



OFFICE FOR  
COMBATING  
NARCOTIC  
DRUGS ABUSE

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ON THE DRUG SITUATION

# CROATIAN **report**



European Monitoring Centre  
for Drugs and Drug Addiction



OFFICE FOR  
COMBATING  
NARCOTIC  
DRUGS ABUSE

**2009 NATIONAL REPORT (2008 data)  
TO THE EMCDDA  
by the Office for Combating Narcotic Drugs Abuse of  
the Government of the Republic of Croatia**

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

**Zagreb, October 2009**

Drawn up on behalf of the Office for Combating Narcotic 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 Narcotic 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

The Croatian drug policy was developed in mid 1990s to address both the demand and supply of drugs, as well to mitigate the harm of drug abuse. In the process of implementation of the National Strategy on Combating Narcotic Drugs Abuse, a special attention is being paid to the development of addiction prevention and treatment of drug abuse, but also to activities which reduce the illicit drug supply.

Taking into account the chronic relapsing course of the disease, the organisational ground for the treatment of drug addiction is outpatient treatment in the network of Services for Drug Addiction Prevention within the frame of the County Institutes of Public Health.

Epidemiological data show that the situation regarding the number of persons treated for drug abuse in the Republic of Croatia is relatively stable. In 2008 7 506 persons were treated within the health system, and the total number of the treated persons has not changed significantly over the last three years. Out of the total number of treated persons, 5 846 (77.9%) of them were treated for opiate addiction, whereas 1 660 (22.1%) persons were treated for addiction to some other psychoactive agents, mostly cannabinoids. Although the number of demands for treatment is stable in Croatia, annual data show that the percentage of opiate addiction treatment is rising, whereas the percentage of treatment of non-opiate addiction is falling. 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 increasingly more available and cheaper, a significant rise of the number of addicts has not been recorded. Since the prevalence of treated addicts has been growing in the last few years, and the incidence has levelled off, it is obvious that a part of the treated addicts remain within the treatment system (mostly heroin addicts). This confirms that the average age of the treated addicts is constantly rising. According to gender distribution, among all reported in 2008, 83% were men, and this percentage has been steady for years now.

In 2008, it was noted that the quality of services and treatment in therapy communities had improved significantly, and that it had been largely harmonised with the Guidelines for Therapy Community Standards and the draft of the procedure for the issuing of permits to therapy communities.

One extremely significant part of the implementation of the National Strategy on Combating Narcotic Drugs Abuse is the implementation of measures and activities aimed at preventing the abuse of illicit drugs on the local, municipal and county levels, as well as the level of other local self-government units. According to the data on the total number of treated persons per 100,000 people (aged 15 to 64) in the Croatian counties in 2008, the Zadar County had the highest rate of treated persons (567.1). The Istria County was the second with the rate of 531.1, followed by the City of Zagreb (424.8). The greatest percentage of those treated for opiate addiction is in Zadar County (519.1), followed by Istria County (488.9) and Šibenik-Knin County (312.0). On the county level, there is a much better coordination in the creation and implementation of general and special programmes aimed at combating narcotic drugs abuse, especially addiction prevention programmes and media campaigns against addiction. The success can largely be attributed to active work of county committees for combating narcotic drugs abuse.

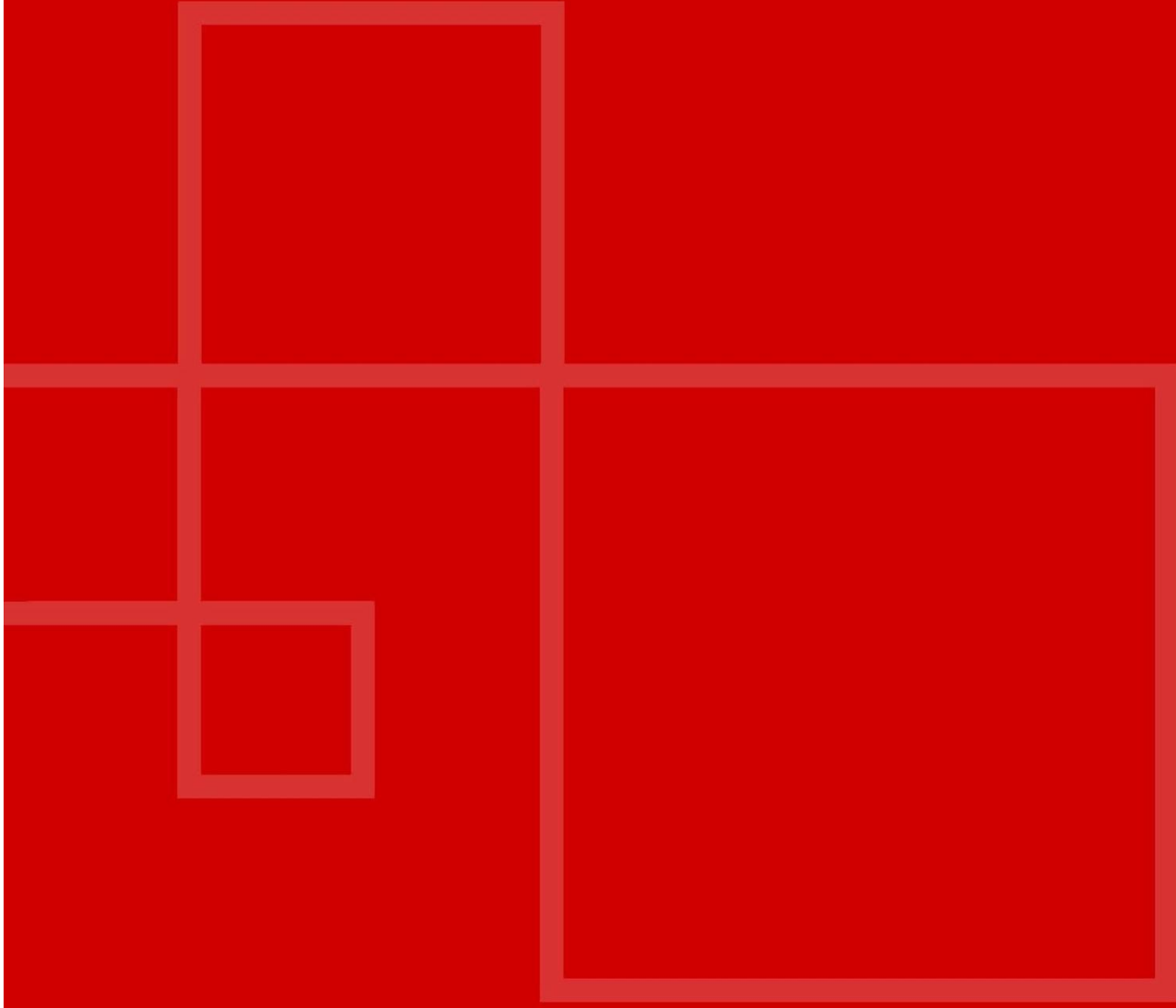
Any person on record in the Registry for treated psychoactive drug abusers bears a certain risk of being labelled as a problematic drug user, in a way. However, some of the persons in treatment are more exposed to the risk behaviours and harmful consequences than others (the long-term injecting drug users, or regular users of opioids, cocaine and/or

amphetamines). According to the present estimations, over 60% of new infections have been diagnosed among the persons who have been injecting drugs during the last six months before the infection. The incidence of HIV among the injecting drug users remains very low and amounts to 0.5%. Activities aimed at reducing the spread of blood-borne diseases occupy a special position in the fight against drugs. Non-governmental organizations and one institution (Croatian Red Cross) are active on a regular basis at different locations countrywide where harm reduction programmes are conducted.

The relation between drug abuse and social exclusion is not necessarily a causal one, because social exclusion does not apply to all drug consumers. However, drug use is often a cause or consequence of the lack of economic resources, social isolation, and limited access to social and civil rights. The Project of Social Reintegration of Drugs Addicts, adopted by the Croatian Government in 2007, was improved and achieved significant progress in 2008. The Project helps persons who have successfully completed the treatment, rehabilitation and drug-abstention treatment in a therapeutic community, penal or health institution to finish occupational retraining or further education as well as promoting their employment.

Since drug addiction is a global problem of the contemporary world, the Republic of Croatia is not an isolated case, and so the problem of addiction and drug abuse in Croatia depends on the situation and trends on the European and global level, as well as the global illicit drug market. The phenomenon of the so called Balkan Route is widely known. It is used primarily for trafficking heroin, as confirmed by the seizures made to date. Unfortunately, according to all indicators, the supply of illicit drugs has increased in the past several years in the Republic of Croatia. The increased supply and variety of illicit drugs have led to their greater availability, which caused an increased trend of drug use among the youth. Owing to an intensive development of new programmes in both the drug supply and drug demand reduction area, which primarily include preventive programmes, early detection of drug users and interventions, harm reduction, treatment, rehabilitation and social reintegration of drug addicts, as well as measures tackling organized narco-crime, the situation in the Republic of Croatia regarding new patients treated for drug abuse has stabilised in the past several years. There has also been a stabilisation of trends related to illicit drug abuse.

Despite intensive development, we face appearance of new drugs on the black market that have devastating effect on human psyche on daily basis. This points out to the existence of a grey zone that is difficult to explore but which encourage us to invest more in additional efforts and in finding new methods, especially preventive ones, in order to be more effective in combating this socially unexpected phenomenon.





# 1 Drug policy: legislation, strategies and economic analysis

The Croatian drug policy was developed in mid 1990s to address both demand and supply of drugs as well to mitigate harms of drug abuse. It was further developed in 2001 when Act on Combating Narcotic 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 on time and effective implementation of drug policy, the Croatian Government set up the Committee for Combating Narcotic Drugs Abuse whilst the Office on Combating Narcotic Drugs Abuse was established to coordinate and monitor implementation of national activities. Based on current strategic documents, Croatia invests 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. To highlight, legal framework for combating drug abuse and illicit trafficking consists of following legal acts:

- Criminal Code (OG 110/97) and the Acts on the Amendments to the Criminal Code (OG 111/03, 105/04, 84/05, 71/06, 110/07, 152/08), Chapter thirteen (XIII): Criminal offences against values protected by the international law, Article 173, covering illicit use (possession), production, trafficking, mediation in sale or purchase as well as any other type of trading in narcotic drugs. The Act also regulates the issue of guilt for the criminal offence committed under the influence of drugs
- Criminal Procedure Code (OG 152/08) and the Act on the Amendments to the Criminal Procedure Code (76/09)
- Act on Combating Narcotic Drugs Abuse (OG 107/01) and the Acts on the Amendments to the Act on Combating Narcotic Drugs Abuse (OG 87/02, 163/03, 141/04, 40/07) as a central legal acts that regulates all fundamental issues concerning narcotic drugs abuse

In December 2008, *the Criminal Code* was amended to facilitate the confiscation of proceeds of crime in cases involving organised crime. According to the new Act, if the criminal offence is within the competence of Office for Suppression of Corruption and Organised Crime (specialised prosecution service within the State Attorney's Office) it is *presumed* that the total assets of the perpetrator were acquired as proceeds of crime, unless the perpetrator makes their lawful origin probable. Furthermore, the confiscation of proceeds of crime from the marital or extramarital partner of the perpetrator is made easier –proceeds of crime are confiscated when it is made *probable* that they are in the possession of a marital or extramarital partner or a relative of the perpetrator. In addition, Article 89, item 37 defines the term proceeds of crime. The said amendments also served to align the Criminal Code with the Council Framework Decision on Confiscation of Crime-Related Proceeds, Instrumentalities and Property of 24 February 2005.

Amendments to Article 304 of the Criminal Code (obstruction of presenting evidence) of December 2008 extend the protection offered to persons who might be subject to coercion or other forms of influence to convince them to give false testimony or to prevent or make the evidential procedure more difficult. According to the new legislative solution, protection is also extended to persons with respect to whom criminals engaged in organised crime



presume that they might be granted such status during the procedure (the so-called presumptive witnesses). In addition, the criminal offence of revealing the identity of a protected witness referred to in Article 305.a of the Criminal Code extends protection to persons who were or will be heard as protected witnesses in the criminal procedure.

Both amendments of the Criminal Code will enable more effective implementation of the criminal law policy with respect to the drug-related offences, which make a significant proportion of organised crime.

In the course of 2008, the new provisions in the criminal procedural legislation, which will enable more effective suppression of drugs crime, especially in the part concerning the suppression of the organised forms of the criminal offence of narcotic drug abuse referred to in Article 173, paragraph 3 of the Criminal Code (i.e., international smuggling of large quantities by criminal groups and organisations, were drafted and it entered into force only in the beginning of 2009.

Although during 2008 *the Act on Combating Narcotic Drugs Abuse* (OG 107/01, 163/03, 141/04, 40/07) didn't see any amendments, there was done intensive work on its improvements and concrete proposals to be integrated in 2009. The first point that required further elaboration was the mechanism for destruction of seized drugs, which was described in details last year. According to the Act on Combating Narcotic Drugs Abuse, Article 51, seized illicit drugs shall be destroyed after the legal validity of the verdict or the court decision and can be also destroyed 3 years after the submission of the criminal charge to the competent State Attorney's Office. The destruction is performed in front of the Committee for Destruction of Seized Illicit Drugs. Since 2004, when afore mentioned Committee was set up, the first incineration took place in January 2008 when 3 tonnes of illicit drugs were destroyed, followed by the second one in December 2008 when 800 kg of different illicit drugs were incinerated. The Committee in total met 6 times, whilst in 2008 1 time. The time gape occurred due to the strict environment protection provisions according to which incinerating plant has to fulfil specific technical requirements in order to obtain the valid licence for such activity. The first adequate incinerating plant Našicecement dd obtained licence only in 2007. Moreover, present practice indicates that implementation of relevant legal provision doesn't facilitate destruction process in general since. It requires long term insurance of finances as well as facilities for storage of seized illicit drugs until the expiry of legal period when they could be destroyed. Therefore, in 2008 there were explored possibilities to amendment relevant provision in the Act on Combating Narcotic Drugs Abuse, in order to shorten legal period for destruction of seized illicit drugs, to lower the storage cost and to increase the efficiency of this mechanism.

As a continuation of activities initiated in 2007 in the frame of the CARDS 2004 twinning project "Strengthening the Croatian Capacity to Combat Drug Trafficking and Drug Abuse", in the course of 2008 there was achieved consensus between the relevant authorities on the final Proposal of Measures for Strengthening of Institutional and Legal Precursors Control Model. This document will serve as a base for further amendments of the Act on Combating Narcotic Drugs Abuse in order to set up of a new, centralised national coordination mechanism that would be fully streamlined with the EU *acquis communautaire* in this area. The Ministry of Health and Social Affairs and the Ministry of Economy, Labour and Entrepreneurship are currently sharing legal responsibility on drug precursors control regime, which brings into question effective coordination of the mechanism. Therefore, previously announced amendments will place whole precursor's control mechanism under the general competence of the Ministry of Health and Social Welfare. In addition, legal amendments will oblige Croatian Institute for Toxicology to keep records on trade in precursors.

In accordance to the Act on Combating of Narcotic Drugs Abuse, Article 2, paragraph 15, the Minister of Health is in authority to set out a *List of narcotic drugs, psychotropic substances*,



*plants used to produce narcotic drugs and substances that can be used in the production of narcotic drugs (precursors)*. The List is regularly updated in line with the relevant international and EU control regulations. In 2008, five new substances (PMMA, 2- C-1, 2-C-T-2, 2-C T-7, TMA-2) were added to the List (OG 50/09) in line with the requirements of the EU Council Decision. In addition, four substances were added to the List on the basis of the expert assessment of risks at the national level: Salvia Divinorum, Tabernate Iboga, Ibogaine and Para-fluoroamphetamine.

Last year we have reported on the *Amendments to the Act on Social Welfare (OG 7/07)* which enabled nongovernmental organizations and other relevant legal subjects to provide care and psycho-social treatment for drug addicts and drug users in the form of therapeutic community. Amendments resulted with draft proposal of the Regulation on type and activity of social welfare home, how to provide care outside their own families, the conditions of facilities, equipment, professional and other workers at the social welfare home, therapeutic communities, religious communities, associations and other legal entities and the centre for help and home care. In December 2008, the Regulation was sent to the Minister of Health and Social Welfare for the adoption. The provisions set out in this document should result with increased quality of care services provided to the drug addicts in the therapeutic communities as well as with improved status of therapeutic communities in the national health/social care system.

In order to prevent addiction at workplaces, additional provisions were included in the new Act on Protection at Work (OG 86/08) according to which employers are obliged to conduct different measures related in order to prevent alcohol consumption as well as drug use and abuse at the workplace, particularly those with special working conditions. Employers also have to develop and implement programmes of addiction prevention at workplace, in line with the specific needs of given workplace. In addition, the employer is obliged to regulate in advance a procedure for checking/testing of employees on presence of alcohol or other addictive substances in the organism (proceedings with the consent of employees, a verification method, type of test or equipment, the method of recording and confirmation of results). In order to protect employees who are while employed in the addiction treatment, withdrawal or rehabilitation programme, the employer cannot test these employees unless they are referred for a testing to the institution in which they are in addiction treatment, withdrawal or rehabilitation programme.

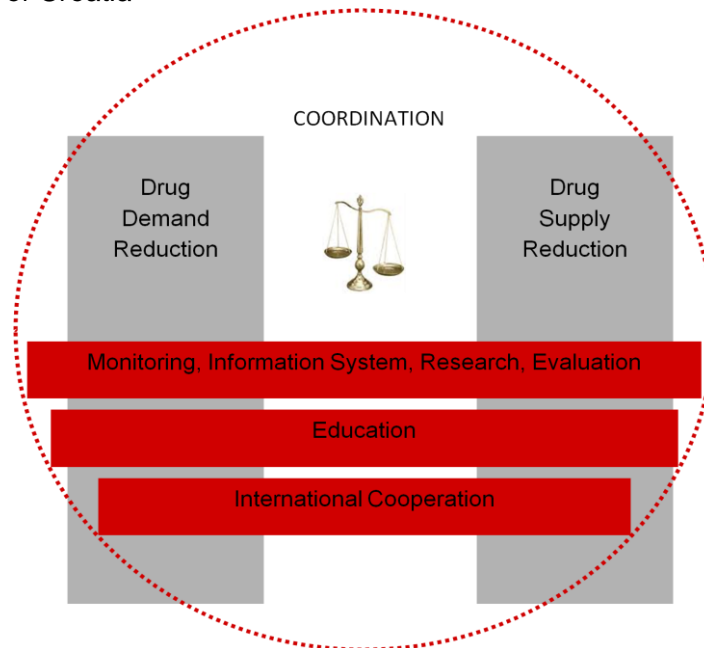
As a part of preventive measures, during 2008 the Police continued to implement the Act on Road Traffic Safety (OG 67/08). Detailed information can be found in Chapter 9.3.

## **1.2 National action plan, strategy, evaluation and coordination**

The *National Strategy on Combating Narcotic Drug Abuse in the Republic of Croatia for the period 2006-2012* (National Strategy) advocates an integrated, multidisciplinary and balanced approach to tackling drugs phenomenon and lies on 6 main pillars:

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

Picture 1.1 – Structure of the National Strategy on Combating Narcotic Drug Abuse in the Republic of Croatia



Source: Office for Combating Narcotic Drugs Abuse

This main strategic document is being implemented through two *Action Plans on Combating Narcotic Drugs Abuse in the Republic of Croatia* (Action Plan), the first one covering period from 2006 to 2009 (although the year 2009 is mentioned in the official title, this Action Plan ceased to be valid at the end of 2008), and the second one for the period 2009-2012. During 2008, the Office for Combating Narcotic Drugs Abuse (OCNDA), in cooperation with relevant ministries and institutions, drafted the Action Plan on Combating Narcotic Drug Abuse in the Republic of Croatia 2009-2012 but since the Government of the Republic of Croatia passed it only in March 2009, the document shall be described in more details in the next national report. However, it must be stressed that the new 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 tasks of particular responsible 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. In addition, the Action Plan is further elaborated on annual basis in the form of the implementing programme. Pursuant to the mentioned above, in April 2008 the Croatian Government adopted *Implementing Programme of the Action Plan on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008*.

Following afore mentioned basic strategic documents, in early 2008 the Croatian Government also adopted the *Action Plan on National Drug Information System in the Republic of Croatia for 2008-2009*. This document has brought to life the Protocol on National Drug Information System in the Republic of Croatia (adopted by the Croatian Government in 2007) and enabled further development of national data collection mechanisms. As one of the top priorities of the Action Plan on National Drug Information System is formalising cooperation with the EMCDDA, the negotiations between the Croatia and European Commission continued in 2008. By the end of the year the text of the *Draft Agreement between the European Community and the Republic of Croatia concerning the participation of the Republic of Croatia in the EMCDDA* was finally amended to the satisfaction of both parties as a prerequisite for initialling and signing the Agreement in 2009. However, the implementation of the Action Plan on National Drug Information System saw



certain difficulties related to the lack of administrative capacities at the OCNDA which is hosting National Drugs Information Unit acting as a National Focal Point for the EMCDDA.

One of the most important principles of the National Strategy is the principle of decentralization which should enable translation of national drugs policy to the local level and guarantee the same degree of availability of different programmes across the county, in accordance with the real needs of individual local communities (i.e. counties). Therefore, counties and local self-governing units have to develop different programme networks and appropriate activities that correspond to their specific needs, but which are also in line with the principle measures at the state level. Since 2006, each county has developed *County Action Plan on Combating Narcotic Drugs Abuse* (County Action Plan) which resulted with improved coordination and implementation of measures and activities in the targeted area at the local self-governing level. Report on the Implementation of the National Strategy on Combating Narcotic Drug Abuse for year 2008 suggests better coordination in elaboration and implementation of general and specific programs in the area of tackling drug related problems at the local level. This is a result of more efficient work of County Committees on Combating Narcotic Drugs Abuse (County Committees), which coordinate implementation of County Action Plans and other local activities. In some counties, significant proportion of activities is being implemented by the civil society organizations. Particularly important role in prevention at the local level play school preventive programs. However, there is still a noticeable problem of unbalanced and segmented implementation of such programs in certain counties as well as insufficient cooperation in implementation of medical and psycho-social treatment programmes between two major stakeholders in the field: Services for Addiction Prevention and Outpatient Treatment and Social Welfare Centres. Central role in the implementation of treatment programmes and care programmes belongs to county Services for Addiction Prevention and Outpatient Treatment. Stable functioning of these services in all counties can be seen from the fact that they manage to keep addicts in the treatment for a longer period of time, compared to previous years.

We can conclude that, according to the principle of decentralization as one of main principles of National strategy, there is noticeable intensive progress in decentralized approach to tackling drug related problem in the counties/local communities in a way that guarantees equal distribution of different programs across the country, yet in line with specific needs of each county/local community. Therefore, Croatia will continue to invest in the further development of local initiatives. The Committee for Combating Narcotic Drugs Abuse of the Croatian Government and OCNDA will continue to regularly cooperate with the County Committees in order to enhance engagement and activities of counties/local communities and therefore enable better planning and more efficient implementation of overall national drugs policy.

Both, within the national drugs information system and implementation of general drugs policy, a significant attention was paid on improvement of cooperation with the non-governmental organizations (NGOs) as equal partners. In the first months of 2008, a number of civil society programmes were financed by different state authorities (e.g. OCNDA, Government Office for Associations, Ministry of Health and Social Welfare). The OCNDA every year sets a priority area for providing financial support to relevant NGOs in the given year. Since the priority area of the tender for awarding financial support to the project activities of the NGOs in 2008 was social reintegration, the OCNDA funded 18 projects that provided different services for 1 074 addicts that were engaged in the Project of Social Reintegration of Drugs Addicts. In spring 2008, OCNDA organised thematic workshops in Zagreb and Split for the NGO representatives which covered 2 topics: "Strategic planning: principles, methods and results" and "Legal and financial counselling in the development of Associations Quality System". Following the engagement of the NGOs in the elaboration of the Professional Standards for the Therapeutic Communities and amendments of the Act on Social Welfare that took place in 2007, the OCNDA together with the Polish colleagues

organised a joint workshop in 2008 to further stimulate NGOs to increase quality of their services and to become full-fledged partner of state institutions in the implementation of the health and social care programmes for drug addicts. The aim of the workshops was to improve quality of projects and services that NGOs, including therapeutic communities, provide in responding to drug-related problems. In order to introduce development of the therapeutic community concept through the history, working methods in the therapeutic communities which differ depending on the cultural and sociological characteristics of individual countries, the therapeutic community as a method of treatment of addicts, to enable exchange of experiences in the implementation of different treatment programmes, to discuss certain questions related to treatment specificities as well as to introduce European quality standards of the programmes in the therapeutic communities. Furthermore, NGOs continued to participate also in the activities of the National Drug Information System. The revision of the existing data collection mechanisms in line with the EMCDDA's requirements enabled further expansion of a network of relevant treatment data providers. That has primarily been achieved through the upgrade of the available program solution (software) which allowed collection of treatment demand data from additional sources: low threshold services, therapeutic communities and prison settings. Therefore in June 2008, there was organized a training of "new" data providers in order to get them acquainted not only with the TDI software and data management but also with the reporting protocols which include specific tasks and obligations as well as high degree of data protection and confidentiality.

After several unsuccessful attempts during last couple of years, in September 2008 there was finally constituted Croatian Network of Therapeutic Communities as informal association that would jointly promote and protect interests of therapeutic communities but also facilitate further development and quality of their services. Acting jointly, as one voice, therapeutic communities could also better impact on national drugs policy. The network has 7 active members and 1 observer. During the first year of their work, the network will examine following topics: human resources needed for work of the therapeutic community; reaction on amendments to the Criminal Code; standardization and financing of therapeutic communities; psycho-pharmacy treatment of addicts; relations with media.

*Map 1.1 – Overview of Therapeutic Communities in the Republic of Croatia*



Source: Office for Combating Narcotic Drugs Abuse



Besides the afore mentioned educations, the OCNDA together with the Ministry of Health and Social Welfare organised a seminar on Treatment Evaluation which aimed at further development of evaluation standards and methods for evaluation of drug addiction treatment programmes with an emphasis on providing basic knowledge on evaluation and skills particularly focused on the process evaluation and evaluation of customer's satisfaction with regards to the services provided by the Services for Addiction Prevention and Outpatient Treatment. Accordingly, the seminar was intended for employees of the Services for Addiction Prevention and Outpatient Treatment at the County Institutes of Public Health, Croatian Institute for Public Health as their umbrella organization and representatives of the Ministry of Health and Welfare. Through lectures, workshops and working groups, participants were familiarised with the concept of treatment evaluation, goals and types of treatment evaluation (process evaluation, cost evaluation, evaluation of customer's satisfaction, economic evaluation) as well as the specificities of the evaluation, depending on the subject of evaluation (treatment programme, the treatment system, the implementation of treatment) and differences between internal and external evaluation.

Among other important activities deriving from the national strategic documents it is worth to mention initiatives aiming to improve and to ensure sustainability of preventive activities, especially those in the educational settings. In 2008, there was launched a discussion on need for the development of the National addiction prevention programme for children and youth, which yielded concrete results in 2009 and therefore more information will be available in the following national report. As a continuation of activities launched under the CARDS 2004 twinning project which ended in February 2008, we continued to educate professionals in new preventive methods/skills (MOVE - Motivational Intervention for Youth at Risk<sup>4</sup>) also in the regions that were not covered in the previous period. In October 2008, OCNDA analysed participant evaluation questionnaires in order to assess the success of the implemented education. Majority of trainees were satisfied with theoretical and practical part of education, trainers and level of acquired knowledge that could be implemented in their daily work.

As already reported last year, within the CARDS 2004 twinning project there was also initiated media campaign in the Vukovar- Sirmium County<sup>5</sup>, which continued in 2008. Besides difficult economic and social situation as a war consequence, the Vukovar- Sirmium County was chosen because it is located on one of the main arms of so-called Balkan route, a circular route well known for illicit trafficking in drugs, human beings, weapons, stolen vehicles etc. All these factors increase the risk of potentially serious drug addiction problem, especially among young population and therefore require immediate, coordinated and continuous actions. Media campaign was just a first step to encourage systematic prevention measures. Although evaluation results were available only in 2009, it can be said that outcomes were very positive as close cooperation between all stakeholders at the local level increased significantly, including involvement of civil society organizations and citizens (e.g. pupils, parents etc.). This is a prove that similar initiatives should be encouraged also in other areas that are under special state care - a status that was given to certain local communities in Croatia, severely affected by the war sufferings during the Croatian War of Independence.

Following the example of previous years, in 2008 there was also conducted the National Media Campaign which aimed to more effectively educate children, youth and the general public about the harmful effect of drugs in order to change youth attitudes on drugs, to raise public awareness of the expanse and serious dimensions of the drug addiction problem and to include the larger number of citizens and institutions in the fight against addiction. The additional justification for such media campaigns is to increase the visibility of responsible institutions and transparency of their work.

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<sup>4</sup> More information can be found in the Chapter 3.3

<sup>5</sup> More information can be found in the Chapter 3.4



The Project of Social Reintegration of Drugs Addicts<sup>6</sup> was supported by the Croatian Government also in 2008. The Project targets drug addicts who completed a rehabilitation and detoxification programme in a therapeutic community or prison, and addicts undergoing treatment outside the hospital, who are successfully abstaining from drugs for a longer period of time and complying with the prescribed therapy. Part of the measures refers to professional orientation of clients whilst the other part present measures to encourage employment. Ministry of Economy, Labour and Entrepreneurship included in their Annual Employment Incentive Plan 2008, measures of co-financing education and employment of clients, within the incentive measures designed for special groups of unemployed. A particular decision was brought in order to facilitate terms of access to use these rights. The Croatian Employment Service is institution directly in charge for implementing activities of this Project. According to their statistics on implementation of the Annual plan to promote employment 2008, 7 531 persons used measures for co-financing employment, education and public work. For these activities it was spent EUR 18.316,947, out of which EUR 57,654 for measures for treated drug addicts. Based on the Program to Incite Small and Medium-sized Enterprises 2008- 2012, in May 2008, the Croatian Government adopted Operative Plan for Encouraging Small and Medium-Size Entrepreneurship for 2008, which inter alia includes Project "Co-operative Entrepreneurship for 2008". The above-mentioned Project foresees project activity "Support to the development of co-operatives" which aims to involve groups with social problems, including drug addicts, in the co-operatives and entrepreneurship. In June 2008 there was organised regional education on the Project implementation for the responsible institutions in the area of the City of Zagreb, Zagreb County and Krapina-Zagorje County. Again, the project was evaluated in 2009 so that measures for improving its effectiveness will be presented in the next national report. However, according to the reports of the responsible institutions, 2008 saw significantly higher number of clients than in the previous year.

Due to the global dimension of drugs phenomenon, efficient drug policy implies also in international and especially regional cooperation. Therefore the OCNDA already in 2007 drafted a document describing structure and scope of work of the South East European Drugs Co-ordination (SEEDC) which would act as permanent regional panel with the aim to facilitate sustainable and efficient development of regional measures aimed at combating drug-related problems. As a new regional mechanism it would function on three levels enabling multidisciplinary approach to the drug-related problems and vertical cooperation of the structures involved. The initiative was during 2008 presented at different international forums and obtained support of the European Commission and the Regional Cooperation Council.

National Strategy and its Action Plan for the given period are being evaluated annually on the basis of various (standardizes and non-standardized) reports of responsible ministries, institutions and civil society organizations. More specifically, the Action Plan is very concrete document, specifying individual measures/actions, institutions in charge for the implementation of each measure/action and deadlines for their implementation. Therefore, responsible institutions are obliged to deliver report on the progress made in the given period to the OCNDA which then analyses all the reports and asses general progress in the implementation of strategic documents. In that sense we can say that the OCNDA, which is as national coordinator in charge also for monitoring implementation of those documents, is providing "general" evaluation of the efficiency of undertaken measures. Based on different indicators, the OCNDA annually monitors trends and depending on the findings/situation proposes additional measures or even changes of the foreseen measures in the given period, if required.

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<sup>6</sup> More information can be found in the Chapter 8.2





Individual programs can be evaluated by implementing institution, contractor or external evaluators. Programs in the drug demand reduction area that are being implemented at the local level are often evaluated by County Committees on Combating Narcotic 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 being allocated for their implementation from the State Budget. On the other hand, one of the most important currently ongoing projects in Croatia is the national project on social reintegration. In this case the OCNDA is in charge for the evaluation through the database of individual users, reports of responsible institution, financial evidenced etc.

In order to promote evaluation of different preventive and treatment projects that are being implemented across the country, a multi professional expert team is going to develop standards and methods for evaluation of such programs and elaborate a Manual of evaluation standards and methods which will be distributed to all relevant institutions.

Coordination arrangements in Croatia have not changed over the last few years. The Committee for Combating Narcotic Drugs Abuse of the Croatian Government as the main policy making body in the field of drugs, continued to coordinate the activities of the relevant ministries and other responsible subjects involved in the implementation of the general strategic documents, from the prevention, treatment, rehabilitation, social reintegration to the supply reduction measures. Although there were slight changes in the membership of the Committee, high representation of all relevant ministries continued to be a practice. Deputy Prime Minister of the Croatian Government in charge of social issues and human rights, convened one meeting of the Committee during which there have been discussed different issues. The most relevant discussion points referred to the proposals of afore mentioned strategic and implementing documents that were adopted by the Croatian Government or the Committee in 2008. All relevant stakeholders were obliged to plan timely financial resources so that all measures set out in these documents could be implemented. The Committee also considered the Report on the implementation of project on social reintegration, 2008 Media campaign and some other activities.

As an expert service of the Croatian Government, the OCNDA is, among other tasks, responsible for regular monitoring of drugs situation and implementation of national strategic documents in the field. According to the Act on Combating Narcotic Drugs Abuse, the OCNDA drafts annual report on the implementation of the National Strategy which is being presented to the Government of the Republic of Croatia and the Croatian Parliament. As such, OCNDA is also coordinator of the National Drug Information System. Based on the general assessment of trends, spent funds in the given period, type and number of projects and programs at the local level, number of clients involved etc., noticed problems and obstacles, the OCNDA proposes new or supplementing measures and activities that could improve current situation and increase efficiency of ongoing projects. One of strategic goals in the area of fostering institutional system on combating drugs abuse is development of an initiative that would enable comprehensive implementation of national policy against all types of addictions in the frame of one single institution like the OCNDA. In that way, the OCNDA would coordinate all activities related to the prevention of drugs and alcohol abuse, doping, gambling and other games of chance as well as the Internet addiction. In addition, the OCNDA would facilitate broader scientific and professional discussions on criminal and misdemeanour responsibility for possession of small quantities of drugs for personal use. The OCNDA has significantly contributed to the effective implementation of national strategic documents, which was achieved through coordinated and continuous cooperation with relevant stakeholders at national and local level, civil society and other professionals. Therefore, it could be concluded that further strengthening of the coordinative role of the OCNDA is a prerequisite for enhancement of overall system on tackling drug related problems in Croatia.

In December 2008, a new Head of the OCNDA was appointed.

At the OCNDA, there is an expert body called Advisory Board, consisting of experts and professionals in the field of prevention and combating illicit drug abuse. The Advisory Board has its president and ten members which are on the proposal of Head of the OCNDA appointed by the Croatian Government. During 2008, three meetings were held where members of the Advisory Board discussed important current issues, participated in elaboration of argumentation papers and decision making process related to initiating adoption of legal provisions and other strategic documents in the area of tackling drug-related problems, and provided professional assistance in enhancing implementation and supplementing the Project of Social Reintegration of Drug Addicts. The Advisory Board proposed further strengthening of the OCNDA's coordinative role with the goal of better interagency cooperation at the national and local level. The need for proactive cooperation between the OCNDA and media as well as the need for better public relations strategy was also highlighted, in order to increase transparency of the OCNDA and national system in general.

### 1.3 Economic analysis

The OCNDA is on annual basis collecting information from responsible ministries on financial assets spent in the previous year for the purpose of national reporting to the Government of the Republic of Croatia and the Croatian Parliament on the implementation of the relevant national strategic documents. In the State Budget of the Republic of Croatia each public administration authority has a specific budget line which is divided into items and the activities according to their scope of work and responsibilities. Similar to the previous years some ministries had difficulties to trace back real costs related to the implementation of the drug policy in their scope of responsibility. In order to improve reporting on drug-related public expenditures in Croatia, the OCNDA has in cooperation with the Institute of Economy in Zagreb prepared a paper on survey "Methodological basis, components and empirical review of monitoring, analysis and reporting models on effectiveness of national drug abuse suppression mechanisms in Croatia". Although the survey was planned in the second half of 2008, it was not conducted due to the fact that the position of the Head of the OCNDA, who should normally authorise the study due to its financial implications, was vacant for almost half of the year.

Following the available data that have been delivered to the OCNDA by the relevant ministries for the year 2008, in the State Budget it was in total spent EUR 11.600,942 which is even 26.4% more than in the 2007 when the implementation of national strategies amounted EUR 9.180,128<sup>7</sup>.

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<sup>7</sup> Since the amounts are expressed in Euros, there can be noticed a difference between figures that are specified in both 2008 and 2009 National Report, which occurred due to different exchange rate (30 October 2008: 1 Euro = 7.2 Kunas; 14 October 2009: 1 Euro = 7.25 Kunas).

*Table 1.1 – Labelled drug related expenditures in Croatia, according to responsible institutions (2007 and 2008)*

STATE INSTITUTION	LABELLED EXPENDITURES (EUR)	
	2007	2008
Office for Combating Narcotic Drugs Abuse	843,895	875,310
Ministry of Science, Education and Sports	431,279	1.244,105
Ministry of Family, Veterans' Affairs and Intergenerational Solidarity	1.103,429	1.062,124
Ministry of Health and Social Welfare	2.996,614	4.378,763
Ministry of the Interior	3.722,430	3.873,054
Ministry of Finance – Customs Administration	139,288	52,414
Ministry of Defence	-	-
Ministry of Foreign Affairs and European Integration	6,944	6,897
Ministry of Justice	-	50,621
Ministry of Economy, Labour and Entrepreneurship	-	57,654
<b>TOTAL</b>	<b>9.243,879</b>	<b>11.600,942</b>

*Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008*

In the State Budget for 2008, the total budget line of the OCNDA amounted EUR 875,310. Out of the afore mentioned total expenditure, the major proportion of the budget was distributed among nongovernmental organizations for financing implementation of different programs covering prevention of drug use and abuse, early detection of drug users and intervention, motivation for treatment, rehabilitation of drug addicts, social reintegration of drug addicts that have completed treatment program or are participating in the maintenance therapy programs and reduction of drug related harm. In 2008, the OCNDA invited tenders for social reintegration programmes which were set out as priority area for this year. Accordingly, OCNDA financially supported 18 non-governmental organizations in the total amount of EUR 144,828. There were also financed additional 9 non-governmental organizations and public institutions for different demand reduction projects (EUR 71,107). For organizing different educational programs it was spent EUR 35,408 while for the national media campaign OCNDA contributed with the EUR 76,861. Continuation of the “Anti-drugs phone” project, as free of charge counselling and information service for the citizens, cost EUR 16,494.

From the budget line of the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity there was in total spent EUR 1.062,124 for the implementation of activities and measures of the programs foreseen in the national strategic documents. This Ministry is also regularly financing activities of the civil society, specifically organizations active in the field of drug addiction prevention and different aspects of providing help to drug users. In this aspect it is important to differentiate two main financial sources of the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity. Therefore, for the civil society projects related to the combating drugs and other forms of addiction it was allocated EUR 573,585 from the part of the Lottery Fund, whilst from the regular budget of the Ministry there were financed nongovernmental projects in the area of developing social skills, active leisure time, recreation and entertainment of children and youth as well as the drug addiction prevention



targeted at children and youth placed in the educational /pedagogic homes and institutions. In 2008, there were financed activities of 37 Youth Clubs run by civil society organizations that are dealing with addiction prevention, education and organizing leisure time activities in the amount of EUR 271,724. For strengthening the role in the prevention through the implementation of successful parenting projects there were financed 17 projects in the amount of EUR 134,870. On the media campaigns it was in total spent EUR 9,919.

During the 2008 Ministry of Health and Social Welfare financed implementation of activities and measures stipulated in the implementing programs of the National Strategy on Combating narcotic Drugs Abuse and the Action Plan on Combating Narcotic Drugs Abuse in the amount of EUR 4.378,763. Similar to the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity, the Ministry of Health and Social Welfare also disposes with a part of the Lottery Fund in line 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 (Official Gazette No 187/04). For the programs aiming at the risk prevention as well as the psychosocial support for the behaviour disorders, nongovernmental organizations received EUR 275,862 for 24 different projects. From the regular budget of the ministry, there were co-financed other non-governmental projects that contribute to demand reduction activities in the amount of EUR 519,977. Croatian Institute for Health Insurance provided EUR 1.345,730 for financing professional teams of the Services for Addiction Prevention and Outpatient Treatment whilst for the implementation of their programs the Ministry of Health and Social Welfare spent EUR 1.860,000. For education of professionals in drug addiction prevention, it was provided EUR 10,345 and for social reintegration projects EUR 28,254.

Prevention activities in the educational settings countrywide and specially School Preventive Programs were supported by the Ministry of Science, Education and Sports in the amount of EUR 129,815. There were also financed different programmes aiming at promotion of healthy lifestyles with EUR 1.114,290.

In the supply reduction area the main financial commitment comes from the Ministry of the Interior which in 2008 spent EUR 3.873,054 for the implementation of the range of activities and drug supply reduction measures as stipulated in the national strategic documents and plans. Customs Administration of the Ministry of Finance shares a part of the responsibilities in the drug supply reduction but in 2008 it was not specified separated budget line for combating drug abuse. Thus, Customs Administration granted EUR 52,414 from their budget reserves to the Association Pet +, to complete construction of the therapeutic community and to initiate their work.

The Ministry of Foreign Affairs and the European Integration also specified amount for their involvement in the drug related activities – EUR 6,897.

Functioning of the criminal justice system was supported with EUR 50,621 from the budget line of the Ministry of Justice.

As the Ministry of Economy, Labour and Entrepreneurship continued with the activities defined in the Project of Social Reintegration of Drugs Addicts, on professional orientation of clients and measures to encourage employment there was totally spent EUR 57,654.

Ministry of Defence is strongly involved in the implementation of the national drug policy and is important and active partner in the implementation of activities defined by the National Strategy on Combating Narcotic Drugs Abuse and the Action Plan on Combating Narcotic Drugs Abuse. Thus, it is not possible to specify financial resources for the implementation of drug related activities of the Ministry of Defence since such activities are not visible in their budget structure.

Table 1.2 - Labelled drug related expenditures in Croatia, by counties (2007 and 2008)

COUNTY	LABELLED EXPENDITURES (EUR)	
	2007	2008
City Zagreb	133,618	132,696
Zagreb County	32,222	23,448
Krapina- Zagorje County	15,278	14,548
Sisak – Moslavina County	25,833	34,483
Karlovac County	21,829	2,759
Varaždin County	37,500	30,345
Koprivnica – Križevci County	15,694	33,103
Bjelovar – Bilogora County	8,500	0
Primorje – Gorski Kotar County	201,389	193,517
Lika – Senj County	4,306	4,552
Virovitica – Podravina County	7,639	18,621
Požega – Slavonia County	2,778	2,759
Brod – Posavina County	2,083	6,897
Zadar County	116,944	187,090
Osijek – Baranja County	34,722	34,483
Šibenik – Knin County	8,333	5,517
Vukovar – Sirmium County	20,833	31,035
Split – Dalmatia County	135,620	283,009
Istria County	163,833	150,922
Dubrovnik – Neretva County	62,653	22,345
Međimurje County	2,778	4,828
<b>TOTAL</b>	<b>1.054,385</b>	<b>1.230,751</b>

Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008

According to the principal of shared responsibility between the state and the local community, the resources for the actions of the county committees for the suppression of narcotic drugs abuse, implementation of preventive measures on the local level and other activities whose quality implementation depends on the initiatives of the local government, are allocated from the budget resources of the bodies of local self-government. During 2008, counties provided EUR 1.230,751 for the implementation of the County Action Plans which is 17.5% more if compared to previous year. Split – Dalmatia County, Primorje – Gorski Kotar County, Zadar County, Istria County and City of Zagreb took lead in funds which County

Budget provided primarily for preventive activities but also for other projects related to suppression of drug-related problems. The most significant increase was noticed in Split – Dalmatia County which doubled funds for implementation of local activities. Such positive changes can also be contributed to the efforts of the OCNDA<sup>8</sup> undertaken in previous years to encourage better coordination and cooperation between all relevant stakeholders in this county. Unfortunately, some other counties aside almost insignificant funds for prevention programmes, despite extremely high rate of treated drug addicts per 100,000 inhabitants in their counties. In addition, other indicators also confirm serious social problems related to drug abuse in these counties (e.g. Šibenik – Knin County: rate 340,0 - spent EUR 5,517; Međimurje County: rate 158,6 - spent EUR 4,828).

