

Evaluation of the National Drug Strategy 2012-2017 of the Republic of Croatia

Analysing the accomplishments of the current National Drug Strategy and providing recommendations for the National Drug Strategy 2018-2025

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Abbreviations and note on terminology

AP	Action Plan
AIDS	Acquired Immune Deficiency Syndrome
BBV	Blood Borne Viruses
CSO	Civil Society Organisation
DIMS	Drugs Information Monitoring System
EMCDDA	European Monitoring Centre For Drugs and Drug Addiction
ESPAD	European School Survey on Alcohol and Drugs
EDND	European Database on New Drugs
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Humane Immunodeficiency Virus
HRDU	High Risk Drug Use
HROU	High Risk Opiate Users
NDS	National Drug Strategy
NGO	Non-Governmental Organisation
NPS	New Psychoactive Substances
NSP	Needle and Syringe Exchange Programmes
OST	Opioid Substitution Treatment
OCDA	Office for Combating Drugs Abuse
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
TB	Tuberculosis
TC	Therapeutic Community
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office for Drugs and Crime
WHO	World Health Organisation

Note on terminology

In this assessment study the writers have chosen to follow the terminology as recommended and used by the European Drug Agency EMCDDA. Other wording is used in the report when it is part of the organisations' name or if it is used in document titles and references.

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1. Introduction

A. Background

The Republic of Croatia is a relative young democracy that accessed the European Union on July 1 2013. The country had faced many challenges after a period of war in the mid-nineties of last century. One of the post-war issues in Croatia was a significant increase in drug consumption (notably heroin) in the mid-nineties. Located in the centre of one of the main drug trafficking regions -from the Middle East to Eastern/Central/Western Europe- and with an increased drug demand due to psychological post war traumas, Croatia, similar to other countries in the Balkan region, witnessed a unprecedented rise in illicit drug use. The number of problem drug users increased from 1.0 per thousand population in 1991 to 2.7 in 1999 (Sakoman, 2000).

In response, the country developed a comprehensive drug strategy and national drug action plan with as one of the main objectives to reduce the use of drugs and its impact on individuals and society by developing a range of policies and actions.

In 2011, at the end of the 2nd Drug National Strategy an evaluation of the overall Croatian drug policy was conducted by the Dutch Trimbos Institute. The report analysed various sectors of the drug policy system, listed good practices and made also recommendations for improvements and strengthening the drug treatment system.

Currently the Croatia's third National Strategy on Combating Drug Abuse (2012-2017) and the second Action Plan (2015-2017) are ending.

The NDS is implemented through two consecutive three-year action plans (2012-14 and 2015-17). This current evaluation of the NDS is part of the preparations for a fourth NDS (2017-2023).

The Trimbos Institute conducted a preparatory assessment study on the drug treatment system in Croatia in 2016.

B. Purpose and scope of the evaluation

A main goal of the evaluation of the National Drugs Strategy (NDS) 2012-2017 is **to reduce drug supply and demand** in society. In addition, an integrated and balanced approach to the drug problem should provide adequate protection of life and health of children, youth, families and individuals and thus keep the drug use prevalence in the social framework of acceptable risk so it does not disrupt the fundamental values of society and threaten the security of the population.

The evaluation is commissioned by the Government's Office for Combating Drugs Abuse (hereinafter: "the Office").

The purpose of the evaluation is *to assess the results of the current NDS (2012-2017) and to deliver policy relevant information and specific recommendations for to the OCDA and other stakeholders involved in making and implementing drug policy in Croatia, in particular to supply input for the writing of the new Drug Strategy.*

The overarching vision of the NDS is expressed in four main objectives and the strategy reflects the balanced approach to drug problems. It is built around two pillars of demand and supply reduction and the three cross-cutting areas of: (i) information, research, monitoring and evaluation; (ii) coordination; and (iii) international cooperation. This evaluation will review the progress and

achievements made during the period of the current NDS and subsequently provide recommendations for adjustments or improvements in order to address current obstacles and to optimise future policy making, conducting service provision and other related activities.

C. Evaluation methodology

This evaluation analyses the Drug Strategy 2012-2017, regarding its qualities as a policy document as well as regarding the process of its implementation.

The key evaluation questions are:

1. Did the current National Drug Strategy cover all relevant drug policy issues?
2. To what degree have the objectives of the current Drug Strategy been realised?
3. Have the efforts put in the key areas of the current Drug Strategy increased since 2012
4. What has been the influence of the current Drug Strategy on the decrease/increase of these efforts?
5. What are priorities to be addressed in the future Drug Strategy?

In order to answer these questions a mixed method approach is used:

- An assessment of the drug treatment system in Croatia. An detailed review on the applied responses and practices was conducted in 2016. The assessment consisted included XXX interviews with key stakeholders on drug treatment policies and services,
- Desk review of key documents such as strategy documents, studies, annual reports, guidelines and reporting to the EMCDDA,
- A survey was conducted to get collect opinions and ideas regarding the NDS from a wide range of stakeholders on national and county level, using a structured questionnaire was conducted. The aim was to assess in general terms the view of people involved in the implementation of the Drug Strategy. The survey was conducted including data collection and analysis) by the Office after a joint preparation by with the evaluators. The detailed survey methodology is described in the Introduction of the Survey Analysis (Annex III),
- Finally focus group meetings were held with 4 groups of key stakeholders in the country from the following areas: policy, drug demand reduction, drug supply reduction and from the NGO field (see Annex II for complete list of interviewees). The focus group meetings were used to clarify questions and critical remarks from the overall Survey and to get enhanced insight on the stakeholders views and ideas on the current NDS 2012-2017 and suggestions for the upcoming one, NDS 2018-2023.

The evaluation was conducted between April and June 2017. The focus group meetings took place between May 29 and June 2 2017.

D. Limitations to the evaluation

The evaluators wish to express some limitations to this evaluation:

- The time span and budget for the evaluation were limited. The evaluation is primarily done by desk work. A limited number of experts were consulted. There were no site visits nor discussions with actors such as parents, implementers like policemen or with people who use drugs ((PWUD) conducted. However, in conjunction with, and building on the findings of the 2016 assessment study and the evaluation in 2011, the

evaluators felt they had enough background knowledge on the NDS and policy environment in Croatia.

- For reasons of budget, efficiency and language the evaluation survey was conducted by the Office. The evaluators were no part of the analysis process, but included the findings of the survey in their overall analysis.
- Some minor practical limitations (such as language barriers and having the meetings at the premise of the governmental agency) could have biased the discussions during the focus groups. Notwithstanding this limitation the evaluators experienced supportive participants who gave good quality input.

It is our view that the limitations mentioned above were relatively minor and that they did not significantly influence the findings and conclusions of the evaluation.

2. Findings

This section is proving from the key elements of the evaluation;

1. Desk research
2. Assessment study on Drug Treatment system
3. Survey among key stakeholder
4. Focus Group meetings

Ad 1 Desk research¹

The following section describes the key findings of the desk review (supported by the Office). It will describe the state of play on the following items:

- a. National coordination
- b. Public expenditure
- c. Drug laws and offenses
- d. Drug use
- e. Drug harms and harm reduction
- f. Prevention
- g. Treatment
- h. Drug use and responses in prisons
- i. Quality assurance
- j. Drug-related research
- k. Drug markets
- l. National information system for drugs
- m. International cooperation

National coordination

The coordination, development and implementation of NDS and the activities described in the Action plans are in the hands of three bodies:

- o First, the Commission for Combating Drug Abuse of the Government of the Republic of Croatia is composed of members of all relevant ministries and is chaired by the Deputy Prime Minister, who is responsible for economic and social affairs. The Commission develops drug policy and coordinates the activities of the ministries and other actors involved in the implementation of the national drug strategy at the political level.
- o Secondly the Office for Combating Drug Abuse is a specialised government service that deals with the day-to-day implementation of the national drug strategy and its monitoring. It monitors the drug situation in Croatia and proposes measures to address drug-related issues. Attached to the Office for Combating Drug Abuse, the Expert Council is comprised of experts from different fields (prevention, treatment, rehabilitation, policing and law), and is tasked with supporting decision-making at the Office.
- o And thirdly, County Committees for Combating Drug Abuse coordinate the implementation of the drug strategy at the local level.

Public spending

Total drug-related public expenditures in 2015 represented 0.24% of gross domestic product (GDP). The Croatian central government spent around 102.3 million euro, of which 79% financed public order and safety activities and 18%

¹ This chapter is largely based on preparatory work of the Office

health, while close to 3% of total expenditure financed education and social protection. Total expenditure started to decline in 2011, and fell by close to 15% in 2011 and 2012. Since 2013 drug-related expenditure has increased. In 2015, 56.9% was spent on treatment activities, 30.0% on prevention programmes, 5.9% on harm reduction programmes, 3.9% on the penal system and 3.3% on resocialization.

Drug laws, drug offences

In Croatia drug control is mainly covered by two legal acts: the Law on Combating Drug Abuse (LCDA) and the Criminal Code. The LCDA regulates the conditions for the manufacture of, possession of and trade in drugs, substances and precursors. More serious offences are prosecuted under the Criminal Code. From January 2013, possession of small quantities of drugs for personal use is no longer a criminal offence but instead is classed as a misdemeanour under the LCDA. The Criminal Code currently allows for the distinguishing of possession of drugs for personal use from possession intended for putting such drugs in circulation. Hence, the possession of drugs in quantities for personal use is sanctioned as a misdemeanour with a fine and compulsory treatment measure. The assessment of whether a quantity is intended for personal use is made by state attorneys and courts on a case-by-case basis. The new Criminal Code urges the court to use a number of alternative measures to imprisonment, such as fines, community service, probation and treatment, for cases when a prison sentence of up to six months is prescribed.

In 2015, the statistical data indicate that most of DLOs in Croatia were misdemeanours, while around fifth of all DLO were related to illegal production, smuggling or sale of drugs. If looking at the total number of reports related to all drug offences (misdemeanours and criminal offences), misdemeanours participate with around 70% in the last three years.

The above has a significant impact on the disburdening of the penal system and saving of government spending.

Drug use

Cannabis remains most commonly used illicit drug in Croatia. The 2015 survey on substance abuse among the general population in the Republic of Croatia indicated that around 2 out of 10 adults aged 15-64 years have ever used cannabis. Its' use is concentrated among young adults (15 to 34 years-old). Around 2 in 10 people aged 15 to 24 years had used cannabis during the last year, while around 2 in 100 younger adults of the same age group had used amphetamines, the most common stimulants, in the last 12 months. According to Europe-wide annual wastewater campaigns, continued increase in cocaine and MDMA/ecstasy use in Zagreb over the 2011-16 period.

Emergence of NPS use has been one of the concerns in Croatia. The available data indicate that around 7 in 100 students and the same ratio of younger adults (15 to 24 years of age) have tried a NPS during their lifetime. Data from specialised treatment centres indicate that the majority of the first-time treatment entrants report cannabis as their main primary problem drug, followed by those who sought treatment due to primary heroin use. Injecting remains common among heroin users, although the first-time treatment clients report lower levels on heroin injecting than those who entered treatment repeatedly.

Concerning the trends among youth, European research (*ESPAD 2015*) indicates above European averages for inhalants (lifetime use) of, cigarette use (last month use), alcohol (last month use), heavy episodic drinking (last month use)

and cannabis use (last month use), and to a lesser extent cannabis, tranquillisers or sedatives without prescription (all lifetime use). According to the data on NPS Croatian students are above the European average. 7% of them stated that they had taken new psychoactive substances in their lifetime. The prevalence of new substance use in the last 12 months was 6% of students.

According to research *Substance abuse among the general population in the Republic of Croatia 2015*, analysis of differences in the use of illegal drugs in general, or consuming any illegal drugs, shows that in 2015 a statistically significant increase in the total number of consumers is recorded in relation to the same survey in 2011, among all age groups over 15 years. Notably the increase in cannabis use rose, in all age groups, and among men and women. Lifetime prevalence of taking other illegal drugs was considerably lower: amphetamines (3.5%), ecstasy (3%), cocaine (2.7%), LSD (1.7%) and heroin (0.3). Lifetime prevalence of taking any 'new drug' was 2.7%, and was the highest among respondents aged between 15 and 24 years - 6.9%.

Drug harms and harm reduction

The number of new human immunodeficiency virus (HIV) cases detected among the people who inject drugs (PWID) has remained stable in Croatia. In the recent years, no HIV cases among PWID were reported and testing indicates declining numbers of PWUD with Hepatitis C. These trend are also reflected in the prevalence rates of HIV (0.5 in 2010, 0.4 in 2014), HBV (10.4 in 2010 to 6.2 in 2015), HCV (46% in 2010 to 25.2% in 2014). Regarding the number of fatal overdoses decreased –a bit – as well (from 73 persons in 2010 to 59 in 2014).

The National Strategy on Combating Drug Abuse for the period 2012-2017 and its related action plans set out the main objectives for harm reduction in Croatia, which include continuous support to implementation of existing programmes and expansion of coverage and diversification of harm reduction services towards new target groups and new types of services. In Croatia, harm reduction programmes are operated by the Croatian Red Cross and the NGOs Institut, Ne-ovisnost, Help, HUHIV, Hepatos, Let and Terra. In general, Croatia is considered as a country with medium syringe coverage. Under the Croatian National Programme for the Prevention of HIV and AIDS 2011–15, a total of 10 specialised counselling centres provide anonymous and free counselling, and HIV testing.

Prevention

The National Addiction Prevention Programme for Children and Youth in the Educational Setting and Social Welfare System for 2015–17 outlines the following preventive aspects: (i) the main target audiences (pre-school children and pupils, university students and children and young people in social care institutions); (ii) the evaluation criteria for prevention programmes for all addictive behaviours; and (iii) the standards for drug use prevention activities. Prevention programmes in the Republic of Croatia are being implemented primarily at the local community level in the 21 counties as multidisciplinary activities. The prevention activities are mainly funded by the state budget and revenues collected from lottery funds, and the European Drug Prevention Quality Standard guidelines are increasingly used to assess the proposed projects. In recent years well-respected international programmes such as Unplugged, Life-Skills Training Programme, Communities that Care, and Promoting Alternative Thinking Strategies have been implemented in Croatia. Particular attention is given to the evaluation of these programmes. *Selective* prevention is implemented in cooperation with NGO's, public health and social welfare centres. Activities in this area focus on vulnerable families, such as those with imprisoned parents or parents with drug-use problems, minority

communities (such as Roma population), and, within the educational context, are aimed at children with special needs, in children's homes, from high-risk families or those with learning problems. These programmes mainly reinforce the need for a healthy lifestyle and risk reduction, promote the role of parenting and provide alternative leisure activities for young people at high risk of substance use. *Indicated* prevention targets young experimenters in contact with social welfare centres or public health institutes.

