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**2021-2-HU01-KA220-YOU-000050143**

# **The fight against drug abuse**

## **European Grouping for Territorial**

### **Cooperation - Pannonia**

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**Osijek, 02.05.2023.**

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## 1. Introduction

The production, sale and consumption of drugs is a complex sociological, social and health phenomenon that affects tens of millions of people globally, including in the EU. It is estimated that EU citizens spend around 30 billion euros on drugs every year.

The phenomenon related to drug abuse is a global problem of the modern world and requires that the solution to this problem be approached from a global, regional and national level with the basic goal of stopping the growing phenomenon of drug addiction, drug abuse and crime related to drug abuse, and thus protecting basic values social community, family and individual.

Among the problems related to the sociopathological occurrence of illegal actions, i.e. drug abuse, crime stands out among the most important. It is necessary to observe it, especially in times of "globalization", as a unique world problem. The chain of such international crime extends thousands of kilometers from us to manufacturers, cartels from Colombia, Afghanistan, Mexico..., via organized transport, large European drug lords, all the way to small street dealers.

As a result, the complementarity, interconnectedness, of the international criminal chain has harmful consequences for all companies in the chain, from producers to consumers. Misuse of funds, addiction among children and young people represents one of the global public health and social problems of the modern world. Illicit drugs can have enormous negative consequences, not only for the people who take them, but also for their families and communities.

Given the broad global nature of the phenomenon of drug abuse and the resulting disease of addiction, highly developed international criminal organizations, the preventive role of the United Nations and its bodies, such as the United Nations Office on Drugs and Crime, the International Criminal Law Association ( AIDP), the Council of Europe and the European Union. Recognizing the issue of drug abuse as a global problem, the UN General Assembly, by resolution 42/112, in 1987 declared June 26 as the International Day against Drug Abuse and Illegal Drug Trafficking. The day is celebrated all over the world, and the goal is to warn the

general public about the problem of drug abuse, to encourage healthy lifestyles, and thus to influence the suppression of the problem of drug abuse.

It is clear from the above that all countries operate on a global level, but for a comprehensive capillary fight against drug abuse, all countries have their own national strategies that provide a comprehensive political framework and priorities for national policies in the fight against drug abuse. National strategies are the basic strategic, legal framework for the actions of state bodies and civil society organizations to combat drug abuse, prevent addiction, and provide assistance to drug addicts and occasional drug users, as well as providing assistance to individuals, families, and society as a whole to overcome difficulties related to drug abuse. drug. We see the national strategy as society's response to dealing with problems related to drug abuse and active access to the maintenance and improvement of safety, health, justice and protection of freedom in society, and it is based on the basic principles and values of the legal system of the Republic of Croatia and the acquis of the European Union, as well as professional knowledge and research in this area.

## 2. The current situation and analysis of the current state of drug abuse

### 2.1. European Union

The drug market in the EU is important for the global drug abuse market on the world map, which leads to great costs and damage to public health and work productivity itself, as well as a security threat in the EU, due to its proximity to violence, crime and corruption.

The European Drug Report (EDR) for 2022 is based under the strong influence of the latest global events at the international level, among which Covid 19 and the war in Ukraine take high priority.

Data on users included in the treatment refer to the year 2020 or the last year for which data is available: Spain, Croatia, 2019; Latvia, 2017; The Netherlands, 2015.

Data on users enrolled in opioid agonist treatment are available for 2020 or the most recent year: Czech Republic, Spain, Croatia, Finland, 2019; France, Italy, 2018; Denmark, 2017; The Netherlands, 2015.

1. The number of consumers involved in opiate addiction treatment is an estimate derived from records of demand for treatment and opiate addiction treatment provided by general practitioners.
2. Data on the number of consumers involved in opioid addiction treatment are not complete.
3. Data for consumers involved in treatment refer to hospital care, specialized outpatient care, and prison and compulsory care. The data presented are not fully representative of the national situation.

### CANNABIS

Earth	Prevalence estimates				Users who are included in the treatment that year		
	Research year	General population		School population	Cannabis users as % of users seeking treatment		
		During life, adults (15–64)	In the last 12 months, younger Grown ups (15–34)	During life, students (15–16)	All users involved in the treatment	Users who are included in the treatment for the first time	Users who are already were involved into treatment
		%	%	%	% (number)	% (number)	% (number)
Belgium	2018	22,6	13,6	17	31,2 (3 133)	46,2 (1 654)	22,3 (1 336)
Bulgaria	2020	8,7	5,9	17	6 (54)	16,8 (38)	2,3 (15)
Czech Republic	2020	29,9	22,9	28	14,7 (172)	21,4 (539)	14,1 (469)
Denmark	2021	37,9	12,0	17	58,1 (2 541)	60,8 (1 164)	55,6 (1 295)
Germany	2018	28,2	16,9	22	58,4 (25 187)	69,1 (16 594)	43,1 (7 198)
Estonia	2018	24,5	16,6	20	8,2 (32)	13,4 (16)	6,1 (14)
Ireland	2019	24,4	13,8	19	21,7 (2 037)	35,2 (1 337)	11,9 (609)
Greece	2015	11,0	4,5	8	26,7 (854)	45,3 (583)	14,3 (271)
Spain	2020	37,5	19,1	23	28,4 (14 202)	37,7 (10 372)	16 (3 306)
France	2017	44,8	21,8	23	56,6 (21 186)	69,7 (6 504)	43,7 (6 851)
Croatia	2019	22,9	20,3	21	–	57,1 (586)	7,7 (453)
Italy	2017	32,7	20,9	27	20,6 (7 693)	29,9 (4 257)	14,8 (3 436)
Cyprus	2019	14,1	8,1	8	43,9 (403)	58,1 (264)	30 (137)
Latvia	2020	15,0	8,2	26	24 (194)	36 (154)	10,6 (40)
Lithuania	2016	10,8	6,0	18	5,1 (29)	16,5 (15)	3 (14)
Luxembourg	2019	23,3	12,0	19	23,9 (48)	50 (29)	13,3 (19)
Hungary	2019	6,1	3,4	13	67,2 (2 876)	71,6 (2 056)	53,2 (473)
Malta	2013	4,3	–	12	13,6 (269)	27,2 (135)	9 (134)
Netherlands	2020	27,8	17,4	22	47,3 (5 202)	55,5 (3 625)	35,4 (1 577)

Austria	2020	22,7	11,1	21	30,6 (1 198)	46,2 (726)	20,1 (472)
Poland	2018	12,1	7,8	21	30,4 (1 332)	37,1 (810)	23,6 (499)
Portugal	2016	11,0	8,0	13	33,9 (890)	47,6 (647)	19,1 (243)
Romania	2019	6,1	6,0	9	56 (1 927)	70,5 (1 653)	25 (274)
Slovenia	2018	20,7	12,3	23	10,9 (14)	24,3 (9)	5,5 (5)
Slovakia	2019	17,0	7,7	24	22 (535)	29,6 (329)	15 (188)
Finland	2018	25,6	15,5	11	15,6 (74)	24,2 (43)	10,4 (31)
Sweden (1)	2020	17,4	7,6	8	9,2 (3 822)	13 (1 676)	6 (1 602)
Turkey	2017	2,7	1,8	–	16,3 (1 369)	22,7 (697)	12,6 (672)
Norway	2020	25,0	10,1	9	23,9 (1 370)	32,4 (773)	25,5 (805)
European Union	–	27,3	15,5	–	34,3 (96 804)	45,7 (55 815)	21,3 (30 961)
EU, Turkey and Norway	–	–	–	–	33,6 (99 543)	44,9 (57 285)	21,1 (32 438)

Prevalence estimates for the general population: age groups are 18–64 and 18–34 for France, Germany, Greece and Hungary; 16–64 and 16–34 for Denmark, Estonia, Sweden and Norway; 18–65 for Malta.

Prevalence estimates for the school population are taken from ESPAD's 2019 survey, except for Belgium (2019; Flanders only) and Luxembourg (2018). Data from the ESPAD database for Germany refer only to Bavaria. Due to the possible recording of more cases than the actual figure, the estimated lifetime prevalence of cannabis use in Luxembourg may be slightly higher than the actual situation.

Data on users included in the treatment refer to 2020 or the last year for which data is available: Spain, Croatia, 2019; Latvia, 2017; The Netherlands, 2015.

Data for consumers involved in treatment refer to hospital care, specialized outpatient care, and prison and compulsory care. The presented data do not show a representative national situation.

Consumers of narcotic drugs on the EU market are supplied with local production and goods produced from other parts of the world. After measures to limit social contacts and the introduction of additional border surveillance between member states, and during the COVID-19 pandemic, the EU drug market is experiencing a rapid recovery. We also have to ask how the humanitarian crisis caused by the war in Ukraine could bring new challenges for the European drug services, that is, how to prevent the situation that will arise today.

Today, the EU area is faced with a far more complex situation in terms of drugs, which is characterized by high availability and a greater variety of ways of consuming drugs.

The EU market is increasingly flooded with psychoactive substances that can be produced from almost anything that has psychoactive potential. Often, such products are mislabeled, which

leads to the question whether the person, the consumer, even knows what he is consuming, where synthetic cannabinoids currently take the lead. Synthetic cannabinoids mimic the effects of THC, the substance primarily responsible for the psychoactive effects of cannabis. The average amount of THC in cannabis resin (21%) is currently almost double that of herbal cannabis, which is usually around 11%, a multiple increase in just a few years, and they are also very potent and toxic. The artificial enrichment of industrial hemp, which naturally has a low THC content, is done with the aim of obtaining maximum profit from sales, since it is cheaper and similar in appearance to the illegal cannabis plant. Only a small amount of synthetic cannabinoid powder is needed to achieve powerful cannabis-like effects. In the same context, one can also observe proactivity in the production, i.e. consumption of synthetic drugs with the primarily dominant production of methamphetamine, which jumped on the scale of consumption during the COVID 19 measures, and which is closely connected due to the method of procurement during the COVID 19 measures, which are in many reduced social communication. Thus, after measures to limit social contacts and the introduction of additional border surveillance between member states, and during the COVID-19 pandemic, after a short period of stagnation, the EU drug market experienced a rapid recovery. As an important reason for the quick recovery, we can primarily look for a quick adaptation to the situation, thus there is an increased scope of digitization of the drug market, more frequent use of social network applications, as well as encrypted services for easier drug purchases (European Drug Report, EMCDDA 2022).

Namely, if before COVID-19, we bought consumer goods in stores, during the pandemic the market switched to online sales, i.e. "online sales" increased many times over. Both traders and customers have "found" a new way to get the desired goods.

The author of the European Drug Report 2022 cites as a key conclusion from the analysis of drug-related trends in 2022 "Everywhere, everything, everyone".

