

**NATIONAL STRATEGY ON SUPERVISION OVER NARCOTIC
DRUGS, PREVENTION AND SUPPRESSION OF THE ABUSE OF
NARCOTIC DRUGS IN BOSNIA AND HERZEGOVINA**

for the period 2009 – 2013

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Abbreviations

CMH	Centres for Mental Health – primary health care institutions
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction, Lisbon
EU	European Union
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organisations
RAR	Rapid Assessment Response
STD/STI	Sexually Transmitted Diseases / Sexually Transmitted Infections
WHO	World Health Organisation

Initiative Background

The right to live a healthy life is one of the basic rights from international conventions and represents the right of any individual, particularly the children, youth and a family. In order to implement it, BiH society should, for the first, make a systematic effort and engage all relevant institutions of the society. In that respect, development of the Drug Control Strategy shall show the intention of the Government to provide assistance in a systematic and proper way to the most vulnerable population of the society and to those who would not be able to receive appropriate protection without the engagement of state institutions.

Combat against drugs, and development of national policy on suppression of misuse of drugs in accordance with EU standards in particular, have been listed as one of the priorities in the draft European partnership between the European Union and BiH, which was politically supported by ministers of foreign affairs from EU in December 2005.

The Drug Control Strategy is of great significance in a systematic approach of resolving this, for the society very complex issue, through mobilization of a large number of professionals at all levels within the process of its development, as well as implementation and promotion of good practices on cooperation between government and non-government sector, for the purpose of making joint efforts on contributing positive strategic changes in combating narcotics in BiH.

Therefore, the Drug Control Strategy shall establish priorities in combating drugs, as well as methods for its implementation.

Introduction

Illicit use of drugs includes a wide range of substances, which are kept under control due to their hazardous effects. Entering drugs into a body results in creation of addiction, severe health damage, which is the most frequent appearance with younger persons of age between 14 and 25. These substances increase the risk of poisoning, addiction, psychosis, suicide, death and crime. Misuse of drugs increases the risk of spreading HIV and Hepatitis B and C. According to WHO's estimates, there is 1, 5-2 million of users of hard drugs in Europe, while 50% of all AIDS cases in Europe were results of drugs injections. Economic and social changes which took place and are still ongoing in countries of Central and Eastern Europe represent suitable conditions for spreading drug addiction. Events which had been occurring in BiH during the previous years (completion of war, trauma, transition, economy break down, changes in the value system, unemployment, poverty, lack of perspective, general dissatisfaction of young population in relation to resolving their problems, abandonment of traditional values) represent a suitable environment for spreading the misuse of drugs and crime, which are closely interrelated. The drugs issue becomes obvious in primary and secondary schools in bigger towns, even though there is a video surveillance in school yards. In order to respond to this and similar problems, it deems necessary to send out alert message to the entire BiH public and relevant professional circles in particular.

Drug addiction is a socio-pathologic phenomenon which disrupts physical and mental health, social and economic balance, and affects not only individuals and their families, but entire community as well. Resolving of all types and phases of drug addition demands a complex, inter-departmental and systematic approach.

Bosnia and Herzegovina does not possess methodological and single system on recording and controlling in the area of misuse of drugs, and, therefore, does not have accurate data on this phenomenon. However, the general impression is that drug addiction has been spreading across the country. Sporadic researches which have been conducted in BiH support the opinion that the current situation in terms of drug addiction does not differ a lot from situation in other neighboring countries.

The most frequently consumed drug is marijuana, consumed by 7-25%¹ of adolescents, while this percentage changes depending on the age, place of residence, sex (the percentage increases with the age, and is higher in urban areas and bigger towns, and among male population). The use of synthetic drugs is also increasing, particularly among the high school population. The average age of the first consumption is age of 15, first drug injecting is age of 21 (age of 18 within the age group of 18-24), and first treatment is between age of 22-25.

As a rule, an addict consumes several substances at the same time, and often starts with alcohol and marijuana, and soon moves to opiate drugs. The opiate type of addiction is the most common among addicts and represents app. 90% of population admitted for treatments.

The analysis has revealed the following:

- drugs are widely available in BiH
- the percentage of young people and women consuming drugs is increasing
- large number of traffic accidents connected to the use of drugs
- high correlation between the use of drugs and suicides, poisoning, crime and violence
- significant number of risk groups created during the war period: permanently disabled persons, displaced persons, children without parents, demobilized soldiers and other risk groups
- insufficient funds allocated for dealing with this problem in terms of prevention, education, repression and treatments

Activities conducted so far are insufficient, sporadic and non-harmonized, not only at the local, but at international level as well. There is no systematic approach in resolving this issue within the educational system, and especially not within university education.

It is necessary to conduct systematic, professional, inter-disciplinary, well coordinated and continued activities pertinent to the primary, secondary, tertiary prevention, repression, and development of resources for suppression of narcotic related problems.

Drug addiction as a problem is usually connected to epidemic of HIV that is spread all over the world, and particularly in countries of Eastern Europe, where the prevalence between injection addicts is the highest. BiH has registered app. 14% of cases of the HIV infections transmitted through injections after the first case of this disease was registered; in BiH in 1986. The presence of infection with Hepatitis C virus within the population of drug injection addicts is app. 44%². The high percentage of unemployment among this population has also been recorded (72-91%)³.

¹ UNICEF 2002, Rapid Assessment and Response to HIV/AIDS among Especially Vulnerable Young People in South-Eastern Europe.

² UNICEF 2007, Biological and Behavioral Research Conducted Among Injection Drug Users in BiH

³ Same as above

According to current information, BiH has nine rehab communes. During the process of drafting this document, the first commune established by a government institution was open as well, i.e. commune established by the Ministry of Labor and Social Protection of Sarajevo Canton.

Currently in BiH there are several centers/institutions dealing with detoxification and surviving of addicts on methadone. The number of addicts in these institutions is 700 (unofficial data for July 2007), and there is no merged and single methodological indicators on persons treated in the entire BiH.

