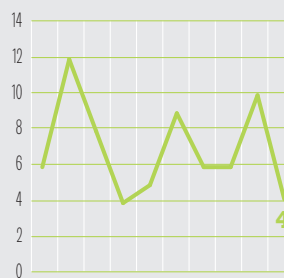
through specialised
programmes

6 421 095

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

5 549

Top 5 drugs seized

ranked according to quantities
measured in kilograms

1. Herbal cannabis
2. Cocaine
3. Methamphetamine
4. Amphetamine
5. Cannabis resin

Population

(15-64 years)

7 056 824

Source: EUROSTAT
Extracted on: 26/03/2017

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, 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.

About this report

This report presents the top-level overview of the drug phenomenon in the Czech Republic, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

National drug strategy and coordination

National drug strategy

In the Czech Republic, the National Drug Policy Strategy 2010-18 originally focused solely on illicit drugs, but in 2014 and 2016 was revised to address alcohol, tobacco and gambling (Figure 1). The strategy is comprehensive and has four pillars: prevention; treatment and resocialisation; harm reduction; and supply reduction. It is complemented by three supporting domains: coordination and funding; monitoring, research and evaluation; and 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 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 three-year action plans for each area.

In 2016, the Secretariat of the Government Council for Drug Policy Coordination (GCDPC) conducted an internal

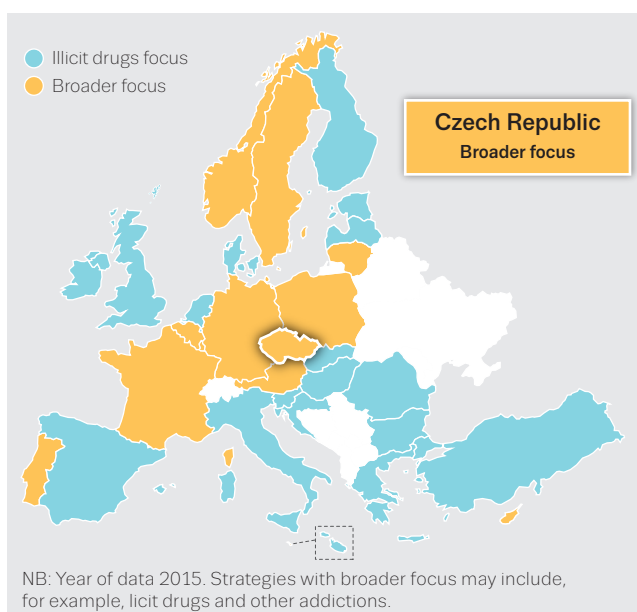
final evaluation of the action plan for 2013-15. The evaluation indicated that slightly more than half of the proposed activities had been implemented, with mixed results in terms of meeting the action plan's priorities for alcohol and cannabis consumption, methamphetamine and opioid problems, streamlining of funding and integration of alcohol in drug policy.

National coordination mechanisms

The 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 representatives of non-governmental organisations (NGOs) and professional associations. The Secretariat of the GCDPC, located within the Office of the Government of the Czech Republic, which also includes the Czech National Monitoring Centre for Drugs and Addiction, ensures day-to-day implementation of the strategy and the coordination of the ministries' activities. A network of 14 regional drug coordinators based at regional municipalities manages drug-related activities, including the implementation of the national drug policy, at the regional and local levels.

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



The National Drug Policy Strategy 2010-18 originally focused solely on illicit drugs, but in 2014 and 2016 was revised to address alcohol, tobacco and gambling

Public expenditure

Understanding of 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, the bulk of drug-related expenditure is not identified ('unlabelled') and must be estimated by modelling approaches.

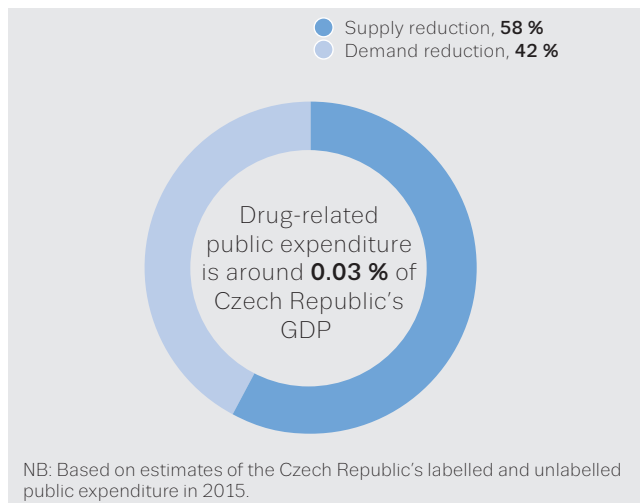
In the Czech Republic, drug-related labelled expenditures from public budgets have been regularly monitored since 2002. However, this budget is not directly linked to national policy documents. Data completeness has improved over time. Between 2007 and 2010, unlabelled expenditures were also estimated using 'cost of illness' methodology.

In 2015, the total drug-related public expenditure was EUR 52.9 million, representing 0.03 % of gross domestic product (GDP). Of this, 58 % funded supply reduction activities and the remaining expenditure was for demand reduction (treatment and harm reduction received the largest proportion of expenditure on demand reduction initiatives) (Figure 2).

Analysis of long term trends indicates that total expenditure as a percentage of GDP remained stable between 2005 and 2015 (0.01-0.06 % of GDP), but grew in nominal terms. The exceptions were 2009 and 2011, when total expenditure declined, probably as a result of public austerity measures associated with the 2008 economic recession. In 2011, drug-related expenditure reached the lowest proportion of GDP (0.1 %). However, since then, total expenditure has increased again and, in 2014 and 2015, it was at 0.03 % of GDP.

FIGURE 2

Public expenditure related to illicit drugs in the Czech Republic



Drug laws and drug law offences

National drug laws

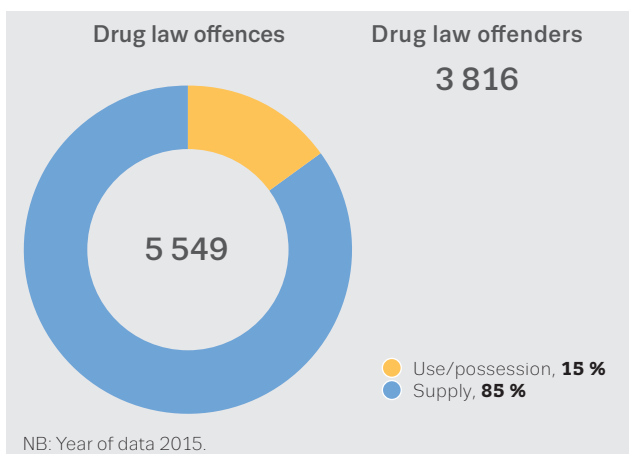
The Criminal Code, which has been in force since 2010 (Act No 40/2009) is the major act covering drug-related offences in the Czech Republic. The Criminal Code regulates several aspects of drug-related offences, such as drug trafficking, unauthorised possession of drugs, conditions of prosecution, diversion of prosecution, types of penalties, etc. 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 the Czech Republic, and possession of small quantities for personal use is a non-criminal offence under the Act of Violations, punishable by a fine of up to CZK 15 000 (EUR 550) (Figure 3). The new Criminal Code 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 one year while possession of other substances is punishable by up to two years' imprisonment (or two to eight 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 previously annulled governmental regulations, except for cannabis and methamphetamine, for which it decreased (tightened) the limits.

In the case of people with drug dependence committing a drug-related crime, a range of alternatives to imprisonment are available to the court (e.g. suspended sentences, community

FIGURE 4

Reported drug law offences and offenders in the Czech Republic



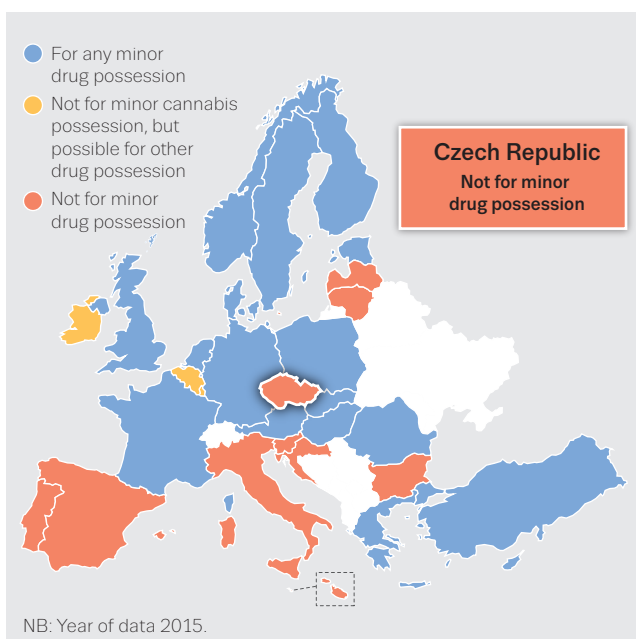
service and probation with treatment). Secure detention with compulsory treatment is a possible response to crimes by people who are drug dependent and are deemed to be socially dangerous; this is also an option for juvenile delinquents. Penalties for drug supply are from one to five years to 10-18 years of imprisonment, depending on various specified aggravating circumstances. For example, punishment might be more severe if an offender commits a new offence within three years of a previous conviction.