Drug problems are observed "everywhere", in all segments of society. "Anything" that has psychoactive potential on the market can become a commodity for consumption, without the people consuming it being aware of what they are actually consuming. "Everyone" directly or indirectly feels the consequences of drug use.

According to the European report on drugs for 2022, the availability and consumption of drugs, and despite the measures taken, is still at a high level, so according to the EMCDDA's estimate, currently 83.4 million or 29% of adults (aged 15 to 64) in the EU have consumed drug. In the

said report, more men (50.5 million) than women (33 million) reported drug consumption. Cannabis consumption is the most common, as confirmed by the figure of 22 million registered users, which is significantly more than the recorded 3.5 million users of cocaine, or 2.6 million users of MDMA and 2 million users of amphetamine. According to the same EMCDDA report, a significantly smaller number, i.e. 1 million Europeans, were recorded as having consumed heroin or one of the opioids, but the consequences, although viewed quantitatively from a much smaller number of users, "qualitatively" caused significantly more damage than other drugs consumed, which is manifested in the increase in the number persons with mental health difficulties and self-harm, homelessness, involvement in youth criminal activities and exploitation of more vulnerable individuals and communities

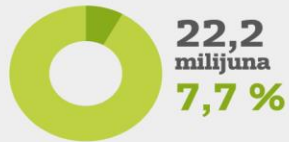


**UKRATKO – PROCJENE UPORABE DROGA U EUROPSKOJ UNIJI**

## Kanabis


**Odrasli (15 - 64)**

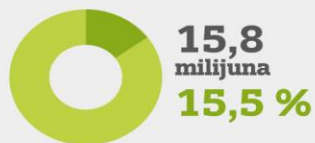
Tijekom prošle godine



Tijekom života


**Mlađe odrasle osobe (15 - 34)**

Tijekom prošle godine



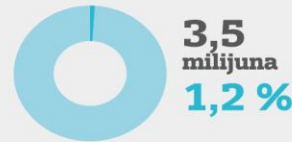
Nacionalna procjena uporabe tijekom prošle godine



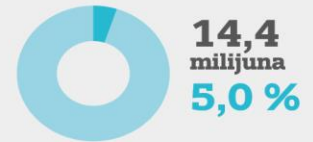
## Kokain


**Odrasli (15 - 64)**

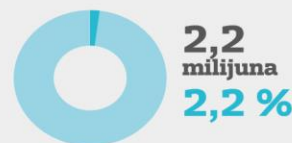
Tijekom prošle godine



Tijekom života


**Mlađe odrasle osobe (15 - 34)**

Tijekom prošle godine



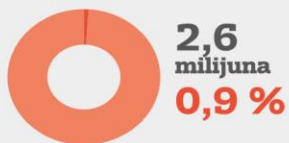
Nacionalna procjena uporabe tijekom prošle godine



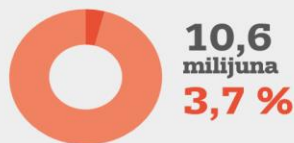
## MDMA


**Odrasli (15 - 64)**

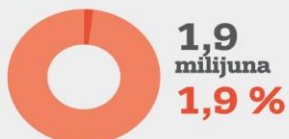
Tijekom prošle godine



Tijekom života


**Mlađe odrasle osobe (15 - 34)**

Tijekom prošle godine



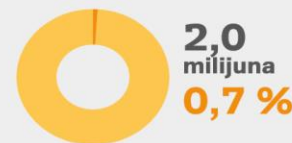
Nacionalna procjena uporabe tijekom prošle godine



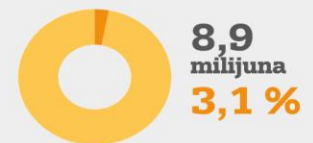
## Amfetamini


**Odrasli (15 - 64)**

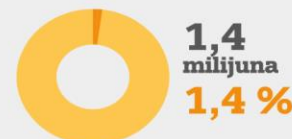
Tijekom prošle godine



Tijekom života


**Mlađe odrasle osobe (15 - 34)**

Tijekom prošle godine



Nacionalna procjena uporabe tijekom prošle godine



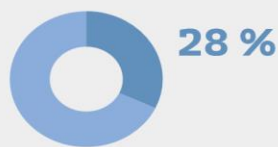
## Heroin i drugi opiodi


**Visokorizični korisnici opioda**
**1,0 milijuna**
**514 000**

konzumenata opioda uključeno je u tretmanu agonistima opioda 2020.

**Zahtjevi za tretman ovisnosti**

Glavna droga u približno 28 % svih zahtjeva za tretman ovisnosti u Europskoj uniji


**Smrtonosna predoziranja**

Opiodi su uzrokovali 74 % ukupnih slučajeva predoziranja sa smrtnim ishodom

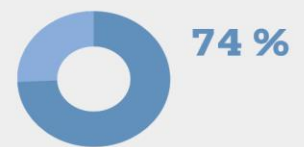
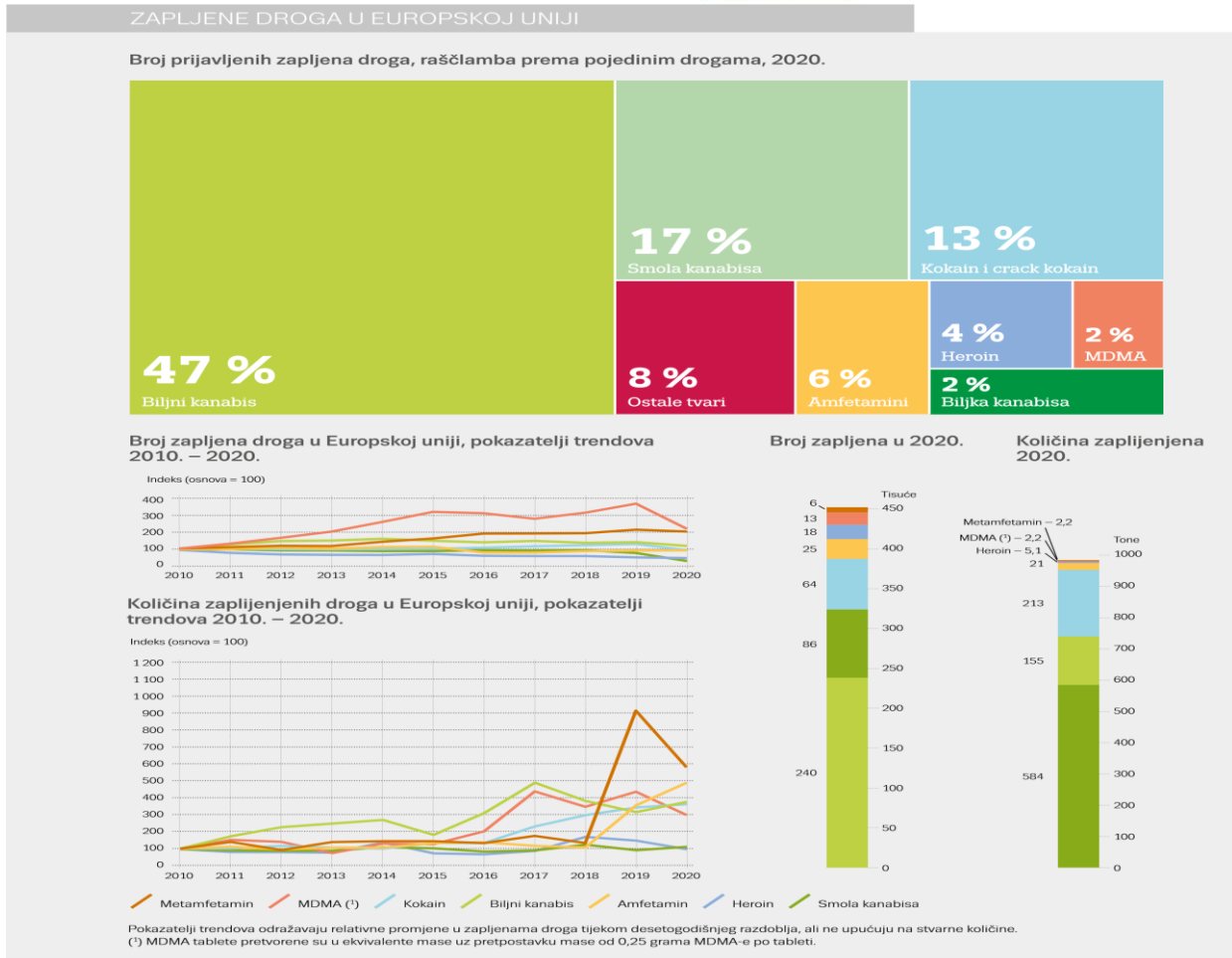


Illustration: European Drug Report, EMCDDA 2022,



The key generator of drug-related issues that we find in the EU are constant innovative ideas on the drug market, which leads to the high availability of various substances, and is set as the primary goal in the fight against drug abuse, preventing smuggling into the EU as

Illustration: European Drug Report, EMCDDA 2022

and drug production in the EU. Every day we witness the unmasking of the great

contraband shipments. "Container" shipments stand out as particularly attractive forms of smuggling, new "routes" of smuggling are being discovered, and the number of discovered "facilities" for drug production in the EU is increasing.

**SEIZED by EU member states + Turkey**

Earth	Heroin		Cocaine		Amfetan		MDMA, MDA, MDEA		
	Seized quantity	Seizure number	Seized quantity	Seizure number	Seized quantity		Seized quantity		Seizure number
	kg	number	kg	number	kg	number	pills	kg	number
Belgium	684	1 833	70 254	5 354	173	2 703	244 203	351	1 376
Bulgaria	269	31	963	27	297	75	7 951	76	40
Czech Republic	<1	94	3	138	31	1 917	88 794	21	259
Denmark	8	506	375	3 841	552	2 651	33 986	25	880
Germany	–	–	–	–	–	–	–	–	–
Estonia	<1	2	413	139	140	487	–	71	228
Ireland	–	1 017	–	1 994	–	218	–	–	632
Greece	300	2 835	1 787	819	13	477	519 304	2	92
Spain	173	6 769	36 888	35 240	723	3 228	1 535 844	222	2 207
France	1 132	–	13 145	–	–	–	1 227 876	–	–
Croatia	13	130	60	347	46	973	–	4	229
Italy	512	1 988	13 426	7 858	14 257	365	11 374	11	280
Cyprus	<1	17	5	125	<1	141	67	–	12
Latvia	<1	9	68	120	13	486	316 919	12	472
Lithuania	1	70	43	133	203	399	–	50	163
Luxembourg	2	150	11	191	<1	7	28 970	–	17
Hungary	41	30	12	301	83	1 186	50 368	4	552
Malta	2	31	525	83	–	–	15	–	5
Netherlands (1)	1 326	–	48 891	–	–	–	–	–	–
Austria	104	1 309	63	2 000	46	1 818	89 148	15	1 110
Poland	427	–	3 887	6	2 224	64	164 528	139	7
Portugal	23	209	10 066	402	<1	27	363	1	85
Romania	64	228	43	449	1 554	236	30 261	2	652
Slovenia	5	231	9	268	108	181	13 029	–	39
Slovakia	–	42	1	33	1 518	765	2 898	–	70
Finland	<1	28	52	334	262	2 316	137 828	15	591
Sweden	38	940	584	4 204	1 141	9 991	216 396	5	2 618
Turkey	13 376	15 049	1 961	2 573	4 899	36 015	11 096 244	–	5 259
Norway	24	789	49	1 452	447	5 611	75 426	21	1 479

European Union	5 125	18 499	212 574	64 406	23 387	30 711	4 720 121	1 025	12 616
EU, Turkey and Norway	18 525	34 337	214 584	68 431	28 733	72 337	15 891 791	1 046	19 354

Illustration: European Drug Report, EMCDDA 2022.g All data refer to 2020 or the latest year for which data is available. Numbers are rounded to the nearest whole number. Amphetamines include amphetamine and methamphetamine

Ingenuity, innovation, quick adaptation are the supplement of successful criminal organizations, and the challenge that lies ahead in the future is for EU bodies, as well as national bodies, to be at least one step ahead of criminal organizations.

