

REPORT

**ON FINAL EVALUATION OF THE STRATEGY FOR
THE PREVENTION OF DRUG ABUSE IN THE
REPUBLIC OF SERBIA FOR THE PERIOD 2014-2021**

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Disclaimer: The views herein expressed are solely those of the author and contributors and do not necessarily reflect the official position of the OSCE Mission to Serbia.

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1. Scope of the Mission

The general objective of this mission was to undertake a final evaluation of the Strategy for Prevention of Drug Abuse 2014-2021 in the Republic of Serbia (hereinafter: Strategy), within the OSCE Mission to Serbia's project "Strengthening effective and accountable relationship between the community and the police and improving local authorities response to safety issues (Phase 2 - UB#2400832)".

An on-site assessment mission focused on the review and implementation of the activities and the achievement of the current Strategy and Action Plan's objectives as well as on progress of implementation of recommendation from the mid-term Strategy evaluation done in 2017. The implementation of the Strategy is based on two Action Plans for the period of four years: the first for the period from 2014 -2017, and the second one for the period from 2018 - 2021. According to the information given by Office for Combating Drugs (hereinafter: OCD) the Second Action Plan 2018 - 2021 for Implementation of the Strategy was not formally adopted due to the technical-administrative issues. Even though it remained as a draft, the responsible ministries and institutions have implemented activities within their competence planned in this draft, in order to achieve the goals of the Strategy.

The Draft Action Plan 2018-2021 covers five activity fields defined by the Strategy: demand reduction, supply reduction, coordination, international co-operation and research, monitoring and assessment.

2. Methodology

Relevant sources of information used to produce this Report were interviews held during November 2021 at the premises of the OCD in Belgrade with stakeholders and civil society representatives involved in the implementation of the Strategy (full list of represented institutions/organizations is available in Annex 2). 19 face-to-face and 5 online interviews helped to assess stakeholders' perceptions on implementation of recommendations from the mid-term evaluation and achievements of the objectives of the Strategy and Draft Action Plan. The evaluation was conducted in the period October – December 2021 and included extensive desk review, interviews and writing of the report.

The key evaluation questions were:

- Were the Strategy and Action Plan's objectives and actions relevant to Serbia's drug problems?
- What influence did the Strategy and Action Plans have on the response to drug problems?
- To what extent were the priorities of the Strategy and the measures in the Action Plans implemented?
- What barriers or facilitators to implementation were encountered?
- What priorities should be addressed in the new Strategy and Action Plan and what actions should be continued or discontinued?

In addition, target questions were asked to assess the extent the measures were implemented and to review the progress on implementation of the recommendation from the mid-term evaluation

in demand reduction, supply reduction, coordination, international co-operation and research, monitoring and assessment.

The full review of the status of the Action Plan activities is available in Annex 1.

The report structure following five activity fields defined by the Strategy: demand reduction, supply reduction, coordination, international co-operation and research, monitoring and assessment. Each section contains summary of the answers to the key evaluation questions, potential measures for the new Strategy and Action Plan and summary of progress of implementation of recommendation from the mid-term evaluation and objectives of the Strategy and Action Plans.

2.1. Limitations

The evaluation process was subject to certain limitations as a result of contextual constraints beyond the control of the evaluators that are important to acknowledge. As a result of these factors and also to provide continuity with the mid-term review, the evaluation mainly considered the relevance of the strategy and the extent to which it had been implemented.

Given the extremely tight timeframe for undertaking the evaluation and related contextual challenges, a real-world and pragmatic approach was adopted. If more time were available, a more comprehensive approach would have been desirable, undertaken over a longer timeframe and examining a wider set of evaluation questions. This should be considered in future evaluative processes. Given the pace of the work and its reliance on stakeholder's perceptions of the strategy's implementation, it should be appropriately acknowledged as a rapid evaluation review process, which represented the most feasible course of action for undertaking the work.

Within the approach taken, there were also challenges related to access and verification of the inputs of different participants in the process. In addition, a limited number of experts were consulted; a part of the invited representatives did not take part in the interviews. Representatives of some ministries did not, due to other obligations, participate in interviews according to the program together with other representatives of the bodies responsible for specific areas. Therefore several individual online interviews were held. Also, representatives of some ministries who, according to the program, were supposed to be present in discussions on different areas for several days, also due to other obligations, could not do so. Instead, they participated in only one meeting or discussion and it was necessary for evaluators to go through all areas of the Strategy and Action Plan issues, which are under their ministry's responsibility, which further complicated implementation of the process.

Also there were significant difficulties in the flow and obtaining information about which activities were performed and which were not, since representatives had different and sometimes contradictory information regarding the implementation of certain activities. This makes it difficult to monitor and assess the achievement of the objectives of the Strategy, since for certain activities there are no clear indicators whether the activities have been carried out.

No annual progress implementation reports on the strategy's status were available, a situation that was no doubt affected by the second action plan not having been formally adopted by the Government, despite its use by stakeholders. Access to other documentary resources were often unavailable. Despite significant efforts on the part of the OCD to liaise with and gain access to experts, institutions and the information and data they hold required for the evaluation, there

have been gaps. Notably, this included a lack of access to data on trends, which were unavailable at the time of finalizing this Report.

3. Summary on drugs situation in the Republic of Serbia

This report is based on data provided by Ministry of Interior, Ministry of Justice, Statistical Office of the Republic of Serbia and Republic Office for Health insurance and publicly-available data. This chapter presents the latest public available data.

The first representative national general population survey was conducted in Serbia in 2014 with a sample of 5,385 people aged 18-64 years (excluding AP Kosovo and Metohija). The results indicate that drug use in Serbia is still at the low level comparing with the majority of the European Union countries. Around 8% of adult population in Serbia had used any illicit substance during their lifetime, with drug use being more common among young people 18 to 34 years-old (12.8%). Cannabis is the most frequently used illicit substance. Use of other substances, such as amphetamines, cocaine and MDMA/ecstasy among general population is less common in Serbia. The survey examined also use of new psychoactive substances (NPS) among general population, however only 0.1% of young people indicated use of any NPS during the last year. The survey on lifestyles of the population of Serbia, which was conducted in 2018, is the second national survey conducted on a sample of 2,000 inhabitants adult population aged 18–64 (without AP Kosovo and Metohija). According to the results 9.3% of the population aged 18 to 64 used an illegal psychoactive substance during their lifetime, with a higher prevalence among the population aged 18–34 (12.5%). Drug use in the previous 12 months was less represented and amounted to 2.1% among the population aged 18–64 and 3.4% among the population aged 18–34. The most used drug is cannabis with a prevalence of 8.9% in the population aged 18 to 64. Use of other drugs is rare. Less than two percent (1.9%) or 2.5% of the population aged 18 to 34 have ever used an illegal drug in their lifetime. The most commonly used drug, with the exception of cannabis, is ecstasy, which was consumed by 1.0% of the population during its lifetime.

European School Survey Project on Alcohol and Other Drugs (ESPAD)¹ was conducted in 2008, 2011 and 2019. Available data indicates that illicit substance use, in particular prevalence rates for lifetime use of cannabis, of illicit drugs other than cannabis and of inhalants was lower among Serbian students than on average in other ESPAD countries. The survey shows that 8.6% of Serbian students had used an illicit substance during their lifetime.

¹ <http://www.espad.org/espad-report-2019>

In 2008 and 2011 the National HIV/AIDS Office estimated the prevalence of People Who Inject Drugs (PWID). Based on this method, estimates were found to be as 30,383 PWID aged between 15 and 59, within a range of possibly 12,682 to 48,083 PWID in Serbia in 2009. The estimated prevalence of IDUs in Serbia was thus 0.7 % of the population aged between 15 and 59.

Studies reporting estimates of high-risk drug use (2014) shown that there were around 20,500 PWID(95% CI 16 300-27 700) in Serbia in 2013. It is considered that most, if not all, of them use opioids.

The number of cases diagnosed/registered as F11–F19 (mental and behavioural disorders due to psychoactive substance use) in primary healthcare was 8,109 in 2011; 8,301 in 2010. In secondary and tertiary healthcare, the number of people hospitalized due to F11–F19 was 1,987 in 2011; 2,447 in 2010.

In 2014, a total of 494 clients entered treatment in Serbia, most of them were placed in outpatient treatment. However, it is worthwhile to note that more than a half of first time treatment clients were treated in inpatient settings. A majority of the clients entered treatment due to opioid use. In 2014, around a third of clients who entered treatment were first-time clients (135 out of 464). On average, new treatment clients had initiated use of their primary substance being 20 – 21 years old, and entered treatment after 10 years of drug-using experience. Injecting remains a common route for administration for almost 45% of first-time and all treatment clients. In 2015, 2,312 persons received opioid substitution treatment in Serbia; of them 1,460 received methadone and 852 – buprenorphine –based medication. Available data indicate that the number of Opioid substitution therapy (OST) clients has increased since 2011, when 1,430 clients in the OST received methadone and 79 – buprenorphine. In 2020 a total number of 5,917 clients received OST.

As of 31 December 2011, a total of 128 people were receiving substitution treatment while in prison. In 2014, a total of 343 drug users and in 2015, a total of 320 drug users received treatment in the Special Prison Hospital. In 2014 in all prisons in Serbia 413 people were receiving substitution treatment while in 2015 that number was 487. According to the Ministry of Justice, Administration for the Enforcement of Penal sanctions/Special prison hospital, the total number of people who were receiving substitution treatment while in prison is 1,604: in 2018, 341 people, in 2019, 455 people, in 2020, 405 people and in 2021, 403 people.

According to the Institute of Public Health “Dr Milan Jovanović Batut“, 178 newly diagnosed HIV cases were reported in 2015, which is a 37% increase in comparison with 2014. Of all the cases with a known transmission route (90%), 2.5 % were PWID, which is the lowest proportion ever notified. The number of newly reported cases of acute hepatitis B virus (HBV) infection continued a declining trend (154 cases in 2015 versus 429 cases in 2001). Information on the mode of transmission was available in 74 diagnoses acute and 326 chronic Hepatitis C virus (HCV) cases reported in 2015. Of these, injecting drug use, which is highly likely to be causally linked to the diagnosed HCV cases, was reported for 34 acute and 78 chronic HCV cases. In 2013 Biological and Behavioural Surveillance Survey (BioBSS)² was carried out in Belgrade, Novi Sad and Nis using a respondent-driven sampling method and rapid tests of full blood samples for HIV and HCV. The results indicate that prevalence of HIV decreased between 2008- 2013 in Belgrade (from 4.7% to 1.5%). Prevalence of HCV antibodies among the sample PWID in Belgrade has also decreased between 2008-2013, from 74.8% to 61.4%. Data from treatment demand register indicate self-reported HIV prevalence among those entering drug treatment in 2014 and having lifetime experience of drug injecting at 1.8%, while around 41.5% were infected with HCV.

² Biological and Behavioral Surveillance Survey is a community-based systematic survey designed to assess risk behaviours and the prevalence of HIV and other sexually transmitted diseases among the most-at-risk populations, in order to improve tracking of the HIV epidemic and program planning.

According to the official data reported in the period 2008 - 2019 to the Statistical Office of the Republic of Serbia ³ from the consequences related to drug use 735 people died (research conducted in co-operation with the Drug Policy Network in South East Europe DPNSEE and the Institute of Public Health “Dr Milan Jovanović Batut”). According to the official data, there were 47 drug-induced death cases in 2018 and 57 in 2019. When it comes to the number of drug-induced death cases per million inhabitants, in 2018 was 6,73, while the number of drug-induced cases in 2019 was 8.21. When it comes to drug-induced deaths by gender, there were 39 cases in 2018 and 50 cases in 2019 of men who died from the consequences related to drug use, while 8 women in 2018, and 7 in 2019 died from the consequences related to drug use. Statistical Office of Republic of Serbia reported 11 cases of death related to harmful use, and 36 cases of death related to acute intoxication during the 2018. When it comes to drug-induced deaths in 2019, there were 21 cases of death related to harmful use, and 36 cases of death related to acute intoxication. Regarding the death from harmful use, there were 47 cases of death related to use of several substances, while in 97 cases death occurred as a result of opiate consumption. In 212 cases, the death occurred as a result of accidental poisoning, while in 325 cases the death occurred as a result of an event with indefinite intent. Among the substances that caused poisoning, in 206 percent of cases the poisoning occurred as a result of heroin use, while in 122 percent of the cases the poisoning occurred due to the use of unlabelled psychodysleptics. During 2018, there were reported 9 cases of drug-induced deaths between the ages of 30 and 34, 15 cases between the ages of 35 and 39, while in 2019 there were 15 cases between the ages of 30 and 34. and 12 cases between 35 and 39 years

In 2015, two needle and syringe programs distributed 17,900 syringes to PWID in Serbia.

