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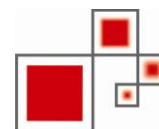
2011

ON THE DRUG SITUATION

CROATIAN **report**



European Monitoring Centre
for Drugs and Drug Addiction



CROATIAN
NATIONAL
DRUGS
INFORMATION
UNIT

**2011 NATIONAL REPORT (2010 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, August 2011

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

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Summary

Based on the reports of competent state administration bodies the Office for Combating Drugs Abuse draws up the Annual Report on the Implementation of the National Strategy and the Action Plan on Combating Narcotic Drugs Abuse in the Republic of Croatia, which are adopted by the Government of the Republic of Croatia, and accepted by the Croatian Parliament. The concept and structure of this year's Report has been changed in relation to previous reports due to the following reasons. Namely, the Office for Combating Drugs Abuse, as a national coordinate body used to make two separate reports, one for the needs of regular reporting to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) on the situation of the drug problem in the Republic of Croatia created according to the methodological guidelines of EMCDDA (up till now four National reports for the years 2006, 2007, 2008 and 2009 have been sent), and another one named *Report on the Implementation of the National Strategy and Action Plan on Combating Narcotic Drugs Abuse*, which have been submitted to the Government of the Republic Croatia and Croatian Parliament every current year. Regarding the fact that these are the documents that contain same information, but with different methodological structure of presentation of the situation of the drug abuse problem, this year a single report was drawn up, which will be submitted to the Government of the Republic Croatia and Croatian Parliament, and its English version will also be sent to EMCDDA, for the purpose of regular reporting on the drugs situation in the Republic of Croatia. Therefore, this year's report is the first one compiled in accordance with the EMCDDA guidelines for standardized national reporting.

PART A: New developments and trends

Chapter 1 Drug policy: legislation, strategies and economic analyses

The main concept of Croatian drug policy did not change in the Republic of Croatia during the year 2010. The regular implementation of the National Strategy on Combating Narcotic Drugs Abuse 2006-2012 and the Action Plan on Combating Narcotic Drugs Abuse 2009-2012 continued, the reports on which were submitted by the competent state administration bodies, local and regional self-government units and civil society organisations, and incorporated into the text of this year's report. In order to ensure further timely and efficient implementation of relevant strategic documents, the Government Committee on Combating Drugs Abuse in April 2010 adopted the Implementation Programme of the Action Plan on Combating Narcotic Drugs Abuse for the year 2010. The most important development in the reporting period was achieved in the field of prevention, social reintegration and monitoring of the drugs situation. In December 2010, an Agreement between the Republic of Croatia and the European Union on Participation of the Republic of Croatia in the Work of the European Monitoring Centre for Drugs and Drug Addiction was signed, by which the long-lasting cooperation with this EU agency was formalised.

Funds of the State Budget for suppressing drug-related problems were reduced in 2010 by 10% compared to the previous year. In spite of this, the largest part of the activities defined by the national strategic documents was implemented. Although in 2010 less financial resources and county's budgetary resources were spent than in 2009, counties took over an active role in implementation of the County Action Plans on Combating Drugs Abuse and in such a manner unburdened the State Budget resources, which, pursuant to the principles of decentralization of the drug policy implementation in line with the county needs, represents a very important and positive move forward.

Chapter 2 Drug use in the general population and specific targeted groups

In 2010 the Institute of Social Sciences “Dr. Ivo Pilar” drew up a feasibility study for the scientific - research project “Addictive Substance Abuse in the General Population of the Republic of Croatia” for the Office for Combating Drugs Abuse of the Government of the Republic of Croatia. It is the first research on drug use in the general population which started in May 2011.

Croatian Institute for Public Health regularly conducts ESPAD - European School Survey Project on Alcohol and other Drugs among Youth in Croatia (1995, 1999, 2003, 2007), and from 2007 to 2009 the survey was conducted as a part of the scientific project “Features, movement and guidelines of addictive behaviour of youth”, which contained a research “Health habits and behaviour among first-year students in Zagreb and Rijeka”(ST30, 2011). In the Virovitica – Podravina County, the Brod–Posavina County and the Zagreb County, the research connected with drug use among primary and secondary school students were continued.

Chapter 3 Prevention

Since a systematic overview of prevention activities conducted in the Republic of Croatia does not exist, and since it is known that there is very little information about evaluated and effective programmes, in June 2010 the Government of the Republic of Croatia adopted the National Addiction Prevention Programme for Children and Youth in Educational Settings and in Social Welfare System for the period 2010-2014. At the end of 2010 the Office for Combating Drugs Abuse started creating the Programme Database, which will cover all fields of drug demand reduction, starting with prevention.

In 2010 the Faculty of Education and Rehabilitation Sciences of the University of Zagreb continued conducting the programme of universal prevention *Imam stav (Unplugged – European Drug Addiction Prevention Trail*, in the Primorje – Gorski Kotar County *the Programme of Social and Emotional Learning for Primary and Nursery Schools (PATHS - RASTEM)* was continued, whereas in the Istria County a prevention programme of the City of Poreč called *Together Against Addiction* has been conducted, using the potentials of local community and offering a number of projects aimed at family, parents and youth. Selective prevention programmes are targeted at children and youth (*Small Creative Socialisation Groups*) and families (*Responsible Parenting*) at risk, whereas activities of indicated prevention are targeted at children and youth that manifest certain behavioural disorders (counselling activities of Terra Association).

Chapter 4 Problem Drug Use (PDU)

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

In Croatia, this year the PDU estimate was conducted by means of the mortality multiplier and “capture-recapture” method. The data from two independent sources (health care system and criminal system) were used for estimation. The data for calculation of the entire PDU population in 2010 were taken from the health care system (the Register of Persons Treated for Psychoactive Drugs Misuse) and the criminal system (Ministry of Interior). All persons treated for opiate addiction were included from the health care system, and all persons arrested for opiate possession from the criminal system. This method of estimation was used to find out the number of persons who are neither registered in the healthcare system nor in the criminal system.

In 2010 the estimate of PDU population according to the data from non-governmental system was not conducted, but a new research is in preparatory phase, and the data will be available next year.

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

During 2010, 7 550 persons were treated within the health system, 6 175 (81.8%) of which were treated for opiate addiction, whereas 1 375 (18.2%) persons were treated for addiction to some other psychoactive substances, mostly cannabinoids (11.4%). Cocaine abuse is mentioned as treatment cause for 1.6% persons, the majority of which (60.4%) were included in treatment even before 2010 (TDI1 and TDI2, 2011). 82.9% of the total number of the treated persons were men, and the ratio of the treated men and women is 4.8:1.

The procedure of integration of the data of therapeutic communities into the health system is currently in the proces. In 2010, therapeutic communities offered treatment to the total number of 939 persons, 45.3% of them were in treatment for the first time. In therapeutic communities opiate addicts (93.9%) and males (80.5%) still prevail. The ratio of man and women is 4.1:1. Psychosocial treatment of associations included 2 020 families of drug addicts.

Chapter 6 Health correlates and consequences

Similar to the previous year, in 2010 the biggest at-risk behaviour presents sharing of needles, syringes and other injection drug use equipment, as well as risky sexual behaviour. After a few years of decline, an increase in the number of treated addicts infected with hepatitis C was noted, whereas the number of addicts with hepatitis B continued to decline, although its percentage is negligible. Mainly stable trend in the number of persons infected with these diseases is a result of comprehensive harm reduction programmes and regular testing of drug addicts. Such programmes are conducted all over the country in cooperation with the Red Cross and other non-governmental organisations. Outreach programme in prisons of some Croatian cities was also conducted, within which the testing on hepatitis B and C and HIV was performed and educational lectures and individual work with drug addicted inmates held.

Information on actual number of deaths caused by drugs depends on dynamics of data gathering. In 2010 a smaller number of deaths were recorded than in 2009, but an increasing trend in methadone intoxications, which was a cause of up to 62.3% deaths, is worrying. The reasons of increase in methadone intoxication can be found in illegal mathadone use, its relatively easy availability, treatment overdoses, inappropriate use or diminished tolerance. The fact that 14 persons died due to methadone overdose which was not prescribed to them as therapy because they hadn't been previously treated might be indicative, which then points out to the presence of the substitution pharmacotherapy abuse.

Chapter 7 Responses to health correlates and consequences

Similar to the previous years, the Croatian Red Cross and associations Let, Help, Terra and the Institute conducted the activities of distributing injecting paraphernalia and condoms, collecting infectious waste, cleaning up the environment from discarded paraphernalia, distributing educational material, counselling and informing the addicts about harmful effects of drugs, risk of overdose, as well as the ways of protection against blood - borne and sexually transmitted diseases. In 2010, harm reduction programmes were conducted in drop - in centres and through outreach work with addicts at 96 locations throughout the Republic of Croatia (B part ST10, 2010). A very important role in reducing the harm caused by drug abuse is played by the Centres for Free and Anonymous HIV Testing and Counselling and

Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment.

As a part of the doctoral dissertation research, during 2010 in the Croatian Red Cross the research on the impact of drug abuse harm reduction policies on the change of health behaviour of injecting drug users was conducted (Zovko, 2011). It was established by the research that the drug abuse harm reduction programmes influence the change of health behaviour of active injecting drug users, which is demonstrated through the reduction in frequency of sharing the injecting equipment, higher frequency of testing on hepatitis C, hepatitis B and HIV, as well as more frequent consideration of drug addiction treatment and employment. It was established that injecting drug users in Croatia often initiate substitution therapy, and simultaneously develop addiction to injecting substance use – „needlemania”. Survey participants experience their drug addiction as an illness conditioned by their personal choice (style) of life.

Chapter 8 Social correlates and social reintegration

There are two main reasons for social exclusion of the youth in Croatia: dropping out of school and unstable position on the labour market. However, unemployment is not necessarily associated with poverty and social exclusion of the youth as they live with their parents or other family members with whom they share living expenses. Regarding the issue of homelessness, poverty and prostitution there are no relevant statistical data or studies to investigate systematically the seriousness of the issue in Croatia. A study from 2010 that was dealing with the socio-economic background of the homelessness showed that the pattern of development of homelessness in Croatia is usually a combination of circumstances, including poverty, trauma and violence, low education level, poor health and divorce. On the other hand, the use of illicit drugs and addiction concerning the homeless is a secondary phenomenon, caused by these factors. However, there are no reliable estimates on how many homeless addicts there are in the homeless population. In 2010, an increase in number of homeless addicts was recorded, as well as with the addicts practicing prostitution. Many addicts are homeless for just a certain period of time. They usually return to their homes after some time spent on the streets, while many addicted women practicing prostitution are single mothers, which additionally highlights this growing issue.

As in the previous years, the Project on Social Reintegration of Drug Addicts has still been continuously implemented and has once again recorded the rise in the number of users. It is important to mention that the Project helped to establish two residential communities (one in Osijek and one in Brestovec) which provide organized housing for addicts. In 2010 the Centre for Social Welfare and non-governmental organizations started to work more intensively, not just in including addicts into the secondary education but in monitoring and providing social support to addicts upon leaving the institutions. Reports on the implementation of the Project on Social Reintegration show that even more addicts have started to engage in various types of education and employment projects, compared to previous years. Treated addicts were highly motivated and especially interested in the completion of the commenced secondary education and generally in all types of education and retraining. It is important to mention that we recorded the development of cooperatives which encourage social-cooperative entrepreneurship of treated addicts, which further promoted self-employment. It was noted that the Project contributed significantly to reducing the addiction-related stigma.

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

In 2010, the police reported 7 784 criminal offences of narcotic drugs abuse (for 10.2% more than in 2009), which makes 10.6% of the overall crime in the Republic of Croatia. Due to narcotic drugs abuse, 5 423 persons were reported, which is by 8% more compared to the previous reporting period (5 019). According to the Act on Combating Drug Abuse, there

were 2 158 (2009:4 552) reported misdemeanor charges against 2 147 persons (2009: 4500). A significant decline in misdemeanor charges is explained by the *ne bis in idem* principle.

According to the data of the Croatian State Attorney's Office, pursuant to the Article 173 of the Criminal Code (narcotic drugs abuse criminal offence) 5 718 persons were reported for committing a criminal offence, which in the reporting period interrupted the downward trend of the reported persons for that type of crime. As in the previous years, the majority of the registered persons were reported for possession of narcotics, which in the overall reports for criminal offences related to possession of narcotic drugs participated with 73.9%. Also, there is a slight increase in the number of reported trafficking cases as more severe forms of criminal offences, while for the organized trafficking in 2010 significantly fewer people were reported than in 2009. Out of the total number of reports concerning all types of criminal offence of narcotic drugs abuse, according to various bases, 53.6% of reports were rejected, usually related to drug possession. The increasing number of rejected criminal charges due to insignificance has been recorded compared to previous reporting periods as well as decreasing number of juveniles who were under the court's decision or State Attorney's decision included in the counselling treatments in the relevant institutions.

In 2010 in the prison system there were 3 056 addicted inmates of all categories, which accounts for 17.3% of the total prison population. There were 1 034 new addicted inmates sentenced to imprisonment, which is by 20% more than in the previous year. Out of these, 42.6% of the inmates with the pronounced prison sentence also had pronounced safety measure of mandatory addiction treatment. There was extremely high rise in the number of addicted inmates who were previously convicted and which accounted for 86% out of the total number of inmates sent to prison that year. Among the drug-addicted inmates narcotic addictions are the most represented with 44.2%, followed by addiction on more types of drugs with 30.92% and cannabis addiction with 14.3%.

Chapter 10 Drug Markets

Availability of drugs from the national perspective can only be discussed in terms of ESPAD 2007 results, while the availability of drugs was first recorded by users of harm reduction programs in major Croatian cities. According to all available indicators in Croatia, by the end of 2010 heroin availability on the domestic drug market was notably reduced, which was also noticed in other European countries. However, concerning drug smuggling, the challenge remains illicit heroin trafficking through so-called "Balkan route" and cocaine imported to Croatia through seaports. Croatia is primarily a transit country and drug production is limited to cannabis growing only for personal use or sales on the Croatian market.

In 2010 there were 5 982 seizures of all drug types, which is by 14% more than in the previous year, which stopped a three-year downward trend in the total number of drug seizures. Compared to 2009, the quantities of seized heroin, cocaine and herbal cannabis are growing. Street price of cocaine and heroin has also risen, while the prices of other drugs are declining or stagnating. It is known that drug prices primarily depend on their availability, demand and quality. Higher purity of almost all drug types has been recorded. The highest purity of seized cocaine reached a record value of 93% of pure substance in the analyzed sample, while heroin was of much poorer quality.

PART B: Selected topic

Chapter 11 Health policies related to drugs and services in prison

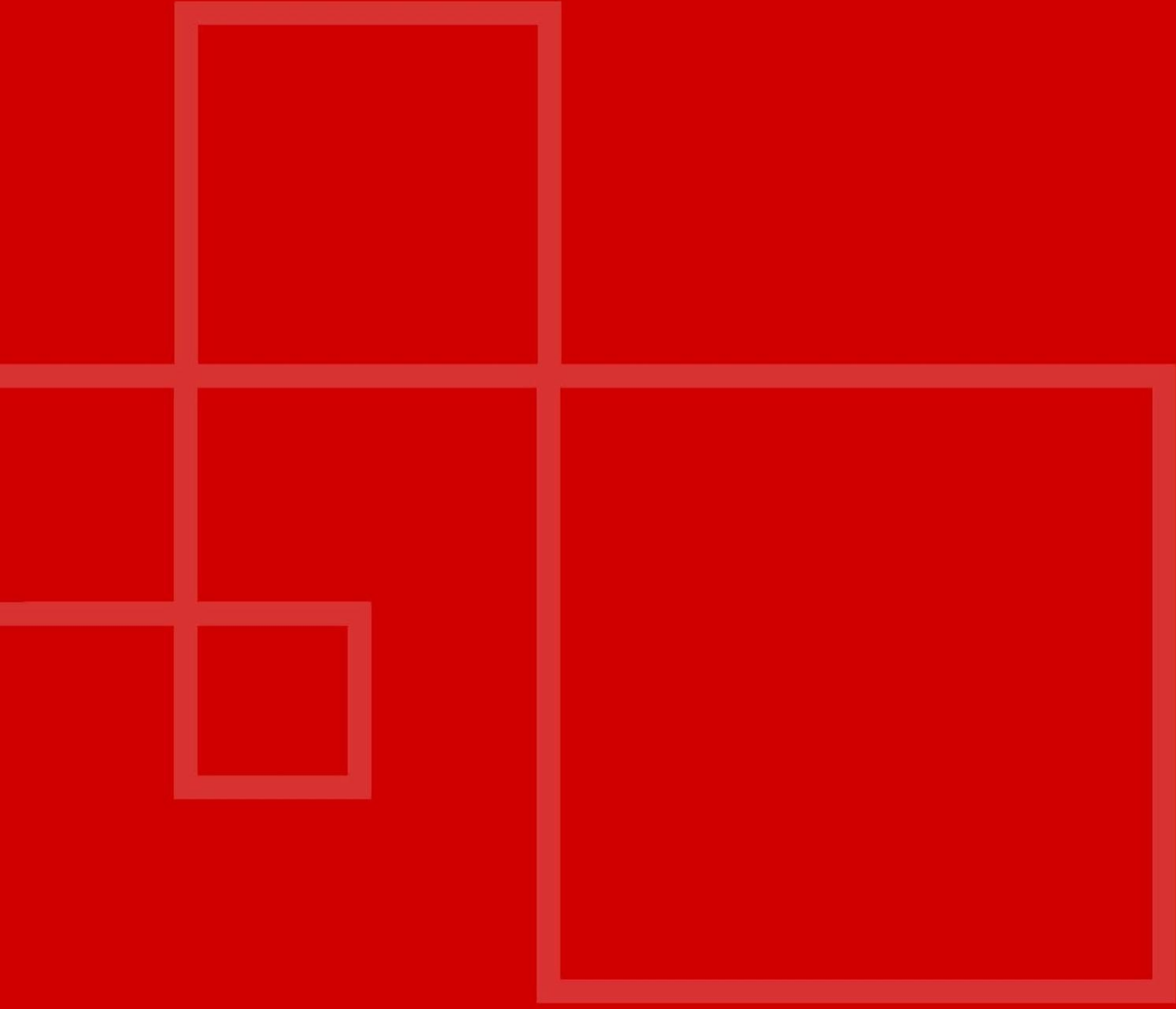
Addicts make one of the largest and the most demanding group of prisoners in the terms of treatment and safety. All drug-addicted prisoners are provided with health care and addiction treatment, regardless of the formal-legal status, within which the substitution therapy is also

available. Organisation and content of the addicts program must be compatible with the programs implemented in the community. 1 617 inmates were included in special treatment programs for addicts, which accounts for 21.4% of the total number of persons in 2010 who were during that year serving the prison sentence. Concerning the prevention and treatment of infectious diseases, the serological status for hepatitis is determined and the inmates are HIV tested on upon entry to the execution of the prison sentence. In 2010, a total of 4 184 tests on illicit substances were carried out, out of which 488 were positive for the medicines that are part of the regular medical therapy. Also, 199 898 examinations of inmates were conducted and 19 989 rooms were searched during which extremely small quantities of drugs were found which indicated the high level of security in Croatian prisons.

The prison system is open for cooperation with various institutions and civil society organizations, inter alia, in the segment of implementation of various programs in prisons and correctional facilities and reintegration of addicts into society upon release from the prison.

Chapter 12 Cross border travel, drug use and drug services

Traditionally, Croatia used to be a country popular among the tourists of medium-level standard, mostly a peaceful family holiday destination. However, in the last ten years, in accordance with the world tourism trends and further opening to the international market, the Republic of Croatia broadened its offer with other contents, more specifically, destinations oriented exclusively for entertainment. Such events, mainly electronic music festivals, attract tourists who directly connect entertainment with using drugs, although drinking alcohol is also very often present, as well as the combination of both, or polydrug use. Since the Republic of Croatia is not known for drug-related tourism, the number of tourists who look for such kind of entertainment is relatively low.



1 Drug policy: legislation, strategies and economic analysis

The Croatian drug policy was developed in mid 1990s to address both demand and supply of illicit drugs as well to mitigate harms of drug abuse. It was further developed in 2001 when Act on Combating Drugs Abuse was passed as a central legal act that regulates all aspects of drugs phenomenon and provides a base for operation of all relevant stakeholders in the national system. In order to ensure timely and effective implementation of drug policy, the Croatian Government set up the Committee for Combating Drugs Abuse whilst the Office for Combating Drugs Abuse (hereinafter in the text: the OCDA) was established to coordinate and monitor implementation of national activities. Based on current strategic documents, Croatia is investing significantly in prevention and treatment of drug addicts but also in quite strict law enforcement

1.1 Legal framework

As already described in the previous reports, drug supply and demand reduction is regulated by relevant international and national instruments that are being continuously improved through the years in order to increase the effectiveness of responses in this area. Fundamental legal framework for combating drug abuse and illicit trafficking consists of the following basic legal acts:

- Criminal Code¹, Chapter thirteen (XIII): Criminal offences against values protected by the international law, Article 173, covering illicit possession, production, trafficking, mediation in sale or purchase as well as any other type of trading in drugs. The Act also regulates the issue of guilt for the criminal offence committed under the influence of drugs
- Criminal Procedure Code²
- Act on Combating Drugs Abuse³ as a central legal act that regulates all fundamental issues concerning drugs abuse

According to the provisions of the Act on Combating Drugs Abuse, the seized illicit drugs have to be destroyed in front of the *Committee for Destruction of Seized Illicit Drugs*, which was set up in November 2004 by the Government Decree. Members of the Committee are representatives of the Ministry of Interior, the Ministry of Health and Social Welfare, the Ministry of Economy, Labour and Entrepreneurship, the Ministry of Justice, the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity, the Croatian Journalists Association and the Office for Combating Drugs Abuse. During 2010, there were 2 incinerations (26 May and 20 December) that took place in the authorised incinerating plant Našicecement dd, when almost 569 kg of illicit drugs and more than 1 tone of precursors were destroyed (Table 1.1).

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)

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

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

Table 1.1 – Overview of destroyed seized drugs (kg) in 2010

Type of drug (kg)	Date of incineration	
	26 May 2010	20 December 2010
Cannabis products	473.664	-
Heroin	63.086	-
Cocaine	10.052	-
Amphetamine	12.069	-
MDMA	2.135	-
Methadone	2.225	-
Other	5.459	-
Precursor PMK	-	1 200.000
TOTAL (kg)	568.690	1 200.000

Source: Ministry of Interior

Since the first incineration in January 2008 until the end of 2010, the approximate total amount of 6 tonnes, 610 kg and 197 g of different types of drugs and precursors was destroyed in Croatia.

In accordance with the Act on Combating Drugs Abuse (Article 2, Paragraph 15), the Minister of Health brings the *List of drugs, psychotropic substances, plants used to produce drugs and substances that can be used in the production of drugs* (hereinafter in the text; the List). The List is regularly updated in line with the relevant international and EU regulations and national risk assessment procedure. Based on the national risk assessment procedure the List (was amended OG 2/10) in January 2010, placing mephedrone under legal control as the latest new psychoactive substance that appeared on the Croatian drug market.

As a part of preventive measures, during 2010 the Police continued to implement the *Act on Road Traffic Safety*⁴. Please find detailed information in Chapter 9.3.

1.2 National action plan, strategy, evaluation and coordination

1.2.1 National action plan and strategy

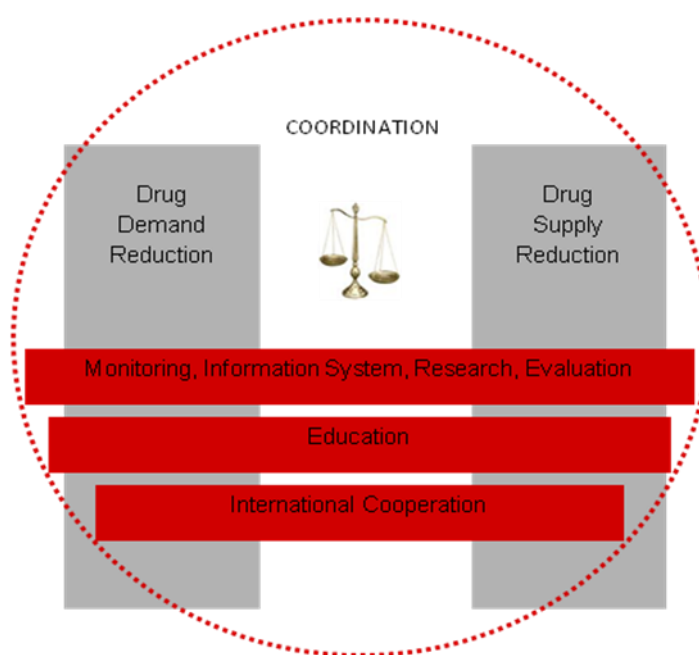
In December 2005, the Croatian Parliament adopted the second national strategy on drug-related issues. The *National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for the period 2006-2012*⁵ advocates an integrated, multidisciplinary and balanced approach to tackling drugs phenomenon and lies on 6 main areas:

- Coordination;
- Drug demand reduction;
- Drug supply reduction;
- Monitoring, information system, research and evaluation;
- Education;
- International cooperation.

⁴ Act on Road Traffic Safety (OG 67/08, 48/10, 74/11)

⁵ National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia (OG 147/05)

Picture 1.1 – Structure of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2006-2012



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

This main strategic document is being implemented through two triennial *Action Plans on Combating Narcotic Drugs Abuse in the Republic of Croatia* (Action Plan). Based on the proposals of relevant state authorities in the field of drugs, the second Action Plan for the period 2009-2012 (valid from 1 January 2009 until 31 December 2011) was created, which was adopted by the Government of the Republic of Croatia in February 2009. The Action Plan continues to reflect all key issues set out in the National Strategy, describing specific aims that are to be achieved in the forthcoming period together with the methods for achieving stipulated goals, as well as specific measures and activities of particular stakeholders for the certain budget period, all based on the assessment of the previous Action Plan and new needs from the professional point of view. The main objective of the current Action Plan is to ensure responsibility for the implementation of the national policy for suppression of drug addiction and to enable the establishment of a multidisciplinary, integrated and effective approach to combating drugs abuse at the national and local level. Furthermore, the Action Plan has the following special goals:

- To improve coordination and cooperation by and between state administration bodies, by and between state administration bodies and local (regional) self-government units, and by and between state institutions and civil society organisations.
- To set up and improve the network of institutions for combating addiction at the national and local level.
- To improve prevention-oriented programmes for children and young people, and to advance the educational role of schools with a view to preventing addiction.
- To develop and implement special prevention programmes for groups at risk.
- To strengthen the measures of student, parent and teacher education concerning the harmfulness and impact of drugs and other addictive substances, and to implement prevention programmes against drug addiction jointly with prevention programmes for alcohol, cigarettes and other substances.
- To create prevention programmes for younger age groups from 4 to 10, and include them in educational institutions.

- To improve the measures concerning therapy, treatment and social reintegration of addicts, and accordingly, to set up multidisciplinary teams for working with addicts and their families.
- To establish better cooperation with institutions at the local level in order to create a connection between various phases of therapy and early detection, detoxification, selection of adequate form of treatment and social reintegration, i.e. reintegration of rehabilitated addicts into life within a community.
- To strengthen the measures of repressive apparatus in prevention of drug availability and suppression of drugs abuse, and to improve the penal policy in the field of suppressing drugs abuse and organised crime.
- To encourage, implement and financially support scientific research of the problem of addiction.
- To allocate significant financial resources for the implementation of the programmes at the national level and to set up professional teams in state institutions to work on the implementation of all measures included in the Action Plan.
- To implement the Action Plan as a long-term, planned and ongoing activity, and not as occasional projects and campaigns.

All competent state authorities, public institutions, local/regional authorities and non-governmental organizations are obliged to implement concrete measures and activities in the given timeframe. The Action Plan foresees 33 measures and 179 activities that are distributed within 7 components: coordination, research and information system, drug demand reduction (prevention, medical and social treatment, harm reduction, social reintegration), drug supply reduction (suppression of drug-related crime, control of precursors, treatment of drug addicts in prison institutions), international cooperation, evaluation and education. Financial resources needed for the implementation of the Action Plan in 2010 were ensured from the State Budget at the position of specific ministries in the amount of EUR 89 711 309.00. For 2011, an assessment of financial resources has been made, which will have to be ensured by specific ministries and other relevant state bodies for the implementation of the measures included in the Action Plan (estimation for 2011 = EUR 97.893.088,00).

The Action Plan is further elaborated on annual basis in the form of the implementing programme. In accordance with the mentioned above, the Committee for Combating Drugs Abuse of the Government of the Republic of Croatia in April 2010 adopted the *Implementing Programme of the Action Plan on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2010*, which stipulates measures and activities which have to be implemented by competent bodies during 2010.

As one of the most important principles of the National Strategy, the principle of decentralization enables the application of national drugs policy at the local level and guarantees the same degree of availability of different programmes countrywide, in accordance with the specific needs of individual counties. Therefore, in order to implement the national drug policy into the local level as efficiently as possible, in March 2009 the *County Action Plans on Combating Narcotic Drugs Abuse 2009-2012* (County Action Plans) were adopted. First County Action Plans were produced in 2006, which resulted with improved coordination and implementation of measures and activities in the targeted area at the local community level.

1.2.2 Implementation of the national action plan and strategy

Since the national strategic documents on drugs are very complex and detailed, only major developments and activities implemented during 2010 are described in this Chapter.

Ongoing implementation of the *Project of Social Reintegration of Drug Addicts*, as a precondition of successful abstinence maintenance and inclusion of addicts into society, which was adopted by the Government of the Republic of Croatia in 2007, is extremely important for the comprehensive treatment of drug addicts. The main goal of the Project is systematic and permanent social reintegration of drug addicts after having completed the addiction treatment and rehabilitation in a therapeutic community, penal system or healthcare institution, through creating an appropriate model of social reintegration of drug addicts in a community, which is based on the following two component parts: retraining and further education of drug addicts included in some of rehabilitation projects or have completed such a programme, in accordance with the market needs in individual counties, and encouraging employment of treated addicts. With the aim of encouraging employment of socially sensitive groups, the treated addicts being one of them, the Government of the Republic of Croatia at its session held on 3 February 2011, adopted the *National Employment Action Plan 2011-2012*, which, among others, contains the measures for encouraging employment of treated addicts. Based on the public invitation for tenders, in 2010 the Ministry of Economy, Labour and Entrepreneurship supported the measure for encouraging the development of cooperatives that develop social cooperative entrepreneurship within the implementation of the project "Cooperative Entrepreneurship" (more in Chapter 8.2).

Practical experiences, as well as annual national reports on the implementation of the National Strategy and Action Plan have shown that addiction prevention plans are implemented in segments, occasionally and without efficient evaluations and standards, and they are not equally available to all children and youth, as it was anticipated by the Action Plan for Combating Narcotic Drugs Abuse in the Republic of Croatia (2009-2012). Therefore, at the initiative of the Office for Combating Drugs Abuse, and in cooperation with competent ministries and other relevant bodies the *National Programme for Addiction Prevention among Children and Youth in Educational System and for Children and Youth in the Social Security System for the period 2010 to 2014* was drawn up and adopted in June 2010. For the purpose of more efficient implementation of the mentioned programme, in October 2010 the Ministry of Science, Education and Sport adopted the Decision on Appointing County Coordinators for the implementation of the National Programme for Addiction Prevention Among Children and Youth in Educational System, whereas the Ministry of Health and Social Welfare adopted the decision on appointing county coordinators from the social welfare system (find more information in the introductory part of Chapter 3 and Annex 2).

At the end of 2010, the Office for Combating Drugs Abuse initiated the creation of the Prevention Programmes Database as a part of the project *Database of Programmes for Combating Drugs Abuse in the Republic of Croatia*, which will contain the fields of prevention, treatment, harm reduction programmes, social reintegration and examples of good practice. The aim of the Prevention Programmes Database is to obtain information about all prevention activities conducted in the area of combating drugs abuse in the Republic of Croatia, but also improving the programme and raising the project quality level (find more information in introductory part of Chapter 3).

During 2010, the implementation of the measures and activities anticipated by the *Action Plan on National Drug Information System in the Republic of Croatia (2010-2011)* continued. Accordingly, in April 2010 members of work groups within the National Drug Information System in the Republic of Croatia, which had operated on informal professional level, were officially appointed, and the first joint meeting in new composition was held in May 2010. Recent advancement was presented at the meeting, and future activities oriented towards further system development were discussed. As part of horizontal IPA 3 project of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) for candidate and potential candidate countries for EU accession, in October 2010, training on various methods for problem drug use evaluation was held, which was followed by the first evaluation of problem drug use in the Republic of Croatia by means of so called *capture-recapture* method

(based on overlapping data from three different data sources on drug addicts). In November 2010 started work on an agreement between relevant institutions which will enable data exchange of treated addicts between the prison system and healthcare system in order to improve data collection of treatment requests according to EMCDDA standards, and ensure better treatment quality for addicts in the prison system. A leaflet was published with the aim of promotion of the Early Warning System on New Psychoactive Substances in the Republic of Croatia, and raising awareness about the growing emergence of new substances, and the fourth Croatian Report on the Drugs Situation in the Republic of Croatia in accordance with the European Union standards was drawn up, as a compulsory regular annual report to EMCDDA. In November 2010, the Institute of Social Sciences "Ivo Pilar" drew up a feasibility study, which set up technical and scientific parameters that a national drug use research in the general population must meet. Implementation of the first such research in Croatia started in May 2011 (find more about it in Chapter 2.1). In December 2010 in the cooperation of the Office for Combating Drugs Abuse and the Faculty for Education and Rehabilitation Sciences (Criminology Department) and civil society organisations that conduct harm reduction programmes started a drug market research in the Republic of Croatia on a sample of 600 survey participants from most parts of the Republic of Croatia (read more in Chapter 10.1.1).

In the process of EU accession, Republic of Croatia has been intensively working on a number of reforms and adjustments of national legislation to *acquis communautaire* of the European Union in the drug field. The most important event last year was definitely signing the Agreement between the Republic of Croatia and the European Union on the Participation of the Republic of Croatia in the European Monitoring Centre for Drugs and Drug Addiction (in Brussels, 6 December 2010), as a prerequisite for formalising the long-lasting cooperation with this EU agency.

Due to a global dimension of drugs phenomenology, efficient drugs policy assumes active international and especially regional cooperation. Therefore, Croatian representatives regularly participate in the work of the EMCDDA, Europol, the United Nations Office for Drugs and Crime, International Narcotic Control Board (INCB), Pompidou Group of the Council of Europe, World Customs Organisation, World Health Organisation, SELEC and others, and many bilateral agreements on cooperation and data exchange with the aim of suppressing drug-related crime have been signed.

1.2.3 Evaluation of the national action plan and strategy

The National Strategy and the Action Plan for the given period are being evaluated annually on the basis of various (standardized and non-standardized) reports of competent ministries, institutions and civil society organizations. The Action Plan is a very concrete document, specifying individual measures/actions, institutions responsible for the implementation of each measure/action and deadlines for their implementation. Therefore, relevant institutions are obliged to report on the progress made in the given period to the Office for Combating Drugs Abuse, which are then analysed and the progress of the implementation of strategic documents in general evaluated. It can be said that the Office for Combating Drugs Abuse, which is as a national coordinator also responsible for monitoring the implementation of those documents, conducts the process evaluation. Based on different indicators, the Office for Combating Drugs Abuse annually monitors trends and depending on the results proposes additional measures or even changes to the foreseen measures in the given period, if required. The results are summarised in the annual national report on the implementation of national strategic documents, which are adopted by the Government of the Republic of Croatia and the Croatian Parliament.

Individual programs can be evaluated by the implementing institutions, contracting parties or external evaluators. Programmes in the drug demand reduction field, implemented at the local level are often evaluated by County Committees on Combating Drugs Abuse (internally or externally) since they finance such programs. At the national level, programs of civil society organizations are evaluated by external evaluators since serious financial resources are allocated for their implementation from the State Budget. However, evaluation is still poorly represented in Croatia. With the aim of promotion of the evaluation of prevention projects, multidisciplinary expert team developed Professional and scientific evaluation principles and standards, published in the annex⁶ to the National Programme for Addiction Prevention among Children and Youth in Educational System and for Children and Youth in the Social Security System for the period 2010 to 2014. During the presentation of the mentioned programme there were lectures and discussions on professional and scientific principles and evaluation standards held in the counties in order to raise awareness of the importance of evaluation among professionals who develop and/or implement prevention programmes.

Since on 31 December 2011 the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia (2006-2012) shall expire, during 2011 a new strategic document for the following period (2012-2017) has to be created. In order to streamline the new national strategy with the real needs arising from the actual condition of drug-related problems and in order to improve the efficiency of the entire system of combating drugs phenomenon, in May 2011 the Office for Combating Drugs Abuse initiated the first scientific evaluation of such a strategic document in the drug-related problem area. The evaluation is being conducted by Trimbos Institute from the Netherlands as an independent external evaluator, with the technical and financial support of TAIEX⁷ and horizontal IPA 3 project of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) for candidate countries and potential candidate countries for EU accession. Evaluation results will be available at the end of the year and therefore they will be presented in the following national report.

1.2.4 Coordination arrangements

Coordination by and between all bodies involved in the fight against drugs phenomenon at all levels of state authorities is essential to ensure integrated implementation of the national policy for the suppression of drugs abuse, which requires a balanced, multidisciplinary and integrated approach. As stipulated in the National Strategy, coordination should not entail the takeover of responsibilities for the implementation of activities within the competence of other competent authorities, but should ensure that measures and activities are implemented consistently, timely and effectively with a view to merging the system for the suppression of drugs abuse into a single whole. Each of the stakeholders in the system concerned at the national and local level is responsible for the implementation of the measures within its authority, but should also be responsible for the results achieved through such measures. The role of coordination in such a complex process is to direct the subjects involved in the implementation of measures for suppression of drugs abuse towards the goals laid down in the strategic documents, but at the same time to point to deficiencies in their implementation.

At the national level, there are two bodies responsible for coordination. The first one is the

⁶ Office for Combating Drugs Abuse of the Government of the Republic of Croatia (2010). National Programme for Addiction Prevention among Children and Youth in Educational System and for Children and Youth in the Social Security System for the period 2010 to 2014, p. 53-60. Office for Combating Narcotic Drugs Abuse of the Government of the Republic of Croatia, Zagreb. (Document is available only in Croatian language.)

⁷ Abbr. from Technical Assistance Information Exchange - instrument for building institutions providing short-term assistance with approximation, application and enforcement of EU acquis.

Committee for Combating Drugs Abuse of the Government of the Republic of Croatia (hereinafter: Committee), which operates at the political decision-making level, and the other is the *Office for Combating Drugs Abuse of the Government of the Republic of Croatia* (hereinafter: OCDA), which is in charge of coordination on the operating level. The Government Committee was established by the decision of the Government of the Republic of Croatia of 2002, and it consists of a president and eleven members.⁸ The task of the Government Committee is to create national drug policy and to coordinate activities of the ministries and other subjects responsible for the implementation of drug policy on the political level, as well as to adopt implementing programmes of the relevant ministries and other relevant subjects. The Government Committee holds its sessions several times a year, and the Government Committee decisions are brought in the form of conclusions, the implementation of which is supervised by the Office for Combating Drugs Abuse as a national coordinator. In 2010, the Government Committee held two sessions. The most important discussion points referred to adoption of strategic documents and reports, as well as new developments in the implementation of the drug policy.

The task of the Office for Combating Drugs Abuse as an expert body of the Government of the Republic of Croatia is to provide systematic monitoring of the implementation of the National Strategy and the Action Plan, through coordinative work and cooperation with the ministries, state administration bodies at national and local level and cooperation with civil society organisations. Therefore, the Office for Combating Drugs Abuse as a national coordinator for the implementation of the national strategic documents should ensure the continued coordination between all relevant bodies with the aim of timely and efficient implementation of all measures and activities. The Office for Combating Drugs Abuse is also responsible for monitoring the drug-related issues in the country, and in accordance with the observed trends proposes the measures for improving the system.

At the OCDA, there is an expert body called *Advisory Board*, which consists of the experts in the field of prevention, treatment, rehabilitation, suppression of drug-related crime, judicial system and media, with the task of offering professional support in making decisions about all issues related to combating drugs abuse. The President and ten members of the Advisory Board are appointed by the Government of the Republic of Croatia proposed by the Head of the Office for Combating Drugs Abuse. In 2010, there were 2 meetings of the Advisory Board. Apart from its regular activities, it provides professional assistance to the Office for Combating Drugs Abuse with drawing up the National Programme for Addiction Prevention among Children and Youth in Educational System and for Children and Youth in the Social Security System for the period 2010 to 2014, as well as the improvement in the implementation and further development of the Project of Social Reintegration of Drug Addicts. The problems that homes for addicts and therapeutic communities encounter when adjusting to the standards stipulated by the Regulation on the Type and Activities of Social Care Home, the Way of Providing Care Outside the Family, the Conditions of Space, Equipment and Employees in a Social Care Home, Therapeutic Community, Religious Community, Association and Other Legal Entities as Well as Centres for Assistance and Care at Home (OG 64/09) were discussed as well as other issues related to future integration of therapeutic communities into social and health system. Improvement of the system for epidemiological monitoring of addiction disorders was also discussed and it was concluded that for the purpose of better evaluation of drug abuse trends and epidemiological monitoring of addiction disorders, the system should be organised in a network, i.e. data from

⁸ President of the Committee is the Deputy Prime Minister of the Government of the Republic of Croatia, whereas the members of the Committee are the representatives of the relevant ministries included in the implementation of the activities of the National Strategy and Action Plan, as follows: Ministry of Health and Social Welfare, Ministry of Science, Education and Sport, Ministry of Interior, Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity, Ministry of Finance, Ministry of Justice, Ministry of Defence, Ministry of Foreign Affairs and European Integrations and Ministry of Economy, Labour and Entrepreneurship. Head of the Office is the Committee secretary.

the prison system and the Ministry of Interior should be collected and collecting data from therapeutic communities should be improved. Significant decline in juvenile drug-related crime, which was noted during the last three years, as well as the decline in the number of minors who were, based on the principle of purposefulness, by the decision of the State Attorney's Office sent for treatment in relevant health and social institutions, were also discussed, because the research results (ESPAD etc.) did not show a more significant decline in drug abuse among youth in the period from 2007 to 2010 (more in detail in Chapter 9.1). The new structure of the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment of the Croatian Institute for Public Health, which was added a new activity of mental health protection, was also discussed (more information in Chapter 5.1).

County Committees on Combating Drugs Abuse (County Committees) were established during 2004 and 2005 and operate as drug coordinators at local and regional self-government level⁹. Their main task is to develop networks of various programmes at the county and local community level and to coordinate the activities in the field of combating drug abuse with the state-level measures to achieve the principle goals of the National Strategy - drug demand and drug supply reduction. During 2009, each county elaborated its individual Action Plan for Combating Narcotic Drugs Abuse for the period 2009-2012, and reports annually to the Office for Combating Drugs Abuse about its implementation. With the aim of implementing main guidelines of the national strategic documents at the local level and taking into account the specific features and needs of each county, a significant importance is given to a stable, ongoing and intensive cooperation between the national and local level. Therefore, during 2010, the Office for Combating Drugs Abuse participated in regular sessions of County Committees, where the cooperation models and the situation and implementation of the county strategic documents were discussed. On 23 June 2010, the Government of the Republic of Croatia held a coordination meeting with the presidents and members of County Committees, where the previously mentioned National Addiction Prevention Programme for Children and Youth (2010-2014) was presented. The condition of addiction prevalence and drug abuse issues at the county level were also discussed, as well as further development of coordination and cooperation among the stakeholders at the local community level and the cooperation of County Committees with the Committee for Combating Drugs Abuse of the Government of the Republic of Croatia and the Office for Combating Drugs Abuse as national drug policy coordinators. Since during the last few years a significant progress has been noticed in decentralized approach to tackling drug-related problem in the counties/local communities, Croatia will continue to invest in the further development of local initiatives.

Great attention was paid to improvement of cooperation with the civil society organizations as equal partners. In the first months of 2010, a number of civil society programmes were financed by different state authorities (e.g. the Office for Combating Drugs Abuse, Government Office for Associations, Ministry of Health and Social Welfare). Every year the Office for Combating Drugs Abuse sets a priority area for providing financial support to relevant NGOs. Since the priority areas of the tender for awarding financial support to the project activities of the NGOs in 2010 were prevention and social reintegration, the Office for Combating Drugs Abuse funded 32 projects with the total amount of EUR 109,595. Similar to the past years' practice, in 2010 coordination meetings with representatives of associations and therapeutic communities were held, where they discussed the improvement in programme and project implementation and current problems, inclusion of standardised

⁹ Croatia consists of 20 counties and the City of Zagreb which was also given the status of a county totaling 21 counties. These counties are administrative areas within Croatia.

therapeutic communities data into the Register of Persons Treated for Psychoactive Drugs Abuse in the Republic of Croatia (TDI) in line with the previously obtained hardware and software support, priority areas for financial grants in 2011, and future forms of cooperation with relevant state bodies and associations. The representatives of associations and therapeutic communities also participated in various educations, the most important of which are the educations connected with the Project of Drug Addicts Social Reintegration and National Addiction Prevention Programme for Children and Youth (2010-2014).

For the purpose of a faster and higher-quality exchange of criminal-intelligence data between the prison system and the police (including the data about the prisoners that committed drug-related crimes), in 2010 came into force *the Standard Operating Procedure* between the Ministry of Justice – the Prison Administration and the Ministry of Interior - the General Police Directorate, and in December 2010 a special *Protocol on the Cooperation between the Ministry of Justice, Prison Administration, the Ministry of Interior and the General Police Directorate* was signed, which regulated the implementation of the Article 131 of the Act on the Enforcement of Prison Sentence, i.e. collection of opinions and safety evaluations related to inmate benefits. Within the twinning project IPA 2007, Combating Drugs Trafficking and Abuse a proposal of a *Protocol on Cooperation, Communication and Strengthening of the Institutional control model for precursors in the Republic of Croatia* was created, in order to more efficiently monitor the legal traffic of precursors, timely notice the irregularities in operation and appropriately react and strengthen the cooperation between the bodies authorised for precursor traffic control, criminal prosecution bodies and legal persons registered for precursor production and/or traffic.

1.3 Economic analysis

Public expenditure analysis in the field of combating drugs abuse is based on the reports of competent ministries. The comprehensive analysis of the expenditures spent on the implementation of the National Strategy and Action Plan for Combating Narcotic Drugs Abuse in 2010 is not possible to conduct because particular measure holders do not have resources allocated for the activities aimed at combating drugs abuse specified in their budget, but are funded through their regular activities. Although the Office for Combating Drugs Abuse (OCDA) in all annual reports on the implementation of the National Strategy on Combating Narcotic Drugs Abuse, which have been made since 2002, alerted to the mentioned issues and gave an initiative and recommendation to the measure holders who do not have budget positions for combating drug abuse activities, to foresee opening of such positions in the budgets of their ministries when giving budget proposals for a current year, it hasn't been done yet. Considering the above, the OCDA started planning the implementation of a public expenditures survey connected with drugs policy in order to obtain objective data and recognise both indirect and direct expenditures related to various aspects of drug policy, but due to reduction of budget resources allocated to the OCDA the above survey was not conducted in 2010.

