

Mid-Term Evaluation of the Croatian National Addiction Strategy 2030

Thomas Martinelli & Daan van der Gouwe
Utrecht

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HZJZ



Trimbos
instituut

Netherlands Institute of
Mental Health and Addiction

Executive summary

1. The strategy is working

- Broad stakeholder support for integrated approach
- Progress in drug policy, treatment, harm reduction and international cooperation
- Foundation for longer-term

2. Progress is uneven

- Alcohol and tobacco lag behind
- Gambling policy is improving but remains immature
- Regional differences remain

3. Structural bottlenecks need sustained attention

- Workforce shortages and implementation capacity
- Stigma
- Rapidly changing drug market dynamics

Overview presentation

- Who we are – Trimbos-institute
- Why this evaluation
- What we evaluated
- Overall assessment
- What is working well
- Areas needing attention
- Cross-cutting challenges
- Recommendations





We stand for a **mentally healthy society** in which everyone can participate. A society in which people are **aware of the risks** of substance use and **damage due to substance use is prevented**



Who we are

4 professors



Founded in
1996



Research, monitoring,
interventions, education
and (policy) advice



>225
staff members



Based in
Utrecht

Our themes



Alcohol



Tobacco



Drugs

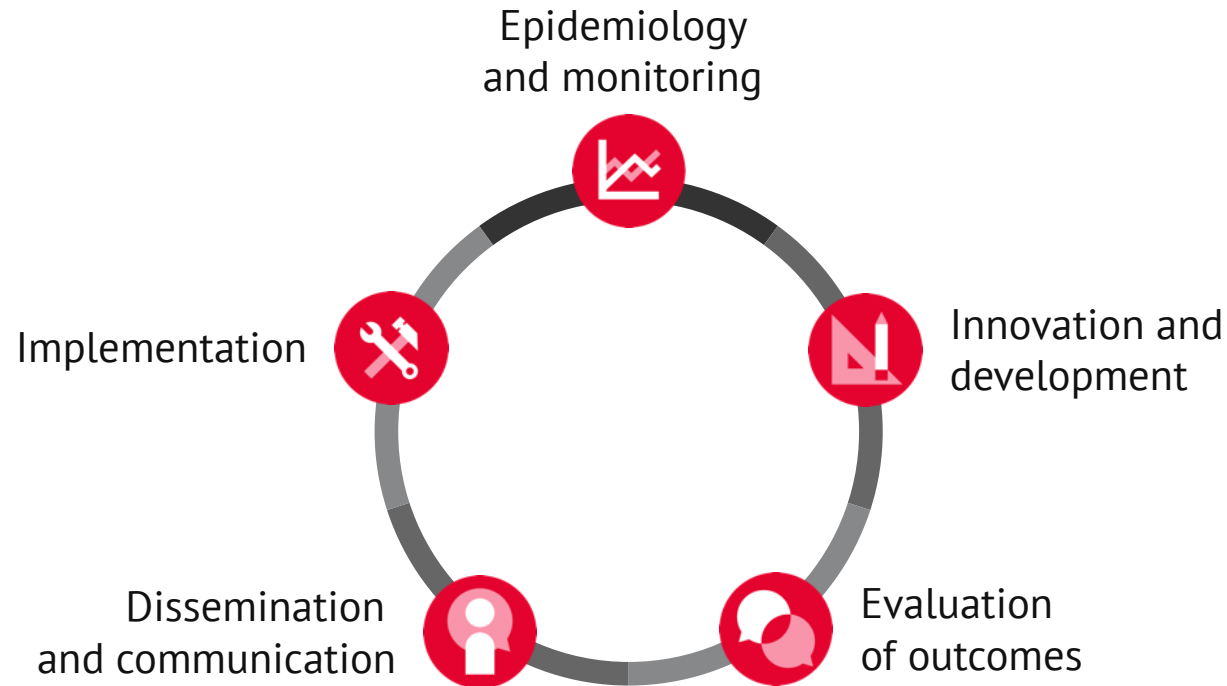


Public mental health



Mental health care
& Participation

We work according to the research and knowledge cycle



We operate at the intersection of **science**, **policy** and **practice**.

