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European Monitoring Centre for Drugs and Drug Addiction

CROATIAN NATIONAL DRUGS INFORMATION UNIT

2013 NATIONAL REPORT (2012 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 2013

Drawn up on behalf of the Office for Combating Drugs Abuse of the Government of the Republic of Croatia and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

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Summary

Based on the reports of competent state administration bodies, public institutions, local and regional self-government units, civil society organisations and other relevant institutions, the Office for Combating Drug Abuse draws up the Annual Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse in the Republic of Croatia, which are adopted by the Government of the Republic of Croatia and passed by the Croatian Parliament. The concept and structure of the Report have been prepared 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 the national coordination body for the implementation of the national drug policies, has the obligation to submit the report, translated into 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). So far 6 national reports have been submitted to the EMCDDA (2006-2011).

PART A: New developments and trends

Chapter 1 Drug policy: Legislation, strategies and economic analyses

In 2012, significant progress was made in the creation of the penal policy in the area of drugs through the entry into force of the new Criminal Code. It, inter alia, introduced amendments to the criminal offence of drug abuse. In addition, new strategic documents were adopted for the following six-year period, namely the National Strategy on Combating Drug Abuse for the period 2012-2017 and the National Action Plan on Combating Drug Abuse for the period 2012-2014. Individual programmes in different areas of the drug policy were conducted in line with the above documents. This was reported by the competent state administration bodies, local and regional self-government units and civil society organisations. Their reports were included in this year's report. A significant number of activities were focused on the organisation of different training courses with the aim to raise the knowledge level of entities involved in the programme implementation, on new trends in the area of combating drug abuse. They were aimed at ensuring prevention and treatment programme quality pursuant to the EU standards. In addition, with a view to create and implement an evidence-based drug policy a number of surveys were conducted, among which the *Survey on public expenditures and establishment of the system for performance indicators in the area of drug abuse prevention in the Republic of Croatia* should be emphasized. The results of the above survey allowed for the first time an overview of the total labelled and unlabelled public expenditures for activities focused on preventing drug abuse and drug addiction, as well as the creation of the methodological basis for their further monitoring.

Chapter 2 Drug use in general population and specific targeted groups

The results of the European School Survey Project on Alcohol and Other Drugs (ESPAD) and the Research on Substance Abuse among the General Population of the Republic of Croatia were presented in the 2011 Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse in the Republic of Croatia. In the 2012 Report emphasis is put on prevalence of legal substances and cannabis, and data on polyuse of drugs, and in the Research on Substance Abuse among the General Population of the Republic of Croatia on tobacco smoking, alcohol consumption and sedative or tranquilizer use. The Ministry of the Interior, Ministry of Health and Ministry of Environmental and Nature Protection have initiated a project "Healthy for an A!" (*Zdrav za 5!*). As part of this project a survey has been conducted among students in the eighth grade of elementary school and first and second grade of high school. Out of the total of 4 904 students questioned about the use of alcohol, 81% of them have stated that they had consumed alcohol at least one or several times in their lifetime. Out of the total of 4 046 students surveyed on drugs, 11% of

students have consumed marijuana or hashish once or several times in their lifetime, Out of the total of 3 713 students surveyed on gambling, it is clear that almost every second student has gambled or placed a bet at least once in their lifetime, where boys are more inclined to it than girls. The Institute Ruđer Bošković has conducted "Quantitative determination of selected urinary biomarkers of illicit drugs in wastewaters of the City of Zagreb". The analysis has covered13 selected urinary biomarkers secreted from the organism after consumption of 6 selected illicit drugs (cocaine, heroin, amphetamine, ecstasy, methamphetamine and marihuana) and 2 therapeutic opiates (methadone and codeine). The results have shown that the consumption of marijuana in Zagreb has been on a continuous increase. In 2012 the consumption rate of this drug doubled in comparison to 2009. In addition, there is a significant increase in amphetamine-type drug use, especially amphetamine and MDMA. Heroine usage rate decreased significantly during 2011, and the trend continued in 2012. Methadone usage rate in Zagreb has grown on a continuous basis. Cocaine consumption rate shows a volatile trend. In 2011 there was a drop in the consumption rate, and then an increase similar to the one in 2009. In the Koprivnica-Križevci County the survey "Experience and position of high school students on addictive substances" (*Iskustva i odnos srednjoškolaca prema sredstvima ovisnosti*") has been conducted, and in the Brod-Posavina County two elementary schools have conducted the survey "Risk Behaviour for Creating Addiction" (*Rizična ponašanja za stvaranje ovisnost*").

Chapter 3 Prevention

In order to gain insight into existing prevention interventions, in late 2010 the Office for Combating Drug Abuse created the Drug Addiction Prevention Programme Database. The Prevention programme database is part of the Programme database, and its goal is to gain insight into all conducted prevention activities; raise awareness of the persons who are responsible for the implementation of programmes, creators of policies, experts and all stakeholders of the "on-site" conditions. The Database will enable the identification of high quality, evaluated and efficient programmes for the purpose of raising quality of prevention interventions. Since the end of 2012 the Database has been operational and data entry is in progress. The Database is available at www.programi.uredzadroge.hr.

In the Republic of Croatia several types of intervention in the area of prevention are applied, namely universal, selective and induced prevention. Furthermore, an important role is played by the environmental strategies, i.e. market control measures or coercive measures (age limit regulation, tobacco restrictions and prohibitions) which are largely focused on legal addictive substances. Due to the limited size of this report, the Chapter provides an overview of some prevention conducted in 2012, and recent developments in the area of combating addiction prevention in Croatia.

Chapter 4 Problem Drug Use (PDU)

The problem of psychoactive drug abuse and addiction is one of the 10 leading factors in developed countries. Persons using psychoactive drugs 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 healthcare or non-governmental sector, the other part is still not recorded. Therefore, it is essential to evaluate the entire population of psychoactive drug users in order to create public health programmes in accordance with these estimates.

In 2012 the assessment of PDU (Problem Drug Use) and IDU (Intravenous Drug Use) population in Croatia was done by the mortality multiplier method, as in previous years. This method is based on mortality directly related to psychoactive drug use and addicts' mortality rate. According to the recent data, it is estimated that in Croatia there are between 7 842 and

13 723 PDU addicts. It is also estimated that there are between 1.83 and 3.20 PDU addicts per 1 000 inhabitants in the total population, and between 2.73 and 4.78 aged 15-64. The estimated size of the population of current IDU addicts in Croatia in 2012 amounts to between 998 and 1 746 addicts who use drugs intravenously at least once a week.

Chapter 5 Drug-related treatment: demand and availability

According to the data of the Croatian National Institute of Public Health, until the end of 2012 (31 December 2012) the Registry of Persons Treated for Psychoactive Drug Abuse recorded 32 771 persons, out of whom 2 753 died. Therefore, there were 30 018 living persons in the Registry. Among treated persons the majority were opiate addicts (80.9%).

The proportion of persons treated for non-opiate addiction was stable for the first time and ranged from 54 to 65%, and in 2012 it amounted to 53.9%. The distribution of persons by gender did not change. They were mostly men, i.e. the ratio of treated men and women amounted to 4.7:1. Therefore, out of 7 855 treated persons, 6 477 were men, and 1 378 women.

In addition, the total number of new drug users has been on a decrease. The proportion of new persons in the addiction treatment system in 2012 amounted to 14.3%, which was a drop in comparison to previous years. More non-opiate than opiate addicts enter the system on an annual basis. However, since opiate addicts require long-year treatment and care, they remain in the system for more years. Thus the number of opiate addicts is higher in total on an annual basis. Addiction population in Croatia is getting older. The average age of both men and women in the treatment system shows an upward trend. Furthermore, the first treatment is requested by increasingly older persons so that the average age of persons entering outpatient treatment for the first time is 24.9 and inpatient as many as 32.6 years.

It can be said that the work of the system for addiction prevention and outpatient treatment in Croatia has significantly affected today's situation although drugs have become increasingly available and cheaper in the society. The number of addicts has not increased significantly in the past several years.

Chapter 6 Health correlates and consequences

As in previous years, the prevalence of drug-related infectious diseases shows a low rate of HIV infection and a continued positive trend in the decrease of hepatitis B and hepatitis C prevalence. The proportion of HIV infected addicts is very small and stable as in previous years. It 2012, it remained the same. Due to coordination and cooperation of the Registry of Persons Treated for Psychoactive Drug Abuse, the Medical Demography Department of the Croatian National Institute of Public Health, the entire network of institutions for addiction treatment (Services for mental health protection, addiction prevention and outpatient treatment and hospitals), and the Forensic Science Centre "Ivan Vučetić", almost all drug-related deaths are recorded and it can be established that the quality of data collection has increased. According to the data received by 10 June 2013, in 2012 a total of 165 persons died from causes related to psychoactive-drug abuse in Croatia. Heroin overdose has continuously decreased since 2007. The number of heroin overdoses was 9 times smaller in 2012 in comparison to 2007. Methadone overdose was also on a decrease.The 2012 data show that out of 7 855 treated persons, 7.0% of them were diagnosed with at least one concurrent disease. Concurrent diseases were more present among opiate than non-opiate addicts. The most frequent disorders among opiate addicts were related to alcohol, followed by affective disorders (depression, mood disorders). Less present were disorders of adult personality and behaviour, and then schizophrenia, schizotypal and delusional disorders.

Chapter 7 Responses to health correlates and consequences

The Croatian Red Cross and civil society organizations: Let, Help, Terra and Institut, and Hepatos and HUHIV have continued the activities of sharing injecting equipment, distributing condoms, collecting infectious waste, cleaning the environment from the discarded equipment, distributing 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 to the same extent. The Centres for free and anonymous HIV testing and counselling, substitution pharmacotherapy programmes, and prevention and therapy of infectious diseases related to drug use also play an important role in reducing the harm caused by drug abuse.

Chapter 8 Social correlates and social reintegration

In the Republic of Croatia there are two main reasons for social exclusion of youth: drop out of education and unstable position on the labour market. The Republic of Croatia has entered the recession later than other European countries, but also experienced it longer. Unfavourable economic trends marked the period from late 2008 to 2012, which had an adverse effect on the labour market and fluctuations of the number of the employed. However, in comparison to many other European countries, Croatia still has not encountered the problem of social exclusion of drug addicts more intensively. As regards the issue of homelessness, poverty and prostitution, in Croatia there are no relevant statistical indicators or surveys which would address the size of the problem in a systematic manner. According to the associations conducting resocialisation and harm reduction programmes, in 2012 there were 41 homeless addicts, out of whom 11 were women, which was an increase of 51.8% in comparison to 2011. The number of addicts involved in prostitution is identical to the year before. In 2012, there were 16 such persons, out of whom 14 were women. Homeless persons were mostly 30 to 50 years old, long-time drug users (over 10 years), with no family or no family support. Prostitution was practised mostly by women aged 25-35 on average, coming from dysfunctional families, with extremely low income. They were long-term heroin addicts with poor health due to other infectious or psychic diseases. In 2012 there were still two housing communities active (in Osijek and Brestovac) that offered services of organised accommodation to about 20 treated addicts. The Reports on the Implementation of the Project of Social Reintegration show that in 2012 the Project implementation started more intensively, and that considerably more beneficiaries entered the programmes of education and employment than in previous years. The Ministry of Science, Education and Sports provided scholarships for a total of 374 addicts in the educational programmes. Out of this number the highest number of addicts was included by the Prison Administration of the Ministry of Justice (156 prisoners). This was also the highest number of addicts in the prison system included in any form of education since the initiation of the Project of Social Reintegration.

In 2012, 16 treated drug addicts were included by the Croatian Employment Service in the educational programmes through active employment policy measures, local partnerships or similar projects. 88 addicts were employed, mostly on public works (67). Furthermore, a significantly larger motivation and interest of treated addicts was observed, especially for completion of secondary education and generally for all kinds of education and retraining. It should also be noted that a number of cooperatives promoting employment and inclusion of treated addicts in economic trends were established. This allowed for the employment of 14 treated addicts. In 2012 the associations provided assistance in the process of resocialisation for approximately 657 treated drug addicts, out of whom 146 were women. It has been observed that the Project contributed significantly to the reduction of stigmatisation of treated addicts, and in general to higher awareness of state institutions for project implementation and better cooperation between state institutions and civil society organisations.

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

According to the 2012 statistical data of the Ministry of the Interior, 7 295 criminal offences related to narcotic drug abuse and trafficking were reported. In 2012 the average share of drug crimes in all crimes on the territory of the Republic of Croatia amounted to 10.1%, which was approximately the same share as in the previous year. As regards the number of reported offences in the past 5 years, only in 2010 an increase of 10.2% in number of reports in comparison to the previous year occurred, after the previous four-year downward trend in reported criminal offences related to abuse and trafficking in narcotic drugs. In 2012 there was a decline of 6.88% in comparison to 2011.

According to the data provided by the State Attorney's Office, there were 5 052 perpetrators reported for criminal offences referred to in Article 173 of the Criminal Code (17% fewer). There were 18% fewer adult perpetrators, and 1.7% fewer juvenile perpetrators.

Out of 5 052 drug-related criminal offences, 72.2%, i.e. 3 647 were rebutted (2011: 72.1%). As in previous years, the number of convicted minors decreased. In 2012 there were also fewer convicted persons. The majority of persons were reported for possession of narcotic drugs.

In 2012 there were 2 261 prisoners addicted to drugs in the prison system (13.5% of all prisoners). In comparison to 2011, the number of prisoners addicted to drugs who served time over the year was smaller by 25.5%. Out of 7 547 prisoners who served a prison sentence in 2012 pronounced in the criminal proceedings, 1 625 or 21.5% were drug addicts, and 43.%% were pronounced the measure of compulsory addiction treatment. In 56.6% of prisoners, drug addiction was established by the expert team of the Diagnostics Centre and/or the penal body during their stay in prison. Out of 217 minors who were in juvenile prisons during 2012, or minors onto whom a correctional measure of serving time in a correctional institution was imposed, 24.4% were addicted to drugs. For as many as 90.6% of minors, drug addiction or drug-related disorders were established by the expert team of the juvenile prison, i.e. correctional institution. The share of minors in the overall addict population over the year amounted to 2.3%.

Chapter 10 Drug markets

As regards drug availability, in addition to the ESPAD survey the results of which are often part of our reports, for the first time there is an overview of the perception of the general population and harm reduction programme beneficiaries in all major Croatian cities. According to the available indicators, in 2012 in Croatia the downward trend in heroin availability on the domestic drug market continued. The trend was also observed in other European countries, but with indications of market recovery. However, as regards drug smuggling, the biggest challenge was still trafficking in heroin using the so-called Balkan route, and in cocaine which was often delivered to Croatia through sea ports. The participation of Croatian citizens in the organisation of cocaine smuggling intended for the European market is of particular concern. Croatia is primarily a transit country and the production of drugs is restricted to cannabis intended solely for personal use or sale on the Croatian market.

In 2012 there were 6 381 seizures of all types of drugs, thus continuing the upward trend in the total number of drug seizures which had started in 2009. The number of drug seizures in 2012 increased by 0.6% in comparison to 2011.

PART A

1. Drug policy: Legislation, strategies and economic analyses

1.1. Introduction

The national drug policy depends on many factors such as political and economic stability, availability of different expert and scientific achievements in the field, widespread drug abuse, social awareness of the issue as well as the legal and institutional system and geographical location of a particular country. Considering the global occurrence of drug abuse and addiction-related diseases, Croatia is not and cannot be an isolated case. Drug abuse in the Republic of Croatia is therefore a major issue the society has had to face in the past 20 or more years. The drug policy, which is in Croatia based on strategic objectives aimed at drug supply and demand reduction, is therefore characterised by multidisciplinary approaches and programmes aimed at preventing addictions and combating drug abuse. Since the mid 1990s the legal and institutional framework of the Croatian drug policy has been enhanced systematically and developed strategically in line with new needs, trends and scientific knowledge concerning the drug phenomenon. The implementation of the national drug policy is based on the National Strategy and Action Plan on Combating Drug Abuse as well as the Drug Abuse Prevention Act, as a starting point for all relevant stakeholders in the national system. Specific programmes in the area of different drug policy segments have been created and implemented pursuant to the above acts. In order to ensure timely and efficient implementation of the policy and programmes on combating drug abuse, the Government of the Republic of Croatia has set up a Commission for Combating Drug Abuse, while the Office for Combating Drug Abuse of the Government of the Republic of Croatia has been established for the purpose of coordinating and monitoring the implementation of the national strategic documents and other activities. As regards the drug policy in the Republic of Croatia, significant results have been achieved in strengthening the existing system on combating drug abuse as well as cooperation among relevant structures not only at the international but also at the national level. The national policy is in line with the European one, thus confirming its commitment to a balanced and evidence-based approach to drug-related issues.

1.2. Legal framework

The approach to the implementation of the national policy on combating drug abuse has been continuously enhanced through the development of instruments and interventions relating to drug supply and demand reduction. The legal framework for combating drug abuse consists of several acts laying down mechanisms for combating drug abuse and trafficking, namely the Criminal Code[1] covering illegal drug use (possession), manufacturing and trafficking, brokerage in the sale or purchase thereof, as well as any other type of drug trafficking, the Criminal Procedure Act[2] and the Drug Abuse Prevention Act[3] as the central legal act governing all key issues regarding drug abuse.

[1] 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 above Code was in force until 1 January 2013 when the application of the new Criminal Code (OG 125/11, 144/12) started.
[2] Criminal Procedure Act (OG152/08, 76/09, 80/11, 121/11, 91/12, 143/12, 56/13)
[3] Drug Abuse Prevention Act (OG 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11)

A major change in the legal framework for combating drug abuse was made by adopting a new Criminal Code which entered into force on 1 January 2013[4]. The Code, inter alia, provided amended provisions on the criminal offence of drug abuse and elaborated provisions on the enforcement of addiction treatment measures. The Code was drafted in two attempts, in 2011 and 2012, by the working group of the Ministry of Justice. The Criminal Code adopted in October 2011 (Official Gazette 125/11) divided the then Article 173 into two articles (190 and 191), one regulating the criminal offence of drug possession, manufacturing and trafficking, and the other the supply of drugs for consumption. The sanction for possession was reduced from one year to six months in prison. A prison sentence of up to three years was stipulated for illegal manufacturing (manufacturing also implied cultivation), processing, import and export of drugs not intended for sale. Whoever enabled another to use drugs was punished by imprisonment for 6 months to 5 years. A number of new qualifying circumstances were introduced (sale to children, sale in certain places, a perpetrator is a particular person or a child is used for putting drugs in circulation, or an offence has been committed by an official in relation to their duty of public authority), as well as a more severe punishment for the organiser of a network of drug dealers who could also be sentenced to long-term prison if the offence was committed within a criminal organisation. A novelty was the perpetration of an offence in an educational institution or in its immediate vicinity, or a penal institution, or if an offence was committed by a public official, priest, physician, social worker, teacher, educator or coach using their authority. Pursuant to Article 45, a court could pronounce a prison sentence of up to six months if it deemed that a fine or community service might not be enforced or if requirements for suspended sentence were not met. Therefore, Article 55 provided that if this failed to achieve the purpose of punishment, in cases where a sentence of imprisonment for a term of up to six months was imposed, the court would substitute this sentence with one of community service. In addiction to community service, a court could pronounce special obligations and protective supervision (probation), including treatment or continuation of treatment of addictions to alcohol, drugs or other addictions in a healthcare institution or withdrawal in a therapeutic community. Certain changes were also made in the security measure of compulsory treatment of addiction that could be pronounced by a court for any type of addiction if there was a danger that the person might commit a more severe criminal offence in the future due to their addiction. In addition to conditional sentence, conditional release and community service, a court could also pronounce treatment or continuation of addictions to alcohol, drugs and other types of addiction. The measure was served in a penal or healthcare institution or other specialised institution under conditions stipulated by a special act. Mandatory treatment of addiction could not exceed three years. The time spent in treatment was calculated in the prison sentence (thus introducing an alternative prison sentence), and was counted from the day a person entered the institution in which the measure was to be executed. If that time was shorter than the length of the imposed sentence, the court could order that the convicted person serve the remainder of the sentence or that they be released on parole. In addition, there was a novelty introduced by the Criminal Code, according to which substances (anabolic steroids, performance enhancing drugs) banned in sports became a criminal offence. Since the consumption of or trafficking in illegal performance enhancing drugs regulated by the Sports Act[5] providing for misdemeanour liability did not also cover the use and trafficking in these substances outside sports and professional competitions, the Criminal Code provided for criminal liability for manipulation in the above substances, as in drugs.

In the course of 2012, and before the legal deadline provided for the entry into force of the new 2011 Criminal Code (1 January 2013), the Ministry of Justice set up a working group for drafting amendments to the 2011 Criminal Code, encompassing, inter alia, draft proposals for amendments on the criminal offence of drug abuse. The above Act on Amendments to

[4] Criminal Code (OG 125/11, 144/12)
[5] Sports Act (OG 71/06, 150/08, 124/10, 124/11, 86/12)

the Criminal Code was adopted in December 2012 (OG 144/12). In the 2012 Criminal Code, possession of drugs or substances banned in sports for personal use has been deleted as a criminal offence. In addition, activities relating to substances banned in sports are now part of a separate article because it is considered that there are no grounds for sanctioning all drug-related activities including such activities undertaken with substances banned in sports in an equal manner. For this reason, Article 191a encompasses activities aimed at putting such substances in circulation, inducing another to use them or giving such substances for consumption, thus keeping the qualified forms of this criminal offence. The punishment for the criminal offence of acting in relation to drugs intended for sale or putting them in circulation in another way has been increased from ten to twelve years in prison. Amendments to Articles 190 and 191 of the Criminal Code have enabled distinguishing possession of drugs for personal consumption from possession intended for putting such drugs in circulation so that possession of drugs in amounts for personal use is sanctioned as a misdemeanour with a fine and mandatory treatment measure pursuant to the provisions of the Drug Abuse Prevention Act. The assessment of whether a quantity is for personal use is made by state attorneys and courts.

In addition, criminal procedure regulations were amended in 2012. In the 2012 Act on Amendments to the Criminal Procedure Act[6], the catalogue of criminal offences requiring special evidentiary measures also incorporates offences of illegal production of and trafficking in drugs as well as illegal production of and trafficking in substances banned in sports.

The implementation of the measures of mandatory addiction treatment and withdrawal for perpetrators of criminal offences has been strengthened through the adoption of the new Probation Act[7]. The Act, inter alia, stipulates the role of the probation service in monitoring the implementation of the compulsory addiction treatment measure imposed together with conditional release and/or community service. In addition to the above, the Act on Amendments to the Misdemeanour Act[8] was drawn up in 2012 and it entered into force in 2013. The Act, inter alia, regulates special obligations and protective measures of addiction treatment or withdrawal. The protective measure of compulsory addiction treatment may now be pronounced in addition to any punishment and suspended sentence. It is executed at healthcare institutions or other specialised institutions within the prison system and outside it. A novelty lies in the fact that if the duration of this protective measure is longer than the pronounced or replaced sentence, it should be executed even after a person is released, which is in line with modern misdemeanour jurisprudence. The catalogue of special obligations has been expanded so that a court may, with consent of the perpetrator, pronounce a special treatment or treatment continuation obligation for alcohol, drug and other types of addiction in a healthcare or other specialised institution, or withdrawal in a therapeutic community when it considers them necessary for the protection of health and safety of the person to whose detriment the misdemeanour has been committed or when it is required for the elimination of consequences that are favourable to or instigate perpetration of a new misdemeanour. The duration of special obligations may not exceed the probation period.

As regards legislative activities in 2012, emphasis should be put on the adoption of the new Social Welfare Act[9] regulating, inter alia, institutional and other care for persons addicted to drugs within homes for addicts and therapeutic communities, as well as on the Regulation on the criteria for determining beneficiaries and mechanisms for distribution of part of income

[6] Act on Amendments to the Criminal Procedure Act (OG 143/12)
[7] Probation Act (OG 143/12)
[8] Act on Amendments to the Misdemeanour Act (OG 39/13)
[9] Social Welfare Act (OG 33/12)

generated from games of chance for 2013[10] defining every year percentages for the distribution of financial resources from a part of the income generated from games of chance and intended for, inter alia, financing of addiction-related projects. By virtue of the above Regulation, the Office for Combating Drug Abuse has been allocated additional funds for financing civil society organisations conducting innovative project on addiction prevention and resocialisation of addicts. In addition, in 2012 the Regulation on the Amendment to the Regulation on the Office for Combating Drug Abuse[11] was adopted. It amended the provisions concerning the appointment of the members of the Expert Council of the Office.

Pursuant to the Drug Abuse Prevention Act, seized drugs are destroyed before the *Committee for Destruction of Seized Drugs* once a judgement or decision becomes final or upon expiry of the deadline of three years following the submission of a criminal report to the competent state attorney's office. If the storage of seized drugs is dangerous or related to disproportionate difficulties, they can also be destroyed after the completion of necessary evidentiary measures pursuant to a court order and on the motion of a state attorney. In 2012, drugs from a total of 5 350 cases were destroyed by incineration on the premises of NEXE Group, Našicecement d.d. in quantities presented in Table 1.1.

Table 1.1. – Overview of seized drugs destroyed in 2012

Name of substance	Total weight of substance
Heroin	86 kg and 921 g
Cocaine	22 kg and 484 g
Marijuana and hashish	334 kg and 336 g
MDMA (tablets and powder)	137 g
Amphetamine (tablets and powder)	7 kg and 331 g
Methadone (tablets and powder)	1 kg and 456 g as well as 2 035 tablets
Other tablets	822 g and 4 991 tablets
mCPP	19 g

Source: Ministry of the Interior

In total, from 2008 to 2012 there were 8 incinerations of seized drugs and psychotropic substances, on which occasions over 8.5 tons of drugs were destroyed.

Since the inclusion of substances banned in sports into the Criminal Code requires adoption of a special additional list of substances banned in sports, the use and trafficking of which would be banned outside sports and professional competitions, the Ministry of Health has set up a Committee for compiling the List of substances banned in sports. In 2012, the above committee drafted the final proposal of the List which will enter into force in the second half of 2013.

[10] Regulation on the criteria for determining beneficiaries and mechanisms for distribution of part of income generated from games of chance for 2013 (OG 144/12)
[11] Regulation of the Amendment to the Regulation on the Office for Combating Drug Abuse (OG 130/12)

In line with the development of new technologies and new forms of drug markets in the EU Member States as well as in Croatia, the occurrence of the so called “legal highs” has been observed. As a result of the work of the national Early Warning System in case of new psychoactive substances, since 2011, when the last update was made as regards the List of drugs, psychoactive substances and plants used to produce drugs, and substances that can be used in the production of drugs (hereinafter referred to as the List[12]), 32 new substances have been identified in the Republic of Croatia. They will be included in the List since there is evidence that they are detrimental to the human health and that trafficking therein results in pecuniary gain. In addition, in cooperation with the Ministry of Health the work on the compilation of a generic list covering a number of disputable chemical compounds has been initiated. Also, the legal background for the introduction of the term “legal highs” into the Drug Abuse Prevention Act is being defined. This will enable the legal basis for the acting of competent bodies against natural and legal persons producing, importing, exporting, trafficking in (or selling in any other way) or advertising such products, while procurement or possession of such products for personal use would not be punishable.

1.3. National Action Plan, Strategy, evaluation and coordination

1.3.1. National Action Plan and Strategy

As a response to the need for an integrated, balanced and multidisciplinary approach to solving drug issues in the society and harmonisation of the Croatian legislation with the European Union, in 2005 the Croatian Parliament adopted the second *National Strategy on Combating Drug Abuse in the Republic of Croatia for the period 2006-2012.*[13] This main strategic document was implemented through two three-year action plans on combating drug abuse in the Republic of Croatia (Action plans for the periods 2006 -2009 and 2009 -2012) adopted by the Government of the Republic of Croatia.

Since the National Strategy on Combating Drug Abuse in the Republic of Croatia for the period 2006-2012 and the Action Plan on Combating Drug Abuse for the period 2009-2012 were in force until 31 December 2011, the Office has drawn up a new National Strategy on Combating Drug Abuse for the period 2012-2017 and the National Action Plan for Combating Drug Abuse for the period 2012-2014 in cooperation with the expert group consisting of the representatives of competent ministries and government bodies, counties, civil society organisations and scientific institutions. The National Strategy on Combating Drug Abuse 2012-2017[14] was passed by the Croatian Parliament on 26 October 2012 and the three-year National Action Plan on Combating Drug Abuse in the Republic of Croatia for the period 2012-2014 was adopted by the Government of the Republic of Croatia on 8 November 2012. The National Strategy and the Action Plan on Combating Drug Abuse provide exact tasks of respective ministries and state administration bodies, local and regional self-government units, civil society organisations and other entities in implementing the drug demand and supply reduction programme, but also in the area of coordination, monitoring and evaluation of the National Strategy implementation.

This is the third strategic document of this kind in the Republic of Croatia adopted for a 6-year period addressing the drug issue. The National Strategy represents a framework for activities of all government institutions and civil society organisations in the area of

[12] Amendments to the List of drugs, psychotropic substances and plants used to produce drugs, and substances that can be used for the production of drugs (OG 19/11)
[13] National Strategy on Combating Narcotic Drug Abuse in the Republic of Croatia for the period 2006 –2012 (OG 147/05)
[14] National Strategy on Combating Drug Abuse in the Republic of Croatia for the period 2012-2017 (OG 122/12)

combating drug abuse, preventing addiction and providing assistance to drug addicts, occasional drug users, but also to families and the society as a whole in overcoming difficulties relating to drug abuse. The purpose of the National Strategy is to protect the life and health of children and youth as well as the society as a whole. It contains strategic objectives, priorities and measures ensuring responsibility for the implementation of the overall national policy on combating drugs. The expertise of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), evaluation results of the previous National Strategy, Guidelines of the United Nations Office on Drugs and Crime (UNODC), documents of the World Health Organisation (WHO), and recommendation and guidelines laid down in other European and international documents have been used in the preparation of the National Strategy.

The National Strategy encompasses seven major areas: demand reduction (through addiction prevention among children and youth at all levels (universal, selective and indicated), prevention programmes at the local community level, addiction prevention in the workplace, medical and psychosocial treatment, including measures for treatment of addicts in the penal system, harm reduction, resocialization and social reintegration of addicts), supply reduction (through suppression of drug supply and availability, suppression of illegal production and trafficking in precursors, penal policy in the area of drugs), education, national information system (monitoring, research, evaluation), coordination, international cooperation and financial resources needed for the implementation of the strategy. Each area of the National Strategy has defined objectives and priorities directly linked to action plans aimed at their realisation and implementation at the state and local level, and within international cooperation.

The goals of the new national strategy are the following: drug demand and supply reduction with its main anticipated results – measurable reduction of drug use, addiction and related health and social risks due to drug use. The National Strategy provides strategic objectives, priorities and measures aimed at ensuring efficient responsibility for the implementation of the overall national policy on combating drug abuse, and enabling a multidisciplinary and integrated approach to combating drug abuse at the national, local and international level. The vision set out in the National Strategy is to reduce drug demand and supply in the society through an integrated and balanced approach to the drug issue and provide adequate protection of life and health of children, youth, families and individuals, and in relation to this, keep the drug issue within the socially acceptable risk in order to preserve the fundamental values of the society and safety of the population. The mission of the national policy and the system in the field of drugs is to implement through healthcare, social, educational and repressive systems and civil society organisations and public media, various programmes and approaches which are directed towards preventing drug abuse among children and youth and reducing health and social risks related to drug abuse. The mission is also to implement an efficient policy on reducing drug availability and organised crime at all levels.

The main objectives of the National Strategy are to prevent and reduce the abuse of drugs and other addictive substances, especially among children and youth, reduce the scale of drug abuse and addiction problems in the society as well as related health and social risks which result from drug abuse, reduce availability of drugs at all levels, and reduce all forms of crime related to drug abuse, and to improve, build and network a system for drug abuse suppression and combating addiction at the national and local level.

The National Action Plan on Combating Drug Abuse for the period 2012-2014 provides a more detailed description of respective objectives and methods for the implementation thereof, implementation deadlines, estimate of financial resources needed for the implementation of respective measures, as well as concrete tasks of respective implementation bodies for the observed budgetary period, based on the assessment of the

previous action plan and new needs for a professional approach, as well as on the guidelines of the National Strategy. The Action Plan is linked to the content and terminology, as well as objectives and priorities of the National Strategy. The main goal of the Action Plan is to ensure responsibility for the implementation of measures aimed at reducing drug demand and supply. Drug demand reduction includes measurable reduction in drug use, drug addiction and related health and social risks by developing and improving an effective and integrated comprehensive, evidence-based drug demand reduction system, including measures for prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration of addicts. In this document, addiction prevention implies and includes activities and programmes focused on substance addiction (alcohol, cigarettes, drugs) and addictions that are not connected to substances but to habits and behaviours such as addictions to gambling/betting, the Internet, computer games, social networking, etc. Drug supply reduction includes measurable reduction in drug supply and availability by improving a successful, effective and evidence-based application of the law regarding the production and trafficking in drugs and precursors as well as the organized crime, street drug reduction and money laundering connected with the organized drug-related crime.

The Action Plan contains 17 objectives, elaborated through 15 components in 26 measures, 208 activities and 200 implementation indicators.

Action plans are elaborated in detail in the form of an implementing programme on an annual basis. On 21 February 2013 the Commission for Combating Drug Abuse of the Republic of Croatia adopted the 2013 Implementing Programme of the National Action Plan on Combating Drug Abuse. The Implementing Programme provides concrete measures, deadlines and measure implementing bodies. Competent bodies designated as measure implementing bodies laid down in the Implementing Programme of the Action Plan are obliged to adhere to the deadlines given for the implementation of respective activities, and the Office is responsible for monitoring activities within the given deadlines and submitting a report thereon to the Commission for Combating Drug Abuse.

The new National Strategy and Action Plan speak in favour of the decentralisation principle concerning the application of the national drug policy at the local level thus ensuring equal availability of various programmes on the entire territory of Croatia respecting the needs of respective counties. In order to implement the national policy on the drug issue in the local community as efficiently as possible, one of the key priorities is to strengthen the role of county commissions and tasks in the implementation of the National Strategy at the local level. To that effect and on the basis of the National Strategy and the Action Plan, 21 counties have adopted county action plans on combating drug abuse for the three-year period from 2012 do 2014, according to which targeted programmes are implement at the county level in line with the needs of the local community. The above documents also define the role of county commissions in reaching decisions on measure implementation methods, the number of expert teams responsible for implementing measures laid down in county action plans, the system for financing the implementation of county action plans, the type and number of measure implementing bodies at the level of local and regional government units, in particular addiction prevention programmes respecting all three prevention levels and the strategy of the environment.

Pursuant to the Protocol of the National Drug Information System in the Republic of Croatia, on 25 May 2012 the Government of the Republic of Croatia adopted a new Action Plan on the National Drug Information System in the Republic of Croatia for the period 2012-2013, providing detailed implementation activities and responsibilities of respective bodies engaged in the national drugs information system in the given period.

Its goal is to ensure continuous development of the National Focal Point pursuant to the standards and requirements of the European Monitoring Centre for Drugs and Drug

Addiction (EMCDDA), as well as national needs and priorities, in particular, by introducing new methodologies for monitoring the drug issue and strengthening cooperation among all relevant stakeholders in the system. As such, the Action Plan represents a tool for planning activities and general evaluation of the work of the National Focal Point which, as a national partner of the EMCDDA, ensures alignment of the national system and practice with the EU standards in the field and contributes to the wider European perspective of the drug issue through annual reports.

1.3.2. Implementation of the National Action Plan and Strategy

This chapter provides an overview of the development of major activities in the course of 2012 in the area of drug supply and demand reduction, with special reference to prevention, treatment and resocialization, national drugs information system, education and international cooperation.

The implementation of activities under the *National addiction prevention programme for children and youth in educational settings and in social welfare system for the period 2010-2014* has continued. With a view to ensure the quality of the addiction prevention programmes and evidence-based approach to their implementation, the TAIEX workshops on minimum quality standards in drug demand reduction and evaluation were held in Zagreb (19-20 November 2012), Opatija (21-22 November 2012) and Split (23-24 November 2012). The workshops were attended by over 130 experts; employees of relevant ministries, the Croatian National Institute of Public Health, county services for mental health protection, addiction prevention and outpatient treatment, family centres, homes for children without adequate parental care, educational homes, police administrations, county coordinators for the implementation of addiction prevention in educational institutions, therapeutic communities and associations conducting drug demand reduction programmes. The purpose of the workshops was to familiarize the participants with the EU minimum quality standards in the area of drug demand reduction programme and provide expert assistance to persons conducting the programme when drafting concepts of the programme and evaluation of its effects, as well as to enhance the quality of the existing programme, in particular in the area of prevention.

In addition, in cooperation between the Office and the Croatian Institute of Public Health, in July 2012 a training course on brief motivation interventions under the prevention programme MOVE was organised for experts dealing with young people with risk behaviour and employees of the healthcare system, school and adolescent medicine services and services for mental health protection, addiction prevention and outpatient treatment (see Chapter 3 and Appendix 2).

Children, youth and the general public were informed about the adverse effect of drugs. Activities aimed at changing young people's opinion on drug consumption and raising awareness of the scope and dimensions of the drug addiction issue were conducted. Educational and promotional materials intended for parents, children and youth were printed and distributed, and the public media warned of the drug addiction issue and widespread drug abuse. The International Day against Drug Abuse and Illicit Trafficking and the Fight against Addiction Month were marked with an appropriate programme and activities.

The project concerning the development of the IT Database on prevention programmes as part of the IT programme of the Database on drug demand reduction projects in the Republic of Croatia initiated by the Office in late 2010 was completed and the Database became fully functional in the course of 2012.[15] The above database was presented within activities held with the representatives of institutions and associations. First projects on drug abuse

[15] The database is available at www.programi.uredzadroge.hr

prevention conducted in the Republic of Croatia were entered into the database in late 2012. Until the completion of this report, there were 30 different projects in the database, and around 100 projects were being entered. The database can be searched according to the scope of activities (prevention, treatment, harm reduction, resocialization, and research) and according to the types of services provided, level of intervention, type of evaluation conducted, county, implementation year, etc. For the first time the Office requested that report on the implementation of county action plans and reports on the implementation of projects conducted by civil society organisations be entered into the database by counties and civil society organisations for the purpose of drafting this year's Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse. The above database shall, inter alia, enable the identification of quality, evaluated and efficient programmes and suggest examples of good practice from the Republic of Croatia to the Best practice portal of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (see Chapter 3).

One of the key elements in addiction treatment is successful abstinence maintenance and integration of addicts in the society. Programmes aimed at achieving the above goal have been conducted in Croatia since 2007 through the *Project of social reintegration of drug addicts.* Retraining and additional training activities as well as employment incentives for treated addicts are conducted within the project. Its main goal is to provide a systematic and permanent solution to the issue of social reintegration of addicts after a successful completion of addiction treatment, rehabilitation and withdrawal in a therapeutic community, penal system or healthcare institution. With a view to encourage employment of socially vulnerable groups, including also treated drug addicts, the measures laid down in the National Employment Incentive Plan 2011-2012 were conducted in 2012, as well. The Ministry of Entrepreneurship and Crafts supported the measure of Encouraging development of cooperatives developing social and cooperative entrepreneurship within the project "Cooperative entrepreneurship", and the Office for Combating Drug Abuse allocated financial support to 15 projects of associations conducting resocialization projects. Within the activities of the Ministry of Justice and Ministry of Science, Education and Sports, a significant number of new beneficiaries were included in the education/retraining programmes. In addition, greater support of all competent institutions at the national and local level was observed, as well as a more active and quality approach to resocialization of addicts on the part of civil society organisations. In 2012, there were 5 regional training courses on the Project of social reintegration of addicts. The main goal of the regional training was to establish partnership among holders at the national and local level in the implementation of the Project of social reintegration of drug addicts, and contribute to the efficient implementation of project activities and better social reintegration of treated addicts (see Chapter 8.2).

In order to enhance the quality of medical and psychosocial treatment of addicts in Croatia, in 2012 the Office launched a new project whose anticipated result was the development of national guidelines for defining the area of psychosocial treatment of drug addicts. So far, the methodological process of the development of the above document has been conducted at several stages. As a basis for the discussion on the process and content of guidelines, the TAIEX Workshop on establishing guidelines for the psychosocial treatment of drug addiction was held 2-3 October 2012. The workshop presented recent guidelines in the field of psychosocial treatment in the EU members, and best practice examples in psychosocial treatment, with emphasis on the role of psychosocial treatment in the overall treatment of drug addicts. The workshop was intended for the representatives of competent ministries, as well physicians and experts at the services for mental health protection, addiction prevention and outpatient treatment, treatment officials and physicians in the prison system, as well as representatives of therapeutic communities conducting psychosocial treatment of drug addicts. It was concluded that since in Croatia there were only guidelines for pharmacotherapy of opiate addicts using methadone and buprenorphine and guidelines for therapeutic communities, it was necessary to set up an expert working group and start

drafting *Guidelines for psychosocial treatment of addicts in the healthcare, social and prison systems.* As part of the guidelines a situation analysis should be conducted, goals for the guideline development defined, the term of psychosocial treatment and psychosocial interventions defined, and a method for the implementation of the guidelines in practice should be described. It was concluded that the guidelines should be in the form of a single document containing special chapter on specific areas and definitions of specific guidelines, for instance, in the prison system, or according to specific groups of addicts, such as minors, pregnant women, or dual diagnoses, as well as opiate and other types of addiction.

Following the above conclusions, the Office set up a working group for the purpose of drafting guidelines whose work commenced in November 2012. A workshop on the development of the first working Draft Guidelines for psychosocial treatment of drug addiction in the healthcare, social and prison systems of the Republic of Croatia was held on 13-14 December 2012. The workshop provided an overview of the psychosocial treatment and interventions in different environments (inpatient, outpatient, treatment within the social welfare system and therapeutic communities as well as the prison system and probation). Discussions were conducted on the types and role of the psychosocial treatment in the overall treatment and determination of methodology for drafting guidelines. It was agreed that the main goal of the above guidelines was to enhance the quality of addiction treatment in the Republic of Croatia and provide addicts in treatment with appropriate care and treatment form. It was concluded that the Office would develop draft guidelines on the basis of the proposals made by the expert working group members in the course of 2013. The draft would be submitted for adoption to the Commission for Combating Drug Abuse and competent ministries responsible for the implementation thereof.

Since the number of methadone seizures has increased over the past years, and every year there is a significant number of deaths caused by methadone overdose, the work on the initiative on the need to amend Guidelines for pharmacotherapy of opiate addicts using methadone continued even in 2012. Its goal was to prevent methadone abuse and illegal sale thereof. The TAIEX Workshop on Substitution Treatment Programmes for Opiate Addicts was held in Zagreb 26-27 September 2012. It was organised with the aim of familiarising participants with recent trends in the area of substitution therapy in the EU countries, promoting the concepts of best practices in the treatment of opiate addicts through substitution therapy, as well as enhancing the implementation and monitoring of substitution therapy and cooperation among experts, and discussion on the need for amendments to the existing Guidelines for pharmacotherapy of opiate addicts using methadone and buprenorphine in the Republic of Croatia. In addition to Croatian experts and experts from the EU (EMCDDA, the Netherlands, Great Britain, Germany, Slovakia), the workshop was attended by the representatives of the Ministry of Health, Ministry of Justice, Croatian Institute of Public Health, Drug Addiction Reference Centre and authorised physicians from the Services for mental health protection, addiction prevention and outpatient treatment, physicians at clinical and psychiatric hospitals working in the wards for drug addiction treatment and family physicians engaged within the primary healthcare in the implementation of the substitution therapy and treatment of opiate addicts. It was concluded that guidelines had to be concise, clear and evidence-based, and that quality implementation of substitution therapy required a multidisciplinary and intersectoral approach and exchange of experience and information among those engaged in the implementation of the addiction treatment programme. In addiction, review tools for monitoring progress should be developed. It was also necessary to have a systematic monitoring of the application of guidelines in the course of treatment (strengthen inspection monitoring of the application of substitution therapy), while conducting double monitoring (of patients and physicians).

The implementation of measures and activities provided for in the Action Plan on the National Focal Point for the period 2012-2013, included the work on strengthening the National Focal Point, conducting surveys, and organising training courses and activities

aimed at further development of the standardised method for collection and analysis of relevant data in the area of drugs.

Pursuant to the *Protocol on National Drugs Information System,* the Decision on the establishment and appointment of working groups members[16] within the National Drugs Information System was adopted on 3 September 2012. 7 working groups were established on the basis thereof: (1) Prevalence and patterns of problem drug use; (2) Drug-related infectious diseases; (3) Drug-related deaths and mortality among drug users; (4) Treatment demand; (5) Drug-related crime; (6) Drug demand reduction; (7) Early Warning System on New Psychoactive Substances in the Republic of Croatia. In 2012, special emphasis was put on the issue relating to the so called legal highs. . A seminar o legal highs and the Early Warning System on New Psychoactive Substances was held on 18-19 December 2012 for police and customs officials dealing with the issue of drugs. It was organised for the purpose of education on the occurrence of new drugs and future obligations within the Early Warning System. In addition, the Office conducted a brief on-line check of legal highs shops resulting in the identification of 6 smart shops (in Zagreb, Šibenik, Varaždin, Pula and Osijek), most of which had a Facebook profile, and two of them had active web pages.

With a view to present the results of the national survey on the use of drugs in the general population conducted in the course of 2012, called "Addictive Substance Abuse among the General Population of the Republic of Croatia", the Office organised a press conference in Zagreb on 11 May 2012. The main goal of the survey was to collect data on the prevalence of use of different addictive substances in the general population as well as in the relevant subgroup thereof. At the initiative of the Office, the survey was conducted by the Institute of Social Sciences Ivo Pilar, and it was co-financed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Office for Combating Narcotic Drug Abuse and Ministry of Health. The survey was carried out on a representative sample of 4 756 respondents aged 15-64. The survey themes were the following: (1) prevalence of use of licit drugs (tobacco, alcohol, and medications), (2) prevalence of use of illicit drugs, (3) attitudes and opinions on drugs and drug-related policy, and (4) relevant characteristics of the respondents.

With a view to analyse public expenditure in the implementation of the drug policies, in December 2012, the implementation of the research on public expenditure in the area of drug abuse prevention within the scientific and research project *The study of public expenditures and the establishment of performance indicators in the area of drug abuse combating in the Republic of Croatia* was completed. The main goal of the study conducted by the Institute of Economics, Zagreb, at the initiative of the Office for Combating Drug Abuse, was to identify the total amount of public resources spent in Croatia for the implementation of activities in the area of drugs in the period 2009-2012 and make a proposal of performance indicators for monitoring efficiency in achieving goals in the area of drug abuse prevention and directing public policies and coordination of the work of all stakeholders in order to achieve the identified strategic objectives as regards drug abuse prevention in Croatia.

In addition, at the initiative of the Office for Combating Drug Abuse, a research was conducted by the Institute Ruđer Bošković, Division for Marine and Environmental Research in the second half of 2012, called *Quantitative determination of selected urinary biomarkers*

[16] The tasks of the working groups are to consult the Office for Combating Drug Abuse on the implementation of the general strategy of the National Drugs Information System, methods for collection and analysis of data, communication strategy and further development, topical issues and trends occurring in that area, propose activities and measures and participate in the development of working documents and professional literature.

of illicit drugs in the wastewater of the City of Zagreb. The above methodology has been used in research conducted in several countries in the past few years. In 2011, a big collaborative study comparing the use of different drug types was conducted in 19 European cities. Regular monitoring of excreted urinary biomarkers of drugs in wastewaters represents a method for direct real-time monitoring of trends in drug use. Therefore, data on the concentration of urinary biomarkers of drugs in wastewaters represent a unique source of information required for timely adoption of drug abuse prevention measures. The first systematic identification of urinary biomarkers of drugs in Croatia was conducted in 2009 in the wastewater of the City of Zagreb, and it was also repeated in 2011 but to a significantly lesser extent. Due to the difference in the number of samples, a comparison of results obtained in 2009 and 2011 was possible only to a certain extent. Nevertheless, the results indicated potentially important changes in the trends of use of certain drugs in Zagreb in comparison to the reference year of 2009. With a view to estimate the consumption of selected illicit drugs and compare it to the consumption rates established by using the identical methodology in the previous years, a new research on the wastewater of the City of Zagreb was conducted at the initiative of the Office for Combating Drug Abuse in 2012. The results showed that in the period 2009-2012 there was a significant increase in the use of marijuana, amphetamines and MDMA, while the use of heroine decreased. The results of these studies will enable timely information on the trends in consumption of certain drugs in Zagreb, and thus in the Republic of Croatia.

The survey of the drug market conducted in 2011 by the Department of Criminology of the Faculty of Education and Rehabilitation Sciences of the University of Zagreb, in cooperation with civil society organisations conducting harm reduction programmes, and a pilot survey on the occurrence of new drugs in the Republic of Croatia, also conducted by the Faculty of Education and Rehabilitation Sciences in October and November 2011, were repeated in late 2012 and early 2013, and the results thereof will be available in the course of 2013.

Expert meetings of the National Drugs Information System working groups on the activities for further system development and more efficient monitoring of the drug situation, included in the Action Plan on the National Drugs Information System for the period 2012-2013, were held.

At the initiative of the Office, in late 2012 preliminary consensus was reached on the future data exchange within the joint Agreement on cooperation and exchange of data and information related to the treatment of drug addicts in the prison system. The Agreement is to be concluded by and between the Ministry of Health, Ministry of Justice, Croatian Institute of Public Health and Office for Combating Drug Abuse.

In order to operationalize the implementation of the *Protocol on Cooperation, Communication and Strengthening of the Institutional Control Model for Precursors in the Republic of Croatia* and the *Agreement on Police and Customs Cooperation* concluded in 2011, permanent contact points for the exchange of information on combating international smuggling of drugs and trafficking in precursors were established within bodies responsible for their implementation in the course of 2012.

In 2012, the Office also actively worked on the organisation of training courses and events on different topics relating to drug abuse prevention both independently and in cooperation with competent bodies. In addition to the training courses already described above, we would also like to point out to some other events:

On 21 June 2012 a forum called “New regulation of drug abuse in the Criminal Code” was organised by the Office and the Ministry of Justice. The forum was organised for the purpose of informing the representatives of civil society organisations working in the area of addiction

prevention and treatment as well as drug abuse combating, and the general public about the novelties in the regulation of drug abuse as regards the amendments to the Criminal Code.

Within the Fight against Addiction Month, on 16 November 2012, a thematic session was held in the Croatian Parliament marking the presentation of the Annual Report of the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA). At the session, an overview of the drug abuse situation in the European Union Member States and a comparison between the Croatian trends and the trends in the EU Member States were presented.

In addition, on 29 November 2012, a training course in the area of combating drug abuse for judges, state attorneys, attorneys-at-law and employees of the Ministry of the Interior was held on the premises of the Croatian Bar Association. The training was organised jointly by the Ministry of Justice, Judicial Academy, Croatian Bar Association in Zagreb and the Office for Combating Drug Abuse and was attended by 70 experts. The following was presented during the training: the system for combating drug abuse in the Republic of Croatia, with emphasis on the coordinative role of the Office, new strategic documents on combating drug abuse (National Strategy on Combating Drug Abuse 2012-2017 and National Action Plan on Combating Drug Abuse for the period 2012-2014) and the Early Warning System on New Psychoactive Substances with emphasis on the importance of identifying dangers arising from new substances. The training also covered the new legal regulation concerning drug abuse pursuant to the Criminal Code which entered into force on 1 January 2013 as well as practical examples of the Social Welfare Centre of the City of Zagreb and the Service for Health Promotion, Prevention and Early Disease Detection of the Institute of Public Health of the City of Zagreb “Dr. Andrija Štampar”, in the area of criminal law sanctions against minors.

In the organisation of the Addiction Reference Centre of the Ministry of Health and with support of the Office for Combating Drug Abuse, on 25-27 October 2012 the 7th Addiction Disease Treatment Symposium on intersectoral cooperation in addressing specific issues in addiction treatment was held. The event covered topics concerning addiction treatment approaches, novelties in the penal policy relating to the issue of drug abuse, the issue of persons in substitution therapy driving a motor vehicle, etc.

On 12 December 2012 a roundtable on the issue of women addicts was held on the premises of the Croatian Parliament. It was organised in cooperation with the Gender Equality Ombudsman.

At the final stage of the accession of the Republic of Croatia to the European Union in 2012, intensive preparations were made concerning the remaining harmonisation of the national legislation with the Community acquis in the area of drugs. In addition to the above, activities aimed at cooperation with relevant international institutions such as the EMCDDA, Europol, United Nations Office on Drugs and Crime (UNODC), International Narcotics Control Board (INCB), Pompidou Group of the Council of Europe, World Customs Organisation, World Health Organisation, etc. were conducted on a continuous basis. Moreover, bilateral agreements on cooperation and information exchange with a view to combat drug crime were signed. Croatia also hosted important international events. In the organisation of the Pompidou Group of the Council of Europe (PG), a meeting of the representatives of SEE countries on strengthening and establishing regional cooperation in the area of drug policy implementation was held in Dubrovnik from 29 February to 1 March 2012. Furthermore, the Office for Combating Drug Abuse, in cooperation with the City of Zagreb (City Office for Health and War Veterans) and the Pompidou Group of the Council of Europe, organised the 9th EXASS Net meeting on the exchange of experience in providing services of structural rehabilitation and social integration of treated addicts, which was held in Zagreb on 11-12

October 2012. The main topic of the meeting was the cooperation in the area of rehabilitation and social integration of treated addicts. The Croatian institutional and legislative framework for combating drug abuse, and the results of the Project of social reintegration of drug addicts were presented at the meeting. It is also worth noting that in 2012 the Republic of Croatia submitted its nomination for the membership in the UN Commission on Narcotic Drugs for the period 2014 -2017. In April 2013 it was elected for the membership in the UN Commission for the three-year period.

1.3.3. Evaluation of the National Action Plan and Strategy

One of the main tasks of the Office is to analyse reports of competent bodies, counties and civil society organisations on the implementation of activities laid down in the National Strategy and Action Plan on a regular basis and to evaluate the overall progress in the implementation of the strategic documents. On the basis of various indicators, the Office monitors trends and occurrences on an annual basis and, depending on the results, proposes additional measures and modifications of measures provided for a certain period, where necessary. The results are presented in the annual national report on the implementation of national strategic documents adopted by the Government of the Republic of Croatia and the Croatian Parliament. The 2011 Report on the Implementation of the National Strategy and the Action Plan on Combating Drug Abuse was drawn up using the submitted data. It was adopted by the Croatian Parliament on 26 October 2012. The implementation evaluation of the Project of social reintegration of addicts for 2011 and the National addiction prevention programme for children and youth in educational settings and in social welfare system for the period 2010–2014 was presented in two separate reports, and the main results thereof were presented within the annual report.

The evaluation of county action plans on combating drug abuse and programmes implemented as part of the action plans is under the competence of county commissions for combating drug abuse. The reports on the implementation results of the programmes conducted at the local level are submitted once a year by the county commissions to the Office which pools them together and publishes. The most significant results are also presented within the Annual Report on the Implementation of National Strategy and the Action Plan. In addition, the programme and financial evaluation of the projects conducted by civil society organisations and funded from state budget is carried out by the providers of financial support. As part of field visits and through the analysis of submitted reports, the Office conducted the programme and financial evaluation of the implementation of the project financed in the course of 2012 from the budgetary sources of the Office.

A significant step forward in the development of the evaluation of the strategic documents and programmes for addiction prevention, medical treatment and treatment of addicts, as well as other programmes conducted in the area of drug abuse, was made in the course of 2011 when the Office for Combating Drug Abuse in cooperation with the experts from the Dutch Institute of Mental Health and Addiction - Trimbos Institute conducted a project of scientific evaluation of the National Strategy on Combating Drug Abuse for the period 2006-2012. This was the first evaluation of a strategic document on the drug abuse prevention policy conducted in the Republic of Croatia on evidence-based principles, in order to get an objective picture of the extent to which the goals laid down in the National Strategy were achieved and what results on combating drug abuse were reached in the past six-year period.

