Evaluation of the National Drug Strategy of the Republic of Croatia (2006-2012)

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Colophon

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Summary

At the invitation of the Croatian Office for Combating Drugs Abuse of the Government of the Republic of Croatia (henceforth referred to as 'Drug Office'), the Trimbos Institute has conducted an evaluation of the Drug Strategy of the Republic of Croatia (2006-2012) (hereinafter referred to as Drug Strategy).

We chose for an approach combining the assessment of stakeholders involved in drug policy implementation, of the achievements and future priorities with a review of the available data on the drug situation to get a picture how the drug problem and drug policy have developed in the period covered by the Drug Strategy. In chapter 1 we present a short introduction of the background and contents of the Croatian Drug Strategy (2006-2012), followed by a description of the scope of the evaluation and the chosen methodology and the rationale for the choices we made in chapter 2.

In chapter 3 we present the major findings from the consultation of the stakeholders and the review of the data. In chapter 4 we discuss findings relevant for writing the new Drug Strategy. In chapter 5 we present our recommendations for future drug policy making in Croatia.

1 Introduction: background and contents of the Croatian Drug Strategy (2006-2012)

The current Drug Strategy of the Republic of Croatia has been built on the National Drug Supervision and Control Strategy and Assistance to Drug Addicts, which came into effect in 1996. That was the first comprehensive drug policy document initiating and shaping the implementation of drug demand and supply reduction programmes in Croatia.

In the National Strategy for the period 2006 to 2012 the following main goals are stated:
***Drug demand reduction*:** the measurable reduction in drug use, drug addiction and related health and social risks by the development of an efficient and integrated, comprehensive, scientifically based drug supply reduction system. The previously mentioned can be achieved through addiction prevention measures, the early discovery of drug consumers and interventions, harm reduction, healing, rehabilitation and the social reintegration of drug addicts. The drug supply reduction measures have to tackle both health and social problems caused by narcotic drugs, and poly-usage associated with consuming alcohol, medications and smoking cigarettes.
***Drug supply reduction*:** the measurable promotion of a successful, efficient, scientifically founded application of the law regarding the production and trafficking of drugs and precursors including synthetic drugs precursors, terrorism financing and money laundry connected with the organised narco-crime. The previously mentioned can be achieved by directing activities toward the organised narco-crime by using the existing instruments and legal frames, with the emphasis on regional or targeted interaction and prevention activities connected with narco-crime.

The Drug Strategy is meant to be a multidisciplinary and comprehensive document covering – in line with the EU drug policy framework laid down in the EU Drug Strategy and Action Plans – the following areas:

- Coordination
- Monitoring, information system, research and evaluation
- Drug demand reduction including:
    - Prevention
    - Harm reduction
    - Medical and psycho-social treatment
    - Civil society activities
- Drug supply reduction by means of:
    - Prevention of illegal drug production
    - Cooperation of competent government bodies, especially police, customs and legal system in the field of organised crime associated with drugs
    - Penal policy
- International co-operation
- Training

The coordination of drug policy – and therefore the coordination of the implementation of the Drug Strategy and the Action Plans is divided among three bodies, i.e. the Commission for the Suppression of Drugs Abuse of the Government of the Republic of Croatia (henceforth referred to as National Commission), the Drug Office and the County Commissions for narcotic drug abuse control (henceforth referred to as County Commission).

In the Drug Action Plan 2009 – 2012 the role and responsibilities of these bodies is described as follows:

"At national level, there are two bodies in charge of coordination. The first one is the Commission for the Suppression of Drugs Abuse of the Government of the Republic of Croatia and the other is the Office for Combating Drugs Abuse of the Government of the Republic of Croatia.

The task of the Commission is to **coordinate** activities of the ministries and other subjects involved in the programme of suppression of drugs abuse, from prevention to resocialisation[1], and to adopt implementing programmes of the relevant ministries and state administration organisations.

The task of the Office is to provide systematic monitoring of the implementation of the National Strategy and the Action Plan, which takes place **through coordination and cooperation** with the ministries, state administration bodies at state and local level and cooperation with civil society organisations. Therefore, the role of the Office for Combating Drugs Abuse as the national coordinator in the implementation of the policy for the suppression of drugs abuse is to conduct continuous coordination to ensure that the measures taken to suppress drugs abuse are appropriately and effectively coordinated both by and between the state administration bodies, by and between other institutions and state administration bodies, and by and between state administration bodies and local self-government.

... County commissions for the suppression of drugs abuse act as coordinators at local and regional self-government level. The tasks of county commissions include coordination of the implementation of **county action plans for the suppression of drugs abuse** and other programmes for the suppression of drugs abuse at county level and coordination of the activities of various institutions, establishments and non-governmental organisations engaged in the problem at local level."

[1] Following the terminology used in the consulted Croatian documents we use the term resocialisation referring to rehabilitation.

2 Scope and methodology

This evaluation is meant as an analysis of the Drug Strategy 2006 – 2012, regarding its qualities as a policy document as well as regarding the process of its implementation. Our aim is to deliver policy relevant information to the stakeholders involved in making and implementing drug policy in Croatia, in particular to supply input for the writing of the new Drug Strategy.

This information should help to answer the following key questions:

- Did the current Drug Strategy cover all relevant drug policy issues?
- To what degree have the objectives of the current Drug Strategy been realised?
- Have the efforts put in the key areas of the current Drug Strategy increased since 2006?
- What has been the influence of the current Drug Strategy on the decrease/increase of these efforts?
- What were the strong and weak points of the implementation of the Action Plans?
- What changes can be observed in the drug situation during the implementation of the strategy?
- What are priorities to be addressed in the future Drug Strategy?
- What are the opportunities and difficulties for these future plans?

We faced a number of challenges and limitations. The evaluation had to start at pretty short notice (2 months) and was conducted with a relatively small budget and in a limited time frame (6 months). In order to be able to reduce the impact of these limitations and to produce a report meaningful for policy making we have chosen a two-track approach.

- One track has focused on exploring the stakeholders' opinion on the key questions mentioned above. This part was conducted by experts from the Trimbos Institute and the CVO - Addiction Research Centre.
- The other track describes the developments of the drug problem and drug policy in the period from 2006 onwards and the main outputs (services, products, collaborations) that have resulted from the implementation of the strategy. The focus here was on the changes that can be observed in drug policy programmes and measures and in the drug situation during the implementation period of the strategy. This part was done by the Drug Office using its data collection and reports, in particular the national reports to the EMCDDA and the annual reports on the state of affairs of the implementation of the strategy which are prepared for the Croatian Parliament.

The plan for the evaluation has been developed in close cooperation with the Drug Office (Ms. Lidija Vugrinec, Ms. Sanja Mikulić and Ms. Josipa Andreić). Their role was to provide background documents, to summarize and translate some of these documents, to provide us with a list of stakeholders and experts and give logistic support. We also consulted two experts when developing the evaluation plan and tools (questionnaires) and when writing the report, namely Mr Frank Zobel (EMCDDA) and Dr. André van Gageldonk (Trimbos Institute).

The actual evaluation started in May 2011 and was finished at the end of October 2011.

2.1 Collecting and reviewing background literature

The first step was to review key policy documents and reports available in English. We went through the following documents:

- the Drug Strategy of the Republic of Croatia (2006-2012)
- the Action Plan on drug abuse control for the period 2006-2009
- the Action Plan for the suppression of drugs abuse for the period 2009-2012
- the Croatian National Reports to the EMCDDA 2007, 2008, 2009 and 2010
- a Summary Report on the implementation of the Drug Strategy 2006-2011 produced by the Drug Office for the evaluators, presenting a summary of the annual reports on the state of affairs of the implementation of the strategy for the the Croatian Parliament.

In addition we contacted the head of the Croatian Focal Point at several occasions for further information and clarification.

The review of the background literature gave us not only a better understanding of the policy directions and plans laid down in the Strategy and the Action Plans but also important context information for the evaluation. It helped us to identify issues for the questionnaires we used to explore the stakeholders' judgment on the contents and the implementation of the current Drug Strategy, which was the first track of the evaluation.

The background literature listed above and some additional documents, in particular the annual reports on the state of affairs of the implementation of the strategy, were also the basis for the second track of this evaluation, the description of the developments of the drug problem and drug policy in the period from 2006 onwards and the main outputs (services, products, collaborations) that have resulted from the implementation of the strategy.

2.2 Track 1: Exploring stakeholders' views

For the exploration of the stakeholders' opinion we decided for a process consisting of a series of stages, each stage building on the outcomes of the previous one. We started with unstructured interviews, proceeded with a survey using a structured questionnaire to focused interviews. We finished with focused consultations to formulate conclusions on the findings and to facilitate consensus on recommendations for the future. This step by step 'funnelling' of the information collection, narrowing the scope from exploring a phenomenon through checking findings to examining conclusions, using subsequent phases to check information collected in earlier stages makes the findings and conclusions more robust.

This research process consisted of the following four stages:

1. Exploratory interviews with a selection of key stakeholders in order to get a better understanding of the actual policy making and implementation process and to collect further context information;
2. A survey among a wider group of stakeholders on national and county level, using a structured questionnaire to assess in general terms the view of people involved in the implementation of the Drug Strategy;

3. Group interviews with selected stakeholders/experts to clarify findings from the survey;
4. Focus groups with selected stakeholders/experts to check if there is a consensus about the conclusions and recommendations for the future, formulated in our evaluation.

2.2.1 Exploratory interviews

The aim of these interviews was to explore the opinions of key stakeholders on the Drug Strategy (the making and the contents of the document), the strong and weak points of its implementation and the priority needs to be addressed in the future Drug Strategy.

We used unstructured interviews divided into the following four sections:

- The Drug Strategy: how do respondents judge this as a policy document; have stakeholders been involved in the making and implementation of it?
- The achievements: what plans have been realized?
- The quality/impact of the achievements (this point also covered the process of implementation and the role of the Drug Office).
- The future: priorities for the new Drug Strategy.

For this exercise stakeholders were selected from the Ministries involved in drug policy making and implementation, from the Public Health Institute and the Drug Office, and representatives from two counties and from relevant NGOs.

We interviewed representatives of the following organisations:

- Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity, Children And Youth Department
- Education and Teacher Training Agency
- Ministry of Science, Education and Sports, Joint Programs Department
- Institute for Public Health, Department for School and Adolescent Medicine and Addiction Prevention
- Ministry of Health and Social Welfare (Medical Affairs Department and Social Welfare Department)
- Ministry of the Interior
- Ministry of Finance – Customs Department
- Ministry of Justice (Criminal Law Department and Prison System Department
- State Attorney Office
- Ministry of the Economy, Labour and Entrepreneurship, Department of Labour and Labour Market
- Croatian Employment Institute
- Ministry of Defence
- Ministry of Foreign Affairs and European Integration, Directorate for Coordination and Monitoring of Adaptation to EU Legal System and Monitoring Implementation of Stabilization and Association Agreement
- Zagreb County Service for mental health and prevention of addiction
- Zagrebačka County Commission on drugs

- NGO 'Zajednica susret', therapeutic community[2]
- NGO 'Sirius'[3]
- Drug Office

The list of interviewees is attached as annex (see annex 1).

For reason of efficiency we opted for interviewing small groups of respondents (a maximum of 4 respondents) instead of individual interviews. The fact that in a group interview respondents might influence each others' opinions is not much of a problem in exploratory interviews. Discussions between interviewees, dissenting views might even give useful context information. We did 9 group interviews and one individual interview. These interviews were done by staff of the Trimbos Institute in English using consecutive Croatian interpretation.

The findings from these interviews served as input for the survey and the subsequent individual interviews.

2.2.2 Survey

As second step we chose to conduct a survey among a substantial group of stakeholders on national and county level, using a structured questionnaire. Our aim was to assess in general terms the view of people involved in the implementation of the Drug Strategy. The survey focused on the following questions:

- Did the current Drug Strategy cover all relevant issues?
- To what degree have the objectives of the current Drug Strategy been realised?
- Have the efforts put in the key areas of the current Drug Strategy increased since 2006?
- What has been the influence of the current Drug Strategy on the decrease/increase of these efforts?
- Which priorities should be addressed in the future Drug Strategy?

These questions formed the chapters of the questionnaire and were preceded by a series of questions regarding the background of the respondents, covering issues like field of work, job position and involvement in preparing the Drug Strategy. The questionnaire is attached as annex (see annex 2).

The original questionnaire was written in English and peer-reviewed by an expert of the EMCDDA and an expert of the Trimbos Institute. The final version was translated into Croatian by a professional translator. The Croatian version was finalised after having checked a re-translation into English, which was done by another professional translator.

[2] 'Zajednica susret' is one of three Homes for Addicted Person in the System of Social Welfare – it means they have signed agreement with Ministry of health and social welfare, so the Ministry covers the expenses for clients accommodation and rehabilitation in their TC (all 3 TC in Croatia have the same amount of money from the Ministry, regardless differences in program and staff.
In Croatia 11 TC in total exist, 3 of them are Homes for Addicted Person in the System of Social Welfare; others are religious and mostly branches of foreign communities.

[3] 'Sirius' is a NGO active in the field of psychosocial and psychological counselling and support for children, youth and families whit the aim of preventing risk behaviour and improving quality of life.

In order to work as efficiently as possible and save precious time we decided to use a web-based questionnaire based on LimeSurvey software for the process of collecting, processing and analysing the information. This web-based tool was developed, hosted and managed by the Trimbos Institute with the support of Drugtext. Trimbos Institute was also responsible for sending out the invitations by e-mail to the selected respondents. Reminders were sent by both Trimbos Institute and the Drug Office.

We chose to put together a sample including a wide variety of experts involved in the implementation, representing all relevant layers of organisations. Based on discussions between Trimbos Institute and the Drug Office we formulated the following general criteria for selecting respondents:

- The sample should include drug policy stakeholders from both national and county level.
- Both governmental and non-governmental organizations should be represented in the sample.
- On county level the survey should include all members of the County Commissions for combating drug abuse from all 21 counties in Croatia. Members of these County Commissions are representatives from all major organisations involved in drug supply and drug demand reduction in the country, both governmental and non-governmental.
- On national level the sample should include representatives from all Ministries involved in drug policy making and implementation, from all relevant national governmental institutes and organizations, like the National Institute for Public Health, the Drug Office. Besides governmental national bodies also representatives from a selection of NGOs – which operate beyond county level and play a coordinating role – should also be included. These NGOs should cover different fields of services:
    - prevention
    - treatment
    - rehabilitation
    - harm reduction.

The actual selection of respondents was done by the Drug Office based on these above-mentioned criteria. The total sample included 365 respondents:

- 35 representatives of governmental bodies on national level. This includes representatives from Ministries, national institutes like the Public Health Institute and the Drug Office (12 from the supply reduction field, 23 from the demand reduction field). 18 of these respondents are involved in coordination of drug policy;
- 55 representatives of the NGO sector;
- 271 respondents from local/county level, i.e. the members of the County Commissions responsible for the coordination of drug policy on the county level;
- 4 representatives of hospitals/researchers

Due to the fact that not all members of County Commissions had e-mail access we chose to invite the members of the County Commissions through their contact persons of the Drug Office. We sent to the contact persons a separate e-mail for each member with unique username and password. The contact persons were requested by the Drug Office to distribute these mails to the members of their County Commission. Besides one general reminder from the Trimbos Institute to the respondents who had not filled in the

questionnaire after two weeks (created by the software) the contact persons received two reminders by mail from the Drug Office and were once contacted by phone. In these reminders they were asked again to draw the County Commission's members' attention to the survey.

The total number of responses was 214 (on a total of 365 invitations sent). 69 responses were incomplete, 144 complete. We decided to include in our analysis only the completed questionnaires, as the majority of these responses only contained answers to questions at the start of the questionnaire on the personal background of the respondent. 40 of the 69 incomplete responses stopped before finishing the questions regarding the background of the respondent. The fact that we used a questionnaire which made it obligatory to answer a question before proceeding to the next one might have played a role here.

The relatively low response has to be explained for an important part by the low response from some County Commissions. While in many of the County Commissions the response was reasonable there were only a small number of County Commissions with no or just one response. There is no clear explanation for this fairly small response. There are for instance no differences in the responses between urban or rural counties. There are low response rates from the City of Zagreb and the County of Istria, both urban counties, but also from the counties Ličko-senjska and Bjelovarsko-bilogorska, both rural counties.

2.2.3 Clarification interviews

The findings from the survey were used as input for a number of interviews with a selection of experts, both policy makers and policy 'implementers' (17 stakeholders from Ministries, national institutes and NGOs). The list of interviewees is attached as annex (see annex 3).

Here we used semi-structured interviews to clarify questions, critical remarks and inconsistencies which had emerged from the first two stages. The aim of the interviews was to gain more insight in certain topics. We clustered these topics in the following areas:

1. National policy level/coordination/monitoring/research and evaluation
2. County policy and coordination level
3. Prevention, education and treatment
4. Police, justice and prisons
5. NGOs, social re-integration and public awareness

To save time and still get input from various perspectives we decided to again work with group interviews, one on each of the five areas.

For cluster 1 we interviewed a group consisting of five staff members of the Drug Office. We also had a separate interview with the head of the Office.

For the other clusters we decided to select respondents who had not been interviewed before and who have a broad experience with day-to-day practice in the field of drug policy. We invited four persons for each group interview:

- For cluster 2 we interviewed three chair persons of County Commissions and one member of another County Commission.
- For cluster 3 we interviewed a representative of the City of Zagreb Family Centre, one of the Faculty of Special Education and Rehabilitation, one of the Service for Mental Health and Addiction Prevention of the City of Zagreb and one county coordinator for school prevention programs.
- For the interview in cluster 4 we selected the head of the Drug Crime Unit of the Zagreb Police Department, the head of the Minor Offence Court, a representative of Zagreb prison and one employee of the Police Academy.
- For cluster 5 we interviewed one representative of NGO 'Suncokret Oljin'[4], one of NGO 'PET+'[5] and the Social Reintegration Project Coordinator at the Croatian Public Employment Institute, Križevci Regional Service. One invited NGO respondent did not show up.

All five group interviews were conducted in two days by two interviewers from the evaluation team of the Trimbos Institute. Each interview took one and a half up to two hours. Minutes were made by one employee of the Drug Office (except for cluster 1) and one interviewer of the evaluation team. In the group interviews in cluster 2 – 5 we were assisted by an interpreter to translate and clarify where necessary.

For each cluster we developed a specific list of topics and questions including some specific questions for clarification of issues from the first two stages of the evaluation. In each group interview we asked a number of identical general questions:

- What has been the influence of the Drug Strategy on the work done by the interviewees?
- What have been the strengths and weaknesses of the Drug Strategy regarding the work done by the interviewees?
- What recommendations do interviewees have for the new Drug Strategy?

Main items in cluster 1 (National policy level/coordination/monitoring/research and evaluation) were:

- The functioning of the coordination structure: the functioning and role of the National Committee, the Drug Office and the County Commissions and the collaboration and communication between the coordinating bodies and the stakeholders responsible for policy implementation.
- The strategy is a binding document on national level, but it has on county level only the status of a recommendation. Is this a problem?
- Financing: budget problems like lack of budget for certain services, lack of earmarking and lack of balance; problems with the different flows of financing.[6]

[4] Suncokret Oljin is a NGO active in the field of psychosocial and educational work and support for children, youth and families whit the aim of improving quality of life, preventing addiction and creating additional activites for leisure time of children and youth.

[5] PET + Association is a non-profit organization that promotes healthy life choices among children and youth. Association was established in a year 1999., and was registered in a year 2000. Since then Association has been conducting addiction prevention programs and providing support in rehabilitation and re-socialization of drug addicts. In 2009. PET + Association has expanded its activity to the area of eating disorders and promotion of health and ecology in general.The Association's Central Office is in Zagreb while branch office is located in a village Sloboština in Slavonian region, where a Residential Centre for accommodation of former drug-addicts has been established.

[6] When it comes to addiction treatment the most emphasis is put on financing outpatient treatment, primarily through the public health system within which the Services for Mental Health Promotion, Addiction Prevention

- Evaluation: On which topics evaluation is insufficient? How to improve evaluation to (better) measure results and quality? How to organise feed back to practice?
- Research: What are priorities?
- Monitoring: what are new priorities, e.g. how to monitor new substance use trends and general trends in youth culture?

In cluster 2 (County policy and coordination level) the focus was on:

- The collaboration and communication between the Drug Office and the county level (County Commission, services and other county/local stakeholders) during the implementation of the current Drug Strategy? Do county/local stakeholders feel involved in the policy implementation and evaluation process? How to improve involvement of all stakeholders in developing the new strategy?)
- How do they perceive the role of the National Committee and the Drug Office regarding implementation of the Drug Strategy, coordination, taking initiatives and facilitating the work on county/local level?
- The strategy is a binding document on national level, but has on county level only the status of a recommendation. Is this a problem?
- Financing: budget problems like lack of budget for certain services, lack of earmarking and lack of balance; problems with the three separate flows of financing.

In cluster 3 (prevention, education and treatment) we concentrated on the following issues:

- Need for quality standards and guidelines/protocols (for which areas are they available? If available, are they being used? Are they obligatory? How can their use be assured/promoted?)
- Quality and quantity of human resources;
- Monitoring, evaluation and research priorities (How to measure results, quality, effectiveness of programmes?
- Financing: budget problems like lack of budget for certain services, lack of earmarking and lack of balance; problems with the three separate flows of financing.

The questions in cluster 4 (police, justice and prisons) focused on the following matters:

- How involved are police and justice (including prisons) in the process of drug policy making and implementation;
- The communication and cooperation between police, justice and prisons amongst one another and with other sectors like treatment, prevention and social care;
- Need for quality standards and guidelines/protocols in prisons, in particular for treatment;
- The problems with assuring a continuum of care offered in the community and prison (linking health services before, during and after detention);
- Research priorities.

In Cluster 5 (NGOs, social re-integration and public awareness) we dealt with rather diverse questions:

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and Outpatient Treatment are operating. Financing of the previously mentioned services is based on a tripartite model; the Ministry of Health and Social Welfare finances the programme part of the activity, and the Croatian Institute for Health Insurance and counties are responsible for administrative and operational costs.

- The role and importance of NGOs in the field of drug treatment and prevention;
- Effectiveness of prevention programmes and social re-integration after treatment and detention;
- Developments in public awareness and public/political opinion on drug- or addiction related issues;
- Trends in society/youth trends regarding (new) drugs, alcohol, gambling, smoking and psychopharmaceuticals;
- Quality standards and guidelines.

The information collected through the clarification interviews has been partly used to accentuate the findings presented in chapter 3. However, as these interviews were for an important part a discussion of the findings from the exploratory interviews and the survey we decided to incorporate the main part of the information in chapter 4 (Discussion) where we discuss the findings from this research.

2.2.4 Focus group

As final step in exploring the stakeholders' views we organised two focus groups with a selected number of stakeholders from different backgrounds, who proved in the exploratory and clarification interviews to have thorough inside knowledge of the various topics of the implementation of the current Drug Strategy and the planning of the new strategy. The list of experts participating in the focus groups is attached as annex (see annex 4). The aim of the focus groups was to check information, discuss unclear answers from the questionnaires and interviews, and to find consensus on recommendations for the new Drug Strategy. We concentrated on the following issues:

- The coordination structure:
    - The need to clarify of mandates and responsibilities of the three coordination bodies, i.e. National Commission, Drug Office and County Commission;
    - The issue of formal power to coordinate drug policy in Croatia.
- Improving cooperation and communication:
    - Communication between National Commission, Drug Office and County Commissions;
    - Communication between Drug Office and the field;
    - Cooperation and communication between stakeholders and organisations (on county and on national level and between both levels) to facilitate an exchange of experience and consensus between the stakeholders;
    - Cooperation between different fields, e.g.
        - police and treatment;
        - governmental and non-governmental organisations
        - between prison and community.
- Quality of interventions and programmes:
    - Improvement of quality of implemented measures/interventions:
        - monitoring/effectiveness evaluation;
        - use information on good practice as guidance;
        - developing guidance documents (guidelines and protocols, quality standards);
        - assuring/facilitating that guidance documents are used (mandatory for receiving funding?)

- Increase capacity of staff especially in treatment and prevention services;
- More human resources for treatment in the prison and in the community;
- More financial resources in most of the fields. Balance budgets and clearly earmark budgets for specific objectives.

2.3 Track 2: Developments of the drug problem and drug policy in the period from 2006

The second track of this evaluation was done by the Drug Office. It covered a description of the developments of the drug problem and drug policy in the period from 2006 onwards and the main outputs (services, products, collaborations) that have resulted from the implementation of the strategy. The focus of this track was on an overview of:

- changes in the drug situation during the implementation period of the current strategy. This was done by comparing the most recent data available on drug demand and drug supply with the data available for 2006 or around.
- changes/adaptations in the policy framework (legislation, guidelines, etc.);
- the achievements under the current Drug Strategy, drug policy programmes and measures realised.

This part was done by the Drug Office using its data collection and reports, in particular the national reports to the EMCDDA and the annual reports on the state of affairs of the implementation of the strategy which are prepared for the Croatian Parliament.

3 Findings

3.1 Stakeholders' views

In order to get a picture of the stakeholders' views we went through a process from exploring, collecting general impressions to formulating conclusions. The findings from each stage of this process were used as source for the next stage. In this chapter we present (summarize) the findings of the four stages we used to explore the stakeholders' views.

3.1.1 Exploratory interviews

As mentioned above (see paragraph 2.2.1) we focused here on an assessment of the Drug Strategy as a policy document, a review of the achievements, the quality and impact of the achievements, the process of implementation and future priorities (for the new Drug Strategy).

The Drug Strategy as a policy document
From the exploratory interviews it is clear that the Drug Strategy is generally judged as positive to very positive by all but one respondents. The Drug Strategy is seen as a good, comprehensive and thorough policy document. It helped to put the drug problem on the political agenda, sets clear targets and helps to clarify responsibilities of the parties involved in the implementation of drug policy. The process of writing went smoothly and was well coordinated by the Drug Office. Respondents refer to an active involvement and participation of stakeholders. It seems that all relevant groups were consulted or involved.

According to the respondents the Drug Strategy (and the Action Plans) had a catalysing effect on the development of drug demand and drug supply reduction interventions. It brought about new initiatives and new projects in all fields. It also had a positive effect on public awareness and a general understanding of the drugs problem.

Respondents also brought forward a number of critical remarks. One is that the Drug Strategy is seen by some as being too comprehensive, too ambitious and 'too much paperwork'. Another criticism is that the plans formulated in the Drug Strategy and Action Plans are obligatory only for the national level. For the county level they are only recommendations.

The achievements: what plans have been realized?
Again, the overall assessment is predominantly positive. According to the respondents a lot has been achieved. All respondents refer to various new projects and services that have been developed in the areas covered by the Drug Strategy. Examples mentioned are:

- Improvement and diversification of treatment options. The introduction of treatment standards is mentioned as important step here.
- A significant investment in a wide variety of prevention programmes and activities (including the development of innovative approaches/methods);
- Improvements in the prison system (among others wider introducing drug treatment in prisons);

- Scaling up, innovation and improvement of supply reduction efforts;
- Improved coordination of drug policy implementation by the Drug Office resulting in a better cooperation between different stakeholders.
- Development of family centres all over the country (serving educational support to families);
- Increased availability of so-called youth clubs offering leisure time activities for young people;

The general picture is that the majority of the plans has been realized.

Respondents also made some critical remarks. The vast majority referred to specific weak points in certain areas of the implementation of the strategy. Some examples mentioned are:

- Some problems around substitution therapy (leakage to black market, clients are not motivated to give up substitution medication);
- Rehabilitation/reintegration programmes for drug users released from prison have limited results;
- Harm reduction programmes are not yet implemented country-wide.

Certain weak points are mentioned repeatedly and in different fields by respondents which can be taken as indication for a more general problem:

- An unclear definition of power and responsibilities of the different coordination bodies (National Commission, Drug Office and County Commissions) and unclear mutual relationships.
- Another issue is the structural lack of communication from the National Commission to the field.
- The capacity of the staff especially in treatment and prevention services is seen as insufficient. There is a lack of multidisciplinary work;
- Guidance documents like guidelines, protocols and standards are lacking or insufficiently used. This is mentioned both for treatment in prison and in the community;
- The evaluation of implemented programmes and interventions is insufficient.
- Human resources are insufficient. This is also mentioned for treatment in the prison and in the community;
- The last point brings us to the criticism that there is a lack of financial resources in most of the fields. Respondents also make mention of unbalanced budgets and lack of clear earmarking of budgets for specific objectives.

The general line that can be taken from these remarks is that much has been achieved but the achievements in some field are not yet sufficient.

The quality/impact of the achievements?

Also when it comes to the quality and impact of the achievements the judgment of the respondents is overall positive. This is especially true for cooperation, communication and coordination. According to the vast majority of respondents the cooperation and communication between stakeholders not only within one field but also between different fields has improved a lot. This applies not only to national and county level (in one county but also between different counties) but also for the links between national and county level. This improvement proves to be closely linked with an improvement of the coordination as pointed out by again most of the respondents. Respondents also mention

that the implementation of the Drug Strategy had an encouraging effect on NGOs to be actively involved in policy making and implementation. However, several respondents also mentioned that NGOs complain about bureaucracy, that they don't feel involved in the policy making and implementation process.

The statement of one respondent summarizes the general judgment on many other issues very well: the quality of the achievements is generally ok, but there is, of course, always room for improvement. This has been stated for various prevention and treatment programmes but also for supply reduction measures including the prison system. The introduction and wider use of guidance documents (guidelines, protocols and standards) could be one of the measures to improve both quality and impact.

In the various statements of respondents one can find an intriguing discrepancy between a general positive judgment of the quality of the measures taken and a rather pessimistic conclusion regarding their impact. Some respondents stated for example that they do not see any measurable effects of prevention, treatment and the work of social centres. This is also true for rehabilitation/reintegration programmes for drug users released from prison. However, here also external factors are mentioned as playing a role, in particular limited employment perspectives. Employers need to take their responsibility here.

From the statements about quality and impact of the Drug Strategy one can take that the Drug Office played a crucial role in the implementation. Here again the respondents' judgment is clearly positive. The Drug Office is seen to have a pro-active role, taking initiatives and filling in gaps. Respondents emphasise that the Drug Office has made substantial efforts to improve the coordination of drug policy implementation and to improve the links and cooperation between different stakeholders, although according to the respondents, there is still a need for better cooperation both in the health field and the interior/justice field (police, justice and prisons). Respondents underline that the Drug Office plays a decisive role in the improvement of the cooperation and coordination.

Another positive comment is that the Drug Office has taken initiatives to improve the monitoring of the drugs problem. Its performance as Focal Point/Information Unit has been judged positively. Its work is regarded to have not only a positive effect on national drug policy and politics, but also on the visibility of Croatia in the international community.

One critical remark is that in some fields the very active role of the Drug Office could be perceived as "taking over" responsibilities from other stakeholders.

The future: priorities for the new Drug Strategy.

Respondents came up with very diverse suggestions regarding priorities for the new Drug Strategy. We can distinguish between general remarks regarding the Strategy as a policy document, general directions for future drug policy and specific proposals for drug policy priorities. Regarding the first two we found a high level of agreement among the respondents. When it comes to specific proposals it is impossible to draw a clear conclusion.

Respondents mentioned the following general priorities for the new Drug Strategy as a policy document:

The new strategy should be less ambitious. It should be a shorter document and according to some respondents it should cover less measures than the existing one. However, there was also the statement that the new Drug Strategy should be comprehensive and cover all envisaged programmes and activities, including the ones which have already been implemented.

- It should be a document which clarifies the direction of drug policy and sets clear priorities. It should focus on feasibility and include clear, more concrete descriptions of the future plans. This would make it a more suitable document for giving guidance to policy implementation. The county stakeholders and the NGOs should have a say in defining the priorities.
- The new strategy should be built on consensus between stakeholders.
- The new strategy should be accompanied by a budget plan to assure the financial resources necessary for its implementation and allow for long-term funding for NGOs. The flow of funds should be clarified: who is responsible for financing which action. Preferably there should be clearly earmarked budgets for specific actions.

The following general directions for future drug policy were mentioned by respondents:

- Better cooperation and communication (on county and on national level and between both levels) was presented as a key priority. Respondents stated that there is a need for better networking and partnership between stakeholders/services/organisations and for more meetings on different levels (local, county national) to facilitate an exchange of experience and consensus between the stakeholders.
- The improvement of quality of implemented measures/interventions was another theme brought up by a number of respondents. Issues mentioned in this context were among others that more insight into the effect of measures/interventions would be needed. Examples of good practice should be used as guidance. A connection/exchange with institutes from other countries was suggested as helpful here.
- Some respondents pointed out that the development of guidance documents in different fields (among others prevention and treatment) should be emphasised as one prerequisite for improving quality. Standardised and multidisciplinary approaches are seen as important elements in this context.
- Increasing evaluation efforts is mentioned as one prerequisite for quality improvement.
- The new strategy should cover a broader area. Besides heroin addiction it should address the use of new drugs, alcohol and tobacco, but also non-substance related forms of addiction like gambling. It should be a comprehensive strategy covering illegal and legal substances as well as medically prescribed substances like psychopharmaceuticals.

As already mentioned the specific proposals for drug policy priorities were rather diverse. They included among others the following issues:

- Different elements of treatment and care are identified as priority, e.g. more focus on drug free treatment. Different respondents point out the need for more and better rehabilitation after treatment. There is also emphasis on developing treatment options for comorbidity and on more outreach activities of the centres for social care. Outpatient centres are in need of more capacity and multidisciplinary teams.

- Also in the field of prevention various priorities have been mentioned. More focus on children and young people, developing prevention programmes at the workplace (in particular targeting alcohol use) are two examples. Learning from good practice in other countries, involving foreign experts is seen as helpful.
- Different stakeholders emphasise the need for improvement of treatment and support in prisons and after release. Probation Services should be strengthened and recognised as important stakeholder. Continuity of care and treatment (before- during- after imprisonment) is also mentioned as priority. The creation of special institutions for minor offenders should be considered. Another priority here is an increase and improvement of rehabilitation and reintegration programmes.

3.1.2 Survey

As mentioned earlier we received 214 responses of the sample of 365 respondents (see paragraph 2.2.2). Our analysis is based on the 144 complete responses. In annex 4 we present a full table of statistics.

Background of the respondents *(Questions 1.1 – 1.7)*
Field of operation
Almost two third of the respondents (90 respondents, 63%) work for an organisation operating in the field demand reduction (health service 31%, social service 13%, educational service 19%); nearly one quarter (33 respondents, 23%) in the field of supply reduction (police 13%, criminal justice 6%, border control 4%). 15% of the respondents (21) state that they work in the field of coordination. One quarter of the respondents (37) state that they work for a NGO. Nine respondents (6%) chose for 'other', among which three NGOs.

Current position
Eighty-six respondents state that they are director or manager, seventy-two state that they work as operational staff. Twelve of these respondents state that they combine management and operational tasks.

Area of work
The area of work of respondents (several answers were possible here) is quite diverse. Two third state that they work in the field of prevention, one quarter in the field of social rehabilitation and one quarter in treatment. Harm Reduction is mentioned by one fifth of the respondents. Supply reduction areas are mentioned by a smaller group of respondents: drug-related crime by 13% and production and trafficking by 4%. Almost half of the respondents is involved in coordination work and around 40% in monitoring, evaluation and research. Almost 15% of the respondents do some work in the field of international cooperation.

Policy level
Around one third of the respondents works on national level, while two third on county level. 5 respondents (3%) state that they work on both levels.

Years on the job
Nearly three quarter of the respondents is working more than 5 years on the job. Less than 1% states that they have been on the job for less than one year.

Years of experience in the drug field
Three quarter of the respondents has more than 5 years experience in the drug field, 88% more than 3 years. 4% of the respondents state they have worked less than one year in the drug field.

