

NATIONAL STRATEGY ON COMBATING DRUG ABUSE

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Introduction

According to the last World Drug Report (UNODC, 2012)¹, it is estimated that in 2010, illicit drugs were used (at least once during the past year) by 3.4 to 6.6 per cent of the world adult population aged 15-64 (between 153 to 300 million people). Twelve per cent of this population (from 15.5 to 38 million people) represent injecting drug users, which is a central risk factor for transmission of HIV-AIDS epidemics globally.

Based on the above-said, reducing harm caused by illicit drug circulation and use (on individual, public, national and international levels) is one of the most pressing issues on the global agenda. The problem is especially serious for the low and middle income countries.²

In the past century, fighting against drugs was considered the only way to overcome the drug problem globally. Fighting against drugs as an approach means an approach based on their maximum restriction and punishment-oriented unbalanced strategy (meaning imbalance between the law-enforcement and medical-social measures). Hence, the measures to respond illicit drug circulation in the 20th century had been elaborated based on this very approach, which accordingly had been reflected at the names of the specific institutional mechanisms: “National Bureau on Combating Drug Abuse”, “National Strategy on Combating Drug Abuse”, etc.

The efficiency of the paradigm of fighting against drugs was questioned in 21st century; and the traditional anti-drug approach has been even more challenged with publishing of the report of the Global Commission on Drug Policy in June 2011 ([Global Commission on Drug Policy](#)). The 21st century brought along the recognition of importance of a balanced drug strategy founded on human rights and scientific evidence based findings, which is consistently implemented in EU countries and resulted in reducing the scale of the problem (EMCDDA, 2012)³. The key parameter of the European approach is shifting the focus from fighting and eradicating the problem towards recognizing the latter and implementing a pragmatic and realistic strategy to address it - which, ultimately leads to the effective management of the problem.

The present strategy was developed based on the international practice and following the recommendations produced by the different non-governmental or international organizations. In addition, the qualified expert conclusions have been taken into consideration when working on the key issues of the strategy.

¹ http://www.unodc.org/documents/data-and-analysis/WDR2012/WDR_2012_web_small.pdf.

² Ralf Jurgens, Joanne Csete, Joseph J Amon, Stefan Baral, Chris Beyer; *People who use drugs, HIV and human rights*; Lancet July 2010: 97-107.

³ <http://www.emcdda.europa.eu/news/home>.

1. Brief Overview of Drug Situation

According to the 2009 data, there are up to 40.000 injecting drug users in Georgia that amounts 1.5 per cent of the country's population aged 15 to 64. Opioids accounted for the majority of the "traditional" drugs being sold at the street market: starting from 90s – a raw opium, street name "black", followed by heroin, and since 2004 – buprenorphine in the form of Subutex. Since 2008 the amphetamine group stimulants available at pharmacies are becoming popular among injecting drug users (street names 'vint' and 'jeff'). According to the medical research and observations, using homemade stimulants is closely associated with irreversible neurological changes and causes diseases similar to Parkinsonism and other types of disability. In 2010-2012, along with sharp decrease in "traditional" opioids at the street market, the injecting drug users shifted from the precursors, easily accessible at pharmacies and consumer goods' stores towards a codeine-containing homemade opioid widely known for its Russian name 'krokodil', which is characterized by the high risk of overdose.

By 2012, 53 per cent of HIV infections identified in Georgia were caused by injecting drugs. Up to 60-70 per cent of injecting drug users is infected with the hepatitis C virus. Against this background, the coverage of harm reduction programmes in IDU population reaches only 5-10 per cent, while one of the core reasons of the abovementioned programmes is to prevent infectious diseases in this very population. According to the World Health Organization, if the programmes on needle exchange, voluntary counselling and testing cover less than 20 per cent of IDU population, this rate is low (average rate of coverage is 20-60 per cent).

By 2012, there were four inpatient treatment clinics functioning in the country providing detoxication treatment - three in Tbilisi and one in Batumi. In 2011, treatment of 80 patients out of 270 people who underwent treatment in these four clinics was covered by the state programme, while the rest of the cases (GEL 1200 - 2200) were covered by the patients themselves. There are 17 opioid substitution treatment programmes functioning in the country providing treatment services approximately to 2300 patients annually, including, among these, 100 patients placed in two penitentiary institutions. The substitution treatment is free of charge for 500-600 patients, being financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria; while the rest of the patients pay GEL 150 per month for receiving treatment according to the co-financing principle of the state-run healthcare programmes. Drug addiction treatment guidelines do not exist in the country; also there are no mechanisms and indicators to assess the effectiveness of treatment.