Following the amendments of several government acts (on Pharmaceuticals, on Addictive Substances and on Administrative Fees), the use of cannabis for therapeutic purposes has been allowed in the Czech Republic since 1 April 2013, while provision allowing the cultivation and supply of medicinal cannabis (through a licensing procedure) came into force on 1 March 2014.

In 2014, the list of controlled substances was removed from the Act on Addictive Substances, and instead included in a government regulation. This facilitates more rapid control of new substances. Sixty-three additional substances were added to the list of controlled substances by 1 March 2017.

FIGURE 3

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



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. The statistical data on DLOs from the Czech Republic indicate that most offences are in connection with administrative violations for cannabis; however, the most common criminal offences are those related to illegal handling and supply of methamphetamine. Drug supply offences were most prevalent among DLOs in 2015 (Figure 4).

Drug use

Prevalence and trends

The prevalence of use of illicit drugs in the Czech Republic 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 2015 indicate that almost one in five young adults had used cannabis in the last year, which is slightly below the levels reported in studies from 2013-14. Nevertheless, the data point to an increase in cannabis use among the youngest respondents (15-19 years old) and among those aged 35-49 years. The use of other illicit substances was significantly lower than that for cannabis.

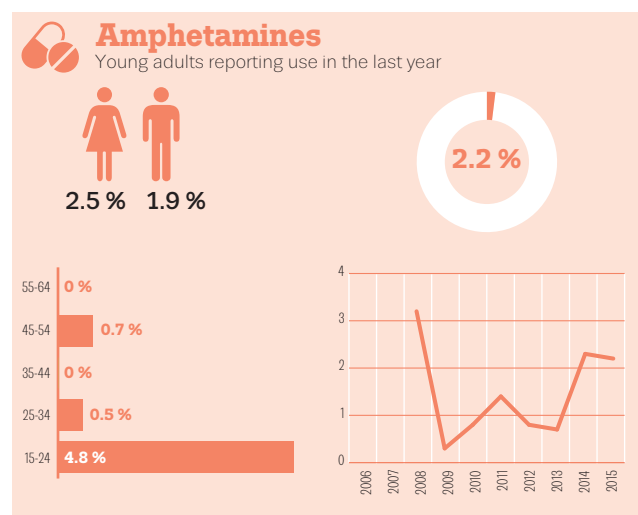
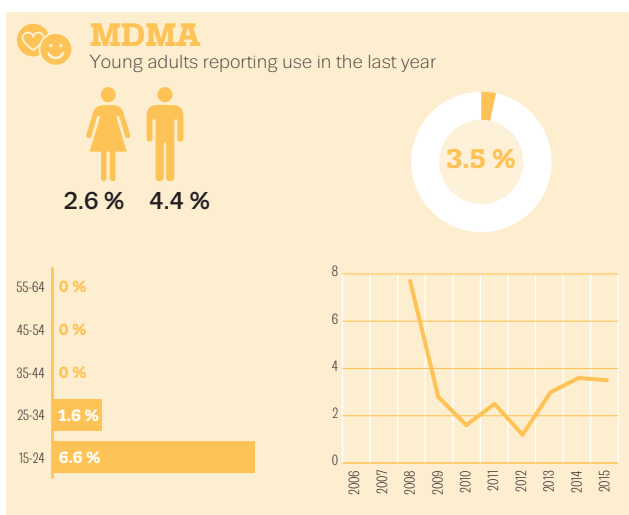
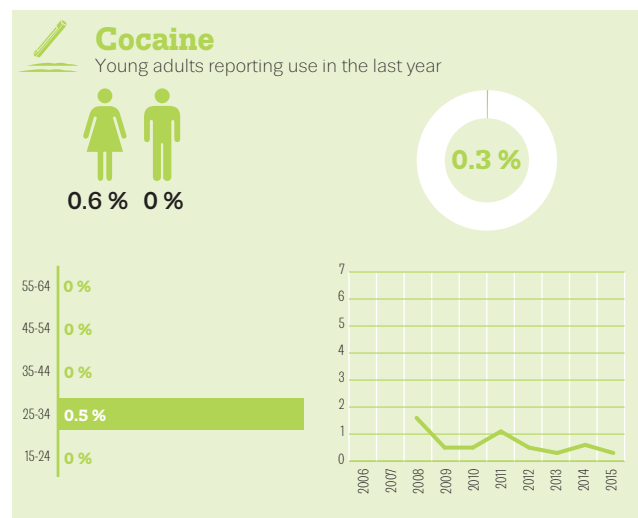
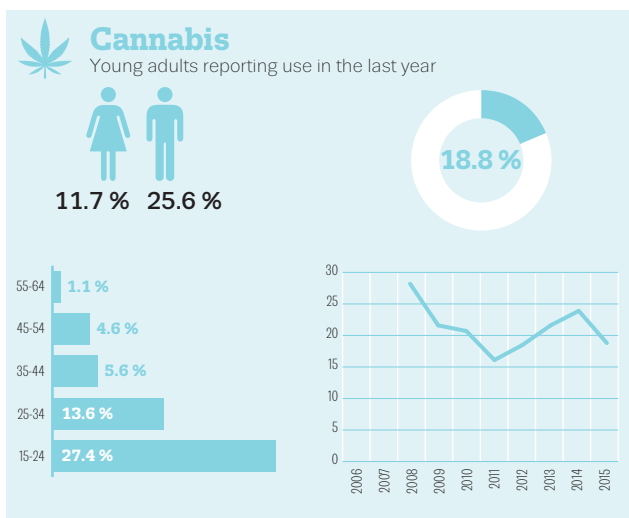
MDMA/ecstasy was the most common stimulant used among the general population and its use was concentrated primarily among young adults (Figure 5). Methamphetamine ("pervitin") use is less common among the general population, but it is the main substance linked to problem drug use in the Czech Republic.

The latest study indicates that fewer than 5 in 100 adults have ever tried new psychoactive substances (NPS). As for other substances, the use of NPS is higher among males and young adults aged 15-34 years.

Prevalence of drug use is higher among certain subgroups of young people. For example, the prevalence of cannabis use among clients of low-threshold centres (free-time clubs) for children and young people who are at risk is almost twice as high as in the general school population of the same age.

FIGURE 5

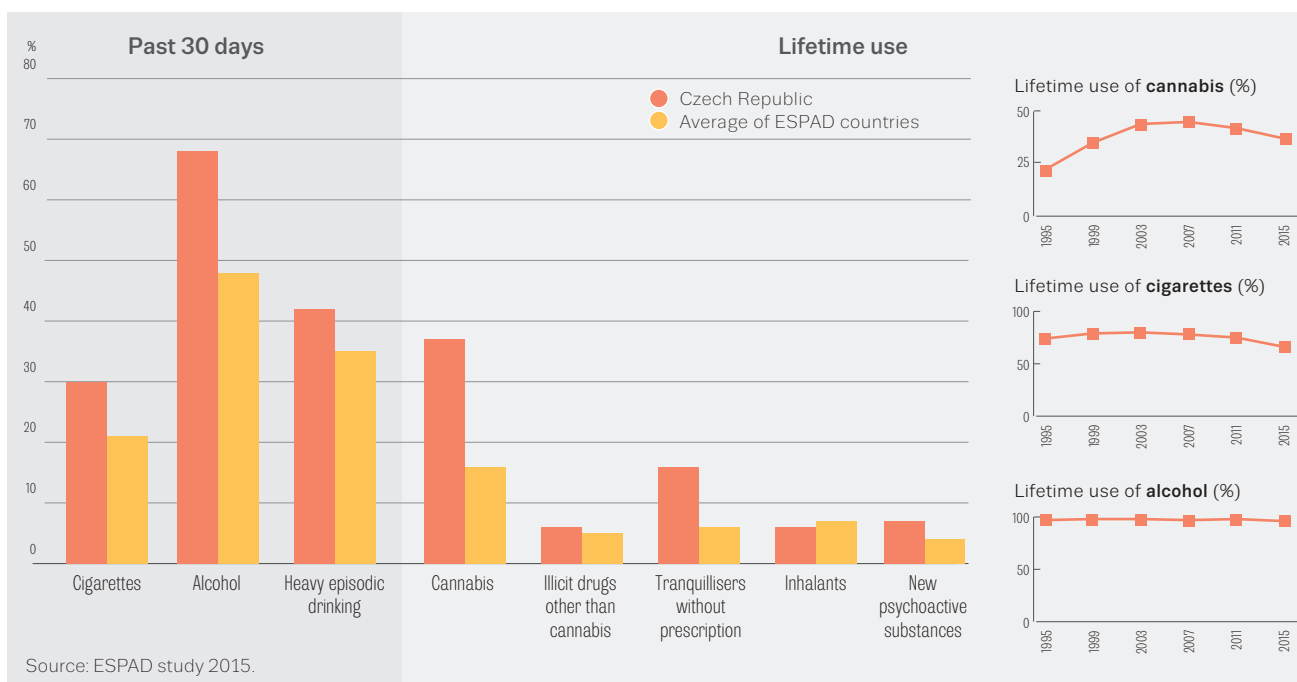
Estimates of last-year drug use among young adults (15-34 years) in the Czech Republic



NB: Estimated last-year prevalence of drug use in 2015.