## 2.1. 1. Water analysis

One of the greatest achievements in the collection of relevant data on drug abuse in the EU is the European scientific project on waste water analysis. The results presented by the European group SCORE and the EU Drug Agency (EMCDDA), where the analysis reveals an increase in the detection of cocaine and methamphetamine. The SCORE group has been monitoring wastewater since 2011, when 19 cities from 10 countries participated and four stimuli were studied.

Through 104 European cities from 21 countries (20 EU + TR), a waste water analysis project was carried out, in order to investigate the behavior of their inhabitants in relation to drug use. After signs of increased availability and use of ketamine in Europe, ketamine (a dissociative anesthetic whose effects fall within two sectors of the division of controlled substances - into hallucinogens and sedatives) was included in the analysis for the first time, bringing the total number of tested psychoactive substances to six.

The highest mass loads were found in wastewater in cities in Spain, Portugal, Italy and Denmark. Note, Ketamine was not analyzed in Zagreb's wastewater.

As part of the study, an analysis of daily wastewater samples in the catchment areas of the wastewater treatment plant was conducted during a one-week period between March and April 2022. Wastewater was analyzed for traces of five illegal stimulants (cocaine, amphetamine, methamphetamine, MDMA/ecstasy and ketamine) and cannabis in the nearly 53 million inhabitants included in the study.

The results show a further upward trend in the detection of cocaine, which has been observed since 2016 despite certain disproportions that occurred as a result of the COVID-19 measures.

Methamphetamine trends are also changing, so we have more and more cities reporting traces of this drug.

It is obvious to note from the mentioned project that all six investigated illegal drugs were found in almost every city that participated in the research.

EMCDDA director Alexis Goosdeel said in the report: 'Wastewater samples can tell illuminating stories about the lives of a community and be an early warning of emerging health threats. Today's results, from a record 104 cities, paint a picture of a drug problem that is both widespread and complex, with all six substances detected in nearly every location. Now an established science, wastewater monitoring provides increasing insight into the dynamics of drug use and supply. We are also encouraged by its growing potential for targeting and evaluating localized public health responses and policy initiatives.'

Important results of the investigated psychoactive substances from the report

#### **a. Cocaine**

Cocaine residues in wastewater were found in the largest cities in Western and Southern Europe (especially in Belgium, the Netherlands, Spain and Portugal). Traces of cocaine were also found in most Eastern European cities, and this trend is increasing.

In conclusion, more than half (38) of the 66 cities reported an increase in cocaine residues (18 cities reported stagnation and 10 reported a decrease). Zagreb reported 401.19 mg of traces of cocaine per 1000 inhabitants.

#### **b. Methamphetamine**

Already standard, the highest concentration of traces in wastewater was recorded in the Czech Republic and Slovakia.

Recorded traces of this drug are present in Belgium, eastern Germany, Spain, Cyprus and Turkey and several northern European countries (eg Finland, Latvia, Norway, Denmark).

Of the 60 cities, almost two-thirds (39) reported an increase in methamphetamine residues, only 15 cities reported a decrease, and only six reported a stable situation. In the wastewater of other countries, that is, cities, the amounts of traces of methamphetamine are low to negligible,

although some increases have been recorded in the cities of Central and Southern Europe. Therefore, it is not surprising that the three cities with the largest traces of methamphetamine in wastewater are located in the Czech Republic, followed by cities in Latvia, Germany, Turkey and Cyprus. Concentrations of metabolites in wastewater in Zagreb were unmeasurable.

### c. Amphetamine

The level of amphetamine residues with the highest percentage was reported in cities in the north and east of Europe (Germany, the Netherlands, Belgium, Finland and Sweden), and a significantly lower percentage of amphetamine residues in cities in the south. In the remaining 55 cities with data on amphetamine residues in wastewater, the picture was mixed. So we have 20 cities that reported an increase, 26 cities that reported a decrease and 9 cities that reported a stable situation. The city of Zagreb reported 99.81 mg per 1000 inhabitants.

### d. MDMA

Here the picture is also mixed. Of the 62 cities with data for 2021 and 2022, 28 reported an increase in MDMA residues (mainly in cities in southern and central Europe), 27 a decrease (mainly in northern Europe), and seven a stable situation. The largest amount of MDMA was found in wastewater in cities in Belgium, the Czech Republic, the Netherlands, Spain and Portugal. (Zagreb – 17th city in Europe in terms of daily consumption of MDMA; 26.86 mg per 1000 inhabitants)

### e. Ketamine

As the availability, and therefore the consumption of ketamine in Europe is on the rise, ketamine is included in the analysis for the first time in 2022. The highest percentage of ketamine in wastewater was recorded in the cities of Denmark, Italy, Spain and Portugal. Ketamine was not analyzed in Zagreb's wastewater.

## f. Cannabis

The highest amounts of cannabis metabolites (THC-COOH) were found in the cities of Western and Southern Europe, especially in Spain, Portugal, the Czech Republic and the Netherlands. In 2022, different trends were observed, the picture was mixed similar to amphetamine. Out of 38 cities, 18 cities reported a decline compared to 2021, 15 cities reported an increase and five cities reported stagnation. According to the report, the city of Zagreb is the 16th city in Europe in terms of daily consumption of cannabis, or 96.34 mg per 1,000 inhabitants.

Furthermore, the study shows that there is a disproportion between cities in the same country, which is explained by the different geographical, demographic and social characteristics of individual regions within the country. Thus, traces of three stimulants (cocaine, methamphetamine and MDMA) in wastewater were significantly more present in large cities compared to smaller cities, while such disproportions between smaller and larger cities were not shown in the case of traces of amphetamine and cannabis in wastewater.

The wastewater analysis registered that cocaine, ketamine and MDMA were the most commonly used weekend "recreational drugs", while amphetamine, methamphetamine and cannabis were evenly distributed during the week.

## 2.2. Statistics outside the EU

In the UNODC World Drug Report 2022, special emphasis is placed on the development of the situation in countries that have legalized cannabis consumption, drug consumption among women and young people, as well as the impact of drug abuse on the environment. During 2020. in the world, and according to the report, approximately 284 million people have consumed some form of drugs. According to the mentioned data, there was a significant increase of 26% compared to previous research. There has also been a significant increase in drug consumption among young people, which is especially noticeable in Africa and Latin America, where people under the age of 35 make up the majority of the population registered and in treatment. 11.2 million drug users, or 4% of all drug users, injected drugs, approximately 5.6 million, or half of them, suffer from hepatitis C, while 1.4 million suffer from HIV, and 1.2 million suffer from hepatitis C.

Smuggling with containers is proving to be the most unsafe form of cocaine smuggling for smugglers, since almost 90% of cocaine was seized in this way in 2021. in the world. We can make a small digression on this information from the report. Namely, either the smugglers are "small-minded" who persistently repeat the same mistake and make huge losses for themselves or... the question remains in the air as to how much cocaine passes without being detected, since there is no shortage of it on the market.

Smuggling, or consumption, is no longer found mostly in North America and Europe, but is rapidly spreading to Africa and Asia, which is evident from the data on drug seizures.

84 countries in the period from 2006 to 2010. reported seizures of methamphetamine, while in the period from 2016-2020 there was a significant jump in seizure reports, 117 states reported seizures, and the amount of methamphetamine seized increased fivefold between 2010 and 2020 compared to 2010 and 2020.

Opium did not bypass the trend of production growth either. Thus, we have a recorded increase of 7% for the period 2020-2021. year, which is attributed to increased production in Afghanistan.

In the countries of Africa and South and Central America, the largest share of people who are treated for addiction are those who are treated for addiction to cannabis. People who are in treatment due to the consumption of opioids most often live in the countries of Eastern and Southeastern Europe and Central Asia.

Resigns the information from the report that due to the non-medical use of fentanyl, the number of overdose deaths in the United States and Canada is increasing, that is, estimates say that in the United States of America in 2021, more than 107,000 overdose deaths were recorded, which represents an increase in mortality from 15,000 people compared to 2020

The report shows that there was a significant increase in the seizure of methamphetamine in North America by 7%, in Southeast Asia by 30%, and there is also a 50% increase in the seizure of methamphetamine from Southwest Asia compared to 2019.



Escalations, conflicts, legal uncertainty attract the production of synthetic drugs. Changes in smuggling routes and growth in production in the regions of the Middle East, Southeast Asia, the Balkans and, more recently, Ukraine, where the warring parties are often financed by the production of synthetic drugs, are recorded.

The impact of the drug market on the environment, according to the World Drug Report 2022, can be seen at the local, community or individual level. Namely, the carbon footprint of indoor cannabis is on average between 16 and 100 times greater than that of outdoor cannabis, deforestation is linked to illegal coca cultivation, waste generated during the production of synthetic drugs is five to 30 times greater than the volume of the final product, and waste that is disposed of in an uncontrolled manner affects the soil, water and air directly and indirectly organisms, animals as well as the entire food chain, are just some of the key examples of the negative impact of the drug market on the environment from the World Drug Report 2022.

The World Report on Drugs from 2022 also touches on the issue of gender in relation to drug consumption, so it is clear that the female population is in the minority among people who take drugs at the global level, but unfortunately with the trend of increasing the rate of drug consumption and the faster development of disorders related to drug use than men.

