

Standard Summary Project Fiche – IPA centralised programmes
(Regional / Horizontal programmes ; centralised National programmes)

1. Basic information

1.1 CRIS Number: 2007/19322

1.2 Title: Implementing the National Strategy for the Fight against Drug Abuse

1.3 ELARG Statistical code: 02.28

1.4 Location: Serbia

Implementing arrangements:

1.5 Contracting Authority - EC

1.6 Implementing Agency: N/A

1.7 Beneficiary (including details of project manager): Ministry of Health

Financing:

1.8 Overall cost: Euro 1.5 Million

1.9 EU contribution: Euro 1.5 Million

1.10 Final date for contracting: 3 years after the signature of the Financing Agreement

1.11 Final date for execution of contracts: 5 years after the signature of the Financing Agreement

1.12 Final date for disbursements: 6 years after the signature of the Financing Agreement

2. Overall Objective and Project Purpose

2.1 Overall Objective:

The Successful Implementation of the National Strategy for the Fight against Drug Abuse

2.2 Project purpose:

- To assist in the design and support of appropriate structures and systems required to implement the decreased demand of drugs component of the National strategy against drug abuse
- To strengthen the Ministry of Health capacity to implement the strategy

2.3 Link with AP/NPAA / EP/ SAA

The EU Strategy for fight against drugs reflects the fundamental principles of the European model on drugs: a balanced, integrated and multidisciplinary approach in which action against drug supply and on reducing demand for drugs are seen as mutually supportive and equally important. The Strategy is an integral part of the 'Hague Programme' for strengthening freedom, security and justice in the EU.

The objectives of EU Drugs Action Plan (2005-2008) are based on five priorities: coordination of anti-drugs policy at EU level; demand reduction; supply reduction; international cooperation and information and research on drugs, and evaluation of the actions undertaken

The United Nations global policy of drug abuse prevention obliges each country to prepare and implement a national program, i.e., strategy which will address the specific issues related to it.

According to the current EU regulation, health protection systems are the responsibility of the EU member states. However, illnesses caused by hazardous behavior (drugs, alcohol) cross the national borders and are of common interest to the EU member states.¹

According to the Plan for implementing priorities from the European Partnership document, one of the most important short term priorities of the Ministry of Health is strengthening the capacities of the sector to implement the National Strategy for prevention of drug abuse.

Under Article 85 (Co-operation on illicit drugs) of the SAA, Serbia is obliged to ensure a balanced and integrated approach towards drug issues. Drug policies and actions shall be aimed at reinforcing structures for combating illicit drugs, reducing the supply of, trafficking in and the demand for illicit drugs, coping with the health and social consequences of drug abuse as well as at a more effective control of precursors.

2.4 Link with MIPD

The MIPD highlights the importance of the fight against drugs by consolidating the rule of law, building the capacities of law enforcement agencies and providing technical assistance to implement national strategies in the sector. Supporting inter-ministerial fight against drug abuse is one of the objectives outlined in section 2.2.2.1., page 19.

2.5 Link with National Development Plan (where applicable) N/A

2.6 Link with national/ sectoral investment plans (where applicable) N/A

3. Description of project

3.1 Background and justification:

The Republic of Serbia is located on transit road between East and West Europe. A growing number of international criminal groups are using smuggling channels for the illegal transport of narcotics. Traditionally the Balkan routes play a central role for drugs entering the EU, particularly hard drugs such as heroin. The easy availability of drugs, combined with high unemployment, has resulted in major drug abuse increases in the past number of years. Drug abuse in Serbia is characterized by:

- Availability of all types of drugs particularly synthetic drugs;
- There is a constant annual increase in drug abuse
- Poly-drug activities among users is becoming a standard feature
- Drug abuse is no longer an urban phenomena but is spreading to rural populations;
- Drug abuse is a feature of all sectors of Serbian society,
- The age of first drug use is decreasing as schools are being well targeted by pushers.

¹ National Strategy of Serbia for the Serbia and Montenegro Accession to the EU, jun 2005, SEIO

Actions to date taken by government to prevent abuse and illicit trafficking have resulted in increased seizures of drugs, both at the borders and within the country, as well as the development of programmes to prevent abuse and the treatment of addicts.