Involvement in writing the Drug Strategy
Thirteen percent of the respondents was involved in writing the Drug Strategy, 42% contributed to it. Sixty-eight percent states that they have read the Drug Strategy while 7% is aware of it. None of the respondents is not aware of the Drug Strategy.

Views on the comprehensiveness of the current Drug Strategy *(Questions 2.1 and 2.2)*
Respondents have an overall positive judgement on the comprehensiveness of the current strategy. More than 90% agrees that the Drug Strategy covered all relevant issues, 5% disagrees and 1% strongly disagrees.

However, when asked on which areas there should have been more emphasis (presenting a list of 18 areas) more than 80% - up to over 90% - of the respondents strongly agree/agree that on most of these areas there should have been more emphasis (see annex 3).

Views on realisation of objectives of the Drug Strategy *(Questions 3.1 – 3.12)*
For this question we used a summary of twelve objectives of the Drug Strategy prepared by the Drug Office. The respondents were asked to give their opinion regarding the realisation of these objectives. Again the judgment is rather positive. For most objectives the respondents agree that there has been improvement (from slight to much) and that certain programmes have been (fully/well/partly) developed.

However, there are some objectives where the judgement is overall positive though clearly less positive than for others:

- There are some 74% of the respondents agreeing that special prevention programmes for groups at risk (objective 4) were only poorly/partly developed and implemented. Directors and managers tend to be more positive here than operational staff.
- Eighty-two percent points out that there was no change or only slight improvement in 'strengthening the measures of student, parent and teacher education concerning the harmfulness and impact of drugs and other addictive substances, and to implement prevention programmes against drug addiction jointly with prevention programmes for alcohol, cigarettes and other substances' (objective 5). Ten percent states that it improved a lot, while 7% states that it has become worse. Here respondents from NGOs are less positive than the others.
- According to 75% of the respondents there was no change or only slight improvement of 'measures concerning therapy, treatment and social reintegration of addicts and accordingly to set up multidisciplinary teams for work with addicts and their families' (Objective 7). Thirteen percent states that it improved a lot. The ones that were actively involved in writing (parts of) the Drug Strategy were more positive than the others.

- Sixty-six percent states that objective 8, 'to establish better cooperation with institutions at local level in order to create a connection between various phases of therapy and early detection, detoxification, selection of adequate form of treatment and social reintegration', only poorly/slightly developed, while 23% states it is well/fully developed. Respondents with a supply reduction background and directors/managers are more positive in their judgment than others. Managers tend to be more positive than the other respondents.
- According to 69% objective 10, 'to encourage, implement and financially support scientific research of the problem of addiction' is partly or even poorly developed. Here again respondents working in the field of supply reduction are more positive. Also respondents who were actively involved in writing (parts of) the strategy tend to be more positive than others
- Sixty-seven percent of the respondents is of the opinion that objective 11, 'to allocate significant financial resources for the implementation of the programmes at state level and to set up professional teams in state institutions to work on the implementation of all measures included in the Action Plan' is partly or poorly developed. According to 14% it is well developed. Respondents working on national level are more positive than the ones working on county level. Also respondents who were actively involved in writing (parts of) the Drug Strategy tend to be more positive than others.

Views on implementation of actions *(Questions 4 – 13)*

4. Coordination

Eighty-two percent of the respondents state that the efforts of the Drug Office in the field of national coordination increased (slightly till much). Forty-two percent state that the Drug Strategy had substantial (important till decisive) influence on this while another 42% states that the influence was only moderate. Respondents that were actively involved in writing (parts of) the Drug Strategy are more positive than others while respondents from the services (health, social and educational) are less positive about the influence of the Drug Strategy on national coordination.

5. Monitoring, information system, evaluation and research

The efforts in the field of monitoring and the information system increased slightly according to 60% of the respondents. According to one fifth they increased much. The view on the efforts in the fields of evaluation and research is less positive. Forty percent state that evaluation efforts remained unchanged, another 43% states that it increased slightly. Respondents from the supply reduction side are again more positive here than others. In the field of research 35% of the respondents states that there was no change while 42% says it slightly increased. Here no differences can be found regarding the background of respondents. According to around 80% of the respondents the influence of the Drug Strategy was moderate up to important on the increase of efforts in the field of monitoring, information system, evaluation and research.

6. Drug Demand Reduction: prevention

The answers to the questions about the efforts put in the different drug prevention areas show a rather diverse picture. Efforts targeting the 'family', efforts by the educational system, the health system and the social security system were judged from 'slightly' to 'much' according to the majority of respondents. The prevention work done by the social security system received the most positive judgment (47% 'increased much', 36% 'increased slightly'), prevention efforts around families and local community received the

least positive judgment (family: 5% 'increased much', 49% 'increased slightly'; local community: 5% 'increased much', 47% 'increased slightly').

In some prevention fields the judgment differs between different professionals. E.g regarding prevention targeting families respondents from the supply reduction side are more positive than others. Regarding prevention through the healthcare system and the social security system respondents from NGOs are less positive than others. Respondents who were actively involved in writing (parts of) the Drug Strategy are more positive regarding the prevention work in local communities and the healthcare system. Directors and managers tend to be more positive regarding the health care system.

The judgment on efforts in the field 'prevention at the workplace' is rather negative: more than half of the respondents states that there was no change while 29% report a slight increase.

Around three quarter of the respondents state that the Drug Strategy had influence on the reported changes (from moderate till decisive). The least positive was the judgment regarding in the fields 'family' and 'workplace': More than one quarter stated that the Drug Office was not important at all here.

7. Drug Demand Reduction: harm reduction programmes
Half of the respondents agree that efforts in the field of harm reduction slightly increased while one quarter states that there was no change. According to three quarters of the respondent changes are due to the Drug Strategy.

8. Drug Demand Reduction: health care for addicts
Regarding all fields covered under health care for addicts ('organisation and treatment principles', 'tasks of other healthcare professions and institutions', 'Croatian Institute of Public Health', 'referential addiction centres' and 'substitution treatment') around two third of the respondents state that the efforts increased slightly or much while between 17 and 28% report no change.

On all subject two third or more of the respondents agree that the Drug Strategy had moderate up to important influence on the changes in the field of healthcare for addicts.

9. Drug Demand Reduction: Programmes aimed at solving social issues
The majority of respondents judges positive on the efforts done in the area of 'therapeutic communities and rehabilitation centres' (11% 'increased much' and 53% 'increased slightly') and 'resocialisation of drug addicts' (13% 'increased much' and 58% 'increased slightly'). Around 20% state that nothing has changed. There are no differences in background of the respondents that explain these diverging answers. Respondents who were actively involved in writing (parts of) the Drug Strategy are more positive regarding resocialisation than other respondents.

On both areas almost three quarters of the respondents agree that the Drug Strategy had moderate up to important influence on the changes.

10. Drug Demand Reduction: Civil Society
The view of the respondents differs widely regarding the question whether the efforts on civil society involvement changed during the implementation of the current Drug

Strategy. According to nearly half of the respondents state that the efforts increased slightly, according to 10% much. One third states that there has been no change while 7% state that it decreased slightly or even much. It appears that respondents working on a national level are more positive than the ones working on county level. Also respondents from NGOs are more positive than the others.

More than 80% of the respondents agree that the Drug Strategy had moderate up to important influence on the changes.

11. Drug Supply Reduction
The majority of respondents agrees that the police and customs efforts in the field of supply reduction increased slightly up to much. For the field of 'penal control' and 'penitentiaries and prisons' half of the respondents say that efforts increased slightly and a quarter says there was no change. With regards to 'precursor control' the picture is more diverse (57% 'increased slightly' and 'increased much', 19% 'no change' and 24% 'don't know'). It appears that directors and managers are more positive than operational staff.

On all subjects about two third of the respondents agree that the Drug Strategy had moderate up to important influence on the changes in the field of Drug Supply Reduction.

12. International cooperation
Three quarter of the respondents agree that the efforts in the field of international cooperation increased slightly (48%) up to much (28%). 85% of the respondents state that the changes where due to the Drug Strategy.

13. Training
More than two third of the respondents agree that efforts in the field of training increased slightly (59%) up to much (11%). Less than a quarter states that there was no change. 85% says that the changes are due to the Drug Strategy.

Views on the need of more or less emphasis on the different fields in the new Drug Strategy *Questions 14.1 and 14.2*
For question 14.1 we used the same list of areas as in question 2.2. Like in that question the vast majority of respondents thinks that the new Drug Strategy should put more emphasis on all areas. The highest priorities are national coordination, the implementation of demand reduction, drug prevention, treatment, rehabilitation, involvement of civil society, work in penitentiaries and prisons and training.

We asked the respondents about the most important priorities for the new Drug Strategy. Prevention was far-out most often mentioned as first priority. Coordination of the Drug Strategy was mentioned second, The next four top priorities mentioned are Drug Supply Reduction, Treatment, Evaluation/Monitoring/Research and Rehabilitation and Resocialisation.

Different background: different views?
In case of diverging answers to questions we checked if the personal background of respondents contributes to different views. Do for instance directors have a different view on a certain matter than operating staff, or does the opinion of health service staff differ

at certain issues from the police. An overview of statistically significant differences ($p<0.05$) can be found in annex 4.

This analysis did not result in shocking findings. However, there are some interesting points:

- Respondents that were actively involved in writing (parts of) the Drug Strategy are more positive than the others on the realisation of measures concerning therapy, treatment and social reintegration of addicts and accordingly to set up multidisciplinary teams for work with addicts and their families. They are more positive about the influence of the Drug Strategy on the increase in the efforts in the field of national coordination. They are also more positive about the results on the implementation of prevention programs on healthcare system and local community level and on the implementation of programs on resocialisation of drug addicts.
- Respondents from the justice field (police, criminal justice and border control) are more positive than other respondents on the efforts to establish better cooperation with institutions at local level in order to create a connection between various phases of therapy and early detection, detoxification, selection of adequate form of treatment and social reintegration. They are more positive about the efforts to encourage, implement and financially support scientific research of the problem of addiction. They are also more positive than the other respondents on the implementation of evaluation and the implementation of prevention on family level.
- Respondents that work on a national level are more positive than respondents that work on county level about the efforts to allocate significant financial resources for the implementation of the programmes at state level and to set up professional teams in state institutions to work on the implementation of all measures included in the Action Plan. They are also more positive about the efforts on civil society involvement.
- Respondents from the services (health, social and educational) are less positive about the influence of the Drug Strategy on the increase in the efforts in the field of national coordination than other respondents.
- Respondents from NGOs are less positive than other respondents about the realisation of the Drug Strategy objective to strengthen the measures of student, parent and teacher education concerning the harmfulness and impact of drugs and other addictive substances. Furthermore they are less positive about the implementation of prevention programmes against drug addiction jointly with prevention programmes for alcohol, cigarettes and other substances. They also are less positive about the implementation of prevention on healthcare system and social security system level. On the other hand the respondents from NGOs are more positive than the others on the efforts to increase civil society involvement.
- It also appeared that directors and managers are more positive on the implementation of precursor control than operational staff.

3.2 Developments of the drug problem and drug policy in the period from 2006

Here we present a number of key figures on drug problems and drug policy in Croatia in the period from 2006 onwards. These figures are taken from two papers prepared by the Drug Office which are included in annex 5.

3.2.1 Some key figures

Drug abuse: The results of ESPAD research for the year 2003 show that Croatia belongs to those European countries with the rising trend of drug use incidence among youth. In 1999 Croatia was within European average for marijuana use, whereas in 2003 it was 1% above the European average. The ecstasy use prevalence among youth is 4%, according to which Croatia takes 8th position in Europe. In 2007 it was noted that in Croatia, as well as in the majority of European countries the ecstasy use was reduced, as well as the number of students who took marijuana at least once in their lives, but the number of youth who consumed marijuana more often, i.e. took it more than 40 times in their lives or more, increased.

Persons treated for drug abuse: From 2000 to 2009 there was a constant increase in the number of persons treated in inpatient and outpatient facilities. Until the end of 2009 in the Registry of the Persons Treated for Psychoactive Drugs Abuse of the Croatian Institute for Public Health the total number of 29.120 persons treated for psychoactive drugs abuse were registered, which represents an increase of 6.2 percent compared to the year 2008. The number of new persons coming to treatment for opioid addiction has been relatively stable and in the last few years it is about 800 persons a year.

Drug related deaths: the biggest number of deaths caused by drug abuse and addiction in the period from 2004 to 2009 was in 2007 (the total number of 165 of them), while in 2008 and 2009 that number started to decrease and in 2009 there were 89 persons who died due to drug abuse or addiction. The leading cause of death among addicts is opioid overdose, mostly heroin or its metabolites (around 65% of all dead addicts).

Criminality: As regards the criminal offence of "**drug abuse**" committed by juveniles, a constant proportion (4-5%) of these criminal offences in the total number of the processed criminal offences from the Article 173 of the Criminal Code has been noted. By observing the number of the persons reported in the last three years, a decrease in their number, by all age groups: adults, young adults and juveniles can be noticed.

Furthermore, the number of reported **criminal offences of drug trafficking and drug abuse** in the period from 2004 to 2006 increased, and the greatest number of reported criminal offences - 8.346 - was registered in 2006, whereas in the period 2007 – 2009 it started to decrease and in 2009 it was 7.063, and in 2010 the total number of 7.784 criminal offences was noted. From 2006 to the end of 2010, the total number of 39.027 drug related criminal offences was reported, which accounts for about 10 % of the total number of the reported criminal offences on the territory of the Republic of Croatia.

Seizures: From 2006 till the end of 2010 in the Republic of Croatia 464 kg 811 gr of heroin were seized; 137 kg 781 gr of hashish; 1.529 kg 309 gr of marijuana; 160 kg 465 gr of cocaine; 53 kg 483 gr of amphetamines, 40 420 tb. of amphetamines type „Ecstasy"; 1.011 doses of LSD and 37 519 tb. of Heptanon.

3.2.2 Co-ordination structure, strategic documents,

The National Commission on Combating Narcotic Drug Abuse of the Government of the Republic of Croatia was set up in 2002, as a coordinating body for competent ministries and state administration bodies. The task of the Commission is coordination of the activities of the ministries and other entities included in the programme for combating narcotic drug abuse,

The Office for Combating Narcotic Drugs Abuse was established in March 2002. The major role of the Office as a national coordinator for the implementation of the policy of combating narcotic drugs abuse is to ensure, through a continuous cooperation with the stakeholders at both national and local level, the application of the National Strategy and Action Plan measures. At the Office, there is also the **Expert Committee,** acting as a professional body consisting of experts in the field of drug prevention and combating narcotic drugs, with the task of offering professional help in making decisions on all matters regarding narcotic drugs abuse.

County Commissions were created in 2004-2006, in which the experts from the fields of education, social welfare, health, judicature, non-governmental organisations and state administration offices in counties participated. All Commissions adopted county action plans. The County Commissions have an advisory task to the County government on coordination and cooperation in the field of prevention, treatment and suppression of narcotic drugs abuse between state institutions and non-governmental organisations at the local and regional self-government level.

The new comprehensive **Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2006-2012**, was adopted by the Croatian Parliament in December 2005. The **Action Plan** on Combating Narcotic Drugs Abuse for the period from 2006 to 2009 was passed in 2006, the Action Plan for 2009-2012 was adopted by the Government of the Republic of Croatia in 2009**.**

3.2.3 Monitoring, information systems, research, training

The agreement to participate in the work of **EMCDDA** (European Monitoring Centre for Drugs and Drug Addiction) was initiated in 2009, and signed in 2010. In the course of their cooperation the Office so far submitted to EMCDDA four National Reports on the Drug Situation and Drug Addiction made according to methodological guidelines of EMCDDA.

The **National Drugs Information System, the Early Warning System on New Psychoactive Substances, and the Action Plan on the National Drugs Information System** were developed, and the **National Drugs Information Unit, acting as the Croatian National Focal Point** of the EMCDDA, was created.

At the end of 2010 the Office initiated the procedure of creating the **Prevention Programme Database** as a part of the Database of the Programme on Combating Narcotic Drugs Abuse in the Republic of Croatia, which will contain the data from the

fields of prevention, treatment, harm reduction, resocialisation and examples of good practice.

In 2009 and 2010 **the survey among general population** was prepared. The survey was prepared in accordance with the EMCDDA guidelines, in order to enable comparison of survey results at EU level. During 2010 the first estimate on problem drug use by means of so-called *capture-recapture* method (based on overlapping between three various addict data sources) was drawn up.

The Office has been collecting information on both national and regional research projects conducted among youth on consuming legal and illegal psychoactive addiction substances**.** One of the most important among them is **ESPAD** research for 2007 (The European School Survey Project on Smoking, Alcohol and Other Drug Use), which is conducted in Croatia every 4 years and its main carrier is the Croatian Institute for Public Health

In December 2010, in cooperation of the Office, the Faculty of Education and Rehabilitation (Criminology Department) and civil society organisations conducting harm reduction programmes, the **Drug Market Research** in the Republic of Croatia started, on the sample of 600 examinees from most parts of the Republic of Croatia. Next to use, availability and prices of illicit drugs, the appearance of new psychoactive substances in Croatia will be inspected, their availability, prices and reasons of their use.

A great number of professional **seminars, trainings and conferences** intended for state administration bodies and local and regional self-government bodies, experts and many other stakeholders especially in the field of implementation of prevention activities and evaluation of prevention and treatment programmes were organised.

3.2.4 Demand reduction

During 2009 the **National Addiction Prevention Programme** for children and youth in the educational system, and children and youth within the social welfare system for the period 2010-2014 was created. With the aim of consistent and continuous implementation of addiction prevention programmes in all primary and secondary schools, and for children and youth within the social welfare system county school prevention programmes coordinators were appointed. They are responsible for implementing addiction prevention programmes in primary and secondary schools, as well as county prevention programmes coordinators for children and youth within the social security system.

A great number of **programs of substance abuse prevention** were carried out in the counties during 2010 . Altogether they conducted 92 programs aimed at combating drugs, of which 73 focused on universal prevention programmes, 14 in selective prevention programmes, and 15 at the indicated prevention programmes. Another activity is the project **Anti-drug telephone,** which was contacted by more than 9000 citizens in 2010, with various queries on addiction problems.

In Croatia there are several ways of drug **addiction treatment**: hospital and outpatient addiction treatment carried out in health institutions and treatment and psychosocial

rehabilitation in therapeutic communities. Basic form of drug addiction treatment in the Republic of Croatia is outpatient treatment carried out in the centres (services) for prevention and outpatient addiction treatment functioning within the county Institutes for Public Health. In 2003 the system for addiction prevention and outpatient treatment of addicts became part of the public health system.

The most dominant **treatment method** which is conducted within these centres is the methadone or buprenorphine (subutex) substitution therapy (about 80% of addicts are treated by some of the substitution therapy methods). In 2006 guidelines for the use of *methadone* in the *substitution therapy were adopted. I*n November 2006 the Guidelines for the Buprenorphine Farmacotherapy in the Treatment of Opioid Addiction were adopted*.* A number of seminars, conferences and educations were organized, where the topic of advancement of addiction treatment was discussed

In the Republic of Croatia there are 8 **therapeutic communities** with 32 therapeutic houses that work and act as associations, and offer treatment and psychosocial rehabilitation to drug addicts as associations or religious houses within their charity activities or are organised and registered as therapeutic communities and social care homes for addicts in accordance with the social welfare legal regulations. Since 2004 joint programme standards and guidelines for implementation of these standards were developed. In 2009 it was noted that the quality of services and treatment in the existing therapeutic communities was significantly improved.

Substance abuse harm-reduction programmes are highly specific programmes targeting at active intravenous drug users and form a constituent part of public-health activities of the Ministry of Health and Social Welfare. The major aim of these activities is to reduce the possibility of spreading blood transmitted diseases HIV/AIDS, hepatitis B and hepatitis C. Together with the activities of the Mental Health and Addiction Prevention Services network oriented towards prevention and outpatient addiction treatment, civil society organisations play an important role in the harm-reduction area. A very important role in harm-reduction caused by drug abuse have the Centres for free and anonymous HIV testing and counselling (CTS).

Activities of the 108 **Social Welfare Centres** consist of social welfare measures, including alcohol and drug prevention and treatment, like involvement into substance addiction withdrawal procedure, which may be conditioned by a State Attorney for Youth. Furthermore, from 2006 to 2009, 17 **family centres** were set up within the social welfare system , as institutions whose primary activity is working with families. Family centres are a new institutional family-oriented form of service, primarily with counselling and prevention purposes.

There are about **60 NGOs** active in the field of combating drug abuse: youth clubs, regional youth info centres, TC-s, centres of Red cross. Cooperation with these NGOs is conducted through expert meetings, trainings, seminars and conferences, and they were included in all phases of drawing up major strategic documents and legal propositions. Once a year tenders are issued for granting financial supports to programmes and projects of the associations dealing with problems of addiction from the state budgetary and lottery resources.

Resocialisation: The Office for Combating Drugs Abuse drew up in 2007 **"**The Project of resocialisation of drug addicts who completed some of the rehabilitation and addiction

withdrawal programmes in a therapeutic community or imprisonment system, and addicts in outpatient treatment who maintain abstinence for a longer period of time and adhere to prescribed treatment". From 2007- 2010, the Croatian Employment Service conducted professional orientation and working skills evaluation on the total number of 231 addicts; 95 treated addicts are included in educational programmes, whereas 59 treated addicts got employed and/or used employment incentives. Also, with the aim of promoting more successful employment of treated addicts, and other socially sensitive groups as well, in 2009 the *National Employment* Promotion *Plan* for the period 2009-2010, and the Small and Medium-sized Enterprise Promotion Plan were launched.

3.2.5 Drug supply reduction:

In the field of **supply reduction**, i.e narcotic drug availability, the whole range of activities has been carried out mostly by the police and customs service. Police and customs officers monitor the problem area and both domestic and international trends regarding the drug abuse and illicit drug trafficking. *Police officers specialized in combating narcotic drugs* with the help of organisation units of the Ministry of the Interior of the Republic of Croatia, conducted in the previous period a number of successful international operative actions targeted at combating international smuggling of all types of illicit drugs and precursors by criminal groups and organisations.

Precursors: A very important part of activities of all competent institutions is the establishment of precursor control and system for early detection of new drugs. In 2009 a new system of precursor control was established and the deadline for the procedure of destroying the seized drugs has been shortened.

Penal policy: During 2010 the Office took the initiative for modification the legislation in order to enable the differentiation between drug possession and drug production for personal use from the intention of having it distributed, which would enable the possibility of a suspended sentence if it is found to be more appropriate than a prison sentence.

Treatment in prisons: Health care services provided to prisoners and detainees with addiction include doctor's examinations, counseling, psychiatric help, testing on infectious diseases (hepatitis, HIV) and substitution treatment or so-called "drug free" therapy. As regards therapy there are modified therapeutic communities**,** which have been established in Lepoglava, a closed type penitentiary, in which prisoners, after having signed a therapeutic contract, are put in a special ward, and in Turopolje, a penitentiary of a semi-closed type. Some penitentiaries have a semi open regime, and in the open penitentiary Valtura addicts are treated in so-called "drug-free" wards.

In 2004 the implementation of the "Programme of Anonymous and Free Testing of Prisoners on Hepatitis and HIV" started. Until 2007 the total number of 3460 prisoners were tested with that programme, and 22% of them were found positive on Hepatitis B and C, and only 2 of them (0.14%) HIV positive. This function was overtaken in 2007 by the Counselling Centre for Virus Hepatitis in the Prison System.

In 2009 a new department - Special Programmes Department was set up within the Treatment Service in the Central Office in order to equalize addiction treatments in prisons with addiction treatment in public health system.

4 Discussion

4.1 General Observations

The general impression is that the current Drug Strategy (and the Action Plans) have played a positive role in the development of the Croatian drug policy (see 3.1.1 and 3.1.2). The majority of the interviewed stakeholders judge the strategy and its implementation positively. The strategy is generally seen as a good and comprehensive document. Together with the Action Plans the strategy gave an important impulse for developing a consistent drug policy. Its implementation has resulted in many new initiatives and programmes. The general tenor of the stakeholders' judgement is: 'much has been achieved, still much has to be done'. There is also broad agreement that the Drug Office played a key role in these achievements and in facilitating coordination and communication. The view on the role of the other two players in the coordination structure of Croatian drug policy, the National Committee and the County Commissions is also positive.

The information collected through this evaluation exercise serves material for discussing a number of aspects of drug policy in Croatia. Besides several specific issues (see below under 4.2) we identified four general themes worth considering:

4.1.1 From initiation to consolidation, from idealism to realism

In the different statements of respondents one can find an intriguing discrepancy between a general positive judgement about the quality and extent of the achievements and a more pessimistic conclusion regarding the impact of the measures implemented (see 3.1.1). This could mean that the Strategy and Action Plans were important as kick-off or catalyst for boosting drug policy development and implementation. However, responses from some stakeholders point in the direction that these documents might have been too ambitious and too wide-ranging, maybe even creating too high expectations as to what could be achieved (see 3.1.1). Other respondents have indicated that the Strategy and Action Plans were too idealistic and theoretical. They clearly played an important role to get things started, but the next phase might benefit from a more focused approach, defining priorities and feasible and measurable results (see 3.1.1).

4.1.2 Division of coordination tasks and responsibilities

In the current situation there are three key players in coordinating drug policy:

- the National Committee;
- the Drug Office;
- the County Commissions.

The National Commission: composition and mandate:
The National Commission consists of high-ranking officials representing the 10 involved Ministries. This high level representation is seen as playing a central role in providing the necessary political support for drug policy making and implementation. However several critical remarks were made regarding the functioning of the National Commission:

- low frequency of meetings of the commission;
- lack of expert input from external sources;
- lack of communication with the County Commissions;
- lack of guidance of drug policy implementation by this Commission.

The Drug Office: tasks and mandate:
The activities of the Drug Office are in general highly appreciated by the stakeholders we interviewed. The Drug Office is seen as playing in many respects the role of an initiator and stimulator of implementing drug policy (see 3.1.1). It also plays an important supporting role towards the County Commissions and other stakeholders. However, the fact that the Drug Office fulfils the role of secretariat of the National Committee, might have helped to create the image of the Drug Office being part of the national political level, and not so much being the centre of the coordination structure supporting the county level and other executive levels. This may impede the Drug Office to fulfil its coordinating role. The discussion could be raised whether formulating a clear mandate and strengthening the tools of the Office to fulfil its role can improve this situation.

County Commissions: tasks and mandate:
The tasks, role and mandate of these commissions is unclear to many respondents. This at least partly has to be explained by the mixed composition. The head of the County Commissions is usually nominated by the mayor of a county while the members are representatives of the organisations and services involved in the implementation of drug policy. So far they are seen as having little influence on a number of important stakeholders operating at county level (e.g. family centres, social welfare centres and outpatient centres[7]), putting the commissions into a position of coordinators with limited mandate. County commissions do not have executive power (nor budget to spend) but only an advisory mandate. The yearly work plans produced by the County Commissions therefore have limited impact. Moreover, there is no formal control on the implementation of these work plans (see 3.1.1), though formally they are accountable to the county government. This rather weak structure contributes to a situation in which some County Commissions function well thanks to the commitment and quality of its members and others function poorly.

The lack of accountability of service providers – there is no system controlling the (quality of the) actual implementation of planned policy measures at county level – contributes to the frequently criticised lack of coordination. Another issue is the structural lack of communication from the National Commission, which creates a "psychological" and actual distance between these two important levels of the coordination structure, and in general a perception of the County Commissions that their work is not sufficiently appreciated and taken seriously.

Different respondents point at an unclear definition of power and responsibilities of these different bodies and unclear mutual relationships.

4.1.3 Need for better cooperation and communication

[7] Although we have noticed that recent legislation will improve this situation.

Many respondents stated that there is a need for better communication, cooperation and partnership between stakeholders/services/organisations on different levels (local, county and national) and between different sectors, e.g. between treatment and prevention, between prisons and community and between police/justice and prisons (see 3.1.1 and 3.1.2). The same can be said about the relationship between NGOs and governmental bodies/services. A number of respondents also pointed out to the lack of communication between 'politicians' and 'experts'. In general it seems that demand reduction (prevention, treatment and care) and supply reduction (justice and police) operate as separated entities. Several respondents stated that meetings between both fields are rare.

4.1.4 Quality

An issue mentioned by stakeholders from almost all sectors was the need for improvement of quality of interventions and measuring the effect of these interventions through monitoring and evaluation (see 3.1.1).

Respondents pointed at different measures to assure and improve quality worth considering here, e.g. the development of guidance documents in different fields (among others prevention and treatment). But also using standardised and multidisciplinary approaches and examples of good practise and evidence-based methods (from other countries) were mentioned.

4.1.5 Efficiency

Another frequently mentioned issue in the interviews were complaints about inefficiency due to bureaucracy, paperwork, lengthy procedures, etc. Respondents also refer to slow, time-consuming political decision making, to a lack of political will, to regular changes of the politically responsible persons, resulting in having to start all over again. These efficiency problems might be rather difficult to change as it seems to us not a specific characteristic of drug policy but rather a general characteristic of policy making and implementation in Croatia.

This Lack of efficiency seems to be closely linked with a lack of financial transparency, due to the different flows of financing which was mentioned several times during the interviews and in the survey (see 3.1.1).

4.2 Discussion on specific issues

4.2.1 Treatment

The general impression that can be taken from the interviews and survey is that the treatment sector developed quite well over the past years. The monitoring data collected by the Drug Office point in the same direction: the number of persons in drug treatment increased in the past years, e.g. from 2008 to 2009 with 6.2 percents to 29,120 (see also 3.2.2 and annex 5, appendix 2). The quality of the work of therapeutic communities

improved significantly according the Drug Office reporting (see annex 5, chapter: 3.5 Programmes aimed at solving social issues).

Still there are some issues for discussion (see 3.1.1 and 3.1.2):

- Despite the fact that there are monitoring systems and – at least in some cases – treatment guidelines, the general feeling is that there is a lack of quality standards, certification and evaluation of treatment results/feedback on how the work is done. This critique is in line with the already mentioned general opinion that more focus on quality assurance is required.
- According to the majority of respondents there should be more focus on drug free treatment. "Clients can stay in substitution therapy for the rest of their lives." Some respondents (also from the prison sector) therefore suggest that more efforts should be made in stimulating clients to undergo drug free treatment. They claim that it is a result of the widespread opiate substitution therapy that clients and often therapists are not interested in drug free treatment. However there are also stakeholders pleading for more harm reduction services (including substitution treatment).
- There is some debate about position and functioning of outpatient centres. These centres play an important role in drug treatment (care), but they face considerable obstacles in their functioning. They receive funding from several sources (Ministry of Health, health insurance and some county funding) and consequently have to work with different types of accountability. Moreover, the mandate of the centres has been broadened to Mental Health, but at the same time they do not have the mandate to work on alcohol prevention. In some counties problems are reported regarding staff capacity, forming multidisciplinary teams and having in place a standardized and consolidated health care program (see annex 5, introduction).
- Rehabilitation (re-integration) after treatment proves to be another weak element in the treatment system. Different respondents point out the need for more and better rehabilitation options.
- There is also emphasis on developing treatment options for co-morbidity and on more outreach activities of the centres for social work.

4.2.2 Prevention

Investing in prevention is seen by all stakeholders as a major priority. The monitoring data of the Drug Office show that much has been done in recent years (see 3.2.4 and annex 5, chapter 3: Drug demand reduction). Still, interesting enough many critical remarks were made regarding the work done in this field resulting in several points for discussion:

- Nearly all interviewed stakeholder stress the importance of prevention, but from the responses it also becomes clear that there is no clear definition or shared understanding of prevention: the interventions range from sport/music events to carefully designed drug prevention programmes in schools.
- The vast majority of respondents agree on one major problem: a lack of evidence-based drug prevention programmes. Only two evidence based prevention

programmes have been implemented in some counties: "Unplugged"[8] and "Life Skills Training[9]".

- The state of play is lagging behind. Present-day models and concepts are not frequently used. According to some respondents the majority of prevention work consists of obsolete models and concepts, as e.g. the concepts of primary and secondary prevention instead of the concepts of universal and indicated prevention.
- There is some discussion about specific target groups (see 3.1.1). Quite a number of respondents think that not enough efforts are done in the field of prevention targeting children and young people and of prevention programmes at the workplace (in particular targeting alcohol use).
- With regards to drug prevention in schools respondents refer to lack of coordination, lack of guidelines and quality standards. Several respondents pointed out that it is unclear who is responsible for drug prevention programmes at schools, for their functioning, quality and the consistency of the prevention message (see 3.1.2).
- It seems that all the above mentioned issues come together here: different perceptions about prevention, lack of evidence based results, lack of standards and lack of professional support and coordination.

This critique is in line with the findings of the Drug Office presented in annex 5 (chapter 3: Drug demand reduction).

4.2.3 Harm reduction

The information collected does not give a clear picture of the state of affairs of harm reduction (syringe exchange programmes, substitution treatment and other measures aiming at preventing deterioration of the health situation of drug users). From the interviews we get the impression that while certain harm reduction programmes – in particular substitution treatment – seem to be well available in all parts of Croatia others are not widely available in all counties, e.g. syringe exchange. Some respondents therefore underline the need for wider availability of harm reduction. Some critical remarks refer to perceived negative aspects of harm reduction (e.g. opiate substitution treatment reduces the motivation of drug users to choose for abstinence and leakage of prescribed methadone to the black market).

[8] The programme is based on learning life skills and concept of social influences, promoting in such a way positive and healthy behaviour and affecting prevention of substance abuse (smoking, alcohol and other addiction substance abuse). Programme holder in the Republic of Croatia is the University of Zagreb, the Faculty of Education and Rehabilitation Sciences in cooperation with the Education and Teacher Training Agency, and supported by the Drug Office. The Programme and its spread is also supported by EMCDDA since it is entered in the European EDDRA programme base as an example of good practice from the Republic of Croatia. Unplugged is drug use prevention programme in children and youth, which is translated, adjusted and available in the Republic of Croatia, and identically implemented in 15 primary schools on the territory of the City of Zagreb and its surroundings. 64 teachers and 14 social pedagogues were educated within the project, more than 1 550 pupils - 66 classes participated in it.

[9] *The Life Skills Training Programme*, which has been implemented for a few years in a row in the Primorje - Gorski Kotar County is targeted at sixth - grade primary school pupils, and consists of 13 workshops where social skills are adopted and practised. In the Zadar County the project included 1 627 pupils, 64 leaders (teachers) and 7 coordinators in 9 city and 21 county schools. In the Varaždin County, the educational stage of the project was implemented, whereas due to insufficient financial resources further activities were not implemented.

4.2.4 Treatment and prevention in prisons

Quite a few respondents were critical of the availability and quality of drug prevention and treatment in prison, in particular referring to a lack of continuity of health services offered before, during and after detention. They point at a lack of communication and lack of a formal, well-defined relationship between prison and community services. There is for instance no communication about continuing care after release except for individuals under the age of 21. The health system often loses track of persons older than 21 (see 3.1.1).

However, at this point some respondents judged the state of affairs also remarkably positive. The latter view is supported by the monitoring data of the Drug Office which show that quite some services/programmes have been developed in recent years (see annex 5, chapter 4: Drug supply reduction). We got the impression that this is a good example that for some the glass is half empty and for others the same glass is half full. The ones emphasizing the need for improvement came up with suggestions worth considering, among others the need for introducing quality standards, guidelines and examples of good practice for treatment of drug users in prison and more treatment capacity (human resources) and treatment options for drug users in detention.

4.2.5 Resocialisation

Rehabilitation is closely linked with the issues regarding continuity of care and treatment mentioned above under see 4.2.4. Respondents agree that a lot has been invested in rehabilitation programmes in the past years. The monitoring data of the Drug Office confirm this (see 3.2.4 and annex 5, chapter 3.4: Health care for drug addicts). Again, the results seem to be somewhat disappointing.