The proportion of the female population in the consumption of amphetamines and non-medical consumers of pharmaceutical stimulants, pharmaceutical opioids, sedatives and tranquilizers is around 45-49% on a global scale. According to the report, women are still less covered in treatments. The World Drug Report 2022 points out that despite the fact that women represent almost 50% of the population that uses amphetamines, they make up only one in five people in treatment for disorders related to the use of amphetamines. The female population has a wide range of roles that they fulfill in the world production, smuggling and distribution of drugs.

### 2.3. Republic of Croatia

Considering the global nature of drug abuse and the resulting disease of addiction, Croatia is not and cannot be an isolated case, and the problem of drug abuse in the Republic of Croatia is one of the most important problems that society has had to face in the past 20 years or so. Regarding the Republic of Croatia, considering its geostrategic position, we can say that it is a

transit country through which drugs are smuggled on the way between producer countries and consumer countries. The so-called phenomenon is known. "Balkan routes" as the shortest route from the east to the west of Europe. Cocaine is increasingly present on the European and Croatian markets, and the supply of synthetic drugs and various psychoactive substances via the Internet has never been more widespread. All of this led to an increased demand for drugs and drug abuse in society, especially among young people, but also created numerous opportunities and new challenges for the development of new programs to reduce the demand and supply of drugs.

Drug use is often associated with other risky behaviors as well as a whole range of medical, social, social and psychological problems. Because of their perception, instead of seeking professional help, young people resort to psychoactive means to reduce the feeling of anxiety, anxiety and overcome their challenges, problems, stress, and consuming marijuana and other psychoactive means is one of the ways to do that. In this way, the pleasure center is encouraged to work and the person gets rid of the feeling of discomfort, anxiety...but only for a short period of time and very quickly the brain asks for more and the person enters the vicious circle of addiction.

**Table 1. TRENDS IN THE NUMBER OF PERSONS TREATED FOR PSYCHOACTIVE DRUG ABUSE IN CROATIA FROM 2000 TO 2020**

Year	Number of all treated persons	The number of all treated persons because of opiates	All treated for the first time	Opiates treated for the first time
2000.	3.899	2.520	2.026	1.009
2001.	5.320	3.067	2.548	1.066
2002.	5.811	4.061	2.067	846
2003.	5.678	4.087	1.840	802
2004.	5.768	4.163	1.619	732
2005.	6.668	4.867	1.770	785
2006.	7.427	5.611	2.001	876
2007.	7.464	5.703	1.779	800



2008.	7.506	5.832	1.700	769
2009.	7.733	6.251	1.463	667
2010.	7.550	6.175	1.180	430
2011.	7.665	6.198	1.151	343
2012.	7.855	6.357	1.120	313
2013.	7.857	6.315	1.125	270
2014.	7.812	6.241	1.046	205
2015.	7.533	6.123	844	175
2016.	7.106	5.953	771	178
2017.	7.157	5.773	958	204
2018.	6.761	5.434	876	136
2019.	6.858	5.338	975	190
<b>2020.</b>	<b>5.478</b>	<b>4.431</b>	<b>556</b>	<b>139</b>

Data source: HZJZ, Register of persons treated for abuse of psychoactive drugs

The first National strategy for the control of narcotic drugs, suppression of narcotic drug abuse and assistance to drug addicts in the Republic of Croatia was adopted by the Croatian Parliament in March 1996. The vision set out in the National Strategy for action in the field of addiction for the period up to 2030 is manifested in the need to reduce the supply and demand of drugs in society and, through an integrated and balanced approach to the drug problem, to provide adequate protection of the life and health of children, youth, families and individuals, and with in this regard, and maintain the state of widespread drug abuse within the framework of socially acceptable risk, so as not to violate the fundamental values of society and endanger the safety of the population. The National Strategy (until 2030) is aligned with the National Health Development Plan for the period from 2021 to 2027, which establishes specific goals with the basic goal of improving the health system and health outcomes of the population.

In order to realize this vision, the national policy in the field of drugs through the health, social, educational and repressive system, as well as civil society organizations and public media should implement various programs and approaches aimed at preventing drug abuse among children and young people, reducing health and social risks related to drug abuse and programs to protect children, youth, families and the entire society from drug abuse and addiction, as well as implement an effective policy to reduce the availability of drugs and organized drug crime at all levels. It is also necessary to work on the systematic development of a network of state institutions and civil society organizations within which the availability and availability of treatment and the social reintegration of at-risk individuals and groups will be ensured, as well as the decisive and consistent application and implementation of legal measures against the production and sale of drugs.

When creating the National Strategy for the Suppression of Drug Abuse until 2030, care was taken to ensure that it complies with the real needs arising from the current state of the drug problem.

Accordingly, the National Strategy contains strategic goals, priorities and measures that will effectively ensure responsibility for the implementation of the overall national anti-drug policy, and enable the establishment of a multidisciplinary and integrated approach to combating drug abuse at the national, local and international levels.

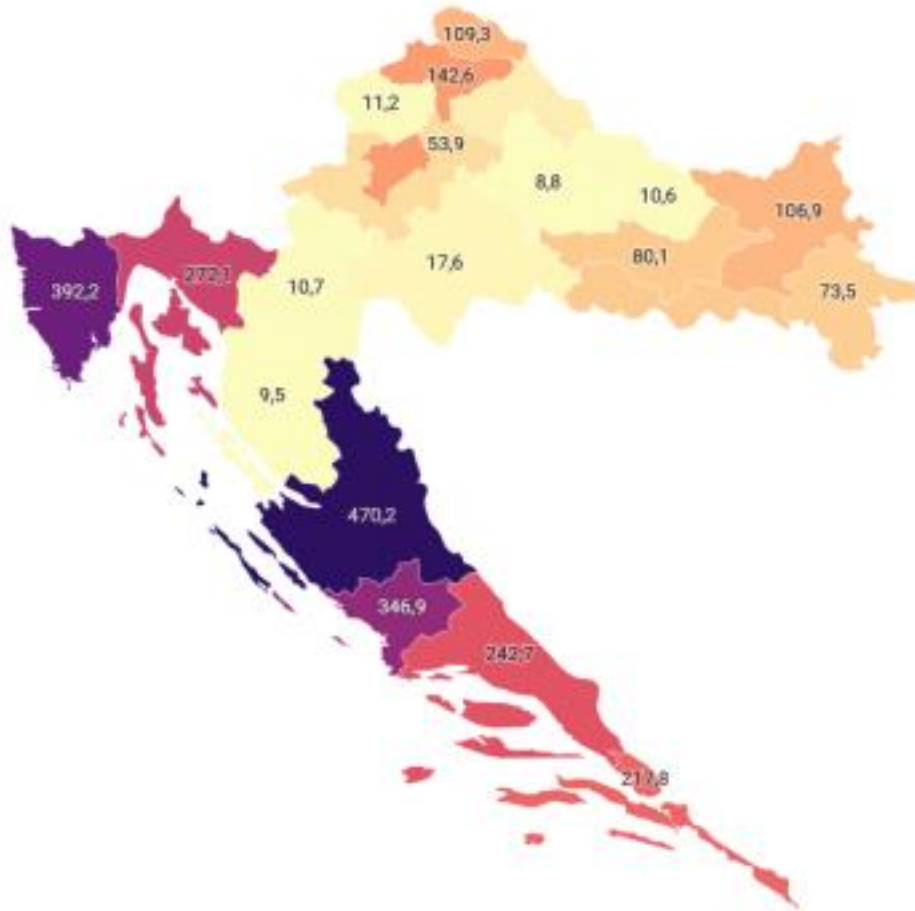
The strategy also contains guidelines that will find the most effective response of society to the modalities and trends in the incidence of drug consumption and abuse in society.

**The project** Abuse of addictive substances in the general population of the Republic of Croatia: 2019 of the Croatian Institute for Public Health (HZJZ) and the Institute of Social Sciences Ivo Pilar (Pilar Institute), and based on the named project, a publication was issued: Use of addictive substances in the general population of the Republic of Croatia Research results 2019 and analysis of usage trends 2011-2019. (source Štimac Grbić, D., Glavak Tkalić, R. (Eds.). (2020). Use of addictive substances in the general population of the Republic of Croatia: 2019 and analysis of trends in use 2011-2019. Zagreb: Croatian Institute of Public Health and Ivo Pilar Institute of Social Sciences

[\(https://www.hzjz.hr/aktualnosti/predstavljeni-rezultati-treceg-istrazivanja-uporabe-droga-u-opcoj-populaciji-2020/\)](https://www.hzjz.hr/aktualnosti/predstavljeni-rezultati-treceg-istrazivanja-uporabe-droga-u-opcoj-populaciji-2020/).

Rates of medicated opiate addicts per 100,000 inhabitants (15-64 years) in 2020

**Stope liječenih ovisnika o opijatima na 100.000 stanovnika (15-64 godina) 2020. godine**



Data source: HZJZ, Register of persons treated for abuse of psychoactive drugs  
Report on persons treated for the abuse of psychoactive drugs in Croatia in 2020

**Table 7. NUMBER OF PERSONS TREATED FOR PSYCHOACTIVE DRUG ABUSE IN OUT-HOSPITAL CONDITIONS IN CROATIA IN 2020, NUMBER AND PROPORTION OF PERSONS TREATED FOR OPIATE ABUSE IN OUT-HOSPITAL CONDITIONS**

Service for the prevention and outpatient treatment of addiction	Number treated persons	%	Number treated for opiates	%
City of Zagreb – ZJZ Addiction Prevention Service	753	15,2 %	427	10,3 %
Zagreb County - ZJZ Addiction Prevention Service	71	1,4%	48	1,2%
Krapina-Zagorje County - ZJZ Addiction Prevention Service	9	0,2%	1	0,0%
Sisak-Moslavina County - ZJZ Addiction Prevention Service	17	0,3%	8	0,2%
Varaždin County - ZJZ Service for prevention and treatment	190	3,8%	172	4,2%
Koprivnica-Križevačka County - ZJZ Service for addiction prevention	32	0,6%	14	0,3%
Bjelovar-Bilogora County - ZJZ Addiction Prevention Service	1	0,0%	0	0,0%
Primorje-Gorski Kotar County - ZJZ Service for prevention and treatment	520	10,5 %	508	12,3 %
Virovitica-Podravine County - ZJZ Addiction Prevention Service	20	0,4%	4	0,1%
Požega-Slavonia County - ZJZ Addiction Prevention Service	29	0,6%	26	0,6%
Brod-Posavina County - ZJZ Addiction Prevention Service	102	2,1%	85	2,1%
Zadar County - ZJZ Addiction Prevention Service	530	10,7 %	527	12,8 %
Osijek-Baranja County - ZJZ Addiction Prevention Service	248	5,0%	184	4,5%
Sibenik-Knin County - ZJZ Treatment Service	235	4,8%	226	5,5%
Vukovar-Srijem County - ZJZ Addiction Prevention Service	78	1,6%	76	1,8%



Split-Dalmatia County - ZIZ Addiction Prevention Service	941	19,1 %	795	19,2 %
Istrian County - ZIZ Addiction Prevention Service	531	10,8 %	458	11,1 %
Poreč - Counseling center for addiction prevention	108	2,2%	105	2,5%
Dubrovnik-Neretva County - ZIZ Addiction Prevention Service	160	3,2%	157	3,8%
Međimurje County - ZIZ Addiction Prevention Service	108	2,2%	76	1,8%
KB "Sestre milosrdnice" - polyclinic	255	5,2%	236	5,7%
<b>TOTAL SERVICES FOR PREVENTION AND OUT-HOSPITAL TREATMENT</b>	<b>4.938</b>	<b>100,0%</b>	<b>4.133</b>	<b>100,0%</b>

Data source: HZJZ, Register of persons treated for abuse of psychoactive drugs

As can be seen from the attachment, the largest number of people treated in the services for addiction prevention and outpatient treatment of the Public Health Institute was in the Public Education Institute of the Split-Dalmatia County (941 – 19.1%). In second place is the Service for Mental Health and Addiction Prevention - Teaching Institute for Public Health "Dr. Andrija Štampar" of the City of Zagreb (753 - 15.2%).

