



THE GOVERNMENT OF THE REPUBLIC OF CROATIA

**NATIONAL STRATEGY
ON COMBATING DRUG ABUSE
IN THE REPUBLIC OF CROATIA
FOR THE PERIOD 2012-2017**

Zagreb, November 2012

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PREFACE

The National Strategy is the fundamental strategic document on drugs representing the framework for the activities of all state institutions and civil society organisations in the field of suppression of drug abuse, prevention of addiction and provision of help to drug addicts and occasional drug users, but also to individuals, families and the society as a whole with overcoming drug-related difficulties.

The Strategy is the society's response to dealing with drug-related issues and an active approach to maintaining and enhancing safety, health, justice and protection of freedom in the society; it is based on the fundamental principles and values of the legal system of the Republic of Croatia and the European Union Acquis, as well as expertise and research in the field.

Given the global phenomenon of drug abuse and diseases induced by drug addiction, Croatia is not and cannot be an isolated case. Therefore, drug abuse in the Republic of Croatia is considered one of the top priority issues the society has had to address over last twenty years. Considering the geostrategic position of the Republic of Croatia, we may refer to it as a transit country for drug smuggling from producing to consuming countries. The so-called "Balkan Route" phenomenon is known as the shortest passageway between Eastern and Western Europe. Cocaine is becoming increasingly present on the European and Croatian market and the online offer of synthetic drugs and various psychotropic substances has never been more widespread. All this has led to an increased demand for drugs and drug abuse in the society, especially among youth; however, it has also created possibilities and new challenges for the development of new programmes for reducing drug demand and supply.

Therefore, the vision set in the National Strategy is to reduce the supply and demand for drugs in the society and provide adequate protection of life and health of children, youth, families and individuals by using an integrated and balanced approach to the issue of drugs, and in relation to this, maintain the rate of drug abuse within the limits of a socially acceptable risk, in order to prevent the undermining of society's core values and the endangerment of public safety.

In order to achieve this vision, the national drug policy should prescribe the implementation of various programmes and approaches for suppression of drug abuse among children and youth, reduction of drug-related health and social risks, programmes for protection of children, youth, families and entire society from drug abuse and addiction, as well as the implementation of an efficient policy for the reduction of drug availability and organised drug crime at all levels, through health, social, educational and repressive systems and civil society organisations and public media. It is also necessary to work on a systematic network development of state institutions and civil society organisations which will ensure the availability of treatments and social reintegration of at-risk individuals and groups, but also decisively and consistently apply and implement legal measures against the production and sale of drugs.

In the course of the development of the National Strategy on Combating Drug Abuse for the period 2012-2017, it has been made sure that it is in accordance with the actual needs arising from the current drug situation.

Accordingly, the National Strategy comprises strategic objectives, priorities and measures which will ensure accountability for implementing the overall national policy on combating drug abuse, and enable the establishment of a multidisciplinary and integrated approach to combating drug abuse at national, local, and international levels.

The Strategy also contains guidelines for an efficient response of the society to modalities and trends of the incidence of drug use and abuse in the society.

1. INTRODUCTION

1.1. Analysis of the situation and trends in drug abuse in the Republic of Croatia

The issue of drug addiction is a global problem of the modern society, which requires a global, regional and national solution. Its primary objective is to stop the increasing incidence of drug addiction, drug abuse and drug-related crime and thereby protect the core values of communities, families and individuals. The national drug policy depends on many factors such as political and economic stability, availability of various professional and scientific achievements in the field, drug abuse prevalence, social awareness of the phenomenon, legal system and geographical position of a particular country.

According to the 2011 Annual Report issued by the United Nations Commission on Narcotic Drugs, between 149 and 272 million people aged 15-64, i.e. 3.3-6.1 percent of the world's population in that age group, had used drugs at least once. Cannabis was the most widely used drug, whereas the substances known as licit drugs ("legal highs") used as substitutes for illicit stimulants, such as cocaine and ecstasy, had become increasingly popular. In many countries the demand for synthetic cannabinoids found in "spice" products had increased. Globally, it was estimated that every year there were between 104,000 and 262,000 drug-related deaths, which was equivalent to between 23.1 and 58.7 deaths per one million persons aged 15-64. Half of these deaths were due to fatal intoxication (overdose).

The most prevalent drug in Europe is cannabis which was used at least once in 2010 by slightly more than 5 percent of the population aged 15-64. Cocaine is the second most used drug in Europe (0.8-0.9 percent) with 4.5 million users, accounting for 30 percent of cocaine users worldwide.

In Europe, between 25,000 and 27,000 of drug-related deaths are registered every year, with a rate of 46-48 deaths per million persons aged 15-64. Opiates are listed as the most frequent cause of death, followed by cocaine.

According to research and epidemiological data, the number of drug addicts in the Republic of Croatia has been constantly on the rise compared to the pre-war years. Among the persons receiving treatment, the opiate addicts are predominant (81.9 percent). According to the Registry of the Persons Treated for Psychoactive Drug Abuse of the Croatian Institute of Public Health, there were 30,290 persons treated for psychoactive drug abuse by the end of 2010. However, in the observed period, another 1,000 to 1,400 persons were treated in therapeutic communities, and annually about 1,400 people at various stages of criminal proceedings were in prisons and penitentiaries due to drug-related offences.

In comparison to 2000, the number of people treated for addiction and drug abuse in 2001 increased by 27 percent, and in 2002, in comparison to 2001, by 9.2 percent. In 2003, in comparison to 2002, the number decreased by 2.3 percent. This means that the number of people in the treatment system increased by 34 percent from 2000 to 2003, that is, each year between 1,800 and 2,500 new people, both addicts and drug users, entered the treatment system (the largest number of them in 2001, when there were 2,548 new addicts, of which 1,066 were opiate addicts). From 2004 to 2007, the number of new persons in the system grew slower and varied between 1,619 in 2004 and 2,001 in 2006. In 2008 and 2009, the number of newly-admitted addicts started to decline (2008: 22.6 percent; 2009: 18.9 percent). In 2010, 7,550 persons were treated, of whom 6,175 were treated for opiate abuse and 1,375 consumed of were addicted to other substances. In 2010, 1,180 new persons entered the system. The number of new opiate addicts registered for treatment remained relatively stable over last few years, amounting to about 800 a year, whereas in 2009 and 2010 this number began to decline. In 2010 there were 430 new opiate addicts which was the lowest number of new opiate addicts recorded in last 10 years. According to data on the number of drug-related deaths, between 2004 and 2009 the mortality attributed to drug abuse and addiction was the highest in the year 2007 (165 in total), but then decreased in 2008 and 2009. 89 people died in 2009 due to drug abuse or addiction. In 2010, the mortality among addicts was on the increase. 152 persons, who had been

treated for psychoactive drug abuse, died, and 114 of those deaths were directly related to drugs. It was noticed that the number of methadone overdoses increased; in 2010 there were 38 overdoses, which was the highest rate of methadone overdoses in last 5 years. The leading cause of death among addicts was the opiate overdose, mostly on heroin or its metabolites (40-65 percent of all drug-related deaths), whereas overdoses on other types of drugs as well as deaths related to other diseases, suicides and accidents were less frequent.

According to the Ministry of Interior's data related to the criminal offence of drug abuse committed by minors, a constant ratio (4-5 percent) of these offences has been observed in the total number of prosecuted criminal offences of drug abuse under the Criminal Code. According to the Ministry of Interior's data, during the observed period from 2006 to the end of 2010, 39,027 criminal offences of drug abuse were reported in the Republic of Croatia, which accounts for 10 percent of the total number of reported offences in the Republic of Croatia. It is known that the prevalence of drug abuse depends on historical, social, cultural and demographic characteristics of each region, or municipality in the Republic of Croatia.

There are 21 counties in the Republic of Croatia including the City of Zagreb having the status of a county. According to the rate of treated addicts per 100,000 persons aged 15-64, the following counties have been above the Croatian average over last few years: Istria county, Zadar county, City of Zagreb, Dubrovnik-Neretva county, Šibenik-Knin county, Primorje-Gorski Kotar county, Split-Dalmatia county and Varaždin county. The rate of persons receiving treatment in the Republic of Croatia has been stable for several years now at around 250 per 100,000 persons aged 15-64. According to the rate of treated addicts per 100,000 persons aged 15-64, in 2010, the Istria county (559.3) was ranked first; it was followed by the Zadar county (504.0), the City of Zagreb (419.6), Šibenik-Knin county (389.0), Dubrovnik-Neretva county (368.7), Split-Dalmatia county (328.79) and Primorje-Gorski Kotar county (321.0). The rate in other counties was below the Croatian average which amounted to 253.0 for the entire country.

Furthermore, the results of the 2003 ESPAD¹ research showed that Croatia was among the European countries with the rising trend of drug use incidence among youth. In 1999, Croatia was within the European average for marijuana use, whereas in 2003 it was 1 percent above the European average. The ecstasy use prevalence amongst youth was 4 percent, which ranked Croatia 8th in Europe. In 2007 in Croatia, as well as in the majority of European countries, the ecstasy use decreased, as well as the number of students who used marijuana at least once; however, the number of young persons whose use of marijuana was considered a problem, i.e. they took it over 40 times in their lifetime, was on the increase. Despite the fact that boys and girls account for 5 and 2 percent, respectively, it is worrying that in three average high school classes there are 5 boys and 2 girls who are problematic marijuana user and thus belong to an at-risk group for drug addiction (ESPAD 2007). According to the 2007 ESPAD research data, there were 84 percent of young persons who had consumed alcohol at least once in the previous 12 months, whereas 43 percent had got drunk at least once in the previous 12 months, which was above the average in the European countries that participated in the research.

1.2. Development of the system for combating narcotic drug abuse in the Republic of Croatia

The first National Drug Supervision and Control Strategy and Assistance to Drug Addicts in the Republic of Croatia, acknowledged as the fundamental document for the completion of various activities in the field of combating narcotic drug abuse, from addiction prevention, suppression of narcotic drug abuse, to medical treatment and care for the addicts and occasional drug users, was enacted by the Croatian parliament in 1996. On the grounds of the aforementioned National Strategy the Drug Abuse Prevention Act (Official Gazette No. 107/2001, 87/2002, 163/2003, 141/2004, 40/2007, 149/2009 and 84/2011) was passed on 23 November 2001.

¹ The European School Survey Project on Alcohol and Other Drugs (2003, 2007)

In response to a need for an integrated, balanced and multidisciplinary approach to the issue of drugs in the society and for the purpose of the harmonization of the *acquis communautaire* of the Republic of Croatia with the European Union, the Croatian parliament adopted the second *National Strategy on Combating Narcotic Drug Abuse in the Republic of Croatia 2006-2012* in December 2005. This major strategic document was implemented through two triennial *action plans on combating drug abuse in the Republic of Croatia* (Action Plan for the periods 2006-2009 and 2009-2012), which were adopted by the Government of the Republic of Croatia.

