THE RESULTS OF STUDY:

Mapping of services for the treatment of adolescents with substance use disorders

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This report is an independent review of the consultants. The views expressed therein are those of the authors and do not necessarily represent the views of UNODC.

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GLOSSARY OF TERMS

AA – ALCOHOLICS ANONYMOUS

BI – BRIEF INTERVENTION

CBT – COGNITIVE-BEHAVIOURAL THERAPY

EMCDDA – (EUROPEAN MONITORING CENTER FOR DRUGS AND DRUG ADDICTION)

GFATM – GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

HBV – HEPATITIS B VIRUS

HBSC – HEALTH BEHAVIOR IN SCHOOL-AGED CHILDREN SURVEY

HCV – HEPATITIS C VIRUS

IPH – INSTITUTE OF PUBLIC HEALTH

MI – MOTIVATIONAL INTERVIEWING

MMT – METHADONE MAINTENANCE TREATMENT

MoH – MINISTRY OF HEALTH

NGOS – NON-GOVERNMENTAL ORGANIZATIONS

NHS – NATIONAL HEALTH SERVICE

NIDA – National Institute on DRUG ABUSE

NPS – NEW PSYCHOACTIVE SUBSTANCES

NSPS – NEEDLE AND SYRINGE PROGRAMS

OST – OPIOID SUBSTITUTION TREATMENT

PWID – PEOPLE WHO INJECT DRUGS

PAS – PSYCHOACTIVE SUBSTANCES

RCT – RANDOMISED CONTROL TRIAL

SHDA – SPECIAL HOSPITAL FOR DRUG ADDICTION

SUD – SUBSTANCE USE DISORDERS

UNODC – (UNITED NATIONS OFFICE ON DRUGS AND CRIME)

WHO – WORLD HEALTH ORGANIZATION

VCT – VOLUNTARY COUNSELING AND TESTING

INTRODUCTION

The main objective of this research is to collect information on substance abuse treatment systems, their characteristics, use by clients and staff, service quality management, interventions and types of services provided, as well as their prevalence. Part of the research is dedicated to the collection of information on the treatment system for adolescents below the age of 18, with a view to reviewing the existing capacities and planning the improvement of treatment programs for juveniles who use psychoactive substances.

The study complements the standards of the EMCDDA[1] (European Monitoring Center for Drugs and Drug Addiction), UNODC[2] (United Nations Office on Drugs and Crime) and WHO[3] (World Health Organization), which include instruments for collecting data on drug treatment systems. The information gathered from this research is crucial for comprehensive planning, intervention needs assessment and investment decision support.

The study was conducted using the questionnaire for evaluation of addiction treatment – developed by UNODC in coordination with the Serbian Ministry of Health, which had already been used in Serbia in 2018 for the purpose of mapping the treatment facilities.[4]

1 Good Practice and Quality Standards – EMCDDA – Europa; www.emcdda.europa.eu

2 Treatnet Training Package, UNODC; https://www.unodc.org/treatment/en/training-package.html

3 International Standards for the Treatment of Drug Use Disorders, 2017; https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_International_Standards_for_the_Treatment_of_Drug_Use_Disorders_March_17_ebook.pdf

4 Drug treatment systems in the Western Balkans,2019 available at: https://www.unodc.org/documents/southeasterneurope//Drug_treatment_systems_in_the_Western_Balkans.pdf

EXECUTIVE SUMMARY

Having in mind the necessity of developing and strengthening the capacities of services, as well as programs for the treatment of juveniles who use psychoactive substances, we have determined the existing capacities in the Republic of Serbia through the mapping of services for the treatment of adolescents with substance use disorders. Overall, we come to the conclusion that,whilst capacities exist, it is crucial to provide effective programs for the treatment of adolescents by training the existing staff. 10.6% of Serbian students from the first grade of secondary school have used cannabis at least once in their lifetime, while last month's prevalence was 6.7% (7.7% boys, 5.5% girls). Most of the prevention strategies in place belong to the domain of universal prevention and are implemented in educational settings within families and community. Drug treatment in Serbia includes medical detoxification, psychosocial treatments such as short-term (motivational interviewing, individual psychosocial counseling, individual and group psychotherapy) and long-term rehabilitation group and family therapy, and medication-assisted treatment (with agonists and antagonists). The distribution of the existing facilities provides a solid basis for further development of adolescent services, with such services currently being provided by three Clinical Centers and a Special Hospital for Addiction Diseases. Across Serbia, the available capacities are still far from being fully used, highlighting the fact that the current concept for the treatment of adolescents suffering from addiction should change moving forward. Out of eight institutions, only half reported working with adolescents and conducting detoxification. Currently, the use of the available capacities is extremely low. This shows that the concept of treatment for adolescents with addiction should change. No special programs for the treatment of adolescents with substance use disorders exist, except for provision of services adapted to the needs of adolescent groups for general psychiatry concepts and the methods are adapted to fit their needs.

For prevention programs, it is crucial to consider further alignment with the evidence-based strategies outlined in the UNODC-WHO International Standards on Drug Use Prevention, with strategic focus on different risk levels and needs. Epidemiologically, illicit substance use is a relatively minor problem among young people in comparison to disorders related to alcohol, tobacco, prescribing drugs/medicaments, solvents use, etc. Disorders related to the internet, gaming and gambling have gained in importance over the last two decades, with their numbers exponentially growing (behavioral addictions),, which makes the field more complicated and indicates the need to cover this area. For a complex needs assessment, data from all relevant areas of the Serbian society is required to better identify youth with SUD and understand the context. We are still lacking epidemiological data from specific subpopulations and institutional networks with expectable higher prevalence of SUD (e.g. orphanages, segregated populations, detention centers etc.).

The critical issue for further discussion is how to improve and increase the effectiveness of the “gateway measures” by integrating many different approaches. In this context, it is essential to clarify and clearly describe the roles of all relevant actors, streamline the process to effectively identify SUD problems in a timely manner, and carefully plan how to run adequate and acceptable interventions towards individuals and families. The core issue is identifying ways to improve early detection, initiation of diagnosing and related treatment procedures. As such, we recommend selecting and adopting complex strategies/policies on how to organize, operate and facilitate this entire field of counseling, treatment and rehabilitation services specifically devised to children and adolescents with SUD. Strategies and technical documents should, where possible, be integrated into the national strategy and become institutionalized. Equally important is the accessibility and continuity of care. Guidelines relying on evidence-based approaches need to be adopted and adjusted to the real clinical practice and institutional context. However, this might prove to be a challenging and complex long-term project, in particular due to the many variations and dissimilarities among different legislations, institutional frameworks, cultural and historical aspects, and stigmatizing issues. Moreover, the development of specific professional networks at the national level in terms of connecting professional societies and national authorities (ministries, etc.), with a special focus on children and adolescents with SUD, would be helpful. For example, this can be achieved by a very simple and semi-structured platform shared by different professional societies (e.g. with a focus on child psychiatry, child psychology, pediatrics, social work, ethopedy etc.) and central-level bodies (e.g. the National Drug Commission, relevant ministries).

DRUG USE

Prevalence and trends

The last representative national general population survey[5] in Serbia was conducted in 2014, with a sample of 5,385 people aged 18-64 years. The results indicate that drug use in Serbia remains relatively low compared with the majority of the European Union Member States. Around 8 % of the adult population in Serbia had used any illicit substance during their lifetime, with drug use being more common among young people aged 18 to 34 years (12.8 %). Cannabis is the most frequently consumed illicit substance, with around 3.3 % of young people reporting its use last year and 1.8 % in the last month. Generally, its use is more common among males: 7.7 % of 18- to 34-year-old males had used cannabis last year, while only 1.5 % of women in the same age group had. The use of other substances, such as amphetamines, cocaine and ecstasy is less common among the general adult population in Serbia. The survey also examined the use of NPS among the general population, with around 0.1 % of young people (18 to 34 years old) indicating the use of any NPS during the last year.

In 2017, the Institute of Public Health of Serbia, conducted a pilot Health Behavior in School-aged Children Survey (HBSC),[6] based on the WHO methodology and using the HBSC 2013/14 international study protocol. The survey was conducted on a nationally representative sample of 3,267 students from the seventh and eighth grade of primary school and the first grade of secondary school (secondary school students were 15-16 years old when completing the survey). A question on cannabis use was included only in the questionnaire for the secondary school students (N=1408): The results show that 10.6% of students from the first grade of secondary school have used cannabis at least once in their lifetime, while the last month's prevalence was 6.7% (7.7% boys, 5.5% girls).

High-risk drug use

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while the data on first-time entrants to specialized drug treatment centers, when considered alongside other indicators, can inform the understanding of the nature of and trends in high-risk drug use.

The most recent estimate of problem drug use prevalence is based on a mixed-method analysis applying indirect methods (multiplier, capture-recapture, indirect estimation of population prevalence rate) on the existing data sources: the 2013

5 The 2014 National Survey on life styles of citizens in Serbia 2014,, The Institute of public health of Serbia, Availabile at: http://www.batut.org.rs/download/publikacije/Izvestaj%20engleski%20web.pdf

6 Health Behaviour in School-aged Children Survey, HBSC 2018. The Institute of Public Health of Serbia "Dr Milan Jovanovic Batut" http://www.batut.org.rs/index.php?content=1963

Integrated Bio-behavioral Survey among people who inject drugs (PWID);[7] The 2014 National Survey on Lifestyles of Citizens in Serbia — substance use and gambling;[8] and data from needle and syringe programs (NSPs), opioid substitution treatment (OST) and detoxification, from healthcare facilities. The PWID population was defined as individuals aged between 18 and 64 years who have injected drugs for non-medical purposes within last year. Based on a consensus among different stakeholders, the most reliable estimate is considered to be the one obtained using the multiplier method based on the nomination form the GPS 2014 and NSP data, indicating that there were around 20,500 PWID (95 % confidence interval 16,300 to 27,700) in Serbia, in 2013. It is considered that most, if not all of them, use opioids.

On average, new treatment clients had initiated their use of their primary substance at the age of 20-21 and entered treatment after 10 years of drug-using experience. Injecting remains a common route for administration, accounting for 45 % of both first-time and all treatment clients.

DRUG HARMS

Drug-related infectious diseases

According to the IPH, 178 newly diagnosed HIV cases were reported in 2017, representing a slight increase compared to 2016. Of all the cases with a known transmission route (85%), 2.6% were PWID, which is the lowest share ever recorded. In 2002, around 17% of those newly diagnosed with HIV were PWID (18 out of a total of 104 cases). Overall, a downward trend can be observed since 1991, when almost 70% of 81 newly diagnosed HIV cases were linked to PWID, with some signs of stabilization in recent years.

The number of newly reported cases of acute hepatitis B virus (HBV) infection continued following a declining trend (429 cases in 2001 and 125 cases in 2017), which is primarily attributed to the routine vaccination of children in their first year of life introduced in 2006. Reliable information was available on the mode of transmission for 50 cases reported in 2017. Of these, injecting drug use was reported for only two cases.

The incidence of newly diagnosed cases of both acute and chronic hepatitis C virus (HCV) infections indicates a declining trend between 2007 and 2017, with cases almost halving (364 cases in 2017 compared to 723 in 2007). The information on the mode of transmission was available for 7 acute and 136 chronic HCV cases reported in 2017. Of these, injecting drug use, which is highly likely to be causally linked to HCV, was reported for one acute and 83 chronic HCV cases. However, there is a high risk of under-diagnosing and under-reporting of cases of HCV infection.

7 Research among populations most at risk to HIV and among people living with HIV "Key findings", 2013, IPHS Dr Milan Jovanović Batut, Belgrade, 2013. https://www.unodc.org/documents/southeasterneurope//Results_of_the_WHO_UNODC_Substance_Use_Disorder_Treatment_Facility_Survey.pdf

8 The National Survey on Lifestyles of Citizens in Serbia 2014 — substance use and gambling https://www.emcdda.europa.eu/drugs-library/national-survey-life-styles-citizens-serbia-2014-substance-use-and-gambling_pt

Drug-related emergencies

Data on drug-related emergencies are provided by the Clinic for Emergency and Clinical Toxicology of the National Poison Control Center of the Military Medical Academy.[9] In 2014 – 312 in 2015 – 441, in 2016 – 354, and in 2017 - 294 non- fatal overdose cases were treated in the ward. A majority of clients admitted were 30 years oldor older and males.

Moreover, in 2015, a total of 37 clients were treated for poisonings with synthetic cannabinoids. The report was created in accordance with the data the Center for Monitoring Drugs and Drug Addiction of the Ministry of Health of the Republic of Serbia received from all relevant institutions.

Drug-induced deaths

Drug-induced deaths are deaths that can be directly attributed to the use of illicit drugs (i.e. poisonings and overdoses).

In 2017, the National Statistical Office[10] reported 33 drug-induced deaths, which indicates a declining trend in drug-induced deaths in Serbia since 2009 (2009, 119 deaths; 2010, 75; 2011, 39; 2012, 50; 2013, 65; 2014, 52; 2015, 41; and 2016, 40). In 2017, 22 deaths were associated with opioids, with the substance remaining unknown in other cases. Taking gender into account, the majority of the deceased were men. Data on drug-induced deaths in Serbia is collected by the Center for Monitoring Drugs and Drug Addiction.

9 National Capital Poison Center; https://www.poison.org/poison-statistics-national-data-from-2014

10 Statistical Yearbook of the Republic of Serbia, 2017.Statistical Office of the Republic of Serbia. https://www.stat.gov.rs/en-US/publikacije/?d=2&rhttps://www.stat.gov.rs/en-US/publikacije/?d=2&r=

PREVENTION

In Serbia, the Ministry of Health, the Institute of Public Health (with a network of 24 district institutes), the Ministry of the Interior, the Ministry of Youth and Sports, the Ministry of Education, drug treatment facilities, local governments and NGOs, including the Red Cross of Serbia, implement prevention activities. Moreover, in July 2018, the Government of the Republic of Serbia established the Interministerial Commission for Prevention of Drug Use.

Prevention interventions

The Interministerial Commission for Prevention of Drug Use has developed a methodology for prevention activities among primary and secondary school students in accordance with UNODC-WHO International Standards on Drug Use Prevention. Most of the implemented prevention strategies fall under the category of universal prevention and are implemented in educational settings, within families, and community. The Ministry of Health is planning to develop and adopt national guidelines on drug use prevention in school setting in 2020. This document will inform further on universal, selective, and indicated prevention strategies, in line with the international scientific best practice.

The main target group for prevention activities remains school students. Recently, the district public health institutes have formed two prevention teams in each country district respectively, with a goal to continuously provide education related to the topic of harmful drug use consequences among the youth population. Each team consists of a physician, a psychologist, a school teacher, a social worker, a police officer, a judge / prosecutor, and a representative of youth offices. This prevention intervention is carried out by conveying the identified educational segments that possess positive characteristics to students, in line with the UNODC-WHO International drug use prevention Standards[11] intended for early adolescent groups. Furthermore, the intervention is based on interactive workshops aimed at developing youth skills to resist the negative impact of peers, strengthen self-esteem, overcome conflicts, and raise the awareness of the harmful effects of drugs. The Serbian Health Council has accredited the program.

11 International Standards for Drug Use Prevention – Second Edition, 2018; https://www.unodc.org/unodc/en/prevention/prevention-standards.html

REDUCTION OF THE NEGATIVE CONSEQUENCES OF DRUG USE

Comprehensive "harm reduction" services to PWID in Serbia encompass the provision of opioid substitution treatment (OST), needle and syringe programs (NSP), and voluntary counseling and testing (VCT) for drug-related infectious diseases.

On 29 July 2002, *Médecins du Monde* launched the first needle and syringe exchange project in Belgrade. Between mid-2007 and mid-2014, Serbia received support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM),[12] to scale up these services. With GFATM support, NSPs were provided by NGOs in four cities (Belgrade, Novi Sad, Nis and Kragujevac) in the format of drop-in centers and mobile units. The estimated annual number of NSP beneficiaries throughout the timeframe of the project was around 2,000 individuals. Besides offering clean needles and syringes, these services also provided medical and social assistance to clients.

Since the end of GFATM support, the NGO Prevent has continued to implement NSP in Novi Sad, and the NGO Nova Plus has been operating in Pancevo. The NGO Veza, which provided services in Belgrade, stopped its operations in 2015. During 2017, a total of 405 clients benefited from NSP services. Overall, the program distributed around 13 700 syringes, 33,400 other injection equipment, offered advice about safe injection and the use of condoms, and offered voluntary counseling and testing (VCT) for HIV. In comparison with 2015, the number of distributed syringes in 2017 dropped by one quarter, and that of needles dropped by one third.

VCT for HIV and HCV is available at 24 regional institutes of public health, the Special Hospital for Drug Addiction (SHDA), the Institute for Students' Health in Belgrade and the NGO JAZAS. Available data indicate that 233 drug users (among them 195 PWID) received VCT for HIV in 2017, which represents a decline from previous years when tests were provided through GFATM support at the SHDA. In 2017, a total of 212 drug users (among them 178 PWID) were counseled and tested for HCV (an increase from 2015) and 170 (among them 141 PWID) for HBV (an increase from 2015).

In Serbia, the provision of NSPs and VCT for PWID outside health facilities remains dependent on external funding. Supportive services in recreational settings (e.g. in clubs and at festivals) are provided by "Re Generation".

Generally, these services do not exist for children under 18 years of age with social work centers trying to fill the gap. We recommend selective and indicative prevention programs be created and implemented, aimed directly at young people at risk.

12 Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), https://data.theglobalfund.org/investments/grant/SER-910-G06-T/

THE TREATMENT OF SUBSTANCE USE DISORDERS

The treatment system

Drug treatment falls under the responsibility of the Serbian Ministry of Health. The Ministry has established the National Expert Commission for the Prevention and Control of Drug Use, which is a coordinating and advisory body on drugs.

The Law on Psychoactive Controlled Substances,[13] the Law on Health Protection,[14] the Law on Protection of Persons with Mental Disabilities,[15] the Law on the Rights of Patients,[16] and the Law on Drugs and Medical Devices[17] regulate the provision of drug treatment. Treatment-related objectives of the Strategy for Drug Abuse Suppression 2014-21 place an emphasis on the diversification and quality of drug treatment by introducing new treatment approaches; promoting treatments which contribute to the reduction of drug-related infectious diseases and drug-induced deaths; expanding access to treatment in prison; and promoting social protection, rehabilitation and reintegration programs for persons with substance use disorders to minimize their social exclusion and discrimination.

Drug treatment in Serbia includes medical detoxification, psychosocial treatments such as short-term (motivational interviewing, individual psycho-social counseling, individual and group psychotherapy) and long-term rehabilitation group and family therapy, and medication-assisted treatment (with agonists and antagonists). In general, drug treatment is financed through the national Health Insurance Fund.

Treatment is mainly provided by the state healthcare facilities, although available also at some private health institutions. At the primary healthcare level, treatment is provided by primary health centers and mostly covers counseling. From there, clients are referred to secondary and tertiary healthcare facilities for further treatment if needed. At the secondary level, drug treatment is provided by psychiatrists in general hospitals, while specialized drug treatment facilities (tertiary level) are exclusively available in Belgrade, Novi Sad, Kragujevac and Nis. These are reference centers for the implementation and supervision of health protection and for developing a methodology for drug prevention, treatment and rehabilitation. Residential treatment is offered in six therapeutic communities (one of them solely serving women) of the Serbian Orthodox Church, which have served around 200 clients annually in recent years. In 2014, the NGO "Rainbow" provided care and housing for 72 individuals suffering from substance use disorders.