There are no primary prevention institutional mechanisms available in the country, meaning a complex of social, educational, medical and psychological measures preventing drug/psychotropic substance abuse; nor are there the evidence-based approaches developed and introduced. According to the ESPAD (European School Program on Alcohol and Drugs) study data of 2009, 20 per cent of 16-year old young people living in the capital

Tbilisi have used an illicit drug once in a lifetime (33% of boys and 8% of girls of those interviewed). The legal drugs are used more intensively though (tobacco - 50%, alcohol – 90%). In addition, the study showed that young people are unaware of the risks associated with using legal or illicit drugs.

Using drugs without physician's prescription is punishable in Georgia according to both administrative and criminal laws. Illegal use of drugs without physician's prescription for the first time is punished by administrative law and envisages imposing penalty in the amount of GEL500 as a sanction, while the same action committed repeatedly within the period of one year is subject to criminal responsibility and will be punished by 1-year imprisonment and/or imposing penalty. In 2011, 3,543 persons were convicted for drug-related crime (Chapter 33 of Criminal Code of Georgia), 1,523 among them for the only reason of illegal use of drugs. Apart from that, 5,717 persons were additionally fined according to the administrative law.

2. Strategic Vision

The harm caused by illicit drug circulation in the country affects an individual, family, society and state and needs therefore to be addressed by a complex/multisectoral, balanced, pragmatic and consistent approach founded on human rights protection and scientific evidence.

Drug addiction is a progressive chronic illness, which is strongly linked with mental disorders, the HIV-AIDS and hepatitis viruses' transmission and death caused by drug abuse. Considering this, a public healthcare approach should be given priority when addressing the drug addiction problem.

National drug strategy should be focused on developing institutional mechanisms for managing the problem of illicit drug circulation. The basic directions of the strategy are: reducing drug demand and supply, reducing harm caused by drug abuse, and monitoring, coordination and international cooperation over the drug problem.

2.1 Strategy principles

The strategy is based on the following basic principles: assisting harmonious development of a human being, safeguarding personal and public security, respect for human dignity and rights, and facilitating informing and educating the public.

2.2 Strategy goals

The **goal** of this strategy is to reduce medical, social and economic harm caused by illicit drug traffic on the individual, family, community, public and national levels in Georgia.

The main directions/components of the strategy are: working on reducing demand and harm; reducing supply; coordination and international cooperation; and monitoring drug situation in the country.

2.3 Strategic objectives

- Prevention of substance abuse in children, adults, young people and general population;
- Providing drug addicts with the evidence-based treatment tailored to their medical, psychological and social needs;
- Ensuring access to the programmes related to reducing the harm caused by substance abuse;
- Providing substance abusers placed in the penitentiary institutions with treatment, rehabilitation and harm reduction opportunities;
- Overcoming stigma and discrimination in order to assist substance abusers effectively;
- Ensuring putting in place an evidence-based informational system in order to develop a national drug policy as well as to plan, implement and evaluate the relevant programmes;
- Restriction of illicit drug traffic;
- Assisting public safety by reducing drug-related crime;
- Ensuring effective cooperation between relevant state structures, international and public organisations;
- Ensuring institutional mechanisms for training/retraining relevant professional human resources;
- Ensuring continuing communication with the society about illicit drug traffic and abuse.

3. Demand Reduction

Drug demand reduction means implementing the wide spectrum of strategies and programmes focused on reducing the willingness to obtain and use illicit drugs.

Drug demand reduction is implemented by the following strategies: preventive and educational programmes oriented on decreasing the motivation to use drugs and reducing usage of experimental drugs; substitution programmes (representing, at the same time, a very important component of the harm reduction strategy); abstinence oriented treatment programmes; diversion programmes, which offer a detainee the treatment as an alternative to incarceration; different social strategies focused on minimising the factors contributing to drug abuse (such as employment, resolving a domestic violence problem, etc.)