Table 1.2 – Financial resources spent on the implementation of the National Strategy and Action Plan on Combating Narcotic Drugs Abuse (2009 and 2010)

Institution	Financial resources (EUR)	
	2009	2010
Office for Combating Drugs Abuse	567,928	528,178
Ministry of Science, Education and Sports	741,900	201,754
Ministry of Family, Veterans' Affairs and Intergeneration Solidarity	1.081,105	873,275
Ministry of Health and Social Welfare ¹⁰	5.100,694	5.502,119
Ministry of Interior	3.549,396	3.413,509
Ministry of Foreign Affairs and European Integrations	6,757	6,757
Ministry of Justice	683,721	-
Ministry of Economy, Labour and Entrepreneurship	84,416	110,717
TOTAL	11.815,917	10.636,312

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

Following the available data from the National Strategy and Action Plan for Combating Narcotic Drugs Abuse in 2010 (Table 1.2), from the State Budget the total amount of EUR 10.636,312 was spent, which is by 10% less than in the year 2009, when EUR 11.815,917 was spent.

As far as the mentioned decrease is concerned, it is important to point out that in 2009 the Ministry of Justice spent EUR 683,721 from the position of the Prison Administration, whereas for the year 2010 they could not specify the total amount of financial resources spent, and therefore the total amount of the resources spent in 2010 was lower, among other, due to the above mentioned reason.

From the State Budget for 2010, at the position of the Office for Combating Drugs Abuse the total of EUR 528,178 was spent. The biggest part of the above mentioned amount was spent on financing the prevention and social reintegration programmes and programmes targeted at motivation and enabling the treatment for drug addicts which are carried out by associations for combating drugs abuse and therapeutic communities. The OCDA financed 23 prevention and social reintegration projects in the total amount of EUR 94,595 based on public tender, and in accordance with the priority areas for 2010. Addiction prevention projects were financed with EUR 40,135 whereas the projects of social reintegration of drug addicts were financed with EUR 54,460. Without a tender procedure the OCDA supported 9 prevention programmes in the amount of EUR 15,000 and the total amount of EUR 22,935 was allocated for research. Educational activities and programmes conducted by the OCDA cost EUR 17,745 and the cost of media campaign amounted to EUR 56,085. For the implementation of the "Anti-drugs phone" project, as a free-of-charge counselling and information service for the citizens, the OCDA spent EUR 19,729 from the budget resources.

From the State Budget for the year 2010, at the position of the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity the total amount of EUR 873,275 was spent for the implementation of the activities and measures of the National Strategy for Combating

¹⁰ Including the Croatian Institute of Health Insurance.

Narcotic Drugs Abuse and the Action Plan for Combating Narcotic Drugs Abuse. This Ministry also regularly finances programmes of non-governmental organisations, specifically the programmes relating to various aspects of drug addiction prevention and providing help to drug users. Therefore, financing of these two activities should be differentiated. 103 projects of the associations that contribute to combating drug addiction and all other forms of addiction were partially financed by the income from the games of chance in the total amount of EUR 698,245, whilst from the regular budget of the Ministry 26 activities of youth clubs organised by non-governmental organisations that are dealing with addiction prevention, education and organizing leisure time activities of youth and educations were financed in the total amount of EUR 108,108. With the purpose of financial support of the projects of local and regional self-government units related to the work of regional youth info centres in Split, Rijeka, Osijek and Zagreb, in 2010, EUR 59,459 was spent. They are intended for the implementation of regular project activities, and not as allocated funds for the implementation of addiction prevention programmes. EUR 7,463 was spent on media campaign activities.

During 2010, EUR 2.951,303 was spent for the implementation of activities and measures of the National Strategy for Combating Drugs Abuse and the Action Plan for Combating Narcotic Drugs Abuse from the position of the Ministry of Health and Social Welfare. It can be emphasised that the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity, as well as the Ministry of Health and Social Welfare also dispose with a part of the Lottery Fund in accordance with the provisions of the Regulation on criteria for determination of beneficiaries and distribution means for part of the proceeds obtained from games of chance for 2010 (OG 11/10). In 2010, the Croatian Institute for Health Insurance provided EUR 2.550,816 for the activities of the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, whilst the Ministry of Health and Social Welfare allocated EUR 1.176,081 for their work. In addition, there is an amount of EUR 128 378 provided by the Ministry for co-financing the work of the Addiction Prevention Centre Poreč and the Drug Addiction Referral Centre of the Clinical Hospital Sestre milosrdnice, which means that all together on outpatient treatment activities the total amount of EUR 3 855 275 was spent. For residential treatment of addicts in the homes for addicts which are, based on the contract with the Ministry of Health and Social Welfare, financed as social care institutions, the amount of EUR 698,654 from the budget resources was spent on 111 users of the Home for Adult alcohol, drug and other narcotic substance abuse addicts of Community Susret, Association "Moji dani", Association for Drug Addiction NE- ovisnost and the Association PET+.

Apart from the resources provided for the work of services and homes for drug addicts, the Ministry provided additional EUR 765,030 for financing the programmes of the associations that are active in the drug addiction field, i.e. for 20 projects in the amount of EUR 135,135 for the projects contributing to combating drug abuse and all forms of addictions, 28 projects aiming at drug addiction prevention targeted at primary and secondary school children and groups of youth at-risky in the amount of EUR 155,101, 19 harm reduction projects in the amount of EUR 474,793. The remaining resources were spent on addiction prevention of alcohol, smoking and gambling, as well as the activities of social reintegration and rehabilitation of drug addicts within the competence of the Ministry of Health and Social Welfare.

From the budget line of the Ministry of Science, Education and Sport provided for the implementation of activities and measures of the National Strategy for Combating Narcotic Drugs Abuse and the Action Plan for Combating Narcotic Drugs Abuse the total amount of EUR 201,754 was spent, EUR 22,538 of which was spent on the implementation of prevention programmes in educational institutions, EUR 49,486 for the implementation of the activities of the Project of Social Reintegration of Drug Addicts and EUR 116,216 for financing projects of the associations that conduct addiction prevention programmes. For

scientific research in the drug addiction field, the Ministry spent EUR 13,514 from the budget resources.

Regarding the part of the National Strategy for Combating Narcotic Drugs Abuse and the Action Plan for Combating Narcotic Drugs Abuse which refers to drug supply reduction, the biggest part of financial resources allocated for the implementation of the mentioned programmes was spent by the Ministry of Interior, in the total amount of EUR 3.413,509. Apart from the mentioned Ministry, a part of the activities in the drug supply reduction area is implemented by the Customs Administration of the Ministry of Finance, which are financed by the regular budget resources of the Customs Administration of the Republic of Croatia. In accordance with the budget of the Ministry of Finance - the Customs Administration for the year 2010, the activities of suppressing drug smuggling are incorporated in the position of basic Customs Administration activity, and accordingly, like in the year 2009, the data on financial resources spent on drug supply reduction activities conducted by the Customs Administration, are not available.

The Ministry of Foreign Affairs and European Integration in line with their scope of activities for the implementation of the National Strategy for Combating Narcotic Drugs Abuse and the Action Plan for Combating Narcotic Drugs Abuse for 2010 conducted the activities related to international cooperation in combating drug abuse, and for that purpose EUR 6,757 was spent.

In 2009 the Ministry of Justice reported the total amount of EUR 683,721 spent on treatment of addicts in prisons. The mentioned amount was calculated based on the internal survey conducted by the employees of the Prison Administration by collecting data from prisons and correctional facilities, which referred to treatments costs of drug addicted inmates and detainees who stayed there in 2009. Since it was ad hoc survey which was not repeated in 2010, it is not possible to specify the total amount of financial resources spent for the treatment measures of addicts in prisons financed from regular budget resources of the Ministry through current costs for particular prisons and correctional facilities. As already previously mentioned, it is one of the reasons why the total amount of funds spent in the year 2010 was lower than in 2009.

The Ministry of Economy, Labour and Entrepreneurship continued during 2010 with the implementation of the Project of Social Reintegration of Drugs Addicts who completed some of the programmes of rehabilitation and addiction treatment in a therapeutic community or prison system, and addicts in outpatient treatment who maintain abstinence for a longer period of time and adhere to prescribed treatment. For the project activities the total amount of EUR 110,717 was spent, EUR 48,960 of which was spent on the procedures of professional orientation, education and employment of the beneficiaries of the Project, the carrier of which is the Croatian Employment Office, and the amount of EUR 61,757 was spent to support the measure of Encouraging the development of cooperatives that promote social cooperative entrepreneurship.

Although the Ministry of Defence plays a very important role in the implementation of the National Strategy and the Action Plan for Combating Narcotic Drugs Abuse, the data about the funds spent on the implementation of the measures the Ministry is responsible for cannot be shown, because a budget position of the Ministry for allocating resources aimed exclusively for combating drug abuse activities do not exist, but they are financed from the regular activities of the Ministry.

Table 1.3 – Financial resources spent on the implementation of the County Action Plan for Combating Narcotic Drugs Abuse at the local and regional self-government level (2009 and 2010)

County	Financial resources spent (EUR)	
	2009	2010
City of Zagreb	41,800	214,343
Zagreb County	88,690	79,022
Krapina-Zagorje County	20,716	23,997
Sisak-Moslavina County	13,486	8,649
Karlovac County	8,392	36,546
Varaždin County	18,445	25,676
Koprivnica-Križevci County	30,675	48,106
Bjelovar-Bilogora County	6,756	6,757
Primorje-Gorski Kotar County	216,216	216,216
Lika-Senj County	59,655	4,324
Virovitica-Podravina County	16,216	16,216
Požega-Slavonia County	2,972	3,126
Brod-Posavina County	8,108	8,378
Zadar County	178,378	79,932
Osijek-Baranja County	67,567	47,297
Šibenik-Knin County	38,513	6,081
Vukovar-Srijem County	6,756	4,054
Split-Dalmatia County	457,645	381,273
Istria County	286,507	181,196
Dubrovnik-Neretva County	37,837	62,297
Međimurje County	13,851	-
TOTAL	1.619,181	1.453,486

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

According to the principle of shared responsibility between the state and local community, the implementation of the County Action Plans for Combating Drugs Abuse, actions of the County Committees for Combating Drugs Abuse, implementation of preventive measures and other activities on the county level are financed from the county budget resources, within which the local administration and regional self-government units have to ensure the resources for implementation of the mentioned activities. It has to be stressed that the Međimurje County did not deliver the information on the spent financial resources because the activities were financed from regular resources, and the resources allocated exclusively for the implementation of the county drugs abuse prevention programmes could not be separately quoted. During 2010 the counties provided the total amount of EUR 1.453,486 from the counties budget for the implementation of the Action Plans for Combating Narcotic Drugs Abuse, which is by 10% less than in 2009, when EUR 1.619,181 was spent (Table 1.3).

Most of the counties in which the number of addicts per 100 000 inhabitants is higher than the Croatian average (the Istria County (559), the Zadar County (504), the City of Zagreb (419), the Šibenik–Knin County (389), the Dubrovnik-Neretva County (368), the Split-Dalmatia County (328) and the Primorje-Gorski Kotar County (321) during 2010 allocated significant financial resources for the implementation of the County Action Plans for

Combating Narcotic Drugs Abuse. Those counties in which the number of addicts per 100 000 inhabitants is lower than Croatian average, in 2010 allocated more resources for the implementation of the county programmes, especially the Karlovac County, the Koprivnica-Križevci County, the Varaždin County and the Krapina-Zagorje County.

Table 1.4 – Financial resources spent by areas (2009 and 2010)

Area	Financial resources spent (EUR)	
	2009	2010
Prevention	2.129,145	1.433,216
Outpatient treatment programmes	3.892,162	3.855,275
Residential treatment*	804,537	698,654
Treatment in prison settings	683,721	-
Harm reduction	518,532	474,793
Social reintegration	226,257	214,663
Drug supply reduction	3.549,396	3.413,509

* Refers to resources spent on treatment of addicts within homes for addicts, which are based on a contract with the Ministry of Health and Social Welfare, financed as social welfare institutions

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

If we compare drug-related expenditures in the specific areas of combating drug-related problems, from the information available (Table 1.4), it is visible that in 2010 from the State Budget resources the total amount of EUR 1.433,216 was spent on addiction prevention programs, which is by 32% less than in 2009. The mentioned reduction is a consequence of significantly less funds allocated to prevention programmes, primarily by the Ministry of Science, Education and Sport, but also the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity and the Office for Combating Drugs Abuse.

It is still not possible to precise costs of outpatient treatment due to lack of information about a part of the resources from the county budget spent on outpatient treatment activities. Available data relate to addiction outpatient treatment organised within the health system through the activities of the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment of the county Institutes for Public Health. In accordance with the data of the Ministry of Health and Social Welfare and the data of the Croatian Institute of Health Insurance, EUR 3.855,275 was spent on outpatient treatment programmes, which is a little less than in 2009. This leads to the conclusion that when it comes to addiction treatment the most significant financial emphasis is put on outpatient treatment, primarily through the public health system within which operate Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment. Financing of the previously mentioned services is based on a tripartite model; the Ministry of Health and Social Welfare finances the programme part of the activity, and the Croatian Institute for Health Insurance and counties are responsible for administrative and operational costs.

Residential treatment costs of addicts (hospital treatment, addiction treatment within psychosocial programmes in the homes for addicts and therapeutic communities) cannot be properly presented either, due to insufficient data provided by the healthcare system. The only available data refer to addiction treatment within homes for addicts, which are based on the contracts with the Ministry of Health and Social Welfare financed as social welfare institutions, and which in 2010 amounted to EUR 698,654.

Also, for social reintegration of addicts as an integral part of addicts' rehabilitation which should follow every successfully completed treatment, substantial financial resources were invested, which in 2010 amounted to EUR 214,663, which is by 5.5% less than in 2009, when EUR 226,257 was spent. The continuity in the amount of the budget resources spent on harm reduction programmes, primarily carried out by associations, was retained in 2010.

As previously mentioned, as for the financial resources spent on the implementation of drug supply reduction activities, only the data of the Ministry of Interior are available, and they amount to EUR 3.413,509. Regarding the fact that the Customs Administration of the Ministry of Finance and other criminal prosecution bodies for which there are no data about the amount of financial resources spent on the implementation of the activities within their competence, it might be assumed that financial resources allocated for the mentioned purpose are higher than those mentioned above. Taking into account that the data on the total amount of funds spent on the drug supply and demand reduction activities do not include all financial resources spent on the implementation of the above mentioned activities from the state and county budgets, the presentation of the spent resources is based on the available data. It is visible that a significantly larger amount of resources is being spent on the activities targeted at drug demand reduction, which in 2010 amounted to EUR 7.222,800, than on the drug supply reduction, for which in 2010 the total amount of EUR 3.413,509 was allocated.

To conclude, total funds spent from the State Budget and the county budgets amount to EUR 12.089,798, which is 10% less than in 2009, when the total cost of the implementation of the National Strategy and Action Plan for Combating Narcotic Drugs Abuse was EUR 13.435,107.

Some stakeholders still do not have special budget line or specific financial means for the implementation of drug-related activities, which are in such case financed from funds for regular activities. Therefore, it is very difficult to present accurate amounts spent for the implementation of activities and create objective analysis about the financial resources spent per individual holder.

By comparing the costs spent on the implementation of the National Strategy for Combating Narcotic Drugs Abuse and the Action Plan for Combating Narcotic Drugs Abuse per individual holder, it is visible that the highest amount was spent, similar to previous years, by the Ministry of Health and Social Welfare and the Ministry of Interior. Also, all stakeholders, except the Ministry of Health and Social Welfare and the Ministry of Economy, Labour and Entrepreneurship, spent less funds respectively than in the previous year, which might be attributed to the decisions of the Government of the Republic of Croatia on implementation of austerity measures and reduction of budget expenditures due to the impact of financial crisis on budget policy. Although in 2010 less financial resources were spent from county budgets than in 2009, it is a fact that counties took active part in the implementation of County Action Plans for Combating Drugs Abuse and in such a way disburdened the State Budget, which according to the principle of decentralisation of drug policy implementation in line with counties' needs, presents a significant positive shift. Therefore, in order to harmonize the methodology of collecting financial data, in the forthcoming period all ministries will have to undertake activities that will ensure to clearly show funds that were in their budget lines dedicated for implementation of drug supply or demand reduction programmes (prevention, addiction treatment, cooperation with associations that operate in drug-related areas, suppressing drug-related crime etc.), together with the estimation of costs that are not dedicated for the implementation of drug abuse suppression programmes, but are taken from the funds for regular activities and other programmes of specific institutions (e.g. material costs).

2 Drug use in the general population and specific targeted groups

Drug - related research in the general and school population provide information for better understanding of the patterns of use, risk perception, social and health correlations and consequences of drug use. Since 1995 the Republic of Croatia has been conducting drug - related research in the school population, but drug - related research in the general population has not been conducted, which is reflected in lack of information that may serve as a starting point for creating quality interventions and identification of priorities in intervention planning, both for drug users and those affected by drug abuse.

2.1 Drug use in the general population

Drug-related research in the general population represent one of the key epidemiological indicators of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), but such research hasn't been conducted in the Republic of Croatia. In 2010 the Institute of Social Sciences "Dr. Ivo Pilar" created for the Office for Combating Drugs Abuse a feasibility study¹¹ for the scientific - research project "Addiction Substance Abuse in the General Population of the Republic of Croatia". The research started in May 2011. The feasibility study is planning to conduct the research by using an oral survey on a representative, multiphase stratified sample of the population from 15 to 64 years of age, with randomly selected units within each stratum. The sample is planning to include 4 000 survey participants (in order to enable comparison of regional results), with the first stratum made from six proportionally homogenous areas, obtained by cluster analysis of relevant social - demographic and development indicators from population census: Slavonia, North - West Croatia, City of Zagreb, Central Croatia, Istria and Primorje and Dalmatia. The second stratum is defined by division of regions to towns and other settlements. Households to be included by the survey are selected in a systematic way (first random choice and constant step for the others) from the household list at sample locations (city neighbourhoods or settlements), whilst the final selection of survey participants within a household is random (first birthday principle). If the attempt of surveying a selected person fails, every surveyor has to try to conduct the survey at least twice again in the same household at different times. To reduce the proportion of non - answered questions among the persons who agreed to participate in the survey, the way how they were chosen for the survey (at random) and the purpose of the survey (answers will be used for statistical analysis only) will be explained to them and anonymity will be guaranteed. Survey among the population under 18 years of age will be conducted by adhering to all formal and legal principles applicable in questioning juvenile offenders. Oversampling will be conducted on 800 survey participants at the age 15 to 34. In the research the Croatian translation of the *European Model Questionnaire* (EMQ) will be used, which is used as a standard in national addiction substance abuse studies or for reporting on the results of existing studies. In such a way international comparability of epidemiological situation in the drug abuse field in the Republic of Croatia will be assured. A pilot research is planned on the sample of 75 citizens of Zagreb. Research results will be presented in the next national report on drugs issues.

On the occasion of celebrating the Drug Addiction Recovery Month (from 15 November to 15 December), for the purpose of raising public awareness of drug problems, GfK (Growth from Knowledge) Group conducted an independent survey on drug use on a representative

¹¹ Institute of Social Sciences "Dr. Ivo Pilar" (2010). Addiction Substance Abuse in the General Population of the Republic of Croatia – Feasibility Study. Institute of Social Sciences "Dr. Ivo Pilar", Zagreb.

sample of 800 citizens of the Republic of Croatia over 15 years old. The survey was conducted in November 2010, and CATIbus method was used. The survey results show that almost half of the citizens (44%) know people who were using or use some kind of drug, or have personally seen somebody taking drug - 28% of the citizens. People who witnessed drug use are mostly from Zagreb (37%) and Dalmatia (43%), more often they are men (37%) than women (21%), younger persons (aged 15-34 about 50%) from big cities (43%) with a university degree (39%). Majority of those who witnessed drug use were offered to take drugs (24% of the general population over 15 were offered some kind of drug). Among the survey participants who were offered drugs,¹² most often it was cannabinoids (90%), then ecstasy (15%), cocaine (9%), LSD (7%) and heroin (7%). 10% of the survey participants admitted consuming some drug during their life. Most often these are the people from the Zagreb area (16%), more often men (14%) than women (5%), more often at the age of 15 - 34, with higher qualifications and higher income. About 9% of citizens mentioned cannabinoid use (hashish / marijuana) and 1.5% of citizens admitted they consumed cocaine. The survey results show that cannabis is still the most widespread type of drug, and that males with higher education and higher income in urban areas are generally more prone to drugs. It is important to emphasise that the mentioned results are only estimates and are based on the answers of persons who admitted having experience with drugs.

2.2 Drug use in the school and youth population

Research in the healthcare field enables the insight into health problems, contributes to understanding of risky behaviours and stimulating factors and presents a significant contribution to making strategic decisions. Croatian Institute for Public Health conducted the European School Survey Project on Alcohol and Other Drugs (ESPAD), investigated the prevalence and movement of the use of tobacco, alcohol and other drugs among Croatian pupils (1995, 1999, 2003, 2007) and compared the results with other European countries. In the period from 2007 to 2009, the research was conducted as a part of a scientific project called "Features, Movement and Guidelines of Addiction Behaviour Among Youth", financed by the Ministry of Science, Education and Sport. As a part of this project, during 2009 the research "Health habits and behaviour of the first - year students in Zagreb and Rijeka" was conducted, the results of which are shown herein (Kuzman et al. 2011; ST30, 2011).

The research was conducted for the first time among first - year students and apart from standard questions it was extended with the questions which in a more comprehensive way describe student's behaviour as similar to adult population (subjective estimate of drinking habits, gambling and betting, sexual relationships and use of protection, as well as perception and attitudes of the effectiveness of prevention programmes during education). The research was conducted from January to September 2009, and it included 2 488 full - time first - year students of university studies in Zagreb and Rijeka. The research method used was a modified ESPAD questionnaire, which was filled out anonymously by the students during their regular medical check - up. Filling in the questionnaire was voluntary. Data collection was conducted by the Croatian Institute for Public Health in cooperation with the school medicine services of «Dr. Andrija Štampar» Institute for Public Health and the Teaching Institute for Public Health of the Primorje - Gorski Kotar County. Every third student was offered to fill in the questionnaire anonymously and voluntary when they came for regular check - up, until the planned number of questionnaires for particular faculty was not completed.

The research included 15% of full - time first - year students of university studies. The response was high, 2 384 students agreed and correctly filled in the questionnaire (96%).

¹² The survey did not include all drugs, e.g. amphetamines and inhalants are left out (glue, paint, varnish, nail polish, acetone...).

The total sample consists of more girls than boys, although the sampling followed the organisation of both universities and respected the representation of individual study programmes (Table 2.1). Average age of survey participants at the time of conducting the research was 19 years and 9 months.

Table 2.1 – Survey participants by gender and university

Number and % of participants	Zagreb			Rijeka			Total		
	M	F	Total	M	F	Total	M	F	Total
Number	900	1 039	1 939	182	263	445	1 082	1 302	2 384
%	46.4	53.6	100.0	40.9	49.1	100.0	45.4	54.6	100.0

Source: Kuzman et al. 2011

From Table 2.2 it is visible that about two thirds of students of both genders have smoked cigarettes in lifetime, with no significant difference between the universities (67.6% of students in Rijeka, 66.0% in Zagreb). The total of 33.7% of survey participants have never smoked in their lifetime, i.e. 33.0% of male students in Rijeka and 33.3% in Zagreb, and 31.9% female students in Rijeka and 34.6% in Zagreb. Smoking in the last 30 days is a more precise indicator of current smoking habits. Smokers among students are not rare, and in the last 30 days 32.1% of male students of the Zagreb University and 35.2% of the Rijeka University smoked, as well as 33.6% of the Zagreb female students and 39.9% of the Rijeka female students. Students of the Zagreb university smoke less – 9.8% of students from Rijeka and 12.8% from Zagreb admit smoking fewer than one cigarette a day, whereas there is 23.7% of regular smokers, who smoke at least one cigarette a day at the Zagreb University and 27.2% at the Rijeka University. Students' smoking is a reflection of smoking habits in the general population – girls smoke more often than boys, the total of approximately one third of youth say that they have smoked in the last 30 days, and a little fewer of them admit being regular smokers. Compared to other research among adolescents, students do not smoke more, and it can be considered that until that age smoking habit has stabilized.

Table 2.2 – Smoking in lifetime and last 30 days, by gender and place of study

Smoking (%)	Zagreb			Rijeka		
	M	F	Total	M	F	Total
In lifetime	66.7	65.4	66.0	67.0	68.1	67.6
In the last 30 days	32.1	33.6	33.3	35.2	39.9	38.0

Source: Kuzman et al. 2011

Young men drink more than young women, and according to the indicator of excessive alcohol use, they also drink more. Table 2.3 shows that every fourth student drinks 6 and more drinks in a row at least once a month, and the survey among youth aged 15 - 16 shows that every second of them drinks excessively once a month. Therefore, although young people drink a lot, their studies would not be possible if excess drinking were frequent, and it can be considered that student drinking habits are getting more similar to drinking habits of adults. Girls drink less and less frequently, but they also drink. Most of them state that they have got drunk 1 - 2 times in lifetime, and every third of them says that he / she has never got drunk in her life. Most of youth state that when they drink it is 1 - 2 drinks, but even 7 - 14% of them say that it is 7 drinks and more. Zagreb students say that more than once a month they felt guilty or remorse after drinking and that they do not recall what happened the night before. In addition, equal proportion of young men state that during last year they had

to have a drink after being drunk in order to be able to function properly and they couldn't perform their regular activities. Since one third of young men both in Zagreb and Rijeka admit drinking excessively more than once a month, and every twelfth of them felt that he couldn't stop drinking when once started, it is not unreal to suppose that among students there is a part of population at risk, which might lead to problem drinking.

Table 2.3 – Alcohol drinking by gender, place of study, total

Alcohol drinking (%)	Zagreb			Rijeka			Total	
	M	F	Total	M	F	Total	M	F
In lifetime	95.3	94.8	95.0	95.6	95.8	94.3	95.4	95.0
In the last 30 days 6 times and more	48.2	27.2	36.9	46.2	26.2	34.4	47.9	27.0
Getting drunk at least once in lifetime	79.7	64.3	71.4	78.6	73.0	75.3	79.5	66.1
Getting drunk at least once in the last 30 days	20.6	10.5	15.2	19.2	8.0	13.6	20.3	10.0
6 and more drinks in a row at least once a month	24.2	13.3	18.4	28.6	12.9	19.3	25.0	13.2

Source: Kuzman et al. 2011

In everyday life a few students state having more serious social or other consequences caused by alcohol and drugs. 73.0% (68.7% male and 76.7% female) of students have never consumed marijuana. 30.4% of the Zagreb male students and 35.7% of the Rijeka male students, and 23.2% of the Zagreb female students and 24% of the Rijeka female students admitted consuming marijuana at least once. Among those using marijuana, most of them consumed it 1 - 2 times (the total of 11.9%), whereas 16.5% of the Zagreb male students and 11.3% of the Rijeka male students and 6.9% of the Zagreb female students and 7% of the Rijeka female students consumed it more than six times. Hence, in Table 2.4 it can be seen that every third male student and every fourth female student admit using marijuana at least once, whilst every eighth male and every fourteenth female student use marijuana more frequently. Marijuana was in the last 12 months used by 17.7% of male students in Zagreb and 19.2% male students in Rijeka and 12.0% female students in Zagreb and 11.0% female students in Rijeka. In the last month marijuana was used by 9.0% of male students in Zagreb and 7.7% male students in Rijeka and 4.6% female students in Zagreb and 3.4% female students in Rijeka. The results indicate that every tenth student in the total sample had marijuana experience in the last month. For other substances, the most frequently used among students is alcohol with tablets (5.2% male students in Zagreb and 6.4% male students in Rijeka and 6.2% female students in Zagreb and 4.2% female students in Rijeka reported using alcohol with tablets). Cocaine is the most represented among the students in Rijeka (5.4% of students from Rijeka report consuming cocaine, unlike 2.6% of the students from Zagreb). 1.3% of female students from Zagreb and 1.9% from Rijeka tried cocaine, according to their personal statement. Although sedatives are more represented among female population, in this research 2.3% of male students from Zagreb and 4.4% of male students from Rijeka took sedatives (which were not prescribed by a doctor), as well as 3.0% of female students from Zagreb and 4.2% female students from Rijeka. Use of heroin is very rare (less than 1% of students from Zagreb (of both genders) and female students from Rijeka report trying heroin, but 2.2% of male students from Rijeka consumed it at least once). Statistically significantly more male students consumed marijuana (lifetime prevalence, last year prevalence and last month prevalence), ecstasy and heroin than female students. Students from Rijeka consumed ecstasy and cocaine more than the students from Zagreb (as well as heroin, but not on the statistically significant level). The total of 2.0% of students

of both genders consumed ecstasy, 1.4% amphetamines, 1.3% LSD, 0.6% crack, 1.6% cocaine, 0.2% heroin, 1.5% magic mushrooms, and 0.4% steroids. Sedatives were taken by 2.7% of female students and 2% of male students, and alcohol with tablets 5.3% of female students and 4.7% of male students. There is 0.2% of injection - drug users among students, which corresponds to the proportion of those who reported using heroin.

Table 2.4 – Drug use by gender and place of study, total

Drug use	Zagreb (%)	Rijeka (%)	p (Asymp. Sig. 2-sided)	M (%)	F (%)	p (Asymp. Sig. 2-sided)
Marijuana - lifetime prevalence	26.6	28.8	NA	32.3	23.3	0.000
Marijuana – last year use	14.6	14.4	NA	17.9	11.8	0.000
Marijuana – last month use	6.7	5.2	NA	8.8	4.4	0.000
Ecstasy – lifetime prevalence	2.3	3.8	0.065	3.1	2.2	0.047
Cocaine - lifetime prevalence	1.9	3.4	0.029	3.0	1.5	NA
Sedatives - lifetime prevalence	2.7	4.3	NA	2.7	3.2	NA
Alcohol with tablets - lifetime prevalence	5.7	5.2	NA	5.5	5.8	0.015
Heroin - lifetime prevalence	0.7	1.3	NA	1.1	0.5	NA

Source: Kuzman et al. 2011

Republic of Croatia is also conducting a research named Health Behaviour in School - Aged Children¹³ (HBSC), which was also conducted by the Croatian Institute for Public Health in 2001/2002, 2005/2006 and 2009/2010. The results of the latest research haven't been available to professionals and wider public yet.

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

At the end of 2010 the Criminology Department of the Faculty of Education and Rehabilitation Sciences of the University of Zagreb in cooperation with civil society organisations that conduct harm reduction programmes, with the support of the Office for Combating Drugs Abuse of the Government of the Republic of Croatia, started a market research on a sample of harm reduction programme users. Apart from retail prices of drugs and the estimate of problem drug users, the research also provided insight into social and economic characteristics of persons included in the harm reduction programmes on the territory of the Republic of Croatia. The research was conducted from December 2010 to April 2011 on the sample of 622 examinees, 82.6% males and 17.2% females (2.1% of examinees of unknown gender). The majority of examinees completed secondary school education (72.7%), and almost half of the examinees used drugs for more than ten years. More information on the results of the research will be presented in the next national report.

Research on drugs abuse at the county level continued. For instance, the Committee for Combating Addiction Diseases of the Virovitica - Podravina County in cooperation with the

¹³ www.hbsc.org/countries/croatia.html

Centre for Addiction Prevention and Combating Addiction of the “Sveti Rok“ Institute for Public Health and educational institutions continued conducting the research on smoking, alcohol, gambling and drugs among primary and secondary school students. The research has been conducting since 2005, and it is described in the Report on the Drugs Situation for 2009, and in the book Research on Smoking, Alcohol, Gambling, Drugs and Free Time of the Pupils of the Virovitica - Podravina County (Venus et al. 2011). During 2010 the research included 1 700 pupils, and the research results are currently being processed. Similar research is being conducted in the Brod - Posavina County among the first - year secondary school students. Furthermore, in the Zagreb County in the period from 2006 to 2010, an anonymous survey was conducted among six - grade primary school pupils. The aim of the research is to establish habits, way of thinking, type and form of alcohol, cigarette and drugs use among six - grade pupils. The total number of pupils included in the research was about 10 000 pupils, but the final results haven't been published yet. The results of the 2006 – 2008 survey (Gajnik, Koradžija 2008) show that 34.1% of survey participants tried smoking cigarettes, 60% tried drinking alcoholic drinks and 0.2% tried consuming drugs. At the age of thirteen, even 10% of survey participants smoke occasionally or regularly, and 35.3% of them occasionally or regularly drink.

3 Prevention

In the process of implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for the period 2006-2012 (National Strategy) a special attention is being put to the development of addiction prevention among children and youth. In 1994, the Institute of Medicine (IOM - <http://www.iom.edu/>) proposed the classification of prevention to universal, selective and indicated which has replaced the former concept of primary, secondary and tertiary prevention. The main principle of IOM classification is to focus on the groups according to risk probability for drug abuse, because intervention spectrum is also based on it. The difference between universal – selective - indicated prevention is the level of “filters” which are used for risk attribution. For universal prevention, there is no filter (all are considered at equal - low - risk). As for selective prevention, filters are social and demographic indicators related mostly to groups: marginalised ethnic minorities, youth in deprived surroundings, young offenders, families at - risk, in other words, a rather “raw” filter. The programmes of indicated prevention are aimed at individuals and groups of children and youth who are exhibiting indicators that are highly correlated with an individual risk of developing substance abuse or the signs of it have already appeared, such as the diagnosis of attention disorder / hyperactivity disorder (ADHD), which highly correlates with the later onset of addiction. The mentioned classification has also been accepted by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and other European institutions active in the field of addiction prevention.

Since there are a lot of factors that influence drug use and appearance of addiction among youth, addiction prevention programmes with children and youth should encourage versatility and development of interests, creativity and abilities of children and youth, and create possibilities for personality development in order to perform satisfactorily in their various life roles. Research shows that substance abuse is one of key factors for unbalanced development, mental health problems and development of delinquent behaviour in youth (Žižak et al. 2004). Considerable efforts should be also put in early detection of groups of children and youth at risk and those coming from at - risk families and social settings or those showing behavioural disorder or started consuming addiction substances, in order to prevent further abuse of these substances and onset of addiction.

Since both practical experience and the reports on the implementation of the National Strategy and Action Plan for Combating Narcotic Drugs Abuse in the Republic of Croatia for 2009 – 2012 (Action Plan) have shown that addiction prevention programmes are implemented in segments, without systematic evaluations and they are still not scientifically founded as recommended by both foreign and domestic research authorities, the Office for Combating Drugs Abuse (OCDA) created the National Addiction Prevention Programme for Children and Youth in Educational Settings and in Social Welfare System for the period 2010-2014 (National Programme), which was adopted by the Government of the Republic of Croatia in June 2010. Main goal of the National programme is combating and preventing the onset of addiction among children and youth and at - risk behaviour in children and youth regarding experimenting with addiction substances. More specifically, the National Programme anticipates the situation analysis and determines needs in addiction prevention field related to children and youth, as well as building of equitable prevention system for children and youth at the national level and advancement of the entire prevention strategy in the Republic of Croatia. The programme consists of addiction prevention sub - programmes for pre - school children and pupils, children and youth within the social care system, and university students. Furthermore, the National Programme pays special attention to evaluation of prevention programmes, prescribes criteria for making prevention programme reports conducted at the national and local level and criteria for project / programme

prevention base (including the EDDRA¹⁴ base criteria for EMCDDA projects), gives guidelines for general strategy for further development of prevention programmes in the Republic of Croatia, prescribes standards for effective addiction prevention and evaluation, and emphasises the importance of planning financial resources for programme implementation.

Apart from the above mentioned activities, the National programme anticipated the definition of the criteria for project information database, which will include all existing programmes, projects and activities in the field of drug demand reduction. Since the foundation of the Database of Programmes / Projects Which Are Conducted in the Drug Combating Field (the Database) was planned by the Action Plan on the National Information Drugs System for the period 2010 – 2011, at the end of 2010 the OCDA started creating the Programme Database that will include prevention, treatment, and social reintegration and harm reduction programmes. Programme Database will be established at the OCDA in the National Drugs Information Unit and International Relations Department, which is in charge of managing the national information drugs system, coordination, analysing, monitoring the current methodology of data collection and analysis, as well as for drugs availability and drugs abuse data, and their upgrade and harmonisation with the EMCDDA recommendations. Since there is no systematic review of prevention activities conducted in the Republic of Croatia, and knowing that there is also very little information on the evaluated and effective addiction prevention programmes, the creation of the Database started from the field of prevention. Some of the goals of the Addiction Prevention Programme Database are collection of information about all prevention activities that are being undertaken, especially getting insight into high - quality and effective addiction prevention programmes / projects. A long - term goal is raising the quality of addiction prevention programmes and identification of the examples of good practice at the national and European level. Addiction Prevention Programme Database anticipates the search of activities according to levels of prevention interventions, evaluation type, target groups, year of implementation and counties where the programme was implemented, and will increase the awareness of programme implementers, policy creators, experts and all stakeholders about the implemented activities, identification of high - quality, evaluated and effective programmes, introduction of quality certificates by which the OCDA and EMCDDA guarantee programme quality and effectiveness, and which should give financing priority by the state administration bodies and regional self - governmental units, as well as detection and proposing the examples of good practice from the Republic of Croatia in the EMCDDA Best Practice Portal.

Picture 3.1 – Addiction Prevention Programme Database Interface

Naziv	Razina preventivne intervencije	Vrsta evaluacije	Okruženje	Ciljana skupina	Županja	Naziv provedbe	Godina provedbe
Znamo zašto, znamo kako pomoći mlade na aktivnom, informirati o mogućnostima udruge na području	Univerzalna	Evaluacija učinka	Zajednica	Djeca / mladi	Splitsko-dalmatinska	Liga za prevenciju ovisnosti	2010.
Zdrave odrastane preventivni ovisnosti o drogama kod djece i mladih, promovirati zdrave stilove života	Univerzalna	Evaluacija procesa	Škola	Djeca / mladi, Obitelji/roditelji	Brodsko-posavska Grad Zagreb	Udruga Sirius	2010.
Vrijeme za razgovor uspostavljanje komunikacijske vještine na relaciji djeteta-roditelji-nastavnik, utjecati na razvoj samopouzdanja i socijalnih vještina korisnika	Selektivna	Evaluacija procesa	Škola	Djeca / mladi, Obitelji/roditelji	Primorsko-goranska	Udruga Terra	2010.
MOVE, kratka motivacijska intervencija	Indicirana	Evaluacija učinka	Zajednica	Druga: stručnjaci - savjetodavci mladih osoba koji eksperimentiraju s drogama	Primorsko-goranska, Istarska, Splitsko-dalmatinska, Dubrovačko-neretvanska, Grad Zagreb, Vardbinska, Brodsko-posa	Ured za suzbijanje zlouporabe droga	2009. - 2010.

Source: Office for Combating Drugs Abuse

¹⁴ The Exchange on Drug Demand Reduction Action (EDDRA) is a base of drug demand reduction projects of the European Monitoring Centre for Drugs and Drug Addiction

Since individuals do not start using psychoactive substance only based on individual features, when it comes to combating drugs abuse a very important role is played by setting strategies, i.e. prevention measures aiming at changing the current cultural, social, physical and economic conditions within which the choices related to drug use are created. It is very important to bear in mind that legal drugs i.e. alcohol and cigarettes are illegal for children and youth under 18, because the sale of such products to children and youth is banned by law¹⁵ and therefore, the repression system, especially the State Inspectorate, the police, State Attorney's Office and courts play an important role in the implementation of these programmes.

3.1 Universal prevention

Universal prevention is targeted at the entire general population (pupils and students, family, local community). Its goal is to totally prevent or postpone the onset of substance use and, offer information and skills required for solving the problems to all participants.

School

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

In November 2010 a one - day final conference of the project *Unplugged - European Drug Addiction Prevention Trial* was held, within which the Republic of Croatia was offered an opportunity to adjust and implement the programme Unplugged – Prevention of Tobacco, Alcohol and Other Substance Abuse for Youth (under Croatian name Imam stav). The programme is based on learning life skills and concept of social influences, promoting in such a way positive and healthy behaviour and affecting prevention of substance abuse (smoking, alcohol and other addiction substance abuse). Programme holder in the Republic of Croatia is the University of Zagreb, the Faculty of Education and Rehabilitation Sciences in cooperation with the Education and Teacher Training Agency, and supported by the OCDA. The Programme and its spread is also supported by EMCDDA since it is entered in the European EDDRA programme base as an example of good practice from the Republic of Croatia. Unplugged is drug use prevention programme in children and youth, which is translated, adjusted and available in the Republic of Croatia, and identically implemented in 15 primary schools on the territory of the City of Zagreb and its surroundings. 64 teachers and 14 social pedagogues were educated within the project, more than 1 550 pupils - 66 classes participated in it, turnout of parents at PT meetings was between 20 and 75 percent. Data on programme effectiveness are still being processed. After the project has been finished, the programme will be offered, with the support of the Education and Teacher Training Agency, to all interested primary schools in the Republic of Croatia. Education / training for the project implementation and support during programme implementation will be provided by the team of the Faculty of Education and Rehabilitation Sciences of the University of Zagreb.

¹⁵ Law on Restriction of Tobacco - Product Use (OG 125/08, 55/09, 119/09); Law on Trade (OG 87/08, 96/08, 116/08, 76/09), Hospitality and Catering Industry Act (OG 138/06, 152/09, 43/09, 88/10)

In the last year's report *The Life Skills Training Programme*, which has been implemented for a few years in a row in the Primorje - Gorski Kotar County, was described. During 2010 it has been adopted as an example of a good practice by some other counties. The programme is targeted at sixth - grade primary school pupils, and consists of 13 workshops where social skills are adopted and practised. In the Zadar County the project included 1 627 pupils, 64 leaders (teachers) and 7 coordinators in 9 city and 21 county schools. In the Varaždin County, the educational stage of the project was implemented, whereas due to insufficient financial resources further activities were not implemented.

The project *Together in Prevention – Together for Youth* of the Terra Association is based on peer education, with the aim of contributing to the development of abilities and skills of young people, which will enable them to actively, efficiently in a more responsible way face every day situations and challenges, and in such a manner prevent risky behaviours. Two secondary school classes from Rijeka participate in the project, which consists of the introductory meeting with the Teachers' Council in order to present the project, 10 workshops with pupils and lectures – public discussions on drugs, alcohol, smoking and sexually transmitted diseases for pupils and their teachers. In addition, young educators take night tours of the city twice a month, when they communicate with their peers and distribute condoms and educational leaflets to those who are interested. Project evaluation is conducted based on a questionnaire which is filled in at the beginning and end of the project, and which establishes the changes in the knowledge level and attitudes of pupils.

Association for prevention and assistance in solving addiction problems “Novi put” conducted the project Sinj – Town of Healthy Youth on the territory of the town of Sinj and the Cetina district. Target groups are fifth to eighth - class primary school pupils on the territory of the town of Sinj and first to fourth grade students of two four - year secondary schools. Lectures for the parents of primary school pupils were also organised. Within the prevention programme, the Association regularly organises educational public discussions, lectures and workshops for students and parents, as well as thematic surveys and knowledge quizzes for students. The project was continually implemented, it is evaluated, and the feedback information obtained shows the interest of project users in continuation of the project next year.

In line with the Education Sector Development Plan for 2005 - 2010,¹⁶ the basic task of pre - school education is development of children's abilities, competencies and skills which will help them to grow - up into for creative, competent, humanistically oriented, responsible persons, actively engaged in a democratic society. Pre - school institutions of the Split - Dalmatia County continues to conduct the project called *Self - Esteem is the Most Important Task of Early Childhood*, described in the 2009 Report on Drugs Situation. A handbook for parents was written and distributed within the project: *Do Everything Right...Self-Esteem is the Most Important Task of Childhood* (Grbić et al. 2009) which emphasises the social and emotional development of a child from birth to six years of age and offers advice that may help in protection of mental health in the earliest childhood.

Primorje - Gorski Kotar County conducted the *Programme of Social and Emotional Learning for Primary and Nursery School (PATHS - RASTEM)*. The Programme includes pre - school children and first - and second - grade primary school pupils. The programme develops understanding of emotions, self - regulation and problem - solving skills through regulation of emotions, behaviour and cognitive understanding (emotional awareness, affective - cognitive control and social - cognitive understanding). Having completed the adequate education, the programme is implemented by nursery school teachers (in case of a nursery school PATHS) and teachers under supervision of educated experts from school or out of school setting. The

¹⁶ Education Sector Development Plan for 2005 – 2010 adopted by the Government of the Republic Croatia on 9, June 2005

programme includes 5 schools and 10 classes as well as 2 nursery schools and 4 educational groups. Main programme holders are the University of Zagreb and the Teaching Institute for Public Health of the Primorje - Gorski Kotar County.

Family

Family is considered as a foundation of society and represents the most important socialization unit. The Social Welfare Act¹⁷ recognised the importance of a strong and healthy family, and it regulated the establishment of family centres, in their content a completely new institutional service form aimed at a family, with primarily preventive and counselling purpose whose work is based on the principle of willingness of its users. From 2006 to 2010, the total number of 17 family centres was established. Family centres have shown as especially active in prevention of unwilling forms of behaviour in children and development of a positive relationship and trust within a family. Apart from counselling activities aimed at – risk families, family centres organise public lectures and discussions on certain issues related to family, parenting, raising and educating children and relationships among youth, and encourage citizens, public institutions and citizens' associations to participate in activities that prevent the occurrence of high - risk circumstances for family and its members. Furthermore, family centres organise programmes for parents to learn about competencies and skills of successful parenting. For instance, the Zagreb Family Centre is implementing a project *Successful Parent – Successful Child*. The project consists of lectures and workshops for parents, and it is targeted at parents who want to learn and improve their parenting skills. The real aim of the project is to teach the parents about positive parenting in order to improve their parenting skills. The project includes speeches of educated psychologists, exercises and group discussions. The work is organised in 10 workshops with up to ten persons in each group, in duration of 90 minutes.

League for the Prevention of Addiction carried out the project *Adventure in Parenting*, with a general goal to help parents in their parenting role, better understanding of their own and their children's needs, and become aware of the most efficient behaviour patterns in education of children / youth. The project included 546 parents aged 28 to 64. Project activities were oriented towards promotion of family protection factors by developing and promoting quality relationships between parents and their children. After each workshop the participants filled in a protocol, minutes were made, as well as photo - documentation and participants' oral and written feedback. Process evaluation shows that all project activities have been successfully carried out.

The prevention programme of the Town Poreč *Together Against Addiction* is being conducted in the Istria County. The Programme consists of a number of projects targeted at children of pre - school, primary school and secondary school age, parents, educators, teachers and association leaders. *Let's Learn Together about Parenting*, *Be a Parent*, *Affirmation of Successful Parenting*, *Family as Centre of Emotions* are only some of the projects aimed at parents with the purpose of strengthening the parenting role and family. In 2010 the total number of 830 parents participated in the above mentioned projects. During the education of the parents, the emphasis was put on informing and raising the awareness about the importance of the first three years of life, parental dilemmas, children that are hard to reach, early drinking prevention, addiction protection etc.

Community

Addiction prevention programmes in the Republic of Croatia are being conducted at the level of 21 counties in which are established County Committees for Combating Drugs Abuse (County Committees), which are based on the work of experts from the fields of education,

¹⁷ Social Welfare Act (OG 57/11)

social welfare, healthcare, non-governmental organisations, county state administration offices and other relevant institutions that actively participate in combating drugs use.

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

For the purpose of addiction prevention in children and youth, in 2010, the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity cofinanced 26 youth clubs and four regional info - centres. In youth clubs, most of the activities are created by young people for young people. They are aimed at informal education and organising free time activities of the youth in a local community and offer everyday programme / activities / services for the youth (at least 5 days or 30 hours a week), and cover at least 3 various areas of interest for young people. Regional info - centres for the youth in accordance with the European Youth Information Charter¹⁸ offer free information services to the youth, as well as organised leisure - time activities in their community such as lectures, public discussions, theatre, cinema, concerts etc., information on various activities oriented towards addiction prevention among youth.