Explanations brought forward for this disappointing effectiveness were the following:

- in some regions social welfare centres only give short-term material support (financial support, housing, etc), but no longer-term (psycho-social) follow-up support;
- probation services (for drug users being released from prisons) do not function well. However, there are plans to improve and strengthen these services which are clearly seen as central for supporting rehabilitation;
- clients are still addicts (they receive, for instance, substitution therapy). According to some respondents these clients should receive drug free treatment (see above).

4.2.6 NGOs

The position and functioning of NGOs is another topic for discussion. Several respondents from NGOs indicate (in the exploratory and the clarification interviews) that they find it difficult to work with the "regular" (governmental) services (see 3.1.1). They do not feel recognized by these counterparts. Good relationships mainly depend on personal contacts. NGOs do not feel to be part of the "system". Still, the NGO respondents in the

survey are more positive than the other respondents on the efforts to increase civil society involvement in the implementation of the National Drug Strategy. By the way, the survey also shows that the respondents from NGOs are less positive than other respondents about the realisation of some of the objectives named in the Drug Strategy (see 3.1.1 and 3.1.2).

Another complaint of NGOs concerns the bureaucracy of the administration system and insecure funding by the government. At the same time the governmental counterparts of NGOs express concerns about the quality of the work delivered by NGOs. Some respondents came up with examples of unprofessional NGOs, which are run by untrained staff and volunteers and do not provide any verifiable information on achievements and results of their work.

At the same time there are admittedly many examples of well-functioning NGOs. They prove to play an important role in the field of harm reduction as also can be taken from the activity reports of the Drug Office (see annex 5, chapter 3.3: Substance use harm-reduction programmes).

4.2.7 Police/justice

We did not succeed to get a clear picture of the position and role of police and justice in developing and implementing drug policy. It is clear that according to the majority of respondents supply reduction programmes have been developed well in the past years. The reports of the Drug Office underline this positive judgment: mention is made of more successful international actions targeting smuggling, intensified control measures, etc. (see annex 5, chapter: Drug supply reduction).

According to us the following issues for are worth a debate:

- We have the impression that police, and more in particular the public prosecutors and courts consider themselves as a separate, well established part of the state system, rather than a participant in an innovative, comprehensive and broader drug policy process. As one of the interviewees put it: "combating the supply side of the drug problem has proven its utility and effectiveness, we have to wait and see how combating the demand side functions".
- At the same time, several respondents from the police consider themselves as playing an important role in detecting addicts and thereby in early intervention. They believe that the role of police includes not only tracking down drug users but also drug prevention. In their view most police actions in the streets are forms of prevention.
- Respondents from police and justice indicate that the impact of the Drug Strategy on their work was very limited. Some consider the strategy as not very realistic.
- It seems that the prosecutors are not actively involved in the drug policy discussion and process.

4.2.8 Monitoring/research/evaluation

In recent years important steps have been taken to have evaluation more widely used among others by organising workshops and seminars on different aspects of service

evaluation (see annex 5, chapter 2: Monitoring, information system, evaluation and research). Still monitoring is seen as rather well developed, but evaluation and research are judged as insufficient (see 3.1.2).

For example, monitoring treatment has existed in Croatia for more than 20 years. Besides data on treatment a lot of data is available, for instance epidemiological data and reports. The National Focal Point (a unit in the Drug Office, and formal partner in the REITOX network of the EMCDDA) is seen as functioning well.

According to several respondents the problem is that the monitoring data are rarely used for evaluation (and other research). The Drug Office makes considerable efforts in getting monitoring data used for evaluation and research, among others by organising workshops on how to evaluate prevention, treatment, social integration, etc. Although these workshops are well attended, they do not succeed in increasing the evaluation work done.

Universities are only incidentally involved in drug research. A general population survey on drugs was done by the Institute of Social Sciences "Dr. Ivo Pillar". The Criminology Department of the Education Rehabilitation Faculty did a survey on drug markets and availability of drugs in Croatia.

Respondents mention the lack of financial resources as underlying problem. More in general they refer to a lack of recognition of the importance of data collection, evaluation and research as indispensable tools for improving the quality of the Croatian drug policy.

5 Recommendations

Here again we decided to discern between general and specific issues following the the structure how we presented the points for discussion above (chapter 4).

5.1 General Issues

5.1.1 A realistic Drug Strategy

Based on the responses from the interviews and survey on the current Drug Strategy we can identify some general priorities for the new Drug Strategy as a policy document:

- The new strategy should be less ambitious. It should be more concise but still sketching a plan presenting all relevant elements of drug policy for the coming years in a well-structured way;
- It should be a document clarifying the direction of drug policy and setting clear priorities. It should focus on feasibility and include short, clear descriptions of the future plans. One option could be to choose for clear, as specific as possible objectives and then link short description of programmes to these. In the Action Plan(s) these programmes could be elaborated in detailed actions/interventions. This would make it a better document for giving guidance to policy implementation.
  Defining specific objectives in the strategy – as basis for SMART[10] objectives in the Action Plan(s) – will help to monitor and evaluate the implementation and achievements of the Action Plan in an effective and transparent way.
- Defining the priorities for the new strategy should be built on consultation of relevant stakeholders from national and county level, both from governmental and non-governmental organisations. The TAIEX workshop in Split end of September 2011 was a good example of how to do this.
- The new strategy should be accompanied by a (general) budget plan to assure the financial resources necessary for its implementation and allow for longer-term financing of NGOs. A detailed budget should be included in the Action Plan(s). The strategy should also clarify the flow of funds, explicitly defining who is responsible for financing what. The strategy should also give direction by defining funding priorities for the Action Plan(s) indicating areas for earmarked budgets for specific actions.
- The new strategy should also clarify the relationship of the policy regarding (old and new) illicit drugs and policies targeting alcohol and tobacco, the abuse of medically prescribed drugs such as psychopharmaceuticals but also non-substance related forms of addiction like gambling.
- The new strategy should present a comprehensive approach, in which the interdependency of coordination, cooperation, communication and quality is elaborated.

5.1.2 Division of coordination tasks and responsibilities

[10] SMART stands for specific, measurable, attainable, realistic and timely.

One prerequisite for improving drug policy coordination is a clear definition of the role, mandate, responsibilities of and mutual relationships between the three coordination bodies mentioned above (see 1 and 4.1.2). According to us the following step should be the starting point for improvement:

- To separate political decision making from the implementation of the political decisions and to formulate a clear definition of mandates and responsibilities of the three coordination bodies. Additionally, one could consider introducing a form of a separate assessment of the implementation by intensifying monitoring and evaluation (see 5.2.8). This separation of roles will contribute to an overall more transparent and efficient functioning of drug policy.

More specifically we recommend the following structure:

- The **National Commission** has and exercises the formal political decision making and coordination power. The Commission is politically responsible for the Drug Strategy and the Drug Action Plans, but also for political decisions necessary for the implementation of these policy plans, including the required budget decisions. The latter could also include the responsibility for the regulatory framework for funding decisions (rules for funding, e.g. that services receive funding only if they fulfil certain requirements like using evidence-based approaches and rules for assessing the process and outcomes of service implementation and financial auditing). The actual decision about funding specific programmes could be delegated to a separate body accountable to the Commission.
  To do its tasks properly the Commission should consist of members who are in the position to take political decisions. It should meet regularly (minimum once per three months). It should consult on a regular basis experts to be informed about priority problems and appropriate policy measures to take.
- The core responsibility of the **Drug Office** is and should be coordinating (and facilitating) the implementation of the policy decisions taken by the National Commission. One key task here is facilitating and supporting the implementation of the Drug Strategy and the Action Plans and the communication and cooperation between the stakeholders. Supporting the implementation can include a wide range of services as provided currently by the office, like:
  - training seminars;
  - information dissemination among others through a website (see below under 5.1.3);
  - stimulating services and organizations in the counties to be active.

  The Drug Office is operating within the framework of political decisions taken by the National Commission but should not be involved in the actual political decision making of the Commission except for providing expert input and advice. The latter is yet foreseen in the advisory committee to the National Commission which is linked to the Drug Office. This division of responsibilities stipulating a clear distinction between the political level, i.e. the National Commission, and the coordination/implementation in the hands of the Drug Office is in line with the existing provisions.
- Taking into account the critical remarks on the functioning of the **County Commissions** (see 4.1.2) we think it important to clarify the role and mandate of these commissions. Overall, we think that limiting their mandate to an advisory group without at the same time appointing a political body translating the advice into formal policy necessarily leads to a lack of coordination and accountability. Therefore we recommend having also on county level a clear division between

political decision making, e.g. a political commission comparable to the National Commission with comparable responsibilities and an advisory board with representatives from organisations and services involved in the implementation of drug policy.

One remaining problem is that the link between the national drug policy level and the county level is not clearly defined. This results in a situation where the National Drug Strategy is mandatory for the national level but not binding for the counties. We do not have a clear-cut recommendation here. We understand that the counties can operate relatively autonomous, among others in the field of drug policy. One option to encourage counties to implement drug policy measures in line with the Drug Strategy would be a regular assessment of the implementation of policy measures in each county. This could be done in a yearly meeting of National Commission, County Commissions and other stakeholders to discuss the state of affairs.

5.1.3 Towards better cooperation and communication

Changes in the coordination structure as described above are expected to also help improving cooperation and communication between different stakeholders on county and on national level and between both levels. Communication and cooperation benefit from clarifying or redefining responsibilities of the coordination agents. Besides this it is important to create conditions and have in place a structure for communication and cooperation. However, adaptations of the structure are not sufficient to warrant improvement. In the current situation (the quality of) communication and cooperation depend for an important part on personal contacts. This always will be an important factor. Therefore investing in good, regular contacts will remain important. The positive judgment of various respondents underlines that the Drug Office plays an important role here among others by organizing different types of meetings.

There are a number of options we consider important for improving communication and cooperation between the stakeholders:

- More regular communications from the National Commission to the field, among others on policy priorities and decisions, on considerations influencing these decisions;
- Regular formal communication between National Commission and Drug Office taking into account their different roles and responsibilities;
- Regular communication between the County Commissions and the National Commission, e.g. by organising a yearly meeting on which the reports of the County Commissions can be discussed and an exchange of views on current and future policy issues can take place;
- Regular national or regional (inter-county) meetings on specific issues, e.g. to exchange on innovative (prevention or treatment) approaches. These meetings are expected to facilitate personal contacts between stakeholders but also the exchange of expertise and to promoting shared understanding and consensus among stakeholders. Learning from each other, using the expertise and experience available in the drugs field contributes to an efficient use of resources by avoiding re-inventing the wheel. We see this as important task for the Drug Office which is and has been very active on this point. It should be considered to resume and extend these activities.

- Special attention should be paid to bridging the gap between demand reduction (prevention, treatment and care) and supply reduction (police and justice). Seminars, work conferences and meetings on county level could be useful to:
    - explore possibilities for cooperation;
    - develop a shared understanding of the drug problem;
    - understand each others' responsibilities;
    - involve police and justice in drug policy making.
- A comparable approach could be considered for improving the cooperation between prisons and community and governmental and non-governmental organisations;
- All these meetings are expected to have a stimulating effect on the efficiency and quality of the work done in the counties;
- Another valuable communication tool could be a helpdesk supporting services in the field of prevention, treatment and care. Drug service professionals but also professionals from other organisations (e.g. schools, youth services, police) and volunteers can consult this helpdesk for information about numerous issues e.g.:
    - (new) substances, their characteristics and risks;
    - effective interventions in the field of prevention, treatment and care;
    - available services in the field of prevention, treatment and care;
    - research and publications;
    - experts on specific issues;

  Helpdesks have proven useful and efficient tools to answer questions and disseminate information as well as to get a picture of current information needs by monitoring frequently asked questions. This monitoring can also be used for identifying information priorities and selecting information activities, e.g. organising a conference or training seminars or publishing an information brochure. This helpdesk can be contacted by phone, sms and e-mail. The latter can also be linked to a drug information website which might include interactive features like a chat option for the target group. In addition, the portal should support active links between the organizations through different fora and newsletters. It aims to create a framework to support the above functions.

  A helpdesk like this could best be run by the Drug Office as it has the task to support the field and it has instruments available which easily can be used for a helpdesk, as for instance the website and a telephone helpline.
- On county level intervision meetings – bringing together professionals from one discipline or from different disciplines – might be helpful to discuss and find ways how to tackle certain problems. Again learning from each other proved to be an efficient use of available resources.
- The Drug Office should consider to develop – in cooperation with representatives from different counties – guidelines for communication and cooperation between stakeholders/services/organisations on different levels (local, county and national) and between different sectors, e.g. between treatment and prevention, between prisons and community and between police/justice and prisons. These guidelines could include among others recommendations regarding:
    - composition and frequency of meetings on and between the different policy levels;
    - specific cooperation issues like for instance referral of clients between different organisations;

5.1.4 Quality

Assuring and improving quality is clearly a central issue for the coming years, coming back in most interviews and discussions we had. There are different steps worth considering:

- Developing guidance documents (guidelines and protocols, in particular for prevention, treatment and care). For reasons of efficiency the first step should be here to review existing approaches and instruments from other countries which have proven to be useful. When appropriate these approaches and instruments can be adapted and used. Again we think that the Drug Office is the obvious organisation for doing this task possibly supported by an expert group;
- Assuring and facilitating that guidance documents are used. There are different ways to do this. At one end of the spectrum there is a voluntary approach supported by motivating actions like an information strategy and training seminars (done by the Drug Office) and a mandatory approach e.g. by linking funding to the use of standard guidelines and protocols and to a clear definition of tasks to be fulfilled and services delivered. One could even consider including a specification of professional management. This should be applied both to governmental and non-governmental organisations;
- Introducing/using (adapted) standardised and multidisciplinary approaches and examples of good practise and evidence-based methods from other countries. Again the Drug Office could take this task on board, for instance integrating it in the work of the help desk, presenting these approaches on its website and organising seminars and/or conferences;
- Investing in monitoring and evaluation of implemented programmes and interventions is another prerequisite for quality improvement. Insight into the effect of measures and interventions is needed to make informed choices for good quality approaches. Other options worth considering here are assessing the implementation and outcomes of the work done (see 5.1.2), checking if services are fulfilling their tasks in a professional and efficient way. The latter could be done by conducting a (regular) visitation of service.
- Increasing the capacity (knowledge, skills and attitude) of the staff working in prevention, treatment and care services through specific training programmes are clearly a priority. It is worth considering to a situation and needs assessment: in which areas staff capacity is in need of enhancement according to an external analysis of the actual situation (e.g. based on the evaluation of implemented programmes) as well as according to the needs articulated by staff;
- And finally, more human resources (e.g. for treatment in prisons) and therefore more financial resources have to be considered.

5.1.5 Efficiency

Many of the recommendations done under 5.1.1 till 5.1.4 will also have a positive effect on efficiency. Still, there are some specific recommendations to be made:

- Overall, as the critical remarks made by respondents point at different aspects, one could consider starting with a situation and needs assessment to be able to define priorities for increasing efficiency;
- Facilitating the exchange of expertise between services in different parts of the country could also contribute to more efficiency (see 5.1.2);

- More financial transparency (who is receiving which funding, etc.) will contribute to more efficiency;
- Introducing a separate structure for regular monitoring/assessment/evaluation giving insight into the effectiveness of implemented policy measures (a check of the process and outcomes) and including financial auditing (5.1.2) will be helpful, too (see also below 5.2.8);

5.2 Specific issues

Many of our recommendations regarding the five general issues also apply to the following specific issues. This is in particular true for the recommendations regarding communication / cooperation and quality. The improvements proposed will also help to improve treatment, prevention, etc.

5.2.1 Treatment

Besides better communication and cooperation and improving and assuring quality as prerequisites to improve drug treatment quality and outcomes, there are some specific recommendations to make:

- According to many respondents drug free treatment is undermined by substitution treatment. However, experiences from other countries show that substitution treatment does not demotivate drug users from chosing for drug-free treatment. These experiences from other countries can be helpful to underline that these different forms of treatment are not "either or" but can and even should be used complimentary. The Drug Office should consider collecting and providing information to the stakeholders. This can be done through the website, through internet discussion fora, through expert meetings, etc. It might be also worth to consider addressing the general public about the possibilities and limitations of drug treatment.
- Some treatment options are in need of expansion and improvement of quality. This is in particular the case for rehabilitation after treatment and outpatient centres. The latter would also benefit from a more multidisciplinary approach.
- An inventory/needs assessment should be considered to get a picture of the actual needs for specific forms of treatment which have been mentioned as important by different stakeholders (like comorbidity treatment, more outreach activities of the centres for social work).

5.2.2 Prevention

As for treatment also for prevention some of the general recommendations are relevant like the development of evidence-based programmes, regular monitoring and evaluation of current prevention activities, development of quality standards and a policy that only funds evidence based/good practice and professionally managed services. Moreover, the above mentioned helpdesk run by the Office would be very useful for drug prevention. It has proven an effective tool to spread information on effective prevention approaches, offering training, exchanging expertise between different counties/services and stimulating learning from good practice in other countries.

Specific recommendations are:

- There should be a clear focus on innovative programmes that appeal to the information needs of children and young people;
- Prevention programmes at the workplace (in particular targeting alcohol use) should be implemented on a broader scale;
- Better coordination and sufficient funding is required for drug prevention in schools;
- Taking into consideration the importance that all stakeholders attach to prevention it might be useful thing to write a comprehensive Prevention Action Plan specifying priorities of prevention, the division of tasks between the stakeholders in the prevention field and the work to be done for the different target groups. The Drug Office could play an initiating role here.

5.2.3 Harm reduction

Here, besides investing in quality assurance, evaluation and cooperation and communication between harm reduction services and other drug services some clarification might be needed regarding the actual state of affairs regarding the implementation of harm reduction programmes the different counties of Croatia. It might be worthwhile to produce a country-wide inventory of the implementation of harm reduction programmes, with particular attention on identifying reasons why the coverage of harm reduction in some reasons is insufficient.

5.2.4 Treatment and prevention in prisons

This clearly is a priority issue as can be taken from the responses we received in interviews, the survey and discussions. Some of the urgent needs brought forward here are covered by the general recommendations:

- Treatment standards are required to improve and assure quality;
- Cooperation between prison and community health and social services should be developed and guaranteed by among others entrance and a release protocol to assure continuity of care;
- It also should be considered to involve community (health and social) services in health and social work in prisons. This can contribute to strengthening the links between prisons and community – a prerequisite for continuity of care – and to get into prisons the required expertise regarding health and social care;

Other recommendations are:

- To create special socio-therapeutic programmes in prisons for drug abusing inmates;
- To develop more and better rehabilitation and reintegration programmes after release;
- To create special institutions for minor offenders (under 18) offering social rehabilitation as follow-up to correctional institutions;
- On the whole this means: expanding treatment capacity and treatment options for drug abusing inmates;

- As this is again an area where much has to be done it might be a good thing to start with a working conference to come to an agreement between stakeholders what the priorities are, what measures are feasible and who will do what.

5.2.5 Resocialisation

Effective rehabilitation programmes as follow-up to drug-free treatment are clearly needed. One could start with making an inventory of what is currently done, what are the strengths and weaknesses and to facilitate that the expertise available in Croatia can be used more widely. The next step could be to develop pilot/model projects which go beyond short-term material support (financial support, housing, etc) and provide long-term psycho-social follow-up and support. An important element in these projects should be professionalisation of the work and clearly elaborated roles and responsibilities of the existing services active in social rehabilitation.

5.2.6 NGOs

As regards NGOs we suggest a policy that strikes a balance between on the one hand the notion that NGOs play an important role in different fields and make a valuable contribution to the implementation of the Drug Strategy, and on the other hand the notion that there are quite some NGOs which are not functioning at a professional level and are not delivering value for money. We suggest therefore the following priorities:

- Develop clear quality criteria and other minimum standards for NGOs, specifying certain requirements like:
  - applying proven effective approaches;
  - a well-defined work process, e.g. having in place a solid system of project, human resource and financial management;
  - specifying the objectives and expected output;
- Develop a system for regular assessment/evaluation which is made available to the NGOs applying for funding and is part of the contract signed between funder and NGO;
- Use the quality criteria and assessment results for a policy that only funds evidence based/good practices and professionally managed services (human resources, organisational and financial management);
- Create a funding mechanism (for those NGOs which meet the criteria) that gives longer-term financial stability;
- Stimulate support and training of NGO staff. This could be – for an important part – done through the helpdesk function of the Drug Office which could start off with a needs assessment;
- For efficiency reasons it should be considered to limit the number of NGOs by bundling them in some bigger organisations. This will reduce the management efforts of funding agencies and facilitate a more efficient quality control.

5.2.7 Police/justice

Main problem here is that the police/justice sector (including public prosecutors and judges) seems not very involved in the drug policy process and lacks transparency in

terms of achievements, budgets, communication with health services, etc. Guiding principle here should be the notion that the "supply reduction" activities are inextricably connected with the "demand reduction" activities, and that one sector cannot do without the other.

Therefore we recommend the following:

- Invest in efforts to involve police/justice in the policy making and implementing process, to raise understanding among police and justice that they are part and play a role/do their share in drug policy. This will require high level support from the involved Ministries and a thorough preparation in the National Commission;
- Stimulate and organise regular meetings to exchange experiences and good practices of cooperation with representatives from justice, police, treatment, prevention, rehabilitation, etc. The Drug Office could take aboard this task but most probably will need the support from the involved Ministries;
- Raise a discussion with police, public prosecutors and judges about developing internal policies (e.g. in the form of guidelines) aiming at reducing work load and enhancement of efficiency and transparency regarding drug / addiction related offenders;
- Organise support for the successful implementation of the cooperation between prisons and community (mentioned under 5.2.4) as prerequisite for continuity of care. One option could be developing guidelines agreed by all stakeholders involved;
- Create more transparency about the contribution of the police/justice sector to drug policy implementation in terms of clarification of activities, budget allocations, investments, results, quality standards, communication structures, etc.

5.2.8 Monitoring/research/evaluation

Monitoring, but in particular research and evaluation are clearly in need of further investment. They are the basis of measuring the effectiveness of drug policies, of identifying weaknesses, good practices, measuring progress, exchange of knowledge with other countries, etc. The functioning of the National Focal Point has proved that the Croatian drug services are very well capable of providing necessary data as basis for further study and analysis. However so far, little has been done with the available data.

Therefore, we recommend that the new Drug Strategy should contain a plan defining the priorities (and budget) for monitoring, research and evaluation to be done in the coming years. As monitoring, research and evaluation are only effective on the longer term, this plan should cover the whole period of the new strategy. For the time being this plan might be presented in more general terms. In the Action Plans a more detailed plan can be developed.

Evaluation should also include regular assessment of the drug policy measures implemented in the field of supply and demand reduction. This applies for the national as well as for the county level. As already suggested in paragraph 5.1.2 we think it would be important to introduce a separate structure for regular monitoring/assessment/evaluation covering financial auditing – based on clear rules for book keeping, eligibility of costs, etc. – and a check of the process and outcomes of the implementation by monitoring and

evaluation – based on clear guidance documents for project proposals specifying objectives and outcome indicators and for project management. The latter would also be useful to assure the quality of the programmes implemented (see 5.1.4). This regular evaluation and financial auditing of policy measures should then be taken as basis for the decision whether or not continue with funding.

As a first step the development of 'light' evaluation tools and the introduction of visitation commissions can be considered.

Annex 1: List of interviewees exploratory interviews

Education and Teacher Training Agency, Mr Darko Tot
Ministry of science education and sport, Department for joint programs, Mr. Jozo Ćavar
NGO Sirius, Ms Mirela Miharija
Ministry of Health and Social welfare Medical Affairs Department, Ms Danica Kramarić, m.d.
Ministry of Health and Social welfare Social Welfare Department, Ms Klaudija Brkić
Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity, Children And Youth Department, Ms Marina Štabi
Institute for Public Health, Department for School and Adolescent Medicine and Addiction Prevention, Ms PhD Marina Kuzman, m.d.
Ministry of the Interior, Mr. Dražen Rastović
Ministry of Justice Prison System Department, Ms Ljiljana Vukota
Ministry of the Economy, Labour and Entrepreneurship, Department of Labour and Labour Market, Ms Marina Gašpar Lukić
Ministry of Finance – Customs Department – Mr. Dominik Kozary
Ministry of Justice Criminal Law Department, Mr Dinko Kovačević
Croatian Employment Institute, Ms Tatjana Križanec
Ministry of Foreign Affairs and European Integration, Directorate for Coordination and Monitoring of Adaptation to EU Legal System and Monitoring Implementation of Stabilization and Association Agreement, Ms Lena Ružić
Zagreb County Service for mental health and prevention of addiction, Ms Marija Cahunek
Zagrebačka County Commission on drugs , Ms Katarina Gerbl
Ministry of Defense, Ms Amalija Čagalj
State Attorney Office Ms Mirta Kuharić
NGO "Zajednica Susret", Therapeutic Community – Ms Josipa Lada Car
Mr Dubravko Klarić, Head of Office for combating drug abuse
Ms Lidija Vugrinec, Head of National Focal Point and international relations Department
Ms Sanja Mikulić, Head of Department for general programs and strategies
Ms Jadranka Ivandić Zimić, Senior Adviser
Ms Josipa Lovorka Andreić, Expert Adviser
Ms Dijana Jerković, Expert Associate

Annex 2: Questionnaire for the survey

Questionnaire evaluation of the National Strategy on Combating Drug Abuse 2006-2011

The Trimbos Institute (the Netherlands Institute of Mental Health and Addiction) has been entrusted by the Office for Combating Drugs Abuse of the Government of the Republic of Croatia with the evaluation of the National Strategy on Combating Drug Abuse 2006-2011 in your country.

The envisaged evaluation is meant as a critical analysis of the implementation of the Croatian Drug Strategy 2006 - 2012. With this evaluation we want to assess in how far the aims of the current strategy have been realized. We also want to get input for defining the priorities for the new strategy.

For this evaluation we will collect information from experts and stakeholders through face to face interviews, a standard questionnaire and focus groups. For this standard questionnaire – a crucial part of this evaluation – we will use a (web) survey tool. Based on information we received from the Office for Drugs you have been selected as one of the experts we would like to involve in this exercise. With this mail we would like ask you to participate in this survey.

The survey questionnaire aims to find answers to the following questions:

- Did the current Drug Strategy cover all relevant issues?
- To what degree have the objectives of the current Drug Strategy been realised?
- Did the efforts put in the key areas of the current Drug Strategy increase since 2006?
- What has been the influence of the current Drug Strategy on the decrease/increase of these efforts.
- What are priorities to be addressed in the future Drug Strategy?

The information collected through this survey will serve background information for follow-up interviews and focus groups with different stakeholders. You will receive an e-mail with further information and the link to the questionnaire in about two weeks.

The information provided by you through this questionnaire will be treated anonymously. It will remain confidential to the researchers. The information collected will be used as input for the evaluation report reported in aggregated form only (not as individual statements).

If you have any question please feel free to contact Mr. Franz Trautmann at the Trimbos Institute (+31 30 2959358 or ftrautmann@trimbos.nl).

1. Background information on respondent

1.1 In which field your organisation is operating?
(Several answers possible)

☐ Law enforcement (police)
☐ Criminal justice (court/prison/probation)
☐ Border control/customs
☐ Health services
☐ Social services
☐ Educational services
☐ Coordination
☐ National government
☐ Other governmental organisation
☐ NGO
☐ Other, please specify: ……

1.2 Your current position
(One answer only)

☐ Director
☐ Manager
☐ Operational staff

1.3 On which area your work is focussing?
(Several answers possible)

☐ Coordination
☐ Monitoring/evaluation/research
☐ Prevention
☐ Treatment
☐ Social rehabilitation
☐ Harm reduction
☐ Drug-related crime
☐ Production and trafficking
☐ International cooperation
☐ Training

1.4 On which policy level you are working?
(One answer only)

☐ National
☐ County

1.5 How long are you working in your current job?
(One answer only)

☐ Less than 1 year
☐ 1 year to less than 3 years
☐ 3 years to less than 5 years

☐ 5 years or more

1.6 How long are you working in the drugs field?
(One answer only)

☐ Less than 1 year
☐ 1 year to less than 3 years
☐ 3 years to less than 5 years
☐ 5 years or more

1.7 Which of these statements is most applicable to you
(One answer only)

☐ I was involved in writing the Drug Strategy
☐ I contributed some elements to the Drug Strategy
☐ I have read the Drug Strategy
☐ I am aware of the Drug Strategy but did not read it
☐ I am not aware of the Drug Strategy

2. Views on the comprehensiveness of the current Drug Strategy

The following questions are focusing on your judgement if the current Drug Strategy covered all relevant issues to a satisfactory degree.

2.1 To what extent do you agree/disagree with the following statement about the current Drug Strategy?

(One answer only)

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
1	The Drug Strategy covered all relevant issues	☐	☐	☐	☐	☐

2.2 According to me there should have been more emphasis on:

(Several answers possible)

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
1	coordination of drug policy in the country	☐	☐	☐	☐	☐
2	monitoring production and trafficking of drugs	☐	☐	☐	☐	☐
3	monitoring the use of drugs	☐	☐	☐	☐	☐
4	monitoring the implementation of supply reduction (police, customs activities, etc.)	☐	☐	☐	☐	☐
5	monitoring the implementation of demand reduction (prevention, treatment, rehabilitation and harm reduction)	☐	☐	☐	☐	☐
6	developing the information system (reporting and dissemination of reports)	☐	☐	☐	☐	☐
7	evaluating supply reduction programmes	☐	☐	☐	☐	☐
8	evaluating demand reduction programmes	☐	☐	☐	☐	☐
9	research	☐	☐	☐	☐	☐
10	drug prevention	☐	☐	☐	☐	☐
11	drug treatment	☐	☐	☐	☐	☐
12	rehabilitation	☐	☐	☐	☐	☐
13	involvement of civil society	☐	☐	☐	☐	☐
14	police and customs activities	☐	☐	☐	☐	☐
15	precursor control	☐	☐	☐	☐	☐
16	work in penitentiaries and prisons	☐	☐	☐	☐	☐
17	international cooperation	☐	☐	☐	☐	☐
18	training	☐	☐	☐	☐	☐

3. Views on realisation of objectives of the Drug Strategy

The Office for Drugs summarised the objectives of the Drug Strategy. What is your general judgment regarding the realisation of these objectives?
(One answer only per objective)

3.1 Objective 1: To improve coordination and cooperation by and between state administration bodies, by and between state administration bodies and local (regional) self-government, and by and between state institutions and civil society organisations.

Improved much	Improved slightly	No change	Got slightly worse	Got much worse	Don't know / no opinion
☐	☐	☐	☐	☐	☐

3.2 Objective 2: To set up and improve the network of institutions for combating addiction at state and local level.

Improved much	Improved slightly	No change	Got slightly worse	Got much worse	Don't know / no opinion
☐	☐	☐	☐	☐	☐

3.3 Objective 3: To improve prevention-oriented programmes for children and young people, and to advance the educational role of schools with a view to preventing addiction.

Improved much	Improved slightly	No change	Got slightly worse	Got much worse	Don't know / no opinion
☐	☐	☐	☐	☐	☐

3.4 Objective 4: To develop and implement special prevention programmes for groups at risk.

Fully developed and implemented	Well developed and implemented	Partly developed and implemented	Poorly developed and implemented	Not developed and implemented	Don't know / no opinion
☐	☐	☐	☐	☐	☐

3.5 Objective 5: To strengthen the measures of student, parent and teacher education concerning the harmfulness and impact of drugs and other addictive substances, and to implement prevention programmes against drug addiction jointly with prevention programmes for alcohol, cigarettes and other substances.

Improved much	Improved slightly	No change	Got slightly worse	Got much worse	Don't know / no opinion
☐	☐	☐	☐	☐	☐

3.6 Objective 6: To create prevention programmes for younger age groups from 4 to 10, and to include them in educational institutions.

Fully	Well	Partly	Poorly	No steps	Don't know /

developed	developed	developed	developed	taken	no opinion
☐	☐	☐	☐	☐	☐

3.7 Objective 7: To improve measures concerning therapy, treatment and social reintegration of addicts and accordingly to set up multidisciplinary teams for work with addicts and their families.

Improved much	Improved slightly	No change	Got slightly worse	Got much worse	Don't know / no opinion
☐	☐	☐	☐	☐	☐

3.8 Objective 8: To establish better cooperation with institutions at local level in order to create a connection between various phases of therapy and early detection, detoxification, selection of adequate form of treatment and social reintegration.

Fully developed	Well developed	Partly developed	Poorly developed	No steps taken	Don't know / no opinion
☐	☐	☐	☐	☐	☐

3.9 Objective 9: To strengthen the measures of the repressive apparatus in the prevention of drug availability and the suppression of drugs abuse, and to improve the penal policy in the field of suppressing drugs abuse and organised crime.

Fully developed	Well developed	Partly developed	Poorly developed	No steps taken	Don't know / no opinion
☐	☐	☐	☐	☐	☐

3.10 Objective 10: To encourage, implement and financially support scientific research of the problem of addiction.

Fully developed	Well developed	Partly developed	Poorly developed	No steps taken	Don't know / no opinion
☐	☐	☐	☐	☐	☐

3.11 Objective 11: To allocate significant financial resources for the implementation of the programmes at state level and to set up professional teams in state institutions to work on the implementation of all measures included in the Action Plan.

Fully developed	Well developed	Partly developed	Poorly developed	No steps taken	Don't know / no opinion
☐	☐	☐	☐	☐	☐

3.12 Objective 12: To implement the Action Plan as a long-term, planned and ongoing activity, and not as occasional projects and campaigns.

Fully developed	Well developed	Partly developed	Poorly developed	No steps taken	Don't know / no opinion
☐	☐	☐	☐	☐	☐

4. Views on implementation of actions: Coordination

The following questions focus on your views on the investment in the key areas of the Drug Strategy 2006-2012.

Following the structure of the Drug Strategy questions will be asked on the following areas:

- coordination,
- monitoring, information systems, evaluation and research
- demand reduction
- supply reduction
- international cooperation
- training

Could you please indicate for each area how the area developed since 2006.