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13 The Law on Psychoactive Controlled Substances; https://www.paragraf.rs/propisi/zakon_o_psihoaktivnim_kontrolisanim_supstancama.html

14 Law on Health Protection; https://www.paragraf.rs/propisi/zakon_o_zdravstvenoj_zastiti.html

15 Law on Protection of Persons with Mental Disabilities; https://www.paragraf.rs/propisi/zakon-o-zastiti-lica-sa-mentalnim-smetnjama.html

16 The Law on the Rights of Patients; https://www.paragraf.rs/propisi/zakon_o_pravima_pacijenata.html

17 Law on Drugs and Medical Devices; https://www.paragraf.rs/propisi/zakon_o_lekovima_i_medicinskim_sredstvima.html

Methadone maintenance treatment (MMT) was first introduced to Serbia at the end of the 1970s, whereas buprenorphine was registered for treatment of opioid addiction only in 2010. Currently opioid substitution treatment (OST) is available at all types of health facilities (26 units in 2015). OST can be initiated both in inpatient and outpatient healthcare facilities, with the decision to initiate treatment made by a qualified treatment team.

The World Health Organization and the United Nations Office on Drugs and Crime conducted athe mapping of the treatment facilities in Serbia in 2016.[18]

Treatment provision

In 2017, the total number of registered drug dependent persons in treatment was 521 (out of which 314 were new and 480 were returning clients). Out of the total number of the treated clients, there were 411 men, 109 women and one unknown. 175 patients received MMT, and 311 received buprenorphine-based OST. The primary illicit drugs for clients entering treatment were heroin (462), methadone (18), buprenorphine (18), cannabis (6) and cocaine (2).

The Serbian treatment demand indicator currently covers mainly opioid substitution services. In 2017, 5 404 persons received OST (methadone or buprenorphine) in Serbia according to the National Health Insurance Fund data. Available data indicates that the number of OST clients has increased since 2011, when 1,430 OST clients received methadone and 79 received buprenorphine.

DRUG RESPONSES IN PRISON

In Serbia, prison health units provide drug treatment to inmates in cooperation with regional health centers, with specialized drug treatment available only in the Special Prison Hospital in Belgrade.

The treatment of drug dependence in penal institutions is guided by the National Strategy for Drug Abuse Suppression 2014-21[19] and the specific requirements for provision of such treatment in prisons are laid down in the House Rules of the Special Prison Hospital. Experience has shown that a large percentage of persons with substance use disorder who had entered the prison system had mainly injected opioids. Inside the prisons, substance use is mostly limited to oral and nasal applications, and the use synthetic illicit substances, e.g. buprenorphine is common.

Between 2013 and 2015, VCT for HIV and HCV of all newly admitted patients, as well as individual and group counseling on risk behavior, HIV, HCV and overdose prevention

18 Results of the WHO/UNODC Substance Use Disorder Treatment Facility Survey; https://www.unodc.org/documents/southeasterneurope//Results_of_the_WHO_UNODC_Substance_Use_Disorder_Treatment_Facility_Survey.pdf

19 Strategy for Fight Against Drug Abuse 2014-2021 (The Official Gazette of the RS, No. 1/2015); https://www.unodc.org/documents/southeasterneurope/Results_of_the_WHO_UNODC_Substance_Use_Disorder_Treatment_Facility_Survey.pdf

were implemented in prison health services. In 2014 and 2015, the Special Prison Hospital provided VCT for HIV and HCV, and individual and group counseling on risk behaviors, HIV, HCV and overdose prevention to 343 and 320 newly admitted inmates, respectively.

MMT can be administered to opioid users in prison, and the Special Prison Hospital has a mandate to initiate this type of treatment for inmates. 343 persons with drug use disorders in 2014 and 320 clients in 2015 received treatment in the Special Prison Hospital. OST was provided to 413 individuals in 2014 and 487 in 2015 in prison.

The prison in Nis and the Special Prison Hospital have drug-free units. The prerequisite for a prisoner to be admitted to those units is absolute abstinence from all psychoactive substances. In addition to pharmacotherapy, some prisons may also offer programs aimed at behavior change and relapse reduction, combining psychosocial treatment forms with building social skills, communication and assertiveness, training on control of aggression and anger, resolution of crises and conflicts, and, if possible, also – family therapies.

A special law is applied to adolescent offenders – the Law on Juvenile Offenders and Criminal Protection of Juveniles. Criminal sanctions that may be imposed on a minor are as follows:

Educational measures:

1) Warning and guidance measures: court reprimand and special obligations

2) Measures of intensified supervision: intensified supervision of guardianship authorities; intensified supervision by parents, adoptive parents or guardians; intensified supervision in another family; intensified supervision with a day stay in an appropriate institution for the upbringing and education of minors

3) Institutional measures: referral to an educational institution; referral to an educational and correctional home; referral to a special institution for treatment and training

Only educational measures can be imposed on younger minors (14-16 years old). The purpose of criminal sanctions against juveniles is to supervise, provide protection and assistance, as well as provide professional training to influence the development and strengthening of juveniles' personal responsibilityand education and proper development of their personality, in order to ensure successful reintegration into society.

THE NATIONAL DRUG STRATEGY

In 2014, the Government of the Republic of Serbia adopted the Strategy for Drug Abuse Suppression for the period 2014-21 and its accompanying Action Plan for 2014-17.[20] The Strategy addresses individual and social harms caused by drug use, as well as drug-related crime and its consequences. The objectives of the Strategy are structured around two main pillars — drug demand reduction and drug supply reduction — and it defines five areas of operation of the drug policy: drug demand reduction; drug supply reduction; coordination; international cooperation; and research, monitoring and assessment.

Interventions in the field of drug demand reduction are focused on the following issues:

- ensuring that the issue of illicit drugs is addressed at the national and local levels in view of other social, healthcare, safety and economic issues, and that the necessary and systematic measures are adopted;
- raising awareness on the issue of drug use and the need for its prevention, as well as the need to adopt healthy lifestyles;
- ensuring the coordination of different activities at local level and harmonization of them with those at the national level;
- ensuring that there are various high-quality capacities and programs available, focused on the treatment of addiction and introducing different approaches in the treatment of addiction;
- encouraging the development of interventions which contribute to stabilizing or reducing the number of people living with human immunodeficiency virus (HIV), viral hepatitis, sexually transmitted diseases and tuberculosis, and of those who die of drug overdose;
- ensuring conditions which enable the extension of treatment programs in prisons;
- encouraging the development of social protection programs for persons with substance use disorders, public institutions for rehabilitation and re-socialization, therapeutic and civil society organizations, including programs for “harm reduction”, to prevent the social exclusion of persons with substance use disorders and discrimination against them, including programs and activities within the prison social care system;
- raising the awareness and capacities of all institutions and organizations working on the prevention of substance use, treatment and rehabilitation of persons with substance use disorders, and measures and programs focused on harm reduction;

20 The Action Plan for Implementation of the Strategy for Prevention of Drug Abuse 2014-2017; http://dpnsee.org/document/akcioni-plan-za-sprovodenje-strategije-o-sprecavanju-zloupotrebe-droga-2014-2017/

- encouraging the development and implementation of preventive activities in this field and different programs focused on reducing drug demand, especially the activities related to the emergence and expansion of new psychoactive substances (NPS) and poly-drug use.

Interventions in the field of drug supply reduction are focused on the following objectives:

- strengthening activities against organized crime, illegal drug trafficking, money laundering and other forms of drug-related crime;
- improving the cooperation between police, customs authorities and the legal system within the country, both in the region and internationally;
- improving the collection of information and analytical work on detection of criminal activities;
- improving the level of knowledge among the judicial authorities;
- implementing available measures and creating new measures for detecting drug flows along the 'Balkan route';
- full establishment of the early detection and warning system for NPS;
- strengthening precursor control and cooperation in this field between customs, police, legal manufacturers and distributors for the purpose of monitoring the trade and use of these substances;
- intensifying and maintaining cooperations with other countries in the region, across Europe and at the global level, as well as cooperation with international organizations.

In addition to the aforementioned, general objectives, the Strategy is focused on achieving the following specific objectives:

- ensuring that the national focal point gradually becomes functional as the central part of the system for collection, integration, and issuance of information from the field of drug monitoring, as well as reporting to the European Monitoring Center for Drugs and Drug Addiction (EMCDDA);
- provision of political and financial support for the realization of the activities defined in the Action Plan 2014-17, as well as the activities yet to be defined as priorities in future action plans at local and national levels;
- encouraging cooperation between different stakeholders and developing partner relations with civil society in all spheres on drugs, including strengthening the role of civil society organizations;
- encouraging training for all professionals working in this field and encouraging all the activities focused on the creation of conditions for the development of various training programs at the national level;

- ensuring the assessment and stable funding of the confirmed programs, including the mid-term assessment of the Strategy.

During 2017, the Drug Enforcement Office, with the support of the EMCDDA, carried out an evaluation of the Action Plan for the period 2014-2017.[21] Based on the final evaluation report, recommendations were made for the Action Plan for the period 2018-2021.

LEGAL FRAMEWORK

1. The Law on Psychoactive Controlled Substances

Article 70

(1) Program activities for prevention, treatment and reduction of demand for psychoactive controlled substances are a set of comprehensive measures and activities aimed at reducing the number of users of psychoactive controlled substances, reducing social and health consequences of psychoactive controlled substance use and assistance in reintegration of former addicts.

(2) In order to reduce the demand referred to in paragraph 1 of this Article, as well as to reduce the damage and treatment of addicts caused by the abuse of psychoactive controlled substances, competent authorities, local government units, health care institutions, private practice, educational institutions as and other competent organizations, are obliged to plan, organize and implement the prescribed measures, as well as to control the implementation of these measures, and to provide material and other means for their implementation, in accordance with the law.

2. The Law on Healthcare

Article 48

The health institution and private practice are obliged to apply scientifically proven, tested and safe health technologies in the implementation of health care in the prevention, diagnosis, treatment, health care and rehabilitation of the sick and injured.

Health technologies, in the sense of this law, are implied all health methods and procedures that can be used to improve human health in prevention, diagnosis, treatment, health care and rehabilitation of the sick and injured, which include safe, quality and effective drugs and medical means, medical software, medical procedures, as well as conditions for their application.

21 The EMCDDA Report on Mid-Term Overview of the National Strategy for Drugs of the Republic of Serbia (2014-2021); https://www.kzbpd.gov.rs/izvestaj-emcdda-o-srednjorocnom-pregledu-nacionalne-strategije-za-droge-r-srbije-2014-21/

Health technology assessment is a comparison of new technologies with technology used in practice or considered the best possible (“gold standard”), based on clinical efficacy and safety, economic analysis, ethical, legal, social and organizational consequences and effects.

Health technology assessment refers to the assessment of one technology for one indication compared to the best existing one, the assessment of several technologies for one indication or one technology for several indications compared to the best existing so far.

Health technology assessment is a multidisciplinary, professional, impartial, objective and transparent process that combines the principles of evidence-based medicine and economic analysis, in order to give an opinion on the justification of the application of new technology, ie replacement of existing health technology.

3. The Law on Patients’ Rights

Article 19

A child who has reached the age of 15 and who is capable of reasoning may independently give consent to the proposed medical measure, with prior notice referred to in Article 11 of this Law.

If a child, who has reached the age of 15 and who is capable of reasoning, rejects the proposed medical measure, the competent health worker is obliged to request the consent of the legal representative. “

4. The Law on the Protection of Persons with Mental Disorders

Article 2

(1) a person with a mental disorder is a mentally underdeveloped person, a person with a mental health disorder, or a person suffering from an addictive disease;

5. Decree on the plan of the network of health institutions

Article 41

The treatment of persons addicted to psychoactive substances is organized in primary health centers and inpatient health care institutions: general and special hospitals, clinics and university clinical centers.

RESEARCH METHODOLOGY

Introduction

The UNODC and WHO have developed a questionnaire to evaluate substance abuse treatment under the UNODC-WHO Drug Addiction Treatment Program to help relevant national agencies defining available resources for the treatment of substance use disorders to allow further planning and monitoring. Based on the survey conducted in 2017, the Ministry of Health produced a report "The Results of the WHO / UNODC Substance Use Disorder Treatment Facility Survey" and has made a number of recommendations with the aim of improving the capacity for treatment of substance abuse addicts. Recommendations were presented to all health care institutions involved in the research process to increase the quality of treatment services for drug addiction treatment.

In addition, during the implementation of the activities initiated by the Inter-ministerial Commission on Drug Prevention in Schools during 2018, the need to review the capacity for treatment of juvenile addicts arose, given that such programs are still practically non-existent in the Republic of Serbia, and establishing such centers and programs in the future was deemed necessary.

Accordingly, the existing UNODC-WHO survey questionnaire from 2017 was modified for the collection of data on services and facilities related to the treatment of juveniles with substance use disorders. The new questionnaire consists of five sections (Part A: Contact information; Part B: Contact information about the treatment facility; Part C: About the treatment facility; Part D: Scope of treatment; Part E: Patients and resources), noting that a part related to the treatment of adolescents was added to the part of the questionnaire related to the institutions and treatment. It aims at collecting administrative details, basic information on institutions, information on the volume of treatment services provided, consolidated data on the number of patients, available human resources and structural resources of facilities, in relation to the treatment of minors, but also in view of the existing situation regarding treatment of adults after adopting recommendations from the previous 2017 survey.

The UNODC-WHO survey questionnaire exists in written version. The implementation of the survey in Serbia was coordinated by the Center for Monitoring Drugs and Drug Addiction of the Ministry of Health, in cooperation with the National Expert Commission for Prevention and Control of Addiction Diseases.

The questionnaire was sent to 53 healthcare institutions that have mental health services at all three levels of health care. Between 7 November and 7 December 2019, the questionnaire was responded to by 30 institutions.

The aim of the research was to analyze the work of institutions dealing with the treatment of adolescents with problematic substance use. As the centers for social

work provide social support, but are usually not responsible for treatment, it was decided to analyze the situation in health care services.

Type of treatment unit	The number of units that filled out the survey
Outpatient/clinic/policlinic	7
Hospital	23
Non-hospital residential treatment	0
Therapeutic community	0
Low threshold unit	0
Total	**30**

Low-threshold units and therapeutic communities do not exist for children under 18 years of age. This is most often the responsibility of social work centers. We recommend that selective prevention programs should be created and implemented, aimed directly at young people at risk.

Data collection process

Data on institutions dealing with the treatment of clients were collected through a questionnaire sent electronically to the institutions. The Ministry of Health coordinated the work with institutions and collected primary data. The subsequent data processing was coordinated by representatives of the National Expert Commission on Addiction Diseases, who also conducted a survey in 2017.

Data collection instrument

The questionnaire for this research was prepared based on the adaptation of the 2017 UNODC / WHO survey questionnaire. The modified questionnaire consists of the same 5 parts like the original UNODC / WHO questionnaire. The questions asked were divided into adolescent information and adult data.

The original UNODC-WHO survey questionnaire was submitted to relevant national partners for consideration and to provide suggestions and comments. It was then adjusted at the national level based on the feedback received through this process, which is the reason why the new questionnaire was not submitted for consideration.

The questionnaire was initially prepared based on the adaptation of the 2017 survey questionnaire. Corrections were made to clarify the targeted issue more precisely and also to add a separate section on the issue related to adolescent treatment services and programs. A modified questionnaire was subsequently submitted to the Ministry of Health in early November 2019 for further use and overall control of the mapping process.

Many facilities encountered administrative problems regarding the reporting on the data requested on the total number of treated patients, due to their local data

collection systems' inability to provide these precise numbers. Another factor was also that the organizations supplying broader health services felt it was unethical to use the data on the total number and structure of patients to particularly identify patients suffering from substance use disorders. In many cases, manual counts of patients were requested, for which reason an additional data collection instrument was introduced – a daily census that was delivered in hard copy.

Data were collected, processed, and published in the first part of the report, in accordance with the agreed plan of activities. The next part of the research will introduce focus groups, including those with users themselves and their families, in order to better identify their perspective of all the needs, with a view to improve the existing drug treatment system.

Legal and ethical issues

The survey was implemented and coordinated by the Ministry of Health (MoH). It was agreed that contact data on facilities providing information would not be published, and that the information on the scope of services provided to clients in relation to primary substances (Section D), would be available only to the administrators (MoH). The original UNODC-WHO survey questionnaire provided that certain sections would not be published.

An overview of results

The results presented in this working version of the report should be seen as part of a cross-sectional study. In the next period, the collected data will be compared with other data obtained, relating to the adult population, taking into consideration thelegislation and standards for the treatment of the adult and adolescent drug-dependent population. After the consultation with foreign consultants, service users in the Republic of Serbia, and healthcare professionals dealing with the treatment of addicted persons, recommendations will be given for further implementation of adolescent treatment.

RESULTS

The Serbia Survey Questionnaire consists of five areas in the following order: Part A: Contact information on the facility manager; Part B: Contact details of treatment facility; Part C: Type of treatment facility; Part D: Service availability and scope of therapy; Part E: Patients and resources.