Success of demand reduction policy is usually defined by diminished drug abuse rates and aims at facilitating introduction of the healthy lifestyle oriented on abstinence from drug abuse. Accordingly, the goals of demand reduction strategy can differ from the goals of

harm reduction strategy; while the goals of these two strategies can be different from each other and even contradict the goals of the drug supply reduction strategy. Therefore the effectiveness of the general national drug strategy depends much on how balanced and mutually complementary these three strategies will be.

The demand reduction strategy, in turn, should be well-balanced in view of the prevention, treatment and psychosocial rehabilitation components.

3.1 Prevention

Definition, types of prevention

Prevention means avoiding drug abuse and the harm caused by the latter. Target groups of prevention programmes are children/adolescents, young people and the general population who do not use drugs. Educational programmes implemented at the educational institutions as well as the relevant activities of the mass media play a crucial role in terms of facilitating prevention.

There are the following three types of prevention:

Universal prevention means “Prevention for everyone”: for the population at large, neighbourhood or a school community. The example of universal prevention is informing society about the risks associated with drug abuse, and drug situation in the country, providing subject study on drugs in schools or higher educational institutions, etc.

Selective prevention means providing preventive work with the high risk groups selected from general population such as, among others, IDPs, neighbourhood communities living below poverty line or those living in the criminal environment, etc.

Indicated prevention means early identification of drug-related problems and factors contributing to drug abuse, and bringing about relevant intervention, i.e. providing adequate assistance on an individual level.

Principles

- Prevention should be an integral priority of the National Strategy on Combating Drug Abuse;
- The state should ensure a coordinated, mutually agreed, synergic, consistent action and cooperation of relevant structures (Ministry of Education and Science, Ministry of Sport and Youth Affairs, Ministry of Culture and Monument Protection, Ministry of Labour, Health and Social Affairs, Ministry of Justice, Ministry of Internal Affairs, etc.) with civil society and the respective institutional mechanisms to ensure coordination;
- Prevention should be based on the regulatory documents of the international law: Convention of Human Rights and Fundamental Freedoms, Convention on the Rights of the Child, International Covenant on Civil and Political Rights (namely, Article 19), and finally, UN Conventions regarding drugs, particularly, the UN Convention on

Psychotropic Substances of 1971, Article 10 (on prohibiting advertising controlled substances), The United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, Article 3 (which qualifies the public incitement of drug-related illegal activities as crime);

- Prevention should be based on scientific evidence; effectiveness and impact of preventive initiatives should be subject to monitoring and evaluation;
- Institutional mechanisms should be elaborated and introduced to evaluate the ethical aspects of preventive initiatives (for example, the board of ethics);
- Institutional mechanisms should be elaborated and introduced to ensure the quality of preventive initiatives (for example, the board of quality control);
- Prevention activities should be based on the complex biopsychosocial approach and should be focused on reducing risk factors and strengthening protective factors on each above-mentioned level;
- Prevention activities should promote relevant knowledge, attitude and behaviour (skills) in child/adolescent/young person/citizen to help him/her make a choice in favour of a healthy lifestyle;
- Prevention approach should be based not on prohibitions, fear of drugs and punishment, but on creating opportunities to a child/adolescent/young person/citizen to make an informed decision;
- Prevention approach should consider principles of drug abuse prevention elaborated and established by the UN based on the best international practices; for instance, it should not carry sensational or tragic character, should not necessarily popularise stories about the well-known persons who use drugs (in order to avoid an unintentional propaganda), disseminate information about drug producing technologies, provide a false information, be discriminative, stigmatising, or didactical; it should use peer education resource, etc.

Goal

To avoid substance abuse among children, adolescents and general population.

Objectives

1. Facilitating the introduction of healthy lifestyle among children, adolescents and general population - universal prevention;
2. Facilitating the introduction of healthy lifestyle among general population (adults and their families) – universal prevention;
3. Facilitating the introduction of healthy lifestyle among children, adolescents and general population representing the most vulnerable communities/groups of population - selective prevention;

4. Facilitating the introduction of healthy lifestyle among children and adolescents having drug problems and representing special risk groups – indicated prevention;
5. Creating institutional mechanisms to ensure the prevention quality.

3.2 Treatment and Rehabilitation

Treatment and rehabilitation include a set of medical, psychological or/and social measures directed towards curing and integrating into the society a person using drugs under special control or person suffering from drug addiction.