*Table 1.3 - Labelled drug related expenditures in Croatia, by area of activities (2007 and 2008)*

AREA OF ACTIVITY	LABELLED EXPENDITURES (EUR)
Prevention programs	2.441,604
Outpatient treatment programs	3.205,730
Drug-free residential treatment programs*	583,775
Harm Reduction	403,895
Social Reintegration programs	244,529
Law Enforcement activities	3.873,054

\* refers only to the programs of social institutions, so-called Homes for Addicts

Source: *Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008*

If we compare drug related expenditures in the specific areas of combating drug related problems, from the information available it is visible that in 2008 at the central level it was allocated EUR 2.441,604 for the prevention programs, which is 34 % more than in 2007. Since it is not possible to precise costs of overall residential treatment in the country due to lack of information from the general health system, in the Table 1.3 there is available only information on support given to Home for Addicts, former non-governmental organizations dealing with rehabilitation of drug addicts which have reached programme standards of the Ministry of Health and Social Welfare and are now being regularly financed as social institutions. When it comes to the treatment of drug addicts within the health system, there are available figures only related to the outpatient treatment. The network of Services for Addiction Prevention and Outpatient Treatment, which besides activities related to addiction prevention also provide outpatient treatment of drug users, continued to be financed by the Ministry of Health and Social Welfare for the implementation of their work programs, while the Croatian Institute for Health Insurance and local government are responsible for the administrative and basic operational costs. Since information on contribution to the outpatient treatment system from the local government is not available, real total expenditures can't be properly calculated. Similar as previous years, there are available only data from the Ministry of Health and Social Welfare and Croatian Institute for Health Insurance according to which for the outpatient treatment it was spent EUR 3.205.730, even 42.6% more than in 2007 (EUR 2.247,601). Increased investments in the outpatient treatment clearly show orientation

<sup>8</sup> Activities of the OCNDA in Split – Dalmatia County: 1. Close cooperation of the OCNDA with the Split – Dalmatia County Commission; 2. Fostering cooperation between city institutions, county authorities and civil society organizations; 3. GINKO project (described in the last year's report).



of drug addiction treatment policy. In the programs of social reintegration there are actively involved both state institutions and civil society. As already mentioned in the previous sub-chapter, the national Project of Social Reintegration of Drugs Addicts<sup>9</sup> continued to be implemented during 2008. During the reporting period, the State Budget spent in total EUR 244,529 for the implementation of the afore mentioned project. Thus, it has to be pointed out that out of the total amount allocated for the social reintegration project certain unknown part was spent for the rehabilitation programs of the therapeutic communities. As partners in the social reintegration, in the scope of treatment/rehabilitation programmes they prepare clients for future participation in the social reintegration activities.

In drug supply reduction area there are still available only general information on drug-related expenditures, without breakdown according to the specific activities and budget items. In 2008, for the drug supply reduction measures undertaken by the authorized law enforcement agencies in the State Budget it was allocated EUR 3.873,054, all on the position of the Ministry of the Interior. As already mentioned, although Customs Administration of the Ministry of Finance shares a part of the responsibilities in the drug supply reduction, they were not able to distinguish costs of those activities in their budget for 2008.

The estimated drug-related public expenditure shows that the national drugs policy started to invest more in drug demand reduction programs. For the demand reduction filed the state authorities have provided financial support in the value of EUR 4.996,374 compared to EUR 3.861,718 for the law enforcement activities. If there would have been available figures of the local level, the estimated public expenditures related to prevention and programs aimed at providing the assistance to drug users would prove that public health interests have a crucial role in tackling drugs phenomenon in Croatia.

In order to improve economic analysis for the purpose of national reporting to the EMCDDA but also to the national authorities, the OCNDA notified in its Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008, that public administration should urgently restructure their financial evidences in a way that would enable more detailed insight in drug-related public expenditures.

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<sup>9</sup> Institutions responsible for the implementation of the Project of Social Reintegration of Drug Addicts at the national level: Office for Combating Narcotic Drugs Abuse, Ministry of Health and Social Welfare, Ministry of Science, Education and Sports, Ministry of Economy, Labour and Entrepreneurship, Ministry of Justice and Croatian Employment Service, non-governmental organizations.

## 2 Drug Use in General Population and Specific Subgroups

Great importance of drug-related research becomes crucial when country or other specific area needs to understand drug problems in their own and wider context, sharpen their awareness and respond with evidence based arguments. Croatia is moving towards this goal and although general population survey has not have taken its place in 2008, previous studies and survey have been analysed in wider context and others began their investigation on new, interesting research topics.

### 2.1 Drug use in the general population

In Croatia so far there has been no general population survey on illicit drugs. However, within the CARDS 2004 project “Strengthening Croatian Capacity to Combat Drug Trafficking and Drug Abuse”, which started in August 2006 and continued during 2007, an argumentation paper was elaborated as a basis for the first national general population survey on illicit drugs. A few points from Croatian general population survey’s first draft are described and outlined in the text below.

The main streamline of the national drugs policy requires the commitment of the entire society at both, the local and national level in order to develop an efficient system of tackling drug abuse which affects our society at large scale, particularly young generations and their families. Hence, the basic determinant of the policy on drugs in Croatia presupposes continuous implementation of organised measures intended to reduce drug availability at illegal market and drug demand with continuous application of strong preventive measures and activities intended to weaken the interest of the youth in drugs use. In order to achieve that, it is essential to act in a co-ordinated and inter-sectoral manner, so that the fundamental principles of the National Strategy on Combating Narcotic Drugs Abuse could be respected and the problem tackled at several levels and with shared responsibility. Since one pillar of the National Strategy is focusing on monitoring, research and evaluation, to provide a sound base for evidence based national drugs policy it is necessary to implement the first general population survey on drugs.

For successful monitoring of the drug use situation in Croatia different methods and methodologies have to be combined. General population surveys that will be conducted on a regular basis will serve as one important resource of information that aims:

- To get an up-to-date picture of drug consumption, consumption patterns, age of onset, attitudes towards drugs and drug use, and the problems related to drug use in the Croatian general population aged 15 years and above.
- To monitor trends of changes in drug use behaviour in Croatia over time. This will serve as a means to detect risk groups and risky consumption patterns. This information will in turn be used for immediate reactions in terms of prevention activities.
- To realistically asses the drug situation in Croatia and to avoid the build up and maintenance of myths surrounding drug use.
- To get objective information that serves as a benchmark for the interpretation of results from national and international qualitative and quantitative drug research.
- To get information on possible risk factors for the development of risky consumption patterns and – from a clinical perspective – the ethiology of abuse and dependence.
- To get information on the evolution of drug use and drug use patterns over time that may serve as a mean to develop evidence based drug policies to reduce the prevalence of drug consumption or the harm that is caused by it.



The GPS should fulfil national as well as EU requirements. The core item list, elaborated by EMCDDA, will be adopted for the Croatian situation, consisting of questions concerning smoking (2 questions), alcohol (5), sedatives and tranquilisers (5), cannabis (6), ecstasy (6), amphetamines (6), cocaine (6), heroin (6), notalin (6), LSD (6), attitudes towards drug dependents (1), attitudes towards legalisation of cannabis and heroin (2), perception of drug use (5), assessment of risk perception of drug use (5), sociodemographic data (gender, age, education, region, income). For answering questions at the national level, the GPS should also include items concerning additional topics. The following list gives examples of topics which could be covered, depending upon final agreement among experts in working group for this indicator:

- More details on alcohol and tobacco consumption
- More details on consumption of psychoactive pharmaceuticals
- Other relevant substances (e.g. biogenic drugs, volatile inhalants etc.)
- Screening instruments for substance abuse and dependence
- Other instruments e.g. alcohol expectancy questionnaire
- Gambling
- Accessibility, acceptance and visibility of drug care and drug treatment services
- Lifestyle characteristics
- Other health indicators

In relation to the Croatian population a sample size of 2000 persons in the age group 15 to 64 will be sufficient. Eventually there should be over-sampling of the younger age groups. A random sample will be drawn from the general population (e.g. persons in households). A response rate at least 60 percent should be required.

The Protocol on National Drugs Information System in the Republic of Croatia, which was adopted by the Croatian Government on its session held on 2 November 2007, sets the base for the development of this specific indicator. Furthermore, in the Action Plan on National Drugs Information System in Croatia (2008 – 2009), the implementation of the first GPS in Croatia is outlined as one of the core activities in the forthcoming period.

## 2.2 Drug use in the school and youth population

Results from the last 2007 European School Survey Project on Alcohol and Other Drug (ESPAD) in Croatia (Kuzman et al. 2008a) in the year 2008 were used for comparison and data analyses on European level (Hibell 2009). In this way it is easier to perceive the situation on the national level and to understand origins, influences and trends of current situation in the European context.

This is the fourth survey (1995, 1999, 2003, 2007) and it can be said that the Croatian results are rather close to the ESPAD mean on most variables.

While the proportion of population who had consumed any alcohol during the past 12 months (84%) is about average, the proportion who had been drunk during the same period (43%) is slightly above average. Moreover, the estimated consumption on the latest drinking day is above the mean (5.2 cl alc. 100%). The 30-days prevalence of smoking (38%) is also higher than the ESPAD average. With regard to boys the trends have stabilized while they have been rising for girls so that the gender difference has disappeared. On the other hand, lifetime use of cannabis (18%) is about average while use of drugs other than cannabis (4%) is rather low. About one tenth (11%) of the Croatian students had ever used inhalants, five percent reported non-prescription use of tranquilisers or sedatives, and eight percent had combined alcohol with pills. All three variables are close to the ESPAD average.

In the article “Drinking patterns in Croatian adolescents” (Kuzman et al. 2008b), published in English in the scientific journal *Alcoholism* in the year 2008, the results of the last survey from Health Behaviour School-aged Children (HBSC) were used and analysed again.

Alcohol drinking is socially acceptable in Croatia and it is connected to most social and family events. The positive expectation from alcohol drinking is more prominent among young people than the perception of the possible risk consequences. According to the latest HBSC survey drinking pattern (age of first drinking and getting drunk and frequency of drinking) and connection to the contextual variables (smoking, marijuana use, psychosomatic symptoms, aggressive behaviour, bullying, life and health satisfaction, school pressure, school achievement, peer class support and sexual behaviour) were analysed. Spearman's correlation and t-test analyses were used. The age of the first drinking and getting drunk is connected to the regular smoking and marijuana use (t-test,  $p < 0.001$ , CI95%), more psychosomatic symptoms (t-test,  $p = 0.014$ , CI95%), less satisfaction with health and life, lower school achievement, more feeling of school pressure (t-test,  $p < 0.001$ , CI95%). Alcohol drinking is connected to aggressive behaviour, physical fights and bullying others (Spearman's rho  $p < 0.001$ ). Boys and girls who drink more have earlier sexual experience and use condom less often (t-test,  $p < 0.001$ , CI95%). Risk behaviour connected to alcohol drinking in youth is very complex, indicating that for appropriate preventive activities the joint efforts are needed. In conclusion authors outlined that relying to the school educational programmes is not sufficient, and only strong social support, including law enforcement and selling and use surveillance is necessary, otherwise there will be no expected results.

In 2008 a scientific project called «Addictive behaviours in the student population without drug use» was started at the University of Zadar (Zuckerman Itković, project leader, Data base of scientific projects in Ministry of science, education and sport). Until the 1980s the concept of addiction research mostly related to psychoactive substances (drugs). In the mid-1980s the researchers' attention targeted at addictive behaviours without drug use because identical behaviour and consequences (biological, psychological and social) were noticed in both types of addiction. Goodman's definition (1990) shed new light on this new type of «quiet addiction» thus indicating the need for changing the attitude towards addiction and mental diseases. (Goodman, A. (1990), *Addiction: definition and implications*. British Journal of Addiction, 85: 1403-1408). Bernard (1998) emphasizes, that there are more and more arguments which prove that games of chance, uncontrolled sexual promiscuity, obsessions (food, sport, the Internet, religious sects, shopping and others), work addiction and other obsessive behaviours cause similar problems as drug use. The aim of this project is to examine the frequency, causes, manifestations and consequences of certain forms of addictive behaviour without drug use in student population and to find out how to treat it in the primary addiction prevention programmes. It proceeds from the assumption that addictive behaviours without drug use are a negative reflection of the modern urban life and overall influences that promote such behaviours. It is expected that the results of this project will indicate the trends of students' preoccupation with certain activities, especially behaviours towards sweet food, games of chance, shopping, the Internet, partner relationships and sexual relationships, as well as towards work and study. The results of this research are developmental because they will offer a modern pedagogically sustainable prevention model. The importance of the research also implies that in Croatia, a scientific methodology has been used in researching this phenomenon thus drawing the attention to the possible vulnerability of students' physical and mental health as well as serious social consequences.

## 2.3 Drug Use among target groups/settings at national and local level

A team of experts from Zagreb in cooperation with experts from Mostar, Bosnia and Herzegovina conducted a scientific survey and published interesting results in the article «MDMA, GHB, ketamin and flunitrazepam, the most popular drugs on parties» in the journal *Alcoholism* (Martinac 2005).

MDMA, ketamin, GHB and flunitrazepam are not the only drugs used at parties but they are the most typical. They are used mostly by the young, inexperienced people, who had just started experimenting with drugs. The participants at the parties also use the more traditional drugs, like LSD and other hallucinogenic substances, marijuana, amphetamines and alcohol. Because of the growing popularity of these substances and their dangerous side-effects, health providers who come in contact with this segment of population should be informed about the ways of early identification and treatment of symptoms. MDMA is the most popular club drug and its popularity is still growing, despite its harmful consequences. Numerous proofs in the study indicated its neurotoxicity in humans, with hyperthermia being the most serious complication, which may represent the first step in the cascade of DIK, rhabdomyolysis and the acute renal failure. Hyponatraemia connected with MDMA abuse may lead towards the occurrence of epileptic seizures, cerebral oedema, coma and even death. Although GHB, Ketamin and Flunitrazepam are not as popular as MDMA in this area, they represent an equally great problem, because of their sedating, opiate and euphoric properties as well as because they are used to simplify sexual abuse. They also cause numerous and potentially dangerous side-effects.

This study focused on neurobiology and toxicity of these party drugs, but its purpose was to carry out further investigations that would analyze the possibilities for the development of efficient strategies of prevention and treatment, bearing in mind the special-cultural factors that contribute to the use of these drugs in party settings.

In 2007, at the Faculty of Education and Rehabilitation Sciences in Zagreb, started a project on «Evaluation of the theory on criminal and addictive lifestyle in prison system» and the research was continued in 2008 (Mejovšek, M., project leader, Data base of scientific projects in Ministry of science, education and sport). The research investigates the need for a structured penal treatment in Croatian penal institutions based on the theory of lifestyle. The aim of the project is to evaluate this theory in the sphere of criminality and addiction. The theory is verifiable since its concepts have been precisely defined and structured and accompanied with the appropriate measuring instrumentary. The first aim is to verify measuring properties of the instrumentary (reliability, homogeneity, representativity, validity). Furthermore, the theory will be checked by comparing it with the well known theory of criminogenic risks/needs (measuring instrument LSI-R), which has been evaluated in Croatia. The second aim is to establish the depth of involvement in criminality and addiction lifestyle of the convict population in Croatia. The next aim is to establish the involvement in criminality and addiction lifestyle of the convict population included in the Centre for psychosocial diagnostics in Prison in Zagreb. It is expected that the tested instrumentary will show satisfying measuring properties and anticipated relations with the criteria instrument LSI-R and recidivism, type of crime and criminal career length.

### 3 Prevention

In the process of implementation of the National Strategy on Combating Narcotic Drugs Abuse for the period 2006-2012 (National Strategy), a special attention is being put on the development of addiction prevention among children and youth, at which a very important role is played by the universal programmes directed towards general population of children and youth, their families, teachers, educators and other relevant subjects. Apart from the universal programmes, the experts' attention is oriented to early identification of the group of children and youth at risk, for whom socially and protection – oriented prevention programmes are being developed, in order to prevent experimenting with drugs from turning into addiction.

Regarding numerous factors that influence drug use and cause addiction, addiction prevention programmes and working with children and youth are focused on the development of interest and creativity of children and youth, as well as creating possibilities to develop personalities that will successfully perform all important roles in their lives. Furthermore, a lot of effort has been put into early discovery of children and youth at-risk coming from at risk family and social settings, and those who show behavioural disorders and started consuming addiction substances, with the aim of preventing further misuse of these substances and addiction.

In this chapter the classification of prevention by the Institute of Medicine (IOM) ([www.emcdda.eu](http://www.emcdda.eu)) on universal, selective and indicated prevention is used. The main principle of IOM classification is to target the groups according to risk factors of drug abuse, because the mentioned classification also forms the base for a range of interventions. The difference between the universal, selective and indicated prevention is the level of "filter" applied for risk-attribution. There is not a filter for universal prevention (they are all understood as the same - low risk). As for the selective prevention, the filters are social and demographic indicators, mostly connected to the following groups: marginalised ethnic minorities, youth in deprived settings, young offenders, at-risk families... However, for indicated prevention individuals at-risk should have a "diagnosis", in other words, at-risk condition defined by professionals, e.g. Attention-Deficit/Hyperactivity Disorder.

Addiction prevention programmes in the Republic of Croatia are being realised primarily at the local community level i.e. counties. There are 21 counties in the Republic of Croatia, and in each of them the County Committee on Combating Narcotic Drugs Abuse (County Committee) has been established, which includes the experts from different fields: education, social care, health, non-governmental organisations, offices of state administration and other relevant institutions that are actively involved in the field of combating narcotic drugs abuse.

The primary task of the County Committee is to coordinate, plan and monitor the implementation of the programmes in the field of prevention, treatment and combating narcotic drug abuse on the local community level and is responsible for creating the County Action Plan on Drugs according to the specific needs of given county. Prevention programmes are essential part of the County Action Plans and differ from one county to another.

National Strategy and the Action plan on Combating Narcotic Drugs Abuse for 2006-2009 have defined the tasks of individual ministries and state administration bodies regarding the definition, planning and implementation of preventive programmes.

The Ministry of Science, Education and Sport is in charge of the implementation of prevention programmes in educational institutions. Prevention programmes in the



educational system are oriented towards general population of children and youth, their families, teachers, educators and other relevant subjects, as well as early identification of children and youth at risk, for who special protection prevention programmes should be developed. In order to ensure a consistent implementation of prevention in every educational institution, the Ministry of Science, Education and Sport appointed school prevention programme leaders in every school and county coordinators of school prevention programmes in each county.

The primary task of the Ministry of the Family, Veteran's Affairs and Intergenerational Solidarity is oriented towards the protection of a family, as well as the development and strengthening of encouraging high-quality relationships among its members. The aforementioned Ministry organises and establishes a number of support institutions, whose scope of activities includes counselling, informative and other forms of help for parents and youth, such as family counselling centres and/or family centres. Their task is, except addiction prevention, to create preconditions for early intervention in case of occurrence of addictive behaviour or drug-experimenting, and enable preventive programmes for those children and youth and their families.

The Ministry of Health and Social Welfare participates in the implementation of prevention programmes primarily within school medicine services and addiction prevention services in the Institute of Public Health, and also cooperates in the implementation of prevention programmes within the educational system, both during regular classes and extracurricular activities, as well as working with parents and professional services within the educational system.

The Office for Combating Narcotic Drugs Abuse (OCNDA) has been continuously cooperating with the County Committees, by offering professional help to programme leaders on the local level through educators' training and other forms of cooperation and in such a way also participates in the implementation of prevention programmes. The OCNDA also monitors the implementation of the National Strategy and Action Plan on the national level and elaborates and coordinates the implementation of the National Anti-Drug Addiction Media Campaign.

Addiction prevention programmes in the Republic of Croatia are being implemented through a few main systems that influence education and behaviour of children and youth, and they are the educational system, health system, social welfare system including family-legal protection, as well as the local community system.

Although there are numerous programmes carried out throughout the counties, systematic monitoring of prevention programmes does not exist in the Republic of Croatia, nor does their systematic evaluation.

It is vital to intensify the implementation of prevention activities in the educational system in the future and find modes through which school institutions will be obliged to organise activities directed towards addiction prevention throughout a year. Therefore, in the next period we should start drafting the National Programme for Fighting Addiction Among Children and Youth within the educational system, but also for children and youth outside the educational system, which would unify and build a preventive system on the national level and define minimum prevention standards and programmes that should be accessible to all children and youth during the educational process. Another priority will be the implementation of targeted education programmes in schools on influence of drug use and its harmful effects, but also activation of local community, especially County Committees to take an active role in creation and implementation of addiction prevention programmes. Therefore, it has been planned to collect and consolidate the examples of good practice that are carried



out in school institutions in some counties, in order to present them and implement them in those counties in which prevention programmes are not carried out in a satisfactory way.

### 3.1 Universal prevention

#### School

Educational system has taken the largest share of responsibility for organisation and implementation of the addiction prevention programme. The main goal is to reduce the interest of youth for trying the addiction substances. Prevention activities in school settings have been carried out in cooperation with county prevention coordinators and prevention programme leaders in educational institutions. Furthermore, the work of kindergarten and school committees for addiction prevention has been improved in all educational institutions, which included educators, teachers, professional associates, students and parents.

The Ministry of Science, Education and Sport has promoted and supported students' projects and innovative approaches regarding addiction prevention programmes. More active inclusion of parents into work of educational institutions and their participation in prevention activities within prevention programmes has been encouraged. The Ministry assured stronger integration of addiction contents into regular and optional curriculum, as well as extracurricular activities. They also co-financed several projects: the project for establishing on-line counselling service for addiction prevention and other forms of unacceptable behaviour of students in Gimnazija Požega; the project "Living healthy" in "Ivan Domac" School of Economics and Trade in the school year 2007/2008, as well as the continuation of the project in the following school year; the project of multiannual socialisation-educational workshop called "We are all part of the same village" carried out in Primary School Dugo Selo.

Within the entire scope of school activities, prevention programmes, the addiction-related ones as well, are carried out by all teachers, professors, professional associates, school management and all school employees in cooperation with parents, and schools were realising them according to the previously made annual curriculum plans. A narcotic drugs addiction prevention programme for pre-school and school children, educators, educational workers and parents for the purpose of protection of healthy population, recognition and offering help to students showing risk behaviour and giving professional help to students who have already started consuming narcotic substances has been already realised. The Ministry of Health and Social Welfare, with the approval of the Ministry of Science, Education and Sport in primary schools in the whole Croatia continued with the implementation of the prevention programme of the theatre group "Scena". Children and youth have been included in free time activities in an organised way with the aim of their socialisation, active rest and entertainment. The project "Open School" was also carried out and it was designed to encourage as many children and youth as possible to practice sports activities during summer and winter holidays. Primary and secondary schools and pupils' homes organised seminars, workshops and other forms of introducing parents and educational workers to the harmful effects of narcotic drugs influence and the way of recognising the signs of narcotic drugs consumption throughout a year and made surveys about addiction prevalence among children and youth. Seminars for professional associates, teachers and principals of educational institutions within the framework of the implementation of prevention programmes in 2008 were co-financed.

The application of the Law on Restricted Use of Tobacco Products has been controlled (OG 125/08), primarily regarding smoking ban in all institutions that perform educational activities. Furthermore, the institutions performing educational activities promoted the awareness of



harmful effects of tobacco products use among all ages of children and youth in all regular education activities.

The Education and Teacher Training Agency conducted the activities of implementation of national programmes, which included professional working meetings related to addiction prevention. In May in Rijeka a professional meeting called School Prevention Programmes was held, with the participation of the representatives of 42 educational institutions from the area of Rijeka and the Primorje-Gorski Kotar County. Moreover, a seminar for school prevention programme leaders in the area of Osijek-Baranja County in the primary school Antun Mihanović in Osijek was also co-financed.

With the aim of informing and preparing school prevention programmes, the Ministry of Science, Education and Sport in cooperation with the Education and Teacher Training Agency printed 1.500 copies and a PDF-version of the handbook School Addiction Prevention Programmes by prof. Slavko Sakoman, Ph.D. With the aim of informing and preparing school prevention programmes in primary and secondary schools the Education and Teacher Training Agency distributed and published a PDF- version of the handbook "Handbook Prevention: alcohol, drugs and tobacco".

In the institutions of higher education professional meetings and lectures on the topic of combating addiction and substance abuse have been organised, and youth training and specialisation in order to contribute to combating narcotic drugs abuse encouraged. Contents that refer to pedagogical aspect of addiction prevention among youth were also included into individual study programmes of institutions of higher education (teachers study, pedagogy, kinesiology, medicine etc.). Within the students' programmes and projects of students associations during 2008, the programmes whose contents were directed towards prevention of addiction behaviour were realised as well. CroMSIC Association from Zagreb realised the programme called Youth and Addiction, EMSA Association Osijek the programme named Prevention of the Disease of Addiction. A larger number of student associations organised a number of sports programmes with the aim of preventing every kind of addiction. Furthermore, some institutes of higher education organised counselling for students, where they could get detailed information and professional help regarding possible addiction. In cooperation with the Faculty of Education and Rehabilitation Sciences of the University of Zagreb, and on the occasion of the visit of Celena E. Domitrovich, Ph.D. from the University of Pennsylvania (The Pennsylvania State University –Prevention Research Centre-USA), in Zagreb in June 2008 a professional meeting Prevention Programmes in School Settings – world experiences was organised.

A very important and inseparable part of the Implementation Programme of the Action Plan is school addiction prevention programmes. School prevention programmes are carried out by every educational institution in accordance with its specific features and needs. One of its parts refers to regular and optional school programme as well as additional work through extracurricular activities, which contain and integrate the contents on harmful effects of substance abuse (smoking, alcohol, drugs), and through free time activities and encouragement of spending free time more constructively educate children and youth how to fight (making decisions) all risk behaviours.

The School Prevention Programme is designed as an integral part of the educational process, carried out by school professionals with the aim of reducing the number of children and youth who will start trying substance abuse. In most of the regions every school adjusts its activities to its better or poorer working conditions. The activities within the programme were oriented towards working with students, parents and education workers, through pedagogical workshops, debates, public discussions, thematic lectures, teacher-parents meetings, and they were dealt with within the following topics:



1. School as a milieu,
2. Affirmation of a successful parenthood career,
3. Leisure time of children and youth,
4. Specific educational contents on addicts,
5. Learning life skills,
6. Discreet personal protection procedures,
7. Class as therapeutic community,
8. Secondary prevention measures,
9. Cooperation of school with other institutions,
10. Education.

In pre-school institutions the programme of universal prevention is a part of the regular curriculum, and it is constantly carried out throughout a year. The programme is oriented towards the development and greater appreciation of children's needs:

- Elementary physical needs,
- Protection of children's life and health,
- Need for safety, tenderness and love,
- Need to be curious and actively create relationships towards the world and environment (satisfying curiosity in an appropriate way, informing children etc.).

### Family

Prevention programmes in the family environment are oriented towards building family connectivity and relationships including strengthening of parental skills, development of communication skills and creating family policy for substance non-use. Briefly, by focusing on family interventions targeting general population specific family behaviours positively change, which can later reduce the drug use risk. Since a family is the first educational and protective factor in the development of a young person, a special attention is put on building and strengthening the encouraging quality relationships among their members, which includes improvement of parental competences and skills, improving at the same time its educational function.

The activities of family centres have been carried out with the aim of strengthening the family to be able to face the drug use problem more successfully, as well as by organising counselling work with children and parents connected with narcotic drug abuse. The Ministry of the Family, Veterans' Affairs and Intergeneration Solidarity in 2008 financially supported the work of 17 County Family Centres: Dubrovnik, Split, Karlovac, Šibenik, Vinkovci, Rijeka, Koprivnica, Virovitica, Zagreb, Krapina, Senj, Pula, Sisak, Bjelovar, Varaždin, Požega and Zadar. Within their regular activities, the family centres carry out counselling, education and informative activities with children and parents. One part of the centre activities is, depending on the needs of a local community, directed towards narcotic drug abuse.

Family centres in the Lika-Senj County and the City of Zagreb carried out addiction prevention programmes during the entire 2008, whereas other 15 county family centres implemented the afore mentioned programmes to mark the International Drug Addiction Recovery Month (15, November – 15, December). The Family Centre of the City of Zagreb continuously carried out the projects: "Whom do drugs and cigarettes harm?" targeted at secondary school students, with the purpose of drawing their attention to harmful consequences of drug and cigarette use, and the consequences it might have for an individual and his/her close and wide surroundings; and the project "Parents, do you know whom drugs and cigarettes harm the most?", which was targeted at parents, and was conceived as a sequence of open-type educational workshops, with the purpose of drawing the attention to addiction prevalence in the population of children and youth, and inviting



parents to actively cooperate with teachers and health workers in detecting the youth population at-risk and possible timely intervention.

The Ministry of the Family, Veterans' Affairs and Intergeneration Solidarity also supported the projects of the associations that are oriented towards gaining competences and practising skills of successful parenthood.

### Community

At the local community level, the youth clubs preventive activities continue to be financed and supported from the State Budget in cooperation with local and regional self-government administration. The Ministry of the Family, Veterans' Affairs and Intergeneration Solidarity have assured financial support from the State Budget for 37 projects oriented towards Youth Club activities. In youth clubs most of the activities are created by the youth for the youth, and they are aimed for 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 with their activities they cover at least three different areas of interest of youth: informal education, providing support to the development of voluntary activities of the youth and organisation of leisure activities.

On the occasion of marking the Drug Addiction Recovery Month, youth clubs organised several lectures, workshops and promotional activities. For instance, the club "Mladi za mlade" ("Youth for Youth") from Zagreb organised the Round Table on the topic "Children and youth in our Neighbourhood – condition and perspectives". The Round Table was targeted at children and youth from 13 to 17 years of age, and it resulted in conclusions about the need of organising leisure activities in an organised way, workshops and lectures with the aim of acquiring life skills, non-violent conflict resolution and development of tolerance, cooperation and self-respect, as well as resistance to peer pressure.

Apart from the activities targeted at prevention of narcotic drugs addiction, some youth clubs have focused on the alcohol use prevention among youth and children as well. The example of such an activity is the action "Tea rules" organised by "Stub klub", the youth club from Donja Stubica in cooperation with the Alcoholic Anonymous Club, during which the citizens were given tea, biscuits and a free handbook on alcoholism published with the financial help of the AA Association of the Krapina-Zagorje County. The same club published, also for prevention purposes, a leaflet "Don't drink" which contains information on alcohol, its abuse and consequences of its consumption, as well as the data on the institutions and associations which provide information in the mentioned field.

Youth Info centres in Split, Osijek, Rijeka, Pula, Bjelovar and Zagreb provided information on wide range of topics and various educational and entertaining contents, with the aim of satisfying the needs of the youth.

An important part of prevention activities in a local community is undertaken by family centres. In the course of the year 2008, the Family Centre of the Lika-Senj County carried out the project "Say NO to Smoking", which was targeted at secondary school students.

On the occasion of marking the International Day of Fight Against Drug Abuse and Illicit Trafficking, family centres in all counties, in cooperation with the educational system, civil society and local community conducted numerous activities for children, youth and their parents. Promotion leaflets were distributed, lectures, open meetings, public discussions and interactive workshops on the topic of narcotic drug abuse and legal substance abuse (alcohol, cigarettes) were held, such as the professional public discussion "Risks and dangers that can jeopardise the safety of children and youth with a special emphasis on the abuse of narcotic drugs and other addiction substances", which was targeted at both

professional and general public, children and parents, who used the services of the Family Centre of the B County. In the same centre a book by Dubravko Klarić, M.A. "Knowledge gives security" was presented, in which the importance of being competent and informed in the fight against various forms of risky and criminal behaviour that influence a person's safety is emphasised. A special emphasis was put on the need for timely and early interventions by parents and educators, i.e. persons who work with children and youth with the aim of informing the public on the harmful effects of the use of narcotic substances and realising the importance of prevention implementation in the community.

Prevention measures in the local community have been conducted by educational institutions in cooperation with police stations in their own area. In the City of Zagreb the "Health Promotion Programme in the City of Zagreb" has been implemented, as a result of inter-sector cooperation of the City Office for Health, Work and Social Welfare, the County Office for Education and Sport, the Institute of Public Health of the City of Zagreb, the Zagreb Police Department and the Polyclinic for the protection of children of the City of Zagreb. The Programme includes students, parents, and teachers (especially school prevention programme leaders, and teaching staff) of the fourth, fifth, sixth and eighth-grade pupils and students. Together with addiction and substance abuse other socially unacceptable behaviours occur, such as the growth of the number of minors delinquents, violence (in and out of school), early sexual relationships, at-risk sexual behaviour etc. Therefore, the programme is oriented towards promotion of healthy life styles through preventive activities, education of children and encouraging the acquisition of positive attitudes and social skills.

## **3.2 Selective prevention in at-risks groups and settings**

### At-risk groups

The Ministry of Health and Social Welfare in cooperation with the study of Social Work on the Faculty of Law of the University of Zagreb has carried out the training of professional workers appointed as leaders of the activities for the implementation of the method "Small creative socialisation groups". The method was conducted during a school year by trained professional workers of the Social Welfare Centres in cooperation with the teachers and other professional workers in school. Group work was carried out with children from at-risk family settings and those of risky behaviour. The activities consist of direct work with a group of children in primary schools. The meetings are held on a weekly basis for two school periods (90 minutes). A leader works directly with children, but also with parents. The Social Welfare Centres provide funding for overtime work of the leaders and the local community provides funding for creative workshops, material for working with children, trips and other workshops. The Ministry enables the activity leaders to attend supervision meetings.

In the Požega-Slavonia County, a targeted programme of prevention and early detection of secondary school students with an increased likelihood of experimenting with psychoactive drugs and those who manifest problem behaviour. The professionals of the addiction prevention service in the cooperation with the Social Welfare Centre Požega and secondary schools in Požega, collected data on the students manifesting some kind of risk behaviour such as school failure and a big number of unexcused lessons. The aforementioned behaviours are considered indicative of the functioning of both individuals and a family and increase the risk of narcotic drugs abuse. Parents and children are invited to the Youth Counselling Centre, where, apart from getting information and counselling, they are offered a possibility of free drug testing. Those positively tested on drugs are offered an individual counselling treatment.

Prevention activities of prolonged expert procedures are conducted in primary schools in the area of the City of Zagreb and the Zagreb County, and they are organised and carried out by

the professionals from the Home for Education of Children and Youth Zagreb. Half-day stay at school is assured for the beneficiaries of this programme. The professionals conduct the direct social-pedagogical work with the children included in regular primary school curriculum, and noticed in school settings for their risk behaviour and problems with social integration. The prolonged expert procedure programme in primary schools has the characteristics of selective prevention and it is carried out on the spot of the social adjustment problem, in accordance with the orientation towards de-institutionalisation and early intervention in cases of the manifestation of risk behaviour among primary school children. The main goal of this type of work is early intervention in each particular case, provision of direct, continuous help to the pupils to eliminate the admitted problems and prevent their further intensification. Such treatment has been organised in 21 primary schools. There are 370 beneficiaries in 32 educational groups, each consisting of 10-12 students.

The prolonged expert procedure has also been conducted for secondary school students on the premises of the Home for Education of Children and Youth Zagreb. The goal and task of the programme of this organisational unit is offering help to a beneficiary and his/her family with overcoming educational problems, i.e. the problems of social integration in the close and wide surroundings through socialisation, re-socialisation and professional training. Throughout a year around 40 beneficiaries are referred to expert procedures programme.

#### At-risk families

According to the Family Act (OG 116/03) and the Act on the Amendments to the Family Act (OG 17/04, 136/04, 107/07), Social Welfare Centre conducts the supervision measures of parental care for the parents who repeatedly manifest various kinds of failures and negligence in children's care (e.g. parents who are prone to addictive behaviour) or when parents require special help with child's upbringing (e.g. a child manifesting addictive behaviour). In order to strengthen the family and encourage positive changes in the family dynamics, the measure is carried out for at least six-month period with all members of the family, most often in the family's home. The Social Welfare Centre is responsible for the programme implementation. If during the implementation of the measure occur some circumstances which require more specific measures, it is possible to refer the parents and/or children to health and other institutions for treatment and other types of professional help.

#### Recreational settings

In primary and secondary schools, and in pupils' homes, at-risk students were included in extracurricular activities with the aim of their better socialisation and training for behaving properly in risk situations.

### **3.3 Indicated prevention**

In Social Welfare Centres some measures for children and youth who already manifest certain addiction behaviours are being conducted. For instance, in the course of pre-trial proceedings against a minor or younger adult, the State Attorney's Office might apply the principle of opportunity and in such a way impose a special obligation on a person to start the drug-abstention treatment and enter the work of a youth counselling centre, either individually or as a member of a group<sup>10</sup>. The Social Welfare Centre is responsible for supervision of carrying out of special obligations.

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<sup>10</sup> More information can be found in Chapter 9.3



The Social Welfare Centre might pronounce an educational measure of intensified care and supervision to minors and younger adults. The measurement programme is made based on the minor's personality analysis, social and psychological structure of a family, school results, way of spending free time, etc. Together with the educational measure, one or two special obligations might be pronounced as well.

Within the CARDS project in 2004 named "Strengthening the Capacities of the Republic of Croatia for Combating Drug Addiction and Drug Trafficking" carried out by the OCNDA from September 2006 till February 2008, the implementation of the pilot project MOVE - Motivational Intervention for Youth at-risk was organised. Trainings were targeted at professionals dealing with youth at-risk and youth using drugs. Since the project was evaluated positively, the OCNDA in cooperation with the Ministry of Health and Social Welfare and the CIPH continued with the implementation of the activities in the year 2008 as well. The education was targeting persons who encounter youth at risk in the scope of their work, i.e. counselling at the Social Welfare Centres, Services for Prevention and Outpatient Addiction Treatment, school medicine services, non-governmental organisations and homes for education of children and youth. MOVE programme was taken over from Germany and adapted to Croatian needs. It consists of 12 modules/units and is based on experiences from different therapeutic concepts and theories transformed into short advisory dialogues. The basic goal was to include youth who otherwise would not come to counselling and who prefer shorter dialogues that are more efficient for these specific cases than longer conversations. At the beginning of 2008 a three-day education for trainers was held, with the participation of 12 persons previously trained and introduced to the MOVE project. Last June, 12 trainers held the total of 6 three-day trainings in Split, Zagreb, Varaždin, Slavonski Brod, Rijeka and Daruvarske toplice, and trained about 100 persons. In June 2008, the OCNDA conducted the analysis of participants' evaluation questionnaires to assess the successfulness of the training. All 12 trainers participated at the first evaluation meeting, as well as the members of the professional group in charge of organising MOVE trainings. The majority of the participants expressed content with theoretical and practical part of the education, lecturers and the possibility of using educational contents in their work. In December 2008 6 more MOVE three-day trainings were organised, conducted in 6 different counties; in Rijeka, Dubrovnik, Stubičke toplice, Pula, Zagreb and Bizovačke toplice and 100 more professionals were trained.

### **3.4 National and local Media campaigns**

Regarding the implementation of the National Campaign on the Influence and Harmful Effects of Narcotic Drugs, all competent ministries and other state bodies conducted the campaign independently within the activities specified in the Annual Implementation Plan of the Action Plan for the year 2008.

The OCNDA created, printed and distributed educational and promotional materials targeted at parents, children and youth, by which they wanted to warn the public about the harmful effects of narcotic drugs abuse and social-health consequences of addiction.

From February to December of 2008, the OCNDA intensively cooperated with "Zagrebački radio", one of the most popular Croatian radio stations on the implementation of the "For Healthy Life – for Life without Drugs". It was the continuation of the programme that had been continually carried out for several years, and it included all the listeners of Zagrebački radio and all persons who were in any way included in its implementation. The goal of the Project is to have systematic and preventive effects on the society as a whole. Within the Project the total number of 1 725 jingles and 1 680 spots were broadcast on the topic of combating narcotic drugs abuse (anti-drugs telephone and preventive spots) and a radio



show named Treatment in Therapeutic Communities was also broadcast. All major activities, e.g. projects, conferences, seminars were regularly announced but it was also reported on their outcomes. Staff of the OCNDA was often guests at the radio broadcasts, occasionally with the experts from our partner institutions. The OCNDA and Zagrebački radio shared the costs of programme and its broadcast in the 50:50 ratio. The total cost of the project was 199,958 kunas.

In cooperation with competent ministries, non-governmental organisations, media and other relevant institutions, the OCNDA organised the marking of the International Day Against Drug Abuse and Illicit Trafficking on 26, June 2008. The programme was organised on Trg Petra Preradovića in Zagreb. Within the programme, a dance theatre group "Shorty Song Theatre" showed a dance theatre performance "You can try it all - except drugs" and the accompanying music programme. The Committee supported the show, as an educational music and scene play oriented towards addiction prevention, and recommended it for performing in primary schools. On the square there were stands where the OCNDA, the Ministry of Health and Social Welfare, the Ministry of the Family, Veterans' Affairs and Intergeneration Solidarity, the Ministry of Interior, the Ministry of Justice – the Prison System Administration, and the non-governmental organizations presented their work in the field of drug addiction and handed out educational-promotional materials targeted at prevention.

The Ministry of the Family, Veterans' Affairs and Intergeneration Solidarity published a leaflet which was inserted into Večernji list with the aim of informing and educating citizens, especially the youth, about the essential topics about drug abuse. Furthermore, "NO to Drugs" was printed on note pads and ball point pens, and they were distributed during the events that marked the International Day of Fight Against Addiction and during the 4th National Youth Conference (Bjelolasica, 3 and 4, October 2008).

On the occasion of marking the Drug Addiction Recovery Month a lot of professional meetings and public meetings were organised both on the national and local level, in cooperation with the Ministry of Health and Social Welfare, CIPH and County Institutes of Public Health, and the professionals from the Services participated in radio shows on local levels. Also, the representatives of the Services for Addiction Prevention and Outpatient Treatment in the County Institutes of Public Health continuously cooperated with the media on the local level, in radio and TV programmes, round tables and public meetings with the aim of educating and informing children, youth, parents and others about the harmful effects of narcotic drugs.

In the National Geographic Junior magazine a few educational cartoons "Zdravkica" were published, targeted at primary school children with the aim of prevention of all kinds of addictions. The leaflet "SMS to Parents", created by CIPH and the Ministry of Health and Social Welfare, was published again, in order to sensitise parents and general public to the problem of addiction and early discovery of narcotic drugs consumers and their referral to addiction prevention counselling centres.

Anti – Drugs telephone received during the year 2008 about 900 calls, and the most common inquiries were related to information on the places where the persons addicted to narcotic drugs can refer for treatment and rehabilitation. What was especially notable in all printed educational materials was the Anti-Drugs telephone number, in order to inform as many as possible citizens about the possibilities of counselling regarding the problem of addiction.

During 2008 the OCNDA participated in the implementation of the National Anti-Drug Addiction Media Campaign with 557,238 kunas.

On the initiative of the OCNDA, which was responsible for carrying out the CARDS project 2004 "Strengthening the Capacity of the Republic of Croatia Against Illicit Drug Trafficking

and Drugs Abuse”, at the beginning of 2007 the Vukovar-Syrmium County and the County Committee accepted the cooperation and chose the media campaign model for addiction prevention recommended by the professionals from Poland.