The results of the above strategy represented a basis for the drawing up of a new National Strategy on Combating Drug Abuse for the period 2012-2017, but also indicated the areas that required further strengthening. During the evaluation, communication and inter-institutional cooperation were identified as the weakest points. In addition, there were not

enough programmes on good practice in prevention, and there was a lack of standardised guidelines for different areas in drug demand reduction, research and, in general, evaluation of programmes and projects in all areas of drug abuse prevention. Therefore, some of the most significant recommendations and guidelines resulting from the above evaluation were the following: encourage cooperation among all holders at the national and local level, at the local level – separate the coordinating role of county commissions from their political role and enhance the responsibility of the county commissions for the implementation of measures, enhance programme quality through monitoring and efficient evaluation, and examples of good practice, develop guidelines and quality standards in different areas and ensure the implementation of these guidelines, conduct specific education and training courses as needed, develop multidisciplinary work in the area of treatment and care for addicts, specific forms of treatment for specific groups of addicts (minors, dual diagnoses, etc.) and increase human resources for work on addiction treatment in prisons and communities, enhance coordination and quality of school prevention programmes, develop criteria for the evaluation of CSO programme quality and use them when allocating financial resources for association projects and ensure stable financing of civil society organisations, increase participation of the repressive regime (policy/judiciary) in the creation of demand reduction programmes and drug policies in general, establish a special institution/body for monitoring and evaluation, and plan long-term programmes according to priorities and needs.

With the aim of further development of evaluation processes and tools for the implementation thereof, a certain type of evaluation of compliance was conducted within the *Survey on public expenditures and establishment of the system for performance indicators in the area of drug abuse prevention in the Republic of Croatia*. It referred to the management of public resources in comparison to the strategic priorities laid down in the National Strategy and the Action Plan in the period 2009-2012. Activities on combating abuse of drugs and drug addiction were monitored in five groups of activities: (i) addiction prevention, (ii) treatment of addicts, (iii) social reintegration, (iv) harm reduction programmes and (v) penal and repressive system. The survey proposed indicators for monitoring results in these areas and measuring success in the accomplishment of strategic objectives of drug abuse prevention. Further work on proposed indicators will continue in the following period.

In addition, the National Action Plan on Combating Drug Abuse 2012-2014 sets forth implementation indicators for each respective measure provided for in the above plan. This will enable measurable monitoring of results achieved for a particular period.

1.3.4. Coordination

Coordination of all bodies involved in the fight against drug abuse at all levels of the state and local government is of essential importance in order to ensure a balanced, multidisciplinary and integrated approach to the implementation of the national drug policy. The role of coordination in such a complex process is to direct entities involved in the implementation of measures for combating drug abuse in line with the objectives set out in the strategic documents, but also to warn of the shortcomings in the implementation thereof.

As already mentioned in previous reports, there are two bodies in charge of coordination at the national level, namely the *Commission for Combating Drug Abuse of the Government of the Republic of Croatia* (the Commission) acting at the political level of decision-making and the *Office for Combating Drug Abuse of the Government of the Republic of Croatia*, which is responsible for coordination at the operational level. The Commission has been set up pursuant to the Drug Prevention Act, and the Commission´s composition and the scope of work is regulated by the Decision of the Government of the Republic of Croatia.[17] The task of

[17] Pursuant to the Decision of the Government of the Republic of Croatia on the Establishment of the Commission for Combating Drug Abuse of 23 February 2012 and the Decision on the Appointment of

the Commission is to create national policies and to coordinate activities of ministries and other entities responsible for the implementation of the drug policy at the political level, as well as to adopt implementing programmes of relevant ministries and other competent bodies. Where necessary, external experts, who are not Commission members, may also join the Commission in its work for the purpose of providing expert reasoning, proposals and opinions on specific issues and topics in the area of drug abuse prevention. The Office for Combating Drug Abuse conducts expert, administrative and technical tasks on behalf of the Commission. The Commission holds working sessions several times a year, and the Commission´s decisions are made in the form of conclusions. The Office for Combating Drug Abuse monitors the implementation thereof. As an expert service of the Government of the Republic of Croatia, the Office is responsible for monitoring the implementation of the National Strategy and the Action Plan through coordination and cooperation with ministries, state administration bodies at the national and local level and through cooperation with civil society organisations. As the national coordinator in the implementation of the national strategic documents, the Office is responsible for ensuring continuous cooperation among all relevant bodies for the purpose of timely and efficient implementation of measures and activities. In addition to the above, the Office is in charge of monitoring the drug situation in the country and proposing measures for the system enhancement in line with the observed trends and occurrences. *County commissions for combating drug abuse* have had the role of the coordinator of the drug policy implementation at the level of counties and local communities since their set up in 2004 and 2005.

In 2012, there were two sessions of the Commission for Combating Drug Abuse of the Government of the Republic of Croatia on the Draft National Strategy on Combating Drug Abuse in the Republic of Croatia for the period 2012-2017, Draft National Action Plan on Combating Drug Abuse for the period 2012-2014, Draft Action Plan on the National Drugs Information Centre in the Republic of Croatia for the period 2012-2013, Report on the Implementation of Implementing Programme under the Action Plan on Combating Drug Abuse for 2011, Report on the Implementation of Project of Social Reintegration of Drug Addicts for 2011, proposal for amendment to the Guidelines for pharmacotherapy of opiate addicts using methadone and Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse for 2011. Furthermore, the Commission discussed topical issues, in particular as regards the issue of legal highs and the introduction of legal control over their sale, and a better position of civil society organisation working in the area of drug abuse prevention and the issue of addiction.

The *Expert Council* operates as part of the Office. It consists of experts in the area of prevention, treatment, rehabilitation, drug crime combating, and representatives of the judicial system and the media. Its task is to provide expert assistance in decision-making on all issues regarding drug abuse prevention. Pursuant to the amendments to the 2012 Regulation on the Office for Combating Drug Abuse[18], the mandate for the appointment of Expert Council members, appointed by then by the Government of the Republic of Croatia, was amended at the proposal of the Office head. Upon entry into force of the above regulation, the Expert Council chairman and members are appointed by the head of the Office, and the Expert Council may consist of a chairman and up to 13 members. In line with the above, in December 2012, the then Expert Council members were discharged and new

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the Chairman, Members and Secretary of the Commission for Combating Drug Abuse of 5 April 2012, the Commission is chaired by the Deputy Prime Minister of the Republic of Croatia, while the Commission members are the representatives of the line ministries involved in the implementation of activities under the National Strategy and Action Plan as follows: Ministry of Health, Ministry of Science, Education and Sports, Ministry of the Interior, Ministry of Social Policy and Youth, Ministry of Finance, Ministry of Defence, Ministry of Justice, Ministry of Foreign and European Affairs, Ministry of Labour and Pension System, Ministry of Entrepreneurship and Crafts and civil society organisations acting in the field of drug abuse prevention. The head of the Office is also the Commission secretary.

[18] Regulation on the Office for Combating Drug Abuse (OG 36/12, 130/12, 16/13)

ones appointed by way of a decision made by the head of the Office. Due to the amendment procedure regarding provisions on the appointment of Expert Council members and the adoption of the decision on discharging the incumbent and appointing new members, there were no sessions of the Expert Council in 2012.

Pursuant to county action plans on combating drug abuse, in 2012 local initiatives were further strengthened through the implementation of measures planned under county action plans on combating drug abuse for 2012-2014, which were mandatory for each county after the adoption of the new National Strategy on Combating Drug Abuse 2012-2017 and the National Action Plan on Combating Drug Abuse 2012-2014. With a view to present new strategic documents, the Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse for 2011, and define guidelines for the development of county action plans for 2012-2014, but also enhance coordination and cooperation between county commission with the Commission for Combating Drug Abuse of the Government of the Republic of Croatia and the Office, a coordination meeting with the chairpersons of county commissions for combating drug abuse was held in Zagreb on 27 November 2012. It was concluded that regular coordination meetings of the Office representatives with the representatives of county commissions were required for the enhancement of coordination and cooperation of county commissions with the Commission for Combating Drug Abuse of the Government of the Republic of Croatia and the Office as coordinators of drug abuse combating at the national level. Furthermore, it was necessary to initiate the organisation of regional meetings and participation of the Office representatives in the sessions of respective county commissions.

In cooperation with competent bodies, schools and civil society organisations, county commissions conducted various programmes aimed at drug supply and demand reduction. With a view to implement major guidelines of the strategic documents at the local level, and taking into account specificities and needs of each county, the cooperation of the Office with county commissions in the implementation of measures and activities continued. The Office representatives attended county commission sessions on the models of cooperation, and the status and implementation of county action plans on combating drug abuse.

As support to the implementation of the National Programme on Addiction Prevention among Children and Youth in the Educational System, and Children and Youth in the Social Welfare System for the period 2010-2014 at the local level, Croatian Education and Teacher Training Agency organized several expert events. For example, in May 2012 the event Comprehensive addiction prevention programmes was held for primary and secondary schools on the territory of the Brod-Posavina County. In September 2012, the expert event called Role of educational institution in addiction prevention covering the objectives, contents and structure of the National addiction prevention programme and the role of educational institutions in the implementation thereof was held in Varaždin in cooperation of the Agency and the Ministry of Science, Education and Sports. In addition, training for managers of school prevention programmes on the territory of the Osijek-Baranja and Požega-Slavonia counties was organised in Osijek in December 2012 covering the topics of planning, programming and evaluation of prevention programmes.

With a view to strengthen partnership and cooperation with civil society organisation, as in previous years, in 2012 coordination meetings were held with the representatives of associations and therapeutic communities on the progress in the implementation of programmes and projects, i.e. priority areas for granting financial support in 2013, and the forms of cooperation among relevant state bodies and associations. The representatives of associations and therapeutic communities took part in training on the implementation of the Project of social reintegration of addicts, substitution therapy programmes for opiate addicts, psychosocial guidelines for addiction treatment, early warning system on new psychoactive substance, and as members of various working groups they were also involved in the

drawing up of strategic documents and programmes as well as the research implementation under the competence of the Office. In order to ensure quality co-financing of programmes and project conducted by associations and therapeutic communities as well as transparency in the selection of projects to be funded, on 7 December 2012 there was a meeting aimed at defining priorities of the call for proposals for projects developed by associations for the purpose of awarding financial support from the available 2013 State budget funds within the budgetary position of the Office. Since the state budget funds intended for financing association projects have been shrinking year after year, in 2012 a new concept of call for proposals for awarding financial support from the Office funds was introduced. In this way, as of 2013 the above funds will be awarded primarily to quality and efficient programmes of prevention and resocialisation meeting the EDDRA criteria as regards demand reduction programme quality.[19]

Pursuant to the results arising out of the evaluation of the National Strategy on Combating Drug Abuse for the period 2006-2012, conducted in 2011, the described coordination system was considered insufficiently functional. According to the evaluators, this was reflected in ambiguously defined roles, authorities, responsibilities and relationship among the three coordination bodies, namely the Commission for Combating Drug Abuse, Office for Combating Drug Abuse and county commissions for combating drug abuse. In addition, the problem lay in the fact that the link between the national policy on combating drug abuse and the one conducted at the county level was not clearly defined. This led to the situation in which the National Strategy on Combating Drug Abuse was obligatory at the national, but not at the county level.

It was therefore recommended that the Commission should implement formal policy decisions and that it should be authorised for coordination. Policy-wise, it should also be responsible for the implementation of the National Strategy on Combating Drug Abuse and the Action Plan on Combating Drug Abuse, but also for making policy decisions required for the implementation of these plans. On the other hand, according to the evaluation recommendations, the key role of the Office for Combating Drug Abuse should be to coordinate the implementation of policy decisions adopted by the Commission and provide support in the implementation of measures and activities arising out of the National Strategy and the Action Plans on Combating Drug Abuse, as well as to enable communication and cooperation among stakeholders. The above division of responsibilities would set a clear line between the policy level, i.e. the Commission, and coordination/implementation which is under the responsibility of the Office according to the applicable regulations. The role of county commissions on combating drug abuse should not be restricted solely to counselling, but they should act as operating bodies that would implement the official policy on combating drug abuse at the county level. It was therefore necessary to set a clear line between the bodies competent for making policy decisions and bodies authorised for their implementation both at the county and national level.

Within the National Strategy and the Action Plan on Combating Drug Abuse adopted in 2012, emphasis has, therefore, been put on the enhancement of the existing coordination structure, in line with the recommendations given in the evaluation. The above strategic documents set out priority objectives and provide for the implementation of measures for their realisation;

- Regular communication between the Commission for Combating Drug Abuse and experts working in the area of drugs, aimed at setting priorities and making decisions, and discussion on the consequences of such decisions,

[19] EDDRA is a database of programmes/projects established with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) aimed primarily at collecting evaluated practices in the area of drug demand reduction conducted in the EU Member States.

- Regular communication between the Commission for Combating Drug Abuse and the Office for Combating Drug Abuse, taking into account their respective roles and responsibilities,
- Regular communication between county commissions and the Commission for Combating Drug Abuse, e.g. by organising annual meetings at which county commissions´ reports may be discussed and opinions on current and future issues exchanged,
- Stronger coordination role and administrative capacities of the Office for Combating Drug Abuse for the purpose of planning and monitoring the implementation of strategic documents in the area of drug abuse prevention at the national and local level,
- Stronger role of county commissions; definition of their role and task in the implementation of the National Strategy at the local level through action plans,
- Enhanced coordination and monitoring of the implementation of measures at the local level,
- Established county coordination network, new cooperation structure and protocols between the Office and counties, and the Office and competent government bodies with a view to enhance vertical and horizontal coordination.

1.4. Economic analysis

The previous public expenditure analysis in the area of combating drug abuse was based on the reports prepared by competent bodies. A comprehensive analysis of funds spent on the implementation of the National Strategy and Action Plan on Combating Drug Abuse could not be conducted because certain measure holders did not have resources allocated for the activities aimed at combating drug abuse, but they were financed within their regular activities. Available data on financial resources spent in the area of drugs were presented in the Annual Report on the Implementation of National Strategy and Action Plan. However, due to the above reason they did not present the actual situation as regards expenditures since they did not encompass all types of labelled and unlabelled public expenditures.

On the basis of international commitments and due to non-existent common data on public resources spent in the area of drug policy implementation, in cooperation with the Institute of Economics, the Office for Combating Drug Abuse conducted a science and research project "The study of public expenditures and the establishment of performance indicators in the field of combating drug abuse in the Republic of Croatia" in 2012.[20] The objective of the above project was to analyse public expenditures in the area of combating drug abuse and propose a system of performance indicators for systematic monitoring of results and outcomes of public funds use in the area of combating drug abuse in the Republic of Croatia. The research encompassed major stakeholders in the area of combating drug abuse, ministries and public institutions at the state level, counties and institutions at the country level, the City of Zagreb as well as civil society organisations with activities aimed at addiction prevention programmes, treatment, resocialisation of addicts and harm reduction programmes.

The research was conducted by way of an analysis of documents and data, questionnaire and interview of major stakeholders in the area of combating drug abuse and drug addiction in the Republic of Croatia. The project represented the first comprehensive research of this kind in Croatia. In addition to identifying labelled public expenditures, it also established a methodology for estimating unlabelled public expenditures in the area of combating drug abuse and drug addiction in Croatia. The purpose of the research was to establish the methodological basis for monitoring further the success in achieving objectives in the area of

[20] Budak J., Jurlina Alibegović D., Slijepčević S., Švaljek S. (2012). Analysis of Public Expenditures for Monitoring the Success of Achieving Objectives in the Field of Combating Drug Abuse in the Republic of Croatia. Institute of Economics, Zagreb. Zagreb

combating drug abuse, directing public policies and coordinating actions of all stakeholders in order to achieve identified strategic objectives in the area of combating drug abuse in Croatia. The results of the above research represent the analysis of the trend in labelled and unlabelled public expenditures in the area of combating drug abuse for the period 2009-2011. For the purpose of the Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse in 2012, the 2012 data on labelled and unlabelled public expenditures were collected and processed by the Office pursuant to the methodology for collecting and analysing data used in the research. This year's report therefore contains data on financial resources spent that are presented for the first time according to the new methodology.

With a view to further develop public expenditure indicators, as well as indicators relating to the monitoring of funds the state spends annually on combating drug abuse, and their justification in relation to the achieved results, in the following period the work on the drafting of the national guidelines for further planning, monitoring and reporting on public expenditures in the area of drugs will commence. In addition, new researches will be conducted, in particular as regards social costs relating to the drug issue, and the linking of public expenditures to respective indicators and objectives established in the strategic documents, in order to assess the impact of the drug policy and justifiability thereof in relation to results achieved.

1.4.1. Labelled public expenditures in the area of combating drug abuse

Labelled public expenditures include all public expenditures containing in their name the key words "combating drug abuse and drug addiction", "social reintegration", "addiction treatment" and similar activities listed as special programmes, activities or project in the state budget, budgets of local and regional self government units, financial plans of public bodies and budgets of other institutions with activities aimed at different aspects of combating drug abuse.

Activities conducted by public bodies in the area of combating drug abuse and financed from state or county budgets, i.e. financial plans of institutions have been grouped according the division provided by Reuter (2006).[21]
Labelled public expenditures have been split into five groups of activities: addiction prevention, treatment, social reintegration, harm reduction programmes and penal system, and as total public expenditures in the area of combating drug abuse into five main public functions in line with international classification of the functions of the government (COFOG) of the United Nations, namely general public services, public order and safety, health, education and social protection.
Table 1.2. contains an overview of public expenditure groups used by public institution involved in the activities aimed at combating drug abuse in Croatia, broken down according to the main public functions pursuant to the international classification of the functions of the government at the third level.

Table 1.2. – Public expenditures according to the classification of public functions

Public functions	Public functions at the third level of classification
Public functions	**Public functions at the third level of classification**
01 General public services	014 Basic research
	031 Police services

[21] Reuter, Peter, 2006. "What drug policies cost. Estimating government drug policy expenditures". Addiction, 101 (3), p. 315-322.

03 Public order and safety	033 Law courts
07 Health	034 Prisons
	071 Medical products, appliances and equipment
	072 Outpatient services
	073 Hospital services
	074 Public health services
09 Education	075 R&D health
	091 Pre-primary and primary education
	092 Secondary education
	094 Tertiary education
	095 Education non-definable by level
10 Social protection	096 Subsidiary services to education
	105 Unemployment
	106 Housing

Source: Institute of Economics, Zagreb, 2012

Table 1.3. provides an overview of total labelled public expenditures in the budgets of line ministries and other public bodies, relating to various aspects of the drug policy and drug addiction. It is worth noting that, in addition to data on labelled public expenditures submitted through questionnaires by public bodies and civil society organisations, Table 1.3. also contains data on programmes in the area of combating drug abuse referred to in the Annual reports on county budget execution in the period 2010-2011.[22] Due to the data on budget execution or plan of respective counties in the observed period (2010-2011) which are not available to the public, in Table 1.3. financial resources for the implementation of the National Strategy and Action Plan on Combating Drug Abuse for 2010 and 2011 reported by the counties to the Office for Combating Drug Abuse were also calculated. Data on total labelled public expenditures in the area of combating drug abuse obtained by survey show certain discrepancies in relation to data referred to in the Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse for 2011, in which public bodies at the central government level reported expenditures for the implementation of the National Strategy and Action Plan in the total amount of EUR 10 801 240[23] in 2010 and EUR 10 855 236[24] in 2011.

Labelled public expenditures in the area of combating drug abuse in 2012 were established by way of a survey, thus collecting data directly from public institution at the national and regional level and from civil society organisations. The survey served for the collection of data on different types of current and development expenditures for the implementation of a number of measures for combating drug abuse in the areas of addiction prevention, treatment, social reintegration, harm reduction programmes and the penal system.

Table 1.3. - Total labelled public expenditures in the area of combating drug abuse in the Republic of Croatia in 2010-2012 (in EUR)

	2010	2011	2012
Ministries	4 679 940	4 366 048	4 857 727
Public bodies at state level	7 274 633	7 929 967	9 775 845

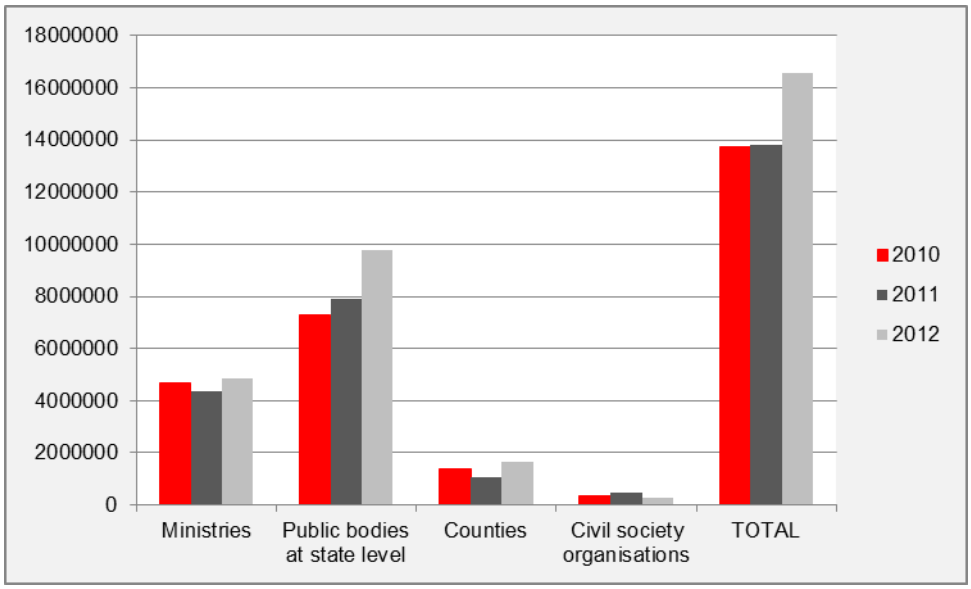
[22] Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse for 2010 and 2011
[23] Mean exchange rate in 2010 (HRK : 1 EUR) = 7.2862, Source: Croatian National Bank
[24] Mean exchange rate in 2011 (HRK : 1 EUR) = 7.4342, Source: Croatian National Bank

Counties	1 403 994	1 048 161	1 657 944
Civil society organisations	363 147	487 526	252 971
TOTAL	13 721 714	13 831 703	16 544 489

Source: Institute of Economics, Zagreb, 2012 and Office for Combating Drug Abuse

As shown in Table 1.3 and Picture 1.1., total labelled public expenditures in the area of combating drug abuse in the state and county budgets and financial plans of public bodies and civil society organisations in 2012 amounted to EUR 16 544 489. This represented and increase of 20.6% in comparison to 2010, and 19.6% in comparison to 2011. Apart from civil society organisations, in 2012 all state public bodies generated higher expenditures for financing activities aimed at combating drug abuse in comparison to previous years. In relation to 2011, expenditures in the ministries´ budgets increased by 11.3%. In addition, an increase in expenditures of public bodies at the state level (by 23.3%) and public expenditures of counties (by 58.2%) was observed. Civil society organisations recorded a decrease in labelled public expenditures. They dropped by 48.1% in comparison to 2011. It can be seen that public funds intended for programmes of combating drug abuse formed major part in the budgets of public bodies at the state level. In 2012, they amounted to 59.1%. They are followed by ministries with a share of 29.4%, counties 10%, while civil society organisations contributed 1.5% to labelled public expenditures.

Picture 1.1.- Total labelled public expenditures in the area of combating drug abuse in the Republic of Croatia in 2010-2012 (in EUR)



Source: Institute of Economics, Zagreb, 2012 and Office for Combating Drug Abuse

Labelled public expenditures – by activity groups

The structure of labelled public expenditures by activity groups in 2012 changed significantly in comparison to 2010 and 2011. The most significant changes were recorded in programmes of social reintegration for which in 2012, in comparison to 2011, expenditures increased by 175.5%, i.e. in comparison to 2010 by as much as 351.6%. Such an increase could be explained by a bigger share of labelled public funds for social reintegration programmes in counties´ financial plans and ministries´ budgets. In addition, expenditures for treatment activities increased by 33.5% in 2012 in comparison to 2011. As regards the penal system in 2012 expenditures dropped significantly. In comparison to 2010 there was a decrease of 68.4%, and in comparison to 2011 of 26.9%. In 2012, the share of addiction

prevention programmes changed. In comparison to 2011, it rose by 13.3%, and in comparison to 2010 by 15.2%.

Table 1.4. – Changes in expenditures 2010-2012 in %

	Addiction prevention	Treat ment	Social reintegration	Harm reduction programmes	Penal system
2012-2011 in %	13,3	33,5	175,5	-38,2	-26,9
2012-2010 in %	15,2	36,2	351,6	-17,5	-68,4

Source: Institute of Economics, Zagreb, 2012 and Office for Combating Drug Abuse

Table 1.5. shows labelled public expenditures by activity groups (addiction prevention, treatment, social reintegration, harm reduction programmes, penal system) for the period 2010-2012. These expenditures were presented in the survey by public bodies and civil society organisation as executed expenditures.

Table 1.5. - Labelled public expenditures in the state and county budgets and financial plans of public bodies and civil society organisations in the area of combating drug abuse in the Republic of Croatia, by activity groups from 2010 to 2012, in EUR

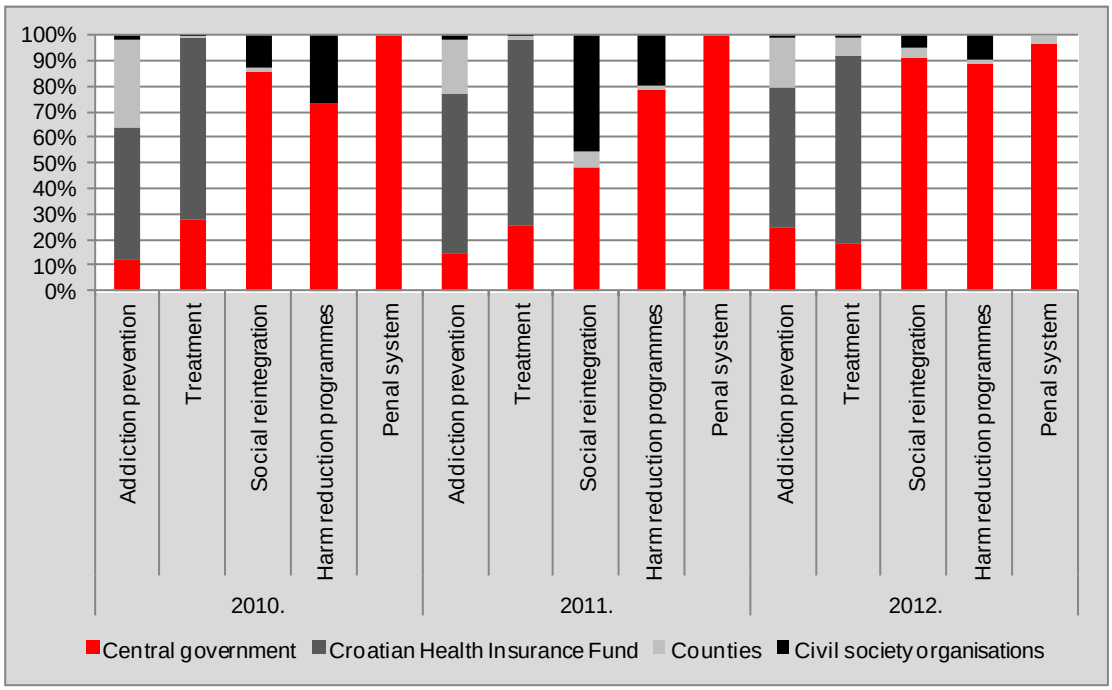
2010					
	Addiction prevention	Treatment	Social reintegration	Harm reduction programmes	Penal system
Central government	474 906	2 018 674	212 995	536 949	1 103 854
Croatian Health Insurance Fund	2 064 664	5 157 721	0	0	0
Counties	1 357 514	38 428	3 568	4 481	0
Civil society organisations	86 344	35 657	32 144	195 174	0
TOTAL	**3 983 430**	**7 250 481**	**248 709**	**736 605**	**1 103 854**
2011					
	Addiction prevention	Treatment	Social reintegration	Harm reduction programmes	Penal system
Central government	576 380	1 911 173	194 881	776 461	476 799
Croatian Health Insurance Fund	2 540 432	5 329 688	0	0	0
Counties	867 229	138 548	28 331	14 050	0
Civil society organisations	68 433	19 571	184 406	193 263	0
TOTAL	**4 052 475**	**7 398 983**	**407 619**	**983 776**	**476 799**
2012					
	Addiction prevention	Treatment	Social reintegration	Harm reduction programmes	Penal system
Central government	1 138 485	1 822 283	1 022 512	537 486	336 958
Croatian Health	2 515 972	7 259 873	0	0	0

Insurance Fund					
Counties	888 369	700 688	46 316	10 863	11 706
Civil society organisations	46 952	92 559	54 262	59 196	0
TOTAL	**4 589 779**	**9 875 405**	**1 123 092**	**607 546**	**348 665**

Source: Institute of Economics, Zagreb, 2012 and Office for Combating Drug Abuse

Picture 1.2. provides an overview of the labelled public expenditure structure in the area of combating drug abuse grouped by ministries, public bodies at the state level, counties and county public bodies, as well as civil society organisations into activity groups; (i) addiction prevention, (ii) treatment, (iii) social reintegration, (iv) harm reduction programmes, and (v) penal system. Data in Figure 1.2. show the trends in the expenditure structure by activity groups.

Picture 1.2. - Labelled public expenditures by activity groups 2010-2012



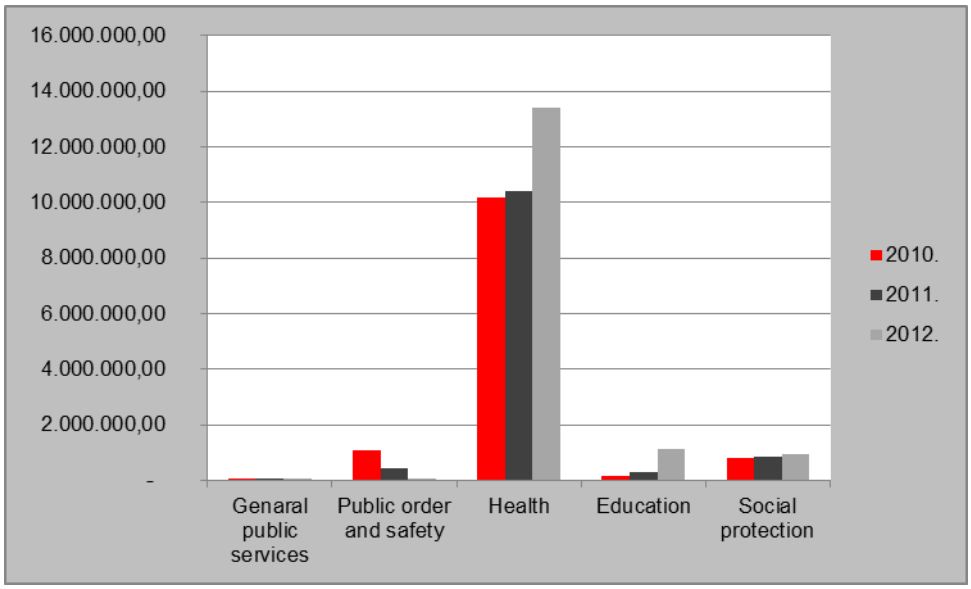
Source: Institute of Economics, Zagreb, 2012 and Office for Combating Drug Abuse

Labelled public expenditures according to the classification of public functions

In 2012, labelled public expenditures in the area of combating drug abuse were mostly intended for the public function of healthcare and amounted on average to 86.5% of total labelled public expenditures. Expenditures intended for education accounted for 7.2%, while expenditures for social welfare accounted for 6% of total labelled public expenditures in the area of combating drug abuse. Expenditures for the public functions of general public services and public order and safety were negligent and accounted for a total of 0.4% of labelled public expenditures in the area of combating drug abuse.

Picture 1.3. shows labelled public expenditures according to the classification of public functions 2010 –2012.

Picture 1.3. - Labelled public expenditures according to the classification of public functions 2010-2012, in EUR



Source: Institute of Economics, Zagreb, 2012 and Office for Combating Drug Abuse

Table 1.6. contains an overview of institutions involved in the activities aimed at combating drug abuse in Croatia; activities are broken down according to the main public functions pursuant to the international classification of public functions at the third level. Based on the brief overview of the activities conducted by ministries and public institutions at the state level concerning the activities in the area of combating drug abuse, it can be concluded that institution are also involved in the activities aimed at combating drug abuse, in accordance with their main public functions.

Table 1.6. - Activities conducted by public institutions involved in the area of combating drug abuse in Croatia according to the classification of public functions

Institution type	Institution name	Public functions				
		1	3	7	9	10
Ministries	Office for Combating Drug Abuse of the Government of the Republic of Croatia			74		
	Ministry of Health			72 73 74		
	Ministry of Social Policy and Youth			74	91	107
	Ministry of Defence				95	
	Ministry of Science, Education and Sports				91 92 95 96 97	
	Ministry of the Interior		31			
	Ministry of Justice		31			

	Ministry of Labour and Pension System				95	105
					96	
	Ministry of Entrepreneurship and Crafts					105
Public bodies at state level	Croatian Health Insurance Fund			71		
				74		
	Croatian National Institute of Public Health			74		
	Croatian Employment Service				95	105
					96	
Counties		14	31	71	91	107
			34	72	92	
				74	95	
					96	
Civil society organisations			31	71	92	105
			34	72	93	106
					96	107

Source: Institute of Economics, Zagreb, 2012 and Office for Combating Drug Abuse

1.4.2. Unlabelled public expenditures

Methodology

Most public bodies do not have in their budgets labelled public expenditures intended for combating drug abuse and drug addiction, i.e. there are no special-purpose programmes, activities and/or projects and a plan for allocation of appropriate resources to activities aimed at combating drug abuse and drug addiction, but they are financed within regular activities.
Despite the fact that budgets of these public bodies to not allow for a conclusion on the amounts spent on combating drug abuse, for many public bodies it can be well said that a part of their total resources was intended for combating drug abuse. Such expenditures, called unlabelled public expenditures hereunder, are therefore to be estimated because they cannot be identified and extracted from the data on the public body budgets.
The methodology for estimating unlabelled public expenditures is based on the assumption that unlabelled public expenditures make a part of public expenditures which remain after labelled public expenditures for combating drug abuse are deducted from total public expenditures of a public body. The part of public expenditures relating to unlabelled expenditures can be established approximately by using certain indicators of the expenditures allocated to combating drug abuse. The calculation of unlabelled expenditures of a public body is conducted using the following formula:

Unlabelled expenditures = indicator (total expenditures – labelled expenditures)*

The indicators applied herein are based on adequate data assessed to refer to the total amount of resources of a particular public body intended for combating drug abuse. These indicators are relative figures establishing relationship between an amount strictly connected with drugs and the respective area.
When selecting the indicators, data contained in publicly available international databases have been used in order to enable the application of the methodology of similar indicators in other countries and in the following years. When international sources have not been available, publicly available Croatian statistics and data from competent public bodies have been used. In this way respective indicators used for estimating total unlabelled expenditures and expenditures by public functions (COFOG) have been applied.

All indicators are shown in Table 1.7., and the application of the methodology is described in detail in the study „Analysis of public expenditure for monitoring achievement of the objectives in the field of combating drug abuse in the Republic of Croatia“ available at the Office web site www.uredzadroge.hr.

Table 1.7. - Input data and calculated indicators for the assessment of unlabelled expenditures by public functions

Public function / Data / Indicator	Amount	Data / Indicator year
03 Public order and safety		
031 Police and customs services		
Police services		
Number of criminal offences per 100 000 inhabitants, in total	2 505	2007
Number of drug-related criminal offences per 100 000 inhabitants	162	2007
Share of drug-related criminal offences in total number of criminal offences, in %	**6.47**	
INDICATOR	**6.47**	
Customs services		
Number of customs officers – total	1 800	2011
Number of customs officers dealing with the drug issue	1 192	2011
Number of customs officers dealing with the drug issue – FTE assessment	59.6	
Share of customs officers dealing with the drug issue in total number of customs officers, in %	**3.31**	
Number of civil servants employed with customs, total	1 280	2011
Number of civil servants employed with customs dealing with the drug issue (FTE)	1.4	2011
Share of civil servants at customs dealing with the drug issue in total number of civil servants, in %	**0.11**	
INDICATOR	**1.71**	
033 Law courts		
Number of perpetrators of criminal offences per 100 000 inhabitants, in total	1 401	2007
Number of perpetrators of drug-related criminal offences per 100 000 inhabitants	168	2007
Share of perpetrators of drug-related criminal offences in total number of perpetrators of criminal offences, in %	**11.99**	
Number of persons reported to have committed criminal offences, total	90 631	2011
Number of persons reported to have committed drug-related criminal offences	6 088	2011
Share of persons reported to have committed drug-related criminal offences in total number of persons reported to have committed criminal offences, in %	**6.72**	
Number of persons convicted of criminal offences per 100 000 inhabitants, in total*	566	2007
Number of persons convicted of drug-related criminal offences per 100 000 inhabitants**	81	2007
Share of persons convicted of drug-related criminal offences in total number of persons convicted of criminal offences, in %	**1431**	
INDICATOR	**11.01**	
034 Prisons		
Number of prisoners convicted by final verdict	3 947	1.9.2010
Number of prisoners convicted by final verdict who have committed drug-related criminal offences	880	1.9.2010

Number of prisoners convicted by final verdict who have committed drug-related criminal offences in total number of prisoners convicted by final verdict, in %	**22.30**	
INDICATOR	**22.30**	
07 Health		
073 Hospital services		
Total number of hospital beds per 10 000 inhabitants	54	2008
Number of hospital beds for treatment of drug and alcohol-related disorders per 10 000 inhabitants	10.7	2008
Number of hospital beds for treatment of alcohol-related disorders per 10 000 inhabitants	8.2	2008
Number of hospital beds for treatment of drug-related disorders per 10 000 inhabitants	2.5	
Share of hospital beds for treatment of drug-related disorders in total number of hospital beds, in %	**0.46**	
INDICATOR	**0.46**	
09 Education		
091 Pre-primary and primary education		
Total number of working hours	1 150	
Number of working hours used for activities relating prevention programmes	1	
Share of working hours used for activities relating prevention programmes in total number of working hours, in %	**0.09**	
INDICATOR	**0.09**	
092 Secondary education		
Total number of working hours	1 150	
Number of working hours used for activities relating prevention programmes	1	
Share of working hours used for activities relating prevention programmes in total number of working hours, in %	**0.09**	
INDICATOR	**0.09**	
096 Subsidiary services to education		
Total number of Education and Teacher Training Agency employees	105	
Number of advisors to Education and Teacher Training Agency competent for expert associates (pedagogues, psychologists, special education teachers/rehabilitators) dealing with addiction prevention and prevention programmes in schools	7	
Total number of Education and Teacher Training Agency employees dealing with addiction prevention and prevention programmes in schools in total number of employed advisors, in %	**6.7**	
Number of advisors´ working days used for addiction prevention programmes	3	
Total number of working days (without annual leave)	242	
Share of working hours used for activities relating prevention programmes in total number of working hours, in %	**8.7**	
INDICATOR	**0.58**	
10 Social protection		
107 Social exclusion n.e.c.		
Total number of social welfare centre and family centre employees	4 167	
Number of employed professionals (psychologists, sociologists, physicians, nurses, etc.) at social welfare centres and family centres dealing with persons with drug	12.38	

addiction problems (FTE)		
Share of employed professionals at social welfare centres and family centres dealing with persons with drug addiction problems in total number of employees, in %	**0.30**	
Total number of social welfare centre and family centre beneficiaries	419 301	
Number of social welfare centre and family centre beneficiaries addicts	913	
Share of beneficiaries addicts in total number of social welfare centre and family centre beneficiaries, in %	**0.22**	
INDICATOR	**0.26**	

Source: Institute of Economics, Zagreb, 2012.

Unlabelled expenditure assessment

The above methodology has been applied in order to estimate unlabelled public expenditures in the area of combating drug abuse according to the classification of public functions shown in Table 1.8.
Estimated total unlabelled expenditures in the observed period amounted to between EUR 70.3 and 87.5 million annually and were several times higher that labelled public expenditures. When looking at the ratio between labelled and unlabelled expenditures in 2012, it can be concluded that unlabelled public expenditures were as much as 4.2 times higher that labelled ones.
Since many public bodies addressed the combating of drug abuse within their regular activities, resources were not broken down by activities aimed at combating drug abuse. Such a result was therefore expected.
The highest amounts of unlabelled expenditures were related to the functions of public order and safety, where the share of unlabelled expenditures amounted to 89.6% in total unlabelled expenditures in the area of combating drug abuse. They were followed by healthcare with the share of estimated unlabelled expenditures of 9.3%. As regards the public functions of education and social protection, the share of unlabelled public expenditures amounted to 1.1% in total.

Table 1.8. - Estimate of unlabelled public expenditures by public functions 2010-2012, in EUR

Public function	2010	2011	2012
03 Public order and safety	78 439 018	79 824 573	62 981 168
07 Health	7 106 595	6 891 705	6 561 920
09 Education	647 179	645 587	659 109
10 Social protection	94 533	89 983	89 024
TOTAL	86 287 326	87 451 850	70 291 223

Source: Institute of Economics, Zagreb, 2012 and Office for Combating Drug Abuse

1.4.3. Estimated total public expenditures according to the classification of public functions

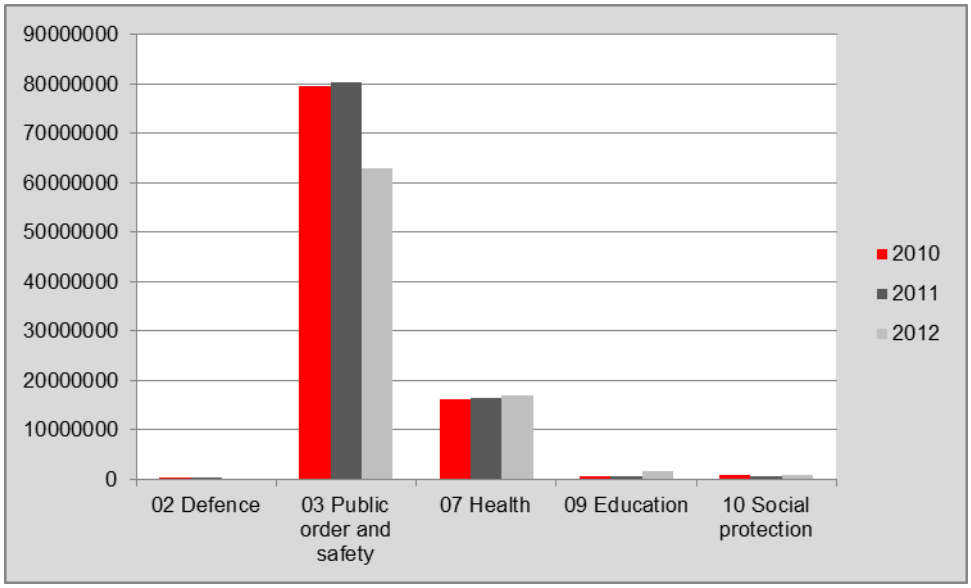
Estimated unlabelled public expenditures together with labelled public expenditures form estimated total public expenditures in the area of combating drug abuse. In the period 2010-2012 they amounted to between EUR 99 and 82.7 million, while the smallest amount of EUR 82.7 million referred to 2012. The amounts of total public expenditures in the area of combating drug abuse according to the classification of public functions are shown in Table 1.9.

Table 1.9. - Estimate of total public expenditures by public functions 2010-2012 in EUR

Public function	2010	2011	2012
02 Defence	1 097	618	-
03 Public order and safety	79 516 051	80 278 895	63 001 788
07 Health	16 157 064	16 474 074	16 957 099
09 Education	729 008	724 348	1 768 830
10 Social protection	834 229	761 403	1 018 358
Central government	97 236 354	98 239 341	82 746 075
Counties	1 403 994	1 048 161	1 657 944
Civil society organisations	363 147	487 526	252 971
TOTAL	99 003 495	99 775 029	82 746 075

Source: Institute of Economics, Zagreb, 2012 and Office for Combating Drug Abuse

Picture 1.4. - Estimate of total public expenditures by public functions 2010-2012 in EUR



Source: Institute of Economics, Zagreb, 2012 and Office for Combating Drug Abuse

1.4.4. Conclusion

Total labelled public expenditures by activity groups in the area of combating drug abuse in the state and county budgets as well as financial plans of public bodies and civil society organisation in 2012 amounted to EUR 16 544 489. In comparison to 2010 this represented an increase of 20.6%, i.e. an increase of 19.6% in comparison to 2011. Out of the above amount, EUR 4 857 727 were spent from the positions of ministries and the Office for Combating Drug Abuse (29.4%), EUR 1 658 944 from the budgetary positions of the counties (10%), EUR 9 775 845 by the Croatian Health Insurance Fund (hereinafter referred to as: CHIF) (58.1%) and EUR 252 971 (1.5%) by civil society organisations (Tables 1.10. and 1.11.). Upon distribution of the above amount to programme activities, it can be concluded that EUR 9 875 405 (59.7%) were spent on treatment activities, EUR 4 589 779 (27.7%) on prevention programmes, EUR 1 123 092 (6.8%) on resocialisation, EUR 607 546 on harm reduction programmes (3.7%) and EUR 348 665 (2.1%) on the penal system.

Table 1.10. - Labelled public expenditures in 2012 at the level of ministries, Croatian Health Insurance Fund and Office for Combating Drug Abuse in EUR

Institution	Labelled expenditures in 2012
Ministry of Labour and Pension System	224 785
Ministry of Justice	3 990
Ministry of Social Policy and Youth	1 568 572
Ministry of Health	1 909 193
Ministry of Science, Education and Sports	95 449
Ministry of Entrepreneurship and Crafts	658 721
Croatian Health Insurance Fund	9 775 845
Office for Combating Drug Abuse	397 013
TOTAL	**14 633 572**

Source: Office for Combating Drug Abuse

Table 1.11. - Labelled public expenditures in 2012 at the county level in EUR

County	Labelled expenditures in 2012
Brod-Posavina County	16 177
Koprivrnica-Križevci County	6 812
Varaždin County	10 642
Karlovac County	8 512
Požega-Slavonia County	5 495
Krapina-Zagorje County	29 797
Split-Dalmatia County	212 842
Bjelovar-Bilogora County	1 415
Šibenik-Knin County	665
City of Zagreb	270 683
Sisak-Moslavina County	3 990
Osijek-Baranja County	163 077
Međimurje County	0
Virovitica-Podravina County	76 722
Zadar County	105 090
Zagreb County	31 261
Primorje-Gorski Kotar County	619 754
Vukovar-Srijem County	0
Lika-Senj County	1 330
Dubrovnik-Neretva County	21 262
Istria County	72 409
TOTAL	1 657 944

Source: Office for Combating Drug Abuse

Estimated unlabelled public expenditures in the area of combating drug abuse according to the classification of public functions in 2012 amounted to EUR 70 292 223. This was a decrease of 18.5% in comparison to 2010, and a decrease of 19.6% in comparison do 2011. EUR 62 981 168 (89.6%) were allocated to the public function 03 - Public order and safety,

EUR 6 561 920 (9.3%) to the public function 07 - Health, EUR 659 109 (0.9%) to the public function 09 - Education, and EUR 89 024 (0.1%) to the public function 10 - Social protection.

When observing the ratio between labelled and unlabelled expenditures in 2012, it can be seen that estimated total unlabelled expenditures in 2012 were 4.2 times higher than labelled ones, while in comparison to 2011 and 2010 they were 5.1 times higher. Estimated total public expenditures in 2012 amounted EUR 82 746 075. Since the methodology for calculating estimated public expenditures implies the sum of labelled public expenditures according to the function classification and estimated unlabelled expenditures, the difference in the sum of labelled and unlabelled expenditures in the amount of EUR 4 089 637 represents expenditures which were executed but could not be broken down by functions. When comparing total public expenditures in 2012 with previous years, it can be concluded that estimated total public expenditures in comparison to 2010 decreased by 16.4%, and by 17.1% in comparison to 2011.

Although from the above estimate it may seem that a large amount of public expenditures is spent on combating drug abuse, it only amounts to 0.52% of total public expenditures or 0.19% GDP on average. Considering the severity of the addiction and drug abuse issue, it can be considered that the allocation of the above resources is justified.

2. Drug use in general population and specific targeted groups

2.1. Introduction

In 2011 the first survey on substance abuse in the general population of the Republic of Croatia was conducted, and the Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse in the Republic of Croatia (hereinafter referred to as: Report) for the year 2011 provided results of the research on the prevalence of illicit drugs in the total sample and among young adults by gender and age groups.

In the Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse in the Republic of Croatia for the year 2012, tobacco smoking, alcohol consumption and sedative or tranquilizer use were put in the centre. The Ministry of the Interior, the Ministry of Health and the Ministry of Environmental and Nature Protection conducted the project "Healthy for an A!" *(Zdrav za 5!)* with a goal to prevent addiction and promote prevention while developing social and emotional skills among children and youth. Within this project a survey was conducted among students in the eighth grade of elementary school and first and second grade of high school.

The results of the European School Survey Project on Alcohol and Other Drugs (ESPAD) were shown in the Report on the Implementation of National Strategy and Action plan on Combating Drug Abuse in the Republic of Croatia for the year 2011, and in the Report for the year 2012 emphasis was put on prevalence of licit drugs and cannabis usage and data on polyuse of drugs. On the initiative of the Office for Combating of Drug Abuse, Division for Marine and Environmental Research of the Institute Ruđer Bošković carried out "Quantitative determination of selected urinary biomarkers of illicit drugs in wastewater of the City of Zagreb". The first systematic analysis of urinary biomarkers in the wastewater of the City of Zagreb was conducted in 2009.

The research conducted in 2012 enabled the assessment of selected illicit drug consumption in Zagreb during 2012, but also a comparison with consumption rates of selected illegal substances in previous years. At the county level two surveys were conducted. The Institute of Public Health of the Koprivnica-Križevci County carried out the survey "Experience and position of high-school students towards addictive substances", and elementary schools "Ivan Goran Kovačić" and "Blaž Tadijanović" conducted the survey "Risk behaviour for creating addiction" in the Brod-Posavina County.

2.2. Drug use in general population

Research project "Abuse of addictive substances in general population of the Republic of Croatia" was conducted in 2011, and the results of the research are shown in detail in the Report on the Implementation of National Strategy and Action plan on Combating Drug Abuse for the year 2011. The main goal of the project was to gather data on consumption prevalence of different substances in the general population as well as in relevant subgroups thereof. The research was conducted on a sample of 4 800 test subjects. Furthermore, the sample was divided into two subsamples. The basic sample comprised 4 000 people aged 15-64; while the oversample comprised another 800 test subjects aged 15-34. The fieldwork

took four months, from May until August 2011 (Glavak Tkalić *et al.,* 2012; ST1, 2012). The use of legal substances such as tobacco, alcohol and medicinal products is described below.

In the total sample (aged between 15 and 64) men were somewhat more frequent active smokers than women (39.7% of men in comparison to 32.9% of women). Among younger adults, men were also somewhat more frequent active users than women (39.7% of men in comparison to 34.5% of women). In comparison to women in the total sample and among young adults, the proportion of women who were active smokers among young adults was bigger than the proportion of women in the total sample who claimed to be active smokers (32.9% compared to 34.5%). It was determined that in all age groups active smokers were mostly men. Among men, the largest number of active smokers belonged to the age group between 35 and 44 (48.0%), and the smallest to the age group between 55 and 64 (28.8%). Among women, the largest number of active smokers also belonged to the age group between 35 and 44 (39.05%), and the smallest to the age group between 55 and 64 (22.9%) (Glavak Tkalić, Miletić, Maričić, Wertag, 2012).

Table 2.1. shows the length of regular tobacco consumption in the total sample, among young adults and by gender. In the total sample, the majority of respondents (8.9%) were smoking regularly for 5 to 10 years. In the group of young adults (aged between 15 and 34) 13.8% stated that they were smoking or had been smoking tobacco for one to five years and 13.3% were smoking or had been smoking for five to ten years. There were almost no differences between men and women in the duration of regular smoking. The biggest difference was determined for the duration of 10 to 15 years of smoking which was stated by 9.4% of men and 6.0%.

Table 2.1. – Duration of regular tobacco consumption in the total sample, among young adults and by gender (%)

Duration of regular tobacco consumption	Total sample (15-64)		Young adults (15-34)	
	Men	Women		Men
1-6 months	0.7	1.0	1-6 months	0.7
6-12 months	1.9	1.2	6-12 months	1.9
1-5 years	8.0	7.4	1-5 years	8.0
5-10 years	8.7	9.1	5-10 years	8.7
10-15 years	9.4	6.0	10-15 years	9.4
15-20 years	8.3	7.0	15-20 years	8.3
20-30 years	8.9	6.0	20-30 years	8.9
Older than 30	5.1	4.1	Older than 30	5.1

Source: Glavak Tkalić at al., 2012, ST1, 2012

Table 2.2. shows the age at which respondents in the total sample started smoking tobacco. It also includes data for young adults and by gender. In the total sample most respondents were smoking tobacco when they were 15-17 years old (27.2% of men and 25.2% of women), and least at the age of 22 and over (2.8% of men and 4.6% of women). The biggest difference by gender was determined in proportion of men and women who smoked tobacco for the first time at the age of 14 or less (18.0% of men and only 8.5% of women). Among young adults, the biggest number of respondents was also smoking tobacco between 15 and 17 (25.9% of men and 27.5% of women), and the smallest at the age of 22 and over (1.0% of men and 1.2% of women). The biggest difference by gender was determined among men and women who started smoking tobacco at the age of 14 and less (23.4% of men and 13.7% of women).

Table 2.2. - Age of the first tobacco smoking in the total sample, among young adults and by gender (%)

Age of the first tobacco smoking	Total sample (15-64)		Young adults (15-34)	
	Men	Women		Men
≤14	1.0	8.5	≤14	1.0
15-17	27.2	25.2	15-17	27.2
18-21	14.5	13.6	18-21	14.5
22 and older	2.8	4.6	22 and older	2.8

Source: Glavak Tkalić at al., 2012, ST1, 2012

As regards the age of the first alcohol consumption, the biggest number of respondents in the total sample (40.9%) as well as among young adults (44.2%) stated that the first consumption occurred between the ages of 15 and 17. Table 2.3. shows the age of the first alcohol consumption in the total sample, among young adults and by gender.

Table 2.3. – Age of the first alcohol consumption in the total sample, among young adults and by gender (%)

Age of the first alcohol consumption	Total sample (15-64)		Young adults (15-34)	
	Men	Women		Men
≤14	28.1	12.8	≤14	28.1
15-17	43.3	38.5	15-17	43.3
18-21	18.6	23.9	18-21	18.6
22 and older	2.7	5.0	22 and older	2.7

Source: Glavak Tkalić at al., 2012, ST1, 2012

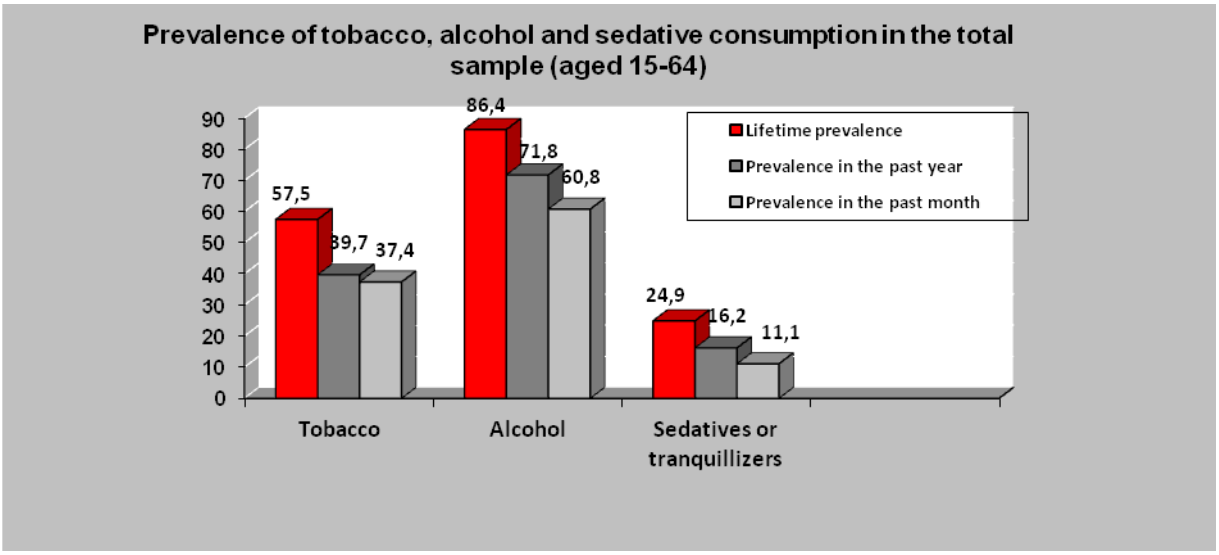
The analysis of the frequency of alcohol consumption has shown that in the total sample (15-64 years of age) 38.0% of respondents consumed alcohol once a month or less (38.0%), and a quarter from 2 to 4 times a month (25.3%). They were followed by respondents who used alcohol 2 to 3 times a week (13.4%), while there were a somewhat smaller proportion of those who used it 4 or more times a week (9.3%). Among young adults (between the ages of 15 and 34) 37.2% of respondents consumed alcohol once a month or less, while 32.5% used it 2 to 4 times a month. Considerably fewer respondents consumed alcohol 2 to 3 times a week (13.6%). 4.8% of respondents aged 15-34 consumed alcoholic drinks 4 times a week or more.