Being located on the Central Balkan trafficking route, Serbia is primarily considered as a transit country for drugs. However, in recent years outdoor domestic production of herbal cannabis and indoor production of ‘skunk’ has been increasingly reported. It is believed that some synthetic stimulants but possibly also new psychoactive substances are produced in clandestine laboratories in the country. In 2012, two small kitchen laboratories for local synthetic drugs production were discovered. In 2013, an illegal laboratory for the production of the synthetic drug methaqualone had been detected and dismantled.

In the period 2018-2021, the total amount seized drugs had an upward trend, while in 2018 the total of the seized drugs amounted 3.4 tons, in 2019 seized drugs amounted 7.3 tons, in 2020, 6.6 tons and in 2021 till September 2.4. In 2019 there were 10,816 criminal charges for offense related to drugs and in 2020 9,230.

Data on purity and prices of seized substances are scarce. The available information suggests that heroin seized at border crossings has a high purity. Herbal cannabis at retail level is usually purchased in quantities from 0.5 to 1 kg, at a price of EUR 1,000 to 1,500 per kilogram. ‘Skunk’ is usually sold in small packages from 0.2 to 0.3 grams for an amount of EUR 8 to 10, while the price of 1 kg ranges from EUR 3,000 to 4,000. Price for a kilogram of heroin is between EUR 19,000 to 22,000, while the retail price at street level for a gram is between EUR 20 to 25. Synthetic psychoactive substances usually are cheaper, thus the price for a tablet of MDMA is between EUR 3 to 5 in Belgrade and Novi Sad, but the price may increase to EUR 10 in smaller towns. Price for a kilogram of amphetamine is around EUR 3,000. The price of cocaine ranges from EUR 40,000 to 50,000 for one kilogram, or between EUR 80 to 100 for a gram at the retail level.

³ [DPNSEE Report on drug-induced deaths in Serbia 2008 – 2019](#)

4. Assessment of the implementation of recommendation from the mid-term evaluation and achievements of the objectives of the Strategy and Action Plans

The draft Action Plan for the implementation of the Strategy on Prevention of Drug Abuse for the period 2018-2021, based on OCD inputs to the evaluators, was not formally adopted due to technical-administrative issues. Although the Draft Action Plan for the Implementation of the Strategy on Prevention of Drug Abuse for the period 2018-2021 has not been formally adopted, the institutions have carried out activities within their competence, in order to achieve the goals of the Strategy.

The findings of these interviews are reported below in a structure following five activity fields defined by the Strategy: demand reduction, supply reduction, coordination, international co-operation and research, monitoring and assessment.

4.1. Drug Demand Reduction

4.1.1. Priority area: Prevention

Specific objectives in the field of prevention are the following:

1. Awareness increase and level of knowledge of the citizens on risks and consequences of use of psychoactive controlled substances;
2. Increase of quality of program for universal prevention and improvement of system of implementation and coordination of preventive activities among children and youth;
3. Increase of availability and quality of the program of selective and indicated prevention;
4. Increase of availability and quality of prevention program at work;
5. Strengthening role and capacities of the local self-government units and civil society for abuse prevention.

Key evaluation questions assessment– summary

Drug demand reduction programs require strong empowerment in coordination of implementation of Draft Action Plan activities. Although, compared to the previous period, co-operation in the implementation of addiction prevention programs has improved in some segments, additional efforts are needed both in coordinating implementation of prevention activities and programs and in exchange and flow of information between competent authorities on activities in particular between the OCD and the Ministry of Health.

A Prevention programs concept is still based mostly on universal prevention in schools settings as well as on providing information for the general public about the consequences of drug use. Steps to support a systematic approach to building a quality assurance system for prevention programs and their scientific basis, have been launched through several different international projects under the coordination of Ministry of Health and Institute of Public Health “Dr Milan Jovanović Batut”. Also, implementation of the Strategy and Draft Action Plan had a positive impact on strengthening the role and capacities of local self-government units, primarily thanks to OCD, by encouraging the implementation of a number of prevention projects at the local community level to ensure a uniform prevention minimum activities.

The Strategy has provided support and influenced some but significant progress in this area. Nevertheless, there are still obstacles to full implementation of the objectives, primarily due to undefined financial structure intended for the implementation of the Strategy and Draft Action

Plan, as most stakeholders do not have specifically allocated funds for implementation in their budget items. On the other hand, there is a lack of professional and financial support to civil society organizations (CSOs) that are only in some segments involved as partners in creating strategic guidelines for prevention. In addition to the above, according to the available information, the capacities and resources for the implementation of prevention programs have not increased compared to the previous period, which also affected the implementation of the measures.

Experts believe that the Strategy in this filed maintains the real state of play and that the planned activities are relevant, as well as that it provided a framework for planning, development and implementation of prevention programs in accordance with needs.

Potential measures for the new Strategy and Action Plan

The general opinion of the respondents was that priorities in the prevention field in the new Strategy should be focused on additional education of experts involved in implementation of prevention programs on quality and science-based programs, further work on building prevention standards and linking them to funding, ensuring tools and training for the evaluation of existing programs, the establishment of a transparent system of accreditation of prevention programs implemented in educational institutions, introduction of annual program funding of CSO projects, education how the media should report on this topic.

Progress of implementation of recommendation from the mid-term evaluation and objectives of the Strategy and Action Plans

Related to implementation of the recommendation from the mid-term evaluation (*need for establishing adequate co-operation model in the field of prevention, more emphasis on evidence based programs and quality standards, larger implementation of selective and indicated prevention interventions, to hold regular meetings on specific topics and 'communication platform' between the OCD, Ministry of Education, Science and Technological Development, Ministry of Health, Ministry of Interior and Public Health Institute "Dr Milan Jovanović Batut" to ensure effective exchange of information and common lines of action, to develop guidelines/criteria for funding of prevention projects, strengthening the quality of the CSO prevention programs by targeting education on preparing and drafting the projects, promoting evidence base practice, regular information exchange between non-governmental and governmental sector*), certain progress has been made.

Co-operation in the area of Prevention between the Ministry of Interior, Ministry of Health, Ministry of Education, Science and Technological Development and Institute of Public Health "Dr Milan Jovanović Batut" is well developing. Co-operation takes place in accordance with legally defined competencies, and some bodies have agreements on co-operation for implementation of specific projects. Participants assessed that activities are carried out in a satisfactory manner under the coordination of Ministry of Health and support of the OCD, whose role they evaluate very positively. Information is disseminated through the network of the Institute's county services, trainings for experts and training of educators are conducted through projects that are mostly financed by the EU, OSCE and UNODC.

In 2018, the Commission for Combating Drug Addiction in Schools was established by the Government of the Republic of Serbia. The President of the Commission is the Minister of Health, and the members are Minister of Interior, Minister of Justice, Minister of Education, Science and Technological Development, Minister without Portfolio in charge of Demography and Population

Policy, Minister of Social Affairs and Minister of Youth and Sports. The task of the Commission is to implement a prevention strategy in the educational system; to prepare programs to raise awareness about the harmfulness of drug use. The Commission may engage experts to implement the activities, and reports on its work to the Government every 3 months. With the support of the Commission; a methodology for prevention work with young people was developed in accordance with UNODC standards, teams were formed and trained to work with students and parents and teachers in school forums (48 teams - health, education, police, social, justice), a survey was conducted on the level of students' knowledge about the harmful consequences of drug use on a sample of 11,850 students, and in co-operation with the Ministry of Education, Science and Technological Development, instructions for action in primary and secondary schools in case of drugs in school were developed. Also, the media campaign "Stayclean" and "Life YES, drugs NO" were conducted. In addition to the above, the Ministry of Education, Science and Technological Development, in co-operation with UNODC, implements projects aimed at families, as well as programs related to strengthening the skills of adolescents. The programs recommended to schools for implementation are in the catalogue and are accredited by the Institute for Improvement of Quality of Education⁴, but schools may also choose some other programs for implementation. The school has autonomy to determine which program will be released to school regardless of the approval of the Institute. They believe that there are several programs aimed at indicated and selective prevention, but the lack of indicated and selective prevention programs is still present. There are also programs aimed at working with families, as well as programs for training professional associates and building their skills. Although the Institute for Improvement of Quality of Education grants approval for the implementation of programs in schools, there are a large number of programs implemented by CSOs that do not have this approval because this is still not an obligation. The Institute for Improvement of Quality of Education issues licenses for the education of teaching staff, not for projects of CSOs that involve working with children.

The OCD also carries out a number of prevention activities, currently implementing in co-operation with the UNODC a project "Listen first" intended for lower grades of primary school and preschool institutions. It is implemented with the support of OCD, as a strategic partner of the project in co-operation with the Ministry of Education, Science and Technological Development, the Ministry of Family Welfare and Demography, the Ministry of Labour, Employment, Veteran and Social Affairs, the Ministry of Culture and Information, the Standing Conference of Towns and Municipalities, UNICEF, the Red Cross of Serbia, other public administration bodies and youth associations. The project is accredited by the Institute for Improvement of Quality of Education. Also in co-operation with local communities, OCD is implementing the "Cities without Drugs" project, but the problem is the lack of resources at the local community level for more active implementation of the necessary programs. Also, although several programs are implemented, there is still a lack of information and mutual communication with other institutions, and a lack of project evaluation.

A National Operational Plan - Analysis of school-based drug use prevention strategies against the UNODC-WHO International Standards on drug use prevention has been developed in 2020. The Expert Instruction for planning the prevention of drug use among students, binding for all schools, has been prepared, making the Plan for the Prevention of Psychoactive Substance Abuse an integral part of the Annual Work Plan of all primary and secondary schools, as well as the Report on the Implementation of the Annual Plan. The National Operational Plan was prepared in co-operation with UNODC, and contains an overview of prevention programs implemented in Serbia with an indication of which of these projects are sustainable and which meet quality standards.

⁴ <https://ceo.edu.rs/>

Furthermore, the assessment provides a list of the institutions and organizations that are actively involved in supporting the drug use prevention education platform. Collected data on drug use prevention strategies will allow closer understanding of the characteristic of the strategies, targeted groups or individuals and envisaged implementation modality. Identified strategies will be contrasted against the UNODC-WHO International Standards on drug use prevention thus enabling the identification of gaps for improvement both in terms of content alignment as well as availability. The assessment, commissioned by the Ministry of Health was based on a comparative analysis of qualitative and quantitative data provided by institutions in charge of implementing prevention programs, following UNODC-WHO International standards on drug use prevention. According to OCD, they were included in the working group for the development of National Plan, but were not aware of the entire process of its adoption nor was the final version provided to them by the Ministry of Health. The Ministry of Education, Science and Technological Development and Ministry of Interior stated that they were not familiar with this document.

According to the Ministry of Health, the Institute of Public Health “Dr Milan Jovanović Batut” has prepared guidelines / criteria for financing projects at the local level for local governments based on the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) guide for quality standards that includes lists for assessing whether the program meets general quality standards and to what extent. The material was finally not distributed as after it had been developed, new process of developing quality standards began, which included a broader consultation process. Although a checklist of standards has been prepared, it proves to be difficult to implement due to the lack of preconditions for their application in practice, which includes training on standards, evaluation and greater funds to provide support for the implementation of projects that meet the standards. The OCD did not participate in the drafting of this document. The Ministry of Education, Science and Technological Development has prepared and adopted a Protocol for dealing with the presence and use of psychoactive substances in educational institutions. Within the National Center for Poison Control of the Military Medical Academy, a program for the prevention of drug abuse and other addictive substances is planned and developed at the level of the Ministry of Defence and the Army of the Republic of Serbia. The Ministry of Culture and Information provides support to production and broadcasting of media content through the financing projects in the field of public information, which includes topics related to addiction prevention. Topics also focus on betting, internet addiction and youth.

One of the problems is still lack of sustainable prevention program financing, as there are no regular tenders. Representatives of CSOs pointed out that information exchange between non-governmental and governmental sector is not satisfied. They have very good co-operation and support from the OCD and recognize them as partners. The OCD has launched several initiatives aimed at strengthening CSOs’ role in the implementation of the prevention program, from the proposal to Ministry of Health that a representative of the civil society participate in the work of the Governmental Commission for Combating Drug Addiction in Schools, which was not accepted, to the proposal to Ministry of Justice to allocate addition funds to civil society projects but this was also not supported. They pointed out that in future it is necessary to define a clear and transparent system of accreditation and financing of prevention programs implemented by civil society and to introduce programming financing and transparency of priorities for which funds are allocated within the tender. Civil society organizations have taken the initiative to include funding for their programs in local national health plans (drug-free cities).

4.1.2 Priority area: Treatment and Reintegration

Specific objectives in the field of treatment and reintegration:

1. Improving legislation, rules and standards;
2. Improving quality and efficiency of treating addictions;
3. Improving quality and increasing availability of early detection measures and intervention;
4. Increasing capacities and scope of treatment program, with the emphasis on institutional therapy;
5. Improving quality and availability of treating addictions at institutions for execution of penal sanctions;
6. Providing continuous benefit support for addicts;
7. Improving quality and increase of availability of social reintegration measures.

