

**NATIONAL DRUG CONTROL STRATEGY
IN THE REPUBLIC OF CROATIA
2006 - 2012**

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1. INTRODUCTION

Drug abuse and illnesses resulting from drug addiction affect all social classes, all layers of the community and all countries. Therefore, the principal goal of the United Nations and European Union is to reduce the drug supply and demand, and accordingly, keep the drug abuse prevalence within the frames bearable for the community in order not to disrupt the basic values of society, family and individual.

Consequently, the main principle of the European Drugs Strategy and the National Drug Control Strategy in the Republic of Croatia is the principle of drug supply and demand reduction, which includes addiction prevention measures, drug crime suppression and measures for drug addiction treatment, rehabilitation and the re-socialisation of drug addicts.

Drug abuse is one of the main social and health problems of the present civilisation, interfering with the development of poor counties, responsible for the outflow of substantial amounts of money in economically developed countries. It represents a true risk for national health, especially regarding infectious diseases (HIV, hepatitis C, hepatitis B, sexually transmitted diseases) and mortality among the drug addicts is bigger than in general population of the same age. Drug addiction is closely connected with other social problems such as poverty, unemployment, prostitution, delinquency, crime, homelessness etc. Money circulating in narco-crime surroundings can play a significant role in economic stability.

The system for monitoring addiction as a separate health and social problem was established in the Croatian National Institute of Public Health back in the early eighties. From the total morbidity and mortality data on the national level, the data on the individuals treated for drug abuse was isolated. Gradually the Hospital Treated Psychoactive Drug Addicts Register, (maintained by the Addiction Prevention Service of the Croatian National Institute of Public Health) was compiled.

The treatment system is, in accordance with the current National Drug Control Strategy, based on the network of hospital and out-of-hospital treatment. Annually, about 6000 individuals are registered within the system. In the year 2004, 5.768 individuals were treated (129,7/100.000 inhabitants), 4.149 of which were heroin addicts. There were 1.619 people treated for the first time in the year 2004, whereas there were 732 new heroin addicts. Compared to the previous years the total number of treated individuals is a little higher, but the number of new individuals in the system is lower. The number of new heroin addicts has been kept at the number of 800-1000 for a few years now, and in 2004 it was lower than in the previous years. The reorganisations of addiction prevention centres and their transformation into institutes of public health during 2004 caused certain doubts about financing and employment last year. Therefore this data points to the relative instability of the addiction emergency care system rather than to an optimistic reduction in drug abuse.

On the Hospital Treated Psychoactive Drug Addicts Register by the end of 2004, 20.162 individuals were registered. In the previous ten-year-period, a constant increase in the number of drug arrestees serving their sentences in prisons and penitentiaries has been noticed. During 2004 the number of drug arrestees serving their sentences was 566. This is ten times as many as the number of addicts in

1994. Of 566 drug arrestees, 194 were serving sentences for the first time. This confirms the evident need for establishing a special penitentiary of socio-therapeutic type. Held in such a penitentiary will be those addicts who will, (beside the prison sentence) have to undergo obligatory treatment, and who had been, (immediately before their arrival to prison,) included in the socio-therapeutic procedures in the community, as well as the addicts who, in the course of the treatment programme within the penal system, meet the conditions to continue serving their sentences in an open-type penitentiary.

Furthermore, according to the results of the international survey (ESPAD 2003), the distribution of consuming drugs and other addictive substances among youth is getting bigger and showing a shift toward a younger age.

In the opinion of the professionals, the most significant factor for the increase in drug addiction in Croatia is the influence of social factors, such as the economic situation, war conditions, increase of crime and drugs availability, population migrations and many other sociological actions within the community.

The current National Drug Supervision and Control Strategy and Assistance to Drug Addicts in the Republic of Croatia, formed the basis for action in the field of drug abuse control. This was implemented by state authorities, bodies of the local and regional self-administration units, institutions, associations and religious organisations, as well as other legal and physical persons. It was brought into effect by the Parliament of the Republic of Croatia in the 1996.

The above mentioned National Strategy was the basic document for the implementation of different activities in the field of drug addiction control, from addiction prevention, drug abuse control, to treatment and care of addicts and occasional drug users. The National Strategy also served as the foundation for bringing legal and sub-legal regulations in the field of drug abuse control, and the foundation for the elaboration of annual Action plans for drug abuse control and corresponding execution programmes, both on the level of competent ministries and local and regional self-government bodies. Since 1996 till now, significant changes in the legal field regarding drug abuse control have happened, as well as the advancement of professional and scientific knowledge in legislation, especially regarding the guidelines and the doctrine of implementing drug addiction prevention and the treatment of addicts.

The most important legal act brought, based on the above-mentioned National Strategy is the Drug Abuse Prevention Act, which was brought by the Croatian Parliament on 23rd November 2001. In this Act the conditions for growing plants from which drugs can be obtained are more precisely specified, as well as the manufacturing, possession and trafficking of drugs and other substances used for making drugs, control over the cultivation of plants used for drug manufacturing, drug abuse control measures, addiction prevention system and the system for helping addicts and occasional drug users. Up till now, two amendments to the Drug Abuse Prevention Act have been made, on 6th October 2003 and 6th October 2004 respectively. In this way Croatian legislation has been harmonised with the corresponding United Nation's conventions (Single Convention on Narcotic Drugs from 1961, amended by the Protocol from 1972, the Convention on Psychotropic Substances from 1971, and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances from 1988) These represent the principle legal instruments for solving drug problems on a global level.

According to all indicators, in the Republic of Croatia the drug supply has increased in the last few years, it has become more varied and the drugs availability has increased, too, which caused the increase in drug consumption, especially among youth. As a result of this, the need for the development of new programmes to reduce both the supply of and demand for drugs has increased. The drug abuse prevalence depends on historic, social, cultural and demographic features of every county in the Republic of Croatia..

There are 21 counties in the Republic of Croatia including the city of Zagreb, which also has the status of a county, and the drug abuse prevalence and the number of addicts differ from one county to another. According to the number of treated addicts per number of citizens, in 2004 the counties of Istra, Zadar, Šibenik and Knin, Varaždin, the City of Zagreb and Primorsko Goranska County are above average.

It is known that the addiction problem is mostly the problem of urban environment, and the prevalence of addictive drug consumption primarily depends on the drug availability, efficiency of different addiction prevention programmes on national and local level, as well as institutional and non-institutional addiction control resources.

In Article 6 of the Narcotic Drug Abuse Control Action Plan for the year 2004/2005, the organisation of an institutional frame for drug abuse control, (i.e. the foundation of a County Commissions for narcotic drug abuse control) has been planned. This will promote drug abuse control on the county level and improve the coordination and implementation of measures and activities in the field of narcotic drug abuse control on the local self-governing level. Such county commissions should include experts from the fields of education, social welfare, health, police, the judicial system, non-governmental organisations and county government administration offices. Up till now, County Commissions have been founded in 19 counties. Furthermore, in every county there are Addiction prevention centres (21 centres), founded on the National Strategy basis by the counties.

In accordance with the Health Protection Law (Official Gazette 121/2003) and the Law on Amendments to the Narcotic Drugs Abuse Control Act (Official Gazette 163/2003), the system for addiction prevention and out-of-hospital treatment became a part of the Institution of Public Health. In this way the above-mentioned centres for addiction prevention have become the consisting parts of the County Institutions of Public Health. These centres in their organisation and contents integrate the activities of health, welfare and education with the aim of continuous control, education, psychotherapy, family therapy, HIV infection prevention as well as the assistance in solving other everyday problems of addicts, occasional drug users and their families.

National Drug Abuse Control Strategy contains and formulates national drugs policy, whereas the priorities the government gives to solving certain social and medical problems in this field depend on the drug prevalence in the society, economic conditions and the level of general public's consciousness of all sides of the problem. Furthermore, the implementation of the national policy of narcotic drug abuse control requires a balanced, multidisciplinary and integrated approach.

Such an approach requires the co-ordination of all the bodies included in the fight against drug addiction. This co-ordination is in addition to all government administration levels, with an emphasis on the role of several bodies: the local administration in the implementation of drug abuse control activities, and the contribution of non-governmental associations, religious organisations and various citizen initiatives in this particular field.

Co-ordinators for the implementation of the drug abuse control policy in the Republic of Croatia are the Office for Combating Narcotic Drug Abuse established on 21st February 2002, and the Commission for the Prevention of Drug Abuse of the Croatian Government. The primary task of the Office is to perform continuous coordination, through the existing coordination mechanisms, to ensure efficient and adequately balanced measures, both among the state government bodies and between the state and local self-government bodies.

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. There are possibilities opening for new interventions and challenges in this field through different social institutions on both national and local levels. From everything previously mentioned, a need therefore arose 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,) started drafting the new National Drug Abuse Control Strategy in the Republic of Croatia for the period 2006 to 2012.

The National Strategy will respect the international frame, UN conventions, instructions of the Council of Europe and European Union, as well as other international agreements and recommendations in different professional fields. What is more, the new National Strategy will follow the multi disciplinary, integrated and balanced approach, which incorporates the drug supply and demand reduction. This National Strategy will represent the foundation for the activities of state institutions and non-governmental organisations on both national and local levels. This is all in addition to representing the

frame for bringing in the Narcotic Drugs Abuse Control Action Plan (on a three-year basis) and other strategic documents and legal regulations from the field of narcotic drugs control.