Picture 3.1- Logo of the Campaign “Let's talk to children - together against drugs”



Source: Office for Combating Narcotic Drugs Abuse

The implementation of the Campaign called “Let's talk to children - together against drugs” started in November 2007, and lasted until the end of 2008. Promotional material (posters, files, calendars, leaflets, letters to parents, T-shirts, coasters, billboards, aprons, umbrellas, caps, ball point pens, car fresheners) was distributed in all towns and municipalities in the Vukovar-Syrmium County, and they were distributed on the stands in Vinkovci, Županja, Vukovar and Zagreb. Stickers with the campaign logo were put on the buses driving on the whole county area. New video and audio spots were made, which were broadcast on local TV and radio stations, as well as video walls in Vinkovci and Vukovar. Religious communities were also included in the campaign by giving thematic sermons. The campaign was presented at the Health Fair in Vinkovci and in Zagreb on the occasion of marking the International Day Against Drug Abuse and Illicit Trafficking. The members of the professional team held a lot of public meetings in municipalities and towns throughout the county. The professional team responsible for the implementation of the campaign participated on voluntary basis, and the evaluation of the results showed positive reactions of the parents, who consider such a programme very important and useful. The slogan of the media campaign “Let's talk to children – together against drugs” encouraged the parents, targeted by it, to start thinking if they talk to their children enough and what kind of quality dialogue it is. The professional team for the implementation of the media campaign in cooperation with media, local self-government units, pre-school, school and health institutions, religious organisations, Social Welfare Centres and the Customs and Police were actively included in marking the Drug Addiction Recovery Month. The leader of the programme implementation is the professional team for implementing the addiction prevention media campaign of the Vukovar-Syrmium County. The associates in the implementation are the media, local self-government units, religious organisations, primary and secondary schools from the Vukovar-Syrmium County, catering facilities, individuals, various institutions and companies from the County (sponsors), which were material support to the campaign. Initial, process and final project evaluation of the campaign was conducted. The initial evaluation of the media campaign was conducted by the initial poll among primary and secondary school students by using the random choice method. The process evaluation was conducted on the parent focus group. All questioned parents were introduced to the message of the campaign. They had the opportunity to notice the campaign mainly in schools as well as on TV and public settings (posters, leaflets). The parents expressed very positive opinion about the media campaign, the main message and the way of its implementation. The final survey on the campaign perception was conducted at the Health Fair in 2009. For the implementation of the mentioned media campaign the total amount of 225,000 kunas was spent.

## 4 Problem Drug Use

The term “problematic drug user” in Croatia refers to the persons who have entered treatment due to psychoactive drug misuse since the consumption of drugs is related to serious health and social problems, as well as to problems with the law. Among many problems in the area of public health, drug misuse is a medical and social phenomenon attracting a lot of attention. However, despite the discrepancy between the Croatian and EMCDDA definition of problem drug use (PDU) which is more focused on specific patterns of drug use, the data and information presented in this chapter will follow the EMCDDA definition, in order to provide comparable data on the European level.

In 2008 there were no scientific studies on prevalence and incidence of PDU in Croatia, therefore the main source of data in this chapter are the data from the Registry for Treated Psychoactive Drug Abusers (Registry) held by the Croatian Institute of Public Health (CIPH), followed by the data from the Ministry of Interior, State Attorney’s Office and previous scientific studies.

### 4.1 Prevalence and incidence estimates of PDU

As already mentioned above in the reporting year 2008 there were no scientific epidemiologic surveys concerning prevalence and incidence estimates of PDU. Nevertheless, numerous significant information are collected through the national Registry consolidating data from hospitals, therapeutic communities, special counselling services, Services for Drug Addiction Prevention and Outpatient Treatment settled within the 21 Croatian counties, covering 100% of national area.

According to the number of treated persons for psychoactive drug misuse, reported in Fonte system (TDI 2009), the situation in Croatia is relatively stable. During 2008 in the health system 7 506 persons were treated, indicating that the total number of treated persons in the last three years has not significantly changed. In European settings as well as in Croatia the use of heroin appears to be the most problematic drug use, while variable tolerance and physical dependence can easily lead to regular drug use, and withdrawal can be difficult. Therefore the opiate addiction data in Croatian annual reports are usually represented separately, emphasising one of the most problematic uses of drugs, mainly referring to heroin users (72.0% out of all opiate users) and relating to injecting drug population (99.8%) (Table 4.3).

Out of the total number of treated persons in 2008, 77.9 % (5 846) persons entered the treatment due to the opiate addiction, 22.1% (1 660) persons were treated because of the problems with other psychoactive substances, most frequently with cannabinoids (13.1%).

Although the number of treatment demands remains stable, from the national annual data collected in the Registry one can see that the percentage of opiate treatment demands is in slight increase, while the non-opiate treatment demands percentage is slightly decreasing.

Table 4.1 - Treated persons (opiate/non opiate type), by years

Year	Number of treated persons	Opiate type		Non opiate type	
		Number	%	Number	%
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	5 846	77.9	1 660	22.1

Source: Croatian Institute of Public Health

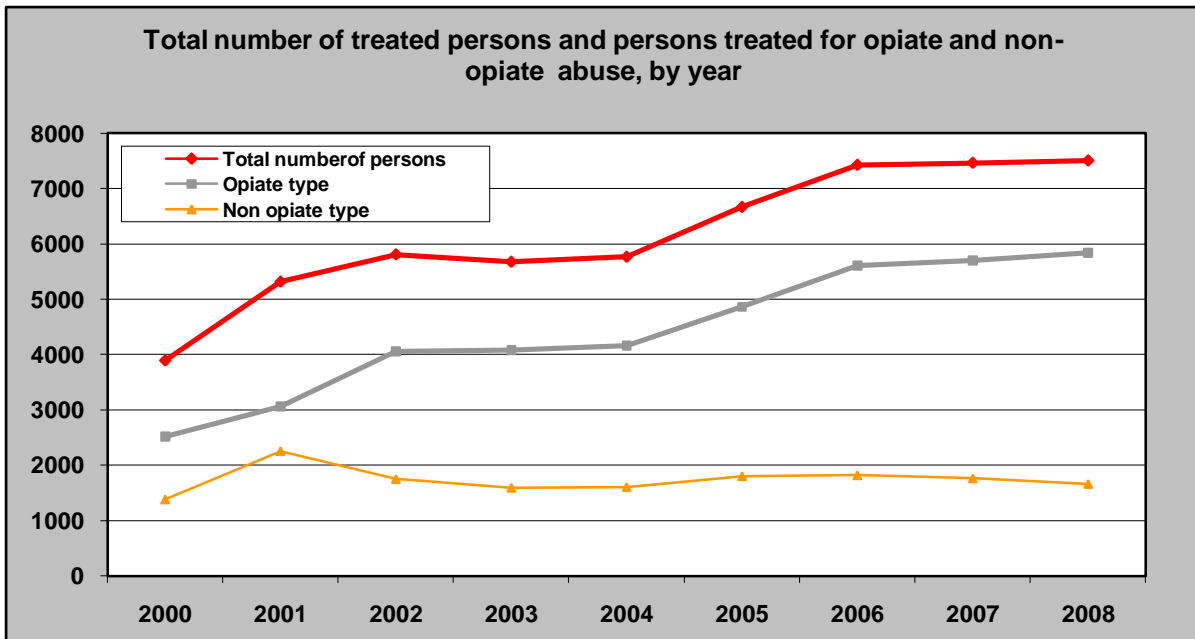
Table 4.2 - Treated persons (opiate/non opiate type) for the first time, by years

Year	Number of treated persons for the first time	Opiate type		Non opiate type	
		Number	%	Number	%
2000	2 026	1 009	49.8	1 017	50.2
2001	2 548	1 066	41.8	1 482	58.2
2002	2 067	846	40.9	1 221	59.1
2003	1 840	802	43.6	1 038	56.4
2004	1 619	732	45.2	887	54.8
2005	1 770	785	44.4	985	55.6
2006	2 001	876	43.8	1 125	56.2
2007	1 779	800	45.0	979	55.0
2008	1 700	769	45.2	931	54.8

Source: Croatian Institute of Public Health

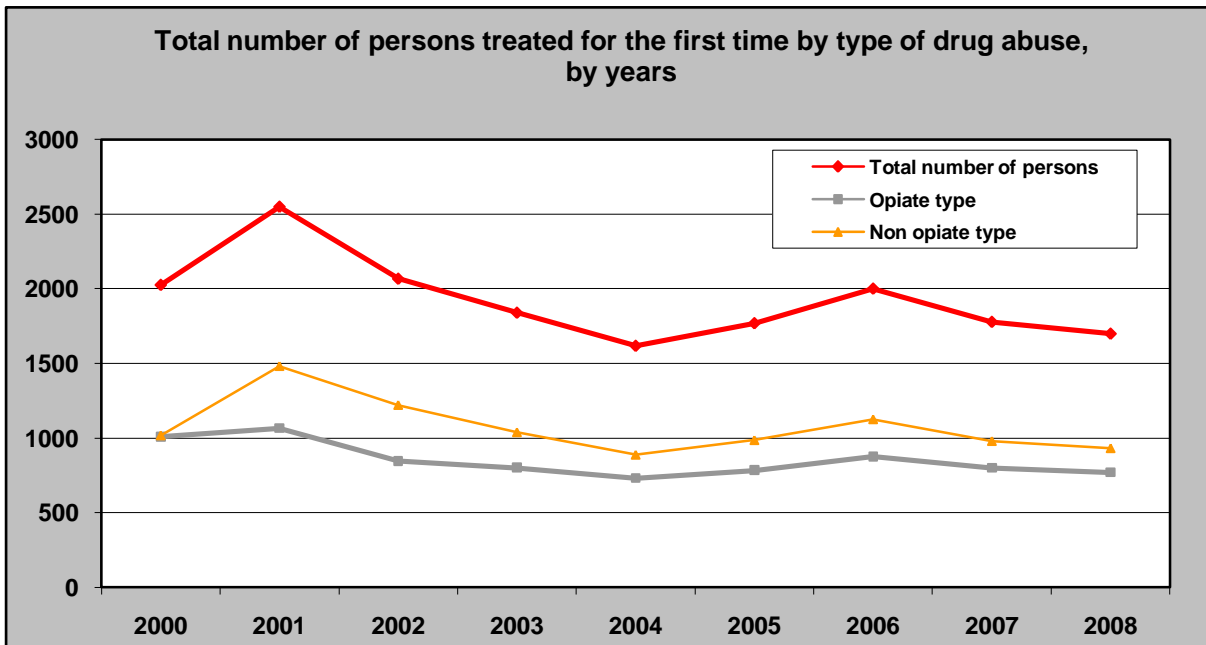


Figure 4.1 - Total number of treated persons (opiate/non opiate type) abuse, by years



Source: Croatian Institute of Public Health

Figure 4.2 - Total number of persons (opiate/non opiate type) treated for the first time, by years



Source: Croatian Institute of Public Health

Out of the total number in 2008 (7 506) 22.6% persons (1 700) entered the treatment for the first time. Although the total number of persons treated for opiate abuse increased in 2008 compared to 2007 for up to 2.5%, the number of opiate treated persons who entered the treatment for the first time has levelled off at 3.9%. This implies that the persons treated in previous years stay within the health system for longer period of time, mostly heroin addicts, and that the average age of treated addicts is getting higher. In addition, the availability of healthcare services is getting better.

According to the gender distribution, among all reported in 2008, 83% were men (the percentage has been steady for years). Distribution of treated persons by primary drug and age indicates that most of the treated persons were in treatment due to the heroin misuse at the age from 20 to 34 years (5 041 or 67.2%) (Table 4.9). Age distribution shows that there is a trend of shifting the largest number of the treated into older age groups, pointing out that men are in older age groups than women.

Increase of treatment frequency for opiates as well as cocaine misuse is obvious during the years. However, in 2008 a decrease of treatment demands for stimulants misuse was recorded.

Polydrug use is common for large number of drug addicts, but in the Registry, treated persons are classified by the estimated primary drug (related to the state of addiction, frequency of use, main reason of referral). Primary and secondary drugs are defined by a therapist.

Persons who were in treatment because of opiate abuse, beside their main substance, most commonly used cannabinoids (17.9%), cocaine (15.3%), other opiates and methadone (14.6%). Persons treated for non-opiate abuse beside the main substance, most commonly were taking simulative means (15.2%) and cannabinoids (11.1%).

Table 4.3 - Number of persons treated in 2008, by main substance and route administration

MAIN SUBSTANCE	ROUTE OF ADMINISTRATION						TOTAL
	IV injection	smoking	eating/ drinking	sniffing	other	unknown	
Opiate (total)	<b>4 184</b>	<b>259</b>	<b>35</b>	<b>89</b>	<b>1 059</b>	<b>220</b>	<b>5 846</b>
<b>Heroin</b>	4 177	259	0	89	1059	214	<b>5 798</b>
<b>Methadone</b>	1	0	25	0	0	2	<b>28</b>
<b>Other opiates</b>	6	0	10	0	0	4	<b>20</b>
Cocaine	<b>1</b>	<b>3</b>	<b>0</b>	<b>135</b>	<b>0</b>	<b>11</b>	<b>150</b>
Stimulants (total)	<b>0</b>	<b>2</b>	<b>105</b>	<b>0</b>	<b>102</b>	<b>9</b>	<b>218</b>
<b>Amphetamine</b>	0	0	18	0	46	3	<b>67</b>
<b>MDMA and other derivates</b>	0	0	49	0	0	0	<b>49</b>
<b>Other psychostimulants</b>	0	2	38	0	56	6	<b>102</b>
Hypnotics and sedatives	<b>0</b>	<b>0</b>	<b>158</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>179</b>
<b>Barbiturates</b>	0	0	10	0	0	7	<b>17</b>
<b>Benzodiazepines</b>	0	0	138	0	0	13	<b>151</b>
<b>Other hypnotics and sedatives</b>	0	0	10	0	0	1	<b>11</b>
Hallucinogens (total)	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>6</b>
<b>LSD</b>	0	0	1	0	0	1	<b>2</b>
<b>Other hallucinogens</b>	0	0	0	0	0	4	<b>4</b>
Volatile Inhalants	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>5</b>
Cannabinoids	<b>0</b>	<b>977</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>985</b>
Other substances	<b>0</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>105</b>	<b>117</b>
<b>TOTAL</b>	<b>4 184</b>	<b>259</b>	<b>35</b>	<b>89</b>	<b>1 059</b>	<b>220</b>	<b>5 846</b>

Source: Croatian Institute of Public Health, (TDI 17.1.1., 2009)

Data analyses on route administration of main substance indicate that most people have taken heroin intravenously, exactly 4 177 (72.0% out of the total number of heroin clients),

one person has admitted injecting methadone (3.6 % out of the total methadone clients), six other opiates (30% out of other opiate clients) and as in the previous year, only one person admitted taking cocaine intravenously (0.7% out of other cocaine clients). In treatment centres there were no clients who reported taking amphetamine intravenously. The total number of injecting drug users registered in treatment centres is 4 185 and out of them 99.8% are heroin drug users (4177 persons).

Even though the rare frequency of drug use can be considered problematic since both occasional and regular drug users can die from overdose due to inadequate tolerance towards the taken drug, regular and long lasting drug use usually leads to serious health consequences and is considered as more problematic.

According to data analyses in Croatian Institute of Public Health's Report on Treated Persons for Psychoactive Drugs Misuse in Croatia for 2008 on frequency of the main substance use in 2008 show that the 2 114 treated persons (28.1%) have taken at least once per week main substance of addiction. 1 790 persons treated because of heroin misuse have taken heroin at least once per week, while 1 256 (21.7%) of them have taken it on a daily basis. Out of the total number of the cocaine clients 22 (14.7%) have taken cocaine at least once per week, while 8 (5.3%) of them have taken it on a daily basis. Amphetamine has been taken by 8 clients (11.9% out of the total number of amphetamine clients) at least once per week and none on the daily basis.

Out of the generalized data on frequency of drug use, heroin clients are again the most vulnerable group among the population of treated drug users.

Comparing the data for 2008 in TDI tables 2009 (18.1.1 and 19.1.1 for outpatient and inpatient treatment) one can notice that there are no significant differences in proportions by gender in frequency of drug use.

*Table 4.4 - Number of treated persons in 2008, by gender and abuse by three drugs type*

	Once a week or less		2-6 days per week		Daily	
	F	M	F	F	M	F
<b>Opiates</b>	86	329	65	338	196	1 078
<b>Cocaine</b>	3	13	2	7	1	7
<b>Amphetamine</b>	1	11	1	4	0	0
<b>TOTAL</b>	<b>90</b>	<b>353</b>	<b>68</b>	<b>349</b>	<b>197</b>	<b>1085</b>

*Source: Croatian Institute of Public Health (TDI 20.1.1, 2009)*

Out of the total number of treated women (1278), the proportion of regular female opiates', cocaine', amphetamine' users amounted to 27.8% (355), and out of the total number of men in treatment (6228) - 28.7% of them were regular users of the same three drug types.

In the second half of 2007, a study on estimates of the size of injecting drug users' population (multiplier method) together with the estimation of HIV and viral hepatitis prevalence among injecting drug users was conducted.<sup>11</sup> The survey also facilitated the description of injecting drug users' population including risk behaviours related to the transmission of blood-borne diseases. The survey was done in three major Croatian cities (Zagreb, Split and Rijeka) and in the prison settings, finally the results were extrapolated to the national level. The majority of examinees were involved in the survey upon their arrival to the Services for Drug Addiction Prevention and Outpatient Treatment, and the minor part

<sup>11</sup> Similar survey was conducted in 2008 as well, but because of significantly lower sample size of IDUs the new estimations was excluded.

was directed from the outreach centres. As a benchmark for estimating injecting drug users' population size, the data on the number of injecting drug users registered in the treatment system in 2006 in the cities involved in the survey were used. As a multiplier a median of a number of persons that examinees declared as acquaintances involved in the drug addiction treatment was used. The survey involved the total of 601 examinees.

Although the seroprevalence survey had some limitation (lack of population not included in the treatment, possible "outweighed" prison sample, the benchmark figures used are from 2006) that might have led to lower generalizability of results, the study was done thoroughly and on the firm methodological basis. As one of the results of the survey calculated multiplier for Croatia was 20/5. The figure corresponds to the rate of 5.2 per 1000 inhabitants aged 15-64, calculated by experts from EMCDDA (Country overview - National report 2008).

Taken into account that drug situation in legal, political, economical and social aspect in Croatia has not significantly changed, as well as the treatment statistics (number of all treated persons, newly treated persons and the number injecting drug users) maintained stable during the past three years, justifiably we can use the result (calculated multiplier on national level) of the mentioned survey for estimating IDUs in 2008.

*Table 4.5 - Estimation of the size of the 'injecting drug users' population using the multiplier method*

	Benchmark	Multiplier	Estimated IDU population size
<b>2007*</b>	4070	20/5	16 280
<b>2008</b>	4185	20/5	16 740

\*In survey the population size estimation data are based on the number of the registered treated injecting drug users in the year 2006 as a benchmark, because then the figures for 2007 were not accessible. In this table benchmark refers to the number of the registered treated injecting drug users in 2007.

Source: (Kolaric 2008)

Another national estimation of injecting drug users in 2008 indicates considerably much lower population size of injecting drug users. Estimation is done by mortality multiplier method using the collected data from the Department for research and analysis of death rate indicators and the Registry of CIPH. The benchmark was the number of the persons treated in 2008 that were taking opiates intravenously (N = 4184). That number includes all persons treated due to their opiate addiction, who intravenously took opiates regardless of frequency of their use.

Mortality multiplier was calculated (1.51) for a five-year period (2004-2008) as average proportion of opiate users and overdosed opiate users recorded in the Registry for treated psychoactive drug abusers.

Central estimated number of injecting opiate users (IOU) in Croatia for 2008 is 6318.

*Table 4.6 - Estimation of the size of the injecting opiate users' population using the mortality multiplier method*

	Low	High	Central
<b>Estimated number</b>	5 230	8 046	6 318
<b>Rate/1000 (all ages)</b>	1.18	1.81	1.42
<b>Rate/1000 (15-64)</b>	1.76	2.7	2.13

Source: Croatian Institute of Public Health

The same mortality multiplier was used to estimate problem drug users in 2008, but here the sample size does not refer to all intravenous users but only those users that were intravenously taking opiates during the last month at least once per week or more often (excluded all users that have taken intravenously opiates ever in their lifetime except last month and those currently taking pharmacotherapy). Central estimated number of PDU in Croatia for 2008 is 3 257.

*Table 4.7 Estimation of the size of the problem drug users' population using the mortality multiplier method*

	Low	High	Central
<b>Estimated number</b>	2 696	4 148	3 257
<b>Rate/1000 (all ages)</b>	0.61	0.93	0.73
<b>Rate/1000 (15-64)</b>	0.91	1.4	1.09

Source: Croatian Institute of Public Health (ST 7, 2009)

## 4.2 Data on PDUs from non-treatment sources

In 2008 there were no studies on PDU population in non treatment sources.

## 4.3 Intensive, frequent, long-term and other problematic forms of use

Any person on record in the Registry for treated psychoactive drug abusers could be reasonably called a problematic drug user. Those who have self referred to treatment (4170 clients, 62.0%), more than the half of the clients, or those referred by their family and friends (731 clients, 10.9%) indicate that they themselves or their fellow-people perceived problematic health and /or social circumstances caused by their patterns of drug use. Those who were referred to treatment by one of the state institutions (court, police, social service, hospital, doctor's office or other drug treatment centre) in 2008 (1699 clients, 25.3%) were officially labelled as members of a problem population group due to their drug use. For 10.5 % (785) persons in treatment information on source of referral is missing (therefore they are not included in percentage calculations).

*Table 4.8- Number of treated persons in 2008, by source of referral and gender*

	Men	Women	Total
Self referred	3 474	696	4 170
Family / friends	573	158	731
Other drug treatment centre	47	17	64
General practitioner	276	53	329
Hospital / other medical source	76	15	91
Social services	196	41	237
Court /probation/ police	912	66	978
Other	102	19	121
Not known/missing	572	213	785
<b>TOTAL</b>	<b>6 228</b>	<b>1 278</b>	<b>7 506</b>

Source: Croatian Institute of Public Health (TDI 5.1.1, 2009)

However some of the persons in treatment are more exposed to risk behaviours and harmful consequences than others and beside the injecting drug users or long duration/ regular users of opioids, cocaine and/or amphetamines analysed by procurable data in subchapter "Prevalence and incidence estimates in problem drug use" there are other vulnerable groups that require special attention.

In Table 4.9 one can notice that 479 (6.4%) clients were in the age group under 19, defined as a very vulnerable group because of their incomplete psychophysical development. The most of them were using cannabis 346 (72.3%), and most of them predominantly in outpatient treatment (96%). Cannabinoids dominate as the main substance among young people (91.1% of all cannabis users are in the age group 15 -29), whereas in all other age groups heroin is dominant.

*Table 4.9 - Number of persons treated for psychoactive drug abuse, 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	56	597	1 646	1 761	947	459	269	111	5 846	77.9
Cocaine	0	19	51	43	20	7	8	2	0	150	2
Stimulates	0	41	111	47	16	2	1	0	0	218	2.9
Hypnotics and sedatives	0	9	17	22	26	22	25	15	43	179	2.4
Hallucinogen	0	0	1	1	0	0	1	1	2	6	0.1
Volatile inhalants	0	1	2	1	0	1	0	0	0	5	0.1
Cannabis	5	341	417	135	59	16	10	1	1	985	13.1
Other substances	0	7	20	30	18	18	11	6	7	117	1.6
<b>TOTAL</b>	<b>5</b>	<b>474</b>	<b>1 216</b>	<b>1 925</b>	<b>1 900</b>	<b>1013</b>	<b>515</b>	<b>294</b>	<b>164</b>	<b>7 506</b>	<b>100</b>

*Source: Croatian Institute of Public Health, (TDI 14.1.1, 2009)*

Clients in the treatment due to the cannabis use are in most cases referred to treatment by the court, police or by suspended sentence, unlike opiate users who are usually self-referred or referred to treatment by their family.

According to the European school survey project on alcohol and other drugs (ESPAD) conducted in 2007 showed that among the examined students (15-16 years old) 21% of boys and 16% of girls tried cannabis at least once in their lifetime. Regarding to ESPAD survey in 2003, the results in 2007 implied a decrease in cannabis consumption among the student population aged 15-16, also comparing to ESPAD results in other European countries Croatia is slightly under the average percentage by cannabis usage.

It is also important to emphasise that according to the State Attorney Office's data, decrease of 22.1% among the juvenile crime related to narcotic drug abuse has been notable. In 2007 there were 280 reported minor perpetrators and in 2008 - 218. Out of the total number of minors involved in drug-related crime, 169 minors or 77.5% have been reported for the mildest forms of offences, illegal drug possession for personal consumption. In most of them it is illegal cannabis possession.



Out of the total number of the cannabinoids clients in treatment 222 (22.5%) have taken cannabinoids at least once per week, while 56 (5.7%) of them have taken it on daily basis. Cannabinoids and other non-opiate substances are being taken less frequently than heroin and other opiates. (Table 4.4)

Persons who have been infected by HIV, HBC and HCV appertain to another type of problematic drug users' population. Every active drug addict who is taking drug intravenously should undertake all measures to prevent possible infection by HIV/AIDS and hepatitis implying use of clean and sterile needles and syringes as well the use of condoms during sexual contacts. According to present estimations, over 60% of new infections have been revealed among the persons who have been injecting drugs during the last six months before the disease infection. Incidence of HIV among the injecting drug users remain very low and amounts to 0.5%. (Source:CIPH)

## 5 Drug-related Treatment: treatment demand and treatment availability

Approach to drug addiction treatment is based on the treatment guidelines identical to other chronic non-infectious diseases. The treatment is being planned and implemented in compliance with the needs of an individual and is being modified according to the state of disease. In the treatment of drug addiction expertly justified and proved procedures are being used. During 2008, 7 506 persons were treated within the health system, and the total number of the treated persons has not changed significantly in the last three years.

### 5.1 Strategy/policy

General health system in Croatia is under supervision of the Ministry of Health and Social Welfare, which also covers all state institutions involved in the treatment of drug addiction as a part of healthcare. In the area of inpatient treatment, psychiatrists and psychiatric institutions play a particularly important role. According to the National Strategy, clinics or general hospitals in bigger cities ensure conditions for addicts' detoxification, with an estimated one-month long average stay. After detoxification of drug addicts, patients are directed to further outpatient treatment.

Taking into account chronic relapsing course of the disease, the organisational ground for the treatment of drug addiction is outpatient treatment in the network of services for drug addiction prevention within the frame of the County Institutes of Public Health (The Services for Drug Addiction Prevention and Outpatient Treatment). In these Services for Addiction Prevention and Outpatient Treatment work professional interdisciplinary teams. They conduct the majority of specific activities oriented toward drug demand reduction and treatment implementation planning. In the course of outpatient addiction treatment, Services are the places where majority of drug addicts get in touch with specialized workers for the first time. These professionals carry out diagnostic procedures and in accordance with the clinical state, suggest potential treatment. The Services provide both drug free treatment and substitution or maintenance treatment. In any case, the treatment includes counselling, psychosocial support, individual or group psychotherapy, if needed. A network of the services for drug addiction prevention in the County Institutes of Public Health is coordinated by the Croatian Institute of Public Health (CIPH).

In the treatment is implemented expertly harmonised Croatian model, which is under that terminology known even in the international expert circles. This model is based on the continuous cooperation and joint activity of above mentioned specialised outpatient Services for Drug Addiction Prevention and Outpatient Treatment and general practitioners or family medicine offices. A family doctor actively participates in adequate intervention planning for every individual drug addict; arranges with the Services the modalities of treatment, controls the condition of every individual and provides (if required, under daily supervision) medications indicated by a specialist. He/she is responsible for daily control of the addict's health and regularity of taking the prescribed medications. The general practitioners' cooperation is enabled because they are obliged to accept the drug addicts as regular patients. This model allows broad accessibility to treatment through the primary health care system with the simultaneous assurance of the specialised expertise, integrated care for drug addicts, destigmatisation and normalisation of treatment, decentralisation and deghettoisation of drug addicts as well as low costs of the treatment programme.

With the objective to further develop Treatment Demand Indicator in Croatia there have been realised some structural changes in reporting to the CIPH. The revision of the existing data collection mechanisms in line with the EMCDDA's requirements enabled further expansion of



a network of relevant treatment data providers. That has primarily been achieved through the upgrade of the available program solutions (software) which allows treatment data collection from the following additional sources: low threshold services, therapeutic communities and prison settings. In order to introduce new software to the “old” data providers, in May 2008 a second training course for the Services for Addiction Prevention and Outpatient Treatment together with the representatives of therapeutic communities was organized. It became obvious that there is a need for training of “new” data providers. They have to be introduced not only to the TDI software and data management but also to the reporting protocols which include specific tasks and obligations as well as high degree of data protection and confidentiality (as main objective of the training). Therefore, the training consisted of two main components: theoretical (TDI data collection and reporting) and practical (use of program application).

The agreement between CIPH and therapeutic communities was achieved in 2008 and the improved data collection system started to function. Employees in therapeutic communities and organisations were educated to use IT register programme and consequently, some of them gradually incorporated their data in the Registry of Treated Psychoactive Drug Addicts. Other therapeutic communities and organisations are expected to be incorporated into the system in the following period.

Regarding the fact that the notion of therapeutic community was not legally regulated, and it was used for the associations that work in the field of combating narcotic drug abuse and providing help for narcotic drug addicts, which also includes rehabilitation of addicts within the framework of humanitarian activities of non-governmental organisations, the Office for Combating Narcotic Drug Abuse (OCNDA) initiated legislative changes. As a result of the aforementioned, in 2007 the provisions related to therapeutic communities were included in the Act on the Amendments to the Act on Social Welfare (OG 7/07). A paragraph was added, which prescribes that a local and regional self-government unit, a company, association and other domestic and foreign legal entities can provide care for persons outside his/her own family and services of psychosocial rehabilitation as a therapeutic community for narcotic drug addicts and occasional narcotic drugs consumers, without establishing a care home. Based on the mentioned amendments to the Law, the Minister of Health and Social Welfare, with the approval of the Minister of Environmental Protection, Physical Planning and Construction brought a 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) as well as home care centres in June 2009. More information about it will be given in the next National report.

By observing the work of therapeutic communities and associations that deal with combating narcotic drug abuse, a significant improvement can be noticed, in particular regarding the number, type and quality of programmes and services carried out by associations and therapeutic communities. However, further efforts orientated towards the improvement of the quality of the service and programmes which are implemented in the non-governmental sector should be still made in order to realise some of the key guidelines of the overall policy in the field of combating narcotic drug abuse, resulting from the National Strategy and the Action Plan. Among others, it primarily refers to improvement of treatment quality and psychosocial rehabilitation in therapeutic communities, professional and ethical working principles in them, and creation of a therapeutic community network in the Republic of Croatia, which will be a part of the comprehensive health and social care system of drug addicts.

## 5.2 Treatment systems

### Organisation and quality assurance

Treatment of drug addicts in Croatia is organised within the national health system, while certain measures of treatment and rehabilitation can also be provided outside the health system. There are institutions specialised in inpatient and outpatient treatment of drug users:

1. inpatient treatment – psychiatric hospitals, wards and therapeutic communities
2. outpatient treatment – Services for Addiction Prevention and Outpatient Treatment, ward in the Clinical Hospital “Sestre Milosrdnice” and NGOs

### *Inpatient treatment*

Croatia has accepted EMCDDA’s definition of inpatient treatment as a treatment which requires clients to stay overnight for a duration of several weeks to several months. Within the national health system the inpatient treatment consists of 29 psychiatry wards and hospitals, ward in a prison hospital and therapeutic communities (three therapeutic communities have used modified Pompidou form for collecting data and therefore are considered as a part of the national health system; prison hospital data is to be incorporated into the system).

In the Republic of Croatia there are 9 therapeutic communities and 33 therapy houses that work and function as non-governmental organisations and offer treatment and psychosocial rehabilitation to drug addicts. Some therapeutic communities operate as associations or religious communities within humanitarian activities, whilst others are organised and registered as social care homes for addicts. Therapeutic communities conduct their drug-free treatment programmes for any kind of illicit drugs abuse, programmes of psychosocial rehabilitation and re-socialisation, family counselling, care provision service, organise self-help groups to addicts’ families, organise various educational promotional lectures with the aim of addiction prevention and participate as mediators for referring addicts to treatment in therapeutic communities outside the Republic of Croatia. Therapeutic communities cooperate with the units for prevention and outpatient treatment of narcotic drugs addicts, social care services, hospitals, health homes, state administration bodies and domestic and foreign humanitarian organisations, therapeutic communities and associations.

### *Outpatient treatment*

Taking into account chronic relapsing course of the disease, the organizational ground for the treatment of drug addiction is outpatient treatment. Outpatient treatment is provided by 21 Services for Prevention and Outpatient Addiction Treatment, by a ward in the Clinical Hospital “Sestre milosrdnice” and NGOs.

In the Services for Addiction Prevention and Outpatient Treatment there are different types of activities. Counselling work presents the basis of the work in the Services and is equally oriented towards the persons who already have problems with drugs abuse, as well as to youth and parents interested in all drug-related problems. Counselling is carried out in the Services’ premises and on the telephone. Counselling work in the Services for Addiction Prevention is divided into three stages. Individual counselling session is oriented towards the better knowledge of consumers, addicts or members of a family, and motivation for treatment acceptance. Working toward behaviour modification is aimed at changing the behaviour and acquiring healthier behaviour, strengthening self-esteem, working on changing attitudes and development of ability for higher-quality communication, acquiring constructive ways of solving current and future problems. Ambulatory psychiatric treatment includes evaluation of the patient’s mental condition, an interview and, if required, a somatic examination, setting up



a temporary or final diagnose, referral to additional tests or interventions, control of the patient's condition, prescription or continuation of the already introduced therapy.

Health and social intervention help addicts to solve their social needs (e.g. help with the regulation of health care needs, help with finding a primary care doctor). That kind of work requires the coordination of the Service with other entities - services for social welfare, primary health care, courts, schools or work organisations. Persons included in the treatment in the Services are regularly tested for drugs (urine tests - rapid tests) and their metabolites, and capillary blood tests on HIV, HCV, HBV and syphilis.

#### *Quality assurance*

In January 2008 the OCNDA in cooperation with the CIPH and the Ministry of Health and Social Welfare, within the CARDS -twining project for 2004 "Strengthening the Croatian Capacity to Combat Drugs Trafficking and Drugs Abuse" organised the Treatment Evaluation Seminar. The seminar was intended to the employees of the Services for Addiction Prevention and Outpatient Treatment in the Institute of Public Health, the CIPH and the representatives of the Ministry of Health and Social Welfare.

In the same month, the OCNDA, within the same previously mentioned CARDS project, organised the Training/Education on therapeutic communities. The aim of the education was to inform the members of various therapeutic communities in Croatia about the historic development of the concept of a therapeutic community and various working methods within a therapeutic community regarding cultural and sociological features of individual countries. The participants were introduced to a therapeutic community as a treatment method for drug addicts, mutual experiences related to the implementation of various therapeutic programmes were exchanged, and certain issues connected to specific narcotic drug addiction treatments in therapeutic communities discussed. With the aim of improving the knowledge of the treatment and rehabilitation process within a therapeutic community, the participants were introduced to the European quality standards of programmes in therapeutic communities.

In cooperation with the European Commission, the OCNDA organised a study visit to therapeutic communities in Poland, which took place in June 2008. The participants of the mentioned study visit were the representatives of therapeutic communities and homes for narcotic drug addicts in the Republic of Croatia, and the representatives of the Ministry of Health and Social Welfare and the OCNDA. The study visit was a good opportunity to, through exchange of knowledge and experiences with the representatives of therapeutic communities in Poland, consider individual issues regarding the treatment of individual types of users in therapeutic communities, in particular minors and dual diagnosis drug addicts, with the aim of finding the best and most efficient solution for therapeutic communities currently active in Croatia.

For the associations which were granted financial support by the OCNDA financial and programme evaluation of all financed projects was conducted, and all associations were notified about the results of the evaluation in writing and given the guidelines on how to overcome the shortcomings in programme implementation and/or financial management.

As far as the education of health care and non-health care workers who participate in treatment of addicts, continuous education of health workers on application of pharmacotherapy of opiate users has been continued as well as the education of non-health care workers who participate in drug addicts care in the Addiction Reference Centre of the Ministry of Health and Social Welfare in the Clinical Hospital "Sestre milosrdnice".



### Availability and diversification of treatment

The treatment of drug addicts is carried out through substitution pharmacotherapy, drug free programmes, as well as family and psycho-social treatment. As explained earlier, the Croatian model enables treatment availability through primary health care offices and cooperation with the Services in the Institutes of Public Health. In the case of an addict's non-cooperation and aggressiveness, forced treatment would need to be organised in accordance with the adequate legal regulations. This would only be in the case where if due to the absence of therapeutic procedures, the addict's life would be directly jeopardized, or there would be a direct danger of more severe health damage, or it would harm other people's safety and health.

#### *Pharmacologically assisted treatment*

There are few types of pharmacologically assisted programmes: short detoxification, slow detoxification, short (temporary) detoxification and long-term substitution treatment. The main indication for the opioid treatment (methadone, buprenorphine or others) is a confirmed addiction diagnosis according to the ICD-10 or the DSM-IV criteria. Opiate agonists (methadone, buprenorphine) play a crucial role in the modern approach to heroin addiction. The addiction treatment doctrine considers that only methadone or any other opiate agonist itself is not enough to change the deranged behaviour. That is why these medications have been used for attracting the heroin addicts to join the programme, after which the agonist pharmacotherapy is used if required, only as one of the elements of a complex addiction treatment, which includes psychotherapy, education and certain forms of psychosocial assistance. Substitution pharmacotherapy combined with psychosocial care is common treatment option for opioid users. Pharmacologically assisted treatment is conducted in inpatient and outpatient treatment.

According to the aforementioned facts, it is obvious that in the Republic of Croatia general practitioners play an important role in implementing methadone treatment since they are most often in a direct contact with drug users and can, therefore, notice any behavioural changes, refer them to experts or provide the help themselves. In the Republic of Croatia, methadone was used in practice in an insufficiently controlled manner due to the fact that the indications for methadone treatment were very broad and the method of prescribing methadone lacked the necessary control. Furthermore, prescriptions for methadone and methadone itself were often given directly to drug users and it was then used in unjustifiably high dosages. Therefore, in order to bring methadone treatment in cases of opiate drug users under control and to standardise the criteria for its use, as well as to reduce its misuse and negative consequences of uncontrolled methadone use, including the possibility of a fatal outcome due to methadone overdose, the Guidelines for the Use of Methadone in the Substitution Therapy of Opiate Drug Users have been created, following the proposal by the Ministry of Health and Social Welfare and adopted by the Croatian Government in 2006. In 2006 the Guidelines for the Use of Buprenorphine in the Substitution Therapy of Opiate Drug Users were also approved by the Minister of Health and Social Welfare on the basis of the conclusion by the Commission for Combating Narcotic Drug Misuse, leading to buprenorphine (Subutex) being included in the List of control illicit substances and approved by the Croatian Institute for Health Insurance. According to the Guidelines for methadone maintenance program for opiate abusers, GPs (outside of specialist treatment centres) are providing the therapy that was ordered by specialists from and outpatient hospital treatment. In these terms we do not distinguish specialized GPs from other GPs.

#### *Drug free treatment, family and psycho-social treatment*

Within the health system in Croatia, drug free treatment is available in inpatient health settings as well as in the outpatient settings in the frame of national network of Services for

Addiction Prevention and Outpatient Treatment. Although afore mentioned Services play significant role in the substitution therapy, they also provide psycho-social treatment, usually in a form of counselling (for detailed description of the activities please consult subchapter 5.2.1).

For those addicts who can be motivated to follow a drug free procedure, one of the possibilities is a long-term stay (up to two years) in a therapeutic community. The rehabilitation basis in therapeutic communities is the work of well-controlled and structured programmes that will be able to place their products and services on the market with the aim of self-financing.

#### *Prison treatment unit*

In general, all addicted inmates, detainees and offenders are provided with the health care that includes medical examination, counselling, psychiatric assistance, testing on infectious diseases and substitution treatment. They also receive psychosocial assistance in the form of individual or group work as well as the appropriate education. Modified therapeutic communities are in operation in penitentiaries in Lepoglava and Turopolje as so-called "drug free" departments, while in prisons they act as clubs of treated drug addicts. Such modalities of work with addicted prisoners connote therapy agreement concluded with inmates, control of abstinence, counselling work, occupational therapy and organised leisure time in parallel with other general treatment methods. According to our experience during the previous years, rate of criminal/offender recidivism among drug addicts was higher than in relation to other inmates<sup>12</sup>.

### **5.3 Characteristics of treated clients**

According to the data (see Tables 4.1.1., 6.1.1, 6.1.2, 11.1.1 in ST TDI1 and TDI2, 2009) on the number of the persons treated for psychoactive drug addiction in Croatia the situation is relatively stable. During 2008, 7 506 persons were treated within the health system, and the total number of the treated persons has not changed significantly in the last three years. Out of the total number of the treated persons, 5 846 (77.9%) of them were treated for opiate addiction, whereas 1 660 (22.1%) persons were treated for addiction to some other psychoactive agents, mostly cannabinoids. Although in Croatia the number of demands for treatment is stable, yearly data show that the percentage of opiate addiction treatment is raising, whereas the percentage of treatment of non-opiate addiction is falling.

Out of the total number of the treated persons in 2008 (Table 5.1), 1 057 (14.1%) persons were treated in inpatient treatment, 270 (25.5%) of which were treated for the first time. In outpatient treatment 6 449 (85.9%) persons were included, 1 430 (22.2%) of which were treated for the first time. Out of 1 700 (22.6%) persons treated for the first time (both inpatient and outpatient) 769 (45.2%) asked for help due to opiate addiction, whereas 931 (54.8%) persons came to treatment because of addiction to other drug types. 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 and cheaper, more significant rise of the number of addicts has not been recorded.

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<sup>12</sup> For further information please consult Chapter 9.5.

*Table 5.1 - Number of person in inpatient and outpatient (first and previous) treatment, by gender in 2008*

Gender	Inpatient treatment			Outpatient treatment		
	First	Previous	Total	First	Previous	Total
Male	172	615	787	1 218	4 223	5441
Female	98	172	270	212	796	1 008
Total	270	787	1 057	1 430	5 019	6 449
<b>TOTAL</b>	<b>7 506</b>					

Source: Croatian Institute of Public Health

The distribution of the treated persons by gender did not significantly change in 2008 related to previous years. According to the data on the gender of treated addicts, the majority of the treated persons are males. Out of the total number of 7 506 treated persons, 83% or 6 228 persons were males (787 in inpatient, 5 441 in outpatient treatment), whereas in the previous year due to the problems with psychoactive drug abuse 17% or 1 278 females (270 in inpatient, 1 008 in outpatient treatment) were treated. The proportion of the treated men and women is 4.9:1.

The average age of the treated persons in 2008 was 30 years, with the biggest number of treated men at the age between 30 and 34 years, whereas the biggest number of women belongs to the age group between 25 and 29 years. The average age of the treated men was 30.1 years and women 29.5 years. The persons treated in outpatient facilities are older than those treated on the inpatient basis.

Regarding the educational level (Table 5.2) the highest number of the treated persons has finished secondary school (4 903 – 65.3%). Only 25.4% finished primary school, and 1.5% (115 persons) did not finish primary school. Education and employment present very important elements in the process of drug abuse treatment, which among others includes help with additional education, retraining and employment of rehabilitated addicts. 353 persons or 4.7% of the total number of treated persons finished a college or university.

*Table 5.2 - Persons treated for psychoactive drugs abuse in 2008, by educational level and gender*

Level of education	Male	Female	Total	%
Primary school not completed	103	12	115	1.5
Primary level of education	1636	272	1908	25.4
Secondary level of education	4076	827	4903	65.3
Higher education	263	90	353	4.7
Not known/missing	150	77	227	3.1
<b>TOTAL</b>	<b>6 228</b>	<b>1 278</b>	<b>7 506</b>	<b>100.0</b>

Source: Croatian Institute of Public Health

Regarding the labour status (Table 5.3) half of the persons treated for narcotic drug abuse are unemployed, whereas almost one third of them are employed. During 2008 there were 10.0% persons included in the educational system.

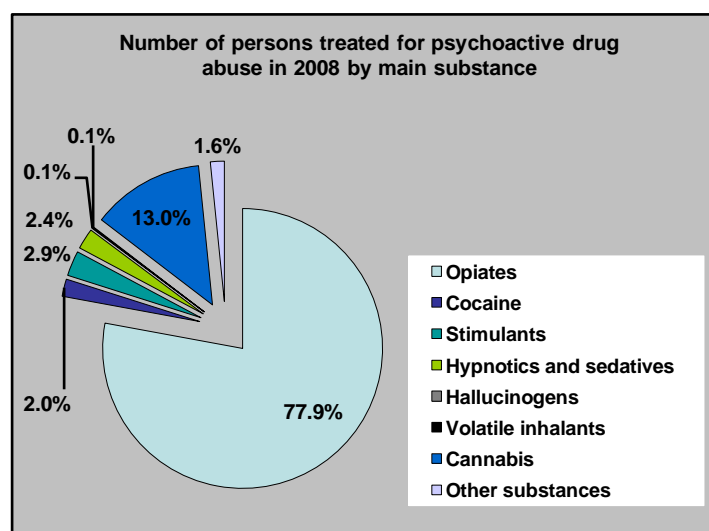
Table 5.3 - Persons treated for psychoactive drugs abuse in 2008, by labour status and gender

Labour status	Male	Female	Total	%
Regular employment	2 120	340	2 460	32.8
Pupil/student	583	168	751	10.0
Economically inactive	271	40	311	4.1
Unemployed	3 096	676	3 772	50.3
Other	26	3	29	0.4
Not known/missing	132	51	183	2.4
<b>TOTAL</b>	<b>6 228</b>	<b>1 278</b>	<b>7 506</b>	<b>100.0</b>

Source: Croatian Institute of Public Health

Polydrug use is present at the large number of drug users, but registration rules require the identification of the “main substance” according to the level of addiction, frequency of use or its consequences. Therefore, a therapist defines which substance is the main reason for coming to treatment. According to that, the largest number of persons was treated for opiates as a main substance (77.9%), then for cannabinoids abuse (13.1%) (see Figure 5.1). Other substances are less represented. It is obvious that the frequency of treatment for opiate abuse has been increasing, whereas at the same time the increase of treatment for cocaine use has also been noticed. The number of persons treated for stimulant abuse has been falling.