In the area of drug demand reduction, there are ongoing activities established to raise the quality of various programs, projects and interventions. Through the Database of programs and projects targeted at combating drug abuse in the Republic of Croatia which is covering the areas of prevention, treatment, resocialization and harm reduction programs, the exchange of information on all activities undertaken in the field of combating drug abuse in the Republic of Croatia is enabled and it is the basis for identification of quality, evaluated and effective programs and proposing examples of good practice from the Republic of Croatia to the Portal of the best practices of the European Monitoring Center for Drugs and Drug Addiction (EMCDDA). In the period from 2012 to 2015 in the online application of the Office it was entered 982 projects/programs that are implemented in the field of addressing drug use in the Republic of Croatia by NGO's, health and social institution. Within this number, 879 projects were from the area of prevention, 32 from the area of treatment, 49 from the area of resocialization, and 22 projects from the area of harm reduction. (Online application of the Office is available at: www.programi.uredzadroge.hr/) The Office for Combating Drugs Abuse is cooperating with Faculty of Education and Rehabilitation Sciences, University of Zagreb and NGO's to support initiative on the basis of their quality of the organisation and its activities linking it to the minimum quality standards for addiction prevention.

Treatment

Drug-related treatment in Croatia is mainly the responsibility of the Ministry of Health, while certain types of treatment (such as programmes for young drug users, rehabilitation and re-socialisation of drug users) are the responsibility of the Ministry of Demographics, Family, Youth and Social Policy. Therapeutic communities or some associations are funded by the Office for Combating Drug Abuse, the Ministry of Demographics, Family, Youth and Social Policy, the Ministry of Health, the counties and also other donors.

The central element of the Croatian drug treatment system is the provision of care through outpatient treatment facilities, although hospital-based inpatient treatment and therapeutic communities are also available. In terms of modalities, medication-based treatment prevails. The overall practise of OST provision is: prescription by the addiction specialists in the mental health clinics, provision by general practitioners and overall supervision by the national Reference centre.

7,858 persons were treated in 2013. The number was almost at the same level as in the previous year (7,855 persons). Out of the total number of treated persons, 6,315 used opiates (80.4%). Due to use of and/or a dependency to other psychoactive substances 1,542 persons were in treatment (19.6%). In the past decade the number of new opioid addicts was declining. In 2014, 6,241 opioid users were in treatment, out of whom 210 were treated for the first time (3.4%). This was the lowest recorded percentage of opioid addicts. Among new persons, the proportion of opioid users is on the decrease (20%), whereas the number of non-opioid addicts is on the increase (79%). In 2015 a total of 7 537 clients entered treatment within the health care system, which indicates a decline in the number of people who seek drug treatment in Croatia. The data from therapeutic communities also confirm a decline in treatment request in the recent years. The majority of the 6124 clients in OST in 2015 received OST with buprenorphine-based medications.

Drug use and responses in prison

Drug users represent one of the largest groups of prisoners treatment and safety wise. In 2012 there were a total of 2 261 prisoners addicted to drugs in the prison system (all criminal legal statuses)², accounting for 1,958 prisoners (13.5% of all population of 16 743 prisoners). After the changes in the Criminal Code a sharp decrease of drug using prisoners was noted: in 2015, there were 11,575 prisoners of which 1,618 prisoners reported drug-related issues were part of the prison system (all criminal law statuses), a share of 13,9%. Among prisoners with drug use problems, opioid and polydrug use (including opioids) were most common.

Quality assurance

In 2010 the Office launched a *Drug Prevention Programme* database containing data on all projects, contributing to the dissemination of information on effective and high quality interventions. The launch of the database was followed by several training events for drug prevention experts in 2011 and 2012 to promote evidence-based prevention programmes in the country, and in 2013 and 2014 with the funding of prevention projects that fulfil minimum quality criteria.

In the area of treatment, the *Guidelines for psychosocial drug treatment* in the health care, social or prison system in the Republic of Croatia were adopted in 2014 by the Commission for Combating Drug Abuse. Furthermore, in March 2015 *Guidelines on harm reduction* programmes were developed and implemented.

The Office for Combating Drug Abuse, with financial support of the Ministry of Social Policy and Youth and in cooperation with the Centre for Life-long Learning of the Faculty of Education and Rehabilitation Sciences, designed training for experts and assistants in therapeutic communities in recent years.

Drug-related research

Over the past six years, a significant number of surveys in the field of drugs have been conducted in the Republic of Croatia. These surveys have been financed by the Office for Combating Drug Abuse, the European Monitoring Centre for Drugs and Drug Addiction (IPA project and GRANT), the Croatian National Institute of Public Health, the Ministry of Health and country and local level institutions. 10 different studies have been commissioned by the Office:

1. Study on 'Public expenditures and establishment of performance indicators' (2012)
2. Study on 'Quantitative identification of selected urinary biomarkers of illicit drugs in the waste waters of the City of Zagreb' (in 2009 and 2011)
3. Study on 'Availability and price of illicit drugs in Croatia' (2013)
4. Survey on the 'quality of student life in the Republic of Croatia' (2014)
5. Survey on 'Health Behaviour in School-aged Children' (2014)
6. Study 'National HIV and HCV sero-prevalence study among injection drug users in the Croatia' (2015)
7. Survey on 'psychoactive substance use among the general population' (2015)
8. Survey of drug markets in Croatia (2016)
9. survey on harmonization of addiction prevention programmes with the European Drug Prevention Quality Standards (EDPQS) (2016)
10. survey of drug use based on the selected urinary biomarkers of illicit drugs in waste waters in Croatia (2016)

² Existing criminal legal statuses: prisoners, detainees, arrestees, convicts, minors.

Drug markets

Herbal cannabis remains the most frequently seized substance in Croatia, with a record amount reported in 2014. After a period 2011-13, when downsizing of heroin trafficking was evident based on the number of seizures and amounts seized, the most recent data indicates an intensified activity in heroin smuggling. Thus in 2015, the amount of seized heroin increased almost 10-fold compared to 2014. Following a period of downward trend in the number of MDMA seizures, which reached its lowest point in 2010, the seizure data from the recent years indicates a comeback of MDMA. In 2015, MDMA was the most frequently seized synthetic stimulant, and the quantities seized almost doubled when compared to 2014. Large cocaine seizures remain sporadic, however in 2015 the number of cocaine seizures increased as did the amount seized. Apart from 'established' illicit drugs, the Croatian law enforcement agencies report an increase of seizures of pharmaceutical products, such as methadone and benzodiazepines.

National Information System in Drugs

Intensive efforts have been made on strengthening the National Drugs Information Unit that operates within the Office for Combating Drug Abuse, in cooperation with all partners involved in the National Information System for Drugs. Ongoing development has been undertaken to develop effective drug policies in accordance with the standards and recommendations of the European Monitoring Center for Drugs and Drug Addiction (EMCDDA). Regarding the development of Early Warning System on new psychoactive substances in the Republic of Croatia, which operates within the framework of the EU's Early Warning System, for the period from 2012 to the end of 2016 the Office held a series of interactive educations and seminars with the subject of the incidence of new psychoactive substances for nearly 1500 experts from a wide range of professions.

International cooperation

The Office has continuous regional, bilateral and multilateral cooperation, including regular and active cooperation with a number of international organizations and other institutions such as: United Nations Office on Drugs and Crime (UNODC), The Commission on Narcotic Drugs (CND), International Narcotics Control Board (INCB), Pompidou Group of the Council of Europe, Agencies of the European Union (Europol, the EMCDDA), Horizontal Working Party on Drugs of the Council of the European Union and others. The Office is in active member of the EMCDDA and serves as a linkpin between the European level (data, information, laws and regulations) and the national level (where it serves as the National Focal Point).

Ad B Drug Treatment Assessment

In 2016, the Trimbos Institute assessed the drug treatment system in Croatia. A detailed review on the applied responses and practices was conducted.

The key question of this assessment study was: *Is the current drug treatment system effective in addressing the purpose of the drug policy and the needs of the final beneficiaries?*

Looking at the overall picture of the state of play of the drug situation in Croatia we conclude that the policies serve the drug treatment in contributing to the objectives of the drug policy by:

- reducing the overall drug demand and especially of heroin and other illegal opiates;
- reducing the physical harms and risks;
- reducing crime and other social harms like organized drug dealing

The vast majority of the consulted experts value the drug treatment system with a rate of 7-8 out of 10. The evaluators underline this rating and conclude that the overall drug treatment system has made a large contribution to the significant decrease of opiate addiction cases, increased health and social benefits and the reduction of crime.

The overall conclusion of the assessment is that the drug treatment system has been effective on addressing the main objective in the National Drug Strategy and has achieved containment of the spread of opiates use, problem drug use and reduction of the related public health and societal harms.

The implementation of the drug treatment system is adequate, with some areas for improvement:

- The nature and extent of NSP use are largely unknown
- A need for 'light' and more flexible treatment options.
- The current OST prescription and dispensing practice is increasingly related to undesired side effects like: non medical use of OST and the rising and 'unmanageable' cost aspects of OST provision.
- The quality of prison health care including quality of OST provision is of questionable quality and is mentioned to be substandard.
- There are limited harm reduction activities available in the country.

One point on the overall system of drug policy making is also noted:

- The system of policy coordination (the interplay between Commission, the Office and, to a lesser extent, the Counties) can more effective. The evaluators noted a limited analysis of the available M&E and other research findings, limited joint identification of needs and joined priority setting. Recommendations from earlier evaluations on this issue have not led to a more streamlined to policymaking processes.

Ad C Survey

The objective of the survey was to get input and feedback on the current NDS and recommendations for the next NDS from great number of actors involved and active the drug field, from a wide range of professions and spread all over the country.

The survey was conducted by the Office. The detailed methodology and findings can be found in Annex III.

353 respondents have been included in the process

- 107 representatives of bodies on national level. This includes representatives from Ministries, Public Health Institute, State Attorney Office, Education and Teacher Training Agency, members of NIS working groups, Expert working group for coordination of Resocialization Project, Expert Council, Commission for Combating Drug Abuse and the Office;
- 49 representatives of the NGO sector;
- 175 respondents from local/county level;
- 22 representatives of hospitals/researchers.

The total number of responses was 175 on a total of 353 invitations sent. All 175 responses were complete.

30% work in social services, 25% in health service, 12% in NGOs, 10% in educational services and 13% in law enforcement and border control.

4 out of 10 of the respondents state that they are director or manager, 6 out of 10 state that they work as operational staff.

1 on 3 work on a national level, while the other two thirds of the respondents work at county or local level.

Key findings of the Survey

- o There is a significant sense of ownership of the current NDS. 12% of the respondents was involved in writing the Drug Strategy, and 15 % contributed to it., 70% state that they have read the Drug Strategy, while only 6% is has not read it nor has contributed to the NDS.
- o There is a strong support for the comprehensiveness of the NDS. More than 90% agrees that the Drug Strategy covered all relevant issues, 10% disagrees or doesn't know.
- o There is a (moderate) positive appreciation of the realisation of the objectives of the NDS. A summary of twelve objectives of the Drug Strategy was used. For most objectives the respondents agree that there has been improvement (from slight to much) and that certain programmes have been (fully/well/partly) developed. With 1 significant exception: 4 out of 10 respondents consider that there has been no major progress on the topic of prevention among pupils aged 4- 10 years.
- o Regarding the progress of the specific areas:
 - o 3 out of 4 recognise improved coordination by the Office
 - o over 70% considers that there is progress in terms of monitoring, evaluation and research
 - o there is a critical assessment of the prevention work, it received the least positive judgement (only 17% mention that it 'progressed slightly')
 - o nearly 1 on 2 rate the harm reduction programmes being progressed
 - o 60% of the respondents agree that the NDS had moderate-important influence on the changes in the field of healthcare and psycho-social treatment of problem drug users.

- o Civil society's involvement in drug demand reduction is mentioned to have increased slightly according to half of the respondents. One out of 3 mentions no progress.
- o 44% of respondents agree that the police and customs efforts in the field of supply reduction increased. For the field of penal policy and penitentiaries and prisons around 30% of the respondents say that efforts increased 'slightly up' to 'much' and around 40% says there was 'no change'.
- o Over 60% agrees that the international activities have increased.
- o Nearly 2 out of 3 agree that education and training work has gone up.

There is a clear recognition that the new Drug Strategy should put more emphasis on all areas. The highest priorities (over 90%) are:

- o coordination of drug policy in the country
- o monitoring the use of drugs
- o answers to new trends in the drug field
- o monitoring the implementation of demand reduction
- o drug prevention
- o psycho-social treatment
- o involvement of civil society
- o international cooperation and
- o education.

When asked the respondents noted the most important priorities for the new Drug Strategy, in order of importance

1. Prevention (far-out most often mentioned as priority)
2. Education
3. Treatment

The main impression from the Survey is that the NDS 2012-2017 has been well designed and led to progress in the majority of underlying areas. Two issues need to be noted:

- o the need for more attention for 'Prevention & Education'
- o correct 'Implementation' of the NDS. There is satisfaction for the policies, plan, requirements and regulations, but criticism that an effective *implementation* might be lacking in some cases.

Ad D Focus group meetings

The focus group meetings were conducted with key stakeholders, with representatives of agencies or institutes with specific expertise in one or more of the key areas of the NDS. The focus groups meetings were organized around the main themes of this evaluation: changes in the overall drug policy, in drug demand, in drug supply and around civil society involvement including harm reduction organizations.

The group discussions were structured on basis of a list of questions and aimed at gathering data and insights in the developments and trends regarding the drug situation in the country, the (non) achievements during the NDS period, and priorities for the next NDS. (Names and affiliations are listed in Annex II)

The findings described below concentrate on the (non) achievements of the current NDS

Focus group 1: Overall policy, coordination, research, evaluation, monitoring

- NDS and AP are considered as very important guiding and supportive tools and documents, and annual progress reports are essential. The existence and use of a national drug strategy is seen as very important. The Office has been very active in the field of drafting important documents such as the National Drug Strategy, in drafting various guidelines, among which the guidelines for psychosocial treatment. These guidelines were implemented in some institutions since 2014.
- There has been a major change in drug law. Possession of drugs for personal use is no longer considered a criminal offence but is treated as a misdemeanor. This is considered a good thing, as law enforcement can now spend time and money to fight more serious drug related crime. It also prevents young people from having a criminal record. The implications of the law change have not been sorted out in each and every detail. For instance follow up on courts decisions is not monitored or enforced. It is recommended to address this issue in the coming period.
- Overall access to treatment has improved. Nowadays, young people can get help quicker and easier than before. More organizations are now involved and more places available, and the number of contacts increased (duplicated now compared to 2010). The quality of treatment options has improved due to the development and implementation of guidelines, standards and trainings in these supportive documents.
- Opioid use is considered largely under control. The applied approach has been effective from the perspective of public order and public health.
- The current main health concern focuses on cannabis use. Cannabis is considered the number 1 (problem) drug among young people. Due to a change in the law medical marihuana in Croatia is now available. The respondents note a general concern regarding the increased use of cannabis among young people against low levels of awareness and information on the associated health risks. Further, many believe that cannabis use is harmless.
- Similar to other EU countries, Croatia has experienced an increased popularity of NPS. New psychoactive substances are on the market in Croatia since around 2009. Especially young people use these substances, and generally have no idea of the content, effects or risks. Newly emerged NPS which are not covered by generic definitions are available in smart shops but once when detected they are placed under legal control in a rapid procedure. NPS are now more sold on internet and on streets.