2. METHODOLOGY OF THE ELABORATION OF THE NATIONAL STRATEGY

The key framework for the elaboration of the National Strategy was the European Union Drug Strategy (2006 - 2012), which emphasises the need for the elaboration of a comprehensive, multidisciplinary, global and balanced drug strategy in Europe. In accordance with the proposal of the European Council, professional knowledge of the European Monitoring Centre for Drugs and Drug Addiction – EMCDDA) and other European experts have been used.

3. PRINCIPLES OF THE NATIONAL STRATEGY

Basic principles of the National Drug Strategy in Croatia emerge from the Constitution of the Republic of Croatia, legislation, UN conventions, EU regulations, proposals of the Council of Europe and the concrete goals our society wants to achieve in the period between 2006 and 2012.

To achieve general and strategic goals it is necessary to create a general politics and strategy that will be an efficient preventative measure with effective treatment, rehabilitation and adequate harm reduction programmes for the individuals with drug addiction problems.

General politics should take responsibility for the protection of individuals and societies associated with drug abuse. On the one hand, policy and strategy should be individually-oriented, and on the other hand they should be oriented toward social conditions that will enable and facilitate its implementation. The policy is based on principles such as human rights and life protection, respect of human dignity, social and individual responsibility, individual freedom and family protection.

Knowledge is the primary prerequisite of human behaviour in public. Everybody needs the guaranteed level of knowledge, which will enable them to make personal decisions and take responsibility for their behaviour in general, and the behaviour associated with narcotic drugs too.

The principle of constitutionality and lawfulness

Pursuant to the Constitution of the Republic of Croatia and legal regulations, the National Strategy should respect current Croatian legal system, as well as the ratified international conventions and agreements integrated into the legal system of the Republic of Croatia. In accordance with this, one of the goals is monitoring and studying of the initiatives for the alteration and harmonisation of the legal system in the drug abuse field.

The principle of human rights protection

One of the principle rights arising from the Constitution of the Republic of Croatia and international conventions is the right of an individual, (especially children, youth and family rights,) to a healthy life. This requires comprehensive society engagement in the activities oriented towards the protection against those life circumstances favourable towards narcotic drug abuse. Consequently, it is necessary to develop programmes for addiction prevention, treatment and the rehabilitation of addicts, family assistance and protection programmes, drug availability reduction at all levels, from combating organised crime to street-level supply reduction, as well as combating all forms of drug-related crimes. This principle necessarily includes every individual's right to dignified and professional treatment and assistance in case of an illness or any other threatening social situations. Therefore, the state must assure constitutionally guaranteed rights to health and social insurance of its citizens, and simultaneously reduce social exclusion of individuals or groups. In accordance with this principle promotion of the penal system and the legal protection of drug addicted convicts, who even in prison are entitled to adequate treatment, such treatment in the prison system should be equivalent to that available within the public health system in the country.

All those who are responsible for the implementation of various programmes are obliged to protect the confidentiality of personal data in accordance with their professional ethics and the Constitution, the Patient's Bill of Rights Act and the Personal Data Protection Act.

This principle also guarantees the equal integration of drug addicts, patients and rehabilitated former drug addicts into everyday life. At the same time it means changing the attitude of the surroundings toward different programmes and social drug addict treatment, as well as changing attitudes toward addicts themselves. Finally this principle means increased availability of different programmes for everyone who needs them. This principle should also guarantee the equal integration of addicts into educational, social, health system and employment system, and at the same time it includes the equal legal and correct treatment of addicts in pre-trial investigation, during the trial and when serving the prison sentence.

The principle of a comprehensive and continuous resolution to the drug problem

The drug problem control requires a comprehensive approach, which recognises the drug problem as a consequence of simultaneous, multi-level activities on both an individual and wider social level. This should also include various active participants and various levels of activities and harmonisation. Solving the drug problem is a task for different sectors in the area of social and health care, education, the judicial system, internal affairs, finances, economy and defence, as well as different parts of civil society and the public as a whole. Such complex interventions cannot be harmonised only by one person, it is the task of common co-ordinating bodies:

- The office for Combating Narcotic Drug Abuse on the level of the Government of the Republic of Croatia
- County Commissions for Narcotic drugs Abuse Control on the local level

The principle of the globality of drug abuse incidence and global participation

The drug abuse incidence in modern society is a global phenomenon, and practically all countries in the world are facing and fighting it. This problem reaches into local communities, families and the everyday life of almost every individual. Looking for solutions to the problems that are consequences of drug abuse and their enormous supply on the illegal market also can be searched for on an international level. Therefore, the possibility for active participation of our state representatives on the international level should be enabled and it should constantly follow the latest events and ideas in this field on the global level. The participation of Croatia in a regional, European and world context should be carried out on all levels, from the state to the local community level, which includes the participation of different bodies of state administration, non-governmental associations, professional associations and institutions. Therefore, it is necessary to develop all forms of international participation on multilateral and bilateral levels. Furthermore, it is necessary to ensure the participation of representatives and professionals from the Republic of Croatia at the elaboration and harmonisation of different conventions, declarations, resolutions, proposals and guidelines, as well as drug-related strategies of the relevant international organisations (UN, EU, Council of Europe, SZO and other international roof organisations). The above-mentioned activities in the Republic of Croatia will be harmonised by the Office for Combating Narcotic Drug Abuse in the Republic of Croatia.

The principle of decentralisation

This principle should guarantee the same level of availability of different programmes in the whole Republic of Croatia in accordance with the real needs of individual local communities (i.e. counties). On the county level and the level of local self-governing units, networks of different programmes should be developed, and the activities within the drug abuse area should be harmonised with the measures on the state level, with the aim of accomplishing the main principle of drugs supply and demand reduction.

The principle of guaranteeing the safety of the citizens of the Republic of Croatia

This principle arises from the constitutional right of an individual and community to personal safety and the protection of the private property of Croatian citizens. The previously mentioned principle should lead to a reduction in all kinds of secondary crime associated with drug abuse including chemicals/precursors. It is based on Croatian legislation and UN conventions as well as other international acts.

The principle of drug supply and demand reduction, especially among children and youth

The government must, within the educational system and other systems for protecting children, youth and family, implement different approaches directed towards drug use reduction among youth. Basic health education programmes should include objective information on addictive substances, the acquisition of social abilities and the strengthening of self-esteem and self-respect. This will enable the children and youth on these education programmes to make the right decisions and resist pressures. It is especially important to improve the whole education system of children and youth through all social institutions, in order to motivate them to choose healthy life styles. Both children and youth should simultaneously have the chance to influence the decision-making in their own social surroundings and to create the addiction prevention programmes at community level.

The principle of a balanced and multidisciplinary approach

The drugs policy in the Republic of Croatia should integrate various approaches to create a single national system for combating drug addiction. This principle includes primary and secondary prevention measures, reduction of harmful health and social consequences associated with drug abuse, psycho-social treatment and healing, rehabilitation and the social reintegration of addicts, as well as the promotion of drug supply control with the aim of drug availability reduction. During the implementation of primary prevention measures, efforts should be oriented toward the prevention of illegal drug abuse, as well as legal addictive substances such as tobacco, alcohol and medications. To achieve this principle the state has to support the balanced development of all professionally and scientifically founded approaches and programmes, and search for new solutions and doctrines for drug abuse control. Generally, none of the approaches to drug prevention has a significant advantage, but they should be linked and integrated through balanced activities on different levels.

4. NATIONAL STRATEGY GOALS

The goals of the National Strategy for the period from 2006 to 2012 are as following:

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.

5. AREAS COVERED BY THE NATIONAL STRATEGY

The national Strategy is a balanced, multidisciplinary and comprehensive study, and its' special areas of interest are as following:

1. co-ordination
2. monitoring, information system, research, evaluation
3. drug demand reduction by means of:
 - a) prevention,
 - b) reduction of the damage caused by drug use,
 - c) healing and social treatment,
 - d) civil society activities,
4. drug supply reduction by means of:
 - a) illegal drug production prevention
 - b) co-operation of competent government bodies, especially police, customs and legal system in the field of organised crime associated with drugs
 - c) penal policy
5. International co-operation
6. Training

5.1. THE COORDINATION OF THE IMPLEMENTATION OF THE NATIONAL STRATEGY

An integrated implementation of the National drug control policy requires a balanced, multidisciplinary approach. Such an approach requires the co-ordination of all bodies involved in combating addiction and all state government levels as well, with a special emphasis on the role of the local administration in the preparations and implementation of drug control activities. Therefore, the role of the Office for Combating Narcotic Drug Abuse, as the national co-ordinator for drug control policy implementation, is to, (through existing mechanisms,) perform continual co-ordination to ensure that the measures undertaken to control narcotic drug abuse, are adequately and efficiently balanced, among state and local administration bodies.

The key role in the co-ordination, supervision and monitoring of the implementation efficiency of the National Strategy is the competence of the Office for Combating Narcotic Drug Abuse. This Office is obliged to co-ordinate with other state administration bodies responsible for the implementation, and regularly evaluate the quality and efficiency of the programme.

5.2. MONITORING, INFORMATION SYSTEM, EVALUATION AND RESEARCH

The system of monitoring, informing, research and evaluation in the field of narcotic drugs is a continual 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.

5.2.1. Monitoring

The principal goal of monitoring the present condition 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. This is in addition to defining the guidelines for defining and implementing future activities oriented towards the narcotic drug suppression, i.e. the evaluation of their efficiency.

Monitoring the epidemiological condition is carried out on different levels, in order to make comparisons among different regions and local communities, but also to relate such comparisons to international statistics. This will provide a wider and higher-quality understanding of the addiction phenomenon from various perspectives. According to this, the formal co-operation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) will be established as a part of the process of joining the European Union. The narcotic drug abuse situation analysis will be useful even to the wider professional public since the data will be available in the form of special reports, and publications. Monitoring the drug abuse situation will comprise ways of drug use, availability, the prevalence of problems associated with drugs abuse, drug delinquency, social engagement regarding drugs and their use. Monitoring the situation will provide a wider understanding of the activities being carried out with the purpose of drug demand reduction.