7 kilos of heroin, 1.6 kilos of cocaine, 2.5 kilos of amphetamine and 336.136 kilos of marijuana were seized in BiH during 2006, which is more than amounts of narcotics seized in 2005. New modus operandi of distribution of drugs has been recognized. BiH is primarily considered to be a new transit country for trafficking in drugs, due to its strategic location on historic Balkan roads which connect centers for production of drugs in South-Eastern Asia and Western Europe. The country has become the regional transitional point for international drug shipments. According to the information received from law enforcement agencies, BiH territory in the future will be more and more becoming the place for growing and producing drugs, while on the other side it will serve as the international route, and place for temporarily deposits of illicit transports in more significant amounts.

In accordance with article 411 of the Criminal Procedure Code, the Ministry of Security has established the central registry of all valid court decisions for crimes which fall under the centralization of data according to international agreements, inclusive of crimes of illicit production, modification and sale of drugs and poisons. In accordance with the mentioned registry during the period from 2005 through 2007 around 100 valid court decisions made by BiH courts on this type of crimes have been registered.

The Court of BiH tried the majority proceedings for this type of crimes (28), and, taking into consideration the length of pronounced sentences, it succeeded to process the large number perpetrators of these crimes.

Around 50% of perpetrators repeated their crimes, i.e. were convicted in the past, and in addition to BiH citizens, small number of convicted persons were citizens of Croatia, Serbia and Monte Negro.

Entity polices have been organized within the Federal and cantonal ministries of interior in the Federation of BiH and the Ministry of Interior in Republika Srpska. The Police of Brcko District is organized separately.

The National Assembly of RS in February 2008 passed the Decision on adoption of the Drug Control Strategy for Republika Srpska.

In addition to entity police agencies and the Police of Brcko District, the BiH Ministry of Security established the Department for Narcotics Suppression, as well as agencies which are, among other things, in charge for suppression of illicit trafficking in drugs: the State Investigation and Protection Agency, Border Police and the Office for cooperation with INTERPOL.

The Intelligence Security Agency is functioning as an independent agency in charge for collecting intelligence and security information at the state level.

The role of judicial institutions in combating the misuse of drugs is also significant. The BiH Court and the BiH Prosecutors' Office have been established at the state level. The jurisdiction of the BiH Prosecutors' Office includes identification and prosecution of perpetrators of crimes prescribed by the

BiH Criminal Code; however, it also includes crimes prescribed by entity laws and the law of Brcko District, when they may have serious repercussions to BiH economy, or may cause a serious economic damage or other damages outside the territory of entities or Brcko District.

Other than judicial institutions which function at the state level, the role of courts and prosecutors' offices in entities and the District is rather important as well.

The BiH Ministry of Security has established the data base to control the regularity and imported amounts of drugs and precursors, as well as the data base with criminal reports in relation to the misuse of drugs.

The Department for Drug Suppression within the BiH Ministry of Security prepared the proposal of Decision on specifying border crossings which may be used for import or transport of drugs. The proposal of decision was adopted at the 13th session of the BiH Council of Ministers on June 7, 2007. The Decision on specifying border crossings for trans-border transport of substances and plants from tables II, III and IV of the Regulations on drugs, psychotropic substances, plants which may be used for production of narcotics and precursors was published in the BiH Official Gazette no. 58/07 on Monday, August 6, 2007. In accordance with this Decision, the number of border crossings was reduced to 14%.

The Department for Drug Suppression forwarded the proposal of Decision on establishment of the Narcotics Control Commission within the BiH Ministry of Security, which was adopted at the 15th session of the BiH Council of Ministers held on June 28, 2007. The Decision on establishment and appointment of members of the Narcotics Control Commission was published in the BiH Official Gazette no. 73/07 on Monday, October 1, 2007.

Principles on Strategy Development

1. **Principle on political will** – active combat on the misuse of narcotics represents the priority activity of BiH institutions;
2. **Principle on non-discrimination and respecting freedoms and rights of citizens** – activity on implementation of the Drug Control Strategy guarantee execution of all human rights and freedoms in accordance with the BiH Constitution, BiH laws, FBiH Constitution, RS Constitution, cantonal constitutions, the Statute of Brcko District, and international legal standards;
3. **Principle on integration of gender dimension** – to ensure all measures and activities from within the Drug Control Strategy to be developed and implemented in accordance with the specific needs of males and females, in all phases and all segments; collecting the gender sensitive statistic data; as well to ensure that all working and other specialized bodies as a rule reflect the equal gender reciprocity, and to ensure that all materials and documents on the implementation of the Strategy are prepared in the spirit of a gender sensitive language;
4. **Principle on legality** – adherence to the Constitution and relevant domestic laws, as well as to provisions of international agreements (internationally valid instruments) signed by Bosnia and Herzegovina;
5. **Principle on the single and global strategy** – combat against the misuse of narcotics has been based on the single and global overview of the problem, in accordance with the best EU practices, international organizations' concepts, and active cooperation in preparations for joining the EU and ensuring an active role of BiH at the international level;

6. **Principle on professionalism** – combating the misuse of drugs includes the continuous professional education, training and improvement of experts, as well as application of experiences of best practices and modern achievements;
7. **Principle on complying with responsibilities in implementing the Drug Control Strategy** – includes the supervision over the implementation of the Strategy, appointing institutions in charge for implementation of the Strategy with clearly defines responsibilities, indicators and timelines;
8. **Principle on the continuity and progressiveness** – represents the continuation of systematic activities conducted within the combat against the misuse of drugs, which are permanent and will affirm all positive results;
9. **Principle on confidentiality** – personal data generated from specific activities will not be published, except in cases and under conditions as prescribed by the Law on Prevention and Suppression of Drugs;
10. **Principle on analysis** – periodical follow-up and evaluation of successfulness of implemented goals and conducted activities;
11. **Participation of public and private sector and civil society** – active cooperation of public and private sector, civil society, international institutions and citizens;
12. **Principle on availability** – to guarantee availability of programs, measures and services incorporated by the Strategy to all citizens of BiH, and particularly to categories which fall under the infection risk;
13. **Principle on transparency and openness of the Drug Control Strategy** – all result achieved in combating narcotics will be available to the public.