Distribution by the type of institution

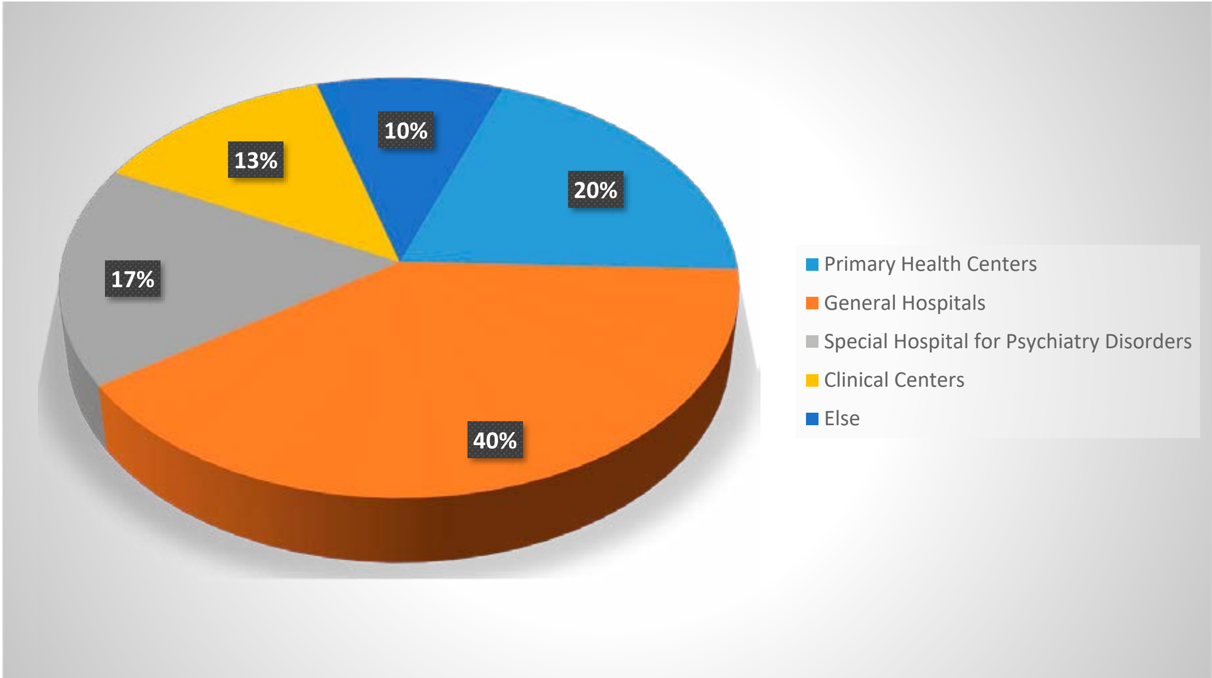
The questionnaire was sent to 53 addresses of which 30 institutions completed the questionnaire. These are the following institutions (Table 1):

Table 1. Institutions that submitted the completed questionnaire

Special Hospital for Addiction Diseases "Teodora Drajzera" (Theodore Dreiser St.)	Belgrade
Department of Alcoholism Treatment	Special Hospital for Psychiatric Diseases Kovin
Special Prison Hospital	Belgrade
Addiction Disease Clinic-Day Hospital	Institute of Mental Health Palmotićeva, Belgrade
Primary health care center "Milorad Mika Pavlović"	Primary health care center "Milorad Mika Pavlović" Indjija
Primary health care center "Savski Venac"	Belgrade
Department of Psychiatry	General Hospital Leskovac
Psychiatry Service	General Hospital Pirot
Special Psychiatric Hospital" Slavoljub Bakalović"	Vršac
Department of Psychiatry	Health Center Knjaževac
Special Psychiatric Hospital "Sveti Vrači"	Novi Kneževac
Special Hospital for Psychiatric Diseases "G.Toponica"	Niš
Prison Center	Kladovo
Primary Health Care Center	Pančevo
Psychiatry Service	General Hospital Užice
Psychiatry Service	General Hospital Jagodina
Psychiatry Service	General Hospital Zrenjanin
Methadone Center, Department of Psychiatry	Health Center Negotin
Department of Addiction Diseases	General Hospital Sremska Mitrovica
Psychiatry Clinic	Clinical Center Kragujevac
Department of Addiction Diseases Clinic for Psychiatry	Clinical Center of Vojvodina
Department of Neurology and Psychiatry	General Hospital Gornji Milanovac
Department of Psychiatry	General Hospital Ćuprija
Mental Health Protection Center	Clinical Center Niš
General Hospital Aleksinac	General Hospital Aleksinac
Methadone Center	Primary health care center Bačka Palanka
Department of Psychiatry	General Hospital Sombor
Psychiatric Service	General Hospital Valjevo
Department of Child and Adolescent Psychiatry Service	Clinical Center of Vojvodina
Primary health care center	Niš

Data were provided by three clinical centers in, Nis, Kragujevac and Novi Sad. The Clinic for Psychiatry of the Clinical Center of Vojvodina submitted two completed questionnaires, one by the Department of Child and Adolescent Psychiatry Service and the other by the Department for Addiction Diseases. The questionnaire was submitted by five Special Hospitals for Psychiatric Disorders, 11 Psychiatric Departments of General Hospitals, seven Psychiatric Services of Primary health care center, Institute for Mental Health, and two Institutions for the Enforcement of Criminal Sanctions, as well as by the Special Prison Hospital, Belgrade and the Kladovo Prison Center. (Graph 1)

Graph. 1 Distribution by type of institution



The majority of responses to the survey, 40%, came from General Hospitals, which corresponds to the real situation on the ground as, after Primary Health Centers, General Hospitals are the most represented health institutions in Serbia. Clients are generally treated more often in General Hospitals than in Primary Health Care Centers. None of the institutions that completed the survey defined themselves as an institution for the implementation of low-threshold programs specializing in social reintegration. Although there exist several therapeutic communities in Serbia, they did not return the questionnaire.

Regional distribution of treatment facilities

The data inthis section were obtained from a total of 30 institutions, distributed across four regional centers: Belgrade, Novi Sad, Nis and Kragujevac. The sample consisted of 7 outpatient facilities, 21 hospital facilities and two Institutions for the Enforcement of Criminal Sanctions.

Table 2. Distribution by institution type and region

Regions	Ambulances	General Hospital	Special Hospitals	Clinical Centers	Others	Total
Belgrade	1		1		Institute for Mental Health Special Prison Hospital	4
Novi Sad	3	3	3	2	–	11
Niš	3	3	1	1	Prison Center	9
Kragujevac		5		1		6
Total	7	11	5	4	3	30

Graph. 2 Distribution by institution type and region

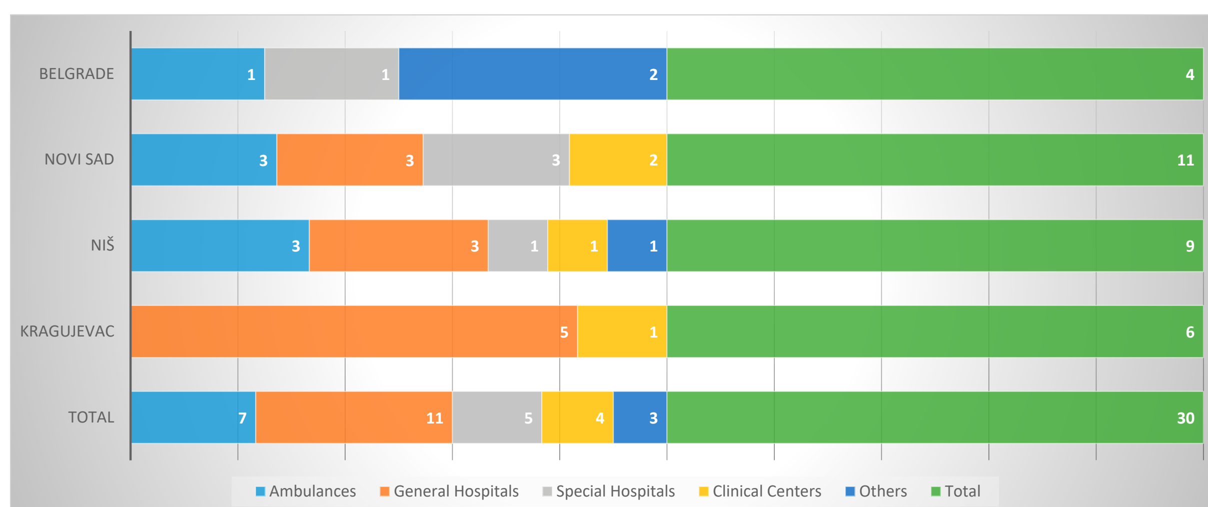
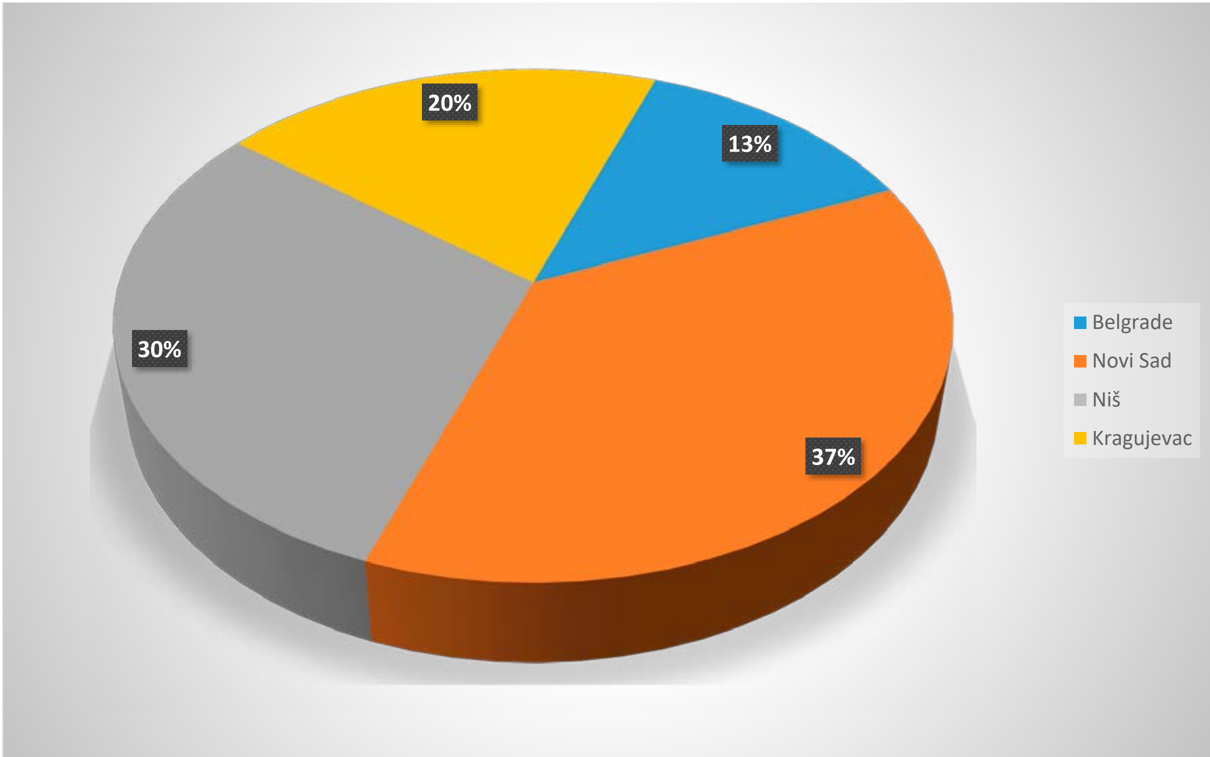


Table no. 2 and Graph no. 2 show that in the Kragujevac district, no Primary Health Care Center reported work with addicted persons. Compared to General Hospitals, the Kragujevac district has the most developed network. All Special Hospitals in Serbia, 5 of them altogether, reported their data. The Clinical Center of Serbia does not treat persons with substance use disorders, while the other three clinical centers have submitted their information. Most of the responding institutions are from the Vojvodina region.

Graph. 3 Distribution by the regions



As can be observed in Graph no. 3, the The Niš and Novi Sad regions reported approximately the same number of institutions, around a third each (30%one third each, and 37% respectively), with the Belgrade and Kragujevac districts combined accounting for the remainingreported a third together. The data indicates a relativelyindicate a fair distribution of reported healthcare facilities across the regions–, which is why we therefore can consider the sample representative.

The institutions' financing method

All registered institutions are financed from the budget of the Republic of Serbia. Similar to previous studies, we have not received any information that the Ministry of Labor, Employment, Veteran and Social Affairs currently finances any institution for the treatment of addicts. In fact, the financingof institutions offering treatment services to individuals suffering from drug use disorders is provided exclusively through the Ministry of Health. This indicates a lack of an intersectoral approach to financing, especially the lack of funding in the social services sector, which could explain the lower level of social reintegration and re-socialization in Serbia.

Service availability for adult clients

Detoxification is carried out in about 50% of institutions in Primary Health Care Centers, 75% of institutions in General Hospitals, in three Clinical Centers in Serbia, and in all Special and Prison Hospitals. The comparatively smaller proportion of Primary Health Centers performing detoxification treatments is likely attributable to the fact that

the role of psychiatrists in such facilities is not fully defined when it comes to the treatment of persons suffering from addiction. This also applies in the case of General Hospitals with psychiatric departments. About 25% of reported General Hospitals do not offer detoxification.

Special Hospitals and Penitentiary Institutions report treatment for persons with drug use disorders. In Belgrade, detoxification is not carried out at the Institute of Mental Health and the Clinical Center of Serbia due to the fact that there are already several institutions where detoxification is administered, which indicates an extent of wide and organized network of detoxification institutions.

Having in mind that detoxifications make only s a small part of therapy programs, the data probably speak more to the potential for treatment than to the actual number of services provided.

Substitution therapy (ST) is implemented in 87% of reported institutions. Similar to detoxification, ST is performed in nearly all General and Special Hospitals and, three Clinical Centers and Penitentiary Institutions, with only. About 7% of outpatient facilities do not implement ST.

Shorter psycho-social support (shorter than 2 weeks) is implemented in 70% of institutions. Clinical Centers, penitentiaries and Special Hospitals (almost) completely implement shorter psychosocial support, while in the case of health centers, this is 30% of institutions, and in case of General Hospitals 30% and approximately 75% do so, respectively. .

Longer psycho-social support (more than 2 weeks) is implemented in 19 institutions, so by around 65% of reported facilities. Whilst supportive psychotherapy and individual counseling are most common in Primary Health Care Centers, supportive psychotherapy, individual counseling and testing for HIV and hepatitis C. are mostly offered in General Hospitals.

In general, individual counseling and supportive therapy are the most represented forms of longer psycho-social support in Serbia.

Furthermore, facilities have no dedicated service to assist women, providing sterile injection equipment for intravenous drug users, and field services for drug users on the street.

Table 3. Type of services provided by type of institution

Type of service	Pr. Health Center	Gen. Hospitals	Spec. Hospitals	Clinical Centers	Institute	Penitentiaries	Total
1. Detoxification	3	9	5	3	0	2	22
2. Maintenance treatment via an opioid agonist (i.e. methadone or buprenorphine)	5	10	4	3	0	2	26
3. Shorter psycho-social support (less than 2 weeks)	2	8	5	3	0	2	20
4. Longer psycho-social support (longer than 2 weeks)	3	6	5	2	1	2	19
5. Cognitive behavioral therapy	1	1	4	2	1	1	10
6. Motivational Progress Therapy	0	1	4	3	1	2	11
7. Supportive therapy	4	5	5	3	1	1	19
8. Family therapy	3	1	4	2	1	1	12
9. Group counseling	0	1	5	2	1	1	10
11. Individual counseling	4	5	5	3	1	2	20
12. Employment and income support	0	2	2	0	0	0	4
13. Accommodation/ Shelter Support	1	2	4	2	0	0	9
16. On-site pharmacy (medication under supervision)	2	1	0	0	0	1	4
17. HIV testing	2	6	2	2	0	1	13
18. Hepatitis C testing	2	6	2	2	0	1	13
19. ART therapy for HIV / AIDS	0	0	0	1	0	0	1
20. Hepatitis C Therapy	0	2	0	2	0	0	4
21. Special help desk for women	0	0	0	0	0	0	0
22. Special to help adolescents with psychoactive substance use disorders (12-18 g)	1	2	0	0	0	0	3
23. Other	0	0	1	0	0	0	1

TREATMENT FACILITIES PROVIDING SERVICES TO ADOLESCENTS WITH SUBSTANCE USE DISORDERS

Out of the total number of surveyed institutions, 15 reported providing services to adolescents with a drug problem.

In the Belgrade region, adolescents with substance abuse problems can receive medical assistance at the Special Hospital for Addictive Diseases „Teodora Drajzera".

In the Vojvodina region, treatment is offered at the Clinical Center of Vojvodina, the Department of Child and Adolescent Psychiatry, the General Hospitals in Zrenjanin and Sombor, and the Special Psychiatric Hospital in Novi Knezevac.

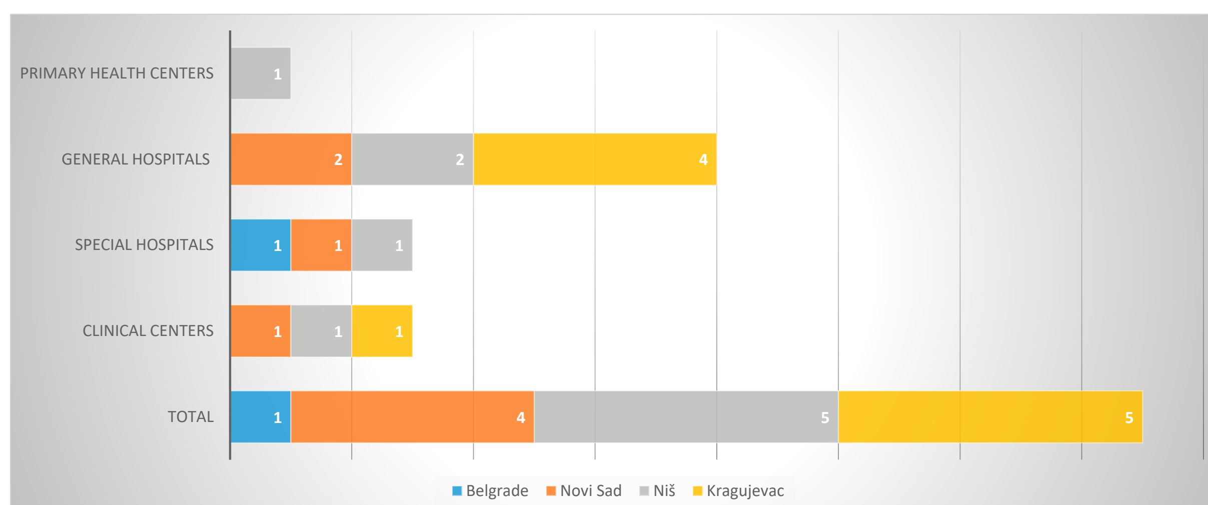
In the Niš region, adolescents are treated at the Health Center in Knjazevac, the General Hospitals in Leskovac and Pirot, the Special Psychiatric Hospital "Gornja Toponica" and the Clinical Center in Niš.

In the Kragujevac region, adolescents with substance abuse problems can receive treatment in the General Hospitals in Uzice, Jagodina, Gornji Milanovac and Valjevo, as well as in the Kragujevac Clinical Center, Department of Psychiatry.

Table 4. Regional distribution of facilities helping adolescents with substance abuse problems

	Pr. Health Center	Gen. Hospitals	Spec. Hospitals	Clinical Centers	Total
Belgrade			1		1
Novi Sad		2	1	1	4
Niš	1	2	1	1	5
Kragujevac		4		1	5

Graph. 4 Adolescent treatment facilities by region



As it can be observed in Table no. 4 and Graph no. 4, institutions that deal with the treatment of adolescents with substance abuse problems exist in each region. The. This distribution of facilities is a good starting point for the further development of specific adolescent services, having in mind the fact that services are provided by three Clinical Centers and a Special Hospital for Addiction Diseases.

Table no. 5 shows the capacities for the treatment of adolescents. As can be seen from the results presented further in the report the available capacities are, however, used only to a small extent, which further strengthens the argument that the existing concept of the treatment of adolescents suffering from addiction should change.

Table 5. Types of services provided to adolescents

Types of services	Pr. Health Center	Gen. Hospitals	Spec. Hospitals	Clinical Centers	Institute	Total
1. Detoxification	1	8	3	3	-	15
2. Treatment of maintenance via an opioid agonist (i.e. methadone or buprenorphine)	1	5	3	1	-	10
3. Shorter psycho-social support (less than 2 weeks)		3	2	3	-	8
4. Longer psycho-social support (longer than 2 weeks)		2	2	1	-	5
5. Cognitive behavioral therapy		0	1	2	-	3
6. Motivational Progress Therapy		0	1	3	-	4
7. Supportive therapy	1	1	2	3	-	7
8. Family therapy		1	2	3	-	6
9. Group counseling		0	2	0	-	2
10. 12-step treatment	0	0	0	0	-	0
11. Individual counseling		2	2	2	-	6
12. Other		0	0	0	-	
13. Accommodation / Shelter Support		0	1	1	-	2
14. HIV testing		3	2	2	-	7
15. Hepatitis C Testing		3	2	2	-	7
16. ART therapy for HIV / AIDS		1	0	0	-	1
17. Hepatitis C therapy		1	0	0	-	1
18. Other services		0	0	0	-	

Currently, no special programs for the treatment of adolescents with substance use disorders exists, only general services adapted services to the needs of adolescent groups are applied. This study, however, will generate the information and put forward recommendations that would assist the further orientation of treatment programs for adolescents suffering from with drug disorders.

