



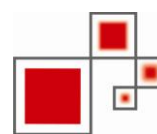
CROATIAN  
NATIONAL  
DRUGS  
INFORMATION  
UNIT

2012

# CROATIAN **report**



European Monitoring Centre  
for Drugs and Drug Addiction



CROATIAN  
NATIONAL  
DRUGS  
INFORMATION  
UNIT

**2012 NATIONAL REPORT (2011 data)  
TO THE EMCDDA  
by the Office for Combating Drugs Abuse of the  
Government of the Republic of Croatia**

**CROATIA**  
**New Development, Trends and in-depth information  
on selected issues**

**Zagreb, October 2012**

Drawn up on behalf of the Office for Combating Drugs Abuse of the  
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The Office for Combating Drugs Abuse bears no responsibility for the validity of data derived by external sources, as well as for the consequences arising from their use.

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## Summary

Based on the reports of competent state administration bodies, public institutions, local and regional self-government bodies, civil society organisations and other relevant institutions, the Office for Combating Drugs Abuse draws up the Annual Report on the Implementation of the National Strategy and the Action Plan on Combating Drugs Abuse in the Republic of Croatia, which are adopted by the Government of the Republic of Croatia and accepted by the Croatian Parliament. The concept and structure of the Report has been created in accordance with the guidelines of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) for creation of standardised National Reports on the drugs situation, since the Office, as a national coordinate body for the implementation of the national drug policies, has the obligation to submit the report, translated to the English language, for the purpose of regular reporting on the drugs situation in the Republic of Croatia to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Up till now five National Reports for the years 2006, 2007, 2008, 2009 and 2010 have been already sent to EMCDDA.

### **PART A: New development and trends**

#### **Chapter 1 Drug policy: legislation, strategies and economic analysis**

Although the approach to the implementation of drug policies did not significantly change in the Republic of Croatia during 2011, national instruments related to reducing the drug supply were continuously improved. The regular implementation of the National Strategy on Combating Drugs Abuse 2006-2012 and the Action Plan on Combating Drugs Abuse 2009-2012 continued, the reports on which were submitted by the competent state administration bodies, local and regional self-government units and civil society organisations, and incorporated into the text of this year's report. In order to ensure further effective implementation of relevant strategic documents, one of the most important activities carried out in 2011, apart from the adoption of the new Criminal Code under which, among others certain changes in relation to drug-related offences were made, it is certainly the implementation of the evaluation of the National Strategy on Combating Drugs Abuse for a period 2006-2012 on a scientifically established principles, in order to objectively view the ratio in which the objectives set by the National Strategy were achieved, as well as the results in the field of drug abuse suppression in the previous six-year period. The above evaluation presented the basis and the guideline for new strategic documents in the drug field, which were made during 2011, and which are the National Strategy on Combating Drugs Abuse for the period 2012 - 2017 and the Draft Action Plan on Combating Drugs Abuse for the period 2012 – 2014.

Funds of the State Budget and county budgets for suppressing drug-related problems were increased in 2011 by 6% compared to the previous year, primarily because the counties have taken an active role in implementing the county Action Plans on combating drugs abuse and thus unburdened the State Budget, which pursuant to the principles of decentralisation of the drug policy implementation in line with the county needs represents a very important and positive move forward.

#### **Chapter 2 Drug use in general population and specific targeted groups**

In 2011 the Institute of Social Sciences "Dr. Ivo Pilar" on the initiative of the Office for Combating Drugs Abuse of the Government of the Republic of Croatia conducted the first survey on drug abuse in the general population of the Republic of Croatia (N=4 756). The survey results have shown that in the total sample of respondents (15-64 years) the lifetime prevalence of use of different illicit drugs was 16.0%. The prevalence of cannabis use is the highest (15.6%), while the prevalence of other illicit drugs is considerably lower (amphetamines: 2.6%, ecstasy 2.5%, cocaine 2.3%, LSD 1.4% and heroin 0.4%).

During 2009/2010 the Croatian Institute for Public Health conducted a survey “Health Behaviour in School-aged Children“. It is an international research in the implementation of which the Republic of Croatia has been participating since 2001.

Also, during 2011 the Croatian Institute for Public Health participated in the implementation of the European School Survey Project on Alcohol and Other Drugs. The results of the aforementioned surveys confirm that cannabis is still the most frequently used illicit substance.

In order to gain insight into the drug market, the Faculty of Education and Rehabilitation Sciences of the University of Zagreb, conducted a survey among the users of the harm reduction programme. Also, in 2011 this institution conducted a pilot on-line survey on new trends in drug use.

Furthermore, the Ruđer Boskovic Institute participated in the European survey on identifying psychoactive substances in municipal wastewater. The survey was conducted in the total number of 19 European cities during seven consecutive days in March 2011. Optimized and validated analytical methods were used to analyse the urinary biomarkers of five illicit drugs.

### **Chapter 3 Prevention**

A systematic overview of prevention activities conducted in the Republic of Croatia does not exist, and there is very little information about evaluated and effective addiction prevention programmes. In order to gain insight into prevention activities, the Office for Combating Drugs Abuse of the Government of the Republic of Croatia created during 2011 the Addiction Prevention programme database, as an integral part of the Drug Demand Reduction programme database. The base is available on URL address [www.programi.uredzadroge.hr](http://www.programi.uredzadroge.hr).

This chapter presents the evaluation results of the universal prevention programme *I have an attitude*, which was implemented in the Republic of Croatia during 2009 and 2010. In 2011 the *Life Skills Training* programme was conducted in the Primorje-Gorski Kotar County, the Zadar County, the Krapina-Zagorje County and partly in the Varaždin County, whereas the *PATHS - RASTEM* programme (*Promoting Alternative Thinking Strategies*) was conducted in 30 first and second grades of elementary school and 12 preschool groups in Zagreb, Rijeka and the Istria County. Selective prevention programmes are targeted at children and youth (*Small Creative Socialisation Groups*) and families (*Responsible Parenting*), whereas the activities of indicated prevention are targeted at children and youth that manifest certain behavioural disorders (for instance the project *Prevention of Addiction Development Among at-risk Youth* being conducted by Terra Association). In addition, in the Republic of Croatia a series of preventive measures aimed at changing the current cultural, social, physical and economic conditions are being implemented within which the choices about behaviours related to substance abuse are made (so called environmental strategies).

### **Chapter 4 Problem drug use (PDU)**

In 2010, the Republic of Croatia harmonised the definition of problem drug use with the EMCDDA definition, which now reads: injecting drug use or long duration/regular use of opiates, cocaine and/or amphetamines, including all those undergoing opioid replacement therapy.

The problem of psychoactive drug abuse and drug addiction is one of the 20 most significant risk factors for the disease on the global level, and is one of the 10 leading risk factors in developed countries. People who take psychoactive drugs, especially intravenous drug users, are exposed to an increased risk of infectious diseases such as HIV, hepatitis and



tuberculosis. Estimates of the psychoactive drug user population are important because they are the only estimates which can show the size of psychoactive drug user population. One part of the addicts are being treated in the health or non-governmental sector, while some of them remain unregistered, and therefore it is necessary to estimate the overall population of people who use psychoactive drugs, to be able to create public health programs based on these estimates. In 2011 in Croatia, as in previous years, the estimate of the PDU (PDU *problem drug use*) and IDU (*intravenous drug use*) population was calculated by using the Mortality multiplier method that is based on the mortality directly associated with psychoactive drug use and drug abuse mortality rate. The mortality multiplier calculated for a seven-year period from 2004 to 2011 is 1.53. It is estimated that in Croatia there are between 6 600 and 12 553 PDU addicts, and that there are between 2.2 and 2.8 PDU addicts in the total population per thousand inhabitants, and between 2.2 to 4.2 of them at the age of 15-64 years. The estimated population size of current IDU addicts in Croatia in 2011 is 1 431 persons, and it is estimated that in Croatia between 1 184 and 1 833 drug users take drugs intravenously at least once a week.

In 2010 the Republic of Croatia harmonised the definition of problem drug use with the EMCDDA definition, which now reads: injecting drug use or long duration/regular use of opiates, cocaine and/or amphetamines, including all those undergoing opioid replacement therapy.

## **Chapter 5 Drug-related treatment: demand and availability**

During 2011, 7 665 persons were treated, 1 151 of whom were treated for the first time (15%). The total number of the treated addicts in 2011 increased by 1.5 percent compared to 2010. The share of newcomers in the drug treatment system, as in previous years, continued to decline. Due to abuse of opiates in 2011 there were 6 198 people treated, 343 of whom were treated for the first time (5.6%), which is so far the smallest proportion of new opiate addicts. In 2011 compared to 2010 the increasing number of people treated for opiate of 0.4 percent was noted. Currently, the therapeutic community data are being integrated in the health system register. In 2011 therapeutic communities provided treatment for a total of 821 drug users, 670 men (77.5%) and 151 women (22.5%), 40.7 % of whom were newcomers. Similar to the health care system, the ratio of men and women in therapeutic communities is 4.4:1. Therapeutic communities are still dominated by opiate addicts, so out of the total number of addicts there is 82.1 % of opiate addicts in treatment, the number of drug addicts in therapeutic communities continuously declined from 2009 to 2011 and in 2011 compared to 2010 it decreased by 12.6 %, and compared to 2009 as much as 27.8 %. Together with therapeutic communities, various forms of assistance and psychosocial treatments were provided to addicts by associations. Despite the reduction in the number of addicts, it can be concluded that Croatia's treatment system is stable and functions well, as evidenced by the fact that the drug users are offered a number of different programs and they tend to remain in treatment longer.

## **Chapter 6 Health correlates and consequences**

The results of monitoring the prevalence of drug-related infectious diseases this year also show a low rate of HIV infection, a continuing decline in the prevalence of hepatitis B and again the decrease in the prevalence rate of hepatitis C. As in previous years, the proportion of drug users infected with hepatitis C is still high, but in 2011, after it increased in the previous year, it fell again. As for the cases of hepatitis B, the trend of decline in the number of the infected people continued, as recorded over the last few years. The proportion of drug users infected with HIV is very low and stable as in previous years, and in 2011 remained at the same level, primarily due to continuous education, provision of relevant information, modern pharmacotherapy, work of the Consultancy centres, and needle and syringe exchange programmes. As for the drug-related intercurrent diseases, such as mental

illnesses and disorder diagnoses, in the year 2011 the biggest share of disorders was caused by alcohol consumption, both for opiate and non opiate addicts. Other frequent disorders include affective disorders among opiate addicts, and schizophrenia, delusional disorders and schizotypal personality disorder among non-opiate addicts. The rarest are behavioural disturbances and feelings that occur in childhood and adolescence, and mental retardation.

Data on drug related deaths indicates that the number of deaths by drug overdose is still in decline. Implementation of National Strategy on Combating Drug Abuse, introduction and maintenance of pharmacotherapy and stable system which is available and open to anyone in need, have resulted in gradual decrease in number of drug related deaths. It is also evident that while in previous years heroine was dominant overdose substance, in the last two years a considerable increase in methadone overdose cases was recorded. The reasons for this can be found in illicit use of methadone, excessive dosage in treatment, inappropriate use or reduced opiate tolerance. Reports from the field show that heroin is less available, so methadone is used not only as substitution in treatment, but also as illicit substance.

### **Chapter 7 Responses to health correlates and consequences**

Similar to previous years, the Croatian Red Cross and civil society organisations LET, HELP, Terra and the Institute conducted the activities of distributing injecting paraphernalia and condoms, collecting infectious waste, cleaning up the environment from discarded paraphernalia, distributing educational material, counselling and informing the addicts about harmful effects of drugs, risk of overdose, as well as the ways of protection against blood-borne and sexually transmitted diseases. In 2011, 3 939 users were included in the harm reduction programmes. A very important role in reducing the harm caused by drug abuse is played by the Centres for Free and Anonymous HIV Testing and Counselling, substitution pharmacotherapy programmes and prevention and therapy of drug-related infectious diseases.

### **Chapter 8 Social correlates and social reintegration**

There are two main reasons for social exclusion of the youth in Croatia: dropping out of school and unstable position on the labour market. Regarding the issue of homelessness, poverty and prostitution there are no relevant statistical data or studies to investigate systematically the seriousness of the issue in Croatia. According to the data provided by the associations conducting harm reduction programmes, in 2010 a decrease in the number of homeless addicts who used their services was recorded (27 persons, unlike 74 of them recorded in 2010), as well as with the addicts, mostly women, practicing prostitution (16 persons in 2011, 64 in 2010). However, it is important to emphasize that the data on the number of homeless people and drug addicts involved in prostitution have not been submitted by all the associations that delivered the data in 2010. As in the previous years, the Project on Social Reintegration of Drug Addicts has still been continuously implemented and has once again recorded the rise in the number of users. In 2011 there were two residential communities (one in Osijek and one in Brestovec) which provided organized housing for about 20 treated addicts. In 2011 the involvement of all measure holders of the Project increased, and more treated addicts started to engage in various types of education and employment projects, compared to previous years. In 2011 the Ministry of Science, Education and Sport included the total number of 68 addicts in education programmes, an increase compared to 2010. During 2011, 57 treated drug addicts were included in educational programmes and 21 were employed by the Croatian Employment Service, through active employment policy measures, local partnerships or various projects. Higher interest and motivation of treated addicts especially for the completion of the commenced secondary education and generally all types of education and retraining was also noted. It is important to mention that we recorded the development of cooperatives which encourage

social-cooperative entrepreneurship of treated addicts, which enabled self-employment of 14 treated addicts. A great contribution to the implementation of the Project was also provided by associations, which provided assistance in social reintegration to about 558 drug addicts. It was also noted that the Project contributed significantly to reducing the addiction-related stigma and social exclusion of treated addicts.

## **Chapter 9 Drug-related crime, prevention of drug-related crime and prisons**

According to the statistical data of the Ministry of the Interior, during 2011, 7 767 criminal offences of narcotic drugs abuse (0.2% less than in 2010) were reported, which makes 10.3% of the overall crime in the Republic of Croatia. Due to narcotic drugs abuse, 5 715 persons were reported, which is by 5.4% more compared to the previous reporting period (5 019). According to the Act on Combating Drug Abuse, in 2011 there were 2 195 (2010: 2 313) reported misdemeanor charges against a total of 2 295 persons (2010: 2 364).

According to the data of the Croatian State Attorney's Office, pursuant to the Article 173 of the Criminal Code 6 088 persons (4 821 adults, 919 young adults and 348 minors) were reported for committing a criminal offence, which is by 6.5% more than in the previous year. The majority of the registered persons were reported for possession of narcotics, which in the overall reports for criminal offences related to possession of narcotic drugs participated with 76.7%. There is a slight decrease in the number of reported trafficking cases as more severe forms of criminal offences than in the previous year, and approximately the same number of people reported for organized trafficking. Out of the total number of reports concerning all types of criminal offences of narcotic drugs abuse, according to various bases, 60.1 % of reports were rejected, usually related to drug possession.

In 2011 in the prison system there were 3 033 addicted inmates of all categories, which accounts for 16.8% of the total prison population. There were 1 034 new addicted inmates sentenced to imprisonment. Out of these, 41.4 % of the inmates with the pronounced prison sentence also had the pronounced safety measure of mandatory addiction treatment. The share of recidivist offenders in the total number of newly received addicted inmates who served a prison sentence in 2011 is 41.9 %. Among the drug-addicted inmates opiate addictions are the most represented with 38.8 %, followed by addiction on more types of drugs with 29.7 % and cannabis addiction with 14.7%.

## **Chapter 10 Drug markets**

When it comes to the availability of drugs, except for the survey conducted by ESPAD, the results of which are reported on a regular basis, now for the first time an insight into the perception of the general population and the users of harm reduction programs in major Croatian cities is available. According to the available indicators, in Croatia during 2010 a downward trend of heroin availability on the domestic drug market was noted, which was also noted in other European countries, showing the signs of market recovery. However, as for drug smuggling, the biggest challenge remains illicit heroin trafficking through the so-called "Balkan route" and cocaine imported to Croatia through seaports, and it is very worrying that Croatian citizens are involved in organizing smuggling of cocaine intended for the European market. Croatia is primarily a transit country and drug production is limited to cannabis grown only for personal use or sales on the Croatian market.

In 2011 there were 6 342 seizures of all drug types, which continued the upward trend in the total number of drug seizures. Compared to 2010, the quantities of seized amphetamines, ecstasy, LSD and hemp stems are growing. This points to a possible revitalisation of the market of stimulants and hallucinogens and the increased domestic cultivation of cannabis compared to the period before 2009. Street price of cannabis and LSD has also risen, while the prices of other drugs are declining or stagnating. It is known that drug prices primarily

depend on their availability, demand and quality. Higher purity of amphetamines, ecstasy and cannabis products has been recorded, whereas the purity of seized heroin reached the lowest average value of 8.4 % of pure substance in the analysed sample recorded in the last years.

## **PART B**

### **Chapter 11 Residential treatment for drug users**

Residential treatment in the Republic of Croatia takes place within the health system and within therapeutic communities in the non governmental sector.

Within the health system, treatment of addiction in hospital settings is provided at psychiatric wards. Currently, there are 33 institutions in Croatia (Clinical, Psychiatric, General and County hospitals) which provide care for persons addicted to psychoactive drugs. Only three institutions have specialized hospital programmes for treatment of addicts (Psychiatric Clinic at Clinical Hospital Center "Sestre milosrdnice", Clinical Hospital Center Rijeka and Psychiatric Hospital "Vrapče"). In Croatia, 500 – 1000 addicts a year are treated in hospital settings. Data on total number of treated addicts in residential settings in the period 2006 – 2011 indicate a trend of decrease in numbers of treated persons.

Treatment within therapeutic communities is mostly chosen by addicts who are motivated for drug-free programme and long term stay at the community. In Croatia there are 8 therapeutic communities with 30 therapeutic houses which act as non governmental organizations which provide treatment and psychosocial rehabilitation for drug addicts, as associations or religious communities within humanitarian activity, or are set up and registered as social care homes for addicts. Number of users of this type of treatment is limited by capacity of communities and periods of stay at the facilities.

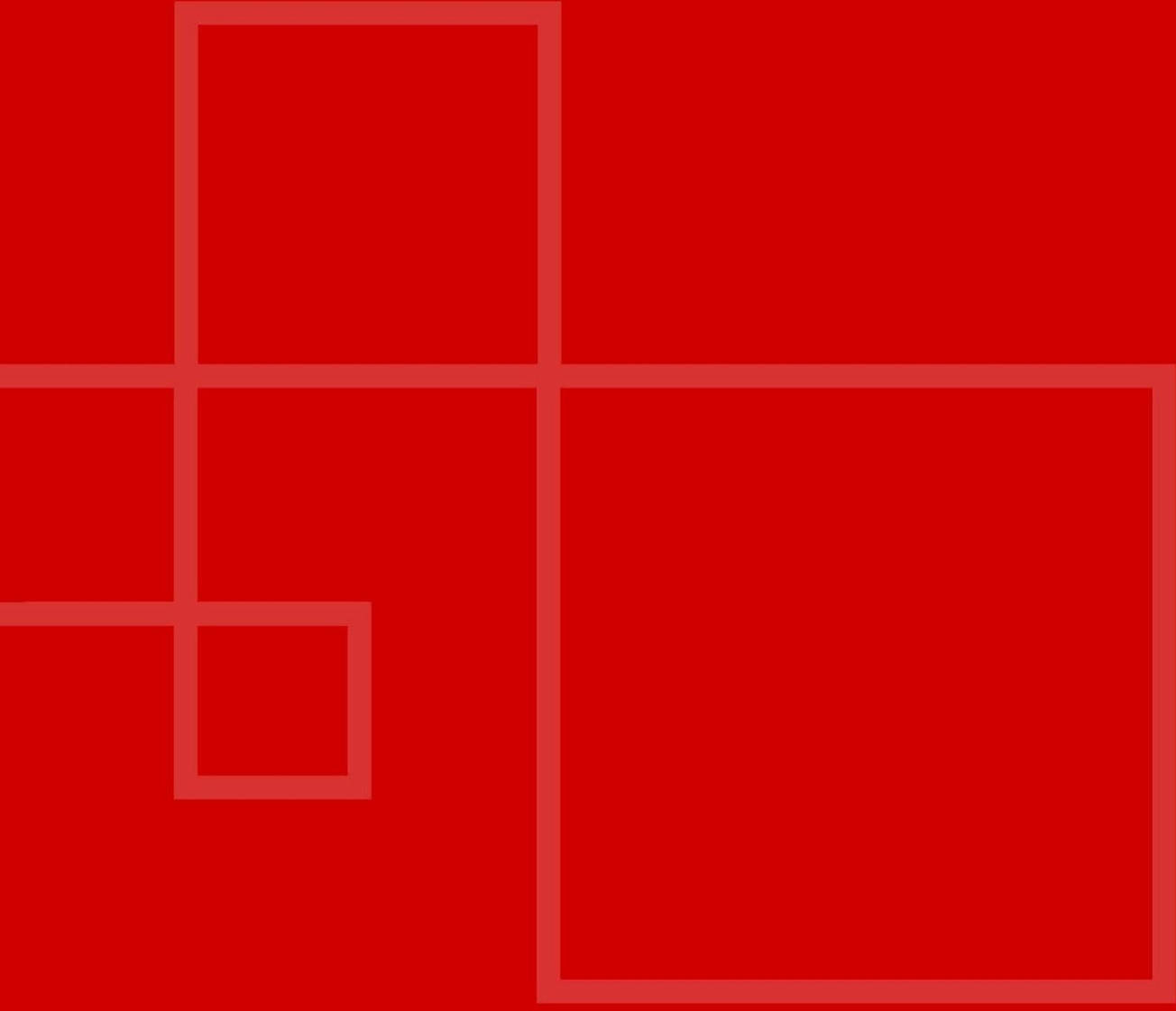
### **Chapter 12**

In Croatia, a complete analysis of public expenditure in the field of combating drug abuse still does not exist since some measure holders, relevant ministries, as well as counties have not made provisions for distinctive programmes, activities and projects, nor the plan for allocating adequate funds from these programmes, activities and projects to combating drug abuse at their budgetary positions, but the financing of combating drug abuse is carried out within the framework of their regular activities.

Decline in GDP in three consecutive years strongly influenced the movement of the general government revenue. In 2009, it was significantly lower than planned and its decline continued in the following years. Expenses were not being reduced at the same pace, since their adaptation to the general economic situation was prevented by contractual obligations of the state to those employed in the general government sector and suppliers, social security expenses (pensions, health care system and unemployment benefits) and unwillingness of fiscal policy holders to take proper action. Therefore, during all the years since 2009 onwards a relatively high general government deficit was achieved. Public debt also increased by more than 17% at the end of 2011 compared to the end of 2008, and by nearly 11% between 2009 and 2011.

The funds planned for 2012 for the activities aimed at combating drug abuse were planned in a significantly lower amount than realised in the previous year. At the level of the total planned labelled expenditure this decrease amounted to 13.5%, a decrease of 22.9 % in the ministries, 11.5% in counties and county authorities, and 21% for CSOs. Only public bodies at the national level are planning to allocate more funds for labelled expenditures intended for the activities in the drug field, i.e. in the amount of 3.5%.

Further research is expected to collect and process the data related to the identified indicators for assessing unlabelled expenditure by public functions. The data will be provided by the ministries and public bodies. Based on the information received, unlabelled expenditure in the field of combating drug abuse for the period 2009-2012 will be assessed, which, together with the labelled expenditure obtained from public bodies and CSOs make the estimate of the total public expenditure spent in the period 2009-2011 and planned in 2012 for the activities in the field of combating drug abuse in the Republic of Croatia.



# 1 Drug policy: legislation, strategies and economic analysis

## 1.1. Introduction

The Croatian drug policy has been implemented since mid 1990s to address both demand and supply of illicit drugs as well to mitigate harmful health, social and economic consequences of drug abuse. A turning point in the development of the policy for combating drugs abuse happened when in 2001 the Act on Combating Drugs Abuse was passed as the first legal act that regulates all aspects of drugs phenomenon in a systematic and structured way and provides a base for operation of all relevant stakeholders in the national system. In order to ensure timely and effective implementation of the drug policy, the Croatian Government set up the Committee for Combating Drugs Abuse whilst the Office for Combating Drugs Abuse was established to coordinate and monitor the implementation of national strategic documents and other activities. With the establishment of the legal and institutional framework, the preconditions for the development of a strategic approach in design and implementation of drug policies were created, through which a significant progress in developing a national system has been made over the last decade

## 1.2 Legal framework

Although the approach to the implementation of the policy of combating drug abuse has not changed in its contents, the national instruments related to drug supply and demand reduction are being continuously improved. This is achieved primarily by application of the fundamental legal framework for combating drug abuse and illicit trafficking, consisting of the following legal acts:

- Criminal Code<sup>1</sup>, Chapter thirteen (XIII): Criminal offences against values protected by the international law, Article 173, covering illicit possession, production, trafficking, mediation in sale or purchase as well as any other type of trading in drugs. The Code also regulates the issue of guilt for the criminal offence committed under the influence of drugs
- Criminal Procedure Code<sup>2</sup>
- Act on Combating Drugs Abuse<sup>3</sup> as a central legal act that regulates all fundamental issues concerning drugs abuse

The adoption of the new Criminal Code, which will come into force on 1, January 2013<sup>4</sup>, has made an important change in the legal framework related to combating drug abuse, in which among other changes, the provisions relating to drug-related crime have been amended and the provisions related to the implementation of addiction treatment measures updated. In the

<sup>1</sup>Criminal Code (OG 110/97, 27/98, 50/00, 129/00, 51/01, 11/03, 190/03, 105/04, 84/05, 71/06, 110/07, 152/08, 57/11, 77/11). The mentioned law shall be valid until 1, January 2013, when starts the implementation of the new Criminal Code starts (OG 125/11).

<sup>2</sup> Criminal Procedure Code (OG 152/08, 76/09, 80/11)

<sup>3</sup> Act on Combating Drugs Abuse (OG 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11)

<sup>4</sup> The Ministry of Justice established the Working group for drafting the proposal for amendments to the Criminal Code from 2011, within which, among others, the changes regarding the criminal offence of narcotic drug abuse were proposed. The aforementioned Act on the Amendments to the Criminal Code will be adopted in the second half of 2012.

new Criminal Code, drug-related offences are transferred to the chapter relating to criminal offences against public health. Furthermore, the current Article 173 is separated into two articles, one criminalising the possession, production and trafficking of drugs and the other that incriminates enabling drug use. The penalty for possession is reduced from one year to six months in prison. For illicit production (term production includes cultivation as well), processing, import and export of drugs, which is not intended for sale, imprisonment of up to three years is prescribed. Enabling drug use will be sentenced from 6 months to 5 years in prison. A series of qualified circumstances that did not exist before are introduced (children, sales at certain places, or a child is used for trafficking, or the offence is committed by an official person in connection with his job or public authority), as well as stricter punishments for organisers of reseller networks, for which a long-term imprisonment may be pronounced if the offense is committed by a criminal organisation. The novelty is the offense committed in an educational institution or its immediate vicinity, or in prison, or if the offence is committed by a public official, a priest, a doctor, a social worker, a teacher, an educator or trainer by using his/her own position. According to Article 45, a prison sentence of up to six months may be pronounced by the court only if it is considered that a fine or community work cannot be applied or if the conditions for a suspended sentence are not fulfilled. Therefore, the Article 55 provides that when a prison sentence of up to six months is prescribed, the court will replace it with community work, unless it can achieve the purpose of punishment. In addition to community work, the court may impose special obligations and protective supervision (probation), among which the treatment or the continuation of treatment for addiction to alcohol, drugs or other substance abuse or dependence in a medical institution or withdrawal in a therapeutic community. Certain changes have been made to the security measure of mandatory addiction treatment that can be imposed by court for any type of addiction, and are seeking a risk that a person will in the future related to their addiction to commit a serious criminal offence. In addition to the suspended sentence, probation and community work, the court may impose the treatment or continue treatment for addictions to alcohol, drugs or other addictions. The measure is executed in an institution where the sentence is served, in a medical or other specialised institution under conditions determined by special law. Compulsory addiction treatment cannot last longer than three years. The time spent on treatment is included in the sentence (by this an alternative prison sentence is introduced), which is calculated from the date of arrival at the institution where the measure is implemented. If this time is shorter than the pronounced sentence, the court may order the person to serve the rest of the sentence or may be released on parole. Also, one of the novelties introduced by the Criminal Code is the criminalization of the substances banned in sport (anabolic steroids, doping agents). Since the use or trade of illicit doping agents regulated by the Sports Act<sup>5</sup>, which stipulates a misdemeanor, does not relate to the use and trade of such substances outside professional sport and professional competitions, the new Criminal Code provides criminal liability for manipulation of these substances, equally as of other drugs. Inclusion of the substances banned in sport in the Criminal Code requires the adoption of an additional list of the substances banned in sport, the use and trade of which would be banned outside sports and professional competitions, which will include the doping agents that are banned not only in sports, but also outside sport, the same as it is for drugs. In accordance with the provisions of the Criminal Code, the Ministry of Health is responsible for adoption of the list.

In order to further harmonise the national legislation with the *acquis communautaire* of the European Union, the Croatian Parliament adopted the Act on Amendments to the Act on Combating Drugs Abuse<sup>6</sup>, which entered into force on 29 July 2011. With the aforementioned amendments, the provisions of the Decisions of the Executive Committee of 1994 related to the form introduced for all the countries of the Schengen area, which is issued by an authorized physician to a person who is traveling to the country within the Schengen area,

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<sup>5</sup> Sports Act (OG No. 71/06, 150/08, 124/10 i 124/11)

<sup>6</sup> Act on Amendments to the Act on Combating Drugs Abuse (OG 84/11)



and owns a medicine that contains the drug in a quantity necessary for personal use, for a maximum of 30 days, were incorporated in the Act. Besides the aforementioned, the Act is harmonised with the Council Decision (2001/419/HA) of 2001 on the transmission of samples of drugs between the EU Member States to exchange information on the samples analysed, and the Ministry of the Interior is appointed to be the national contact point for transmission and analysis of drug samples.

According to the provisions of the Act on Combating Drugs Abuse, the seized illicit drugs have to be destroyed in front of the *Committee for Destruction of Seized Illicit Drugs*, whose members are the representatives of the Ministry of the Interior, the Ministry of Health, the Ministry of Economy, the Ministry of Justice, the Ministry of Social Policy and Youth, the Croatian Journalists Association and the Office for Combating Drugs Abuse. During 2010, there was 1 incineration (12 July) that took place in the authorised incinerating plant Našicecement d.d, when the total amount of 501 kg and 409 g of illicit drugs was destroyed, which was seized and destroyed pursuant to the current legal regulations, from the total number of 5 835 cases (Table 1.1).

Table 1.1 – Overview of destroyed seized drugs (kg) in 2011

2011	
Name of substance	Total mass of substance (kg)
Heroin	102 kg and 72 g
Cocaine	82 kg and 114 g
Marijuana and hashish	297 kg and 899 g
MDMA (tablets and powder)	3 kg and 402 g
Amphetamine (tablets and powder)	11 kg and 719 g
Methadone (tablets and powder)	1 kg and 163 g
Other tablets	2 kg and 392 g
<b>TOTAL</b>	<b>501 kg and 409 g</b>

Source: Ministry of the Interior

Since the first incineration in January 2008 until the end of 2011, the approximate total amount of 7 tonnes, 110 kg and 606 g of different types of drugs and precursors was destroyed in Croatia.

In accordance with the Act on Combating Drugs Abuse (Article 2, Paragraph 15), the Minister of Health brings the *List of drugs, psychotropic substances and plants used to produce drugs and substances that can be used in the production of drugs* (hereinafter in the text; the List). The List is regularly updated in line with the relevant international and EU regulations and national risk assessment procedure. As a result of work of the national Early-Warning System on New Psychoactive Substances in February 2011 under the Amendments to the List<sup>7</sup> even 20 new substances that appeared in Croatia were placed under legal control. Beside synthetic cannabinoids, synthetic cathinones (butylone, flephedrone, 3-

<sup>7</sup> Amendments to the List of drugs, psychotropic substances and plants used to produce drugs and substances that can be used in the production of drugs (OG 19/11)

fluormethcathinon, MDPV, metilon) and phenetilamines (4-metilamphetamine, naphyirone) were also included in the list.

## 1.3 National Action Plan, strategy, evaluation and coordination

### 1.3.1 National Action Plan and strategy

In response to the need for an integrated, balanced and multidisciplinary approach to solving the drug problem in the society and harmonization of the acquis of the Republic of Croatia with the European Union, in December 2005, the Croatian Parliament adopted the second *National Strategy on Combating (Narcotic) Drugs Abuse in the Republic of Croatia for the period 2006-2012*. This major strategic document was implemented through two three-year *Action Plans for combating drugs abuse in the Republic of Croatia* (Action Plan 2006 – 2009 and 2009 - 2012) adopted by the Government of the Republic of Croatia.

The National Strategy is divided into six main areas: coordination, drug demand reduction, drug supply reduction; monitoring, information system, research and evaluation, education and international cooperation.

The Action Plan envisages 33 measures and 179 activities that are distributed through seven components: coordination, information and research system, drug demand reduction (prevention, medical and social treatment, harm reduction, social reintegration), drug supply reduction (combating drug-related crime, precursor control, treatment of drug addicts in prisons), international cooperation, evaluation and training.

The Action Plan is further elaborated on an annual basis in the form of an implementing programme. On 16 March 2011 the Committee on Combating Narcotic Drug Abuse adopted the Implementing Programme for the Action Plan on Combating Drugs Abuse for the year 2011. The Implementing Programme includes specific measures, deadlines and carriers of the measure implementation. Competent authorities designated as carriers to implement the measures of the Implementing Programme for the Action Plan are required to meet the set deadlines for the implementation of certain activities, and the Office is responsible to monitor the implementation of the activities within the set deadlines, and report to the Commission on Combating Narcotic Drug Abuse.

Since the National Strategy on Combating Drugs Abuse in the Republic of Croatia for the period 2006 - 2012 and the Action Plan on Combating Drugs Abuse for the period 2009 - 2012 were in force until 31 December 2011, the Office, in cooperation with the Expert Working Group, which gathered the representatives of relevant ministries and state bodies, counties, civil society organisations and scientific institutions, drew up the Draft National Strategy on Combating Drugs Abuse for the period 2012-2017 and the Draft Action Plan on Combating Drugs Abuse for the period 2012-2014, which is currently undergoing the process of adoption.

In accordance with the recommendation of the European Council, in preparing the National Strategy the expertise of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), results of the previous evaluation of the National Strategy, Guidelines of the United Nations Office on Drugs and Crime (UNODC), documents of the World Health Organisation (WHO), and recommendations and guidelines from other European and international documents were used. The draft National Strategy was the basis for discussion at the workshop, which was, supported by the European Commission TAIEX<sup>8</sup> Unit (TAIEX

<sup>8</sup> Abbreviation for Technical Assistance Information Exchange - an institution-building instrument for short-term assistance in adoption, application and enforcement of the Community acquis

programme), held in Split from 26 to 28 September 2011, and where the members of the Expert Working Group with the help of European experts defined the main guidelines of the National Strategy, whereas the draft Action Plan on Combating Drugs Abuse for the period 2012-2014 was discussed at a workshop in December 2011 held in Tuhelj, where the key guidelines for its further harmonisation were defined.

General goals of the new National Strategy are: drug demand and supply reduction within which the main expected results are - measurable reduction of drug use, addiction and health and social risks caused by drug use. The National Strategy sets strategic objectives, priorities and measures to effectively ensure the implementation of the overall responsibility for the national drugs policy, and facilitate the establishment of a multidisciplinary and integrated approach to combating drugs abuse at the national, local and international level. The vision set by the National Strategy is to reduce drug supply and demand in our society, and through the integrated and balanced approach to drug abuse problem provide adequate protection of life and health of children, youth, families and individuals, and consequently, keep the prevalence of drug abuse within a socially acceptable risk, not to disrupt the basic society values and threaten the safety of the population. The mission of the national policy and the national system in the drug field is to conduct various programmes and approaches targeting the prevention of drug abuse among children and youth and reduce drug-related health and social risks, and programmes to protect children, young people, families and the entire society from drug abuse and addiction, as well as implement effective policies to reduce the availability of drugs and organised drug-related crime at all levels through the health, social, educational and repressive system, civil society organisations and mass media.

Main goals of the National Strategy are related to prevention and reduction of drug abuse and other addictive substances, especially among children and youth, reducing the extent of the problem of drug abuse and addiction in the society, as well as health and social risks caused by drug abuse, reducing the drug availability at all levels and all forms of drug-related crime and improving, building, and networking systems to combat drug abuse and combating addiction at the national and local level. Each part of the National Strategy defines specific objectives and priorities that are directly related to Action Plans and their implementation at the state and local level and in the field of international cooperation.

The main objective of the Action Plan is to ensure accountability for the overall implementation of the national drug policy, and allow the establishment of a multidisciplinary, integrated and effective approach to combating drugs abuse at the national and local levels. The Action Plan is based on the thematic areas of the National Strategy and its main goals and priorities, and includes the ways to achieve the planned objectives, as well as specific measures and activities of individual carriers for a three-year period.

Within the new National Strategy and Action Plan, the principle of decentralisation of the national drug policy at the local level still represents one of the main principles and guarantees the same degree of availability of different programmes countrywide, in accordance with the specific needs of individual counties. Therefore, in order to implement the national drug policy into the local level as efficiently as possible, at the county level the measures are being implemented in accordance with Action Plans on Combating Drugs Abuse for 2009-2012, and upon the adoption of the new National Strategy and Action Plan, new county action plans for the three-year period will be adopted.

### 1.3.2 Implementation of the National Action Plan and strategy

Since the national strategic documents on drugs are very complex and detailed, only major developments and activities implemented during 2011 are described in this Chapter.

An important element of addiction treatment is the implementation of the *Project of Social Reintegration of Drug Addicts* as a precondition of successful abstinence maintenance and inclusion of addicts into society, which was adopted by the Government of the Republic of Croatia in 2007. The mentioned project is based on two component parts: retraining and further education and promotion of employment of treated drug addicts, and its main goal is systematic and permanent social reintegration of drug addicts after having completed the addiction treatment, rehabilitation and addiction withdrawal in a therapeutic community, penal system or a healthcare institution. With the aim of encouraging employment of socially sensitive groups, the treated addicts being one of them, the implementation of the *National Employment Action Plan 2011-2012* continued very intensively which, among others, contains the measures for encouraging employment of treated addicts. Based on the public invitation for tenders, in 2011 the Ministry of Entrepreneurship and Trade supported the measure for encouraging the development of cooperatives that develop social cooperative entrepreneurship within the implementation of the project "Cooperative Entrepreneurship". A significant number of new users were included in education/retraining programmes within the activities of the Ministry of Justice and the Ministry of Science, Education and Sport. (more in Chapter 8.2).

In 2010 the Government of the Republic of Croatia adopted the *National Programme for Addiction Prevention among Children and Youth in Educational System and for Children and Youth in the Social Security System for the period 2010 to 2014* with the aim of improving the quality of the addiction prevention programme and assuring its equal availability to all children and youth. For the purpose of more efficient implementation of the mentioned programme, and to strengthen those areas which, according to the first report on the implementation of the National Programme<sup>9</sup> are not developed enough, from 23 to 26 May 2011 *regional workshops on addiction prevention programmes* were held in Rijeka, Split, Zagreb and Osijek. The workshops included more than 180 experts in different fields: employees of competent ministries, Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, family centres, police departments, county coordinator for the school prevention programs, county coordinators of addiction prevention programmes for children and youth in the social welfare system, representatives of county committees, civil society organisations in the field of combating drugs abuse, and other institutions. The Prevention programmes databases, Best practice portal of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the National Programme for Addiction Prevention among Children and Youth in Educational System and for Children and Youth in the Social Security System for the period 2010 to 2014 were presented at the workshops and the participants were informed about the basic principles of drafting the prevention programmes and implementation of evaluation, as well as the role of evaluation in assessing the quality and effectiveness of addiction prevention programs (more in Chapter 3 and Annex 2).

The Ministry of Social Policy and Youth established the Commission for Monitoring and Coordination of the Programme for Addiction Prevention among Children and Youth in the Social Security System. On their first meeting held in December 2011, main guidelines of the Programme for Addiction Prevention among Children and Youth in the Social Security

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<sup>9</sup> Report on the implementation of the National Addiction Prevention Programme for Children and Youth in Educational Settings and in Social Welfare System for the period 2010-2014, for 2010 was presented within the Report on the Implementation of the National Strategy on Combating Drugs Abuse for 2010.

System, which will be based on the National Programme for Addiction Prevention among Children and Youth in Educational System and for Children and Youth in the Social Security System for the period 2010 to 2014, were presented, and will be binding for all social welfare institutions.

At the end of 2010, the Office for Combating Drugs Abuse initiated the creation of the Prevention Programmes Database as a part of the project Database of Programmes for Combating Drugs Abuse in the Republic of Croatia. The project was completed in 2011. The aim of the Prevention Programmes Database is to obtain information about all prevention activities conducted in the area of combating drugs abuse in the Republic of Croatia, but also improve the programme and raise the project quality level. The mentioned database will, among others, enable the identification of high quality, evaluated and efficient programmes and propose best practice examples from the Republic of Croatia to be included in the Best Practice Portal of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (find more in Chapter 3).

In 2011 continued the implementation of the measures and activities envisaged by the Action Plan on the National Drug Information System for the period of 2010-2011. Together with intensively working on strengthening the National Drug Information System, a series of trainings and activities aimed at further development of standardised methods of collecting and analyzing relevant drug-related data was held. Thus, in addition to these regional workshops on addiction prevention programs, in June 2011 the first conference of the Early warning system on new psychoactive substances in the European Union and the Republic of Croatia was held, where the participants were informed about the national models of early warning about the latest trends and production, availability, methods of taking and the impact of new types of drugs. In July 2011 the first evaluation of problem drug use was conducted by using the so-called "Capture-recapture" method and the repeated evaluation by the "multiplier" method.

During 2011 the Office, financially supported by the Ministry of Health and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) conducted the research entitled "Substance Abuse among the General Population in the Republic of Croatia". The research was conducted by the Institute of Social Sciences Ivo Pilar, and its aim was to investigate the prevalence of consumption of different drugs in the general population, as well as the relevant population sub-groups (e.g youth, urban areas) and to determine the attitudes and perceptions of different population groups to abuse and substance use. The research included 4 756 respondents aged 15-64 years, 49.7% of whom were females and 50.3% males. The topics selected for the research were: legal drugs (smoking, alcohol, medications), illegal drugs, attitudes and opinions about drugs and the drug policy and relevant features of the respondents. In addition to these activities, which are conducted under the IPA 3 horizontal project of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) for the candidate countries and potential candidates for EU membership, a market research on the distinctive features of drug markets was conducted in collaboration with the Faculty of Education and Rehabilitation Sciences of the University of Zagreb, which was completed in April 2011, as well as the pilot on-line survey on new drugs, which was also conducted by the same Faculty from November to December 2011. The study was conducted on Internet forums via online survey in order to gain insight into prevalence and trends in consumption of new psychoactive substances.

Meetings of the working group of the National Drugs Information System were held, which discussed the activities for the purpose of further development of the system and more efficient monitoring of the drug situation, which are included in the Action Plan on the National Drugs Information System for the period 2012 – 2013. In order to present the current activities of the National Drugs Information Unit to wider community, on 30 November

2011 a symposium was held, at which the following research projects were presented: Addiction prevention programmes database as part of the Database Programme for Drug Abuse Prevention in the Republic of Croatia, which will contain the areas of prevention, treatment, socialisation and harm-reduction programmes, the results of the drug market research conducted by the Criminology Department of the Faculty of Education and Rehabilitation Sciences of the University of Zagreb in cooperation with civil society organisations, which implement harm reduction programmes and with the support of the Office, and the results of a pilot research on the incidence of new drugs in the Republic of Croatia, which was also conducted by the Education and Rehabilitation Sciences in October and November 2011, also supported by the Office, with the aim of detecting the incidence of new drugs in the Republic of Croatia.

Implementation of the activities of information and education of children and youth and the general public about the harmful effects of drugs continued, as well as the activities aimed to change views of young people about drug use and to raise awareness of the extent and dimensions of drug addiction problem. Educational and promotional materials designed for parents, children and youth were printed and distributed, and the media warned about the drug addiction problem and drug abuse prevalence. Also, the International Day against Drug Abuse and Illicit Trafficking and the Fight against Addiction Month were marked.

In 2011 the activities on the creation of a joint Agreement on Cooperation and Exchange of Data and Information, related to the treatment of drug addicts in the prison system, between the Ministry of Health, the Ministry of Justice, the Croatian Institute for Public Health and the Office for Combating Drugs Abuse continued.

Since in recent years the number of methadone seizures has significantly increased, and every year a significant number of deaths of methadone overdose has been noted, in 2011, on the initiative of the Croatian Medical Chamber and the Office for Combating Drugs Abuse held several meetings to discuss the revisions to the Guidelines for the Methadone-related Opioid Agonist Pharmacotherapy to prevent the abuse of methadone and its illegal sales. The result of these meetings is setting up an Expert Working Group at the Ministry of Health, which is responsible for drafting revisions to the Guidelines for the Methadone-related Opioid Agonist Pharmacotherapy. The Expert Working Group held two meetings in 2011, but the final proposal of revisions to the Guidelines has not been ready yet.

In order to regulate the data exchange related to transactions with suspected money laundering and terrorist financing, and the participants (individuals and legal entities) of suspicious transactions and perpetrators of criminal offences, in December 2011 an annex to the Protocol on cooperation and exchange of information was signed between the Ministry of the Interior, General Police Directorate, the Ministry of Finance and the Office for Money Laundering Prevention. Within the twinning project IPA 2007 Strengthening the capacity of the Ministry of the Interior in the fight against drug trafficking and abuse, a *Protocol on Cooperation, Communication and Strengthening of the Institutional Control Model for Precursors in the Republic of Croatia* was drawn up in order to effectively monitor legitimate traffic of precursors, timely detect abnormalities and strengthen the cooperation between the bodies responsible for monitoring the traffic of precursors, prosecuting authorities and legal entities that are registered for the production and / or distribution of precursors. Also, as part of this project the Guidelines for actions related to the investigation of drug-related offences and the Manual for education and training of police officers in the field of drug-related crime were adopted.

In July 2011 the *Agreement on Police and Customs Cooperation* (Ministry of the Interior - General Police Directorate and the Ministry of Finance - Customs Administration), which defines the operational contact points to exchange knowledge, coordination and joint actions

to combat international trafficking of drugs and precursors was concluded and implemented. In the process of accession to the European Union, the Republic of Croatia has been recently working intensively on many reforms and harmonisation of the national legislation with the EU acquis in the drug abuse field. Due to the global dimension of the phenomenology of drugs, the drug policy will be effective only through active international and especially regional cooperation. Therefore, Croatian representatives regularly participate in the work of EMCDDA, Europol, the United Nations Office on Drugs and Crime (UNODC), the International Narcotics Control Board (INCB), the Pompidou Group of the Council of Europe, the World Customs Organisation, the World Health Organisation, SELEC, etc., and signed many bilateral agreements on cooperation and exchange of information with the aim of combating drug-related crime.

### **1.3.3 Evaluation of the National Action Plan and Strategy**

The National Strategy and the Action Plan for the given period are being evaluated annually on the basis of various (standardised and non-standardised) reports of competent ministries, institutions and civil society organisations, which have to be regularly submitted to the Office for Combating Drugs Abuse about the implementation of the activities and the progress achieved in the given period. The Office is responsible for analysing the reports and evaluation of the overall progress in the implementation of the strategic documents. Based on various indicators, the Office monitors trends and phenomena on the annual basis, and depending on the results, propose additional measures or even changing the measures planned for a specified period of time, if necessary. The results are summarised in the annual National Report on the implementation of national strategic documents, which are adopted by the Government of the Republic of Croatia and the Croatian Parliament. Based on the data submitted, the Report on the Implementation of the National Strategy and Action Plan on Combating Drugs Abuse in 2010 was drawn up and adopted by the Government of the Republic of Croatia, which was sent to the Croatian Parliament for approval in October 2011. In addition, a joint report on the implementation of the Project of Social Reintegration of Drug Addicts for 2010 was drawn up, and the first report on the implementation of the National Programme for Addiction Prevention among Children and Youth in Educational System and for Children and Youth in the Social Security System for the period 2010 to 2014.

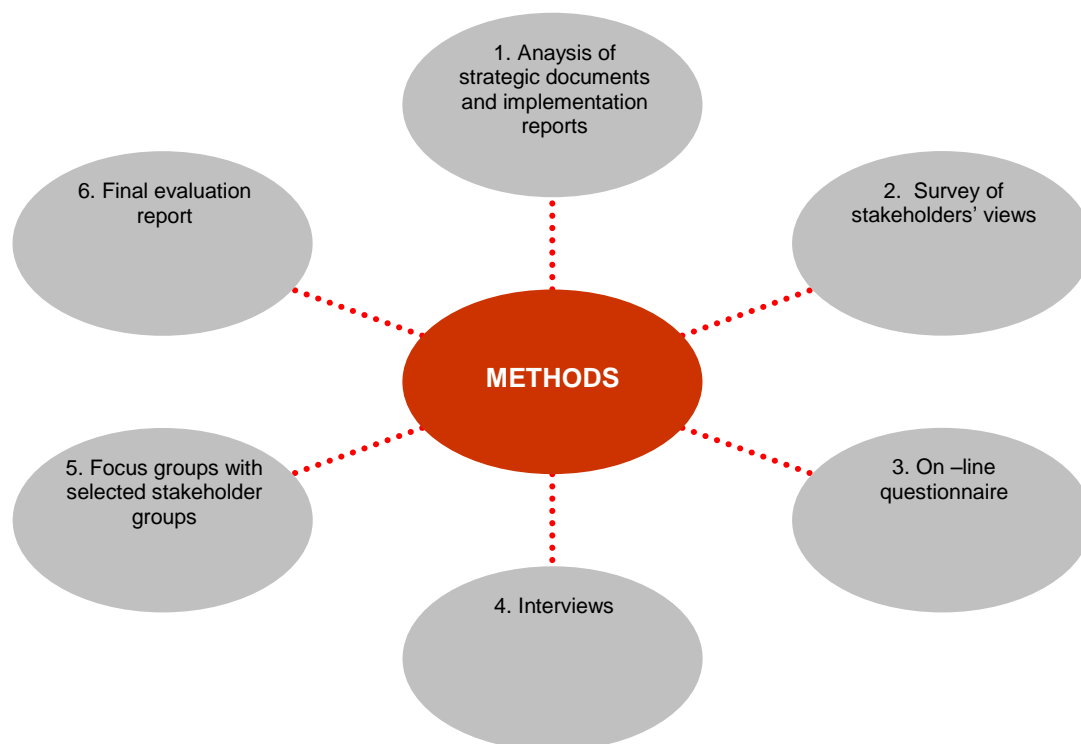
Drug demand reduction programmes implemented at the local level are often evaluated by the County Committees on Combating Drugs Abuse (internally or externally), since they finance such programmes. At the national level, the programmes of civil society organisations are evaluated by external evaluators, because significant funds from the State Budget are allocated for their implementation. However, the evaluation of addiction prevention and treatment programmes and other programs being implemented in the field of combating drug abuse is still rather poorly represented in Croatia.

Since on 31 December 2011 the National Strategy on Combating Drugs Abuse in the Republic of Croatia for the period from 2006 to 2012 expired, the Office for Combating Drugs Abuse in collaboration with Trimbos Institute - the renown Netherlands Institute of Mental Health and Addiction - carried out the project of scientific evaluation of the National Strategy on Combating Drugs Abuse for the period 2006-2012. This is the first evaluation of a strategic document in the field of combating drug abuse implemented in the Republic of Croatia based on scientific principles, and to objectively view the extent to which the objectives set in the National Strategy have been achieved and what results in the field of combating drug abuse have been achieved in the past six-year period. The evaluation was conducted from May to October 2011, with the technical and financial support of TAIEX and horizontal IPA 3 Project of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) for candidate countries and potential candidate countries for EU accession.

The objective of the evaluation was to conduct an objective analysis based on scientific principles of the impacts of the National Strategy, what is the ratio in which the goals set in the National Strategy have been achieved as well as the results achieved in the implementation of the priority activities for the National Strategy. The evaluation process was conducted in three phases: the preparation phase, the research phase and the final report phase. The evaluation methodology was made by experts of the Trimbos Institute, and consisted of:

- Analysis of strategic documents and implementation reports,
- interviews with the holders of the National Strategy and Action Plan, representatives of the ministries and other state bodies, representatives of County Committees on combating drug abuse, Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, civil society organisations,
- survey through a standardised *on line* questionnaire,
- targeted interviews with selected representatives of the ministries and other state bodies, representatives of County Committees, Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, civil society organisations, in line with the results collected by the standardised questionnaire,
- preparation of the final evaluation report and presentation of its results to the wider expert community.

Picture 1.1 – Methodology of the implementation of the evaluation of the National Strategy on Combating Drugs Abuse for the period 2012-2017



Source: Office for Combating Drugs Abuse

The first phase of the evaluation was conducted from 30 May to 3 June 2011, when the experts from the Trimbos Institute conducted the analysis of the strategic documents (National Strategy, Action Plans and Reports on the Implementation of the National Strategy and Action Plans), and conducted the first round of interviews with the representatives of key measure holders of the National Strategy.



The second phase of the evaluation consisted of the survey conducted through an on line standardised questionnaire in July 2011 among the representatives of the ministries and other state bodies, representatives of County Committees, Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment and civil society organisations. The aim of the questionnaire was to obtain answers to the following questions: Does the existing National Strategy on Combating Drugs Abuse cover all relevant areas of combating drugs abuse? To which extent are the goals of the existing National Strategy realised? Has the implementation of the National Strategy measures led to improvements in the quality of combating drugs abuse and increased the system capacity to combat drug abuse and changes in the field of epidemiology and narcotics compared with the same period from 2006 up till now? Which should be the main objectives and priorities of the new National Strategy for the period 2012-2017? Has the implementation of the National Strategy contributed to a decrease / increase of achievements in the implementation of the drug policy? The questionnaire was sent to 365 representatives of measure holders of the National Strategy and Action Plan (35 representatives of government bodies and public institutions, 55 representatives of civil society organisations, 271 representatives of local and regional self-government units and 4 representatives of specialists and hospitals). A total of 214 completed questionnaires was received, 69 of which were not completely filled out, while 144 respondents filled out the questionnaire in full.

The data collected by the questionnaire were the basis for the implementation of the second cycle of targeted interviews that were held during September 2011, which helped to see the effects of the implementation of the National Strategy so far through the interviews with experts / practitioners who in their everyday work deal with various aspects of the problem of addiction and drug abuse, and have practical experience in the area of coordination of policies for combating drugs abuse at the local level, prevention / education / treatment, repressive system / judicial system, treatment within the prison system, civil society organisations, social integration and public opinion.

Evaluation results are presented in a special report on the implementation of the evaluation, which was presented to the public on 3 November 2011 in Zagreb. Recommendations resulting from the evaluation, a summary of which is presented below, constituted the basis for defining the priorities of the National Strategy on Combating Drugs Abuse for the period 2012 – 2017.

### **Recommendations resulting from the Report on the Results of Evaluation of the National Strategy on Combating Drugs Abuse 2006 – 2012<sup>10</sup>**

The drug policy conducted during the last six years in the Republic of Croatia was assessed positively and the National Strategy on Combating Drug Abuse for the period 2006 – 2012 was evaluated as a comprehensive document which represents an important stimulation for the development of a consistent drug policy.

The quality of the programs conducted on the basis of strategic documents is also described as very good, although some concerns about their impact are highlighted. The role of the Office for Combating Drugs Abuse in the implementation of strategic documents and coordination of the implementation of national policy to combat drug abuse is emphasised as very important, since it is believed that the Office with its proactive approach and initiatives

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<sup>10</sup> Report on the Results of Evaluation of the National Strategy on Combating Drugs Abuse 2006 – 2012 was drawn up by external evaluators from the Trimbos Institute from the Netherlands (Mr Franz Trautmann, Mr Adrianus Keizer, Mr Richard Braam and Mr Mario Lap) with professional and technical assistance of the Office for Combating Drugs Abuse. The Report written in the English language, as well as the recommendations resulting from the evaluation in the Croatian language, are available on the Office web page [www.uredzadroge.hr](http://www.uredzadroge.hr)

makes strenuous efforts to improve coordination in the implementation of drug policies and monitoring the state of the drugs problem and addiction diseases, as well as strengthening the cooperation of various stakeholders involved in the implementation of the policy. Office activities, as assessed by the participants of the evaluation and evaluators themselves, make a significant contribution not only to the quality of the implementation of national policies, but also to the active role of the Croatian international cooperation related to drugs. Despite this, it is necessary to further develop such a co-operation, particularly the co-operation between health / social system and the criminal / judicial authorities.

#### *Guidelines for Creating the National Strategy on Combating Drugs Abuse for the period 2012-2017*

Based on the data collected from interviews and questionnaires some priorities and guidelines, which should be the base of the new National Strategy for Combating Drug Abuse, were identified, with the following recommendations; the new strategy should be less ambitious, but consistent, and should in a structured manner provide a framework for planning of all relevant drug policy elements for the future period. The National Strategy should be a document which specifies the drug policy orientation, sets realistic priorities and contains short and clear descriptions of future plans. In the Action Plan programmes can be further elaborated in the form of activities / interventions. Definition of specific objectives in the National Strategy will improve the monitoring and evaluation of the implementation and achievements of the Action Plan in an efficient and transparent manner. The National Strategy should also define the authority and responsibility for financing of certain measures and priorities for funding. It is recommended that the National Strategy accept an integrative approach to the problem of addiction that includes not only drugs but also other kinds of addiction.

#### *Coordination*

One of the preconditions for improving the coordination of the drug policy, according to the recommendations given in the evaluation, is clear definition of roles, powers, responsibilities and mutual relationships between the three coordinating bodies, the Committee on Combating Drug Abuse, the Office for Combating Drugs Abuse and County Committees for combating drugs abuse. It also proposes the establishment of a mechanism of accountability for failing to perform certain measures of the National Strategy and Action Plan by certain measure holders. The major role in the implementation of these recommendations, i.e. improving collaboration, communication and motivation among the holders, establishing an effective model of inter-sectoral cooperation, information exchange and strengthening the coordination among the institutions – measure holders, should have the Committee on Combating Drug Abuse. It is therefore recommended for the Committee to conduct formal political decisions and to be authorised for coordination and politically responsible for the implementation of the National Strategy on Combating Drugs Abuse and Action Plans on Combating Drugs Abuse, but also for bringing political decisions necessary for the implementation of these plans. In order to be able to perform its tasks properly, the Committee members should be persons who have the power to make political decisions. On the other hand, according to the evaluation recommendations, a key task of the Office for Combating Drugs Abuse should be coordination of the implementation of political decisions adopted by the Committee and providing support for the implementation of measures and activities arising from the National Strategy and Action Plans on Combating Drugs Abuse, as well as communication and cooperation between stakeholders. The above mentioned shared responsibility defines a clear distinction between the political level i.e the Committee, and the coordination / implementation level, which is the responsibility of the Office, in accordance with existing regulations.

The role of the County Committees for Combating Drugs Abuse should not be restricted only to advisory role, but they should be operational bodies that will implement the formal policy of combating drugs abuse at the county level. Therefore, it is important, both at the county level as well as at the national level, to define a clear distinction between the bodies in charge of policy making and the bodies responsible for their implementation.

Another problem is the fact that the relationship between the national drug policy and the policies conducted at the county level is not clearly defined, which leads to the fact that the National Strategy on Combating Drugs Abuse is mandatory for the national level, but not for the county level. One option to encourage counties to implement the measures in accordance with the National Strategy on Combating Drugs Abuse, is the regular assessment of the implementation of drug policy measures in each county, as well as maintenance of annual meetings of the Committee on Combating Drug Abuse, the Office for Combating Drugs Abuse and County Committees for combating drugs abuse to discuss the implementation of county Action Plans on combating drugs abuse and problems with the program implementation.

Evaluation of the existing coordination structure has pointed to some options which could, in the opinion of the evaluator, improve collaboration and communication;

- Regular communication of the Committee on Combating Drug Abuse with professionals working in the drug field, related to setting priorities and making decisions and consideration of the consequences of those decisions,
- Regular communication between the Committee on Combating Drug Abuse and the Office for Combating Drugs Abuse, taking into account different roles and responsibilities,
- Regular communication between the County Committees and the Committee on Combating Drug Abuse, for instance by organising an annual meeting at which the reports of County Committees could be discussed and views on current and future issues exchanged.
- Regular national or regional (inter-county) meetings which would facilitate networking of the stakeholders, but also contribute to the exchange of knowledge and promotion of mutual understanding, well as to reaching a consensus among stakeholders and raising the efficiency and quality of programme implementation in the counties.
- Special attention should be paid to bridging the gap between the areas of drug demand reduction (prevention, treatment and care) and drug supply reduction (police and judiciary). Seminars, conferences and meetings at the county level can be useful to explore opportunities for cooperation, developing common understanding of problems related to drug abuse, understanding of mutual accountability, inclusion of the criminal prosecution bodies in the process of creating the drug policy,
- Implementation of intervision<sup>11</sup> meetings at the county level - gathering of experts in one discipline or different disciplines - may be useful to discuss and find ways to deal with specific problems,
- The Office for Combating Drugs Abuse should, in cooperation with the representatives of different counties, consider adoption of the Guidelines for communication and collaboration between stakeholders / departments / organisations at various levels (local, county and state) and between different sectors, for example, between the systems of treatment and prevention, the prison system and the community and between the police / judicial system and the prison system.

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<sup>11</sup> Intervision - form of peer learning among professionals that is focused on the development of professional competencies, and is implemented in organisations, professional associations and educational programmes. In organising intervision it is important that groups are composed of colleagues who do not work together on the same team, and that the meetings are well structured. (L. van Kessel); *Source: Review of the First Croatian Conference on Supervision; Branica, Vanja; Rajhvajn; Annual of Social Work (1846-5412) 14 (2007), 2; 497-500.*

### *Quality*

Assurance and quality improvement of the programme for combating drug abuse is one of the key issues highlighted in most of the interviews as a problem that should be given extra attention in the future, according to which, based on the recommendations resulting from the evaluation, the following steps should be taken:

- Develop the guidelines and protocols, especially in the area of prevention, treatment and care by using the existing models of the EU countries that have shown to be effective models of good practice. Implementation of the guidelines may be based on the so-called *voluntary approach* with supporting motivating activities of the Office for Combating Drugs Abuse, such as implementation of information strategies and seminars / education, and the so-called *mandatory approach* such as allocation of financial resources conditioned by the use of standards, guidelines and protocols, and fulfillment of clearly defined tasks and services,
- Introduce standardised multidisciplinary approaches, examples of good practice and scientifically-based approaches of other countries,
- Invest additional resources in monitoring and evaluation of the conducted programmes and interventions, including the evaluation of the results of the institutions / civil society organisations,
- Increase the capacity of human resources (knowledge, skills) working in the areas of prevention, treatment and care through specific training programs, according to the previously identified needs.

### *Efficiency*

With regard to raising efficiency of the national drug policy and the programmes implemented within it, the need for conducting a comprehensive analysis of the assessment of the situation and needs is emphasised as one of its main priorities. Also, further efforts for developing a transparency model for financing various programmes will contribute to increase programme efficiency, as well as the establishment of a special regular monitoring / assessment / evaluation structure, which provides insight into the efficiency of the implemented measures (checking processes and outcomes).

### *Treatment*

In addition to better communication and cooperation, and improvement and assurance of quality and results, we should mention some specific recommendations given for the field of addiction treatment. According to the interviews conducted and the results of the questionnaire, "drug-free" treatment is under-represented in relation to substitution treatment. Since different forms of treatment are not mutually exclusive, but can and should be used complementary, it is necessary to inform the general public about the capabilities and limitations of certain forms of treatment. Some treatment options need to be expanded and their quality should be improved. This particularly applies to rehabilitation/social reintegration after treatment and to the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, which should use a multidisciplinary approach. It is also necessary to consider the possibility of needs assessment in order to obtain a picture of real needs for certain types of treatment and interventions (such as comorbidity treatment or outreach activities of the social welfare centres).

### *Prevention*

In the field of prevention the recommendations relate primarily to the need for developing science-based programmes, regular monitoring and evaluation of prevention activities, development of quality standards and models of funding only of those projects which have

proved to be the examples of good practice and offer professional services. The need to focus on innovative programs that meet the information needs of children and youth is also pointed out, as well as the wider use of addiction prevention in the workplace, better coordination and adequate funding of school-based prevention programmes and the development of kind of a prevention Action Plan, which would specify the priorities and responsibilities of various holders in respect to the particular target groups.

### *Harm reduction*

Apart from investing in quality assurance, evaluation and collaboration and communication among the services dealing with harm reduction, a review of the actual situation concerning the application of these programmes in different counties, with a special focus on identification of the reasons why in some areas the coverage of these types of programmes is insufficient is also needed.

### *Treatment and prevention in prisons*

The area of treatment within prison institutions, according to the recommendations resulting from the evaluation, requires essential interventions which are primarily reflected in the need of developing standards for psychosocial and addiction treatment within the prison system in order to raise the level of quality of such interventions. Also, it is necessary to develop cooperation between prisons and health and social institutions in the community, which would be advisable to define by a protocol on cooperation. Strengthening the links between prisons and community as a precondition for continuing care and introduction of professional skills necessary for the implementation of health and social care can also contribute to further inclusion of community works in the health and social work in prisons. With the aim of improving the quality in this field, the creation of special socio-therapeutic programmes for addicted prisoners, rehabilitation and reintegration programmes after their release from the institution, special institutions for juvenile drug offenders and expansion of treatment capacities and options for addicted inmates are also recommended.

### *Social reintegration*

In this area, the evaluation pointed to the need for further development of additional efficient rehabilitation programmes in support of the "drug-free" treatment. This would include an overview of what has been implemented so far, what are the advantages and weaknesses of these programmes and the development of a pilot / model projects that provide long-term psychosocial follow up activities and support. An important element in these projects should be professionalisation of work and clearly defined roles and responsibilities of the existing services active in social rehabilitation.