FIGURE 6

Substance use among 15- to 16-year-old school students in the Czech Republic



České Budějovice participates in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a community level, based on the levels of illicit drugs and their metabolites in sources of wastewater. The results indicate that levels of MDMA residues in České Budějovice wastewater are generally low; however, an increase was registered between 2011 and 2016. Cocaine levels were also found to be low, but the levels of methamphetamine residues are consistently high and, in fact, among the highest in the Europe.

The most recent data on drug use among students are reported in the 2015 European School Survey Project on Alcohol and Other Drug (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 the average lifetime NPS use was higher. For all remaining variables, the Czech results were well above the ESPAD average. Most notable is the fact that lifetime use of cannabis and lifetime use of tranquillisers or sedatives without prescription were more than twice as high as the European average (37% versus 16% and 16% versus 6%, respectively). In addition, last-30-day alcohol use and heavy episodic drinking were clearly above average, as was 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 (Figure 6).

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 understanding on the nature and trends in high-risk drug use (Figure 7).

In the Czech Republic, high-risk drug use is mainly linked to the use of home-made methamphetamine, known locally as ‘pervitin’, which is normally injected. It is estimated that there are 34 200 primary methamphetamine users, while approximately 12 700 people are primary users of heroin or other opioids. Long-term analysis indicates that the estimated total number of problem drug users has increased by more than 50% over the last 10 years, with slight increases noted for all types of drugs, including injecting drug use. Although buprenorphine remains the main drug of choice among high-risk opioid users, in recent years concerns have been raised concerning the increased misuse of opioid-based pain medications among problem drug users (Figure 7).

The high-risk drug use in the Czech Republic is mainly linked to the use of home-made methamphetamine, known locally as ‘pervitin’

Data from specialised treatment centres also show that amphetamines (mainly methamphetamine) were the most commonly reported primary substance for new clients entering treatment during 2015, followed by cannabis (Figure 8).

Methamphetamine is often used in the context of polydrug use with opioids. The data from clients entering treatment also confirm that injecting remains the primary mode of drug use, in particular among those clients who report methamphetamine and opioids as their primary drug. The long-term trend indicates an increase in the age of drug treatment clients. Approximately one third of clients in treatment are female; however, this proportion varies by type of programme and by the type of substance for which they enter treatment.

FIGURE 7

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

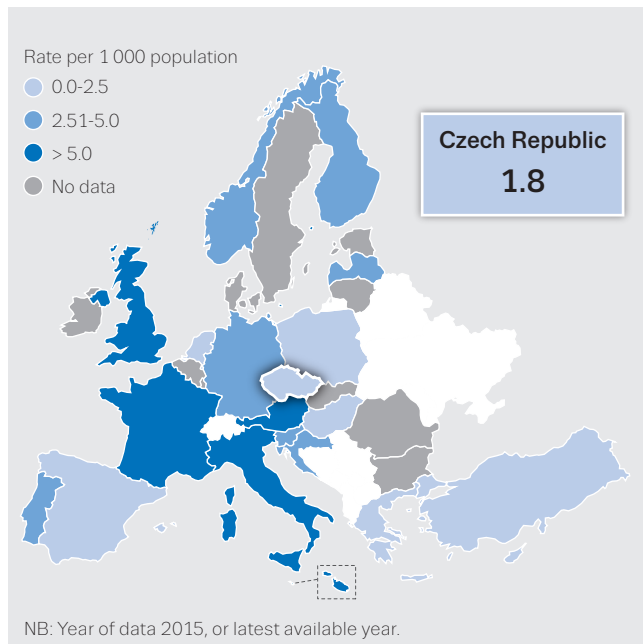
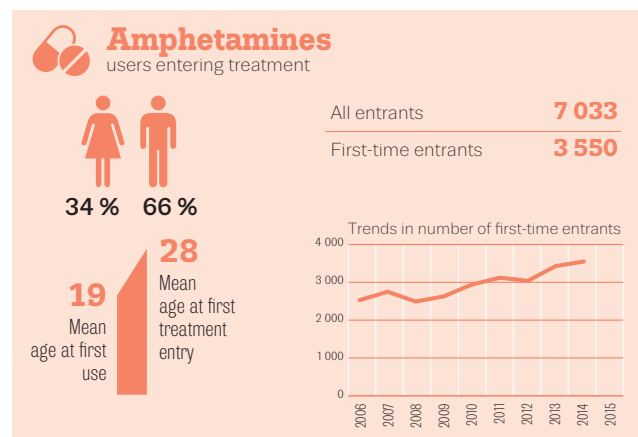
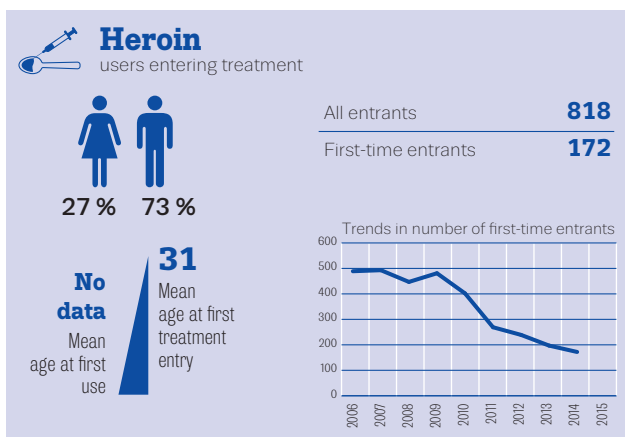
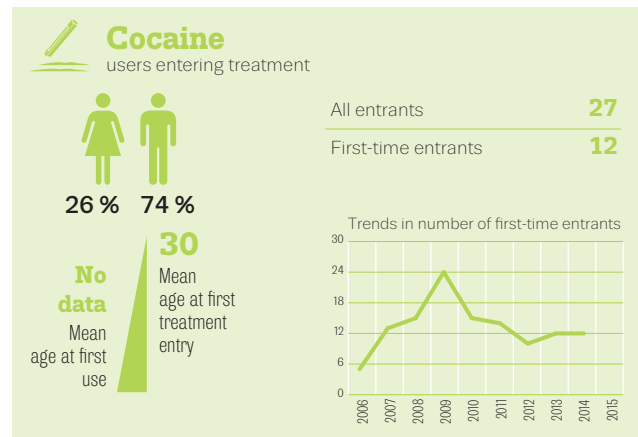
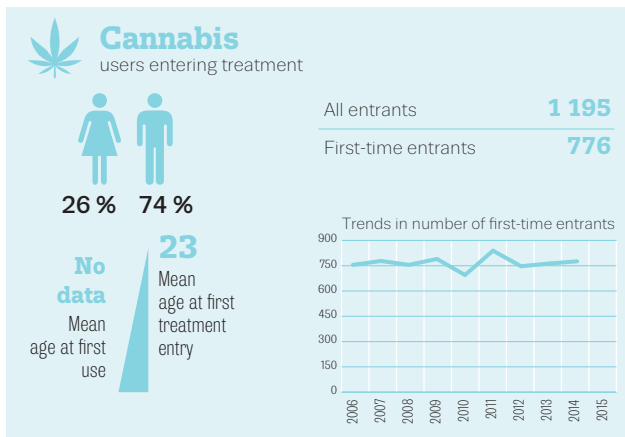


FIGURE 8

Characteristics and trends of drug users entering specialised drug treatment services in the Czech Republic



NB: Year of data 2014. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

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

The number of newly diagnosed HIV-positive individuals among the general population is relatively low and has remained stable (Figure 9). HIV seroprevalence rates among people who inject drugs (PWID) also remain low (Figure 10).

The number of newly reported cases of acute HBV infection continues to decline. This is attributed to the routine vaccination programme introduced in 2001.

In the Czech Republic, approximately two thirds of newly reported cases of HCV infection in which the transmission route is known occur in PWID. The latest available self-reported data from the Register of Treatment Demands (from 2014) suggest that less than half of PWID who are in contact with the treatment system are known to be HCV positive, and there is some indication that the numbers have stabilised in recent years.

The prevalence rates of HIV, HCV and HBV infection, in general, are higher among clients of opioid substitution treatment (OST) programmes and prison inmates.