Maintenance treatments for adolescents via an opioid agonist is not a frequent practice in Serbia and still rarely used, according to the assessment of medical

professionals. Research has shown positive therapeutic effects of ST, supporting the view that it can be applied in special conditions.[22] [23] [24] Detoxification is conducted by eight institutions, half of which also reported work with adolescents and conduct detoxification, one of them being a Primary Health Care Center, one General Hospital, three Special Hospitals and three Clinical Centers. Based on the obtained data, it can be observed that all forms of treatment of adolescents suffering from substance abuse are applied in Serbia, as they are applied for adults. Therefore, the system would benefit from having clearly defined recommendations specifically tailored to the treatment of adolescent groups

Geographic distribution of treatment facilities and services for adolescents with substance use disorders

Table 6. Types of adolescent substance abuse treatment services by region

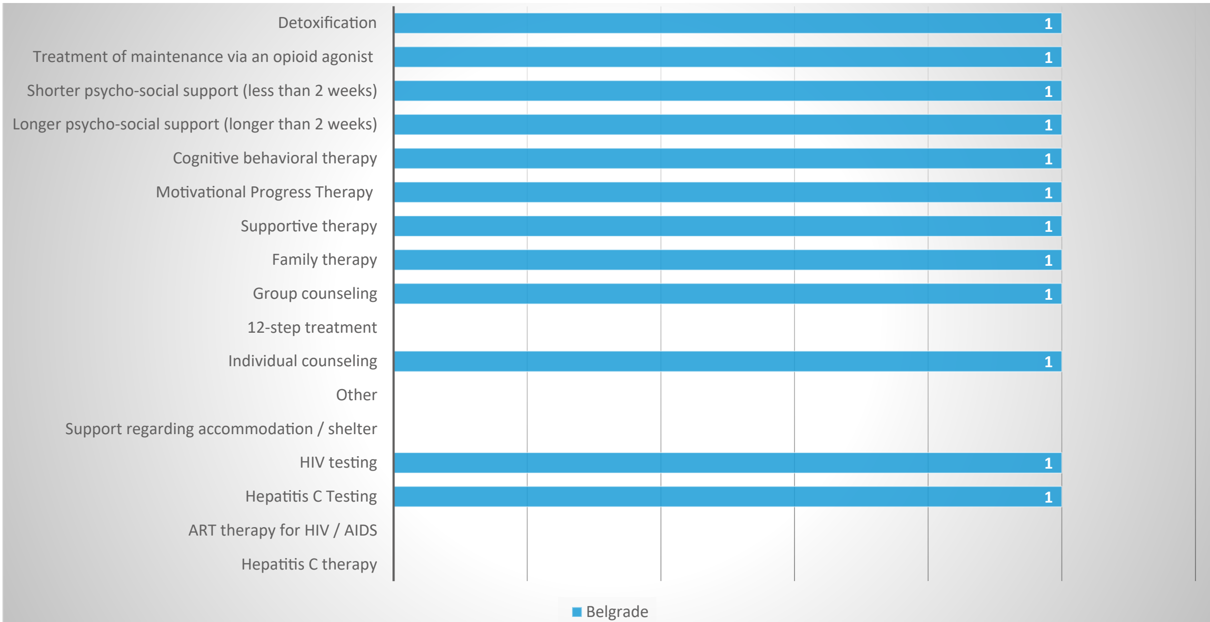
Types of services	Belgrade	Novi Sad	Nis	Kragujevac	Total
1. Detoxification	1	4	5	5	15
2. Treatment of maintenance via an opioid agonist (i.e. methadone or buprenorphine)	1	1	4	4	10
3. Shorter psycho-social support (less than 2 weeks)	1	1	3	3	8
4. Longer psycho-social support (longer than 2 weeks)	1	0	3	1	5
5. Cognitive behavioral therapy	1	1	1	0	3
6. Motivational Progress Therapy	1	1	1	1	4
7. Supportive therapy	1	1	4	1	7
8. Family therapy	1	1	3	1	6
9. Group counseling	1	0	1	0	2
10. 12-step treatment	0	0	0	0	0
11. Individual counseling	1	0	3	2	6
12. Other		0	0	0	0
13. Support regarding accommodation / shelter		1	1	0	2
14. HIV testing	1	2	2	2	7
15. Hepatitis C Testing	1	2	2	2	7
16. ART therapy for HIV / AIDS		1	0	0	1
17. Hepatitis C therapy		1	0	0	1
18. Other services		0	0	0	

22 Kenneth a. Feder, Noa Krawczyk, Brendan Saloner, Medication-assisted Treatment for Adolescents in Specialty Treatment for Opioid Use Disorder. J Adolesc Health. 2017 Jun; 60(6): 747–750.

23 Jacob T Borodovsky, Sharon Levy, Marc Fishman, Lisa A Marsch Buprenorphine Treatment for Adolescents and Young Adults With Opioid Use Disorders: A Narrative Review. J Addict Med. May/Jun 2018;12(3):170-183

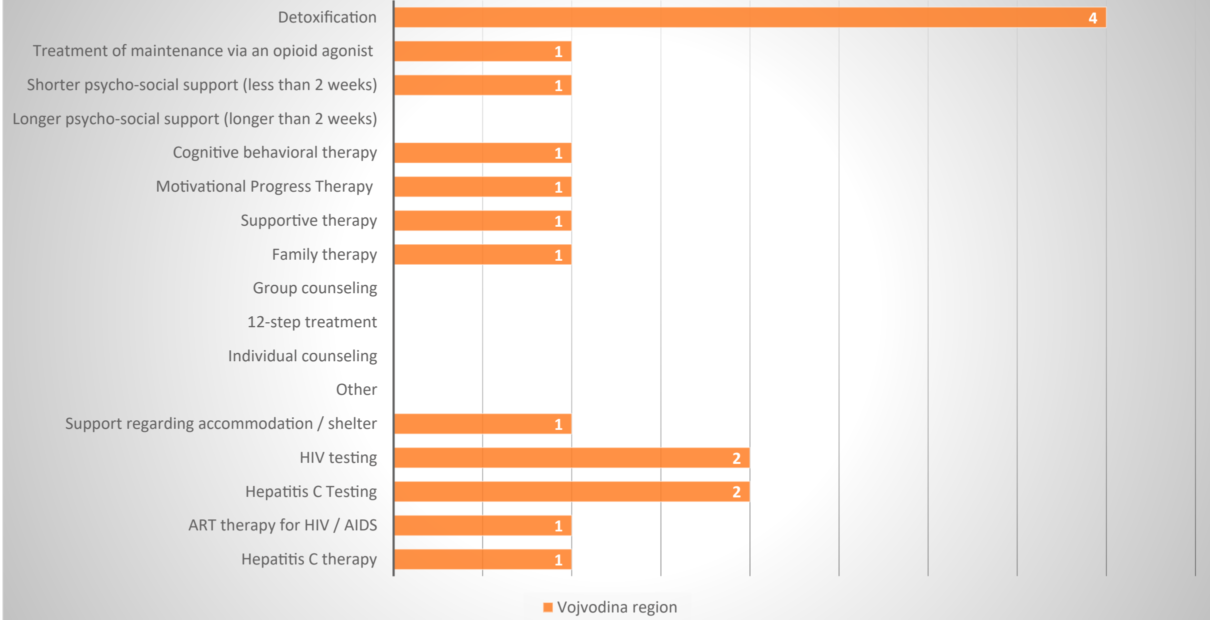
24 Marsch LA, Bickel WK, Badger GJ, Stothart ME, Quesnel KJ, Stanger C, Brooklyn J Comparison of pharmacological treatments for opioid-dependent adolescents: a randomized controlled trial. Arch Gen Psychiatry. 2005 Oct; 62(10):1157-64

Graph. 5 Services provided to adolescents in the Belgrade region



In the Belgrade region, namely at the Special Hospital for Addiction Diseases, adolescents can obtain most of psychological and psychiatric services. However, no antiretroviral therapy is provided and assistance with placement is not provided. Moreover, 12-step principles are not applied in the methodology of the paper.

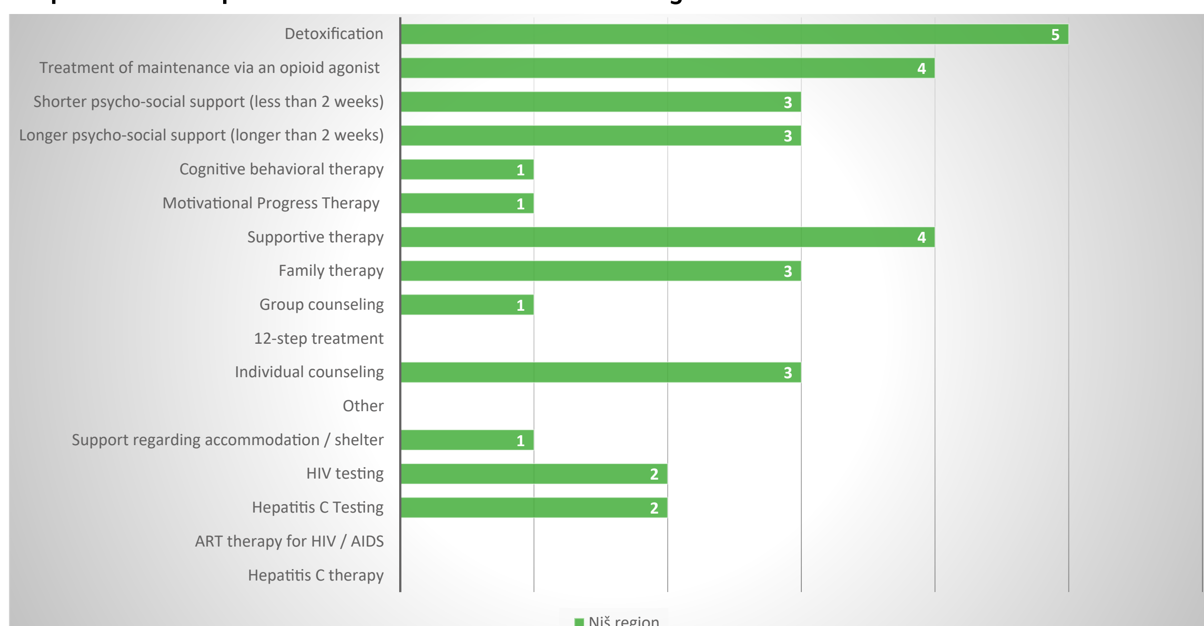
Graph. 6 Services provided to adolescents in the Vojvodina region



In the Vojvodina region, four institutions are treating adolescents with SUD. Regarding the therapeutic procedures offered, the most common is detoxification. Substitution therapy is conducted only in Novi Knezevac. In addition there is no facility that provides group counseling, nor individual counseling, or 12-step treatment either.

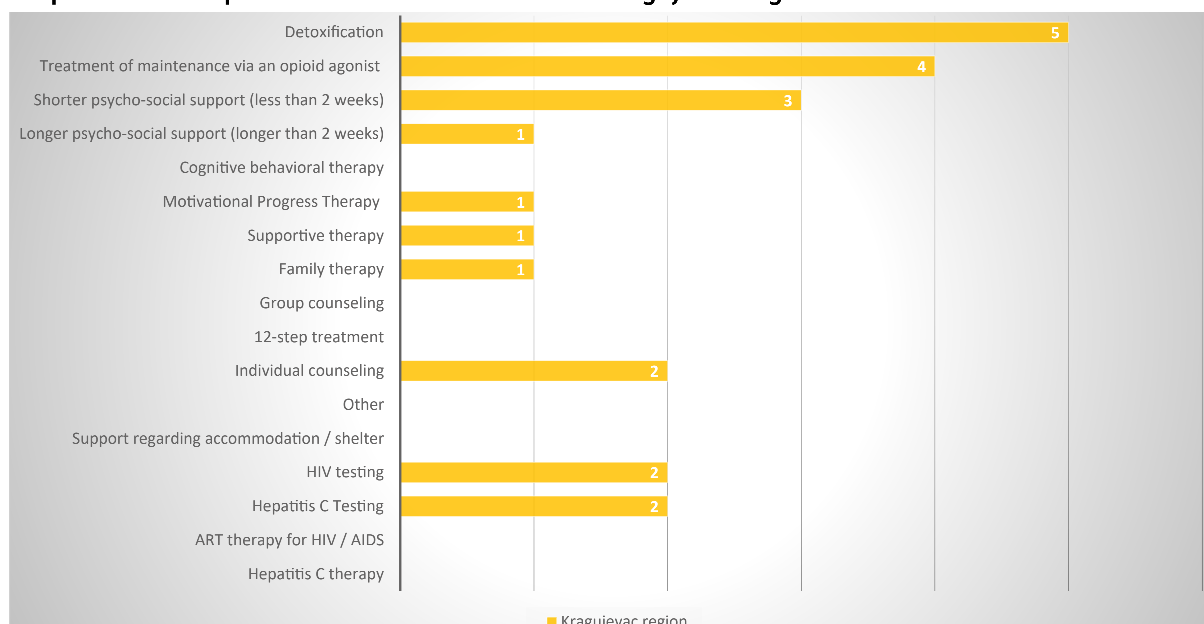
SUD treatment capacities are at a sufficient level, but, nevertheless, special programs and additional training for doctors and other medical supplies are needed.

Graph. 7 Services provided to adolescents in the Niš region



Adolescents with substance use problems in the Niš region can receive all the services and treatment that are listed in Graph no. 7. Neither of the surveyed institutions reported performing 12-step treatment, ART therapy for HIV or Hepatitis C therapy..

Graph. 8 Services provided to adolescents in the Kragujevac region



In the Kragujevac region, adolescents currently do not receive antiretroviral therapy, nor longer psycho-social rehabilitation or group counseling. Other types of services are available.

15 institutions reported that they are providing services to adolescents with substance abuse problems, seven of which 7 provided data (tab.A8): the Institute of Mental Health, three Clinical Centers, the Special Hospital for Addiction and the General Hospitals in Pirot and Leskovac.

Table 7. Services provided in the Belgrade region

Types of therapy / therapy environment	Number of Institutions	Total number of clients treated in the region over the past year	Total number of newly registered clients in the region last year	Total number of clients registered for the first time in their lives with whom therapy was initiated
Stationary (number of institutions)	2	117	113	0
Outpatient (not counting people with prescribed opioid maintenance therapy)	1	25	20	18
People with prescribed opioid maintenance therapy (methadone or buprenorphine)				
Home visits				
Total		**142**	**133**	**18**

The majority of adolescents in the Belgrade region were treated in inpatient facilities (, 82%).%. 12% of the total number of adolescents treated reported undergoing treatment for the first time.

Table 8. Services provided in the Vojvodina region

Types of therapy / therapy environment	Number of Institutions	Total number of clients treated in the region over the past year	Total number of newly registered clients in the region last year	Total number of clients registered for the first time in their lives with whom therapy was initiated
Stationary (number of institutions)	1	98	0	0
Outpatient (not counting people prescribed opioid maintenance therapy)	1	156	0	0
People prescribed opioid maintenance therapy (methadone or buprenorphine)		0	0	0
Home visits		0	0	0
Total		**254**	**0**	**0**

In the region of Vojvodina, only one institution provided services to adolescents in the year prior to the survey. There were no adolescents undergoing ST and no home visits. Services were provided for a total of 254 adolescents, 98 (37%) of whom were inpatients and 156 (63%) outpatients.

Table 9. Services provided in the Niš region

Types of therapy / therapy environment	Number of Institutions	Total number of clients treated in the region over the past year	Total number of newly registered clients in the region last year	Total number of clients registered for the first time in their lives with whom therapy was initiated
Stationary (number of institutions)	3	20	12	8
Outpatient (not counting people prescribed opioid maintenance therapy)	3	88	28	13
People prescribed opioid maintenance therapy (methadone or buprenorphine)		0	0	0
Home visits		0	0	0
Total		**108**	**40**	**21**

In the Niš region, three institutions provided services to adolescents. Similar to the Vojvodina region, there were no adolescents undergoing ST or home visits. Services were provided to 108 adolescents total, 20 (19%) inpatients and 88 (81%) outpatients. Of the total number of adolescents treated, 21 (20%) responded for the first time.

Table 10. Services provided in the Kragujevac region

Types of therapy / therapy environment	Number of Institutions	Total number of clients treated in the region over the past year	Total number of newly registered clients in the region last year	Total number of clients registered for the first time in their lives with whom therapy was initiated
Stationary (number of institutions)	1	17	11	11
Outpatient (not counting people prescribed opioid maintenance therapy)	1	67	21	21

People prescribed opioid maintenance therapy (methadone or buprenorphine)		0	0	0
Home visits		0	0	0
Total		**84**	**32**	**32**

In the Kragujevac region, only one institution provided services to adolescents in the previous year. There were no adolescents undergoing ST, just as in some other regions. A total of 84 adolescents received treatment, 17 (20%) of whom were inpatients and 67 (80%) outpatients.

Table 11. Extent of therapy provided to adolescents with substance use problems per region

Substances	Belgrade Region	Vojvodina Region	Nis Region	Kragujevac Region	**Total**
• Heroin	2	13	1		**16**
• Cannabis	65	87	30	82	**264**
• Synthetic Cannabinoids		3	11		**14**
• Other					**9**
• Unknown		1		6	**6**
• Cocaine hydrochloride			1		**1**
• Other			1		**1**
• Amphetamine	2	7			**9**
• Methamphetamines		4		12	**16**
• Ecstasy	1	54	20		**75**
• Synthetic cathinones			4		**4**
• Benzodiazepines	1	43	20	7	**71**
• Barbiturates			1		**1**
• LSD		29	1		**30**
TOTAL	71	241	89	107	**508**

In terms of regional distribution, the majority of adolescents received assistance in the Vojvodina region, 47%, followed by 21% in Kragujevac region, 17%, in the Niš region and 14% in the Belgrade region.

Adolescents most often saught assistance because of problems related to cannabis use (52% of cases),followed by ecstasy (15%), benzodiazepine (14%), and LSD (5%). All other substances amounted to 14% of cases.

Alcohol and gambling are problems affecting a high percentage of adolescents. However, in this report, the focus is on the availabile guidelines for medically assisted treatment of adolescents with drug disorders.

Please refer to the section: *Evidence-based prevention and treatment interventions with special focus to adolescent groups with substance use disorders: a brief overview, detailed in Table No2: Selected and recommended measures and steps for further implementation, subsection 1d and 2b.*

For other types of addiction, specific protocols will be developed further.

Type of institution for treatment of adolescents with substance use disorders

Table 12. Type of institution for treatment of adolescents

	All adolescents with disorders caused by the use of psycho-active substances	Treatment is not limited to disorders caused by the use of psycho-active substances	The service is focused on any medical condition
Special hospitals	3	0	0
Clinical Centers	0	1	0
Institutes	0	0	0
Primary health care centers	1	0	0
General hospitals	1	1	0

Five institutions, three special hospitals, one health center and one general hospital declared that they have a treatment facility for adolescents with substance abuse problems independently from other psychiatric disorders. One clinical center and one general hospital treat adolescents with substance abuse and other psychiatric problems together, while no institution treats adolescents suffering from substance use disorders, alongside thosewith other physical conditions.

As can be seen from the previous table, the number of individuals with substance use disorders is small, making it rather difficult to start any specific program targeting exclusively adolescents for economic and technical reasons.