### *Co-operation with civil society organisations*

We need to create and implement the policy that includes a balance between understanding that civil society organisations play an important role in various fields of combating drugs abuse, and bring added value to the implementation of strategic documents and the fact that there are certain civil society organisations that do not operate on a professional level and do not provide adequate quality in return for the funds assigned to them to implement their projects. It is therefore necessary to define clear quality criteria and other minimum standards that CSOs must meet, such as the application of proven effective approaches, well-defined work processes (e.g. have defined appropriate system of projects, human resources and financial management), specifying the objectives and expected outcomes. Regular assessment / evaluation should be available to organisations that apply for funding and be part of the funding agreement between the donor and the organisation. It is

necessary to apply the criterium of quality and performance assessment when the science-based programs / services and best practice programmes with professional guidance (human resources, organisational and financial management) are funded. The development of funding mechanisms that will provide a long-term financial stability, and implementation of specific training programmes for the staff of the civil society organisations, will contribute significantly to raising the programme quality.

### *Penal policy*

Lack of inclusion of prosecuting authorities and the judiciary in the process of creating the drug policy is stressed as one of the major problems in this field, as well as the lack of transparency in the achieved results, allocated and spent budgetary funds, communication with health and social services. Since the activities of the drug supply reduction are inextricably linked with the activities of drug demand reduction, further involvement of the prosecuting authorities and the judiciary in the process of creation and implementation of drug policies is recommended, which would further improve the understanding of the role they have in the implementation of drugs policies. Therefore, the evaluation emphasised the need for:

- organising regular meetings to exchange experiences and good practices of cooperation between the representatives of the police, the judiciary, the fields of treatment, prevention, rehabilitation,
- initiating discussions with the police, State Attorney's Office and judges on the development of internal policies (e.g. in the form of guidelines) aimed at reducing the workload and increasing the efficiency and transparency regarding the perpetrators of drug-related criminal offences/minor offences,
- creating greater transparency about the contribution of the police / judiciary in implementing the drug policy by explaining the activities, budget allocation, investment, performance, quality standards, communication structure.

### *Monitoring/research/evaluation*

Further efforts should be devoted to monitoring, and especially to research and evaluation. They are the basis for measuring the effectiveness of drug policy, identifying the weaknesses, best practices, measuring the progress, knowledge exchange with other countries, etc. The activities of the National Drugs Information Unit of the Office for Combating Drugs Abuse showed that the drug policy stakeholders are capable of providing the necessary information as a basis for further research and analysis. Yet, until now, little has been done with the information collected. The evaluation should also include regular assessment of drug policy measures applied in the field of drug supply and demand. This applies to both national and county level. One of the recommendations in this area is the introduction of an additional structure / body for monitoring / assessment / evaluation, which will include financial control (based on clear rules on financial performance, availability, cost, etc.) and check the implementation processes and outcomes (based on the guidelines that clearly specify the goals, outcome indicators as well as the project implementation methodology). Such regular evaluation and financial control of the policy measures could be taken as the basis for making a decision on either termination or continuation of funding. Development of evaluation tools and implementation of evaluation visits could be taken into account as a first step towards it.

#### **1.3.4 Coordination**

Coordination of all bodies involved in combating drugs abuse at all levels of state and local administration is essential in order to ensure a balanced, multidisciplinary and integrated

approach to the implementation of the national policy. The coordination should ensure continuous, timely and effective implementation of measures and activities, so that the whole system of combating drugs abuse would be able to operate together towards the same goal. Each of the stakeholders in the system concerned at the national and local level is responsible for the implementation of the measures within its authority, but should also be responsible for the results achieved through such measures. The role of coordination in such a complex process is to direct the subjects involved in the implementation of measures for combating drugs abuse towards the goals laid down in the strategic documents, but at the same time to point to deficiencies in their implementation.

As already stated in previous reports, at the national level, there are two bodies responsible for coordination: the Committee for Combating Drugs Abuse of the Government of the Republic of Croatia (hereinafter: Committee), which operates at the political decision-making level, and the other is the Office for Combating Drugs Abuse of the Government of the Republic of Croatia<sup>12</sup>, which is in charge of coordination at the operating level. The Committee was established pursuant to the Act on Combating Drugs Abuse, and the composition and scope of the Committee is set out by the Croatian Government. The task of the Government Committee is to create national drug policy and to coordinate activities of the ministries and other subjects responsible for the implementation of drug policy on the political level, as well as to adopt implementing programmes of the relevant ministries and other relevant subjects. The Committee works in sessions, which are held several times a year, and the Committee decisions are brought in the form of conclusions, the implementation of which is supervised by the Office for Combating Drugs Abuse.

In 2011, the Committee for Combating Drugs Abuse held two sessions, at which they discussed the Implementing Programme of the Action Plan for 2011, the Report on the Implementation of the Project of Social Reintegration of Drug Addicts for the year 2010, the Report on the Implementation of the National Strategy and Action Plan on Combating Drugs Abuse in 2010, the Report on the Implementation of the Implementing Programme of the Action Plan on Combating Drugs Abuse for 2010, the amendments to the Criminal Code, the amendments to the Guidelines on the Pharmacotherapy of Addiction, the Draft National Strategy on Combating Drugs Abuse for the period 2012-2017, adaptation of therapeutic communities to standards stipulated by the Ordinance on Types and Activities of Social Welfare Homes, Care Outside Original Families, Space Conditions, Equipment and Employees in Social Welfare Homes, Therapeutic Communities, Religious Communities, Associations and Other Legal Entities as well as Centre for In-Home Assistance and Care

The Office as an expert body of the Government of the Republic of Croatia is responsible to provide systematic monitoring of the implementation of the National Strategy and the Action Plan, through coordinative work and cooperation with the ministries, state administration bodies at national and local level and cooperation with civil society organisations. The task of the Office as a national coordinator for the implementation of the national strategic documents is to ensure the continued coordination between all relevant bodies with the aim of timely and efficient implementation of all measures and activities. Apart from the above

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<sup>12</sup> In accordance with the Decision of the Croatian Government on the establishment of the Committee on Combating Drugs Abuse of 23 February 2012, and the Decision on the appointment of the president, members and secretary of the Commission on Combating Drugs Abuse of 5 April 2012, the Committee is chaired by the Vice President of the Government of the Republic of Croatia, while the commissioners are the representatives of competent ministries involved in the implementation of the National Strategy and Action Plan, namely: the Ministry of Health, the Ministry of Science, Education and Sports, the Ministry of the Interior, the Ministry of Social Policy and Youth, the Ministry of Finance, the Ministry of Defence, the Ministry of Justice, the Ministry of Foreign and European Affairs, the Ministry of Labour and Pension System, the Ministry of Entrepreneurship and Trade, and civil society organisations operating in the field of combating drugs abuse. Director of the Office is also the Committee Secretary.

mentioned, the Office is also responsible for monitoring the drug-related issues in the country, and in accordance with the observed trends proposes the measures for improving the system.

At the Office, there is *Advisory Board* which consists of the experts in the field of prevention, treatment, rehabilitation, combating drug-related crime, judicial system and media, with the task of offering professional support in making decisions about all issues related to combating drugs abuse. The President and ten members of the Advisory Board are appointed by the Government of the Republic of Croatia proposed by the Head of the Office. In 2011, 3 meetings of the Advisory Board were held. The members of the Advisory Board discussed all important issues in the field of combating drugs abuse, participated in making decisions on initiation of adoption of legal acts and other strategic documents in the field of combating drugs abuse, and in particular offer expert assistance in drafting a new National Strategy on Combating Drugs Abuse for the period 2012 to 2017 and the Action Plan on Combating Drugs Abuse for the period 2012-2014, as well as the Report on the Implementation of the National Strategy and Action Plan on Combating Drugs Abuse in 2010. The Advisory Board provided expert advice and technical assistance in the implementation and update of the Project of Social Reintegration of Drug Addicts and actively participated in the implementation of the evaluation of the National Strategy on Combating Drugs Abuse for the period 2006 to 2012. Also, at the meetings of the Advisory Board the amendments to the Criminal Code were discussed, in particular the proposal that the possession of drugs for personal use should be treated as a misdemeanor, the need to apply the principles of opportunity for juvenile perpetrators of drug-related criminal offences, as well as initiation of an accreditation procedure for therapeutic community programmes. A special attention was devoted to the changes to the Guidelines for the use of methadone in pharmacotherapy of opioid dependence. The problems related to the application of the Guidelines for the use of methadone in pharmacotherapy of opioid dependence were presented at the discussion, such as the distribution of methadone in general practitioners' offices, supervision over the implementation of the Guidelines, the distribution of methadone solution, and update of the list of doctors authorised to prescribe methadone.

*County Committees on Combating Drugs Abuse* were established during 2004 and 2005 and operate as drug coordinators at the county and local level. In accordance with the County Action Plans on Combating Drugs Abuse, during 2011 County Committees in cooperation with other relevant institutions conducted different programmes oriented towards drug demand and drug supply reduction.

For the purpose of implementation of the main guidelines of the national strategic documents at the local level and taking into account the specific characteristics and needs of each individual county, the intensive cooperation of the Office with the County Committees in the implementation of the measures and activities continued. The Office participated in the sessions of the County Committees, where the models of cooperation and implementation of the County Action Plans on Combating Drugs Abuse were discussed. A session with the county coordinators of Addiction Prevention Programmes for Children and Youth in Social Welfare System was held, and its main goal was to more closely define the role of county coordinators in creating and implementation of Addiction Prevention Programmes for Children and Youth in Social Welfare System, and define future forms of coordination and cooperation with county coordinators.

The Office for Combating Drugs Abuse, the Education and Teacher Training Agency, the Office for Health, Labour, Social Protection and Defenders of the City of Zagreb, the Office for Education, Culture and Sports of the City of Zagreb, the Croatian Olympic Committee and the Zagreb Sports Association, on 11 March 2011 in the Ministry of Science, Education and Sport a symposium Addiction Prevention and Promotion of Physical Activity was held, aimed at the primary school teachers and professional associates of elementary school in the city of Zagreb. In May 2011 organised by the Office, the Education and Teacher Training Agency



and the Administrative Department of Social Services of the Virovitica-Podravina County organized a symposium entitled "*Addiction Prevention in Educational Institutions.*" Its aim was to introduce the National Addiction Prevention Programme for Children and Youth in Educational Settings and in Social Welfare System for the period 2010-2014 and present the models of addiction prevention activities in educational institutions.

Further strengthening of local initiatives will continue through the measures that will be implemented within the new County Action Plans on Combating Drugs Abuse, which will have to be drawn up by each county after the new strategic documents for the following six-year period are adopted.

With the aim of building further partnerships and collaboration with civil society organisations, as in previous years, in 2011 coordinating meetings with the representatives of associations and therapeutic communities were held about the progress in the implementation of programmes and projects, the priority areas for financial support in 2011 and forms of cooperation of relevant government agencies and Civil society organisations. The representatives of associations and therapeutic communities participated in the training courses organized by the Office on the implementation of the Project of Social Reintegration of Drug Addicts, the National Addiction Prevention Programme for Children and Youth in Educational Settings and in Social Welfare System for the period 2010-2014, and as members of different working groups they were involved in the preparation of strategic documents and programmes that fall within the scope of competencies of the Office. Also, the Office actively participated in the conference "*The role and place of civil society in the prevention, rehabilitation and social reintegration of drug addicts and their families,*" organised by civil society organisations in June 2011 in Zagreb, and the conference entitled "*Education, employment and self-employment of treated addicts and other socially excluded and long-term unemployed*" on 14 and 15 November. To ensure the quality co-financing of programmes and projects carried out by civil society organisations and the therapeutic communities, as well as transparency in the selection of the projects to be funded, a meeting was held, which defined the priorities of the public tender for proposals for financial support to associations from the state budget funds available for 2011 at the position of the Office.

## 1.4 Economic analysis

Public expenditure analysis in the field of combating drugs abuse is based on the reports of competent ministries. The comprehensive analysis of the expenditures spent on the implementation of the National Strategy and Action Plan for Combating Drugs Abuse in 2011 is not possible to conduct because particular measure holders do not have resources allocated for the activities aimed at combating drugs abuse specified in their budget, but are funded through their regular activities. Although the Office for Combating Drugs Abuse in all annual reports on the implementation of the National Strategy on Combating Narcotic Drugs Abuse, which have been made since 2002, alerted to the mentioned issues and gave an initiative and recommendation to the measure holders who do not have budget positions for combating drug abuse activities, to foresee opening of such positions in the budgets of their ministries when giving budget proposals for a current year, it hasn't been done yet. Considering the above, the Office for Combating Drugs Abuse in cooperation with the Economic Institute Zagreb started in 2012 the implementation of the scientific project Public expenditure survey and establishment of performance evaluation indicators system in the field of combating drug abuse in the Republic of Croatia. The research will analyse both direct and indirect public expenditures in the field of combating drugs abuse by groups and institutions, in the areas of prevention, treatment, social reintegration, harm reduction and criminal prosecution. The study will analyse the sources of financing the activities in the field of combating drugs abuse by activity groups and institutions; which refers to budgetary

resources (defined and undefined expenses), donations, and other sources. The research would also include the guidelines for establishing performance evaluation indicators in the drug field, and recommendations for public policy holders in the drug field. Implementation of the research will be based on publicly available data, survey and interviews with all relevant stakeholders, representatives of competent ministries, civil society organisations, selected local and regional self-government units, i.e. certain municipalities, cities and counties whose programme activities are targeted at different areas and forms of combating drug abuse.

*Table 1.2 – Financial resources spent on the implementation of the National Strategy and Action Plan on Combating Narcotic Drugs Abuse (2010 and 2011)*

Institution	Financial resources (EUR)	
	2010	2011
Office for Combating Drugs Abuse	528,178	443,579
Ministry of Science, Education and Sport	201,754	172,024
Ministry of Social Policy and Youth	873,275 <sup>13</sup>	1.346,306 <sup>14</sup>
Ministry of Health <sup>15</sup>	5.502,119	5.236,567
Ministry of the Interior	3.413,509	3.428,734
Ministry of Foreign and European Affairs	6,757	-
Ministry of Entrepreneurship and Trade	61,757 <sup>16</sup>	31,208 <sup>17</sup>
Ministry of Labour and Pension System	48,960 <sup>18</sup>	55,587 <sup>19</sup>
<b>TOTAL</b>	<b>10.636,309</b>	<b>10.714,005</b>

Source: Office for Combating Drugs Abuse

Following the available data from the Report on the Implementation of the National Strategy and Action Plan on Combating Narcotic Drugs Abuse in 2011 (Table 1.2), from the State Budget the total amount of EUR 10.714,005 was spent, which is by 0,7 % more than in the year 2010, when EUR 10.636,309 was spent.

It is important to point out that in 2010 the Ministry of Foreign and European Affairs spent EUR 6,757, whereas for the year 2011 they could not specify the total amount of the spent financial resources.

<sup>13</sup> The amount refers to the resources allocated by then Ministry of Families, Veterans' Affairs and Intergenerational Solidarity and the Ministry of Health and Social Welfare.

<sup>14</sup> The amount refers to the resources allocated by then Ministry of Families, Veterans' Affairs and Intergenerational Solidarity and the Ministry of Health and Social Welfare.

<sup>15</sup> Including the Croatian Institute for Health Insurance.

<sup>16</sup> The amount refers to the resources spent on professional orientation, education and employment of then Ministry of Economy, Labour and Entrepreneurship.

<sup>17</sup> The amount refers to the resources spent on professional orientation, education and employment of then Ministry of Economy, Labour and Entrepreneurship.

<sup>18</sup> The amount refers to the resources spent on incentives for the measure Cooperative Development Promotion by then Ministry of Economy, Labour and Entrepreneurship..

<sup>19</sup> The amount refers to the resources spent on incentives for the measure Cooperative Development Promotion by then Ministry of Economy, Labour and Entrepreneurship

From the State Budget for 2011, at the position of the Office for Combating Drugs Abuse the total of EUR 443,579 was spent. The biggest part of the above mentioned amount was spent on financing the prevention and social reintegration programmes and programmes targeted at motivation and enabling the treatment for drug addicts which are carried out by associations for combating drugs abuse and therapeutic communities. The Office financed 15 social reintegration projects in the total amount of EUR 53,121 based on public tender, and in accordance with the priority areas for 2011. Without a tender procedure the Office supported eight prevention programmes, one social reintegration programme and allocated three lump-sum payments to the associations in the amount of EUR 14,542 (EUR 1,992 social reintegration, EUR 10,558 prevention, EUR 1,992 lump-sum payments), and the total amount of EUR 55,799 was allocated for research. Educational activities and programmes conducted by the Office cost EUR 11,226 and the cost of media campaign amounted to EUR 23,895. For the implementation of the "Anti-drugs phone" project, as a free-of-charge counselling and information service for the citizens, the Office spent EUR 7,838 from the budget resources.

From the State Budget resources for the year 2011 a total of EUR 1.346,306 was spent for the implementation of the activities and measures of the National Strategy on Combating Narcotic Drugs Abuse and the Action Plan on Combating Drugs Abuse at the position of the Ministry of Social Policy and Youth (former Ministry of Family, Veterans' Affairs and Intergenerational Solidarity and the Ministry of Health and Social Welfare – Department for Social Welfare). 71 projects of the associations that contribute to combating drug addiction and all other forms of addiction were financed by lottery funds in the total amount of EUR 613,289 whilst from the budgetary resources of the Ministry 23 projects the associations related to youth clubs that carry out programmes oriented towards addiction prevention, education and organizing leisure time activities of youth and educations, were financed in the total amount of EUR 53,121. With the purpose of financial support of the projects of local and regional self-government units related to the work of regional youth info centres in Split, Rijeka, Osijek and Zagreb, in 2011, EUR 49,137 were spent. They are intended for the implementation of addiction prevention programmes, and not as allocated funds for the implementation of addiction prevention programmes. For residential treatment of addicts in the homes for addicts which are, based on the contract with the Ministry of Social Policy and Youth, financed as social care institutions, the amount of EUR 630,759 from the budget resources was spent on the users of the Home for Adult alcohol, drug and other narcotic substance abuse addicts of Zejdica Susret, Association "Moji dani", Association for Drug Addiction NE- ovisnost and the Association PET+.

In 2011, at the position of the Ministry of Health EUR 2.728,456 were spent for the implementation activities of the National Strategy on Combating Drugs Abuse and the Action Plan on Combating Drugs Abuse. It should be noted that a certain percentage of lottery funds is allocated to the Ministry of Health and the Ministry of Social Policy and Youth in accordance with the Act Defining the Criteria Determining the Beneficiaries and Award Mechanisms from the Lottery Income in 2011 (Official Gazette No. 29/2011).

At the budgetary position of the Croatian Institute for Health Insurance for the activities of Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment in 2011, EUR 2.508,112 were spent, while the Ministry of Health allocated EUR 1.100,398 for their work. This should be added to the amount of EUR 138,114, which the Ministry allocated for co-financing the Addiction Referral Center of the Clinical Hospital Sestre milosrdnice, which means that a total of EUR 3.746,624 were spent on outpatient treatment activities.

The Ministry financed the civil society organisations working in the field of addiction with EUR 1.013,280, i.e. the amount of EUR 132,802 for 22 projects that contribute to fighting against substance abuse and all forms of addiction, EUR 132,802 for 7 three-year programmes of the associations the content of which is related to the implementation of national strategies,

plans and programmes, within the available lottery funds in the year 2011 (addiction programmes) and EUR 747,676 were spent on the continued implementation of the contracted three-year programmes and one-off annual projects of civil society organisations in the field of substance addiction.

Out of the above amount the Ministry of Health spent EUR 283,732 on preventive programmes and projects, and EUR 508,898 on harm reduction projects. For the Project of Social Reintegration of Addicts EUR 659 were spent, while the remaining funds were spent on prevention of addiction to alcohol, tobacco, gambling and other addictions. From the State Budget resources for 2011 allocated for the implementation of the activities and measures of the implementing programmes of the National Strategy on Combating Drugs Abuse and Action Plan on Combating Drugs Abuse at the position of the Ministry of Science, Education and Sport a total of EUR 172,024 was spent, EUR 12,974 of which was spent for the implementation of addiction prevention in educational institutions, EUR 49,489 for the implementation of the activities within the Project of Social Reintegration of Addicts and EUR 94,954 to finance the projects of the organisations that implement substance addiction prevention programmes. For scientific research in the addiction field, the Ministry allocated EUR 14,608 of budgetary resources.

Regarding the part of the National Strategy on Combating Drugs Abuse and the Action Plan on Combating Drugs Abuse which refers to drug supply reduction, the biggest part of financial resources allocated for the implementation of the mentioned programmes was spent by the Ministry of Interior, in the total amount of EUR 3.428,734. Apart from the mentioned Ministry, a part of the activities in the drug supply reduction area is implemented by the Customs Administration of the Ministry of Finance, which are financed by the regular budget resources of the Customs Administration of the Republic of Croatia. In accordance with the budget of the Ministry of Finance - the Customs Administration for the year 2011, the activities of suppressing drug smuggling are incorporated in the position of basic Customs Administration activity, and accordingly, like in the years 2009 and 2010, the data on financial resources spent on drug supply reduction activities conducted by the Customs Administration, are not available.

The Ministry of Labour and Pension System, continued during 2011 with the implementation of the Project of Social Reintegration of Drugs Addicts who completed some of the programmes of rehabilitation and addiction treatment in a therapeutic community or prison system, and addicts in outpatient treatment who maintain abstinence for a longer period of time and adhere to prescribed treatment, and for the measures defined by the National Employment Incentive Plan 2011-2012 the total amount of EUR 55,587 was spent on the procedures of professional orientation, education and employment of the beneficiaries of the Project, the carrier of which is the Croatian Employment Office.

The Ministry of Entrepreneurship and Trade within the scope of its activities and based on the Operating Plan for Support to Small and Medium-Sized Enterprises is implementing the project "Promotion of Cooperative Entrepreneurship". Within the project the Ministry financially supports the measure of Encouraging the development of cooperatives that develop social cooperative entrepreneurship. In 2011, two cooperatives, NEOS and Pet plus, received the support in the total amount of EUR 31,208.

In 2011 the Ministry of Foreign and European Affairs reported that it was not able to specify the amount of funds spent on the implementation of the National Strategy and Action Plan on Combating Drugs Abuse, whereas the Ministry of Justice reported that treatment measures of addicts in prisons were financed from regular budget resources of the Ministry through current costs for particular prisons and correctional facilities and it was not possible to specify the total amount of the financial resources spent on that. Also, the Ministry of Justice reported that the data about the funds spent on the implementation of the measures of the

National Strategy and Action Plan, which is the responsibility of the Ministry, cannot be shown, because a budget position of the Ministry for allocating resources aimed exclusively at combating drug abuse activities does not exist, but they are financed from the regular activities of the Ministry.

Table 1.3 - Financial resources spent on the implementation of the County Action Plan on Combating Drugs Abuse at the local and regional self-government level (2010 and 2011)

County	Financial resources spent (EUR)	
	2010	2011
City of Zagreb	214,343	267,720
Zagreb County	79,022	58,953
Krapina-Zagorje County	23,997	16,687
Sisak-Moslavina County	8,649	3,984
Karlovačka County	36,546	30,544
Varaždin County	25,676	9,296
Koprivnica-Križevci County	48,106	675,408 <sup>20</sup>
Bjelovar-Bilogora County	6,757	0
Primorje-Gorski Kotar County	216,216	219,124
Lika-Senj County	4,324	2,363
Virovitica-Podravina County	16,216	11,952
Požega-Slavonia County	3,126	0
Brod-Posavina County	8,378	27,953
Zadar County	79,932	86,321
Osijek-Baranja County	47,297	33,201
Šibenik-Knin County	6,081	7,968
Vukovar-Srijem County	4,054	3,320
Split-Dalmatia County	381,273	199,203
Istria County	181,196	164,471
Dubrovnik-Neretva County	62,297	61,574
Međimurje County	-	-
<b>TOTAL</b>	<b>1.453,486</b>	<b>1.880,043</b>

Source: Office for Combating Drugs Abuse

<sup>20</sup> Financial resources allocated for the implementation of the measures of the County Action Plans for Combating Drugs Abuse are not separately quoted in the budget of the Koprivnica-Križevci County nor in the budgets of the cities in the County. The measures are financed within different programmes and positions, so it is not possible to specify the exact amount. The mentioned amount was mostly used for financing the activities for spending quality time of children and youth and the programmes of the civil society organisations oriented towards improving the quality of life of children and youth, and addiction prevention.

According to the principle of shared responsibility between the state and local community, the implementation of the County Action Plans for Combating Drugs Abuse, actions of the County Committees for Combating Drugs Abuse, implementation of preventive measures and other activities on the county level are financed from the county budget resources, within which the local administration and regional self-government units have to ensure the resources for implementation of the mentioned activities. It has to be stressed that the Međimurje County did not deliver the information on the spent financial resources because the activities were financed from regular resources, and the resources allocated exclusively for the implementation of the county drugs abuse prevention programmes could not be separately quoted, while the Bjelovar-Bilogora County and the Požega-Slavonija County reported that in 2011 no budget resources were spent on the implementation of the measures of the County Action Plan on Combating Drugs Abuse.

In 2011 from the county budget for the implementation of Action Plans on Combating Drugs Abuse a total of EUR 1.880,043 was allocated, which is by 29,1 % more than in 2010, when EUR 1.453,486 were spent (Table 1.3). In this respect, it is important to take into account the fact that the displayed amount spent by the Koprivnica-Križevci County is only partly related to the implementation of the County Action Plan.

Most of the counties in which the number of addicts per 100 000 inhabitants is higher than the Croatian average (the Istria County (542.5), the Zadar County (493.7), the City of Zagreb (435.6), the Šibenik-Knin County (344.4), the Primorje-Gorski Kotar County (340.8), the Dubrovnik-Neretva County (330.3) and the Split-Dalmatia County (305.5)) during 2011 allocated significant financial resources for the implementation of the County Action Plans on Combating Drugs Abuse. The counties in which the number of addicts per 100 000 inhabitants is lower than Croatian average, in 2011 allocated more resources for the implementation of the county programmes, especially the Koprivnica-Križevci County, the Zagreb County, the Osijek-Baranja County, the Karlovac County and the Brod-Posavina County.

Table 1.4 – Financial resources spent by areas (2010 and 2011)

Area	Financial resources spent (EUR)	
	2010	2011
Prevention	1.433,216	1.068,626
Outpatient treatment	3.855,275	3.746,624
Residential treatment*	698,654	613,289
Treatment in prison settings	-	-
Harm reduction	474,793	508,898
Social reintegration	214,663	192,055
Drug supply reduction	3.413,509	3.427,406

\* spent on treatment of addicts within homes for addicts, which are based on a contract with the Ministry of Social Policy and Youth financed as social welfare institutions

Source: Office for Combating Drugs Abuse

If we compare drug-related expenditures in the specific areas of combating drug-related problems, from the information available (Table 1.4), it is visible that in 2011 from the State Budget resources the total amount of EUR 1.068,626 kuna was spent on addiction prevention programmes, which is by 25,4% less than in 2010.

It is not possible to precisely show the costs of outpatient treatment due to lack of information about a part of the resources from the county budget spent on outpatient treatment activities. Available data relate to addiction outpatient treatment organised within the health system through the activities of the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment of the County Institutes for Public Health. In accordance with the data of the Ministry of Social Policy and Youth and the data of the Croatian Institute for Health Insurance, EUR 3.746,624 was spent on outpatient treatment programmes, which is 2,8% less than in 2010. This leads to the conclusion that when it comes to addiction treatment the most significant financial emphasis is put on outpatient treatment, primarily through the public health system within which operate the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment. Financing of the previously mentioned services is based on a tripartite model; the Ministry of Health finances the programme part of the activity, and the Croatian Institute for Health Insurance and counties are responsible for administrative and operational costs.

Residential treatment costs of addicts (hospital treatment, addiction treatment within psychosocial programmes in the homes for addicts and therapeutic communities) cannot be properly presented either, due to insufficient data provided by the healthcare system. The only available data refer to addiction treatment within homes for addicts, which are based on the contracts with the Ministry of Social Policy and Youth financed as social welfare institutions, and which in 2011 amounted to EUR 613,289

Also, for social reintegration of addicts as an integral part of addicts' rehabilitation, which should follow every successfully completed treatment, substantial financial resources were invested, which in 2011 amounted to EUR 192,055, which is by 10,5 % less than in 2010, when EUR 214,663 was spent. Budgetary funds which were in 2011 allocated for harm reduction programmes amounted to EUR 508,898. Budgetary funds spent for the treatment of drug addicts in prisons, as in previous years, were not possible to show despite the fact that drug treatment in prisons presents a significant cost to the state budget.

As previously mentioned, as for the financial resources spent on the implementation of drug supply reduction activities, only the data of the Ministry of Interior are available, and they amount to EUR 3.427,406. Regarding the fact that the Customs Administration of the Ministry of Finance and other criminal prosecution bodies for which there are no data about the amount of financial resources spent on the implementation of the activities within their competence also have a significant role in the implementation of drug supply reduction, it might be assumed that financial resources allocated for the mentioned purpose are higher than those mentioned above. Taking into account that the data on the total amount of funds spent on the drug supply and demand reduction activities do not include all financial resources spent on the implementation of the above mentioned activities from the state and county budgets, the presentation of the spent resources is based on the available data. According to them, it is visible that a significantly larger amount of resources is being spent on the activities targeted at drug demand reduction, which in 2011 amounted to EUR 7.285,271, than on the drug supply reduction, for which in 2011 the total amount of EUR 3.427,406 was allocated.

To conclude, total funds spent from the State Budget and the county budgets amount to EUR 12.594,049 which is 4,2% more than in 2010, when the total cost of the implementation of the National Strategy and Action Plan on Combating Narcotic Drugs Abuse was EUR 12.089,795

Comparing the resources spent on the implementation of the National Strategy on Combating Drugs Abuse and the Action Plan on Combating Drugs Abuse per individual holders, it is evident that the largest amount of resources, similar to the previous year, was

spent at the position of the Ministry of Health and Ministry of the Interior. Also, all holders, except the Ministry of the Interior and the Ministry of Social Policy and Youth, respectively, compared to the previous year spent less money, which can be attributed to the decisions of the Government of the Republic of Croatia on the implementation of the austerity measures and reduction of budget expenditures due to the impact of financial crisis on budgetary operations, which were in effect in 2011. It is significant that in spite of that, more financial resources were spent from the county budget than in 2011, which confirms the fact that the principle of decentralised implementation of drug policy in accordance with the needs of the counties is implemented in practice.

In order to harmonise the methodology for collecting data on the resources invested in the forthcoming period, the activities to show the resources spent by competent ministries should be undertaken, by showing the resources spent at budgetary positions of competent ministries, dedicated for combating drugs abuse (addiction prevention, addiction treatment, cooperation with civil society organisations working in the field of addiction, combating drug-related crime, etc.) and an estimate of the resources that were used but not earmarked for the implementation of the programme of combating drugs abuse, but are the resources provided from the regular activities and other programmes from competent institutions (material costs).



## **2 Drug use in the general population and specific targeted groups**

### **2.1 Introduction**

Drug abuse presents a health and social problem in the Republic of Croatia, which requires a serious approach in planning prevention interventions, but also to reduce the harm from such behaviour. In 2011 the first survey on drug abuse among the general population was conducted in the Republic of Croatia. The survey was initiated by the Office for Combating Drugs Abuse of the Government of the Republic of Croatia, conducted by the Institute of Social Sciences Ivo Pilar and funded by the Office, the Ministry of Health and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

The Republic of Croatia has a long tradition of researching the use of certain addictive drugs among students. Accordingly, in 2011 the Croatian Institute for Public Health participated in the implementation of the European School Survey Project on Alcohol and Other Drugs among youth, that was conducted in Croatia in 1995, 1999, 2003, 2007 and 2011. During 2012, the results of the research "Health Behaviour in School-aged Children" that was conducted during 2009 and 2010 by the Croatian Institute for Public Health were published. This was an international research in which the Republic of Croatia has been participating since 2001.

In order to gain insight into the drug market, the Faculty of Education and Rehabilitation Sciences, University of Zagreb, conducted a survey among the users of harm reduction programmes. Also, in 2011 the Faculty conducted a pilot on-line survey on new trends in drug use.

The Ruđer Bošković Institute participated in the European research of identifying psychoactive substances in municipal wastewater. Urinary biomarkers of heroin, cocaine, amphetamines, ecstasy and cannabis were analysed using optimized and validated analytical methods.

### **2.2 Drug use in the general population**

The main goal of the scientific research project Substance Abuse among the General Population in the Republic of Croatia was to collect data on the prevalence of consumption of different kinds of substance abuse in the general population as well as the relevant population sub-groups (Glavak Tkalić 2012).

The survey is based on cross-sectional study design that allows exploring the differences among certain segments of the population (gender, age, etc.) regarding the use of psychoactive substances. The data were collected using a face-to-face survey. Because of the sensitivity of the issue, the respondents were given the option of filling in the questionnaire by themselves, with the help of a surveyor in case of possible ambiguities. The Croatian translation of the European Model Questionnaire (EMQ) was used in the survey, which ensures the international comparability of data. The topics covered by the questionnaire are: (1) taking legal drugs, (2) taking illegal drugs, (3) attitudes and opinions about drugs and related drugs policies, (4) relevant characteristics of respondents, as well as

the perception of drug availability. Lifetime prevalence<sup>21</sup>, prevalence in the last year<sup>22</sup> and the prevalence in the last month<sup>23</sup> represent the indicators of the prevalence of substance use. Due to the sensitivity of the issue, this research is presented as the research on quality of life, lifestyle and health risks. Therefore, additional questions were added in the survey.

In March 2011 a pilot survey was conducted on an unprobabilistic random sample of N = 78 respondents from the city of Zagreb. From May to August 2011 a field study was conducted on a sample of N = 4 756 respondents between 15 and 64 years, who were living in private households. Since the substance use is more common at a younger age, an oversampling on the younger adult respondents (15-34 years of age) was conducted. For the purpose of the survey, a total of 10 212 addresses were selected, and at 4 831 of them completed questionnaires were collected (75 of which were not filled out correctly). The response rate of the survey was 53.1%. To improve the accuracy of the evaluation, the bias of the sample is reduced through adequate sample weights that reduce sampling error in the relevant characteristics of the population values.<sup>24</sup>

The data were analysed using descriptive statistics and analyses were performed using the IBM SPSS Statistics software. In the sample both sexes are evenly represented, two thirds of the respondents lived in a household based on the nuclear family (parents and children), 56.0% lived in a marriage or cohabitation, 36.6% of them were unmarried or single, 3.9% divorced, 3.5% were widows / widowers. As many as 64.5 % of respondents stated high school as their highest educational level, 11.8% elementary school, 8% college education, 11.9% higher education, and 1.8% of them did not complete primary school. In terms of employment status, the largest group of respondents had income from employment or self-employment (56%), followed by students (16%), retirees (13%), and 11% were unemployed.

Figure 2.1 shows the prevalence of use of alcohol, tobacco, sedatives or tranquilizers, and any illegal drugs in the total sample of respondents (15-64 years of age). More than half of the respondents have consumed tobacco at least once in their lives, and currently more than a third of respondents are still consuming it. From the observed drug abuse, the majority of respondents (86.4%) have consumed alcohol at least once in their lifetime, almost three quarters of respondents consumed alcohol in the last year, and more than half in the last month. A quarter of the respondents consumed sedatives or tranquilizers at least once in their lives. 16% of respondents said that they had consumed an illegal drug at least once in their lives, while the prevalence of illegal drug use in the last year and last month are listed below.

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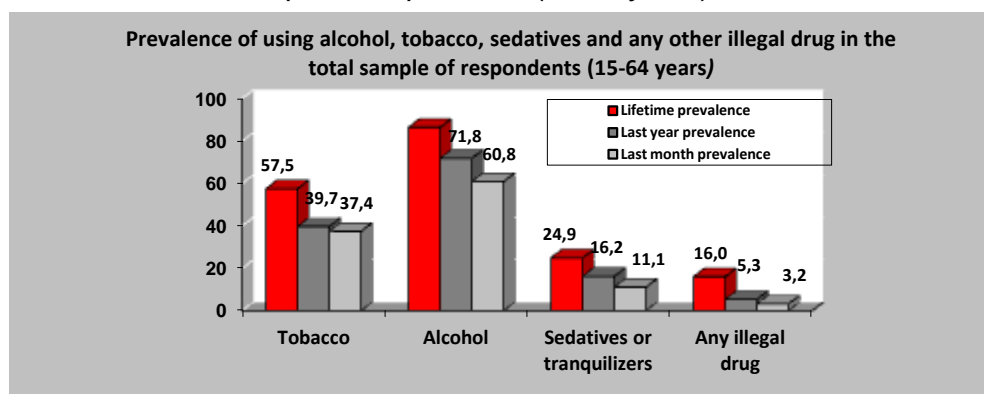
<sup>21</sup> Lifetime prevalence=proportion of respondents who said they had used a certain psychoactive substance at least once in their life

<sup>22</sup> Prevalence in the last year = proportion of respondents who said they had used a certain psychoactive substance in the last year – recent use

<sup>23</sup> Prevalence in the last month = proportion of respondents who said they had used a certain psychoactive substance in the last month – current use.

<sup>24</sup> In this survey population values related to 2001 were used, because more recent data were not available at the time of the research.

Figure 2.1 – Prevalence of using alcohol, tobacco, sedatives and any other illegal drug in the total sample of respondents (15-64 years)



Source: Glavak Tkalić et al. 2012; ST1, 2012

Prevalence of illegal drug use is significantly lower than the prevalence of legal drug use. From Table 2.1 showing the prevalence of illegal drug use in the total sample of respondents, it is evident that cannabis is a substance with the highest lifetime prevalence (15.6%). The prevalence of other illegal drug use is much lower.

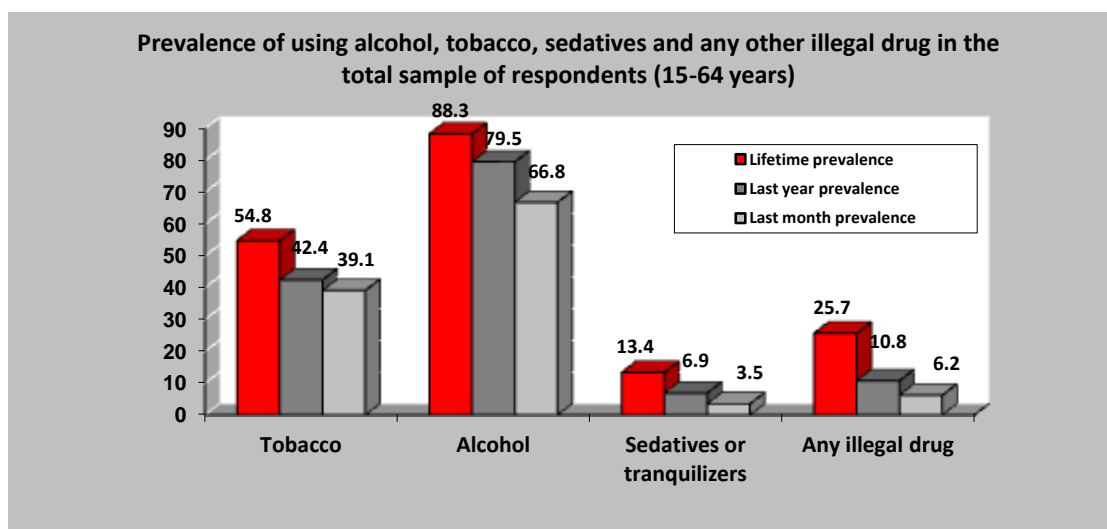
Table 2.1 – Prevalence of illegal drug use in the total sample of respondents (15-64 years)

Psychoactive substance	Lifetime prevalence	Last year prevalence	Last month prevalence
Cannabis	15.6	5.0	2.9
Amphetamines	2.6	0.8	0.2
Ecstasy	2.5	0.4	0.2
LSD	1.4	0.3	0.1
Cocaine	2.3	0.5	0.3
Heroin	0.4	0.1	0.1

Source: Glavak Tkalić et al. 2012; ST1, 2012

Observing the prevalence of the use of tobacco, alcohol, sedatives, tranquilizers, or any illegal drug in the subsample of young adults in the age group of 15-34 years of age (Figure 2.2) a similar trend is seen in the consumption of tobacco and alcohol as well as in the total sample. More than half of the subsample of respondents consumed tobacco at least once in their lifetime, and about 40% in the last year or last month. Also, two-thirds of the respondents were currently consuming alcohol. Compared to the total sample, young adults consume less sedatives or tranquilizers, and with younger age the prevalence of their use decreased. Compared to the 16.0% of the total sample of respondents, a quarter of young adults consumed an illegal drug at least once in their lives.

Figure 2.2 – Prevalence of alcohol, tobacco, sedatives, and any illegal drug in the sample of young adults (15-34 years)



Source: Glavak Tkalić et al. 2012; ST1, 2012

Table 2.2 shows the prevalence of illicit drug use in a sample of young adults. One fourth of the respondents of the subsample have consumed cannabis at least once in their lifetime, and 10.5% in the last year. As in the total sample, the prevalence of other illegal drug use is lower than the prevalence of cannabis use, but still the shares are larger than those present in the total sample. Cannabis is followed by the amphetamine use, then ecstasy, cocaine and LSD, while the prevalence of heroin in the observed subsample is very low.

Table 2.2 – Prevalence of illegal drug use in the sample of young adults (15-34 years)

Psychoactive substance	Lifetime prevalence	Last year prevalence	Last month prevalence
Cannabis	25.3	10.5	6.1
Amphetamine	5.1	1.6	0.5
Ecstasy	4.6	0.5	0.2
LSD	2.4	0.4	0.1
Cocaine	3.8	0.9	0.4
Heroin	0.5	0.1	0.1

Source: Glavak Tkalić et al. 2012; ST1, 2012

Table 2.3 shows the prevalence of legal and illegal drug use in the total sample of respondents (15-64 years). Male respondents show higher prevalence of use of all drugs except sedatives or tranquilizers. The differences between genders in lifetime prevalence and prevalence in the past year of alcohol use are not significant, while gender differences are more pronounced in relation with other drugs. Lifetime prevalence of taking sedatives or tranquilizers in all age groups was greater among women than men. This difference is the most noticeable in the oldest age group (between 55 and 64 years), where the highest lifetime prevalence of taking sedatives or tranquilizers in both women (55.8%) and men is established (29.1%) (Glavak Tkalić 2012).

Table 2.3 - Prevalence of the use of certain psychoactive substance in the total sample of respondents (16-64 years), by gender

Psychoactive substance	Lifetime prevalence		Last year prevalence		Last month prevalence	
	Male	Female	Male	Female	Male	Female
Tobacco	62.9	52.3	43.3	36.2	40.9	34.0
Alcohol	92.5	80.3	81.1	62.5	74.3	47.2
Sedatives or tranquilizers	18.1	31.6	11.4	20.9	8.1	14.0
Any illegal drug	21.4	10.7	5.5	5.0	4.4	1.9
Cannabis	20.9	10.4	7.1	2.9	4.2	1.6
Amphetamine	3.6	1.6	1.1	0.5	0.4	0.1
Ecstasy	3.7	1.3	0.6	0.1	0.3	0.1
LSD	2.3	0.6	0.4	0.1	0.2	0.1
Cocaine	3.2	1.4	0.7	0.3	0.3	0.2
Heroin	0.7	0.2	0.2	0.0	0.2	0.0

Source: Glavak Tkalić et al. 2012; ST1, 2012

Even in the observed subsample of young adult respondents the differences in the prevalence of drug use between the genders is noticeable (Table 2.4). The smallest differences are present in the prevalence of alcohol consumption, lifetime prevalence of tobacco smoking and prevalence of tobacco smoking in the last year.

Table 2.4 - Prevalence of the use of certain psychoactive substance in a sample of young adults (16-34 years), by gender

Psychoactive substance	Lifetime prevalence		Last year prevalence		Last month prevalence	
	Male	Female	Male	Female	Male	Female
Tobacco	58.1	51.3	44.9	39.8	77.2	56.0
Alcohol	91.0	85.4	85.1	73.8	42.1	36.0
Sedatives or tranquilizers	10.1	16.9	5.2	8.7	3.2	3.8
Any illegal drug	32.6	18.6	14.5	7.0	8.5	3.9
Cannabis	32.0	18.4	14.3	6.6	8.4	3.7
Amphetamine	6.5	3.6	2.0	1.2	0.8	0.2
Ecstasy	6.5	2.6	0.7	0.2	0.2	0.1
LSD	3.6	1.1	0.5	0.3	0.1	0.1
Cocaine	5.1	2.5	1.2	0.7	0.4	0.3
Heroin	0.6	0.3	0.2	0.1	0.2	0.1

Source: Glavak Tkalić et al. 2012; ST1, 2012

In the survey report on the scientific research project "Substance abuse among the general population in the Republic of Croatia", Glavak Tkalić et al. (2012) also analysed the use of drugs according to the degree of urbanisation. The results have shown that in the total sample of respondents there was an equal representation of current smokers and the lifetime prevalence of tobacco use among respondents from rural areas, from big cities and from small and medium-sized cities. Also, the prevalence of alcohol consumption throughout life and during the previous year was similar for respondents from these types of settlements, while the monthly alcohol consumption was slightly higher among the respondents from large cities. Prevalence of taking sedatives or tranquilizers was the highest in respondents from rural areas. Lifetime prevalence of taking any illegal drugs was the highest among the respondents from large cities, where about one fifth of the total sample (21.7%) has

consumed an illegal drug at least once in their lives. Also, less than a tenth of respondents (9.4%) from the major cities consumed an illegal drug in the last year.

*Table 2.5 – Lifetime prevalence of using a particular psychoactive substance, by age groups*

Psychoactive substance	Age groups				
	15-24	25-34	35-44	45-54	55-64
Tobacco	50.1	59.7	64.6	60.3	51.3
Alcohol	84.9	91.7	87.5	84.4	83.1
Sedatives or tranquilizers	9.9	17.2	26.4	30.4	43.3
Any illegal drug	22.6	28.9	17.0	7.8	1.9
Cannabis	22.5	28.5	16.7	7.2	1.6
Amphetamine	3.7	6.6	1.5	0.6	0.4
Ecstasy	2.8	6.3	2.1	0.6	0.4
LSD	1.8	3.0	1.2	0.9	0.2
Cocaine	2.5	5.1	2.7	0.5	0.5
Heroin	0.3	0.6	0.7	0.3	0.1

Source: Glavak Tkalić et al. 2012; ST1, 2012

Table 2.5 shows the lifetime prevalence of a psychoactive substance use by age groups. Almost two thirds of respondents in the age group between 35 and 44 years said they had consumed tobacco at least once in their lives. It is very worrying that the same was reported by half of the youngest respondents (15-24 years), and more than a fifth of the respondents in this age group reported the consumption of any illegal drug. Even 91.7% of respondents in their late twenties and early thirties reported lifetime prevalence of alcohol. This age group also reported the lifetime prevalence of other illegal drugs (cannabis, amphetamines, ecstasy and cocaine). Almost half of the respondents from the oldest age group (55-64 years) said that they had consumed sedatives or tranquilizers at least once in their lives, while the lifetime prevalence of other psychoactive substances were significantly lower than the other age groups.

Table 2.6 shows that younger respondents in higher percentage report recent use of addictive substances other than sedatives or tranquilizers. Respondents between 25 and 44 years reported the highest prevalence of legal drug use. The youngest respondents (15-24 years) reported the highest prevalence of any illicit drug use in the previous year.

*Table 2.6 – Prevalence of psychoactive substance use in the last year, by age groups*

Psychoactive substance	Age groups				
	15-24	25-34	35-44	45-54	55-64
Tobacco	40.0	44.9	46.9	37.8	26.2
Alcohol	77.6	81.5	71.8	66.7	59.6
Sedatives or tranquilizers	5.3	8.6	16.7	20.3	32.7
Any illegal drug	12.7	8.8	3.3	1.1	0.5
Cannabis	12.6	8.4	2.5	0.7	0.5
Amphetamine	1.7	1.5	0.3	0.2	0.1
Ecstasy	0.6	0.3	0.4	0.3	0.2
LSD	0.4	0.4	0.1	0.3	0.1
Cocaine	0.9	0.9	0.4	0.2	0.1
Heroin	0.2	0.1	0.0	0.2	0.1

Source: Glavak Tkalić et al. 2012; ST1, 2012

Table 2.7 shows current use and prevalence of psychoactive substance use in the previous month. The youngest respondents (15-24 years) reported the highest prevalence of current consumption of any illegal drug, and nearly two thirds reported current alcohol use. A quarter of respondents in the oldest age group (55-64 years) reported current tobacco use, half of them consume alcohol, and one fourth sedatives or tranquilizers.

Table 2.7 – Prevalence of psychoactive substance use in the last month, by age groups

Psychoactive substance	Age group				
	15-24	25-34	35-44	45-54	55-64
Tobacco	36.0	42.4	44.4	36.1	25.9
Alcohol	64.5	69.2	59.3	58.6	50.8
Sedatives or tranquilizers	2.8	4.3	11.1	14.6	24.6
Any illegal drug	7.3	5.0	1.8	0.8	0.5
Cannabis	7.3	4.8	1.5	0.5	0.5
Amphetamine	0.6	0.3	0.0	0.2	0.1
Ecstasy	0.1	0.2	0.3	0.3	0.1
LSD	0.0	0.2	0.1	0.3	0.0
Cocaine	0.3	0.5	0.3	0.2	0.1
Heroin	0.2	0.1	0.0	0.2	0.1

Source: Glavak Tkalić et al. 2012; ST1, 2012

The analysis of the age of first consumption of psychoactive substances (Glavak Tkalić et al. 2012) showed that most of the respondents of the entire sample, 26.2% of them, indicated that the first time they smoked tobacco was between the age of 15 and 17. At the same age, even 40.9% consumed alcohol for the first time. The average age of cannabis use among the respondents from the total sample (between 15 and 64 years), who consumed cannabis at least once, was 18 years and 3 months ( $M = 18.3$ ,  $SD = 4.09$ ). Cannabis was first consumed by 28.8% of respondents aged 16 and 17 years, while almost half of the respondents (47.8%) in the whole sample of those who consumed cannabis, did that for the first time before they turned 18. The average age of first consumption of illegal drugs, other than cannabis, among the respondents from the total sample who were taking certain illegal drugs, was the lowest for ecstasy (19 years and 3 months:  $M = 19.3$ ,  $SD = 3.61$ ).

About a quarter of the respondents who consumed ecstasy ( $N = 112$ ) stated that they consumed it for the first time between 18 and 19 years (25.5%) and slightly fewer consumed ecstasy for the first time between 16 and 17 years of age (23.8%). The average age of first consumption of amphetamines among the respondents was 19 years and 8 months ( $M = 19.7$ ,  $SD = 3.71$ ). The respondents who consumed amphetamines ( $N = 115$ ) usually started at the age between 16 and 17 (23.3%), followed by the age category between 18 and 19 years of age (22.4%) and between 20 and 21 (19.0%). The average age of first consumption of cocaine among the respondents who consumed it ( $N = 99$ ) was 21 years and 10 months ( $M = 21.8$ ,  $SD = 5.20$ ). About one quarter of those who consumed cocaine reported to have done it for the first time between 20 and 21 years (24.6%) and slightly fewer tried cocaine for the first time between the age of 18 and 19 years (21.2%). On average LSD was firstly consumed at the age of 20 years and 6 months ( $M = 20.5$ ,  $SD = 3.33$ ), and nearly one third of those respondents who have consumed ( $N = 61$ ) it, did it at the age between 20 and 21 years for the first time (30.5%). Because of the small number of respondents who reported the age of first consumption of heroin ( $N = 18$ ) the average age of first consumption of heroin has not been calculated.

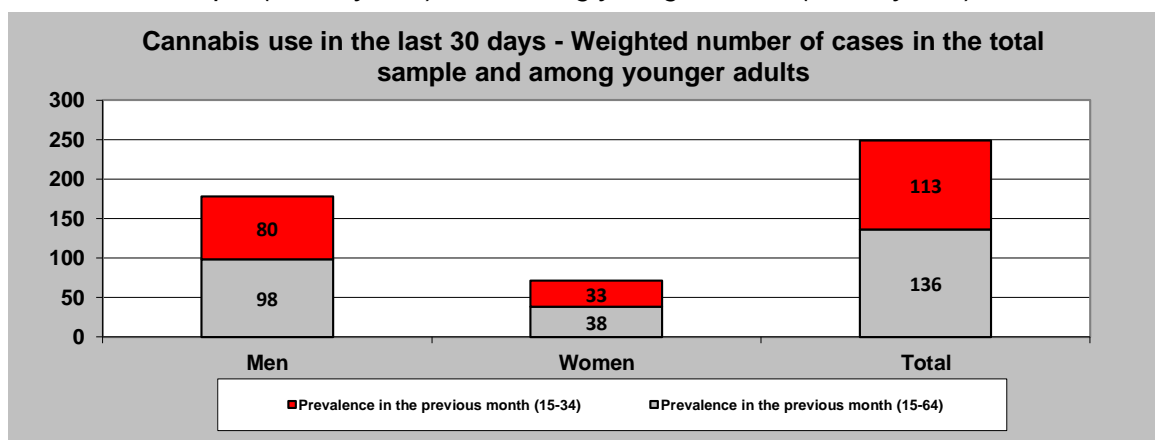
The analysis of the frequency of alcohol consumption showed that in the whole sample (15-64 years) 38.0% of the respondents consumed alcohol once a month or rarely (38.0%), one quarter of them 2 to 4 times per month (25.3%), followed by those who consumed alcohol

from 2 to 3 times a week (13.4%), while a slightly smaller percentage of respondents did it 4 or more times a week (9.3%). Among young adults (between 15 and 34 years) 37.2% of the respondents consumed alcohol once a month or less, while 32.5% consumed it 2 to 4 times a month. Considerably fewer of them consumed alcohol 2 to 3 times a week (13.6%) and 4.8% of respondents between 15 and 34 years of age consumed alcohol 4 times per week or more.

Glavak Tkalić et al. (2012) stated that less than one fifth of the respondents between the ages of 15 and 64 consumed six or more glasses of alcoholic drinks in a row fewer than once a month (18.5%), followed by those who did it once a month (8.6%), once a week (5.6%), and every day or almost every day (1.1%). Among young adults (15-34 years) most of them got drunk less than once a month (24.0%), followed by those who got drunk once a month (14.1%), and those who got drunk once a week (9.6%), while 1.0% of them did this every day or almost every day.

2.9% of respondents from the total sample (aged 15-64 years), stated they had regularly consumed cannabis some time in their lives. In the group of young adults (15-34 years) cannabis was regularly consumed almost twice as much as those of the total sample, 5.7% of them. Significantly more men (4.7%) than women (1.1%) regularly consumed cannabis some time in their lives. Figure 2.3 shows regular use of cannabis among the weighted number of cases in the total sample and the subsample of younger adults. The Figure shows that the largest number of people who regularly consume cannabis is in the age group of 15-34 years and that male respondents consume cannabis more frequently on a regular basis than female respondents.

Figure 2.3 – Cannabis use in the last 30 days - Weighted number of cases in the total sample (15-64 years) and among younger adults (15-34 years)



Source: Glavak Tkalić et al. 2012; ST1, 2012

Among younger adult respondents who consumed cannabis in the last month, most of them consume cannabis fewer than once per week, but 34 male respondents report that they consume cannabis almost every day or several times a week.



Table 2.8 - Frequency of cannabis use among young adults (15-34) – weighted number of cases

Frequency of consumption	Men	Women	Total
Almost every day	17	3	20
A few times a week	17	2	19
Once a week	15	6	21
Less than once a week	28	22	50
I don't know / no answer	3	0	3

Glavak Tkalić et al. 2012; ST1, 2012

In the following text there is an overview of some of the respondents' viewpoints on drug addiction, drug policy, drug use and the risks associated with drug use.<sup>25</sup> 52.6% of adults consider that a drug addict is more a patient than a criminal, 20.9% say that a drug addict is both a criminal and a patient, 8.3% of them think drug addicts are neither criminals nor patients, and 5.7% think they are criminals more than patients. 66.8% of adult respondents disagree with the statement that people should be allowed to consume cannabis, 18.3% agree, while others (14.9%) are neutral.

Disagreement with the fact that people should be allowed to use cannabis increases with age. Men, more likely than women, have a positive attitude about it (22.5% of males vs. 14.1% of females). Only 2.3% of respondents state that they agree people should be allowed to take heroin. High frequency of expressing a negative attitude towards it is characteristic for all age and gender groups. More than two thirds of adults (70.6%) are against smoking marijuana or hashish occasionally. The vast majority of respondents (80.7%) showed a negative attitude towards trying ecstasy, while 89.6% expressed a negative attitude towards trying heroin.

The proportion of those who oppose occasional smoking of marijuana or hashish, as well as trying ecstasy or heroin, increases with age. The results show that men are more likely to approve drinking of one or two drinks a few times a week than women (67.5% male vs. 52.2% female). More than half of adults (57.1%) estimate that the risk associated with smoking one or more packs of cigarettes a day is quite big. The risk associated with drinking five or more alcoholic drinks every weekend is considered high by 38.3% of adults, moderate by 36.7% and low by 18.5%. The risk of smoking cannabis on a regular basis is estimated high by 72.0% of adults (76.5% of women versus 67.4% of men), taking ecstasy by 77.6% of adults, trying cocaine by 85.3% and trying heroin by 89.1%. The frequency of estimated high risks associated with taking any illegal drugs increases with age.

## 2.3 Drug use in the school and youth population

### Health Behaviour in School Aged Children – HBSC

Health Behaviour in School-Aged Children is an international survey supported by the World Health Organisation - Regional Office for Europe as a relevant research on health and behaviour in relation to health among children and adolescents. Applying a common protocol, the research is carried out continuously in four-year intervals in thirty countries in Europe and North America. The survey is standardised and harmonised at the international level. Every year some of the areas that could affect the behaviour or behavioural differences

<sup>25</sup> The survey on psychoactive substance abuse among the general population of the Republic of Croatia also researched the availability of drugs, the results of which are presented in Chapter 10.2.1.

are analysed. In 2010 the emphasis was placed on gender differences and the possible influence of gender. In the Republic of Croatia the research in 2001-2002, 2005-2006 and 2009-2010 was conducted by the Croatian Institute for Public Health.

Target groups of the survey are children at the age of 11, 13 and 15 years. A representative sample is selected from the classes of a particular generation (fifth and seventh grade of primary and the first year of secondary school) of the Ministry of Science, Education and Sports, with preserving the structure of secondary education (grammar schools, and four-year and three-year secondary schools). Parental consent was needed for participation in the research. The research was conducted in 265 schools (response rate 93.0%). The total individual response rate of students is 94.6 % (ST2\_HBSC, 2012).

Table 2.9 shows the age and gender structure of respondents in the Republic of Croatia, in the survey conducted in 2009-2010. The survey was conducted on a sample of 6 262 respondents, out of which 2 413 were fifteen year old.

*Table 2.9 – The age and gender structure of the respondents*

Respondents	Age			
	11 years	13 years	15 years	Total
Boys	919	909	1 190	3 018
Girls	987	1 034	1 223	3 244
Total	1 906	1 943	2 413	6 262

Source: Kuzman et al. 2012

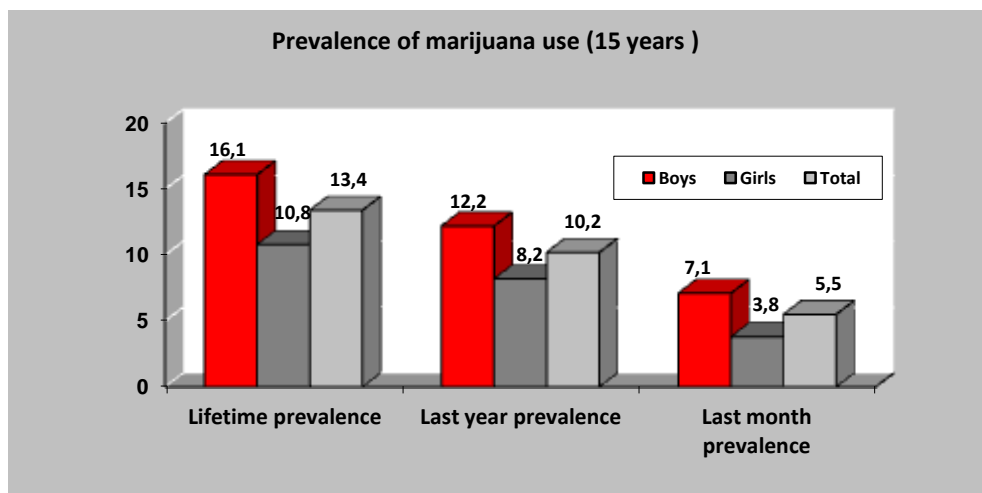
The data relating to the characteristics of respondents in 2010 (Kuzman et al. 2012) show that 19% of them live in families with low living standard, 48% live in families with average and 33% with good living standard. Despite the growing trend of divorce, a high proportion of the respondents (about 86%) are still living with both parents. Adolescents spend more time with their mothers than with their fathers, mothers are considered more accessible, and the perception of good communication with the parents decreases with age. School performance decreases with age, and in all three age categories girls are more successful than boys in performing their school obligations.

The data relating to smoking cigarettes suggest that boys start experimenting a little earlier than girls, and the prevalence of experimentation among boys is slightly higher at the age of 11 and 13 years. By the age of 15, the difference between the genders disappears and the proportion of the girls and boys who have smoked cigarettes at least once in their lives is equal. Accordingly, at the age of 11, 22% of boys and 10% of girls state that they have already tried smoking, at the age of 13, 41% of boys and 35% of girls admit they have had experience with cigarettes, and 62% of boys and girls at the age of 15 equally declare they have smoked. 21% of fifteen-year old boys and 19% of the girls smoke every day. In the period from 2002 to 2010 everyday smoking increased for boys, while a slight stagnation is observed for the girls. Kuzman et al. (2012) report that the average age of the first cigarette smoked is 13.1 years for boys and 13.4 years for girls.

Prevalence of drinking among children has been relatively stagnating in all age groups. But that does not mean that drinking beer is poorly represented: at the age of 15 every third boy and every tenth girl drink beer at least every week or more often. Although wine is not a standard drink among the youth, more and more drink it at earlier age – there is a notable increase in wine consumption at the age of thirteen. Consumption of spirits among both boys and girls at the age of 15 is also noted. At the age of 15, the average age for drinking alcohol for the first time is 12.8 years for boys and 13.3 years for girls, and the average age of getting drunk for the first time is 13.7 years for boys and 14.0 for girls. Compared to the other 38 countries that conducted a HBSC survey in 2010, according to the variable of drinking

alcohol at least once a week, Croatian children take the fourth place at the age of 15, the same place at the age of 13 and the sixth place for eleven-year olds. Compared to other countries participating in the 2002 research, Croatia took the 13th place regarding weekly drinking (WHO 2012; Kuzman et al. 2012).

Figure 2.4 – Prevalence of marijuana use among the respondents of 15 years of age



Source: Kuzman et al. 2012; ST2\_HBSC, 2012

The use of cannabis in this survey is monitored through the indicators of lifetime prevalence, use in the previous year, use in the previous month and the frequency of use (40 times and more). Figure 2.4 shows the prevalence of marijuana use<sup>26</sup> in a sample of fifteen year olds. Kuzman et al. (2012) report that a total of 16% of boys and 11% of 15 year-old girls reported that they tried marijuana at least once in their life (17% of boys and 11% of girls in 2006). 8% of boys and 6% of girls (8% of boys and 5% of girls in 2006) consumed marijuana only once or twice in their life, and 2% of boys and 1% of girls (4% of boys and 2% of girls in 2006) had already been using it frequently (40 times and more). In total there was a slightly smaller proportion of fifteen-year olds in 2010 than in 2002 and 2006 who have ever taken marijuana in their lives (16% in 2003, 14% in 2006, 13% in 2010). 12% of boys and 8% of girls (13% of boys and 9% of girls in 2006) reported that they consumed marijuana at least once in the past 12 months, and 6% of boys and 3% of girls (7% of boys and 5% of girls in 2006) consumed it three times and more, among them 3% of boys and 1% of girls (4% of boys and 2% of girls in 2006) consumed it 10 times or more. In the past 12 months, 2% of boys and 1% of girls consumed marijuana 40 times or more.

### European School Survey Project on Alcohol and Other Drugs - ESPAD

The main purpose of the ESPAD survey is collecting and analysing internationally comparable information about smoking cigarettes, drinking alcohol and the use of psychoactive drugs among young people between 15 and 16 years of age, in order to follow the trends in the countries and between the countries. The Croatian Institute for Public Health is the coordinating institution in the Republic of Croatia which has participated in conducting the research since 1995. In 2011 ESPAD was carried out in 36 countries. The survey is carried out in all countries on a national representative sample of students in the year when they turn 16, using a common instrument (questionnaire) anonymously in the same period. In 2011 in the Republic of Croatia, a survey was conducted in 131 schools with

<sup>26</sup> In the presentation of the survey results the terms that were originally used in the research implementation are used (for example, the term "marijuana" instead of the term "cannabis").

a response rate of 91.6%. The survey comprised 3 002 sixteen-year olds with the total response rate of 97.8% of students (ST2\_ESPAD, 2012).

In all previous ESPAD surveys, the Croatian youth smoked more than the average in other ESPAD countries, although the smoking trends are now getting more stable. As for smoking tobacco in the last 30 days they come to the third place (41%). Access to cigarettes is associated with smoking at an early age, smoking more frequently, and everyday smoking. By 2003, Croatian youth consumed less alcohol than the European average, but the trend has been changing. In the past 12 months in Croatia, 85% of respondents drank alcohol, and as many as 66% reported drinking alcohol in the previous month. Boys drink more beer, and girls drink more spirits (individual or mixed drinks). According to the prevalence of drinking in the previous month, Croatia is placed 7th among the ESPAD countries - 24% of boys and 17% of girls got drunk at least once. In the previous month, 59% of boys and 48% of girls drank five or more drinks in a row, which positioned Croatia to the high third position compared to the other ESPAD countries. Cannabis use in Croatia equals the European average, which represents stagnation in comparison to cannabis use in 2007, and a decrease compared to 2003. The use of sedatives or tranquilizers without a doctor's prescription is more common for girls, and Croatia is below the European average.