The abuse of synthetic drugs in the area of the Republic of Croatia represents a relatively new phenomenon, which is, to a large extent connected with the way young people spend their free time. In order to protect youth from the use and abuse of synthetic drugs, positive national and international experiences in informing, preventive work with children and young people and measures for ensuring safety at dances must be respected. The emergence of synthetic drugs in Croatia has been accompanied by the activities of state institutions and non-governmental organisations. Apart from the police activities directed toward the reduction of illegal synthetic drug trafficking, the activities oriented towards the reduction of harmful consequences of the synthetic drug use have been carried out, too.

The fast system for exchanging information on the production, trade, use and risks of new synthetic drugs with the purpose of preventing their negative effects and timely reacting in case of appearance of new kinds of drugs on the market is required. This is in addition to fast communication between domestic authorised institutions (National Information Drug Unit, future EUROPOL unit), local self-government units and international organisations (EUROPOL and EMCDDA). Consequently, on a national level it is important to develop legal frames for solving the problems of synthetic drugs, in accordance with the European legislation.

Participation in the current EU early warning system on new synthetic drugs and the parallel adaptation of a national essential drug list is necessary, with the aim of an efficient implementation of

penal policy. Everything previously mentioned implies a need for higher operative abilities of the bodies authorised for the discovery and prevention of illegal production of synthetic drugs and their trafficking, including an enlargement of the forensic police laboratory capacity. Continual research on the risks and ways of synthetic drug use can substantially contribute to preventive work among the targeted population.

5.2.2. Information system

The practice of collecting and analysing data relating to all aspects of narcotic drugs has been present in Croatia for years. Relevant institutions and state administration bodies collect information and keep records within the scope of their activities (health, education, police, customs, judicial system, scientific institutions), and the results are used for drafting strategic plans. Since the year 2002, the above mentioned data has been comprised into a single report on the Implementation of the National Drug Abuse Control Strategy in the Republic of Croatia, which is elaborated and issued by the Office for Combating Narcotic Drug Abuse, and adopted by Croatian Parliament.

Within the Croatian Institute of Public Health, the data for the Hospital Treated Psychoactive Drug Addicts Register is being collected from all health institutions, both the stationary ones and from the outpatient services. In the year 2002, a modified questionnaire promoted by the Pompidou group of the Council of Europe was introduced as an official registration form. Since 1983 the data has been published in the annual publication called Hospital treated Psychoactive Drug Addicts Report. In the Register not only treatments of opiate addicts have been monitored, but also all those who entered the system either at the request of a school, family, social security centres, General Attorney's Office, court or police, regardless of whether they are minors and regardless of the type of drug.

The information system responsible for the drug abuse data collection and analysis is not uniform and compatible. The aim of the information system is to ensure quality and objective information for creating the state drug abuse policy and making strategic decisions. Therefore, the prerequisite for a comprehensive understanding of drug abuse problem on the national level is the foundation of a uniform information system. This development of standardised ways of collecting and using data from different areas is in accordance with the scopes of particular subjects, included in the system of the narcotic drugs abuse control. In order to fulfil the above-mentioned tasks, an integrated information system on drugs and consequential addiction diseases should be established. The so-called National Information Drug Unit at the Office for Combating Narcotic Drug Abuse, is the body responsible for co-ordinating and implementing such activities in the field of narcotic drugs abuse control.

The National Information Drug Unit co-ordinates the activities of the National Information Drug Network, and it is the national body for delivering information about drugs to EMCDDA and other relevant international bodies and institutions. Apart from data collection, harmonisation and analysis, the National Information Unit monitors and analyses national scientific, legal and political developments in the field of drug abuse control. With the aim of activating the anticipated national information system, it is necessary, (in co-operation with all bodies and subjects included in the drug abuse control system,) to improve the identification and methodological assessment of all data resources, harmonise the statistic system with the EU standards, form new systems of statistic reporting, develop investigation protocols for local levels, organise training to improve diagnostics and research quality on the local level, and create the information exchange network between individual, local and state administration bodies.

5.2.3. Evaluation

Programme evaluation represents one of the most important activities for checking the programmes implementation. It also contributes to programme quality and the rational utilisation of financial means.

In the following period during the harmonisation and decision making on prevention programmes in all systems, both governmental and non-governmental ones, the evaluation of every programme is needed (process evaluation, outcome evaluation and evaluation of long-term programme effects). For every programme, advantages and disadvantages of internal and external evaluation related to the type of programme and finances must be defined.

This requires co-operation among all the subjects, especially those who perform the data collection and analysis (health, police, customs, judicial system, social care, education institutions, statistic offices etc.), as well as co-operation among counties, cities and municipalities. In the following period, all programmes based on the National Strategy should be evaluated, and a single system of evaluation established, which will have to be respected in all stages of planning and implementation of the programme.

The evaluation experts can be either internal or external, but the recommendation is for most of the programmes to be evaluated by external experts. With that purpose, professional measures and guidelines for the implementation of all evaluation stages should be developed. This means the evaluation framework will have to obey standards such as quality, homogeneity, transparency and impartiality which all have to be defined.

5.2.4. Research

To be able to understand the problem and the factors that influence it, regular and irregular research has to be carried out. Research activities should be developed and will be financed from different sources, especially with the help of the European Union assistance programmes for the candidate countries. The database will, together with the Information unit, offer professional information platforms for monitoring the efficiency of the National Strategy measures, on the national level. To establish such a database continuous research needs to be harmonised, improved and financially supported in certain sectors, and adjusted according to the needs, requirements and the work of independent researchers, as well as researchers at institutes and universities.

According to the EMCDDA indicators, it is especially important to support international standardised types of research, general population research through interviews and research of those at risk, for which fast evaluation methods and qualitative methods are usually used. Research planning on the national level should be brought on a four-year period basis, whereas on local levels on a two-year period basis. It is essential to sensibly use the research results for developing the measures for the drug supply and demand reduction.

With the aim of a rational and efficient execution of research and financial investment every proposal should be scientifically evaluated and assessed. Regarding the existing database of research already conducted and current topics on the drug abuse control, it is necessary to define the research priorities, i.e. define the research fields associated with the drug problem.

5.3. DRUG DEMAND REDUCTION

By taking into consideration the results of numerous studies which have helped to answer the question "what are the factors that influence the interest of people, especially young people in taking drugs" you can easily get the answer about what to do to reduce the drug use to the minimum. Due to the general presence of drugs, a more efficient education of children and youth, as well as of the public in general is required, i.e. how to live with drugs and how to create a reasonable relationship toward everything what surrounds us. If taking drugs is considered a source of pleasure, society has to organise itself in a way that assures quality of life and healthy life styles. The quality of family life largely depends on numerous social factors such as: the moral state of society, publicly confirmed systems of values, economic circumstances and the law.

The educational system should be able to utilise its great potential for positive influence and assistance to children in satisfying the needs important for the process of growing up, as well as supporting their self-esteem and self-confidence.

The educational system has taken the greatest deal of responsibility for the organisation and implementation of the drug addiction prevention programmes, whose principal goal is to reduce the interest of young people in trying legal and illegal kinds of drugs. Parents, i.e. the family, as well as all other institutions of local community, have to take their share of responsibility for the protection of children and youth, and so should also be influenced by the educational system. This means that through the implementation of the primary addiction prevention programme, a balance among all factors in a community, can directly affect the demand and interest in drugs among youth. This

primary addiction prevention programme should be established to lower the demand and interest in drugs among youth. Co-operation with health services on the primary healthcare level is necessary, especially school healthcare services and addiction prevention centres, as well as social security systems, police and other participants and subjects within the community.

Relating to this, prevention programmes, (programmes of early detection and assistance to addicts in the educational system, army, institutions, companies and local community) have to be developed, and drug control programmes in traffic, sport and all other places where young people meet and have fun should be created.

For the implementation of the drug demand reduction programme, the educational system, family, health and social security play the most important role, although all other systems, especially those which affect the improvement of the quality of living (politics, economy) play an important role, too. Furthermore, there are religious associations, citizen associations and the media, each of these factors also play a part in the implementation of a drug demand reduction programme.

With the purpose of a more efficient implementation of the measures for addiction prevention and treatment, the current legal regulations should be used alongside additional legal provisions. Since the implementation of the demand reduction programme has to be organised on the local level, it is important to include local authorities and good communication and co-operation with addiction professionals and politicians. This will ensure support and financial resources for the implementation of the programme throughout the community.

5.3.1. Addiction prevention among children and youth

The majority of European Union countries pay special attention to the development of addiction prevention systems among children and youth, in which the primary prevention programmes oriented toward the general population of children and youth, their families, teachers, educators and other relevant subjects have an important role. Apart from these programmes, orientation to early identification of high-risk groups of children and youth for whom special protective prevention programmes should be developed. Furthermore, advancements in secondary prevention measures, (i.e. the early detection of drug consumers) need developing in order to prevent experimenting with drugs from turning into addictions.