Figure 5.1- Persons treated for psychoactive drug abuse in 2008, by main substance



Source: Croatian Institute of Public Health

For 7 183 (95.7%) of the total number of 7 506 treated persons we have the information about who they live with (Table 5.4). Similar to previous years the majority (59.3%) of the treated persons live with his/her primary family, 11.7% of the treated live with a partner and a child and 8.7% with a partner. This again confirms the fact that addicts in Croatia are not expelled from the society and that their primary or secondary family do not abandon them in the moment of their addiction treatment. The information about the large number of the treated addicts living with his/her primary family, although in the age when they should start

independent life, does not differ from the mode of residence of the general population of the same age.

*Table 5.4 - Persons treated for psychoactive drug abuse in 2008, by living status and gender*

Living status	Male	Female	Total	%
Alone	719	91	810	10.8
With parents	3 860	594	4 454	59.3
Alone with child	36	16	52	0.7
With partner (alone)	447	209	656	8.7
With partner and child(ren)	687	192	879	11.7
With friends	48	21	69	0.9
Other	224	39	263	3.5
Not known/missing	207	116	323	4.3
<b>TOTAL</b>	<b>6 228</b>	<b>1 278</b>	<b>7 506</b>	<b>100.0</b>

Source: Croatian Institute of Public Health

From the data on the main addiction substance and age (Table 5.5) it is clear that at the age of 20 the youth come to treatment mostly due to addiction to cannabinoids, or 346 (46.2%) of them. Cocaine, ecstasy and other psychostimulating substances are mostly used by persons between 20 to 30 years. 113 (75.3%) persons treated for cocaine addiction are under 30.

*Table 5.5 -Persons treated for psychoactive drug abuse in 2008, 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	56	597	1646	1761	947	459	269	111	5846	77.9
Cocaine	0	19	51	43	20	7	8	2	0	150	2.0
Stimulants	0	41	111	47	16	2	1	0	0	218	2.9
Hypnotics and sedatives	0	9	17	22	26	22	25	15	43	179	2.4
Hallucinogens	0	0	1	1	0	0	1	1	2	6	0.1
Volatile inhalants	0	1	2	1	0	1	0	0	0	5	0.1
Cannabis	5	341	417	135	59	16	10	1	1	985	13.1
Other substances	0	7	20	30	18	18	11	6	7	117	1.6
<b>TOTAL</b>	<b>5</b>	<b>474</b>	<b>1216</b>	<b>1925</b>	<b>1900</b>	<b>1013</b>	<b>515</b>	<b>294</b>	<b>164</b>	<b>7506</b>	<b>100.0</b>

Source: Croatian Institute of Public Health

By analysing the data modalities of usage of the main substance (see Table 4.3 in Chapter 4) it is clear that the most dominant mode of opiate usage is still intravenous opiate use (heroin, methadone, other opiates) used by 4184 (71.6%) of all opiate users. Out of the total number of the treated persons 4 185 (55.8%) administer drugs intravenously, whereas 1 241 (16.5%) of them as the main route of drug administration mention smoking. Other modalities are represented in a smaller percentage.



According to the data on the frequency of the main substance use (Tables 20.1.1 in ST TDI1 and TDI2, 2009), 3 294 (56.8%) of heroin addicts did not take heroin during the last month, and 1 256 (21.7%) of them were taking it on a daily basis. Cannabinoids were taken once a week by 193 (19.9%) of persons, whereas 585 (59.4%) of them did not take them during the last month. It can be said that of all substances heroin, methadone and other opiates have been taken the most frequently.

The data on the average age of crucial points of addictive behaviour show the developmental course of addiction. The youth experiment with psychoactive agents at the age of around 16 years (in 2008 15.9 years), the first heroine intake happens at the age of around 20 years (20.1 years), the first intravenous heroin administration not even a year later (20.9 years), and an average age of the first heroin addiction treatment is at 26 years. So, from first experimenting with drugs to coming to treatment an intolerable period of 10 years has passed. The key question is how to improve the inclusion of heroin addicts into treatment programmes and how to keep them there. As for the cannabinoid users (mainly marijuana), the average age of the first administration of any kind of drug was a little higher than for opiate abusers and they come to treatment at earlier age. The age of the first treatment is usually connected with avoiding the initiation of criminal proceedings for possession of a certain amount of drugs, in most cases due to the intervention of the Centre for Social Care under the order the County State's Attorney's Office (Katalinić, 2009).

Out of the total number, 4 170 (55.6%) of treated persons are self-referred (Table 5.6). For the majority of the persons treated on an inpatient basis (63.1%) the motivation for treatment is unknown, whereas the same information is known for almost all persons treated on an outpatient basis (98.2%) (Tables 5.1.1 in ST TDI1 and TDI2, 2009). Court/State's Attorney's Office referred to treatment 961 (14.9%) persons treated on an outpatient basis. In the same way 480 (33.6%) of the persons treated for the first time on an outpatient basis were referred to treatment, whereas 427 (29.9%) of them chose self-referral.

*Table 5.6 - Persons treated for psychoactive drug abuse in 2008, by gender and source of referral*

Source of referral	Male	Female	Total	%
Self referred	3 474	696	4 170	55.6
Family/friends	573	158	731	9.7
Other drug treatment centre	47	17	64	0.9
General practitioner	276	53	329	4.4
Hospital/other medical source	76	15	91	1.2
Social services	196	41	237	3.2
Court/probation/police	912	66	978	13.0
Other	102	19	121	1.6
Not known/missing	572	213	785	10.5
<b>TOTAL</b>	<b>6 228</b>	<b>1 278</b>	<b>7 506</b>	<b>100.0</b>

*Source: Croatian Institute of Public Health*

The motivation for going to psychoactive narcotic drug addiction treatment is different for different kinds of drugs (source: CIPH, 2009). Most persons treated for opiate abuse are mostly self-referred (68.3%) or referred by a family when they become aware of the addiction

problem (6.1%). It was a family practitioner who referred addicts to treatment in 5.2% of the cases as well as the court and police who account for 5.2%. Although parents learn about non-opiate use very early, mostly in the first year of abuse, they do not take it as a worrying fact and a reason for going to treatment. Regarding the non-opiate use, 40.7% of the cases are referred to treatment by court, police or it is a suspended sentence. The Centre for Social Care referred to treatment 12.6% of the persons. Only 11.1% of the treated persons started treatment referred by the family, whereas 10.7% came to treatment self-referred.

Out of the total number of the treated persons the treatment modality is known for 5 647 (75.2%) of them. Table 5.7 shows the types of treatment for the persons for whom the treatment type is known. According to the drug addiction treatment modalities in 2008 (Table 5.7), 26.7% of opiate users underwent slow or fast methadone detoxification, and another 19.9% methadone maintenance treatment. Buprenorphine pharmacotherapy is more and more represented. 32.5% of all treated opiate users underwent the buprenorphine therapy, thanks to the fact that since 2006 the Croatian Institute for Health Insurance covers the costs of this kind of treatment. The total number of 79.9% of opiate addicts was treated by pharmacotherapy. As for the persons treated for non-opiates the counselling techniques, psychotherapy and other forms of psychological support were most often used.

*Table 5.7 - Persons treated for psychoactive drug abuse in 2008 according to type of treatment*

Type of treatment	Opiates abuse		Non-opiates abuse		Total	
	Number	%	Number	%	Number	%
Short-term methadone detoxification	186	4.2	0	0.0	186	3.2
Slow methadone detoxification	989	22.5	0	0.0	989	17.5
Methadone maintenance treatment	877	19.9	0	0.0	877	15.5
Buprenorphine pharmacotherapy	1 430	32.5	0	0.0	1 430	25.3
Revia pharmacotherapy	33	0.8	0	0.0	33	0.6
Detoxification without methadone	334	7.6	12	1.0	346	6.1
Without medicaments	258	5.9	271	21.7	529	9.4
Instructions. counseling. support	257	5.8	947	75.9	1 204	21.3
Refer to other centre	12	0.3	8	0.6	20	0.4
Treatment is not started – Decision is not brought	24	0.5	9	0.7	33	0.6
<b>TOTAL</b>	<b>4 400</b>	<b>100.0</b>	<b>1 247</b>	<b>100.0</b>	<b>5 647</b>	<b>100.0</b>

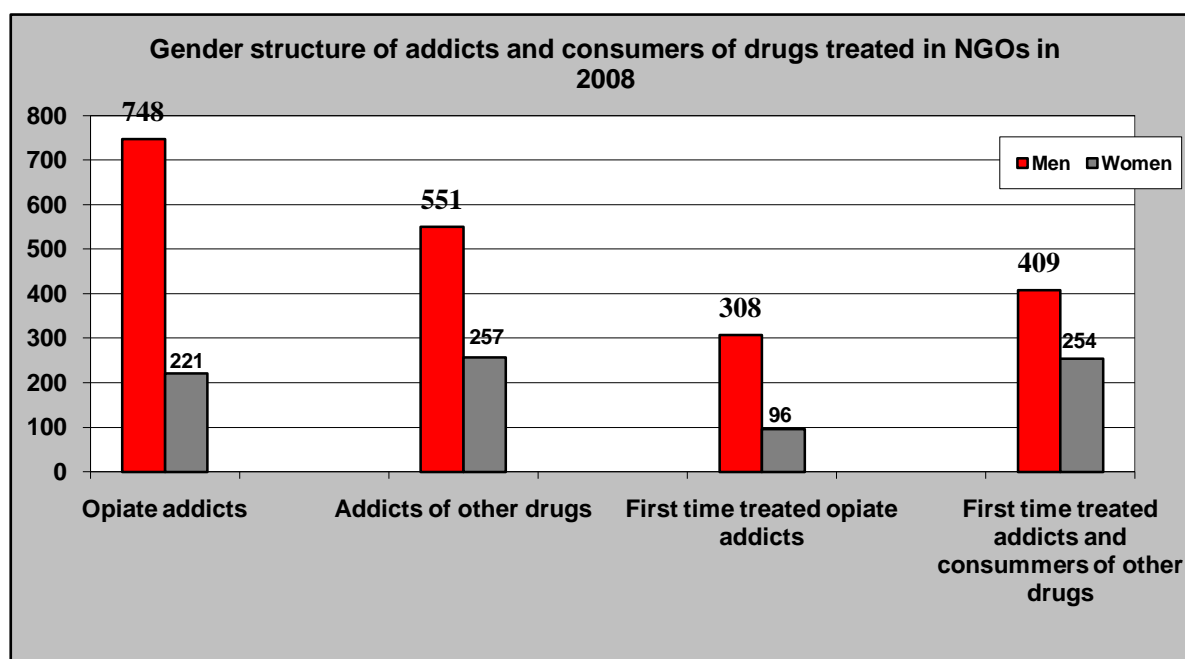
Source: Croatian Institute of Public Health

According to data on the total number of treated persons per 100 000 people (aged from 15 to 64) in the Croatian counties in 2008, the Zadar County had the highest rate of treated persons (567.1). The Istria County was the second with the rate of 531.1, then the City of Zagreb (424.8), the Dubrovnik-Neretva County (374.9), the Šibenik-Knin County (340.0), Primorje-Gorski Kotar County (303.0) and the Split-Dalmatia County (283.9). All the other counties are below the Croatian average. The rate of treated persons in the Republic of Croatia is almost identical as the year before and amounts to 251.4 of treated persons per 100,000 of adult population (in 2007 the rate of treated persons amounted to 250.3). According to data on opiate addicts the rate remained the same as the year before. The Zadar has the highest rate (519.1) of persons treated for opiate addiction per 100,000 people (aged 15-64), then the Istria County (488.9), the Šibenik-Knin County (312.0), the Dubrovnik-

Neretva County (306.4), the City of Zagreb (302.8), Primorje-Gorski Kotar County (272.3) and the Split-Dalmatia County with the rate of 260.3. The rate in the other counties is lower than the rate for the Republic of Croatia which amounts to 195.5 persons treated for opiate addiction per 100,000 people of working age (Katalinić, 2009).

In 2008 associations offered some kind of help to the total number of 1 777 addicts and occasional users. Out of that number help was given to the largest number of opiate addicts (the total number of 969 opiate addicts i.e. 54.5% of users). There were 404 new opiate addicts and 663 new consumers of other drugs. By observing the gender structure of the users (Figure 5.2), it is noticeable that among opiate addicts there were 748 (77.2%) men and 221 (22.8%) women; among the new opiate addicts there were 308 (76.2%) men and 96 (23.8%) women; among the users and addicts of other drugs there were 551 (68.2%) men and 257 (31.8%) women, and among the newly reported users and addicts of other drugs 409 (61.7%) men and 254 (38.3%) women.

Figure 5.2 - Gender structure of addicts and consumers of drugs treated in NGOs in 2008



Source: Non-governmental organizations

In the previous years the cooperation between therapeutic communities and the prevention and treatment health system has been getting better. Currently, the process of integration of the data on therapeutic community users into the health system is being carried out. In 2008, 1 288 persons underwent the treatment in therapeutic communities (Table 5.8) 1 082 (84.0%) of them were men and 206 women (16.0%). Out of the total number of the persons, 1 217 (94.5%) opiate addicts underwent the treatment in therapy communities. 646 (50.2%) of the persons were included in the treatment for the first time.



Table 5.8 - Number of opiate addicts, addicts and consumers of other drugs in the treatment of TCs and persons treated in 2008 for the first time

Number of opiate addicts, addicts and consummates 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 – Prijatelj 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	46	0	208	61	181	61	35	0	430	46	38	22	86	3
Number of addicts and consumers of other drugs	13	0	0	0	21	9	2	0	0	0	7	4	15	0
Number of opiate addicts treated for the first time in TC	18	0	70	15	105	46	15	0	231	14	14	11	48	0
Number of addicts and consumers of other drugs treated for the first time	11	0	0	0	19	7	2	0	0	0	4	3	12	1
Total number of addicts in TC treatment by gender	59	0	208	61	202	70	37	0	430	46	45	26	101	3
	59		269		272		37		476		71		104	
<b>Total number of persons in treatment</b>	<b>1 288</b>													
Total number of persons treated in TC for the first time by gender	29	0	70	15	124	53	17	0	231	14	18	14	60	1
	29		85		177		17		245		32		61	
<b>Total number of first time treated persons in TC</b>	<b>646</b>													

Source: Therapeutic Communities

As for the number of addicts referred to rehabilitation and abstinence treatment abroad by mediation of the associations for combating narcotic drugs abuse and therapeutic communities in 2008 there was a considerable fall comparing to 2007. In 2007 there were 207 persons referred to abstinence treatment abroad, whereas in 2008 there were 130 of them (Table 5.9). So, the decrease of the number of addicts referred to abstinence treatment abroad in 2008 compared to 2007 amounts to 37 percent. Therefore, from the afore mentioned data can be concluded that more and more addicts decide to go for treatment in therapeutic communities in Croatia.

*Table 5.9 - Number of persons referred to treatment abroad and number of families involved in counselling sessions in 2008*

NGO	Total number of persons sent abroad		Number of families involved in counselling sessions
	Men	Women	
Zajednica "Ne ovisnost"	0	0	44
Zajednica "Mondo Nuovo"	7	0	95
Dom za ovisnike "Zajednica Susret"	0	0	515
Dom za ovisnike "Moji dani"	0	0	128
Stijena	11	7	24
Pet+	0	0	22
Egzodus	12	4	150
HO "Zajednica Susret"	2	0	149
Novi put	0	0	13
ANST 1700	0	0	55
Institut	2	1	19
Ruka ljubavi	16	1	26
Dedal	0	0	138
Osmijeh	0	0	27
Liga za prevenciju ovisnosti	0	0	105
San-Lorenzo-Zajednica Cenacolo	19	15	947
Papa Ivan XXIII	5	0	150
Reto-Centar-Prijatelj nade	20	0	30
UPO	2	2	58
Hrvatska protiv droge	0	0	15
<b>TOTAL</b>	<b>96</b>	<b>30</b>	<b>2 710</b>
	<b>126</b>		

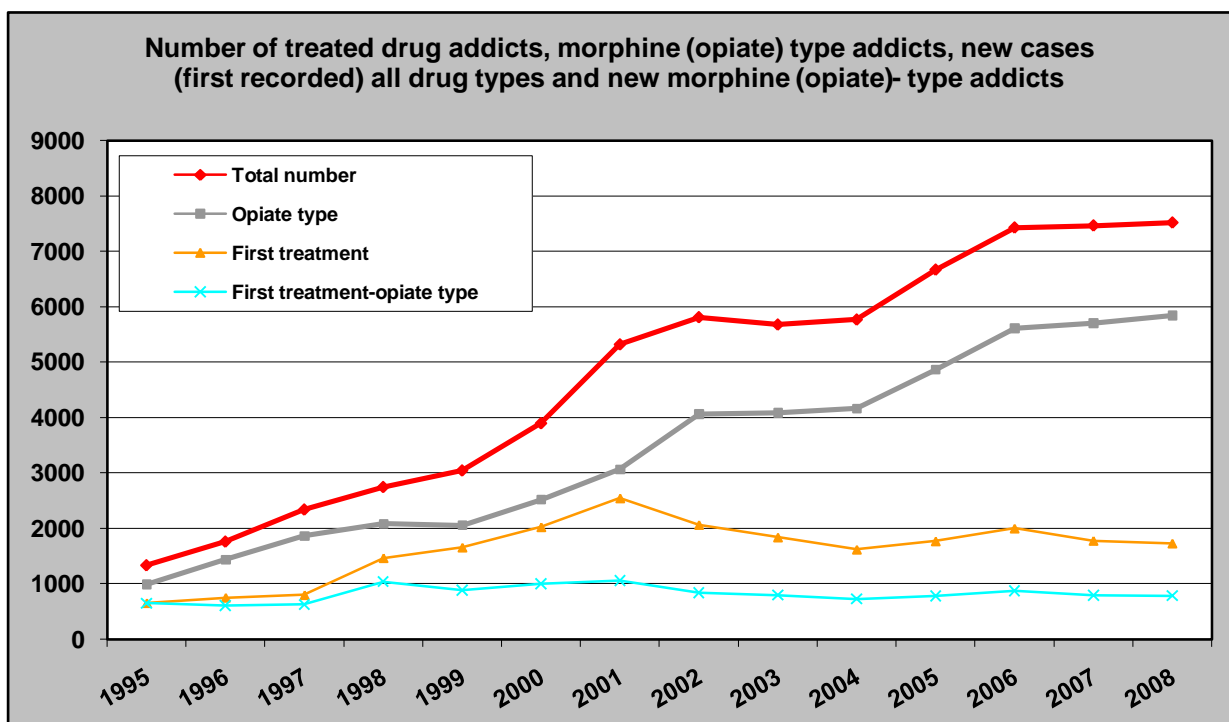
Source: Non-governmental organizations

## 5.4 Trends of clients in treatment

According to the data (Figure 5.3) on the number of persons treated for psychoactive drugs abuse in the Republic of Croatia in the observed period from 1995 – 2008, it is obvious that the situation regarding drug addiction treatment is stable. The system for collecting data on addiction treatment developed in a few stages. Firstly, only the data on inpatient addicts' treatment were collected; later the data from the outpatient Centres for Addiction Prevention, which were before not organised in a uniform way, were added as well. By establishing the outpatient network of addiction treatment within the health system in 2004 in Croatia the Services for Addiction Prevention and Outpatient Treatment were founded in the County Institutes for Public Health.

In the observed period the number of treated persons within the health system was increasing. The number of persons treated for the first time for some kind of addiction started falling after its continuous rise till 2001, so in the years following, a smaller total number of persons treated for the first time for psychoactive drugs addiction was recorded, whereas the number of the persons treated for the first time for opiate addiction was stable after the year 2001. Such trends indicate that the treatment system organised in the Services for 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 5.3 – Number of treated drug addicts (ICD-10, F11.-, F19.-), morphine (opiate) type addicts, new cases (first recorded) all drug types and new morphine (opiate)-type addicts in Croatia 1995-2008

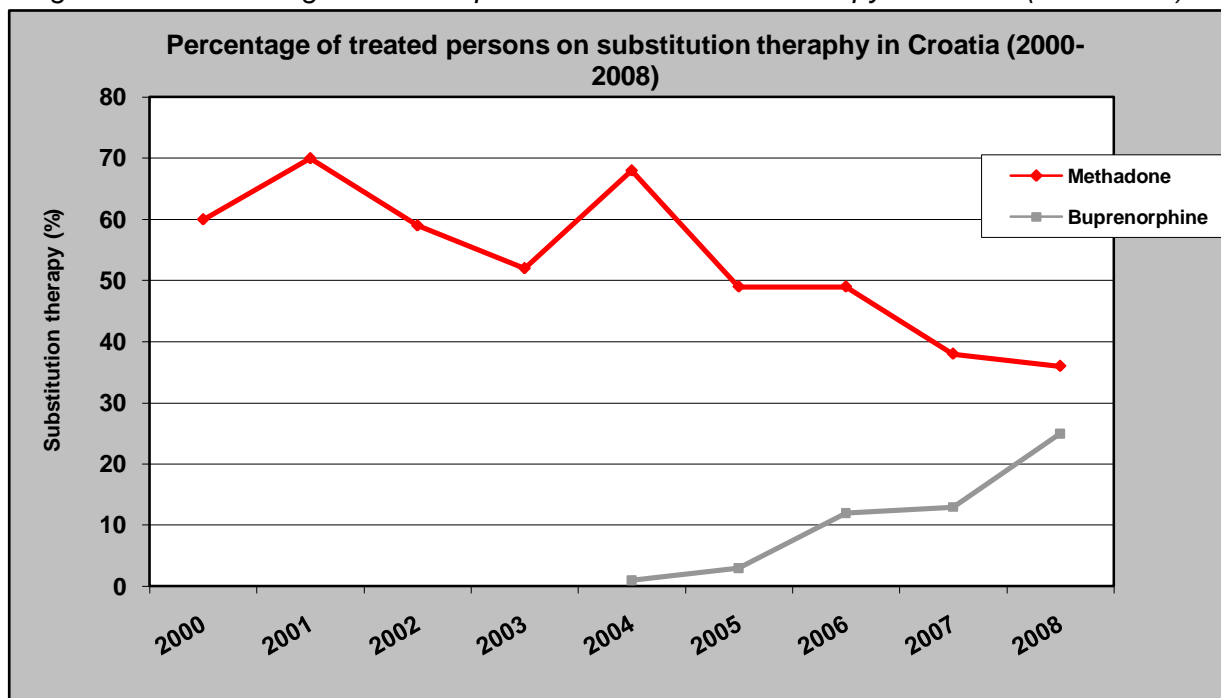


Source: Croatian Institute of Public Health

Methadone substitution therapy for addiction treatment in Croatia has been used since 1991 (Figure 5.4), whereas the controlled application of methadone was established by the "National Strategy on Combating Narcotic Drugs Abuse" in 1996. The data on persons treated for any kind of substitution therapy (fast detoxification, slow detoxification, maintenance) have been collected in the Registry of Persons Treated for Psychoactive Drugs Abuse.

The data registered in the observed period from 2000-2008 show that Methadone as a substitute 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 (since 2006 CIPH covers the treatment costs) more and more addicts choose that kind of treatment, so the percentage of buprenorphine treatment has been steadily rising.

Figure 5.4 - Percentage of treated persons on substitution therapy in Croatia (2000-2008)

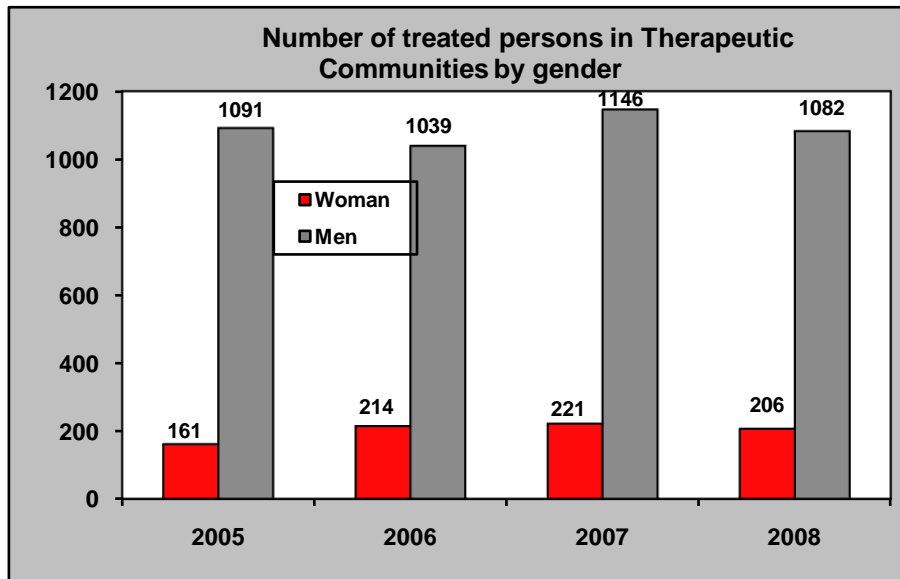


Source: Croatian Institute of Public Health

In 2008 associations provided some kind of help to the total number of 1 777 addicts and occasional consumers, which represents an increase of 32.4 percent compared to the year 2007, when help was given to the total number of 1 342 addicts and occasional consumers. There were 404 new opiate addicts and 663 new consumers of other drugs. Comparing the afore mentioned data with the data from 2007, when the data were delivered by 13 associations, we come to the conclusion that the number of opiate addicts (1 068) and new opiate addicts (447) in treatment of the associations have stayed approximately the same, whilst the number of consumers of other drugs (274) and new consumers of other drugs (258) is significantly rising. The number of addicts' families to whom counselling was given by associations and therapeutic communities in 2008 was 2 710, which represents a 43 percent increase compared to 2007 when counselling was offered to 1 895 families.

The total number of addicts in rehabilitation or abstinence treatment in therapeutic communities in 2008 was 1 288, 1 082 of them male and 206 female addicts. The total number rose compared to years 2005, 2006 and decreased compared to 2007 (Figure 5.5). During 2005 in therapeutic communities there were 1 253 persons undergoing drug-abstention treatment, 1 091 of them male addicts and 162 female addicts. In 2006 the number of addicts on treatment was equal, i.e. 1 253 persons, 1 039 of them male and 214 female, whereas during 2007 the total number of 1 367 addicts were on drug-abstention treatment, 1 146 of them male and 221 female. The total number of treated persons in 2008 rose for 30.1% compared to 2007, and for 35.1% compared to 2006.

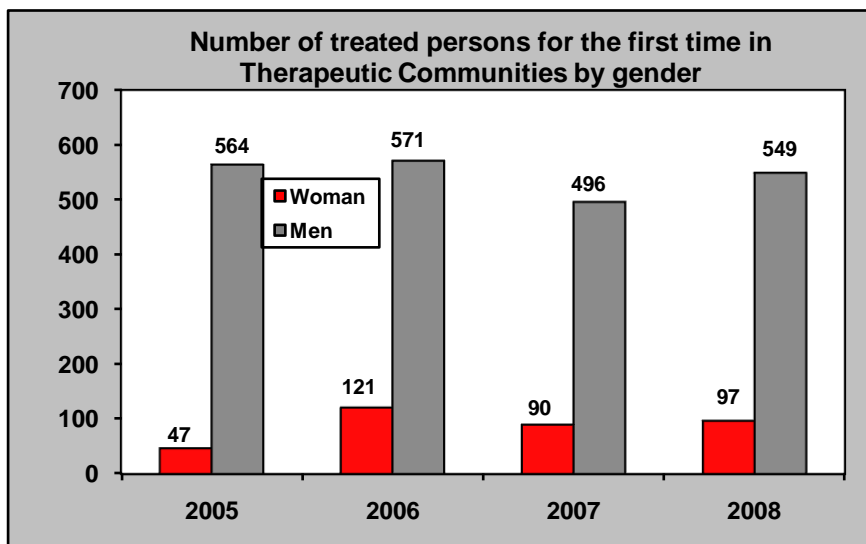
Figure 5.5 - Number of treated persons in Therapeutic Communities, by gender 2005 – 2008



Source: Therapeutic Communities

The number of new addicts in therapeutic communities (Figure 5.6) in 2008 was 646 addicts, which compared to 2007 represent an increase of 10.2%, and compared to 2006 that number decreased for 7.1%. In 2006 there was the total number of 692 addicts treated for the first time, whereas in 2007 there were 586 of them.

Figure 5.6 - Number of treated persons for the first time in Therapeutic Communities, by gender 2005-2008



Source: Therapeutic Communities



## 6 Health Correlates and Consequences

Risky behaviours include all behaviours that expose a person to additional diseases, complications and deaths. Since drug use is often related to various infectious diseases like HIV, HBC, HCV, this chapter refers not only on the prevalence or incidence of diseases but also risk factors for the transmission of those and other diseases. In order to understand better the circumstances, causes and correlations between patterns which lead to drug related deaths, information presented bellow will help to build up realistic aspect for further harm-reduction programs.

### 6.1 Drug-related infectious diseases

Prevalence of drug related infectious diseases in the population of injecting drug users is being routinely monitored since the middle of the 80's 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%). Looking only at the figures it is obvious that is extremely important to reduce the sharing of needles, syringes and other equipment, as well as risky sexual behaviour. From this reason every patient entering Services for Drug Addiction Prevention and Outpatient (Service) is asked about sharing of equipment and warned about the dangers thereof on every visit.

Since all blood donors are routinely tested for hepatitis C in Croatia, the basic possibilities of infection stem 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 the appearance of the first symptoms.

*Table 6.1 – Persons treated for drug addiction according to needle and syringe sharing in the lifetime and in the last month (2002-2008)*

Needle and syringe sharing in lifetime (%)							
	2002	2003	2004	2005	2006	2007	2008
Yes	71.5	70.4	71.5	71.3	70.7	70.2	68.0
Needle and syringe sharing in the last month (%)							
	2002	2003	2004	2005	2006	2007	2008
Yes	38.6	33.1	28.6	23.0	21.6	19.9	17.8

*Source: Croatian Institute of Public Health*

Although intravenous drug use is dominant in the addict population, there is a downward trend of equipment sharing. In the report period, there was a decrease in the number of treated patients who shared equipment in their lifetime (65.0% in 2008), and who are following this practice currently (17.8%). The opening of centres for needle and syringe exchange, free counselling and testing for hepatitis B, hepatitis C and HIV has contributed to a more responsible behaviour and better cooperation of addicts.

According to the data from the testing of opiate addicts, most of them are infected with hepatitis C. In 2008, that number amounted to 44.6%. Fewer people were tested positive for hepatitis B (13.2%). The incidence of HIV-positive people has remained unchanged for years. HIV is very rare in addicts, with 0.5% of occurrences, owing to a continuous education being carried out for

many years, dissemination of information, pharmacotherapy, counselling centres, and needle and syringe exchange.

*Table 6.2 - Persons treated for drug addiction in 2008, according to anamnesis data on hepatitis B, C and HIV infections*

Opiate addicts	2002	2003	2004	2005	2006	2007	2008
HIV positive	0.2	0.7	0.5	0.7	0.5	0.5	0.5
Hepatitis B positive	27.2	27.0	19.2	17.6	15.5	13.6	13.2
Hepatitis C positive	71.2	72.3	47.4	47.6	46.2	46.3	44.6

*Source: Croatian Institute of Public Health*

The treatment of addicts in the Services includes regular urine tests (using so called quick tests) for drugs and their metabolites, as well as capillary blood tests for HIV, HCV, HVB and syphilis. There were 27 738 urine tests in total, which is, on average, 2 312 tests per month (1 935 tests in 2007, 1 639 tests per month in 2006). The greatest number of tests was carried out in the City of Zagreb (5 327), followed by Split-Dalmatia County (3 650), Zadar County (2 274) and Osijek-Baranja County (2 352). The number of capillary blood tests was much lower. Thus in 2008, there were 1 388 blood tests, amounting to 116 tests per month, on average. The greatest number of capillary blood tests was carried out in Split-Dalmatia County (411), followed by the City of Zagreb (402) and Zadar County (319)

In 2008, out of a total of 7 506 treated patients in Croatia, 2 281 (30.4%) persons residing in the City of Zagreb were treated for psychoactive drug addiction. In a separate 2008 report on treated patients residing in the City of Zagreb there is a comparison of the data from Zagreb to the data from the entire Croatian territory regarding the occurrences hepatitis B, C and HIV infections in treated patients.

*Table 6.3 - Drug addicts residing in the City of Zagreb treated in 2008, according to anamnesis data on hepatitis B, C and HIV infections*

Opiate abuse	City of Zagreb (%)	Croatia(%)
HIV positive	0.6	0.5
Hepatitis B positive	8.0	13.2
Hepatitis C positive	33.0	44.6

*Source: Croatian Institute of Public Health*

In the opiate user population residing in the City of Zagreb, among the tested persons treated for drug addiction, there is a slightly greater portion of those who were tested positive for HIV. The portion of persons tested positive for hepatitis C and B is smaller than in Croatia altogether (8.0% in Zagreb and 13.6% in Croatia). The figures for hepatitis C are similar (33.0% in Zagreb and 46.3% in Croatia).

In 2008, the second Seroprevalence study of HIV, Hepatitis B and C was conducted among injecting drug users (IDU) in Osijek, Zadar and Dubrovnik counties (Kaić et al. 2009) outside the routine monitoring of infectious diseases (the first study was conducted in 2007). The target population covered in the study includes specifically IDUs attending services for drug addiction

prevention and outpatient treatment. The objective was an assessment of HIV, HBV and HCV prevalence, prevalence of risky and protective behaviour and, finally, correlation of test results with socio-demographic and sexual behaviour data.

As mentioned above, Croatia is a country with a low-level epidemic of HIV, with a cumulative number of 732 infected persons registered. Injecting drug users (IDUs) account for 8.2% of all the infected. HIV prevalence among IDU population tested in all laboratories in Croatia has been stable - around 1% for the last 20 years.

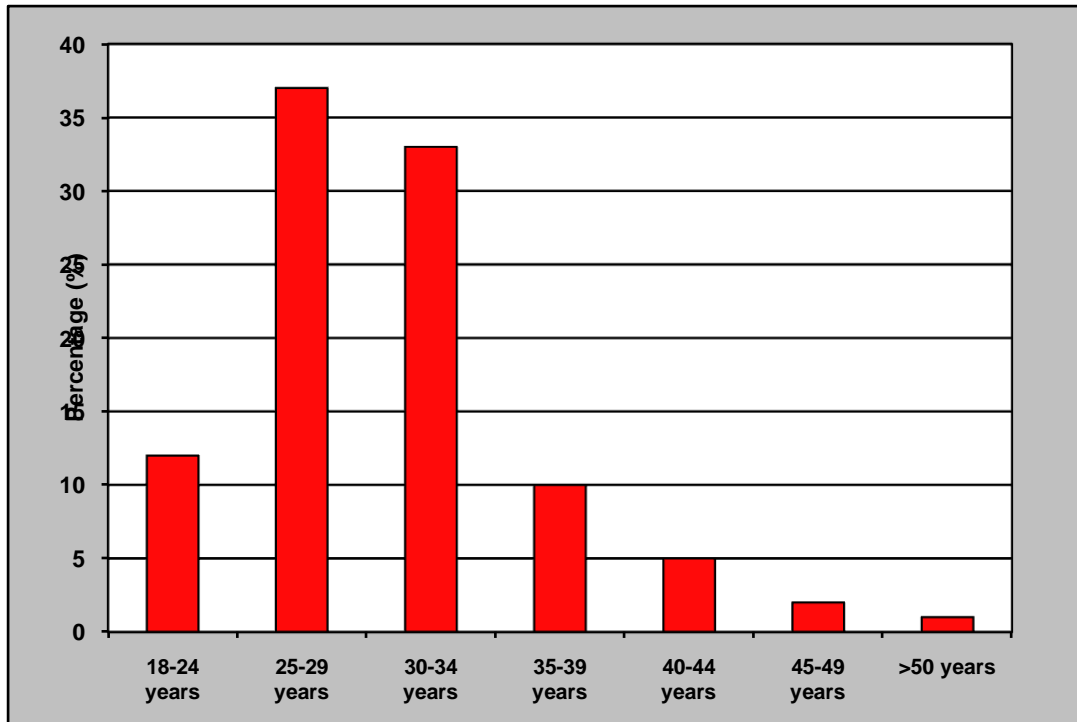
Following the principles of the second generation HIV surveillance, this study tried to meet the local situation, focusing on locally relevant groups and on new infections and risk behaviours. Epidemiologic and behavioural data from this study contributed to better understanding of the HIV epidemic and allow targeted preventive actions to be taken.

An anonymous, self-administered questionnaire was used to obtain data related to the respondent's demographic, sexual and risk behaviour characteristics, HIV and viral hepatitis testing history, sexual health, and service access for all client groups. The questionnaire was linked to the biological samples using a unique ID. Questionnaires were completed at the meeting places at the examination sites where the informed consent of participation had been confirmed by the counsellor on the first page of the questionnaire. Upon completion, the questionnaires were stored in a secure place, and sent to the Croatian National Institute of Public Health. Among 21 public health institutes in Croatia, the services in Osijek-Baranja, Zadar and Dubrovnik-Neretva County were chosen as sites for this study. Criteria for site selection included the geographic location, the size of the risk group of interest, staff and laboratory capacity, and availability to repeat survey rounds in future years. A minimum of two to four staff per site providing services were trained for data handling (questionnaires and data sheets) and blood collection procedures. The sample size was 193 IDUs.

Serologic tests for HIV, Hepatitis B and C were carried out as laboratory methods. In Dubrovnik, the majority of serologic tests were performed by rapid screening tests ("quick tests"). In Zadar, participants were tested using the ELISA technique in the County Public Health Institute and confirmatory testing was not routinely performed. In Osijek ELISA (Vidas Ultra for Hep B, BioRad for Hep C) tests were used and testing was performed in the County Public Health Institute. The collected data from the survey questionnaires and laboratory data were entered centrally by the data entry team at the Croatian National Institute of Public Health. The data collected were analyzed to determine overall HIV, Hepatitis and Hepatitis C prevalence with confidence intervals, and to describe socio-demographic characteristics, knowledge and risk behaviours. The analysis was performed using Excel (Microsoft Office), SPSS statistical package (ver. 15.01, licence HZJZ SPSS ID: 729038) and EpiInfo 6 (Version 6.04 d – January 2001, Centres for Disease Control & Prevention and World Health Organization).

Out of the total number of 192 participants included in the study, 48 were from Osijek, 58 from Zadar and 86 from Dubrovnik. Male participants accounted for 82.8%. The participants' mean age was 30.5 years, with the median of 34 (ranging from 20 to 51). The age structure of study participants is shown in Figure 6.1.

Figure 6.1 - Age structure of study participant



Source: Croatian Institute of Public Health

The majority (76.6%) had finished high school, 9.9% had higher education, while 13.5% had only elementary education or less.

Less than half of the participants were employed (47.6%). Almost a third of participants had been in prison (34.9%) and 6.9% experienced being homeless for longer than a week in the past year.

For 140 participants (80.0% of those who responded) the first drug used was marihuana. For 7.4% heroin, and for only two participants cocaine was the first drug they had experience with.

Approximately half of the participants who answered to the question started injecting drugs ten years ago (the mode is 120 months, range 0 to 300 months). Only about a third (37.6%) never shared drug injecting equipment. The majority of participants (83.6%) have not shared drug injecting equipment in the past 12 months. Most of the participants (75.5%) who replied to question 15 have not injected drugs in the past 30 days, while (24.5%) replied they injected drugs during the previous month. Of those 38 persons who reported injecting drugs in the past month, 16 (42.0%) shared equipment, mostly with a close friend.

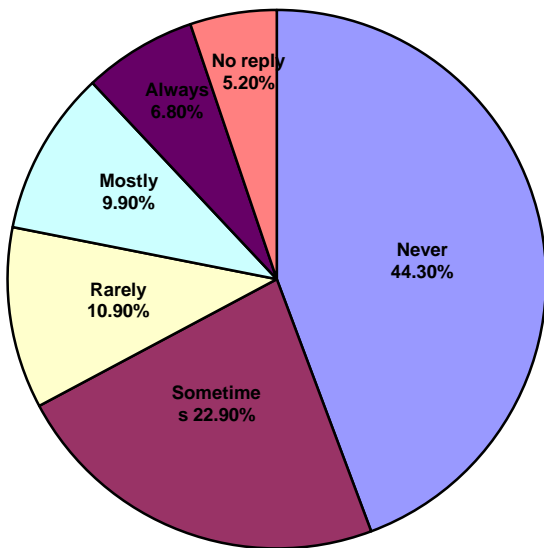
Most of the participants (84.3%) knew where they could obtain new unused syringes and needles. Of those who injected drugs during the previous month, 31/35 (88.6%) answered they obtained new needles and/or syringes during that month. Out of 128 participants who answered that they can obtain new needles and/or syringes when needed, ten (7.8%) reported sharing equipment in the previous month. 102 participants (60% of those who replied to question 26) had been on methadone therapy during the previous month, 23 of them (22.5%) injected drugs during that month, while 19 (18.6%) did not reply to this question.

The majority of the participants (95%) were of heterosexual orientation, while three men and three women declared homo/bisexual orientation. A total of 169 (88%) participants were sexually active during the previous year and 22 (11.5%) did not have sexual partners in that the year (1 participant did not reply to this question). The majority 87 (51.5%) of participants who

were sexually active during the previous year had one partner, 28 (16.6%) had two, 18 (10.7%) had three, 24 (14.2%) had more than four or more, and 12 (7.1%) did not know how many sexual partners they had had during the year. Half of the participants who responded to question 30 (n=87) had a steady sexual partner who did not inject drugs.

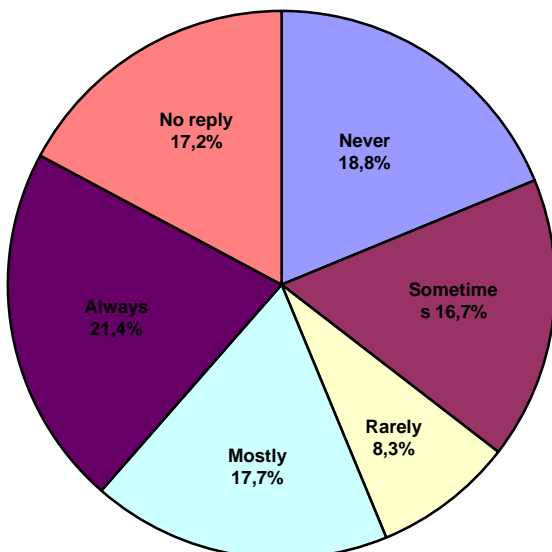
In reference to condom use, 21.4% of participants stated they never used condoms during sexual intercourse, 2.1% did not reply to this question and 76.6% used condoms at some time, however, only 29.2% used a condom during the most recent sexual contact (2.6% did not reply to this question). In a stable relationship, 44.3% never used condoms and only 6.8 always used condoms (Figure 6.2.), while outside of a stable relationship only 21.4% always used condoms (Figure 6.3.)

Figure 6.2 - Condom use in a permanent relationship



Source: Croatian Institute of Public Health

Figure 6.3 - Condom use outside of a permanent relationship



Source: Croatian Institute of Public Health

Four of the participants (2%) – two male, two female - reported charging for providing sexual services within the previous year. Two of them never use condoms outside of a stable relationship, one occasionally and one always.