In order to support the fight against drugs legislative measures and actions have been taken to supplement and improve current legislation. These include the codified Criminal Code, the Law on Criminal Procedure, the Law on Organization and Competencies of State Authorities in Suppressing Organized Crime, the Law on Precursors and the Law on Production and Trade in Narcotic Drugs.

A number of Conventions in the field of criminal legislation have been ratified, which are implemented through the provisions of the above-mentioned laws. The UN Convention on Fight Against Trans-National Organized Crime, UN Convention Against Illegal Trafficking of Narcotics and Psychotropic Substances, Convention on Limiting the Production and Regulating Distribution of Narcotics, Convention on Narcotics and Protocol on Changes of the Unique Convention on Narcotics and Convention on Psychotropic Substances. A National Strategy in line with the Reform of the Health Care System has been developed to address drug abuse. This strategy is built upon four pillars:

- Supply reduction
- Demand Reduction
- Coordination and Cooperation
- Informing, research and evaluation

Building on these actions the purpose of this project to assist in the implementation of this comprehensive drug strategy and to support the work of the Inter-ministerial Commission for the Fight against Drugs (National office for drugs, as Secretariat of this Commission) by providing the necessary support and expertise to develop the required institutional framework, programmes, action plans and implementation systems. Bringing key stakeholders (such as the ministries of health, education, justice, internal affairs, finance and social affairs along with the civil sector and media) together to develop integrated solutions is very important for a successful implementation of the strategy. The key stakeholders within the health sector are:-

- ✓ Ministry of Health
- ✓ Network of health institutions
- ✓ Network of public health institutes
- ✓ Health Insurance fund

3.2 Assessment of project impact, catalytic effect, sustainability and cross border impact (where applicable)

The reduction in supply and demand of drugs in Serbia is dependent on the successful implementation of the national strategy. This project is designed to support implementation of the strategy through close cooperation of key line ministries particularly the ministries of Health, Interior, Education and Justice. Such cooperation should result in a reduction of demand of drugs in Serbia.

In order to support the process of adoption, application and effective implementation of the *Acquis* of the European Union in the field of drugs and the National Drug Strategies and Programme, the project will be developed on two of the key areas: policy development and demand reduction through extensive health prevention programmes.

The drugs problem is experienced primarily at local and national level, but it is a global issue that needs to be addressed in a transnational context. In this regard, action carried out through this project plays an important role. At an overall level, Serbia efforts will be geared towards a coordination of all the actors involved. The proposed project aims at the reduction of drugs-related health damages with public health activities focusing on information and prevention. Regarding effectiveness of school-based prevention programmes, in accordance with national legislation the envisaged project will aim to ensure that comprehensive effective and evaluated prevention programmes are included in school curricula or are implemented as widely as possible.

This project links up with other on-going projects funded under CARDS and projects planned under IPA 2007. These other actions include-: support to the border police, internal police customs administration and support to the judicial sector in addressing backlogs of caseloads.

Clear and precise objectives and priorities will be set that can be translated into operational indicators and actions in the future implementation of project, with responsibility and deadlines for their implementation clearly defined. Continued progress should be made in the availability, quality and comparability of information on monitoring the drugs situation.

3.3 Results and measurable indicators:

Results and measurable indicators in relation with activity 1

Demand reduction

- Drug Demand Reduction component of National Strategy implemented by the National Office for Drugs,
- Established action plans for all agencies involved in a Drug Demand Reduction
- Fully trained and operational staff
- Enhanced inter-agency co-operation,
- Number of trainings (30-40 per year)
- Primary Prevention Programme developed and adopted by the National Office for Drugs,
- Number of trainings for professionals (30-40 per year)
- Number of guidelines for primary prevention
- Early diagnostics, interventions and counselling programmes developed,
- Number of trainings for professionals (30-40 per year)
- Number of guidelines
- Assessment of needs concerning the medical treatment network performed and recommendations and required documentation developed accordingly,
- Number of health institutions in charge for treatment of drug users
- Number of clinical guidelines
- Rehabilitation programmes and Harm Reduction programmes network developed.
- Number of rehabilitation programmes
- Number of harm reduction programmes.

