CITY OF BRNO

STRATEGY ON PSYCHOACTIVE SUBSTANCES AND ADDICTIVE BEHAVIOUR

2026–2033

| BRNO CITY MUNICIPALITY |
| SOCIAL WELFARE DEPARTMENT | PREVENTION COORDINATION CENTRE |

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Preamble

Psychoactive substances and addictive behaviours affect virtually everyone living in the City of Brno. The use of psychoactive substances, including widely available and commonly consumed substances such as caffeine, energy drinks, alcohol and nicotine, is widespread across the population. The same is true of addiction to other substances and behaviours. Throughout history, societies have sought to regulate psychoactive substances and addictive behaviour, both of which may provide pleasure or relief from distress but can also lead to addiction. Alongside traditional legal and illegal substances, a growing range of new natural and synthetic substances has emerged in recent years, with varying levels of risk. At the same time, society's understanding of these substances continues to evolve, as do the ways in which their supply and use are regulated. The field of addiction is also increasingly influenced by digital phenomena such as computer games, social media and artificial intelligence.

These trends must be monitored, evaluated and addressed through appropriate responses at both the national and local level. It is essential that such responses are based on rational and realistic objectives. The best available scientific evidence indicates that a society entirely free from psychoactive substances or addiction is not a realistic objective. It also shows that addiction is a societal issue and that responsibility for problems associated with psychoactive substances and addictive behaviour cannot be placed solely on individuals or specific social groups. Accordingly, this Strategy focuses primarily on reducing health and social risks and harms, supporting people to gain greater control over their psychoactive substance use, and expanding opportunities for recovery from addiction. It also places greater emphasis on regulating the supply of addictive products, recognising that cities have an important role to play in reducing harm in this area. The Strategy has been developed in response to identified needs through consultation with key stakeholders across the field. More broadly, it seeks to foster a cohesive and compassionate city that both prevents the development of problems associated with psychoactive substances and addiction and creates the conditions that enable positive change for individuals, families and communities affected by addiction.

The **City of Brno Strategy on Psychoactive Substances and Addictive Behaviour 2026–2033** replaces the City of Brno Strategy on Drugs and Addiction 2022–2025 and its Policy Strategy Action Plan 2024–2025, while building on the work undertaken under those documents. The Strategy draws on the expert report Analysis of Required Measures in the Field of Drugs and Addiction in Brno and Recommendations for the Development of the 2026–2030 Strategy (Matoušek, 2024), which analyses the current addiction policy framework in Brno and identifies shortcomings and gaps in the system of care. The report also provides recommendations that informed the development of this Strategy.

The Strategy was prepared by members of the City Coordination Team for Psychoactive Substances and Addictive Behaviour, together with the City Drug Coordinator and the Head of the Prevention Coordination Centre within the Social Welfare Department of the Brno City Municipality.

Representatives of NGOs, hospitals, public authorities, the Czech Police, the Brno Municipal Police and other stakeholders also contributed to the development of the Strategy. They participated in an initial consultation meeting held in March 2025, during which the findings of the evaluation of the City of Brno Strategy on Drugs

and Addiction 2022–2025 and the proposed priorities and objectives of the new Strategy were discussed. The draft Strategy was subsequently circulated to participants for comment.

1 Background to the City of Brno Strategy on Psychoactive Substances and Addictive Behaviour

Think Globally, Act Locally!

Although psychoactive substance use and addictive behaviour are global challenges, the most effective responses begin at the local level, particularly in cities. The concentration and diversity of people in cities, together with the range of issues they face, make cities ideal environments for developing innovative approaches. Examples include harm reduction services, which have become a standard component of addiction policy in many cities; safer club initiatives, which seek to reduce the risks associated with psychoactive substance use and other potentially harmful activities; and drug consumption rooms, where people can consume psychoactive substances legally and safely, engage with health and social services, reduce the impact of public drug use on local communities, and gradually build motivation for recovery.

The first municipal drug strategies emerged in Western Europe during the 1980s and 1990s, largely in response to the growing problems associated with the use of illegal psychoactive substances. From the outset, these strategies were founded on the principles of public health and human rights and offered an alternative to punitive approaches that tended to treat people who used illegal psychoactive substances ("drugs") as criminals. The pragmatic measures they introduced led to rapid and substantial reductions in crime and in the health consequences of problematic psychoactive substance use, including HIV/AIDS, hepatitis and overdose. Inspired by the experience of European cities, similar progressive drug strategies were subsequently introduced in several major Canadian cities and, from 2016 onwards, in the United States, which had previously taken a more conservative approach to psychoactive substances and addiction.

Following the fall of communism, the Czech Republic adopted the pragmatic drug policy approach developed in Western Europe and played an active role in the development of declarations promoting rational urban drug policy, most notably the Prague Declaration (2010) and the Warsaw Declaration (2015). These declarations recognise drug-related issues as complex and multifaceted and argue that they cannot be addressed from a single perspective, whether criminal justice, public health or social policy. Instead, they advocate a multidisciplinary approach that also takes account of seemingly unrelated areas, including urban planning, municipal funding policies, housing, social inclusion and the relevant legislative framework. From this perspective, drug-related issues affect not only people who use drugs, but also their families and the wider community. All of these stakeholders should therefore be involved in developing solutions.

The Czech Republic's addiction policy is a modern, integrated policy that does not distinguish between legal and illegal addictive substances. It encompasses illegal drugs, alcohol, tobacco and nicotine products, gambling, medicinal products containing psychoactive substances, cannabis and cannabinoids, as well as the excessive use of the internet and digital technologies. The current Czech addiction policy is characterised by a comprehensive and balanced approach to both addictive substances and behavioural

addictions. Alongside market regulation, supply reduction and enforcement, its core pillars include prevention, harm and risk reduction, treatment and social reintegration.

Municipal drug and addiction strategies are generally based on the recognition that punitive measures which restrict the rights of individuals, families and communities have only limited long-term impact. They also recognise that people with direct experience of the risks and challenges associated with psychoactive substance use are often best placed to identify and implement effective solutions. Successful strategies therefore prioritise harm reduction, empowerment and destigmatisation over criminalisation and social exclusion, both of which tend to exacerbate drug-related problems and hinder the natural process of recovery.

Cities should work together and share good practice. Continuous monitoring and evaluation are equally important, enabling policies and interventions to be refined over time and ensuring that ineffective measures, approaches based on prejudice towards people who use psychoactive substances or experience addiction, and outdated models and concepts are replaced by more effective solutions.

Another key principle of modern urban addiction policy is to favour regulation over prohibition. Prohibition, defined as the criminal prohibition of psychoactive substances outside legitimate medical use, has proved ineffective in reducing psychoactive substance use and its associated harms. It has also been criticised for failing to respect human rights and human dignity and for being disproportionate when compared with society's response to other public health, social and public safety challenges.

1.1 Target Population and Key Terms

At its broadest, the City of Brno's policy on psychoactive substances and addictive behaviour is aimed at all residents of Brno. The use of psychoactive substances, gambling and other potentially addictive activities are part of everyday life in society, and Brno is no exception.

More specifically, the Strategy focuses on problems associated with psychoactive substance use and addictive behaviour, including their prevention and resolution. In this context, the target population comprises individual residents of Brno who are directly affected by or at risk of these problems, as well as families and the wide range of groups, communities and neighbourhoods in which such problems occur more frequently than elsewhere. It is important to emphasise that the Strategy focuses not only on people who have developed or may develop such problems, but also on those close to them, who may also be profoundly affected.

The Strategy responds to current developments and changes in the field of psychoactive substances and addiction. It focuses on prevention, the coordination of services, support for harm reduction measures and a comprehensive approach that reflects the complexity of addiction-related issues.