In order for the measures for combating drug abuse to be appropriately and efficiently coordinated - among state administration bodies, between other subjects and state administration bodies and between state administration bodies and local governments – an institutional system for addiction prevention and treatment and combating drug abuse was established, on the grounds of the National strategy, the Drug Abuse Prevention Act, and other legal and strategic documents.

At the national level, the institutional framework consists of the Commission on Combating Narcotic Drug Abuse of the Croatian Government, the Office for Combating Narcotic Drug Abuse and relevant ministries and state institutions: Ministry of Health, Ministry of Social Policy and Youth, Ministry of Foreign and European Affairs, Ministry of Science, Education and Sports, Ministry of Finance, Ministry of Defence, Ministry of Interior, Ministry of Justice, State Attorney's Office of the Republic of Croatia, Ministry of Labour and Pension System, Ministry of Entrepreneurship and Crafts, Croatian Institute of Public Health, Croatian Employment Service and other expert and scientific institutions.

One of the expert bodies working at the Office for Combating Narcotic Drug Abuse is the Expert Council which consists of experts in drug abuse prevention and combating with the aim of providing the Office with the expert assistance in decision-making about all relevant drug combating questions.

At the county level, the institutional framework for combating drug abuse consists of: county committees on combating narcotic drug abuse, services for mental health protection, addiction prevention and outpatient treatment of the county institutes of public health, hospitals – departments of addiction treatment, centres for social welfare, regional offices of the Croatian Employment Service, civil society organisations (organisations and therapeutic communities), county offices for social activities (health care, school system, social welfare, etc.), educational institutions, family and religious institutions, Red Cross counselling services, state attorney's office, judiciary and the police.

The National Strategy on Combating Narcotic Drug Abuse 2006-2012 and action plans on combating drug abuse precisely determine the duties of respective ministries and state administration bodies, local and regional self-government units, civil society organisations and other subjects involved in the implementation of the programme of the drug supply and demand reduction, and in the areas of coordination, monitoring and evaluation of the National Strategy implementation.

In accordance with the National Strategy on Combating Narcotic Drug Abuse 2006-2012 and other strategic documents in the field of child, youth and family health care protection, for many years in the Republic of Croatia special attention has been paid to developing programmes of drug demand reduction, especially addiction prevention, therapy and psychosocial treatment, harm reduction and social reintegration of addicts. Special attention has also been paid to developing programmes of general addiction prevention, focusing on the general population of children and young people, their families, teachers, professors, educators and other relevant subjects in the society. Alongside these programmes, a significant amount of preventive activity has been focused on at-risk groups of children and young people, which require the development of special preventive programmes, and on early detection and treatment of children and young people who are occasional drug users, in order to prevent experimenting with drugs from turning into addiction. Particular attention has also been paid to developing programmes of addiction prevention in local communities, which is achieved through multidisciplinary activities requiring the involvement of different sectors, from the educational, health care, social and repressive system, to civil society organisations and media.

With the aim to intensify the implementation of the preventive activities at the national and local level, and to set up a preventive system at the state level, the National Addiction Prevention Programme for Children and Youth in Educational Settings and in Social Welfare System for the period 2012-2017 has been developed. It was adopted by the Government of the Republic of Croatia on 4 June 2012.

The educational system has taken over the largest part of the responsibility in organising and implementing the programmes of addiction prevention in educational institutions and institutions of higher education by implementing the programme of the compulsory Health education (Module: Addiction Prevention) in elementary and secondary schools, and also a number of other programmes, projects and activities, whose main goal is to reduce the interest of children and the young in trying drugs and other addictive substances.

Furthermore, addiction prevention programmes are implemented in the healthcare and social welfare systems. The measures of the primary and the secondary prevention include the involvement of the healthcare system primarily through school medicine service and services for mental health protection, addiction prevention and outpatient treatment of the county institutes of public health, along with the cooperation with prevention programmes in schools that are integrated in the regular teaching and extracurricular activities, and through cooperation with parents and schools' relevant services. Health care workers also participate in special addiction prevention programmes at the local levels together with other sectors and/or civil society organisations.

For the at-risk groups of children and young people, the social welfare system takes measures of family law protection, advisory work with parents, measures and activities for the introduction, extension and expansion of group prevention programmes involving the work with children and parents. The preventive operations of the system are implemented primarily through social welfare centres. In combating alcohol and drug addiction it is important to emphasize the role of these centres in implementing special obligations, particularly the special obligations of inclusion into a process of withdrawal from a drug addiction or any other addiction, which can be assigned by a state attorney or judge.

In addition, an important role in the implementation of the programme of addiction prevention is played by family centres. Between 2006 and 2011 in total 19 centres were established (18 in different counties and one in the City of Zagreb), and they provide counselling, family help and preventive work services. Family centres participate in the work of relevant local bodies for combating addiction and cooperate with the associated stakeholders at the local level. Family centres have outlined and implemented a number of programmes/projects and activities related to the promotion of healthy life styles amongst children, youth and parents and acquiring of knowledge on successful parenting.

The prevention of addictive substance abuse in the workplace and the procedures of employees' alcohol and drug testing have also been developed in Croatia, which is regulated by general regulations on labour (Labour Act, Occupational Safety and Health Act, Civil Service Act), as well as subordinate legislation in the field.

The employers are accordingly obliged to implement addiction prevention programmes and define a protocol on cooperation and activities of an employer (or its authorised person) in implementing the measures for combating addictive substance abuse.

As far as the medical treatment of addicts is concerned, the major role in the Republic of Croatia is assumed by the system of outpatient treatment, i.e., the network of services for mental health protection, addiction prevention and outpatient treatment of the county institutes of public health, coordinated by the Croatian Institute of Public Health. The reorganisation of the above services and the recruitment of expert teams were completed by the end of 2004, and during the 2007 the Croatian Institute of Public Health and the Ministry of Health² ensured stable financing of the services established in all counties. Considering the fact that on the grounds of the Act on Amendments to the Health Care Act of 10 June (Official Gazette No. 71/2010) the Croatian Institute for Mental Health was adjoined to the Croatian Institute of Public Health, the services for addiction prevention became services for mental health protection, addiction prevention and outpatient treatment of county institutes of public health, which created the problem of the additional expert staffing for the services. In the treatment the system cooperates closely with general practitioners and family medicine physicians, but also all other subjects who can contribute to a better addict care at the local level. The healthcare system also includes special inpatient treatment wards and polyclinics in hospitals, but without specialised wards for addicts with comorbidity. Referential addiction centres of the Ministry of Health ensure expert supervision of the entire healthcare system treatment network and it is responsible for expert and doctrinal issues, whilst relying on the evidence-based medicine. Due to the specificity of the substitution treatment and the possibility of its abuse, the Guidelines for the Buprenorphine and Methadone Pharmacotherapy of Narcotic Addicts have been adopted. A list of physicians authorised to conduct the therapy has been drawn up, in accordance with the current regulations (Drug Abuse Prevention Act, Medicinal Products Act). In the Republic of Croatia substitution treatment is available if certain criteria are fulfilled. The criteria are determined in accordance with the International Statistical Classification of Diseases and Related Health Problems ICD-10 for diagnosing narcotic addiction, and an authorised physician can indicate the treatment application in agreement with the patient.

In the Republic of Croatia, aside from inpatient, outpatient and psychosocial treatment of drug addicts, which are implemented in the healthcare system, certain forms of psychosocial treatment of addicts are implemented in therapeutic communities and homes for addicts, but also within certain organisations which provide an addict and their family with different forms of psychosocial help and treatment. In order to improve the quality of services and programmes which are implemented in this area in the non-governmental sector, the Ordinance on the type and scope of work of the social welfare home, the way of providing care outside one's own family, conditions of the facility, equipment and employees in the social welfare home, therapeutic community, religious community, association and other legal entities (Official Gazette No. 64/2009) was adopted in June 2009. By the end of 2010, 8 therapeutic communities and homes for addicts were functioning, along with 33 therapeutic houses, 3 of which fully met the conditions laid down in the Ordinance. Furthermore, within the prison system various forms of addict treatment have been continuously developed, which fully promote the principle of treatment programme accessibility in prisons, as well as in a broader social community. In the prison system addicts can receive their substitution therapy. Significant steps have been made in the Republic of Croatia to improve social reintegration of treated addicts in the community life, particularly within the Project on social reintegration of addicts who have completed one of the rehabilitation and withdrawal programmes in therapeutic community of in prison settings, as well as drug addicts in outpatient treatment who have maintained abstinence for a longer

² The then Ministry of Health and Social Welfare

period of time and adhered to their treatment programme. The Project was adopted by the Government of the Republic of Croatia in April 2007 and it is directed towards achieving one of the general goals of the National Strategy on Combating (Narcotic) Drug Abuse 2006-2012, which is the inclusion of the rehabilitated addicts into the labour market and community life, thus avoiding any discrimination and recidivism after a completed treatment and rehabilitation programme. Finally, quite a significant role during this time was played by civil society organisations which, due to a number of quality programmes, contributed to the development of the programme of drug demand reduction, especially addiction prevention and harm reduction, but also to the social reintegration of addicts and their inclusion into the broader social community.

In the field of drug supply reduction, many activities have been conducted by various social subjects, primarily the police and the customs, but also the state attorney's office and judiciary. They constitute an important part of the efforts invested in order to solve these problems, i.e., to maintain the drug abuse problem within the frames of a socially acceptable risk, since it directly and indirectly influences citizens' lives, particularly the feeling of safety, feeling of being protected from any form of crime (property crime, violent crimes), public peace and order, road safety, etc. With the aim of establishing an efficient supply reduction system, the penal policy in the field of drugs has been improved. The Act on Amendments to the Criminal Code (Official Gazette No. 50/2004), inter alia, stipulates that the court can, during the application of the suspended sentence, refer the offender who is a drug addict to mandatory alcohol and drug addiction rehabilitation in a healthcare institution or a therapeutic community, aside from the obligations referred to in Article 68 of the Act. The amendments to the Criminal Code of 2006 (Official Gazette, No. 71/2006) provide for more severe penalties for all drug abuse-related criminal offences, and in the new Criminal Code of 2011 the list including drug abuse-related criminal offences was expanded (export, import, transport) and more stringent penalisation of the persons organising the dealing network was introduced. A dealer can be sentenced to a long prison term if the offence is committed within a criminal organisation. The Croatian legislation is in compliance with all the corresponding conventions of the United Nations (Single Convention on Narcotic Drugs of 1961 amended and supplemented by the Protocol of 1972, Convention on Psychotropic Substances of 1971, Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1998) and other international regulations.

1.3. Evaluation of the National Strategy for the period 2006-2012

The above data clearly indicate that problem of drug addiction in Croatia is significant, and that the suppression of addiction and drug abuse is tackled by multiple systems, from the health and social to the repressive system. Therefore, in each of these systems it is essential to determine the measures for dealing with the phenomenon.