4.1 Did according to you the efforts increase in the field of the national coordination by the Office for Combating Drug Abuse?
(One answer only)

Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know / no opinion
☐	☐	☐	☐	☐	☐

4.2 What was according to you the influence of the Drug Strategy on this increase/decrease?
(One answer only)

Decisive	Important	Moderate	Not important at all	Don't know / no opinion
☐	☐	☐	☐	☐

5. Views on implementation : Monitoring, information system, evaluation and research

5.1 Did according to you the efforts increase in the field of:
(One answer only per row)

		Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know / no opinion
1	**Monitoring**	☐	☐	☐	☐	☐	☐
2	**Information system**	☐	☐	☐	☐	☐	☐
3	**Evaluation**	☐	☐	☐	☐	☐	☐
4	**Research**	☐	☐	☐	☐	☐	☐

5.2 What was according to you the influence of the Drug Strategy on this increase/decrease in the field of:
(One answer only per row)

		Decisive	Important	Moderate	Not important at all	Don't know / no opinion
1	**Monitoring**	☐	☐	☐	☐	☐

2	**Information system**	☐	☐	☐	☐	☐
3	**Evaluation**	☐	☐	☐	☐	☐
4	**Research**	☐	☐	☐	☐	☐

6. Views on implementation: Drug Demand Reduction: Prevention

6.1 Did according to you the efforts increase in the field of prevention in:
(One answer only per row)

		Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know / no opinion
1	**Family**	☐	☐	☐	☐	☐	☐
2	**Educational system**	☐	☐	☐	☐	☐	☐
3	**Healthcare system**	☐	☐	☐	☐	☐	☐
4	**Social security system**	☐	☐	☐	☐	☐	☐
5	**Local community**	☐	☐	☐	☐	☐	☐
6	**Workplace**	☐	☐	☐	☐	☐	☐

6.2 What was according to you the influence of the Drug Strategy on this increase/decrease in the field of prevention in:
(One answer only per row)

		Decisive	Important	Moderate	Not important at all	Don't know / no opinion
1	**Family**	☐	☐	☐	☐	☐
2	**Educational system**	☐	☐	☐	☐	☐
3	**Healthcare system**	☐	☐	☐	☐	☐
4	**Social security system**	☐	☐	☐	☐	☐
5	**Local community**	☐	☐	☐	☐	☐
6	**Workplace**	☐	☐	☐	☐	☐

7. Views on implementation: Drug Demand Reduction: Substance use harm reduction programmes

7.1 Did according to you the efforts increase in the field of harm reduction programmes?
(One answer only)

Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know / no opinion
☐	☐	☐	☐	☐	☐

7.2 What was according to you the influence of the Drug Strategy on this increase/decrease?
(One answer only)

Decisive	Important	Moderate	Not important at all	Don't know / no opinion
☐	☐	☐	☐	☐

8. Views on implementation: Drug Demand Reduction: Health care for addicts

8.1 Did according to you the efforts increase in the field of health care for addicts through:
(One answer only per row)

		Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know / no opinion
1	**Organisation and treatment principles**	☐	☐	☐	☐	☐	☐
2	**Tasks of other healthcare professions and institutions**	☐	☐	☐	☐	☐	☐
3	**Croatian Institute of Public Health**	☐	☐	☐	☐	☐	☐
4	**Referential addiction centres**	☐	☐	☐	☐	☐	☐
5	**Substitution treatment**	☐	☐	☐	☐	☐	☐

8.2 What was according to you the influence of the Drug Strategy on this increase/decrease in the field of health care for addicts through:
(One answer only per row)

		Decisive	Important	Moderate	Not important at all	Don't know / no opinion
1	**Organisation and treatment principles**	☐	☐	☐	☐	☐
2	**Tasks of other healthcare professions and institutions**	☐	☐	☐	☐	☐
3	**Croatian Institute of Public Health**	☐	☐	☐	☐	☐
4	**Referential addiction**	☐	☐	☐	☐	☐

	centres					
5	**Substitution treatment**	☐	☐	☐	☐	☐

9. Views on implementation: Drug Demand Reduction: Programmes aimed at solving social issues

9.1 Did according to you the efforts increase in the field of:
(One answer only per row)

		Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know / no opinion
1	**Therapeutic communities and rehabilitation centres**	☐	☐	☐	☐	☐	☐
2	**Resocialisation of drug addicts**	☐	☐	☐	☐	☐	☐

9.2 What was according to you the influence of the Drug Strategy on this increase/decrease in the field of:
(One answer only per row)

		Decisive	Important	Moderate	Not important at all	Don't know / no opinion
1	**Therapeutic communities and rehabilitation centres**	☐	☐	☐	☐	☐
2	**Resocialisation of drug addicts**	☐	☐	☐	☐	☐

10. Views on implementation: Drug Demand Reduction: Civil society

10.1 Did according to you the efforts increase in the field of civil society involvement?
(One answer only)

Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know / no opinion
☐	☐	☐	☐	☐	☐

10.2 What was according to you the influence of the Drug Strategy on this increase/decrease?
(One answer only)

Decisive	Important	Moderate	Not important at all	Don't know / no opinion
☐	☐	☐	☐	☐

11. Views on implementation: Drug supply reduction

11.1 Did according to you the efforts increase in the field of:
(One answer only per row)

		Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know / no opinion
1	**Drug supply reduction through police and customs**	☐	☐	☐	☐	☐	☐
2	**Precursor control**	☐	☐	☐	☐	☐	☐
3	**Penal policy**	☐	☐	☐	☐	☐	☐
4	**Penitentiaries and prisons**	☐	☐	☐	☐	☐	☐

11.2 What was according to you the influence of the Drug Strategy on this increase/decrease in the field of:
(One answer only per row)

		Decisive	Important	Moderate	Not important at all	Don't know / no opinion
1	**Drug supply reduction through police and customs**	☐	☐	☐	☐	☐
2	**Precursor control**	☐	☐	☐	☐	☐
3	**Penal policy**	☐	☐	☐	☐	☐
4	**Penitentiaries and prisons**	☐	☐	☐	☐	☐

12 Views on implementation: International cooperation

12.1 Did according to you the efforts increase in the field of international cooperation?
(One answer only)

Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know / no opinion
☐	☐	☐	☐	☐	☐

12.2 What was according to you the influence of the Drug Strategy on this increase/decrease?
(One answer only)

Decisive	Important	Moderate	Not important at all	Don't know / no opinion
☐	☐	☐	☐	☐

13. Views on implementation: Training

13.1 Did according to you the efforts increase in the field of training?
(One answer only)

Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know / no opinion
☐	☐	☐	☐	☐	☐

13.2 What was according to you the influence of the Drug Strategy on this increase/decrease?
(One answer only)

Decisive	Important	Moderate	Not important at all	Don't know / no opinion
☐	☐	☐	☐	☐

14. Priorities for the new Drug Strategy

14.1 To what extent do you agree/disagree with the following statements about the new Drug Strategy?
(several answers possible)

According to me there should be more emphasis on:

		Strongly agree	Agree	Disagree	Strongly disagree	Don't know
1	coordination of drug policy in the country	☐	☐	☐	☐	☐
2	monitoring production and trafficking of drugs	☐	☐	☐	☐	☐
3	monitoring the use of drugs	☐	☐	☐	☐	☐
4	monitoring the implementation of supply reduction (police, customs activities, etc.)	☐	☐	☐	☐	☐
5	monitoring the implementation of demand reduction (prevention, treatment, rehabilitation and harm reduction)	☐	☐	☐	☐	☐
6	developing the information system (reporting and dissemination of reports)	☐	☐	☐	☐	☐
7	evaluating supply reduction programmes	☐	☐	☐	☐	☐
8	evaluating demand reduction programmes	☐	☐	☐	☐	☐
9	research	☐	☐	☐	☐	☐
10	drug prevention	☐	☐	☐	☐	☐
11	drug treatment	☐	☐	☐	☐	☐
12	Rehabilitation	☐	☐	☐	☐	☐
13	involvement of civil society	☐	☐	☐	☐	☐
14	police and customs activities	☐	☐	☐	☐	☐
15	precursor control	☐	☐	☐	☐	☐
16	work in penitentiaries and prisons	☐	☐	☐	☐	☐
17	international cooperation	☐	☐	☐	☐	☐
18	Training	☐	☐	☐	☐	☐

14.2 What are according to you the three most important priorities for the new Drug Strategy
Please rank them from 1 (most important) to 3 (least important).

1 ……

2 ……

3 ……

Annex 3: List of interviewees clarification interviews

Mr Vladimir Halauk, Committee on combating Drugs Abuse for Bjelovarsko Bilogorska County
Ms Suzana Fabijanić, Committee on combating Drugs Abuse for Sisačko-Moslavačka County
Ms Blanka Glavica Ječmenica, Committee on combating Drugs Abuse for Varaždinska County
Ms Ljubica Gorički, Coordinator for School Prevention Programs for Krapinsko – zagorska County
Ms Ivana Šešo, City of Zagreb Family Centre
Ms Valentina Kranželić, Faculty of Special Education and Rehabilitation
Ms Lucija Sabljić, Service for Mental Health and Addiction Prevention of City of Zagreb
Mr Krunoslav Horvat, Head of Drug Crimes Unit, Zagreb Police Department
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Ms Veronika Goluža, Zagreb Prison
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Ministry of Labor and Entrepreneurship, Marina Gašpar Lukić
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Committee on Prevention of Drug Abuse for Zagreb County, Katarina Gerbl
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Ministry of Justice, Criminal Law Department, Dinko Kovačević
Croatian Employment Institute, Tajana Križanec
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Annex 5: Review of the implementation of the Drug Strategy

REVIEW OF THE IMPLEMENTATION OF THE NATIONAL STRATEGY ON COMBATING NARCOTIC DRUGS ABUSE FOR THE PERIOD FROM 2006 TO 2011

Lidija Vugrinec
Sanja Mikulic

Zagreb, October 2011

Contents

Introduction

Current state analysis

According to the indicators, drug supply in the Republic of Croatia has increased in the last few years and has become more diverse, which has simultaneously resulted in an increasing trend of illicit drug use, especially among youth.
Until the end of 2009 in the Registry of the Persons Treated for Psychoactive Drugs Abuse of the Croatian Institute for Public Health **the total number of 29.120 persons** treated for psychoactive drugs abuse were registered, which represents the increase of 6.2 percent compared to the year 2008. From 2000 to 2009 there was a constant increase in the number of persons treated as inpatients and outpatients within the system. In 2001 the number of persons treated for drug addiction and drug abuse increased by 27% compared to 2000, in 2002 by 9.2 % compared to 2001, whereas in 2003 the number declined by 2.3% compared to 2002, which means that the total increase in the number of persons in the treatment system from 2000 to 2003 amounted to about 34%, or, around 1800 to 2500 new addicts registered in the treatment system per year (the greatest number of them in 2001, when there were 2548 new addicts, 1066 of them opioid ones). From 2004 to 2007 the number of new addicts within the system grew slower and ranged between **1619** in 2004 to **2001** persons in 2006. During 2008 and 2009 the proportion of new addicts started to decline (2008:22.6%; 2009:18.9%). The number of new persons coming to treatment for opioid addiction has been relatively stable and in the last few years it is about **800** persons a year. The total number of the persons treated in that period was constantly increasing, and in 2000 there were **3899 persons treated for drug addiction of opioid or non-opioid type, whereas in 2009, it was 7.733 persons.** However, in the observed period there were another 1000 to 1400 persons treated in therapeutic communities, and about 2000 persons a year are in prisons due to drug-related offences. According to unofficial estimates, due to the relative accessibility of treatment programs and psychosocial treatment for each treated addict within the health system there is one untreated addict or/and he/she is included in some kind of a treatment within therapeutic communities or imprisonment system. The data on the number of drug addict deaths show that the biggest number of deaths caused by drug abuse and addiction in the period from 2004 to 2009 was in **2007 (the total number of 165 of them),** while in 2008 and 2009 that number started to decrease and in 2009 there were **89** persons who died due to drug abuse or addiction. The leading cause of death among addicts is **opioid overdose**, mostly heroin or its metabolites (around 65% of all dead addicts), whereas overdosing with other kinds of drugs, and deaths related to other illnesses, suicides and accidents are significantly less represented.
It is well known that addiction problem is mostly the problem of urban areas and the prevalence of addiction substance use mostly depends on drug availability, efficiency of various addiction prevention programs at national and local level, as well as institutional and non-institutional resources for combating the problem of addiction. In the Republic of Croatia there are 21 counties, including the City of Zagreb, which also has the county status. The prevalence of drug abuse and the number of addicts differs from one county to another. According to the Report of the Croatian Institute for Public Health for 2004-2009, according to the rate of treated addicts per 100.000 inhabitants by distribution of illicit drug use, the Istarska County and the Zadarska County held the top positions, with 307.7 treated addicts in 2004 in the Istarska County and 599.2 persons in 2007 on 100.000 inhabitants aged from 15 to 64 years of age in the Zadarska County. In 2009, the Istarska County had 573 treated addicts per 100.000 inhabitants, followed by the Zadarska County (517) and the City of Zagreb (421). The rate of treated addicts higher than Croatian average in the last five years is noted in the counties situated in the littoral part, to be specific the Šibensko-Kninska, the Primorsko-Goranska, the Splitsko-

Dalmatinska and the Dubrovačko – Neretvanska Counties, while regarding the continental counties the City of Zagreb and the Varaždinska County have the highest rate, whereas other counties have the rate lower than Croatian average, which in the last few years ranged from 248.1 persons per 100,000.00 inhabitants in 2005 to 258.9 persons in 2009.

According to the data of the Ministry of the Interior related to the criminal offence of "drug abuse" committed by juveniles, a constant proportion (4-5%) of these criminal offences in the total number of the processed criminal offences from the Article 173 of the Criminal Code has been noted. By observing the number of the persons reported in the last three years, a decrease in their number, by all age groups: adults, young adults and juveniles can be noticed. Furthermore, the number of reported criminal offences of drug trafficking and drug abuse in the period from 2004 to 2006 increased, and the greatest number of reported criminal offences - 8.346 - was registered in 2006, whereas in the period 2007 – 2009 it started to decrease and in 2009 it was 7.063, and in 2010 the total number of 7.784 criminal offences from the Article 173 of the Criminal Code was noted. According to the data of the Ministry of the Interior in the observed time period, from 2006 to the end of 2010, in the Republic of Croatia the total number of 39.027 drug related criminal offences was reported, which accounts for about 10 % of the total number of the reported criminal offences on the territory of the Republic of Croatia.

Proportional structure of drug-related crimes on the territory of the Republic of Croatia is as follows: 12.829 criminal offences or 32.87% of the total number of the reported drug-related crimes refer to more complex crime forms (e.g. trafficking, production, enabling drug use etc.), whereas 26.198 of the registered crimes is associated with drug possession (Article 173 Par 1 of the Criminal Code), which accounts for 67.13% in relation to the total number of the reported crimes.

27 363 persons were reported for drug-related crimes. Out of the total number of reported persons, there are 16.743 newly registered persons (registered for a drug related crime for the first time at the time of its perpetration) or 61.18%. Out of the total number of reported persons, there were 1 406 juvenile offenders or 5.13%. Out of the total number of reported juvenile offenders, 1 304 of them are newly registered, which accounts for 4.76 % of the total number of the reported persons, but 92.74% related to the absolute number of the reported juvenile offenders. The police give a significant contribution to suppressing drug demand, because in the large number of cases they are the first to recognise the presence of a problem connected with drug abuse, and such people, who might have started experimenting with drugs, are then included in the system of counselling, prevention and treatment. In the observed period of time there were also 22.304 minor offence charges submitted against 22.064 persons. In the observed period there were 30.702 seizures of all kinds of drugs made by the Ministry of the Interior.
From 2006 till the end of 2010 in the Republic of Croatia 464 kg 811 gram of heroin were seized; 137 kg 781 gram of hashish; 1.529 kg 309 gram of marijuana; 160 kg 465 gram of cocaine; 53 kg 483 gram of amphetamines, 40 420 tab. of amphetamines type „Ecstasy"; 1.011 doses of LSD and 37 519 tb. of Heptanon.

By observing the number of seizures made by the Ministry of the Interior in the period 1999 – 2009, it can be seen that the largest number of seizures was made in 2001, and during 2009 the falling trend of seizures, which started in 2007, continued, and in 2009 there was the lowest number of seizures made in the last 10 years (the total number of 5.246 seizures of all kinds of drugs). In the last four years the quantities of seizures of marijuana and hashish have been rising, whereas the quantities of cocaine and heroin seized in 2009 have been falling. The quantities of seizures of amphetamines in the last five years are between 11 and 15 kg a year, except in the year 2007, when a little less than 8 kg of the mentioned drug was seized. The quantities of the seized Heptanon, ecstasy, LSD, hemp stalks in the period from 2005 to 2009 show that in 2009 there were

less drugs of all types seized compared to the previous year, whereas in 2010 the number of seizures increased (5982 the total number of seizures of all drug types)

Furthermore, the results of ESPAD research for the year 2003 show that Croatia belongs to those European countries with the rising trend of drug use incidence among youth. In 1999 Croatia was within European average for marijuana use, whereas in 2003 it was 1% above the European average. The ecstasy use prevalence among youth is 4%, according to which Croatia takes 8th position in Europe. In 2007 it was noted that in Croatia, as well as in the majority of European countries the ecstasy use was reduced, as well as the number of students who had a chance and took marijuana at least once in their lives, but the number of youth who consumed marijuana more often, i.e. took it more than 40 times in their lives or more, increased. Although these proportions are 5 % for boys and 2% for girls, the fact that in about 3 average secondary school classes there are 5 boys and 2 girls who use marijuana often, which presents a risk for onset of addiction (ESPAD 2007) is worrying. According to the ESPAD research data for 2007, in the last 12 months 84 percent of youth have consumed alcohol at least once, and 43 percent of youth got drunk at least once in the last 12 months, which is above the average of the European countries that participated in the research.

Legal framework and strategic documents

The very beginnings of the system for combating drug abuse can be traced back to the National drug control strategy, drug abuse control and help to drug addicts in the Republic of Croatia, adopted by the Croatian Government in the year 1996.
The above mentioned National Strategy was a fundamental document for the implementation of various activities in the field of combating drug abuse, from addiction prevention and suppression of drug abuse, to treatment and care of addicts and occasional drug consumers. The National Strategy also served as a base for bringing legal and sub-legal regulations in the drug combating field, as well as a base for drafting annual action plans for combating drug abuse and implementation plans in this field, both on the level of competent ministries and government administration bodies and local and regional self-government units. The most important legal regulation brought based on the above mentioned National Strategy was the Law on Combating Narcotic Drugs Abuse, adopted by the Croatian Government on 23, November 2001. Up till now three amendments to the Law on Combating Narcotic Drugs Abuse have been adopted.
In the context of approaching the European Union and the adoption of the Acquis, on the national drug policy level numerous possibilities have been opened for various new activities and advancements in the field of public health, social policy, education, police actions, customs service and the judicial system, and there are possibilities open up for new interventions and challenges in this field through different social institutions at both national and local levels. As a result of that, arose a need for a new National Strategy. So the Office for Combating Narcotic Drug Abuse of the Republic of Croatia, in co-ordination with the competent Ministries, pursuant to the Law on Combating Narcotic Drugs, drew up a new National Drug Abuse Control Strategy in the Republic of Croatia for the period 2006 to 2012, which was adopted by the Croatian Government at its session held on 2, December 2005.
Based on the National Strategy as the most important strategic document in the field of combating drug abuse the Action Plan on Combating Narcotic Drugs Abuse for the period from 2006 to 2009 was passed, which was adopted at the session of the Government of the Republic of Croatia held on **15, February 2006.** The Action Plan for 2006-2012 was adopted by the Government of the Republic of Croatia on **12, February 2009.** Action plans, in accordance with the practice in the European Union countries, are brought for a three-year period, with their contents and terms related to the aims of the National Strategy.

Institutional framework of narcotic drugs abuse

In order to appropriately and efficiently harmonise the measures for combating narcotic drugs abuse, between the state administration bodies, other institutions and state administration bodies, as well as state administration bodies and local administration bodies, pursuant to the Law on Combating Narcotic Drugs Abuse and other mentioned legal and strategic documents, an institutional system for addiction prevention and treatment was set up, whereas the Office for Combating Narcotic Drugs Abuse is responsible for the coordination and monitoring of all activities set out in the National Strategy and the Action Plan. The National Strategy and Action Plans define the powers and responsibilities of certain ministries and state bodies in the process of implementation of drug supply and demand reduction, as well as coordination and monitoring of the implementation of the National Strategy, and the responsibilities and obligations of institutions and bodies at the local level.

At the national level the institutional framework includes the National Commission on Combating Narcotic Drug Abuse of the Government of the Republic of Croatia, the Office for Combating Narcotic Drugs Abuse and competent ministries and state institutions, i.e.: Ministry of Health and Social Welfare, Ministry of Foreign Affairs and European Integrations, Ministry of Science, Education and Sport, Ministry of Finance, Ministry of Defence, Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity, Ministry of the Interior, Ministry of Justice, State Attorney's Office of the Republic of Croatia, Croatian Institute for Public Health, Ministry of Economy, Labour and Entrepreneurship, other professional and scientific institutions.

The Commission was set up by the Decision of the Government of the Republic of Croatia of 12, September 2002, as a coordinating body for competent ministries and state administration bodies, which discusses the issues regarding adoption and implementation of general and special programs for combating narcotic drugs abuse. The Commission consists of a President and eleven members, and the President of the Commission is the vice-president of the Government of the Republic of Croatia, whereas the members of the Commission are the representatives of competent ministries. The task of the Commission is coordination of the activities of the ministries and other entities included in the programme for combating narcotic drug abuse, from prevention to resocialization as well as adoption of annual programs of competent ministries and state administration organisations. The Commission brings general and specific programmes for combating narcotic drugs abuse, which will be conducted by the ministries.
The Office for Combating Narcotic Drugs Abuse was established by the Decree of the Government of the Republic of Croatia, which entered into force on 6, March 2002. The major role of the Office as a national coordinator for the implementation of the policy of combating narcotic drugs abuse is to ensure, through a continuous cooperation with the stakeholders at both national and local level, the application of the National Strategy and Action Plan measures, and to adequately and efficiently harmonise their implementation, both among the state administration bodies and other institutions and state administration bodies, as well as between the state administration bodies and local and regional self-government units. The Office also receives and analyses annual reports on the implementation of general and specific programmes, receives and analyses the reports on drug addicts and occasional drug consumers in withdrawal treatment, receives and analyses the reports on drug related crimes and misdemeanours, collects and analyses the data on annual drug requirements, which, pursuant to the Law on Combating Narcotic Drugs may be put into circulation, and once a year draws up the Report on the Implementation of Combating Narcotic Drugs Control, which is then sent to the Government of the Republic of Croatia and Croatian Parliament for adoption.
Therefore, the Office for Combating Narcotic Drugs Abuse of the Republic of Croatia during 2003 recognised the importance of taking steps for founding the National Information Drug Unit, and within the CARDS 2004 program, created the project called "Strengthening the Capacities for Combating Illegal Drug Trafficking and Abuse", which

anticipates setting up of the mentioned information unit, and which started its implementation in September 2006. In order to create legal presumptions for organising the above mentioned information unit, the Government of the Republic of Croatia at its sessions held on 20, January 2005 and 5, October 2006 passed the amendments to the Ordinance on Establishing the Office for Combating Narcotic Drugs Abuse, by which the Office was restructured, i.e. two Departments were organised, the **Department for General** P**rograms and Strategies** and the **Department for National Drug Information Unit and International Cooperation.**

At the Office, there is also the **Expert Committee,** acting as a professional body consisting of experts in the field of drug prevention and combating narcotic drugs, with the task of offering professional help in making decisions on all matters regarding narcotic drugs abuse.

At the county level, institutional framework for combating narcotic drugs abuse consists of the following bodies: County commissions for combating narcotic drugs abuse, Addiction prevention services of the county Institutes for Public Health, hospitals - addiction treatment wards, Social welfare centres, non-governmental organisations (associations and therapeutic communities), county social affairs departments (health, education, social welfare and others), educational institutions, family and religious institutions, Red Cross counselling services, State Attorney's Office, judicature and police. In order to improve the suppression of narcotic drugs abuse at the county level and improve the coordination in implementation of measures and activities in the field of combating narcotic drugs abuse at the local self-government level, during 2004 and 2005 setting up of county commissions for combating narcotic drugs abuse started, into which the experts from the fields of education, social welfare, health, judicature, non-governmental organisations and state administration offices in counties are included. The Commission for Combating Narcotic Drugs Abuse on the county level is founded as a counselling body at the county level in the field of narcotic drugs abuse, and with the aim of better coordination and cooperation in the field of prevention, treatment and suppression of narcotic drugs abuse between state institutions and non-governmental organisations at the local and regional self-government level. Until the end of 2006 the Commission was set up in all counties in the Republic of Croatia.

Pursuant to the Law on Health Protection (Official Gazette No.121/2003) and the Amendments to the Narcotic Drugs Abuse Control Act (Official Gazette No. 163/2003), the system for addiction prevention and outpatient treatment of addicts became a part of the public health system. In such a way addiction prevention centres, which were set up based on the National Strategy for Combating Narcotic Drugs Abuse from 1996, usually at community health centres and doctor's surgeries became consistent parts of county institutes for public health and in such a way became a part of the health system. The mentioned centres in their organisation and contents consolidate health, social care, education, psychotherapy, family therapy, HIV infection and hepatitis prevention activities, as well as assistance in solving other everyday problems of addicts and their families, and offer help to occasional drug consumers and their families. Reorganisation of the above mentioned centres and formation of expert teams was completed by the end of 2004, and during 2007 permanent financing of the Addiction Prevention Services of the Institute for Public Health was provided by the Croatian Institute of Health Insurance and the Ministry of Health and Social Welfare. Due to the fact that pursuant to the Law on the Amendments to the Health Protection Act of 10, June 2010 (Official Gazette No. 71/10), the Croatian Institute for Mental Health was joined to the Croatian Institute for Public Health, Addiction Prevention Services were restructured into Services for Mental Health and Addiction Prevention in county Institutes for Public Health, which led to enlarging the scope of business and expanding activity capacities through new employment and forming teams. Apart from the need for completion of expert teams, a uniform and consolidated health care program to be carried out by these services should

be adopted, which is a very demanding task to be done in the following period and will reflect the previous work of addiction prevention services.

1. COORDINATION AT NATIONAL AND LOCAL LEVEL

The Office for Combating Narcotic Drugs Abuse and the Commission on Combating Narcotic Drugs Abuse of the Government of the Republic of Croatia play the role of the national co-ordinator for drug control policy implementation in the Republic of Croatia. The primary task of the Office is to perform continuous coordination by means of current coordination mechanisms, to ensure that the measures undertaken to control narcotic drug abuse are adequately and efficiently balanced among state administration bodies, as well as among state and local administration bodies, which is being performed through the following activities; coordination and monitoring of the implementation of the measures and activities from the Action Plan and the National Strategy through continuous coordination and cooperation with competent state administration bodies and local and regional self-government units, through initiating the introduction of new legal regulations and other strategic documents in the field of narcotic drug abuse control and offering professional help in their creation, conducting integrated drug information system and development of standardised ways of collecting and utilisation of data from different fields, coordination and implementation of the national anti-drug campaign, regional and international cooperation regarding the matter of preventing illicit drug trafficking and illegal drug abuse.

Coordination on the local level is carried out by County Commissions on Combating Narcotic Drugs Abuse. The primary task of the Commission on Combating Narcotic Drugs Abuse at the county level is to coordinate, plan and monitor the program implementation in the field of prevention, treatment and drug abuse control at the local community level and is in charge of drawing up the Action Plan at the county level. Within the implementation of CARDS 2004 project, on 24, and 25, September 2007, an International Symposium under the name „How to organise a successful and coordinated implementation of the policy for combating narcotic drug abuse at the local level" was held. It resulted in establishing county coordination networks and the New Cooperation Structure Agreement between the Office and the counties, and the Office and competent ministries. The conclusions of the symposium are the constitution of the county coordination network, Agreement on regular annual meetings between the counties and the Office, Agreement on coordinated planning of future concepts of treatment and prevention, Agreement on cooperation between competent ministries and the Office.

Coordination and control over the implementation of the National Strategy for Combating Narcotic Drugs Abuse was carried out by the Office based on the analysis of annual reports on the implementation of all measures at the national and local level by competent ministries, local/regional self-government units, therapeutic communities and associations. It also resulted in the annual Report on the Implementation of the National Strategy, adopted by the Government of the Republic of Croatia and the Croatian Parliament.
In accordance with the Action Plan on Combating Narcotic Drugs Abuse for 2006-2009 and 2009-2012, all competent ministries that were responsible for the implementation of the measures set forth in the Action Plan, adopted the implementation programs for the current year, in accordance with their priorities and deadlines for a specific area
In accordance with the Action Plan on Combating Narcotic Drugs Abuse for the period 2006-2009 and 2009-2012 every county had to make a county action plan for the mentioned three-year period and deliver it to the Office. The County Commission for Combating Narcotic Drugs Abuse is responsible for drawing up Action Plans at the county level. Their main goal is to improve the system for combating narcotic drugs abuse at the local level, establish better cooperation among competent institutions and local

authorities and clearly define the responsibility for the implementation of the measures at the local level based on the National Strategy and Action Plan.

2. MONITORING, INFORMATION SYSTEM, EVALUATION AND RESEARCH

The system of monitoring, informing, research and evaluation in the field of narcotic drugs is a continuous process. This includes advancing the information and data collection systems, data exchange between different subjects, defining and evaluating the frameworks and standards and research implementation, together with setting up the stable financial basis for their execution.

Monitoring
The principal goal of monitoring the present situation in the field of narcotic drugs and drug addiction is, based on the collected and analysed data, to define the guidelines for elaboration of the national drug policy, define the guidelines for creation of the national policy in the field of narcotic drugs, as well as the guidelines for defining and implementing the future activities oriented towards narcotic drug suppression, i.e. evaluation of their efficiency. Monitoring the epidemiological condition is carried out at different levels, in order to make comparisons among different regions and local communities, but also in relation to international statistics, which will provide a wider and higher-quality understanding of the addiction phenomenon from various perspectives. Accordingly, formal co-operation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is established as a part of the EU accession process. With the aim of establishing an efficient monitoring system the following activities have been conducted:

- √ ***National Drugs Information Unit at the Office was established, and the Government of the Republic of Croatia at its session held on 2, November 2007 adopted the Protocol on National Drugs Information System in the RC and the Protocol on the Early – warning System on New Psychoactive Substances, the Government of the Republic of Croatia adopted the Action Plan on the National Drugs Information System***

The most significant advancement was made in organising the national drugs information system and its harmonisation with the EU standards. Within the implementation of the CARDS project and horizontal PHARE and IPA projects, which was carried out by the Office in cooperation with EMCDDA, all competent institutions were joined in the development of the national information system and creation of National Reports made by the Republic of Croatia for EMCDDA. In order to support the improvement of data collection mechanisms, data exchange among various subjects, the Government of the Republic of Croatia adopted the National Drugs Information System Protocol in the Republic of Croatia, the Protocol on Early Warning System on New Psychoactive Substances, and the Action Plan on the National Drugs Information System, by which the National Drugs Information Unit became operational and qualified to provide information pursuant to EMCDDA requirements. Agreements between competent institutions have been made, which will enable exchange of treated addicts data between the repression, prison and health systems in order to improve collection of treatment demand data in accordance with EMCDDA standards, but also to ensure better quality of addiction treatment.
In addition, frameworks and standards for the implementation of the research in selected fields have been defined. Working groups that advise the National Drugs Information Unit, operating at the Office for Combating Narcotic drugs Abuse, on general strategy of the National Drugs Information System, collection methods and data analysis, communication strategy and further development have been organised.

√ Early-Warning System on New Psychoactive Substances in the Republic of Croatia

The National Strategy anticipates the creation of a fast data exchange system of production, trafficking, use and risks of new psychoactive substances with the aim of preventing their negative effects, act timely if a new substance appears on the market, and achieves fast communication between competent bodies at the national and European level. Therefore, the Office initiated the formation of an early-warning system network if new psychoactive substances appear in the Republic of Croatia and predicted mechanisms to coordinate its activities.

Namely, back in 1977, the Council of Europe (EU) adopted the Joint Action concerning the information exchange, risk assessment and control of new synthetic drugs, as a base for the development of an early – warning mechanism, which was extended to all new psychoactive substances by the adoption of the Council Decision in 2005. The Government of the Republic of Croatia at its session held on 2, November 2007 adopted the Protocol on early-warning system in case of appearance of new psychoactive substances in the Republic of Croatia, to establish the mechanisms for discovery of new psychoactive substances, communication and information exchange at the national level, as well as with the EU competent bodies.
The main principle of the Croatian Early Warning System is a committed cooperation between all relevant partners on both permanent and ad hoc basis by using a multidisciplinary approach and specific competence in identifying new substances and risk assessment. The Protocol on Early Warning System of New Psychoactive Drugs in the Republic of Croatia defines the notion of an early warning system, coordination structure, partners, sources and types of relevant information and communication mechanisms at national and European level. The Early Warning System of New Psychoactive Drugs in Croatia functions at four levels.
Level 1 – National Drugs Information Unit (NDIU) acts as a national coordinator of the Early Warning System in Croatia. As such, it is responsible for managing cooperation among national partners, further development of the Early Warning System, planning and supervision over the implementation of the planned activities, information gathering and dissemination, reporting and direct communication with the EMCDDA taking into account procedures described in the relevant legal documents. The NDIU provides Early Warning Correspondent to the EMCDDA. The Europol National Unit is responsible for reporting to the Europol Drugs Unit as required by relevant legal documents, while at national level it assists the NDIU in its coordinative function.
Level 2 – Advisory board to the NDIU is the Working Group on Early Warning System, which consists of representatives of key national bodies and institutions, non-governmental organizations and other recognized experts in the field. The Working Group meets regularly twice a year or ad hoc if necessary, upon the invitation of the National Drugs Information Unit. It advises the NDIU on the general policy of the Early Warning System in Croatia, communication strategy and further development, discusses current issues and trends that occur in the area, proposes measures, participates in the preparation of working documents and literature.
Level 3 – Key state institutions that participate in the work of the Working Group represent Core Early Warning System Network and provide assistance to the National Drugs Information Unit in collection and dissemination of information from services under their authority and / or other experts, drug users and the general population. As main partners of the NDIU in the National Early Warning System, they are required to continuously monitor emerging trends in their field, collect relevant information on possible new psychoactive substances, and promptly report to the NDIU. On the other hand, the NDIU will forward all relevant information and / or warnings received from national or EU partners to the Core Early Warning System Network.
Level 4 – This level is considered to be Early Warning System at large and includes all relevant institutions, services, experts and professionals, the media, drug users and the general population, and all other parties that can provide information on new

psychoactive or other hazardous substances that may pose health and / or social risks in Croatia. The NDIU will disseminate information that could be of interest to the Network, and shall undertake other measures in order to ensure efficient communication (e.g., expert platforms, publications on emerging trends and risks, telephone helpline, Internet forums, media messages and broadcastings, etc.).
With the aim of presenting the Early Warning System, in cooperation with EMCDDA in May 2011 the first National Conference on Early Warning System of New Psychoactive Drugs was held.

- √ ***Adopted the Decision of the Government of the Republic of Croatia of 2, November 2007 on starting a process aimed at concluding the Agreement between the Republic of Croatia and the European Union on participation of the Republic of Croatia in the European Monitoring Centre for Drugs and Drug Addiction***

European Union candidate countries have to constitute an intersector drug data monitoring system, so called National Drug Information Unit (*National Focal Point - NFP*) in accordance with the standards of the European Monitoring Centre for Drugs and Drug Addiction. Having recognised the importance of timely making steps for harmonisation with the Acquis communautaire of the European union in the field of drugs, Republic of Croatia submitted an official request for membership in EMCDDA in January 2005, and as part of regular procedure waited until the end of 2006 for the mandate of the Council of Europe, based on which the European Commission may start negotiations with the Republic of Croatia. Subsequently, the Government of the Republic of Croatia adopted the Decision on starting a process aimed at concluding the Agreement in order to be able to timely prepare the National Drugs Information Units and other bodies included in the national network for gathering information on drugs for further integration in REITOX – European Information Network on Drugs and Drug Addiction.

Evaluation

Advantages and disadvantages of internal or external evaluation regarding the programme type and spent financial resources have to be defined. Furthermore, it is important to create standardised evaluation questionnaires, define evaluation methods and appoint an independent expert body and/or expert evaluation team who will evaluate the programmes conducted in the educational system, but also the programmes planned and conducted by local communities. Some of these activities have been partially implemented within the 2004 CARDS project, where during 2007 and 2008 4 workshops on the topic of evaluation were held for the experts in the field of drug addiction, treatment and the experts who work in state administration bodies on creating prevention programmes and drug addiction treatment. There were seminars conducted in cooperation with the experts from Poland, with a special emphasis on improving the basic evaluation knowledge and skills oriented particularly towards process evaluation and the evaluation of client satisfaction with the services provided by the Addiction Prevention Services.