Drug-related emergencies

Information on drug-related emergencies in the Czech Republic originates from a special warning system at the Public Health Service and from the National Hospitalisation Register, which reports data on acute hospitalisations requiring at least 24 hours of care. The data from the Public Health Service indicate that there has been a slight increase in non-fatal drug intoxication since 2011. In 2015, a total of 1 205 non-fatal intoxications were reported. Methamphetamine and benzodiazepines were the drugs most frequently reported as a cause of non-fatal intoxications, followed by cannabis, whereas heroin-related intoxications have fallen by 80 % since 2005. At the same time, the National Hospitalisation Register 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.

FIGURE 9

Newly diagnosed HIV cases attributed to injecting drug use

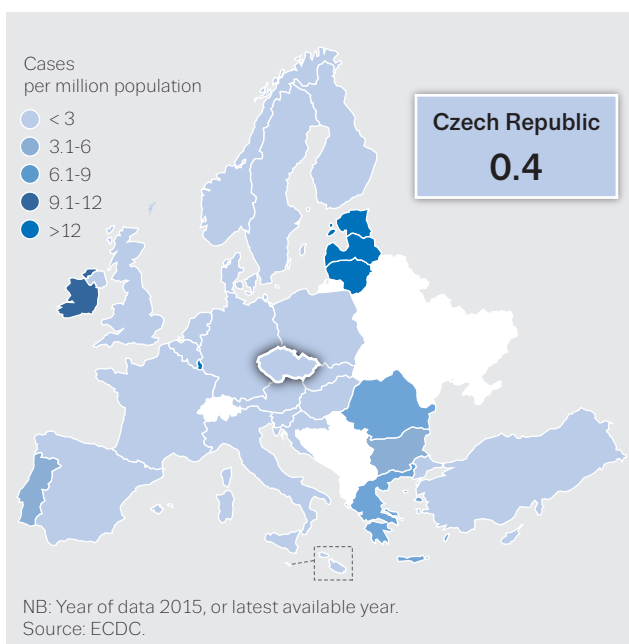
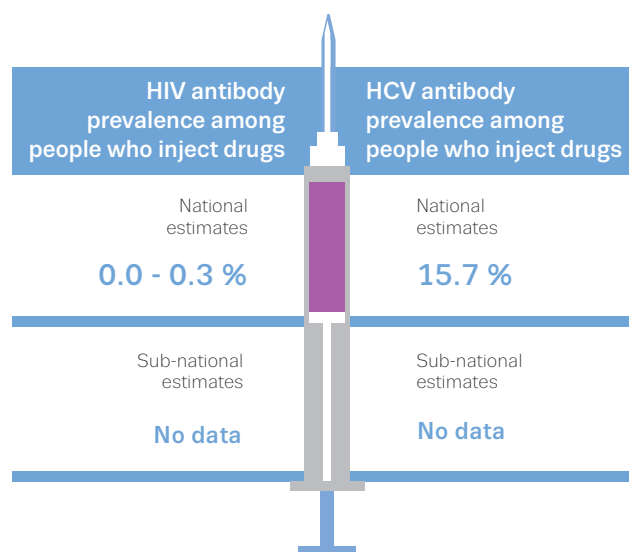


FIGURE 10

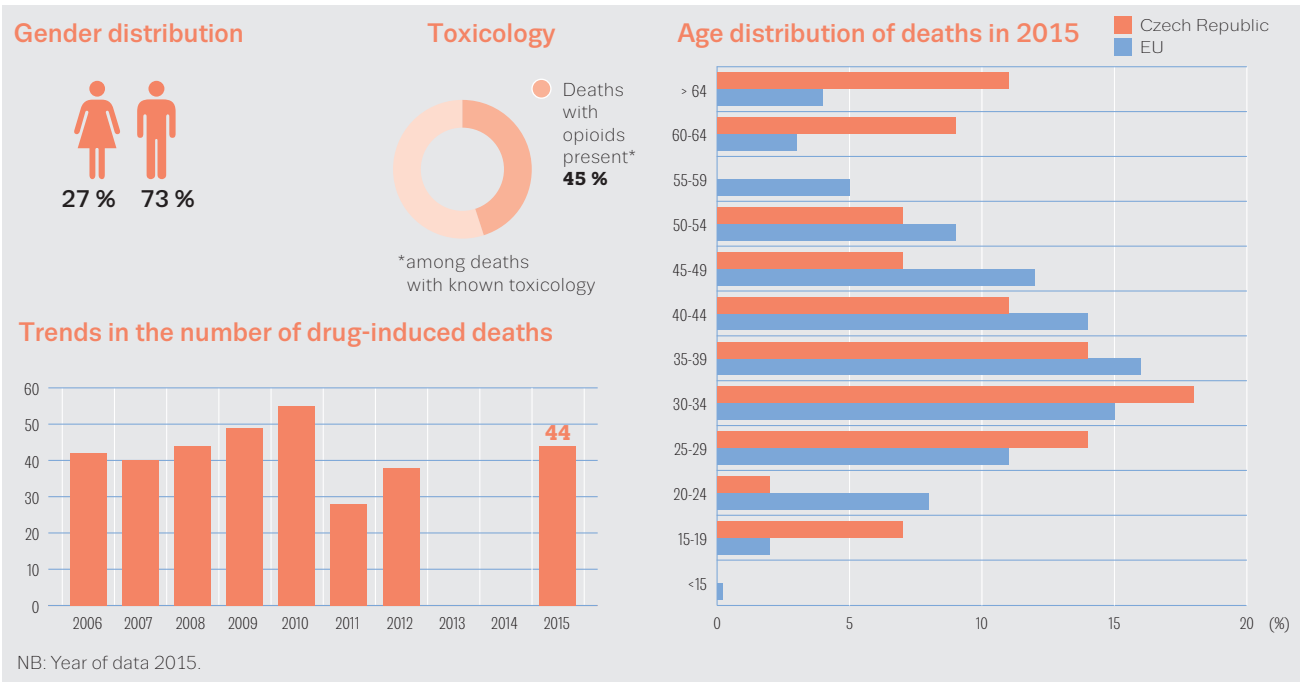
Prevalence of HIV and HCV antibodies among people who inject drugs in the Czech Republic



NB: Year of data HIV 2014/2015, HCV 2014.

FIGURE 11

Characteristics of and trends in drug-induced deaths in the Czech Republic



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).

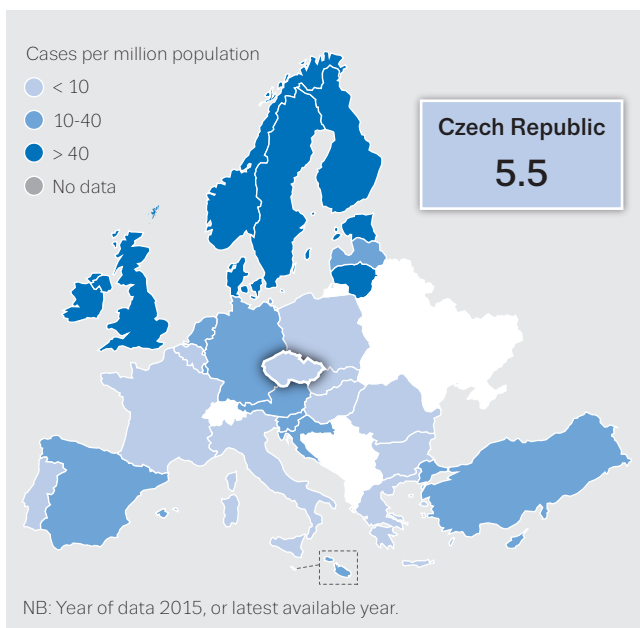
In the Czech Republic, this information is collected from the special mortality and the general mortality registers and it indicates an increasing trend in reported drug-induced deaths. However, this increase may partly reflect improved reporting procedures in recent years.

According to the toxicological results, opioids (heroin, methadone and buprenorphine), alone or in combination with other psychoactive substances, are the most frequently recorded principal drug involved in drug-induced deaths, with some substantial increases in 2015. Stimulants, primarily methamphetamine, are linked to approximately one third of drug-induced deaths. The majority of the victims are males in their early thirties, whereas the mean age of female victims tends to be slightly higher (Figure 11).

The drug-induced mortality rate among adults aged 15-64 years was 5.5 deaths per million in 2015 (Figure 12), which is below the European average of 20.3 deaths per million.

FIGURE 12

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



Prevention

The Ministry of Education, Youth and Sports provides methodological guidance and coordinates prevention activities in the Czech Republic within the scope of the National Strategy for the Primary Prevention of Risk Behaviour for 2013-18. The local actors at regional, district and municipal levels play increasingly important roles in these activities. 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. NGOs are widely involved in prevention activities and receive project-based funding to carry out additional prevention activities in schools and in the out-of-school environment; this comes from subsidy proceedings at the national level, through the Ministry of Education, Youth and Sports and the GCDPC.

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 drug use problems and indicated prevention focuses on at-risk individuals.

In the Czech Republic, environmental prevention activities aim to reduce the availability of and access to tobacco and alcohol for those younger than 18 years.