Focus group 2: Implementation of the policy of prevention/ education/treatment

- Compared to 2005, the available budget for drug prevention dropped from 23 million Kuna in 2005 to 15 million in 2015. This has led to a belief among experts that budget now is insufficient. The general lack of money especially affect education measures whereas on the other hand for drug treatment there is sufficient budget available.
- In terms of prevalence of drug use, a decrease in use of opioids was witnessed. Not many new problem opioid users enter treatment, whereas the total group of problem opioid users ages and stay in treatment. There is an increase in use of cannabis as well as NPS, more specifically of a synthetic cannabinoid called Galaxy. However, no new alarming trends have emerged so far.
- School-based drug prevention is not a universal activity in Croatia Every school should have prevention programs but this is not everywhere put in practise, sometimes because of lack of will or interest, sometime because of lack of money. There is generally not enough attention for more modern approached like healthy lifestyles to enhance individual's life skills.
- Less persons seek treatment for cannabis-related problems, although the use of cannabis has increased. Barriers in access to treatment may be that many people believe that cannabis use is without major risks and harms since there is currently 'medical marihuana available on prescription'. A public campaign targeting risks of cannabis use is needed.
- The leakage of OST medication is problematic in some areas of the country. Various reasons have led to his among which unintended prescription practised and lack of supervision.
- Guidelines for psycho-social treatment were developed, published and implemented. They are put in practise in some institutions and organizations, such as in treatment in prisons.
- There has been an increase in the number of therapeutic communities that share their data with relevant stakeholders (6 out of 8 TC's do that)
- There is a need for lighter forms of treatment options. Online interventions are needed. Self help or online tests are not yet available.

Focus Group 3; Implementation of the policy of drug supply; repressive system/judicial system/prison system

- The legal revision of the Criminal Code (possession of drugs for personal use is now a misdemeanour) is now considered a good thing. "Now law enforcement can focus on real crime". The new Criminal Code also effects the treatment rates: less people seek treatment, as judges not often send persons to treatment and do not monitor compliance to their treatment verdict. However, in prisons most of drug users are in (medical) treatment. Production of illicit drugs is rare in Croatia, although there is some production of cannabis, but this is very limited and of bad quality. There has been an increase in drug seizures as a result of a more strict border control. There is lack of data related to online drug trafficking from and to Croatia.
-
- The use of NPS has increased and this issue needs more attention. In half open prisons, there are NPS available, especially the synthetic cannabinoid

Galaxy. But when they are discovered by prison staff, there are no consequences/ sanctions to it. In prisons with a more strict regime, the presence of NPS seems limited, however substantial misuse of methadone and buprenorphine, and other medication is reported.

- The guidelines for psychosocial treatment are implemented in prisons and are considered very useful there.
- Cannabis possession for personal use is decriminalized, possession of cannabis with intent to sell is criminal offences with a sentence ranging from 1 to 11 years. If possession is with intent to sell to minor or in or around school settings, sentence ranging from 3 to 15 years.
- OST treatment in prisons on paper is available throughout the country, but in reality it is not available in all prisons and this largely depends of the attitude of the medical doctor. Overall is a lack medical capacity in prison settings, many of them change their jobs in prisons for jobs elsewhere.

Focus group 4: Implementation of the policy of Drug Demand; NGO sector/social integration/public opinion

- Prevalence rates of HIV+ cases among injectors is low, and regarding HCV relatively low. Drug users are considered to have good moderate-good access to medical care and (free of charge) treatment.
- Standards for good quality harm reduction service delivery have been developed over the last NDS period and are implemented according to plan.
- For therapeutic communities, guidelines for working in therapeutic communities have been implemented as well, and mostly they are followed. One issue that was mentioned, is the use of NPS, as well as problems with gambling that are not addressed by these communities. The issue of dual diagnosis is not properly addressed in therapeutic communities as well. Finally, for female drug users there are no therapeutic communities available.
- There are positive trends and collaborations noticeable in the field of social welfare, where the social welfare system can do the referral and the Ministry of Health takes care of the costs for treatment.
- A positive change can be noted inside institutions for social rehabilitation, when it comes to acceptance of clients who are ex drug users. Also, improvements were made regarding collaboration of social rehabilitation institutions with other institutions to get rehabilitated people onto the labour market.
- Modern technologies are not well used in the framework of prevention and harm reduction. It is not very common, e.g. e-counselling is not used. Young target groups are not reached by informational campaigns. Campaigns are still based on 'just say no', not 'just say know'.
- Most NGO have no (supportive) relation with government agencies like the Ministry of Health or Interior. The relations with the Office are mentioned to be good and supportive.

Key priorities for the next NDS according to the focus groups

On the basis of the previous listed findings of the 4 focus groups the following recommendations for the new NDS were compiled. There was substantial

overlap in reinforcing recommendations among focus group participants on the following priorities:

- Unanimous agreement on the continuation of the approach and direction of the current NDS with focus on agreed key priorities.
- The new NDS should also include all addictions and have chapters on all addictive substances and addictive behavior, such as gaming, internet addiction.
- Additional focus on the areas of prevention and education. Suggested additional methods are information campaigns and life skill education to empower especially youth. There should also be more focus on healthy lifestyles among young people. Drug prevention should become a standard topic in school curricula. There is a need for prevention activities among young children in the age of 4 to 10. A more intensified use of social media and modern technology is suggested to increase the access to information for all those involved.
- The new NDS should also address new emerging trends of use of cannabis or NPS among young people. Both issues are currently not properly addressed in the existing information, prevention and treatment services, especially not in these age group. And the existing information of 'all substances are equally dangerous' is no longer accepted by the current, better informed, generation.
- Lighter forms of treatment, such as online interventions, early signalling interventions and e-counselling should become available.
- More networking and collaboration between stakeholders in the field at local, regional and national level is necessary. Regular meetings that aim at exchanging ideas and improving the quality of the overall debate among relevant stakeholders are requested. Regional education should be offered and organized more often (by the Office) and also at national level, not just regional.
- The coordinating role of the Office should be continued and strengthened in the executive authority to enforce correct implementation of the guidance guidelines and regulations.

3. Conclusions

This section describes the key conclusions with regards to the extent to the NDS 2012-2017 contributed to addressing the drug issues in the country and to which extent it contributed to the development of effective policies, activities and services that aim to reduce the use and negative consequences of illegal substances.

*The **overall conclusion** of the evaluation is that the majority of plans as described in the NDCS and the APs have been realised.*

During the period of the current NDS substantial steps were made. The national drug response has developed fully in line with EU recommended standards, guidelines and experiences and can be considered an example of best practices in many ways.

The overall drug policy has been largely developed from scratch in a relative short time and grew from a tailored developed response to a domestic 'heroin' crises in late 90s and 00s towards an integrated and comprehensive drug treatment *system* over the last decade. The balanced approach of 'comprehensive and integrated health and social services for communities who are most at risk' is internationally accepted as a 'best practice' and the approach is implemented in many other countries in Europe.

The period of the current NDS clearly shows tangible results in addressing some critical issues in the past such as reducing supply, demand and harm related to heroin use, rebalancing law enforcement and health efforts, and unburden the criminal and prison system.

Specific key achievements made during the current NSD period, were the result of the NDS and its AP's:

- First and foremost problem use of heroin in Croatia continues to decrease. Data regarding 'people in treatment' and 'new entries' show a clear and steady decrease in treatment demand for heroin-related problems. The data provide a clear picture of a steady population of aging (ex) opiate users of which most are in OST treatment and under medical care, and are occasionally monitored by the Services for Mental Health and Addiction. There are no signs of the presence of a substantial population of opiate users who are not (or not yet, date 2016) in treatment. Estimation of High risk opiate users (HROU) population was done in 2016, using mortality multiplier method. The estimated population amounted to 8 874 persons, (95% CI, 7 200 -11 547). This means that that according to the estimate, in Croatia there are between 8 200 and 11 547 HROU, and that there are between 2.51 and 4.02 HROU per one thousand people aged 15-64 in the entire population. There is no major heroin supply in the country and heroin is mentioned to have lost its' attraction to young people, which is similar to the imago of this drug of other European countries. The decrease in use of heroin is equally in line with trends in other European countries. In line with internationally considered good practice the drug treatment system provides a number of in-patient and out-patient treatment options of which the main ones include psycho-social interventions, detoxification, therapeutic communities and opiate substitution treatment.
- Another significant achievement are the legal reforms in the judiciary and criminal system. Changes in the criminal code and the establishment of a penal rehabilitation programme, both in 2013, led to a decline in number of imprisonments. These changes (providing alternatives to imprisonment such as suspended sentencing, conditional release or sentencing to community

service) resulted in a decrease of incarceration sentences and decreased the pressure on the prison system and ended the existing prison overcrowding. A second benefit of the legal reform is a substantial reduction of (young) people that have criminal records.

- The Quality Assurance systems have improved over the last NDS period. The standards for various sorts of treatment and care (such as the *Guidelines for psychosocial drug treatment* in the health care, social or prison system in the Republic of Croatia and *Guidelines on harm reduction*) programmes were developed and implemented throughout the country. Through ongoing training and capacity building on the standards, guidelines, trends and developments contributed to the increased levels of professionalism among workers in the field. At the same time Croatian experts are encouraged to contribute in international conferences to learn from best practices, but also to share and promote the Croatian approach and its best practices.
- The work of the Office in coordinating and facilitating the implementation of the NDS and APs is crucial and well recognized in the country. The support of the EMCDDA and Pompidou Group and other international expertise and experience references is well thought through and contributes to the ongoing process of improving the quality control and improvement of services. The role of monitoring, evaluation and research is recognized as very supportive. There is an ongoing and structural process of data collection and specific research; for European reporting purposes but also in order to sort out specific issues and be able to address them adequately.

Notwithstanding the overall positive development of a wide range policies and services of during the last NDS, a number of areas are, due to either external developments (like changing drug use trends and patterns) or due to organisational challenges or implementation issues, **less developed** or could otherwise be strengthened. These areas need special attention or prioritisation in the next NDS.

- One critical issue mentioned by many stakeholders is the need to for more prevention and education among youth, including those at primary schools. The need for more preventive measures is also witnessed in the concerns regarding the increase in cannabis use, in the use of NPS and, to a lesser extent, of stimulants like cocaine and amphetamines. Various experts and stakeholders are concerned about the overall increase in drug use (with the exception of heroin). Recent surveys (such as a recent ESPAD study and e-forum research) show that the use of NPS among youth is among the highest in Europe.

Particular issues are the mentioned popularity among youth of:

- o Cannabis. Concerning the use of cannabis there is an paradoxical situation where on the one hand medical marihuana is available as well as an increase in use of cannabis by young people, while on the other hand there is a concern among some stakeholders with regards to the potential dependency and other health-related risks that use of cannabis can cause.
- o NPS. Young people have limited knowledge on the effects and risks of use of NPS, while on the other had NPS are perceived as less risky than 'classic' drugs.

The evaluators understand the concerns on the issues of cannabis and NPS, but stress that it is necessary to make a clear distinction between real issues (e.g. problematic use or increase in health-related risks related to use of these drugs)) and perceived ('media') issues and note that there is a lack of

clear, factual information about drugs among young people, which drives youngsters' to 'experiment by trial and error'.

- Another related issue is mentioned by many experts and stakeholders is the need for a comprehensive strategy on all addictive substances, including alcohol, tobacco and prescription substances, and addictive behaviour like problematic gambling or internet use. The current NDS is largely focused on classic drugs. Prevailing drug treatment in Croatia is largely focused on heroin use and in general terms provide a choice between opiate substitution treatment or a longstay in a therapeutic community. Several experts express the lack treatment options, especially online interventions, part-time programmes. Experts express a need for a more integrated model for prevention, treatment and care for addictive substances and addictive behaviour which are not been addressed in the current strategy.
- A couple of heroin treatment (OST) related issues were mentioned on several occasions:
 - o First of all the diversion of OST into the black market (including in the prison system) leading to non-medical use of the medications. According to the most interviewees this diversion and non-medical use of OST is considered one of the main issues in the current drug treatment system. There is inadequate insight in the background, nature and extent of the diversion of the medication onto the illegal market and how to address it properly.
 - o The overall costs for OST have considerably increased over the last years up to a 73 % increase of the cost in 6 years time. Increasing drug treatment costs have largely been attributed to the increased quantity of methadone and buprenorphine prescription, even though the prices for both substances went down. Despite considerable attention to address the issue, no major results to contain the treatment costs have been witnessed.
- The overall drug policy system works relatively well, but the overall coordination process is complex and complicated. When things work according to plan, the system functions very well; monitoring take place, studies analyzing nature and extent of drug use are being commissioned, trainings, meetings and seminars are being organized for professionals, guidelines are drafted and renewed, et cetera. Especially the Office is receiving credits and reward for this ongoing coordination. Notwithstanding when policies need adjustments, the drug policy system is less capable of addressing new needs and challenges. And especially over the last five years new challenges and developments in the drug market (think for instance of the emerge of NPS), new populations and treatment developments (OST leakage, increased costs for treatment etc) are arising that require management and possibly adjustments in the current regulations and implementation practices. Some remarks and recommendations on optimizing the effectiveness in the policy system were made in the Evaluation of the overall National Drug Strategy in 2011. A number of these remarks still are valid and, against the increased new challenges, have gained in significance:
 - o Government Committee: over the last years the Committee has not optimal served as guiding instrument in addressing the occurring challenges. This ad hoc functioning has not contributed to a situation where needs and challenges can be addressed when it is required.
 - o The Government's Office: The agency has a limited mandate, limited enforcing capacity and options to make actual policy adjustments *without* the Committee's approval and direction. This Office's coordinating task by default (without guidance and without mandate and authority to make major adjustments) hampers effective policy making and coordination.

- o County Commissions; their advisory role is valued and they have a substantial role in creating local ownership in the regions. They have a limited role in addressing the occurring needs and new challenges.
- o Partly due to the mentioned issues of mandate and a vertical organized drug policy components, there is limited inter-sectoral and interagency communication, cooperation and collaboration between the various stakeholders, including key government agencies like the Office, the Ministry of Health, the Ministry of Interior. The Office is the key linking pin in *all* communication and in absence of major horizontal interagency structures or networks the only and therefore crucial coordinator of all activities
- o Monitoring and evaluation: The Public Health Institute collects treatment data and the Office produces regular reports on the technical state of play. Nonetheless this steady production of data and overviews, the data and findings seem to have limited contribution to the management (or if needed: adjustment) of the overall drug policy response. Process evaluations or other instruments that may stimulate innovation by assessing effectiveness, strong/weaker points and make suggestions for improvement, are not often ever conducted.