Legal Framework

The Drug Control Strategy is adopted by the Parliamentary Assembly of BiH, upon proposal of the BiH Council of Ministers. It represents the foundation for the functioning of government institutions, associations and other legal and physical persons.

International Conventions and Acts:

- **United Nations' Conventions** which serve as the basis for the Drug Control Strategy: UN Single Convention on Drugs from 1961, modified and amended by the Protocol from 1972; UN Convention on Psychotropic Substances from 1971; and the Convention Against Illicit Traffic of Drugs and Psychotropic Substances from 1988;
- **EU Drugs Strategy 2005-2012;**
- **UN Convention on the Rights of the Child** obliges signatory countries to ensure to the children protection and care necessary for their welfare, taking into consideration rights and responsibilities of their parents, legal guardians or other individuals who are legally responsible for the child, and in that respect to undertake all appropriate legal and administrative measures. Responsibilities of signatory countries include: conduct of all required measures, inclusive of legal, administrative, social and educational; protecting the children from illicit use of drugs or psychotropic substances, as it was defined by relevant international agreements; and to prevent the use of the children in illicit production and trafficking of these substances.
- **Health Care Policy for all WHO's**, revised edition from 1999, harmonized with the Strategy, which emphasizes that the percentage of young persons involved in damaging behaviors, such as substances causing addiction, i.e. alcohol and narcotics must be reduced.

BiH Legal Framework

- **Constitution of BiH, Constitutions of the Federation of BiH and RS, cantonal constitutions and the Statute of Brcko District**, which list the right to health as one of the basic human rights; while Bosnia and Herzegovina, both entities and the District are obliged to ensure the highest level of internationally recognized human rights and basic freedoms.
- **Law on Prevention and Suppression of Drugs (BiH Official Gazette no. 8/06)**, which came into effect on February 15, 2006, is establishing the obligation on development and adoption of the Drug Control Strategy. After the law came into effect all provisions regulated by entity laws ceased to be valid, i.e. provisions regulating issues on classification of substances and plants; the purpose and conditions of allowed growth of plants which may be used for production of drugs; supervision over the growth of plants which may be used for production of drugs; while all other provisions from relevant laws and regulation which remain to be valid had to be harmonized with this law. Until the adoption of new regulations for implementation of this law, regulations adopted based on the previous laws shall be applied, unless they are contrary to this law. As for entity regulations, RS shall implement the Law on Production and Trade of Drugs (RS Official Gazette no. 110, from December 20, 2003), while the Federation of BiH shall implement the Law on Production and Trade of Drugs (FBiH Official Gazette no. 2/92 and 13/94). This is the former law of SFRJ (SFRJ Official Gazette no. 13/91), and, by the legally valid decree, has been accepted as the law of R BiH, and later as the law of FBiH.
- **BiH Criminal Code** (BIH Official Gazette no. 3/03, 32/03, 37/03, 54/04, 61/04, 30/05, 53/06, 55/06), entity criminal codes and the Criminal Code of Brcko District adopted in 2003, which regulate all issues pertinent to the misuse of drugs, as well as measures applied in specific cases.
- **Laws of entities, cantons and Brcko District which regulate the health care issues, issues on social protection and education.**

General goals of the Drug Control Strategy

1. Raising awareness through education of community with purpose of implementing healthy life styles and preservation of mental health,
2. Prevention of further expansion of drug abuse,
3. Prevention of development of addiction as disease, mortality and health damaging due to drug abuse,
4. Reducing damage in community caused by drug abuse,
5. Reduction of demand for drugs, especially with young people,
6. Strengthening institutional capacities and more responsible involvement of society,
7. Improvement of legislation and its implementation,
8. Reduction of supply of drugs,
9. Forming independent multisectoral Office for drug prevention at BiH level.

Prevention

Preventive approach may be realized through measures and activities implemented through different systems: health care and social security system, educational system, judicial system, informational system, etc. It is necessary to think of special needs of ethnic minorities considering possible language barriers and problems of approach to health care and social services.

Prevention in health care system

As defined, prevention represents proactive process directed toward building capacities for preservation and improvement of health and wellbeing of people, including specifically identified individuals and population groups exposed to high risk level. It represents an active process of creating conditions and individual/group knowledge and skills that promote wellbeing and health of people. Prevention is mostly directed toward behavior and attitude of the target group, which at the same time involves motivating and stimulating people to change their way of life in wanted direction. Education and informing people play key role in that process.⁴

As a result, preventive measures have reduction of demand for drugs through activities of prevention of beginning taking drugs, and they prevent that experimental taking becomes regular taking. Prevention programs are conducted as a part of the measures directed toward reduction of demand for drugs, including measures of early intervention in case of dangerous use, and measures of providing treatment programs, rehabilitation and social reintegration.

It is necessary to emphasize importance of early detection of first symptoms of disease or disturbance in behavior caused by taking psychoactive substances, when they are not clinically visible yet. In that sense, beside education it is necessary to establish good cooperation between all institutions that are connected with young people in any way.

A healthy, stable family is a good foundation for prevention of all forms of risk behavior. However, the family is very often disregarded in prevention programs, and not-educated parents fail to pay attention to small, hard-to-notice signs that, at the very beginning, may explain that something is going on with the child. It is usually ascribed to puberty, “immaturity”, etc., and it is noticed when is already too late. Therefore, it is necessary to pay special attention to the family in prevention process, in a sense of raising awareness on harms of drug abuse, noticing small changes in behavior of your child and giving instructions on what type of services for early intervention are available and where. Work with the family cannot be just a part of prevention in a health care system, but it spreads parallel through several sectors (education, social sector, security sector, etc.)

