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# CROATIAN **report**



European Monitoring Centre  
for Drugs and Drug Addiction



CROATIAN  
NATIONAL  
DRUGS  
INFORMATION  
UNIT

**2014 NATIONAL REPORT (2013 data)  
TO THE EMCDDA  
by the Office for Combating Drugs Abuse of the  
Government of the Republic of Croatia**

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

**Zagreb, August 2014**

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

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## **Contents**

<b>Summary.....</b>	<b>6</b>
<b>Part A: New developments and trends</b>	<b>13</b>
<b>1. Drug policy: Legislation, strategies and economic analyses.....</b>	<b>14</b>
1.1 Introduction .....	14
1.2 Legal framework.....	14
1.3 National Action Plan, Strategy, evaluation and coordination .....	19
1.3.1 National Action Plan and Strategy.....	19
1.3.2 Implementation of the National Action Plan and Strategy.....	20
1.3.3 Evaluation of the National Action Plan and Strategy .....	29
1.3.4 Coordination.....	32
1.4 Economic analyses.....	35
1.4.1 Labelled public expenditures in the area of combating drug abuse.....	35
1.4.2 Unlabelled public expenditures in the area of combating drug abuse.....	40
1.4.3 Estimated total public expenditures according to the classification of public functions.....	44
1.5 Conclusion.....	45
<b>2 Drug use in the general population and specific target groups.....</b>	<b>48</b>
2.1 Introduction.....	48
2.2 Drug use in the general population.....	49
2.3 Drug use among the school population and youth .....	54
2.4 Drug use among target groups/environments at national and local levels.....	55
<b>3 Prevention.....</b>	<b>64</b>
3.1 Introduction.....	64
3.2 Environmental strategies.....	70
3.3 Universal prevention.....	73
3.4 Selective prevention among groups at risk and settings .....	77
3.5 Indicated prevention.....	79
3.6 National and local media campaigns .....	80
<b>4 Problem Drug Use (PDU).....</b>	<b>80</b>
<b>5 Drug-related treatment: demand and availability .....</b>	<b>81</b>
5.1 Introduction .....	81
5.2 General description, availability and quality assurance.....	82
5.2.1 Strategy/Policy.....	83
5.2.2 Treatment system.....	85
5.3 Access to treatment.....	92
5.3.1 Characteristics of patients/clients .....	93
5.3.2 Population in treatment and treatment characteristics.....	107
<b>6 Health correlates and consequences.....</b>	<b>114</b>
6.1 Introduction.....	114
6.2 Drug-related infectious diseases.....	115
6.3 Other drug-related correlates and consequences .....	116
<b>7 Responses to health correlates and consequences .....</b>	<b>118</b>
7.1 Introduction.....	118
7.2 Prevention of drug-related emergencies and reduction of drug-related deaths.....	118
7.3 Prevention and treatment of drug-related infectious diseases with emphasis on .....	119

treatment of hepatitis C among injecting drug users .....	122
7.4 Responses to other health consequences among drug users .....	122
<b>8 Social correlates and social reintegration .....</b>	<b>123</b>
8.1 Introduction.....	123
8.2 Social exclusion and drug use .....	124
8.2.1 Social exclusion among drug users .....	125
8.2.2 Drug use among socially excluded groups.....	125
8.3 Social reintegration.....	128
8.3.1 Housing and accommodation of addicts.....	130
8.3.2 Education, training .....	131
8.3.3 Employment.....	132
8.3.4 Quality assurance .....	136
<b>9 Drug-related crime, prevention of drug-related crime and prisons .....</b>	<b>139</b>
9.1 Introduction.....	139
9.2 Drug crime .....	141
9.2.1 Drug-related criminal offence structure.....	141
9.2.2 Other drug-related crime .....	153
9.3 Prevention of drug crime.....	156
9.4 Interventions in the criminal law system.....	158
9.5 Drug use and problem drug use in prisons.....	159
9.6 Responses to health issues connected to drug use in prisons.....	161
9.7 Reintegration of addicts following their release from prison.....	168
<b>10 Drug markets.....</b>	<b>172</b>
10.1 Introduction.....	172
10.2 Availability and supply.....	173
10.2.1 Perceived availability of drugs, exposure, access to drugs.....	174
10.2.2 Origin of drugs: National production versus imported drugs.....	178
10.2.3 Trafficking patterns, national and international flows, routes, modus operandi; and organisation of domestic drug market.....	178
10.3 Seizures.....	184
10.3.1 Quantities and number of seizures of all types of drugs.....	184
10.3.2 Quantities and numbers of seized precursors.....	189
10.3.3 Number of detected illicit laboratories and other drug production sites.....	189
10.4 Price/Purity.....	190
10.4.1 Street-level price of illicit drugs.....	190
10.4.2 Purity/potency of illicit drugs .....	195
<b>11 Bibliography.....</b>	<b>201</b>
11.1 Alphabetical list of bibliographic references.....	201
11.2 Alphabetical list of databases .....	204
11.3 Alphabetical list of websites .....	204
<b>12 Appendices .....</b>	<b>205</b>
12.1 List of tables used in the text .....	205
12.2 List of charts used in the text .....	208
12.3 List of figures used in the text .....	209
12.4 List of acts and ordinances.....	210

## Summary

### PART A: New developments and trends

#### Chapter 1 Drug policy: Legislation, strategies and economic analyses

In 2013 the programme implementation continued in different drug policy segments in accordance with the strategic objectives laid down in the National Strategy on Combating Drug Abuse for the period 2012-2017 and the National Action Plan on Combating Drug Abuse for the period 2012-2014. This was addressed by the competent state administration bodies, local and regional self-government units and civil society organizations in their reports included in the text of this year's report. In particular, the progress is evident in the development of legal instruments and responses to drug demand and supply, which are in compliance with the modern European drug legislation. In addition, a significant step forward has been made in acknowledging strategic thinking and approach in creating a response to addiction, and providing targeted training of professionals and experts. Several significant projects have been or are being implemented. They include, inter alia, the following: the adoption of standardized guidelines for treatment, the promotion of the quality standard concept as a criterion for financing programmes and projects conducted by associations, the implementation of specific training and up-skilling in line with the detected on-site needs, the strengthening of communication and cooperation with county drug policy implementing bodies and the fostering of cooperation between the penal and the treatment system

#### Chapter 2 Drug use in the general population and specific target groups

In 2013 two studies were carried out as a follow-up to the 2011 research. These are the "Research into new trends of addictive substance use" conducted on a sample of N=1,035 active participants of the "forum.hr" website and the research "Availability and prices of illicit drugs in the Republic of Croatia" conducted in cooperation with several associations which deal with drug addiction problems and carry out harm reduction programs (Terra Association, LET Association, HELP Association, Institut Association and the Croatian Red Cross). Following the scientific and research project "Addictive substance abuse in the general population of the Republic of Croatia" conducted in 2011, the "Analysis of the Polyuse of Particular Addictive Substances and of Playing Games of Chance in Croatia: Research Report" was published in 2014. In addition, the paper "Prevalence of addictive substance use in the general population: situation in Croatia and comparison with other European countries" was published in 2013 as a follow-up to the project "Addictive substances abuse in the general population of the Republic of Croatia". In the City of Zadar the research was carried out into the impact of the tourist season on drug consumption by the use of an analysis of selected urinary biomarkers of drugs in wastewater. Furthermore, in 2013 it is also important to emphasize the research "It is Good to Know". The research holder was the Service for the mental health protection, addiction prevention and outpatient treatment of the Institute of Public Health of the Međimurje County in cooperation with the Commission for Combating Drug Abuse of the Međimurje County and the Preventive School Programmes of primary and secondary schools.

### **Chapter 3 Prevention**

In order to gain an insight into existing prevention interventions, in late 2010 the Office for Combating Drug Abuse created the Drug Addiction Prevention Programme Database. The Prevention programme database is part of the Programme database, and its goal is to gain an insight into all conducted prevention activities; raise awareness of the people who are responsible for the implementation of programmes, creators of policies, experts and all stakeholder on the „on-site„ conditions. The Database will enable the identification of high quality, evaluated and efficient programmes for the purpose of raising quality of prevention interventions. Programmes were entered into the database throughout 2013. The database is available at [www.programi.uredzadroge.hr](http://www.programi.uredzadroge.hr).

With the aim of increasing the quality level of the existing projects, the Office has, in cooperation with the Faculty of Education and Rehabilitation Sciences of the University of Zagreb, started the project "Improvement of the quality of addiction prevention programmes, and rehabilitation and social reintegration programmes", which included civil society organisations financed by the Office in 2013. The overall aim of the project was to contribute to the increased quality level of the projects in line with the European Drug Prevention Quality Standards. Based on the results of the self-analysis and external programme evaluation, guidelines for the improvement of the programme have been created.

In the Republic of Croatia several intervention types in the area of prevention are applied, namely universal, selective and induced prevention. Furthermore, an important role is played by the environmental strategies, i.e. market control measures or coercive measures (age limit regulation, tobacco restrictions and prohibitions) which are largely focused on legal addictive substances. Due to the limited size of this report, the Chapter provides an overview of some interventions conducted in 2013, and recent developments in the area of combating addiction prevention in Croatia.

### **Chapter 4 Problem Drug Use (PDU)**

In 2013, due to the inaccessibility of data at the time of concluding the annual report, in the Republic of Croatia the assessment of problem drug use within the addicted population was not carried out.

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

According to the Croatian Institute of Public Health, by the end of 2013 the Registry of Treated Psychoactive Drug Abusers, kept since 1978, contained entries on approximately 33,000 persons.

In 2013, a total of 7,858 persons were treated in the healthcare system. This was an increase of 3 persons in comparison to the year before when there were 7,855 persons. Most persons were treated in outpatient treatment provided by services for mental health protection, addiction prevention and outpatient treatment; there were 7,194 or 91.5% of all treated persons. Prevalence of opiate addicts in the total number of treated persons is similar to the previous years and amounted to 80.4%, i.e. 6,315 persons. Prevalence of non-opiate addicts was 19.6% or 1,543 persons. According to the main substance used by opiate addicts, the most frequently used was heroin (6,029 or 95.5% of all opiate

addicts), while the most common substance among non-opiate addicts was cannabis (1,047 persons or 67.8%). Similar to the year before, there were 1,126 new addicts in treatment or 14.3% in the total number of addicts treated for opiate addiction. Most of them were on some form of substitution therapy – 5,147 persons or 80.6%. The majority were on maintenance or slow detoxification using buprenorphine (44.1%), followed by maintenance using methadone (41.1%). 328 persons (6.4%) stated that they had not used any other drugs in addition to opiates, either substitution or other medications.

The breakdown of treated persons by gender did not significantly change in 2013 in comparison to previous years. According to the data on the gender of treated addicts, most of them were male. Out of 7,858 treated persons in total, there were 82.3% or 6,467 men, and 17.7% or 1,391 women who were treated last year for psychoactive substance abuse. The ratio of treated men and women amounted to 4.6:1. Opiate addiction is most common among both men and women (80.8% among men and 78.3% among women). Unlike men, women showed significant addiction to sedatives (5.6% women, 1.2% men). As in the previous years, the highest number of treated persons (5,301), i.e. 67.5% have completed secondary education. Almost one quarter of treated persons - 1,877 or 23.9% - have completed primary education, whereas 116 persons or 1.5% have not completed primary school. 423 persons (5.4%) have completed a college or university.

In comparison to 2012, the number of treated persons with regular employment decreased significantly. There were 1,402 such persons or 17.8%. This was a decrease of 56.9% in comparison to 2012 when there were 3,254 persons with regular employment. More than half of treated persons (51.2%) were unemployed or economically inactive (8.3%). Therefore, it can be said that the consequences of the economic crises have significantly affected this population. Similar to the year before, in 2013 there were 8.2% pupils, i.e. students in treatment. According to the data collected by the Office, in 2013 therapeutic communities provided treatment to a total of 732 persons, namely 576 men (78.7%) and 156 women (21.3%), out of whom 337 or 46% were new. In comparison to 2012, when newly admitted persons accounted for 47.7%, it can be said that the number of new persons slightly decreased, but the number of total addicts in treatment increased by 6.7% compared to 2012.

In addition to therapeutic communities, associations also provide addicts with various forms of assistance and psychosocial treatment. The above data lead to a conclusion that the Croatian treatment system is stable and functioning. This is reflected in the fact that addicts are provided with several different programmes and that they stay longer in treatment.

Drug addiction treatment in Croatia is based on pharmacotherapy and psychosocial treatment. However, while there have been **guidelines** for pharmacotherapy since 2006, until now there were no guidelines for psychosocial treatment of drug addicts in the healthcare, social or prison system in the Republic of Croatia. Therefore, it has been recognized that guidelines as a set of recommendations based on best practice and scientific evidence may significantly contribute to the quality of treatment for drug users and addicts. This has led to the drafting of the Guidelines for psychosocial treatment of drug addicts in the healthcare, social or prison system in the Republic of Croatia, adopted by the Commission of the Croatian Government on 28 January 2014.

## Chapter 6 Health correlates and consequences

As in previous years, the prevalence of drug-related infectious diseases shows a low rate of HIV infection and a continued positive trend in the decrease of hepatitis B and particularly hepatitis C prevalence. The proportion of HIV infected addicts is very small

and stable as in previous years. In 2013 it even decreased additionally (0.3 in comparison to 0.5 in 2012).

Almost all drug-related deaths are recorded through coordination and cooperation of the entire network of addiction treatment institutions (Services for addiction prevention and outpatient treatment and hospitals) and the Forensic Science Centre "Ivan Vučetić". However, this year data on such death cases will be available after the conclusion of the annual report.

Out of all persons treated for addiction in 2013, 6.9% of them had at least one concurrent diagnosis. This was more pronounced in opiate (7.0%) than non-opiate addicts (6.4%). In both cases the most frequent disorders were related to alcohol.

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

The Croatian Red Cross and civil society organizations: Let, Help, Terra and Institut, Hepatos, HUHIV and Ne-ovisnost continue to conduct the activities of distributing injecting equipment, distributing condoms, collecting infectious waste, cleaning the environment from the discarded equipment, distributing educational material, counselling and informing the addicts about the harmful effects of drug abuse, the risk of overdose and how to protect themselves from blood-borne and sexually transmitted diseases to the same extent. An important role in reducing the harm caused by drug abuse also play the Centres for Free of Charge and Anonymous HIV Testing and Counselling, substitution pharmacotherapy programmes, and prevention and therapy of infectious diseases related to drug use.

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

In the Republic of Croatia there are two main reasons for social exclusion of youth: drop out of education and unstable position on the labour market. In comparison to other European countries, Croatia has fallen into recession later, but also stayed longer in. Unfavourable economic trends marked the entire period from late 2008 to 2013, which had an adverse effect on the labour market and fluctuations of the number of the employed. Despite that, the Republic of Croatia, unlike many other European countries, still has not encountered a significant problem of social exclusion of drug addicts. As regards the issues of homelessness, poverty and prostitution, in Croatia there are no relevant statistical indicators or surveys which would address the size of the problem in a systematic manner. In the Republic of Croatia the problem of social exclusion of drug addicts is still not as significant as in many other European countries. In accordance with traditional family values, the majority of addicts are strongly supported by their primary and secondary family, and live with them. The data of the Croatian National Institute of Public Health for 2013 show that out of the total number of persons treated for drug abuse (7,858), most of them were treated for opiate use – 6,315 persons or 80.4%. As in previous years, opiate addicts usually lived with their primary family (2,642 – 41.9%). 1,132 persons (17.9%) lived with their partner and a child. 746 persons (11.8%) lived with their partner and alone with a child 105 (1.7%). 1,081 (17.1%) treated persons lived alone. According to the associations providing help in the social reintegration of treated addicts and/or conducting harm reduction programmes, in 2013 there was a slight decrease in the number of addicts with social problems such as homelessness in comparison to 2012. These data show that in 2013 there were 31 homeless addicts, of whom 6 were women. In comparison to 2012, when there were 41 such persons, of

whom 11 were women, this was a decrease of 24.4%. The number of addicts involved in prostitution is almost identical to the year before. In 2013, there were 17 such persons, out of whom 15 were women (in 2012 there were 16 persons and 14 were women). Homeless persons are mostly 30 to 50 years old, long-time drug users (over 10 years), with no family or no family support. Prostitution is practised mostly by women aged 25-35 on average, coming from dysfunctional families, with extremely low income. They are long-term heroin addicts with poor health due to other infectious or psychic diseases. In 2013 there were still two housing communities active (one in Osijek and one in Brestovac) which offered services of organised accommodation to about 20 treated addicts.

The 2013 reports on the Implementation of the Project of Social Reintegration show that the Project implementation has become more intensive, and that considerably more beneficiaries have entered the programmes of education and employment than previous years. In 2013, a total of **249 beneficiaries (223 male addicts and 26 female addicts)** were educated at the cost of the Ministry of Science, Education and Sports. The number of addicts registered with the regional offices of the Croatian Employment Service in 2013 amounted to **368 persons, out of whom 320 were men and 48 women**. This was an increase of 130% in comparison to the year before when 160 addicts were registered with the Employment Service. The Employment Service participated in the organization of training for **23 treated addicts**. Through active employment promotion measures significantly more addicts were employed in 2013 than in all previous years. In the period from 1 January to 31 December 2013 the Croatian Employment Service assisted in finding employment for 176 treated addicts (out of whom 102 persons were engaged in public works, and 12 persons used other active employment policy measures). From 19 April 2007, when the Social Reintegration Project was adopted, to 31 December 2013 the Croatian Employment Service carried out professional orientation and work-ability assessment for **592 addicts**; **191 treated addicts** participated in the training programmes, and **344 treated addicts** were employed for public works and used employment incentives or found employment on their own. The associations financed by the Office provided assistance in the social reintegration of a total of **1,163 persons**, out of whom **945 were men and 218 were women**. **This was an increase of 77% in comparison to 2012.**

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

According to the 2013 statistical data of the Ministry of the Interior, 2,713 criminal offences related to drug abuse and trafficking were reported. This was an increase of 28.8%. In 2013 the average share of drug crimes in overall crimes on the territory of the Republic of Croatia amounted to 4.3%. In previous years the share of drug crime in the overall crime amounted to around 10% (2012: 7,295); however, without paragraph 1, the 2012 share would account for 2.9%. This indicates an increase in 2013 of 1.4%.

According to the data from the State Attorney's Office, in 2013 a total of 1,676 perpetrators were reported for all criminal offence models of drug abuse in all age groups, while in 2012 a total of 5,052 perpetrators were reported. A majority of the persons were adults, followed by young adults and minors. Significant differences in comparison with the previous year are explained as a consequence of transferring the criminal offence of drug possession for personal use into punishable misdemeanours.

Out of a total of 1,676 criminal offences reported in connection with drug abuse, 20%, i.e. 342 criminal reports, were rejected, while in 2012 this share amounted to 72.2%.

In 2013, prisons were home to a total of 1,958 prisoners addicted to drugs (all criminal law statuses), a share of 12.4% in the overall prison population for this year. In 2012, more prisoners addicted to drugs were part of the prison system (2,261), and the share of addicts among all prisoners was higher (13.5%).

Out of 6,819 prisoners (not including all criminal law statuses) serving the prison sentence imposed on them in criminal proceedings in 2013, a total of 19% of them were addicted to drugs. Within this number, 43.8% of prisoners also had a security measure of mandatory drug addiction treatment imposed along with the prison sentence, while in 56.2% of prisoners drug addiction and/or disorders connected to psychoactive substance use was determined by the team of experts from the Centre for diagnostics in Zagreb, or the team of experts from the criminal authority, including a medical doctor. Just like in the overall population of addicts within the prison system, a decline was also noted in the case of addicts serving a prison sentence in comparison to the previous year; however, for prisoners serving a prison sentence this decline was very significant and amounted to 40.8%. Apart from the decline in the overall number of prisoners, it is estimated that a smaller number of addicted prisoners was also influenced by the entering into force of the new Criminal Code.

The recidivism rate in the addict population amounted to as much as 73%, whereas the share of recidivists within the overall prison population starting to serve their prison sentence in 2013 was 32%.

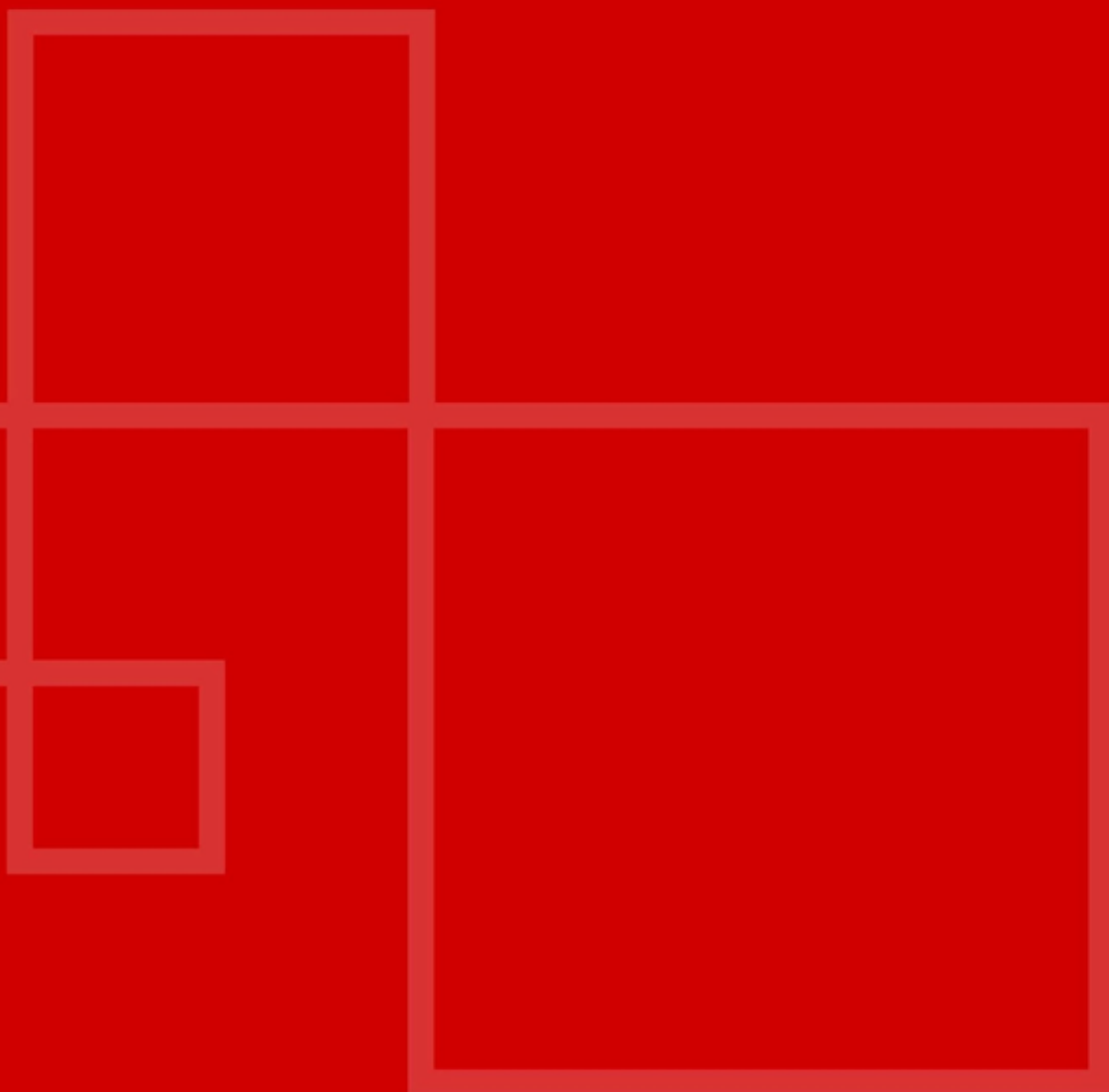
Out of 193 minors who were serving juvenile prison sentences or executing the educational measure of being referred to a rehabilitation centre in 2013, in around 30% of them drug addiction, drug abuse and/or disorders caused by psychoactive substance use was identified. There were no minors on whom a court imposed the security measure of mandatory treatment for addiction due to the significant influence of drug addiction to the committing of the criminal offence, and one minor was imposed with the special obligation to subject them to a specialist medicinal procedure and treatment against drug abuse, with the consent of their guardian. In other minors, drug addiction, drug abuse and/or disorders caused by psychoactive substance use was identified by the team of experts from the rehabilitation centre, or penitentiary, including a medical doctor.

## **Chapter 10 Drug markets**

According to the data from the previous survey on the illicit drug market conducted in late 2012 and early 2013, harm reduction programme beneficiaries believe marijuana and methadone to be the most available addictive substances usually purchased from their dealer (in 68.6% of cases). Another online survey on legal highs highlights the increase of respondents who have consumed legal highs. The most frequently used substances were synthetic cannabinoids, ketamine and mephedrone. These were mostly obtained from friends or personally in smart shops, even kiosks, video rental shops, clubs, gyms, sex shops, Indian shops, etc. According to the data kept by the Office, in the Republic of Croatia there are currently 15 smart shops offering a wide range of new psychoactive substances, a significant number of which pose a high risk to the health of their consumers. In 2013, the Forensic Science Centre "Ivan Vučetić" identified 12 new psychoactive substances in the form of herbal mixtures, blotters and powder, thus raising their number since 2011 to over 30.