Key evaluation questions assessment– summary

Expressed opinion is that Strategy has influenced the further empowerment and building of services in this area. The obstacle to the full implementation of the planned activities is that most stakeholders do not have specially planned funds for their implementation on their budget items. In this area, too, it is necessary to further strengthen communication and exchange of information between the Ministry of Health and OCD, and between all professionals involved in addiction treatment system, especially in terms of monitoring and improving the treatment. Treatment programs are implemented through an organized system of health care in public health care institutions, and is free of charge. Drug treatment includes medical detoxification, psychosocial treatments and medication-assisted treatment. Although certain progress has been made compared to the previous period, which is primarily reflected in better quality and availability of treatment services and OST and more systematic connection and co-operation of service providers, it is necessary to continue further development and invest additional capacities in creating treatment and rehabilitation interventions tailored to users as well as in appropriate post-penal and rehabilitation programs. There is also a need for adoption of planned legal acts and regulations, as well as a stronger inclusion of Social Welfare Centres in the implementation of activities.

The assessment is that the realization of goals of the Strategy and activities of the Action Plan was partly contributed by projects implemented in co-operation with international organizations under coordination of Ministry of Health, but more concrete progress related to the development of early intervention and diagnosis, programs after prison sentence and adequate counselling and treatment programs for minors and non-problematic users, is not done.

Most respondents believe that the treatment and rehabilitation system still needs to be strengthened. This is particularly evident in the co-operation between the health and social systems in providing support to CSOs implementing resocialization and rehabilitation programs. Although co-operation has improved over previous periods, frameworks defining the roles of individual stakeholders are still lacking. Also, program standards and related appropriate legal and accreditation criteria for the operation of therapeutic communities and associations that provide treatment, resocialization and harm reduction programs are still not defined. Also there is a lack of financial and professional support from line ministries to establish a foundation for building a sustainable infrastructure for non-institutional care and to develop a network of institutions to support resocialization.

The existence of strategic documents is assessed as an important tool for connecting all systems in charge of providing treatment and rehabilitation services.

Potential measures for the new Strategy and Action plan

Based on the opinion of participants, the priorities for the new Strategy in this area should be reflected in a clearer definition of the role of penal institutions in the implementation of treatment and psychosocial interventions for addicted prisoners, additional training of professionals involved in implementing interventions, developing evidence-based psychosocial intervention, treatment programs for people with dual disorders, minors, women, addicts in prisons, postpenal programs, establishment of a transparent system of accreditation of programs implemented in associations and therapeutic communities, introduction of annual program funding to CSO projects, develop a network of institutions to support resocialization and housing communities for addicts.

Progress of implementation of recommendation from the mid-term evaluation and objectives of the Strategy and Action Plans

Related to implementation of recommendation from the mid-term evaluation *(development of quality standards, protocols and procedures together with need assessment for clients with specific needs, development guidelines for treatment of drug users in prison, introduce possibility of beginning a substitution treatment programme in prison, continuation of legal reform in order to provide better health/social outcomes, strengthened social reintegration and rehabilitation programs, defining regulations and standards for licensing institutions that provide treatment and rehabilitation programs and funds for rehabilitation services offered by civil society organizations encouraging CSO to design and implement programs for social reintegration projects, ensuring adequate counselling and treatment programs for minors and non-problematic users, as well as postpenal programs, training and capacity building on the standards)* they were only in small part implemented.

Coordination in the field of treatment between Ministry of Health, Institute of Public Health “Dr Milan Jovanović Batut“, Regional Referral Centres for Addiction and addiction hospitals was assessed as better than in the previous period and it was pointed out that co-operation with the social welfare system has improved in terms of better understanding of the treatment process. The communication of health and prison institutions caring for addicts with CSOs is better than in previous years. The National Drug Monitoring Centre at the Ministry of Health collaborated with the EMCDDA on the development of a simplified data set for the treatment demand indicator called TDI-Light. The complete set of TDI variables was not requested for the 2020 and 2021 EMCDDA data collection years. For this purpose technical upgrade of the existing data collection system is underway and establishing new methodologies for collecting data on treatment kept in the National Register of Addicts at the Ministry of Health. During the last two years during the COVID-19 pandemic, the National Drug Monitoring Centre has experienced some challenges accessing data from some treatment centres, reflecting the need for enhancing national level data collection.

The assessment of the participants is that the treatment system has improved with greater availability and coverage of intervention and OST. The exemption is OST with buprenorphine, which is just partially covered by the health insurance for a limited number of patients. OST is available in 24 treatment centres countrywide which follow national Guidelines for substitution treatment of opiate addicts (with methadone and buprenorphine). Guidelines for psychosocial treatment of substance addiction have been available since 2008. The number of people using OST in health system is continuously increasing and about 6.000 people are on OST. There is still a lack of appropriate programs for minors and non-problematic drug users, as well as comorbidity treatment programs for which there is a great need. Many young people who are stimulants user

and who have been transferred by courts to addiction treatment need interventions that would be appropriate to their needs. Dual diagnoses are also an increasing problem as well as finding appropriate hospitalizations for such patients. Also, continuous testing of addicts for infectious diseases is carried out, among which Hepatitis C is represented with the highest percentage.

Training programs for health professionals dealing with addiction treatment are continuously implemented. In co-operation with UNODC, the Ministry of Health conducted training of physicians, in order to develop a program for early detection and early intervention.

When it comes to analysing the current legislation and drafting amendments to treatment of addiction, as well as the analysis of the normative framework for the implementation of harm reduction programs, work is underway in co-operation with the European Commission through PLAC 3 project⁵ which analyses existing programs in the field of prevention, treatment and reduction of damage in order to develop a Rulebook on prevention, treatment and reduction of damage in accordance with the recommendations of the European Commission. The holder of this activity is Ministry of Health, but it does not include representatives of OCD, nor experts from the health, prison and non-governmental sectors who provide addiction treatment services. The aim of project is, among other things, to map existing health services for the treatment of addiction, in order to define a plan of programs and standards for treatment, resocialization and recovery.

In co-operation with UNODC, the Ministry of Health implemented a project "Mapping of services for the treatment of adolescents with substance use disorders". Having in mind the necessity of developing and strengthening the capacities of services, as well as programs for treatment of juveniles who use psychoactive substances, the project determined the existing capacities in Serbia through the mapping of services for treatment of adolescents with substance use disorders. The main objective of this research was to collect information on substance abuse treatment systems, their characteristics, use by clients and staff, service quality management, interventions and types of services provided, as well as their prevalence. Part of the research is dedicated to the collection of information on the treatment system for adolescents below the age of 18, with a view to reviewing the existing capacities and planning the improvement of treatment programs for juveniles who use psychoactive substances.

Co-operation between addiction health care institutions and penal institutions has also been improved, either through co-operation in treatment while the person is serving a prison sentence or after leaving the institution when referral to addiction treatment centres is continued. As part of the Council of Europe project "Strengthening the Protection of the Rights of Persons Deprived of Liberty in RS", doctors from the Special Prison Hospital participated in workshops with Council of Europe experts and representatives of the Ministry of Health to develop individual treatments and treatment programs for persons deprived of their liberty with mental disorders. Within the EU-funded Council of Europe project "Horizontal Facility for the Western Balkans and Turkey" in the section "Strengthening the protection of human rights of persons deprived of liberty", manuals for training of treatment staff in all institutions were printed (general cognitive - behavioural, Specialized program for group work with drug addicts, Program for perpetrators of violent crimes, Program for perpetrators of domestic violence, Specialized program for group work with alcohol addicts).

⁵ PLAC III project is providing legal assistance to the Government of the Republic of Serbia in the process of harmonisation of the national legislation with EU acquis through amending the existing and drafting new legislation. <https://euinfo.rs/plac3/en/about-the-project/>.

Substitution therapy in prison settings is available in accordance with the Guidelines but with certain improvements still limited only to prisoners who were on therapy prior to entering the prison. Plans to have discussions on the issue of limited therapy in prisons and try to reach a solution in co-operation with the responsible ministries has not been realized. Psychosocial treatment programs are also implemented in prisons, and quality co-operation with CSOs in the field of resocialization programs is emphasized. For the purpose of realization of the mentioned co-operation, the network of associations concluded an agreement with the Ministry of Justice to support the provision of gradual acceptance through programs financed through the OSCE / UN project.

Activities focused on social reintegration are still not fully supported by responsible ministries and have not been implemented or implementation is in progress. One of the reasons that could contribute to this is that there is no stable funding to CSOs that usually run this type of programs. The OCD also contributed to the strengthening and interconnection of the system in order to provide post-penal and recovery programs at the local community level. The OCD has taken an active role in connecting CSOs with relevant institutions and local community members in the implementation of treatment and recovery programs. OCD in co-operation with the Association "Izlazak", within the project "I choose recovery", organized the signing of the Protocol on the Establishment of Multidisciplinary Teams with six local government units: Loznica, Šabac, Sremska Mitrovica, Bor, Majdanpek and Novi Pazar. The Protocol on the Establishment of Multidisciplinary Teams aims to establish co-operation and coordination of relevant actors at the local level in protecting the rights of vulnerable categories affected by or at risk of addiction and implementing alternative measures and programs to help and support recovery from addiction while respecting their best interests. Multidisciplinary teams in local self- government units aim to develop a platform and support bodies for vulnerable categories affected by the problem of addiction so that actors can support each other in efforts related to addiction, which are both for the benefit and mutual interest of the local community and users.

In relation to the social welfare system, it is necessary to continue strengthening the capacities of social welfare centers for the implementation of activities aimed at developing programs for children and youth with drug addiction in the social welfare system. Centres also provide certain types of services to drug users 'population, but active co-operation between institutions responsible for the implementation of treatment interventions and Social Welfare Centres has not yet been well developed. Centres are not sufficiently included in the implementation of social support activities either during the treatment process or during the social reintegration phase. The activities planned in this area, for which the Ministry of Labour, Employment, Veteran and Social Affairs was in charge, were not carried out. According to information obtained during the interviews, the Ministry was reorganized in such a way that the new Ministry of Family Welfare and Demography took over these tasks relating to children and young people in the social welfare system, which has made implementation difficult. Also, the insufficient involvement of the social welfare centres in the post-penal programs and monitoring programs of psychosocial support and housing care during the resocialization process was pointed out. This is due to fact that the category of addicts is not recognized in the social welfare system as a special user group, but their rights and interventions are provided within the regular protection of social rights as well as other groups of beneficiaries. The development of housing communities for addicts who do not have where to stay or live after completing treatment was highlighted as one of the disadvantages for a successful recovery process. Also, the lack of a legal framework for the development of social entrepreneurship that would be additional support to associations involved in the implementation of resocialization activities are still present.

Although a draft of the Law on Social Entrepreneurship has been prepared, within which social cooperatives for the employment of persons who have completed an addiction treatment program have been recognized as a category, it has not been referred to the adoption procedure.

Program standards as well as accreditation criteria for Treatment Centres (TC) and providing financial and professional support to the work of existing therapeutic communities are still issues that need to be adequately addressed in the new strategic documents. Appropriate legal definition of the status of TC and their inclusion in the network of service providers was considered within various initiatives, but no concrete actions were taken.

Communication channels between CSOs and those responsible for implementing measures in this area have improved in the previous period. In coordination with OCD, annual meetings are held with associations related to the implementation of individual projects. Although OCD initiates the development of co-operation between associations and competent bodies and the discussion of priorities, there is still a lack of support for the discussion and solution of problems that arise in practice that require the creation of appropriate interventions.

4.1.3. Priority area: Harm Reduction

Specific objectives in the field of harm reduction:

1. Achieving sustainability of harm reduction program;
2. Increasing availability of harm reduction program;
3. Improving legal framework related to availability of measures for harm reduction;
4. Improving availability of immunization against virus hepatitis B among injecting drug abusers;
5. Increasing HIV treatment availability and virus hepatitis C infection;
6. Increasing availability of treatment of virus hepatitis B infection;
7. Increasing availability of prevention and treatment of infectious diseases among drug abusers at institutions for execution of penal sanctions and serving alternative sanctions.

Key evaluation questions assessment– summary

The Strategy and Draft Action Plan activities planned in this area are either ongoing or not implemented. Although certain progress has been achieved, this area still requires systematic improvements both in institutional and programmatic terms. According to the information of the representatives of the competent bodies in charge of this area, but also the representatives of CSOs that implement harm reduction programs, in the previous period no significant approach was taken to the realization of the priorities defined by Strategy and Draft Action Plan. It is assessed that the implementation of the objectives of Strategy and the activities of the Action Plan were partly contributed by projects that were implemented in co-operation with international organizations or are being implemented in coordination with Ministry of Health.

Potential measures for the new Strategy and Action Plan

Future priorities of an action plan in this area are defining the legislative framework for the implementation of harm reduction programs and the provision of financial mechanisms to support these programs, standardization of programs and accreditation of CSOs that implement these programs, introducing harm reduction programs for user of NPS and stimulants, ensuring the implementation of science-based programs to prevent overdose, ensuring wider availability of infectious disease therapy to all groups of drug users who need it, ensuring the sustainability of the implementation of harm reduction programs.

