**Background:** Injecting drug users (IDUs) represent considerable group of patients infected with hepatitis C virus (HCV). HCV treatment is an effective tool for reduction of HCV transmissions among IDUs. Nevertheless treatment rate among IDUs is rather insufficient. Treatment uptake, provision and adherence as well as its efficacy in IDUs are determined by number of specific factors. **Aims:** Mapping an extent of the provision of HCV treatment to IDUs in the Czech Republic, rules and practices for the admission of IDUs into HCV treatment and its provision, describing relevant factors related to drug use. **Material and methods:** From January to March 2011, a questionnaire survey among centres for treatment of viral hepatitis in the Czech Republic was conducted. 76 identified centres were addressed, of which 45 (59%) responded, and 40 (53%) filled in an online questionnaire. **Results:** Estimated number of centres treated HCV with combination of pegylated interferon α and ribavirin in the Czech Republic in 2010 was 61, 39 of them treated IDUs. Estimated 780 persons were treated, of whom 370 were (mostly ex-) IDUs. Reported treatment uptake in IDUs was 60% on average (range 0–90%). Treatment is completed by 80% of IDUs on average (0–100%) according to clinicians. Most clinicians reported no difference in the treatment uptake or adherence between drug users and non-users and between methamphetamine and opiate users. Abstinence from illicit drugs upon the start of treatment is required in all or most patients by 90% centres (in alcohol less). The most frequent required period of abstinence was six months. Most physicians (90%) use a pre-treatment period to test adherence. An evaluation of patient is often performed by psychiatrist or addiction specialist. Half of physicians require substitution therapy in opiate users. However, an addiction specialist was a permanent team member in only few centres; substitution therapy was only rarely provided in centres themselves. Nearly half of centres didn't cooperate with facilities specialised in drug treatment. According to clinicians from 24 (60%) centres, the treatment uptake is limited by the lack of centre’s financial resources. Non-users are preferred to active drug users in 30 (75%) centres. **Conclusions:** Active drug users are treated rather exceptionally despite an existence of quite permissive national HCV treatment guidelines. The main barriers of the higher treatment uptake are an absence of consistent multi-disciplinary approach in treatment provision, a low integration of HCV and addiction treatment and financial limits of care.