Using drugs and other substances having drug effect entails a whole range of biophysiological, psychological and social problems, the different treatment and psychosocial rehabilitation methods are offered to overcome which. These problems may arise in all cases – whether a person takes drugs one time, irregularly or is he/she a drug addict.

Drug addiction is a chronic illness, characterised by relapses, which are caused by a repeated use of drugs or other substances having drug effect and accompanied with irresistible wish to take drugs irrespective of the negative side effects caused by mental or/and physical dependence on this specific substance.

The biopsychosocial nature of the given disease requires creating and putting into practice a chain of reciprocal measures, which would address the problems existed on all three levels at once. Therefore, treatment and rehabilitation from drug addiction is a single and continuing process.

Principles of treatment and psychosocial rehabilitation

- Protection of human rights and dignity should be a key principle of treatment and rehabilitation;
- Treatment and rehabilitation should be based on the appropriate international and national regulatory and legal documents (Declaration of Human Rights, relevant UN Conventions, the Law of Georgia on Patient's Rights, etc.);
- Treatment of disorders developed in result of drug abuse should become an inalienable priority of the national drug strategy and should be the preferential approach when confronted with a punishment-oriented approach;
- Different evidence-based modern methods of treatment and rehabilitation applied worldwide should be available in the country;
- Patient should be given the opportunity to get treatment/rehabilitation timely; the relevant services should be financially affordable and geographically accessible;
- Treatment should be voluntary and not compulsory; it should be based on the participatory principle and involve an informed consent;

- An individual approach based on the patient's needs should be applied in each specific treatment case;
- A continuing and consistent chain of treatment and rehabilitation should be ensured; offered services should have a complex nature: methods of medication and non-medication therapy, psychological and social care should be diversified and accessible;
- A referral network of treatment and psychosocial rehabilitation from drug addiction, its complications and comorbid conditions should be developed;
- Institutional mechanisms on ensuring the quality of provided rendered treatment and psychosocial rehabilitation services should be developed and introduced.

Goal

To provide the persons suffering from drug addiction with the treatment tailored to their medical, psychological and social needs. For this purpose, the treatment and rehabilitation methods based on modern scientific findings, relevant infrastructure and human resources should be developed, and the institutional mechanisms elaborated to ensure the quality control. Also, the role of treatment as an alternative to punishment for drug consumption should be enforced and the respective institutional mechanisms developed.

Objectives

1. Ensuring effective treatment of drug addiction;
2. Providing a psychosocial rehabilitation as an integral component of the treatment.

4. Harm Reduction

Harm reduction envisages implementation of the range of activities directed towards diminishing the negative effects caused by drugs and psychotropic substance abuse.

The harm reduction strategies aim at reducing harm caused by drug abuse on both the individual and public levels. The harm reduction programmes do not necessarily mean abstinence orientation; however, implementation of these programmes can significantly increase the probability of quitting drug use.

The harm reduction is a practical, feasible, safe, effective and economically justified approach. The policy and practice of harm reduction are based on the evidence-based effectiveness of the given approach; the majority of the measures related to harm reduction are cost-efficient, they are easy to implement and significantly affect an individual and public health.

Provided that drug users represent a hidden population, the harm reduction programmes serve as one of the most effective tools to reach them (for providing medical, psychological and social care).

The harm reduction measures should be oriented on contributing to the healthcare as well as providing psychological and social assistance to the drug users who live within the society or are placed at the penitentiary institutions.

Harm caused by drug use affects the following fields:

- The health harm includes death from overdose and diseases contracted in result of drug abuse including infectious diseases transmitted by blood such as HIV/AIDS, viral hepatitis, etc.
- The social harm includes the problems associated with unemployment due to drug abuse, conflict with law, lowering the quality of life of drug users and their family members, social isolation, marginalization and stigmatization, imprisonment, etc.
- The economic harm means an economic damage caused by decreased working efficiency and productivity in result of drug abuse, treatment costs related to drug addiction and consequent complications, and the costs of the efforts of law-enforcement agencies directed towards fighting with illicit drug circulation.

Principles

- The harm reduction approach is based on protection of the principles of public health and human rights;
- Cooperation of governmental and non-governmental sectors to ensure the full-scale implementation of harm reduction programmes and the relevant measures.

Goal

Reducing negative social, economic and medical results caused by legal and illegal substance abuse.

Objectives

1. Broadening the coverage of harm reduction programmes and improving their quality;
2. Creating favourable environment for full-scale and efficient implementation of harm reduction programmes.

