## **ABSTRACT**

**Background:** The bachelor thesis deals with the topic of compulsory treatment of alcohol and drug addiction in terms of the imposition and performance of residental and outpatient treatment. Alcohol and anti-toxicomania compulsory treatment is one of the protective measures that can be imposed on an offender if he/she has committed a crime under the influence of or in connection with the use of alcohol or another addictive substance.

**Objective:** The aim of this thesis is to map the course of the compulsory drug and alcohol treatment within the residental and outpatient form, under what circumstances and after what period of time is the form of compulsory treatment changed, or other changes that the law allows. Lastly, the attitude of the professional staff towards this court-imposed measure is examined.

**Meethods:** By transcribing the interview, the results were obtained by descriptive method. The final size of the research sample is six respondents. The information obtained from the semi-structured interview was first recorded on a dictaphone in a mobile device and then converted from spoken word to text form by verbatim transcription. A pattern capture method was used as part of the data analysis method.

Results: The results show the varying performance of compulsory treatment for alcohol and drug addiction within each facility. Within the residental form of compulsory treatment, differences are particularly evident in the conditions of performance and the duration of compulsory treatment. Inconsistency is also evident in the termination or conversion to another form of compulsory treatment or other protective measure. According to the experts, there are shortcomings in the lack of or problematic communication with the courts, the related longer waiting periods for court decisions, the issue of forensic expertise, the indication of patients for compulsory treatment and the overall irrelevance of this measure for today's type of clientele. Compulsory treatment in outpatient form has a similar course, but it is more time-consuming for the professional to communicate with the courts and other institutions such as the Probation and Mediation Service, and these actions are not reflected in the subsequent reimbursement of care.

**Conclusions:** The mapping of the course of compulsory treatment in institutional form has highlighted inconsistent implementation and divergent practice. The results also show rather negative attitudes and opinions of professionals towards this protective measure.

**Keywords:** compulsory drug and alcohol treatment, residental treatment, outpatient treatment, criminal sanctions