Since the publication, with the results of the survey for the Republic of Croatia is in preparation, more detailed presentation of the sample of respondents and prevalence of consumption of legal drugs will be given in the next National Report. In the following text, you can find information about the lifetime prevalence of use of certain psychoactive substances and the prevalence of the cannabis, ecstasy and inhalants use in the previous year and previous month.

Table 2.10 shows that 17.5% of respondents consumed cannabis at least once in their lives, while boys have more experience in experimenting than girls. The data on the inhalants use is worrying: 27.8% of respondents indicated that they consumed inhalants at least once in their lives, girls taking the lead. In a survey conducted in 2007, 11% of respondents said they used inhalants at least once. Regarding the fact that the trend of increased inhalants consumption is not observed in the survey on substance abuse among the general population, these data will need further checking. Furthermore, the possible connection with the emergence of synthetic cannabinoids, which are often sold as "air fresheners", should be examined. Girls consume sedatives and/or tranquilizers without a doctor's prescription more than boys, and even 12.2% of respondents said they had at least once in their life consumed alcohol together with tablets. 3% of the respondents reported lifetime prevalence of cocaine, out of which 1.7% sniffed powder, and 1.3% crack.

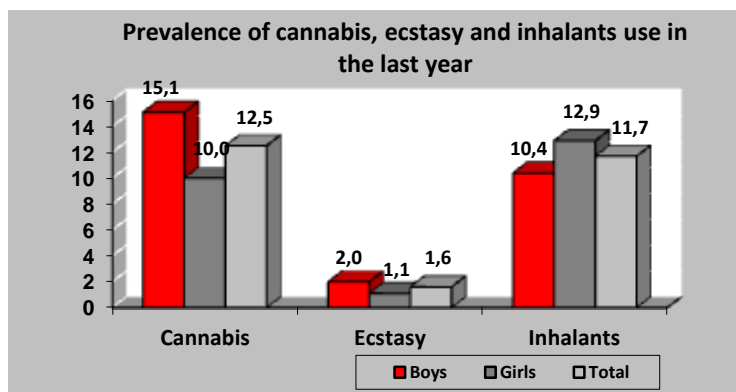
*Table 2.10 – Lifetime prevalence of use of psychoactive substances*

Addiction substance	Boys	Girls	Total
Cannabis	22.5	14.0	17.5
Amphetamine	2.4	1.6	2.0
Ecstasy	2.6	0.9	1.9
GHB	0.9	0.2	0.5
Hallucinogens	3.1	1.5	2.3
Inhalants	24.6	31.0	27.8
Cocaine	4.4	1.7	3.0
Heroin	1.8	0.6	1.2
Sedatives or tranquillizers	4.7	5.9	5.3
Alcohol + Tablets	7.2	12.2	9.7
Anabolic steroids	3.2	0.5	1.8

Source: Kuzman et al. (in print); ST2\_ESPAD, 2012

Figure 2.5 shows the prevalence of cannabis, ecstasy and inhalants use in the last year. 12.5% of the total number of respondents said they consumed cannabis in the last year. The boys consumed cannabis and ecstasy in a greater percentage than the girls, while the girls reported higher percentage of consumption of inhalants in the last year.

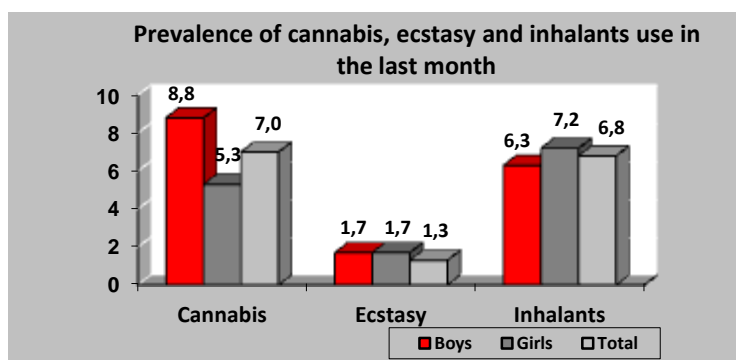
Figure 2.5 – Prevalence of cannabis, ecstasy and inhalants use in the last year



Source: Kuzman et al. (in print); ST2\_ESPAD, 2012

In the previous month (Figure 2.6), 7.0% of respondents reported the consumption of cannabis. Girls and boys consumed ecstasy in equal proportion (1.7%), while the girls consumed inhalants a little more often than boys in the previous month.

Figure 2.6 – Prevalence of cannabis, ecstasy and inhalants use in the last month



Source: Kuzman et al. (in print); ST2\_ESPAD, 2012

## 2.4 Drug use among targeted groups / settings at national and local level

At the end of 2010, the Department of Criminology of the Faculty of Education and Rehabilitation Sciences of the University of Zagreb, in co-operation with civil society organisations that conduct harm reduction programmes<sup>27</sup>, and supported by the Office for Combating Drugs Abuse began the drug market research on a sample of users that were included in harm reduction programmes. For survey purposes a special questionnaire collected information on socio-economic characteristics of the people involved in harm reduction programmes on the Croatian territory, classic and new drugs, retail prices and the availability of drugs, as well as the indicators based on which the problem drug use is

<sup>27</sup> The survey was conducted among the users of harm reduction programmes of the Croatian Red Cross, Association LET, Association Terra, Association Institut and Association HELP.

assessed. The data were collected using a face to face survey, and the respondents could fill out the questionnaire with the help of the professional staff of civil society organisations.

When filling out the questionnaire, the respondents were given instructions and explanations of certain terms<sup>28</sup>. All data were analysed using the statistical programme SPSS V.18. Frequency and descriptive analysis was used for processing the data. The survey was conducted from December 2010 to April 2011 on a sample of N = 622 respondents; 82.6% of men and 17.2% of women (2.1% of unknown sex). Most respondents completed secondary school (72.7%), and almost half of the respondents consumed drugs for more than ten years. In this chapter of the National Report the results relating to the use of drugs in 2010 will be shown, while the data on prices and drug markets will be presented in Chapter 10.

Since the respondents did not answer all the questions from the questionnaire, Table 2.11 shows the number of respondents who provided an answer to individual questions and the proportion of respondents by categories regarding the frequency of use. Out of the total number of respondents who answered the question about marijuana use (N = 533), 30.8% of them consume marijuana one or more times a week. Regarding the fact that the sample of respondents consists of harm reduction programme users, it is not surprising that 37.0% of respondents (N = 600) consume heroin every day, one quarter once or more times per week, and nearly one third once or more times per month.

Table 2.11 – The frequency of use of specific drug

Drug	Number of respondents who answered the question	The frequency of use of specific drug - percentage of respondents				
		Never	Once	Once or more per month	Once or more per week	Everyday
Marijuana	533	26.6	3.8	21.6	30.8	17.3
Hashish	419	60.9	6.2	19.1	10.5	3.3
Heroin	600	3.7	2.8	31.2	25.3	37.0
Methadone	526	25.5	3.2	12.7	14.6	43.9
Subutex	388	78.1	2.1	9.5	4.1	6.2
Suboxone	384	57.8	6.5	8.3	9.6	17.7
Other drugs	455	34.1	0.9	8.4	6.4	49.9
Cocaine	499	41.3	11.4	38.5	8.0	0.8
Amphetamines	425	65.4	12.0	18.4	3.8	0.5
Methamphetamine	350	92.0	2.9	4.0	0.6	0.6
Ecstasy	380	74.8	12.3	11.0	1.8	0.0
LSD	350	85.7	8.3	5.4	0.6	0.0
Mephedrone	342	97.7	0.3	1.5	0.3	0.3
Synthetic cannabinoids	348	97.1	1.1	1.1	0.6	0.0
Some other new drug	369	85.1	8.4	6.0	0.5	0.0
Something else	360	88.3	2.5	7.8	1.4	0.0

Source: Doležal 2011

As many as 43.9% (N = 526) of respondents consume methadone every day, and more than one quarter take methadone a few times a week to several times a month. Half of the respondents (N = 455) use other drugs every day. 38.5% of respondents (N = 499) consume cocaine once or more times a month. As far as other drugs are concerned, they occasionally (once or more times per month) use amphetamines and ecstasy, LSD and other substances

<sup>28</sup> For example, questions about methadone (Heptanon tablets), buprenorphine (Subutex, Suboxone) and other drugs (barbiturates, benzodiazepines, other hypnotics and sedatives) are related to drug abuse and drug use outside the given medical instructions.

in a lower percentage. Since there is a possibility that the research has not included all drugs consumed by the respondents, they could list the drugs they consumed, but which were not included in the questionnaire. Although there was a small number of answers stating which drug or medication it was (N = 37), the most common answer was "speedball" or intravenous use of heroin and cocaine.

When asked about the consumption of certain drugs, the respondents reported that marijuana, hashish and synthetic cannabinoids were commonly consumed by smoking, amphetamines and methamphetamines by sniffing, ecstasy and LSD orally and heroin intravenously. It is worrying that 59.0% of respondents (N = 346) said they consumed methadone intravenously (Doležal 2011).

The Faculty of Education and Rehabilitation Sciences of the University of Zagreb, on the initiative of the Office conducted survey on new trends in psychoactive substances consumption. The aim of this research was to gain insight into new psychoactive substances that are consumed, whether or not they are on the List of drugs, psychotropic substances and plants that can be used to get drugs and substances, and substances that can be used to manufacture drugs. The survey was conducted on a sample of N = 1 330 active participants of the website "forum.hr"<sup>29</sup>, by an on-line questionnaire to which participants responded on their own initiative and voluntarily. The data were collected from 15 October to 27 November 2011, after which they were analysed by descriptive statistics and interpreted as the guidelines for future similar studies. The results showed that 7.5% of the respondents consumed new drugs<sup>30</sup>, usually synthetic cannabinoids and mephedrone, which they mainly purchased from friends, in person at so-called smart shops, while the most negligible way to get new drugs is over the Internet. Also, the term "legal high" ("legalica") is mentioned, which refers to the psychoactive substances that are not under legal supervision, and information on how to sell new drugs in night clubs, the so-called sex shops, video stores etc. are also obtained. Since the on-line surveys are cheap and provide useful information on the prevalence of new drugs, it is necessary to define a framework which would allow continuous monitoring of new trends in this area.

In 2009 the Republic of Croatia has conducted a research on Highly Specific Determination of Banned Narcotic Substances in Municipal Wastewater as a basis for assessing trends in drug abuse in the city of Zagreb. It is a project of the Zagreb City Department for Health and Veterans conducted in collaboration with the Institute for Marine and Environmental Research of the Ruđer Bošković Institute and the Institute for Public Health Dr. Andrija Štampar. The research is based on collecting waste water samples at the central wastewater treatment plant.

This kind of a new approach for drug abuse assessment is based on the analysis of drugs and their metabolites in municipal wastewaters, and it is based on the assumption that municipal wastewater collected at the entrance to the central wastewater treatment device, can be considered a very dilute urine sample of the entire urban population. After taking drugs, they are excreted from the organism and unchanged or in the form of one or more metabolites get into municipal wastewater. The research provides a systematic monitoring of abuse of many illegal drugs and can contribute significantly to timely adoption of the measures to combat addiction and can with a very high degree of reliability detect a variety of psychoactive substances, even if the quantity which enters wastewater in the city area is only a few grams a day.

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<sup>29</sup> It should be mentioned that forum.hr, according to the web page <http://rankings.big-boards.com/> was ranked in TOP 50 world forums regarding the number of members and visits per day.

<sup>30</sup> New drugs=substances that have a psychoactive effect, i.e. the effect similar to that of legally regulated drugs.

Further to the above, during 2011 the Ruder Bošković Institute participated in the European Research on Identifying Psychoactive Substances in Municipal Wastewater. The research was conducted in a total of 19 European cities during seven consecutive days in March 2011. Urinary biomarkers of cocaine, amphetamines, ecstasy, methamphetamine and cannabis were analysed using optimized and validated analytical methods (Thomas et al. 2012).

Table 2.12 shows the calculation of the average daily consumption of listed illegal drugs in Zagreb during the week-long study in 2011. The presented results show the average daily consumption of drugs in Zagreb normalized by 1 000 inhabitants. The calculation is made by Zuccato et al. 2008 Environmental Health Perspectives 116: 1027-1032. The research results show that cannabis remains the most commonly used drug, followed by cocaine, heroin and amphetamines.

*Table 2.12 – The average daily consumption of five illegal drugs in Zagreb during a week long survey in 2011*

<b>Illegal drugs</b>	<b>The average consumption mg/a day/1 000 inhabitants</b>
Heroin	73±8
Cocaine	99±23
Amphetamine	18±4
MDMA	4.2±2
Cannabis	4 022±454

*Source: The Ruđer Bošković Institute 2012*

The survey results show that the analysis of municipal wastewater is an alternative approach to monitoring trends in drug abuse and that regular monitoring could provide a timely insight into the extent of consumption of certain drugs as well as possible changes in consumption trends.



## 3 Prevention

### 3.1 Introduction

The term addiction prevention, according to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2011) refers to the activities aimed at prevention, delay or reduction of drug use and / or the adverse effects they might have in the general population and specific population groups. In the Republic of Croatia, in the prevention field the intervention spectrum is applied, which includes universal (targeting the general population or a whole population group that is not identified based on individual risk), selective (targeting individuals or population groups whose risks of developing disorders is significantly higher than average) and indicated preventive interventions (targeting high-risk individuals who are identified as having minimal but detectable signs or symptoms of disorder) (Mrazek and Haggerty, 1994; Bašić, 2005). Environmental strategies are also applied, i.e. prevention measures that are aimed at changing the current cultural, social, physical and economic conditions within which the choices related to drug abuse are made (EMCDDA 2006).

In the Republic of Croatia, there is no systematic review of preventive activities being carried out, and there is very little information on the evaluated and effective addiction prevention programmes. Also, although the programme activities target different settings (family, school, community), there are few programmes where you can clearly identify the theoretical foundation or identify the factors the programme is aiming at.

In order to gain insight into prevention activities, in 2011 the Office for Combating Drugs Abuse created the Drug Addiction Prevention Programme Database<sup>31</sup>. Draft Database version was presented to the wider professional public at regional workshops on addiction prevention programmes organised by the Office and supported by the EMCDDA, held from 23 to 26 May 2011 in Rijeka, Split, Zagreb and Osijek. The workshops included more than 180 experts in different fields: officials of relevant ministries, the Croatian Institute of Public Health, County Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, family centres, police departments, county coordinators of school prevention programmes, county coordinators of prevention programme for children and youth in social welfare system, representatives of county committees, civil society organisations in the field of combating drugs abuse, and other institutions. During the workshops, the participants expressed the need to organise additional training on the topics of planning prevention programmes, evaluation methods and applying for EU funding. In order to support project implementers, in November 2012 the Office will hold workshops on these topics within the TAIEX technical assistance instrument of the European Commission. The goal of the workshop is to motivate and support the implementors for further projects and their entry into the Database.

Since both practical experience and the reports on the implementation of the National Strategy and Action Plan on Combating Drugs Abuse in the Republic of Croatia for 2009 – 2012 indicate that addiction prevention programmes are implemented in segments, without systematic evaluations and they are still not scientifically founded as recommended by both foreign and domestic research authorities, the Office created the National Addiction Prevention Programme for Children and Youth in Educational Settings and in Social Welfare System for the period 2010-2014 (National Programme), which was adopted by the Government of the Republic of Croatia in June 2010. Main goal of the National programme is combating and preventing the onset of addiction among children and youth and at - risk

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<sup>31</sup> Drug Addiction Prevention Programme Database is a part of the Drug Demand Reduction Programme Database available at URL address [www.programi.uredzadroge.hr](http://www.programi.uredzadroge.hr).

behaviour in children and youth regarding experimenting with psychoactive substances. Furthermore, the Ministry of Science, Education and Sport has appointed county coordinators of school prevention programmes and county managers of addiction prevention programmes for elementary and secondary schools, who are responsible for the implementation of prevention programmes in elementary and secondary schools, and the Ministry of Social Policy and Youth appointed county coordinators of addiction prevention programmes for children and youth in the social welfare system. At the end of the school year, the county coordinator shall submit a report on the implementation of prevention programmes in elementary and secondary schools at the county level to the relevant County Office of Education, the Ministry of Science, Education and Sport and the Education and Teacher Training Agency. The county coordinator shall issue a report on the implementation of prevention programmes for children and youth in the social welfare system, which is submitted to the County Committee for Combating Drugs Abuse and the Ministry of Social Policy and Youth. The mentioned ministries are obliged to submit the annual reports on the implementation of the National Programme to the Office by the end of the current school year. The Joint Report on the Implementation of the National Addiction Prevention Programme for Children and Youth in Educational Settings and in Social Welfare System is prepared by the Office and submitted to the Government of the Republic of Croatia within the Annual Report on the Implementation of the National Strategy and Action Plan on Combating Drugs Abuse. Some of the National Programme measures are included later in this chapter.

When creating prevention programmes, some recommendations from literature suggesting that we should not focus on the implementation of the strategies that are proved to be ineffective, such as isolated information about drugs and their effects, approaches that emphasise fear or "moral appeal" or programmes in which young people are taught in the field of affective education (Bašić, 2009), should be taken into consideration.

### 3.2 Environmental prevention

It is well known that individuals do not begin to use psychoactive substances exclusively based on individual characteristics but under the influence of complex environmental factors, such as what is considered normal by the environment, expectations and acceptance in the community they live in, rules and laws, public messages, the availability of alcohol, tobacco and illegal drugs. Because the drug abuse is viewed as a result of the system as a whole, it is logical that environmental strategies target the community at large. Environmental strategies include market control measures or coercive measures (age limit regulation, tobacco restrictions and prohibitions) and are largely focused on legal psychoactive substances.

It is important to have in mind that legal drugs i.e. alcohol and cigarettes for children and youth under 18 are illegal, because the sale of these products to children and youth is banned pursuant to the Act on Restricting the Use of Tobacco Products<sup>32</sup>, the Act on Trade and Commerce<sup>33</sup>, and the Act on Catering and Tourism Activity<sup>34</sup>. State Inspectorate conducts regular controls of the ban on the sale and supply of alcoholic beverages and tobacco products to children and minors. Consequently, the Act on Trade stipulates that the sale of alcoholic beverages, tobacco and tobacco products in retail shops to persons under 18 is prohibited, and the signs about it should be displayed at the outlets where these beverages or tobacco products are sold. Furthermore, pursuant to the Act Restricting the Use of Tobacco Products the sale of tobacco products for persons under 18 is banned. The signs about it have to be displayed at the places where tobacco products are sold.

<sup>32</sup> Act Restricting the Use of Tobacco Products (OG No.125/08, 55/09 and 119/09)

<sup>33</sup> Act on Trade and Commerce (OG No. 87/08, 96/08, 116/08, 76/09 and 114/11)

<sup>34</sup> Act on Catering and Tourism Activity (OG No.138/06, 152/08, 43/09 and 88/10)

Furthermore, pursuant to the Act on Catering and Tourism Activity serving or consumption of alcoholic beverages to persons under 18 in catering establishments is prohibited. The signs about it have to be displayed in the catering establishments where alcoholic beverages are served.

It is important to mention that the Act Restricting the Use of Tobacco Products prohibits smoking tobacco products during public appearances, showing people smoking on television and in all enclosed public places (except in designated smoking areas in which an adequate ventilation system is provided in accordance with the provisions of the Act). Smoking areas are not allowed in the institutions in which health and education activity is performed.

Legal and natural persons that provide catering services pay tax on the consumption of alcoholic beverages (brandy and spirits), natural wines, specialty wines, beers and soft drinks in restaurants and cafes. The tax amounts up to 3%<sup>35</sup>. Also, a special tax on tobacco and tobacco products is paid by a manufacturer and importer of tobacco products under the Special Tax on Tobacco Products Act<sup>36</sup> and the Ordinance on Excise Duty on Tobacco Products and Handling of the Stamps for Marking Them<sup>37</sup>. The tax base is: a cigarette – 1 000 cigarettes which length is 9 cm not including a mouthpiece or filter and the retail price of cigarettes, tobacco – 1 000 grams, cigars - a piece, cigarillos – a pack of 20. The amount of excise taxes on cigarettes is increased if the length of a cigarette without a filter or mouthpiece is longer than 9 cm, the number of cigarettes for the calculation of the specific excise tax on cigarettes is determined by the length of the roll of tobacco divided by number 9, and the resulting amount is rounded up to the first integer greater than the given value. Proportional excise tax on cigarettes groups A, B and C is 30% of the retail price, and specific excise duties since 1 June 2009 amount to EUR 23.90 per 1 000 cigarettes of groups A, B and C; for tobacco it is EUR 5.05 per kilo; for cigars EUR 0.15 per piece; for cigarillos EUR 0.58 per pack. Tax amount is reduced or increased depending on the tobacco weight and whether a packet contains one or more cigars, or fewer or more than 20 pieces of cigarillos.

Consumption of alcoholic beverages on public places in Croatia is not prohibited by a special law, but the Act on Misdemeanours against Public Peace and Order<sup>38</sup> allows the local and regional self-government units to make decisions that can prescribe other offences not listed in the Act.

Special attention is given to road safety<sup>39</sup>, i.e. driving under the influence of alcohol. The Act on Road Traffic Safety<sup>40</sup> provides that professional drivers, driving instructors and young drivers<sup>41</sup> can not operate a vehicle if they have alcohol or drugs in their body. All other drivers are allowed to have up to 0.5 per mille of alcohol in the blood while driving. The amount of the fine for driving with an illegal alcohol concentration increases with the concentration of alcohol, ranging from EUR 92.96 for concentrations of up to 0.5 per mille, to EUR 1,992.03 for concentrations higher than 1.5 per mille.

<sup>35</sup> Act on Financing Local and Regional Self-Government Units (OG No. 117/93, 33/00, 73/00, 59/01, 107/01, 117/01, 150/02, 147/03, 132/06, 73/08, 25/12); Decision of the Constitutional Court of the Republic of Croatia (OG No. 26/07)

<sup>36</sup> Special Tax on Tobacco Products Act (OG No.136/02 – consolidated text, 95/04, 152/08, 38/09)

<sup>37</sup> Ordinance on Excise Duty on Tobacco Products and Handling of the Stamps for Marking Them (OG No.112/99, 50/00, 119/01, 59/03, 155/08)

<sup>38</sup> Act on Misdemeanours Against Public Peace and Order (OG No. 05/90, 30/90, 47/90)

<sup>39</sup> The National Road Traffic Safety Programme 2011-2020 (OG No. 59/11)

<sup>40</sup> Act on Road Traffic Safety (OG No. 67/08, 74/11)

<sup>41</sup> Young driver is a driver aged 16-24 years. After passing the driving test he/she is issued a driving licence for the period of 10 years.

Furthermore, it is important to mention that pursuant to the Family Act<sup>42</sup> it is the parents' right and duty to ban a child under 16 to go out at night<sup>43</sup> without being escorted by them or other adults they trust. The implementation of the Act is supervised by police officers.

### 3.3 Universal prevention

Universal prevention is targeted at the entire population (pupils and students, family, local community). Its goal is to totally prevent or postpone the onset of substance use and offer information and skills required for solving the problems to all participants. The measures of universal prevention are in detail presented in SQ 25, 2010.

#### School

In the Republic of Croatia prevention programmes within the school system take a very important place, with the aim of motivating the pupils to choose healthy lifestyles, organising appropriate leisure time activities, developing self - esteem and social skills, as well as offering help to families and teachers to notice a problem on time and prevent drug use among pupils. Teachers and coordinators of school prevention programmes play an important role in implementation of prevention activities, whereas at the regional level it is county coordinators and County Committees for Combating Drugs Abuse. The Ministry of Science, Education and Sport is responsible for the implementation of prevention programmes in educational institutions.

School-based prevention programmes have been implemented continuously in all educational institutions since 1998. The school prevention programme which addresses the entire school population is included in the scope of work of each educational institution in accordance with its curricula. Through regular classes, class meetings, extracurricular activities in schools they encourage healthy lifestyles, teach responsible behaviour and proper reacting, strengthen the confidence of students and promote positive values of life. The emphasis is placed on the diversity of activities and facilities that develop students' social skills and boost their confidence. The activities are conducted through interactive workshops, debate shows, theater games, artistic expression and thematic discussions. What is also important is working with parents (organised thematic parent-teacher meetings and lectures for parents) and teacher training, as well as cooperation with the institutions outside schools.

In December 2011 started an online portal [www.preventivni.hr](http://www.preventivni.hr) (prepared in co-operation with the Ministry of Science, Education and Sport and the Education and Teacher Training Agency with the support of the Croatian Academic and Research Network - CARNet). The portal is designed as a place for professionals involved in the preparation and implementation of school-based prevention programmes to find news, information and resources for the preparation and implementation of school-based prevention programmes.

In the last year's National Report the programme *Unplugged – Prevention of Tobacco, Alcohol and Other Substance Abuse for Youth* (under Croatian name Imam stav) was described (SQ25 MUSTAP, 2010). The programme is based on the positively evaluated initiative which was in the period of five years developed, implemented and evaluated by the European Union Drug Abuse Prevention (EUDAP) in 7 European countries (Austria, Belgium, Germany, Greece, Italy, Spain, Sweden). From 2009 to 2010 the programme was implemented in five new European countries including Croatia. The programme is based on teaching life skills and the concept of social impacts, by which positive and healthy behaviour

<sup>42</sup> Family Act (OG No. 116/03, 17/04, 136/04, 107/07, 57/11, 61/11)

<sup>43</sup> Going out at night refers to the time from 23.00 to 05.00 hours.

is promoted and the use of psychoactive substances (smoking, use of alcohol and other psychoactive substances) prevented. The programme consists of components for students and parents. The student component consists of 12 units, which are taught in regular classes and implemented by the teachers who previously completed a three-day training programme. The curriculum consists of three parts: the first part focuses on raising the awareness of risk and protective factors and building attitudes against drug use. The second part focuses on interpersonal skills, beliefs, norms and accurate information on the prevalence of substance abuse. The third part of the programme focuses on developing intrapersonal skills such as problem solving and decision making. The parent component of the programme consists of three parent-teacher meetings where the topics of better understanding of adolescents, parenting skills and the importance of setting boundaries and rules in education are discussed. Programme holder in the Republic of Croatia is the University of Zagreb, the Faculty of Education and Rehabilitation Sciences in cooperation with the Education and Teacher Training Agency, and supported by the Office. The Programme and its spread is also supported by EMCDDA since it is entered in the European EDDRA<sup>44</sup> programme base as an example of good practice from the Republic of Croatia. Unplugged is drug use prevention programme in children and youth, which is translated, adjusted and available in the Republic of Croatia, and identically implemented in 15 primary schools on the territory of the City of Zagreb and its surroundings. 64 teachers and 14 social pedagogues were educated within the project, more than 1 550 pupils - 66 classes participated in it, turnout of parents at PT meetings was between 20 and 75%.

Process evaluation and impact evaluation was conducted by the Piedmont Centre for Drug Addiction Epidemiology (Turin, Italy). An experimental design study which included 740 students was also conducted. The initial survey on the knowledge, attitudes and behaviours related to the use of tobacco, alcohol and illegal drugs was conducted during November / December 2009, and post-testing in May / June 2010. The experimental group consisted of 348 students of the average age of 11.72 years, 48.6% of them were girls and 51.4% boys. The control group included 392 students, of the average age of 11.75 years, 47.2% girls and 52.8% boys. For data analysis the t-test method was used. The results showed that there was no statistically significant difference between the experimental and control groups in two measurement points in the use of tobacco, alcohol and other drugs.

However, when interpreting the results, it is important to take into account the age of the target group and the fact that the fifth grade pupils still do not consume large amounts of these substances. Also, the time distance between the two questionnaires was relatively short with respect to the pupils' age. A follow-up study could provide a more detailed insight into the effectiveness of the programme. Furthermore, the results showed significant differences between the experimental and control groups in two evaluation areas: normative beliefs about the use of alcohol among young people, and understanding the risks associated with alcohol consumption among adolescents. With regard to the data on the prevalence of alcohol use among the school population in the Republic of Croatia (more information is available in Section 2.3), the programme is primarily aimed at alcohol use among adolescents since the cultural context supports the consumption of alcohol at all age groups and makes it easily accessible to the school population. Methodological challenge was a long questionnaire which required 45 minutes (the whole lesson) to fill it out, the evaluation process of which, due to the age of the respondents, took too long. During post-testing some antagonism occurred among the pupils because they were already familiar with the length of the questionnaire. The Croatian team is planning to conduct the next round of programme implementation in the next three years, so that after taking into account all the

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<sup>44</sup> The Exchange on Drug Demand Reduction Action (EDDRA) is the drug demand reduction project database of the European Monitoring Centre for Drugs and Drug Addiction.

problems identified in the previous external evaluation, the national evaluation of the programme effectiveness could be conducted.

The Life Skills Training Programme of primary prevention of at-risk behaviours (tobacco use, alcohol and drugs abuse) is based on the development of particular skills and qualities that have shown important preventive factors in the development of addictive behaviours in previous studies. This is a translation and adaptation of the evaluated and highly rated programme in the world. Originally American Life Skills Training Program (by Botvin G.J.) is rated as a "Model Programme" and has been implemented in many countries. The programme holder is the Education Institute of Public Health of the Primorje-Gorski Kotar County. During the school year 2010-2011 the programme was conducted among the pupils of the third, fourth, sixth and seventh grades, and since autumn 2011/2012 among the pupils of the the third, fourth, fifth, sixth and seventh grades. The programme involves 51 schools, a total of 7 077 pupils and 371 staff members. Evaluation results show that there are statistically significant differences in the consumption of addiction substances among the pupils who were involved in the programme and those who were not covered by the programme (up to 30% less substance use in schools that have implemented the programme). The differences relate to the schools that implemented the programme entirely and well in the defined period of time. As an example of good practice, the programme has been implemented for the second year now in the Zadar County, and includes 3 200 sixth- and seventh-grade primary school pupils. In 2011 the implementation of the Programme began in the Krapina-Zagorje County, whereas in the Varaždin County, only the educational stage of the project was implemented, due to insufficient financial resources.

*PATHS-RASTEM (Promoting Alternative Thinking Strategies)* programme of the Primorje-Gorski Kotar County and the Education and Teacher Training Agency was implemented from 2010 to 2012 in 30 first and second grades of primary schools and 12 preschool groups in Zagreb, Rijeka and Istria County. This is an American preventive programme which has been selected as one of the 10 Blueprints for Violence Prevention by the Center for the Study of Violence Prevention (authors: Kusch & Greenberg). The programme was implemented by the Faculty of Education and Rehabilitation Sciences of the University of Zagreb in cooperation and with financial assistance of the Unity Through Knowledge Fund (UKF), the Ministry of Science, Education and Sport of the Republic of Croatia, the Prevention Research Centre, the Penn State University, the Department for Education, Culture and Sports of the City of Zagreb, the Department of Health and Social Welfare of the Istria County, the Institute of Public Health of the Primorje-Gorski Kotar County and the Education and Teacher Training Agency. The primary goal of Croatian PATHS-RASTEM project is to promote social and emotional competences and reduce at-risk behaviour and mental disorders among children and adolescents. Preventive potential of social-emotional learning is reflected in the fact that the children who have not adopted social-emotional skills are at a higher risk for developing behavioural problems, have learning difficulties, poorer school performance, poorer relationships with their peers and are more likely to use alcohol and drugs in adolescence. The programme was conducted once or twice a week by the teachers trained to use PATHS-RASTEM programme. Through the programme children develop self-control, awareness of their own emotions, confidence, good relationships with peers and problem-solving strategies in interpersonal relationships. Preliminary results of the programme evaluation have shown that the majority of children involved in the programme have better emotion regulation skills, prominent pro-social behaviour, more positive attitude towards school and learning, and show fewer symptoms of seclusion and depression<sup>45</sup>

In the Koprivnica-Križevci County the programme LARA-social skills training was implemented, which consists of 8 workshops during which social and communication skills

<sup>45</sup> Available on: <http://www.erf.unizg.hr/Znanost/ZnanostPaths.html>, [page visited on 25 July 2012]

are practised, group dynamics is developed and appropriate ways of dealing with anger and frustration practised. The programme involves 100 students.

### Family

Family is considered as a foundation of society and represents the most important socialisation unit. The Social Welfare Act<sup>46</sup> recognised the importance of a strong and healthy family and it regulated the establishment of Family Centres – social welfare institutions established by the decision of the ministry competent for social welfare affairs - provision of consultancy services and assisting the family - and which are established for the territory of one or more local (regional) self-government units. In the Republic of Croatia, 19 Family Centres are currently active, which as part of their activities carry out consultancy and prevention activities and other professional activities related to providing support and preparation of young partners for parenting, helping young pregnant women and young parents in early care and upbringing of their children, encouraging responsible parenting and family solidarity, raising the quality of life of children, youth and families and promoting family values, providing support for parents in fulfilling their rights, duties and responsibilities in upbringing of children, counselling parents whose children are caught out at night not accompanied by an adult against the provisions of the law, developing social skills of children and youth, and encouraging the development of community work, volunteer work and the work of civil society organisations, which are the support to parents, families, children, youth and other vulnerable groups in the population, and other tasks. The Family Centre of the Primorje-Gorski Kotar County is conducting the programme named *School for Parents* targeting all interested parents and is oriented towards developing and training of parenting skills. Through 12 educational and experiential workshops which are held for 90 minutes each week parental responsibility and family education in the spirit of the Convention on the Rights of the Child are being promoted. The programme *Lets Grow up Together*, conducted in the Primorje-Gorski Kotar County and the Virovitica-Podravina County, is intended for parents of children under 5 years of age. The programme objectives are to inform, support parents and promote responsible parenthood. Through 11 meetings consisting of interactive workshops, thematic discussions and theoretical presentations, the users are provided with information about the positive parent - child interaction and are stimulated to exchange their own experiences.

In the Varaždin County the *Strengthening Parental Capacity for Early Detection and Prevention of At-risk Behaviours and Addiction Programme - PRAM (Adequate Parental Involvement and Monitoring of an Adolescent in Addiction Prevention)* is being conducted in cooperation with the Varaždin Police Department and the School Health Service. Since the previous years showed that parents detect the addiction problem of their teenagers too late, the programme focuses on training the parents to recognise early signs of drug use. As part of this programme, the project Quality Parenthood has been designed and launched, which consists of workshops for parents with the aim to improve their educational and communication skills, as well as for the improvement of mental health within the family.

### Community

Addiction prevention programmes in the Republic of Croatia are being conducted at the level of 21 counties in which are established County Committees for Combating Drugs Abuse (County Committees), which are based on the work of experts from the fields of education, social welfare, healthcare, civil society organisations, county state administration offices and other relevant institutions that actively participate in combating drugs abuse.

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<sup>46</sup> Social Welfare Act (OG No. 33/12)

Prevention programmes at the local community level are most often oriented towards the general population, but also include intensified activities with children and youth who due to social and family conditions present a risk for addiction. Experience has shown that the most effective prevention programmes are those conducted in co-operation of educational institutions and health and social services, media and local community.

A lot of programmes and activities are focused on structured leisure activities. Accordingly, in 2011 the Ministry of Social Policy and Youth co-financed 23 projects related to the work of Youth Clubs and Info-youth centres in Zagreb, Split, Rijeka and Osijek, for the purpose of addiction prevention of children and youth. In the Youth clubs most programmes are created and implemented by young people for young people, and are aimed at non-formal education and organising leisure time of young people in the local community. Also, regional info-centres provide free information to youth and organised leisure activities in their community through various activities such as lectures, debates, theatre, cinema, concerts. Also, many organisations implemented the projects aimed at constructive use of leisure time, and some of the projects will be described herein. For example, the Association Network Zagor - Centre for Youth and Independent Culture from the Krapina-Zagorje County organises structured leisure activities for young people. The project is implemented in partnership with the Service for Mental Health Promotion, Addiction Prevention and Outpatient Treatment of the Institute of Public Health of the Krapina-Zagorje County. Various activities such as concerts, workshops, round tables and day stay are organised at the venues where the free Internet can be used. The consumption of alcohol in the Youth Centre is banned. Target groups are students and youth up to 29 years of age. The programme includes about 400 young people monthly. Furthermore, in the Virovitica-Podravina County a picture book *My Free Time* has been made for preschool children, and for high school students the guide *Seize the Day* in the Virovitica-Podravina County. These publications aim to raise awareness of the importance of spending quality free time. Furthermore, the association Ruka ljubavi (Hand of Love) from the Dubrovnik-Neretva County is conducting a programme *Creative Socialising of Youth* which included 105 users in 2011. Programme activities include organising art and photo workshops that encourage healthy lifestyles and organised style of life. Cultural Youth Association "K.U.M. PROLOŽAC" is conducting the project *YES! For a Healthy Life!* This is an addiction prevention project that targets children and youth. Through music, entertainment, sports, recreation and education the quality leisure time activities for children and young people are provided, as well as the information about the addiction risks children and young people are exposed to on a daily basis. By using the knowledge about common risk and protective factors that make the foundations of various forms of risky behaviour, the Association for Promotion of Quality of Life and Maintaining Mental Health "Pozitiva" from Nova Gradiška conducted the programme *Prevention of Modern Forms of Addiction*. The overall aim of the project is to prevent newer forms of addiction of youth aged 15-19 who live in smaller urban areas, through education about hazards and consequences of addiction to gambling and the Internet, and by offering better opportunities for spending quality time together and organising leisure activities. Based on the needs assessment of the target population, the project goals are realised through seminars, debates, newsletters, seminars in the nature, sports, recreational and educational programmes. The activities are aimed at increasing the level of availability of professional services, education and informing young people about the types, symptoms, hazards and consequences of modern forms of addiction on the mental and physical health and social functioning, whilst ensuring the quality way of socialising and free time spending.

*Community Support - Addiction Prevention Programme* has been conducted for the second year in a row by ZUM organisation in partnership with the Family Centre of the Istria County. The goal of the project is to inform the local community about the need and the necessity for a young man to concentrate on the development of social skills, knowledge and habits that enable systematic and quality problem solving.



The League for the Prevention of Addiction continued to implement the *EMA programme*, whose aim is to improve the quality of life and reduce the risk of incidence of drug-related diseases among children and youth on the territory of the city of Split and the Split - Dalmatia County by educating young people and children and by networking of associations and institutions which conduct addiction prevention activities at the regional level. Basic activities include workshops for young educators, workshops that young educators prepare for children and conduct under the expert supervision and individual assistance in learning and behaviour. Informing, training and mentoring the educators have an impact on raising the awareness of harmful effects of substance abuse and addictive behaviour. Inclusion of young people in the project increases their self-activation, they are encouraged to volunteer and get involved in the development of civil society. One programme cycle lasts 28 weeks and is conducted in Split, Vis, Imotski and Sinj. The programme has been implemented since 2007 and has included 3 000 users - children and young people aged 13 to 25. This is a version of the programme originally called *Drugs in the Schools, Center for Civic Education, Douglas Fir Rd. Calabasas* that focuses on risk factors (negative peer pressure, cultural acceptance of addictive behaviours, acceptable attitudes towards drugs, easy availability of psychoactive substances, low self-esteem, lack of knowledge about the influence of psychoactive substances on the body, lack of civic / social engagement in the drug addiction prevention) and provides information about the demystification of psychoactive substances.

In the Istria County the programme entitled *Under-Age Drinking and its Prevention* was implemented. The town of Pazin, the Centre for Marriage and Family Counselling is the holder of the programme. The objectives of the programme are to reduce the interest for drinking alcohol, postpone starting drinking alcohol among young adolescents, empowering parents in their role and improve the overall interrelationships within the family as an important protective factor that contributes to addiction prevention. Programme activities included learning social skills through interactive workshops, with the goal of informing and educating students about the harmful effects of alcohol and alcoholism on an individual, family and wider community. The programme involves 55 seventh grade elementary school pupils, first grade pupils of high schools and vocational schools and 39 parents. The parents expressed their satisfaction with the programme, while the effects of the implementation were measured at two points within the programme *Quality Assurance of Prevention Programmes in the Istria County (PREFFI)*. Data processing is in progress.

The Association Movement-Active and Healthy has continued to implement the project *Choose a Sport*. The programme focuses on promoting physical activities, i.e. sports and involvement in sports clubs as a way to protect health and prevent the occurrence of all forms of at-risk behaviour, including addiction. The programme has been implemented since 2009, and is intended for students from first to fourth grade of elementary school, their parents and teachers. In a special 60 minute-long programme, a sports story and individual sports (judo, fencing, rhythmic gymnastics ...) are presented. Sports are presented by children – little athletes by using the mechanisms of identification - and famous athletes and paraolympic athletes are guests in the programme. The demonstration of the official police dog to detect drugs is performed during the implementation of the programme, by which the students are educated about the harmfulness of drugs. All children are given the book "Little Athletes 1-5." It is a series of books for children of lower elementary school classes, which in the affirmative and friendly way (illustrations, photographs, comics) describe olympic sports, explain the importance of sports, introduce children to the principles of olympism and the Olympic Games, and motivate them to chose a physical activity i.e. a sport they like most. The International Olympic Committee co-financed the project, confirming that the book "Little Athletes" meet the highest standards of professionalism in the sport literature. Also, the books have gained the status of additional teaching material for the subject Physical Education for the first to the fourth grade of elementary school. The evaluation using a questionnaire is performed 4-6 days after the implementation of the programme. The results show that 45 % of pupils have chosen and decided to practice a sport, while 34% of pupils

have already been involved in a sporting activity. In one year the programme includes 2 000 pupils, 1 000 parents and 150 teachers/educators.

In the Bjelovar-Bilogora County the project *We can do more together – I can if I want* 1 and 2 was implemented. It is an educational programme organised by the police and designed for fourth-grade pupils. *We can do more together – Prevention and Alternative* is consisted of lectures for sixth-grade pupils and their parents, also organised by the police. More information about the project can be found in the National Report on Drug Situation 2010 (data for 2009).

### 3.4 Selective prevention in at-risk groups and settings

Selective prevention is targeted at a specific subpopulation with future and / or life risk for disorders considerably higher than average. Therefore, it is more important to identify risk factors for understanding the onset and development of substance use, especially among youth. The overview of selective prevention interventions implemented in Croatia can be found in SQ26, 2010.

#### “At-risk” groups

Children without parental care are at increased risk for the development of a series of risky behaviours, so the Family Centre of the Primorje-Gorski Kotar County created the *Baby Fitness* programme for children up to two years of age in homes for children without the adequate care and for volunteers. The goal of the programme is to increase the probability of developing a secure connection pattern and reduction of subsequent risk behaviours through tactile, kinesthetic and auditory stimulation, and sensitise youth to volunteer activities in the local community. For each child included in the programme an individual plan is made and the effects are monitored every week. Also, volunteers receive support through supervision.

The Koprivnica-Križevci County and the Brod-Posavina County continued to implement *Small Creative Socialisation Groups*. The programme is conducted in elementary schools, but outside the curriculum as an extracurricular activity in peer groups (children living in high-risk conditions) composed of 8-15 members who meet for two hours once a week. The programme is conducted by expert assistants in schools in collaboration with the social welfare centres and civil society organisations. The goal of the programme is to create positive changes in the process of socialisation among children exposed to high-risk family or social conditions, creating a positive self-image and to strengthen and maintain the creativity and success within socially accepted activities. In the Brod-Posavina County the programme is intended for second and third grade elementary school pupils who belong to the at-risk group for unacceptable behaviour. The programme cycle lasts for one year and consists of 25 workshops. There were 120 pupils from ten elementary schools in the Brod-Posavina County included in the project. A formal evaluation has not been conducted, but the programme was well received and evaluated by pupils, parents and its holders. In the Koprivnica-Križevci County the programme included 40-50 children.

The Roma Association Zagreb and the Zagreb County have been continuously since 2005 conducting the project *Drugs? No Thanks*. In 2011 the programme included two groups of 15 pupils of higher elementary school grades and youth living in the municipality of Peščenica. Target educations were conducted, lectures, public discussions, workshops held as well as various organised activities for spending the quality leisure time (computer and Internet workshops, little school of informatics, music, folklore and sport sections, and many others). Long - term goals of the project are preservation, improvement and advancement of mental and physical health of the youth in the municipality of Peščenica, and encouraging the

project users to further engagement in prevention and combating addiction among children and youth in the form of peer educators - assistants, improving the awareness of children and young people about the devastating effects of drugs and other psychoactive substances on the physical health and psychosocial development of young people, acquiring and developing skills to resist peer pressure to experiment with drugs. Namely, young Roma avoid similar lectures that are held at various forums in the city, so the project is aimed at informing young Roma about the dangers of addiction and simultaneously organising their leisure time.

Regarding the specific characteristics of the student population, especially students who are outside of their family, and moved to larger cities in order to study, the Parents' Association "Zajednica susret" and the Humanitarian Organisation "Zajednica susret" are implementing the project *We are not bored*, whose aim is constructive / educational and creative use of leisure time through informal gathering, advisory discussions and workshops on various topics. The project cycle lasts for 48 weeks, and the target group is male / female students who live in dormitories in Zagreb. During the academic year 2010-2011 the programme included 30 users.

#### "At-risk" families

The family and legal measure of supervision over parental care<sup>47</sup> was also being implemented in 2011. The measure is imposed by a social welfare centre when the errors and omissions in the care of the child are frequent or when parents need special assistance in raising the child. The measure is broadly defined and imposed to, for example, parents of a child who is experimenting with psychoactive substances, or is otherwise in a greater risk to develop addiction. In 2011 the supervision measures included a 1 000 children and 502 families.

The Family Centre of the Krapina-Zagorje County is implementing the project *Counselling Centre for Parents* intended for the parents to whom the measure of supervision over parental care was pronounced or a written warning for the omission in children's care and upbringing, then to persons who are preparing for the parental role, and the parents who want to improve their parenting skills. Informative and educational workshops provide support in parenting skills, raise the awareness of the importance of the parental role, help in finding the best solution to the problem which they have already experienced, encourage a willingness to deal with problems of growing up, give assistance in resolving doubts in approaching specific situations and coping with the situations such as addiction, bullying, behavioural problems and school failure. Long-term objectives of the project relate to the parents' awareness of their role and understanding of their child's needs, the preservation of personal satisfaction, the family and the quality of life in general.

Family Centres continued to implement counselling activities for children, parents and families at risk. In 2011, the implementation of the project *Responsible Parenthood* continued, the activities of which were conducted by 22 Family Centres and penal authorities all over the Republic of Croatia. The project is aimed at parents who are serving a prison sentence (some of them are addicts) and their families. The purpose of the project is to improve and expand the system of family support, provide the prerequisites for improving family relationships and create a positive family environment, emphasize and maintain the parental role of persons serving a prison sentence, reduce the negative effects of isolation from family and parents and provide the prerequisites for improving the social and emotional relationships between prisoners and their family members. The activities with the parents who are serving prison sentences are conducted by the professionals of the Family Centre in

<sup>47</sup> Family Act (OG No. 116/03, 17/04, 136/04, 107/07, 57/11, 61/11) stipulates the measure of supervision over parental care

cooperation with the employees of the prison treatment department, while the activities with children and other members of their families are conducted on the premises of Family Centres. Once a week a group work in 8 educational experience workshops are conducted in the prison setting. It is a closed-type group with up to 15 users. The goal of the programme is to encourage the users' desire for change and to plan steps which will be taken in line with their own capacities during the time of serving the prison sentence in order to get closer to the kind of relationships and communication they wish to have with their family members. In 2011 the project included 210 prisoners and their families.

### Recreational settings

Similar to previous years, students at risk in elementary and secondary schools and boarding homes are included in extracurricular activities with the aim of improving their socialisation and learning new life skills.

## **3.5 Indicated prevention**

Indicated prevention is oriented towards the recognition of the individuals with high individual risk factors for drug abuse development in their future life or manifest early signs of substance use.

Terra association is conducting a project called *Prevention of the Development of Addiction Among At-Risk Groups of Youth*. The goal of the project is to as soon as possible include the target group at high-risk for the development of addictive syndrome and other behavioural disorders in the project, and encourage the marginalised population to engage in creative activities, encourage their interest in education, raise the level of self-esteem, then encourage learning the social skills and build a foundation for successful family communication. The users are teenagers and young adults whose early signs of behavioural disorders were noticed by teachers, welfare centres, the State Attorney's Office, general practitioners and parents themselves. Through individual and group work, work with the family and a group of parents, parenting schools, formation of positive peer groups, workshops to develop social skills, learning support and educational measures such as IT workshop, workshops for developing interests and practical skills through forum theatres, creative workshops, seminars on health education, seminars on the topics of general culture and other topics the development of a responsible and active person is developed. In 2011 the programme included 145 users. Within the programme, periodic self-assessments of the users through a structured diary are conducted, as well as a short evaluation of workshops and seminars.

Humanitarian organisation Zajednica Susret is conducting the programme named *Benjamin*. It is designed for young people with behavioural disorders, or those experimenting with psychoactive substances and its goal is to combat and prevent the occurrence and consequences of all forms of addiction among youth and at-risk behaviour related to experimenting with addiction substances. The programme cycle lasts for 12 weeks.

The Service for Mental Health Promotion, Addiction Prevention and Outpatient Treatment of the Požega-Slavonia County, in cooperation with the interested secondary schools and social welfare centres, collects the data about at-risk students, school failure and unjustified absences. The mentioned behaviours can be regarded indicative for the problems in functioning of individuals and families and increase the risk of substance abuse, so parents and children are offered counselling and a reprovided with information as well as free of charge drug testing. Among those who are tested, children with positive results are offered individual counselling treatment. In the same county, psychological counselling is conducted

in the secondary school, held in the school area three days a week through individual and group work with students, parents and teachers. The primary target group are students with difficulties in school and learning, in adjusting to difficult living conditions, those in developmental crisis and those with risky behaviour. The students come to counselling independently, with parental consent, or at the request of the parents, i.e. the decision of the school authorities and the principal.

### **3.6 National and local media campaigns**

Regarding the implementation of the National Campaign on the Influence and Harmful Effects of Drugs, all competent ministries and other state administration bodies conducted the campaign independently within the activities specified in the Implementation Plan of the Action Plan on Combating Drugs Abuse for the year 2011, mostly on the occasion of marking the International Day against Drugs Abuse and Illicit Trafficking (26 June 2011) and the Drug Addiction Recovery Month (from 15 November to 15 December 2011). Therefore, the Office created, published and distributed educational and promotional materials targeted at parents, children and youth with the aim of warning them about the harmfulness of drug use and social and health consequences of addiction. Furthermore, in cooperation with the Croatian Radio jingles that were broadcast on the Croatian radio network had been created, and on the Croatian Radio the programmes on various aspects of addiction and drug use were broadcast. HTV also broadcast a commercial on the subject of addiction. Information about financial resources spent on media campaign is shown in Chapter 1.4.

In 2011 in most counties the programmes related to the celebration of the International Day against Drug Abuse and Illicit Trafficking and the Drug Addiction Recovery Month were implemented. Most often it is a variety of activities aimed at raising awareness of the dangers of drug abuse by conducting the activities such as public lectures, panel discussions, information days, printing of posters, leaflets and brochures, concerts, TV radio programmes on the subject of addiction, sports activities (e.g. cycling) and similar.

## 4 Problem drug use (PDU)

### 4.1 Introduction

The problem of psychoactive drug abuse and addiction presents one of 20 most significant factors of illness at the global level, i.e. one of 10 leading factors in developed countries. Persons using psychoactive drugs, especially injecting drug users, are exposed to higher risk of getting infectious diseases such as HIV, hepatitis and tuberculosis. Estimates of the psychoactive drug user population are important because it is only estimate that can demonstrate the size of the population of psychoactive drug users. While one part of drug users are treated in the health or non-governmental sector, another part is still not recorded. Therefore, it is essential to evaluate the entire population of psychoactive drug users in order to, according to these estimates, create public health programmes.

### 4.2 Mortality multiplier

In Croatia in 2011 the national estimation of PDU and IDU population was done by mortality multiplier method, as it was done in the previous years. This method is based on mortality directly connected with psychoactive drug use and addicts' mortality rate. In Croatia for PDU estimate the database of the Registry of Persons Treated for Psychoactive Drugs Abuse of the Croatian Institute for Public Health is used, from which the number of the persons treated according to PDU definition in accordance with the EMCDDA definition was separated, whereas for calculation of the mortality multiplier the Mortality statistics data of the Croatian Institute for Public Health were used and defined as a proportion of the number of deaths caused by acute opiate intoxications and the persons who were previously treated and died of opiate intoxication. Since the number of acute intoxications is relatively small in Croatia, to calculate the mortality multiplier multi-year data are used, and therefore the multiplier calculated for a seven-year period (2004-2011) is 1.53.

Multiplication base "benchmark" - reference population are the persons treated for psychoactive drug use according to PDU definition  $N=6\ 402$  (persons treated in 2011 for intravenous opiate use or regular/long-term use of opiates, cocaine and amphetamines) and when multiplying with the mortality multiplier 1.53 the estimated population of PDU addicts in Croatia is calculated, which in 2011 amounted to 9 795 persons, and with 95% CI lower and upper estimate limits were 6 600-12 553 (Table 4.1). It means that that according to the estimate, in Croatia there are between 6 600 and 12 553 PDU addicts, and in the entire population per one thousand of inhabitants there are between 2.2 and 2.8 PDU addicts, whilst at the age from 15-64 between 2.2 and 4.2 of them.

*Table 4.1 – Estimation of the size of the problem drug users' population using the mortality multiplier method*

	Lower limit	Upper limit	Central estimate
Estimate	6 600	12 553	9 795
rate/1 000 (all ages)	2.2	2.8	2.2
rate/1 000 (15-64)	2.2	4.2	3.3

Source: Croatian Institute for Public Health

Apart from the estimate of the size of PDU population, in 2011 the IDU population - current intravenous drug addicts, was estimated using the same method. Reference population of this multiplication are people who take opiates intravenously at least once a week for non-medical purposes.

*Table 4.2 – Estimate of the size of IDU population*

	<b>Lower limit</b>	<b>Upper limit</b>	<b>Central estimate</b>
Estimate	1 184	1 833	1 431
rate/1 000 (all ages)	0.32	0.27	0.41
rate/1 000 (15-64)	0.48	0.40	0.62

*Source: Croatian Institute for Public Health*

Table 4.2 shows that the estimated population size of current IDU addicts in Croatia in 2011 amounted to 1,431 persons and with 95%CI lower and upper estimate limits were 1 184-1 833, which means that according to the estimate, in Croatia there were between 1 184 and 1 833 addicts who take drugs intravenously at least once a week.

## 5 Drug-related treatment: demand and availability

### 5.1 Introduction

In Croatia, there are several forms of drug addiction treatment: they are inpatient and outpatient addiction treatment carried out in health facilities and treatment and psychosocial rehabilitation in a therapeutic community. Approach to the treatment of addiction is based on an approach identical to other chronic noncommunicable diseases.

In the Republic of Croatia, in addition to inpatient and outpatient treatment carried out in the health system, various measures of psychosocial treatment are implemented in the therapeutic communities, homes for addicts and associations which occupy an important place in the entire addiction treatment system.

It is significant to note that in the Republic of Croatia, apart from the inpatient and outpatient treatment, drug-treatment of minor addicts and young adults and occasional consumers of alcohol and drugs is implemented in homes for children and youth with behavioural disorders. Also, holders of social protection measures should ensure conditions within the social welfare system in order to provide timely assistance to a person experimenting with drugs and the family and to take steps towards at-risk group of children and youth and families on time. The welfare system should provide a variety of programmes for treatment and social reintegration of minors with addiction problems and the programmes for strengthening the families. An important activity of the social welfare system is the implementation of prevention activities through providing counselling services to drug addicts, as well as participation in the implementation of alternative sanctions and obligations towards young drug users conditioned by the State Attorney's Office in pre-preparatory proceedings.

In Croatia, the system of collecting data on drug addiction treatment has a long tradition. The Register of persons treated for psychoactive drugs abuse was established within the Croatian Institute for Public Health back in 1978. At first only the information about the addicts treated in hospitals were collected, and after having established the network of Services for Prevention and Outpatient Addiction Treatment (today Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment) the data on the persons in outpatient treatment were also included in the Register. In order to gather accurate information about the prevalence of addiction and the specific features of addicted population, the data from therapeutic communities and homes are being integrated.

### 5.2 General description, availability and quality assurance

The main form of drug addiction treatment in Croatia is outpatient treatment. In outpatient addiction treatment a professionally co-ordinated Croatian model is applied, which requires permanent cooperation and joint action in drug addiction treatment of the specialised Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment and primary health care physicians / family medicine teams. In the Services work professional multidisciplinary teams that carry out the majority of specific activities aimed at reducing the drug demand and planning and implementation of the treatment. This model enables broad access to treatment through the primary health care system, together with the professional service of a specialist. In such a way the comprehensive care of drug addicts is integrated and it enables destigmatisation and normalisation of treatment, decentralisation and deghettoisation of addicts and lower cost of programmes.



### 5.2.1 Strategy / policy

The organisational ground for treatment of drug addiction is outpatient treatment in the network of Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment established at the Croatian Institute for Public Health and County Institutes for Public Health. Within their regular activities, the Services perform outpatient treatment with drug users and their families, which is carried out in cooperation with all relevant local community resources. The Service is at the same time the spot of primary specialised health and psychosocial care for the people with substance abuse problems. The Service network was founded in 2004, when the centres / services for addiction prevention and outpatient treatment were founded, and pursuant to the Health Care Act<sup>48</sup> and the Network of Public Providers of Health Care Services<sup>49</sup>, the Services expanded the scope of their activities to the field of mental health. In outpatient addiction treatment the Services are the place of first contact of an addict with specialised professionals who carry out diagnostic procedures and in accordance with the clinical state, suggest potential treatment. The most dominant form of treatment is methadone or buprenorphine substitution therapy (Suboxon, Subutex) and about 80% of drug addicts are treated by some types of substitution therapy. The implementation of substitution therapy requires continuous co-operation between doctors specialists in the Services and primary care physicians. Addiction treatment is conducted in co-operation with teams of family physicians, but also within specialised hospital programmes and in co-operation with other health and non-health subjects. As part of hospital treatment, detoxification programmes, pharmacotherapy and psycho-social treatment were performed. As for the inpatient treatment, most people are treated in the Psychiatric Hospital Vrapče and Clinical Hospital Centre Sestre milosrdnice in Zagreb.

### 5.2.2 Treatment systems

#### Organisation and assurance quality

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defines the inpatient treatment as treatment in psychiatric hospitals and wards, and psychosocial treatment in therapeutic communities and social care homes where patients / clients stay overnight. Outpatient treatment is psychosocial treatment by associations in which clients do not stay overnight. Although the Republic of Croatia differentiates between the notions of medical care and treatment, the mentioned institutions and organisations exists in Croatia as well.

Within the Croatian health system, hospital treatment includes psychiatric hospitals, wards in general, county and clinical hospitals and a ward in the Prison hospital in Zagreb. Inpatient treatment usually lasts from 16 days to 3 months. Because addiction is a chronic relapsing disease that requires long-term care and monitoring, inpatient treatment is followed by outpatient treatment implemented by the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment and / or detoxification / rehabilitation in a therapeutic community in the Republic of Croatia.

Outpatient treatment is possible in 21 Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, Addiction Prevention Centre in Poreč and the polyclinic of the Clinical Hospital Sestre milosrdnice. Substitution therapy, psychosocial treatment and other specific methods and procedures in accordance with the user needs are implemented within the scope of the Services. Counselling work is fundamental for the work in the Services, and apart from individual and family counselling, psychotherapy, behaviour

<sup>48</sup> Health Care Act (OG No. 150/08, 71/10, 139/10, 22/11, 84/11, 154/11, 12/12, 35/12 and 70/12)

<sup>49</sup> Network of Public Providers of Health Care Services (OG No. 98/09, 14/10, 81/10, 64/11, 103/11, 110/11, 141/11 and 61/12)

modification, psychiatric treatments, prescription and continuation of already introduced pharmacotherapy, urine tests for drugs and their metabolites as well as capillary blood testing for HIV, HCV, HBV and syphilis, some required somatic check - ups as well as a number of prevention and educational activities are conducted. It is important to mention that all treatments are free for addicts.

In the Republic of Croatia there are 8 therapeutic communities and 32 therapy houses that offer treatment and psychosocial rehabilitation to drug addicts as associations or religious communities<sup>50</sup> within their humanitarian activities, or are organised and registered as therapeutic communities and social care homes<sup>51</sup> for addicts in accordance with the legal regulations from the social welfare field (Picture 5.1). The criteria for entering the programmes of certain therapeutic communities that are organized as associations and religious communities are regulated by the Statute of a therapeutic community, whereas a decision of the Social Welfare Centre is required for admission to therapeutic communities that operate as social welfare homes (institutions). Therapeutic communities and social care homes primarily conduct treatments and programmes for drug addiction treatment and other psychoactive substances, programmes for psychosocial rehabilitation and social reintegration, counselling and work therapies. They also organise self - help groups to help addicts' families, organise various educational promotional activities with the aim of addiction prevention and participate as mediators for referring addicts to treatment in therapeutic communities abroad. The majority of therapeutic communities in the Republic of Croatia conduct the programmes based on strengthening religious life and advancement through hierarchy of personal roles and personal position in the community, as well as through work therapy. Since June 2009 when the Ordinance on Types and Activities of Social Welfare Homes, Care Outside Original Families, Space Conditions, Equipment and Employees in Social Welfare Homes, Therapeutic Communities, Religious Communities, Associations and Other Legal Entities as well as Centre for In-Home Assistance and Care<sup>52</sup> was adopted, most of the therapeutic communities harmonised their work, hired the skilled personnel and in accordance with the standards prescribed by the Ordinance improved their working methods and programmes.

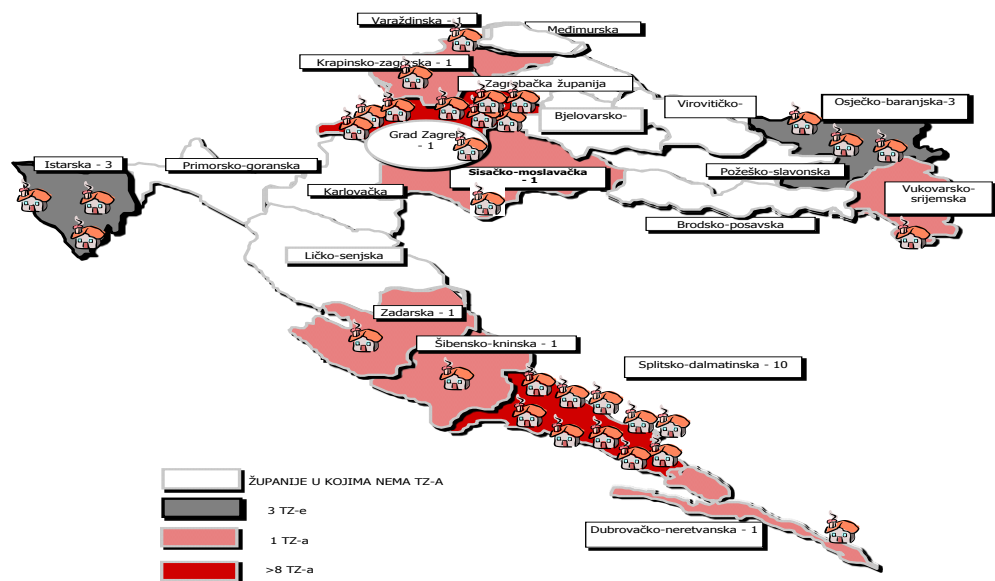
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<sup>50</sup> Remar Espana, Community Muondo Nuovo, Community Papa Ivan XXIII, Association San Lorenzo – Community Cenacolo, Reto centar – prijatelji nade

<sup>51</sup> Home for Addicts "Zajednica Susret", Therapeutic Community Đurmanec Krapina, Therapeutic Community Ne-ovisnost

<sup>52</sup> Ordinance on Types and Activities of Social Welfare Homes, Care Outside Original Families, Space Conditions, Equipment and Employees in Social Welfare Homes, Therapeutic Communities, Religious Communities, Associations and Other Legal Entities as well as Centre for In-Home Assistance and Care (OG 64/09)

Picture 5.1 – Territorial distribution of therapeutic houses in the Republic of Croatia



Source: Therapeutic communities

### Quality assurance

The most frequently used way of quality assurance of medical care and psychosocial treatment in the Republic of Croatia is personnel trainings, professional conferences (seminars, conferences and similar), specialised trainings and thematic meetings.

For better evaluation of current trends in drug abuse and epidemiologic disease control, during 2011 networking of the system continued, i.e. improvement of the method for gathering data from therapeutic communities and associations that provide some forms of addiction withdrawal and psychoactive treatment to addicts. The majority of therapeutic communities deliver data on the treated addicts on Pompidou forms<sup>53</sup> to the Registry of persons treated for Psychoactive Drugs Abuse kept by the Croatian Institute for Public Health (Table 5.9). Data delivery significantly contributed to the improvement of the data collection system of the treated addicts in the Republic of Croatia, and at the same time, improved the quality of treatment services and rehabilitation within therapeutic communities and associations. For the purpose of improving the system of data collection, several meetings with the representatives of therapeutic communities, the Ministry of Justice – Prison Administration System and the representatives of the Croatian Institute for Public Health were organised. The majority of the representatives of therapeutic communities reported delivering the user data to the Croatian Institute for Public Health, and some agreed to start doing it in the future. For the purpose of improving the treatment of drug users and ensure the treatment continuity, the data on the persons treated for psychoactive drug use in the penal system should be also integrated into the Registry, which was supported by the Ministry of Justice.

<sup>53</sup> Pompidou form is a unified form which has been used since 2000 for collection of the data on in- and outpatient treatment for the Registry of Persons Treated for Psychoactive Drugs Abuse kept by the Croatian Institute for Public Health. The form is published in the Official Gazette within the Ordinance on implementing the Health Records Act in the area of inpatient care and addiction monitoring (OG 44/00)

On the occasion of marking the Drug Addiction Recovery Month in December 2011 in Varaždin was held a symposium called *Mental Health in the Institutions for Public Health* organised by the World Health Organisation, the Ministry of Health, the Croatian Institute for Public Health and the Institute of Public Health of the Varaždin County. It was pointed out at the symposium that the protection of mental health is an intersectoral complex task, and the role of the Institute for Public Health as one of the holders of the measures and activities is becoming more and more important for solving these comprehensive issues. The symposium was attended by the experts from various health segments who are involved in protection and treatment of mental health and illness, including addiction.