As regards drug trafficking, Croatia is still primarily a transit country and the production of drugs is restricted to cannabis intended solely for personal use or sale on the Croatian market. In 2013 the total number of drug seizures continued to rise, by 10.8% in comparison to the previous year. There was a decline in the number of heroin and LSD seizures, while seizures of all other drugs were on the increase. Amphetamine and cocaine were seized in increasing quantities, while the seizures of other drug types were smaller in 2013 than in the previous year. The biggest single seizure was carried out in early 2013 at the Karasovići international road border crossing (Dubrovnik-Neretva County) when 232.79 kg of marijuana was seized. As regards territorial distribution, the biggest number of seizures were carried out in the counties with urban centres, having also the highest rate of treated drug addicts (the City of Zagreb and Zagreb County, Istria, and the Primorje-Gorski Kotar, Dubrovnik-Neretva and Split-Dalmatia counties).

In 2013, retail drug prices on the Croatian market (according to the operational intelligence of the police) mostly remained stable in comparison with the year before. According to the respondents of the drug market survey (2013 DCID), in 2012 the street-level price of heroin and substitution therapy on the black market dropped significantly. On the other hand, the prices of ecstasy, synthetic cathinones and synthetic cannabinoids (only joint) increased in comparison to the previous survey. A comparison of drug purity data over the past few years shows that the quality of stimulants, such as amphetamine, on the Croatian drug market has increased. Potency of cannabis products is also on the increase. This was confirmed by the record-high THC content in an analysed sample of cannabis herb (marijuana) of 49% in 2013.



# 1. Drug policy: Legislation, strategies and economic analyses

## 1.1. Introduction

The drug policy, which is in Croatia based on strategic objectives aimed at drug supply and demand reduction, is characterised by multidisciplinary approaches and programmes aimed at preventing addictions and combating drug abuse. Since the mid-1990s the strategic, legal and institutional framework of the national drug policy has undergone systematic enhancement and strategic development in line with the new needs, trends and scientific discoveries concerning the drug phenomenon. The implementation is based on the National Strategy and the Action Plan on Combating Drug Abuse as well as the Drug Abuse Prevention Act, as a starting point for all relevant stakeholders in the national system. Specific programmes in the area of different drug policy segments have been created and implemented pursuant to the above acts. In order to ensure timely and efficient implementation of the drug prevention policy and programme, the Office for Combating Drug Abuse has been entrusted with coordinating and monitoring the implementation of the national strategic documents and other activities. As regards the drug policy in the Republic of Croatia, significant results have been achieved in strengthening the existing system on combating drug abuse as well as cooperation among relevant structures not only at the international but also at national level. The national policy is in line with the European one, thus confirming its commitment to a balanced and evidence-based approach to drug-related issues. In particular, the progress is evident in the development of legal instruments and responses to drug demand and supply, which are in compliance with the modern European drug legislation. In addition, a significant step forward has been made in acknowledging strategic thinking and approach in creating a response to addiction, and providing targeted training of professionals and experts.

## 1.2. Legal framework

The legal guidelines of the national drug policy constitute a framework for the implementation of instruments and interventions relating to drug supply and demand reduction. The mechanisms established for the purpose of combating drug abuse and trafficking in drugs, alternatives to imprisonment, special obligations, the measure of compulsory addiction treatment, special evidentiary measures and other instruments relating to the penal and misdemeanour aspects of drug abuse, as specified in detail in the last year's reports, are governed by the Criminal Code<sup>1</sup>, Criminal Procedure Act<sup>2</sup>, Probation Act<sup>3</sup>, Misdemeanour Act<sup>4</sup> and Drug Abuse Prevention Act<sup>5</sup> as the central act governing all major issues relating to drug abuse.

The most significant change in the penal approach to the statistically most frequent form of drug abuse, possession for personal use, was made on 1 January 2013 when the new Criminal Code entered into force. The possession of drugs or substances prohibited in sport for personal use

<sup>1</sup>Criminal Code (OG 125/11, 144/12)

<sup>2</sup>Criminal Procedure Act (OG 152/08, 76/09, 80/11, 121/11, 91/12, 143/12, 56/13, 145/13)

<sup>3</sup>Probation Act (OG 143/12)

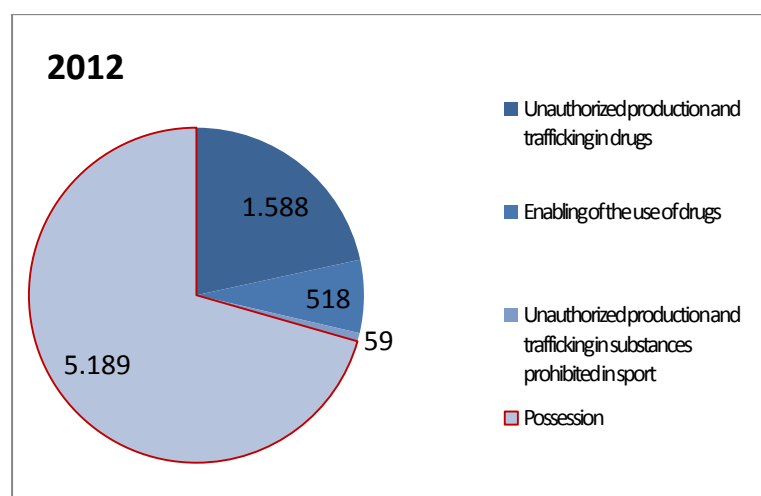
<sup>4</sup> Act on Amendments to the Misdemeanour Act (OG 39/13)

<sup>5</sup>Drug Abuse Prevention Act (OG 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11, 80/13)

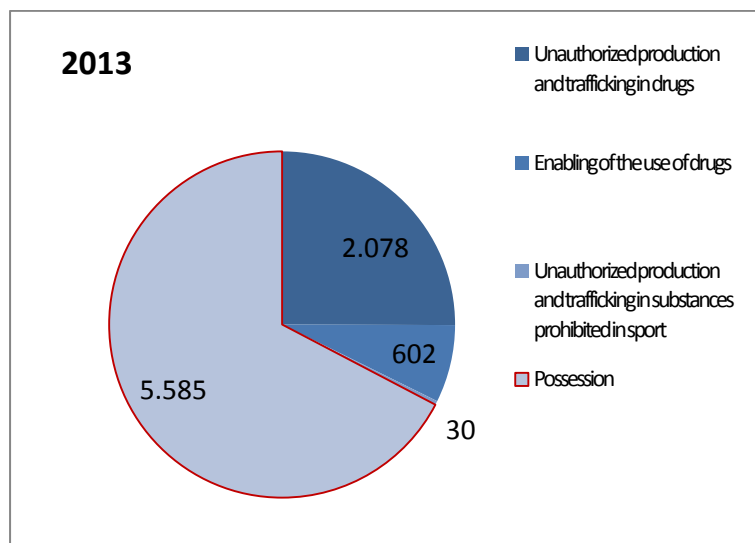
was deleted in the new Code. The above novelty allowed for the distinguishing of possession of drugs for personal consumption from possession intended for putting such drugs in circulation. Hence, the possession of drugs in quantities for personal use is sanctioned as a misdemeanour offence with a fine and compulsory treatment measure pursuant to the provisions of the Drug Abuse Prevention Act. The aim of the above amendments is to achieve the exclusive nature of the criminal law, i.e. distinguish the perpetrator of criminal offences of drug abuse (production, trafficking, offering) from drug users. The amendments described above are expected to have significant impact on the disburdening of the penal system and saving of assets. The more flexible misdemeanour procedure shall enable quicker inclusion of drug users and addicts into the treatment and rehabilitation system. The assessment of whether a quantity is intended for personal use is made by state attorneys and courts on a case-by-case basis.

The current implementation of the above legal solutions is also reflected in the changed structure of drug crime in 2013 in comparison to 2012, in particular, as regards the offence of drug possession that is deleted as a criminal offence and transferred to the misdemeanour legislation. 2,683 criminal offences were reported in 2013 in comparison to 2012 when there were 7,295 criminal offences reported under Article 173 of the old Criminal Code. However, if we exclude paragraph 1 – possession, as in 2013 it was no longer covered by the provisions of the criminal law, there were 2,106 criminal offences of drug abuse, which was an increase of 27.4%. This was also reflected in the percentage of drug crime in the total number of criminal offences reported on the territory of the Republic of Croatia, which in 2013 accounted for 4.3%. In 2012, the portion in the total number amounted to 10.1%, and excluding paragraph 1, it amounted to 2.9%. In 2013, 5,663 misdemeanour offences were reported under the Drug Abuse Prevention Act, accounting for an increase of 112.6% in comparison to 2012 when there were 2,594 offences. Earlier, 70% of reported criminal offences of drug abuse constituted the so-called "unauthorized possession of drugs" referred to in Article 173(1) of the previous Criminal Code. In 2013, 5,585 bills of information were submitted to the competent misdemeanour courts for offences referred to in Articles 3 and 24 of the Drug Abuse Prevention Act. In comparison to the number of crime reports filed under the former Article 173(1) of the Criminal Code (possession), amounting to 5,189 in 2012, this represents an increase of 7.63%.

Figure 1. 1. Drug crime structure in 2012 and 2013



Source: Ministry of the Interior



Source: Ministry of the Interior

In addition, in order to implement the Criminal Code provisions on the criminal offence relating to substances prohibited in sport, the Ministry of Health has adopted a special Schedule of substances prohibited in sport.<sup>6</sup>

The adoption of the Act on the Amendments to the Misdemeanour Act is one of the major activities conducted in 2013.<sup>7</sup> The Act, inter alia, regulates protective measures of addiction treatment or withdrawal as it was the case before. The protective measure of compulsory addiction treatment may now be pronounced in addition to any punishment and suspended sentence. It is executed at healthcare institutions or other specialised institutions within and outside the prison system. A novelty lies in the fact that if the duration of this protective measure is longer than the pronounced or substitute sentence, it should be executed even after a person is released, which is in line with modern misdemeanour jurisprudence. The catalogue of special obligations has been expanded so that a court may, with consent of the perpetrator, pronounce a special treatment or treatment continuation obligation for alcohol, drug and other types of addiction in a healthcare or other specialised institution, or withdrawal in a therapeutic community when it considers them necessary for the protection of health and safety of the person to whose detriment the misdemeanour has been committed or when it is required for the elimination of consequences that are favourable to or instigate perpetration of a new misdemeanour. The duration of special obligations may not exceed the probation period.

The new Social Welfare Act<sup>8</sup>, which entered into force on 1 January 2014, inter alia, governs the provision of social welfare services and other types of care for drug addicts within homes for addicts and therapeutic communities, as well as the obligation of the Social Welfare Centre to take part in the prevention of drug, alcohol and other addictions.

The new Ordinance on the enforcement of the security measure of compulsory psychiatric

<sup>6</sup> Schedule of substances prohibited in sport (OG 116/13)

<sup>7</sup> Act on Amendments to the Misdemeanour Act (OG 39/13)

<sup>8</sup> Social Welfare Act (OG 157/13)

treatment and compulsory addiction treatment for minors<sup>9</sup> lays down the therapeutic treatment and the manner in which the addiction treatment measure for minor perpetrators of criminal offences, who are sentenced to addiction treatment pursuant to the Act on the Enforcement of Sanctions to Minors<sup>10</sup>, is enforced. The purpose of the security measure of compulsory addiction treatment or treatment due to addiction substance abuse is to prevent criminal and misdemeanour offences by eliminating the circumstances that are favourable to or instigate perpetration of new criminal or misdemeanour offences under the direct influence of psychoactive substances or due to addiction to them (alcohol, drugs or psychoactive medications). The goal is to enhance the overall health, behaviour and social functioning of a minor perpetrator of criminal or misdemeanour offence as well as their rehabilitation and social reintegration. The security measure of compulsory treatment due to substance abuse and/or addiction is enforced in healthcare institutions, but it can also be conducted at county institutes of public health working in the area of mental health protection, addiction prevention and outpatient treatment, specialized psychiatric hospitals, general and clinical hospitals and polyclinics dealing with mental health protection and treatment of mental illnesses or disorders and addiction diseases.

With a view of full harmonization of the national legislation in the area of precursors (substances that can be used in manufacture of drugs), but also timely preparation of entrepreneurs for the newly established conditions of the integrated European market and the European Economic Area, there is a need to adopt a special act on precursor trafficking, thus transposing the EU legislation in the field. The Act on the enforcement of EU regulations in the area of drug precursors<sup>11</sup>, adopted as a result thereof, defines the Ministry of Health as the body responsible for the enforcement of regulations and lays down the mandate of the Ministry regarding the trade in precursors on the territory of the European Union and the European Economic Area, as well as trade with third countries, inspection, entrepreneurs' obligation (against legal and natural persons) to provide the competent authority with the information on precursor import, export and/or forwarding activities in order to prevent abuse and potential diversion of precursors for the purpose of illicit trafficking in drugs and psychotropic substances as well as penal provisions. The provisions of the Drug Abuse Prevention Act regulating by then the area of precursors were repealed upon the entry into force of the above Act on precursors.

The Regulation on the criteria for determining beneficiaries and mechanisms for distribution of part of income generated from games of chance for 2014<sup>12</sup> has been adopted for the purpose of allocating the funds for the current year from a part of income generated from games of chance, inter alia, to the financing of addiction-related projects. By virtue of the above Regulation, the Office for Combating Drug Abuse has been allocated additional funds for financing civil society organisations conducting innovative projects on addiction prevention and social reintegration of addicts.

Pursuant to the Drug Abuse Prevention Act, seized drugs are destroyed before the Committee for Destruction of Seized Drugs once a judgement or decision becomes final or upon expiry of

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<sup>9</sup> Ordinance on the enforcement of the security measure of compulsory psychiatric treatment and compulsory addiction treatment for minors (OG 150/13)

<sup>10</sup> Ordinance on the enforcement of the security measure of compulsory psychiatric treatment and compulsory addiction treatment for minors (OG 133/12)

<sup>11</sup> Act on the enforcement of EU regulations in the area of drug precursors (OG 80/13)

<sup>12</sup> Regulation on the criteria for determining beneficiaries and mechanisms for distribution of part of income generated from games of chance for 2014 (OG 151/13)

the three-year-period following the submission of a crime report to the competent state attorney's office. If the storage of seized drugs is dangerous or related to disproportionate difficulties, they can also be destroyed after the completion of necessary evidentiary measures pursuant to a court order and at the proposal of a state attorney. In 2013, drugs from a total of 5 169 cases were destroyed by incineration on the premises of NEXE Group, Našicecement d.d. in quantities presented in Table 1.1.

*Table 1.1. – Overview of destroyed seized drugs in 2013*

Name of substance	Total weight of substance
Heroin	143 kg 797 g
Cocaine	9 kg 265 g
Drug-type hemp and its resin	1,102 kg 789 g
MDMA (tablets and powder)	73 g
Amphetamine (tablets and powder)	3 kg 190 g
Methadone	489 g + 2,044 tablets
Other tablets	606 g and 44,642 pcs
mCPP	257g
Mephedrone	32 g
Norephedrine	188 kg 400 g
LSD (blotter papers)	470 pcs
DMT	41 g
Anabolic steroids	139 g, 119 ml and 8 pcs

*Source: Ministry of the Interior*

In total, from 2008 to 2013 there were 9 incinerations of seized drugs and psychotropic substances, on which occasions around 10 tons of drugs were destroyed.

In the EU Member States, and therefore also in Croatia, the alarming trends of so-called "legal highs" represent an area of particular concern. In 2013, 81 new legal highs were reported to the European early warning system. 12 of them were reported by Croatia. Surveys have shown that the life prevalence of legal high consumption in Croatia ranges from 7,8% in 2011 to 13.9% in 2013<sup>13</sup>, which is quite worrying. In order to tackle this phenomenon in an efficient manner, the Republic of Croatia has established the Early Warning System on New Psychoactive Substances within the Office for Combating Drug Abuse in accordance with the EU standards, thus enabling active cooperation with national and international authorities.

<sup>13</sup> Kranželić, V., Doležal, D., On-line istraživanje novih psihoaktivnih tvari u Hrvatskoj, 2011. i 2013. [Online survey on new psychoactive substances in Croatia in 2011 and 2013], available at [www.uredzadroge.hr](http://www.uredzadroge.hr)

As a result of the work of the national Early Warning System in case of new psychoactive substances, since February 2011, when the last update was made as regards the Schedule of drugs, psychoactive substances and plants used to produce drugs, and substances that can be used in the manufacture of drugs<sup>14</sup>, 37 new substances have been identified in the Republic of Croatia. They will be included in the Schedule since there is evidence of their detrimental effect to the human health and of trafficking therein resulting in pecuniary gain. In addition, in cooperation with the Ministry of Health the work on the compilation of a generic schedule covering a number of groups of disputable chemical compounds has been initiated. Also, the legal background for the introduction of the term “legal highs” into the Drug Abuse Prevention Act is being defined. This will enable the legal basis for the acting of competent bodies against natural and legal persons producing, importing, exporting, trafficking in (or selling in any other way) or advertising such products, while procurement or possession of such products for personal use would not be punishable.

### **1.3 National Action Plan, Strategy, evaluation and coordination**

#### **1.3.1. National Action Plan and Strategy**

The third strategic document in the Republic of Croatia on the drug issue, the National Strategy on Combating Drug Abuse for the period 2012-2017<sup>15</sup>, was adopted by the Croatian Parliament on 26 October 2012 for a six-year period. The strategy is being implemented through the first of the two action plans, which was adopted for the period 2012-2014 by the Croatian Government on 8 November 2012. The next three-year period will be covered by the second action plan (2015 -2017) that is yet to be adopted.

The National Strategy and the Action Plan on Combating Drug Abuse provide exact tasks of respective ministries and state administration bodies, local and regional self-government units, civil society organisations and other entities in implementing the drug demand and supply reduction programme, but also in the area of coordination, monitoring and evaluation of the National Strategy implementation.

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

<sup>14</sup> Amendments to the Schedule of drugs, psychotropic substances and plants used to produce drugs, and substances that can be used for the production of drugs (OG 19/11)

<sup>15</sup> National Strategy on Combating Drug Abuse in the Republic of Croatia for the period 2012-2017 (OG 122/12)

The National Action Plan on Combating Drug Abuse for the period 2012-2014 provides a more detailed description of respective objectives and methods for the implementation thereof, implementation deadlines, estimate of financial resources needed for the implementation of respective measures, as well as concrete tasks of respective implementation bodies for the observed budgetary period, based on the assessment of the previous action plan and new needs for a professional approach, as well as on the guidelines of the National Strategy. The Action Plan is linked to the content and terminology, as well as objectives and priorities of the National Strategy. The Action Plan contains 17 objectives, elaborated through 15 components in 26 measures, 208 activities and 200 implementation indicators.

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

The decentralization principle, which is one of the fundamental principles underlying the drug policy implementation at local level, ensures equal access to various programmes on the whole territory of Croatia in line with the needs of respective counties. The key role in the coordination and implementation of the National Strategy at local level is played by county commissions on combating drug abuse. Strategic priorities at a county level are implemented through 21 county action plans on combating drug abuse, adopted for the three-year period from 2012 to 2014, and targeted programmes aimed at meeting the needs of the local community. With a view to enhance cooperation and coordination in implementing and monitoring actions and activities laid down in the National Strategy and the Action Plan, regular communication has been ensured between the county commissions and the Office for Combating Drug Abuse, as well as active participation of the representatives of the counties and county commissions in various forms of training on topics related to better implementation of measures laid down in the National Strategy and the Action Plan on Combating Drug Abuse.

Pursuant to the Protocol on National Drugs Information System in the Republic of Croatia and in cooperation with expert group members working under the National Drugs Information System, the Office prepared the Draft Action Plan on the National Drugs Information System in the Republic of Croatia for the period 2014-2015 that was adopted by the Croatian Government on 20 February 2014. It defines the implementing activities and responsibilities of respective bodies taking part in the national drugs information system over the given period. The Action Plan represents a tool for planning activities and general evaluation of the work of the National Focal Point which, as a national partner of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), ensures alignment of the national system and practice with the EU standards in the field and contributes to the wider European perspective of the drug issue through annual reports.

### **1.3.2. Implementation of the National Action Plan and Strategy**

This chapter provides an overview of the development of major activities in the course of 2013 in the area of drug supply and demand reduction, with special reference to prevention, treatment

and social reintegration, national drugs information system, education and international cooperation.

The implementation of activities under the *National addiction prevention programme for children and youth in educational settings and in social welfare system for the period 2010-2014* has continued. The project "Enhanced quality of addiction prevention programme as well as rehabilitation and social reintegration programme" has been conducted in cooperation with the Faculty of Education and Rehabilitation Sciences with a view to assure quality of the addiction prevention programme and an evidence-based approach underlying its implementation. A two-day workshop called "Enhanced quality of addiction prevention programme in the field of drug demand reduction conducted by associations" was organized under this project on 18-19 November 2013. The workshop was intended for the representatives of the associations whose 2013 programmes were funded by the Office for Combating Drug Abuse. Its goal was to adopt additional knowledge and acquire skills on the minimum EU quality standards in drug demand reduction programmes. It was also aimed at providing professional assistance to persons conducting the programme in drafting the programme concept and evaluating its effects, while enhancing the quality level of the existing programmes, particularly in the field of prevention. In addition, a team from the Faculty of Education and Rehabilitation Sciences carried out an on-site programme and financial evaluation of the programmes compliance with the minimum quality standards in all associations whose 2013 programmes were funded by the Office.

The financing of projects and programmes through public calls for the granting of financial aid conducted by competent authorities has enabled continuous work on the establishment of a stable funding system for the purpose of ensuring sustainable prevention activities. To that end and following the conclusion of the Interdepartmental commission for the coordination of the funding of projects and programmes conducted by associations from the State budget of the Republic of Croatia, in 2013 the Office coordinated the preparatory work for the implementation of the first joint call for financing projects and programmes of associations dealing with drug abuse/addiction prevention for 2014 from the available funds of the Ministry of Health, Ministry of Social Policy and Youth and Office for Combating Drug Abuse with a view to enhance the coordination of priorities and align the grant award criteria.

The Education and Teacher Training Agency has appointed the heads of the county expert councils for prevention programmes in secondary schools. In addition to the county prevention programme coordinators, the heads of prevention programmes for primary and secondary schools responsible for the implementation of the National addiction prevention programme for children and youth in educational settings and in social welfare system for the period 2010-2014 at their county level were thus appointed as well. In order to monitor and coordinate the national programme in the social welfare system, in February 2013 the Ministry of Social Policy and Youth set up the Commission for monitoring and coordinating addiction prevention programmes for children and youth in the social welfare system.

Furthermore, the Office, Ministry of Health, Ministry of Social Policy and Youth and Croatian National Institute of Public Health continued the training on counselling young people with risk behaviour – "MOVE" (brief motivation intervention). The training was organized for the employees of the Social welfare centre, associations and healthcare institutions (services for mental health protection, addiction prevention and outpatient treatment and school and adolescent medicine services). In total, four licensed trainers provided training for 26 participants (for more details see Chapter 3 and Appendix 2).

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

The operationalization of the Project concerning the IT database on prevention programmes as part of the IT programme of the Database on drug demand reduction projects in the Republic of Croatia, initiated by the Office in late 2010, continued in 2013, as well. Approximately 200 programmes in the fields of prevention, treatment, harm reduction, socialization and survey were registered in the database. In addition to the above, the database also contains reports on the implementation of county action plans and reports on projects implemented by associations. This significantly facilitates the search through the type and number of programmes conducted on the territory of Croatia, and provides the basis for identifying high-quality, evaluated and efficient programmes and proposing examples of good practice from the Republic of Croatia to the Best practice portal of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (see Chapter 3). In 2013, the application was upgraded so that it enabled printing programmes/projects and adding quality criteria.

One of the key elements in addiction treatment is successful abstention maintenance and integration of addicts in the society. The recovery and rehabilitation programmes for addicts, implemented within the services aimed at successful abstention maintenance and their social reintegration, have been conducted in Croatia systematically as part of the Project of social reintegration of drug addicts since 2007. With a view to encourage employment of socially vulnerable groups, including treated drug addicts, and pursuant to the Decision extending the application of the National Employment Promotion Plan for 2011-2012 until 1 July 2013, employment incentive measures continued in 2013, as well. To that end, the Office for Combating Drug Abuse granted financial aid to 9 project carried out by association implementing social reintegration projects. As part of the activities conducted by the Ministry of Justice and the Ministry of Science, Education and Sports, a significant number of new beneficiaries joined the education/retraining programmes. The Ministry of Social Policy and Youth enabled residential communities enter into multiannual contracts on financing housing services provided to addicts. A greater contribution of all relevant institutions at national and local levels was evident. The results of the Project implementation and the action plan on encouraging maximum integration of addict in the labour market and life in a community were presented at the round table "Social reintegration of treated drug addicts – education, employment and integration in the labour market" held on 27 June 2013. (see Chapter 8.2)

The preparation of the guidelines defining the area of psychosocial treatment of drug addicts was completed in 2013. In cooperation with an expert working group consisting of the representatives of relevant authorities, bodies, associations and other institutions, the Office prepared the draft Guidelines for psychosocial treatment of drug addicts in the healthcare, social or prison system in the Republic of Croatia. The main goal of the guidelines is to enhance the drug addiction treatment quality by defining and setting standards of evidence-based psychosocial interventions aimed at drug abusers. The purpose of the guidelines is to provide assistance to experts conducting specific types of treatment when determining appropriate psychosocial intervention in particular circumstances. In that respect, the guidelines also contain an educational element for all experts taking part in their implementation, particularly in applying

and encouraging good clinical practice in the care of drug users. The guidelines are structured as follows: introduction – situation analysis, definition, contents, goals and objectives, target groups and settings affected by the guidelines, methodology for the preparation of guidelines, psychosocial treatment and psychosocial interventions, description of efficient psychosocial interventions, recommended psychosocial interventions with respect to the setting, standards and principles for the implementation of the guidelines and bibliography. The guidelines in the healthcare, social welfare and prison system will be supervised and monitored by the competent expert services of the Ministry of Health, Ministry of Social Policy and Youth and Ministry of Justice in their respective area of work. Each of the competent ministries should, on its own or in cooperation with the Office for Combating Drug Abuse, organize training for all employees taking part in the implementation of the psychosocial treatment. The Office for Combating Drug Abuse is responsible for presenting the guidelines and organizing training on this topic. In order to harmonize the guidelines with the opinions of experts and institutions participating in the medical and psychosocial treatment of addicts, as well as of professional organizations and associations, a public debate and online public consultation on the final draft guidelines were held. Professional chambers and societies were also consulted. In January 2014 the guidelines were adopted by the Commission for Combating Drug Abuse of the Government of the Republic of Croatia and the competent ministries responsible for their implementation.