Progress of implementation of recommendation from the mid-term evaluation and objectives of the Strategy and Action Plans

Related to implementations of the recommendation from the mid-term evaluation (*strengthening availability and accessibility of counselling services and testing on HIV and other sexually transmitted and blood-borne diseases, further elaboration and transposition into structured programs at national level concept of harm and risk reduction , joint action and discussion with CSOs and other service providers to find adequate solution and overcome the detected problems, mutual recognition and stronger co-operation between public and non-governmental services in this area*), are still at the beginning of the implementation process.

Although on several occasions CSOs sent an initiative to Ministry of Health, which was also supported by OCD, to start discussion on accreditation of programs, there was no activity on this issue in the period 2017-2021.

With the aim of defining the legislative framework for implementation of harm reduction programs and the provision of financial mechanisms to support these programs, work is underway in co-operation with the European Commission through PLAC 3 project which analyzes existing programs in the field of prevention, treatment and reduction of damage in order to develop a Rulebook on prevention, treatment and reduction of damage in accordance with the recommendations of the European Commission. The possibility of defining the standards and conditions for accreditation of the HR program implemented by CSOs in this Rulebook is being considered, but more specific information was not available to the evaluators. Expanding the possibilities of harm reduction programs among drug users in institutions for the execution of criminal sanctions and alternative sanctions is also part of this project. NGO and representatives of prisons, according to the information obtained during the interview, are not included in these project activities.

Anonymously collecting drug testing samples to protect public health and wider availability of naloxone was highlighted by representatives of CSOs as one of the priority activities that should be in the focus of the competent authorities in order to reduce the number of deaths caused by drug overdoses.

Financial mechanisms to support harm reduction programs, based on the report of the Ministry of Health, is carried out through a competition for CSOs every year. The funds are provided through the Global Fund⁶ but a sustainable solution to ensure the financing of these programs from national sources of funds has not yet been defined. The free distribution of needles and syringes and drop-in center services are again available thanks to Global Fund funds.

Testing measures to prevent infectious diseases are regularly conducted within the HIV Centers while there is also wider testing in the prisons and prison hospital in co-operation with certain CSOs and public health institutions. The Institute of Public Health "Dr Milan Jovanović Batut" and local public health institutes provide tests for infectious diseases. As a rule, only HIV and syphilis are tested, Hepatitis B testing is done in some cases of mandatory testing, while hepatitis C costs are incurred if the user is at least 1 to 2 years in abstinence.

The Institute of Public Health "Dr Milan Jovanović Batut" has prepared a document "Prevention in key populations at risk of HIV: service standards and education". According to information from CSO representatives that participated in its preparation, the document has been prepared but is

⁶ <https://www.theglobalfund.org/en/>

not in use as the defined standards are set too high in relation to the existing circumstances and a revision of the document is underway.

The activity refers to increasing the availability of measures for prevention and treatment of infectious diseases among drug users in institutions for the execution of criminal sanctions and alternative sanctions carried out by the Ministry of Justice is also in progress.

The implementation of activities in this area shows insufficient involvement of CSOs in the process of drafting strategic documents.

4.2. Drug Supply Reduction

Specific objectives in the field of drug supply reduction:

1. Reducing level of crime in the field of drugs, particularly organized crime;
2. Improving communication and co-operation between law enforcement authorities;
3. Establishing special co-operation mechanisms between the General Police Directorate and Customs Administration;
4. Improving system of control of legal drug and precursor handling;
5. Improving legislative framework and practice for storage and destruction of drugs and precursors;
6. Increasing capacities and improving capabilities of human resources working in the area of precursors control and drug supply reduction;
7. Equipping legislative authorities with appropriate equipment.

Key evaluation questions assessment– summary

In the area of Supply Reduction, interviewees stated that objectives and actions of the Strategy and corresponding Draft Action Plan reflected to drug-related problems which is covered by the Strategy. Both documents were found to be useful in raising awareness and encouraging comprehensive responses to drug problems. The participants pointed out the good inter-ministerial co-operation in the field of drugs. The participants stated that co-operation takes place continuously and within the framework of regular work between relevant stakeholders in this area. Regarding operative work of law enforcement agencies, documents did not influence activities related to suppression of illicit trafficking in drugs. Activities listed in the Draft Action Plan are mainly performed as part of the regular work of law enforcement agencies.

In the Sub-field: *Drug and Precursors Control System*, majority of actions are completed or partially completed. Since 2017, a lot of progress has been made in this area. The Drug and Precursors Control System is recognized as an important area in drug issues in general. Activities related to Drug and Precursors Control System are also part of Chapter 24: Justice, Freedom and Security of the negotiation process of Serbia with the EU. It is worth noting that an Early warning system for new psychoactive substances has been established.

Potential measures for the new Strategy and Action Plan

In the new Strategy interviewees would like to see a focus on strengthening human and financial resources for all stakeholders, more activities on in-depth knowledge on emerging trends especially in relation to new psychoactive substances and new modalities of drug markets (e.g. sale on surface and deep web), regarding new psychoactive substances for law enforcement agencies more trainings and education, strengthening information exchange and operation from National

Early Warning System on New Psychoactive Substances, need of procurement of technical equipment necessary for daily work of drug squads, need to increase human resources especially in the field of mobile units and customs officers at the airport.

Progress of implementation of recommendation from the mid-term evaluation and objectives of the Strategy and Action Plans

Related to implementation of the recommendation from the mid-term evaluation (further building of administrative capacities in respective law enforcement services, specialized training activities offered by international organizations or bilateral partners, foreign language courses should be provided, necessary technical equipment for law enforcement operation, IT office equipment is of huge relevance for monitoring new developments on virtual drug markets, module of training on NPS for a wider range of police and customs professional should be developed, and related available information (especially on types of NPS, main effects, possible risks for professional like in the case of fentanyl derivatives, origin, production/packaging sites, vendors, marketing, street names, seizures in other countries, legal status etc.) progress has been made.

Activities to combat drug supply and availability are focus on all levels of this type of crime: organized drug crime and money laundering related to organized crime in the field of drugs, street reduction, combating the establishment of open drug scenes and strengthening regional and international co-operation in the field of organized crime.

Positive developments have been made in this area, especially with regard to the Drug and Precursors Control System. The Ministry of Interior has strengthened the capacity of the Anti-Dug Service and conducted training on joint investigation teams in drug trafficking cases by organized criminal groups and conducted a financial investigation in parallel with the criminal investigations. Participants from the Ministry of Interior have stressed that joint investigation teams need to include operational teams and the Republic Public Prosecutor's Office. In order to include larger number of police professionals working on drug-related crime in different specialized training activities offered by international organizations or bilateral partners, within the Ministry of Interior foreign language courses are provided. It was mentioned that limited knowledge of English language among significant proportion of police officers prevents them to more exhaustively use training possibilities that are offered by various international organizations but also that foreign language courses for interested police officers are conducted in the Ministry of Interior. It was emphasized that knowledge of English is related to the job position being performed in the Ministry of Interior. Police officers have no obligation to know English and knowledge of English is not a pre-condition to becoming a police officer.

The Ministry of Interior, in co-operation with the Ministry of Finance, provided Spot tests for the preliminary identification of new psychoactive substances on the field, for the needs of the Police Directorate and the Customs Administration. The tests were used only during 2018 because the test results could not be used in court, additional expertise was needed. The police officers attended special training and a brochure on the use of SPOT tests was made. Rapid drug tests are suitable for testing drivers for drugs in traffic but for continued use it is necessary to provide sufficient financial resources. Necessary technical equipment for law enforcement operation should be purchased and available EU pre-accession funds might be used for that purpose.

Participants from Customs Administration pointed out the growing appearance of “mules” at the airport from South American countries and the need to strengthen technical and human resources at the airport.

The exchange of information between the bodies enforcing the laws in the field of drug-related crime has been done continuously.

The Ministry of Health stated that the adoption of the Decree related to the procedure of storage and destruction of confiscated psychoactive substances as well as the drafting of the Decree related to the procedure of storage and destruction of confiscated precursors is in progress. This goal is also covered by the Action Plan, Chapter 24: Justice, Freedom and Security. It is important to differentiate the competencies of the Ministry of Health and the Ministry of the Interior regarding the destruction of precursors, with special emphasis on financial resources.

Developing capacities for secure storage of seized drugs and precursors and appropriate process for their destruction has already been recognized as one of the top priorities. The Ministry of Health stated that there is no facility for the destruction of precursors in Serbia, but it is exported through authorized operators in co-operation with the Ministry of the Interior and the Ministry for Environmental Protection, and that creating the facility for storage and destruction of seized precursors. During the implementation of activities in the field of improving the legislative framework and practice of storage and destruction of drugs and precursors, it turned out that this goal could not be precisely defined due to solving current issues in this area, thus these activities arising from this goal could not be implemented in the foreseen period. The activities necessary to achieve this goal will be redefined by the relevant institutions in the period of time provided for their implementation. There is no information on when the facility will be ready and operational.

The Serbian National Early Warning System (NEWS) is established in the Centre for Monitoring Drugs and Drug Addiction in the Ministry of Health. The Centre is responsible for coordinating the NEWS in Serbia, which includes establishing co-operation with national partners, further developing the NEWS, planning and monitoring the implementation of activities, collecting and disseminating information, and reporting and communicating with the EMCDDA. According to the NEWS protocol, all risk communications, including formal notifications on NPS, received from the European EWS are transmitted to the Commission for Psychoactive Controlled Substances⁷ for risk assessment and decision-making. Given that the Protocol states that one of the objectives of NEWS is to communicate risks to relevant national institutions and partners, it is necessary to forward all relevant information collected by the EMCDDA to all NEWS participants in a timely manner and continuously (for example once a month). Information should reach all levels of the system, including CSOs and representatives of local government.

Effective control of chemicals that can be used for illegal drug production is an important factor in preventing illicit drug production and consequently reducing the supply of drugs. Since these substances are in regular circulation and are used in large quantities in the chemical, pharmaceutical, cosmetic and similar industries, it is necessary to implement legal interventions to prevent their illegal outflow. This includes systematic supervision of production entities (raw materials, technologies), scientific and research entities (raw materials, laboratory equipment), import, export and transit of certain goods and chemicals / precursors (quantities and purposes).

⁷ Representatives of Ministry of Defence, Ministry of Health, Ministry of Youth and Sport, Ministry of Education, Science and Technological Development, Ministry of Justice, Ministry of Labour, Social and Veterans Affairs, Ministry of Finance, Ministry of Culture and Information, Security Information Agency, Ministry of Internal affairs, Office for Combating Drugs, Individual experts

Special focus should be on the permanent supervision of the international trade in these substances, the co-operation of authorized state bodies and manufacturers of substances, traders and carriers in order to detect suspicious shipments and attempts to use precursors illegally. Furthermore, it is necessary to keep complete records of cross-border trafficking in precursors, exchange information with relevant authorities of other countries and international institutions, as well as mutual co-operation of relevant state bodies.

Given the increasing number of new psychoactive substances on the drug market, special focus should be on detection of activities related to the internet drug market and trafficking by postal packages.

It is necessary to carry out activities related to the detection of financial transactions, i.e. the flow of money acquired through illegal trade and the disclosure and enabling the prosecution of organized groups and legal entities involved in money laundering acquired through smuggling and resale of illegal substances.

4.3. Coordination

Specific objectives in the field of coordination:

1. Establishing and improving coordination mechanisms with local self-governments;
2. Increasing level of co-operation with civil society organizations;
3. Supporting Action Plan with special financial mechanisms.

Key evaluation questions assessment– summary

In the area of Coordination, actions have been partially implemented. The OCD has a key role in coordinating the implementation of the Strategy. Responsible institutions have appointed their contact points for co-operation with the OCD, with whom OCD now closely works on specific subjects.

The main critical weak point for ensuring the sustainability of policies and systems responsible for their implementation is still issue of coordination and co-operation between competent authorities. The same requires redefining the existing competencies between the OCD and Ministry of Health. Therefore, one of the priorities that needs special attention in the future is definition and delineation of competencies and responsibilities in the implementation of activities between these two bodies.

A key issue in the area of coordination is a clear division of responsibilities, powers and obligations of institutions relevant to the field of drugs. One of the underlying problem is shared responsibilities and powers between the various sectors in charge of implementing drug policy, that complicate the process of co-operation and coordination, which affects the achievement of strategic goals. It should improve co-operation, communication and motivation among stakeholders, establishing an effective model of cross-sectoral co-operation, exchanging information and strengthening the coordination system among institutional stakeholders.

In addition, it is necessary to establish a coordination and financial framework for drug policy implementation at the local level and intensified collaboration with local self-government.

It is necessary to redefine the institutional, legislative and financial framework for the implementation of the integrated drug policy not only in improving the quality of policy

implementation, but also in the opportunity to ensure central planning and monitoring of planned strategic goals. That will significantly contribute to unified planning and more efficient allocation of funds, which will ultimately be more cost-effective.