International activities

- WHO Technical Focal point for Mental Health in the Netherlands
- Focal point for the European Union Drugs Agency (EUDA)
- Key member Dutch International Mental Health Hub
- Member International Initiative on Mental Health Leadership (IIMHL)
- Member WHO Pan-European Mental Health Coalition
- Member EuroHealthNet
- European Network for Smoking and Tobacco Prevention (ENSP)



Representation in international networks

- **International organisations** a.o. WHO, European Commission, EMCDDA
- **National organisations** a.o. Mental Health Commission of Canada, government in countries such as England and Austria, Centre for Mental Health Law and Policy India
- **Mental health care institutions and public health institutions in other countries** a.o. Switzerland, Moldova, Romania
- **WHO Collaborating Centres** a.o. France, Czech Republic and England



International collaboration

- MENSANA project in Moldova
- SPIRIT project in India and Bangladesh
- JAlmplemental in 21 European countries
- IMPROVA project in Romania, Spain and France
- Compass project in every European country
- RECOVER-E
- HBSC study
- NEMESIS research
- Drug-Prep
- SO-Prep



Projects and research

Leadership

- Trimbos did evaluation of National Drug Strategy in 2011 and 2017 (Trautmann e.a.) which helped shape new Strategy
- HZIJ engaged with local stakeholders and helped us organize the datacollection

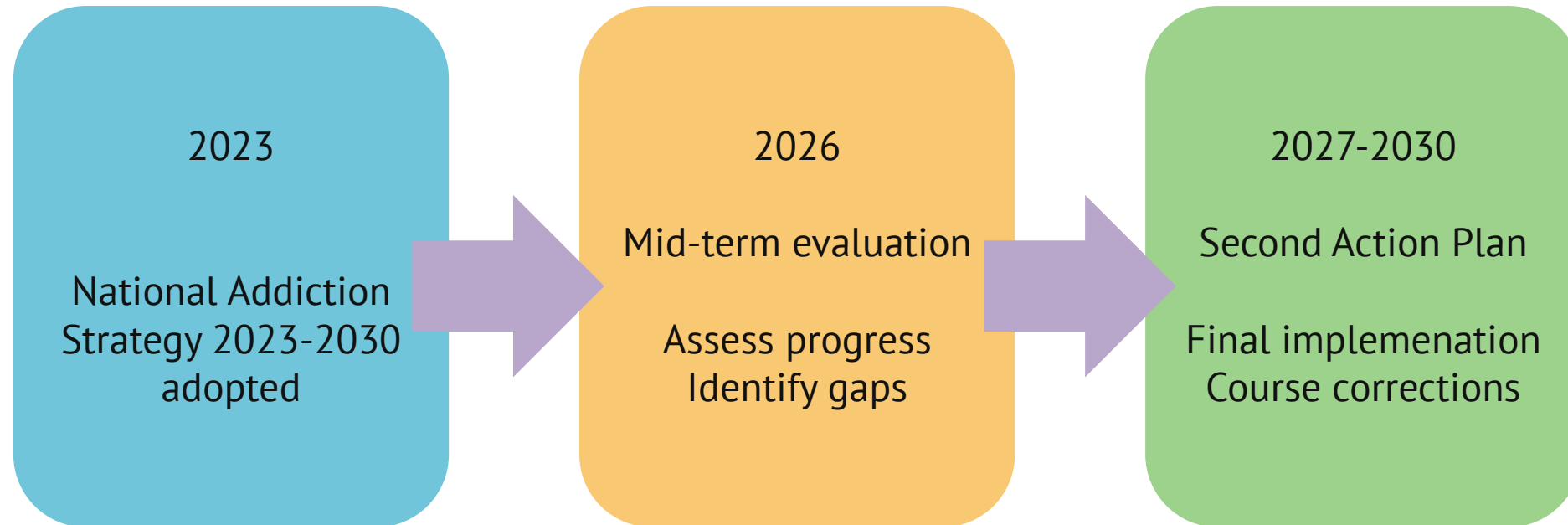


John-Peter Kools, inception report



Daan van der Gouwe & Thomas Martinelli,
data collection, analyses & reporting

Why this evaluation



The evaluation assesses implementation progress during the first phase of the Strategy and provides input to strengthen the second Action Plan (2027-2030).

What we evaluated

Desk research

- Translated policy documents

Online

- Questionnaire with ‘Traffic light’ assessment of priorities (N=90)

In-person (4 days in Croatia)

- Thematic focus groups with various stakeholders (N=50)
- Field visits to key institutions (N=3)