In the Istria County, the ZUM association in partnership with the Family Centre of the Istria County conducted the project *Support to Community– Addiction Prevention Programme*. The goal of the project is informing the community about the need of development of social skills, competencies and habits of young people, which will enable them to solve the problems they encounter in a more systematically and high quality manner. The activities are targeted at secondary school students, parents and teachers, and consist of trainings for trainers, i.e. young leaders of prevention programme educations, workshops on the topic of “Active Participation of Youth – Key of Addiction Prevention“; professional counselling of parents and teachers and publishing and presentation of the publication “Social Skills – Practical Introduction for Youth, Parents and Teachers”. The goal of the project is strengthening the youth to be able to recognise their own needs and emotions and strengthen their self - esteem. The project included 150 young people, parents and teachers. Within the implementation of the SOKNO quality assurance programme for non - profit organisations the internal evaluation of the project was conducted. It was concluded that less funds were allocated for the project implementation than it was planned with the project proposal, as a result of which the planned results have been only partially realised. The ZUM association emphasises the importance of the cooperation with the Family Centre of the Istria County in their work with parents and teachers. Lectures on high - quality parenting were held in two schools, the publication “Social Skills Development –Practical Introduction for the Youth, Parents and Teachers” was published, and peer education for school assistants is planned, who will, after completing the education on major social skills have a task to organise an activity in their schools.

In the Istria County as a part of the project *Healthy Town Poreč*, and based on theoretic knowledge and surveys on the youth's needs conducted within the project *Communities That Care* (Bašić et al. 2007a; Bašić et al. 2007b), a specific programme that incorporates both universal and selective prevention level - *Volunteers of the Healthy Town of Poreč* was created. The Programme is conceived as multiannual continuous work with motivated secondary school students; it is conducted in the local community and includes the youth

¹⁸ European Youth Information Charter was adopted in Bratislava (Slovak Republic) on 19, November 2004, at the 15th General Assembly of the European Youth Information and Counseling Agency (ERYICA).

from the north - western Istria who attend school in Poreč. The model is applicable to both primary and secondary school groups. A ten - year work on the project showed a big potential and motivation of the youth to work in a structured programme for adequately improving their own health as well as the health in their community. The goal of the programme is to affect personal development and growth of the youth, their empowerment in adolescence period and preparation for the role of a peer assistant, holder of social and preventive actions in the local settings. From 2007 to 2010, in line with the interests of the youth the programme oriented more towards realisation of independent, mini protection projects of the youth in a community by which they promote healthy life choices (Youth Festival, Youth Moving for Health, participation of youth in the work of social - therapeutic groups of Healthy town with the aim of for sensitising for the community problems, humanitarian peer activities, visiting therapeutic communities...). For the purpose of optimal programme realisation, during the programme implementation, meeting times, days of the week, time span of working with groups, various orientations, activities and social actions were changed. Most often, a group of youth met once a week (on Friday) for 90 minutes, it was open for young people of both genders of approximately same age (e.g. a group may be formed by first and second - grade secondary school students or third and fourth - grade secondary school students). Another significant factor of programme effectiveness is working on you (through educational workshops) simultaneously with implementing social activities. Implementation of individual project stages separately does not result in equal programme efficiency. Annually, 40 to 60 young volunteers in two or three groups, depending on the number of participants, are educated in the programme. In 2010 the programme included 45 secondary - school students from Poreč and surrounding municipalities of genders, 38 girls and 7 boys. A meeting of the Working group of Expert School Associates of the Istria County was also held in order to present the work with youth groups, hold experience workshops, prepare and disseminate material with the aim of transferring knowledge and experience to professionals in Istria, and to promote similar protection programmes for youth in the Istria County. Programme evaluation showed successful realisation of individual goals and improvement, content of the participants with their participation in group work, high - level achievement of group goals and tasks and exceptionally good quality of social and emotional relationships within a group. Programme evaluation identified multiple positive effects of the *Young Volunteers* project on personal growth and development of the youth. The evaluation was conducted on several levels: (1) Research on the realisation of personal goals and advancement showed that participation in the project significantly helped young volunteers in social skills development (related to peers, in control groups a significant difference in all social skill variables was established, especially the variables ($p < 0.01$), better understanding of yourself and others, better communication skills, readiness to ask for help, positive thinking about yourself and others, higher self - esteem, finding positive things in other people, readiness to solve conflicts, better relationships with others, having skills for solving problems. (2) Sociometric research of all students within classes (N=250 second - grade secondary school students from the town of Poreč, the research was conducted in 2004) volunteers gained statistically more significant degree ($p < 0.01$) of confidentiality compared to other students, i.e. they are more often chosen as persons to whom peers would confide in when in need. (3) Evaluation of long - term results on individual level obtained by longitudinal monitoring of 70 volunteers who were included in the programme in the period from 2 to 4 years. Some of the long - term positive results are: personal gains, healthy and secure behaviour, higher academic achievements, better social and emotional functioning, readiness to help, better understanding and acceptance of others, positive attitude towards cooperation, higher self - esteem and constant wish to enrich your life.

The Addiction Prevention League is carrying out a number of projects which use the local community potentials in the Split - Dalmatia County, such as the project *We Know Why, We Know How*, which is aimed at the implementation of education of the youth on their rights and responsibilities within the system, encouraging activism, implementation of quality leisure time activities; the project *Be With Us*, whose aim is to increase the cooperation of

local self government with non - governmental organisations; *EDUKATORI – EMA* project, whose aim is to improve the quality of life of children and youth on the territory of the city of Split and the Split - Dalmatia county by educating young educators through informing, educating young people and children and by networking of associations and institutions which conduct addiction prevention activities at the regional level,.

During 2010 implementation of the project *Together We Can Do More* continued in the City of Zagreb, which is more in detail described in the last year's report.

3.2 Selective prevention in at-risk groups and settings

Selective prevention is targeted at a specific subpopulation with future and / or life risk for disorders considerably higher than average. Therefore, it is more important to identify risk factors for understanding the onset and development of substance use, especially among youth.

At - risk groups

Sirius, the Centre for Psychological Counselling, continued with the implementation of the project *Healthy Growing Up*, whose main goal is to prevent drug addiction in children and youth, promote healthy life styles, encourage the users to engage in quality leisure activities and strengthen the relationships and healthy forms of communication among youth, their peers and members of their families. Project activities are oriented towards four fields: direct individual counselling of children, youth and their families; lectures and workshops for parents on various topics; psycho - educational workshops for children and youth on various topics and creative art workshops for children, youth and their parents. The project is oriented towards strengthening of protection factors such as good family relationships, good communication with parents, peers, siblings, good school results, various interests and hobbies, having simultaneously effect on reducing the influence of risk factors such as bad family relationships, divorced parents, changing schools and temporary residence (pupil's homes), bad social relationships with peers in school, bad school results and undeveloped work habits. The project included 318 participants – 227 children and youth (67 of them in Slavonski Brod and 160 in Zagreb) and 91 parents (37 in Slavonski Brod and 54 in Zagreb). General estimate of the satisfaction of the participants of workshops for parents is excellent with high average value $M=4.9$ for all five presented topics. Also, such high level of satisfaction of participants with the project is constant through all 5 realised parents' workshop cycles during 2010. Workshops for children and youth achieved the same results, whereas for creative art workshops oral evaluation has been conducted (very satisfied).

The Roma Association Zagreb and Zagreb County conducted the project *Drugs, No Thanks*. The Project was conducted in the municipality of Peščenica in Zagreb continuously throughout the year, and included 30 children (pupils of higher primary school grades) and youth up to 20 years of age. Target educations were conducted, lectures, public discussions, workshops held as well as various organised activities for spending quality leisure time activities of children and youth such as computer and internet workshops, little school of informatics, music, folklore and sport sections, and many others. Long - term goals of the project are preservation, improvement and advancement of mental and physical health of the youth in the municipality of Peščenica, and encouraging the project users to further engagement in prevention and suppression of addiction among children and youth in the form of peer educators - assistants.

Association Dedal conducted the project *Healthy Spirit in a Healthy Body* targeted at the youth aged 15 to 25, members of sports fan groups. The aim of the project is to reduce violent behaviour induced by drug and alcohol use before, during and after sports events.

LET - Life Quality Improvement Organisation continued conducting the project *Smoking, Alcohol, Drugs – No, Thanks!* with two at - risk groups: young persons aged 15 - 29 who meet in city parks and young Roma. The project is being conducted ten months a year on the territory of Zagreb and the Zagreb County, and consists of outreach activities, i.e. outreach workers come to the places where youth meet in the afternoons and at night, and education on how to spend leisure time in a more quality manner as a healthy and successful life style. The project comprised 250 young persons who meet in parks in the City of Zagreb and 90 young Roma.

Vukovar - Srijem, Koprivnica - Križevci, Brod - Posavina and Dubrovnik - Neretva Counties continued the implementation of *Small Creative Socialisation Groups*. It is a programme conducted by social welfare centres in cooperation with primary schools. The programme is conducted within primary schools, not as part of school curriculum, but as a peer group activity (children who live in high - risk conditions) composed of 8 - 15 members, who met once a week for 2 hours. The work is funded by the resources of the Ministry of Health and Social Welfare. The goal of the programme is to achieve positive changes in the socialisation process in a group of children exposed to risky family or social conditions, create a positive self - image, strengthen and maintain creativity and success within socially accepted fields of activity.

At - risk families

A family - legal measure of Supervision Over Parental Care¹⁹ was also conducted during 2010. The measure is pronounced by a Social Welfare Centre in case of repeated or frequent failures and negligence in children's care or when parents require special help with their child's upbringing. The measure is pronounced for instance to the parents of a child or minor who is experimenting with psychoactive substances or is in any other way at higher risk for addiction.

Family centres continued conducting counselling activities for children, parents and families at risk. Some of the described activities are not targeted exclusively at addiction prevention, but the targeted population is at higher risk for the development of a number of disorders, with addiction being one of them. For example, during 2010 in cooperation with the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity and the Ministry of Justice a pilot project *Responsible Parenting* was initiated, implemented by the Family Centres of the Primorje - Gorski Kotar, Sisak - Moslavina, Split - Dalmatia and Varaždin County. The project is targeted at the parents of minors who are serving a prison sentence (some of them are addicts) and their families. The aim of the project is to improve and enhance the family support system, assure preconditions for improving family relationships and creation of positive family setting, keep a parenting role for persons who are serving a prison sentence, mitigate the negative consequences of parental separation from a family and assure preconditions for improving social and emotional relationships between prisoners and the members of their families. Activities with the parents who are serving a prison sentence are conducted by professional employees of the Family Centre in cooperation with the employees of the Prison Treatment Department in for this purpose designated area in prison. Activities for children and other members of their families were conducted at the premises of the Family Centre. Once a week group work in the form of 8 educational – empirical workshops is held in prison. A group is of closed type and consists of up to 15 participants. The aim is to motivate the participants to make a change and plan the steps that will be already undertaken during serving a prison sentence, in line with their own capacities, in order to get closer to the kind of relationship they wish to develop with the members of their

¹⁹ The measure of supervision over parental care is prescribed by the Article 110 of the Family Law (OG 116/03, 17/04, 136/04, 107/07, 61/11).

family. In 2011 the implementation of the project is expected in 20 prisons / correctional facilities on the entire territory of the Republic of Croatia by all family centres.

San Patrignano association is conducting a lot of projects targeted at children and members of the addicts' families, such as the *Sampa Kids* project. The project is targeted at children whose parents are in treatment of the San Patrignano therapeutic community in Italy. The main goal of the project is to strengthen the children in the care of addicts' parents, and grow up (for about four years) without one or both parents.

Recreational settings

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

3.3 Indicated prevention

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

In accordance with the previously mentioned, several associations conduct counselling work with the aim of prevention and disorder treatment in the behaviour of children and youth, such as the Addiction Prevention League in Split and Terra Association in Rijeka. Programme users are mostly children and youth who experiment with addiction substances and the aim of the programme is acting preventively on addiction development by means of education and raising awareness of youth and parents, counselling work, treatment and psycho - social support to youth with behaviour disorders, those who are experimenting with addiction substances and their families. 180 persons were included in the counselling centre of Addiction Prevention League, and 173 users in the Terra association programme *Prevention of Addiction Development in At - Risk Youth Groups*. The users of this programme are minors and young adults, whose early signs of behaviour disorder are detected by teachers and class masters in primary and secondary schools, and are referred to the programme by Social Welfare Centres, State Attorney's Office, sports and recreational associations, general practitioners and parents.

Social Welfare Centres continue with conducting activities for the youth that already manifest certain behavioural disorders. Also, in a preparatory procedure the State Attorney may apply the principle of opportunity and in such a way impose a special obligation of inclusion in individual or group counselling work or referral to addiction treatment (more about the principle of opportunity in Chapter 9.3).

3.4 National and local media campaigns

Regarding the implementation of the National Campaign on the Influence and Harmful Effects of Drugs, all competent ministries and other state administration bodies conducted the campaign independently within the activities specified in the Implementation Plan of the Action Plan for the year 2010, mostly on the occasion of celebrating the International Day against Drugs Abuse and Illicit Trafficking (26 June 2010) and the Drug Addiction Recovery Month (from 15 November to 15 December 2010). On the occasion of celebrating the International Day against Drugs Abuse and Illicit Trafficking, the OCDA created, published and distributed educational and promotional materials targeted at parents, children and youth with the aim of warning them about the harmfulness of drug use and social and health

consequences of addiction, and in cooperation with competent ministries, associations, media and other relevant institutions on Trg Petra Preradovića in Zagreb organised the programme for celebrating the International Day. In cooperation with the media, throughout the year, and especially during the Drug Addiction Recovery Month, programmes on various aspects of addiction and drug use were broadcast. Information about financial resources spent on media campaign is shown in Chapter 1.3.

Anti – Drugs Telephone, a free – of - charge telephone number at the OCDA, was available to the users during 2010 as well. The most common inquiries were related to the information on the places where the persons addicted to drugs can seek treatment and rehabilitation. Anti - Drugs Telephone number was also highlighted on all printed educational materials in order to inform as many citizens as possible about the possibilities of drug addiction counselling.

The activities of combating drugs abuse were accompanied by media campaigns at the regional or local level in individual counties. For instance, in the Vukovar - Sirmium County a campaign whose aim was to educate and raise awareness of the harmfulness of using any kind of drugs was conducted; Association New world in the Sisak - Moslavina County conducted a multimedia campaign for healthy life named *Live a Life*, the Krapina - Zagorje County conducted the drug awareness campaign; the Zadar County conducted *Health Education and Enlightenment – No to Addiction!*; the Virovitica - Podravina County conducted the campaign for helping the youth in non - violent problem solving, whereas in the Istria County the campaign *1000 Postcards to 1000 Addresses* was conducted - sending postcards with the invitation to making healthy choices at the local and national level.

4 Problem Drug USE (PDU)

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

Up until 2010 the Republic of Croatia had a special definition of problem drug use according to which problem drug users were: injecting opiate addicts or those who regularly, at least once a week use cocaine, amphetamine or opiates independent of the drug administration route. A new definition is created in accordance with the definition of EMCDDA – intravenous addicts or long-term/regular opiate, cocaine and/or amphetamines addicts, including all persons on substitution opiate treatment.

4.1 Problem drug use estimate

4.1.1 Mortality multiplier

In 2010 the national estimation of problem drug users was done by mortality multiplier method, as it was done in the previous years. This method is based on mortality directly connected with psychoactive drug use and addicts' mortality rate. In Croatia for PDU estimate the database of the Registry of Persons Treated for Psychoactive Drugs Abuse of the Croatian Institute for Public health is used, from which the number of treated persons according to PDU definition in accordance with the EMCDDA definition was separated, whereas for calculation of the mortality multiplier the data of the Mortality statistics of the Croatian Institute for Public Health were used, and defined as a proportion of the number of deaths caused by acute opiate intoxications and the persons who were previously treated and died of opiate intoxication. Since the number of acute intoxications is relatively small in Croatia, to calculate the mortality multiplier multi-year data are used, and therefore the multiplier calculated for a seven-year period (2004-2010) is 1.53.

Multiplication base, i.e. referent population are the persons treated for psychoactive drug use according to PDU definition $N=6384$ (persons treated in 2010 for intravenous opiate use or regular/long-term use of opiates, cocaine and amphetamines) and when multiplying with the mortality multiplier 1.53 the estimated population of PDU addicts is calculated in Croatia, which in 2010 amounted to 9 768 persons, and with 95%CI lower and upper estimate limits were 7 882-13 029 (Table 4.1). It means that that according to the estimate, in Croatia there are between 7 882 and 13 029 PDU addicts, and in the entire population per one thousand of inhabitants there are between 1.78 and 2.94 PDU addicts, whilst at the age from 15-64 between 2.65 and 4.39 of them.

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

	Lower limit	Upper limit	Central estimate
Estimate	7 882	13 029	9 765
rate/1000 (all ages)	1.78	2.94	2.2
rate/1000 (15-64)	2.65	4.39	3.29

Source: Croatian Institute for Public Health

4.1.2 Capture - recapture method

In 2010, together with the mortality multiplier method for PDU estimate, a “capture-recapture” method was also used. For estimate calculation with this method data from two independent sources are required e.g. health system and criminal justice system, at which the chance of occurrence in one system is independent from the occurrence in another one. Population estimate by this method is based on the fact that every problem drug user can be recorded in both systems, in only one of them, the health or the criminal one, or in none of them. Problem drug users who are not recorded in any of the systems cannot be observed in any way but should be estimated by using the data known from both systems.

Data for calculation of the total PDU population in 2010 were collected from the Registry of Persons Treated for Psychoactive Drugs Abuse of the Croatian Institute for Public Health and the criminal system by the Drug Division of The Criminal Police Directorate in Ministry of Interior of the Republic of Croatia.

From the health system all persons who were treated for opiate addiction in 2010 N=6146 are included, and from the criminal justice system all persons who were in 2010 arrested for opiate possession N=108. Persons aged from 15-64 are included from both systems.

According to the data shown in Table 4.2, it is visible that out of the total number of 6 147 persons treated in the health sector, 145 of them were arrested by the police for opiate possession, whereas out of the total number of 253 persons arrested for opiate possession, 108 of them were registered only in the criminal sector.

Table 4.2 – Data of joint health and police base

		Police base		Total
		Yes	No	
Health base	Yes	145	6 002	6 147
	No	108	0	108
Total		253	6 002	6 255

Source: Croatian Institute for Public Health

The goal of the PDU population estimate by this method is to get the number of persons who are registered neither in the health system nor in the criminal justice system. Central estimate of the population size of PDU addicts in Croatia for 2010 was 10 726 persons, and with 95%CI lower and upper estimate limit amounted to 9 598 – 11 853. So, the estimate is that in Croatia there are between 9 598 and 11 853 PDU addicts aged from 15-64, which amounts to 2.65 i 4.39 PDU addicts per one thousand of inhabitants aged from 15-64 (Table 4.3).

Table 4.3 PDU population size estimate by using "capture-recapture" method

	Lower limit	Upper limit	Central estimate
Estimate	9 598	11 853	10 726
rate/1000 (15-64)	3.23	3.99	3.61

Source: Croatian Institute for Public Health

Limitations of the population size estimate by this method might be the quality of data gathered from the criminal justice system. Checking the accuracy of the data on arrests for opiate-possession N=253 would be recommended.

4.2 Data on PDUs from non-treatment sources

In 2010 the PDU population estimate according to the data from non-governmental sources was not conducted, but a new research was in preparatory stage, so the data will be available in the next report.

5 Drug-related treatment: treatment demand and treatment availability

Addiction treatment is primarily conducted in an organised way within the health system of the Republic of Croatia, but particular measures of psychoactive treatment can also be conducted outside the health system. Approach to the way of addiction treatment implementation is based on the approach to treatment of other identical chronic non - infectious diseases.

5.1 General description, availability and quality assurance

Relating to the chronic recidivist course of disease, basis of drug addiction treatment organisation in the Republic of Croatia is outpatient treatment. Professionally harmonised Croatian model, which understands constant cooperation and joint action of the specialist Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment and primary health physicians / family medicine teams in addiction treatment.

5.1.1 Strategy / policy

The organisational ground for treatment of drug addiction is outpatient treatment in the network of Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment established at the Croatian Institute for Public Health and county Institutes for Public Health. In the Services work specialised interdisciplinary teams, which are holders of the majority of specific activities oriented towards drug demand reduction and planning of treatment implementation. Within their regular activities, the Services perform outpatient treatment with drug users and their families, which is carried out in cooperation with all relevant local community resources. The Service is at the same time the spot of primary specialised health and psychosocial care for the people with substance abuse problems. The Service network was founded in 2004, when the centres / services for addiction prevention and outpatient treatment were founded, and with the Health Care Act²⁰ and the Network of Public Providers of Health Care the Services²¹ expanded their scope of their activities to the field of mental health. In outpatient addiction treatment the services are the place of first contact of an addict with specialised professionals who carry out diagnostic procedures and in accordance with the clinical state, suggest potential treatment. Addiction treatment is conducted in cooperation with family practitioner's teams, as well as specialised hospital programmes and other health and non-health subjects. The previously mentioned Croatian model enables wide treatment availability through the primary care system and simultaneous professional specialist leadership.

In the Republic of Croatia, except for the inpatient and outpatient treatment carried out in the health system, other measures of psychosocial treatment are conducted within therapeutic communities, homes for addicts and associations that take a very important place within the entire system of addiction treatment (SQ 27 part I, section A 2011).

The system for collecting data on addiction treatment was developed in a few stages. The Registry of Persons Treated for Psychoactive Drugs Abuse was established at the Croatian Institute for Public Health back in 1978. Firstly, only the data on inpatient addicts' treatment were collected and later by establishing the Services for Addiction Prevention and Outpatient Treatment (today's Services for Mental Health Promotion, Addiction Prevention and

²⁰ Health Care Act (OG 150/08)

²¹ Network of Public Providers of Health Care (OG 98/09)

Outpatient Treatment) the data on outpatient treatment were added as well. For the purpose of obtaining more accurate information on addiction prevalence and specific features of addiction population, integration of the data from therapeutic communities and social care homes is being carried out.

5.1.2 Treatment systems

Organisation and quality assurance

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defines the inpatient treatment as treatment in psychiatric hospitals and wards, and psychosocial treatment in therapeutic communities and social care homes where clients / patients stay overnight. Outpatient treatment is treatment by institutions and the associations in which clients do not stay overnight (SQ 27, part I, section A, 2011). Although the Republic of Croatia differentiates between the notions of medical care and treatment, the mentioned institutions and organisations exist in Croatia as well.

Within the Croatian health system, hospital treatment includes psychiatric hospitals, wards in general, county and clinical hospitals and a ward in a prison hospital in Zagreb. Outpatient treatment is possible in 21 Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, Addiction Prevention Centre in Poreč and the polyclinic of the Clinical Hospital Sestre milosrdnice. Counselling work is fundamental for the work in the Services, and apart from individual and family counselling, psychotherapy, behaviour modification, psychiatric treatments, prescription and continuation of already introduced pharmacotherapy, urine tests for drugs and their metabolites as well as capillary blood testing for HIV, HCV, HBV and syphilis, some required somatic check - ups as well as a number of prevention and educational activities are conducted. It is important to mention that all treatments are free for addicts.

In the Republic of Croatia there are 8 therapeutic communities and 32 therapy houses that offer treatment and psychosocial rehabilitation to drug addicts as associations or religious communities²² within their humanitarian activities, or are organised and registered as therapeutic communities and social care homes²³ for addicts in accordance with the legal regulations from the social welfare field (Picture 5.1). Therapeutic communities and social care homes primarily conduct treatments and programmes for drug addiction treatment and other psychoactive substances, programmes for psychosocial rehabilitation and social reintegration, counselling and work therapies. They also organise self - help groups to help addicts' families, organise various educational promotional activities with the aim of addiction prevention and participate as mediators for referring addicts to treatment in therapeutic communities abroad. The majority of therapeutic communities in the Republic of Croatia conduct the programmes based on strengthening religious life and advancement through hierarchy of personal roles and personal position in the community, as well as through work therapy. Since June 2009 when Rulebook on the Type of Social Care Home Activities, the Way of Providing Care Outside Your Own Family, the Conditions of Space, Equipment and Employees in a Care Home / Centre, Therapeutic Community, Religious Community, Association and Other Legal Entities²⁴ (Rulebook) was adopted, most of the therapeutic communities have improved their work and already registered therapeutic communities

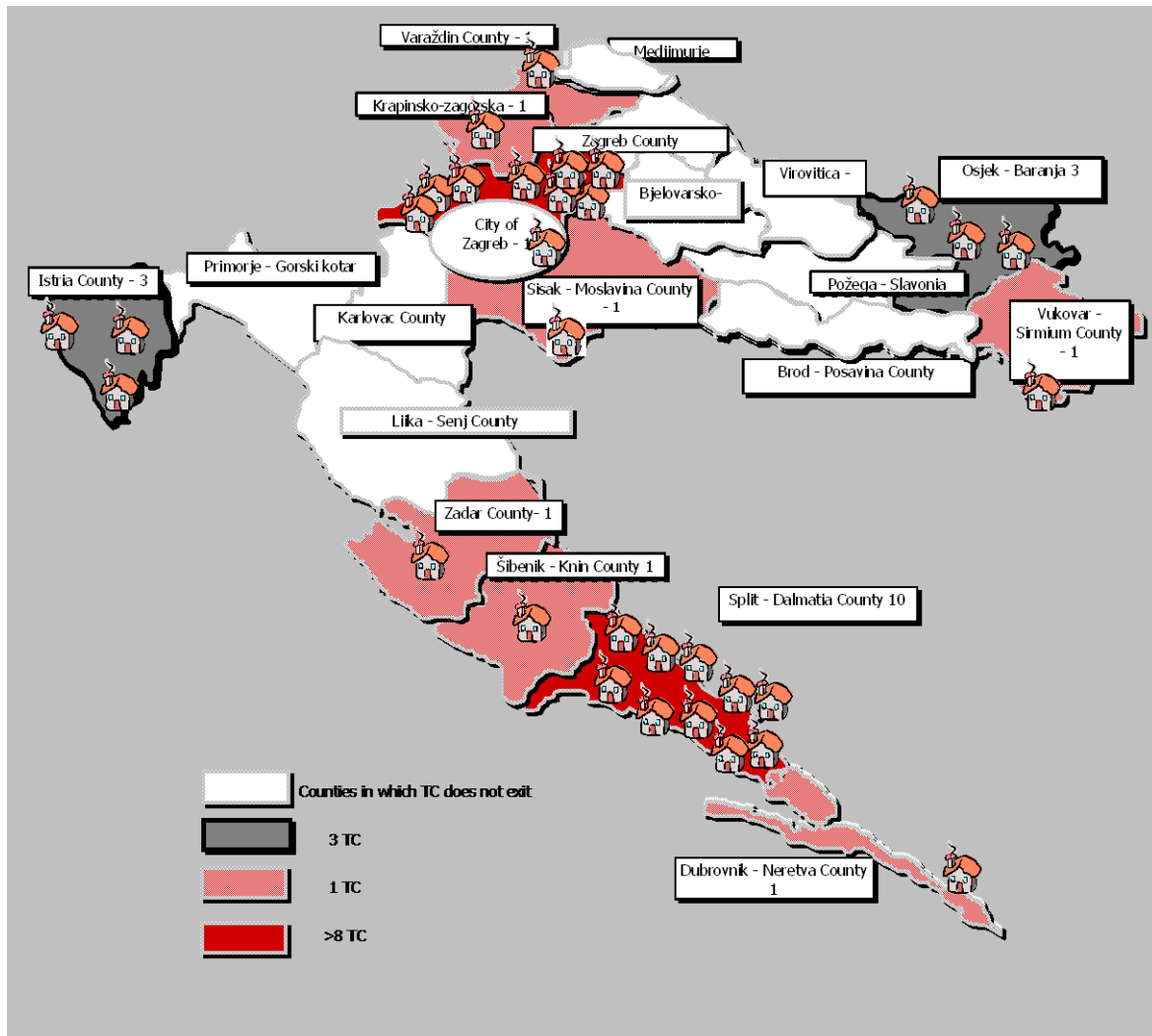
²² Remar Espana, Community Muondo Nuovo, Community Papa Ivan XXIII, Association San Lorenzo – Community Cenacolo, Reto centar – prijatelji nade.

²³ Home for addicts „Zajednica Susret“, Therapeutic community Đurmanec Krapina, Therapeutic community Ne-ovisnost

²⁴ Rulebook on the Type of Social Care Home Activities, the Way of Providing Care Outside Your Own Family, the Conditions of Space, Equipment and Employees in a Care Home / Centre, Therapeutic Community, Religious Community, Association and Other Legal Entities (OG 64/09)

employed professional staff and pursuant to the standards prescribed by the Rulebook harmonised their work methods and programmes. Therapeutic communities Mondo Nuovo and Papa Ivan XXIII started in 2010 the procedure of harmonising their own conditions with the conditions prescribed by the Rulebook.

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



Source: therapeutic communities

Quality assurance

The most frequently used way of quality assurance of medical care and psychosocial treatment in the Republic of Croatia is personnel trainings, professional conferences and thematic meetings (SQ27 part II, 2011).

For better evaluation of current trends in drug abuse and epidemiologic disease control, during 2010 networking of the system continued, i.e. improvement of the method for gathering data from therapeutic communities in the way that therapeutic communities deliver data on the treated addicts on Pompidou forms²⁵ to the Registry of Persons Treated for

²⁵ Pompidou form is a unified form which has been used since 2000 for collection of the data on in- and outpatient treatment for the Registry of Persons Treated for Psychoactive Drugs Abuse kept by the Croatian Institute for Public Health. The form is published in the Official Gazette within the

Psychoactive Drugs Abuse kept by the Croatian Institute for Public Health. In 2009 and 2010 a few therapeutic communities and associations started to provide data, which significantly contributed to the improvement of the data collection system of the treated addicts in the Republic of Croatia, and at the same time, improved the quality of treatment services and rehabilitation within therapeutic communities and associations. Exactly for the purpose of assuring and improving the quality of medical care and treatment, in Split in September 2010 within the IPA3 project of technical assistance to EMCDDA for the countries of South - Eastern Europe a meeting on the topic of a key epidemiological Treatment Demand Indicator (TDI) was held. The representatives of Austrian National Information Drug Unit, the Office for Combating Drugs Abuse of the Government of the Republic of Croatia (the OCDA), Prison Administration System of the Ministry of the Justice, Croatian Institute for Public Health, Institute for Public Health of the Split - Dalmatia County, associations and therapeutic communities participated in the meeting. Recent development of the factors and the process of data integration into the Registry of Persons Treated for Psychoactive Drugs Abuse were presented. The majority of the representatives of therapeutic communities present at the meeting reported delivering the user data to the Croatian Institute for Public Health, and some agreed to start doing it in the future. For the purpose of improving the treatment of drug users and ensure the treatment continuity, the data on the persons treated for psychoactive drug use in the penal system should be also integrated into the Registry, which was supported by the Ministry of Justice.

In December 2010 in Samobor a two - day professional conference “Mental Health and Addiction Prevention“ organised by the Ministry of Health and Social Welfare, the Croatian Institute for Public Health and the Institute for Public Health of the Zagreb County was held. At the conference was presented the establishment of the network of the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, polydrug use, new psychoactive drugs in the Republic of Croatia and other current topics were also discussed. The conference was attended by the professionals from the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, School Medicine Services and the representatives of the OCDA.

During 2009, the Institute for Public Health of the Zadar County conducted a survey “Substitution Therapy of Opiate Addicts in General Practitioner / Family Medicine Offices in the Zadar County“ (Pupić - Bakrač et al. 2010) during which all teams of general / family medicine at the Zadar County were visited. In order to contribute to more quality work of the work on the field and provide expert assistance in working with addicts, each doctor's team was given the Guidelines for the Use of Methadone in the Substitution Therapy of Opiate Drug Users and the Guidelines for the Use of Buprenorphine in the Substitution Therapy of Opiate Drug Users. The survey showed that in the Zadar County there were 92 doctor's teams of general / family medicine. During the survey 88 doctors were visited, whereas 4 of them, located on remote islands, were contacted by phone. The data on 613 living patients who were treated for psychoactive drug use (99% for opiate use) were gathered by the questionnaire, and at the time of the survey 517 patients were treated with substitution therapy, 57% with methadone and 43% with buprenorphine or buprenorphine / naloxone.

Availability and diversification of treatment

Treatment of drug addicts is carried out through substitution therapy, “*drug free*” programmes, as well as individual, group and family psychosocial treatment. Regarding the fact that the addiction treatment system is based on outpatient treatment at the county level, and thanks to good territorial coverage of therapeutic communities (Picture 5.1), services and

Ordinance on implementing the Health Records Act in the area of inpatient care and addiction monitoring (OG 44/00)

programmes are equally and sufficiently available to all addicts (SQ 27 part I, section B, 2011).

Substitution therapy

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

Drug free and psychosocial treatment

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

The Office for Combating Drugs Abuse of the Government of the Republic of Croatia in cooperation with the experts of the CARDS project "Strengthening the Croatian Capacity to Combat Drugs Trafficking and Drugs Abuse" and the representatives of therapeutic communities in the Republic of Croatia created the Guidelines for Therapy Community Standards and Proposal for Issuance of Work Permits for Therapeutic Communities, adopted in 2007 by the Committee of the Government of the Republic of Croatia on combating drugs abuse.

Provisions related to therapeutic communities have also been included in the Social Welfare Act²⁶ which prescribes that a local and regional self - governmental unit, a company, association and other domestic and foreign legal entity can provide care out of their own

²⁶ Social Welfare Act (OG 57/11)

family and services of psychosocial rehabilitation as a therapeutic community for drug users and occasional drug users, without the obligation of establishing a home. Since the minister responsible for social care activities has to prescribe the conditions regarding the premises, equipment, professional and other workers, and the ways of providing care out of their own family in the form of a therapeutic community, in June 2009 the Rulebook on the Type of Social Care Home Activities, the Way of Providing Care Outside Your Own Family, the Conditions of Space, Equipment and Employees in a Care Home / Centre, Therapeutic Community, Religious Community, Association and Other Legal Entities was adopted.

Prisons / correctional facilities

Everyone arrested or detained is entitled to health care equal to those who are not arrested or detained, which includes medical examinations, counselling, psychiatric treatment, infectious disease testing, substitution therapy and others. More information about it can be found in Chapter 11 of this Report.

5.2 Access to treatment

Further in the text there is information on the characteristics of the addicts who were included in a process of medical or psychosocial treatment during 2010, as well as the trends of psychoactive drugs use in the Republic of Croatia.

5.2.1 Characteristics of treated clients

According to the data on the number of patients treated for psychoactive drugs addiction (see Tables 4.1.1, 6.1.1, 6.1.2, 11.1.1 in ST TDI1 and TDI2, 2011), the situation in the Republic of Croatia is relatively stable. During 2010, 7 550 persons were treated in the healthcare system, and the total number of the treated persons has not significantly changed in the last five years. Out of the total number of the treated persons, 6 175 (81.8%) were treated for opiate addiction, whereas 1 375 (18.2%) persons were treated for addiction to some other psychoactive substance, most often cannabis.

From Table 5.1 can be seen that out of the total number of the treated persons in 2010, 655 (8.7%) were treated in inpatient treatment, 202 (30.8%) of which were treated for the first time. 6 895 (91.3%) persons were included in outpatient treatment, 978 (14.2%) of which were treated for the first time. It can be concluded that in Croatia the system for addiction prevention and outpatient treatment has had a significant impact on today's situation, and although drugs in society are getting more and more available, more significant rise in the number of addicts has not been recorded.

The distribution of the treated persons by gender did not significantly change in 2010 related to the previous years. According to the data on the gender of the treated addicts, the majority of the treated persons were males. Out of the total number of 7 550 treated persons, 82.9% or 6 259 persons were males and 17.1% or 1 291 were females. The proportion of the treated men and women was 4.8:1, the same as in the previous year.

Table 5.1 – Number of persons treated for psychoactive drug abuse in 2010 by gender and type of institution

	Inpatient treatment			Outpatient treatment		
	Men	Women	Total	Men	Women	Total
Treated for the first time	143	59	202	787	191	978
Previously treated	348	105	453	4 981	936	5 917
Total	491	164	655	5 768	1 127	6 895
TOTAL	7 550					

Source: Croatian Institute for Public Health

Among the treated persons, similar to the previous years, the highest number of them (4 172 persons, i.e. 66.4%) have finished secondary school (Table 5.2). Almost one quarter of the treated persons (24%) have finished primary school. 289 persons (5.4%) have finished a college or university.

Table 5.2 – Persons treated for psychoactive drug abuse in 2010 by education and age

Educational level	Men	Women	Total	%
Primary school not finished	116	12	128	1.7
Primary school finished	1 538	275	1 813	24.0
Secondary school finished	4 172	838	5 010	66.4
College or university finished	289	122	411	5.4
Not known	144	44	188	2.5
TOTAL	6 259	1 291	7 550	100.0

Source: Croatian Institute for Public Health

Half of the treated persons were employed, whereas a little more than one third of the treated persons were unemployed. In 2010 there were 6.9% of pupils and students (Table 5.3).

Table 5.3 – Persons treated for psychoactive drug abuse in 2010 by labour status and gender

Labour status	Gender			
	Men	Women	Total	%
Regular employment	3 164	610	3 774	50.0
Pupil / student	395	129	524	6.9
Economically inactive	351	31	382	5.1
Unemployed	2 205	485	2 690	35.6
Not known	144	36	180	2.4
TOTAL	6 259	1 291	7 550	100.0

Source: Croatian Institute for Public Health

For 6 397 (84.7%) of the treated persons we have information about where they live. According to the data of the Croatian Institute for Public Health, the majority of the treated persons have a stable accommodation (8.5%), 2.4% of the addicts live in an institution, whereas a very small number of persons (0.8%) have unstable accommodation, and it is possible that this share refers to homeless addicts included in treatment (Table 8.1.1 in TDI1 and TDI2, 2011).

For 7 269 (96.3%) of the treated persons we have information about who they lived with (Table 5.4). Similar to the previous years, although the average age of the treated persons was 31.6 years, more than half of the treated persons lived with parents. Regarding to this, addicts do not differ from the general population, because of the current trend of late emancipation of the youth in the Republic of Croatia. Equal number of persons live alone, i.e. with a partner and a child (12.6%), while almost 10% of them live with a partner.

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

Current living status	Men	Women	Total	%
Alone	824	124	948	12.6
With parents	3 599	534	4 133	54.7
Alone with child	33	48	81	1.1
Alone with partner	540	209	749	9.9
With partner and child	749	199	948	12.6
With friends	47	19	66	0.9
Other	270	74	344	4.6
Not known	197	84	281	3.7
TOTAL	6 259	1 291	7 550	100.0

Source: Croatian Institute for Public Health

Out of the total number, 4 413 (58.5%) of treated persons were self - referred to treatment (Table 5.5). For the majority of the persons treated on an inpatient basis (57.6%) the motivation for treatment was unknown, whereas the same information was known for almost all persons treated on an outpatient basis (99.2%) (Table 5.1.1 in TDI1 and TDI2, 2011). Second most frequent way of referring to outpatient treatment was by the court / State Attorney's Office (12%), whereas only 1.8% of the persons treated on the inpatient basis were referred to treatment in the same way.

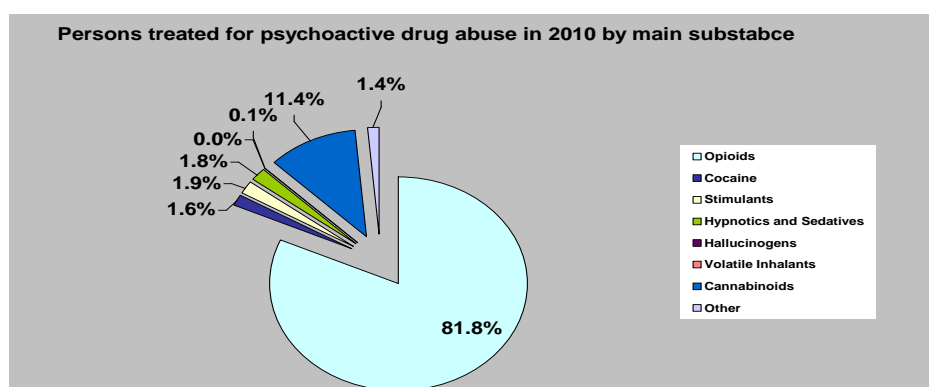
Table 5.5 – Persons treated for drug abuse in 2010 by source of referral to treatment

Referred by	Men	Women	Total	%
Self-referred	3 666	747	4 413	58.5
Family / friends	498	126	624	8.3
Other drug treatment centre	38	5	43	0.6
General practitioner	590	122	712	9.4
Hospital / medical institutions	71	13	84	1.1
Social Welfare Centre	193	41	234	3.1
Court – State Attorney's Office – police	769	71	840	11.1
Other	128	40	168	2.2
Not known	306	126	432	5.7
TOTAL	6 259	1 291	7 550	100.0

Source: Croatian Institute for Public Health

Figure 5.1 shows that the highest number of persons (81.8%) was treated for opiates as a main substance, followed by the persons treated for cannabinoids use (11.4%). Among the persons treated on an outpatient basis, for the majority of psychoactive drugs, the highest number of persons was previously included in the treatment system. The trend is different for the persons included in treatment for cannabinoid use, and 62.8% of them were treated for the first time in 2010. Stimulants, in most cases amphetamines, are mentioned as the primary substance by 1.9% of treated persons, followed by hypnotics and sedatives (1.8%). Cocaine use was reported as a reason of treatment by 1.6% persons, the majority of which (60.4%) were included in treatment even before 2010 (Tables 11.1.1., TDI1 and TDI2, 2011).

Figure 5.1 – Persons treated for psychoactive drug abuse in 2010 by main substance



Source: Croatian Institute for Public Health

Data on the main abuse substance and age (Table 5.6) show that young people up to 20 years of age come to treatment mostly because of cannabinoid use (77.9%). In addition, 87.3% of the persons in treatment for stimulants use were under 30 years of age. It is similar to cocaine addicts among which 73.4% of the persons were under 30 years of age. The age

of opiate addicts is increasing, and therefore almost one third of them (31.1%) belong to the age group between 30 and 34 years of age.

Table 5.6 – Persons treated for psychoactive drug abuse in 2010 by age and main substance

Main substance	Age									Total	%
	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	>50		
Opiates	0	58	480	1480	1921	1237	527	328	144	6175	81.8
Cocaine	0	14	32	45	17	8	6	2	0	124	1.6
Stimulants	0	24	57	43	15	2	1	0	0	142	1.9
Hypnotics and sedatives	1	6	12	20	15	20	15	18	29	136	1.8
Hallucinogens	0	0	1	0	2	0	0	0	0	3	0.0
Volatile inhalants	0	1	2	2	1	1	0	0	0	7	0.1
Cannabis	15	380	227	144	51	22	11	7	1	858	11.4
Other psychoactive substances	0	8	16	29	16	18	2	7	9	105	1.4
UKUPNO	16	491	827	1763	2 038	1 308	562	362	183	7550	100.0

Source: Croatian Institute for Public Health

By analysing the data on the modalities of main substance administration (Tables 17.1.1., TDI1 and TDI2, 2011), it can be noted that the most dominant route of opiate administration is still intravenous administration (72.0%), cannabinoids were administered by smoking (99.4%), cocaine was most often administered by sniffing (87.0%) although 3.2% injected it. The data on the frequency of main substance use (Tables 20.1.1, TDI1 and TDI2, 2011) show that 66.6% of the persons in treatment for heroin abuse had not used heroin a month before coming to treatment, 14.0% of the persons used it once a week or less, and even 10.5% of the persons consumed it on a daily basis.

The data on injecting behaviour (Table 5.7) show that 67.3% of all treated persons injected drugs in their lifetime or in the last 30 days before treatment, whereas a little less than one third of the addicts (29%) had never used drugs intravenously. The obtained data confirm the fact that the majority of persons was treated for opiate use, which are usually administered intravenously (Tables 25.1.1., TDI1 and TDI2, 2011).

Table 5.7 – Persons treated for psychoactive drug abuse in 2010, by gender and injecting behaviour

Injecting behaviour	Men	Women	Total	%
Injected, but not currently	3 465	699	4 164	55.2
Currently injecting (last 30 days)	754	158	912	12.1
Never injected	1 831	356	2 187	29.0
Not known	209	78	287	3.8
UKUPNO	6 259	1 291	7 550	100.0

Source: Croatian Institute for Public Health

The number of addicts treated in Croatian counties related to the number of inhabitants of the particular county (100 000 of inhabitants aged from 15-64) shows that the rate of the treated persons for the entire Croatia amounted to 253.0 / 100 000 of inhabitants aged from 15-64. The problem of addiction illnesses expressed in the number of the treated persons per number of inhabitants shows the overload of particular parts of Croatia and unequal distribution of addicts and drug users. In seven counties the number of addicts per 100 000 of inhabitants is higher than the Croatian average. They are: the Istria County (559.3), then the Zadar County (504.0), the City of Zagreb (419.6), the Šibenik - Knin County (389.0), the Dubrovnik - Neretva County (368.7), the Split - Dalmatia County (328.7) and the Primorje - Gorski Kotar County (321.0) (according to the data of the Croatian Institute for Public Health). Apart from Zagreb, the Croatian capital, the above average rates of the treated persons are present in the counties of Littoral Croatia, although the reasons of this trend which has been present for years are not clear.

Although the Act on Combating Drugs Abuse (Article 48) and the Rulebook on the Type of Social Care Home Activities prescribe the obligation of therapeutic communities and associations to deliver the data to the Croatian Institute for Public Health and the OCDA, in the previous period a problem of unreal and incomplete reporting to the OCDA by therapeutic communities and associations was noted, which significantly disabled the adequate monitoring of drug abuse trends and addiction problem in Croatia. Accordingly, an important priority in the previous period was also advancement of the data collection system on the types of services and treatments offered in therapeutic communities and associations. One of the key priorities defined was improvement of the treatment quality and psychosocial rehabilitation in therapeutic communities, professional and ethical principles within them, and creation of a network of therapeutic communities in the Republic of Croatia, which will form a part of the comprehensive healthcare and social welfare system of drug addicts.

Associations for combating drug abuse and therapeutic communities conduct counselling treatment with the addicts' families, and such form of psychosocial help was offered to 2 020 families. As for the number of addicts referred to rehabilitation and abstention treatment abroad by mediation of the associations for combating drugs abuse and therapeutic communities in 2010 there was an increase compared to 2009. Namely, in 2009 there were 117 persons referred to abstention treatment abroad, whereas in 2010 there were 139 of them (Table 5.8). It is important to mention that a large number of civil society organisations do not deliver data to the OCDA, so the data shown is only a rough indicator of the condition and movement of the number of the treated persons in the addiction treatment of associations.

Associations provide various forms of help and treatment for addicts such as counselling and education of addicts and their families, referring to therapeutic communities abroad, various forms of help in psychosocial adaptation and social reintegration, programmes of psychosocial treatment within the project of reduction of harmful effects of drug abuse (read more about harm reduction programmes in Chapter 7), programmes targeted at at - risk groups of children and youth such as occasional drug users. According to the collected data, the associations provided some form of psychosocial help and treatment for 1 938 drug users in 2010, out of which the help was most often offered to opiate addicts (the total number of 1 901 opiate addicts and 37 consumers of other drugs).