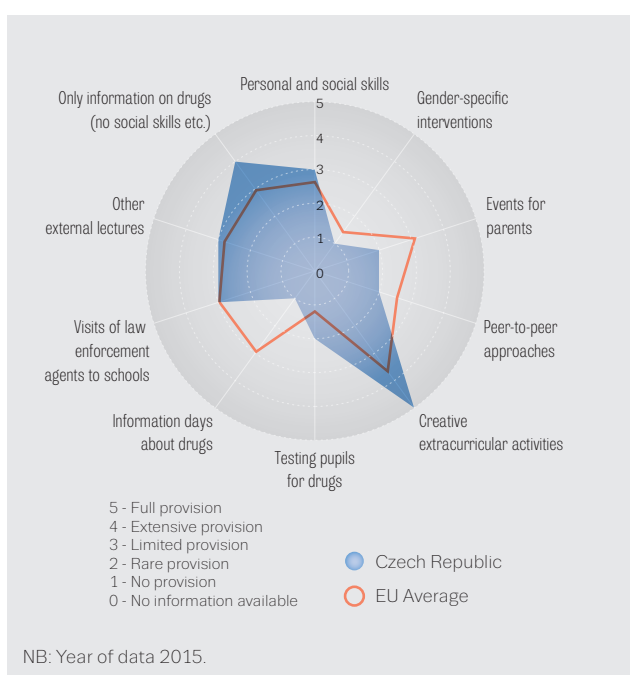
Universal prevention activities in school settings are guided by the Minimum Preventive Programme. The programme addresses a broad range of risk behaviours, including social problems, such as truancy, bullying, racism, xenophobia, hooliganism, crime and the use of addictive substances. The European Union Drug Abuse Prevention (EU-Dap) pilot project, Unplugged, was piloted in the Czech Republic between 2006 and 2010. Following a thorough evaluation, which indicated a statistically significant reduction in recent tobacco use and a reduction in experimentation among its target audience (children aged 12-14), the programme was scaled up. In 2013-14, Unplugged booster sessions were introduced in more than 70 schools and the effectiveness of these sessions was evaluated in 2015. In addition, the Unplugged Parents module was introduced in selected schools. A number of other methodological materials and pilot programmes addressing the role of families in the prevention of high-risk behaviours were introduced in 2012 (Figure 13).

A priority target audience for selective prevention activities is that of children and adolescents at risk of substance use, while 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. Apart from a wide network of special centres for children and young people at risk, a new project, Streetwork Online, was initiated in 2012. It applies the basic principles of low-threshold services, such as free-time activities, safe environments, prevention, contact with the internet environment and social media. Some interventions to reduce the risk of drug use in recreational settings have also been implemented, but remain limited.

Indicated prevention programmes are rare and target mainly adolescents who experiment with psychoactive substances and their families. One notable exception is Preventure, which is an indicated prevention programme targeting sensation seeking behaviour and focusing on alcohol and licit and illicit substance use, truancy, depression and anxiety.

FIGURE 13

Provision of interventions in schools in the Czech Republic (expert ratings)



Harm reduction

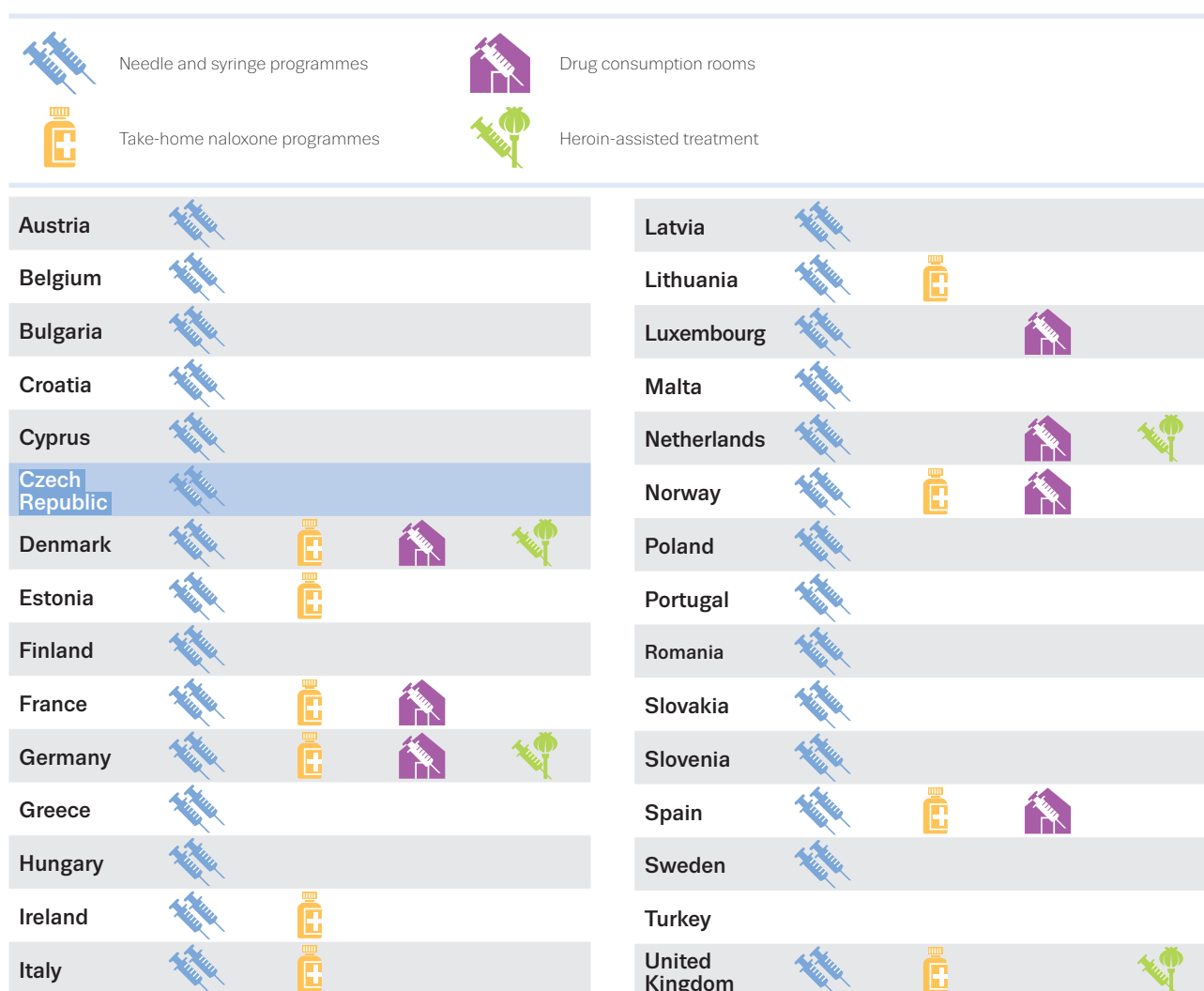
The Czech National Drug Policy Strategy 2010-18 endorses harm reduction as one of its four pillars and defines the following priority areas: (i) development of new interventions; (ii) increase in the uptake of testing among injecting drug users; and (iii) definition of harm reduction guidelines for nightlife settings. Under the 2013-15 action plan, a number of new tasks were introduced, including the scaling-up of harm reduction programmes for hard-to-reach and socially excluded communities and issuing guidelines for infectious diseases testing by service providers.

Harm reduction interventions

The Czech network of low-threshold facilities, established in early 1990s, includes low-threshold centres (drop-in) and outreach programmes for the distribution of both needles and syringes. Needle and syringe programmes operate in all regions, providing a wide range of services, including clean needles and syringes and other drug use paraphernalia; condoms; voluntary counselling and testing for infectious diseases; risk-reduction information; aluminium foil; and other services. Syringes are also available through vending machines (there are vending machines in three cities). Special street bins for the safe disposal of used injecting equipment have been installed in one city. These services are mainly delivered by NGOs and financed through grant systems that have been established at national and regional levels (Figure 14).

FIGURE 14

Availability of selected harm reduction responses



NB: Year of data 2016.

The number of drug users in contact with harm reduction services has been increasing over the last decade. The majority of clients use methamphetamine, while approximately a quarter are heroin or buprenorphine injectors. An increase in the number of cannabis users seeking help from low-threshold services has been noticed in recent years. The number of syringes distributed through needle and syringe programmes has almost doubled in the last decade, with more than 6.4 million syringes distributed to clients in 2015, compared with 3.3 million in 2005.

Taking into account 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 injection of methamphetamine.

Treatment for HCV is available to PWID in public health facilities across the Czech Republic and in prisons and is free of charge.

6.4 million syringes were distributed through the needle and syringe programmes in 2015

Treatment

The treatment system

Treatment-related objectives in the Czech National Drug Policy Strategy 2010-18 and its action plans place emphasis on enhancing the availability and quality of drug treatment services, as well as supporting the social rehabilitation of drug users in the country. Drug treatment and care services are funded by subsidies from the Ministry of Health, the Ministry of Labour and Social Affairs, the GCDPC, regional and municipal administrations and health insurance companies. An independent agency is responsible for the accreditation of drug treatment at clinics and inpatient facilities.