A total of 90-92% of participants responded to the questions related to knowledge of HIV issues. Among those, 19.4% of participants who responded to the respective question thought they could recognize a person who had a sexually transmitted disease, while 33.7% of respondents said they could not. All the respondents had heard of HIV, and AIDS and 19.9% of respondents knew a person living with HIV/AIDS. 85.1% of respondents knew that condoms could prevent the transmission of HIV through sexual contact. Unfortunately, 20.5 of responders thought HIV could be transmitted by mosquito bites and 35.2% did not know whether it was possible. Only 66.3% of respondents understood that a stable and faithful relationship with one non-infected sexual partner was safe in terms of HIV transmission.

A total of 32 (18.5%) of respondents had never been tested for HIV. Among those who answered to question 53, 6.6% never received their HIV test result. Additionally, 15.2% of respondents had never done an anti-HCV test.

Results of serologic testing showed that none of the 192 participants tested HBsAg positive. Eight out of 106 (7.5%) tested positive for anti-HBcAg. Five out of 107 (4.7%) tested for anti-HBsAg were positive, while 52 out of 192 (27.1%) tested positive for anti-HCV. None of the 179 participants tested positive for anti-HIV.

*Table 6.4 - Results of serology testing of seroprevalence study of HIV, Hepatitis B and C among injecting drug users (IDU) in Osijek, Zadar and Dubrovnik in 2008*

Marker	p <sup>+</sup>	CI <sup>++</sup>
HBsAg	0	0-1.9
Anti-HBcAg	7.5%	3.3-14.3
Anti-HBsAg	4.7%	1.5-10.6
Anti-HCV	27.1%	20.9-33.9
Anti-HIV	0	0-2

*Source: Croatian Institute of Public Health, Department for HIV/AIDS*

+ prevalence(%)

++ 95% confidence interval (Exact binomial)

So far there are no data available on the prevalence of tuberculosis in the injecting drug users' population, but it seems that in the scope of drug problems this issue has not evoke any discussion, since majority of TBC cases in Croatia is registered among elderly population, alcoholics and immigrants that arrived after the war in 1990's.

## 6.2 Other drug-related health correlates and consequences

Accompanying psychiatric diagnoses are being monitored in the frame of the Registry for Treated Psychoactive Drug Addicts for a number of years. It has been noticed that persons that come for drug addiction treatment have the same or a similar accompanying diagnosis that are in the first place specific personality disorders, disorders caused by alcohol, other mental disorders and chronic diseases as a result of risk addictive behaviours.

Out of a total of 7,506 persons treated in medical institutions in 2008, 41.2% had an accompanying diagnosis. Among opiate addicts, those with a personality disorder were in the majority (995 persons, or 38.6%), followed by those with an affective disorder (15.0%, including depression), neurotic disorders related to stress (12.2%, including PTSD) and disorders related to alcohol abuse (9.5%). 7.4% of patients treated for drug abuse were diagnosed with psychiatric illnesses such as schizophrenia, while 2.3% of patients were diagnosed with various other disorders. In the anamnesis data of 35 patients treated for drug abuse (1.4%) there was a record that they had attempted to commit suicide.

515 persons who used non-opiate substances had an accompanying diagnosis. Similar to the case of opiate addicts, the greatest number of patients had a personality and behavioural disorder (29.7%). However the greatest difference between the two groups is in the portion of disorders caused by alcohol abuse. The portion is twice as large in persons who took other non-opiate substances (18.6%), while the portion of alcoholism in persons who took opiate drugs was 9.5%. The difference can be seen in schizophrenia as well, where the portion of non-opiates is 16.7%, and 7.4% for opiates.

*Table 6.5 - Persons treated for drug abuse in health care institutions, according to registered concurrent diseases and disorders (2008)*

MKB-10		Opiate abuse		Non opiate abuse	
		Number	%	Number	%
F60- 69	Disorders of adults' behaviour and personality	995	38.6	153	29.7
F30-F39	Affective disorders (depression, mood disorders)	387	15.0	46	8.9
F40-F48	Neurotic, stress and somatoform disorders	313	12.2	54	10.5
F10	Psychological and behavioural disorders caused by alcohol	246	9.5	96	18.6
F20-F29	Schizophrenia, shizotypal and delusional disorders	191	7.4	86	16.7
F90-F98	Behavioural and emotional disorders appearing in childhood and adolescence	34	1.3	20	3.9
Z915	Registered suicide attempts	35	1.4	4	0.8
F00-F09	Organic and symptomatic psychological disorder	20	0.8	11	2.1
F70-F79	Mental retardation	6	0.2	5	1.0
	Other disorders	349	13.6	40	7.8
<b>TOTAL</b>		<b>2 576</b>	<b>100</b>	<b>515</b>	<b>100</b>

Source: Croatian Institute of Public Health

In 2008, according to the Birth Notification from the medical institutions of Croatian Institute of Public Health (CIPH) (individual notifications from maternity hospitals), in a total of 43 336 birth cases in the Republic of Croatia, 33 mothers stated that they had taken psychoactive drugs during pregnancy, while 15 out of the total number were treated for heroin addiction. Most of them were from Šibenik-Knin County (N=10). Throughout the years, the number of cases of drug use during pregnancy has remained largely unchanged.

*Table 6.6 - Number of parturient women who confirmed taking psychoactive drug in pregnancy*

Year	2003	2004	2005	2006	2007	2008
Number of parturient women	36	45	49	31	27	33

Source: Croatian Institute of Public Health

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

At the beginning of this subchapter, it is important to describe the process and methodology of data collection for drug induced deaths and drug related deaths in Croatia in order to explain the quality of the information provided below.

The institution that carries out research on causes of death in Croatia is the Central Bureau of Statistics, which collects data on deceased persons from the entire Croatian territory and is responsible for the comprehensiveness of data. The Statistical Report on Deaths (DEM-2) contains a Death Certificate based on which the basic cause of death is defined. CIPH is responsible for the entry of basic causes of death and mortality statistics data. Encoding is carried out manually and centrally in the Department of Medical Demography and based on the definition in Volume 2 of the International Classification of Diseases and Conditions – 10<sup>th</sup> revision (MKB-10), which has been used for the coding of basic causes of deaths since 2005.

The mortality database, administrated by the Central Bureau of Statistics, apart from demographic data, also contains the cause of death marked with a four-digit code, whereas annual mortality table presentations are shown by three symbol codes according to disease groups. Since 2003, CIPH has been conducting a public health research based on a Death Certificate by which the following data are processed: name and surname of the deceased person, personal identification number and name of hospital, if the person died in one.

As a result of long-term cooperation of the Department of Medical Demography and the Register of the Persons Treated for Psychoactive Drugs Abuse, every drug-related cause of death is registered. It means that, if in a Death Certificate there are data based on which it could be suspected that the death is a result of narcotic drug use or there is any addiction information, it should be checked if the person is registered in the Register of the Persons Treated for Psychoactive Drug Misuse prior to encoding the main cause of death. If he/she is a registered addict, the cause of death is immediately entered. When entering certain specific causes of death such as HIV, Hepatitis B and C, checks are made on whether the deceased person is registered as a drug addict. In such a way the Register monitors the main cause of death of registered addicts, as well as the register of persons who died as a result of taking drugs and were not registered. Drug-related deaths of persons who were not recorded in the system until the moment of death are entered into the Register following toxicological test results.

This year, CIPH is not able to submit complete and accurate data on drug related deaths for 2008 due to the legislative changes in the field of statistics. As a result of streamlining of relevant national legislation with the EU acquis, the Central Bureau of Statistics is no longer able to provide data for the General Mortality Register at the CIPH in the previous mode, due to stricter provisions on personal data protection. Currently, both institutions are trying to set up a special agreement on this issue, probably by defining a proper identifier, which will enable them again to accomplish their regular assignments. Because of these justified reasons, Croatia is currently unable to submit Fonte tables for the DRD indicator (ST5 and ST6) for 2008. Therefore, in this chapter we will use the data from the Report on Treated Persons for Psychoactive Drugs Misuse in Croatia for 2008 of the Croatian Public Health Institute, and compare them with the data submitted earlier to the Fonte system. CIPH's Report on treated persons for 2008 does not contain all Death Certificate data for persons whose test findings were sent for a toxicologic analysis, following the decision of a coroner, because such information arrives later, and these particular data arrived after the ban of sending private data from the Central Bureau of Statistics to the CIPH had already been in place.

Compared to the general population of the same sex and age, drug addicts bear a greater risk of death. Here we are referring to all drug-related deaths, which are a consequence of



overdoses, as well as deaths resulting from long-term drug use of risky behaviour by addicts. An analysis of the data from the CIPH's Report on all deceased persons between 2000 and 2008 shows that the number of deceased persons is growing (from 77 in 2000 to 165 in 2007). In 2008, the drug-related deaths of 116 persons have been registered so far. The increase in the number of deceased persons can be explained by the ever-growing presence of drugs in the general population, and more toxicological analyses and a better cooperation of experts when it comes to determining death causes. The latter is a very important factor in obtaining mortality data, because the entire system for the gathering of mortality data has been improved in the last few years. CIPH has been updating the missing information on Death Certificates (primarily due to the lack of outer cause for violent deaths, autopsy results and toxicological analysis). In such a way it is possible to monitor a continuous decline of unknown deaths from 6% to 1% (Reports on deceased persons in Croatia, CIPH).

Table 6.7 - Number of drug (direct and indirect) related deaths, by county and year of death

County	2000	2001	2002	2003	2004	2005	2006	2007	2008*	%	Total*	%
City of Zagreb	19	35	33	36	29	43	43	35	38	32.8	311	30.7
Zagreb	1	1	3	2	4	8	5	3	7	6.0	34	3.4
Krapina-Zagorje	0	0	1	0	0	0	0	0	0	0	1	0.1
Sisak-Moslavina	0	1	1	0	0	1	0	1	0	0	4	0.4
Karlovac	0	0	0	0	0	0	1	2	0	0	5	0.5
Varaždin	3	0	2	3	4	5	3	3	1	0.9	24	2.4
Koprivnica Križevci	1	0	1	0	1	0	0	1	0	0	4	0.4
Bjelovar-Bilogora	0	0	0	0	0	0	0	0	0	0	0	0
Primorje-Gorski Kotar	5	11	9	11	16	20	8	19	4	3.4	103	10.2
Lika-Senj	0	0	0	0	0	0	1	1	0	0	2	0.2
Virovitica-Podravina	1	0	0	1	2	0	0	2	2	1.7	8	0.8
Požega-Slavonia	0	0	1	0	0	0	1	0	1	0.9	3	0.3
Brod-Posavina	1	0	0	1	0	2	2	2	4	3.4	12	0.2
Zadar	14	9	10	6	14	8	8	12	12	10.3	95	9.4
Osijek-Baranja	1	2	1	4	2	0	2	13	5	4.3	30	3
Šibenik-Knin	3	1	1	9	8	1	3	8	6	5.2	46	4.5
Vukovar-Syrmium	1	1	1	4	3	0	3	4	1	0.9	19	1.9
Split-Dalmatia	15	15	19	16	22	18	17	31	26	22.4	181	17.9
Istria	7	10	7	9	8	8	10	17	4	3.4	81	8
Dubrovnik-Neretva	3	2	3	3	4	4	3	9	3	2.6	34	3.4
Međimurje	2	1	0	1	2	3	2	1	0	0	12	1.2
Other country	0	0	0	0	0	0	0	1	2	1.7	3	0.3
<b>CROATIA TOTAL</b>	<b>77</b>	<b>89</b>	<b>94</b>	<b>109</b>	<b>122</b>	<b>125</b>	<b>115</b>	<b>165</b>	<b>116*</b>	<b>100</b>	<b>1012*</b>	<b>100</b>

Source: DEM-2 and Croatian Institute of Public Health

\* Preliminary data

The analysis of the mortality data concerning registered addicts and drug-related deaths by counties in 2008, it is clear that the most deaths were registered in the City of Zagreb (30.8%), followed by Split-Dalmatia County with 22.4% and Zadar County with 10.3%. The analysis of the data from the report period (2000-2008) shows similar, but not identical trends. The most deaths were registered in the City of Zagreb (30.7%), and that figure has been relatively stable

throughout the years. Zagreb is followed by Split-Dalmatia County with 17.9% of the total mortality rate in the report period, where an increase in death cases can be seen in 2008 (22.4%), although there is a decrease compared to the previous year. There were 10.2% of death cases in Primorje-Gorski Kotar County in the report period, and compared to the figure of 3.4% from the previous year, this is a statistically significant drop.

The greatest portion of death cases in these counties is partially understandable because they are the most populous counties in Croatia (the City of Zagreb and Split-Dalmatia County are holding first two places among 21 counties by number of inhabitants and by the number of deceased persons; Primorje-Gorski Kotar County is fifth by number of inhabitants and fourth by number of deceased persons). The same explanation can not be referred to the portion of death cases in Zadar County (9.4% in the report period, or 10.4% in 2008 among all drug-related deaths in Croatia), which is on the eleventh most populated county and thirteenth by number of deceased persons. All of these statistics, as well as the highest rate (567.1) of treated addicts per 100 000 inhabitants (aged 15-64) in Zadar County in Croatia, indicate that it is necessary to monitor situation, search the causes of problematic issues related to drugs and adjust new harm reduction programs in this county.

In the report period, more men abused psychoactive drugs than women. According to treatment data, the ration of men and women in the report period remained stable at 4.8:1, while the ration of deceased men and women in the same period was 10.4:1.

If we focus solely on death causes, among all the data about death cases related to drug use from the Registry for Treated Psychoactive Drug Addicts it is evident that 65.8% (666) of persons out of 1,012 in total died of drug-induced deaths. The portion of overdose deaths in the total number of drug-related deaths in the reported year was 74.0% in 2000 and 53.2% in 2003. In 2008, according to incomplete data, 72.4% deaths were caused by overdoses.

*Table 6.8 - Number of drug induced deaths in period from 2000 – 2008, recorded Registry for Treated Psychoactive Drug Addicts*

Cause of death	2000	2001	2002	2003	2004	2005	2006	2007	2008
Heroin overdose	13	29	10	11	25	21	33	42	36
Methadone overdose	1	4	4	1	12	18	19	21	20
Opiate (unspecified) overdose	43	31	41	45	44	49	16	37	24
Poisoning with more drugs and medicines	0	0	0	0	0	0	0	4	0
Cocaine overdose	0	1	1	1	2	0	0	1	3
Hallucinogen overdose	0	1	0	0	1	0	0	0	1
<b>TOTAL</b>	<b>57</b>	<b>66</b>	<b>56</b>	<b>58</b>	<b>84</b>	<b>88</b>	<b>68</b>	<b>105</b>	<b>84</b>

*Source: Croatian Institute of Public Health*

Since the Demographics Department of CIPH collects mortality data for the Fonte system using different methods (following EMCDDA's guidelines), and since due to the aforementioned termination of usual cooperation with the Croatian Bureau of Statistics it is unable to submit data for drug-induced deaths, we will compare the differences in reports and estimate the number of death cases according to EMCDDA's report. One of the main reasons for the discrepancies between the data from the CIPH's annual Report and the data from the Fonte report system is

that CIPH's annual report was submitted before reporting on drug-related deaths for the previous year had been finished.

*Table 6.9 - Evolution of cases<sup>13</sup> of direct drug related-deaths in period between 2000 and 2008, recorded in Fonte system, ST 6 2008 (3.1.1)*

	2000	2001	2002	2003	2004	2005	2006	2007
ICD version	10	10	10	10	10	10	10	10
Number of cases	51	64	52	57	88	84	72	115

*Source: CIPH, Department of Medical Demography; Fonte system, ST 6 2008 (3.1.1)*

If we compare the variation between two reports we could expect data in Fonte for 2008 with the greatest difference of 10 percent, which still according to the previous year indicates decrease of drug induced deaths.

However, according to the data from CIPH's Report, there was an increase in the number of methadone overdoses in the report period. While in 2000 there was only one case, that figure gradually grew throughout the years, and so in 2008 there were 20 deaths caused by methadone overdose (17.2% in 2008 according to the preliminary data). In the report years there were a total of 100 cases of methadone overdose and 4 cases of medicine overdose in which a toxicological analysis confirmed the presence of methadone. Apart from opiate overdoses, there was also an increase in the number of cocaine overdoses, which is a drug that is increasingly gaining ground in Croatia (in terms of its presence and availability), as well as in the rest of Europe.

The data on the status of treatment of deceased persons are a valuable source of information for further improvement of prevention programs and reduction of drug-related deaths. It has been noted that 74.5% of all deceased persons whose death was related to drug use (not exclusively drug-related deaths) had been registered and treated in the health system, while for 25.5% of death cases the connection of psychoactive drugs with the deaths was registered in the death certificates as a cause of death. The greatest number of deceased persons who were not treated in the health system was in Dubrovnik-Neretva County (21 persons, or 61.8%, out of a total of 34 were not treated), followed by Split-Dalmatia County with 34.8% and Zadar County with 24.2% of untreated persons.

<sup>13</sup> Case definition: F11-F12, F14-F16, F19, X42/T40.0-9, X41/T43.6, X62/T40.0-9, X61/T43.6, Y12/T40.0-9, Y11/T43.6, X44/T40.0-9, X64/T40.0-9, Y14/T40.0-9, X44/T43.6, X64/T43.6, Y14/T43.6

Table 6.10 - Duration (in years) of treatment of deceased persons who died of drug-related causes (2000-2008)

Years of treatment	Opiate (unspecified) overdose	Heroin overdose	Methadone overdose	Cocaine overdose	Poisoning with more drugs and medicaments	Total	%
1-5	137	65	37	2	0	241	56.2
%	59.8	56.5	45.7	66.7	0		
6-10	53	38	30	0	1	122	28.4
%	23.1	33	37	0	100		
11-15	28	9	8	1	0	46	10.7
%	12.2	7.8	9.9	33.3	0		
16-20	8	2	0	0	0	10	2.3
%	3.5	1.7	0	0	0		
21-30	3	3	4	0	0	10	2.3
%	1.3	2.6	4.9	0	0		
<b>TOTAL</b>	<b>229</b>	<b>115</b>	<b>81</b>	<b>3</b>	<b>1</b>	<b>429</b>	<b>100</b>
%	100.0	100.0	100.0	100.0	100.0		

Source: Croatian Institute of Public Health

The treatment of deceased persons using psychoactive drugs lasted from a year to 30 years in the report period. The duration of the treatment with reference to the cause of death shows that in the first five years of treatment 56.2% of the total number of treated persons died, mostly from opiates. The data on the duration of treatment and cause of death shows that the number of deaths caused by overdoses was inversely proportional to the duration of the treatment. Addicts who used psychoactive drugs for years contracted and died from diseases related to addiction. Deceased persons who were treated for more than 20 years mostly died from diseases related to addiction (54.3%).

Table 6.11 - Diagnosis of persons deceased from other diseases according to MKB -10 (2000 – 2008)

Other illnesses	MKB-10	Number	%
Viral hepatitis	B15-B19	22	14.4
Unspecified disease caused by HIV	B24	1	0.7
Malignant tumours	C00-C97	16	10.5
Diseases of blood and blood-forming organs	D70-D77	1	0.7
Psychological and behavioural disorders	F10-F19	9	5.9
Nervous system diseases	G00-G99	4	2.6
Cardiovascular diseases	I00-I99	39	25.5
Respiratory diseases	J00-J99	24	15.7
Digestive system diseases	K00-K99	23	15.0
Genitourinary diseases	N00-N99	2	1.3
Other		12	7.8
<b>TOTAL</b>		<b>153</b>	<b>100</b>

Source: State Bureau of Statistics documentation) and CIPH

According to the data from the report period, the majority of persons died from cardiovascular diseases (25.5%), followed by respiratory diseases (15.7%), digestive system diseases (15.0%) and viral hepatitis (14.4%). A classification of deaths by diagnosis shows that the majority of persons died of chronic viral hepatitis C (22 persons), followed by deaths caused by liver fibrosis and cirrhosis (16) and pneumonia (16).

Between 2000 and 2008, the portion of deaths caused by diseases amounted to 15.9% of the total number of drug-related diseases. For 63 persons (6.2%), the cause of death was an accident, and for 40 persons (4.0%) the cause of death was suicide.

*6.12 - Number of drug-related deaths (2000-2008) according to specific causes, recorded Registry for Treated Psychoactive Drug Addicts*

Cause of death	2000	2001	2002	2003	2004	2005	2006	2007	2008
Intoxication with medicines	1	0	2	2	2	1	1	2	6
Intoxication with sedatives	0	0	1	0	0	0	3	1	0
Accidents	3	4	5	7	9	9	6	12	8
Suicide	1	5	6	10	4	4	3	5	2
Murder	0	0	0	3	0	0	0	2	0
Alcohol poisoning	0	0	0	0	0	0	0	1	0
Unknown	6	0	6	12	6	6	11	2	5
<b>TOTAL</b>	<b>11</b>	<b>9</b>	<b>20</b>	<b>34</b>	<b>21</b>	<b>20</b>	<b>21</b>	<b>25</b>	<b>21</b>

Source: Croatian Institute of Public Health

The number of these death causes seems to be stable over the years, but it still indicates the need to prevent further harm and death incidences among persons in Croatia involved in the drug experimenters' and drug addicts' behaviour.

In CIPH cohort study on opiate addicts' mortality in the City of Zagreb was conducted. Due to the good cooperation over the years between the Registry for treated psychoactive drug addicts and General Mortality Database has made it possible to plan a cohort study on drug addict mortality. With the help and advice of an expert from Spain it was decided to use this cohort study to investigate the mortality of registered addicts in the territory of the City of Zagreb for the period 2000-2006. The Croatian cohort study was classified as the retrospective-dynamic, one on the temporal relationship between the initiation of the study and the occurrence of the event. In cohort mortality study was decided to analyze the data for opiate drug users 15-49 years old who started the treatment before and during the study period, between the January 1st 2000 and the December 31st 2006 and lived in the City of Zagreb. All necessary data for this cohort study were taken from the Croatian Registry of Treated Psychoactive Drug Addicts and General Mortality Database and appropriate legislation on the data protection was respected. Total number of persons involved in Zagreb cohort was 3 059 (in the age between 15 and 49 years), among them 2384 males, and 675 females. There were 140 deaths (126 males and 14 females). Mean age of the enrolment in the cohort study was 27 years (27.2 years for males and 26.4 for females). The results also showed that leading cause of death among males were overdoses (64 deaths due to overdose out of which 2 deaths by suicide) as well as among females (6 deaths due to overdose out of which 1 death by suicide).

*Table 6.13 - Causes of death among drug users who had been admitted for treatment in the study period*

<b>Death Causes (ICD10)</b>		<b>Male</b>	<b>Female</b>	<b>Total</b>
Overdose (T40)	Accident (X40-X599)	62	5	67
	Suicide (X60-X84)	2	1	3
Other violent (not drug related)		17	2	19
Circulatory diseases (I00-I99)		9	0	9
Liver diseases (K70-K77 + B15-B19)		5	1	6
Neoplasm (C00-C97)		5	0	5
Respiratory diseases (J00-J99)		4	1	5
HIV (B20-B24)		1	0	1
Other		2	0	2
Unknown (R98, R99)		19	4	23
<b>TOTAL</b>		<b>126</b>	<b>14</b>	<b>140</b>

*Source: Croatian Institute of Public Health*

## 7 Responses to Health Correlates and Consequences

Many blood-borne diseases like HIV, hepatitis B and hepatitis C are related to drug use. Here we do not refer only to the prevalence or incidence of these diseases, but also to risk factors contributing to their transmission (sharing needles, syringes and other equipment; risky sexual behaviour, etc.). Activities aimed at reducing the spread of blood-borne diseases occupy a special position in the fight against drugs. According to the current estimates, over 60% of new hepatitis B and C infections are diagnosed in persons who took illicit drugs intravenously during the six months prior to the first symptoms disease (Katalinić, 2009). Treatment of health consequences is primarily provided by the general health-care system (e.g. emergency physicians, psychiatrists).

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

In Croatia, there are still a rather limited number of interventions aimed at the prevention of drug-related deaths, however the improvement is visible from year to year. Apart from the activities of the national network of Services for Prevention and Outpatient Addiction Treatment, which are covering broad scope of prevention and outpatient treatment, non-governmental organisations in the field have a prominent role. One segment of available harm reduction programmes in Croatia is focused on providing information on harmful effects of drug use, including risk of overdose, to drug users. Non-governmental organizations are strongly engaged in the publishing educational and informational material. Clients are not informed only on dosages, safe injecting and different risks of drug use, but also on how to react in cases of overdose, and the methods of providing first aid to a person in need (e.g. cardio-pulmonary resuscitation).

The "LET" Life Quality Improvement Organisation issued its second amended edition of the handbook "Harm Reduction Programmes". The handbook describes needle and syringe distribution programmes, substitution treatments, programmes aimed at preventing the spread of HIV/AIDS in the intravenous drug user population, and field work with addicts. Furthermore, it gives examples of harm reduction programmes on the local, national and international level, with the clearly stated need for an inclusion of NGOs in the Croatian harm reduction network. It also contains information about blood-borne diseases, means of their transmission, protection methods, symptoms, facilities that provide free and anonymous testing, and advice on how to act in case of an overdose (Jovović, I., Mardešić, V., 2008).

Naloxon, an opiate-receptor antagonist also plays an important role in saving the lives of overdosed patients. It is available in Croatia as a clinical medicine in emergency wards and hospitals, as well as in pharmacy stores on prescription, but is not covered by health insurance.

### 7.2 Prevention and treatment of drug-related infectious diseases

Harm reduction programmes are highly specialized programmes intended for active intravenous drug users, a population with a high-risk lifestyle. Harm reduction programmes are an integral part of activities relating to public health which were adopted in by the Croatian Parliament in 1996, and which are recognized and encouraged by the Ministry of Health and Social Welfare. The main goal of *Harm reduction* activities is to reduce the risk of the spreading of blood-borne diseases HIV/AIDS, hepatitis B and hepatitis C.

Today there are 4 non-governmental organizations<sup>14</sup> and one institution<sup>15</sup> active on a regular basis at different locations countrywide where harm reduction programmes are conducted.

The “HELP” association has one drop-in centre in Split and mobile units providing needle and syringe exchange programmes in the cities along the coastline, which include Split, Dubrovnik, Makarska, Šibenik, the islands of Korčula, Brač and Hvar, as well as in Osijek, which is an inland city in the Eastern Croatia. The “LET” association is active in the Zagreb area at 12 locations (in 2007 there were 8 locations), where mobile units provide needle and syringe exchange programmes. In the Primorska-Goranski County, but to some extent in the neighbouring counties as well, harm reduction programmes are provided by the Terra association. In the scope of their work there is a drop-in centre in Rijeka, and a network of mobile units and outreach workers. In addition to harm reduction programmes, they also provide counselling for drug users. Needle and syringe exchange programmes are available in Rijeka, Lovran, Labin, Delnice and the islands Cres, Krk, Mali and Veliki Lošinj. As mentioned before, Terra used to be active in some parts of Istria County, but since 2007 the “Institut” association from Pula took the lead in harm reduction and established the network of 14 outreach workers across the county. Harm reduction programmes are carried out by the Croatian Red Cross in Zagreb, Zadar and Nova Gradiška. At the beginning of this year, the Croatian Red Cross expanded its presence to Krapina and Zabok. As a part of the Croatian Red Cross's activities, there is a drop-in centre in Zagreb.

Harm reduction programmes mostly include the distribution and collection of needles and syringes; distribution of condoms, distilled water ampoules and tampons soaked in alcohol; dissemination of educational materials, testing for hepatitis B, hepatitis C and HIV, referrals for testing, etc.

Table 7.1 shows the number of the distributed equipment and educational materials in the aforementioned organisations in 2008. The equipment that was distributed the most consisted of needles (687 848 pieces), followed by syringes (256 046), condoms (38 423) and educational and informational material (14 563).

*Table 7.1 - Number of distributed equipment and educational materials in 2008, by Croatian Red Cross and NGOs*

Croatian Red Cross and NGOs	Distributed equipment and educational materials			
	Condoms	Needles	Syringes	Educational material
Croatian Red Cross	2 289	31 009	27 565	-
Institut	2 930	21 025	16 955	302
Terra	15 564	61 139	58 983	2 745
LET	5 640	61 953	63 173	1 516
HELP	12 000	512 722	89 370	10 000
<b>TOTAL</b>	<b>38 423</b>	<b>687 848</b>	<b>256 046</b>	<b>14 563</b>

*Source: Office for Combating Narcotic Drugs Abuse*

Table 7.2 shows the number of distributed equipment and educational material in 2008. A total of 202,808 needles and 58,903 syringes was collected.

<sup>14</sup>Terra, LET, HELP, Institut

<sup>15</sup>Croatian Red Cross



Table 7.2 - Number of collected equipment in 2008, by Croatian Red Cross and NGOs

Croatian Red Cross and NGOs	Collected equipment	
	Needles	Syringes
Croatian Red Cross	14 744	14 744
Institut	3 980	3 980
Terra	2 145	2 145
LET	11 570	10 985
HELP	170 369	27 049
<b>TOTAL</b>	<b>202 808</b>	<b>58 903</b>

Source: Office for Combating Narcotic Drugs Abuse

Table 7.3 shows the total number of users, as well as the number of old and new users of harm reduction programmes. In 2008, 4 594 people used the services of the Croatian Red Cross and various NGOs in Croatia. Out of the total number of participants, 546 (11.9%) people started participating in the program in 2008, while 4 048 (88.1%) people were users who had been involved in harm reduction activities in previous years as well. The greatest percentage of newcomers (18.6%) was registered in the "Institut" association. These data are not surprising considering the fact that the "Institut" association expanded its presence to the entire Istarska County in the previous year.

Table 7.3 - Persons included in harm reduction programmes in 2008 in Croatian Red Cross and NGOs

Croatian Red Cross and NGOs	Persons included in harm reduction programmes		Previously registered		Newcomers	
	Total	%	Total	%	Total	%
Croatian Red Cross	1 754	100	1 612	91.9	142	8.1
Institut	183	100	149	81.4	34	18.6
Terra	755	100	637	84.4	118	15.6
LET	402	100	370	92.0	32	8.0
HELP	1 500	100	1 280	85.3	220	14.7
<b>TOTAL</b>	<b>4 594</b>	<b>100</b>	<b>4 048</b>	<b>88.1</b>	<b>546</b>	<b>11.9</b>

Source: Office for Combating Narcotic Drugs Abuse

Although the associations gathered information mostly about the sex structure of harm reduction programme users, it is impossible to produce a table showing the sex distribution of users due to a lack of information about a part of the user population. Instead, information handled by OCNDA at the moment will be presented. In the future, information about all users will be collected, as planned.

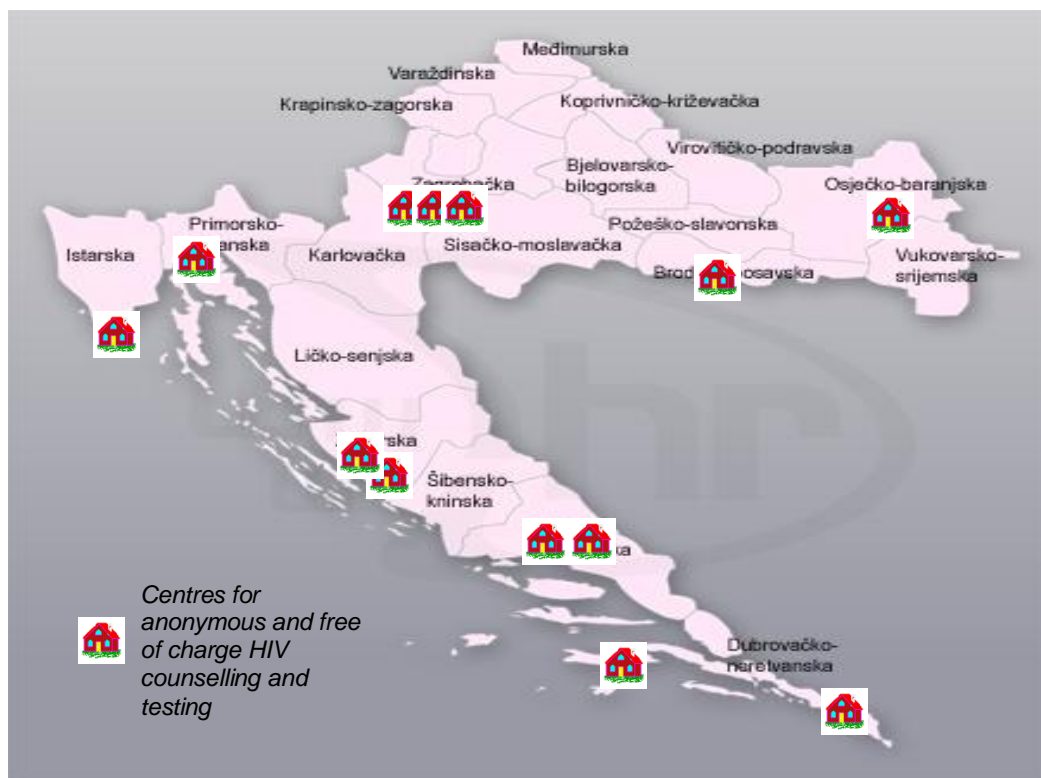
Out of the total number of persons who used the services of the Croatian Red Cross (1 754), 80% (1 403) of the users were male, while 20% (351) were female. 87.4% (660) men and 12.6% (95) women were included in the "Terra" association's programme. 93% (930) men and 7% (70) women used the services of the "HELP" association. The association currently has no data concerning the sex of other 500 users in cities of the Split-Dalmatia County and Dubrovnik-Neretva County. NGO and Croatian Red Cross workers stress that the actual numbers of female users of harm reduction programmes are somewhat higher than those shown (due to indirect users), since it was noticed that men often took clean equipment for their female partners.

In order to prevent the spread of blood-borne diseases, the aforementioned organisations clean the environment (school playgrounds and parks) from discarded equipment (needles, syringes). For example, the "Institut" association collected 49.9 kg of infectious waste and managed it in cooperation with company "Eko-Planet", Ltd. 22 addict volunteers participated in the "Institut" association's ecologic actions. They took action 403 times at 53 locations in 2008.

Centres for free of charge and anonymous HIV testing and counselling (VCT) were founded as a part of the project by the Ministry of Health and Social Welfare titled "Improvement of Fight against HIV/AIDS in Croatia", funded by GFATM (Global Fund to Fight TB, AIDS and Malaria). From 2003 to 2006 (the duration of the project), 10 centres were opened in Croatia. They were integrated into the existing health system, which improved the availability of HIV counselling and testing. Following the conclusion of GFTAM's project, the Centres were funded through the program of the Ministry of Health and Social Welfare titled "Operation of Centres for Voluntary, Anonymous and Free HIV Counselling and Testing). In the past two years, three more centres have been opened.

Map 7.1 shows the locations of centres for anonymous and free of charge HIV testing and counselling. There are three centres in Zagreb (at the Croatian Public Health Institute, "Dr Fran Mihaljević Clinic for Infectious Diseases, and Prison Hospital), eight centres at county institutes for public health and their subsidiaries (in Dubrovnik, Korčula, Osijek, Pula, Rijeka, Slavonski Brod, Split and Zadar), as well as at the Croatian Red Cross in Zadar and "HELP" association in Split.

*Map 7.1 – Overview of Centres for anonymous and free of charge HIV counselling and testing in Croatia in 2008*



Source: Office for Combating Narcotic Drugs Abuse

The centres are a part of the Croatian National Programme for Combating HIV/AIDS (2005-2010).<sup>16</sup> They are open to all persons who wish to be tested for HIV and who are in need of counselling and help regarding HIV/AIDS. The services provided in those centres are free, anonymous and voluntary. Apart from testing, the centres offer counselling on adopting a positive attitude and lifestyle. The centres aim to reduce stigmatisation and discrimination, and

<sup>16</sup>The National Strategy for the Prevention of HIV/AIDS for Croatia (2005-2010) was adopted on October 28<sup>th</sup>, 2005, at the 115<sup>th</sup> session of the Croatian Government.

improve the social integration of HIV patients. From 2003 to 2008, the centres offered 16 735 counselling sessions for 9 219 persons, while 8 969 persons were tested for HIV (60 persons were tested positive in the report period). The HIV testing procedure is carried out on one blood sample in laboratory conditions, using findings confirmation methods that ensure a high reliability of tests. The laboratory analysis lasts for a few days, after which the findings are directly communicated to the person being tested, and no one else. The so called "quick tests" are unreliable because of the probability of false positives. VCT ensures confidentiality between the patients and the staff during testing and counselling, with a complete protection of the testee's identity, regardless of the test results. Thanks to the coding process, the technology of the VCT guarantees complete anonymity of the data from the interview, counselling and testing. Since anonymity is guaranteed, the decision to inform one's friends, acquaintances, family or the public is left to the testee. VCT intends for each individual to find his/her own way of dealing with the dangers of HIV infection, with the necessary counselling and cooperation.

The treatment of addicts in the Services for Prevention and Outpatient Addiction Treatment includes regular urine tests (using so called quick tests) for drugs and their metabolites, as well as capillary blood tests for HIV, HCV, HVB and syphilis. There were 27 738 urine tests in total, which is, on average, 2 312 tests per month (1 935 tests in 2007, 1 639 tests per month in 2006). The greatest number of tests was carried out in the City of Zagreb (5 327), followed by Split-Dalmatia County (3 650), Zadar County (2 274) and Osijek-Baranja County (2 352). The number of capillary blood tests was much lower. Thus in 2008, there were 1 388 blood tests, amounting to 116 tests per month, on average. The greatest number of capillary blood tests was carried out in Split-Dalmatia County (411), followed by the City of Zagreb (402) and Zadar County (319) (CIPH, 2009).

### **7.3 Responses to health correlates among drug users**

Although according to the available data there is a need for dual disturbance treatment services, in Croatia there is an obvious shortage thereof, both for adults and adolescents. If a person suffers from some other psychiatric illness apart from addiction, an attempt is made to treat both simultaneously. When this is feasible, the aim is to either achieve abstinence from drugs, to reduce harm using some means that do not exacerbate psychical disturbances. A smaller number of addicts are accepted by all psychiatric institutions, which is their obligation in case of emergency situations and patients with severe psychiatric diseases (e.g. psychosis, suicide propensity). Drug use during pregnancy is a major risk both for the mother and the fetus. If a person suffers from heroin addiction, the use of opiate agonists is preferred over the curing of the habit. The treatment of the baby, in case of the abstinence syndrome, is performed by neonatologists, if required.

All other healthcare branches that treat addicts every day respect the basic principle of addiction treatment - as a chronic recidivist disease. Addicts undergoing a maintenance treatment continue with the treatment on the very day of admission in any hospital ward, in accordance with the instructions of a competent addiction prevention centre.

## 8 Social correlates and social integration

The relation between drug abuse and social exclusion is not necessarily a causal one, because social exclusion does not apply to all drug consumers. However, drug use is often a cause or consequence of lack of economic resources, social isolation, and limited access to social and civil rights. If drug user is in living in such condition the state need to reply with appropriate programs of social reintegration. The Project of Social Reintegration of Drugs Addicts, adopted by the Croatian Government in 2007, was improved and achieved significant progress in 2008. Project helps persons who have successfully completed the treatment, rehabilitation, drug-abstention treatment in a therapeutic community, prison or health institution to finish occupational retraining or further education as well as promoting their employment.

### 8.1 Social exclusion and drug use

Long term and frequent drug use can easily lead to solitude and social exclusion. The multilayered and dynamic nature of drug problem often gradually disables people to have an active and constructive role in the society. Subsequently to their behaviour, drug users are often confronted with unstable family situation, homelessness, unemployment, prostitution, crime activities and everything what falls within the compass.

Looking at the statistics of the socioeconomic background of Croats it is noticeable that the situation is difficult for the entire population of Croatia and not only for socially excluded people. According to the calculation of the Independent Trade Unions of Croatia for a four or three-member family per month, the average net salary covers only about 79% of the consumer basket costs (food, toiletries, clothes, housing, transport and culture). For subtenant the average salary covers about 62% of everyday costs (Independent Trade Unions of Croatia, Consumer basket sum of 12 month, Reports from 2008). However, the phenomena of homelessness have not reached alarming proportions in Croatia. According to the report from the third National Meeting of Homeless Shelters the number of 448 registered homeless people places Croatia on the bottom of the European list in 2008.

Available data on the living status of treated persons (total 7 506) in the Registry of Treated Psychoactive Drug Addicts indicate that there are not many homeless people among registered drug users. Those who are in the need and willing can refer to shelters or to therapeutic communities, in which they are accepted if they are currently avoiding drug use.

Most treated persons, 59.3% (4 454) of them, live with a primary family, 8.7% (656) with their partner, and 11.7% (879) treated persons live with a partner and a child. Therefore it is noticeable that addicts are not isolated from society and their primary or secondary family does not abandon them in the period of their treatment. During the time of treatment 10.8% (810) stated that they live alone and most of them are between 25 and 35 years old. Data on a higher number of treated persons who live with their primary family, though they should have already begun their independent life, does not differ from the general population data on the way of living at that age.

According to the level of education most treated persons, 65.3% (4 902) of them, finished high school, 14.4 % (1 084) finished only primary school, and 1.5 % (115) persons did not even finish primary school. 353 persons finished two-year college or faculty, and they make 4.7% of the total number of treated persons.

Table 8.1 – Number of persons treated for drug misuse in 2008, by age and educational level

Age	Not completed primary school	Completed primary school	Not completed high school	Completed high school	Completed wo year college	Completed faculty	Other	Unknown	TOTAL (%)
<14	9	1	1	0	0	0	0	0	11
15-19	18	151	255	154	0	0	2	14	594
20-24	21	201	165	875	15	1	3	33	1 314
25-29	28	259	150	1 395	51	35	6	41	1 965
30-34	23	243	129	1 256	52	66	2	39	1810
35-39	3	113	71	644	24	33	2	21	911
40-44	7	61	38	318	17	17	1	19	478
45-49	2	35	7	188	11	14	1	15	273
>50	4	20	8	72	6	11	0	29	135
<b>TOTAL</b>	<b>115</b>	<b>1084</b>	<b>824</b>	<b>4902</b>	<b>176</b>	<b>177</b>	<b>17</b>	<b>211</b>	<b>7506</b>
<b>%</b>	<b>1.5</b>	<b>14.4</b>	<b>10.9</b>	<b>65.3</b>	<b>2.3</b>	<b>2.4</b>	<b>0.2</b>	<b>2.8</b>	<b>100</b>

Source: Croatian Institute of Public Health

Out of the total number of treated persons, 31.1% were unemployed, 38% of them had a permanent job, and 12.7% were temporary employed.

Unemployment as huge current social problem affects also people treated for drug abuse. Still, 56% (4 204) of treated persons have incomes whether from permanent, temporary employment or pension. 10% (751) of them are in the process of education and most of them undergo treatment because of the non-opiates.

Education and employment of treated persons represents a very important element in the process of suppressing addiction patterns in behaviour. Therefore, the national project of social reintegration of drug addicts, involving the whole spectre of state institutions, is trying to assist treated persons to accomplish their rights regarding education and employment, and lead them towards social stability.

The figures on living status, education and employment among persons who are in the system of treatment indicates that in average there are more people fortified with protective factors in their lives during the treatment. Poverty and lack of material resources which is always connected with problematic drug use significantly influences different life aspects and can lead to social exclusion, but once people decide to change their path, the social care system in Croatia is capable to respond to their needs.

In 2008 there were no specific scientific studies about correlation between taking drugs and prostitution, homelessness and other socially excluded groups.

## 8.2 Social reintegration

The Project of Social Reintegration of Drugs Addicts, adopted by the Croatian Government in 2007, was improved and achieved significant progress in the course of 2008. Just as a reminder, the Project consists of two main components: occupational retraining and further education, and second, employment promotion. It targets drug addicts who completed a rehabilitation and detoxification programme in a therapeutic community or prison, and addicts undergoing treatment outside the hospital who have been successfully abstaining from drugs for a longer period of time and complying with the prescribed therapy. The main goal of the Project is systematic and permanent resolution of the question of social reintegration of addicts after having successfully completed the treatment, rehabilitation, drug-abstention treatment in a therapeutic community, prison or health institution through creating an adequate reintegration model of drug addicts in communities.

Regarding the fact that there is a large number of state administration bodies and institutions on the national and local level included in the implementation of the Project, the Office for Combating Narcotic Drugs Abuse (OCNDA) created the database for monitoring and evaluation of the Project so that the implementation results could be efficiently evaluated, the implementation results measured and all interested citizens informed about the Project and its implementation.