Table 5.8 –Number of persons referred to treatment abroad and number of families involved in counseling sessions in 2010

NGO or Therapeutic Community	Number of persons sent abroad	
	Men	Women
Community „Mondo Nuovo“	6	0
Association Lorenzo - Community Cenacolo	6	6
Reto centar-Prijatelj nade	10	0
Association of parents “San Patrignano“	13	7
Papa Ivan XXIII.	3	2
Association Institut	2	1
Humanitaran association “Remar“	56	19
Association HELP	8	0
TOTAL	139	

Source: Non-governmental organizations and therapeutic communities

The procedure of data integration from therapeutic communities into the health system is currently in procedure, and therefore the therapeutic community treatment data are shown separately from the data on the treatment within the healthcare system. In 2010 (Table 5.9) therapeutic communities provided treatment for the total number of 939 persons, 45.3% of them treated for the first time. However, the data on the number of users differ from the information of the Ministry of Health and Social Welfare. Namely, the Ministry reported on the funds paid for 111 residents of homes for adult alcohol, drugs or other substance addicts in 2010. In therapeutic communities opiate addicts still prevail and out of the total number of addicts there were 93.9% of the persons in treatment for opiates. Similar to the healthcare system, in therapeutic communities prevail males (80.5%), and the ratio of males and females is 4.1:1.

Table 5.9 – Number of opiate addicts, addicts and users of other psychoactive drugs in therapeutic community treatment, and persons treated for the first time in 2010 by gender

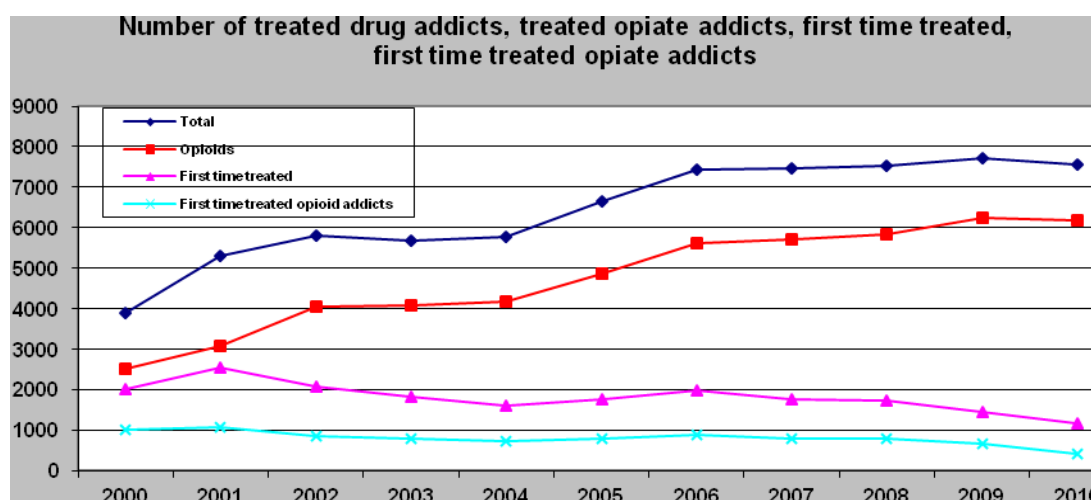
Number of opiate addicts, addicts and consumers of other drugs in TC treatment and number of treated persons for the first time	Moji dani Dom za ovisnike Đurmanec		San Lorenzo – Zajednica Cenacolo		Dom za ovisnike Zajednica Susret		Zajednica Mondo Nuovo		Zajednica Reto Centar – Priatelj Nade		Zajednica pape Ivana XXIII		NE-ovisnost	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number of opiate addicts in TC treatment during 2010	24	0	169	56	154	36	33	0	266	60	25	21	38	0
Number of addicts and consumers of other drugs in TC treatment during 2010	10	0	0	0	0	0	3	0	7	3	6	7	21	0
Number of opiate addicts treated for the first time in TC during 2010	17	0	48	11	94	18	15	0	137	28	11	7	2	0
Number of addicts and consumers of other drugs treated for the first time during 2010.	8	0	0	0	0	0	15	0	3	2	3	5	1	0
Total number of addicts in TC treatment by gender	34	0	169	56	154	36	36	0	273	63	31	28	59	0
	34		225		190		36		336		59		59	
Total number	939													
Total number of persons treated in TC for the first time by gender	25	0	48	11	94	18	30	0	140	30	14	12	3	0
	25		59		112		30		170		26		3	
Total number of the persons treated for the first time in TC	425													

Source: therapeutic communities

5.2.2 Trends of treated population and treatment provision

Figure 5.2 shows the data on the number of the treated persons in the period 2000-2010. Although during 2010 the number of the addicts treated within the health system was a little lower, for all other years the number of the persons treated within the health system is increasing. The number of persons treated for the first time for some kind of addiction started to decline after continuous increase till 2001, so in the years following, a smaller total number of persons treated for the first time for psychoactive drugs addiction were recorded. Such trends indicate that the treatment system organised in the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment had an important impact on today's epidemiological addiction situation in Croatia. Addicts stay in the treatment system longer, and the number of the new ones stagnates despite the fact that drugs in our society are more and more available and cheaper.

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



Source: Croatian Institute for Public Health

Accordingly, analysis of the data on the persons treated within the health system in the period 1999 - 2010 (Table 5.10) show the increase in the number of opiate addicts and decrease in the number of non - opiate addicts within the system, with the lowest number recorded in 2010 (1 375).

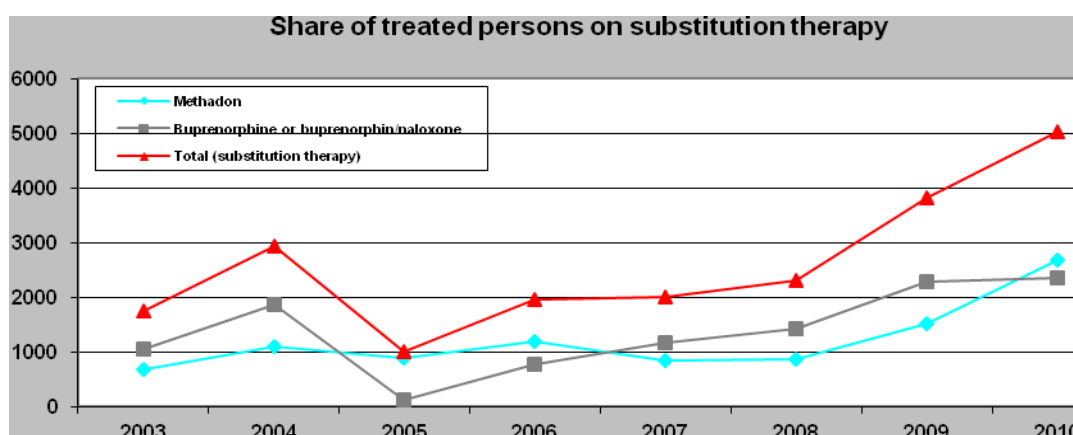
Table 5.10 – Persons treated for psychoactive drug abuse in the period 1999 – 2010

Year	Number of treated persons	Opiate addiction		Non-opiate addiction	
		Number	%	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

Source: Croatian Institute for Public Health

The data registered in the observed period from 2003 - 2010 (Figure 5.3) show that methadone as a substitute substance is less and less represented in addiction treatment. By introducing the buprenorphine substitution in 2004 and after the financing of treatment costs has been legally regulated in 2006, more and more addicts choose that kind of treatment, so the percentage of buprenorphine treatment has been steadily increasing. In 2009 the buprenorphine therapy was replaced by the buprenorphine / naloxone combination (ST 24, 2011).

Figure 5.3 – Share of treated persons on substitution therapy



Source: Croatian Institute for Public Health

Addicted population in the Republic of Croatia is getting older (Table 5.11). Average age of both men and women within the treatment system shows an increasing trend, and since the year 2008 the average age of the treated addicts has been over 30 years of age.

Table 5.11 - Average age of persons treated for drug addiction in the period 2005-2010 by gender

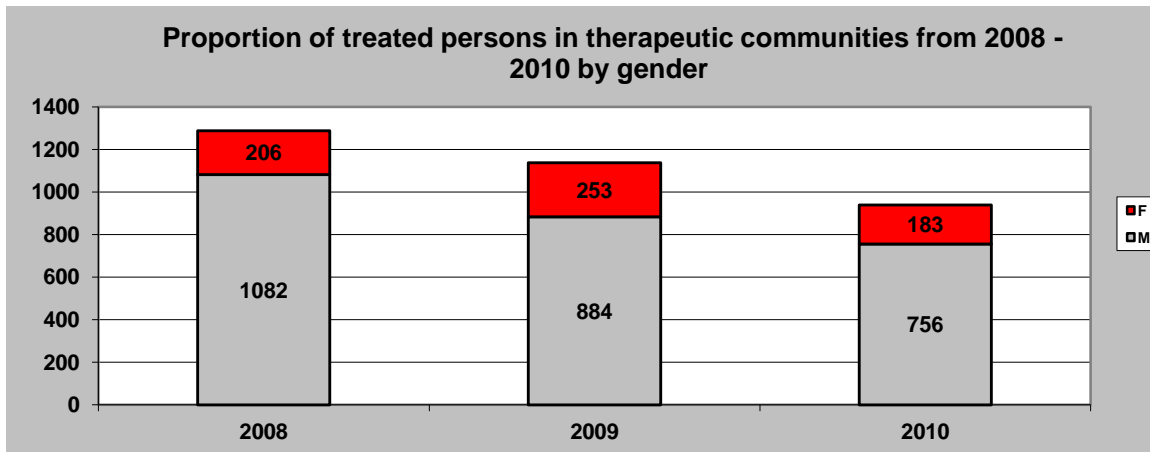
Year	Average age		
	Men	Women	Total
2005	28.4	28.1	28.3
2006	29.0	28.7	28.9
2007	29.8	29.2	29.7
2008	30.1	29.5	30.0
2009	31.2	30.5	31.1
2010	31.8	30.6	31.6

Source: Croatian Institute for Public Health

During the period from 2007 to 2009 the data on the number of addicts in treatment of therapeutic communities were regularly delivered to the OCDA by 7 therapeutic communities. In the mentioned three - year period the data were delivered by all therapeutic communities except the therapeutic community Remar, but this year this community delivered the data as well. In 2010 in the Remar treatment were 171 addicts, although the users' gender data were not available. Since the Figures 5.4 and 5.5 show a trend of decrease in the number of users in therapeutic communities, only the data of the therapeutic communities which delivered data to the OCDA in the period 2008 - 2010 are shown. The 2010 data indicate to a significant decrease in the number of users compared to 2008 and 2009. Namely, during 2009 in

therapeutic communities the total number of 1 137 persons were in the treatment, out of which 884 men and 253 women, and in 2008 there was the total number of 1 288 persons in the tretment in therapeutic communities out of which 1 082 male addicts and 206 female addicts, so the number of addicts in 2010 compared to 2009 decreased by 17.4%, and compared to 2008 by even 27.1%.

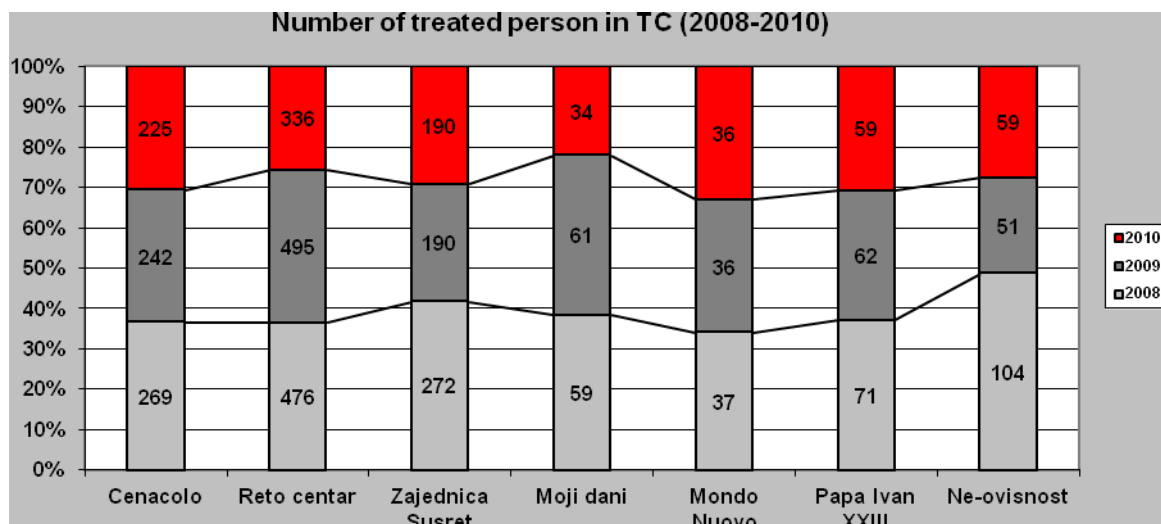
Figure 5.4 – Proportion of treated persons in therapeutic communities from 2008-2010 by gender



Source: therapeutic communities

Figure 5.5 shows a decreasing trend in the total number of persons in programmes of therapeutic communities.

Figure 5.5 – Number of the treated persons in therapeutic communities from 2008 – 2010



Source: therapeutic communities

In the last three years a significant decrease in the number of new addicts in treatment has been noticed, and in 2010 in therapeutic communities there were 425 new addicts (388 opiate addicts, 37 users of other drug types). Compared to 2009, the number of new addicts in the treatment of therapeutic communities decreased by 21.9%, and compared to 2008 by 34.2%.

Therapeutic communities and associations in their reports pointed to the problems they come across. What is especially emphasised is insufficient communication and cooperation between local government and non - governmental organisations, insufficient financial support of the local community, inadequate sensitisation of the public for social reintegration of addicts, a problem of insufficient motivation of addicts for their inclusion in education and employment, less interest of political institutions in drug problems and weak communication between the state institutions and non - governmental organisations. Therefore, more attention should be put on preservation and development of quality cooperation between the state and non - governmental organisations in the implementation of drug supply and drug demand reduction programmes, regular financing of non - governmental organisations and bigger inflow of funds from donators and participation of the representatives of non - governmental organisations in coordinative bodies at the national and local level.

Regarding the improvement of the quality of work in therapeutic communities and their full integration into social and health system, in the following period amendments to the network of social care homes and social welfare activities conducted by therapeutic communities should be adopted, in order to establish the capacities required on the territory of the Republic of Croatia. It is also necessary to systematically solve the issue of financing therapeutic communities and social care homes, and organise educations for all professional workers and therapists in homes for addicts and therapeutic communities, solve the problem of accreditation of therapeutic communities and issuing work permits to therapeutic communities. In order to ensure a high - quality accreditation procedure of psychosocial rehabilitation programmes in therapeutic communities, a professional commission should be established at the Ministry of Health and Social Welfare, which will pursuant to the Guidelines for Standards of Therapeutic Communities drawn up by the OCDA in cooperation with the professionals of the European Union within the CARDS project 2004 "Strengthening the Capacity of the Republic of Croatia for the Fight against Trafficking Drugs and Drug Abuse" and other professional principles, conduct the accreditation procedure for anticipated programmes of psychosocial rehabilitation carried out in therapeutic communities.

6 Health correlates and consequences

Risk behaviours of addicts include every kind of behaviour related to basic disease, which can also lead to additional diseases and complications. These behaviors include sharing needles, syringes and other equipment as well as risk sexual behavior (promiscuous, sexual intercourse without protection). Hepatitis B, C and HIV are just some of infectious diseases that can be transmitted in these ways, meaning that addict population is at much greater risk of contracting a disease than the general population. It should also be noted that this chapter refers not only to the prevalence or incidence of diseases, but also to risk factors for their transmission. Therefore, it is of utmost importance to insist on implementation of measures that could reduce the practice of sharing needles and other equipment and continually raise awareness of the importance of safe sex.

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

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

It is important to mention that harm reduction needle exchange program was available this year as well, in cooperation with the Croatian Red Cross in Zagreb, Zadar and Nova Gradiška. The programme in the area of the town of Krapina was also continued, in cooperation with the Red Cross in Krapina. In addition, such programmes are available in Split, Rijeka, Pula and the Istria County, the Dubrovnik-Neretva County and the Osijek-Baranja County in cooperation with non-governmental organizations "Let", "Terra", "Institut" and "Help". Cooperation with "Help" has spread to the Vukovar-Srijem County and Šibenik-Knin County, and "Terra" continued with its activities in the Karlovac County.

This year the activities of free and anonymous testing of addicts for B and C Hepatitis and HIV infections also continued, in cooperation with the Infectious Diseases Clinic "Dr. Fran Mihaljević", Public Health Institutes of the Primorje - Gorski Kotar County, the Split – Dalmatia County, the Dubrovnik – Neretva County, the Osijek – Baranja County, the Brod – Posavina County and the Zadar County, as well as the City of Zagreb. In addition, the Croatian Association for HIV and Viral Hepatitis (HUHIV) also performed HIV and Hepatitis C testing in prison institutions.

6.1 Drug - related infectious diseases

Prevalence of drug-related infectious diseases in the population of injecting drug users is being routinely monitored for 30 years now, and the results indicate a continuously low level of HIV infection (below 1%) and relatively high prevalence of hepatitis B (around 30%) and hepatitis C (40-60%). According to the figures, it is extremely important to reduce sharing of needles, syringes and other equipment, as well as risky sexual behaviour. For this reason every patient entering the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment (Service) is asked to answer questions about sharing the equipment and warned about the dangers thereof on every visit.

Since all blood donors in Croatia are routinely tested for hepatitis C, the possibilities of infection stem mostly from intravenous drug use, promiscuous and unprotected sex and occupational diseases (needle-stick incidents). In harm reduction programmes, every active injecting drug user is warned to take all the necessary precautions against HIV/AIDS and hepatitis infection. This includes the use of clean and sterile equipment (syringes and needles) for drug use, and condoms during sex. According to the current estimates, over 60% of new infections appear in persons who injected illicit drugs up to six months prior to appearance of first symptoms.

In the monitored period from 2004–2010, following a few years of continuous decline, the number of the persons infected with hepatitis C rose, whereas the number of the persons infected with hepatitis B is still slightly decreasing.

Table 6.1 – Persons treated for drug addiction, according to anamnesis data on hepatitis B, C, and HIV infections (2004-2010)

Opiate addicts	2004 (%)	2005 (%)	2006 (%)	2007 (%)	2008 (%)	2009 (%)	2010 (%)
HIV positive	0.5	0.7	0.5	0.5	0.5	0.5	0.5
Hepatitis B positive	19.2	17.6	15.5	13.6	13.2	10.5	10.4
Hepatitis C positive	47.4	47.6	46.2	46.3	44.6	42.3	46.0

Source: Croatian Institute for Public Health

Similar to previous years, the share of addicts infected with Hepatitis C was still high in 2010, and after three years of constant decline, compared to 2009, it rose by 7.3%. As for Hepatitis B, the number of infected addicts continued declining (10.4% compared to 2009 when it was 10.5%). The share of HIV positive addicts is very low and stable, similar to previous years, and in 2010 it was 0.5%, the same as in the last four years (Table 6.1), primarily thanks to permanent education, provision of relevant information, modern pharmacotherapy, work of the Counseling Centres and needle and syringe exchange programmes.

Treatment of addicts includes regular urine testing (quick tests) for presence of drugs and their metabolites, as well as capillary blood testing, for HIV, HCV, HBV and syphilis if a patient behaved in a risky manner (sharing equipment and unprotected sex).

Apart from the previously mentioned routine tests, in 2010 a prison outreach programme was also conducted. Croatian Association for HIV and Viral Hepatitis (HUHIV) in cooperation with the Prison Administration of the Ministry of Justice conducted prevention and education programmes (through educational lectures in smaller groups of listeners in a prison or correctional facility with projection of slides and distribution of educational materials); individual work (counseling before testing, testing, counseling after testing, help with referring to further treatment) and anti-HCV and anti-HIV testing (OraQuick tests were used). The total number of 390 persons was tested during the programme implementation. 260 persons were anti-HCV tested, 18 of which (4.61%) were reactive to anti-HCV, and 329 persons were anti-HIV tested, out of which one person (0.25%) were positive for anti-HIV 1/2 test. The programme was conducted in prisons in Zagreb, Šibenik (twice), Osijek, Požega (correctional facility for men and women), Pula, Valtura and Zadar. In addition, during 2010, outreach programme was carried out in cooperation with the Croatian Red Cross in Zagreb. From September to December 23 persons were tested for anti-HIV (none was positive), and 30 persons for anti-HCV (4 persons had reactive tests).

Another programme worth mentioning is related to the implementation of psychosocial support to persons infected with HIV and viral hepatitis, which includes drug addicts as well. HUHIV

started the implementation of the programme in September 2010, and in March 2011 the Counseling Centre at the Clinic for Infectious Diseases "Dr. Fran Mihaljević" in Zagreb was opened. Currently, psychosocial support is provided to the persons treated at the Clinic for Infectious Diseases and those participating in the Harm reduction programme and the members of their families. All users of psychosocial support are given information material about HIV and viral hepatitis.

In the following year, HUHIV is planning to continue with these activities and expand the programmes to prisons in Split and Šibenik. The organization is planning to test between 100 and 120 injecting drug users in Zagreb, Zadar and Krapina (a commune in Đurmanec), until the end of 2011, in cooperation with the Croatian Red Cross.

As for other research on drug-related infectious diseases, although there were no new studies this year, the Croatian Institute for Public Health announced a new, third research on seroprevalence of HIV, hepatitis B and hepatitis C in Croatian counties.

6.2 Other drug - related health correlates and consequences

Addiction as a chronic recurrent disease is often accompanied with other mental illnesses and disorder diagnosis. Most commonly, these are personality and behavior disorders, affective and neurotic disorders, mental and disorders caused by alcohol and other chronic diseases connected with risk behavior of addicts. Data from 2010 show that out of 7 550 persons treated in 2010, 1 585 (21%) had at least one accompanying diagnosis, which were mostly found in opiate addicts (86.4% of all cases).

Table 6.2 – Persons treated for drug abuse in health care institutions, by registered concurrent diseases and disorders (2010)

MKB-10		Opiate abuse		Non opiate abuse	
		Number	%	Number	%
F60-69	Disorders of adults' behaviour and personality	360	26.3	42	19.5
F30-F39	Affective disorders (depression, mood disorders)	292	21.3	29	13.5
F40-F48	Neurotic, stress and somatoform disorders	192	14.0	24	11.2
F10	Psychological and behavioural disorders caused by alcohol	309	22.6	69	32.1
F20-F29	Schizophrenia, schizotypal and delusional disorders	213	15.5	33	15.3
F90-F98	Behavioural and emotional disorders appearing in childhood and adolescence	0	0.0	12	5.6
F00-F09	Organic and symptomatic psychological disorder	0	0.0	5	2.3
F50-F51	Eating disorders	4	0.3	0	0.0
F70-F79	Mental retardation	0	0.0	1	0.5
TOTAL		1.370	100.0	215	100.0

Source: Croatian Institute for Public Health

Similar to 2009, personality and behavioral disorders was the most common (25.4%), the same with opiate addicts (26.3%). It is followed by mental disorders and alcohol caused behavioral

disorders (22.6%), as well as schizophrenia and schizotypal disorders (15.5%). The situation with non-opiate addicts is different - 32.1% of addicts suffer from mental disorders and alcohol caused behavioral disorders, 19.5% of them are diagnosed with adult personality and behavioral disorders and 15.3% of addicts suffer from schizophrenia and schizotypal disorders (Table 6.2).

6.3 Drug - related deaths and mortality of drug users

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

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

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

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

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

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

Because of continuous data gathering and updating, information on number of deaths change according to available data. According to the collected data, in Croatia in 2009, 159 persons died of causes connected with psychoactive drug abuse. 61 (38.4%) of them died as a direct result of drug use.

According to preliminary data collected in Croatia in 2010, 152 persons treated for psychoactive drug abuse died. Since the cooperation on data collection of deaths resulted in improving the quality of data coverage, Table 6.3 shows the new, amended data on the number of deaths in the Republic of Croatia in the given period.

Table 6.3 - Number of deaths by county and year of death

County	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Zagreb County	7	5	8	7	6	10	5	13	7	9
Krapina-Zagorje County	0	3	1	1	0	1	2	1	1	0
Sisak-Moslavina	2	2	3	1	2	2	4	0	1	1
Karlovac	0	1	7	3	2	4	4	1	2	5
Varaždin	1	3	4	4	7	5	3	2	4	6
Bjelovar-Bilogora	2	2	1	1	1	1	1	0	1	2
Koprivnica-Križevci	1	1	1	3	1	0	0	0	2	2
Primorje-Gorski Kotar	12	13	11	17	22	13	23	5	5	12
Lika-Senj	0	0	0	1	0	1	1	0	0	0
Virovitica-Podravina	0	0	4	3	1	2	3	2	0	2
Požega-Slavonija	0	1	0	0	2	2	3	2	2	0
Brod-Posavina	4	2	2	0	2	2	6	4	1	5
Zadar	9	10	7	13	8	11	12	13	13	8
Osijek-Baranja	2	1	7	5	2	4	16	6	5	3
Šibenik-Knin	2	1	8	12	5	5	9	7	6	4
Vukovar-Srijem	1	2	6	5	2	7	4	3	2	3
Split-Dalmatia	19	22	23	27	25	25	43	34	31	26
Istria	11	11	13	10	15	18	20	9	14	13
Dubrovnik-Neretva	3	5	5	6	5	6	9	5	4	8
Međimurje	1	1	3	3	4	3	3	0	0	2
City of Zagreb	56	39	50	51	63	51	64	66	58	41
Foreign country	1	0	0	0	0	0	1	3	0	0
TOTAL	134	125	164	173	175	173	236	176	159	152

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

Data on total number of deaths in the observed period shows continuity, except in 2007, when a higher number of deaths was recorded. In 2007, an increase in the number of deaths was noted in almost all European countries, the reason of which, as stated by EMCDDA, was most likely connected with the quality of psychoactive drugs.

Distribution of the total number of deaths in 2010 shows that similar to previous years, the highest number of deaths was recorded in the City of Zagreb - 41 persons (27%), followed by the Split-Dalmatia County with 26 (17.1%) deaths, the Istria County with 13 (8.6%) and the Zadar County with 8 (5.3%) deaths.

Table 6.4 - Number of deaths by county of residence, gender and records of the Registry of Persons Treated for Psychoactive Drugs Abuse

County	Gender		Total	Previous treatment		Total
	Men	Women		Yes	No	
Zagreb County	8	1	9	8	1	9
Sisak-Moslavina	1	0	1	1	0	1
Varaždin	4	2	6	6	0	6
Bjelovar-Bilogora	2	0	2	2	0	2
Primorje-Gorski Kotar	8	4	12	10	2	12
Virovitica-Podravina	2	0	2	2	0	2
Brod-Posavina	3	2	5	4	1	5
Zadar	7	1	8	7	1	8
Osijek-Baranja	2	1	3	3	0	3
Šibenik-Knin	4	0	4	3	1	4
Split-Dalmatia	23	3	26	21	5	26
Istria	12	1	13	13	0	13
Dubrovnik-Neretva	8	0	8	7	1	8
Međimurje	1	1	2	2	0	2
City of Zagreb	33	8	41	33	8	41
TOTAL	126	26	152	130	22	152

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

Table 6.4 shows that 130 persons, or 85.5% of the total number of deaths, were previously treated in the health system, whereas for 22 persons (14.5%) the cause of death was at the same time the first record on drug abuse.

As previously mentioned, the way of collecting data on drug-related deaths in the Republic of Croatia enables monitoring and collection of the data according to different criteria. In Table 6.5, causes of death for the persons who died in 2010 are given, classified in three categories by sample. In the first one the main cause of death is directly connected with psychoactive drug abuse (intentional or accidental poisoning with narcotics, psychodisruptors and opiate addiction syndrome). The category of direct causes of death corresponds to the EMCDDA definition of a drug-related death and as such is reported for the purpose of monitoring mortality of addiction population in the Republic of Croatia. Then follows the basic cause of death indirectly connected to psychoactive drug abuse, where the causes of death connected with drug-related

diseases are registered (chronic viral hepatitis (B18.2), HIV (B20), fibrosis and liver cirrhosis (K74)). In the last category, the basic cause of death is not related to drug abuse, but the data collection system enables registration of deaths of the persons who were treated for drug abuse, and in such a way deaths of those persons can be monitored as well (other diseases, accidents, suicides, medication intoxication).

Table 6.5 – Number of deaths in 2010 by cause of death

	Cause of death	Number	%
Direct causes of death (according to EMCDDA definition)	Opiate overdose (T40.6/X42/X41/X62/X61/y11/Y12)	7	4.6
	Heroin overdose (T40.1/ X42/X41/X62/X61/y11/Y12)	16	10.5
	Methadone overdose (T40.3/X42/X41/X62/X61/y11/Y12)	38	25.0
	Addiction syndrome (F11.2 i F12.2)	12	7.9
Drug-related causes of death - 73 (48,0%)			
Indirect causes	Diseases connected with addictive behaviour (B18.2,B20,K74)	11	7.2
Deaths of persons treated for psychoactive drug abuse	Accidents	13	8.6
	Medication Intoxication	5	3.3
	Suicide	12	7.9
	Other illnesses	33	21.7
	Not known	5	3.3
Total		152	100

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

By analyzing the causes of death of all registered deaths, it is clear that in 2010, similar to previous years, overdose was the leading cause of death among addicts. Opiate overdose accounted for the cause of death of 61 persons, i.e. 40.1% of all deaths. Toxicological analysis in 2010 showed an increase in methadone intoxication - 38 deaths or 62.3% of the total number of overdoses were deaths caused by methadone intoxication. The reasons of the rise in methadone intoxications can be found in illegal methadone use, easy availability, treatment overdose, inadequate use or reduced opiate tolerance. In 2010, 12 persons died of addiction syndrome, 11 of which of opiate addiction syndrome and 1 person of cannabinoids addiction syndrome.

Other causes of death which are not registered according to the EMCDDA definition of drug-related deaths are divided into two categories – indirect causes of death (illnesses related to addictive behavior) – six persons died of chronic viral hepatitis C (B18.2), two persons of a disease caused by HIV virus (B20) and three persons of liver cirrhosis (K74), and deaths of persons treated for psychoactive drug abuse, the main cause of which is not related to drug abuse (various illnesses caused deaths of 33 persons (21.7%), accidents caused deaths of 13 persons (8.6%), suicides of 12 persons (7.9%), medication intoxication of 5 persons (3.3%), whereas the cause of death is still not known for 5 persons (3.3%).

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

Year of death	Average age at the moment of death
2000	27.7
2001	29.3
2002	28.4
2003	29.7
2004	29.9
2005	31.3
2006	30.5
2007	31.2
2008	31.4
2009	33.6
2010	33.6

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

According to the data shown in Table 6.6, average age of addicts at the moment of death is rising and addicts are getting older. In the last two years the average age at the moment of death is stable and is 33.6 years of age (ST6).

Table 6.7 - Number of years of treatment of persons who died of drug abuse, by cause of death

Years of treatment	Opiate overdose	Heroin overdose	Methadone overdose	Addiction syndrome	Total
0	1	5	14	2	22
% yrs of treatment	4.5	22.7	63.6	9.1	100.0
% cause of death	14.3	31.3	36.8	16.7	30.1
1-5	2	4	7	0	13
% yrs of treatment	15.4	30.8	53.8	0	100.0
% cause of death	33.3	36.4	29.2	0	17.8
6-10	2	5	7	3	17
% yrs of treatment	11.8	29.4	41.2	17.6	100.0
% cause of death	33.3	45.5	29.2	30.0	23.3
11-15	2	2	6	6	16
% yrs of treatment	12.5	12.5	37.5	37.5	100.0
% cause of death	33.3	18.2	25.0	60.0	21.9
16-20	0	0	3	1	4
% yrs of treatment	0	0	75.0	25.0	100.0
% cause of death	0	0	12.5	10.0	5.5
21-35	0	0	1	0	1
% yrs of treatment	0	0	100.0	0	100.0
% cause of death	0	0	4.2	0	1.4
Total	7	16	38	12	73
% yrs of treatment	9.6	21.9	52.1	16.4	100.0
% cause of death	100.0	100.0	100.0	100.0	100.0

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

The number of years of treatment related to cause of death from Table 6.7 shows that 22 persons died, without being previously treated for psychoactive drug abuse, and their deaths, directly connected to drug use, is a first record of addiction. Information that even 14 persons died of methadone overdose, which was not prescribed as a therapy because they had not been previously treated and points to the presence of substitution pharmacotherapy abuse, is worrying. The average length of treatment (time of treatment) of the persons died in 2010, was 9.1 years.

Data from Table 6.8 show the proportion between treatment and death, and it can be seen that 29 persons (56.9%) were treated in the year of death, and for 16 persons (31.4%) one year passed since last treatment.

Table 6.8- Number of years passed from the last treatment to death of the previously treated persons, by cause of death

Number of years from last treatment to death	Cause of death				Total
	Opiate overdose	Heroin overdose	Methadone overdose	Addiction syndrome	
0	4	6	17	2	29
% time from last treatment to death	13.8	20.7	58.6	6.9	100.0
% cause of death	66.7	54.5	70.8	20.0	56.9
1	0	4	5	7	16
% time from last treatment to death	0	25.0	31.3	43.8	100.0
% cause of death	0	36.4	20.8	70.0	31.4
3	1	1	0	0	2
% time from last treatment to death	50.0	50.0	0	0	100.0
% cause of death	16.7	9.1	0	0	3.9
4	0	0	0	1	1
% time from last treatment to death	0	0	0	100.0	100.0
% cause of death	0	0	0	10.0	2.0
5	0	0	1	0	1
% time from last treatment to death	0	0	100.0	0	100.0
% cause of death	0	0	4.2	0	2.0
6	1	0	0	0	1
% time from last treatment to death	100.0	0	0	0	100.0
% cause of death	16.7	0	0	0	2.0
14	0	0	1	0	1
% time from last treatment to death	0	0	100.0	0	100.0
% cause of death	0	0	4.2	0	2.0
TOTAL	6	11	24	10	51
% time from last treatment to death	11.8	21.6	47.1	19.6	100.0
% cause of death	100.0	100.0	100.0	100.0	100.0

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

7 Responses to health correlates and consequences

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

Together with the activities of the network of the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, which are oriented towards addiction prevention and outpatient treatment, in harm reduction field civil society organisations play an important role, as well as Centres for Free and Anonymous HIV Testing and Counselling (CTS).

7.1 Prevention of drug – related emergencies and reduction of drug - related deaths

Civil society organisations have a significant position in prevention of drug - related deaths, which within their regular harm reduction activities publish and distribute educational materials related to drug overdose prevention. During 2010, the Croatian Red Cross created and distributed educational brochure on prevention and procedures in case of overdose, leaflets about safer drug injecting, educational booklets on prevention of hepatitis C and HIV / AIDS, as well as leaflets on the presence of harm reduction programmes. Similar to previous years, Association LET created leaflets containing information about the time and place of work of outreach workers, and on the web pages of Terra Association²⁷, and Associations Network BENEFIT²⁸ the information on drug overdose prevention can be found (SQ23, 2011).

In accordance with the Act on Health Care²⁹, the Government of the Republic of Croatia adopted the Decision on Establishing the Croatian Institute for Emergency Medical Services³⁰, which has defined the authorities and scope of activities of the Croatian Institute for Emergency Medical Service (CIEMS). During 2010, the CIEMS initiated the establishment of a network of emergency medical services. The Office for Combating Drugs Abuse of the Government of the Republic of Croatia (OCDA) initiated the contact with CIEMS with the aim of establishing cooperation in the field of prevention of deaths related to acute drug intoxication and collection of relevant information.

Naloxon, an opiate - receptor antagonist also plays an important role in overdose prevention. Naloxon is not included in the list of essential medicines of the Croatian Institute of Health Insurance, but it is a compulsory medication in ambulance transport of outpatient emergency care.³¹

7.2 Prevention and treatment of drug – related infectious diseases

Risk behaviours of addicts include all behaviours related to the main illness, which may result in additional complications and diseases. It especially refers to sharing needles, syringes and

²⁷ <http://www.udrugaterra.hr/predoziranje/> (page visited on 9, June 2011)

²⁸ http://www.smanjenje-stete.com/index.php?option=com_content&view=article&id=8&Itemid=9
(page visited on 9, June 2011)

²⁹ Act on Health Care (OG 150/08)

³⁰ Decree on Establishing the Croatian Institute for Emergency Medical Services (OG 28/09)

³¹ Ordinance on the conditions, organisation and methods of work of the urgent medical outpatient care (OG 146/03)

other equipment and risky (promiscuous, without protection) sexual behaviour (Katalinić et al. 2010).

Prevention of infectious diseases is one of the key services in the work of civil society organisations that conduct harm reduction programmes. Similar to the previous years, the Croatian Red Cross and non - governmental organisations Let, Help, Terra and Institut carried out the activities of distribution of injecting equipment (needles, syringes, tampons soaked in alcohol, distilled water ampoules, sterile equipment, filters, lemon acid) and condoms, collection of infectious waste (needles, syringes), cleaning the environment (school playgrounds, parks) from discarded drug paraphernalia, distribution of educational material, counselling and informing addicts about harmful effects of drugs, overdose risk and the ways of protection from blood - borne and sexually transmitted diseases.

The activities were carried out on so - called outreach locations and drop - in centres and included almost all parts of the Republic of Croatia. The mentioned non - governmental organisations established the Association network BENEFIT, which provides information on harm reduction programmes, substitution treatments, epidemics of HIV / AIDS in the population of injecting drug users, about sexually transmitted diseases in general, outreach work and cooperation at the local, national and international level. The goals of networking the associations are providing mutual help and cooperation of the network members, joint representation towards the local and regional self - government units and state in representing interests of programme users and civil society organisations that conduct harm reduction programmes; strengthening the role of associations in providing health and social services and promotion of positive experiences of Croatian programmes in international cooperation; active inclusion of network members and services users into the public health policy and health system reform etc.

Part ST 10, 2011 shows information on geographical spread of the sites where needle and syringe exchange is assured. The Croatian Red Cross is conducting the programme of exchange of needles and syringes in drop - in centres in Zagreb, Zadar, Krapina and Nova Gradiška. The HELP Association is conducting activities in drop - in centre in Split, and clean and sterile equipment is supplied in the total number of 36 locations in Dubrovnik, Makarska, Šibenik, Solin, Kašteli, Trogir, Sinj, the islands of Korčula, Brač, Hvar and Čiovo, and in the towns in the east of Croatia: Osijek, Đakovo, Vukovar and Vinkovci. The Association for Improving the Quality of Life LET is conducting outreach work by a van at 11 locations in the City of Zagreb, and the users can call and arrange the place and time of meeting outreach workers on the Info phone "Zagreb Zovi". The Terra Association is conducting a harm reduction programme in a drop - in centre in Rijeka and outreach work at the total of 24 locations at places in the vicinity of Rijeka, the islands of Krk and Lošinj as well as the towns of Labin, Karlovac and Ogulin. Furthermore, Terra also has an SOS phone. In the Istria County, harm reduction programmes are carried out by the Institut Association at 19 locations in Pula, Poreč, Brtonigla, Rovinj, Novigrad, Bale, Buje, Umag, Labin, Fažana, Vodnjan and Banjole.

Apart from exchange and free distribution of injecting paraphernalia, needles and syringes may be bought in pharmacies, although records on the sold equipment do not differentiate between the equipment sold to drug users and the equipment sold to other patients (e.g. diabetes patients).

Table 7.1 shows the number of the distributed equipment and educational materials within the harm reduction programme in 2010. Similar to the previous years, needles and syringes were distributed most, then condoms and educational material (ST 10, 2011). In addition, in all harm reduction programmes tampons soaked in alcohol, distilled water ampoules are distributed as well (SQ 23, 2011).

Table 7.1 – Distributed equipment and educational material in 2010, by civil society organisations

Civil society organisations	Number of distributed equipment and educational material			
	Condoms	Needles	Syringes	Educational material
Croatian Red Cross	5 441	30 159	25 452	1 307
Institut	3 845	29 740	19 510	2 303
Terra	7 271	86 789	83 713	2 100
LET	45 720	81 532	75 301	2 269
HELP	14 657	374 423	77 977	36 000
TOTAL	76 934	602 643	281 953	43 979

Source: Civil society organisations

Within the regular harm reduction activities, civil society organisations pay special attention to collecting infectious waste. During 2010 a large number of needles (121 500) and syringes (75 037) was collected. Except the mentioned organisations, the Abstainers' Society for Help with Social Reintegration – Porat also conducted the activities of cleaning the environment from discarded drug equipment, but the quantity of the equipment collected is not recorded.

Table 7.2 – Number of collected equipment in 2010 by civil society organisations

Civil society organisations	Collected equipment	
	Needles	Syringes
Croatian Red Cross	9 611	9 611
Institut	23 920	23 920
Terra	11 129	11 129
LET	14 993	13 601
HELP	61 847	16 776
TOTAL	121 500	75 037

Source: Civil society organisations

Table 7.3 shows the number of users included in harm reduction activities in 2010. Out of the total number (3 737) 89.0% of persons were included in the mentioned programmes in previous years as well. The highest number of new users was recorded by the Croatian Red Cross, in whose harm reduction programme participated almost one quarter (23.1%) of new users (ST 10, 2011).

Table 7.3 – Harm reduction programme users in 2010

Civil society organisations	Persons included in harm reduction programmes		Old users		New users	
	Total	%	Total	%	Total	%
Croatian Red Cross	637	100	490	76.9	147	23.1
Institut	263	100	241	91.6	22	8.4
Terra	745	100	654	87.8	91	12.2
LET	490	100	450	91.8	40	8.2
HELP	1 602	100	1 490	93.0	112	7.0
TOTAL	3 737	100	3 325	89.0	412	11.0

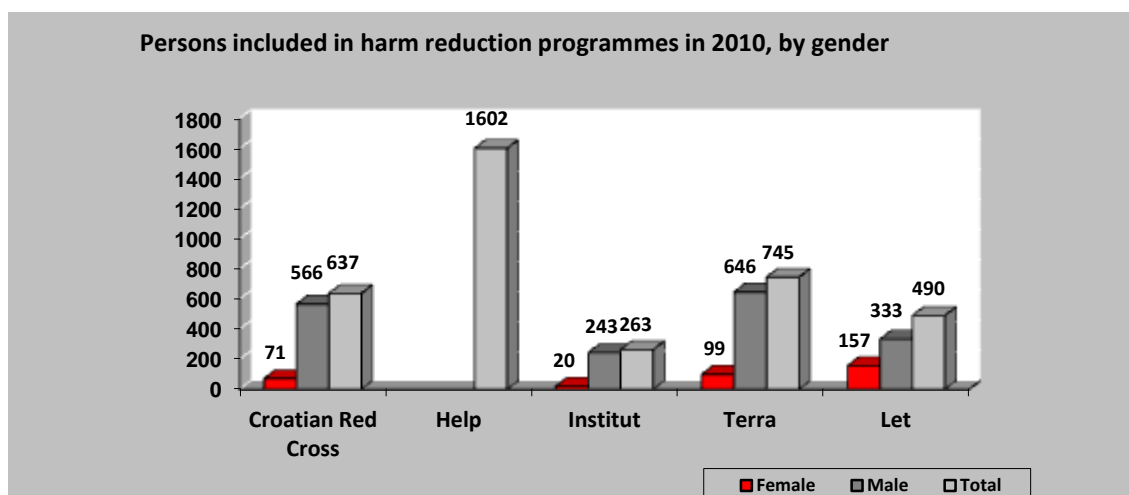
Source: Civil society organisations

Decline in the number of harm reduction programme users was noted compared to 2009, when 4 877 persons (ST 10, 2010) were included in the programmes, probably due to inclusion of

users in treatment systems, abstentions from drug use, users being sent to prison sentences, deaths or other reasons.

Similar to the previous years, the majority of harm reduction programme users are male (Figure 7.1). From all available data, the biggest difference in users' gender was registered by the Institut Association, where even 92.4% of users are male. The smallest difference was noted in LET Association, in which one third of harm reduction programme users are female.

Figure 7.1 – Persons included in harm reduction programmes in 2010, by gender



Source: Civil society organisations

In the field of prevention of drug - related infectious diseases also operate the associations whose primary area is viral hepatitis's and HIV / AIDS. Hepatos is the leading association of the Alliance of Hepatitis Patients of the Republic of Croatia, appointed by the World Health Organisation as the National Contact Point for hepatitis. By operating at the local, national and international level, Hepatos is trying to sensitise the public to the problem of viral hepatitis, prevent the onset and spreading of the illness, reduce discrimination and increase the quality of life of the infected people and their families, as well as provide professional help and psychological support. Association HUHIV deals with prevention, education and help to those infected with HIV, AIDS and viral hepatitis. Online counselling services, free SOS telephone line, public discussions on HIV / AIDS, self - support groups, help at exercising the right to treatment, education of health workers, education of youth, celebration of the World's Day of Fight against AIDS and World's Hepatitis Day – are only some of the activities the Association conducted during 2010.

A very important role in harm reduction of drug abuse play the Centres for Anonymous and Free – of - Charge HIV Testing and Counselling (CTS), financed by the programme of the Ministry of Health and Social Welfare "Work of the Centres for Anonymous and Free – of - Charge HIV Testing and Counselling ". The Centres function at the Croatian Institute for Public Health, in the Clinic for Infectious Diseases "Dr. Fran Mihaljević" and Prison Hospital in Zagreb, county Institutes for Public Health (in Dubrovnik, Korčula, Osijek, Pula, Rijeka, Slavonski Brod, Split and Zadar), in the Croatian Red Cross in Zadar and the HELP Association in Split. All services provided in the centres are free – of - charge, anonymous and on a voluntary basis. Apart from testing, counselling is also conducted in the Centres, with the aim of affecting the acquisition of positive attitudes, opinions and lifestyles of users. Also, treatment of the persons included in the treatment of the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment includes regular urine tests (quick tests) on the presence of drugs and their metabolites, as well as capillary blood on HIV, HBV and syphilis if the patient behaved in a risky manner.

In the Split - Dalmatia County a research "Knowledge, Prejudices and Behaviours in Sexual Behaviour of Female Addicts" was conducted. The goal of the research was to get insight into knowledge of addicts about sexually transmitted diseases and ways of protection, and collect information from them about their sexual life. The research included female addicts who were in treatment of the Service for Mental Health, Addiction Prevention and Outpatient Treatment from June to September 2010. The results show that the addicts know very well which diseases are sexually transmitted and how to protect from them, but a devastating fact is that a very small percentage of female addicts use condoms during a sexual intercourse, and even smaller number of them perceive themselves as persons who are at risk of contracting a sexually transmitted disease.

During 2010 in the Croatian Red Cross, as a part of a doctor's dissertation, a research on the effects of harm reduction policies on the change in health behaviour of injecting drug users was conducted (Zovko, 2011). The research included 300 survey participants, active injecting drug users from Zagreb and Zadar, divided into three groups. The first group of survey participants contained 100 users of psychoactive drug harm reduction programme of the Croatian Red Cross in Zagreb, the second group were 100 users of psychoactive drug harm reduction programme of the Croatian Red Cross in Zadar, and the control group included 100 injecting drug users from Zagreb, who hadn't been included in the harm reduction programme of the Croatian Red Cross in Zagreb. The examinees of the control group were defined by age from 25 – 35, and were included in the research based on the oral recommendation of the users of the harm reduction programme of the Croatian Red Cross in Zagreb. The research used the method of individual interview during which an examinee filled in a standardised questionnaire. The users of the harm reduction programme of the Croatian Red Cross in Zagreb and Zadar filled in the questionnaire on the premises where the programme was conducted, whereas the examinees of the control group filled it in at previously agreed places (private flats, parks, coffee bars according to their individual choice). The obtained data were processed by descriptive analysis and definition of arithmetic mean value, standard deviation and scope of quantitative results, definition of frequencies and cumulative frequencies of categorical variables. Distribution of quantity variables was tested for normality by using the Kolmogorov - Smirnov test and Shapiro - Wilk test, and homogeneity of variance by the Lidman test. The differences between the groups in continuous variables were defined by variance analysis (ANOVA) with post – hoc Tamhane test and Kruskal - Wallis test with post - hoc testing with Mann-Whitney test and Bonferroni correction of significance level for multiple comparisons. Difference in frequency of individual independent conditions and / or occurrences was checked by χ^2 test. The value of empirical level significance p from 0.05 ($p < 0.05$) was considered statistically significant. Programme package SAS 9.1.3. was used for data analysis. It was established by the research that psychoactive drug harm reduction programmes have an impact on change in health behaviour of active injecting drug users, which is manifested through decrease in the frequency of distribution of drug injecting equipment, higher frequency of hepatitis C, hepatitis B and HIV testing, and thinking about treatment of drug - related diseases and employment more frequently. It was established that injecting drug users in Croatia often inject substitution therapy and in such a way develop addiction to administering drugs intravenously – "needlemania". The examinees experienced their drug addiction disease as a disease conditioned by their personal style of life.