5. Treatment, Rehabilitation and Harm Reduction in Penitentiary Institutions

According to the world experience in terms of protecting public health, providing treatment, rehabilitation and harm reduction services to the drug users placed at the penitentiary institutions is of utmost importance. Therefore, it is necessary to develop the institutional mechanisms of treatment and rehabilitation at the country's penitentiary system.

The pilot programmes carried out at the penitentiary system of Georgia in the past years (methadone detoxication, the *Atlantis* rehabilitation programme for drug addicts, voluntary counselling and testing) proved their effectiveness. Taking this experience and the relevant

international scientific evidence into consideration, it is necessary to develop the institutional mechanisms of treatment, rehabilitation and harm reduction in the penitentiary system of Georgia that should become one of the most important priorities of the Georgian national drug strategy.

Goal

Providing drug users placed at the penitentiary institutions of Georgia with treatment, rehabilitation and harm reduction opportunities.

Objectives

1. Providing persons placed at the temporary detention facilities of the Ministry of Internal Affairs with adequate medical care;
2. Providing persons placed at the penitentiary institutions and suffering from drug addiction with adequate medication-based treatment;
3. Introducing the tested detoxication follow-up rehabilitation programmes at the penitentiary system;
4. Providing consultations to the prisoners who use drugs concerning the risks associated with drug use prior to their release;
5. Developing and introducing the referral mechanisms of released drug user patient detainees to the treatment, rehabilitation and harm reduction programmes operating in the civil sector;
6. Broadening the harm reduction programmes within the penitentiary system.

6. Overcoming Stigma and Discrimination

Stigma and discrimination existed in the society towards drug users create a complex range of barriers on the way to overcome the problem, preventing early identification and timely treatment of drug addiction, and negatively affecting the patients' referral to the relevant healthcare services, contributing to their marginalization, social isolation and unemployment. In result of that a vicious circle is formed preventing drug users from breaking it. According to the studies, self-stigma existed among drug users along with the stigma existed in the society is the barrier of no less significance, hampering drug addicts to get timely and effective treatment.

Stigma and discrimination negatively affects the potential of the harm reduction programmes to be implemented effectively, which certainly increases the medical, social and economic damage caused by the problem. Stemming from the abovementioned, overcoming stigma and discrimination towards drug users and drug addicts should become one of the most important priorities of the Georgian national drug strategy.

Goal

To overcome stigma and discrimination with the aim of providing an efficient assistance to the people suffering from drug addiction.

Objectives

1. Creating a favourable legislative environment for treatment and rehabilitation and harm reduction: developing and implementing more liberal approach towards drug users instead of a repressive one;
2. Creating institutional mechanisms to apply treatment of drug addicts as an alternative to the punishment for a petty drug crime;
3. Educational activities focused on overcoming stigma existed in general population and minimising the discriminative attitude from the society;
4. Informational work carried out with specific professional groups (high management and lower rank staff of law-enforcement agencies, judges specifically, representatives of executive authorities, healthcare personnel, etc.) to change discriminative attitudes existed towards persons suffering from drug addiction.

7. Supply Reduction

Reduction of drug supply represents one of the important directions of the national drug strategy. A well-balanced policy between the drug demand and supply reduction is an effective way to address illicit drug traffic and drug abuse. Accordingly, the equal efforts should be made towards the measures to be implemented in both directions.

Goal

The main goal of supply reduction is restriction of illicit circulation of psychoactive substances (drugs and psychotropic substances) and ensuing public safety and order by decreasing drug-related crime.

Objectives

1. Institutional strengthening and capacity building of law enforcement agencies including customs and penitentiary institutions in order to ensure adequate and timely response to the drug-related crime;
2. Improving cooperation and coordination between the relevant state authorities and civil and international organisations;
3. Sharing the best international experience and practice for carrying out the supply reduction measures effectively;
4. Improving the efficiency of fighting with and prevention of the organised crime and drug trafficking;

5. Ensuring public safety and reducing drug-related crime;
6. Introducing procedures for timely identification of new synthetic drugs and ensuring adequate prompt responses;
7. Improving control over the legal flows of substances subject to special control in order to avoid falling those substances into illegal traffic;
8. Improving control on industrial precursors.