Table 13. Distribution of clients with substance use disorders

	All treated persons	Persons who use psychoactive substances	Adolescents using psychoactive substances
Special hospitals	2,410	526	12
Clinical centers	9,368	4,589	419
Institutes		20	50
Primary health care centers		275	
General hospitals		75	15
Penitentiaries	539	271	0
Total	12,317	5,756	496

Thirty institutions that submitted questionnaires reported a total of 12,317 psychiatric examinations. Most patients (9,368) were treated in clinical centers (76%). 5,756 persons (47%) requested assistance in psychiatric institutions due to problems related to use of PAS. The majority of those were also treated in clinical centers (4589 or 79%). Adolescents requested assistance for problems related to taking PAS in 496 cases. Compared to the total number of treated individuals, this number represents 4%, and to those using psychoactive substances 8%. Clinical centers provided assistance for 419 adolescents,84% of all cases.

The above data unequivocally indicate that almost 50% of people treated for psychiatric disorders have a problem related to the use of PAS, as well as 4% of adolescents. Furthermore, what stands out are the activities of Clinical Centers, coveraging ¾ of individuals suffering from substance use disorders and adolescents who have problems using PAS.

Table 14. Bed inventory for the treatment of PAS addicts

	Adult with problem of use PAS	Adolescents with problem of use PAS
Special hospitals	229	5
Clinical Centers	33	12
General hospitals	40	
Penitentiaries	342	
Total	644	17

Out of the total bed inventory intended for the treatment of addicts (644), the majority belong to penitentiary institutions and general hospitals. 17 beds, (4%), were allocated specifically for the treatment of adolescents with PAS problems.

Table 15. Human Resources

Human Resources	Employees for the treatment of persons with drug use disorders (excluding adolescent group)	Employees for the treatment of adolescents with drug use disorders
Addiction Specialists	38	14
General psychiatrists, neuropsychiatrists	71	15
Physicians not specializing in psychiatry	18	3
General nurses	254	42
Pharmacists	6	0
Psychologists	34	9
Social workers	22	5
Other Professionals (Qualification Level)	21	7
Other treatment staff (former patients)	0	0

Volunteers	1	0
Non-medical staff	1	12

Table no. 15 shows human resource data related to the treatment of adult persons with drug use disorders and adolescents engaging in supstance abuse.

Table 16. Human resources treating adolescents with the problem of taking PAS

Human Resources	Special hospitals	Clinical Centers	Institutes	Primary health care center	General hospitals	Total
Addiction Specialists	8	4	0	0	2	14
General psychiatrists, neuropsychiatrists	1	7	2	2	3	15
Physicians not specializing in psychiatry	0	3	0	0	0	3
General nurses	6	28	2	2	4	42
Pharmacists	0	0	0	0	0	0
Psychologists	2	5	0	0	2	9
Social workers	1	2	1	0	1	5
Other Professionals (Qualification Level)	2	3	1	0	1	7
Other treatment staff (former patients,...)	0	0	0	0	0	0
Volunteers	0	0	0	0	0	0
Non-medical staff	10	2	0	0	12	12

Table no. 16 gives an overviews of medical staff working with adolescents with drug disorders per type of institution.

EVIDENCE-BASED PREVENTION AND TREATMENT INTERVENTIONS WITH SPECIAL FOCUS ON ADOLESCENT GROUPS WITH SUBSTANCE USE DISORDERS: A BRIEF OVERVIEW

Despite the almost 150 years' long history of modern addiction discipline, we can still recognize many complications and difficulties in practical implementation of evidence-based measures and interventions. Due to massive stigma, economic and political reasons, we can observe a slowly emerging concept of a specialized addiction prevention, treatment and recovery system. This complex and interdisciplinary-based phenomenon is facilitated by the real needs of modern society where original substance use disorders are followed by behavioral addictions (gaming/gambling/internet). It is difficult to find a country with sufficient national institutional infrastructure in the addiction field dedicated to adult patients and in particular with special services and other institutional infrastructure dedicated specifically to children and adolescents with substance use disorders. Although some specific measures and interventions are being repeatedly tested and made available, rendering acomprehensive description of the entire system with a full spectrum of interventions and intensity remains a challenge.

There are many available multi-level and interdisciplinary-based models of addiction prevention and treatment for children and adolescents. A few of these models – those backed by the following text with the critical components and have strong evidence and research studies – were considered as follows.

The first structural model (edited by Winters and Kaminer)[25] very practically distiguishes eightfundamental approaches and briefly describes and explains the basic principles (**see Table no. 17 below**). It is a structural model (compare it with the second, process-oriented model on page 42) providing a brief overview of all key approaches and a group of methods that can be sucesfully and effectively implemented for using and testing/evaluating in the addiction field. This broader scale approaches and interventions perfectly demonstrate the complexity and diversity – from the perspective of psycho-therapeutical and pharmacological approaches, family based-interventions to self-help principles – which were integrated and which are creating a fully compatible alternative point of view. This newly emerging segment of specialized addiction services dedicated to children and adolescents has become extremely important and has had a huge impact on the addiction field in terms of visibility and pressure in developing and implementing new interventions and complex measures. Additionally, monographs by Leukefeld and Gullotta, published by Springer[26] or the excellent original work by Springer and Rubin, published in 2009 by the John Wiley and Sons publishing house, nicely represent incredible movement in the addiction field – establishing and institutionalizing special addiction care and services specifically dedicated and adapted to children and adolecents. This is also

25 https://www.amazon.com/Clinical-Manual-Adolescent-Substance-Treatment/dp/1585623814

26 https://www.springer.com/gp/book/9783319906102

possible to be demonstrated by extensive reviews provided by recently published papers,[27] providing systematic overviews.

Table 17: Descriptions of eight primary treatment approaches[28]

Approach	Description
1. Family-based	Family-based approaches seek to reduce an adolescent's use of drugs and rectify problematic behaviors that often accompany substance use by addressing the mediating family risk factors, such as poor family communication, cohesiveness, and problem-solving. These approaches are based on the therapeutic premise that the family has the most profound and long-lasting influence on child and adolescent development. Family therapy typically includes the adolescent and at least one other parent or guardian, but can also include siblings, other family members and friends. There are five evidence-based family-based treatments that are in use today: Brief strategic family therapy; family behavior therapy; functional family therapy; multidimensional family therapy; and multi-systemic therapy.
2. Behaviour therapy	Behavioral approaches generally focus on teaching and reinforcing new skills, behaviors and new ways of thinking and coping to compete with or minimize drug-using behaviors. The goal is to reinforce desirable behaviors and eliminate the unwanted or maladaptive ones.
3. Cognitive-behaviour therapy	Cognitive-behavioral therapy (CBT) is centered on the notion that thoughts cause behaviors, and these thoughts determine the way in which people perceive, interpret and assign meaning to the environment. Thus, maladaptive behaviours can be changed by modifying our thought processes, even if one's environment does not change. In the context of adolescent substance use, CBT encourages adolescents to develop self- regulation and coping skills by teaching youth to identify stimulus cues that precede substance use, to use various strategies to avoid situations that may trigger the desire to use, and to develop skills for communication and problem-solving.
4. Motivational enhancement therapy/brief intervention	Motivational enhancement therapy is based on motivational interviewing techniques that have come to the forefront of therapeutic approaches for addiction in the past decade, and even more so recently for adolescents. The goal of motivational enhancement therapy is to help encourage the adolescent to engage in treatment and stop using drugs. Motivational enhancement therapists use a person-centered, non-confrontational style in assisting the youth to explore different facets of his or her use patterns. Adolescents are encouraged to examine the pros and cons of their use and to create goals to help them achieve a healthier lifestyle. The therapist provides personalized feedback and respects the youth's freedom of choice regarding his or her own behavior. Motivational enhancement therapy is typically delivered in conjunction with other treatment approaches, including brief interventions. Brief intervention often consists of educational or brief intervention services that aim to help the adolescent recognize the negative consequences of substance use and to understand and address the adolescent's problems that are likely related to their substance use.

27 e.g. Tanner-Smith et al., 2013; Barnett et al., 2012; Winters et al., 2018 etc.

28 Clinical Manual of Adolescent Substance Abuse Treatment edited by Yifrah Kaminer, Ken C. Winters, The American Journal on Addictions, https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1521-0391.2012.00267.x

5. Therapeutic community	The therapeutic community is typically rooted in self-help principles and experiential knowledge of the recovery community. This treatment option views the community as the key change agent and emphasizes mutual self-help, behavioural consequences, and shared values for a healthy lifestyle. For adolescents, therapeutic communities use various therapeutic techniques which may include individual counseling sessions, family therapy, 12-step techniques, life skills techniques, and recreational techniques, and are usually long-term residential treatment programs.
6. Electronic and web-based therapy	The current use of electronically assisted therapy includes internet "treatment programs" that employ various elements, such as psycho-education, social support through chat rooms, monitoring of symptoms and progress, and feedback. Telephone-based treatment approaches are also included here
7. Pharmacotherapy	This treatment approach uses medication to address various aspects of addiction, including craving reduction, aversive therapy, substitution therapy, and treatment of underlying psychiatric disorders. Specifically, medication can be used to treat addiction to opioids, alcohol, or nicotine in adults, but there are no medications approved by the US Food and Drug Administration to treat cannabis, cocaine, or methamphetamine abuse. Research is quite limited on this treatment strategy for adolescents, and currently there are no medications approved to treat adolescents. The applicability of adult findings to adolescents is unclear given that youth may react differently to the potential side effects of medications. However, doctors will sometimes prescribe medications to older adolescents.
8. 12-step-based	The goal of 12-step therapy is to encourage the adolescent to become involved in a 12-step program. These programs incorporate a self-help approach centered within the context of reciprocal support. They are organized around the basic tenets of alcoholics anonymous (AA), and constitute a commonly applied strategy in inpatient and outpatient treatment programs, as well as a standalone approach (i.e., attending AA, narcotics anonymous, or cocaine anonymous meetings). 2.3% of AA members in the USA and Canada are under the age of 21.

Prevention measures and early diagnostics

Serbia has already implemented some school prevention interventions but currently with no supporting impact evaluation studies and testing procedures based on RCT research study designs. It is important to consider evidence-based substance use prevention interventions that are in line with the EU and UNODC-WHO Intenational Standards on Drug Use Prevention as to ensure positive outcomes.

One of the identified gaps in the Serbian system related to this study is the lack of **early diagnostic and brief intervention** services and respective tools. These are critical issues in the context of identifying problems, initiating contact and referring clients to specialized care. Such tools should be easily available for paediatricians, paediatric nurses, other health professionals, social workers and teachers.

It is critical to adopt **appropriate tools** for paediatricians and paediatric nurses[29] for better targeting and early identification of key adolescent populations.[30] Generally,

29 Kulig et al., 2011.

30 http://pediatrics.aappublications.org/content/early/2011/10/26/peds.2011-1754.full.pdf

adolescents should be considered as a population of high priority, due to three crical parameters: (a) high prevalence of SUD, (b) high positive preventability of SUD, (c) high accesibility through standard and relatively low-cost interventions and measures. There is another positive factor represented by higher motivation to provide these intervention by pediatricians and pediatric nurses and a direct link to their medical specializations (because of other prevention activites e.g. in child-obesity etc.) but also the relatively well-structured and organized national networks in many countries, including Serbia. It would be recommended (**Table no. 18**) to implement and support more complex tools used for screening other substances (such as alcohol due to the complexity and trends of alcohol use). Incorporating the early diagnostic and screening tools with the tools used to screen for alcohol use[31] seems to be a logical solution (see also Table no. 18) due to the challenging alcohol-use trends in Serbia.

Additionally, further adaptation of **early diagnostic and brief intervention for pregnant women**[32] would be useful due to the higher prevalence of tobacco, alcohol and prescribing drugs in the general population. This process might prove to be challenging and the implementation could take time, given the lower motivation of gynecologists and gynecology nurses to consider and integrate this model in their work. Expanding early diagnostic and screening services to specialised medical areas would recquire detailed preparation with a particular focus on highly senstive, stigmatising issues related to the link between women and maternity and substance use. Moreover, it is important to understand that the adaptation process of the WHO manual (cited above) regarding the management of substance use and substance use disorders during pregnancy can pose an additional challenge due to the specificity of the national context and further challenges to institutionalise such services and ensure their sustaniability. Lastly, another sensitive issue that would require special focus and preparation is related to the connection between addiction specialized services and addiction care, and other medical services and specialisations.

Serbia is a traditional society with family and family relationships playing a significant role. This important role of the family should be leveraged by employing **selected strategies focusing on family prevention and support**. There is a possibility to identify many evidence-based interventions,[33] but for further consideration two significant and appropriate guidelines developed by the UNODC were selected.[34] The first guideline is approriate for supporting prevention policy and represents a relatively simple, yet somewhat complex approach based mainly on skills training.[35] The second guideline for the program TREATNET Family[36] provides information and methodological support

31 http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf

32 https://www.who.int/publications/i/item/9789241548731.

33 see also Kumpfer, 2014; Hogue, Liddle, 2009; Kumpfer et al., 2003; Kumpfer, Alvarado, 2003.

34 UNODC publications: https://www.unodc.org/documents/prevention/family-guidelines-E.pdf
https://www.unodc.org/documents/drug-prevention-and- treatment/Updated_Final_UNFT_to_share.pdf

35 https://www.unodc.org/documents/prevention/family-guidelines-E.pdf

36 https://www.unodc.org/documents/19-04629_UNFT_Poster_90x140_ebook.pdf

(including additional useful documents and related references needed for potential national implementation).

Treatment and rehabilitation programs

Suggested models

According to the original goals and tasks formulated in the context of the survey in Serbia, we have tried to identify evidence-based treatment strategies and policies on substance use disorders (SUD) among the young population. Presumably, practice standards or guidelines are a milestone in every field. Upon the revision of relevant scientific literature, we are suggesting two models for your consideration.

The first structural model edited by Winters and Kaminer was presented at the beginning of this chapter and summarized in Table no. 17. It describes the **comprehensive** approach and identification of eight elementary domains for further consideration – therefore this orientation was provided in the „basic overview" section of this document.

The second process model, oriented towards the paper published by Ken Winters, Andria Botzet and Tamara Fahnhorst[37] informs of the **process** and reflects fundamental stages in the **treatment** context. It provides insight into the logic of treatment processes and helps undestand what creates critical issues – step by step from identification of the substance use problem to finalizing treatement and aftercare. The paper further explains what should be done and how, in addition to defining and describing the extent and nature of the problem. This is done by describing a model process in procedural terms. The authors simply but practically provide an overview of basic approaches and tools that can be successfully implemented in practice and operate on all basic levels, ranging on a continuum of service intensity and incorporating previous work published in 2009. Four factors surrounding the efficacy of current adolescent treatment programs are recognized: (a) adolescent-specific treatment services; (b) the variety of therapeutic modalities; (c) relapse and recovery rates; and (d) the need for evidence-based quality assessments and research. According to the level and intensity of the SUD problem, the authors sorted treatment measures and methods into the following 5 categories/stages:

1. **Early intervention services**, commonly consisting of educational or brief intervention services.
2. **Outpatient treatment**, in which adolescents typically attend treatment for 6 h/wk or less for a period dependent on their progress and the treatment plan.
3. **Intensive outpatient**, in which adolescents attend treatment during the day (up to 20 h/wk) but stay at home (ranging in length from 2 months–1 year).

37 https://link.springer.com/chapter/10.1007%2F978-0-387-09732-9_4

4. **Residential/inpatient treatment** includes programs that provide treatment services in a residential setting (lasting from 1 month–1 year).
5. **Medically managed intensive inpatient**, which is most appropriate for adolescents whose substance use, biomedical, and emotional problems are so severe that they require 24-hour primary medical care with a length dependent on the adolescent's progress.

In the context of the proposed categories/stages, professionals may utilize a variety of theoretical orientations or modalities. Most outpatient and inpatient adolescent programs will use an eclectic treatment approach, integrating multiple therapeutic models within one treatment service framework. The most commonly utilized therapeutic models include family-based therapy (this approach seeks to reduce an adolescent's use of drugs and correct the problem behaviors that often accompany substance use by addressing the mediating family risk factors, such as poor family communication, cohesiveness, and problem solving) and individual and group therapy (the most researched and utilized theoretical approaches within individual and group therapy include cognitive-behavioral therapy (CBT), brief intervention/motivational interviewing (BI/MI), and the contingency management reinforcement approach) (2011, Page 3).

In view of potential application of the suggested models we recommend two integration processes that combine the presented models. These processes are integrating structural and procedural aspects and creating a unique perspective and the opportunity to support and strenghten child and adolescent specialized addiction care. Integration processes are presented in the **Table 18** below.

Implementation modality

The first process is a strategy based on guidelines developed by the National Institute on Drug Abuse (NIDA),[38] distinguishing behavioral approaches, family-based approaches, addiction medication and recovery support services.

The second process is suggested by the National Health Service (NHS) and follows a series of publications focusing particularly on children and adolescents with SUD. This collection of four documents[39] is followed by a practical clinical manual by Winters and Kaminer.[40] This second, more complex strategy/initiative is complementary with

38 https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/principles-adolescent-substance-use-disorder-treatment

39 https://www.emcdda.europa.eu/attachements.cfm/att_101826_EN_8.%20UK0
https://www.bl.uk/collection-items/role-of-camhs-and-addiction-psychiatry-in-adolescent-substance-misuse-services-young-peoples-specialist-substance-misuse-treatment
http://drugslibrary.wordpress.stir.ac.uk/files/2017/04/yp_exploring_the_evidence_01091.pdf
https://www.drugsandalcohol.ie/12296/1/DOH_Guidance_for_pharmacological_management_substance_misuse_young_people.pdf

40 https://www.amazon.com/Clinical-Manual-Adolescent-Substance-Treatment/dp/1585623814

the guidelines “Practice standards for young people with substance misuse problems“ by Prof. Eilish Gilvarry and her team.[41]

Both integration processes and all cited materials are representing a scientific summary for an effective insight and homogenous overview of all relevant issues related to child and adolescent addiction specialized care based on a cross-cutting and evidence-based approach.

Table 18: Selected and recommended measures and steps for further implementation

	Area and phase	Selected and recommended measure/step
1.	I. implementation phase	
1a.	International Standards for Drug Use Prevention	(UNODC, 2018)[42]
1b.	Early diagnostic and brief intervention for pediatricians and pediatric nurses	CRAFT[43]
1c.	Family Prevention and treatment	(TREATNET, UNODC, 2013,[44] 2019[45])
1d.	Treatment and rehabilitation Stage I	Standards (Gilvarry et al., 2012)[40]
		Principles and Guide (NIDA, 2014)[46]
2.	II. implementation phase	
2a.	Early diagnostic and brief intervention for gynecologists and gynecological nurses	WHO, 2014[47]
2b.	Treatment and rehabilitation Stage II.	NHS, 2007a;[48] 2007b;[49] 2009a;[50] 2009b[51]

There are several reasons why the implementation process was divided into these 2 steps/phases. The implementation process and strategy for a complex area such as the oneat hand needs a sophisticated plan, strong support and readily available resources. There are many obstacles, given the complexity, stigmatising issues and prejudice, even among medical professionals.