Glavak Tkalić et al. (2012) state that somewhat fewer than one fifth of respondents aged 15-64 consumed 6 glasses or more of an alcoholic drink on the same occasion less than once a month (18.5%), followed by those who reported drinking the same amount once a month (8.6%), then once a week (5.6%) and finally daily or almost daily (1.1%). Among young adults (aged 15-34) most respondents reported excessive drinking less than once a month (24.0%), followed by respondents who reported excessive drinking once a month (14.1%), followed by those who reported it once a week (9.6%), while 1.0% of respondents reported daily or almost daily excessive drinking. The analysis of the frequency of sedative or tranquilizer use in the past month has shown that in the total sample (aged 15-64) 4.3% of respondents reported having taken sedatives or tranquilizers between 1 and 3 days, 1.9% of respondents between 4 and 9 days, 1.4% of respondents between 10 and 19 days, and 3.5% 20 days or more. Among young adults (aged 15-34) sedatives or tranquilizers were used by 2.1 % of respondents between 1 and 3 days during the past month, 0.6 % of respondents reported having taken sedatives or tranquilizers between 4 and 9 days, 0.2% between 10 and 19 days and 0.4% for 20 days or more.

As regards the source of sedatives and tranquilizers when they were used the last time, in the total sample (aged 15-64) 73.0% of respondents claimed that they had them prescribed by a physician, 14.0% obtained them from someone they knew, 7.0% reported buying them in a pharmacy without a prescription, while the remaining 6.0% obtained them in some other way. Young adults (aged 15--34), unlike the total sample, were less likely to use sedatives or tranquilizers which they bought or had prescribed by a physician. Only 47.5% of young adults bought them or had them prescribed by a physician, 28.2% obtained them from someone they knew, 8.8% bought them in a pharmacy without a prescription, and the remaining 15.5% obtained them in some other way.

Figure 2.1. shows prevalence of alcohol, tobacco and sedative or tranquilizer consumption in the total sample of respondents (aged 15-64). More than a half of respondents (57.7%) reported having smoked tobacco at least once in their lifetime, 39.7% respondents consumed tobacco in the past year, and 37.4% in the past month. Among the observed addictive substances, most respondents (86.4%) reported having consumed alcohol at least once in their lifetime, almost three quarters of respondents (71.8%) reported having consumed alcohol in the past year, and more than a half (60.8%) in the past month. Onefourth of the respondents (24.9%) reported having consumed sedatives or tranquilizers at least once in their lifetime, 16.2% in the past year, and 11.1% in the past month.

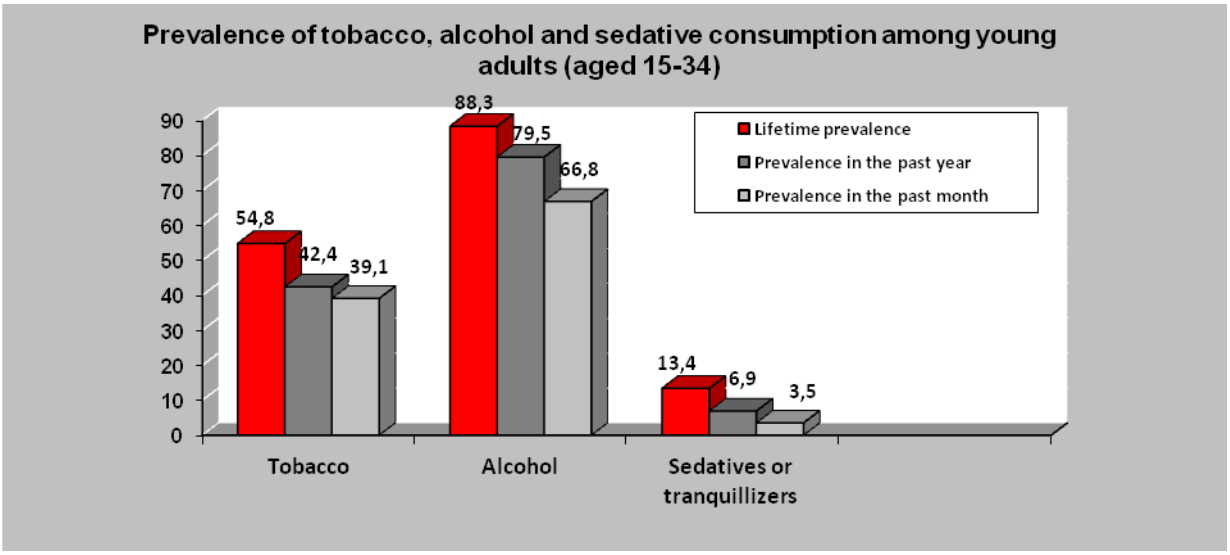
Figure 2.1. – Prevalence of alcohol, tobacco and sedative consumption in the total sample (aged 15-64)



Source: Glavak Tkalić at al., 2012, ST1, 2012

Figure 2.2. shows prevalence of tobacco, alcohol and sedative consumption among young adults (aged -34). By observing the prevalence of tobacco, alcohol and sedative or tranquilizer consumption among young adults aged 15-34, it can be seen that the trend is very similar to the total sample. More than a half or respondents (54.8%) among young adults reported having consumed tobacco at least once in their lifetime, 42.4% in the past year and 39.1% in the past month. Almost two-thirds of respondents (88.3%) reported having consumed alcohol at least once in their lifetime, 79.5% in the past year and 66.8% in the past month. In comparison to the total sample, young adults reported having consumed less sedatives or tranquilizers, i.e. the prevalence rate of sedative or tranquilizer use decreased with the decreasing age.

Figure 2.2.- Prevalence of tobacco, alcohol and sedative consumption among young adults (aged 15-34)



Source: Glavak Tkalić at al., 2012, ST1, 2012

According to the gender distribution in the total sample (aged 15-64), male respondents showed higher prevalence (lifetime prevalence, prevalence in the past year, prevalence in the past month) of tobacco and alcohol consumption. Prevalence of sedative or tranquilizer use in all age groups was higher among women than men. That difference is the biggest in the oldest age group (aged 55-64) where the highest lifetime prevalence of sedative or tranquilizer use was established in both women (55.8%) and men (29.1%). The smallest difference in lifetime prevalence of sedative or tranquillizer use between women and men was in the age group between 15 and 24, 11.4% women, and 8.4% men (Table 2.4.) (Glavak Tkalić 2012).

Table 2.4.- Prevalence of tobacco, alcohol and sedative consumption in the total sample (aged 15-64) by gender

Addictive substance	Lifetime prevalence		Prevalence in the previous year		Prevalence in the previous month	
	Men	Women	Men		Men	Women
Tobacco	62.9	52.3	43.3	Tobacco	62.9	52.3
Alcohol	92.5	80.3	81.1	Alcohol	92.5	80.3
Sedatives or tranquillizers	18.1	31.6	11.4	Sedatives or tranquillizers	18.1	31.6

Source: Glavak Tkalić at al., 2012, ST1, 2012

Among young adults (aged 15-34), men, as in the total sample, showed higher prevalence (lifetime prevalence, prevalence in the past year and prevalence in the past month) of tobacco and alcohol consumption, and lower in sedative or tranquilizer use. (Table 2.5.).

Table 2.5. - Prevalence of tobacco, alcohol and sedative consumption among young adults (aged 15-34) by gender

Addictive substance	Lifetime prevalence		Prevalence in the previous year		Prevalence in the previous month	
	Men	Women	Men		Men	Women
Tobacco	58.1	51.3	44.9	Tobacco	58.1	51.3
Alcohol	91.0	85.4	85.1	Alcohol	91.0	85.4
Sedatives or tranquillizers	10.1	16.9	5.2	Sedatives or tranquillizers	10.1	16.9

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

Among the age groups, lifetime prevalence of tobacco consumption, prevalence of tobacco consumption in the past year and prevalence of tobacco consumption in the past month were the highest between the ages of 35 and 44. Lifetime prevalence of alcohol consumption, prevalence of alcohol consumption in the past year and prevalence of alcohol consumption in the past month were the highest between the ages of 25 and 34. Lifetime prevalence, prevalence in the past year and prevalence of sedative use in the past month were the highest between the ages of 55 and 64. As regards prevalence of sedative or tranquillizer use, Glavak Tkalić et al. (2012) state it is important to mention that 73.0% of all adults and 47.5% of young adults reported that the last time used sedatives or tranquillizers they bought them or obtained on prescription.

2.3. Drug use among school population and youth

Project of the Ministry of the Interior, the Ministry of Health and the Ministry of Environmental and Nature Protection "Healthy for an A!" (Zdrav za 5!")

Purpose of this project is to prevent addiction and promote pro-social, preventive and safeguard activities with the development of socio-emotional skills among children and youth; raise awareness on one's own role in preserving life, school and work environment and raise self-awareness on preserving one's own health and safety and those of others. The target group is comprised of eight-grade elementary school students and first and second-grade high school students. The project has two main components. The first component is prevention of addiction which is divided into three subcomponents because of the complexity of the issue (addiction and abuse of alcohol, addiction and abuse of drugs and addiction to games of chance). The second component refers to protection of the environment and nature and consists of eco workshops and other activities (events such as round tables, public lectures, fairs, etc.).

On 30 October 2012 the Cooperation and Implementation Agreement was signed by the Minister of the Interior, Minister of Health and Minister of Environmental and Nature Protection, marking the launch of the project "Healthy for an A!" at the national level. A joint survey of the three institutions was conducted among eight-grade elementary school students and first and second-grade high school students on their habits and viewpoints of alcohol, drugs and games of chance adversity.[25] The survey involved 12 663 students from across Croatia, out of whom 4 904 eight-grade elementary school students (aged 14-15) were surveyed on alcohol, 4 046 first-grade high school students (aged 15-16) on drugs and 3 713 second-grade high school students (aged 16-17) on games of chance.

[25] Entry survey of students was performed before educational workshops, and exit survey, i.e. Project evaluation is in process.

Results: out of 4 904 students surveyed on alcohol, 81% of them have consumed alcohol at least once or more times in their lifetime. Every ninth eight-grade student has consumed alcohol 40 or more times. Among all surveyed students, prevalence of alcohol consumption in the past month is almost 40%. The survey has shown that boys consume beer more often, and girls drink spirits mixed with juice. So far 30% of students have been intoxicated[26], and every ninth student has been in that state more than twice. In the past month almost every tenth student has been heavily intoxicated. In the past month almost 40% of students have drunk excessively[27]. Students consume alcohol mostly at home, then at their friend's house, catering establishments and in public. 58% of students completely agree with the statement that consuming alcohol in adolescence is harmful, while 55% of students completely disagree with the statement that it is alright for someone their age to consume alcoholic drinks regularly. More than half of students (56%) state that they consume alcohol mostly on weekend evenings when going out. Almost 26% of students report having consumed one or more alcoholic drinks in the past month in a bar, restaurant or a night club. Only 14% of students claim that what stops them from consuming larger quantities of alcohol is fear from their parents' reaction, and 4% fear from prison sentences. Because of alcohol use in the past year, almost every 13th student has been involved in a physical fight at least once, has had an accident or an injury and has had serious problems with parents.

Out of the total of 4 046 students surveyed on drugs, the research has shown that 11% have consumed marijuana or hashish at least once in their lifetime. 6% have consumed marijuana or hashish at least once in the past month. Consumption of marijuana or hashish is most common in public and during weekend evenings. Only 59% of students agree completely with the statement that regular consumption of marijuana (e.g. every weekend) is harmful to one's health. Almost 17% of students completely agree with the fact that it is easy for them to acquire marijuana at any time they wish. Lifetime prevalence of experimenting with ecstasy among students is 4%. In the past month fewer than 2% of students have taken ecstasy mostly in catering establishments and during weekend evenings when going out. Almost every third student has sniffed glue or some other solvents (inhalants) at least once in their lifetime. 10% of students have inhaled inhalants at least once in the past month. Students have mostly used inhalants before or after school. Only 54% of students completely agree with the statement that regular inhaling (e.g. every weekend) of glue or other solvents is harmful to one's health. Almost every second student knows a person who has been consuming drugs, and more than 17% know 5 or more such persons. For acquaintances who have consumed drugs, more than 40% of students believe that they have mostly had positive experience with drug consumption. Students who regularly consume marihuana, ecstasy or solvents, acquire them mostly with the help of friends (almost 60%), and in smaller percentage they buy them in or outside their place of living. Because of drug use in the past year, almost every 13th student has been involved in a physical fight at least once, has had an accident or an injury and has achieved bad results at school. In the past month more than 50% of students have stayed out after 11 pm without parental supervision; most of them with parental permission.

Out of the total of 3 713 students surveyed on games of chance, it is clear that almost every other student has gambled or placed a bet at least once in their lifetime, where boys are more inclined to it than girls. Just in the month prior to this survey, almost a quarter of students has gambled or placed a bet, boys more often than girls (in the past month more than 40% of boys have gambled or placed a bet). Students would gamble or place bets more often, but are hindered by either lack of money, less by minors gambling ban. They are least concerned by their parents' reactions or prison sentences. Among all students who have tried to bet or gamble by themselves, almost 60% of them have never been asked for an ID,

[26] State of intoxication where they are staggering when walking or not being able to speak properly or throwing up or not remembering what has happened.
[27] Excessive drinking is drinking of five or more drinks at one occasion.

and almost 15% are trying to cut down on gambling or betting. Only 4% of students completely agree with the statement that they have had such financial problems in the past year because of gambling and betting so that they had to borrow money from friends, sell their own things or lie to their parents15% about what they need the money for.[28]

European School Survey Project on Alcohol and Other Drugs - ESPAD

The main goal of the ESPAD survey is to collect comparable data on cigarette smoking, alcohol drinking and psychoactive drug use among 15-16-year-old students in order to monitor trends within countries and among countries. The Croatian Institute of Public Health is the coordinating institution in the Republic of Croatia which has been participated in data collection data since 1995.. In 2011, the ESPAD was conducted in 36 countries. The study is performed on a nationally representative sample of students who turn 16 during the calendar year of the survey, by using the common instrument (an anonymous questionnaire) in the same period. In 2011, in the Republic of Croatia the survey was conducted in 131 schools with the turnout rate of 91.6%. The survey involved 3 002 16-year-olds with a total individual turnout rate of 97.8%.

Throughout the years the ESPAD surveys have shown that young Croatian students smoke more than the average of other ESPAD countries. In 2011 the average of lifetime prevalence of tobacco smoking according to the ESPAD survey was 54% and in Croatia 70%. Prevalence of tobacco smoking in the past month in Croatia was 41%, while the European average was 28%. Lifetime prevalence of alcohol consumption in Croatia from 1995 to 2011 was on the increase and in 2011 it amounted to 93% which was more than the European average (87%). In the past year, 85% of respondents consumed alcohol (85% of boys and 84% of girls), and in the past month 66% of respondents (71% of boys and 61% of girls). Marijuana consumption in 1995 was below the European average, in 2003 above the European average, and from the year 2007 to 2011 there was stagnation in consumption. Marijuana consumption was more common among boys (21%) than girls (14%). According to the ESPAD survey from 2003 to 2011, prevalence of marijuana consumption in the past year was within the European average. The use of sedatives or tranquillizers in 2005 was within the European average, in 1999 above the European average and since then there was a decrease, and in 2011 it was below the European average. The use of inhalants recorded a significant growth in comparison to other ESPAD countries. As of 1995 the use of inhalants in Croatia was above the European average, and the 2001 survey showed a three times higher consumption than the average in other ESPAD countries. The 2011 data on polydrug use[29] showed an increase in Croatia in comparison to the data from the survey conducted in 2007 and in comparison to the European average. The European average in the use of two or more substances in 2011 was 9.1%, and Croatian average was 12.3% (Hubbell, B. et. al., 2012).

[28] Available at http://www.mup.hr/UserDocsImages/Zdrav_za_5_-_INFO_za_GRP%5B1%5D.pdf (Viewed on 25 July 2013)

[29] Polydrug use – use of one or more of the following substances: tobacco (more than 5 cigarettes a day in the past 30 days), alcohol (consuming on 10 or more occasions in the past month), cannabis (consumption in the past 30 days), other illicit drugs (lifetime prevalence) and sedatives or tranquilizers without prescription (lifetime prevalence) (Hibell et. al., 2012).

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

Survey on new trends in use of addictive substances

In 2011, the Faculty of Education and Rehabilitation Sciences in Zagreb conducted a survey on new trends in addictive substance use at the initiative of the Office for Combating Drug Abuse. The goal of the survey was to gain insight into new psychoactive substances. The survey was conducted on a sample of N=1 330 active users of the website "forum.hr" via an on-line questionnaire the participants applied for voluntarily and on their own initiative. At the initiative of the Office for Combating Drug Abuse, the Faculty of Education and Rehabilitation Sciences conducted a survey as a follow-up to the previous project in 2013 on new trends in drug consumption on a sample of N=1 035 active users of the website "forum.hr". More details on the results of the survey will be provided in the next Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse in the Republic of Croatia.
The results of the 2011 survey have shown that 7.5% of respondents have consumed new drugs, mostly synthetic cannabinoids and mephedrone, usually acquired from friends, and in person in so called smart shops, while the number of cases in which new drugs have been acquired via the Internet is almost negligible.

Quantitative determination of selected urinary biomarkers of illicit drugs in wastewater of the City of Zagreb

At the initiative of the Office for Combating Drug Abuse, the Division for Marine and Environmental Research of the Institute Ruđer Bošković has conducted *"Quantitative determination of selected urinary biomarkers of illicit drugs in wastewater of the City of Zagreb"*. Since drug abuse is more common in urban areas, it can be assumed that a large portion of the total quantity of drug trafficking and consumption in the Republic of Croatia takes place in Zagreb where nearly one fifth of all Croatian citizens live. The first systematic determination of urinary biomarkers of drugs in the wastewater of the City of Zagreb was conducted in 2009, and another research was also repeated in 2011 but to a lesser extent. The 2012 research enabled the assessment of selected illicit drug use in Zagreb during the year 2012, as well as a comparison thereof to the rates of illicit substance use in previous years.

The methodology used for the purpose of research included analytical determination of selected urinary biomarkers in wastewaters using the LC/MS/MS technique and assessment of average daily consumption of selected drugs on the basis of measured data and data on pharmacodynamics of drugs provided in professional literature.

The analysis covered 13 selected urinary biomarkers (Table 2.6.) secreted from the organism after consumption of 6 selected illicit drugs (cocaine, heroin, amphetamine, ecstasy, methamphetamine and marijuana) and 2 therapeutic opiates (methadone and codeine).

Table 2.6. – List of urinary biomarkers of illicit drugs and therapeutic opiates included in the research

Urinary biomarker / Chemical name	Acronym	Origin/ drug
6-Acetilmorphine	6-AM	Heroin metabolite, exclusive
Morphine	MOR	Heroin metabolite and therapeutic opiate
Morphine-3-glucuronide	MG	Heroin and morphine metabolite
Codeine	COD	Therapeutic opiate
Amphetamine	AMP	Stimulative synthetic drug
Ecstasy	MDMA	Stimulative synthetic drug
Methamphetamine	MAMP	Stimulative synthetic drug
Cocaine	COC	Stimulative drug
Benzoylecgonine	BE	Cocaine metabolite
Tetrahydrocannabinol hydroxyl	THC-OH	Marijuana
Tetrahydrocannabinol carboxyl	THC-COOH	Tetrahydrocannabinol metabolite
Methadone	MTHD	Therapeutic opiate
EDDP	EDDP	Methadone metabolite

Source: Institute Ruder Bošković 2012

Wastewater samples were collected in the central wastewater treatment device in Zagreb, equipped for collecting 24-hour composite samples. More than 80% of the City's population is connected to that device, which is an important prerequisite for representativeness of collected samples. Composite samples of wastewater were collected from April to August 2012. In that period 27 samples of unprocessed wastewater were collected and analysed. Since the plan was to acquire representative data on daily secretion of drugs during weekends and weekdays for the population of the City of Zagreb, samples were collected every other week, on Sundays and Tuesdays.

The analysis has shown that among illicit drugs, marijuana was the one with the highest consumption rate. It was followed by cocaine and heroin. There was a statistically significant increase in the consumption of stimulative drugs (cocaine, MDMA, amphetamine) during weekends in comparison to workdays. For heroin, marijuana and therapeutic opiates such pattern was not observed.

Table 2.7. – Average consumption of five illicit drugs in Zagreb from April to August 2012

Illicit drug	Average consumption mg/day/1 000 citizens
Heroin	55±2
Cocaine	134±44
Amphetamine	29.5±13.4
MDMA	12.5±9.5
Cannabis	5 816±1 381

Source: Institute Ruder Bošković 2012

A comparison of these research results with results from 2009 and 2011 indicates important changes in the trend of certain drug use. The use of marijuana as drug with the highest consumption rate has been on a continuous increase in Zagreb. In 2012 the rate of marihuana consumption almost doubled in comparison to 2009. In addition, there was a significant increase in amphetamine-type drugs use, especially amphetamine and MDMA (more than 4 times as much). Heroin consumption rate decreased significantly during 2011, and the trend continued in 2012. Unlike heroin, methadone consumption rate in Zagreb has grown continuously. Cocaine consumption rate shows a volatile trend. In 2011 there was a drop in the consumption rate, and then an increase similar to the one in 2009.

Analysis of the selected urinary biomarkers of illicit drugs represents an additional source of information on drug use based on direct measuring. Continuous monitoring thereof would enable an insight into the consumption rate of specific drugs as well as their trends (Terzić, 2012).

Experience and position of high school students on addictive substances

The Institute of Public Health in the Koprivnica-Križevci County – Centre for Prevention and Outpatient Treatment conducted the survey "Experience and position of high school students on addictive substances" *(Iskustva i odnos srednjoškolaca prema sredstvima ovisnosti)*. The survey was conducted in 2012, and data were collected in 8 high schools in the county among first and fourth-grade students. The survey included N=2 299 students. The goal of the survey research was to examine how widespread tobacco, alcohol, and (opiate) drug consumption was among high school students. Furthermore, the goal was to determine whether there were any differences in frequency of addictive substance consumption among young people with reference to age, gender and place of living, to which extent the young are informed about the effects of drugs and which sources of information they have. The survey results have shown that the most frequent substance abuse among first and fourth-grade students was alcohol consumption. Only 12.1% of students never consumed alcohol. The prevalence of smoking among surveyed students was 23.1% (16.9% of first-grade students and 30.7% of fourth-grade students smoke every day). Lifetime prevalence of drug consumption was 14.6%.

Risk behaviour for creating addiction

The elementary schools "Ivan Goran Kovačić" and "Blaž Tadijanović" in the Brod-Posavina County have carried out a survey called "Risk behaviour for creating addiction". (*„Rizična ponašanja za stvaranje ovisnosti.)* The survey has been conducted among eight-grade students with the goal to establish manifestation of behaviour hazardous for creating

addiction among students. N=148 students have been surveyed. The results have shown that eight-grade students experiment with cigarettes and alcohol. Alcohol is consumed equally by boys and girls and some parents tolerate alcohol consumption in special occasions. Significant deviations in behaviour, which can be assessed as hazardous, are visible among 2% of respondents.

3. Prevention

3.1. Introduction

According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2011) the term drug addiction prevention refers to activities aimed at prevention, delay or reduction of drug use and/or 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 identified as having minimal but detectable signs or symptoms of disorder) (Mrazek and Haggerty, 1994; according to Bašić, 2009). Environmental strategies are also applied, i.e. prevention measures aimed at altering the immediate cultural, social, physical and economic environments in which people make their choices about drug use (EMCDDA 2006).

In order to gain insight into prevention activities, in 2010 the Office for Combating Drug Abuse created the Drug Addiction Prevention Programme Database (hereinafter: Programme Database). It is an *on-line* application developed with a goal of gaining the complete picture about the programs which are conducted in the field of drug abuse prevention. Since the end of 2012 the Programme Database has been operational and data entry is in progress. Drug Addiction Prevention Programme Database is part of the Drug Demand Reduction Programme Database.[30] Its goal is to gain insight into all conducted prevention activities; raise awareness of persons responsible for implementation of programmes, policymakers, experts and all stakeholders interested in the „on-site „conditions. Database will enable the identification of high quality, evaluated and effective programmes and propose best practice examples to be included in the EDDRA database of European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Since the development of more effective strategies for implementation of evidence-based prevention programmes, practices and policies is an important step in improving peoples' health (National Prevention, Health Promotion and Public Health Council, 2011; according to Spoth et al., 2013), the Database represents a tool for mental health promotion at the national level.

In November 2012, the Office organized a workshop on minimal quality standards in the area of reducing drug demands which was supported by the European Commission TAIEX unit (*DG Enlargement*). Workshops were held in Zagreb, Opatija and Split. They included over 130 experts of different profiles: officials of relevant ministries, the Croatian Institute of Public Health, county services for mental health protection, addiction prevention and outpatient treatment, family centres, homes for children without the adequate parental care, homes for educating children, police departments, county coordinators of addiction prevention programmes for children and youth in the social welfare system, county coordinators of addiction prevention programmes for children and youth in educational institutions, therapeutic communities and organizations that implement drug demand reduction programmes. The workshop represented continuation of regional workshops on addiction prevention programmes which were organized by the Office and EMCDDA in May 2011. The purpose of the last workshop was to inform the participants on EU minimal quality standards in the drug demand reduction programmes, to offer expert help in drafting the prevention programmes and implementation of evaluation, and help them raise the quality of the already existing programmes, especially in the field of prevention. In addition, the goal of this workshop was to motivate and give support in creating projects and their entry into the Database of addiction prevention programmes to those who implement them.

[30] Programme Database is available at: http://www.programi.uredzadroge.hr/

Over the past years the Istria County has been implementing the project "Communities that care" (*Zajednice koje brinu)* in cooperation with the Faculty of Education and Rehabilitation Sciences University of Zagreb and international research centres. A detailed description of the project, implementation, adaptation and results thereof are available to professionals in general (Bašić, Ferić Šlehan, Kranželić-Tavra, 2007a; Bašić, Ferić Šlehan, Kranželić-Tavra, 2007b, Bašić, Grozić-Živolić, 2010; Burkhart, 2013). As a continuation of that project, a new research project named *Preffi – Quality Assurance in the Istria County (Preffi - osiguranje kvalitete u Istarskoj županiji)*was implemented. Investing into quality and effectiveness, i.e. into the outcome of programme implementation was provided for in the Preffi [31] 2.0 instrument adapted to Croatian conditions and through implementation of a new intervention called "Prevention Training". The research has covered efficiency assessment of 24 prevention programmes and an empirical study on the programme implementation quality. It has shown that the general quality of the assessed programmes is low and that implementation factors have been underestimated in comparison to the indicators of the programme implementation quality (Novak, 2013; Mihić, 2013).

With a goal of a comprehensive addiction prevention, in 2010 the Office prepared the National Programme for Addiction Prevention among Children and Youth in the educational system and among Children and Youth in the Social Welfare System for the period 2010 to 2014 (National programme) which was adopted by the Government of the Republic of Croatia in July 2010. The main goal of the National Programme is to combat and prevent addiction among children and youth, as well as risk behaviour connected to experimenting with psycgoactive substances. (SQ25, 2013).

3.2. Environmental strategies

Environmental strategies include market control measures or coercive measures (age limit regulation, tobacco restrictions and prohibitions) and are largely focused on legal psyschoactive substances.

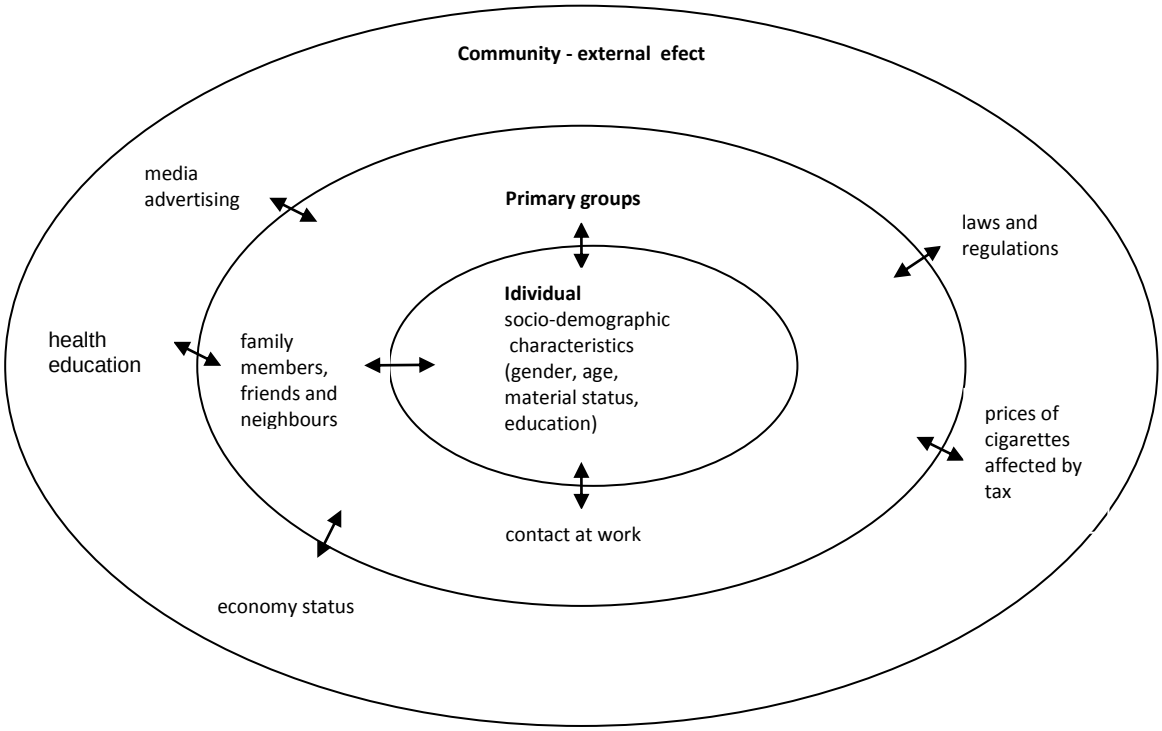
Policies applied to alcohol and tobacco

It is a well–known fact 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. Since drug abuse is viewed as a result of the system as a whole, it is logical that environmental strategies target the community at large. Figure 1 gives an example of outside influences on tobacco consumption among individuals. It was used during research on the impact of the tax policy on the consumption of tobacco products in Croatia (Zelenka, 2009). According to the above research, the tobacco control policy in Croatia applies to prices, i.e. *prices* and *excise duties* and regulations. While different regulations on tobacco consumption, health warnings and commercial restriction try to affect a decrease in consumption directly, regulations connected to an increase in excise duty have two opposite effects. One is the fiscal factor of increasing state's budget, and the other is the impact of reduced consumption by increasing prices of tobacco products. That second factor is questionable. A price increase of some product, according to the rules of economy, should decrease consumption of that product, but the influence would not be

[31] Preffi 2.0 is a health promotion management instrument, designed in the Netherlands. It is used to assess effectivness and development in the quality of prevention programmes (Molleman, 2005; Molleman et al., 2005; according to Novak 2013).

sufficient if there were no close substitute, which is the case with tobacco products (Zelenka, 2009). Picture 3.1 shows primary and external factors which affect individuals in making decisions on smoking.

Picture 3.1 – External effects of individual tobacco consumption



Source: Helakorpi et al., 2008; according to Zelenka, 2009:481

It is important to mention that licit drugs, i.e. alcohol and cigarettes, are illegal for children and youth under 18 since the sale of these products to children and youth is prohibited pursuant to the Act on the Restriction of the Use of Tobacco Products,[32] (SQ25, 2013), the Trade Act [33] and the Hospitality and Catering Industry Act [34] Furthermore, the 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 Trade Act stipulates that the sale of alcoholic beverages, tobacco and tobacco products in retail shops to persons under 18 shall be prohibited. Appropriate signs should be displayed at the outlets where these beverages or tobacco products are sold. Furthermore, the Act on the Restriction of the Use of Tobacco Products stipulates the prohibition on the sale of tobacco products to persons under 18, sale from the vending machines, and the obligation of displaying signs thereon at places where tobacco products are sold. Furthermore, pursuant to the Hospitality and Catering Industry Act the serving or consumption of alcoholic beverages in catering establishments shall be prohibited to persons under 18. In addition, such signs have to be displayed in catering establishments where alcoholic beverages are served. It is important to mention that the Act on the Restriction of 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.

[32] Act on the Restriction of the Use of Tobacco Products (OG 125/08, 55/09 and 119/09, 93/13).
[33] Trade Act (OG 87/08, 96/08, 116/08, 76/09 and 114/11, 68/13).
[34] Hospitality and Catering Industry Act (OG 138/06, 152/08, 43/09, 88/10, 50/12, 80/13).

Regulations which stipulate paying taxes on the consumption of alcoholic beverages (brandy, rakia and spirits) and special tax on tobacco and tobacco products paid by the manufacturer and importer of tobacco products are described in detail in the National Report for the previous year (Vugrinec et al. 2012).

Consumption of alcoholic beverages in public places in Croatia is not prohibited by a special law, but the Act on Misdemeanours against Public Order[35] allows local and regional self-government units to make decisions that can stipulate other offences not listed in the Act. Special attention is given to road safety,[36] i.e. driving under the influence of alcohol. The Act on Road Traffic Safety[37] provides that professional drivers, driving instructors and young drivers[38] cannot operate a vehicle if they have alcohol or drugs in their body. All other drivers are allowed to have blood alcohol concentration of up to 0.5 per mille while driving. A violation of the above entails fines.

Other social and normative changes

The Family Act[39] stipulates parental rights and duties to ban a child under the age of 16 from going out between 11 p.m. and 5 a.m. without being escorted by them or other adults they trust. The implementation of the Act is supervised by police officers. In order to ensure a multidisciplinary approach in the field of preventing addictions and protecting the environment, the Agreement on Cooperation in Implementation between the Ministry of the Interior, the Ministry of Health and the Ministry of Environmental and Nature Protection, which was signed on 30 October 2012, marked the launch of the project Healthy for an A (*Zdrav za 5)*. The project is focused on drug and alcohol abuse prevention and gambling prevention among eight graders and first and second grade high school students. As part of the project, a national-scale survey has been conducted among eight graders and first and second grade high school students on their habits and views on hazards of alcohol, drug abuse and gambling. Entrance polls included 12 663 students from the entire Republic of Croatia. The results of this survey have been described in detail in subchapter 2.3 of this report, while the following text shows results which suggest implementation of environmental strategies. The survey has shown that students usually consume alcohol in their own homes, then at friends', catering establishments and on public places. Furthermore, students usually acquire alcohol through an adult friend or from their own home, while almost every one in nine students buys alcohol on their own, most often from a store, but also from a kiosk or a gas station. Almost every one in six students has bought alcohol for personal use from a store, a kiosk, or a gas station on one or more occasions in the past month, and as many as 26% have consumed alcohol in a cafe, a restaurant or a night club on one or more occasions in the past month. It is an alarming fact that from all the students who have attempted to buy alcohol on their own, more than 50% have never been asked to show their identity card. Furthermore, almost every one in ten students is not familiar with the Family Act, which prohibits a child under 16 from going out between 11 p.m. and 5 a.m., and almost 35% of the students have stayed out after 11 p.m. without the company of an adult in the past 30 days, most of whom have had parental permission (more than 80%). Boys are more inclined to such behaviour than girls.[40]

As a reaction to the violation of the Family Act, which prohibits a child under 16 from going out between 11 p.m. and 5 a.m., several family centres in cooperation with police

[35] Act on Misdemeanors Against Public Order (OG 05/90, 30/90, 47/90)
[36] National Road Safety Programme of the Republic of Croatia 2011-2020 (OG 59/11).
[37] Act on Road Traffic afety (OG 67/08, 74/11).
[38] Young driver is a driver aged 16-24 years. After passsing the driving test they are issued a driving licence for the period of 10 years.
[39] Family Act (OG 116/03, 17/04, 136/04, 107/07, 57/11, 61/11).
[40] According to http://www.mup.hr/UserDocsImages/Zdrav_za_5_-_INFO_za_GRP%5B1%5D.pdf, ; viewed on 1 August 2013.

departments (for example in the Vukovar–Srijem and Virovitica-Podravina County) have held several seminars for children and parents to raise awareness of the necessity to abide by the Family Act.

Furthermore, certain civil society organizations have recognized the importance of promoting a healthy lifestyle through encouraging non-alcoholic beverage consumption in environments where alcohol is frequently consumed. For example, the Association Network Zagor and partners Gokul and Mraz in the Krapina-Zagorje County have organised workshops, exhibitions, concerts and other activities for youth at which consumption of alcoholic beverages is prohibited.

3.3. Universal prevention

Universal prevention programmes are targeted at the entire population, students and youth regardless of the risk level. Those programmes take into consideration the assumption that all members of a specific population have equal, low level of risk for developing addiction. The universal prevention objective is to completely prevent or postpone the onset of substance abuse by offering information and skills required for solving problems to all participants.

School

In the Republic of Croatia prevention programmes within the school system have a very important place. Their aim is to motivate pupils to choose healthy lifestyles, organise appropriate leisure time activities, develop self-respect and social skills, as well as offer 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 the implementation of prevention activities. At the regional level this is the responsibility of county coordinators and county commission for combating drug abuse. Since 1998 school prevention programmes have been conducted in all education institutions on a continuous basis.. 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 (SQ25, 2013). 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 life values. The Ministry of Science, Education and Sports is in charge of the implementation of prevention programmes in educational institutions.

With the purpose of ensuring quality implementation of preventive programmes in schools, the Ministry of Science, Education and Sports and the Education and Teacher Training Agency have organized a several seminars. For instance, a seminar on comprehensive addiction prevention programmes was held in May 2012 for the heads of prevention programmes in elementary schools and high schools in the Brod-Posavina County. In Varaždin a seminar on roles of educational institutions in addiction prevention was held in September 2012. The seminar was held with a purpose of presenting goals, content and structure of National Programme for Addiction Prevention among Children and Youth in the Educational System, and National Programme for Addiction Prevention among Children and Youth in the Social Security System, possibilities of preparation and implementation of preventive activities connected to abuse of drugs, and the role of educational institutions in preparation and implementation of preventive programmes in school. Furthermore, in December 2012 a seminar on planning, programming and evaluating preventive programmes was held in Osijek.

The pilot project “Health Education Curriculum” was conducted in elementary and high schools in the course of 2012. As of February 2013 it was implemented in all elementary schools and high schools in the Republic of Croatia by way of the Decision on implementing, monitoring and assessing the implementation of Health Education Curriculum in elementary schools and high schools (Official Gazette 17/13). The purpose of health education is a successful development of children and youth so that they would grow up to be healthy, contented, successful, self-confident and responsible persons. Health Education Curriculum is based on holistic concept of health which includes protection of health and quality of life, humane relationships among genders, and human sexuality, prevention of addiction, culture of social communication and prevention of violent behaviour. The Programme is based on a multidimensional model which implies connection between physical, mental, spiritual, emotional and social aspects of health, and realization and stability in each of the above mentioned dimensions contributes to integrity of development and increase in quality of living of each individual. A necessary balance between contents and adequate programme representativeness of different aspects of health is assured by dividing Health education into modules (Healthy living, Addiction prevention, Prevention of violent behaviour and Gender equality and responsible sexual behaviour). Nevertheless, modules are not and should not be strictly divided, so that related contents can be identified, i.e. objectives which are interconnected. According to the Health Education Curriculum, schools which have good programmes for preventing addiction and violent behaviour, good programmes of promoting healthy diet and healthy lifestyles will continue achieving and improving them according to their best practice.

Previous national reports (Vugrinec et al. 2011; Vugrinec et al., 2012) describe implementation of the programme *Unplugged - Prevention of Tobacco, Alcohol and Other Substance Abuse in Youth (*under Croatian name *Imam stav).* During 2009 and 2010*,* the Faculty of Education and Rehabilitation Sciences University of Zagreb implemented the programme in Croatia. The programme is based on learning life skills and concept of social influences wherein it promotes positive and healthy behaviour and affects prevention of psychoactive substances abuse (smoking, consuming alcohol and other psychoactive substances). In 2011 the PET PLUS association started to implement the programme in co-operation with the EU-Dap Faculty team, international organization which has the right to implement the project. Educators will be trained so that the association will be qualified for further implementation of teacher’s training. It will be supported by the Education and Teacher Training Agency which has enlisted the training of teachers and expert associates for supervisors of school prevention programmes as part of the *IMAM STAV* activity into the catalogue of professional training activities.

Life Skills Training (Trening životnih vještina) is a universal prevention programme aimed at at-risk behaviour (tobacco smoking, alcohol consumption or drug abuse) based on the development of particular skills and practices that have proven to be important preventive factors in the development of addictive behaviour in previous studies. It is a translation and adaptation of the evaluated and highly rated programme in the world. Originally an American programme, *Life Skills Training* (author: Botvin G.J.) was appraised as a “Model Programme” and has been implemented in a large number of 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. The programme involved 9 381 pupils, 480 teachers and 48 school coordinators (EDDRA, 2013; SQ25M, 2013). The evaluation results show that there are statistically significant differences in the consumption of addiction substances among students who were involved in the programme and those who were not involved in the programme (up to 30% less substance use in schools that have implemented the programme). The differences relate to the schools that have implemented the programme entirely and in a quality manner in the defined period. As an example of good practice, the programme has been implemented for the third time now in the Zadar County. It includes

3 200 sixths and seventh-grade primary school students. The implementation of the programme has been supported by the Ministry of Health, the Zadar County, and the City of Zadar. In addition, an agreement has been signed on implementation thereof in the following two years.

PATHS programme (*Promoting Alternative Thinking Strategies)* refers to the development of alternative thinking strategies. It was developed by authors M. Greenberg and C. Kusché in the early 1980s who were motivated by the need for comprehensive curriculum of universal prevention which would help prevent behavioural and emotional problems in children. The programme was designed so that it would be appropriate for application in schools, from pre-school to the fifth grade of elementary school. Programme activities are implemented by teachers within regular classes. The goal of the PATHS programme is to reduce aggression and behavioural problems, risk factors connected to a number of negative developmental results in later stages of a child's life. Activities of the programme are focused on emotional intelligence. Specific protective factors that are subject to the program are as follows: self-control, awareness of one's own emotions, positive self-respect, good relationship with others and interpersonal problem solving. Extensive research has shown that these skills enable good relationship with peers, affect better school performance, have a big effect on climate in the class and thus enable learning processes. The program is still conducted in Croatia within several programmes initiated by scientists at the Prevention Research Centre of the Faculty of Education and Rehabilitation Sciences in Zagreb (project manager professor Josipa Bašić). From 2007 to 2011 within the project called *Communities that Care: development, implementation and prevention evaluation* (*Zajednice koje brinu: razvoj, implementacija i evaluacija prevencije) PATHS-RASTEM* was conducted as a pilot project in Poreč and Labin, and from 2010 to 2012 within the project called *Implementation of evidence-based prevention programme aimed at socio-emotional learning through scientific evaluation and application in Croatian kindergartens and schools,* programme was implemented in elementary schools and pre-school institutions in Zagreb, Rijeka and the Istria County. Implementation of the programme continued in Poreč and Labin throughout 2011 and 2012 within the project *Implementation of PATHS-RASTEM programme in the first grade of elementary schools in Poreč and Labin.* The *PATHS-RASTEM* programme has been conducted in 15 elementary schools in Zagreb, Rijeka and the Istria County, and 30 schools have taken part in the research on the programme effectiveness. In addition, the implementation of the programme has also started in kindergartens: the *PATHS-PROGRAM* has been successfully conduced in 6 kindergartens in Croatia – two kindergartens in Zagreb, two in Rijeka, one in Vrsar and one in Labin. Local communities have recognized the importance of investing into emotional competences of their youngest citizens, especially since the traditional school system is oriented towards academic skills, and the research undoubtedly shows that children and youth need good emotional competences for quality and productive life and successful adaptation[41].

In the Koprivnica-Križevci County the programme LARA-social skills training has been implemented. It which consists of 8 workshops in which social and communication skills are trained, group dynamics is developed and appropriate ways of dealing with anger and frustration are learned. Last year's programme included 190 students. The programme has been implemented in cooperation with elementary schools and the Family Centre of the City of Zagreb.

[41] http://www.cpi-erf.com/projekti/paths-rastem-program, viewed on 2August 2013.

Family

Family is considered to be a foundation of society and represents the most important socialisation unit. The Social Welfare Act[42] has recognised the importance of a strong and healthy family and regulated the establishment of Family Centres – social welfare institutions established by the decision of the ministry competent for social welfare affairs – for provision of counselling services and assistance to families. They 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. As part of their activities they carry out counselling and prevention activities and other professional activities related to providing support to 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 to parents in exercising their rights, duties and responsibilities in the 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 provide support to parents, families, children, youth and other vulnerable groups in the population, and other tasks. The above interventions have also been presented in SQ25, 2013. Family Centres try to involve parents in their programmes through a number of workshops and seminars and to strengthten parents for responsible parenting. For example, the Family Centre in the Šibenik-Knin County has conducted a project called Parents for a Happy Child (*Roditelji za sretno dijete)* intended for all interested parents regardless of the child's age. The programme is based on the Choice theory. It has been conducted since 2005 once a week for two hours, and it is based on group work, seminars and practical application of the acquired knowledge. Furthermore, the Family Centre of the Vukovar-Srijem County has conducted the programme Strong through Upbringing (*Snažan kroz odgoj)*, intended for parents of children and adolescents. Through group work and discussion, the programme is focused on promoting responsible parenthood, strengthening parental competences, educating them about educational methods and preventing behavioural disorders and addictive behaviour in children.

By recognizing the importance of investing into parenthood, the League for the Prevention of Addiction has continued implementing the project called *Adventure of Parenthood* (*Avanturizam roditeljstva).* It is a project which has been conducted since 1997 in the Split-Dalmatia County. Its main activities are modular workshops for parents, school seminars for parents, instructions and working on recent literature, individual counselling, informing on and promoting the importance of parental roles. The project's goal is to raise awareness of the general public of the impact of parental responsibility on child's development and maintenance of family values, acquire pedagogically acceptable work techniques in which users acquire skills for effective educational procedures, and thus a decrease in violent, addictive or other unacceptable forms of behaviour. Project aims at a number of at-risk factors, such as permissive/authoritarian/indifferent educational style or inability of parents to perform their educational role (too big/ too small expectations, inadequate behavioural patterns/ role models, shifting responsibility onto the community). Furthermore, by improving communication within the family, setting the boundaries within education, strengthening cooperation between parents and schools, protective factors in the family environment become stronger. The programme is intended for parents and guardians of elementary and high school children who have already faced problems in raising their children and have asked for expert help with school services or social welfare centres, but also all those parents who have become aware of how demanding the role of a parent actually is and are prepared to work and learn, and who have joined the project on their own initiative.

[42] Social Welfare Act (OG 33/12).

Community

Addiction prevention programmes in the Republic of Croatia have been conducted at the level of 21 counties in which county commissions for combating drug abuse (county commissions) have been established. They are based on the work of experts in the areas of education, social welfare, healthcare, civil society organisations, county state administration offices and other relevant institutions that actively participate in combating drugs abuse. Universal prevention measures at the community level have also been presented in SQ25, 2013.

Prevention programmes at the local community level are usually 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 development. Experience has shown that the most effective prevention programmes are those conducted in cooperation of educational institutions and healthcare and social services, media and the local community.

Association Sirius – Centre for Psychological Counselling, Education and Research has implemented the project "Healthy Life" in Zagreb, Slavonski Brod and Šibenik. The main goal of the project is to prevent psychoactive substance abuse among children and the young through promotion of healthy lifestyles, encouraging users to make constructive use of their leisure time and strengthening social skills and healthy communication between children, their peers and their family members. Healthy lifestyles, sensitization of the general public about the problem of addictions among the young, providing children and the youth with knowledge and skills for the development of healthy lifestyles and strengthening of their social skills, teaching parents about effective parenting styles and encouraging them to spend quality time with their children is accomplished through promotional activities, bibliotherapeutic workshops, psycho-educational workshops for children and the youth, workshops for parents, creative-art workshops for children and parents and individual counselling. Activities for children and the youth are conducted in cooperation with schools.

In Split, the ANTS 1700 Association has conducted a project called "Joy of Creation" (Radost stvaranja), which is intended for children, the young and their parents from parts of town which are characterised by unfavourable factors. Having in mind the increasingly present phenomenon of unstructured leisure time of children and the young, the lack of financially available contents for children and youth within the community, as well as the lack of the ability of systematic development of social, communicational and creative skills, this project attempts to offer a place and contents which will satisfy the needs of its users and encourage healthy upbringing characterized by acquiring positive values and healthy lifestyles. This project includes creative and educational workshops for children and youth, exhibitions of children's art work and seminars for parents. Strengthening of parental capacities and improving communication between parents and their children is also an important part of this project.

A number of programmes and activities have been targeted towards activities of structural leisure time activities. According to that and with a purpose of preventing addiction among children and youth, the Ministry of Social Policy and Youth has co-financed associations' projects which refer to clubs and information centres for youth. In youth clubs, most parts of the programmes are created and implemented by youth for youth, and are aimed at informal education and organisation of leisure time at the local community. In addition, regional information centres provide free information services to youth and organise leisure time in their community (SQ25, 2013).

The League for the Prevention of Addiction has continued to implement the *EMA* programme*,* which has been conducted in Croatia since 2008. The aim of this project 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 associations and institutions which conduct addiction prevention activities at the regional level. The project is focused on strengthening basic social skills of youth by giving examples of the positive behaviour of older people and peers. Basic activities include workshops for young trainers, workshops that young trainers prepare for children and conduct under the expert supervision and individual assistance in learning and behaviour. Informing, training and mentoring of trainers 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. Evaluation results on implementation of the project in previous years show increase in self-respect in programme users, especially in representation, self-representation and presentation skills.

In many counties (e.g. in the City of Zagreb, Zagreb County, Primorje-Gorski Kotar County and Bjelovar-Bilogora County) implementation of the project "We can do more together" (*Zajedno više možemo*) has continued. It is an educational programme organized by the police and is intended for fourth and sixth-grade students and their parents.

Furthermore, in the Virovitica-Podravina County publications for different target groups were issued: for pre-school children, students and experts. Publications are focused on raising awareness of the adversity of psychoactive substances, ensuring information and encouraging local community to address addiction prevention.

Based on the knowledge of common at-risk and protective factors underlying different forms of risk behaviour, the Association for Promotion of Quality of Life and Maintaining Mental Health "Pozitiva" from Nova Gradiška has continued implementing the programme *Prevention of Modern Forms of Addiction* (*Prevencija suvremenih oblika ovisnosti)*. The general aim of the project is to prevent new forms of addiction among youth 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.

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. This implies greater importance of identifying risk factors for understanding the onset and development of substance abuse, especially among youth. Selective prevention interventions have also been presented in SQ26, 2013.

"At risk" groups

As a form of measures outside the institutions and an example of good practice within prevention programmes in 2012, the group work programme Small Creative Socialisation Groups was implemented for children from at-risk families and their parents (*Male kreativne socijalizacijske skupine)*. There were in total 71 creative socialisation groups, from which 11 groups were in Zagreb, and the others in the remaining areas of the Republic of Croatia. 145 project managers were engaged and about 1 000 children from at-high risk families and/or of risk behaviour were included. The value of this programme lies in the fact that it includes work with parents because it improves their parental competencies. It is a programme which has been implemented 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 at-risk family or social conditions, create a positive self-image and to strengthen and maintain the creativity and success within socially accepted activities. The programme cycle lasts for one year and consists of 25 workshops.

Since children and youth without proper parental care represent an at-risk group, addiction prevention programmes have been implemented in three children's homes which are based on interactive methods. For instance, the Home for children and young adults "Braća Mažuranić" in Novi Vinodolski has conducted the programme "Find your way into the healthy life" (*Pronađi svoj put u zdravi život)*, aimed at improvement of quality of life among children and youth in that institution, teaching some areas from health education, developing social skills, increasing their knowledge about addictions and their consequences, changing of attitudes on consuming addictive substances and developing attitudes towards addiction as an unacceptable way of satisfying one's needs. Furthermore, the Home for children and youth in Osijek has conducted the project *Smoking prevention* (*Prevencija pušenja*) intended for the beneficiaries of the home aged 14-21. The programme is based on the elaborated manual *Smoking prevention* of the Forum for freedom of upbringing, and its goal is to decrease smoking through making decisions to lead a healthy life. Programme "Be brave, say no!" (*Budi hrabar, reci ne!)* has been implemented in the Home for Children in Zagreb, subsidiary Laduč, and is intended for the beneficiaries of the home, i.e. children in higher classes of elementary school.

Since 2005 the Roma Association Zagreb and the Zagreb County have conducted the project "Drugs? No Thanks!" (*Droga? Ne hvala!)* on a continuous basis. The programme is intended for students in higher classes of elementary school and young people up to 20 years of age living in the municipality of Pešćenica in Zagreb which is characterized by a number of unfavourable factors. Targeted training, lectures, public discussions, workshops and various organized activities for spending quality leisure time are organised as part of the project. The long-term goals of the project are preservation, improvement and advancement of mental and physical health of youth in the municipality of Pešćenica and encouragement of the project beneficiaries to further engage in preventing and combating addiction among children and youth. In 2012, the Roma Association and the Zagreb County participated in the EMCDDA project of mapping preventive interventions intended for national minorities. The project was described in the publication *Drug Prevention Interventions Targeting Minority Ethnic Populations: Issues Raised by 33 Case Studies* (EMCDDA, 2013).

Within the Parents' Association „Zajednica Susret" Zagreb there has been a youth club *We are not bored* (Nije nam dosadno) since 2011. The targeted population of the club are students in Zagreb who are at risk of experimenting with addictive substances because of their marginal place and unfavourable situation at the job marked, feeling of being lost in a big city, lack of personal space and loneliness. The purpose of the programme is to teach the young new skills which will be useful to them in private and professional life in an interesting and interactive way. The programme offers an alternative to cafes and night clubs and promotes healthy lifestyles.

Association Ambidekster has implemented a project called "My healthy style" (*Moj zdravi stil)*, which is mostly aimed at prevention of addiction and at-risk behaviours connected to addictive lifestyle and is primarily intended for at-risk groups of young people and their parents, with participation of teachers and experts from the local community, as well as volunteers - activists (around 600 beneficiaries). The project has been created in the community and for the community and it is based on a multisystem intervention model which uses circular communication among all relevant participants in the community to encourage and enable the ecology of relationships and universality of the system of prevention. It is based on concepts of at-risk and protective factors and resistance. Through informal education of youth, group socio-pedagogic work, individual work, mentoring of volunteers,

partnerships with other civil society organisations it attempts to contribute to a decrease in addictions and at-risk behaviours among youth (consumption of legal and illegal addictive substances, gambling, eating disorders, non-active lifestyle, and addictions to new technologies). The target group are young people aged 15-17, their parents and members of the broader local community.

In interventions intended for at-risk groups it is important to emphasize the active role of social welfare centres. In 2012, the social welfare centres included 667 at-risk children in interventions conducted in the form of half-day or whole-day residence in social care homes.