In conclusion: the NDS and the related AP's have been effective in addressing the key objectives, have enabled considerable progress in the activities to address drug used and related problems. A couple of issues (e.g. prevention and treatment of new trends in consumption) are mentioned to have received less priority, and some issues concerning the overall coordination of the implementation of the NDS and the related activities are proven to be persistent.

Recommendations

Against the background of the earlier described findings and conclusions we have identified a number of key recommendations for the National Drug Strategy 2018-2013 and the underlying Action Plans.

Overall, the evaluators would recommend to continue the current approach and direction of the NDS, and maintain the basic principles on a 'balanced approach', policies based on 'evidence, health and human rights' and the guiding coordination and cooperation structures. The current NDS and APs are considered effective and successful in addressing the majority of key priorities and issues that were set at the beginning of the NDS period.

Some areas need to be addressed in the new NDS and AP's:

- Include **addictive substances and addictive behaviors in one overarching National Strategy**. Consistency and comprehension are key words in communication especially to youth: reinforce the comprehensive approach of avoidance, reduction or management of the use of alcohol, tobacco, illicit substances, (non-medical use of) prescription medications and addictive behaviors like problem use of internet/social media, gambling or eating disorders.
- More **target and focus on the areas Prevention and Education**. Stimulate ongoing innovation in the prevention sector: invite stakeholders (including young people themselves) to develop new approaches, methods, campaigns, etc; acknowledge the predominant role of social media in (mis)information dissemination.
- **Continue the approach of legal reform** (such as the 2013 depenalization of possession of drugs for personal use) in order to provide better health/social outcomes and unburden the law enforcement, legal and prison systems. Further direction could be to explore option for other options of legal reform that may enhance the longer-term public health and social outcomes. Ongoing support and training of the members of the judicial and law enforcement system on the background and implementation of the drug law regulations is recommended. A thorough debate on the background and rationale of these reforms is recommended to create a better insight and understanding among the experts, stakeholders and even the wider public.
- Invest in **early interventions and diversification of treatment options** in between OST treatment and TCs that enable individuals to access health care and treatment that might be more suitable for them and compatible with their life circumstances such as e-health (online) treatment or interventions, rehabilitation day programmes etc. Stimulate innovation and flexibility in the treatment and rehabilitation sector: stimulate dialogue and exchange of good practices, study successful developments in other countries, invite field experts, (ex) clients, local authorities, to come forward with new initiatives. Create possibilities for experiments with new forms of treatment.
- In terms of monitoring and research. A **needs and quality assessment among the beneficiaries**, the end users, of the treatment system as well as people 'out of treatment' is recommended, that also includes a client satisfaction or client perspective survey. A better understanding of the levels of the previous and current needs, desired/undesired results of the service, quality of the services will provide insight in whether the services serve the intended purposes and still meet the needs of those who need help. As there

is no formal voice of the beneficiaries (there are no active interest groups for drug users in Croatia anymore) and NGOs that have contact with users of the facilities have limited impact in the overall policy process, a review of the impact of the drug treatment system on individual's daily life would be helpful in assessing and supporting the qualitative impact of the drug treatment.

- Increase **access to reliable and factual information** on the nature and content, (mental) health effects, preventive and other demand reducing measures for (potential) consumers, media and the general public on substances including illicit ones. Two issues need specific attention:
 - o provision of *factual, objective information* about the actual health risks/harms of substances. The message 'all drugs are equally dangerous and to be avoided at all time' is not adequate anymore in times of medical cannabis and non-medical use of medications.
 - o *easy and user-friendly access* to this (targeted) information that fits all groups; youth, potential consumers, parents, media, school teachers and other professionals. One could think of the establishment of telephone helpline or information line (including email service and chatservice), websites containing evidence-based, easy accessible information about drugs and their effects and risks, where to go to in case of help etc. The Drugs Infolijn, part of Trimbos Institute, serves for many years as such, enabling to inform and refer people who have questions about drugs, drug-related issues or available treatment. One could also think of developing drug related apps that provide neutral and objective information about drugs, and spread this kind of information via social media that are popular among young people, such as Facebook or Twitter.
- Take into consideration the growing availability and demand for NPS; **increase the quality and effectiveness of the Early Warning system** (EWS) for practical use by public and experts. This should include targeted drug information and (early warning) interventions for the potential users and tailored capacity building for service providers and other directly involved actors like Emergency Units in hospitals and the police. More and better collaborative relations between various stakeholders (Justice, Health, national and regional authorities, researchers, media) between the coordinating, health and law enforcement agencies is recommended.
- **A thorough review of the current OST system** is highly recommended in order to update the treatment methods and practices. Develop a special set of actions to counter the ongoing issues in the OST provision: diversion to the illegal market, new opioid users, lack of compliance to existing quality protocols, inefficiency, fast rising costs, and the fact that in 2014 in Croatia more people died of OST medication overdose than of heroin. The current implementation practice dates from the start of the opioid epidemic in the country and a review of the prescription, dispensing, registration, supervision and monitoring practices against existing guidelines is and possible revision is recommended. Addressing the current situation is beneficial for the OST treatment sector and its clients, is addresses the negative effects on the image of the drug policy as a whole.
- A final key recommendation focuses on **streamlining and strengthening the overall policy making** system and process. The current policy-making system is not any more optimal equipped to manage policies in a changing environment with new trends (in substances and populations) and related new challenges. There is overall appreciation of the policy approach, direction and the contributing work, of in particular the Office, the Expert Council and the

County Commissions. However there is a broad support for a coordination revision. It is recommended that a review and revision of the current policy making process will take place, that combines the political will (of the Government's Commission), the technical and professional expertise (of the Government's Office) and the legislative authority (of the related Ministries). This recommendation was already made in 2011 evaluation but is even more significant in the current changing drug situation in the country.

- Develop **synergy and strengthen multi-sectoral collaboration between mental health sector and addiction sector**. Addiction and mental health services where the co-occurrence of addiction, mental health problems and physical co-morbidity are very common and particularly challenging to address. A genuine 'horizontal' collaboration can in terms of developing integrated comprehensive community-mental services away from the more traditional vertically organised 'treatment and inpatient' oriented service delivery, will have a set of benefits: enhanced capacity to support people with complex conditions, enhanced collaborative capacity, improved access to (mental) health services, improved continuum of care and earlier detection and options for intervention. A better integrated mental health and addiction system will provide contribute to improved client/patients outcomes and to reduced costs.

Annex 1

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Annex 2

Focus Group Meetings

Date: May 30th, 2017 <i>Place: The Office for Combating Drugs Abuse</i>	
2:00 p.m.	Final review of the key questions for the focus groups (employees of the Office for Combating Drugs Abuse and experts from Trimbos Institute)
4:00 p.m.	End of the first day

Date: May 31th, 2017 <i>Place: The Office for Combating Drugs Abuse</i>	
9:00 a.m.	Implementation of the policy for combating drug abuse Employees of the Office for Combating Drugs Abuse
10:00 a.m.	<u>Group 1</u> Implementation of the policy of combating drug abuse – coordination, research, evaluation, monitoring Dražen Rastović (Ministry of the Interior) Lucija Sabljčić (Andrija Stampar Teaching Institute of Public Health, Department of Mental Health and Addiction Prevention of the City of Zagreb)
12:00 p.m.	Break
2:00 p.m.	<u>Group 2</u> Implementation of the policy of combating drug abuse – Prevention/education/treatment Marija Savić (Ministry of Science and Education) Ivana Biljan, prof. (Education and Teacher Training Agency) Dunja Skoko Poljak, MD (Ministry of Health) Dragica Katalinić, MD (Croatian Institute of Public Health) Zrinka Čavar, MD (Andrija Stampar Teaching Institute of Public Health, Department of Mental Health and Addiction Prevention of the City of Zagreb)
4:00 p.m.	End of the second day

Date: June 1 st , 2017

Place: The Office for Combating Drugs Abuse	
10:00 a.m.	<u>Group 3 Implementation of the policy of combating drug abuse – repressive system/judicial system/prison system</u> Dražen Rastović (Ministry of the Interior) Jana Špero (Ministry of Justice – Directorate for Criminal Law and Probation) Martina Barić (Ministry of Justice – Directorate for Prison System) Mirta Kuharić (State's Attorney Office of the Republic of Croatia) Maja Javor Ramađa (Ministry of Finance – Customs Administration)
12:00 p.m.	Break
2.00 p.m.	<u>Group 4 Implementation of the policy of combating drug abuse – NGO sector/social integration/public opinion</u> Kristina Draguzet (NGO 'Pet Plus') Mirjana Zečirević (Croatian Employment Service) Jelena Adamlje (NGO 'Pragma') Marija Kuštra (Center for Social Care Zagreb) Ph.D. Siniša Zovko, MD (Croatian Red Cross) Blanka Šuljak (Zagreb Prison)
4.00 p.m.	End of the third day

Date: June 2nd, 2017 Place: The Office for Combating Drugs Abuse	
09:00 a.m.	Discussion about the draft report on the results of the evaluation and the concluding observations (employees of the Office for Combating Drugs Abuse and experts from Trimboš Institute)



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| Introduction

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

- Did the current Drug Strategy cover all relevant issues?
- To what degree have the objectives of the current Drug Strategy been realised?
- Have the efforts put in the key areas of the current Drug Strategy increased since 2012?
- What has been the influence of the current Drug Strategy on the decrease/increase of these efforts?
- Which priorities should be addressed in the future Drug Strategy?

These questions formed the chapters of the questionnaire and were preceded by a series of questions regarding the background of the respondents, covering issues like field of work, job position and involvement in preparing the Drug Strategy. The questionnaire is attached as the annex (see Annex 1).

For *Online Survey* we used *Google Docs* for collecting, processing and analysing the information. This web-based tool was developed, hosted and managed by the Office for Combating Drug Abuse (hereinafter: Office) which was also responsible for sending out the invitations by e-mail to the selected respondents. Invitation was sent on March the 2nd and respondents were requested to fill out the questionnaire until April the 1st. Reminders were also sent in two occasions – on March 15th and on March 27th.

We chose to put together a sample including a wide variety of experts involved in the implementation, representing all relevant layers of organisations. We formulated the following general criteria for selecting respondents:

- The sample should include drug policy stakeholders from both national and county level.
- Both governmental and non-governmental organizations should be represented in the sample.
- On county level the survey should include all members of the County Commissions for combating drug abuse from all 21 counties in Croatia. Members of these County Commissions are representatives from all major

organisations involved in drug supply and drug demand reduction in the country, both governmental and non-governmental.

- On national level the sample should include representatives from all Ministries involved in drug policy making and implementation, from all relevant national governmental institutes and organizations for example, the National Institute for Public Health. Besides governmental national bodies, representatives from a selection of NGO's – which operate beyond county level and play a coordinating role – should also be included. These NGO's should cover different fields of services:
 - prevention
 - treatment
 - rehabilitation
 - harm reduction.

The actual selection of respondents was done by these above-mentioned criteria. The total sample included 353 respondents:

- 107 representatives of bodies on national level. This includes representatives from Ministries, Public Health Institute, State Attorney Office, Education and Teacher Training Agency, members of NIS working groups, Expert working group for coordination of Resocialization Project, Expert Council, Commission for Combating Drug Abuse and the Office;
- 49 representatives of the NGO sector;
- 175 respondents from local/county level;
- 22 representatives of hospitals/researchers.

We chose to invite the members of the County Commissions through their contact persons of the Office. The contact persons were requested to distribute invitations to participate in online survey to the members of their County Commission.

The total number of responses was 175 (on a total of 353 invitations sent). All 175 responses were complete. The fact that we used a questionnaire which made it obligatory to answer a question before proceeding to the next one might have played a role here.

| Data Analysis

As mentioned earlier we received 175 responses of the sample of 353 respondents. Our analysis is based on the 175 complete responses. In Annex 1 we present a full table of statistics.

Background of the respondents (Questions 1.1 – 1.5)

Field of operation

Most of the respondents work in Social (30,3%) and Health services (25,7%); 12,6% of the respondents state that they work in NGO's; 10,3% of the respondents come

from Educational services and the same number comes from National/Local Government. Percentage of the respondents who state that they work for other governmental organisation is 7,4%, and 6,9% are part of Law Enforcement. The same percentage of the respondents come from Criminal justice and Coordination (5,7%). 2,9% of the respondents work in the field of science, employment and harm reduction (Other). Only 1,1% of the respondents are part of Border control/customs.

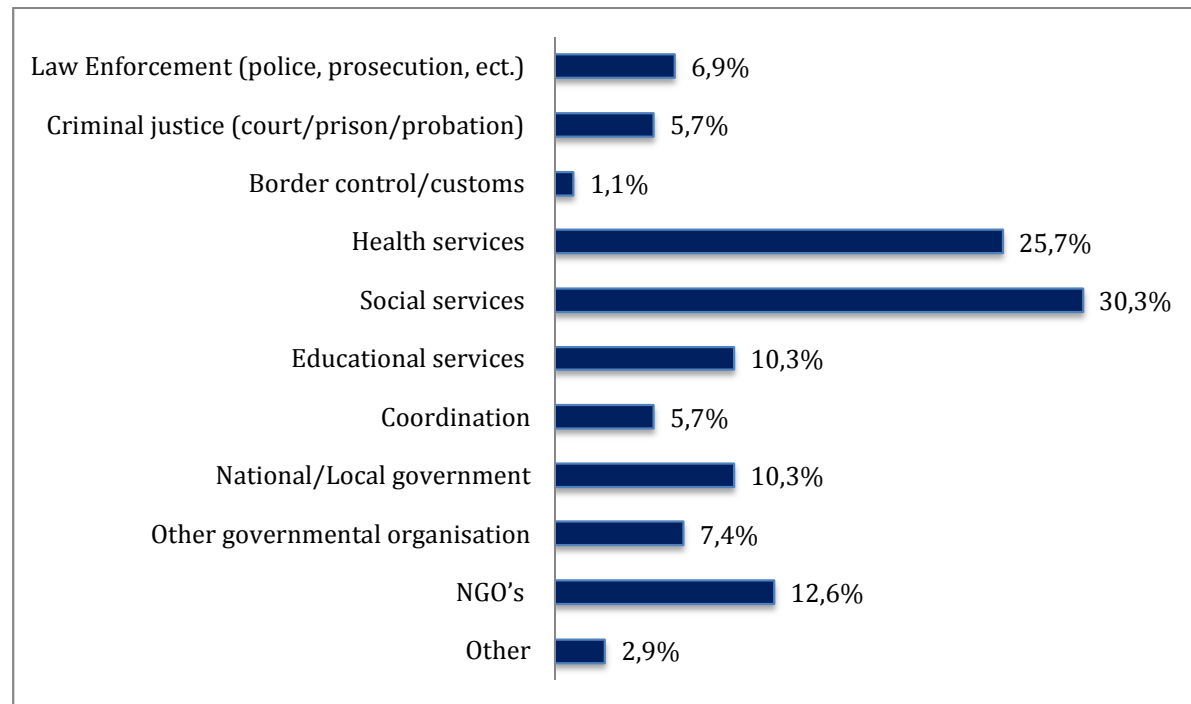


Figure 1. Field of operation

Current position

43,4% of the respondents state that they are director or manager and 56,6% state that they work as operational staff.