It should be noted that despite the fact that there is no epidemic of drug abuse and addiction in Croatia, the present situation concerning crime and drug abuse is more complex than it was six years ago. Considering that only particular regions earlier had pressing issues of drug abuse and that the international crime was not as organised as today, the present situation in this regard is far more complicated. The international drug crime related to drug production and trafficking has assumed significant global proportions. On the European and Croatian market, cocaine is becoming increasingly present and the online offer of synthetic drugs and various psychoactive substances has never been more widespread. It is observed that the number of new opiate addicts has been relatively stable, whereas the number of users of other types of drugs, especially synthetic drugs, is increasing.

Considering that the National Strategy has to meet the actual needs arising from the present situation of the drug issue in order to improve the efficiency of the entire system of suppressing the issue of drugs, the Office for Combating Narcotic Drug Abuse initiated in May of 2011 the evaluation of the National Strategy for the period 2006-2012. The evaluation was conducted by an independent external evaluator, the Trimbos Institute from the Netherlands, with the technical and financial assistance of TAIEX³ and the horizontal IPA 3 project by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) for candidate and potential candidate countries for joining the European Union. During the evaluation, it was observed that the weakest point in the current strategy is the communication and collaboration between institutions, and that the implementation of treatment programmes in prisons needs to be improved considerably. There is also a lack of good practice in the prevention, standardised guidelines for different areas of drug-demand reduction, researches and evaluations of programmes and projects in all areas of drug abuse suppression.

Therefore, even though a significant progress has been made in the implementation of programmes and the set-up of a system for drug abuse suppression, there are still many possibilities and room for new challenges and development of new programmes of reducing drug demand and supply, as well as possibilities for connectivity and collaboration in the field of drugs at national, regional and international levels. Therefore, some major recommendations and guidelines given after the evaluation are as follows: improve collaboration between all holders at the national and local level, separate the coordinator role of county commissions from their political role and increase accountability of county commissions in the implementation of measures, improve the quality of programmes through monitoring and evaluation and good practice, develop guidelines and quality standards in different areas and ensure the implementation of these guidelines, organise specific education and training programmes to meet the needs, develop multidisciplinary work in the field of treatment and care of drug addicts, develop specific forms of treatment for specific groups of addicts (minors, dual diagnosis, etc.) and increase human resources for working in the field of drug addiction treatment in prisons and in the community, improve the coordination and quality of school-based prevention programmes, develop criteria for assessing the quality of civil society organisations and use them when allocating funds to projects by organisations and ensure stable funding of civil society organisations, include the repressive state apparatus (police/judiciary) more in the creation of drug-demand reduction programmes and policies towards drugs in general, set up a separate structure/body for monitoring and evaluation, and plan long-term programmes in accordance with priorities and needs. In that sense, the key recommendations for the new National Strategy for the period 2012-2017 were that the objectives thereof be specific, measurable, realistic and attainable.

2. METHODOLOGY FOR THE CREATION OF THE NATIONAL STRATEGY

The key framework for the creation of the *National Strategy on Combating Narcotic Drug Abuse for the period from 1 January 2012 to 31 December 2017 (hereinafter: the National Strategy)* consists of the National Strategy on Combating Narcotic Drug Abuse for the period 2006-2012, EU Drugs Strategy (2005-2012) and the analyses of the reports on the implementation of the National Strategy and the Action Plan at the national and local level.

³ Short for Technical Assistance and Information Exchange - an instrument for institution building that offers short-term assistance in adoption, implementation and enforcement of the Acquis Communautaire of the European Union.

Considering that the National Strategy encompasses various levels of activities and the fact that it is implemented through several important systems in the society, which puts in the forefront the necessity for a comprehensive, multidisciplinary, global and balanced strategy in the field of drugs, the Office has established a multidisciplinary expert working group whose members are authorised representatives of state bodies, local and regional self-government units, health care and social welfare institutions, civil society organisations and other professional institutions. Also, the first draft of the new National Strategy served as the basis for a discussion at the workshop, which was organised with the support of the European Commission's TAIEX Unit (TAIEX programme), during which the members of the Expert working group defined the main guidelines and the final draft of the National Strategy, with the help of European experts.

According to the European Council's recommendation, in course of the development of the National Strategy, the expertise of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has been used, as well as the results of the evaluation of the previous National Strategy, UNODC Guidelines, the documents of the World Health Organisation (WHO) and recommendations and guidelines from other European and international documents.

3. PRINCIPLES AND OBJECTIVES OF THE NATIONAL STRATEGY

3.1. Principles of the National Strategy

The fundamental principles of the National Drug Strategy in Croatia arise from the Constitution of the Republic of Croatia, Croatian legislation, United Nations conventions, European Union regulations, guidelines of the Council of Europe and concrete objectives that our society aims at achieving in the period 2012-2017.

Drug policies should be based on several key principles such as the principle of constitutionality and lawfulness, principle of human rights protection, principle of protection of children, youth and families of drug abuse, principle of the globality of drug abuse incidence and global participation, principle of decentralisation, principle of a comprehensive approach to dealing with the issue of drugs and principle of a balanced and multidisciplinary approach.

The principle of constitutionality and lawfulness implies that, in accordance with the Constitution of the Republic of Croatia and legal obligations, the National Strategy should comply with the current Croatian legislation, ratified international conventions and treaties, as well as regulations of the European Union, which the Republic of Croatia has integrated into the legal system. All state agencies and local and regional self-government units, as well as other holders at the national and local level should abide by the Constitution and the law during the implementation of measures for reducing drug demand and supply.

The principle of human rights protection implies that the National Strategy recognises and promotes joint international and European values, including respect for human dignity, freedom, democracy, equality, solidarity, accountability, the rule of law and human rights, including the right to health, health care, and equal access to services. Addicts and occasional drug users are also susceptible to various forms of stigma and social exclusion, which is why it is necessary to direct activities towards helping these persons achieve equal rights status in all aspects of social life (employment, workplace, etc.). This principle should guarantee equal inclusion of addicts in the educational, social, health care and employment

system, and at the same time provide equal and fair treatment to addicts in the investigation procedure, during the trial and serving of the sentence of imprisonment.

The principle of protection of children, youth and families from drug abuse is one of the fundamental rights stemming from the Constitution of the Republic of Croatia and international conventions. It represents the rights of individuals, especially children, youth and families to healthy living which necessarily involves the engagement of the entire society in activities that are directed towards the protection from life circumstances conducive to drug abuse. Therefore, the government is obliged to implement, within the health care, social and educational system, various programmes and approaches which are directed towards the prevention of drug use and substance abuse among young people, reduction of health and social risks associated with drug abuse, as well as programmes for protection of families and the society from drug abuse, and develop cooperation with civil society organisations, public media and local communities on the implementation of these approaches and programmes.

The principle of a comprehensive and continuous solving of the issue of drugs involves a comprehensive approach that views the issue of drugs as a result of simultaneous, multilayered activity at the individual and broader social level involving various participants and different levels of action and coordination. A solution to the issue of drugs requires a long-term, comprehensive and structured approach in which all drug policy stakeholders should take an equal and indispensable role. Solving the issue of drugs is the task of different sectors in the field of social welfare, health, education, justice, interior, finance, economy and defence, and civil society organisations, media and society as a whole. Such complex interventions cannot be coordinated by only one holder; it is a task of joint coordinating bodies at the national and local level. In the following period, it is necessary to focus on preserving and building quality collaboration between government agencies and civil society organisations on the implementation of programmes for reducing drug demand and supply, on the regular funding of civil society organisations and ensuring a greater influx of funds from donors, and the participation of representatives of civil society organisations in coordinating bodies at the national and local level.

The principle of the globality of drug abuse and global participation implies the need for developing all forms of international participation at a multilateral and bilateral level. Accordingly, opportunities should be provided for the active participation of representatives of the Republic of Croatia at the international level, and the latest activity and ideas in this field at the global level should be constantly monitored.

The principle of a balanced and multidisciplinary approach emphasises the need for drug policy in the Republic of Croatia that integrates different approaches and combines them into a single national system for combating drug addiction. In order to realise this principle, the government should support a balanced development of all expert- and evidence-based approaches and programmes, and seek new solutions and doctrines for drug abuse suppression.

3.2. Vision and objectives of the National strategy

The vision set in the National Strategy is to reduce drug demand and supply in the society and provide adequate protection of the lives and health of children, youth, families and individuals through an integrated and balanced approach to the issue of drugs, and in this regard, keep the drug abuse incidence within the limits of a socially acceptable risk in order not to violate the fundamental values of the society and endanger the safety of the population.

The mission of the national policy and the system in the field of drugs is to implement through health care, social, educational and repressive systems and civil society organisations and public media, various programmes and approaches which are directed towards preventing drug abuse among children and youth and reducing health and social risks related to drug abuse. The mission is also to implement child protection programmes, youth protection programmes, programmes for protecting families and the entire society from drug abuse and addiction, as well as implement an efficient policy of reducing drug availability and organised crime at all levels.

The main objectives of the National Strategy:

1. Prevent and reduce the abuse of drugs and other addictive substances, especially among children and youth.
2. Reduce the scale of drug abuse and addiction problems in the society as well as related health and social risks which result from drug abuse.
3. Reduce availability of drugs at all levels, and reduce all forms of crime related to drug abuse.
4. Improve, build and network a system for drug abuse suppression and combating addiction at the national and local level.

4. AREAS COVERED BY THE NATIONAL STRATEGY

In order to achieve the main objectives of the National Strategy in the area of reducing the drug demand and supply, it is necessary to develop programmes for addiction prevention at all levels (universal, selective and indicated), prevention programmes at the local community level, and develop a comprehensive and equal treatment of drug addicts through the system of health care and social welfare and also the penal system, as well as develop an efficient policy of suppressing all forms of drug abuse and drug-related crimes. However, a very important area of the National strategy is the coordination which should ensure that the measures taken to reduce drug demand and supply are appropriately and effectively coordinated among the holders at the national and local level, but also at the international level. In order to determine the real scale of addiction and drug abuse problems in the society, it is necessary to develop an efficient monitoring system and continuously improve the information system and the information exchange among different stakeholders at the local, national and international level, especially in case of new drug appearances, and to conduct different research in the field of drug problems. Also, in order to achieve the goals of the National Strategy, it is necessary to improve the quality of services and programmes and evaluate the efficiency of all programmes arising from the National Strategy, which requires the development and implementation of evaluation and evaluation standards and methods, as well as the conduction of various training programmes for all stakeholders participating in the National Strategy implementation.