The prevention program evaluation guidelines are part of the **National Drug Prevention Program for Children and Youth in educational system, and children and youth in the social welfare system for the period of 2010-2014.**
However, addiction prevention programs in Croatia have not been scientifically established yet, as recommended by foreign and domestic scientific-research authorities. To accomplish that investing in program development is needed, primarily (1) by connecting programme activities with theoretic and experimental knowledge, (2) by establishing programme activities based on comprehensive needs evaluation and (3) planning and implementing programme evaluation.
Evaluation of the addiction prevention programme in the Republic of Croatia today is mostly oriented toward the evaluation of the process which measures the way in which the programme has been executed and the user satisfaction with the programme

implementation. In order to become scientifically founded and in such a way valuable and expandable it is essential to research the effects the programmes have in realisation of the set targets and measure the effects on the users, which was set as expected result in the process of programme planning. Programme efficiency can be measured in different ways, but the current situation in Croatia shows that there is still not enough attention paid to the research oriented towards evaluation of its effects.

At the end of 2010 the Office initiated the procedure of creating the Prevention Programme Database as a part of the Database of the Programme on Combating Narcotic Drugs Abuse in the Republic of Croatia, which will contain the data from the fields of prevention, treatment, harm reduction, resocialisation and examples of good practice. The aim of the Prevention Program Database is to obtain information on all preventive activities which are being conducted in the area of narcotic drugs abuse control in the Republic of Croatia, as well as raising the level of programme and project quality. Efficient programmes will get a quality certificate that guarantees programme efficiency and quality, and guarantees priority for financing by state administration bodies and regional and local self-government. The successful and high-quality programmes will be nominated as Croatian examples of good practice in EMCDDA Best Practice Portal, which will be furthermore also presented as such at national level.
In May 2011, the Office in cooperation with EMCDDA organised workshops on prevention programmes within which the workshops on the evaluation of prevention programmes were also carried out.

Research

To be able to understand the problem and the factors that influence drug addiction and drug abuse regular and irregular research has to be carried out. The results of the above mentioned research will help in making conclusions which represent the starting point for defining strategies and plans in the further battle against drug abuse among the general population, i.e. towards target groups. The Ministry of Science, Education and Sport financially supports ***research projects*** related to drug addiction and drug abuse.
Up till now there has not been any research conducted in Croatia among the general population. However, the Office has collected information on both national and regional research projects conducted among youth on consuming legal and illegal psychoactive addiction substances. One of the most important research projects is ESPAD research for 2007 (The European School Survey Project on Smoking, Alcohol and Other Drug Use), which is conducted in Croatia every four years and carried out by the Croatian Institute for Public Health. This Institute has, based on the results obtained, planned and developed programmes for combating addiction and drug abuse targeted at children and youth.

In 2009 and 2010 the **survey among general population** was prepared. The survey was prepared in accordance with the EMCDDA guidelines, in order to enable comparison of survey results at EU level. EU member states have to conduct such surveys every 4 years since they represent one of the key epidemiologic indicators on which EMCDDA work is based. In November 2010 the Institute of Social Sciences "Ivo Pilar" made a feasibility study, which set technical and scientific parameters that a national survey on addiction must satisfy. Consequently, in May 2011 an Agreement between the Office and the Institute was signed, based on which the first national survey on addiction substance abuse among the general population will be conducted. The survey consists of a field study which will comprise the sample of 4000 examinees aged 15 to 64, and apart from drug use, it will also monitor other addictions such as nicotine and alcohol. The standard procedure includes visiting in advance selected sample addresses. The examinees within a household are selected by the Thordal and Carter method (the Latin square method), which ensures sample representativeness according to basic socio-demographic characteristics.

The results of the survey will be, apart from complying with the reporting obligation towards the EMCDDA, very useful to all stakeholders participating in creation and implementation of the national policy on combating narcotic drugs abuse; state administration bodies, scientific community, and wider professional community as well. Total costs of the survey are estimated at 761,000.00 kuna. The Office, the EMCDDA and the Ministry of Health and Social Welfare will also participate in financing the survey.

Also, during 2010 the first estimate on problem drug use by means of so-called *capture-recapture* method (based on overlapping between three various addict data sources) was drawn up.

In December 2010, in cooperation with the Office, the Faculty of Education and Rehabilitation (Criminology Department) and civil society organisations conducting harm reduction programmes, the Drug Market Research in the Republic of Croatia started, on the sample of 600 examinees from most parts of the Republic of Croatia. Except use, availability and prices of illicit drugs, appearance of new psychoactive substances in Croatia will be inspected, their availability, prices and reasons of their use. The data obtained by the research will be compared with the information available from the Ministry of the Interior, in order to, by analysing all data provided, get a more detailed insight into illicit drug market, which may furthermore serve for planning of adequate measures.

3. DRUG DEMAND REDUCTION

Within the field of drug demand reduction, which is one of two major aims of the National Strategy, the programmes for addiction prevention, treatment and social treatment of drug addicts, as well as harm reduction programmes play a very important role.

3.1. Addiction prevention among children and youth

The National Strategy on Combating Narcotic Drugs Abuse in the period 2006-2012 and the Action Plan for Combating Narcotic Drugs Abuse in the period from 2009-2012 define the tasks of specific ministries and state administration bodies, especially the Ministry of Science, Education and Sport, the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity and the Ministry of Health and Social Welfare in creating, planning and implementation of prevention programmes.
The Office for Combating Narcotic Drugs Abuse participates in the implementation of prevention programmes by offering professional help to the organisations responsible for the execution of the prevention programmes at both national and local level through education of educators and other ways of coordination and cooperation, in permanent coordination and cooperation with competent ministries, institutions, non-governmental organisations, county commissions for combating narcotic drugs abuse and international organisations.
The Educational system, which is responsible for organising and implementing addiction prevention programmes in educational institutions and institutions of higher education, plays the major role in implementation of prevention programmes. Teachers and coordinators of school prevention programmes have a very important role in the implementation of various prevention activities on the educational level, whereas at the local and regional self-government level these are county coordinators and county commissions. The Ministry of Science, Education and Sport is in charge of ensuring the implementation of prevention programmes in educational institutions. Prevention programmes in educational system are oriented toward the general population of children and youth, their families, teachers, educators and other relevant subjects, but also aim at early identification of risk group of children and youth for whom special protection prevention programmes should be developed.
The Health care system also plays an important role in the implementation of prevention programmes. The health care measures that are implemented within the health care system are the measures of primary, secondary and tertiary prevention. The

measures of primary and early secondary prevention are used primarily within the **schoolbased health care service and the addiction prevention service of the Institute of Public Health** through the implementation of preventive programmes in the educational system, either within regular school hours, through additional extra-curricular activities and finally through working with parents and other professional educational services. Early secondary prevention for children, youth and their families, who in any way show a high risk of maladjusted behaviour, is based on the co-operation and connectivity of the educational system and the previously mentioned services, including a family practitioner and social welfare centres. Health workers participate in special addiction prevention programmes at local levels and they work together with other subjects and non-governmental organisations.

Within the **social welfare system**, priority measures of family legal protection and social security measures should be taken towards the high-risk group of children and youth, no matter if the children or youth in question are from high-risk family surroundings or risky-behaving children and youth. Prevention activities of the **Social Welfare Centres** refer to social welfare measures which will include children and youth, with the aim of stopping the process of developing alcohol and drug addiction on time. It is important to emphasise the role the centres play in the battle against alcohol and drug dependence in performing special tasks, especially the specific task of inclusion into substance addiction withdrawal procedure, which may be conditioned by a State Attorney for Youth in the pre-preparatory procedures against a drug offender, or it may be pronounced as an educational measure by a juvenile judge or misdemeanour court when a minor or younger adult committed a drug-related crime. The whole territory of the Republic of Croatia is covered by a wide **welfare centres** network, of a total number of **108 centres and** their branches. Furthermore, from 2006 to 2009, within the social welfare system **family centres** were set up, as institutions whose primary activity is working with families, and their foundation and activity are defined pursuant to the Article 80 of the Social Security Act. From 2006 to 2009 a total number of **17 family centres** were set up. The family centres are a totally new institutional family-oriented form of service, primarily with counselling and prevention purposes (counselling to children, youth and parents), and their work is based on the principle of voluntariness. Apart from the above mentioned, family centres organise and conduct individual, family and group programme support targeted at individual social groups, organise public lectures and discussions on specific issues in the field of family, parenthood, raising children and relationship among youth, encourage the citizens, public institutions and citizen associations to participate in activities that prevent the occurrence of high-risk circumstances for a family and its members. They continually participate in the work of county and city commissions for combating addiction and execution of county health plans and cooperate with civil society organisations, institutions and local self-government bodies. For the purpose of creating educational and informative activities associated with the promotion of healthy life style among children, youth and parents, acquisition of knowledge about successful parenthood, as well prevention of behavioural disorders, family centres developed a number of programmes and activities.

Addiction prevention programmes in the Republic of Croatia are primarily carried out at the local community level, i.e. the county level, in the form of multidisciplinary activities with the participation of various systems that influence the education and behaviour of children and youth, which are: educational system, health system, social welfare system including legal and family protection, and local community system as well. Republic of Croatia is divided into 21 counties, and in each of them a County Commission for Combating Narcotic Drugs Addiction was established. Prevention programmes at the local level are mostly oriented towards the general population, but they also include intensified activities towards children and youth who regarding their social and family conditions present a drug addiction risk. Prevention programmes in a community generally are aimed at multidisciplinary areas such as schools, youth clubs,

health and social welfare institutions for combating addiction, civil society organisations and media.

However, experience has shown that addiction prevention programmes are conducted in a **segmented way, occasionally and without efficient evaluation,** and that preventive interventions and programmes are not equally available to all children and youth on the whole territory of the Republic of Croatia. In addition, **other types of so called modern addictions** are more and more frequent**,** such as gambling and internet addiction as the most significant ones, for which **specific preventive programmes** haven't been sufficiently developed yet, so they are being carried out within regular prevention programmes, mostly through educational and health systems. Also, the **cooperation and coordination** among competent ministries and institutions at local level is not sufficiently developed, nor the **cooperation between various institutions and civil society organisations at the local level.** A problem of drawing up a standardized **report** on addiction prevention programmes was noted, which resulted in lack of a clear insight into the coverage of certain addiction prevention areas at national and local levels.

Therefore, with the aim of addiction prevention among children and youth in the period from 2006 to 2011, the Office in cooperation with competent ministries, state administration bodies, non-governmental organisations and local (regional) self-government units conducted a number of activities connected with systematic implementation of anti-drug and anti-addiction campaign through printing posters and educational material targeted at pre-school and school population, families, health and other workers, education and informing public on the problem of drug addiction, showing television and radio programmes with the aim of educating and informing public on harmful effects and influence of drugs, organising concerts and other cultural events, organising conferences and round tables on drug addiction topics etc.

In the text below the most important activities that are organised and implemented in the previously mentioned period are listed:

√ **Concerts, public discussions and distribution of promotion material** are organised on the occasion of celebrating *"International Day against Drug Abuse and Illicit Trafficking ", and during the Month of Fight against Addiction* and other occasions, with the aim of promoting positive life values, addiction prevention and sensitising the public about this problem.

√ **Radio and television programmes** are organised, in which drug addiction problem was discussed, which hosted the experts from the Office, Expert Council, members of the Commission and other experts in the field of narcotic drugs abuse control, as well as rehabilitated addicts and members of their families.

√ **Seminar for secondary school principals and professional consultants under the name: "Organisation and implementation of addiction prevention programmes within the institutions of secondary education",** organised by the Office in cooperation with the Ministry of Science, Education and Sport. 200 principals from almost all secondary schools in the Republic of Croatia participated in the seminar. The basic aim of the Seminar was to introduce the secondary school principals and expert consultants to the principles related to implementation of prevention programmes in the educational system, which should help in planning, setting up criteria and implementation of addiction prevention programmes in the institutions of secondary education.

√ **School Pupil and Student Drug Testing Protocol -** School Pupil and Student Drug Testing Protocol was drawn up by the Office for Combating Narcotic Drugs Abuse and the Expert Working Group appointed by the Commission for Combating Drugs Abuse

of the Republic of Croatia. The main purpose of the Protocol is to assure that the testing is carried out by adhering to the measures for protection of students and their families.

√ Within the 2004 CARDS - project named: "*Strengthening the Croatian Capacity to Combat Drug Trafficking and Drug Abuse"* carried out at the Office for Combating Narcotic Drugs Abuse from September 2006 to February 2008, several **MOVE Programme Educations** were conducted **– a short motivation intervention was oriented towards working with youth of high-risk behaviour and drug consumers. MOVE programme** is a joint project of the Office for Combating Narcotic Drugs Abuse (acting as a coordinator of the mentioned Programme Educations), the Ministry of Health and Social Welfare and the Croatian Institute for Public Health. During the project a pilot education was conducted, and the total number of 40 experts was educated, those who within the scope of their work meet youth of risky behaviour, and who are the employees of Addiction Prevention Services, School Health Services, Social Welfare Centres, Homes for Education of Children and Youth and non-governmental organisations. After the workshops 16 persons were selected out of the group of 40, according to their personal affinities and abilities and based on the estimate of trainers and working group, for whom a two-day trainer education was held - TNT seminar - (education of educators) in February 2008 at the very end of the CARDS project. 6 tandem pairs were educated (12 trainers). In June 2008 upon the completion of the CARDS project the Office in cooperation with the Ministry of Health and Social Welfare and the Croatian Institute for Public Health organised 6 three-day educations for the first time, carried out by the newly educated trainers. The conducted "MOVE" educational training programmes were held in 6 different counties; in Split, Slavonski Brod, Varaždin, Daruvarske toplice, Zagreb and Rijeka. 100 persons were educated, who work with youth with risk behaviour on daily basis, and who are the employees of Social Welfare Centres, Addiction Prevention Services, School Health Services, non-governmental organisations or Homes for Education of Children and Youth. In December 2008 the Croatian trainer education was continued and the Office in cooperation with the Ministry of Health and Social Welfare and the Croatian Institute for Public Health organised 6 three-day "MOVE" education training programmes in 6 different counties; in Rijeka, Dubrovnik, Stubičke toplice, Pula, Zagreb and Bizovačke toplice. The educational training programme included about 100 persons.

√ With the aim of intensifying the implementation of prevention activities in the educational system, the **National Addiction Prevention Programme for children and youth in educational system, and children and youth within the social welfare system for the period 2010-2014 was created** in the course of 2009**,** which was adopted by the Government of the Republic of Croatia on 4, June 2010. This is the first document that comprises the prevention strategies aiming at control and prevention of all types of addiction among children and youth, risky behaviour of children and youth associated with experimenting with addiction substances, which includes prevention of drug addiction, alcohol, smoking, the Internet, gambling and other types of addictions among children.

√ **County prevention programmes coordinators** a**ppointed** – With the aim of consistent and continuous implementation of addiction prevention programmes in all primary and secondary schools, and for children and youth within the social welfare system **county school prevention programmes coordinators** were appointed, who are responsible for implementing addiction prevention programmes in primary and secondary schools, as well as **county prevention programmes coordinators for children and youth within the social security system.**

√ **Education for county coordinators organised –** The Office in cooperation with the Ministry of Science, Education and Sport and the Education and Teacher Training

Agency organised on **20, October 2010** a one-day conference for county coordinators and leaders of school prevention programmes and county coordinators for addiction prevention programmes for children and youth within the social security system, whose main goal was to present the *National addiction prevention programme for children and youth within the educational system, and children and youth within the social security system in the period from 2010 to 2014*, and give guidelines for further prevention programme development. The representatives of the Office also participated with project presentations on the educational training programmes organised at the county level.

√ ***Firmer integration of addiction and healthy living contents*** into regular and elective curricula, additional work and extracurricular activities has been ensured. The Ministry of Science, Education and Sport has also ***co-financed the provision of professional literature,*** video material and other addiction prevention material, but also prevention activities in educational institutions.

√ ***Prevention programmes have been realised according to the defined annual plan*** and programme of the work of educational system. They are adjusted to specific needs of the individual educational institution, and oriented towards the general population of children and youth.

√ Continuation of the implementation of the project ***Anti-drug telephone which was during the mentioned period*** used by more than 9000 citizens, with various queries on addiction problems. Anti-drug telephone number is printed or presented on all leaflets and other printed material, as well as in public media, so that as many people as possible are informed about the possibility of calling the Anti-drug phone number to obtain information and advice related to addiction problems.

√ In 2008 the IV National Youth Conference was held (Bjelolasica, 3, and 4, October 2008) organised by the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity.

3.2. Addiction prevention in the workplace

Since drug abuse has a negative impact on employee's medical fitness, it is important to develop prevention programmes for suppression of illegal and legal drugs abuse in the workplace, especially those with special working conditions and places with increased drug abuse risk.
With the same purpose the Office conducted the following activities in cooperation with competent ministries and other state bodies:

√ In accordance with the conclusions of TAIEX seminar named ***Substance Abuse Prevention in the Workplace*** held from 26, to 27, November 2007, the representatives of the Office for Combating Narcotic Drugs Abuse participated in the work of the Working Group for preparing Amendments to the Law on Health and Safety at Work. The Law on Health and Safety at Work contains the clauses which set out the obligation and responsibility of employers to guarantee the implementation of preventive activities connected to substance abuse in the workplace, as well as the measures directed towards suppressing substance abuse in the workplace. Apart from the above mentioned, and with the aim of more precisely defining the rules of procedures, methodology, guidelines and legal basis for conducting the procedure of establishing if an employee is working under the influence of substance, the rights and responsibilities of an employee and employer, protection of third person's rights, but also the protection of privacy and individual's human rights, employer's obligation to determine by company bylaws the procedure of establishing if an employee is working under the influence of any substance, conditions under which the procedure has to be conducted, type of a test, apparatus or procedure that will be used for establishing the presence of addiction substance, the way of confirming the obtained

results, in order to define the rights and responsibilities of all participants in the process; from employee's consent, sampling, result interpretation, data protection, etc. The mentioned clauses have been included in the Law on State Civil Servants, during the procedure of amending the law in 2011.

√ **The Ministry of the Defence drafted and adopted a special comprehensive "Programme of Measures for Prevention and Combating Substance Abuse** A**mong the Army Forces of the Republic of Croatia",** based on the individual programmes of measures of organisational units, services and professions of the Ministry of the Defence and Armed Forces of the Republic of Croatia, which deal with prevention and control of addiction illnesses. The programme is created on the principle of multidisciplinary in facing the problem of drugs and other addiction substance abuse. The program was approved by the Decision of the Minister of Defence of 15, December 2010.

3.3. Substance abuse harm-reduction programmes

Harm-reduction programmes are highly specific programmes targeting at active intravenous drug users and form a constituent part of public-health activities of the Ministry of Health and Social Welfare. The major aim of these activities is to reduce the possibility of spreading blood transmitted diseases HIV/AIDS, hepatitis B and hepatitis C. Together with the activities of the Mental Health and Addiction Prevention Services network oriented towards prevention and outpatient addiction treatment, civil society organisations play an important role in the harm-reduction area. In the observed period, Croatian Red Cross and associations Let, Help, Terra and the Institute carried out the activities such as distribution of injection paraphernalia (needles, syringes, alcohol pads, distilled water ampoules, sterile equipment, filters, lemon acid), distribution of condoms, collecting infectious waste (needles, syringes), cleaning the environment (school playgrounds, parks) of discarded paraphernalia, distribution of samples of educational material, counselling and informing addicts on harmful effects of drug addiction, overdose risk, as well as methods of protection against blood and sexually transmitted diseases. The activities are conducted at so called outreach locations and drop-in centres and have almost national coverage. At the end of 2010, the Criminology Department of the Faculty of Education and Rehabilitation of the University of Zagreb, in cooperation with the mentioned organisations, and with a support of the Office for Combating Narcotic Drugs Abuse VRH, started the Drug Market Research, aimed at harm-reduction programme users. Apart from the drug retail prices and the estimate of problem drug use, the research will provide insight into social and economic characteristics of the people included in harm-reduction programmes.

The Centres for free and anonymous HIV testing and counselling (CTS) play a very important role in harm-reduction for drug users. The Centres are financed through the programme of the Ministry of Health and Social Welfare of the Republic of Croatia "Work of the Centres for Free and Anonymous HIV Testing and Counselling ". In most cases the Centres operate at the county Institutes for Public Health (in Dubrovnik, Korčula, Osijek, Pula, Rijeka, Slavonski Brod, Split and Zadar), at the Croatian Red Cross in Zadar, HELP association in Split and the Croatian Institute for Public Health, in the clinic for infectious diseases „Dr. Fran Mihaljević" and the Prison Hospital in Zagreb. The services provided in the centres are free, anonymous and voluntary. Apart from testing, the centres also offer counselling through which they try to encourage the development of positive attitudes and life styles.

3.4. Health care for drug addicts

Treatment

In Croatia there are several ways of drug addiction treatment: hospital and outpatient addiction treatment carried out in health institutions and treatment and psychosocial rehabilitation in therapeutic communities. Basic form of drug addiction treatment in the Republic of Croatia is outpatient treatment carried out in the centres (services) for prevention and outpatient addiction treatment functioning within the county Institutes for Public Health. The most dominant treatment method which is conducted within these centres is the methadone or buprenorphine (subutex) substitution therapy (about 80% of addicts are treated by some of the substitution therapy methods).

Substitution therapy implies the constant cooperation of medical specialists in the Centres (Services) for Prevention and Outpatient Treatment and primary care physicians. Namely, the type and form of substitution therapy is prescribed by a doctor-specialist employed in the Centre, whereas the substitution therapy is conducted by a family doctor in primary health care system. Hospital treatment is conducted within psychiatric wards or in Clinical Hospital Centres in specialised detox units. Detox programmes are carried out within hospital treatments, and the largest number of people in hospital treatment is in the Psychiatric Hospital Vrapče and KBC Sestre Milosrdnice in Zagreb. To be able to enter the outpatient treatment provided by the Centres for Addiction Prevention and Outpatient Treatment, a person needs to have health care protection rights regulated in the Republic of Croatia.

Hospital treatment lasts from 16 days (in KBC Sestre Milosrdnice) to 3 months (in the Psychiatric Hospital Vrapče). Since addiction is a chronically recidivist illness which requires long-term care and monitoring, hospital treatment is usually followed by outpatient treatment conducted by the Centres for prevention and outpatient treatment or addiction withdrawal and rehabilitation in some of the therapeutic communities in the Republic of Croatia. If an addict is accepted for outpatient treatment in the Centres for prevention and outpatient treatment, and if he/she is treated by a drug-free method, i.e. various psychotherapeutic procedures which will support him/her in the maintenance of abstinence and social reintegration, such treatment usually lasts for 2 years. Outpatient treatment of the patients with a substitution therapy (methadone and buprenorphine) usually takes about 5 years. Substitution therapy may last a lifetime. The Croatian treatment system is stable and easily available. Therefore, a large number of addicts are in some kind of treatment.

Guidelines for drawing up the "Algorithm for the use of methadone in the substitution therapy of opiate drug users" have been made in order to, after many years, adopt the **Algorithm for the use of methadone in the substitution therapy in the Republic of Croatia**. The guidelines aim to put under control the use of methadone in treatment of opioid addicts and equalise the criteria for its use, i.e. to reduce methadone abuse and negative consequences of using methadone without any criteria, including the risk for patient deaths due to methadone overdose. The Government of the Republic of Croatia on 3, January 2006 at the proposal of the Ministry of Health and Social Welfare adopted the above mentioned Guidelines and in November 2006 the ***Guidelines for the Buprenorphine Farmacotherapy in the Treatment of Opioid Addiction*** were adopted***.***

A number of seminars, conferences and training sessions were organised, in which the topic of advancement of addiction treatment was discussed. A significant number of conferences and symposiums on the same topic were also organised by the Drug Addiction Reference Centre of the Ministry of Health and Social Welfare.

3.5. Programmes aimed at solving social issues

In the Republic of Croatia there are 8 therapeutic communities with 32 therapeutic houses that work and act as associations. They offer treatment and psychosocial rehabilitation to drug addicts, as associations or religious houses within their charity

activities. Or they are organised and registered as therapeutic communities and social care homes for addicts in accordance with the social welfare legal regulations.

Therapeutic communities that function as associations and religious communities are:
- REMAR ESPANA
- MONDO NUOVO COMMUNITY
- POPE JOHN XXIII COMMUNITY
- SAN LORENZO ASSOCIATION- CENACOLO COMMUNITY
- RETO CENTRE– FRIEND OF HOPE.

Therapeutic communities that are organised and function as therapeutic communities and social care institutions for addicts in accordance with the social care regulations:
- HOME FOR DRUG ADDICTS - COMMUNITY SUSRET
- HOME FOR DRUG ADDICTS ĐURMANEC KRAPINA
- Therapeutic community NE-OVISNOST, VRBICA KOD OSIJEKA.

Therapeutic communities conduct drug addiction withdrawal programmes and withdrawal programmes from other psychoactive substances, psychosocial rehabilitation and resocialisation programmes, family counselling, and work-occupational activities of their users. They also organise self-help groups for the users' families, organise various educational-promotional activities with the aim of addiction prevention and take part as mediators in referring the addicts for treatment to therapeutic communities abroad.

In order to improve the programme of psychosocial treatment the Office, in cooperation with other contractors, has undertaken a high number of activities such as educational training, meetings, seminars, study visits etc.
One of the components of the CARDS 2004 project "Strengthening the Croatian Capacity to Combat Drug Trafficking and Drug Abuse" refers to the activities aimed at formulating joint programme standards and drawing up the guidelines for implementation of these standards in treatment and rehabilitation of drug addicts in therapeutic communities and reception centres. Then, a small number of meetings with the representatives of therapeutic communities and European experts were organised, and European experts conducted an evaluation in our therapeutic communities and institutions. They started drawing up plans and programmes of future activities with the aim to formulate the above mentioned standards. A study visit to therapeutic communities in Poland was organised as well as, a visit to therapeutic communities in Frankfurt within the Cards programme.

In 2009 it was noted that the quality of services and treatment in the existing therapeutic communities had significantly improved and been largely harmonised with the **Ordinance on the types and activities of social care homes, care provided out of own families, conditions of space, equipment and workers in social care homes, therapeutic communities, religious communities, associations and other legal persons, and help centre and home care** *(OG No. 64/2009.)*, which was adopted in 2009 by the Minister of health and social welfare. It is important to mention that **the period of harmonisation to the standards set out in the mentioned Ordinance is two years** and it may be expected that the harmonisation of therapeutic communities to the mentioned standards bring to further improvement of treatment services in therapeutic communities and homes for drug addicts. In the following period the complete drug addiction treatment system will be improved. In order to find the best solutions for integration of therapeutic communities into social and health system, the following tasks will need to be addressed:

- **to redefine the therapeutic community network** in the manner to **establish required accommodation capacities** for the Republic of Croatia,
- **to draw up quality standards** for the programme of psychosocial rehabilitation in homes for addicts and therapeutic communities
- **to design and implement educational programmes for therapists**

- to consider the issue of **financing** therapeutic communities and
- **to establish the dynamics of contracting services** between the Ministry of Health and Social Welfare and therapeutic communities and homes for addicts.

Resocialisation of drug addicts

The Office for Combating Narcotic Drugs Abuse, as a coordinate expert body of the Government of the Republic of Croatia, pursuant to the measures provided for in the National Strategy and Action Plan and in cooperation with the appointed representatives of the competent ministries and institutions, drew up **"The Project of resocialisation of drug addicts who completed some of the rehabilitation and addiction withdrawal programmes in a therapeutic community or imprisonment system, and addicts in outpatient treatment who maintain abstinence for a longer period of time and adhere to prescribed treatment"**. The Project was adopted by the Government of the Republic of Croatia at its session held on **19, April 2007**.
The above mentioned project is based on two fundamental component parts: retraining and additional training of addicts, and promotion of employment of treated addicts, as the most significant forms of social reintegration of drug addicts.
Major aim of the Project is to solve systematically and permanently the issue of social reintegration of addicts after successfully completed treatment, rehabilitation and addiction withdrawal in a therapeutic community, penal system or health institution through creating an appropriate model of resocialisation of drug addicts in a community.
Based on the above mentioned Project, retraining and/or additional training of addicts for jobs needed on the labour market, which are adjusted to psychophysical abilities of an addict can start during the addict's stay in the institution (therapeutic community, home for addicts and prison institution), after the addict has completed the programme of rehabilitation and addiction withdrawal in an institution or on recommendation of the authorised doctor in the Service for Addiction Prevention and Outpatient Treatment. The procedures of submitting addicts into programmes of education and employment are in detail described in **the Protocol of cooperation and acting of competent state bodies, institutions and civil society organisations in the implementation of the Project of resocialisation of drug addicts adopted as a separate document by the Government of the Republic of Croatia on 27, September 2007.** The Protocol defines the competences and responsibilities of those involved in the implementation of the project measures and activities both at national and local level, and among others, also defines the forms, ways and contents of cooperation among them.
Based on the Resocialisation Project and the Protocol the ***Office for Combating Narcotic Drugs Abuse of the Government of the Republic of Croatia*** was appointed as a c**oordinator of the Project implementation. They are** also responsible for monitoring and improving the implementation of the Project and drafting annual Reports on the implementation of the Project and giving proposals for any necessary supplements to them.
Due to the fact that during the implementation of the Project it became clear that a large number of addicts after completion of the treatment in a therapeutic community or a prison sentence served wanted to complete their (unfinished) secondary education, an amendment to the Project was also adopted at the meeting of the Commission for Narcotic Drugs Abuse held on 17, March 2009,, by which the addicts after having completed the treatment in a therapeutic community or a prison sentence served are enabled to complete the already started secondary school education at the expense of the Ministry of Science, Education and Sport. Also, with the aim of promoting more successful employment of treated addicts, and other socially sensitive groups as well, the Government of the Republic of Croatia adopted on 21, May 2009 the **National Employment Promotion Plan for the period 2009-2010,** and the **Small and Medium-sized Enterprise Promotion Plan**, which was adopted on 18, April 2009, based on which **Operating annual plans for promotion of small and medium-sized enterprises** were passed. Based on the Operative plans for promotion of small and medium-sized enterprises the Ministry of Economy, Labour and Entrepreneurship issued

a public call for tenders for the Project "Cooperative Entrepreneurship" for the year 2009, within which the Ministry of Economy, Labour and Entrepreneurship supports the measure of Promotion and development of cooperatives which develop social cooperative entrepreneurship (Measure 4.4.), and the users of the measure are the cooperatives that develop social cooperative entrepreneurship and employ persons with diminished work capabilities and include them into working and economic processes or offer assistance to persons in unfavourable personal, economic and other circumstances by including them into wider social community, which also refers to **treated drug addicts.**

Pursuant to the mentioned National Plan, the following employment promotion measures are oriented towards treated addicts

- **Measure 1. Co-financing of employment of specific groups** among which the **treated drug addicts** as well, which has the characteristics of a state employment incentive and is available to those employers who make a profit.
- **Measure 2. Financing the education of unemployed persons in accordance with labour market needs –** it is oriented towards inclusion of specific groups into education programmes, where treated addicts also belong to, with the aim of increasing their employability and provision of employment.
- **Measure 3. Co-financing of employment of unemployed persons in public works. The Croatian Employment Service** is in charge of implementation of the mentioned measures.

The Information Project Database was established at the Office, containing the following:

a) **Collection of personal information about project users** – for the purpose of monitoring and evaluation of individual programme of resocialisation.
b) **Link on the Office internet page** – containing the relevant information on the Project such as: possibilities of including the addicts from the target group into the Project.

Twice a year the Office regularly makes a collective report based on the information from the Collection of Project Users' Personal Data, based on which further recommendations for its improvement and adjustment can be made, and which can be furthermore used for pointing out the problems in the implementation of the Project of Resocialisation.

Accordingly, due to the fact noted during the implementation of the Project that a large number of addicts after having completed the treatment in a therapeutic community or a prison sentence served would like to finish their secondary school education, an amendment to the project was adopted at the session of the Commission on Combating Narcotic Drugs Abuse, held on 17, March 2009, by which the addicts, after having completed the treatment in a therapeutic community or a prison sentence served will be **given an opportunity to finish already started secondary school education at the expense of the Ministry of Science, Education and Sport.**

The Report on the Implementation of the Resocialisation Project showed that all competent ministries and other state bodies in accordance with their authorities and responsibilities set forth in the Project and Protocol carried out the project activities with the aim of resocialisation and social reintegration of rehabilitated drug addicts. During 2009 and 2010 it was noted that the Project's implementation had started more intensively, and during 2009 and 2010 a significantly larger number of users was included in the Project than in previous years. There was also more interest and a greater motivation on the part of the treated addicts in being included in the Project, especially regarding the opportunity to complete the already started secondary education, and other types of education in general.

From 19, April 2007, when the Project of resocialisation was adopted up to 31, December 2010, the Croatian Employment Service conducted professional orientation and working skills evaluation on the total number of **231 addicts. 95 treated addicts** have been

included in educational programmes, whereas **59 treated addicts** found employment and/or used employment incentives.

In addition, three **cooperatives developing social cooperative entrepreneurship of treated addicts** have been established up till now, and they are: Cooperative Vita ANST from Split- founded by ANST 1700 association from Split, Cooperative NEOS from Osijek founded by Ne-ovisnost Association from Osijek and Cooperative of „Pet +" Association from Zagreb founded in 2010. The mentioned cooperatives gained financial support by the Ministry of Economy, Labour and Entrepreneurship and employ about 20 treated addicts.

During 2007, 2008, 2009 and 2010 one of the priorities of the tender issued by the **Office for Combating Narcotic Drugs Abuse** for granting financial support from the State Budgetary resources to the associations which contribute to addiction and drug abuse control was the Resocialisation of drug addicts in treatment or those who have completed any of addiction withdrawal programmes and treatment in a therapeutic community or penal system. During the mentioned period **3,040,500.00 kunas** was allocated for the implementation of **60 projects,** the implementation of which provided assistance in resocialisation of the total number of **3 048 treated addicts.**

Furthermore, another **120 addicts** have been included in training conducted by social welfare centres and therapeutic communities, financed by the **Ministry of Science, Education and Sport,** which was actively involved in the project of ***solving the educational status of addicts included in some of the treatments*** or those who successfully completed some of the treatments in the manner to finance completion of their secondary education or retraining. During the implementation of the project of resocialisation of addicts the interest in the project and the number of users participating in the project has increased.

For the implementation of the Project of resocialisation of drug addicts about 5,000,000.00 kunas has been spent so far, but it is important to emphasise that a large number of activities associated with the implementation of the Project are conducted within regular activities of the organisation carrying out the Project measures, for which financial data cannot be shown.
In the year 2010, as a part of the resocialisation process for those addicts who after the completed rehabilitation or the prison sentence served cannot return to their environment due to their family, social and housing conditions (homelessness etc), **two housing communities for addicts** were set up in the non-governmental sector (Associations Neovisnost and Pet +)

During the mentioned period of the implementation of the Project some **problems** were noted, which prevented larger number of users (treated addicts) to be included in the Project. First of all, there is a problem of insufficient coverage with training programmes and employment of the addicts within the prison system. There was also the problem of monitoring the addicts after having served the sentence and after being released from prison. Furthermore, there is a problem of **not delivering** the forms for individual programme monitoring to the Personal Database of Project Users kept by the Office. Problems associated with ***insufficient sensitization* of *general public, economists in particular,*** about the resocialisation project i.e. employment of treated addicts are still present. In addition, **lack cooperation between partners carrying out the Project measures at the local level** can be also mentioned**,** as well as the fact that the **users** (drug addicts) are **insufficiently informed** about the contents and the possibilities of integration into the Project by therapeutic communities, prison institutions and centres for prevention and outpatient treatment.