Policy level

37,1% of the respondents work on national level, while 62,9% work on county level.

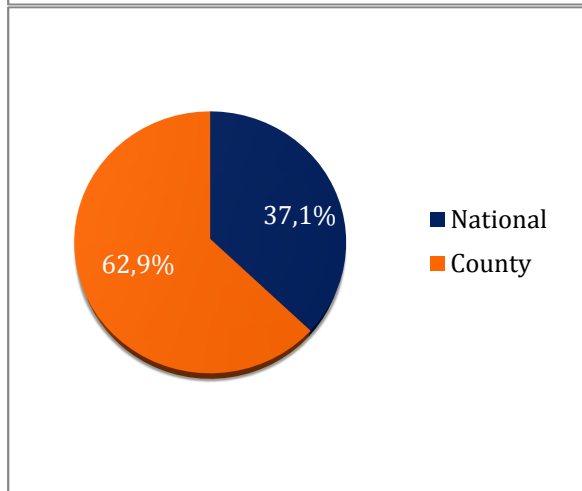
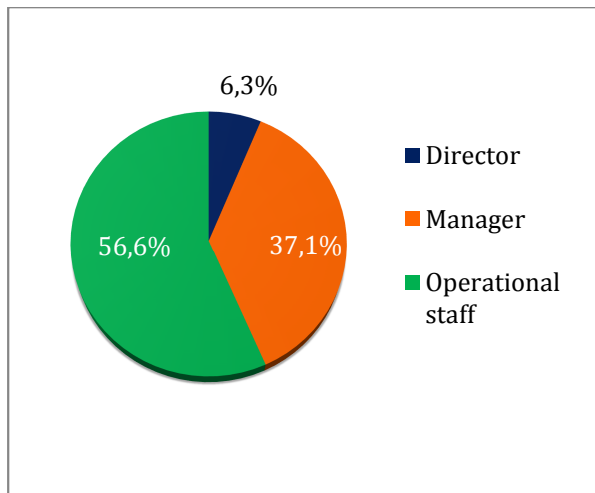


Figure 2. Current position

Figure 3. Policy level

Years of experience in the drug field

69,7% of the respondents has more than 5 years experience in the drug field, 8,6% more than 3 years. 10,3% of the respondents state they have worked less than one year in the drug field.

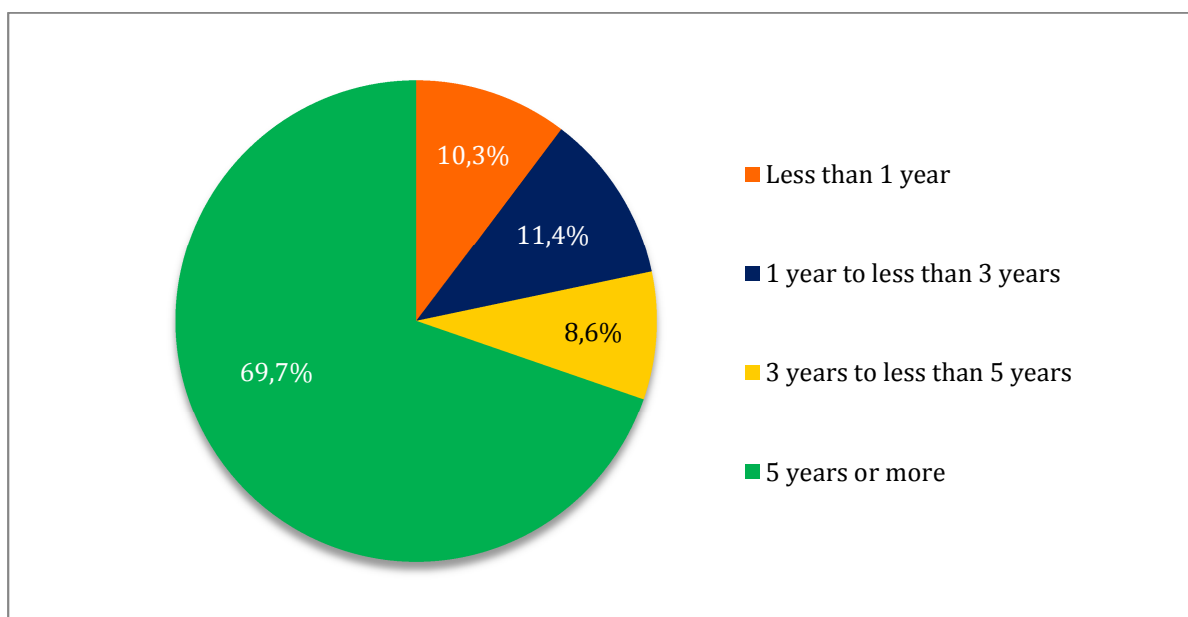


Figure 4. Years of experience in the drug field

Involvement in writing the Drug Strategy

12% of the respondents was involved in writing the Drug Strategy, 14,9% contributed to it. 66,9% states that they have read the Drug Strategy while 5,7% is aware of it. One of the respondents is not aware of the Drug Strategy.

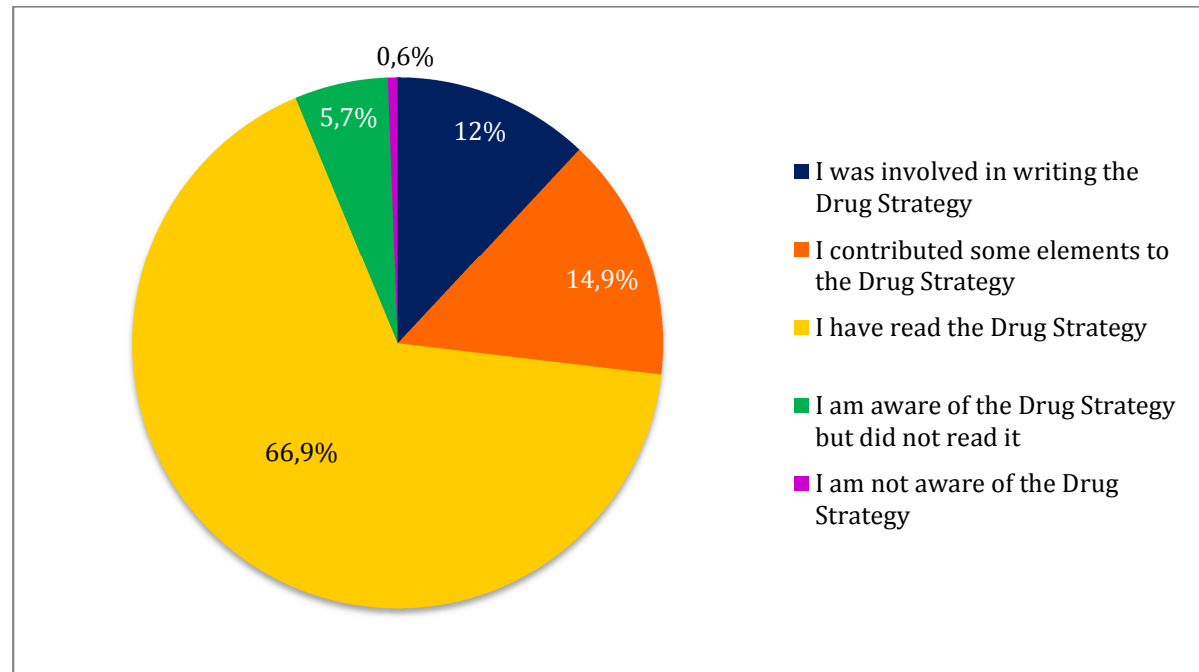


Figure 5. Involvement in writing the Drug Strategy

Views on the comprehensiveness of the current Drug Strategy (Questions 2.1 and 2.2)

Respondents have an overall positive judgement on the comprehensiveness of the current Strategy. More than 90% agrees that the Drug Strategy covered all relevant issues, 4,6% disagrees and nobody strongly disagrees. 5,1% of the respondents state that they don't know.

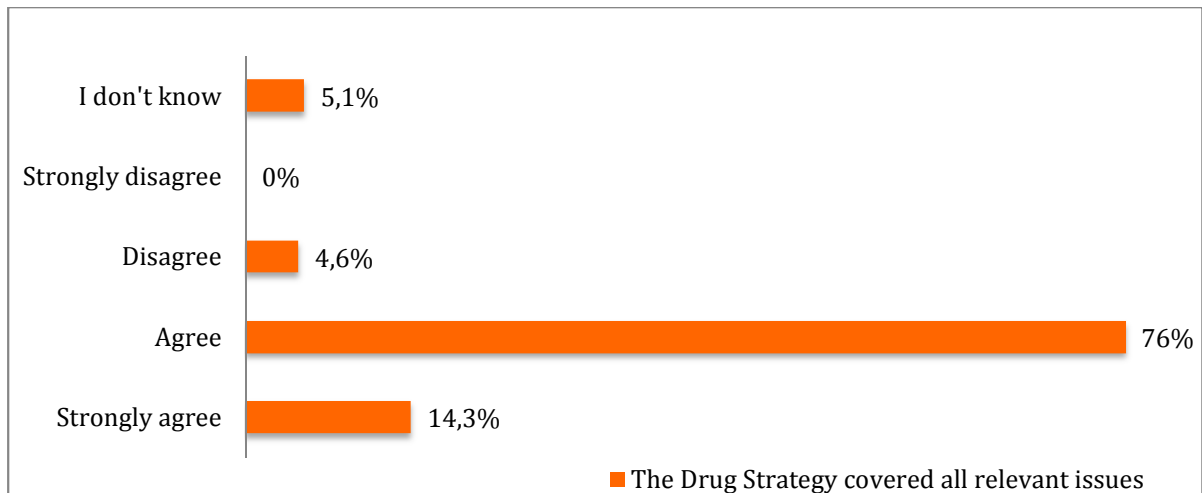


Figure 6. Views on the comprehensiveness of the current Drug Strategy

However, when asked on which areas there should have been more emphasis (presenting a list of 18 areas) more than 80% - up to over 90% - of the respondents strongly agree/agree that on most of these areas there should have been more emphasis (see Annex 1).

Views on realisation of objectives of the Drug Strategy (Questions 3.1 – 3.12)

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

Among all the objectives, objective 6 ('to create prevention programmes for younger age groups from 4 to 10, and to include them in educational institutions') gives the most interesting overall findings. The judgment is mostly negative because 41,1% of the respondents think that objective is poorly developed or that no steps were taken. Nobody of the respondents think that objective is fully developed.

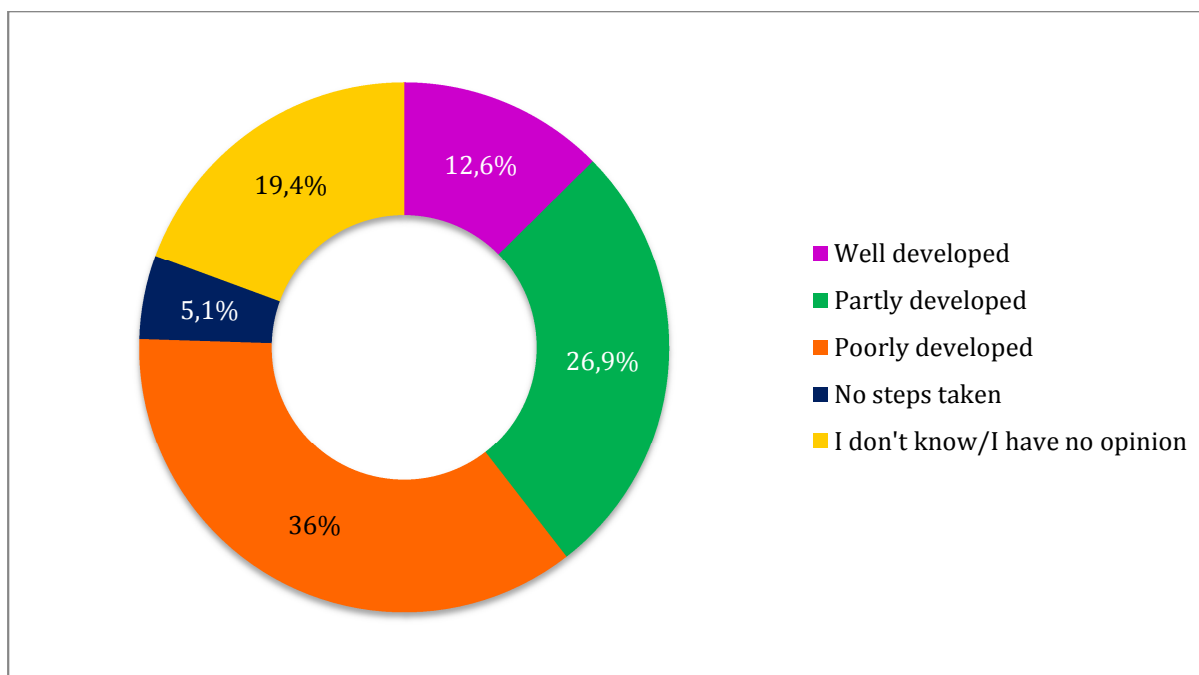


Figure 7. Views on realisation of objective 6 of the Drug Strategy 2012-2017: To create prevention programmes for younger age groups from 4 to 10, and to include them in educational institutions

58,3% of the respondents from the field of Law Enforcement think that in the area of objective 2 ('to set up and improve the network of institutions for combating addiction at state and local level') has been no change. Half of the respondents from the field of Criminal Justice think that objective 11 ('to allocate significant financial resources for the implementation of the programmes at state level and to set up professional teams in state institutions to work on the implementation of all measures included in Action Plan') was poorly developed. 52,8% of the respondents from the field of Social Services state that they find objective 6 poorly developed or that no steps were taken. In the area of 'improving measures concerning therapy, treatment and social reintegration of addicts and accordingly to set up multidisciplinary teams for work with addicts and their families' (objective 7), according to 56,6% of the respondents from the field of Social Services there has been no change.

Views on implementation of actions (Questions 4 – 12)

4. Coordination

72,6% of the respondents state that the efforts of the Office in the field of national coordination increased (from slightly to much). 48% state that the Drug Strategy had substantial (from important to decisive) influence on the field of coordination.

5. Monitoring, information system, evaluation and research

The efforts in the field of monitoring and the information system increased from slightly to much according to 70,9% of the respondents. More than 50% of the respondents think that the efforts in the fields of information system, evaluation and research also increased from slightly to much. According to around 80% of the respondents the influence of the Drug Strategy was moderate up to important on the increase of efforts in the field of monitoring, information system, evaluation and

research. All of the respondents from the field of Criminal justice state that the efforts in the field of monitoring increased from slightly to much.