In the County of Istria, apart from the central Service in Pula, there is also an Addiction Prevention Counseling Center in Poreč. When we add the share of these two locations, their share amounts to 12.9% (639 people). 530 people (10.7%) were receiving treatment in the Zadar Service, and 520 people (10.5%) in the Primorje-Gorski Kotar County. A very small number of psychoactive drug addicts come to certain county services for addiction treatment, so their employees devote more time to preventive work, for example Koprivnica-Križevačka (32 people), Požeško-Slavonska (29 people), Virovitica-Podravska (20 people), Krapina-Zagorska (9 people), etc

**Table 1. TRENDS IN THE NUMBER OF PERSONS TREATED FOR PSYCHOACTIVE DRUG ABUSE IN RVATA FROM 2000 TO 2020**

Year	Number of all treated persons	The number of all treated persons because of opiates	All treated for the first time	Opiates treated for the first time
2000.	3.899	2.520	2.026	1.009
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Data source: HZJZ, Register of persons treated for abuse of psychoactive drugs



It is clear that, based on the analysis of data collected as part of the scientific research project Abuse of addictive substances in the general population of the Republic of Croatia, conducted in 2019 on a representative sample of citizens of the Republic of Croatia between the ages of 15 and 64 (N=4994), it indicates the following main the following findings related to the prevalence of the use of addictive substances in the year preceding the research:

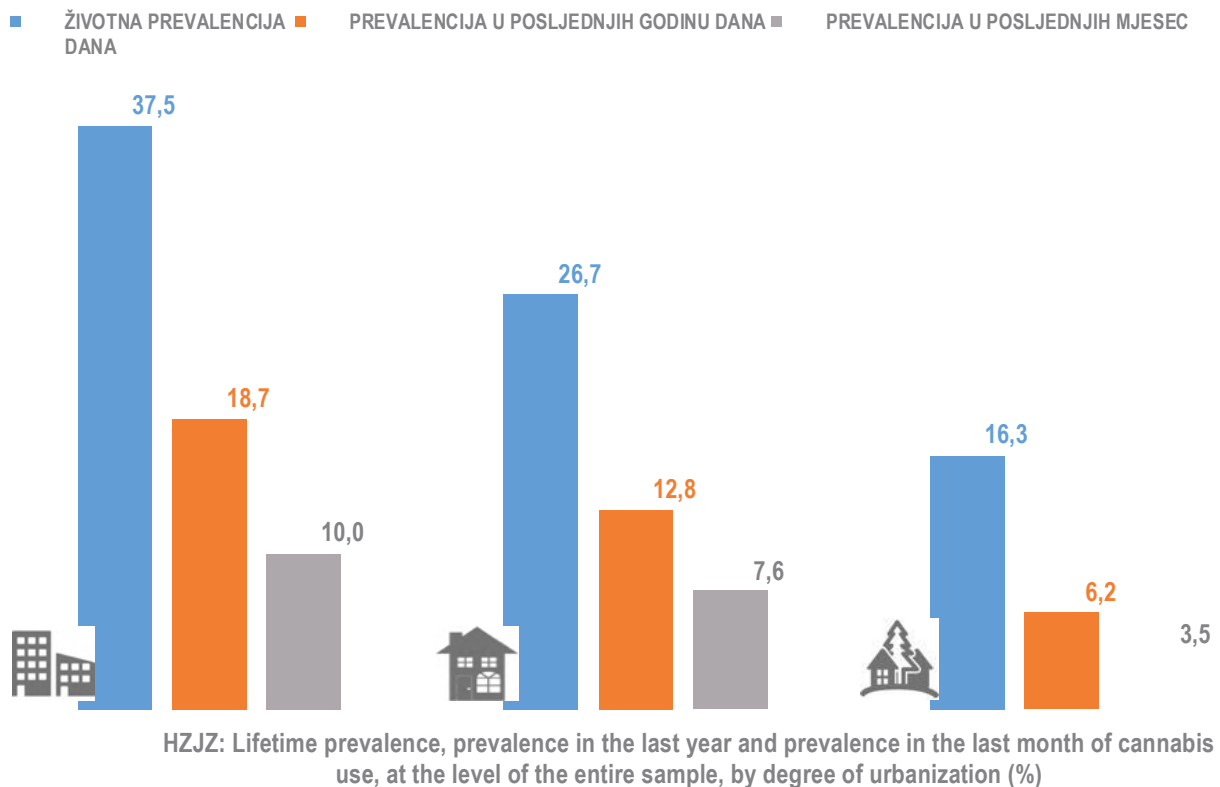
**a.** Some type of illegal drug was taken at least once a year by 11.2% of adults, whereby the most frequently used illegal drug was cannabis.

**b.** In the year preceding the survey, 10.2% of adults and 20.3% of young adults took cannabis,<sup>2</sup> and it was taken more often by men than women (14.2% of men and 6.2% of women). Almost every fourth person between the ages of 15 and 24 (23.4%) used cannabis in the last year.-  
prevalencija kanabisa u posljednjih godinu dana bila je viša u velikim gradovima (17.8%) nego u malim i srednje velikim gradovima (11.6%) i u ruralnim naseljima (5.4%).

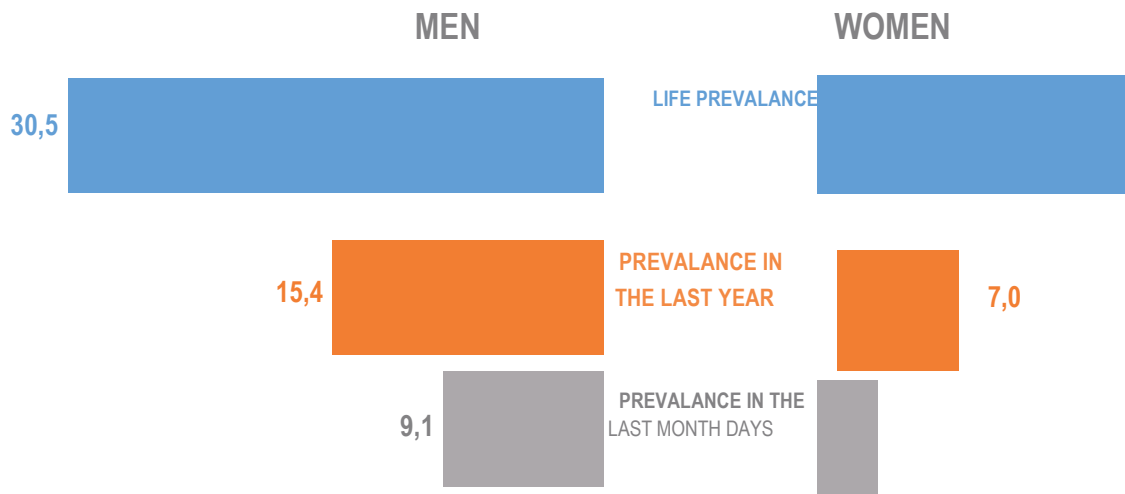
- the prevalence of taking illegal drugs other than cannabis (amphetamine, ecstasy, cocaine, LSD and heroin) in the year preceding the survey was below 2% in adults and below 4% in younger adults.

**c.** The most commonly used illegal drug besides cannabis was cocaine, which was used by 1.9% of adults and 3.9% of younger adults, and amphetamines, which were used by 1.8% of adults and 3.5% of younger adults.

**d.** In the year preceding the survey, 0.6% of adults and 1.0% of younger adults consumed some "new drug". The highest prevalence of taking any "new drug" in the last year (1.2%) was found in the youngest age group (between 15 and 24 years), and men took "new drugs" more often than women (0.8% of men versus 0.3% of women ).



The trends shown through the results of the European group SCORE and the EU Drug Agency (EMCDDA) - "Analysis of waste water", when a significant presence of drugs in the waste water was registered in large cities compared to smaller cities, i.e. rural settlements, as and regarding the age relationship of consumers. Identical results were collected as part of the scientific research project Abuse of addictive substances in the general population of the Republic of Croatia, conducted in 2019 on a representative sample of citizens of the Republic of Croatia between the ages of 15 and 64 (N=4994).



HZJZ: Lifetime prevalence, prevalence in the last year and prevalence in the last month of taking any illegal drug, at the level of the entire sample, by gender (%)

According to the publication of the project Abuse of Addictive Substances in the General Population of the Republic of Croatia: 2019, every fourth adult took an illegal drug at least once in their life (24.5%), and more than a third of younger adults took an illegal drug at least once in their life (37.8%) ).

The highest prevalence of taking any illegal drug at least once in a lifetime was found in the age groups between 25 and 34 years (38.6%) and 15 and 24 years (36.9%), followed by the age group between 35 and 44 years (27.3%). A significantly higher number of men compared to the number of women took an illegal drug at least once in their life (30.5% of men versus 18.4% of women) and again, the percentage from large cities (37.5%) is significantly higher than those from small and medium-sized cities ( 26.7%) and rural settlements (16.3%).

### 3. Legal frame

#### 3.1. European Union

European quality standards for the prevention of drug abuse, adopted by the European Center for Drug Control and Drug Addiction (EMCDDA), highlight the following aspects of quality in prevention activities:

- the relevance of activities for targeting specific populations and (inter)governmental policies
- compliance with accepted ethical principles - integration and promotion of the scientific evidence base, as well as
- internal coherence, profitability and sustainability of the project.