Prisoners who successfully accepted the addiction withdrawal process and addiction treatment are sent to penitentiaries of half-open type where they are getting prepared

for being released. They do not show much interest in education, whereas on the other hand the prisoners who are not very successful in addiction treatment are not scheduled for integration in education programmes because the main condition, completion of any of rehabilitation types, has not been realised. They are not motivated for education. In Glina penitentiary during 2008/2009 none of the inmates were included in the implementation of the mentioned Project, although there are 180 to 2000 addicts who daily serve their sentence there.

As a result of the mentioned situation in the penitentiary, during October 2009 a **project modification for the Glina penitentiary** was suggested. It anticipated the possibility of including into the Project those inmates who serve their sentence without any problems and are motivated for education, but have not finished a rehabilitation programme and do not use a leave. The inmates would enter the project voluntarily, and its successfulness would be valued in case of transfer or conditional release.

Particular schools or the school that closely cooperates with the penitentiary through conducting classes and offering the programmes the inmates are interested in are involved in the modification project.
During 2010 retraining and additional training programme (for a computer operator) was completed by the total number of **37** inmates (22 in the Glina Penitentiary, 10 in the Šibenik Prison and 5 in the prison in Pula. In addition, treatment officers conducted additional expert assessment of inmates, regarding their current health and social status for their inclusion in the entire resocialisation process.

In 2007 a partnership agreement was reached between the Ministry of Justice and the Home for Addicts of the Susret community, according to which sending the addicts prisoners during their conditional release to therapeutic centres of the Home for Addicts of Susret community is facilitated. In 2008, 2009, 2010 and 2011 pursuant to the Agreement the total number of 4 male and one female prisoner were released on conditional release to Susret community.

Civil society

Cooperation with the associations that deal with the problem of addiction and combating drugs abuse was conducted through expert meetings, trainings, seminars and conferences. Civil society organisations were included in all phases of drawing up major strategic documents and legal propositions. Their remarks and opinions have been integrated in all major strategic documents and legal propositions, especially the National Strategy, Action Plan and the Ordinance and Guidelines for Therapeutic Communities. The Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity, the Ministry of Health and Social Welfare, the Ministry of Science, Education and Sport and the Office for Combating Narcotic Drugs Abuse issued once a year tenders for granting financial supports to programmes and projects of the associations dealing with problems of addiction from the state budgetary and lottery resources. Financial resources were granted and contracts concluded, and upon the completion of the programme implementation a financial and programme evaluation was conducted. Priorities are set by the Commission for the implementation of public tenders in accordance with public policies and national programmes / plans / strategies and action / operating plans created for their implementation. In order to avoid overlap in funding for these associations, the uniform criteria for assessment of association projects and execution of financial projects and programmes evaluation have been set up. The Office has been cooperating with about 50 associations that act in the field of addiction prevention and combating narcotic drugs abuse.

The Ministry of Family, Veterans' Affairs and Intergenerational Solidarity adopted in 2009 the **Criteria and standards for cooperation with local and regional self-**

government units to provide financial support for the work of regional youth Info-centres. The European Youth Information Charter is also a component part of the above mentioned criteria. The association of youth information centres, whose members are 4 regional youth Info-centres (in Zagreb, Osijek, Rijeka and Split), is the member of the European Youth Information and Counselling Agency (ERYICA).
Regional Youth Info-centre offers free services of informing youth, working in at least three regional self-government units (county or the city of Zagreb). They are open at least 40 hours a week, including morning, afternoon and evening hours, as well as in weekends. It provides information services for youth in at least three areas of interest, which range from education and information, employment and entrepreneurship, social policy, health care and reproductive health, active involvement of youth in society, youth culture and their free time, mobility to give counselling. They provide information services (individually and in groups, via web pages, promotional materials, organising trainings, lectures, public discussions, workshops etc), as well as information about and referral to current expert services/activities in the community. It collects information which might to useful for youth, bringing them in contact with competent community members. The Info-Centre is run by a head and an assistant. Depending on the needs of youth in the community, there are sometimes also other employees and expert associates. Each Info-Centre cooperates with other regional youth Info-centres and the Community of Youth Info-centres.

4. DRUG SUPPLY REDUCTION

Drug supply reduction through the police and customs activities and co-operation with the authorised state bodies

In the field of supply reduction, i.e. availability of narcotic drugs, the whole range of activities has been carried out by different services, mostly the police and the customs. By carrying out and undertaking the measures and activities associated with the scope of activities of competent authorities, police and customs officers monitor the problem area and both domestic and international trends regarding the drug abuse and illicit drug trafficking. The drug supply problem in the Republic of Croatia is not isolated; it is connected with both the European and the global illegal narcotic drug market.
Police officers specialized in combating narcotic drugs with the help of organisation units of the Ministry of the Interior of the Republic of Croatia, **conducted in the previous period a number of successful international operative actions, targeted at combating international smuggling of all types of illicit drugs and precursors by criminal groups and organisations, in cooperation with the** Customs Administration **and authorised services of the countries in the region, in Europe and globally.**
A very important part of activities of all competent institutions is the establishment of precursor control and a system for early detection of new drugs.
With the aim of successful and efficient drug trafficking control, all activities within the scope of the Ministry of Finance Customs Administration were conducted in close cooperation with the Ministry of the Interior taking into account other relevant factors related to combating illicit drug trafficking. As for illicit drug trafficking control of all kinds of goods and detection of irregularities associated with trans-border traffic, especially drugs and high-tariff goods, the Ministry of Finance Customs Administration is continually conducting **intensified control measures**. Border and customs officers get the technical equipment they need. Customs officers are allocated to independent mobile units authorised for customs control and customs inspections in the entire territory of the Republic of Croatia.

In the period 2006 – 2010 preliminary drug testing equipment was purchased, as well as endoscopes, substance thickness gauges, mobile and fixed X-ray machines, which greatly enhanced the efficiency and success rate of customs officers in the detection of drug trafficking.

The Customs Administration and the Service for Supervision closely cooperate with the Narcotics Department of the National Police Office for Suppression of Corruption and Organised Crime of the Crime Investigation Police Department, and Mobile Units for State Border Surveillance, Border Department, Police Directorate, and the Ministry of the Interior. In the period 2006 – 2010 they conducted a total number of 236 joint activities targeted at suppressing illicit drug trafficking.
During 2009 and 2010 the Customs Administration, together with the Ministry of Health and Social Welfare of the Republic of Croatia and the Ministry of the Interior, participated in the **international project „DICE 2"**, with the aim of intensifying the control of acetic anhydride consignments in quantities larger than 100.00 l/kg, which can be used for production of heroin drug.

It is important to emphasise that the A**ct on Amendments to the Drug Abuse Prevention Act (Official Gazette 149/09)** was adopted, in which the term "narcotic" was erased; a new system of precursor control was established (competences over precursor trafficking control were transferred from the Ministry of Economy, Labour and Entrepreneurship to the Ministry of Health and Social Welfare). The deadline for the procedure of destroying seized drugs has been shortened, so in certain cases the drugs will be destroyed even before the decision or judgment has become final, i.e. before the expiry of a three year period from filing the criminal charges, and after the necessary evidence procedures have been completed based on the order of the court that is conducting the proceedings, and proposed by the State Attorney.
The Commission for Combating Drug Abuse of the Government of the Republic of Croatia, in cooperation with the Ministry of the Interior and the Ministry of Environmental Protection, Physical Planning and Construction, were ordered by the Ministry of the Interior Since to take the initiative for urgently solving the problem of destroying the seized drugs and finding an adequate plant for **incineration of the seized drugs (**because the current capacities of the Ministry of the Interior are not sufficient for its storage) was sent to. As a result of that, the Ministry of Environmental Protection, Physical Planning and Construction issued a permit for drug incineration to the company Našice cement d.d., which complies with all requirements for conducting the process of incineration. Furthermore, the first incineration of the seized drugs was done in the presence of the Commission for Destruction of Seized Drugs on 23, January 2008. During 2008 and 2009 4 incinerations took place in *Našicecement d.d.,* in which more than 5 tons of drugs were destroyed. In 2010 2200 kg of drugs was destroyed.

Penal policy
Penal policy in the field of control of illegal possession, transport, manufacturing and use of narcotic drugs represents the integral part of the entire national drug use control and reduction policy. In accordance with the adopted international standards and the United Nations conventions, and Croatian legislation on drug abuse control, the control over psychoactive substances has been intensified. These psychoactive substances are divided into three groups, depending on the harmful effects and consequences for human health. They are listed on the **list of narcotic drugs, psychotropic substances and plants used for manufacturing of narcotic drugs**. A special control is focused on **precursors**, which are also put on the list. The use of precursors is considered an offence and punished accordingly. In addition, in the Law on the Amendments and Supplements to the Criminal Law, the provision of a suspended sentence with protective supervision relating to addiction withdrawal in a therapeutic community, has been supplemented with a new item "alcohol and narcotic drug dependence withdrawal in a health care institution or a therapeutic community". To the existing catalogue of special obligations, alongside with the protective supervision, a new obligation has also been added, which is more appropriate for those offenders who have committed a crime under the influence of drugs. As far as the criminal proceedings against minors are concerned, the Youth Court Law has created a new option, in the course of the pre-preparatory proceedings in accordance with Article 63. This means that the General Attorney will not start criminal proceedings for an offence for which a prison sentence lasting up to 5 years

or a fine has been stipulated, when there is a reasonable doubt that a minor has committed a crime. If in the General Attorney' s opinion, it is not reasonable to carry out proceedings against a minor regarding the nature of the offence and the circumstances in which it was committed, then the proceedings will not start. The General Attorney may stipulate that proceedings will not be initiated on the condition that the minor is willing to undergo professional medical or drug addiction withdrawal treatment.

The new Criminal Code was adopted on 21st of October 2011. The law will enter into force on 1st of January 2013
The newly adopted Criminal Code brings a number of new regulations regarding drug abuse. Illegal possession can be sentenced in form of not a year, but to six months imprisonment. Illicit production (including cultivation), processing, import and export of drugs not intended for sale, can be sentenced with up to three year-imprisonment. A more stringent penalization of the persons organizing the dealers' network behind the scenes has been foreseen. Now a long term imprisonment can be given in cases of felonies committed by a person as a member of a criminal organization. Certain changes have also been introduced in form of a precautionary measure of mandatory addiction treatment, which can be imposed by the court. According to the Code, when the sentence is 6 months, the sentence will be replaced by a sentence of community work. With the community work, conditional sentence, conditional release, probation period, the court can order special measures, such as treatment for any kind of addiction (not only drugs) in a treatment centre, hospital or therapeutic community or NGO. Also The court shall impose a measure of obligatory addiction treatment to an offender who has committed criminal act under influence of drugs. Measure can be implemented in prison or outside the prison in special treatment institution (alternative to prison). Time which is spent in the treatment is calculating in the time of sentences. New Criminal Code put the same legal status for doping substances like for drugs.

Apart from the above mentioned, the Office took during 2010 the ***initiatives for modification of the Article 173 of the Criminal Code for regulating criminal offences of drug abuse*** in order to differentiate between drug possession and drug production for personal use from the intention distributing drugs. This would create the possibility of a suspended sentence if this is deemed to be more appropriate than a prison sentence.

The initiative ***for criminalisation of using dope*** was also proposed, due to more and more frequent drug abuse in and outside the field of sport. The Office for Combating Narcotic Drugs Abuse has already pointed out a few times the need for criminalisation of anabolic steroids (doping substances) and putting them on the drug list. Since the doping problem is wide spread, especially among youth, fighting against their abuse requires the same model of control as used for drugs control and a wider multidisciplinary approach within the unified implementation of the national policy against all kinds of addictions.

Penitentiaries and prisons
The treatment of the prisoners with addictions is carried out based on the court decision, (pronounced safety measure of addiction treatment), or it is carried out based upon psychosocial diagnostics, if the fact that a prisoner used narcotic drugs or experimented with drugs prior to arriving to prison for serving a sentence, has been established. Application of a specific treatment programme of addicts, i.e. persons suffering from disorders caused by drug use in prison system is aimed at prevention of addiction, and also at prevention of criminal recidivism. Specific treatment programmes include group and individual psychosocial treatment of inmates and present a basis for rehabilitation and resocialisation of prisoners. Inclusion in the treatment procedure is an integral part of individual prison programmes. When serving a sentence in prison, prisoners with an addiction are provided with health care services. Education relating to the narcotic drug abuse is conducted. These inmates are submitted into **modified therapeutic communities,** which have been established in Lepoglava. This is a closed

type of penitentiary, in which prisoners, after having signed a therapeutic contract, are put in a special ward, and in Turopolje, a penitentiary of a semi-closed type. Health care services provided to prisoners and detainees with addiction include examinations by a doctor, counselling, psychiatric help, testing on infectious diseases (hepatitis, HIV) and substitution treatment or so-called "Drug free treatment". Training and psychosocial help in the form of individual or group work is carried out regularly by an expert treatment staff – therapists, external experts acting as programme performers or supervisors. The prevailing method used is a **therapeutic community method, modified to prison conditions**. In penitentiaries and prisons model **Clubs of Treated Addicts KLO** have been set up.
In Lipovica-Popovača, Požega and Turopolje penitentiaries with a semi open regime and in the open penitentiary Valtura addicts are treated in so-called "**drug-free" wards**. In this 'Drug free regime, prisoners sign a contract to not use drugs. There is abstinence control, counselling assistance, work therapy and organised free time, together with other general treatment methods.
Since special programmes in treatment of prisoners play a very important role, a lot of effort has been put into raising the number of programmes and improve the quality of the programmes. For this purpose **a new department - Special Programmes Department - was set up within the Treatment Service in the Central Office in 2009.** The task of this Department is to recognise the need for special programmes, develop new programmes, supervise the quality of their implementation and take the measures, formulate criteria and priorities for the dissemination of these programmes. Within the prison system the opiate agonist treatment has been used regularly, primary as fast or slow detoxification. Until 2007 methadone (heptanon) was exclusively used as a substitute substance. In order to harmonize addiction treatments in prisons with addiction treatment in the public health system, another opiate agonist - **buprenorphine (subutex, suboxon)** was introduced in the prison system in 2007, which has been used for detoxification of opiate addicts, but also as maintenance therapy ever since. Unlike buprenorphine, which is used both for detoxification and maintenance for all categories of prisoners, to the prisoners with addiction who were previously treated with substitution methadone therapy, it is gradually reduced and ceased cancelled during a short prison sentence or before being sent to prison and is not administered to the prisoners serving their sentence in penal institutions. Within the penal system, the **educational measure of sending an offender to a correctional institution** can be applied. Juvenile offenders have received treatment in correctional institutions in Turopolje and Požega. Within the correctional institutions, special attention is paid to educational and preventive work, tailor-made to the age of the population. A separate category within the prison system are prisoners remanded in custody. Apart from the health care provision, methadone and buprenorpfine detoxification therapy is being carried out while prisoners are in custody. A prisoner cannot serve a sentence in the penitentiary unless he has completed detoxification treatment.

In cooperation with the experts from the Croatian Institute for Public Health and the Reference Centre for Addiction Treatment of the Ministry of Health and Social Welfare, the representatives of the Treatment Service of the Prison Administration System organised on 16, March 2009 a training on pharmacotherapy of opioiod agonists under the name "*Promotion of quality treatment of addicts in the prison system*".

A *presentation about the treatment of drug addicts in the Zagreb Prison* was held In Zagreb on 2 December 2009, followed by a thematic discussion on treatment of addicts in the prison system with the aim of improving the existing programmes in prisons and penitentiaries, and their harmonisation with contemporary treatment programmes which are conducted outside the prison system in accordance with the National Strategy and Action Plan on Combating Narcotic Drugs Abuse in the Republic of Croatia.

A Protocol for testing inmates and minors on the presence of addiction substance in their body was introduced in January 2006. A manual for its

implementation was written. This activity was also conducted during 2009 in compliance with the established procedure for preliminary testing and confirming the results.
The Prison Hospital in Zagreb in cooperation with the Infectious Clinic "Fran Mihaljević" started the implementation of the "Programme of Anonymous and Free Testing of Prisoners on Hepatitis and HIV"in 2004. Until 2007 a total number of 3460 prisoners were tested in this programme. 22% was tested positive on Hepatitis B and C, and only 2 prisoners (0.14%) were found to be HIV positive.
In February 2007, the ***Counselling Centre for Virus Hepatitis in the Prison System*** was established, which took over all the tasks described in the previous programme (testing, counselling talks, etc.). Pre-therapy processing and treating of inmates with Hepatitis C also started.

5. INTERNATIONAL COOPERATION

The Office for Combating Narcotic Drugs Abuse as a national coordination body for implementing a national drug policy has been working intensively on a great number of reforms and on strengthening of international and regional cooperation in the field of narcotic drug abuse. It has conducted various initiatives and coordinates the activities associated with the international cooperation in the field of drugs.

Since Croatia has developed a good structure for combating drug abuse, strategic planning, and the implementation of the measures and has had good results, it has been recognised as a partner whose system is an example of good practice, and whose experience is a good foundation for cooperation with other countries in the region, but also with other European Union countries.

By setting up the Department of the National Drugs Information Unit and International Co-operation at the Office on Combating Narcotic Drugs Abuse, an operative cooperation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has started. At present the National Drugs Information Unit has to a high degree been harmonised with the EU agency standards. Croatia aims to improve the way of solving the problems associated with drugs use and abuse via active cooperation with relevant international organisations, bilateral and regional cooperation and by using available EU funds. It also aims to create policy and expert approaches in that field.

Within the negotiations on accession of the Republic of Croatia to the European Union, Chapter 24 - Justice, Freedom and Security - includes the topic of cooperation in the field of drugs. The obligations arising from the relevant EU Acquits communautaire have been met by adopting fundamental strategic documents in the field of drug control, the development of the National Drug Information System in accordance with the EMCDDA standards and by setting up the National Contact Point at the Ministry of the Interior, which will enable transfer and exchange of drug samples and drug profiling results for the purpose of better cooperation with the EU member states,.
For a few years now Croatia has been actively participating in the work of the Reitox network of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) thanks to the pre-accession programmes of the European Commission (CARDS, PHARE, IPA), which enabled the development of the National Drugs Information System in the Republic of Croatia and harmonisation of the national practice with EU standards. The Agreement contracted between the Republic of Croatia and the European Community on participation of the Republic of Croatia in the work of EMCDDA, was initiated in 2009 and signed in 2010, while its ratification is expected by the end of 2011. In the course of their cooperation the Office has so far submitted to EMCDDA four National Reports on the Drug Situation and Drug Addiction, made according to methodological guidelines of the EMCDDA.
As a continuation of previous cooperation in the horizontal projects of the EMCDDA, Croatia, along with other South Eastern European countries (Turkey, Bosnia and Herzegovina, Serbia, Montenegro, Macedonia, Kosovo and Albania), was invited to

participate in the new IPA project of the EMCDDA, which aims to provide scientific and expert support to the development of national drugs information systems. **It should be noted that of all countries in the region, only Croatia and Turkey have operating National Drugs Information Units, which are also Focal Points of the EMCDDA, and will therefore under the IPA project have a separate, progressive agenda.** The mentioned IPA 3 project should prepare Croatia to be able to prepare Croatia for a timely and high-quality fulfilment of the obligations which Croatia will undertake upon signing the Agreement between Croatia and EU on the participation of the Republic of Croatia in the work of the EMCDDA.

The EU project **"IPA 2007"** is currently being implemented successfully: strengthening the capacities of the Ministry of the Interior of the Republic of Croatia regarding suppressing drug-related crime, in which the Office also participates.

Apart from cooperation with the EMCDDA, the Republic of Croatia regularly cooperates and fulfils all its obligations towards relevant **international organisations (International Narcotics Control Board (INCB), UN Office on Drugs and Crime (UNODC), Pompidou Group of the Council of Europe, World Health Organisations etc.)**. Also, through the initiatives of the Office for Combating Narcotic Drug Abuse such as "The Informal Drugs Coordination Group" and "The South East European Drugs Coordination" strengthening of regional cooperation in the field of drug control was encouraged, with a special review of the drug demand reduction programmes.

The Government of the Republic of Croatia concluded 35 bilateral Agreements on Police Cooperation, 21 of which are still in force, whereas 14 Agreement are in the process of ratification. Most Agreements refer to international cooperation associated with drug-related crimes.

From 2006 to 2010, the Ministry of Finance Customs Administration participated in large scale operations, internationally and regionally, e.g. within the cooperation of the SECI Centre country members, i.e. the *Southeast European* Cooperative *Initiative* for fighting cross-border crime, the purpose of which was to suppress drug trafficking. Pursuant to international contracts the Ministry of Finance Customs Administration exchanges data with the World Customs Organisation, SECI Centre, OLAF and EUROPOL on a regular basis. At the same time, based on the bilateral agreements which the Republic of Croatia signed with customs services of the neighbouring countries, the Republic of Croatia is continuously cooperating and exchanging information regarding detection and suppressing of smuggling of all kinds of goods, including drugs.

The Office for Combating Narcotic Drug Abuse took the initiative for two projects which were supported by all the countries in the UNODC programme. It was also supported by the Regional Cooperation Council and the European Commission, which will be the most important donor for the implementation of the projects, which have been officially included in the Regional UNODC programme for promotion of justice and security in the South Eastern Europe.
The first project addresses the realisation of the regional initiative of the Office aimed at strengthening the cooperation between the South Eastern countries, the so called South East European Drugs Cooperation (SEEDC), through setting up a regional office as a vehicle for exchange of knowledge, information and examples of good practice, and will be dealing especially with all aspects of drug demand reduction and monitoring the situation in the region. In cooperation with the Regional Cooperation Council the above mentioned project has been submitted to the European Union for consideration.
The s**econd project which concerns the establishment of a Police Dog Training Centre at the Ministry of the Interior was proposed by the Office. This project is also very important** for the national interests of the Republic of Croatia**.** Thanks to the long-term experience and positive results in this field, the Republic of Croatia has

received many requests for help and support from several countries in the region in the last few years. A preliminary document has been drawn up aimed at strengthening the national capacity and the infrastructure of the Department for Official Guides and Official Police Dog Training, at the Police Academy of the Ministry of the Interior, and with the aim of improving the quality of work and the possibility of providing services to the countries in the region. Except for the investment component (adaptation of existing facilities and polygons, building of additional accommodation capacities, conference halls and offices), a verified programme for guide training and official police dog training, which is conducted in the Republic of Croatia would be extended. The project will be proposed for realisation within the programme IPA 2011.

The Office for Combating Narcotic Drug Abuse actively participates in the work of the Pompidou group of the Council of Europe, which on the professional level represents the main link between the EU member states and other European countries. **The Republic of Croatia is appointed as a member of the Committee of Permanent Correspondents of the Pompidou group (Committee) in the period from 2007-2010, and as a coordinator of the Criminal Law Platform. In the above-mentioned period** the Office organised the conference "Investigation, evidence collection, sanction and prevention of drug precursor abuse" (Bucharest, 25-26, March 2009).

TRAINING

Independently and in cooperation with other relevant organisations the Office organised a number of professional seminars, trainings and conferences, intended for state administration bodies, local and regional self-government bodies, experts, non-governmental organisations, workers in the health and social welfare system, the police, the judicature and other bodies at national and local level that are involved in combating narcotic drugs abuse through prevention measures, implementation of health care measures for addicts and occasional drug consumers and measures for reduction of harmful health and social consequences caused by drug abuse. The main goal of the above mentioned educational activities was to develop new approaches to drug addiction treatment, rehabilitation, resocialisation, and measures for reducing harmful social and health consequences, caused by drug abuse and to improve professional knowledge in this field. Within the implementation period of the CARDS and PHARE projects in 2007 and 2008, a number of training seminars was conducted, aimed at strengthening of the national and local capacity for combating drug abuse, especially in the field of implementation of prevention activities and evaluation of prevention and treatment programmes. We would like to point out some of the most important activities.

- In cooperation with the Croatian Institute for Public Health and the Ministry of Health and Social Welfare**,** the Office for Combating Narcotic Drug Abuse organised the training seminar "***Addiction – prevention and treatment",*** with the participation of leading international experts in the field of opioid addiction treatment, Mark W. Parrino and Ernst Buning, who gave presentations on the following topics: "Use of substitution therapy in practice and possibility of opioid agonist abuse" and "European guidelines on methadone and European experiences of the use of substitution therapy".
- **A Professional Conference with international participation *"Addiction, drug abuse, rehabilitation, resocialisation, harm reduction – Trends, approaches and responses of society to combating narcotic drugs abuse".*** The Conference was jointly organised by the Office for Combating Narcotic Drug Abuse, the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity and the Ministry of Health and Social Welfare, for state administration bodies, as well as local and regional self-government bodies, experts, non-governmental organisations, workers in the health and social welfare system, the police, the judicature and other bodies at national and local level involved in combating narcotic drugs abuse by using the measures of early secondary prevention, implementing the measures on addicts treatment and occasional drug

users and the measures for reducing harmful health and social consequences caused by drug abuse. There were 300 participants at the Conference with a total number of 55 lecturers from Croatia and abroad.

The Ministry of Science, Education and Sport and the Croatian *Education* and Teacher Training *Agency* ***have regularly conducted a systematic teacher education and training*** on addiction prevention measures and affirmation of healthy life styles with obligation to integrate the gained knowledge into professional work with children and youth.

In 2006 the Customs Training Centre was established, and expert workshops on the topic of narcotic drugs abuse have been carried out on a regular basis ever since, with the participation of customs officers from all customs offices. Based on the Educational Plan for education and professional training of the employees of the Ministry of Finance, the Customs Administration, professional workshops on suppressing illicit drugs trafficking were conducted, with the aim of raising awareness among customs officers to the significance of the fight against drug trafficking and the importance of drug seizures.

6. FINANCIAL RESOURCES

Financial resources spent on the implementation of the National Strategy for Combating Narcotic Drugs Abuse 2006-2010

YEAR	AMOUNT (KN)
2006	**64 082 966.53**
2007	**66 555 929.36**
2008	**84 106 827.37**
2009	**87 437 788.21**
2010	**82 092 552.56**

Annex 1.

Table 1. Coordination of the implementation of the National Strategy

	ACTIVITIES	2005	2006	2007	2008	2009
NATIONAL LEVEL	**NATIONAL STRATEGY AND ACTION PLAN**	New comprehensive Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2006-2012, was adopted by the Croatian Parliament in December 2005.	Action Plan on Combating Narcotic Drugs Abuse for 2006-2009 Government of the Republic of Croatia adopted on 16 February 2006. Starting implementation of the CARDS project 2004 "Strengthening the Croatian Capacity to Combat Drug Trafficking and Drug Abuse" from September 2006 to February 2008	Implementation of the AP Implementation of the CARDS project 2004 "Strengthening the Croatian Capacity to Combat Drug Trafficking and Drug Abuse"	Implementation of the AP Implementation of the CARDS project 2004 "Strengthening the Croatian Capacity to Combat Drug Trafficking and Drug Abuse"	Adoption of the AP 2009-2012
	ROLE OF OFFICE FOR COMBATING DRUG ABUSE	No clear vertical and horizontal coordination, communication channels and responsibility for achieved results.	Regulation amending the Regulation Establishing the Office for Combating Narcotic Drugs Abuse (OG 111/06), whereby the following internal organizational units are to be set up for performing duties within the scope of the Office the Department for General Programmes and Strategies, and the Department of the National Focal Point for Narcotic Drugs and International Co-operation.	Ensured sustainability of programs that are adopted by responsible bodies	The coordination roles of OCNDA has been recognized and give OCNDA power to propose appropriate measures and ensure the compatibility of action plans and other drugs programs.	Achievement of the results set up better coordination mechanism between all relevant authorities in the implementation of a national multi-disciplinary drugs strategy and established networking on national and local level whit the skills and the capacity to effectively combating

						drug problems.
LOCAL LEVEL	**COUNTY COMMISSIONS**[11]	the formation of county commissions	all county commissions are founded till the end of 2006; in Action plan 2006-2009 there were obligation of counties to establish county committees for combating drug abuse.	21 county commissions 21 adopted county action plans **International symposium in the framework of CARDS- conclusions:** agreement on establish a regular annual meetings between counties and the office, the establishment of county coordination network	Joint understanding between national and local authorities about priorities that need to be achieved, regular meeting, joint working groups, giving support for programs of local action groups, monitoring the implementation.	Involving local authorities as a partner in policymaking process

11 County commissions are responsible for monitoring the epidemiological situation of drug addiction and the status and trends of drug abuse in the county; create Action Plans (for three years) and programs for combating drug abuse and addiction prevention, and submit regular annual reports on the problem of addiction in their scope to the Office for Combating Narcotic Drugs of the Croatian Government, and develop active cooperation with government institutions and NGOs in their area.

Table 2. Monitoring, information system, evaluation and research

	2005	2006	2007	2008	2009	2010	2011
NATIONAL DRUGS INFORMATION UNIT AND INTERNATIONAL RELATIONS DEPARTMENT	Official application of the Republic of Croatia for participation in the EMCDDA was submitted in January Assessment of the situation and level of harmonization with the EU acquis communautaire (EMCDDA February 2005, June 2006 + CARDS January 2007)	PHARE project 'Participation of Croatia and Turkey in the EMCDDA (May 2006 - October 2007) CARDS project 2004 "Strengthening the Croatian Capacity to Combat Drug Trafficking and Drug Abuse" carried out at the OCDA (September 2006-February 2008) National Drugs Information Unit and International Relations Department was established	Government of the Republic of Croatia adopted: • Protocol on National Drugs Information System (NDIS) • Protocol on the Early Warning System on New Psychoactive Substances • Action Plan on the National Drugs Information System (2008-2009) Multidisciplinary Working Groups for Key Epidemiological Indicators and other relevant areas were set up Draft Agreement between the Republic of Croatia and the European Commission Concerning the Participation of the Republic of Croatia in the work of the EMCDDA was presented to Croatian authorities in January Croatian Government brought Decision on Initiation of Procedure for Conclusion of the Agreement between the Republic of Croatia and the	Continuation of CARDS project 2008 Croatian Report on the Drugs Situation (2007 data) was submitted to the EMCDDA	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 was initialled in July 2009 and again in December 2009 (due to changed terminology in the Lisbon Treaty) 2009 Croatian Report on the Drugs Situation was submitted to the EMCDDA (2008 data)	Action Plan on the National Drugs Information System (2010-2011) Official appointment of representatives in the Working Groups of NDIS Drug Market Survey (December 2010- April 2011) in cooperation with University of Zagreb, Faculty for Education and Rehabilitation Sciences and NGOs IPA-3 Technical Assistance Project of the EMCDDA (April 2010-October 2011)	Working Groups of NDIS were extended Drug Market Survey (December 2010- April 2011) National Database - monitoring of projects in the area of drug demand reduction (ongoing) Regional Workshops on Addiction Prevention Programmes Action Plan on the National Drugs Information System (2012-2013) - ongoing 2011 Croatian Report on the

			European Commission Concerning the Participation of the Republic of Croatia in the EMCDDA Continuation of CARDS and PHARE projects First Croatian Report on the Drugs Situation (2006 data) was submitted to the EMCDDA			2010 Croatian Report on the Drugs Situation submitted to the EMCDDA (2009 data) 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 was signed in December - ratification is in the process	Drugs Situation was submitted to the EMCDDA (2010 data)

		2007	2008	2009	2010	2011
5 KEY EPIDEMIOLOGICAL INDICATORS	**General Population Survey**	National meetings on developments of the Key Indicator	Participation in the EMCDDA's Expert Meetings on GPS National meetings on developments of the Key Indicator	Participation in the EMCDDA's Expert Meetings on GPS	Participation in the EMCDDA's Expert Meetings on GPS Meeting on GPS in July Feasibility study for the first General Population Survey	Participation in the EMCDDA's Expert Meetings on GPS First General Population Survey was conducted

	Problem Drug Use	Estimates of the size of Injecting Drug Users' population (multiplier method) - data from General Mortality Registry and the Registry of Treated Psychoactive Drug Abusers Seroprevalence survey on HIV, HBV and HCV in Zagreb, Split, Osijek, Rijeka and prison settings – multiplier method of PDUs Participation in the EMCDDA's Expert Meetings on PDU	Estimation of the size of the Injecting Drug Users population (multiplier method) - data from General Mortality Registry and the Registry of Treated Psychoactive Drug Abusers Participation in the EMCDDA's Expert Meetings on PDU	National estimation of Problem Drug Users (mortality multiplier method) - data from General Mortality Registry and the Registry of Treated Psychoactive Drug Abusers Participation in the EMCDDA's Expert Meetings on PDU	National estimation of Problem Drug Users (mortality multiplier method) - data from General Mortality Registry and the Registry of Treated Psychoactive Drug Abusers Capture-recapture method (data from the Registry of Persons Treated for Psychoactive Drugs Abuse and Ministry of Interior) Participation in the EMCDDA's Expert Meetings on PDU Training on SPSS and Prevalence Estimates in October	PDU Workshop in July Participation in the EMCDDA's Expert Meetings on PDU
	Drug Related Infectious Diseases	Seroprevalence survey on HIV, HBV and HCV in Zagreb, Split, Osijek, Rijeka and prison settings Survey on viral hepatitis B, C and HIV infection in Croatian prisons (December 2005-December 2007) Participation in the EMCDDA's Expert Meetings on DRID	Seroprevalence study of HIV, Hepatitis B and C was conducted among Injecting Drug Users in Osijek, Zadar and Dubrovnik Participation in the EMCDDA's Expert Meetings on DRID	Participation in the EMCDDA's Expert Meetings on DRID	Participation in the EMCDDA's Expert Meetings on DRID	Participation in the EMCDDA's Expert Meetings on DRID