Due to the increasing number of methadone seizure and a significant number of deaths caused by methadone overdose, over the past few years various initiatives have warned of the need to amend the existing guidelines for pharmacotherapy of opiate addicts using methadone and buprenorphine. Following the conclusions made at the TAIEX Workshop on Substitution Treatment Programmes for Opiate Addicts, held in September 2012 in Zagreb, indicating that the guidelines have to be concise, clear and evidence-based and that quality implementation of substitution therapy requires a multidisciplinary and intersectoral approach, and exchange of experience and information among those engaged in the implementation of the addiction treatment programme, in 2013 the Ministry of Health formed a working group tasked to develop an amendment proposal for the Guidelines for methadone and buprenorphine. In accordance with the guidelines, review tools for monitoring progress should be developed and systematic monitoring of the application of guidelines in the course of treatment established (strengthened inspection monitoring of the application of substitution therapy).

Notwithstanding high-quality programmes of outpatient and inpatient addiction treatment conducted in Croatia, there is still a lack of systematic evaluation of their effect. In order to underline the need to apply evaluation tools in the area of drug addiction treatment programmes and encourage the concept of evaluation as a method to enhance the treatment quality, the TAIEX Workshop on treatment evaluation programmes for drug addiction. The main goal of the workshop was to enhance the knowledge and skills of experts engaged in the implementation of the drug addiction treatment programmes in the area of planning and conducting evaluation of drug addiction treatment programmes, particularly in the area of process evaluation, treatment effect evaluation and client satisfaction evaluation.

In order to strengthen the framework for the implementation of the harm reduction programmes, acknowledged, inter alia, as part of the strategic objectives under the National Strategy and the Action Plan on Combating Drug Abuse, the Office coordinated the setup of an expert group tasked to develop national guidelines in the area of harm reduction programmes. Their goal was to enhance the existing programmes and create new one for respective groups at risk. The initiative to develop the above guidelines stemmed from the conclusions made at the TAIEX Workshop on the guidelines for harm reduction programmes relating to drug abuse, held on 11-12 September 2013, with the aim to enhance knowledge, share experience among the persons

conducting harm reduction programmes and set the basis for the preparation of the comprehensive guidelines for harm reduction programmes. At the workshops the participants had the opportunity to obtain information on the existing guidelines and harm reduction programmes in the Republic of Croatia and the EU Member States.

When the Republic of Croatia joined the EU, the Office for Combating Drug Abuse as the national drug policy coordinators and the focal point for the cooperation with European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was given access to grants from the EU budget for the National Drugs Information System, as part of the cooperation with the EMCDDA. In addition to the national contribution, the funds allocated to the Office were used in 2013 for the implementation of measures and activities provided for in the Action Plan on the National Focal Point for the period 2012-2013. This included the work on strengthening the National Focal Point, conducting surveys, and organising training courses and activities aimed at further development of the standardised methods for collection and analysis of relevant data in the area of drugs. Furthermore, in 2013 the Government of the Republic of Croatia appointed the representatives of the Republic of Croatia, and their deputies, to the EMCDDA Management Board.

Pursuant to the *Protocol on National Drugs Information System in the Republic of Croatia* and the Decision establishing and appointing members of working groups<sup>16</sup> under the National Drugs Information System intensive work was invested in monitoring and developing the national drugs information system indicators in the following areas: (1) Prevalence and patterns of problem drug use; (2) Drug-related infectious diseases; (3) Drug-related deaths and mortality among drug users; (4) Treatment demand; (5) Drug-related crime; (6) Drug demand reduction; (7) Early Warning System on New Psychoactive Substances in the Republic of Croatia. In 2013, special emphasis was also placed on the issue relating to the so called legal highs.

In 2013 there were five training courses on legal highs for institutions, authorities and associations taking part in the Early Warning System on New Psychoactive Substances as partners (25-26 March 2013 – training for the representatives of therapeutic communities and services for mental health protection, addiction prevention and outpatient treatment; 26-27 March 2013 – training for the prison system employees; 17-18 April 2013 – training for judges, state attorney and police officers; 11-12 and 12-13 December 2013 – training for the employees of homes for children without adequate parental care, homes for children with behavioural disorders, family centres and social welfare centres).

Considering the significant role of the media in creating public opinion and perception of drug addiction and crime, on 16 July 2013 the Office for Combating Drug Abuse organized a round table with the Croatian media representatives in cooperation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The event held at the Ministry of the Interior was used to present the current trends regarding the drug situation in Europe and Croatia. The 2013 European Drug Report was presented at the event, with a special reference to the increasing availability of new psychoactive substances.

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

A prototype of the online database of new psychoactive substances was developed in late 2013. The main goal of the database is to monitor the dynamics of the Early warning system on new psychoactive substances in Croatia and the EU, train professionals, dealing with any of the aspects of the drug issue, on the occurrence and characteristics of new drugs and provide a platform for professional sharing of information on the issue concerned. The database will be coordinated by the Office for Combating Drug Abuse, and it will be accessible to all partners of the Early warning system.

In late 2012, at the Office initiative, a consensus was reached on the future exchange of information under the joint Agreement on cooperation and exchange of data and information concerning treatment of drug addicts in prison system. The negotiations were completed in 2013, and the Office coordinated the conclusion of the agreement between the Ministry of Health, Ministry of Justice, Croatian National Institute of Public Health and Office for Combating Drug Abuse. The agreement was concluded in early 2014. It will facilitate the integration of data on persons treated for addiction during their stay in prison into the Registry of Treated Psychoactive Drug Abusers kept by the Croatian National Institute of Public Health. For the purpose of implementing the above agreement, the Office, as the coordinator of the National Drugs Information System, has provided the Prison Administration of the Ministry of Justice with computers to be used for collecting standardized data on prisoners treated for drug addiction and submitting them to the Registry. Moreover, in order to adapt the computer program used by the Registry of Treated Psychoactive Drug Abusers kept by the Croatian National Institute of Public Health to the new EMCDDA protocol for monitoring the treatment demand epidemiological indicator, the Office financially supported the upgrade of the existing Registry software that will facilitate the collection of data on treated addicts from the sources that were inaccessible by then, such as addicts in prisons.

Marking the 10th anniversary of its cooperation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the Office for Combating Drug Abuse facilitated a conference on the current state and future perspective of National Drugs Information System in the Republic of Croatia. The conference was organized in Zadar in cooperation with the EMCDDA and with the technical support of the TAIEX unit of the European Commission on 22-23 October 2013. The results of activities and projects implemented by then were presented, and the participants were provided insight into the drug issue in Croatia from different perspectives, including a comparison with other European countries. This was also an opportunity to show the progress in the development of the National Drugs Information System providing the basis for decision-making and creation of the national drug policy. The discussion on new trends and challenges in the area of drugs helped define the guidelines for the further development of the National Drugs Information System. In addition, publications, functional data bases and interactive tools to be used in its future work were also presented.

With a view to analyse public expenditure in the implementation of the drug policies, in December 2012, the implementation of the research on public expenditure in the area of drug abuse prevention within the scientific and research project *The study of public expenditures and the establishment of performance indicators in the area of drug abuse combating in the Republic of Croatia* was completed. The research was conducted by the Institute of Economics in Zagreb at the initiative of the Office for Combating Drug Abuse. The results of the above research were presented in the chapter Economic Analyses within the last year's report. Following the results and recommendations stemming from the research, as well as the conclusions made at the TAIEX seminar held on 14-15 May 2013 in Zagreb on developing guidelines for planning, monitoring and reporting on drug-related public expenditure, the national guidelines for further planning, monitoring and reporting on drug related-public expenditure were drafted in

cooperation with the Institute of Economics in Zagreb with a view to ensure further development of the above indicator. For the purpose of further monitoring of public spending in the area of drug abuse and drug addiction prevention, and the establishment of the methodology for monitoring the results and goals achieved in relation to the public funds spent, in 2013 the Institute of Economics in Zagreb and the Office conducted a new scientific and research project called "Efficiency assessment of public spending in the area of drug abuse prevention in the Republic of Croatia". The goal of the above research was to establish the methodology for monitoring the efficiency of public expenditure in the area of drug abuse prevention, including the definitions of a number of result and outcome indicators to be used for determining whether the planned results and outcomes in the area of drug abuse and drug addiction prevention had been achieved, and whether the results and outcomes obtained justified the public spending. The research established simple, objective and measurable result and outcome indicators with a view to facilitate the assessment of the results achieved in the area of drug abuse prevention in relation to public spending, and monitor the progress in achieving the objectives of drug demand and supply reduction in the Republic of Croatia. The research was completed in early 2014, and the results were presented in May this year. They will be described in the next report on the implementation of the National Strategy and the Action Plan on Combating Drug Abuse in the Republic of Croatia.

Following the research on the Quantitative determination of selected urinary biomarkers of illicit drugs in wastewaters of the City of Zagreb conducted in 2009, 2011 and 2012, the results of which were presented in the previous reports, at the initiative of the Office for Combating Drug Abuse, the Institute Ruđer Bošković, Division for Marine and Environmental Research applied an innovative approach based on the municipal wastewater analysis and studied for the first time the impact of a tourist season on the consumption of selected illicit drugs on the Croatian coast, and more specifically, in the city of Zadar. Selected urinary biomarkers of heroin, cocaine, amphetamine, MDMA (ecstasy), methamphetamine and marijuana were monitored during the tourist season and in the off-season period in 2013. The composite samples of unprocessed wastewater were collected at the entry of the wastewater treatment facility in Zadar. The statistic result analysis confirmed that during tourist seasons significantly larger quantities of biomarkers of stimulants (cocaine, amphetamine, MDMA) and heroin were discharged. As regards the secretion of marijuana markers, the existence of statistically significant season differences was not confirmed. In the off-season the drug consumption rates in Zadar were significantly lower than the ones in Zagreb. During the tourist season there were similar consumption rates of heroin and amphetamine both in Zadar and Zagreb, whereas the MDMA consumption rate was significantly higher in Zadar.

In 2013 the drug market survey was repeated as a follow-up to the project "Availability and price of licit and illicit drugs in the Republic of Croatia" conducted in 2011 by the Department of Criminology of the Faculty of Education and Rehabilitation Sciences of the University of Zagreb, in cooperation with civil society organisations conducting harm reduction programmes. The goal was to analyse and compare results, and to assess the changes in the availability and price trends of both illicit and licit drugs. The survey of new trends in the consumption of psychoactive substances, conducted in 2011 as a pilot survey by the Office and Faculty of Education and Rehabilitation Sciences, was also repeated. The goal of this survey was to get insight into new psychoactive substances consumed, regardless whether they are listed as prohibited substances or not.

The Office for Combating Drug Abuse, as the national coordinator, participated in the research project "Indicators of coherent policies on drug, alcohol, tobacco and gambling addiction policies in the Republic of Croatia" by the Pompidou Group of the Council of Europe. The general goal of

the project was to establish the coherence of policies on psychoactive substances and addictive behaviour. In order to get a better insight into the coherence assessment of the policies on psychoactive substances and addictive behaviour, a focus group was set up with the representatives of relevant bodies and experts responsible for the coordination and implementation of the policies concerned, who participated in the project. Based on such an analysis, relevant experts suggested a few conclusions and recommendations for enhancing the coherence of policies on psychoactive substances and addictive behaviour. They were used by the Office to draft concrete proposals for establishing addiction policy coherence in Croatia.

In addition, in 2013 the School of Public Health "Andrija Štampar" prepared, at the Office initiative, the Feasibility study of the scientific and research project "Survey on drug-related HIV and hepatitis C seroprevalence in the Republic of Croatia", as the basis for the research that will be conducted in 2014 with the financial support of the Office and the Ministry of Health.

Expert meetings of the National Drugs Information System working groups on the activities for further system development and more efficient monitoring of the drug situation, included in the Action Plan on the National Drugs Information System for the period 2014-2015, were held.

In 2013, the Office also actively worked on the organisation of training courses and gatherings on different topics relating to drug abuse prevention both independently and in cooperation with competent bodies. In addition to the training courses already described above, we would also like to point out to some other events:

The TAIEX Workshop on combating drug abuse in the context of road traffic and the working environment was held on 20-21 March 2013 in Split. It was aimed at increasing the safety of road traffic as well as at the work place and to protect persons in treatment of pain. The workshop was attended by the representatives of the ministries, police departments, Institute for Health Protection and Safety at Work, as well as county occupational medicine services, services for mental health protection, addiction prevention and outpatient treatment, hospitals and therapeutic communities / homes for addicts. Following the conclusions stemming from the discussion on the above issue, at the Office proposal an expert working group was set up to improve legal provisions and align procedures for an interdisciplinary and efficient approach to the issue of drug abuse in traffic and work environment. Following the work of the above group, the prohibition of driving under the influence of drugs or medications was included in the Proposal for the Act on Amendments to the Road Traffic Safety Act of June 2014. It replaced the then provision prohibiting a person operate a vehicle only if in their body they have drugs or medications affecting their psychophysical capabilities and ability to operate the vehicle. The work of the expert group also resulted in the proposal for the Protocol for conducting testing at workplace drafted by the Croatian Institute for Health Protection and Safety at Work, which will be adopted after the new Safety at Work Act.

With a view to present the practice and models applied in the EU Member States regarding the survey on drug-related public expenditure, instruments for their analysis, and methodological and analytical proposals for establishing performance indicators in the implementation of the drug abuse prevention policy as the basis for developing national guidelines for further planning, monitoring and reporting on drug-related public expenditure, the TAIEX Workshop on developing guidelines for further planning, monitoring and reporting on drug related-public expenditure was organized in Zagreb on 14-15 May 2013.

The TAIEX Workshop on the Early Warning System for New Psychoactive Substances – the health dimension – was held on 27-28 May 2013. The purpose of the workshop was to improve

knowledge and monitoring of prevalence, intoxication and deaths related to new psychoactive substances.

The TAIEX Workshop on biostatistics and epidemiology for healthcare professionals was organized on 16-17 December 2013 with a view to help experts collecting epidemiological data to improve their knowledge for the purpose of obtaining an objective and evidence-based epidemiological picture of the drug issue in Croatia. Scientists from Great Britain, Poland and the European Monitoring Centre for Drugs and Drug Addiction participated in the workshop. They presented the recent trends and standards in collecting and analysing addiction-related data at the EU and national level.

The Office for Combating Drug Abuse, Judicial Academy and Ministry of the Interior organized on 17-18 April 2013 in Valbandon (Croatia) a regional special-purpose training on combating drug abuse for judges, state attorney, attorneys-at-law and representatives of the Ministry of the Interior. The training was aimed at informing the participants about the challenges of "legal highs", their availability in the Republic of Croatia and the role of the Early Warning System on New Psychoactive Substances in the Republic of Croatia, as well as on legal novelties concerning drug-related crimes, drug abuse and substances prohibited in sport (doping substances).

On 25-27 April 2013 the Addiction Reference Centre of the Ministry of Health, Drug Addiction Section of the Croatian Society of Alcoholism and Other Addictions, Croatian Medical Association, and Office for Combating Drug Abuse organized in Rovinj (Croatia) the VIII. Croatian Symposium on Treatment of Addicts for experts working at the services for mental health protection, addiction prevention and outpatient treatment established under the institutes of public health and other institutions treating drug addicts.

The Clinical Hospital Centre "Sestre Milosrdnice", Addiction Reference Centre of the Ministry of Health, Office for Combating Drug Abuse and Croatian Association of the Clubs of Alcoholics in Treatment (HSKLA) organized the first three-day module within the symposium "Professional approach to addicts" on 13-15 November 2013. It was aimed at providing knowledge and information necessary for achieving as professional approach as possible to drug addicts and pathological gamblers. Around 30 experts attended the symposium.

In order to discuss the development on national interventions relating to addiction prevention at work, in December 2013 the Office for Combating Drug Abuse, Institute for Health Protection and Safety at Work, Ministry of Labour and Pension system and Independent Croatian Trade Unions organized a round table titled "Addiction prevention at work". The existing European and national strategic and legislative frameworks relating to addiction prevention at work, a proposal for amending regulations on safety at work and a proposal for the Guidelines for conducting testing at workplaces to be adopted pursuant to the new Safety at Work Act.

In 2013, the intensive international and regional cooperation continued, and on 1 July 2013 Croatia became an official member of the EMCDDA. The Government of the Republic of Croatia appointed Croatian representatives to the EMCDDA Management Board, and the Office was awarded grant from the EU budget for the development of the National Focal Point. In 2013 the Office fulfilled all of its obligations towards the EMCDDA in a quality and timely manner. This included participation in regular, expert and technical EMCDDA meetings and submission of standardized reporting packages. Marking the ratification of the Agreement between the Republic of Croatia and the European Union on the participation of Republic of Croatia in the

work of the European Monitoring Centre for Drugs and Drug Addiction, on 4 February 2013 the delegation of the Republic of Croatia visited the EMCDDA headquarters in Lisbon. The Office participated in the work of the relevant international bodies (UN Office on Drugs and Crime, UN Commission on Narcotic Drugs, International Narcotics Control Board and Pompidou Group of the Council of Europe) on a regular and active basis, as well as in international events and congresses on drugs and drug addiction. Under the Technical Assistance and Information Exchange (TAIEX) instrument of the European Commission the Office representatives visited the Italian and British authorities responsible for creating and implementing drug policies. As a partner in the Regional programme of the UN Office on Drugs and Crime (UNODC) for South Eastern Europe (2012-2015), on 3-7 June 2013 the Office hosted a study visit of the delegations of Monte Negro and Bosnia and Herzegovina, consisting of the representatives of the ministries responsible for drug policy implementation. The study visit was organized with the aim to share experience and inform the experts from the neighbouring countries about the Croatian institutional and legislative framework for drug policy implementation, as well as about the programmes on treatment and social reintegration of addicts, harm reduction and addiction prevention conducted in Croatia. At the organizational session held on 25 April 2013 in Vienna the Economic and Social Council of the United Nations (ECOSOC) admitted the Republic of Croatia to the Commission on Narcotic Drugs (CND) for a period of four years, starting from 1 January 2014. The Commission on Narcotic Drugs is the central body under the UN responsible for creating drug-related policies. Pursuant to the Political Declaration and 2009 Action Plan, the CND monitors the drug situation around the globe, develops strategies for international drug control and recommends measures for combating drug issues worldwide, including demand reduction, promotion of alternative development initiatives and adoption of supply reduction measures.

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

A significant step forward in the development of the evaluation of the strategic documents and programmes for addiction prevention, medical treatment and treatment of addicts, as well as other programmes conducted in the area of drug abuse, was made in the course of 2011 when the Office for Combating Drug Abuse in cooperation with the experts from the Dutch Institute of Mental Health and Addiction – Trimbos Institute conducted the first project of scientific evaluation of the National Strategy on Combating Drug Abuse for the period 2006-2012. The results of the above evaluation, described in the previous reports, represented the direction for setting strategic objectives under the National Strategy on Combating Drug Abuse for the period 2012-2017, but also indicated the areas that required further strengthening.

Following the results of the evaluation of the National Strategy on Combating Drug Abuse conducted in 2011 and pursuant to the recommendations stemming from the evaluation process, which were integrated into the existing national strategies, the Office initiated a number of significant projects and initiatives. They included the development of standardized guidelines for treatment and harm reduction, the promotion of the quality standard concept as a criterion for financing programmes and projects conducted by associations, the implementation of specific training and up-skilling in line with the detected on-site needs, the strengthening of communication and cooperation with county drug policy implementing bodies and the fostering of cooperation between the penal and the treatment system.

In addition, based on the analysis of the reports submitted by competent bodies, counties and associations on the implementation of the activities under the National Strategy and Action Plan, and the overall progress in the implementation of strategic documents, as well as based on

other indicators, the Office monitors trends and developments on an annual basis. Depending on the results, it also proposes additional measures and amendments to the measures foreseen for a particular period, where necessary. The results are presented in the annual national report on the implementation of national strategic documents adopted by the Government of the Republic of Croatia and the Croatian Parliament. The 2012 Report on the Implementation of the National Strategy and the Action Plan on Combating Drug Abuse was drawn up using the submitted data. It was adopted by the Croatian Parliament on 14 February 2013. The implementation evaluation of the Project of social reintegration of addicts for 2013 and the National addiction prevention programme for children and youth in educational settings and in social welfare system for the period 2010–2014 was presented in two separate reports, and the main results thereof were presented within the annual Report.

The evaluation of county action plans on combating drug abuse and programmes implemented as part of these action plans is under the competence of county commissions for combating drug abuse. The reports on the implementation results of the programmes conducted at local level are submitted once a year by the county commissions to the Office which pools them together and publishes. The most significant results are also presented within the annual Report on the Implementation of the National Strategy and the Action Plan. The analysis of the reports on the implementation of the National Strategy and the Action Plan on Combating Drug Abuse at a county level show a significantly more intensive decentralized approach to solving addiction issues. However, multiannual monitoring of the implementation of measures at local level still show certain shortcomings and needs. Depending on the financial and human resources in respective counties, but also on drug abuse prevalence in the counties, the counties have established institutional networks and programmes for tackling the above issue. However, their implementation points out to certain problems reflected in the insufficient impact of county commission for combating drug abuse as coordinating bodies on the implementation of measures and decision-making, lack of specialized personnel working solely on the implementation of drug abuse prevention activities, differences in the type and number of programmes and institutions dealing with the issue at a county level and insufficient participation of local communities in creating and implementing prevention programmes.

In addition, the programme and financial evaluation of the projects conducted by associations and funded from the state budget is carried out by the providers of financial support. As part of field visits and based on the analysis of submitted reports, the Office conducted the programme and financial evaluation of the implementation of the project financed in the course of 2013 from the budgetary sources of the Office. The evaluation showed that there was need for improvement in line with the quality standards at the level of an activity/intervention/programme, human resources and the organizations conducting programmes. The areas that needed improvement were as follows: funding and sustainability, procedures and processes in place, extended programmes to meet more needs in a community and networking with other coordinators. As regards the projects themselves, it was observed that the activities should be based on research and the features of efficient programmes, an elaborated theoretical basis and the results of impact evaluations, which are missing in most cases.

A compliance analysis on the management of public resources in comparison to the strategic priorities laid down in the National Strategy and the Action Plan in the period 2009-2012 was conducted under the *Survey on public expenditures and establishment of the system for performance indicators in the area of drug abuse prevention in the Republic of Croatia*. Activities on combating abuse of drugs and drug addiction were monitored in five groups of activities: (i) addiction prevention, (ii) treatment of addicts, (iii) social reintegration, (iv) harm reduction programmes and (v) penal and repressive system. The survey proposed indicators for

monitoring results in these areas and measuring success in the accomplishment of strategic objectives of drug abuse prevention. For the purpose of further development of the above indicators, in 2013 in cooperation with the Institute of Economics the Office initiated a new research titled "Efficiency assessment of public spending in the area of drug abuse prevention in the Republic of Croatia". This research is a follow-up to the previous one. It established a methodology for monitoring the efficiency of public expenditure in the area of drug abuse prevention. The above scientific and research project proposes the introduction of a system based on the results and outcomes achieved, including the definitions of a number of result and outcome indicators to be used for determining whether the planned results and outcomes in the area of drug abuse and drug addiction prevention have been achieved, and whether the results and outcomes obtained justify the public spending. The research was completed in early 2014, and the results will be described in the next report on the implementation of the National Strategy and the Action Plan on Combating Drug Abuse in the Republic of Croatia.