The first integration phase characteristics and implementation steps (see Table no. 18: 1a-1d):

- (1a) The priority of the prevention area is to consider the adoption of national substance use prevention strategies and align them to the Standards developed for this area of expertise, one of which may be the ones developed by the UNODC. This

41 https://www.drugsandalcohol.ie/17885/

42 https://www.unodc.org/documents/prevention/UNODC_2013_2015_international_standards_on_drug_use_prevention_E.pdf

43 https://pediatrics.aappublications.org/content/pediatrics/early/2011/10/26/peds.2011-1754.full.pdf

44 https://www.unodc.org/documents/prevention/family-guidelines-E.pdf

45 https://www.unodc.org/documents/drug-prevention-and- treatment/Updated_Final_UNFT_to_share.pdf

46 https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/principles-adolescent-substance-use-disorder-treatment

47 https://www.who.int/publications/i/item/9789241548731

48 https://www.emcdda.europa.eu/attachements.cfm/att_101826_EN_8.%20UK0

49 https://www.bl.uk/collection-items/role-of-camhs-and-addiction-psychiatry-in-adolescent-substance-misuse-services-young-peoples-specialist-substance-misuse-treatment

50 http://drugslibrary.wordpress.stir.ac.uk/files/2017/04/yp_exploring_the_evidence_01091.pdf

51 https://www.drugsandalcohol.ie/12296/1/DOH_Guidance_for_pharmacological_management_substance_misuse_young_people.pdf

can potentially bring significant improvement of the startegies, specifically with regards to their charcteristics that would be more closely associated with positive prevention outcomes. Building a solid evidence-based foundation and identifying best practice would be an important momentum with a generally positive formative impact.

- (1b) The second phase entailsthe consideration of guidelines for pediatricians and pediatric nurses on early diagnostic and brief interventions. These guidelines would contain a brief overview of basic principles, including recommendations for the national adaptation and additional development of training programs that would continuosly support its implementation.
- (1c) Family-based prevention, counseling and treatment areapproach is the third group of documents to be considered for potential application. The suggested material recognises elements of family therapy for adolescents with substance use disorders, including those in contact with the criminal justice system.
- (1d) The fourth step suggests two critical documents focused on standards and treatment principles and guidelines for work with youth. These two documents provide information on a workable framework for further steps and discussions about developing a national prevention and treatment system for the youth in Serbia. The suggested documents can be used by local professionals and policy makers to provide sufficient information to support the discussion and next steps.

The second phase characteristics and implementation steps (see Table no. 18: 2a-2b):

The second implementiation step/stage covers collection of documents considered supplemental to the steps outlined as part of the first implementation step. These documents are broader in scope and not easily implemented. There are many details requiring focused attention in relation to the local adaptation. However, thesethe additional documents provide further evidence to be considered for the expansion of the work.

- (2a) The first document is concerned with the management of SUD during pregnancy and provides an overview of evidence-based techniques and methods on how to work with pregnant women. It is suitable for developing training programs for both gynecologists and gynelogical nurses, and implementing national standards and interventions for this specific target group.
- (2b) The second document is a very complex set of documents from the United Kingdom and is based on long-term and intensive practical work with youth. This set of documents covers pharmacology, psychotherapy, family therapy and other kinds of methods and approaches, including examples of good practice from actual UK services. The second implementation stage covers all details including pharmacological issues, how to treat comorbidities, and other specific subgroups.

RECOMMENDATIONS

Recommendations were divided into two fundamental categories proposing measures to enable continuity from prevention, early detection and diagnostic of substance use, and more clinical oriented measures. This structure can be helpful in facilitating a better understanding of the basic principles and logic behind the proposed steps and activities. In view of closer orientation, we are discussing the proposed measures from two angles: public health and clinical perspective.

Public health perspective

In view of the preparation of the exact baseline data, an additional **comprehensive needs assessment** on the SUD with adolescents' groups would be required. This assessment will allow for a better understanding of the challenges that adolescents face, such as: alcohol/tobacco/solvents/prescribing drugs/internet and gambling and would additionally enable the collection data in a broader perspective-related to substance use disorders (SUD) among young people (and not only stemming from the health system). This research can be part of a more extensive national needs assessment, integrating all the missing substances and behavioral addictions and helping to improve the national strategy efforts addressing SUD among children and young people.

For **prevention programs** it is essential to consider their further alignment to the **evidence-based strategies** as clearly presented in the UNODC-WHO International Standards on Drug Use Prevention with strategic focus on different risk levels and different needs: (a) universal prevention, (b) selected prevention and (c) indicated prevention. The continuity and compatibility of these prevention measures and interventions are critical at all 3 levels along with supporting further capacity building initiatives regarding the prevention workforce.

Epidemiologically, illicit substance use is a relatively smaller issue among young people than disorders related to alcohol, tobacco, prescribing drugs/medicaments, solvents use, etc. Moreover, the Internet, gaming and gambling issues have gained importance within the last two decades and are almost exponentially growing as behavioral addictions, making the field ever more complex and implicating the need to specifically target those issues.

This report used the information related to the clinical treatment of SUD for general population and adolescent groups. Further improvements in terms of **better and more precise distinguishing** between clinical services/facilities specifically and exclusively dedicated to children and adolescents with SUD and adult patients would be helpful. Treatment and rehabilitation programs specifically targeting children and adolescents with SUD should be developed on the basis of scientific evidence.

Children and adolescents with SUD have specific needs and characteristics that are implicating consideration of a **strategic capacity-development approach** in line with related treatment strategies.

Formulation of a specific plan on how to **improve data availability** and **data gathering** in some specific (but critical) areas would be of further assistance for the strengthening of the national treatment system. Additionally, establishing a data base on SUD among specific vulnerable subpopulations and institutional frameworks like (a) children on the street and in social services (outreach work, drop-in centers etc.), (b) orphanages and detention centers and unites, (c) other vulnerable populations (migrants, segregated groups) etc should be considered.

Moreover, the development and implementation of specific strategies aimed at raising and **sensitizing the policy makers'** awareness and /reflection towards SUD issues should be considered. This report gives a great opportunity to open a discussion on this issue at the national level, spread information, about this issue and adapt it specifically to the target group/audience of policy makers – with a special focus on all relevant authorities: ministries, local government offices, regional agencies, etc.

Clinical perspective:

The data presented in this report were extracted from and is focused on healthcare institutions. It gives a useful overview of and evidence about the current state of treatment services/facilities in Serbia. This institutional framework is essential for planning treatment and rehabilitation services.

However for a **complex needs assessment** data from all relevant areas of the Serbian society where it is needed to better identify youth with SUD and understand the context. Doing so is the single most effective way to successfully define appropriate supportive and corrective meassures. Health care services are currently not able to provide complex data and reflect the situation in other areas where youth with SUD are present and where we need to identify the parameters related to adolescents and specific sub-populations affected by SUD. Epidemiological data from some specific sub-populations and institutional networks with expectable higher prevalence of SUD (e.g. orphanages, segregated populations, detention centers etc.) are still missing or unavailable.

The critical issue at hand for further discussion is how to improve and make more effective the "**gateway measures**" integrating many different approaches. The system of treatment and rehabilitation services for children and adolescents is complex and has to be clearly described and structured. It is therefore necessary to have an understanding and clear descriptions of the roles offor all relevant actors and the entire process, as well as of how to effectively identify the SUD problem in a timely manner through adequate and acceptable interventions towards individuals and

families. The core issue is how to improve **early detection, initiation of diagnosing and related treatment procedure**.

This implies the following recommendations:

(a) to select and adopt specific methods for **early diagnostic and brief interventions** (e.g. CRAFT, AUDIT) and adapt them it specifically for nurses and general practitioners (priority groups),

(b) to formulate and implement a specific strategy on how to improve and facilitate an "**intersection dialogue**" between health care services/providers and services/providers in the school system, social care system, and justice (e.g. probation) sector. This very complex task should be clearly formulated, well-structured and systematically coordinated.

It is advisable to select and adopt complex **strategies/policies** on how to organize, operate and facilitate the field of counseling, treatment and rehabilitation services specifically dedicated to children and adolescents with SUD. Strategies and technical documents should be integrated with the national strategy and become institutionalized.

Moreover, the insurance of the **accessibility and continuity** of care is of importance. Guidelines drawing on an evidence-based approach need to be adopted and adjusted to the real clinical practice and institutional context. This might prove to be a challenging and complex long-term project due to the many variations and dissimilarities among the different national legislations, institutional frameworks, cultural and historical aspects, and stigmatizing issues.

Given Serbia's traditional, cultural, social and historical context, a national adoption of specific and appropriate clinical method/approaches that focus on a **family perspective** in prevention, counseling and treatment (e.g. TREATNET family etc.) is recommended. Formulation of separate work plans on how to adopt and implement these strategies that are developed to work with families with SUD and are tailored to their specific needs (usually given by higher prevalence of dual diagnosis, social problems, stigmatizing issues etc.), thus making them more available for existing service providers in the field, should be considered.

Identification of a specific plan to support **specialized training and education activities** (with full respect to the specifics in education and training activities in the context of different professionals) would significantly support the treatment system. A capacity development plan should be extended not only to the medical community, but also to non-medical professionals such as: psychologists, social workers, teachers etc. Furthermore, study visits for Serbian professionals to host countries with a fully developed special institutional addiction infrastructure for children and adolescents (e.g. the United Kingdom, Czech Republic, etc.) are advisable.

The diversity of professionals engaged in the area of SUD implicates different **implementation strategies** that would reflect the specificity of their work and introduce the substance use prevention and treatment as a multi-faceted approach. The development of specific **professional networks** at the national level in terms of connecting professional societies and national networks (relevant ministries etc.) with a special focus on children and adolescents with SUD would be helpful. This can be achieved through a simple, semi-structured platform shared by different professional societies (e.g. with a focus on child psychiatry, child psychology, pediatricians, social work, ethopedy etc.) and central bodies (e.g. National Drug Commission, relevant ministries). In this context, interdisciplinary dialogue is an important prerequisite for successful proceeding.

ANNEX (ANNEXES)

1.1 The mapping tool for substance abuse treatment facilities

The mapping tool for substance abuse treatment facilities

September 2017

Statement

Substance use disorders are a public health, developmental and security issue in both high and low-income countries.

In many countries there is a lack of information on the extent of substance use, as well as on the resources available for the prevention and treatment of substance use disorders. Information is the key to the process of developing resources.

The primary purpose of this mapping tool is to assist the relevant national government agencies to map the resources for the treatment of substance use disorders. The facilities are not expected to collect new data to fill out the survey but should use information already readily available. The questionnaire is comprised of five sections, which aim to collect administrative details, background information about the facility and the treatment services provided in addition to details of the facility's resources. It is important to complete all sections of the mapping tool.

Note that if a treatment service has facilities in more than one location, a separate form should be completed for each location. Instructions are provided throughout the document.

This survey has been developed in the framework of the UNODC-WHO Program on Drug Dependence Treatment and Care.[52]

Please contact [insert name of contact person] ______________________ if you have any questions related to the survey.

52 http://www.unodc.org/docs/treatment/unodc_who_programme_brochure_english.pdf

Part A: Contact details (information will NOT be made public)

A1. Head of the treatment facility* (name)	
– email address for correspondence with the facility	
A2. Name of the focal point for this survey within the facility	
– email address of the focal point	
A3. Permanent email address for the facility	
A4. Phone number of the facility for administrative purposes	

A1. *Head of the treatment facility (name)*
The name of the facility director or manager at highest possible hierarchical level.

- *email address for correspondence with the facility*

Facility director or treatment program email address for future contact and follow-up.

A2. *Name of the focal point for this survey within the facility*
Complete if someone other than the facility director is completing the survey, otherwise please leave blank.

- *email address of person completing the form*

Provide the focal point's email address for future contact and follow-up.

A3. *Permanent email address for the facility*
Complete with a permanent contact email for the facility. If no permanent email address for the facility exists, please provide a second email address of either the director or of another senior staff member.

A4. *Phone number of facilities*
Provide work or mobile number for the contact person or treatment program. Please use the national format for phone numbers. Avoid the "+" which might cause difficulties in excel.

* The term facility refers to treatment centers, departments, wards and units designed and appointed for the treatment of substance use disorders. These facilities can be stand-alone (e.g. national addiction treatment centers) or integrated with other health care centers, clinics or dispensaries (such as general health care or mental health centers or hospitals).

Part B: Contact details of the treatment facility (information may be shared with the general public)

B1. Name of the treatment facility	
B2. Address of the treatment facility (please include street, building number, city and postal code/zip code)	
B3. Name of parent organization (if applicable). For government organizations, please state which ministry	
B4. GPS coordinates of the treatment facility	
B5. Website address of the treatment facility	
B6. Phone number for clients/patients who want to access the service	
B7. Is the facility treatment formally accredited by a nationally recognized body (delete answer as appropriate)	
B8. If yes, by whom?	

B1. *Name of the treatment facility*
Please provide the name of the facility providing substance use disorder treatment. The term facility refers to treatment centers, departments, wards; units designed and designated for treatment of substance use disorders. These facilities can be stand-alone (e.g. national addiction treatment centers) or integrated with other health care centers, clinics or dispensaries (such as general health care or mental health centers or hospitals).

B2. *Address of the treatment facility*
Please include the following details: street, building number, city and postal code/zip code.

B3. *Name of parent organization (if applicable)*
If your facility is part of a larger organization with several facilities at different locations, please indicate the name of the parent organization here. This could be e.g. an NGO with several different treatment centers. For government organizations, please state which ministry oversees the facility.

B4. *GPS coordinates of the treatment facility*
To determine the GPS coordinates of a facility with Google Maps:
1. Zoom Google Maps to the level that allows you to see the location you want to select.
2. Move the cursor to the spot corresponding to the desired location and "right click" to display the popup menu. Then click "What's here?"

3. A marker appears on the desired spot, and the coordinates of that spot appear in the Google Maps search text box (i.e. 46.232733, 6.134357). You can then copy the coordinates from the search text box and paste them wherever you need them.

B6. *Phone number for clients/patients wanting to access the service*
Phone number of the facility that clients can use to book appointments or ask for information. This number could be listed in a directory of services available to substance use disorder patients in your country. Please use the national format for phone numbers. Avoid the "+" which might cause difficulties in excel.

B7. *Formally accredited treatment services? (Yes/No)*
If there is a licensing of treatment facilities by either government (e.g. Ministry for Health) or other organizations, please answer "yes" or "no" on whether this facility is currently licensed to deliver treatment services. Delete answer as appropriate.

Part C: About the treatment facility (information may be shared with the general public)

C1. Would you describe your service as any of the following (tick one)	
Outpatients service/ clinic/ polyclinic	
Hospital	
Non-hospital residential treatment unit	
Therapeutic community	
Low-threshold unit	
Specialized social reintegration unit	
Other (please specify):	

Outpatients service/ clinic/ polyclinic: Describes a facility or specific hospital department where outpatients are given medical treatment and advice.

Hospital: Describes a residential facility that provides 24-hour nursing and/or medical care treatment for sick or injured people.

Non-hospital residential treatment: Residential treatment environments in which drug-dependent individuals live together and follow a program of counseling or therapy in order to achieve social and psychological change. A range of theoretical approaches, including family, psychodynamic, cognitive-behavioural therapy, medical or 12-step approaches may underpin residential treatment programs.

Therapeutic community: Typically, a drug-free environment in which drug-dependent individuals live together in an organized and structured way in order to promote social and psychological change. The central philosophy is that residents are active participants in their own and each other's treatment and that responsibility for the daily running of the community is shared among residents and staff members.

Low-threshold unit: The term 'low-threshold' describes an implementation setting that facilitates persons with substance use disorders to access health and social services, those that help to prevent and reduce health-related harm associated with substance use. To encourage clients to enter contact, the use of these services typically requires little bureaucracy, often no payment, and is not conditional upon being or becoming drug-free. They target current users, 'hard-to-reach' and high-risk groups among persons with substance use disorders and experimental users.

Specialized social reintegration unit: A unit that primarily focuses on social reintegration services (housing, education and employment related services) dedicated to vulnerable groups.

Other: If your facility does not fit in any of the above categories, please propose another category.

Affiliation of treatment service (please select one)	
C2. Please state is your facility is public/governmental: 17 private (for profit): not for profit (NGO): 2 other (specify below) : Blank: 6	
If other, please specify:	
C3. If you receive government funding, or are a government service, please specify which government department you fall under or most relate to. Please select one answer.	
– Ministry of Health	
– Ministry of Social Services	
– Ministry of Drug Control	
– Ministry of Justice	
– Ministry of Interior	
– Ministry of Education	
– Not applicable	
– Other (please specify)	
– Blank	

C2. *Select one of the following*

Public / Government: Tick if the facility is part of the public health care system, run by the government.

Non-government for profit (private): Tick if the facility is run by a for-profit company, whether publicly listed or privately held.

Non-government not-for-profit (NGO): Tick if the facility is a not-for-profit organization, or social enterprise.

Out-of-pocket payments	
C4. Do patients have to make out-of-pocket payments? (Delete answer as appropriate)	
C5. Average out-of-pocket costs/day for inpatients (specify the currency)	N/A
C6. Average out-of-pocket costs/day for ambulant patients (specify the currency)	N/A

C4. *Do patients have to make out-of-pocket payments?*
This field identifies whether clients need to pay directly for the services. Delete answer as appropriate. Leave “no” if treatment is free for all clients (e.g. because services are funded through a national health system by an earmarked tax or through public health insurances or are charity funded). Leave “yes” if all clients are required to pay out of pocket/directly. If clients are supported through private insurance companies, they would be counted as paying for treatment (keep “yes” and delete “no”). If clients always must pay a certain percentage of the total fee as out-of-pocket payments, it is also “yes”.

C5. *Average out-of-pocket costs/day for inpatients (in local currency)*
If patients must make out-of-pocket payments (“yes” in previous question), estimate the average daily cost of inpatient / residential treatment to each patient, in either your local currency or US dollars. If this information is commercially sensitive, you can elect to not answer this question.

C6. *Average out-of-pocket costs/day for ambulant patients (in local currency)*
If patients must make out-of-pocket payments, estimate the average daily cost of outpatients treatment for each patient, in either your local currency or US dollars. If this information is commercially sensitive, you can choose to not answer this question.