Organized by the Addiction Reference Centre of the Ministry of Health, the Croatian Institute for Public Health and the Drug Addiction Section of the Croatian Society for Alcoholism and Other Addictions, in March 2011 in Primošten was organised a symposium for professionals in the network of the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment at the County Institutes for Public Health and other institutions that deal with the treatment of drug addicts. There were 80 people participating at the symposium, where the issues of improving the safety and quality of drug treatment, detoxification methods for treating opiate addicts (determination of indications, when to start, which addicts, method and place of implementation), the success of drug treatment, indications for inpatient treatment of addicts and the importance of hospital interventions in addiction treatment, the approach to treatment of poly-drug abuse, pharmacotherapy of comorbid psychiatric disorders, the treatment of patients with hepatitis, access to treatment for pregnant women addicted to opiates, harm reduction and many more were analysed. A special attention was given to the proposal for amending the Guidelines for the Use of Methadone in the Substitution Therapy of Opiate Drug Users. The main objective of the symposium was to improve the safety and quality of treatment and reduce the risk of adverse events.

Regarding the fact that the most dominant form of treatment in the Republic of Croatia is the substitution therapy, and the presence of methadone on the black market and its abuse among drug users, the Office for Combating Drugs Abuse in October 2011 organised a meeting with the representatives of relevant ministries and government institutions, civil society organisations and other professional institutions to discuss the causes of appearance of methadone on the illegal market, and discuss possible solutions to improve the system of supervision over the implementation of pharmacotherapy of opiate addicts with methadone.

#### Availability and diversification of treatment

Treatment of drug addicts is carried out through substitution therapy, “*drug free*” programmes and psychosocial treatment. Regarding the fact that the addiction treatment system is based on outpatient treatment at the county level, and thanks to good territorial coverage of therapeutic communities, services and programmes are equally and sufficiently available to all addicts and the treatment of drug addicts in Croatia is completely free.

#### *Substitution therapy*

Implementation of substitution therapy requires continuous cooperation between specialists in the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment and primary care physicians. Namely, the type and form of substitution therapy is prescribed by a physician specialist employed at the Service, while the substitution therapy is administered by a family physician in the primary health care. To enter the outpatient treatment it is necessary that the person has regulated health insurance rights in the Republic of Croatia, which is possible for all drug addicts, regardless of age, labour or social status.

Opiate agonists (methadone, buprenorphine and others) play a crucial role in modern approach to heroin addiction, but the addiction treatment doctrine considers that along with opiate agonists the measures of psychosocial treatment should be also used. There are few types of substitution programmes: short detoxification (a procedure which facilitates the solving of abstinence syndrome to an addict after stopping using opiates by gradual reduction of daily doses of opiate agonists in the period of up to one month), slow detoxification (a procedure which facilitates stopping opiate use by slow reduction of daily doses of opiate agonists in the period from one to 6 or more months), short (temporary) maintenance on the same daily methadone dose (a procedure which facilitates heroin abstinence maintenance with a required/adequate daily dose of opiate agonists which does not change in the period of 6 months or less) and long - term maintenance by which an addict is enabled to use adequate daily doses of opiate agonists in the period longer than 6 months. The main indication for the opiate treatment (methadone, buprenorphine or others) is a confirmed addiction diagnosis according to the MKB-10 or DSM-IV criteria. Methadone substitution therapy in addiction treatment in the Republic of Croatia has been applied since 1991, whereas the controlled application of methadone use was established by the "National Strategy for Combating Narcotic Drugs Abuse" in 1996. The Government of the Republic of Croatia in January 2006, at the proposal of the Ministry of Health adopted the Guidelines for the Use of Methadone in the Substitution Therapy of Opiate Drug Users. The Guidelines for the Use of Buprenorphine in the Substitution Therapy of Opiate Drug Users were adopted by the Committee for Combating Drugs Abuse of the Government of the Republic of Croatia in November the same year. Since 2006 the costs of buprenorphine pharmacotherapy of addicts has been borne by the Croatian Institute of Health Insurance. In the second half of 2009 buprenorphine was changed with the buprenorphine / naloxone combination.

#### *"Drug free" and psychosocial treatment*

In addition to pharmacotherapy, drug-free treatment and different forms of psychosocial treatments are being implemented, such as various psychotherapeutic procedures, education, family treatment and family therapy, socio-economic interventions and support to addicts during and after treatment. Inpatient treatment is carried out at psychiatry wards or clinical hospital centres in separate detox units. Detoxification programmes, psychosocial treatment and pharmacotherapy are performed as a part of hospital treatment. Because addiction is a chronic relapsing disease that requires long-term care and monitoring, hospital treatment is usually followed by outpatient treatment, implemented by the Services or addiction withdrawal and rehabilitation at some of the therapeutic communities in Croatia. If drug addicts are involved in outpatient treatment at the Services and if they are treated using the drug-free method, i.e various psychotherapeutic procedures which are trying to provide them support in maintaining abstinence and social reintegration, such treatment usually lasts for about 2 years.

The majority of therapeutic communities in the Republic of Croatia conduct drug free programmes. Applied therapeutic procedures are mostly aimed at adoption of new positive behavioural norms, new attitudes and values. Apart from the religious persons, the programmes are usually coordinated by rehabilitated addicts, whereas the professional staff is less represented. It is important to emphasise that all therapeutic communities and homes for addicts were established by civil society organisations, so the activities of therapeutic communities are very often complemented with the activities of the civil society organisations that established them.

Pursuant to the provisions of the Social Welfare Act<sup>54</sup>, a local and regional self - governmental unit, a company, association and other domestic and foreign legal entities can provide care out of their own family and services of psychosocial rehabilitation as a

<sup>54</sup> Social Welfare Act (OG 33/12)

therapeutic community for drug users and occasional drug users, without the obligation of establishing a home, and in June 2009 the previously mentioned *Ordinance on Types and Activities of Social Welfare Homes, Care Outside Original Families, Space Conditions, Equipment and Employees in Social Welfare Homes, Therapeutic Communities, Religious Communities, Associations and Other Legal Entities as well as Centre for In-Home Assistance and Care* was adopted.

#### *Prisons / correctional facilities*

Treatment is also carried out in prisons, the main goal of which is to provide the addiction treatment according to the same principles and requirements as in the public health system. The treatment of drug addicts in the prison system includes medical, psychosocial, educational and labour-occupational component through health care, general and special programmes as well as preparation of post penal acceptance, which includes medical examinations, counselling, psychiatric treatment, testing for infectious diseases, substitution therapy and other (more information in Chapter 9)

### **5.3 Access to treatment**

Due to good coverage and the network of the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment and good territorial coverage of therapeutic communities and hospitals, the access to treatment is provided to all addicts and drug users.

Further in the text there is information on the characteristics of the addicts who were included in a process of medical or psychosocial treatment in hospitals, Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment and therapeutic communities and associations, as well as the trends of psychoactive drugs use in the Republic of Croatia.

#### **5.3.1 Characteristics of patients / clients**

##### Treatment of drug addicts in the health system – outpatient and inpatient treatment

In 2011 a total of 7,665 persons were treated in the health system. Table 5.1 shows that out of the total number of the treated persons in 2011, 563 or 7.3% were treated in inpatient treatment, 165 or 29.3% were treated for the first time. 7 102 or 92.6% persons were included in outpatient treatment, 986 or 13.9% of which were treated for the first time. It can be concluded that in Croatia the system for addiction prevention and outpatient treatment has had a significant impact on today's situation, and although drugs in society are getting more and more available, more significant rise in the number of addicts has not been recorded.

The distribution of the treated persons by gender did not significantly change in 2011 related to the previous years. According to the data on the gender of the treated addicts, the majority of the treated persons were males. Out of the total number of 7 665 treated persons, 82.3 % or 6 307 persons were males, whereas 17.7% or 1 358 females were treated in the previous year for problems with psychoactive substance abuse. The proportion of the treated men and women was 4.6:1, the same as in the previous year (Table 4.1.1, TD11 and TD12).

Table 5.1 – Number of persons treated for psychoactive drug abuse in 2011 by gender and type of institution

Gender and type of institution	Inpatient treatment			Outpatient treatment		
	Men	Women	Total	Men	Women	Total
Treated for the first time	109	56	<b>165</b>	828	158	<b>986</b>
Previously treated	300	98	<b>398</b>	5 070	1 046	<b>6 116</b>
Total	409	154	<b>563</b>	5 898	1 204	<b>7 102</b>
<b>TOTAL</b>	<b>7 665</b>					

Source: Croatian Institute for Public Health

Among the treated persons, similar to the previous years, the highest number of them (5 071 or 66.2%) has finished secondary school (Table 5.2). Almost one quarter of the treated persons – 1 869 or 24% have finished elementary school, whereas 115 persons or 1.5% have not finished elementary school. 424 persons (5.5%) have finished a college or university (Table 10.1.1, TDI1 and TDI2). It can be concluded that given the low educational level of the treated addicts, education, employment and social reintegration play a very important role in overall treatment and subsequent period of abstinence.

Table 5.2 – Persons treated for psychoactive drug abuse in 2011 by education and age

Educational level	Men	Women	Total	%
Elementary school not finished	103	12	115	1,5
Elementary school finished	1 587	282	1 869	24.4
Secondary school finished	4 183	888	5 071	66.2
College or university finished	297	127	424	5.5
Not known	137	49	186	2.4
<b>TOTAL</b>	<b>6 307</b>	<b>1 358</b>	<b>7 665</b>	<b>100.0</b>

Source: Croatian Institute for Public Health

Out of the total number of the treated persons, 2 274 or 29.7% were employed, whereas more than a half of the treated persons (53.9%) were unemployed and economically inactive. In 2011 there were 8.2% of pupils and students (Table 5.3, Table 9.1.1 in TDI1 and TDI2).

Table 5.3 – Persons treated for psychoactive drug abuse in 2011 by labour status and gender

Labour status	Gender			
	Men	Women	Total	%
Regular employment	1 944	330	2 274	29.7
Pupil / student	482	147	629	8.2
Economically inactive	428	32	460	6.0
Unemployed	3 326	802	4 128	53.9
Not known	127	47	174	2.3
<b>TOTAL</b>	<b>6 307</b>	<b>1 358</b>	<b>7 665</b>	<b>100.00</b>

Source: Croatian Institute for Public Health

For 7 299 (95.2%) of the treated persons we have information about where they live (Table 5.4). According to the data of the Croatian Institute for Public Health, the majority of the treated persons have stable accommodation (82.0%), 2.9% of the addicts live in an institution, whereas 10.3% of them have unstable accommodation, so it is possible that it refers to homeless addicts included in treatment (Table 8.1.1, TDI1 and TDI2).

*Table 5.4 – Persons treated for psychoactive drug abuse in 2010 by current living status and gender*

Current living status	Gender			
	Men	Women	Total	%
Stable accommodation	5 273	1 015	6 288	82.0
Unstable accommodation	570	216	786	10.3
Institution (penitentiary, prison, hospital)	201	24	225	2.9
Not known	263	103	366	4.8
<b>TOTAL</b>	<b>6 307</b>	<b>1 358</b>	<b>7 665</b>	<b>100.0</b>

Source: Croatian Institute for Public Health

For 7 463 (97.4%) of the treated persons we have information about who they lived with (Table 5.5). Similar to the previous years, although the average age of the treated persons was 32.2 years, more than half of the treated persons (50.5%) lived with parents, which is less than in 2010 when 54.7% of the treated persons lived with parents.

In 2011 the number of persons who live alone or with a partner slightly increased (23.4%), while in 2010, 22.5% lived alone or with a partner. The number of persons living with a partner and child has also been increasing slightly (14.5% in 2011 compared to 12.6% in 2010), which raises the question of family treatment and health care to drug addicts and creating programmes for children of addicted parents (Table 7.1.1, TDI1 and TDI2).

*Table 5.5 – Persons treated for psychoactive drug abuse in 2011 by current living status and gender*

Current living status	Men	Women	Total	%
Alone	892	127	1 019	13.3
With parents	3 375	499	3 874	50.5
Alone with child	31	78	109	1.4
Alone with partner	562	213	775	10.1
With partner and child	859	251	1 110	14.5
With friends	50	16	66	0.9
Other	408	102	510	6.7
Not known	130	72	202	2.6
<b>TOTAL</b>	<b>6 307</b>	<b>1 358</b>	<b>7 665</b>	<b>100.0</b>

Source: Croatian Institute for Public Health



Out of the total number, 4 308 (56.2%) of treated persons were self - referred to treatment (Table 5.6). Second most frequent way of referring to outpatient treatment was by the court / State Attorney's Office (10.2%), followed by those referred by primary care physicians (10.1%) and family (8.3%). For the majority of the persons treated on an inpatient basis (64.1%) the motivation for treatment was unknown, whereas the same information was unknown for only 2.2% of all persons treated on an outpatient basis. It is interesting that the persons treated on an inpatient basis are very rarely referred to treatment by the court / State Attorney's Office / police (only 1.1%) unlike 10.9% of those treated on an outpatient basis referred to treatment in such a way.

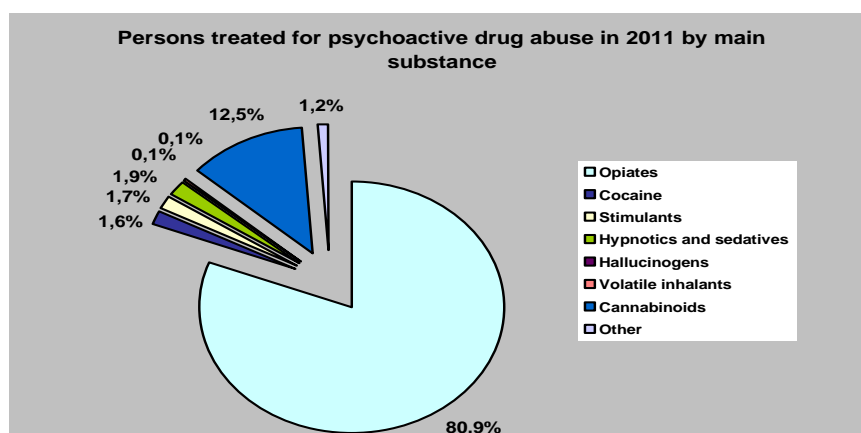
Table 5.6 – Persons treated for drug abuse in 2011 by source of referral to treatment (inpatient and outpatient treatment)

Referred by	Men	Women	Total	%
Self-referred	3 531	777	4 308	56.2
Family / friends	481	158	639	8.3
Other drug treatment centre	44	15	59	0.8
General practitioner	650	122	772	10.1
Hospitals – other medical institutions	90	18	108	1.4
Social Welfare Centre	230	46	276	3.6
Court – State Attorney's Office – police	731	51	782	10.2
Other	177	37	214	2.8
Not known	373	134	507	6.6
<b>TOTAL</b>	<b>6 307</b>	<b>1 358</b>	<b>7 665</b>	<b>100.00</b>

Source: Croatian Institute for Public Health

Figure 5.1 shows that the highest number of persons (80.9%) was treated for opiates as a main substance, followed by the persons treated for cannabinoids use (12.5%). Stimulants, in most cases amphetamines, are mentioned as the primary substance by 1.7% of the treated persons, followed by hypnotics and sedatives (1.9%). Cocaine abuse was reported as a reason of treatment by 1.6% persons.

Figure 5.1 – Persons treated for psychoactive drug abuse in 2011 by main substance



Source: Croatian Institute for Public Health

The data on the main abuse substance and age (Table 5.6) show that young people up to 20 years of age come to treatment mostly because of cannabinoid use (82.0%). In addition,

79.7% of the persons in treatment for stimulants use were under 30 years of age. It is similar to cocaine addicts, among which 61.1% were under 30 years of age, although the highest number of them, 30 or 23.8%, were between 30 and 34 years of age. The age of opiate addicts is increasing, and the highest number of them belong to the age group between 30 and 34 years of age (53.8%), whereas 18.6% of them are over 40 years of age (Table 12.1.1, TDI1 and TDI2).

Table 5.7 – Persons treated for psychoactive drug abuse in 2011 by age and main substance

Main substance	Age									Total	%
	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	>50		
Opiates	1	43	336	1 333	1 909	1 425	596	360	195	6 198	80.9
Cocaine	0	9	27	41	30	9	6	3	1	126	1.6
Stimulants	0	29	28	45	13	10	2	0	1	128	1.7
Hypnotics and sedatives	0	9	6	16	18	20	17	25	34	145	1.9
Hallucinogens	0	6	1	3	0	0	0	0	0	10	0.1
Volatile inhalants	0	0	3	4	0	0	0	0	0	7	0.1
Cannabis	19	463	263	115	54	24	13	4	2	957	12.5
Other psychoactive substances	1	8	14	31	15	11	3	3	8	94	1.2
<b>TOTAL</b>	<b>21</b>	<b>567</b>	<b>678</b>	<b>1 588</b>	<b>2,039</b>	<b>1 499</b>	<b>637</b>	<b>395</b>	<b>241</b>	<b>7 665</b>	<b>100.0</b>

Source: Croatian Institute for Public Health

By analysing the data on the modalities of main substance administration (Table 5.8) it can be noted that the most dominant route of opiate administration is still intravenous administration (64%), out of which 8.7% of addicts injected drugs in the last 30 days, whereas a little less than one third of the addicts (30%) never used drugs intravenously. As expected, drugs are most often administered intravenously by opiate addicts, 63.8 % of them (Table 15.1.1, TDI1 and TDI2).

Table 5.8 – Persons treated for psychoactive drug abuse in 2011, by gender and injecting behaviour

Injecting behaviour	Men	Women	Total	%
Injected but not currently	3 499	738	4 237	55.3
Currently injecting (last 30 days)	546	119	665	8.7
Never injected	1 917	385	2 302	30.0
Not known / not answered	345	116	461	6.0
<b>TOTAL</b>	<b>6 307</b>	<b>1 204</b>	<b>7 665</b>	<b>100.0</b>

Source: Croatian Institute for Public Health

### Addiction treatment in therapeutic communities and associations

Although the Act on Combating Drugs Abuse (Article 48) and the Ordinance on Types and Activities of Social Welfare Homes, Care Outside Original Families, Space Conditions, Equipment and Employees in Social Welfare Homes, Therapeutic Communities, Religious Communities, Associations and Other Legal Entities as well as Centre for In-Home Assistance and Care prescribe the obligation of therapeutic communities and associations to deliver the data to the Croatian Institute for Public Health and the Office for Combating Drugs Abuse, in the previous period a problem of unreal and incomplete reporting to the Croatian Institute for Public Health and the Office for Combating Drugs Abuse by therapeutic communities and associations was noted, which significantly disabled the adequate monitoring of drug abuse trends and addiction problem in Croatia. Although therapeutic communities and associations in 2011 began to deliver data on the Pompidou forms more intensively, the data for all the addicts involved in their treatment were not submitted. The reason is that the data submitted on the Pompidou form require the delivery of personal information about the user, and addicts who are on treatment in therapeutic communities and associations are often reluctant to reveal personal information. Therefore, the data on the number of addicts in therapeutic communities, gathered by the Office (Table 5.10) differ substantially from those collected by the Institute (Table 5.9). Accordingly, one of the priorities in the previous period was to improve the system for collecting data about the types of services and treatments that are provided in therapeutic communities and associations.

Therefore, the data for associations and therapeutic communities are presented separately from the health care system data.

According to the data gathered by the Croatian Institute for Public Health on the Pompidou forms, there were 258 persons in treatment in therapeutic communities, 216 of whom were men and 42 women.

*Table 5.9 – Data about the addicts treated in therapeutic communities in 2011 collected by the Pompidou forms*

<b>Therapeutic communities / associations</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>	<b>%</b>
Terra	4	3	7	2.7
Reto	19	6	25	9.7
Cenacolo	11	0	11	4.3
Susret	120	23	143	55.4
Papa Ivan XXIII	7	10	17	6.6
NE - ovisnost – therapeutic community	55	0	55	21.3
<b>TOTAL</b>	<b>216</b>	<b>42</b>	<b>258</b>	<b>100.0</b>

*Source: Croatian Institute for Public Health*

From 2007 to 2011 the data on the number of addicts in treatment of therapeutic communities were regularly delivered to the Office by 7 therapeutic communities. According to the data collected by the Office in 2011 (Table 5.10), therapeutic communities provided treatment for the total number of 821 persons, 670 men (77.5%) and 151 women (22.5%) 40.7 of them treated for the first time. Similar to the healthcare system, the ratio of males and

females is 4.4:1. In therapeutic communities still prevail opiate addicts, and out of the total number of addicts, 82.1% of them are treated for opiate addiction.

Table 5.10 – Number of opiate addicts, addicts and users of other psychoactive drugs in therapeutic community treatment, and persons treated for the first time in 2011 by gender

Number of opiate addicts, addicts and consumers of other drugs in TC treatment and number of treated persons for the first time	San Lorenzo – Community Cenacolo		Moji dani Đurmanec		Community Mondo Nuovo		NE-ovisnost		Community Reto Centar – Prijatelj nade		Community Papa Ivan XXIII.		Home for Addicts Zejdnicu Susret	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number of opiate addicts in TC treatment during 2011	148	50	34	0	15	0	51	0	175	44	14	8	111	24
Number of addicts and consumers of other drugs in TC treatment during 2011	0	0	3	0	7	0	27	0	61	12	7	13	17	0
Number of opiate addicts treated for the first time in TC during 2011	46	12	17	0	2	0	1	0	50	7	4	1	101	23
Number of addicts and consumers of other drugs treated for the first time during 2011	0	0	3	0	5	0	3	0	24	4	4	10	17	0
Total number of addicts in TC treatment by gender	148	50	37	0	22	0	78	0	236	56	21	21	128	24
	198		37		22		78		292		42		152	
<b>TOTAL NUMBER</b>	<b>821</b>													
Total number of persons treated in TC for the first time by gender	46	12	20	0	7	0	4	0	74	11	8	11	118	23

	58	20	7	4	85	19	141
<b>TOTAL NUMBER OF THE PERSONS TREATED FOR THE FIRST TIME</b>	<b>334</b>						

*Source: Office for Combating Drugs Abuse of the Government of the Republic of Croatia*

In addition to therapeutic communities, various forms of assistance and psychosocial treatment to drug addicts such as counselling and education of drug addicts and their families, referrals to therapeutic communities abroad, various forms of assistance in psychosocial adjustment and social reintegration, psychosocial treatment programmes within the programme for reducing harmful consequences of drug use, treatment programmes targeting at-risk groups of children and youth such as occasional drug users, are also provided by associations. According to the data collected in 2011, the associations provided some form of psychosocial support and treatment for a total of 558 drug addicts, of which 449 male and 109 female drug addicts (Table 5.11).

*Table 5.11 – Number of addicts and consumers of other psychoactive drugs in treatment of associations in 2011 by gender*

Name of association	Gender		Psychosocial treatment Total
	M	F	
Dedal	44	8	52
Institut	39	21	60
San patignano	17	7	24
Porat	6	4	10
Ne -ovisnost	14	2	16
Pet plus	26	0	26
League for the Prevention of. Addiction	21	6	27
Terra	82	31	113
Mondo Nuovo	30	0	30
Parents Association Zejdnica Susret	20	0	20
Egzodus	23	0	23
Sirius	20	0	20
Humanitarian Organisation Zejdnica Susret	82	16	98
Prijatelj	9	6	15
Anst	16	8	24
<b>TOTAL</b>	<b>449</b>	<b>109</b>	<b>558</b>

*Source: Office for Combating Drugs Abuse of the Government of the Republic of Croatia*

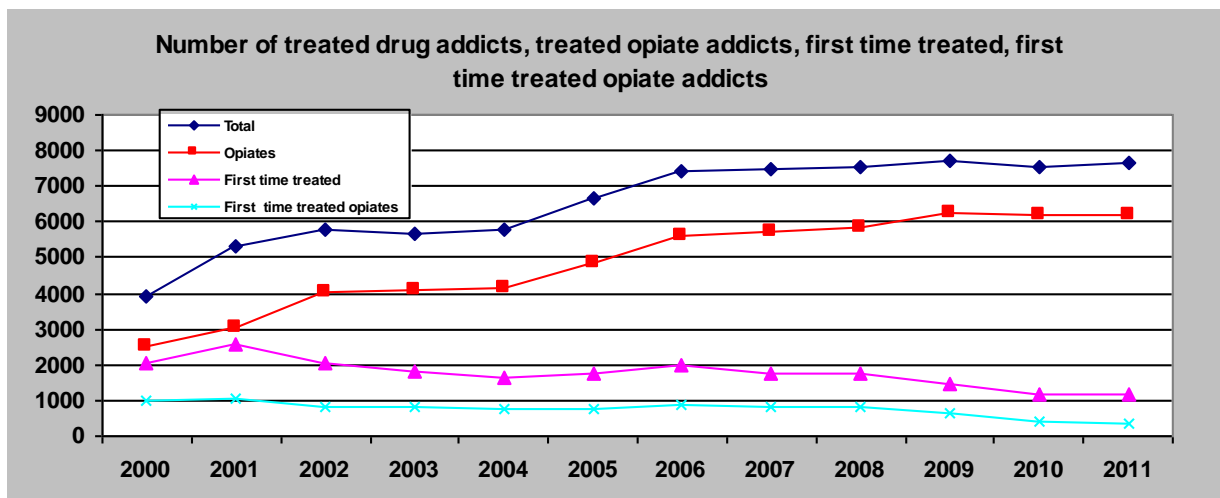
In their reports therapeutic communities and associations emphasised the problems they encounter. What is especially emphasised is the lack of communication and cooperation between local authorities and civil society organisations, insufficient financial support from the local community, lack of public awareness for social reintegration of drug addicts, insufficient motivation of drug addicts to engage in further education and employment opportunities, lack of interest of the institutions in drug abuse problems and poor communication between the state institutions and civil society organisations.

### 5.3.2 Treatment availability and trends

In 2011 there were 7 665 treated persons, 1 151 of whom were treated for the first time (15%). The total number of the treated addicts increased in 2011 by 1.5% compared to 2010. The proportion of the persons treated for drug addiction for the first time, similar to the previous year, declined. In 2011, 6 198 persons were treated for opiate addiction, 343 of them for the first time (5.6%), which is the lowest number of the addicts treated for the first time so far. In 2011, compared to 2010, the increased number of persons treated for opiate addiction of 0.4% was noticed (Figure 5.2, Table 4.1.1, TDI1 and TDI2).

The number of all persons treated within the health system is relatively stable. Although during 2010 the number of the addicts treated within the health system was a little lower, for all other years the number of the persons treated within the health system is increasing. The number of persons treated for the first time for some kind of addiction started to decline after its continuous increase till 2001, so in the years following, a smaller total number of persons treated for the first time for psychoactive drugs addiction were recorded. Such trends indicate that the treatment system organised in the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment had an important impact on today's epidemiological addiction situation in Croatia. Addicts stay in the treatment system longer and the number of the new ones stagnates despite the fact that drugs in our society are more and more available and cheaper.

Figure 5.2 – Number of treated drug addicts, treated opiate addicts, first time treated, first time treated opiate addicts



Source: Croatian Institute for Public Health

Accordingly, analysis of the data on the persons treated within the health system in the period 1999 - 2011 (Table 5.12) shows the continuous increase in the number of addicts. In 2011 the number of opiate addicts increased by 0.4% and the number of non - opiate addicts within the system by 6.7%, compared to 2010. Compared to 1999 the number of opiate addicts has increased three times and of non-opiate addicts 1.5 times. In the total number of the treated addicts, the share of opiate addicts is continuously increasing while the share of non-opiate addicts is decreasing.



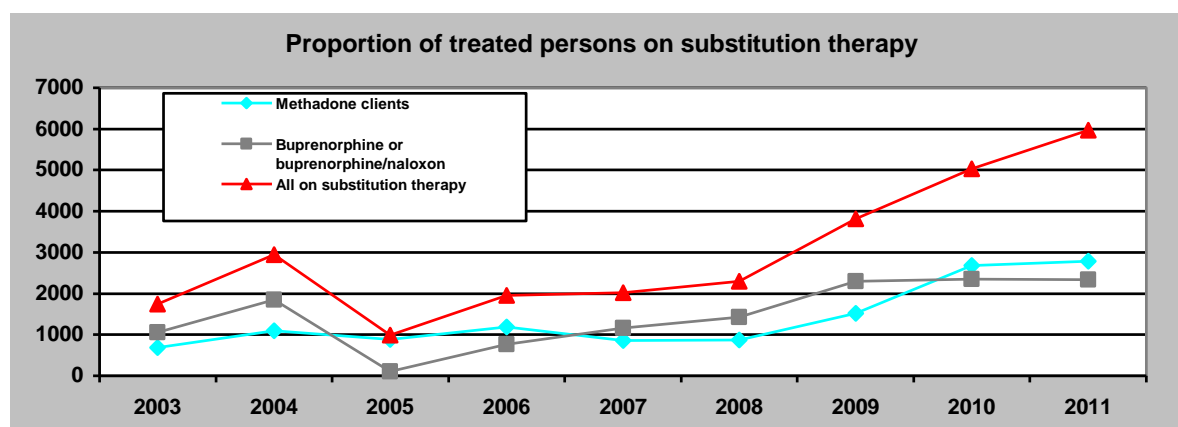
Table 5.12 – Persons treated for psychoactive drug abuse from 1999 – 2011

Year	Number of treated persons	Opiate addicts		Non-opiate addicts	
		Number	%	Number	%
1999	3 048	2 057	67.5	991	32.5
2000	3 899	2 520	64.6	1 379	35.4
2001	5 320	3 067	57.7	2 253	42.3
2002	5 811	4 061	69.9	1 750	30.1
2003	5 678	4 087	72.0	1 591	28.0
2004	5 768	4 163	72.2	1 605	27.8
2005	6 668	4 867	73.0	1 801	27.0
2006	7 427	5 611	75.5	1 816	24.5
2007	7 464	5 703	76.4	1 761	23.6
2008	7 506	5 832	77.7	1 674	22.3
2009	7 733	6 251	80.8	1 482	19.2
2010	7 550	6 175	81.8	1 375	18.2
<b>2011</b>	<b>7 665</b>	<b>6 198</b>	<b>80.9</b>	<b>1 467</b>	<b>19.1</b>

Source: Croatian Institute for Public Health

The data registered in the period from 2003 - 2011 (Figure 5.3) show that methadone as a substitute substance is less and less represented in addiction treatment, but in 2010 and 2011 the number of methadone addicts increased. By introducing the buprenorphine substitution in 2004 and after the financing of treatment costs was legally regulated in 2006, more and more addicts choose that kind of treatment, so the percentage of buprenorphine treatment was steadily increasing from 2009 to 2011, and levelled out in the period from 2009 to 2011. From 2008 to 2011 the total number of people on substitution therapy was continuously increasing and in 2011, 4 074 people were on some form of substitution maintenance therapy, or 65.7% of all opiate addicts. In 2009 the buprenorphine therapy was replaced by the buprenorphine / naloxone combination, and buprenorphine was used in the previously mentioned combination.

Figure 5.3 – Proportion of treated persons on substitution therapy



Source: Croatian Institute for Public Health

The number of the treated addicts in the counties in relation to the population of that particular county (100,000 population aged 15-64 years) shows the rate of 257.0 / 100 000 population aged 15-64 years for the total number of treated addicts at the Croatian level, and 208.7 / 100 000 population for opiate addicts. The problem of drug-related illnesses is expressed in the number of treated individuals in relation to the population showing the burden of certain areas in Croatia and unequal distribution of drug addicts and drug users. In seven counties the number of addicts per 100 000 population is higher than the Croatian average. These are the Istria County (542.5), the Zadar County (493.7), the City of Zagreb

(435.6), the Šibenik-Knin County (344.4), the Dubrovnik-Neretva County (330.3), the Split-Dalmatia County (305.5) and Primorje-Gorski Kotar County (340.8) (Table 5.13). Drug abuse prevalence in each county depends on the socio-demographic characteristics of the population, level of economic development, employment, population, availability of drugs and other features. It is known that drug abuse and consequent addiction illnesses are primarily a problem of urban areas and to a large extent depend on the degree of drug availability which is also closely related to drug-related crime. Except Zagreb, which is the Croatian capital, above average rates of treated drug addicts are present in the Croatian coastal counties, where the availability of drugs is higher, but also with regard to the development of the treatment system, there is a better coverage of some forms of drug treatment.

Table 5.13 – Persons treated for psychoactive drug abuse and rates per 100,000 population aged 15 to 64 years<sup>55</sup>

County	Treated persons total			
	Number of addicts total	Rate per 100,000*	Number of opiate addicts	Rate per 100,000* (opiates)
City of Zagreb	2 331	<b>435.6</b>	1 703	318.2
Zagreb	397	176.4	266	118.2
Krapina-Zagorje	46	50.3	29	31.7
Sisako-Moslavina	83	74.4	44	39.4
Karlovac	79	92.5	41	48.0
Varaždin	249	204.7	210	172.7
Koprivnica-Križevci	62	78.1	34	42.8
Bjelovar-Bilogora	17	20.7	1	1.2
Primorje-Gorski Kotar	710	<b>340.8</b>	654	314.0
Lika-Senj	20	65.1	15	48.8
Virovitica-Podravina	33	57.3	24	41.7
Požega-Slavonija	52	97.5	37	69.4
Brod-Posavina	157	138.5	122	107.6
Zadar	576	<b>493.7</b>	552	473.1
Osijek-Baranja	298	138.2	212	98.3
Šibenik-Knin	252	<b>344.4</b>	236	322.5
Vukovar-Srijem	68	52.0	58	44.4
Split-Dalmatia	996	<b>305.5</b>	883	270.8
Istria	804	<b>542.5</b>	716	483.1
Dubrovnik-Neretva	278	<b>330.3</b>	231	274.5
Međimurje	124	154.6	99	123.5
<b>Total Croatia</b>	<b>7 632</b>	<b>257.0</b>	<b>6 198</b>	<b>208.7</b>
Other states	33		31	
<b>TOTAL</b>	<b>7 665</b>		<b>6 198</b>	

Source: Croatian Institute for Public Health

<sup>55</sup> Rates per 100 000 population aged 15 to 64 years (according to the 2001 Croatian Census of the Croatian Bureau of Statistics)

Addicted population in the Republic of Croatia is getting older (Table 5. 14). Average age of both men and women within the treatment system shows an increasing trend, and since the year 2008 the average age of the treated addicts has been over 30 years of age, and in 2011 it was 32.1 years for the addicts in outpatient treatment and 33.3 for those in inpatient treatment. The age of addicts who come to first drug treatment is increasing, so the average age of the addicts coming to outpatient treatment for the first time is 24.8, and it is 32.6 for inpatient treatment (Data source: Croatian Institute for Public Health).

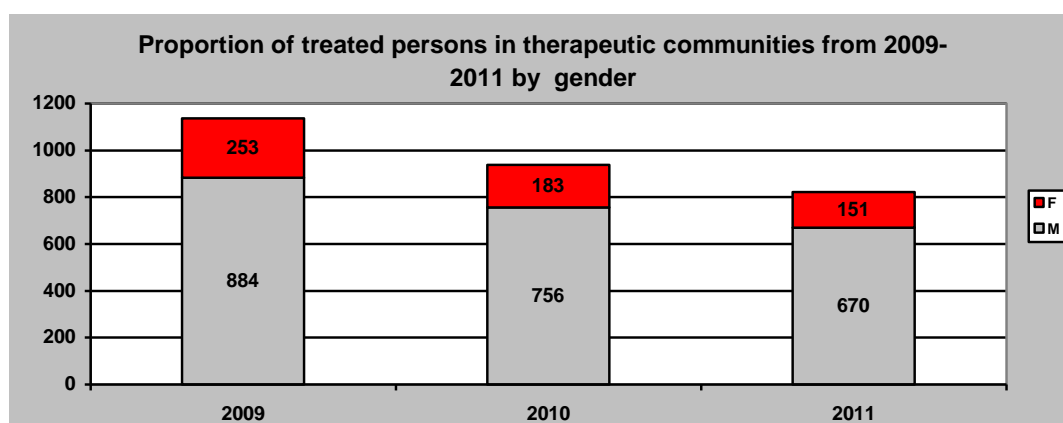
Table 5.14 - Average age of persons treated for drug addiction in outpatient treatment in the period 2005-2011 by gender

Year	Average age		
	Men	Women	Total
2005	28.4	28.1	28.3
2006	29.0	28.7	28.9
2007	29.8	29.2	29.7
2008	30.1	29.5	30.0
2009	31.2	30.5	31.1
2010	31.8	30.6	31.6
2011	32.4	31.1	32.1

Source: Croatian Institute for Public Health

Also, the number of addicts in therapeutic communities in the period 2009 to 2011 was continuously falling. The number of drug addicts in 2011 compared to 2010 declined by 12.6%, and compared to 2009 by as much as 27.8% (Figure 5.4).

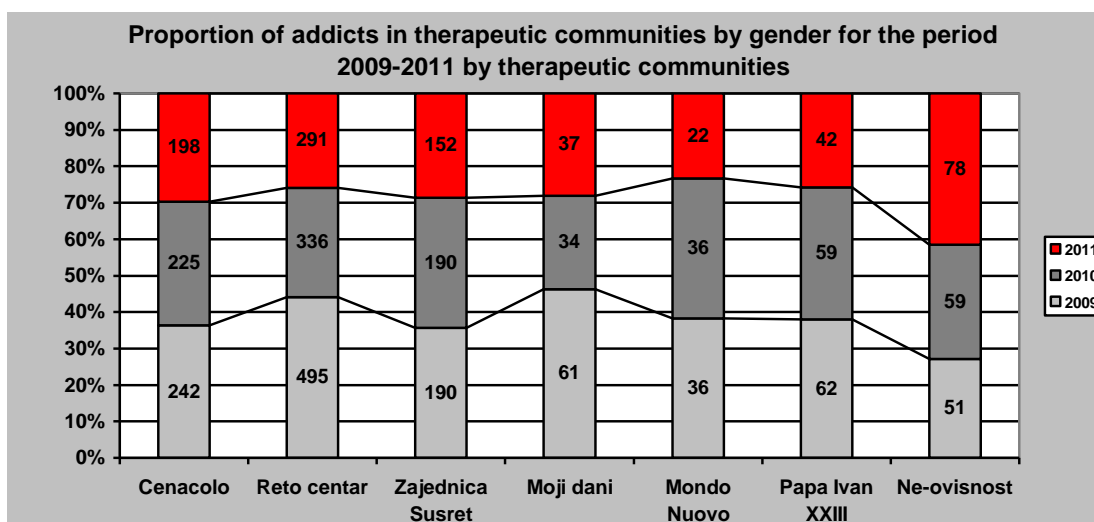
Figure 5.4 – Proportion of treated persons in therapeutic communities from 2009-2011 by gender



Source: Office for Combating Drugs Abuse of the Government of the Republic of Croatia

The number of persons in almost all therapeutic communities decreased, but the greatest decrease was noticed compared to 2010 in therapeutic communities Mondo Nuovo (- 38.9%) and Papa Ivan XXIII (-28.8%), followed by Zajednica Susret (-20.0%), Reto Centar (-13.4%) and Cenacolo (-12.00%). In the therapeutic community Ne-ovisnost the number of addicts increased by 32.2% and in the therapeutic community Moji dani by 8.8% (Figure 5.5).

Figure.5.5 – Proportion of addicts in therapeutic communities by gender for the period 2009-2011 by therapeutic communities



Source: Office for Combating Drugs Abuse of the Government of the Republic of Croatia

From these data it can be concluded that the treatment system in Croatia is stable and operates well, as evidenced by the fact that drug addicts are offered a number of different programmes and they stay in treatment longer. The number of new opiate addicts is for the first time lower than 400 persons, which suggests to reduced availability of heroin on the Croatian market, as well as some new trends in drug use among young people. However, regarding the fact that the age of addicts who come to treatment for the first time is increasing, it is necessary to develop further programmes of selective and indicated prevention in order to attract more young drug users and addicts in early stage of illness to some form of treatment.

Furthermore, as for improving the quality of work in therapeutic communities and their full integration into the social and health system, it is necessary to change and update the network of social welfare homes and social welfare activities performed by therapeutic communities in the coming period and in such a way establish the necessary accommodations adequate for the area of the Republic of Croatia. Also, it is necessary to systematically address the issue of funding the therapeutic communities and social welfare homes, and organising training for all professionals and therapists in homes for drug addicts and therapeutic communities, but also solve the issue of accreditation and issuing licenses to therapeutic communities. To ensure the quality of the accreditation process for the programmes of psychosocial rehabilitation of therapeutic communities, it is necessary to establish an expert committee at the Ministry of Social Policy and Youth, which will conduct the accreditation process for the psychosocial rehabilitation programmes that are conducted in therapeutic communities.

## 6 Health correlates and consequences

### 6.1 Introduction

Risk behaviours of addicts include every kind of behaviour related to basic disease, which can also lead to additional diseases and complications. These behaviours include sharing needles, syringes and other equipment as well as risk sexual behaviour (promiscuity, sexual intercourse without protection). These are the reasons why addict population is at great risk of contracting the diseases such as Hepatitis B, C and HIV. Since this chapter also analyses risk factors for transmission of infectious diseases, it is of utmost importance to insist on implementation of measures that could reduce the practice of sharing needles and other equipment and continually raise awareness of the importance of safe sex.

The data presented in this Report have been gathered through standard report questionnaires and they enable the insight into ways of using drugs in general, as well as the frequency of sharing drug equipment. This method of data collection enables monitoring of changes in behaviour and attributes of addict population. Total quality and regularity of data collection through standard forms is constantly being improved.

Data on intravenous opiate use are recorded a month before the last examination and are monitored in accordance with the data on lifetime prevalence of intravenous opiate use. In 2011, out of the total number of the treated opiate addicts, 4 237 (55.2%) of them reported that they had injected opiates at least once in a lifetime (6,135 or 81.8% in 2010), while 665 (8.67%) of them injected opiates in the month before treatment (911 or 12.1% in 2010).

Harm reduction programmes through needle exchange have been continuously implemented this year similar to previous years, mostly through the activities of the Croatian Red Cross in Zagreb, Zadar and Nova Gradiška. There are also programmes carried out by the associations: "Let", "Terra", "Institut" and "Help" in the cities of Krapina, Split, Rijeka, Pula and the Istria County, the Dubrovnik-Neretva County and the Osijek-Baranja County.

In 2011 the activities of free and anonymous testing of addicts for B and C Hepatitis and HIV infections also continued, in cooperation with the Infectious Diseases Clinic "Dr. Fran Mihaljević", Public Health Institutes of the Primorje - Gorski Kotar County, the Split – Dalmatia County, the Dubrovnik – Neretva County, the Osijek – Baranja County, the Brod – Posavina County and the Zadar County, as well as the City of Zagreb. In addition, a public HIV and Hepatitis C testing was performed on the occasion of the World Hepatitis Day, organised by the association HULOH "Hepatos" from Split.

### 6.2 Drug-related infectious diseases

The results of monitoring of the prevalence of drug-related infectious diseases among intravenous drug users in Croatia continuously show a low rate of HIV infection, a continuous decline in the prevalence of hepatitis B and repeated downward trend in the prevalence rate of hepatitis C. However, although this year prevalence rates are in decline, which means that harm reduction programmes and drug addicts' trainings are effective, we should not forget the need for further activities related to reduction in the common use of needles, syringes and other equipment, as well as the prevalence of risky sexual behaviour. Because of these reasons, every patient to be included in the programme of mental health promotion, addiction prevention and outpatient treatment (Service) must answer the questions about sharing the drug paraphernalia and on each visit they are warned about the dangers of such habits.

Since in Croatia all blood donors are routinely tested for hepatitis C, the major risk factors for infection are intravenous drug use, promiscuous and unprotected sex, and work-related risks (accidental needle stab). Each active injecting drug user included in a harm reduction programme was warned to take all necessary measures against HIV / AIDS or hepatitis. Such measures include the use of clean and sterile equipment (needles and syringes) for drug use and the use of condoms during sexual intercourse. According to current estimates, more than 60% of new infections occur among people who had injected illicit drugs up to six months before the appearance of first symptoms.

Addiction treatment includes regular urine testing (rapid tests) for the presence of drugs and their metabolites, as well as capillary blood testing for HIV, HCV, HBV and syphilis, if the patient was prone to risky behaviour (sharing drug paraphernalia and sexual intercourse without protection).

*Table 6.1 – Persons treated for drug addiction, by anamnesis data on hepatitis B, C, and HIV infections (2004-2011)*

Opiate addicts	2005 (%)	2006 (%)	2007 (%)	2008 (%)	2009 (%)	2010 (%)	2011 (%)
HIV positive	0.7	0.5	0.5	0.5	0.5	0.5	0.5
Hepatitis B positive	17.6	15.5	13.6	13.2	10.5	10.4	7.3
Hepatitis C positive	47.6	46.2	46.3	44.6	42.3	46.0	40.5

Source: Croatian Institute for Public Health

As in previous years, the proportion of drug users infected with hepatitis C is still high, but in 2011, after it increased in the previous year, a decrease was recorded (from 46% in 2010, 40.5% in 2011). As for hepatitis B, a downward trend in the number of the infected continued, so it dropped by a further 3.1% compared to 2010 and now amounts to 7.3%. The proportion of addicts infected with HIV is very low and stable, similar to previous years, and in 2011 it remained at the same level (Table 6.1), primarily due to continuous education, providing relevant information, contemporary pharmacotherapy, work of the counselling centres and syringe and needle exchange programmes.

As a good practice example, which raises the awareness about the importance of timely education and prevention of drug-related infectious diseases, the action held on the occasion of the World Hepatitis Day 2011 should be mentioned. On that day a public action on the beach Zrće, a famous tourist destination and a gathering place for youth (on the island of Pag) was conducted, organised by the association "Hepatos" in cooperation with the Croatian Association of Treated and Ill with Hepatitis (SOH RH), under the auspices of the World Health Organisation, supported by and with the participation of the Croatian Society for Infectious Diseases, the Croatian Society of Gastroenterology, regional Public Health Institutes of the Split-Dalmatia County, the Zadar County, the Lika-Senj County and the Primorje-Gorski Kotar County, the Red Cross and civil society organisations dealing with the drug addiction and viral hepatitis problems. The activity was organized on 28 July 2011 in the Red Cross tents, in which the doctors of the Institute of Public Health of the Split-Dalmatia, Zadar, Lika-Senj and Primorje-Gorski Kotar counties performed free and anonymous testing for HIV and HCV. Besides the testing, the clients were offered information and counselling services. The aim of the action was, besides testing, to raise awareness of the Croatian public about the problem of viral hepatitis.

During the action, 77 people were tested for HIV and HCV. None of the tested persons tested positive for HIV or HCV. The tests were carried out using OraQuick tests, which can detect the contact with a HCV, or HIV virus from a saliva sample. During the action promotional, informative and educational materials about the risks of infection, and condoms were distributed.

### **6.3 Drug-related deaths and mortality of drug users**

Deaths related to psychoactive drug use refer to deaths which are consequences of acute intoxication with one or more drugs, and deaths caused by illnesses developed due to drug use (e.g. cardiovascular problems in cocaine users), risky addiction behaviour (hepatitis) or drug-related accidents.

The total number of drug-related deaths may depend on many factors, such as frequency and route of administering drugs (intravenous, simultaneous use of more drugs), age of addiction population, concurrent diseases and disorders, availability of treatment and emergency service.

According to the definition of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), death-related diseases refer to deaths that occur shortly after the use of one or more drugs, although very often in such cases of drug-related deaths the presence of alcohol and various medications is established as well.

Data collection system in the Republic of Croatia enables monitoring the mortality of addict population according to EMCDDA criteria, and furthermore, mortality of persons treated for drug abuse regardless of the leading cause of death. In such a way all causes of deaths of the persons treated for psychoactive drug use can be monitored.

Data on drug-related deaths which can be found in the Registry of Persons Treated for Psychoactive Drugs Abuse are entered based on the Statistical Report on Deaths (DEM-2), a form containing basic data on the person and circumstances of death, with a Death Certificate, a form at which main cause of death is registered, as its integral part. Cause of death as well as establishing the connection of death with illicit drug abuse are supplemented with a toxicological analysis of the Forensic Science Centre "Ivan Vučetić", which are conducted during autopsies with the aim of establishing the presence of illicit drugs in body liquids and tissues of the dead, and by toxicological analysis collected during an autopsy.

Thanks to coordination and cooperation of the Registry of Persons Treated for Psychoactive Drugs Abuse, the Medical Demography Department of the Croatian Institute for Public Health, the entire network of institutions for addiction treatment (Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment and hospitals), the Forensic Science Centre "Ivan Vučetić" and pathology hospital wards, the data volume is much more comprehensive.

Monitoring of mortality connected with psychoactive drug abuse includes deaths which pertain to deaths which are direct consequences of psychoactive drug abuse (overdose) and other deaths which include all causes of death of persons previously treated for psychoactive drug abuse. According to 2011 data, 193 deaths were recorded in Croatia.

Table 6.2 – Number of deaths by county of residence for the period 2006 – 2011

County	2006.	2007.	2008.	2009.	2010.	2011.
Zagreb	10	5	13	7	9	14
Krapina Zagorje	1	2	1	1		4
Sisak Moslavina	2	4		1	1	3
Karlovac	4	4	1	2	5	2
Varaždin	5	3	2	4	6	10
Bjelovar Bilogora	1	1		1	2	2
Koprivnica Križevci				2	2	1
Primorje Gorski Kotar	13	23	5	5	12	10
Lika Senj	1	1				1
Virovitica Podravina	2	3	2		2	1
Požega Slavonija	2	3	2	2		1
Brod Posavina	2	6	4	1	5	6
Zadar	11	12	13	13	8	14
Osijek Baranja	4	16	6	5	3	9
Šibenik Knin	5	9	7	6	4	6
Vukovar Srijem	7	4	3	2	3	5
Split Dalmatia	25	43	34	31	26	26
Istria	18	20	9	14	13	7
Dubrovnik Neretva	6	9	5	4	8	4
Međimurje	3	3			2	2
Grad Zagreb	51	64	66	58	41	65
Foreigners		1	3			
<b>TOTAL</b>	<b>173</b>	<b>236</b>	<b>176</b>	<b>159</b>	<b>152</b>	<b>193</b>

Source: Documentation of the National Bureau of Statistics (DEM-2) and the Croatian Institute for Public Health

Data in Table 6.2 show a total number of deaths in the period 2006-2011. As in previous years, most deaths occurred in City of Zagreb, 65 persons (33.7%), 26 (13.5%) persons died in Split Dalmatia County and 14 (7.3%) people died in Zadar County. According to this data, total number of deaths has increased. However, if we relate this number with cause of death, it is evident that deaths by overdose have declined from last year (55 in 2011, 60 in 2010) while other deaths increased. Such a trend can also be explained through data on average age of treated addicts. Patients are staying within the system for longer periods of time; they are older and are dying of diseases, same as general population.

Quality of the data gathering process and cooperation with the Department for Research and Analysis of Causes of Death within Croatian Public Health Institute has resulted in significant increase in registration of deaths of persons previously treated for psychoactive drug abuse, and whose cause of death is not directly connected with drugs.



Data in Table 6.3 show that the rate of deaths by overdose is 28.5%, and that there are 5.7% cases of deaths connected with addiction (opiate addiction syndrome, chronic Hepatitis), while 65.9% of deaths cannot be linked with psychoactive drug abuse.

Table 6.3 – Number of deaths in 2011, by cause of death

Cause of death	Number of deaths	%
Opiate overdose (unspecified)	5	2.6
Heroin overdose	5	2.6
Methadone overdose	41	21.2
Cocaine overdose	4	2.1
<b>TOTAL</b>	<b>55</b>	<b>28.5</b>
Other diseases	71	36.8
Accidents	24	12.4
Suicide	18	9.3
Medicine intoxication	1	0.5
Murder	1	0.5
Alcohol	5	2.6
Opiate addiction syndrome	4	2.1
Drug related diseases	7	3.6
Unknown	7	3.6
<b>TOTAL</b>	<b>193</b>	<b>100</b>

Source: Documentation of the National Bureau of Statistics (DEM-2) and the Croatian Institute for Public Health

Table 6.4 indicates that the number of deaths by psychoactive drugs overdose is still in decline. Implementation of National Strategy on Combating Drug Abuse, introduction and maintenance of pharmacotherapy and stable system which is available and open to anyone in need, have resulted in gradual decrease in number of drug related deaths. Out of 55 cases of overdose in 2011, 12 (21.8%) persons were not previously treated.

Table 6.4 – Number of deaths by overdose in the period 2006 - 2011

Cause of death	2007	2008	2009	2010	2011
Opiate overdose (unspecified)	40	21	8	8	5
Heroin overdose	43	36	29	15	5
Methadone overdose	22	22	17	37	41
Cocaine overdose	1	4	4		4
<b>TOTAL</b>	<b>106</b>	<b>83</b>	<b>58</b>	<b>60</b>	<b>55</b>

Source: Documentation of the National Bureau of Statistics (DEM-2) and the Croatian Institute for Public Health

More detailed display of causes of deaths of addicts points to changed cause structure, especially in type of substance responsible for overdose. It is evident that while in previous years heroine was dominant overdose substance, in the last two years a considerable increase in methadone overdose cases was recorded (Table 6.4).

The reasons for this can be found in illicit use of methadone, excessive dosage in treatment, inappropriate use or reduced opiate tolerance. Reports from the field show that heroin is less available, so methadone is used not only as substitution in treatment, but also as illicit substance.

In 2011, 4 cases of cocaine overdose were also recorded. Deaths linked with cocaine abuse are much harder to identify than those linked with opiates. Deaths directly caused with cocaine abuse are extremely rare and linked with high dosage of cocaine which is confirmed through toxicology analysis. On the other hand, deaths connected with cocaine abuse can occur as a consequence of long term abuse, which causes cardiovascular and neurological system damage (heart attack and stroke) Presence of cocaine in those cases is not always confirmed, meaning that deaths linked with cocaine abuse often remain unidentified.

Improvements made in the system by updates through toxicological analysis and autopsies have allowed for better data collection process and the quality of data, which directly led to significant decrease in unconfirmed substance overdose cases. For example, in 2007 overdose by unspecified opiates caused deaths of 37.7% persons, in 2008 25.3%, in 2009 and 2010 13% and in 2011 9%.

*Table 6.5 – Number of deaths by county of residence, gender and records of the Registry of Persons Treated for Psychoactive Drugs Abuse*

County	Gender		Total	%	Previous treatment		Total
	m	f			y	n	
Zagreb	13	1	14	7.7	14	0	14
Krapina Zagorje	3	1	4	2.1	4	0	4
Sisak Moslavina	1	2	3	1.5	3	0	3
Karlovac	2	0	2	1.0	2	0	2
Varaždin	6	4	10	5.2	10	0	10
Bjelovar Bilogora	1	0	1	0.5	1	0	1
Koprivnica Križevci	2	0	2	1.0	2	0	2
Primorje Gorski Kotar	8	2	10	5.2	9	1	10
Lika Senj	1	0	1	0.5	1	0	1
Virovitica Podravina	1	0	1	0.5	1	0	1
Požega Slavonija	1	0	1	0.5	1	0	1
Brod Posavina	5	1	6	3.1	6	0	6
Zadar	13	1	14	7.2	13	1	14
Osijek Baranja	8	1	9	4.6	8	1	9
Šibenik Knin	5	1	6	3.1	5	1	6
Vukovar Srijem	3	2	5	2.6	5	0	5
Split Dalmatia	23	3	26	13.4	22	4	26
Istria	5	2	7	3.6	7	0	7
Dubrovnik Neretva	4	0	4	2.1	4	0	4
Međimurje	1	1	2	1.0	2	0	2
City of Zagreb	43	22	65	33.5	61	4	65
<b>TOTAL</b>	<b>149</b>	<b>44</b>	<b>193</b>	<b>100</b>	<b>181</b>	<b>12</b>	<b>193</b>

*Source: Documentation of the National Bureau of Statistics (DEM-2) and the Croatian Institute for Public Health*

Distribution of deaths by gender indicates that, as in previous years, men are represented in larger numbers, with rate of 3.4:1 (Table 6.5).

Data on average age at the time of death continued to follow already present trend in 2011 as well. The average age of persons died from overdose in 2011 was 35.5 years, and average age at the moment of death of persons previously treated was 42 years. Although a trend of ageing of population of addicts is present in Croatia, persons who died in 2011 have lost 5815 years of life, which averages to 33.42 years for those who were previously treated and were younger than 75 at the time of death (Table 6.6).

Table 6.6 – Average age of persons died of psychoactive drug abuse

Year of death	Average age at the moment of death	Average age of persons who died of overdose, at the moment of death
2000.	29.5	27.8
2001.	30.1	28.4
2002.	30.3	29.0
2003.	30.5	28.6
2004.	31.3	29.5
2005.	32.2	31.7
2006.	33.4	30.2
2007.	32.9	31.8
2008.	33.4	32.0
2009.	35.7	33.5
2010.	38.8	32.6
2011.	42.0	35.5

Source: Documentation of the National Bureau of Statistics (DEM-2) and the Croatian Institute for Public Health

Number of years in treatment linked with cause of death shows that most people who died in 2011 were treated for 1 to 5 years (48.7%), followed by those who were treated for 6 to 9 years (16.1%) and those who spent 10 to 14 years in treatment (15.5%).

Of people who were in treatment for 1 to 5 years, most have died from other diseases (48.9%), followed by different accidents (18.1%). For persons that spent 6 to 9 or 10 to 14 years in treatment, most common cause of death was methadone overdose (38.7% and 33.3%). Persons who were in treatment for more than 15 years the most common cause of death were other diseases (Table 6.7).

Table 6.7 – Percentage of people died in 2011, by cause of death and years of treatment

Cause of death	Years of treatment							Total
	No treatment	1-5	6-9	10-14	15-19	20-24	25-29	
<b>Opiate overdose</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
% Cause of death	40.0%	20,0%	20,0%	20,0%	0,0%	0,0%	0,0%	100,0%
% yrs of treatment - groups	16.7%	1,1%	3,2%	3,3%	0,0%	0,0%	0,0%	2,6%
<b>Heroin overdose</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
% Cause of death	60.0%	40.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
% yrs of treatment - groups	25.0%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%
<b>Methadone overdose</b>	<b>5</b>	<b>8</b>	<b>12</b>	<b>10</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>41</b>
% Cause of death	12.2%	19.5%	29.3%	24.4%	14.6%	0.0%	0.0%	100.0%
% yrs of treatment - groups	41.7%	8.5%	38.7%	33.3%	37.5%	0.0%	0.0%	21.2%
<b>Cocaine</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>

<b>overdose</b>								
% Cause of death	50.0%	25.0%	0.0%	25.0%	0.0%	0.0%	0.0%	100.0%
% yrs of treatment - groups	16.7%	1.1%	0.0%	3.3%	0.0%	0.0%	0.0%	2.1%
<b>Other disease</b>	<b>0</b>	<b>46</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>0</b>	<b>4</b>	<b>71</b>
% Cause of death	0.0%	64.8%	9.9%	8.5%	11.3%	0.0%	5.6%	100.0%
% yrs of treatment - groups	0.0%	48.9%	22.6%	20.0%	50.0%	0.0%	57.1%	36.8%
<b>Accidents</b>	<b>0</b>	<b>17</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>24</b>
% Cause of death	0.0%	70.8%	12.5%	12.5%	4.2%	0.0%	0.0%	100.0%
% yrs of treatment - groups	0.0%	18.1%	9.7%	10.0%	6.3%	0.0%	0.0%	12.4%
<b>Suicide</b>	<b>0</b>	<b>9</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>18</b>
% Cause of death	0.0%	50.0%	22.2%	22.2%	0.0%	5.6%	0.0%	100.0%
% yrs of treatment - groups	0.0%	9.6%	12.9%	13.3%	0.0%	33.3%	0.0%	9.3%
<b>Medicine intoxication</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
% Cause of death	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
% yrs of treatment - groups	0.0%	0.0%	3.2%	0.0%	0.0%	0.0%	0.0%	0.5%
<b>Murder</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
% Cause of death	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
% yrs of treatment - groups	0.0%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%
<b>Alcohol</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
% Cause of death	0.0%	60.0%	20.0%	20.0%	0.0%	0.0%	0.0%	100.0%
% yrs of treatment - groups	0.0%	3.2%	3.2%	3.3%	0.0%	0.0%	0.0%	2.6%
<b>Opiate addiction syndrome</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>
% Cause of death	0.0%	0.0%	25.0%	50.0%	0.0%	0.0%	25.0%	100.0%
% yrs of treatment - groups	0.0%	0.0%	3.2%	6.7%	0.0%	0.0%	14.3%	2.1%
<b>Addiction related diseases</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>7</b>
% Cause of death	0.0%	0.0%	14.3%	14.3%	14.3%	28.6%	28.6%	100.0%
% yrs of treatment - groups	0.0%	0.0%	3.2%	3.3%	6.3%	66.7%	28.6%	3.6%
<b>Unknown</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>
% Cause of death	0.0%	85.7%	0.0%	14.3%	0.0%	0.0%	0.0%	100.0%
% yrs of treatment - groups	0.0%	6.4%	0.0%	3.3%	0.0%	0.0%	0.0%	3.6%
<b>TOTAL</b>	<b>12</b>	<b>94</b>	<b>31</b>	<b>30</b>	<b>16</b>	<b>3</b>	<b>7</b>	<b>193</b>
% Cause of death	6.2%	48.7%	16.1%	15.5%	8.3%	1.6%	3.6%	100.0%
% yrs of treatment – groups	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Documentation of the National Bureau of Statistics (DEM-2) and the Croatian Institute for Public Health

## 6.4 Other drug-related correlates and consequences

Addiction is a chronic relapsing disease often accompanied by other mental illnesses and disorder diagnoses, such as personality disorders and behavioural disorders, affective and

neurotic disorders, and mental disorders caused by alcohol and other chronic diseases related to high-risk behaviour of drug addicts.

In 2011 generally the highest rate of disorders caused by alcohol consumption was recorded, both among opiate (26%) and non-opiate addicts (38.9%). Then follows affective disorders (25.6%) among opiate addicts and schizophrenia, delusional and schizotypal disorders among non-opiate addicts. The rarest are disorders in behaviour and feelings that occur in childhood and adolescence (only two cases of opiate addicts) and mental retardation (one opiate addict) (Table 6.2).

*Table 6.8 – Persons treated for drug abuse in health care institutions, by registered concurrent diseases and disorders (2011)*

MKB-10		Opiate abuse		Non-opiate abuse	
		Number	%	Number	%
F60- 69	Disorders of adults' behaviour and personality	80	17.9	13	18.1
F30-F39	Affective disorders (depression, mood disorders)	114	25.6	10	13.9
F40-F48	Neurotic, stress and somatoform disorders	44	9.9	3	4.2
F10	Psychological and behavioural disorders caused by alcohol	116	26.0	28	38.9
F20-F29	Schizophrenia, schizotypal and delusional disorders	65	14.6	14	19.4
F90-F98	Behavioural and emotional disorders appearing in childhood and adolescence	2	0.4	0	0.0
F00-F09	Organic and symptomatic psychological disorder	21	4.7	4	5.6
F50-F51	Eating disorders	3	0.7	0	0.0
F70-F79	Mental retardation	1	0.2	0	0.0
<b>TOTAL</b>		<b>446</b>	<b>100</b>	<b>72</b>	<b>100</b>

Source: Croatian Institute for Public Health

## 7 Responses to health correlates and consequences

### 7.1 Introduction

Harm reduction programmes are highly specific programmes targeted at active injecting drug users and are integral part of public health activities adopted by the Croatian Government in 1996, recognised and promoted by the Ministry of Health. The main aim of these activities is to reduce spreading of blood - borne diseases HIV / AIDS, hepatitis B and hepatitis C (SQ 23/29, 2011).

Harm reduction programmes consist of sharing of injecting equipment, distribution of condoms, collecting infectious waste (needles, syringes), cleaning the environment from the discarded equipment, distribution of educational material, counselling and informing the addicts about the harmful effects of drug abuse, the risk of overdose and how to protect themselves from blood-borne and sexually transmitted diseases. The above mentioned activities are conducted by the Croatian Red Cross and civil society organizations LET, HELP, Terra and Institut in drop-in centres and outreach locations.

Apart from exchange and receiving free sterile injecting equipment, needles and syringes can be bought in pharmacies, but the records of the sold accessories do not distinguish between the accessories sold to drug addicts and those sold to other patients.

A very important role in reducing the harm caused by drug abuse play the Centers for Free of Charge and Anonymous HIV Testing and Counselling. The Centres are active at the Croatian Institute of Public Health, the Clinic for Infectious Diseases "Dr. Fran Mihaljević" and the Prison Hospital in Zagreb, the County Institutions for Public Health (in Dubrovnik, Korčula, Osijek, Pula, Rovinj, Rijeka, Slavonski Brod, Split and Zadar), the Croatian Red Cross in Zadar and HELP association in Split. Counselling centres for HIV / AIDS operate as a part of the Croatian national programme for the prevention of HIV / AIDS for the period 2011 to 2015<sup>56</sup>. In 2011 the Centres provided 5 155 individual counselling sessions to 2 735 users and 2,630 persons were tested for HIV, 25 of which showed positive results (Nemeth-Blazic 2012).

### 7.2 Prevention of drug-related emergencies and reduction of drug-related deaths

Substitution therapy plays an important role in overdose prevention, more information about which is available in Chapter 5 of this Report. Also, an important role in prevention of drug-related deaths have civil society organisations, which within the regular harm reduction activities print and distribute educational material related to drug overdose prevention. For example, on the website of the association Terra<sup>57</sup> and association network BENEFIT<sup>58</sup> one can find information on drug overdose prevention with an explanation of the overdose process, the recognition of overdose signs and instructions how to behave in case of an overdose of another person.

<sup>56</sup> Croatian National Programme for the Prevention of HIV / AIDS for the period 2011 to 2015 was adopted by the Government of the Republic of Croatia at its meeting held on 14 April 2011.