In the Czech Republic, drug treatment is delivered through low-threshold harm reduction (drop-in) centres, specialised outpatient centres (specialised psychiatric 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 are provided at outpatient and drop-in centres (approximately 250-300 programmes), while 50-60 programmes provide residential inpatient care.

Therapeutic communities generally have the status of social services, are operated by NGOs, and cater mainly for users of illicit drugs other than alcohol and, exceptionally, for pathological gamblers.

Almost half the facilities have professional competency certification by the GCDPC, and 40 % of the facilities are registered as social services.

OST, psychosocial support programmes and aftercare are available in these settings.

Inpatient services are divided into short-term (four to eight weeks), medium-term (three to six months) and long-term (seven months or more) services. Inpatient treatment includes detoxification; residential abstinence-oriented treatment; residential care based on the therapeutic community principle; and aftercare programmes; the treatment targets special groups, such as adolescents.

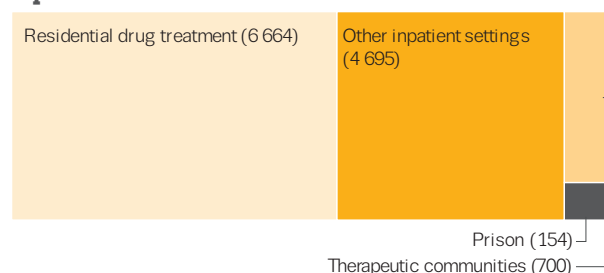
FIGURE 15

Drug treatment in Czech Republic: settings and number treated

Outpatient



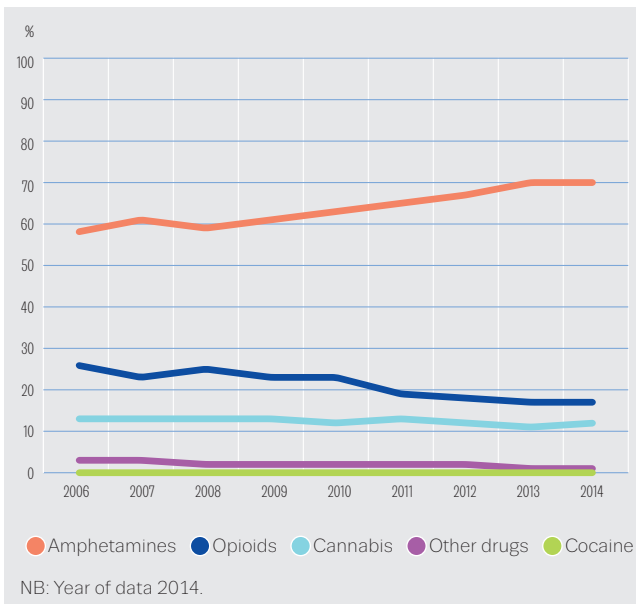
Inpatient



NB: Year of data 2015.

FIGURE 16

Trends in percentage of clients entering specialised drug treatment, by primary drug in the Czech Republic



However, there are large variations at district level in the geographical accessibility of different drug treatment programmes, with detoxification and specialised aftercare programmes being among the least available. These differences are due to lack of appropriate healthcare facilities and a shortage of professionals willing to work with drug users.

A discussion on a psychiatric care reform strategy for 2014-20, led by the Ministry of Health, is ongoing in the Czech Republic. The reform is based on a new concept of a network of specialised addiction treatment services that has been adopted by the Committee of the Society for Addictive Diseases of the Czech Medical Association. It aims to shift the Czech treatment system further towards community-type care and introduce flexibility for service provision based on regional needs and priorities.

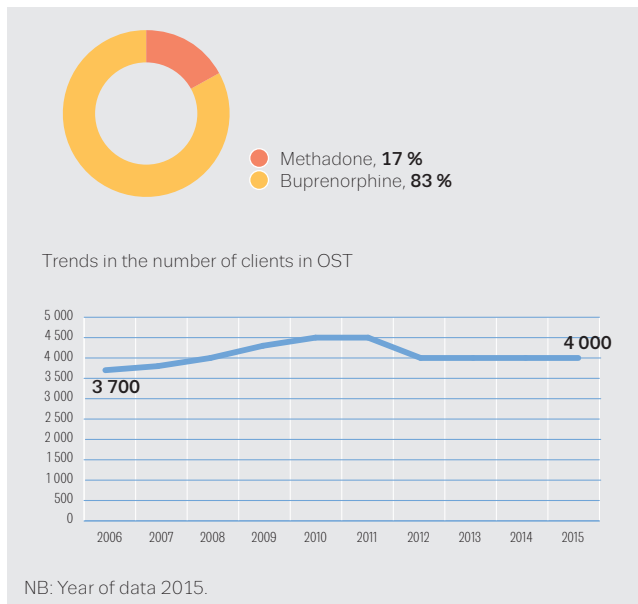
Treatment provision

Nearly 50 000 clients were treated in 2014. Most clients received treatment in outpatient services, while one out of five received treatment in inpatient units. Prison inmates constitute a small proportion of the total number of treatment clients who received drug treatment in custodial settings in 2014 (Figure 15).

In the last decade, the number of clients entering treatment has been rising, mainly due to demands linked to methamphetamine ('pervitin') use, which is mainly injected, while treatment demands linked to opioid use (mainly heroin) have been stable (Figure 16). Polydrug use is common among

FIGURE 17

Opioid substitution treatment in the Czech Republic: proportions of clients in OST by medication and trends of the total number of clients



clients entering treatment for methamphetamine use, and this sometimes includes heroin and misuse of buprenorphine.

OST using methadone was introduced in the Czech Republic in 1998. Five substitution agents are available: methadone, three buprenorphine medications and a composite sublingual preparation that contains buprenorphine and naloxone.

Methadone maintenance treatment is delivered in specialised psychiatric facilities and has also been available in prisons since 2009. OST with buprenorphine may be initiated by any medical doctor, regardless of his or her specialty. The estimated number of clients reported to be receiving OST has been stable since 2012, at approximately 4 000 clients annually. More than 80 % of OST clients receive buprenorphine-based medication (Figure 17).

Drug use and responses in prison

In the Czech Republic, drug-related prison health is mentioned in the general strategic document on the development of the Prisons Service. The Prison Service administers 35 prisons and the health department of the Prison Service coordinates health-related interventions in prison.

In the fourth regular survey on drug use among prison inmates in the Czech Republic, which was conducted in 2016, the majority (59 %) of inmates reported lifetime illicit drug use, including use of cannabis (44 %), pervitin or amphetamines (42 %) and ecstasy (26 %). The proportion of drug users among inmates was substantially higher than among the general population. A total of 27 % of the respondents had used a psychoactive substance or anabolic steroids during one of their previous prison sentences; most commonly, this was alcohol made in prison (16 %), cannabis (14 %) or pervitin (13 %). Lifetime injecting drug use was reported by almost one third of respondents, with 7 % reporting injecting drug use in prison and 6 % sharing injecting equipment in prison. A total of 31 % of the respondents had used opioids, amphetamines or cocaine regularly and/or injected the drugs in the last 30 days before their current period of imprisonment.

Prevention, drug treatment interventions and efforts to mitigate the social impact of drug use are carried out in prisons through drug prevention counselling centres, drug-free zones, specialised wings and programmes provided by NGOs. The cooperation between prisons and NGOs was more intensive in 2015 than in 2014. Ten prisons are authorised to provide OST, seven of which reported a total of 53 OST patients in 2015. OST is provided to inmates who have received it prior to imprisonment and initiation of OST while in prison is done only on an exceptional basis. Detoxification is available in a small number of prisons. Drug treatment in prisons is provided on a voluntary basis and as part of court-ordered compulsory treatment. Distribution of clean needles and syringes is not authorised in prisons. Recently, a pilot project was launched to provide condoms to inmates.

In the fourth regular survey on drug use among inmates in the Czech Republic, which was conducted in 2016, the majority (59 %) of inmates reported lifetime illicit drug use

Quality assurance

The action plan for illicit drugs for 2016-18 of the National Drug Policy Strategy defines a number of actions that are related to the quality assurance system. There are several guidelines (standards) governing the operation of centres, facilities, and programmes. These guidelines are primarily represented by the certification standards of the GCDPC, which have been in operation since 2006. Compliance with these standards is tested as part of the certification process. Conceived as an inter-agency instrument, these guidelines currently cover a wide range of health, social health and social services, including 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, but an external agency carries out the audits as part of the certification process. The GCDPC makes the final decision on certification.

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

In the Czech Republic, a medical specialisation in the treatment of alcoholism and other addictions has existed since 1980; psychiatrists are required to complete a specialised course on addiction disorders. In 2005, addictology was recognised as an interdisciplinary field of study and a bachelor's academic programme in addictology was introduced (master's and doctoral programmes were introduced later), which led to the establishment of the profession of addictologist in 2008. An accredited qualification enhancement course is also available for health professionals who would like provide preventive, treatment and rehabilitation care without professional supervision in the field of addictology. In general, many training courses and educational events in the field of addiction are organised by various actors.