Early intervention programmes have to be provided. These provisions will have the aim of organising systematic work on the prevention of drug addiction, elaboration, implementation and the sustainability of quality prevention. Consequently, a multidisciplinary approach should be used and different forms of co-operation among educational institutions, health care, social security, family and religious institutions, the General Attorney's Office, the judicial system, non-governmental associations and local community should be developed. The state has to integrate different approaches oriented towards the prevention of drug use among youth within the educational system and other systems for the protection of children and youth. Special attention has to be paid to the early detection of children and youth drug users, and consider various factors when drug testing. These factors include the respect of the individual's dignity, professional ethics and the constitutional rights of each person involved. What is also essential to emphasise is the need for a multidisciplinary approach and the need to connect different services operating on the same level, and the scope of their activities involving children and youth protection and working with families.

Prevention programmes should be implemented through some principle fields which affect the behaviour and the system of values of children and youth, and they are the following: family, educational system, religious communities and local community.

5.3.1.1. Role of the family in the prevention of addiction

Since a family is the first educational and protective factor in the development of a young person, it is necessary to pay special attention to the development and strengthening the quality and stimulating relationships among its members. This includes improving parental knowledge and skills, and at the same time, improving its educational function. In addition to the educational programmes on successful parenthood, programmes oriented toward the development of social skills, knowledge and

abilities of children and youth, and other programmes, aimed at strengthening a young person and their family, should be developed.

These skills learnt on such programmes will develop the feeling of belonging and responsibility which have the purpose of establishing quality relationships and addiction prevention. This is all necessary to ensure the existence of support institutions, within which the scope of their activities have advisory – informative and other forms of assistance. (e.g. family advisory centres and/or family centres). Their task is, beside prevention, to create the conditions for early detection of addictive behaviour or experimenting with drugs, and enable preventive programmes for children, youth and their families.

To achieve the goal of drug demand and reduction among children and youth, several factors have thus far been considered; the necessary strengthening of the role of the family; working on improving existing families and their relationships; the development of new addiction prevention programmes and projects. These considerations are not enough alone, other measures are also required:

- Raising the level of consciousness of desirability and the need for the development of healthy life styles among children and youth and their permanent adoption,
- Raising the level of consciousness about the hazards of drug abuse,
- Creating the conditions for making decisions on non-consumption of drugs, alcohol and cigarettes
- Raising the quality of life of children and youth, and the family as a whole

5.3.1.2. Addiction prevention in the educational system

On an educational level, teachers and school preventive programmes co-ordinators play an important role in the implementation of different prevention activities. On the regional self-governing level it is the county co-ordinators and county committees that play an important role in the implementation of different preventive activities. In order to implement the measures for secondary prevention and early detection of drug users, educational institutions should co-operate with social security services, health care, family and religious institutions, the General Attorney's Office and non-governmental organisations.

Topics on the harmful effects of drugs should be integrated into the regular and optional school curriculum as well into additional activities and extra-curricular activities. In primary addiction prevention, legal substances, such as tobacco, alcohol and medications have to be integrated. The planning and implementation of addiction prevention programmes within the educational system should include youth, too, not only for offering assistance to their peers, but also to create prevention programmes. Together with the professionals who deal with addiction problems, pre-school children, primary and secondary school and university students should be constantly educated as well. Pre-taught information about the risks of drug harmfulness will contribute to the individual's decision not to take addictive substances.

The most important approach is to systematically educate educational workers so they can offer assistance in the implementation of the addiction prevention programmes. A constant education for parents about addiction problems and how to identify the symptoms, which point towards an individual taking addictive substances, is necessary. This is in addition to responsible parenthood training which will strengthen the influence a family has in creating positive values among children and youth. Finally it is necessary to strengthen the educational role of schools in developing healthy life styles and social skills among children and youth, which will help them in overcoming the risks arising with growing up, including addictive substance use.

5.3.1.3. Addiction prevention in the healthcare system

The health care measures that are implemented within the health care system are the measures of primary, secondary and tertiary prevention of illnesses and other conditions that jeopardise human health and welfare. Consequently, they also include the prevention of addiction and narcotic drug abuse. The measures of primary and early secondary prevention are used primarily within the school-based health care service and the addiction prevention service of the Institute of Public Health. This

co-operation works 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 security centres. Health workers participate in special addiction prevention programmes on local levels and they work together with other subjects and non-governmental organisations.

5.3.1.4. Addiction prevention in the social security system

Within the social security 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. Such measures, being undertaken in the interest of children, belong to primary prevention. This is if everything is done in accordance with the legal regulations relating to social security and family legal protection, or if under the Drug Control Law, those who experiment with light drugs before the addiction has developed, are treated.

The social security system is primarily a system of guardians, which is expected to act preventively and implement the protective measures on the risky group of children and youth. The practice shows that if this phenomenon is approached at the right time, i.e. during the experimentation stage, and not when addiction has already been developed, there is a big chance that the person will really be helped. In accordance with the provisions of the Law on the Narcotic Drugs Abuse Control, social security centres that are established on the local level are primarily responsible for offering help to an addict, a temporary narcotic drug user or to persons addicted to alcohol, or experimenting with it. Through family legal measures, parents will be given assistance and strength in combating addiction. Preventive activities of social security centres are aimed at children and youth and with the help of the social security measures at the right time, should stop the development of the addiction process.

In order to realise these aims, the level of knowledge and competence of professionals should be raised through additional training. As far as combating addiction is concerned, the role and obligations of the centres should be emphasised, particularly the obligation of providing drug rehabilitation programmes or the rehabilitation of other addictions. The conditions for offenders attending such programmes can be set by the General Attorney in the pre-preparatory procedures against a drug offender. It can also be pronounced an educational measure by a judge if a minor or young adult has committed a drug-related crime. These measures are being implemented through co-operation between the social security centre and centres for prevention and addiction treatment.

5.3.1.5. Addiction prevention in the local community

Prevention programmes on the local community level should be oriented towards the general population, but they should include intensified activities directed at children and youth, who represent a risky category regarding drug addiction, due to social and family conditions. Addiction prevention programmes in the community should be oriented toward different youth sub-culture groups of risky behaviour, family and general population. These programmes can have the aim of raising the citizens' level of consciousness about this problem and encouraging citizens' initiatives for active engagement in preventing drug addiction.

Preventive programmes in the community should integrate multi-disciplinary areas such as: the educational system, youth clubs, health and social security institutions for combating addiction, non-governmental organisations, religious associations and the media. What is more, free time and free time activities represent a significant factor in either addiction prevention or addiction development. Therefore, it is extremely important to ensure quality free time programmes, in which (beside the government bodies and institutions,) local government bodies, religious associations and non-governmental organisations have a very important role. One of the examples of good practice of co-operation between the previously mentioned bodies and organisations refers to the work of youth clubs, which through their projects, provide possibilities for spending quality free time, and opening informative, multi-functional and macro-regional youth centres. The co-operation with associations specialised in the implementation of such projects in the field of addiction prevention is also significant.

In local communities, life conditions that will guide the population and enable them to live the life without drugs should be created. Therefore, local politicians, educational institutions and other relevant institutions and non-governmental organisations should support preventive programmes in the local community. Voluntary work, with the prevention programmes of non-governmental organisations, religious organisations and associations, represents only one basic part of the implementation of such programmes. The local community and state should support this form of public activities. Preventive activities on the local level will be harmonised by the County Committees on Drug Abuse Control, and their work will be harmonised by the Office for Combating Narcotic Drug Abuse nationally.

5.3.2. Addiction prevention in the workplace

Workplace substance abuse is regulated by general provisions (the Labour Law and the Safety at Work Law) and sub-legal acts associated in the same field. Since the narcotic drug abuse affects health of employees, programmes for preventing the abuse of legal and illegal drugs in the workplace should be developed, especially the workplaces with special working conditions and places with higher drug abuse risks. As far as drug testing of employees is concerned, legal regulations should be harmonised and revised and professional protocols designed. They will regulate the conditions for evaluating the health ability as well as the way of determining the concentration of narcotic drugs and psycho-active substances in an organism.

In this respect, special attention must be paid to developing preventive measures and the implementation of preventive programmes in the Ministry of Defence and Armed Forces of the Republic of Croatia, the Ministry of Internal Affairs and other services that require special working conditions.

To be able to cope with the problem of drug abuse and psychoactive substance addiction within the Army, a co-ordinated and permanent action of commanding officers of all levels and occupations dealing with addiction problems is needed (psychologists, doctors, military police officers, military chaplains, personnel managers, lawyers,).

With the purpose of a more efficient design and implementation of addiction prevention in the workplace, the co-responsibility of employees, employers and trade unions in the design and implementation of such programmes has to be established. Special additional training will be also organised (informative lectures, round tables etc.) for all participants in the working process, aiming at drug abuse prevention.

In case of drug use that affects an individual's work in the workplace, activities such as informing, counselling and medical check-ups are required, as well as the treatment and rehabilitation of those individuals. Furthermore, additional legal conditions to ensure the addiction prevention programme in the workplace should be provided, together with the conditions for evaluating the employee's health, regarding the addiction substance abuse and the way of defining the presence of addictive substances in an employee's organism whilst respecting an individual's ethical and human rights.

5.3.3. Substance abuse harm-reduction programmes

Harm-reduction programmes aim to bring the addiction-endangered population closer to therapy programmes. By bringing them closer to therapy, the programmes aim to reduce the drug-related harm to the population's health and the health of the community and diminish the user's criminal activities. Harm-reduction programme activities should involve all (not easily reachable) drug abuse individuals and groups, who are not successfully covered by traditional health measures and activities within the existing institutions and services.

Harm reduction programmes want to prevent harmful health and social consequences that arise as a result of drug abuse; reduce or prevent the transmission of infectious diseases, and consequently the deterioration in health and the social condition of drug users. This can be achieved with the help of the harm reduction programmes. Such programmes range from informing drug users on the dangers of

drug use, safer ways of using drugs, counselling, exchange of syringes and needles programme, field work, methadone maintenance treatment programme and drop in daily centres.