Some of the legal acts of the EU that regulate the legislative framework, both of the EU and the national legislation of the EU members:

##### - EU treaties, the basis for all other acts

Treaties determine the goals of the European Union, the rules for EU institutions, the way of making decisions and the relations between the EU and the member states. EU treaties are periodically amended to reform EU institutions and to assign new areas of competence. They are also being changed to allow new member states to join the EU.

Treaties are negotiated and concluded by all member states and ratified by national parliaments, in some cases, after a referendum.

##### - Regulations

Regulations are legal acts that are automatically and uniformly applied in all member states as soon as they enter into force, and there is no need to transpose them into national legislation. They are fully binding in all member states.

##### - Directives

Directives require member states to achieve a certain result, but leave the choice of implementation to them. Member States must adopt measures to include (transpose) them in

their national legislation in order to achieve the objectives set out in the directive. National authorities must notify the European Commission of these measures.

Transposition into national legislation must be carried out within the deadline set during the adoption of the directive (usually within two years). If the state does not transpose the directive, the Commission can initiate procedures for violation of regulations.

#### **- Decisions**

The decision is binding in its entirety. The decision specifying to whom it is addressed is binding only for them.

#### **- Recommendations**

Recommendations allow the EU institutions to express their views and propose a course of action, without imposing any legal obligations on those to whom they refer. They are not legally binding.

For us, the directives of the European Parliament and the Council provide guidelines for national legislation in the fight against drug abuse.

The European Union has recognized drug abuse as a significantly negative health, social, and economic problem that has almost unfathomable consequences not only for the consumer, but also for his family, the community in the narrower and wider sense. Drug abuse causes huge costs, and as it is closely related to violence, crime and corruption, it represents both a national and a European security threat.

It is estimated that criminal groups in the EU trade 30 billion euros annually on the drug market, which becomes the main source of income for criminal groups.

It is clear from the above that drug abuse required the EU, that is, its members, to take a whole range of strategic measures in order to thwart and reduce the supply and demand for drugs in the EU.

The European Monitoring Center for Drugs and Drug Addiction (EMCDDA) and the EU Agency for Law Enforcement Cooperation (Europol) work closely with international partners as well as civil sector organizations. The European Multidisciplinary Platform for Combating Criminal Offenses (EMPACT) has prosecution powers against drug trafficking.

## **The new EU drug strategy for the period 2021-2025.**

A common approach, the European Union and its Member States to address the security and health consequences of drug trafficking and drug use.

The approach of the EU and its Member States, which was an integral part of the EU drug strategy for the period 2013-2020, was reaffirmed in the EU drug strategy for the period 2021-2025, which was approved by the Council in December 2020.

The EU strategy for the period 2021-2025 establishes the political framework and priorities of the EU drug policy and complements the national policies of the 27 EU member states in the field of drugs. Ensuring a high level of health and social protection and safety is proclaimed as a fundamental goal

### **The EU's approach rests on:**

- evidence of what works and what does not work in terms of measures and policies
  - a balance in efforts to reduce the supply of drugs and to reduce the demand for drugs
  - multidisciplinary, considering the cross-sectoral nature of the drug phenomenon
  - innovations and predictions, given the complexity of the drug and market situation
- drug
- respecting human rights, gender equality and justice in the field of health
  - participation and involvement of civil society.

The three main areas targeted by the EU drug strategy are:

- reduction of drug supply
- reducing the demand for drugs
- dealing with the harmful consequences of drugs.

The Council of the EU has reached an agreement on an action plan that establishes 85 concrete measures to achieve priorities from the EU Strategy in the field of drugs.

The EU strategy defines three cross-sectoral themes that support the following areas:

- international cooperation
- research, innovation and forecasting
- coordination, management and implementation.

## The EU's fight against illegal drug trafficking

### Strengthening security

Dynamic movements on the drug markets in the EU, where there is a high availability of various types of drugs, where there are increasing seizures, where there is an increasing use of violence between criminal groups and huge profits estimated at 30 billion dollars per year, as well as the advanced use of social media platforms media, applications, the Internet and the darknet for the trade in illicit drugs, requires the initiation of strong and rapid measures.

These measures include the deterrence of drug-related crime as well as its suppression, with the help of judicial and law enforcement cooperation among EU members, timely exchange of intelligence, interdiction, confiscation of criminal assets, investigations and joint border management, as a result, they should reduce drug supply, that is, drug-related crime. In order to implement the measures in practice, it is necessary for the EU to increase its security-related resources.

### EU agencies in the field of the fight against drugs

The leading body for the fight against illicit drugs in the European Union is the European Monitoring Center for Drugs and Drug Addiction (EMCDDA). With his work, he contributes to EU and national policies for the protection of European citizens from the harmful effects of drugs.

Based in Lisbon, the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) provides independent scientific evidence and analysis on all aspects of the threat posed by drugs to the lives of individuals and society as a whole, which is in a process of constant change.

On June 9, 2022, the Council adopted a negotiating mandate for a proposal on the EU Agency for Drugs, and on March 28, 2023, the Presidency of the Council and the European Parliament reached an agreement on a temporary regulation on new rules that will strengthen the fight against illegal drugs.

### Uredbom će se Agenciji osigurati sredstva za:

- a better response to new health and safety challenges posed by illegal drugs
- more effective support to member states
- contribution to the improvement of the situation at the international level.

Other EU agencies in the fight against drugs include:

- EU Agency for the Cooperation of Law Enforcement Authorities (Europol)
- European Border and Coast Guard Agency (Frontex)
- The European Union Agency for Cooperation in Criminal Justice (Eurojust)
- The European Union Agency for Training in the Field of Law Enforcement (CEPOL).

### 3.2. Croatia

Croatia, as a member state of the European Union, has the obligation to harmonize national legislation with the *acquis* of the European Union. The European legal *acquis* is continuously developing, therefore national regulations must be constantly harmonized with it. It is the same with the legal framework regarding the suppression of drugs. Croatia is obliged to carry out the procedure of notification, i.e. timely reporting to the European Commission on the measures of transposition of new directives into the Croatian legislation, as well as to properly apply the adopted legislation.

The legal *acquis* of the European Union is available in the Croatian language, which is the official language of the Union, in order to provide Croatian citizens with linguistic equality in accessing European legislation.

As of July 1, 2013, the Croatian Parliament has been passing laws harmonized with the *acquis* in the procedure established in the pre-accession period, according to which all draft laws harmonizing Croatian legislation with European legislation are marked "P.Z.E." and are passed under an urgent procedure, if the proposer requests it.

### National action strategy in the field of addiction for the period up to 2030



The national strategy provides a comprehensive orientation of public policy towards addictions and behavioral addictions with the aim of reducing the use of legal and illegal means of addiction

The national strategy starts from the position that every individual can be affected by some form of addiction in a certain period of their life. Starting from "anyone, anytime", the strategy covers the whole society, i.e. it leaves space for everyone to help. As anyone can to become addicted, due to personal, professional or other difficulties, so one can no longer look at a single substance as a drug, but in this field too, one moves from the position that "new drugs" are coming every day. Society is a living organism, and our "young society" has gone through fundamental changes and is still changing. Social and interpersonal relationships have changed and led to increased individuality and the loss of what was once an apparent security. The inclusion of new knowledge, the acquisition of new knowledge, the understanding of addiction and the development of innovative preventive and treatment strategies are some of the main segments in order to be able to implement effective prevention, reduce risks and treatment procedures.

Demographic transition, social changes, old and new forms of addiction and related new schemes of using illegal and legal means of addiction, and the emergence of a whole series of behavioral addictions.

With the development of society and economic growth, the use of digital media will undoubtedly grow, and the question "will I or won't I?" is no longer asked, but the need for the Internet has become a necessity in everyday life. As much as the Internet represents a revolutionary shift in making life easier, it can create addiction, and in terms of drugs, it played a fatal role in the time of COVID-19, when, as a result of the adopted measures, social contact was drastically reduced, stricter border controls were introduced, and the Internet proved to be the key solutions for addicts.

On the other hand, when we talk about drugs, new psychoactive substances appear on the market at high speed, for which it is difficult to assess what kind of risk they pose to an individual's health. In addition, young people increasingly consume different types of psychoactive substances at the same time, which multiplies or intensifies the effects, but also the risks.

Starting from the settings of new trends and challenges, the National Strategy is the product of political and expert definitions and discussions about the need to redefine and redirect the current national strategic framework in the area of policies towards addictions.

The national strategy united until then segmented parts by different departments with a comprehensive orientation with the aim of reducing the production, smuggling, consumption of illegal substances, while at the same time implementing elements of the legislative framework from the previous period that proved to be effective in preventing drug abuse.

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## **Law on Suppression of Drug Abuse**

The fight against drug abuse is permeated by several laws due to its complexity. It is precisely the Law on the Suppression of Drug Abuse that is the fundamental law in the "eternal" struggle between good and evil in the specific case of drug abuse.

As every Law is a living organism, so is this Law. Namely, the Act takes over the Directives (EU) of the European Parliament and the Council into the Croatian legislation, i.e. changes, supplements or to make certain decisions invalid.

The law is harmonized with EU directives regarding drug abuse.

## **4. Action plan**

### **4.1. EU countries**

Council of the EU, EU Action Plan in the field of drugs for the period 2021-2025.