The procedures of including the addicts into education and employment programmes are described in detail in the Activities and Cooperation Protocol for competent state bodies, institutions and civil society organisations in the implementation of the Project of Social Reintegration of Drugs Addicts, adopted as a separate document by the Government of the Republic of Croatia on 27 September 2007. The main goal of the Protocol is to precisely define the competencies and responsibilities of the leaders in the implementation of the project measures and activities both on the national and local level, as well as the forms, ways and contents of cooperation between them, and in such a way assure efficient implementation of project activities.

Furthermore, in the Annual Employment Incentive Plan for the year 2008, adopted by the Government of the Republic of Croatia in March 2008, based on the National Employment Action Plan for the period 2005 to 2008, additional measures for stimulating employment of rehabilitated addicts were included, such as possibilities of employment in the jobs specific for that population group, stimulation of self-employment, creation of possibilities for addicts to use more measures from the Annual Plan and other measures at the same time. In accordance with the aforementioned Annual Plan, the measures targeting at treated drug addicts were Measure 4 - Co-financing employment of special groups of unemployed persons, Measure 6 - Financing education for the unknown employer, Measure 7 – Public Works and Measure 8 – Public Works – Individual projects, whereas their implementation falls within the scope of activities of the Croatian Employment Service.

Apart from the aforementioned, on 18 April 2008, the Government of the Republic of Croatia adopted the Programme for Encouraging Small and Medium-Size Entrepreneurship for 2008-2012, and on 2 May 2008 the Operative Plan for Encouraging Small and Medium-Size Entrepreneurship for 2008, which among others contains the Project “Community Entrepreneurship for the year 2008“. Within this Project a project activity was developed – Support of the development of communities with the aim of including the social problem groups, to which treated drug addicts belong as well, into community work and entrepreneurship.

With the aim to sensitise the public to the Project implementation, press conferences were held, the Project was presented to the County Committees on Combating Narcotic Drugs Abuse and trainings for the holders who were on the local level appointed coordinators for the Project



implementation were organised. During the year 2008 all competent Ministries and other state bodies, in accordance with their competences and responsibilities stated in the Project and the Protocol, carried out project activities with the aim of re-socialisation and social reintegration of rehabilitated drug addicts. According to the reports of competent institutions, during 2008 a significantly bigger number of beneficiaries entered the Project than the previous year.

The Croatian Employment Service started with the implementation of the Project of Social Reintegration of Drug Addicts in regional Service offices. Professional teams of all regional offices of the Croatian Employment Service made contacts with the coordinators of the Social Welfare Centres and Services for Addiction Prevention and Outpatient Treatment, as well as the coordinators from therapeutic communities. Since the occupational retraining and further education programme can start during the addict's stay in a therapeutic community or a penal institution, the Ministry of Justice – the Imprisonment System Administration and the Ministry of Health and Social Welfare started processing the inmates - drug addicts who would be included into programmes during their stay in the institution. The Ministry of Science, Education and Sport as well provided funding and authorised education for the addicts who start with the training programme during their stay in the institution (drug addicts' homes, therapeutic communities and penal institutions) and/or start the education programme according to the recommendation of the competent institution after having completed the treatment.

Since as set out in the Project and the Protocol, a report on the implementation dynamics and results has to be submitted as a part of the annual report on the implementation of the National Strategy and the Action Plan on Combating Narcotic Drugs Abuse, hereafter there is a detailed review of the *Report on the Activities of the Project of Social Reintegration of Drugs Addicts carried out in 2008*<sup>17</sup>.

Based on the reports of the competent ministries and other competent bodies, the OCNDA has compiled the comprehensive Report on the Implementation of the Project of Social Reintegration of Drugs Addicts for 2007, which was adopted by the Committee on Combating Narcotic Drugs Abuse. In cooperation with the Croatian Employment Service, the OCNDA created and harmonised the job list per counties in the Republic of Croatia for 2008, based on which the Ministry of Science, Education and Sport made an offer for occupational retraining and further education programme, which included the list of educational institutions that will implement the programme in the particular counties for the listed jobs. The aforementioned was delivered to all therapeutic communities, the Ministry of Justice – Imprisonment System Administration and published on the Office web page.

It was continued with the presentation of the Project to the County Committees on Combating Narcotic Drugs Abuse, so from the beginning of the Project up till the end of 2008 the presentation of the Project was held in 8 counties. In the Institute of Public Health of the City of Zagreb on 19 June 2008 a regional education targeted at the Project measure leaders in the area of the City of Zagreb, the Zagreb County and the Krapina-Zagorje County, i.e. for the representatives of Social Welfare Centres, regional Employment Service offices, Services for Addiction Prevention and Outpatient Treatment, penal institutions, non-governmental institutions, therapeutic communities, representatives of Employers Associations and the representatives of the County Committees on Combating Narcotic Drugs Abuse.

As already mentioned in the introduction, there is a Project database established in the OCNDA so-called "UZDA", which consists of the Collection of personal data on the beneficiaries of the Project for the purpose of monitoring and evaluation of the individual reintegration programme.

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<sup>17</sup> Report on the Implementation of the Project of Social Reintegration of Drug Addicts for the year 2008, adopted at the meeting of the Committee on Combating Narcotic Drugs Abuse of the Government of the Republic of Croatia, held on 17 March 2009

During 2008 the OCNDA kept the Collection of personal data on the Project beneficiaries on individual monitoring forms of the reintegration programme, provided by the institutions responsible for monitoring and implementation on the local level. There is a specific link on the OCNDA web page where the following information is available.

- Possibilities of including the addicts from the target group into the Project, such as possibilities of occupational retraining and further education, realisation of the measures from the Annual Employment Incentive Plan and the Operative Plan for Encouraging Small and Medium-Size Entrepreneurship, a list of high-demand jobs per counties and educational institutions that are carrying out occupational retraining and further education programmes, individual monitoring forms of re-socialisation programmes and other relevant information about education and employment.
- A list of institutions and non-governmental organisations included in the Project implementation, the Activities and Cooperation Protocol for competent state bodies, institutions and non-governmental organisations in the implementation of the reintegration project.
- Relevant information for potential employers about the addicts from the target group who completed the programme of occupational retraining and further education.
- Reports on the implementation of the Project on the national and local level

Picture 8.1 – IT Database UZDA which is hosting Collection of personal data of clients participating in the Project of Social Reintegration of Drugs Addicts

The screenshot shows the UZDA web interface. At the top, there is a navigation menu with icons for 'Ovisnici', 'Udruge', 'Županije', 'Pomoćni podaci', 'Korisnici', 'Backup', and 'Logout'. Below the menu, the title 'Udruge' is displayed. The main content is a table with columns: 'Naziv', 'RegistarSKI broj udruge', 'Unos', 'Izmjena', and 'Haredbe'. The table lists various NGOs such as 'MRÉZA - udruga za promicanje zaposlavanja', 'Udruga apstinencija za pomoc pri resocijalizaciji - "Porat"', and 'Udruga "PET +"'. To the right of the table is a search filter section with fields for 'Naziv', 'RegistarSKI broj udruge', 'Program', 'Županija', 'Unos', and 'Izmjena'. At the bottom of the table, it says '31 results' and there are buttons for 'izvještaji' and 'dodaj'.

Source: Office for Combating Narcotic Drugs Abuse

In the course of 2008 there were 2 meetings of the Expert Working Group for creating and monitoring the implementation of the Project of Social Reintegration of Drugs Addicts, at which the conclusions about the further implementation of the Reintegration Project were made as well as proposals for the measures to stimulate employment, which are required to be included in the Annual Employment Incentive Plan, such as further presentations of the Programme in the counties and organising educations on the regional basis since it is essential for all professional





workers who are responsible for the implementation of the Project on the local level to be included in them.

As one of the leaders of the implementation measures and activities contained in the Project, the Ministry of Health and Social Welfare is in charge of evaluation of health and work ability of addicts within the penal system. Therefore, the Ministry of Health and Social Welfare in cooperation with the Imprisonment System Administration of the Ministry of Justice, provided funding for health examinations of the inmates included in the Project, as well as selection and contracting specialist examinations conducted by doctors, occupational medicine specialists, in the counties where there are prisons or penitentiaries, according to the list of the inmates included in the Project, obtained by the Imprisonment System Administration of the Ministry of Justice. Namely, in 2007, the Imprisonment System Administration conducted a survey among 231 inmates who showed interest in occupational retraining, further education or employment, and signed the Statement on involvement in the Project. During that year it was not possible to conduct medical examinations of inmates regarding the fact that the Ministry of Health and Social Welfare as the leader of this activity did not invite tenders for the selection of occupational medicine doctors. During 2008, 74 inmates interested in getting included in Project activities were polled. In addition, treatment officials conducted additional professional evaluation of the inmates' current health and social status for their inclusion into the entire system of reintegration. Based on the mentioned evaluation, the Imprisonment System Administration during 2007 and 2008 selected the total number of 225 inmates to participate in the Project of Reintegration in the area of the Republic of Croatia. In 2008 the Ministry of Health and Social Welfare selected and contracted the evaluation of medical and working ability of the total number of 93 inmates (out of those interviewed in the course of 2007 and 2008) in the area of the Zagreb County and the City of Zagreb (40 inmates), the Split-Dalmatia County (3 inmates), the Karlovac County (6 inmates), the Istria County (20 inmates), the Primorje-Gorski kotar County (3 inmates), the Dubrovnik-Neretva County (2 inmates), the Lika-Senj County (15 inmates) and the Osijek-Baranja County (4 inmates).

In arrangement with the representatives of the Ministry of Science, Education and Sport and the Agency for Adult Education regarding the provision of financial resources for the implementation of the occupational retraining and further education programmes, a meeting was held, on which the recommended jobs for the candidates chosen from the list were presented, and according to it the required programmes of educational institutions from the list were selected. The mentioned inmate list with all required data was sent to the Ministry of Science, Education and Sport and the Agency for Adult Education for the allocation of financial resources. Treatment officials in prisons and penitentiaries in cooperation with the selected educational institutions drafted an individual programme of occupational retraining and further education for each individual inmate. The competent Social Welfare System was reported about each individual inmate for whom professional orientation and evaluation of health and work ability was conducted. Furthermore, the inmates are constantly being informed about the further course of the procedure in the Social Welfare Centre and the regional Employment Service Office before being released.

The Ministry of Science, Education and Sport, based on the list of high-demand jobs in the Counties of the Republic of Croatia, has created a list of educational institutions that will conduct high-demand job programmes throughout the counties. During the implementation of the Project of Reintegration arose the need for updating the afore mentioned list, so the Agency for Adult Education was asked to supply a list of all educational institutions that conduct adult education with all required contact data, which was then sent to competent bodies. During 2008, the Ministry received the total number of 18 individual applications for financing the education of addicts and the application for financing the informatics course in the Home for Addicts „Zajednica Susret“, which started in the year 2008 and will be continued in the year 2009 as well. Nine applications for education came from the penal system, and the educational

institutions where the candidates will continue education were notified about that. One application came from the Social Welfare Centre.

During 2008 the professionals of the Social Welfare Centres, responsible for coordination and mediation in making contacts among the project beneficiaries and competent bodies, worked with 25 persons included in the Project. Furthermore, it is obvious from the reports of the Social Welfare Centres that the project implementation coordinators informed all professional workers from the Centres about the Activities and Cooperation Protocol for competent state bodies and institutions and civil society organisations included in the implementation of the Project of Social Reintegration of Drugs Addicts, and that the contact and cooperation with competent Employment Services, Services for Addiction Prevention and Outpatient Treatment, educational institutions and therapeutic communities has been mainly realised. As for the problems regarding the Project implementation, Social Welfare Centres repeatedly mention the non-existence of the list of potential employers, about which the interested beneficiaries could be informed, and poor turnout of Project beneficiaries (rehabilitated addicts) in the Centres, since they do not feel any need for any Centre services because they can fully rely on their families, which prevents the Centres from properly monitoring the asked individual treatment by using the forms provided.

Regional offices of the Croatian Employment Service are, in accordance with the Protocol, in charge of the following: implementation of professional orientation and evaluation of working abilities; giving opinion about a beneficiary who might enter the education programme; inclusion of beneficiaries into education programmes; reports written by the local Social Welfare Centre and Service for Addiction Prevention and Outpatient Treatment about the beneficiary included in the programme; connecting addicts who completed educational programme with potential employers and keeping them informed about the measures of the Annual Employment Incentive Plan; keeping records of addicts on a specific evaluation form; delivery of evaluation forms to the Office for Combating Narcotic Drugs Abuse; continuous cooperation with the coordinators from the Social Welfare Centres, the Service for Prevention Addiction and therapeutic communities in the implementation of the Project. Regarding the population characteristics, there was also a problem of insufficient motivation of the treated drug addicts to be included into the Project activities. According to the collected data, during 2008 53 users were included in the procedure of professional orientation (informing and/or counselling) and work ability evaluation. However, due to the noticed poor motivation of addicts to get included into organised forms of education and employment, according to the data of the Croatian Employment Service during 2008 only 13 beneficiaries were included in education activities, and for 8 of them the measure of co-financing the education for unknown employer was used. Furthermore, there is a total number of 16 employed Project beneficiaries, and 7 of them used the resources from the Measures for co-financing employment of special groups of unemployed persons

The Ministry of Economy, Labour and Entrepreneurship delivers to the OCNDA the Report on the Implementation of the Project of Social Reintegration of Drugs Addicts in the part that refers to Measure 5 – Co-financing Employment and Measure 6 – Encouraging self-employment and establishing communities during 2008, for which the Ministry was appointed as a project leader together with the Croatian Institute of Public Health (CIPH). The employment was co-financed by the Croatian Employment Service within the Annual Employment Incentive Plan for 2008. The Measures, which were during 2008 oriented towards co-financing of employment of specific groups of unemployed persons, its content comprising co-financing of employment, education, public works and public works for individual projects included the total number of 25 persons – treated addicts, 15 of them not older than 29. Out of the total number of the treated drug addicts included, 11 of them are employed, 11 educated, whereas 4 of them are included in the public works measures. As for the implementation of Measure 6 of the Project – Encouraging self-employment and establishing communities, within the project “Communal entrepreneurship” for 2008, a special activity was defined – “Support for the development of communities with the aim

of including social problem groups into community work and entrepreneurship“. Communities whose members are physical persons facing social problems (drug addicts as well among others) might have volunteered as beneficiaries of this project activity. 16 applications were received for the tender for the project “Community entrepreneurship“, only 2 of which, submitted by the communities of the disabled, were approved. In spite of the public tender and special presentation of the Project supports in public with the aim of establishing social communities, carried out at the regional training on 19, June 2008 in the Institute of Public Health, none of the communities of treated drug addicts submitted an application for using the support.

Measures and activities in the field of encouraging education of treated drug addicts in 2009 will be included in the new plan document based on the priorities established by the Joint Memorandum on Employment Policy Priorities of the Republic of Croatia, which was adopted by the Government of the Republic of Croatia on 24, April 2008. With the National Implementation Plan on Employment 2009 – 2010 start a new cycle of active employment measures. Croatian Employment Service proposed that the Plan should also include the implementation measure for sensitive groups in the labour market, which literally includes the group of treated drug addicts, which will definitely contribute to more successful re-socialisation of the treated addicts.

In conclusion, the Report on the Implementation of the Project shows that its implementation has started in full, and during 2008 many more beneficiaries entered the project than the year before. The problems that prevented larger number of beneficiaries (treated drug addicts) to join the Project were noticed during its implementation. First of all, these are the problems that refer to insufficient sensibilisation of the public, especially businessmen, for the reintegration project, but insufficient self-confidence of the treated drug addicts as well, who think that if they reveal their status, they will not be able to get a job. In addition, the lack of partner cooperation among the holders of the Project measures on the local level was noticed, insufficient information supplied to project beneficiaries (drug addicts) by therapeutic communities, penal institutions and Services for Addiction Prevention and Outpatient Treatment about the possibilities of being included into the Project and its contents, some of the coordinators in the Social Welfare Centres and Services for Addiction Prevention and Outpatient Treatment are not well enough informed about the Project and between the coordinators in regional Employment Service offices and coordinators of the Social Welfare Centre very often there is no cooperation and information flow at all.

Therefore it is necessary to organise permanent trainings on the regional level, because it is important for all professional workers responsible for the implementation of the Project on the local level to participate in them. In the following period the cooperation among the individual leaders of the Project measures in accordance with the Protocol should be improved through meetings, round tables and seminars, in order to increase awareness of the beneficiaries about the measures and contents of the Project and the possibilities of inclusion into it. In cooperation with media, associations, employers associations and trade unions various meetings, educational programmes and similar should be organised with the aim of sensitising the public, in particular businessmen, for the Project of reintegration and stimulating employment of rehabilitated addicts as one of the most important forms of their social reintegration. In such a way the efficiency and implementation of the Project will be improved, and contribute to social reintegration of addicts and reduction of narcotic drug abuse in the society.

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

With the purpose of better understanding the issue, the introduction should contain the basic explanations of the terms used in the text. *Narcotic drugs abuse* can be defined as any illegal trafficking in illicit drugs. For this reason, our legislator in Article 173 of the Penal Code under the title “narcotic drugs abuse” predicted all modalities of narcotic drug misuse, and criminal description of this act contains any unlawful behaviour stipulated in the Conventions signed and ratified by the Republic of Croatia. Two modalities of this 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 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 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. *Narcotic drugs* are any substances of natural or artificial origin, including the psychoactive substances from the List of narcotic drugs, psychotropic substances, plants used to produce narcotic drugs and substances that can be used in the production of narcotic drugs (precursors).

Records on drug-related crime are being kept by the Police, Courts and the General Attorney's Offices. The Police have created a database of reported persons, number of offences and type of narcotics involved in the offences. The courts, criminal and misdemeanour, keep records of the number of prosecuted persons, number and type of pronounced sanctions and sentences, as well as the number of precautionary measures of obligatory treatment. It can be said that the General Attorney's Office possesses the database of the highest quality. They keep records of the reported persons, the number of offences, the type of circulating narcotic drugs, the number of withdrawn criminal charges or criminal charges resolved on the opportunity principle, the number of terminated proceedings, the number of charged persons, the number of convicted persons, the number of filed complaints and their outcome. The only records the General Attorney's Office does not keep are the records of convicted persons and offenders. These records are kept by the Ministry of Justice. Every institution has a separate database and it is possible that they will be interlinked in the future with high data protection mechanisms in order to avoid any potential misuse and leaking.

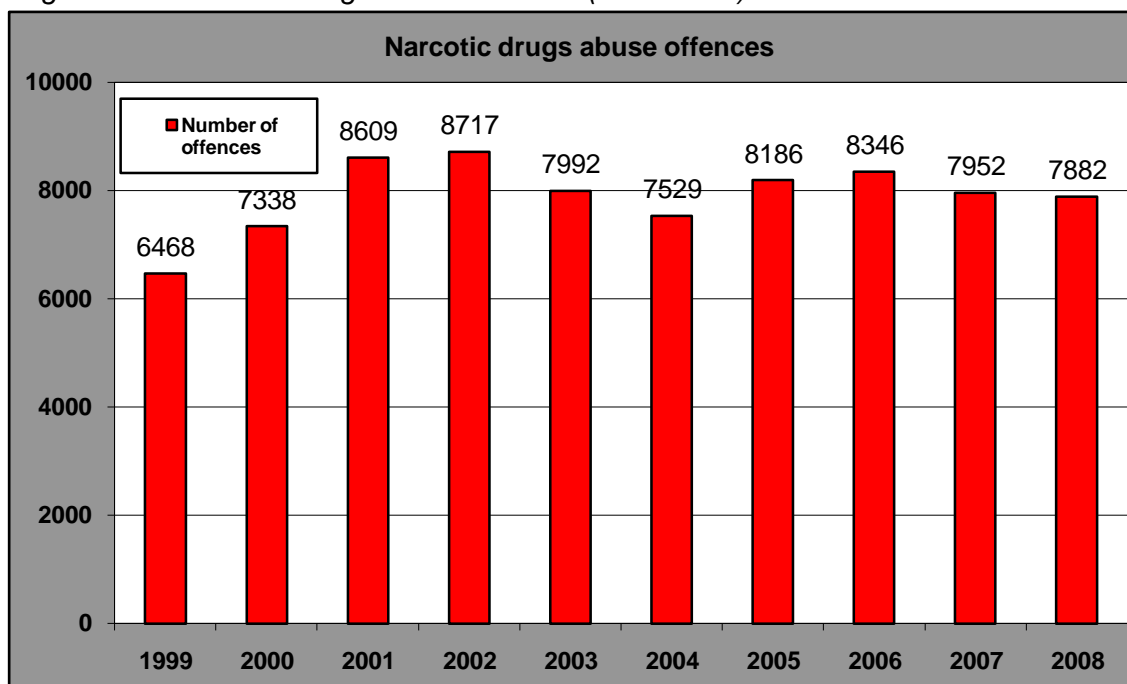
National Strategy on Combating Narcotic Drugs Abuse for 2006-2012, as applied to the prison system, is defined through the acceptance of a mutual relationship between prisons and penitentiaries on one side, and the social community on the other, since prisons are places where addicts stay for a limited period of time, sometimes even very briefly. During that time, all programmes implemented in the community which are also feasible in prison conditions must be made available to them. Therefore, the treatment of prisoners addicted to drugs represents an important part of the National Strategy. Inmates, pre-trial detainees and those convicted of a misdemeanour receive health care that includes a physical examination, counselling, psychiatric help, testing for infectious diseases (hepatitis, HIV) and treatment with methadone or buprenorphine. Education and psychosocial counselling in form of individual or group therapy are administered usually by occupational therapists, then subcontractors in a capacity of a contractor or project supervisor, and non-governmental organisations. Modified therapy communities were formed in Lepoglava Penitentiary and Turopolje Penitentiary as “drug-free departments”, as they are called, as well as former drug addict clubs in prisons. Group therapies with prisoners organised in this manner presuppose the existence of a therapy agreement with an inmate, abstinence control, counselling, work therapy and organised spending of addicted inmates' free time, among other general treatment methods.

At the Prison System Administration of the Ministry of Justice there is the Diagnostics and Programming Department, which administers medical, social, psychological, pedagogical and criminal investigation of inmates for the purpose of drafting an orientation programme and prison sentence terms, as well as suggesting a correctional facility, or prison where the inmate will serve his/her sentence. Apart from that, it monitors the evaluation of diagnostic findings and proposed prison sentence programmes. Drug abuse and inmate addiction data are collected in an appropriate form during the routine diagnostics procedure, and the questionnaire structure and statistical data processing were mostly harmonised with EMCDDA's methodology in 2007 and 2008, so that Standard Table 12 – Drug use among prisoners could be completed.

## 9.1 Drug-related crime

Average share of drug-related offences in the overall criminality on the territory of the Republic of Croatia was 10.61% in 2008, which is almost at the same level as in 2007 (10.85%). In generally, the trend of reporting drug offences by police officers was during the last decade relatively stable. Thus, during 2008 there were recorded in total 7 882 criminal offences related to the abuse and trafficking in illicit drugs, 0.88% less than in 2007.

Figure 9.1 – Narcotic drugs abuse offences (1999-2008)



Source: Ministry of the Interior

As already described in the last years' report, Criminal Code in its Article 173 differs the mildest form (possession) and more complex forms (e.g. trafficking, production, enabling drug use etc.) of criminal offence called "narcotic drugs abuse". Analysis of the structure of reported narcotic drug abuse offences has revealed that in 2007 the rate of more complex forms of this criminal offence exceeded 30% (30.6%) for the first time since the beginning of keeping records for the structure of this type of offence. In 2008, those offences continued to grow (2 878 reports or 36.51%). On the other side, although the reports for possession of illicit drugs are declining, they still make the major part of reported narcotic drug abuse offences (63.49% in 2008). Accordingly, in 2008 there were 5 004 reported possessions of illicit drugs which is 9.2% less than in 2007 (5 513). Such trends are proof of effective work of police officers specialised in the reduction of more complex forms of narcotic drug abuse offence. Conducting comprehensive criminal

investigations requires long-term engagement of significant number of specialised police officers, which cannot at the same time focus on the street reduction. Activities focused at the possession of illicit drugs are primarily under the authority of the uniformed police and several factors probably contributed to lower statistics on possession of illicit drugs, from inadequate number of police officers in certain areas, inadequate training, low-ranking police officers' inadequate understanding of the issue, etc. In order to improve the situation in the forthcoming period, Ministry of Interior has already foreseen serious measures that are, among others, including more police officers that would work on the detection of offences related to the possession of illicit drugs.

The trend of the reduced number of reported offences when compared to previous years is also followed by the trend of the reduced number of reported misdemeanours<sup>18</sup> (4 655 in 2008), which is 11.4 % less than in 2007, against the total number of 4 662 persons.

When it comes to the number of reported persons, again there is a declining trend, with 8% less reported offenders in 2008 (5 225) than in 2007 (5 679) or 13.2% less than in 2006 (6 017). Table 9.1 gives insight into age structure of the offenders reported for narcotic drug abuse offence in the period from 2005-2008, showing that majority of reported persons is moving towards the older age groups. Similar as previous years, persons in the 21 – 25 age group represent the greatest share (27.12%) in the total number of reported persons, which is a bit less than 30.1% in 2007. Unlike the previous years, the group of offenders between 29-39 years of age follows with 22.85%, and the group between 25-29 years takes the third place in this scale with 21.65%. As far as the young adults are concerned (18-21), although the number of reported persons in that age group is declining, it is observed that they are more and more being recruited as couriers.

Table 9.1 - Age structure of the persons reported for criminal offences during 2008

Age group	2005		2006		2007		2008	
14-16	70	1,23 %	73	1,21 %	40	0,70%	27	0.52%
16-18	349	6,11 %	376	6,25 %	213	3,75%	173	3.31%
18-21	1267	22,23%	1166	19,38%	1019	17,94%	857	16.40%
21-25	1719	30,16%	1787	29,69%	1710	30.1%	1 417	27.12%
25-29	1079	18,93%	1189	19,76%	1226	21,58%	1 131	21.65%
29-39	946	16,60%	1086	18,05%	1092	19,23%	1 194	22.85%
39-49	209	3,67 %	258	4,28%	299	5,26%	325	6.22%
49-59	53	0,93 %	71	1,18%	65	1,14%	90	1.72%
59 ≥	2	0,04%	9	0,15%	13	0,23%	11	0.21%

Source: Ministry of the Interior

The decreasing trend of reported minors (14 to 16 years of age) in the total number of persons reported for illicit drug misuse offence continued in 2008 (3.31%). For this phenomenon we cannot provide explanation different than last year: less abuse of cannabis which is the most widely abused psychoactive drug in Croatia. If we look at the data of the State Attorney's Office it has to be noted that State Attorney's Office have different figure of persons reported for criminal offences as besides the Police, every citizen and legal entity can report any criminal offence. Therefore, according to the State Attorney's Office, in 2008 there were 218 minors reported for narcotic drug abuse offence. Even 77.5% were reported for possession of small quantities of drugs for personal use, mostly marijuana. Criminal reports against 146 minors were rebuffed according to the principle of opportunity or purposefulness principle and against

<sup>18</sup> Misdemeanours are reported based on the Act on Combating Narcotic Drugs Abuse.



additional 41 minor reports were dropped due to insignificance of their offence<sup>19</sup>.

The gender correlation of persons reported for illicit drug abuse offence has not changed significantly for several years. During 2008, 10.9% of the total number of persons reported for illicit drug abuse offence were female (9.4% in 2007; 11.3 % in 2006; 9.6% in 2005).

When it comes to the number of foreign citizens reported for narcotic drug abuse offence in the Republic of Croatia, in 2008 there were 1 155 foreign citizens were reported for this type of offence, majority during the summer months.

The data of the Ministry of Interior on the number of criminal and minor offences and the number and quantity of drug seizures by Police Departments, show that the counties with the highest rate of treated drug addicts per 100.000 working-age inhabitants (Zadar County, Istria County, Šibenik-Knin County, Dubrovnik-Neretva County, City of Zagreb, Primorje-Gorski Kotar County and Split-Dalmatia County) at the same time are the counties where the biggest drug seizures were realised, and that the same counties are those with the biggest number of criminal and minor offences reported by the Police. The aforementioned proves the thesis that the most important social factor for narcotic drugs addiction is its increasing availability. However, what seems very encouraging is the data shown in Table 9.2 and 10.2 that in the year 2008 compared to 2007 the number of recorded drug-related crimes pursuant to the Article 173 of the Criminal Code in most counties considerably decreased, as well as the number of narcotic drug seizures. This indicator points to the fact that the Police and judicial activities in 2008 brought to drug supply reduction, which together with a large number of drug supply reduction programmes implemented on the local level, resulted in the decrease of narcotic drugs abuse among youth. As for criminal offences, it is interesting to notice that in the counties with low rate of treated addicts per 100 000 inhabitants such as the Krapina-Zagorje County, the Virovitica-Podravina County, the Osijek-Baranja County and especially the Koprivnica-Križevci County, where the number of drug seizures is increasing, the increase in the number of criminal offences in their area compared to the year 2007 was recorded. The aforementioned indicator warns of the increased drug availability in these areas, which may lead to drug abuse increase, and furthermore, in the next period to a larger number of treatment demands in these areas.

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<sup>19</sup> Detailed information can be found in the Chapter 9.3.

Table 9.2 – Criminal offences processed by Police Departments and correlation between number of offences in 2007- 2008, and reported offences in 2008

County	Number of offences		Correlation between offences for period 2007-2008	Reported offences
	2007	2008	%	2008
Zagreb (county and City of Zagreb)	1 580	1 246	- 21.14	958
Primorje-Gorski Kotar	1 007	854	- 15.19	522
Split-Dalmatia	726	885	<b>21.90</b>	621
Osijek-Baranja	288	310	<b>7.64</b>	140
Istria	1 343	1 630	<b>21.37</b>	930
Zadar	267	244	- 8.61	198
Šibenik-Knin	351	303	- 13.67	196
Dubrovnik-Neretva	511	500	- 2.15	384
Vukovar-Syrmium	280	299	<b>6.78</b>	11
Međimurje	162	72	- 55.55	67
Varaždin	246	144	- 41.46	43
Brod-Posavina	153	164	<b>7.19</b>	54
Virovitica-Podravina	179	199	<b>11.17</b>	20
Koprivnica Križevci	140	367	<b>162.14</b>	46
Lika-Senj	193	182	- 5.69	176
Karlovac	114	116	<b>1.75</b>	76
Sisak-Moslavina	194	130	- 32.98	87
Požega-Slavonia	50	37	- 26.00	1
Krapina-Zagorje	77	110	<b>42.86</b>	95
Bjelovar -Bilogora	91	90	- 1.09	37
<b>TOTAL</b>	<b>7 952</b>	<b>7 882</b>	<b>- 0.88</b>	<b>4 662</b>

Source: Ministry of the Interior

There is no much information on other 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 the Interior systematically keeps track of are the records of drivers who have caused traffic accidents under the influence of drugs.

Table 9.3 - Number of traffic accidents caused, by drivers under the influence of drugs (comparison 2005 - 2008)

Number of traffic accidents caused by drivers under the influence of drugs (comparison 2005 - 2008)					
TRAFFIC ACCIDENTS	2005	2006	2007	2008	2008/2007 +/- %
With persons killed	9	15	13	9	-30.8
With injured persons	52	47	94	59	-37.2
With material damage	13	18	-*	25	-
<b>TOTAL</b>	<b>74</b>	<b>80</b>	<b>107</b>	<b>93</b>	<b>-13.1</b>

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

Source: Ministry of the Interior

In 2008 there were in total 46 773 traffic accidents countywide out of which 93 traffic accidents were caused by drivers under the influence of illicit substances. The major part of those traffic accidents ended with injured persons (59) whilst fatal outcome was registered in 9 cases. The rest were traffic accidents with material damage only. Less traffic accidents that were caused by drivers under the influence of illicit substances in 2008 compared to previous year can be



contributed to traffic safety measures that include testing<sup>20</sup> drivers of motor vehicles on illicit substances. However, it is worrying that young drivers in the age of 18-24 years caused 31 traffic accidents, which is one third of all traffic accidents caused by drivers under the influence of drugs. The consequences of accidents caused by young drivers were alarming: 5 accidents resulted with death persons, 22 with injured persons and 4 accidents with the material damage.

Primary activity of both illicit drug smugglers and users is one of the forms of narcotic drug abuse offence. Drug users usually commit secondary criminal offences in the area of property crime in order to support their addiction. Quite often they commit burglaries in the pharmacies and medical centres as well as forgeries of medical prescriptions to obtain methadone and possibly other medicines. Organised criminal groups are usually engaged in other forms of organised crime, corruption, violent crime and money laundering.

Although there are no systematic records of other drug-related crime, from the Analyses of the Annual Reports of the Ministry of Interior 2001-2005 there are available data on other criminal offences where the offenders are drug addicts or occasional drug users (Klarić 2007, p. 99). Criminal offences that are the most represented among the population of drug users are larceny, aggravated larceny, robbery, extortion and evasion, conceal, forgery of a document and aggravated bodily injury, and they participate with 30-40% in the total number of those criminal offences.

## 9.2 Prevention of drug-related crime

During 2008 the measures targeted at narcotic drug supply reduction (availability) on the illicit drug market were undertaken through combating organised illicit sale and distribution of narcotic drugs in the Republic of Croatia by criminal organisations and groups, directing police activities of specialised police officers toward organised criminal groups that deal with illicit drug trafficking, preventing the organisation of open narco-scenes and combating street trafficking of smaller quantities of narcotic drugs (street reduction with maximum availability reduction), continued drug-testing of drivers in road traffic (preliminary testing), and additional training of traffic police and provision of the equipment required for its implementation. Prevention of smuggling of illicit drugs into the Republic of Croatia and through its territory has been carried out very intensely, as well as the continuous implementation of the measures and actions regarding the issues of international character: international controlled deliveries, previous international police investigations, carrying out international operations, implementation of regular and intensified supervision of state borders, taking the measures for improving passenger control and traffic control at border-crossings (road, railway, river), in airports and ports, formation and use of well-equipped (material-technical means, narcotic detection dogs etc.) border police teams specialised for combating illicit drug trafficking, intensifying the measures targeted at prevention of narcotic drugs smuggling at water borders, continuous trainings on the drug-related topics of border police officers (sea) as well as drug dog guides, assessment of public air traffic (scheduled flights and general air traffic) with the aim of detecting risk flights and other activities. Special attention was put on early detection of money inflow earned by illicit drug trafficking, since money profit makes the most important segment of illicit drug trafficking, and prevention and combating the laundry of money gained by illicit drug trafficking.

The successful cooperation with foreign police, services and organisations (DEA, FBI, SOCA, the Interpol General Secretary, UNODC and others) continued in 2008, by carrying out joint operative actions and controlled deliveries which resulted in considerable illicit drug seizures, but also arrests of persons i.e. groups that were involved in drug smuggling. The Ministry of

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<sup>20</sup> More information can be found in the Chapter 9.2.



Interior Affairs has been continuously conducting professional training on combating drug-related crimes and illicit drug smuggling. This means organising professional working meetings for executive officials responsible for combating smuggling and narcotic drugs abuse, i.e. specialist trainings for criminology officers who perform tasks of combating drug-related crime, as well as participating at international seminars of multidisciplinary character.

Ministry of Interior has very good cooperation at the national level with Croatian Customs Administration (CCA). At import, transit and export, CCA conducts measures of customs surveillance, customs control and customs inspection over all types of transport including transport by container ships, namely using analysis and selection systems and methods through risk analysis and risk indicators, RTG scanning and physical checks of shipments. Within the CCA – Central Office, Service for Customs Controls, a new Department for Risk Management has been established. It is responsible for performing the analyses of risky consignments (in all types of transport, including maritime containerized shipments) using proper methods of risk analysis and data exchange with other competent authorities in the Republic of Croatia and internationally as well. In Departments for Customs Control within Customs Houses, Sections for Risk Management, Anti Smuggling and Investigations have been established. They are responsible for performing selection of consignments and their control and inspection based on proper risk analyses results and information received from the Central Office. Within Headquarters as well within regional Customs houses, CCA has mobile units which are dealing with prevention on trans-border crime and smuggling. Since Ministry of Interior has also mobile units within Border Directorate, there are joint teams which are undertaking certain actions in order to prevent smuggling of drugs, cigarettes, human trafficking and etc. Those units have authority on whole Croatian territory, inland and borders, so all necessary measures of customs and police controls are executed depending on situation or obtained information.

Police continues with their attempts to be visibly present at the places where young people meet, socialise and have fun, and in this way prevent establishing open narco-scenes. Their preventive presence is in particularly important in the vicinity of schools in order protect the youngsters from aggressive drug supply and drug offer. Project “Police in the Community” introduced a contact police officer in majority of residential quarters as a part of uniformed police which should base their work on daily communication with community members in order to jointly prevent and solve problems connected with crime, including prevention of drug-related crime.

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

When it comes to the prevention of driving offence committed under the influence of drugs, traffic police officers in 2008 offered preliminary testing on illicit substances to 849 drivers. Since 191 driver refused to be tested by preliminary testing device, out of 658 tested drivers, 230 were positive for the presence of drugs in the body. Out of 95 drivers who have agreed to provide blood and urine samples for analysis of presence of illicit drugs, in 32 cases drugs were confirmed. The relationship between the total number of drivers tested and submitted criminal charges is 42.2%.

### 9.3 Interventions in the criminal justice system

The Criminal Procedure Act in its Article 175 foresees so-called *opportunity or purposefulness principle*, giving the possibility to the State Attorney to conditionally postpone the prosecution in the case of criminal charges for an offence that is punishable by a fine or imprisonment of up to

3 years (a fine or imprisonment of up to 5 years to a minor). On the basis of the Criminal Procedure Act (Article 175) and the Juvenile Court Act (Article 64), the purposefulness principle is usually being applied in the cases related to the minor offenders. Following this principle, State Attorney can make a decision not to bring criminal charges against a minor, even in the case of a reasonable doubt that the minor has committed an offence, if it is believed that it would not be purposeful, taking in consideration the nature of the offence, the circumstances, the minor's history and character. Therefore, if an expert (social pedagogue or social worker) with the State Attorney's Office determines that the minor has only experimented with narcotic drugs or has committed some other offence which envisages up to 5-year imprisonment, the State Attorney shall not bring charges against the minor, but shall inform a Social Welfare Centre or Service for Prevention and Out-patient Addiction Treatment about the offence in order to provide further procedure for a family and legal protection, as well as counselling. Generally, this principle is applicable also for the adult offenders if on the basis of the specific circumstances (e.g. perpetrators of certain criminal offences that are first time offenders, drug addicts etc.) in the individual case State Attorney decides not to continue with the prosecution. In both cases, a compulsory treatment measure is being pronounced where drug addicted offenders or their parents if they are underage (18 years old) have to sign an agreement that a treatment will be carried out at the Service for Prevention and Outpatient Addiction Treatment. If the treatment programme is attended as agreed, offenders will not be registered as offenders. When it comes to criminal offences related to the drugs abuse as regulated in the Article 173 of the Penal Code, such as possession of narcotic drugs or dealing of small quantities for personal use, purposefulness principle is widely applied in the practice for minors and nowadays also very frequently for adult drug addict.

If we look at the decisions of State Attorneys for juveniles related to the possession of narcotic drugs in 2008, we can notice that in 43,1% of cases with juvenile offenders the criminal report was rebuffed according to the purposefulness principle, and additional 18,8% criminal reports were rebuffed due to 'insignificance' of the offence (e.g. extremely low quantities of illicit substances, there were no harmful consequences, first time offence etc.). In that way it is being diminished repressive approach towards persons caught in possession of small quantities of drugs for personal use. Use of purposefulness principle is being encouraged specifically for juvenile offenders since there is a great probability that part of those juveniles could become potential perpetrators of more serious drug related offences like dealing, trafficking in drugs, etc. In addition, use of this principle during the pre-trial results with less burdened courts, shorter and more effective proceedings in the terms of achieving alternation in the criminal behaviour pattern and prevention of re-offending.

According to the Juvenile Court Act the minors are pronounced a sentence of educational measures, juvenile imprisonment (pronounced very rarely) and precautionary measures. One of the educational measures applied to narcotic drug misuse offenders is 'special responsibilities'. This type of a sentence can be pronounced individually or in combination with some other educational measures. These measures can last up to a year, whereas the court can subsequently alter or withdraw them, partially or completely. There are 13 special responsibilities and the following two are important in case of these offences:

- the responsibility of a minor to enter a professional medical procedure and addiction treatment, with the attorney's consent;
- the responsibility of a minor to participate in either an individual or group work in a counselling centre for the young.

Juvenile imprisonment retention is a form of a suspended sentence institute for minors. The court finds the minor guilty, simultaneously retaining pronouncing the sentence of imprisonment, under the condition that no offence is committed in the period determined by the court. In

addition to juvenile imprisonment retention, the court can also pronounce some of the aforementioned special responsibilities.

In all cases in which offenders are convicted for 'narcotic drug abuse' and the expert evaluation determines that the offender is addicted to narcotic drugs they are pronounced a sentence for the 'addiction treatment precautionary measure.'

In case the offender has been sentenced up to a 6-month imprisonment for possession of a narcotic drug for personal use, with the offender's consent the sentence can be transformed into welfare work while on bail.

Suspended sentence is a criminal legal sanction, which, as a measure of warning consists of a pronounced sentence and the period when passing of the sentence has been suspended under the conditions prescribed by law. The court may impose a suspended sentence when they determine that even without the execution of the punishment the purpose of a criminal sanction may be achieved, paying a special attention to the relationship of a perpetrator towards a victim and the damage indemnification caused by a criminal offence. A suspended sentence may be imposed when a perpetrator has been sentenced to imprisonment for a term not exceeding five years prescribed by the law, and for criminal offences for which the punishment of imprisonment for a term of ten years if the provisions governing the reduction of punishment are applied.

## 9.4 Drug use and problem drug use in prisons

In 2008, there was a total of 17 546 inmates of all categories in the prison system. Out of those, 40.6% (N=7 137) inmates and roughly a third of detainees (N=5 631) are convicted by a final court decision. Other major categories include persons convicted of misdemeanours (24.9%), while minors being sanctioned do not contribute to the total number significantly (2.3%).

Table 9.4 - Number of inmates addicted to psychoactive drugs sentenced in 2007 and 2008

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
<b>TOTAL</b>	<b>408</b>		<b>648</b>		<b>1 056</b>		<b>448</b>	
2008	433	24	578	23	1 011	47	488	30
<b>TOTAL</b>	<b>457(&gt;12%)</b>		<b>601 (&lt;7,3%)</b>		<b>1 058 (&gt;0,2%)</b>		<b>518 (&gt;15,6%)</b>	

Source: Ministry of Justice, Imprisonment System Administration

In 2008, a total of 1 058 addicts and recreative psychoactive drug consumers were sentenced, which is 15% of the total number of inmates (N=7 137). Out of those, 457 inmates (43%) were ordered to receive addiction treatment as a security measure. Still, for the majority of inmates (601, or 57%) expert teams from the Diagnostics and Programming Department believed it was necessary to include them in a special addiction treatment programme, since their abuse of psychoactive drugs was connected with their criminal activities. Although the higher criminal recidivism rate in addicts compared to other inmates is nothing new, we believe that the continuous increase in the number of addicted inmates serving their prison sentence for the first time compared to the previous year is indicative. The portion of inmates serving their prison sentence for the first time was 42% in 2007 and 49% in 2008, which indicates an increased criminalisation of this category of inmates.