The research project of the CoE Pompidou Group – "Indicators of coherent policies on drug, alcohol, tobacco and gambling addiction policies in the Republic of Croatia" conducted in 2013 as a kind of assessment of the current situation, i.e. of the progress made in each of the areas dealing with the problems of a certain addiction type and their synergies in achieving the common goal, i.e. the population health. The Pompidou Group of the Council of Europe initiated a research project on European countries' experience concerning coherent/integrating policies for licit and illicit drugs (i.e. addictive behaviour), thus encouraging the development of evidence-based policies as one of its general principles. The expert working group under the Pompidou Group, consisting of renowned scientists and representatives of coordinating bodies in the area of drugs (and other addictions) developed six coherence indicators tested in this project in order to establish whether the policies on drugs, alcohol, tobacco and gambling were aligned, and whether the overall national drug policy was effective. In Croatia, this European project was conducted by the Office for Combating Drug Abuse. It carried out the Croatian addiction policy coherence analysis in several stages, following a much more comprehensive methodology in comparison to the one applied in other European countries. The general goal of the project was to establish the coherence of policies on psychoactive substances and addictive behaviour. In addition to drugs, alcohol and tobacco, which were subject to the European research, the research in Croatia also covered gambling as a widespread problem in Croatia. In the Republic of Croatia, the addiction policy coherence analysis was prepared in several steps. The questionnaire prepared by the Office pursuant to the established coherence indicators was submitted to the relevant bodies responsible for policy-making and implementation coordination of policies on the addictions concerned. Since the triangulation (application of several method) increases the reliability of data, the above questionnaire was used together with a focus group as this is considered an efficient method for collecting quality data in a social context. Since the received answers did not provide clear contextual information, the key strategic documents covering the observed areas were thoroughly analysed. According to the analysis, one of the fundamental issues is the fact that the strategic documents on health and addictions, in particular, cover different time periods. This prevents their synchronized action and they rarely contain cross-reference to the objectives and measures laid down in related documents. Different gaps among the analysed documents are also a result of different social policies and perceptions on licit and illicit addictive substances considering the scale of the observable damages to human health and society caused by their consumption / behaviour, even though the addiction mechanism is the same regardless of the substance. According to the objective indicators, the drug area has the most clearly defined legislative, strategic and institutional framework, political context and follow-up system. However, answers and interventions based on scientific discoveries should be used in a more efficient manner. Gambling (and other games of chances) shows the lowest level of regulation according to any of the observed indicators.

Apart from certain legal regulations, there is no system in place that takes care of persons addicted to gambling. Other observed areas (tobacco and alcohol) require higher investments in efficient prevention and treatment intervention within sustainable structures which are to ensure their implementation and monitoring. Furthermore, the need has been recognized to establish a type of a unique coordinating body or several such bodies per respective addiction areas. The conclusions made in the reports on the research project on policy coherence for drugs, alcohol, tobacco and gambling show that there is need for further links and coherence of policies on various addiction areas. This would significantly contribute to their unified coordination. Apart from the above, significant budgetary funds are spent each year on the implementation of various addiction prevention programmes. However, the process regarding the planning, execution, monitoring and supervision thereof is not fully harmonized or integrated with the strategic objectives in the area of addiction. Even though these programmes cover activities aimed at preserving common social values, such as the protection of public health, reduced crime rate, settlement of health and social consequences caused by consuming drugs and other addictive substances, and addiction prevention among children and youth, economic indicators and implications relating to the implementation of such policy should be considered.

#### 1.3.4. Coordination

Coordination of bodies implementing the drug abuse prevention policy, which operate both at state and local levels, is a prerequisite for a balanced, multidisciplinary and integrated approach to the implementation of the strategic objectives under the national policy. The role of coordination is to direct the stakeholders towards the set objectives, but also to correct shortcomings occurring during the implementation of programmes and activities.

As already mentioned in previous reports, there are two bodies in charge of coordination at the national level, namely the *Commission for Combating Drug Abuse of the Government of the Republic of Croatia* (the Commission) acting at the political level of decision-making and the *Office for Combating Drug Abuse of the Government of the Republic of Croatia*, which is responsible for coordination at the operational level. The Commission has been set up pursuant to the Drug Abuse Prevention Act, and the Commission's composition and the scope of work is regulated by the Decision of the Government of the Republic of Croatia.<sup>17</sup> The task of the Commission is to create national policies and to coordinate activities of ministries and other entities responsible for the implementation of the drug policy at the political level, as well as to adopt implementing programmes of relevant ministries and other competent bodies. Where necessary, external experts, who are not Commission members, may also join the Commission in its work for the purpose of providing expert reasoning, proposals and opinions on specific issues and topics in the area of drug abuse prevention. The Office for Combating Drug Abuse conducts expert, administrative and technical tasks on behalf of the Commission. The

<sup>17</sup> Pursuant to the Decision of the Government of the Republic of Croatia on the Establishment of the Commission for Combating Drug Abuse of 23 February 2012 and the Decision on the Appointment of the Chairman, Members and Secretary of the Commission for Combating Drug Abuse of 5 April 2012, the Commission is chaired by the Deputy Prime Minister of the Republic of Croatia, while the Commission members are the representatives of the line ministries involved in the implementation of activities under the National Strategy and Action Plan as follows: Ministry of Health, Ministry of Science, Education and Sports, Ministry of the Interior, Ministry of Social Policy and Youth, Ministry of Finance, Ministry of Defence, Ministry of Justice, Ministry of Foreign and European Affairs, Ministry of Labour and Pension System, Ministry of Entrepreneurship and Crafts, and civil society organisations working in the field of drug abuse prevention. The head of the Office is also the Commission secretary.

Commission holds working sessions several times a year, and the Commission's decisions are made in the form of conclusions. The Office for Combating Drug Abuse monitors the implementation thereof. As the national coordinator in the implementation of the national strategic documents, the Office is responsible for ensuring continuous cooperation among all relevant bodies for the purpose of timely and efficient implementation of measures and activities. In addition to the above, the Office is in charge of monitoring the drug situation in the country and proposing measures for the system enhancement in line with the observed trends and occurrences. *County commissions for combating drug abuse* have had the role of the coordinator of the drug policy implementation at the level of counties and local communities since their set up in 2004 and 2005.

In 2013 there were two meetings of the Commission for Combating Drug Abuse of the Government of the Republic of Croatia on the proposal for the Implementing programme of the National Action Plan on Combating Drug Abuse for 2013, Report on the implementation of the Project of social reintegration of drug addicts for 2012, the results of the research on the Quantitative determination of selected urinary biomarkers of illicit drugs in wastewaters of the City of Zagreb, draft Report on the implementation of the National Strategy and the Action Plan on Combating Drug Abuse for 2012, the results of the research project conducted by the Pompidou Group of the Council of Europe "Indicators of coherent policies on drug, alcohol, tobacco and gambling addiction policies in the Republic of Croatia", and other topical issues.

The *Expert Council* has been established within the Office. It consists of experts in the areas of prevention, treatment, rehabilitation, drug crime combating, and representatives of the judicial system and the media. Its task is to provide expert assistance in decision-making on all issues regarding drug abuse prevention. The president and members of the Expert Council are appointed by the head of the Office. In 2013, the Expert Council organized two meetings on the implementation of the National Strategy on Combating Drug Abuse 2012-2017, the National Action Plan on Combating Drug Abuse 2012-2014 and the Implementing programme of the Action Plan for 2013. Special attention was paid to the discussion on the proposal for the Guidelines for psychosocial treatment in healthcare, social welfare and prison system of the Republic of Croatia, results of the research project "Indicators of coherent policies on drug, alcohol, tobacco and gambling addiction policies in the Republic of Croatia" by the Pompidou Group of the Council of Europe", the research "Availability and prices of illicit drugs in the Republic of Croatia", the online "Survey of new trends in the consumption of substances and drugs" and the research "Analysis of urinary biomarkers of certain drug types in the wastewater of the City of Zadar".

Pursuant to the county action plans on combating drug abuse, the strengthening of local initiatives continued in 2013 through the implementation of measures planned under the county action plans on combating drug abuse for the period 2012–2014. On 15 November 2013 Zagreb hosted a coordination meeting attended by the representatives of the county commissions for combating drug abuse. Its aim was to present the Report on the implementation of the National Strategy and the Action Plan on Combating Drug Abuse for 2012, but also to discuss cooperation models to be adopted by the counties, problems faced in the implementation of county action plans and proposals for enhancing coordination and cooperation.

In cooperation with competent bodies, schools and associations, county commissions conducted various programmes aimed at drug supply and demand reduction. With a view to implement major guidelines of the strategic documents at local level, and taking into account specificities and needs of each county, the cooperation of the Office with county commissions in the implementation of measures and activities continued. The Office representatives attended

county commission meetings on the models of cooperation, and the status and implementation of county action plans on combating drug abuse.

As support to the implementation of the National Programme on Addiction Prevention among Children and Youth in the Educational System, and Children and Youth in the Social Welfare System for the period 2010-2014 at local level, Croatian Education and Teacher Training Agency organized several expert events. For example, in October 2013 there was an expert event organized for the head of county expert council for school prevention programmes "Role of county expert council heads responsible for school prevention programmes in the preparation and implementation of the Health education curriculum and programme". At this event the work modules relating to the Addiction prevention and Violent behaviour prevention modules were presented to the attendees. In addition, in order to present the working methods to be used in the implementation of the Addiction prevention module under the Health Education, expert events were organized for county expert county heads in Varaždin, Zagreb, Šibenik and Zadar in 2013.

With a view to enhance coordination and cooperation of the county commissions with the Commission for Combating Drug Abuse of the Government of the Republic of Croatia and the Office, as drug abuse prevention coordinators at the national level, one of the Office's priorities in 2014 is to organize coordination meetings with the representatives of county commission on a county-by-county basis, detect strengths and weaknesses in the implementation of county action plans in each county and to suggest models for future cooperation under the cooperation protocol concluded between the Office and the counties.

With a view to strengthen partnership and cooperation with associations, as in the previous years, consultations were held with the representatives of associations and therapeutic communities on the progress in the implementation of programmes and projects, i.e. priority areas for granting financial support in 2014, and the forms of cooperation among relevant state bodies and associations. Representatives of associations and therapeutic communities participated in training activities organized by the Office, and as members of different working groups they took part in the preparation of strategic documents and programmes, as well in the surveys under the competence of the Office.

In order to provide sustainable funding of programmes and projects implemented by associations and therapeutic communities, considering restricted budgetary funds intended for the above purpose, in 2012 a new concept of calls for proposal for financial support by the Office was introduced. According to the new model, in 2013 the above funds were allocated primarily to high-quality and efficient prevention and social reintegration programmes that met the EDDRA quality criteria for demand reduction programmes.<sup>18</sup> The concept of financing associations operating in this area was further developed in the previous year. This resulted in a new approach and preparation of a single call for proposals for financing projects and programmes by associations active in the area of drug abuse / addiction prevention for 2014, from available resources of the Ministry of Health, Ministry of Social Policy and Youth and the Office for Combating Drug Abuse. A meeting with the representative of competent bodies and associations was organized on 19 November 2013 with the aim to present a new concept of call for proposals and obtain opinion on the proposed modes of implementation.

<sup>18</sup> EDDRA is a database of programmes/projects established with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) aimed primarily at collecting evaluated practices in the area of drug demand reduction conducted in the EU Member States.

## 1.4. Economic analyses

### Introduction

For the purpose of preparing the Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse in 2013, data on labelled and unlabelled public expenditures for 2013 were collected and processed by the Office following the methodology for data collection and analysis that was used in the scientific and research project "The study of public expenditures and the establishment of performance indicators in the area of drug abuse combating in the Republic of Croatia".<sup>19</sup> The above study was conducted by the Institute of Economics in Zagreb in cooperation with the Office in 2012.

With the aim to further develop the public spending indicator as an indicator relating to the monitoring of funds the state annually spends on combating the drug issue and their justification in relation to the achieved results, the development of the national guidelines for further planning, monitoring and reporting on public expenditure in the area of drugs, and the implementation of the survey on the efficiency of public expenditure for combating drug abuse in the Republic of Croatia were initiated in 2013. As the survey was completed on 2014, the results will be described in the report on the implementation of National Strategy and Action Plan for 2014.

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

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

Activities conducted by public bodies in the area of combating drug abuse and financed from state or county budgets, i.e. financial plans of institutions, have been grouped according the division provided by Reuter (2006).<sup>20</sup>

Labelled public expenditures have been split into five groups of activities: addiction prevention, treatment, social reintegration, harm reduction programmes and penal system, and as total public expenditures in the area of combating drug abuse into five main public functions in line with international classification of the functions of the government (COFOG) of the United Nations, namely general public services, public order and safety, health, education and social protection.

Table 1.2. contains an overview of public expenditure groups used by public institutions involved in the activities aimed at combating drug abuse in Croatia, broken down by main public functions pursuant to the international classification of the functions of the government at the third level.

<sup>19</sup> Budak J., Jurlina Alibegović D., Slijepčević S., Švaljek S. (2012). The study of public expenditures and the establishment of performance indicators in the field of combating drug abuse in the Republic of Croatia. Institute of Economics, Zagreb. Zagreb

<sup>20</sup> Reuter, Peter, 2006. "What drug policies cost. Estimating government drug policy expenditures". *Addiction*, 101 (3), p. 315-322.

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

Public functions	Public functions at the third level of classification
01 General public services	014 Basic research
03 Public order and safety	031 Police services
	033 Law courts
	034 Prisons
07 Health	071 Medical products, appliances and equipment
	072 Outpatient services
	073 Hospital services
	074 Public health services
	075 R&D
09 Education	091 Pre-primary and primary education
	092 Secondary education
	094 Tertiary education
	095 Education non-definable by level
	096 Subsidiary services to education
10 Social protection	105 Unemployment
	106 Housing
	107 Social exclusion n.e.c.

Source: Institute of Economics, Zagreb, 2012.

Table 1.3. provides an overview of total labelled public expenditures in the budgets of line ministries and other public bodies, relating to various aspects of the drug policy and drug addiction.

Labelled public expenditures in the area of combating drug abuse in 2013 were analysed by way of a survey, thus collecting data directly from public institutions at national and regional levels and from civil society organisations. The survey served for the collection of data on different types of current and development expenditures for the implementation of a number of measures for combating drug abuse in the areas of addiction prevention, treatment, social reintegration, harm reduction programmes and the penal system.

Table 1.3. - Labelled public expenditures in the area of combating drug abuse in the Republic of Croatia in 2011 – 2013 (in EUR)

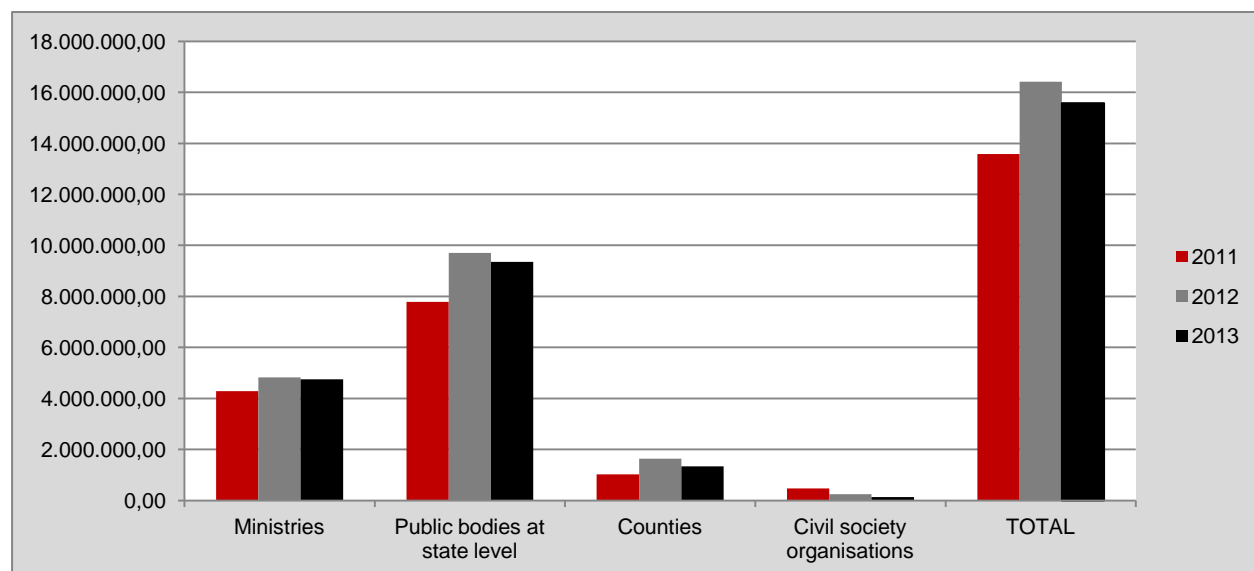
	2011	2012	2013
Ministries	4,285,716.19	4,821,649.35	4,747,291.25
Public bodies at state level	7,784,061.24	9,703,241.15	9,351,625.93
Counties	1,028,875.61	1,645,631.30	1,336,058.91
Civil society organisations	478,556.39	251,093.19	134,677.85

Total	13,577,209.44	16,421,614.99	15,569,653.94
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Source: Institute of Economics, Zagreb, 2012 and Office for Combating Drug Abuse

As shown in Table 1.3 and Figure 1.2., total labelled public expenditures in the area of combating drug abuse in the state and county budgets and financial plans of public bodies and civil society organisations in 2013 amounted to EUR 15.5 million. This represented a decrease of 5.2% in comparison to 2012, and an increase of 14.7% in comparison to 2011. In 2013 all state public bodies and civil society organization generated lower expenditures for financing activities aimed at combating drug abuse in comparison to the previous year. In relation to 2012, expenditures in ministries' budgets decreased by 1.5%. In addition, a decrease in expenditures of public bodies at state level (by 3.6%) and public expenditures of counties (by 18.8%) was observed. Civil society organisations recorded a decrease in labelled public expenditures. They dropped by 46.4% in comparison to 2012. It was evident that the highest percentage of public funds intended for drug abuse prevention programmes was allocated to the public bodies at state level, as much as 60.2%. They were followed by the ministries with a percentage of 30.5%, counties 8.6%, while civil society organizations held 0.9% in labelled public expenditures.

Figure 1.2 -Labelled public expenditures in the area of combating drug abuse in the Republic of Croatia, total in 2011 – 2013 (in EUR)



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

#### Labelled public expenditures – by activity groups

The structure of labelled public expenditures by activity groups in 2013 changed significantly in comparison to 2012. The most significant changes occurred in the penal system programmes. In 2013 there was a decrease of expenditures by 89.11% in comparison to 2012, and 91.9 in comparison to 2011. In addition, significant changes were evident in the labelled public expenditures for social reintegration programmes, in 2013 as there was a decrease of expenditure of 55.3% compared to 2012. A negative trend was also observed in relation to expenditures for programmes and activities in the field of addiction prevention. In 2013 there was a decrease of 8.8% in comparison to 2012.

In 2013 there was a significant change in the percentage relating to harm reduction programmes. It increased by 63.6% in comparison to 2012. Such an increase could be explained by a bigger share of labelled public funds for harm reduction programmes in the counties' financial plans and ministries' budgets. The treatment programme expenditure was stable and at almost the same level as in the previous year.

*Table 1.4. – Changes in expenditures 2011-2013 in %*

	Addiction prevention	Treatment	Social reintegration	Harm reduction programmes	Penal system
2013-2012 in %	-8.8	0.9	-55.3	63.6	-89.1
2013-2011 in %	4.5	36.2	24.6	2.2	-91.9

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

Table 1.5 shows labelled public expenditures by activity groups (addiction prevention, treatment, social reintegration, harm reduction programmes, penal system) for the period 2011-2013. These expenditures were presented in the survey by public bodies and civil society organisation as executed expenditures.

*Table 1.5. - Labelled public expenditures in the state budget and county budgets and financial plans of public bodies and civil society organisations in the area of combating drug abuse in the Republic of Croatia, by activity groups from 2011 to 2013, in EUR.*

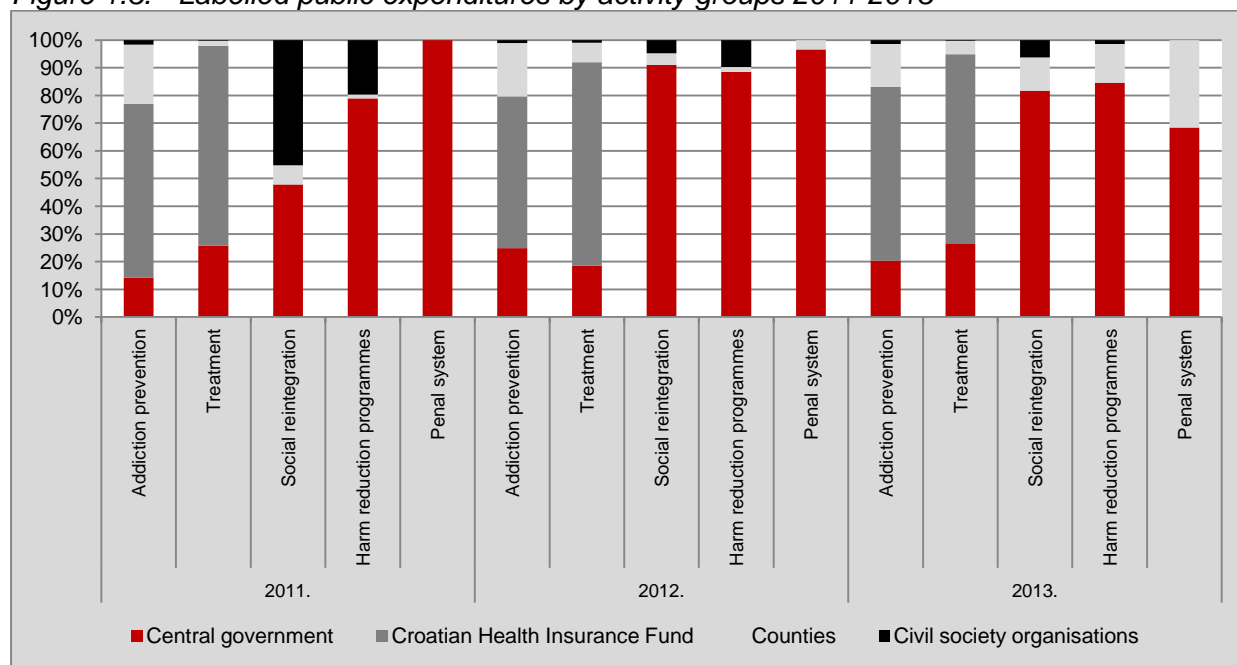
2011					
	Addiction prevention	Treatment	Social reintegration	Harm reduction programmes	Penal system
Central government	565,775.25	1,876,009.39	191,295.47	762,175.20	468,026.55
Croatian Health Insurance Fund	2,493,690.01	5,231,626.21	0	0	0
Counties	851,273.02	135,999.67	27,810.61	13,792.27	0
Civil society organisations	67,174.32	19,211.60	181,013.60	189,707.86	0
<b>TOTAL</b>	<b>3,977,912.60</b>	<b>7,262,846.87</b>	<b>400,119.68</b>	<b>965,675.33</b>	<b>468,026.55</b>
2012					
	Addiction prevention	Treatment	Social reintegration	Harm reduction programmes	Penal system
Central government	1,130,030.00	1,808,749.83	1,014,918.69	533,494.64	334,456.19
Croatian Health Insurance Fund	2,497,286.21	7,205,954.94	0	0	0
Counties	881,771.89	695,484.85	45,972.64	10,782.53	11,619.39
Civil society organisations	46,603.90	91,872.33	53,859.82	58,757.14	0

<b>TOTAL</b>	<b>4,555,692.01</b>	<b>9,802,061.94</b>	<b>1,114,751.15</b>	<b>603,034.31</b>	<b>346,075.58</b>
<b>2013</b>					
	Addiction prevention	Treatment	Social reintegration	Harm reduction programmes	Penal system
Central government	847,381.90	2,632,066.13	407,487.39	834,539.84	25,815.99
Croatian Health Insurance Fund	2,603,337.30	6,748,288.63	0	0	0
Counties	646,118.93	480,113.23	59,780.30	138,117.70	11,928.76
Civil society organisations	58,640.99	30,874.93	31,256.67	13,905.26	0
<b>TOTAL</b>	<b>4,155,479.11</b>	<b>9,891,342.92</b>	<b>498,524.37</b>	<b>986,562.80</b>	<b>37,744.75</b>

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

Figure 1.3 provides an overview of the labelled public expenditure structure in the area of combating drug abuse grouped by ministries, public bodies at state level, counties and county public bodies, as well as civil society organisations into the following activity groups: (i) addiction prevention, (ii) treatment, (iii) social reintegration, (iv) harm reduction programmes and (v) penal system.

Figure 1.3. - Labelled public expenditures by activity groups 2011-2013



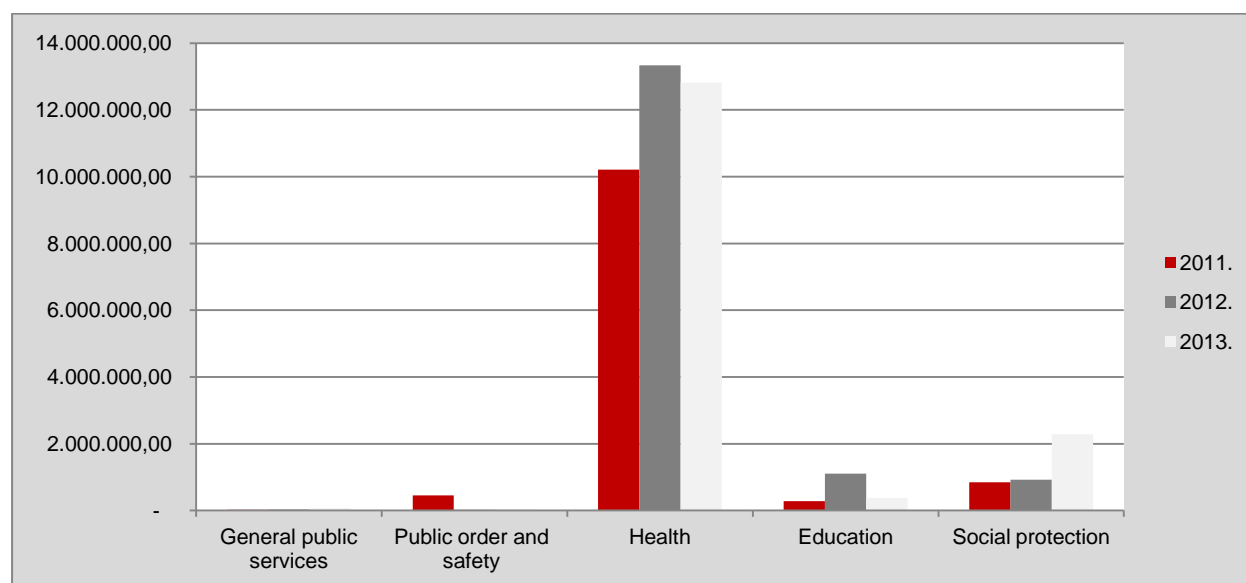
Source: Institute of Economics, Zagreb, 2012 and Office for Combating Drug Abuse

#### Labelled public expenditures according to the classification of public functions

In 2013, labelled public expenditures in the area of combating drug abuse were mostly intended for the public function of healthcare and amounted on average to of 82.3% of total labelled

public expenditures. Expenditures intended for social protection accounted for 14.7%, while expenditures for education accounted for 2.4% of total labelled public expenditures in the area of combating drug abuse. Expenditures for the public functions of general public services and public order and safety were negligent and accounted for a total of 0.6% of labelled public expenditures in the area of combating drug abuse. Figure 1.4. shows labelled public expenditures according to the classification of public functions in the period 2011 –2013.