The EU action plan in the field of drugs for the period 2021-2025. they strive to achieve the purpose and goals of the EU Strategy in the field of drugs for the period 2021-2025, and as one of the essential goals of the strategy to protect and improve the well-being of society and

individuals, to protect and promote public health, to ensure a high level of safety and well-being for the general public and increase literacy in the field of health

The action plan determines the measures to be implemented in order to achieve the eleven strategic priorities of the Strategy. The measures were established on the basis of three political areas of the Strategy:

- reducing drug supply: strengthening security,
- reduction of drug demand: prevention, treatment and care services, i
- dealing with the harmful consequences of drugs and on the basis of the three cross-sectoral themes of the Strategy:
  - international cooperation,
  - research, innovation and forecasting, i
  - coordination, management and implementation

### **Strategic priorities of the EU Action Plan in the field of drugs for the period 2021-2025.**

Strategic Priority 1.: Disrupting and disabling high-risk drug-related organized crime groups operating in, originating from, or directed at EU Member States; responding to links to other security threats and strengthening crime prevention

Strategic Priority 2.: Increasing the detection of illicit wholesale drug and drug precursor trafficking at EU entry and exit points

Strategic priority 3.: Suppressing the abuse of logistics and digital channels for the distribution of illicit drugs in medium and small volumes and increasing the seizure of illicit substances smuggled through these channels, in close cooperation with the private sector

Strategic priority 4.: Preventing the production of illegal drugs and suppressing illegal cultivation; preventing the diversion of precursors for drugs and their trade for the production of illegal drugs, and addressing environmental damage

Strategic priority 5.: Preventing drug use and raising awareness of the harmful effects of drugs

Strategic priority 6.: Ensuring access to treatment and care services and their strengthening

Strategic priority 7.: Interventions to reduce risks and harmful consequences and other measures to protect and support people who take drugs

Strategic priority 8.: Addressing the health and social needs of people who use drugs in the prison environment and after release

Strategic priority 9.: Strengthening international cooperation with third countries, regions, international and regional organizations and cooperation at the multilateral level in order to achieve the approach and goals of the Strategy, among others in the field of development. Strengthening the EU's role as a global mediator for people-centred drug policy and human rights

Strategic Priority 10: Building synergies to provide the EU and its Member States with the comprehensive research evidence base and forecasting capacity needed to enable a more effective, innovative and agile approach to the increasingly complex drug phenomenon and to increase the preparedness of the EU and its member states to respond to future challenges and crises

Strategic priority 11.: Ensuring optimal implementation of the Strategy and Action Plan, automatic coordination among all stakeholders and provision of appropriate resources at the EU and national level

## 4.2. Republic of Croatia

### Action plan for action in the field of addiction 2022-2026.

The action plan for action in the field of addiction 2022-2026 strives to achieve the purpose and goals of the fundamental determinants of the National Strategy for Action in the Field of Addiction 2022-2030, which is the result of expert consultations and discussions on the need to redefine and redirect the current national strategic framework, which was determined concrete steps in the implementation of the newly defined measures. Action plan for action in the field of addiction 2022-2026. for its implementation, it has the objectives of protecting society and the individual, protecting and promoting health in such a way that instead of individual strategies from the past period, by creating a unique act such as the National Strategy for Action in the Field of Addiction 2022-2030, a unique strategic planning act will be created that will be aimed at all types of addiction, especially drug addiction.

The action plan is in accordance with the 2022-2030 National Action Strategy in the field of addiction, which in turn is in line with European guidelines that require a balanced approach based on scientific evidence, on the basis of which the measures to be taken and implemented

in order to achieve the priorities of the National Strategy are determined activities in the field of addiction 2022-2030.

Action plan for action in the field of addiction 2022-2026. the tasks of individual ministries and state administration bodies, local and regional (regional) self-government units, civil society organizations and other entities in the implementation of the program to reduce the demand and supply of drugs, but also in the area of coordination, monitoring and evaluation of the implementation of the National Strategy, are precisely determined.

## 5. Praxis

### 5.1. The practice of the European Union

Within the European Union, organizations led by the EMCDDA have worked to provide the best available evidence and examples of evaluated practices in the field of drug abuse prevention. These efforts have resulted in easily accessible databases and high-quality guides that are a very important tool in the "hands" of the "Strategies and Action Plans", as they act on them now, and even more important their help pro futuro for the future fight in the field of drug abuse.

According to the EU Commission, which is referred to in the Agenda and Action Plan of the EU for the fight against drugs 2021-2025, we have 12 relevant indicators of successful practice so far in the implementation of strategies for the fight against drug abuse.

**Performance indicator 1.** Organized crime and drug-related gang violence (Europol, EMCDDA data/indicator on drug-related homicides and studies on gang violence and intimidation and organized crime involvement.)

**Performance Indicator 2.** New threats based on data obtained from timely and anticipatory sources (if available), including levels of drug use in the community/cities obtained from wastewater analysis in those cities currently participating in the activity. (EMCDDA European level composite indicator based on EMCDDA reporting and barometer; SCORE group and EMCDDA; data from emergency medicine department and targeted studies.

**Performance indicator 3.** Trends in confiscation of assets and the number of conducted financial investigations initiated on the basis of drug-related crimes. (Europol, EMCDDA and targeted sources)

**Performance indicator 4.** Trends in the number and quantity of seized illicit drugs, new psychoactive substances (NPT) and precursor chemicals – the indicator should include a clear distinction between small and large seizures (EMCDDA and Europol data on drug seizures by substance: cannabis including herbal cannabis, heroin, cocaine, crack cocaine, amphetamine, methamphetamine, MDMA and new psychoactive substances; European Commission, EMCDDA and Europol on precursors).

**Performance indicator 5.** Early warning system for new psychoactive substances (EMCDDA/Europol) and risk assessment for new psychoactive substances (EMCDDA).

**Performance indicator 6.** Percentage of citizens' perception of safety in terms of drug-related and drug-related crime and violence and perceived availability and accessibility, including online, of illicit drugs and new psychoactive substances (NPT) in Europe (by age and gender, two studies Eurobarometer at the beginning of 2021 and 2025).

**Performance indicator 7.** Percentage of the population who currently use drugs (during the past month), who have recently used drugs (during the past year), who have always used drugs (lifetime use) by type of drug and age group (EMCDDA - general population survey) .

**Performance indicator 8.** Trends in age at first use of illicit drugs based on school survey data taking into account the European School Survey Project on Alcohol and Drugs (ESPAD), Health Behaviour in School-aged Children (HBSC) or other relevant studies and, if applicable, the General Population Drug Use Survey (EMCDDA key epidemiological indicator).

**Performance indicator 9.** Trends in drug-related morbidity and mortality. EMCDDA Complex Reporting and Health Impact Barometer of Drug Use. It includes an analysis of available data from both established and emerging sources on: trends in drug-related deaths, infectious diseases, and health-related behaviors, including intravenous drug use and other risks of drug use or related behaviors. (EMCDDA)

**Performance indicator 10.** Measures of availability of addiction treatment and services to reduce harmful consequences. Availability and coverage of opioid addiction treatment with substitution medications, availability of needle and syringe exchange programs, and coverage of HCV testing and treatment for intravenous drug users. (EMCDDA)

**Performance indicator 11.** Member States with comprehensive and balanced policies on the fight against drugs in prisons – based on the number of Member States with a balanced strategy on the fight against drugs in prisons. (reporting by member states).

**Performance indicator 12.** Contribution to the achievement of the goals of the current Sustainable Development Program until 2030 (Eurostat's annual report on monitoring the achievement of sustainable development goals in the context of the EU).

## 5.2 The practice of the Republic of Croatia

Approaching the fight against drug addiction through the National Strategy for the Suppression of Drug Abuse until 2030 and the Action Plan for Activities in the Field of Addiction 2022-2026 through a balanced and multidisciplinary approach, the need to connect different approaches into one national system is emphasized, new solutions and doctrines are emerging in combating drug abuse and addiction prevention.

In order to realize the vision from the "letters on paper", everyone in the system at the national and local level merges into one national system with the aim of reducing the demand for drugs, which automatically leads to the reduction of health and social risks through the development of an integrated and comprehensive system.

Prevention, early detection of addicts, adequate interventions and treatment, rehabilitation and ultimately social reintegration of addicts into the community.

Regular evaluation and monitoring of interventions raises the quality and improvement of every future program both at the EU level and at the national level. By effectively reducing the supply of drugs, a more efficient and effective application of laws related to the suppression of production, drug trafficking and money laundering related to organized drug crime is achieved, which if not stopped then ends up in the legal flows of the system, causing new damage to the entire society over and over again.

The first significant progress in the field of improving the entire system for the fight against addiction in the Republic of Croatia can primarily be attributed to the National Strategy for the Suppression of Drug Abuse for the period from 2006 to 2012, which was created in cooperation with European experts and was fully aligned with the European Strategy on drugs, and when the strategy was evaluated in 2011 in cooperation with the Trimbo Institute from the

Netherlands. Based on these received recommendations, the National Action Plan for the Suppression of Drug Abuse for the period from 2012 to 2014 and the National Action Plan for the Suppression of Drug Abuse for the period from 2015 to 2017 were created, after which positive tectonic shifts took place. Encouraged by such positive developments in the first half of 2017, cooperation with the Dutch Institute for Mental Health and Addictions Trimbos continued, which carried out an evaluation of the National Strategy for Combating Drug Abuse for the period from 2012 to 2017, based on the recommendations received during 2017. work on new strategic documents, which represent a turning point and a new approach in creating an integrative and coherent policy in this area, was completed. Based on the conclusion of the Commission for the Suppression of Drug Abuse of the Government of the Republic of Croatia, the Office, in cooperation with the Expert Working Group, prepared the Draft National Action Strategy in the field of addiction for the period from 2018 to 2025 and the Draft National Action Plan for action in the field of addiction for the period from 2018. until 2021, strategic documents defining national policy goals and priorities for addictions and behavioral addictions, key activities, and implementation leaders and deadlines.

An evaluation was carried out according to the same tried-and-tested principle, and on the basis of the set guidelines, as a result of the evaluation, the foundations of the following Strategies, Action Plans, and ultimately the National Strategy for Action in the Area of Addiction 2022-2030 and the Action Plan for Action in the Area of Addiction 2022-2026 were laid.

It is also necessary to highlight the great importance of the accession of the Republic of Croatia to full membership of the EMCDDA. The journey of eight years, from 2005 when the application for membership was submitted to 2013, when full membership was achieved, was a thorny one, filled with the adjustment of legislation, the system for collecting information in the field of drugs and the first signing of the international agreement in 2008, that would fulfill all formal and informal conditions in the next five years and, as already stated, become a full member of the EMCDDA in 2013.

In January 2005, the Republic of Croatia submitted an official request for membership in the EMCDDA to the European Commission, based on which the European Commission presented the first draft agreement between the Republic of Croatia and the European Commission for the participation of the Republic of Croatia in the work of the EMCDDA in early 2007.

The results of the Wastewater Analysis greatly contribute to the results of the evaluation and



are one of the best tools for achieving targeted guidelines in the fight against drug abuse.

What does the "fight against drug abuse" look like at the local level, in Osijek Baranja County (OBŽ)?

The work includes social institutions, health institutions, non-governmental organizations, the Red Cross Society (DCK) OBŽ, educational institutions, legislative authorities, the Ministry of the Interior of the Republic of Croatia.

At the head of all involved is the Commission for the Implementation of the National Strategy for Suppression of Drug Abuse in the area of OBŽ, which coordinates all actions, projects, educations, preventive and other programs. The committee members are expert representatives from all involved institutions, organizations and bodies.

As part of the plan, the project "Housing community" and the project "Strengthen yourself" were launched, through the education of volunteers for the implementation of addiction prevention activities in primary and secondary schools and among the adolescent and young population in general. During 2022, the program "Prevention of Addiction - Youth for Youth" was implemented, through which volunteers are trained and the implementation of activities is coordinated and encouraged in order to prevent the disease of addiction. Through

programs so far, it turned out that the method where young people educate young people is the best accepted, and at the suggestion of the members of the Field Unit of Osijek DCK, an addiction prevention program was designed, which includes a cycle of workshops that have been held in primary and secondary schools in the area of OBŽ for ten years.