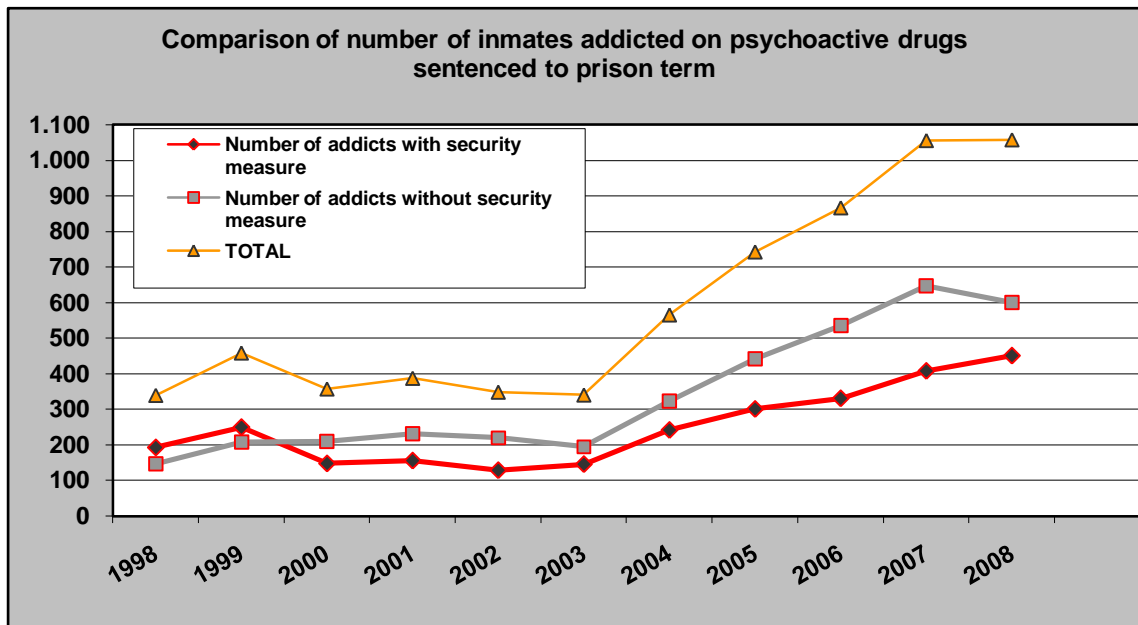
Table 9.5 - Comparison of number of inmates addicted to psychoactive drugs sentenced to prison (1998-2008)

Year	Number of drug addicts with security measure	Number of drug addicts without security measure	TOTAL
1998	193	147	340
1999	250	209	459
2000	148	210	358
2001	156	232	388
2002	129	220	349
2003	146	195	341
2004	242	324	566
2005	301	442	743
2006	331	536	867
2007	408	648	1 056
2008	457	601	1 058
<b>TOTAL</b>	<b>2 761</b>	<b>3 764</b>	<b>6 525</b>

Source: Ministry of Justice, Imprisonment System Administration

In the past 10 years, a total of 6 525 addicted inmates was sentenced to prison. In 2008, 1 058 inmates were sentenced, indicating an insignificant increase (0.2%) compared to the report period from the previous year.

Figure 9.2 – Comparison of number of inmates addicted to psychoactive drugs sentenced to prison (1998-2008)



Source: Ministry of Justice, Imprisonment System Administration

All inmates sentenced to six or more months in prison have to undergo a psychophysical examination administered by the Diagnostics and Programming Department. Apart from the general terms of prison sentence, an individual treatment programme for addicted inmate is created according to the examination findings. According to the data from ST 12, the Department handled 1 791 inmate cases in 2008. According to an anonymous survey, 23.4% of

surveyed inmates took an illicit drug once in their lives, mostly cannabis (22.2%), while an equal number of inmates took heroin cocaine. The prevalence of abuse of any drug in the past year was 15.8%, and 9% in the past month. 13.4% of surveyed inmates took illicit drugs at least once per week, or regularly; usually heroin (7.2%) and cannabis (4.4%). The survey also showed that 6.8% of inmates serving a sentence of more than six months took drugs (usually heroin) intravenously.

Table 9.6 – Number of addicted inmates in 2008, according to psychoactive drug type

Type of psychoactive drugs	Number of prisoners during 2008			
	Inmates	Detainees	Sentenced for misdemeanour	Minors
Opiates F11	527	345	42	6
Cannabinoids F12	148	117	9	41
Sedatives and hypnotics F13	47	70	39	0
Cocaine F14	44	57	2	0
Stimulants F15	49	34	39	0
Hallucinogens F16	4	5	0	0
Solvents F18	1	4	0	0
Polydrug use and other F19	479	289	11	38
<b>TOTAL</b>	<b>1 299</b>	<b>921</b>	<b>142</b>	<b>85</b>

Source: Ministry of Justice, Imprisonment System Administration

Regardless of the level of drug abuse, this group is mostly comprised of inmates (53%) and detainees (38%). In the inmate and detainee population, two groups of 40% of respondents took opiates (heroin and methadone), and 13% took cannabis products. The proportion of sedative, hypnotics and psychostimulant users was around 6%. The juvenile population subgroup took mostly cannabinoids (marijuana and hashish, 48%) as the primary drug, and at the same time took multiple types of psychoactive drugs (44.7%). It should be noted that slightly less than a third of the total number of all inmate categories was markedly toxicomaniac, and are as such present in other categories described as primary drugs as well.

Table 9.7 – Age and gender of inmates addicted to psychoactive drugs (2007-2008)

Age and gender of prisoners	Number of prisoners					
	Inmates (Educational measure, juvenile prison...)		Detainees		Sentenced for misdemeanour	
	M	F	M	F	M	F
<16	0	0	0	0	0	0
16-20	78	0	25	2	4	0
21-25	221	7	161	7	28	0
26-30	413	16	243	26	50	3
31-35	324	11	202	11	44	1
36-40	157	15	125	3	6	0
>40	133	9	110	6	6	0
Total	1 326	58	866	55	138	4
	1 384		921		142	
<b>TOTAL</b>	<b>2 447</b>					

Source: Ministry of Justice, Imprisonment System Administration

Male inmates are prevalent (95.2%) in the study, while about three quarters of the inmate population is in its vital age, between 21 and 35. With regard to this distribution by sex, the detainee proportions do not deviate significantly (71%), indicating that the populations were in their most productive period of life – regrettably, since a criminal lifestyle most likely took precedence over their personal growth and development. On average, 10% of inmates and detainees are still older than 40, which indicates a longer life expectancy, i.e. a better availability of health care for drug addicts, both in the public health and prison system. In 2008, 2 447 persons were registered according to age and sex structure, which is 1.74% less than in the previous year, and 10.9% less compared to 2006.

Since the inmate population is comprised of multiple high-risk subpopulations – especially addicts with the risk of spreading viral hepatitis B and C, with their serologic status being hard to continuously monitor outside the prison system, a research of the levels of HBV and HCV infections distribution in the inmate population was conducted. The results clearly showed a markedly high percentage of the distribution of these viruses, especially in addicts (up to 50%), compared to the general population (HBV-11%, HCV-1.2%). The research was conducted by expert teams from the Internal Medicine Ward of Prison Hospital and "Dr Fran Mihaljević" University Hospital for Infectious Diseases in Zagreb.

In 2008, a permanent and stricter ban of addictive substances was in place in prisons and penitentiaries. Drug checks were conducted on every entry of persons and objects into prisons/penitentiaries, on an inmate's return from a temporary release, on family visits to inmates, on every received package, during supervised walks and routine searches. In 2008, 164 452 thorough searches of persons and 17 025 searches of rooms were conducted. The searches yielded illicit drugs and 2 716 tablets of psychopharmaca not prescribed by physicians in 23 cases. During the monitoring period, two meetings with representatives of the Ministry of Interior were held to develop the cooperation and coordinated action to prevent the entry of drugs. In addition, the Ministry was contacted approximately twenty times to initiate criminal investigations in cases where drugs were found, or where there was reasonable suspicion that an offense narcotics abuse had been committed in a prison or penitentiary.

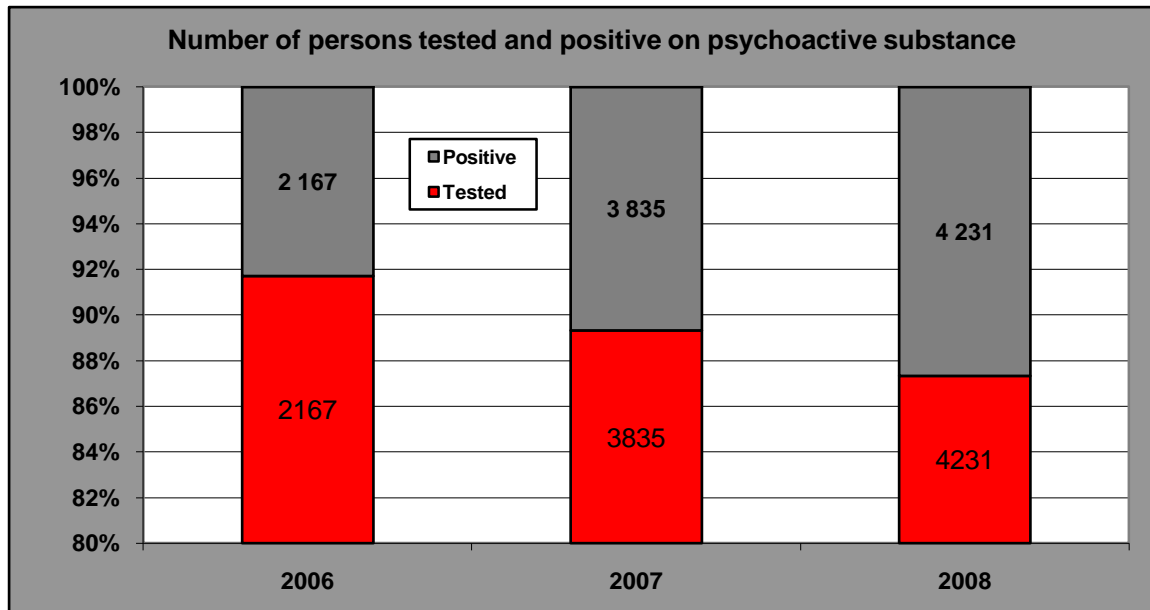
Table 9.8 – Number of thorough searches of persons and rooms (2006 - 2008)

Year	Number of thorough searches for persons	Number of searches for rooms	Number of cases in which drugs were found	Number of psychopharmaca tablets found, not prescribed by physician
2006	136 395	9 411	64	N/A
2007	141 700	11 934	37	N/A
2008	164 452	17 025	23	2 716

Source: Ministry of Justice, Imprisonment System Administration

In 2008, 4 231 inmates were tested for psychoactive substances, out of which 614 were tested positive. This activity is continuously conducted to prevent the entry and use of drugs in prisons and penitentiaries, and the spread of drug abuse, and to take appropriate health, therapy and security measures against inmates tested positive. Abstinence control is, therefore, important both for obtaining relevant data about the "entry" of drugs into prisons and penitentiaries, and to assess the quality of therapy programmes being implemented. The *Protocol on testing inmates and minors for addictive drugs* was introduced in January 2006 with an accompanying handbook. This activity was carried out in 2008 as well, under the established procedure governing preliminary and confirmation testing. Occasionally, searches of randomly chosen prison personnel were carried out. The results were always negative.

Figure 9.3 – Number of persons tested for psychoactive substances and persons tested positive (2006 - 2008)



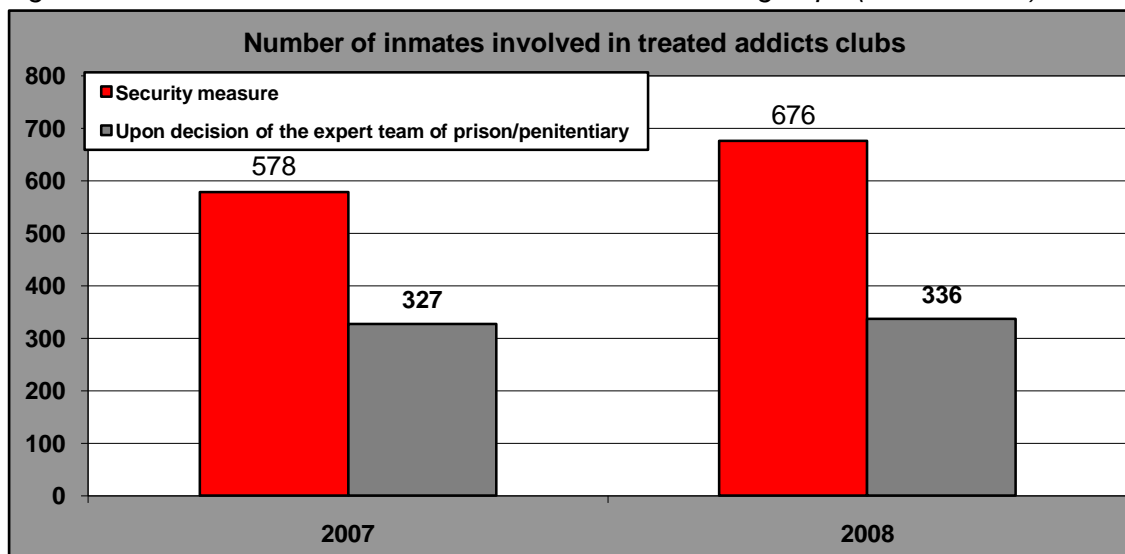
Source: Ministry of Justice, Imprisonment System Administration

In 2008, an *education on narcotics abuse* was carried out as a part of a basic and supplemental course for prison police officers and heads of treatment departments in prisons and penitentiaries. Treatment departments officials continuously organised educational courses for inmates and youth in the context of their treatment groups, as a part of special programs for addicted inmates in prisons/penitentiaries and youth given educational measures.

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

The purpose of security measures as criminogenic factors of criminality is to remove the risks and conditions that enable or encourage criminal acts due to diminished responsibility.

Figure 9.4 – Number of inmates involved in treated addicts clubs (2007 – 2008)



Source: Ministry of Justice, Imprisonment System Administration



The most frequent security measures are compulsory drug addiction treatment and compulsory alcoholism treatment. Accordingly, a total of 1 012 inmates was involved in treated addict groups in 2008, which is only slightly less (4.2%) compared to the previous year. These security measures were implemented through special treatment programmes in the prison system. Prisons usually organise treated addict clubs, as they are called, while penitentiaries organise modified support groups. These organised forms of group therapy with inmates presuppose the existence of a therapy agreement with an inmate, abstinence control, counselling, work therapy, organised free time of inmates, along with general treatment methods. In this subgroup of inmates under a security measure there were 676 (67%) inmates, while a third (N=336) of all inmates was included in a special addiction treatment programme following the decision of an expert team in a prison or penitentiary. Since the number of addicted inmates continues to increase in the prison system, the efforts of Prison System Administration are directed towards a partnership with state administration offices and non-governmental organisations for the purpose of meeting topical needs, deciding on inmate categories, and managing their parole and after-release period. Some of the limitations of inmate treatment in prison conditions include a short or uncertain time in prison, (detention, misdemeanour sentence or a short sentence), as well as the addicts' insufficient intrinsic motivation for participating in treatment programmes. There is a lack of a special socio-therapeutic institution in the prison system dedicated exclusively to the treatment of addicted inmates, as well as a lack of more efficient support to addiction prevention services, non-governmental organisations and the social community for the implementation of addiction treatments during prison sentence, and for the organisation of post-penal integration.

*Table 9.9 - Number of inmates addicted to psychoactive drugs prescribed methadone during clinical detoxification (2007 – 2008)*

Methadone	Prisoners		Detainees		Sentenced for misdemeanour		Minors		TOTAL	
	M	F	M	F	M	F	M	F	M	F
During 2007	234	4	395	31	50	3	0	0	679	38
During 2008	82	3	342	31	59	4	0	0	483	38

Source: Ministry of Justice, Imprisonment System Administration

In 2008, 521 inmates in all categories were clinically prescribed methadone as a replacement therapy for heroin addiction, which is 27.3% less than in 2007, when 717 inmates were being treated for addiction. The present trend of the reduction in the indicated use of this opiate agonist can most likely be attributed to the introduction of buprenorphine (Subutex), another opiate agonist on the market which has been prescribed increasingly more in the prison system during the monitoring period. With regard to the sex structure, most of the methadone users were men (93%). Inmates still constitute the largest portion of methadone users (71.6%). Pursuant to the presumption of innocence, they can undergo either a maintenance programme, or, if the patient agrees, a slow or fast methadone reduction up to the termination of the therapy, i.e. stabilisation of the patient. If the addicted inmate has already undergone replacement therapies (there were 16.3% of them in the study), the dose of methadone is gradually reduced until the complete termination during a short-term prison sentence or before the prison sentence. Methadone is not prescribed to inmates who are serving their sentence in a penal institution. Furthermore, this population in the prison system is provided with a comprehensive health care in order to improve their psychophysical status, which is usually impaired.

In 2008, in cooperation with the Referral Centre for Addiction Treatment of the "Sisters of Charity" University Hospital in Zagreb, the final phase of the systematic education for prison system physicians titled "Pharmacotherapy Using Opiate Agonists" was carried out. The purpose of the education was to obtain a certificate for authorised prescription of substitution



therapies for detainees and prisoners diagnosed with addiction, with emphasis on *buprenorphine* (Subutex) treatment, pursuant to the instructions from the Guidelines for pharmacotherapeutic treatment of addicts using buprenorphine, adopted on 13 November 2006, by the Committee on Combating Drug Abuse of the Croatian Government. This education programme represents a continuation of the cooperation with the Referral Centre for Addiction Treatment of the "Sisters of Charity" University Hospital in Zagreb and the "Addiction Treatment Using Buprenorphine (Subutex)" expert conference for prison system physicians. It was concluded with an examination for physicians, and the certificates to prescribe opiate agonists are expected to be issued in 2009. In the prison system, approximately 200 inmates are being treated with buprenorphine, including the detainees who registered their addiction upon entering prison, or for whom it is medically indicated.

In July 2007, as a follow-up to serologic tests based on the inmates' informed consent, the Counselling Centre for Viral Hepatitis was founded in the prisons and penitentiaries by the Internal Medicine Ward of the Prison Hospital, offering education on the means of these viruses' spreading, as well as prevention methods and inoculation. The organisation, plan and work programme of the Counselling Centre were drafted after the recommendation of the National Committee for Combating Viral Hepatitis, which drafted the Consensus, and which gathered the leading Croatian experts in this field. The Counselling Centre provides education, individual counselling, testing of inmates for viral hepatitis and HIV markers (diagnostics), and additional programmes that include specific prevention, therapy and treatment of chronic hepatitis patients, followed by an evaluation of the success of the treatment. Since June 2008, all prisons and penitentiaries have been included in the purview of the Counselling Centre. Apart from lectures, during which leaflets were disseminated and slides adapted to the prison population were shown, team members individually counselled inmates, took blood samples for serologic testing, and administered vaccines, pre-therapy processing and treatment. Within the framework of the Counselling Centre for Viral Hepatitis of the Internal Medicine Ward of the Prison Hospital in Zagreb, a Registry of viral hepatitis and HIV patients was established. This enabled an insight into the serologic status of inmates in the event that they returned to prison. Since the establishment of the Counselling Centre, there had been 112 visits to prisons and penitentiaries, and all planned programmes were carried out. The work programme included prison officials who were inoculated after testing. In 2007 and 2008, data was gathered and serologic analysis was conducted for 2,367 persons, out of which there were 2,138 men and 229 women. *There was a total of 358 addicts, out of which 221 were intravenous addicts.* The data on the spread of hepatitis B and C were almost identical to the data obtained in the research conducted from 2004 to 2006. Since the establishment of the Counselling Centre, 326 persons had been inoculated. At the beginning of December 2007, a treatment for chronic viral hepatitis C commenced using a combination of pegylated interferon 2b and Ribavirin at the Internal Medicine Ward of the Prison Hospital. Currently there are 42 inmates in different treatment phases, while there are 250 inmates on the treatment waiting list. The initial funds for the realisation of the Project were provided by the Ministry of Science, Education and Sports. Later, a contribution was made by the Ministry of Health and Social Welfare. The expert team of the Internal Medicine Ward of the Prison Hospital gained expert recognition for its organisation, work results and treatment success on 15 November 2008, when it was included in the *National Consensus Conference of the Republic of Croatia on Viral Hepatitis*. This organisational model and working plan of the Counselling Centre will be published in form of guidelines in the expert journal *Acta Medica Croatica*. As a consequence of the increasingly stricter penal policy, the adoption of the amendments to the Criminal Code regarding the abuse of drugs, and a retributive philosophy of punishment, prisons became crowded, while the penal system's simultaneous roles of punishment and rehabilitation became even more conflicted. Therefore the objective difficulties in the inmates' treatment are manifested in the issue of insufficient capacity of closed-type prisons and penitentiaries due to a significant growth in prison population. As a consequence, there is a distinct lack of work, educational or specific treatment programmes, while the inmates' families find it difficult to become involved in rehabilitation in the



described prison conditions. The situation is further aggravated by a lack of physicians and treatment staff. Some of the limitations in the implementation of addicted inmate treatment programmes in prison conditions include short or uncertain time in prison, (detention, misdemeanour sentence or a short sentence), as well as the addicts' insufficient intrinsic motivation for participating in treatment programmes. There is a lack of a special socio-therapeutic institution in the prison system dedicated exclusively to the treatment of addicted inmates, as well as a more efficient support to addiction prevention services, non-governmental organisations and the social community for the implementation of addiction treatments during prison sentence, and for the organisation of post-penal integration.

In 2008, the prison system collaborated with 23 non-governmental organisations – mostly with NGOs whose goal is to fight drug addiction. The members of those NGOs were continuously worked with addicted inmates by carrying out special correctional programs and providing psychosocial assistance during their sentence.

## 9.6 Reintegration of drug-users after release from prisons

The role of the prison system in the national Addict Resocialisation Project is described in detail in Chapter 8. It should be added that the implementation of the *Institutional and Post-penal Treatment of Convicted Addicts* (IPTO) programme was continued in the prison system throughout the report year. The programme was implemented, and is still being implemented, in prisons in Zagreb, Split, Zadar, Rijeka, Pula, Varaždin, Bjelovar, Šibenik and Osijek, as well as in the Turopolje penitentiary, in cooperation with representatives from 17 non-governmental organisations from the local communities, and with addiction prevention services. In 2008, shelter was given to 112 to former inmates addicted to drugs.

The partnership with governmental and non-governmental organisation regarding current needs of addicted inmates and their parole and after-release period was strengthened by a partnership agreement with the Home for Addicts "Zajednica Susret"<sup>21</sup>, enabling referrals of addicted inmates to the therapy centres during their parole.

Services for Prevention and Outpatient Addiction Treatment also played an active role in the organisation of giving after-release shelter to inmates and continuing their addiction treatment post-release. Prison physicians referred inmates who were serving their sentence, those who have already served their sentence or those on parole to county or municipal addiction prevention services by means of their case history or course of treatment. Such a practice served to harmonise the treatment procedures of prison physicians with those in the public health system, in cooperation with the Croatian National Institute of Public Health. Representatives of the Treatment Service of Prison System Administration, together with experts from the Croatian National Institute of Public Health, organised an expert conference titled "Inter-Sector Cooperation in the Treatment of Addicted Inmates", held in Lovran on 16 and 17 September 2008, for heads of addiction prevention services and prison physicians. The conference was focused on the strengthening of partnerships with government bodies, addiction prevention services and non-governmental organisations in order to enable addicted inmates to take advantage of the programmes and treatment procedures implemented in the community to solve the current needs of addicted inmates and their parole and after-release period. Another purpose of the conference was to draw attention to the need to improve the coordination and sharing of information between different services dealing with the organisation of post-treatment

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<sup>21</sup> The "Zajednica Susret" (engl. Community Encounter) is a non-governmental organisation which was the first to establish an Home for Addict as a social care institution in Croatia. The organisation has a written agreement with the Ministry of Health and Social Welfare governing the costs of housing its clients.



and after-release period of addicts who have completed the course of their treatment, or served their sentence.

## 10 Drug markets

Drugs supply suppression plays a significant role in the efforts the society is making in order to try to solve, or better to say, to keep the problem of illicit drug abuse within the socially acceptable framework, since it directly or indirectly influences the citizens' lives, especially the feeling of their security, protection from different forms of crime (proprietary, violent), public order, road transport security and other.

In accordance with the governing National Strategy and Action Plan on Combating Narcotic Drugs Abuse in the Republic of Croatia, the Ministry of the Interior has established its strategic aims which refer to the suppression of crime related to abuse and smuggling of illicit drugs and presuppose activities primarily focused on the supply reduction, as well as interdisciplinary approach and cooperation of other bodies and activities in the field of reduction of demand for illicit drugs. Cooperation of the Police with other bodies (the Customs, State Inspectorate etc.), whose primary work activities involve the issue of abuse and smuggling of illicit drugs, is carried out in such a way that, in order to achieve a goal, during investigation of the criminal offence or violation, official representatives of those bodies are included in the investigation along with the police officers, to perform those tasks which require specialised training or which the representatives are in charge of. *Direction on Cooperation between the Police and the Customs* regulates the fields and manners of cooperation between the Police and the Customs. Direction regulates single methodology of mutual cooperation and coordinated activity of police officers and authorised customs officers in order to coordinate the work and increase the efficiency in preventing, detecting and combating all forms of smuggling as well as smuggling drugs.

Besides the activities described in the Chapter 9.2, police officers continued to monitor and analyse drug-related crime, especially offences related to drug abuse and illicit trafficking in drugs, in order to detect new emerging trends. As a result of these efforts they have produced monthly, semi-annual and annual reports on the situation on drug markets and drug-related crime in general as a base for undertaking appropriate measures related to prevention and suppression of that kind of criminality.

### 10.1 Availability and supply

According to all indicators, the supply of illicit drugs has increased in Croatia in the past several years. There has been an increase in the variety of illicit drugs, and also their availability, which caused an increase in the illicit drug use trend, especially among the youth. On the other side higher living standard which is interlinked with the characteristics of consumer society, moral crisis, disturbed system of values are additional factors that contributed to present situation. Despite an intensive development of new programmes aimed at reducing both the supply and demand of illicit drugs, including the development and implementation of measures and programmes for addiction prevention, early discovery and intervention against illicit drug users, damage reduction, treatment, rehabilitation and social reintegration of addicts, and focusing efforts on organised drug traffickers using the existing instruments and legislation, new destructive drugs appear on the market with each day. This points to the existence of a gray zone which is impossible to investigate, but which encourages us every day to invest more effort and devise new methods (especially preventive methods) to combat this socially unacceptable phenomenon with an increased efficiency.

The problem of illicit drug supply in Croatia is not an isolated one, and depends on the situation in European and world markets of illicit drugs. The criminality related to illicit drug abuse cannot be viewed as the problem of just one country anymore, since there are tight connections between the criminal organization of the "producer countries", countries through which illicit

drugs are trafficked, and so called “consumer countries”. Therefore illicit drug crime cannot be fought in isolation, without taking into consideration a series of other criminal activities like weapon smuggling, human trafficking, terrorism and money laundering. Illicit drug trafficking is easily the most profitable form of criminal activity in the sphere of organized crime in the world, as well as in Europe and Croatia. Statistical indicators concerned with the criminality of illicit drug abuse, as well as available indicators of all other subjects involved in illicit drug abuse, do not imply decline in demand for certain illicit drugs (frequency of use) in Croatia, and therefore we may expect further attempts of an increase in drug supply on the illegal drug market in Croatia.

Taking into consideration its geostrategic position, Croatia can be characterised as a transit area through which illicit drugs are trafficked between the so called producer countries and consumer countries. Normalization of relations with neighbouring countries after the Croatian War of Independence and liberalization of border traffic regime contributed to recovering smuggling routes, while tourist and maritime orientation of our country with increasing migrations have significant impact on illicit drug availability in Croatia. Croatia shares land borders with Slovenia, Serbia, Hungary, Montenegro and Bosnia and Herzegovina, and has an approximately 950-kilometre coast, all of which are attractive targets for traffickers who are constantly attempting to bring illicit drugs to the vast European market. Judging by the assessment of risk from organised illicit drug trafficking, it is estimated that the primary threat lies in organised heroin trafficking (the Balkan Route) and cocaine trafficking (bulk cargo terminal in the port of Rijeka).

Picture 10.1 – Main trafficking routes in the Republic of Croatia



Source: Ministry of the Interior

Phenomenon of the Balkan Route, widely known for trafficking in opiates destined for Western Europe, seems to have regained some importance in the recent years. According to the UNODC (UNODC 2009), as opium production shifts towards the southern provinces of Afghanistan, it has become less convenient for traffickers to move opiates via the Silk route and trafficking along this route is declining while trafficking along the Balkan route is steadily increasing since 2001. World Drug Report 2009 says that according to Bulgarian authorities, most of the heroin seized in 2007 was destined for Croatia, which is located at the Central Balkan sub-route, and Germany. Risk analysis of the Croatian Police show that further attempts of illicit trafficking

activities can be expected. Although illicit drug seizures in Croatia indicate that heroin is still main illicit drug smuggled via this trafficking corridor, the traditional Balkan Route is changing inevitably. Today, it includes a wider variety of drugs (e.g. during the recent years there were observed cocaine shipments via Black Sea or via Adriatic Sea through one of the branches of the Balkan Route) to supply Europe's increasing poly-drug consumption but also precursor chemicals, and functions as a two-way road to include the exportation of EU-produced drugs.

In smuggling of heroin traffickers use all forms of transport (roads, railways, sea and air) but larger quantities are usually transported by cars or trucks as this is the shortest road traffic way between the countries of the Eastern and Western Europe. Europol warns that although Turkish organised crime groups dominate heroin trafficking towards and within the EU, ethnic Albanian groups are increasing. Croatian law enforcement agencies closely monitor activities and impact of Albanian criminal groups in our country as well as in the Region.

Major cocaine seizures in the Republic of Croatia are usually related to sea traffic and were made mostly in the port of Rijeka, although other Croatian ports (Ploče, Split etc.) are also convenient for smuggling activities. Smaller quantities of cocaine are smuggled via air traffic from almost all over the world, but in parcels sent by post, as well. The world trends indicate that increasingly large quantities of cocaine are trafficked to Europe due to a drop in demand in the USA, its former primary market. Therefore, attempts at trafficking larger quantities of cocaine via cargo transport are likely.

Synthetic drugs like amphetamine and its derivatives are trafficked by various means from the territory of some countries of Western Europe, but also from the increasingly present illicit drug markets from some countries of Eastern Europe. Taking into account forms in which they appear (powder, tablets etc.) they can be easily smuggled in every hidden space of the any vehicle or even in the private luggage. Occasionally they are smuggled though the international express mail service. A slight growth in the abuse of these illicit drugs on the illicit drug market in Croatia is expected.

Marijuana and hashish are trafficked in small quantities during the summer tourist season, when foreign tourists, mainly from countries of Western Europe, bring them into Croatia chiefly for their personal use, while larger quantities of marijuana are trafficked from the neighbouring states (which also serve as transit zones), intended for the Western European market. The aforementioned illicit drugs originate mostly from Albania, or Africa and Asia in case of hashish trafficking.

Thanks to the efforts of police officers specialised in combating illicit drugs but also patrolmen in street reduction, there are no significant open drug scenes. Very often addicts order their drug from local dealers by mobile phone and get "home delivery" or take over their package from the dealer at the pre-agreed location.

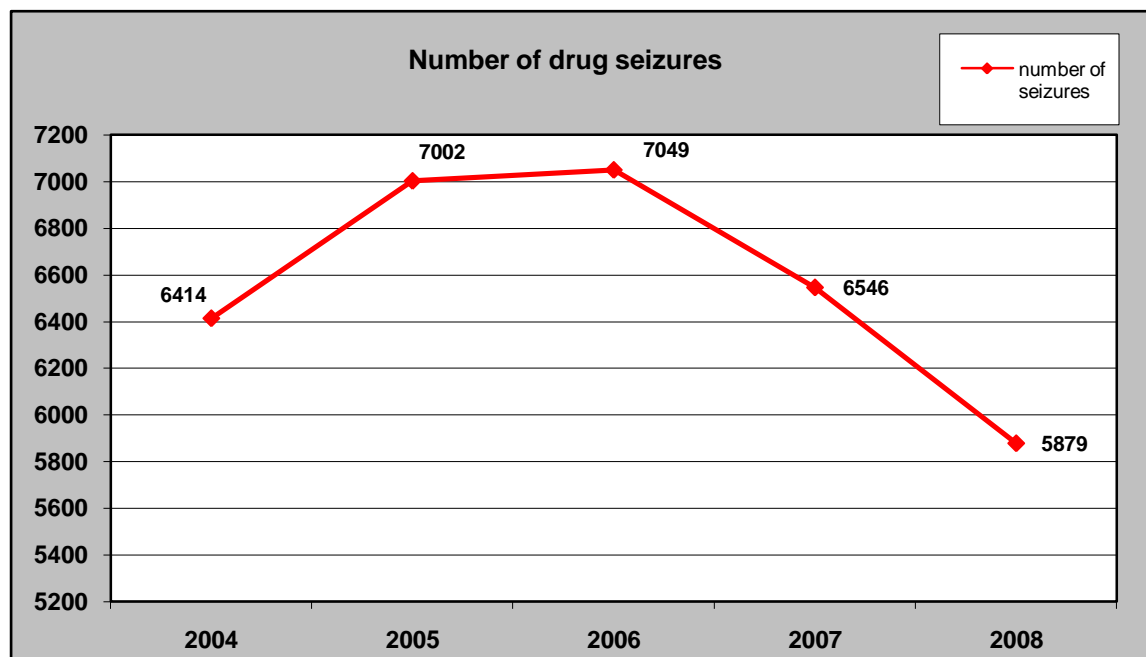
The implementation of some measures and activities aimed at curbing the production and cultivation of illicit drugs is achieved in coordination with other authorised government bodies. We stress that so far there has been no major or organised illicit drug production in Croatia, with the exception of individual attempts at cultivating marijuana intended for the domestic illicit drug market.

## 10.2 Seizures

In 2008, there was a total of 5 879 seizures of all types of illicit drugs, which is 10% less than in the previous year (6 546 in 2007). Figure 10.1 shows a drop in seizures by the Ministry of Interior from 2006 onwards. It should be noted that the aforementioned total number of seizures

in 2008 differs from the sum of all seizures shown in Standard Table 13 – Number and quantity of seizures of illicit substances (4 976), since seizures of certain categories of illicit drugs not provided for by ST 13 were registered at the national level (e.g. opium poppy chrysalis, morphine, methadone, drugs from the list of illicit drugs and psychotropic substances, etc.). Decline of number of drug seizures is correlated with drop of criminal reports explained in the Chapter 9.1 as a result of increased law enforcement orientation on suppression of organised forms of drug-related crime during the recent years. Therefore, increased quantities of seized drugs, especially heroin are mainly output of national and international operations targeting organised drug trafficking activities which are very complex and time consuming.

Figure 10.1 - Number of illicit drug seizures (2004-2008)



Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008

Table 10.1 - Seized quantities of all types of illicit drugs (2004-2008)

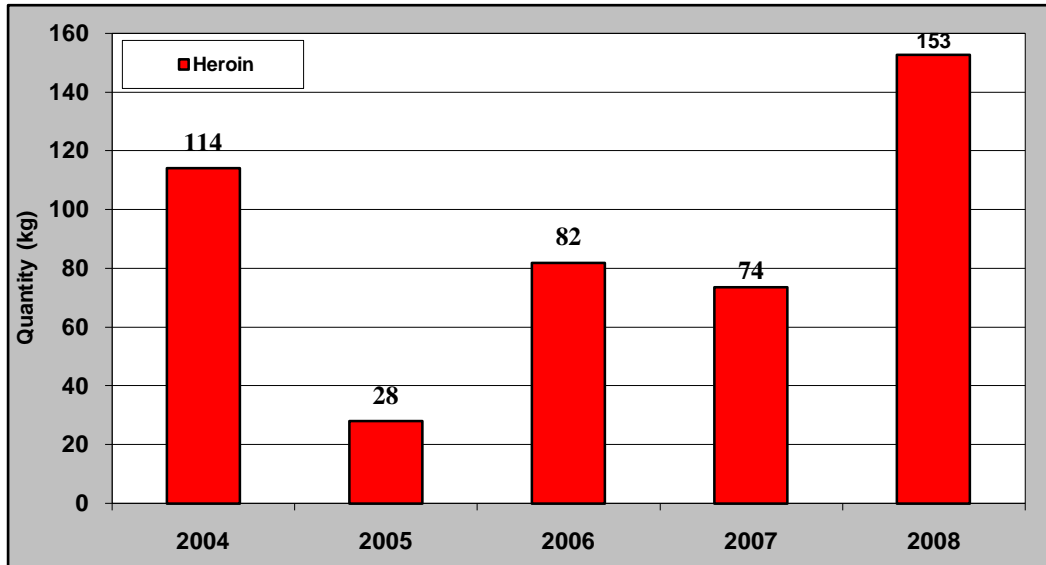
Total seizures of all types of illicit drugs	2004	2005	2006	2007	2008
Heroin (grams)	114 kg 431 g	27 kg 68 g	81 kg 797 g	73 kg 508 g	152 kg 571 g
Hashish (grams)	5 kg 893 g	53 kg 35 g	12 kg 86 g	4 kg 493 g	4 kg 845 g
Marijuana (kilograms)	428 kg 235 g	983 kg 222 g	202 kg 445 g	239 kg 316 g	220kg 691 g
Cocaine (grams)	17 kg 595 g	8 kg 963 g	5 kg 640 g	104 kg 703 g	28 kg 632 g
Amphetamines (grams)	7 kg 176 g	14 kg 312 g	11 kg 604 g	7 kg 885 g	15 kg 038 g
Methadone (tablets)	4 635	9 413	12 551,50	6 529	10 920
Ecstasy (tablets)	27 048	33 601	16 340,50	12 609	6 855
LSD (doses)	60	21	21	215	653
Cannabis plant (pieces)	2 207	2 960	2 699	2 886	271 819

Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008



Table 10.1 shows seized illicit drug quantities between 2004 and 2008. It should be noted that in 2008 there was an increase in seized quantities of heroin, hashish, amphetamine, methadone and LSD. It has to be stressed that there is a significant deviation in the number of hemp stalk seizures in 2008, since an industrial hemp plantation (containing approximately 269 109 stalks on 8 900 square metres – between 25 and 35 stalks per square metre) was destroyed that year. The purpose of the plantation was not illegal hemp cultivation, but rather fish feed production. A testing of the stalks yielded prohibited levels of THC, and so the plantation was destroyed. In 2008, 2 710 hemp stalks grown illicitly were seized.

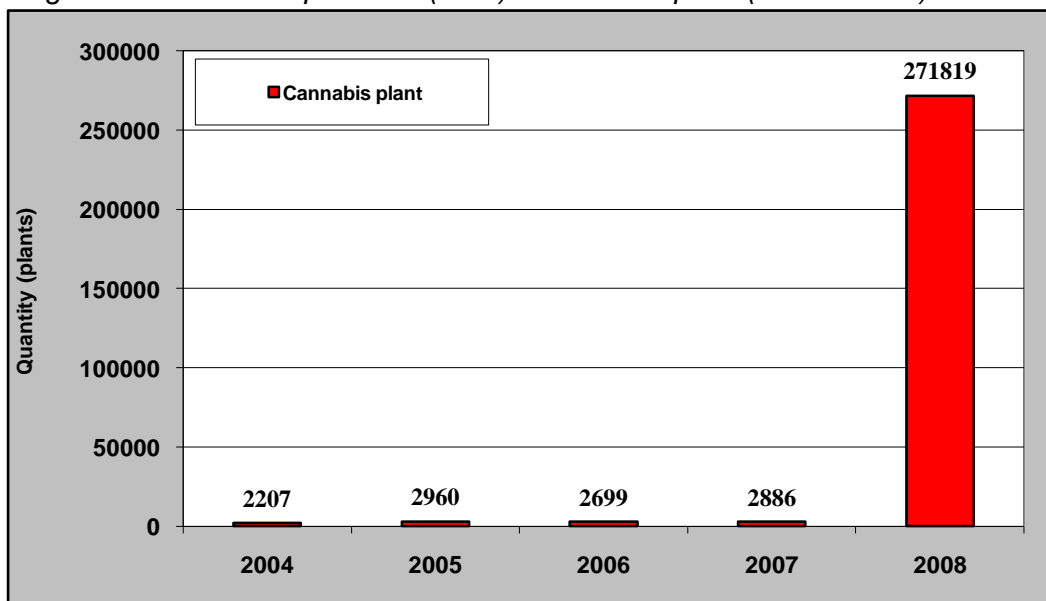
Figure 10.2 - Seized quantities (kg) of heroine (2004 – 2008)



Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008

In 2008, the largest heroin quantity since 2002 was seized, as much as 108% more than in 2007.

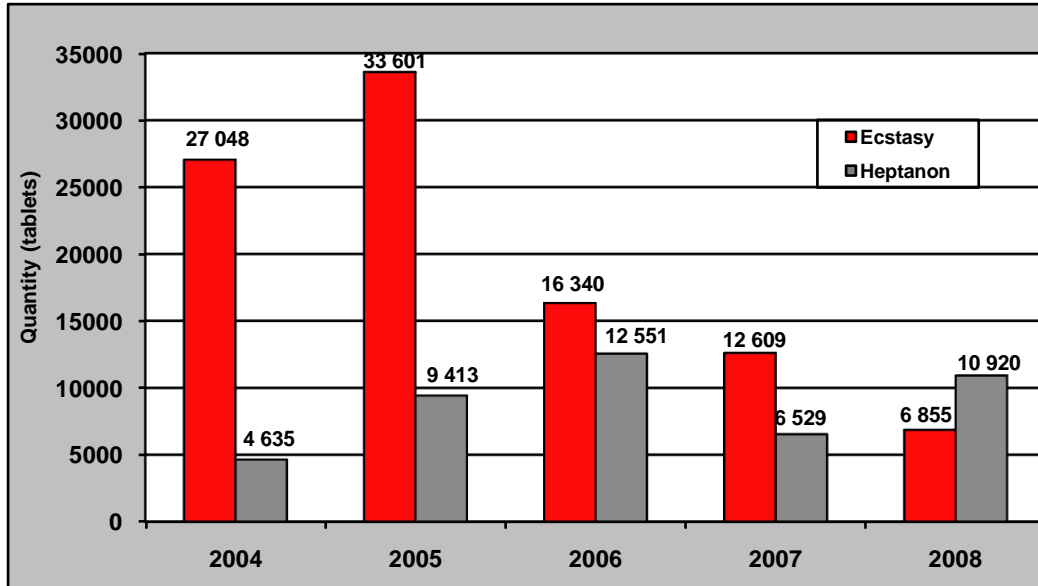
Figure 10.3 - Seized quantities (stalk) of cannabis plant (2004 – 2008)



Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008

As mentioned above, in 2008, the largest volume of hemp stalks (271 819 stalks) since 2004 was seized. This was because an industrial hemp plantation with illicit levels of THC in the crops was destroyed in 2008. In that same year, the quantities of marijuana and hashish seized were approximately equal to those in the previous year.

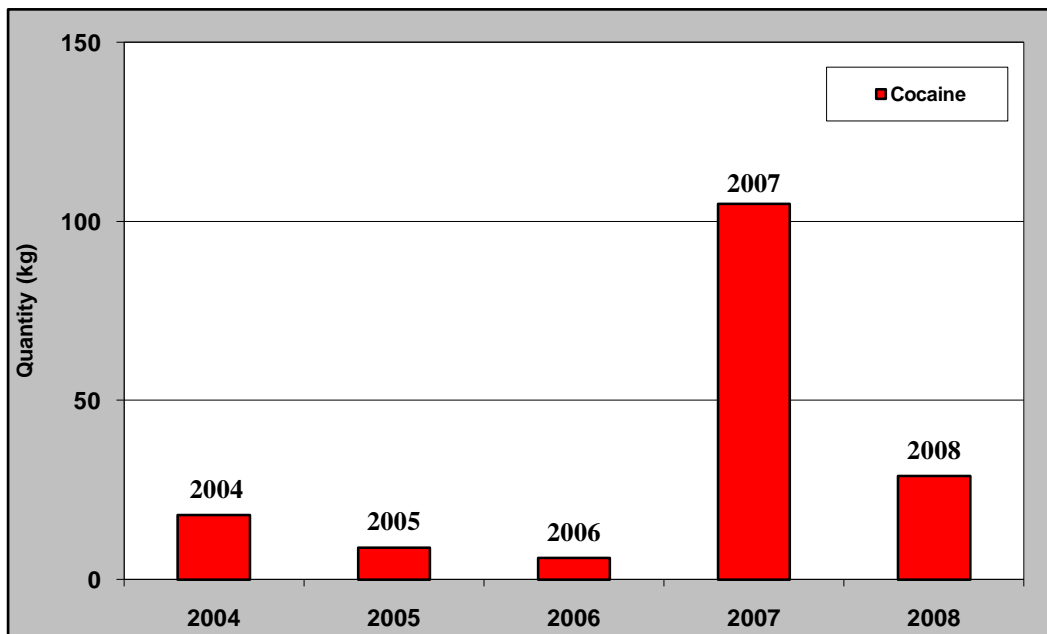
Figure 10.4 - Seized quantities (tablets) of methadone and ecstasy (2004 – 2008)



Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008

In 2008, there was an increase of 67.3% in methadone tablet seizures, indicating its continued presence on the black market. At the same time, the quantity of seized ecstasy in 2008 was the smallest since 2003 (46% less than in 2007).