The Czech Republic, including Brno, has long ranked among the countries with the highest prevalence of alcohol, tobacco and nicotine product use. The use of psychoactive medicines and illegal drugs, as well

as gambling, also poses significant challenges. A growing proportion of minors are experiencing digital addictions, including addiction to computer games.

The terminology used in the field of psychoactive substances and addictive behaviour is extensive. The following is a selection of the key terms used in the Strategy.

Psychoactive substance (PS) – a chemical substance that affects the central nervous system and causes changes in perception, mood, consciousness and behaviour. Such substances are often referred to as drugs or psychotropic substances, although these terms may also have broader meanings.

Addictive behaviour (AB) – condition in which a person experiences an irresistible urge to repeat a particular activity, resulting in disturbances in their perception of reality or withdrawal symptoms if the activity cannot be repeated. Addiction may relate to substances or to activities such as gaming, shopping, internet use, gambling, social media use, sex or eating.

Addiction-related behaviour – a term covering a broad range of behaviours that display features of addiction.

Evidence-based principle – a principle under which decisions and procedures are based on the best available scientific evidence and empirical data rather than solely on judgement or tradition.

Substitution treatment – a form of treatment in which an addictive substance is replaced by another substance, usually a legal one with similar effects but lower risks and fewer harmful consequences.

Harm reduction (HR) – a term describing approaches that seek to reduce or minimise the harm caused by psychoactive substance use among people who currently use such substances and are not motivated to stop. Harm reduction seeks to minimise, reduce or mitigate the risk of infections that threaten life and health. Measures include needle and syringe exchange, the provision of information and explanations, professional assistance, contact counselling and education about risks.

Drug consumption rooms (DCRs) – supervised facilities where people can consume psychoactive substances they have brought with them under hygienic conditions. Their aims are to reduce the transmission of disease, prevent overdose, facilitate access to addiction services, reduce the number of discarded needles in public spaces and limit psychoactive substance use in the street.

Participatory approach – an approach that strengthens the involvement of individuals and groups with lived experience, including peer workers, in decision-making processes that affect their lives and needs.

Peer worker – person who provides support and assistance to people with similar experiences of addiction or other difficulties. Peer workers draw on their own lived experience to help others on their path to recovery.

Recovery coaching – a specialised form of support for people in the recovery process. A form of support for people recovering from addictive behaviour or addiction. A recovery coach draws on their own lived experience to support others in their recovery.

Recovery – a process of change leading to improved health and wellbeing, greater self-determination and the fulfilment of a person's potential. Recovery does not necessarily mean that symptoms disappear. In the field of addiction, people in recovery include not only those who abstain, but also those who are taking steps towards recovery while continuing to display signs of addictive behaviour.

Case management – a social work method based on establishing a coordinated approach among different professionals and services.

Psychedelics – psychoactive substances belonging to the hallucinogen group. Their defining characteristic is that they cause pronounced changes in perception, mood and consciousness. Many have low toxicity and do not cause addiction.

1.2 Policy and Legislative Context

European level

The principal document setting out the overall policy framework and priorities for the European Union's drug policy is the **EU Drugs Strategy 2021–2025**. Its purpose is to protect and improve the wellbeing of society and individuals, protect and promote public health, provide a high level of security and wellbeing for the general public, and improve health literacy. The Strategy is divided into three policy areas that contribute to the achievement of these objectives: reducing the supply of psychoactive substances, thereby enhancing security; reducing demand for psychoactive substances through prevention, treatment and care services; and addressing the adverse consequences associated with psychoactive substance use. These policy areas are complemented by three cross-cutting themes: international cooperation; research, innovation and foresight; and coordination, governance and implementation.

National level

At the national level, the key strategic document is the **National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2027**. It sets out measures to prevent and reduce the harms arising from the use of addictive substances, problem gambling and the excessive use of modern technologies in Czech society. Its principal objectives are to prevent and reduce the health, social, economic and non-material harms associated with the use of addictive substances, gambling and other products with addictive potential.

Priority areas:

- Strengthening prevention and increasing awareness
- Ensuring a high-quality and accessible network of addiction services
- Effective regulation of markets for addictive substances and addictive products
- Effective governance, coordination and funding
- Specific issues, including medicinal products containing psychoactive substances, the excessive use of the internet and new technologies, and cannabis and cannabinoids.

The overarching objective of the National Strategy is to prevent and reduce the harms associated with the use of addictive substances and addictive behaviour. It identifies the effective regulation of markets for addictive substances and products with addictive potential as one of its priorities.

The Strategy is implemented through an Action Plan, which sets out the planned measures for achieving its objectives in greater detail. Each Action Plan covers a three-year period.

Another document influencing the implementation of drug policy is the National Strategy for the Development of Social Services 2016–2025. This document provides a medium-term outlook for the social services system within a broader context and includes measures defining the relationship between addiction services and social services. No successor document was available at the time this Strategy was prepared.

Mental health care and support must also be taken into account, particularly the National Mental Health Action Plan 2020 –2030. Addiction and poor mental health are closely interconnected. They frequently occur together and share common causes and adverse social consequences.

Changes to the legislative framework governing addiction policy are also crucial at local level. In 2024, an amendment to Act No. 167/1998 Coll., on Addictive Substances and on Amendments to Certain Other Acts, was adopted through Act No. 321/2024 Coll. The amendment revised the regulation and control of psychoactive substances. The new legislation enables effective control of substances that had previously been available without regulation and establishes a framework under which certain psychoactive substances may be placed on the market for human consumption subject to strict rules governing their availability, consumer information, packaging, quality control and method of sale. Two new categories of substances have been established for this purpose: listed psychoactive substances, which may not be placed on the market, and psychomodulatory substances, which may be sold subject to strict conditions. Listed psychoactive substances form a quarantine list of new psychoactive substances whose properties and risks are unknown and which may legally be used only for scientific research. If a substance is shown not to pose a serious health or social risk, it may be classified as a psychomodulatory substance. This new regulatory framework represents a modern alternative to prohibition, meaning the ban on activities involving psychoactive substances outside officially recognised medical use, strictly enforced through criminal law. Prohibition causes avoidable social harm and generates an illegal market.

Another important change was a government bill amending the Criminal Code and other legislation, which was considered by the Parliament of the Czech Republic in 2025 and also decriminalised certain activities involving illegal psychoactive substances, particularly cannabis. With effect from 1 January 2026, penalties for selected drug offences were therefore reduced, particularly for the more serious forms of production and distribution offences. Further changes relate primarily to cannabis. The cultivation of up to three cannabis plants and the possession of cannabis for personal use, up to 100 g at home and 25 g outside the home, were legalised. The amendment also resolved the paradox of the "production of cannabis from cannabis". Although cultivating a small number of cannabis plants was treated as an administrative offence, once the plants were harvested and dried, law enforcement authorities could reclassify the conduct as the criminal offence of production, which carried a substantially heavier penalty. The revised definitions of drug cultivation and possession for personal use now also cover activities related to the processing of harvested plants. Together with the introduction of a new lesser offence of cannabis production and distribution, which separates cannabis-related conduct from offences involving other drugs and carries lower penalties, this has led to a substantial systemic reduction in the severity of criminal enforcement relating to cannabis.

An amendment to Act No. 186/2016 Coll., on Gambling, also entered into force at the beginning of 2024. It clarified definitions, particularly in relation to online gambling, and expanded the information obligations of gambling operators in order to provide greater protection against the development of gambling disorder. The circumstances in which individuals may be entered in the Register of Individuals Excluded from Gambling were also broadened. A person may be entered in the Register automatically, for example because they receive benefits for persons in material need, are insolvent or have failed to meet a maintenance obligation, or they may apply for registration themselves. Since January 2024, players have also been able to apply through their user account, and operators of online gambling or land-based gaming machines are required to provide this option. With effect from 1 July 2024, a new means of immediate self-exclusion from gambling, known as the panic button, was introduced. Activating it excludes the player from gambling for 48 hours.