Potential measures for the new Strategy and Action Plan

In the forthcoming period and in the new Strategy, it is necessary to define a clear coordination structure for drug policy implementation followed by defined relations between and roles of all key players (OCD, Ministry of Health, Commissions), reporting obligations with clear deadlines, structure and type of information and data on implementation of measures that stakeholders are to provide, precisely define the amounts of financial resources that are secured by individual institutions responsible for implementation.

Progress of implementation of recommendation from the mid-term evaluation and objectives of the Strategy and Action Plans

Related to implementation of the recommendation from the mid-term evaluation (*role of the Government Commission on Psychoactive Controlled Substances should be revised, establishing an inter-ministerial commission at level of the Government with a political mandate should be explored, tasks of the existing Government (and other relevant) Commissions should be harmonized with the competencies of the OCD, revise and clearly define the responsibilities, authorities and the mutual relations between the existing Commissions and the OCD, OCD has to increase its administrative capacities, fine mechanism to communicate with the local level should be installed as well in co-operation with the relevant ministry and partners at the local level*) insufficient progress has been made.

The key role in coordinating, supervising and monitoring the effectiveness of the implementation of the Strategy is within the scope of the OCD, with the obligation to conduct regular evaluations of the quality and effectiveness of the program in co-operation with other state administration bodies. Being a service of the Government of the Republic of Serbia, OCD's Director is responsible directly to the Prime Minister to whom they submit the report on activities and operation of the institution.

By the Law on Psychoactive Controlled Substance (PCS), the Ministry of Health is in charge of the following tasks in the field of psychoactive controlled substances: issuing a license to perform the activities of an authorized laboratory; giving consent for conducting preclinical testing; issuing a decision determining the reference laboratory; determining the fulfilment of conditions and issues a permit for the production or trade of psychoactive controlled substances; issuing a permit for the export or import of a psychoactive controlled substance; giving consent for the placement of a psychoactive controlled substance for scientific research; approving the use of drugs containing psychoactive controlled substances before starting a clinical trial of the drug; determining the manner of storage of seized psychoactive controlled substances that have been used for illicit purposes and determines further treatment with them; keeping registers and records in accordance with this Law; monitoring and analysing the supply of the market with psychoactive controlled substances; taking measures to improve the situation in the field of application of psychoactive controlled substances in the field of medicine and for scientific purposes; co-operating with state administration bodies competent in the field of psychoactive controlled substances; monitor the consumption of psychoactive controlled substances in health care institutions and private practice; co-operating with institutions and associations in the field of psychoactive controlled substances; co-operating with legal and natural persons, as well as with

local self-government units and provides information and professional instructions for the implementation of regulations in the field of psychoactive controlled substances; informing the public about the impact of psychoactive controlled substances on human health, risk mitigation measures and safe use of psychoactive controlled substances; monitoring international and domestic program activities in the field of psychoactive controlled substances; providing professional and administrative-technical support to the Commission; monitoring and preparing programs in the field of psychoactive controlled substances; monitoring scientific achievements in the field of psychoactive controlled substances; implementing the policy of the Government, actions and programs for prevention, reduction of consumption and reduction of damage caused by the use or abuse of psychoactive controlled substances; submitting to the Government annual reports on the work and situation in the field of psychoactive controlled substances; adopting guides to good practice in the field of psychoactive controlled substances and supervising the implementation of this Law.

By the Regulation on the establishment of the OCD, the OCD performs professional, administrative and operational tasks for the needs of the Government and tasks that are joint to the ministries and special organizations, and which are related to the fight against drugs. The OCD coordinates the work of state administration bodies in the field of drugs, as well as monitors and coordinates the work of relevant commissions and other working bodies in the field of drugs. The OCD monitors the occurrences, considers issues, prepares and initiates the adoption of an appropriate act and performs other tasks related to the application of regulations in the fight against drugs. The OCD participates in the preparation of the draft Strategy for Combating Drugs as well as the Draft Action Plan for the Implementation of the Strategy, coordinates the activities of the Action Plan and monitors the implementation of the Strategy and Action Plan. The OCD participates in drafting laws, other regulations and acts regulating the field of drugs and harmonizing regulations in this area with European Union regulations, considers issues and makes recommendations and proposals for the implementation of international conventions in this field. The OCD monitors and participates in activities related to the participation of the Republic of Serbia in the work of EU bodies and the United Nations in the field of drugs and coordinates the system that includes collecting objective, comparable and reliable data on drugs, coordinates and monitors existing methodology for collecting, analysing and availability of data on drugs and the fight against their abuse and proposes their improvement and harmonization in accordance with the recommendations of EMCDDA. Based on the collected and submitted data, the OCD prepares standardized and annual reports on drugs. The OCD participates in the preparation, monitoring and implementation of projects financed from European Union funds and projects of other international organizations related to the scope of work of the Office and proposes the distribution of funds from the budget of the Republic of Serbia to combat drugs. The Office gives a preliminary opinion in the process of adopting general and special programs and measures for the fight against drugs, programs for addiction treatment and care for users and drug addicts, submitted by the competent ministries and other competent bodies. The Office co-operates with state administration bodies and local self-government units, social protection institutions, educational, cultural, health, scientific and other institutions, religious communities, and other associations in the process of proposing and implementing preventive measures and education related to the fight against drugs.

The above-mentioned responsibilities of the Ministry of Health and the OCD show overlaps in the area of work of the two institutions.

There are several commissions at the national level that are responsible for different aspects of drug policy. Based on the provisions of the Law on PCS, the Government set up the Commission on Psychoactive Controlled Substances with the task to harmonize professional attitudes in the field of drugs, as well as to provide expert opinions in accordance with the Law on PCS. Members of the Government Commission are representatives of ministries responsible for health, education, internal affairs, labour and social affairs, defence, youth and sport, culture, justice, agriculture and veterinary, local self-government, as well as prominent experts in the field of drugs. It plays a key role in NEWS and makes recommendations to the Ministry of Health on placing the NPS under legal control. The government also set up a Commission for Control of the Procedure for the Destruction of Seized Psychoactive Controlled Substances, which comprises representatives of ministries responsible for health, internal affairs, environment and finance – customs administration. The Republic Commission for Treatment and Prevention of Addiction Diseases is main advisory and coordination body in the field of addiction prevention and treatment. In 2018, the new Commission on Combating Addiction in Schools was established by the Government of the Republic of Serbia. The President of the Commission is the Minister of Health, and the members are Minister of the Interior, Minister of Justice, Minister of Education, Science and Technological Development, Minister without Portfolio in charge of Demography and Population Policy, Minister of Labour, Employment, Veteran and Social Affairs and Minister of Youth and Sports. The task of the Commission is to implement a preventive strategy in the educational system, i.e to prepare programs for the implementation of activities to raise awareness about the harmfulness of drug use. The Commission may engage experts to implement the activities, and reports on its work to the Government every three months. The Commission operates based on the Rulebook of the Ministry of Health, which regulates the work of all Commissions that are being set up for different areas within the competence of the Ministry of Health.

One of the specific objective in the field of coordination is establishment and improvement of coordination mechanisms with local self-governments. Having in mind the different approaches of local authorities to the drug problem, as well as the organization of local authorities, OCD, based on experiences and meetings held in local governments, prepares a unique model of co-operation that would be functional in co-operation with all local authorities in Serbia. Currently, six protocols on co-operation have been signed between OCD and the local authorities. OCD in co-operation with the Association "Izlazak", visits local governments, exchanges experiences with bodies and representatives of the organizations on the local level involved in the drug problem, and participates in the formation of multidisciplinary teams on the local level. Loznica is example of good co-operation and coordination with local authorities, who already had an action plan for drug prevention on the level of local self-government.

4.4. International Co-operation

Objectives stated in the Strategy referring to the field of international co-operation:

1. Continuous harmonization of legislation of the Republic of Serbia with legal acquis of the European Union;
2. Taking over and implementing all obligations towards the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA);
3. Regular and active participation in work of international bodies and EU agencies in charge of drug problem;

4. Strengthening regional co-operation, i.e. bilateral co-operation with countries of particular interest for Serbia, particularly in the area of suppressing smuggling of drugs and precursors through strengthening co-operation with relevant international organizations;
5. Inciting more intensive involvement of Serbian experts in international gatherings and projects, aimed at promotion of the national system, but also promotion of Serbian experience and good practice internationally.

Key evaluation questions assessment– summary

In the field of International Co-operation objectives and actions of relevant strategic documents are in line with the real needs. Most of the actions have been fully implemented. A number of competent bodies that have in line with the Draft Action Plan been designated as responsible of certain measures in this segment, are active in the field of international co-operation.

The OCD has been involved in the implementation of international co-operation activities since its inception. Good relations of co-operation have been established with international institutions such as the UNODC and Southeast European countries through regional activities (regular meetings and consultations with the representatives of state institutions in the countries of the region).

Potential measures for the new Strategy and Action Plan

In the forthcoming period in new Strategy is necessary to ensure the process of continuously harmonizing the legislation of the Republic of Serbia with the *acquis*, strengthen regional co-operation, i.e. bilateral co-operation with countries of special interest to the Republic of Serbia and co-operation with relevant international organizations.

Progress of implementation of recommendation from the mid-term evaluation and objectives of the Strategy and Action Plans

Related to implementation of the recommendation from the mid-term evaluation (*clearly divide tasks, to regularly exchange information on international requirements and to coordinate multiagency participation, continue to develop good regional and international police co-operation*) positive progress has been noticed.

All relevant institutions have established good co-operation with international organizations in the field of drugs. This is confirmed by regular participation in meetings, trainings, submission of annual reports and exchange of good practices. The Ministry of Health established co-operation with relevant international institutions and organizations. Since the OCD participates in international relations, it is important to clearly divide the tasks between all actors, to regularly exchange information on international requirements and to coordinate multiagency participation.

The OCD has launched an initiative to establish co-operation with the Pompidou Group of the Council of Europe. The OCD has continuous and active co-operation with the UNODC in Serbia, both in the realization of seminars, trainings, and in the participation in projects, study visits, etc. In 2020 the EMCDDA and Serbia signed a new Working Arrangement. The Working Arrangement originates in a request, in April 2019, from the OCD. After receiving the favourable opinion of the European Commission on the draft text in December 2019, the EMCDDA Management Board mandated the Director to sign the agreement.

Serbia's co-operation with the EMCDDA operates through the National Monitoring Centre for Drugs, located within the Ministry of Health. Furthermore, the Ministry of Health cooperate with Task Force for precursors within the EU, the UNODC, the Pompidou Group and the WHO.

The Ministry of Interior cooperates with all relevant international institutions. In the organizational structure of the Ministry of Interior, there is Administration for International Police Co-operation at the Police Directorate, which is specially divided into co-operation with INTERPOL, EUROPOL and the Southeast European Law Enforcement Center (SELEC). Special departments/units have been set up within the ministry to co-operate with individual organizations. Most international police investigations are related to the "parallel investigations" model, not so much to joint investigation teams. Ministry of Justice and Eurojust signed a Co-operation Agreement in December 2019.

4.5. Research, Monitoring and Assessment

Objectives referring to the field of research, monitoring and assessment:

1. Creating conditions for regular monitoring of the state of play in the area of combating drugs;
2. Delivering data that are necessary for decision making within the drug policies;
3. Identifying new trends appearing in the field of drugs.

Key evaluation questions assessment– summary

In the field of Research, Monitoring of Strategy most of the actions have been partially implemented. Participants from their respective area of work gave a brief overview of the situation in the area of Research, Monitoring of the National Drug Strategy.

According to the indicators used by the EMCDDA, it is particularly necessary to support international standardized research. In order for the research to be comprehensive and thus contribute to a better understanding of the problem of drug abuse, it will include different populations - research in the general population, research in risk groups (young people going out to nightclubs, high school students, students). It is necessary to make meaningful use of research results to develop measures to reduce demand and reduce drug supply.

Monitoring the state of the drug problem requires constant development to ensure the availability, quality and comparability of relevant information, and is based on standardized, regular and timely collection of data and information from relevant bodies and civil society organizations in accordance with their scope of work. The main purpose of monitoring trends of the drug problem is to produce standardized reports on trends and developments, which at the national level serve as a basis for decision-making and implementation of adequate measures, while at the international level contribute to creating a global picture of the drug phenomenon.

Potential measures for the new Strategy and Action Plan

Experts emphasized that one of the key priorities for the new Strategy in this area should be research activities for which appropriated financing should be allocate, better communication and closer co-operation between all NEWS stakeholders and exchange of information generally related to monitoring and conducting research.