"At risk" families

For at-risk families where mistakes and negligence in childcare are various and frequent or when parents need special assistance in raising their child, the Family Act provides a possibility for pronouncing and executing caution measures relating to shortcomings in the upbringing of a child and measures of supervision over parental care. The above measures were also implemented also in 2012. They were pronounced and implemented by the Social welfare centre. According to the data laid down in the Annual Report of the Ministry of Social Policy and Youth for 2011,[43] 16 528 measures of family law protection were imposed, among which the measures of caution and supervision were predominant. In 11 385 cases parents were warned of the negligence in childcare. 4 560 measures were newly pronounced measures of supervision over parental care. 6 589 measures of family law protection pertained to children and youth with behavioural problems.

Family centres in several counties (Split-Dalmatia, Šibenik-Knin and Zadar County) have continued the Responsible Parenting (*Odgovorno roditeljstvo*) project. Activities have been conducted in cooperation with penal institutions of the Republic of Croatia. The project is intended for parents who are serving a prison sentence (some of whom are drug addicts) and their families. The purpose of the project is to improve and expand the support system for the families, to secure the conditions for improving family relationships and creating a positive family atmosphere, emphasize and preserve the role of parents of individuals serving a prison sentence, alleviate the negative consequences of parents' absence from families and ensure the conditions for improving social and emotional relationships between convicts and their family members. Activities with parents serving a prison sentence are conducted by experts from the Family entre in cooperation with penitentiary officers in adequate wards of the penitentiary, whereas the activities with the children and other family members are conducted on the premises of the Family Centres. The goal of the programme is to encouraging a wish for improvement on the addict's part and plan steps for improvement of the relationship and communication they wish to have with their family members.

The San Patrignano association has conducted a project called "Prevention for groups at risk" (*Prevencija kod rizičnih skupina*) which is focused on strengthening the family of a drug addict, who is usually preparing for treatment or is already undergoing treatment in a therapeutic community. The goal is to provide support to remaining family members, especially the children of addicts and to encourage a healthy communication within the family.

[43] According to the recent official data provided by the Social Welfare Centre

Recreational environment

As in previous years, at-risk students in primary and secondary schools and student homes participate in extracurricular activities with the goal of improving their socialization and learning of new skills. The aforementioned interventions usually include various sports activities with the goal to organise quality free time for children and youth and promote a healthy lifestyle. Furthermore, interventions focused on visitors of night clubs and other forms of night-time economy.

3.5. Indicated prevention

Indicated prevention aims at recognizing individuals with indicators highly associated with a particular risk of drug abuse development later in life or who manifest early signs of substance abuse. Indicated prevention programmes in Croatia are focused mainly on an individual approach to young people who have already experimented with addictive substances and/or have been referred to interventions by social welfare centres due to their behavioural disorders. Interventions are conducted at county services for mental health protection, addiction prevention and outpatient treatment and civil society organizations. For example, the Virovitica-Podravina County association for helping youth "Veranda" has conducted the project “Youth Counselling” (*Savjetovalište za mlade*) with the goal of gathering young people who have experimented with addictive substances or are motivated to improve themselves in the fight against addiction. The counselling centres promote psychosocial health, improve quality of life and prevent a number of negative developmental outcomes.

In July 2012, the Ministry of Health, Office for Combating Drug Abuse and Croatian Institute of Public Health organized a seminar on the implementation of the prevention programme *MOVE* – Short motivation intervention – Counselling of at-risk youth (*preventivni program – kratka motivacijska intervencija – Savjetodavni rad s mladima rizičnog ponašanja*) in Zagreb. The training was intended for experts from county Institutes of Public Health who deal with youth with at-risk behaviour, that is, young people who have experimented with drugs. *MOVE* is an intervention adopted from Germany and modified according to Croatian needs. It is comprised of 12 modules/units, and is based on experiences from various therapeutic concepts and theories which it tries to convert to short counselling sessions. The main goal is to include young people who would not seek counselling on their own and who prefer brief meetings which are in that case more efficient than other counselling methods. In that context, *MOVE* represents a mode of counselling with good results in a short period of time and it can be applied in various situations. It is based on a client-oriented approach (Rogers et al.) and social and psychological theories on attitude and behaviour adjustment. *MOVE* is suitable for young drug users who have minimum will for improvement, that is, who are ambivalent.

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 national authorities have conducted the campaign independently, mostly during the International Day Against Drug Abuse and Illicit Trafficking (26 June) and the Fight against Addiction Month (from 15 November to 15 December 2012.). In line with the above, the Office has designed, printed and distributed educational and promotional material intended for parents, children and youth with the goal of warning the public about the harmfulness of drug abuse and medical and social consequences of drug addiction. During the Fight against Addiction Month cooperation with

the media is extremely important. The media address the addiction problem from various standpoints, for example in educational and informational articles and shows on addiction and combating drug abuse with a special emphasis on healthcare improvement for children, youth and families and promotion of healthy lifestyles.

Furthermore, in 2012 programmes related to the International Day against Drug Abuse and Illicit Trafficking and the Fight against Addiction Month were conducted in most counties. Those programmes mostly consisted of activities aimed at raising awareness of the dangers of drug abuse.

4. Problem Drug Use (PDU)

4.1. Introduction

The problem of psychoactive drug abuse and addiction represents one of the 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 healthcare 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 2012 the national estimate of PDU and IDU population was done by the mortality multiplier method, as it was done in previous years. This method is based on mortality directly related to psychoactive drug use and addicts' mortality rate. In Croatia the database of the Registry of Persons Treated for Psychoactive Drug Abuse of the Croatian National Institute of Public Health is used for estimates, from which the number of persons treated in accordance with the EMCDDA definition is extracted, whereas for calculation of the mortality multiplier the Mortality statistics data of the Croatian National Institute of Public Health are used and defined as a proportion of the number of deaths caused by acute opiate intoxications and persons who have been previously treated and died of opiate intoxication. Since the number of acute intoxications is relatively small in Croatia, multiplier multi-year data are used for the calculation of the mortality multiplier. Therefore, the multiplier calculated for the nine-year period (2004-2012) is 1.52.

Multiplication benchmark - reference population are persons treated for psychoactive drug abuse according to the PDU definition N=6 587 (persons treated in 2012 for intravenous opiate use or regular/long-term use of opiates, cocaine and amphetamines) and when multiplied with the mortality multiplier 1.52 the estimated population of PDU addicts in Croatia is calculated. In 2012 it amounted to 10 012 persons, and with 95% CI the lower and upper estimate limits were 7 842-13 723 (Table 4.1). It means that that according to the estimate, in Croatia there were between 7 842 and 13 723 PDU addicts, and in the entire population per one thousand inhabitants there were between 1.83 and 3.20 PDU addicts, whilst at the age from 15-64 between 2.73 and 4.78 of them.

Table 4.1. Estimate of the size of the PDU population using the mortality multiplier method

	Lower limit	Upper limit	Mean estimate
Estimate	7 842	13 723	10 012
rate/1 000 (all ages)	1.83	3.20	2.34
rate/1 000 (15-64)	2.73	4.78	3.48

Source: Croatian National Institute of Public Health

Apart from the estimate of the size of the PDU population, in 2012 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

	Lower limit	Upper limit	Mean estimate
Estimate	998	1 746	1 274
rate/1 000 (all ages)	0.23	0.41	0.30
rate/1 000 (15-64)	0.35	0.61	0.44

Source: Croatian National Institute of Public Health

Table 4.2 shows that the estimated population size of current IDU addicts in Croatia in 2012 amounted to 1 274 persons and with 95%CI the lower and upper estimate limits were 998-1 746, which means that according to the estimate, in Croatia there were between 988 and 1 746 addicts who took drugs intravenously at least once a week.

5. Drug-related treatment: demand and availability

5.1. Introduction

Drug addiction in one of major social and health-related problems both worldwide and in the Republic of Croatia. Treatment of addicts and persons consuming drugs is an important strategic activity within programmes of combating drug abuse because non-treated or poorly treated addicts are the biggest drug users and drug dealers and thus significantly affect drug demand and availability on the market. A well-organised early warning system, and treatment of drug users and addicts significantly contribute to the achievement of the fundamental objective of the National Strategy on Combating Drug Abuse, i.e. to reduce drug supply and demand. The treatment encompasses all structured pharmacological and/or psychosocial interventions aimed at helping drug users with a view to improve their psychological, medical and social state.[44] In the Republic of Croatia, treatment of drug abusers is primarily conducted in the healthcare system, and certain forms of psychosocial treatment are also conducted in the social welfare centre, therapeutic communities and associations, as well as in the prison system. In addition, treatment of addicts who are minors or young adults, as well as occasional alcohol and drug consumers is also conducted in homes for children without adequate parental care, and children and youth with behavioural disorders.

Treatment of drug users or drug addicts within the healthcare system is divided into inpatient and outpatient treatment. Treatment in the healthcare system is provided for drug abusers and persons wishing to initiate abstinence, but having significant physical and psychic comorbidity, as well as social problems (accommodation). However, outpatient treatment is the main type of drug addiction treatment in Croatia. It is conducted by services for mental health protection, addiction prevention and outpatient treatment of county institutes of public health.

The system for collecting data on addiction treatment has had a long tradition in the Republic Croatia. The Registry of Persons Treated for Psychoactive Drug Abuse was established within the Croatian National Institute of Public Health as early as 1978. At the beginning, only information on inpatient treatment of addicts was collected. After the network of services for prevention and outpatient treatment of addiction (today: Services for mental health protection, addiction prevention and outpatient treatment) was established, data on persons in outpatient treatment were incorporated into the Registry. In order to collect as accurate information as possible on addiction prevalence and particularities of addiction population, data obtained from therapeutic communities and social welfare homes are being integrated

Five out of seven therapeutic communities provide data to the Registry. In addition, at the initiative of the Office for Combating Drug Abuse of the Government of the Republic of Croatia, as early as in late 2012 negotiations among the Ministry of Justice, the then Ministry of Health and Social Welfare and the Croatian National Institute of Public Health on the drafting of the joint *Agreement on cooperation and exchange of data and information relating to drug addiction treatment in prison system* were initiated. In the course of 2012 preliminary arrangements were made on the integration of the prison system into the *Registry of Persons Treated for Psychoactive Drug Abuse in the Republic of Croatia* kept by the Croatian National Institute of Public Health. They formed a basis for the future data exchange. According to survey and epidemiological data, the number of drug addicts in the Republic of Croatia has been on a continuous increase since 1990 in comparison to the pre-war years. Opiate addicts have constantly accounted for the majority of persons in treatment (80.9%). According to the data of the Croatian National Institute of Public Health, by the end of 2012 (31.12.2012) in the Registry of Persons Treated for Psychoactive Drug Abuse there

[44] Pompidou Group-EMCDDA Treatment Demand Indicator Protocol version 2.0, 2000.

were 31 771 persons, out of which 2 753 died. The Registry therefore recorded 30 018 living persons.

From 2002 to 2008, the number of persons treated for the first time for opiate addiction was around 800 a year. In 2008, the number started to decrease, thus leading to 430 new opiate addicts in 2010, 345 in 2011, and 313 in 2012, which was the lowest recorded number of new opiate addicts in the past 11 years. The proportion of persons treated for opiate addiction for the first time in the period 2000-2002 amounted to 40%, in 2002 it amounted to 20.8%, while ten years later it was around 4 times less, i.e. 4.9%. The proportion of persons treated for non-opiate addiction for the first time has been stable and ranged from 54 to 65%m and in 2012 it amounted to 53.9%. The distribution of persons by gender has not changed. They are mostly men, i.e. the ratio of treated men and women amounts to 4.7:1. Therefore, out of 7 855 treated persons, 6 477 were men, and 1 378 women.

In addition, the total number of new drug users has been on a decrease, i.e. the proportion of new persons in the addiction treatment system in 2012 amounted to 14.3%, which is fewer than in comparison to previous years (2008: 22.6%; 2009: 18.9%; 2010: 15.6%; 2011: 15%). More non-opiate than opiate addicts enter the system on an annual basis. However, since opiate addictions requires long-year treatment and care, they remain in the system for more years. Thus the number of opiate addicts is higher in total on an annual basis. Addiction population in Croatia is getting older (Table 5.14.) The average age of both men and women in the treatment system shows an upward trend. In 2008 the average age exceeded 30, and in 2012, 32.8 (2011: 32.1) years for persons in outpatient treatment and 33.8 for inpatient treatment (2011:33.3). Furthermore, the first treatment is requested by increasingly older persons so that the average age of persons entering outpatient treatment for the first time is 24.9 and inpatient as many as 32.6 years.

It can be said that the work of the system for addiction prevention and outpatient treatment in Croatia has significantly affected today's situation although drugs have become increasingly available and cheaper in the society. The number of addicts has not increased significantly in the past several years.

5.2. General description, availability and treatment quality assurance

The national drug policy depends on many factors such as political and economic stability, availability of different expert and scientific achievements in the field, widespread drug abuse, social awareness of the issue as well as the legal system and geographical location of a particular country. Addiction treatment and medical treatment of addicts on Croatia are primarily under the competence of the Ministry of Health which is responsible for medical treatment and addiction treatment in the healthcare system including inpatient and outpatient treatment of addicts.

Organisation-wise, drug addiction treatment is based on outpatient treatment organised within the network of services for mental health protection, addiction prevention and outpatient treatment established within county institutes of public health. In the 1990s, cities and/or counties in the Republic of Croatia started establishing addiction prevention centres, and in 2003, pursuant to the Healthcare Act (OG 121/2003) and the Act on Amendments to the Drug Abuse Prevention Act (OG 163/2003) the system for addiction prevention and outpatient treatment became part of the Institute of Public Health system, thus making the above addiction prevention centres part of county institutes of public health (services). As regards their organisation and scope of work, the services combine the activities of healthcare, social protection and education with the aim to conduct continuous monitoring,

education, psychotherapy, family therapy, HIV and hepatitis infection prevention and provide assistance in solving other life issues of addicts and their families, as well as to provide help to occasional consumers and their families.

The service network was established in 2004 when the centres/services for addiction prevention and outpatient treatment were set up pursuant to the Healthcare Act[45]. As of 10 June 2010 (Official Gazette 71/10) this also referred to the public healthcare service networks[46] which expanded its scope of work to mental health protection as well. Addiction prevention services thus became Services for mental health protection, addiction prevention and outpatient treatment. Each respective county institute of public health independently sets the names of its services so that the names of these services differ among counties.

The Ministry of Health and the Croatian Health Insurance Fund are also responsible for financing the treatment system, and the services are partly funded from the country budgets.

In Croatia certain types of treatment are also conducted in the social welfare system, therapeutic communities and homes for addicts. This is under the responsibility of the Ministry of Social Policy and Youth. The role and place of the social welfare activity in the treatment are reflected in the development of the programme for young people who have already encountered addictive substances, and in the organisation of adequate help to and protection of children whose parents are addicts. The social protection activity is part of the addiction treatment programmes as well as of rehabilitation and resocialisation of addicts. For addicts who can be motivated to full withdrawal (drug-free procedure) there is a possibility for providing services in a home for children or adults addicted to alcohol, drugs or other narcotic substances and in therapeutic communities. Therapeutic communities meeting the stipulated requirements pursuant to the Ordinance adopted in June 2009[47] by the Minister of social welfare, who is competent for social welfare issues, on the basis of the Social Welfare Act, have the possibility of obtaining regular financing based on the agreement with the Ministry of Social Policy and Youth. Medical treatment and addiction treatment are also conducted in prison institutions, which is under the responsibility of the Ministry of Justice. The main objective of the prison system treatment is to provide addicts and drug consumers with adequate treatment meeting the same principles and requirements as in the healthcare system. Certain treatment types are also conducted within associations and therapeutic communities that have been set up and have operated as associations. Treatments in these organisations are financed through self-financing, domestic and foreign donations and/or through calls for proposals of the Ministry of Health and the Office for Combating Drug Abuse, as well as from the EU funds.

Significant resources are allocated to treatment in Croatia. According to *The survey of public expenditures and the establishment of performance indicators in the area of drug abuse combating in the Republic of Croatia*[48] conducted in 2012 by the Office in cooperation with the Institute of Economics in Zagreb, expenditures related to addiction treatment account for the biggest share in the labelled public expenditures for combating drug abuse (56%). In the period 2009 to 2012 they ranged from HRK 45 000 000.00 to 55 000 000.00 annually. Unlabelled public expenditures in the area of treatment were much higher.

[45] Healthcare Act (OG 150/08, 71/10, 139/10, 22/11, 84/11, 154/11, 12/12, 35/12 i 70/12)
[46] Public healthcare service network (OG 98/09, 14/10, 81/10, 64/11, 103/11, 110/11, 141/11 i 61/12)
[47] 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).
[48] Analysis of Public Expenditures for Monitoring the Success of Achieving Objectives in the Field of Combating Drug Abuse in the Republic of Croatia.(2013). Zagreb: Office for Combating Drug Abuse and Institute of Economics.

If we look at unlabelled public expenditures intended for addiction treatment in 2012 *(for more detailed information see Chapter 1. Economic analysis 1.4.2 Labelled public expenditures in the area of combating drug abuse)*, there is an increase in expenditures in comparison to 2011 by as much as 37.8%, while the number of addicts in treatment increased only by 2.5%. Table 1.5 showing executed labelled public expenditures by activity groups leads to conclusion that the above increase refers to financial resources spent by the Croatian Health Insurance Fund which in 2012 amounted to HRK 33 931 135.15 as regards substitution therapy in treating opiate addiction. Out of the above amount, HRK 10 573 213.21 were allocated to buprenorphine and HRK 23 357 921.94 to methadone. On the other hand, it was in 2012 that the number of addicts treated by buprenorphine was for the first time higher that the number of methadone treatments.

5.2.1. Strategy/Policy

Pursuant to the National Strategy on Combating Drug Abuse 2012-2017 passed by the Croatian Parliament on 26 October 2012 and the Action Plan on Combating Drug Abuse 2012-2014 adopted the Government of the Republic of Croatia on 8 November 2012, one of the key objectives of the overall national policy on drug addiction treatment is to enhance treatment quality on a continuous basis and provide drug users or drug addicts with the optimum form of treatment in line with their respective needs. In order to achieve that objective the National Strategy stipulates the fundamental principles of the national policy on addiction treatment as follows: identification of addicts as early as possible, provision of timely treatment to as many drug abusers as possible, keeping of addicts under professional medical supervision and treatment as long as possible, easy access to programmes without stigmatisation and discrimination, individual approach, adaptation of the treatment programme to suit the needs of patients according to their clinical picture, motivation, age, gender, social conditions and other characteristics of a patient. For addicts without motivation for treatment, special “low intensity” programmes should be provided (interventions aimed at reducing mortality, occurrence of other diseases, etc.). The objective of these principles is to ensure equal access to different programmes of treatment, rehabilitation and harm reduction in the Republic of Croatia, and to adapt them to meet the local needs. In line with that, the main goal of the national treatment policy it to enhance quality and safety of treatments, and to standardise them, as well as to harmonise the procedures for monitoring, prevention, diagnosis, medical treatment and rehabilitation of addicts.

In Croatia there are several types of drug addiction treatments. These are as follows: inpatient and outpatient addiction treatment conducted in healthcare institutions, and treatment in social welfare institutions, therapeutic communities and certain associations. Treatment in the healthcare system is based on pharmacotherapy and psychosocial treatment including different pharmacotherapeutic and psychosocial interventions required for an efficient and comprehensive treatment of a person. Outpatient treatment of addiction diseases applies the professional agreed upon Croatian model encompassing continuous cooperation and joint action of specialised services for mental health protection, addiction prevention and outpatient treatment, and primary care physicians / family medicine teams in the implementation of addiction treatment. Due to such a treatment type and “low threshold” for entering the treatment system, there is only a small number of addicts who have not or were not covered by some form of treatment.

The social welfare system needs to provide such conditions in order to provide timely help to persons experimenting with or using drugs, and their families, and to undertake measures aimed at at-risk groups of children and youth as well as at-risk families in due time. In the social welfare system there are two basic types of institutions aimed at combating drug abuse, namely social welfare centres and social welfare homes (primarily homes for children and youth with behavioural disorders and educational homes). In order to ensure necessary capacities in the social welfare system for addicts, including minor addicts, the Ministry of

Social Policy and Youth will set up a new public social welfare network identifying required capacities for providing social services to addicts in the Republic of Croatia. Service agreements will be concluded with service providers on the basis of public invitations to tender for a concession.

The basic principle in combating drug abuse in the prison system is the same as in a community, namely drug supply and demand reduction including measures for addiction prevention, identification and treatment of addicts, prevention of drugs and other psychoactive substances entering the system. Short-term objectives are related to the motivation of prisoners to participate in the programmes, and long-term ones are rehabilitation and resocialisation of convicted addicts, healthcare and their maintained participation in the programmes in a community even after they are released from prison. The use of probation or pronunciation of alternative sanctions (i.e. sanctions and measures in a community) to addicts, perpetrators of criminal offences is increasing in the criminal jurisprudence of most countries worldwide. The first probation offices in the Republic of Croatia started to operate in June 2011. It can therefore be considered that the probation implementation process is still at its first, early stage.

The pronunciation of alternative sanctions (i.e. sanctions and measures in a community) to addicts, perpetrators of criminal offences is increasing in the criminal jurisprudence worldwide. It was the 1988 Declaration on the Guiding Principles of Drug Demand Reduction relating to the addiction prevention policy in the EU Member States that started emphasizing treatment approach towards convicted addicts instead of their punishing and detention. The first probation offices in the Republic of Croatia started to operate in June 2011. It can therefore be considered that the probation implementation process is still at its early stage. Probation does not cover psychosocial treatment of addict in its narrow sense but only certain interventions aimed at involving addicts into the existing types of psychosocial treatment in the healthcare and social welfare systems for the purpose of motivating perpetrators of criminal offences to stay in treatment. In order to provide drug users with required forms of psychosocial treatment, the probation services are primarily focused on close cooperation with all providers of different forms of psychosocial treatment intended for addicts within the healthcare and social welfare systems.

5.2.2. Treatment system

Organisation and assurance of treatment quality

Organisation-wise, drug addiction treatment is based on outpatient treatment organised within the network of services for mental health protection, addiction prevention and outpatient treatment established within county institutes of public health. Services provide substitution therapy, psychosocial treatment and other specific methods and procedures in line with their beneficiaries´ needs. Counselling represents the basis of the work conducted at services. In addition to individual and family counselling, they also conduct psychotherapy, behaviour modification, psychiatric treatment, prescription and continuation of already introduced pharmacotherapy, urine testing for drugs and their metabolites, and capillary blood for HIV, HCV, HBV and syphilis, somatic check-ups, where necessary, a series of preventive and educational activities, as well as other methods and procedures. It is pertinent to note that all treatment types are provided to addicts completely free of charge.

Within their regular activities, the services provide outpatient treatment to drug users and their families, which is conducted in cooperation with all relevant resources of the local community. The service is also a place of primary specialised health and psychosocial treatment of drug addicts and/or issues related to drug abuse. When conducting outpatient treatment of addicts, the services are the place of the first contact of addicts with specialised professionals who establish diagnosis and suggest adequate treatment in line with the

clinical picture. The most prominent type of treatment is substitution therapy by methadone or buprenorphine (Suboxone, Sutex). Approximately 80% of drug addicts are in some kind of treatment therapy.

Methadone substitution therapy was developed in the Republic of Croatia in the 1990s. It is usually used in three treatment forms: short-term inpatient detoxification, long-term outpatient detoxification and long-term maintenance. Buprenorphine substitution therapy was introduced in Croatian in 2004. Since 2006 the Croatian Health Insurance Fund has covered buprenorphine treatment costs, which affected the change in the ratio of opiate addiction treatment. While earlier approximately 80% of opiate addicts in Croatia were treated by methadone, over the past years 40% of opiate addicts have been treated by buprenorphine. Methadone has been used in as many cases. In order to standardise procedures and ensure substitution therapy treatment quality, in January 2006 the Government of the Republic of Croatia adopted the Guidelines for pharmacotherapy of opiate addicts using methadone. The then Ministry of Health and Social Welfare adopted the Guidelines for pharmacotherapy of opiate addicts using buprenorphine in November 2006. The implementation of substitution therapy requires continuous cooperation of physicians and specialists at the Services, and primary care physicians.

Addiction treatment is conducted in cooperation with teams of family medicine physicians, but within specialised inpatient programmes, and in cooperation with other healthcare and non-healthcare entities. Within the Croatian healthcare system, inpatient 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. Detoxification, pharmacotherapy and psychosocial treatment are conducted within inpatient treatment. The highest number of persons in hospitals is treated in the Psychiatric Hospital *Vrapče* and Clinical Hospital Centre *Sestre Milosrdnice.* Inpatient treatment includes detoxification procedure (from opiate, methadone, buprenorphine, sedatives), testing of abstinence tolerance with pharmacotherapy or without it, testing of adequate methadone dose, transfer from low methadone doses to buprenorphine or naltrexone, transfer from high methadone dose to buprenorphine (using temporary substitution with MST cont.), therapy revision and psychic stabilisation to prevent comorbidity complications and relapse. Therapeutic programmes are, inter alia, conducted according to the rules of the respective therapeutic community. Group and individual therapy (psychoeducation, motivation interview, counselling, supportive and cognitive-behavioural therapy) and family therapy (individually and in a group) are provided. Psychological testing is also conducted.

In the social welfare system, homes for addicts and therapeutic communities providing social protection and counselling work are the key component in the treatment of addicts. They provide social protection and counselling, psychosocial help and support, work therapy and occupational activities, health care and psychological support. In the Republic of Croatia there are 7 therapeutic communities with 31 therapy houses that offer treatment and psychosocial rehabilitation to drug addicts as associations or religious communities[49] within their humanitarian activities, or are organised and registered as therapeutic communities and social welfare homes[50] for addicts in accordance with the legal regulations in area of social welfare. 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 welfare homes primarily conduct treatments and

[49] Remar Espana, Muondo Nuovo Association, Papa Ivan XXIII Association, San Lorenzo Association – Cenacolo Community, Reto centar – prijatelji nade.

[50] Home for addicts "Zajednica Susret", Therapeutic Community Đurmanec Krapina, Therapeutic Community Ne-ovisnost.

programmes focused on addiction to drugs 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 and 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 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[51] was adopted, most of the therapeutic communities harmonised their work, hired skilled personnel and in accordance with the standards stipulated by the Ordinance improved their working methods and programmes. Since 2011, 5 therapeutic communities have provided data on treated persons to the Registry of the Croatian National Institute of Public Health. Furthermore, the role and place of social welfare in the treatment are reflected through the work with the so called at-risk families, children showing some behavioural disorders, as well as other forms of treatment and care. The role and place of the social welfare activity are reflected in the development of the programme for young people who have already encountered addictive substances, and in the organisation of adequate help to and protection of children whose parents are addicts. The social protection activity is part of the addiction treatment programmes as well as of rehabilitation and resocialisation of addicts. Within the social welfare system, measures concerning family law protection and social welfare are undertaken for at-risk groups of children and youth, regardless whether they are children from at-risk family environment or children and youth with at-risk behaviour.

The prison system provides several different programmes which can be combined and supplemented to meet the needs of addicts. The programme types conducted in the prison system are the following: pharmacotherapy of opiate addicts: short-term detoxification, long-term detoxification, short-term (temporary) maintenance and long-term maintenance, therapeutic communities, groups of treated addicts, individual treatment programme, prevention, education and monitoring programme. Within probation activities it seems important to include addicts into the development and implementation of individual plans, clarify the link between drug abuse and criminal offences and provide assistance in identifying realistic methods for achieving positive changes. The most common way to ensure treatment quality in the Republic of Croatia is personnel training, professional events (seminars, conferences, etc.), specialised training courses and thematic meetings. For better evaluation of current trends in drug abuse and epidemiologic disease control, during 2012 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 treated addicts on the Pompidou forms[52] to the Registry of Persons Treated for Psychoactive Drug Abuse kept by the Croatian Institute of Public Health. Data delivery has significantly contributed to the improvement of the data collection system regarding treated

[51] 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).

[52] Pompidou form is a unified form used since 2000 for the collection of data on in- and outpatient treatment of addicts for the Registry of Persons Treated for Psychoactive Drug Abuse in the Republic of Croatia kept by the Croatian National Institute of 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).

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 and the representatives of the Croatian National Institute of Public Health have been organised. The majority of the representatives of therapeutic communities reported delivering the user data to the Croatian Institute of 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 also be integrated into the Registry. To that end, the joint *Agreement on cooperation and exchange of data and information related to the treatment of drug addicts in the prison system* is being developed.

In October 2012 the 7th *Croatian Symposium on Treatment of Opiate Addicts* was organised by the Drug Addiction Section of the Croatian Society of Alcoholism and Other Addictions, Addiction Reference Centre of the Ministry of Health and in cooperation of the Office for Combating Drug Abuse. The symposium focused on intersectoral cooperation in addressing specific issues in addiction treatment. The event emphasized the importance of intersectoral cooperation in the implementation of addiction treatment programmes. It also addressed other issues relating to treatment quality enhancement, such as the role family physician in the implementation of substitution therapy and addiction treatment, and driving capability and treatment of drivers addicts. Furthermore, in December 2012 a roundtable on the issue of treatment of women addicts, and in particular specific treatment programmes for pregnant addicts was organised by the Office and the Gender Equality Ombudsman. In addition, in December 2012 a meeting was held at the initiative of the Office with the representatives of competent ministries and institutions for the purpose of enhancing healthcare of treated addicts and enabling the exercise of the right to healthcare in the Republic of Croatia, as well as to settle the issues faced by treated addicts when transferring medical products across Croatian borders.

Drug addiction treatment in Croatia is based on pharmacotherapy and psychosocial treatment. However, while there are guidelines for pharmacotherapy, for now there are no *Guidelines for psychosocial treatment of drug addicts in the healthcare, social or prison system* in the Republic of Croatia. Since one of the key objectives of the overall national policy on medical and drug addiction treatment is to enhance medical and drug addiction treatment quality, in October 2012 the Office for Combating Drug Abuse set up the Expert working group for the development of the Guidelines for psychosocial treatment of drug addicts in the healthcare, social and prison system in the Republic of Croatia. The vision of the guidelines for psychosocial treatment is to use evidence to define and standardise psychosocial interventions in the drug addiction treatment in the healthcare, social and prison systems for the purpose of conducting good clinical practice in treating patients who have used drugs, promote the implementation of psychosocial interventions and harmonise the addiction treatment system. The working group consists of experts of various professions involved in the medical and psychosocial treatment of addicts, as well as of the representatives of relevant state bodies and civil society organisations. The guideline development exercise is coordinated by the Office for Combating Drug Abuse, which has supported the guideline development process at all stages - from searching literature and articles to preparing the first working draft guidelines. It is expected the Guidelines for psychosocial treatment will be adopted by competent bodies/ministries in November 2013.

Availability and diversification of treatment programmes

Medical care and treatment of drug addicts and drug consumers are carried out through substitution therapy and psychosocial treatment.

Substitution therapy

Implementation of substitution therapy requires continuous cooperation between specialists at the Services for Mental Health Protection, 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 (or a physician specialist - psychiatrist employed at a hospital), while the substitution therapy is administered by a family physician in the primary healthcare.

Opiate agonist (*methadone*), partial opiate agonists (*buprenorphine), partial* opiate agonist/antagonist *(subutex*) and opiate antagonists (naltrexone, naloxone) have the key role in the latest approach to heroin addiction. However, the addiction treatment doctrine stipulates that psychosocial treatment measures should be undertaken in addition to the application of opiate agonists.
There are several types of substitution programmes: short-term 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-term (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 agonist treatment (methadone, buprenorphine, etc.) is a confirmed addiction diagnosis according to the ICD-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 on Combating Narcotic Drug Abuse in 1996. Since 2006 the costs of buprenorphine pharmacotherapy of addicts has been borne by the Croatian Health Insurance Fund. In the second half of 2009 buprenorphine was supplemented by the buprenorphine / naloxone combination. Both medications are available to addicts.

In the Republic of Croatia opiate addicts have immediate access to free treatment of opiate disease, and the therapy is indicated on the main Croatian Health Insurance Fund list, in the N group of medications – (Medications affecting the nervous system); it can be found in various forms (tablets, ampoules, oral solution). In the Republic of Croatia, buprenorphine (*Buprenorphine, Subutex*), buprenorphine + naloxone (*Suboxone*) and methadone (*Heptanone, Methadone*) substitution therapies are available.

Psychosocial treatment

In addition to pharmacotherapy, drug-free treatment and different forms of psychosocial treatments are implemented, not only as part of the so called drug-free approach but also in addition to different forms of substitution therapy. Psychosocial treatment includes a wide range of social and psychological interventions referring to the psychosocial development of an individual in interaction with its social environment. Psychosocial treatment includes different non-pharmacotherapeutic interventions for the effective and comprehensive treatment of drug abusers. Psychosocial treatment is primarily characterised by the fact that it is always focused on the enhancement of interpersonal relationships and life situation.
Usual psychosocial interventions conducted within the healthcare, social and prison system are psychological level interventions such as: short advisory interventions and self-help groups, education of patient on communicable diseases, motivation-oriented interventions - motivational interviews, behavioural treatments, behavioural therapy and the CBT (cognitive behavioural therapy) as well as the CM (contingency management) – reward/punishment

system, psychoeducation, case study and relapse prevention, life skills training, dynamic psychology therapy (supportive-expressive), in case of comorbidity.

Counselling at the addiction prevention services is divided in three levels: individual counselling, behaviour modifications and family counselling. Individual counselling is focused on raising the knowledge level of drug users, addicts or family members and on motivation for further treatment. The objective of the behaviour modification work is to modify behaviour by embracing healthy behaviour patterns, developing self-esteem, working on the modification of attitudes, developing skills for better communication, adopting a constructive way of solving existing and future problems.

Social level interventions include assistance in providing basic needs such as food, clothing, accommodation and employment as well as basic care of health, friendships, community and happiness. Since April 2007 different psychosocial interventions have been conducted within the Project of social reintegration of drug addicts. In particular, they refer to psychosocial assistance after the completed treatment in a therapeutic community and/or prison release, and to assistance in various forms of education and employment of treated addicts as well as their inclusion into the community life (more on the Project in Chapter 8). Other psychosocial approaches include training of social skills, marital and family therapy, self-help groups, supportive-expressive or psychodinamic psychotherapy. There is also a wide and diverse range of approaches grouped under the terms “counselling”, “psychotherapy”, “case management” and “psychosocial treatment”. Many of them include different elements of the above psychosocial therapies, but they are difficult to define and classify. A special form of psychosocial treatment of addicts are therapeutic communities representing the institutional form of treatment based on the principle of community, self-help and climbing up the hierarchical ladder of personal roles in a community. The majority of therapeutic communities in the Republic of Croatia conduct drug-free treatment. Applied therapeutic procedures are mostly aimed at adoption of new positive behavioural norms, new attitudes and values. In addition to 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 have been established by civil society organisations, so the activities of therapeutic communities are very often complemented with the activities of the civil society organisations that have established them

Substitution therapy and psychosocial treatment are also conducted in prison institutions with the main purpose to provide addiction treatment according to the same principles and under the same conditions as in the public healthcare system. The treatment of drug addicts in the prison system includes medical, psychosocial, educational and labour-occupational component through healthcare, general and special programmes as well as preparation of post penal acceptance, which includes medical examinations, counselling, psychiatric treatment, testing for communicable diseases, substitution therapy and other (for more information see Chapter 9).

Since the addiction treatment system is based on outpatient treatment at the county level, and due to good territorial coverage of services, hospitals and therapeutic communities and associations, the services and programmes are equally and sufficiently available to all addicts and drug users regardless of their age, gender, sociodemographic status and medical condition.

5.3. Access to treatment

Within the Croatian healthcare system, inpatient treatment includes psychiatric hospitals, wards in general, county and clinical hospitals and a ward in the Prison hospital in Zagreb. On the other hand, outpatient treatment is available at 21 services for mental health protection, addiction prevention and outpatient treatment, Addiction Prevention Centre in Poreč and the polyclinic of the Clinical Hospital *Sestre Milosrdnice*.

In order to enter outpatient treatment a person needs to have a regulated right to healthcare in the Republic of Croatia. This is provided for in the 2002 Ordinance.[53] The above Ordinance provides the right to health insurance to all addicts treated in a healthcare institution or participating in the implementation of special measures for helping drug addicts in a therapeutic community, or other organised forms of assistance to addicts as long as these circumstances are in place. It can therefore be said that addiction treatment in the Republic of Croatia is completely free of charge and that there is a low threshold for entering the treatment.

Information on the characteristics of addicts included in the medical or psychosocial treatment in hospitals, services for mental health protection, addiction prevention and outpatient treatment, and therapeutic communities and associations, as well as psychoactive substance abuse trends in the Republic of Croatia is given below.

5.3.1. Characteristics of patients/clients

In 2012 a total of 7 855 persons were treated in the healthcare system. This was an increase by 2.5% in comparison to the previous reporting period (2011: 7 665). Table 5.1. shows that out of the total number of treated persons in 2012, 549 (2011: 563) persons or 6.9% were treated in hospitals (Tables 4.1.1. ST TDI1 and TDI2, 2012 and ST TDI1 and TDI2, 2013).

Table 5.1. – Number of persons treated for psychoactive drug abuse in 2011 and 2012 by gender and type of institutions

Gender and type of institution	Inpatient treatment						Outpatient treatment					
	M		F		Total		M		F		Total	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
Treated for the first time	109	**70**	56	**40**	165	**110**	828	**845**	158	**165**	986	**1 010**
Previously treated	300	**344**	98	**95**	398	**439**	5,070	**5 218**	1 046	**1 078**	6 116	**6 296**
Total	409	**414**	154	**135**	563	**549**	5 898	**6 063**	1 204	**1 243**	7 102	**7 306**
% in comparison to 2011	**+1.2%**		**-12.3%**		**-2.5%**		**+2.8%**		**+3.2%**		**+2.8%**	
Total	2011			**7 665**			2012			**7 855 (+2.5%)**		

Source: Croatian National Institute of Public Health

110 persons were treated for the first time (2011: 165), i.e. 33.3% fewer than in the previous year. This amounted to 20% of the total number of persons treated in hospitals for drug abuse. Outpatient treatment was provided to 2.43% more persons than in the previous year,

[53] Ordinance on criteria and procedure for establishing incapacity for independent life and work, as well as lack of maintenance funds for persons with permanent residence in Republic of Croatia for whom healthcare is not provided on other grounds (Official Gazette 39/2002).

i.e. 7 306 persons (2011: 7 102) or 93% of the total number of treated persons. 1 010 or 13.8% of the total number of persons in outpatient treatment underwent outpatient treatment for the first time. As in the previous year, it can be concluded that the work of the system for addiction prevention and outpatient treatment in Croatia has significantly affected current situation. Although drugs have become increasingly available and less expensive, the number of addicts has not increased significantly.

The break down of treated persons by gender did not significantly change in 2012 in comparison to previous years. According to the data on the gender of treated addicts, most of them were male. Out of 7 855 treated persons in total, there were 82.5% or 6 477 men, and 17.5% or 1 378 women who were treated for psychoactive substance abuse. The ratio of treated men and women amounted to 4.7 : 1.

Table 5.2. – Persons treated for psychoactive drug abuse in 2011 and 2012 by education and age

Educational level	M		F		Total		%	
	2011	2012	2011	2012	2011	2012	2011	2012
Incomplete primary school	103	103	12	18	115	121	1.5	1.5
Completed primary school	1 587	1 635	282	291	1 869	1 926	24.4	24.5
Completed secondary school	4 183	4 344	888	904	5 071	5 248	66.2	66.8
Completed college/university	297	311	127	136	424	447	5.5	5.7
N/A	137	84	49	29	186	113	2.4	1.4
Incomplete primary school	**6 307**	**6 477**	**1 358**	**1 378**	**7 665**	**7 855**	**100.0**	**100.0**

Source: Croatian National Institute of Public Health

As in previous years, the highest number of treated persons (5 248), i.e. 66.8% have completed secondary education (Table 5.2.). Almost one quarter of treated persons - 1 926 or 24.5% have completed primary education, whereas 121 persons or 1.5% have not competed primary school. 447 persons (5.7%) have completed a college or university. It can be concluded that given the low educational level of treated addicts, their education, employment and resocialisation play a very important role in the overall treatment and subsequent period of abstinence. Among treated persons, 3 254 or 41.5% were employed, while almost half of them (48.3%) were unemployed and economically inactive (6.4%). In 2012, there were 8.1% pupils, i.e. students (Table 5.3.). (Tables 9.1.1. and 10.1.1. ST TDI1 and TDI2, 2012, ST TDI1 and TDI2, 2013).

Table 5.3. – Persons treated for psychoactive drug abuse in 2011 and -2012 by labour status and gender

Labour status	M		F		Total		%	
	2011	2012	2011	2012	2011	2012	2011	2012
Regular employment	1 944	2 765	330	489	2 274	3 254	29.7	41.4
Pupil/student	482	495	147	142	629	637	8.2	8.1
Economically inactive	428	465	32	39	460	504	6.0	6.4
Unemployed	3 326	3 108	802	687	4 128	3 795	53.9	48.3

N/A	127	63	47	21	174	84	2.3	1.1
TOTAL	6 307	**6 477**	1 358	**1 378**	7 665	**7 855**	100.00	**100.0**

Source: Croatian National Institute of Public Health

For 7 650 (97.4%) of treated persons the information on their accommodation is known (Table 5.4.). According to the Croatian National Institute of Public Health, the majority of treated addicts have stable accommodation (83.9%), 3.3% of addicts live in an institution, while 10.2% of addicts have unstable accommodation. The information on the accommodation of 2.6% of addicts in unavailable. It is therefore possible that this is the proportion of homeless persons in treatment.

Table 5.4. – Persons treated for psychoactive drug abuse in 2011 and 2012 by living conditions and gender

Living conditions	M		F		Total		%	
	2011	2012	2011	2012	2011	2012	2011	2012
Stable accommodation	5 273	5 496	1 015	1 095	6 288	6 591	82.0	83.9
Unstable accommodation	570	595	216	205	786	800	10.3	10.2
Institution (penitentiary, prison, hospital)	201	236	24	23	225	259	2.9	3.3
N/A	263	150	103	55	366	205	4.8	2.6
TOTAL	6 307	**6 477**	1 358	**1 378**	7 665	**7 855**	100.00	**100.0**

Source: Croatian National Institute of Public Health

For 7 731 (98.4%) treated persons the information on their household composition is known (Table 5.5.). As in the previous years, although the average age of treated persons was 32.8, almost half of them (48.8%) lived with their parents. This represents a decrease in comparison to the previous reporting period when 50.5% lived with their parents, while in 2010 even more treated persons lived with their parents (54.7%).

In 2012, the number of persons living alone increased insignificantly (+1.2%). The proportion of persons living with a partner is at the last year's level. The decrease in the number of persons living with a partner and a child was negligible (-0.2%). The number of persons living with a child increased by the same percentage (+0.2%). 72 persons lived with their friends, i.e. 0.1% more than in 2011, while the number of persons living with someone else increased by 1.5%, amounting to 644 persons. For 124 treated addicts the living conditions are unknown. This is a decrease by 1.1% in comparison to 2011 (Tables 7.1.1. and 8.1.1. ST TDI1 and TDI2, 2012; ST TDI1 and TDI2, 2013).

Table 5.5. – Persons treated for psychoactive drug abuse in 2011 and 2012 by current living conditions and gender

Current living conditions	**M**		**F**		**Total**		**%**	
	2011	2012	2011	2012	2011	2012	2011	2012
Alone	892	995	127	143	1 019	1 138	13.3	14.5
With parents	3 375	3 336	499	500	3 874	3 836	50.5	48.8
Alone with child	31	30	78	97	109	127	1.4	1.6
Alone with partner	562	584	213	211	775	795	10.1	10.1

With partner and child	859	869	251	250	1 110	1 119	14.5	14.2
With friends	50	56	16	16	66	72	0.9	0.9
Other	408	524	102	120	510	644	6.7	8.2
N/A	130	83	72	41	202	124	2.6	1.6
TOTAL	6 307	**6 477**	1 358	**1 378**	7 665	7 855	100.0	100.0

Source: Croatian National Institute of Public Health

Out of the total number of treated persons, 4 661 (59.3%) were self-referred to treatment (Table 5.6.). The second most common way of referring to treatment way by primary care physicians (10.9%), followed by the court/state attorney's office (9.5%) as well as by family/friends (8%) and family (8.3%). For the majority of the persons treated on an inpatient basis (2013: 43%; 2011: 64.1%) the motivation for treatment was unknown, whereas the same information was unknown for only 0.7% of all persons treated on an outpatient basis.

Persons treated on an inpatient basis were self-referred to treatment in 37.2% of cases, while there were 61% of such persons in outpatient treatment. As regards this type of treated persons, a primary care physician plays an important role in referring them to treatment. In his way, 11.6% of persons were referred to outpatient treatment. In 2012, family and/or friends referred only 8% of persons to inpatient treatments. The same percentage also applied to outpatient treatment (Table 5.1.1. ST TDI1 and TDI2, 2012; ST TDI1 and TDI2, 2013).

Table 5.6. – Persons treated for psychoactive drug abuse in 2011 and 2012 by source of referral to treatment

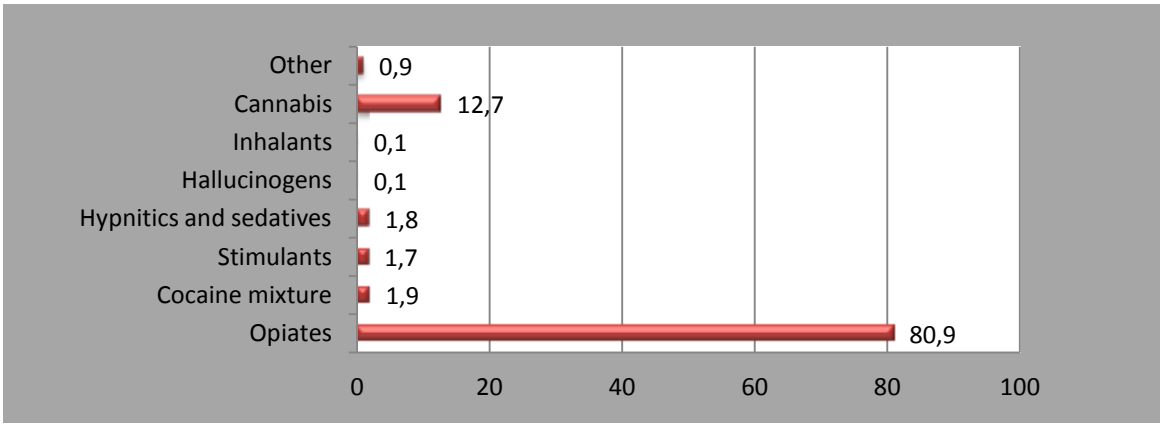
Referred by	M		F		Total		%	
	2011	2012	2011	2012	2011	2012	2011	2012
Self-referred	3 531	3 814	777	847	4 308	4 661	56.2	**59.3**
Family/friends	481	485	158	144	639	629	8.3	8.0
Other drug treatment centre	44	35	15	10	59	45	0.8	0.6
Primary care physician	650	710	122	149	772	859	10.1	**10.9**
Hospitals – other medical institutions	90	81	18	20	108	101	1.4	1.3
Social welfare centre	230	210	46	46	276	256	3.6	3.3
Court – State attorney's office – Police	731	687	51	59	782	746	10.2	9.5
Other	177	232	37	37	214	269	2.8	3.4
N/A	373	223	134	66	507	289	6.6	3.7
TOTAL	6 307	**6 477**	1 358	**1 378**	7 665	**7 855**	100	**100.00**

Source: Croatian National Institute of Public Health

Figure 5.1 shows that in 2012, as in the year before, the highest number of persons (80.9%) was treated for opiates as a main substance, followed by persons treated for cannabinoid use (12.7%). Stimulants, in most cases amphetamines, were mentioned as the primary substance by 1.7% of the treated persons, followed by hypnotics and sedatives (1.8%).

Cocaine abuse was reported as a reason of treatment by 1.9% persons (2011: 1.6%) (Tables 11.1.1. ST TDI1 and TDI2, 2013).

Figure 5.1. – Share (%) of persons treated for psychoactive drug abuse in 2012 by main substance



Source: Croatian National Institute of Public Health

The data on the main abuse substance and age (Table 5.7) show that, as in the previous year, young people up to 20 years of age come to treatment mostly because of cannabinoid use (85.1%). In 2012, 592 persons in this age group came to treatment. This was a proportion of 7.5% in the total number of treated persons in the previous year. Furthermore, 70% of persons in treatment for stimulants use were under 30 years of age, and 33% of persons in treatment for abuse of hypnotics and sedatives were in the age group 25-34. Most treated cocaine addicts were under 29 years (60%). In 2012, they primarily belonged to the age group 25-29 (27%), while in the previous reporting period the majority of them was in the age group 30-34. The age of opiate addicts was increasing. The highest number of persons covered by the treatment system in 2012 belonged to the age group 30-34 (31%), while 1 383 of them, i.e. 22% (2011: 18.6%) were over 40 (Tables 12.1.1. and 13.1.1. ST TDI1 and TDI2, 2013).

Table 5.7. – Persons treated for psychoactive drug abuse in 2012 by age and main substance

Main substance	AGE												Total	%
	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>=65		
Opiates	0	34	291	1 134	1 949	1 566	725	411	181	54	11	1	6,357	80.9
Cocaine	0	11	28	49	33	14	8	0	3	0	1	0	147	1.9
Stimulants	1	25	30	35	24	10	3	0	1	0	1	0	130	1.7
Hypnotics and sedatives	0	8	8	20	26	17	15	18	12	12	2	3	141	1.8
Hallucinogens	0	1	1	1	1	0	0	0	0	0	0	0	4	0.1
Volatile inhalants	0	1	0	3	1	0	1	0	0	0	0	0	6	0.1
Cannabis	22	482	277	108	56	26	16	9	1	4	0	0	1 001	12.7
Other psychoactive	0	7	11	19	10	10	7	4	0	1	0	0	69	0.9

substances														
TOTAL	**23**	**569**	**646**	**1 369**	**2 100**	**1 643**	**775**	**442**	**198**	**71**	**15**	**4**	**7 855**	**100.0**

Source: Croatian National Institute of Public Health

Table 5.8. – Persons treated for psychoactive drug abuse in 2011 and 2012 by main substance

Main substance	Total in 2011	Total in 2012	% 2011	% 2012
Opiates	6 198	6 357	80.9	80.9
Cocaine	126	147	1.6	1.9
Stimulants	128	130	1.7	1.7
Hypnotics and sedatives	145	141	1.9	1.8
Hallucinogens	10	4	0.1	0.1
Volatile inhalants	7	6	0.1	0.1
Cannabis	957	1 001	12.5	12.7
Other psychoactive substances	94	69	1.2	0.9
TOTAL	7 665	**7 855**	100.0	**100.0**

Source: Croatian National Institute of Public Health

By analysing the data on the modalities of main substance administration (Table 5.9) it can be noted that the predominant way of opiate administration is still intravenous administration (73.6%). Out of the total number of opiate addicts treated in 2012, 5 200 of them (81.1%) stated that they had used opiates intravenously at least once in their lifetime, while 526 (10.1) used opiates by intravenous administration in the month preceding the last treatment.

The data indicate that 18 opiate addicts in treatment consumed *methadone* used as therapy intended for addiction treatment intravenously, cocaine was usually taken by sniffing, as well as the majority of stimulants which were taken orally in 42.3% of cases.
6 cases of consumption of volatile inhalants by smoking were recorded. *Legal highs* in form of synthetic cannabinoids could often be found in air refresheners (Tables 17.1.1. ST TDI1 and TDI2, 2013).

Table 5.9. – Persons treated in 2012 by main substance use method

Main substance use method	Injection (%)	Smoking (%)	Eating/drinking (%)	Sniffing (%)	N/A (%)	Total (%)
Opiates	4 678 (73.6)	239 (3.8)	208 (3.3)	1 155 (18.2)	77 (1.2)	6 357 (100.0)
Cocaine	5 (3.4)	0 (0.0)	0 (0.0)	136 (92.5)	6 (4.1)	147 (100.0)
Stimulants	1 (0.8)	0 (0.0)	55 (42.3)	69 (53.1)	5 (3.8)	130 (100.0)
Hypnotics and sedatives	0 (0.0)	0 (0.0)	141 (100.0)	0 (0.0)	0 (0.0)	141 (100.0)
Hallucinogens	0 (0.0)	0 (0.0)	4 (100.0)	0 (0.0)	0 (0.0)	4 (100.0)
Volatile inhalants	0 (0.0)	6 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	6 (100.0)
Cannabis	0 (0.0)	1 001 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 001 (100.0)

Other psychoactive substances	0 (0.0)	2 (2.9)	9 (13.0)	0 (0.0)	58 (84.0)	69 (100.0)

Source: Croatian National Institute of Public Health

Drug-related comorbidity in the Republic of Croatia in 2012

Surveys conducted in the Republic of Croatia have shown that drug addicts usually simultaneously suffer from other diseases in addition to addiction, and that drug use may make the detection and treatment of other diseases difficult. For instance, drug use has been connected with delayed detection and treatment of tuberculosis (Jurčev-Savičević A. *et al*.; 2012), and some authors (V. Barišić, 2006) have stated that although addicts often state curiosity, peer pressure and entertainment as incentives to start using psychoactive substances, they are followed by psychological problems which, if not treated, may encourage self-treatment entailing the use of psychoactive substances. In addiction, according to the Croatian National Institute of Public Health, in 2012 peer pressure was ranked first as the main incentive to start using substances (30.2%); it was followed by curiosity (18.6%) and psychological problems (11%). Other incentives were entertainment, boredom and family issues.

It is worth noting that psychiatric comorbidity is common in addict population, whether caused by psychoactive substances or present regardless of psychoactive substance consumption. Depression, anxiety disorders and identity disorders were listed as the most frequent psychiatric disorders. If psychiatric disorders are not treated, addiction treatment procedure may complicate and thus increase the possibility of recidivism regardless whether a person has been in a treatment programme. The 2012 report of the Croatian National Institute of Public Health has shown that accompanying diagnoses of treated addicts are mental diseases and disorders. They usually refer to identity and behaviour disorders, affective and neurotic disorders, alcohol-related mental and behaviour disorders as well as other chronic diseases related to at-risk addict behaviours. Drugs also cause anxiety, depression or some other emotions. According to the epidemiological data of the Croatian National Institute of Public Health, in 2012, out of 7 855 treated persons 7% of them had at least one concurrent diagnosis, i.e. 548 persons (Table 5.10.).

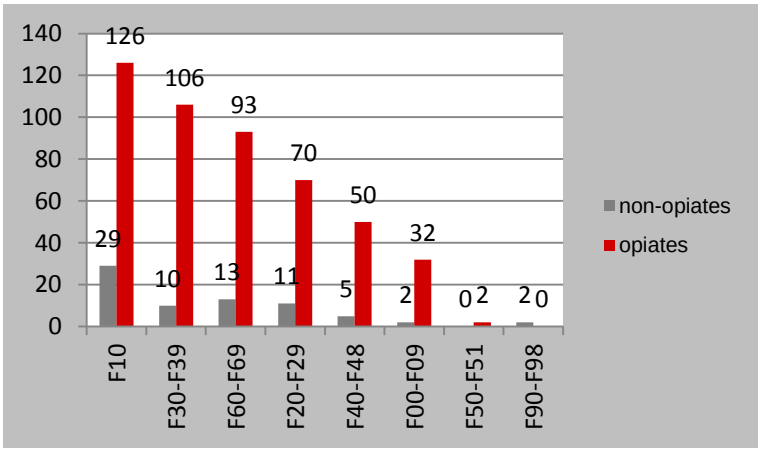
Table 5.10. – Concurrent diagnoses in addition to addiction disease diagnosed to persons treated for psychoactive drug abuse in the Republic of Croatian in 2012

Concurrent diagnoses		Opiates		Non-opiates	
		N	%		N
F10	Mental and behavioural disorders due to use of alcohol	**126**	26.3	**29**	40.3
F30-F39	Affective disorders (depression, mood disorders)	**106**	22.1	10	13.9
F60-F69	Disorders of adult personality and behaviour	93	19.4	**13**	18.1
F20-F29	Schizophrenia, schizotypal and delusional disorders	70	14.6	11	15.3
F40-F48	Neurotic, stress-related and somatoform disorders	50	10.4	5	6.9
F00-F09	Organic, including symptomatic, mental disorders	32	6.7	2	2.8
F50-F51	Eating disorders	2	0.4	0	0
F90-F98	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	0	0.0	2	2.8
TOTAL CONCURRENT DIAGNOSES		**476**	**476**	100.0	**72**

Source: Croatian National Institute of Public Health

Some surveys have shown that specific characteristics of a person's personality such as seeking excitement with comorbidity personality disorder lead to alcohol or drug consumption in order to control the comorbidity personality disorders in this way (Butorac). The above author has also stated that researchers have shown that identity features are linked to disorders of psychoactive substance abuse.