Regional level

Regional and municipal authorities are key partners in implementing, at their respective levels, the measures arising from the main objectives, principles and priorities set out in the National Strategy 2019–2027.

At the regional level,the **South Moravian Region Strategy on Risk Behaviour, Addiction and Addictive Behaviour 2020–2028** is currently in force.

Key areas of the Strategy:

- Primary prevention, including reducing the increase in risk behaviour among children and young people and supporting prevention programmes and education
- Treatment and social reintegration, including ensuring access to high-quality treatment and social reintegration services for people who use addictive substances and people exhibiting addictive behaviour
- Risk reduction, including harm reduction measures aimed at minimising the harms associated with addictive substance use and addictive behaviour
- Information and education systems, including improving information and educational activities for the public, professionals and target groups

Specific measures, activities, objectives and financial plans for the current network of addiction prevention and treatment services are set out in two-year short-term implementation plans for risk behaviour, addiction and addictive behaviour in the South Moravian Region. These plans provide further detail on the Regional Strategy, supplement it and ensure its implementation. Their primary focus is prevention.

Municipal level

Policy on psychoactive substances and addictive behaviour is not a self-contained field, but is closely linked to other policy areas and issues. This Strategy therefore does not stand alone and is connected with other strategic documents.

The City of Brno Strategy on Psychoactive Substances and Addictive Behaviour 2026–2033 therefore also takes account of themes covered by other binding City of Brno documents. In relation to these themes, the Strategy does not seek to address the issues in their entirety, but proposes measures that take account of the specific characteristics and needs of the individual target groups.

The tables below provide an overview of the links with other documents.

I. City of Brno Crime Prevention Strategy 2023–2028

Priority 4 **Prevention of crime among children and young people**	**Priority 5** **Comprehensive and coordinated approach to safety in high-risk areas**	**Priority 6** **New themes and approaches in crime prevention**
Measure 4.3: Multidisciplinary cooperation	Measure 5.3: Support for and cooperation with organisations operating in high-risk areas	Measure 6.4: Support for new prevention tools, including applications, websites and crime maps

II. City of Brno Medium-Term Social Services Development Plan 2023–2026

Target group **People in crisis and at risk of social exclusion**		
Priority 3: **Support for people in crisis and in long-term adverse social circumstances**	**Priority 4:** **Support with obtaining and retaining housing**	**Priority 5:** **Support for people at risk of addiction, including people with dual diagnoses**
Measure 1: Ensuring sufficient capacity in outreach, outpatient and residential services for people in crisis and adverse social circumstances, including effective coordination between services and low-threshold access	Measure 1: Supporting families and individuals in preventing housing loss	Measure 1: Ensuring sufficient capacity in social services and comprehensive care for people at risk of all forms of addiction, involving both legal and illegal substances, including emerging phenomena
Measure 2: Providing hygiene and healthcare support for people experiencing homelessness or adverse social circumstances	Measure 4: Developing residential capacity for specific target groups and for people with high levels of care and support needs	

III. City of Brno Social Policy Framework to 2030

Objective B2 Support and development in housing	Objective B5 Support and development in health and safety
Priority B2.5 Supporting and developing crisis housing for all target groups in need	Priority B5.1 Improving access to specialised low-threshold healthcare for specific target groups, such as personal hygiene facilities and the Street Medics project
	Priority B5.2 Developing prevention programmes and activities focused on alcohol misuse, the misuse of other addictive substances and addictive behaviour, particularly among children, young adults and people living in socially excluded areas, and, where appropriate, other target groups

III. City of Brno Social Inclusion Plan 2022–2027

Priority A	Priority B	Priority C	Priority D
Ensuring coordinated approaches and synergies	**Supporting prevention and early assistance**	**Addressing problems and intervention**	**Quality and effectiveness of services and programmes**
A1 Connecting stakeholders and services	B1 Prevention focused on children and young people	C3 The interface between social and health services	D1 Developing the quality and effectiveness of services
A2 A multidisciplinary approach and teamwork	B2 Prevention focused on adults		
	B3 Support for prevention		

IV. Other documents

Brno 2050 Vision and Strategy

City of Brno Health Plan 2018–2030

City of Brno Housing Strategy 2018–2030

1.3 Current Situation Regarding Psychoactive Substances and Addiction in Brno

A wide range of institutions and organisations in Brno work in the field of psychoactive substances and addictive behaviour, spanning healthcare, social services, education, policing, culture and other sectors. This is a multidisciplinary and cross-sectoral field that requires a comprehensive and coordinated approach. Based on data provided by these institutions and organisations, the Prevention Coordination Centre of Brno City Municipality prepares an annual Report on the Situation Regarding Addiction in Brno, presenting up-to-date data for the preceding year.

The situation in the city is shaped by global, European and national developments. The supply of psychoactive substances on the European market has changed rapidly in recent years, and people who use them are adapting to geopolitical instability, globalisation and technological progress. This brings new health and social risks and challenges the ability to respond effectively at both the national and local levels. The European Drug Report 2025 highlights the public health risks arising from the availability and use of an ever-wider range of substances, often with high potency and purity. Polydrug use, meaning the simultaneous use of multiple addictive substances, is also becoming increasingly common. Nevertheless, most of the health and social harms associated with addiction are caused by legal substances – tobacco and alcohol. It is estimated that, in Western societies including the Czech Republic, these substances account for as much as 20–25% of overall mortality and 15% of total healthcare costs. The following basic data for the Czech Republic broadly correspond to the situation in Brno.

The Czech Republic is among the countries with the highest average per capita alcohol consumption. According to the Report on Alcohol in the Czech Republic 2024, alcohol consumption in the Czech Republic remains high. Between 6 and 11% of adults drink alcohol daily or almost daily. An estimated 15–18% of the population aged over 15 drink at hazardous levels, while 6–10% of adults fall within the category of harmful alcohol consumption.

With regard to tobacco and nicotine products, the adult population is increasingly switching to alternative products. Among adolescents, the proportion of daily e-cigarette users is rising sharply. According to the Report on Tobacco and Nicotine Products, 25–29% of the population aged over 15 currently smoke conventional cigarettes, while 16–23% of adults smoke daily. E-cigarettes are currently used by 8–11% of adults in the Czech Republic, heated tobacco products by 4–6%, and nicotine pouches by 1–3%. The use of alternative products is highest in the youngest age group, those aged 15–24, while heated tobacco products are most commonly used by those aged 25–34.

According to the Report on Illegal Drugs in the Czech Republic 2024, an estimated 47,200 people engaged in high-risk drug use. In 2023, the prevalence of problem drug use in the Czech Republic reached 6.83 people per 100 inhabitants aged 15–64. The estimated number of people engaged in high-risk drug use in the South Moravian Region is 4,800, including approximately 700 heroin users, 100 users of other opioids and around 4,000 methamphetamine users. Approximately 4,400 people use drugs by injection.

According to the annual report, 28–58% of people aged over 15 in the Czech Republic currently have experience of gambling, including lotteries. Lotteries are among the most frequently reported forms of gambling, with participation ranging from 22% to 53%. When lotteries are excluded, fixed-odds betting has consistently been the most common form of gambling.

The rapid development of digital technologies in recent decades has led to intensive discussion within the professional community about their addictive potential. In 2019, the World Health Organization (WHO) officially recognised Gaming Disorder as a mental disorder and included it in the International Classification of Diseases (ICD-11) The extent to which the disorder will be diagnosed is not yet clear. Nevertheless, digital addictions are already raising numerous questions and concerns throughout society.

