
Summary





In the introductory chapter, the author describes the abuse of psychoactive substances in the context of the quality of life and of the organisation of contemporary civilisation which has, in general, together with its system of moral and general values, influenced the growth of drug supply and demand but also the development of the system by means of which that socially conditioned and before all, public health phenomenon would be kept under control and within the limits bearable for the community. In that sense, the elementary data are stated to describe the epidemiologic picture of Croatia in relation to some other countries of Europe.

The second chapter, with numerous available epidemiologic data, describes the very manifestation and the characteristics of drug abuse in the Republic of Croatia. Thanks to many-year tradition of a high-quality epidemiologic work, and also the very development of the addict treatment system, a trend of the latest thirty years has been presented. As early as in 1970, it was only Zagreb to have a specialised department for (illicit) drug addict treatment which is still active with the Clinical Hospital of "Sestre Milosrdnice" in the street of Vinogradska no. 29. In 1990, the phenomenon of drug addicts with the rate of 0.9 on the total of 1,000 inhabitants, was still very favourable. After only a year later, connected with the war against Croatia, after its obtaining independence, and due to the transition and irresponsible political system which has not provided for the assumptions of a qualitative implementation of the program of control, a very fast growth can be followed of the drugs supply and demand, as well, and in that respect, the very phenomenon of the abuse in the young. So, the carried out (ESPAD) researches and others confirmed that the state is somewhere at the average of Europe. Up to the legal age (of 18), somewhat less than 40%

of teenagers will have at least one experience with taking some illicit drug. Among them, 2.4% will have experience with taking heroin. Within the treatment system, the number of treated addicts has increased from some hundred of opiate addicts in 1990, to more than 1,000 in the year of 2000. In the third chapter, the elementary characteristics of drugs abuse are described and the way in which the drug control system has been developed in Croatia. A detailed description of the socially-political context at the time of transition and privatisation “in the Croatian way” was presented and its influence on the change of the quality of life, and through that, on the growth of supply and demand of drugs due to what the rate of addicts was increased from 0.9 on 1,000 of the total number of inhabitants in 1990, to more than 5 in 2004, by means of what our country achieved the phenomenon of the Western countries which had been confronted with the problem considerably earlier. The flow of money to a criminality zone increased to about 2 milliards Kuna per year. In such circumstances, the experts develop the National Strategy which was, under the pressure of the public and international community, accepted by the Government of the Republic of Croatia and the Croatian Parliament in 1996. In the fourth chapter, particular elements of the balanced National Strategy are described within its basic components: the programs of supply reduction and the programs of drug demand reduction. It has been emphasised that stopping the epidemic is possible, in the first place, by empowering the measures of the secondary prevention which must result in the increase of the number of addicts within the treatment. Then, more time and space would be left to the police and other elements of the repressive machinery to deal with real criminals instead of the patients. When, by means of effective repression directed to research, discovery and sanctioning of organized crime and corruption, the drug supply is reduced, and the treatment system reduces the number of criminalised (non-treated) addicts who draw the new young people into the problem, the epidemic is being stopped, and the protection of the youth is improved by strengthening of primarily preventive educational programs through the school-system. Continuing to implement all the three mentioned elementary programs, the community gradually reduces the number of the new cases, preventing through that the epidemic to blaze up again. In the fifth chapter, the institutional conditions as well as the tasks of particular institutions in

the implementing of individual measures foreseen within the National Strategy are described. The school program of addiction prevention and its 10 elements reflecting very adjustable approach in relation to the risk of a very heterogeneous population of children and youth has been described in detail. School prevention, before all, is the education for healthy and risk free behaviour. The focus of preventive program, for purpose of achieving the objectives, is not drug and drug taking consequences (it is but one of the items of the program), but a child, the young person who should be helped during the process of growing up to adopt and respect the set limits, to determine his/her "orientation" and empower it in order to resist to negative effects of the surroundings. One described also the measures of an "out-of-school" prevention. The contemporary policy of addict treatment is described in detail., especially that of the most difficult heroin category. The application of the opiate agonists (methadone, later on also buprenorphine) at the national level was introduced in 1991. It is the question of the known Croatian model within which, due to the inclusion of the general practitioners (meaning decentralisation), methadone is easily accessible to heroine addicts. The addicts start with the treatment program through local, specialised out-patient centres, for specialised treatment of the addicts, and they cooperate in their work with all the institutions which get in any way into touch with addicts or participate in their treatment and rehabilitation. The programs with the damage reduction orientation have been described, which contributed that the iv addicts are in a very small percentage (below 1%) HIV infected. What are the reasons due to which it is very difficult to provide for high-quality, efficient implementing the National Program of drug abuse in the country in spite of the needs of the citizens? The author replies that question in detail in the sixth chapter. In the supplemented, second edition of this book, the author confirms his theses that the powerful influence of the organized crime and corruption of the managing elites is the main cause of difficulties in the work of professionals in the government institutions who would like to do more in the protection of the youth from fatal consequences of drug abuse. In the annex to the sixth chapter, the harmful consequences are described, which occurred in the year of 2000 after taking over the control of this professional domain by incompetent persons directed to the own personal interests, by mediation of the politics. The way in

which this new “set” acted by initiating the process or the marginalisation of the experts what culminated by the media lynch of the author, in spring of 2003.

Key words: *drug abuse, addiction, drug control strategy, National drug control programme, drug policy, drug epidemiology, drug treatment, drug prevention, school drug prevention, drug supply reduction, drug demand reduction, methadone maintenance, drug crime control, drug treatment center*