<sup>57</sup> <http://www.udrugaterra.hr/predoziranje/> [page visited on 13 July 2012]

<sup>58</sup> [http://www.smanjenje-stete.com/index.php?option=com\\_content&view=article&id=8&Itemid=9](http://www.smanjenje-stete.com/index.php?option=com_content&view=article&id=8&Itemid=9) [page visited on 16 July 2012]

### 7.3 Prevention and treatment of drug-related infectious diseases with the emphasis on the treatment of hepatitis C among intravenous drug users

Although there are no specific prophylactic measures (vaccines, serums) available for protection against hepatitis C, the risk of infection with the virus can be reduced by practising hygiene measures and the implementation of harm reduction programmes.

The overview of the activities of the Croatian Red Cross and civil society organisations that implement harm reduction programmes aimed at the prevention of drug-related infectious diseases are presented herein. The information on the geographic coverage of the locations (ST10, 2012) of needle and syringe exchange delivered to the Office for Combating Drugs Abuse by civil society organisations on the annual basis shows that the Croatian Red Cross is carrying out a programme of needle and syringe exchange in drop-in centres in Zagreb, Zadar, Krapina and Nova Gradiška. HELP Association is conducting the activities in the drop-in centre in Split, supplying with clean and sterile equipment a total of 46 locations in Dubrovnik, Makarska, Imotski, Trogir, Kaštela, Sinj, Primošten, Rogoznica, Šibenik, the islands of Korčula and Hvar and Brač and the cities in eastern Croatia: Osijek, Đakovo, Vukovar and Vinkovci. Association for Promoting the Quality of Life LET is conducting outreach work at 9 locations in the city of Zagreb, and the users can call and arrange time and place of the meeting with outreach workers on Info Phone "Zagreb Zovi." Terra Association is conducting a harm reduction programme in the drop-in centre in Rijeka and outreach work at a total of 10 locations in Rijeka and Opatija, Lovran, Klana, Labin, Bakar, Kraljevica, Crikvenica, Karlovac and Ogulin and the islands of Krk and Lošinj. In addition, SOS phone for drug users is also active in Terra association. In the Istria County harm reduction activities are implemented by the association Institut at 9 locations in Pula and in Poreč, Brtonigla, Rovinj, Novigrad, Bale, Buje, Umag, Štinjan, Fažana, Vodnjan and Banjole. The mentioned associations founded in 2008 the BENEFIT Network Association, which provides information about harm reduction programmes, substitution therapy, HIV / AIDS epidemic in the population of intravenous drug users, about sexually transmitted diseases in general, outreach work with drug users and cooperation at the local, national and international level.

Table 7.1 shows the number of the distributed equipment and educational material in 2011. Similar to the previous years, needles and syringes were distributed most, then condoms and educational material (ST 10, 2012).

Table 7.1 – Distributed equipment and educational material in 2011, by civil society organisations

Civil society organisations	Number of distributed equipment and educational material			
	Condoms	Needles	Syringes	Educational material
Croatian Red Cross	2 607	32 934	25 294	1 000
Institut	5 750	61 055	36 365	2 415
Terra	6 703	81 990	78 334	1 852
LET	2 710	90 376	79 212	541
HELP	29 280	352 868	121 152	26 090
<b>TOTAL</b>	<b>47 050</b>	<b>619 223</b>	<b>340 357</b>	<b>31 898</b>

Source: Civil society organisations

Within the regular harm reduction activities, civil society organisations pay special attention to collecting infectious waste. During 2011, 130 282 needles and 101 493 syringes (in 2010: 121 500 needles and 75 037 syringes) were collected.

Table 7.2 – Number of collected equipment in 2011, by civil society organisations

Civil society organisations	Collected equipment	
	Needles	Syringes
Croatian Red Cross	11 137	11 137
Institut	44 050	44 050
Terra	13 849	13 849
LET	13 775	12 094
HELP	47 471	20 363
<b>TOTAL</b>	<b>130 282</b>	<b>101 493</b>

Source: Civil society organisations

Table 7.3 shows the number of users included in harm reduction activities in 2011. Out of the total number (3 939), 93.0% of persons were included in the mentioned programmes in previous years as well. The highest number of new users was a little lower than in 2010 (276 in 2011, 412 in 2010).

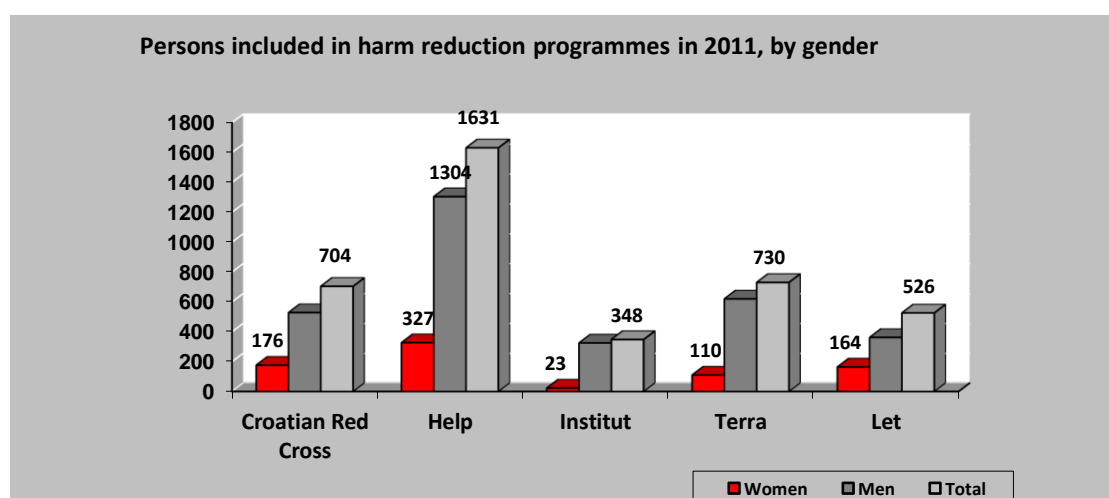
Table 7.3 – Harm reduction programme users in 2011

Civil society organisations	Persons included in harm reduction programmes		Old users		New users	
	Total	%	Total	%	Total	%
Croatian Red Cross	704	100	619	87.9	85	12.1
Institut	348	100	281	80.7	67	19.3
Terra	730	100	686	94.0	44	6.0
LET	526	100	490	93.2	36	6.8
HELP	1 631	100	1 587	97.3	44	2.7
<b>TOTAL</b>	<b>3 939</b>	<b>100</b>	<b>3 663</b>	<b>93.0</b>	<b>276</b>	<b>7.0</b>

Source: Civil society organisations

Similar to previous years, the majority of harm reduction programme users are male (Figure 7.1). From all available data, the biggest difference in users' gender was registered by the Association Institut, where there are only 6.6% of female users. The smallest difference was noted in LET Association, in which one third of harm reduction programme users are female.

Figure 7.1 – Persons included in harm reduction programmes in 2011, by gender

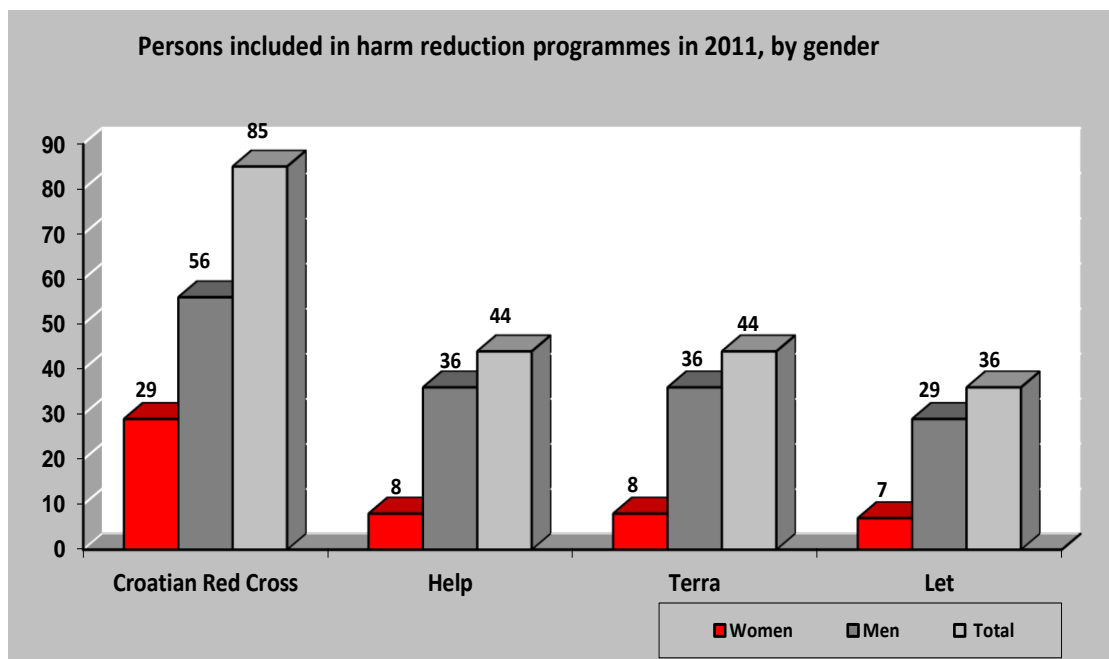


Source: Civil society organisations



Figure 7.2 shows the gender structure of new harm reduction programme users in 2011 for the civil society organisations that have collected the requested data. The smallest difference is recorded by the Croatian Red Cross, where a little more than one third of new users are females.

Figure 7.2 – New users included in the harm reduction programmes in 2011, by gender



Source: Civil society organisations

Some civil society organisations that implement harm reduction programmes monitor the data on the number of users who are infected with drug-related infectious diseases. For example, the Association Let monitors the mentioned data based on user testimonies when they came into the programme for the first time. In 2011 Association LET recorded 18.6% of users with hepatitis C, 2.5% with hepatitis B and 0.2% HIV-positive persons. In 2011 a part of programme beneficiaries of the Association HELP were tested for infectious diseases. Test results showed that out of 76 tested persons (4.6% of the total number of users) 7.9% tested positive for hepatitis B, almost one third (31.6%) for hepatitis C, and 3.9% for HIV. The Croatian Red Cross, within their testing program, conducted rapid testing for HIV and hepatitis C. The data show that in 2011 more than half (56.3%) of the users were positive for hepatitis C, and there were no HIV positive users.

The civil society organizations that are primarily concerned with viral hepatitis and HIV / AIDS operate in the area of preventing the spread of drug-related infectious diseases. Croatian Association of Treated and Ill with Hepatitis Hepatos is the leading association of the Association of Persons Ill with Hepatitis of the Republic of Croatia, which was appointed by the World Health Organisation as the National contact point for hepatitis. With its activities at local, national and international level, Hepatos is trying to sensitise the public about the problem of viral hepatitis, prevent the spread of the disease, reduce discrimination and improve the quality of life of patients and their families and provide expert advice and psychological support. Within preventive activities aimed at the school population, "Hepatos" is conducting education and informing of the sixth-grade elementary school pupils through the distribution of publications during compulsory vaccination against hepatitis B (SQ 23/29, 2011). *Hepatitis among at-risk groups* programme has been implemented since 2004, and includes the cooperation among the civil society organisations dealing with substance disorders, therapeutic communities, veterans' associations, prisons and other

organisations/institutions that gather at-risk groups, development and distribution of educational materials specifically designed for at-risk groups, educational lectures, public actions aimed at encouraging the testing among high-risk groups, public lobbying with the aim of more accessible and systematic education and testing of high-risk groups. Within its public actions in 2011 the "Hepatos" association distributed 620 condoms and 121 copies of educational material. Out of the total number (112) of users of the association's Counselling Centre, 7.1% (8 people) of them confirmed their status as a current or treated addict. Hepatos also offers a free SOS telephone line and on-line counselling.

Association HUHIV deals with prevention, education and support to those suffering from HIV infection, AIDS and viral hepatitis. In 2011 the Association opened a counselling centre in the Clinic for Infectious Diseases "Dr. Fran Mihaljević", and in such a way expanded the spatial capacities for counselling. HUHIV also has a free SOS telephone line, they organise forums on HIV / AIDS, bring together groups of self-support patients, provide assistance in exercising the right to treatment, education of health professionals, youth education and other activities. On the website of the Association<sup>59</sup> there is an anonymous on-line survey to assess personal risk of infection by hepatitis viruses where the visitors can obtain information about their own risk of infection by hepatitis viruses.

According to data of the Croatian Reference Centre for Diagnosis and Treatment of Viral Hepatitis, 30% of the total population treated for hepatitis C are intravenous drug addicts. Those ill with chronic hepatitis C undergo the treatment in order to prevent the development of life-threatening complications such as cirrhosis and liver cancer. The gold standard in treatment of chronic hepatitis C is a combination of pegylated interferon and ribavirin. The way of treatment of chronic hepatitis C in Croatia depends on the genotype. For treatment of chronic hepatitis C caused by genotype 1 a combination of pegylated interferon and ribavirin is used, while for other genotypes (2 and 3) ribavirin and so-called conventional interferon should be given several times a week. The treatment lasts for 48 weeks or less if the treatment proves ineffective. For genotype 1 it is examined in the period of 12 weeks after the beginning of the treatment, and for genotype 2 and 3 after 24 weeks. If after that time the qualitative HCV PCR is negative, the treatment continues until the end, and is terminated if the test is positive. At the initiation of the therapy patients are hospitalised for a short time (about 10 days) during which the side effects are monitored and patients are educated about how to self-inject interferon.<sup>60</sup>

Croatia belongs to the countries where the free highly active antiretroviral therapy (HAART) is available for all HIV-positive persons.

## 7.4 Responses to other health consequences among drug users

Addiction is often accompanied with other diagnoses of mental illnesses and disorders. Most often they are behavioural, affective and neurotic disorders, mental and behavioural disorders caused by alcohol use and other chronic diseases associated with at-risk behaviour of drug addicts. If a person suffers from some other psychiatric illness apart from addiction, an attempt is made to treat both addiction and comorbidity simultaneously, but it is important to pay attention to drug interaction and choice of drugs according to diagnoses. When this is feasible, the aim is to either achieve abstinence from drugs, or to reduce harm by using substances that do not exacerbate psychic disturbances.

<sup>59</sup> Available on <http://huhiv.hr/procjena-osobnog-rizika-od-infekcije-virusnim-hepatitisima-2/> [page visited on 16 July 2012]

<sup>60</sup> According to [http://www.cybermed.hr/centri\\_a\\_z/hepatitis\\_c/lijecenje\\_hepatitisa\\_c](http://www.cybermed.hr/centri_a_z/hepatitis_c/lijecenje_hepatitisa_c), [page visited 17 July 2012]

## **8 Social correlates and social reintegration**

### **8.1 Introduction**

In the Republic of Croatia, the public is extremely sensitized to the problem of drug abuse, which is proven by a large number of institutions and programmes dealing with this problem, which is considered a political and social issue. In Croatia, a country of traditional social values, a family still plays a very important role in upbringing and development of an individual, and besides, it also protects from social exclusion. As a result, drug addicts are often protected by a family, which gives them full support during rehabilitation and social reintegration. On the other hand, the problem of families not having enough information about real harmfulness of drug use is usually recognised too late, because, on average, an addict comes in for treatment 8 years after first use. Therefore, it is obvious that educational role of the family should be strengthened and the awareness of drug-related risks and damages should be raised.

The concept of social exclusion appeared in the Croatian professional publications in mid-nineties of the last century and since then it has been slowly entering into the scientific and political discourse. Like most new Member States, Croatia has faced serious challenges of social exclusion in the process of transforming its society and restructuring its economy. Main causes of poverty and social exclusion in Croatia are long-term dependence on low or inadequate income, long-term unemployment, low paid and/or low quality jobs, low level of education and training, children being raised in vulnerable families, impact of physical and mental disabilities, rural-urban disparities, racism and discrimination, and, to a lesser extent, homelessness and migrations.

Social reintegration in its widest sense means every form of social inclusion and affirmation through various activities in the fields of sport, culture, work and other social activities. Social reintegration of addicts involves every form of social involvement and affirmation through different activities such as sports, culture, work and other social activities. Social reintegration of addicts implies interventions aimed to socially involve drug addicts into the life in the community after the finished treatment in a medical institution, withdrawal therapy in a therapeutic community or serving a prison sentence, which includes psychosocial support, completion of education, training and employment, help with housing, or organised housing for recovering addicts (residential communities).

Therefore, social reintegration of addicts should logically follow psychosocial rehabilitation. However, as it is already well known, addicts often after the treatment is completed cannot successfully fit in the society due to numerous reasons, such as public opinion on drug addiction, insufficient family support, but also the support of the entire community.

### **8.2 Social exclusion and drug use**

In 2011 gross domestic product (GDP) of the Republic of Croatia dropped by 0.4% compared to 2010. The data of the Croatian Bureau of Statistics also show the rise of surveyed unemployment rate from 11.5% in 2010 to 13.5% in the second quarter of 2011, whereas the average net salary decreased by 0.4% compared to the previous year. Similarly, according to the data of the Independent Trade Unions of Croatia for August 2011, the average salary in the Republic of Croatia covered 81.76% of the average consumer basket costs for a family of four, similar to the year 2010, whereas for subtenants the average salary covered about 63.96% of everyday costs, which is the same as the previous year.

Apart from that, it is important to mention that in Croatia there are two main reasons for exclusion of youth: drop out of education and unstable position on the labour market. However, unemployment is not necessarily related to poverty or social exclusion of young people in Croatia due to the fact that many unemployed young people live with parents or other family members, who they share their essential living expenses with. However, this strongly affects demographic policy because this is the reason why it takes longer for youth to achieve their independence and establish a family later.

### 8.2.1 Social exclusion among drug users

Republic of Croatia, unlike many other European countries, still hasn't encountered the problem of social exclusion more intensively. In accordance with traditional family values, the majority of addicts is strongly supported by their primary and secondary family, and lives with them.

According to the data of the Croatian Institute for Public Health for 2011, out of the total number of persons treated for drug abuse, like previous years, the majority of them 3 874 (50.5%) lived with the primary family, 775 persons (10.1%) with a partner, and 1 110 (14.5%) of them with a partner and a child. This proves again that in Croatia there have not been any changes in the relationship between a family and an addict, and the family is still entirely integrated in the process of treatment. 1 019 of the treated persons or 13.3% lived alone at the time of treatment.

### 8.2.2 Drug use among socially excluded groups

As for the data on social exclusion of drug addicts, who beside addiction suffer from other forms of social stigmatisation, such as homelessness, poverty, prostitution and similar, in Croatia there are no relevant statistical indicators nor research that would systematically investigate the context and scope of this problem. Although in the last few years the number of homeless has increased, it is estimated that there are currently more than 500 homeless people living in Croatia (about 400 in Zagreb, between 50 and 100 in Osijek, about 30 in Rijeka and Split, and about 20 in Varaždin),<sup>61</sup> which is almost the same as last year, so it can be concluded that the homeless population in Croatia is quite stable.

The research conducted in 2010 related to homelessness and social exclusion in Croatia<sup>62</sup>, presented the socioeconomic background and context of homelessness in Croatia (the average age of the homeless is between 50 – 52 years, they are divorced or single, about two thirds of them have children). Homelessness in Croatia is mostly a result of a combination of various coincidences, which include poverty, trauma and violence, low education level, bad health, divorce, whilst using addiction substances and addiction among the homeless is usually secondary development caused by the above mentioned factors. However, there are no relevant estimates about the number of drug addicts among the total number of homeless people.

Although the year 2010 recorded a significant increase in the number of addicts with social problems such as homelessness or prostitution, in 2011 the associations that are responsible for this type of cases reported that there was a rather small number of homeless drug addicts and those who were involved in prostitution. According to the data of the organisations that implement harm reduction programs in 2011 these organisations reported a sharp decline in the number of homeless addicts who had used their services (27 people, as opposed to 74 in 2010). There were also significantly fewer addicts, mostly women, who were engaged in

<sup>61</sup> Bežovan, G. (2008) *The Subvention of Rent and Expenditures in Croatia - Draft* (Zagreb: Centre for Development of Non-profit Organisations, CERANEO)

<sup>62</sup> Šikić-Mičanović, L. (2010), "Homelessness and Social Exclusion in Croatia"

prostitution (16 of them in 2011 and 64 in 2010). However, the data on the number of drug addicts and homeless people who are involved in prostitution were not submitted by all the associations that delivered the same data in 2010. Some general characteristics of these addicts did not change – their average age was 30 to 45 years, they were long-time drug users with multiple disease recidivism and often released from prison, with drug addiction most often accompanied by alcohol problems and other mental illnesses. Prostitution was practised mostly by female addicts who in such a way finance the habit, and it is often the only source of income. A lot of addicts were only occasionally homeless and very often, after some time spent on the streets, return to their families or find a shelter, which could explain the decline in the number of reported homeless addicts in 2011.

Table 8.1 – Number and social characteristics of homeless people and cases of prostitution, by associations

Association	Number of homeless		Social characteristics	Number of prostitution cases		Social characteristics
	M	F		M	F	
“ANST 1700”	2	0	Both clients have been criminally prosecuted several times. In addition to the drug abuse, they are of the same average age (36).	0	0	
“Let”	0	0		0	3	Addicts between the age of 35 and 40 years, female, prone to other forms of addiction (alcohol, gambling), prosecuted
“League for Prevention of Addiction”	1	0	He avoids homeless shelters, sleeps in parks, beaches and stays with friends and relatives as long as they can stand it, or as long as he can stand it. Not registered as homeless. He had an apartment that was lost due to criminal activity. Mostly of poor health, without most of his teeth, often wearing dirty clothes. He lives on the charity from friends, relatives, ex-wives and girlfriends.		1	Good financial situation, accentuated sexuality, unstable in respect to therapy and treatment.
“Terra”	17	7	<p>People without accommodation or without the possibility to meet basic human needs, unemployed, evicted from the parental home or do not have parents, those who came from foreign countries due to deportation, termination of asylum, etc., or just got out of prison. Mostly single, no family or no family support, sometimes leaving their families which are either dysfunctional (alcoholism, poverty, domestic violence) or do not know the proper approach to the problem of addiction and cannot approach the problem in an adequate way and do not seek help.</p> <p>Users usually report on their own initiative or on the recommendation of institutions we collaborate with on a project (CZSS Rijeka, Centre for Addiction Prevention Kalvarija, Caritas, Red Cross). Next year we expect the number of users with these characteristics to grow significantly.</p>	1+1 transsexual	10	<p>Among men, there is one male addict occasionally engaged in prostitution for money or gifts (women and swingers) and a transsexual (providing services to men).</p> <p>As for women, 10 of the female addicts are engaged in regular or occasional prostitution. Seven of them provide sexual services for a predetermined price. For the other three it is estimated that they provide sexual services in order to meet their addiction needs (for tablets or drugs) and / or to confirm their own sexual values and desirability.</p>
<b>TOTAL</b>	<b>20</b>	<b>7</b>	<b>27</b>	<b>2</b>	<b>14</b>	<b>16</b>

Source: Civil society organisations

Even though the data for 2011 point to the decline in the number of homeless people and drug addicts who were engaged in prostitution, we should keep in mind that the actual number of people who belong to these groups is higher, therefore more attention should be paid to the development of specific programmes for these groups of addicts, which are currently very modestly conducted in drop-in centres of the Terra Association from Rijeka, Help Association from Split and the Croatian Red Cross in Zagreb, and generally to the development of various forms of socio-economic interventions for the most vulnerable groups of drug addicts (homeless and similar).

### 8.3 Social reintegration

With the aim of inclusion of as many as possible addicts into society in order to provide quality and productive lifestyle for them, the Government of the Republic of Croatia is continuously making efforts to implement and improve the Project of Social Reintegration of Drug Addicts, which has also included a large number of users this year.

Until the end of 2011, in the Registry of Persons Treated for Psychoactive Drugs Abuse of the Croatian Institute for Public Health the total number of 7 665 persons treated for psychoactive drug use was registered. Among the treated persons, as in the previous years, most of them (5 071-66.2%) finished secondary school (Table 5.2). One quarter of them (1 869 or 24.4%) completed elementary school, while 115 or 1.5% of them did not complete elementary education. 424 people (5.5%) finished a college or university. Among the treated persons, 2 274 or 29.7% worked full time, while more than half (53.9%) were unemployed and economically inactive (6%). Among those treated in 2011, 8.2% were pupils or students. In conclusion, regarding the rather low educational level of the treated addicts, education, employment, and social reintegration are very important elements in the overall treatment and later abstinence period.

In accordance with the National Strategy, priorities in the field of social reintegration are helping drug addicts with finishing their elementary and secondary school education or occupational retraining, promotion of employment of addicts, formation of residential communities for addicts and promotion of social reintegration of addicts who cannot or do not want to stop using drugs or have some other problems<sup>63</sup>. Accordingly, the Office for Combating Drugs Abuse as a coordinate professional body of the Government of the Republic of Croatia, with the aim of integration of addicts in the labour market and life in community, created the Project of Social Reintegration of Drug Addicts, which was adopted by the Government of the Republic of Croatia in April 2007. Furthermore, with the aim of promotion of employment of socially excluded groups, the treated addicts being among them, the National Employment Promotion Plan for 2010-2011 was adopted as well as the Promotion Programme for Small and Medium-sized Entrepreneurship for 2008-2012 (with Operative annual promotion plans for small and medium-sized entrepreneurship within it). In 2009 an Annex to the Project was also adopted, which enabled the addicts to complete previously started education at the cost of the Ministry of Science, Education and Sport after completing the treatment or prison sentence.

Within the Project of Social Reintegration of Drug Addicts as the most important special programme with the aim of social reintegration of drug addicts, there are two main areas in which special interventions have been created, and they are additional qualification and retraining of drug addicts who are either included in one of the social reintegration projects or have completed such a programme, and promotion of employment of drug addicts. The Social Reintegration Project contains the measures for additional qualification and retraining during a

<sup>63</sup> National Strategy on Combating Drugs Abuse in the Republic of Croatia 2006-2012 (OG No.147/05)

stay in one of the institutions that deal with rehabilitation, education to finish the secondary school education after leaving the institution, measures for promotion of employment and education for jobs required on the labour market, encouraging self-employment and establishment of cooperatives and other measures (co-financing of civil society organisations and institutions that carry out the programmes oriented towards providing help to drug addicts).

Key holders of the Project measures are the Ministry of Labour and Pension System, the Ministry of Entrepreneurship and Trade and the Croatian Employment Service, which provide financial resources for the implementation of the measures for employment promotion, professional training and education, as well as self-employment of the treated addicts. The Ministry of Science, Education and Sport provides funds for education of the addicts in all situations where the additional qualification or retraining programme started in a therapeutic community, social welfare institution or prison institution, and has been entirely or partially conducted in the institution, also covering the expenses for education until the end of the secondary education proposed by the social welfare centres. Furthermore, the Prison Administration of the Ministry of Justice is participating in the project by evaluating and selecting the addicted prisoners for education and retraining, which is conducted during their stay in prison, and after being released from prison connects the users with the social welfare centres, whereas the Ministry of Health bears the expenses of evaluation of work and health ability of addicts, performed by the doctors of occupational medicine. The Office for Combating Drugs Abuse is appointed a coordinator for the implementation of the Project and among others, is in charge of monitoring and promotion of the project implementation and making annual reports on the implementation of the Project and giving proposals for its amendments. Apart from the previously mentioned, every year based on the public invitation for tenders, the Office finances the programmes/projects of civil society organisations, which offer various services aimed at social reintegration of drug addicts in the community.

The most important role in the implementation of the measures at the local level is played by regional branches of the Employment Service and social welfare centres. Branch offices conduct employment promotion measures targeted at sensitive group of the unemployed, the treated addicts being among them as well. Flexible approach is used in implementation of these measures, and therefore, long-term unemployment is not a pre-condition for inclusion into programmes through active policy measures, only an application to the Institution is needed. Social welfare centres at the local and regional (counties/cities) level are responsible for informing the addicts from the target group about all the possibilities of inclusion into the Project of Social Reintegration, monitoring the individual programme of social reintegration and providing other forms of social care and support to addicts during the process of social reintegration.

### **8.3.1 Housing**

In terms of encouraging the establishment of housing communities for drug addicts who cannot return to their settings after having completed rehabilitation or served a prison sentence due to their family, social and housing conditions, in June 2009, based on the Social Welfare Act, *the Ordinance on Types and Activities of Social Welfare Homes, Care Outside Original Families, Space Conditions, Equipment and Employees in Social Welfare Homes, Therapeutic Communities, Religious Communities, Associations and Other Legal Entities as well as Centre for In-Home Assistance and Care* was issued, which among others, regulates the standards for establishing housing communities and providing services of organised housing facilities for the treated addicts, as an important part of the entire social reintegration.

Fostering the social inclusion of the addicts who cannot or do not want to stop using drugs, and who are, apart from social exclusion, worried by other health and social problems, is



being conducted within the civil society organisations, which within harm reduction programmes provide various services of full and half-day stay, hygiene maintenance etc. It is important to mention that these civil society organisations have been financed mostly by the State Budget at the position of the Ministry of Health.

Primary family is also strongly involved in the entire process of drug addicts' treatment in therapeutic communities, and what is specific for treatment in all therapeutic communities in Croatia is intensive work with the addicts' parents. What should be especially emphasised regarding the social inclusion of drug addicts is a significant contribution of associations of parents established by the therapeutic community Cenacolo and humanitarian organisation Susret. In addition, a few independent associations of parents of drug addicts have been established, which through the activities in the community and self-help groups contribute to treatment of addicts and solving the problem of their social reintegration. Furthermore, many therapeutic communities, especially those of religious orientation, with a long-term treatment that lasts from 1 to 3 years, enable the addicts a lifelong stay in a therapeutic community, and then they very often volunteer in therapeutic communities as organizers of treatment programme implementation and addiction withdrawal. According to the Croatian National Institute of Public Health, in 2011 most addicts had stable accommodation (82.0%), 2.9% of them lived in an institution, while 10.3% had insecure accommodation. There is no information on where the 4.8% of addicts lived and it is possible that this refers to the share of homeless addicts who were involved in treatment.

Therefore, it is not surprising that in Croatia the organised housing programmes have been less developed than some other programmes of social inclusion. However, family support in a great number of cases is not sufficient, and even after successfully completed rehabilitation a large number of them return to drugs and addiction. Accordingly, since 2009 there were more intensive efforts made towards organising various forms of accommodation for the treated addicts as support to their social inclusion after having completed treatment and rehabilitation programmes. Therefore, in 2011, the Office for Combating Drugs Abuse prescribed the establishment of housing communities for treated addicts as a priority, through public tenders for allocation of financial resources to the associations that conduct the programmes of social reintegration, whereas the Ministry of Social Policy and Youth enabled those housing communities that were established pursuant to the aforementioned Ordinance, to sign long-term contracts with the Ministry for financing the housing projects of drug addicts.

In 2011 two housing communities which had been established in 2010 were active: a housing community in Osijek established by the Association Ne-ovisnost, and a housing community of the Association Pet+, Brestovac. The previously mentioned housing communities offer services of organised accommodation to about 20 treated addicts.

### **8.3.2 Education**

During 2011 a larger number of users began getting involved in the Project of Social Reintegration of Drug Addicts than in the previous years, and significantly greater motivation and interest of the treated addicts for participating in the project was noted, particularly for the completion of unfinished secondary education, and for all types of education in general. In 2011 social welfare centres got more involved, not only in inclusion of the addicts into education to finish secondary school, but also in monitoring and providing social support to them after leaving the institution. Also, a greater involvement of some associations in the implementation of the Project of Social Reintegration, i.e. promoting education and self-employment of treated addicts was noticed.

In 2011, the Ministry of Science, Education and Sport included a total of 68 beneficiaries in education programmes. 40 of them were men and 28 women, which is an increase

compared to 2010 when these programmes included 60 drug addicts. The Ministry of Justice, Prison Administration and the Ministry of Health carried out the analysis of the addicted inmates who would be involved in training programmes during their stay in the institution. The Ministry of Justice began the implementation of professional training for a computer operator and a total of 32 prisoners (men) in prisons in Glina and Sibenik completed the mentioned training programme. Since the beginning of 2008 until the end of 2011 during the implementation of the project, 198 addicts were included in educational programmes, which was financed by the Ministry of Science, Education and Sport. Also, besides the number of the treated addicts who have completed some form of formal education presented in Table 8.2, during 2009 and 2010 another 77 treated addicts attended seminars and workshops that were held by the humanitarian organisation Zajednica Susret in co-operation with the Psychological Centre Tesa on the following topics: *Self-image and Self-esteem Development, Stress Management, Coping with Difficult Feelings, Effective Communication with Others and Assertiveness* and since they don't fall within the formal educational programmes, they are not shown in the aforementioned table.

During 2011, the Croatian Employment Service involved 57 treated drug addicts in educational programmes through active labour market measures, local partnerships or different projects, which is a significant increase (67.6%) compared to 2010, when the educational programmes included 34 treated addicts. Until 31, December 2011, 126 former drug addicts were involved in the activities of professional guidance and working ability evaluation, which also represents a significant increase compared to 2010 when 51 treated addicts were included in the mentioned activities (Table 8.3). Addicts were, as in previous years, mostly educated to become: wellness therapists, IT administrators, economists, sellers, welders and potters, forklifters, chefs, web designers, waiters, salesmen, etc.

*Table 8.2 - Number of scholarships, educational programmes and treated addicts included in educational programmes from 2008 to 2011 funded by the Ministry of Science, Education and Sport*

Institution of referral to Project	Indicators	Financial year			
		2008	2009	2010	2011
Civil society organisations	Number of scholarships	3	64	20	20
	Number of educational programmes	3	62	19	20
	Number of candidates	3	58	19	18
Penal system	Number of scholarships	0	4	38	41
	Number of educational programmes	0	3	38	41
	Number of candidates	0	3	38	41
Social Welfare Centres	Number of scholarships	0	2	7	11
	Number of educational programmes	0	2	7	10
	Number of candidates	0	2	7	10
<b>TOTAL</b>	<b>Number of scholarships</b>	<b>3</b>	<b>70</b>	<b>65</b>	<b>71</b>
	<b>Number of educational programmes</b>	<b>3</b>	<b>67</b>	<b>64</b>	<b>70</b>
	<b>Number of candidates</b>	<b>3</b>	<b>63</b>	<b>64</b>	<b>68</b>

Source: Ministry of Science, Education and Sport

*Table 8.3 - Number of treated drug addicts included in activities of professional orientation and working ability evaluations and addicts included in educational programmes by the Croatian Employment Service (2007-2011)*

<b>YEAR</b>	<b>Number of treated addicts underwent professional orientation and working ability evaluation</b>	<b>Number of treated addicts included in educational programmes</b>
2007	35	5
2008	53	13
2009	92	43
2010	51	34
2011	126	57
<b>TOTAL</b>	<b>357</b>	<b>152</b>

*Source: Croatian Employment Service*

From 19 April 2007, when the Project of Social Reintegration was adopted to December 31 2011, 350 treated addicts were included in some form of formal training and / or retraining by the Ministry of Science, Education and Sports and the Croatian Institute for Public Health.

Given that one of the objectives of the Project of Social Reintegration was retraining and further training of addicts included in one of the rehabilitation programmes or those who have completed such a programme in accordance with the market needs in particular counties with the goal of increasing their knowledge and skills and thus employment opportunities, it can be said that this project, according to the listed indicators, has made significant results in the field of education of drug addicts.

### **8.3.3 Employment**

Through active employment policy measures based on National plans for Employment Promotion for 2011-2012 and based on the Project of Social Reintegration, carried out by the branch services of the Croatian Employment Service, in 2011, 21 treated addicts were employed, and another 5 Project users were employed through active policy measures, which is also more than in 2010 when 18 treated addicts were employed (Table 8.4). The addicts were employed at the following positions: baker, courier, warehouse worker, municipal services worker, painter, statistical clerk, agricultural worker, grinder, upholsterer, handyman, toolmaker-mechanic, bricklayer, plumber, construction worker, salesman, assistant cook, construction works manager, receptionist, driver and occupational therapist. Since 19 April 2007, when the Project of Social Reintegration was adopted to 31 December 2011, the Croatian Employment Service conducted professional career guidance and working ability evaluation for 357 addicts, whereas 80 treated addicts now have jobs and / or have used employment incentives.

*Table 8.4 – Number of treated addicts who got employed based on the active employment policy measures of the Croatian Employment Service (2007-2011)*

<b>YEAR</b>	<b>Total number of employed treated addicts based on the measures of active employment policy of the CES</b>
2007	11
2008	16
2009	14
2010	18
2011	21
<b>TOTAL</b>	<b>80</b>

*Source: Croatian Employment Service*

Furthermore, the Ministry of Entrepreneurship and Trade, as part of its activities and based on the Operational Plan for the Promotion of Small and Medium Enterprises, is implementing the project "Promoting Cooperative Entrepreneurship", within which the Ministry supports the project measure Promoting the Development of Cooperative Entrepreneurship for developing cooperative social entrepreneurship. The users of these measures are cooperatives that develop social and cooperative enterprises and employ the persons with reduced working capacity, encourage their involvement in labour and economic processes or provide assistance to persons in adverse personal, economic and social conditions with the aim of their inclusion in the wider community, including treated addicts. In 2011 two cooperatives: Cooperative NEOS from Osijek founded by the Association Ne-ovisnost from Osijek and Cooperative PET PLUS, Brestovac, established by the Association "Pet +" from Zagreb, which employ a total of 14 drug addicts received the incentives by the Ministry of Entrepreneurship and Trade.

In order to strengthen civil society organisations that implement programmes and projects in order to reduce stigmatisation and social exclusion, one of the priority areas of the call for tender for financial support to organisations that contribute to combating drug addiction and drug abuse from the state budget for 2011 of the Office for Combating Drugs Abuse was social reintegration, which included the implementation of a variety of educational and employment programmes for treated addicts, and provision of other forms of assistance in social reintegration and social inclusion of treated addicts. In 2011 the Office funded 15 projects of the organisations which implement programmes of social reintegration, within which the help was offered to about 558 treated addicts, 449 men and 109 women. Most of the services that were provided to addicts in the process of social reintegration were related to providing information about the Project and psychosocial support (534 - informing and 517 - psychosocial support). A significant number of addicts were provided with educational services (246) and assistance in employment and / or self-employment (295), while 141 addicts were given assistance in accommodation upon the completion of addiction treatment or prison sentence (Table 8.5).

In 2011, the total of 1.468,857.90 kn were spent from the state budget for the implementation of the Project, which is by 7.5% less than in 2010 when 1.588,505.28 kn were spent, and that was a 12.5% decrease compared to 2009 when 1.680,211.18 kn were spent. However, the results of the implementation of the Project in 2011 are significantly better, suggesting that besides funding, the engagement of employees from competent institutions and motivation of treated addicts for inclusion in the project is also very important for the successful implementation of the Project.

Table 8.5 - Types of services provided by organisations in the process of social reintegration in 2011 by the number and gender of users.

Name of the organisation	Total number of users		Education	Informing	Help with employment / self-employment	Psycho-social support	Housing and residential communities / acceptance after completion of rehabilitation
	M	F					
DEDAL	44	8	54	54	54	54	54
INSTITUT	39	21	1	49	6	60	16
SAN PATRIGNANO	17	7	11	13	9	24	4
PORAT	6	4	9	10	2	10	0
NE – OVISNOST	14	2	12	12	3	16	12
PET PLUS	26	0	26	26	26	26	26
LEAGUE FOR PREVENTION OF ADDICTION	21	6	27	27	27	27	0
TERRA	82	31	32	113	76	96	0
MONDO NUOVO	30	0	3	30	30	30	0
PARENTS' ASSOCIATION ZAJEDNICA SUSRET	20	0	1	20	20	20	0
EGZODUS	23	0	12	23	3	10	5
SIRIUS	20	0	3	20	5	10	0
HUMANITARIAN ORGANISATION ZAJEDNICA SUSRET	82	16	28	98	3	98	0
PRIJATELJ	9	6	3	15	7	12	0
ANST	16	8	24	24	24	24	24
<b>TOTAL</b>	<b>449</b>	<b>109</b>	<b>246</b>	<b>534</b>	<b>295</b>	<b>517</b>	<b>141</b>

Source: Civil society organisations and therapeutic communities

### 8.3.4 Quality assurance

Reports on the Implementation of the Project of Social Reintegration show that the Project implementation has started more intensively, and that considerably more users have entered the programmes of education and employment than previous years. Furthermore, a significantly larger motivation and interest of the treated addicts was observed, especially for completion of secondary education and generally for all kinds of education and retraining. It is also important to mention a significant development of cooperatives that encourage social-cooperative entrepreneurship of the treated addicts, which furthermore encouraged their self-employment. It was also noted that the Project to a great extent contributed to reduction of stigmatisation of the treated addicts, and in general to higher sensitisation of state institutions for project implementation and better cooperation between state institutions and civil society organisations.

In order to encourage the inclusion of a greater number of addicts in the Project and to educate all parties involved in its implementation, the Office independently or in cooperation with other competent state bodies and civil society organisations organised many educational and promotional activities about the Project. Thus, the representatives of the Office continuously participated in meetings with the theme *Report on the Implementation of Joint Memorandum on Social Inclusion of the Republic of Croatia (JIM)* in 2010 and at the *Conference on the Continuation of Activities and the Implementation of the Measures of the Joint Memorandum of Employment Policy Priorities in the Republic of Croatia (JAP)* and *Joint Memorandum on Social Inclusion of the Republic of Croatia (JIM)*. The Office actively participated in a conference entitled *The Role of Civil Society in the Prevention, Rehabilitation and Social Reintegration of Addicts and Their Families*, which was organised in June 2011 in Zagreb by civil society organisations, where the social reintegration of drug addicts and funding of civil society organisations were also mentioned.

On the 14 and 15 November 2011, the Office, in cooperation with the League for Prevention of Addiction, organised a conference in Split called *"Education, Employment and Self-Employment of Treated Addicts and Other Socially Excluded and Long-Term Unemployed Individuals"* at which the Office lectured on the results of the implementation of the Project of Social Reintegration of Drug Addicts. The conference was attended by the Project measure holders, and one of the goals of the meeting was to establish a partnership among the measure holders at the national and local level in the implementation of the Project, and thus contribute to the effective implementation of project activities and better social reintegration of the treated addicts. At the mentioned conference, printing and publishing of the brochure *"Actively Seeking Work"* targeted at social groups with impaired employability, among which are former addicts (the brochure is available at the website of the Office) was funded by the Office. Also, a flier about social reintegration intended for the addicts being treated in health institutions, the prison system or therapeutic communities was printed and distributed.

Despite the mentioned positive results, during the implementation of the Project the problems that prevented the inclusion of even larger number of users in the project were noted. Firstly, there is the problem of insufficient number of addicts referred to the Project of Social Reintegration by the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment of the County Institutes of Public Health. Lack of sensitisation of the general public and experts for the Project of Social Reintegration and insufficient sensitisation of business people for employing the treated addicts was also observed, as well as lack of activity and indifference of certain counties to be included in the implementation of the Project. There is still insufficient cooperation between the branch offices of the Croatian Employment Service, the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, social welfare centres, therapeutic communities, correctional institutions, local and territorial (regional) self-government and civil society organisations that provide assistance to addicts with their social reintegration.

A need to involve juveniles and young adults accommodated in social welfare homes in the Project of Social Reintegration has arisen, since in these institutions there is a large number of juveniles and young adults who are addicts and drug users. Despite the efforts of the Office to, encourage better level of knowledge of professional institutions and civil society organisations, as well as of the treated addicts about the Project of Social Reintegration through various media activities, regional educations and distribution of promotional material, there is still a problem of insufficient knowledge of the treated addicts about the ways and possibilities of inclusion in the Project. However, from the enclosed data it can be seen that the involvement of all relevant state institutions at the national and local levels has increased, as well as more active and better quality approach of civil society organisations to social reintegration of drug addicts.

Within the evaluation of the National Strategy on Combating Drugs Abuse for the period 2006 to 2012, key recommendations for social reintegration of addicts relate to the development of a model of long-term follow-up and support, as well as the definition of the roles and responsibilities of service providers in these social reintegration models. Important elements in these projects should be professionalisation of work and clearly defined roles and responsibilities of the existing services active in social rehabilitation.

In conclusion, it should be mentioned that Croatia has made significant steps in order to improve social inclusion of the treated addicts, and that these efforts have brought good results, especially regarding education and retraining of the treated addicts, whereas a little poorer results have been achieved in housing and services provided to homeless addicts. Therefore, educational, legal and marketing activities will be continually implemented and networks of psycho-social and economic services developed with the aim of successful social reintegration of treated addicts and their integration into normal life within the community.

## 9 Drug-related crime, prevention of drug-related crime and prisons

### 9.1 Introduction

With the purpose of better understanding the issue, the introduction gives basic explanations of the terms used in the text. Pursuant to the Act on Combating Drugs Abuse<sup>64</sup>, drugs are any substances of natural or artificial origin, including the psychotropic substances included in the List of Drugs, Psychotropic Substances and Plants from which Drugs can be Extracted and the Drugs that can be Used for Production of Illicit Dugs. Although in the Amendments to the Act on Combating Drugs Abuse (OG 149/09) the word narcotic has been deleted, in criminal legislation the term “narcotic drug” is still officially used, and it will be used for interpretation of the data related to reported criminal offences of narcotic drugs abuse. “Narcotic drugs abuse” can be defined as any illegal manipulation in illicit drugs. For this reason, our legislator in Article 173 of the Criminal Code<sup>65</sup> under the title Narcotic Drugs Abuse predicted all modalities of drug misuse, and criminal description of this article contains any unlawful behaviour stipulated in the UN Conventions, signed and ratified by the Republic of Croatia. Two modalities of this criminal offence are important for the purposes of this Report. The first is the possession of a narcotic drug for personal use, the mildest form of this criminal offence. This form of the offence envisages the sentence in form of a fine or up to 1-year imprisonment. The second modality of this criminal offence exists in the basic and qualified forms. The basic form regulates illegal production, modification and sale of a narcotic drug and envisages the sentence of at least a 3-year (to 15-year) imprisonment. The qualified form refers to identical acts but committed within a group or an organisation and envisages the harshest sentence of at least a 5-year imprisonment to long-term (20- to 40-year) imprisonment.

The treatment of inmates addicted to drugs is an important part of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2006-2012 (hereinafter in the text: National Strategy). The basic aim of the National Strategy with regard to the prison system is defined by the acceptance of the mutual relationship between prisons, correctional facilities and social community as a whole, since prisons are places where inmates spend a limited, sometimes even a very short time, during which any programmes implemented in the community and applicable in prison conditions must be made available to them. With regard to the significance of special programmes in the treatment of inmates, continuous efforts are made to improve their quantity and quality. For that purpose, in 2009, the Department for Special Programmes was established at the Treatment Service at the Central Office of Prison Administration. The task of this department is to work on recognising the needs for new special programmes, create new programmes, monitor their implementation, take measures and set up the standards and priorities for improvement of new programmes.

Records on drug-related criminal offences are kept by the police, State Attorney's Office and courts. At the Ministry of the Interior within the General Police Directorate the database of reported persons, number of criminal offences and type of drug that was a subject of certain criminal offence is kept. Criminal and minor offence courts keep data on the number of the persons prosecuted, number and type of pronounced sentences and punishments, as well as safety measures of compulsory treatment. It can be said that the State Attorney's Office of the Republic of Croatia is in possession of the most comprehensive records about the number of reported persons, type of drug that was a subject of criminal offence, the number

<sup>64</sup> Act on Combating Drugs Abuse (OG 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11)

<sup>65</sup> Criminal Code of the Republic of Croatia (OG 110/97, 129/00, 111/03, 105/04, 84/05, 71/06, 110/07, 152/08), Criminal Code of the Republic of Croatia (OG 125/11)



of rejected criminal reports or criminal reports resolved according to the principle of opportunity, the number of completed cases, the number of convicted persons, the number of sentenced persons and the number of complaints filed and their results. The only data not kept by State Attorney's Office are the records on convicted persons and perpetrators of minor offences, which are responsibility of the Ministry of Justice. Currently, each of the mentioned institutions is keeping its own separate database, and for the purpose of better monitoring the situation in this field, certain connection of the bases in the future is possible, with high level of personal data protection and access to information in order to avoid possible misuse.

## 9.2 Drug-related crime

### 9.2.1 Drug-related offences

According to the statistics of the Ministry of the Interior (hereinafter MOI) for 2011 as listed in ST 11, a total of 7 767 criminal offences (the Criminal Code, Article 173 – Narcotic Drugs Abuse) related to abuse and trafficking in narcotic drugs were reported. The average share of drug-related criminal offences in the overall criminality on the territory of the Republic of Croatia was 10.3% in 2011, which is almost the same as in the previous year (2010: 10.6%). Looking at the number of reported offences in the last 5 years, only in 2010 the increase of 10.2% (7 784) was noted compared to 2009, following the previous four-year downward trend in reported criminal offences related to abuse and trafficking in narcotic drugs. Nevertheless, in 2011 a slight decline of 0.2 % of the total number of reported crimes compared to 2010 was noted.

Looking at the territorial distribution, the majority of reported criminal offences of this type was recorded in the area of the Police Department of the City of Zagreb (1 407), which includes the territory of the city of Zagreb and the Zagreb County, then the Istria County (1 092), then follows the Primorje-Gorski Kotar County (840), the Split-Dalmatia County (724) and the Dubrovnik-Neretva County (518). Other counties reported less than 500 drug-related criminal offences. The number of criminal offences compared to the previous year decreased in the following counties: the Bjelovar-Bilogora County (-20.8%), the Koprivnica-Križevci County (-19.1%), the Istria County (-16.4%), the Split-Dalmatia County (-11.8%) and the Primorje-Gorski Kotar County (-11.0%), whereas the following counties recorded the decrease of less than 10%: the Karlovac County, the Lika-Senj County, the Zagreb County, the Međimurje County and the Brod-Posavina County. The counties with the highest increase in reported drug-related offences compared to 2010 are the Virovitica-Podravina County (+113.7%), the Krapina-Zagorje County (+74.2%), the Osijek-Baranja County (+46.5%), the Varaždin County (+18.2%), the Dubrovnik-Neretva County (+13.8%), the Sisak-Moslavina County (+12.7%) and the Zadar County (+10.1%), whereas other counties record the increase lower than 10% (the Šibenik-Knin County, the Vukovar-Srijem County and the Požega-County).

Global structure of criminal offences related to narcotic drugs abuse on the territory of the Republic of Croatia shows that out of the total number of 7 767 reported criminal offences, 2 498 or 32.2% of them refer to more complex criminal offences (e.g. trafficking, production, enabling drug use to other person etc.), whereas 5 269 criminal offences refer to drug possession, which makes 67.8% of the total number of reported criminal offences. According to ST 11, the number of persons reported for possession of amphetamines and ecstasy has increased in the last 3 years, and a continuous increase has been particularly noted for LSD (it should be mentioned that the figures are small), and cannabis for which the number of criminal charges from 3 001 in 2009 reached over 3 371 in 2010 and as many as 3 937 in 2011. As for the qualified forms of that criminal offence, the largest increase in the

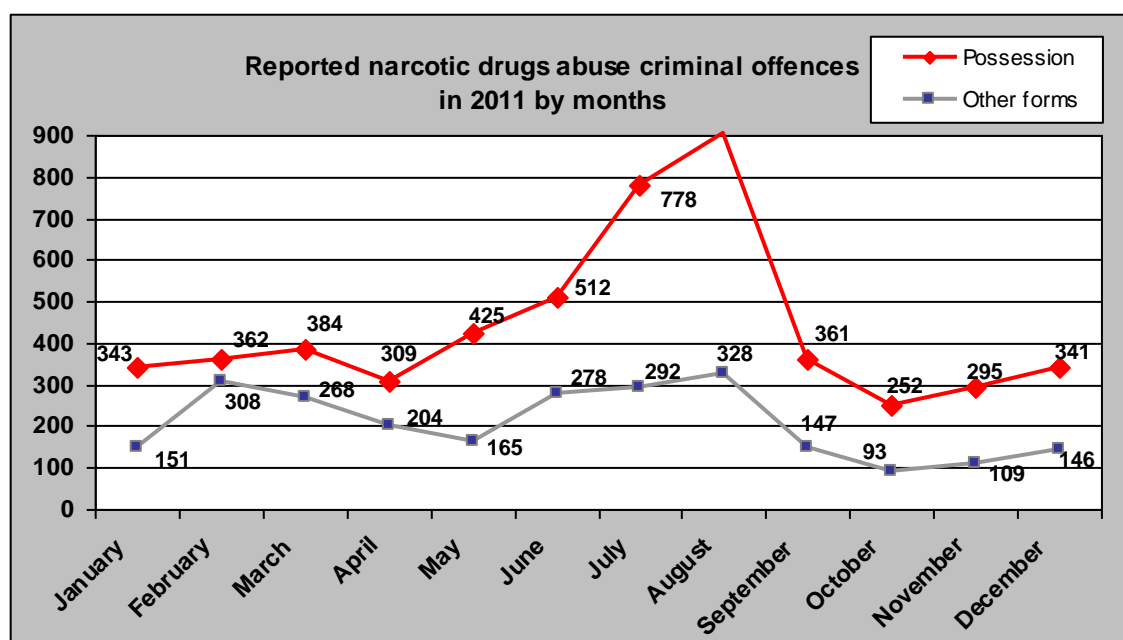
number of reported criminal offences was recorded for cocaine by 87.6% compared to 2010 and even 130.3% compared to 2009. Such a large increase in the number of that kind of reports is consequently related to police operations with an international element as described in Chapter 10.3.1. The increase in the number of reports for more complex manifestations of drug abuse is also present in cannabis and amphetamines.

In 2011, the police reported the total number of 5 715 persons for narcotic drugs abuse criminal offences, which is by 5.4% more than in 2010. In such a way continued an upward trend of reported perpetrators of this kind of criminal offence. The structure of the reported persons, similar to the structure of that kind of criminal offences, has not changed much compared to the previous year. The largest number of offenders reported for that type of offence were at the age of 29-39 (24.3%), followed by the persons from 21-35 years of age (23.4%) and those aged 25-29 (1,136 or 19.9%), while there were 913 (16%) of the offenders between 18-21 years of age

In 2010 there were 1 715 foreign citizens (2008:1 155, 2009:1 196, 2010:1 439) reported for the criminal offence of narcotic drugs abuse in the Republic of Croatia, usually during the summer months when a lot of tourists visit our country. In the most cases they were caught in possession of small quantities of drugs for personal use, usually while entering the country. 11.2 million tourists visited Croatia in 2011, which is by 8% more than in 2010. A slight increase in the number of foreigners, usually of a younger age, that were reported for narcotic drug abuse could be explained with the fact that Croatia during the recent years has become a very attractive and popular holiday destination.

Figure 9.1 gives an overview of reported narcotic drugs abuse offences during 2011, where it is clearly visible that the possession of narcotic drugs is reported more frequently during the summer.

Figure 9.1 – Reported narcotic drugs abuse criminal offences in 2011 by months



Source: Ministry of the Interior

Pursuant to the Act on Combating Drugs Abuse and based on the data obtained from the police departments, during 2011 the total number of 2 195 misdemeanour charges (2 313 in 2010) were submitted against 2 295 persons (2 364 in 2010). It can be compared with the year 2009, when pursuant to the same Act 4 552 misdemeanour charges were submitted

against the total number of 4 500 persons. The decrease in the number of misdemeanour charges must have been influenced by the ruling of the European Court for Human Rights in the *Maresti* case, which refers to the cases of initiating and conducting a criminal and misdemeanour proceedings for the same case simultaneously<sup>66</sup> which also includes drug-related criminal offences, and the provisions of the Temporary Instructions for Acting of Police Officers and State Attorneys in Criminal and Misdemeanor Cases for which Violation of the Principle *Ne Bis In Idem* is Likely to Happen, signed by the State Attorney General and the Police Director on 21 April 2010. Following the mentioned instruction, the police submit only criminal charges to the competent State Attorney's Office, and cannot submit a misdemeanour charge at the same time. If the State Attorney rejects the criminal charges, it can submit an accusatory motion to the competent Misdemeanour Court, which is not usually done in practice. This has led to the situation that in case of rejection of criminal charges, the misdemeanour proceedings are not initiated by the State Attorney nor by the police, which, because of the deadline in which the State Attorney brings a decision on rejection, cannot submit misdemeanour charges due to the time limits for starting misdemeanour proceedings. The mentioned situation could be solved if the State Attorney's Office brought the rejection decision in shorter time or if the State Attorney's Office initiated the misdemeanour proceedings in case the criminal charge was rejected.

In accordance with the provisions of the Act on Misdemeanors against Public Order<sup>67</sup>, 950 misdemeanors of consumption of an alcoholic beverage and drugs in a public place were registered, a 27% increase compared to 2010 when 748 such offences were registered.

In the text below are presented the data of the State Attorney's Office of the Republic of Croatia, which possesses a comprehensive database on persons reported for criminal offences (by age groups: adults, young adults and adults), the number and structure of criminal offences in relation to different modalities of a specific criminal offence, the number of rejected criminal charges or criminal charges resolved based on the opportunity principle, the number of terminated proceedings, the number of convicted persons, the number of sentenced persons, the number of filed complaints and their outcomes. State Attorney's Office data differ from the data on persons reported for criminal offences of the Ministry of the Interior as besides the police every citizen and legal entity can report any criminal offence.

In 2011, there were 6,088 perpetrators reported to the State Attorney's Office for all modalities of criminal offences pursuant to the Article 173<sup>68</sup> of the Criminal Code, out of which there were 4 821 adults, 919 young adults<sup>69</sup> and 348 juveniles. Compared to 2010, a total of 6.5% of all perpetrators more were reported (2010: 5 718). Compared to 2010, 6.57% more perpetrators were reported (2010: 5 718). The aforementioned increase is similar to the previous year's increase, which stopped the negative trend recorded during the most part of the past decade. As for the age structure of the reported persons, in 2011 the share of reported young adults and juveniles in the total number of all reported persons increased compared to the previous year.

<sup>66</sup> Narcotic drugs abuse is a criminal offence pursuant to the Art. 173 of the Criminal Code, whereas pursuant to the Act on Combating Drugs Abuse illegal growing, possession, trafficking, production of drugs are minor drugs offences for which a fine is imposed.

<sup>67</sup> Act on Misdemeanors against Public Order (OG 5/90, 30/90, 47/90, 29/94)

<sup>68</sup> Criminal Code, Article 173 – Narcotic Drugs Abuse (Paragraphs: (1) possession; (2) resale; (3) organised resale; (4) unauthorised production, use of equipment, etc.; (5) enabling drug use to others; (6) giving drug to a child, juvenile, etc.)

Note that the terms have been simplified in order to be understood more easily.

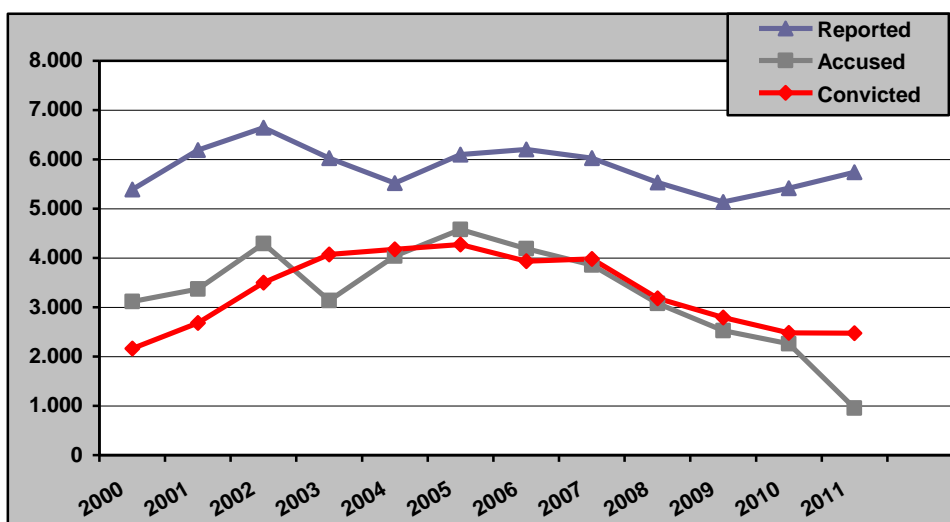
<sup>69</sup> According to the Act on Juvenile Courts (OG 84/11), younger adult is a person who has turned 18 years of age but is not 21 years old yet.

Similar to the previous years, most persons were reported for possession of narcotic drugs (Par.1 Art.173) and they participated with 76.7% (4 672) in the total number of reported criminal offences of narcotic drugs abuse, which is a little more than a year before (2010: 73.9%; 4 227). If we focus on the possession of narcotic drugs as the mildest and prevailing form of criminal offences related to narcotic drugs abuse, in 2010 this downward trend in the number of persons reported for possession of drugs was interrupted. Our opinion is that the mentioned negative trend recorded during the previous years was a result of recent practice of State Attorney's Office, which rejected reports for such offences by applying the institute of insignificant offence (Art. 28 of the Criminal Code) or according to the principle of opportunity (find more in Chapter 9.4). In 2011 the upward trend continued and there were 10.5% more reports for drug possession recorded than a year before. In the total drug-related crime, the share of criminal charges for drugs possession for adult perpetrators was 76.7% (2010: 74%, 2009: 72.6%), whereas for juveniles it was almost the same with 77.3% (2010:73.1%, 2009:76.7%). The number of reports for resale (Par. 2, Art. 173) as a more serious form of a criminal offence slightly dropped compared to the previous year (2011:1 042, 2010:1 111;), whereas there were 34 persons reported for organised resale (Par. 3, Art. 173) in 2011, almost the same number as in 2010 (33).

72.1% of rejected criminal reports for drug possession (2009: 68.2%) witness to the fact that drug addicts are offered the possibility to treat their addiction, whereas occasional drug users are offered adequate counselling in order to timely prevent serious consequences that might damage their health and life. Also, 60.1% of the total number of reports for all modalities pursuant to the Article 173 was rejected.

In 2011 there were 5 740 adult offenders and younger adults, which contributed to an increasing trend in the number of reported persons after multiannual declining tendency of criminal reports (until 2010). However, in the reporting period, the number of accused offenders (953) fell by as much as 57.8% and of convicted persons (2 476) by only 0.3 % compared to 2010 (Figure 9.2).

Figure 9.2 – Reported, accused and convicted adult persons for narcotic drugs abuse (2000-2011)



Source: State Attorney's Office of the Republic of Croatia

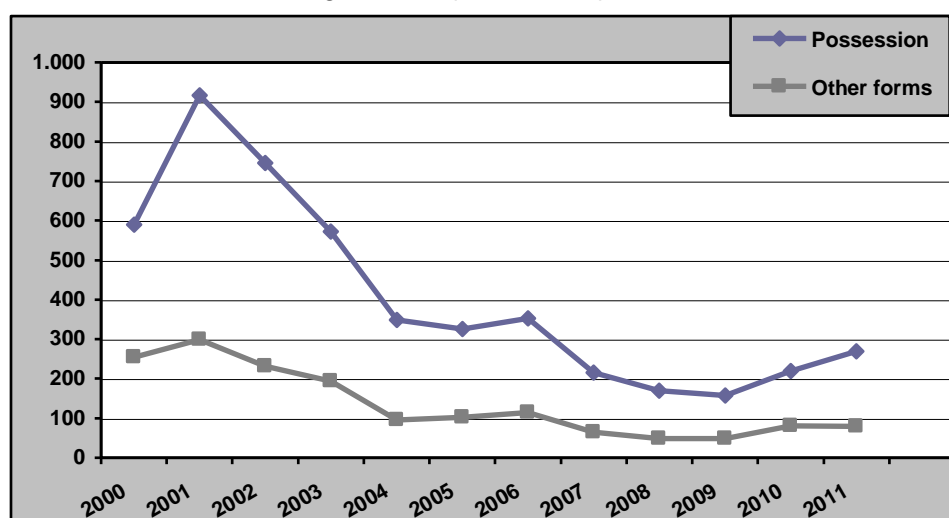
When it comes to sanctions pronounced for narcotic drugs abuse against adult offenders, during 2011 there were 2 676 decisions on rejection of criminal charges, in most cases by applying the institute of insignificant offence (73.4% of rejected cases), and 834 adult persons were charged. 2 411 adult persons were tried, 2 239 of which were acquitted. A prison sentence was pronounced to 888 reported adult persons, a fine was imposed on 308

adult offenders, for 970 persons the sentence was conditional, and 69 received a court reprimand. The safety measure of compulsory psychiatric treatment pursuant to the Article 75 of the Criminal Code was imposed on 14 adult offenders, and the safety measure of compulsory treatment measures pursuant to the Article 76 of the Criminal Code was imposed on 193 adult persons.

As far as younger adults are concerned, during 2011, there were 919 younger adults reported for various criminal offences, out of which for 714 of them a decision on rejecting criminal charges was brought, while 110 reported persons of this age group were charged by the State Attorney's Office. Criminal proceedings for 251 reported young adults completed with a verdict and with the acquittal for 237 persons. A total number of 27 persons were sentenced to prison, and a fine was imposed on 12 persons. For 122 persons the sentence was conditional, and three of them received a court reprimand. Juvenile sanctions were imposed on 73 young adults. A safety measure of compulsory addiction treatment measure pursuant to the Article 76 of the Criminal Code was imposed on 9 young adults.

Juveniles are specifically monitored groups. In 2011, 348 juveniles were reported for a criminal offence of drug abuse, mostly for possession of drugs (269). While the number of juvenile offenders reported for possession in 2011 continued to grow, it stagnated for other forms of criminal offences compared to the previous year (Figure 9.3).

Figure 9.3 – Juveniles reported for possession and other forms of criminal offence related to narcotic drugs abuse (2000-2011)



Source: State Attorney's Office of the Republic of Croatia

In the reporting period, 270 decisions on rejection of criminal charges were reported, with the equal number of those applying the principle of opportunity and the principle of insignificant offence pursuant to the Article 28 of the Criminal Code, which for both cases accounted for about 46%. The State Attorney's Office brought immediate motion for sanctions for 24 juvenile offenders, and for 48 juvenile offenders the motion for sanctions after the preparatory procedure had been conducted. In addition, the Council on Youth imposed a juvenile prison sentence on one perpetrator, suspension of sentence to juvenile prison on 6 and correctional measures on 54 juvenile perpetrators of criminal offences.