Since the National Strategy is a strategic plan of the Republic of Croatia which provides for the framework for systematic action of all state institutions and civil institutions, it is necessary to continuously keep abreast of the legislation, conventions and strategies of drug abuse suppression at the international level, especially within the European Union. Thus, the legislation and the National Strategy of the Republic of Croatia have to be coordinated with the strategy of the European Union and international conventions. It is also necessary to develop various forms of international cooperation with countries and relevant international organisations which operate in that field. In order to implement the National Strategy and the programmes which arise from it, it is necessary to provide adequate financial resources

which will ensure a quality implementation, in accordance with the scope of work and the obligations of particular stakeholders involved in the implementation of the National Strategy.

Accordingly, the main areas of the National Strategy are as follows:

1. Drug demand reduction which includes:
 - 1.1. Prevention of addiction in children and youth at all levels (universal, selective and indicated), as well as addiction prevention at the local community level
 - 1.2. Prevention of addiction in the work place.
 - 1.3. Treatment and psychosocial rehabilitation, including the measures for the treatment of addicts within the penal system
 - 1.4. Harm reduction
 - 1.5. Resocialization and social reintegration of addicts
2. Drug supply reduction which includes:
 - 2.1. Suppression of drug supply and availability
 - 2.2. Suppression of illegal production and precursor trafficking
 - 2.3. Drug-related penal policy
3. Education
4. National information system
 - 4.1. Monitoring
 - 4.2. Research
 - 4.3. Evaluation
5. Coordination
6. International cooperation
7. Financial resources for the implementation of the National Strategy

Specific objectives and priorities have been defined in every field of the National Strategy, and they are directly connected to the realisation of action plans and their implementation at the national and local level, as well as at the level of international cooperation.

4.1. DRUG DEMAND REDUCTION

Drug demand programmes aim at significantly reducing drug demand, addiction and related health and social risks by developing and improving an efficient, integrated, comprehensive and evidence-based system of drug demand reduction. This is achieved through measures for addiction prevention, early detection of drug users and intervention, harm reduction, treatment, rehabilitation and social reintegration of addicts. Drug demand reduction measures have to cover health and social problems related to drugs and the polysubstance use related to alcohol, medications and cigarettes.

It is necessary to monitor and evaluate measures in the area of drug demand reduction, as well as coordinate them with the trends in drug abuse and addiction in the society and research evidence regarding the efficiency of interventions concerning the mode of action and response of the society to these challenges.

Therefore, the primary objective of drug demand reduction is to achieve adequate protection of life and health of children, youth and families, and in this regard, keep the drug abuse

incidence within the limits of a socially acceptable risk in order to preserve the core values of the society.

4.1.1. Prevention of addiction among children and young people

Considering that the experience has shown that there has not been sufficient progress in the field of addiction prevention and that the addiction prevention programmes are implemented occasionally, segmentally, lacking efficient evaluations, it is necessary to ensure for the following period the implementation and sustainability of high-quality, efficient and scientifically proven prevention programmes. It is important to foster a multidisciplinary approach and develop various forms of collaboration between the institutions of education, health care, social welfare, family and religious institutions, state attorney's office, police, judiciary, civil society organisations, sports organisations, public media and the local community. Prevention programmes should be implemented in several main areas which affect behaviour and the value system of children and young people, and these are: family, educational system, peer groups, local community and media. The principles of the implementation of the prevention programmes should certainly be adapted to the specific characteristics of the immediate and extended social environment, and it is necessary to adhere to the main expert principles of the implementation of addiction prevention programmes that have been created on the basis of long-term studies and research.

The main principle of the implementation of prevention programmes should be integrated and directed towards all forms of addiction including the use of legal substances such as tobacco and alcohol, the use of illicit drugs (marijuana and heroin) and the excessive use of legal substances (inhalants) and prescription medications, as well as other addictions such as gambling, Internet addiction, etc. Considering that the majority of children and young people are in the education system, it is necessary to educate teachers systematically in order to effectively implement the Health Education Curriculum (Module: Prevention of addiction) in primary and secondary schools and other prevention programmes, projects and activities included in the annual curriculum plan of schools and other educational institutions. The latest researches indicate the need for including the information on drugs and addictive substances in prevention programmes. The information should be age appropriate, with the emphasis on the negative effects of drugs. The health care system should have a significant role in addiction prevention programmes, especially in the detection and treatment of at-risk groups of children and young people. The at-risk groups of children and young people in the social welfare system should be the first priority in taking measures of family legal protection. Prevention programmes in the family environment should be directed towards positive parenting affirmation and be designed to improve family connections and relationships, with the aim of increasing the role of families in preventing drug addiction. In the implementation of prevention programmes aimed at families, aside from social welfare centres, family centres also have an important role.

It is essential to continue improving the implementation of prevention programmes in the local community. In order for local communities to have and improve their capacity for addiction prevention, it is necessary to provide them with education and professional assistance which will allow them to evaluate their specific needs by themselves and in collaboration with experts and professional institutions, as well as create prevention programmes at all levels – universal, selective and indicated. Prevention programmes at the local community level shall be coordinated by county committees.

The development of quality addiction prevention programmes requires periodic surveys on the behaviour of children and youth with respect to their health and consumption of addictive substances. The activities in the area of drug demand and supply reduction are interconnected. Therefore, an important role in the implementation of prevention programmes at

the local community level should also be assumed by the repressive system, police, judiciary, state attorney's office. In addition, in line with the recommendation laid down in the EU Drug Strategy for the period 2005-2012 priority should be given to practices and examples using such connectivity.

Civil society organisations, public media, youth clubs and organisations which have contributed to drug demand reduction with quality programmes of prevention and raising of public awareness should continue to have a very important role in the implementation of prevention programmes.

In the implementation of prevention programmes, it is very important to encourage the exchange of good practice in the preventive work with children and young people at the local, regional and European level.

Finally, it is worth noting that investing in prevention has proven cost-effective, since the money invested in preventive activities saves considerable resources that would have been otherwise spent on treatment programmes, resocialization of addicts and reduction of health and social consequences of drug abuse.

Special objectives in this area are as follows:

1. Ensure a consistent and continuous implementation of prevention programmes using three levels of prevention: universal, selective and indicated.
2. Ensure equal availability of preventive interventions for children and youth through individual and group activities for children and young people, aimed at developing social skills, healthy lifestyle and positive values.
3. Improve methods for detecting at-risk groups of children and young people and continuously develop quality scientifically proven prevention programmes for at-risk groups of children and youth.
4. Improve access to prevention programmes oriented towards families and the community, and raise the entire society's awareness of the dangers of the abuse of drugs and other addictive substances.
5. Improve access to prevention programmes for young people - occasional users of addictive substances.
6. Improve addiction prevention programmes for children and young people who are not in the regular education system and encourage them to continue their education and engage in alternative forms of education.
7. Encourage the work of civil society organisations in this field through co-financing of quality, evaluated and sustainable projects/programmes of prevention.

4.1.2. Addiction prevention in the workplace

In order to create and implement the best possible addiction prevention programmes in the workplace, it is necessary to establish the joint responsibility of employees, employers and trade unions in the implementation and development of these programmes. It is also necessary to provide education and information to employers, physicians and other subjects on the implementation of prevention measures and testing. Since drug abuse affects the health of employees, in order to protect the work environment, employers should be obliged

to implement prevention programmes in the workplace, and implement legislation and protocols relating to the verification of the ability and determination of concentration of drugs and psychotropic substances in the body.

Most registered addicts in Croatia are either permanently or occasionally employed, which indicates that a great number of addicts are in some form of work relationship so it is necessary to direct additional attention towards timely prevention and treatment interventions in the workplace, as well as the creation of coherent addiction prevention policy in the workplace with respect for the freedom of the individual and protection of the rights of employers and safety of the work process.

Special objectives in this field:

1. Develop programmes of prevention of the abuse of licit and illicit drugs in the workplace, particularly in workplaces with special working conditions and locations with high-risk of drug abuse.
2. Develop and update by-laws that will oblige employers to implement prevention programmes in the workplace in accordance with the law, and define the protocols and procedures of cooperation in the implementation of measures of substance abuse prevention and verification procedures for determining whether the worker is under the influence of drugs or other addictive substances.
3. Conduct risk analyses within the work organisation in order to assess factors that might initiate risky behaviours that could affect the safety of employees and work environment.
4. Direct particular attention to developing preventive measures and implementing prevention programmes at the Ministry of Defence and Armed Forces, Ministry of Interior and other services that anticipate and provide for these specific working conditions.
5. Establish a system through which the persons who are found to have problems with addiction will be referred to counselling or treatment, and allow them to return to the work environment after a successful stabilisation and/or completion of the treatment.
6. Implement specific additional trainings (informative lectures, round tables, etc.) for all participants in the work process in order to prevent drug abuse.

4.1.3. Medical and psychosocial treatment

The treatment of addicts is an important strategic activity in the programmes of drug abuse suppression. Addicts receiving little or no treatment are the most excessive users, many of them being street drug dealers and thereby financiers of organised crime. Therefore, it is important to detect as many addicts as soon as possible and pull them into the system of medical treatment in order to establish supervision over their pathological and socially extremely harmful behaviour. A well-organised system for early detection and treatment of users and addicts significantly contributes to the achievement of the primary objective of the National Strategy on Combating Drug Abuse, which is to reduce drug supply and demand. For an adequate contribution to the achievement of this objective, the system for treatment should respect the fundamental principles of state policy on addiction treatment:

- detection of drug addicts at the early stage
- provision of timely treatment for as many persons as possible
- keep addicts, who have already started receiving treatment, under medical supervision as long as possible

- many drug addicts may need lifetime treatment
- treatment programmes should be easily available, appealing to service users through an approach without stigma and discrimination
- approach to each patient should be individualised and tailored to their needs according to the clinical stage of the disease, motivation, age, sex, social conditions, and other characteristics of patients
- provide special programmes of "low complexity" (ensured interventions aimed at reducing mortality, reduce the incidence of other diseases, etc.) for unmotivated addicts

These principles ensure equal access to various programmes of treatment, rehabilitation and damage control in the Republic of Croatia and the programmes can be tailored to the needs at the local level. The goal is to improve quality and safety of treatments, as well as standardise them, and coordinate procedures of monitoring, prevention, diagnosis, treatment and rehabilitation of addicts.

A multidisciplinary approach is essential in the treatment of addicts for a comprehensive treatment, rehabilitation and reintegration of treated addicts into the society. According to the individual's needs and form of treatment, psychiatrists and physicians of other specialties who have received additional education, concerning mental health and addiction, are involved in the treatment, as well as psychologists, social workers, social pedagogues, family physicians and physicians specialised in health care (gynaecologists, paediatricians, school doctors, gastroenterologists and infectologists, internists, etc.), first and second level nurses, occupational therapists and volunteers.

Considering that the addiction is a chronic, relapsing disease, for most patients the treatment and addiction rehabilitation is a long-term, often lifetime process which is conducted through specialised inpatient programmes with close collaboration with general practitioners. Depending on the stage of the disease, for many addicts it is necessary to ensure hospital intervention in specialised inpatient programmes. It is equally important to provide access to addicts who are in need of hospital treatment for somatic and psychiatric diseases that may or may not be etiologically associated with drug use.