7.3 Responses to other health consequences among drug users

Addiction is often accompanied with other diagnoses of mental illnesses and disorders. If a person suffers from some other psychiatric illness apart from addiction, an attempt is made to treat both addiction and comorbidity simultaneously. When this is feasible, the aim is to either achieve abstinence from drugs, to reduce harm by using substances that do not exacerbate psychic disturbances.

8 Social correlates and social reintegration

In the Republic of Croatia, the public is extremely sensitized to the problem of drug abuse, which is proven by a large number of institutions and programmes dealing with this problem, which is considered a political and a social issue. In Croatia, a country of traditional social values, a family still plays a very important role in upbringing and development of an individual, and besides, it also protects from social exclusion. As a result, drug addicts are often protected by a family, which gives them full support during rehabilitation and social reintegration. On the other hand, the problem of families not having enough information about real harmfulness of drug use is usually recognized too late, because, on average, an addict comes in for treatment 10 years after first use. Therefore, it is obvious that educational role of the family should be strengthened and the awareness of drug-related risks and damages should be raised.

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

Social reintegration in its widest sense means every form of social inclusion and affirmation through various activities in the fields of sport, culture, work and other social activities. Therefore, social reintegration of addicts should logically follow psychosocial rehabilitation. However, as it is already well known, addicts often after the treatment is completed cannot successfully fit in the society due to numerous reasons, such as public opinion on drug addiction which marginalizes, stigmatizes and excludes the entire population of drug addicts from their work and school settings.

8.1 Social exclusion and drug use

U 2010 gross domestic product (GDP) of the Republic of Croatia dropped by 1.2% compared to 2009. Data of the Croatian Bureau of Statistics also show the rise of surveyed unemployment rate from 9.1% in 2009 to 11.8%, whereas the average net salary decreased by 0.4% compared to the previous year. Similarly, according to the data of the Independent Trade Unions of Croatia for December 2010, the average salary in the Republic of Croatia covered 80.39% of the average consumer basket costs for a family of four, similar to the year 2009, whereas for subtenants the average salary covered about 62.7% of everyday costs, which is the same as last year³².

Apart from that, it is important to mention that in Croatia there are two main reasons for exclusion of youth: drop out of the educational system and unstable position on the labour market. However, unemployment is not necessarily related to poverty or social exclusion of young people in Croatia due to the fact that many unemployed young people live with parents or other family members, who bear or 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.

³² Independent Trade Unions of Croatia, Consumer basket, December 2010

8.1.1 Social exclusion among drug uses

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

According to the data of the Croatian Institute for Public Health for 2010, out of the total number of persons treated for drug abuse, like previous years, the majority of them 4 133 (53.3%) lived with the primary family, 749 persons (9.7%) with a partner, and 948 (12.2%) of them with a partner and a child. This proves again that in Croatia there haven't been any changes in the relationship between a family and an addict, and the family is still entirely integrated in the process of treatment. 948 of treated persons or 12.2% lived alone at the time of treatment (ST34TDI).

8.1.2 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 stigmatization, 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. According to some estimates by shelters for the homeless, in Croatia in the last few years the number of the homeless has increased in general, and it is estimated that there are about 400 homeless people in Zagreb, between 50 to 100 in Osijek, about 30 in Rijeka and Split respectively, and about 20 in Varaždin (Bežovan, 2008, p.22).³³

The research conducted in 2010 by the "Ivo Pilar" Institute named "Homelessness and Social Exclusion in Croatia" (Lynette Šikić-Mičanović, 2010), which investigated social-economic background and context of homelessness in the country, obtained some interesting results on socioeconomic background of the homeless in Croatia. The research showed that the homeless in Croatia were mostly aged from 50 to 52, divorced or single and about two-thirds of them had children. The study showed that the pattern for the development of homelessness in Croatia was mostly a combination of various coincidences, which include poverty, trauma and violence, low education level, bad health, divorce, whilst using addiction substances and addiction among the homeless is usually secondary development, caused by the above mentioned factors. However, there are no relevant estimates about the number of homeless drug addicts whose main cause of homelessness was drug addiction out of the total number of homeless drug addicts.

According to the data of the associations that conduct harm reduction programmes, in 2009 a small number of people suffering from other social problems apart from addiction was registered - seven people were involved in prostitution, and one person was homeless. However, in 2010, the above mentioned associations reported on the increase in the number of homeless addicts (74 persons), whereas there were 64 addicts, mostly women, who practiced prostitution. Homeless people were aged 30 to 45, they were long-term drug addicts with multiple illness recidivism and, not rarely, released prisoners, and together with drug addiction they had problems with alcoholism and other mental illnesses.

Prostitution is practiced in 90% of all cases by female addicts who in such a way finance the habit, and it is often the only source of income. A lot of addicts are only occasionally homeless and very often, after some time spent on the streets, return to their families or find a shelter. According to associations many women addicts that practice prostitution are single mothers.

³³ Bežovan, G. (2008) *The Subvention of Rent and Expenditures in Croatia* - (Zagreb: Centre for Development of Non-Profit Organisations, CERANEO)

This problem is getting more serious, and for instance in Rijeka new shelters have to be opened since the existing one does not fulfill the needs of the growing number of persons who are on the streets due to addiction.

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

Association	Number of homeless	Social characteristics	Number of prostitution cases	Social characteristics
Croatian Red Cross	15	They do not have the place of residence, so they cannot exercise social rights on accommodation and material benefits, unemployed; aged 20-40	6	Females, average age 20-40, mostly in prostitution to be able to buy drugs
“NADA”	6	-	2	Prostitution in order to earn money for buying drugs (heroin, cocaine)
“ANST 1700”	2	Long-term addicts, unfinished secondary school, poor or disrupted communication with family, average age 30-50	0	
“Moji dani”	1	-	0	-
“Let”	0	-	5	Single mothers in their 30s from Zagreb and its surroundings, shortage of financial resources
“Liga za prevenciju ovisnosti”	0	-	1	-
“Terra”	30	Mostly men aged 20-45 with developed addiction syndrome on opiates and alcohol, without family support or single, unemployed and without regular sources of income, uneducated. Often released from prison, no family. Users of the benefits of the Social Care Centre. Drop in centre replaces home.	20	Girls and women aged 20-45, mostly opiate addicts, who sell sexual services to satisfy their need for drugs, but there are also those who are involved in prostitution to earn money.
“Help”	20	-	30	Way of collecting money for drugs; 90% women
TOTAL	74		64	

Source: civil society organizations

Such increase in the number of homeless addicts and those practicing prostitution in 2010 compared to 2009 should be observed with certain caution, since the associations encountered the data provision request for the first time in 2009, and in 2010 the data must have been collected much better. Without any doubt, other factors also influenced the increase, such as

economic crisis, because a lot of families due to economic problems were not ready to cope with addiction problem as they used to, and provide accommodation for the member of the family. In conclusion, these data indicate that in the following period more attention should be paid to the development of specific programmes for these groups of addicts, which are currently very modestly conducted in drop-in centres of the Terra Association from Rijeka, Help Association from Split and the Croatian Red Cross in Zagreb, and generally to the development of various services of social integration and accommodation for the most vulnerable groups of drug addicts (homeless and similar).

8.2 Social reintegration

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

Until the end of 2010, in the Registry of Persons Treated for Psychoactive Drugs Abuse of the Croatian Institute for Public Health the total number of 7 550 persons treated for psychoactive drug use were registered. During 2009 the total number of 7 733 persons were treated, 1 463 of which were treated for the first time (18.9%). The total number of the treated addicts in 2009 increased by 2.9%, which is a slight increase (in 2008 the increase was 0.6%) in the number of the treated persons. In 2010, 1 180 (15.6%), persons came for treatment for the first time, whereas the total number of the treated persons compared to 2009 fell by 2.4%. Data show that the educational status of the treated addicts is very low and among the treated opiate addicts, there is the biggest number of those with completed secondary school (5 010 persons, 66.4%), whilst 1 804 (23.9%) persons finished only primary school. 128 persons have no education at all, and 411 persons (5.44%) finished a college or university. The analysis of these data points to insufficient qualifications of drug addicts and the need for support of state institutions and civil society organizations in the process of social reintegration of addicts.

In accordance with the National Strategy, priorities in the field of social reintegration are helping drug addicts with finishing their primary and secondary school education or occupational retraining, promotion of employment of addicts, formation of residential communities for addicts and promotion of social reintegration of addicts who cannot or do not want to stop using drugs or are have some other problems.³⁴ Accordingly, the Office for Combating Drugs Abuse as a coordinate professional body of the Government of the Republic of Croatia, with the aim of integration of addicts in the labour market and life in community, created the Project of Social Reintegration of Drug Addicts, which was adopted by the Government of the Republic of Croatia in April 2007. Furthermore, with the aim of promotion of employment of socially excluded groups, the treated addicts being among them, the National Employment Promotion Plan for 2009-2010 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 of the Government of the Republic of Croatia, 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

³⁴ National Strategy on Combating Drugs Abuse in the Republic of Croatia 2006-2012 (OG 147/05)

additional qualification and retraining during a stay in one of the institutions that deal with rehabilitation, education to finish the secondary school education after leaving the institution, measures for promotion of employment and education for jobs required on the labour market, encouraging self-employment and establishment of cooperatives and other measures (co-financing of civil society organizations and institutions that carry out the programmes oriented towards providing help to drug addicts).³⁵ Key holders of the Project measures are the Ministry of Economy, Labour and Entrepreneurship and the Croatian Employment Service, which provide financial resources for the implementation of the measures for employment promotion, professional training and education, as well as self-employment of the treated addicts, then the Ministry of Science, Education and Sport, which provides funds for education of the addicts in all situations where the additional qualification or retraining programme started in a therapeutic community, social welfare institution or prison institution, and has been entirely or partially conducted in the institution, and also for covering the expenses for education until the end of the secondary education proposed by the Social Care Centres. Furthermore, the Prison Administration of the Ministry of Justice is participating in the project by evaluating and selecting the addicted prisoners for education and retraining, which are conducted during their stay in prison, and after being released from prison connects the users with the Social Care Centres, whereas the Ministry of Health and Social Welfare bears the expenses of evaluation of work and health ability of addicts, performed by the doctors of occupational medicine. The Office for Combating Drugs Abuse of the Government of the Republic of Croatia is appointed a coordinator for the implementation of the Project and among others, is in charge of monitoring and promotion of the project implementation and making annual reports on the implementation of the Project and giving proposals for its amendments. Apart from the previously mentioned, every year based on the public invitation for tenders, the Office finances the programmes/projects of civil society organizations, which offer various services aimed at social reintegration of drug addicts.

The most important role in the implementation of the measures at the local level is played by regional branches of Employment Services and Social Care Centres. Branch offices conduct employment promotion measures targeted at sensitive group of the unemployed, the treated addicts being among them as well. Flexible approach is used in implementation of these measures, and therefore, long-term unemployment is not a pre-condition for inclusion into programmes through active policy measures, only an application to the records of the Institution is needed. Social Care Centres at the local and regional (counties/cities) 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.

8.2.1 Housing

In terms of encouraging the establishment of housing communities for drug addicts who cannot return to their settings after having completed rehabilitation or served a prison sentence due to their family, social and housing conditions, the Minister of Health and Social Welfare in June 2009, based on the Social Welfare Act, adopted the Rulebook on the type of social care home activities, the way of providing care outside your own family, the conditions of space, equipment and employees in a care home/centre, therapeutic community, religious community, association and other legal entities (Rulebook on Social Care, OG No. 64/09), which among others, regulate standards for establishing housing communities and providing services of

³⁵ Project of Social Reintegration for drug addicts who completed one of the programmes of rehabilitation and addiction withdrawal in a therapeutic community or prison system, and addicts in outpatient treatment who maintain abstinency stably and for a longer period of time and adhere to prescribed treatment (2007)

organized housing facilities for the treated addicts, as an important part of the entire social reintegration.

Fostering the social inclusion of the addicts who cannot or do not want to stop using drugs, and who are, apart from social exclusion, worried by other health and social problems, is being conducted within the programmes of non-governmental organizations, which within harm reduction programmes provide various services of full and half-day stay, hygiene maintenance etc. It is important to mention that these non-governmental organizations have been financed mostly by the State Budget (Ministry of Health and Social Welfare).

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 emphasized regarding the social inclusion of drug addicts is a significant contribution of associations of parents established by the Therapeutic Community Cenacolo and Humanitarian Organization Susret. In addition, a few independent associations of parents of drug addicts have been established, which through the activities in the community and self-help groups contribute to treatment of addicts and solving the problem of their social reintegration. Furthermore, many therapeutic communities, especially those of religious orientation, with a long-term treatment that lasts from 1 to 3 years, enable the addicts a lifelong stay in a therapeutic community, and then they very often volunteer in therapeutic communities as organizers of treatment programme implementation and addiction withdrawal. Therefore, it is not surprising that in Croatia the organized housing programmes have been less developed than some other programmes of social inclusion, especially those for promotion of employment and education of the treated addicts. However, family support in a great number of cases is not sufficient, and even after successfully completed rehabilitation a large number of them return to drugs and addiction. Accordingly, since 2009 there were more intensive efforts towards organizing various forms of accommodation for the treated addicts as support to their social inclusion after having completed treatment and rehabilitation programmes. In 2009 and 2010, the Office for Combating Drugs Abuse prescribed the establishment of housing communities for treated addicts as a priority, through public tenders for allocation of financial resources to the associations that conduct the programmes of social reintegration, whereas the Ministry of Health and Social Welfare enabled those housing communities that were established pursuant to the Rulebook, signing long-term contracts with the Ministry for financing the housing projects of drug addicts.

In 2010 two housing communities were established: 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.

8.2.2 Education

Within the Project of Social Reintegration of Drug Addicts of the Government of the Republic of Croatia, as the most significant special programme with the aim of social reintegration of drug addicts, there are two main areas in which special interventions are developed, i.e. additional qualification and retraining of drug addicts who are included in some of the rehabilitation programmes or have completed such a programme in accordance with the needs of the labour market per individual counties, as well as employment promotion for addicts.

It was noted during 2009 and 2010 that the implementation of the Project intensified and a significantly more users got included in the Project than previous years. Furthermore, significantly higher motivation and interest of treated addicts for inclusion in the project was also recorded, especially for completion of the previously started secondary education, but also all kinds of education. In 2010, Social Care Centres engaged more intensively not only in

inclusion of addicts into education to finish secondary school education, but their monitoring and provision of social support after leaving the institution. A significant inclusion of some associations in the implementation of the Project of Social Reintegration, i.e. promotion of education and self-employment of the treated addicts was also observed.

In 2010, the Ministry of Science, Education and Sport included 60 treated addicts into education programmes, and the Ministry of Justice – Prison Administration included 37 addicts. From the beginning of the Project implementation in 2008 until the end of 2010, 122³⁶ treated addicts were included in educational programmes funded by the Ministry of Science, Education and Sport. Also, except for the number of treated addicts shown in Table 8.2, during 2009 and 2010, another 77 treated addicts attended seminars and workshops held in the Humanitarian Organisation Zajednica Susret in cooperation with the Psychological Centre Tesa on the following topics: Self-image and development of self-esteem, Managing Stress, Facing hard feelings and Effective communication and assertivity, which are not shown in the table because they do not belong to formal educational programmes.

Table 8.2 – Number of scholarships, educational programmes and treated addicts included in educational programmes from 2008 to 2010 funded by the Ministry of Science, Education and Sport

Institution of referral to Project	Indicators	Financial year		
		2008	2009	2010
Non-governmental organisations	Number of scholarships	3	64	20
	Number of educational programmes	3	62	19
	Number of candidates	3	58	19
Penal system	Number of scholarships	0	4	38
	Number of educational programmes	0	3	38
	Number of candidates	0	3	38
Social Care Centres	Number of scholarships	0	2	7
	Number of educational programmes	0	2	7
	Number of candidates	0	2	7
TOTAL	Number of scholarships	3	70	65
	Number of educational programmes	3	67	64
	Number of candidates	3	63	64

Source: Ministry of Science, Education and Sport

However, in 2010 the number of addicts included in educational programmes after finishing the treatment based on active employment policy measures conducted by the Croatian Employment Service, fell. In 2010, 51 treated addicts underwent professional orientation and work ability evaluation, whereas 34 of them were included in educational programmes. If we compare these data with the 2009, when 92 treated addicts underwent professional orientation and working ability evaluation, and 43 treated addicts were included in educational programmes, it can be seen that the number of the treated addicts included in educational programmes was a little lower (Table 8.3).

Addicts were most often educated for the jobs of a wellness therapist, IT administrator, economist, shop-assistant, welder and tiler, forklift driver, cook, web designer, waiter, commercialist etc.

³⁶ Several addicts were educated for more years and because of that the total number of users is not 130 as might be concluded from the table, but 122.

Table 8.3 - Number of treated drug addicts included in activities of professional orientation and working ability evaluations and addicts included in educational programmes by the Croatian Employment Service in 2007, 2008, 2009 and 2010

YEAR	Number of treated addicts underwent professional orientation and working ability evaluation	Number of treated addicts included in educational programmes
2007	35	5
2008	53	13
2009	92	43
2010	51	34
TOTAL	231	95

Source: Croatian Employment Service

8.2.3 Employment

Through active employment policy measures based on the National plans for employment promotion for 2009-2010, and based on the Project of Social Reintegration carried out by branch services of the Croatian Employment Service, during 2010, 9 treated addicts were employed, and another 9 of them were employed under public works programmes, so there was the total number of 18 treated addicts employed, which is more than in 2009, when the total number of 14 treated addicts were employed. From the beginning of the implementation of the Project of Social Reintegration from 2007 to 2010 based on active employment policy measures the total number of 59 treated addicts were employed (Table 8.4). In 2010 another cooperative for social cooperative entrepreneurship was established (Cooperation Pet+, Brestovac), which beside two existing cooperatives for social cooperative entrepreneurship of the treated addicts (cooperative NEOS from Osijek and cooperative Vita ANST from Split) based on public invitation for tenders of the Ministry of Economy, Labour and Entrepreneurship got financial support, and in such a way enabled self-employment for about 20 treated addicts. In 2010 particular associations got more engaged in the implementation of the Project of Social Reintegration in general, especially promotion of self-employment of treated addicts.

Table 8.4 – Number of treated addicts who got employed based on the active employment policy measures of the Croatian Employment Service in 2007, 2008, 2009 and 2010

YEAR	Total number of employed treated addicts based on the measures of active employment policy of the Croatian Employment Service
2007	11
2008	16
2009	14
2010	18
TOTAL	59

Source: Croatian Employment Service

Furthermore, during 2010, the Office allocated 403 000.00 Kuna (54 459.46 Euro) for the implementation of 12 projects of the associations which provided various forms of help in social reintegration, from education and employment to other forms of help with social reintegration for the total number of 507 treated addicts.

In 2010, a total of 1 588 505.28 Kuna (214 662.87 Euro) was spent on the implementation of the Project of Social Reintegration, which is by 5.5% less compared to 2009, when 1 680 211.18 Kuna (227 055.56 Euro) was spent.

8.2.4 Quality assurance

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

However, several problems have been identified, which require more intensive work in the following period in order to be solved. First of all, a weak coverage of schooling and employment programmes for addicts inside the penal system was noted, but also inadequate monitoring of a client's progress after leaving the institution. Problems related to insufficient sensitization of the public, especially economists for the Project of Social Reintegration, as well as big inactivity and indifference of certain counties for their inclusion in the implementation of the Project are still present. Lack of partners' cooperation among the holders of the Project measures at the local level, and insufficient information of drug users by therapeutic communities, prison institutions and centres for prevention and outpatient treatment was also observed. Despite the efforts of the Office for Combating Drugs Abuse to raise the awareness of professional institutions and non-governmental organizations through various media activities, regional educations and distribution of promotional materials, the problem of inadequate awareness of the treated addicts about the possibilities of their inclusion in the Project still exists. Since the Office is in charge of coordination and monitoring the Project of Social Reintegration, for that purpose was created the Project Information Database. Data in the Personal Data Collection are kept pursuant to the Act on Personal Data Protection. However, a large number of holders at the local level do not deliver regularly or do not deliver at all evaluation forms for monitoring an individual programme of social reintegration, due to which there is a certain disproportion between statistical data delivered to the Office by key holders and the data from the above mentioned collection, as a result of which the evaluation of project implementation is more difficult.

Therefore, in the following period more active cooperation between all institutions included in the project implementation is needed, in order to encourage better inclusion of the treated addicts in educational and employment programmes. Regarding the fact that the project "Social cooperative entrepreneurship" showed as a very successful form of self-employment of the treated addicts and well accepted by drug addicts, formation of cooperatives that promote social cooperative entrepreneurship should be further encouraged. In addition, co-financing of non-governmental organizations conducting the programmes of social reintegration oriented towards helping drug addicts with further education, retraining and temporary or permanent employment and other forms of help related to social integration of the treated addicts into social setting is also required. Seminars, educations and round tables with economists should be organized, with the aim of promoting employment of treated addicts, and through media, regional educations and public discussions continuously present and promote the Project of Social Reintegration and its results, with the aim of sensitizing the entire public for its implementation.

In conclusion, it should be mentioned that Croatia has made significant steps in order to improve social inclusion of the treated addicts, and that these efforts have brought good results, especially regarding education and retraining of the treated addicts, whereas a little worse results were achieved in employment, and the poorest improvement was achieved in housing and services provided to homeless addicts.

Although in Croatia the research that would in a scientific manner evaluate the efficiency of interventions in the field of social reintegration hasn't been conducted yet, the evaluation of the National Strategy for Combating Narcotic Drugs Abuse for 2006-2012 is being currently conducted, which will try to evaluate the efficiency of interventions in this field as well.

9 Drug-related crime, prevention of drug-related crime and prison

There were no changes regarding the data sources and type of data collected by different authorities which were described in the last year's report. With the purpose of better understanding the issue, the introduction gives basic explanations of the terms used in the text. Pursuant to the Act on Combating Drugs Abuse³⁷, drugs are any substances of natural or artificial origin, including the psychoactive substances from the list of drugs and psychotropic substances. Although in the Amendments to the Act on Combating Drugs Abuse (OG 149/09) the word narcotic has been deleted, in criminal legislation the term *narcotic drug* is still officially used, and it will be used for interpretation of the data related to reported criminal offences of narcotic drugs abuse. *Narcotic drugs abuse* can be defined as any illegal manipulation in illicit drugs. For this reason, our legislator in Article 173 of the Criminal Code under the title "Narcotic Drugs Abuse" predicted all modalities of drug misuse, and criminal description of this article contains any unlawful behaviour stipulated in the UN Conventions, signed and ratified by the Republic of Croatia. Two modalities of this criminal offence are important for the purposes of this Report. The first is the possession of a narcotic drug for personal use, the mildest form of this criminal offence. This form of the offence envisages the sentence in form of a fine or up to 1-year imprisonment. The second modality of this criminal offence exists in the basic and qualified forms. The basic form regulates illegal production, modification and sale of a narcotic drug and envisages the sentence of at least a 3-year (to 15-year) imprisonment. The qualified form refers to identical acts but committed within a group or an organization and envisages the harshest sentence of at least a 5-year imprisonment to long-term (20- to 40-year) imprisonment.

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

Records on drug-related criminal offences are kept by the police, State Attorney's Office and courts. At the Ministry of Interior within the General Police Directorate the database of reported persons, number of criminal offences and type of drug that was a subject of certain criminal offence is kept. Criminal and minor offence courts keep data on the number of the persons prosecuted, number and type of pronounced sentences and punishments, as well as safety measures of compulsory treatment. It can be said that the State Attorney's Office of the Republic of Croatia is in possession of the most comprehensive records about the number of reported persons, type of drug that was a subject of criminal offence, the number of rejected criminal reports or criminal reports resolved according to the principle of opportunity, the number of completed cases, the number of convicted persons, the number of sentenced persons and the number of complaints filed and their results. The only data not kept by State Attorney's Office are the records on convicted persons and perpetrators of minor offences, which are responsibility of the Ministry of Justice. Currently, each of the mentioned institutions

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

is keeping its own separate database, and for the purpose of better monitoring the situation in this field, certain connection of the bases in the future is possible, with high level of personal data protection and access to information in order to avoid possible misuse.

Simultaneously with the increase in the number of reported criminal offences of narcotic drugs abuse, the increased number of drug seizures was also noted in 2010. By observing the structure of the reported criminal offences during the last few years, it is visible that the share of a less serious form of this criminal offence (possession) has been slowly declining, whereas the number of reports for more serious forms is increasing, from 26.2% in 2002 to 34.1% in 2010. Such a trend is a result of stronger orientation to organised crime reduction in wider sense, and accordingly to reduction of organised drug-related crime. By establishing the National Police Office for Combating of Corruption and Organised Crime (NPOCCOC)³⁸ at the General Police Directorate of the Ministry of Interior, with the Drugs Department operating within it, a further increase in the share of reported organised forms in the total drug-related crime may be expected in the future.

9.1 Drug-related crime

9.1.1 Drug law offences

According to the statistics of the Ministry of Interior (hereinafter MOI) for 2010, a total of 7 784 criminal offences (the Criminal Code, Article 173 – Abuse of Narcotic Drugs) related to abuse and trafficking in narcotic drugs were reported. The average share of this type of criminal offence in the overall criminality on the territory of the Republic of Croatia was 10.6% during 2010, which is slightly more than in the previous year (2009: 9.6%). After a downward trend in reported criminal offences related to abuse and trafficking in narcotic drugs, which started in 2007, during 2010 the number of reports for that kind of criminal offences increased by 10.2% compared to 2009.

Looking at the territorial distribution of reported criminal offences, out of 20 Police Districts countrywide, the majority of them recorded increase in this type of crime, especially the Krapina-Zagorje County (+124.7%), which also recorded the largest number of drug seizures in the previous year, then the Istria County (+21.7%), the Šibenik-Knin County (+19.4%) and the Karlovac County (+18.9%). Yet, five Police Districts recorded the decrease in the reported criminal offences, the most significant one on the territory of the Koprivnica-Križevci County (-1.4%).

Global 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 7 784 reported criminal offences, 2 652 or 34.1% of them refer to more complex criminal offences (e.g. trafficking, production, enabling drug use to other person etc.), whereas 5 132 criminal offences refer to drug possession, which makes 65.9% of the total number of reported criminal offences (ST 11, 2010). Reports for possession and qualified forms of that criminal offence were mainly related to cannabis products, followed by heroin, amphetamines and cocaine, similar to last year.

In 2010, the police reported the total number of 5 423 persons for narcotic drugs abuse criminal offences (ST 11, 2010), which is by 8% more than in 2009. The structure of the reported persons, similar to the structure of that kind of crime, hasn't changed much compared to the previous year. The largest number of offenders reported for that type of offence were at the age of 21-25 (25.4%), followed by the persons from 29-39 years of age (23.9%) and those aged 25-29 (19.7%), while the offenders between 18-21 years of age participated with 16.7%. As far as

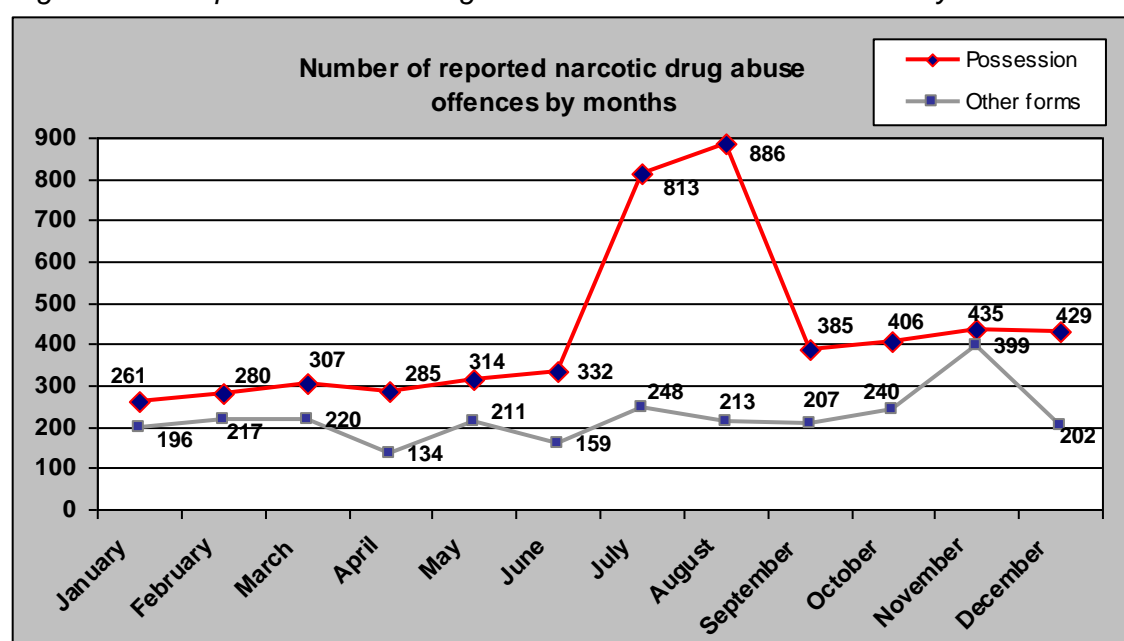
³⁸ More in Chapter 10.2.1.

the gender structure is concerned, most persons reported for criminal offences during 2010 were men (89.6%), whereas women were represented in 10.4 % of the reported cases.

When it comes to the number of foreign citizens reported for the criminal offence of narcotic drugs abuse in the Republic of Croatia, in 2010 there were 1 439 (2008: 1 155, 2009: 1 196) foreign citizens reported for this type of offence, usually during the summer months when a lot of tourists visit our country. In the most cases they were caught in possession of small quantities of drugs for personal use, usually while entering the country. According to the Croatian Statistics Bureau, 10.6 million tourists visited Croatia in 2010. A slight increase in the number of foreigners, usually of a younger age, that were reported for narcotic drug abuse could be explained with the fact that Croatia during the recent years has become a very attractive and popular holiday destination.

Figure 9.1 gives an overview of reported narcotic drugs abuse offence during 2010, where it is clearly visible that the possession of narcotic drugs is reported more frequently during the summer.

Figure 9.1 – Reported narcotic drugs abuse criminal offences in 2010 by months



Source: Ministry of Interior

Pursuant to the Act on Combating Drugs Abuse and based on the data obtained from the police departments, during 2010 the total number of 2 158 misdemeanour charges were submitted against the total of 2 147 persons. During 2009, pursuant to the same Act, 4 552 misdemeanour charges were submitted against the total number of 4 500 persons. The decrease in the number of misdemeanour charges must have been influenced by the ruling of the European Court for Human Rights in the *Maresti* case, which refers to the cases of initiating and conducting a criminal and misdemeanour proceedings for the same case simultaneously³⁹ which also includes drug-related criminal offences, and the provisions of the *Temporary Instructions for Acting of Police Officers and State Attorneys in Criminal and Misdemeanour Cases for which Violation of the Principle Ne Bis In Idem is Likely to Happen*, signed by the State Attorney General and the Police Director on 21 April 2010. Following the mentioned

³⁹ Narcotic drugs abuse is a criminal offence pursuant to the Art. 173 of the Criminal Code, whereas pursuant to the Drug Abuse Prevention Act illegal growing, possession, trafficking, production of drugs are minor drugs offences for which a fine is imposed

instruction, the police submits only criminal charges to the competent State Attorney's Office, and cannot submit a misdemeanour charge at the same time. If the State Attorney rejects the criminal charges, it can submit an accusatory motion to the competent Misdemeanour Court, which is not usually done in practice. This has led to the situation that in case of rejection of criminal charges, the misdemeanour proceedings is not initiated by the State Attorney nor by the police, which, because of the deadline in which the State Attorney brings a decision on rejection, cannot submit misdemeanour charges due to the time limits for starting misdemeanour proceedings. The mentioned situation could be solved if the State Attorney's Office brought the rejection decision in shorter time or if the State Attorney's Office initiated the misdemeanour proceedings in case the criminal charge was rejected.

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

In 2010, there were 5 718 persons (4 498 adults, 919 young adults⁴⁰ and 301 juveniles) reported for criminal offence of narcotic drugs abuse to State Attorney's Office, pursuant to the Article 173⁴¹ of the Criminal Code. Compared to 2009, 7% more offenders were reported (2009: 5 341), which stopped the negative trend recorded during the most part of the past decade. As for the age structure of the reported persons, in 2010 the share of reported young adults and juveniles in the total number of all reported persons slightly increased compared to the previous year.

Similar to the previous years, most persons were reported for possession of narcotic drugs (Par.1 Art.173) and they participated with 73.9% (4 227) in the total number of reported criminal offences of narcotic drugs abuse, which is a little more than a year before (2009: 71.7%; 3 792). If we focus on the possession of narcotic drugs as the mildest and prevailing form of criminal offences related to narcotic drugs abuse, in 2010 this downward trend in the number of persons reported for possession of drugs was interrupted (Figure 9.1). Our opinion is that the mentioned negative trend, recorded during the previous years, was a result of recent practice of State Attorney's Office, which rejected reports for such offences by applying the institute of insignificant offence (Art. 28 of the Criminal Code) or according to the principle of opportunity (find more in Chapter 9.3). Therefore, there were 11.5% more reports for drug possession recorded in 2010 than a year before. In the total drug-related crime, the share of criminal charges for drugs possession at adult perpetrators was 74% (2009: 72.6%), whereas at juveniles it was almost the same with 73.1% (2009: 76.7%). The increase in the number of reports for drugs resale is also recorded (Par. 2, Art. 173) as a more serious criminal offence (2010: 1 111; 2009: 1 053), whereas for organised resale (Par. 3, Art. 173) in 2010 there was a smaller number of reported persons (33) than in 2009 (78).

68.2% of rejected criminal reports for drug possession (2009: 74.4%) witness to the fact that drug addicts are offered the possibility to treat their addiction, whereas occasional drug users are offered adequate counseling in order to timely prevent serious consequences that might

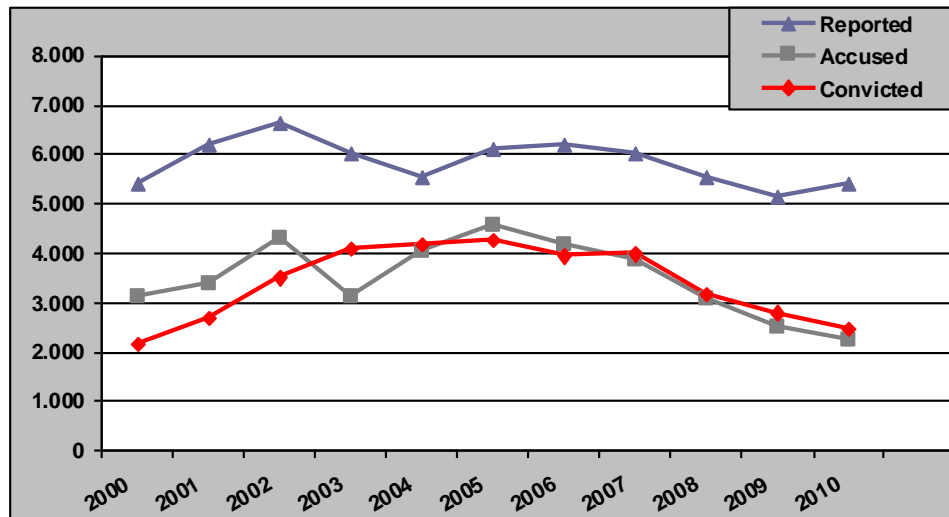
40 According to the Act on Juvenile Courts (OG 84/11), younger adult is a person who has completed 18 years of age but is not yet 21 years old.

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

damage their health and life. 53.6% of the total number of reports for all modalities pursuant to the Article 173 were rejected.

In 2010 there were 5 417 adult offenders and younger adults, who contributed to an increasing trend in the number of reported persons after multiannual declining tendency of criminal reports. However, in the reporting period, the number of accused offenders (2 260) fell by 10.4% and convicted persons (2 483) by 11% compared to 2009 (Figure 9.2).

Figure 9.2 – Reported, accused and convicted adult persons for abuse of narcotic drugs (2000-2010)



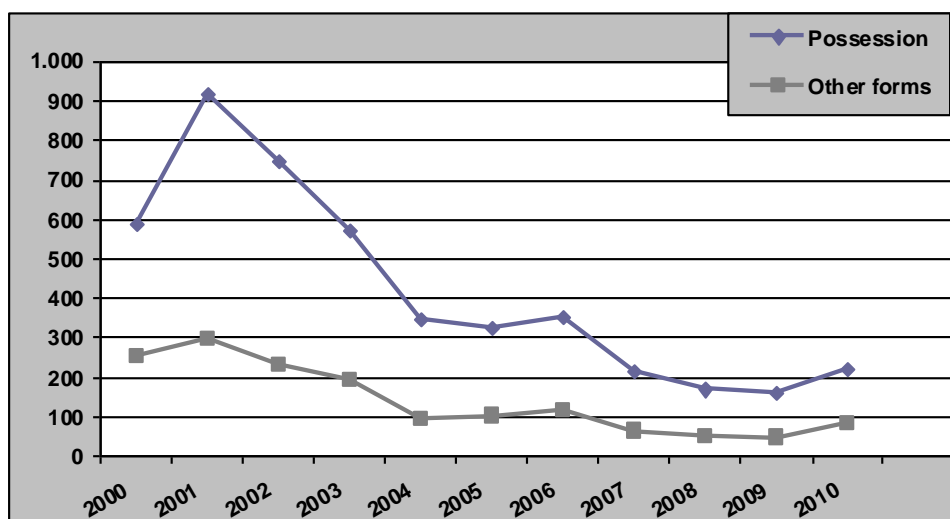
Source: State Attorney's Office of the Republic of Croatia

When it comes to sanctions pronounced for narcotic drugs abuse against adult offenders, during 2010 there were 2 204 decisions on rejection of criminal charges, in most cases by applying the institute of insignificant offence (80.4% of rejected cases), and 2 011 adult persons were charged. 2 454 adult persons were tried, 2 223 of which were acquitted. A prison sentence was pronounced to 957 reported adult persons, most of them for qualified forms of criminal offences of narcotic drugs abuse from the Article 173 of the Criminal Code, especially resale (68.9%) and organised resale (15.4%). A fine was imposed on 374 adult offenders, mostly to perpetrators of the criminal offence from the Article 173, Par.1 of the Criminal Code (possession). There were also 258 safety measures imposed on adult offenders out of which 244 refer to compulsory treatment measures pursuant to the Article 76 of the Criminal Code and 14 measures of compulsory psychiatric treatment pursuant to the Article 75 of the Criminal Code.

As far as younger adults are concerned, during 2010, there were 3 905 younger adults reported for various criminal offences, 919 of which were reported for criminal offences of narcotic drugs abuse (23.5%). The number of reported younger adults rose by 15.9% which is 126 more than in the previous year. 731 younger adults were reported for possession of narcotic drugs, and 118 of them for resale. In 2010 there were 656 decisions on rejecting criminal charges, mostly pursuant to the Article 28 of the Criminal Code – institute of insignificant offence (58.4% of rejected criminal charges). Slightly lower number of charges was resolved applying the principle of opportunity (146 or 22.3%). The application of the principle of opportunity to younger adults is very important, especially the application of the Act on Juvenile Courts, because younger adults aged from 18 to 21 are given help and support in the pre-criminal procedure, which mainly means compulsory counseling and urine checks. Furthermore, in 2010, the total number of 249 young adults was charged. Out of 260 convicted, in most cases the sentence was conditional (124). The Court decided to apply juvenile sanctions to 80 younger adults, while 40 of them were sentenced to prison.

Juvenile offenders are a specifically monitored group. In 2010, there were 3 574 juvenile offenders reported for various criminal offences, out of which 8.2% or 301 persons were reported for criminal offence related to narcotic drug abuse, mostly for possession of narcotic drugs (220). The number of reported juveniles, both for possession and other forms of criminal offences rose in 2010, unlike the previous years (Figure 9.3). While in 2007 there were 280 juvenile offenders reported, in 2008 there were 218 juvenile offenders, in 2009 the number of the reported offenders fell to 206, whereas in 2010 an increase by 46.1% was noted.

Figure 9.3 – Juveniles reported for possession and other forms of criminal offence related to narcotic drugs abuse (2000-2010)



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

In the reporting period, 204 decisions on rejection of criminal charges were reported, with the equal number of those applying the principle of opportunity and the principle of insignificant offence pursuant to the Article 28 of the Criminal Code, which for both cases accounted for about 44%. In addition, Councils on Youth imposed correctional measures on 60 juveniles and suspension of sentence to juvenile prison on 3 of them. Two imposed suspensions of sentence to juvenile prison are related to the perpetrators of criminal offence from the Article 173, Paragraph 2 of the Criminal Code (resale), and one to Paragraph 5. Similar to young adults, the principle of opportunity is a very important mechanism that can be applied to juveniles because criminal charges can be resolved in pre-trial criminal procedure; the procedure starts very soon after committing the crime, and juveniles are included in counseling treatment, which is effective in achieving educational purposes.

The above mentioned data show a larger number of decisions on rejection of criminal charges applying the principle of insignificant offence compared to the previous reporting periods, which affects the number of juveniles who are by a court decision or a decision of the State Attorney's Office included in counseling treatments provided by the Services for Mental Health Promotion, Addiction Prevention and Outpatient treatment, Social Care Centres or youth counseling centres, since the crime committed was characterised as insignificant with no harmful consequences. On the other hand, by rejecting the criminal charges due to the principle of insignificant offence, the opportunity to deliver a message to young people about harmfulness and social unacceptability of drug abuse is missed, as well as to prevent occasional drug use to turn into addiction through early intervention and timely treatment. The inclusion of juvenile offenders of drug-related crimes into treatment is of crucial importance because treatment presents the best alternative to stop experimenting with drugs and prison recidivism, the rejection of criminal charge in most cases should be based on the principle of purposefulness, after juveniles have completed the compulsory counseling treatment. It is also confirmed by the

fact that in the last few years the number of misdemeanour proceedings against juvenile perpetrators for drug-related crimes has been declining, which on the one hand leads to rejection of criminal charges against juveniles in the great number of cases without previously having included them in counseling treatments, whereas simultaneously misdemeanour proceedings against these perpetrators were not initiated.

9.1.2 Other drug-related crime

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

Table 9.1 – Number of traffic accidents caused by drivers under the influence of drugs (2005-2010)

Traffic accidents	Year						2010/2009 +/- %
	2005	2006	2007	2008	2009	2010	
With persons killed	9	15	13	9	11	8	-27.3
With persons injured	52	47	94	59	56	77	+37.5
With material damage	13	18	-*	25	31	39	+25.8
TOTAL	74	80	107	93	98	124	+26.5

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

Source: Ministry of Interior

Table 9.1 shows that in 2010, 44 394 traffic accidents happened countrywide and 124 of them were caused by the drivers under the influence of illicit substances. Most of those accidents resulted in injuries (77 persons) and one resulted in death, and the remaining ones resulted only in material damage. In 2010, the number of traffic accidents caused by drivers under the influence of illicit substances further increased compared to the previous years. There was also 75% of traffic accidents that were caused by young drivers aged from 18-24 more than previous years (2010: 35; 2009: 20). Out of total number of 35 accidents caused by young drivers, which is almost one fourth of all accidents caused by drivers under the influence of illicit drugs, 1 accident resulted in death and 37 with injured persons.

Primary activity of both illicit drug smugglers and users is one form of a criminal offence of narcotic drug abuse. Drug users usually commit secondary criminal offences - property offences in order to be able to maintain their addiction. Quite often they commit burglaries in the pharmacies and medical centres as well as forgeries of medical prescriptions to obtain methadone and other medicines. In 2010, there were 103 aggravated larcenies committed: 37 in pharmacies, 22 in medical centres and 44 in other health institutions. 27 cases of forgeries of medical prescriptions were also recorded, which is almost 4 times as much as the previous year (2009: 7). Unfortunately, it is not clear how many of those offences were committed by drug users.

Organised criminal groups are usually engaged in other forms of organised crime, corruption, violent crime and money laundering. Special attention is also being given to the early detection of money inflow earned by illicit drug trafficking, since money profit makes the most important

segment of illicit drug trafficking, and to prevention and combating the laundry of money gained by illicit drug trafficking. The emphasis is put on the detection of higher levels of the criminal pyramid or persons who are not directly involved in drugs trafficking but rather organise and finance this illicit activity. According to the Anti-Money Laundering Office at the Ministry of Finance, in 2010 one indictment against one person was registered, one invalid conviction verdict against 3 persons and 1 valid conviction verdict for committing criminal offence of money laundering, with narcotic drugs abuse as its predicate criminal offence.

Distribution of different offences committed by drug users can be described based on the statistics of the Prison Administration of the Ministry of Justice. Table 9.2 shows that drug addicts are also specific by the type of offence that they commit. If compared with the rest of prison population, drug addicts more often commit criminal offences related to narcotic drugs abuse, larceny and robbery, whilst they are less represented among the perpetrators of criminal offences against life and limb, against sexual freedom and sexual morality, and other criminal offences. During 2010, drug addicts continued to participate mostly in committing qualified (complex) forms of narcotic drugs abuse criminal offences (39.6%), followed by the property crime with larceny and aggravated larceny accounting for 17.7% and robbery for 14%.

Table 9.2 – Drug addicted inmates by criminal offences in 2010

Criminal offences (Articles of the Criminal Code)	Number of inmates					
	Prisoners		Detainees		Juveniles	
	N1*	N2**	N1	N2	N1	N2
Abuse of narcotic drugs – possession (Art. 173, P.1)	63	100	11	55	0	0
Abuse of narcotic drugs – other (Art. 173, P.2-6)	356	406	84	284	0	1
Larceny, aggravated larceny (Art. 216, 217)	132	136	59	162	1	17
Robbery (Art. 218, 219)	143	116	21	99	1	21
Murder, aggravated murder, manslaughter (Art. 90-92)	31	16	0	47	1	1
Bodily injury (Art. 98-101)	10	16	9	25	0	2
Rape (Art. 188-193)	9	11	0	9	0	2
Fraud (Art. 224)	8	29	16	17	0	0
Other	42	69	118	101	0	3
Total	794	899	318	799	3	47
	1 693		1 117		50	
TOTAL	2 860					

* N1 = inmates with security measure of mandatory treatment

** N2 = inmates without security measure of mandatory treatment

Source: Ministry of Justice, Prison Administration

9.2 Prevention of drug-related crime

Similar to previous years, in 2010 the measures targeted at drug supply reduction on the illicit drug market were undertaken through combating organised illicit sale and distribution of drugs in the Republic of Croatia, directing activities of specialised police officers toward organised criminal groups involved in illicit drug trafficking, preventing the organisation of open narco-scenes and combating street distribution of smaller quantities of drugs (street reduction with maximum availability reduction), continued drug-testing of drivers in road traffic (preliminary testing) together with additional training of traffic police and provision of the equipment required for its implementation. In order to prevent smuggling of illicit drugs into the Republic of Croatia and through its territory the measures and actions of an international character have been continuously carried out: international controlled deliveries, previous international police

investigations, international operations, implementation of regular and intensified supervision of state borders, measures for improving passenger control and traffic control at border-crossings (road, railway, river), in airports and ports, formation and use of well-equipped (with material-technical means, narcotic detection dogs etc.) border police teams specialised in combating illicit drug trafficking, intensified measures targeted at prevention of illicit drugs smuggling at water borders, continuous trainings of border police officers on drug-related topics as well as training of drug dog guides, evaluation of public air traffic (scheduled flights and general air traffic) with the aim of detecting risk flights and other activities.