Progress of implementation of recommendation from the mid-term evaluation and objectives of the Strategy and Action Plans

Related to implementation of the recommendation from the mid-term evaluation (*ensured that the National Drugs Monitoring Centre NDMC is provided with adequate number of full time staff members that would receive solid training in line with their tasks and responsibilities, functional Reitox⁸ national focal point needs appropriate budget for monitoring activities which besides routine data collection require conduct of different research and also support to key partners in the national drugs information network in fulfilling their duties (e.g. trainings, software, IT equipment, literature), communication between the NDCM and key partners as well as among partners has to be intensified, memorandums of understanding are advised to be signed and special communication protocols put in place where appropriate, action plans on national drug monitoring system should be regularly produced, to clearly divide tasks in data collection and reporting to the national structures and European/international organizations, further efforts in developing key epidemiological and supply indicators are needed, research activities should be promoted and strongly supported by coordinating authorities, mechanism for monitoring implementation of the National Drugs Strategy and the Action Plan should be developed, obliging all responsible stakeholders to report in well-structured format*), certain progress has been made.

The NDMC was established by a Government Decision in 2015 at the Ministry of Health. The Centre is the national Focal Point for the EMCDDA. It is stated that the Ministry of Health has to regularly prepare and forward the National Drug Report to the EMCDDA. Also, it was emphasized that GPS and ESPAD researches are conducted on a regular basis. The GPS in 2014 was conducted with EMCDDA support, while in 2018 a smaller but comparable survey has been fully covered by national resources. The Institute of Public Health of Serbia “Dr Milan Jovanović Batut” (IPH) has also included drug prevalence question into the Health Interview Survey, which will likely be repeated. The 2019 ESPAD was co-financed by the EMCDDA. When it comes to conducting periodic bio-behavioural research in defined populations at increased risk, including injecting drug users, according to the IPH, the preparatory phase was completed in 2020, but the field part of the research could not be realized due to the current situation in connection with the COVID 19 pandemic, and it is planned to realize research and prepare reports with results and recommendations during 2021.

Estimates of problem drug use are periodically implemented by IPH and the last estimate was done in 2014 by a multiplier method. Previous estimates (2008, 2012, 2013) are not comparable as they were based on different methodologies and provided wide- ranging estimates. The Ministry of Health runs the Registry of Treated Drug Addicts in line with the TDI Protocol 3.0. Data are collected from treatment centres and some therapeutic communities, but information exchange still functions on voluntary basis and only a proportion report the data. A positive development in the area is that a new software solution is being developed to make TDI more accessible. Establishing a system for monitoring mortality caused by the use of psychoactive substances, as well as a special mortality register, on which a report was submitted to the EMCDDA in accordance

⁸ Reitox is the European information network on drugs and drug addiction created at the same time as the EMCDDA. The abbreviation 'Reitox' is derived from the French 'Réseau Européen d'Information sur les Drogues et les Toxicomanies'. Members of the Reitox network are designated national institutions or agencies responsible for data collection and reporting on drugs and drug addiction. These institutions are called 'national focal points' or 'national drug observatories'.

with the requirements and deadlines by the Ministry of Health, are positive efforts in developing key epidemiological indicators.

As part of the activities to improve the system for collecting data from routine surveillance of certain infectious diseases, Reports on Infectious Diseases in the Republic of Serbia have been prepared and are available on the IPH website. The system is more advanced for HIV monitoring than for other viruses. For example, the latest bio-behavioural survey only monitored HIV in target populations, while HCV, which is more common, has not been tested for. Similarly, the reporting form on diagnosing testing in Voluntary Testing and Counselling centres does not list injecting drug use among the monitored routes of transmission for HCV. The IPH has prepared a methodology for conducting a periodic assessment of the prevalence (size of the total population) of high-risk drug users. A new assessment is planned for 2022 using data from a bio-behavioural survey among people who inject drugs in Belgrade and available program data.

The Military Medical Academy (VMA) - National Centre for Poison Control is included in the Early Warning System for new psychoactive substances. In that sense, the centre provides support in the care of patients with intoxication from new synthesized psychoactive substances, as well as in the analysis of these substances in biological material and in a solid form.

5. Conclusions and main priorities recommendation for the new Strategy

Based on findings and conclusions, there is still a lot to be done in the future and priorities that need to be considered for the new Strategy and Action Plan 2022-2027. The current Strategy and Action Plan which expired by the end of 2021 is considered in some parts successful in addressing the key priorities and issues that were set. The range of issues addressed in the previous Strategy were considered relevant to Serbia's drug problems.

The status of the actions was gauged by interviewees representing some, but not all ministries. The information obtained during the interviews shows that there are significant difficulties in the flow of information and obtaining data on which activities were performed and which were not, since individual bodies have different and sometimes contradictory information on the implementation of certain AP activities related to the same activity. This makes it difficult to monitor and assess the achievement of the objectives of the Strategy, since for certain activities from the AP there are no clear indicators that would indicate whether the activities have been carried out.

Recommendation *Evaluating strategy implementation should be planned and conducted over a longer timeframe with more methods to answer additional evaluation questions beyond relevance and implementation. It is necessary to adequately plan and allocate resources for next mid-term or/and final evaluation well in advance in order for it to provide a more thorough assessment and guidance on the way forward*

Although there were some positive developments of policies and services in a number of areas, due to external developments and/or organizational challenges, some were less developed or could be strengthened. In all areas of national drugs policy, there is a need for more significant and serious engagement of resources and staff for planned activities realization. This concerns especially future allocation of concrete funds with budget lines in responsible ministries for the implementation of the Strategy and exploring the feasibility of having a dedicated budget for the next national drugs strategy and action plan.

Recommendation *OCD together with Ministry of Health shall start consultation process with responsible ministries to seek a dedicated strategy budget during the future preparation of the new Strategy and Action Plan. Outcomes of the PLAC III project (development of Rulebook on Prevention, treatment and reduction of damage in accordance with the recommendations of the European Commission) should be shared with the OCD and used together with the Ministry of Health to feed into the budgetary needs analysis for the next Strategy*

Also, a critical weak point for ensuring the sustainability of policies and systems responsible for their implementation is the issue of coordination and co-operation between competent authorities. Following on from this, redefining the existing competencies between the OCD and Ministry of Health as legally defined coordinators, is necessary

Recommendation *The OCD and Ministry of Health should prioritise defining and delineating competencies and responsibilities in the implementation of activities in the new Strategy.*

The next Strategy and Action Plan should be based on a “logic models approach”⁹ and provide the starting format and structure for annual progress implementation reviews. Also there is a need for the next Strategy to have connectivity with other government strategies to provide synergies in the implementation of common strategic goals and actions. Some other strategic planning documents that are active and/or planned should be considered in the development of the next Strategy. This process could also involve consultation on what pre-existing actions from other strategies can be incorporated into the new Strategy and Action Plan, as well as identifying the reasons why some actions from the last Action Plan were not implemented in order to decide what actions should continue or be modified or discontinued in the new Action plan.

⁹ [“Evaluating Drug Policy - A seven-step guide to support the commissioning and managing of evaluations – Chapter 5”](#)

Recommendation *In the next Strategy and Action plan, the objectives, priorities, actions, outputs, outcomes and impacts, as well as indicators for measurement, for each objectives and action should be clearly defined. Also for monitoring the implementation of future Strategy and Action Plan, it would be useful to establish a review structure to ensure continuity between policy cycles and implementation of evaluation recommendations stated in this Report. Such a structure might be coordinated by OCD and Ministry of Health.*

These areas need special attention or prioritization in the next Strategy and Action Plan.

5.1. Drug Demand Reduction

5.1.1. Prevention

A critical issue remains to be the lack of a sustainable co-operation model in the field of prevention. Additional efforts are needed both in the coordination of the implementation of prevention activities and programs, and in the area of exchange and flow of information between the competent authorities on activities that are in progress or have been implemented, in particular between the OCD and Ministry of Health.

Recommendation *Ensure exchange of information by developing guidelines for networking, regular expert briefings and meetings on specific topics as well as a 'communication platform' between the OCD, Ministry of Education, Science and Technological Development, Ministry of Health, Ministry of Interior and Public Health Institute.*

Even though some progress have been made in the improvement of mapping quality prevention programs and strengthening skills of professionals implementing prevention programs, it is still necessary to insist that preventive interventions at the national and local level should be visible, accessible to the target population, sustainable on the long run and delivered by competent providers.

Recommendation *Ensure promotion, dissemination and implementations of proven effective (certified) prevention projects in the education system by the OCD with support of Ministry of Health and the Ministry of Education, Science and Technological Development.*

Recommendation *Consider as a high priority delivery of the Qualitative prevention standards, criteria for funding of prevention projects, tools for programs evaluation as well as introduce and promote selective and indicated prevention interventions.*

OCD should keep the leading role in promoting effective prevention approaches, disseminating information and offering training. Identifying these standards would also improve the process of making funding accessible for non-government organizations and allow for the development criteria for tenders.

5.1.2. Treatment and Reintegration

Although some progress has been made compared to the previous period, which is initially reflected in better quality and availability of treatment services and OST and more systematic connection and co-operation of service providers, it is necessary to continue further development and invest additional capacity in creating integrated treatment interventions tailored to users and post-penal and rehabilitation programs.

In order to provide better health and social outcomes, it is crucial to have consensus on steps and measures that should be considered for further adoption.

Recommendation *Future measures of the new Strategy and Action Plans in the drug treatment and social rehabilitation area, should focus on developing guidelines and quality standards which would support implementation. It is necessary, in accordance with new trends, to develop evidence-based psychosocial interventions for dual disorders (specific measure on the establishment of treatment for dual diagnosis clients should be part of the new Action Plan) as well as for minors, women, addicts in prisons, while also investing more efforts in early interventions and diversification of treatment options.*

Program standards and related appropriate legal and accreditation criteria for the operation of therapeutic communities and associations that offer treatment/resocialization programs need to be defined along with financial and professional support from line ministries in this area.

Recommendation *Consideration should be given to still limit substitution treatment programs in prisons. The recommendation is that OST programs in prisons needs to be expanded. The new Action Plan should include measures on establishing and enhancing continuity, equivalence and care for OST in the prison system.*

Social reintegration and rehabilitation programs need to be strengthened. In order to ensure successful resocialization and reduce the risk of stigmatization and social exclusion, it is necessary to improve the support system. Activities for stronger involvement of national authorities and engagement of social welfare centres and co-operation with CSOs should be considered in future planning.

5.1.3. Harm Reduction

The concept of harm and risk reduction is still missing transposition into structured programs at the national level. Although certain progress has been achieved, this area requires systematic improvements both in institutional and programmatic terms.

Recommendation *Ensure the sustainability of the implementation of harm reduction programs and develop various socio-economic interventions to improve treatment of addiction-related diseases such as infectious (hepatitis, HIV and long-term infectious diseases) and chronic diseases.*

In order to improve the quality and effectiveness of interventions, all civil society, health and social institutions implementing harm reduction programs and activities should strive to meet minimum quality standards.

5.2. Supply Reduction

In order to act comprehensively in the area of Supply Reduction, it is necessary to improve monitoring of the price, purity and content of drugs at different points in the supply chain, which should include drugs purchased from online sources.

Recommendation *Ensure conditions to assess the purity of drugs at each seizure, not just in the case of large quantities. In case current laboratory capacities are not able to implement the above recommendation, it is necessary to find a transitional model in order to obtain information on the purity of the drug.*

Given that the national the Serbian National Early Warning System (NEWS) is established in the Ministry of Health, in order to obtain timely information on new psychoactive substances but also warnings issued by the EMCDDA, it is necessary to strengthen the exchange of information within the network of the NEWS (especially information on types of NPS, main effects, possible risks for professional like in the case of fentanyl derivatives, origin, production/packaging sites, vendors,

marketing, street names, seizures in other countries, legal status etc.). NEWS should include the Customs Administration and not only the national focal point for co-operation with the EUROPOL, as well as the Service for Combating Organized Crime within the Criminal Police Administration. Police officers and customs officers working directly in the field with drugs should be familiar with innovations in the drug area in order to ensure their effective responses. An integrated approach to suppressing illicit drug trafficking is of unprecedented importance, and therefore joint efforts of law enforcement services (at national and international level) should be further encouraged.

It is necessary to improve the coordination of the NEWS system and the exchange of information between all levels of the NEWS. The OCD as the body in charge of coordinating drug policy in the Republic of Serbia should be included in the NEWS and continuously receive all information related to the NPS.

Given the growing appearance of NPS, it is necessary to consider the possibility of compiling a generic list of drugs under legal control in order to put individual groups of drugs under legal control, and not each substance separately as is currently the case.

In this area, the next National Drug Strategy should be in line with the Strategic Police Plan 2022-2025, which is being developed, especially with regard to drug-related issues.

Statistical data of the Ministry of Interior are submitted to the OCD and the Ministry of Health upon request. It is recommended that all data needs to be submitted on a continuous basis to the relevant institutions (for example once a month).

Regarding the growing appearance of “mules” at the national airport from South American countries, there is a need to strengthen technical and human resources at the airport. Due to insufficient human and financial resources, insufficient results are observed in the monitoring of this issue. Co-operation between customs, police and health also needs to be strengthened. In general, more education and training is needed for the customs service to function even more effectively.