Figure 5.2. - Concurrent diagnoses in addition to addiction disease diagnosed to persons treated for psychoactive drug abuse in the Republic of Croatia in 2012



Source: Croatian National Institute of Public Health

Figure 5.2 shows that the highest number of psychoactive drug addicts were diagnosed with (F10) mental and behavioural disorder due to use of alcohol as a concurrent diagnosis. The disorder accounted for 26.3% of opiate addicts, and as many as 40.3% non-opiate addicts. Among opiate addicts, the second most frequent were (F30-F39) affective disorders (depression, mood disorders) with a share on 22.1%, and among non-opiate addicts, disorders of adult personality and behaviour (18.1%). As regards opiate addicts they were followed by (F60-F69) disorders of adult personality and behaviour (19.4%), and schizophrenia, schizotypal and delusional disorders (14.6%). As regards non-opiate addicts, the most frequent disorders were the ones linked to excessive drinking (40.3%). The second most common disorders were disorders of adult personality and behaviour (18.1%), schizophrenia, schizotypal and delusional disorders (15.3) and affective disorders (depression, mood disorders) – 13.9%.

In total, concurrent diagnoses were more frequent among opiate (7.5%) than among non-opiate addicts (4.8%). In 2012, 476 opiate addicts and 72 non-opiate addicts were diagnosed with a concurrent diagnosis.

Drug abuse and addiction were the most frequent disorders in addition to alcoholism. A survey conducted in the Republic of Croatia on a sample of 500 alcoholics treated on an inpatient basis has shown that drug abuse and addiction has been established in 38% of cases (Buljan), thus supporting the data that the frequency of drug abuse and addiction in the general population amounts to 3.5%, and in the population of alcoholics 18%.

It is estimated that approximately 70% of psychoactive substance users suffer from psychic disorders manifested to the extent that they can be diagnosed with another psychiatric disorder (Bagarić). Disorders caused by psychoactive substances may be characterised by different symptoms (e.g. anxiety) which are similar to primary mental disorders (e.g. generalised anxiety disorder). Psychoactive substance use as a comorbidity diagnosis can

be established in a wide range of psychiatric disorders. Psychoactive substance abuse or addiction is established among schizophrenic patients, patients with panic disorder, major depressive disorder, bipolar disorder, and among persons with various personality disorders, etc. These conditions are difficult to assess precisely considering the existing psychoactive substance abuse causing problems on its own. Disorders caused by psychoactive substance always have to be taken into account when assessing depression, anxiety or psychotic conditions.

Addiction treatment in therapeutic communities and associations

The Drug Abuse Prevention Act (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 stipulated that therapeutic communities and associations shall deliver data to the Croatian National Institute of Public Health and the Office for Combating Drug Abuse. However, not all therapeutic communities or associations have submitted complete and proper reports (using the Pompidou forms) to the Croatian Institute of Public Health and the Office for Combating Drug Abuse, thus preventing the adequate monitoring of drug abuse trends and addiction problems in Croatia. Although in 2012 therapeutic communities and associations began to deliver data on the Pompidou forms to the Croatian Institute of Public Health more intensively, data on 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 on the beneficiary, and addicts in treatment in therapeutic communities and associations are often reluctant to reveal personal information. Therefore, the data on the number of addicts in therapeutic communities collected by the Office (Table 5.13) differ substantially from those collected by the Institute (Table 5.9).

Table 5.11. - Data on addicts treated in therapeutic communities in 2012 collected according to the Pompidou forms

Therapeutic communities/associations	Men	Women	Total	%
Terra	8	7	15	3.5%
Reto	112	23	135	31.5%
Cenacolo	10	0	10	2.3%
Susret	148	31	179	41.8%
Papa Ivan XXIII	29	9	38	8.9%
NE - ovisnost - therapeutic community	51	0	51	11.9%
TOTAL	358	70	428	100.0%

Source: Croatian National Institute of Public Health

However, in 2012 significantly more date on beneficiaries were submitted to the Registry[54] of the Croatian National Institute of Public Health in comparison to 2011. In 2012, a total of 5 therapeutic communities and one association (Terra), which provided outpatient psychosocial treatment to addicts, submitted data on addicts to the Institute of Public Health using the Pompidou forms. According to these data, 428 persons – 358 men and 70 women – were treated in therapeutic communities (Table 5.11). This was a significant increase of 65.9% in comparison to 2011 when 258 persons –of whom 42 women – were in treatment (Table 5.12.).

Table 5.12. - Data on addicts treated in therapeutic communities in 2011 and 2012 collected according to the Pompidou forms, and trends in 2012 in comparison to 2012

Therapeutic communities/associations	2011		2012		+/- 2012/2011
	M	F	M	F	
Terra	4	3	8	7	+114.3%
Reto	19	6	112	23	+440%
Cenacolo	11	0	10	0	-9.1%
Susret	120	23	148	31	+25.2%
Papa Ivan XXIII	7	10	29	9	+123.5%
NE-ovisnost - therapeutic community	55	0	51	0	-7.3%
TOTAL	**216**	**42**	**358**	**70**	**65.9 %**

Source: Croatian National Institute of Public Health

It should be emphasized that this was not an actual increase in the number of persons in therapeutic communities, but that significantly more data were sent to the Croatian National Institute of Public Health on the Pompidou forms. The highest increase in data submission was recorded for the therapeutic community *Reto Centar,* with an increase by as much as 440% in data submitted on the Pompidou forms. The above therapeutic community primarily operates as an association and is not registered in the social welfare system. This indicates that data on addicts in civil society organisations can also be integrated into the Registry. One of the priorities in the previous period was therefore to improve the system for collecting data on the types of services and treatments provided in therapeutic communities and associations.

Table 5.13. Total number of persons treated in therapeutic communities and the proportion of persons never treated in the system

Therapeutic communities/associations	Total number of treated persons	Never treated	Proportion of persons never treated in total number of treated persons
Terra	15	4	27.0%
Reto	135	69	51.0%
Cenacolo	10	4	40.0%
Susret	179	10	6.0%

[54] The Registry of Persons Treated for Psychoactive Drug Abuse was established within the Croatian National Institute of Public Health in 1978.

Papa Ivan XXIII	38	10	26.0%
NE - ovisnost - therapeutic community	51	22	43.0%
TOTAL	**428**	**119**	**28.0%**

Source: Croatian National Institute of Public Health

According to the Croatian National Institute of Public Health, in therapeutic communities/associations there were 119 persons who had never been treated in the healthcare system or therapeutic communities. The biggest proportion of persons never treated before was recorded in the therapeutic communities *Reto Centar* and *Ne-ovisnost*, while the total proportion of such persons in therapeutic communities was 28% (Table 5.13.).

The proportion of opiate addicts in therapeutic communities was overall a bit smaller that their share in the healthcare system, and amounted to 73.8%, out of whom 70.3% were heroin addicts (Table 5.14.).

In the period 2007-2012, 7 therapeutic communities submitted data on the number addicts in therapeutic community treatment to the Office. According to the data collected by the Office, in 2012 (Table 5.13.) therapeutic communities provided treatment to a total of 685 persons, namely 548 men (80%) and 151 women (20%), out of whom 327 or 47.7% were new. In comparison to 2011, when the number of newly admitted persons amounted to 40.7%, the number of newly admitted persons in therapeutic communities increased, but the total number of addicts in therapeutic community treatment decreased by 16.6%.

Table 5.14. Persons treated in therapeutic communities in 2012 by main addictive substance

Main addictive substance	Therapeutic institution						Total	
	Terra	Reto	Cena-ccolo	Susret	Papa Ivan XXIII	NE - ovisnost		
Heroin	13	101	5	141	23	18	301	70.3%
Methadone	0	2	0	2	0	1	5	1.2%
Other opiates	0	3	0	0	0	3	6	1.4%
Buprenorphine	0	0	0	3	1	0	4	0.9%
Cocaine	0	6	1	6	4	3	20	4.7%
Amphetamines	0	5	0	3	0	1	9	2.1%
Ecstasy	0	2	0	2	1	0	5	1.2%
Other psychostimulants	0	1	0	0	2	0	3	0.7%
Barbiturates	0	0	0	0	2	0	2	0.5%
Benzodiazepines	2	1	0	8	0	1	12	2.8%
Other hypnotics and sedatives	0	0	0	6	0	1	7	1.6%
Cannabinoids	0	4	2	8	5	2	21	4.9%

Other	0	10	2	0	0	21	33	7.7%
TOTAL	**15**	**135**	**10**	**179**	**38**	**51**	**428**	**100.0%**

Source: Croatian National Institute of Public Health

As in the healthcare system, the ratio of men and women in therapeutic communities amounted to 4:1. Opiate addicts were still predominant in therapeutic communities. Therefore, out of the total number of addicts, there were 509 opiate addicts in treatment with a proportion of 74.3% (Table 5.14.).

In addition to therapeutic communities, different forms of help and psychosocial treatment to addicts such as counselling and education of addicts and their families, referral to therapeutic communities abroad, different forms of assistance in psychosocial adaptation and social reintegration, psychosocial treatment programme within the drug abuse harm reduction programme, treatment programmes focused on at-risk children and youth such as occasional drug consumers are also provided by associations.

According to the collected data, in 2012 associations provided some form of psychosocial treatment to a total number of 374 drug addicts, out of whom 327 were male and 47 female addicts (Table 5.15). In addition, associations provided some form of psychosocial assistance and treatment to addicts involved in the resocialisation programme. In total there were 657 treated addicts out of whom 146 were women (for more details see Chapter 8. Social correlates and resocialisation), As regards data collection among associations, it should be noted that the quality of such data varies since they are often collected by volunteers or former addicts who are usually not trained enough for processing and collecting data pursuant to defined indicators. In the forthcoming period more attention should therefore be paid to organising training for persons collecting data on treated addicts in therapeutic communities and associations.

Table 5.15. - Number of addicts and consumers of other psychoactive substances in association treatment in 2012 by gender

Association name	Gender		Psychosocial treatment
	M	F	
Humanitarian organisation “Zajednica Susret”	151	31	182
Comunita Mondo Nuovo	28	0	28
Association “Terra”	8	7	15
NE-ovisnost	80	0	80
San Patrignano	18	9	27
Moji dani	42	0	42
TOTAL	**327**	**47**	**374**

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

Therapeutic communities and association have also reported on the problems they face. In particular this refers to insufficient communication and cooperation among local government authorities and civil society organisations, insufficient financial support of the local community, insufficient public awareness of addict resocialisation, insufficient motivation of addicts for participating in remote education and seeking employment, decreasing interest of institutions in the drug issue and poor communication among state institutions and civil society organisations.

Table 5.16. – Number of opiate addicts, addicts and users of other psychoactive drugs in therapeutic community treatment, and the number of persons treated for the first time in 2012 by gender

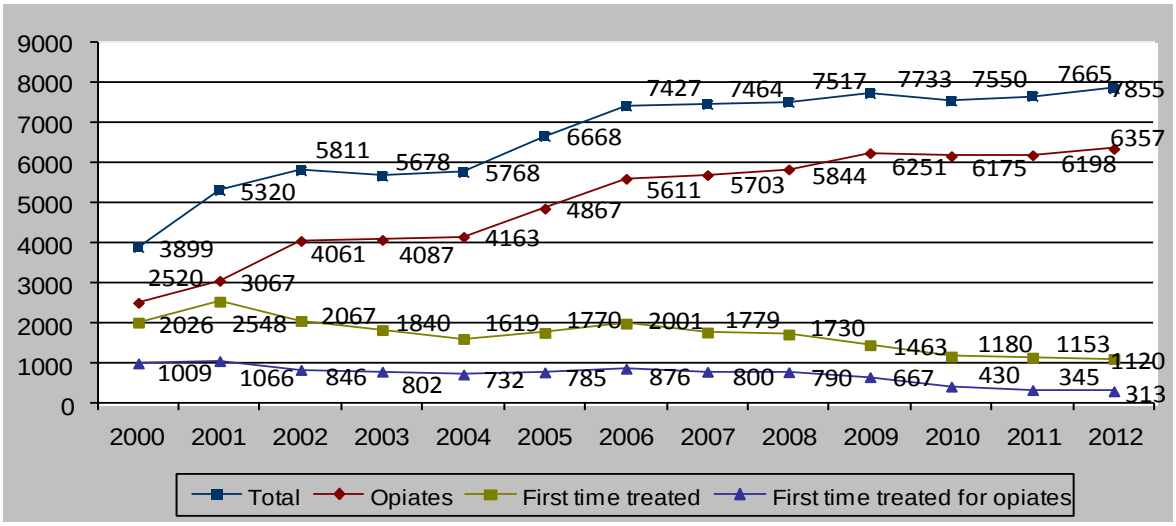
Number of opiate addicts, addicts and consumers of other drugs in therapeutic community treatment, and the number of the newly admitted	NE-ovisnost		Comunita Mondo Nuovo		Moji dani		Reto centar		Zajednica Pape Ivana XXIII		San Lorenzo-Zajednica Cenacolo		Addiction centre Zajednica Susret	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number of opiate addicts in therapeutic community treatment in 2012	32	0	20	0	27	0	34	22	20	9	146	48	125	26
Number of addicts and consumers of other drugs in therapeutic community treatment in 2012	48	0	8	0	15	0	36	24	11	3	0	0	26	5
Number of newly admitted opiate addicts in therapeutic community treatment in 2012	23	0	8	0	19	0	18	8	8	2	55	11	78	18
Number of newly admitted addicts and consumers of other drugs in 2012	14	0	4	0	9	0	18	10	6	1	0	0	15	2
Total number of addicts in therapeutic community treatment by gender	80	0	28	0	42	0	70	46	31	12	146	48	151	31
	80		28		42		116		43		194		182	
TOTAL NUMBER	**685**													
Total number of newly admitted persons in therapeutic community treatment by gender	37	0	12	0	28	0	36	18	14	3	55	11	93	20
TOTAL NUMBER	37		12		28		54		17		66		113	
TOTAL NUMBER OF NEWLY ADMITTED PERSONS	**327**													

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

5.3.2. Population in treatment and treatment characteristics

7 855 persons were treated in 2012, out of whom 1 120 were treated for the first time (14.3%). In 2012 the total number of treated addicts increased by 2.5% in comparison to 2011. The proportion of newly admitted persons in the addiction treatment system continued to decrease as in the previous year. In 2012, 6 357 persons were treated for opiate abuse, out of whom 313 were treated for the first time (4.9%). This was the smallest proportion of opiate addicts treated for the first time by then. The total number of treated opiate addicts increased by 2.6% in comparison to the previous year. Since 2000 there was an upward trend in the number of treated opiate addicts, with the exception of 2010 when there was a decrease of 1.2% in comparison to the year before (Figure 5.3.).

Figure 5.3. – Number of treated addicts, treated opiate addicts, persons treated for the first time and opiate addicts treated for the first time (2000-2012)



Source: Croatian National Institute of Public Health

The number of all persons treated in the healthcare system is relatively stable. The total number of persons in inpatient treatment dropped by 2.5% in comparison to the previous year. There was a difference in relation to the first-time treated and persons previously in inpatient treatment in comparison to 2011. In 2012 there was a decrease by 33.3% of the first-time treated in comparison to the previous reporting year. On the other hand, there was an increase in the number previously treated persons by 10.3% in comparison to 2011. As regards persons in inpatient treatment, they differed in the number of treatments they had undergone and gender. In that respect, there were 35.8% fewer men and 28.6% fewer women who underwent treatment for the first time in comparison to 2011. As regards the number of previously treated men, there was an increase of 15% in comparison to the previous year. At the same time, the number of previously treated women also dropped by 3% in 2012.

Data on persons currently in outpatient treatment show an increase of 2.9% in comparison to the previous reporting period. Among persons in outpatient treatment for the first time there was a total increase of 2.4%. There was an increase of 2.1% of such men and 4.4% of such women in comparison to 2011. As regards persons previously treated on an outpatient basis, there was an increase of 2.9%. The number of such men increased by 2.9% and women by 3.1% in 2012.

Data analysis on persons treated in the healthcare system 1999 to 2012 (Table 5.17.) shows a continuous increase in the number of addicts. In 2012 the total number of all treated persons increased by 2.5% in comparison to the year before. The number of opiate addicts was on the increase, and the number of persons treated for opiates rose by 2.6%. The number of the first-time treated continued to drop, as in the previous years. In 2012 there were 2.7% fewer newly admitted persons. The number of opiate addicts applying for treatment for the first time in a year has been on a decrease. In 2012, such number was record low (313 addicts), which was a decrease of 8.7%. In 2012 in the Republic of Croatia there were 1 498 non-opiate addicts accounting for 19% of all treated addicts. The proportion of first time treated non-opiate addicts dropped by 1.2% in comparison to the previous year and amounted to 53.9%. The data show no significant deviations. It is therefore assumed that the treatment systems organised at the services for mental health protection, addiction prevention and outpatient treatment has significantly affected today´s epidemiological addiction situation in Croatia. Addicts stay in the treatment system longer and the number of new ones has decreased despite the fact that drugs in our society have become increasingly available and less expensive.

Polydrug use is present in the large number of drug addicts. However, the main substance indicated as the main reason for entering treatment is determined by therapist. According to this criterion, in 2012 the majority of persons were treated for opiate as the main substance (80.9%), followed by cannabinoid abuse (12.7%), while other substances were less representative. In comparison to 1999, the number of opiate addicts increased 3 times, and non-opiate 1.5. In the total number of treated persons, the number of opiate addicts was on a continuous increase, while the number of non-opiate addicts decreased.

Table 5.17. – Persons treated for psychoactive drug abuse in the period 1999 – 2012

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
2011	7 665	6 198	80.9	1 467	19.1
2012	7 855	6 347	80.9	1 498	19.1

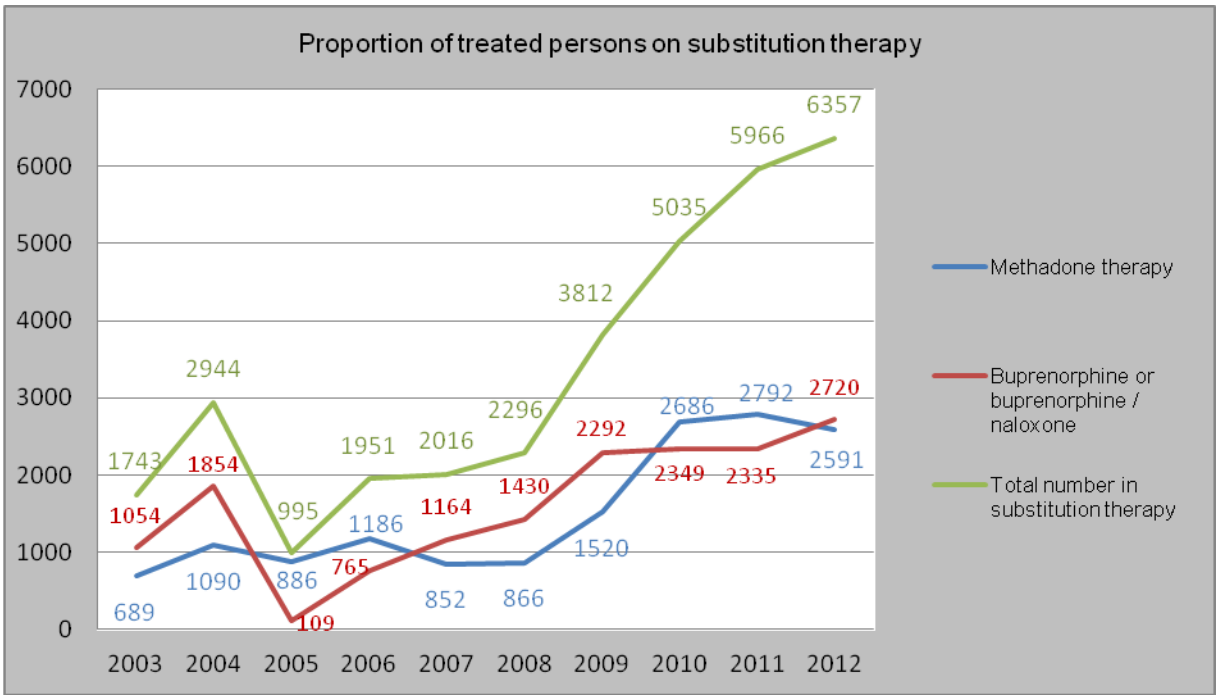
Source: Croatian National Institute of Public Health

Data collected in the observed period 2003 to 2012 (Figure 5.4) show that methadone as a substitution substance was less present in addiction treatment, but in 2010 and 2011 the number of addicts treated by methadone increased. Since the introduction of buprenorphine substitution therapy (2004) and legal regulation of treatment cost financing in 2006, from 2007 to

2009 the proportion of buprenorphine therapy was on a continuous increase, and from 2009 to 2011 it remained at the same level. In 2012, the number of opiate addicts treated by buprenorphine (42.8%) exceeded the ones treated by methadone (40.8%) for the first time.

From 2008 to 2011 the total number of persons in substitution therapy was on a continuous increase. In 2012, there were 4 424 (2011: 4 074) persons in maintenance treatment using some form of substitution therapy. They accounted for 66.6% of all opiate addicts.

Figure 5.4. – Proportion of treated persons on substitution therapy



Source: Croatian National Institute of 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 272.1 / 100 000 population aged 15-64 years for the total number of treated addicts at the Croatian level, and 220.2 / 100 000 population for opiate addicts.

The problem of drug-related diseases 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. Drug abuse prevalence in each county depends on the socio-demographic characteristics of the population, level of economic development, population employment, availability of drugs and other features.

It is known that drug abuse and consequent addiction diseases 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 for 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.

According to the data on the total number of treated addicts, in seven counties the number of addicts per 100 000 was above the Croatian average. As in previous years, these were the following counties: the Istria County (588.3), followed by the Zadar County (472.0), the City of Zagreb (430.0) and Šibenik-Knin County (382.6). In 2012, they were followed by the Primorje-Gorski Kotar County (373.0), Dubrovnik-Neretva County (351.5) and Split-Dalmatia County (332.2) (Table 5.18), while other counties were below the Croatian average. The rate persons treated for opiate abuse in the Republic of Croatia for 2012 amounted to 220.2.

Table 5.18. - Persons treated for psychoactive drug abuse and rates per 100 000 population aged 15-64[55]

County	Number of treated persons in total							
	Number of addicts in total		Rate per 100 000*		Number of opiate addicts		Rate per 100 000* (opiates)	
	2011	2012	2011	2012	2011	2012	2011	2012
City of Zagreb	2 331	**2 310**	435.6	**430.0**	1 703	**1 707**	318.2	**317.8**
Zagreb	397	**395**	176.4	183.4	266	**271**	118.2	**125.8**
Krapina-Zagorje	46	**53**	50.3	59.2	29	**26**	31.7	**29.0**
Sisak-Moslavina	83	**115**	74.4	101.1	44	**44**	39.4	**38.7**
Karlovac	79	**67**	92.5	79.4	41	**39**	48.0	**46.2**
Varaždin	249	**244**	204.7	204.7	210	**212**	172.7	**177.8**
Koprivnica-Križevci	62	**51**	78.1	66.3	34	**27**	42.8	**35.1**
Bjelovar-Bilogora	17	**16**	20.7	20.2	1	**6**	1.2	**7.6**
Primorje-Gorski Kotar	710	**758**	340.8	**373.0**	654	**703**	314.0	**345.9**
Lika-Senj	20	**20**	65.1	63.6	15	**17**	48.8	**54.1**
Virovitica-Podravina	33	**28**	57.3	49.3	24	**18**	41.7	**31.7**
Požega-Slavonia	52	**54**	97.5	106.1	37	**42**	69.4	**82.5**
Brod-Posavina	157	**163**	138.5	157.2	122	**128**	107.6	**123.5**
Zadar	576	**527**	493.7	**472.0**	552	**503**	473.1	**450.5**
Osijek-Baranja	298	**345**	138.2	166.9	212	**254**	98.3	**122.9**
Šibenik-Knin	252	**268**	344.4	**382.6**	236	**242**	322.5	**345.5**
Vukovar-Srijem	68	**148**	52.0	125.0	58	**128**	44.4	**108.1**
Split-Dalmatia	996	**1 013**	305.5	**332.2**	883	**887**	270.8	**290.9**
Istria	804	**840**	542.5	**588.3**	716	**735**	483.1	**514.8**

[55] *Rates per 100 000 population aged 15-64 (according to the 2001 Census, Croatian Bureau of Statistics)*

Dubrovnik-Neretva	278	**284**	330.3	**351.5**	231	**241**	274.5	**298.3**
Međimurje	124	**122**	154.6	158.8	99	**97**	123.5	**126.2**
Total Croatia	7 632	**7 821**	257.0	272.1	6 167	**6 327**	208.7	**220.2**
Other counties	33	**34**			31			
TOTAL	7 665	**7 855**			**6 198**			

Source: Croatian National Institute of Public Health

Addiction population in Croatia is getting older (Table 5.19.) The average age of both men and women in the treatment system shows an upward trend. In 2008 the average age exceeded 30, and in 2011, it was 32.1 years for outpatient treatment and 33.3 for inpatient treatment. Furthermore, the first treatment is requested by increasingly older persons so that the average age of persons entering outpatient treatment for the first time is 24.8 and inpatient as many as 32.6 years.

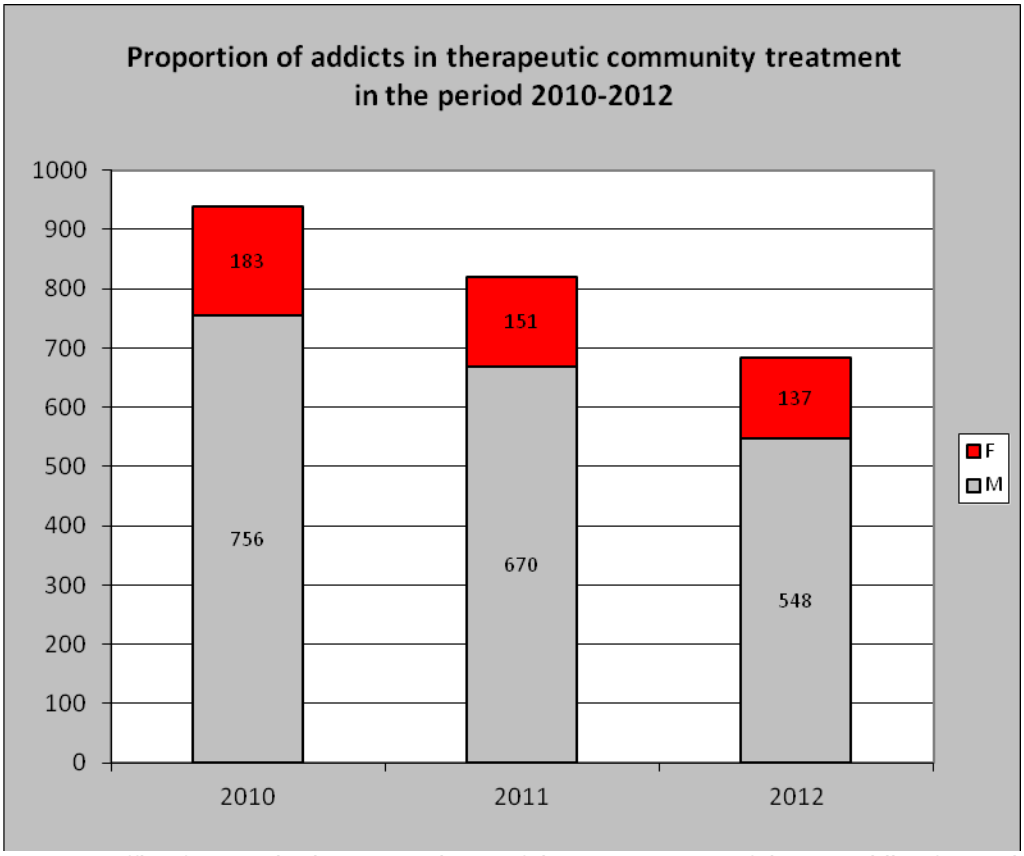
Table 5.19. - Average age of persons treated for addiction in outpatient treatment 2005-2012 by gender

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**	**32.2**
2012	**33.1**	**31.8**	**32.8**

Source: Croatian National Institute of Public Health

In addition, the number of new addicts in therapeutic community treatment in 2012 increased. The downward trend in the total number of addicts in therapeutic communities continued. In 2012, in comparison to 2011, the number of addicts in therapeutic communities decreased by 16.6%, while in comparison to 2010 it dropped by as much as 27% (Figure 5.5.).

Figure 5.5. – Proportion of addicts in therapeutic communities by gender 2010-2012

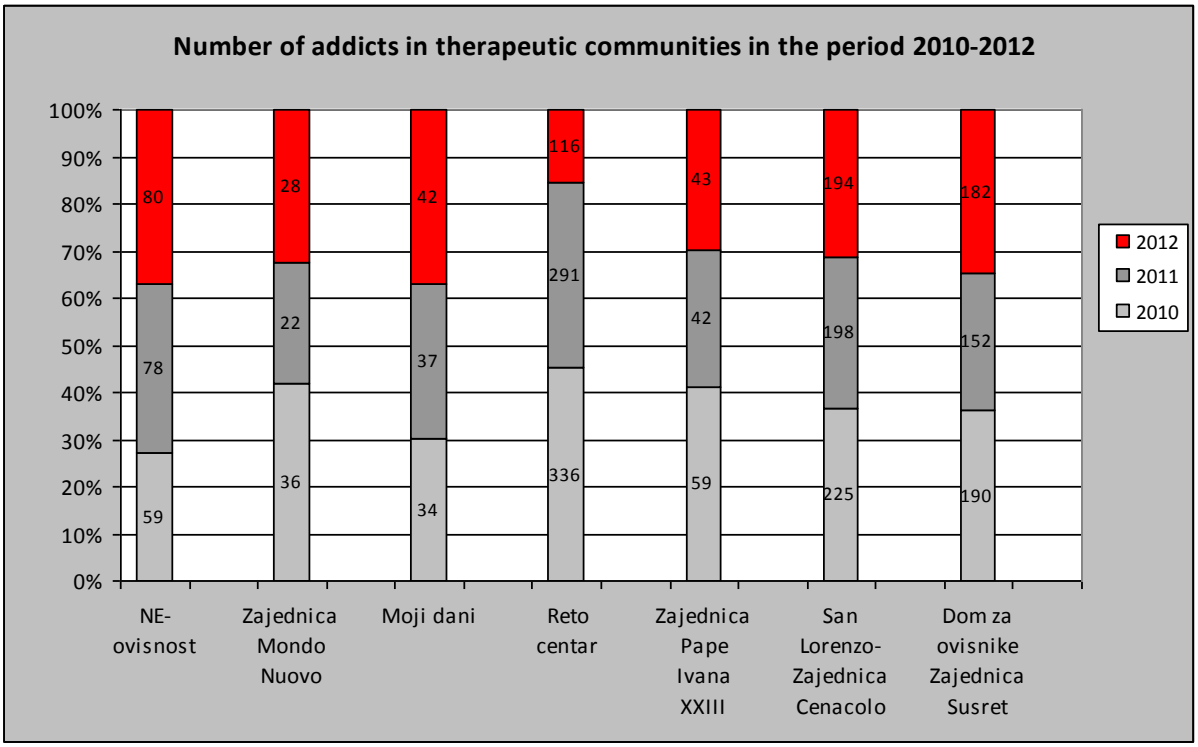


Source: Office for Combating Drug Abuse of the Government of the Republic of Croatia

Although in 2012, in comparison to 2011, the total number of persons in therapeutic communities decreased by 16.6%, most therapeutic communities respectively recorded an increase in the number of persons in treatment in comparison to 2011. Mondo Nuovo recorded an increase of 27.3%, Addiction Centre Zajednica Susret of 19.7%, and therapeutic community Moji Dani Đurmanec of 13.5%.

In the therapeutic community Ne-ovisnost there was an increase of 2.6%, while in the therapeutic community Papa Ivan XXIII there was a negligent increase of 2.4%. The therapeutic communities with a downward trend in the number of addicts were: Reto Centar with a decrease of 60.1% in comparison to 2011, followed by the therapeutic community San Lorenzo-Zajednica Cenacolo with a decrease of 2% (Figure 5.6.).

Figure.5.6. – Number of addicts in therapeutic communities 2010-2012



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

The above data lead to the conclusion that the Croatian treatment system is stable and effective. This is reflected in the fact that the addicts are provided with several different programmes and that they stay longer in treatment. The number of opiate addicts has been at its lowest level considering the past 10 years, indicating availability reduction of heroin on the Croatian market but also some new trends in drug consumption among youth. 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 the disease to some form of treatment.

Furthermore, as for enhancing the quality of work in therapeutic communities and their full integration into the social and healthcare 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 accommodation adequate for the territory of the Republic of Croatia. In addition, it is necessary to systematically address the issue of funding therapeutic communities and social welfare homes, and organising training for all professionals and therapists in homes for drug addicts and therapeutic communities, but also to 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 conducted in therapeutic communities.

6. Health correlates and consequences

6.1. Introduction

Risk behaviours of addicts often lead to new 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 continuous increased risk of contracting diseases such as Hepatitis B, C and HIV. Since intravenous administration of drugs represents the highest risk for the occurrence of significant health-related problems transferred by blood, as well as overdose and deaths related to psychoactive substance use, it is necessary to undertake continuous measures aimed at reducing harmful consequences of sharing needles and other equipment, and raising awareness of the importance of safe sex.

Data presented in this report provide and insight into the ways of using drugs in general, as well as the frequency of sharing drug equipment. Data on intravenous opiate use were recorded a month before the last examination and have been monitored in accordance with the data on lifetime prevalence of intravenous opiate use. In 2012, out of the total number of the treated opiate addicts, 4 614 (58.7%) (TDI1 and TDI2, 2013) of them reported that they had injected opiates at least once in their lifetime, but not currently, which was an increase of around 3% in comparison 2011. (55,2%) and decrease in comparison to 2010 (85,1%). Harm reduction programmes through needle and syringe exchange are necessary for the prevention of communicable diseases, and have been continuously implemented by civil society organisations and organisations such at the Croatian Red Cross in Zagreb, Zadar and Nova Gradiška, and the City Society of the Red Cross in Krapina. There are also harm reduction programmes carried out by the associations: “Let“, “Terra“, “Institut“, “Help” and “Ne-ovisnost” in the Istria County, Dubrovnik-Neretva County and Osijek-Baranja County, Vukovar-Srijem County, Šibenik-Knin County, Split-Dalmatia County, Primorje-Gorski Kotar County, Karlovac County, Zagreb County and the City of Zagreb.

In addition to the above programmes, free and anonymous testing of addicts for hepatitis B and C, as well as HIV infection has also been conducted this year. Such testing is conducted in cooperation with the Infectious Diseases Clinic “Dr. Fran Mihaljević”, Croatian National Institute of Public Health, Institutes of Public Health of the Primorje - Gorski Kotar County, Split – Dalmatia County, Dubrovnik – Neretva County, Osijek – Baranja County, the Brod – Posavina County, Zadar County and Istria County, as well as the City of Zagreb.

6.2. Drug-related infectious diseases

New indicators have only confirmed the efficiency of the harm reduction programme and education of addicts, being the result of the system in which each patient joining the programme of the Service of mental health protection, addiction prevention and outpatient treatment (Services) is required to provide information on shared use of drug equipment. In addition, upon each visit they are warned of the dangers of risk behaviour.

Furthermore, since the major risk factors for infection are intravenous drug use, promiscuous and unprotected sex, and work-related risks, each active injecting drug user included in a harm reduction programme has been warned to take all necessary measures against infections (use

of clean and sterile equipment for drug use, use of condoms during sexual intercourse, etc.). It is worth noting that addiction treatment also includes regular urine testing for the presence of drugs and their metabolites, as well as blood testing for HIV, HCV, HBV and syphilis, if the patient is prone to risk behaviour.

Table 6.1. - Persons treated for drug addiction by anamnesis data on hepatitis B, C and HIV infections (2006-2012)

Opiate addicts	2006 (%)	2007 (%)	2008 (%)	2009 (%)	2010 (%)	2011 (%)	2012 (%)
HIV positive	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Hepatitis B positive	15.5	13.6	13.2	10.5	10.4	7.3	6.5
Hepatitis C positive	46.2	46.3	44.6	42.3	46.0	40.5	39.2

Source: Croatian National Institute of Public Health

Due to continuous prevalence monitoring of drug-related infectious diseases among the population of injecting drug users in the Republic of Croatia, it can clearly be seen that trends have become stable again and show a low level of HIV infection and continued decrease in hepatitis B and C prevalence.

In the overall observed period 2004 to 2012 the number of hepatitis B positive opiate users showed a continuous downward trend (2004 - 19.2%; 2006 - 15.5%; 2008 - 13.2%; 2010 - 10.4%; 2011 -7.3%; 2012 - 6.5%). In addition, data on hepatitis C test results confirmed that the downward trend in the proportion of positive persons that had started in 2007 now continued, but it was interrupted briefly in 2010 when the proportion amounted to 46%. Then, the number of positive addicts dropped again, to 39.2% in 2012. The proportion of HIV positive persons has been low and stable for years. In 2012 it amounted to 0.5% (Table 6.1).

Positive trends recorded in the past years only confirm that activities such long-term education, timely notification, modern pharmacotherapy as well as the work of the counselling centres and needle and syringe exchange programme are effective, and that they should continue, while monitored and evaluated.

6.3. Drug-related deaths and mortality of drug users

Deaths related to psychoactive drug use refer to deaths which are direct consequences of abuse (intoxication, overdose), deaths considered to occur due to drug abuse (hepatitis, cardiovascular consequences) and other deaths of persons who were registered addicts. According to the definition of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), drug-related deaths refer to deaths that occur due to overdose by narcotic drug and intoxication by at least one illicit drug. The total number of psychoactive drug-related deaths may depend on several factors, such as the frequency and drug consumption method (intravenously, polydrug use), age of the addict population, concurrent diseases and disorders, availability of treatment and emergency medicine services.

Data on deaths are registered on the basis of the Statistical report on death (DEM-2 form), containing basic information on the person and death circumstances. Its component part is a Death certificate, form for registration of the main cause of death. Death causes and the

establishment of the link between death and illicit drug abuse are supplemented by toxicological analyses conducted by the Forensic Science Centre “Ivan Vučetić” within autopsies with the aim to establish the presence of illicit drugs in body fluids and tissues of deceased persons.

Due to coordination and cooperation of the Registry of Persons Treated for Psychoactive Drug Abuse, the Medical Demography Department of the Croatian National Institute of Public Health, the entire network of institutions for addiction treatment (Services for mental health protection, addiction prevention and outpatient treatment and hospitals), and the Forensic Science Centre “Ivan Vučetić“, almost all drug-related deaths are recorded and it can be established that the quality of data collection has increased. According to the data received by 10 June 2013, in 2012 a total of 165 persons died from causes related to psychoactive-drug abuse in Croatia.

Table 6.2. – Number of drug-related deaths by county for the period 2007 – 2012

County	2007	2008	2009	2010	2011	2012
Zagreb	5	13	7	9	14	9
Krapina-Zagorje	2	1	1		4	3
Sisak-Moslavina	4		1	1	3	2
Karlovac	4	1	2	5	2	4
Varaždin	3	2	4	6	10	3
Bjelovar-Bilogora	1		1	2	2	0
Koprivnica-Križevci			2	2	1	2
Primorje-Gorski Kotar	23	5	5	12	10	7
Lika-Senj	1				1	1
Virovitica-Podravina	3	2		2	1	3
Požega-Slavonia	3	2	2		1	2
Brod-Posavina	6	4	1	5	6	5
Zadar	12	13	13	8	14	7
Osijek-Baranja	16	6	5	3	9	12
Šibenik-Knin	9	7	6	4	6	7
Vukovar-Srijem	4	3	2	3	5	3
Split-Dalmatia	43	34	31	26	26	18
Istria	20	9	14	13	7	11
Dubrovnik-Neretva	9	5	4	8	4	10
Međimurje	3			2	2	2
City of Zagreb	64	66	58	41	65	54
Aliens	1	3			1	
TOTAL	**236**	**176**	**159**	**152**	**194**	**165**

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

Data in Table 6.2 show that the number of deaths has been stable since 2008 and under 200. The implementation of the planned National Strategy, introduction and maintenance of pharmacotherapy, and a stable system which is accessible and open, as well as ensurance of healthcare for all addicts have resulted in the stabilisation of the number of drug-related deaths.

A detailed overview of the causes of addicts´ deaths indicate a modified structure of causes, in particular as regards overdoses. Heroin overdose has continuously decreased since 2007. The number of heroin overdoses was 9 times smaller in 2012 in comparison to 2007. Methadone overdose was also on a decrease (27 persons, while in 2010 38 persons died of methadone overdose, and in 2011, 41 persons). In 2012, 61.8% (102 persons) of deaths were directly related to drugs (Table 6.3.).

Table 6.3. – Number of deaths in 2012 by cause of death

Cause of death	Number of deaths	%
Heroin overdose	9	5.45
Methadone overdose	27	16.36
Cocaine overdose	3	1.82
TOTAL	**39**	**23.64**
Other diseases	61	37
Accidents	17	10.3
Suicide	14	8.48
Medicine intoxication	6	3.64
Alcohol intoxication	2	1.21
Drug-related diseases	24	14.54
N/A	2	1.21
TOTAL	**165**	**100**

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

Data in Table 6.3. and ST 5 indicate that overdose by an opiate was established as a cause of death in 36 persons, 21.8% death cases. Out of opiate overdoses, 25% were by heroin, and 75% by methadone. Out of all recorded deaths, in 2012 methadone overdose was the cause of death in 27 (16.4%) persons, which is fewer than the year before when 41 persons (21.1%) died of methadone overdose. Since 2010 methadone overdoses have been more frequent than heroin. The reasons for the increasing presence of this cause of death may be found in illegal use of methadone, excessive treatment doses, inadequate use or reduced tolerance to opiates. Reports from the field show that heroin has become less available, so methadone is used not only as substitution in treatment, but also as an illicit substance.

In 2012, 3 persons died of cocaine overdose (1.8%). Deaths linked to cocaine abuse are much harder to identify because those directly caused by cocaine abuse are very rare and linked to 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.

The number of accidents, suicides, homicides and alcohol-related deaths has not changed significantly. In 2012, accidents were the cause of death in 17 cases (10.3%), a suicide in 14 (8.5%). They were followed by deaths caused by drug-related diseases in 24 cases (14.5%). The most common cause of death was chronic hepatitis as a consequence of infection and insufficient treatment. In 2008, "other" diseases were indicated as the cause of death in 9.5% of cases, in 2009 in 24.4%, in 2010 in 21.7% of cases, in 2011 in 38.7%, and in 2012 in 37.0% of cases. The increase in number of deaths caused by "other" diseases can be interpreted through the ageing population of addicts due to quality medical treatment and increasingly longer stay of addicts in the treatment system.

The development and enhancement of the system for updating data through toxicological analysis and autopsies have allowed for better data collection process and the quality thereof. In 2012, there were no cases with an unknown cause of death. This has confirmed the quality of the system for establishing, reporting and analysing causes of death. For only two persons who died outside the Republic of Croatia the cause of death has not been established.

Table 6.4. – Number of deaths by counties, gender and records of the Registry of Persons Treated for Psychoactive Drug Abuse

County	Gender		Total	%	Previous treatment		Total number of treated persons (%)
	M	F			Yes	No	
Zagreb	5	4	9	5.5	9	0	100
Krapina-Zagorje	2	1	3	1.8	3	0	100
Sisak-Moslavina	2	0	2	1.2	1	1	50
Karlovac	3	1	4	2.4	4	0	100
Varaždin	2	1	3	1.8	3	0	100
Bjelovar-Bilogora	0	0	0	0	0	0	100
Koprivnica-Križevci	2	0	2	1.2	2	0	100
Primorje-Gorski Kotar	5	2	7	4.2	5	2	71.4
Lika-Senj	1	0	1	0.6	1	0	100
Virovitica-Podravina	3	0	3	1.8	3	0	100
Požega-Slavonia	2	0	2	1.2	2	0	100
Brod-Posavina	4	1	5	3.0	5	0	100
Zadar	7	0	7	4.2	7	0	100
Osijek-Baranja	10	2	12	7.3	12	0	100
Šibenik-Knin	6	1	7	4.2	7	0	100
Vukovar-Srijem	2	1	3	1.8	2	1	66.7
Split-Dalmatia	16	2	18	10.9	16	2	88.9
Istria	10	1	11	6.7	10	1	90.9
Dubrovnik-Neretva	9	1	10	6.1	10	0	100
Međimurje	2	0	2	1.2	1	1	50
City of Zagreb	38	16	54	32.7	47	7	87

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

As in previous years, the highest number of deaths were recorded in the City of Zagreb - 54 persons (32.7%), followed by the Split-Dalmatia County with 18 (10.9%) deaths, Osijek-Baranja County with 12 (7.3%), Istria with 11 (6.7%) and Dubrovnik-Neretva County with 10 (6.1%) deaths. 7 persons, i.e. 4.2% died in the Primorje-Gorski Kotar, Zadar and Šibenik-Knin Counties, respectively. According to the number of death per population (rate/100 000 according to the 2011 Census, the number of drug-related deaths were above the Croatian average in the Dubrovnik-Neretva County, the City of Zagreb, Šibenik-Knin County, Istria, Zadar County and Split-Dalmatia County (Table 6.4).

Distribution of deaths by gender indicates that, as in previous years, men are represented in larger numbers, with rate of 3:8:1. The data in the table show that 150 persons or 90.9% were previously treated in the healthcare system, while for 15 persons or 9.1% the cause of death was also the first record of their psychoactive drug abuse. These data indicate that such cases were three times fewer in comparison to previous years, when analyses showed that around 30% of persons died of drug-related diseases without previous treatment..

Table 6.5. – 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	42.3	34.9
2012	43.5	34.2

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

The data on the average age at the moment of death in 2012 followed the existing trend in Croatia. The age of addicts at the moment of death is increasing. In 2012, the average age was 43.5 years, while persons who died of overdose were a bit younger, 34.2 years on average (Table 6.5.).

Table 6.6. – Percentage of persons died in 2012. by cause of death and years of treatment

Cause of death	Years of treatment							Total
	0-5	6-9	10-14	15-19	20-24	25-29	30-37	
Heroin overdose	**1**	**0**	**4**	**1**	**0**	**0**	**0**	**6**
% Cause of death	1.2	0	16.0	6.3	0	0	0	4.0
% Years of treatment	16.7	0	66.7	16.7	0	0	0	100.0
Methadone overdose	**6**	**1**	**4**	**6**	**1**	**0**	**0**	**18**
% Cause of death	7.1	6.25	16.0	37.5	33.3	0	0	12.0
% Years of treatment	33.3	5.6	22.2	33.3	5.6	0	0	100.0
Cocaine overdose	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**
% Cause of death	0	0	0	6.3	0	0	0	0.7
% Years of treatment	0	0	0	100.0	0	0	0	100.0
Other diseases	**44**	**6**	**6**	**3**	**1**	**0**	**1**	**61**
% Cause of death	51.8	37.5	24.0	18.8	33.3	0	33.3	40.7
% Years of treatment	72.1	9.8	9.8	4.9	1.6	0	1.6	100.0
Accidents	**8**	**4**	**4**	**1**	**0**	**0**	**0**	**17**
% Cause of death	9.4	25.0	16.0	6.3	0	0	0	11.3
% Years of treatment	41.7	23.5	23.5	5.9	0	0	0	100.0
Suicide	**12**	**2**	**0**	**0**	**0**	**0**	**0**	**14**
% Cause of death	14.1	12.5	0	0	0	0	0	9.3
% Years of treatment	85.7	14.3	0	0	0	0	0	100.0
Medicine intoxication	**2**	**1**	**2**	**0**	**0**	**0**	**0**	**5**
% Cause of death	2.4	6.25	8.0	0	0	0	0	3.3
% Years of treatment	40.0	20.0	40.0	0	0	0	0	100.0
Alcohol	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**2**
% Cause of death	2.4	0	0	0	0	0	0	1.3
% Years of treatment	100.0	0	0	0	0	0	0	100.0
Drug-related diseases	**9**	**1**	**5**	**4**	**1**	**2**	**2**	**24**
% Cause of death	10.6	6.25	20.0	25.0	33.3	100.0	66.7	16.0
% Years of treatment	37.5	4.2	20.8	16.7	4.2	8.3	8.3	100.0
N/A	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
% Cause of death	1.2	6.25	0	0	0	0	0	1.3
% Years of treatment	50.0	50.0	0	0	0	0	0	100.0
TOTAL	**85**	**16**	25	**16**	**3**	**2**	**3**	**150**
% Cause of death	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
% Years of treatment	**56.7**	**10.7**	**16.7**	**10.7**	**2.0**	**1.3**	**2.0**	**100.0**

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

Table 6.6. shows that the majority of persons who died had been treated for 0 to 5 years (56.7%). They were followed by persons treated for 10 to 14 years (16.7%). There were 10.7% persons who were in treatment for 6-9, i.e. 15-19 years. Among methadone overdoses (a total of 18 persons), most of them were treated for 0 to 5 years, i.e. 15 to 19 years (6 persons in each group or 33.3%). The number of opiate, i.e. heroin overdoses was on a decrease. Out of 6 persons, 4 persons were treated for 10-14 years (66.7%).

Drug-related diseases, most commonly indicated as the cause of death of addicts, are primarily linked to long-term use of psychoactive drugs. These are chronic hepatitis C, liver disease and

opiate dependence syndrome. When analysing mortality due to drug-related diseases, it is clear that the biggest number of persons were treated for 0 to 5 years (9 persons or 37.5%), while 5 deceased persons (20.8%) were treated for 10 to 14 years.

As regards other diseases most often indicated as the cause of death of addicts, there are circulatory and respiratory system diseases, and malignant neoplasms. Other diseases were the cause of death in a total of 61 persons, out of whom 44 (72.1%) were treated for 0 to 5 years. 6 persons were treated for 6 to 9 year (9.8%) as well as for 10 to 14 years (also 9.8%).

Table 6.7. – Diagnoses of deceased persons treated for drug-related diseased according to the ICD-10

Cause of death	ICD-10	Number	%
Opioid dependence syndrome, misuse and withdrawal with delirium	F11.1-F11.4	6	25.0
Dependence syndrome due to multiple use of psychoactive substances	F19.2	1	4.2
Chronic viral hepatitis C	B18.2	11	45.8
Liver diseases	K70-K77	5	20.8
Human immunodeficiency virus (HIV) disease	B20	1	4.2
TOTAL		**24**	**100**
TOTAL		**24**	**100**

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

In 2012, the most common cause of death among drug-related diseases according to the ICD-10 was chronic viral hepatitis C (B18.2) with a proportion of 45.8%, opioid dependence syndrome (F11.1-F11.4) with a proportion of 25%, followed by liver diseases (K70-K77) with 20.8%, while one person (4.2%) died of HIV disease and dependence syndrome due to multiple use of psychoactive substances, respectively.

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. Drugs also cause anxiety, depression or some other emotions.

Table 6.8. – Persons treated for drug abuse in health care institutions, by registered concurrent diseases and disorders (2012)

ICD-10		Opiate abuse		Non-opiate abuse	
		Number	%	Number	%
F60- 69	Disorders of adult personality and behaviour	93	19.4	13	18.1
F30-F39	Affective disorders (depression, mood disorders)	106	22.1	10	13.9
F40-F48	Neurotic, stress-related and somatoform disorders	50	10.4	5	6.9
F10	Mental and behavioural disorders due to use of alcohol	126	26.3	29	40.3
F20-F29	Schizophrenia, schizotypal and delusional disorders	70	14.6	11	15.3
F90-F98	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	0	0.0	2	2.8
F00-F09	Organic, including symptomatic, mental disorders	32	6.7	2	2.8
F50-F51	Eating disorders	2	0.4	0	0.0
TOTAL		**479**	**100**	**72**	**100**

Source: Croatian National Institute of Public Health

The 2012 data show that out of 7 855 treated persons, 7.0% of them were diagnosed with at least one concurrent disease. Concurrent diseases were more present among opiate (7.5%) than among non-opiate addicts (4.8%). The most frequent disorders among opiate addicts were related to alcohol (26.3%), followed by affective disorders (depression, mood disorders - 22.1%). Disorders of adult personality and behaviour were represented with 19.4%, and schizophrenia, schizotypal and delusional disorders with 14.6%.

The most common disorder among non-opiate addicts were related to excessive drinking (40.3%) thus exceeding the previous year level. The second most common disorders were disorders of adult personality and behaviour (18.1%), schizophrenia, schizotypal and delusional disorders (15.3) and affective disorders (depression, mood disorders) – 13.9%.

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 Parliament in 1996, and recognised and promoted by the Ministry of Health. The main objective of these activities is to reduce spreading of blood-borne diseases such as HIV/AIDS, hepatitis B and hepatitis C.

Harm reduction programmes consist of sharing injecting equipment, distributing condoms, collecting infectious waste (needles, syringes), cleaning the environment from the discarded equipment, distributing 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: HULOH Hepatos, Let, Help, Terra, Institut and Ne-ovisnost at drop-in centres and the so-called outreach locations.

Apart from exchanging 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 Centres for Free 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, County Institutes of Public Health (in Dubrovnik, Korčula, Osijek, Pula, Rovinj, Rijeka, Slavonski Brod, Split and Zadar), the Croatian Red Cross in Zadar and the 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.[56] In 2012 the Centres provided 4 957 individual counselling sessions to 2 754 users and 2 824 persons were tested for HIV (increase of 7% in comparison to 2011), 37 of which showed positive results, which was an increase of 12 persons in comparison to the previous year (Nemeth-Blazić, 2013).

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 their regular harm reduction activities print and distribute educational material related to drug overdose prevention. For example, on the website of the association Terra[57] and the association network BENEFIT[58] one can find information on drug overdose prevention with an explanation of the overdose process, the recognition of overdose signs and instructions on how to behave in case of an overdose of another person.

[56] Croatian National Programme for the Prevention of HIV/AIDS 2011 – 2015 was adopted by the Government of the Republic of Croatia at its session held on 14 April 2011.
[57] http://www.udrugaterra.hr/predoziranje/
[58] http://smanjenje-stete.com/s/index.php?option=com_content&view=article&id=8&Itemid=9

7.3. Prevention and treatment of drug-related infectious diseases with emphasis on treatment of hepatitis C among injecting 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 conducting hygiene measures and implementing 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 of needle and syringe exchange delivered to the Office for Combating Drug Abuse (ST10) by civil society organisations on an annual basis shows that the Croatian Red Cross has carried out the programme of needle and syringe exchange at drop-in centres in Zagreb, Zadar, Krapina and Nova Gradiška. The HELP Association has conducted the activities at the drop-in centre in Split, supplying with clean and sterile equipment a total of 46 locations in Dubrovnik, Makarska, Trogir, Šibenik, the island of Korčula (town of Vela Luka) and the towns in eastern Croatia: Osijek, Vukovar and Vinkovci. The Association for Promoting the Quality of Life LET has provided the services of syringe and needle exchange through the mobile equipment exchange programme. It also provides counselling and distribution of vouchers for free HIV testing on the territory of the City of Zagreb and the Zagreb County. The Terra Association has conducted a harm reduction programme at 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, an SOS phone for drug users is also active in the Terra Association. In the Istria County harm reduction activities are implemented by the association Institut at 10 locations in Pula and in Poreč, Rovinj, Novigrad, Bale, Umag, Fažana, Peroj and Banjole. The above associations founded in 2008 the BENEFIT Association Network, which provides information on harm reduction programmes, substitution therapy, HIV / AIDS epidemic in the population of injecting drug users, 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 2012. Similar to the previous years, needles and syringes were mostly distributed, followed by condoms and educational material.