The misuse or excessive use of psychoactive medicines, and dependence on them, affects a relatively large proportion of the population. The issue is particularly significant among older people, for whom the development of dependence is associated with psychological and physical complications, memory impairment, loss of vitality, impaired motor coordination and an increased risk of falls, injuries and accidents. Psychoactive medicines fall broadly into two main categories: opioid analgesics and sedatives and hypnotics, particularly benzodiazepines and the so-called Z-drugs. Seventeen per cent of adolescents aged 15–19 have used sedatives or hypnotics, meaning medication used for calming or sleeping, without a doctor's recommendation at least once in their lifetime.

In 2024, another round of the **European School Survey Project on Alcohol and Other Drugs (ESPAD)** was conducted. The study, which takes place every four years, monitors trends in smoking, alcohol consumption and the use of illegal psychoactive substances. It is the largest Europe-wide study monitoring the extent of addictive substance use among 16-year-old students, as well as the prevalence of other forms of risk behaviour. The findings confirm the continuing decline in illegal drug use among young people in the Czech Republic. However, the proportion of adolescents using alternative tobacco and nicotine products, consuming alcohol at hazardous levels and using psychoactive medicines is increasing. Online gambling and participation in gambling have also risen sharply. Their self-reported wellbeing is low compared with that of young people in other European countries.

The **European Web Survey on Drugs 2024**, covering people aged 18 and over, was also conducted in 2024. The summary of findings for the Czech Republic states that the prevalence of illegal psychoactive substance use is slightly higher than the European average for most of the substances monitored, including cannabis, semi-synthetic cannabinoids, cocaine, ecstasy, hallucinogenic mushrooms, new psychoactive substances, LSD and methamphetamine.

1.4 Current Service Network

The current network of support in Brno for people who use legal or illegal psychoactive substances and people engaging in addictive behaviour comprises social, addiction and healthcare services, together with independently operated mutual aid groups. Depending on their nature, services are provided on an outpatient, outreach or residential basis.

Outpatient services are provided by NGOs Společnost Podané ruce, Renadi and Remedis, and by a number of psychiatrists in private practice.

Outreach services are provided primarily by Společnost Podané ruce, through its Brno Outreach Programmes, and to a lesser extent through its Counselling Centre for People in Prison and After Release, as well as by Renadi.

There are four **contact centres** in Brno: one operated by DROM – Roma Centre, two by Společnost Podané ruce and one by Renadi.

Residential services in Brno are provided by Podané ruce (aftercare centre and transitional flats), Renadi (crisis accommodation provided through the Crisis Flats project), and Lotos – Aftercare Centre (Halfway Flats). Renadi also operates the Recovery Housing project. Although this is not a residential social service, it provides housing for people with problematic alcohol use based on the Housing First approach.

The principal providers of inpatient healthcare for people with psychoactive substance use and addiction are Černovice Psychiatric Hospital (Wards 23, 19 and 4, and the sobering-up station) and the Department of Psychiatry at Brno University Hospital. Since 2024, Společnost Podané ruce has operated a low-threshold clinic and provided an outreach nursing service. Where necessary, clients are referred to the Podané ruce Clinic for further treatment.

Mutual support programmes operate in Brno through the following 12-step groups: Alcoholics Anonymous (the Fénix, Renesance, U Kapucínů and Zvláštní spojení groups), Sexaholics Anonymous (the Naděje group), Gamblers Anonymous, Narcotics Anonymous (the Zázrak group) and Al-Anon (the Association of Relatives and Friends of Alcoholics). Renadi also offers another form of peer support through the Střízlík Mutual Support Club, while Společnost Podané ruce runs similar activities, including a group for parents and loved ones and the Street Support group.

1.5 Systemic Issues and Gaps in the Service Network

Fragmentation and Limited Integration of the Care System

The lack of integration within the care system is evident at several levels. First, individual parts of the system do not have sufficient up-to-date information about the services provided by other organisations or how those services operate. As a result, people seeking support and those already receiving services are unable to gain a complete overview of the support and care available to them. Second, there is insufficient coordination between services, particularly at the individual case level. The system is not well equipped to support people who require several services simultaneously and who cannot easily be assigned to a particular target group or type of service. There is also a clear lack of a coordination point capable of directing people quickly and effectively to the most appropriate form of support.

The establishment of multidisciplinary addiction teams would make it possible to bring together professionals from different services within a single team capable of providing a comprehensive response to a broadly defined target group. These teams should operate using a case management approach and, in addition to managing individual cases, should coordinate the work of other services, institutions and agencies across the region in the client's best interests. They should also be linked to an information and crisis helpline.

Lack of Immediate Crisis Support

In Brno, rapid access to support during a crisis related to psychoactive substance use or addiction remains difficult. Within the social services system, no organisation guarantees immediate contact at any time. In the healthcare system, immediate contact is available, but the assistance provided is primarily focused on physical health problems. Access to therapeutic support generally involves a waiting period. Brno currently has only one specialised detoxification unit, located at Černovice Psychiatric Hospital. Detoxification is also provided by the Department of Psychiatry at Brno University Hospital. Other patients are admitted to general hospital wards, where the safety and quality of such care cannot always be adequately ensured. There are also no specialists able to provide outreach crisis support. Although a crisis may represent an opportunity for change from the perspective of recovery, the current system offers only limited opportunities to support change and recovery during a crisis.

It is therefore important to continue supporting negotiations between members of the City Coordination Team for Psychoactive Substances and Addictive Behaviour and healthcare facilities providing detoxification beds. The aim is to continue, or where necessary establish, cooperation between healthcare professionals and staff working in community addiction services, thereby enabling hospitalised patients to have direct contact with staff from follow-up services. It is also important to initiate a broad discussion in Brno on the establishment of a specialised crisis centre with detoxification facilities for addiction service patients and clients. Supporting forms of detoxification other than inpatient care is equally important. These could be provided on an outreach basis by multidisciplinary teams that include healthcare professionals.

Stigmatisation of People Who Use Psychoactive Substances and People Experiencing Addiction

According to sociological research, people experiencing addiction are the most stigmatised group in the Czech Republic. Stigma is one of the main factors hindering the social integration of people who have developed problems associated with psychoactive substances, particularly illegal substances. Repeatedly emphasising the risks and dangers of illegal psychoactive substances while downplaying the harms associated with legal psychoactive substances creates a distorted perception of people who use illegal substances, portraying them as particularly blameworthy. There is virtually no counterbalance to these misconceptions in the form of targeted public information based on scientific evidence, such as comparisons of the harmfulness of different psychoactive substances, which consistently rank alcohol and nicotine among the most harmful. Such evidence is generally absent from prevention activities and school education, while many campaigns instead perpetuate these misconceptions. People who use psychoactive substances also report that, when accessing services that do not specifically focus on psychoactive substance use and addiction, disclosing their “status” places them at a significant disadvantage. However, stigma affects not only people who use psychoactive substances, but also professionals working in community addiction services. Staff working in the addiction field are sometimes not treated with due respect by public authorities or healthcare facilities simply because they represent a non-profit organisation.

In healthcare settings, stigma seriously puts clients at risk by limiting their access to care. In the social sphere, it is most evident in housing, from which people who use psychoactive substances and people experiencing addiction are often excluded.

Multidisciplinary teams can support clients throughout their recovery and help prevent or reduce stigma, for example by accompanying them to public authorities and healthcare facilities and coordinating their care.

Contact between healthcare professionals, public officials and members of the public and clients who are already in recovery can help challenge prejudice and contribute to destigmatisation.