Coordination of prevention activities between different sectors (health care, social, educational, security, non-governmental, etc.), as well as administrative levels (state, entity, canton, Brčko District, and local administration units), is of key importance for implementation of the Drug Control Strategy. It is necessary to clearly define the role of each actor, and public health institutions have the main role. In the health care system, a sub-system of health care at all levels is responsible for prevention of drug abuse. A defined protocol of exchange of information within and among the sectors is also of essential importance.

⁴ Ismet Cerić, Nermina Mehić – Basara, Lilić Oruč, Habiba Salihović, *Abuse of psychoactive substances and drugs*, Sarajevo University Medical faculty, 2007.

In accordance with the concept of improvement of mental health in a community, the key role is given to establishing new and strengthening existing centers for mental health, centers for voluntary and confidential counseling and HIV testing, which provide education, counseling and other activities in the community. They will cooperate with family medicine teams and centers for treatment of drug addicts. Family medicine has a special role in motivating, counseling, early detection of risks and further assistance. All services in a field of health care must be open and friendly for users, with keeping of records on agreed indicators.

Prevention in social security system

In a social security system, the municipal social security centers are the backbone of activities and they conduct activities defined in prevention programs focused on identifying sensitive groups and individuals that have certain risk factors. The social security centers are forwarding information to the other sectors through agreed system of information exchange. Families, schools and local community have the key role in prevention programs.

Special accent and special attention should be given to children without parental care, pupils and students that stay in pupil or student dormitories, and individuals that stay in safe houses and adopter/foster homes, where social needs and additional risk factors were identified.

Prevention in educational system

Educational system has vast possibilities of positive influencing on children and young people in a process of growing up and forming an attitude, gaining knowledge and conducting positive practices related to the issues of drug abuse.

Through this system, we achieve cooperation with parents and local community institutions that take their part of responsibility for protection of children and youth. This system establishes cooperation with the health care system, social security system, and with other systems that affect way of life, but also with non-government organizations, and citizens' associations, and others. Cooperation between institutions of educational system and public health system has great importance, and implementation of different public health care programs is provided with their help.

Problem of reduction of demand for drugs through educational system is focused on prevention of use, especially among young population. These activities are mainly conducted as a part of regular curriculums, where different topics on harms of drug abuse are elaborated in some subjects. The activities are mainly focused on education of teachers, pedagogues, and students. Students are being educated by teachers and pedagogues, but also by students trained for peer education. The drug abuse is also a topic for discussion done by a class teacher. The school represents ideal environment for affirmation of healthy life styles that are alternative to drug abuse. The role of the teacher, as a role model for behavior, is of a great importance.

Peer education presents a process in which motivated and trained young people take informal and organized educational activities with their peers, with aim of expanding their knowledge, change of attitude, beliefs, and skills, enabling them to take responsibility for their health and to start protecting it.⁵

⁵ PMI «Cantonal Institute for fighting against addiction disease», Prevention Service –Building a system of «Peer education» Project in Zenica-Doboj Canton.

Education is conducted in smaller groups or through individual contacts, in different environments, at school, at university, at work, or at places where young people gather.

It is necessary to promote retaining and inclusion of students in educational system, which means special work with students that have problem with following educational process, and therefore represent high-risk group. So far, those students were regularly excluded from schools because of cutting many classes, disciplinary measures and negative scores. It is necessary to oblige educational institutions to organize after school activities and free time in a way which promotes healthy life styles and helps prevention of drug abuse and HIV infections.

Prevention in security system

Beside repression, prevention system should also be included in security system. Considering that in cases of juvenile delinquency we often meet with drug abuse, and that this population is not completely included in education and informing process, the security system, in cooperation with other systems, should be actively involved in preventive work with this population.

It is necessary to conduct educational programs of drug abuse prevention in systems of education and health care.

Prevention within penal-correctional institutions

Informing, education and discussions on harms of drug abuse and HIV, and counseling, should be preferable educational forms of influencing the conscience of a prisoner-addict, a juvenile put into a Penal-Correctional Institution, and the staff in prisons, as the most-spread method of reducing damage in European prisons.

Using modern educational methods and visual aids will lead to more quality understanding of a problem, and will have direct influence to improvement of cooperation between the prisoners and the staff effecting reduction of spreading drug abuse in prisons.

Involving drug addicts in development, creation and distribution of informative materials is of critical importance for improvement of availability of those materials. As for the context, the materials should talk about risks of syringes and shared use of syringes, and giving advice on how to reduce those risks.

Education

Education through health care system

Education in a health care system represents a part of promotional and preventive activities conducted through the system of public health care institutions as leading institutions, which define the program, the actors, and dynamics of activities pursuant to current situation and needs.

Target groups and individuals should be identified based on a level of a risk exposure. The goal is to influence reduction of demand for drugs through awareness on harms of drug abuse, and on behavior and attitudes of individuals and community.

It is necessary to reorganize and redefine program of graduate, post-graduate and continuous education of health care personnel that refers to issues of public health care aspects, promotion and prevention, as well as the treatment of those suffering from addiction.

Education in educational system (formal education)

It is necessary, through education in educational system, to focus on reduction of demand for drugs through prevention, primarily among young people, conducting following activities:

- Additional education of teaching personnel,
- Amending curriculums,
- Organizing public discussions, creative workshops and various sport activities, and cultural-artistic activities as forms of prevention,
- To educate teachers, parents and students on necessity and role of presence of police officers in plain clothes at majority of schools and faculties,
- Active engagement of educated parents of treated drug addicts in education of parents and teachers,

Education of all other participants in drug abuse suppression

Education should be conducted in cooperation with education system institutions, and through public health care system in a local community and at workplace. The target group for education includes all those professionals working on informing and raising awareness of public and persons working with populations with higher risk or with drug addicts. Special attention should be given to the media, clerics, and sports personnel, educators, health care personnel and teachers, employers, soldiers and judicial officials. The aim to be achieved is universal, selective and indicated approach.