In Croatia there are several harm-reduction programmes currently being implemented, but in the opinion of the professionals it is still not enough, especially in smaller towns or medium-sized ones. It is necessary to develop the network of harm reduction programmes, which will cover the whole territory of Croatia. In big cities there is a need for addiction programmes for homeless addicts, especially in shelters.

The possibility of developing new approaches and programmes has to be investigated and their creation and development harmonised with the law. Consequently, scientific research should be conducted, the results of which will represent a significant source of support to such programmes in Croatia.

Drug addicts should be included as co-creators and holders of particular activities. In this respect, drug addicts self-assistance groups should be founded, including programmes for anonymous addicts. The organisations of former addicts should be also supported, and more attention paid to the programmes targeting the female addict population. Within the programmes of healing and rehabilitation of female population, specially adjusted field work programmes and information on various drug use-related risks should be provided, including prostitution and a threat to an unborn child during pregnancy when addicted to drugs.

The leading role in the promotion, organisation and implementation of *harm-reduction* programmes is the role of social and health care services, within which individuals with addiction problems will be treated. The important role other systems have should be mentioned as well, especially those ones which affect the improvement of quality of life in general (politics, economy), citizen's associations, humanitarian organisations. Minimum or small demands of drug-oriented programmes make them acceptable even for the most alienated and toughest addicts.

5.3.4. Healthcare for drug addicts

5.3.4.1. Organisation and treatment principles

The principle of approaching addiction as a chronic recidivist disease

Firstly, addiction treatment is carried out on an organised basis within the health care system of the country, and particular measures of treatment and rehabilitation can be carried out outside the health care system. The approach to addiction treatment is based on the approach identical to the treatment of other chronic, non-infectious diseases. The treatment is planned and implemented according to the individual's needs and changed if needed, related to the condition. During treatment only the professionally justified and checked procedures will be used.

The principle of organisation and course of treatment

Relating to the chronic, recidivist course of a disease, the drug addiction treatment in the Republic of Croatia is basically outpatient treatment. Curing the treatment, within the professionally co-ordinated Croatian model, is known and acknowledged under this name in the world's professional circles. The model implies constant co-operation and joint activities of the outpatient centres for prevention, outpatient treatment of addicts and primary health care physicians, i.e. family health care teams in addiction treatment.

This model enables - wide availability of treatment through primary health care led by a specialist; wholesome care of addicts; treatment destigmatisation and normalisation; addiction decentralisation and de-gettoisation; with low treatment costs. In the case of an addict's non-cooperation and aggressiveness, forced treatment would need to be organised in accordance with the adequate legal regulations. This would only be in the case where if due to the absence of therapeutic procedures, the addict's life would be directly jeopardised, or there would be a direct danger of more severe health damage, or it would harm other people's safety and health.

A family doctor actively participates in planning adequate intervention for every individual drug addict; arranges with the centre the ways of treatment, co-operation and the control of the condition of every individual. The doctor also prescribes medications indicated by a specialist, is responsible for daily controls of the addict's health and regularity of taking prescribed medications. The doctor integrates other diagnostic and therapeutic activities regarding other patient's health requirements and undertakes prevention activities regarding blood-transmitted diseases. This is of great importance for an addict and addict's family (including testing and preventive vaccination of addicts and their families/household) The family doctor also takes measures for early detection of a disorder within a family, which may represent a risk of disease occurrence. They must also co-ordinate the work of various services that jointly care for and/or provide a complex health-rehabilitation treatment to a family and an individual, and based on the monitoring of the course of the treatment suggests other services that they should eventually use.

Centres/services for prevention and outpatient hospital addiction treatment are organised into services within the Croatian National Institute of Public Health and County Institutes of Public Health. In these centres professional interdisciplinary teams work. They are holders of the majority of specific activities oriented toward drug demand reduction and treatment implementation planning.

The principle tasks of such centres are as follows:

1. Outpatient therapeutic work with drug addicts and their families, carried out in co-operation with all relevant resources of the local community. The centre is the place of primary, specialised, health and psycho-social care of people with drug addiction problems.
2. Direct promotion and implementation of a range of preventive activities – especially of early secondary prevention measures.
3. Epidemiologic monitoring, co-ordination and implementation of drug consumption reduction programmes within the territory of the particular centre.

In the course of outpatient addiction treatment, the centres are the places where addicts for the first time get in touch with specialised workers. These workers carry out diagnostics and in accordance with the clinical picture, suggest potential treatment. The addicts' treatment is carried out in co-operation with the teams of family physicians, with specialised hospital programmes and other health and non-health subjects. The centres in co-operation with family physicians and the chemist's network perform supervision of pharmacotherapy of opiate agonists and antagonists in the area. The centres organise abstinence psychotherapy, education and control of the heroin addicts included in such a treatment, and first acceptance of addicts who have completed the inpatient treatment (hospitals, prisons, communes, detoxification units etc.). In big cities and tourist resorts these centres can establish dislocated units for direct implementation of substitution programme for travellers, tourists and temporarily for the addicts who do not have health insurance or have not chosen the general physician, and for those who are repeatedly aggressive and uncooperative.

Apart from the direct participation in the treatment, the centres have other specific tasks: organising and carrying out specific individual counselling for youth and families of high drug use risk, providing assistance to educational institutions in the area with the implementation of preventive programmes in the educational system. These centres offer specific training for professional workers within the educational system. Furthermore, they offer activities for high-risk groups of children and youth together with professional services within the educational institutions. Such centres co-operate with school medicine advisory centres and if required, social security centres, co-ordinating implementation of all preventive activities aiming at risk reduction of HIV-infection and hepatitis (counselling and motivation for HIV and B and C hepatitis testing). These centres can keep open telephone lines for parents, drug users and drug addicts, they can participate in education and direct co-operation with outreach-workers who work directly "in the field" (street). The centre professionals can perform the jobs of court expert evaluation ordered by the authorised court, go to hearings and give expert opinions. The centres also participate in organising and implementing drug addict treatments in correctional facilities in co-operation with health care and other workers, as well as in implementing measures of compulsory addiction treatment ordered by the authorised court. Together with other services of the Institute of Public Health, the centres establish communications with the media in prevention campaigns and organise and participate in training the workers of different occupations and volunteers, provide professional help at establishing citizens' associations and in the development of the network of clubs of treated addicts.

5.3.4.2. Tasks of other health care professions and institutions

Tasks of the school-based health care

A school doctor in the County Institute of Public Health should encourage local schools to promote the drug use control programmes in the way described in the part dealing with the primary prevention programmes in schools.

Teams should be created, comprising school doctors, class-masters, professional school advisors, the head of the preventive programme and if needed, associates from the Social Security Centre. Such teams will participate in the process of identifying school children at extremely high risk of developing any kind of psychic or behavioural disorder, or of drug usage at early age. For these children special and additional protection measures are provided.

In places, which are considerably far away from the nearest addiction prevention centre, a school doctor, through their advisory work, will be the carrier of therapeutic procedures among younger drug users.

School-based health care will elaborate on the way to integrate drop out students, and the expelled ones, into the health care system. General practitioners, school doctors and county co-ordinators together with local non-governmental organisations and Social Security Centres participate in the organisation and implementation of such special protection programmes.

Tasks of psychiatrists and psychiatric institutions

In clinics or general hospitals in bigger cities conditions for addicts' detoxification should be provided, with an estimated one-month long average stay. After detoxification, further outpatient treatment should follow. In the first phase of the development of the programme network, the total number of 50 beds should be available in the psychiatric sector for the process of detoxification.

The ward for treating the most severe addicts has to be open. It would not be oriented toward detoxification, but towards a stabilisation of the addicts general condition. This is where the addicts in critical condition after attempted suicide or overdosing should be sent, for prescribing optimal pharmacotherapy.

In order to be able to monitor those who want the drug-free withdrawal, especially those with court orders for compulsory treatment, another 40-60 beds should be provided, for continuing their hospital treatment within a therapeutic community lasting for two to three months. At least ten beds out of this number should be assigned to a specialised hospital program for minor addicts.

A smaller number of addicts should be accepted by all psychiatric institutions, which will be their obligation in case of emergency situations and the patients with a severe psychiatric diseases (e.g. psychosis, suicide propensity).

Tasks of gynaecologists - obstetricians

A pregnant drug addict has to be admitted to a hospital institution. Due to the specificity of the problem, counselling with the professionals working in addiction centres is required, especially if it is the question of addiction treatment of both the patient herself and the infant after birth.

The specialised programmes for pregnant addicts should be provided. If heroin addiction, withdrawal during pregnancy is not recommended, then application of opiate agonists will be recommended. The treatment of the baby, in case of the abstention syndrome, will be performed by neonatologists, if required.

Tasks of paediatricians

When providing health care of young adolescents, paediatricians have to check potential drug abuse, especially in cases of intoxication or after attempted suicide. Whenever the signs of disturbed

behaviour or sudden neglect in performing school duties are noticed, the schools are obligated to act in a preventive way, to prevent the drug use. In case of doubt, counselling with a school doctor and other professionals from addiction centres will be necessary.

Other health-care branches

All other healthcare branches meeting addicts everyday, must respect the basic principle of addiction treatment - as a chronic recidivist disease. For the addicts within the maintenance treatment, they must continue with the treatment on the very day of admission in any hospital ward, in accordance with the instructions of a competent addiction prevention centre. Infectologists and hepatologists (internal medicine doctors) should promote the treatment possibilities of addicts with chronic liver disease due to the high rate of Virus B and C hepatitis infection in addicts.