3.4 Activities:

Activity 1

As per the results above the Activities include:

- Support implementation of the National Strategy's demand reduction component by reviewing national strategy, ensure drug policy is in line with EU standards and the EU drug policy, including EU Drugs Strategy 2005-2012 and A-P 2005-2008 as well as the 2003 Council Recommendation (Official Journal L 165, 03/07/2003 P. 0031 - 0033) and the EC report on its implementation (COM(2007)199/final, identify priority areas for action, prepare necessary activities to meet objectives of drug strategy in terms of HR development, coordination, action planning, benchmarking, monitoring and evaluation.
- Support closer working relations between the Ministry of Health and other ministries/agencies involved in demand reduction including division of responsibilities, training staff to work effectively at ministerial level and with local actors other agencies, to develop action plans and to monitor/evaluate implementation of national drugs strategy.

This project will be implemented by a Service contract of 1.5 Million Euros.
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3.5 Conditionality and sequencing:

- Actions at all levels must be interlinked with the National Strategy framework for addressing drug abuse that is already in place
- The Ministry of Health must ensure and foster cooperation between all the ministries and agencies involved in the implementation of the project as it is one of the pre-requisites for its success
- National and local personnel must be identified as soon as possible and organised in teams for instruction and training through this project
- Adequate Office space for an inter-agency unit must be in place as well as budget resources
- The Ministry of Health is responsible for the monitoring and review of actions and will be responsible to report to the contracting authority of progress in strategy implementation

3.6 Linked activities

The UNDP is implementing 12 demonstration projects in cooperation with health institutions (Clinical Centers in Novi Sad, Nis and Kragujevac, Special hospital for addictive diseases in Central prison, Belgrade) Those projects include, Outreach programme, studies of drug abuse among i.v. abusers, support to capacity building for fight against drug abuse in prisons (Belgrade, Novi Sad, Nis).

The Project "Drug abuse assessment among the school population in Serbia" financed by EU was completed in 2005 with the obligation for future annual research in accordance to ESPAD methodology. The Project "Drug use prevalence in Serbia", financed by Global Fund in 2006, has been done in accordance with EMCDDA (European Monitoring Centers for drugs and drugs abuse) standards and methodology. A UN Office on drug and crime has been

established in 2006 in Belgrade. The First activity of this Office is "Assistance for the development of a regional project on HIV prevention and treatment services for injecting and other drug users in South eastern Europe".MDM has established a Needle exchange program in Belgrade in 2003, which has been continued by a local NGO Veza.

The EU funded – EAR managed 2004 health project “Improving Preventive Services”: One of its components is the design and implementation of national health promotion campaigns also in the field of drug prevention, anti-tobacco and the prevention of cardiovascular diseases. In June 2007, the Global Fund for fight against TBC, HIV and Malaria will launch a new Project for prevention HIV/AIDS among vulnerable groups (including i.v.drug users).

The Ministry of Internal Affairs are active participants with drug workshops and educational seminars organized by the European Union, United Nations and police forces from Western Europe countries. Good relations are maintained with police forces in the region, especially with the police of Slovenia, Croatia, Bulgaria and Rumania.

The Ministry of Education is currently conducting a pilot programme in secondary schools Training for Health through Life Skills in cooperation with Expert Group for Development and Health of Young People. The Program covers several health topics, and one of them is psychoactive substances use. Homeroom teachers, teachers and peer educators are engaged in this Programme and first reactions and response are encouraging.

3.7 Lessons learned

Drug related health and social risks and drug-related crime are major public concerns. Opinion polls show that drugs are seen as a key issue for the EU. The EU has responded since the 1990's by developing Drug Strategies and Action Plans to implement them. In the field of demand reduction the primary health care related issues are covered by national laws and regulations, supportive activities (training family doctors, psychiatrists, psychologists and social workers)

In its recommendation on the EU Drugs Strategy (2005-2012), the European Parliament called for more active involvement of civil society, NGOs, the voluntary sector and the general public, including drug users, in resolving drug-related problems. The importance of active civil society involvement has furthermore been emphasized by the European Economic and Social Committee (EESC).