2 Principles of the City of Brno Strategy on Psychoactive Substances and Addictive Behaviour

2.1 Harm Reduction

Protecting public health and reducing harm are central principles of drug policy. They support responses that are rational and pragmatic while remaining sensitive to the individual needs of people who use psychoactive substances and those affected by their use.

Harm reduction seeks to minimise the adverse health, social and economic effects of psychoactive substance use without requiring complete abstinence. Its aim is to reduce risks such as infection, overdose, injury, social isolation and other related harms. In a broader sense, harm reduction can also be understood as a movement rooted in social justice and respect for the human rights of people who use psychoactive substances and those close to them. Both aspects are grounded in long-established good practice.

The Strategy considers psychoactive substance use and addiction-related problems within a broader structural context. The proposed measures and network of support services should therefore be linked with measures addressing social exclusion, homelessness, mental health, domestic violence and related issues. The Strategy also places considerable emphasis on supporting new and innovative services and approaches designed to ensure adequate coverage, improve the quality of care for people who use psychoactive substances and those close to them, and improve the environments in which they live and spend time.

2.2 Recovery

Recovery is now one of the main principles informing policy and service provision in the fields of mental health, psychoactive substance use and addiction in Western countries.

It is based on the belief, supported by scientific research, that any positive change in the lives of individuals, families and communities is worthwhile. The disappearance of symptoms, such as psychoactive substance use, is only one of many indicators of successful recovery. A person may therefore be in recovery even if they continue to engage in addictive behaviour, provided they are taking steps to improve, for example, their health or social circumstances. The path to recovery is different for each person, and different people require different forms of support, whether medical, psychosocial, therapeutic, spiritual or otherwise.

In the Strategy, the principle of recovery is reflected in support for services that focus less on reducing the symptoms of addiction and more on clients' strengths and social functioning. These services develop skills, foster hope and aspirations, and support people in taking on meaningful roles in life. Recovery is supported through comprehensive and well-coordinated professional care, but informal sources of support are also important, particularly close relationships and the person's natural social environment.

2.3 Regulation Rather Than Prohibition

Prohibition is an outdated concept whose effectiveness and legitimacy have repeatedly been called into question. The best available scientific evidence shows that prohibiting psychoactive substances causes more harm than good. Because prohibition relies primarily on criminal law, it restricts the use of a wider range of self-regulatory, regulatory, preventive and harm reduction measures. Prohibition causes harm and reduces social wellbeing in the fields of human rights, health and social policy. It should be replaced by modern regulation that takes account of the different levels of harm and risk associated with psychoactive substances, as well as their potential benefits for mental health and wellbeing, lifestyle and social cohesion. The fact that a substance is psychoactive does not in itself justify an absolute ban. Criminal law should be used only as a last resort when regulating voluntary human behaviour, even where that behaviour involves risk. The availability of substances and the degree of regulation applied to them should reflect their harmfulness and risk profile. Regulation must provide strong protection for children and young people against the supply of addictive products. Psychoactive substance use in situations that create a risk to society, such as driving under the influence, must be prohibited and penalised. Adults who use psychoactive substances should receive adequate information about their effects and risks. People who have lost control over their substance use must have access to prevention and treatment services. The regulatory framework must also include strict controls on marketing and restrictions on advertising. The legal market for psychoactive substances must be protected from the illegal and unregulated market and must generate resources, for example through excise duties, to address the problems it causes. Monitoring and evaluating the effects of regulation must form an integral part of the regulatory framework.

2.4 Participatory Approach

The participatory approach means actively involving people with experience of psychoactive substance use and addictive behaviour, including peer workers, in decisions and in the management of services that affect them. They can help plan and deliver services, contribute to the management of organisations and programmes, inform public policy and improve service quality. Involving people with lived experience in decision-making can also help reduce stigma and discrimination.

Participation benefits both sides. For social services, it brings new perspectives on how services are delivered and allows different approaches and decisions to be discussed directly with people who use psychoactive substances. This benefits everyone involved, both professionally and personally, and helps bring lived experience into professional social work. For peer workers and the wider community, participatory practice creates mutual support. It can also help set the recovery process in motion and is seen by peer workers as a key step towards being accepted again as part of society.

However, peer workers can offer addiction services more than experience of addictive behaviour alone. They may also have lived experience of life within communities of people who use illegal substances, homelessness, debt, dealing with public authorities and institutions, and using support services. This gives them practical knowledge of the local drug scene, information about new substances on the market, an ability to establish contact more easily with other people who use drugs, and the capacity to offer emotional support and empathy based on shared experience.

The involvement of people with lived experience is another building block of rational and effective policies on psychoactive substances and addiction and is recognised as established good practice in the Czech Republic and internationally. The participation of people affected by psychoactive substance use and addiction, including people who use substances, those close to them and the wider community, has historically been closely linked to public health and human rights approaches. In public health, the self-organisation and active involvement of people with lived experience have helped create measures that are now regarded as international standards, for example needle and syringe exchange and the collection of used syringes from public spaces as part of infectious disease prevention.

The City of Brno will therefore support measures that promote different forms of participation, particularly the horizontal and vertical involvement of people with lived experience and their individual development. At the horizontal level, participation strengthens support networks among people with lived experience, both through self-organisation and through their involvement in existing services. They should not face barriers to professional development, for example by being excluded from specialist roles for which they are qualified. Instead, participatory policy should support them in gaining further qualifications and finding employment in support services. At the vertical level, participation involves creating platforms where representatives of professional networks and representatives of people affected by the issue can meet and contribute to decision-making. More broadly, support should be provided to help people with lived experience develop the skills they need to take an active part in these platforms, for example through training and paid participation. This can further strengthen their ability to participate in society.

2.5 Evidence-Based Policy, Quality and Effectiveness

The field of psychoactive substances and addiction has long been shaped by myths and prejudice, while also continuing to change. The City of Brno promotes an evidence-based approach to addiction policy, rather than one based on assumptions or ideology. It gives priority to measures that have been shown to work, can be supported by reliable data and reflect international good practice. Assessing quality and effectiveness is equally important.

The City of Brno supports projects and services that treat quality and quality assurance as key priorities. This means not only complying with quality standards, but also collecting feedback from clients about individual services and responding to it promptly.

A major development in this area was the creation of the multidisciplinary Recommended Clinical Guidelines in Addictology. These cover the full range of services, from harm reduction to aftercare, including their various functions, as well as diagnosis and the assessment of treatment outcomes. They also reflect the needs of specific target groups (https://kdp-adiktologie.cz/). The guidelines provide recommendations for planning, delivering and evaluating addiction care. They are evidence-based and apply to all types of addiction services that comply with the Professional Competence Standards for Addiction Services. They are intended for addiction specialists and other professionals working in addiction prevention and treatment.

2.6 Interdisciplinary and Cross-sectoral Approach

An individual's addictive behaviour affects not only that person but also those around them. Many different stakeholders may become involved, but they often work in isolation, with little coordination or communication between them. An effective system of support therefore requires a framework in which professionals can work together as equal partners and coordinate their activities.

Interdisciplinary and intersectoral cooperation is essential to effective prevention, treatment and harm reduction in relation to psychoactive substances and addictive behaviour. It brings together sectors such as healthcare, social work, education, the police and non-governmental organisations to jointly address these complex issues. Sharing knowledge and perspectives can improve the effectiveness of prevention and treatment, reduce the stigma associated with psychoactive substance use, improve access to services and support sustainable, long-term solutions.

The City of Brno has long sought to develop interdisciplinary and intersectoral cooperation in relation to psychoactive substances and addictive behaviour so that it can respond more effectively to problems and developments within the city. Guided by the relevant strategies, the organisations and professionals involved should complement one another's activities, cooperate closely and identify the most effective joint solutions for their target groups.