<table>
<tr><th>C7. On-site service availability</th><th colspan="2">Tick if available/ and specify (multiple responses)</th></tr>
<tr><td>Management of withdrawal</td><td colspan="2">☐</td></tr>
<tr><td>Opioid agonist maintenance treatment (i.e. methadone or buprenorphine)</td><td colspan="2">☐</td></tr>
<tr><td>Brief psycho-social support (less than 2 weeks)</td><td colspan="2">☐</td></tr>
<tr><td rowspan="9">Longer duration psycho-social support (more than 2 weeks)</td><td>☐</td><td></td></tr>
<tr><td>• Cognitive behavioral therapy</td><td>Yes: 3</td></tr>
<tr><td>• Motivational enhancement therapy</td><td>Yes: 2</td></tr>
<tr><td>• Contingency management</td><td></td></tr>
<tr><td>• Family therapy</td><td>Yes: 2</td></tr>
<tr><td>• Group counseling</td><td></td></tr>
<tr><td>• 12 step facilitation</td><td></td></tr>
<tr><td>• Individual counseling</td><td>Yes: 5</td></tr>
<tr><td colspan="2">• Other (please specify):</td></tr>
<tr><td>Employment/income generation support</td><td colspan="2">☐</td></tr>
<tr><td>Housing/shelter support</td><td colspan="2">☐</td></tr>
<tr><td>Outreach services to street based substance users</td><td colspan="2">☐</td></tr>
<tr><td>Provision of sterile injecting equipment to injecting drug users</td><td colspan="2">☐</td></tr>
<tr><td>On-site pharmacy (supervised medication dispensing)</td><td colspan="2">☐</td></tr>
<tr><td>On-site testing for HIV</td><td colspan="2">☐</td></tr>
<tr><td>On-site testing for hepatitis C</td><td colspan="2">☐</td></tr>
<tr><td>On-site ART treatment of HIV/AIDS</td><td colspan="2">☐</td></tr>
<tr><td>On-site treatment of hepatitis C</td><td colspan="2">☐</td></tr>
<tr><td>Service specifically for women</td><td colspan="2">☐</td></tr>
<tr><td>Service specifically for adolescents with SUD* (12-18 years)</td><td colspan="2">☐</td></tr>
<tr><td>Service specifically for children with SUD* (4-11 years)</td><td colspan="2">☐</td></tr>
<tr><td>Other services (please specify)</td><td colspan="2">☐</td></tr>
</table>

SUD: substance use disorders

Part D: The volume of treatment (facility-specific data is NOT to be made public)

The volume of substance abuse treatment by treatment setting					
Types of treatment / treatment setting	**D1.** Tick if service available	**D2.** No. of people considered to be “in treatment” (see instructions)	**D3.** Total number of individual clients/ patients treated in this facility last year	**D4.** Total number of newly registered individual clients/ patients in this facility last year (see instructions)	**D5.** Total number of patients registered for the first ever time in their life because of drug use problems(see instructions)
Inpatient/ residential					
Ambulant (excluding people prescribed opioid maintenance treatment)					
People prescribed opioid maintenance treatment (with methadone or buprenorphine)					
Home-based/ outreach					
Rural/ camp-based					
Total of above					

Home-based/outreach: Refers to the geographical aspect of treatment, rather than to the modality of treatment. Services consist of professionals visiting the homes of clients in order to provide treatment in the privacy of the client’s home. They include counseling, psychosocial and pharmacological treatment. This setting is particularly important in some countries in order to reach hidden populations that for cultural or other reasons are unable to access traditional treatment services/public health services. For the purposes of this question, street-based outreach is considered a form of home-based treatment.

Rural/camp-based treatment: Refers to the temporary delivery of residential and ambulatory services in rural and remote communities, such as by setting up a “camp” either in temporary accommodation or in other facilities temporarily converted for treatment of substance use disorders.

Opioid maintenance treatment (with methadone or buprenorphine): Refers to the treatment of drug dependence by prescription of a long acting opioid such as methadone or buprenorphine, with the goal to reduce or eliminate the use of opioids and prevent harmful health and social consequences of opioid use.

In the “TOTAL” row, provide the sum of patients receiving treatment.

D2. *The number of people considered to be “in treatment”*
For inpatients this corresponds to the number of patients **currently** hospitalized or following residential treatment; for ambulant treatment this would be the number of people receiving regular treatment at the clinic such as in the last month.

D3. *The total number of new registered individual clients/patients in this facility last year*
This corresponds to the number of patients who were newly registered and thus initiated a treatment for the first time in this facility.

D4. *The total number of patients registered for the first time ever in their life because of drug use problems*
This corresponds to the number of patients who initiated treatment and were registered for the first ever time IN THEIR LIFE because of drug use problems and had never initiated treatment before.

D5. *The total number of individual clients/patients treated last year*
Total number of individual patients entering treatment for substance abuse disorders.

Substance abuse treatment – volume of treatment by primary substance				
Substance	**Specific substance**	**D6.** Number of individual clients/ patients treated in this facility last year (see instruction)	**D7.** Number of new clients/ patients in this facility last year (see instruction)	**D8.** Number of first ever treatment patients last year
1. Alcohol	**1. Total**			
2. Opioids	1. Heroin			
	2. Opium			
	3. Prescription opioids			
	4. Other			
	5. Unknown			
	6. Total			
3. Cannabis (including synthetic)	1. Cannabis			
	2. Synthetic cannabinoids			
	3. Other			
	4. Unknown			
	5. Total			
4. Cocaine type	1. Crack cocaine			
	2. Cocaine hydrochloride			
	3. Other			
	4. Unknown			
	5. Total			
5. Stimulants other than cocaine	1. Amphetamines			
	2. Methamphetamines			
	3. Ecstasy			
	4. Synthetic cathinones			
	5. Other			
	6. Unknown			
	7. Total			
6. Hypnotics & sedatives	1. Benzodiazepines			
	2. Barbiturates			
	3. Other			
	4. Unknown			
	5. Total			
7. Hallucinogens & dissociative	1. LSD			
	2. Ketamine			
	3. Other			
	4. Unknown			
	5. Total			
8. Volatile inhalants	1. Total			
9. Nicotine	1. Total			
10. Others (specify)	1. Total			

D6. *Number of individual clients/ patients treated in this facility last year*
Fill in the total number of distinct patients/clients who were treated by this service last year. Repeated admissions of the same patient should not be counted twice in this category.

D7. *The number of new clients/patients in this facility last year*
Fill in the number of patients new to this service and treated by this service during last year.

D8. *The number of first ever treatment patients last year*
Fill in the number of patients who initiated treatment last year for the first time in their lives (i.e. they have never initiated treatment for substance use problems before).

PART E: Patients and resources (E3 to E6 are not envisaged to be made public)

E1. Type of patients the facility treats	Please Specify
All patients have substance use disorders (e.g. the focus of the service is substance use disorders). If yes, please tick as appropriate	Alcohol Drugs Both alcohol and drugs
The focus of the treatment service is on mental health disorders, including, but not limited to substance use disorders	(If answering yes, please refer carefully to E2)
The focus of the treatment service is on any health condition (i.e. primary care, general hospital)	(If answering yes, please refer carefully to E2)
Other (please specify)	

E1. *The type of patients the facility treats*
Please tick the appropriate box depending on what the focus of your facility is and what type of patients the facility concentrates on. If all patients have substance use disorders, then tick as appropriate under the 'please specify' category. If 'other', specify what type of patients your facility treats.

E2. Treatment capacity	
Please estimate the proportion of your patients with substance use disorders	______%
In completing E3-E5, you can either complete the questions based on data from the whole facility (in which case the results will be multiplied by the % above), or based on substance use patients only – please indicate below by ticking:	
Whole facility	☐
Substance use patients only	☐

E2. *Treatment capacity*
Fill in this section with details regarding the treatment setting of the facility and its capacity. Please estimate which proportion of your patients have substance use

disorders. If the facility focuses on substance use disorders, this number is likely be close to 100%. Additionally, indicate whether you will complete E3-E5 using data on the whole facility or using data on substance use patients only. Tick the option ‘substance use patients only’, if you have patients with other disorders or conditions in addition to substance abuse where the substance use disorder is as significant as to be referred to treatment in a specialised facility.

E3. Physical resources (i.e. buildings)				
Inpatient treatment facilities	**3.1.** Number of beds			
Ambulant treatment facilities	**3.3.** Number of rooms for seeing patients			

E3. *Physical resources (i.e. buildings)*
Fill in the section that applies to your facility, either inpatient or outpatient, using accurate numbers.

For inpatient treatment facilities:

- *Number of beds for treating substance use disorders*
  This function as an indicator for the inpatient treatment capacity. Identifies the number of available beds for clients in inpatient/residential treatment. At centers where sleeping arrangements are less formal (e.g. mats or blankets spread on the floor), the treatment program can count the maximum number of individuals that could safely spend a night at the facility, as ‘bed’ is understood to be a unit of sleeping capacity.
- *Occupation rate (%)*
  Average % of beds that are occupied by patients (for whatever recent time period is available, i.e. last calendar year).

outpatients treatment:

- *Number of rooms for seeing patients/clients*
  This functions as an indicator for the outpatients treatment capacity.
- *Number of days open per week*
  Fill in how many days per week the outpatients service is available.

Human resources	**E4.** Please specify the number of staff members of each type	**E5.** The equivalent number of full-time staff
Medical staff		
- Medical doctors specialized in addiction medicine or addiction psychiatry		
- General psychiatrists		
- Medical doctors not specialized in psychiatry or addiction medicine		
Nursing staff		
- Addiction/psychiatric nurses		
- General nurses		
Nursing assistants		
Pharmacists		
Psychologists		
Social workers		
Other professionals (qualification level)		
Other treatment personnel (ex-patients, lay health workers…)		
- Outreach workers		
- Community health workers		
- Volunteers		
- Others (please specify)		
People not providing treatment		
- Staff		
- Volunteers		

E4. *Please specify the number of staff members of each type*
List the total number of staff providing treatment at the facility for each category. (See notes for E2).

E5. *The equivalent number of full-time staff (See notes for E2)*
To calculate the 'Full Time Equivalent', add together the part-time staff and full-time staff in each category to estimate the equivalent number of full-time staff. If the facility also provides treatment to other types of patients (i.e. other mental health conditions), only include the proportion of time spent on the management of substance use disorders in the full-time equivalents' estimate.
Example 1: 2 staff members working 50% of the time would count as 1 full-time equivalent staff
Example 2: if there are 2 full-time nurses and 3 other nurses working half-time, the equivalent number of full-time staff would be 2x1 + 3x0.5 = 3.5 full-time equivalent staff.

Example 3: in a psychiatric hospital, there are 10 full-time psychiatrists, who spend on average one day a week seeing patients with substance use disorders – these would count as 2 full-time equivalent staff.

E6. Please describe your linkages with other health or social services in supporting people with substance use disorders (max 250 words)

Please comment on how your facility links and collaborates with other facilities and services, so that is possible to get a sense of how the whole treatment system is functioning. For example, include where your patients usually come from, if you refer them to other treatment services and if they are commonly receiving treatment services from other facilities at the same time.

____

____

____

E7. Please describe the treatment services provided by your facility in a way you would like it to be presented to the public (max 250 words) (may be made publicly available)

Please include a description of the services provided by your facility, as you would like it to appear in a potential directory of treatment facilities. If not otherwise clear from the questions above, include a description of the kinds of patients to be treated and the services offered. You may also wish to include some information on the philosophy of the service, or any other information that would help people find the most appropriate treatment center for them.

____

____

____

E8. Do you collect other data that have not been covered by this questionnaire? What kind of data is that?

____

____

____

In addition, if you have any document which contains these data, please upload it or send it to Jelena Jankovic (jelena.jankovic@zdravlje.gov.rs) .

E9. If you have any further relevant information about your facility, please provide it here.

Please provide any further information on your facility that you feel might not have been accurately represented in this questionnaire, or any feedback on the survey itself.

____

E10. Please estimate the time it has taken you to complete this form: _____ hours and _____minutes.

Please specify the amount of time you have taken to complete the form in hours and minutes. Include the time taken to compile the questionnaire – not the time used to collect the data necessary for its completion, but include any time for new data analysis that would not otherwise have been completed.

In addition, if you have any photos of your facility (i.e. the view from the street), plus any other views that can be made public (please do not include the faces of patients), please include them.

Please send the completed survey to _______________________________________.

Thank you for taking the time to complete the survey.

1.2 The questionnaire for mapping the institutions for treatment of adolescents with substance use disorders, 2019.

The Ministry of Health of the Republic of Serbia

The questionnaire for mapping the institutions for treatment of adolescents with substance use disorders

2019

Declaration

Disorders caused by the abuse of psychoactive substances are a public health issue, also a safety issue, in both high- and low-income countries.

In many countries, there is a lack of information on the extent of using psychoactive substances as well as the resources available to prevent and treat disorders caused by their use. Information is the key to the resource development process.

The main purpose of this mapping questionnaire is to help relevant national government agencies to map the resources for the treatment of adolescents with substance use disorders.

If the treatment service has facilities in more than one location, a separate form for each site should be completed.

Please contact Jelena Jankovic (jelena.jankovic@zdravlje.gov.rs) and / or Aleksandra Dickov (dickovlela@gmail.com) if you have any questions regarding this survey.

Part A: Contact Information

A0. Responsible officer of institution	
A1. Responsible officer of department for drug treatment	
A2. e-mail address of the responsible officer of institution	
A3. e-mail address of the responsible officer of department	
A4. Phone number of the responsible officer of institution	
A5. Phone number of the responsible officer of department	

Part B: contact information of the institution

B1. Full name of institution and department for drug treatment	
B2. Institution address (please enter street name, number, and place)	

C1. What type is your institution	
Outpatient / ambulance / polyclinic	☐
Hospital / Clinic	☐
Therapeutic Community	☐
Low-threshold unit	☐
Specialized social reintegration unit	☐
Primary health care	☐
Other (please enter):	

C2. Please enter type of your unit	
Public / Governmental	☐
Non-government, for profit (private)	☐
Non-government and not for profit (NGO)	☐
Other (specify)	☐

C7. Availability of services at your institution	Check all services		
Detoxification	☐		
Opioid agonist maintenance treatment (methadone, buprenorphine)	☐		
Brief psycho-social interventions (shorter than 2 weeks)	☐		
Longer-term psycho-social support	☐	If Yes, list the most common type of psychosocial support	
		Cognitive behavioral therapy	☐
		Motivational enhancement therapy	☐
		Individual counseling	☐
		Family counseling	☐
		Group counseling	☐
		12-step treatment	☐
		Other (please specify)	
Employment support	☐		
Housing support	☐		
Street outreach work	☐		
Distribution of syringes and other drug injecting equipment	☐		
On-site pharmacy (medication under supervision)	☐		
On-site HIV diagnostic testing	☐		
On-site HCV diagnostic testing	☐		
On-site ART treatment of HIV/AIDS	☐		
On-site HCV infection treatment	☐		
Service for support women	☐		
Services for the treatment of adolescents with substance use disorders (12-18)	☐		
Other services (Please enter)	☐		

D0: The extent of therapy for all persons with drug use disorders

Type of therapy	D1. Check if therapy available	D2. Total number of clients treated at the institution last year	D3. Total number of newly registered clients in the institution last year	D4. Total number of clients registered for the first time in their lives with whom therapy was initiated
Hospital /Clinic	☐			
Outpatient service/clinic/ polyclinic (not included clients in OST)	☐			
Clients in Opioid agonist maintenance treatment	☐			
Total				

D1: The extent of therapy for adolescents with substance use disorders

Type of therapy	D1. Check if therapy available	D2. Total number of clients treated at the institution last year	D3. Total number of newly registered clients in the institution last year	D4. Total number of clients registered for the first time in their lives with whom therapy was initiated
Hospital /Clinic	☐			
Outpatient service/clinic/ polyclinic (not included clients in OST)	☐			
Clients in Opioid agonist maintenance	☐			
Total				

D2: The scope of therapy per substance

Substances	Substance	D5. Total number of clients treated at the institution last year	D6. Total number of newly registered clients in the institution last year	D7. Total number of clients registered for the first time in their lives with whom therapy was initiated
Opioids	• Heroin			
	• Prescribe opioids			
	• Other			
	TOTAL			
Cannabis (included synthetic cannabinoids)	• Cannabis			
	• Synthetic cannabinoids			
	• Other			
	TOTAL			
Cocaine	• Crack cocaine			
	• Cocaine hydrochloride			
	• Other			
	TOTAL			
Stimulants other than cocaine	• Amphetamines			
	• Methamphetamines			
	• MDMA			
	• Synthetic catinines			
	• Other			
	TOTAL			
Sedatives and hypnotics	• BZD			
	• Barbiturates			
	• Other			
	TOTAL			
Dissociative and hallucinogens	• LSD			
	• Ketamine			
	• Other			
	• Unknown			
	TOTAL			
Inhalants	Total			
Other (please enter)	Total			

If the client is treated due to multiple substances, each substance is recorded.

D0: The extent of therapy for adolescents with substance use disorders per substance

Substances	Substance	D8. Total number of clients treated at the institution the last year	D9. Total number of newly registered clients in the institution the last year	D10. Total number of clients registered for the first time in their lives with whom therapy was initiated
Opioids	• Heroin			
	• Prescribe opioids			
	• Other			
	TOTAL			
Cannabis (included synthetic cannabinoids)	• Cannabis			
	• Synthetic cannabinoids			
	• Other			
	TOTAL			
Cocaine	• Crack cocaine			
	• Cocaine hydrochloride			
	• Other			
	TOTAL			
Stimulants other than cocaine	• Amphetamines			
	• Methamphetamines			
	• MDMA			
	• Synthetic cathinones			
	• Other			
	TOTAL			
Sedatives and hypnotics	• BZD			
	• Barbiturates			
	• Other			
	TOTAL			
Dissociative and hallucinogens	• LSD			
	• Ketamine			
	• Other			
	• Unknown			
	TOTAL			
Inhalants	Total			
Other (please enter)	Total			

PART E: CLIENTS AND RESOURCES

E0. Type of clients being treated in institution		Please specify
All clients have disorders caused by psychoactive substance use If yes, please tick the appropriate box	☐	☐ Alcohol ☐ Drugs ☐ Both alcohol and drugs
The focus of the treatment service is on mental disorders, including but not limited to disorders caused by the use of psychoactive substances	☐	(If yes, please look carefully E2)
The treatment service is focused on any medical condition	☐	(If yes, please look carefully E2)
At your institution, treatment for adolescents is physically separated from that of the adult population	☐	(If yes, please look carefully E1)

E1. Type of adolescents treated in institution		Please specify
All adolescents have substance use disorders If yes, please tick the appropriate box	☐	☐ Alcohol ☐ Drugs ☐ Both alcohol and drugs
The focus of the treatment adolescents with mental disorders, including but not limited to disorders caused by the use of psychoactive substances	☐	(If yes, please look carefully E2)
The treatment of adolescents is focused on any medical condition	☐	(If yes, please look carefully E2)
Other (Please enter)	☐	

E2. Treatment capacity	
Please evaluate the representation of clients with psychoactive substance use disorders by registering the number of service users throughout the year	
Total number of clients	
Clients with substance use disorders	
Only adolescents with substance use disorders	

E3. Spatial capacities			
Facilities for inpatient treatment of persons with drug use disorders	**3.1** Number of beds		**3.2** Occupancy rate of beds (%)
Facilities for inpatient treatment adolescents with substance use disorders	**3.3** Number of beds		**3.4** Occupancy rate of beds (%)

Human resources	**E4.** Specify the number of staff employed to treat drug addicts	**E5.** Specify the number of staff employed to treat adolescents with substance use disorders
Medical doctors specialized in addiction psychiatry		
Medical doctors specialized in psychiatry or neuropsychiatry		
Medical doctors not specialized in psychiatry		
General nurses		
Pharmacists		
Psychologists		
Psychologists		
Other professionals (qualification level)		
Other treatment personnel (ex-patients, lay health workers...)		
Volunteers		
Other (Please enter)		
Non-medical staff		

THANK YOU

1.3 Tab. A1. Types of service in health centers

Institution	City	Service	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Primary Health Care Center “Milorad Mika Pavlović”	Indjija	1		1									1												
Primary Health Care Center “Savski Venac”	Belgrade	1		1		1	1		1	1			1					1							
Department of Psychiatry	Health Center Knjaževac	1	1	1	2	2	2	2	1																
Department of Psychiatry	Health Center Pančevo	1				1	2	2	1				1	2	1										
Department of Psychiatry	Health Center Negotin	1	1	1	1	1	2	2	1	1	2	2	1	2	2	2	2	2	1	1					
Department of Psychiatry	Health Center Bačka Palanka	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	2	2	2	2	2
Health Center	Niš	1	2	2	1	2	2	2	2	1	2	1	2	2	2	2	2	2	2	2	2	2	2	1	2