In order to improve access, effectiveness and quality of treatment there is a need for establishing new aftercare treatment/rehabilitation programmes. Treatment of health problems resulting from the use of psychoactive substances should become an integral part of health policies.

According to European best practices NGOs are the most effective providers of the early interventions and aftercare services. To facilitate civil society organizations in early interventions and aftercare activities specific training and instruction is required.

The EU and its Member States aim to ensure a high level of security for the general public by taking action against drugs production, cross-border trafficking in drugs and diversion of precursors, and by intensifying preventive action against drug-related crime, through effective cooperation embedded in a joint approach. It is imperative for law enforcement and customs

authorities to improve the checks on their respective territories. Customs and other law enforcement services should work together to carry out this policy.

The global nature of the drugs problem calls for regional, international and multilateral approaches. In acknowledgement of the principle of shared responsibility coordination and cooperation need to be intensified, both bilaterally (between the Union and third countries) and within international organizations. More effective coordination is needed between the EU and its international and European partners.

In Serbia, there is neither a unified national system for registering drug addicts, nor do the institutions in charge register them in a timely and consistent manner - this is supported by the fact that the number of registered patients varies significantly among regions. There are no outreach programmes or databases about the drug-related population which is not included in the health system. Rehabilitation programmes are underdeveloped, whereas the pro bono working organizations, former patients, churches and NGO sector are insufficiently used. Similarly, other stakeholders are inadequately involved (police, judiciary, media, social welfare centres, etc.). Non-government and international organizations' efforts are not well coordinated, either. Doctors involved in primary prevention do not possess appropriate psychiatric knowledge and skills, especially in the area of abuse prevention. Medical students and doctors specializing in the psychiatry addiction-related disorders are not sufficiently, either theoretically, or practically, trained to work with addicts.

Results of the 2005 "Drug abuse assessment" financed by the EU/EAR in accordance with ESPAD (European School Project on Alcohol and other drugs) emphasized the importance of the early prevention of drug abuse. General recommendation of the project is that prevention needs to have a specified approach according to gender and age.

4. Indicative Budget (amounts in €)

Activities	TOTAL COST	SOURCES OF FUNDING										
		EU CONTRIBUTION				NATIONAL PUBLIC CONTRIBUTION					PRIVATE	
		Total	% *	IB	INV	Total	% *	Central	Regional	IFIs	Total	% *
Activity 1	1.5	1.5	100									
contract 1.1	1.5	1.5		1.5								
TOTAL	1.5											

5. Indicative Implementation Schedule (periods broken down per quarter)

Contracts	Start of Tendering	Signature of contract	Project Completion
Contract 1.1	T+1Q	T+2Q	T+8Q

All projects should in principle be ready for tendering in the 1ST Quarter following the signature of the FA

6. Cross cutting issues (where applicable)

Development Policy Joint Statement by the Council and the European Commission of 10 November 2000 establishes that a number of Cross-cutting Issues shall be mainstreamed into EC development co-operation and assistance.

Cross-cutting issues will be addressed in the project so as to comply with the best EU standards and practice in that area and in a way which demonstrates how they will be dealt with within the project's framework, its activities and outputs.

Cross-cutting issues will be addressed in a proactive manner, and will present a specific component of projects (at all levels of projects' development, starting from the project identification stage). Synergies between the projects and the objectives of will be identified and developed. Also, the projects' objectives and activities need to be screened in order to ensure they won't impact negatively on gender equality, minorities' inclusion and environment.

Finally, the beneficiary will make sure its objectives, policies and interventions have a positive impact on and are in line with the main principles of gender equality, minorities' inclusion and environment.

6.1 Equal Opportunity

During the implementation of the project there will be no discrimination on the grounds of health status, race, sex, sexual orientation, mother tongue, religion, political or other opinion, national or social origin, birth or other status. Equal opportunities for women, men and minorities will be ensured during the implementation of the project. The Serbian laws and regulations concerning the equal opportunities for women, men and minorities will strictly be followed. Equal opportunity for men and women to participate in the project will be measured by recording the experts and consultants employed.