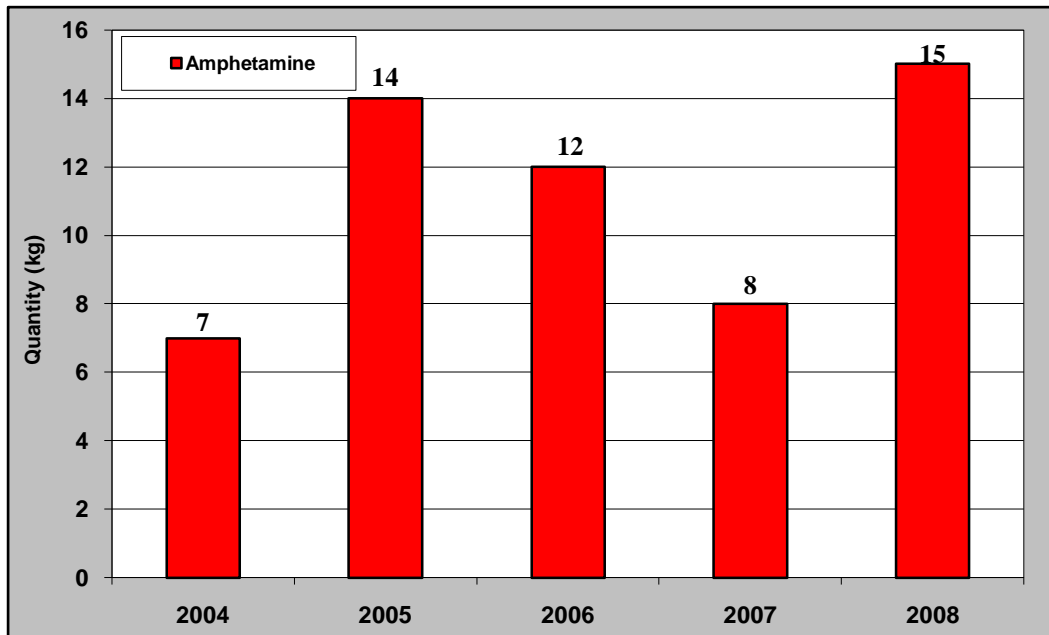
Figure 10.5 - Seized quantities (kg) of cocaine (2004 – 2008)



Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008

In 2008, 73% less cocaine was seized than in 2007. However, Figure 10.5 shows an increase compared to 2004, 2005 and 2006.

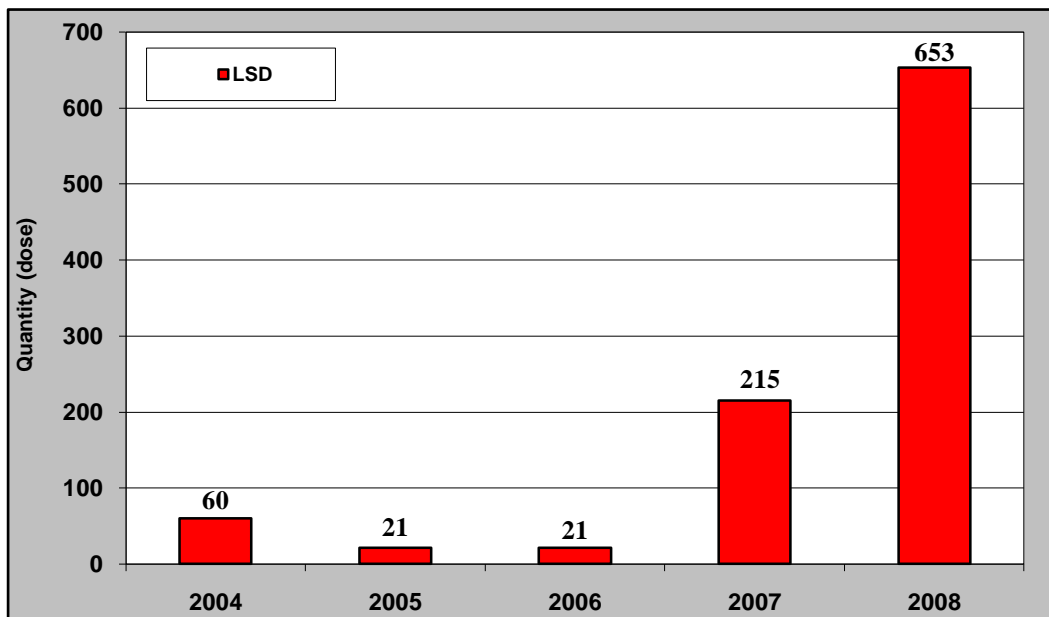
Figure 10.6 - Seized quantities (kg) of amphetamines (2004 – 2008)



Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008

In 2008, 15 038 kg of amphetamine was seized (90.7% more than in 2007), which is the largest quantity seized since 2003.

Figure 10.7 - Seized quantities (doses) of LSD (2004 – 2008)



Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008

The quantity of LSD seized rose sharply compared to the previous year, and represents the largest quantity so far (653 doses), which is 203.7% more than in 2007.

Table 10.2 - Number of illicit drug seizures by Police Departments<sup>22</sup> and correlation between number of illicit drug seizures (2007–2008)

County	Correlation of number of seizures		%
	2007	2008	
Zagreb (county and City of Zagreb)	1 536	1 297*	- 15.55
Primorje-Gorski Kotar	762	626*	- 17.85
Split-Dalmatia	683	848*	<b>24.16</b>
Osijek-Baranja	211	192	- 9.00
Istria	1 064	901*	- 15.32
Zadar	225	219*	- 2.66
Šibenik-Knin	214	217*	<b>1.40</b>
Dubrovnik-Neretva	417	461*	<b>10.55</b>
Vukovar-Sirmium	139	111	- 20.14
Međimurje	145	61	- 57.93
Varaždin	116	99	- 14.65
Brod-Posavina	164	163	- 0.61
Virovitica-Podravina	122	51	- 58.19
Koprivnica-Križevci	54	68	<b>25.92</b>
Lika-Senj	174	166	- 4.59
Karlovac	99	92	- 7.07
Sisak-Moslavina	242	137	- 43.38
Požega-Slavonia	38	40	<b>5.26</b>
Krapina-Zagorje	63	71	<b>12.69</b>
Bjelovar -Bilogora	78	59	- 24.36
<b>TOTAL</b>	<b>6 546</b>	<b>5 879</b>	<b>- 10.19</b>

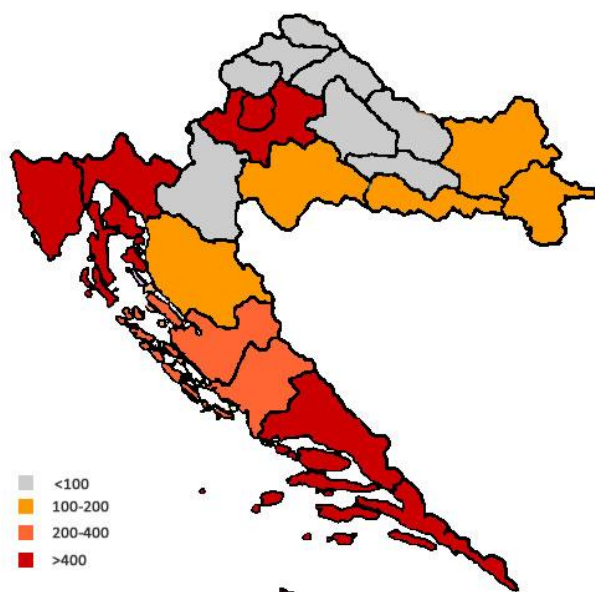
\* Counties with the highest rate of treated drug addicts per 100 000 inhabitants in 2008.

Source: Ministry of the Interior

If we look at the territorial distribution of illicit drug seizures it can be noticed that the highest number of seizures was recorded in the counties with larger urban areas which have the highest rate of treated drug addicts. With the exception of the capital (City of Zagreb) and Zagreb County, coastal counties take the largest share of all seizures in the country. Higher availability of illicit substances in those counties can be partly explained with previously mentioned tourist and maritime orientation of our country but also with the high demand for illicit substances. If compared to 2007, majority of counties reported lower number of illicit drug seizures in 2008 which again can be explained with greater focus on suppressing drug smuggling rather than on street dealing and possession which makes more than 60% of all reports for narcotic drug abuse offence and has a declining trend over the past few years. However, number of illicit drug seizures increased in some counties along the main trafficking routes and in the coast has risen, indicating a greater availability of illicit drugs. As some of those counties (e.g. Koprivnica-Križevci) have very low rate of treated drug addicts, increased illicit drug availability can lead to more drug addiction treatment demands in the future unless appropriate supply and demand reduction activities are continued in systematic and efficient manner.

<sup>22</sup> The Republic of Croatia is divided into 21 administration units (counties) and every county has its own Police Department authorised for the territory.

Picture 10.2 – Number of illicit drug seizures by Police Departments in 2008



Source: Ministry of the 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. Seized drugs are destroyed following a final court decision, but can also be destroyed after the period of three years following the filing of criminal charges to the relevant State Attorney's Office. The Committee for the Destruction of Seized Drugs was founded on 24 November 2004, by the Decision of the Croatian Government. The membership of the Committee consists of representatives of the Ministry of Health and Social Welfare, Ministry of Interior, Ministry of Economy, Labour and Entrepreneurship, Ministry of Justice, Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity, Croatian Journalists' Association, and Commission on Combating Narcotic Drug Abuse. In 2008, the Committee for Destruction of Seized Illicit Drugs oversaw two drug destruction procedures. In January and December, a total of 3 719 812 kg of seized drugs from 43 848 seizures was destroyed. The drugs destroyed were all seized between 1991 and 2005, including the drugs from major seizures between 2004 and 2006, following a final court decision.

In 2008, the largest seizure of norephedrine as a precursor was registered. In this seizure, the intercontinental precursor trafficking route was discovered and closed. No illicit drug laboratories were discovered in Croatia, so judging from the surveillance of precursors that could be used for illicit drug production, it is believed that the Republic of Croatia is not a country with the potential to become a drug manufacturer.

### 10.3 Price/purity

Prices of illicit drugs at the Croatian illicit market have not changed significantly during the last year. The source of drug prices on the illicit drug market in Croatia are the data collected by police officers during criminal investigations and special measures (purchase simulation) connected with illicit drug supply suppression. The data on the prices of illicit drugs in street sale in 2008 was obtained by means of statistical monitoring of the criminality of illicit drug abuse on the national level and seizures. For the purpose of Standard Table 16 – Prices at street level of some illicit substances, data from 20 Police Departments were collected, covering the whole territory of the Republic of Croatia.

The price of illicit drugs in street sale is variable and depends on the availability, origin and quality of illicit drugs. Here we are referring to average "retail" prices for a gram, tablet or dose. Thus the price are following: €3-6 for a gram of cannabis leaves, €25-40 for a gram of heroin, €55-70 for a gram of cocaine, €10-25 for amphetamine, €4-7 for a tablet of ecstasy, and €15-18 for a dose of LSD.

Table 10.3 - Prices of illicit drugs, street value in Euros (2004-2006)

Year	2004			2006			2008		
	Min	Max	Average	Min	Max	Average	Min	Max	Average
Heroin (gram)	30	50	40	25	40	30	25	40	30
Hashish (gram)	4	6	5	5	7	6	6	8	7
Marijuana (gram)	2	5	3	1.5	4	3	3	6	5
Cocaine (gram)	55	80	70	55	70	60	50	70	60
Amphetamine (gram)	15	30	20	10	25	15	10	25	15
Ecstasy (tablets)	3	7	5	4	7	5.5	3	7	5
LSD (doses)	15	18	16.5	15	18	16	15	18	16

Source: Ministry of the Interior

If we compare drug prices on the Croatian illegal narco-market during the 4 year period, it can be noticed that prices of cocaine and heroin have fallen, the most probably due to increased supply of those drugs on the narco-market. On the other hand, shortage of cannabis products on the illicit market and high quality of those available induced quite significant increase of prices. Other prices are stable and they vary depending on the drug purity, i.e. they vary depending on the place of illegal sale and the consumer groups they are being offered to.

According to the Ministry of the Interior's acts in effect, all temporarily seized drugs must be delivered to the Forensic Science Centre<sup>23</sup> which provides a qualitative expert evaluation in case of every illicit drug and psychoactive substance seized in the Republic of Croatia. Their qualitative expert evaluation, that is determining the purity or the share of a certain drug in a mixture, is conducted for the operative purposes of the Police in all the cases when a sufficient quantity of a drug or a psychoactive substance is delivered. Since 2001, The Department for Toxicological Expert Evaluation is a member of the European Network of Forensic Science Institutes (ENFSI) Working Group on Drugs. Every year the Department takes two Proficiency tests (ENFSI and UNODC). The Forensic Science Centre has requested the ISO 17025 accreditation, while the Department has validated and applied two of its methods for the accreditation: the Quantitative determination of amphetamine presence by the GCMS method and the Quantitative determination of amphetamine presence by the HPLC method.

The "Ivan Vučetić" Forensic Science Centre carries out routine qualitative expert evaluations – purity assessment of heroin, cocaine, amphetamine, methamphetamine and MDMA in all seized samples sufficiently large for analysis – while there are insufficient resources for quantitative expert evaluations of tetrahydrocannabinol in marijuana and cannabis resin (hashish). In Standard Table 16 – Purity/potency at street level of some illicit substances, an overview of quantitative analysis (expanded upon further in the text) is given.

Heroin mixtures seized in 2008 were in most cases adulterated with analgoantipyretic paracetamol and psychostimulant caffeine, or less frequently different sugars like lactose and sucrose, even anxiolytic diazepam and narcoanalgetics methadone and cocaine in some cases.

<sup>23</sup> The Forensic Science Centre "Ivan Vučetić" operates within the Ministry of the Interior.



Quantitative expert evaluations included a total of 2 003 from 630 cases, in which the minimal portion of heroin was 0.6%, the maximal portion was 63.3%, while the average portion of the heroin base was 22.9%. Out of the aforementioned number of heroin cases, 362 cases with a total of 491 samples involved quantities of less than one gram (commonly called a "street dose"). The minimal portion of heroin in those cases was 0.6%, the maximal portion was 59%, and the average portion was 21.4%.

Cocaine mixtures seized in 2008 was in most cases adulterated with analgoantipyretic phenacetine, local anaesthetic and antiarrhythmic lidocaine, aminoacid creatine, sugar alcohol mannitol, and lactose. In some cases, the contained contained traces of amphetamine, tetracaine, calcium channel blocker diltiazem, as well as antihistamine hydroxyzine, antihelminthic levamisole, decongestant and sympathomimetic ephedrine and analgoantipyretic propyphenazone. Quantitative expert evaluations included a total of 547 samples from 286 cases, in which the minimal portion of cocaine was 2.5%, the maximal portion was 87.6%, while the average portion was 28.9%. Out of the aforementioned number of cocaine cases, 162 cases with a total of 166 samples involved quantities of less than one gram (commonly called a "street dose"). The minimal portion of cocaine in those cases was 2.5%, the maximal portion was 84.0%, and the average portion was 28.5%.

Amphetamine seized in 2008 was in powder form and, less frequently, in tablet form. In most cases it was adulterated with creatine, caffeine, lactose, less often with starch, while in some cases it contained traces of MDMA, methamphetamine, ephedrine, cocaine, and a mixture of paracetamol, codeine and propyphenazone. Quantitative expert evaluations of amphetamine in tablet form included a total of 3,436 tablets from 6 cases, in which the minimal portion of amphetamine was 2.2%, the maximal portion was 9%, while the average portion of the amphetamine base was 4.3%. Out of the aforementioned number of amphetamine tablet cases, a total of 4 tablets from 3 cases involved quantities of less than one gram (commonly called a "street dose"). The minimal portion of amphetamine in those cases was 2.2%, the maximal portion was 9%, and the average portion was 6.3%. Quantitative expert evaluations of amphetamine in powder form included a total of 791 samples from 408 cases, in which the minimal portion of amphetamine was 1%, the maximal portion was 71%, while the average portion of the amphetamine base was 8.2%. Out of the aforementioned number of amphetamine powder cases, a total of 230 samples from 211 cases involved quantities of less than one gram (commonly called a "street dose"). The minimal portion of amphetamine in those cases was less than 1%, the maximal portion was 71%, and the average portion was 8.6%.

MDMA (commonly called "ecstasy") seized in 2008 was mostly in tablet form of illegal origin, or, in fewer cases, in the form of powder or powder in capsules. 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 a total of 2,218 tablets from 44 cases, in which the minimal portion of MDMA was 3.8%, the maximal portion was 53.8%, while the average portion of the MDMA base was 26.3%. Out of the aforementioned number of MDMA tablet cases, 24 cases with a total of 41 tablets involved quantities of less than one gram (commonly called a "street dose"). The minimal portion of amphetamine in those cases was 3.8%, the maximal portion was 53.8%, and the average portion was 24.6%. Quantitative expert evaluations of MDMA in powder form included a total of 22 samples from 20 cases, in which the minimal portion of MDMA was 6%, the maximal portion was 90.4%, while the average portion of the MDMA base was 52.4%. Out of the aforementioned number of MDMA powder cases, 16 cases with a total of 17 tablets involved quantities of less than one gram (commonly called a "street dose"). The minimal portion of MDMA in those cases was 6%, the maximal portion was 90.4%, and the average portion was 55.7%.

There were 6 cases of methamphetamine powder seizure in 2008, in which a total of 2.07 g of methamphetamine were seized. Quantitative expert evaluations of MDMA in powder form

yielded the minimal methamphetamine portion of 3.4%, maximal portion of 95.8%, and average portion of methamphetamine base of 55.7%.

In 2008, a total of 92 illicit tablets containing chlorphenylpiperazine (mCPP) was seized in 6 cases. In 3 cases 141 tablets containing MDMA as an active substance (1-2.4%) along with mCPP were found, while in one case MDMA tablets also contained mCPP.

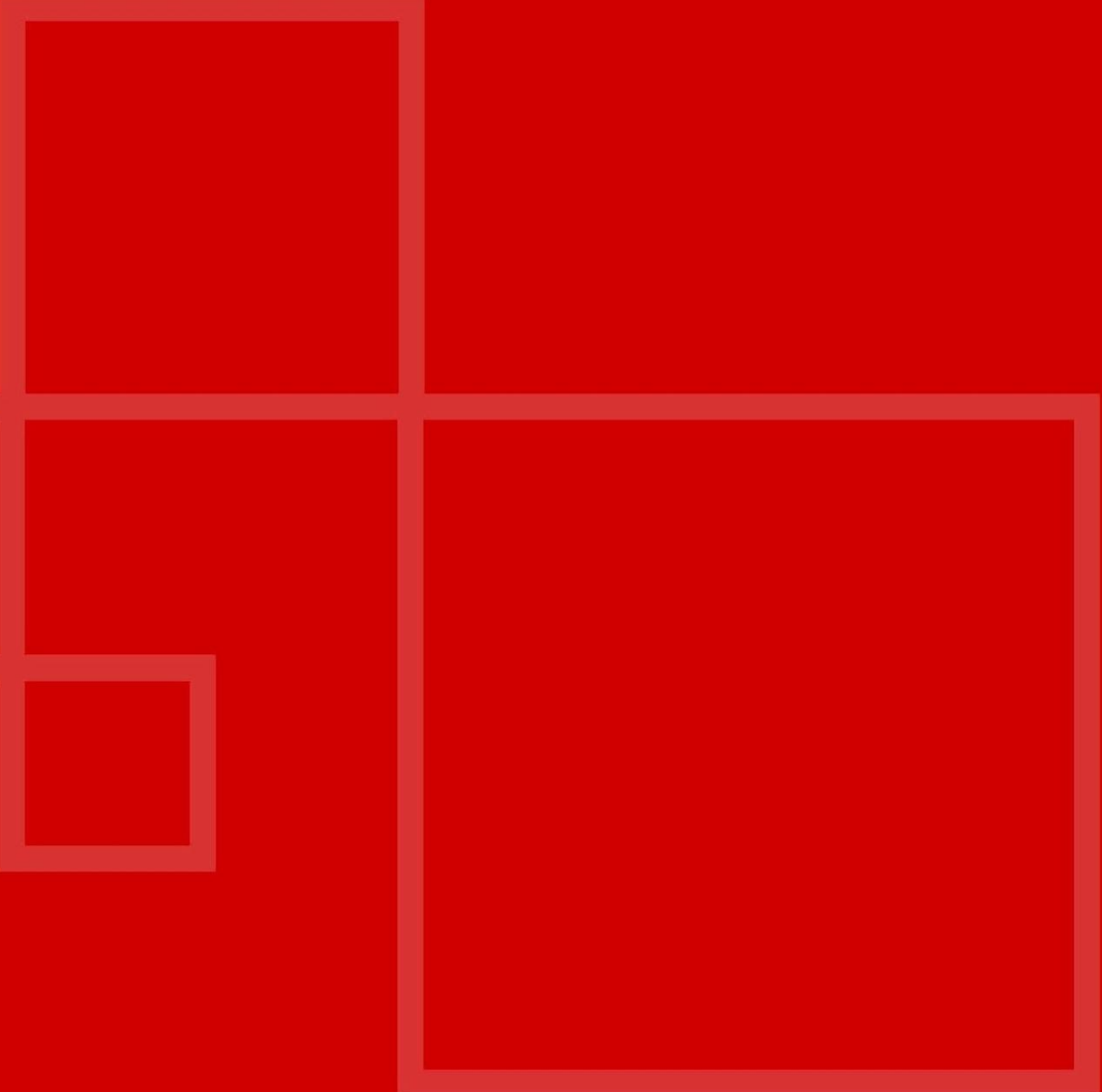
Table 10.4 - Purity of seized illicit drugs in the Republic of Croatia (2008)

DRUG	Heroin	Cocaine	Amphetamine		MDMA		Metamphetamine	
			powder	tablets	powder	tablets	powder	tablets
N records	630	286	408	6	20	44	6	0
N amples	2 003	547	791	3 436	22	2 218	6	0
MIN %	0.6	2.5	<1	2.2	6	3.8	3.4	-
MAX %	63.3	87.6	71	9	90.4	53.8	95.8	-
MEAN %	22.9	28.9	8.2	4.3	52.4	26.3	55	-
CUTTING AGENTS	paracetamol caffeine lactose sucrose  traces of:  diazepam methadone cocaine	phenacetin lidocaine creatinemanitol lactose traces of: diltiazem levamisol ephedrine propiphenazon hydroxyzine tetracaine amphetamine	creatine caffeine lactose starch  traces of:  MDMA methamphetamine ephedrine paracetamol propyphenazone cocaine		lactose sorbitol  traces of:  MDA MDE		lactose creatine  traces of:  ephedrine	

Source: Ministry of the Interior



# SELECTED ISSUES



## 11 Cannabis markets and production

As a tourist, maritime and transit country with many important roads, railways, rivers and other transit routes, Croatia is suitable for the movement of people and goods in both legal and illegal manner. A more liberal border policy (as an important step towards the EU), movement of our citizens in the entire world (including illicit drug producer countries), friendly and familial connections with other countries in the region (especially those with a greater availability of illicit drugs) also have an effect on the supply and presence of all types of illicit drugs on the Croatian illicit drug market, including cannabis.

### 11.1 Markets

The position of Croatia on the Balkan Route, elaborated upon in Chapter 10.1, benefits many drug trafficking organisations, groups and individuals who abuse the customs control of imports, customs transit and exports, and conceal illicit drugs intended for the countries of Western Europe, but the domestic illicit drug market as well, in various legal cargo. This infamous trafficking route is traditionally used to traffic, apart from heroin, large quantities of cannabis, especially cannabis resin, which comes mostly from South-western Asia. Because large quantities of cannabis enter Croatia from the neighbouring countries, small quantities remain here for illicit use. Cannabis originates mostly from Albania or the African continent. Still, police work has shown that in 2008 there was a change of a long-time trend related to cannabis products producer countries (more cannabis products coming from the countries in the Region).

Picture 11.1 – Cannabis trafficking routes passing through Croatia



Source: Klarić 2007a

Large quantities of cannabis herb are trafficked mostly by sea, concealed among legal cargo, or hidden inside the structure of shipping containers, and are transported via roads or railways to their final destination. The Croatian sea ports of Rijeka, Ploče and Split are especially attractive to illicit drug traffickers. During the tourist season, a large number of individual cannabis herb and resin trafficking cases are recorded. The drugs are usually trafficked by tourists, mostly for their own needs during their vacations in Croatia.

Although well known criminal organisations dominate organised heroin trafficking in this part of Europe, Croatia noticed some criminal activities of citizens from the neighbouring South-eastern countries, who often contact Croatian citizens following business, friendly or other relations. This is not classic highly organised crime, but rather crime of opportunity, aimed at quick and easy earnings.

On the territory of Croatia, no large-scale cannabis cultivation (either in open or closed spaces) has been registered thus far, probably due to a high availability and low prices for some time now. Most of the existing cases of cannabis herb cultivation in Croatia refer to cultivation in the open area; usually a small number of plants grown on a relatively small surface. It is estimated that in 2008 between 0.2 and 0.4 hectares were planted with cannabis. Cannabis herb is mostly grown by individuals, who use it primarily for their use, and, in a smaller number of cases, for sale, to make profit. Cases of discovered cannabis cultivation in closed spaces were individual. Usually small numbers of plants were involved, indicating that they were cultivated for personal use in most cases. Still, due to a low availability of cannabis in 2008 and the rise in prices, a greater number of cannabis herb cultivation attempts for personal use can be expected.

The materials used in cannabis cultivation (lamps, fertiliser, etc.) can be procured in agricultural stores. Yet, whoever who without authorization, makes, procures, possesses or offers for use equipment, materials or substances, knowing that they are to be used to manufacture narcotic drugs,<sup>24</sup> commits a criminal offence. According to the Act on Combating Narcotic Drugs Abuse, cannabis plants may be cultivated only with advance approval by the Minister of Agriculture, Fisheries and Rural Development, but since this law entered into force in 2001, no application for such cultivation has been registered.

Regarding cannabis retail outlets, there are no significant differences compared to outlets of other illicit drugs. The territories of street dealers are strictly divided, each dealer selling to a select circle of drug users, reluctant to trade with new, unknown persons. For this reason it is difficult to place an undercover agent into such a criminal environment. The mode of operation of dealers of illicit drugs (including cannabis) usually involve taking orders using telecommunication devices, direct transactions, transactions during house parties, mobile transactions (using vehicles), drugs left in a previously agreed upon location, delivery of drugs to the buyer's home address, and mail delivery (Klarić 2007). Naturally, certain methods are not feasible in smaller urban environments or are modified, and drug dealers often use a combination of these methods known to the police. However, apart from the described modes of operation, drug dealers find new methods of street sale almost every day, which is largely case-dependent.

According to the information gathered by the police during seizures or complex operations (e.g. simulated drug purchases, direct contact with criminals involved in street sales or wholesale of drugs), the wholesale prices of cannabis herb range from EUR 1,000 to EUR 1,500, and the wholesale prices of cannabis resin range from EUR 2,500 to EUR 3,000. Dealers often barter cannabis for heroin. Cannabis users mostly purchase small quantities for personal use, since growing cannabis carries a risk of an additional criminal offence. The "imported" cannabis herb, apart from making up the greatest portion of available cannabis herbs in Croatia, is also cheaper and stronger (i.e. contains a greater percentage of THC) than domestic cannabis. The standard unit at which cannabis herb is purchased by users is called „panj“ (eng. stump) in the Croatian language, and usually ranges from 2 to 6 grams, depending on dealer, but 4-5 grams in average weight (approx. EUR 20). Cannabis resin is usually bought by gram (min. EUR 6, max. EUR 8, mean EUR €7).

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<sup>24</sup> Art. 173, Criminal Code (OG 152/08)

Due to a higher availability and lower prices, there is certainly a more widely spread use of cannabis herb than cannabis resin in Croatia. More precise information on the estimated share of national consumer market for each cannabis product is not available.

## 11.2 Seizures

Police officials take all necessary measures to combat all types of cannabis cultivation in general. The aforementioned tasks and measures combating cannabis cultivation follow the measures set forth in the National Strategy for Combating Narcotic Drug Abuse in Croatia for 2006-2012, and the Action Plan on Combating Narcotic Drugs Abuse in Croatia for 2006-2009 – the chapter concerning combating the illicit drug supply. In the aforementioned National Strategy and Action Plan, they are highlighted as priority measures for combating illicit drugs (including cannabis) trafficking, along with measures used for combating illicit drug cultivation, which are implemented by the police.

Regarding cannabis herb seizures on the illicit drug market in Croatia, in 2006 there was a total of 7 049 seizures of all types of drugs, out of which 3 883 were cannabis herb seizures (54.38%), 119 were cannabis plant seizures (1.69%), and 469 were cannabis resin seizures (6.65%), or 62.72% of cannabis in the total number of all seizures. In 2007, there was a total of 3 227 cannabis herb seizures, amounting to 50% of the total number of all seizures. Adding cannabis resin seizures into equation – which is 551 seizures, or 8.42% of total seizures, and 220 cannabis plant seizures, or 3.36% of total seizures – it is evident that, again, over 60% of total illicit drug seizures in Croatia were cannabis product seizures. The figures for 2008 are somewhat lower, but cannabis herb remains the most frequently seized drug on the Croatian illicit drug market in Croatia (2 827, or 48.10% of all seizures). The cannabis resin seizure trend is also stable (485 seizures, or 8.25% of all seizures), while the portion of cannabis plant seizures was somewhat lower than in the previous years (91, or 1.55%). These data confirm the hypothesis that cannabis is the most abused drug in Croatia.

Regarding significant and major cannabis herb seizures in Croatia, it is important to stress that Croatia was not the drug's final destination. The table below shows cannabis herb, cannabis resin and cannabis plant seizures made in Croatia between 2003 and 2008.

Table 11.1 - Seized quantities of cannabis products (2004-2008)

Total seizures of all types of illicit drugs	2004	2005	2006	2007	2008
Marijuana (kilograms)	428 kg 235 g	983 kg 222 g	202 kg 445 g	239 kg 316 g	220kg 691 g
Hashish (grams)	5 kg 893 g	53 kg 35 g	12 kg 86 g	4 kg 493 g	4 kg 845 g
Cannabis plant (pieces)	2 207	2 960	2 699	2 886	271 819

Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2008

We stress that there are significant deviations in the number of cannabis plant seizures in 2008, since in 2008 an industrial hemp plantation was destroyed, with approximately 269 109 plants grown on 8 900 m<sup>2</sup> (between 25 and 35 plants per square metre). The plantation was not intended for illegal hemp cultivation, but rather for fish feed production. The hemp seeds were purchased legally and were declared as industrial hemp seeds. A testing of the plants yielded illicit levels of THC, and so the plantation was destroyed. The number of seized plants from illegal cultivation in 2008 was 2 710 (over 80 seizures of smaller numbers of plants).



Since the Ministry of the Interior registers only major seizures as individual seizures in its annual cumulative statistics on the national level (above 20 kg in case of cannabis), an overview of seizures by weight classes defined in the guidelines for the creation of this chapter is not possible. The seizure of 67 kg 500 g of cannabis herb in the August of 2008 in Croatia is one of the most significant seizures. It was a result of an international operation during which, in cooperation with the neighbouring countries, trafficking of many hundreds of kilograms of cannabis herb was proved, and a great trafficking chain from Albania, through Montenegro and Bosnia and Herzegovina, towards Croatia and Slovenia (intended for the illicit drug markets in the last two countries) was interrupted. In October, another 4 kg 510 g of cannabis herb were seized. Other seizures involved smaller quantities.

### 11.3 Offences

In 2008, there were 2 827 cannabis herb seizures, which amounts to 48.10% of all illicit drug seizures. It has to be stressed that data on the number of criminal offences by different types of drugs are not registered. However, judging from the number of cannabis herb seizures (cumulative data for 2008), it can be said that the total number of criminal offences related to cannabis herb abuse was 3 791, with deviations of approx. 5%. Analogously, estimated number of cannabis herb related criminal offences in 2007 is 4 539 whilst in 2006 there were approx. 3 981 criminal offences.

Regarding cannabis resin, estimated number of criminal offences in 2006 is 555. That number increased to approx. 670 criminal offences in 2007 and approx. 650 criminal offences in 2008.

## 12 Problem amphetamine and methamphetamine use, related consequences and responses

Problem (meth) amphetamine use for a longer period doesn't represent up to date issue for a discussion in scientific, political or media discussions since problem drug use in Croatia primary referrers to opiate addicts. In spite of that, it is interesting to gain insight in situation of the country with low prevalence of amphetamine and methamphetamine use like Croatia.

In Croatia, persons treated for use and/or addiction to psychoactive drugs usually use more than one type of drug. The majority of them start with cannabinoids and switch to so called "hard drugs" later on. Most of them are treated for opiates, usually heroin. According to the data available, it has to be emphasised that (meth) amphetamine use doesn't have significant proportions in Croatia for the time being. Since there were no studies related to (meth)amphetamine use, information that we can provide in this chapter is quite limited.

Since, due to the aforementioned reasons, we register the hardest drug an individual uses, other drugs are often overlooked. It is the same is the case with psychostimulants. Amphetamine is a typical psychostimulant. It stimulates motoric activity (restlessness, need for movement; reduces fatigue and increases stamina). Psychostimulants also stimulate psychological functions – they "clear thoughts" and improve concentration. Taking into consideration the normal affinity of the youth towards such behaviour, the fact that they wish to "boost" these characteristics is somewhat understandable. Those drugs have become almost an indispensable part of the youth subculture in the club scene. The most widely abused drug of that type is ecstasy. As a drug on its own, it does not appear in a large number of cases. In the past several years, there has been a decrease in the use of these drugs.

The analysis of all treated patients in 2008 show that 79% of persons started their drug abuse with cannabinoids. The portion of psychostimulants as a drug on its own was only 2.9%, or 218 persons out of a total of 7 506 treated patients in 2008.

The average age of amphetamine, ecstasy and other psychostimulant users was 22.4 years, while persons who took other drugs were, on average, 7.8 years older. Persons registered for psychostimulants as the main substance of addiction had started with cannabinoids as the first secondary drugs of abuse in 58.7% of cases.

In 2008, there were five times more men than treated for stimulant abuse.

*Table 12.1 - Employment status of persons treated for abuse of psychostimulants and other drugs in 2008*

Employment status	Psychostimulants (%)	Other drugs (%)
Employed	28.4	31.2
Unemployed	25.7	37.9
Periodically employed	8.7	12.8
Pupil	<b>22</b>	<b>5.4</b>
Student	<b>10.1</b>	<b>3.9</b>
Pensioner	0.5	4.2
Housewife	0	0.1
Self-employed	0.9	1.7
Other	0.9	0.4
Unknown	2.8	2.4

Source: Croatian Institute of Public Health

An analysis of the employment status of treated patients shows that the greatest difference between these two groups is in the portion of pupils and students. Psychostimulant users were pupils and students in 32.1% of cases, while only 9.3% of them took other drugs.

Almost 60% of the persons had finished high school, and 17.4% of them had not finished high school. Those who used other psychoactive drugs had finished high school in 65.5% of cases, and 10.8% had not finished high school. In this group, almost 2.5% of persons had finished some form of higher education.

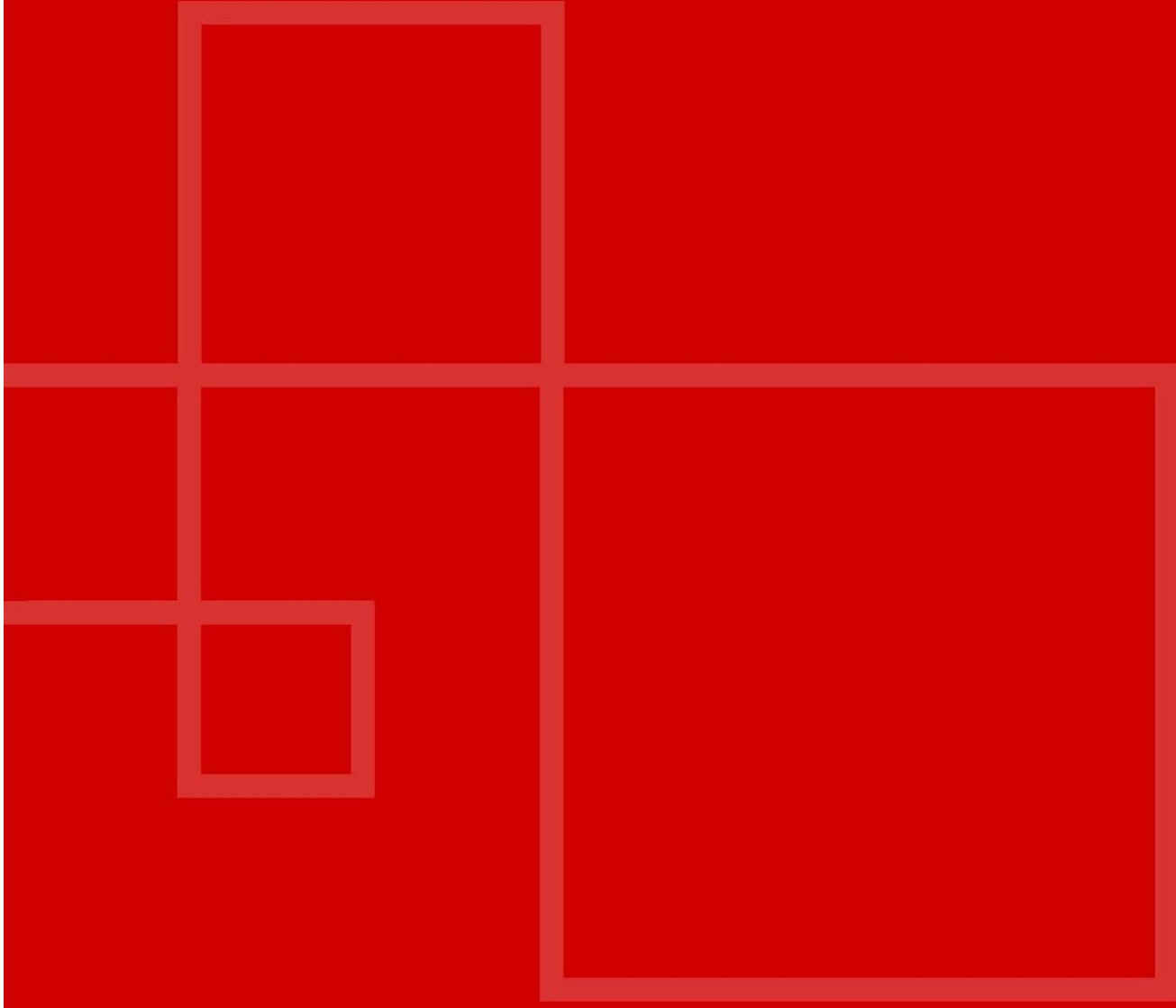
Almost 75% of persons lived with their primary family (parents). 11 of them lived alone, and 4 alone with a child. According to their reports, 18 lived with another psychoactive drug addict. Most of the treated persons were unmarried (87%), while 11 were married and 12 lived in an extramarital union.

As minors, most treated persons (73%) had not been punished by court. At the same time, 15% of them had been punished by court as minors. At the time of their treatment, 6% of them were under intensified care and surveillance.

When it comes to the criminality related to this type of drugs, so far there haven't been detected any clandestine laboratories for production of (meth) amphetamines on the territory of Croatia. Both amphetamines and methamphetamines were for the number of years coming mainly from the countries of Benelux, mostly Netherlands, and Poland. In the case of methamphetamine, Czech Republic was quite often determined as the country of origin. However, during the recent years production of psychostimulants more frequently appear in the Eastern countries, including those in our neighbourhood. Analogously, trafficking routes have also changed, meaning that trafficking of those types of drugs is not any more oriented from the West to the East but rather circular, in both directions. Relatively low prices and availability in the Region is probably the reason why criminal groups or individuals don't want to risk with the production in Croatia.

Regarding the seizures, vast majority of psychostimulant seizures refers to amphetamines. In 2006 there were 400 seizures of amphetamine which makes 5.67% of all seizures recorded that year. In 2007, that number increased by 27% (547 amphetamine seizures; 8.36% of all seizures) and in 2008 there were 448 amphetamine seizures (7.62% of all seizures). Amphetamine is usually seized in the form of powder with a bit lower purity (max. 30%) compared to other European countries. Methamphetamine seizures are very rare.

During the recent years there were few significant precursor seizures. In 2006, Croatian and Italian law enforcement authorities jointly seized 1 660 kg of PMK that originated from China, but with the unknown final destination. In 2008, Croatia seized 188 kg of norephedrine coming from India (origin country was probably China and it was destined to Canada where additional 233 kg was seized). According to the INCB, that was one of the largest seizures of norephedrine in last 5 years.





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### 13.2 Alphabetic list of relevant data bases

No	Type of register / data base	Responsible institution
1	Criminal offence evidences	Ministry of Justice
2	Death certificate and report on the cause of death	Croatian Institute of Public Health
3	HIV Register	Croatian Institute of Public Health
4	Information system of the Ministry of the Interior (Criminal evidences)	Ministry of the 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 of Public Health
11	Archive of scientific programmes and projects	Ministry of Science, Education and Sport
12	IT Database UZDA - 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	<a href="http://www.dzs.hr">http://www.dzs.hr</a>
2	<a href="http://www.hzjz.hr">http://www.hzjz.hr</a>
3	<a href="http://www.mup.hr">http://www.mup.hr</a>
4	<a href="http://www.mzss.hr">http://www.mzss.hr</a>
5	<a href="http://www.online-baze.hr">http://www.online-baze.hr</a>
6	<a href="http://www.uredzadroge.hr">http://www.uredzadroge.hr</a>
7	<a href="http://www.nijd.uredzadroge.hr">http://www.nijd.uredzadroge.hr</a>
8	<a href="http://www.hck.hr">http://www.hck.hr</a>
9	<a href="http://www.udrugaterra.hr">http://www.udrugaterra.hr</a>
10	<a href="http://www.udruga-let.hr">http://www.udruga-let.hr</a>
11	<a href="http://www.emcdda.europa.eu">http://www.emcdda.europa.eu</a>

## 14 Annexes

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## 14.5 List of full references of acts

### No Act/Rulebook

- 1 Kazneni zakon NN 110/97 (Criminal Code Official Gazette (OG) 110/97)
- 2 Obiteljski zakon NN 116/03 (Family Act, OG 116/03)
- 3 Popis opojnih droga, psihotropnih tvari i biljaka iz kojih se može dobiti opojna droga te tvari koje se mogu uporabiti za izradu opojnih droga, NN 50/09 (List of narcotic drugs, psychotropic substances, plants used to produce narcotic drugs and substances that can be used in the production of narcotic drugs (precursors), OG 50/09)
- 4 Pravilnik o vrsti i djelatnosti doma socijalne skrbi, načinu pružanja skrbi izvan vlastite obitelji, uvjetima prostora, opreme i radnika doma socijalne skrbi, terapijske zajednice, vjerske zajednice, udruge i drugih pravnih osoba te centra za pomoć i njegu u kući, NN 64/09. (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)
- 5 Zakon o izmjenama i dopunama Kaznenog zakona Republike Hrvatske, NN 111/03, 105/04, 84/05, 71/06, 110/07, 152/08) (Act on the Amendments to the Criminal Code OG 111/03, 105/04, 84/05, 71/06, 110/07, 152/08)
- 6 Zakon o izmjenama i dopunama Obiteljskog zakona NN 17/04, 136/04, 107/07 (Act on the Amendments to the Family Act OG 17/04, 136/04, 107/07)
- 7 Zakon o izmjenama i dopunama Zakona o kaznenom postupku NN 76/09 (Act on the Amendments to the Criminal Procedure Code OG 76/09)
- 8 Zakon o izmjenama i dopunama Zakona o socijalnoj skrbi NN 7/07 (Law on the Amendments to the Law on Social Welfare OG 7/07)
- 9 Zakon o izmjeni Zakona o suzbijanju zlorporabe opojnih droga NN 87/02, 163/03, 141/04, 40/07 (Act on the Amendments to the Act on Combating Narcotic Drugs Abuse OG 87/02, 163/03, 141/04, 40/07)
- 10 Zakon o kaznenom postupku NN 152/08 (Criminal Procedure Code OG 152/08)
- 11 Zakon o ograničavanju uporabe duhanskih proizvoda, NN 125/08. (The Law on Restricted Use of Tobacco Products, Official Gazette 125/08)
- 12 Zakon o sigurnosti prometa na cestama, NN 67/08 (Act on Road Traffic Safety OG 67/08)
- 13 Zakon o suzbijanju zlorporabe opojnih droga NN, 107/01 (Act on Combating Narcotic Drugs Abuse OG 107/01)
- 14 Zakon o zaštiti na radu, NN 86/08 (Act on Protection at Work OG 86/08)