The above mentioned data show a larger number of decisions on rejection of criminal charges applying the principle of insignificant offence compared to the previous reporting periods. This affects the number of juveniles who are by a court decision or a decision of the State Attorney's Office included in counselling treatments provided by the services for mental health promotion, addiction prevention and outpatient treatment, social welfare centres or

youth counselling centres, since the crime committed was characterised as insignificant with no harmful consequences. On the other hand, by rejecting the criminal charges due to the principle of insignificant offence, the opportunity to deliver a message to young people about harmfulness and social unacceptability of drug abuse is missed, as well as to prevent occasional drug use to turn into addiction through early intervention and timely treatment. Since the inclusion of juvenile perpetrators of drug-related crimes into treatment is of crucial importance because treatment presents the best alternative to stop experimenting with drugs and prison recidivism, the rejection of criminal charge in most cases should be based on the principle of purposefulness, after juveniles have completed the compulsory counselling treatment. It is also confirmed by the fact that in the last few years the number of misdemeanour proceedings against juvenile perpetrators for drug-related crimes has been declining, which on the one hand leads to rejection of criminal charges against juveniles in the great number of cases without previously having included them in counselling treatments, whereas simultaneously misdemeanour proceedings against these perpetrators were not initiated.

### 9.2.2 Other drug-related crime

There is not much information on other reported drug-related crime, e.g. various offences committed under the influence of drugs or offences committed in order to obtain money for the purchase of drugs. The only records that the Ministry of Interior systematically keeps track of are the records of drivers who have caused traffic accidents under the influence of drugs.

Table 9.1 – Number of traffic accidents caused by drivers under the influence of drugs (2005-2011)

Traffic accidents	Year							
	2005	2006	2007	2008	2009	2010	2011	2010/2011 +/- %
With persons killed	9	15	13	9	11	8	9	+12.5
With persons injured	52	47	94	59	56	77	59	-23.4
Material damage	13	18	-*	25	31	39	17	-56.4
<b>TOTAL</b>	<b>74</b>	<b>80</b>	<b>107</b>	<b>93</b>	<b>98</b>	<b>124</b>	<b>85</b>	<b>-31.5</b>

\* Data on traffic accidents under influence of drugs with material damage are not available for 2007.

Source: Ministry of the Interior

According to the data from the Bulletin on the Road Safety 2011 (Ministry of the Interior 2012), in 2011, 42 443 traffic accidents happened countrywide and 49 of them were caused by the drivers under the influence of illicit substances. Most of those accidents resulted in injuries (59) and 9 resulted in deaths (Table 9.1). The remaining ones resulted only in material damage. The number of accidents resulted in death is similar to previous years, whereas the number of accidents resulted in injuries decreased by 23.4% compared to the previous year, and those with only material damage by as much as 56.4%. The decline in the total number of accidents caused by drivers under the influence of drugs (by 31.5% compared to 2010) is probably a result of the implementation of road safety measures which include drug testing of motor vehicle drivers (read more in Chapter 9.3). In 2011 the number of accidents caused by young motor vehicle drivers under the influence of drugs decreased by about 20%. Out of total number of 28 accidents caused by young drivers aged from 18 - 24, which is about one third of all accidents caused by drivers under the influence of illicit drugs, 3 resulted in death and 42 with injured persons.

Primary activity of illicit drug smugglers and users is one form of a criminal offence of narcotic drug abuse. Drug users usually also commit secondary criminal offences – e.g. property offences in order to be able to maintain their addiction. Quite often they commit burglaries in pharmacies and medical centres as well as forgeries of medical prescriptions to obtain methadone and other medicines. In 2011, there were 58 aggravated larcenies committed: 21 in pharmacies, 19 in medical centres, 11 in hospitals and 7 in other health institutions. 19 cases of forgeries of medical prescriptions were also recorded, which is less than the previous year (2010: 27). Unfortunately, it is not clear how many of those offences were committed by drug users.

Organised criminal groups are usually engaged in other forms of organised crime, corruption, violent crime and money laundering. Special attention is also given to early detection of money inflow earned by illicit drug trafficking, since money profit makes the most important segment of illicit drug trafficking, and to prevention and combating the laundry of money gained by illicit drug trafficking. The emphasis is put on the detection of higher levels of the criminal pyramid or persons who are not directly involved in drugs trafficking but rather organise and finance this illicit activity. Pursuant to the Article 82 Paragraphs 1 and 2 of the Act on Prevention of Money Laundering and Financing of Terrorism<sup>70</sup>, State Attorney's Offices, courts and state bodies are obligated, for the purpose of assessment of the efficiency of the system on combating money laundering and financing of terrorism, to keep comprehensive statistics and deliver to the Anti-Money Laundering Office the data on the procedures conducted against criminal offences of money laundering and financing terrorism, and misdemeanour procedures conducted due to misdemeanours prescribed in the above mentioned law. Competent courts and State Attorney's Offices have to submit to the Anti-Money Laundering Office twice a year the information about the initiation of investigation, indictments coming into effect, final verdicts for the offence of concealing illegally obtained money and financing of terrorism and about other predicate offences related to money laundering, in the manner and by the deadlines prescribed by the Minister of Finance. For 2011 there are no data on convictions for which the principal (predicate) offence is drug abuse (mostly they are judgments for money laundering offences in the field of economic crime, corruption and tax evasion). However, in 2010 one indictment for one person was recorded, one invalid conviction for 3 persons and one final conviction for one person for a criminal offence of money laundering for which the principal (predicate) offence is drug abuse.

In December 2011 an Annex to the Protocol on Cooperation and Exchange of Information between the Ministry of the Interior, Police Directorate, the Ministry of Finance and the Office for the Prevention of Money Laundering was signed. The Annex regulates the manner of exchanging the data on transactions with suspected money laundering and terrorist financing and the participants (physical persons and legal entities) of suspicious transactions and perpetrators of criminal offences, through the direct access to the records maintained by both bodies. A secure communication network between the authorised bodies has been established with the aim of conducting financial investigations more effectively.

Distribution of different offences committed by drug users can be described based on the statistics of the Prison Administration of the Ministry of Justice. Drug addicts are also specific by the type of offence that they commit. If compared with the rest of prison population, drug addicts more often commit criminal offences related to narcotic drugs abuse, larceny and robbery, whilst they are less represented among the perpetrators of criminal offences against life and limb, against sexual freedom and sexual morality, and other criminal offences. During 2011, drug addicts continued to participate mostly in committing qualified forms of narcotic drugs abuse criminal offences (49.3%), followed by the property crime with larceny and aggravated larceny accounting for 20.4% and robbery for 14.9%. Other offences committed

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<sup>70</sup> Act on Prevention of Money Laundering and Financing of Terrorism (OG 87/08)

by drug addicts are much less represented: bodily injury with 2.11%, murder, aggravated murder and manslaughter with 2.78%, crimes against sexual freedom and sexual morality with 1.73% fraud 2.36%, and all other crimes together represented with 6.43%.

### 9.3 Prevention of drug-related crime

Similar to previous years, in 2011 the measures targeted at drug supply reduction on the illicit drug market were undertaken through combating organised illicit sale and distribution of drugs in the Republic of Croatia, directing activities of specialised police officers toward organised criminal groups involved in illicit drug trafficking, preventing the organisation of open narco-scenes and combating street distribution of smaller quantities of drugs (street reduction with maximum availability reduction), continued drug-testing of drivers in road traffic (preliminary testing) together with additional training of traffic police and provision of the equipment required for its implementation. In order to prevent smuggling of illicit drugs into the Republic of Croatia and through its territory the measures and actions of an international character have been continuously carried out: international controlled deliveries, international operations, regular and intensified supervision of state borders, measures for improving passenger control and traffic control at border-crossings (road, railway, river), in airports and ports, formation and use of well-equipped (with material-technical means, narcotic detection dogs etc.) border police teams specialised in combating illicit drug trafficking, intensified measures targeted at prevention of illicit drugs smuggling at water borders, continuous trainings of border police officers on drug-related topics as well as training of drug dog guides, evaluation of public air traffic (scheduled flights and general air traffic) with the aim of detecting risk flights and other activities.

Furthermore, all measures and activities at the border were conducted independently by police or in cooperation with the customs, based on the Agreement on Cooperation between the Customs Administration and the Police Directorate signed in July 2011. As one of the results of that cooperation, the assessment of flights in public traffic (regular flights and flights of general aviation) was developed, with the aim of detecting flights with risk of drug smuggling and undertaking intensified measures for preventing such criminal activities. Due to a high potential of smuggling drugs by ships or other vessels, continuous risk assessment of ship cargo is being done, especially in the biggest cargo terminal in Croatia, at the port of Rijeka. Besides the cargo, the flow of goods and passengers in railway and truck traffic was also analysed. However, in all related activities the accent was put on targeted border surveillance, to avoid negative influence on the openness of the border and the tourist and maritime orientation of the country.

Since prevention is one of the main activities in fighting against crime in modern police systems, the Ministry of the Interior of the Republic of Croatia has been recently intensively developing preventive activities harmonised with the repressive aspects of police activities. For this purpose in the Ministry and police departments prevention departments/divisions are being established with the main task to create effective preventive measures for sensitising people to the causes of hazards and encourage self-protection, in the way that criminal offence is prevented before it is committed, or is prevented in attempt, and harmful consequences of these actions are reduced to a minimum. This is accomplished through education and teaching children, parents, police officers, preparing, printing and distributing promotional materials, conferences, participating in professional conferences; direct cooperation with the local community and cooperation with police contact (more below). For this purpose, several Information Centres for Prevention (Zagreb, Bjelovar, Varaždin and Karlovac) were opened, where specialised and experienced police officers, among others, participate in the activities of drug abuse prevention along with other relevant services in the community.



Picture 9.1 – Logo of the Information Prevention Centre Zagreb



Source: Ministry of the Interior

National prevention programme Together We Can Do More is systematically engaged in prevention of drug abuse, vandalism, peer bullying and other forms of risky behavior. It is aimed at students and their parents, and the activities are carried out by police officers in co-operation with the representatives of relevant institutions and organisations at the local level. Especially prominent special projects aimed at preventing drug abuse are the following: I can if I want 1 (*Mogu ako hoću 1*), I Can if I Want 2 (*Mogu ako hoću 2*) and Prevention and Alternative 1 (*Prevenција i alternativa 1*), Prevention and Alternative 2 (*Prevenција i alternativa 2*) and Opportunity Fair (*Sajam mogućnosti*) (more in Chapter 3.3).

The police is continuing to be visibly present at the places where young people meet, socialise and have fun, and in this manner prevent establishing open narco-scenes. Their preventive presence is in particular important in the vicinity of schools in order to protect the youngsters from aggressive drug supply and drug offer. The project Police in the Community introduced a so-called “contact police officer” in majority of residential quarters, i.e. a uniformed police officer, whose basic activity is daily communication with community members in order to jointly prevent and solve problems connected with crime, including the prevention of drug-related crime.

When it comes to prevention of driving offences committed under the influence of drugs, within the National Road Traffic Safety Programme in the Republic of Croatia for the period 2011-2020, traffic police officers continually conducted testing of drivers in road traffic. In 2011 a total of 2 087 drivers were tested for the presence of drugs in the body, which was by 10.5% less than in 2010. The presence of drugs was determined at 437 drivers. 519 drivers were prosecuted for misdemeanor (24.9% of the total number of tested drivers), 321 (61.8%) of them because they refused to take a drug test, 148 (28.5%) because they refused to give blood and urine samples, and 50 (9.7%) due to the presence of drugs identified based on the analysis of blood and urine. Out of the total number of tested drivers, Mobile Traffic Police unit confirmed the presence of drugs in the body of 197 drivers. In 2011 the Forensic Science Centre examined 822 samples of road drivers. 2 seminars with a total of 50 traffic police officers participating were held with the aim of efficient combating drugs abuse in road traffic.

## 9.4 Intervention in the criminal justice system

Possibilities for rejecting a report for drug-related criminal offence, suspending further prosecution, suspending sentence and other different measures (e.g. obligatory treatment of drug addiction or psychiatric treatment) that may be imposed by the Court were in detail described in the previous years' National Reports. The figures on rejected criminal reports for all categories of offenders (juveniles, young adults and adults) and other alternatives to imprisonment are presented in Chapter 9.2.

When it comes to reasons for rejection of criminal reports against adult perpetrators, in the majority of cases State Attorney's Office decides to apply the Article 28 of the Criminal Code, which means that criminal charges are resolved by rejection due to a minor significance of the criminal offence (so-called principle of insignificant offence). These are usually the cases when adult offenders are reported to the State Attorney's Office for the first time for a possession of small quantities of drugs for personal use. State Attorney's Office also applies the principle of insignificant offence pursuant to the Article 28, when the perpetrators are foreigners who visit Croatia during summer months and bring small amounts of drugs for personal use.

Criminal charges can also be rejected based on the Article 206 of the Criminal Procedure Act when there are no elements of an offence, reasonable doubt, etc.

According to data of the State Attorney's Office in relation to adults and young adults, out of a total of 919 young adults reported in 2011 for drug-related crimes, the decision ejecting the charges was issued for 714 people (77.7%), while there was a total of 4 821 reported adults for committing the same offence, in case of which the criminal charges were rejected less frequently, in 55.5% of the cases (2 676). For 270 reported juveniles the criminal charge was rejected (77.6%). According to police records, in 2011 2 824 drug-related criminal charges were rejected, 2 258 of them due to minor social danger.

The Criminal Procedure Act in the Article 521 foresees the so-called opportunity principle, giving the possibility to the State Attorney's Office to reject further prosecution in the case of criminal charges for an offence that is punishable by a fine or imprisonment of up to 5 years, if the execution of a sentence or safety measure is in process, and the initiation of criminal proceedings for the second criminal offence has no reason due to the gravity, nature and motive of the committed offence, and the effects which the criminal justice sanction had on the perpetrator to prevent committing criminal acts in the future, and pursuant to the Article 522, if the accused undertakes the obligation of community work or submits to withdrawal treatment in accordance with special regulations.

The principle of opportunity is mainly applied by state attorneys specialised in young people and they act in accordance with the law relating to the treatment of juveniles and younger adults. Following the opportunity principle, the Article 71 of the Juvenile Court Act is usually applied in a way that the State Attorney imposes the measure of compulsory treatment on younger adults with drug problems and other forms of addiction (it includes counselling and urine tests). These procedures proved to be positive because young people can gain insight into their own behaviour. The principle of opportunity is an important mechanism for younger adults as well as for juveniles because criminal charges can be resolved in pre-criminal procedure; the procedure starts very soon after committing the crime, and counselling treatment for the juveniles is effective in achieving educational purposes.

Therefore, taking into account the positive experiences of the Department of Juvenile Delinquency at the State Attorney's Office, the same proceedings should be applied to adult persons i.e. persons over 21 in all cases in which criminal procedure is not required.

Taking preventive measures is essential when such criminal offences are involved, since drug abuse and addiction lead to committing other criminal offences, mostly offences against property.

## 9.5 Drug use and problem drug use in prisons

Recording and collecting data on drug users in the prison system serving a sentence longer than six months has been conducted in accordance with the standardised EMCDDA form (ST 12) and for this purpose in 2007 a special register was established, in which the data from 2004 were entered.

In 2011 there was a total of 3 033 inmates addicted to drugs (all criminal legal statuses) in the prison system, which accounts for 16.8% of the total number of all inmates (N=18 056). At the end of the year (31 December 2011, N=5 064) there were 25.23% addicts out of the total number of inmates. In 2011, among 8 038 inmates who served a prison sentence pronounced in criminal proceedings, there were 25% of drug addicts. Out of 3 033 inmates addicted to drugs in 2011, 66.24% of them were inmates who served a prison sentence pronounced in criminal proceedings, then followed detainees with 25.22%, those convicted for misdemeanor offences with 7.85% and juveniles (in juvenile prisons and correctional institutions) with 0.69%.

All inmates validly sentenced to six or more months in prison have to undergo a psychophysical examination administered by the Diagnostics Department. Apart from the general terms of prison sentence, an individual treatment programme for each addicted inmate is created according to the diagnosis. In 2011 the Diagnostics Department handled the total number of 2 133 persons, 2 023 of them men and 110 women. In the diagnostic process the inmates were asked questions about drug use in the form of anonymous questionnaire. According to ST 12, out of the total number of the surveyed inmates, 303 or 14.2% of them took an illicit drug once in their lives, mostly cannabis (13.8%), cocaine and heroin (8.9%) and amphetamines (7.5%). Similar to the previous year most of the persons took cannabis once or more times a week (3.4%), followed by the regular use of heroin (3%). 5.2% of persons injected heroin, which is more than a year before when it amounted to 2.5%. Out of the total number of 303 inmates, 288 or 95.04% were men, and 15 or 4.95% women. The average age of inmates was 31.8 years.

In 2011, 1 049 new addicted inmates were admitted for serving a prison sentence. Apart from the prison sentence, 41.37% of them had an ordered security measure of mandatory addiction treatment. The share of criminal recidivists in the total number of newly received addicted inmates serving the prison sentence in 2011 was 41.85%.

Table 9.4 shows that inmates were primarily addicted to opiates in about 38.8% of cases, followed by addiction to more drugs (poly-drug use) in 29.7% cases, addiction to cannabis in 14.7% and less represented addictions to sedatives and hypnotics with 10.8%, cocaine 2.8% and stimulative substances with 2.3%. Such distribution of addicts by type of drugs is similar in all inmate subgroups, except for juveniles, the biggest number of which were addicted to cannabinoids, whilst opiate addiction comes third, after poly-drug use. Similar situation was also recorded the year before.

*Table 9.2 – Number of addicted inmates in 2011 according to psychoactive drug type*

Type of psychoactive drug	Number of inmates during 2011				
	Inmates	Detainees	Sentenced for misdemeanor	Minors	TOTAL
Opiates F11	817	307	50	3	1 177
Cannabinoides F12	300	114	21	11	446
Sedatives and hypnotics F13	128	128	70	2	328

Cocaine F14	50	29	3	4	86
Stimulants F15	39	20	12		71
Hallucinogens F16	13	4	1		18
Volatile solvents F18	3	2			5
Polydrug use and other F19	659	161	81	1	902
<b>TOTAL</b>	<b>2 009</b>	<b>765</b>	<b>238</b>	<b>21</b>	<b>3 033</b>

Source: Ministry of Justice, Prison Administration

Regarding the gender, the majority of inmates (all categories), during 2011 were male (95, 53%). As for age, 59.7% of addicted inmates, or almost more than half of the population, was aged 26 to 35 years. On average every tenth prisoner and detainee is still more than 40 years old, which points out to better availability of health care for addicts, both in the public health and prison system.

## 9.6 Responses to drug-related health issues in prisons

The level of care, measures and health care activities are harmonised with the quality and scope of public health regulations for insured persons from compulsory health insurance. According to the contract with the Croatian Institute for Public Health, prisoners who have valid health insurance can be treated within the public health system in doctor's offices in penitentiaries and prisons. Prisoners are prescribed drugs from the National Essential Drug List of the Croatian Institute for Health Insurance based on the rights from compulsory health insurance. Despite the shortage of health professionals in the prison system, in 2011 all prisoners were provided adequate health care.

Implementation of special programmes is the central part of treatment of addicted inmates and is carried out continuously in all prisons, penitentiaries and correctional institutions. They are carried out by treatment employees in cooperation with employees from other departments, individually or/and in groups throughout a year. In implementing the programmes, the emphasis is put on group work while the individual work is usually applied in combination with group work and in situations in which group work is not organised. Clubs of treated alcoholics or modified therapeutic communities have been formed if necessary conditions were provided and that is the most usual methodology. This and other organised forms of group work with inmates usually include the existence of a therapeutic contract with the inmate, abstinence control, counselling, work therapy and organised free time activities as general treatment methods. The treatment is carried out by a team, and team composition depends on the occupational structure of every penitentiary, i.e. prison. In the implementation of a special program, except the immediate executor-therapist (psychologist, social educationalist, social worker etc.) a doctor is usually included, and a psychiatrist and other treatment team members if necessary (vocational teacher, teachers, judicial officers of a particular department).

Opiate agonist therapy has been continuously applied in the prison system. Until 2007, methadone was exclusively used as a substitution substance for rapid or slow detoxification, and then another opiate agonist – buprenorphine was introduced, which is applied for detoxification of opiate addicts and as maintenance therapy. Unlike buprenorphine, which is also used for detoxification and for maintenance for all categories of prisoners, for the addicted inmates who had previously been on methadone substitution therapy, it is gradually reduced and abolished while serving a short sentence or before being sent to serve the sentence, and is not normally administered to prisoners who are serving sentences in penal institutions.

Table 9.3 – Number of inmates addicted to psychoactive drugs prescribed substitution therapy during detoxification in an outpatient centre – methadone or buprenorphine (2011)

Type of substitution therapy	Prisoners		Detainees		Misdemeanour perpetrators		TOTAL		
	M	F	M	F	M	F	M	F	Σ
<b>Methadone</b>	64	2	133	7	50	4	247	13	<b>260</b>
<b>Buprenorphine</b>	325	3	132	7	19	0	476	10	<b>486</b>

Source: Ministry of Justice, Prison Administration

If we take into account all categories of prisoners during 2011, detoxification by means of opiate agonists was applied for 746 inmates, which is by 37% less than the previous year (1 191). In 34.9% cases methadone was applied, and in 65.1% buprenorphine (Table 9.3).

Table 9.4 – Number of inmates addicted to psychoactive drugs prescribed methadone or buprenorphine maintenance during imprisonment (2011)

Type of substitution therapy	Prisoners		Detainees		Misdemeanour perpetrators		TOTAL		
	M	Ž	M	Ž	M	Ž	M	Ž	Σ
<b>Methadone</b>	47	1	78	6	40	3	165	10	<b>175</b>
<b>Buprenorphine</b>	607	2	135	10	26	0	768	12	<b>780</b>

Source: Ministry of Justice, Prison Administration

Maintenance treatment with opiate agonists, before buprenorphine was even introduced, was mainly prescribed to detainees and convicts and suppletory punished, while the inmates who were serving prison sentence were maintained on methadone only in exceptional cases. With the introduction of buprenorphine, a significant proportion of inmates were maintained with opiate agonists. In 2011, there were 780 of them. Regarding methadone maintenance, the trend of selective application to the most extreme clinical cases was kept, and thus in 2011 methadone maintenance was prescribed only to 175 inmates addicted to opiates (Table 9.4). The total number of inmates undergoing maintenance with opiate agonists in 2011 was 955 (methadone and buprenorphine), which is an increase of 21% compared to 2010 (798).

For those inmates who were assessed as being at high-risk of opiate overdose after the release, the opiate agonist therapy is introduced before the end of the prison sentence. If they are the inmates released on parole, the decision on the release on parole obliges them to continue treatment in the relevant services for mental health promotion, addiction prevention and outpatient treatment.

The Enforcement of Prison Sentences Act stipulates that possession or taking any narcotic or psychoactive substances or alcohol is a serious disciplinary offence. During 2011, a total of 812 inmates and juveniles committed 867 disciplinary offences related to misuse of psychoactive substances. The number of disciplinary offences is greater than the number of inmates and juveniles who have committed them, given that some prisoners and juveniles repeat disciplinary offences once or more times. Disciplinary offences of abusing psychoactive substance abuse are also committed by the prisoners who are not addicted. Since the introduction of the substitution therapy with opiate agonists (buprenorphine), significantly increased the number of disciplinary offences related to psychoactive substance abuse within penal institutions. Inmates often use psychopharmacological drugs, most often opiate agonists, by taking buprenorphine although it is not prescribed, or illegally keep the prescribed buprenorphine for resale to other prisoners. Out of the total number of prisoners and juveniles who in 2011 committed the disciplinary offence related to psychoactive

substance abuse, at 49.8% of them it was associated with buprenorphine. Out of the total number of inmates and juveniles who committed disciplinary offences related to psychoactive substance abuse, 37.8% of them were associated with other drugs or other psychopharmacological drugs that were not prescribed in the therapy. Disciplinary offences of alcohol abuse were committed by 62 inmates and juveniles.

Prisoners are tested for the presence of drugs (illicit and psychopharmacological drugs) before entering the prison or penitentiary after returning from regular leave benefits, through regular and periodic testing within prisons and penitentiaries, and when self-reporting to serve a prison sentence. In addition to search of persons, premises and things (more below in the text), testing the inmates represents preventive and control activities in the implementation of measures of the compulsory addiction treatment, i.e. addiction treatment in prison in general, and are also used for the purpose of monitoring the psychopharmaceutical therapy. Testing is conducted according to a specific Protocol on Testing the Prisoners for Drugs in Prisons and Penitentiaries. In 2011, 4 160 inmates were tested for addictive substance abuse, 504 of whom tested positive (similar to 2010: 4 184 tested and 488 positive). Testing was rejected by 37 inmates, or 4.6% of all those who have committed a disciplinary offence related to psychoactive substance abuse. The results of drug testing for the presence of drugs in the body indicate a very low availability of heroin in penal institutions, which makes the risk of overdose extremely low. During serving the sentence (i.e. while in prison or correctional institution when it comes to other categories), the greatest number of inmates was positive for buprenorphine (Subutex and Suboxone) and other substances that are normally an integral part of medical therapy for drug addiction treatment, but which were not prescribed by a doctor, while a smaller number of inmates tested positive for illegal drugs. For example, only 2 prisoners tested positive for heroin during the year. Positive for illegal drugs were mostly those inmates who were tested before entering the prison or penitentiary after returning from regular or annual leave or after using some prison benefits, or when self-reporting to serving a prison sentence.

Special medical care is given to high-risk groups of prisoners suffering from hepatitis C by enabling diagnostics, and later treatment of viral hepatitis C to the inmates who are interested in receiving treatment, in the same manner and under the same conditions as to the patients who are at large. Counselling Centre for Viral Hepatitis and HIV was established in co-operation of the Prison Administration of the Ministry of Justice and the Clinic for Infectious Diseases. The Centre works within the Prison Hospital, and the activities are performed by the expert medical team. In 2011 the activities were carried out in the Prison Hospital, prisons in Zagreb, Gospić, Varaždin, Karlovac, Sisak and Bjelovar, in penitentiaries in Lepoglava Lipovica-Popovača and Glina, and the correctional facility in Turopolje. The employees of the Centre performed 501 specialist examinations, 328 of which were internal medical examinations and 173 neurological examinations. 79 oral anti-HCV and anti-HIV tests were performed. 32 doses of vaccine for viral hepatitis B were applied (with the vaccine obtained from the Epidemiological Institute of the Croatian Institute for Public Health). 7 doses of interferon obtained by the approval of the Committee of the Croatian Institute for Health Insurance were also applied, and a pre-therapeutical procedure for treatment of chronic HCV infection for 16 prisoners was conducted. Counselling Centre also performed a large number of prevention, education, and diagnostic activities.

A total of 22 trainings of inmates in the prisons in Požega, Lepoglava and Glina was held, as well as in prisons in Zadar, Zagreb, Šibenik, Split, Gospić, Pula and Rijeka. Training of inmates is conducted in smaller groups and individually within the Counselling Centre for Viral Hepatitis. In this field a good cooperation with civil society organisation has been realised. Association "Hepatos Rijeka" performs informational, educational and preventive activities and psychosocial support for prisoners in the Rijeka Prison, while the Croatian Association for HIV and Viral Hepatitis is conducting a programme for prevention of HIV infection within the Counselling Centre for Viral Hepatitis. For the purpose of recording and

monitoring the situation, in 2007 the Registry of prisoners suffering from hepatitis and HIV was founded, which is continually updated.

As part of a special programme for drug-addicted inmates in prisons and drug consumers in penitentiaries and correctional institutions, treatment providers continually conduct individual and / or group informative trainings for prisoners. Educational and informative lectures and programmes are provided in cooperation with the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment and civil society organisations.

In November and December 2011 two trainings for treatment providers included in the implementation of special drug addiction treatment programmes in prisons, penitentiaries and correctional institutions were held. The training was organised by the Centre for Study and Control of Alcoholism and Addictions Clinical Hospital "Sestre Milosrdnice" and the Croatian Association of Clubs of Treated Alcoholics.

In order to raise the quality of the implementation of individual programmes for prisoners serving a sentence, especially in the situation of the insufficient number of treatment providers and their consequent work overload, the prison system is open to co-operation with various institutions and civil society organisations, also in the area of the implementation of special programmes in prisons and penitentiaries.

A very important moment in treatment of drug addicts is a co-operation with County Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, to which prisoners are connected during serving the sentence and where the prisoners continue treatment after release. In addition to such regular form of co-operation, in prisons in Dubrovnik, Požega and Sisak the co-operation is also carried out through direct participation of the employees of the Service for the implementation of special programmes in prison. The co-operation between health services and treatment services within the prison system ensures the continuity of treatment of inmates and detainees, retention in treatment, i.e. prevention of addiction and criminal recurrence and a possible overdose. It was agreed to create the form - History of the Disease and Treatment While Serving a Prison Sentence for Detainees and Prisoners who are, upon completion of the prison sentence or released on parole, sent to County Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment. In addition, during 2011 the Agreement on Cooperation and Exchange of Data and Information Relating to the Treatment of Drug Addicts in the Prison System was drafted, whose signatories will be the Ministry of Justice, the Ministry of Health, the Croatian Institute for Public Health and the Office for Combating Drugs Abuse of the Croatian Government. In addition to ensuring the continuity and quality of treatment, the purpose of this document is to improve the monitoring and treatment requirements at the national level.

In a similar way, the co-operation with civil society organisations from the local community which are with their programmes present in prisons, penitentiaries and correctional institutions is carried out. Through this kind of co-operation counselling and monitoring of prisoners continues upon the prisoner's release as well, and it is possible to include a family or another person in treatment and counselling to provide support to drug addicts in abstinence, and lifestyle changes. Within the addiction treatment, the co-operation with the Home for Addicts Community Encounter is very specific, with whom The Agreement on Co-operation on the Project of Psychosocial Rehabilitation of Drug-Addicted Prisoners on Parole was signed in 2009. At the level of the entire prison system the co-operation is implemented through individual work with inmates, while in the Glina Prison, the Požega Women's Penitentiary, the Gospić Prison and the Prison in Osijek motivational groups for prisoners are held. In 2011, pursuant to the Agreement, four prisoners were released on parole to the Home for Addicts Community Encounter, i.e. a total of 9 prisoners since the Agreement was signed.

Controls to prevent the entry of drugs are performed on each entry of people and goods in prison or correctional institution, when prisoners return from regular leave, on the occasion of family visits, prisoner's receipt of packages, supervision during prisoners' walks and internal control. 220 012 thorough searches of inmates were conducted and 20 519 searches of rooms, when in 8 cases illegal drugs were found. From Table 9.5 it is evident that the continuous increase in the number of searches over the past years has had a positive effect on reducing the availability of drugs in prisons.

Table 9.5 – Number of searches of inmates and rooms (2006 – 2011)

Year	Number of searches of persons	Number of searches of rooms	Number of cases when the drugs were found
2006	136 395	9 411	64
2007	141 700	11 934	37
2008	164 452	17 025	23
2009	187 373	18 854	60
2010	199 898	19 989	No data
2011	220 012	20 519	8

Source: Ministry of Justice, Prison Administration

If necessary, the meetings with the representatives of the Ministry of the Interior are occasionally held in order to initiate criminal investigations in cases of reasonable suspicion that a criminal offence of narcotic drugs abuse has been committed. In December 2010 a special Protocol on cooperation between the Ministry of Justice of the Prison Administration and the Ministry of the Interior, the Police Directorate was signed, which regulates the implementation of Art. 131 of the Act on the Enforcement of Prison Sentence, i.e. collecting opinions and assessments regarding the safety benefits of prisoners, which was continuously implemented in 2011. The search of employees is conducted periodically by random selection.

## 9.7 Reintegration of drug users after release from prison

According to the Act on the Enforcement of Prison Sentence<sup>71</sup>, a prisoner released on parole may be bound to further treatment, which in case of drug addicts means continuation of medical treatment of drug addiction in a health institution or other organised form of addiction treatment in a therapeutic community, institution or any other legal entity that conducts therapeutic programmes. Preparations for release commences upon a prisoner's arrival in prison or correctional facility. Inmates are encouraged to participate responsibly in the preparation for release in prison or correctional facility and outside the prison or correctional facility, and in particular to maintain relationships with the family, to keep in touch with state authority bodies, institutions and associations and the persons engaging in an organised manner in the inclusion of the convict into life in freedom. Not later than three months prior to the release the prison or correctional facility includes the inmate into individual or group advisory work in connection with the preparing of the inmate for release. At the request of an executing judge, the Probation Office will prepare admission of prisoners after their release in accordance with the law that regulates activities of probation. Upon the release, the released person may get in touch with the competent executing judge for the purpose of assistance and support. The executing judge shall co-operate with the social welfare centre and by a

<sup>71</sup> Act on the Enforcement of Prison Sentence (OG 128/99, 55/00, 59/00, 129/00, 59/01, 67/01, 11/02, 190/03, 76/07, 27/08, 83/09, 18/11, 48/11)



written decision may order the social welfare centre to take all necessary measures to assist prisoners upon their release from prison. Post-release assistance is a set of measures and procedures which are applied for the purpose of inclusion of released inmates into life in freedom. Besides providing food and accommodation, advice on the selection of permanent or temporary residence, reconciliation of family relations, seeking employment, completion of professional training, granting financial support for the coverage of indispensable needs and other forms of assistance and support etc., adequate medical treatment should also be provided.

The role of the prison system in the national Project of Social Reintegration of Drug Addict is described in detail in Chapter 8.3.

Following the already started activities and according to the Rules of Procedures of Competent State Bodies, Institutions and Civil Society Organisations in the implementation of the Project of Social Reintegration of Addicts, the Prison Administration of the Ministry of Justice surveyed in 2011 the total number of 60 inmates from the Glina Penitentiary, Prison and Penitentiary in Šibenik and the Prison in Zadar, after which psychological testing and professional orientation of the inmates who applied was conducted. During 2011 the total number of 37 inmates (22 in the Glina Penitentiary, 10 in the Šibenik Prison and 5 in the Pula Prison) completed the programme of additional education and retraining (for computer operator).

In addition, the treatment officials conducted additional professional evaluation of inmates regarding their current health and social status for inclusion in the entire process of social reintegration. Every inmate is provided with a medical certificate issued by the prison system's doctor with the latest test results of specialist medical examination, containing the most recent test results and the insight into the available medical documentation for the purpose of making an opinion on the health condition and evaluation for professional orientation. Medical examinations for inmates are organised directly between the prison management and a doctor specialist in occupational medicine chosen by the Ministry of Health. Based on the obtained results and defined psychological and medical indications, the professional team delivers the final opinion for each inmate with recommended occupations, or counter indications for occupations an inmate was previously interested in, and the evaluation of the specialist in occupational medicine of inmate health and ability to work. The cost of specialist examinations were completely covered by the Ministry of Health, after the examinations have been completed and orders for payment to the selected medical offices have been authorised.

The Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment of the County Institutes for Public Health and civil society organisations have been permanently included in programmes for offering psychosocial and other help to inmates in the prison system, as well after they are released from prison. The majority of addicted inmates is included in treatment after conditional release or after having served the sentence according to the protocol established by the implementation of the project and programme Institutional and Postpenal Treatment of Convicted Addicts (IPTO), which had been implemented by 2005.

In cases when special programmes within the prison system's scope of activities could not be implemented, the cooperation with civil society organisations operating in the local community is encouraged to enable the implementation of the programme in a prison or correctional facility. The advantage of such cooperation lies in the fact that counselling and monitoring of inmates continues even after their release. Family and other close persons can be also included in the implementation of inmate's rehabilitation, which will provide support to the inmate in his/her abstinence and change of lifestyle. In this way, a cooperation was established in 2011 for treatment and post-penal admission of inmates with the civil society

organizations: “Terra” in the prisons in Rijeka and Pula, “Institut” in the prison in Pula, “Stijena” in the penitentiaries in Glina, Lepoglava, Požega and the Prison Hospital in Zagreb, “Ne-ovisnost” in the prison in Osijek, and the “Association for Creative Work Zagreb” in the Correctional institution in Turopolje.

In 2011 a regular cooperation between the executing judges and the representatives of the Probation Administration with the representatives of civil society organisations and the Services for Mental Health Promotion, Drug Addiction Prevention and Outpatient Treatment in conducting surveillance and assistance to the convicts – drug addicts released from prison on parole. The communication was carried out in line with the obligations and requirements of addicted inmates during parole or post-penal acceptance in the field after having served the sentence, as well as a part of the regular activities of treatment and expert supervision in prisons and correctional institutions.

## 10 Drug markets

### 10.1 Introduction

This chapter provides a review of the availability of drugs on the Croatian market, structure of drug markets and crime organisations, specific smuggling routes and modus operandi for certain types of drugs, the impact of measures to control drug markets and in particular seizures, price, purity and composition of drugs.

According to the Croatian legislation<sup>72</sup>, drug is defined as any substance of natural or artificial origin, including psychotropic substances inscribed on the list of drugs and psychotropic substances, and any cultivation, production, possession or trafficking of drugs is against the law. Therefore, in this document the term “drug markets” primarily refers to illicit drug markets. However, in this report we will also mention new psychoactive substances. Due to the dynamic emergence of new psychoactive substances in the world and as well as on the Croatian market, only part of them is currently governed by the regulations in our country and it is therefore necessary to note that “drug market” in the broader sense refers to legally available substances which have drug properties<sup>73</sup>. Further on, according to drug classifications used in informing relevant international bodies, the term “cannabis resin” refers to hashish, while “cannabis plant” refers to marijuana. For other types of drugs, the usual terms are used. Although in Croatia, there is no statutory definition of “new drug”, in professional circles the term is more and more frequently used as a common name for new psychoactive substances, legal psychoactive substances (so-called “legal highs” or “legalica” in Croatian jargon) and designer drugs.

One of the main priorities of the national policy on combating drugs abuse in the Republic of Croatia remains the reduction of supply, and thus the availability of drugs. Guided by the idea that the reduction of drugs availability, especially at the street level, may influence the drug demand and interest of at-risk groups that have not begun to consume drugs yet, the pressure on the main carriers of sale and distribution of drugs in the Croatian territory is carried out, by applying a proactive approach and investigations based on the data collected and analytically processed. In order to reduce as much as possible the impact of international smuggling routes on the drug market in the Republic of Croatia, but also the operations of local organised crime groups, the criminal prosecution authorities of the Republic of Croatia have recently initiated and / or actively participated in a series of highly successful international operations.

It should be stressed out that the total length of our land borders with five countries of 2 028 km and 5 835 km of sea coast line, with a complex geopolitical and geostrategic position and the tendency to establish a freer regime of movement of goods and passengers require extraordinary efforts to detect attempted smuggling of drugs, people and other profitable goods. Therefore, apart from the Croatian police, customs officials are also involved in controlling the cross-border traffic, and are continuously engaged in the measures of enhanced surveillance.

<sup>72</sup> Act on Combating Drugs Abuse (OG 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11)  
Criminal Code of the Republic of Croatia (OG 110/97, 129/00, 111/03, 105/04, 84/05, 71/06, 110/07, 152/08, 125/11)

<sup>73</sup>All new psychoactive substances that are detected in Croatia pass the health and social risk assessment, based on which a decision on the need for their placing under legal control is made. However, before the legal regulations are introduced they can be found legally sold on the Internet, in specialised shops (“smart / head shops”) and other points of sale.

In 2011 continued technical equipping of border crossings and customs officers at border crossings, as well as the customs officers deployed to work in independent mobile units for the implementation of customs control and customs checks throughout the customs territory of the Republic of Croatia. Their role is particularly important in the control of container traffic at seaports where the risk assessment, along with operational knowledge, is very often the only way to detect illegal shipments of drugs hidden in regular shipments of various commodities in the space for ballast water and other parts of the ship or vessel. In July 2011 the Instruction on cooperation between the Customs Administration and the Police Directorate was concluded, which defines the operational contact points to exchange knowledge, coordination and joint actions for combating international trafficking of drugs and precursors. In 2011, 156 joint actions of the border police and the customs were conducted, and in 15 cases 14.6 kg of various types of drugs were seized.

Since the Ministry of the Interior, within which operates the National Police Office for Combating Corruption and Organised Crime (NPOCCOC) and the Drugs Department as an organisational unit by NPOCCOC, conducts all records relating to drug-related crime, in this chapter, apart from the available research, the data and information of the Ministry are used. Although the Customs Service has the authority to confiscate the drugs discovered, records of total seizures at the national level are led by the Ministry of the Interior, as the police are only authorized to carry out investigative measures and actions upon detection of the offence related to narcotic drugs abuse, which also includes drug trafficking. The data are collected monthly by the police departments on standardised forms and entered to be processed in electronic records of the Ministry. Electronic model of data management at the Ministry of the Interior provides continuous assessment of threat from organized crime (including drug-related crime), which may affect the socio-economic system and the political stability of Croatia, which is also briefly reported in this chapter.

In order to get a more detailed insight into the condition and trends on the Croatian drug market except police statistics and analysis, the Office for Combating Drugs Abuse of the Croatian Government in collaboration with the Faculty of Education and Rehabilitation Sciences of the, University of Zagreb in 2010 started the project The Availability and Price of Illegal Drugs in the Republic of Croatia (Dolezal 2011). The main purpose of the project is to analyse the drug market features from a consumer perspective. Data on the cost, frequency and mode of consumption, sources and manner of procurement and availability of drugs should be periodically collected, but also the data on the new psychoactive substances that occur in our country. The first phase of the project was carried out from December 2010 to April 2011, and the continuation of the project will depend on available funds that are due to the current economic crisis very limited. The continuation of the project by combined analysis of the available police data and additional field studies would allow developing a standard model for monitoring the availability and price of illegal drugs in the Republic of Croatia. As already mentioned in the previous report, the research was conducted in collaboration with the organisations that implement harm reduction programmes since their employees communicate with drug addicts on a daily basis and know how to conduct such an investigation, and in such a way obtain good quality data. The project also involved: Association Terra (Istrian area), Association for improving the quality of life LET (Zagreb), Association HELP (Split and Osijek area) Association Institute (Rijeka region) and the Croatian Red Cross (for the area of Zagreb and Krapina). Although the tendency of this research was to cover the whole Croatian territory, it was restricted to areas of operation of the associations present in all major centres and therefore an access to a wider population of problem drug users, mainly opiate addicts, is possible. The research was conducted on a sample of drug addicts who have been involved in harm reduction programmes in these non-governmental organisations during the research, and a total of 622 persons were surveyed. Since the sample covers more than 10% of the total number of persons who were treated for opiate addiction (according to the Registry of Persons Treated for Psychoactive Drugs Abuse

in the Republic of Croatia) in 2010, the obtained data can be used as an indicator of the orientation of the prices and availability of drugs in larger centres. The results of the research are described in Chapters 10.2.1 and 10.4.1, and for easier data interpretation the research a simplified name: drug market research is used.

## 10.2 Availability and supply

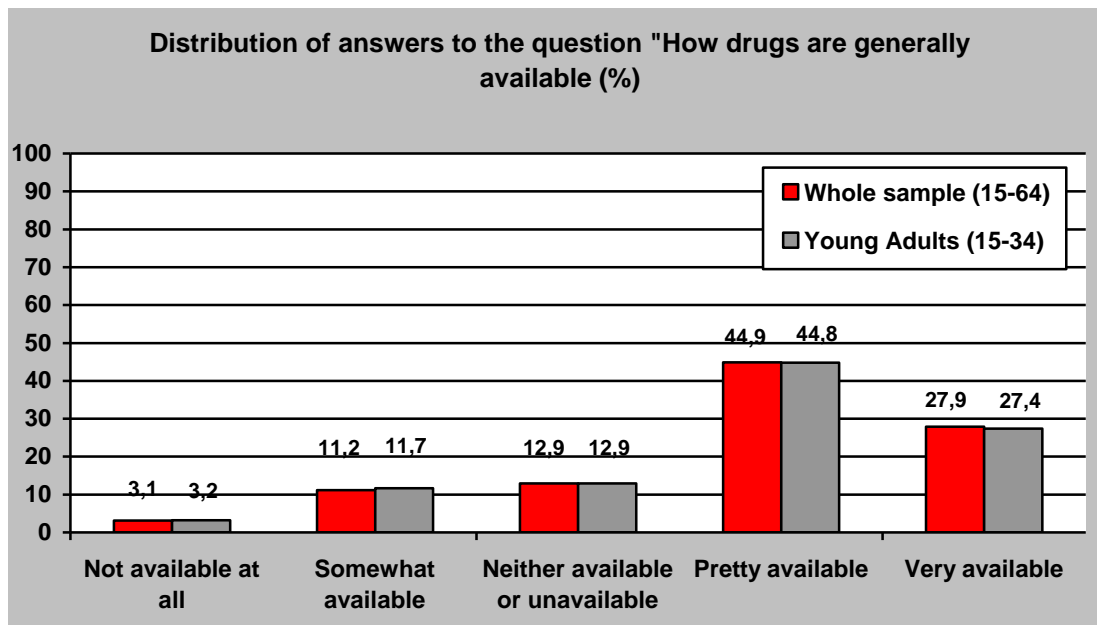
Information about the availability of drugs in the Republic of Croatia in the previous years was quite limited and mostly based on the ESPAD project and simple analysis of available indicators of drug criminality and operational information of the police. In this year's report for the first time the exact indicators of drug availability in the general population of the Republic of Croatia are presented, and the results of the market research targeted at the population of opiate addicts.

World trends in prevalence of drugs and changes in the drug smuggling routes caused some disturbances on the Croatian drug market. The efforts of police and customs officers in detecting drug trafficking and related organized criminal activities also contributed to it. As stated in the last year's report, in 2010 5 criminal groups were broken in cooperation of the police of European and Latin American countries, and another three in 2011, most of which did not act directly on the Croatian territory. Consequently the "shortage" of heroin in 2010 and in the first half of 2011 was noted, and the availability of cocaine was also reduced to a certain extent. In addition to police data, the data from the survey conducted among the population of problem drug users, i.e the users of harm reduction programmes evidence the mentioned phenomenon, which is described in this chapter. On the other hand, more amphetamine-type stimulants, as well as new psychoactive hazardous substances because of the legal status of such products, appear again on the Croatian drug market, and regarding the new circumstances the measures to prevent further spread of its availability should be intensified.

### 10.2.1 Perceived availability of drugs, exposure, access to drugs

In 2011 the first research on substance abuse in the general population of the Republic of Croatia (Glavak Tkalić et al. 2012, more in Chapter 2.2) was conducted, which also tested the attitudes about drug availability. The data on the perception of the possibilities of drug supply in general and individually, perception of the possibility of an individual to obtain certain substances, and the personal acquaintance of people who consume illegal drugs were presented. In the whole sample (between people aged 15 and 64 years), 44.9% of respondents believe that drugs are generally quite available in the Republic of Croatia, while 27.9% believe that drugs are generally available to a large extent. 12.9% of respondents think that drugs are generally neither available nor unavailable, 11.2% think they are rather available, while only 3.1% of respondents believe that drugs are generally not available at all. In the age group of young adults (aged 15 to 34 years) there is a similar distribution of the answers related to the question of how drugs are generally available as in the respondents of the whole sample (Picture 10.1), and more than 70% of the younger population feel that drugs are quite available or available to a large extent. When the distribution of responses related to the availability of drugs is considered in relation to particular age groups and gender, it can be noted that these distributions are similar in all age groups.

Figure 10.1 -Determined distribution of answers to the question how drugs are generally available, in the whole sample and the sample of young adults (%)



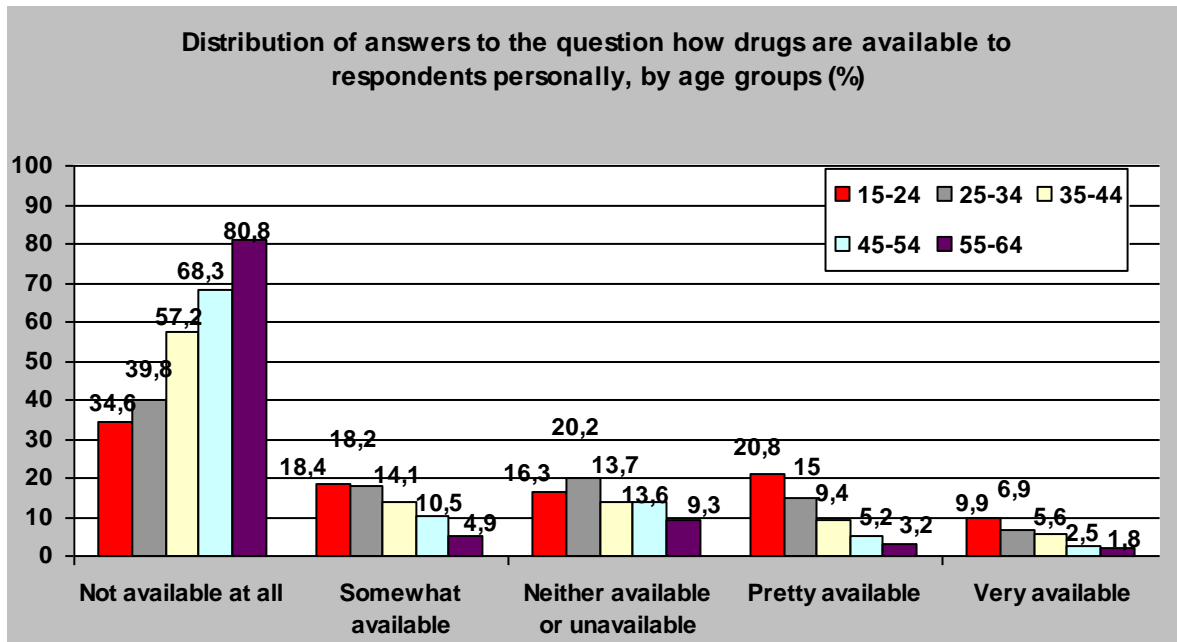
Source: Glavak Tkalić et al 2012

Although the majority of respondents estimated that drugs in Croatia are generally available, when asked about the extent to which they are available to them personally, more than half of respondents (55.4%) in the whole sample reported that they were not available at all. 13.5% of them stated that drugs were available to them personally, and 14.8% of them said that drugs were neither available nor unavailable. For the whole sample, 10.9% of respondents believe that drugs were quite available to them personally, and only 5.4% of them said that drugs were available to a large extent. In the sample of young adults, somewhat different distribution of responses related to the personal availability of drugs can be observed compared to those of the entire sample, although still remains the dominant position of the respondents that the drugs were not personally available to them at all. Among young adults that view is expressed only by 37.2% of respondents. 18.3% of respondents from the group of young adults said that drugs were rather available to them personally, 18.2% said that they were neither available nor unavailable, 17.9% said they were quite accessible, while 8.4% of respondents said drugs were available to them personally to a great extent. As for the perception of the opportunity for obtaining drugs personally for men and women, in the whole sample it may be noted that women slightly more often than men said that to them personally drugs were not available at all (60.5% vs. 50.2%).

The research showed that the perception of personal drug availability increased with younger age (Picture 10.2). 34.6% of respondents from the youngest age group (15 to 24 years) thought that drugs were not available to them at all personally, to 80.8% of the respondents from the oldest age group (between 55 and 64 years). Consequently, with increasing the age the perception of personal drug availability decreased. 30.7% of respondents from the youngest age group and 5.0% from the oldest age group said that drugs were quite available to them personally and available to a large extent. Although the respondents from the places of different levels of urbanisation estimate that the majority of drugs in Croatia is generally available, when asked about the extent to which they are available to them personally, the situation changes and the assessment of personal drug availability decreased with the level of urbanisation: so 47.5% of respondents from large cities believe that drugs are not

available at all, the same is stated by more than 56.0% of respondents from small and medium-sized towns, and 59.1% of respondents from rural areas.

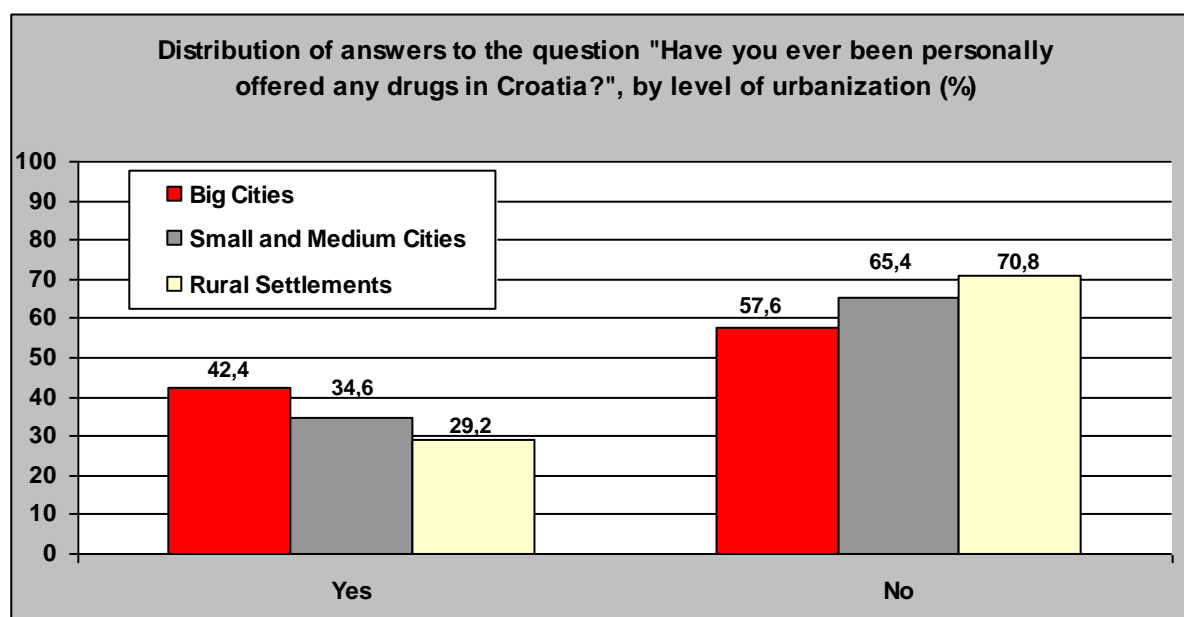
Figure 10.2 -Determined distribution of answers to the question how drugs are available to respondents personally, by age groups (%)



Source: Glavak Tkalić et al. 2012

Personal perception of drug availability was also examined by a direct question on whether the respondent had ever been offered any drugs in the Republic of Croatia. So, approximately one third of the whole sample of respondents (34.1%) reported that they had been offered a drug in the Republic of Croatia, while 65.9% said that the drug had never been offered to them. In the sample of young adults there are significantly more respondents who indicated that they had been given a drug, a little over half of them (53.2%), while 46.8% of respondents stated that the drug had never been offered to them. The frequency of responses suggesting that the respondents were offered a drug significantly decreased with age: 53.5% of respondents in the youngest age group to 6.4% in the oldest age group. As for the whole sample, men stated more often than women that they had been offered some type of drug (41.5% male vs. 26.9% female), and it is similar in the group of young adults (60.2% male vs. 46.1% women). Regarding the level of urbanisation (Picture 10.3), the respondents from large cities more often say that they were offered a drug in the Republic of Croatia (42.4%) than those from small and medium-sized towns (34.6%) and those from rural areas (29.2%).

Figure 10.3 - Determined distribution of answers to the question "Have you ever been personally offered any drugs in Croatia?", by the level of urbanization (%)



Source: Glavak Tkalić et al. 2012

Perception of drug availability was examined by a set of questions about how difficult it would be for the respondents, if they wanted, to obtain some substances (marijuana or hashish, ecstasy, amphetamines, cocaine, heroin, LSD, tranquilizers, but also beer, wine, spirits and cigarettes) within 24 hours. Table 10.1 shows that half to three quarters of adults say that cannabis (51.5%), ecstasy, amphetamines, cocaine, heroin (73.9%) and LSD would be difficult to get. The perception of personal possibilities to obtain drugs increases with age. Men generally more often perceive that drugs were easy to obtain than women. Unlike other addiction substances, as for sedatives or tranquilizers (e.g. Normabel, Praxiten, Xanax) the most frequent response of the respondents in the whole sample was that they found it easy or very easy to get (66.5%), while 16.2% of respondents stated that they found it difficult or very difficult. People over 35 years of age are more likely to assess the purchase of sedatives or tranquilizers more easily than people younger than 35 years.

Table 10.1 – Determined distribution of answers about the personal possibility of obtaining addictive substances within 24 hours in the whole sample and the sample of young adults (%)

Type of substance	TOTAL SAMPLE			SAMPLE OF YOUNG ADULTS		
	Easy or very easy (%)	Neither easy nor hard %	Hard or very hard (%)	Easy or very easy lako (%)	Neither easy nor hard %	Hard or very hard (%)
Marijuana or hashish	32.9	15.6	51.5	46.3	17.6	36.1
Ecstasy	20,2	15.6	64.2	25.7	18.4	55.9
Amphetamines	17.6	15.9	66.5	22.4	18.9	58.7
Cocaine	12.6	15.0	72.4	14.8	17.2	68.0
Heroin	11.6	14.5	73.9	13.4	15.7	70.9
LSD	12.5	15.8	71.7	14.4	18.8	66.8
Sedatives or tranquilisers	66.5	17.3	16.2	19.6	19.1	61.3

Source: Glavak Tkalić et al. 2012

The questions relating to the availability of alcoholic beverages and cigarettes, i.e. substances that are legally available to all adult citizens of the Republic of Croatia, were only



analysed on the subsample of juvenile respondents (N = 222). About 80% of persons under 18 (regardless of gender) estimated the personal possibility to purchase alcoholic beverages (beer, wine and spirits) and cigarettes easy. The perception of availability of alcoholic beverages and cigarettes increases with lower level of urbanisation, and therefore all these substances are considered the most accessible in rural areas.

The research also examined the number of people who personally know the people who consume certain drugs. Results of the analysis of the answers to this question can be used as additional or alternative estimate of the prevalence of taking illegal drugs, especially for drugs with low prevalence. In addition, it can be interpreted as a risk factor or predictor of taking illegal drugs due to the fact that the risk of taking illegal drugs is higher for those who know someone who is using drugs, because these drugs are more accessible to them. About one third of adults (32.6%) reported that they knew a cannabis user, and the same was reported by approximately half (51.8%) of younger adults. The number of those who said that they knew a cannabis user decreases with age. Men reported that they personally knew people who consume cannabis more often than women (37.9% vs. 27.3%). When it comes to consumers of ecstasy, amphetamines, cocaine, heroin and LSD, about one tenth or less of adults said that they knew people who take these drugs (ranging from 5.9% for LSD consumers and 13.0% for ecstasy consumer). The number of adults who know some consumers of these drugs decreases with age. Men reported that they knew people who consume illegal drugs more often than women.

Fifth European survey on smoking, alcohol and drugs which was conducted in the Republic of Croatia (Kuzman et al., in press), similar to previous ESPAD's research shows that cannabis is the most accessible illicit psychoactive substance, although in relation to 2007 fewer respondents indicated that cannabis can be obtained easily or very easily (2007: 49.5%, 2011: 40.7%). Ecstasy and amphetamines are much less accessible to school population (more precisely, students who turned 16 in the year research), but still in the range that requires serious measures for prevention and reducing the availability of drugs to young people. It is interesting that ecstasy is considered difficult, very difficult or even impossible to obtain by 53.8% of respondents compared to 42% in 2007, and the situation is similar with amphetamines. Table 10.2 shows detailed answers to the question asked in this ESPAD research on how difficult it would be for the respondent to obtain these legal and illegal psychoactive substances if he would like it.

Table 10.2 – Estimated difficulty to obtain different psychoactive substances (ESPAD, 2011)

Difficulty to obtain certain substance	PSYCHOACTIVE SUBSTANCES						
	Cigarettes	Wine	Spirits	Cannabis	Ecstasy	Amphetamines	Tranquillisers/sedatives
Impossible (%)	3.5	3.5	5.7	14.3	26.4	25.2	21.8
Very difficult (%)	2.1	1.8	4.4	10.6	16.1	15.8	12.9
Difficult (%)	2.6	3.2	8.0	10.9	11.3	11.7	11.5
Easy (%)	25.4	22.9	26.1	23.2	9.6	11.3	14.4
Very easy (%)	49.7	59.7	42.5	17.5	5.8	5.4	9.8
I do not know (%)	16.6	8.9	13.3	23.6	30.8	30.6	29.5

Source: Kuzman et al, in press

Although, according to the latest ESPAD survey, cannabis use in the Republic of Croatia is slightly below the European average, it is clear that the drug is available to young people to a greater extent than it is acceptable (Hibell et al. 2011). The drop in marijuana consumption compared to the ESPAD survey from 2003 certainly was influenced by intensive prevention activities. Although according to the aforementioned drug market research in Croatia

marijuana was fully, very easily or easily accessible for even 93.6% of respondents who answered this question, the number of persons treated for marijuana in the total number of people treated for drug addiction declined from 21.7% in 2005 to 12.5% in 2011. The decrease in the number of the treated persons have been also influenced by a number of rejected criminal charges for insignificant offence by the State Attorney's Office of the Republic of Croatia in the recent years, and thus reduced the number of juveniles involved in the counselling treatment by the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, social welfare centres or counselling centres for young people, and according to the decision of the court and the State Attorney's Office based on the principle of opportunity (more in Chapter 9.4).

The research "Distribution and Cost of Illegal Drugs in the Republic of Croatia" (basic information can be found in the introduction of this Chapter) was conducted among drug users who almost daily use different types of drugs, mostly opiates and cannabis. Therefore, the data obtained in this research are particularly important to supplement the police information on functioning of the drug market in the Republic of Croatia. When designing the questionnaire addicts and harm reduction programme participants were consulted, to make the questions as clear as possible, and based on the obtained answers, to provide the insight into the realistic state of the drug market. Table 10.3 provides an overview of the answers to the question about the availability of certain types of drugs, which also gives information about how fast a particular drug can be obtained. Further on in the text there are explanations of the possible answers to the question about the availability of drugs: fully accessible (in an hour), very easily accessible (within 2-3 hours), easily accessible (within 6 hours), hardly accessible (1 day), completely inaccessible (more days or even unavailable), and an option I do not know. Besides the "classic" drug, the availability of alternative therapies for opiate addicts and other drugs on the illegal market, as well as new drugs was tested. Most of the respondents of the total sample (N = 622) answered the questions about the availability of heroin, marijuana, cocaine, methadone and other drugs.

The smallest number of respondents answered the questions about methamphetamine and new drugs, and the majority of them did not have any knowledge of their availability, which confirms that they are not popular in the surveyed population. Most accessible addictive substance on the illegal drug market, according to the respondents of the survey, is methadone which can be obtained in an hour by 41% of the respondents who answered this question, 18.1% can get it within 2-3 hours and 32.1% within 6 hours. However, the interpretation of these data should take into account the possibility that some of the respondents thought about the legal availability of methadone, although the surveyors should have mentioned that it relates solely to the availability of the drug on the illegal market. Yet, when asked about the source of purchasing methadone, 30.3% of them responded that they bought methadone from dealers, 21% from friends, and 5.8% from the partners, which inevitably confirms the abuse of that drug. High values are also present in the perception of the availability of other substitution drugs. As for the "classic" drugs, in the first place is marijuana, which is considered fully, very easily or easily accessible by 93.6% of respondents. Ecstasy follows with 68.6%, heroin with 62.2%, amphetamines with 58.7% and cocaine with 54.9%.

Table 10.3 – Availability of specific types of drugs in 2010 in the population of harm reduction programme users in the Republic of Croatia

TYPE OF DRUG	N	Fully available (%)	Very easily available (%)	Easily available (%)	Hardly available (%)	Unavailable (%)	I do not know (%)
Marijuana	452	34.7	21.5	37.4	3.1	0.9	2.4
Hashish	271	34.7	16.2	24.4	12.5	3.0	9.2
Heroin	591	27.6	9.6	25.0	25.5	11.5	0.7
Methadone	422	41.0	18.1	32.1	6.4	1.0	1.4
Subutex <sup>74</sup>	210	39.0	13.8	16.2	12.9	3.8	14.3
Subuxonee <sup>75</sup>	288	31.6	8.3	35.4	8.7	2.1	13.9
Cocaine	377	26.0	11.1	17.8	26.3	15.1	3.7
Amphetamine	259	30.9	12.7	15.1	21.6	5.8	13.9
Metamphetamine	175	26.3	6.9	5.7	10.3	11.4	39.4
Ecstasy	266	31.4	14.6	22.6	8.8	4.4	18.1
Mephedrone	161	16.1	3.7	1.2	2.5	7.5	68.9
Synthetic cannabinoids	164	17.1	31.7	7.3	3.7	6.7	61.6
Other medications	365	31.2	19.2	32.1	6.8	2.7	7.9
Other new drugs	199	12.1	5.0	4.0	19.1	5.5	54.3
Other	180	21.7	12.2	7.8	9.4	6.7	42.2

Source: Doležal 2011

Regarding the fact that 62% of respondents take heroin each day or at least once a week and another 31% at least once a month, the survey included the most relevant population for evaluation of the availability of heroin on the drug market. 11.5% of the respondents who answered this question thought that heroin was completely inaccessible in 2010, while 25.5% estimated it was difficult to access. However, at the regional level, the differences are very large. So, as many as 55% of drug addicts in the area of Split and part of Dalmatia (region) considered that heroin was completely inaccessible or difficult to access, while only 21% of the respondents in Zagreb and 19% in Rijeka / Pula expressed the same opinion. These data support the police statistics related to decline in seizures of this kind of drugs, as well as the shortage of heroin recorded in other European countries in the observed period, and also partly explain the increased availability of substitution treatment on the drug market as a substitute for heroin. Part of the answer lies in the fact that heroin smugglers after entering the Schengen territory continue to move within the borders of the European Union, and to a much lesser extent, through Croatia, while on the other hand, detection and prosecution of criminal organisations that were engaged in smuggling drugs surely caused the reduction in the availability of heroin in Croatia.