In a social security system, additional education and specialization of experts in social work centers is needed, so they can competently participate in implementation of prevention program and extra-hospital treatment of drug addicts in a domain of social work.

Education of police officers is an important segment in total efforts of raising awareness in professional work related to suppression of drug abuse.

Treatment of drug addicts

Principles of organization and treatment

Principle of territorial organization

The treatment is organized at entity, cantonal, and district level, in accordance with existing network of institutions, organization of health care system, and health protection.

Decentralization

Principle

This principle ensures an equal availability for various programs of medical treatments, rehabilitation and damage reduction throughout entire BiH territory. Pursuant to activities enforced at the state level, the local community shall develop, according to identified needs, networks for support and medical treatment of drug addicts and drug consumers.

Principle of Approaching Addiction as a Chronic Recurrent Disease

Treating drug addicts shall be conducted in an organized manner, primarily within the health care system and certain treatment and rehabilitation measures might be conducted outside of the health care system. The approach to addiction treatment shall be based on approaches identical to those used in treatments of other chronic non-contagious diseases.

Principle of Multidisciplinary Approach to the Addiction Treatment

Having in mind that drug abuse is caused by various factors, it is necessary to use a multidisciplinary approach in addiction treatment, in order to have a comprehensive and efficient treatment, rehabilitation and reintegration of treated drug addicts into society. Depending on type of treatment, it shall include psychiatrists, psychologists, social workers, family medicine physicians and public health physicians, medical personnel with high school and junior college education, specially trained work therapist, occupational therapist, volunteers, etc. Treatment shall be conducted through various sectors and following systems shall participate in the treatment: health care system, social security system, education system, judicial system with prison and correctional units, non-governmental system, religious communities, local community and others.

Principle of Organization and Treatment Implementation

Drug addiction is a chronic recurring disease, which involves treatment in several phases, including hospital and home treatment. This implies the existence of institutions and services network (Institutions for combating addiction diseases, hereinafter “the Institutions” and Mental Health Centers - Addiction Disease Prevention Centers, hereinafter: “the Centers”). Treatment shall include the public health care sector, primary health care and other health care services, as well as the health care units in correctional systems. Pursuant to the current laws and regulations, rehabilitation and social reintegration activities, as well as harm reduction, might be implemented by non-governmental organizations and social security sector.

In clinics and psychiatrics departments within main hospitals, it shall be necessary to ensure Addicts’ Detoxification Sections (or Detox Centers). Detox Centers shall provide accommodation for a maximum period of 6 weeks. Pursuant to regulations on organization of health care institutions of Entities, Cantons or District of Brcko, the centers might be part of a hospital or the Institution for combating addiction diseases.

Use of Medications for Maintenance (Substitution) in Treating Heroin Addiction

Medications used in maintenance programs, i.e. substitution therapy, might be opiate agonists (Methadone) or agonist and antagonist (Buprenorphine). Regardless of which medication shall be used, they have a key role in a modern approach to heroin addiction. However, it is assumed in an addiction treatment doctrine that the use of Methadone only (or any other opiate agonist) is not sufficient to significantly change a disordered behavior. Therefore, these medications have been already used in combination with certain types of psychosocial treatment. They shall be used in detoxification and maintenance treatment.

Due to the complexity of the treatment and various effects produced by maintenance medications, as well as possible abuse, the ministry or department competent for the healthcare shall adopt a special regulation on the ways for conducting treatment as a special program by using opiate agonists.

Use of Opiate Antagonists in Treating Addiction

Opiate antagonists (Naloxon, Naltrexon) shall be used as an aversion therapy in treating opiates addiction.

Opiate antagonists of short-term effects (Naloxon) shall be used for diagnosing addiction and treating conditions of an acute opiate intoxication. Opiate antagonists of long-term effects (Naltrexon) shall be used in rehabilitation program and might be used for the fast and ultra-fast detoxification. They shall be used in combination with certain types of psychosocial treatment.

Medical Treatment in Custody and Jails

Medical treatment for drug addicts in jails requires addiction treatment to be conducted by the same principles and conditions as for the addicts outside the correctional system, which was not a case so far. This implies a significant number of experts and their supervision outside the correctional system. It shall be necessary to ensure accommodation capacities within the special »drug-free« sections. Also, it shall be necessary to provide for the jail units the tests for detection of psychoactive substances in body fluids. This type of testing shall be conducted in accordance with the verified protocols. Inmates shall be provided with a voluntary confidential counseling; tests on hepatitis B and C, HIV and TBC, as well as with appropriate treatments. The centers shall be encouraged to participate in programs implementation within the jail system, with emphasis on providing services and assistance in organizing gradual admission of inmates who are drug addicts. A network shall be created between the jail system and institutions competent for drug addicts' registration.

Based on the confirmed diagnosis, the treatment of drug addict inmates shall be conducted upon the court decision (pronounced addiction treatment safety measure).

Continuation of the treatment that have started prior to jail shall be ensured during the time spend in prison, as well as an inclusion of addicts into treatment, with the possibility to establish special departments within the prison units.

Substitution programs, social-therapeutic programs, as well as distribution of condoms represent the minimum standard for harm reduction in prison conditions.

Detainees are special category of individuals within the prison system. During detention period, detoxification by methadone therapy shall be implemented, along with a regular health care, as well as harm reduction activities.

The Ministry of Justice, in cooperation with the competent Ministry of Health, shall be responsible for organization of treatment for drug addicts in prison and custody.