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

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

As reported in the previous years, the Ministry of Interior opened several "Information Centres" (Zagreb, Bjelovar, Varaždin and Karlovac), where specialised and experienced police officers participate in drug prevention activities together with all other relevant services in the community.

When it comes to prevention of driving offences committed under the influence of drugs, traffic police officers in 2010 offered preliminary testing on illicit substances to 2 331 drivers, which is by 59.9% more than in 2009 (1 458). Since 310 drivers refused to be tested by a preliminary testing device, out of 2 021 drivers, 644 were tested positive for the presence of drugs in the body. Out of 352 drivers who agreed to provide blood and urine samples to detect the presence of illicit drugs, in 59 cases drugs were confirmed compared to 18 positive cases in 2009. The relationship between the total number of the drivers tested and misdemeanour charges submitted (for refusing preliminary testing, for refusing blood and urine testing and for determined presence of narcotic drugs in the body) is 32.7%.

9.3 Interventions in the criminal justice system

Possibilities for rejecting a report for drug-related criminal offence, suspending further prosecution, suspending sentence and other different measures (e.g. obligatory treatment of drug addiction or psychiatric treatment) that may be imposed by the Court were in detail described in the last year's report and there were no major changes regarding legal provisions in 2010. The figures on rejected criminal reports for all categories of offenders (juveniles, young adults and adults) and other alternatives to imprisonment are presented in Chapter 9.1.

When it comes to reasons for rejection of criminal reports against adult perpetrators, in the majority of cases State Attorney's Office decides to apply the Article 28 of the Criminal Code, which means that criminal charges are resolved by rejection due to a minor significance of the criminal offence (so-called principle of insignificant offence). These are usually the cases when adult offenders are reported to the State Attorney's Office for the first time for a possession of small quantities of drugs for personal use. In 2009, there was the total number of 2 594 rejected criminal reports out of which 1 930 rejections were based on the previously mentioned Article 28 of the Criminal Code. In such situations, the fact that the requests for initiation of misdemeanour proceedings against those persons have been submitted to the competent court is taken into account. State Attorney's Office also applies the principle of insignificant offence pursuant to the Article 28, when the perpetrators are foreigners who visit Croatia during summer months and bring small amounts of drugs for personal use.

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

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

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

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

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

9.4 Drug use and problem use in prisons

In 2010 there was a total of 3 056 inmates addicted to drugs of all categories³⁰ in the prison system, which accounts for 17.03% of the total number of inmates (N=17 946) of all categories. At the end of the year there were 24.58% addicts out of the total number of inmates (1.09% more than in 2009). In 2010, among 7 573 inmates who served a prison sentence pronounced in criminal proceedings, there were 22.36% of drug addicts.

Out of 3 056 inmates addicted to drugs in 2010, 55.4% of them were inmates (1 693) who served a prison sentence pronounced in criminal proceedings, then followed detainees (1 117), those convicted for misdemeanor offences (197) and juveniles (49).

1 034 of new persons addicted to psychoactive drugs were sent to serve a prison sentence in 2010, which is one third of all drug addicted inmates in the prison system (N=3 056). Similar to the total number of inmates, in 2010 there was about 20% of new drug addicted inmates more than the previous year. In addition to the prison sentence, the safety measure of compulsory addiction treatment was imposed on 42.55% of those as well (Table 9.3). Compared to the previous year, out of the total number of new drug addicted inmates the share of those for whom addiction (or abuse directly related to criminal activity) was established by the Diagnostics Department and/or the expert team of the prison/correctional facility, increased (57.45%).

Although a constantly higher rate of criminal recidivism in addicts compared to other inmates is well-known, the increasing trend in the number of criminal recidivism among addicts is still salient. Thus in 2010, exceptionally high increase in the total number of previously convicted inmates addicted to drugs was recorded, which accounted for 88% of the total number of persons serving a prison sentence that year. In 2010 there were 73.9% more criminal recidivists compared to 2008, whereas compared to the 2009 data, the number of recidivists was by 78.5% higher (Table 9.3).

Table 9.3 – Number of inmates addicted to psychoactive drugs sentenced to prison in the given year (2007-2010)

Year	Number of addicts with security measure		Number of addicts without security measure		TOTAL		First time prison sentence	
	M	F	M	F	M	F	M	F
2007	389	19	641	7	1.030	26	434	14
TOTAL	408		648		1.056		448	
2008	433	24	578	23	1.011	47	488	30
TOTAL	457 (>12%)		601 (<7.3%)		1.058 (>0.2%)		518 (>15.6%)	
2009	377	22	444	14	821	36	307	24
TOTAL	399 (<12.7%)		458 (<23.8%)		857 (<18.9%)		331 (<36.1%)	
2010	410	32	602	20	1.012	52	100	25
TOTAL	442 (>10.8%)		622 (>35.8%)		1.064 (>24.2%)		125 (<62.2%)	

Source: Ministry of Justice, Prison Administration

All inmates validly sentenced to six or more months in prison have to undergo a psychophysical examination administered by the Diagnostics Department. Apart from the general terms of prison sentence, an individual treatment programme for each addicted inmate is created according to the diagnosis. According to the data from ST 12 (2010), the Diagnostics Department handled the total number of 2 181 inmate cases in 2010. In the diagnostic process the inmates were asked questions about drug use in the form of anonymous questionnaire. Out of the total number of the surveyed inmates, 257 or 12.61% of them took an illicit drug once in their lives, mostly cannabis (12.33%), cocaine (7.15%) and amphetamines (6.69%). The lifetime prevalence of all kinds of drugs was in 2010 considerably lower compared to the previous year, especially in case of heroin, which was taken by fewer than half as many surveyed inmates than in the previous year (2010: 5.91%; 2009: 12.36%). Due to certain methodological problems described in ST 12, the data on prevalence of any illicit drug in the

previous year, previous months or regularly are not available this year. Unlike last year, when the majority of examinees once per week or more took heroin, in 2010 cannabis is most often used (2.43%), followed by heroin by 1.51%. Injecting drug use also considerably decreased, i.e. use of heroin (2.47%) and cocaine (0.55%).

Table 9.4 shows that inmates were primarily addicted to opiates in about 44.2% of cases, followed by addiction to more drugs (poly-drug use) in 30.92% cases, addiction to cannabis in 14.3% and less represented addictions to sedatives and hypnotics by 4.38%, cocaine by 3.73% and stimulative substances by 2.15%. Such distribution of addicts by type of drugs is similar in all inmate subgroups, except for juveniles, the biggest number of which were addicted to cannabinoids, whilst opiate addiction comes third, after poly-drug use. Similar situation was also recorded the year before.

Table 9.4 – Number of addicted inmates in 2010 according to psychoactive drug type

Type of psychoactive drugs	Number of prisoners during 2010				
	Prisoners	Detainees	Sentenced for misdemeanour	Minors	TOTAL
Opiates F11	750	537	59	5	1.351
Cannabinoids F12	240	149	20	28	437
Sedatives and hypnotics F13	32	64	37	1	134
Cocaine F14	42	62	6	4	114
Stimulants F15	35	30	1	0	66
Hallucinogens F16	2	2	0	2	6
Solvents F18	2	1	0	0	3
Polydrug use and other F19	590	272	74	9	945
TOTAL	1 693	1 117	197	49	3 056

Source: Ministry of Justice, Prison Administration

The majority of inmates (all categories), during 2010 were male (95.35%). As for age, 71.24% of addicted inmates, or almost three quarters of the population, was aged 21 to 35 (Table 9.5). This information additionally stresses the gravity of the problem, since those are about 1 810 persons in their most productive period of life, but whose bio-psycho-social functioning has been completely damaged or significantly impaired due to drug abuse and the lifestyle of addiction and crime. On average every tenth prisoner and detainee is still more than 40 years old, which points out to better availability of health care for addicts, both in the public health and prison system.

Table 9.5 – Age and gender of inmates addicted to psychoactive drugs in 2010

Age and gender of prisoners	Number of inmates					
	Prisoners, correction measure, juvenile prison		Detainees		Sentenced for misdemeanour	
	M	F	M	F	M	F
<16	0	0	1	0	0	0
16-20	50	0	16	2	4	0
21-25	187	6	128	7	24	0
26-30	530	24	292	17	31	3
31-35	467	20	357	26	56	2
36-40	257	8	161	5	59	0
>40	175	18	103	2	16	2
Total	1 666	76	1 058	59	190	7
	1 742		1 117		197	
TOTAL	3 056					

Sourcer: Ministry of Justice, Prison Administration

As for blood-borne diseases such as HIV infection and viral hepatitis B and C, it is known that the prison population represents a combination of several high-risk subpopulations, and that their serologic status is difficult to monitor outside the prison system. Therefore, in 2009, the research was conducted to investigate the prevalence of HBV and HCV infection in the prison population, the results of which showed an extremely high percentage of the prevalence of these viruses, especially among addicts (up to 50%) compared to the general population (HBV-11%, HCV-1.2%). The results of the mentioned research are in detail described in the last year's report.

During 2010, Croatian Association for HIV and Viral Hepatitis (HUHIV) carried out an outreach programme for prison population at the national level, which included prevention and education programmes (educational lectures in smaller groups of listeners in prison or correctional facility, accompanied with projection of slides and distribution of educational materials), then individual work (counseling before testing, testing, counseling after testing, help with referring to further treatment) and testing for anti-HCV and anti-HIV. Find more information in Chapter 6.1.

9.5 Responses to drug-related health issues in prisons

Detailed information on the measures for solving drug-related health problems conducted by the prison system are described in Chapter 11 – Drug-related health policies and prison services.

9.6 Reintegration of drug users after release from prison

According to the Act on the Enforcement of Prison Sentence,⁴² a prisoner released on parole may be bound to further treatment, which in case of drug addicts means continuation of medical treatment of drug addiction in a health institution or other organised form of addiction treatment in a therapeutic community, institution or any other legal entity that conducts therapeutic programmes. Preparations for release commences upon a prisoner's arrival in prison or correctional facility. Inmates are encouraged to participate responsibly in the

⁴² Act on the enforcement of prison sentence (NN 190/03, 076/07, 27/08, 83/09, 18/11, 48/11)

preparation for release in prison or correctional facility and outside the prison or correctional facility, and in particular to maintain relationships with the family, to keep in touch with state authority bodies, institutions and associations and the persons engaging in an organized manner in the inclusion of the convict into life in freedom. Not later than three months prior to the release the prison or correctional facility includes the inmate into individual or group advisory work in connection with the preparing of the inmate for release. At the request of an executing judge, the Probation Office will prepare admission of prisoners after their release in accordance with the law that regulates activities of probation. Upon the release, the released person may get in touch with the competent executing judge for the purpose of assistance and support. The executing judge shall co-operate with the Social Care Centre and by a written decision may order the Centre to take all necessary measures to assist prisoners upon their release from prison. Post-release assistance is a set of measures and procedures which are applied for the purpose of inclusion of released inmates into life in freedom. Besides providing food and accommodation, advice on the selection of permanent or temporary residence, reconciliation of family relations, seeking employment, completion of professional training, granting financial support for the coverage of indispensable needs and other forms of assistance and support etc., adequate medical treatment should also be provided.

The role of the prison system in the national Project of Social Reintegration of Drug Addict is described in detail in Chapter 8.2.

Following the already started activities and according to the *Rules of Procedures of Competent State Bodies, Institutions and Civil Society Organisations* in the implementation of the Project of Social Reintegration of Addicts, the Prison Administration of the Ministry of Justice surveyed in 2010 the total number of 51 inmates (38 inmates, 1 juvenile and 12 female inmates) with the purpose of showing interest in participation in the project, after which psychological testing and professional orientation of the inmates who applied was conducted. During 2010 the total number of 37 inmates (22 in the correctional facility in Glina, 10 in the Šibenik prison and 5 in the Pula prison) completed the programme of additional education and retraining (for computer operator).

In addition, the treatment officials conducted additional professional evaluation of inmates regarding their current health and social status for inclusion in the entire process of social reintegration. Every inmate is provided with a medical certificate issued by the prison system's doctor with the latest test results of specialist medical examination, as well as the insight into available medical documentation for the purpose of making an opinion on the health condition and evaluation of professional orientation. Medical examinations for inmates are organised directly between the prison management and a doctor specialist in occupational medicine chosen by the Ministry of Health and Social Welfare. Based on the obtained results and defined psychological and medical indications, the professional team delivers the final opinion for each inmate with recommended occupations, or counter indications for occupations an inmate was previously interested in (in all 51 cases it was an occupation of a computer operator), and the evaluation of the specialist in occupational medicine of inmate health, and ability to work. The cost of specialist examinations were completely covered by the Ministry of Health and Social Welfare, after the examinations have been completed, and orders for payment to the selected medical offices have been authorised.

Based on the results from 2010, the Prison Administration suggested further inclusion of larger number of addicts into education for occupations which are not scarce, regarding the fact that survey of the inmates on their interest in scarce occupations showed their interest in the occupations which are not included in the list.

The Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment of the County Institutes for Public Health and non-governmental organisations are permanently included in programmes for offering psychosocial and other help to inmates in the prison

system, as well after they are released from prison. The majority of addicted inmates is included in treatment after conditional release or after having served the sentence according to the protocol established by the implementation of the project and programme *Institutional and Postpenal Treatment of Convicted Addicts (IPTO)*.

In cases if special programmes within the prison system's scope of activities could not be implemented, the cooperation with civil society organisations operating in the local community was encouraged to enable the implementation of the programme in a prison or correctional facility. The advantage of such cooperation lies in the fact that counseling and monitoring of inmates continues even after their release. Family and other close persons can be also included in the implementation of inmate's rehabilitation, which will provide support to the inmate in his/her abstinence and change of lifestyle. In this way, a cooperation was established in 2010 for treatment and post-penal admission of inmates with the Association Terra in prisons in Rijeka and Pula, Association "Stijena" in the prisons in Glina and Lepoglava, and "Ne-ovisnost" in the prison in Osijek. Also, a cooperation of prisons in Dubrovnik and Požega with the competent county Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment was also established.

10 Drug markets

According to the Croatian legislation⁴³ drug is defined as any substance of natural or artificial origin, including psychotropic substances inscribed on the list of drugs and psychotropic substances, and every cultivation, production, possession or trafficking of drugs is against the law. Therefore, it is understood that in this document the term drug markets refers to illicit drug markets. Further on, according to drug classifications used in informing relevant international bodies, the term “cannabis resin” refers to hashish, while “cannabis plant” refers to marihuana. For other types of drugs, the usual terms are used.

Decrease in supply, and thus the availability, is one of the main priorities of the national policy of combating drugs abuse in the Republic of Croatia. It is known that reduction of drugs availability, especially at street level, can lead to the reduction of drug demand and potentially reduce the interest of risk groups which have not yet started to consume drugs. However, in recent years, special effort was put on combating organised criminal groups activities in order to reduce the influence of international smuggling routes to the drug market in the Republic of Croatia, as well as activities of local crime groups. Since the international element of drug smuggling has become unavoidable, Croatian law enforcement authorities have been actively participating in international operations as participants in implementation or in many cases initiators concerning the available operative knowledge. To continue, during 2010, in cooperation with police forces from other European countries, 5 criminal groups were disbanded and the most of them did not directly operate in Croatia. The mentioned has potentially contributed to the reduction of drug availability in the Croatian drug market, which is particularly evident in reduced availability of heroin. In addition to police data, the aforementioned phenomena was corroborated on the basis of research conducted among problematic, drug consuming population, i.e. the users of harm reduction program.

It should be noted that the total length of our land borders (Croatia borders with five countries) is 2 028 km and 5 835 km of coastline with complex geopolitical and geostrategic position, and the tendency of establishing a more liberal flow of goods and passengers requires special efforts to detect attempts of smuggling of drugs, people and other profitable goods. Therefore, besides the Croatian police, there is also customs service which controls the traffic at the country borders and continuously implements the measures of intensified control. Their role is especially important in controlling the container traffic at seaports where the risk assessment and operational knowledge are very often the only ways to detect the illicit shipments of drugs hidden in regular shipments of various goods, areas for ballast water and other parts of the ship or boat etc. In 2010, the work of mobile units authorised for the enforcement of customs control and customs checks over the whole customs area in the Republic of Croatia was supported and has improved cooperation with the police.

This chapter gives an outline of drugs availability on the Croatian market, structure of drug markets and criminal organisations, specific smuggling routes and modus operandi for particular types of drugs, influence of prevention measures to drug markets and especially seizures, price, purity and composition of drugs. Electronic model for data management enables regular assessments of threats from organised crime⁴⁴ (including drug-related crime), which may affect the socio-economic system and political stability of Croatia, on what is briefly reported as well.

Since the Ministry of Interior - the Police Directorate within which operates the National Police Office on Combating Corruption and Organised Crime (hereinafter in the text: NPOCCOC) and

³⁶ Law on Combating Drug Abuse (OG 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11)
Criminal Code (OG 110/97, 129/00, 111/03, 105/04, 84/05, 71/06, 110/07,
152/08, 57/11, 77/11)

⁴⁴ OCTA (Organised Crime Threat Assessment)

the Department for Drugs Crime as the organisational unit inside NPOCCOC, manages all records concerning drug-related crime, in this chapter are besides ESPAD research also used data and information of the relevant Ministry. Although customs has the authority to seize detected drugs, the records on the total seizures at the national level is ran by the Ministry of Interior, since only the police is authorised to implement the investigative measures and actions upon the detection of the criminal offence of narcotic drugs abuse, including the drugs smuggling. Data are collected monthly from police departments by the means of standardised forms and processed in electronic records at the Ministry. As a part of IPA 2007 twinning project "Strengthening Capacities of the Ministry of Interior to Combat Narcotic Drugs Trafficking and Drug Abuse", a discussion was developed on possibilities to improve electronic support for collection of data on all types of crime (online systems).

According to the assessment of the Ministry of Interior, street value of seized drugs in the Republic of Croatia which were destroyed during 2010 (more in Chapter 1.1) amounts EUR 7.804,324.

10.1 Availability and supply

10.1.1 Perceived availability of drugs, exposure and access to drugs

The liberalisation of border traffic regime as a part of an integration process of Europe, tourist and maritime orientation of Croatia, the presence of Croatian citizens in the countries that produce drugs, cultural, private, family, business and other relationships of Croatian citizens with citizens from other countries which have considerable production and consumption of drugs, significantly affect the availability of all types of drugs in the Republic of Croatia.

Besides the European Survey on Smoking, Alcohol and Drugs conducted in Croatia (ESPAD, 2007) which revealed that cannabis is the most available illicit psychoactive substance (50% of examinees admitted they would obtain it rather easy or very easily) and that other illicit substances are available to students as well, such as ecstasy and amphetamines (to be more precise to pupils turning 16 in the year of survey conduction), in Croatia since then haven't been conducted any other national survey on drugs availability on the drug markets. Table 10.1 gives details on the responses to the question of the ESPAD survey on how difficult it would be for the examinees to have access to various enumerated legal and illicit substances if they wanted them.

Table 10.1 – Assessment of the difficulty to have access to various psychoactive substances (ESPAD, 2007)

Difficulty to have access to the substance in question	PSYCHOACTIVE SUBSTANCE						
	Cigarette	Wine	Hard liquor	Cannabis	Ecstasy	Amphetamines	Tranquillizers/sedatives
Impossible (%)	2.5	3.3	4.8	11.1	18.7	18.9	16.7
Very difficult (%)	1.6	1.6	3.3	8.2	12.2	12.8	11.1
Difficult (%)	2.1	2.7	5.7	10.2	11.1	11.9	11.8
Easy (%)	21.6	19.4	24.2	26.8	17.9	17.4	18.2
Very easy (%)	60.4	66.1	51.8	22.7	12.6	10.5	14.1
Don't know (%)	11.8	6.9	10.2	21.0	27.5	28.5	28.2

Source: Croatian Institute for Public Health

In order to reach further understandings, besides the information available from the Ministry of Interior, the Office for Combating Drug Abuse of the Government of the Republic of Croatia by

the end of 2010, in cooperation with the Faculty of Education and Rehabilitation Sciences of the University of Zagreb, commenced a project "Availability and Price of Illicit Drugs in the Republic of Croatia (DCIS)" with the goal to obtain data on price, frequency of consumption, ways of consumption, sources of supply, types of supply and availability of illicit drugs, but also on new psychoactive substances which occur in Croatia. It was anticipated that this project will also serve as the basis for a more extensive project on monitoring the dynamics of the availability and prices of illicit drugs over a longer period and upon obtained experiences a standard model of monitoring the availability and prices of illicit drugs in the Republic of Croatia will be offered. The period for which the data were collected by first such study in Croatia was 2010 and the data collection was anticipated from December 2010 to February 2011. However, according to the proposals of experts from non-governmental organisations that participated in the research, the deadline was extended until April 2011 due to the fact that a large amount of data was required and the interviews were taking longer than scheduled. The research was conducted in cooperation with few associations dealing with drug addiction issues and which are implementing the harm reduction programs. In the project were involved: association Terra (Istria), association for improvement of life quality LET (Zagreb), Association HELP (Split and Osijek territory), Association Institut (Rijeka) and the Croatian Red Cross (Zagreb and Krapina territory). The reason for cooperation particularly with those associations can be found in the fact that the mentioned associations daily communicate with drug addicts and therefore are capable of conducting this type of research and obtain the quality data. Although the tendency of this research was to cover the complete Croatian territory, it was limited to the areas where the mentioned associations operate, in bigger centres and which enabled access to wider addict population, especially to problematic drug users. Due to the aforementioned we are aware that it will not be possible to obtain the data for the whole Croatian territory but the research covered almost 10% of the total addict population which were in 2009 treated for drug abuse (according to the Register of Persons Treated for Psychoactive Drug Abuse in the Republic of Croatia). The obtained data can be used in defining trends of drug prices and their availability in certain areas covered by the research. The research was conducted on a sample of illicit drug addicts who were during the research included in the harm reduction programs in mentioned non-governmental associations, while the research covered 622 examinees. Since the research was finished in May 2011, its results will be detailed in the next national report.

However, it is necessary to comment some occurrences that had been spotted by the Ministry of Interior (operative findings) in 2010 and were later confirmed by the mentioned research. The mentioned refers to reduced availability of heroin, which had from 707 seizures in 2005 reduced to 400 in 2010. If we look at the research results, majority of the examinees took heroin at least once in a lifetime while 37% of them consumes heroin every day and 25% once or more times a week. When looking at the total data, 11% of the examinees answered that heroin was completely unavailable to them while for 25% of them it was difficult to acquire it. However, the differences are notable at the regional level. Therefore, as much as 55% of examinees from Split and part of Dalmatia think that heroin is completely unavailable to them or hardly accessible, while at the same time only 21% of examinees in Zagreb and 19% in Rijeka think the same. Part of the answer lies in the fact that the heroin smugglers, upon entering the Schengen area, continue to move within the European Union and to a much smaller extent pass through Croatia, while on the other hand detection and prosecution of criminal organisations involved in drug smuggling also cause a decrease in availability of drugs in Croatia. In 2010, 16 persons died due to heroin overdose (2008:36; 2009:29), while acute methadone intoxication was the cause of death of 36 addicts (2008:20; 2009:16). The reduced availability of heroin on the market has potentially increased the methadone abuse on illicit markets which exist in Croatia despite the decline in methadone seizures in the past two years.

Although the last ESPAD research showed that marijuana consumption is slightly below the European average, it is obvious that this type of drug is available to the young in an extent that is higher than acceptable. The decline in marijuana consumption, compared with the ESPAD's research from 2003, have surely been influenced by intensive prevention activities as well.

Although, according to the mentioned research on drug markets in Croatia marijuana is completely, very easy or easy available for as much as 94% examinees who answered that question, the number of treated marijuana addicts, in the total number of treated drug addicts, decreased from 21.7% in 2005 to 11.4% in 2010. Such a development can also be interpreted by the modifications of provisions of the Criminal Code in 2006 according to which prescribed fines or imprisonment up to 1 year for possessing any kind of drug and for possessing drug with the intention of selling a prison sentence of at least three years is pronounced. However, the number of treated addicts decreased due to the increase in rejected criminal charges by the State Attorney's Office due to the insignificance of the offence and by that the reduced number of juveniles who are by the decision of court and State Attorney's Office, according to the principle of purposefulness, included in the counselling treatments provided by the Service for Mental Health, Addiction Prevention and Outpatient Treatment, Social Care Centres and counseling centres for the youth (for more details consult the Chapter 9.3).

10.1.2 Drugs origin: national production versus imported

Croatia is primarily a transit country and the production of drugs is therefore limited to cannabis cultivation usually for personal use and sales on the Croatian market. Smaller portion of cannabis products are grown in the Republic of Croatia in so-called outdoor plantations and sporadic cases of so-called indoor plantations are being recorded. The majority of cannabis product originates from Albania, an important marijuana producer. Other important countries producing the mentioned drug types are Morocco, Afghanistan and Bosnia and Herzegovina.

Although the laboratories for illicit synthetic drugs production in neighbouring countries have been lately discovered, Croatia has not recorded any such case so far. Domestic production is not affordable probably due to high prices, existing production in the region and the flow of this type of drugs through our country. Synthetic drugs like amphetamines and amphetamine derivatives (usually ecstasy tablets) are smuggled in a variety of ways from the particular West European countries but also from even more present drug markets in particular East European and Asian countries.

Heroin originates from Afghanistan and other countries of South Western Asia that produce heroin. It is also important to note that Croatia actively participates in the efforts of the international community in combating opium production in Afghanistan and participates in the military mission in Afghanistan, and has sent few police officers to provide help in training the Afghanistan police officers.

The origin of cocaine which can be found on the Croatian market are traditional producers (Columbia, Bolivia, Peru), although according to the operational police information, cocaine paste is also processed into cocaine in other South American countries, especially in Brazil.

In addition to the overview of smuggling specificities according to particular types of drugs (10.1.3), a comment on drugs origin is also given.

10.1.3 Trafficking patterns, national and international flows, routes, modi operandi; and organization of domestic drug markets

The issue related to criminal activities of organised international groups of smugglers is especially complex due to geographical position of our country, which is a crossroads of traffic corridors between the East and the West, and the South and the North of Europe, which results in heavy flow of goods and passengers.

Criminal groups involved in the drug-related crime are formed according to the various criteria, therefore for every country the usual ethnic or family background criteria has been recorded, then the groups formed on the basis of guild membership (companies and truck drivers in international traffic, sailors in international water) and criminal groups without any special pattern, appropriately formed. Also, organised criminal groups use the globalisation trends that enable faster and more liberal regime of the flow of goods and people. For the purposes of smuggling drugs, especially high extent of using transport companies or their drivers has been recorded. Their interest, knowledge of routes, some knowledge of police and customs work and bribery for that work enable to the members of criminal groups recruiting of such persons. The mentioned criminal groups are not focused on particular type of drug but the smuggling is performed appropriately, meaning the drugs or other goods are being smuggled what depends on the decision of a smuggling organiser. Aforementioned are usually small groups, managed by the organisers that coordinate smuggling together with the leaders of other groups. It has been noticed that the majority of organised criminal groups combine other criminal activities with their primary criminal activity of smuggling and drug trafficking to achieve a successful implementation and prevent detection and prosecution. Many national criminal groups cooperate perfectly regardless of political, language and other differences. Alarming trends have been recorded concerning even more organized activity of criminal groups and criminal organisations with a predominantly international character.

It is important to mention, that the so-called „Balkan route” has in the last few years 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 realized by Turkey. However, the trends concerning activities on the traditional “Balkan route” of heroin smuggling from Afghanistan, Turkey and Middle East countries towards the South Eastern Europe have continued. One branch of the “Balkan route” still passes through Kosovo, Serbia, Montenegro, Bosnia and Herzegovina and Croatia heading to the West European countries. The reasons why the continuous work on combating the mentioned issue is obstructed lies in the fact that smuggling of larger quantities of heroin through Croatian territory is usually performed without the participation of Croatian citizens, that is shipments are only transited through Croatia on their way to the West, as well as the circumstances that the majority of domestic markets are continuously supplied with smaller quantities, organised by smaller local criminal groups. Regarding the mentioned, criminal groups and individuals from the Region which are participating in organisation of the mentioned activities (modus of their work, usage of logistics services provided by Croatian citizens, etc.), are identified.

Picture 10.1 – Main trafficking routes in the Republic of Croatia



Source: Ministry of Interior

Heroin

As stated earlier, the “Balkan route” is traditionally used for heroin smuggling due to its shortest road connection among the countries that produce heroin (Afghanistan, Pakistan, etc.) and the countries that use heroin, but also due to the increase of goods and passengers traffic, which organised criminal groups use to smuggle heroin with minimum investments and reduced risk of seizure and arrest. In the recent years, when new member states joined the European Union, primarily Romania and Hungary, the “Balkan route” has partially been modified due to the Schengen regime and its way has shifted more to the North (Serbia – Hungary or Romania). We are of an opinion that it is about smuggling the small quantities (up to several tens of kilograms) and the smuggling route where large quantities are smuggled by means of truck traffic according to the final destination of legal load, has not changed. Although in road traffic we record greater number of seizures of small (several kg) and large (up to 100 kg) quantities of heroin, the particular issue represents the smuggling of large quantities (more than 100 kg) of heroin by truck traffic. The smuggling is partially performed through Croatia in the relation Turkey – the West European countries. Croatia is the only country in the Region that did not record any seizure of large quantity of heroin in truck traffic in the previous period. Except the objective reasons that present the lack of seizures (the lack of quality operational knowledge, because smugglers do not contact persons from the Croatian territory but are only in the transit), we conclude that there are also subjective weaknesses of the system (the lack of systematic and targeted customs supervision). We record the cases of using the services of transportation companies, own or on behalf of other persons, through international road transport but also through other international transport types. Rent a car services for heroin smuggling have also been recorded.

A specific distinction of heroin smuggling is that it is organised by criminal groups of ethnic Albanians who organise and run heroin smuggling through so-called “Balkan route” and in fact dominate in that. They 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. It is specific for ethnic Albanians that they have strong family bonds in various countries of the Region, Europe and the world and use them for illegal business. Large community of ethnic Albanians operates in the Croatian territory. Reasons for the mentioned situation are geographical, historical, cultural, etc. Smuggling is done so that organizers, that is ethnical Albanians, often use for smuggling so-called couriers who are usually citizens of transit countries (Croatia, Serbia, Slovenia) or citizens coming from countries with the existing drug market on which the mentioned heroin is placed (Italy, Germany, Netherland, etc.) It is difficult to define how big the group is since every part of a group is responsible for own goods to smuggle and the route it covers.

Organised criminal groups have the tendency occasionally to engage a certain number of associate members depending on the criminal activity. We can make a conclusion that in Croatia operates larger number of small criminal groups on local and regional level dealing with smuggling and heroin trafficking on local level. The escalation of smuggling is not expected, nor the heroin addiction which is in the Republic of Croatia constant for years now, but in a case of the increased production we can expect the rise of heroin smuggling through the "Balkan route" and through the Croatia heading to the West European drug markets.

Cocaine

There is a global trend of cocaine overproduction in some South American countries (Columbia, Bolivia, Peru), in smuggling through transit South American countries (Venezuela, Argentina, Uruguay and especially Brazil) and transit harbours in Africa (South Africa, West African countries), in redirection of routes for cocaine smuggling towards unprotected European drug markets through import harbours in Europe (Spain, Belgium, Netherland and other South Eastern European countries). The mentioned smuggling route is called the "Highway 10" (10th parallel) and indicates the smuggling of cocaine from South America through North Western Africa, Western and Northern Europe to the European drug markets. In the past few years, the cocaine smuggling routes have been changing and therefore, the "Balkan route" started to be used for such purposes, as evidenced by the increased number of attempts of cocaine smuggling through Croatia. However, the particular pressure and threat for our so-called "blue border" represent various attempts of cocaine smuggling by the sea: usage of sailing boats, ships for bulk cargo, tourist ships, so-called "cruisers" etc. Cocaine that is smuggled to Croatia by air comes from the countries that traditionally produce drugs (South America), through the transit West European airports by means of couriers, in emergency shipments, luggage and by other ways. An attempt of cocaine smuggling has also been recorded when clothes were soaked in the solution containing cocaine and packed in a bag.

According to operational information of the Croatian police, the cocaine trafficking is dominated by "non-Albanian" criminal groups, but there is a tendency by which even more Albanians are included in the cocaine smuggling and they take the direct contacts in South America or import harbours in Western Europe. Criminal groups and their members, organised on the model of profession, are groups of sailors and persons who are doing business with them on land. Due to the Croatian maritime tradition, a great number of our citizens sail in international waters, therefore individual or group sailors make a part of the group which is connected with the "logistics" on land and which controls the smuggling, especially cocaine on the routes from the South American to European countries. In maritime traffic we also record the cocaine smuggling directed to Croatian ports, organised by foreign criminal groups. Some criminal groups are due to the large profits generated by cocaine smuggling prone to narrow specialisation and criminal activities associated with cocaine smuggling (money laundering etc.)

The rise in the traffic in Croatian seaports, nautical, air traffic, and the global trends of increased imports of South American cocaine onto the European drug markets are a potential threat for the Republic of Croatia as well. However, it is estimated that the situation of cocaine

related criminality poses no direct threat to socio-economic system and political stability of Croatia, but some serious trends have been recorded concerning even more organised operations of criminal groups with a predominantly international element that exploit specific weaknesses of the system. The predominant danger is “dirty money” earned by cocaine smuggling, which is in our Region and confirmed in the case of Serbia. Criminal organisation of the so-called Montenegro drug cartel entered with a large amount of money into the financial flows of Serbia and has become a threat to social-economic stability of the country. The smuggled cocaine was for the most part not smuggled to the territory of South Eastern Europe but was directly smuggled to the West European contact points (harbours, marinas, etc.) and further on to the West European drug markets.

Following the global trends of increased cocaine smuggling to the European territory (since there is a decline in demand in the USA market, which was considered the primary until now) it is estimated that there are possibilities of smuggling larger quantities of cocaine through container transport and also by smaller boats (sailing boats, yachts, etc.)

Cannabis products

On the Croatian drug markets, herbal cannabis (marijuana) is the most represented type of drug. In sporadic cases, we record the seizures of cannabis resin (hashish), while the hashish oil seizures are rare and therefore it can be concluded that it is not represented on the drug markets. The largest portion of the cannabis products for the needs of domestic and the European market are trafficked from Albania, through Montenegro, Bosnia and Herzegovina. Marijuana is the most smuggled drug, from particular seizures concerning few kilograms up to more than 100 kg of marijuana are recorded. Small quantities of marijuana (several kg) are smuggled by road transport (cars) mainly from Bosnia and Herzegovina. However, there are also cases of smuggling by foot through the so-called “green border”. Large quantities of marijuana (several hundreds of kilograms) are smuggled in road cargo transport on the route Albania – Montenegro – (Bosnia and Herzegovina) Croatia – West European drug market. In the past few years, we record an increase in the modality of smuggling larger quantities of marijuana in road traffic from the territories of our neighbouring countries, especially Bosnia and Herzegovina and Serbia and Montenegro and seaways from Italy as well. Albania is lately known as an important producer of herbal cannabis, even the cannabis resin.

Like other drugs, the usage of transport companies, own or on behalf of other persons, for smuggling cannabis products have also been recorded, then the usage of international cargo road transport and other international types of traffic. Also, rent a car services have also been recorded during smuggling. Cannabis products, as well as synthetic drugs are during the summer touristic season smuggled in smaller quantities by tourists mainly coming from the West European countries who use these products for their personal needs. More details are available in special Chapter 12.

As specificity, concerning the characteristics of the persons suspected of smuggling the cannabis products, it is necessary to mention the criminal groups composed of ethnic Albanians who organise and smuggle large quantities of marijuana produced in Albania. The organisation and smuggling of cannabis products, primarily herbal cannabis, is organised by the citizens of countries on the smuggling route from Montenegro, Bosnia and Herzegovina and Croatia. The mentioned citizens buy larger quantities of drugs from Albanians and then smuggle these quantities in their own arrangement on the Croatian and the West European drug market. Organised criminal groups occasionally tend to engage a certain number of associated members depending on the criminal activity. It is estimated that larger number of smaller criminal groups operate in Croatia at the local and regional level, smuggling and trafficking marijuana at the local level.

Despite the greater number of seizures and arrests of criminal group members who cooperate and work in Croatia and our neighbouring countries, the smuggling pressure is increasing and

in the future we can expect the rise in production, followed by the increase in smuggling into Croatia, and through Croatia to the West European drug markets.

Synthetic drugs

Smuggling of synthetic drugs is mainly done by road traffic (car or bus), but also by other means (postal service). For the Croatian drug market, synthetic drugs are often smuggled by Croatian citizens who reside or stay at the West European territory where the drugs are being produced. A serious problem represents the Internet trafficking of synthetic drugs and the situation in the countries (China, India, Pakistan) with strong chemical industry from which, due to the loose control system, precursors and synthetic drugs can be exported without any problems into other countries. Lately, great issues represent the new designer drugs of chemical origin that were unknown on the drug markets, and therefore they are not listed as prohibited drugs and psychotropic substances. Drug designers who synthesize new chemical compounds are always one step ahead of the law. Lately, in Croatia have appeared many new chemical compounds, which are described in the Chapter 10.3. Drug market in Croatia reacts extremely quickly to new types of drugs. New drug, which appears on the European drug market, quickly appears on the Croatian drug market as well, as the case is with synthetic cannabinoids, which were before legal control placement in early 2011 legally sold as "Spice" products. The escalation of smuggling is not expected, nor the rise in synthetic drugs abuse, but the law must promptly react when new types of synthetic drugs appear. As mentioned in the Chapter 10.1.2, the production of synthetic drugs in Croatia has not been recorded until now. Operational information and the results of performed criminal investigations, suggest the tendency of slight rise in synthetic drugs, especially amphetamine, on the Croatian drugs market what is actually the trend in some European countries. The mentioned confirms the rise in amphetamine seizures and MDMA in 2010, and the fact that the production of synthetic drugs has also occurred in some countries of the Region. To conclude, it is estimated that the state of drug-related crime does not represent the threat to social-economic system and political stability of Croatia, but some serious trends have been recorded concerning even more organised operations of criminal groups with a predominantly international element that exploit specific weaknesses of the system

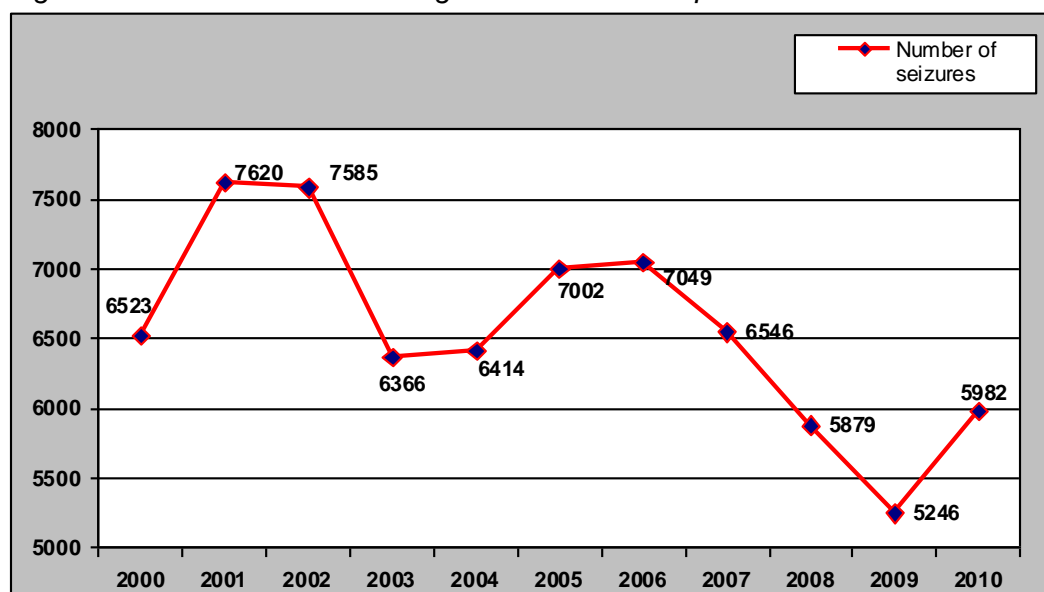
10.2 Seizures

10.2.1 Quantities and numbers of seizures of all illicit drugs

During 2010, there were 5 982 seizures of all types of illicit drugs, which is by 14% more compared to the previous year. The mentioned has also stopped the three-year downward trend in the total number of drug seizures.

It has to be noted that the aforementioned total number of seizures in 2010 differs from the total of all seizures shown in the Standard Table 13 (2011), which makes 4 953 seizures. The reason for the mentioned is that at the national level there are also recorded seizures of other types of drugs, which are not mentioned in ST 13 (for example, methadone, morphine and other substances listed at the List of drugs, psychotropic substances, plants used to produce drugs and substances that can be used in the production of drugs.

Figure 10.1 - Number of illicit drug seizures in the Republic of Croatia 2000-2010



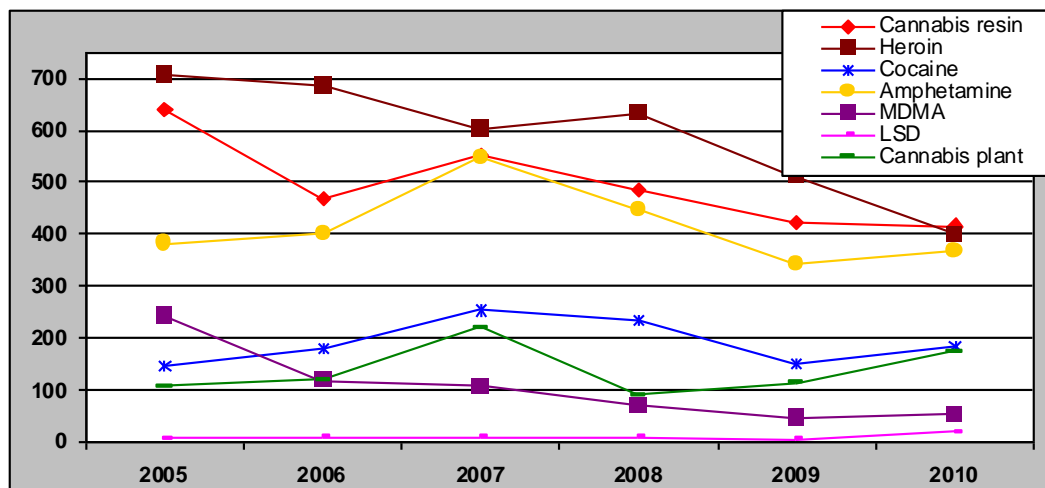
Source: Ministry of Interior

Having observed the number of seizures in the period of 2000 – 2010 (Figure 10.1), the largest number of seizures was made in the year 2001, whilst 2009 recorded the lowest number of seizures in the last 10 years. As aforementioned in the previous national reports, one of the reasons for the decline in the number of drug seizures and reported crime during the last years can be seen in the reorganisation of legal and police system which is at the moment more focused on organised criminal activities then on the street drugs trafficking. This is evidenced by the data on the reported drug-related crime during the last few years, mentioned in the Chapter 9.1. On the other hand, the rise in seizures and reported crime in 2010 reflected the stability of the system, as well as individual activity of the prosecuting authorities, which have by the new provisions of the criminal procedural law been given more power in implementation of specific evidence, whilst the new system of fighting organised criminal (NPOCCOC⁴⁵) enabled better operational activity at all levels. The overview of the number of drug seizures by type (Figure 10.2) shows similar trends concerning almost all drug types. In 2010, number of heroin seizures declined by 21% if compared to 2009 (described in the Chapter 10.2). Insignificant but stable decline in cannabis resin was observed but also increase in all other types of drugs. When it comes to herbal cannabis as the main addiction substance, the rise in the number and quantity of seizures is especially visible, with a notable continuous increase in

⁴⁵ The National Police Office for Combating Corruption and Organised Crime (NPOCCOC) records and analyses manifestations of corruption and organised crime, corresponding trends and execution types. It directly executes more complex criminal investigations at the national level in cooperation with the Office for Combating Corruption and Organised Crime (OCCOC) and other state attorneys and relevant authorities. It directly performs activities related to the complex and organised criminal at the national level, in criminal investigations conducted in the field of more than one police administrations or more countries, that is which require mutual international investigation. It supervises execution of more complex criminal investigations in police administrations, runs the record of criminal evidences, and executes search activities. It determines methods and types of activities related to detection and prevention of crime and composes the priority proposal in combating complex and organised crime. The office is organised into the four regional Departments for Combating Corruption and Organised Crime (Zagreb, Rijeka, Split, Osijek), as well as the specialised departments with the Department for Drug Crime.

the number of reports for criminal offences related to production and trafficking in cannabis (ST 11, 2011 i ST 13, 2011). This confirms the greater focus of the prosecuting authorities to qualified types of drug related crime, specially organised trafficking, in relation to the possession of cannabis for personal needs.

Figure 10.2 - Number of seizures by type of drug 2005-2010



** Data on herbal cannabis are not presented in the figure for technical reasons (high values).

Source: Ministry of Interior

Table 10.2 - Quantities of seized drugs in the Republic of Croatia, 2005-2010

Type of drug	2005	2006	2007	2008	2009	2010
Cannabis resin (kg)	53	12	4	5	113	3
Herbal cannabis (kg)	983	202	239	221	255	422
Cannabis plant (pieces)	2 960	2 699	2 886	272	5 336	3 766
Heroin (kg)	27	82	74	153	59	98
Cocaine (kg)	9	6	105	29	7	15
Amphetamines (kg)	14	12	8	15	13	6
Ecstasy (tablets)	33 601	16 340	12 609	6 855	2 455	2 160
LSD (doses)	21	21	215	653	21	101
Methadone (tablets)	9 413	12 551	6 529	10 920	4 070	3 449

Source: Ministry of Interior

Table 10.2 shows certain types of drug seizures made in the period from 2005 to 2010, with a remark that in 2010 there was a big seizure of 88 kg 690 g of heroin (on 13 August 2010 at the border crossing Bajakovo) and a seizure of 150 kg of herbal cannabis (on 24 February 2010 at border crossing Bregana).

There was a significant deviation in the number of actual hemp stalk seizures in 2008⁴⁶ 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 plants / m²). The purpose of hemp production at the plantation was aimed at fish feed production, but it was destroyed since the stalks yielded prohibited levels of

⁴⁶ In the National Report 2009 we have informed about 271 819 pieces of seized cannabis plant in 2009, similarly as it was presented at the national level, but in the ST 13 (2009) there was information on only 272 pieces which corresponds to the real situation when we exclude plants seized in the industrial hemp plantation.

THC. Therefore, the actual number of seized cannabis stalks for that year was 272 pieces. However, the mentioned data show the average number of 2 800 plants planted on illegal plantations, which were seized between 2005 and 2007. In 2009, almost the double was seized and in 2010 the decline of 30% was recorded.

Heroin and cocaine seizures have been increasing compared to the previous year. A smaller number of seizures with concurrent increase in heroin quantities, of which a big seizure at the border crossing has been mentioned, indicate that it is the drugs intended for the West European market. Heroin seizures in Croatia can be compared to heroin seizures in other countries (Czech, Slovakia, Slovenia, Hungary) which are separated from the first circle of the countries near Afghanistan in which 90% of heroin is being produced and mainly destined to Europe. From 2006, with the exception of 2005, the continuous heroin quantities were recorded, from which the most important one was recorded in 2008 (153 kg). However, the quantities of heroin vary through the years and depend on the trends on how smugglers use the smuggling routes and national and international operations focused on prevention of smuggling chains. Large cocaine seizures occur sporadically, which proves that despite the new trends in cocaine smuggling through the South Eastern Europe, the largest portion of the cocaine intended for the European market comes from the West European harbours. Although in 2010 it was seized twice as much cocaine (15 kg) as in the last year (7 kg), the largest seizures in the last 10 years were made in 2000 (913 kg), in 2003 (351 kg) and in 2007 (105 kg).