Table 7.1. – Distributed equipment and educational material in 2012, by civil society organisations

Civil society organisation	Number of distributed equipment and educational material			
	Condoms	Needles	Syringes	Educational material
Croatian Red Cross	3 903	27 792	20 223	900
Institut	6 865	71 000	42 915	2 950
Terra	6 589	82 665	75 528	1 820
LET	17 510	76 847	32 878	1 495
HELP	20 000	390 000	85 000	14 000
HEPATOS	235	0	0	30
TOTAL	**54 902**	**648 304**	**256 544**	**21 195**

Source: Civil society organisations

Within the regular harm reduction activities, civil society organisations pay special attention to collecting infectious waste. In 2012, the organisations collected 177 232 needles, which was an increase in comparison to 2011 (121 500 collected pieces), primarily owing to the activities conducted by the HELP association which collected the majority, namely 85 000 pieces. Furthermore, more syringes were distributed than in 2011 - 97 847 (75 037 in 2011) (Table 7.2.)

Table 7.2. – Number of equipment collected by civil society organisations in 2012

Civil society organisation	Collected equipment	
	Needles	Syringes
Croatian Red Cross	9,638	9,634
Institut	56 650 (total)	
Terra	13,469	13,469
LET	12,475	10,193
HELP	85,000	20,000
TOTAL	177,232	97,847

Source: Civil society organisations

Table 7.3. shows the number of beneficiaries involved in the harm reduction activities in 2012. Out of the total number of beneficiaries, 93.0% also took part in the above programmes in previous years (excluding data on the LET associations). The number of new harm reduction programme beneficiaries in 2012 increased again (304 persons), after having recorded a decrease the year before in comparison to 2010. (276 in 2011, 412 in 2010).

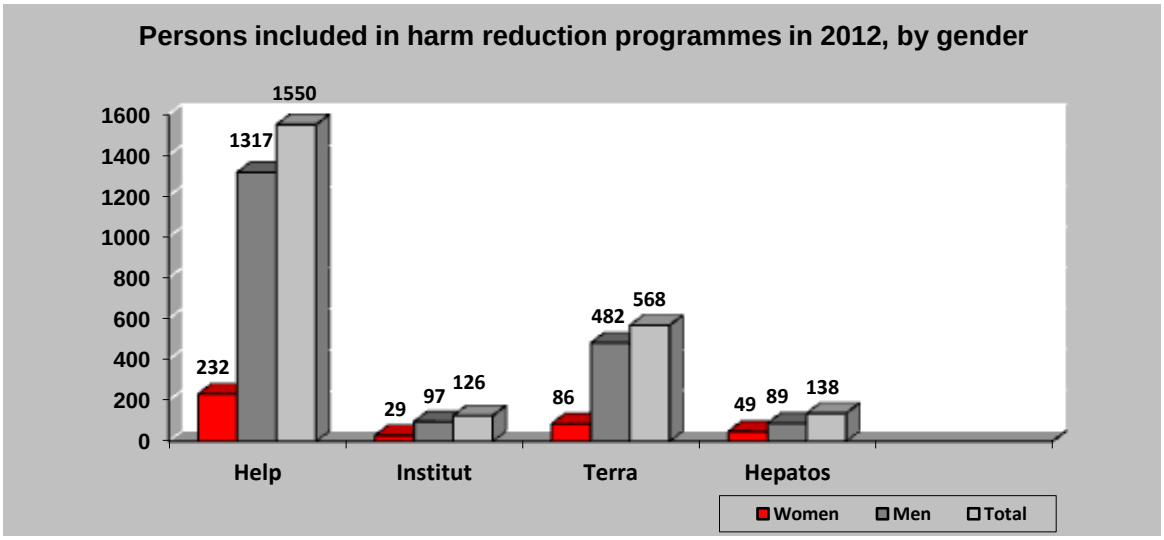
Table 7.3. – Harm reduction programme beneficiaries in 2012

Civil society organisation	Persons included in harm reduction programmes		Old beneficiaries (without LET association)		New beneficiaries (without LET association)	
	Total	%	Total	%	Total	%
Croatian Red Cross	1,948	100	1,831	93.9	117	6.1
Institut	126	100	81	64.3	45	35.7
Terra	568	100	533	93.8	35	6.2
LET	1,677	100	/	/	/	/
HELP	1,550	100	1,505	97.1	45	2.9
HEPATOS	138	100	76	55.1	62	44.9
TOTAL	6,007	100	4,026	92.9	304	7.1

Source: Civil society organisations

The majority of harm reduction programme beneficiaries were still male (Figure 7.1.). The available data show that the biggest number of male beneficiaries was recorded in the Help organisation (1 317 persons), and the biggest difference in gender in the Terra associations, with approximately 15% of female beneficiaries.

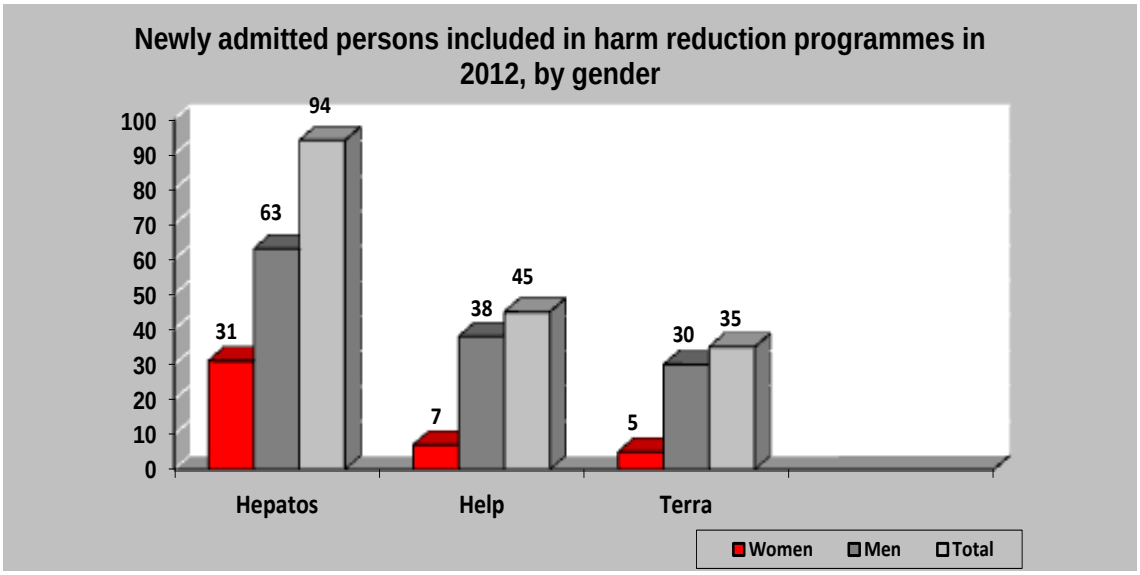
Figure 7.1. – Persons included in harm reduction programmes in 2012, by gender



Source: Civil society organisations

Figure 7.2. shows the gender structure of new harm reduction programme beneficiaries in 2012 for the civil society organisations that have collected the requested data. The smallest number of new beneficiaries was recorded in the Terra association (35 persons in total), out of whom 85.7% were men, while the biggest number (94) was registered by the Heptos associations, with 63 men and 31 women.

Figure 7.2. – New persons included in harm reduction programmes in 2012, by gender



Source: Civil society organisations

Some civil society organisations that implement harm reduction programmes monitor data on the number of beneficiaries infected with drug-related infectious diseases. For example, the Help association has estimated that 30% of the beneficiaries in the harm reduction programme are infected with hepatitis B, and 70% with hepatitis C. The association has also reported 12 cases

of HIV positive clients. On the other hand, the Institut association from Pula has stated that 30% of their clients are infected with hepatitis B, 45% with hepatitis C, while two persons have said they are HIV positive.

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. The Croatian Association of Treated and Ill with Hepatitis Hepatos is the leading association of the Federation 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 raise public awareness of 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. The association has conducted a programme called “Hepatitis among at-risk groups” covering cooperation with associations dealing with addiction diseases, 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 in the society.

Association HUHIV deals with prevention, education and support to those suffering from HIV infection, AIDS and viral hepatitis. After opening a counselling centre in the Clinic for Infectious Diseases “Dr. Fran Mihaljević” two years ago, the association also launched a free SOS telephone line, organised forums on HIV/AIDS, gathered groups of self-support patients, provided assistance in exercising the right to treatment, organised training of health professionals, youth and other activities. This year, in cooperation with the City of Zagreb and the Office for Health and War Veterans, the HUHIV has started the project “Check Point Zagreb” – a centre for free, anonymous, painless and reliable saliva testing for HIV, hepatitis C and other sexually transmitted diseases, which is intended for young people. At the first stage, the project shall allow outpatient rapid saliva testing for HIV and hepatitis C, and later, in cooperation with the Croatian Red Cross and the Clinic for Infectious Diseases “Dr. Fran Mihaljević”, counselling, psychological assistance, referral to relevant institutions for treatment and psychosocial support.

As regards hepatitis C treatment, persons undergo the treatment to prevent the development of life-threatening complications such as cirrhosis and liver cancer. The golden rule in the treatment of chronic hepatitis C is a combination of pegylated interferon and ribavirin. Pegylated interferon is administered in form of a weekly vaccine, and ribavirin in form of tables taken on a daily basis. The method for treating 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 the 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 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.

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 by other diagnoses of mental diseases 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 disease 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. Where applicable, the aim is to either achieve abstinence from drugs, or to reduce harm by using substances that do not exacerbate psychic disturbances.

8. Social correlates and social reintegration

8.1. Introduction

According to the 2011 Census, there were 4 284 889 inhabitants in the Republic of Croatia, out of whom 2 066 335 were men (48.2%) and 2 218 554 women (51.8%). In 2011, the average age of the Croatian population was 41.7 years (39.9 men and 43.4 women), placing it among the oldest nations in Europe. The demographic picture in Croatia has been characterised by depopulation and ageing for a longer period of time. The proportion of persons over 65 (17.7%) has exceeded for the first time the number of young people aged 0 to 14, while the proportion of persons aged 0 to 14 amounted to 15.2% (*Source: Croatian Bureau of Statistics*[59]). The population income survey is the basis for the calculation of poverty indicators and social inclusion for the Republic of Croatia. The survey is conducted in line with the EU regulations and the Eurostat methodology stipulated for the EU-SILC survey *(Statistics on Income and Living Conditions)*. In the Republic of Croatia it is conducted by the Croatian Bureau of Statistics. According to the survey, in 2011 the at-risk-of-poverty rate amounted to 21.1%, placing Croatia significantly above the EU Member States with estimated at-risk-of-poverty rate of 16.5%. In 2011, the at-risk-of-poverty-rate, according to the most frequent activity status, was the highest for the unemployed and amounted to 42.5%. For unemployed men it amounted to 46.2%, and for unemployed women 38.8%.[60] Persons at risk of poverty or social exclusion are persons in severe deprivation or living in households with low work intensity. The concept of social exclusion has been present in Croatian journals since the mid 1990s. Croatia, as other European countries, has faced serious challenges of social exclusion during society transformation and economy restructuring. The main causes of poverty and social exclusion in Croatia are long-term dependence on low or insufficient income, long-term unemployment, low paid or low quality jobs, low education level, fact that children have been raised in vulnerable families, effect of physical or mental disabilities, differences between urban and rural areas, racism and discrimination, as well as homelessness and migration to a lesser extent. The ministry competent for social welfare affairs with support of the United Nations Development Programme (UNDP) and participation of academic, governmental and civil society organisation developed the Joint Inclusion Memorandum (JIM) which was signed on 5 March 2007. The goal of the Memorandum is to help candidate countries to become more successful in their fight against poverty and social exclusion of vulnerable population groups, including treated addicts.

8.2. Social exclusion and drug use

Unlike other European countries, the Republic of Croatia went into the recession later, but also remained longer therein. Unfavourable economic trends have marked the whole period from late 2008 until today. In 2010 and 2011 the negative consequences of the crisis were partly reduced,

[59] Statistical report (2013), 2011 Census of Population, Households and Dwellings Population by gender and age.
2 POVERTY INDICATORS IN 2011 – Final results (2013), Communication – Population Income Survey, Zagreb: Croatian Bureau of Statistics.

but in 2012 there was a significant drop of the GDP by 2%, which had an adverse effect on the situation on the labour market and trends in the income of the employed. According to the administrative sources, the number of employed persons decreased by 1.1%, while in 2012 the total number of the unemployed increased on average by 6.2% in comparison to 2011.[61]

It is worth noting 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, with whom they share their essential living expenses. 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.

In the period of economic crisis and increasing social exclusion it is difficult to include socially vulnerable groups, included treated addicts, into the society and labour market. Since the system for combating addiction and preventing drug abuse in the Republic of Croatia has been developed since the mid 1990s, the Croatian public is particularly sensitive as regards the issued of drug abuse, as confirmed by the existence of the significant number of institutions and programmes dealing with the issue.

It is important to emphasize that in Croatia the healthcare for all addicts regardless of their employment status is provided and free of charge, and that there is no waiting period for entering the outpatient treatment system. The outpatient treatment of addiction diseases applies the Croatian model as agreed upon by experts. It encompasses continuous cooperation and professional activities of specialised Services for mental health protection, addiction prevention and outpatient treatment, and primary care physicians / family medicine teams in addiction treatment. Due to such treatment and “low threshold” for entering the treatment system, there are only few addicts who have not been or were not covered by some form of treatment. Furthermore, in Croatia as a land of traditional social values, the family still plays an important role in a person’s education and development. It also serves as protection against social exclusion. Consequently, drug addicts are often protected by their families, and only few of them are exposed to negative social issues, such as poverty and homelessness. However, a family in a socially turbulent environment is faced with many problems such as existential problems, migrations and social and economic uncertainty, and cannot deal with the issue of drug addiction on its own. Such family needs help not only in prevention of the issue, but also in treatment and resocialisation of the addict.

In its widest sense, resocialisation of drug addicts implies any form of social inclusion and affirmation through different activities in the area of sports, culture, work and other social activities. Resocialisation of drug addicts encompasses interventions aimed at social inclusion of drug addicts into the community life upon completion or during their treatment in a healthcare institution, withdrawal in a therapeutic community or prison sentence in the prison system, including psychosocial support, completion of education, retraining and employment, help with housing or organised housing of treated addicts (flat-sharing community). Since upon completion of treatment addicts often cannot find their place 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, many of them return later to addiction and addictive lifestyle.

[61] Report on the Implementation of the Joint Inclusion Memorandum in 2012 (2013), Government of the Republic of Croatia.

Resocialisation is therefore a logical follow-up to psychosocial rehabilitation and treatment, and an important factor in the overall recovery of treated addicts.

8.2.1. Social exclusion among drug users

Republic of Croatia, unlike many other European countries, still has not 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 2012 data of the Croatian National Institute of Public Health, out of the total number of treated drug addicts (7 855 persons), as in previous years, the majority of them (3 836 or 48.8%) lived with their parents, i.e. primary family, with their partner 795 persons (10.1%), and with their partner and a child 1 114 (14.2%).
This has proven once again that in Croatia there have not been any changes in the relationship between a family and an addict, and that the family is still fully integrated in the process of treatment. 1 138 treated persons or 14.6% lived alone during their treatment. In addition, in 2912, 83.9% of addicts had stable accommodation, which was a slight increase in comparison to 2011 when 82.0% of addicts had such accommodation (Tables 7.1.1. and 8.1.1. ST TDI1 and TDI2, 2012 and ST TDI1 and TDI2, 2013).

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. The survey conducted in 2010 by the Institute of Social Sciences “Ivo Pilar” on homelessness and social exclusion in Croatia showed the social and economic background and the context of homelessness in Croatia. Although in the past few years the number of homeless people 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)[62]. This is almost the same as in 2010, so it can be concluded that the homeless population in Croatia is quite stable. The average age of the homeless is between 50 – 52 years, they are divorced or single, and 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, poor health, divorce, whilst using addiction substances and addiction among the homeless is usually a secondary development caused by the above mentioned factors.[63] However, survey have shown that homelessness is closely linked to poverty and social exclusion. Persons with the homeless status are usually long-term poor, unemployed, poorly educated, damaged physical and mental health, divorced, without a place to live, having poor of none social networks, making them highly vulnerable in the society and significantly increasing the risk of being deprived of their human rights.[64]

According to the associations providing help in resocialisation of treated addicts and/or conducting harm reduction programmes, in 2012 there was an increase in the number of addicts with social problems such as homelessness in comparison to 2011. In line with the above, in

[62] Bežovan, G. (2008) *The Subvention of Rent and Expenditures in Croatia - Draft* (Zagreb: Centre for Development of Non-profit Organisations, CERANEO)
[63] Šikić-Mićanović, L. (2010), „Homelessness and Social Exclusion in Croatia”,Zagreb, Institute of Social Sciences “Ivo Pilar”
[64] Družić Ljubotina, O. (2012), Homelessness - A view from different perspectives

2012 there were 41 homeless addicts, out of whom 11 were women, which was an increase of 51.8% in comparison to 2011 when there were 27 homeless addicts, out of whom 7 were women. The number of addicts involved in prostitution is identical to the year before. In 2012, there were 16 such persons, out of whom 14 were women. Homeless persons are mostly 30 to 50 years old, long-time drug users (over 10 years), without accommodation or without a possibility to meet basic living condition, unemployed, often coming from foreign countries due to deportation, asylum termination or having recently been released from prison. They are usually single, without family or without family support. Sometimes they leave their families which are dysfunctional (alcoholism, poverty, domestic violence) or the family does not know how to address the issue of addiction in an adequate manner, providing inadequate response or not seeking help. Most of them are temporarily or occasionally homeless spending one week to one month on the street, and the others are without accommodation from several months to the entire year. The reasons for homelessness are most often poor health, severe depression or apathy (dependence). Homeless persons are long-term addicts (primarily of alcohol and gambling, and then drugs). Prostitution is practised mostly by female addicts aged 25-25 on average, coming from dysfunctional families, with extremely low income. They are long-term heroin addicts with poor health due to other infectious or psychic diseases (hepatitis C).

Table 8.1. – Number and social characteristics of homeless persons and cases of prostitution, by associations (2012)

Association	Number of homeless persons		Social characteristics	Number of prostitution cases		Social characteristics
“ANST 1700”	M	F	One beneficiary was homeless upon release from prison. After detoxification in the Rab Psychiatric Hospital he returned to his family; 48 years old; addict for over 25 years. One beneficiary is homeless due to bad family situation; cancelled the programme in the therapeutic community, 33 years old, opiate addict for 7 years.	M	F	
	2	0		0	0	
„Terra“	M	F	Usually there are 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 recently released from prison. They are usually single, without family or without family support. Sometimes they leave their families which are dysfunctional (alcoholism, poverty, domestic violence) or the family does not know how to address the issue of addiction in an adequate manner, providing inadequate response or not seeking help. Approximately half of them are temporarily or occasionally homeless spending one week to one month on the street, and the others are without accommodation from several months to the entire year. They are mostly men aged 30 to 50. All but one are long-term drug or alcohol addict (usually over 10 years), and many combine the substances.	M	F	Among men, there is one male addict occasionally engaged in prostitution for money or gifts (older women and swingers) and a transsexual (providing services to men). As for women, to the best of our knowledge, 11 of the female addicts are engaged in regular or occasional prostitution. Eight 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.
	19	7		1+1 transsexual	11	
„Svjetlo“	M	F	35-40 years of age Mostly single men from dysfunctional families. Extremely poor economic conditions. The key reasons for homelessness: poor health, severe depression or apathy (dependence). Long-term addicts (primarily of alcohol and gambling, and then drugs).	M	F	Women aged 25-35 on average, extremely poor economic conditions, long-term heroin addicts, poor health (hepatitis C). The main reason for prostitution is to obtain enough money to buy drugs. From dysfunctional families.
	5	0		-	3	
„UZPIRO-CRO PULA“	M	F	These are persons with no family or without good relationship with their parents since the time they started using drugs, or they have been evicted from their homes due to unpaid rent. There was a case when a couple lost its home in fire while they were in treatment at the Service for addiction prevention. At the intervention of the head of the association, they were accommodated at their friends´, and then in a shelter. All these persons are aged 30 to 44 and have small children up to 6 years old.	M	F	
	2	2		-	-	
„Institut“	M	F	This category covers men who have lost their accommodation and “roof over their head” by accident (damaged interpersonal relationships, termination of employment, family tragedy and financial insecurity) and ended up in a homeless shelter. One addict is a long-term addict of different opiates - tablets and alcohol. The other one has become homeless due to some unfortunate circumstances. Both persons have psychiatric diagnoses and were placed on the Psychiatric Hospital in Rab for a long time. Their average age if 40.	M	F	This category covers female addicts involved in prostitution in exchange for heroin and other drugs, and 8 girls who provide sexual services for money. Their average age is 30 and they have poor family relationships.
	2	2				
TOTAL	**30**	**11**		**2**	**14**	

Source: Non-governmental organizations, 2013

Although these data are incomplete, it is obvious that the number of persons belonging to these groups is increasing every year. It is therefore necessary to continue the activities within specific programmes for these groups of addicts, and develop different forms of social and economic interventions for the most vulnerable groups of addicts (homeless, etc.) in general.

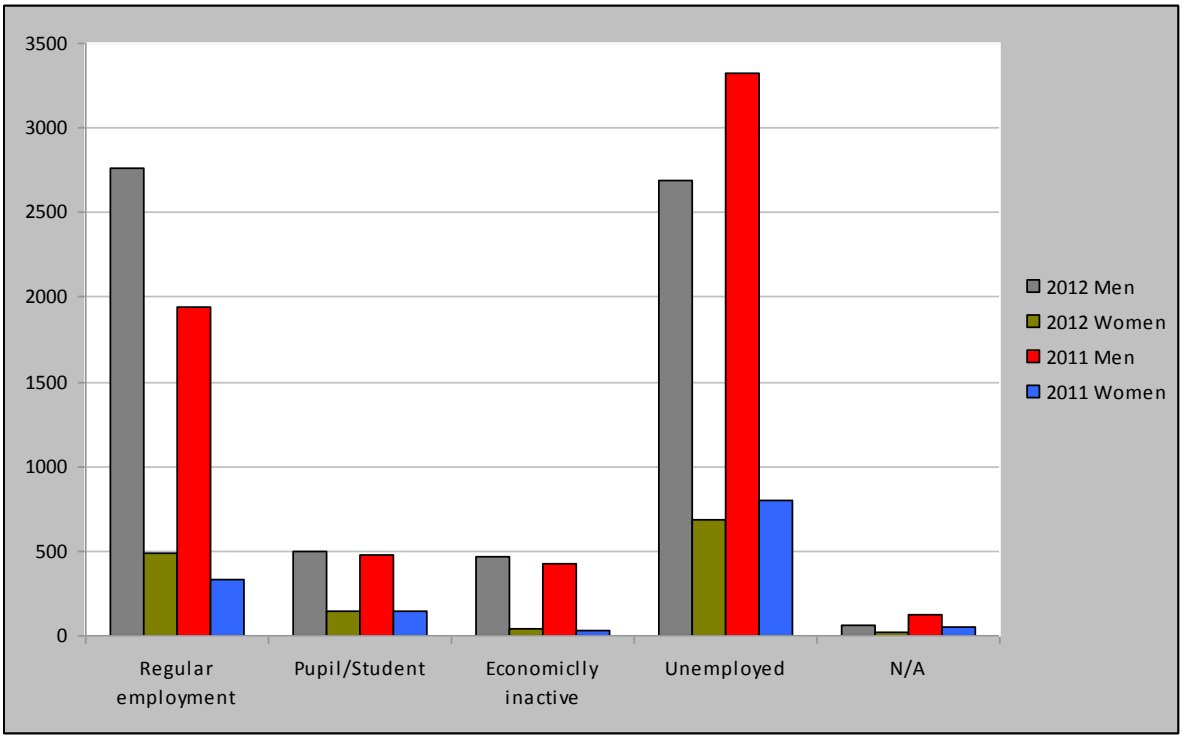
8.3. Social reintegration

Pursuant to the measures provided for in the National Strategy and Action Plan, and in cooperation with the designated representatives of competent ministries and institution, the Office for Combating Drug Abuse, as a coordination expert body of the Government of the Republic of Croatia, developed the *Project on social reintegration of drug addicts who have completed one of the rehabilitation and withdrawal programmes in a therapeutic community or in prison settings, as well as drug addicts in outpatient treatment who have maintained abstinence for a longer period of time and adhered to their treatment programme* adopted by the Government of the Republic of Croatia at its session held on 19 April 2007.
The above project is based on two basic principles: retraining and additional education, and promotion of employment of treated addicts as the most significant part of their social reintegration. The goal of the Project is to systematically and permanently solve the issue of social reintegration of addicts after they have completed treatment, rehabilitation and addiction withdrawal in a therapeutic community, penal system or healthcare institution by creating an adequate model of resocialisation of drug addicts in a community.

With a view to integrate as many addicts as possible into the society and in order to provide them with quality and fruitful way of life, the Government of the Republic of Croatia has continued further improvements and implementation of the Project of social reintegration of drug addicts, covering this year a significant number of addicts.

By the end of 2012, the Registry of Persons Treated for Psychoactive Drug Abuse of the Croatian National Institute of Public Health recorded a total of 7 855 persons treated for psychoactive drug abuse, out of whom 1 120 were treated for the first time (14.3%). In comparison to 2011, the total number of treated addicts increased by 2.5%. In 2012, 6 357 opiate addicts were treated, out of whom 313 were treated for the first time (4.9%). The proportion of opiate addicts is still predominant as in the previous years with 90.9% *(Source: Croatian National Institute of Public Health).*
The 2011 and 2012 data on the educational level of addicts show that it is still low and that the majority of them (approximately 26%) have not completed secondary and/or primary school (in 2011: 1 984 persons, in 2012: 2 047 persons). As in previous years, the majority of addicts have completed secondary education. Data on the employment of treated addicts show that in 2012, in comparison to 2011, the number of employed addicts increased significantly (11.6%) (in 2012: 41.4%, and in 2011: 29.7%) and that the number of unemployed decreased by 10% (2012: 43%, 2011: 53.%) (Figure 8.1.). The above data indicate that the addiction treatment system is relatively good, but also that measures aimed at social integration of treated addicts have lead to the first results (Tables 9.1.1. and 10.1.1. ST TDI1 and TDI2, 2012; ST TDI1 and TDI2, 2013).

Figure 8.1. - Persons treated for drug abuse in 2012 and 2011 by employment status and gender



Source: Croatian National Institute of Public Health

In accordance with the National Strategy, priorities in the area of social reintegration are helping drug addicts in completing their elementary and secondary 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.[65] Accordingly, the Office for Combating Drug Abuse as a coordination 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, developed 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, treated addicts being among them, the National Employment Promotion Plan for 2011-2012 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 stay in one of the institutions that deal with rehabilitation, education to finish the secondary education after leaving the institution, measures for promotion of employment and education for jobs required on the

[65] National Strategy on Combating Drug Abuse 2012-2017 (OG 122/12)

labour market, encouraging self-employment and establishment of cooperatives and other measures (co-financing of civil society organisations and institutions that carry out programmes oriented towards providing help to drug addicts). The 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 treated addicts. The Ministry of Science, Education and Sports provides funds for education of 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 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 occupational medicine physicians. The Office for Combating Drug Abuse is appointed 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 vulnerable group of the unemployed, 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. Pursuant to the Activities and cooperation protocol for competent state bodies, institutions and civil society organizations in the implementation of the Project on social reintegration of drug addicts, the regional offices of the Institute are responsible for the following activities:

- Professional guidance and work-ability assessment;
- Preparation of opinion on beneficiaries to be selected for a training programme;
- Inclusion of beneficiaries in training programmes;
- Submission of written reports to the competent Social welfare centre and Service for addiction prevention on the beneficiary included in the programme;
- Linking of addicts who have conducted a training programme with potential employers and provision of information on the measures covered by the Annual employment incentive programme;
- Keeping of records on addicts according to the special evaluation form;
- Submission of the evaluation forms to the Office for Combating Drug Abuse;
- Continuous cooperation with the coordinators of the social welfare centres, services for addiction prevention and therapeutic communities in the Project implementation.

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 and accommodation of addicts

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, exposed to 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 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 2012 most addicts still had stable accommodation. In 2012, 83.9% of addicts had stable accommodation, 3.3% lived in an institution, while 10.3% of addicts had insecure accommodation. The information on the accommodation of 2.6% of addicts is unknown. It is therefore possible that the percentage refers to homeless addicts included in treatment (Tables 8.1.1. ST TDI1 and TDI2, 2013).

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 have been more intensive efforts made towards organising various forms of accommodation for treated addicts as support to their social inclusion after having completed treatment and rehabilitation programmes. Therefore, in 2012, the Office for Combating Drug Abuse stipulated 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 2012 there were still only two housing communities active which had been established in 2010: 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, training

During 2012 a significantly larger number of beneficiaries started joining 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 2012 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. Social welfare centres provided assistance to 27 treated drug addicts involved in the project, out of whom 20 were male and 7 female beneficiaries. 12 persons were referred to further education. 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.

The Ministry of Science, Education and Sports provided financial resources (resources were paid in 2013) for education of 156 prisoners (out of whom 11 were women) included in November 2012 in computer operator training by the Prison Administration of the Ministry of Justice. This was also the highest number of addicts in the prison system included in any type of training during their stay in an institution since the beginning of the Project of social reintegration.

In 2012 the Ministry of Science provided additional financial resources for training of 20 Project beneficiaries, out of whom 17 were men and 3 women.

In 2012, the Croatian Employment Service continuously conducted identification of registered drug addicts for the purpose of involving them in the activities provided for in the Project of social reintegration. To that end, 22 regional employment services registered a total of 160 treated addicts, out of whom 141 were men and 19 women. Within preparation for employment, until 31 December 2012, 94 former drug addicts took part in the activities of professional guidance. 61 persons were subject to psychological and medical examination, and 31 Project beneficiaries participated in the workshops on acquiring skills for active employment search.

In 2012, the Employment Service participated in the realisation of training programmes through which 16 treated addicts were involved in some of the training programmes, out of whom seven were included in training programmes through the measures of active employment policy. Some of the professions for which candidates were trained were as follows: reinforced concrete worker, chef, butcher, assistant chef, assistant pastry chef, assistant mason, independent accountant, carpenter, mechanical technician, tourist guide, gardener, TIG welding worker.

Table 8.2. - Number of treated drug addicts participating in the activities of professional guidance and work-ability assessment, and addicts involved in educational programmes by the Croatian Employment Service (2007- 2012)

YEAR	Number of treated addicts who underwent professional guidance and work-ability assessment	Number of treated addicts included in educational programmes
2007	35	5
2008	53	13

2009	92	43
2010	51	34
2011	126	57
2012	94	16
TOTAL	**451**	**168**

Source: Croatian Employment Service

From 19 April 2007, when the Project of Social Reintegration was adopted to 31 December 2012, the Croatian Employment Service conducted professional guidance and work-ability assessment for a total of 451 addicts, and 168 treated addicts were included in educational programmes. From early 2008 to late 2012 the Ministry of Science, Education and Sports provided scholarships for a total of 218 treated addicts who were beneficiaries of the Project of Social Reintegration. The Ministry of Science, Education and Sports provided scholarships for a total of 374 addicts.[66] 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 2012 and based on the Project of Social Reintegration, carried out by the branch services of the Croatian Employment Service, in 2011, 21 beneficiaries of the Programme of Social Reintegration of treated addicts were employed (through active policy measures employment was co-financed for 7 Project beneficiaries). The addicts were employed at the following positions: toolpusher, car mechanic, locksmith, courier, construction engineer, pool attendant, electric power equipment mechanic, seaman, assistant gardener, assistant cook, seller, carpenter, occupational therapist, warehouse worker, vineyard worker, taxi driver, assistant gardener, welder and mason. In addition to employment co-financing measures, the Employment Service promotes and employs through public works covering 67 treated drug addicts. In conclusion, in 2012 the active employment policy measures covered 88 treated drug addicts.

Table 8.3. – Number of treated drug addicts employed on the basis of the active employment policy measures of the Croatian Employment Service (2007-2012)

YEAR	Total number of treated addicts employed on the basis of the active employment policy measures of the Croatian Employment Service
2007	11
2008	16
2009	14
2010	18
2011	21
2012	88
TOTAL	168

Source: Croatian Employment Service

[66] Financial resources for 156 addicts educated in the prison system were paid in 2013.

From 19 April 2007 when the Project of Social Reintegration was adopted to 31 December 2012, a total of 168 treated addicts were covered by the employment measured of the Croatian Employment Service included, and obtained employment and/or availed themselves of employment incentives.

Furthermore, the Ministry of Entrepreneurship and Trade, as part of its activities based on the Entrepreneurial Impulse Programme, Plan for the Promotion of Entrepreneurship and Craft for 2012, conducted the project “Social Entrepreneurship” within which the Ministry provides support to the development of social and cooperative entrepreneurship. As part of the project, the above ministry, inter alia, provided support to the measure of Promoting the Development of Cooperative Entrepreneurship for developing cooperative social entrepreneurship. The beneficiaries of these measures are cooperatives that develop social and cooperative enterprises and employ 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, which employ and include treated addicts in economic processes, received incentives. In 2012, the incentives were received only by the Social cooperative NEOS from Osijek. The above cooperatives employ around 20 treated addicts.

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 2012 of the Office for Combating Drug 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 2012 the Office funded 15 projects of the associations which implement programmes of social reintegration In the process of resocialisation the associations provided help to 657 treated addicts, out of whom 511 were men and 146 women, which was an increase of 17.7% in comparison to 2011 when help was provided to 558 treated addicts. The highest number of services provided by associations in the process of their social reintegration referred to the provision of information on the Project and psychosocial support (386 - provision of information and 343 - psychosocial support). Education was provided to 202 addicts, assistance in finding employment and/or self-employment to 118 addicts, while 7 addicts were provided with assistance in finding accommodation upon completion of treatment or prison sentence. 107 addicts were provided with other forms of assistance in social reintegration such as legal assistance, inclusion in culture and entertainment activities (Table 8.4.).

Table 8.4.- Types of services provided by organisations in the process of social reintegration in 2012 by number and gender of beneficiaries

Name of the association	Total number of beneficiaries		Education	Informing	Help with employment / self-employment	Psychosocial support	Housing - residential communities / acceptance after completed rehabilitation	Other form of help in social reintegration
	M	F						
Parents´ association Zajednica Susret	**11**	**0**	3	0	0	0	0	0
Humanitarian organisation Zajednica Susret	**42**	**8**	37	50	5	26	0	0
ANST 1700	**15**	**9**	8	12	8	24	0	0
Association Institut	**145**	**45**	7	13	9	47	0	4
League for Addiction Prevention	**10**	**7**	17	11	9	13	0	0
Association Pet Plus	**26**	**0**	10	10	0	10	0	0
Comunita Mundo Nuovo	**40**	**0**	40	40	2	40	0	40
Association Terra	**50**	**15**	50	65	21	55	0	0
Association Ne-ovisnost	**29**	**0**	0	9	29	19	6	4
Association Dedal	**49**	**37**	0	76	1	40	1	10
Association VIDA	**33**	**17**	4	50	10	27	0	27
Association Porat	**12**	**0**	0	5	0	11	0	0
Association San Patrignano	**8**	**4**	12	12	12	12	0	12
Association Prijatelj	**22**	**4**	13	26	8	0	0	0
Association for creative social work	**19**	**0**	1	7	4	19	0	10
TOTAL	**511**	**146**	**202**	**386**	**118**	**343**	**7**	**107**
TOTAL	**511**	**146**	**202**	**386**	**118**	**343**	**7**	**107**

Source: associations and therapeutic communities

8.3.4. Programme 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 beneficiaries have entered the programmes of education and employment than previous years. Furthermore, a significantly larger motivation and interest of 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 treated addicts, which furthermore encouraged their self-employment. It was observed that the Project achieved a number of positive results. It contributed significantly to the reduction of stigmatisation of treated addicts, and in general to higher sensitisation of state institutions for project implementation and better cooperation between state institutions and civil society organisations. There was also a significant increase in the involvement of relevant state institution at the national and local level, as well as a more active and higher quality approach to social reintegration of addict by civil society organisations. In addition, there was higher public awareness of the Project of Social Reintegration, in particular on the part of experts in state institution as regards the work in the area of social reintegration. Cooperation models were established at the level of local communities among competent state institutions, and between civil society organisation and state institutions. As a positive result there is increase confidence and assurance among rehabilitated addicts in the possibility of self-employment and employment, even in the time of economic crisis. Furthermore, self-employment of rehabilitated addicts triggered positive changes - behaviour models among other treated addicts in the process of social reintegration.

In order to ensure quality in the implementation of the Project, in 2012 the Office organised in cooperation with the Zagreb, Virovitica-Podravina, Zadar and Istria Counties and the City of Zagreb, five regional training activities on the Project of Social Reintegration of Drug Addicts (in Samobor, Virovitica, Zadar, Pula and Zagreb). The training activities were intended for Project measure holders. Their aim was to establish partnership among holders at the national and local level in the implementation of the Project and contribute to efficient implementation of project activities and better social reintegration of treated addicts. In addition, the goal was to establish good cooperation with county commissions for combating drug abuse, which contributed to the strengthening of local initiatives for Project implementation. Furthermore, the Office representative participated with a presentation on social cooperative entrepreneurship of treated addicts in the I. International conference “Development of cooperatives and cooperative entrepreneurship in SEE” organised by the Ministry of Entrepreneurship and Crafts on 4 and 5 December 2012 in Osijek. In addition, in cooperation with the City of Zagreb (City Office for Health and War Veterans) and the Pompidou Group of the Council of Europe, the Office organised the 9. EXASS Net meeting on the exchange of experience in providing services of structural rehabilitation and social integration of treated addicts, which was held on 11 and 12 October 2012 in Zagreb. The event was attended by the representatives of the EU Member States, Switzerland, the Russian Federation, Israel, Serbia and Montenegro, and the representatives of Croatian competent bodies involved in the implementation of the programme of treatment, rehabilitation and resocialisation of addicts. One of the main topics was the Project of Social Reintegration of drug addicts which was presented to the participants by different holders. The project was deemed highly efficient by the participants. It was considered

that it could be used as a good practice example focused on social integration of drug addicts.

In 2012 the Project implementation cost a total of HRK 2 379 519.50, which was a significant increase of 62% in comparison to 2011 when HRL 1 468 857.90 were spent.
In addition, reports on the implementation of the Project of Social Reintegration in 2012 show that all competent bodies started to implement it more intensively, and that significantly more addicts joined the education and employment programmes than in previous years. A significant increase in the number of addicts included in the Project was recorded within active employment policy measures conducted by the Croatian Employment Service, which were provided for in the National Employment Promotion Plan for 2011 and 2012, and in particular within Public works measures which in 2012 covered 67 addicts, or approximately 10 times more than the year before when they covered 7 addicts. Treated addicts were better informed about the measure and about the possibility for their employment within associations and institutions providing help to the elderly, addicts and other vulnerable groups in the society. The cooperation with regional offices of the Croatian Employment Service was deemed very good by the associations. It was also considered one of the most important parts in the Project of Social Reintegration which contributed to more efficient inclusion of treated addicts into the community. Furthermore, civil society organisations increased the number and quality of their services provided to treated addicts within the Project of Social Reintegration, but also enhanced cooperation with state institutions. Since 2011 all competent state bodies and civil society organisations have submitted data on the Project beneficiaries, broken down by gender. This allows for the planning of specific programmes of social reintegration adapted to male or female addicts. The proportion of men and women included in the Project in 2011 and 2012 amounted to 3.5:1 on average (*with the exception of the prison system where the proportion of male addicts is significantly higher considering the small number of female addicts in prisons)* and is higher that the ration of men and women treated in the healthcare system which amounts to 4.6:1. This shown that more women take part in the Project of Social Reintegration than in the system.

Despite the above positive results, in the course of the Project implementation some problems were notices that prevented a bigger number of beneficiaries (treated addicts) from joining the Project. Primarily there was the problem of insufficient referral of addicts to the Project of Social Reintegration on the part of the Services for mental health protection, addiction prevention and outpatient treatment of county institutes of public health. Insufficient awareness of the general public and experts for the Project of Social Reintegration and insufficient awareness of business people for employing 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 regional self-government units and civil society organisations that provide assistance to addicts in their social reintegration by including them in the Project. Despite the efforts of the Office to encourage better level of knowledge of professional institutions and civil society organisations, as well as of treated addicts about the Project of Social Reintegration through various media activities, regional training activities and distribution of promotional material, there is still a problem of insufficient knowledge of treated addicts about the ways and possibilities for inclusion in the Project. It is therefore still necessary

to develop models of long-term follow-up and support in the area of social reintegration of addicts, and to define the role and responsibility of the providers of services through the models of social reintegration. Important elements in these projects should be professionalization of work and clearly defined roles and responsibilities of the existing services active in social rehabilitation of treated addicts.

In conclusion, it should be mentioned that Croatia has made significant steps in order to improve social inclusion of treated addicts, and that these efforts have brought good results, especially regarding education and retraining of 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 psychosocial and economic services developed with the aim of successful social reintegration of treated addicts and their integration into normal life within the community. In order to enhance the Project implementation, in the course of 2013 the Office will prepare and conduct the evaluation thereof. It will cover all holders of the project both at the national and local level. The assessments made by the holders will be used as the basis for elements aimed at the modification and enhancement of the Project.

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

9.1. Introduction

Pursuant to the Drug Abuse Prevention Act, “drug” is defined as any substance of natural or synthetic origin including psychotropic substances included in the *List of drugs, psychotropic substances and plants from which drugs can be extracted, and substances that can be used for production of illicit drugs*. Although in the Amendments to the Drug Abuse Prevention Act (OG No. 149/09) the term “narcotic” had been deleted, the term “narcotic drug” was still officially used in criminal legislation until 1 January 2013, when the Criminal Code (OG 110/1997) became no longer valid. Therefore it will be used for interpretation of data related to reported criminal offences of abuse of narcotic drugs.

Abuse of narcotic drugs can be defined as any illegal manipulation in illicit drugs. For this purpose all modalities of drug abuse have been provided for in Article 173 of the Criminal Code entitled „Abuse of Narcotic Drugs“ by the Croatian legislator. The crime description referred to in that Article includes any unlawful behaviour stipulated in the UN Conventions, signed and ratified by the Republic of Croatia. On 1 January 2013 started the application of the new Criminal Code (OG No. 125/11, 144/12). The new Code provides amendments related to the criminal offence of narcotic drug abuse (*for more detail see Chapter 1)* and important amendments to the criminal legislation concerning drug-related crimes. The most important amendment refers to the so called “possession of drugs for personal use”, which is no longer a criminal offence but remains a misdemeanour stipulated by the Drug Abuse Prevention Act.

For the purposes of this Report, two modalities of the criminal offence of narcotic drug abuse are important. The first one is possession of a narcotic drug for personal use, which is also the mildest form of a criminal offence. A fine or a sentence of up to one year in prison is foreseen for this form of the criminal offence. The second modality of this criminal offence exists in the basic and qualified forms. The basic form regulates illicit production, processing and sale of narcotic drugs and envisages sentences of at least 3 to 15 years in prison. The qualified form refers to identical acts, but committed within a criminal group or an organisation and envisages the harshest sentence of at least 5 years in prison to long-term prison sentence (20 – 40 years).

The treatment of prisoners addicted to drugs is an important part of the National Strategy on Combating Drug Abuse in the Republic of Croatia 2006-2012 (hereinafter referred to as: the National Strategy. The main goal of the National Strategy with regard to the prison system is defined by acceptance of the mutual relationship among prisons, correctional facilities and social community as a whole, since prisons are places where prisoners spend a limited period of time, and sometimes even a very short one, during which all the programmes implemented in the community and applicable in prison conditions must be made available to them. Considering the significance of special programmes in the treatment of prisoners, continuous efforts have been made to improve the availability and quality thereof. Therefore, in 2009, the Department for

Special Treatment Programmes was established at the Treatment Service of the Central Office of Prison Administration of the Ministry of Justice. This department's task is to recognise the needs for special programmes, create and supervise the implementation of those special programmes and take measures and set up standards and priorities for improvement of new programmes.

Records on criminal offences of abuse of narcotic drugs are kept by the police, the State Attorney's Office and courts. The database of reported persons, number of criminal offences and type of drug that was subject of a particular criminal offence is kept at the Ministry of the Interior within the General Police Directorate. Criminal and misdemeanour courts keep data on the number of persons processed, 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 (herein after referred to as: DORH) has the most comprehensive records about the number of reported persons, type of drug that was subject of criminal offence, the number of rebutted criminal reports or criminal reports resolved according to the opportunity principle, the number of solved cases, the number of indicted persons, the number of convicted persons and the number of complaints filed and their outcome. The only data not kept by State Attorney's Office are the records on convicted persons and perpetrators of misdemeanours, which are under the responsibility of the Ministry of Justice. Currently, each of the above institutions keeps its own separate database. For the purpose of better monitoring of the situation in the field, the databases could be connected in the future to a certain extent. This would entail a high level of personal data protection and access to information in order to avoid possible abuse.

9.2. Drug-related crime

9.2.1. Drug-related criminal offences

According to the statistics of the Ministry of the Interior (herein after referred to as: MOI) for 2012 (ST 11, 2013) a total of 7 295 criminal offences (Criminal Code, Article 173 – Abuse of Narcotic Drugs) related to abuse and trafficking in narcotic drugs were reported. In 2012 the average share of drug-related crime in the overall criminal offences on the territory of the Republic of Croatia amounted to 10.1%, which was approximately the same share as in the year before (2011: 10.27%). When looking at the number of reported offences in the past 5 years, only in 2010 there was an increase of 10.2% (7 784) in the number of reports in comparison to the year before. The increase occurred after the previous four-year downward trend in reported criminal offences related to abuse and trafficking in narcotic drugs. In 2012 there was a decline of 6.88% in comparison to 2011.

As regards 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 (1 555), including the territory of the City of Zagreb and the Zagreb County, then on the territory of the Istria county (944), followed by the Primorje-Gorski Kotar County (869), the Split-Dalmatia County (724) and the Dubrovnik-Neretva County (561). Other counties reported less than 500 criminal offences related to the abuse of drugs. The number of reported criminal offences in comparison to the previous year decreased in the following counties: the Vukovar-Srijem County (-68.7%), the Virovitica-Podravina County (-58.3%),

the Varaždin County (-24.4%), the Šibenik-Knin County (-22.9%), the Krapina-Zagorje County (-21.8%), the Osijek-Baranja County (-17.3%), the Istria County (-13.6%) and the Zadar County (-11%), whereas the following counties recorded a decrease of less than 10%: the Međimurje County (-9.8%), the Požega-Slavonia County (-2.5%) and the Lika-Senj County (-0.5%). The counties with the highest increase in criminal offences of abuse of drugs in comparison to 2011 were the Bjelovar-Bilogora County (+59%), the Koprivnica-Križevci County (+22.9%), the Sisak-Moslavina County (+19.5%), the Brod-Posavina County (+14.4%) and the Zagreb County (+10.5%), whereas other counties recorded an increase under 10%: the Dubrovnik-Neretva County (+8.3%), the Karlovac County (+6.6%), the Primorje-Gorski Kotar County (+3.5%) and the Split-Dalmatia County which recorded the same number of criminal offences as the year before.

The structure of criminal offences related to abuse of narcotic drugs on the territory of the Republic of Croatia shows that out of the total number of 7 295 reported criminal offences, 2 106 or 28.9% relate to more complex forms of that criminal offence (trafficking, production, enabling other persons to use drugs, etc.), while 5 189 criminal offences refer to possession of drugs, which account for 71.1% of the total number of reported criminal offences.

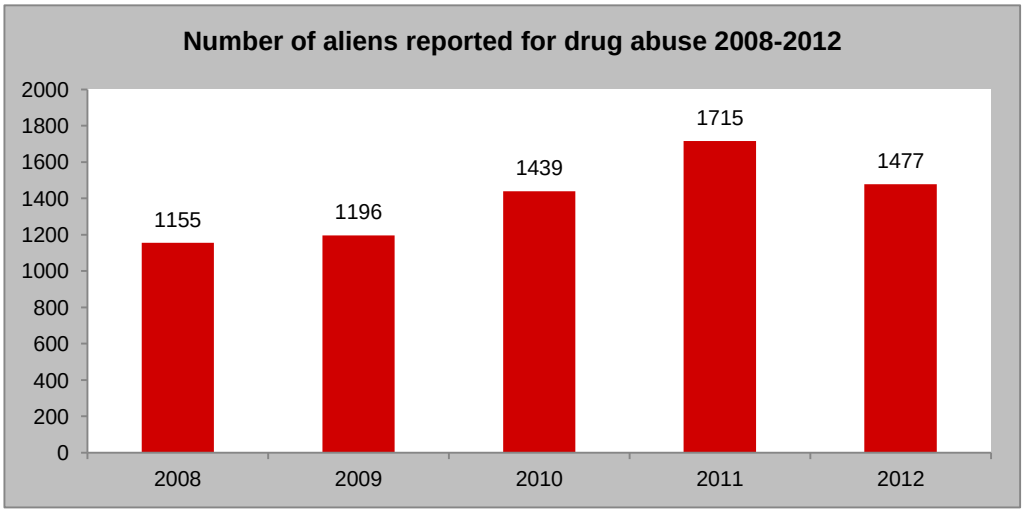
According to ST 11, the number of reports for the so called possession of drugs in the last three years has increased continuously only in cases of seizure of LSD (it should be mentioned that the figures are small). In cases of seizure of cannabis products and amphetamines, after the previous period where the number of reports was on the increase, 2012 shows a decline in comparison to 2011. The number of reports for the so called possession in cases of seizure of ecstasy stagnates, whereas in cases of cocaine and heroin there has been a decline in the number of reports for possession in the past three years, although the decline has slowed down.

When it comes to the qualified forms of the criminal offence of the abuse of narcotic drugs, there was a decrease in the number of reports for all drugs in 2012 in comparison to 2011 except in the cases of seizure of LSD and ecstasy, but this was a relatively small number of reports and a slight increase.

In 2012, the police reported a total of 5 545 persons for the criminal offence of abuse of narcotic drugs, which was 3% fewer than in 2011. This stopped the upward trend of reported perpetrators for this kind of criminal offence. Neither the structure of the reported persons, nor the structure of that kind of criminal offence changed much in comparison to the previous year. The largest number of perpetrators reported for the criminal offense of abuse of narcotic drugs were aged 21-25 (24.2%), followed by persons between 29 and 39 years of age (22.7%) and those between 25 and 29 years of age (18.2%), while 18% of perpetrators were aged 18-21.

In 2012 there were a total of 1 477 aliens (2008:1 155, 2009:1 196, 2010:1 439, and 2011:1 715) reported for abuse of narcotic drugs in the Republic of Croatia, mostly during the summer months when a lot of tourists spend their time in the country. In most cases they were caught in possession of small quantities of drugs for personal use, mostly while entering the country.

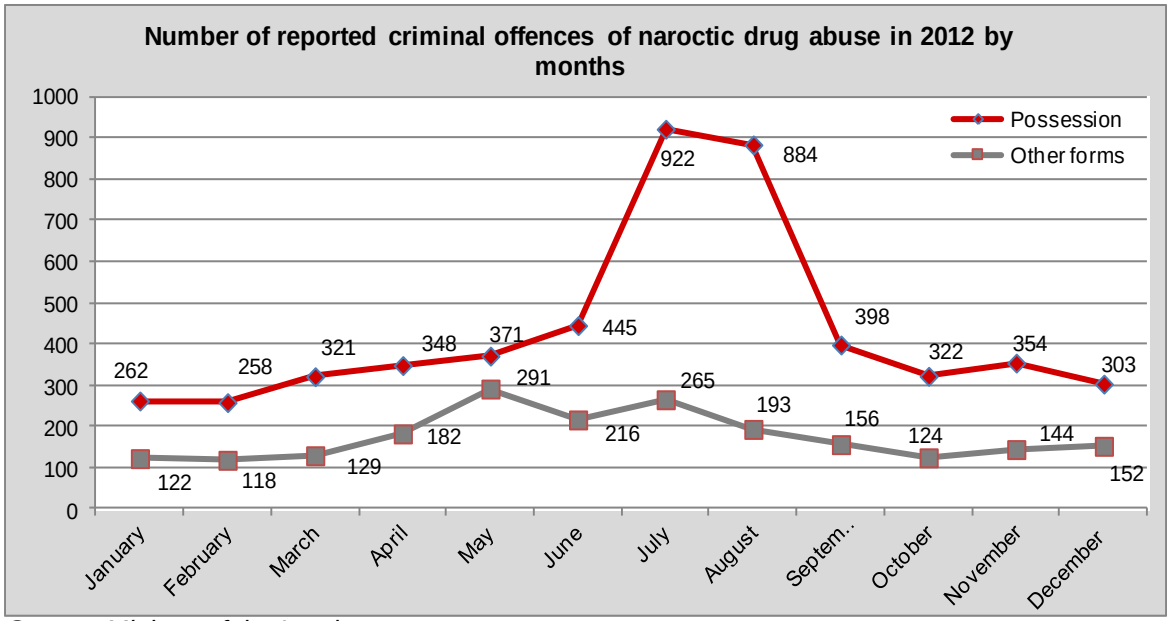
Figure 9.1 - Number of aliens reported for drug abuse 2008-2012



Source: Ministry of the Interior

As regards foreign tourists as perpetrators of criminal offences of narcotic drug abuse, the data and numbers should be viewed against the fact that according to the data provided by the Croatian National Tourist Board 11.5 million tourists visited Croatia in 2012, (which was 2.7% more than in 2011). Also, it is important to mention that in 2012 in the majority of significant individual seizures of drugs (performed mostly during border crossing controls) aliens were mostly the ones who were smuggling drugs. The figure below provides an overview of the reports for the criminal offence of narcotic drug abuse filed in 2012, clearly showing that the possession of drugs is reported more often during the summer months.

Figure 9.2 – Number of reported criminal offences of narcotic drug abuse in 2012 by months



Source: Ministry of the Interior

Pursuant to the Drug Abuse Prevention Act and based on the data from the reports submitted by the police departments, during 2012 2 594 misdemeanour charges were filed, (2 195 in 2011) against 2 664 persons (2 295 u 2011). In comparison, during 2010, pursuant to the same Act 2 313 misdemeanour charges were filed against the total number of 2 364 persons.

According to the provisions of the Act on Misdemeanours Against Public Order,[67] 1 153 misdemeanours of consuming alcohol and drugs in public places were recorded which was an increase of 21.4% in comparison to 2011 when 950 such offences were recorded.

The text below contains the data provided by State Attorney's Office of the Republic of Croatia, which keeps a comprehensive database on persons reported for criminal offences by age, number and structure of criminal offences, different modalities of a specific criminal offence, number of rejected criminal charges or criminal charges resolved based on the opportunity principle, number of terminated proceedings, number of accused persons, number of convicted persons, number of complaints filed and their outcomes. The State Attorney's Office data differ from the data on the number of persons reported for criminal offences of the Ministry of the Interior since besides the police every citizen and legal entity can report any criminal offence.

In the Criminal Code the criminal offence of narcotic drug abuse is placed in the group of criminal *offences against values protected by international law.* Article 173 Paragraph 6 defines illegal acts of the criminal offence of *Abuse of narcotic drugs* and stipulates sanctions, i.e. the length of imprisonment.