Role of the Institutes/Centers

The Institutes/Centers shall provide various types of support to drug addicts in accordance with the citizens' requirements at specific area:

- Planning and treatment implementation – when it comes to implementation of home treatment for drug addicts, the Institutes/Centers shall be the first point of contact between drug addicts and addiction disease professionals, who shall make a diagnosis and recommend further treatment in accordance with the patient's clinical condition. Medical treatment of drug addicts shall be conducted in cooperation with the family medicine teams; specialized hospital programs and other health care and non-health care subjects.
- Institutes/Centers shall ensure direct improvement and implementation of various educational activities.
- Institutes/Centers shall supervise implementation of a pharmacotherapy with opiate agonists and antagonist within their area of competency.
- Institutes/Centers shall supervise pharmacological treatment with opiate agonists and antagonists within their area of competency.
- Upon the request of the competent court, the Institutes/Centers shall provide their court expert opinion.
- Institutes/Centers shall provide professional support when it comes to organization and implementation of treatment for drug addicts in correctional institutions.
- Institutes/Centers shall provide counselling and support to the family members.
- Institutes/Centers shall have developed information system with a database for each patient.
- When it comes to prevention and treatment of addiction diseases, the Institutes/Centers shall establish cooperation with other bodies and competent ministries in order to utilize existing resources as best as possible.

Role of Psychiatric Institutions

Detoxification treatment for drug addicts shall be provided by the clinics or general hospitals in bigger cities, with average stay of 30 days. It shall be necessary to ensure accommodation capacities for treating heavy drug addicts. The treatment shall not be focused on detoxification but on stabilization of condition. Drug addicts shall be sent therein during the crises after attempting suicide or overdose; or in cases where they suffer from other psychiatric disorder or disease and pharmacotherapy needs to be determined. In addition, it shall be necessary to ensure accommodation capacities for the specialized hospital programs involving juvenile drug addicts.

Welfare Program

Various programs for resocialization and social reintegration of juvenile and adult drug addicts shall be ensured through the welfare program, as well as programs for the family strengthening which shall be adjusted to the individual's needs. Mentioned programs shall be implemented together with other participants at the local level, primarily having in mind the protection of human rights, as well as protection of children's and juveniles' rights.

A welfare program shall be obligated to ensure the following:

- Participation in rehabilitation program implementation, especially for the juveniles;
- Adequate conditions for the post treatment reception of juveniles and adults who are recidivist from prisons and juvenile detention centers, upon termination of a disciplinary measure;
- Establishing programs for the filed work with drug addicts with assistance of specially educated professionals;
- Finding ways for stimulating recruitment of former drug addicts in cooperation with the other relevant institutions,
- Adequate support of the civil society and family members in providing assistance to drug addicts in the process of their resocialisation and reintegration; and
- Special resocialisation and reintegration programs for the juvenile drug addicts.

It shall be necessary to make plans for establishing small private units for those individuals who ended their treatment in the medical institution, especially for those who are not able to return to their families. In this manner, the process of their resocialisation into the community shall be facilitated. The same shall be applied to the individuals who where in a prison due to the drug addiction. Besides protection and reception of addicts, the reception centers shall provide psychosocial and counseling service to their users.

When it comes to drug addicts who are parents, whether they have to receive rehabilitation or they are serving an imprisonment sentence, significant contribution has been given from the Social work Center professionals who are taking measures for juvenile protection.

Reference Addiction Disease Centres

With the purpose of applying and following a unique doctrine and methodology, as well as improving the situation regarding monitoring, prevention, diagnosis, addition treatment and rehabilitation process, it shall be necessary to establish relevant centres within the ministries that are competent for the health care issues. Until then, a body responsible for the abovementioned activities shall be a working group, appointed by the ministries competent for the health care issues. The centres shall establish coordination with the National Body for Drugs and implement its decisions, programs and activity plans, as well as conduct data exchange pursuant to the valid regulations and Conventions.

Harm Reduction Programs

Interventions for persons who introduce drugs or who are at risk to start introducing drugs include the following: field activities (community outreach); change of behaviour; supply of sterilized injection equipment; safe removal of the used equipment; addiction treatment, especially the treatment with opiates (opium-containing substances); voluntary and confidential counselling and testing; preventing transmission of the infectious agents of sexually transmitted diseases between persons who inject drugs and their partners, which includes condoms, prevention of spreading, treatment of sexually transmitted infections; treatment and care for persons with AIDS, including antiretroviral therapy and treatment of co-infections such as tuberculosis and hepatitis; vaccination against hepatitis B; politics and legislation reform; and rising the level of general public awareness in order to create an environment which shall support harm reduction programs and remove stigma and discrimination.

When it comes to persons who introduce drugs, there are two applicable types of activities from the wide range of harm reduction methods: already mentioned substitution with the opiate agonists, and programs for replacement of needles, syringes and injection tools.

Another program – promotion of the safe sexual behaviour and use of condoms – does not refer to addicts only.

Programs for the Replacement of Needles, Syringes and Other Preparation and Injecting Equipment

These programs shall be implemented by personnel who have been educated in the field of addiction on psychoactive substances, especially on harmful consequences of substance consumption and addiction, as well as infections of hepatitis B, C and HIV viruses. At the same time, addicts shall be provided with the counselling, information and training activities on harmful consequences and safer ways of drug consumption. Female population and pregnant women shall be introduced with the effects and risks of drug consumption during pregnancy and risky behaviour.

Entity, Cantonal and Brcko District Ministries competent for the health care issues shall define, in accordance with their capacities, the composition of programs for the replacement of needles, syringes and other equipment for preparation and injecting and safe removal of the used ones. Health care institutions, non-governmental organisations or associations involved in these programs must be approved (certified) by the competent ministries. The ministries shall regulate the form of the permit (certificate) for participation in the abovementioned program; the ways of implementation control, and other issues of importance for this program. The competent Ministry of Security shall issue the permits (certificates) for individuals who shall implement the program in the field.

Field Work

Field work enables aid and services to be provided on places where drug consumers reside or inject drugs. It is conducted by the health care and social institutions, non-governmental organizations, religious institutions and associations of citizens.

Addicts' Rehabilitation Programs

The programs are implemented by the health care institutions, social sector, non-governmental sector and judicial system (prison units).