Under the expert guidance of the Commission, preventive and other programs were carried out at the level of OBŽ. Thus, in the 2021/22 school year, "Screening - early detection of risky youth behavior" was carried out, through which 966 students went, "Life skills training" - 56 workshops with 8 different topics, where the average number per workshop was 105.75 students, testing for blood and sexually transmitted diseases In TZ Ne-Ovisnost, and their residential community, testing was done with rapid qualitative tests from a capillary blood sample for blood and sexually transmitted diseases. A total of 40 users were tested, and 11 of them had a positive marker for hepatitis C, testing of students at the Osijek School of Applied Arts, education of educators and professional services in primary and secondary schools, 320 employees passed the education.

In addition to the projects already underway, the evaluation of the projects from 2022 gave new guidelines so that further progress in the fight against drug abuse is expected.

## 6. Lessons, guidelines and goals

### 6.1. Lessons, guidelines and goals - European Union

There is no easy way to combat drug abuse. By uniting all the culprits in the system into one device, it led to the cutting of well-established smuggling routes, a reduction in supply on the streets of European cities, but at the same time, new routes, new types of drugs, new technologies for drug "procurement" appeared, and the battle continues. One branch is "cut", the other will grow, one day we will reach the head, and until then... we must keep the "rhythm" of the progress of criminal groups. Europe is an "old lady", maybe slow, maybe she doesn't see everything very well, maybe...but definitely a "lady" who is fighting a battle that she will win in the end.

The EU and its Member States are taking a number of strategic and operational measures to address the security and health consequences of drug trafficking and drug use, as well as to reduce drug supply and drug demand in Europe. They are coordinated within the framework of the EU strategy in the field of drugs.

Close cooperation with the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) and the EU Agency for the Cooperation of Law Enforcement Bodies (Europol), as well as with international partners and civil society organizations.

Two decades ago, the EU developed a common approach to dealing with the security and health consequences of drug trafficking and drug use

The EU route guidelines are based on:

- relevant evidence of what works and what does not work in terms of measures and policies, and based on the evaluation
- a balance in efforts to reduce the supply of drugs and to reduce the demand for drugs
- multidisciplinary, considering the cross-sectoral nature of the drug phenomenon
- innovations and predictions, considering the complexity of the situation related to the drug market
- respecting human rights, gender equality and justice in the field of health
- participation and involvement of civil society.

The approach is an integral part of the EU strategy in the field of drugs for the period 2021 - 2025, by accepting the New Strategy they are the basis on which national policies are supplemented, and the main goal is to ensure a high level of health care, social stability and security and to contribute to raising awareness, primarily young people about the harmful effects of drugs on them as individuals and society as a whole.

## 6.2. Lessons, guidelines and goals - Republic of Croatia

The accession of the Republic of Croatia to the European Union led to great progress for the entire society, all branches of society, and if it is measured by the fight against drug abuse, the accession was of vital importance for a brighter future. Namely, before accession, the Republic of Croatia had a form in all areas, so it also had a form in the fight against drug abuse, it had a "NO CONTENT" form. A series of individual attempts, a policy of dissonant tones about the way of fighting, about guidelines, about priorities was doomed to stagnation, and ultimately surrender in the "fight against drug abuse". Today, the Republic of Croatia has a form in the fight against drug abuse, and that form is filled with content, the fight is no longer spontaneous but built, organized and coordinated with EU policy, merged into national policy through the National Strategy for the Suppression of Drug Abuse until 2030 and the Action Plan in the area of dependence in 2022 - 2026.

The guidelines and goals are fully aligned with the guidelines and goals of the European Union, which ultimately led to progress in the "fight" against drugs in the territory of the Republic of Croatia, so the main guidelines are reducing the supply of drugs, reducing the demand for drugs, dealing with harmful consequences of drugs, and in order not to violate the fundamental values of society and endanger the safety of the population.

Through the health, social, educational and repressive system, civil society organizations and public media, the guidelines are implemented through the implementation of various programs and approaches aimed at preventing the use of addictive substances and the development of behavioral addictions, reducing related health and social risks, as well as implementing effective policy of reducing the availability of illegal means of addiction (drugs) and related organized crime at all levels.

Form without content is a true "wasteland" of every society, form with content must be the basis of every policy, and then you can see the "light at the end of the tunnel".

## 7. Looking to the future

In the future, we plan to exchange the experiences gained so far, as well as maintain all contacts with domestic and international partners by visiting them if possible, and we would also like to continue our work in the direction of educating young people as efficiently as possible in the field of addiction prevention. We have to be proud of the very professional and capable people we work with and whose help we can always ask for in our work. Most of our associates and volunteers have some kind of pedagogical or legal background, this combination enables us to work very effectively with young people. Given that our associates and volunteers are most often employed in educational institutions in addition to their activities in such projects, through them we are able to directly take our programs to young people and confront them with the dangers of addiction very early in their stage of development. EGTS - PANONIJA is not participating in a project like this for the first time, during many years of our work we can boast of growing experience that enables us to participate and cooperate as successfully as possible with other domestic and foreign associates. In the future, we want to expand our work in combating addiction at the national and international level with local and international associations as well as organizations and agencies both in Croatia and abroad. One of the reasons for establishing our organization is the exchange of experiences both at the state level and in the area of other EU members. We think that through our participation in a project like this, we have acquired the necessary knowledge and competences that we could transfer to other associations and organizations both in Croatia and elsewhere in the world. We do not want to keep our acquired knowledge only for ourselves, but also to help others so that they too develop the necessary skills in creating and conducting workshops in their communities, with which they will warn young people and their parents about the dangers that cause drug addiction, as well as warn them about other deviant behaviors that can affect both their children and the parents themselves. Of course, we also think about increasing the capacity of our work, which means that with our participation in projects like this, we also see the development of our society by hiring new employees, i.e. engaging additional volunteers for as long as possible in order to take our work as far as possible, but also the messages that are intended for everyone in order to avoid all those dangers that lurk for them. EGTS - PANNONIA would like to present itself in its work as an organization that young people can always turn to for help, counting on absolute discretion but also reliable help if they need it.

## 7.1. Goals

The future goals of the organization EGTS - PANONIJA is achieving humanitarian and other socially beneficial goals, which primarily aim at the prevention of all forms of addiction among young people, as well as education and counseling programs in the field of minors and adolescents, as well as their parents, educational and health workers etc. through various programs of workshops and events, primarily in the field of prevention of all forms of addiction. We believe that education and work with children on the topic of addictions in the Republic of Croatia are still not at a satisfactory level, which means that EGTS - PANONIJA believes that it is necessary to work even harder and more decisively on this front. Considering the past experiences, we believe that the following goals are of crucial importance:

- increasing the existing capacities of our organization so that additional forces and resources can be allocated for the implementation of education and preventive programs at the level of primary, secondary and tertiary prevention;
- organizing periodic workshops that will raise awareness among young people about their dangers through interactive lectures on the possible consequences of drugs and addiction;
- organizing summer camps for young people as well as professional meetings;
- connection and cooperation with all those institutions that work on the problem of drug addiction
- organize advisory and educational work in all available local areas
- connecting our organization with other organizations, associations and legal entities

We plan to achieve our goals by adopting our work plan both with volunteers and with those who think they can contribute by including all those entities who care to sponsor our work to contribute to the strengthening of awareness of the dangers caused by addictions. We would like to make these goals of ours known to others by holding professional gatherings, conferences, forums, online education as well as advertising material, but also by active work in our wider social community.

## 7.2. Action plan

We will try to achieve the above mentioned activities and goals according to the following plan of our activities and tasks.

### 1. Development of abilities

It is important to emphasize that EGTS - PANONIJA sees its role in the professional training of its associates primarily in educational services for both young people and business associates in the field of health preservation and the development of preventive activities. In the next four years, one of the organization's goals in this area is to maintain but continue to develop the existing services as well as to expand its activities by adding additional volunteers and employees to our organization. Considering our past experience in our work, education in the field of addiction prevention provided by our workers and volunteers to young people is effective and irreplaceable. We strive to continuously maintain, promote and support the provision of these services with appropriate resources. In addition, the goal is to develop and implement programs that try to address young people using alternative methods. Here, it is important that the employees of the organization adhere to the guidelines and standards defined above, as well as the set goals in their work when developing new services. Based on our completed research in this paper and by defining a new strategy of action in this organization's action plan, we have come to the conclusion that in the future we see ourselves in an even more decisive work and action against addiction both through our work and by supporting those organizations that work in the field of preventing addiction. It is our priority that the programs implemented by our organization are not just copies of those already implemented by other organizations, but that they complement and support them, if possible, in joint cooperation. Therefore, continuous connection and cooperation with other organizations is one of our main priorities.

### 2. Development of opportunities

Ensuring sufficient support for the professional development of professional colleagues who work in our organization and engage in volunteer activities is extremely important to us. In order for our organization to continue to develop and maintain its efficient work, it is necessary to reinvest part of our financial and human resources in the development of our professional team. Therefore, it is important that the management of our organization continuously strives to find those financial sources that encourage our professional development. It is very important

to create the conditions for professional conferences, training and additional support for research. This will increase the reputation and efficiency of our organization. Active participation in both domestic and international forums can help build a network of associates by offering new opportunities. By actively participating in expert meetings, the organization can present itself as a potential partner to other organizations.

## 8. Summary

Addiction is one of the most important and serious topics of today, the consequences it has on society are catastrophic not only for the victims of addiction but also for their family members. The modern world still does not have an adequate answer and solution for this challenge that would close this disturbing chapter of the human nature. Like many other things in human history, overcoming addiction requires a determined struggle, time, but also patience for satisfactory results that do not allow for maximalist goals, it is necessary to invest resources, knowledge, education as well as many sacrifices in order for human society to become sufficiently educated and aware of all the dangers of modern world. Republic of Croatia is far from a perfect society, alcohol and drugs are deep in the pores of our society and we often do not take them seriously enough, and when we do take them seriously enough, it is often too late. We are aware that we must not give up, but invest extra effort and work in educating not only our children of tomorrow, but also the professional staff and the parents themselves so they can recognize the first warning signs in time. We are quick to see all the harmful consequences of addiction, but many times we are blind to the successes and determination that society shows in the work of all those organizations that make superhuman efforts to provide us with a safer society and everyday life. Let's start with ourselves, how many times have we taken our free time to help someone who is a victim of addiction? The answer is often insufficient. Addiction is not the problem of one unfortunate person, but a problem of the whole society on many levels. The greatest enemy of addiction is the human willingness to work and help those in need. Education that should be shaped into new trends among young people so they do not naively look for solutions to their problems embracing addiction. The work of societies, organizations and associations can most effectively combat the new trends of increasing addiction in the Republic of Croatia, because their strength and effectiveness is found in their direct work with the local community.

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