3 Strategic Objectives of the City of Brno Policy on Psychoactive Substances and Addictive Behaviour

3.1 Support and Development of the Service System (Strategic Objective 1)

The City of Brno has an effective and well-developed addiction policy system based on evidence and collaboration. People who use psychoactive substances, people with addictive behaviour and representatives of alternative cultural scenes are actively invited to take part. This is an innovative approach in the context of other municipal policies.

Brno has an effective network of addiction services supporting people affected by addictive behaviour. It is important to maintain an overview of how these services operate, strengthen links between them, improve mutual awareness, support case management projects and address all areas of primary, secondary and tertiary prevention as part of the City of Brno's active policy on psychoactive substances and addiction.

Active coordination, information-sharing and cooperation between services are supported by the **City Coordination Team for Psychoactive Substances and Addictive Behaviour** ("the Team"). The Team includes three qualified experts who provide advice and contacts for other specialists working with psychoactive substances and addictive behaviour throughout the Czech Republic. Their expertise gives the Team a strong professional standing. The Head of the Prevention Coordination Centre and the Drug Policy Coordinator are also members.

Each year, the Prevention Coordination Centre prepares a detailed Report on the Situation Regarding Addiction in Brno, mapping the current situation across the city. The report is based on data supplied by the organisations involved and also includes information about ongoing projects. It provides an overview of developments in psychoactive substance use and addiction in Brno and allows the City to respond to emerging trends. Support for research and specialist studies is also important in connection with the report.

Each year, members of the Team monitor and evaluate ongoing projects and review the final reports submitted by NGOs. They collect statistical data from organisations working with addictive behaviour in Brno and use this information to assess the situation regarding psychoactive substance use and addictive behaviour, determine whether further measures are needed and consider the introduction of new and innovative projects.

Meetings are also held with representatives of specialist services across Brno to gather information and ensure that strategic documents prepared by Brno City Municipality are informed by professional expertise and respond to current developments in the field.

3.2 Access to Healthcare (Strategic Objective 2)

People who use psychoactive substances may have low levels of health literacy and difficulty accessing healthcare. Access is particularly difficult for people with addiction, especially those who are vulnerable as a result of, or in connection with, psychoactive substance use, including people experiencing housing instability, homelessness or poor mental health. Their health must be considered in the context of other adverse factors associated with social exclusion, such as unemployment, debt and homelessness. This results in high levels of physical comorbidity, which further worsens mental health and social circumstances and creates barriers to social (re)integration. Treating health problems only once they have become acute or advanced places an additional burden on the healthcare system. Many people do not use mainstream healthcare services and seek help only when their condition has deteriorated sharply, through an emergency department, the ambulance service or hospital admission. The interaction between health and social problems has the characteristics of a syndemic, in which mutually reinforcing conditions and processes increase vulnerability, social exclusion, morbidity and mortality.

People who use psychoactive substances intensively, regularly or over long periods have higher overall rates of physical comorbidity. Common conditions include dental problems; skin conditions such as chronic wounds and abscesses; infectious diseases, including HIV, hepatitis C and sexually transmitted infections; systemic infections such as sepsis and endocarditis; gastroduodenal ulcer disease; and conditions caused by external factors, including accidents, injuries and intoxication. People who use alcohol may also develop liver, neurological and cardiovascular diseases, while women may experience a range of gynaecological problems. Physical comorbidity is even more pronounced among people experiencing homelessness.

The use of healthcare services, entry into treatment and retention in treatment are hindered by barriers on the part of people who use psychoactive substances, healthcare professionals and the healthcare system itself. The key approach to overcoming barriers to care for people who use psychoactive substances is multidisciplinary collaboration. A model of care that combines addiction treatment and services addressing addiction-related problems with the provision of, or referral to, physical healthcare significantly improves motivation for treatment, entry into treatment and retention in treatment. Outreach healthcare services, often referred to as street medicine, have also been developing in the Czech Republic in recent years.

In Brno, low-threshold programmes, including contact centres and outreach programmes, provide basic medical care. The Street Medics initiative also operates in the city and works with several addiction programmes. In 2023, Společnost Podané ruce began providing healthcare support to clients in the community through an infectious diseases nurse. In June 2024, a low-threshold clinic providing primary medical care opened at the organisation’s Therapeutic Centre on Hvězdová Street, directly within a socially excluded area.

3.3 Improving Access to Housing for People with Addiction to Psychoactive Substances (Strategic Objective 3)

Psychoactive substance use and addictive behaviour can make it considerably more difficult to secure and maintain stable housing. It is estimated that 70% of people who engage in problematic use of illegal psychoactive substances in Brno experience housing instability. Among people experiencing homelessness, an estimated 60–80% use alcohol excessively.

Housing deprivation, in turn, further exacerbates problems associated with psychoactive substance use and addictive behaviour. Psychoactive substances may become the only readily available means of escaping difficult circumstances or suppressing memories of trauma experienced before the deterioration of a person's social situation. Among people who have been homeless for less than three years, one third use alcohol excessively, compared with two thirds of those who have been homeless for more than ten years.

The issue concerns not only mainstream housing, but also residential services. The level of tolerance towards alcohol use is one of the main barriers to accessing residential services for people experiencing homelessness. In many care homes for older people, sheltered housing facilities and residential homes for people with disabilities in Brno, addiction is a criterion for refusing admission. Homeless shelters and overnight accommodation services apply different rules to psychoactive substance use. Use within the facility is not permitted in any of them. Some carry out breath tests for alcohol, and people with higher levels of intoxication may be refused entry.

As a fundamental change in public attitudes towards people with addiction cannot be expected in the near future, specific measures are needed to help people who use psychoactive substances and people with addiction find and retain housing. One such measure is the so-called wet regime, which is used successfully in many residential services abroad and is beginning to appear in the Czech Republic. In 2024, RENADI organised a conference in Brno presenting wet services, particularly residential services, from across the Czech Republic. Brno has already introduced a wet regime within a low-threshold service at the Vlhká Contact Centre, operated by Společnost Podané ruce. Piloting a wet regime in one of the city's residential services therefore appears to be the logical next step.

Available research, including research by the Public Defender of Rights, and documents such as the City of Brno Medium-Term Social Services Development Plan 2023–2026, together with the information set out above, show that people who use psychoactive substances and people with addiction require particular attention in relation to housing. This strategic objective seeks to ensure that psychoactive substance use and/or addiction do not result in exclusion from the housing system. Achieving this will require close cooperation between providers of residential social services, municipal social workers, housing departments and specialist addiction services. This cooperation should result in revisions to the internal rules of residential services to prevent stigma during admission, as well as methodological guidance for working with people with addiction.

3.4 Accessible Crisis Support (Strategic Objective 4)

Limited access to immediate help in crises associated with psychoactive substance use and addiction is a cross-cutting problem affecting both healthcare and social services. Brno currently has no specialist crisis support for people who use psychoactive substances, not even in the form of a telephone helpline. This applies to adults as well as children and young people. People recovering from substance use or other addictions agree that the moment of crisis, when a person decides to seek help, can be crucial to regaining control over substance use and achieving long-term recovery. The City's policy must therefore ensure access to immediate help through healthcare or social services, ideally through a combination of both. Crisis support must be followed by further assistance that responds to the client's current needs. This requires case management to ensure continuity and coordination of care.

The conceptual framework for addictology defines short-term stabilisation services as services typically aimed at stabilising clients in the early stages of abstinence, minimising withdrawal symptoms and reducing the associated risks. This category includes residential detoxification services. It also includes services providing short-term stabilisation of a client's physical and mental condition during active substance use or following an episode of acute intoxication. These services may also aim to stabilise abstinent clients following relapse, or clients who are unable or unwilling to remain abstinent in the long term but need to reduce their substance use, stop using for a short period or discontinue one of the substances they use.