If the availability of other drugs is compared by regions, large differences are expressed in the perception of the availability of cocaine, which was considered inaccessible or completely

<sup>74</sup> Subutex is a registered drug which contains buprenorphine, and is used in opiate addiction treatment.

<sup>75</sup> Subuxone is a registered drug which contains the combination of buprenorphine and naloxone, and is used in opiate addiction treatment.

inaccessible by 68% of the citizens of Split, compared to 31% of respondents in Rijeka / Pula and 25% in the Zagreb area. In addition to heroin and cocaine, amphetamines are also the least accessible in Split, where three quarters of people who responded to this question perceived them difficult or totally impossible to get. The data collected in Rijeka and Istria are totally opposite because 71% of the respondents reported that amphetamines were fully, very easily or easily available, as well as 62% of the citizens of Zagreb. Ecstasy is 100% accessible in Split although it should be mentioned that a very small number of respondents answered that question, it is accessible for 69% of respondents in Zagreb, where 19% of them said they did not know how much it is accessible, and for 52% of respondents in Rijeka and Pula, where 25% of them did not know how much it is accessible. As for LSD the fewest number of answers was given in Split (only 11), mostly in favour of accessibility. LSD is fully, very easily or easily accessible to 65% of the respondents from the area of Rijeka and Pula, and 52% from Zagreb. Although the largest proportion of respondents in all parts of Croatia which are included in this research (from 89% in Rijeka / Pula to 97% in Split), considered marijuana to be fully, very easily or easily accessible, here are significant differences regarding the level of availability. Thus, the highest level of full accessibility was recorded in Zagreb (60%), they were very easily accessible in Rijeka/ Pula (29%), and easily accessible in Split (62%). The hashish situation is somewhat different. It is at least available in Rijeka / Pula where 26% of respondents thought hashish was inaccessible or completely inaccessible, while in Zagreb 84% of respondents considered it accessible, and 77% of them in Split. In addition, only in Split they were all familiar with the availability of hashish and therefore, unlike other areas, no one answered this question with "I do not know". New drugs are least attractive for the population of respondents in Split, since the fewest number of respondents answered these questions, and the answers in 79% of cases were in favour of unavailability. 25% of respondents in Zagreb (69% do not know), and 12% in Rijeka / Pula (72% do not know) thought that mephedrone was fully, very easily or easily accessible. Very similar values were recorded for the availability of synthetic cannabinoids. We can conclude that most of the surveyed population of opiate addicts, despite the tendency of the abuse of drugs, (still) has not developed a tendency to experiment with new drugs that are already present on the Croatian market drugs, even legally.

The drug market research also asked questions about the sources and ways of procuring drugs. Most drugs were usually procured by dealers (83% heroin, 80.8% cocaine 74.6% amphetamines, 69.7% marijuana, 66.7% mephedrone, 64.1% hashish, 62.5% synthetic 59.8% cannabinoids, 59.8% ecstasy, 42.3% LSD). A friend is the second most common source of procurement specified for procurement of ecstasy (38.5%), LSD (38.5%), subutex (38.3%) and cannabis (25.5%). One of the answers to the question about the source was a "partner", in the case of which the highest values were recorded for Subutex (8.6%), methadone (5.8%) and LSD (7.7%). The combination of dealers and friends was usually recorded for LSD (9.6%), heroin (7.8%), methamphetamine (7.4%), cannabis (6.5%) and Subutex (6.2%). The so-called smartshop was specified as a source of procurement in the case of synthetic cannabinoids and in very low rates in drug replacement therapy. The Internet was mentioned as a source in the case of synthetic cannabinoids and in very few cases of ecstasy and other new drugs. "Other" as a source of procurement of drugs was present in the highest percentage for methadone (38.6%), Subutex (22.2%) and Subuxonee (34.9%), and a part of addicts stated that it was a legal replacement therapy prescribed by physicians.

Analysis of the answers to the question about the procurement of drugs shows that most of the drugs are most commonly purchased in the open public place, with the exception of cocaine and heroin which are bought in a dealer's house. Although not the most common place of procurement, the dealer's house is stated as a place of purchase of amphetamines, marijuana and hashish, and was the most common response in the category of some other new drugs. Purchase of drugs in a closed public place where synthetic cannabinoids are mostly purchased is less frequent. Home delivery is quite popular with cocaine, LSD,

cannabis, amphetamines and ecstasy. "Other" was the most or second most common answer in case of methadone, Subutex and Subuxonee, and here in many cases it refers to legal purchase (to mention it again, this is a mistaken interpretation of the question by respondents since the object of this research was illegal drug market). But in case of these drugs, as secondary procurement option in significant percentages other places that clearly point to illegal purchase are recorded.

The Office for Combating Drugs Abuse of the Government of the Republic of Croatia (the Office) in late 2011 ordered a pilot research conducted by the Faculty of Education and Rehabilitation Sciences, University of Zagreb (Kranželić 2012), which is described in Chapter 2.4. The survey was conducted by on-line poll on the biggest and best organized Croatian forum "Forum.hr"<sup>76</sup> with many subforums visited by young people who are potential sample for the planned research. The results showed that as many as 7.5% of respondents (N = 1 330) consumed new drugs, mostly synthetic cannabinoids and mephedrone, which are mostly obtained from friends or in person at the so-called smartshops and even kiosks, video shops, clubs, gyms, sex shops, Indian shops, etc. According to the Office, in the Republic of Croatia, currently there are more than 10 so-called smartshops. Although their number is negligible in comparison with other European countries that have dozens of such shops, it is significant for Croatia because the manner of advertising such shops has an extremely negative impact on the younger population since it stimulates consumption. Therefore, the mechanisms that will allow more effective control of smartshops and restrict legal sales of new psychoactive substances have been initiated.

### 10.2.2 Drugs origin: national production versus imported drugs

Croatia is primarily a transit country and the production of drugs is therefore limited to cannabis cultivation exclusively for personal use and sales on the Croatian market. Smaller portion of cannabis products are grown in the Republic of Croatia in so-called outdoor plantations and sporadic cases of so-called indoor plantations are being recorded. The majority of cannabis product originates from Albania, lately known as an important marijuana producer. Other important countries producing the mentioned drug types are Morocco, Afghanistan and Bosnia and Herzegovina.

Although the laboratories for illicit synthetic drugs production in neighbouring countries have been lately discovered, the Republic of Croatia has not recorded any such case so far. Domestic production is not affordable probably due to low prices, existing production in the region and the flow of this type of drugs through our country. Synthetic drugs like amphetamines and amphetamine derivatives (usually ecstasy tablets) are smuggled in a variety of ways from the particular West European countries but also from even more present drug markets in particular East European and Asian countries.

Heroin originates from Afghanistan and other countries of South Western Asia that produce heroin. It is also important to note that Croatia actively participates in the efforts of the international community in combating opium production in Afghanistan and participates in the military mission in Afghanistan, and has sent few police officers to provide help in training the Afghanistan police officers.

The origin of cocaine which can be found on the Croatian market are traditional producers (Columbia, Bolivia, Peru), although according to the operational police information, cocaine paste is also processed into cocaine in other South American countries, especially in Brazil.

<sup>76</sup> It should be mentioned that forum.hr according to web page <http://rankings.big-boards.com/> classified within TOP 50 world forums regarding the number of members and visits per day.

In addition to the overview of smuggling specificities according to particular types of drugs (10.2.3), a comment on drugs origin is also given.

### **10.2.3 Trafficking patterns, national and international flows, routes, modi operandi; and organisation of domestic drug markets**

The issue related to criminal activities of organised international groups of smugglers is especially complex due to geographical position of our country, which is a crossroads of traffic corridors between the East and the West, and the South and the North of Europe, which results in heavy flow of goods and passengers.

Criminal groups involved in the drug-related crime are formed according to the various criteria, therefore for every country the usual ethnic or family background criteria has been recorded, then the groups formed on the basis of guild membership (companies and truck drivers in international traffic, sailors in international water) and criminal groups without any special pattern, appropriately formed. Also, organised criminal groups use the globalisation trends that enable faster and more liberal regime of the flow of goods and people. For the purposes of smuggling drugs, especially high extent of using transport companies or their drivers has been recorded. Their interest, knowledge of routes, some knowledge of police and customs work and underpayment for that work enable the members of criminal groups recruiting of such persons. The mentioned criminal groups are not focused on particular type of drug but the smuggling is performed appropriately, which means that the drugs or other goods being smuggled depend on the decision of a smuggling organiser. Aforementioned are usually small groups, managed by the organisers that coordinate smuggling together with the leaders of other groups. It has been noticed that the majority of organised criminal groups combine other criminal activities with their primary criminal activity of smuggling and drug trafficking to achieve a successful implementation and prevent detection and prosecution. Many national criminal groups cooperate perfectly regardless of political, language and other differences. Alarming trends have been recorded concerning even more organized activity of criminal groups and criminal organisations with a predominantly international character.

It is important to mention, that the so-called "Balkan route" has become in the last few years the place of illicit drug trafficking in both directions (heroin to the West, precursors and synthetic drugs to the East), which is evident from the seizures realized by Turkey. However, the trends concerning activities on the traditional "Balkan route" of heroin smuggling from Afghanistan, Turkey and Middle East countries towards the South Eastern Europe have continued. One branch of the "Balkan route" still passes through Kosovo, Serbia, Montenegro, Bosnia and Herzegovina and Croatia heading to the West European countries. The reasons why the continuous work on combating the mentioned issue is obstructed lies in the fact that smuggling of larger quantities of heroin through Croatian territory is usually performed without the participation of Croatian citizens, that is shipments are only transited through Croatia on their way to the West, as well as the circumstances that the majority of domestic markets are continuously supplied with smaller quantities, organised by smaller local criminal groups. Regarding the mentioned, criminal groups and individuals from the region which are participating in organisation of the mentioned activities (modus of their work, usage of logistics services provided by Croatian citizens, etc.) are identified. In 2011 significant deviations in the patterns of trafficking, national and international trends, routes, methods of execution and organisation of the domestic drug market compared to 2010 are not observed.

Picture 10.1 – Main trafficking routes in the Republic of Croatia



Source: Ministry of the Interior

## Heroin

As stated earlier, the “Balkan route” is traditionally used for heroin smuggling due to its shortest road connection among the countries that produce heroin (Afghanistan, Pakistan, etc.) and the countries that use heroin, but also due to the increase of goods and passengers traffic, which organised criminal groups use to smuggle heroin with minimum investments and reduced risk of seizure and arrest. In the recent years, when new member states joined the European Union, primarily Romania and Hungary, the “Balkan route” has partially been modified due to the Schengen regime and its way has shifted more to the North (Serbia – Hungary or Romania). We believe that it is about smuggling the small quantities (up to several tens of kilograms) and the smuggling route where large quantities are smuggled by means of truck traffic according to the final destination of legal load, has not changed. Although in road traffic we record greater number of seizures of small (several kg) and large (up to 100 kg) quantities of heroin, the particular issue represents the smuggling of large quantities (more than 100 kg) of heroin by truck traffic. The smuggling is partially performed through Croatia in the relation Turkey – the West European countries. Croatia is the only country in the region that did not record any seizure of large quantity of heroin in truck traffic in the previous period. Except the objective reasons that present the lack of seizures (the lack of quality operational knowledge, because smugglers do not contact persons from the Croatian territory but are only in the transit), we conclude that there are also subjective weaknesses of the system (the lack of systematic and targeted customs supervision). We record the cases of using the services of transportation companies (own or on behalf of other persons) in international road transport, but also other international transport types. Rent a car services for heroin smuggling have also been recorded.

A specific distinction of heroin smuggling is that it is organised by criminal groups of ethnic Albanians who organise and run heroin smuggling through so-called “Balkan route” and dominate in that. They are mostly from Western Macedonia and Kosovo and some of them come from Albania, as well as their members across the South Eastern Europe and the European Union. It is specific for ethnic Albanians that they have strong family bonds in various countries of the region, Europe and the world and use them for illegal business. A

large community of ethnic Albanians operates in the Croatian territory. Reasons for the mentioned situation are geographical, historical, cultural, etc. Smuggling is done so that organizers, i.e. ethnical Albanians, often use for smuggling so-called couriers who are usually citizens of transit countries (Croatia, Serbia, Slovenia) or citizens coming from countries with the existing drug market on which the mentioned heroin is placed (Italy, Germany, the Netherlands, etc.). It is difficult to define how big the group is since every part of a group is responsible for own goods to smuggle and the route it covers.

Organised criminal groups have the tendency occasionally to engage a certain number of associate members depending on the criminal activity. We can make a conclusion that in Croatia operates larger number of small criminal groups at the local and regional level dealing with smuggling and heroin trafficking at the local level. The escalation of smuggling is not expected, nor the heroin addiction which is in the Republic of Croatia constant for years now, but in a case of the increased production we can expect the rise of heroin smuggling through the "Balkan route" and through the Croatia heading to the West European drug markets.

### Cocaine

There is a global trend of cocaine overproduction in some South American countries (Columbia, Bolivia, Peru), in smuggling through transit South American countries (Venezuela, Argentina, Uruguay and especially Brazil) and transit harbours in Africa (South Africa, West African countries), in redirection of routes for cocaine smuggling towards unprotected European drug markets through import harbours in Europe (Spain, Belgium, the Netherlands and other South Eastern European countries). The mentioned smuggling route is called the "Highway 10" (10<sup>th</sup> parallel) and indicates the smuggling of cocaine from South America through North Western Africa, Western and Northern Europe to the European drug markets. In the past few years, the cocaine smuggling routes have been changing and therefore, the "Balkan route" started to be used for such purposes, as evidenced by the increased number of attempts of cocaine smuggling through Croatia. However, the particular pressure and threat for our so-called "blue border" represent various attempts of cocaine smuggling by the sea: usage of sailing boats, ships for bulk cargo, tourist ships so-called "cruisers" etc. Cocaine that is smuggled to Croatia by air comes from Southern American countries, traditional drug producers, through the transit West European airports by means of couriers, in emergency shipments, luggage and by other ways for smuggling cocaine. An attempt of cocaine smuggling has also been recorded when clothes were soaked in the solution containing cocaine and packed in a bag.

Criminal groups and their members, organised on the model of profession, are groups of sailors and persons who are doing business with them on land. Due to the Croatian maritime tradition, a great number of our citizens sail on international lines, therefore individual or group sailors make a part of the group which is connected with the "logistics" on land and which controls the smuggling, especially cocaine on the routes from the South American to European countries. In maritime traffic we also record the cocaine smuggling directed to Croatian ports, organised by foreign criminal groups. Some criminal groups are due to the large profits generated by cocaine smuggling prone to narrow specialisation and criminal activities associated with cocaine smuggling (money laundering etc.)

The rise in the traffic in Croatian seaports, nautical, air traffic, and the global trends of increased imports of South American cocaine onto the European drug markets are a potential threat for the Republic of Croatia as well. However, it is estimated that the situation of cocaine related criminality poses no direct threat to socio-economic system and political stability of Croatia, but some serious trends have been recorded concerning even more organised operations of criminal groups with a predominantly international element that exploit specific weaknesses of the system. The predominant danger is "dirty money" earned



by cocaine smuggling, which is in our Region and confirmed in the case of Serbia. Criminal organisation of the so-called Montenegro Drug Cartel entered with a large amount of money into the financial flows of Serbia and has become a threat to social-economic stability of the country. Cocaine, which was smuggled on that occasion was not for the most part smuggled to the territory of South Eastern Europe but was directly smuggled to the West European contact points (harbours, marinas, etc.) and further on to the West European drug markets. The fact that more murders related to smuggling cocaine are recorded in the region and the Republic of Croatia speak is also worrying

Following the global trends of increased cocaine smuggling to the European territory, since there is a decline in demand in the USA market, which was considered the primary until now, it is estimated that there are possibilities of smuggling larger quantities of cocaine through container transport and also by smaller boats (sailing boats, yachts, etc.)

### Cannabis products

On the Croatian drug markets, herbal cannabis (marijuana) is the most represented type of drug. In sporadic cases, we record the seizures of cannabis resin (hashish), while the hashish oil seizures are rare and therefore it can be concluded that it is not represented on the drug markets. The largest portion of the cannabis products for the needs of domestic and the European market are trafficked from Albania, through Montenegro, Bosnia and Herzegovina. Marijuana is the most smuggled drug, from particular seizures concerning few kilograms up to more than 100 kg of marijuana are recorded. Small quantities of marijuana (several kg) are smuggled by road transport (cars) mainly from Bosnia and Herzegovina. However, there are also cases of smuggling by foot through the so-called "green border". Large quantities of marijuana (several hundreds of kilograms) are smuggled in road cargo transport on the route Albania – Montenegro – (Bosnia and Herzegovina) Croatia – West European drug market. In the past few years, we record an increase in the modality of smuggling larger quantities of marijuana in road traffic from the territories of our neighbouring countries, especially Bosnia and Herzegovina and Serbia and Montenegro and seaways from Italy as well. Albania is lately known as an important producer of herbal cannabis, even the cannabis resin.

Like other drugs, the usage of transport companies (own or on behalf of other persons) in international cargo road transport and other types of international traffic for smuggling cannabis products have also been recorded. Rent a car services have also been used for smuggling.

Cannabis products, as well as synthetic drugs are during the summer touristic season smuggled in smaller quantities by foreign tourists, mainly coming from the West European countries who use these products mostly for their personal needs.

As specificity, concerning the characteristics of the persons suspected of smuggling the cannabis products, it is necessary to mention the criminal groups composed of ethnic Albanians who organise and smuggle large quantities of marijuana produced in Albania. The organisation and smuggling of cannabis products, primarily herbal cannabis, is organised by the citizens of countries on the smuggling route from Montenegro, Bosnia and Herzegovina and Croatia, who buy larger quantities of drugs from Albanians and then smuggle these quantities in their own arrangement on the Croatian and the West European drug market. Organised criminal groups occasionally tend to engage a certain number of associated members depending on the criminal activity. It is estimated that a larger number of smaller criminal groups operate in Croatia at the local and regional level, smuggling and trafficking marijuana at the local level.

Despite the greater number of seizures and arrests of criminal group members who cooperate and work in Croatia and our neighbouring countries, the smuggling pressure is increasing and in the future we can expect the rise in production, followed by the increase in smuggling into Croatia, and through Croatia to the West European drug markets.

### Synthetic drugs

Smuggling of synthetic drugs is mainly done by road traffic (car or bus), but also by other means (postal service). Synthetic drugs for the Croatian drug market are often smuggled by Croatian citizens who reside or stay at the West European territory where the drugs are produced. A serious problem represents the Internet trafficking in synthetic drugs and the situation in the countries (China, India, Pakistan) with strong chemical industry from which, due to the loose control system, precursors and synthetic drugs can be exported without any problems into other countries.

Lately, great issues represent the new drugs, mainly of chemical origin, that are not listed as prohibited drugs and psychotropic substances. Drug designers who synthesize new chemical compounds are always one step ahead of the law. Similar to other parts of Europe, many new chemical compounds described in Chapter 10.4.2, have appeared, to which the Croatian market reacts extremely quickly (more in Chapter 10.2.1, as was the case with synthetic cannabinoids, which were before being put under legal control in early 2011 legally sold as "Spice" products, as well as with synthetic cathinones.

The escalation of smuggling is not expected, nor the rise in synthetic drugs abuse, but the law must promptly react when new types of synthetic drugs appear. As mentioned in the Chapter 10.1.2, the production of synthetic drugs in Croatia has not been recorded until now.

Although seizures point to a greater presence of synthetic drugs, the escalation of smuggling or significant increase in drug abuse is not expected, but the legal authorities must immediately respond to the emergence of new synthetic drugs. As stated in Chapter 10.3.3, in the Republic of Croatia the production of synthetic drugs has not been recorded yet

Operational information and the results of the performed criminal investigations, suggest the tendency of slight rise in the share of synthetic drugs, especially amphetamine, on the Croatian drug market, which is actually the trend in some European countries. This is confirmed by the rise in the seizures of amphetamine and MDMA in 2011, and the fact that the production of synthetic drugs has also occurred in some countries of the region.

In conclusion, it is estimated that the state of drug-related crime does not present the treat to social-economic system and political stability of Croatia, but some serious trends have been recorded concerning more organised operations of criminal groups with a predominantly international element, which exploit certain weaknesses of the system

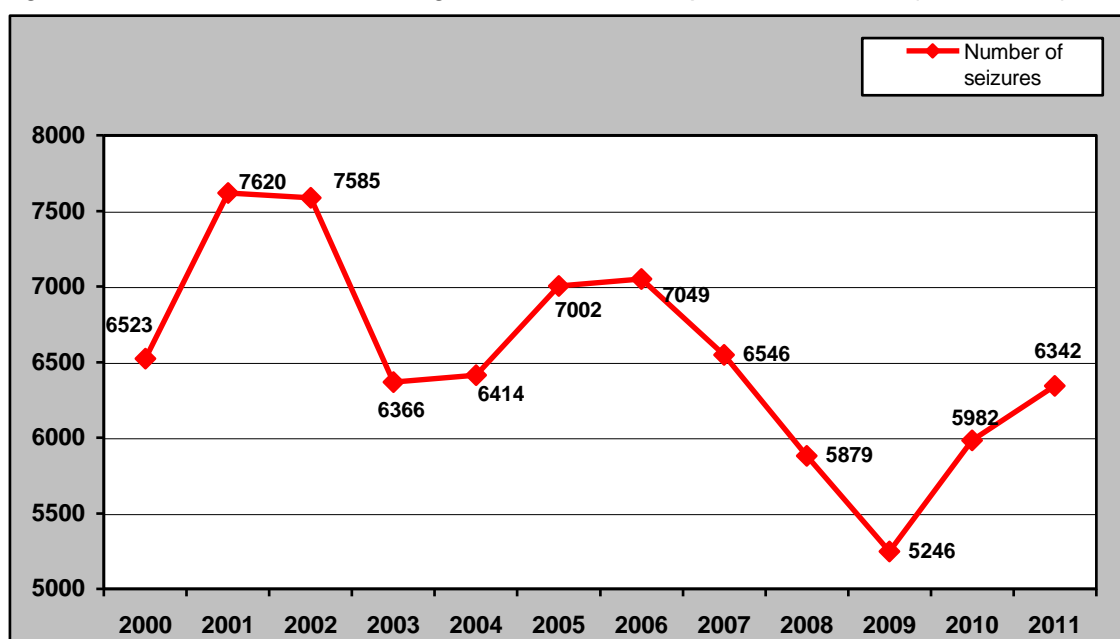
In 2011 there were 1 605 registered cases of smuggling drugs across the border, with 1 845 people participating in it. 1 144 drug-related criminal offences were committed and 807 misdemeanours pursuant to the Act on Combating Drugs Abuse.

## 10.3 Seizures

### 10.3.1 Quantities and number of seizures of all illicit drugs

During 2011, there were 6 342 seizures of all types of illicit drugs, which continued the upward trend in the total number of drug seizures. This year the number of seizures is by 6% higher than in 2010, and by 21% higher than the total number of seizures in 2009.

Figure 10.4 – Number of illicit drug seizures in the Republic of Croatia (2000-2011)



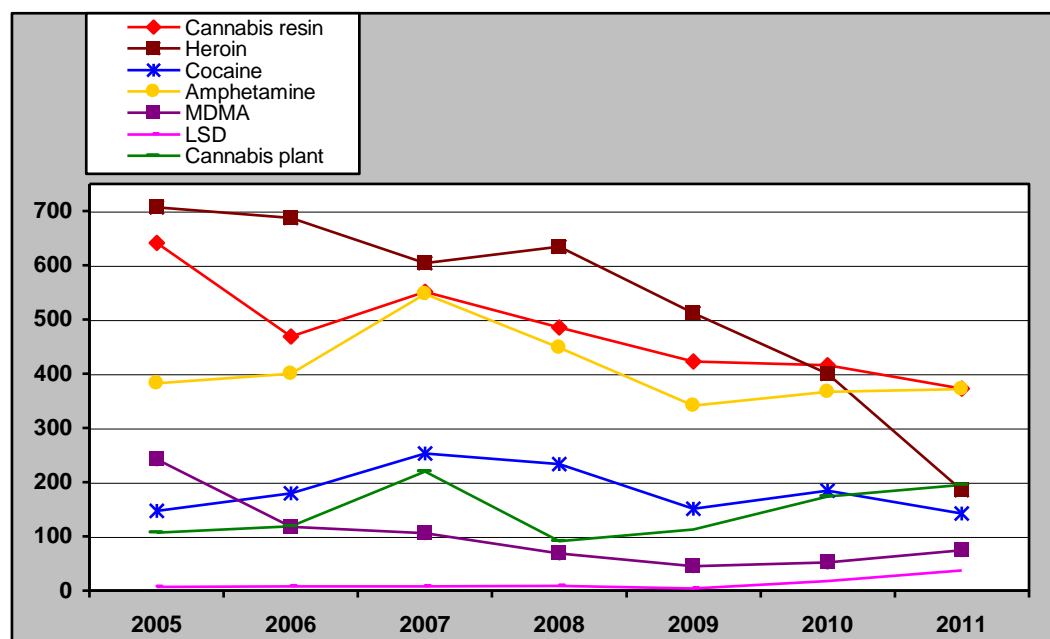
Source: Ministry of the Interior

Having observed the number of seizures in the period of 2000 – 2011 (Figure 10.1), the largest number of seizures was made in the year 2001, whilst 2009 recorded the lowest number of seizures in the last 10 years. As aforementioned in the previous National Reports, one of the reasons for the decline in the number of drug seizures and reported crime in the period 2007-2009 can be seen in the reorganisation of legal and police system which is at the moment more focused on organised criminal activities then on the street drugs trafficking.

According to the data on the structure of the reported drug-related crime (ST 11, 2012, detailed in Chapter 9.2), the distribution of proportions for possession and qualified forms of crime in the cases related to heroin and cocaine abuse is especially notable. Thus, the proportion of criminal charges for possession and trafficking / smuggling / production of heroin in 2009 was 2:1 (457 or 66% of possession compared to 232 or 34% of qualified forms), while in 2011 it was almost diametrically opposite, namely 0.7:1 (155 or 42% of possession compared to 216 or 58% of qualified forms). In case of cocaine the situation is similar, where such proportion in 2009 was 2.1:1, and in 2011 it was 0.8:1. The positive trend in the number of seizures, reported criminal offences and perpetrators in recent years reflects the stability of the system, as well as the increased activity of prosecuting authorities, which were under the new provisions of the criminal proceedings given greater powers in conducting special evidentiary actions, while the new structure for combating organised crime (NPOCCOC<sup>77</sup>) enable better operational activities at all levels.

<sup>77</sup> The National Police Office for Combating Corruption and Organised Crime (NPOCCOC) records and analyses manifestations of corruption and organised crime, corresponding trends and execution types. It directly executes more complex criminal investigations at the national level in cooperation with the Office for Combating Corruption

Figure 10.5 – Number of seizures by type of drug in the Republic of Croatia (2005-2011)



\* Data on herbal cannabis are not presented in the figure for technical reasons (high values).

Source: Ministry of the Interior

The presentation of the number of seizures by drug type (Figure 10.2) shows a decrease in the number of seizures of heroin, cocaine and cannabis resin and an increase in the seizures of herbal cannabis, amphetamines, ecstasy and LSD. If we analyse in detail the data from ST 13, 2012, it is noted that in 2011 continued the downward trend in the number of heroin seizures by as much as 54% compared to 2010. At the same time, the seizure quantities and the total number of criminal charges (for possession in particular) dropped, which coincides with the perception of the availability of this type of drug, as described in Chapter 10.2.1. The number of cocaine seizures also dropped by 23% in the reporting period compared to 2010. A slow long-term downward trend is also evident in the case of cannabis resin which, according to the drug market research, is not significantly consumed, nor available. For all other types of drugs the number of seizures is increasing. As for herbal cannabis, as the most frequently consumed type of drug, there is an increase in the number of seizures with stable quantities and continuous increase in the number of criminal charges in connection with the illegal trafficking of cannabis products, but also possession, suggesting to substantial presence of this type of drug on the illegal market.

Table 10.4 – Quantities of seized drugs in the Republic of Croatia (2005-2011)

TYPE OF DRUG	2005	2006	2007	2008	2009	2010	2011
Cannabis resin (kg)	53	12	4	5	113	3	2
Herbal cannabis (kg)	983	202	239	221	255	422	421
Cannabis plant (pieces)	2 960	2 699	2 886	272	5 336	3 766	4 136
Heroin (kg)	27	82	74	153	59	98	33

and Organised Crime (OCCOC) and other state attorneys and relevant authorities. It directly performs activities related to the complex and organised criminal at the national level, in criminal investigations conducted in the field of more than one police administrations or more countries, that is which require mutual international investigation. It supervises execution of more complex criminal investigations in police administrations, runs the record of criminal evidences, and executes search activities. It determines methods and types of activities related to detection and prevention of crime and composes the priority proposal in combating complex and organised crime. The office is organised into the four regional Departments for Combating Corruption and Organised Crime (Zagreb, Rijeka, Split, Osijek), as well as the specialised departments with the Department for Drug Crime.

Cocaine (kg)	9	6	105	29	7	15	4
Amphetamines (kg)	14	12	8	15	13	6	15
Ecstasy (tablets)	33 601	16 340	12 609	6 855	2 455	2 160	2 898
LSD (dozes)	21	21	215	653	21	101	682
Methadone (tablets)	9 413	12 551	6 529	10 920	4 070	3 449	5 586

Source: Ministry of the Interior

The table (data from ST 13, 2012) shows the seizures of certain drug types made in the period from 2005 to 2011, with a remark that in 2011 there was a big seizure of 27 kg 461 g of heroin (on 7 October in Pazin in Istria) and several individual seizures of herbal cannabis in the quantities of 10 kg to 28 kg.

There was a significant deviation in the number of hemp stalk seizures in 2008 caused by the destruction of the industrial hemp plantation of 269 109 stalks also that year, planted on the area of 8 900 m<sup>2</sup> (25-35 plants / m<sup>2</sup>). The purpose of hemp production at the plantation was aimed at fish feed production, but it was destroyed since the stalks yielded prohibited levels of THC. Therefore, the actual number of seized cannabis stalks for 2008 was 272 pieces.

However, the aforementioned data show that the amount of the seized plants from illegal drug production in the period since 2005 to 2007 amounted to an average of 2 800 plants, in 2009 nearly twice as much was seized and in 2011 an increase of 9.8 % compared to the year before was noted. The figures and quantities of cannabis plants seized in recent years indicate the slightly increased presence, i.e. the prospective increase, of growing that type of drug at home.

Unlike in the previous years, the quantities of seized heroin and cocaine are on the decline. If a longer period is observed, it can be said that the heroin seizures on the Croatian territory are similar to the number of seizures in other countries in our neighborhood through which large amounts of heroin intended for the Western European market are transported. Thus, since 2006, substantial quantities of heroin have been continuously recorded, and the largest one was recorded in 2008 (153 kg). Individual large heroin seizures, such as last year's seizure of 88 kg 690 grams at the border crossing Bajakovo, confirm the transit character of our country. However, the quantities of heroin still vary over the years, depending on the trend of smuggling routes used and national and international operations aimed at combating the smuggling chains. Smaller number and quantities of heroin seizures in 2011 point to the increased use of alternative smuggling routes that bypass the territory of our country. Large cocaine seizures are sporadic, which proves that despite the new trends of smuggling cocaine in South East Europe, most of the cocaine intended for the European market enters through West European ports. Although in 2010 in the Republic of Croatia twice as much cocaine (15 kg) was seized than in the previous year (7 kg), the largest seizures in the past decade were recorded in 2000 (913 kg), 2003 (351 kg) and 2007 (105 kg). In 2011 the quantity of cocaine seizures dropped again by as much as 73% compared to 2010. From a total of 4 kg of cocaine seized in the reporting year, about a kilogram was detected while performing police duties at airports, while slightly more than 1 kg refers to the individual seizure in Zagreb in August last year.

Unlike the number of amphetamine seizures, which after the peak in 2007 (547), in 2011 (372) reached the approximate number of seizures in 2005, the quantity of amphetamine seized from 2005 to 2010 almost steadily declined in three-year periods. Thus, in 2011 a rise of amphetamine seized (150% more than the previous year) was recorded with a quantity of 15 kg, which is approximately equal to those of 2005 and 2008. After years of decline the number of ecstasy seizures (MDMA), in 2011 as well as in 2010, recorded a rise. A sharp decline in the amount of seizures of ecstasy over the past decade was interrupted (with 110 632 tablets seized in 2002 to 2 160 tablets in 2010), and in 2011 it increased by 34%.

The number of seizures of LSD from 2005 to 2008 was stable, then in 2009 it decreased by half, then again in 2010 a rise of as much as 4.5 times was recorded and doubled again in 2011. In 2002, 2007, 2008, 2010 and 2011 many times greater quantities of LSD than the quantities seized during the remainder of the past decade were reported, and 2011 was the record year with 682 kg of seized LSD. Major single drug seizure of its kind in 2011 was recorded at the border-crossing Zaton Doli when 480 LSD tabs were seized. The high prevalence of lifetime use of LSD among the respondents of the research on drug abuse in the general population (more in Chapter 2.2) in a sample of young adults (15-34 years) and 50 % of respondents in the drug market research (Chapter 10.2.1) who consider LSD as a complete, easily or very easily available, and the police statistics mentioned earlier, warn to a possible revitalisation of the LSD market.

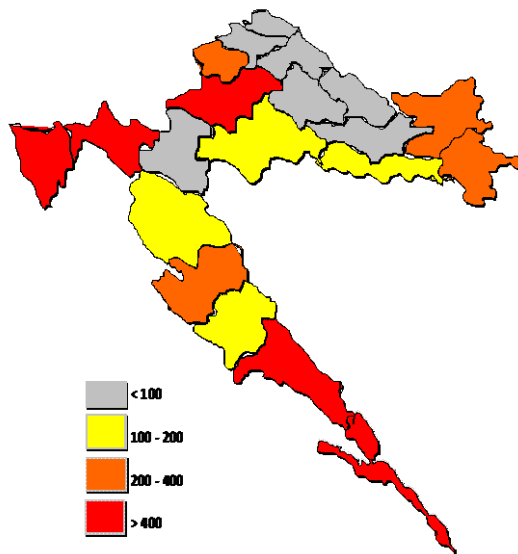
According to ST 13, 2012, the Croatian police have also recorded significant seizures of methadone, benzodiazepines, and other drugs included in the list of drugs. Although the number of seizures of methadone halved in 2011 compared to the year before, seizure quantities were higher by 62% (2010: 3 449 tablets; 2011: 5 586 tablets). The number of seizures of other drugs from the list increased by 16%, but the quantities seized on that occasion were three times less than in 2010. 46 949 tablets of benzodiazepines were seized as well. Chapter 10.1.1 describes a high perception of availability of sedatives or tranquilizers at the level of the total sample of respondents included in the survey on substance abuse in the general population, which has also shown that the sedatives were consumed at least once in their lives by 24.9% of respondents, and in the month preceding the survey by 11.1% of them. Therefore, seizures of large quantities of such substances are not unusual.

With regard to the territorial distribution of the total number of seizures realised in the Republic of Croatia in 2011, the data collected by police departments show that, similar to previous years, the highest number of seizures were made in the counties with the largest urban centers, which also have the highest rate of drug-treated addicts (Picture 10.5). Apart from the City of Zagreb and the Zagreb County, the largest number of seizures was made in the coastal counties, among which the leaders are the Istria County, the Primorje-Gorski Kotar County and the Split-Dalmatia County, where the rates<sup>78</sup> of treated addicts are far higher than the Croatian average. The increased availability of drugs in these counties is interpreted by tourism and maritime orientation, but also higher demand for drugs. In all of these counties, where the best results were achieved in 2011, the number of seizures decreased in the previous year, except for the Zagreb Police Department. From a total of 20 police departments that operate on the Croatian territory, 12 of them recorded a decline, and 8 of them recorded an increase in the number of seizures compared to the previous year. The biggest increase was recorded in the police department of the Koprivnica Križevci County (185.7%) and the Krapina-Zagorje County (136.2%), the county which also has one of the lowest rates of treated addicts, and therefore, it is necessary to continue with the intensive implementation of the measures to reduce drug demand and supply, because possible increased availability of drugs could affect the appearance of new addicts. It should be emphasised that both of these police departments, covering one of the largest state border crossings, for the second year in a row have recorded excellent results. Then follow the Vukovar-Srijem County with an increase of 68.6% and the Dubrovnik-Neretva County (42.1%). Weaker results were achieved in the Karlovac County (-21.2%), the Bjelovar-Bilogora County (-20.2%) and the Virovitica-Podravina County (-17.5%).

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<sup>78</sup> According to the 2011 Census (Croatian Bureau of Statistics 2011), the rate per 100.000 population aged 15-64 years.

Picture 10.2 – Number of seizures in 2011 by police departments



Source: Ministry of the Interior

By far the largest seizures of heroin were made in the Regional Department of PNOCCOC in Rijeka, where more than 27 kg of heroin was seized out of the total 33 kg of heroin seized in the whole Croatian territory during 2011. Significant heroin seizures were done by the police departments Split, Rijeka, Zagreb, Vukovar and Zadar. Most methadone tablets (over 4,000 pieces) were seized by the Zagreb Police Department, followed by the Primorje-Gorski Kotar County, the Sisak-Moslavina County and the Šibenik-Knin County. The largest quantity of cannabis resin was found in the wider Split region and Istria, herbal cannabis in the Sisak, Split, Osijek and Vukovar area. The greatest number of cannabis plants were found in the area of the Police Department of the Sisak-Moslavina County, the Police Department of the Virovitica-Podravina County, the Police Department of the Zagreb County, the Police Department of the Karlovac County, the Police Department of the Osijek-Baranja County and the Police Department of the Krapina-Zagorje County (between 300 and 550 pieces). These are the counties suitable for growing crops, and are thus suitable for small hemp plantations. The largest seizures of cocaine were done by the Zagreb Police Department and the Regional Department PNOCCOC Zagreb (together more than 3 kg). More than 2,600 ecstasy tablets (which is 83% of the total amount of drug seizures of its kind in the country) were seized by the Police Department of the Split-Dalmatia County and the Zadar Police Department. More than half of the total seizures of amphetamines were also done in the Split-Dalmatia and Zadar area, followed by the Police Departments of Istria and Dubrovnik-Neretva Counties.

Although the first part of this chapter says that customs seizures have been already shown in police statistics, several major seizures by customs offices should be pointed out: 71 kg of herbal cannabis and 1 kg of cocaine, 14 489 pieces of medicines containing drugs.

It is particularly necessary to mention international operations initiated by the Croatian police, or for which the information of relevant Croatian services helped clarify the cases of drug smuggling. In 2011 in the operations Namik Karabeg, Spider Web and Dogma III, 24 people were arrested and a total of 774.8 kg of cocaine and 1.3 kilograms of heroin seized in the countries listed in Table 10.5.

In accordance with the report of the Croatian Ministry of Defence, the measures and activities of the Military Police for the combating substance abuse in 2011 were conducted through regular and extraordinary control i.e. by applying the mechanisms for control and prevention of drugs from entering military facilities. Regular monitoring and analysis of the crime situation in the units of the Croatian Armed Forces show a decline in certain types of crimes reported in the past few years. Drugs abuse is also included in such offences. It is important to emphasise that a downward trend of reported criminal offences related to drug misuse is kept. In 2011 the officers of police departments of the Ministry of Defence in cooperation with the authorised officers of the Military Police filed three charges against 3 persons for the offence pursuant to the Article 173 (Narcotic Drug Abuse) of the Criminal Code. All three reported persons are active military officers, soldiers, members of the Croatian Army, who possessed drugs (marijuana, heroin) in the amounts from 0.3 to 3.8 g. Within the preventive action for combating drugs abuse, in 2011 the Criminalistic Military Police conducted a total of 22 enhanced surveillance actions in 14 units of the Croatian Armed Forces; the survey covered 538 people, 216 common rooms (offices, classrooms, dormitories, sanitary blocks), 1 220 cabinets (military wardrobes, metal cases), 846 beds, 4 622 bags, 21 chests and 128 office desks. Official dog guides with dogs trained for detecting drugs participated in the implementation of these measures. During the implementation of the enhanced surveillance measures drugs were not found, nor the perpetrators of criminal offences.

*Table 10.5 – Arrests and seizures of drugs abroad as a result of criminal investigation and information provided by the Croatian police in 2011*

Name of criminal investigation	Number of persons arrested	Quantity of seized drug	Type of seized drug	Country
NAMIK KARABEG	1	1.3 kg	heroin	BiH
SPIDER WEB	6	180.0 kg	cocaine	Brazil
SPIDER WEB	5	121.8 kg	cocaine	Brazil
SPIDER WEB	7	105.0 kg	cocaine	Austria
DOGMA III	5	368.0 kg	cocaine	Spain

*Source: Ministry of the Interior*

In accordance with the Act on Combating Drugs Abuse, all seized drugs shall be destroyed in the presence of the Commission for the incineration of drugs. More information about the procedure and quantity of the destroyed drugs can be found in Chapter 1.2.

Finally, it should be concluded that drug seizures by themselves are not a relevant indicator of the intensity and effectiveness of the criminal prosecution conducted by authorized bodies to combat drugs abuse and illicit drug trafficking. Therefore, the number of persons arrested needs to be taken into account in analyses, especially the organisers of smuggling and drug trafficking in general, and the number of detected and prosecuted criminal groups and organisations involved in drug-related crime. Of course, what is particularly important are the seizures of illegally acquired assets. Interpreted separately, seizures are also useful indicators of drug availability and structure of drug markets in each country.

### **10.3.2 Quantities and numbers of seizures of precursors**

In 2011 there were no seizures of precursors on the Croatian territory. However, the Ministry of the Interior, the Customs Administration of the Ministry of Finance and the Ministry of Health, in accordance with its scope of work, jointly participated in an international project "PAAD" which was implemented in 2011 with the aim of monitoring the traffic of phenylacetic



acid and its derivatives, which can be exploited for the production of amphetamine- and methamphetamine-type drugs.

### 10.3.3 Number of illicit laboratories and other production sites detected

In 2011, 63 outdoor sites for cannabis plant cultivation were detected, where a total of 2 579 stalks were seized and 42 indoor sites, where a total of 1 557 stalks were seized. It is worth mentioning that according to statistics, every cultivation site (indoor and outdoor), regardless of the number of stalks cultivated, is recorded as a plantation. It should be also noted that there were 321 stalks seized in the largest indoor plantation of cannabis plants in 2011, while in the largest outdoor plantation there were 311 stalks seized. Most of other plantations that were discovered contained a smaller number of cannabis plants. This confirms the information from previous reports that the production of drugs in the Republic of Croatia is limited to growing of cannabis intended exclusively for personal use or sale on the Croatian market.

Looking at the number and the amount of cannabis plants seized by counties, the Zagreb County can be stressed (including the City of Zagreb) with 36 detected plantations where a total of 718 stalks were seized, then the Sisak-Moslavina County with 13 detected plantations where 556 stalks were seized, the Virovitica-Podravina County with 11 plantations and 452 stalks seized, the Karlovac County with 3 detected plantations where 331 stalks were seized, the Osijek-Baranja County with 23 plantations detected on which there were 325 stalks seized, the Krapina-Zagorje County with 3 detected plantations and 311 stalks seized and the Zadar County where 266 stalks were seized on 8 plantations.

Illegal laboratories for the production of any type of drug have not been found yet.

## 10.4 Price/Purity

### 10.4.1 Price of illicit drugs at retail level<sup>79</sup>

The main source of the data on the prices of drugs at street level are police officers participating in criminal investigations and special measures related to reducing drugs supply (e.g. purchase simulation) and providing informants. Data on prices of illicit drugs at retail sale were in 2011 obtained by means of standard statistical monitoring of drug-related crime at the national level and seizures. It is necessary to consider that during drug seizure, perpetrators often do not want to reveal the information on the price of drug, or the arrested person was only engaged for transport of drug, or drug was detected without a perpetrator, although when discussing smaller quantities of drugs, as discussed in this Chapter, usually it is the first case. Therefore, it is not possible to record the market value of the drug for each particular seizure. It should be definitely noted that there is enough space for the improvement of drug prices monitoring in the police system and the mentioned has become an important issue to dissolve within the IPA project mentioned in the introductory section of this Chapter.

According to the data of the Ministry of the Interior (ST 16, 2012), the prices of drugs in street retail vary depending on availability, demand, origin and quality. During 2011, prices of cannabis resin in Croatian streets varied from 20.00 and 150.00 kn (EUR 2.70 – 20.20), herbal cannabis was from 29.60 – 100.00 kn (EUR 4.00 – 13.50), heroin 201.00 – 500.00 kn (EUR 27.20 – 67.60), cocaine 400.00 – 700.00 kn (EUR 54.00 – 94.60), amphetamine 60.00

<sup>79</sup> Prices in the textual part of this subchapter are shown in Kunas and Euros (exchange rate on the 2 October 2012: 1 Kuna = 7.4 Euros). Please take a note that when converting Kunas into Euros we rounded the price in Euros.

– 296.00 kn (EUR 8.10 – 40.00), ecstasy 30.00 – 130.00 kn (EUR 4.00 – 17.60), and LSD 80.00 – 130.00 kn (EUR 10.80 – 17.60). Table 10.6 shows the trends of mean drug prices in street sales per gram, tablet or dose from 2006 to 2011.

Table 10.6 – Average prices of drugs in Croatia (2006-2011)

TYPE OF DRUG	2006		2007		2008		2009		2010		2011		
	KN	EUR	KN	EUR	KN	EUR	KN	EUR	KN	EUR	KN	EUR	
Heroin (g)	222	30	222	30	222	30	222	30	375	50.7	344	46.5	↓
Cannabis resin (g)	44	6	44	6	52	7	96	13	85	11.5	120	16.3	↑
Herbal cannabis (g)	22	3	22	3	37	5	52	7	56	7.5	73	9.9	↑
Cocaine (g)	444	60	444	60	444	60	370	50	574	77.6	570	77.0	=
Amphetamine (g)	111	15	111	15	111	15	148	20	107	14.5	65	8.7	↓
Ecstasy (tab.)	37	5	37	5	37	5	37	5	48	6.5	47	6.4	=
LSD (doses)	118	16	118	16	118	16	118	16	93	12.5	97	13.1	↑

Source: Ministry of the Interior

If we compare the retail prices of drug on the Croatian market over the past 6 years (Table 10.6), significant differences in the prices of cannabis resin and herbal cannabis, the price of which tripled in the observed period are apparent compared to previous years, as well as of amphetamines which in 2011 was almost twice cheaper than the previous years. The prices of heroin, cocaine and ecstasy also rose, while the price of LSD decreased. Last year the average prices of cannabis resin increased, the prices of which compared to 2010 increased by 41% as well as the price of LSD (4%), whereas the greatest decrease was noted in prices of amphetamine (-39%) and heroin (-8%). Average prices of street cocaine and ecstasy have levelled out in the last two years.

Cannabis resin is among drug users in the Republic of Croatia generally less popular than herbal cannabis. Fewer seizures and quantity of seizures of that type of drug potentially point to lower availability, which caused the increase in price. On the other hand, the price of herbal cannabis and also rose by average 30% compared to the price in 2010, although it was perceived as the most easily available drug, as evidenced by an increase in seizures. The lowest recorded price of herbal cannabis in 2011 was by 3% higher than the lowest price recorded in 2010. Quantitative analysis has shown that the purity of both of these types of cannabis in the last two years is not significantly different.

After the price of heroin increased much in 2010, there was a slight decline in 2011. Pursuant to the above the street price of heroin in the reporting year was by 20% lower than the previous year. Nevertheless, the price of heroin is still quite high due to the extremely poor quality on the street sale. It is probably linked with already several times mentioned shortage of heroin, which continued in the first half of 2011, and which is confirmed by significantly smaller number of seizures in that year. According to operational police information, in the second half of 2011 the heroine slowly began to return to the market, which could have affected the decline in price. The street value of cocaine remained at the average price level as in 2010, the forming of which was probably influenced by the factors described hereinafter. The lowest recorded price of cocaine was by 14% higher, unlike the highest price that was by 12% higher than the same values in 2010.

It is very likely that significant drop in prices, number and especially the quantity of seizures and the perception of consumers about the relatively large drug availability are announcing the return of amphetamines to the Croatian market. But despite the decline in average price, the highest recorded price of street amphetamine amounted to 296.00 kn (EUR 40.00), which is more than double compared to the previous year. It is necessary to point out that illegal laboratories design an increasing number of new drugs from the group of stimulants including amphetamines and related chemical groups. The average price of ecstasy, after an increase in 2010, in 2011 remained almost unchanged, despite the increased number of seizures and a significantly higher purity, i.e. the content of the MDMA active substance in tablets or powder substances and the consumers' perception about its high availability. Despite the minor changes in average prices, the lowest and highest recorded price significantly deviated from the price in 2010. The price of LSD also slightly changed compared to 2010.

The data on drug prices in the Republic of Croatia are for the first time systematically gathered outside the police system within the project "Distribution and Cost of Illegal Drugs in the Republic of Croatia (DCID)", which is described more in detail in the first part of this chapter (10.1) and subchapter 10.2.1. Since the field data collection was completed in April 2011 and the final report on the study became available in October 2011, only in this year's report the data might be well interpreted and compared with other available data sources. The question which was asked to obtain these data was: "If you have used any of these drugs in 2010, please provide the price (in kunas) at which you bought them at the last purchase". However, the respondents were given the opportunity to answer the question about the cost of other drugs if they knew, regardless of whether they themselves consumed them or not. Next to each drug the quantity of the drug for which the price was requested was listed. A special note to the people who were collecting data in the field was related to the prices of the specified quantities, in order to obtain as accurate data as possible, as well as the results. Table 10.7 shows the minimum and maximum prices of the listed quantities of drugs that the respondents paid for in kunas, as well as the mean value paid for the specific drug. In this case, "N" indicates the number of respondents in the total sample who answered the question for a specific type of drug. Together with the prices obtained by the survey, the prices collected by the Ministry of the Interior in 2010 are highlighted in brackets for comparison.

*Table 10.7 – Prices of drugs in the Republic of Croatia in 2010, according to the information of harm reduction programme users*

TYPE OF DRUG	N (out of total 622)	Minimum price (KN)		Maximum price (KN)		Average price (KN)	
Marijuana (1g)	458	15.00	9.50*	250.00	96.00	63.61	56.00
Hashish (1g)	300	10.00	20.00	200.00	150.00	122.35	85.00
Heroin (1g)	571	100.00	250.00	900.00	500.00	431.27	375.00
Methadone (1 tablet)	469	5.00		100.00		12.66	
Methadone (1 ml)	291	5.00		40.00		12.83	
Subutex (1 tableta)	100	7.00		150.00		37.31	
Subuxonee (1 tableta)	306	7.00		500.00		31.49	
Cocaine (1g)	448	80.00	350.00	850.00	800.00	647.33	574.00
Amphetamine (1g)	342	20.00	60.00	700.00	150.00	154.80	107.00
Metamphetamine (1g)	43	50.00		800.00		412.67	
Ecstasy (1 tablet)	289	10.00	15.00	200.00	80.00	34.32	48.00

LSD (1 dose)	106	30.00	60.00	180.00	120.00	111.32	93.00
Mephedrone	11	60.00		150.00		97.27	
Spice (1g)	9	90.00		500.00		154.44	
Spice (1 joint)	2	20.00		40.00		30.00	
Other drugs	8	50.00		300.00		112.50	

\*In brackets for comparison there are data of the Ministry of the Interior on the street prices of drugs in 2010 (ST 16, 2011).

Source: Doležal 2011

According to the above table most respondents answered the question about the price of heroin and methadone<sup>80</sup>, which was expected, because the research included mostly the population of opiate addicts who more or less frequently also use other drugs. To some extent it also shows the most consumed drug in 2010 among the surveyed population. Then followed the number of respondents who answered the question about the prices for marijuana and cocaine. The lowest number of respondents answered the question about prices for methamphetamine, mephedrone<sup>81</sup>, Spice and other drugs that were not clearly listed in the questionnaire, which indicates that "new drugs" are not yet popular among opiate addicts, as is the case for example in Hungary and Romania with synthetic cathinones.

The highest average price of 647.33 kn (EUR 87.00) was paid for 1 gram of cocaine, while the average price of a gram of heroin was 431.27 kn (EUR 58.00). The next highest average price was 412.67 kn (EUR 56.00) for 1 gram of methamphetamine. However, as the question about the price of methamphetamine was answered by only 43 respondents, the obtained average price should be taken with caution. The highest prices the respondents paid for the drugs were 900.00 kn (EUR 122.00) for a gram of heroin, 850.00 kn (EUR 115.00) for a gram of cocaine and as much as 700.00 kn (EUR 95.00) for a gram of amphetamine.

If we compare the data on street prices of drugs from the research on drug markets and police statistics for 2010, it is evident that the average prices quoted by the police are lower for all kinds of drugs for which the records are kept, in the range of 11% for the price of cocaine and 31% for the prices of hashish and amphetamine, with the exception of ecstasy. The reason probably lies in the fact that in the resale chain there is always another additional level of lower dealers who need profit.

Thus, the average price of 1 gram of street heroin in 2010 according to drug market research was 431.27 kn or EUR 58.00, which is 13% more than the average cost, which was reported by the Croatian police (375.00 kn or EUR 51.00). If we look at the results of research in the cities, there are significant differences in the street price of heroin in Split (475.00 kn or EUR 64), in Zagreb (407.00 kn or EUR 55.00) and in Rijeka and Pula (319.00 kn or EUR 43.00), which grow proportionately with the decline in the perceived heroin availability in these areas. According to the information of the Croatian Red Cross (they implement harm reduction programmes) for the City of Zagreb, which was in detail presented in the last year Report, a gram of heroin in Zagreb in 2010 cost about 400.00 kn or EUR 54.00, which is entirely in agreement with the results of the drug markets research. Furthermore, police statistics show the increase in the price of heroin by 69% compared to 2009, which was conditioned by heroin shortage, whose potential causes were described in last year's Report. On the other

<sup>80</sup> Although methadone in a tablet form in Croatia is called Heptanone, the term "methadone" is used in this survey to simplify the data collection process. We use the same term for Methadone Alkaloid, oral drops containing methadone. Thus, in this Report, methadone is the common name for Heptanone and Methadone Alkaloid.

<sup>81</sup> As for mephedrone, and some other relatively new drugs, during data collection the testers used alternative names for certain new drugs if they had information about their names.

hand, the Croatian Red Cross states that the price of the basic accounting unit of street heroin (1 g) in Zagreb has been stable for the last 10 years, which points out to a good supply of heroin in the Croatian capital. It should be noted that the actual price of heroin in this particular case depends on a number of elements listed in the conclusion of this subchapter.

An interesting data from the drug market research refers to the average price of methadone, Subutex and Suboxone, which undoubtedly confirms the abuse of substitute therapy and their presence on the illicit drug market. The average price of methadone (for 1 tablet and 1 milliliter) according to the obtained results was approximately 13.00 kn (EUR 1.80). In Zagreb, methadone costs a little more than 12.00 kn (EUR 1.60), and according to the information from the Croatian Red Cross, a bar of methadone (10 tablets) costs around 100.00 kn (EUR 13.00), and the person in crisis will pay as much as 130 kn (EUR 17.50), which corresponds to the drug market research. This data source states similar price for methadone in tablets and liquid form. However, liquid methadone is more valuable because it is prepared for injecting quicker and much easier. Per one dose, one bottle equals one box with 20 tablets of methadone. 1 Subutex tablet cost on average, according to the drug market research, about 37.00 kn (EUR 5.00), while the same amount of Suboxone cost approximately 31.00 kuna (EUR 4.00). It should be mentioned that the question of prices for all drugs related to their purchase through illegal channels. It should be also noted that in 2010 the total number of people treated for addiction to opiates decreased, as well as of the opiate addicts treated for the first time.

According to the survey, the average price of cocaine by 11% exceeds the price indicated by the official statistics of the Ministry of the Interior for 2010 (800.00 kn ili EUR 108.00), which claim increase 55% increase of that parameter if compared to 2009. Although by changing the routes of illegal cocaine trade a part of the goods intended for the European market is trying to be smuggled through the Croatian territory, it seems that the efforts of the Croatian law enforcement authorities that in 2009 and 2010 managed to stop the smuggling activities of several international groups, have led to a reduction in supply of cocaine in the Republic of Croatia. Higher purity of cocaine in 2010 surely contributed to raising its price. The price of cocaine in the City of Zagreb (631.69 kn or EUR 85.00) was slightly lower than the Croatian average and did not differ much from the information of the Croatian Red Cross (600.00 kn or EUR 81.00). The study also found high availability of cocaine in Zagreb. As many as 69% of respondents believed that cocaine was very easily, or easily available in Zagreb in 2010. Despite slightly lower availability of cocaine in Rijeka and Istria, the average price was 13 % lower (549.00 kn or EUR 74.00) than in Zagreb, which was contributed by other factors such as direct supply. However, as much as 67 % of respondents from Split and a part of Dalmatia considered cocaine inaccessible or completely inaccessible, and the price of 1 g of cocaine in Split was 674.00 kn (EUR 91.00). It is also interesting that the number of people treated for cocaine addiction after a big increase in the 2008, gradually declined and in 2011 stagnated compared to 2010.

Marijuana is the drug that is most present and can be bought at any price. The usual price of one, rolled "joint", according to the Croatian Red Cross is around 20.00 kn, or EUR 2.70 (one joint usually contains about 0.5 to 0.7 g of marijuana). In slang the word "chuck" is often used - the amount of marijuana that covers dose of 2 - 3 g, 5 g and 10 g. In the Republic of Croatia, marijuana is always mixed with tobacco. According to official data of the Ministry of the Interior, 1 gram of herbal cannabis (marijuana) in street sales cost approximately 56.00 kn or EUR 7.50, which is 12 % less than the total results obtained by the research (63.61 kn or EUR 8.60). The price of cannabis resin (hashish) is also lower, by 31 %, the price of which, unlike the price of cannabis plant, differs from region to region: Zagreb 82.94 kn (EUR 11.20), Rijeka / Pula 95.00 kn (EUR 12.80) and Split 143.64 kn (EUR 19.40). Availability of hashish was slightly lower than marijuana, especially in Rijeka and Istria.

According to the drug market research, almost two thirds of respondents confirmed easy, very easy and full availability of amphetamines in the Republic of Croatia, with an average street price in 2010 of 154.80 kn (EUR 21.00) or 31 % more than the average price recorded in the statistics of the Ministry of the Interior. On the other hand, according to data of the Ministry of the Interior, the average price of ecstasy in 2010 (48.00 kn or EUR 6.50) was, slightly higher than the previous year, and there were more seizures and higher quality of that type of drug. Drug market research data demonstrate a lower average price of ecstasy in the surveyed areas of the Republic of Croatia (34.00 kn or EUR 4.60) and 69 % of respondents confirmed the full, very easy and easy availability of ecstasy, which is supported by the data on lower cost obtained by the research. The price in Zagreb quoted by the Croatian Red Cross for 2010 was even lower and amounted to 20.00 kn (EUR 2.70), noting that the price of ecstasy tablets, depending on the origin, quality, series, etc., can reach 70.00 kn (EUR 9.50). One tablet of Ecstasy costs EUR 3.00. Although, depending on the origin, quality, production line etc., the price of a tablet can rise up to EUR 9.50.

The average price of LSD, according to the drug market research on the total sample amounts to 111.32 kn (EUR 15.00), which is by 11 % more than the average cost from the police statistics. Research results indicate regional differences in the price of LSD, with the highest average price in the region of Split (132.04 kn or EUR 17.80) and the lowest in Zagreb (87.12 kn or EUR 11.80). According to the Croatian Red Cross, a "trip", i.e. a "picture" of LSD (a paper with various iconography soaked with LSD) in Zagreb costs approximately 100.00 kn (EUR 13.50). A synonym for standard good quality is "Hoffmann".

In conclusion it is necessary to point out that almost every type of drug is always possible to obtain - the only question is how much money is available. As with well-developed economies, the larger quantities of the goods, the lower the price, regular clients served by special, individual prices, the higher drug quality (higher purity; slang "first hand"), the higher the price. Due to the recession and lack of money among the population, the drug in 2011, similar to the previous year, was almost always sold only for cash. Payments in the form of services, sexual intercourse or payment in stolen goods (especially mobile phones), according to the words of employees of harm-reduction programmes, are not so widespread any more.

#### **10.4.2 Purity/potency of illicit drugs**

Forensic Science Centre "Ivan Vučetić" (hereinafter FSCIV) is the organisational unit of the Police Directorate of the Ministry of the Interior with the fundamental role of the transformation of material trace withdrawn from the place of committed offence into the valid documentary evidence. From 1998, the Center is a member of ENFSI (European Network of Forensic Science Institutes). The Department for Physical, Chemical and Toxicological Expert Evaluation performs, among other things, the expert evaluation of seized drugs and psychotropic substances, toxicology expert evaluations and expert evaluation of drug, psychotropic substances, drugs and ethanol in biological samples. Namely, in accordance with current legislation, every temporarily seized item in the Republic of Croatia which is considered to be a drug, has to be delivered to the FSCIV for expert evaluation, except of smaller quantities of cannabis (Criminal Code, Article 173, Paragraph 1) which are delivered for storage and possible expert evaluation.

FSCIV is an accredited laboratory according to the norm HRN EN ISO/IEC 17025:2007 with 10 (by the end of September 2012 19) accredited methods in the field of drug expertise ([www.akreditacija.hr](http://www.akreditacija.hr)).

The Forensic Science Centre has been carrying out routine quantitative expert evaluations of heroin, cocaine, amphetamine, methamphetamine and MDMA, and chlorophenyl piperazine (mCPP), LSD and psilocin/psilocybin upon request in all submitted samples, sufficient for

quantitative analysis. Thanks to the new instruments provided under IPA 2007 Twinning project "Strengthening Capacities of the Ministry of Interior to Combat Narcotic Drugs Trafficking and Drug Abuse"<sup>82</sup> and stronger institutional capacities of the FSCIV, new measuring instruments were introduced, for which technical conditions did not exist before. In 2011 the Department for Toxicological Expert Evaluation of the FSCIV together with the twinning partners drew up the Guidelines for the Department for Toxicological Expert Evaluation, the capacity for business analysis and drug profiling increased, and new methods of drug analysis and drug profiling on the instruments: GCMS, GC-FID, HPLC, LC-MS were introduced. The National Contact Point (NCP) was also formally established for the exchange of drug samples<sup>83</sup>, pursuant to the requirements of the EU acquis.

### Heroin mixtures

Heroin mixtures seized in 2011 were in most cases adulterated with analgoantipyretic paracetamol, psychostimulant caffeine, sugars lactose and sucrose, and more rarely alcohol sugar mannitol, local anaesthetic benzocaine, analgesic and antitussive methorphan, and the traces of anxiolytic diazepam and antiepileptic phenobarbital and fungicide griseofulvin. Quantitative expert evaluations included 178 cases with 411 samples, in which the minimum content of heroin base amounted to 0.3%, the maximum content to 59.7%, and the average amounted to 8.4%. Out of the aforementioned number of heroin cases, 77 cases with a total of 109 samples involved quantities of up to one gram, commonly called a "street dose". The minimum content of heroin base in those cases amounted to 0.3%, the maximum content to 30.0%, and the average content amounted to 8.4%. Out of the aforementioned number of heroin cases, 81 cases with a total of 219 samples involved the quantities from one to one hundred grams. The minimum content of heroin base in those cases amounted to 2.3%, the maximum content to 39.2%, and the average content amounted to 7.8%. Out of the aforementioned number of heroin cases, 19 cases with a total of 82 samples involved the quantities greater than one hundred grams. Minimum content of heroin-base in those cases amounted to 0.5%, the maximum content amounted to 59.7%, and the average 11.2%.

### Cocaine mixtures

Cocaine mixtures seized in 2011 were in most cases adulterated with analgoantipyretic phenacetine, local anaesthetic and antiarrhythmic lidocaine, psycho stimulus caffeine, aminoacid creatine, local anaesthetic and antiarrhythmic procaine and sugar alcohol mannitol. The samples of cocaine very often contained antihelmintic levamisole (52% of samples), and in some cases Ca channel blocker diltiazem and antihistaminic hidroxyzin. Quantitative expert evaluations included 132 cases with 199 samples, in which the minimum content of cocaine base was 1.1%, the maximum content was 78.0%, while the average content was 27.2%. Out of the aforementioned number of cocaine cases, 74 cases with a total of 75 samples involved quantities of up to one gram, commonly called a "street dose". The minimum content of cocaine base in those cases was 1.0%, the maximum was 62.0%, and the average content was 24.5%. Out of the mentioned cocaine cases, 52 cases with the total number of 100 samples included the quantities from one to one hundred grams. The minimum content of cocaine base in those cases was 2.1%, the maximum 77.8%, and the average content was 29.4%. Out of the mentioned cocaine cases, a total of 6 cases with 25 samples included the quantities greater than one hundred grams. The minimum content of cocaine base in those cases was 30.2%, the maximum was 67.7%, and the average content was 45.2%.

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<sup>82</sup> Project duration: 7, January 2010 – 6, June 2011 Project value: EUR 1,000,000.00

<sup>83</sup> Rulebook on the working methods of the National Contact Point for the transmission of synthetic drugs samples (OG 115/11)

Out of the aforementioned number of cocaine cases, 74 cases with a total of 75 samples involved quantities of up to one gram, commonly called a "street dose". The minimum content of cocaine base in those cases was 1.0%, the maximum was 62.0%, and the average portion was 24.5%.

### Herbal cannabis

The content of tetrahydrocannabinol (THC), the main psycho active substance in cannabis products was analysed in herbal cannabis (marijuana) during 2011 in 962 cases with 2 175 samples. The minimum content of THC was 0.3%, the maximum content was 21.1% and the average was 5.7%. The content of tetrahydrocannabinol (THC) was analysed in cannabis plants in 157 cases with 1 011 samples. The minimum content of THC was 0.3%, the maximum content was 18.0% and the average 3.0% (the data refer to herbal cannabis analysed in the last quarter of 2011).

### Cannabis resin

The content of tetrahydrocannabinol (THC), the main psycho active substance in cannabis products was analysed in cannabis/hemp resin in 2011 in 11 cases with 13 samples. The minimum content of THC was 4.9%, the maximum content was 18.8% and the average 10.5%.