In the field of rehabilitation of addicts, the following priorities have been established:

- a: Developing motivation techniques for accessing rehabilitation centres and therapeutic communities;
- b: Opening rehabilitation centres and therapeutic communities in the local community, prison units, juvenile detention centres and similar, which shall provide a professional work with stable abstainers and their families, with continuous education and specialisation of the professional workers who conduct programs, and
- c: Establishing associations of addicts, associations of parents and other family members for the purpose of self-support and mutual support.

Therapeutic Communities and Rehabilitation Centres

Therapeutic communities might be organized within the welfare system and justice or as independent rehabilitation institutions within the system of religious and non-governmental organisations, associations and private sector, pursuant to relevant legal regulations.

It shall be a priority to ensure two programs that will enable education and training of juvenile and minor addicts for future employment.

Inclusion of therapeutic community and any other therapy or rehabilitation program into the network that provides care for addicts shall be previously verified and approved by the BiH Office for Drugs with the previous agreement of the competent entity ministries.

Competent entity ministries shall conduct professional surveillance of the work in therapeutic communities and implementation of rehabilitation and resocialization programs.

Resocialization and Social Integration

When it comes to addicts' resocialization, the following criteria have been established:

- a. Providing support in completion of elementary and secondary education or re-training;
- b. Stimulation of employment and self-employment programs for addicts who have completed rehabilitation in therapeutic communities, prison units, detention centers or similar, or who are on the substitution therapy;
- c. Reintegration of addicts, who are not able to or are not willing to quit consuming drugs, into civil society,
- d. Creating nets of institutions which would support the re-socialization of addicts. Coordination and cooperation among all competent institutions involved in the process of re-socialization such as (social work centers, therapy communities, healthy and educational institutions, employment bureau, associations...)

Civil Society

Since this is considered a broad social issue, civil society organizations, private sector organizations and volunteers are required to actively take part in all stages of drafting, adopting and implementing legal solutions and strategic documentation at all levels, as well as in implementing scheduled program activities. **Inter- institutional and extra** institutional communication and coordination will strengthen the relations among them and harmonize their activities in carrying out the assistance program for drug addicts and their families. This will also develop a competitive miscellaneous system for providing services.

Measures for reducing drugs at illegal market

Law enforcement measures for drug control at Bosnia and Herzegovina illegal market

In order to control manufacturing and trafficking of illegal drugs, psychotropic substances, synthetic drugs and amphetamine stimulants, police agencies will undertake the following steps, along with other agencies and pursuant to law:

- 1. Global strengthening of investigative capacities for the fight against drugs and spreading of illegal market***
 - a) Law enforcement personnel education
 - Organization of basic illegal market and drug abuse - related courses for uniformed police officers
 - Active cooperation with police agencies from surrounding countries and INTERPOL, including data exchange from the court files.

- Involving police agency personnel into international fight against drugs projects;
- Experience and information exchange on achievements in more efficient fight against drugs, with surrounding and EU countries
- Continuous carrying out of stricter internal discipline measures according to the professional standards, in order to prevent possible involvement of police officers into criminal drug trade nets.
- Producing educational programs for the **personnel getting prepared for the work in police agencies. This implies modern methodology** and work techniques for dealing with drug abuse crime (specific investigative actions).
- Adequate technical equipment and training of police officers dealing with drug control cases.

b) Crime prevention and measures of **inter-ministry coordination**

Aiming to improve community safety and make lower-cost approach to the issue of crime, the police agencies will undertake the following activities:

In cooperation with educational and health institutions, they will implement drug prevention programs with the goal to raise the public awareness and develop defensive mechanism which will affect the majority of young people to resist drug consuming and also reject drug addicts as the subculture.

Over the last period, the main **strategic solution was using of the repressive methods in combating drugs, which eventually did not result with constraining of this problem**. Due to this, the strategic turnaround took place which led to producing the educational prevention program.

Prosecution of drug-related criminals seems to increase the number of drug addicts as well as social problems, crime and costs. (Finance spent on repressive forces without equivalent effects).

Achieving the goal

By raising public awareness on healthy life without drugs, through educational prevention programs, and not by training/disciplining the conscience of drug addicts, we would confirm the theory that reducing drug demand at the market will reduce drug supply - the market legality.

Deeply concerned about the increase of drug addiction and the safety becoming worse, Ministry of Interior considers this problem to be not only the drug issue but the issue of education as well, and therefore, changing the strategic approach to this problem is deemed necessary.

Accordingly, MoI requires mobilization and full participation of governmental authorities in order for the educational effect of schools to be enhanced through curriculums which would, therefore, by promoting health life and proper attitudes toward drugs, reduce the drug demand.

2. Strengthening of institutions in the fight against drugs

- Strengthening of institutional capacities in BiH, by improving legal solutions in the Criminal Code of BiH, Law on Criminal Sanctions of BiH and Law on Criminal procedure, as well as legal solutions in entity legislation pertinent to this issue.
- At least once a year, competent inspection agencies will carry out regular inspections of legal and physical bodies dealing with trade, import, export, transport, distribution and production of precursors and controlled listed drugs.

-Improved **process procedures and** bylaws, which will contribute to drug prevention and more efficient criminal procedures, will be created in cooperation with BH prosecutors' offices, BH Ministry of Justice and BH Ministry of Security, .
- The police agencies will actively take part in the program activities of other agencies and organizations, when requested.
- Once the programs for combating drugs are introduced by other ministries, inter-ministry cooperation will be reinforced. At the same time, responsibilities of all will be clearly defined. This will also be the alternative for the police activities, although it is still necessary to strengthen law enforcement agencies.
- **Other cantons of BH Federation** and BH Brcko District Police require systematic establishing of Department for Drug Suppression, with hierarchical order and subordination, following the example of the Drug Addiction Department of MoI of Sarajevo canton.(6).
- Establishing and improving cooperation with the centers for education of judges and prosecutors.