Opiate agonists (methadone, buprenorphine), regardless of the type of medication, play an important role in the modern approach to the treatment of opiate addiction, however, in the addiction treatment doctrine, opiate agonists alone are not sufficient to change disturbed behaviour significantly, in fact they are used with other forms of psychosocial rehabilitation. They are used for detoxification and maintenance treatment.

The most important methods of addiction treatment:

- pharmacotherapy (for opiate addicts use of opiate agonists - methadone and buprenorphine)
- addiction psychotherapy
- supportive psychotherapy for families
- disease education and learning strategies for relapse prevention
- infection prevention (HIV, viral hepatitis, syphilis), including testing
- social intervention, social reintegration support measures
- urine tests for the presence of drug metabolites
- treatment of comorbidity
- somatic health care
- use of self-help programmes (NGO's supportive programmes, clubs of treated addicts, etc.).

In the Republic of Croatia, besides inpatient and outpatient treatment and psychosocial rehabilitation of drug addicts which are carried out within the health care system, certain forms of psychosocial rehabilitation of addicts have been carried out for many years now in therapeutic communities, homes for addicts and within certain organisations which provide various forms of psychosocial help and rehabilitation to addicts and their families.

Considering the listed problems in the work of therapeutic communities and organisations which deal with treatment and providing help to addicts and their families, it is clear that there is a necessity for additional efforts aimed at improving the quality of services and programmes that are implemented in this area within the non-governmental sector. One of the key priorities which have been defined in the previous period is to improve the quality of treatments and psychosocial rehabilitation in therapeutic communities, as well as improve professional and ethical standards in their work and create a network of therapeutic communities in the Republic of Croatia, which will be a part of the overall health care and social welfare system for drug addicts. For addicts, which can be motivated to quit ("drug-free" treatment), there is a possibility of providing services in therapeutic communities and in homes for children or adults addicted to alcohol, drugs and other substances. As part of the accommodation or stay in homes and therapeutic communities, services can be provided to addicts up to a maximum of three years, and in the case of children, up to one year. Homes for addicts and therapeutic communities provide social services and counselling, psychosocial support and assistance, occupational therapy and occupational activities, health care and psychological support. Homes for adults and therapeutic communities can provide services of organised housing with permanent or temporary support of professionals or other workers. In order to ensure adequate capacity in the system of social welfare for addicts, a new network of public social services needs to be created. The network will be used for determining the necessary capacity for providing social services to addicts in the Republic of Croatia. Contracts on providing services based upon public bidding for the concession will be signed with service providers. The acceptance and registration of homes and therapeutic communities and any treatment or rehabilitation programme in the network of care for addicts must first be verified and approved by the expert body established by the ministry responsible for social policy, which also carries out the supervision of the work of centres for addicts and therapeutic communities, and monitors the implementation of their programmes of rehabilitation and resocialization of addicts.

The specific objectives in the field of treatment and psychosocial rehabilitation:

1. Encourage further strengthening and professional staffing of services for mental health care, addiction prevention and outpatient treatment at county institutes of public health and adapt the public health care network according to the actual needs, as well as conduct continuous trainings for new service employees and conduct special trainings on the treatment of young people, and trainings on treatments of addicts abusing new drugs or polydrug users.
2. Improve and carry out activities directed towards destigmatization and resocialization of addicts.
3. Reinforce the care of underage users and addicts who most frequently show signs of disturbed behaviour, and plan specific programmes of treatment and psychosocial rehabilitation
4. Increase the capacity for inpatient treatments of diseases related to addiction, and open departments for comorbidity treatment.
5. Enhance collaboration within the health care system, particularly in the area of the treatment of hepatitis C and other somatic diseases.
6. Improve collaboration with other systems and civil society organisations that deal with people receiving treatment for drug abuse, and find the method for exchanging information on people in treatment between different systems.

7. Improve guidelines for applying substitution therapy, and intensify supervision of the application.
8. Strengthen the cooperation with the justice system and the prison system in the area which is related to the performance of specific duties, treatment measures, probation, care during the serving of the sentence and post-penal admission.
9. Encourage the creation of the capacity in existing and new therapeutic communities for minors, addicted women and drug addicts with dual diagnoses (comorbidity), and carry out targeted educational trainings for all employees in homes for addicts and therapeutic communities, including professional staff, rehabilitated addicts and volunteers.

4.1.3.1. Programmes aimed at solving social issues

The most important task of the holders of social safeguard measures is to ensure conditions in the social welfare system in order to provide timely assistance to those who experiment with drugs, and their families, and take timely measures aimed at at-risk groups of children and young people and at-risk families. Therefore, the emphasis is still on taking measures of family legal protection, primarily control of parental care, counselling work with parents, and the introduction, continuation or expansion of the implementation of group prevention programmes involving the work with children and parents.

It is also important to include young people who have committed drug-related criminal or misdemeanour offences, or those who have started experimenting with drugs, in psychosocial treatment programmes in collaboration with all subjects dealing with the given problem. It is necessary to provide various programmes, in the social welfare system, designed for the resocialization of adults and minors with drug addiction problems, and programmes for strengthening families. The programmes in question should be implemented in collaboration with other participants at the local level, primarily taking into account the protection of human rights and the rights of children and minors. A significant activity of the social welfare system is the implementation of preventive activities through counselling work with drug addicts, as well as through a variety of services of social welfare and support to addicts and their families. The social welfare system plays a significant role in the resocialization of addicts and their adoption of a socially acceptable lifestyle. In the following period, it is therefore essential to develop special programmes for resocialization of juvenile drug addicts.

As far as parents with addiction problems are concerned, the contribution of professional workers of the Social Welfare Centre is very important in taking measures for the protection of minor children, either when parents have entered a treatment programme or if they are serving a sentence in a penal institution.

Specific objectives in the social welfare system for the following period:

1. Increase activities aimed at improving parental skills, empowering and supporting families in dealing with everyday challenges.
2. Refer addicts, especially minors, to existing programmes of addiction withdrawal and implement programmes of psychosocial and social pedagogical treatment of minors and young adults with addiction problems
3. Organise educational trainings for employees in the social welfare system for working with people with addiction problems.
4. Ensure conditions for the post-treatment admission of minors and adults after serving a prison sentence and for those released from correctional institutions upon the completion of correctional measures.

5. Promote programmes and, according to the possibilities, develop the capacity for community work of specially trained professional workers with young people with risk behaviour, experimenters and drug addicts.
6. Enhance and support the role of the civil society (citizens' associations, drug addiction clubs, etc.) and family members in supporting the process of resocialization of drug addicts and their integration into the local community.

4.1.3.2. Treatment of addicts in the prison system

The basic principle of drug abuse suppression in the community, as well as in the prison system, is the principle of reduction of drug demand and supply which involves addiction prevention measures, detection and treatment of addicts and prevention of entry of drugs and other psychoactive substances in prison institutions.

According to the recent findings on the structure of addicts and experiences in their treatment, the prison system will continue to conduct, promote and develop programmes coordinated with guidelines and programmes in the community. The treatment of addicts comprises medical, psychosocial, educational, and labour-occupational components through health care, general and special programmes and preparation of post-penal admission. With the aim of preventing recidivism, rehabilitating and preparing for reintegration into society, the prison system cooperates with the government and the public sector and civil society organisations in the implementation of programmes in the penal institutions (prisons, penitentiaries and correctional institutions), preparation of post-penal admission and continuation of the treatment in the community upon release. The prison system shall develop international cooperation with relevant international bodies and institutions.

It is necessary to provide addiction treatment to addicts in the prison system with the principles and conditions equal to those in the public health care system and to this end consider the possibility of amending certain regulations. In order to do this, it is necessary to improve the cooperation between the systems of outpatient addiction treatment and services within the prison system and network the prison system with the institutions that care for addicts and conduct treatments in the public health care system, as well as with the Croatian Institute of Public Health, which keeps the registry of addicts. It is necessary to ensure the continuation of treatment initiated prior to imprisonment, but also improve the post-penal admission through better cooperation between the two systems (justice and health care).

Accordingly, specific objectives of the National Strategy in the prison system are as follows:

1. Create and apply the Guidelines for the treatment of addicts in the prison system
2. Ensure the availability of several programmes to addicts according to the Guidelines for the treatment of addicts in the prison system
3. Ensure a sufficient number of experts for conducting programmes and necessary education of all officials involved in the conduction of programmes during the execution of the sentence.
4. Prevent the entry and manipulation of psychoactive substances, and improve and modernise the technical equipment.
5. Provide help to addicts with regulating health insurance during the serving of the sentence.
6. Prepare and encourage addicts to continue the treatment in the community after their release.
7. Cooperate with institutions and civil society organisations at all levels on exchanging information, conducting programmes and preparing post-penal admission.

4.1.3.3. Working with addicts within the probation system

As part of the activities for joining the European Union and the reforms of the judicial system of the Republic of Croatia, the idea of creating the probation system in the Republic of Croatia has intensified. The process of creating the preconditions for the development of a professional organisation, which began in May 2007, resulted in September 2009 in the establishment of the Directorate for Probation and Support to Victims and Witnesses by the Ministry of Justice. The Probation Act (Official Gazette No. 153/2009) was enacted in December 2009 as the fundamental legal framework for the probation work. Probation is defined as a conditional and supervised freedom of the offender, during which probation officers conduct procedures aimed at reducing the risk of offenders repeating the offence (Article 1 paragraph 2 of the Act). Pursuant to the Act (Article 3 paragraph 1), the probation work refers to activities aimed at protecting the entire community from the offender, resocializing and reintegrating offenders into the community by influencing risk factors related to the commission of criminal offences, and by participating in the organisation of providing help to victims, injured parties, victim's family and the family of the offender. The mission of the probation is the cooperation with the community in order to protect it and reduce the risk of recidivism through resocialization and reintegration of offenders into the society, and to ensure respect for the rights and needs of victims.

The specific objective within the probation system:

- Create and devise probation jobs for convicted offenders with drug abuse problems for the purpose of treating their addiction, including them in rehabilitation programmes and reintegrating them into the society.

4.1.4. Drug abuse harm reduction programmes

Harm reduction programmes are specific programmes intended for active intravenous drug users and form an integral part of public health care activities, which aim at approaching the vulnerable population of addicts in order to get them into therapy programmes and thus reduce the health and social harm caused by drug use. Harm reduction programmes include various activities such as informing and educating drug users about the dangers of drugs, safer ways of using drugs, counselling, syringe and needle exchange programmes, distribution of condoms, field work, substitution therapy programmes and drop-in centres.

Along with the activities of the service network for mental health protection, addiction prevention and outpatient treatment, centres for anonymous and free HIV testing and counselling and the Croatian Red Cross, civil society organisations have an important role in the field of harm reduction programmes. Their activities cover the majority of the Republic of Croatia, but they still need to be expanded to the geographical areas which are yet to be covered.