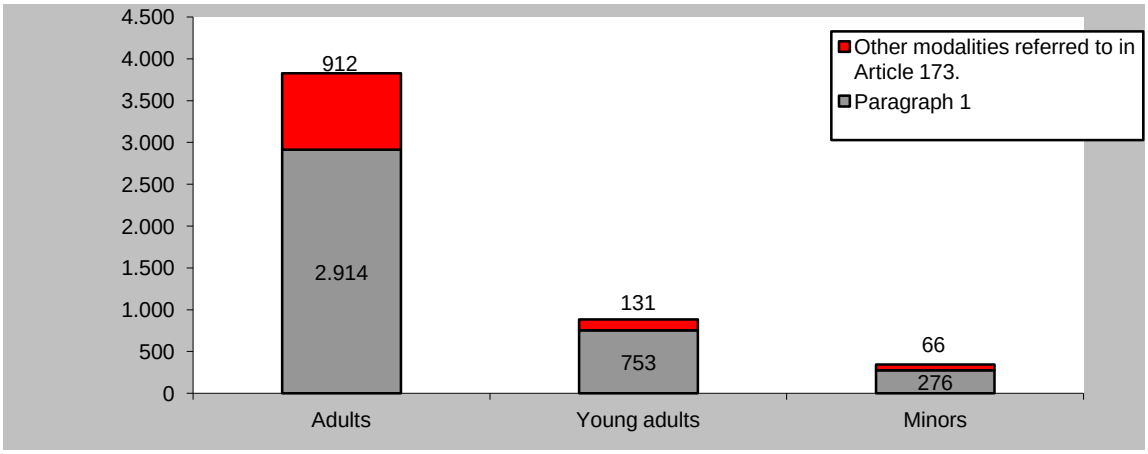
The State Attorney's Office Act stipulates the internal organization of the State Attorney's Office within which there are 33 Municipal State Attorney Offices (ODO), 15 county state attorney offices (ŽDO), Office for Suppression of Corruption and Organized Crime (USKOK) and the State Attorney's Office of the Republic of Croatia (DORH). All the mentioned state attorney's offices are part of the State Attorney's Office as an independent judicial body. TO that end, the State Attorney's Office of the Republic of Croatia as an independent judicial body collects data from all county and municipal state attorney offices in the Republic of Croatia for all criminal offences, including criminal offences of narcotic drug abuse pursuant to Article 173 of the Criminal Code. As regards age groups, the State Attorney's Office of the Republic of Croatia pays special attention to drug-related crimes connected with adults (persons who have turned 21), young adults (persons who have turned 18 up to the age of 21) and minors (persons who have turned 14 up to the age of 18).

According to the data provided by the State Attorney's Office, in 2012 there were 5 052 perpetrators reported for all modalities of criminal offences of (narcotic) drug abuse of all age groups, which is 17% less than in 2011 (6 088), out of whom 3 826 were adults (2011:4 821), 884 young adults (2011:919) and 342 minors (2011:348). 18% fewer adult perpetrators (adults and young adults) were reported than in 2011 (2011:5 740; 2012:4 710). There was a decline of 1.7% in crime reports against minors.

[67] Act on Misdemeanors Against Public Order (OG No. 5/90, 30/90, 47/90, 29/94)

Upon inspection of all the modalities of the criminal offense referred to in Article 173 of the Criminal Code, it is clear that in the previous years *Possession of narcotic drugs* as the basic and mildest form of this criminal offense was most represented, followed by trafficking in narcotic drugs. Figure 9.3 shows that 76-81% of committed forms of that type of criminal offence refer to possession of drugs – modality of criminal offence for which a fine or a prison sentence of up to one-year is stipulated. Consequently, the proportion of adults reported for the mildest part of that criminal offence amounted to 76.2% (2011:76.7%); the proportion of those reported for the offence referred to in paragraph (1) among young adults was 85.2%, while the proportion of minors reported for possession of drugs increased in comparison to the year before and amounted to 80.7% (2011:77.3%).

Figure 9.3 – Fluctuation in the number of persons reported for the criminal offence referred to in Article 173 of the Criminal Code (Paragraph 1 and other modalities) for all categories in 2012



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

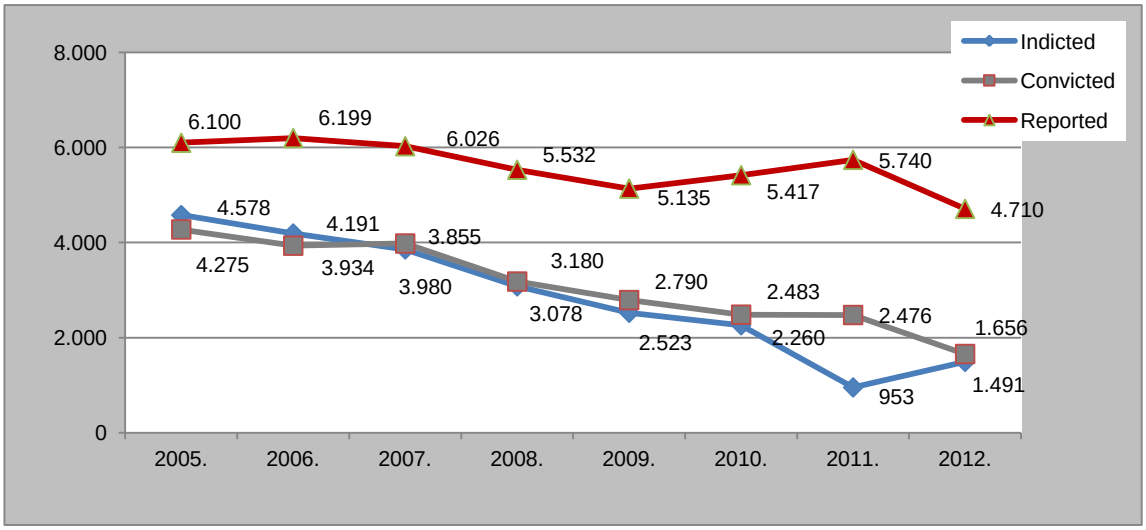
The next most represented modality refers to paragraph (2) Article 173 of the Criminal Code, namely *unauthorised manufacturing, sale, offering for sale, buying, possession, or distribution for sale, or unauthorised circulation,* for which the punishment of imprisonment of one to twelve years is stipulated. This form of criminal offense is more frequently committed by adults. In 2012 17.8% of adults (684 persons), 8.7% of young adults and 8.2% of minors were reported. In total, the number of reports for drug trafficking as a more severe form of this criminal offence continued to drop and in 2012 789 persons were reported (2011:1 042; 2010:1 111) or 24.3% fewer.

It is followed by the modality referred to in paragraph (5) - *inducing someone else to use a narcotic drug, or giving a person a narcotic drug so that he or another person may use it, or making available premises for the purpose of using a narcotic drug or in some other way enabling another to use a narcotic drug,* which is represented among adults with 3.1%, among young adults with 3.9%, and among minors 6.1%. Other modalities are less represented.

Out of the total of 5 052 reported criminal offences connected to the abuse of narcotic drugs, 72.2% were rejected, i.e. 3 647 (2011:72.1%). As in previous years, the number of convicted adults was smaller, namely 1 656 of adults were convicted (-33.1% in comparison to 2011: 2 476), while in 2012 there was also a smaller number of indicted

persons – 37% fewer than in 2011 (2011:2 366; 2012:1 491). Figure 9.2 shows that in 2012 there were 4 710 adults and young adults reported (2011: 5 740) and that in comparison to the previous year, there was a decrease of 17.9% in the total number of reported persons which stopped the upward trend of multiannual decline in reports. The number of convicted persons (2 476) decreased by 33.1% in comparison to 2011, and in the reporting period there was an increase in the number of the indicted (1 491) by as many as 56.5%.

Figure 9.4 – Reported, indicted and convicted adults and young adults for abuse of narcotic drugs (2005-2012)



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

As regards sanctions pronounced for the abuse of narcotic drugs, in 2012 a total of 3 647 decisions on rejection of criminal charges were made (72.2%).

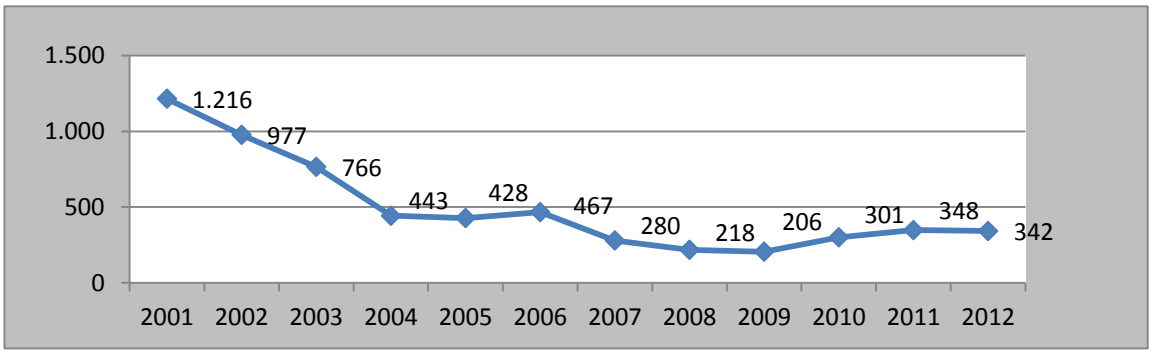
In 2012, 2 544 decisions on rejection of criminal charges were made for 66.5% *of adult perpetrators* (2011:2 676), mostly by applying the concept of insignificant offence (58.6% of rejected cases) whereas indictments were raised against 1 363 persons. In 2012, 1 493 out of 1 596 reported persons were sentenced in the criminal proceedings. 511 persons were sentenced to long-term imprisonment, 223 a fine, 618 persons received a conditional sentence, and 112 persons were sentenced to community work. In addition the security measure of compulsory psychiatric treatment pursuant to Article 75 of the Criminal Code was imposed on 19 persons, and the security measure of compulsory addiction treatment pursuant to Article 76 of the Criminal Code was imposed on 107 reported adults.

As regards the *young adults* group, in 2012 there were 884 young adults reported to the State Attorney's Office, out of which for 769 of them a decision on rejecting criminal charges was made (86.9%), while 128 reported persons from that age group were indicted by the State Attorney's Office. Criminal proceedings for 178 reported young adults completed with a verdict. 163 persons were found guilty as charged. A total number of 12 young adults were sentenced to prison or long-term prison, and 10 persons were fined, for 60 young adults the sentence was conditional, and 12 persons were sentenced to community work. At the same time, sanctions for minors were

imposed on 10 young adults. A security measure of compulsory addiction treatment pursuant to Article 76 of the Criminal Code was imposed on 12 young adults.

When it comes to *minors*, in 2012 there was a decrease in drug crime among minors and there were a total of 342 minors reported for criminal offences referred to in Article 173 of the Criminal Code, i.e. 1.8% fewer than in 2011 (348), mostly for possession of narcotic drugs (276). From the total number of 342 minors reported for the criminal offence referred to in Article 173 of the Criminal Code, 334 criminal charges were rejected (97.6%). In 2012 correctional measures were imposed on 52 juvenile perpetrators.

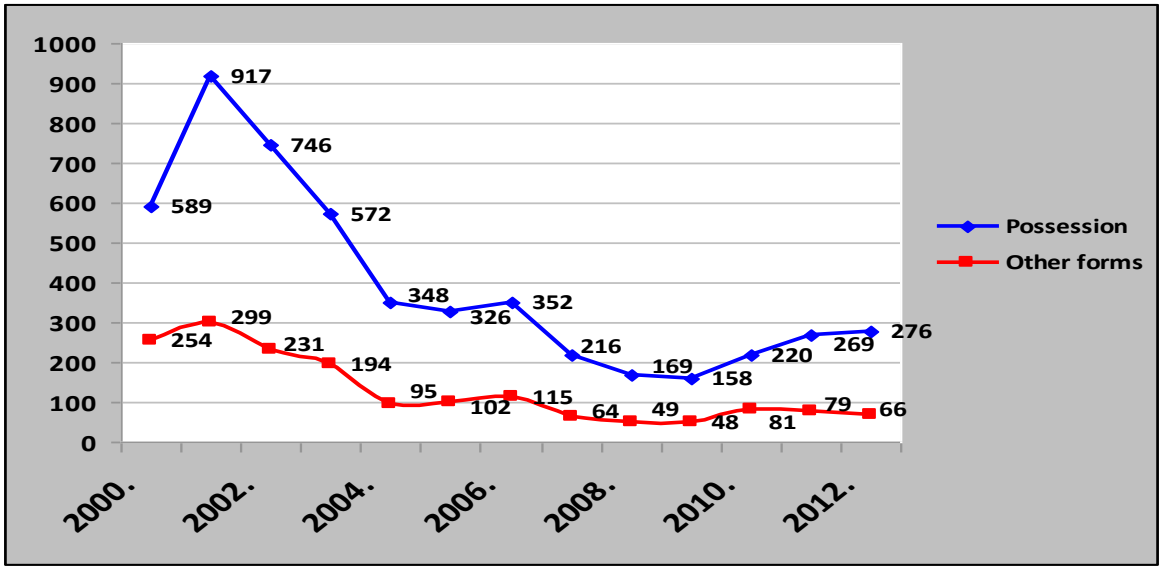
Figure 9.5 - Minors reported for criminal offence referred to in Article 173 (2001–2012)



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

While the number of minor offenders reported for possession in 2012 continued to grow, it stagnated for other forms of the criminal offence concerned in comparison to the previous year (Figure 9.6.)

Figure 9.6 – Minors reported for possession and other forms of criminal offence ofnarcotic drug abuse (2000-2012)



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

or 334 (2011:270) reported minors criminal report was solved by decision on rejection, whereas motions for sanctions were submitted by the State Attorney's Office with respect to 39 minors. The Juvenile Panel imposed a prison sentence on one minor pursuant to Article 28 of the Juvenile Courts Act, and correctional measures were imposed on 52 juvenile perpetrators. The security measure of compulsory addiction treatment was imposed on 6 minors. The above mentioned data show a larger number of decisions on rejection of criminal charges (+23.7%) in comparison to the previous reporting period. The decision of rejection was pronounced for 44.6% of minors pursuant to Article 28 of the Criminal Code (Insignificant offence – "There shall be no criminal offence although its elements have been realized, if the offence is obviously insignificant with regard to the manner of the perpetrator's conduct, his culpability, and the incurred consequence to the protected good and the legal system.") This decreased the number of minors who were upon a decision of the court or the State Attorney's Office, referred by the Services for Mental Health Protection, Addiction Prevention and Outpatient Treatment, Social Welfare Centres or Youth Counselling Centres to the counselling treatments since the offence was deemed insignificant with no harmful consequences. By rejecting criminal charges due to the principle of insignificant offence, the opportunity to deliver a message to young drug users about harmfulness and social unacceptability of drug abuse is missed, as well as the opportunity for early intervention and timely treatment to prevent the occasional drug use to turn into addiction. Since the inclusion of juvenile perpetrators of drug-related crimes into treatment is of crucial importance because the treatment represents the best alternative to stop experimenting with drugs and prevent their return to prison, the rejection of criminal charge in most cases should be based on the principle of purposefulness, after juveniles complete the compulsory counselling treatment..

9.2.2. Other drug-related crime

There is not much information on other forms of drug crime (e.g. various criminal offences and misdemeanours committed under the influence of drugs or offences committed in order to obtain money for the purchase of drugs). The reason for that is poor data managing and monitoring which creates an objective obstacles and limitations that prevent the exact statistic monitoring of such cases. However, the Ministry of the Interior keeps systematic records of drivers who have caused a traffic accident under the influence of drugs.

Table 9.1. - Number of traffic accidents caused by drivers under the influence of drugs (2005–2012)

Traffic accidents	Year								
	2005	2006	2007	2008	2009	2010	2011	2012	2011/2012 +/- %
With persons killed	9	15	13	9	11	8	11	14	+27.3
With persons injured	52	47	94	59	56	77	62	61	-1.6
With material damage	13	18	-*	25	31	39	14	22	+57.1
TOTAL	**74**	**80**	**107**	**93**	**98**	**124**	**87**	**97**	**+11.5**

Source: Ministry of the Interior

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

In 2012 there were 37 026 traffic accidents countrywide and 87 of them were caused by the drivers under the influence of illegal substances. Most of those accidents resulted in injuries (61), and 14 accidents resulted in deaths (Table 9.1). Other traffic accidents resulted only in material damage. The number of accidents which resulted in death and material damage in 2012 increased in comparison to 2011, and there was one person less in cases of accidents which resulted in injuries, whereas the number of traffic accidents with material damage only was higher than in 2011 (2011: 14, 2012: 22). In 2012 an increase was recorded in the total number of traffic accidents caused by drivers under the influence of drugs (11.5% in comparison to 2011). As regards the total number of casualties in the above traffic accidents, 14 persons were killed in 2012 (2011:11). In 2012 61 persons were injured in the abovementioned traffic accidents (2011: 62). Furthermore, in 2012 there was a decline in the number of traffic accidents caused by young motor vehicle drivers under the influence of drugs by 16.7%. Out of the total number of 25 accidents caused by young drivers aged 16-24, which represented about one quarter of all accidents caused by motor vehicle drivers under the influence of drugs, 5 resulted in death (2011: 4), and 32 in injured persons (2011: 42).

Drug users usually also commit secondary criminal offences – e.g. property misdemeanours in order to maintain their addiction. They break, inter alia, into pharmacies and medical centres and there were some cases of forgeries of medical prescriptions to obtain methadone or some other medications. In 2012, 64 aggravated larcenies were committed: 23 in pharmacies, 33 in community health centres and 8 in hospitals. There were also 10 cases of forgeries of medical prescriptions, i.e. fewer than the year before (2011:19). However, considering the data management in the information system of the Ministry of the Interior, 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 profit makes the most important segment of illicit drug trafficking, and to prevention and combating of money laundering 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.

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 with respect to the type of offences they commit. If compared to the rest of prison population, drug addicts more often commit criminal offences related to narcotic drugs abuse and criminal offence against property, while they are less represented among the perpetrators of criminal offences against life and limb, against sexual freedom and sexual morality, and other criminal offences. According to Table 9.2., out of all criminal offences for which persons addicted to drugs were held in the prison system in 2012, the most represented were criminal offences of abuse of drugs with 45.9%, then criminal offences against property - primarily larceny and aggravated larceny with 22.5% and robbery with 16%, whilst all other criminal offences were represented together with only 15.6%.

Table 9.2. – Prisoners addicted to drugs by type of criminal offense in 2012

Type of criminal offence (Articles of the Criminal Code of the Republic of Croatia)	Number of prisoners				
	Prisoners		Detainees	Minors	
	N1*	N2**		N1	N2
Abuse of drugs – Possession (Article 173, Paragraph 1)	22	23	27	0	0
Abuse of drugs - Other (Article 173, Paragraphs 2 -6)	387	373	151	1	2
Larceny, aggravated larceny (Articles 216, 217)	112	223	124	0	24
Robbery (Articles 218, 219)	116	141	78	1	9
Murder, aggravated murder, manslaughter (Articles 90-92)	20	25	13	2	2
Bodily injury (Articles 98-101)	5	10	8	0	5
Rape (Articles 188-193)	5	11	1	1	0
Sexual intercourse … (Articles 189-193)	2	5	1	0	0
Fraud (Article 224)	5	20	14	0	0
Neglect and maltreatment of a child or a juvenile and obstruction and failure to perform measures to protect a child or a juvenile (Article 215 A and Article 213)	5	8	7	0	2
Other	27	80	46	0	4
Total	706	919	470	5	48
	1 625		470	53	
TOTAL	**2 148**				

Source: Ministry of Justice, Prison Administration
** N1 = persons with pronounced measure of obligatory treatment*
*** N2 = persons without pronounced measure of obligatory treatment*

9.3. Prevention of drug-related crime

In 2012 the Ministry of the Interior implemented several programmes, i.e. prevention activities in accordance with the National Strategy on Combating Drug Abuse in the Republic of Croatia for the period 2012-2017 and National Action Plan on Combating Drug Abuse in the Republic of Croatia for the period 2012- 2014.

The following programmes were implemented: Prevention programme “Healthy for an A!” (*Zdrav za 5*), in which the Ministry of the Interior cooperated with the Ministry of Health and the Ministry of Environmental and Nature Protection. The Project is aimed at preventing addiction and abuse of alcohol, drugs and games of chance and raising the level of awareness on preserving the environment and nature. This project is intended for and adjusted to children and youth, 8th-grade elementary school students and 1st- and 2nd-grade high school students across the Republic of Croatia. The main goals of the prevention programme “Healthy for an A!” are focused on an active change in attitudes and harmful life habits such as addiction to alcohol, drugs and games of chance among children and youth, as well as an active change in their attitudes on the necessity of environment and nature protection, and the raising of self-awareness on preserving one’s own health and that of others by acquiring healthy lifestyle. Main activities of the project were implemented in educational institutions in all the counties in

the Republic of Croatia through continuous educational lectures and interactive workshops with elementary and high school students (subjects: “Addiction disease, risks and health-related aspects of psychoactive drug abuse” and „Harmful consequences and criminal law aspects of psychoactive drug abuse“) as well as eco-workshops and entry and exit surveys used for measuring the change in attitudes and success of the project implementation So far 40 000 children and youth have actively participated in this prevention programme. It is noteworthy that the above project has obtained all the necessary authorisations by the Education and Teacher Training Agency.

In 2012 the Ministry of the Interior started a prevention programme called “I have a choice” (*Imam izbor*) in cooperation with other partners (civil society organisations - Youth organisation “STATUS M“, Riječi/Prave/Predstave, the Roma Association “Ne Boj Se Madara“ and the Croatian Red Cross).

The prevention programme is aimed at the target group of children aged 10-11, and it has been implemented in educational institutions in the City of Zagreb area and the Međimurje County with the purpose of encouraging greater social inclusion of Roma children.

The main goal of this project is to develop the culture of dialogue and non-violence, tolerance and non-discrimination among the youngest population by raising the level on awareness on the grounds of knowledge offered and by introducing them to the risks and dangers of certain forms of incriminating acts. In addition, within the project the police present their role and the importance of their job to the youngest generations and establish a positive relationship in the role of a police officer as a friend and helper. The project has 10 components (each lasting one school lesson), and one entire component refers to the primary prevention of drug abuse.

The prevention programme “Together We Can Do More” (*Zajedno više možemo*) was taken over from the Police Department in Zagreb in 2010 when it was adjusted to the needs at the national level and implemented through the cooperation with the Prevention Committees, i.e. local/regional self-government units and city/county offices for education including active participation of relevant institutions, agencies, civil society organisations and the media.

The goals are to bring the police closer to the public and their work to students in order for them to see the benevolence of the police profession and accept the police officer as a friend and helper, to reduce the occurrence of risky and socially unacceptable behaviours especially concerning the abuse of drugs and other addictive substances, to decrease the abuse of addictive substances among the young and encourage students to create positive attitudes which are in agreement with positive values of the society they live in. Target groups are 4^{th}-, 5^{th}- and 6^{th}- grade elementary school students, their parents and teachers.

The Ministry of the Interior participated in the creation of the content of the preventive/informative leaflet and brochure named “Drugs in Traffic” (*Droga u prometu*) primarily aimed at raising awareness of young drivers for the purpose of providing timely informing and raising citizens awareness of the dangers and risks of consuming drugs. It should be mentioned that the Osijek-Baranja Police Department and the Zagreb Police Department also implemented local projects “Friendship over Drugs” (*Legiranje - ne drogiranje*), i.e. “ No, ‘cause I said so”(*Ne, zato jer ne*).

As regards 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 2012 a total of 1 485 drivers were tested for the presence of drugs in the organism during traffic control, which was 40.5% less than in 2011. The presence of drugs was detected in 539 drivers. 611 drivers were prosecuted (41.1% of the total number of tested drivers), 341 (55.8%) of them because they refused to take a drug test, 222 (36.3%) because they refused to give blood and urine samples, 48 (7.9%) because of the presence of narcotic drugs identified on the basis of analysed blood and urine. Within the system of testing drivers for drugs in road traffic, in 2012 the Forensic Science Centre examined 919 samples.

9.4. Interventions in the criminal justice system

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

A State Attorney may resolve the criminal charge by rejection in several ways: pursuant to Article 206 of the Criminal Procedure Act[68] (decision of rejection must be based on one of the following grounds: that the reported offence is not a criminal offence prosecuted ex officio, that there are extenuating circumstances which exclude the guilt and criminal prosecution and that there is no reasonable doubt that the perpetrator has committed the reported criminal offence).

As regards the ground for rejecting criminal charges against *adult* perpetrators, the State Attorney's Office of the Republic of Croatia usually applies Article 28 of the Criminal Code, which means that criminal reports are rejected because of minor significance of the offence (so called principle of insignificant offence). In such cases adult perpetrators are usually reported to the State Attorney's Office for the first time for possession of smaller quantities of drugs for personal use. The State Attorney's Office also applies the principle of the insignificant offence pursuant to Article 28 when the perpetrators are aliens, usually tourists who visit Croatia during summer months and carry small amounts of drugs for personal use.

According to the data of the State Attorney's Office in relation to adults and young adults, out of a total of 884 *young adults* reported in 2012 for the criminal offence of abuse of narcotic drugs, the decision on rejection of criminal report was issued for 769 persons (86.9%). Among *adults*, out of the total of 3 826 (2011: 4 821) reports for the same criminal offense, criminal reports were rejected less frequently, i.e. in 2 544 cases which was 66.5% (2011: 55%). In the previous reporting year there were a total of 342 *juvenile perpetrators* of this criminal offense, where for 334 reported minors criminal reports were rejected (97.6%), and for 39 the State Attorney's Office issued a motion for

[68] Criminal Procedure Act (OG No. 152/08, 76/09, 80/11, 121/11, 91/12, 143/12, 56/13)

sanction (in 11.7% of cases). The Juvenile Panel imposed a juvenile prison sentence for one perpetrator pursuant to Article 28 of the Juvenile Courts Act, and correctional measures were imposed on 52 juvenile perpetrators.

The so-called *opportunity principle* is provided for in Article 521 of the Criminal Procedure Act. It provides the State Attorney's Office with the possibility to reject further prosecution although there is reasonable doubt that a criminal offence has been committed which is prosecuted ex officio and for which a fine or a sentence of up to 5 years in prison is stipulated, if a sentence or security measure is being executed, and there is no point in initiating criminal proceedings for the second criminal offence due to the gravity, nature and motive of the committed offence, as well the deterrent effects of the criminal justice sanction. Another possibility is laid down in Article 522 if the accused undertakes to perform community work or submits to withdrawal treatment in accordance with special regulations.

The principle of opportunity is mainly applied by state attorneys specialised in juvenile law. They act in accordance with the intent of the legislator relating to the treatment of minors and young adults. In accordance with the opportunity principle, Article 71 of the Juvenile Courts Act is usually applied in such a way so that the State Attorney imposes the measure of compulsory treatment on young adults with drug problems and other forms of addiction (including counselling and urine tests). These procedures have proven positive because young people can gain insight into their own behaviour. The principle of opportunity is an important mechanism for young adults as well as for minors because criminal charges can be resolved in pre-trial proceedings; the proceedings start quickly after a criminal offence has been committed, and counselling treatment for minors 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, such proceedings should also be applied to adults i.e. persons over 21 in all cases in which criminal procedure is not required. Preventive measures are essential in case of such criminal offences, since drug abuse and addiction lead to committing other criminal offences, mostly against property.

The implementation of measures of compulsory rehabilitation and addiction treatment for perpetrators of criminal offences has been strengthened by the Probation Act,[69] which, inter alia, stipulates the role of the probation services in monitoring the implementation of the measures of compulsory addiction treatment pronounced together with probation and/or community work.

9.5. Drug use and problem drug use in prisons

Drug addicts and other persons with drug-related disorders (hereinafter referred to as: drug addicts) represent one of the largest and demanding groups of prisoners treatment and safety wise. That population of prisoners is characterised by continuously high percentage of drug addicts, addiction is connected directly to their committing of criminal offences, and the rate of recidivism is higher than in the general population of prisoners. Drug addicts are usually more inclined to at-risk behaviour in prison than the rest of the prison population (self-inflicted injuries, suicide attempts, conflicts with other prisoners,

[69] Probation Act (OG No. 143/12)

attempts of drug intakes, etc.), as well as health-related problems (hepatitis, HIV and generally worse health condition). They are in average younger than the rest of the prison population.

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

In 2012 there were a total of 2 261 prisoners addicted to drugs in the prison system (all criminal legal statuses) [70], accounting for 13.5% of all prisoners (N=16 743). In comparison to 2011 the number of addicted prisoners was smaller by 25.5%. On 31 December 2012 there were 1 136 addicted prisoners in the prison system (all criminal legal statuses) accounting for 24% of the total prison population on that day (N=4 741). Out of the total number of 7 547 prisoners who were in prison during 2012, 1 625, i.e. 21.5% were addicted to drugs. For 43.5% of those prisoners the measure of compulsory addiction treatment was pronounced pursuant to Article 76 of the Criminal Code, whereas 56.6% of prisoners were diagnosed with drug addiction, i.e. disorder caused by abuse of drugs by the Centre for Diagnostics and/or a penal institution while serving the sentence. Out of the total number of 217 minors who were in juvenile prisons during 2012, or minors onto whom a correctional measure of serving time in a correctional institution was imposed, 53 of them, i.e. 24.4% were addicted to drugs.
Out of the above number 9.4% of prisoners were imposed with the compulsory treatment measure pursuant to Article 76 of the Criminal Code, whereas 90.6% of minors were diagnosed with drug addiction, i.e. disorder caused by abuse of drugs by the expert team of the juvenile prison, i.e. correctional institution. Out of the total number of all addicted prisoners in 2012 (N=2 261), as many as 71.9% were (adult) prisoners addicts who were serving the sentence pronounced during the criminal proceedings, whereas minors participated with 2.3% (juvenile prison and correctional measure) in the total population of addicts. Among addicts who were admitted for serving their prison sentence, juvenile prison sentence or who were imposed with the correctional measure of serving time in a correctional institution (N=1 227) in 2012, 604 or 49.2% were serving their sentence for the first time.

All prisoners 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 prisoner is created according to the diagnosis. In 2012 the Diagnostics Department handled a total number of 1 877 persons, namely 1 767 men and 110 women. During the diagnostic procedure the prisoners were asked questions about drug use in the form of anonymous questionnaire. Out of the total number of the surveyed prisoners (ST 12, 2013), 287 or 15.3% consumed an illicit drug at least once in their lifetime. According to the type of drug, lifetime prevalence was the highest for cannabis (14.3%), followed by cocaine (7.7%), heroin (6.6%), amphetamine (6.1%) and ecstasy (5.8%). Similar to the previous year, most respondents took cannabis once or twice a week (2.7%), followed by the regular use of heroin in 1.8% of respondents (unlike the previous year when it amounted to 3%). Intravenous use of heroin was recorded in 2% of respondents which was a decrease of more than a half of respondents in comparison to the previous year. 4 respondents reported intravenous use of cocaine. Out of the total number of 287

[70] Existing criminal legal statuses: prisoners, detainees, arrestees, convicts, minors.

prisoners who used drugs there were 278 men and 9 women. The average age of prisoners was 31.3, similar to the previous years.

In 2012, 1 227 new addicts were admitted for serving a prison sentence, somewhat more that the previous year (2011:1 049). In addition to the prison sentence 38.9% of them were imposed with the security measure of compulsory addiction treatment. About a half of prisoners who were sent to serve prison sentence in 2012 were criminal recidivists.

Table 9.3 shows that in the total population of drug addicts in 2012, the most represented addiction type was addiction to opiates with 39.1% and addiction to multiple substances with 30.3% Addiction to cannabis was represented in 18% of cases, followed by addiction to sedatives and hypnotics with 7%, cocaine with 3.49% and stimulative substances 1.7%. There was a very low percentage of addictions to hallucinogens (0.18%) and volatile solvents 0.09%.

Table 9.3. – Number of addicted prisoners in 2012 according to psychoactive drug type

Type of psychoactive drug	Number of prisoners during 2012					
	Prisoners	Detainees	Sentenced for misdemeanour	Minors	Educational Institution	TOTAL
Opiates F11	610	227	45	1	2	885
Cannabinoides	304	57	21	4	21	407
Sedatives and	78	52	29	0	0	159
Cocaine F14	53	22	4	0	0	79
Stimulants F15	29	9	1	0	0	39
Hallucinogens	3	1	0	0	0	4
Volatile solvents	1	1	0	0	0	2
Polydrug use and other F19	547	101	13	4	21	686
TOTAL	1 625	470	113	9	44	**2 261**

Source: Ministry of Justice, Prison Administration

Among the subgroups of addicted prisoners particular emphasis should be put on persons who in 2012 served prison sentence pronounced in criminal proceedings and minors (juvenile prison and correctional measure). Among adult prisoners who served prison sentence during the year, distribution was quite similar to the one in total group of addicts. The majority of them were addicted to opiates (37.5%) and multiple substances (33.7%). They were followed by cannabis addicts with 18.7%, sedatives and hypnotics addicts with 4.8%, cocaine addicts 3.3% and those addicted to stimulative substances with 1.8%, whilst the percentage of those who were addicted to hallucinogens and volatile solvents was very low at 0.2%, i.e. 0.06%. Among minors who were serving juvenile prison sentence and correctional measures, most of them were addicted to cannabinoides and multiple substances (47.2%), as well as opiates (5.7%).

Regarding gender distribution, in 2012 addicts (all criminal legal statuses) were mostly male (95%). As for age, 59.7% of addicted prisoners, i.e. more than a half of that population, was between 26 and 35 years of age. On average every tenth prisoner and detainee was older than 40, indicating better availability of healthcare for addicts, both in the public healthcare system and prison system. When it comes to blood-borne diseases such as HIV and viral hepatitis B or C, it is a well-known fact that prison population is

comprised of a combination of several high-risk subgroups whose serologic status is difficult to follow outside the prison system. Consequently, in 2009 a research on prevalence of HBV and HCV among prison population was conducted and the results showed a very high prevalence of infection with the abovementioned viruses, especially among addicts (up to 50%) in comparison to the general population (HBV-11%, HCV-1.2%)).

9.6. Responses to drug-related health issues in prisons

The levels of care, measures and healthcare activities are harmonised in their quality and scope with the public health regulations for insured persons covered by compulsory health insurance. According to the Agreement with the Croatian Institute of 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 Essential Drug List of the Croatian Health Insurance Fund based on the rights under the compulsory health insurance. Despite the shortage of healthcare professionals in the prison system, in previous years all the prisoners were provided with adequate healthcare.

Addicts, i.e. persons with disorders caused by drugs, are a special category of criminal offence perpetrators, i.e. prisoners. Although this partly refers to primary drug crime, the biggest number of persons who serve their sentence because of drug abuse, i.e. criminal offences connected to abuse of drugs, commit criminal offences as a direct or indirect result of those disorders. Therefore, application of a particular addiction treatment, i.e. treatment of persons with drug-related disorders, in the prison system is directed towards prevention of addictive and thereby criminal recidivism. Addicts are included in the programme on the basis of the pronounced security measure of compulsory treatment or according to the recommendation of an expert team after the diagnostic procedure was conducted in the Centre for Diagnostics or upon admission to a penal institution. Regardless of the manner at which the prisoner has been included into a particular programme, the approach and elements of the programme are the same for all drug addicts. As regards the organisation and content of the programme of working with drug addicts, compatibility with other programmes conducted in the community is taken into account. The element of including the addicts in treatment in their own community is very important, especially during parole. Drug addicts are connected with the county services for mental health and disease prevention of the Croatian Institute of Public Health and civil society organisations providing addiction treatment as part of its registered activity.

In programme implementation, 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. In prisons group treatment is conducted in groups of treated addicts, and in penitentiaries through modified therapeutic communities or groups of treated addicts. The treatment of addicts includes therapy and psychosocial treatment. Psychosocial treatment refers to different psychosocial interventions and counselling with regular and ad-hoc abstinence controls, and it includes general treatment methods: work therapy and organised free time activities for addicted prisoners. The treatment is conducted in a team, and team composition depends on the occupational structure in the treatment department of each penitentiary, i.e. prison. In addition to the person

directly involved in treatment implementation (the so called therapist), there are also an expert treatment counsellor, a physician and, where necessary, a psychiatrist. Other treatment team members can also be indirectly included (vocational teachers, teachers, and judicial officers of a specific department). Treatment of addicts is the central part of their healthcare which is carried out indirectly by a physician or a psychiatrist.

In 2012 there were 1 625 (adult) prisoners included in the special treatment programme, i.e. 21.5% of all persons who were serving prison sentence during 2012. Out of the above mentioned number, 43.5% of drug addicts were included in the programme on the grounds of pronounced security measure of the addiction treatment, and others on the grounds of the assessment conducted by an expert team of the Centre for Diagnostics, i.e. penal institution. On 31 December 2012 924 (adults), were included in the special addiction treatment programme, i.e. 12.4% of the total number of the prisoners who were serving prison sentence. In 2012, 217 minors were serving juvenile prison sentence or correctional measures in correctional institutions; 50 of them (23%) were subject to additional professional treatment due their drug addiction or problems caused by drug abuse. Out of the above number, 2 minors were sentenced with the security measure of compulsory addiction treatment, whilst the rest were referred to juvenile prison, i.e. correctional institution on the grounds of the assessment made by the expert team. On 31 December 2012 out of the total number of 105 minors who were serving the sentence of juvenile prison or correctional measures in correctional institutions, 33 (31.4%) underwent additional professional treatment due to their drug addiction or problems caused by the abuse of drugs. Out of the above number, one minor was referred to juvenile prison, i.e. correctional institution according to the pronounced security measure pursuant to Article 76 of the Criminal Code, and the rest according to the assessment made by the expert team.

Opiate agonist therapy has been continuously applied in the prison system. Until 2007, methadone was primarily used as a substitution substance for rapid or slow detoxification, and as maintenance therapy only in certain cases. That year buprenorphine, partial opiate agonist, was also introduced. It is applied for detoxification of opiate addicts and as the first choice of physicians for maintenance therapy.

Table 9.4 – Prisoners addicted to drugs who were prescribed substitution therapy during inpatient detoxification in a clinic – methadone or buprenorphine (2012)

Type of substitution therapy	Prisoners		Detainees		Sentenced with misdemeanour		TOTAL		
	M	F	M	F	M	F	M	F	∑
Methadone	81	1	121	4	18	3	220	8	**228**
Buprenorphine	243	2	64	9	26	1	333	12	**345**

Source: Ministry of Justice, Prison Administration

As regards all categories of prisoners, during 2012, 573 prisoners were subject to detoxification by means of opiate agonists. This was a decrease of 23.12% in comparison to the previous year (2011: 746; 2010: 1 191). In 39.8% of cases methadone was applied, and in 60.2% buprenorphine (Table 9.4).

Table 9.5 – Prisoners addicted to drugs who were prescribed methadone orbuprenorphine maintenance during imprisonment (2012)

Type of substitution therapy	Prisoners		Detainees		Sentenced with misdemeanour		TOTAL		
	M	F	M	F	M	F	M	F	∑
Methadone	65	2	54	10	34	1	153	13	**166**
Buprenorphine	689	2	130	13	47	2	866	17	**883**

Source: Ministry of Justice, Prison Administration

Maintenance treatment with opiate agonists, before buprenorphine was even introduced, was mainly prescribed to detainees and convicts, while the prisoners who were serving prison sentence were maintained on methadone only in exceptional cases. With the introduction of buprenorphine, a significant proportion of prisoners were subject to maintenance therapy with opiate agonists. During 2012, there were 1 049 of such prisoners (methadone and buprenorphine), which was 34.5% more than in 2011. Buprenorphine was used in as many as 84.18% of prisoners maintained with opiate agonists. As regards methadone maintenance, the trend of selective application is still kept only for the worst clinical cases, i.e. persons who are intolerant to buprenorphine. In 2012 only 166 prisoners addicted to opiates were maintained on methadone (Table 9.5).

For those prisoners who are 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 released on parole, the decision of the release on parole obliges them to continue treatment in the relevant services for mental health protection and addiction prevention.

Possessing or taking medications without special approval, possessing or taking any narcotic or psychoactive substances or alcohol, as well as refusing testing on alcohol, narcotic or psychoactive substances represent disciplinary offence laid down in the Enforcement of Prison Sentences Act.[71] Prisoners are tested for the presence of drugs (and illicit psychopharmacological drugs) before entering the prison system and after returning from regular leave on a regular basis, and on an ad-hoc basis for the purpose of prevention by random or targeted selection when there are appropriate indications. Testing is conducted according to the specific *Protocol on Testing Prisoners and Minors for Addictive Substances in Prisons and Penitentiaries* which has been applied since January 2006 and for the implementation of which a Manual for using the Protocol has been prepared. In addition to searches of persons, premises and articles, testing of prisoners represents the most important preventive and control activities for determining presence of drugs in penal institutions, and is used as an important method in drug addiction treatment for controlling prisoners' abstinence and monitoring the application of the prescribed psychopharmacological drug therapy.

[71] Enforcement of Prison Sentences Act (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, 125/11, 56/13)

During 2012, 3 157 prisoners were tested for drugs, out of whom 545 prisoners and minors tested positive. In total, they committed disciplinary offences connected to psychoactive substance abuse. The number of disciplinary offences is greater than the number of prisoners and minors since individual prisoners and minors repeat disciplinary offences once or several times. It should be mentioned that disciplinary offences connected to abuse (drug use, possession or test refusal) are also committed by prisoners who are not addicts. In comparison to the previous years, in 2012 significantly fewer prisoners were tested (2010: 4 184; 2011: 4 160), but the percentage of positive results in the total number of tested samples was somewhat bigger.

Table 9.6. – Disciplinary offences related to psychoactive substance abuse in 2012

Abuse of psychoactive substances		Alcohol		Heroin		Other drugs		Buprenorphine *		Other pharmacological therapy *		Refusal of testing		**TOTAL**		
		M	F	M	F	M	F	M	F	M	F	M	F	**M**	F	Σ
Prisoners	Number of disciplinary offences	71	1	1	0	25	1	286	2	161	0	27	0	571	4	**575**
	Number of perpetrators of dis. offences	63	1	1	0	22	1	241	2	142	0	22	0	491	4	**495**
Minors	Number of disciplinary offences	0	0	0	0	49	0	0	0	20	0	0	0	60	0	**60**
	Number of perpetrators of dis. offences	0	0	0	0	32	0	0	0	18	0	0	0	50	0	**50**

Source: Ministry of Justice, Prison Administration

Table 9.6 clearly shows that out of all disciplinary offences connected to the abuse of psychoactive substances 11.33% referred to alcohol and only 0.16% to heroin (1 prisoner). Other drugs were represented by 11.81%. It should also be mentioned that in the total number of disciplinary offences connected to the abuse of other drugs, the majority were minors (65.33%). As in previous years, among disciplinary offences connected with the abuse of psychoactive substances, disciplinary offences connected with the abuse of substitution therapy for addicts were represented the most, especially concerning buprenorphine (which was not prescribed by a physician) with a share of 44.88%. If alcohol were excluded from the number of committed disciplinary offences related to psychoactive substance abuse (N=559), the percentage of disciplinary offences connected to abuse of buprenorphine would amount to as much as 51.15%. Among perpetrators of disciplinary offences connected to the abuse of buprenorphine in 2012, there were no minors. They were followed by disciplinary offences related to the abuse of psychopharmacologic drugs, which prisoners possessed or to which they were tested positive- This referred only to drugs which were not prescribed by a physician. There were 181 such procedures during 2012, i.e. 18.5% out of the total number of all committed disciplinary offences connected to all psychoactive substances including alcohol, i.e. 32.15% if alcohol is excluded. In 2012, 22 prisoners committed a total of 27 disciplinary offences by rejecting testing on psychoactive substances.

Special medical care is provided to high-risk groups of prisoners suffering from hepatitis C through diagnostics, and later treatment of viral hepatitis C of prisoners interested in receiving treatment, in the same manner and under the same conditions as of the patients who are at large. Counselling Centre for Viral Hepatitis and HIV was established in cooperation of the Prison Administration of the Ministry of Justice and the Clinic for Infectious Diseases as part of the Internal Medicine Ward of the Prison Hospital. The Counselling Centre did not perform activities for which it was founded in the reporting period. In 2012 8 patients were treated for chronic hepatitis C in the Internal Medicine Ward. 5 of them were subject to pre-treatment diagnostic evaluation which was conducted in 2010 and 2011 in the same ward. 3 patients continued treatment which had started in institutions of public health. As regards treatment of prisoners with hepatitis and HIV, and prevention, in 2012 the HULOH Hepatos association in cooperation with the Croatian Institute of Public Health performed tests on viral hepatitis and HIV on interested prisoners in the Split Prison and educated them on methods of transfer and treatment possibilities. For the purpose of raising the quality of implementation of special drug addiction treatment programmes, the prison system is open for cooperation with different institutions and civil society organisations. Consequently, cooperation has been established with the county services for mental health protection, addiction prevention and outpatient treatment and civil society organisations with which prisoners are connected while serving their sentence and in which they continue their treatment after release. In some prisons that cooperation is implemented in such a way so that the representatives of county services for mental health and addiction prevention (prisons in Dubrovnik and Požega) or a civil society organisation (prisons in Osijek and Pula) participate in the meetings of treated addicts in prison as associates in the implementation of the special programme. Cooperation with outside partners in the implementation of the special programme for treatment of addicts enables continuity also after their release, retention in treatment, i.e. prevention of addictive and criminal recidivism and possible overdose. In addition to the above, through this kind of approach it is possible to include the family in treatment and counselling or another person who will give support to the addict during abstinence and change of lifestyle.

At the initiative of the Office for Combating Drug Abuse of the Government of the Republic of Croatia, at the end of 2010 negotiations between the Ministry of Justice, the then Minister of Health and Social Care, and the Croatian Institute of Public Health on creating mutual *Agreement on Cooperation and Exchange of Data and Information related to the treatment of drug addicts in the prison system* started. In the course of 2012 preliminary agreements were made on including the prison system into the *Registry of Persons Treated for Psychoactive Drug Abuse in the Republic of Croatia* kept by the Croatian Institute of Public Health, as the basis for future data exchange under the Agreement.

In November and December 2011 two training activities (which lasted for three days) for treatment providers included in the implementation of special drug addiction treatment programmes in prisons, penitentiaries and correctional institutions were held. They were organised by the Central Office for Prison Administration. Training was performed by the experts from the Addiction Treatment Clinic of the Hospital “Sestre Milosrdnice” and the Croatian Association of the Clubs of Alcoholics in Treatment. Considering the fact that the training was conducted at the very end of 2011, in 2012 no new training of this type was organized. During 2012 the officials of the Central Office of the Prison Administration, penitentiaries, prisons and correctional institutions participated in expert

meetings, seminars and workshops of educational character on prevention of abuse of drugs and treatment of addicts, which were organized by the Office for Combating Drug Abuse of the Government of the Republic of Croatia.

As part of a special programme for drug-addicted prisoners in prisons and problem drug users in penitentiaries and correctional institutions, treatment providers conduct individual and / or group informative training for prisoners on a continuous basis. Controls to prevent the entry of drugs are performed on each entry of persons 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. During 2012, 190 671 thorough searches of prisoners were conducted and 17 963 searches of rooms. Illicit drugs were found in 10 cases. Table 9.7 shows that the continuous increase in the number of searches in the reporting period (despite the decrease in number of searches in 2012) has had a positive effect on reducing drug availability in prisons.

Table 9.7 – Number of searches of prisoners and rooms (2006 – 2012)

Year	Number of searches of persons	Number of searches of rooms	Number of cases when 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	n/a
2011	220 012	20 519	8
2012	**190 671**	**17 963**	**10**

Source: Ministry of Justice, Prison Administration

For the purpose of enabling quicker and better exchange of criminal intelligence between the prison system and the police (including data on prisoners who were perpetrators of criminal offences of abuse of drugs), the *Standard operating procedure between the Ministry of Justice, Prison Administration, and the Ministry of the Interior, Police Directorate* was signed in December 2009 and entered into force in 2010. In December 2010 a special *Protocol on cooperation between the Ministry of Justice, Prison Administration, and the Ministry of the Interior, Police Directorate* was signed, governing the implementation of Article 131 of the Enforcement of Prison Sentences Act, i.e. collection of opinions and security assessments regarding the benefits of prisoners, including addicted prisoners. Cooperation in accordance with those two documents also continued in 2012.

9.7. Reintegration of drug addicts after release from prison

According to the Enforcement of Prison Sentences Act,[72] a prisoner released on parole may, in line with the court decision, be bound to further treatment, which in case of drug addicts means continuation of medical treatment of drug addiction in a healthcare institution or other organised form of addiction treatment in a therapeutic community, institution or any other legal entity that conducts therapeutic programmes. Preparations for the release of a prisoner begin upon prisoner's arrival in prison or correctional facility. Prisoners are encouraged to participate responsibly in the preparation for release within prison or correctional facility and outside the prison or correctional facility, and in particular to maintain relationships with their families, to stay in contact with state authorities, institutions and associations and persons engaged in an organised manner in the inclusion of prisoners into life in freedom. Not later than three months prior to the release the prison or correctional facility includes the prisoner into individual or group counselling in connection with the preparing of the prisoner for release. Upon the request of an executing judge, the Probation Office will prepare admission of prisoners after they have been released in accordance with the provisions on probation. Upon release, the released prisoner may contact the authorized executing judge for the purpose of assistance and support. The executing judge cooperates with the Social Welfare Centre to which he may order by a written decision to take necessary measures to assist prisoners after their release from prison. Post-release assistance is a set of measures and procedures which are applied for the purpose of inclusion of released prisoners into life in freedom. Besides providing food and accommodation, advice on the selecting permanent or temporary residence, reconciliation with one's family, seeking employment, completing professional training, granting financial support for the coverage of indispensable needs and other forms of assistance and support, etc., adequate medical treatment is also provided.

The pronouncement of alternative sanctions (i.e. sanctions and measures in the community) for addicts, perpetrators of criminal offences is increasingly present in criminal jurisprudence of most countries in the world. *The 1998 Declaration on the Guiding Principles of Drug Demand Reduction,* which applies to the policy of addiction prevention in the EU Member States, emphasizes treatment approach to convicted addicts instead of them being punished and imprisoned. First probation offices in the Republic of Croatia started working in June 2011, It can be said that the process of probation implementation is still in its first, earliest phase. The current economic crisis makes the process implementation significantly more difficult since there is an insufficient number of probation officers, only a part of the probation work stipulated by law is performed and the capacities of the probation offices are not sufficient enough to pay particular attention to the specific requirements of certain groups of perpetrators of criminal offences. One of the goals of the probation office is certainly to decrease the number of criminal offences connected to abuse of drugs, as well as to protect the individual and the community against the harm caused by drug abuse. It is therefore important to take account of specific risks, problems and needs of the population of addicts connected to the implementation of sanctions and measures within the community and accompanying probation work. While working with adult perpetrators of criminal offences, probation officers meet perpetrators among which the problem of drug

[72] Enforcement of Prison Sentences Act (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)

abuse has already been detected, but also persons among which this problem has not been identified during the criminal procedure. Therefore, it would be of an outmost importance that the probation officers are properly trained in recognising the signs of drug abuse, as well as that they are aware of the importance of recognising the problem for the purposes of the overall social reintegration of the perpetrator.

During 2012 the Probation Office mostly executed sentences which included probation with protective supervision and those that included community work. Pursuant to Article 2 of the Probation Act (OG 143/12), probation work is conducted during decision-making on criminal prosecution, determining measures of compulsory appearance of the accused, choosing the type of the criminal legal sanctions and implementation of criminal legal sanctions pronounced to the perpetrator of the criminal offence. The Probation Office has not started supervision of the larger number of the prisoners released on a probation until 2013, whereas the delivering of reports to state attorneys while making decisions on criminal prosecution, and reports to judges while choosing the type of criminal legal sanctions is yet to be implemented. It is expected that with the development of the Probation Office and the increase in probation work, the number of addicts included in probation work will also grow.

According to the data of the Ministry of Justice, Directorate for Criminal Law and Probation, in 2012, 56 prisoners were included in the specific forms of treatment within the probation system as part of the implementation of security surveillance with probation, 136 prisoners were imposed the security measure of treatment (implementation is supervised by the court) alongside community work, 2 prisoners as part of their conditional release and 3 persons the grounds of the decision made by the state attorney (conditional suspension of criminal prosecution) – a total of 197 persons, i.e. 6 % of all persons subject to probation work (from 1 January to 31 December 2012 probation officers had 3 284 cases). Drug users are mostly sent to the Institute of Public Health for treatment, i.e. services for mental health protection, addiction prevention and outpatient treatment, then to hospitals (e.g. addiction treatment ward of the Clinical Hospital “Sestre milosrdnice” in Zagreb), and they are least sent to civil society organisations (for instance, the Association “Dedal” in Split and Association “Osmijeh” for addiction prevention and family counselling in Zagreb). The predominant drug among 94 persons is cannabis, among 74 opiates, among 21 psychostimulants, and among 8 persons other substances such as sedatives. As regards addiction treatment, 32 meetings with state and public and institutions and 28 meetings with civil society organisations have been held by the heads of probation offices and/or probation officers for the purpose of establishing and developing cooperation. The planned training of probation officers is postponed, and will be implemented in the form of one-day seminars by the end of 2013.

The role of the prison system under the national *Project on social reintegration of drug addicts who have completed one of the rehabilitation and withdrawal programmes in a therapeutic community or in prison settings, as well as drug addicts in outpatient treatment who have maintained abstinence for a longer period of time and adhered to their treatment programme* is laid down in Chapter 8.3 and it refers to organizing professional orientations by psychologists in charge of the prison system and including the addicts in educational programmes during their stay in prison, as well as informing prisoners and preparing them for inclusion in Project of social reintegration after they leave the institution. According to the *Activities and cooperation protocol for competent state bodies, institutions and civil society organizations in the implementation of the*

Project on social reintegration of drug addicts, in the second half of September 2012 the Ministry of Justice in cooperation with the Ministry of Science, Education and Sport started preliminary implementation of professional training for the biggest number of addicted prisoners since the Project of social reintegration was introduced in the prison system. Out of the total number of 280 interested prisoners (male and female), after the completed professional orientation and medical examination, further possibility of being included in the programme of professional training for a computer operator was achieved by a total of 185 prisoners (out of which 11 are female) in 12 penal institutions. The Ministry of Science, Education and Sports selected the college "Algebra" with its headquarters in Zagreb, but also with many branch offices in other Croatian cities, to conduct the training. Algebra has the capacities to implement such comprehensive training in 12 different cities at the same time. On 12 November 2012 professional training for computer operator started in 12 penal institutions. Training was comprised of 130 lessons. 156 prisoners (11 female) were enrolled and successfully completed the training.

Although the *"Institutional and Postpenal Treatment of Convicted Addicts "* (IPTO), described in previous reports, has not been formally implemented as a project since 2005, according to the protocol established under this project continuation of the treatment of addicts is organized during probation time, i.e. upon release at the level of the whole prison system and in cooperation with county services for mental health protection, addiction prevention and outpatient treatment and civil society organizations in the local community.

In cases where special programmes within the prison system's scope of activities cannot 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 prisoners continues even after their release. Family and other close persons can be also included in the implementation of prisoner's rehabilitation, which will provide support to the prisoner in their abstinence and change of lifestyle. During 2012 cooperation was established for treatment and post-penal admission of prisoners with the following organisations: *Terra* in the prisons in Rijeka and Pula, *Institut* in the prison in Pula*, Stijena* in the correctional facilities in Glina, Lepoglava and Požega, (*Ne-ovisnost* in the prison in Osijek, *Ćakula kroz život* in the prison in Šibenik, and *Association for Creative Social Work* in Zagreb in several institutions. Cooperation was also established with county services for mental health protection and addiction prevention according to the headquarters of penal institutions. In the addiction treatment segment, special attention should be paid to the cooperation with the Home for Addicts *Zajednica Susret* with which the *Agreement on Cooperation on the Project of Psychosocial Rehabilitation of Drug-Addicted Prisoners on Parole* was signed in 2009. Cooperation has been implemented at the level of the whole prison system, especially in the Correctional Facility in Glina, Prison in Gospić and in Department for female prisoners of the Penitentiary in Požega.

10. Drug markets

10.1. Introduction

According to Croatian legislation,[73] drug is defined as any substance of natural or artificial origin, including psychotropic substances included on the list of drugs and psychoactive substances, and any cultivation, production, possession or trafficking of drugs is against the law. Therefore, the term "drug markets" in this chapter primarily refers to illicit drug markets. However, in this text we will also mention new psychoactive substances. Because of the dynamic emergence of psychoactive substances in the world as well as the Croatian market, only a part of them is currently regulated by the applicable regulations in our country and it is therefore necessary to mention that "drug market" in the broader sense also refers to legally available substances which have drug-like properties.[74]

One of the main priorities of the national policy on combating drugs abuse in the Republic of Croatia remains the reduction of supply, and consequently the availability of drugs. Considering the fact that the reduction of drugs availability, especially on the streets, 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 performed by applying a proactive approach and investigations based on the data collected and analytically processed. In order to reduce 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, in recent years, initiated and / or actively participated in a series of highly successful, international operations covered by the media, such as for example the criminal investigation under the code name "Jadera" where on the basis of the information collected during the investigation in the Republic of Croatia the DEA and the police forces of France, the Netherlands, Italy and the Dominican Republic were included and parallel investigations opened. On the grounds of information thus collected the French police and customs seized 173 kilograms of cocaine on 22 May 2012. 9 Croatian citizens were arrested, one citizen of Venezuela and one Serbian citizen.