*Figure 1.4. - Labelled public expenditures according to the classification of public functions 2011-2013, in EUR.*



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

### 1.4.2. Unlabelled public expenditures in the area of combating drug abuse

#### *Methodology*

Most public bodies do not have in their budgets labelled public expenditures intended for combating drug abuse and drug addiction, i.e. there are no special-purpose programmes, activities and/or projects and a plan for allocation of appropriate resources to activities aimed at combating drug abuse and drug addiction, but they are financed within regular activities.

Despite the fact that budgets of these public bodies do not allow a conclusion on the amounts spent on combating drug abuse, for many public bodies it can be well said that a part of their total resources was intended for combating drug abuse. Such expenditures, called unlabelled public expenditures hereunder, are therefore to be estimated because they cannot be identified and extracted from the data on the public body budgets.

The methodology for estimating unlabelled public expenditures is based on the assumption that unlabelled public expenditures make a part of public expenditures which remain after labelled public expenditures for combating drug abuse are deducted from total public expenditures of a public body. The part of public expenditures relating to unlabelled expenditures can be established approximately by using certain indicators of the expenditures used for combating drug abuse. The calculation of unlabelled expenditures of a public body is conducted using the following formula:

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

The indicators applied herein are based on adequate data assessed to refer to the total amount of resources of a particular public body intended for combating drug abuse. These indicators are relative figures establishing relationship between an amount strictly connected with drugs and the respective area.

When selecting the indicators, data contained in publicly available international databases were used in order to enable the application of the methodology of similar indicators in other countries and in the following years. When international sources were inaccessible, publicly available Croatian statistics and data from competent public bodies were used. In this way respective indicators used for estimating total unlabelled expenditures and expenditures by public functions (COFOG) were used.

All indicators are shown in the table, and the application of the methodology is described in detail in the study „Analysis of public expenditure for monitoring achievement of the objectives in the field of combating drug abuse in the Republic of Croatia“ available at the Office web site [www.uredzadroge.hr](http://www.uredzadroge.hr).

*Table 1.6. - Input data and calculated indicators for the assessment of unlabelled expenditures by public functions*

Public function / Data / Indicator	Amount	Data / Indicator year
<b>03 Public order and safety</b>		
<b>031 Police and customs services</b>		
<b>Police services</b>		
Number of criminal offences per 100 000 inhabitants, in total	2,505	2007
Number of drug-related criminal offences per 100 000 inhabitants	162	2007
<b>Share of drug-related criminal offences in total number of criminal offences, in %</b>	<b>6.47</b>	
<b>INDICATOR</b>	<b>6.47</b>	
<b>Customs services</b>		
Number of customs officers – total	1,800	2011
Number of customs officers dealing with the drug issue	1,192	2011
Number of customs officers dealing with the drug issue – FTE assessment	59.6	
<b>Share of customs officers dealing with the drug issue in total number of customs officers, in %</b>	<b>3.31</b>	
Number of civil servants employed with customs, total	1,280	2011
Number of civil servants employed with customs dealing with the drug issue (FTE)	1.4	2011
<b>Share of civil servants at customs dealing with the drug issue in total number of civil servants, in %</b>	<b>0.11</b>	
<b>INDICATOR</b>	<b>1.71</b>	
<b>033 Law courts</b>		
Number of perpetrators of criminal offences per 100 000 inhabitants, in total	1,401	2007
Number of perpetrators of drug-related criminal	168	2007

offences per 100 000 inhabitants		
<b>Share of perpetrators of drug-related criminal offences in total number of perpetrators of criminal offences, in %</b>	<b>11.99</b>	
Number of persons reported to have committed criminal offences, total	90631	2011
Number of persons reported to have committed drug-related criminal offences	6,088	2011
<b>Share of persons reported to have committed drug-related criminal offences in total number of persons reported to have committed criminal offences, in %</b>	<b>6.72</b>	
Number of persons convicted of criminal offences per 100 000 inhabitants, in total*	566	2007
Number of persons convicted of drug-related criminal offences per 100 000 inhabitants**	81	2007
<b>Share of persons convicted of drug-related criminal offences in total number of persons convicted of criminal offences, in %</b>	<b>14.31</b>	
<b>INDICATOR</b>	<b>11.01</b>	
<b>034 Prisons</b>		
Number of prisoners convicted by final verdict	3,947	1 9 2010
Number of prisoners convicted by final verdict who have committed drug-related criminal offences	880	1 9 2010
<b>Number of prisoners convicted by final verdict who have committed drug-related criminal offences in total number of prisoners convicted by final verdict, in %</b>	<b>22.30</b>	
<b>INDICATOR</b>	<b>22.30</b>	
<b>07 Health</b>		
<b>073 Hospital services</b>		
Total number of hospital beds per 10 000 inhabitants	54	2008
Number of hospital beds for treatments of drug and alcohol-related disorders per 10 000 inhabitants	10.7	2008
Number of hospital beds for treatments of alcohol-related disorders per 10 000 inhabitants	8.2	2008
Number of hospital beds for treatments of drug-related disorders per 10 000 inhabitants	2.5	
<b>Share of hospital beds for treatment of drug-related disorders in total number of hospital beds, in %</b>	<b>0.46</b>	
<b>INDICATOR</b>	<b>0.46</b>	
<b>09 Education</b>		
<b>091 Pre-primary and primary education</b>		
Total number of working hours	1,150	
Number of working hours used for activities relating to prevention programmes	1	
<b>Share of working hours used for activities relating prevention programmes in total number of working hours, in %</b>	<b>0.09</b>	
<b>INDICATOR</b>	<b>0.09</b>	

<b>092 Secondary education</b>		
Total number of working hours	1,150	
Number of working hours used for activities relating to prevention programmes	1	
<b>Share of working hours used for activities relating to prevention programmes in total number of working hours, in %</b>	<b>0.09</b>	
<b>INDICATOR</b>	<b>0.09</b>	
<b>096 Subsidiary services to education</b>		
Total number of Education and Teacher Training Agency employees	105	
Number of counsellors to Education and Teacher Training Agency competent for expert associates (pedagogues, psychologists, special education teachers/rehabilitators) dealing with addiction prevention and prevention programmes in schools	7	
<b>Total number of Education and Teacher Training Agency employees dealing with addiction prevention and prevention programmes in schools in total number of employed counsellors, in %</b>	<b>6.7</b>	
Number of counsellors' working days used for addiction prevention programmes	3	
Total number of working days (without annual leave)	242	
<b>Share of working hours used for activities relating to prevention programmes in total number of working hours, in %</b>	<b>8.7</b>	
<b>INDICATOR</b>	<b>0.58</b>	
<b>10 Social protection</b>		
<b>107 Social exclusion n.e.c.</b>		
Total number of social welfare centre and family centre employees	4,167	
Number of employed professionals (psychologists, sociologists, physicians, nurses, etc.) at social welfare centres and family centres dealing with persons with drug addiction problems (FTE)	12.38	
<b>Share of employed professionals at social welfare centres and family centres dealing with persons with drug addiction problems in total number of employees, in %</b>	<b>0.30</b>	
Total number of social welfare centre and family centre beneficiaries	419 301	
Number of social welfare centre and family centre beneficiaries addicts	913	
<b>Share of beneficiaries addicts in total number of social welfare centre and family centre beneficiaries, in %</b>	<b>0.22</b>	
<b>INDICATOR</b>	<b>0.26</b>	

Source: Institute of Economics, Zagreb, 2012.

### Unlabelled expenditure assessment

By using the above methodology unlabelled public expenditures in the area of combating drug abuse were estimated according to the classification of public functions shown in Table 1.6. Estimated total unlabelled expenditures in the observed period amounted to between EUR 69.8 and 85.8 million and were several times higher than labelled public expenditures. When looking at the ratio between labelled and unlabelled expenditures in 2013 and 2012, it can be concluded that unlabelled public expenditures in 2013 were as much as 5.1 times higher than labelled ones. Since most public bodies usually address the combating of drug abuse within their regular activities, resources are not broken down by activities aimed at combating drug abuse. Such a result is therefore expected.

Therefore, estimated unlabelled public expenditures in 2013 amounted to EUR 79.6 million. The highest amounts were allocated to the function of public order and safety, where estimated unlabelled expenditures accounted for 77.5% of total unlabelled expenditures in the area of combating drug abuse. They were followed by the public function of health with 19.2% of estimated unlabelled expenditures, and the public function of social protection with a share of 2.5%. The public function of education made up 0.9%, which was the smallest percentage in the estimated unlabelled expenditures.

Table 1.7. - Estimate of unlabelled public expenditures by public functions 2011-2013, in EUR

	2011	2012	2013
03 Public order and safety	78,355,856.68	62,513,413.98	73,672,633.53
07 Health	6,764,902.99	6,513,185.81	5,410,579.62
09 Education	633,709.49	654,214.47	459,928.49
10 Social protection	88,328.15	88,363.51	85,276.59
<b>TOTAL</b>	<b>85,842,797.30</b>	<b>69,769,177.76</b>	<b>79,628,418.23</b>

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

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

Estimated unlabelled public expenditures together with labelled public expenditures form estimated total public expenditures in the area of combating drug abuse. The total public expenditures in the area of combating drug abuse according to the classification of public functions amounted to EUR 95.1 million in 2013 as shown in Table 1.8. In the period 2011-2013 they amounted to between EUR 82.1 and 96.4 million, with the smallest amount in 2012 and the highest in 2011.

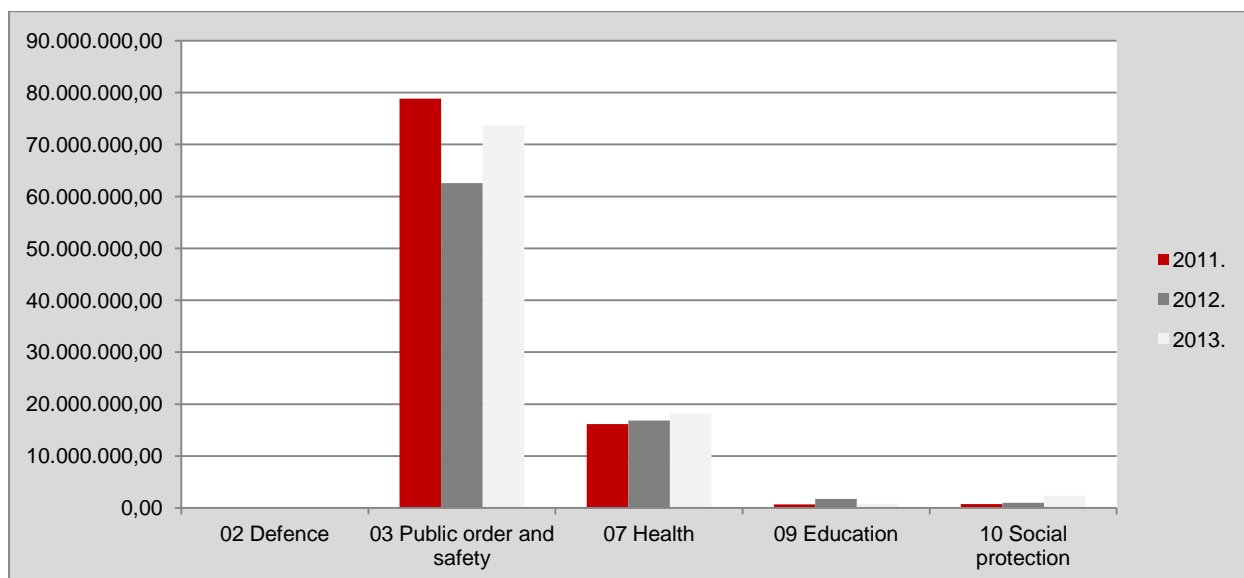
Table 1.8 - Estimate of total public expenditures by public functions 2011-2013, in EUR

Public function	2011	2012	2013
02 Defence	607.38	0	0
03 Public order and safety	78,801,820.05	62,533,879.95	73,689,138.34
07 Health	16,170,963.32	16,831,160.31	18,228,942.75

09 Education	711,020.94	1,755,693.60	831,530.64
10 Social protection	747,394.50	1,010,794.93	2,368,657.88
<b>TOTAL</b>	<b>96,431,806.19</b>	<b>82,131,528.79</b>	<b>95,118,269.61</b>

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

Figure 1.5. - Estimate of total public expenditures by public functions 2011-2013, in EUR



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

## 1.5. Conclusion

Total labelled public expenditures by activity groups in the area of combating drug abuse in the state and county budgets as well as financial plans of public bodies and civil society organisation in 2013 amounted to EUR 15,569,653.94. In comparison to the previous year this represented a decrease of 5.2%, i.e. an increase of 14.7% in comparison to 2011. Out of the above amount, EUR 4,747,291.25 was spent from the positions of ministries and the Office for Combating Drug Abuse (30.5%), EUR 1,336,058.91 from budgetary positions of the counties (8.6%), EUR 9,351,625.93 by the Croatian Health Insurance Fund (60.1%) and EUR 134,677.85 (1.4%) by civil society organisations (Tables 1.8. and 1.9.). If we break down the above amount by programme activities, we can conclude that EUR 9,891,342.92 (63.5%) was spent on treatment activities, EUR 4,155,479.11 (26.7%) on prevention programmes, EUR 986,562.80 on harm reduction programmes (6.3%), EUR 498,524.37 (3.2%) on social reintegration and 37,744.75 (0.2%) on the penal system.

Table 1.9. - Labelled public expenditures in 2012 and 2013 at the level of ministries, Croatian Health Insurance Fund and Office for Combating Drug Abuse, in EUR

Institution	Labelled expenditures in 2012	Labelled expenditures in 2013	2013-2012 ration in %
Ministry of Labour and Pension System	223,116.27	252,591.44	13.2

Ministry of Justice	3,961.16	0	-100.0
Ministry of Social Policy and Youth	1,556,922.86	1,999,533.18	28.4
Ministry of Health	1,895,013.69	1,788,534.02	-5.6
Ministry of Science, Education and Sports	94,740.93	190,312.65	100.9
Ministry of Entrepreneurship and Crafts	653,829.09	0	-100.0
Croatian Health Insurance Fund	9,703,241.15	9,351,625.93	-3.6
Office for Combating Drug Abuse	394,065.36	516,319.96	31.0
<b>TOTAL</b>	<b>14,524,890.50</b>	<b>14,098,917.18</b>	

Source: Office for Combating Drug Abuse

Table 1.10. Labelled public expenditures in 2012 and 2013 at county level, in EUR

County	Labelled expenditures in 2012	Labelled expenditures in 2013	2012-2013 ratio in %
Brod-Posavina County	16,057.20	33,104.43	106.2
Koprivnica-Križevci County	6,762.08	7,222.83	6.8
Varaždin County	10,563.08	11,883.47	12.5
Karlovac County	8,449.69	9,902.89	17.2
Požega-Slavonia County	5,455.17	18,678.69	242.4
Krapina-Zagorje County	29,576.63	30,663.57	3.7
Split-Dalmatia County	211,261.62	211,261.62	0.0
Bjelovar-Bilogora County	1,404.49	2,706.79	92.7
Šibenik-Knin County	660.19	3,697.08	460.0
City of Zagreb	268,672.78	189,631.46	-29.4
Sisak-Moslavina County	3,961.16	34,843.18	779.6
Osijek-Baranja County	161,866.14	165,217.68	2.1
Međimurje County	0.00	0	
Virovitica-Podravina County	76,153.01	81,652.40	7.2
Zadar County	104,310.42	101,669.65	-2.5
Zagreb County	31,029.05	30,368.86	-2.1
Primorje-Gorski Kotar County	615,151.58	302,037.43	-50.9
Vukovar-Srijem County	0.00	2,640.77	
Lika-Senj County	1,320.39	132.04	-90.0
Dubrovnik-Neretva County	21,104.77	34,377.68	62.9
Istria County	71,871.85	64,366.40	-10.4
<b>TOTAL</b>	<b>1,645,631.30</b>	<b>1,336,058.91</b>	

Source: Office for Combating Drug Abuse

Estimated unlabelled public expenditures in the area of combating drug abuse according to the classification of public functions in 2013 amounted to EUR 79,628,418.23. This was an increase

of 14.1% in comparison to 2012, and a decrease of 7.2% in comparison to 2011. A total of EUR 73,672,633.53 (92.5%) was allocated to the public function 03 – Public order and safety, EUR 5,410,579.62 (6.8%) to the public function 02 – Health, EUR 459,928.49 (0.6%) to the public function 09 – Education, and 85,276.59 (0.1%) to the public function 10 – Social protection.

When observing the ratio between labelled and unlabelled expenditures in 2013, it can be seen that estimated total unlabelled expenditures in 2013 were 5.1 times higher than labelled ones, while in comparison to 2012 and 2011 they were 4.5 and 5.5 times higher, respectively.

Estimated total public expenditures in 2013 amounted EUR 95,118,269.61. When comparing total public expenditures in 2013 with previous years, it can be concluded that estimated total public expenditures in comparison to 2012 increased by 15.8%, and decreased by 1.4% in comparison to 2011.

Even though the presented estimate may lead to a conclusion that a high amount of public expenditures is allocated to combating drug abuse, on average it only account for 0.49% of public expenditures or 0.2% of the GDP. Considering the severity of the issue of addiction and drug abuse, it can be, however, concluded that the allocation of the above fund is justified.

## 2. Drug use in the general population and specific target groups

### 2.1. Introduction

In 2014 Institute of Social Sciences "Ivo Pilar" published the "Analiza poliuporabe pojedinih sredstava ovisnosti i igranja igara na sreću u Hrvatskoj: istraživačko izvješće" ("The Analysis of the Poly-Use of Particular Addictive Substances and of Playing Games of Chance in Croatia: Research Report), based on the data collected in 2011, when the first research on drug abuse in the general population in the Republic of Croatia was carried out, the findings of which were described in the 2011 and 2012 Reports.

The Ministry of the Interior, Ministry of Health, Ministry of Environmental and Nature Protection and Ministry of Science, Education and Sports implemented the project "Zdrav za 5!" ("A+ Healthy!"), the objective of which was to prevent addiction and to promote preventive activities by developing social-emotional skills among children and youth. The project included a study conducted among eighth graders of primary school and first and second graders of secondary school. A sample of 4,904 eighth graders of primary school (2,465 boys, 2,439 girls, 75 unknown) indicated that 81% of them had drunk alcoholic drinks at least once in a lifetime, almost every third male or female pupil (30%) had been drunk once or more times in a lifetime, almost every other male or female pupil (49%) had drunk 5 or more drinks in a row in the last 30 days. Male and female pupils most often drink alcoholic drinks at home (28% of those who have drunk alcohol). A sample of 4,046 first graders of secondary school (1,969 boys, 1,956 girls, 121 unknown) showed that 27% of male and female pupils had sniffed glue or other solvents, marijuana was the most commonly used drug, tried by as many as every tenth male and female pupil (11%), and no less than 18% of them believed that regular marijuana smoking was not harmful to health. According to a sample of 3,713 second graders of secondary school (1,692 boys, 1,936 girls, 85 of unknown gender), 45% of male and female pupils had been betting at least once, whereas 4% of male and female pupils were agitated or felt some other difficulty when they tried to stop gambling, and 3% of them claimed their financial problems resulted from gambling.

Throughout 2013 the project implementation continued and a third component was added to the project: Cross-Sector Cooperation in the Implementation of the Addiction Prevention Projects.

In 2011 at the initiative of the Office for Combating Drug Abuse, the Faculty of Education and Rehabilitation Sciences in Zagreb conducted research into new trends of addictive substance use. At the Office's initiative, as a follow-up of the previous project, in 2013 the Faculty of Education and Rehabilitation Sciences carried out research into new trends in drug consumption on a sample of N=1,035 active participants of the "forum.hr" website.<sup>21</sup>

The project "Dostupnost i cijena ilegalnih droga u Hrvatskoj" (DCID – "Availability and prices of illicit drugs in Croatia") resulted from the cooperation between the Office and the Faculty of Education and Rehabilitation Sciences in Zagreb in 2013. The objective of the project was to find out about the price, frequency and method of consumption, sources and method of supply

<sup>21</sup> According to the website <http://rankings.big-boards.com/>, forum.hr is ranked among the TOP 50 forums worldwide considering the number of its members and daily traffic.

and availability of illicit drugs, but also of new psychoactive substances in the territory of the Republic of Croatia.

In the City of Zadar the research was carried out into the impact of the tourist season on drug consumption by the use of an analysis of selected urinary biomarkers of drugs in wastewater. Untreated wastewater composite samples were collected in the off-season period in March 2013 and during peak tourist season in July/August 2013.

In cooperation with the Commission for Combating Drug Abuse of the Međimurje County, and primary and secondary schools, the Service for the Mental Health Protection, Addiction Prevention and Outpatient Treatment of the Institute of Public Health of the Međimurje County carried out a study “Dobro je znati” (“It is Good to Know”). The study was conducted in the Addiction Awareness Month (from 15 November to 15 December 2013), and its objective was to determine the attitudes and habits of children and youth in the Međimurje County

## 2.2. Drug use in the general population

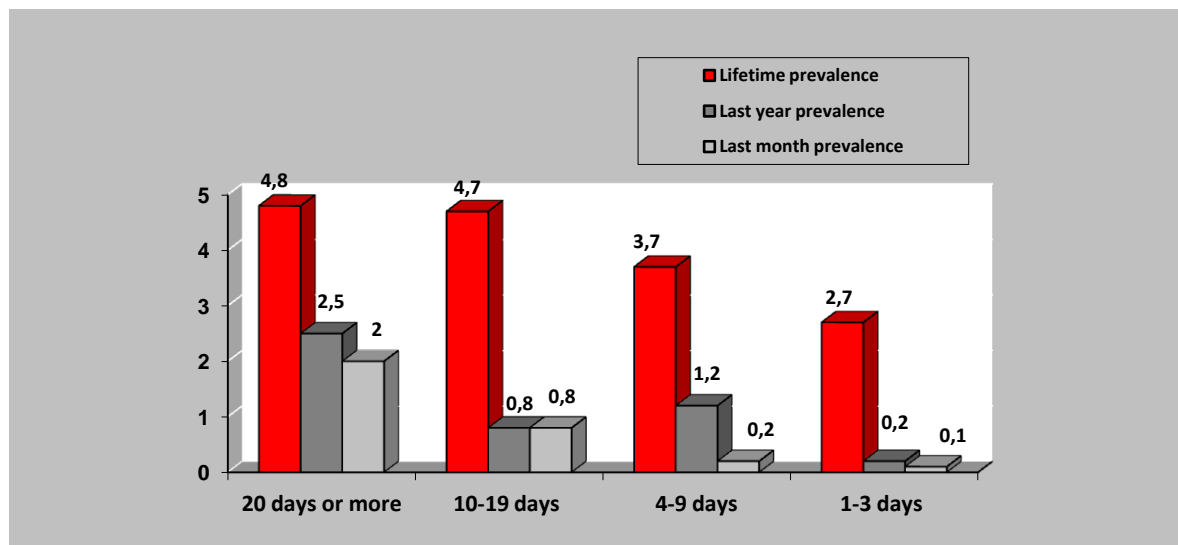
### *Addictive substances abuse in the general population of the Republic of Croatia*

The scientific and research project “Zloupotreba sredstava ovisnosti u općoj populaciji Republike Hrvatske” (“Addictive substance abuse in the general population of the Republic of Croatia”) was implemented in 2011, and the findings of the study were outlined in detail in the 2011 Report on the Implementation of National Strategy and Action Plan on Combating Drug Abuse. The basic objective of the project was to collect the data on the prevalence of different addictive substance consumption in the general population, as well as in the relevant population subgroups. The study was carried out on a sample of 4,800 respondents. In the process, the sample was divided into two subsamples. The basic sample included 4,000 persons of between 15 and 64 years of age, whereas upsampling included another 800 respondents of between 15 and 34 years of age. The field data collection took four months, from May to August 2011 (Glavak Tkalić et al., 2012; ST1, 2013). The findings of the analysis of addictive substance polyuse, including alcohol and cocaine, alcohol and amphetamine, and cannabis and alcohol poly-use and parallel playing of games of chance are given below.

#### Alcohol and cocaine polyuse

Those respondents who drank alcoholic drinks in the month preceding the study were selected as an initial sample from the total sample (N=4,756) for the analysis of alcohol and cocaine polyuse. There were N=2,815 such respondents among adults, and N=1,246 among young adults (Glavak Tkalić, 2014).