Analyses guided by OECD criteria

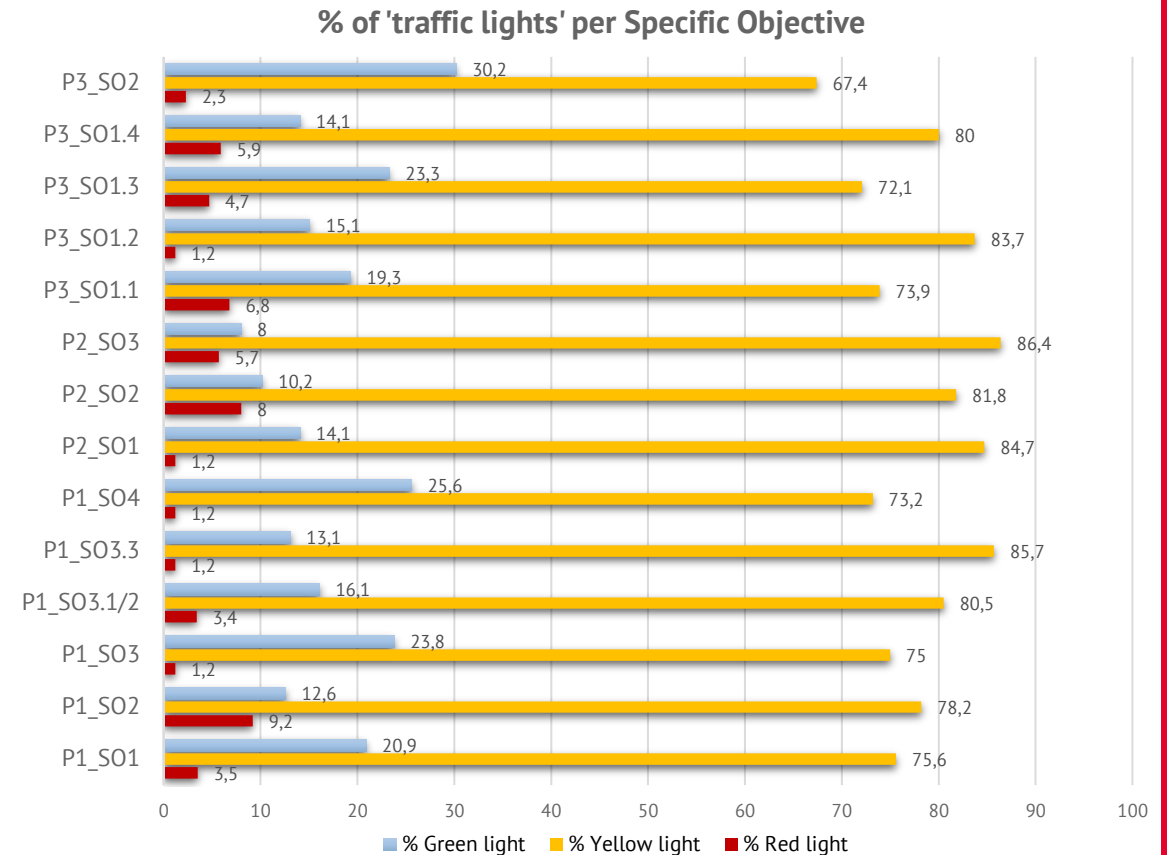
- Draft report discussed with HZJZ
- Final report with recommendations

Overall assessment

Main findings traffic light assessment (N=90):

-  Some clear achievements
-  Most objectives partially achieved and on track
-  No major failures identified

Broad but incomplete progress.



What is working well?

Strongest performing areas

- International and EU cooperation ✓
- Harm reduction ✓
- Treatment and recovery services ✓
- Monitoring and information systems ✓



Areas needing attention

- Workplace prevention
- Alcohol and tobacco access restrictions
- Gambling regulation



Cross-cutting challenges

- Workforce shortages
 - Aging workforce
 - Recruitment difficulties
- Regional inequalities
 - Service availability differs across Croatia
- Monitoring gaps
 - Outcome evaluation remains weak
- Emerging challenges
 - Cocaine
 - Synthetic substances
 - Online gambling
 - New nicotine and cannabis products
- Stigma
 - Evidence-based messaging



Recommendations

Overall Recommendations for Coordination

1. **Maintain the integrated approach addressing all addictions**, while strengthening implementation in underdeveloped areas, particularly gambling, gaming, alcohol and tobacco.
2. **Develop a strategic communication framework** to strengthen public understanding, reduce stigma, and support evidence-based addiction policy.
3. **Strengthen workforce capacity** through recruitment, training, retention and succession planning across health, social care and criminal justice sectors.

Thematic Recommendations

1. **Strengthen monitoring and evaluation of prevention programmes** and further develop an evaluation culture at local and national levels.
2. **Strengthen alignment between national, regional and local implementation** to improve policy coherence and reduce regional disparities.
3. **Strengthen the monitoring system** through better data integration, mortality monitoring, wastewater analysis, drug checking and early warning mechanisms.
4. **Strengthen monitoring and continuity of care in the prison system**, particularly during transition back into the community.