3. Establishing of referral laboratories for toxicological NOx data bases

Establishing of referral laboratories for toxicological NOx data bases, where quantitative analysis for detecting body fluids by using the GS/MS methods can be carried out.

4. Researches, information systems, monitoring and evaluation

In collaboration with the relevant institutions, research institutions and certain researchers and with the support of international organizations involved in fight against drugs, it is necessary to carry out routine and additional researches on the cause of drug consuming, trends of drug usage, forms of behavior and consequences of drugs.

Information systems are to be introduced with the aim to collect and process data, provide information on drug manufacturing, traffic and abuse. They also undertake prevention activities and develop new programs based on collected evidence in order to create the unique data base used for inter-department data gathering and information exchange at national and international level according to EMCDDA.

In order to have insight into benefits and faults of the activities prescribed by the Strategy and Action Plan, it is of great importance to continuously monitor and provide an overall evaluation of each program at national level. For this purpose, it is necessary to define indicators of the **products, outcome and affect**. Annual reporting on application of the Strategy and its progress, in order to achieve the results, is required as well.

Funding

In order to achieve the goals set by the Strategy of Drug Control and pertinent to the Action Plan for the implementation of this Strategy, adequate financial support is required from the Budget of the BH Counsel of Ministers. Additional funding is to be provided from international funding agencies, local donors (organizations and individuals) and through other financial resources..

Draft State Action Plan for the Fight against Drugs

With the purpose of achieving the goals defined by the Strategy of Drug Control, the State Action Plan for the Fight against Drugs is to be , by the BH Counsel of Ministers at the proposal of the Ministry of Security of BiH.

This State Action Plan will provide mechanisms of good coordination with the entity Governments. These are to ensure that actions undertaken at the state level are complementary to the actions, means and costs of the entity, cantonal and Brcko District government.

Obligations of entity institutions, cantons and Brcko District

Pertinent to the Strategy of Drug Control and the State Action Plan for the Fight against Drugs, competent institutions of the entities, cantons and Brcko District are to prepare and introduce their own strategies and action plans for the fight against drugs through the procedures required.

List of terms

Data base – is a collection of stored data which are entered into table fields, and are organized as written files, data files, followed by description and schemes.

Centres/Institutes – the terms are related to institutions aimed to cure and detoxicate addicts.

Evaluation – is a critical estimation, based on the most possible objective grounds, where the entire service or some of its components fulfil the established goals.

Education – upbringing, education / training

Continuous education – refers to the formal education provided to the health and education employees after the completion of studies and post-graduate studies. It includes all education forms relevant for the protection of a user/patient and activities of the institution, such as providing quality services and required knowledge relevant for that particular individual field of responsibility.

Training – organised and programmed education.

Occupational therapist – is a person who develops a plan with recreational activities and social skills for the service beneficiaries.

Drugs – refers to any kind of substances, natural or synthetic, which are listed in the list of drugs in accordance with the international drug control conventions or pursuant to the decision of the responsible authorities in Bosnia and Herzegovina. The term „drugs“, as used in the Law on drug control in BiH, also includes psychotropic substances that are listed in the list of psychotropic substances, unless the psychotropic substances are not mentioned separately.

Addiction – is a state of an irresistible need, psychical or physical, for the use of drugs.

Precursor – is a natural or synthetic substance that could be used for the production of drugs, which are listed in the list of precursors in accordance with the international drug control conventions or pursuant to the decisions of the responsible authority of Bosnia and Herzegovina.

Prevention – proactive approach and activities which are related to work with individuals or according to classifications of the American Medical Institute (IOM), and the National institute for drug abuse (NIDA), separate the following:

Universal – action of developing life important skills and maintaining healthy life styles,
selective – regardless on the individuals inside the group, this relates to strengthening family relations, how to choose a positive social environment, development of positive forms of social behaviour and attitudes and

Indicated preventive strategies – delaying the period of the first addictive substances consumption and suppressing the problem in the beginning.

Prevention forms are specifics in the addiction treatment, according to the traditional classification of preventive activities, they can be divided into:

Primary prevention:

- Reduction of the psycho-social stress which leads to mental illness, or removal of causes
- Quick and efficient actions when these conditions occur, they are intended for general population

Secondary prevention:

- Early identification to shelter already affected population
- Suppression of psychosomatic illness caused by the addiction (as a consequence of it)

Tertiary prevention:

- Prevention and treatment of the most difficult complications and reduction of incapability

Work therapist – a person who carries out a working therapy within the treatment of an addict.

Risk – a probability for appearance of a unwanted event, or rather the effect of drugs to the health

Harm reduction programs – Harm reduction is a public health-care alternative to prohibition and repressive measures dedicated to change specific life-styles. The key idea is to recognise a person who will always be involved in specific risk behaviour, like casual sex, prostitution, drug abuse etc. Initiatives that have been started in the harm reduction programs vary from widely accepted public campaigns to more controversial actions, like supply and distribution of condoms, exchange of needles and syringes, providing safe premises for injecting, legalisation of drugs or programs for substitution therapy (mainly opiates – methadone in BiH, as well as prescribing drugs – certain countries like the Netherlands etc).

The primary goal of the harm reduction program is to decrease the potential addiction and health risks related to specific risk behaviour. The second objective is to reduce the already made damage due to or because of legal condition under which the unwanted behaviour took place.

Therapeutic community – commune – is a special institution in a chain of a tertiary prevention or re-socialization and rehabilitation of the individual on his/her way to a complete recovery from the addiction and return into the society. It can be of humanitarian character (NGO), or religious or it can even be a social institution. Medicament treatments do not take place here.

Abuse of drugs – the cultivation of plants from which drugs could be obtained, the possession of means for the manufacture of drugs, trafficking and possession of drugs, psychotropic substances, plants, or parts of plants from which drugs could be obtained or precursors against the regulations of the Law drug control in BiH, as well as the consumption of drugs outside therapeutic fasciitis, or consumption in high doses or during a period of time that is not included in the therapy is considered as abuse of drugs.