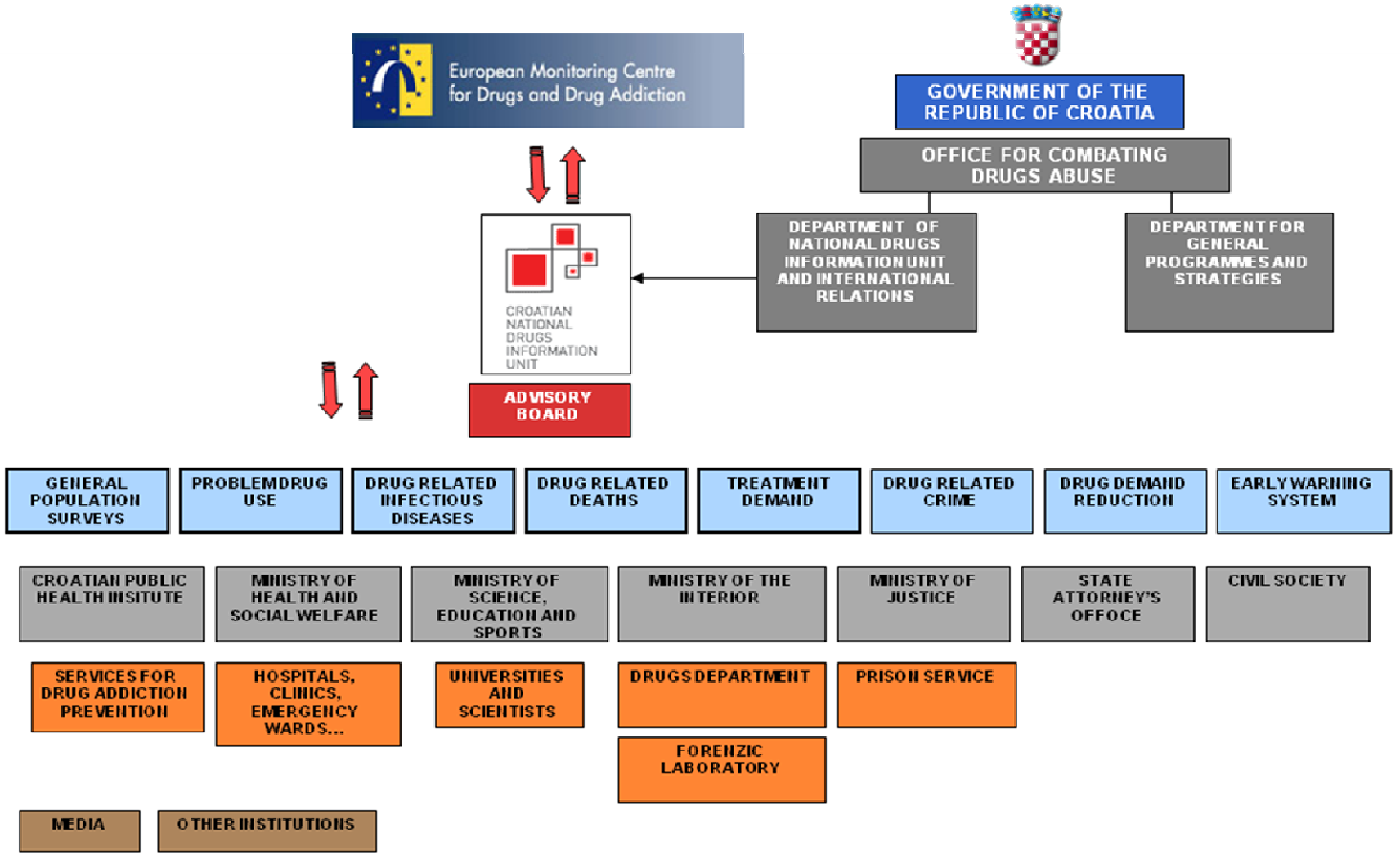
	Drug Related Deaths[12]	Beginning of cooperation and exchange of information between the Ministry of Interior and the Croatian Institute for Public Health Preparation for Cohort Mortality Study covering Zagreb area Education on Mortality Statistics Quality Improvement which (started in 2006) Proposition of the new Regulation on Examination of the Dead and Determining the Time and Pattern of Death was submitted to the Ministry of Health and Social Welfare Minimum requirements as recommendation for investigation of drug related deaths were drafted Participation in the EMCDDA's Expert Meetings on DRD	Education on Mortality Statistics Quality Improvement Proposition of the new Regulation on a Death Certificate Form was submitted to the Ministry of Health and Social Welfare Educational courses for coroners were held in Zagreb, Rijeka, Split and Osijek Cooperation Agreement between Croatian Institute for Public Health and Ministry of Interior on information exchange in order to use the toxicological analyses to determine the cause of death Participation in the EMCDDA's Expert Meetings on DRD	First Cohort Mortality Study in Zagreb Education on Mortality Statistics Quality Improvement Participation in the EMCDDA's Expert Meetings on DRD	Meeting on Mortality Cohort Studies in July Participation in the EMCDDA's Expert Meetings on DRD	Workshop in July - update of the Croatian CRC estimates for 2010 Special Mortality Registry - preparations for setting up Participation in the EMCDDA's Expert Meetings on DRD Ordinance on the Method of Examination of the Dead and Determining Time of Death (OG 46/11) was adopted

[12] Continuous cooperation over the years between the Registry for treated psychoactive drug addicts and General Mortality Database

	Treatment Demand Indicator[13]	Professional Commission for drafting the Rulebook on Therapeutic Communities was established Two workshops and education for the representatives of the non-governmental sector Education on application of pharmacotherapy of opiate users	Drafted Professional Standards for Therapeutic Communities Provided IT equipment to therapeutic communities for the purpose of integrating their data in TDI Registry Education of therapeutic communities on IT register software Treatment Evaluation Seminar (Croatian Institute for Public Health, Services for Addiction Prevention and Outpatient Treatment[14] and Ministry of Health and Social Welfare) Education on application of pharmacotherapy of opiate users	Rulebook on the Type of Social Care Home Activities, the Way of Providing Care Outside Your Own Family, the Conditions of Space, Equipment and Employees in a Care Home/Centre, Therapeutic Community, Religious Community, Association and Other Legal Entities (OG 64/09) as well as Home Care Centres was brought in June Meeting on harmonising of the treatment and rehabilitation of addicts in therapeutic communities Education on application of pharmacotherapy of opiate users Integrating treatment data from therapeutic communities-ongoing	Adopted Professional Standards for Therapeutic Communities Meeting with Therapeutic Communities, Prison Administration, Croatian Institute for Public Health and Institute of Public Health of Split-Dalmatia County on integrating data in the TDI Registry Education on application of pharmacotherapy of opiate users Integrating treatment data from therapeutic communities-ongoing Establishment of the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment (ex. Services for Addiction Prevention and Outpatient Treatment)	Integrating treatment data from therapeutic communities continued. Draft Agreement on Integrating Treatment Data from Prison Settings to the TDI Registry

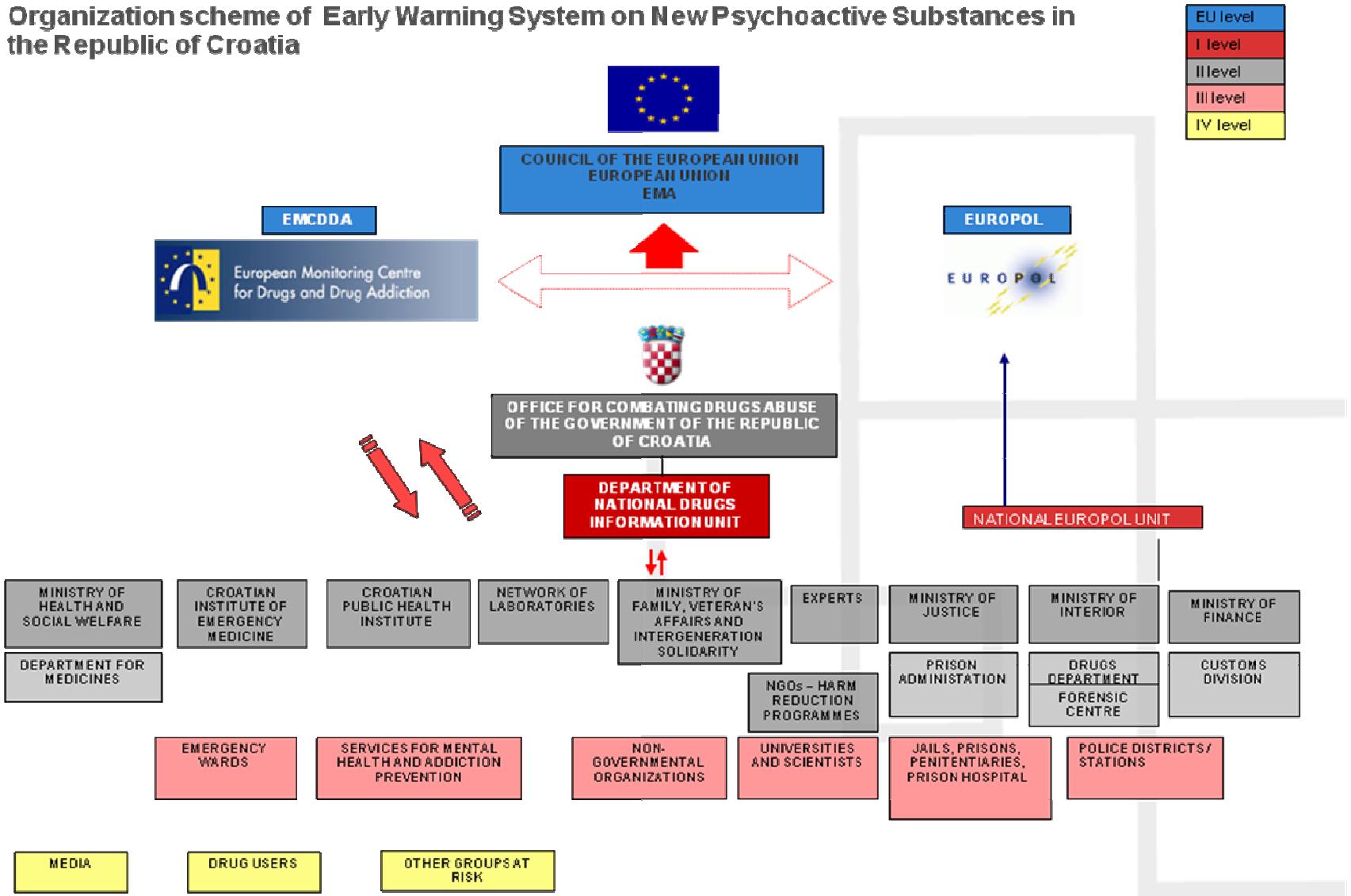
[13] Since 1978 in Croatian Institute for Public Health there is Registry of the Persons Treated for Psychoactive Drugs Abuse
[14] Services for Addiction Prevention and Outpatient Treatment were founded in 2004

Organization scheme of the partners in National Drugs Information System in the Republic of Croatia



	2004.	2007	2008	2009	2010	2011
Early Warning System on New Psychoactive Substances (EWS)	5 types of piperazine were listed at the national level	Protocol on the Early Warning System on New Psychoactive Substances was adopted by the Government of the Republic of Croatia Agreement on institutional cooperation between the Office for Combating Drugs Abuse (OCDA) and relevant authorities Multidisciplinary Working Group at the Ministry of Health and Social Welfare – risk assessment Main data provider on new psychoactive substances or dangerous impurities in traditional drugs is Forensic Sciences Centre at the Ministry of Interior	Working Group meets regularly two times per year and ad hoc upon the invitation of the OCDA (e.g. discussions on emerging trends) 1st and 2nd level of the EWS are activated Elaborated new List of Narcotic Drugs, Psychotropic Substances, Plants from which Narcotic Drug can be obtained and Substances that can be Used for Production of Narcotic Drugs- added 5 substances according to the EU Council Decisions (PMMA, 2- C-1, 2-C-T-2, 2-C T-7, TMA-2) plus 3 substances: Salvia divinorum, Tabernate iboga, Ibogaine (43/08)	Parafluoroamphetamine was put on the List (OG 50/09) Instructions for protection of officials from possible exposure to anthrax spores during their work for police and health workers were created Information on new psychoactive substances in the EU and Croatia is delivered ad hoc to Working Group	Mephedrone was put on the List (OG 02/10) Official appointment of representatives in the EWS Working Group Information on new psychoactive substances in the EU and Croatia is delivered ad hoc to Working Group	20 new psychoactive substances (cannabinoides, cathinones, phenylamphetamines) were put on the List 0G (19/11) Information on new psychoactive substances is delivered monthly to Working Group Form for collecting information from EWS partners was created National conference on Early Warning System on New Psychoactive Substances (April); Newly established expert focus groups (May) -3rd level of the EWS is activated EWS Working Group is expanded (Ministry of Family, Veterans Affairs and Intergenerational Solidarity ; Ministry of Justice, Ministry of Finance and Croatian Institute for Emergency Medicine) New partners in the EWS network: Institute for Medical Research, Clinical Hospital Sestre Milosrdnice (Chemistry Department), University Hospital Centre Zagreb (Department for Laboratory Diagnostic)

Organization scheme of Early Warning System on New Psychoactive Substances in the Republic of Croatia



DRUG DEMAND REDUCTION

Table 3. Addiction prevention among children and youth

2006	2007.	2008.	2009.	2010.
Implemented school preventive programs; lecture, promotion materials, education etc In some county, county commission developed specific prevention programs. No exactly information about program on county level (problem **of collecting data till 2010.)** More than 400 NGO-s prevention project were funded from State budget and lottery found from the Office and Ministry of health and social welfare, Ministry of Family, Veterans' Affairs and Intergenerational and Ministry of Science, Education and Sport. By the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity youth clubs, regional youths Info-centres and 17 family centres were set up.				**National Addiction Prevention Programme for children and youth in educational system and children and youth within the social welfare system for the period 2010-2014 was adopted by Government.** **County prevention programmes coordinators** a**ppointed in each County (21 county school coordinator plus 21 leader for primary and 21 for secondary school and also** 21 coordinator **for children and youth within the social security system.** Under IPA project Office organized Regional workshop on prevention and evaluation. Office developed standard form for reports about prevention programs and activity for county, NGO-s and other stakeholders. Office started develop IT data base of preventive programs. In the counties during 2010 were carried out numerous and diverse programs of substance abuse prevention. Altogether they conducted 92 programs aimed at combating drugs, of which 73 are focused on universal prevention programs, 14 in selective prevention programs, and 15 at the indicated prevention programs. It should be noted that a total of 107 programs conducted at the county level, only 36 or 33.6% evaluated, which shows that despite efforts to implement the program, nearly 70% of cases does not know the impact of programs, and it affects their implementation of the state of drug addiction in the county. **145 NGO**-s **prevention project** got financial support from State budget and Lottery found from the Office and Ministry of health and social welfare, Ministry of Family, Veterans' Affairs and Intergenerational and Ministry of Science, Education and Sport**.**

Table 4. Addiction prevention on the workplace

2007	2010
In accordance with the conclusions of TAIEX seminar "Substance Abuse Prevention in the Workplace" (26/27 November 2007), the representatives of the Office for Combating Narcotic Drugs Abuse participated in the work of the Working Group for preparing Amendments to the Law on Health and Safety at Work. The Law on Health and Safety at Work contains the clauses which set out the obligation and responsibility of employers to guarantee the implementation of preventive activities connected to substance abuse in the workplace, as well as the measures directed towards suppressing substance abuse in the workplace.	According to the **Law on state administration**, consumption of alcohol and drugs in the service, coming on the work under the influence of alcohol and drugs or refusing to be tested if there are reasonable doubt that an employee is under the influence of drugs, are the reasons under which disciplinary sanctions can be initiated.
	The Ministry of the Defence drafted and adopted a special comprehensive "Programme of Measures for Prevention and Combating Substance Abuse Among the Army Forces of the Republic of Croatia"

Table 5. Substance abuse harm reduction programs

	HARM REDUCTION ACTIVITIES - HISTORY						
	1996	1998	1999	2003 – 2006	2006	2007	2010
	NGO HELP in Split	Croatian Red Cross in Zagreb, Zadar and Pula	NGO Terra in Rijeka	Foundation of Voluntary, Anonymous and Free of Charge Testing on HIV, HBV, HCV - CTS (Croatian Institute for Public Health, 7 County Institutes for Public Health, Clinical Hospital for Infectious Diseases " Dr. Fran Mihaljević" and Prison Hospital; **ONGOING ACTIVITY**	NGO "Špica"- distribution of information on "safer parties"	NGO Institut in Pula	13 CTS locations

	HARM REDUCTION ACTIVITIES CONDUCTED BY NGOs				
	2006	2007	2008	2009	2010
Cities	**Croatian Red Cross**: Zagreb, Zadar **HELP**: Split, Dubrovnik **Tera**: Rijeka **Let**: Zagreb	**Croatian Red Cross**: Zagreb, Zadar, Krapina, Nova Gradiška; **HELP**: Split, Dubrovnik, Makarska, Šibenik, islands of Korčula, Brač and Hvar; inland city Osijek, **Terra**: Rijeka, Lovran, Labin, Delnice; islands Cres, Krk, Mali and Veliki Lošinj; **LET**: Zagreb (8 locations) **Institut**: Pula (14 sites across Istria County)	**Croatian Red Cross**: Zagreb, Zadar, Nova Gradiška, Krapina; **HELP**: Split, Dubrovnik, Makarska, Šibenik, , islands of Korčula, Brač and Hvar, inland city Osijek **Terra**: Rijeka, Lovran, Labin, Delnice; islands Cres, Krk, Mali and Veliki Lošinj; **LET**: Zagreb (12 locations) **Institut**: Pula (14 sites across Istria County)	**Croatian Red Cross**: Zagreb, Zadar, Nova Gradiška, Krapina **HELP**: Split, Dubrovnik, Makarska, Šibenik, islands of Korčula, Brač and Hvar; inland cities: Osijek, Vukovar, Đakovo, Vinkovci **Terra**: Rijeka, Lovran, Labin, Delnice; islands Cres, Krk, Mali and Veliki Lošinj, Karlovac, Ogulin; **LET:** Zagreb (12 locations) **Institut**: Pula, Poreč Brtonigla, Rovinj, Labin, Pazin, Vrsar, Raša, Umag, Buje, Rovinjsko selo, Fažana	**Croatian Red Cross**: Zagreb, Zadar, Nova Gradiška, Krapina **HELP:** Split, Dubrovnik, Makarska, Šibenik, Solin, Kaštela, Trogir, Sinjislands of Korčula, Brač and Hvar, Čiovo; inland cities: Osijek, Vukovar, Đakovo, Vinkovci; **Terra**: Rijeka, Labin, Karlovac, Ogulin and islands Krk and Lošinj; **LET:** Zagreb (11 locations) **Institut**: Pula, Poreč, Brtonigla, Rovinj, Novigrad, Bale, Buje, Umag, Labin, Fažana, Vodnjan, Banjole
Number of NSP sites	34 locations	42 locations	46 locations	71 locations	96 locations
Number of NSP clients	-	3 201	4 594	4 877	3 737
Number of new NSP clients	-	513	546	390	412

Distributed syringes	135 981	149 657	256 046	289 759	281 953
Distributed needles	34 377	94 500	687 848	636 303	602 643
Collected syringes	50 603	-	58 903	84 604	75 034
Collected needles	136 363	-	202 808	156 532	121 500

HEALTH CARE FOR DRUG ADDICTS

Table 6. Developing of the System for Prevention and Outpatient Treatment of Drug Addicts

1996 - 2003	2003	2004	2007	2010
Establishing of the Centres for drug prevention and outpatient treatment of drug addicts within the medical centres and ambulances on the local level (in the Counties); popularly called "Centres". Centres are financing by the Counties or towns.	System for drug prevention and outpatient treatment of drug addicts became a part of the Public Health Institute system – Centres is now called "Services for Addiction Prevention"	Till the end of 2004, reorganisation of the "Centres" /Services is finished also as the filling of the expert teams (staff inside the "Centres") 21 county services	Croatian Institute for Health Insurance in cooperation with Ministry of Health and Social Welfare and county budget ensured stabile financing of the "Centres".	"Services for Addiction Prevention" became "Services for Mental Health Protection, Prevention and Outpatient Treatment of Addiction", - extended scope of the work, need for new staff and filling expert teams. Still three sources of the financing. Still popularly called "Centres"

PROGRAMMES SOLVING SOCIAL ISSUES

Table 7. Social reintegration

2006	2007	2008/ 2009	2010/ 2011
National Employment Promotion Plan for the 2006. for the first time included drug addicts as one of the aimed target groups Office established working group and made draft of Project of resocialization Only **2 drug addicts were included** by the National Employment Promotion Plan.	Project of resocialisation of drug addicts was adopted by Government of Croatia on April 2007. Protocol of cooperation and acting of competent state bodies, institutions and civil society organisations in the implementation of the Project of resocialization was adopted on Sept. 2007. IT data base about Project was established by the Office New measures aimed to drug addicts intergraded in National Employment Promotion Plan for the 2007. **5** drug addicts got education, **11** was employment, 264 drug addicts was included in some kind of resocialization by project of NGOs.	New measures aimed to drug addicts intergraded in National Employment Promotion Plan for the 2008./2009. as employment in public work, short vocational training etc. **On March 2009 amendments of project was adopted giving opportunity to drug addicts to finish secondary school Government of the Republic of Croatia adopted on May 2009 the National Employment Promotion Plan for the period 2009-2010,** and **Operating annual plans for promotion of small and medium-sized enterprises.** Ministry of Economy, Labour and Entrepreneurship issued a public tender for the Project "Cooperative Entrepreneurship" which also refers to **treated drug addicts, and 3 cooperative of drug addicts got financial support** 13 drug addicts got education, **16** was employment **and about 2000 drug addicts were included in some kind of resocialization by project of NGOs. *6*0 addicts** has been included in training conducted by social welfare centres, therapeutic communities.	New measures aimed to drug addicts intergraded in National Employment Promotion Plan for the 2010./2011. as co-financing employment in dividing working place, new kind of special education, co- financing employment in NGO-s **95 treated addicts** are included in educational programmes, **59 treated addicts** got employed**, 3 048 treated addicts was included in some kind of resocialization by project of NGOs,** 2 **housing communities for addicts** were set up in the non-governmental sector**, 3** "Cooperative Entrepreneurship" of drug addicts was established and employment about 20 drug addicts, **122 addicts** has been included in training conducted by social welfare centres, therapeutic communities

Table 8. Therapeutic community and social welfare home for drug addicts

2006	2007	2008	2009/2010	2011
Most of therapeutic community was established as NGOs or religious houses, some as social welfare home for drug addicts. No standard for treatment in TC **8** TC and home for addicts - two of them was established as social welfare home with 32 therapeutic houses	According CARDS 2004 project Office and European experts develop J**oint programme standards and drawing up the guidelines for implementation of these standards** **3 of 8 TC-s accepted standards** 32 therapeutic houses	According CARDS 2004 project Office organized Study visit to Therapeutic community in Poland and Germany (Frankfurt)	**Regulation on the types and activities of social care homes, care provided out of own families, conditions of space, equipment and workers in social care homes, therapeutic communities, religious communities, associations and other legal persons, help centres and home care was adopted** in 2009 by the Minister of health and social welfare Meetings and education for TC was organized with aim to announce and adopt standards from mention Ordinance Some of TC started to send data about drug addicts to central register of Croatian Health Public Institute **8 TC-s with 32 therapeutic houses** 1 new TC which still not started work 5 TC accepted standards 6 TC sent data to central register	More TC adopted standards New Law on social welfare was adopted in 2011. Ministry will be establish Experts Board who will evaluate each treatment program of TC before it get licence for work

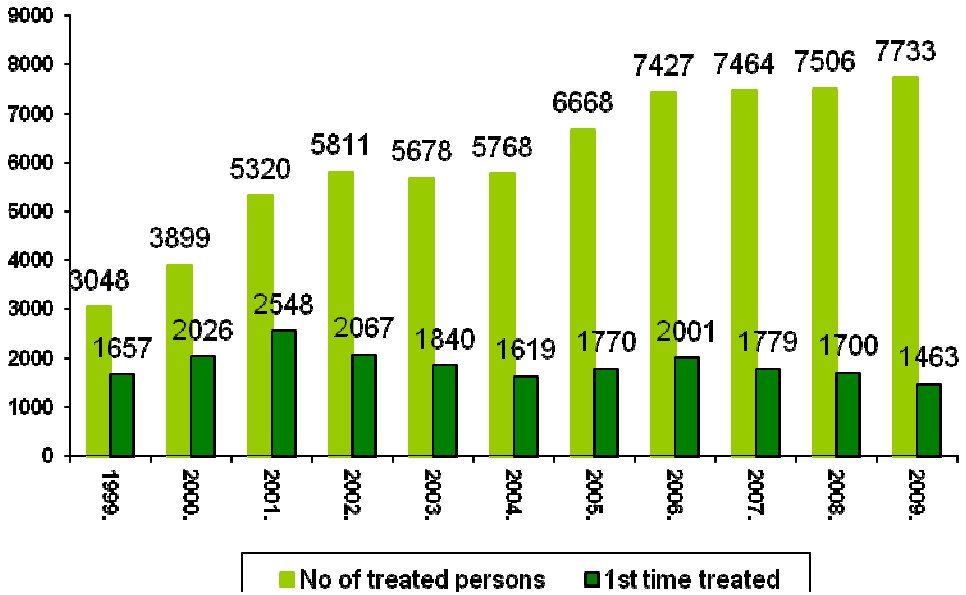
Table 9. Civil society

2006	2007	2008	2009/2010	2011
Number of NGOs actively involved in implementation of National strategy About 50 NGO-s 8 TC-s 26 concealing centres of Reed cross	The same situations as 2006 because some of NGOs stop working but also few new NGO-s were established.		Education and study visit during CARDS project and IPA project. Many NGO-s got found from IPA projects. NGOs actively involved in researches More active in prevention and harm reduction program About 60 NGO-s 31 youth clubs 4 regional youth info centres 8 TC-s 26 concealing centres of Reed cross	**Quality of work of NGO-s was improved.**

Annex 2.

Treatment

1. **Graph - Number of people treated in total, the number and proportion of people treated for the first time. (1999 - 2009).**



Source: Croatian Institute for Public Health

Table 1. People treated for opiate addiction and non-opiate addiction in total, the number and proportion of 1st time treated people for opiate addiction and 1st time treated for non-opiate addiction (1999 - 2010).

YEAR	Opiate addiction			Non-opiate type of addiction		
	No of treated	1ST time treated	Proportion of the 1ST time treated (%)	No of treated	1ST time treated	Proportion of the 1ST time treated (%)
1999.	2.057	893	43,4	991	764	77,0
2000.	2.520	1.009	40,0	1.379	1.017	73,7
2001.	3.067	1.066	34,8	2.253	1.482	65,8
2002.	4.061	846	20,8	1.750	1.221	69,8
2003.	4.087	802	19,6	1.591	1.038	65,2
2004.	4.163	732	17,6	1.605	887	55,3
2005.	4.867	785	16,1	1.801	985	54,7
2006.	5.611	876	15,6	1.816	1.125	61,9
2007.	5.703	800	14,0	1.761	979	55,6
2008.	5.832	769	13,2	1.674	931	55,6
2009.	**6.251**	**667**	**10,7**	**1.482**	**796**	**53,7**
2010.	**6.175**	**430**	**6,7**	**1.375**	**750**	**54,5**

Source: Croatian Institute for Public Health

Picture 1. People treated for opiate abuse in 2009 and the rates per 100,000 population aged 15-64 years by county of residence

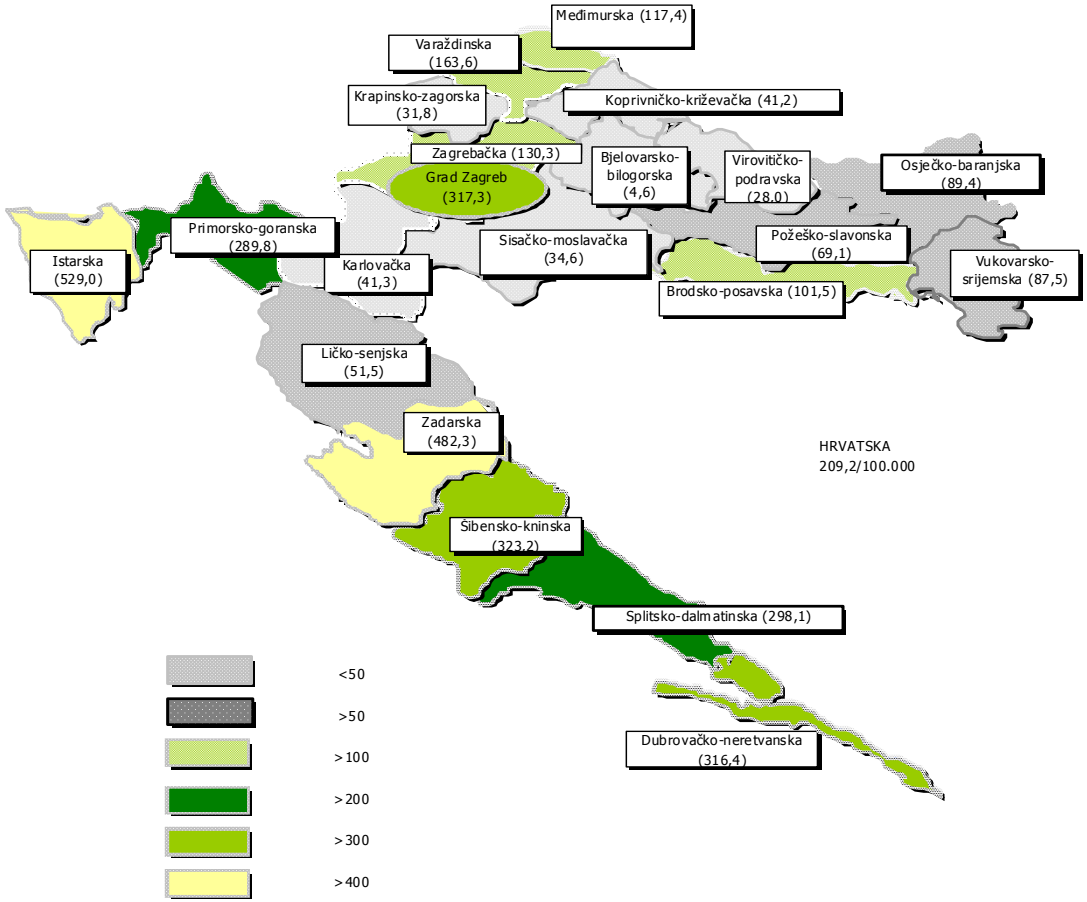


Table 2. Rates per 100,000 population aged 15-64 years by county of residence

County	Treated persons total				1st time treated			
	number	Rate on 100.000*	From that opiates	Rate on 100.000*15 (opiates)	All type of oddiction	Proportion from treated persons (%)	From that opiates	Proportion from1st time treated (%)
Grad Zagreb	2.260	420,9	1.704	317,3	437	19,3	159	36,4
Zagrebačka	384	182,7	274	130,3	91	23,7	37	40,7
Krapinsko-zagorska	51	54,0	30	31,8	15	29,4	4	26,7
Sisačko-moslavačka	111	91,4	42	34,6	54	48,6	12	22,2
Karlovačka	110	119,5	38	41,3	31	28,2	4	12,9
Varaždinska	254	204,7	203	163,6	43	16,9	17	39,5
Koprivničko-križevačka	68	82,4	34	41,2	16	23,5	4	25,0
Bjelovarsko-bilogorska	27	31,1	4	4,6	19	70,4	2	10,5
Primorsko-goranska	652	308,2	613	289,8	94	14,4	69	73,4
Ličko-senjska	21	63,6	17	51,5	8	38,1	6	75,0
Virovitičko-podravska	45	74,0	17	28,0	30	66,7	6	20,0
Požeško-slavonska	45	81,9	38	69,1	19	42,2	14	73,7
Brodsko-posavska	181	158,4	116	101,5	42	23,2	15	35,7
Zadarska	549	517,2	512	482,3	60	10,9	39	65,0
Osječko-baranjska	282	127,3	198	89,4	70	24,8	20	28,6
Šibensko-kninska	248	347,0	231	323,2	47	19,0	33	70,2
Vukovarsko-srijemska	133	98,6	118	87,5	32	24,1	20	62,5
Splitsko-dalmatinska	1.024	330,7	923	298,1	159	15,5	90	56,6
Istarska	814	572,7	752	529,0	95	11,7	60	63,2
Dubrovačko-neretvanska	306	381,2	254	316,4	49	16,0	20	40,8
Međimurska	124	154,9	94	117,4	19	15,3	8	42,1

15 Rate According to the census of 2001, National Bureau of Statistics

CROATIA TOTAL	7.689	258,9	6.212	209,2	1.430	18,6	639	44,7
Other countries	44	0,0	39	0,0	33	75,0	28	84,8
Total	7.733	0,0	6.251	0,0	1.463	18,9	667	45,6

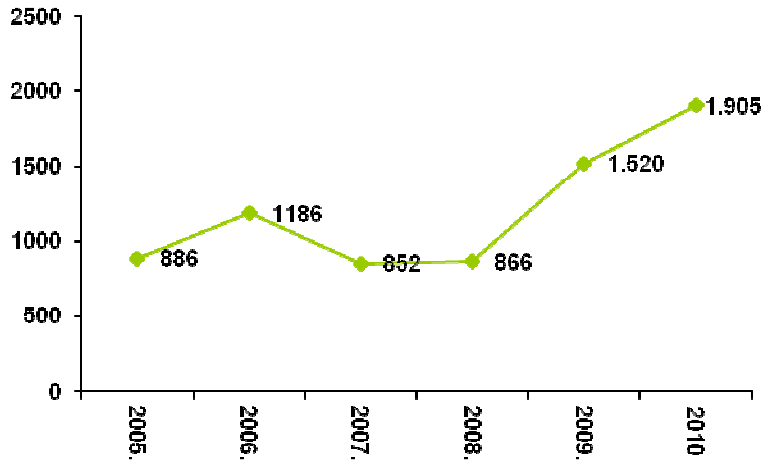
Table 3. Treated persons in total (number, by counties, by year)

County	Treated people in total - number				
	2006	2007	2008	2009	2010
Grad Zagreb	2365	2385	2281	2.260	2253
Zagrebačka	292	314	337	384	401
Krapinsko-zagorska	54	57	55	51	55
Sisačko-moslavačka	102	94	106	111	77
Karlovačka	117	135	112	110	101
Varaždinska	315	219	252	254	213
Koprivničko-križevačka	51	51	70	68	47
Bjelovarsko-bilogorska	17	28	29	27	17
Primorsko-goranska	634	635	641	652	679
Ličko-senjska	18	12	12	21	21
Virovitičko-podravska	26	34	25	45	31
Požeško-slavonska	19	24	36	45	39
Brodsko-posavska	149	169	191	181	165
Zadarska	522	636	602	549	535
Osječko-baranjska	376	327	299	282	282
Šibensko-kninska	266	248	243	248	278
Vukovarsko-srijemska	95	101	113	133	104
Splitsko-dalmatinska	832	823	879	1.024	1018
Istarska	747	757	755	814	795
Dubrovačko-neretvanska	267	280	301	306	296
Međimurska	104	106	127	124	106
TOTAL	7368	7435	7466	7.689	7513

Table 4. People treated for drug abuse toward the main cause of dependence (2007-2009)

Type of main drug of dependence	Number of treated persons					
	2007.		2008.		2009.	
	number	%	number	%	number	%
Opiates	5.703	76,4	5.846	77,9	6.251	**80,8**
Cannabinoids	992	13,3	985	13,1	793	**10,3**
Sedatives	145	1,9	179	2,4	185	2,4
Cocaine	147	2	150	2,0	143	1,8
Stimulants	355	4,8	218	2,9	214	2,8
Hallucinogens	1	0,0	6	0,1	4	0,1
Volatile solvents	12	0,2	5	0,1	7	0,1
More and other	109	1,5	117	1,6	136	1,8
TOTAL	7.464	100	7.506	100,0	7.733	100,0

2. Graph - Number of persons in whom, as a means of treatment was present on methadone maintenance (2005-2009)



3. Graph - **Number of persons in whom, as a means of treatment was present on buprenorphine maintenance or pharmacotherapy (2006-2010)**

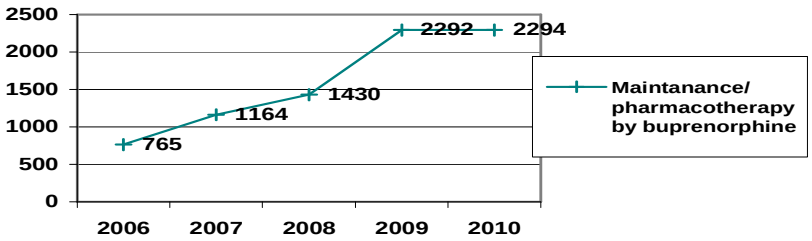


Table 5. **Number of persons in whom, as a means of treatment was present on buprenorphine maintenance or pharmacotherapy (2005-2010)**

year	Maintanance/pharmacotherapy by **buprenorphine**
2006	**765**
2007	**1164**
2008	**1430**
2009	**2292**
2010	**2294**

Table 6. **People treated for abuse of opiates, according to a history of infection with hepatitis B, C and HIV (2002-2009)**

Opiate Drug addicts	HIV positive	Hepatitis B positive	Hepatitis C positive
2002. %	0,2	27,2	71,2
2003. %	0,7	27,0	72,3
2004. %	0,5	19,2	47,4
2005. %	0,7	17,6	47,6
2006. %	0,5	15,5	46,2
2007. %	0,5	13,6	46,3
2008. %	0,5	13,2	44,6
2009. %	0,5	10,5	42,3
2010 (%)	**0,5**	**10,4**	**46,0**