The Czech Republic remains the only country in the world that has introduced a certification system for prevention programmes

Drug-related research

The National Drug Policy Strategy 2010-18 emphasises the role of research, evidence and evaluation of the measures taken in the drug policy field in the Czech Republic. The Action Plan 2013-15 underlines the principle of integrating licit and illicit substances into one policy, and support for drug research is mentioned explicitly as one of the tasks.

Several public administration bodies and grant agencies fund drug-related research, which is mainly implemented by academic centres. The National Monitoring Centre for Drugs and Addictions 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 Drug Information System, which stipulates the priorities and main activities in monitoring, including research. In 2014, the first strategy for addiction science and research for 2014-20 was formulated by the professional and research community in the Czech Republic. In 2012, the Department of Addictology was established as a scientific and clinical workplace of the First Faculty of Medicine, Charles University in Prague and General Faculty Hospital in Prague, combining the Centre for Addictology of the Psychiatric Clinic, First Faculty of Medicine, Charles University in Prague and General Faculty Hospital in Prague (established in 2005), and the Unit for Addiction Treatment of the General Faculty Hospital in Prague. This department represents a unique merger of two separate workplaces where members of both clinical and paramedical professions are involved in the recently established field of addictology. In 2015, the National Institute for Mental Health was established, with a programme of Epidemiological and Clinical Research in Addiction (EPCLIRA).

The National Monitoring Centre for Drugs and Addictions of the Czech Republic publishes an annual report on the drug situation in the Czech Republic, which summarises available data about drug use and its consequences. National scientific journals are also an important dissemination channel for drug-related research findings.

In 2014, the first strategy for addiction science and research for 2014-20 was formulated and, in 2015, the National Institute for Mental Health was established with a programme of Epidemiological and Clinical Research in Addiction

Drug markets

Cannabis is the most frequently seized drug in the Czech Republic (Figure 18). Monitoring data indicate that the quantities of seized cannabis products are continuing to increase, although there are diverse trends for different products. In addition, domestic production of cannabis has been on the increase. Cannabis is grown in both natural and artificial conditions. Although cultivated cannabis is mainly intended for the domestic market, cultivation on a large scale and for export, predominantly to neighbouring countries, has also been reported. Organised criminal groups of Vietnamese descent have contributed to the emergence of large-scale cannabis cultivation, while there are indications that they are moving away from cannabis and engaging in the production and distribution of methamphetamine (locally known as pervitin).

Pervitin (methamphetamine) is the most frequently seized stimulant (Figure 18). Available information suggests that, although it is primarily produced for the domestic market, some of it is exported to border regions of Germany, Austria and Poland.

Production of pervitin takes place predominantly in low-volume home-based laboratories, which can be easily relocated to avoid detection, although an increase in the proportion of high-volume laboratories operated by organised groups has been noted in recent years. Medicines containing pseudoephedrine are the main precursor of methamphetamine. In 2009, restrictions on the sale of pseudoephedrine-containing medication were introduced in the Czech Republic, but this was followed by a significant rise in the illegal importation of such medication, mainly from Poland.

Cocaine seizures have significant annual variations and exceptionally large volume seizures are probably not intended for distribution in the Czech drug market. The drug enters the Czech Republic mainly from the Netherlands by couriers and in postal deliveries.

Heroin reaches the Czech Republic mainly through the Balkan route and is imported in small shipments. In 2013-15, buprenorphine-containing medication, fentanyl patches and morphine-based painkillers were also seized from the illicit market. In 2014, the first case of high-purity heroin

FIGURE 18

Drug seizures in the Czech Republic: trends in number of seizures (left) and quantities seized (right)

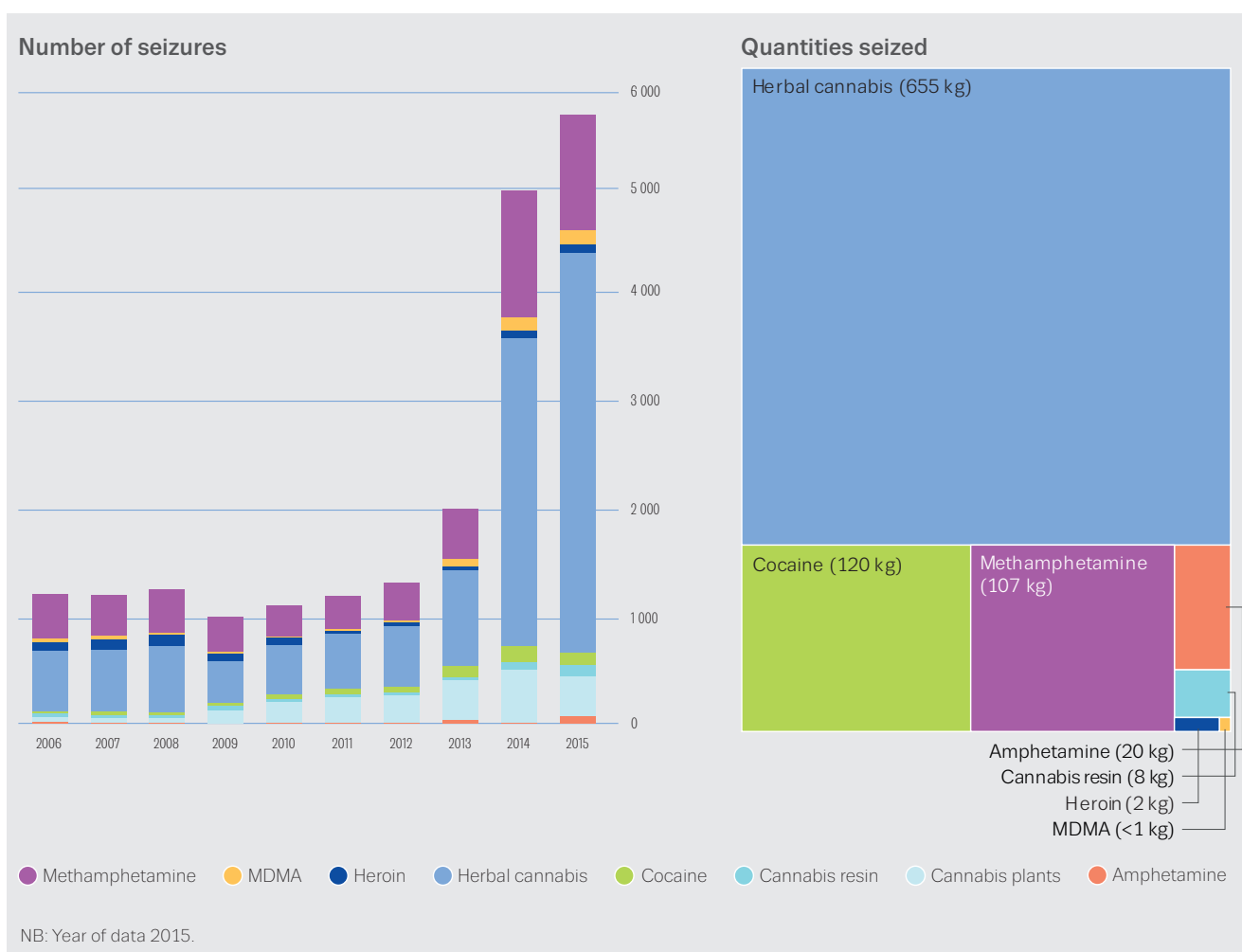


FIGURE 19

Price and potency/purity ranges of illicit drugs reported in the Czech Republic



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum. Methamphetamine: mean price EUR 14.7-110 per 1 gram. Purity 15.4-87.7 %. Year of data 2015.

production from opium poppies and a morphine-based painkiller was reported.

MDMA is not produced domestically and is mainly imported from the Netherlands.

Cathinones, synthetic cannabinoids and phenethylamines represented the largest proportion of NPS seized in the Czech Republic in 2015, of which 11 appeared for the first time in the country. In one case, this was the first time such substance had been identified in the EU.

Taking into account the nature of the illicit drug market in the Czech Republic, the law enforcement agencies focus their activities on detection and prevention of illegal drug trafficking activities in the border regions with Germany, Austria and Poland.

Retail price and purity data of the main illicit substances seized are shown in Figure 19.