8. Coordination and International Cooperation

Drug use is a complex and multisectoral problem and thus requires effective coordination and close cooperation between state authorities. It is necessary therefore to create an effective intersectoral coordination mechanism, which would ensure participation of all interested parties and monitoring of the implementation of the national drug strategy and action plans. Coordination is necessary for developing multisectoral approaches, which, in turn, serves as a precondition to result-oriented efforts. Apart from state authorities, a civil sector should also be involved in the process of resolving the drug problem.

Since the drug problem goes far beyond the boundaries of one country and is a global issue, it is necessary to establish the international, bilateral and multilateral cooperation with neighbouring and other countries. The above-said should become an important part of the efforts directed towards solving the illicit drug traffic and drug addiction problems.

The present strategy aims to ensure effective cooperation **between state authorities, international and public organisations, and strengthening cooperation and coordination within the state authorities on both horizontal and vertical levels**, as well as improving cooperation with civil society and enhancing their involvement into the process of implementation of the national drug strategy and action plan. Georgia is continuing and will further extend the cooperation with different international organisations, including UN, CoE and EU structures in the field of fighting the illicit drug traffic and drug addiction. Georgia will take further efforts to extend bi- and multilateral cooperation with neighbour and partner countries as well.

9. Information, Research and Evaluation

Collecting, analysing and interpreting the drug-related information and developing an evidence-based strategy and evaluation based on that is one of the most important strategic directions, which enables policy makers to take informed and proper decisions.

Collecting, analysing and disseminating information on drugs were considered a necessary component by international conventions.⁴

⁴ The United Nations Single Convention on Narcotic Drugs, 1961 (http://www.incb.org/pdf/e/conv/convention_1961_en.pdf).

Coordination of drug-related information requires relevant institutional mechanisms. Since 1993, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has been established and is now functioning for uniting all EU member states into one drug-related informational area. A network of National Focal Points (NFPs) of EU member countries, candidate countries and the European neighbourhood policy countries are functioning at the EMCDDA. The countries that are willing to cooperate with the EU in the field of fighting drug problem can also join the network. Since Georgia builds its foreign course on the European integration, the drawing up and enforcing the drug information system should be based on EMCDDA standards.

Ensuring proper informational support of the drug strategy development as well as monitoring its effectiveness and evaluation is the function of the National Centre for Drug Monitoring. The Centre must develop a national drug information system, which will coordinate/collect the information on drugs from the relevant structures and organisations.

The Centre will collect/coordinate information from two main sources: (1) all structures and organisations - members of the drug information system, and (2) relevant scientific research. Providing information based on international standards is vitally important since the strategy should be based on objective information and scientific evidence. Analysis and interpretation of the collected information should also be carried out impartially, within the scientific framework.

One of the basic instruments of drug monitoring is the annual report on drugs developed and published by the Centre, which highlights the reliable information according to the international standards and indicators. The beneficiaries of the annual report are decision-makers, professional community, society at large, and international community. Adequate informing of all abovementioned segments is one of the basic mechanisms to ensure effectiveness of the drug strategy.

Principles of drug-related information, research and evaluation strategy

- Evidence-based approach;
- Synchronization with international standards, which will enable monitoring dynamics of the drug situation in Georgia and compare it to the situation in other countries;
- Regular and consistent nature of collecting information and carrying out research and evaluation, ensured by its institutional mechanisms;
- Responsiveness and flexibility;
- Collecting information based on intersectoral coordination, cooperation and shared responsibility;

The United Nations Convention on Psychotropic Substances, 1971

(http://www.unodc.org/pdf/convention_1971_en.pdf).

The United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988

(http://www.unodc.org/pdf/convention_1988_en.pdf).

- Transparency and impartiality.

Purpose of drug-related information, research and evaluation component

To ensure putting in place the evidence-based informational system in order to develop the national drug policy, as well as to plan, implement and evaluate the relevant programmes. Based on that, to ensure collecting, analysing and disseminating reliable, proper and comparable information.

10. Implementation Mechanism

The national drug strategy and action plan shall be approved by the Inter-Agency Coordinating Council for Combating Drug Abuse.

This Coordinating Council is a supervisory and coordination body tasked with facilitating coordination between different agencies and providing evaluation and monitoring on the activities implemented by the latter. The Council is also responsible for drafting and disseminating an annual evaluation paper on the progress achieved by the agencies and organisations operating under the Council in terms of implementation of the action plan.