5.3. Coordination

With the aim of efficient functioning of the whole system, it is necessary to establish a clear division of responsibilities, competence and obligations of institutions relevant to the field of drugs especially the OCD and the Ministry of Health. The Law on Psychoactive Controlled Substances which indicate the scope of work related to the field of drugs of the Ministry of Health and the Regulation on establishment of the OCD are overlapping with the different roles of the Ministry of Health and the OCD in drug policy coordination and related activities.

There are several commissions at the national level that are responsible for different aspects of drug policy. It is necessary to avoid the establishment of Commissions for specific areas related to drug issues and ad hoc activities, given the scope of work of the OCD. Otherwise, there is an overlap of activities and unclear defined obligations and scope of the work of the Commissions and the OCD.

Recommendation *The Government (and other relevant) Commissions should harmonize its tasks with the competencies of the OCD, which are already defined by the Regulation on its establishment. It is necessary to revise and clearly define the responsibilities, competences and the mutual relations between the existing Commissions, Ministry of Health and the OCD. Potential feasibility of a revised legal basis outlining the system, roles and responsibilities could be considered for future development.*

In order to implement effective drug policy coordination at the national level, it would be useful to consolidate all related activities in one institution. Given the scope of work of the OCD provided in its establishing Regulation, the OCD should perform all tasks related to coordinating drug policy. This includes systematically monitoring drug phenomena, and performing professional, analytical, advisory and other tasks related to the drug related problem. For this purpose, it would be useful for the National Drug Monitoring Center to be part of the OCD. Also, the fulfilment of obligations towards relevant international organizations such as the EMCDDA and UNODC should be coordinated by the competent authority, the OCD.

Strengthening the coordinating role of OCD and giving it legal powers and responsibilities would improve co-operation between national and local stakeholders and the quality of monitoring the implementation of all activities.

The OCD as the expert governmental body should be considered to be given authority to create national policies, guidelines, and programs related to implementation of planned activities. The need to strengthen the role of the OCD, and its reorganization into a coordinating body with greater powers could create added value to ensure central planning and monitoring of the implementation of planned strategic objectives. This would significantly facilitate policy implementation as there would be a central body with the authority and responsibility to consolidate all data on the implementation of activities. Although there are different EU experiences and approaches in organizing drug policy coordination, centralizing coordination powers in one operational body dealing only with that policy area is proving to be a more effective option to ensure the sustainability of national policy objectives, especially in environments where the system is not yet fully in line with all existing EU standards.

Extending the mandate of the OCD would contribute to unifying coordination and ensure greater system efficiency and cost benefits.

Recommendation *The Government should ensure preconditions needed for the implementation of the new Strategy by adapting existing institutional structures to new needs and finding an appropriate coordination model*

The results of this evaluation speak in favour of this. Within this evaluation, it was assessed that the overall coordination process is complex and complicated and the system is less able to address new needs and challenges. New challenges and developments require better management and ad hoc functioning does not contribute to addressing needs and challenges. Due to mentioned mandate issues and vertically organized policy component, cross-sectoral communication, coordination and co-operation between different stakeholders is limited.

Drug policy coordination, with clearly defined roles and responsibilities of all stakeholders involved in drug issues at the national level is the only way to successfully respond to drug-related problems.

Recommendation *It is recommended to define the legal basis for drafting and adoption of the Strategy and corresponding Action Plans with clear legal obligations for all stakeholders to carry out the assigned responsibilities.*

This could strengthen the response and obligation of stakeholders to implement planned activities, keep up with implementation deadlines as well as to respect the structure and type of information and data on implementation of measures and activities that stakeholders are to provide.

The development of local action plans should be encouraged in order to implement the Strategy at the local level. It is necessary at the local level to strengthen professional staff dealing with drug issues (social workers, psychologists, pedagogues); to improve the evaluation and monitoring of measures; to take more action to strengthen prevention and provide systematic support for people in treatment. Co-operation between relevant institutions and local authorities needs to be further encouraged, not only in cities but also in rural areas.

There is no systematic funding of civil society at this moment. The Ministry of Health has a specific budget for CSOs but no one replied to the tender due to a lack of communication and tendering procedures, as well as very low sums that were offered. CSOs mainly apply to external funds. Since there is no systematic financing of activities of civil society organizations in the country, the Ministry of Health should discuss possibilities of revising their structure, process and promotion. Based on the outcomes, a new mechanism of financing civil society organizations should be built. In line with its core function, OCD could take over (supported by human and technical resources of Ministry of Health) coordination of such tendering procedures to ensure maximum transparency in spending public money, cost-effectiveness and increase in quality of services provided by the civil society.

Adequate and sustainable financing should be ensured for the operation of the OCD, especially for the activities that will be foreseen in the next Action Plan. Coordination requires exhaustive and persistent daily communication with decision makers, stakeholders at the national and local level, scientific community and civil society, through various meetings, brainstorming, negotiations, training activities, joint projects etc. This also requires adequate funding.

5.4. International Co-operation

International political and development co-operation in the field of combating drug abuse should be based on effective promotion and promotion of a balanced approach to drug and precursor problems, especially through regional co-operation mechanisms involving all countries along certain smuggling routes (Balkan route), finding possible key partners as well as co-operation with international organizations and EU member states. International participation enables a multilateral form of coordinated and comprehensive offer of various measures, while as part of accession to the European Union through pre-accession programs and EU funds, direct co-operation will be established with the members of the Union.

Given the participation of the OCD and the Ministry of Health in the same international institutions, coordination and exchange of relevant information is needed.

Furthermore, it is necessary to ensure the process of continuously harmonizing legislation of the Republic of Serbia with the *acquis*, as well as strengthening regional co-operation, i.e. bilateral co-operation with countries of special interest to the Republic of Serbia and co-operation with relevant international organizations.

5.5. Research, Monitoring and Assessment

Some progress has been made in this area but there is still much items for improvement. Further efforts in developing key epidemiological and supply indicators are needed.

National Drugs Monitoring Centre is operational but its role should not just be delivery of relevant data to the EMCDDA. The Centre needs to provide all relevant information considered crucial for

policy decision-making and the institutions relevant to the drug problem as well as information on issues of general interest relating to drugs and drug control. In order to meet its objectives, the Centre needs to perform three basic functions, either with its own resources or with the help of other state bodies and experts: collection and monitoring of data at the national level; analysis and interpretation of collected data; reporting and dissemination of results.¹⁰ All relevant information related to the field of drugs should be continuously provided to all relevant stakeholders not just a risk assessment expert group, but to all members of the Commission for Psychoactive Controlled Substances, with special emphasis on timely and continuous delivery of information to the OCD as the main coordinating body for drugs issues.

Recommendation *The OCD should become a member of Commission for Psychoactive Controlled Substances and have access to EWS data and developments.*

Communication between the Centre and key partners as well as among partners has to be intensified. Also, it is important to clearly divide tasks in data collection and reporting to the national structures and European/international organizations. An annual National Drug Report needs to be compiled and submitted to the EMCDDA, but the last available report is from 2017. In 2021 the Ministry of Health participated in the IPA7 Reitox Academy on writing drug reports and the updated Report should be ready for publication in the second half of 2022.

Recommendation *It is necessary to clearly define and outline obligations for drafting and delivering the annual overviews/reports on the drugs situation in Serbia in the next Strategy and Action Plan. These reports should be developed jointly by the OCD, Ministry of Health and Ministry of Interior and be based on reports that each ministry tasked with actions in the strategy and action plan is required to compile and submit.*

Surveys among the general population need to be conducted every four years. It is stated that the last GPS was conducted in 2018 according to the EMCDDA methodology and submitted to the EMCDDA but survey was conducted on less than 3,000 participants and is not fully in line with EMCDDA recommendations. Continuous research on substance use in the general population is extremely important for the purpose of taking measures related to combating the production, processing and trafficking of illegal substances and is the basis for drug policy development at the national and international level.

Recommendation *Coordinating authorities should strongly promote and support the research activities. New studies on specific populations like injecting drug users shall be planned as a measure in the new Strategy and Action Plan, which may be performed by Institute of Public Health "Dr Milan Jovanović Batut".*

Close co-operation between the OCD and the Ministry of Health as well as Centre for Information and Biostatistics is an important prerequisite for formulating evidence-based policy. Different formats of reports and information on drug situation and status in the implementation of drug policy should be adapted to the needs of different audiences (policy makers, professionals, scientists, specific populations etc.).

¹⁰ Establishment of a National Drug Monitoring Center: a joint handbook Luxembourg: Office for Official Publications of the European Union, EMCDDA, 2010

Recommendation *Ensure adequate monitoring and evaluation of all indicators by inclusion of gap analysis of the information systems as individual actions within the new Action Plan in order to further develop information system components*

Pillar	Activates	Completed	Not completed	In progress
Prevention	15	7	5	3
Treatment	12	0	9	3
Harm reduction	13	0	3	10
Supply Reduction	8	5	1	2
Coordination	5	4	0	1
International Co-operation	11	10	0	1
Research, Monitoring and	15	8	0	7

ANNEX 1. REVIEW OF IMPLEMENTATION OF THE DRAFT ACTION PLAN

Assessment.				
Total	79	34	18	27

1. PREVENTION

Activity	Progress	Competent authority
1.Creating model in the field of prevention (connecting all stakeholders involved into prevention- local self-government, healthcare, education, youth and sport, labour and social policy, legislative aspect)	In progress	Office for Combating Drugs
2.Creation and implementation of the national program for prevention of drug abuse at elementary and high schools	In progress	Ministry of Education, Science and Technological Development
3.Implementation of program of addiction prevention at student population at existing counselling offices and services for healthcare protection of students	Not completed	Ministry of Health
4.Preparation of guidelines for prevention program is meant for children and youth at risk within the social protection system	Not completed	Ministry of Labor, Employment, Veteran and Social Affairs
5.Preparing and adopting protocol for acting in case of presence and use of psychoactive substances and educational institutions	Completed	Ministry of Education, Science and Technological Development
6.Preparing and adopting protocol for acting in case of presence of psychoactive substances in institutions for social protection	Not completed	Ministry of Labor, Employment, Veteran and Social Affairs
7.Preparing and implementing guidelines/criteria for project	In progress	Office for Combating Drugs

financing at local level for local self-governments		
8. Enabling and providing information related to drug abuse meant for general and professional public	Completed	Institute for Public Health of Serbia “ Dr. Milan Jovanovic Batut”, Ministry of Health
9.Support for making and broadcasting educational-information TV shows aimed at educating and informing youth, children, parents and other citizens on impact and harmful effects of drugs and other addiction assets	Completed	Ministry of Culture and Information
10.Preparing guidelines/standards/models of programs for prevention of psychoactive substances use at workplace	Not completed	Ministry of Labour, Employment, Veteran and Social Affairs
11.Introducing special protocols aimed at establishing health and working ability of persons undergone substitutional therapy	Not completed	Ministry of Health
12.Implementing prevention programs meant for children and youth	Completed	Ministry of the Interior, Civil Society Organizations
13.Implementing prevention program within the Administration for the Enforcement of Penal Sanctions	Completed	Ministry of Justice/ Administration for the Enforcement of Penal Sanctions, Civil Society Organizations
14.Developing and implementing training program for prison personnel for implementation of specialized program, treatments (programs for addicts, programs for particularly sensitive categories of prisoners)	Completed	Ministry of Justice/ Administration for the Enforcement of Penal Sanctions, Civil Society Organizations
15.Planning and elaborating program for prevention of drug abuse and other means of addiction at the level of Ministry of Defense and Armed Forces of the Republic of Serbia	Completed	Ministry of Defense

1. TREATMENT AND REINTEGRATION

Sub-field: Improvement of Bylaws, Regulations and Standards

1.Analyzing applicable legal regulation and making proposal for amendments related to treating addictions of psychoactive substances	In progress	Ministry of Health
2.Developing standards for screening psychoactive substances	Not completed	Ministry of Health
3.Developing standards for different types and treatment programs	Not completed	Ministry of Health
4.Expanding lists of basic medication comparing to medications used in substitutional therapy and analgesics	Not completed	Ministry of Health

Sub-field: Early Detection and Intervention

Activity	Progress	Competent authority
1.Making guidelines and education of doctors at school infirmaries	Not completed	Ministry of Health
2.Making programs for early detection and early interventions	In progress	Ministry of Health

Sub-field: Developing programs and network of institutions where children and adolescents using psychoactive controlled substances are treated

Activity	Progress	Competent authority
1.Making algorithms for treatment programs for children and adolescents	In progress	Ministry of Health

Sub-field: Improving quality and efficiency of treating addictions

Activity	Progress	Competent authority
1.Making protocols for treating addicts from psychiatric division and somatic comorbidity	Not completed	Ministry of Health

2.Prevention of overdose and other side outcomes	Not completed	Ministry of Health
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Sub-field: Increasing capacities and availability of treatment programs

Activity	Progress	Competent authority
1.Providing normative framework for enabling substitutional therapy at institutions for execution of penal sanctions	Not completed	Ministry of Health, Ministry of Justice
2.Providing sustainability of substitutional therapy at institutions for execution of penal sanctions	Not completed	Ministry of Justice/ Administration for the Execution of Penal Sanctions