5.3.4.3. Croatian Institute of Public Health

In accordance with the legal regulations and the system for addiction prevention and outpatient treatment, the Croatian Institute of Public Health is the central institution for the co-ordination and monitoring of addiction problems. This is carried out through the Croatian Institute of Public Health's participation in designing the addiction treatment doctrine and controlling its' application. Other tasks for the Institute of Public Health include monitoring and registering people treated within the health care system according to all relevant factors, keeping the Hospital Treated Psychoactive Drug Addicts Register, co-ordinating and controlling the Addiction Prevention Centres. The Institute of Public Health co-ordinates special programmes and measures for combating and preventing addiction diseases, planning and participation in the implementation of health-care education and enlightening the population. The Institute of Public Health is also responsible for the organisation and the participation of health care workers and their permanent education, advisory and educational work with school employees, participation in special programmes about health and promoting it and other co-operation with the media, with the purpose of fighting addiction.

5.3.4.4. Referential addiction centres

Due to the need for a single doctrine and methodology, as well as the improvement of monitoring, diagnostics, addiction treatment and addict rehabilitation, a referential centre of the Ministry of Health and Social Security in the field of addictions has to be established.

In accordance with the legal regulations, basic tasks of the referential centre, apart from its main activity, would be the participation in undergraduate and graduate courses, the long permanent education of professionals dealing with addiction control. Also the referential centres would organise practical work and publish educational materials, offer professional assistance and professional supervision in the field of prevention, diagnostics and addiction treatment and addict rehabilitation in the country (including the Croatian Army, The Judicial system, etc.). The referential centre would co-operate with domestic and international institutions dealing with addiction prevention, diagnostics, treatment and rehabilitation of addicts, as well as addiction conditions and research.

5.3.4.5. Use of opiate agonists in heroin addiction treatment (methadone, buprenorphine etc.)

Opiate agonists (methadone, buprenorphine etc.) play a crucial role in the modern approach to heroin addiction, but the addiction treatment doctrine considers that only methadone or any other opiate agonist itself is not enough to change the deranged behaviour. That is why these medications have been used for attracting the heroin addicts to join the programme, after which the agonist pharmacotherapy is used if required, only as one of the elements of a complex addiction treatment, which includes psychotherapy, education and certain forms of psychosocial assistance.

Types of programmes:

1. *Short detoxification* is a procedure that relieves the addict's withdrawal syndrome after having stopped the substance use, which involves gradual reduction of the daily dose of opiate agonists lasting for a maximum of 1 month.
2. *Slow detoxification* is a procedure that relieves the patients' withdrawal syndrome, which involves slow-pace reduction of opiate agonists lasting in a period from one to 6 months, or more.

3. *Short (temporary) detoxification; keeping the methadone dose at the same daily dose* is a procedure that relieves the patient's heroine withdrawal syndrome by taking a required (adequate) daily dose of opiate agonists lasting for maximum 6 months or less.

4. *Long-term substitution treatment* is a procedure that relieves the patients' withdrawal syndrome, by using adequate doses of opiate agonists through a period longer than 6 months.

The main indication for the opioid treatment (methadone, buprenorphine or others) is a confirmed addiction diagnosis according to the MKB-10 or the DSM-IV criteria.

Due to the complexity of addiction treatment, (different effects opiate agonists may cause and their possible abuse,) the opiate agonist treatment should be classified as a special programme, regulated by the competent Ministry under special regulations. The regulations must include the indications and criteria for joining or leaving the programme, types of programmes, prescription of therapeutic dose rates, the people responsible for different parts of the therapeutic procedure, the method of taking the medication, keeping records and professional supervision over the programme's implementation.

5.3.5. Programmes aimed at solving social issues

The most important task of the carrier of social protection measures is to provide such conditions within the social security system, which will provide assistance to an experimenter; the family and measures towards high-risk groups of children, youth and families. Within the social security system, different programmes aiming at the resocialisation of minor addicts and programmes for strengthening families have to be provided. The previously mentioned programmes should be implemented with the assistance of all other participants on the local level, primarily taking care of the protection of human rights, children's rights and the rights of minors. A significant activity of the social security system is carrying out the preventive activities through advisory work with addicts, participation in the implementation of alternative sanctions and other obligations mandated by the General Attorney's Office in the pre-preparatory procedure.

By taking care of a family and its needs, a lot can be done for the protection of children's mental health and behaviour. Early detection of risky behaviour among children and youth, providing assistance with growing up and consolidation of unacceptable types of behaviour are significant preventive activities in this field. Therefore, the social security system in co-operation with schools carries out programmes for risky behaviour prevention and programmes for strengthening families aimed at competent parental efficiency. With the aims of resocialising an addict and getting them to accept the standard way of life, the social security system should develop special programmes for the resocialisation of minor addicts.

Every procedure should be supervised in a high-quality manner, in order to avoid formal and unprofessional treatment implementation and prevent wasting spending public funds. As with other institutions, in the social security system additional training and specialisation of professional workers is necessary, in order to be able to deal with the problem in the most competent way.

In order to protect the addicts from inappropriate and harmful interventions and system decisions (school, work organisation, prison), they need specific protection adequate to every individual's needs. As far as the most appropriate treatment form is concerned, social security professionals can play a very important part in it. For the outreach work, which includes entering a family's home, connection with other services on the local level could be very useful.

When talking about parental addiction, professional social security workers can significantly contribute to taking measures for the protection of minors; either the parents follow the treatment or serve a sentence in a penal institution.

The social security system is required to provide:

- Implementation of an addiction withdrawal programme, especially for minors,
- Post-treatment care for minors and adults released from prison after serving a prison sentence, and for those returning from correctional institutions upon completion of the correctional measure,
- Establish outpatient addiction treatment programmes with specially trained professional workers (social pedagogues, social workers),

- Find, in co-operation with other relevant institutions the ways of stimulating employment of former addicts, since the most serious problem is the employment of drug addicts and their integration in social surroundings upon being released from prison or health care institutions, or return from therapeutic communities.

The social security system should support the role of the civil society (citizen's associations, drug addiction clubs) and family members in supporting the process of resocialisation of drug addicts and their integration into the local community.

5.3.5.1. Therapeutic communities and drug addiction rehabilitation centres

For those addicts who can be motivated to follow a *drug-free* procedure, one of the possibilities is a long-term stay (up to two years) in a therapeutic community.

Therapeutic communities can be organised within the social security system and judicial system, and they can operate as autonomous institutions for the withdrawal and rehabilitation of drug addicts within the system of religious and non-governmental organisations, in accordance with the relevant legal regulations.

Within the social security system, therapeutic communities should be established, with professional programme guidance for at least 100 users. The top priority would be to organise two programmes that would enable training for working with minor and young addicts.

The rehabilitation basis in the therapeutic communities is the work of well-controlled and structured programmes that will be able to place their products and services on the market with the aim of self-financing.

Religious and other non-governmental organisations and institutions can also organise therapeutic, rehabilitation programmes as well as the programmes of psychosocial assistance, which will complement and further enrich the drug addict care. Joining the therapeutic community and any other therapeutic or rehabilitation centre into the addiction care network must be previously verified and approved by the Government body of the Republic of Croatia, competent for the drug abuse control. Professional supervision of the work in therapeutic communities and the implementation of the rehabilitation programme should be implemented by the ministry responsible for social security.

5.3.5.2. Resocialisation of drug addicts

The National Drug Control Strategy in the field of resocialisation of drug addicts will be aimed at reintegrating addicts into the community upon successfully completing their rehabilitation programme. At the end of therapy, i.e. treatment, follows one of the most important parts – social reintegration or inclusion into society on all levels. Such reintegration will be successful if the treatment is aimed at developing social skills and encouraging education and employment. The target group is rehabilitated addicts.

In the field of addicts' resocialisation the following priorities have been defined:

- a. Assistance to the addicts, included in any kind of a treatment, or those who have successfully completed any of the treatments, with finishing primary and secondary education or retraining.
- b. Elaborating programmes of professional retraining based on the relevant statistical data on an addict's qualifications, one's motivation for additional education or retraining and real labour market demand.
- c. Opening the rehabilitation centres as a professional form of working with stable abstinent addicts and their family, leading to concrete social inclusion.
- d. Encouraging employment schemes for the addicts who have completed rehabilitation programmes in the therapeutic communities.
- e. Special attention will be paid to offenders released from prison or back from correctional institutions and their inclusion into society.

- f. Special attention has to be paid to further forms of encouraging the social inclusion of those addiction groups already active in other programmes – such as methadone treatment programmes, addicts in prisons, reformatories etc.
- g. Social reintegration should also include a group of addicts who do not want or who are not able to cease taking drugs. For those individuals who are extremely disappointed due to various factors including, social exclusion, (homelessness, unemployment), diseases, inadequate space, i.e. shelters must be provided (public kitchens, shelters for the night, personal hygiene facilities).

A very important role in the resocialisation and social reintegration of drug addicts is the role of non-governmental organisations, whose co-ordinated operation with state organisations presents a prerequisite of successful and efficient work in the addiction field. Due to the numerous difficulties drugs can cause to an individual, a family and wider community, various comprehensive assistant programmes in a spirit of positive discrimination of drug addicts and narcotic substance users must be developed.

5.3.6. Civil society

There is a non-governmental sector in the field of helping the drug addicts and narcotic substance users and their families, as well as in the addiction prevention field. This sector started its development in Croatia in the nineties, when its specific programmes were added to the public sector, comprising individuals and various ways of their co-operating and organising. The National Strategy aims at preserving and strengthening the partnership of the civil society with the state institutions and local communities, respecting the principles of wholeness and balance.