Along with the continuation and expansion of the aforementioned activities, it is necessary to explore the possibilities of developing new approaches to harm reduction such as measures for health protection and the safety of drug users who visit nightclubs/music festivals, which include providing cold drinking water, first aid at the site (educated staff), information on prevention and harm reduction in relation to drug use in nightclubs, and promoting and integrating field work (so-called outreach) into nightclubs.

It is necessary to actively involve drug addicts in the creation and implementation of individual activities and encourage formation of self-help groups for drug addicts, including programmes for anonymous addicts. It is necessary to support the organisations of treated addicts and shift more focus to programmes aimed at female population of addicts (specially adapted programmes of field work and informing on different risks related to drug use,

including prostitution and threat to the infant during the pregnancy of a drug addicted mother).

Specific objectives in this area:

1. Consistent and continuous implementation of existing harm reduction programmes.
2. Expanding existing programmes to the areas of the Republic of Croatia which yet to be covered.
3. Provide and develop social and economic measures (showering, washing and drying of clothes) within harm reduction programmes.
4. Develop new approaches and programmes of harm reduction such as measures for health protection and safety of drug users who visit nightclubs/music festivals.
5. Encourage the establishment of an integrative approach in providing services to addicts with the guiding principle that all services be made available at the same location.
6. Improve the cooperation of the civil society, government and public organisations and local and regional self-government institutions in the implementation of harm reduction programmes.

4.1.5. Resocialization and social reintegration of addicts

The process of treatment and drug addiction withdrawal is a long-term process which should be aimed at encompassing the issue of drugs from a medical, psychological and social aspect, both in planning and developing of treatment programmes, and in direct treatment of addicts. As is well known, addicts have difficulties with integrating into the society upon completion of their treatment for various reasons, and one of them is public opinion on drug addiction which marginalises, stigmatises the entire population of addicts and excludes them from the work and school environment.

A quality implementation of programmes of social reintegration of drug addicts into the community certainly contributes to the success of programmes of drug abuse suppression and treatment of drug addicts. Therefore, the social reintegration and resocialization of drug addicts and their reintegration into the society should be the logical consequence of the psychosocial rehabilitation. Various systems should be included in the resocialization of drug addicts, from the health care, penal, social and economic system to civil society organisations. Pursuant to the Social Welfare Act, the resocialization of addicts through the welfare system should provide addicts with a variety of social welfare and support. Resocialization and social integration should include both minors and young adults who are addicts and drug users, and who have been released from correctional facilities or juvenile prisons. An important factor in the implementation of programmes of resocialization is the involvement of local communities and the implementation of active employment policy aimed at the target group of treated addicts, conducted by the Croatian Employment Service on the basis of the National Employment Incentive Plan, as well as the use of all other resources of the local community. Successful programmes and projects in the field of resocialization should significantly contribute to the destigmatization of treated addicts, recidivism reduction after the completion of the treatment in therapeutic communities, and greater public awareness, including the professional public, regarding the work on the problem of social reintegration of treated addicts.

Specific objectives in field of resocialization:

1. Include addicts, who are in some sort of treatment or who have successfully completed a treatment of rehabilitation and addiction withdrawal, in programmes of adult education.

2. Encourage programmes of employment of addicts according to their mental and physical abilities and the needs of the labour market, and organise trainings for occupational medicine physicians and persons of other professions who conduct the evaluation of the work ability of addicts.
3. Raise the public awareness, in particular that of employers, unions and other business entities of the employment of treated addicts.
4. Encourage self-employment of addicts through social cooperative entrepreneurship and other programmes at the local level.
5. Evaluate, enhance and support the work of organisations, including financial support to organisations working in the field of resocialization.
6. Encourage the establishment of residential facilities for addicts who cannot return to their communities, after the completion of the rehabilitation or release from prison, due to family, social and housing conditions (homelessness, etc.).
7. Encourage the social integration of addicts who cannot or do not want to stop using drugs, who, apart from social exclusion, have health and social problems such as homelessness, poverty, prostitution, various diseases, etc.

4.2. DRUG SUPPLY REDUCTION

In the field of drug supply reduction, the aim is to achieve a significant improvement of a successful, efficient and evidence-based application of the law regarding the production, trafficking of drugs and precursors, including synthetic drugs precursors, financing of terrorism and money laundering related to organised drug crime. This is achieved by directing the activities towards organised crime, by using existing instruments and legal frameworks, with the focus on regional or targeted interaction and prevention activities associated with drug-related crime.

The primary objective in the field of drug supply reduction in the specified period is to continuously and effectively take all legal measures and actions aimed at combating the production and trafficking of drugs and precursors, and improve the effectiveness of procedures and methods aimed at suppressing the production, smuggling, trafficking and abuse of drugs and prevention of money laundering, in order to suppress the growth of drug-related problems and reduce criminal activity on the illegal drug market in the Republic of Croatia.

4.2.1. Suppression of drug supply and availability

Considering the trends in drug abuse, we may say that in the Republic of Croatia there are no so-called "open drug scenes" and neither is there major drug production, except sporadic cases of growing cannabis for marijuana, nor have the activities of criminal organisations, which are primarily involved in criminal activities associated with the production and trafficking of drugs, destabilised the economic and political system of the Republic of Croatia.

Compared to the period before 2006, nowadays the situation of crime and drug abuse is more complex. On one hand, the situation in the affected regions and cities has improved regarding the abuse of heroin, partly as a result of a comprehensive approach through the National Strategy, and global trends, while, on the other, the situation has worsened since the drug-related crime associated with drug production and international drug smuggling has taken on global proportions. The problem of crime and drug abuse at the global level is very dynamic and changing. Therefore, in the following period, it is crucial to attempt to predict global trends regarding the issue of drugs. The aggravating factors listed below, that we believe will affect the movement of the patterns of crime and drug abuse in the Republic of Croatia, will have to be dealt with:

1. Increasing presence of cocaine in the European and Croatian illegal drug market and the increased danger from the activities of the South American drug cartels.
2. Increased number of newly designed drugs.
3. New challenges regarding the accession of the Republic of Croatia to the European Union (free movement of goods, capital and people, and new forms of narcotics in the Republic of Croatia).
4. Various policies towards the issue of drugs within the European Union.

Activities for the suppression of drug supply and availability should be directed towards all aspects of that form of crime: organised drug crime and money laundering related to organised crime in the drug field, street-level harm reduction, combating the establishment of open drug scenes, and strengthening regional and international cooperation in the field of organised crime related to drugs.

4.2.1.1. Suppression of illegal production and trafficking of precursors

An effective monitoring of chemical substances that can be used for illegal drug production is an important factor in preventing illegal drug production and consequently the reduction of drug supply. Considering that these substances can be found in regular traffic, and that they are used in large amounts in chemical, pharmaceutical, cosmetic and related industries, it is necessary to carry out legal and other interventions to prevent their illicit outflow. This involves a systematic control over the manufacturing entities (raw materials, technology), scientific and research subjects (raw materials, laboratory equipment), import, export and transit of certain goods and chemicals/precursors (amount and purpose).

Special attention should be directed towards a permanent monitoring over international trafficking of these substances, cooperation of authorised state bodies and manufacturers, traders and transporters, in order to detect suspicious consignments and attempted illegal use of precursors. Furthermore, it is essential to keep records of cross-border movement of precursors, exchange information with relevant bodies of other state and international institutions, and cooperate internationally with competent state bodies.

It is necessary to apply guidelines of the Protocol on Cooperation, Communication and Strengthening of the Institutional Control Model for Precursors in the Republic of Croatia, which was signed in 2011 by the Ministry of the Interior, Ministry of Health⁴, Ministry of Finance, Ministry of Justice, Ministry of Environmental and Nature Protection⁵ and Office for Combating Narcotic Drug Abuse.

4.2.1.2. Suppression of illegal trade in “new” drugs

Just like the manufacturers and suppliers of drugs, which have become really aggressive over last few years, the users also constantly explore the market, looking for new opportunities to experiment with drugs, new modalities of smuggling and drug transporting, and all the participants in this “vicious circle“ of buying and selling of drugs frequently use Internet and mail services. Manufacturers and consumers of drugs also continuously create new mechanisms of protection against criminal or misdemeanour prosecution which is particularly evident in the field of synthetic drug production. The synthesization of new psychoactive substances is a permanent phenomenon and illegal manufacturers work constantly on the production of new compounds, psychoactive substances which cause

⁴ The then Ministry of Health and Social Welfare

⁵ The then Ministry of Environmental Protection, Physical Planning and Construction

changes in mental and motor functions. Precisely these opportunities for constant innovation in the field of synthetic drugs, and the creation of new psychoactive substances, may create a legal gap at the time of their appearance on the market regarding the criminal prosecution of manufacturers, dealers and users of such substances which are not yet listed as controlled substances and therefore not declared drugs, so consequently, no features of criminal activity can be found.

Given the increasingly frequent cases of market appearances of drugs, Internet trafficking and mail smuggling of substances which are not on the list of drugs, but they have characteristics of drugs, it is necessary to focus on the detection of these activities.

Therefore, it is necessary to find the legal basis for the confiscation and destruction of such substances, considering that they are a threat to life and health. This should be carried out according to the procedure designed for the destruction of hazardous chemicals or unsafe food; the competent body would issue a decision on the destruction which would then be carried out according to the procedure provided by the Drug Abuse Prevention Act.

4.2.1.3. Suppression of illegal trade in doping substances

Aside from the illegal use of anabolic steroids in sports as a form of doping, the use and trade in these substances is widespread even outside sports, amongst amateur and recreational athletes and others who want to affect their body and modify its features and appearance, even though they have no intention of participating in sports competitions. Given the outspread of doping substances, especially among young people, the combating against their abuse demands the same monitoring model as the one for drugs, as well as a wider multidisciplinary approach regarding the implementation of the national policy against all forms of addiction within one competent body.

Considering that these substances can be purchased from people involved in illegal dealing of such products, and that the online purchase has become frequent, it is necessary to find models for declaring the trade in such substances criminal offence, as it is in the criminal law of certain countries in the European Union. Since the use or trade of illicit doping substances regulated by the Sports Act, which stipulates misdemeanour liability, does not refer to the use and trade of such products outside sports and professional competitions, the Criminal Code provides for the criminal liability for the manipulation of these products, as in the case of drugs.

Specific objectives of the National Strategy for the period 2012-2017 in the field of drug supply reduction, focused primarily on the activities conducted by the Ministry of Interior and the Customs Administration of the Ministry of Finance and other authorities, are as follows:

1. Combat drug abuse, carry out street reduction, and combat the establishment of so-called "open drug scenes"
2. Strengthen regional and international cooperation of bodies/authorities for combating drugs, regarding the suppression of globalised international production, smuggling and trade in drugs by international organisations and groups.
3. Improve methods of detecting new incidental forms (modalities, trends) of smuggling and drug abuse, and undertake adequate measures for the suppression.
4. Prevent drug smuggling and illegal trafficking of precursors by effectively monitoring state borders (road, rail, sea, river, postal and air transport) with the emphasis on detecting and breaking international smuggling chains for smuggling drugs through and in the Republic of Croatia (the Balkan Route).
5. Combat illegal trafficking of doping substances and create legal opportunities which will ensure an effective suppression of supply of doping substances.