6. Drug Demand Reduction: prevention

The answers to the questions about the efforts put in the different drug prevention areas show a rather diverse picture. Efforts by the educational system (61,7%) and the healthcare system (51,4%) were judged from increased slightly to much according to the majority of respondents. 57,1% of the respondents think that there was no change in the efforts in the field of prevention targeting family. Prevention efforts in the workplace received the least positive judgment (1,7% increased much, 17,7% increased slightly).

63,6% of the respondents from NGO's think that there has been no change in the efforts in the field of prevention targeting family and the 66,7% of the respondents from National/local government think the same about the field of prevention in the workplace. 25% of the respondents from Law enforcement state that the efforts in the field of prevention in the educational and healthcare system increased from slightly to much. That there has been no change in the area of local community thinks 70% of the respondents from Criminal justice. Directors are overall more negatively inclined towards the efforts in the field of prevention, 81,8% of them state that there has been no change in the area of family and none of them think that there has been an increase in the efforts. 68,1% of the respondents who were involved in writing and those who contributed some elements to the Drug Strategy think that there has been no change in the area of family.

Around 40% of the respondents state that the influence of the Drug Strategy on the field of prevention was moderate.

7. Drug Demand Reduction: harm reduction programmes

46,9% the respondents agree that efforts in the field of harm reduction slightly increased while 29,7% state that there was no change. According to 79,4% of the respondent changes are due to the Drug Strategy (decisive, important and moderate influence).

8. Drug Demand Reduction: healthcare and psycho-social treatment of addicts

Regarding all fields covered under healthcare and psycho-social treatment of addicts around 40% of the respondents state that the efforts increased slightly or much while between 25% and 41% report no change.

On all subjects around 60% of the respondents agree that the Drug Strategy had moderate up to important influence on the changes in the field of healthcare and psycho-social treatment of addicts.

9. Drug Demand Reduction: Civil Society

According to nearly half of the respondents the efforts increased slightly, according to 6,3% much. 33,7% states that there has been no change while 6,8% state that it decreased slightly or even much. 50% of the respondents from the field of Law Enforcement think that there has been no change in this area.

75,4% of the respondents agree that the Drug Strategy had moderate up to important influence on the changes.

10. Drug Supply Reduction

44% of respondents agrees that the police and customs efforts in the field of supply reduction increased slightly up to much. For the field of penal policy and penitentiaries and prisons around 30% of the respondents say that efforts increased slightly up to much and around 40% says there was no change. With regards to precursor control the situation is reverse. 54,5% of directors state that there has been no change in the field of penay policy.

On all subjects about 60% of the respondents agree that the Drug Strategy had moderate up to important influence on the changes in the field of Drug Supply Reduction.

11. International cooperation

61,1% of the respondents agree that the efforts in the field of international cooperation increased slightly up to much. 73,1% of the respondents state that the changes where due to the Drug Strategy (decisive, important and moderate influence).

12. Education

64,6% of the respondents agree that efforts in the field of education increased slightly up to much. 26,3% state that there was no change. 84,6% says that the changes are due to the Drug Strategy (decisive, important and moderate influence).

Views on the need of more or less emphasis on the different fields in the new Drug Strategy Questions 13.1 and 13.2

In question 13.1 more than 80% of respondents think that the new Drug Strategy should put more emphasis on all areas. The highest priorities (over 90%) are coordination of drug policy in the country, monitoring the use of drugs, answers to new trends in the drug field, monitoring the implementation of demand reduction, drug prevention, psycho-social treatment, involvement of civil society, international cooperation and education.

We asked the respondents about the most important priorities for the new Drug Strategy. Prevention was far-out most often mentioned as priority. Education was mentioned second, and treatment third.

| 2011-2017: did something change?

Overall there was no change in the opinions of the respondents regarding all fields in the survey. The only notable change was in the implementation of prevention in the area of social security system.

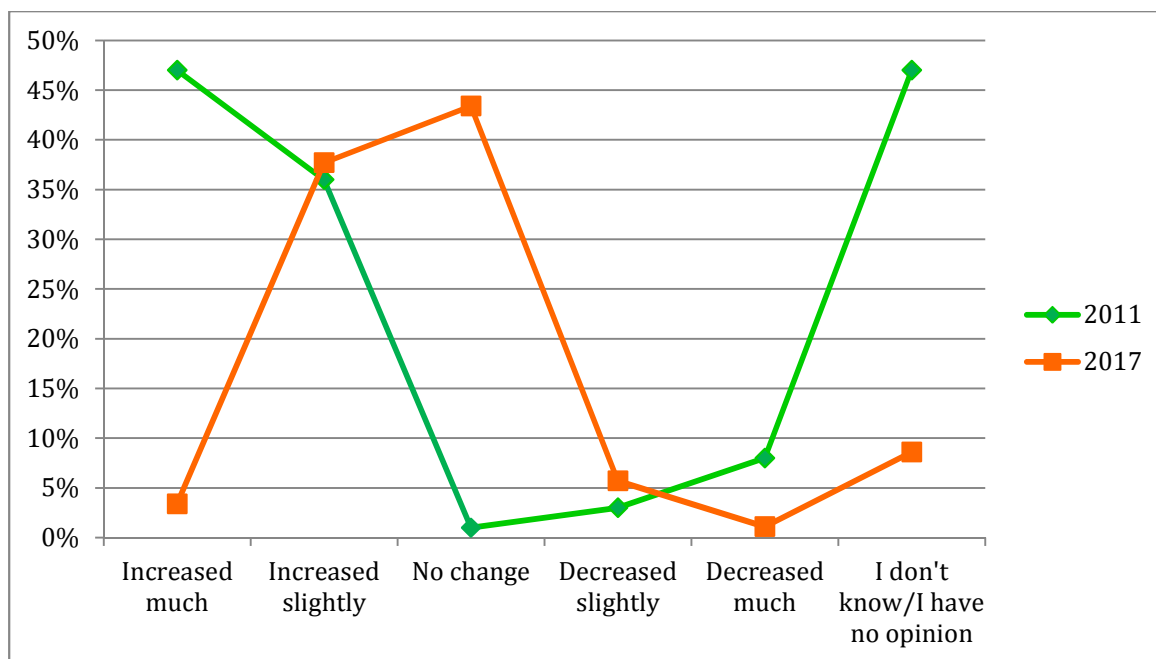


Figure 8. 2011-2017: comparison of the implementation of prevention in the area of social security system

Interpretation

After the data analysis it is evident that there is no considerable difference in opinion of the respondents from 2011 and 2017 survey. It is interesting that the percentage of the respondents who were involved in writing or participated in some elements of the Drug Strategy in 2011 was 55%, while in 2017 the percentage was 26,9%. One could conclude that this would contribute to more critical view of the Drug Strategy but this was not the case. Overall there is no notable difference in opinion of the respondents within the particular categories in 2017 survey. Regarding answers to open question (13.2) it is unambiguous that the emphasis in the new Drug Strategy should utmostly be on prevention (see Annex 1). This is in accordance with the result from 2011 survey. It is evident that despite the high positive perception of the comprehensiveness of the Drug Strategy the efforts in the implementation are not satisfactory. The mentioned is imposing the conclusion that the theory background is good but the action in the field is lacking.

Annex 1: Statistics from the survey

Results of the web survey among stakeholders from the national and county level. The results are based on 175 completed questionnaires.

1. Background (n=175, respondents were allowed to give more than one answer)

1.1 In which field is your organisation?		
Answer	Count	Percentage
Law Enforcement (police, prosecution, ect.)	12	6.9%
Criminal justice (court/prison/probation)	10	5.7%
Border control/customs	2	1.1%
Health services	45	25.7%
Social services	53	30.3%
Educational services	18	10.3%
Coordination	10	5.7%
National/Local government	18	10.3%
Other governmental organisation	13	7.4%
NGO's	22	12.6%
Other	5	2.9%

Note: respondents were allowed to give more than one answer. Percentages based on 175 respondents.

1.2 What is your current position?		
Answer	Count	Percentage
Director	11	6.3%
Manager	65	37.1%
Operational staff	99	56.6%

1.3 Which policy level are you working on?		
Answer	Count	Percentage
National	65	37.1%
County	110	62.9%

1.4 How long have you been working in the drugs field?		
Answer	Count	Percentage
Less than 1 year	18	10.3%
1 year to less than 3 years	20	11.4%
3 years to less than 5 years	15	8.6%
5 years or more	122	69.7%

1.5 Which of these statements is most applicable to you?		
Answer	Count	Percentage
I was involved in writing the Drug Strategy.	21	12%
I contributed some elements to the Drug Strategy.	26	14.9%
I have read the Drug Strategy.	117	66.9%

I am aware of the Drug Strategy but did not read it.	10	5.7%
I am not aware of the Drug Strategy.	1	0.6%

2. Views on the comprehensiveness of the current Drug Strategy 2012-2017 (NDS) (n=175, one answer only)

2.1 To what extent do you agree/disagree with the following statement about the current Drug Strategy?	Strongly agree	Agree	Disagree	Strongly disagree	I don't know
The Drug Strategy covered all relevant issues.	14.3%	76%	4.6%	/	5.1%

2.2 In the current Drug Strategy there should have been more emphasis on:	Strongly agree	Agree	Disagree	Strongly disagree	I don't know
1. Coordination of drug policy in the country	36.6%	52%	4.6%	0.6%	6.3%
2. Monitoring production and trafficking of drugs	35.4%	50.9%	6.9%	2.3%	4.6%
3. Monitoring the use of drugs	37.1%	54.3%	3.4%	1.1%	4%
4. Monitoring the implementation of supply reduction (police, customs activities, etc.)	33.7%	50.9%	4.6%	1.7%	9.1%
5. Monitoring the implementation of demand reduction (prevention, treatment, rehabilitation and harm reduction)	49.1%	41.7%	3.4%	1.1%	4.6%
6. Developing the information system (reporting and dissemination of reports)	37.7%	42.9%	10.3%	1.7%	7.4%
7. Evaluating supply reduction programmes	32%	54.9%	5.7%	/	7.4%
8. Evaluating demand reduction programmes	36%	50.9%	5.7%	/	7.4%
9. Research	35.4%	54.9%	3.4%	/	6.3%
10. Drug prevention	65.7%	27.4%	2.9%	0.6%	3.4%
11. Drug treatment	42.9%	43.4%	8%	1.7%	4%
12. Psycho-social treatment	59.4%	32.6%	5.1%	0.6%	2.3%
13. Involvement of civil society	42.3%	44.6%	8%	1.1%	4%
14. Police and customs activities	40%	42.9%	8%	1.7%	7.4%
15. Precursor control	24.6%	49.1%	12.6%	1.1%	12.6%
16. Work in penitentiaries and prisons	33.1%	52.6%	5.1%	0.6%	8.6%
17. International cooperation	38.3%	48%	5.1%	2.3%	6.3%
18. Education	68%	28%	1.7%	/	2.3%

3. Views on realisation of objectives of the Drug Strategy 2012-2017 (n=175, one answer only)

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

Improved much	12.6%
Improved slightly	53.1%
No change	27.4%
Got slightly worse	0.6%
Got much worse	0.6%
I don't know/I have no opinion	5.7%

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

Improved much	8.6%
Improved slightly	48%
No change	33.1%
Got slightly worse	1.7%
Got much worse	0.6%
I don't know/I have no opinion	8%

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

Improved much	11.4%
Improved slightly	45.7%
No change	29.1%
Got slightly worse	6.3%
Got much worse	/
I don't know/I have no opinion	7.4%

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

Fully developed and implemented	0.6%
Well developed and implemented	13.7%
Partly developed and implemented	48%
Poorly developed and implemented	26.3%
Not developed and implemented	1.1%
I don't know/I have no opinion	10.3%

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

Improved much	5.7%
Improved slightly	46.3%
No change	35.4%
Got slightly worse	3.4%
Got much worse	/
I don't know/I have no opinion	9.1%

Objective 6: To create prevention programmes for younger age groups from 4 to 10, and to

include them in educational institutions.	
Fully developed	/
Well developed	12.6%
Partly developed	26.9%
Poorly developed	36%
No steps taken	5.1%
I don't know/I have no opinion	19.4%

Objective 7: To improve measures concerning therapy, treatment and social reintegration of addicts and accordingly to set up multidisciplinary teams for work with addicts and their families.	
Improved much	4.6%
Improved slightly	34.3%
No change	41.7%
Got slightly worse	2.9%
Got much worse	1.7%
I don't know/ I have no opinion	14.9%

Objective 8: To establish better cooperation with institutions at local level in order to create a connection between various phases of therapy and early detection, detoxification, selection of adequate form of treatment and social reintegration.	
Fully developed	0.6%
Well developed	15.4%
Partly developed	42.9%
Poorly developed	25.1%
No steps taken	1.7%
I don't know/I have no opinion	14.3%

Objective 9: To strengthen the measures of the repressive apparatus in the prevention of drug availability and the suppression of drugs abuse, and to improve the penal policy in the field of suppressing drugs abuse and organised crime.	
Fully developed	1.7%
Well developed	20%
Partly developed	36%
Poorly developed	20.6%
No steps taken	2.9%
I don't know/I have no opinion	18.9%

Objective 10: To encourage, implement and financially support scientific research of the problem of addiction.	
Fully developed	1.1%
Well developed	22.3%
Partly developed	30.3%
Poorly developed	18.3%
No steps taken	4.6%
I don't know/I have no opinion	23.4%

Objective 11: To allocate significant financial resources for the implementation of the programmes at state level and to set up professional teams in state institutions to work on the implementation of all measures included in the Action Plan.	
Fully developed	1.1%
Well developed	12%
Partly developed	31.4%
Poorly developed	25.1%
No steps taken	4%
I don't know/I have no opinion	26.3%

Objective 12: To implement the Action Plan as a long-term, planned and ongoing activity, and not as occasional projects and campaigns.	
Fully developed	3.4%
Well developed	25.7%
Partly developed	42.9%
Poorly developed	17.7%
No steps taken	2.3%
I don't know/I have no opinion	8%

4 – 13 Views on implementation of actions: Coordination (n=175, one answer only).