A crisis stabilisation service is defined as short-term residential care for clients placed at risk by a difficult life situation. Care lasts from one to several days, typically no more than seven days, depending on the client's individual needs and the substance used. It is available to clients regardless of whether they are sober or intoxicated. Typical interventions include pharmacotherapy, educational programmes or motivational training, supportive psychotherapy, group and individual therapy, counselling, assessment and the preparation of an individual treatment plan, case management, and preparation and referral of the patient or client to follow-up programmes. Access to psychosocial care during a crisis can also be improved through open groups and the involvement of peer workers. Crisis stabilisation beds should be available in every district, with an indicative capacity of one to two beds per 100,000 inhabitants.

3.5 Access to Specialist Services (Strategic Objective 5)

Brno has long maintained a stable range of low-threshold services for people engaged in problematic use of psychoactive substances in particular. These services are based on the principles of harm reduction and public health. As they are often the first point of contact for many people who use psychoactive substances and people with addiction, it will be important to maintain access in the future, including at weekends and on public holidays, and to ensure sufficient capacity.

Low-threshold harm reduction services focus primarily on preventing the transmission of infectious diseases and fatal overdose. More broadly, they also seek to improve the health and social circumstances of people who use psychoactive substances. Their main interventions include providing sterile injecting equipment, testing for infections and linking people to care and treatment for infectious diseases,

programmes supporting controlled and safer use, overdose prevention, naloxone distribution, drug checking for substances obtained from the illegal market, outreach work and the involvement of peer workers.

Over the past twenty years or so, harm reduction programmes have become part of mainstream public health policy on addiction in developed countries. They include drug consumption rooms, which provide professionally supervised, safe and hygienic settings for drug use. These facilities reduce health complications and harms associated with drug use, including infection caused by unhygienic injecting and fatal overdose. They also help reduce drug use in public spaces and improve public order by limiting open drug scenes and discarded injecting equipment. In addition, they help connect people with other addiction, healthcare and social services, particularly those in the most vulnerable sections of the population of people who use drugs.

Access to low-threshold services that support safer use, including opioid substitution treatment, is especially important given the increasing availability of new and highly potent synthetic opioids. The City will continue to support low-threshold harm reduction services, particularly those aimed at reducing the transmission of infectious diseases, preventing fatal overdose and improving order in public spaces. These may include drug consumption rooms and drug checking services. This also includes low-threshold access to psychoactive substances in safer settings, particularly through inclusive, low-threshold opioid substitution treatment and off-label substitution treatment using central nervous system stimulants.

Low-threshold services must also be accessible to specific subgroups that experience greater stigma or have particular needs. The City will therefore continue to support projects within low-threshold programmes aimed at pregnant women who use psychoactive substances, women and men working in the sex industry, people with addiction following release from prison or other institutions, members of the LGBT+ community and older people who use legal or illegal psychoactive substances. If people in these groups fall through the support system at an early stage, they may be left without stability or support in public spaces, often with their basic needs unmet and heavily affected by harmful social conditions.

Another specific focus of the City of Brno Strategy on Psychoactive Substances and Addictive Behaviour 2026–2033 will be work with ethnic minorities, whose members are often outside the service network because of long-standing mistrust of mainstream institutions or other barriers, including language. Appropriate care must also be available to people with multiple needs that exceed the current capacity of low-threshold programmes. This applies particularly to emergency housing, access to legal and affordable income, and low-threshold healthcare. Low-threshold programmes should be strengthened so that they can themselves arrange specialist care where this cannot be provided adequately through standard routes. It will also be important to extend low-threshold services to target groups other than people who use illegal psychoactive substances. This applies in particular to people who use alcohol and have unstable housing or are homeless, people at risk from psychoactive substance use, especially adolescents and young adults, parents of people with gambling disorder, people who use substances because of the particular conditions or demands of their work, including people working in addiction services, three-shift operations or the production of alcohol or tobacco products, and people who use medicines other than in accordance with accepted medical practice or combine them with other psychoactive substances.

Digital addiction, a prominent feature of contemporary life, is another important area of focus. The term refers to excessive and uncontrolled internet use across a broad range of activities. Some experts stress that the internet itself is not the cause of addiction, but rather facilitates the development of various compulsive and addictive disorders, including excessive gaming, social media use, viewing pornography, cybersex, online shopping and information overload.

Gaming disorder is recognised as a separate diagnosis in the International Classification of Diseases (ICD-11). It is characterised by impaired control over gaming, giving gaming priority over other activities, and continuing to play despite negative consequences. Other activities commonly grouped under digital addiction, including excessive social media use, show similar features, such as mood modification, tolerance, withdrawal symptoms and a chronic relapsing course.

The consequences associated with internet addiction include mental health problems such as attention and sleep disorders, depression, anxiety, social phobia, low self-esteem and poorer academic performance. The relationship between internet addiction and psychological difficulties is not fully understood, as it remains unclear whether the addiction causes these problems or whether both arise from other shared factors.

3.6 Supporting Addiction Prevention (Strategic Objective 6)

Education

The City of Brno has adopted the Brno Municipal Education Strategy to 2030, but the document does not address addictive behaviour or psychoactive substances. Analysis of the current situation suggests that the first step should be to strengthen links between the education system and specialist addiction services. Prevention coordinators in schools and educational and psychological counselling centres, for example, are responsible for preparing a range of guidance materials and regulatory measures, yet they are not in regular contact with organisations providing specialist addiction services. As schools also develop rules and other regulatory measures, these should be discussed with addiction specialists. Regulation can exclude pupils and may contribute to an increase in the very problems for which children and their families later seek help from addiction services.

As a result, schools and specialist addiction services sometimes communicate issues relating to psychoactive substances and addictive behaviour differently to children, parents and the wider public. Schools, however, are often quick to identify new trends among children and adolescents, whereas addiction services may not encounter them until later. Closer cooperation between the education system and specialist addiction services is therefore in the interests of both sectors and the public.

Given their different perspectives, it may be difficult to arrive at a single guiding principle for such a wide-ranging discussion. The situation is also continually changing as a result of legislative developments and advances in research. The priority should therefore be to create opportunities for discussion and the exchange of experience. This would preserve a range of perspectives while allowing the education and addiction-service systems to work together more closely.

This objective should improve understanding of how the education system as a whole, including facilities such as residential educational institutions, addresses psychoactive substances and addictive behaviour. The analysis should examine the approaches used in schools and how they differ according to school type, location and educational focus. It should cover both formal documents, such as school rules and methodological guidance, and unwritten rules and practices. It should also address a broad range of issues, including the use of mobile technologies and artificial intelligence tools, psychoactive and psychomodulatory substances, and energy drinks. The analysis should identify the main people responsible for these issues in individual schools and examine how the issues are communicated both within schools and externally.

Communication between the education system and organisations providing specialist addiction services must also be improved. Those working in education who are most directly involved in prevention, regulation and responses to addictive behaviour and psychoactive substance use should take part in professional discussions on these issues and contribute their first-hand experience of what is happening in schools.

Family

Psychoactive substance use and addictive behaviour are phenomena that generally first emerge as problems within families and local communities. In other words, long before an individual experiences serious health problems or material consequences, family members, other people close to them or neighbours are often already affected by the behaviour and want it to change.

The efforts of families and communities may, however, conflict with the approach taken by specialist addiction services. A typical example is a family that continues to provide financial support to a relative with a gambling addiction by paying for their housing or settling their debts, even though professionals may believe that the person would benefit more from taking responsibility for their own finances and experiencing the practical consequences of their behaviour. Conversely, residents of an apartment building may seek to have a person who uses drugs evicted after syringes are found in shared areas. In practice, it may be more appropriate first to involve that person in a discussion about safety in the building and offer them specialist support.