6. Combat the production and supply of new drugs, especially the supply of new drugs on the Internet.
7. Increase administrative and operational capacities according to the possibilities of the Ministry of Interior and the Customs Administration of the Ministry of Finance aimed at combating crimes related to trafficking and abuse of drugs, and continuously educate (specialised out-of-school education) customs and police officers.
8. Continue the improvement of cooperation between the authorities responsible for combating drug supply in the Republic of Croatia (both at the state and local level), especially between the Ministry of Interior, the Customs Administration of the Ministry of Finance and the Ministry of Justice, and if necessary, establish joint investigative teams with the aim of ensuring an efficient prosecution of perpetrators of serious criminal offences related to drug trafficking and abuse.
9. Improve techniques related to the detection of financial transactions and the flow of money acquired through illegal drug trade (detection of so-called money laundering), as well as expose and enable the prosecution of organised groups and legal persons involved in the laundering of money acquired by smuggling and drug trafficking.

4.2.2. Penal policy

Applicable criminal and misdemeanour law in the field of drug abuse in Croatia is based on several pieces of legislation: the Drug Abuse Prevention Act, Criminal Code, Criminal Procedure Act, Juvenile Courts Act and Misdemeanour Act. Criminal, i.e. misdemeanour offences related to drug abuse, are among the most frequent of offences in overall crime in Croatia. In the structure of juvenile crimes in Croatia, the offences of drug abuse are in the third place behind the crimes against property and crimes against life and body. In the total of juvenile crimes, these offences account for 5.5 percent.

An effective penal policy should have a significant impact on the reduction of drug supply, but also on the prevention of drug abuse among young people, that is, it should help preventing the occasional abuse of drugs from turning into addiction. Besides penalising the organisers of drug dealing networks and the expansion of the range of drug-related crimes, the inclusion of addicts, who have committed a drug-related crime, in the treatment system is of key importance, for the treatment is the best alternative for quitting drug experimenting and recidivism in the penal system. Therefore, in the implementation of laws and guidelines within the judicial system and the police, and in the harmonization of legislation, the need for early intervention should be taken into account, as well as the possibility for the application of alternative sanctions, the concept of probation and referral to drug treatment in the health care system, social welfare system, or other programmes for addicts as effective measures in terms of early intervention, addiction treatment, and prevention of recidivism. In order to improve traffic safety, it is necessary to regulate areas associated with driving under the influence of drugs, including driving by opiate addicts who are in treatment of opioid agonist pharmacotherapy (methadone, buprenorphine, etc.). The development of penal policy and legislation should be based on the recommendations and decisions of the European Union and continuously harmonized with the European Union Acquis.

Specific objectives in this field:

1. Conduct analyses of the effectiveness of the penal policy application in criminal and misdemeanour procedures and in accordance with the results of analyses, and with examples of good practice, make proposals for amendments and harmonization of legislation in this field.
2. Develop health care programmes and social protection programmes for dealing with the perpetrators of criminal and misdemeanour offences of drug abuse, and create guidelines for the treatment and cooperation between the repressive system and the

health care and social welfare systems, in order to provide the perpetrators with adequate professional help at the earliest possible stage of the proceedings.

3. Strengthen integrated approach to linking penal and preventive policies in the field of drug abuse, and implement specific programmes of education and trainings for the staff in the repressive system regarding the work with young people with addiction problems.

4.3. EDUCATION

Considering all complex forms of addiction and new findings and expert guidelines for working in the field of drugs and addiction, it is necessary to organise continuous targeted educational trainings, in collaboration with European experts and within the programmes of the European Union (IPA, CARDS, TAIEX) for all subjects involved in combating addiction. It is also essential to elaborate a programme of interdisciplinary postgraduate studies in the field of addiction, and for certain professions establish specialised studies in this field at corresponding faculties. In order to increase the efficiency and quality of interventions and programmes in the field of drug demand reduction, particularly addiction prevention, it is necessary to provide new forms of educational trainings for the planning and evaluation of programmes in the field of drugs. Educational trainings shall be conducted in collaboration with experts and scientific institutions in Croatia, but also with international organisations.

Specific objectives in this field for the following period are as follows:

1. Organize specific targeted trainings, seminars and workshops for all subjects involved in the system of drug abuse suppression.
2. Organise permanent education for all holders implementing the Health Education (Module: Addiction prevention) in the educational system.
3. Encourage the establishment of interdisciplinary scientific and specialist postgraduate studies in the field of addiction for the education of experts of various profiles on the work in the field of drug addiction.

4.4 NATIONAL INFORMATION SYSTEM

The EU Drugs Action Plan 2009-2012 stresses the acknowledgement of the drug abuse problem as the society's priority, and data collection and research is defined as the subject covering all strategic areas in combating drug issues. Although the practice of data collection (especially epidemiological data and data related to drug crimes) in the Republic of Croatia has existed for a significant number of years, in 2006, a structured development of the National Drug Information System (hereinafter the National Information System) was initiated, in accordance with the standards of the European Union, which has significantly improved the mechanisms of monitoring of all the drug issues and the intersectoral cooperation in the area. Furthermore, in this way the prerequisites for a full cooperation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)⁶ and inclusion in

⁶ The European Monitoring Centre for Drugs and Drug Addiction - EMCDDA was established in 1993 as a decentralised agency of the European Union which provides the European Union and its members with an overview of the European dimension of drug issues.

the single data collecting system for the entire Europe have been met. In accordance with the agreement signed between the Republic of Croatia and the European Union on the participation of Croatia in the work of EMCDDA, and after its ratification, the Republic of Croatia is obliged to meet all the obligations to the agency, as well as ensure the administrative capacity and financial means for their implementation.

The National Information System provides competent bodies with data necessary for drawing up the relevant legislation and strategic documents, and solid scientific background for expert discussions on drug-related problems. Furthermore, it helps the experts who deal with addiction problems and other aspects of drug abuse to define the best practices and new research areas. Therefore, the information system is focused on promoting scientific excellence.

The work of the National Drug Information System is coordinated by the Office for Combating Narcotic Drug Abuse of the Government of the Republic of Croatia within which the National Drug Information Unit has been created, acting as the Croatian National Focal Point of the EMCDDA. The structure and the work have been laid down in the Protocol on National Drug Information System in the Republic of Croatia, whereas the activities are elaborated by the biannual Action Plans on National Drug Information System in the Republic of Croatia, based on the current national strategic documents and obligations to EMCDDA.

The work of the National Information System is based on the principles of information quality, which also represents the key to efficiency of the entire drug suppression system. In order to fulfil the main purpose of the National Information System, which is to ensure factual, objective, reliable, timely and scientifically based information on drug issues and system efficiency, it is necessary to continuously develop the infrastructure and the mechanisms (methods) required to collect and analyse the relevant data in accordance with the standards of the European Union. Aside from improving the system of monitoring the current situation and phenomena, in order to better understand new trends, to inform decision makers, professionals and the general public, and to create timely and adequate measures as a response to the current situation of drug issues, the further development of the National Information System also includes research implementation and defining of the evaluation frameworks and standards.

4.4.1. Monitoring

Comprehensive monitoring of the drug situation requires continuous development in order to ensure availability, quality and comparability of relevant information, and it is based on a standardised, regular and timely gathering of data and information from relevant bodies and civil society organisations in accordance with their scope of work and jurisdiction. The main purpose of monitoring the status and scope of drug issues is creating standardised reports on trends and developments which serve as the basis for the enactment of decisions and implementation of adequate measures at the national level. At the international level, they contribute to the creation of the picture of the global drug phenomenon, where comparison of the trends with EU countries is of particular importance. Comprehensive monitoring of the drug situation, other than the regular, standardised data gathering, includes research as well.

In accordance with the standards of the European Union, the structure of data gathering is founded on five key epidemiological indicators of EMCDDA (researching drugs in general population, problems of drug use, deaths related to drug abuse and mortality rates among addicts, infectious diseases related to drug use, treatment requests) which ensure the comparability of national data at the level of the European Union, and on a set of other indicators which are mostly related to monitoring crime and penal policies and measures of prevention/resolution/mitigation of drug abuse consequences (drug crimes, drug availability,

drug market, drug availability reduction, reduction of harm caused by drug use, health and social measures, waste water analysis, etc.). Special attention is also given to the monitoring of the implementation of policies and strategic documents, quality and efficiency of different programmes and projects in the field of drug demand reduction and public expenditures for the system of suppression of drugs, at the national and local level.

The early warning system in case of the appearance of new psychoactive substances in the Republic of Croatia (hereinafter: Early Warning System) is based on relevant documents of the European Union Acquis, and it is in accordance with the implementation guidelines of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The organisation structure, the means of information exchange and activities at the national level are laid down in the Protocol on Early Warning System on New Psychoactive Substances in the Republic of Croatia. The primary objective of the Early Warning System is to ensure the following: gathering qualitative information on new psychoactive substances that appear on the European drug scene and a quick response; estimating possible risks that new psychoactive substances may represent for the health of the user and the society; dissemination of warnings and general strengthening of harm reduction measures; legal control and reduction of availability of new and dangerous psychoactive substances; reduction of the negative health and social influence that new psychoactive substances would have on users; preventing the outspread of a new substance at the national and European level.

Despite the fact that the existing tools of data gathering at the European Union level are constantly improved and enhanced, new tools need to be developed in accordance with the actual needs, as well.

Specific objectives in the field of monitoring:

1. Timely gather and deliver all relevant data and information, especially those that are required for the drawing-up of standardised annual reports.
2. Establish good intersectoral cooperation for the purpose of data and information exchange.
3. Provide customised IT solutions for monitoring individual indicators.
4. Conduct continuous education of experts in the field of methodologies of monitoring individual indicators.
5. Provide adequate administrative capacities and financial resources.

4.4.2. Research

The policy in the area of drugs should be realistic, and in accordance with the actual needs of the society and the local community. In order to understand the problem and the factors that influence it, it is necessary to conduct both regular and occasional research in a coordinated manner. Research activities need to be developed and financed from different sources, especially through the European Union assistance programme to candidate countries. The researches that shall be set on modern scientific standards and high methodological criteria will contribute to the increase in knowledge at the field of drug abuse. According to the indicators used by the EMCDDA, it is especially important to support international standardised researches. In order for them to be comprehensive, and thus, contribute to better understanding of the drug abuse problem, they shall encompass different populations - research in the general population, research in at-risk groups (young people who go out clubbing, correctional homes, high school youth, student population, etc.), research in the addict population, etc. Given the existing database of conducted researches and the current topic in the field of drug abuse prevention, it is necessary to define the research priorities.