The biggest problem with the operation and activities of non-governmental organisations is the lack of independence of the non-governmental sector and their over dependence on state budget funds. Since the state within its system does not often offer right and timely solutions to certain issues, non-governmental activities are of immeasurable importance. Drug addiction problems represent a wider social issue, and therefore, the participation of the wider civil society should be assured in all stages of elaboration, adoption and implementation of the legal and strategic documents associated with drugs. Consequently, the work of the Professional Council of the Office should be strengthened and other possible forms of institutional and non-institutional communication and connectivity on all levels developed.

Non-governmental organisations can join in other forms of associations, which enable further harmonisation of their activities, their connection with the state and international organisations and the creation of the drug addiction policy in the Republic of Croatia.

More attention should be directed toward maintaining and developing quality co-operation between the state and non-governmental organisations. This is in relation to the implementation of drug supply and demand reduction, regular financing of non-governmental organisations and the larger influx of resources from donations, as well as the participation of non-governmental organisation representatives in the co-ordinating bodies on both national and local level.

5.4. DRUG SUPPLY REDUCTION

5.4.1. 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 narcotic drug availability, the whole range of activities has been carrying out by different social subjects, mostly the police and customs service. They represent an important part of efforts undertaken by the society in order to try to solve, or better to say, keep the narcotic drug use problem in socially acceptable frames, since this problem either directly or indirectly influences the citizens' everyday lives. Primarily their feeling of being safe and protected from different forms of crime (property, violence) and also drug use can affect public order, road traffic safety etc.

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 drug smuggling. When examining the statistic

indicators relating to drug abuse crime in the drug use problem area, it is obvious that in the Republic of Croatia there will be no major shifts relating to the demand reduction of the particular narcotic drugs (drug use frequency). According to this, further attempts of the drug supply increase on the illegal narco-market in the Republic of Croatia can be expected. The drug supply issue in the Republic of Croatia is not isolated, it depends on both the European and world illegal narcotic drug market. Drug crimes cannot be viewed within the national frame of only one particular country any longer, since there are important links between criminal organisations of the countries manufacturers and consumers, and so called "transit countries". Therefore, the suppression of drug crime should not be dealt with in an isolated way, regardless of other criminal activities such as smuggling of arms and people, terrorism and money laundry.

The narcotic drug trade is certainly one of the most productive forms of organised criminal activities, both worldwide and in Europe and the Republic of Croatia. Measured according to the realised profit, literally, it is a global industry that is able to compete with the major economic branches.

Narcotic drug smuggling, apart from their traditional internal task distribution, is characterised by extreme flexibility, co-operation and great financial power. To successfully implement the drug supply reduction measures and efficiently suppress narcotic drug smuggling, close networks with government apparatus from particular states must be formed. This requires maximum engagement and mutual co-ordination and co-operation of all competent social institutions, especially government bodies; the Ministry of Internal Affairs, the Ministry of Finances, the Customs Service, the Ministry of Justice and the Ministry of Economy, Labour and Entrepreneurship. Mutual co-operation of the police, customs service and judicial bodies should be encouraged, as well as the participation in joint projects such as investigations, investigating teams, information exchange networks in all fields, training, seminars, and so on.

The Republic of Croatia is, regarding its geostrategic position a transit country, through which narcotic drugs are being smuggled between the countries manufacturers and countries consumers. The "Balkan route" phenomenon is known as the shortest way from eastern to Western Europe, and "vice versa" if considering the recent period of time. Another important thing that should be mentioned is that the Republic of Croatia is a maritime country with several important harbours.

Up until now in the Republic of Croatia the larger and more organised manufacture of narcotic drugs has not been noticed yet. This is apart from some, more or less, individual attempts at growing marijuana for the domestic narco-market. There will be attempts to organise and manufacture drugs in Croatia in the future, especially since our neighbouring countries have found some illegal laboratories with large amounts of chemicals used in the manufacturing industry and abused as "precursors" for the preparation and production of narcotic drugs. These chemicals and the equipment were confiscated.

Priority goals and fields of activity

Continual and efficient legal actions and measures aimed at drug supply reduction are the priority goals. Such goals include the suppression of manufacturing and trade in narcotic drugs, prevention of trade and use (precursors) of substances which can be used in opiates manufacturing, money laundry detection, confiscating money gained by illegal narcotic drug trade.

In order to accomplish the goals relating to drug supply reduction, the scope of activities should be aimed at the following:

- Increase of administrative and operating capacities of the Ministry of Internal Affairs and the Customs Service, oriented toward combating drug smuggling and drug abuse-related crimes (including crimes committed by drug addicts with the purpose of getting narcotic drugs or funds to buy them, or criminal offences committed under influence of drugs),
- Continual training (specialised non-school training) and maximum engagement of all police and customs officers in dealing with drug-related problems. (especially the control of street drug distribution and drug use in public places and areas),
- Direct the activities of specialist police officers toward the national and international organised criminal groups, dealing with smuggling and illegal sale of narcotic drugs, precursors and potential manufacturing of narcotic drugs.

- Prevention of drug smuggling through the efficient supervision of the state border (passenger and cargo transport) with emphasis on the detection and disruption of international smuggling chains through the Republic of Croatia and within it (the Balkan route),
- Formation and use of well-equipped (material and technical means, official drug detection dogs etc.) border police and customs teams specialised in combating all kinds of smuggling, especially the smuggling of narcotic drugs.
- Technical equipping and organisation of border crossings in accordance with European standards, opening new border crossings with adequate personnel reinforcement, due to the growth in passenger and cargo transport in order to improve the border control (and goods control),
- The Department for drugs, dangerous substances and money laundry control, which operates within the Anti-Smuggling Customs Service of the Customs Administration should be reinforced institutionally and in terms of training the personnel
- Timely noticing new forms of smuggling (modalities, trends) and narcotic drug abuse.
- Combating organised illegal sale and distribution of narcotic drugs in the territory of the Republic of Croatia, preventing the organisation of open narco-scenes and suppressing illegal sales of smaller quantities of narcotic drugs on the streets, street reduction (drug's availability on the streets should be rendered maximally difficult),
- Planning and undertaking preventive measures and activities associated with the prevention of drug use in certain "zones", in the neighbourhood of kindergartens, educational institutions and other places where the young population gathers,
- Actively participate in media campaigns aimed at educating youth on the harmfulness of drug use, and in this way inform the public about the measures the police is carrying out in order to prevent, reduce and relieve damages arising for individuals and society in general that are connected with narcotic drug abuse,
- Authorised bodies and institutions should establish efficient control over the traffic of chemicals that can be used for manufacturing of narcotic drugs, and prevention of their smuggling and abuse,
- Strengthening of international police and customs co-operation, either bilateral or within the international police organisations, implementation of joint operations, increasing joint operational capacities, with international exchange of knowledge, experience and information,
- Promotion of collecting, processing and analysing all kinds of information associated with drug crimes, and mutual exchange of this information on both regional and international level.
- Implementation of all required measurements and actions aimed at reducing the manufacturing or growth of narcotic drugs to the minimum in the Republic of Croatia
- Reinforce the direct police co-operation among different organisational units within the Ministry of Internal Affairs of the Republic of Croatia, and reinforce the police activities on the local level,
- Continue with further promotion of co-operation between the bodies competent for drug supply control in the Republic of Croatia (both at state and local level), primarily between the Ministry of Internal Affairs, the Ministry of Finances (Customs service and the Money Laundry Prevention Office), the Ministry of Economy and the Ministry of Law, and possible formation of joint investigation teams aimed at more efficient criminal prosecution of the offenders convicted for drug-related felonies (narcotic drug abuse and smuggling),
- Increase safety in road and sea traffic and decrease the number of accidents caused by the drivers under the influence of narcotic drugs (drug testing for drivers),
- Advance the techniques related to detecting financial transactions, i.e. money flow gained by illegal drug trade (detection of so-called money laundry), identify and institute legal proceedings against organised groups and legal persons involved in money laundry, primarily gained by smuggling and illegal sale of drugs.

5.4.2. Precursor control

Efficient control over chemical substances that can be used for illegal drug manufacturing is an important factor in preventing illegal drug manufacturing and consequently, drug supply reduction. Since these substances are regularly traded with, and are in large quantities used in chemical,

pharmaceutical, cosmetics and similar industries, legal and other interventions are required for preventing their illegal outflow. It implies systematic control over the manufacturing subjects (raw materials, technology), scientific and research subjects (raw material, laboratory equipment), import, export and transit of certain goods and chemicals/precursors (quantities and purpose).

Special attention should be paid to the permanent international traffic control of these substances, the co-operation between the authorised bodies and substance manufacturers, suppliers and transporters aimed at the detection of suspicious shipments and attempts at illegally using precursors. Furthermore, keeping comprehensive records of the cross border precursor trade, information exchange with relevant bodies of other countries and international institutions, as well as the mutual co-operation of competent government bodies, are all of the utmost importance.

5.4.3. 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. They are divided into three groups, depending on the harmful effects and consequences to human health, and are included in 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, and their abuse is considered an offence and punished as such. In addition to the previously mentioned, 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. This 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 provided for the possibility, in the course of the pre-preparatory proceedings in accordance with Article 63. This possibility is when the General Attorney will not start the criminal proceedings, for the offence for which a prison sentence lasting up to 5 years or a fine has been stipulated, although 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 can condition the decision on non-instituting of the proceedings by the minor's readiness to undergo professional medical addiction treatment. When, with the co-operation and supervision of the social security centre, a minor fulfils his obligations, the General Attorney brings the final decision on non-institution of criminal proceedings against a minor. The law on Amendments and Supplements to the Act on the Office for Suppression Corruption and Organised Crime (Official Gazette No. 33/05.) came into force on 22nd March 2005. This law has in more detail, defined the scope and authorities of the Act on the Office for Suppression Corruption and organised.