Chart 2.1 – Lifetime prevalence, last year prevalence and last month prevalence of cocaine use among adults with regard to frequency of alcohol drinking in the month preceding the study (%)



Source: Glavak Tkalić, 2014

According to the data in chart 2.1, it is evident that lifetime prevalence of cocaine use was similar among the adults who drank alcohol for 20 or more days in the month preceding the study and among those who drank it from 10 to 19 days (4.8% that is 4.7%). Lower lifetime prevalence of cocaine use was identified among the adults who consumed alcohol from 4 to 9 days in the month preceding the study (3.7%), and the lowest among those who consumed alcohol from 1 to 3 days in the month preceding the study (2.7%).

Last year prevalence of cocaine use was highest among the adults who drank alcohol for 20 or more days in the month preceding the study (2.5%), whereas last year prevalence of cocaine use for other categories was identified to be below 1%. It is also visible that last month prevalence of cocaine use was highest among the adults who drank alcohol for 20 or more days in the month preceding the study (2%), whereas last month prevalence of cocaine use for other categories was determined to be below 1% (Glavak Tkalić, 2014).

According to the data in the Research Report<sup>22</sup> on lifetime prevalence, last year prevalence and last month prevalence of cocaine use among young adults with regard to frequency of alcohol drinking in the month preceding the study, it is evident that lifetime prevalence of cocaine use was higher among young adults who consumed alcohol more often in the month preceding the study. Thus it was highest among young adults who drank alcohol for 20 or more days in the month preceding the study (16.5%). It is important to note that a number of young adults who consumed alcohol for 20 or more days in the month preceding the study was relatively small (N=60), and thus such prevalence should be interpreted with caution.

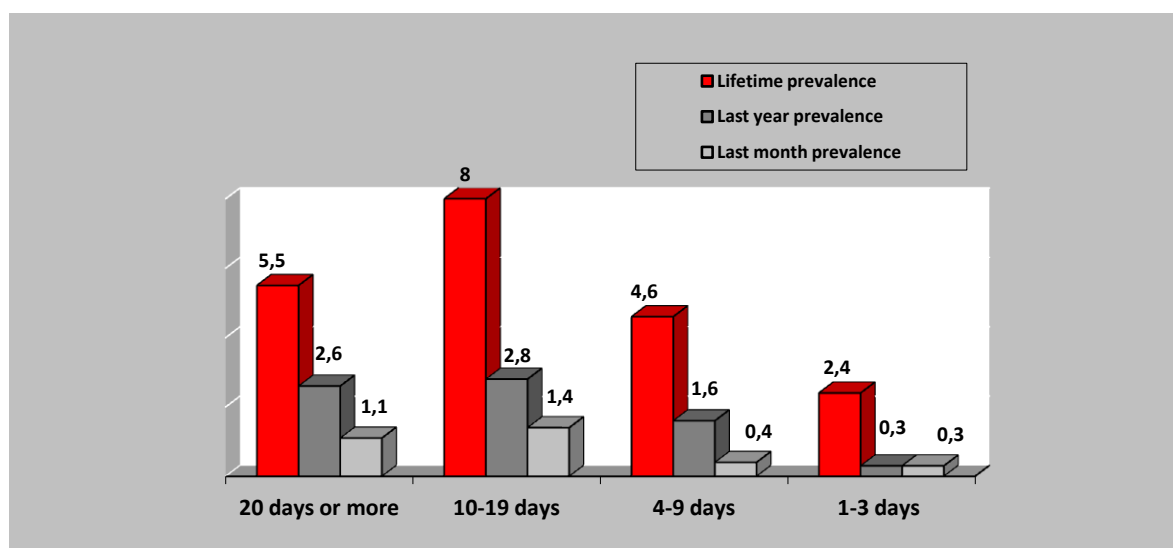
<sup>22</sup> Analiza poliuporabe pojedinih sredstava ovisnosti i igranja igara na sreću u Hrvatskoj: istraživačko izvješće (Analysis of the Polyuse of Particular Addictive Substances and of Playing Games of Chance in Croatia: Research Report (Glavak Tkalić, 2014).

Last year prevalence of cocaine use was highest among young adults who drank alcohol for 20 or more days in the month preceding the study (6.5%), whereas last year prevalence of cocaine use for other categories was about or below 2%. It was also found that last month prevalence of cocaine use was highest among young adults who drank alcohol for 20 or more days in the month preceding the study (3.6%), whereas last month prevalence of cocaine use for other categories was below 2%.

#### Amphetamine and alcohol polyuse

Those respondents who in the month preceding the study drank alcoholic drinks were selected from the total sample (N=4,756) as the initial sample for the analysis of alcohol and amphetamine polyuse. There were N=2,815 such respondents among adults, and N=1,246 among young adults (Glavak Tkalić, 2014).

*Chart 2.2 – Lifetime prevalence, last year prevalence and last month prevalence of cocaine use among adults with regard to frequency of alcohol drinking in the month preceding the study (%)*



Source: Glavak Tkalić, 2014

Lifetime prevalence of amphetamine use was highest among the adults who drank alcohol from 10 to 19 days in the month preceding the study (8%), whereas it was similar among the adults who drank alcohol for 20 or more days and among those who drank it from 4 to 9 days (5.5% that is 4.6%). The lowest lifetime prevalence of amphetamine use was found among the adults who consumed alcohol from 1 to 3 days in the month preceding the study (2.4%).

Last year prevalence of amphetamine use was similar among the adults who drank alcohol from 10 to 19 days, that is for 20 or more days in the month preceding the study (2.8% that is 2.6%), whereas last year prevalence of amphetamine use for other categories was about or below 1%. It was also identified that last month prevalence of amphetamine use was about or below 1% for any other category with regard to frequency of alcohol drinking, but it was highest or similar as found among the adults who drank alcohol from 10 to 19 days, that is for 20 or more days in the month preceding the study, 1.4% that is 1.1% (Glavak Tkalić, 2014).

According to the data in the Research Report on lifetime prevalence, last year prevalence and last month prevalence of amphetamine use among young adults with regard to frequency of alcohol drinking in the month preceding the study, it is evident that lifetime prevalence of amphetamine use was highest and similar among young adults who consumed alcohol from 10 to 19 days, that is for 20 or more days in the month preceding the study (16.7% that is 16.5%). Lifetime prevalence of amphetamine use was found to be lower by half among young adults who consumed alcohol from 4 to 9 days in the month preceding the study (7.5%), and lowest among those who consumed alcohol from 1 to 3 days (4.4%).

Last year prevalence of amphetamine use was higher among young adults who consumed alcohol more often in the month preceding the study. Thus the highest last year prevalence of amphetamine use was found among young adults who consumed alcohol for 20 or more days in the month preceding the study (9.2%), and the lowest among those who consumed alcohol from 1 to 3 days (0.5%). The highest last month prevalence of amphetamine use was identified among young adults who consumed alcohol from 10 to 19 days in the month preceding the study (3.8%), whereas the prevalence for other categories was below 2%.

#### Cannabis and alcohol polyuse and parallel playing of games of chance

According to the data in the Research Report, lifetime prevalence of cannabis use among adults who drank alcohol in the month preceding the study was 22.8%, last year prevalence was 7.7%, and last month prevalence was 4.6%. Among young adults who drank alcohol in the month preceding the month of the study, lifetime prevalence of cannabis use was 36.4%, last year prevalence was 15%, and last month prevalence was 8.8%.

Prevalence of playing any type of a game of chance among adults and young adults who drank alcohol in the month preceding the study and who had consumed cannabis at least once in a lifetime were similar – lifetime prevalence was 79% among adults and 78% among young adults, last year prevalence was 50.3% among adults and 51.7% among young adults, and last month prevalence was 33% among adults and 33.5% among young adults.

Prevalence of playing betting games, casino games with balls, cards or dice, slot machine games and online (Internet) games of chance in the month preceding the study among adults and young adults who drank alcohol in the month preceding the study and who had consumed cannabis at least once in a lifetime was similar both among adults and young adults. Prevalence of playing betting games in the month preceding the study was 17.5% among adults and 19.3% among young adults, prevalence of playing casino games with balls, cards or dice was 5.1% among adults and 6.1% among young adults, prevalence of playing slot machine games was 6.4% among adults and 7.4% among young adults, and prevalence of playing online (Internet) games of chance was 3.4% among adults and 5% among young adults.

Prevalence of playing any type of a game of chance in the month preceding the study was highest among adults and young adults who had consumed cannabis at least once in a lifetime and who consumed alcoholic drinks for 20 or more days in the month preceding the study (40.8% that is 40.9%).

Betting games were played equally frequently by adults who had consumed cannabis at least once in a lifetime and who consumed alcoholic drinks from 10 to 19 days, that is for 20 or more days in the month preceding the study (24.7% and 22.5%), whereas they were played among young adults most often by those who had consumed cannabis at least once in a lifetime and who consumed alcoholic drinks for 20 or more days in the month preceding the study (26.9%).

Casino games with balls, cards or dice were played most often by those adults and young adults who had consumed cannabis at least once in a lifetime and who consumed alcoholic drinks for 20 or more days in the month preceding the study (12.4% that is 15.6%). Slot machine games were also most commonly played by those adults and young adults who had consumed cannabis at least once in a lifetime and who consumed alcoholic drinks for 20 or more days in the month preceding the study (17.4% that is 22%), online (Internet) games of chance were most often played by those adults and young adults who had consumed cannabis at least once in a lifetime and who consumed alcoholic drinks from 10 to 19 days in the month preceding the study (6% that is 8.3%).

Prevalence of playing any type of a game of chance among adults who had consumed cannabis at least once in a lifetime was similar with regard to frequency of drinking (consuming 6 or more alcoholic drinks in a row) – any type of a game of chance in the month preceding the study was played by 37.2% respondents who got drunk once a month, 34.9% respondents who got drunk every day or almost every day and 34.1% respondents who got drunk once a week. Among young adults, the highest prevalence of playing any type of a game of chance was found among those who had consumed cannabis at least once in a lifetime and those who got drunk once a month (41.4%).

Betting games were equally often played by adults and young adults who had consumed cannabis at least once in a lifetime and who got drunk every day or almost every day (24.9% that is 28.3%) and once a month (23.6% that is 27.2%). However, due to a small number of respondents in the category of drinking every day or almost every day, such data should be interpreted with caution. Casino games with balls, cards or dice were most often played by adults and young adults who had consumed cannabis at least once in a lifetime and who got drunk once a month (9% that is 10.4%). Slot machine games were most often played by those adults who had consumed cannabis at least once in a lifetime and who got drunk once a month (11.7%), and among young adults, equally by those who had consumed cannabis at least once in a lifetime and who got drunk once a month, that is, every day or almost every day (13.1% that is 12.6%). The highest prevalence of playing online (Internet) games was found among adults and young adults who had consumed cannabis at least once in a lifetime and who got drunk once a month (5.7% that is 7.3%).

*Prevalence of addictive substance use in the general population: situation in Croatia and comparison with other European countries*

The objectives of the paper are to present the data on prevalence of licit and illicit addictive substance use in the general population in the Republic of Croatia and to compare such prevalence with the prevalence in other European countries. The data on the prevalence in Croatia were collected by empirical research on a representative sample of adults between 15 and 64 years of age (N=4,756). The data on prevalence of licit addictive substance use were obtained by secondary analysis of the raw data of the special Eurobarometer 358 (tobacco) and 331 (alcohol), whereas the source of data on illicit drugs was the 2012 Statistical Bulletin of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The findings indicated that in Croatia prevalence of cigarette smoking in the month preceding the month of the study was 37.4%, which is among the highest in Europe and above the European average (32.4%). In the month preceding the study, 60.8% of adults in Croatia drank alcohol, which is among the lowest prevalence in comparison with other European countries and below the European average (70.3%). Cannabis is the most popular illicit drug in Croatia, 16.6% of adults have consumed it at least once in a lifetime, which is below the European average (23.7%) (Glavak Tkalić et al., 2013)

## 2.3. Drug use among the school population and youth

*The project of the Ministry of the Interior, Ministry of Health, Ministry of Environmental and Nature Protection and Ministry of Science, Education and Sports “Zdrav za 5!” (“A+ Healthy!”)*

The purpose of the project was to prevent addiction and to promote pro-social, preventive and protective activities by developing social-emotional skills among children and youth; to raise awareness of one's own role in conservation of living, school and work environments; to raise self-awareness of the responsibility for protection of one's own and other's health and safety; and to strengthen cross-sector cooperation at the national and regional levels.

The target group (depending on the level, directly or indirectly) was the level of cross-sector teams, the level of expert associates in schools, the level of teachers, the level of pupils (eighth graders of primary school and first and second graders of secondary school) and the level of parents. The project included three main components. The first component was addiction prevention which, due to the range of the addiction issue, was composed of three subcomponents (addiction and alcohol abuse, addiction and drug abuse, and games of chance addiction). The second component was environmental and nature protection and it included environmental workshops and other activities (events such as panel discussions, public forums, fairs, etc.). The third component was cross-sector cooperation in the implementation of addiction prevention projects.

### Component 1 Addiction prevention

#### Subcomponent 1 – Addiction and alcohol abuse

During the preliminarily agreed and announced school class, in presence of the teacher, the experts of the network of Public Health Institutes and a representative of the Ministry of the Interior held interactive lectures with pupils lasting for one school hour for each of the topics: “Addictive diseases, risks and health aspects of alcohol abuse” and “Harmful effects and criminal (penal) aspects of alcohol abuse”. In order to provide better quality of knowledge acquisition, a change in attitudes and to develop a critical way of thinking it was important to leave a certain amount of time in between the two lectures (2-4 months).

#### Subcomponent 2 – Addiction and drug abuse

During the preliminarily agreed and announced school class, in presence of the teacher, the experts of the network of Public Health Institutes and a representative of the Ministry of the Interior held interactive lectures with pupils lasting for one school hour for each of the topics: “Addictive diseases, risks and health aspects of psychoactive drug abuse” and “Harmful effects and criminal (penal) aspects of psychoactive drug abuse”. In order to provide better quality of knowledge acquisition, a change in attitudes and to develop a critical way of thinking it was important to leave a certain amount of time in between the two lectures (2-4 months).

#### Subcomponent 3 Games of chance addiction

During the preliminarily agreed and announced school class, in presence of the teacher, the experts of the network of Public Health Institutes and a representative of the Ministry of Interior held interactive lectures with pupils lasting for one school hour for the topic: “Games of chance addiction, risks and challenges”. The general objectives of this project component was to raise

the level of knowledge and awareness and to sensitise the pupils concerning the hazard of addictive substances, to increase confidence on harmfulness of abuse of drugs and other addictive substances and to develop a feeling of responsibility among pupils for illegally committed acts.

### Component 2 – Environmental and Nature Protection

Component 2 was a follow-up of Component 1 Addiction prevention. This component included outdoor environmental workshops and other activities such as different public events, public forums, and dissemination of promotional materials. The general objectives were to raise public awareness of the importance and the need to conserve environment and nature in general, but also to adopt healthy lifestyles and to raise the level of self-awareness of the responsibility for protecting one's own and other's health.

### Component 3 Cross-sector cooperation in the implementation of addiction prevention projects

This was a new component of the project “Zdrav za 5!” (“A+ Healthy!”), the objective of which was to strengthen cross-sector cooperation between relevant institutions in the implementation of the project “Zdrav za 5!” (“A+ Healthy!”), but also in the implementation of any future prevention projects to be undertaken by the police in cooperation with their partners. This component was to include the activities focused on raising the level of knowledge and preparation of those who would implement the project in the field. The main activities included training of trainers (to be organised in the beginning of the school year or as appropriate) and cross-sector coordination meetings.<sup>23</sup> In 2013 dissemination and training plan was developed for expert associates in primary and secondary schools for 2014, as well as for holding cross-sector coordination meetings.

## **2.4. Drug use among target groups/environments at national and local levels**

### *Research into new trends of addictive substance use*

In 2011 at the initiative of the Office for Combating Drug Abuse, the Faculty of Education and Rehabilitation Sciences in Zagreb conducted research into new trends of addictive substance use. The objective of the research was to gain insight into new psychoactive substances which are consumed. The research was carried out on a sample of N=1,330 active participants of the “forum.hr” website, by an online survey to which the participants responded on their own initiative and voluntarily. At the Office's initiative, as a follow-up of the previous project, in 2013 the Faculty of Education and Rehabilitation Sciences carried out research into new trends in drug consumption on a sample of N=1,035 active participants of the “forum.hr” website. The survey was available from 24 January to 11 March 2013 (Kranželić, Doležal, 2013).

The research was carried out in two phases in cooperation with the administrator and the moderators of the “forum.hr” website. The first phase of the research included data collection over a modified online survey, whereas in the second phase of the research, the online survey

<sup>23</sup> The project of the Ministry of the Interior, Ministry of Health, Ministry of Environmental and Nature Protection and Ministry of Science, Education and Sports “Zdrav za 5!” (“A+ Healthy!”)  
[http://www.mup.hr/UserDocsImages/Zdrav\\_za\\_5\\_-\\_INFO\\_za\\_GRP%5B1%5D.pdf](http://www.mup.hr/UserDocsImages/Zdrav_za_5_-_INFO_za_GRP%5B1%5D.pdf), website visited on 11 July 2014.

was closed and the data collected were analysed and published in the Final Report on the findings obtained and the guidelines for future research. The survey used in 2013 was different from the one used in 2011 only in the answers offered to the questions concerning the knowledge and the use of a psychoactive substance, and the answers offered were added with regard to the data collected from the preliminary research and the information obtained in the period from the previous research.

719 participants responded to the question: Which new or already known psychoactive substances have you heard of? 73.2% of them had heard of ketamine, 53.8% of them were aware of PCP, 33.1% of them had heard of mephedrone, and 38.5% of spice.

In terms of substance consumption, 144 participants (13.9% of the total sample) responded to the question: Have you ever consumed some of the following substances?, and the answers offered were: mephedrone, other synthetic cannabinoids, khat, ketamine, PCP, other piperazines, spice, other synthetic cathinones, any other similar “new psychoactive substance”. The largest number of participants claimed that they had consumed other synthetic cannabinoids (43.1% of those who answered the question), whereas 30.6% said they had consumed spice. Equal number of participants (20.8%) answered that they had consumed ketamine and mephedrone, and the smallest number of them (8.3%) had consumed khat.

The next question concerned the substance supply. The question was answered by 144 participants, and they largely obtained the substance from a friend (48.6%). The second most common way of obtaining the substance was in specialised shops (38.2%). Practically one third of respondents who answered that question (27.8%) indicated that they had obtained the substance from the dealer, whereas 10.4% obtained the substance online (Kranželić, Doležal, 2013).

The comparison between the 2011 and 2013 research findings shows that the knowledge of new psychoactive substances was wider in 2013 for any substance indicated, except for mephedrone. The most well-known substance among the participants was ketamine, followed by PCP, spice, mephedrone, and other synthetic cannabinoids (they were not listed in the 2011 research). The data on the use of psychoactive substances indicate that lifetime prevalence increased from 7.8% in 2011 to 13.9% in 2013. In 2013 the consumption also increased for each particularly listed psychoactive substance in comparison to 2011. It is also important to highlight the use of other synthetic cannabinoids, as many as 43.1% participants, which was not even offered in answers in 2011. As far as the new psychoactive substance supply is concerned, there is a visible increase in online supply, but also a rise in their supply from dealers and specialised shops, whereas at the same time the supply from a friend has decreased (Kranželić, Doležal, 2013).

#### *Availability and prices of licit and illicit drugs in the Republic of Croatia*

The cooperation between the Office for Combating Drug Abuse and the Faculty of Education and Rehabilitation Sciences of the University of Zagreb resulted in a project “Dostupnost i cijena ilegalnih droga u Hrvatskoj” (DCID – “Availability and prices of illicit drugs in Croatia”). The objective of the project was to find out about the price, frequency and method of consumption, sources and method of supply and availability of illicit drugs, but also of new psychoactive substances in the territory of the Republic of Croatia. The study was conducted in cooperation with a number of associations which deal with drug addiction problems and carry out harm reduction programs. The project also included: Terra Association (Rijeka Region), LET Quality of

Life Improvement Association (Zagreb), HELP Association (Split and Osijek Regions), Institut Association (Pula Region i.e. Istria) and the Croatian Red Cross (Zagreb and Krapina Regions).

In accordance with the findings of the preliminarily conducted research, the Faculty of Education and Rehabilitation Sciences, together with the Office, developed a follow-up project “Dostupnost i cijena legalnih i ilegalnih droga u Hrvatskoj” (Availability and prices of licit and illicit drugs in Croatia) the objective of which was to compare the findings of the two projects in order to examine the changes in trends of availability and prices of illicit drugs, but also of licit drugs. In addition to the above associations, the project also involved Ne-Ovisnost Association from Osijek which conducts harm reduction programs in the drug addiction area as well (Doležal, 2013).

The research included respondents from the Split Region (but also from other cities in Dalmatia), Zagreb (including some respondents from Krapina), Rijeka (together with the respondents from Pula Region, that is, from Istria), Osijek and its vicinity. The research was carried out on an appropriate sample of illicit drug addicts who were included in the harm reduction programmes during the research in the above-mentioned organisations. The total number of respondents included in this research amounted to 582 (Doležal, 2013).

*Table 2.1. Outline of psychoactive substance consumption frequency in 2012*

Drug type	N	Never (%)	Once (%)	Once or more times a month (%)	Once or more times a week (%)	Every day (%)
Marijuana	574	16.6	2.4	18.1	35.9	27.0
Hashish	567	80.4	3.0	11.3	4.2	1.1
Heroin	576	21.2	6.4	25.5	24.7	22.2
Methadone	580	37.1	2.6	9.0	10.7	40.7
Subutex	575	91.7	0.7	3.0	1.7	3.0
Suboxone	574	73.2	3.5	7.1	3.5	12.7
Cocaine	573	47.3	12.0	32.3	6.3	2.1
Amphetamine	570	61.1	17.5	18.9	1.6	0.9
Methamphetamine	574	85.4	9.2	4.5	0.5	0.3
Ecstasy	573	77.7	7.3	11.5	3.3	0.2

LSD	570	91.1	5.1	2.3	1.4	0.2
Synthetic cannabinoids	571	96.5	1.4	1.4	0.7	0
Synthetic cathinones	570	98.9	0.9	0.2	0	0
Other medications	576	73.1	0.7	4.9	4.7	16.7
Some other new drugs	567	85.2	8.3	6.2	0.4	0
Something else	568	96	2.6	0.7	0.4	0.4

Source: Doležal, 2013

The data available suggest that the largest number of respondents consume methadone (40.7%), marijuana (27.0%) and heroin (22.2%) every day. It is also important to note 16.7% consumption of other medications every day. When it concerns a drug which has never been tried, 98.9% respondents said that they had never tried synthetic cathinones, and 96.5% had never tried synthetic cannabinoids; the smallest number of respondents (16.6%) had never tried marijuana. Cocaine is most commonly consumed once or more times a month (32.3%), followed by heroin (24.7%). Marijuana is most commonly consumed once or more times a week (35.9%), followed by heroin (24.7%) (Doležal, 2013).

The data on the method of drug consumption in 2012 indicate that marijuana and synthetic cannabinoids are mostly consumed by smoking (97.6% and 88.9%), heroin and methadone are consumed intravenously (94.3% and 74.5%), some other new drugs and synthetic cathinones by snorting (78.8% and 71.4%), ecstasy and some other medications orally (91.3% and 90.8%) (Doležal, 2013).

The data on the source of supply show that all drugs indicated in the research<sup>24</sup> (excluding synthetic cannabinoids) are mostly obtained from the dealer. Synthetic cannabinoids are most often obtained from a friend and in specialised shops, the so-called smart shops. Subutex is equally often obtained from the dealer (31.9%) and from the physician (29.8%). In addition to the above data, the most common way of drug supply includes open type public places and the dealer's home. It is interesting to point out a significant percentage of method of supply for synthetic cannabinoids (17.4%) and synthetic cathinones (25%) by home delivery (Doležal, 2013).

In terms of drug availability, the research findings suggest that as many as more than one third of respondents believed marijuana to be a completely available drug (36.2%), followed by

<sup>24</sup> Marijuana, hashish, heroin, methadone, Subutex, Suboxone, cocaine, amphetamine, methamphetamine, ecstasy, LSD, synthetic cannabinoids, synthetic cathinones, other medications, some new drugs, something else (Doležal, 2013).

methadone (22.56%). Practically one third of respondents (27.9%) also held marijuana to be easily available, followed by heroin (15.8%). The data show that hashish (24.4%), heroin (25.1%) and methadone (23.4%) are easily available drugs. Heroin was also classified into a group of not easily available drugs (22.1%), as well as amphetamine (16.2%). It is also visible that 11.8% of respondents believed cocaine to be completely unavailable. A great percentage of answers to this question was “I don’t know” (Doležal, 2013).

A sample of respondents in the territory of the City of Zagreb and its vicinity included 103 respondents. The sample almost entirely comprised respondents whose place of residence was in the area of the City of Zagreb (99%). The findings for the City of Zagreb indicate that as many as 45% of respondents consume methadone every day, 33% marijuana, and 29% heroin. One third of respondents (32%) consume heroin once or more times a week, one third (31%) consumes cocaine, and 25% of respondents consume methadone. Both marijuana and hashish are most often consumed by smoking (97%), heroin intravenously (98%), and Suboxone (89%) and Subutex (80%) orally. In almost all cases of drug supply, the most common method of supply is the dealer. Subutex (37%) and Suboxone (45%) are most often obtained from a partner, methadone from the physician (36%) and LSD from a friend (50%) (Doležal, 2013).