Sub-field: Continuity of social support and measure of social integration

Activity	Progress	Competent authority
1.Improving systems for enabling social support to addicts of psychotropic substances	Not completed	Ministry of Labour, Employment, Veteran and Social Affairs, Ministry of Justice, if there is a protocol on co-operation regarding this issue

2. HARM REDUCTION

Sub-field: Sustainability, Availability and Legal Framework for Harm reduction Programs

Activity	Progress	Competent authority
1..Analyses of normative framework for implementation of harm reduction program	In progress	Ministry of Health, Office for Combating Drugs
2.Defining and implementation of financial mechanisms for supporting harm reduction programs	Not completed	Ministry of Health, Office for Combating Drugs, Ministry of Finance
3.Defining quality standards at interventions for harm reduction, including new psychoactive substances	In progress	Ministry of health, Institute for Public Health of Serbia “ Dr. Milan Jovanovic Batut”

4.Analyzing scope of needs for programs for harm reduction at national level	Not completed	Institute for Public Health of Serbia “ Dr. Milan Jovanovic Batut”
5.Harmonizing harm reduction programs according to the analyses findings (activity above)	Not completed	Ministry of Health, Office for Combating Drugs

Sub-field: Prevention and Treatment of Infectious Diseases

Activity	Progress	Competent authority
1.Raising awareness among medical workers and drug abusers in relation with immunization against virus hepatitis B	In progress	Institute for Public Health of Serbia “ Dr. Milan Jovanovic Batut”
2.Measures for promoting guidelines/ standards for treatment of virus hepatitis C in order to increase number of injecting drug abusers on treatments	In progress	Ministry of Health
3.Increasing availability of testing for HIV, HBV and HCV for drug abusers at counselling offices for voluntary confidential counselling and testing	In progress	Ministry of Health, Institute for Public Health of Serbia “ Dr. Milan Jovanovic Batut”

Sub-field: Increasing availability of prevention and treatment of infectious diseases among drug abusers serving sentences of imprisonment and alternative sanctions

Activity	Progress	Competent authority
1.Increasing availability of prevention measures and treatment of infectious diseases among drug abusers at institutions for execution of penal sanctions and serving alternative sanctions	In progress	Ministry of Justice/Administration for the Execution of Penal Sanctions
2.Expanding possibilities of harm reduction programs among drug abusers at institutions for execution of	In progress	Ministry of Health, Ministry of Justice

penal sanctions and serving alternative sanctions		
3.Establishing counselling on overdose risk for drug abusers, before release from institutions for the execution of penal sanctions	In progress	Ministry of Health, Administration for the Execution of Penal Sanctions
4.Development and implementation of training program for prison personnel for implementation of specialized treatment programs (program for abusers, programs for particularly sensitive categories of inmates)	In progress	Ministry of Justice/Administration for the Execution of Penal Sanctions
5.Raising awareness among medical workers and drug abusers at institutions for the execution of penal sanctions and serving alternative sanctions on testing on virus hepatitis B, C and HIV	In progress	Ministry of Health in co-operation with the Ministry of Justice/ Administration for the Execution of Penal Sanctions

4. SUPPLY REDUCTION

Sub-field: Reduction of Crime in the Field of Drugs		
Activity	Progress	Competent authority
1. Strengthening capacities of the Service for Combating Drugs within the Ministry of the Interior	In progress	Ministry of Interior
2. Providing Sport tests for preliminary identification of psychoactive substances in the field for the requirements of the General Police Directorate and Customs Administration	Completed	Ministry of Interior
3. Implementation of training on the topic of joint investigation teams in cases of drug trafficking by	Completed	Ministry of the Interior-Service for Fighting Organized Crime

organized criminal groups and running financial investigation in parallel with criminal		
4. Exchanging information between law enforcement bodies in the area of drug related crime	Completed	Ministry of the Interior- Service for Fighting Organized Crime

Sub-field: Drug and Precursors Control System

Activity	Progress	Competent authority
1. Adopting decree referring to procedure of storage, destruction, seizure of psychoactive substances	Completed	Ministry of Health
2. Preparing programs for precursors destruction	In progress	Ministry of Health
3. Storage and destruction of precursors	Not completed	Ministry of Health
4. Establishing early warning systems	Completed	Ministry of Health

5. COORDINATION

Sub-field: Office on Drugs and Coordination Mechanisms

Activity	Progress	Competent authority
1. Monitoring of Strategy implementation	Completed	Office for Combating Drugs
2. Making recommendations for preparation of action plans at local level	Completed	Office for Combating Drugs
3. Defining system of co-operation with local authorities	Completed	Office for Combating Drugs
4. Making new Draft Action Plan for Combating Drugs 2018-2021	Completed	Office for Combating Drugs
5. Strengthening coordination	In progress	Office for Combating Drugs

mechanisms		
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6. INTERNATIONAL CO-OPERATION

Sub-field: European Integration Process		
Activity	Progress	Competent authority
1. Co-operation with Eurojust	Completed	Ministry of Justice, Office of the Republic
2. Co-operation with Task Force for precursors within the EU	Completed	Ministry of Health
3. Improving capacities of the service for training implementation and participation in joint investigation teams	In progress	Ministry of Interior
4. Making cross-border co-operation projects aimed at exchange of good practice examples in the field of drug abuse prevention at local level	Completed	Office for Combating Drugs

Sub-field: Co-operation with the UN and other international organizations		
Activity	Progress	Competent authority
1. Participation in annual meetings of the Commission on Narcotic Drugs (Vienna)	Completed	Office for Combating Drugs, Ministry of Health
2. Submitting the annual report to the UN	Completed	Ministry of Health
3. Co-operation with UNODC	Completed	Ministry of Health, Office for Combating Drugs
4. Co-operation with the World Health Organization	Completed	Ministry of Health
5. Co-operation with INTERPOL	Completed	Ministry of Interior
6. Co-operation with the	Completed	Ministry of Health

Council of Europe Pompidou Group	In progress	Office for Combating Drugs
7. Co-operation with Southeast European countries through regional initiatives	Completed	Office for Combating Drugs

7. RESEARCH, MONITORING AND ASSESSMENT

Sub-field: Monitoring Centers and Early Warning System		
Activity	Progress	Competent authority
1. Providing funds for operation of the National centre for monitoring state of play in the field of drugs	Completed	The Government
2. Establishing system for collecting data and analyses of the state of play in the field of drugs	In progress	Ministry of Health
3. Preparing and forwarding National Drug Reports of EMCDDA	In progress	Ministry of Health, Monitoring Center

Sub-field: Five Key Indicators of the European Monitoring Centre for Drugs and Drug Addiction and key data groups		
Activity	Progress	Competent authority
1. Implementation of research of general population at each four years	Completed	Ministry of Health, Institute for Public Health of Serbia “Dr. Milan Jovanovic Batut”
2. Implementation of ESPAD Study	Completed	Ministry of Health
3a. Establishing system for monitoring mortality caused by psychoactive substances use.	Completed	Ministry of Health
3b. Establishing special mortality register	Completed	
4. Implementation of periodical bio- behavioural	In progress	Ministry of Health

research at defined populations under increased risk, including injecting drug abusers		
5. Improving system for data collection from routine monitoring over certain infectious diseases	In progress	Institute for Public Health of Serbia “ Dr. Milan Jovanovic Batut”
6. Implementation of periodical prevalence evaluation (size of total population) of risky drug abusers	In progress	Institute for Public Health of Serbia “ Dr. Milan Jovanovic Batut”
7. Monitoring availability and providing measures in the field of harm reduction	In progress	Ministry of Health, Institute for Public Health of Serbia “ Dr. Milan Jovanovic Batut”
8. Collecting data on indicators for supply reduction (seized psychoactive substances, price, purity, crime in the field of psychoactive substances, manufacturing facilities)	In progress	Ministry of Interior
9. Establishing mechanisms for exchanging information referring to new psychoactive substances (early warning system)	Completed	Ministry of Health, Monitoring Centers

Sub-field: Evaluation of drug combating policy		
Activity	Progress	Competent authority
1. Monitoring of the implementation of the Action Plan 2018-2021	Completed	Office for Combating Drugs
2. Mid-term evaluation of Action Plan 2018-2021	Completed	Office for Combating Drugs

3. Final evaluation of Action Plan 2018-2021	Completed	Office for Combating Drugs
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ANNEX 2. LIST OF PARTICIPATING INSTITUTIONS/ORGANIZATIONS

15 November 2021		GROUP ON PREVENTION	
INVITED INSTITUTION/ORGANIZATION		ATTENDANCE	
Ministry of Health - Commission for Treatment and Prevention of Addictive Diseases		<i>excused</i>	
Ministry of Education, Science and Technological Development		<i>online</i>	
Ministry of Labour, Employment, Veteran and Social Affairs		<i>excused</i>	
Ministry of Interior		<i>present</i>	
Ministry of culture and information		<i>excused</i>	
Institute of Public Health "Dr Milan Jovanović Batut"		<i>present</i>	
Ministry of Justice		<i>excused</i>	
Ministry of Defence		<i>excused</i>	
Military Medical Academy (VMA) - National Center for Poison Control		<i>present</i>	
16 November 2021		GROUP ON TREATMENT	
INVITED INSTITUTION/ORGANIZATION		ATTENDANCE	
Ministry of Health - Commission for Treatment and Prevention of Addictive Diseases		<i>excused</i>	
Institute of Public Health "Dr Milan Jovanović Batut"		<i>excused</i>	
Ministry of Justice - Special Jail Hospital- Department for Addictions Treatment		<i>present</i>	
Special Hospital for Addictions		<i>present</i>	
16 November 2021		GROUP ON SOCIAL REINTEGRATION	
INVITED INSTITUTION/ORGANIZATION		ATTENDANCE	
Ministry of Health		<i>excused</i>	
Ministry of Labour, Employment, Veteran and Social Affairs		<i>excused</i>	

Ministry of Justice	<i>excused</i>
<i>16 November 2021 GROUP ON HARM REDUCTION</i>	
INVITED INSTITUTION/ORGANIZATION	ATTENDANCE
Ministry of Health	<i>excused</i>
Ministry of Justice - Administration for the Enforcement of Penal Sanctions	<i>excused</i>
Institute of Public Health "Dr Milan Jovanović Batut"	<i>excused</i>
Ministry of Interior	<i>excused</i>
Ministry of culture and information	<i>online</i>
<i>17 November 2021 GROUP ON SUPPLY REDUCTION</i>	
INVITED INSTITUTION/ORGANIZATION	ATTENDANCE
Ministry of Interior, Service for Combating Organised Crime	<i>present</i>
Ministry of Finance, Customs Administration	<i>present</i>
Ministry of Health	<i>present</i>
Ministry of Justice	<i>present</i>
<i>17 November 2021 GROUP ON COORDINATION AND INTERNATIONAL CO-OPERATION</i>	
INVITED INSTITUTION/ORGANIZATION	ATTENDANCE
Government Commission on Psychoactive Controlled Substances	<i>excused</i>
Office for Combating Drugs	<i>present</i>
Ministry of Health	<i>excused</i>
Ministry of Interior	<i>present</i>
Ministry of Foreign Affairs	<i>excused</i>
Ministry of Public Administration and Local Self-Government	<i>excused</i>
Ministry of Education, Science and Technological Development	<i>excused</i>

Institute of Public Health “Dr Milan Jovanović Batut”	<i>excused</i>
UNODC	<i>online</i>
Local Government(s)	<i>online</i>
<i>17 November 2021 GROUP ON THE ROLE OF CIVIL SOCIETY IN NATIONAL DRUG POLICY¹¹</i>	
INVITED ORGANIZATION	ATTENDANCE
“Association Prevent”-prevention issues	<i>present</i>
Association “Restart”	<i>excused</i>
“Re Generation” – harm reduction, prevention and research issues	<i>present</i>
“Izlazak”- rehabilitation and social integration issues	<i>present</i>
“Drug Policy Network in South East Europe”- prevention, harm reduction and rehabilitation	<i>present</i>
Association “Reto – ima nade”	<i>present</i>
<i>18 November 2021 GROUP ON RESEARCH, MONITORING AND EVALUATION</i>	
INVITED INSTITUTION/ORGANIZATION	ATTENDANCE
Ministry of Health – National Drugs Monitoring Centre	<i>excused</i>
Office for Combating Drugs	<i>present</i>
Institute of Public Health “Dr Milan Jovanović Batut”	<i>excused</i>
Ministry of Interior	<i>excused</i>
Ministry of Education, Science and Technological Development	<i>excused</i>
Ministry of Labour, Employment, Veteran and Social Affairs	<i>excused</i>
Military Medical Academy (VMA) - National Center for Poison Control	<i>present</i>

19 November 2021

INVITED INSTITUTION/ORGANIZATION	ATTENDANCE
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Ministry of Justice	<i>present</i>
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Ministry of Labour, Employment, Veteran and Social Affairs	<i>online</i>
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