### Amphetamine

Amphetamine seized in 2011 was in powder form and, less frequently, in tablet form. In most cases it was adulterated with creatine, caffeine, lactose, less often with phenacetin, starch and paracetamol. The presence of para-fluoramphetamine (in 3.5% of amphetamine samples) and 4-methyl amphetamine (in 5.5% of amphetamine samples) was often detected in samples while in some cases it contained traces of MDMA, methamphetamine and clorphenilpiperazine. Quantitative expert evaluations of amphetamine in tablet form included a total of 52 tablets from 2 cases, in which the minimum content of amphetamine base was 2.3%. Quantitative expert evaluations of amphetamine in powder form included a total of 311 samples from 513 cases, in which the minimum content of amphetamine base was 0.4%, maximum was 70%, while the average content was 6.8%. Out of the aforementioned number of amphetamine powder cases, a total of 147 samples from 136 cases involved quantities of up to one gram commonly called a "street dose". The minimum portion of amphetamine base in those cases was 0.9%, the maximum content was 70.0%, and the average portion was 8.2%. Out of the mentioned number of amphetamine cases, 158 cases with a total of 325 samples involved the quantities from one to one hundred grams. The minimum content of amphetamine base in those cases was 0.4%, the maximum content was 58.3%, and the average was 3.7%. Out of the mentioned amphetamine cases, 16 cases with the total number of 39 samples included the quantities greater than one hundred grams. The minimum content of amphetamine base in those cases was 3.5%, maximum 23.4%, and the average was 10.0%.

### Methamphetamine

There were 18 cases of methamphetamine powder seizures in 2011, with 25 samples, with the minimum content of methamphetamine base of 1.9%, the maximum content was 78.5% and the average was 39.6%. The fillers were caffeine, creatinine and benzocaine, with some traces of amphetamine. Methamphetamine in the tablet form was seized in 1 case with a total number of 3 tablets, in which the content of methamphetamine base was 8.5%.



## MDMA

MDMA or so-called "ecstasy" was in 2011 seized in the form of powder, tablets and capsules. Quantitative expert evaluations of MDMA in the form of tablets and capsules included 21 cases with the total of 2 785 tablets in which the minimum content of MDMA base was 15.7%, maximum 84.0%, and average 37.3%. The tablets on average contained 79.6 mg of MDMA base in one tablet, minimum 40 mg, maximum 132 mg. Quantitative expert evaluations of MDMA in powder form included a total of 52 cases with 81 samples in which the minimum content of MDMA base was 8.6%, maximum 81.0%, and average 60.0%.

## Para-flouramphetamine

In 2011 para-flouramphetamine was seized in one case with one tablet, with the content of para-flouramphetamine base of 46.72%.

## mCPP (clorphenilpiperazine)

In 2011 mCPP (clorphenilpiperazine) in tablet form was seized in 13 cases in the total number of 2 927 tablets. Except mCPP which was the only active ingredient in 7 cases (total of 129 tablets), tablets contained traces of amphetamine in 1 case (1 tablet), traces of metamphetamine in 1 case (2,798 tablets), 2% of amphetamine in 2 cases (52 tablets) and traces of metoclopramide in 2 cases (5 tablets). The tablets contained approximately 28.3 mg mCPP in one tablet. mCPP was in 2011 seized in 5 cases in the form of powder. Minimum content of mCPP base amounted to 6.0%, maximum 17.1%, whereas the average content amounted to 11.9%.

## Mephedrone

Mephedrone (4-methylmetkatinon, 4-MMC, 4-methilefedron, 2- (methylamino)-1-p-tolilpropan-1-one) was seized in 2 cases in the form of powder, with the total weight of 0.92 g.

According to the data obtained from ST 14, 2012 and ST 16, 2012, a comparative analysis of purity and price of drugs on the illicit drug market was made (Table 10.6).

Table 10.8 – Purity and price of seized illicit drugs in the Republic of Croatia 2011

DRUG	Heroin	Cocaine	Amphetami ne	MDMA Tablets	MDMA powder	Metamphetami ne	Herbal cannabis	Cannabis resin	LSD
<b>PURITY (%)</b>									
MIN %	0.3	1.1	0.4	15.7	6.0	1.9	0.3	4.9	2.6*
MAX %	59.7	78.0	70.0	84.0	80.7	78.5	21.1	18.8	146.0
MEAN %	8.4 ↓	27.2 ↓	6.8 ↑	37.3 ↑	60.0 ↓	39.6 ↓	5.7 ↑	10.5 ↑	57.1
<b>PRICE (EUR)</b>									
MIN %	27.2	54.0	8.1	4.0	-	-	4.0	2.7	10.8
MAX %	67.6	94.6	40.0	17.6	-	-	13.5	20.2	17.6
MEAN %	46.5 ↑	77.0 =	8.7 ↓	6.4 =	-**	-***	9.9 ↑	16.3 ↑	13.1 ↑

\* Comparison of the purity of LSD with the previous year is not possible, due to data unavailability.

\*\* Price of MDMA in powder form is not available.

\*\*\* Price of methamphetamine is not available.

Source: Ministry of the Interior

The purity of herbal cannabis, cannabis resin, amphetamines and MDMA had a growing trend in 2011. It is important to emphasise that the analysis of cannabis has been performed only in the last two reporting years and therefore the comparison with the previous period is not possible. Nevertheless, it can be noted that the minimum THC content in the cannabis resin in 2011 (4.9%) was by 7.5 times higher than in 2010 (0.65%). If we look at the period

starting from 2005, we can see that in 2010 the maximum purity of seized cocaine reached a record value of 93% of pure substance in analysed sample. It was soaked filter paper from which the cocaine of high purity was extracted and sent by post from Argentina. A year later, maximum purity of cocaine fell on 78%. In 2010 amphetamine also reached the highest purity (72%), which in 2011 stayed at the same level i.e.70%. The average purity has also continued to rise compared to previous years despite the decline in prices. The average portion of MDMA base in ecstasy tablets has been also increasing. So, the average share of 33.2% MDMA base in 1 tablet of ecstasy reached 37.3% in 2011. The price related to the rise in quality of ecstasy tablets stagnated. The share of MDMA base in ecstasy powder increased by more than 100% compared to the previous year, but in 2011 it decreased by 10%. In line with the lower number of heroin seizures in 2011, the number of expert evaluated samples of that drug is also lower. Due to poor availability of heroin on the market, the price of that drug rose despite of the decline in its purity, which in 2011 reached so far lowest 8.4% of active substance.

In line with the lower number of heroin seizures in 2011, the number of expert evaluated samples of that drug is also lower.

As for methamphetamine, a small number of samples was analyzed, while the prices due to the unpopularity of this kind of drug in Croatia are not available. Nevertheless, a slight decrease in the purity of the analyzed samples was recorded.

Concerning the tablet content of the seized drugs, in 2011 the content of 5,782 tablets was analyzed compared to 1 946 tablets in 2010, which is an increase of 197%. Greater number of tablets analysis is explained by the greater number of seizures. In 2011, 50% of tablets contained substances of MDMA type (compared to 29.4% in 2010.), 4.8 % (met)amphetamines (14.7% in 2010), 2.4% the substances of MDMA type and (met)amphetamine (2.9% in 2010), 11.8% other (controlled things) and 31% miscellaneous.

In 2011, in the Republic of Croatia 16 new psychoactive substances were seized, most of them were so-called synthetic cannabinoids in a form of herbal mixtures and resinous substances, cathinone and phenethylamine derivatives in powder or tablets. Type of substance, number of items and total mass of substance is given in the Table 10.7. When it comes to new drugs, at the beginning of 2011, 20 new psychoactive drugs were put under legal control: CP 47,497; HU-210; JWH-015; JWH-018; JWH-019; JWH-073; JWH-073, metilni derivat; JWH-081; JWH-122; JWH-200; JWH-210; JWH-250; JWH-398; 4-metilamphetamine; naphyrone; butilone; flephedrone; fluoromethcathinone; MDPV; methylone (more in the Chapter 1.2).

Table 10.9 – Seizures of new psychotropic substances in the Republic of Croatia during 2011

SUBSTANCE NAME	Number of cases	Total mass of substance (g)	Type of substance
1-(5-fluoropentyl)-3-(1-naphthoyl)indole ( <b>AM-2201</b> )	25	369.61	herbal substance
	1	1.95	powder
1-pentyl-3-(4-metoxibenzoil)indol	16	3 819.98	herbal substance
<b>JWH-072*</b>	3	2.26	herbal substance
<b>3-(4-hydroxymethylbenzoil)-1-</b>	1	4.99	powder
4-metyletcathinone ( <b>4-MEC</b> )	5	13.02	powder
2-(metylamino)-1-fenilpentan-1-on	4	12.15	powder
4-metoxymetkathinone ( <b>metedron</b> )	1	traces	powder
3,4-dimetilmetkathinon3 ( <b>3.4-DMMC</b> )	3	8.17	powder
2,5-dimetoksi-4-chlorofenetilamine ( <b>2C-C</b> )	1		20 „tabs“
2,5-dimetoksi-4-iodoamphetamine ( <b>2C-H</b> )**	1		20 „tabs“
2,5-dimetoksi-4-iodoamphetamine ( <b>DOI</b> )	1		„tab“
5-iodo-2-aminoindan ( <b>5-IAI</b> )	1	1.80	powder

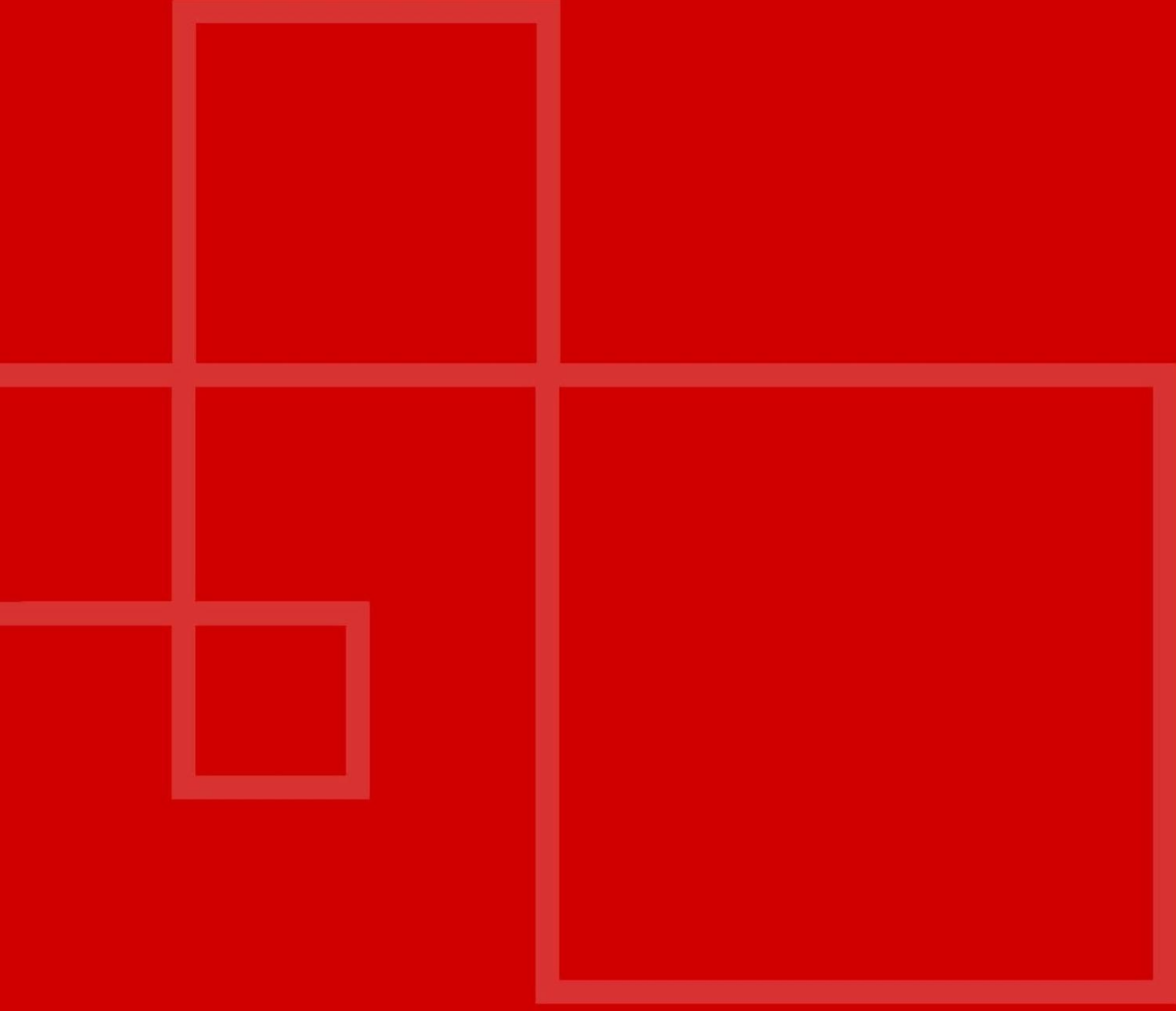
<b>Fenazepam</b>	2	0.61	powder
<b>metoxetamine***</b>	1	0.13	powder
<b>Mitraginin</b>	4	1 458.25	herbal substance
<b>1,3-dimetilamilamin(1,3-DMAA)</b>	1	1.36	powder
*mixture with JWH-073 and JWH-250			
** mixture 2C-C, 2C-H and LSD on a „tab“			
*** mixture of pentedron, metoxetamine and 4-MEC			

Source: Ministry of the Interior

In 2011, the Forensic Science Centre carried out expert evaluation in 14 cases with anabolic steroids with the total number of 999 tablets. The most common steroid is methandrostenolone (methadienone) and the less frequent are stanozolol and oxandrolon.

Buprenorphin was submitted in 43 cases with 417 tablets, in 31 cases 258 tables were combined with naloxone (medication *Suboxone*).

Concerning the drugs for treating erectile dysfunction in 2011 sildenafil was used in 5 cases, usually in tablets (961 tablets). Tadalafil was seized in 2 cases with 42 tablets, while the vardenafil was seized in 1 case in the form of powder.



## 11 Residential treatment for drug users

### 11.1. History and legal framework

Residential treatment for drug users in Croatia is carried out within the Croatian health system in psychiatric hospital wards and therapeutic communities, according to special programmes.

#### 11.1.1. History of residential treatment for drug users

##### Residential treatment for drug users within the health system

Residential treatment for drug users within the health system is organised according to the principles of law and justice pursuant to which addicts, as well as all other categories of patients, need to be provided the same quality health care at all levels. In the long-term course of drug addiction treatment, drug addicts should often be provided with even more professional and structured care within hospital treatment programmes. Intensive and high-quality residential treatment of persons addicted on psychoactive drugs helps to reduce the need for treatment of a number of secondary somatic health consequences (hepatitis, liver cirrhosis, cardiomyopathy etc.), which occur as a progression of the disease among the addicts who have not been treated. High-quality and specialised hospital interventions contribute to the quality of addiction treatment, decrease in mortality rate, protection of public health and public safety.

In the Republic of Croatia, the addiction treatment in the hospital conditions takes place at psychiatric wards. Currently in the Republic of Croatia, there are 33 institutions (clinical, psychiatric, general or county hospitals) providing care to psychoactive drug addicts. Annually 500 to 1000 addicts are treated in hospital institutions in Croatia. Only three institutions have specialised hospital programmes for addiction treatment (Department of Psychiatry of the Clinical Hospital Centre "Sestre milosrdnice", Clinical Hospital Centre Rijeka and Psychiatric Hospital Vrapče). A significant number of patients are also treated in psychiatric hospitals Rab and Sv. Ivan. Patients who are treated in psychiatric hospitals have the possibility to stay there up to ninety days, while the length of stay in other institutions is significantly shorter, providing only a detox programme.

In the late sixties, prof. dr. Hudolin began to develop treatment and rehabilitation of drug addicts with a very modern perception of prevention at the Centre for study and control of alcoholism at the neurological psychiatric ward of the hospital "Dr.Mladen Stojanović" (today - Clinical Hospital Centre "Sestre milosrdnice" in Zagreb). The first specialised department for addiction treatment was opened in 1971. At that ward, along with detoxification, a six-month withdrawal treatment with the drug-free approach was conducted. The Centre was the place where many professionals, who later worked in the field of addiction prevention and treatment, were educated. Since 1980 prof. Slavko Sakoman has been the head of the drug addiction treatment department in the Hospital "Sestre milosrdnice" and since 1996, only detoxification - a programme that lasts 16 days, has been carried out at the ward.

Despite the growing number of addicts and the need for specialised residential treatment, hospital facilities for specialised treatment programmes had not been developed until 1997, when the Department for addiction treatment at the Psychiatric Hospital "Vrapče" in Zagreb was opened. At the beginning of 2012, in the same institution a new department - Department for dual disorders was opened, at which addiction in comorbidity with other

psychiatric disorders is treated (mostly schizophrenia, delusional disorders and schizotypal and delusional disorder).

Regarding the fact that there was no significant interest for the development of hospital capacities, in the early nineties a network of outpatient treatments organised within the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment was established. Transitional changes have affected the increase in the number of addicts who need treatment and the network of established Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment has been gradually expanding. The first centre opened in Split (1992), followed by Poreč (1994), Čakovec (1993), Rijeka (1995), Zadar (1996), Pula (1996), Dubrovnik (1996), Varaždin (1997), Šibenik (1997), Vinkovci (1999), Karlovac (1999), Virovitica (1999), Osijek (2000) and the city of Zagreb opened its first centre in 2006.

Although the Service network was established, inpatient treatment was still available to addicts to whom this kind of treatment was a better solution to cure their addiction.

Until 2002, the detoxification programme was implemented only in KBC "Sestre milosrdnice" in Zagreb and in the Psychiatric Hospital Vrapče. For this reason, the Ministry of Health developed and funded the programme for organisation of special regional detox units. The goal of the programme was to open detoxification units in clinical and county hospitals and to increase the bed capacity for treating addicts: Split (5 beds), Rijeka, Osijek, Pula, Zadar and Dubrovnik (4 beds), Zagreb (12 beds) and Šibenik, Karlovac, Varaždin, Slavonski Brod, Vinkovci, Sisak (2 beds).

#### Therapeutic communities for rehabilitation of drug addicts (CSO)

Those addicts who are motivated to completely give up using drugs (drug-free programmes) choose a long-term stay (up to two years) in therapeutic communities. The length of stay and separation from the environment in which the addiction was developed, the order, work rules and specific day schedule over a longer period of time, allow the addicts to reach stable abstinence. Many therapeutic communities set clear selective criteria to ensure that the limited capacities of communities are used by those addicts who are highly motivated for this kind of programme.

In the Republic of Croatia, there are 8 therapeutic communities and 30 therapeutic houses that operate and work as civil society organisations that provide treatment and psychosocial rehabilitation for drug addicts, as religious associations or communities in the framework of humanitarian activities, or are established and registered as social welfare homes for addicts.

First therapeutic communities in the Republic of Croatia were founded in 1992, Susret and Cenacolo, followed by Reto Centar-Prijatelji nade (1993), Papa Ivan XXIII (1998), Mondo Nuovo and Remar Espana (1999), as well as Ne-Ovisnost and Moji dani (2003).

Therapeutic communities that operate as associations and religious communities within humanitarian activities are Remar Espana, association Mondo Nuovo, association Papa Ivan XXIII, association Cenacolo and Reto Centar-Prijatelji nade, while Zejdnicna Susret, Home for Addicts Moji dani and Ne-ovisnost, are established and act as social welfare homes for addicts.

#### **11.1.2 Strategies and legal framework**

Legal framework for solving the problem of addiction was established after the declaration of independence of the Republic of Croatia and with the rise of sensitivity of political public towards the problem of addiction. At the beginning of 1991, the Ministry of Health established a special expert committee whose task was to develop a programme of combating drugs

abuse and to coordinate its implementation. The view that drugs are a general social problem in which the government and its institutions must participate was accepted, and professionals were entrusted with the preparation of a draft strategy. The first National Strategy for drugs control, combating drugs abuse and helping drug addicts in the Republic of Croatia, as a basic document for the implementation of various activities in the field of combating drugs abuse, treatment and care of drug addicts and occasional drug users, was adopted by the Croatian Parliament in 1996.

In order to ensure long-term legal support for the implementation of the national programme based on the National Strategy, in 1996 the Committee launched an initiative for the creation of the Act on Combating (Narcotic) Drugs Abuse, which was passed by the Croatian Parliament on 23 November 2001 (OG No. 107/01), and up till now 5 amendments to the Act on Combating (Narcotic) Drugs Abuse have been passed (OG No. 87/02, 163/03, 141/04, 40/07, 149 / 09, OG No. 84/11). In accordance with the Act on Combating Psychoactive Drugs Abuse the Croatian Government adopted the Regulation on the establishment of the Office for Combating Psychoactive Drugs Abuse (6 March 2002).

In December 2005, the Croatian Parliament accepted the second *National Strategy on Combating (Narcotic) Drugs Abuse in the Republic of Croatia from 2006 to 2012*, in response to the need for an integrated, balanced and multidisciplinary approach to solving drug problem in society and harmonisation with the acquis of the European Union. This main strategic document has been implemented through two three-year *Action Plans on Combating Drugs Abuse in the Republic of Croatia* (Action Plan for the 2006-2009 and 2009-2012), which was adopted by the Croatian Government.

The institutional system for prevention and treatment of addiction and combating drugs abuse has been established so that the measures taken to combat drugs abuse could be appropriately and effectively harmonised, both among the government bodies and other entities, and state administration and local government bodies, based on the National Strategy and the Act on Combating (Narcotic) Drugs Abuse and other legal and strategic documents.

In June 2009, the the Ordinance on Types and Activities of Social Welfare Homes, Care Outside Original Families, Space Conditions, Equipment and Employees in Social Welfare Homes, Therapeutic Communities, Religious Communities, Associations and Other Legal Entities as well as Centre for In-Home Assistance and Care was adopted (OG No. 64/2009). This Ordinance set out the provision of care in therapeutic communities and social welfare homes for addicts.

## **11.2 Availability of residential treatment for drug users**

### The health system

In the Republic of Croatia, residential treatment for drug users is carried out in psychiatric departments in clinical, general or county hospitals. According to the National Strategy on Combating Narcotic Drugs Abuse 2006-2012, the importance of hospital beds for the treatment of addiction is emphasised, and it is also necessary to provide the conditions for detoxification of addicts in clinics or general hospitals in major cities, with an estimated average stay of one month. It is estimated that in the psychiatric services in the Republic of Croatia, in the first phase of the development of the programme network, 50 beds should always be available for detoxification.

It is necessary to open a department for treating the most severe addicts, which would not be oriented towards detoxication, but stabilisation of the condition, where the addicts in critical conditions after attempting suicide or overdose would be treated, and where the pharmacotherapy would be determined. To be able to monitor those who want the "drug-free" withdrawal procedure, especially those on mandatory treatment ordered by a court decision, to continue the inpatient treatment, following the therapeutic community treatment type, lasting two to three months further 40 - 50 beds should be provided. At least ten of them should be assigned to a specialised residential programme for juvenile drug addicts.

All psychiatric institutions should take a fewer number of addicts, and this will be their special obligation when it comes to emergency cases and those patients who have been diagnosed with some other psychiatric disease or disorder (e.g. psychosis, suicidal tendency).

### Therapeutic communities

Welfare programmes for addicts in therapeutic communities are limited by their capacity, selective criteria when entering the therapeutic community, and the length of stay. Regarding the mentioned criteria, 30 houses which implement the therapeutic community programmes in Croatia, can accommodate around 700 people per year.

## **11.2.1 Treatment programmes**

### Health system

Addiction treatment after detoxification is usually done through the outpatient system due to limited hospital capacity. After detoxification, the programme aims to maintain abstinence to prevent relapse. Implementation of long-term psychotherapy and family therapy results in changes in the relationship of addicts towards themselves, others, better family relationships and control. With a high-quality treatment programme addicts increase the knowledge about their disease, become aware of the arguments for stopping the substance abuse (cognitive therapy, education). Addicts are supported and encouraged to gradually assume more and more responsibility and to change their immature behaviour by facing the consequences of not fulfilling an agreement, but also by getting praise for the progress made (behavioural approach). It helps them find a new purpose in life. Family therapy helps the addicts to instead of the feelings of frustration and despair gradually start feeling more supported. By re-education, addicts gain more respect for the law and obligations, and are also offered help in resolving the previously accumulated problems, such as unemployment, conflicts with the law, debts, conflicts with the environment (social therapy). Retention of addicts in the programme, abstinence from illicit drugs and improvement of the aspects of socially acceptable behaviour are the best indicators of the quality therapeutic work.

### Therapeutic communities

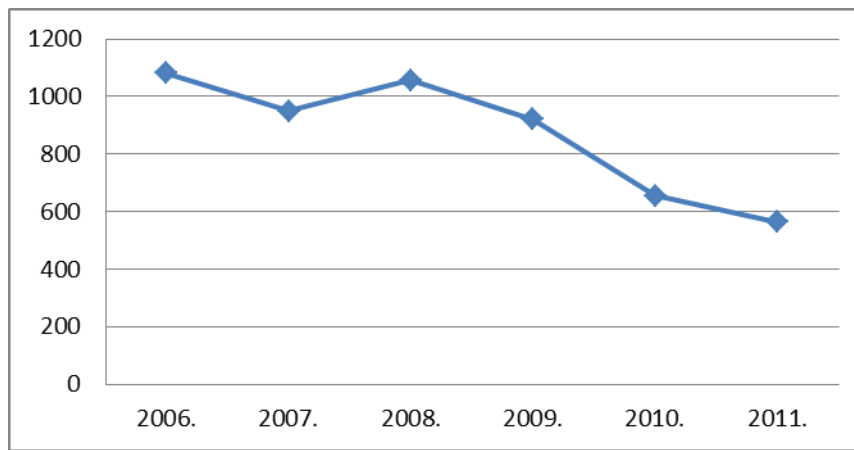
Programmes of therapeutic communities are diverse, yet most of the therapeutic communities are of a religious character, i.e. the treatment is based on strengthening the intensity of faith. The basis of therapeutic community programmes is a well structured occupational therapy, group and individual therapy, and the main goal is psychosocial rehabilitation and inclusion of drug addicts in normal life. Rehabilitation and social reintegration are based on changing lifestyles, empowering social skills in dealing with life's difficulties and problems, and finding solutions. In these programmes, along with religious people, rehabilitated addicts are those who usually coordinate the programmes, while professional staff is less represented.



### 11.2.2 Trends in inpatient treatment in the health system

According to the data on residential treatment for drug users in the health care system, it is evident that in the period between 2006 and 2011 the number of treated persons dropped. In 2006, 1,081 people underwent residential treatment for addiction to psychoactive drugs, while in 2011, 563 people were treated for the same diagnoses.

*Figure 11.1 - Number of persons treated in hospital departments in the Republic of Croatia in the period 2006-2011*



Source: Croatian Institute for Public Health 2012

## 12 Recent trends of drug-related public expenditures and drug services

### 12.1 Introduction

In Croatia, a complete analysis of public expenditure in the field of combating drug abuse still does not exist. The reason for this is that some measure holders, relevant ministries, as well as counties have not made provisions for distinctive programmes, activities and projects, nor the plan for allocating adequate funds from these programmes, activities and projects to combating drug abuse at their budgetary positions, but the financing of combating drug abuse is carried out within the framework of their regular activities. There are no publicly available data about which part of the resources provided for the regular activities of competent ministries and counties can be additionally allocated to the activities aimed at combating drug abuse. Obtaining such information requires a comprehensive study and analysis of a variety of information and data in order to identify specific and non-specific expenses<sup>84</sup> related to various aspects in the field of combating drug abuse.

The performance evaluation indicator system (outcome and impact indicators) for systematic monitoring of the results achieved and the effects of public spending in the field of combating drug abuse has not been established in Croatia either.

Based on the international commitments, as well as due to the lack of consolidated data on public spending and the results achieved in the field of combating drug abuse, the Office for Combating Drugs Abuse of the Government of the Republic of Croatia has identified a need for carrying out the scientific research project "The Survey of Public Expenditures and the Establishment of Performance Indicators in the Field of Combating Drug Abuse in the Republic of Croatia". The project has two main objectives: (i) perform an analysis of public expenditure in the field of combating drug abuse for the period 2009-2012 in the Republic of Croatia, and (ii) establish a system of performance indicators (outcome and impact indicators) that will systematically monitor the results achieved and the effects of public spending in the Republic of Croatia in the field of combating drug abuse.

The paper presents a summary of the preliminary results of the aforementioned scientific research project. The emphasis is put on the analysis of public expenditure trends in the field of combating drug abuse in the Republic of Croatia for the period 2009 – 2012.

### 12.2 Macroeconomic trends

Economic developments in Croatia in the period from 2009 to 2012 were marked by the economic crisis. It began under the influence of the global financial and economic crisis, but soon it was given further impetus, which was accelerated with the weakness of the economic system and especially its low competitiveness. In the first year of the crisis, the decline in the economic activity was most pronounced, in 2010 the decline in real GDP slowed down, while in 2011, despite two quarters of positive growth rates, the economic activity stagnated. The recovery is unlikely to occur even in 2012, and a slight rise in the GDP growth rate is expected only in 2013.

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<sup>84</sup> Definition of specific and non-specific expenses is given in Paragraphs 5 and 6 herein.

Decline in GDP in three consecutive years strongly influenced the movement of the general government revenue. In 2009, it was significantly lower than planned and its decline continued in the following years. Expenses were not being reduced at the same pace, since their adaptation to the general economic situation was prevented by contractual obligations of the state to those employed in the general government sector and suppliers, social security expenses (pensions, health care system and unemployment benefits) and unwillingness of fiscal policy holders to take proper action. Therefore, during all the years since 2009 onwards a relatively high general government deficit was achieved. Public debt also increased by more than 17 percentage points at the end of 2011 compared to the end of 2008, and by nearly 11 percentage points between 2009 and 2011.

It is the period when it became apparent that the government would have to convert the guarantees given for the loans in the shipyard privatisation process into explicit public debt and the public debt would increase in the amount significantly higher than the current deficit. Under the pressure of such adverse circumstances, the Law on Fiscal Responsibility was passed, whose aim was to achieve long-term sustainability of the public debt through a strong control over the general government expenditure and the reduction of its share in GDP by one percentage point a year. For the period from 2013 to 2015 the continuation of fiscal consolidation i.e. gradual reduction in the deficit and further reduction in the general government expenditure was announced.

Table 12.1- GDP and main fiscal indicators, 2009 - 2012

	2009	2010	2011	2012 p*
GDP, current prices, mil. HRK	328.672	326.980	333.956	-
GDP, current prices, mil. EUR	44.781	45.917	45.897	-
GDP per capita, HRK	74.210	74.017	75.869	-
GDP per capita, EUR	10.111	10.394	10.427	-
GDP, real annual growth rate	-6.9	-1.2	0	-1.4**
Total general government revenue, mil. HRK	128.860	124.510	123.868	125.969
Total general government revenue, mil. EUR	17.556	17.487	17.062	16.707
Total general government expenditure, mil. HRK	139.301	138.993	138.746	137.539
Total general government expenditure, mil. EUR	18.978	19.521	19.111	18.241
Total deficit, mil. HRK	10.442	14,483	14.878	11.570
Total deficit, mil. EUR	1.423	2.034	2.049	1.534
Public debt, mil. HRK	117.733	138.008	155.972	-
Public debt, mil. EUR	16.040	19.383	21.484	-
Total general government revenue, % of GDP	39.2	38.1	37.1	37.0
Total general government expenditure, % of GDP	42.4	42.5	41.5	40.4
Total deficit (ESA 95), % of GDP	-3.2	-4.4	-4.5	-3.4
Public debt, % of GDP	35.8	42.2	46.7	51.7

Source: Croatian Bureau of Statistics, Ministry of Finance. Note: \* - official projections, \*\* - projection of the Institute of Economics, Zagreb.

## 12.3 Labelled public expenditure in the field of combating drug abuse

### 12.3.1 Labelled public expenditure – total

In Croatia, a complete analysis of public expenditure in the field of combating drug abuse for the period 2009 to 2012 does not exist yet.

For the purposes of collecting data on the total public expenditure in the field of combating drug abuse, direct participation of relevant ministries and other public bodies is needed. The reasons for this are numerous. Firstly, direct participation of relevant ministries and other public bodies provide financial assistance in classifying specified public expenses into activity groups (i) addiction prevention, (ii) treatment, (iii) social reintegration, (iv) harm reduction programmes, and (v) the criminal repressive system. Secondly, it facilitates classification of total public expenditure in the field of combating drug abuse in basic public functions in accordance with the Classification of the Functions of Government (COFOG) of the United Nations - Classification of Expenditure According to Purpose, which complies with the Ordinance on Budget Classifications (Official Gazette 26/10). Total public expenditure should be grouped into five basic public functions (i) general public services, (ii) public order and safety, (iii) health, (iv) education and (v) social protection at the third level of classification. Thirdly, government support is necessary because some public bodies, measure holders in the field of combating drug abuse, as well as counties have not made provisions for distinctive programmes, activities and projects, nor the plan for allocating adequate funds from these programmes, activities and projects to combating drug abuse at their budgetary positions, but the financing of combating drug abuse is carried out within the framework of their regular activities

Labelled costs/expenditures refer to all public costs/expenditures which in their name contain the key words "combating drug abuse and drug addiction" and similar activities listed as special programmes, activities or projects in the state budget, the budgets of local (regional) self-government units, financial plans of public bodies and the budgets of other institutions dealing with the drug problem in their activities.

Determination of labelled expenditure in the field of combating drug abuse was approached using a questionnaire, which enabled collecting the data directly from the public institutions at the national and regional level and from civil society organisations. The questionnaire was used to collect data on the funds planned and spent on different types of current and development expenditure for the implementation of a series of measures to combat drug abuse in the area of addiction prevention, treatment, social reintegration, harm reduction programmes and the criminal repressive system.

Table 12.2 shows the summary of labelled expenditure in the budgets of competent ministries and other public bodies that are related to different aspects of the policy for combating drug abuse and drug addiction. It should be noted that Table 5 contains only information about the labelled expenditure submitted through a questionnaire by public bodies and civil society organisations.

Table 12.2 - Labelled expenditure in state and county budgets and financial plans of public bodies and civil society organisations in the field of combating drug abuse in the Republic of Croatia, 2009-2012, in EUR.

	Plan 2009	Performance 2009	Plan 2010	Performance 2010	Plan 2011	Performance 2011	Plan 2012
Ministries*	4.563,619	4.720,912	4.627,848	4.516,024	4.546,564	4.298,338	3.314,215
Public bodies at the state level**		2.058,755		2.046,223		2.561,494	2.651,173
Counties	236,218	232,637	236,019	211,576	212,644	191,007	169,067
Civil society organisations* **	354,946	302,187	304,532	290,822	376,559	418,419	330,488
<b>Total</b>	<b>5.154,783</b>	<b>7.314,492</b>	<b>5.168,399</b>	<b>7.064,646</b>	<b>5.135,768</b>	<b>7.469,258</b>	<b>6.464,944</b>

Note: \* The Ministry of Science, Education and Sport is not included in the budget plan for 2009-2011

\*\*Data for the budget plan for 2009-2011 are not shown because the Croatian Institute for Health Insurance did not provide information on the budget plan for 2009-2011

\*\*\* The source of the part of CSO funds intended for labelled expenditure in the field of combating drug abuse is the state and/or county budget.

\*\*\*\* Average exchange rate of National Bank of Croatia on 29.10.2012 is 1 EUR=7.537408 HRK

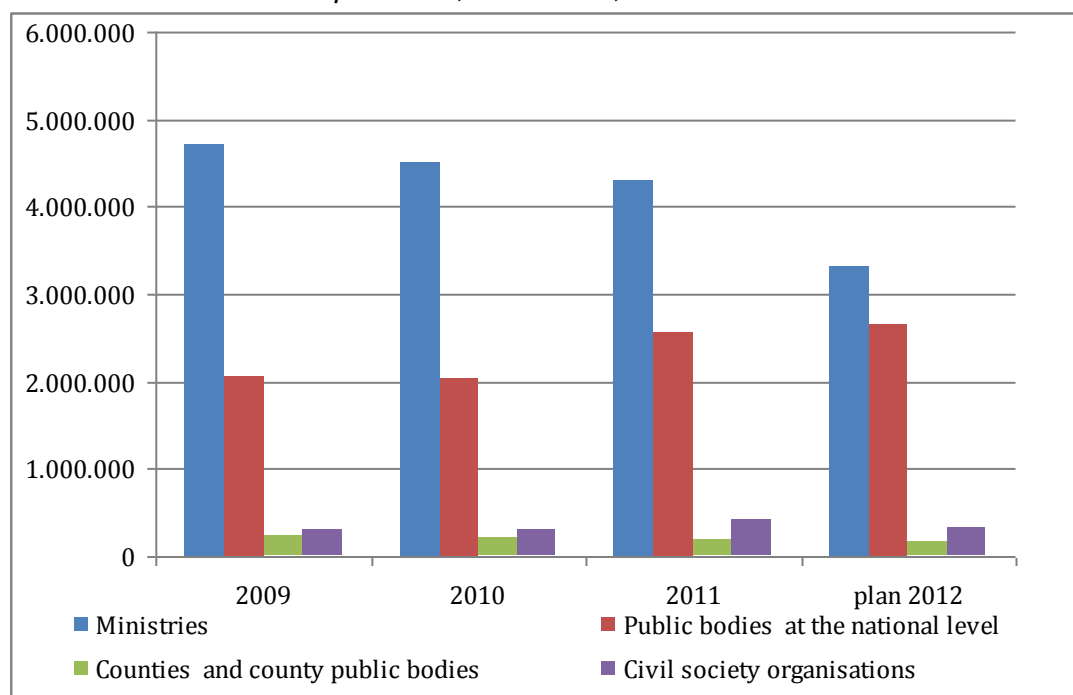
Source: Author's systematisation based on the survey questionnaire for labelled expenditure.

Picture 12.1 also contains a review of the trends in labelled expenditure for the period 2009-2012 in the budgets of the ministries, counties, public authorities at the state and county level and CSOs.

Analysing the data, a downward trend in labelled public expenditures intended for the activities in the field of combating drug abuse in the state and county budgets can be noted. It is particularly important to spot the reduction in the public expenditure planned in the budget for the year 2012 (13.5 percentage points compared to the performance in 2011). It should be noted that during the budget year and within the planned budget revisions i.e. financial plans, the planned public expenditures intended for the activities in the field of combating drug abuse are mostly being reduced. The exception is the year 2009, when the labelled expenditures intended for the activities in the field of combating drug abuse in the ministries were higher than planned. As for public authorities at the national level it cannot be established with certainty if the amount of the public expenditure for the activities in the drug field is higher or lower than planned, because all public bodies at the national level did not submit the data on the expenditure planned for the period 2009-2012. In the analysed period, there is a difference between the planned and realised expenditure in the field of combating drug abuse in the county budgets and financial plans of county authorities. The difference refers to the fact that the actual expenditure is lower than planned in all analysed years. In 2011, CSOs realised labelled expenditure for the programmes intended for various activities in the field of combating drug abuse in the amount higher than planned.

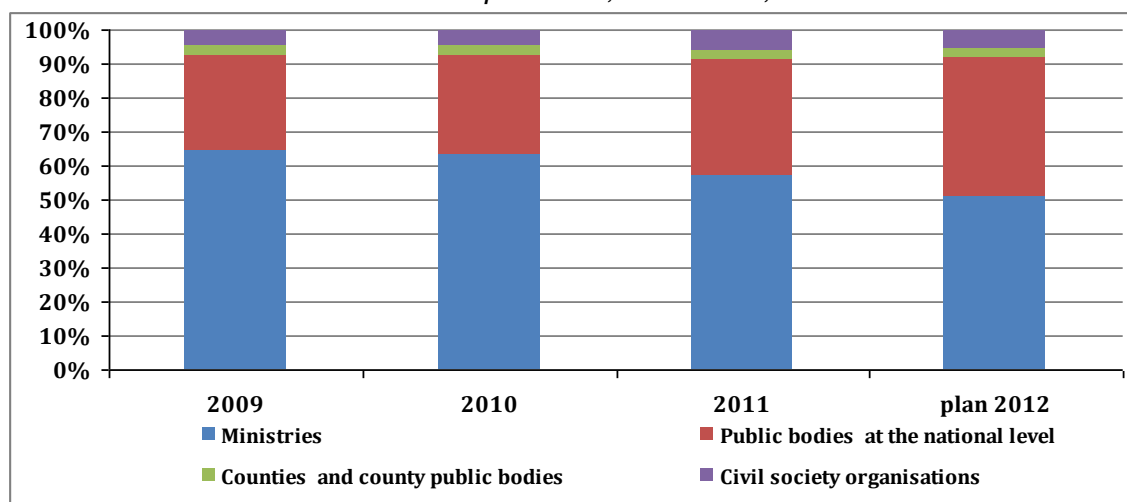
It should be emphasized that the funds planned for 2012 for the activities aimed at combating drug abuse were planned in a significantly lower amount than realised in the previous year. At the level of the total planned labelled expenditure this decrease amounted to 13.5%, a decrease of 22.9 percentage points in the ministries, a decrease of 11.5 percentage points in counties and county authorities, and a decrease of 21.0 percentage points for CSOs. Only public bodies at the national level are planning to allocate more funds for labelled expenditures intended for the activities in the drug field, i.e. in the amount of 3.5 percentage points.

Picture 12.1 - Labelled expenditure, 2009-2012, in EUR



Source: Data processing performed based on the survey questionnaire

Picture 12.2 - Structure of labelled expenditure, 2009-2012, %



Source: Data processing performed based on the survey questionnaire.

In the observed period, there is a trend of reducing the share of public funds aimed at combating drug abuse programmes in the ministry budgets from 64.5% in 2009 to 51.3% in 2012 in the total labelled expenditure. The opposite trend is present in the labelled expenditure of the public bodies at the national level, the share of which increased from 28.2% in 2009 to 41.0% in 2012 in the total labelled expenditure. The share of the labelled expenditure of counties and county public bodies, as well as civil society organisations in the total labelled expenditure did not significantly change in the period 2009-2012 (Picture 12.2)

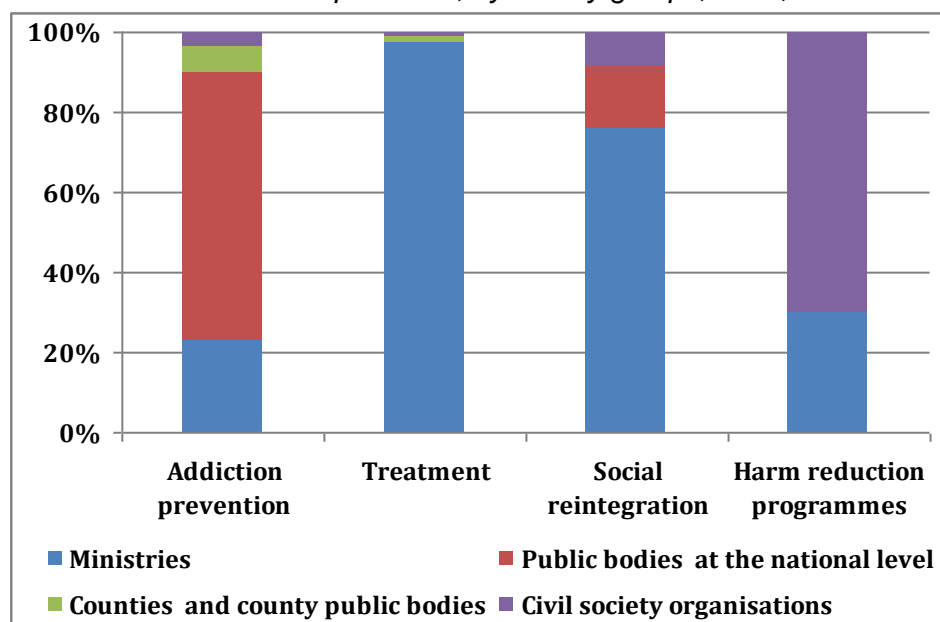
### 12.3.2. Labelled expenditure – by activity groups

All public bodies and CSOs have not completed the questionnaire on the labelled expenditure for the activities in the drug field for the period 2009-2012 yet. Part of the

submitted data is incomplete because the total labelled expenditure is not fully distributed according to activity groups, but only its smaller part. Therefore, it is currently possible to present only partial results of the research on the labelled expenditure in the field of combating drug abuse in Croatia classified by activity groups. More complete data can be expected after interviewing<sup>85</sup> the representatives of the major stakeholders in the field of combating drug abuse in the Republic of Croatia among the state institutions at the national and regional level and the civil sector.

Pictures 12.3 and 12.4 contain an overview of the labelled expenditure<sup>86</sup> in the field of combating drug abuse classified by the ministries, public bodies at the national level, counties and county public bodies and civil society organizations into the following activity groups (i) addiction prevention, (ii) treatment, (iii) social reintegration (iv) harm reduction programmes (c) the criminal repressive system. Structure of the labelled expenditure by activity groups changed during the analysed period. In 2012, compared to 2009 there was no significant change in the participation of addiction prevention and treatment programmes in the budgets of all public bodies, since public bodies at the national and ministry level are still mostly responsible for these two activity groups. Significant changes have occurred in the social reintegration and harm reduction programmes. In 2012 compared to 2009, the importance of responsibility significantly increased, which was accompanied by increasing the share of public funds for specified social reintegration programmes in the financial plans of public authorities at the national level and civil society organisations and simultaneous decrease in the share of social integration programmes in the ministry budgets. As for harm reduction programmes, in 2012 compared to 2009 the participation of ministries is significantly increasing with a sharp decline in participation of CSOs.

Picture 12.3 - Labelled expenditure, by activity groups, 2009, %



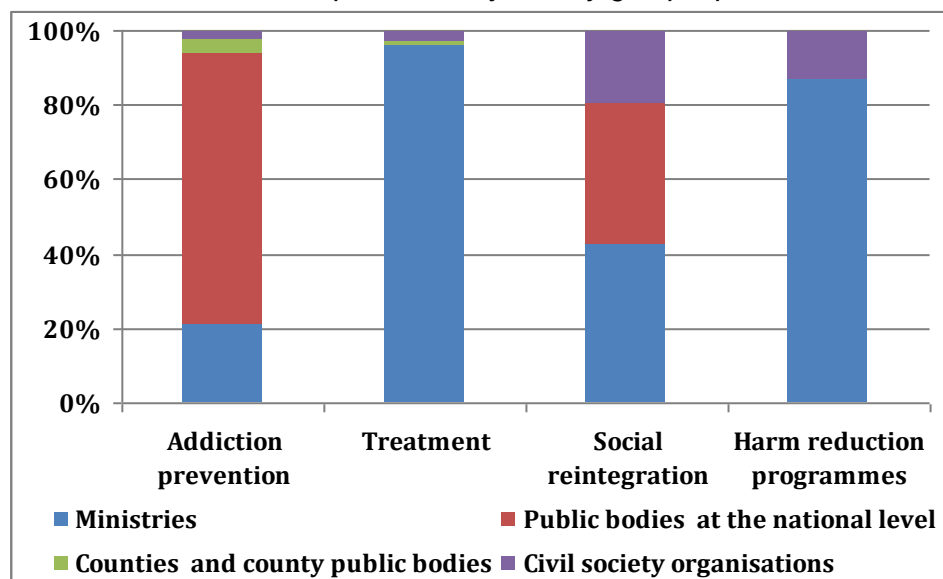
Note: In 2009, public bodies did not have labelled expenditure in the activity group of the criminal repressive system.

Source: Data processing performed based on the survey questionnaire.

<sup>85</sup> Interviewing the representatives of main stakeholders will take place during November 2012.

<sup>86</sup> The presented data refer to the data submitted in the form of questionnaires by 27 October 2012. Incomplete data are also presented and analysed.

Picture 12.4 - Labelled expenditure, by activity groups, plan 2012, %



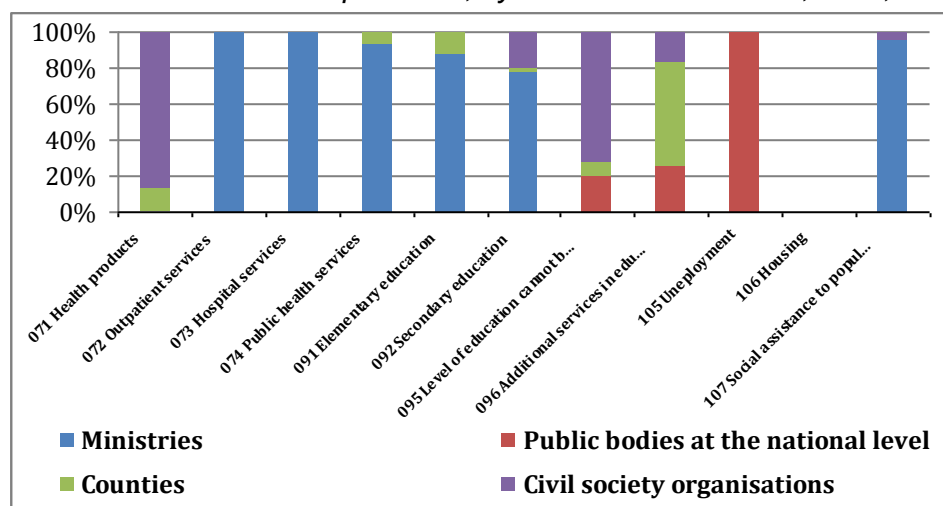
Note: In 2012, public bodies did not have labelled expenditure in the activity group of the criminal repressive system.

Source: Data processing performed based on the survey questionnaire.

### 12.3.3 Labelled expenditure – according to COFOG classification

Same or similar conclusions can be applied to the presentation of labelled expenditure classified by public functions. Due to incomplete data only partial results of the research on the labelled expenditure in the field of combating drug abuse in Croatia by public functions of the third level of classification can be presented (Pictures 12.5 and 12.6). Some of the institutions did not provide information on the labelled expenditure, and therefore, the data presented should be taken with caution. They serve only to illustrate the ways of presenting complete information in the final study of the scientific research project.

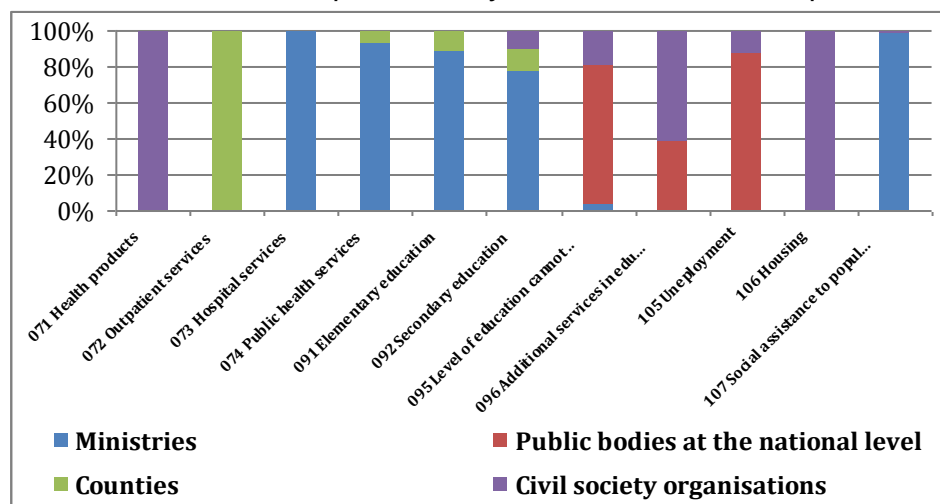
Picture 12.5 - Labelled expenditure, by COFOG classification, 2009, %



Source: Data processing performed based on the survey questionnaire.



Picture 12.6 - Labelled expenditure, by COFOG classification, plan 2012, %



Source: Data processing performed based on the survey questionnaire.

## 12.4 Overview of the methodology for assessing the unlabelled expenditure in the field of combating drug abuse

Most public bodies in their budget do not have specifically itemised labelled costs/expenditures for combating drug abuse and drug addiction, and at their budgetary positions there are no distinctive programmes, activities and/or projects and the plan of allocating adequate resources for the activities aimed at combating drug abuse and drug addiction, but the funding of combating drug abuse is carried out within their regular activities. They can be called unlabelled costs/expenditures. The questionnaire collected only the data that relate to labelled expenditure.

Indicators from the publicly available databases (WHO, OECD, WB, UNESCO, etc.) will be primarily used to assess the unlabelled expenditure, so that all the data and future assessments will be comparable to other countries. In the absence of data from international sources, publicly available data in the Croatian statistical sources will be used, as well as information of the relevant public bodies. For the purpose of assessing unlabelled expenditure, the ministries and other public bodies have been sent requests for data to be able to create appropriate indicators based on which the assessment of the total unlabelled expenditure by public functions (COFOG classification) will be also performed.

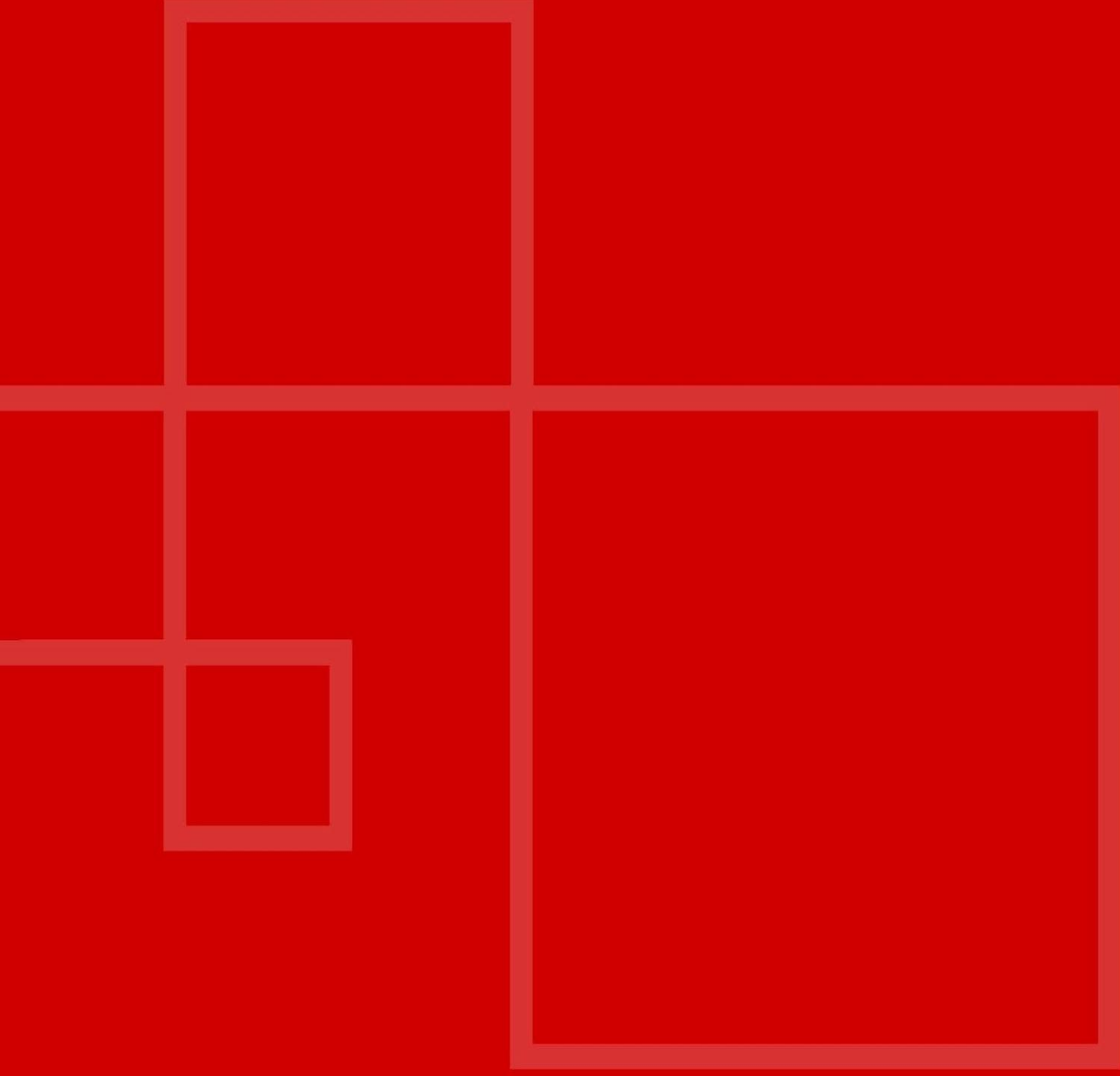
## 12.5 Instead of conclusion: What else to research?

Further research is expected to collect and process the data related to the identified indicators for assessing unlabelled expenditure by public functions. The data will be provided by the ministries and public bodies. Based on the information received, unlabelled expenditure in the field of combating drug abuse for the period 2009-2012 will be assessed, which, together with the labelled expenditure obtained from public bodies and CSOs make the estimate of the total public expenditure spent in the period 2009-2011 and planned in 2012 for the activities in the field of combating drug abuse in the Republic of Croatia.

The planned scientific research will result in the presentation of the labelled and the assessment of the total unlabelled expenditure in the field of combating drug abuse in the Republic of Croatia for the period 2009-2012.

Total public expenditure for the activities in the field of combating drug abuse will be classified in five activity groups (i) addiction prevention, (ii) treatment, (iii) social reintegration, (iv) harm reduction programmes, and (v) the criminal repressive system. Classification of the total public expenditure in the field of combating drug abuse will be carried out according to the basic public functions in accordance with the Classification of the Functions of Government (COFOG) of the United Nations - Classification of Expenditure according to Purpose that complies with the Ordinance on Budget Classifications (Official Gazette 26/10). Total public expenditure should be classified into five basic public functions (i) general public services, (ii) public order and safety, (iii) health, (iv) education and (v) social protection at the third level of classification.

After that follows the interviews with the representatives of the main stakeholders in the field of combating drug abuse among the institutions at the national and regional level and the civil sector to discuss the proposal of performance indicators and identify the recommendations for public policy holders in the field of combating drug abuse in the Republic of Croatia.



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### 13.2 Alphabetic list of relevant databases

No.	Type of register / database	Responsible institution
1	Criminal offence evidences	Ministry of Justice
2	Th certificate and report on the cause of death	Croatian Institute for Public Health
3	HIV Register	Croatian Institute for Public Health
4	Information system of the Ministry of the Interior (Criminal evidences)	Ministry of the Interior
5	Internal databases on prisoners	Ministry of Justice
6	Misdemeanour evidences	Ministry of Justice
7	Register of prisoners	Ministry of Justice
8	Data on psychodiagnoses	Ministry of Justice
9	Statistical information - ISSN 1334-062X Data on death persons Data on perpetrators of criminal offences Data on misdemeanor perpetrators	Croatian Bureau of Statistics
10	Register of persons treated for psychoactive drugs abuse	Croatian Institute for Public Health
11	Archives of scientific programmes and projects	Ministry of Science, Education and Sport
12	Database of the Office – Collection of personal data of clients participating in the Project of Social Reintegration of Drugs Addicts	Office for Combating Drugs Abuse

### 13.3 Alphabetic list of relevant Internet addresses

No.	Internet address
1	<a href="http://www.erf.unizg.hr/Znanost/ZnanostPaths.html">http://www.erf.unizg.hr/Znanost/ZnanostPaths.html</a> [page visited on 25, July 2012]
2	<a href="http://www.erf.unizg.hr/Znanost/ZnanostPaths.html">http://www.erf.unizg.hr/Znanost/ZnanostPaths.html</a> [page visited on 25, July 2012]
3	<a href="http://www.udrugaterra.hr/predoziranje/">http://www.udrugaterra.hr/predoziranje/</a> [page visited on 13, July 2012]
4	<a href="http://www.smanjenje-stete.com/index.php?option=com_content&amp;view=article&amp;id=8&amp;Itemid=9">http://www.smanjenje-stete.com/index.php?option=com_content&amp;view=article&amp;id=8&amp;Itemid=9</a> [page visited on 16, July 2012]
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7	<a href="http://www.uredzadroge.hr">www.uredzadroge.hr</a> [page visited on 17, July 2012]
8	<a href="http://www.programi.uredzadroge.hr">www.programi.uredzadroge.hr</a> [page visited on 17, July 2012]

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### 14.4 List of full references of acts

No.	Act/Rulebook
1	Kazneni zakon Republike Hrvatske (NN 110/97, 27/98, 50/00, 129/00, 51/01, 111/03, 190/03, 105/04, 84/05, 71/06, 110/07, 152/08, 57/11, 77/11) (Criminal Code OG No. 110/97, 27/98, 50/00, 129/00, 51/01, 111/03, 190/03, 105/04, 84/05, 71/06, 110/07, 152/08, 57/11, 77/11)
2	Kazneni zakon Republike Hrvatske (NN 125/11) (Criminal Code OG 125/11)
3	Mreža javne zdravstvene službe (NN 98/09, 14/10, 81/10, 64/11, 103/11, 110/11, 141/11 i 61/12) (Public Health Service Network OG No. 98/09, 14/10, 81/10, 64/11, 103/11, 110/11, 141/11 and 61/12)
4	Nacionalni program sigurnosti cestovnog prometa Republike Hrvatske 2011.-2020. (NN 59/11) National Road Safety Programme of the Republic of Croatia 2011-2020 (NN 59/11)

5	Obiteljski zakon (NN 116/03, 17/04, 136/04, 107/07, 57/11, 61/11) (Family Act OG No. 116/03, 17/04, 136/04, 107/07, 57/11, 61/11)
6	Pravilnik o posebnom porezu na duhanske proizvode i rukovanju markicama za njihovo obilježavanje (NN broj 112/99, 50/00, 119/01, 59/03, 155/08) Ordinance on Excise Duty on Tobacco Products and Handling of the Stamps for Marking Them (OG No. 112/99, 50/00, 119/01, 59/03, 155/08)
7	Pravilnik o provedbi zakona o evidencijama u oblasti zdravstva za područje stacionarne zdravstvene zaštite i praćenja bolesti ovisnosti (NN 44/00) (Ordinance on implementing the Health Records Act in the area of in-patient care and addiction monitoring (OG No.44/00)
8	Pravilnik o vrsti i djelatnosti doma socijalne skrbi, načinu pružanja skrbi izvan vlastite obitelji, uvjetima prostora, opreme i radnika doma socijalne skrbi, terapijske zajednice, vjerske zajednice, udruge i drugih pravnih osoba te centra za pomoć i njegu u kući (NN 64/09) (Ordinance on Types and Activities of Social Welfare Homes, Care Outside Original Families, Space Conditions, Equipment and Employees in Social Welfare Homes, Therapeutic Communities, Religious Communities, Associations and Other Legal Entities as well as Centre for In-Home Assistance and Care (OG No.64/09)
9	Zakon o dopunama Zakona o suzbijanju zlouporabe droga (NN 84/11) Act on Amendments to the Act on Combating Drugs Abuse (OG No. 84/11)
10	Zakon o financiranju jedinica lokalne i područne (regionalne) samouprave (NN 117/93, 33/00, 73/00, 59/01, 107/01, 117/01, 150/02, 147/03, 132/06, 73/08, 25/12); Odluka USRH (NN 26/07) Act on financing local and regional self-government units (OG No.117/93, 33/00, 73/00, 59/01, 107/01, 117/01, 150/02, 147/03, 132/06, 73/08, 25/12); Decision of the Constitutional Court of the RC (OG No. 26/07)
11	Zakon o izvršavanju kazne zatvora (NN 128/99, 55/00, 59/00, 129/00, 59/01, 67/01, 11/02, 190/03, 76/07, 27/08, 83/09, 18/11, 48/11) (Act on the Enforcement of Prison Sentence OG No. 128/99, 55/00, 59/00, 129/00, 59/01, 67/01, 11/02, 190/03, 76/07, 27/08, 83/09, 18/11, 48/11)
12	Zakon o kaznenom postupku (NN 152/08, 76/09, 80/11) Criminal Procedure Act (OG 152/08, 76/09, 80/11)
13	Zakon o ograničavanju uporabe duhanskih proizvoda (NN 125/08, 55/09 i 119/09) (The Act on Restricted Use of Tobacco Products, OG No. 125/08, 55/09 and 119/09)
14	Zakon o posebnom porezu na duhanske proizvode (NN 136/02 – pročišćeni tekst, 95/04, 152/08, 38/09) Special Tax on Tobacco Products Act (OG No.136/02 – consolidated text, 95/04, 152/08, 38/09)
15	Zakon o prekršajima protiv javnog reda i mira (NN 05/90, 30/90, 47/90, 29/94) Act on Misdemeanors Against Public Order (OG No. 05/90, 30/90, 47/90, 29/94)
16	Zakon o sigurnosti prometa na cestama (NN 67/08, 74/11) (Act on Road Traffic Safety OG No. 67/08, 74/11)
17	Zakon o socijalnoj skrbi (NN 33/12) (Social Welfare Act, OG No. 33/12)
18	Zakon o sprječavanju pranja novca i financiranja terorizma (NN 87/08) Act on Prevention of Money Laundering and Financing of Terrorism (OG 87/08)
19	Zakon o sudovima za mladež (NN 84/11) (Juvenile Courts Act OG No. 84/11)
20	Zakon o suzbijanju zlouporabe droga (NN 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11) (Act on Combating Drugs Abuse OG No. 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11)
21	Zakon o športu (NN 71/06, 150/08, 124/10 i 124/11) Sports Act (OG 71/06, 150/08, 124/10 and 124/11)
22	Zakon o trgovini (NN 87/08, 96/08, 116/08, 76/09 i 114/11) (Trade Act OG No. 87/08, 96/08, 116/08, 76/09 and 114/11)
23	Zakon o ugostiteljskoj djelatnosti (NN 138/06, 152/08, 43/09 i 88/10) (Hospitality and Catering Act (OG No. 138/06, 152/08, 43/09 and 88/10)

24	Zakon o zdravstvenoj zaštiti (NN 150/08, 71/10, 139/10, 22/11, 84/11, 154/11, 12/12, 35/12 i 70/12) (Health Care Act OG No. 150/08, 71/10, 139/10, 22/11, 84/11, 154/11, 12/12, 35/12 and 70/12)
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