1.4 Tab. A2. Types of service in general hospitals

Institution	City/Town	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Department of Psychiatry	General hospital Leskovac	1	1	1	1			1				1						1	1				1	
Department of Psychiatry	General Hospital Pirot	1	1	2	1	2	2	1				1	1	1			1	1	1		1			
Department of Psychiatry	General Hospital Užice	1	1																					
Department of Psychiatry	General Hospital Jagodina	1	1	1														1	1					
Department of Psychiatry	General Hospital Zrenjanin	1	1	1	1	2	2	1	2	2	2	1	2	2	2	2	2	1	1	2	2	2	2	2
Department of Addiction Diseases	General Hospital Sremsaka Mitrovica	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	2	2	2	2	2
Department of Neurology and Psychiatry	General Hospital Gornji Milanovac	1	1	1	1	2	2	1	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2
Department of Psychiatry	General Hospital Ćuprija																							
Department of Psychiatry	General Hospital Aleksinac	2	1	1																				
Department of Psychiatry	General Hospital Sombor	1	1	1	1	2	2	2	2	2	2	2	1	1	2	2	2	1	1	2	1	2	1	2
Department of Psychiatry	General Hospital Valjevo	1	1	1	1	1	1	1	1	1	2	1	2	2	2	2	2	2	2	2	2	2	2	2

1.5 Tab. A3. Types of service in special hospitals

Institution	City/Town	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Special Hospital for Addiction Diseases "Teodora Drajzera“	Belgrade	1	1	1	1	1	1	1	1	1	2	1	2	2	2	2	2	1	1	2	2	2	2	2
Department of Alcoholism Treatment	Kovin	1		1	1	1	1	1	1	1		1		1										
Special Psychiatric Hospital" Slavoljub Bakalović"	Vršac	1	1	1	1	1	1	1		1		1												
Special Psychiatric Hospital	Novi Kneževac	1	1	1	1	1	1	1	1	1		1	1	1										
Special Hospital for Psychiatric Diseases "G.Toponica"	Niš	1	1	1	1			1	1	1		1	1	1	2	2	2	1	1					1

1.6 Tab. A4. Types of service in clinical centers

Institution	City/Town	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Psychiatry Clinic	Clinical Center Kragujevac	1	1	1	1	2	1	1	1	1	2	1	2	1	2	2	2	1	1	2	1	2	2	2
Department of Addiction Diseases Clinic for Psychiatry	Clinical Center of of Vojvodina	1	1	1	1	1	1	1	1	1	2	1	2	1	2	2	2	1	1	1	1	2	2	2
Mental Health Protection Center	Clinical Center Niš	1	1	1	2	1	1	1	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2
Department of Child and Adolescent Psychiatry Service	Clinical Center of of Vojvodina	1	1	1	1	1	1	1	1	1	2	1	2	1	2	2	2	1	1	1	1	2	1	

1.7 Tab. A5. Types of service at the Institute of Mental Health and in prisons

Institution	City/Town	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Special Prison Hospital	Belgrade	1	1	1	1	2	1	1	1	1	2	1	2	2	2	2	1	1	1					
Addiction Disease Clinic-Day Hospital	Institute of Mental Health Belgrade				1	1	1	1	1	1		1												
Prison Center	Kladovo	1	1	1	1	1	1					1												

1.8 Tab. A6. Services provided to adolescents

Institution	City/Town	e21	e22	e23	e24	e25	e26	e27	e28	e29	e210	e211	e212	e213	e214	e215	e216	e217	e218
Special Hospital for Addiction Diseases "Teodora Drajzera“	Belgrade	1	1	1	1	1	1	1	1	1		1			1	1			
Department of Psychiatry	Leskovac	1	1	1	1			1	1			1			1	1			
Department of Psychiatry	Pirot	1	1	2	1														
Department of Psychiatry	Health Center Knjaževac	1	1					1											
Special Psychiatric Hospital	Novi Kneževac	1	1																
Special Hospital for Psychiatric Diseases “G.Toponica”	Niš	1	1	1	1			1	1	1		1	2	1	1	1			
Department of Psychiatry	General Hospital Užice	1	1																
Department of Psychiatry	General Hospital Jagodina	1	1	1	2	2	2	2	2	2	2	2	2	2	1	1			
Department of Psychiatry	General Hospital Zrenjanin	1																	
Psychiatry Clinic	Clinical Center Kragujevac	1	1	1	1	2	1	1	1	2	2	1	2	2	1	1			
Department of Neurology and Psychiatry	General Hospital Gornji Milanovac	1	1	1	2	2	2	2	2	2	2	1	2	2	2	2	2	2	2
Mental Health Protection Center	Clinical Center Niš	1	2	1	2	1	1	1	1		2	1	2	2	2	2	2	2	2
Department of Psychiatry	General Hospital Sombor	1	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	2
Department of Psychiatry	General Hospital Valjevo	1	2																
Department of Child and Adolescent Psychiatry Service	Clinical Center of Vojvodina	1	2	1	2	1	1	1	1	2	2	2	2	1	1	1			

1.9 Tab. A7. The extent of therapy for adolescents

Institution	City/Town	Type	Fin.	Th1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Special Hospital for Addiction Diseases "Teodora Drajzera“	Belgrade	1,2,6	1	1	2			1	25	20	18										27	20	18
Department of Alcoholism Treatment	Special Hospital for Psychiatric Diseases Kovin	2	1	2				2				2											
Special Prison Hospital	Belgrade	2, 6	1																				
Addiction Disease Clinic-Day Hospital	Institute of Mental Health Belgrade	1,2	1	1	115	113															115	113	
Primary health care center “Milorad Mika Pavlović”	Indjija	1	1																				
Primary health care center “Savski Venac”	Belgrade	1	1																				
Department of Psychiatry	General Hospital Leskovac	2	1	1	12	6	2	1	75	15		1	265	22						1	352	43	2
Psychiatry Service	General Hospital Pirot	1,2	1	1				1															
Special Psychiatric Hospital” Slavoljub Bakalović”	Vršac	1,2	1					1	9	9	9										9	9	9
Department of Psychiatry	Health Center Knjaževac	1	1					1	1	1	1												
Special Psychiatric Hospital ”Sveti Vrači”	Novi Kneževac	1,2	1																				
Special Hospital for Psychiatric Diseases “G. Toponica”	Niš	1,2, 6	1																				
Prison Center	Kladovo	1	1					1															
Primary Health Care Center	Pančevo	1	1					1															
Psychiatry Service	General Hospital Užice	1,2	1																				
Psychiatry Service	General Hospital Jagodina	2	1																				
Psychiatry Service	General Hospital Zrenjanin	1,2	1																				
Methadone Center, Department of Psychiatry	Health Center Negotin	1	1																				

Institution	City/Town	Type	Fin.	Th1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Department of Addiction Diseases	General Hospital Sremska Mitrovica	1,2	1																				
Psychiatry Clinic	Clinical Center Kragujevac	2	1	1	17	11	11	1	67	21	21										84	32	32
Department of Addiction Diseases Clinic for Psychiatry	Clinical Center of Vojvodina	1,2	1	2																			
Department of Neurology and Psychiatry	General Hospital Gornji Milanovac	1,2	1																				
Department of Psychiatry	General Hospital Ćuprija	1,2	1																				
Mental Health Protection Center	Clinical Center Niš	1	1	1	6	6	6	1	13	13	13										19	19	19
General Hospital Aleksinac	General Hospital Aleksinac	1	1																				
Methadone Center	Primary health care center Bačka Palanka	1	1																				
Department of Psychiatry	General Hospital Sombor	2	1					1															
Psychiatric Service	General Hospital Valjevo	1	1																				
Department of Child and Adolescent Psychiatry Service	Clinical Center of Vojvodina	1,2	1	1	98			1	156								254						
Primary health care center	Niš	1	1																				
TOTAL				11	250	136	19	13	346	79	62	3	265	22			254			1	606	236	80

1.10 Tab. A8. The facilities reporting adolescent treatment

Institution	City/Town	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Special Hospital for Addiction Diseases "Teodora Drajzera“	Belgrade	1	2			1	25	20	18										27	20	18
Addiction Disease Clinic-Day Hospital	Institute of Mental Health Belgrade	1	115	113															115	113	
Department of Psychiatry	General hospital Leskovac	1	12	6	2	1	75	15		1	265	22						1	352	43	2
Department of Psychiatry	General Hospital Pirot	1				1															
Psychiatry Clinic	Clinical Center Kragujevac	1	17	11	11	1	67	21	21										84	32	32
Mental Health Protection Center	Clinical Center Niš	1	6	6	6	1	13	13	13										19	19	19
Department of Child and Adolescent Psychiatry Service	Clinical Center of Vojvodina	1	98			1	156								254						

1.11 Tab. A9. Treatment of adolescents by substance

Institution	City/Town	1	7	8	10	13	14	17	18	19	20	24	25	29	35
Special Hospital for Addiction Diseases	Belgrade	2	20					2		1					
Department of Alcoholism Treatment	Kovin														
Special Prison Hospital	Belgrade														
Addiction Disease Clinic-Day Hospital	Institute of Mental Health Belgrade		45												
Primary health care center	Indjija														
Primary health care center “Savski Venac”	Belgrade														
Department of Psychiatry	General hospital Leskovac														
Department of Psychiatry	General Hospital Pirot														
Special Psychiatric Hospital”	Vršac		2					5		1				1	
Department of Psychiatry	Health Center Knjaževac														
Special Psychiatric Hospital	Novi Kneževac				1										
Special Hospital for Psychiatric Diseases	Niš														
Prison Center	Kladovo														
Department of Psychiatry	Health Center Pančevo														
Department of Psychiatry	General Hospital Užice														
Department of Psychiatry	General Hospital Jagodina														
Department of Psychiatry	General Hospital Zrenjanin														
Department of Psychiatry	Health Center Negotin														
Department of Addiction Diseases	General Hospital Sremska Mitrovica														
Psychiatry Clinic	Clinical Center Kragujevac		82		5				12			7			
Department of Addiction Diseases	Clinical Center of Vojvodina														
Department of Neurology and Psychiatry	General Hospital Gornji Milanovac														
Department of Psychiatry	General Hospital Ćuprija														
Mental Health Protection Center	Clinical Center Niš	1		11			1				11		1		7
Department of Psychiatry	General Hospital Aleksinac														
Department of Psychiatry	Health Center Bačka Palanka														
Department of Psychiatry	General Hospital Sombor		10					2	2						
Department of Psychiatry	General Hospital Valjevo														
Department of Child and Adolescent Psychiatry Service	Clinical Center of Vojvodina	13	75	3					2	53		43			
Health Center	Niš		30			1				20		20		2	

1.12 Tab. A10. The type of institution that treats adolescents with substance abuse problems

Institution	City/Town	e11	e12	e13	e14	e15	e16	e17
Special Hospital for Addiction Diseases	Belgrade	1	1	1	1			
Department of Alcoholism Treatment	Kovin							
Special Prison Hospital	Belgrade							
Addiction Disease Clinic-Day Hospital	Institute of Mental Health Belgrade				1			
Primary health care center “Milorad Mika Pavlović”	Indjija							
Primary health care center “Savski Venac”	Belgrade							
Department of Psychiatry	General hospital Leskovac					1	1	
Department of Psychiatry	General Hospital Pirot							
Special Psychiatric Hospital” Slavoljub Bakalović”	Vršac	1						
Department of Psychiatry	Health Center Knjaževac	1	1	1				
Special Psychiatric Hospital	Novi Kneževac	1	1	1	1	1		
Special Hospital for Psychiatric Diseases “G.Toponica”	Niš							
Prison Center	Kladovo							
Department of Psychiatry	Health Center Pančevo							
Department of Psychiatry	General Hospital Užice						1	
Department of Psychiatry	General Hospital Jagodina							
Department of Psychiatry	General Hospital Zrenjanin							
Department of Psychiatry	Health Center Negotin							
Department of Addiction Diseases	General Hospital Sremska Mitrovica							
Psychiatry Clinic	Clinical Center Kragujevac							
Department of Addiction Diseases Clinic for Psychiatry	Clinical Center of Vojvodina							
Department of Neurology and Psychiatry	General Hospital Gornji Milanovac							
Department of Psychiatry	General Hospital Ćuprija							
Mental Health Protection Center	Clinical Center of Niš	2	2	2	2	1	2	2
Department of Psychiatry	General Hospital Aleksinac							
Department of Psychiatry	Health Center Bačka Palanka							
Department of Psychiatry	General Hospital Sombor	1	2	2	1	2	1	2
Department of Psychiatry	General Hospital Valjevo							
Department of Child and Adolescent Psychiatry Service	Clinical Center of Vojvodina							
Health Center	Niš							

1.13 Tab. A11. Representation of clients with psychoactive substance use disorders

Institution	City/Town	e31	e32	e33
Special Hospital for Addiction Diseases "Teodora Drajzera“	Belgrade	85	85	1
Department of Alcoholism Treatment	Special Hospital for Psychiatric Diseases Kovin		96	
Special Prison Hospital	Belgrade	532	271	
Addiction Disease Clinic-Day Hospital	Institute of Mental Health Belgrade		20	50
Primary health care center “Milorad Mika Pavlović”	Indjija			
Primary health care center “Savski Venac”	Belgrade		109	
Department of Psychiatry	General hospital Leskovac			
Department of Psychiatry	General Hospital Pirot		60	
Special Psychiatric Hospital” Slavoljub Bakalović”	Vršac	1500	122	9
Department of Psychiatry	Health Center Knjaževac		1	1
Special Psychiatric Hospital	Novi Kneževac	25	23	2
Special Hospital for Psychiatric Diseases “G.Toponica”	Niš	800	200	
Prison Center	Kladovo			
Department of Psychiatry	Health Center Pančevo			
Department of Psychiatry	General Hospital Užice	0	0	0
Department of Psychiatry	General Hospital Jagodina	30	15	15
Department of Psychiatry	General Hospital Zrenjanin			
Department of Psychiatry	Health Center Negotin			
Department of Addiction Diseases	General Hospital S.Mitrovica			
Psychiatry Clinic	Clinical Center Kragujevac	4892	2417	400
Department of Addiction Diseases Clinic for Psychiatry	Clinical Center of Vojvodina	4476	712	
Department of Neurology and Psychiatry	General Hospital Gornji Milanovac	15		
Department of Psychiatry	General Hospital Ćuprija			
Mental Health Protection Center	Clinical Center Niš		1460	19
Department of Psychiatry	General Hospital Aleksinac			
Department of Psychiatry	Health Center Bačka Palanka	165	165	
Department of Psychiatry	General Hospital Sombor			
Department of Psychiatry	General Hospital Valjevo			
Department of Child and Adolescent Psychiatry Service	Clinical Center of Vojvodina			
Health Center	Niš			

1.14 Tab. A12. Human Resources for work with adults

Institution	City	e51	e52	e53	e54	e55	e56	e57	e58	e59	e510	e511	e512
Special Hospital for Addiction Diseases "Teodora Drajzera“	Belgrade	15	3	3	58	1	6	3	6	0	0		30
Department of Alcoholism Treatment	Special Hospital for Psychiatric Diseases Kovin	1	1	1	14		1	1					
Special Prison Hospital	Belgrade		2	2	16	1	3	2	8				
Addiction Disease Clinic-Day Hospital	Institute of Mental Health Belgrade												
Primary health care center “Milorad Mika Pavlović”	Indjija		1					1					
Primary health care center “Savski Venac”	Belgrade		1	1	2	1	1						
Department of Psychiatry	General hospital Leskovac		4		9		1	2					
Department of Psychiatry	General Hospital Pirot		4	1	1			1					
Special Psychiatric Hospital Slavoljub Bakalović”	Vršac		2		14		1		1				1
Department of Psychiatry	Health Center Knjaževac		2		2								
Special Psychiatric Hospital	Novi Kneževac	1	2	1	3	0	1	1		1			
Special Hospital for Psychiatric Diseases “G.Toponica”	Niš	3	2		16	1	1	1					4
Prison Center	Kladovo		1		1		1						
Department of Psychiatry	Health Center Pančevo		2		5		3	1					
Department of Psychiatry	General Hospital Užice	0	7	0	27	0	4	1	2				
Department of Psychiatry	General Hospital Jagodina		5				2	2					
Department of Psychiatry	General Hospital Zrenjanin		7	1	17		1						
Department of Psychiatry	Health Center Negotin												
Department of Addiction Diseases	General Hospital Sremsaka Mitrovica	7	7		16		1						3
Psychiatry Clinic	Clinical Center Kragujevac	4	2	1	4		1	1	2				
Department of Addiction Diseases Clinic for Psychiatry	Clinical Center of Vojvodina	0	4	3	14	0	1	0	0	0	1		
Department of Neurology and Psychiatry	General Hospital Gornji Milanovac	0	3	0	1	1		1	1				2
Department of Psychiatry	General Hospital Ćuprija												
Mental Health Protection Center	Clinical Center Niš	1	4	0	5								1
Department of Psychiatry	General Hospital Aleksinac		1		3		1						
Department of Psychiatry	Health Center Bačka Palanka	2	2		2	1							
Department of Psychiatry	General Hospital Sombor	4		2	10		3	3			1		
Department of Psychiatry	General Hospital Valjevo		2	2	5		1	1	1				
Department of Child and Adolescent Psychiatry Service	Clinical Center of Vojvodina												
Health Center	Niš												

1.15 Tab. A13. Human Resources for work with adolescents

Institution	City/Town	e5adol	e51	e52	e53	e54	e55	e56	e57	e58
Special Hospital for Addiction Diseases "Teodora Drajzera“	Belgrade		8	1		6		2	1	2
Department of Alcoholism Treatment	Special Hospital for Psychiatric Diseases Kovin									
Special Prison Hospital	Belgrade									
Addiction Disease Clinic-Day Hospital	Institute of Mental Health Belgrade			2		2			1	1
Primary Health Care Center” Milorad Mika Pavlović”	Indjija									
Primary health care center “Savski Venac”	Belgrade									
Department of Psychiatry	General hospital Leskovac			2		1		1	1	
Department of Psychiatry	General Hospital Pirot									1
Special Psychiatric Hospital” Slavoljub Bakalović”	Vršac									
Department of Psychiatry	Health Center Knjaževac			2		2				
Special Psychiatric Hospital	Novi Kneževac									
Special Hospital for Psychiatric Diseases “G.Toponica”	Niš									
Prison Center	Kladovo									
Department of Psychiatry	Health Center Pančevo									
Department of Psychiatry	General Hospital Užice									
Department of Psychiatry	General Hospital Jagodina									
Department of Psychiatry	General Hospital Zrenjanin									
Department of Psychiatry	Health Center Negotin									
Department of Addiction Diseases	General Hospital Sremsaka Mitrovica									
Psychiatry Clinic	Clinical Center Kragujevac		4	2	1	4		1	1	2
Department of Addiction Diseases Clinic for Psychiatry	Clinical Center of Vojvodina									
Department of Neurology and Psychiatry	General Hospital Gornji Milanovac									
Department of Psychiatry	General Hospital Ćuprija		1							
Mental Health Protection Center	Clinical Center Niš		0	2	0	15	0	2		
Department of Psychiatry	General Hospital Aleksinac			1		3		1		
Department of Psychiatry	Health Center Bačka Palanka									
Department of Psychiatry	General Hospital Sombor		1							
Department of Psychiatry	General Hospital Valjevo									
Department of Child and Adolescent Psychiatry Service	Clinical Center of Vojvodina									
Health Center	Niš									

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