Table 7. Number of deaths by county and year of death

County	2001.	2002.	2003.	2004.	2005.	2006.	2007.	2008.	2009.	2010.
Zagrebačka	7	5	8	7	6	10	5	13	7	9
Krapinsko-zagorska	0	3	1	1	0	1	2	1	1	0
Sisačko-moslavačka	2	2	3	1	2	2	4	0	1	1
Karlovačka	0	1	7	3	2	4	4	1	2	5
Varaždinska	1	3	4	4	7	5	3	2	4	6
Bjelovarsko-bilogorska	2	2	1	1	1	1	1	0	1	2
Koprivničko-križevačka	1	1	1	3	1	0	0	0	2	2
Primorsko-goranska	12	13	11	17	22	13	23	5	5	12
Ličko-senjska	0	0	0	1	0	1	1	0	0	0
Virovitičko-podravska	0	0	4	3	1	2	3	2	0	2
Požeško-slavonska	0	1	0	0	2	2	3	2	2	0
Brodsko-posavska	4	2	2	0	2	2	6	4	1	5
Zadarska	9	10	7	13	8	11	12	13	13	8
Osječko-baranjska	2	1	7	5	2	4	16	6	5	3
Šibensko-kninska	2	1	8	12	5	5	9	7	6	4
Vukovarsko-srijemska	1	2	6	5	2	7	4	3	2	3
Splitsko-dalmatinska	19	22	23	27	25	25	43	34	31	26
Istarska	11	11	13	10	15	18	20	9	14	13
Dubrovačko-neretvanska	3	5	5	6	5	6	9	5	4	8
Međimurska	1	1	3	3	4	3	3			2
Grad Zagreb	56	39	50	51	63	51	64	66	58	41
Strana zemlja	1	0	0	0	0	0	1	3	0	0
Number of deaths in total by years	134	125	164	173	175	173	236	176	159	152

Drug supply reduction

Picture 2. - Territorial distribution of crimes committed in relation to (narcotic) drugs abuse in the Republic of Croatia for 2010

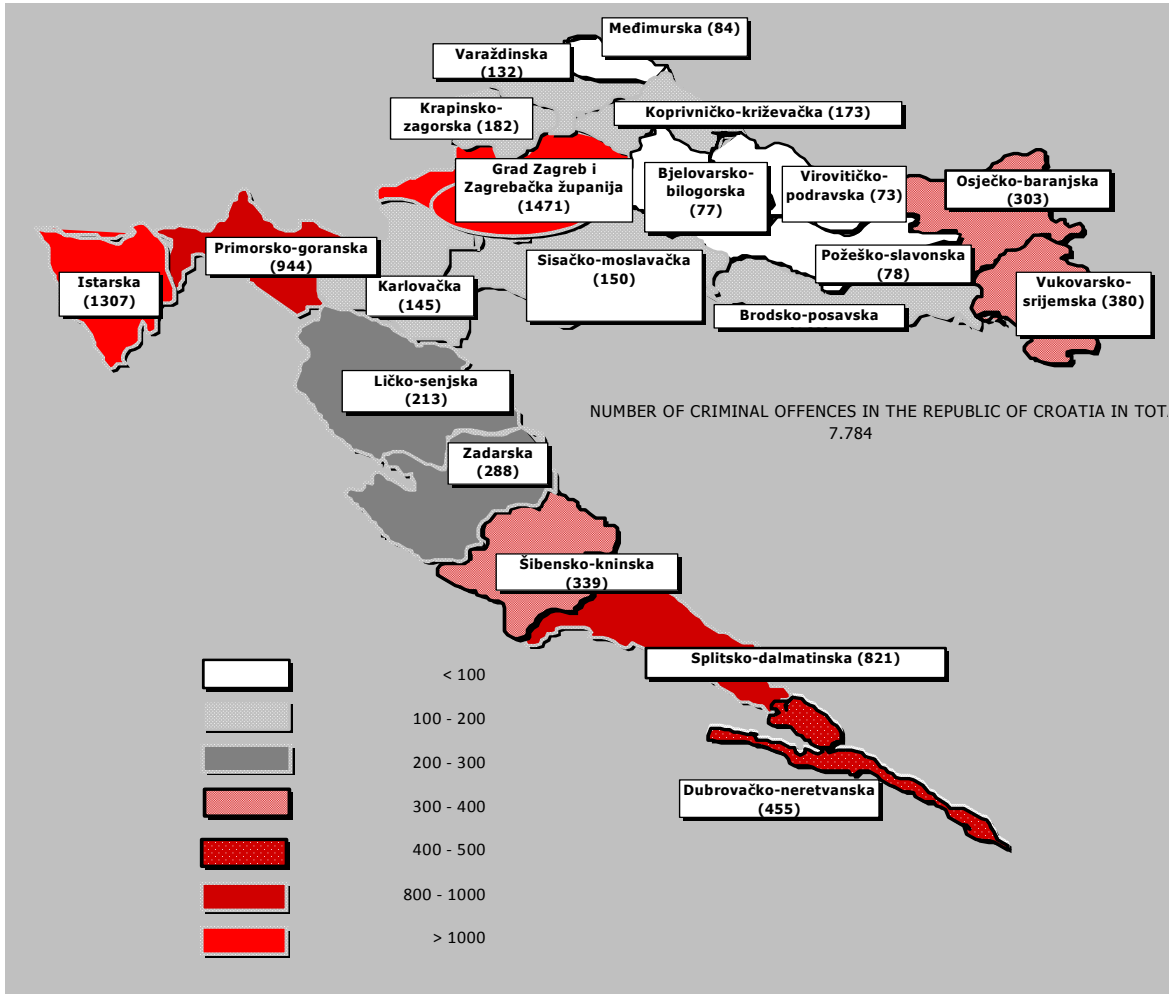
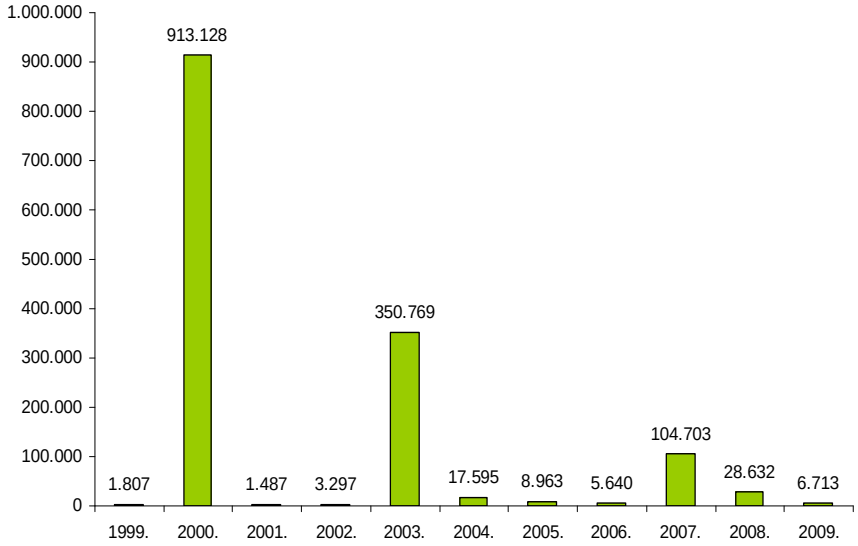


Table 8. The ratio of drug seizures by the counties in the Republic of Croatia (2008-2010)

COUNTY	2008.	2009.	RATIO 2009./2008. (%)	2010.	RATIO 2010./2009. (%)
Zagrebačka	1.297	1.091	-15,88 ↓	1.393	27,68
Primorsko-goranska	626	602	-3,83 ↓	721	19,77
Splitsko-dalmatinska	848	655	-22,76 ↓	720	9,92
Osječko-baranjska	192	155	-19,27 ↓	189	21,94
Istarska	901	805	-10,65 ↓	835	3,73
Zadarska	219	253	15,53	323	27,67
Šibensko-kninska	217	154	-29,03 ↓	167	8,44
Dubrovačko-neretvanska	461	445	-3,47 ↓	354	-20,45 ↓
Vukovarsko-srijemska	111	110	-0,90 ↓	207	88,18
Međimurska	61	53	-13,11 ↓	82	54,72
Varaždinska	99	105	6,06	74	-29,52 ↓
Brodsko-posavska	163	148	-9,20 ↓	142	-4,05 ↓
Virovitičko-podravska	51	39	-23,53 ↓	57	46,15
Koprivničko-križevačka	68	54	-20,59 ↓	49	-9,26 ↓
Ličko-senjska	166	169	1,81	196	15,98
Karlovačka	92	103	11,96	113	9,71
Sisačko-moslavačka	137	129	-5,84 ↓	152	17,83
Požeško-slavonska	40	68	70,00	65	-4,41 ↓
Krapinsko-zagorska	71	60	-15,49 ↓	149	148,33
Bjelovarsko-bilogorska	59	48	-18,64 ↓	44	-8,33 ↓
TOTAL	5.879	5.246	-10,77 ↓	6.032	14,98

SOURCE: Ministry of interior

4. Graph - Seized drug - cocaine (kg/g)-. (1999 - 2009)



5. Graph - Seized drug - amphetamine (kg/g) (1999. – 2009.)

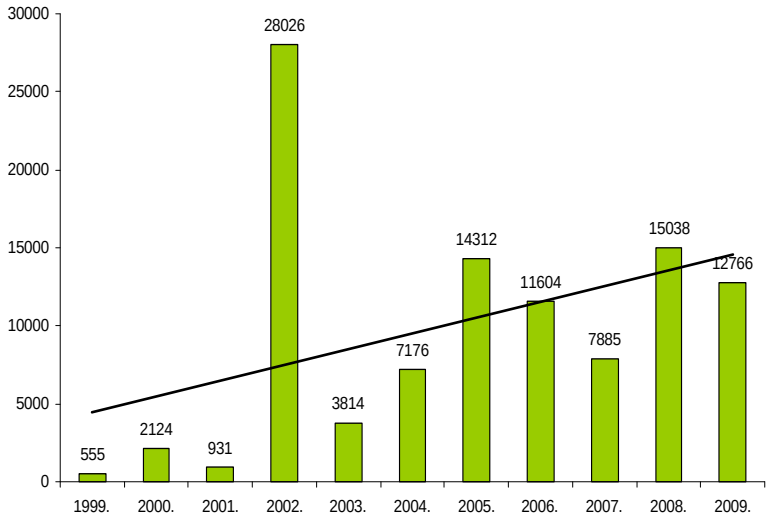


Table 9. Number of drug seizures by the Ministry of Internal Affairs (2004-2009)

Year	Number of seizures
2004.	6.414
2005.	7.002
2006.	7.049
2007.	6.546
2008.	5.879
2009.	5.246

Table 10. Display seized (kg/g) type of drugs heroin, hashish, marijuana, cocaine, amphetamine (2005-2009)

Type of drug	2005.	2006.	2007.	2008.	**2009.**
HEROIN	27.068	81.797	73.508	152.571	**59.008**
HASHISH	53.035	12.086	4.493	4.845	**112.945**
MARIJUANA	983.222	202.445	239.316	220.691	**255.103**
COCAIN	8.963	5.640	104.703	28.632	**6.713**
AMPHETAMINE	**14.312**	**11.604**	**7.885**	**15.038**	12.766

Table 11. Quantities of drugs seized in the Republic of Croatia in the period from 2005 – 2010

Type of drug	**2005.**	**2006.**	**2007.**	**2008.**	**2009.**	**2010.**
Canabis resin (kg)	53	12	4	5	113	3
Canabis herb (kg)	983	202	239	221	255	422
Canabis plant (komadi)	2.960	2.699	2.886	272	5.336	3.766
Heroin (kg)	27	82	74	153	59	98
Cocain (kg)	9	6	105	29	7	15
Amphetamine (kg)	14	12	8	15	13	6
Ecstasy (tablete)	33.601	16.340	12.609	6.855	2.455	2.160
LSD (doze)	21	21	215	653	21	101
Metadone (tablete)	9.413	12.551	6.529	10.920	4.070	3.449

6. **Graph - The relationship of criminal acts of possession (paragraph 1) and other forms of crime referred to in Art. 173 CC (2005-2009)**

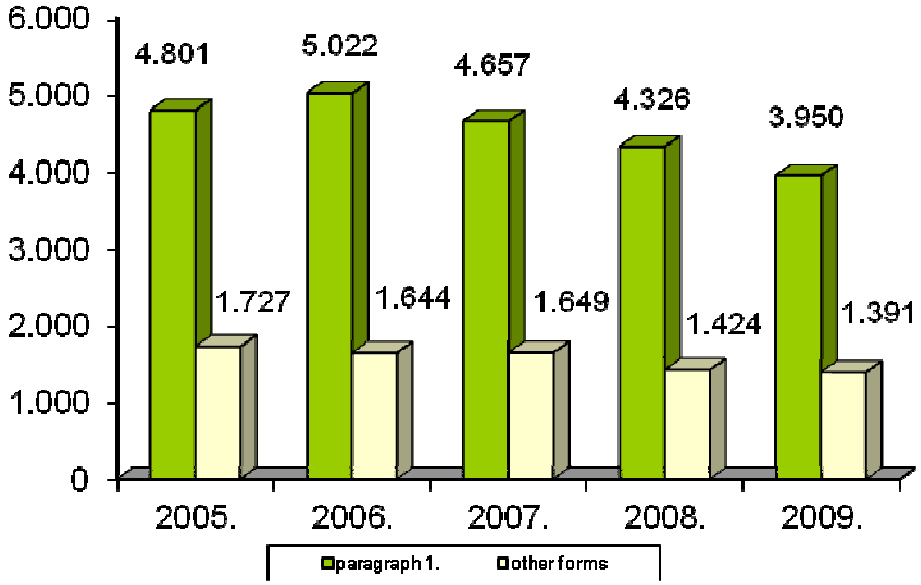


Table 12. Adult persons - reported, accused and convicted an for all modes of criminal act of Art. 173rd Criminal Code since 2005. - 2009.

Article 173 of the criminal code	2005.	2006.	2007.	2008.	2009.
Reported	6.100	6.199	6.026	5.532	5.135
Accused	4.578	4.191	3.855	3.078	2.523
Convicted	4.275	3.934	3.980	3.180	2.790

Table 13 - Reported an adult for all forms of criminal abuse of Art. 173 CC (2009).

Article 173.of the criminal code	Adults	Portion (%)	Younger adults (age 18-21)	portion (%)	Total
Possession (st.1.)	3.151	72,6	641	80,8	3.792
Resell (st.2.)	908	20,9	110	13,9	1.018
Organized trafficking (st.3.)	78	1,8	0	0,0	78
Unauthorized making, use of equipment, etc. (para 4)	26	0,6	4	0,5	30
Giving the drug to another for use (paragraph 5)	153	3,5	27	3,4	180
Giving drugs to child, minors, etc. (paragraph 6)	26	0,6	11	1,4	37
Total	4.342	100,0	793	100,0	5.135

7. Graph - Changes in the number of reported minors to Art. 173 CC (1999 .-2009.)

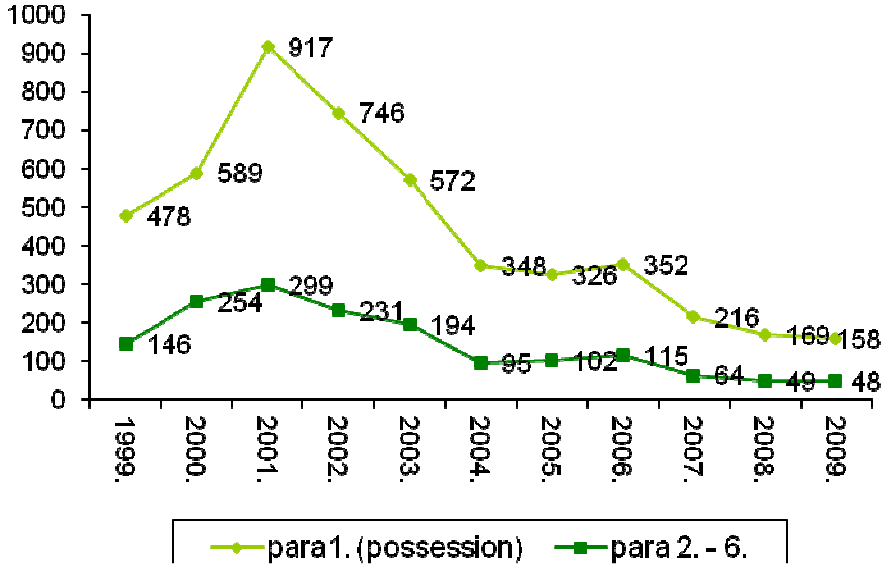


Table 13. Financial resources spent on implementation of National strategy and Action Plan (2006-2010)

YEAR	**Financial resources spent** (KN)
2006	**64 082 966.53**
2007	**66 555 929.36**
2008	**84 106 827.37**
2009	**87 437 788.21**
2010	**82 092 552.56**

Table 14. Financial resources spent on the implementation of the County Action Plan

County	Financial resources spent (EUR)	
	2009	2010
City of Zagreb	41,800	214,343
Zagreb County	88,690	79,022
Krapina-Zagorje County	20,716	23,997
Sisak-Moslavina County	13,486	8,649
Karlovac County	8,392	36,546
Varaždin County	18,445	25,676
Koprivnica-Križevci County	30,675	48,106
Bjelovar-Bilogora County	6,756	6,757
Primorje-Gorski Kotar County	216,216	216,216
Lika-Senj County	59,655	4,324
Virovitica-Podravina County	16,216	16,216
Požega-Slavonia County	2,972	3,126
Brod-Posavina County	8,108	8,378
Zadar County	178,378	79,932
Osijek-Baranja County	67,567	47,297
Šibenik-Knin County	38,513	6,081
Vukovar-Srijem County	6,756	4,054
Split-Dalmatia County	457,645	381,273
Istria County	286,507	181,196
Dubrovnik-Neretva County	37,837	62,297
Međimurje County	13,851	-
TOTAL	**1.619,181**	**1.453,486**

Annex 6: Statistics from the survey

Results of the web survey among stakeholders from the national and county level. The results are based on 144 completed questionnaires.

1. Background (n=144, on the background questions for some questions respondents were allowed to give more than one answer, if so, it is mentioned underneath the table)

1.1 In which field your organisation is operating?		
Answer	Count	Percentage
Police	19	13%
Criminal justice (court/prison/probation)	8	6%
Border control/customs	6	4%
Health services	44	31%
Social services	19	13%
Educational services	27	19%
Coordination	21	15%
National government	26	18%
Other governmental organisation	5	3%
NGO	37	26%
Other	9	6%

Respondents were allowed to give more than one answer. Percentages based on 144 respondents.

1.2 What is your current position?		
Answer	Count	Percentage
Director	74	51%
Manager	12	8%
Operational staff	72	50%

Respondents were allowed to give more than one answer. Percentages based on 144 respondents.

1.3 On which area your work is focussing?		
Answer	Count	Percentage
Coordination	64	44%
Monitoring/evaluation/research	57	40%
Prevention	94	65%
Treatment	34	24%
Social rehabilitation	40	28%
Harm reduction	30	21%
Drug-related crime	19	13%
Production and trafficking	6	4%
International cooperation	21	15%
Training	64	44%

Respondents were allowed to give more than one answer. Percentages based on 144 respondents.

1.4 On which policy level you are working?		
Answer	Count	Percentage
National	48	33%
County	101	70%

Respondents were allowed to give more than one answer. Percentages based on 144 respondents

1.5 How long are you working in your current job?

Answer	Count	Percentage
less than 1 year	1	1%
1 year to less than 3 years	21	15%
3 years to less than 5 years	16	11%
5 years or more	106	74%

1.6 How long are you working in the drugs field?		
Answer	Count	Percentage
Less than 1 year	6	4%
1 year to less than 3 years	12	8%
3 years to less than 5 years	18	13%
5 years or more	108	75%

1.7 Which of these statements is most applicable to you?		
Answer	Count	Percentage
I was involved in writing the Drug Strategy	19	13%
I contributed some elements to the Drug Strategy	60	42%
I have read the Drug Strategy	98	68%
I am aware of the Drug Strategy but did not read it	10	7%
I am not aware of the Drug Strategy	0	0%

2. Views on the comprehensiveness of the current Drug Strategy (NDS) (n=144, one answer only)

2.1 To what extent do you agree/disagree with the following statement about the current Drug Strategy?	**Strongly agree**	**agree**	**disagree**	**Strongly disagree**	**Don't know**
The Drug Strategy covered all relevant issues.	24%	67%	5%	1%	2%

2.2 In the current Drug Strategy there should have been more emphasis on:	**Strongly agree**	**agree**	**disagree**	**Strongly disagree**	**Don't know**
1. coordination of drug policy in the country	39%	51%	7%	1%	2%
2. monitoring production and trafficking of drugs	28%	54%	10%	1%	6%
3. monitoring the use of drugs	32%	51%	14%	0%	3%
4. monitoring the implementation of supply reduction (police, customs activities, etc.)	34%	55%	6%	1%	4%
5. monitoring the implementation of demand reduction (prevention, treatment, rehabilitation and harm reduction)	52%	42%	5%	0%	1%
6. developing the information system (reporting and dissemination of reports	43%	45%	10%	1%	1%
7. evaluating supply reduction programmes	41%	46%	6%	2%	5%
8. evaluating demand reduction programmes	44%	49%	5%	0%	2%
9. research	36%	48%	11%	1%	4%
10. drug prevention	65%	29%	6%	0%	0%
11. drug treatment	40%	49%	10%	0%	2%

12. rehabilitation	51%	40%	7%	0%	2%
13. involvement of civil society	46%	44%	7%	2%	1%
14. police and customs activities	32%	53%	8%	2%	4%
15. precursor control	28%	52%	10%	3%	7%
16. work in penitentiaries and prisons	40%	44%	8%	1%	8%
17. international cooperation	38%	48%	8%	1%	5%
18. training	67%	29%	3%	1%	0%

3. Views on realisation of objectives of the Drug Strategy (n=144, one answer only)

Objective 1: To improve coordination and cooperation by and between state administration bodies, by and between state administration bodies and local (regional) self-government, and by and between state institutions and civil society organisations.	
Improved much	17%
Improved slightly	57%
No change	22%
Got slightly worse	2%
Got much worse	1%
Don't know / no opinion	2%

Objective 2: To set up and improve the network of institutions for combating addiction at state and local level.	
Improved much	24%
Improved slightly	53%
No change	20%
Got slightly worse	3%
Got much worse	0%
Don't know / no opinion	1%

Objective 3: To improve prevention-oriented programmes for children and young people, and to advance the educational role of schools with a view to preventing addiction.	
Improved much	13%
Improved slightly	56%
No change	24%
Got slightly worse	2%
Got much worse	3%
Don't know / no opinion	2%

Objective 4: To develop and implement special prevention programmes for groups at risk.	
Fully developed and implemented	1%
Well developed and implemented	15%
Partly developed and implemented	49%
Poorly developed and implemented	25%
Not developed and implemented	7%
Don't know / no opinion	3%

Objective 5: To strengthen the measures of student, parent and teacher education concerning the harmfulness and impact of drugs and other addictive substances, and to implement prevention programmes against drug addiction jointly with prevention programmes for alcohol, cigarettes and other substances.	
Improved much	10%

Improved slightly	63%
No change	19%
Got slightly worse	6%
Got much worse	1%
Don't know / no opinion	2%

Objective 6: To create prevention programmes for younger age groups from 4 to 10, and to include them in educational institutions.	
Fully developed	1%
Well developed	15%
Partly developed	36%
Poorly developed	31%
No steps taken	8%
Don't know / no opinion	9%

Objective 7: To improve measures concerning therapy, treatment and social reintegration of addicts and accordingly to set up multidisciplinary teams for work with addicts and their families.	
Improved much	13%
Improved slightly	51%
No change	24%
Got slightly worse	3%
Got much worse	3%
Don't know / no opinion	6%

Objective 8: To establish better cooperation with institutions at local level in order to create a connection between various phases of therapy and early detection, detoxification, selection of adequate form of treatment and social reintegration.	
Fully developed	1%
Well developed	22%
Partly developed	47%
Poorly developed	19%
No steps taken	3%
Don't know / no opinion	7%

Objective 9: To strengthen the measures of the repressive apparatus in the prevention of drug availability and the suppression of drugs abuse, and to improve the penal policy in the field of suppressing drugs abuse and organised crime.	
Fully developed	2%
Well developed	34%
Partly developed	35%
Poorly developed	15%
No steps taken	3%
Don't know / no opinion	10%

Objective 10: To encourage, implement and financially support scientific research of the problem of addiction.	
Fully developed	1%
Well developed	12%
Partly developed	36%
Poorly developed	33%
No steps taken	5%
Don't know / no opinion	14%

Objective 11: To allocate significant financial resources for the implementation of the programmes at state level and to set up professional teams in state institutions to work on the implementation of all measures included in the Action Plan.	
Fully developed	1%
Well developed	14%
Partly developed	35%
Poorly developed	32%
No steps taken	6%
Don't know / no opinion	13%

Objective 12: To implement the Action Plan as a long-term, planned and ongoing activity, and not as occasional projects and campaigns.	
Fully developed	6%
Well developed	31%
Partly developed	43%
Poorly developed	16%
No steps taken	2%
Don't know / no opinion	2%

4 – 13 Views on implementation of actions (n=144, one answer only).

4.1 Did according to you the efforts increase in the field of the national coordination by the Office for Combating Drug Abuse?					
Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know no opinion
22%	60%	10%	2%	2%	3%

4.2 What was according to you the influence of the Drug Strategy on this increase/decrease?				
Decisive	Important	Moderate	Not important at all	Don't know / no opinion
2%	40%	42%	11%	5%

5. Views on implementation of actions: Monitoring, information system, evaluation and research

5.1 Did according to you the efforts increase in the field of:						
	Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know no opinion
Monitoring	22%	60%	14%	0%	1%	4%
Information System	23%	59%	13%	1%	1%	3%
Evaluation	12%	43%	40%	1%	0%	5%
Research	7%	42%	35%	3%	1%	13%

5.2 What was according to you the influence of the Drug Strategy on this increase/decrease?					
	Decisive	Important	Moderate	Not important at all	Don't know / no opinion
Monitoring	7%	51%	35%	4%	3%
Information System	8%	47%	38%	3%	3%
Evaluation	5%	36%	47%	8%	4%
Research	5%	33%	43%	9%	10%

6. Views on implementation: Drugs Demand Reduction: Prevention

6.1 Did according to you the efforts increase in the field of:						
	Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know no opinion
Family	5%	49%	35%	5%	3%	3%
Educational system	16%	58%	15%	5%	3%	2%
Healthcare system	17%	47%	26%	1%	3%	6%
Social security system	47%	36%	1%	3%	8%	47%
Local community	5%	47%	36%	3%	6%	3%
Workplace	3%	29%	54%	1%	6%	6%

6.2 What was according to you the influence of the Drug Strategy on this increase/decrease?					
	Decisive	Important	Moderate	Not important at all	Don't know / no opinion
Family	5%	29%	38%	26%	2%
Educational system	8%	39%	42%	8%	2%
Healthcare system	8%	44%	34%	8%	5%
Social security system	6%	37%	43%	9%	6%
Local community	8%	31%	40%	18%	3%
Workplace	4%	25%	34%	28%	8%

7. Views on implementation: Drugs Demand Reduction: Substance use harm reduction programme

7.1 Did according to you the efforts increase in the field of harm reduction programmes?					
Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know no opinion
14%	50%	24%	1%	1%	10%

7.2 What was according to you the influence of the Drug Strategy on this increase/decrease?				
Decisive	Important	Moderate	Not important at all	Don't know / no opinion
3%	38%	40%	11%	8%

8. Views on implementation: Drugs Demand Reduction: Health care for addicts

8.1 Did according to you the efforts increase in the field of:						
	Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know no opinion
Organisation and treatment principles	16%	47%	25%	1%	1%	10%
Tasks of other healthcare professions and institutions	6%	49%	28%	1%	1%	15%
Croatian Institute of Public Health	20%	38%	26%	1%	1%	14%
Referential addiction centres	28%	41%	17%	1%	1%	11%
Substitution treatment	22%	40%	22%	1%	1%	15%

8.2 What was according to you the influence of the Drug Strategy on this increase/decrease?					
	Decisive	Important	Moderate	Not important at all	Don't know / no opinion
Organisation and treatment principles	9%	35%	35%	8%	12%
Tasks of other healthcare	5%	38%	34%	12%	13%

professions and institutions					
Croatian Institute of Public Health	10%	36%	33%	9%	12%
Referential addiction centres	17%	32%	36%	4%	10%
Substitution treatment	10%	35%	30%	13%	13%

9. Views on implementation: Drugs Demand Reduction: Programmes aimed at solving social issues

9.1 Did according to you the efforts increase in the field of:						
	Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know no opinion
Therapeutic communities and rehabilitation centres	11%	53%	22%	3%	1%	10%
Resocialisation of drug addicts	13%	58%	19%	3%	0%	7%
9.2 What was according to you the influence of the Drug Strategy on this increase/decrease?						
	Decisive	Important	Moderate	Not important at all	Don't know / no opinion	
Therapeutic communities and rehabilitation centres	9%	40%	31%	8%	12%	
Resocialisation of drug addicts	13%	42%	31%	6%	8%	

10. Views on implementation: Drugs Demand Reduction: Civil Society

10.1 Did according to you the efforts increase in the field of civil society involvement?					
Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know no opinion
10%	47%	33%	4%	3%	2%
10.2 What was according to you the influence of the Drug Strategy on this increase/decrease?					
Decisive	Important	Moderate	Not important at all	Don't know / no opinion	
6%	31%	46%	15%	3%	

11. Views on implementation: Drugs Supply Reduction

11.1 Did according to you the efforts increase in the field of:						
	Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know no opinion
Drug supply reduction through police and customs	22%	49%	14%	1%	1%	14%
Precursor control	11%	46%	19%	1%	1%	24%
Penal policy	8%	51%	26%	3%	1%	11%
Penitentiaries and prisons	8%	45%	24%	3%	0%	20%
11.2 What was according to you the influence of the Drug Strategy on this increase/decrease?						
	Decisive	Important	Moderate	Not important at all	Don't know / no opinion	
Drug supply reduction through police and customs	8%	44%	25%	9%	14%	
Precursor control	6%	40%	26%	6%	22%	

Penal policy	8%	33%	36%	10%	13%
Penitentiaries and prisons	6%	34%	30%	9%	22%

12. Views on implementation: International cooperation

12.1 Did according to you the efforts increase in the field of international cooperation?					
Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know no opinion
28%	48%	10%	1%	1%	12%
12.2 What was according to you the influence of the Drug Strategy on this increase/decrease?					
Decisive	Important	Moderate	Not important at all	Don't know / no opinion	
12%	53%	20%	4%	11%	

13. Views on implementation: Training

13.1 Did according to you the efforts increase in the field of training?					
Increased much	Increased slightly	No change	Decreased slightly	Decreased much	Don't know no opinion
11%	59%	24%	3%	2%	1%
13.2 What was according to you the influence of the Drug Strategy on this increase/decrease?					
Decisive	Important	Moderate	Not important at all	Don't know / no opinion	
11%	37%	37%	12%	3%	

14.1 Views on the need of more or less emphasis on the different fields in the new Drug Strategy (n=144, one answer only)

14.1 In the new Drug Strategy there should be more emphasis on:	**Strongly agree**	**agree**	**disagree**	**Strongly disagree**	**Don't know**
1. coordination of drug policy in the country	50%	45%	3%	0%	1%
2. monitoring production and trafficking of drugs	28%	58%	8%	0%	6%
3. monitoring the use of drugs	33%	58%	6%	0%	4%
4. monitoring the implementation of supply reduction (police, customs activities, etc.)	38%	51%	5%	0%	6%
5. monitoring the implementation of demand reduction (prevention, treatment, rehabilitation and harm reduction)	57%	37%	3%	0%	3%
6. developing the information system (reporting and dissemination of reports	45%	49%	4%	0%	1%
7. evaluating supply reduction programmes	45%	44%	6%	0%	6%
8. evaluating demand reduction programmes	48%	44%	6%	0%	3%
9. research	47%	48%	5%	0%	0%
10. drug prevention	75%	21%	4%	0%	0%
11. drug treatment	52%	38%	8%	0%	1%
12. rehabilitation	63%	29%	7%	0%	1%
13. involvement of civil society	58%	35%	6%	1%	1%
14. police and customs activities	43%	41%	10%	0%	6%
15. precursor control	35%	46%	11%	0%	8%
16. work in penitentiaries and prisons	47%	43%	6%	0%	5%

17. international cooperation	43%	51%	3%	0%	3%
18. training	74%	22%	3%	0%	0%

14.2 top three future (n=144)

subject	Nr 1	Nr 2	Nr 3	Score
Prevention	76	50	29	358
Coordination	18	14	10	88
Drug Supply Reduction	12	19	5	79
Treatment	5	19	13	66
Evaluation/monitoring/research	6	13	21	65
Rehabilitation and resocialisation	6	8	29	63
Drug Demand Reduction	7	4	5	34
Financing	5	2	1	20
Drug Demand & Supply Reduction	3	1	0	11
Networking	2	1	2	10
Interdepartmental cooperation	2	0	3	9
Harm reduction	0	3	3	9
Implementation	0	2	5	9
Civil society	0	0	9	9
Punishment/repression	0	3	2	8
International cooperation	0	2	4	8
Policy	2	0	0	6
Informatisation / Computerization	0	2	0	4
NGO's	0	2	0	4
Activity of the National Institutions	1	0	0	3
Applicability	0	1	0	2
Legal framework	0	0	1	0

The columns Nr 1, nr 2 and nr 3 show the number of respondents choosing the subject in a row as number1 priority, number 2 priority and number 3 priority. Each subject chosen as number 1 priority was rated with 3 points, a number 2 priority 2 points and a number 3 priority 1 point. In the column score the total score per subject is presented.

Annex 7: Diverging answers survey

(statistically significant on p<0.05)

	question	p
Directors and managers are more positive than operational staff on:		
• the implementation of precursor control.	11.1	.014
Respondents from NGO's are less positive than the others on:		
• strengthening the measures of student, parent and teacher education concerning the harmfulness and impact of drugs and other addictive substances, and to implement prevention programmes against drug addiction jointly with prevention programmes for alcohol, cigarettes and other substances.	3.5	.045
• the implementation of prevention on health care system level.	6.1-3	.014
• the implementation of prevention on social security system level.	6.1-4	.002
Respondents from NGO's are more positive than the others on:		
• the efforts on civil society involvement.	10.1	.002
The ones that were actively involved in writing (parts of) the Drug Strategy are more positive than the others on:		
• the realisation of measures concerning therapy, treatment and social reintegration of addicts and accordingly to set up multidisciplinary teams for work with addicts and their families.	3.7	.036
• the influence of the Drug Strategy on the increase in the efforts in the field of national coordination.	4.2	.031
• the implementation of prevention on healthcare system level.	6.1-3	.001
• the implementation of prevention on local community level.	6.1-5	.014
• The implementation of programs on resocialisation of drug addicts.	9.1-2	.036
The justice group is more positive than the others on:		
• the efforts to establish better cooperation with institutions at local level in order to create a connection between various phases of therapy and early detection, detoxification, selection of adequate form of treatment and social reintegration.	3.8	.002
• the efforts to encourage, implement and financially support scientific research of the problem of addiction.	3.10	.006
• the implementation of evaluation.	5.1-4	.016
• the implementation of prevention on family level.	6.1-1	.037
Respondents that work on a national level are more positive than the ones that work on county level on:		
• the efforts to allocate significant financial resources for the implementation of the programmes at state level and to set up professional teams in state institutions to work on the implementation of all measures included in the Action.	3.11	.000
• the efforts on civil society involvement.	10.1	.033
Respondents from the services (health, social and educational) are less positive about:		
• the influence of the Drug Strategy on the increase in the efforts in the field of national coordination.	4.2	.013