Unlike the number of amphetamine seizures which, after a peak top in 2007 (547) during 2010, reached the approximate number of seizures from 2005, the quantity of seized amphetamine from 2005 to 2010 was declining almost steadily during the isolated three-year period. Thus, in 2010, there was seized 54% less amphetamine than the previous year. After the years of downward trend of ecstasy seizures, in 2010 a slight increase was recorded. A sharp decline in ecstasy seizures was continued during the past 10 years, with 110 632 tablets seized in 2002 to 2 160 tablets in 2010 what makes a drop of 98%.

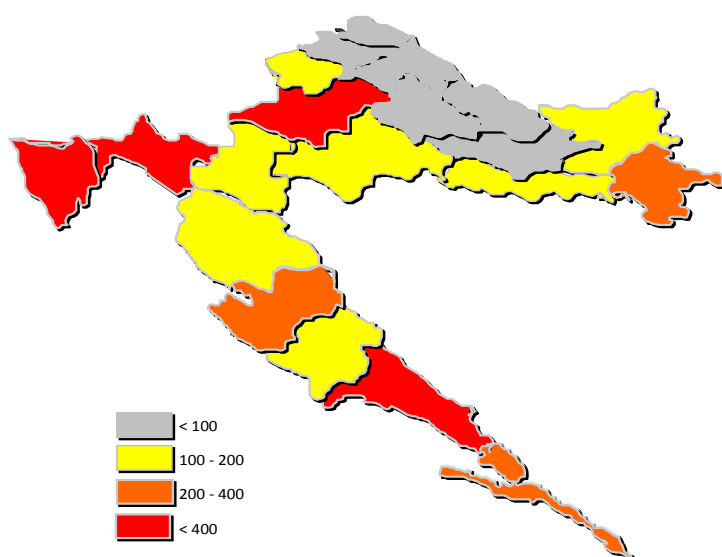
The number of LSD seizures from 2005 to 2008 was stable, afterwards doubled in 2009 and rose by 4 and a half times in 2010. In 2002, 2007, 2008 and 2010 twice as large amounts of LSD as the quantities seized during the last years of the past decade were recorded.

Regarding the territorial distribution of total seizures in Croatia during 2010, the data of Police Districts show that the highest number of seizures, similar to previous years, was generated in the counties with the largest urban centres, which at the same time generate the highest rate of treated drug addicts. With the City of Zagreb and the Zagreb County, the largest number of seizures was recorded in the coastal counties, including the leading Istria County, the Primorje –Gorski Kotar County and the Split-Dalmatia County, which have the rates⁴⁷ of treated drug addicts much higher than the Croatian average. Higher availability of drugs in those counties can be partly explained by the aforementioned tourist and maritime orientation of our country but also by the higher demand in drugs. All counties that achieved the best results during 2010 record the increase in seizures compared to previous years, as well as many other counties. The highest rise was recorded by the Police Departments of the Krapina-Zagorje County (148%), the Vukovar-Srijem County (88%) and the Međimurje County (55%) in which some of the major border crossings of the country are placed, and the Virovitica-Podravina County (46%) that has one of the lowest rates of treated alcoholics, therefore it is necessary to continue with the implementation of the measures to decrease the supply and demand of drugs because increased drugs availability might influence the recruitment of new addicts, which should be prevented. Poorer results were achieved in the Varaždin County (-30%), the Dubrovnik-Neretva County (-20%) and the Koprivnica-Križevci County (-9%). Also, the growth

⁴⁷ The rate per 100 000 citizens aged 15 – 64 years (according to the census from 2001, CSO)

of drug seizures in the Zadar County, having the highest rates of treated addicts in Croatia, has been recorded.

Picture 10.2 – Number of illicit drug seizures by Police Departments in 2010



Source: Ministry of Interior

Pursuant to the Act on Combating Narcotic Drugs Abuse, seized drugs are destroyed in the presence of the Committee for the Destruction of Seized Drugs. More information can be found in the Chapter 1.1.

Finally, it is necessary to conclude that the seizures of drugs are not a relevant indicator on the intensity and efficiency of the competent law enforcement authorities in combating abuse and trafficking of drugs. Therefore, when doing analysis, it is important to take into account the number of arrested persons, especially organisers of drug smuggling and trafficking in general, as well as the number of uncovered and prosecuted criminal groups and organisations engaged in the drug crime. Of course, the seizures of illegally acquired assets are also very important. Interpreted separately, the seizures are not a relevant indicator of drugs availability and the structure of drugs market in a particular country.

10.2.2 Quantities and numbers of seizures of precursor chemicals used in the manufacture of illicit drugs

There were no seizures of precursors in 2010, in Croatia, although Croatian law enforcement forces participated in several international operations in order to prevent the outflow of shipments of precursors from legitimate traffic.

10.2.3 Number of illicit laboratories and other production sites dismantled

As aforementioned, the production of drug in Croatia is limited to cannabis production primarily intended for personal needs or sales on the Croatian market. In 2010, there were detected 97 outdoor plantations where 2 455 stalks were seized and 45 indoor plantations where 1 003 stalks were seized. So far, no illicit laboratories for production of any drug type have been detected.

10.3 Price/purity

10.3.1 Price of illicit drugs at retail level

In the beginning, it is necessary to highlight that the prices of drugs at street level are not being collected by research but by the means of operational information, therefore in ST 16 the sample size is not mentioned. The main data sources are police officers participating in criminal investigations and special measures related to reducing drugs supply (e.g. purchase simulation) and providing informants. Data on prices of illicit drugs at retail/street sale were in 2010 obtained by means of standard statistical monitoring of drug-related crime at the national level and seizures. It is necessary to consider that during drug seizure, perpetrators often do not want to reveal the information on the price of drug, or the arrested person was only engaged for transport of drug, or drug was detected without perpetrator, although when discussing smaller quantities of drugs, as discussed in this Chapter, usually it is the first case. Therefore, it is not possible to record the value of the drug on the market with a particular seizure. It should be definitely noted that there is enough space for the improvement of drug prices monitoring in the police and the mentioned has become an important issue to dissolve within the IPA project mentioned in the introductory section of this Chapter.

According to the data of the Ministry of Interior, the prices of drugs in street retail vary depending on availability, origin and quality. During 2010, prices of cannabis resin in Croatian streets varied from 2,7 – 20,2 EUR, herbal cannabis was from 1.30 – 13.00 EUR, heroin 33.80 – 67.60 EUR, cocaine 47.20 – 108.00 EUR, amphetamine 8.10 – 20.20 EUR, ecstasy 2.00 – 10.80 EUR, a LSD 8.10 – 16.20 EUR (ST 16, 2010). Table 10.3 shows the trends of drug prices in street sales per gram, tablet or dose (ST 16, 2008 and 2011) from 2005 to 2010.

Table 10.3 – Average prices of drugs in Croatia (2005-2010)

TYPE OF DRUG	2005		2006		2007		2008		2009		2010		
	HRK	EUR	HRK	EUR	HRK	EUR	HRK	EUR	HRK	EUR	HRK	EUR	
Heroin (g)	259	35	222	30	222	30	222	30	222	30	375	50.70	↑
Cannabis resin (g)	37	5	44	6	44	6	52	7	96	13	85	11.50	↓
Herbal cannabis (g)	22	3	22	3	22	3	37	5	52	7	56	7.50	=
Cocaine (g)	444	60	444	60	444	60	444	60	370	50	522	70.60	↑
Amphetamine (g)	148	20	111	15	111	15	111	15	148	20	107	14.50	↓
Ecstasy (tab.)	44	6	37	5	37	5	37	5	37	5	47	6.50	↑
LSD (doses)	126	17	118	16	118	16	118	16	118	16	93	12.50	↓

Source: Ministry of Interior

If we compare the retail prices of drug on the Croatian market over the past 6 years (Table 10.3), significant differences in heroin and cocaine prices are apparent when compared to the previous years. A gram of heroin became more expensive in 2010, by 69% compared to the previous year. The average price of 1 gram of street heroin in Croatia (51 EUR) as reported by the Croatian Police, corresponds to the below mentioned information provided by the Croatian Red Cross for the City of Zagreb (54 EUR). The reason for that is the shortage of heroin, the causes of which are mentioned in the Chapter on drugs availability (10.1.1) It is also necessary to point out that in 2010, total number of treated opiate addicts was reduced, and the number of opiate addicts treated for the first time (TDI 1 and TDI 2, 2011).

The highest recorded price of cocaine was EUR 108 in 2010, what is 54% more compared to the highest price of cocaine in 2009. Although, by changing the routes of cocaine trafficking, part of the goods intended for the European market tried to be smuggled through Croatia, it

seems that the efforts of Croatian law enforcement authorities, which tried during 2009 and 2010 to stop operations of several international smuggling groups, have brought to the decrease of cocaine availability in Croatia. Increase of price was surely caused by better purity of cocaine in 2010. The price of cocaine in the City of Zagreb was approximately 13% higher than the Croatian average (for 81 EUR), although the aforementioned research on drug markets in Croatia (see Chapter 10.1.1) conducted amongst the same population (since the Croatian Red Cross participated in that research) showed that it is easy to acquire cocaine in Zagreb. Half of the examinees believed that cocaine in Zagreb was during 2010 easily available, additional 15% believed that it was available and 13% hardly available. However, as much as 67% of examinees from Split and part of Dalmatia found cocaine hardly available or completely unavailable, as well as to 31% of examinees from Rijeka and Istra. To continue, the price of 1 g of cocaine in Split was 91 EUR, in Rijeka 74 EUR, in Zagreb 85 EUR (roughly the price indicated by the Croatian Red Cross). The Croatian average is 88 EUR according to the research on drug markets and that is notably higher than the average price recorded by the official statistics of the Ministry of Interior. It is also interesting that the number of treated cocaine addicts after large increase in 2008 gradually declines (TDI 1 and TDI 2, 2011).

Similar trend is recorded concerning persons treated for the abuse of amphetamine-type stimulants (TDI 1 and TDI 2, 2011). Although the number and quantity of seizures has been decreasing, in 2010 the price fell to approximate level of prices from 2006, 2007, 2008 despite the higher average purity of that drug. The aforementioned does not reduce the interest for that type of drug since the research on drug markets showed that almost 2/3 of examinees find it easy, very easy or completely easy to obtain amphetamines in Croatia. On the other hand, according to the data of the Ministry of Interior the average ecstasy price is slightly higher compared to the previous years, the number of seizures also increased as well as the quality of that drug. Research results on drug markets have given the overview on notably lower average ecstasy prices in Croatia (4.6 EUR) and 69% of the examinees expressed complete, easy or very easy ecstasy availability which is supported by research results on lower price.

Information on drug prices have for the first time in Croatia systematically been collected outside the police system under the project "Availability and Price of Illicit Drugs in the Republic of Croatia (DCID)" which is briefly described in the Chapter 10.1.1. Since the research was finished in May 2011, comparison of the data obtained by the survey and the police data is going to be available in the next national report.

Croatian Red Cross (CRC) in June 2010 collected the data on street drug prices mainly used in the City of Zagreb and in the places where harm reduction programs were implemented. It dealt with the collection of data from the service users, which CRC provides for drug addicts. The Croatian Red Cross in its report states that the drug prices in Zagreb, especially street prices, have always been the highest in Croatia. Due to recession and lack of money, in mid 2010s drugs were sold only for cash. Compensations in the form of services, sexual intercourse or exchange for stolen items (especially cell phones) are not so common today any more. According to the experience of CRC officials and their clients, drug, as illicit substance, in Zagreb is always easy to obtain – the only question is how much money is available for the purchase. According to the good principles of a developed economy, when the quantities of required goods are higher, the price is lower; for regular clients there are special, individual prices; when a drug is of better quality (better the purity; in slang – "first hand") the price will be higher.

Table 10.4 – Retail drug prices in the City of Zagreb in June 2010

TYPE OF DRUG	Quantity	Price (HRK)	Price (EUR)*
Heroin (kg)	0.3-0.5 g	200	27
	0.7-1 g	400	54
	50 g	9,000	1,216
	1 kg	74,000	10,000
Cocaine	1 g	600	81
	5 g	2,000	270
Herbal cannabis (marijuana)	2-3 g	100	14
	1 joint	20	3
Ecstasy	1 tablet	20	3
LSD	1 dose	100	14
Methadone	1 bar (10 tablets per 0,5 mg)	100	14
	1 bottle of liquid methadone	200	28

*Average exchange rate of the Croatian National Bank on 14 June 2011 was: 1 EUR = 7.4 HRK

Source: Croatian Red Cross

We would like to mention that the drug prices showed in the Table 10.4 are approximate. Therefore, the actual price of heroin depends on the aforementioned elements (for example, acquaintance). The usual starting dose of an addict is 0.3 g, while perennial drug addicts usually use a dose of 0.5 g of heroin, therefore the prices are attached to the mentioned doses intended for sales. In slang, 0.5 g (as well as 5 g) is called “firecracker” depending on the context and circumstances. For the last 10 years, the price of basic measurement unit of heroin in the streets sale (1 g) in Zagreb cost about 54 EUR/g. During gathering information about the possibilities of getting 1 kg of heroin, the comment of an examinee was “it can be found”. Due to the economic recession and lack of cash, 1 kg of heroin could be bought for 10,000 EUR, but of a questionable quality, and depending on how professional a buyer and a seller are, or on personal recommendations.

At the time when the information was collected, in Zagreb was almost impossible to buy less than 1g of cocaine, which is actually the basic measurement unit for street sale. In the last years, the price of 1 g of cocaine varied from 81 - 115 EUR for a gram. The average price of 1 g of cocaine in street sale in the last 10 years was 108 EUR for 1 g. Standard “bigger” cocaine quantity in street trafficking was 5 g. Sometimes it is called the “firecracker”, although that slang is more usual for heroin. Larger quantities of cocaine circulate among serious dealers, where the prices are different.

Marijuana is the most present drug, available at any price. A rolled “joint” usually costs 3 EUR (a joint weights from 0.5 to 0.7 g of marijuana). In slang, the word “stump” is usually used – a quantity of marijuana from 2-3 g, 5 g to 10 g. As elsewhere, drug users in Croatia usually mix marihuana with tobacco.

One tablet of ecstasy costs 3 EUR. Although, depending on the origin, quality, production line etc., the price of a tablet can rise up to 9.50 EUR. A “trip”, i.e. a “picture” of LSD (a paper with various iconography soaked with LSD) in Zagreb costs approximately 14 EUR. A synonym for standard good quality is so called “Hoffmann”.

The price of methadone varies depending on the supply and demand and usually ranges between 11 EUR and 16 EUR. If there is enough methadone on the market, the price is low. However, if a person is experiencing crisis, he or she will pay even 17.50 EUR. Liquid

methadone is more appreciated due to quicker and easier preparation for injecting. Per dose, a vial is equal to the methadone box containing 20 tablets.

10.3.2 Purity/ potency of illicit drugs

Forensic Science Centre "Ivan Vučetić" (hereinafter FSCIV) is the organisational unit of the Police Directorate of the Ministry of Interior of Croatia with the fundamental role of the transformation of material trace withdrawn from the place of committed offence into the valid documentary evidence. From 1998, the Center is a member of ENFSI (European Network of Forensic Science Institutes). The Department for Toxicological Expert Evaluation implements, among other things, the expert evaluation of seized drugs and psychotropic substances, toxicology expert evaluations and expert evaluation of drug, psychotropic substances and drugs in biological samples. Namely, in accordance with current legislation, every temporarily seized item in the Republic of Croatia which is considered to be a drug, has to be delivered to the FSCIV for expert evaluation, except of smaller quantities of cannabis (Criminal Code, Article 173, Paragraph 1) which are delivered to the store and possible expert evaluation.

FSCIV is an accredited laboratory according to the norm HRN EN ISO/IEC 17025:2007 with 10 accredited methods in the field of drug expertise (www.akreditacija.hr).

The Forensic Science Centre carries out routine quantitative expert evaluations of heroin, cocaine, amphetamine, methamphetamine and MDMA, and chlorophenyl piperazine, LSD and psilocin/psilocybin upon request in all submitted samples, sufficient for analysis. Under IPA 2007 Twinning project "Strengthening Capacities of the Ministry of Interior to Combat Narcotic Drugs Trafficking and Drug Abuse" 48 institutional capacities of the FSCIV have been built and 11 new measuring instruments were acquired (Picture 10.3). The mentioned enabled the expert evaluations and routine quantitative expert evaluations of tetrahydrocannabinol in cannabis and cannabis resin, and there were no adequate technical conditions for that before.

Picture 10.3 – GC-MS device for analysis of unknown substances, profiling of amphetamine and biological samples on drug acquired under IPA 2007 twinning project



Source: Ministry of Interior

In 2010, FSCIV experts were trained to work with HPLC-DAD-MS instrument and some new methods for qualitative and quantitative analysis of LSD, psilocin and psilocybin were introduced. Although, the experts had sufficient knowledge on how to work with HPLC-DAD and GC-MS instruments, most of the applications were used for qualitative detections of drug in

⁴⁸ Project duration: from 7 January 2010 – 6 July 2011. Project value: 1.000.000,00 EUR

high concentrations. Therefore, the education was more focused on thorough understanding of analyses results from biological samples. The education for qualitative and quantitative drug detection in urine, blood, serums and plasma samples using the GC-MS method was conducted. Related to the GC-MS, a special education was held concerning samples preparation with special attention put to samples exclusions. A new technique was developed – extraction of biological samples on hybrid polymer adsorbents. New GC-MS system was also successfully evaluated according to the requirements of Association for toxicological and forensic chemistry.

Further on, under the IPA project FSCIV experts were trained for profiling of amphetamine, heroin and cocaine and the profiling methods became part of the FSCIV methods. A manual with detailed work procedures of the Department for Toxicological Expert Evaluations of the FSCIV was made. One of the IPA project activities was the establishment of National Contact Point for samples of drug and data on drug profiling exchange in cooperation with other European Forensic Centres, according to the Decision of the Council of the EU 2001/419/JHA from 28 May 2001.

In relation to the ST 15 (2011), heroin mixtures seized in 2010 were in most cases adulterated with analgoantipyretic paracetamol and psychostimulant caffeine, and in 6% of heroin samples there were traces of anxiolytic diazepam and antiepileptic phenobarbital or less frequently different sugars like lactose and sucrose, and traces of narcoalagetics methadone, cocaine and fungicide griseofulvin. Quantitative expert evaluations included 372 cases with 1 188 samples, in which the minimum portion of the heroin base amounted to 1.6%, the maximum portion to 56.5%, and the average amounted to 56.5%. Out of the aforementioned number of heroin cases, 169 cases with a total of 212 samples involved quantities of up to one gram, commonly called a "street dose". The minimum portion of heroin base in those cases amounted to 2.9%, the maximum portion to 52.6%, and the average portion amounted to 17.3%.

Cocaine mixtures seized in 2010 were in most cases adulterated with analgoantipyretic phenacetine, local anaesthetic and antiarrhythmic lidocaine, psycho stimulus caffeine, aminoacid creatine, sugar alcohol mannitol, and lactose. The samples of cocaine very often contained antihelminthic levamisole (60% of samples), and in some cases procaine, Ca channel blocker diltiazem, antihistaminic hidroxyzin. Quantitative expert evaluations included 219 cases with 484 samples, in which the minimum portion of cocaine base was 1.2%, the maximum portion was 93%, while the average portion was 28.8%. Out of the aforementioned number of cocaine cases, 123 cases with a total of 127 samples involved quantities of up to one gram, commonly called a "street dose". The minimum portion of cocaine base in those cases was 1.2%, the maximum portion was 79%, and the average portion was 22.2%.

The portion of tetrahydrocannabinol (THC), the main psycho active substance in cannabis products was analysed in herbal cannabis (marijuana) by the end of 2010 in 662 cases with 1 494 samples. The minimum portion of THC was 0.3%, the maximum portion was 21.6%. Portion of tetrahydrocannabinol (THC) was analysed in cannabis resin (hashish) by the end of 2010 in 10 cases with 13 samples. The minimum portion of THC was 0.65%, the maximum portion was 20.7% and the average 10.3%.

Amphetamine seized in 2010 was in powder form and, less frequently, in tablet form. In most cases it was adulterated with creatine, caffeine, lactose, less often with starch. The presence of para-fluoramphetamine (in 5.5% of amphetamine samples) and 4-methyl amphetamine (in 8.2% of amphetamine samples) was often detected in samples while in some cases it contained traces of MDMA, methamphetamine and clorphenilpiperazine. Quantitative expert evaluations of amphetamine in tablet form included a total of 38 tablets from 2 cases, in which the minimum portion of amphetamine was 2.4%. Quantitative expert evaluations of amphetamine in powder form included a total of 475 samples from 291 cases, in which the minimum portion of amphetamine was 0.2%, the maximum portion was 72%, while the average

portion was 6.5%. Out of the aforementioned number of amphetamine powder cases, a total of 161 samples from 152 cases involved quantities of up to one gram commonly called a "street dose". The minimum portion of amphetamine in those cases was 0.4%, the maximum portion was 7.2%, and the average portion was 6.4%.

There was one case of methamphetamine powder seizure in 2010, with eight samples from eight cases, with a total of 3.95 g and in which the minimum portion of methamphetamine base was 7.7%, the maximum portion was 79.2% and the average was 43.3%. The fillers were ephedrine and creatine with some traces of amphetamine. Methamphetamine in tablet form was seized in 3 cases with a total number of 5 tablets, in which the minimum portion of methamphetamine base was 3.2%, the maximum portion was 16.7% and the average was 12.2%.

MDMA (commonly called "ecstasy") was in 2010 seized mostly in powder form or in fewer cases, in the form of tablets. Tablets and powders contained lactose and sorbitol as a filler, with some traces of MDA and MDE. Quantitative expert evaluations of MDMA in tablet form included 10 cases with a total of 1 392 tablets in which the minimum portion of MDMA base was 17.2%, the maximum portion was 51.6%, while the average portion of the MDMA base was 33.2%. The average portion of MDMA-base was 72.8 mg per a tablet, the minimum portion was 4.5 mg and the maximum portion 142 mg. Out of the aforementioned number of MDMA in tablet form cases, 7 cases with a total of 11 tablets involved quantities of up to one gram, commonly called a "street dose". The minimum portion of MDMA base in those cases was 17.2%, the maximum portion was 51.6%, and the average portion was 33.3%. Quantitative expert evaluations of MDMA in powder form included a total of 48 cases with 108 samples, in which the minimum portion of MDMA base was 15.3%, the maximum portion was 91.1%, while the average portion was 64.4%. Out of the aforementioned number of MDMA powder cases, 31 cases with a total of 52 samples involved quantities of less than one gram, commonly called a "street dose". The minimum portion of MDMA base in those cases was 15.3%, the maximum portion was 91.1%, and the average portion was 72.1%.

There was then the para-flouramphetamine seizure in 2010, with eight samples from eight cases, with a total mass of 8.27 g and in which the minimum portion of methamphetamine base was 0.2%, the maximum portion was 9% and the average was 2.9%.

In 2010 mCPP (clorphenilpiperazine) in tablet form was seized in 14 cases in the total number of 500.5 tablets. Except mCPP which was the only active ingredient in 8 cases (total of 95 tablets), tablets contained traces of MDMA and amphetamine in 2 cases (37 tablets), traces of amphetamine in 2 cases (10 tablets) and traces of metoclopramide in 1 case (356 tablets). In one case tablets (1.5 tablet) contained amphetamine, benzylpiperazine (BZP), trifluormethylphenylpiperazin and dibenzylpiperazine (DBZP).

Mephedrone (4-methylmetkatinon, 4-MMC, 4-mehtilefedron, 2 - (methylamino)-1-p-tolilpropan-1-one) was seized in 20 cases in the form of powder, with the total weight of 5 045.5 g. Regarding the small number of seizures, analog to the mentioned and analyzed mephedrone samples, it is not easy to conclude that mephedrone is pushing ecstasy from the drug market like in some European countries. However, the rise in synthetic cathinone seizures can indicate the new trends in Croatia.

Table 10.5 – Purity and price of seized illicit drugs in the Republic of Croatia (2010)

DRUG	Heroin	Cocaine	Amphetamine	MDMA tablets	MDMA powder	Metamphetamine	Herbal cannabis	Cannabis resin
PURITY								
MIN %	0.2	1.2	0.2	17.2	15.3	7.7	0.3	0.7
MAX %	56.5	93.0	72.0	51.6	91.0	79.2	21.6	20.7
MEAN %	17.8↓	28.8↑	6.5↑	33.2 ↑	64.4 ↑	43.3*	5.5**	10.3**
PRICE (EUR)								
MIN %	33.80	47.20	8.10	2.00	-	-	1.30	2.70
MAX %	67.60	108.00	20.20	10.80	-	-	13.00	20.20
MEAN %	50.70↑	77.60↑	14.50↓	6.40↑	-***	-****	7.50 =	11.50↓

* Since there was only one seizure with two samples in 2009, comparison to the last year is meaningless

** Quantity expert evaluations of THC cannabis samples commenced in 2010, upon acquiring technical conditions and therefore the comparison with the previous years is not possible.

*** Price of MDMA in powder form is not available.

**** Prices for methamphetamine are not available.

Source: Ministry of Interior

According to the ST 14 (2010), purity of cocaine, amphetamine and MDMA had a growing trend. Cocaine saw the largest decrease in quality and only its case purity correlates with the trend in price. If we look at the period starting from 2005, we can see that in 2010 the maximum purity of seized cocaine reached a record value of 93% of pure substance in analysed sample, where is dealt with soaked filter papers from which the cocaine was extracted of aforementioned purity. The paper arrived by post from Argentina. Amphetamine reached in 2010 also the highest purity during analyzes of samples from 2005, and the average pureness has risen compared to previous year despite the decline in prices. The average portion of MDMA base in ecstasy tablets is increasing, with 1 tablet containing approximately 72.8% of MDMA base. The price followed the rise in quality of ecstasy tablets. The portion of MDMA base in ecstasy powder increased by more than 100% compared to the previous year. In line with the lower number of heroin seizures in 2010, the number of expert evaluated samples of that drug is lower. Due to poor availability of heroin on the market, the price of that drug rose despite of the decline in its purity.

Further analysis of purity and comparisons of price and purity for other types of drugs are not possible, since there was only one seizure with two samples of amphetamine in 2009, while the prices of that drug in Croatia are not available due to unpopularity. Further on, since the quantitative expert evaluations of TCH in cannabis products samples began in 2010, after the measurement instruments were supplied, the comparison in this case is still not possible.

Concerning the tablet content of the seized drugs (ST 15) in 2010, the content of 1 946 tablets was analyzed, which is 14% less than in 2009, i.e. 67% less than in 2008. Lower number of tablets analysis is caused by the lower number of seizures (there are more ecstasy seizures in powder than in tablets). In 2010, 29.4% of tablets contained substances of MDMA type, 14.7 % (met)amphetamines, 2.9% the substances of MDMA type and (met)amphetamine, 11.8% other (control things) and 41.2% miscellaneous.

In 2010, in Croatia fourteen new psychoactive substances were seized and many of them were so called synthetic cannabinoids in a form of herbal mixtures and resinous substances, 4-metilamphetamins in powder and cathinone derivatives in powder or tablets. Type of substance, number of items and total mass of a substance is given in the Table 10.6. When it

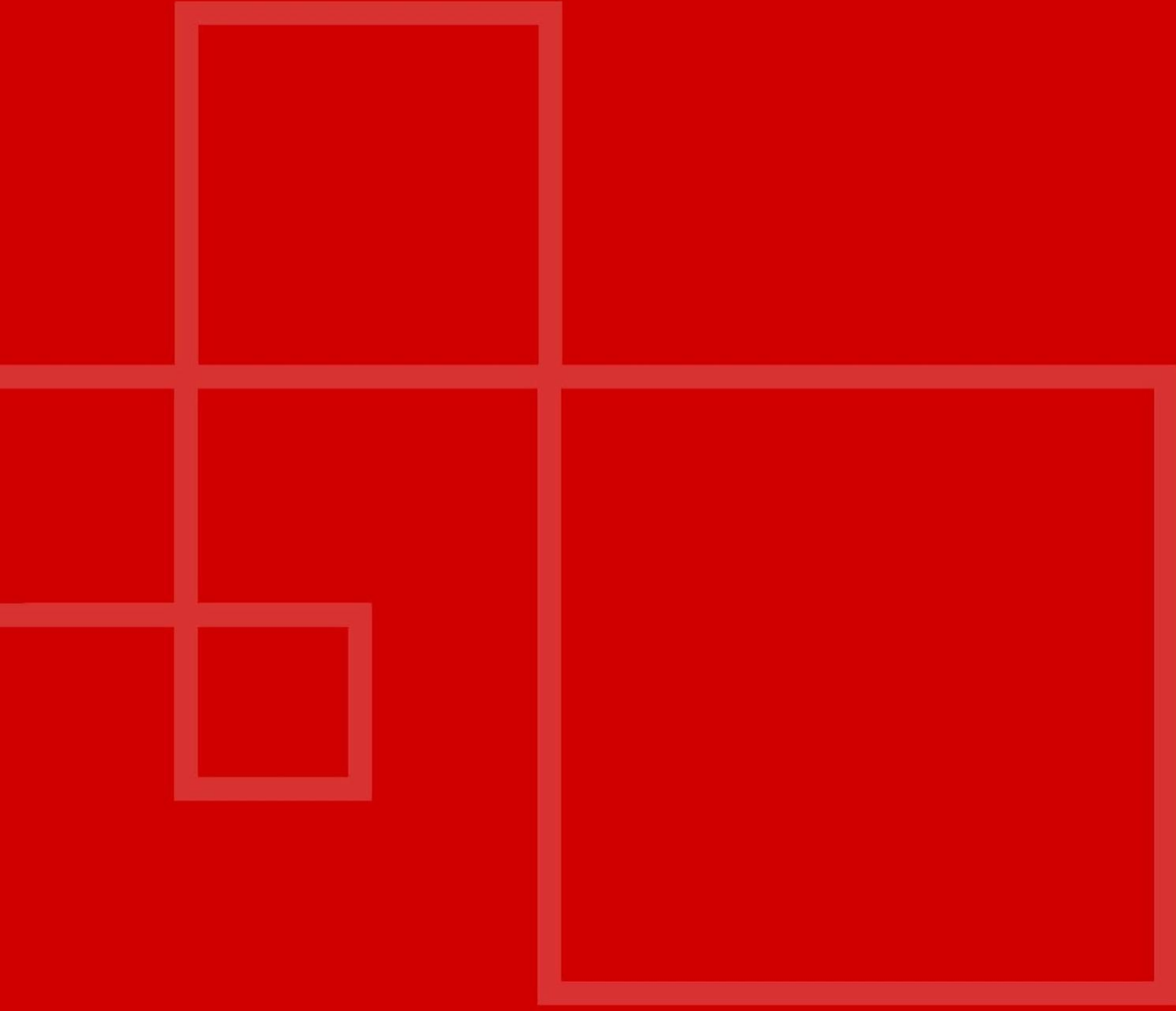
comes to new drugs, methadone was put under legal control in early 2010, and by the end of the year Amendments to the List of drugs, psychotropic substances, plants used to produce drugs and substances that can be used in the production of drugs and which are related to 20 new psychoactive substances (more in the Chapter 1.1).

Table 10.6 – Newly seized psychotropic substances in the Republic of Croatia during 2010

Substance name	Number of cases	Total mass of substance (g)
JWH-18	19	185.20
JWH-250	3	1.65
JWH-73	1	0.91
JWH-122	5	2.25
2C-B	5	1.32
2C-I	4	250.64
MDPV	3	2.26
4-metilecathinone (4-MEC)	1	51.23
4-metilamphetamine (4-MA)	15	299.28
flefedron (FMC)	1	12.63
metilon (bk-MDMA)	2	4.27
butilon (bk-MBDB)	1	2.26
nafiron (naftilpirovaleron)	2	15.26
Dimetokain	1	0.82

Source: Ministry of Interior

In 2010, the Forensic Science Centre also carried out expert evaluation in 4 cases with anabolic steroids with the total number of 216.5 tablets. The most common steroid is methandrostenolone (methadienone) and the less frequent is stanozolol. Buprenorphin was submitted in 98 cases with 521 tablets, in 67 cases 346 tablets were combined with naloxone (medication *Suboxone*). Concerning the drugs for treating erectile dysfunction in 2010 sildenafil was used in 6 cases, usually in tablets (554.5 tablets) and less frequently as liquid or herbal substance. Tadalafil was seized in 2 cases with 88 tablets, while the vardenafil was seized in 1 case with 20 tablets.



11 Drug-related health policies and services in prisons

In preparing this chapter, the following data and information sources were used: the Prison Administration of the Ministry of Justice, relevant legislation⁴⁹, annual work reports on prisons and correctional institutions, analyses and records of the prisons, penitentiaries and correctional institutions.

11.1 Prison system and prison population: contextual information

The Prison Administration is a special administrative organisation within the Ministry of Justice. The Central Office, penitentiaries, prisons, correctional institutions and the Centre for education of officials make a part of the aforementioned Ministry. The Prison Administration is authorised to execute prison sentences imposed in criminal, misdemeanour or other legal proceeding and sentences which are replacing fees, juvenile imprisonments, detention and correctional measures.

Prison sentence longer than six months pronounced in criminal proceeding is carried out in six penitentiaries, one of which is for women (Penitentiary Požega). In the Prison Hospital in Zagreb the safety measure of compulsory psychiatric treatment is implemented when the prison sentence is pronounced, as well as the treatment of ill prisoners. Juvenile prison sentence is served in closed and semi-closed conditions in special departments in Penitentiary Požega, while the department for serving aforementioned sentence in open conditions is established in Penitentiary Valtura. Detention, prison sentence pronounced in a criminal proceeding up to six months, prison sentence pronounced in the misdemeanour proceeding, and a prison sentence that which is replacing a fine is served in prisons. Special departments were established in four prisons (in Gospić, Pula, Šibenik and Zagreb) for imprisonments longer than six months. The educational measure of serving sentence in a correctional institution, which courts pronounce against juveniles is served in Correctional Institution in Turopolje and Correctional Institution in Požega.

According to the Act on the Enforcement of Prison Sentence, prisoners have the right, among other things, to be accommodated in accordance with human dignity and health standards, be provided with regular meals and sufficient water according to health standards, health care and maternity protection. According to defined accommodation standards, facilities for inmates have to be clean, dry and sufficiently spacious. In every cell must be at least 4 m² and 10m³ of space per every prisoner. Every room in which prisoners live or work has to be provided with daylight and artificial light in order to enable reading and work without any damage to eyesight. Penitentiaries and prisons should be furnished with sanitary facilities allowing prisoners their physiological needs in clean and suitable conditions on their own will. Drinking water must be available to every prisoner.

Prisoners are provided with three regularly served meals of a minimum caloric value of 3 000 kcal a day. Prisoners who are performing any kind of work activity are provided with an additional meal during a day. Every meal has to, by quality and quantity, satisfy any nutritional or health standard, have to suit a person's age, medical condition, type of work and his or her religious and cultural requirements. Menu is composed periodically according to the unique manual composed by the Faculty of food technology in Zagreb. Menu is composed by the commission in which are: a doctor or any other medical official, professional master chef, storekeeper and representative of the prisoners. Manager or person in charge firstly tastes every prepared meal and remarks are then put in special evidence. A sample of every meal is kept due to possible analysis of possible food poisoning. Sanitary inspections regularly

⁴⁹ Act on the Enforcement of Prison Sentence (OG 190/03, 76/07, 27/08, 83/09)

supervise kitchens and spare rooms to determine the hygiene levels and on what then compose a report. Persons in Croatian prison system can be in various formal-legal statuses:

- prisoners – persons serving prison sentences ordered in criminal procedure,
- detainee – persons serving custody,
- remand in custody – persons against whom was ordered detention, according to the Article 101 of the Criminal Code,
- convicts – persons serving prison sentences pronounced in criminal procedure and persons whose fine was replaced by prison sentence (suppletory punished),
- juveniles – persons serving juvenile prison sentences and educational measures of serving sentences in correctional institutions.

Although the total legal capacity for imprisonment in penitentiaries and prisons is 3 351 places, there are 5 300 prisoners in prisons and penitentiaries a day. Correctional institutions are not overcrowded since their capacity is 140 places and there are 90 juveniles serving their sentence in correctional institution daily. On 31st December 2010 in prisons were 5 228 prisoners with various formal and legal statues and during 2010 there were 17 946 of them. Out of that number, prison sentence were serving 7 573 prisoners, custody 4 954 detainees, 958 remands of custody, correctional measure in correctional institution were serving 151 persons and 63 persons serving juvenile prison sentence. Data on health care provided to all prisoners who were during 2010 serving prison sentence are described in the Chapter 11.2.1, while the more detailed data on general health condition and social status of prisoners are not available.

11.2 Organisation of prison health policies and service delivery

11.2.1 Prison health

Health protection provided to inmates takes place in penitentiary ambulances and prisons. If a situation requires, inmate is sent to Prison Hospital due to medical examination or hospitalization. In a case of emergency or inability to provide proper care in Prison Hospital, inmates are sent to health institutions within the public health system. Inmates are treated with the same quality and provided with the same medical protection, with the quality and to the extent defined by the public health requirements for insured people from compulsory health insurance. Inmates who do not possess a health insurance, treatment is ensured on the expense of penitentiary or prison.

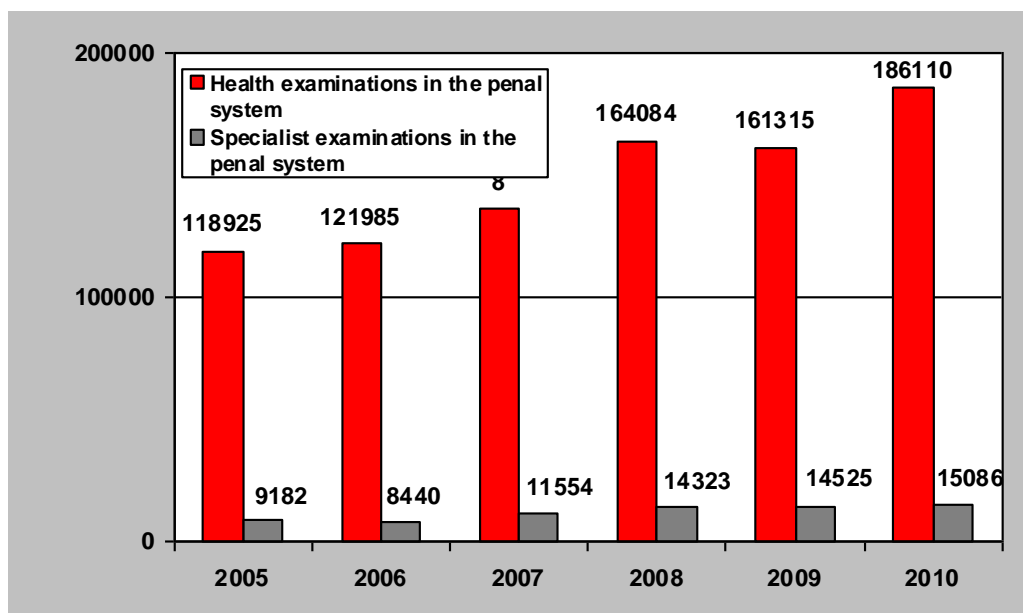
The level of care, measures and activities of health protection are conformed with the regulations of public health system for people who possess a compulsory health insurance. According to the contract with Croatian Institute for Public Health a doctor can treat the prisoner who has a valid health insurance within the public health system in a doctor's office in penitentiaries or prisons. Inmates are prescribed medications from the basic list of medications of the Croatian Institute for Health Insurance according to the right on compulsory health insurance. Supervision over providing health care to inmates is conducted by the Ministry authorised for the health protection.

When a prisoner enters a prison system to serve a sentence, as well as upon the release, a medical examination is compulsory. Physician enters the data on health condition into medical records and personal file. Inmates who are ill or injured, or where on the basis of its appearance or behavior may be assumed that he or she is mentally ill, the doctor is required to review and take all necessary measures to prevent the disease, provide treatment or care. Inmates must not be subjected to any medical or other experiment, even when they agree to it.

Treatment does not apply without the consent of the inmate, not even when there are medical indications, except in cases provided by health regulations.

According to the Figure 11.1 it can be seen that in 2010 the complete health protection was provided to all categories of inmates by doctors and other medical staff in the following range: 139 530 general medical examinations, 7 203 dental examinations, 29 032 psychiatric examinations, 7 371 laboratory tests, 2 974 other examinations (N=186 119). In addition, in public health institutions 15 086 medical examinations or treatments were provided to prisoners.

Figure 11.1 – Health and specialist examinations in 2010



Source: Ministry of Justice, Prison Administration

In prison system there are 175 work places foreseen for health professionals, but only 113 professionals are employed (Table 11.1). Therefore, in penitentiaries and prisons in which health professionals (especially general medicine doctors and psychiatrists) do not work full time, service contracts are concluded.

Table 11.1 – Medical staff in prisons in 2010

Prison Administration	Systematized	Taken		TOTAL
		M	F	
Outside the organisational unit	129	44	43	87
Administration department	321	106	139	245
Department for finance and accounting	160	39	95	134
Treatment department	257	62	96	158
Insurance department	2 021	1 372	140	1 512
Department for work and vocational training of prisoners	366	210	52	262
Departments for prisoners` health protection	175	32	81	113
TOTAL	3 429	1 865	646	2 511

Source: Ministry of Justice, Prison Administration

There are currently 37 health professionals working on the basis of service contract in penitentiaries, prisons and correctional institutions. If we add to that number other people

employed in prisons that makes 150 health professionals altogether. Out of the total number, 28 are general medicine physicians (12 service contracts), 29 specialists (17 service contracts), 86 medical technicians (5 service contracts) and 7 dentists (3 service contracts).

11.2.2 Drug-related health policies targeting prisoners

Health policies for inmates addicted to drugs are based on the following recommendations, laws, bylaws and documents:

- Standard minimum UN rules on treating inmates
- European minimum rules on treating inmates
- Revised European Prison Rules, adopted by the Committee of Minister of the Council of Europe
- European Convention on Prevention of Torture and Inhuman or Humiliating Behaviour or Punishment
- Health projects in prisons (HIPP)
- National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2006-2012
- Action Plan on Combating Narcotic Drug Abuse 2009-2012
- Guidelines for Pharmacotherapy of Opiate Addicts with Methadone
- Guidelines for Pharmacotherapy of Opiate Addicts with Buprenorphine
- Act on Combating Drug Abuse
- Act on the Execution of Prison Sentence
- Previous practice and experience in Croatia in the treatment of addicts.

According to the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2006 – 2012, general policy should take the responsibility for protection of an individual and society against drug abuse. Policies and strategies should be focused on an individual but also on the society, which enables and facilitates their implementation. The policy is based on principles as follows: protection of individual's rights and life, respect of human dignity, social and personal responsibility, freedom of an individual and protection of a family.

Prison system participates in the implementation of the Action Plan on Combating Narcotic Drug Abuse 2009 – 2012 in which some goals are mentioned concerning drug issues in prisons; decrease of availability and drug use in prisons and penitentiaries; treatment, rehabilitation and social reintegration of inmates and detainees; defining prevalence of hepatitis B and C, HIV infections, prevention and treatment of prison officials and addicted inmates (as well as other addicted inmates) from hepatitis and HIV. According to the aforementioned, permanent stricter controls of incoming illicit addictive substances were introduced in 2010 in penitentiaries and prisons, searches of employees using the randomized method and meetings with the officials of the Ministry of Interior to develop cooperation and mutual actions to prevent the development of potential drug markets within penitentiaries and prisons. In addition to the regular testing of prisoners, according to the Protocol on the Testing of Inmates and Minors for the Presence of Addictive Substances in the Organism, verified urine testers have also been used. Informative education workshops were also organised for prisoners – occasional consumers of psychoactive substances, while special programmes of serving prison sentence were provided for inmates with addiction issues. Treatment of drug-addicted inmates during imprisonment and parole was provided in the cooperation with the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment and non-governmental organisations, whilst development of new modalities of cooperation in progress. Regarding the prevention of blood-borne diseases, inmates with addiction issues were tested for HIV and hepatitis, diagnosed, vaccinated and treated at the markers of viral hepatitis according to the Guidelines for viral hepatitis. In penitentiaries and prisons were conducted educational workshops for inmates, in smaller groups and individually, on health risks, responsible behaviour and protection. Additional education for officials in the field of prevention of drug

abuse and addicts treatment in prisons was also conducted. All inmates with addiction issues, regardless of formal status, have been provided with health care and addiction treatment within which the substitution therapy has also been available. Treatment of addicts (pharmacotherapy) is often a central part of their health care implemented by a doctor and a psychiatrist. In addition to treatments, a special emphasis is put on the rehabilitation and re-socialization of drug addicts and prisoners who serve a prison sentence and are included in special programs for addiction treatment which consist of group and individual-counselling treatments, psychosocial treatments, abstinence control, work therapy and organised free time of inmates addicts concerning capacities of prisons and penitentiaries.

During the organisation and content of the program on work with addicts, the compatibility with programs ran in the community should be taken into account. Concerning the addicts, the element of involving into the treatment in their own community during imprisonment and especially on parole is highlighted. In order to improve the quality of individual programs of imprisonment execution, especially in a situation of insufficient number of officials who implement the treatment and their subsequent work load, the prison system is open for cooperation with various institutions and civil society organisations, inter alia, in the segment of the implementation of special programs in prisons and penitentiaries. In the case of drug addicts the cooperation is developed with the county Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment, civil society organisations in which are included inmates during the imprisonment, and in which inmates continue their treatment upon release. Where it is not possible to organise implementation of the special programme in groups within the treatment department, establishment of cooperation with local civil society organisations is encouraged. The programme is also implemented in prisons and prison official executes the programme. The advantage of such cooperation is that counselling and monitoring of an inmate becomes continuous also upon the release and through such approach it is possible to include in the treatment or counselling also the family or other person that will support addict in overcoming abstinence and change his or her lifestyle. More information on cooperation with civil society organisations can be found in the Chapter 9.5.

In the segment of treatment of addicts it should be mentioned the cooperation with Home for Addicts "Zajednica Susret" with which in 2009 a new agreement was concluded: *Agreement on Cooperation under the Project of Psychosocial Rehabilitation of Addicted Inmates During the Parole*. The cooperation with this association has been carried out at the entire prison system level, especially in Penitentiary in Glina and in the Department for female inmates in Penitentiary in Požega. According to the Agreement from 2010, 2 inmates were released on parole to the Home for Addicts "Zajednica Susret" and 5 inmates based on agreement signing.

11.3 Provision of drug-related health services in prison

11.3.1 Prevention, treatment, rehabilitation, harm reduction

All prisoners convicted (final verdict) to imprisonment longer than 6 months, upon their arrival to serve the prison sentence pass a psychophysical examination carried out by the Diagnostics Department, an organisational unit of the Prison Administration within the prison. During a diagnostic procedure, among other things, prisoners are asked about the use of drugs for the purpose of prevalence monitoring, according to the standardised form (results for 2010 are available in the Chapter 9.4).