A sample of respondents in the territory of the City of Rijeka and Istria included 139 respondents. The largest number of respondents came from Rijeka (54%), followed by those from Pula (19%). The findings for the Cities of Rijeka and Pula suggest that 24% of respondents consume other medications every day, 16% of respondents consume Suboxone and 19% consume methadone. One third of respondents (30%) consume marijuana once or more times a week, 11% consume Suboxone and 7% other medications. Marijuana is most often consumed by smoking (97%), heroin (94%) and Subutex (43%) intravenously, other drugs (98.3%) and methadone (52%) orally. In almost all cases of drug supply, the most common method of supply is the dealer. Subutex is most often obtained from the dealer (50%), but it is also interesting to note that it is obtained from a friend as well (38%) (Doležal, 2013).

A sample of respondents in the territory of the City of Split and its vicinity included 261 respondents. The largest number of respondents (N=195), that is 75%, came from Split, then 7% from Solin (N=18) and 4% from Kašteli (N=12), whereas other towns were represented to a smaller extent. The findings show that as many as 54% of respondents consume methadone every day, 44% consume marijuana and 34% of respondents consume heroin. More than one third of respondents (40%) consume marijuana once or more times a week, one third (33%) consumes heroin and 16% consume other medications. Marijuana is most often consumed by smoking (99%), heroin (96%) and methadone (81%) intravenously, ecstasy (99%), other medications (94%) and Suboxone (88%) orally. In all cases of drug supply, the most common method of supply is the dealer. (Doležal, 2013).

*The study on the impact of the tourist season on drug consumption in the City of Zadar by using the method of selected urinary biomarkers of drugs in wastewater*

At the initiative of the Drug Abuse Prevention Office, the Ruđer Bošković Institute Division for Marine and Environmental Research carried out the “Kvantitativno određivanje odabranih urinarnih biomarkera ilegalnih droga u otpadnoj vodi grada Zagreba” (“Quantitative identification of selected urinary biomarkers of illicit drugs in wastewater of the City of Zagreb”) in 2012. The first systematic identification of urinary biomarkers of drugs in wastewaters of the City of Zagreb was conducted in 2009, and a smaller-scale study was also carried out in 2011. The study conducted in 2012 made it possible to evaluate the consumption of selected illicit drugs in Zagreb throughout 2012, but also to make a comparison with the rate of consumption of

selected illicit substances in previous years. The studies of this type have not been undertaken in other cities to date. For the selection of priority locations for follow-up research at the national level it was of special interest to study the trends of drug consumption in tourist-developed coastal areas in Croatia in which, in addition to identification of the local drug consumption patterns, it was also very interesting to evaluate the potential impact of mass tourism on the patterns of abuse of particular types of drugs (Terzić, 2013). The findings of the studies undertaken in the City of Zadar throughout 2013 will be indicated in the text below.

The methodology used for the research included analytical identification of the selected urinary biomarkers in wastewaters by using LC/MS/MS technique and evaluation of average daily consumption of selected drugs according to the data measured and the data from the references concerning pharmacodynamics of drugs (Terzić, 2013).

The analysis included 10 selected urinary biomarkers discharged from the body after consumption of 6 selected illicit drugs (cocaine, heroin, amphetamine, MDMA, methamphetamine and marijuana).

*Table 2.2 – A list of urinary biomarkers of illicit drugs and therapeutic opiates included in the study*

Urinary biomarker / Chemical name	Abbreviation	Origin / Drug
6-Acetylmorphine	6-AM	Metabolite of heroin, exclusive
Morphine	MOR	Metabolite of heroin and therapeutic opiate
Morphine-3-glucuronide	MG	Metabolite of heroin and morphine
Codeine	COD	Therapeutic opiate
Amphetamine	AMP	Synthetic stimulant drug
Ecstasy	MDMA	Synthetic stimulant drug
Methamphetamine	MAMP	Synthetic stimulant drug
Cocaine	COC	Stimulant drug
Benzoylcegonine	BE	Metabolite of cocaine
Tetrahydrocannabinol hydroxylate	THC-OH	Marijuana
Tetrahydrocannabinol carboxylate	THC-COOH	Metabolite of tetrahydrocannabinol

Source: Ruđer Bošković Institute 2013

The City of Zadar is an attractive tourist centre, the third Croatian coastal city by size and the seat of the county with a very high rate of treated addicts in the Republic of Croatia. In addition, the City of Zadar has a central state-of-the-art wastewater treatment plant, which is in compliance with the technical preconditions for a pilot study of a good quality. The wastewater samples were thus collected in the Zadar-Centre Wastewater Treatment Plant (Zadar-Centre

WWTP). Only 24-hour composite samples were collected, which was an important precondition for representativeness of the collected samples. Additionally, there is about 90% of city population connected with this plant (the information obtained from the Zadar-Centre WWTP Director), which makes the collected samples representative for the entire city area (Terzić, 2013).

The composite samples of untreated wastewater were collected in the off-season period in March (from 18 to 27 March 2013) and during peak tourist season in July/August 2013 (from 31 July to 12 August 2013). In each of the selected periods 8 water samples were collected respectively, both during working days and at weekends.

The findings of the study indicate that marijuana was a most often consumed illicit drug, followed by heroin, amphetamine, cocaine, MDMA and methamphetamine. It was noticed that in Zadar there was a statistically important summer increase in the total consumption of heroin, cocaine, MDMA and amphetamine. It was also seen that the summer increase in heroin consumption can be explained by a rise in the total number of inhabitants connected with the WWTP under research. On the other hand, the spotted seasonal differences in the rate of consumption of stimulant drugs (amphetamine, MDMA, cocaine) to a large extent resulted from differences in the patterns of their abuse with the focus on increased consumption during the summer tourist season (Terzić, 2013).

It was concluded that regular monitoring of urinary biomarkers of drugs in wastewaters of the Croatian cities would allow collection of extremely valuable information important for timely planning of drug abuse prevention measures at the national level (Terzić, 2013).

#### *“Dobro je znati” (“It is Good to Know”)*

The research holder was the Service for the mental health protection, addiction prevention and outpatient treatment of the Institute of Public Health of the Međimurje County in cooperation with the Commission for Combating Drug Abuse of the Međimurje County and the Preventive School Programmes of primary and secondary schools. The research was carried out in the framework of the project of the Ministry of Health “Mentalno zdravlje i mi” (“Mental Health and We”), focused on the improvement of mental health, and addiction prevention and treatment. The latest research into this phenomenon was carried out in the territory of the entire Međimurje County in 2007 entitled “Stavovi, navike i korištenje sredstava ovisnosti kod djece i mladih” (“Attitudes, habits and addictive substance use among children and youth”). The objective of the new study conducted during the Addiction Awareness Month (15 November – 15 December 2013) was to identify the attitudes and habits among children and youth in the Međimurje County at this moment in time and to determine whether there have been any changes in methods, types and representation of addictive substance abuse and other risky behaviours in the Međimurje County (Uvodić-Đurić. Klobučarić. Kutnjak Kiš, 2013). The findings pertaining to the consumption of tobacco, alcohol and illicit addictive substances will be outlined in the text below.

During the Addiction Awareness Month the study was undertaken on a randomly selected 30-percent sample of seventh and eighth graders of all primary schools and second graders of all secondary schools in the Međimurje County. The respondents were selected according to the known number of pupils in each class by using the computer software Research Randomizer. The anonymous questionnaire, already prepared in 2007, was amended by questions concerning games of chance, gambling and betting and the use of “legal highs”, and it was filled in by selected pupils for one school hour. The implementation of the survey was coordinated by heads of preventive school programmes. The study included 798 male and female pupils of the

seventh and eighth grades of primary school (392 girls and 406 boys) and 386 male and female pupils of the second grade of secondary school (192 girls and 194 boys), in total 1,184 respondents (Uvodić-Đurić. Klobučarić. Kutnjak Kiš, 2013).

The frequency of smoking among youth was studied under three questions. In the first question (Do you smoke cigarettes?) the answer was obtained on the share of regular smokers, experimenters and those who have never smoked. In the second question (How many times, if at all, have you smoked in a lifetime to date?), it was additionally confirmed/verified, whereas in the third question (How many cigarettes have you smoked in the last 30 days?) the frequency of smoking in the last 30 days was verified. The frequency of everyday and casual smoking as well as of experimentation with cigarettes is higher among boy respondents in primary schools, whereas it is more often among the girl respondents in secondary school. There are 1.8% of boys and 0.5% of girls in the seventh and eighth grade of primary school, and 18.1 young men and 18.4% young women in the second grade of secondary school who smoke. Casual smokers among the boy respondents accounted for 3.8% in primary school and 17.6% in secondary school, and 3.1 girl respondents in primary school and 21.1% of girls in secondary school. Thus 5.6% of boys and 3.6% of girls in the seventh and eighth grade of primary school and as many as 35.7% of young men and 39.5% of young women in the second grade of secondary school can be classified into the category of smokers (everyday and casual). Experimentation with cigarettes is also more common among boys in primary school, 34.3% of them do not smoke, but have tried cigarettes, and a share of girls who have experimented with cigarettes in primary school amounts to 31.1%. A share of experimenters in secondary school is somewhat smaller among young men than in primary school and accounts for 32.6%, whereas a share of young women who have experimented with cigarettes is larger in secondary school than among girl respondents in primary school and amounts to 36.3%. In comparison with the respondents in primary school, there is an expectedly smaller share of those respondents in secondary school who have never smoked (32.5% young men and 25.8% young women) and a larger share of those who have smoked 50 and more times in a lifetime (29.9% of young men and 28.9% of young women). However, it is interesting that a share of young men who have never smoked in secondary school is much bigger than a share of young women. Consequently, young women experiment more often and there are more of them who are casual smokers, but they also smoke smaller amount of cigarettes (Uvodić-Đurić. Klobučarić. Kutnjak Kiš, 2013).

For those below 18 years of age, and thus also for all respondents, alcohol is an illicit psychoactive substance nobody should pour or sell to them by law. The development of alcohol addiction is faster among children and youth who begin to drink earlier and the phenomenon of an increasingly early and frequent use of alcohol among youth is definitely very disturbing. In the final grades of primary school, 9.3% of boys and 6.1% of girls drink alcoholic drinks several times a month or more often. The frequency of drinking alcoholic drinks increases by age, and thus in the second grade of secondary school 61.8% of young men and 49.2% of young women are used to drinking several times a month or more often, whereas 1.5% of young men said that they drank alcohol every day. The findings of the study suggest that in the last month 42.5% of young men and every third young woman was drunk, and 17.1% of young men and 5.3% of young women were drunk more than 3 times in a month's time (Uvodić-Đurić. Klobučarić. Kutnjak Kiš, 2013).

Inhalation of inhalant substances is a frequent method of experimenting with addictive substances among those at a younger age who do not commonly develop a habit out of it, but nevertheless, it can have serious consequences. Although it concerns the substances often regularly used in households (glues, lacquers, thinners, gasoline fumes), their inhalation in order to achieve certain effect on thinking and feeling may cause many adverse effects: strong

headache, dizziness and nausea, even hallucinations and disturbance of consciousness. The findings of the study confirm the previously known fact that these substances are used to experiment at a younger age and that there is no significant increase at an older age. More specifically, 15.1% of boys and 13.9% of girls, and 14.1% of young men and 15.7% of young women tried to inhale an inhalant substance. Most of those who used inhalants had done it 1 or 2 times in a lifetime (9.9% of boys and 11.8% of girls and 7.3% of young men and 11% of young women), and there is a smaller number of those who have used a substance more times in a lifetime (Uvodić-Đurić. Klobučarić. Kutnjak Kiš, 2013).

Tranquilizers and sleeping pills, known as sedatives or anxiolytics, are common contents of medicine chests and as such are easily available to children and youth. Uncontrolled administration may lead to development of a habit and addiction, whereas overdose, especially in combination with alcohol, may result in acute poisoning and death. Among the pupils in the seventh and eighth grades of primary school, 9.6% of boys and 11% of girls have taken a tranquilizer without physician's recommendation and parental supervision at least once in a lifetime. Among the pupil respondents in secondary school, 14.2% of young men and 22.7% of young women have abused a tranquilizer at least once, and 3.2% of young women and 2.1% of young men have done it more than 50 times in a lifetime, which implies an already developed habit.

### Marijuana

Among the seventh and eighth graders of primary school, 2.6% of boys and 1.5% of girls have tried to smoke marijuana at least once in a lifetime. Among the pupils respondents in the second grade of secondary school, a number of those who have at least once tried marijuana is increasing (every fourth young man (25.5%) and almost every sixth girl (16.7%)). 15.6% of young men and 7.8% of young women have consumed marijuana three or more times. In the Međimurje County in the last month 0.5% of boy respondents in the seventh and eighth grades of primary school smoked marijuana, and 15.4% of young men and 6.8% of young women. In comparison to the study in 2007, there is a noticeable increase in the popularity of using marijuana among the pupil respondents in secondary school (Uvodić-Đurić. Klobučarić. Kutnjak Kiš, 2013).

### Legal highs

Among both children and youth in the Međimurje County there is a visible interest in the use of the so-called "legal highs" which can also be obtained legally as air fresheners. To the question if they have ever used some of the new drugs in a lifetime and which, among pupil respondents in the seventh and eighth grade of primary school, 2.22% of boys and 1.02% of girls responded affirmatively. Among pupil respondents in secondary school, every fourth young man (28.87%) and every tenth young woman (11.41%) have tried some of the new drugs, which implies distribution and easy availability of such substances, but also a lack of the feeling of risk and danger among youth. The most commonly used substance is Galaxy, which has been tried by 1.97% of boys and 1.02% of girls among the pupil respondents in the seventh and eighth grade of primary school. Out of the pupil respondents in the second grade of secondary school, Galaxy has been tried by almost every fifth young man (19.59%) and 8.3% of young women (Uvodić-Đurić. Klobučarić. Kutnjak Kiš, 2013).

## 3. Prevention

### 3.1 Introduction

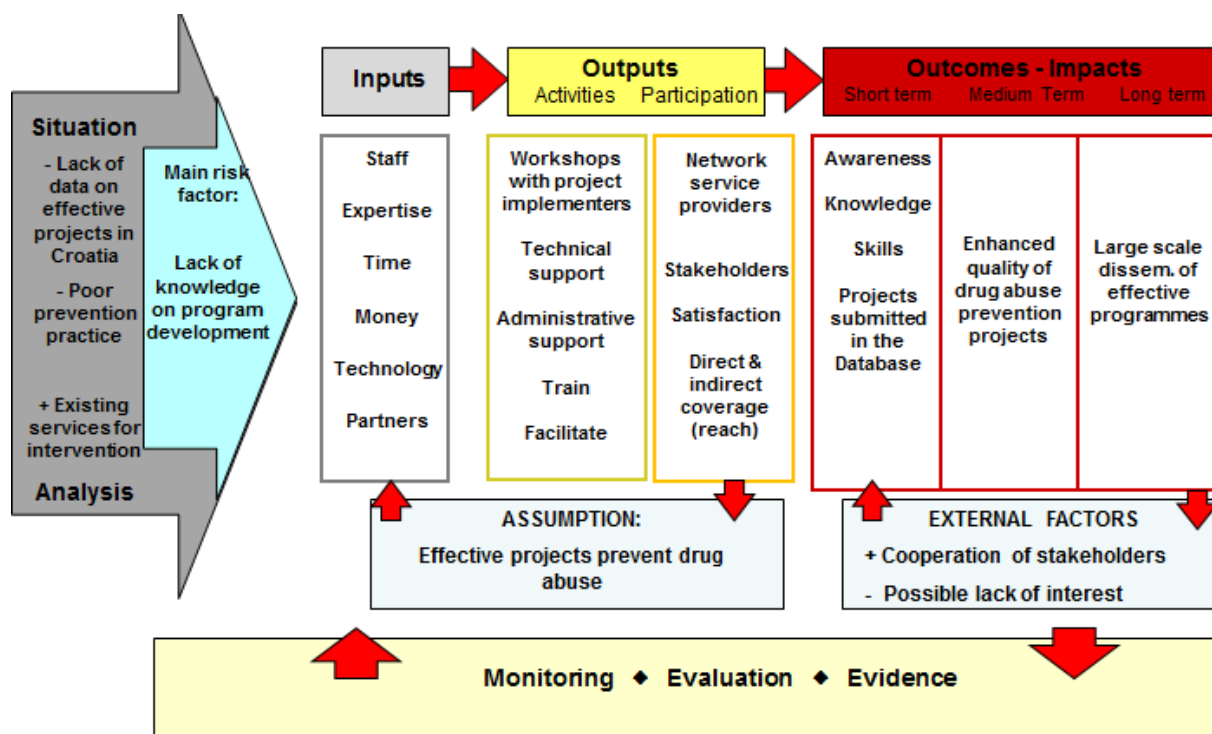
According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) prevention of drug addiction is carried out via activities which aim at preventing, postponing or reducing the abuse of drugs and/or their negative consequences in general population and specific groups of citizens. In the Republic of Croatia an intervention spectrum is applied in the area of prevention which recognises universal (targeted at the general public or to a whole population group that has not been identified on the basis of individual risk), selective (aimed at individuals or groups with an above average disorder development risk) and indicated prevention interventions (aimed at high risk individuals with an identified minimum, but evident, disorder sign or symptom) (Mrazek and Haggerty, 1994, Bašić, 2009). Environmental strategies are also applied, i.e. those preventive measures aimed at altering the current cultural, social, physical and economic conditions in which choices are made regarding drug abuse (EMCDDA, 2006).

At the end of 2010, the Office for Combating Drug Abuse started creating a Programme/Project Database carried out in the area of drug abuse prevention (hereinafter: Programme Database). This is an on-line application developed so as to obtain a comprehensive image of programmes carried out in the area of drug abuse prevention. The Database has been operational since late 2012 and the input of programmes was enabled during 2013. Addiction prevention programme database is an integral part of the Programme Database,<sup>25</sup> and it is targeted at obtaining an insight into all of the implemented activities, as well as to better inform those who are carrying out the programmes, policy makers, experts and all interested shareholders of the "on site" situation. The Database will enable the identification of quality, evaluated and effective programmes which can be cited as examples of good practices in the EDDRA database of EMCDD (Figure 3.1). In October 2013 a meeting organised by EMCDDA was held in Lisbon, entitled "Prevention systems: How to transform evidence into practice", where the Database was presented to European experts in the field of addiction prevention.

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<sup>25</sup> The Database can be accessed via the following link: <http://www.programi.uredzadroge.hr/>

Figure 3.1 – Logical model of the addiction prevention Programme Database



Source: Office for Combating Drug Abuse

In connection with the regional workshops regarding the minimum quality standards for prevention programmes that the Office organised in 2011 and 2012 with support from EMCDDA, i.e. the European Commission's TAIEX instruments (DG Enlargement), in 2013 the Office conducted a series of activities aimed at improving the quality of drug addiction prevention programmes. One of the regular activities of the Office regards the funding of civil society organisations' projects, which is why one of the funding conditions requested by the Office is that the project has to meet the EDDRA I quality level. Most of the entered projects met certain criteria, but only a small portion fulfilled them all. In order to increase the quality level of the existing projects,<sup>26</sup> the Office has, in cooperation with the Faculty of Education and Rehabilitation Sciences of the University of Zagreb, started the project *Improvement of the quality of addiction prevention programmes and rehabilitation, and social reintegration programmes*<sup>27</sup>, which included financed civil society organisations. The project was carried out from October 2013 to March 2014. With the aim of improving the quality level of the projects, it was necessary to estimate the initial condition and plan the steps desired for the following period. The aforementioned was estimated based on the experience gained from estimates,

<sup>26</sup> Among 27 financed projects, 18 of them were aimed at addiction prevention, and 9 of them at social reintegration of drug addicts.

<sup>27</sup> The following document was used in the project: Brotherhood, A., Sumnall, H.R. (2013). European drug prevention quality standards: a quick guide. Lisbon: European Monitoring Centre for Drugs and Drug Addiction

funding, external programme and financial evaluations, as well as educational activities carried out in the field by the Office and the Office's associates. The overall aim of the project was to contribute to the increased quality level of the prevention, harm reduction, rehabilitation and social reintegration programmes in the area of drug addiction in accordance with the quality standards, while the specific aims regard the enhancement of knowledge and skills in the field of development, implementation and evaluation of programmes, and in the field of quality and efficient programme standards; the creation of preconditions necessary to apply the acquired knowledge and skills in the implementation and evaluation of programmes; the implementation of an external programme and financial evaluation of the programmes on site; the creation of reports on the situation of the programme quality and guidelines for the improvement of programme quality in accordance with the standards of quality and efficient programmes, as well as giving feedback to the programme developers and providers regarding the programme and financial evaluation with a view to plan the improvement of programmes. Project activities whose purpose was to achieve the aforementioned aims have been carried out in the three stages described by the activities carried out and their essential results. Each stage of the project includes: preparatory activities, implementation of planned activities, and reports on the activities carried out, results and conclusions. The first stage concerned the education of the programme developers and providers regarding the development, implementation and evaluation of programmes, as well as the achievement of quality and efficient programmes and it aimed at increasing the level of knowledge and competences in the field of development, implementation and evaluation of programmes, as well as standards of quality and efficient programmes, and setting the conditions for the application of acquired knowledge and skills. Within the aforementioned context, a two-day training was held in November 2013, with 26 participants. The conclusion of the training was that the programmes fulfilled the lower levels of quality programme standards and that they should be improved. Furthermore, the training was an opportunity to discuss the possibilities of improving the programmes within the context of Croatia and possibilities for the implementation of quality standards were identified, as well as existing obstacles. A definite potential are human resources, the enthusiasm expressed by the programme developers/providers, the will to cooperate, the bond with the community and the foundation of programmes on positive relations. The main obstacles to improving the programmes are formal and financial limitations. The second stage concerned external programme and financial evaluation of programmes and reporting on the results, which included two-hour visits to organisations, documentation analysis, and interviews with persons responsible for programme activities and project finances. The programme and financial evaluation was carried out by representatives from the Faculty of Education and Rehabilitation Sciences, the Office and external associates. Programme materials (programme and financial) which were available within the framework of applying the programmes for funding were analysed. The evaluation consisted of interviews and documentation analysis, giving feedback to organisations regarding the possibilities of improving the programmes, and the identified financial disadvantages which need to be rectified before future reporting periods. 25 organisations were visited during the external evaluation period, and a total of 27 programmes were evaluated. After having conducted all the evaluations, a final report was made and propositions were put forward for improving the programmes according to the quality standards of efficient programs. The results of the programme evaluation<sup>28</sup> will be presented according to the basic quality standards, i.e. according to the quality standard groups organised in 8 stages of

<sup>28</sup> Kranželić, V. (2014). Report on improving the quality of prevention, damage reduction, rehabilitation and social reintegration programmes in the field of addiction in accordance with quality standards (EDPQS). Government of the Republic of Croatia Office for Combating Drug Abuse internal document.

the project cycle and within cross-cutting considerations which include the standards<sup>29</sup> and are not characteristic only to certain project stages, but are relevant in all stages of development and implementation of the programmes:

Cross-cutting considerations

1. project stage: Needs assessment
2. Project stage: Resource assessment
3. Project stage: Programme formulation
4. Project stage: Intervention design
5. Project stage: Management and mobilisation of resources
6. Project stage: Delivery and monitoring
7. Project stage: Final evaluation
8. Project stage: Dissemination and improvement

These cross-cutting considerations concern sustainability and funding, communication and stakeholder involvement, staff development and ethical drug prevention. In regard to sustainability and funding it should be noted that the evaluated programmes were mostly individual, independent initiatives, which makes long-term sustainability of preventive investments in communities they are operational in difficult. Apart from insecure funding endangering sustainability, the non-government sector also faces fluctuating workers and volunteers, insufficient dedication of workers focused on securing their own existence, which is why it would be unrealistic to expect a higher level of dedication and devotion until a stable mode of funding can be secured for this sector. Instability is not only characteristic for workers involved in the programme, but other stakeholders as well, associates from communities where, due to unclear or unset priorities within the community, continuous preventive investments are non-existent. Therefore, the areas for programme improvement could most certainly be the development of (written) strategies for sustainable funding and collection of other necessary resources, as well as integration (blending, anchoring) of programmes into the existing system, which is one of the highest forms of programme development – institutionalisation. In connection with communication and stakeholder involvement it should be emphasised that stakeholders are all important participants of the programme development and delivery process, as well as anyone who is not taking part in that process but could influence it, or be influenced by it. All organisations whose programmes were evaluated are recognised in the communities they operate in and they all achieve a high level of cooperation in their communities. Nevertheless, only a partial cooperation is achieved in our communities, which does not result in notable common investments and synergy arising from coordinated, systematic and comprehensive initiatives. Furthermore, the third cross-cutting consideration relates to the staff development: worker training in basic competences, continuous development of workers and supervision (professional and emotional support). From the interviews held with the workers in the programme it can be deduced that they see training and supervision as a form of support, reward and motivation for keeping with the programme. Workers should be able to self-evaluate their work before using external evaluation of workers, and then through training and supervision processes build on the areas identified in self-evaluation as fit for improvement. It has also been noted that the focus on supervision, i.e. professional and emotional support for workers in the programme, is smaller, which definitely constitutes a programme development area – the use of external supervision, as well as other forms of support such as intervention or the so-called peer supervision which does not necessarily call for additional funding which is often the reason for

<sup>29</sup> EMCDDA European Monitoring Centre for Drugs and Drug Addiction (2011), European drug prevention quality standards: a manual for prevention professionals, EMCDDA Manuals 7. Luxembourg, Publications Office of the European Union

lack of training and supervision. The final cross-cutting consideration regards ethical drug prevention. The prevention programmes are an intervention into human lives and as such they need to be seen through a special ethical prism. Programme developers and providers need to be particularly sensitive to ethical aspects of prevention such as real benefits for participants, no harms for participants, providers' lawful conduct, respect for participants' rights and autonomy, obtaining consent, voluntary participation, ensuring confidentiality and data protection, providing truthful and scientifically based information, tailoring the intervention to participants' needs, involving participants as partners (including the participants in all programme development, implementation and evaluation processes), and health and safety of participants and workers. The culture of respecting the ethical principles in addiction prevention in our country is developing within the frameworks of professions involved in prevention via ethical codes followed and applied by professionals in their addiction prevention work. Apart from occupational ethical codes of professionals involved in preventions, there is also the Ethical Code of Research with Children (2003),<sup>30</sup> the application of which should be further encouraged among programme providers and developers. Although some ethical principles are perfectly clear and universally accepted, they still have not taken hold in prevention practice. The ethical principles of "avoiding harm" and "real benefits for participants" can be cited as examples, as they can only be respected through prevention programme evaluation research which are still few and far between in Croatian prevention practice.