Specific objectives in the field:

1. Strengthen the cooperation of the scientific community and political decision makers, and make the research results comprehensible and accessible to managing structures.
2. Define the research priorities and the field of research in relation to the drug related problems.

Priority research topics in the following period:

1. Situation and trend of drug use (epidemiological research) - trends in addictive substance use; estimation of problematic drug use; patterns of use and the outspread of "new drug" use; prevalence of infectious diseases related to drug use; cohort studies of mortality rates related to drug use and other (e.g. awareness of the psychosocial consequences of drug abuse; attitudes toward drug abuse).
2. Situation and trend of drug-related crimes - drug market availability and characteristics.
3. Research on addictive substance use in the general population.
4. Efficiency of interventions undertaken so far (evaluation research) - preventive interventions, treatment interventions, harm reduction interventions and resocialization interventions.
5. Research on public expenses related to the implementation of the drug policy, through which objective data would be acquired and direct and indirect expenses related to different aspects of drug policies would be observed.

4.4.3. Evaluation

Evaluation is the path to evidence-based programmes and it can be defined as a systemic, objective process whose goal is to determine the success of a certain strategy or programme as to whether the strategy/programme has fulfilled its objectives and tasks and to what extent. Although experts agree that evaluation is very important in order to determine the effectiveness of a certain programme, the methods of evaluation are still being developed and it is absolutely certain that no universal answer can be given as to in which way and with which tools can we get answers to key evaluation questions such as: was the programme effective, did it lead to the desired changes and reach its set objectives, was it useful for its users and were its users satisfied with the way it was implemented and with the experts which implemented it. The key role of evaluation is not to evaluate a programme or project, but also to secure that, based on the results, interventions and certain programmes are upgraded. Both qualitative and quantitative methods are used in the process of evaluation. In order for a certain programme and its effectiveness to be properly evaluated, the evaluation must be planned during the planning phase of the programme itself and it should form an integral part of strategic planning in each prevention project and programme. In order for drug prevention programmes and interventions to be scientifically based and thus valuable and available, it is important to explore their effects in accomplishing set goals and measure the effect on users which was set as the expected result during the planning phase of the programme. Considering that drug prevention programme evaluation requires thorough analysis of the implementation of national drug policies and determination of the advantages and disadvantages of the implementation of measures and programmes laid down in the National Strategy and Action Plan with regards to the funds spent. In the course of evaluation it is necessary to use expert help of European and Croatian experts and expert institutions. Also, it requires the cooperation among all holders, especially among those who collect and analyse data (health care services, police, customs, judicial system, social welfare,

educational institutions, statistics offices etc.), as well as cooperation among counties, cities and municipalities.

Specific evaluation objectives:

1. Integrate and implement evaluation and supervision of the programmes/projects which stem from the National Strategy, including the National Strategy itself, and conduct training on the evaluation and drawing-up of programmes for all holders of the National Strategy measures.
2. Create expert measure standards and guidelines to implement all phases of evaluation, standardised evaluation forms and define evaluation methods.
3. Appoint an independent expert body and/or team of experts that will perform evaluation of programmes which are implemented in the field of drug abuse and addiction prevention.

4.5. COORDINATION OF THE IMPLEMENTATION OF THE NATIONAL STRATEGY

Integrated implementation of drug abuse prevention activity requires a balanced, multidisciplinary and integrated approach. Such an approach requires coordination of all bodies involved in the fight against addiction, as well as all branches of government, with special emphasis on the role of the local government in implementing drug abuse prevention activities. Coordinators responsible for implementing the policies of drug abuse prevention in the Republic of Croatia are the Office for Combating Narcotic Drug Abuse and the Commission on Combating Narcotic Drug Abuse of the Croatian Government. The key role in coordinating and supervising the effectiveness of the implementation of the National Strategy lies with the Office for Combating Narcotic Drug Abuse, which shall cooperate with other state administration bodies dealing with the implementation of the measures laid down in the National Strategy in order to implement regular evaluation of the programme's quality and effectiveness.

The coordination at the local level is conducted by county committees on combating narcotic drug abuse. It has been noted that the coordination at the national and local level is one of the weak points in implementing the National Strategy. That is why it is necessary to establish a mechanism of responsibility for not implementing certain measures of the National Strategy and Action Plan by individual holders, among which the most important is the Commission on Combating Narcotic Drug Abuse of the Croatian Government and the Office for Combating Narcotic Drug Abuse. One of the main problems is the difficulty in coordinating the complicated process of implementation of drug supply and demand reduction activities. On the other hand, divided responsibility and competencies between different sectors responsible for implementing drug policies complicate the process of cooperation and coordination, which affects the completion of strategic goals. Therefore, it is necessary that systems for combating narcotic drug abuse and addiction treatment be based on intersectoral cooperation, and acknowledge different priorities of different sectors which are part of the aforementioned field. Enhancement of cooperation, communication and motivation among holders, establishment of an effective model of intersectoral cooperation, exchange of information and a strengthened coordination system among institutional holders - these are some of the main objectives in this field.

Specific objectives in the field of coordination during the above period:

1. Strengthen the coordinative role and administrative capacities of the Office for Combating Narcotic Drug Abuse for planning and monitoring of the implementation of strategic documents in the field of combating narcotic drug abuse at the national and local level.
2. Strengthen the role of county committees and define their roles and tasks in implementing the National Strategy at the local level via action plans.
3. Improve the coordination and monitoring of the implementation of measures at the local level.
4. Encourage the establishment of committees on combating narcotic drug abuse at the level of major cities in accordance with the organizational structure of local self-government.
5. Establish county coordination networks, new structures and protocols of cooperation between the Office and counties, as well as the Office and competent state bodies with the aim of improving vertical and horizontal coordination.

4.6. INTERNATIONAL COOPERATION

The global nature of the problems dealing with drugs require a regional, bilateral and multilateral approach and with that in mind it is necessary to strengthen bilateral cooperation as well as cooperation with international organisations and other bodies such as the United Nation Office on Drugs and Crime (UNODC), Commission on Narcotic Drugs (CND), International Narcotics Control Board (INCB), World Health Organisation, World Customs Organisation, the Pompidou Group of the Council of Europe, INTERPOL, SECI centre, EU agencies (Europol, Eurojust, EMCDDA), the European Council's Working Party on Drugs and others. By getting engaged in international activities dealing with the prevention of drug abuse and the consequences of drug abuse, Croatia wants to actively participate in solving problems related to narcotic drug abuse, in creating policies and expert approaches in the field and advance its national system by adapting the examples of good practice of other countries. Furthermore, a more effective fight against criminal organisations, corruption and money laundering as well as surveillance over drug precursor trafficking is achieved through international cooperation.

Political and developmental international cooperation in the field of preventing narcotic drug abuse should be based on an effective promotion and improvement of a balanced approach towards drug and precursor issues and especially through the mechanisms of regional cooperation which include all countries along certain smuggling routes (the Balkan Route), finding possible key partners, as well as cooperating with international organisations and institutions and EU member states. International cooperation enables a multilateral form of coordinated and complete range of various possible measures, whereas a direct form of cooperation with EU member states will be established within the accession to the European Union through pre-accession programmes and EU funds.

Specific objectives in the field of international cooperation:

1. Continuously harmonize the legislation of the Republic of Croatia with the Acquis of the European Union.
2. Accept and implement all obligations towards the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) following the ratification of the Agreement between the Republic of Croatia and the European Union on the participation of the Republic of Croatia in the work of the EMCDDA.
3. Regularly and actively participate in the work of international and especially European Union bodies and agencies dealing with the issue of drugs.

4. Strengthen regional cooperation, i.e. bilateral cooperation with countries of special interest to the Republic of Croatia, especially in preventing drug and precursor smuggling and strengthen cooperation with relevant international organisations.
5. Encourage a more intensive participation of Croatian experts in international conferences and projects, with the aim of advancing its national system, but also promoting Croatia's experiences and good practices at the international level.

4.7. FINANCIAL RESOURCES NEEDED FOR THE IMPLEMENTATION OF THE NATIONAL STRATEGY

The implementation of the National Strategy requires financial resources provided for in the State Budget for certain ministries, which will enable a quality implementation of measures in accordance with the scope of work and tasks of respective holders engaged in the implementation. Holders which do not have separate budgetary positions for the prevention of narcotic drug abuse, but finance this area through their regular activities, need to secure transparent financing of the National Strategy measures and activities. According to the principle of shared responsibility between the state and the local community, it is necessary to encourage allocation of more substantial funds in county, city and municipal budgets for the activities of county committees on combating narcotic drug abuse, implementation of preventive measures at the local level and other activities whose quality implementation depends on the initiatives of local governments. With regards to the national budget, lottery funds and local community budgets, it is necessary to ensure funds to finance quality and evidence-based programmes of drug demand reduction, which are carried out by civil society organisations.

Additional funding should be sought from funds generated by games of chance and funds from international organizations (United Nations - UNODC, European Union, and Council of Europe).

5. ACTION PLAN

The Drugs Action Plan is used to further describe individual objectives and ways to achieve set goals, as well as concrete tasks of individual holders for a particular budgetary period based on the assessment of the previous Action Plan and new needs in expert approaches as well as guidelines laid down in the National Strategy. The Action Plan needs to be in line with the topic and schedule, as well as objectives and priorities of the National Strategy. The Action Plan on Combating Narcotic Drug Abuse is adopted for a period of three years.

At the proposal of the Commission on Combating Narcotic Drug Abuse of the Government of the Republic of Croatia and the proposals of relevant state administration bodies pursuant to their scope of work, and within 30 days following the adoption of the National Strategy in the Croatian Parliament, the Government of the Republic of Croatia shall adopt an Action Plan aimed at delivering precise definitions of respective objectives, methods for their realization, implementation deadlines and assessment of the financial resources required for the implementation of particular measures.

6. CONCLUDING PROVISIONS

After being passed in the Croatian Parliament, the National Strategy shall be published in the Official Gazette of the Republic of Croatia. By passing this National Strategy, the National Strategy on Combating Narcotic Drug Abuse for the Period of 2006-2012 (Official Gazette of the Republic of Croatia No. 147/2005) shall cease to be in force.

The Office for Combating Narcotic Drug Abuse shall coordinate, monitor, analyze and evaluate the implementation of the National Strategy on Combating Narcotic Drug Abuse for the period between 1 January 2012 to 31 December 2017, and coordinate and submit proposals to the Commission on Combating Narcotic Drug Abuse of the Croatian Government and other competent state bodies on new solutions for implementing the planned measures and activities.

The Office for Combating Narcotic Drug Abuse shall draw up an annual report on the implementation of the National Strategy and Action Plan, which shall be submitted to the Government of the Republic of Croatia. This report shall be submitted by the Croatian Government to the Croatian Parliament.