According to the national strategy documents concerning drug issues and internal programmes and plans of the Prison Administration, educational informative lectures for prisoners – occasional users of psychoactive substances are organised on a regular basis, as well as the special educational informative lectures for other prisoners and protégés. In addition to experts

from the prison system and experts from out of the prison services in the field of prevention (especially the Services for Mental Health Promotion, Addiction Prevention and Outpatient Treatment), civil society is also intensely involved in the implementation of preventive activities. For example, the Association for Creative Social Work from Zagreb continuously implements the program “The Beauty of Living Without Alcohol and Drugs” – drama education in the function of addiction prevention, with protégés of the correctional institution from Turopolje since 2007. Association “Čakula kroz život” implements educational workshops on addiction issues in penitentiaries and prisons.

One of the largest and the most challenging group of inmates in the terms of security and treatment are drug addicts or persons who abuse drugs (hereinafter: addicts). Such inmates are characterised by addiction or drug abuse, directly related to the commitment of criminal acts. Continuous high share of these categories of persons in the prison population is recorded (approximately 15%), with higher rate of recidivism than in general prison population (more information in the Chapter 9.4). The mentioned inmates are generally more prone to risky behaviour in prison compared to the rest of the prison population (self-harm, suicide attempts, conflicts with other inmates, attempts to bring drugs into the institution etc.) and are more prone to health problems (hepatitis, HIV and generally worse health condition caused by longterm use of drug). On average, addicts are usually younger than the rest of the prison population. The data on the proportion, structure and specific characteristics of the addict population are showed in Chapter 9.4 with the available epidemiological and other indicators.

Addicts or people with drug-induced disorders constitute a specific category of offenders and prisoners. Although some of them are primarily criminalized, the largest number of people serving sentence for drug abuse and crimes related to the abuse crimes seem just as direct or indirect consequence of these disorders. Therefore, the implementation of special program for the treatment of addicts or people with drug-induced disorders in the prison system is focused on prevention of addictive and thus criminal relapse. Addicts that serve the prison sentence are obliged to enrol in the special program for addicts’ treatment, and the primary goal of that program is rehabilitation and social reintegration. Inclusion is determined on the basis of pronounced security measure of obligatory treatment or professional team decision upon conducted diagnosis in the Diagnostics Department or during the admission. Regardless how the inmate has been included in the special program, the approach and elements of the program are equal.

Table 11.2 shows that during 2010 in special programs for addicts treatment was included a total of 1 617 inmates, what makes 21.4% of all persons who were serving prison sentence during 2010. Slightly more than half of the inmates who participated in special treatment programmes were included in the treatment based on the decision of the professional team of the Diagnostic Department. In 2010, 79 juveniles who served the correctional measure in correctional institution or juvenile prison were involved in additional professional activities due to drug caused issues, while there were only three juveniles with pronounced safety measure of treatment for addiction and the others were involved in the treatment by the decision of the professional team of the Diagnostic Department.

Table 11.2 – Number of drug-addicted inmates included in the special treatment programme in 2010

Inmate category	Pronounced security measure	Upon decision of professional team	TOTAL
Inmates	781	836	1.617
Juveniles	3	76	79
UKUPNO	784	912	1.696

Source: Ministry of Justice, Prison Administration

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

Opiate agonist therapy has been continuously present in the prison system. Until 2007, exclusively methadone was applied for rapid or slow detoxification, and then another opiate agonist – buprenorphine was introduced. Buprenorphine is applied for detoxification of opiate addicts and as maintenance therapy. Unlike buprenorphine, which is also used for detoxification and for maintenance for all categories of prisoners, methadone is used for prisoners who serve prison sentence only for detoxification and not as a maintenance therapy. Maintenance with methadone is commonly used for detainees, remand in custody, suppletory punished and occasionally for prisoners who serve short prison sentences.

Table 11.3 – Number of inmates addicted to psychoactive drugs prescribed methadone or buprenorphine during detoxification in doctor's offices within institutions (2010)

Type of substitution therapy	Prisoners		Detainees		Convicts		Juvenile prison		Protégés		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	Σ
Methadone	119	10	283	15	64	1	0	0	0	0	466	26	492
Buprenorphine	342	4	322	9	21	1	0	0	0	0	685	14	699

Source: Ministry of Justice, Prison Administration

If we take into account all categories of prisoners during 2010, detoxification by the means of opiate agonists was applied for 1 191 inmates, in 41.3% cases of which was applied methadone, and in 58.7% buprenorphine (see Table 11.3).

Table 11.4 – Number of inmates addicted to psychoactive drugs prescribed methadone or buprenorphine maintenance during imprisonment in 2010

Type of substitution therapy	Prisoners		Detainees		Convicts		Juvenile prison		Odgajanići		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	Σ
Methadone	33	2	47	6	21	3	0	0	0	0	101	11	112
Buprenorphine	542	4	108	7	14	2	0	0	0	0	664	13	677

Source: Ministry of Justice, Prison Administration

Maintenance treatment with opiate agonists, before buprenorphine was even introduced, was mainly prescribed to detainees, convicts and suppletory punished, while the inmates who were serving prison sentence were maintained on methadone only in exceptional cases. With the introduction of buprenorphine, a significant proportion of inmates have been maintained with opiate agonists. In 2010, there were 789 inmates receiving methadone and buprenorphine therapy, out of which as much as 85.5 % received buprenorphine therapy (Table 11.4). Regarding methadone maintenance, the trend of selective application to the most extreme clinical cases was maintained, and thus methadone maintenance was prescribed only to 14.2% of inmates addicted to opiates in 2010, what is for 5.9% less than in 2009.

The National Strategy on Combating Narcotic Drugs Abuse 2006-2012 defines that the pharmacotherapy with opiate agonists is used to attract heroin addicts to the programme, and afterwards such a therapy is used only as an element of complex procedure in treating addicts which includes psychotherapy, education and certain types of psychosocial assistance. Given that the addicts in the prison system are available to all mentioned treatment forms and are in controlled environment, it is clear that the need to use pharmacotherapy with opiate agonists is considerably lower than in the general population. The aforementioned as well as the data representing a considerable abuse of pharmacotherapy with opiate agonists by the addicts and other inmates (which are not addicted to drugs), indicate the need to create the special guidelines to implement substitution therapy in prison system in cooperation with the Ministry of Health and Social Welfare.

Results of testing addicts on drugs (see Chapter 11.3.2) indicate a very low availability of heroin in the institutions; therefore, the risk of overdosing is considerably reduced. Not even one case of overdosing with heroin was recorded in 2010 nor earlier (drugs due to which the most addicts were included into treatment from the general population).

Concerning the prevention and treatment of infectious diseases, the serological status used for hepatitis is regularly defined as well as the testing of addicts for HIV upon admission to the execution of the prison sentence at the Diagnostics Department and within the Counselling Centre for Viral Hepatitis, in which the same health measures are carried out also for the prison system officials. In addition, the education, vaccination and target group treatment is also carried out. Education of prisoners is carried out in smaller groups and individually within the Counselling Centre for Viral Hepatitis. Regarding the aforementioned, a good cooperation was established with civil society organisations. Within the Counselling Centre for Viral Hepatitis, the association "Hepatos Rijeka" conducts information, educational and preventive activities, as well as psychosocial support to prisoners in the Prison in Rijeka, while the Croatian Association for HIV Positive and Infected with Viral Hepatitis carries out programs with the purpose to prevent HIV infections. For the purposes of recording and monitoring, in 2007 was established the Register of Prisoners Infected with Hepatitis and HIV, which has been continuously updated.

In 2010, upon the request of prisoners, during the testing 190 samples for diagnostics and recording of viral hepatitis and HIV were taken. A total of 190 blood samples were processed and 89 doses of vaccine ENGERIX B were applied. Pre-therapeutic treatment was carried out on 10 patients and 50 doses of interferon were applied. During the year, in the Counseling Centre for Hepatitis, 522 counseling sessions were executed and 190 anamnesis interviews taken. A total of 22 educations for prisoners were held within the Counseling Centre for Viral Hepatitis.

Preparation of inmates for release commences upon arrival in the prison or penitentiary. The inmate is encouraged to participate responsibly in the preparation for the release in the penitentiary, prison and outside of the penitentiary or prison, and especially to keep in touch with his or her family, contact with state authorities, institutions, associations and persons who are actively participating in inclusion of inmates into a normal life. Not later than three months prior to the release the penitentiary or prison is obliged to include a prisoner into individual or group counselling in order to prepare the inmate for a release. At the request of a prison, the Probation Office shall be preparing admission of prisoners after their release in accordance with the law that regulates activities of probation. Upon the release, the released person may get in touch with the competent executing judge for the purpose of assistance and support granting. The executing judge shall co-operate with the social welfare centre which he or she may order by a written decision to undertake the necessary measures of after-release assistance. The after-release assistance is a set of measures and procedures which are applied with the purpose of inclusion of released inmates into life in freedom. Besides providing

food and accommodation, advice on the selection of permanent or temporary residence, reconciliation of family relations, seeking employment, completion of professional training, granting financial support for the coverage of indispensable needs and other forms of assistance and support etc., there also has to be provided adequate medical treatment. More details on reintegration of addicts upon release from the prison can be found in the Chapter 9.6.

11.3.2 Drug testing

Inmates are tested for drugs (and illicit psychopharmaceuticals) prior to their admission in the penitentiary or prison, when they return to prison after using the benefit of a temporary leave, through regular and extra testing inside prisons and penitentiaries or when self-reporting of prisoners to serve sentences. Testing is conducted according to special *Protocol on Testing the Inmates for Addictive Substances in Penitentiaries and Prisons*. Together with the search of persons, rooms and things, testing of prisoners presents preventive activities and activities to control the implementation of measures of obligatory addiction treatment, i.e. treatments of addicts in the prison in general, and they are used to supervise the psycho pharmaceutical therapy as well.

In 2010, there were a total of 4 184 tests for narcotics performed (illicit drugs and illicit psychopharmaceuticals), out of which 488 were positive which is by 15.1% less than the previous year. During the imprisonment (i.e. during serving a prison sentence, penitentiary or correctional institution in case of other categories) majority of the inmates were positive for buprenorphine and other substances which are actually an integral part of the medical therapy in treating the addicts, whilst the minor part of the inmates were positive for illicit drugs. Positive for illicit drugs were mainly inmates who were tested prior to their admission in the penitentiary or prison upon returning from a temporary leave or when self-reporting of prisoners to serve sentences. There were only two inmates positive on drugs in 2010 in the prison system: one inmate was serving the prison sentence in the semi-open conditions (after which was transferred to a closed-type prison) and one female prisoners serving the prison sentence in closed conditions, after having used the benefit of spending time with marital or extramarital partner in a special room without supervision (Article 130, Paragraph 2, Item 3 of the Act on the Enforcement of Prison Sentence).

In 2010, the number of searches of rooms and persons increased compared to the previous years as the result of the increased number of inmates. A total of 199 898 searches of prisoners and 19 989 searches of rooms were conducted. The total number of found illicit items and substances shown in Table 11.5 includes everything that was found during the search of prisoners and rooms during imprisonment, that is detention and search of prisoners and packages directly before admission, i.e. entering the prison institution.

Table 11.5 – Illicit items and substances found during the search in 2010

Found illicit items and substances	2005	2006	2007	2008	2009	2010
Cell Phone (pieces)	94	131	88	75	96	38
Saw (pieces)	6	5	3	2	1	2
Knife etc. (pieces)	653	2 116	88	74	87	14
Heroin (g)	5.54	20.3	8.83	10.3	3.5	150.3*
Cocaine (g)	0	0	302.4	0	1.5	0
Cannabis (g)	1.7	105.5	30.9	52	18.6	3.2
Ecstasy (pieces)	0	0	10	0	93	0
Other drugs (g)	2	13	150.7	41.7	42.8	3.6

* The increase of heroin values in 2010 is a result of finding 138 g of heroin in a stomach of a prisoner during the admission in the penitentiary (on a one-time instance)

Source: Ministry of Justice, Prison Administration

It should be mentioned that there was only one syringe with needle among the illicit items found in 2010 (in semi-opened penitentiary used immediately upon the period in which was one out of two inmates found positive for narcotics in 2010). In addition, a medical needle was found in the closed conditions, but it was not defined whether it was used for heroin injection or other psychoactive substance. In addition, it is also important to point out that in 2010 there were no deaths due to heroin overdosing and the similar situation was noted in our prison system in the previous years. According to the aforementioned indicators, we estimate that in the Croatian prison system there is absolutely no need for imposing the harm reduction programs focused to syringe and needles exchange.

11.4 Service quality

11.4.1 Practical guidelines and standards of drug-related health services for prisoners

According to the aforementioned law provisions, the inmates are provided with health care equivalent to the ones in the public health system. The supervision over the health care is in prisons conducted by the Ministry of Health and Social Welfare. Prevention, treatment (rehabilitation, social reintegration) and care are executed pursuant to the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2006-2012, the Action Plan on Combating Narcotic Drugs Abuse 2009- 2012 and the Guidelines for pharmacotherapy of opiate addicts with methadone, i.e. buprenorphine, the Act on Combating Drug Abuse and the Act on the Enforcement of Prison Sentence.

11.4.2 Training

Due to specific features of working with the inmates, in the Centre for Education of Prison Officials special educational programmes are conducted for various types of officials. In 2010, 828 officials attended various programmes at the Centre, amongst which the following educational programmes relevant for this specific field: alcohol addiction treatment, drug addiction treatment and prevention of drug abuse, prevention of infectious diseases, hepatitis and AIDS, detection and proving the presence of psychoactive substances concerning drug addicts in suspicious situations, buprenorphine addiction treatment, infectious diseases and prevention.

11.5 Discussion, methodology limitations and information gaps

11.5.1 Equivalence of care

Several times in the text it was mentioned that the inmates are given the medical care equivalent to that of the public health system.

11.5.2 Methodological limitations and information gaps

Information on health policies related to drugs is publicly available in published strategies, action plans and guidelines on the Internet sites and through participation of the prison officials in meetings, conferences and symposiums on the respective topic.

The main problem related to the lack of official information concerning previous treatments (in the public health system) of addicts who come into prison system will be substantially eliminated by signing the mutual agreement on exchange of aforementioned information between: the Office for Combating Drugs Abuse of the Government of the Republic of Croatia, the Croatian Institute for Public Health, the Ministry of Health and Social Welfare and the Prison Administration of the Ministry of Justice. Upon signing the agreement, the monitoring process of addicts, who pass through the public health system treatment and health system within the prison system is going to be advanced and by that the quality of addicts' treatment as well. Further on, data on addicts treated within the prison system will be integrated into the Register of Persons Treated for Abuse of Psychoactive Drugs, run by the Croatian Institute for Public Health.

Further cooperation with the Ministry of Health and Social Welfare, the Croatian Institute for Public Health and other state institutions (police, public prosecutors, courts) must create a base for quality data collection and other information relevant for the further development of the policy for treatment of addicts who are in prisons and correctional facilities, for example, data on the number of deaths from overdose upon release from prison, classified according to the penal status (prisoner, detainee, remand in custody, convict, juvenile), then data on the number of addicts on the substitution therapy, which commit criminal offences of narcotic drugs abuse referred to in Article 173 of the Criminal Code or any other criminal offense in connection with personal addiction, compared to the number of opiate addicts, the perpetrators of these crimes that are not on substitution therapy, data on the number of prisoners discharged from prison on substitution therapy, who properly continue treatment in the Service for Mental Health Promotion, Prevention and Outpatient Treatment of Addiction etc.

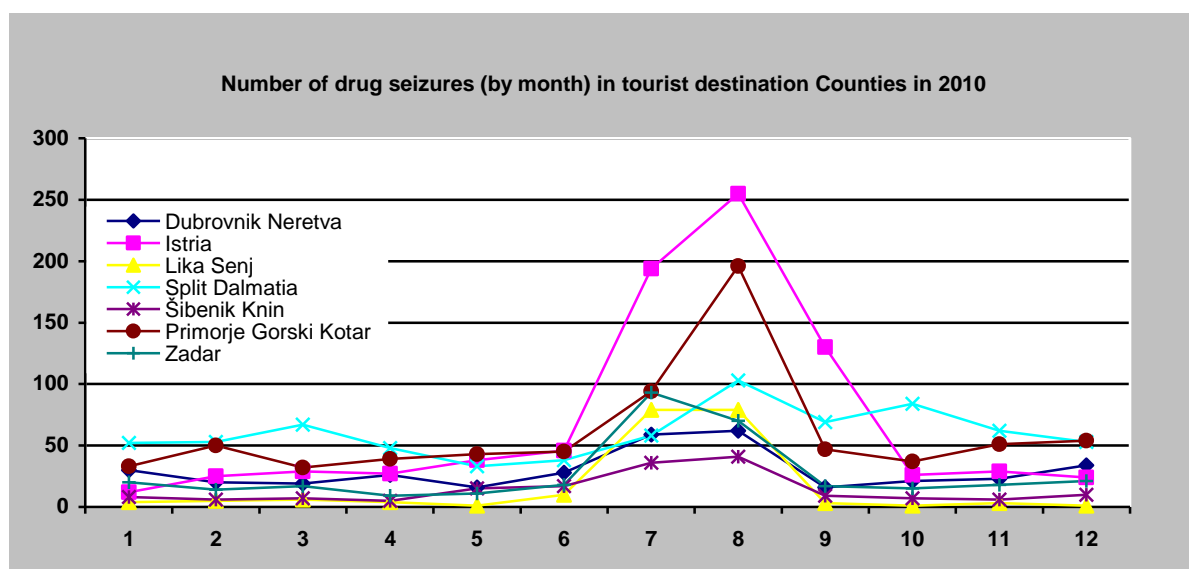
12 Cross border travel, drug use and drug services

Republic of Croatia has a long tradition and reputation of a tourist country, in which tourism is the most important branch of economy. Traditionally, Croatia used to be a country popular among the tourists of medium-level standard, mostly a peaceful family holiday destination. However, in the last ten years, in accordance with the world tourism trends and further opening to the international market, the Republic of Croatia broadened its offer with other contents, more specifically, to destinations oriented exclusively for entertainment. Such events, mainly musical ones, attract tourists who directly connect entertainment with using drugs, although drinking alcohol is also very often present, i.e. the combination of both, or polydrug use. Since the Republic of Croatia is not known for drug-related tourism, the number of tourists who look for such kind of entertainment is relatively low.

In the atmosphere of the consequences of the global economic and financial crisis, tourism in 2010 was supposed to be characterised by so called “smart” tourism with the emphasis on authenticity. In other words, what is valued is recognisability, i.e. authenticity of the destination. Numerous activities and measures have been carried out, some of them defined through the cooperation with the World Tourism Organisation (UNWTO) oriented toward the preparation of this year’s tourist season, such as adjustments of visa regime for the guests who, among other destinations, come from China, India, Russia and Ukraine, which enabled a new type of tourists to come to Croatia.

It should be noted that majority of seizures of illicit drugs takes place during the peak of tourist season (June, July and August), which is understandable considering substantial increase in number of foreign citizens, but also domestic travellers, in main tourist centres (Figure 12.1).

Figure 12.1- Number of drug seizures (by month) in tourist destination Counties in 2010



Source: Ministry of Interior

12.1 Characteristics inflows of tourists engaging in drug use

In Croatia during 2010 the number of organised arrivals, overnight stays and length of stay of tourists was increased. Croatia is among top ten world's destinations according to the number of international arrivals. Tourist turnover in arrivals and overnight stays is a result of continuous activities that are being undertaken in order to reduce the effects of global economic crisis as

well as other negative trends on the international market, such as promotion of the development of so-called social tourism, i.e. tourism for socially sensitive persons and increasing tourists' safety (in traffic, medical services, safety at sea and other forms of safety).

12.1.1 Extent of the inflows

During 2010 the total number of 71.1 million of tourists entered Croatia, which is by 1.4% more than in 2009, out of which 48.8 million were foreign tourists (an increase by 3%). Even 94% of all tourists entered the country by road, which is by 1.14% more than in 2009. Air cross-border traffic increased even more, with 2.1 million of tourists, which is an increase of 10%. In 2010 Croatia recorded 10.6 million of tourist arrivals, which is 3.3% more compared to the same period last year. There were 9.1 million of foreign tourist arrivals, which was an increase by 4.8%. There was the total number of 56.4 million of overnight stays, 51.0 million of which were realised by foreign tourists. (Table 12.1)

Table 12.1 - Cross-border traffic of foreign passengers in 2009, 2010

Type of traffic	Entry			
	Number of passengers (000)		Structure (%)	
	2009	2010	2009	2010
Road cross-border traffic	43 935	45 068	66.6	67.5
Rail cross-border traffic	471	433	62.7	64.6
River cross-border traffic	17	19	100.0	100.0
Sea cross-border traffic	1 335	1 485	97.9	98.1
Air cross-border traffic	1 598	1 773	81.7	82.7
Total cross-border traffic	47 356	48 778	67.6	68.6

Source: Croatian Bureau of Statistics

12.1.2 Primary destinations

Primary destinations for tourists who use drugs are traditionally festivals of electronic music that are held in the counties which are main tourism destinations such as: the Istria County, the Lika-Senj County, the Zadar County, the Split-Dalmatia County and the Dubrovnik-Neretva County. The concentration of tourists in these counties is the densest with the best offer to attract the guests prone to drug use. First of all, such tourists gather at the festivals of electronic music, which contribute a great deal to the offer of entertainment contents at the Adriatic. In the mentioned counties there are several festivals where ten and more thousands of people gather, and these are places where drugs are most frequently used. It is important to mention that such use is mostly of recreational nature, which means that the tourists using drugs are not problem users, but they use it occasionally for the purpose of entertainment.

Popular places among drug users are the Zrće beach, located near the town of Novalja on the island of Pag (Lika-Senj County). Zrće has been the most popular place on the Adriatic for more than ten years now, offering fun 24 hours a day. Clubs at Zrće daily organise very popular parties where drug use is very common, as well as binge drinking and polydrug use. Beside this traditional destination, the offer in Croatia is enriched with similar events alongside the whole Adriatic coast. First of all the Garden festival should be mentioned, a music event that takes place in July in Zadar in the Zadar County. This exceptionally popular festival, especially among foreign tourists, the British ones especially, has become a synonym for fun and one of the most popular festivals in this part of Europe. Outlook festival, which is held in Štinjan in the Istria County is also internationally known and attracts a large number of foreign tourists, mostly from England, but also from neighbouring countries (Austria, Slovenia and Germany).

Other locations that attract tourists who use drugs and should also be mentioned are a lot of night clubs that offer similar entertainment to the above mentioned festivals and are located in or near all bigger tourist centres on the Adriatic, such as the cities of Split, Šibenik, Dubrovnik, Pula, Primošten and the islands such as Hvar (the town of Hvar is the most popular island destination for entertainment in Croatia).

12.1.3 Motivation/reason for visiting the country

Republic of Croatia is mostly visited by families (52%), about one third of the guests come accompanied by a partner, 12% with friends, and only 3% come alone. Passive holiday and relaxation is the primary motif of coming, which attracts three fourths of all guests. Apart from the relaxation, other popular reasons for coming are entertainment (44%) as the second main reason for coming and three secondary reasons – new experiences (25%), gastronomy (22%) and natural beauties (21%).

The most popular activity is swimming/bathing, followed by going to cafes, restaurants, shopping and going for walks in nature, the activities mentioned by more than 70% of guests. The elements of the greatest value for tourists are beauty of nature and landscapes, chances for a family holiday, social elements that include kindness of staff, hospitality of local population and personal safety, as well as the quality of food in accommodation facilities and restaurants. Guests are the least satisfied with the following elements: destination offer ranging from the variety of cultural manifestations, beaches, shopping possibilities and the quality of local transportation. The most often mentioned shortcomings compared to similar competitive destinations are entertainment, sport, recreation and shopping.

As far as the locations that attract the tourists who use drugs are concerned, we can conclude that the primary motif of coming is entertainment, by visiting festivals of electronic music and similar events which offer the possibility of illicit substance use.

12.1.4 Tourist types

According to the data of the Ministry of Tourism, foreign visitors regularly choose Croatia as a destination for their summer holiday. A little less than three fourths of foreign visitors (73%) have already visited Croatia three or more times, and 40% of them have already been more than twice at the destination of the survey. In 2010, 14% of foreign visitors visited Croatia for the first time. An average length of stay of overnight visitors is 9.5 nights at the destination. Most frequently the visitors stay from 4 to 7 overnight stays (47%). Foreign tourists whose primary motif is drug use for recreational purposes are mostly students or young people looking for entertainment, first of all by visiting clubs and music festivals.

According to the origin countries, the number of tourists from traditionally most important tourist countries (Germany, Slovenia, Italy, Austria, Czech Republic) increased. The exception is Italy with 4% arrivals less and 4% less overnight stays. However, the number of new but potentially very important markets for Croatia recorded a sharp rise both in the number of arrivals and overnight stays. Accordingly, the largest number of foreign tourists who use drugs come from the countries with the largest number of visitors in general. Furthermore, the tourists coming from England should be mentioned, because the majority of visitors of the previously mentioned risky spots come from England.

Table 12.2 - Number of foreign arrivals by countries

Country	Number of arrivals
Germany	1 525 000
Slovenia	1 017 000
Italy	1 018 000
Austria	810 000
The Czech Republic	606 000
Poland	454 000

Source: Croatian Bureau of Statistics

The largest number of tourists are aged 30 to 49 (56%), 25% are aged 50 and more, and 19% are under 30 (the group with the largest number of drug users); the average age is 41 years of age. About 60% of the visitors have completed college or university. Almost half (47%) of the visitors have monthly income per household up to 2 thousand EUR, 36% earn from 2 to 3 thousand EUR per a household and 17% of them earn more than 3 thousand EUR a month.

12.1.5 Typical travel arrangements

The largest number of tourist overnight stays (34% of the total number of overnight stays) was recorded in private accommodation, which rose by 3.2 compared to the previous year. Hotels, with 27% of the total number of overnight stays, came second with 15 million overnight stays or 5.1% more than in the same period last year. Camps and camping places noted 13.8 million of overnight stays. Individual tourism by far overcomes the organised mass tourism, which accounts for 64% of the total tourist turnover. Due to the fact that the highest number of tourists whose main motif is entertainment visit individually, they most often stay in private accommodation and festival camps. A certain number of such visitors come in arrangements organised by travel agencies, which offer organised journeys to big music events and staying at them⁵⁰.

This year a trend of growing number of short arrivals has continued – those with 4 to 7 overnight stays. At the same time the share of visitors who stay for 11 or more days is constantly in decline. The average stay in littoral counties decreased from 11.7 overnight stays in 2004 to 9.8 stays in 2007 and to 9.5 of them in 2010.

12.1.6 Drug use patterns while visiting the country

Since the relevant research on drug use among tourists does not exist, the information used herein is the analysis of the general behaviour patterns which might have been observed at the places visited by the target group. The main motif of drug use is primarily fun, i.e. recreational drug use. Drugs that are most often used are cannabis and ecstasy, or combinations of these two drugs. There are problem drug users among foreign tourists, but it is a small number of them. Except drug use, excessive consumption of alcohol is noted as the most frequent behaviour pattern, which is present at all entertainment places.

Drug abuse on the territory of the Republic of Croatia is traditionally increased during the summer season, first of all due to arrival of foreign tourists. Because of the increased drug use, the police perform more seizures and raids, and so there were several actions performed at all crisis points in July and August. For instance, during a police action in July the Police Administration of the Lika-Senj County registered seven seizures of narcotic drugs. Five of them were registered in the Novalja area, and two in Senj. There were four Slovenian citizens

⁵⁰ <http://www.outlookfestival.com/info/accommodation/>

among the tourists caught with drugs, and one from Great Britain, Germany and Switzerland. The police seized one gram of amphetamine, 17.2 grams of marijuana and five joints⁵¹.

During the Outlook festival that takes place at the beginning of September in the fort of Punta Christo in Štinjan, in four days the police seized 130.7 grams of marijuana, 10.3 grams of hashish, 5.05 grams of amphetamines, 2 grams of ecstasy, 0.70 grams of ketamines, 0.35 grams of heroin and five Helex tablets. During their regular festival inspection the police caught 52 persons consuming or in illegal possession of narcotic drugs. Four of them were Croatian citizens, and 48 were the citizens of Great Britain. Against all of them indictment was submitted for committing a misdemeanour offence of drug abuse and a criminal offence of drug abuse⁵².

During the Garden festival in raids conducted by the police in Petrčani, the citizens of Great Britain were caught, one Italian, one German and a German citizen of Croatian origin, all in possession of smaller amounts of drugs. It was mostly ecstasy and a little cannabis (less than 1 gram), it should be also mentioned that police do not have the access rights to ships where main festival events happen, so the large part of the drugs must have stayed undiscovered⁵³.

12.1.7 Collaborations with other countries, including countries of origin of drug tourists

Regarding the direct international police cooperation during the tourist season, at the Conference of Police Chiefs in Opatija, Memorandums on Understanding and Cooperation were signed with the police of the Republic of Austria, the Czech Republic, Republic of Hungary and the Slovak Republic, and with the Interpol General Secretariat, i.e. the Joint declaration with the police of the French Republic. Later, the Memorandum was signed with the Ministry of Interior of the Free State of Bavaria and the Protocol with the police of the Republic of Poland, while back in April the Memorandum with the Federal Ministry of Interior of the Federal Republic of Germany was signed. During the tourist season 2010, on the territory of the Republic of Croatia the total number of 60 foreign police officers worked in shifts, as follows: the total number of 10 officers from the Republic of Austria on the territory of the Istria County from 1, July to 3, September, the total number of 4 officers from the Republic of France on the territory of the Dubrovnik-Neretva County from 29, June to 31, August, the total number of eight officers from the Republic of Hungary on the territory of the Zadar County in the period from 1, July to 30, August, the total number of 16 officers from the Czech Republic on the territory of the Split-Dalmatia County and the Šibenik-Knin County in the period from 1, July to 31, August, the total number of 8 officers from the Slovak Republic on the territory of the Split-Dalmatia County and the Primorje-Gorski Kotar County in the period from 1, July to 31, August, two officers from the Federal Republic of Germany on the territory of the Istria County from 1, July to 31, August, two officers from the Free State of Bavaria on the territory of the Primorje-Gorski Kotar County from 12, to 24, July, two officers from the Republic of Poland on the territory of the Zadar County from 17, July to 15, August, and the total number of eight officers from the Interpol General Secretariat on the territory of the Dubrovnik-Neretva County from 29, June to 31, August. Foreign police officers performed their service in their uniforms and unarmed, and during their engagement in the Republic of Croatia did not have any police authorities. Their tasks were performed in joint patrols with Croatian contact police officers, traffic patrols on motorways and border crossings in order to make direct contact with their citizens on holiday in our country, with their main goal to realise good communication and cooperation between Croatian police and foreign citizens and vice versa, in order to offer foreign visitors a pleasant stay and the feeling of safety and avoid possible, unwanted conflict

⁵¹ <http://www.vecernji.hr/vijesti/strani-turisti-padaju-zbog-opojnih-droga-clanak-310520>

⁵² <http://www.glasistre.hr/istra/vijest/256810>

⁵³ <http://www.057info.hr/zabava/2011-07-11/policija-je-otkrila-vise-mladih-hrvata-s-drogom-nego-li-sudionika-garden-festivala>

situations. Upon the end of the task of their officers in Croatia, all sides agreed to support the continuation, i.e. expansion of this kind of cooperation.

12.2 Characteristics of outflows of nationals engaging in drug use abroad

As far as the domestic tourists who go abroad in order to consume drugs are concerned, no concrete studies exist which will present this problem more in detail, although there are some basic information about risky behaviour in the data on journey destinations and social characteristics of the tourists who travel to such destinations.

First of all, the majority of domestic tourists spend holidays in the country, since in Croatia, known as a tourist country there is a long tradition of spending holidays at the Adriatic sea. Most Croatian citizens decide for that kind of holidays because it is the most acceptable way of spending free time, due to financial and other reasons (possession of holiday homes, relatives living in tourist resorts, a few families spending holidays together at the same place for many years). The habit of going abroad is more common during winter holidays, when many tourists go to foreign winter resorts (mostly to Austria, Italy and France).

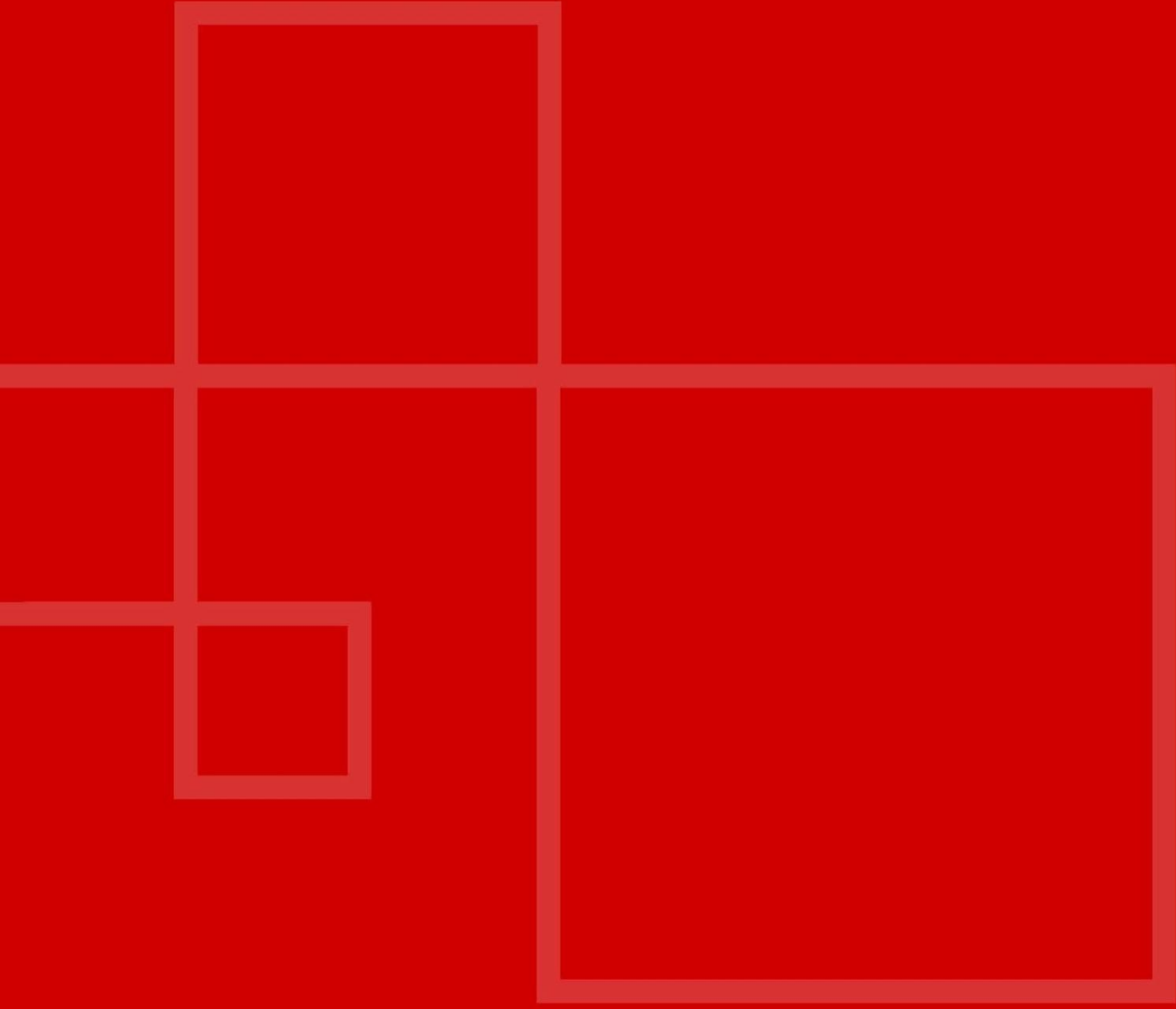
In the last two years the average of 1.1 million multiday tours abroad has been recorded, 186 thousand of which to Bosnia and Herzegovina and 152 thousand trips to Germany. These two destinations are the most visited ones because of visiting families who live in these countries and because of work, since Germany is a traditional destination of Croatian immigrants.

However, the tourists who travel abroad in order to consume drugs choose other destinations as their primary destinations. Although there is no concrete research, some destinations traditionally attract domestic tourists who consume drugs, and these are in most cases well known destinations such as Amsterdam in the Netherlands, Lloret de Mar in Spain, and more rarely the destinations such as Morocco, Tunisia and Goa in India.

12.2.1 Typical travel arrangements

According to the travel agencies' data, in 2010 899 travel agencies and their branches organised one-day trips for domestic tourists inland and abroad, and tours of foreign tourists in the Republic of Croatia. The number of one-day domestic tours organised by travel agencies in 2010 was by 3.2% higher than in 2009 and the number of tourists travelling to foreign countries was higher by 17.9%. In 2010, 315.132 domestic tourists travelled in organisation of travel agencies in the Republic of Croatia, with 1 350 904 overnight stays. They stayed an average of four nights. The number of domestic tourists who travelled in organisation of domestic travel agencies was by 8.5% higher compared to 2009 and the number of overnight stays by 7.1%. In 2010 the number of domestic tourists who travelled abroad organised by travel agencies was 252 270, and the number of overnight stays was 1 126 662. Tourists stayed an average of five nights. 4.5% more tourists travelled abroad and realised 6.1% more overnight stays than in the previous year. Out of 252 270 domestic tourists who travelled abroad organised by travel agencies, most of them travelled to Italy (16.1%), Austria (13.4%), the Czech Republic (7.5%), Germany (6.7%), France (6.6%), Tunisia (6.0%), Slovenia (4.9%), Hungary (4.8%) and Bosnia and Herzegovina (4.5%), which is the total of 70.5%. 29.5% of tourists travelled to other countries.⁵⁴

⁵⁴ http://www.dzs.hr/Hrv_Eng/publication/2010/04-04-04_01_2010.htm



13 Bibliography

13.1 Alphabetic list of all bibliographic references used

No.	Bibliographic reference
1	Bašić, J., Ferić Šlehan, M., Kranželić Tavra, V. (2007). Communities that Care. Model for the Prevention of Behavioural Disorder: Epidemiological study – Measuring risk and protective factors in the Istria County, Centre for Prevention Research, Faculty of Education and Rehabilitation Sciences, University of Zagreb, Zagreb
2	Bežovan, G. (2008) The Subvention of Rent and Expenditures in Croatia - (Zagreb: Centre for Development of Non-Profit Organisations, CERANEO)
3	Gajnik D., Koražija N. (2008). The Habit Of Smoking, and Alcohol and Narcotic Substance Use In the Sixth-Grade Primary School Pupils and the Prevention Programme “Dobro nije što se puši, guta, pije” (“Everything smoked, swallowed and drunk is not good”) in the Zagreb County, Croatian Journal for Public Health, vol. 4, No 16.
4	General Assembly of the European Youth Information and Counseling Agency ERYICA, (2004) European Youth Information Charter
5	Government of the Republic of Croatia (2005) Educational System Development Plan for 2005-2010
6	Government of the Republic of Croatia (2009) Action Plan on Combating Narcotic Drugs Abuse in the Republic of Croatia for the period 2009 – 2012
7	Government of the Republic of Croatia (2010) Action Plan on the National Drug Information System in the Republic of Croatia for the period 2010 – 2011
8	Government of the Republic of Croatia (2007) Project of Social Reintegration for drug addicts who completed one of the programmes of rehabilitation and addiction treatment in a therapeutic community or prison system, and addicts in outpatient treatment who maintain abstinency stably and for a longer period of time and adhere to prescribed treatment
9	Grbić, M., Čajo, N., Pavlović, Ž. (2009). Manual for Parents: Do it right...self-esteem is the most important part of childhood. Teaching Institute for Public Health of the Split-Dalmatia County, Split
10	Institute of Social Sciences “Dr. Ivo Pilar” (2010) Addiction Substances Abuse in the General Population of the Republic of Croatia – feasibility study, Institute of Social Sciences “Dr. Ivo Pilar”, Zagreb
11	Katalinić, D., Kuzman, M., Pejak, M., Rojnić Palavra, I. (2010). Report on Treated Persons Psychoactive Drugas Misuse in Croatia in 2009, Croatian Institute for Public Health, Ministry of Health and Social Welfare, Zagreb
12	Kuzman, M., Pejnović – Franelić, I., Pavić Šimetin, I., Mayer, D., Rojnić Palavra, I., Pejak, M. (2011). Health Habits and Behaviour in the First-Year Students at the University of Zagreb and Rijeka. Project of the Ministry of Science, Education and Sport “Characteristics, movement and guidelines of addiction behaviour in youth“, Croatian Institute for Public Health, Ministry of Science, Education and Sport
13	National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2006-2012 (OG 147/05)
14	Nemeth Blažić, T. (ur.) (2009). Manual for HIV counselling and testing, Croatian Institute for Public Health, Ministry of Health and Social Welfare, Zagreb
15	Office for Combating Drugs Abuse of the Government of the Republic of Croatia (2010). National Programme for Addiction Prevention among Children and Youth in Educational System and for Children and Youth in the Social Security System for the period 2010 to 2014
16	Public Health Service Network (OG 98/09)

17	Pupić-Bakrač, M, Klepac Erstić. S., Mesić, M. (2010). Substitution therapy for opiate addicts in general/family medicine offices in the Zadar County. Croatian Journal for Public Health Vol. 6, No..24
18	Šikić-Mičanović, L. (2010.), Homelessness and Social Exclusion in Croatia, European Journal of Homelessness, Volume 4
19	Venus, M., Brlas, S., Šerepac, V., Koić, E. (2011). Research on smoking, alcohol, gambling, drugs and leisure time among the pupils in the Virovitica-Podravina County Institute for Public Health "Sveti Rok" of the Virovitica –Podravina County, Virovitica
20	Vugrinec, L., Jerković, L., Pejak, M., Čorić, T. Markus, M. (2011). 2009 Croatian Report on Drugs Situation Office for Combating Drugs Abuse of the Government of the Republic of Croatia, Zagreb
21	Žižak, A., Kranželić Tavra, V., Ferić, M., Jeđud, I. (2004). Presentation of the Programme "Strengthening Against Addiction" (u) Collection of papers Fighting Against Addiction – Fighting for Healthy Family. Office for Combating Drugs Abuse of the Government of the Republic of Croatia, Zagreb, 414-435.
22	Zovko, S. (2011) Influence of Harm Reduction to Intravenous Drug Users Health Behaviour Changes, Doctoral dissertation. Faculty of Medicine, University of Zagreb, Zagreb

13.2 Alphabetic list of relevant data bases

No.	Type of register / database	Responsible institution
1	Criminal offence evidences	Ministry of Justice
2	Death certificate and report on the cause of death	Croatian Institute for Public Health
3	HIV Register	Croatian Institute for Public Health
4	Information system of the Ministry of Interior (Criminal evidences)	Ministry of Interior
5	Internal databases on detainees and prisoners	Ministry of Justice
6	Misdemeanour evidences	Ministry of Justice
7	Matrix on all categories of prisoners	Ministry of Justice
8	Psycho-diagnostic data	Ministry of Justice
9	Statistical information - ISSN 1334-062X Data on death persons Data on perpetrators of criminal offences Data on misdemeanour perpetrators	Croatian Bureau of Statistics
10	Register of persons treated for psychoactive drugs abuse	Croatian Institute for Public Health
11	Archives of scientific programmes and projects	Ministry of Science, Education and Sport
12	IT Database of the Office - Collection of personal data of clients participating in the Project of Social Reintegration of Drugs Addicts	Office for Combating Narcotic Drugs Abuse

13.3 Alphabetic list of relevant Internet addresses

No.	Internet address
1	http://www.dzs.hr
2	http://www.emcdda.europa.eu
3	http://www.espad.org/croatia
4	http://www.hck.hr

5	http://www.hzjz.hr
6	http://www.iom.edu/
7	http://www.mup.hr
8	http://www.mzss.hr
9	http://www.nijd.uredzadroge.hr
10	http://www.online-baze.hr
11	http://www.smanjenjestete.com/index.php?option=com_content&view=article&id=8&Itemid=9
12	http://www.udruga-let.hr
13	http://www.udrugaterra.hr
14	http://www.uredzadroge.hr
15	www.hbsc.org/countries/croatia.html
16	http://www.outlookfestival.com/info/accommodation/
17	http://www.vecernji.hr/vijesti/strani-turisti-padaju-zbog-opojnih-droga-clanak-310520
18	http://www.glasistre.hr/istra/vijest/256810
19	http://www.057info.hr/zabava/2011-07-11/policija-je-otkrila-vise-mladih-hrvata-s-drogom-nego-li-sudionika-garden-festivala
20	http://www.dzs.hr/Hrv_Eng/publication/2010/04-04-04_01_2010.htm

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14.4 List of full references of acts

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2	Kazneni zakon Republike Hrvatske (NN 110/97, 27/98, 50/00, 129/00, 51/01, 111/03, 190/03, 105/04, 84/05, 71/06, 110/07, 152/08, 57/11, 77/11) (Criminal Code OG 110/97, 27/98, 50/00, 129/00, 51/01, 111/03, 190/03, 105/04, 84/05, 71/06, 110/07, 152/08, 57/11, 77/11)
3	Obiteljski zakon (NN 116/03, 17/04, 136/04, 107/07, 61/11) (Family Law (OG 116/03, 17/04, 136/04, 107/07, 61/11))
4	Pravilnik o uvjetima, organizaciji i načinu rada izvanbolničke hitne medicinske pomoći (NN 146/03) (Ordinance on the conditions, organisation and methods of work of the urgent medical outpatient care (OG 146/03))
5	Pravilnik o vrsti i djelatnosti doma socijalne skrbi, načinu pružanja skrbi izvan vlastite obitelji, uvjetima prostora, opreme i radnika doma socijalne skrbi, terapijske zajednice, vjerske zajednice, udruge i drugih pravnih osoba te centra za pomoć i njegu u kući (NN 64/2009) (Rulebook on the type of social care home activities, the way of providing care outside your own family, the conditions of space, equipment and employees in a care home/centre, therapeutic community, religious community, association and other legal entities OG 64/09)
6	Pravilnik o provedbi zakona o evidencijama u oblasti zdravstva za područje stacionarne zdravstvene zaštite i praćenja bolesti ovisnosti (NN 44/00) (Ordinance on implementing the Health Records Act in the area of in-patient care and addiction monitoring (OG 44/00))
7	Uredba o osnivanju Hrvatskog zavoda za hitnu medicinu (NN 28/09) (Decree on Establishment of a Croatian Institute for Emergency Medical Services OG 28/09)
8	Zakon o izvršavanju kazne zatvora (NN 190/03, 76/07, 27/08, 83/09, 18/11, 48/11) Act on the Enforcement of Prison Sentence (OG 190/03, 76/07, 27/08, 83/09, 18/11, 48/11)
9	Zakon o kaznenom postupku (NN 152/08, 76/09, 80/11) (Criminal Procedure Code OG 152/08, 76/09, 80/11)
10	Zakon o ograničavanju uporabe duhanskih proizvoda (NN 125/08, 55/09, 119/09) (The Act on Restricted Use of Tobacco Products, OG 125/08, 55/09, 119/09)
11	Zakon o sigurnosti prometa na cestama (NN 67/08, 48/10, 74/11) (Act on Road Traffic Safety OG 67/08, 48/10, 74,11)
	Zakon o socijalnoj skrbi (NN 57/11) (Social Welfare Act, OG 57/11)
	Zakon o sudovima za mladež (NN 84/11) (Juvenile Courts Act OG 84/11)
12	Zakon o suzbijanju zlorabe droga (NN 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11) (Act on Combating Drugs Abuse OG 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11)
13	Zakon o trgovini (NN 87/08, 96/08, 116/08, 76/09) (Trade Act (OG 87/08, 96/08, 116/08, 76/09))
14	Zakon o ugostiteljskoj djelatnosti (NN 138/06, 152/09, 43/09, 88/10) (Hospitality and catering Law (OG 138/06, 152/09, 43/09, 88/10))
15	Zakon o zdravstvenoj zaštiti (NN 150/08) Health Care Law (OG 150/08)