4.1 According to you, did the efforts increase in the field of the national coordination by the Office for Combating Drug Abuse?					
Increased much	Increased slightly	No change	Decreased slightly	Decreased much	I don't know/I have no opinion
22.3%	50.3%	18.3%	2.3%	0.6%	6.3%
4.2 What was according to you the influence of the Drug Strategy on this increase/decrease?					
Decisive	Important	Moderate	Not important at all	I don't know/I have no opinion	
4.6%	43.4%	37.7%	6.3%	8%	

5. Views on implementation of actions: Monitoring, information system, evaluation and research (n=175, one answer only).

5.1 According to you, did the efforts increase in the field of:						
	Increased much	Increased slightly	No change	Decreased slightly	Decreased much	I don't know/I have no opinion
Monitoring	20.6%	50.3%	20%	/	/	9.1%
Information System	20.6%	46.3%	22.3%	0.6%	/	10.3%
Evaluation	14.9%	44.6%	27.4%	/	/	13.1%
Research	12.6%	45.7%	24.6%	/	0.6%	16.6%
5.2 What was according to you the influence of the Drug Strategy on this increase/decrease?						
	Decisive	Important	Moderate	Not important at all	I don't know/I have no opinion	
Monitoring	6.9%	38.9%	37.7%	6.3%	10.3%	
Information System	5.1%	38.3%	39.4%	5.1%	12%	
Evaluation	8.6%	38.3%	34.3%	4%	14.9%	
Research	6.9%	38.9%	35.4%	5.1%	13.7%	

6. Views on implementation: Drugs Demand Reduction: Prevention (n=175, one answer only).

6.1 According to you, did the efforts increase in the field of:						
	Increased much	Increased slightly	No change	Decreased slightly	Decreased much	I don't know/I have no opinion
Family	2.9%	26.9%	57.1%	2.9%	1.1%	9.1%
Educational system	7.4%	54.3%	27.4%	4%	0.6%	6.3%
Healthcare system	9.1%	42.3%	32.6%	4.6%	0.6%	10.9%
Social security system	3.4%	37.7%	43.4%	5.7%	1.1%	8.6%
Local community	2.9%	31.4%	47.4%	5.7%	1.7%	10.9%
Workplace	1.7%	17.7%	55.4%	6.9 %	2.3%	16%
6.2 What was according to you the influence of the Drug Strategy on this increase/decrease?						
	Decisive	Important	Moderate	Not important at all	I don't know/I have no opinion	
Family	5.7%	16.6%	41.1%	26.9%	9.7%	
Educational system	7.4%	28%	47.4%	6.9%	10.3%	
Healthcare system	8%	30.3%	41.1%	7.4%	13.1%	
Social security system	4.6%	30.3%	45.1%	9.1%	10.9%	
Local community	5.7%	18.9%	44.6%	17.7%	13.1%	
Workplace	4%	20.6%	38.9%	21.7%	14.9%	

7. Views on implementation: Drugs Demand Reduction: Substance use harm reduction programmes (n=175, one answer only).

7.1 According to you, did the efforts increase in the field of harm reduction programmes?					
Increased much	Increased slightly	No change	Decreased slightly	Decreased much	I don't know/I have no opinion
8%	46.9%	29.7%	3.4%	0.6%	11.4%
7.2 What was according to you the influence of the Drug Strategy on this increase/decrease?					
Decisive	Important	Moderate	Not important at all	I don't know/I have no opinion	
5.1%	38.9%	35.4%	6.3%	14.3%	

8. Views on implementation: Drugs Demand Reduction: Health care and psycho-social treatment of addicts (n=175, one answer only).

8.1 According to you, did the efforts increase in the field of:						
	Increased much	Increased slightly	No change	Decreased slightly	Decreased much	I don't know/I have no opinion
Organisation and treatment principles	7.4%	41.7%	31.4%	2.3%	1.1%	16%
Programmes for solving social issues	2.3%	34.3%	41.1%	6.3%	1.7%	14.3%
Treatment of addicts in prison system	4.6%	32.6%	30.9%	4.6%	0.6%	26.9%
Working with addicts in probation system	9.1%	36.6%	25.1%	2.3%	/	26.9%
Substitution treatment	7.4%	26.3%	41.1%	0.6%	0.6%	24%
Resocialization	8.6%	34.9%	34.3%	5.7%	1.7%	14.9%
8.2 What was according to you the influence of the Drug Strategy on this increase/decrease?						
	Decisive	Important	Moderate	Not important at all	I don't know/I have no opinion	
Organisation and treatment principles	7.4%	26.3%	34.3%	15.4%	16.6%	
Programmes for solving social issues	6.9%	24%	43.4%	10.9%	14.9%	
Treatment of addicts in prison system	2.9%	32.6%	31.4%	10.3%	22.9%	
Working with addicts in probation system	5.1%	32%	32.6%	9.7%	20.6%	
Substitution treatment	5.1%	25.7%	33.1%	15.4%	20.6%	
Resocialization	6.9%	36%	32.6%	10.3%	14.3%	

9. Views on implementation: Drugs Demand Reduction: Civil Society (n=175, one answer only).

9.1 According to you, did the efforts increase in the field of civil society involvement?					
Increased much	Increased slightly	No change	Decreased slightly	Decreased much	I don't know/ I have no opinion
6.3%	45.1%	33.7%	5.1%	1.7%	8%
9.2 What was according to you the influence of the Drug Strategy on this increase/decrease?					
Decisive	Important	Moderate	Not important at all	I don't know/I have no opinion	
4%	29.7%	45.7%	8%	12.6%	

10. Views on implementation: Drugs Supply Reduction (n=175, one answer only).

10.1 According to you, did the efforts increase in the field of:						
	Increased much	Increased slightly	No change	Decreased slightly	Decreased much	I don't know/I have no opinion
Drug supply reduction through police and customs	9.1%	34.9%	28%	1.1%	0.6%	26.3%
Precursor control	5.1%	33.1%	30.3%	1.1%	/	30.3%
Penal policy	3.4%	27.4%	40%	4.6%	2.9%	21.7%
Penitentiaries and prisons	3.4%	29.1%	37.1%	0.6%	0.6%	29.1%
10.2 What was according to you the influence of the Drug Strategy on this increase/decrease?						
	Decisive	Important	Moderate	Not important at all	I don't know/I have no opinion	
Drug supply reduction through police and customs	5.1%	25.1%	36%	9.1%	24.6%	
Precursor control	4%	26.9%	33.1%	8%	28%	
Penal policy	2.9%	26.3%	33.7%	12.6%	24.6%	
Penitentiaries and prisons	2.9%	27.4%	32.6%	9.1%	28%	

11. Views on implementation: International cooperation (n=175, one answer only).

11.1 According to you, did the efforts increase in the field of international cooperation?					
Increased much	Increased slightly	No change	Decreased slightly	Decreased much	I don't know/I have no opinion
13.1%	48%	12.6%	1.1%	0.6%	24.6%
11.2 What was according to you the influence of the Drug Strategy on this increase/decrease?					
Decisive	Important	Moderate	Not important at all	I don't know/I have no opinion	
9.1%	35.4%	28.6%	4%	22.9%	

12. Views on implementation: Education (n=175, one answer only).

12.1 According to you, did the efforts increase in the field of education?					
Increased much	Increased slightly	No change	Decreased slightly	Decreased much	I don't know/I have no opinion
9.7%	54.9%	26.3%	3.4%	1.7%	4%
12.2 What was according to you the influence of the Drug Strategy on this increase/decrease?					
Decisive	Important	Moderate	Not important at all	I don't know/I have no opinion	
9.1%	38.9%	36.6%	7.4%	8%	

13.1 Views on the need of more or less emphasis on the different in the new Drug Strategy (n=175, one answer only)

13.1 In the new Drug Strategy there should be more emphasis on:	Strongly agree	Agree	Disagree	Strongly disagree	I don't know
1. Coordination of drug policy in the country	37.1%	53.1%	4%	0.6%	5.1%
2. Monitoring production and trafficking of drugs	28%	61.7%	4%	1.1%	5.1%
3. Monitoring the use of drugs	35.4%	57.1%	2.9%	0.6%	4%
4. Answers to new trends in the drugs field	60%	35.4%	0.6%	0.6%	3.4%
5. Monitoring the implementation of supply reduction (police, customs activities, etc.)	36.6%	53.1%	1.7%	2.3%	6.3%
6. Monitoring the implementation of demand reduction (prevention, treatment, rehabilitation and harm reduction)	53.1%	40.6%	0.6%	1.1%	4.6%
7. Developing the information system (reporting and dissemination of reports)	44.6%	41.7%	4.6%	0.6%	8.6%
8. Evaluating supply reduction programmes	35.4%	50.9%	5.1%	/	8.6%
9. Evaluating demand reduction programmes	38.9%	48.6%	4%	/	8.6%
10. Research	42.3%	45.1%	4.6%	/	8%
11. Drug prevention	68.6%	27.4%	1.1%	/	2.9%
12. Drug addiction treatment	45.1%	44.6%	5.1%	0.6%	4.6%
13. Psycho-social treatment	56%	37.1%	2.9%	/	4%
14. Involvement of civil society	44.6%	46.9%	4.6%	0.6%	3.4%
15. Police and customs activities	40%	48.6%	4%	0.6%	6.9%
16. Precursor control	26.9%	53.7%	5.7%	0.6%	13.1%
17. Work in penitentiaries and prisons	35.4%	53.1%	2.9%	/	8.6%
18. Work of probation service	37.7%	50.9%	2.9%	/	8.6%
19. International cooperation	40%	50.3%	2.3%	/	7.4%
20. Education	68%	27.4%	1.1%	/	3.4%

13.2 Priorities for the new National Strategy (n=175)

Subject	Count	Percentage
Prevention	89	23.3%
Coordination	25	6.5%
Drug Supply Reduction	26	6.8%
Treatment	45	11.8%
Evaluation/monitoring/research	27	7.1%
Rehabilitation and resocialisation	19	4.9%
Drug Demand Reduction	5	1.3%
Financing	7	1.8%
Responding to new trends	13	3.4%
Intersectoral cooperation	21	5.5%
Harm reduction	4	1.1%
Implementation	8	2.1%
Civil society	7	1.8%
Punishment/repression	8	2.1%
International cooperation	6	1.6%
Probation/Prisons	2	0.5%
Informatisation/Computerization	3	0.8%
Workplace	4	1.1%
Education	53	13.9%
Care for children of addicts	2	0.5%
No answer	8	2.1%

Annex 2: Answers to open question

1.	Prevention.
2.	Prevention.
3.	Prevention.
4.	Prevention.
5.	Prevention.
6.	Prevention.
7.	Prevention.
8.	-
9.	-
10.	Prevention.
11.	Prevention.
12.	Prevention of Drug Abuse.
13.	Prevention of Drug Abuse.
14.	-
15.	-
16.	Prevention and education.
17.	Prevention and education.
18.	Psycho-social treatment, education.
19.	-
20.	More contact and cooperation at interstate level as well as faster and more active listing of certain substances on the list of banned opiates. It is impermissible that substances like Galaxy can easily been acquired without problem in every city through lokal newsstands and smartshops.
21.	Drug supply reduction.
22.	The involvement of civil society, international cooperation, education, response to new trends in the field of drugs.
23.	Prevention, recovery, resocialization.
24.	Education, coordination and evaluation.
25.	Drug supply reduction, monitoring of drug production and drug trafficking.
26.	Adequate intervention: identifying risks, early intervention and work with high-risk population, development of psycho-social treatment, appropriate forms of psychotherapy for people at risk. Guidelines for the application of psychotherapy: form, implementers, financing. Early identification and coordination of the education and health system.
27.	Coordination of Strategy implementation stakeholders, research, psycho-social treatment.
28.	More education in all spheres of society (mostly employees of institutions, children included in the school system) as well as the prevention of drug abuse.
29.	Prevention, education, informatization.
30.	Quality treatment of drug addicts, monitoring of drug use and new trends, making an effort in reducing drug supply, research on various aspects of drug use in order to develop effective prevention programs.
31.	Prevention at the level of preschool and elementary school institutions, better cooperation of all those involved in prevention programs, greater openness of the health system to the institutions from which the cooperation is expected in non-institutional treatment and continuation of the resocialization.
32.	Programs of prevention, linking the institutions at the local level, drug supply reduction, education of experts.
33.	Prevention of addiction, resocialization and psycho-social treatment.
34.	Increase powers and financial resources to the <i>Office for Combating Drug Abuse</i> , educate Misdemeanor Courts in terms of imposing alternative, protective and other measures as a substitute for the sanction of the court reprimand and establish a specific monitoring of their verdicts, <i>point out</i> the importance of the functions of the Department for Prevention and Outpatient Addiction Treatment at the Department of Public Health to the national authorities etc.
35.	Prevention at an early age; working on drug supply reduction and psycho-social treatments (through the civil society).
36.	Prevention, control and supply reduction particularly in high schools where the drug is too easy available.
37.	Education, prevention, monitoring and coordination.
38.	Enhancing cooperation between different systems.

39.	Strengthening of existing system of prevention and suppression of addiction by increasing the number of expert team members, organization of systematic education, strengthening of intersector cooperation (developing cooperation protocol at the national level), the formation of multi-disciplinary teams of experts for implementation of research and evaluation that focus on territorial inclusion, encouraging publishing experience, starting a specialized professional journal at the national level.
40.	Maintaining a positive and functional with the deletion of what is absurd or impracticable.
41.	more money for organized prevention rather than <i>ad hoc</i> actions, every year one action, etc.
42.	Reducing the supply and production, as well as education of youth.
43.	Youth.
44.	Work with children and youth to prevent drug abuse as well as timely traversal counseling/treatment work if there was a drug abuse.
45.	Implement the Action plan to combat drug abuse as a long-term, planned and ongoing activity.
46.	Preventive work with children/youth and parents in terms of screening those at increased risk and then intervention at the family level.
47.	Implementation.
48.	Prevention of drug abuse, international cooperation, drug treatment.
49.	Reducing drug supply and demand, greater coordination of all stakeholders in society that are directly concerned with the issue, more coordinated prevention programs, education and greater financial resources.
50.	-
51.	With the excellent organized psycho-social and psycho-pharmacological treatment (substitution) emphasis should be placed on the <i>r e s o c i a l i z a t i o n</i> .
52.	Reinforcement of prevention programs, the availability of treatment and more powerful and realistic control system of drug traffic.
53.	Prevention and resocialization after treatment so that a second chance is truly given to these people, which indicates the importance of developing strong sensitization of citizens.
54.	Coordination, education.
55.	Prevention at an early age.
56.	Monitoring and control of new drugs on the market.
57.	Prevention, rehabilitation, psycho-social treatment.
58.	Work on prevention and resocialization.
59.	Prevention and education.
60.	Availability of treatment and psycho-social treatment.
61.	Enhancing the efficiency of the judiciary.
62.	Education and involvement of civil society.
63.	I believe that the Strategy so far covered all relevant areas, but it would be also important to focus on the stimulus itself and on the control of implementation of the objectives.
64.	Suppression of illegal production and transport, treatment and psycho-social treatment.
65.	Prevention programs.
66.	prevention and psycho-social treatment.
67.	Primary prevention of addiction and better treatment of drug addicts; evaluation of program.
68.	Strengthening of inter-agency cooperation, coordination of activities, creation of multidisciplinary teams.
69.	Prevention of drug abuse.
70.	Response to new trends.
71.	1. Improve the operational implementation of the most fundamental measures envisaged by the National Strategy; a) Improve the quality of the repressive apparatus and thus reduce the trend of increased availability and sales of cannabis, cocaine, MDMA (of course and other resources) on the illegal market; b) Improve locally the measures for early detection and attract adolescents in the treatment who consume cannabis as well as other categories of consumers who consume cocaine and other psycho-stimulant drugs for which it is necessary to conduct education of 'school medicine', the head of school prevention and general practitioners; c) Return to the original model of school addiction prevention programs (program of 10 points), provide funding, training and motivation for the work of the holders of these programs in schools; d) Reduce the consumption of methadone and buprenorphine on the illegal market through education and gratification of work of family medical practitioners and improve measures for attracting into legal programs opiate drug addicts who 'treat themselves' by purchasing drugs from addicts who are involved in the substitution therapy; e) Improve the operability and expertise of the coordinating bodies for the implementation of the National Strategy at all levels (from the Governmental Committee, County Commissions to the very local level).
72.	Prevention, policing, policy coordination for combating drug abuse and involvement of civil society.
73.	Prevention, education, civil society and boosting the work of the Probation Service.