Illegal manufacturing and trafficking of narcotic drugs, possession and enabling their use, in accordance with the Criminal Law of the Republic of Croatia, are certified as criminal offences. A possibility of more severe sanctions must be considered for persons who enable minors to use narcotic drugs in the vicinity of schools or in schools. Or in the vicinity of the places where youth activities are performed, or if they use their influence on minors or persons who are not capable of judging of the danger of narcotic drugs. In the proceedings relating to narcotic drug use, the procedure should be accelerated as much as possible, if the drug addiction is the cause of offences.

Apart from the previously mentioned, a systematic analysis of the efficiency of the penal policy should be performed, particularly of the drug-related offences and especially regarding penalising the possession of narcotic substances in the quantities needed for a single use, unless other circumstances point to the possible drug abuse. Based on the indicators showing the penal policy efficiency, the shortcomings must be noticed and attention oriented toward the education of judges,

general attorneys and professional associates in the field of illegal narcotic drug sale control, and relating to the application of criminal law provisions on drug abuse. In this context, a possibility of sending a larger number of prisoners-addicts on parole to the therapeutic communities operating within the social security system should be also considered. Simultaneously, groups of professionals should be put together, to provide adequate professional assistance to individual offenders immediately upon the detection of their criminal behaviour. Accordingly, health care programmes and social security programmes for treating the offenders should be brought in too.

The future development of the penal policy and legislation should be based on the recommendations and decisions of the bodies of the European Union.

5.4.3.1. Penitentiaries and prisons

Within the scope of the activities of the Prison Administration System, the treatment of the prisoners with addictions is carried out based on the court decision, (pronounced safety measure of addiction treatment). Or the treatment is carried out based upon performed psychosocial diagnostics, if the fact that a prisoner used narcotic drugs or experimented with them prior to arriving to prison for serving a sentence, has been established. Inclusion in the treatment procedure is an integral part of individual prison programmes. The prisoners are allowed to enter the programme at their own request, too, and whilst serving the sentence, those prisoners who were not previously included in the treatment procedures can be also accepted, if such a need arises during the reassessment of the successfulness of the individual prison programmes.

When serving a sentence in prison, prisoners with addiction are provided with healthcare services, and education relating to the narcotic drug abuse is conducted and they are integrated into modified therapeutic communities. The therapeutic communities 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. In the Turopolje penitentiary, the prisoners with addictions, are not separated from other prisoners due to the prison regime of a semi-closed type penitentiary. The prisoners also sign a therapeutic agreement, which includes the obligatory reporting to the social security centres for addiction prevention in the social community in case of prisoner's going out. In the Zagreb prison, a project called "Institutional and post-penal treatments of convicted addicts" has been carried out. The same programme is being applied in nine more prisons in which shorter penalties are served (up to 6 months).

Within the penal system, the educational measure of sending an offender to a correctional institution can be applied, so the treatment of juvenile offenders has been carried out in the correctional institutions in Turopolje and Požega. In accordance with their current number, the modified therapeutic communities are also being established. Within the correctional institutions, special attention is paid to educational and preventive work, which fits the age of the population. In other penitentiaries and prisons, professionals treat prisoners with addiction individually.

A separate category within the prison system is remand prisoners. Apart from the health care provision, while in custody the methadone detoxification therapy is being carried out. A prisoner cannot be sent to serve a sentence in the penitentiary until detoxification has been finished.

Problems with addiction treatment implementation mentioned previously, refer to insufficient accommodation capacities in the close-type prisons and penitentiaries; vacant doctor positions in some of the penitentiaries; lack of funds for more frequent and higher – quality testing of prisoners with addictions and insufficient presence of addiction prevention centres in the programmes implemented for addicts during serving a sentence. (These programmes are aimed at more quality organisation of social acceptance upon their release from prison.)

The principal goal of this document relating to the prison system can be defined by the acceptance of the mutual relationship of prisons and penitentiaries on the one hand, and the entire social community on the other hand. Prisons are places where prisoners stay is only temporary, sometimes for a very short period of time, during which all the programmes being conducted within the community, should be also made available to them, if applicable in prison conditions. For the implementation of a high-quality drug abuse treatment within the prison system, the drug addiction treatment should be

guaranteed to all prisoners, under the same conditions and following the same doctrines like the ones available to the addicts out of prison: detoxification, drugless wards and other types of treatment.

It implies enough professionals and their permanent training, and professional supervision outside the prison system, as well as providing accommodation capacities at special "drug-free" wards. Furthermore, the prison system must be equipped with certified testers on narcotic substance presence in an organism, and the testing should be carried out according to verified protocols. In order to prevent infection with various diseases, prisoners must have access to all measures available to the others in the society and permanently be tested on B and C hepatitis and HIV. Addiction prevention centres must assist the implementation of the programmes in prisons. Such programmes offer help and services in organising post-penal acceptance of prisoners with addictions. Apart from establishing the penitentiaries of socio-therapeutic type, a possibility of sending a larger number of prisoners released on parole to therapeutic communities and other types of treatment and care has to be considered, too.

Aimed at improving the data quality and their harmonisation, the prison system has to be networked with the institutions that keep addict records. Finally, adequate measures to prevent bringing narcotic substances and their supply in penitentiaries, prisons and correctional institutions has to be undertaken, by the permanent training of police officers and permanent technical equipping and advancement.

Our principal goal is the continuous development of international co-operation of the Croatian prison system with ENDIPP (European Network on Drugs and Infections Prevention in Prisons) and other relevant international bodies and institutions and non-governmental associations, dealing with addiction treatment in prisons and social community.

5.5. INTERNATIONAL CO-OPERATION

The global nature of the drug problem requires regional, bilateral and multilateral approaches. Both the bilateral co-operation and the co-operation with international organisations and other organisations (such as the Pompidou group of the Council of Europe, UNODC, WHO, EMCDDA and others) has to be strengthened. Political and developmental international co-operation in the field of narcotic drug abuse should be based on the efficient promotion and advancement of a balanced approach to the problem of drugs and precursors through the mechanisms of regional co-operation. This should include all countries along the trade routes (the Balkan route), finding potential key partners, as well as co-operation with international organisations and institutions and EU member countries. International participation enables multilateral, balanced and integrated offers of various measures, whilst in the process of approaching the European Union through PHARE and CARDS programmes, direct co-operation with the EU member countries will be established.

Croatia has been trying, by it's inclusion in international activities in the field of drug control and the consequences of drug use, to participate actively in solving the drug use and abuse problem and participate in creating the policy and professional approaches in this field. Furthermore, international co-operation can contribute more effectively to fighting crime organisations, corruption, money laundry and controlling trafficking of narcotic drugs and precursors.

5.6. TRAINING

Constant training at undergraduate and graduate levels should be provided. Continuous targeted training of professionals and others dealing with the problem of addiction should be carried out. For those directly dealing with the drug addiction problem, permanent education courses at their faculties are organised. If the interested faculties reach an agreement, a multidisciplinary graduate study curriculum has to be elaborated. New educational forms for planning and evaluating preventive programmes should be also assured. Specific additional education (informative lectures, round tables etc.) of all participants in the implementation of the National Strategy, including general public will be also provided. Training should be carried out in co-operation with professionals and scientific institutions from Croatia, and in co-operation with international organisations.

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

Financial resources for the implementation of the national strategy, which will assure high-quality implementation, have to be provided in accordance with the activities and obligations of the subjects included in the implementation of the national strategy. Funds for the implementation of the national strategy on the state administration level, upon previous inter-departmental co-ordination, should be provided from the state budget resources, i.e. from individual ministries.

Therefore, it is necessary to point out that those subjects, who within their budgets have not set aside funds for the implementation of the national drug control strategy, have to undertake certain activities with the aim of providing them.

According to the principle of shared responsibility between the state and local community, local self-governing bodies should set aside larger funds from the budget. Such funds will be allocated to fund the activities carried out by the County Drug Control Committees, and the implementation of preventive measures locally, and other activities whose quality implementation depends on the initiatives of the local administration. As additional financial sources, profits of the games of chance, i.e. the lottery, international organisation funds (United Nations (UNODC), European Union, Council of Europe), and the funds gained by confiscating the property of drug offenders should be used.

7. ACTION PLAN

In the drugs action plan individual goals and their realisation are described in detail, as well as concrete tasks of individual executors in a particular accounting period, based on the evaluation of the previous action plans and new needs according to the professional approaches and guidelines of the national strategy. The drugs action plan should be connected with the contents and terms of the national strategy.

The drug's action plan covers three-year periods. Within 30 days of adopting the National Strategy in the Croatian Parliament, the Government of the Republic of Croatia will, based on the proposal of the Government Committee on Drugs of the Republic of Croatia, and on the proposals of competent state administration bodies, co-ordinate an action plan. This action plan will precisely define the individual goals of the National Strategy and their realisation, set the deadlines for their realisation and assess the financial resources needed in a defined accounting period.

8. FINAL PROVISIONS

Upon its adoption in the Croatian Parliament, the National Strategy will be published in the Official Gazette. With the adoption of this new National strategy, the previous National Strategy, (adopted by the Croatian Parliament in March 1996, on Drug Control and Combating Drug Abuse and Assistance to Drug Addicts in the Republic of Croatia,) will not be in force any longer.