Such conflicts often lead to people being excluded from their usual social environment, resulting in marginalisation and severe social exclusion. Strategies to strengthen social cohesion are therefore needed at two levels. At the organisational level, municipal policy should bring together representatives of relevant departments of Brno City Municipality, professionals, residents and representatives of the target groups. At community level, opportunities should be created for direct contact between residents and people directly affected by psychoactive substance use or addictive behaviour. The first two measures under the Strategy address these two levels.

Children and adolescents require particular attention, as they are among the groups most vulnerable to psychoactive substance use and addictive behaviour. In their case, work with the family context is especially important because they are generally dependent on their families. At the same time, difficult,

unsatisfactory or dysfunctional family relationships often contribute to the development of addictive behaviour. Improving family relationships must therefore go hand in hand with addressing risk behaviour among children and adolescents. From both a preventive and therapeutic perspective, the involvement of family members and other people close to the young person is essential to the success of professional interventions relating to psychoactive substance use and addictive behaviour.

3.8 Reducing the Risks Associated with Recreational Psychoactive Substance Use (Strategic Objective 7)

Nightlife and entertainment settings are key environments in which both experimental and intensive psychoactive substance use occurs, with potentially significant health and social consequences. These settings broadly include music events and other social gatherings held in clubs, indoor venues, pubs, bars, open-air festivals and other locations across the City of Brno.

Brno's sustainable development, driven in part by its strong university identity and its ability to attract an international workforce, has also contributed to the growth of nightlife and entertainment, together with the recreational use of both legal and illegal psychoactive substances. More expensive substances, such as cocaine, have become increasingly available. MDMA (ecstasy), commonly associated with dance culture, is also increasingly encountered in crystalline form in Brno's clubs. New synthetic psychoactive substances have likewise been identified. A long-standing concern is the markedly higher consumption of alcohol and tobacco in nightlife settings than in the general population. This pattern can be observed across different music scenes and types of venue, although it is particularly prevalent among students and foreign nationals. Adolescents and young adults are especially vulnerable to the associated harms. There is a perception that some venues encourage these patterns in an effort to maximise revenue and subsidise the less profitable elements of their cultural programmes. In most cases, however, the underlying causes lie more broadly in prevailing social attitudes, the widespread acceptance of legal psychoactive substances and the natural demand among young people for substances traditionally associated with nightlife and entertainment.

As part of a comprehensive approach to supporting people who use psychoactive substances, particular attention should also be paid to psychedelic substances. In recent years, these have attracted considerable interest as potential therapeutic tools in mental healthcare, although their recreational use also carries certain risks. Compared with most other psychoactive substances, the prevalence of psychedelic use remains in the low single-digit percentages. Nevertheless, it is worth noting that ESPAD studies have repeatedly shown that psychedelic use among young people in Brno is substantially more widespread than elsewhere. The Strategy therefore supports the development of specialist services and innovative, low-threshold approaches designed to respond to this situation.

Within this diverse drug scene, some adolescents and young adults experience periods of crisis resulting from the interaction between their use of legal or illegal psychoactive substances and their current life circumstances.

These difficulties may gradually develop into problems affecting relationships, family life, education, employment, health and other aspects of daily life. Although many people are able to regulate or overcome these difficulties without formal intervention, this is often the point at which individual pathways begin to diverge. Some people navigate this period, despite varying degrees of difficulty, and continue to lead stable and productive lives. Others become increasingly drawn into addiction and its associated consequences. From the perspective of specialist services, this remains a significant gap in provision that the Strategy seeks to address systematically. Broadly speaking, this gap lies between primary prevention services and more intensive interventions, such as contact centres and therapeutic services.

Addressing these risks requires a coordinated approach involving support services, club and festival operators and the City of Brno. As nightlife and recreational psychoactive substance use form part of the city's dynamic development, they should not be viewed solely through the lens of risk. Rather than relying primarily on enforcement, the City's approach to nightlife will be based on the principles of harm reduction and constructive responses to public order issues. Successful implementation will depend on cooperation between support organisations, venue operators, people involved in the nightlife economy, the police and other relevant stakeholders.

One of the Strategy's overarching objectives is to reduce selected risk factors associated with psychoactive substance use through professional engagement with people who participate in nightlife. A second strand of these activities should, in cooperation with relevant stakeholders, focus on reducing selected risk factors associated with psychoactive substance use by working to create a safer and more supportive nightlife environment. Achieving these objectives will require support for collaboration and networking with City institutions and other key stakeholders that are essential to their effective implementation.

As part of this approach, it would be beneficial to establish a cross-sector body or dedicated role, such as a Nightlife Working Group or a Night Mayor, with the authority to coordinate activities in this area and oversee the implementation of specific measures. Ideally, this role should also be supported by a dedicated budget allocated specifically for this purpose.

Apart from the final reports produced by a small number of specialist services, there is a lack of comprehensive data, both in Brno and more generally in the Czech Republic, on nightlife and entertainment settings in relation to risk factors and harmful patterns of behaviour. The Strategy therefore includes measures to monitor and analyse this broad environment and to collect data on current trends and the needs of both the general population and the substance-using subcultures active within it. This will range from quantitative surveys of people who use psychoactive substances to the identification of previously unknown and potentially hazardous substances.

Finally, during the period covered by this Strategy, increased support should also be given to innovative measures that improve access to specialist services in online environments. Online spaces are now where many adolescents and young adults spend a significant amount of their time and increasingly seek professional support, both in relation to nightlife and for broader issues relating to psychoactive substance use and addictive behaviour.

4 Strategic Map of the City of Brno Policy on Psychoactive Substances and Addictive Behaviour 2026–2033

Strategic Objective 1 Support and Development of the Service System	Strategic Objective 2 Access to Healthcare	Strategic Objective 3 Improving Access to Housing for People with Addiction to Psychoactive Substances	Strategic Objective 4 Accessible Crisis Support
Measure 1.1 Supporting networking and collaboration between specialist services	**Measure 2.1** Provision of low-threshold primary healthcare	**Measure 3.1** Establishment and support of a working group on managed use programmes	**Measure 4.1** Supporting detoxification in a range of settings
Measure 1.2 Providing information on psychoactive substances and addictive behaviour to the public and professionals. Supporting education on addictive behaviour	**Measure 2.2** Providing outreach healthcare and referral to healthcare services	**Measure 3.2** Supporting the destigmatisation and inclusion of people with addiction in mainstream residential services and the housing system	**Measure 4.2** Short-term stabilisation
Measure 1.3 Coordination of cross-sector and multidisciplinary collaboration, including the involvement of people with lived experience			**Measure 4.3** Outreach crisis support
Measure 1.4 Supporting monitoring and research			

Strategic Objective 5 **Access to Specialist Services**	**Strategic Objective 6** **Supporting Addiction Prevention**	**Strategic Objective 7** **Reducing the Risks Associated with Recreational Psychoactive Substance Use**
Measure 5.1 Supporting low-threshold services for people who use psychoactive substances	**Measure 6.1** Supporting cooperation within the education system	**Measure 7.1** Supporting harm reduction services in nightlife settings
Measure 5.2 Supporting counselling and treatment services	**Measure 6.2** Supporting cooperation between families and communities in addiction prevention	**Measure 7.2** Supporting a safer nightlife environment
Measure 5.3 Providing services online		**Measure 7.3** Providing interventions for recreational users of psychoactive substances and, where appropriate, psychomodulatory substances
Measure 5.4 Supporting services for digital addiction		

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