6.2 Environment

N/A

6.3 Minorities

Drug abuse affects all sectors of society. The implementation of the strategy through this project will address the specific needs of minority groups and where drug abuse is prevalent in socially excluded groups. Action plans to implement the strategy must be sensitive to the need for tailored out-reach programmes to address drug demand. To that end the inter-agency office will incorporate the opinions of NGOs, Women Groups, Parent Associations, IDP/Refugee representatives etc in the design and implementation of the drugs action programme.

ANNEX I: Logical framework matrix in standard format

LOGFRAME PLANNING MATRIX for Project Fiche		Programme name and number Implementing the National Strategy for the Fight against Drug Abuse	
		Contracting period expires 5 years after the signature of the Financing Agreement	Disbursement period: expires 6 years after the signature of the Financing Agreement
		Total budget : 1.5 M	IPA budget:1.5 M
Overall objective	Objectively verifiable indicators	Sources of Verification	
The implementation of the National Strategy for the fight against drug abuse	Reduced number of drug users through the routine reporting system in health institution network Number of customs' drug control points	Routine data collected through the IPH network; Project documents and Reports; Current legislation in Serbia	
Project purpose	Objectively verifiable indicators	Sources of Verification	Assumptions
To assist in the design and support of appropriate structures and systems required to implement the supply and demand components of the National strategy against drug abuse To strengthen the Ministry of Health capacity to implement the health related component of the overall drug prevention strategy	Established action plans-activities for all agencies involved in implementation Fully trained and operational staff-number of competent staff	Routine data collected through the IPH network; Project documents and Reports; Current legislation in Serbia	Continuing Government commitment and support for cooperation between all stakeholders;
Results	Objectively verifiable indicators	Sources of Verification	Assumptions
1)Demand reduction 1.1 Drug Demand Reduction component of National Strategy implemented by the National Office for Drugs, 1.2 Enhanced inter-agency co-operation, 1.3 Primary Prevention Programme developed and adopted by the National Office for Drugs 1.4 Early diagnostics, interventions and counselling programmes developed, 1.5 Assessment of needs concerning the medical treatment network performed and recommendations and required documentation developed accordingly, 1.6 Rehabilitation programmes and Harm Reduction programmes network developed.	Established action plans for all agencies involved in a Drug Demand Reduction Fully trained and operational staff Number of trainings (30-40 per year) Number of trainings for professionals (30-40 per year) Number of guidelines for primary prevention Number of trainings for professionals (30-40 per year) Number of guidelines Number of health institutions in charge for treatment of drug users Number of clinical guidelines Number of rehabilitation programmes Number of harm reduction programmes.	Routine data collected through the IPH network; Project documents and Reports; Current legislation in Serbia	Professional skills and experience of stakeholders at different levels; The necessary legislation in place. Strategy adopted.
Activities	Means	Costs	Assumptions
Support for the implementation of a National Strategy's demand reduction component Support for the establishment of inter-agency office/unit to implement the National Strategy	Service contract-TA	1.5 M	Stated above

Pre conditions

ANNEX II: amounts (in M€) Contracted and disbursed by quarter for the project

Contracted	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
Contract 1.1		1.5									
Contract 1.2											
Contract 1.3											
Contract 1.4											
.....											
Cumulated		1.5									
Disbursed											
Contract 1.1		900,000	100,000	100,000	100,000	100,000	100,000	100,000			
Contract 1.2											
Contract 1.3											
Contract 1.4											
.....											
Cumulated		900,000	1,000,000	1,100,000	1,200,000	1,300,000	1,400,000	1,500,000			

ANNEX III

Description of Institutional Framework

The Ministry of Health is in charge of implementation and monitoring of this project. The work, mandate and authorisations of the Ministry are regulated by the Law on Ministries (adopted on May 15, 2007 (Official Gazette of Republic of Serbia no. 48/07) – i.e. Article 21.