It should be mentioned that the total length of Croatian land borders with five countries of 2 028 km and 5 835 km of sea coastline, with a complex geopolitical and geostrategic position and the tendency of establishing a freer regime of movement of goods and passengers upon Croatian succession to the EU on 1 July 2013, require extraordinary efforts to detect attempted smuggling of drugs. 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. In 2012 they continued

[73] Drug Abuse Prevention Act (OG No. 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11), Criminal Code of the Republic of Croatia (OG No. 110/97, 129/00, 111/03, 105/04, 84/05, 71/06, 110/07, 152/08, 125/11, 144/12)

[74] 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.

equipping border crossings and customs officers with technical equipment, especially on the border crossings with Serbia, Bosnia and Herzegovina and Montenegro since those borders became outer borders of the European Union on 1 July 2013.

Since the Ministry of the Interior, within which the National Police Office for Suppression of Corruption and Organised Crime (PNUSKOK) and the Drugs Department as an organisational unit of the PNUSKOK operate, keeps all records relating to drug-related crime, in this chapter, apart from the available research, the data and the information of the Ministry are used. Although the customs services have the authority to confiscate the drugs discovered, records of total seizures at the national level are kept 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 for processing in the electronic records of the Ministry. Electronic model of data management at the Ministry of the Interior provides continuous assessment of threats from organized crime (including drug-related crime), which may affect the socio-economic system and the political stability of Croatia.

10.2. Availability and supply

All available data on the availability of drugs in the Republic of Croatia were described in detail in the previous report. They were based on the results of the European School Survey Project on Alcohol and Other Drugs (ESPAD)[75] in which Croatia participates regularly, then on the results from the *Research on substance abuse in the general population of the Republic of Croatia* (Glavak Tkalić *et al*., 2012) and the research *Availability and prices of illicit drugs in the Republic of Croatia* (Doležal, 2011).

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

The first research on substance abuse among the general population of the Republic of Croatia which was conducted in 2011 provided data on the perception of the possibility of acquiring drugs in general and personally, then on the experience of personal availability of drugs, on perception of personal possibility to acquire certain addictive substances and personal acquaintances with persons who consumed illicit drugs. In the whole sample (persons aged between 15 and 64 years), 44.9% of respondents believed that drugs were generally quite available in the Republic of Croatia, while 27.9% believed that drugs were generally available to a large extent. Although the majority of respondents estimated that drugs in Croatia were generally available, when asked about the extent to which they were available to them personally, more than half of respondents (55.4%) in the whole sample reported that they were not available at all. Although in the age group of young adults (aged 15-34) the respondents predominantly considered that drugs were not available to them at all, in comparison to the whole young adults group who found, as expected, drugs much more accessible. One third of all respondents were offered some kind of drug, while in the sample of younger adults that share rose to a half of respondents. Respondents from large cities reported more often 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%). If they wanted to obtain an illegal psychoactive substance within 24 hours, one half of adults,

[75] European School Survey Project on Alcohol and Other Drugs (ESPAD)

when it came to cannabis, and three quarters of adults, when it came to heroin, stated that acquiring them would be difficult. Men perceived that drugs would be easy to obtain more often than women. Unlike other addiction substances, as for example sedatives or tranquilizers (e.g. Normabel, Praxiten, and Xanax) the most frequent response of the respondents in the whole sample was that they found it easy or very easy to obtain (66.5%). 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 analysed only on the subsample of minor respondents (N = 222). About 80% of persons under the age of 18 (regardless of gender) considered it was easy to purchase alcoholic beverages (beer, wine and spirits) and cigarettes personally. The perception of the availability of alcoholic beverages and cigarettes increased with lower level of urbanisation, and therefore all these substances were considered most accessible in rural areas. As regards personal acquaintance with people who consumed particular drugs, 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. When it came to consumers of ecstasy, amphetamines, cocaine, heroin and LSD, about one tenth or less of adults said that they knew people who took these drugs (ranging from 5.9% for LSD consumers and 13.0% for ecstasy consumers).

The fifth European School Survey Project on Alcohol and Other Drugs conducted in the Republic of Croatia (Kuzman *et al.*, forthcoming), similar to the previous ESPAD surveys, showed that cannabis was the most accessible illegal psychoactive substance, although in relation to 2007 fewer respondents indicated that cannabis could be obtained easily or very easily (2007: 49.5%, 2011: 40.7%). Ecstasy and amphetamines were much less accessible to school population (more precisely, to students who turned 16 in the reporting year), but still to the extent to which serious measures for preventing and reducing the availability of drugs to young people were required. It is interesting that ecstasy was considered very difficult or even impossible to obtain by 53.8% of respondents compared to 42% in 2007, and the situation was similar with amphetamines.

The survey *Distribution and Cost of Illicit Drugs in the Republic of Croatia* was conducted in 2011 for the first time, and repeated two years later. More detailed information thereon will be presented in the next report. Targeted group were addicts who consumed different types of drugs on a daily basis and harm reduction programme beneficiaries. According to the research conducted in 2011, the most accessible addictive substance on the illicit drug market, according to the respondents of the survey, was methadone which could be obtained within an hour by 41% of the respondents who answered this question, 18.1% could get it within 2-3 hours and the additional 32.1% within 6 hours. However, while interpreting these data one should take into account the possibility that some of the respondents had the legal availability of methadone in mind, although the surveyors should have mentioned that it related solely to the availability of the drug on the illicit market. They tried to reduce this methodological disadvantage in the research repeated in 2013. As for the “classic” drugs, marijuana was ranked first. It was considered fully, very easily or easily accessible by 93.6% of respondents. Ecstasy followed with 68.6%, heroin with 62.2%, amphetamines with 58.7% and cocaine with 54.9%. However, at the regional level, the differences were significant. As many as 55% of drug addicts in the area of Split and parts of Dalmatia 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. Cocaine was considered inaccessible or completely 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 were also the least accessible in Split, where three quarters of the persons who responded to this question perceived them difficult or completely impossible to obtain. The data collected in Rijeka and Istria were completely 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 was 100% accessible in Split although it should be mentioned that a very small number of respondents answered that question, unlike 52% of respondents with the same opinion in Rijeka and Pula. Although the largest proportion of respondents in all parts of Croatia included in the survey considered marijuana to be fully, very easily or easily accessible, there were some significant differences in answers regarding the level of availability. Most drugs were usually acquired from dealers (83% heroin, 80.8% cocaine, 74.6% amphetamines, 69.7% marijuana, 66.7% mephedrone, 64.1% hashish, 62.5% synthetic cannabinoids, 59.8% ecstasy, 42.3% LSD). A friend was the second most common source of ecstasy (38.5%), LSD (38.5%), Subutex (38.3%) and hashish (25.5%).

10.2.2. Origin of drugs: 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. Some cannabis products are grown in the Republic of Croatia outdoor and some indoor. The majority of cannabis still comes from Albania, which has been known as a large herbal cannabis producer over the past years. Other significant countries of origin are Morocco, Afghanistan and Bosnia and Herzegovina. In 2012 no laboratories for production of synthetic drugs were detected. Operational intelligence from the Ministry of the Interior also implies that there are no such laboratories in this country. Synthetic drugs such as amphetamines and amphetamine derivatives (usually ecstasy tablets) are smuggled in a variety of ways from certain Western European countries but also from even more present drug markets in particular Eastern European and Asian countries. Heroin originates from Afghanistan and other countries of Southwest Asia that produce heroin. It is also important to mention that Croatia actively participates in the efforts of the international community in combating opium production in Afghanistan and in the military mission in Afghanistan, and has sent a few police officers to provide help in training of 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 intelligence, cocaine paste is also processed into cocaine in other South American countries, especially in Brazil. In addition to the overview of smuggling specificities according to particular types of drugs, a review on the origin of drugs is also given.

10.2.3. Trafficking patterns, national and international flows, routes, modus 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 Croatia, 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 there are usual ethnic or family background criteria. Then there are groups formed on the basis of guild membership (companies and truck

drivers in international traffic, sailors in international waters) and criminal groups without any special pattern, formed for a particular purpose. Also, organised criminal groups use globalisation trends that enable faster and more liberal regime of the flow of goods and persons. Transport companies and their drivers are used for the purpose of smuggling drugs to a very high extent. Their occupation, knowledge of routes, some knowledge of police and customs work and underpayment for that work facilitate the recruitment of such persons by the members of criminal groups. Those criminal groups are not focused on a particular type of drug but the smuggling is performed as required, which means that drugs or other goods being smuggled depend on the decision of a smuggling organiser. The above groups are usually small, 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 successful implementation and prevent detection and prosecution. Different national criminal groups cooperate perfectly regardless of political, language and other differences. Alarming trends have been recorded concerning even more organized operations of criminal groups and organisations with a predominantly international element.

It is important to mention, that in the last few years the so-called “Balkan route” has become 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 conducted by Turkey. However, the trends concerning activities on the traditional “Balkan route” of heroin smuggling from Afghanistan, Turkey and Middle East countries toward 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 Western European countries. The reasons why the continuous work on combating the above issue is obstructed lies in the fact that smuggling of larger quantities of heroin through the 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. To that end, criminal groups and individuals from the region that participate in the organisation of the above activities (their modus operandi, usage of logistics services provided by Croatian citizens, etc.) are identified. In 2012 no significant deviations in the patterns of trafficking, national and international trends, routes, methods of execution and organisation of the domestic drug market compared to 2011 were observed.

Picture 10.1 – Main drug trafficking routes through the territory of 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 in goods and passenger traffic, which organised criminal groups use to smuggle heroin with minimum investments and reduced risk of seizure and arrest. In recent years, upon accession of new Member States to the European Union, primarily Romania and Hungary, the “Balkan route” has been partially modified due to the Schengen regime and its way has shifted more to the North (Serbia – Hungary or Romania). We believe that it concerns the smuggling of small quantities (up to several tens of kilograms) and the smuggling route where large quantities are smuggled by means of trucks according to the final destination of legal load, has not changed. Although in road traffic we have recorded greater number of seizures of small (several kg) and larger (up to 40 kg) quantities of heroin, an issue of particular concern is the smuggling of large quantities (more than 100 kg) of heroin by trucks. The smuggling is partially performed through Croatia on the route Turkey – the Western European countries. Croatia is the only country in the region that neither recorded any seizure of large quantity of heroin in truck traffic in the previous period, nor in 2011. Except for the objective reasons for the lack of seizures (the lack of quality operational intelligence, 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 have recorded cases where services of transportation companies (own or on behalf of other persons) in international road transport have been used, 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 the so-called “Balkan route” and dominate it. They mostly come 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. They have strong family ties in different countries of the region, Europe and the world which are used for illegal operations. There is a large community of ethnic Albanian operating in the Croatian territory. Reasons for that are geographical, historical, cultural, etc. Smuggling is performed in such a way that the organizers, i.e. ethnic Albanians, often use the so-called couriers for smuggling who are usually citizens of transit countries (Croatia, Serbia, Slovenia) or citizens from countries that have an existing drug market onto which the above heroin is placed (Italy, Germany, the Netherlands, etc.). Since every group is responsible for their own goods that it smuggles and the route it covers, it is difficult to define how big they are. Organised criminal groups have the tendency to occasionally engage a certain number of associate members depending on the criminal activity. We estimate that on the Croatian territory a larger number of smaller criminal groups operate at the local and regional level in smuggling heroin and heroin trafficking at the local level. We do not expect escalation of smuggling, nor heroin addiction which has been constant in the Republic of Croatia for years now, but in case of increased production we can expect the rise of heroin smuggling through the Balkan route and through Croatia heading to the Western European drug markets. In the previous period the Ministry of the Interior recorded a disturbance in supply of Croatian illicit market with heroin, which is partly a result of global trends. The decline in heroine supply is manifested in the decline in the number of newly recorded heroin addicts and decline in purity of heroin on the illicit market which can be seen from the results of conducted operational actions.

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 unsaturated European drug markets through import harbours in Europe (Spain, Belgium, the Netherlands and other South Eastern European countries). That smuggling route is called "Highway 10" (the 10th parallel) and represents the smuggling of cocaine from South America through South and North Western Africa and Western and Northern Europe to the European drug markets. In recent years the cocaine smuggling routes have started to change and the “Balkan route” is used for such purposes, as evidenced by the increased number of attempted cocaine smuggling through Croatia. However, different attempts of cocaine smuggling by sea: using sailing boats, ships for bulk cargo, tourist ships (so called cruisers), etc., represent a certain pressure on and a threat to our so-called “blue border”. Smuggling of cocaine into Croatia by air comes from South American countries, traditional drug producers, through the transit West European airports by means of couriers, express mail shipments, luggage and other modes of cocaine smuggling. There was also a case of attempted cocaine smuggling when the clothes soaked in the solution which contained cocaine were packed in a bag. Smuggling cocaine by air traffic and cargo traffic is performed from the South American countries, which are traditional drug producers, through curriers, postal shipments in luggage and other modalities. Small private jets of the so-called VIP class are also used for smuggling.

According to the operational intelligence from the Croatian police, the cocaine trafficking is dominated by the "non-Albanian" criminal groups, but evermore Albanians tend to enter the business of smuggling cocaine by overtaking direct contacts in South America

or import harbours in Western Europe. Criminal groups and their members, grouped according to their profession, are groups of sailors and persons they are connected with on land. Because of the Croatian maritime tradition, a large number of our citizens sail the international lines so that individuals or groups of sailors are part of the group which is connected to "logistics" on land responsible for managing smuggling, primarily of cocaine, on the routes from South American countries towards European countries. In maritime traffic we have also recorded smuggling of cocaine organized by international criminal groups and directed towards Croatian harbours. Due to large profit generated by cocaine smuggling some of the criminal groups tend to narrow down their criminal activities to those related to cocaine smuggling (money laundering, etc.).

Increase in traffic in Croatian seaports, nautical traffic, air traffic, and the global trends of increased imports of South American cocaine onto the European drug markets are a potential threat to the Republic of Croatia as well. However, it is estimated that the cocaine-related crimes pose no direct threat to the socio-economic system and political stability of Croatia. However, more 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 greatest danger represents "dirty money" earned by cocaine smuggling as confirmed in our region in the case of Serbia. Criminal organisation of the so-called Montenegrin drug cartel has entered the financial flows of Serbia with a large amount of money and has become a threat to social-economic stability of the country. Cocaine smuggled on that occasion was not for the most part smuggled to the territory of South Eastern Europe but directly to the Western European contact points (harbours, marinas, etc.) and further on to the Western European drug markets. The fact that we have record an increasing number of homicides connected to cocaine smuggling in the region and the Republic of Croatia supports those upsetting trends.

Following the global trends of increased cocaine smuggling to the European territory, since there is a decline in demand in the USA market, considered 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, cannabis herb is the most represented type of drug. In sporadic cases, we have recorded the seizures of cannabis resin (hashish), while the hashish oil seizures are rare and therefore we can conclude that it is not represented on the drug markets. The largest portion of the cannabis products required on the domestic and European market is trafficked from Albania, through Montenegro, Bosnia and Herzegovina. Herbal cannabis is the most smuggled drug; we have recorded cases of singular seizures of several kilograms of up to over 100 kg. Small quantities (several kg) are smuggled via road transport by cars mostly from Bosnia and Herzegovina. However, there have also been cases of smuggling drugs on foot across 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 – Western European drug market. In the past few years, we have recorded an increase in the smuggling of larger quantities of marijuana by road from the territories of our neighbouring countries, especially Bosnia and Herzegovina and Serbia and

Montenegro and by sea from Italy as well. Albania has recently become known as an important producer of cannabis herb and even the cannabis resin.

As with other drugs, there have been cases where transport companies services (own or in someone else's name) have been used for smuggling cannabis products in international cargo road transport and other types of international traffic. Rent-a-car services have also been used for smuggling. Cannabis products, as well as synthetic drugs are smuggled during the summer tourist season in smaller quantities by foreign tourists, mostly from the Western European countries who use these products mostly for their personal needs. As for specific characteristics of the persons suspected of smuggling cannabis products, criminal groups composed of ethnic Albanians who organise and smuggle large quantities of cannabis herb produced mainly in Albania should be mentioned. The organisation and smuggling of cannabis products, primarily cannabis herb, 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 smuggle the drugs further in their own arrangement and resell it for the needs of the Croatian and Western European drug markets. Organised criminal groups tend to engage a certain number of associated members on an occasional basis and depending on the criminal activity. We estimate that a large number of smaller criminal groups operate in Croatia at the local and regional level. They smuggle and resell cannabis herb in the local area. In spite of the increasing number of seizures and arrests of criminal group members who cooperate and work in Croatia and our neighbouring countries, the smuggling pressure keeps increasing and in the oncoming period we can expect an increase in production, followed by an increase in smuggling into Croatia, and through Croatia to the Western European drug markets.

Synthetic drugs

Smuggling of synthetic drugs is mainly performed by road (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 in the Western European territory where the drugs are produced. A particular problem is posed by 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. Recently, new drugs, mostly of chemical origin, which are not on the list of prohibited drugs and psychoactive substances, have become a challenge. Drug designers who synthesize new chemical compounds are always one step ahead of the law. As well as in other parts of Europe, many new chemical compounds have started to appear, as was the case with synthetic cannabinoids, which were legally sold as "Spice" products in early 2011 before being put under legal control, and with synthetic cathinones.

As reported earlier, so far there have been no records of the production of synthetic drugs in the Republic of Croatia. Operational intelligence and the results of conducted criminal investigations indicate that the increasing presence of synthetic drugs, such as amphetamine, on the illicit Croatian drug market has been stopped under the influence of global trends, and is dropping. During 2012 there were 1 347 registered cases of smuggling drugs across the state border in which 1 496 persons participated. On that occasion a total of 683 kilograms of all types of drugs were seized.

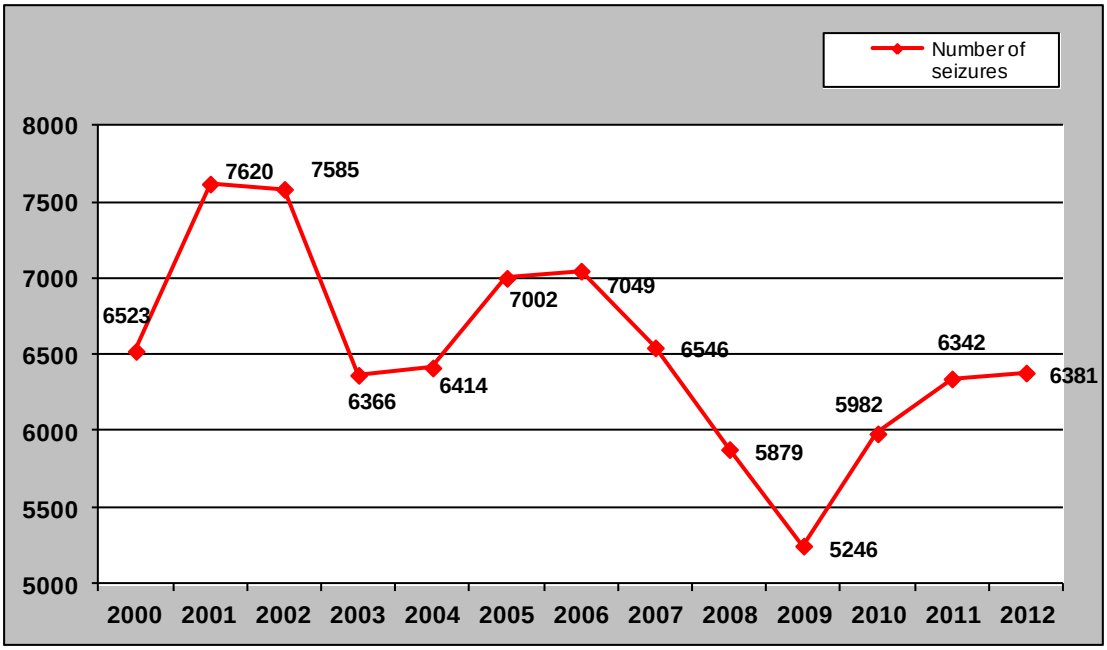
In conclusion, it is estimated that the state of drug-related crime does not present a threat to the social-economic system and political stability of Croatia, but some serious trends of increasingly organized operations of criminal groups with a predominantly international element, which exploit certain flaws in the system, have been recorded.

10.3. Seizures

10.3.1. Quantities and number of seizures of all types of drugs

In 2012 there were 6 381 seizures of all types of drugs, which continued the upward trend in the total number of drug seizures that started in 2009. This year's number of drug seizures is 0.6% higher than in 2011.

Figure 10.1 - Number of drug seizures in the Republic of Croatia (2000-2012)



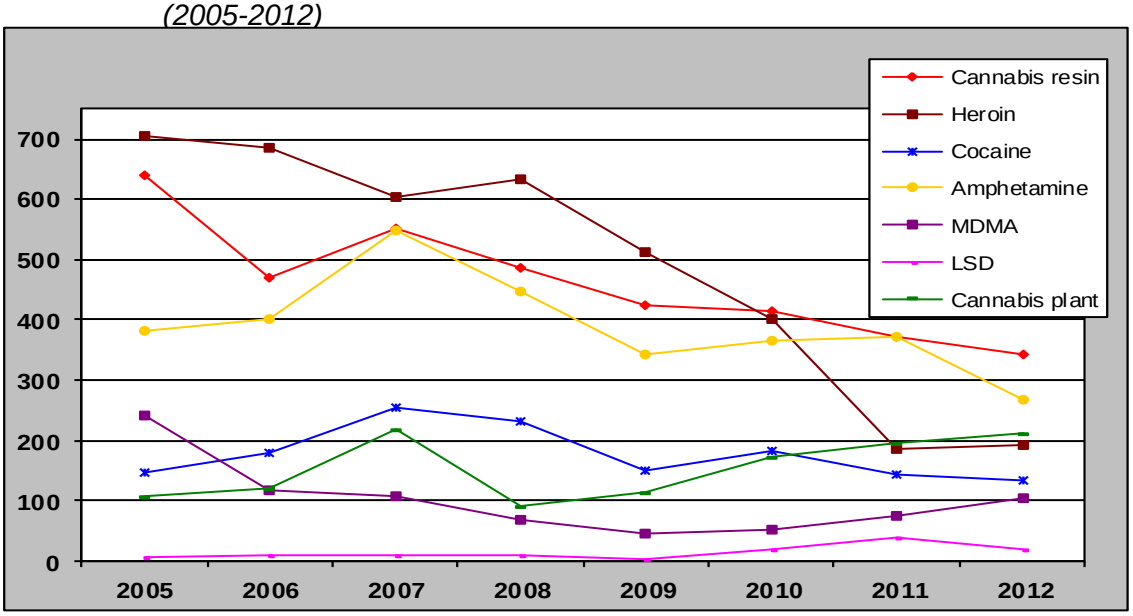
Source: Ministry of the Interior

* Data for herbal cannabis are not shown due to technical reasons (high values).

If we look at the number of seizures in the period 2000 to 2012 (Figure 10.1), the highest number of seizures was recorded in 2001, whilst 2009 recorded the lowest number of seizures in the past decade. As already mentioned in the previous national reports, one of the reasons for the decline in the number of seizures and reported criminal offences in the period 2007 to 2009 can be seen in the re-organization of the legal and police system which is at the moment more focused on organised criminal activities than on the street drug trafficking. According to the data on the structure of the reported drug-related crime (ST 11, 2013, for more detail see Chapter 9.2), the continuous re-distribution of proportions for possession and qualified forms of crime in cases related to heroin and cocaine abuse is especially emphasized. Hence, 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), and in 2012 the proportion switched back to 1.5:1 (150 or 59% of possession compared to 103 or 41% qualified forms). It is similar with cocaine where such proportion in 2009 was 2.1:1, in 2011 it was 0.8:1, and in 2012 - 1.4:1. The positive trend in the number of seizures, reported criminal offences and perpetrators in recent years (regardless of the smaller decline in the number of reported criminal offences in 2012 in comparison to 2011) reflects the stability of the system, as well as the increased activity of prosecuting authorities, which have been under the new provisions of the criminal proceedings given greater powers in conducting special evidentiary actions, while the new structure for combating organised crime (PNUSKOK[76]) enables better operational activities at all levels.

Figure 10.2 - Number of seizures by type of drug in the Republic of Croatia (2005-2012)



Source: Ministry of the Interior

[76] The National Police Office for Suppression of Corruption and Organised Crime (PNUSKOK) 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 Suppression of Corruption and Organised Crime (USKOK) 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, keeps criminal records, 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 four regional Departments for Suppression of Corruption and Organised Crime (Zagreb, Rijeka, Split, Osijek), as well as specialised departments including the Department for Drug Crime.

The overview of the number of seizures by drug type (Figure 10.2.) shows a decrease in the number of seizures of cocaine, amphetamine, LSD and cannabis resin and an increase in seizures of cannabis herb and ecstasy. The downward trend in the number of heroine seizures has stopped.

According to the data from ST 13, 2013 and ST 11, 2013, in 2012 there were 132 cocaine seizures and 196 crime reports; whereas in 2011 there were 142 seizures and 272 crime reports. Furthermore, in 2012 there were 268 recorded amphetamine seizures with 455 crime reports; whereas in 2011 there were 372 amphetamine seizures with 533 crime reports.

In 2012 LSD was seized in 20 cases (in 2011 in 37 cases), and there were 37 reported criminal cases (in 2011 there were 32). In 2012 there were 343 seizures of resin, whilst in 2011 there were 343 recorded cases of seizure. When we talk about cannabis herb and ecstasy, the number of seizures is increasing. As for cannabis herb, as the most frequently consumed type of drug, there is an increase in the number of seizures (in 2011 there were 3 684, and in 2012 4 098 seizures), whereas the number of criminal reports in connection with production and illicit trafficking of cannabis products decreased, as well as for possession (in 2011 there were 5 727, and in 2012 5 318 criminal reports). As for ecstasy, in 2011 there were 72, and in 2012 105 seizures, whilst the number of crime reports increased. The trend of the overall decrease of crime reports has continued (in 2011 there were 7 767, and in 2012 7 295 crime reports).

Table 10.1 - Quantities of seized drugs in the Republic of Croatia (2005-2012)

Type of drug	2005	2006	2007	2008	2009	2010	2011	2012
Cannabis resin (kg)	53	12	4	5	113	3	2	23
Cannabis herb (kg)	983	202	239	221	255	422	421	1 069
Cannabis stalk (pieces)	2 960	2 699	2 886	272	5 336	3 766	4 136	6 703
Heroin (kg)	27	82	74	153	59	98	33	29
Cocaine (kg)	9	6	105	29	7	15	4	5
Amphetamines (kg)	14	12	8	15	13	6	15	3
Ecstasy (until 2011 in tablets, in 2012 in kg)	33 601	16 340	12 609	6 855	2 455	2 160	2 898	1
LSD (doses)	21	21	215	653	21	101	682	862
Methadone (tablets)	9 413	12 551	6 529	10 920	4 070	3 449	5 586	2 681

Source: Ministry of the Interior

The above table (data from ST 13, 2013) shows the seized quantities of certain types of drugs 2005 to 2012. It is worth noting that in 2012 there was a seizure of heroin in the area of Dubrovnik (on 16 August on the international road border crossing point "Karasovići") in the amount of 24 kg 809 grams, two seizures of cannabis herb of over 100kg (on 21 April on the international road border crossing point "Karasovići" in the amount of 105 kg 75 grams and on 27 June on the international road border crossing point "Bajakovo" in the amount of 302 kg 12 grams) and several individual seizures of herbal cannabis in the quantities of 10 kg up to 30 kg. It should be mentioned that almost in all cases of smuggling larger quantities of drugs across the state border the perpetrators were foreign citizens.

There was a significant deviation in the number of cannabis 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 m2 (25-35 stalks / m2). Hemp production at this plantation was not aimed at illicit production of hemp but at production of fish food. Hemp stalk testing showed that they contained a prohibited percentage of THC, so that the plantation was destroyed. Therefore, the actual number of seized cannabis stalks for 2008 amounted to 272 pieces. However, the aforementioned data show that the amount of seized stalks from illegal drug production in the period 2005 to 2007 amounted to an average of 2 800 plants and in 2009 nearly twice as many. In 2012 a total of 6 703 hemp stalks were seized, and the biggest individual seizure was achieved in the area of Zagreb on 14 June when a so called indoor plantation with 3 559 hemp stalks was found in an industrial hall. In comparison to the previous year this was an increase of 62%. The figures and quantities of cannabis plants seized in recent years indicate an increased presence, i.e. an increase in home-grown drug of that type.

In comparison to the year before, the quantity of seized heroin is still declining, thus continuing the trend from the previous years. Individual large seizures of heroin, as the previously mentioned seizure at the international road border crossing Karasovići, confirm the transit nature of our country. However, the quantities of heroin vary throughout the year, depending on trends in the used smuggling routes, and national and international operations aimed at combating smuggling rings. Smaller figures and quantities of heroin seizures in 2012 indicate the possibility of an increased use of alternative smuggling routes that bypass the Croatian territory. Large cocaine seizures are sporadic, which proves that despite the new trends of smuggling cocaine in South Eastern 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 year before (7 kg), the largest seizures in the past decade were recorded in 2000 (913 kg), 2003 (351 kg) and 2007 (105 kg). In 2012 the downward trend of seized quantities stopped, and after many years there was an increase of 38% in the seized quantities of cocaine in comparison to 2011. Out of the total amount of 5.6 kg of seized cocaine in the reporting year, around one kilogram referred to an individual seizure which occurred last year in July in Osijek, whilst the majority of the remaining quantity was seized in the total of 6 seizures in which individual seized quantities ranged between 100 and 400 grams.

Since 2003, the smallest quantity of amphetamine was seized in 2012 (4.7 kg). In the above period from 2004 to 2011, seized quantities varied so that they almost evenly declined in the three-year period. Thus, in 2011 an increase in the seized amphetamine (150% more than the previous year) was recorded with a quantity of 15 kg, which was approximately equal to the figures of 2005 and 2008. In 2012, instead of an upward trend a significant decline was recorded. After the previous multiannual downward trend in seizures of ecstasy (MDMA), in 2012 the increase which had started in 2010 continued. A sharp drop in the amount of seizures of ecstasy over the past decade (from 110 632 tablets seized in 2002 to 2 160 tablets in 2010) was interrupted, and in 2012 a further increase was recorded. Considering the change in the methodology of registering seized quantities (up until 2012 quantities were registered in the number of tablets, and since 2012 in total weight) it is not possible to determine a completely precise increase in the seized amounts, but it is considerable.

The number of seizures of LSD from 2005 to 2008 was stable, and then in 2009 it decreased by half. In 2010 and 2011 it rose 4.5 times, but it dropped again in 2012.

Regardless of the decline in the number of seizures, the amount of seized LSD was even bigger than in 2011, which was a record year (682 doses), so that in 2012 862 doses were seized.

During 2012 the Ministry of Interior also recorded (ST 13, 2013) seizures of methadone, benzodiazepines and other medicinal products included in the list of drugs. The number of seizures of methadone in 2012 decreased by 38.8% in comparison to the previous year with a total of 49 seizures, whilst in 2011 there were 80 seizures. Seized quantities also declined in comparison to the previous year by as much as 52% (2012: 2 681 tablets; 2011: 5 586 tablets). The number of seizures of other medications from the list of drugs dropped by 72%, and the amounts which were seized on that occasion by 36%. Furthermore, there were 441 seizures of benzodiazepine with a total of 27 292 seized tablets which was 42% fewer than in 2011.

With regard to the territorial distribution of the total number of seizures realised in the Republic of Croatia in 2012, 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 centres, which also had the highest rate of treated drug 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 were the Istria County, the Primorje-Gorski Kotar County and the Split-Dalmatia County where the rates [77] of treated addicts were far higher than the Croatian average. The reason for greater availability of drugs in these counties lies in the fact that Croatia is a tourism and sea-oriented country, but also in higher demand for drugs. In all of these counties, where the best results were achieved in 2011, the number of seizures decreased in comparison to the previous year, except for the Zagreb Police Department. From a total of 20 police departments that operate on the Croatian territory, 6 of them recorded a decline, and 14 recorded an increase in the number of seizures compared to the previous year. The biggest increase was recorded in the police department of the Bjelovar-Bilogora County (33.3%) and the Brod-Posavina County (31.48%).

Significant heroin seizures were conducted by the police departments in Split, Rijeka, Zagreb and Vukovar. Most methadone tablets (882 tablets) were seized by the Zagreb Police Department, followed by the Zadar County, the Šibenik-Knin County, the Primorje-Gorski Kotar County and the Split-Dalmatia County. The largest quantity of cannabis resin was seized in the area of the Police Department of the Dubrovnik-Neretva County (a total of 21.3 kg) where almost the total amount was seized in August on the border crossing towards Montenegro from an Albanian citizen who tried to smuggle the drug into Croatia by hiding it in his personal car. The biggest seizures of cannabis herbs were achieved by the police departments of the Vukovar-Srijem County, the Dubrovnik-Neretva County (those were mostly seizures performed at border crossings), and then in the Zagreb County, the Split-Dalmatia County, and the Istria County. The largest amounts of hemp stalks were found in the area of the Police Department of the Zagreb County (4 468 stalks), followed by the Koprivnica-Križevci County (581 stalks), the Osijek-Baranja County (500 stalks) and the Varaždin County, the Karlovac County and the Brod-Posavina County (between 300 and 500 stalks). These are all counties suitable for growing crops, and are therefore suitable for small hemp plantations. The largest seizures of cocaine were performed by the Zagreb Police

[77] According to the 2011 Census (Croatian Bureau of Statistics 2011), the rate per 100 000 population aged 15-64.

Department and the Zadar Police Department (together somewhat more than 3 kg), followed by the Police Department of the Osijek-Baranja County (1 kg) and the Police Department of the Lika-Senj County and the Split-Dalmatia County. More than 2 600 tablets of ecstasy (which is 83% of the total amount of seized drugs of that 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 the Istria and the Dubrovnik-Neretva Counties.

International operations initiated by the Croatian police (specialised officers for drug-related crimes with the help of other organizational units of the Ministry of the Interior of the Republic of Croatia) or in which the information of relevant Croatian services helped clarify the cases of smuggling drugs should be mentioned in particular. It is worth noting that in 2012 such international police co-operation resulted in seizure of 173.6 kilograms of cocaine in May on the island of Martinique (the Caribbean) on the grounds of information provided by the Croatian police and the cooperation with authorised offices in France, the Netherlands, Italy, the USA and the Dominican Republic. Furthermore, Spanish Guardia Civil seized 10 kg of cannabis resin and 200 grams of cocaine in June 2012 on the grounds of the information provided by the Croatian police. In all international operative actions of preventing international smuggling of drugs, which were and have been conducted by the police officers of the Republic of Croatia, Croatian citizens were also involved as perpetrators.

Pursuant to the Drug Abuse Prevention Act, all seized drugs are destroyed in the presence of the Commission for the Incineration of Drugs. More information on the procedures and quantities of destroyed drugs can be found in Chapter 1.2

Table 10.2 – Arrests and drug seizures abroad as the result of crime investigations and information acquired by the Croatian police in 2012

Names of crime investigations	Number of arrested persons	Quantity of seized drug	Type of seized drug	Country
OA JADERA	9	173.64 kg	Cocaine	Martinique
OA DAGO	2	10 kg+ 200 g	Cannabis resin + Cocaine	Spain

Source: Ministry of the Interior

10.3.2. Quantities and numbers of seizures of precursors

In 2012 there were no seizures of precursors on the Croatian territory.

10.3.3. Number of detected illicit laboratories and other drug production sites

In 2012, 123 outdoor sites for cultivation were discovered which spread over the total of 4 820 m^2 with a total amount of 2 950 seized stalks and 73 indoor sites for cultivation with a total amount of 5 008 stalks seized. 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 should be mentioned that according to statistics, every cultivation site (indoor and outdoor), regardless of the number of stalks

cultivated, is recorded as a plantation. Also, it should be mentioned that in 2012 in the biggest indoor cultivation site of cannabis plants which was discovered in a deserted industrial plant in the area of Zagreb,
3 559 stalks were seized.

Most of other plantations that were discovered (indoor and outdoor) contained a smaller number of cannabis plants. This was confirmed by the operational intelligence of the Ministry of the Interior according to which the production of drugs in the Republic of Croatia was limited to cultivation of cannabis intended exclusively for personal use or sale on the Croatian market. By inspecting the number and the amount of cannabis plants seized by counties, the Zagreb County can be singled out (including the City of Zagreb) with 31 discovered plantations where a total of 4 305 stalks were seized, then the Koprivnica-Križevci County with 10 discovered plantations and 581 seized stalks, the Osijek-Baranja County with 12 discovered plantations where 500 stalks were seized, the Varaždin County with 4 discovered plantations where 361 stalks were seized, the Karlovac County with 5 discovered plantations with 351 seized stalks and the Brod-Posavina County with 19 discovered plantations with 309 seized stalks. Other counties registered less than 300 discovered stalks in plantations. Illegal laboratories for the production of any type of drug have not yet been found.

10.4. Price/Purity

10.4.1. Price of illicit drugs on the street

The main sources of information on the prices of drugs at street level are police officers participating in crime investigations in certain cases and special measures related to reducing drugs supply (e.g. simulations of purchase) and informants. Data on prices of illicit drugs at retail sale, i.e. street prices, during 2012 were acquired by standard statistic monitoring of drug-related crimes in seizures at the national level. It should be taken into consideration that upon seizure of drugs, the perpetrators often do not want to give information on the price of drugs or the arrested person has been hired only for the transport of drugs. In other cases drugs have been found without the perpetrator,. However, when we talk about smaller quantities of drugs, as discussed in this Chapter, it is usually the first offence. Therefore, it is not possible to record the market value of drugs for each particular seizure. According to the data from the Ministry of the Interior, the prices of drugs in street retail vary depending on availability, demand, origin and quality. During 2012 (ST 16, 2013) the price of cannabis resin in Croatian streets varied from HRK 75.00 to 150.00 (EUR 7.50 – 20.00), cannabis herb cost from HRK 49.50 to 70.00 (EUR 6.60 – 9.30), heroin HRK 300.00 – 500.00 (EUR 40.00 – 66.60), cocaine HRK 500.00 – 700.00 (EUR 66.60 – 93.30), amphetamine HRK 49.50 – 150.00 (EUR 8.10 – 40.00), ecstasy HRK 49.50 – 60.00 (EUR 6.60 – 8.00), and LSD HRK 49.50 – 199.50 (EUR 10.80 – 17.60). Table 10.3 shows the trends of average drug prices in street sales per gram, tablet or dose from 2006 to2012.

Table10.3 – Average prices of drugs in the Republic of Croatia (2006-2012)

TYPE OF DRUG	2006		2007		2008		2009		2010		2011		2012		
	HRK	€	HRK	€	HRK	€	HRK	€	HRK	€	HRK	€	HRK	€	
Heroin (g)	222	**30**	222	**30**	222	**30**	222	**30**	375	**50.7**	344	**46.5**	450	**60**	↑
Cannabis resin (g)	44	**6**	44	**6**	52	**7**	96	**13**	85	**11.5**	120	**16.3**	129.8	**17.3**	↑
Cannabis herb (g)	22	**3**	22	**3**	37	**5**	52	**7**	56	**7.5**	73	**9.9**	54.8	**7.3**	↓
Cocaine (g)	444	**60**	444	**60**	444	**60**	370	**50**	574	**77.6**	570	**77.0**	600	**80**	↑
Amphetamine (g)	111	**15**	111	**15**	111	**15**	148	**20**	107	**14.5**	65	**8.7**	120	**16**	↑
Ecstasy (tab.)	37	**5**	37	**5**	37	**5**	37	**5**	48	**6.5**	47	**6.4**	54.8	**7.3**	↑
LSD (doses)	118	**16**	118	**16**	118	**16**	118	**16**	93	**12.5**	97	**13.1**	54.8	**7.3**	↓

Source: Ministry of the Interior

If we compare the retail prices of drugs on the Croatian market in 2012 with those in 2011, certain deviations are noticeable in the prices of heroin, whose price, after the decline in the previous period, has increased considerably as well as the price of amphetamine. The price of LSD and cannabis hemp has dropped, whilst the prices of cocaine, ecstasy and hashish have increased, but not as significantly as prices of heroin and amphetamine.

In the last-years' report the ratio of prices according to the police sources and prices according to the results from the survey *Availability and prices of illicit drugs in the Republic of Croatia* (Doležal, 2011) was compared. The aforementioned survey was repeated in 2013, and it will be discussed in more detail in the next National Report.

10.4.2. Purity/potency of illicit drugs

Forensic Science Centre "Ivan Vučetić" (hereinafter FSCIV) is an organisational unit of the Police Directorate of the Ministry of the Interior with the fundamental role to transform crime scene trace materials into legally valid material evidence. Since 1998 the Centre has been a full-fledged member of the ENFSI (European Network of Forensic Science Institutes).

The Department for Physical, Chemical and Toxicological Expert Evaluation performs, inter alia, expert evaluation of seized drugs and psychotropic substances, toxicology expert evaluations and expert evaluations of drugs, psychotropic substances, medicinal products and ethanol in biological samples.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 for smaller quantities of cannabis (Criminal Code, Article 173, Paragraph 1) which are delivered for storage and possible expert evaluation.

The FSCIV is an accredited laboratory according to the HRN EN ISO/IEC 17025:2007 standard with 19 accredited methods in the field of drug expertise (www.akreditacija.hr).

For years the Forensic Science Centre has been carrying out routine quantitative expert evaluations of heroin, cocaine, tetrahydrocannabinole, amphetamine, methamphetamine, MDMA, chlorophenyl piperazine (mCPP), LSD, MDA, MDEA, para-fluoramphetamine, 4-MA, 2C-I, mephedrone and psilocin/psilocybin in all submitted samples sufficient for quantitative analysis.

Owing to the new instruments acquired within the IPA 2007 Twinning project "Strengthening Capacities of the Ministry of Interior to Combat Narcotic Drugs Trafficking and Drug Abuse"[78] and strengthened institutional capacities of the FSCIV, new methods of expertise were introduced for which there were no technical conditions until then. 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[79] pursuant to the requirements of the EU aquis.

Heroin mixtures

Heroin mixtures seized in 2012 were in most cases adulterated with analgoantipyretic paracetamol, psychostimulant caffeine, more rarely sugar sucrose and sugar alcohol mannitol, methorphan and traces of anxiolytic diazepam, antiepileptic phenobarbital and fungicide griseofulvin. Quantitative expert evaluations included 159 cases with a total of 412 samples, in which the minimum content of heroin base amounted to 0.2%, the maximum content to 39.2%, and the average content amounted to 8.7%. Out of the aforementioned number of cases with heroin, 67 cases with a total of 102 samples involved quantities of up to one gram, the so-called "street doses". The minimum content of heroin base in those cases amounted to 0.2%, the maximum amounted to 23.3% and the average amounted to 9.0%. Out of the aforementioned number of cases which involved heroin, there were 79 cases with a total of 254 samples which involved the quantities from one to one hundred grams. The minimum content of heroin base in those cases amounted to 0.2%, the maximum amounted to 32.7%, and the average content amounted to 7.9%. Out of the aforementioned number of heroin cases, 14 cases with a total of 56 samples involved the quantities greater than one hundred grams. The minimum content of heroin base in those cases amounted to 1.2%, the maximum amounted to 39.2%, and the average amounted to 11.2%.

Cocaine mixtures

In 2012 cocaine mixtures seized mostly contained additives of analgoantipyretic phenacetine, local anaesthetic and antiarrhytmic lidocaine, psychostimulant caffeine, analgoantipyretic paracetamol, aminoacid creatine, local anaesthetics benzocaine, procaine and tetracaine and sugar lactose and sugar alcohol mannitol. The samples of cocaine often contained antihelmintic levamisole (in 50% of samples), and in individual cases even antihistaminic hydroxyzine. Quantitative expert evaluations included 112 cases with a total of 303 samples in which the minimum content of cocaine base was

[78] Project duration: 7 January 2010 – 6 July 2011; Project value: EUR 1 000 000.00

[79] Ordinance on the working methods of the National Contact Point for the transmission of synthetic drug samples (OG No. 115/11)

0.2%, maximum 85.3%, and the average 29.6%. Out of the aforementioned number of cocaine cases, 50 cases with a total of 63 samples involved quantities of up to one gram, the so-called “street doses“. The minimum content of cocaine base in those cases was 1.2%, maximum 81.8%, and the average 28.0%. Out of the above cocaine cases, 56 cases with the total number of 204 samples included the quantities from one to one hundred grams. The minimum content of cocaine base in those cases was 3.6%, maximum 85.3%, and the average 29.5%. Out of the aforementioned cocaine cases, a total of 11 cases with the total number of 36 samples included the quantities larger than one hundred grams. The minimum content of cocaine base in those cases was 9.9%, maximum 80.6%, and the average 42.3%.

Marijuana

In 2012 the content of tetrahydrocannabinol (THC), the main psychoactive substance in cannabis and cannabis products was analysed in marijuana in 425 cases with 4 526 samples. The minimum content of THC was 0.3%, maximum 21.4%, and the average 6.3%. In marijuana stalks the content of tetrahydrocannabinol was determined in 106 cases with 3 535 samples. The minimum content of THC was 0.3%, maximum 19.0%, and the average 3.3%.

Hashish

In 2012 the content of tetrahydrocannabinol (THC), the main psychoactive substance in cannabis and cannabis products, was determined in hashish (cannabis resin) in 21 cases with 50 samples. The minimum content of THC was 0.3%, maximum 53.5%, and the average 11.9%.

Amphetamine mixtures

Amphetamine seized in 2012 was in the form of powder. In most cases additives were creatine, caffeine, lactose, less often phenacetinum, starch, sucrose and inositol. The presence of 4-metilamphetamine was often detected (in 18.9% amphetamine samples), methamphetamine less often (in 4.5% amphetamine samples), and in individual cases also the presence of MDMA. Quantitative expert evaluations of amphetamine included a total of 132 cases with 253 samples in which the minimum content of amphetamine base was 0.2%, maximum 46.0%, and the average 5.9%. Out of the aforementioned number of amphetamine cases, 59 cases with a total of 68 samples involved quantities of up to one gram, commonly called “street doses” The minimum content of amphetamine base in those cases was 0.2%, maximum 28.3%, and the average 5.4%. Out of the aforementioned number of amphetamine cases, 76 cases with a total of 176 samples involved the quantities from one to one hundred grams. The minimum content of amphetamine base in those cases was 0.2%, maximum 46.0%, and the average 6.6%. Out of the aforementioned number of amphetamine cases, 4 cases involved a total of 9 samples with quantities greater than one hundred grams. The minimum content of amphetamine base in those cases was 2.1%, maximum 5.4%, and the average 3.7%.

Methamphetamine mixtures

Methamphetamine was seized in 2012 in 5 cases with a total of 5 samples in the form of powder, in which the minimum content of methamphetamine base was 0.2%, maximum

81.5%, and the average 31.8%. Caffeine, creatinin and starch were detected as fillers. There were also some traces of 4-MA. Methamphetamine in the tablet form was seized in 1 case with 1 tablet, in which the content of methamphetamine base was 17.1%, i.e. 35.9 mg of methamphetamine.

MDMA

In 2012 MDMA or so-called "ecstasy" was seized in the form of powder, crystal, tablets or capsules. Quantitative expert evaluations of MDMA in the form of tablets and capsules included 32 cases with a total of 3 598 tablets in which the minimum content of MDMA base was 2.8%, maximum 53.6%, and the average 35.7%. The tablets on average contained 84 mg MDMA base in one tablet, the minimum of 22 mg, i.e. maximum of 128 mg. Quantitative expert evaluations of MDMA in the form of powder included 36 cases with a total number of 76 samples in which the minimum content of MDMA base was 2.2%, maximum 81.5%, and the average 62.2%. There was one case in which a mixture of MDMA and cocaine was recorded with the content of MDMA of 38%, cocaine base 10% and amphetamine 0.2%.

4-metilamphetamine (4-MA)

In 2012 4-metilamfetamin was seized in 13 cases where it was mostly mixed with amphetamine, less often with methamphetamine and MDMA, in the form of powder, in which the minimum content of 4-MA base was 0.1%, maximum 3.7%, and the average 1%.

mCPP (clorphenilpiperazine)

mCPP (clorphenilpiperazine) seized in 2012 was in the form of tablets in 1 case with a total of 102 tablets. Tablets contained traces of mCPP and traces of amphetamine and MDMA.

Mephedrone

In 2012 mephedrone (4-metilmetkatinon, 4-MMC) was seized in 4 cases in the form of powder and crystal, in which the minimum content of mephedrone base was 21%, maximum 46%, and the average 30.5%. In 1 case a mixture of mephedrone and 4-metiletkatinona (4-MEC) was recorded.

LSD

In 2012 LSD was seized in 11 cases in the form of blotter papers with a total of 862 samples, in which the minimum content of LSD per blotter was 20 µg, maximum 102 µg, and the average 43 µg.

Psilocin/psilocybin

In 2012 psilocin/psilocybin were seized in 12 cases with a total of 24 samples where the minimum percentage of psilocin/psilocybin was 0.12% (1.2 mg/g), maximum 1.38% (27.4 mg/g), and average 0.89% (8.8 mg/g).

In 2012 in the area of the Republic of Croatia 5 new psychoactive substances were seized in the form of herbal mixtures, powder or tablets, while in 2011 16 new psychoactive substances were seized. The type of substance, number of cases and the total weight of the substances are shown in the Table 10.4.

Table 10.4 – Seizures of new psychotropic substances in the Republic of Croatia in 2012

SUBSTANCE NAME	Number of cases	Total weight of substance (g)	Type of substance
5- or 6-(2-aminopropyl)benzofuran (5- or 6-APB)*	2	620.85	powder, tablets
(1-pentyl-1H-indol-3-yl)-(2, 2, 3, 3-tetrametil-ciklopropil)methanone (UR-144)**	2	3.67	herbal substance
(1-(5-fluoropentyl)-1H-indol-3-il)(2,2,3,3-tetrametilciklopropil)methanone (5FUR-144)***	1	2.88	herbal substance
buphedrone (2-(metilamino)-1-fenilbutan-1-on)****	1	1.08	tablets
N-methyl-1-4-(metoxyfenyl)-2-aminopropan (PMMA)*****	1	0.3	tablets
* additional analysis are required for determining specific position isomer ** mixture with AM-2201, i.e. 5FUR-144 *** mixture with UR-144 **** mixture with butylone ***** traces of PMMA in MDMA tablet			

Source: Ministry of the Interior

During 2012 the Forensic Science Centre carried out expert evaluation in 7 cases with anabolic steroids with a total number of 1 834 tablets. The most represented steroid was methandrostenolone (methandienone), and less represented stanozolol and klodehydroxytestosterone. In 2 cases stanozolol was recorded in the form of powder and powder in capsules (a total of 97 samples), and in 1 case methandrostenolone was recorded in 28 samples of powder in capsules. In 4 cases with a total of 12 samples of liquid, testosterone, nandrolone, trenbolone and boldenone were recorded.

Buprenorphine was submitted in 31 cases, out of which 26 cases with 129 tablets from which 13 tablets (6 cases) were just with buprenorphine, and 116 tablets (20 cases) in combination with naloxone. In 3 cases buprenorphine in combination with naloxone was in the form of powder and in 2 cases in the form of liquid 2 (1 with buprenorphine only, and 1 in combination with naloxone).

Medicinal products for treating erectile dysfunction recorded in 2012 were a combination of sildenafil and vardenafil in one case with 11 tablets, and tadalafil in one case with 1 tablet.

Table 10.5 (data from ST 14, 2013) shows an increase in purity of cannabis resin in which the content of THC has been on the stable rise in the past few years, similar to the case of cannabis herb. In 2012, especially in the case concerning cannabis resin, very potent products were seized (maximum purity of up to 53.5%), which corresponded to the increase in prices of that type of drug on the illegal market. After a significant fall in the quality of heroin in the last few years, the purity of the drug recorded in 2012 was much higher in comparison to 2011. Cocaine has varied between 27% and 29% of pure substance in a mixture for years, and in the reporting year the drug purity reached

almost 30%. The purity of amphetamine, methamphetamine and LSD has been falling, while the purity of ecstasy products, measured by the content of MDMA (mg) in a tablet, has been growing continuously since 2010.

Table 10.5 – Purity of seized drugs in the Republic of Croatia in 2012

DRUGS	Heroin	Cocaine	Amphetamine	MDMA tablets (mg/t)	MDMA powder	Methamphetamine	Cannabis herb	Cannabis resin	LSD
	PURITY (%)								
MIN %	0.2	0.2	0.2	22	2.2	0.2	0.3	0.3	20
MAX %	39.2	85.3	46.0	128	81.5	81.5	21.4	53.5	102
MEAN %	8.7 ↑	29.6 ↑	5.9 ↓	84 ↑	62.2 ↑	31.8 ↓	6.3 ↑	11.9 ↑	43 ↓

Source: Ministry of the Interior

Information on drugs and psychoactive substances destroyed in 2012 is available in Chapter 1.2.

PART B

11. Bibliography

11.1 Alphabetical list of bibliographic references used

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11.2. Alphabetical list of databases

No.	Type of register / database	Responsible institution
1.	Criminal records	Ministry of Justice
2.	Death certificate and report on the cause of death	Croatian Institute of Public Health
3.	HIV Register	Croatian Institute of Public Health
4.	Information system of the Ministry of the Interior (Criminal records)	Ministry of the Interior
5.	Internala databases on prisoners	Ministry of Justice
6.	Misdemeanour records	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 deceased persons Data on perpetrators of criminal offences Data on misdemeanour perpetrators	Croatian Bureau of Statistics
10.	Registry of persons treated for psychoactive drug abuse	Croatian Institute of Public Health
11.	Archives of scientific programmes and projects	Ministry of Science, Education and Sports
12.	Database of the Office – Collection of personal data of clients participating in the Project of social reintegration of drug addicts	Office for Combating Drug Abuse

11.3. Alphabetical list of Internet addresses

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6.	http://www.hzjz.hr/epidemiologija/hiv.htm, [viewed on 18 July 2013]

12. Appendices

12.1. List of tables used in the text

12.2. List of figures used in the text

12.3. List of pictures used in the text

12.4. List of acts and ordinances

No.	Act/Ordinance
1.	Amendments to the List of drugs, psychotropic substances and plants used to produce drugs, and substances that can be used for the production of drugs (OG 19/11)
2.	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),
3.	Criminal Code of the Republic of Croatia (OG 125/11, 144/12).
4.	National Strategy on Combating Drug Abuse in the Republic of Croatia for the period 2012-2017 (OG 122/12)
5.	National Strategy on Combating Narcotic Drug Abuse in the Republic of Croatia for the periof 2006–2012 (OG 147/05)
6.	National Road Safety Programme of the Republic of Croatia 2011-2020 (OG 59/11)
7.	Family Act (OG 116/03, 17/04, 136/04, 107/07, 57/11, 61/11)
8.	Decision on implementing, monitoring and assessing the implementation of Health Education Curriculum in elementary schools and high schools (OG 17/13)
9.	Regulation on the Amendment to the Regulation on the Office for Combating Drug Abuse (OG 130/12)
10.	Regulation on the criteria for determining beneficiaries and mechanisms for distribution of part of income generated from games of chance for 2013 (OG 144/12)
11.	Regulation on the Office for Combating Drug Abuse (OG 36/12, 130/12, 16/13
12.	Act on Amendments to the Criminal Procedure Act (OG 143/12)
13.	Act on Amendments to the Misdemeanour Act (OG 107/07, 39/13)
14.	Criminal Procedure Act (OG 110/1997) (Art.174. para.1 of the CPA)
15.	Criminal Procedure Act (OG 152/08, 76/09, 80/11, 121/11, 91/12, 143/12, 56/13)
16.	Act on the Restriction of the Use of Tobacco Products (OG 125/08, 55/09 and 119/09)
17.	Act on Misdemeanours against Public Order (OG 05/90, 30/90, 47/90)
18.	Probation Act (OG143/12)
19.	Road Traffic Safety Act (OG 67/08, 74/11)
20.	Social Welfare Act (OG 33/12)
21.	Sports Act (OG 71/06, 150/08, 124/10, 124/11, 86/12)
22.	Drug Addiction Prevention Act (OG 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11)
23.	Trade Act (OG 87/08, 96/08, 116/08, 76/09 and 114/11)
24.	Hospitality and Catering Industry Act (OG 138/06, 152/08, 43/09 and 88/10, 50/12)