74.	Try to put in legal framework marketing and sale of synthetic cannabinoids and new substances in so called smart and tobacco shops.
75.	Prevention, work in penitentiaries and prisons, drug treatment.
76.	Even better networking and cooperation of all stakeholders on the issue of drug abuse.
77.	Almost complete change from preventive programs and rehab-resocialization-medicate treatments to 'harm reduction' policies and programs.
78.	Prevention of drug abuse, psycho-social treatment, the involvement of civil society, education, response to the new trends in the field of drugs, monitoring the implementation of demand reduction (prevention, treatment, rehabilitation and harm reduction).
79.	Prevention! Coordination of those who deal with these issues, and not for instance that one school is involved in several projects (people and not projects, must be important!!), and that the other one is not.
80.	Prevention work with youth, education of parents.
81.	Additional training.
82.	Intensified work of police and customs, informatization, prevention and education.
83.	Research.
84.	Responding to new trends in the field of drugs.
85.	Cooperation of institutions and civil society organizations, with a focus on prevention programs targeting children and youth, in the re-socialization programs for treated drug addicts harmonize measures of active employment policy, so that a group of former addicts, former prisoners could have the possibility of social and market integration to more than 6 months, since it is about long-term unemployed population and also sensibilization of businessmen for employment of those groups. businessmen sensitization.
86.	Change the substitution therapy in the context of harm reduction programs, and the mandatory introduction of psychosocial treatment for all.
87.	Psycho-social treatment and resocialization of drug addicts.
88.	The new National strategy should, in my opinion, have clearly highlighted key stakeholders, carriers and partners in the implementation (now nicely listed under section 4.6.). Retain the standard of explaining desired goals. This evaluation is praiseworthy but unfortunately, for all those areas that are not our narrow area of work and which we do not know from 'inside' we didn't feel competent to answer. Thank you all for your work and effort and I believe that you will include everything in the next strategy.
89.	National strategy as a strategy document should first consolidate all areas relating to combating drugs. Moreover, these areas should be in National strategy evenly and equally represented.
90.	Cross-sector cooperation, education, quality evaluated prevention programs, available quality treatment activities.
91.	Prevention, education within the educational system; resocialization.
92.	Improve prevention-oriented programs for children and youth and improve the educational role of the schools in terms of prevention of addiction, developing programs for risk groups, strengthening repressive measures to prevent drug availability and combat drug abuse and also improve the penal policy in the field of combating drug abuse and organized crime.
93.	Prevention and treatment, activities of the police and customs.
94.	Coordination among departments.
95.	High-quality preventive programs, achievable and measurable.
96.	Fully devote to the monitoring of production and drug trafficking.
97.	Availability.
98.	Preventing drug abuse by various psychosocial and psychotherapeutic procedures and treatments, primarily targeted at families and children.
99.	Not as the most important, but insufficient attention is given to drug abuse and addiction at the workplace in general, i.e. there is no sufficient coordination and elements that could help employees in an appropriate manner, and not just punish them by violation of official duty. At the same time, employees should be submitted to drug testing once in the while and that is not the case.
100.	The emphasis on prevention in relation to repression. Less of administrative measures and decisions that do not lead to anything or will never be implemented. more concrete action on the 'field' from the prevention and treatment to repression and social reintegration.
101.	Harmonization and improvement of system coordination - providing a stable and sufficient source of funding for the implementation of drug-related activities (National Strategy activities).
102.	Coordination of drug abuse policy.
103.	Education at an early age, coordination of all services-prevention, treatment-police-criminal system-psychosocial treatment.
104.	Coordination of all participants.

105.	Responds to new trends in the field of drugs, post-penal reception of detainees (residential care, legal services), child care for addicts with children.
106.	Coordination within different departments, additional education.
107.	Improved coordination of all stakeholders and continuous reporting and evaluation.
108.	Primarily work on prevention and education.
109.	1. Encourage and introduce younger generations to school programs who teach about the effects and harmful consequences of some of the most commonly used medications, drugs and illegal substances. 2. When someone already becomes an addict then he should be accepted and not punished for it, also we should try to relieve him from addiction through all treatment and deterrence measures. 3. In the case of death related to the harmful effects of medications, drugs and illegal substances, it is necessarily to require full forensic autopsy and toxicological analysis. This is the only correct way to have accurate information on such death. Understanding the causes of death and the circumstances under which the illegal substance was used will help in prevention those who use addicts for their profits and earnings.
110.	-
111.	It seems to me that the most important thing is working on preventive programs and resocialization, systematically equalize opportunities in all country and work on further education of experts, given the constant emergence of new drugs.
112.	Reducing supply and demand for drugs.
113.	New trends.
114.	Prevention at all levels, linking all factors and civil society, information, education and evaluation.
115.	1. Include parents of preschool children and primary school pupils in education about responsible parenthood - to devise a prevention program that will be mandatory for all parents. 2. Make the Treatment Protocol for County Institutes for Public Health, hospitals, Social welfare centers, schools, police, prisons and other institutions that come into contact with drug users and children consumers of illegal psychoactive substances with the aim of early detection and early treatment. I suggest that the Protocol has the force of the law or the ordinance and be applicable at the county level. 3. Further protect workers suffering from a psychoactive substance addiction from termination of (of any kind) in cases where the same agree to go into treatment in health institutions or in a therapeutic community and abstain from the consumption of illegal psychoactive substances.
116.	Prevention at all levels.
117.	Education and early prevention.
118.	Prevention of drug abuse and education.
119.	Prevention at all levels.
120.	Protection of children whose parents are drug addicts.
121.	International cooperation, coordination of everybody who work with addicts, better education (more seminars).
122.	Coordination of all participants and yearly the meeting with a report on the work in the previous calendar year and the difficulties encountered with possible solutions to problems.
123.	Prevention among young people, constantly informing and guiding young people into beneficial social activities.
124.	Prevention at the school level, coordination of policies for combating drug abuse, psychosocial treatment.
125.	Creating a program of activities planned in the Strategy, with clearly defined criteria of effectiveness. Evaluation of their implementation from independent organizations and institutions. Intensified monitoring of the implementation activities. Put additional efforts to coordinate all stakeholders included in the Strategy.
126.	Prevention of drug abuse.
127.	The development of psycho-social treatment. The inclusion of the civil sector.
128.	Control of drug market and higher penalties for offenders.
129.	-
130.	Organize a stable funding of programs.
131.	Priorities should certainly be on prevention, treatment, rehabilitation. Also it is important to improve the resocialization measures, noting that the existing measures are underutilized.
132.	Adoption of new guidelines for pharmacotherapy with buprenorphine and methadone (binding), introduction of centralized control of the substitution therapy.
133.	The most important priority should be, on the one hand intensive work of professionals with children in primary school with the aim of early prevention, and on the other hand the work of trained professionals with those already

	detected as addicts to help them go through the process of treatment. In addition, it is essential to establish direct and continuous cooperation with the Croatian employment service and Ministry of Labour and Pension System, so former addicts could have direct access to the labor market and employers could get certain advantages for hiring cured and resocialized ex addicts.
134.	Education. Specialization of experts, development of psychosocial treatment, resocialization. Inclusion in society, networking of institutions, prevention programs, research, monitoring and drug use trends.
135.	Monitoring production and sale of drugs.
136.	New trends in drug abuse.
137.	Prevention, education, working with family.
138.	Early prevention.
139.	Prevention, education and working with family.
140.	Coordinated activities in the field of prevention aimed at all types of addiction and addictive behavior, coordination on horizontal and vertical level. Strengthening the implementation of the evaluated and effective prevention projects. Personalize treatment / therapy according to current needs. Control implementation of existing guidelines. Development of new types of projects in the area prevention and in the area of harm reduction aimed at specific populations and environments. The inclusion of new areas - recovery that covers the area of harm reduction and social reintegration area. The overall objective of treatment defined in the recovery of the individual.
141.	Prevention programs.
142.	Development of inter-sectoral cooperation.
143.	Education and research.
144.	Better cooperation and networking of municipalities, cities, counties and government bodies.
145.	Education and adaptation of experts to new trends in the field of drugs. Working with parents to educate them about the harmfulness of drugs, as well as education about the skills of parenting. Pay special attention to educating the public about the harmful effects of marijuana, because the view that 'the grass is not harmful, but is indeed helpful and healing, so-called. 'sacred herb' is very present. Working with children and young people, to develop innovative approaches to young people to be more acceptable and thus more effective. The involvement of young people in the creation of active model of preventive action in which young people will be involved as active subjects and implementers. Supporting and strengthening of mental health, prevention and outpatient treatment. Development of multidisciplinary teams who are trained to work with drug addicts and with children and youth at risk. Empowerment of implementers of psychosocial treatment, facilitating access to treatment, reducing administrative barriers when entering treatment. Strengthening prevention and treatment of other addictions, especially alcohol. Empowering civil society organizations involved in the prevention and treatment of addiction, particularly those which have proven effective and efficient operating model (AA clubs, etc.).
146.	Intensive work on reducing drug demand.
147.	Reducing the availability of NPS, educate children and youth about the harmfulness of drugs, prevention programs in the school and educational institutions, the health care system, harm reduction programs, as well as the treatment of drug addicts and certainly the implementation of the program of rehabilitation and social inclusion of recovered addicts.
148.	Coordination and education.
149.	Education, prevention, police and customs activity, penal policies, treatment.
150.	Prevention and psycho-social treatment.
151.	New trends in the field of drugs and other addictive behaviors.

152.	Adjustment of the whole system to new trends, particularly the development of interventions for consumers neopijatskih types of drugs.
153.	Maintain all existing and enhance addictions or abuse of new drugs, research and international cooperation.
154.	Workshops for children led by educated experts.
155.	Coordination of policies for combating drug abuse, monitoring of drug production and trafficking, and responses to new drug trends.
156.	Education of educators and parents, prevention at all levels.
157.	Prevention, especially in preschool, psycho-social treatment.
158.	Education, prevention and tracking of new trends.
159.	Priorities should be directed at the strengthening of coordination and prevention activities.
160.	Informatization, prevention, evaluation, intersectoral cooperation, research.
161.	A unique strategy for all addictions, especially in the part related to prevention and treatment with a special part that deals with drugs. A special part for drugs because it needs to include much more intersectoral cooperation - criminal part, police, customs.
162.	Development of guidelines and protocols, especially in the area of prevention, treatment and care, using existing models of European Union countries that have proven to be effective models of good practice Introduction of customized, multidisciplinary approaches and examples of good practice and science based approaches from Croatia and other countries. Investing additional resources in the monitoring and evaluation of the implemented programs and interventions, including the assessment of the results of the work of the institutions / civil society organizations. Work to establish a better flow of information and better links between stakeholders involved in Resocialization Project (Centers for Social Welfare, Addiction Prevention Services, Therapy Communities and the Prison System). Strengthening the partnership of stakeholders involved in the Resocialization Project through the interconnection and cooperation among the partners in the Project as well as through more frequent workshops, roundtables, meetings and education. Provide timely exchange of information and coordination of activities between all partners involved in the Resocialization Project. Frequent education with the aim of better informed advisers and standardization of reporting and mutual feedback. Strengthen the partnership of stakeholders involved in the Resocialization Project with the aim of developing project proposals and securing funds from the European Structural Funds for the development of services for drug treatment. Increasing employer sensitivity for the needs of this specific group of unemployed persons through the organization of a large number of information workshops and roundtables for employers. Informing and increasing the sensitivity of the general public to change attitudes towards drug addicts. Strengthening the availability of services to treated drug addicts by informing them on the opportunities and benefits of joining the Resocialization Project. Intensify preparation for employment, work with employers and monitoring employment and self-employment of treated addicts. A more flexible approach to the education of former addicts by all involved stakeholders.
163.	Supply reduction, more activity of the police and custom services.
164.	More financial support for drug free approaches advocating recovery as the ultimate goal of treatment and targeted programs for particularly vulnerable groups - children, young people, women. Strengthen work in the area of primary prevention, but not with the aim of education - information rather than strengthening personal competencies, communication and social skills.
165.	Investigations of prevalence among drug addicts, detection of seroprevalence of infection-related infections (HIV, hepatitis B and C). Damage reduction programs among populations of addicts.
166.	Education from early age, international cooperation in monitoring the movement.
167.	Preventive family oriented prevention programs, quality and effective prevention programs in schools, multidisciplinary approach, early detection and treatment of drugs and drug addicts, reduction of drug supply and demand, resocialisation.
168.	Improving the system of prevention and education from the earliest age, bigger power of repressive system and adequate sanctioning of drug abuse.

169.	Preventing the occurrence of addiction through systematic work with families, children and young people, working on basic trust of people, raising awareness of personal values, abilities and values, revealing and developing talents, creative expression.
170.	Better coordination and networking of national and local levels.
171.	Informing and sensitize employers and the general public about the problem of employing recovered addicts by participating in round tables, public forums, meetings and education, as well as making a better connection between the stakeholders involved in the Resocialization Project. Work to improve the availability of services to drug addicts in order to inform them of the benefits of inclusion in the Resocialization Project. Develop guidelines and protocols, especially for the area of prevention, treatment and care, using existing models of European Union countries. Introduce new projects and try to secure funds from the European Structural Funds to develop services for drug addicts. Intensify preparations for employment of recovered addicts as well as work with employers to increase sensibility to the needs of treated addicts as unemployed people and change attitudes towards the issue, and to intensify monitoring of employment and self-employment of recovered addicts.
172.	Prevention of Drug Abuse. Drug Addiction Treatment. Psycho-social treatment. Education.
173.	Education of educational staff in schools with material and financial assistance to schools in the development and implementation of the National Strategy. Education of county coordinators in order to cooperate better with schools in the implementation of the National Strategy.
174.	Prevention in early childhood, and education and workshops with young parents. Introducing the local community with 'proven' dealers. Involvement of former addicts in preventive programs (live projects). Modern technology addiction as a part of the new Drug Strategy.
175.	Education of families and youth, importance of social services.