The Ministry consists of the following sectors:

- Sector for organisation of health service
- Sector for health insurance
- Sector for international relations
- Sector for health policy
- Sector for public health

ANNEX IV

Reference to laws, regulations and strategic documents:

Reference list of relevant laws and regulations in the health sector

General:

- Constitution of the Republic of Serbia
- Law for the Implementation of the Constitution of the Republic of Serbia
- National Strategy for Serbia and Montenegro's Accession to the European Union
- Action Plan for the Implementation of the European Partnership
- Poverty Reduction Strategy Paper

Laws

- Law on drugs
- Law on health care
- Law on health insurance
- Law on population protection from infective diseases that have influence on whole country
- Law on food
- Law on water
- Law on health inspection of food
- Law on sanitary inspection

Regulations

- Regulations on sanitary-hygienic conditions for food production and trade objects
- Regulations on conditions and ways of exceeding rights
- Regulations which enclose with the claim for sanitary agreement
- Regulations on warning signs on forbidding tobacco sale to underage
- Regulations on warning signs for tobacco transport

Decisions

- Decision on content and scope of health care

In **Criminal Code of Republic of Serbia** the Chapter 23., named “Criminal offences against the peoples health”.

Article 246 Unlawful Production, Keeping and Circulation of Narcotics

- (1) Whoever unlawfully produces, processes, sells or offers for sale, or whoever purchases, keeps or transports for sale, or who mediates in sale or buying or otherwise illegally puts into circulation substances or preparations that are declared narcotics, shall be punished by imprisonment of two to twelve years.
- (2) If the offence specified in paragraph 1 of this Article is committed by several persons acting in conspiracy to commit such offences, or if the offender has organised a network of dealers or middlemen, the offender shall be punished by imprisonment of five to fifteen years.
- (3) Whoever unlawfully keeps substances or preparations that are declared narcotics, shall be punished by fine or imprisonment up to three years.
- (4) The offender specified in paragraph 3 of this Article who keeps narcotics for self-use may be remitted from punishment.
- (5) The offender specified in paragraphs 1 through 3 of this Article who discloses from whom he obtained narcotics may be remitted from punishment.
- (6) Whoever unlawfully manufactures, obtains, possesses or gives for use equipment, material and substances that are known to be intended for production of narcotics shall be punished by imprisonment of six months to five years.
- (7) Narcotics and means for production thereof and processing shall be seized.

Article 247 Facilitating the Taking of Narcotics

- (1) Whoever induces another person to take narcotics or gives him narcotics for his or another’s use or places at disposal premises for taking of narcotics or otherwise enables another to take narcotics, shall be punished by imprisonment of six months to five years.
- (2) If the offence specified in paragraph 1 of this Article is committed against a minor or several persons or has resulted in particularly grave consequences, the offender shall be punished by imprisonment of two to ten years.
- (3) Narcotics shall be seized.

Reference to AP /NPAA / EP / SAA

The EU Strategy for fight against drugs reflects the fundamental principles of the European model on drugs: a balanced, integrated and multidisciplinary approach in which action against drug supply and on reducing demand for drugs are seen as mutually supportive and equally important. The Strategy is an integral part of the 'Hague Programme' for strengthening freedom, security and justice in the EU.

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According to the current EU regulation, health protection systems are the responsibility of the EU member states. However, illnesses caused by hazardous behavior (drugs, alcohol) cross the national borders and are of common interest to the EU member states.²

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Reference to MIPD

The MIPD highlights the importance of the fight against drugs by consolidating the rule of law, building the capacities of law enforcement agencies and providing technical assistance to implement national strategies in the sector. Supporting inter-ministerial fight against drug abuse is one of the objectives outlined in section 2.2.2.1., page 19.

Reference to National Development Plan

N/A

Reference to national / sectoral investment plans

N/A

ANNEX V

Details per EU funded contract (*) where applicable:

- Support implementation of the National Strategy's demand reduction component by reviewing national strategy, ensure drug policy is in line with EU standards (including drug definition, control measures etc), identify priority areas for action, prepare necessary activities to meet objectives of drug strategy in terms of HR development, coordination, action planning, benchmarking, monitoring and evaluation.
- Support closer working relations between the Ministry of Health and other ministries/agencies involved in demand reduction including division of responsibilities, training staff to work effectively at ministerial level and with local actors other agencies, to develop action plans and to monitor/evaluate implementation of national drugs strategy

² National Strategy of Serbia for the Serbia and Montenegro Accession to the EU, jun 2005, SEIO