KEY DRUG STATISTICS FOR THE CZECH REPUBLIC

Most recent estimates and data reported

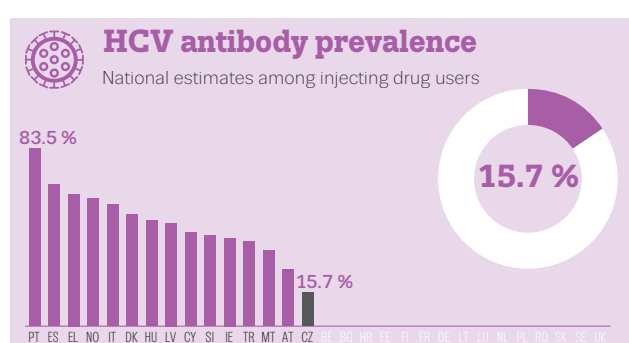
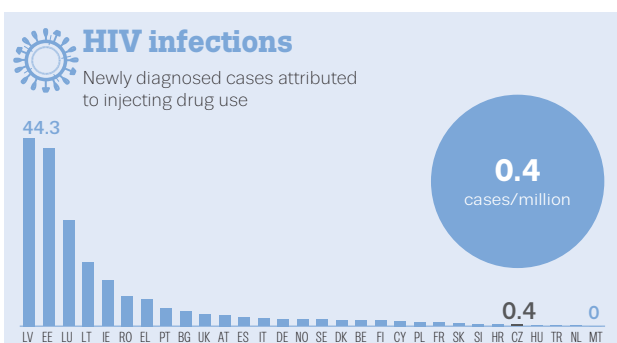
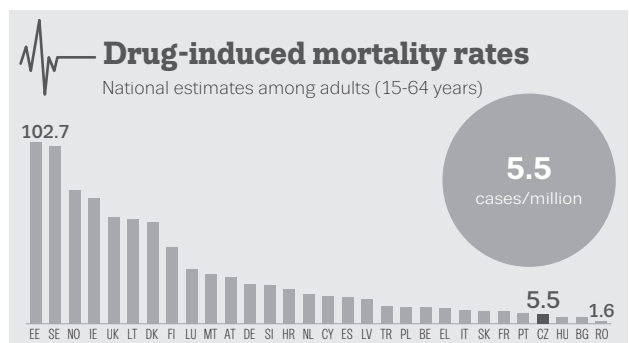
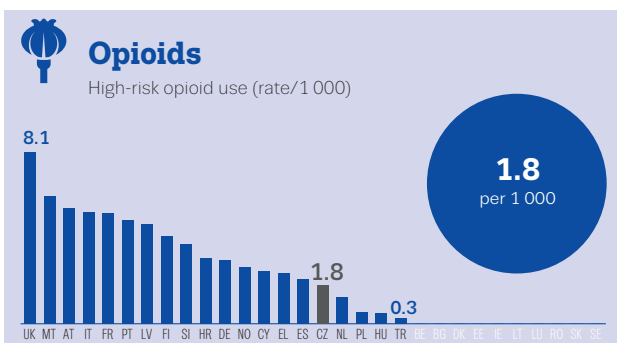
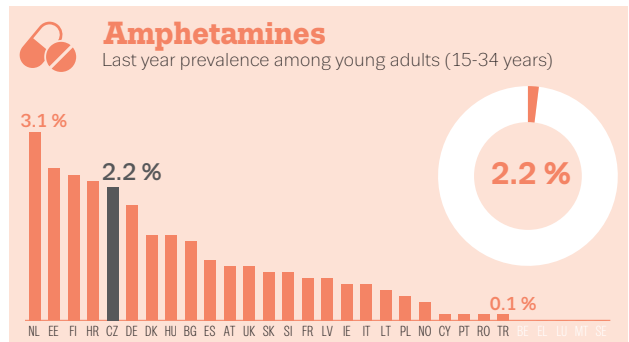
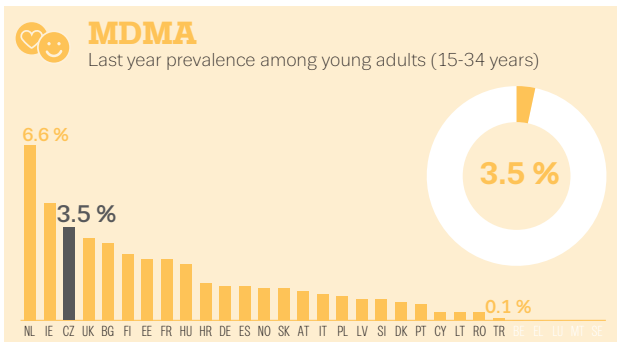
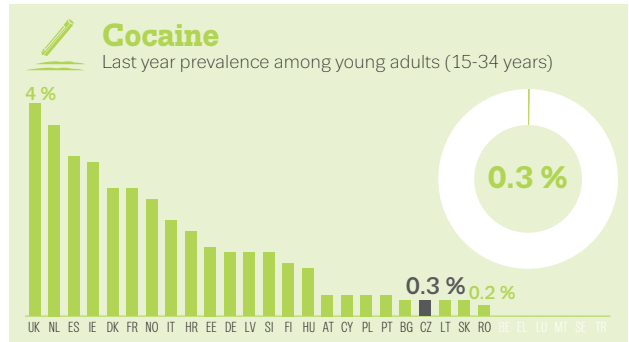
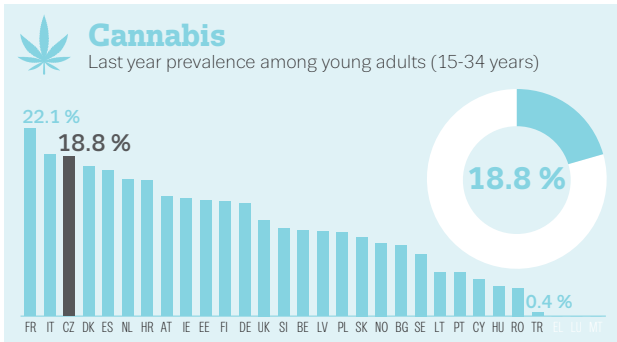
	Year	Country data	EU range	
			Minimum	Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	36.8	6.5	36.8
Last year prevalence of use — young adults (%)	2015	18.8	0.4	22.1
Last year prevalence of drug use — all adults (%)	2015	9.4	0.3	11.1
All treatment entrants (%)	2014	12	3	71
First-time treatment entrants (%)	2014	16	8	79
Quantity of herbal cannabis seized (kg)	2015	655.1	4	45 816
Number of herbal cannabis seizures	2015	3 672	106	156 984
Quantity of cannabis resin seized (kg)	2015	7.6	1	380 361
Number of cannabis resin seizures	2015	105	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	2015	< 1-29.5	0	46
Potency — resin (% THC) (minimum and maximum values registered)	2015	7.8-40.4	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	1.5-22	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	No data	No data	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.4	0.9	4.9
Last year prevalence of use — young adults (%)	2015	0.3	0.2	4
Last year prevalence of drug use — all adults (%)	2015	0.1	0.1	2.3
All treatment entrants (%)	2014	0	0	37
First-time treatment entrants (%)	2014	0	0	40
Quantity of cocaine seized (kg)	2015	120.4	2	21 621
Number of cocaine seizures	2015	113	16	38 273
Purity (%) (minimum and maximum values registered)	2015	11.5-89	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	55-91.6	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	0.9	0.8	6.5
Last year prevalence of use — young adults (%)	2015	2.2	0.1	3.1
Last year prevalence of drug use — all adults (%)	2015	0.8	0	1.6
All treatment entrants (%)	2014	70	0	70
First-time treatment entrants (%)	2014	75	0	75
Quantity of amphetamine seized (kg)	2015	20	0	3 796
Number of amphetamine seizures	2015	68	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	15.8-60.3	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2015	14.7-110	1	139.8

	Year	Country data	EU range	
			Minimum	Maximum
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.7	0.5	5.2
Last year prevalence of use — young adults (%)	2015	3.5	0.1	6.6
Last year prevalence of drug use — all adults (%)	2015	1.3	0.1	3.4
All treatment entrants (%)	2014	0	0	2
First-time treatment entrants (%)	2014	0	0	2
Quantity of MDMA seized (tablets)	2015	3 110	54	5 673 901
Number of MDMA seizures	2015	133	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	2015	14.7-80.5	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	4.4-11	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	2015	1.8	0.3	8.1
All treatment entrants (%)	2014	17	4	93
First-time treatment entrants (%)	2014	7	2	87
Quantity of heroin seized (kg)	2015	2	0	8 294
Number of heroin seizures	2015	76	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	5.4-80.2	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	25.6-73.3	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	0.4	0	44
HIV prevalence among PWID* (%)	2014/2015	0.0-0.3	0	30.9
HCV prevalence among PWID* (%)	2014	15.7	15.7	83.5
Injecting drug use (cases rate/1 000 population)	2015	6.3	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	5.5	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	2015	6 421 095	164	12 314 781
Clients in substitution treatment	2015	4 000	252	168 840
Treatment demand				
All clients	2014	10 108	282	124 234
First-time clients	2014	4 743	24	40 390
Drug law offences				
Number of reports of offences	2015	5 549	472	411 157
Offences for use/possession	2015	856	359	390 843

* PWID — People who inject drugs.

NB: Number of methamphetamine seizures: 1 057 amounting to 107 kg. Methamphetamine purity 15.4-87.4 %, price EUR 14.7-110 per 1 gram.

EU Dashboard



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, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.



National Monitoring
Centre for Drugs
and Addiction

About our partner in the Czech Republic

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.

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