Here is a brief overview of results by project stages. The first stage concerns the needs assessment on a political, community needs, intervention justification and data collection regarding a potential target population level. Organisations have shown a high level of familiarity with national, regional and local strategies, while the level of understanding and implementing international addiction prevention standards needs to be improved. Furthermore, the evaluated programmes widely take into consideration researches and they are successfully using them in order to assess the general situation regarding drugs in the community. The improvement could be aimed at a higher level of use of recent data and specifically the data relevant to the programme. Examples of evaluation of already existent programmes are rare, as well as of collecting data regarding the targeted population, such as risk factors and protective factors, target population's culture and everyday life characteristics. The second stage regards resource assessment, and programme evaluations show that the assessment of internal capacities is widely present in organisations and programmes evaluated since the developers are aware of the fact that the design and implementation of their programme depends on this assessment. The area that could use improvements is the assessment of the willingness of the target population which is often absent even though it is an important factor in the success of the programme and its reach, as well as its overall efficiency. The programme formulation stage covers programme content and structure defining and it is the foundation for all further plans. In defining the target population, the evaluated programmes successfully met the quality standards since the user descriptions are an integral part of the programme descriptions created via programme description templates, wherein some important user characteristics might be missing (sometimes the users are described in an overly general manner and it is not clear how to reach them). Direct and indirect users (participants) can often be well distinguished within the programmes and the difference between those user groups and their benefits from the programme can be clearly argued. The self-evaluation and programme analysis results show there is a great need to understand the theoretical models on which preventive interventions are based. Constant and systematic education has to be organised and maintained in this area, whereby the conditions for attending them would be different levels of entry competences and

<sup>30</sup> Ajduković, M., Kolesarić, V. (ed.) (2003). Ethical Code of Research with Children

outgoing learning results which would also be recognised via established prevention standards (maybe in different sectors) on a national level. One of the biggest challenges of the reviewed prevention programmes is the definition of intervention logic by establishing general and specific goals and expected results. Apart from the aforementioned intervention logic, it is highly important, and not always respected, to set goals relevant for the participants in the programme, as well as for the addiction prevention field, which needs to be argued by available research and theoretical knowledge. The programmes are aimed at a particular setting(s), and the programme analysis shows that they mostly focus on individuals and their narrow settings, mostly parents, teachers and other professionals. References to evidence of effectiveness are often missing from the elaboration of the programme formulation. All of the reviewed programmes had a realistically set time frame in accordance with available resources and circumstances of the setting in which they are carried out, and the analysis shows that they have all mostly adhered to it throughout the implementation of the programme. The fourth stage is the intervention design, meaning the detailed activity design set to influence the programme goals set at an earlier stage. Many of the reviewed programmes still contain information on effects of addictive substances which do not comply with the guidelines on information provision (based on the evidence of effectiveness), one-off lectures lasting one hour; the lack of interactive methods and teaching about skills. Comprehensive programmes of a sufficient duration and including effective components such as normative beliefs, adequate provision of information, development of key social and emotional skills and critical thinking, are still not present to a satisfactory extent. Taking over of existing interventions is very rare in the reviewed programmes, and it mostly concerns originally developed interventions lacking in their initial application, insufficiently evaluated so as to improve the programme via evaluation results for further implementation and develop it towards the characteristics of effectiveness. Within the intervention design stage an evaluation plan should be set up, since it needs to be assigned with programme resources and implemented from the very beginning of the programme delivery. Programme evaluation is often seen as an activity carried out at the end of programme delivery so as to make conclusions regarding the programme, but the scope of the conclusions is very limited at that time. Therefore the evaluation planning should be improved and the evaluation planning knowledge should be combined with goal setting knowledge because they are processes which logically go one after the other and are co-dependent. The programme management and mobilisation of resources stage refers to the fact that, apart from the planned intervention itself, the programme and its effects will also depend on good management and resources available for its delivery. The reviewed evaluated programmes in most cases did not have written programme plans, apart from project proposal development which are of a more general nature and do not contain enough information on all the processes throughout the programme delivery, management mechanisms and problem solving. Furthermore, the delivery and monitoring stage means the adherence of the delivery on the one side, and the flexibility to adapt the programme to different circumstances and participants on the other. Some of the reviewed programmes showed examples of extremely detailed, extensive and quality collection of information regarding programme delivery, but there are also examples with no documentation on project implementation (apart from a list of participants, but sometimes not even that). Therefore, the general conclusion after programme evaluation is that this standard should be significantly improved by developing intervention monitoring/follow up forms so as to document the activities and enable improvements regarding intervention follow up results. The seventh stage regards the conducted evaluations. The most important aspect to improve in the evaluated programmes are the acceptances of effect evaluation standards which in many cases has not been carried out, even though it was described in the project proposal. The process evaluation and the output evaluation are present in most cases, and are wrongly confused with the effect evaluation regarding user satisfaction. The users' satisfaction with the programme, and the users' acceptance of the programme do not significantly reflect the effects of the programme.

Qualitative and quantitative data needs to be collected in order to make conclusions regarding the effects of a programme, and it needs to be processed in the appropriate manner, reaching meaningful and useful conclusions to be used in programme development. The final stage concerns the dissemination and improvement of the project, and the need for improvements in the area of communicating the results of the programme among users has been noted.

Based on the results of the self-analysis and external programme evaluation carried out, guidelines for the improvement of the programme reflecting the standards and parts of the standard have been created, which can be reached to a larger extent. The guidelines also contain possible ways of doing this, following good practice examples also arising from programme analysis.<sup>31</sup>

Aiming to conduct comprehensive addiction prevention, the Office created the National Addiction Prevention Programme for children and youth in the educational system and for children and youth in the social welfare system for the 2010-2014 period, and the Croatian government adopted it in June 2010. The main goal of the National Programme is to combat and prevent the occurrence of addiction among children and the youth, as well as risky behaviour of children and youth in connection with drugs of abuse (SQ25, 2013).

## 3.2 Environmental strategies

Environmental strategies include market control measures or compulsory measures (age limitations, tobacco limitations and bans) and they are mostly aimed at licit drugs.

### Policies regarding alcohol and tobacco

It is a known fact that individuals do not start substance abuse solely based on individual characteristics, but they are also influenced by a series of complex factors from their surroundings, such as what the environment considers normal, expectations and acceptance in the community they live in, rules and laws, public messages, availability of alcohol, tobacco and illicit drugs. Given that drug abuse is seen as a result of the whole system, it is logical that the environmental strategies are aimed at the entire community.

It should be noted that the licit drugs, i.e. alcohol and cigarettes, are illegal for children and persons under 18 years of age since selling those products to children and young persons is forbidden by the Act on the Restriction of the Use of Tobacco Products,<sup>32</sup> (SQ25, 2013), Trade Act,<sup>33</sup> and the Hospitality and Catering Industry Act.<sup>34</sup> Furthermore, the Trade Act stipulates that retail businesses are forbidden from selling alcohol drinks, tobacco and tobacco products to persons under 18, and an indication on the prohibition needs to be displayed in all points of sale of alcohol and tobacco products. Also, the Act on the Restriction of the Use of Tobacco Products stipulates that tobacco products are not to be sold to persons under 18, including from vending machines, and an indication on the prohibition needs to be displayed in all points of sale of

<sup>31</sup> Apart from the documents referred to, examples from UN's document: United Nations Office on Drugs and Crime (UNODC) (2013). International Standards on Drug Use Prevention. Vienna: UNODC

<sup>32</sup> Act on the Restriction of the Use of Tobacco Products (Official Gazette No. 125/05, 55/09 and 119/09, 94/13).

<sup>33</sup> Trade Act (OG No. 87/08, 96/08, 116/08, 76/09, 114/11, 68/13).

<sup>34</sup> Hospitality and Catering Industry Act (OG No. 138/06, 152/08, 43/09, 88/10, 50/12, 80/13).

tobacco products. Direct and indirect advertising of tobacco products is prohibited. Displaying individual cigarette packs and other tobacco products in visible positions at points of sale of any kind which sells tobacco products is also considered direct advertising of tobacco products. Furthermore, the Hospitality and Catering Industry Act prohibits serving, i.e. allowing consumption of alcoholic drinks to persons under 18 years of age in hospitality and catering facilities, and a mark on the prohibition of serving, that is, consumption of alcohol for persons under 18 years of age must be visibly displayed in hospitality and catering facilities which serve alcoholic drinks. It should be noted that the Act on the Restriction of the Use of Tobacco Products prohibits smoking of tobacco products at public appearances, or showing persons smoking in TV broadcasts, as well as in all closed public areas (apart from smoking areas provided with an adequate ventilation system pursuant to the provisions of the Act). Smoking areas shall not be permitted in areas where healthcare and educational activities are carried out.

Legal and natural persons providing catering services shall pay taxes for the consumption of alcohol drinks (cognac, brandy and spirits), natural wines, special wines, beer, and non-alcoholic beverages in catering facilities. Taxes amount to up to 3%.<sup>35</sup> Special tax on tobacco and tobacco products is also paid by the producer and importer of tobacco products pursuant to the Act on Excise Duty on Tobacco Products<sup>36</sup> and the Ordinance on excise duty on tobacco products and handling of the stamps for marking them.<sup>37</sup> The tax base is as follows: for cigarettes – 1 000 cigarettes, 9 cm in length without mouthpiece or filter, and retail price of cigarettes, for tobacco – 1 000 grams, for cigars – per piece, for cigarillos – 20 pack. Amounts of special cigarette tax shall increase if the length of the cigarette without filter or mouthpiece exceeds 9 cm, taking into account that the number of cigarettes in the calculation of specific special cigarette tax is determined by dividing the length of the tobacco roll by 9 and round up the result to the first whole bigger number. Proportional special cigarette tax for groups A, B and C amounts to 30 % of the retail price, while, since 1 June 2009, specific special taxes amount to 180.00 HRK per 1 000 cigarettes of groups A, B and C; 38.00 HRK per kilogramme of tobacco; 1.10 HRK per cigar; 4.40 HRK per pack of cigarillos. Tax amounts decrease or increase depending on the weight of the tobacco and on whether there is one or more cigars in the pack, or less or more than 20 cigarillos.

Consuming alcohol in public in the Republic of Croatia is not prohibited by a special law, but the Minor Offences against Public Order and Peace Act<sup>38</sup> enables local and regional self-government units to make decisions that can regulate other minor offences not stipulated in the Act. Special attention is paid to road traffic safety,<sup>39</sup> that is, driving under the influence of alcohol. The Road Traffic Safety Act<sup>40</sup> stipulates that professional drivers, driving instructors and young drivers<sup>41</sup> are prohibited from operating a vehicle if they have alcohol or drugs in their system. All other drivers are allowed to have up to 0.5 per mille of alcohol in their blood while operating a vehicle. Violating the aforementioned provisions is subject to fines.

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

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

<sup>37</sup> Ordinance on excise duty on tobacco products and handling of the stamps for marking them (OG No. 112/99, 50/00, 119/01, 59/03, 155/08).

<sup>38</sup> Minor Offences against Public Order and Peace Act (OG No. 05/90, 30/90, 47/90)

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

<sup>40</sup> Road Traffic Safety Act (OG No. 67/08, 74/11, 80/13)

<sup>41</sup> A young driver means a driver aged 16 to 24. After passing the driving test he is issued a driving licence for a period of 10 years.

## Other social and norm changes

The Family Act<sup>42</sup> stipulates that parents have the duty to forbid a child under sixteen years of age to go out between 11 p.m. and 5 a.m. at night without their escort or without the escort of another adult whom they trust. Police officials monitor the implementation of the Act. Aiming to act in the addiction prevention and environmental protection areas in a multidisciplinary manner, the implementation of the "Zdrav za 5" project has been started pursuant to the cooperation agreement regarding the implementation executed between the Ministry of the Interior, the Ministry of Health and the Ministry of Environmental and Nature Protection on 30 October 2012. The project aims at the prevention of alcohol consumption and drug abuse, and the prevention of games of chance addiction in students of the eighth grade of elementary school, as well as of the first and second grades of high school. A nationwide survey was conducted within the project among students of the eighth grade of elementary school and first and second grades of high school on the topic of their habits and attitudes regarding the destructive effects of alcohol and drug consumption and games of chance. The entry survey covered 12,663 students throughout the Republic of Croatia. The research showed that students mostly consume alcohol in their own homes, followed by their friends' homes, catering facilities and in public areas. Furthermore, most of the students get alcohol from a friend of legal drinking age or another adult, or they take it from their own home, while every ninth student buys alcohol themselves, mostly in stores, but also on newsstands or petrol stations. Almost every sixth student bought an alcoholic beverage once or multiple times in the past month in a store, news stand or a petrol station, while as many as 26% consumed alcohol in a café, restaurant or a club in the past month. It is alarming that more than 50% of the students who tried to buy alcohol on their own was never asked to present an identity card. In addition, almost every tenth student is unaware of the provision regarding the prohibition of going out between 11 p.m. and 5 a.m., and almost 35% of the students stayed outside after 11 p.m. without adult escort within the past 30 days, most of them with the permission of their parents (more than 80%), with boys doing so more often than girls.<sup>43</sup>

Night outings are one of the most frequent causes of conflict between parents and their children, as well as the cause of headaches in many parents. Many adolescents see the possibility of going out with their friends as a proof of their own maturity and adulthood, and they consider it a source of well-deserved fun and enjoyment, while, on the other hand, the parents and other educators often see the night outings as sources of many risks, challenges and dangers. Many inappropriate possibilities available to young persons during their night outings, the "shifted hour" of going out and returning home (the usual time to go out is after 9 p.m., and sometimes even after 10 p.m., which was the time to return home for their parents while they were growing up) only increase the fear and worries in the adult participants. The survey<sup>44</sup> carried out on a randomly selected 30% sample of seventh and eighth grade students of all elementary schools, as well as the second grade students of all high schools in the Međimurje County (N = 1,184) in November and December of 2013 showed that almost one fifth of the elementary students included in the survey go out regularly every weekend or even more often (20.3% of the boys

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

<sup>43</sup> According to [http://www.mup.hr/UserDocImages/Zdrav\\_za\\_5\\_-\\_INFO\\_za\\_GRP%5B1%5D.pdf](http://www.mup.hr/UserDocImages/Zdrav_za_5_-_INFO_za_GRP%5B1%5D.pdf), (visited on July 2014).

<sup>44</sup> Uvodić-Đurić, D., Bacinger Klobučarić, B., Kutnjak Kiš, R. (2014). Dobro je znati - Rezultati istraživanja o stavovima, navikama i korištenju sredstava ovisnosti u školske djece i mladih Međimurske županije (It is Good to Know – Results of the survey regarding attitudes, habits and addictive substance use among school children and young persons in the Međimurje County). Čakovec: Međimurje County Institute of Public Health.

and 16.8% of the girls), and even more than a half of the high school students included in the survey share the habit of going out every weekend or more often (64.8% of boys and 53.2% of girls). The highest number of subject (16.5%) declares having started going out at 13 years of age, while 13.9% of them say they started going out at 14. Most of the seventh and eighth grade students either do not go out or have a curfew at 11 p.m., in accordance with the regulatory provisions (90.2% of boys and 93.15% of girls). Despite the provisions of paragraph 94 of the Family Act which state that children and young persons are prohibited from going out without the escort of a responsible adult after 11 p.m., 3.9% of boys and 4.6% of girls state that they are allowed to stay out past midnight, and 5.9% of boys and 2.3% of girls do not have a curfew and can stay out as long as they like. Among high school students the number of those staying out past midnight is even higher (60.5% of boys and 58.5% of girls), whereby almost every third boy and every tenth girl do not have a curfew. Furthermore, the survey showed that, when they drink alcohol, most of the subjects from seventh and eighth grades<sup>45</sup> do so at their own house or a friend's house (56.2% of boys and 56.1% of girls), while the subjects from second grade high school mostly drink alcohol in cafés, clubs or at dances (49% of boys and 56% of girls), or in the street, the park or some other place in the open (16% of boys and 9% of girls). They buy drinks in a store or in cafés, or in other places "at the bar". Given that these are minors, this can be considered a direct violation of the Act on the sale and serving of alcohol to persons under 18 years of age. Furthermore, in connection with the availability of psychoactive substances, despite the existent legislation prohibiting the use of all the aforementioned psychoactive substances to minors, a large majority of the subjects deemed them easily attainable. Especially regarding alcoholic beverages. 84.5% of seventh and eighth grade students and 95.1% second grade high school students consider beer easily attainable, while 76.7% of seventh and eighth grade students and 93.5% of second grade high school students consider wine easily attainable. However, marijuana is also considered easily attainable by 14.2% of elementary school and 38.9% of high school students surveyed, which is extremely disconcerting since it is a sign that the illicit drug market is now getting very close and it is available to children and young persons. Information regarding the reasons for using psychoactive substances is also important in order to create preventive programmes. The surveyed elementary students said they consider the use of substances "cool", boys (40.4%) as well as girls (36.4%). A large percentage also believes that their peers are encouraged to start using those substances by the desire to belong, i.e. not to be different than their friends (boys 17.5%, girls 20.2%). The least important reasons were boredom as a motivation to use the substances (boys 9.5%, girls 7.6%) and imitating adults (boys 7%, girls 9.2%). Boys think that the most frequent reason for substance use is curiosity (29.5%), and 26.1% of the girls share their opinion. Nevertheless, 34.8% of the girls also lists the need to fit in among their friends as a possible reason. Other reasons include peer pressure, lack of parental care, dissatisfaction with life, stress, problems they do not know how to deal with and solve, and so on.

### 3.3 Universal prevention

Universal prevention programmes are aimed at everyone, all children and young persons regardless of the risk level. These programmes take into consideration the assumption that members of a certain population have an equal, low level of risk for developing addiction. The aim of the universal prevention is to completely prevent or delay the beginning of substance

<sup>45</sup> Information regarding the prevalence of psychoactive substance use is shown in Chapter 2.4.

abuse to all participants, providing them with all the information and skills necessary to solve the problem.

## School

In the Republic of Croatia the prevention programmes have an important place in the education system, and they aim at motivating students to choose healthy lifestyles, appropriate ways to organise their free time, develop self-respect and social skills, as well as to help families and teachers to recognise and prevent drug abuse problems in students. Teachers and school prevention programmes coordinators have an important role in carrying out prevention activities, while on the local and regional self-government unit level that role is on the county coordinators and the county committees. The school prevention programmes are continuously being carried out in all educational institutions since 1998. Each educational institution is implementing a school prevention programme, in coordination with its plans and programmes, into its sphere of activities, and it is aimed at all of the students (SQ25, 2013). The Ministry of Science, Education and Sports is in charge of securing the implementation of prevention programmes in educational institutions. The main activities of the Ministry of Science, Education and Sports, and the Croatian Education and Teacher Training Agency in regard of drug abuse prevention are organising professional training, procuring scientific literature and financing addiction prevention programmes within the Tender for financial support to projects created by organisations operating in the field of extra-institutional education of children and young persons. Systematic training and specialisation of educators on addiction prevention measures and healthy lifestyle affirmation, with the obligation of integrating what they have learned in their professional work with children and young persons, with the help of professional assemblies, seminars, workshops and forums. Multiple professional seminars dealt with addiction prevention, healthy lifestyle promotion, programming and evaluating school prevention programmes. By way of the Decision on implementing, monitoring and evaluating the health education Curriculum in elementary and high schools,<sup>46</sup> it has been implemented in all elementary and high schools in the Republic of Croatia. The overall aim of health education, based on the holistic understanding of health, is to promote health, healthy lifestyles and adopting healthy life habits through interdisciplinary cooperation and implementation of education content into mandatory and optional classes, school prevention programmes, projects and content prepared to discuss in homeroom. The programme is based on a multidimensional model, meaning the connection of the physical, mental, spiritual, emotional and social aspects of health, while fulfilment and stability in each of those dimensions contributes to the complete development and an increase in the quality of life in everyone. By dividing the health education programme into modules (Healthy living, Addiction prevention, Violent behaviour prevention and Sex/gender equality and responsible sexual behaviour) it is attempted to reach the necessary balance between content and the adequate programme representation of each of the health aspects. However, the modules are not, and they should not be, strictly divided, so related content can be recognised, i.e. goals which are entangled and permeate one another. The health education Curriculum states that those schools with good addiction prevention and violent behaviour prevention programmes, as well as good healthy food and healthy lifestyles programmes will continue to implement those programmes and improve them according to their experience.

During 2013 a series of projects aimed at the general population of children and young persons in the educational system. A particularly noted example of good practice is *Trening životnih*

<sup>46</sup> Decision on implementing, monitoring and evaluating the health education Curriculum in elementary and high schools (OG No. 17/13)

*vještina* (Life Skills Training), a programme of universal prevention of risk behaviour (such as smoking tobacco, drinking alcohol, drug abuse) based on developing character and practising skills determined in previous surveys as important prevention factors in addictive behaviour prevention. It is a translation and adaptation of an evaluated programme highly acclaimed worldwide. Originally an American programme, Life Skills Training (author: Botvin G.J.) was appraised as a "model programme" and it was implemented in many countries. The competent authority for the programme is the Primorje-Gorski Kotar County Institute of Public Health. The programme was implemented from 2006 to 2013 and it was entered into the EDDRA database at EMCDDA as the Croatian good practice example. Within that period the programme covered over 50,000 students of third, fourth, fifth, sixth and seventh grades of elementary schools., around 10,000 of them a year. Evaluation results show that there are statistically significant differences in addictive substance use among students included in the programme and those not included in the programme (up to 30% less addictive substance abuse in schools implementing the programme). The differences regard schools which implemented the programme in a quality manner, in its entirety and within the agreed time period. As a good practice example, the programme is being carried out in the Zadar County a third year in a row, including a total of 3,600 sixth and seventh grade students of all elementary schools. The implementation of the programme was supported by the Ministry of Health, Zadar County and the City of Zadar.

## Family

Family is considered to be the foundation of society and they are the most important socialization unit. Nineteen Family centres operated in the Republic of Croatia during 2013. Family centres conduct counselling and prevention activities, as well as other professional work in regard to providing support and preparing young partners and pregnant women for parenthood, as well as counselling young parents in the early care and child nurturing, encouraging responsible parenting and family solidarity, increasing the quality of life of children, young persons and families, and promoting family values, supporting parents in exercising their rights, duties and responsibilities regarding upbringing of their children, counselling parents whose children have been found out at night without adult escort, contrary to the regulations regarding family relations, developing social skills of children and young persons, promoting and developing working programmes in the community, volunteer work and work of organisations that support parents, families, children, youth and other socially sensitive population groups, as well as other activities. These interventions are also presented in the SQ25,2013. Through group work and discussions, the programme focuses on promoting responsible parenting, strengthening parents' competences, educating on upbringing methods and preventing behaviour disorders and addictive behaviour in children. The new Social Welfare Act assigned the rights and obligations of existing family centres to social welfare centres in county capitals, competent according to the family centre headquarters.

Recognising the importance of investing into parents, the Liga za prevenciju ovisnosti continued to implement the *Avanturizam roditeljstva* (Parental Adventures) project. This project is being implemented in the Split-Dalmatia County since 1997. The main activities are modularly connected workshops for parents, lectures for parents in schools, references and working on recent literature, individual counselling, informing and promoting the importance of parents. The project aims at raising awareness to the influence that parental responsibility has on the development of children and on family values, but also to adopting educationally acceptable techniques and work forms whereby users would acquire skills for effective education procedures, thus reducing the occurrence of violent, addictive and other unacceptable behaviours. The project focuses on a series of risk factors, such as

permissive/authoritative/indifferent style of upbringing or failure of parents to execute their role as educators (expectations that are too high or too low, inadequate behaviour patterns/role models, switching responsibility to the community). Furthermore, protection factors within the family environment are created by improving the communication within the family, setting limits in the upbringing and increasing cooperation between parents and schools. The programme is aimed at parents and guardians of elementary and high school students who have already faced difficulties in raising their children and sought out professional help in school services or social care centres, but also to all parents who understand how demanding the parental role is and are prepared to work and learn, and have applied to participate in the programme themselves.

Also, the Mentor organisation carried out the Iskra project, whose goal is to reduce the occurrence of experimentation and use of licit and illicit drugs of abuse in children and young persons in Split-Dalmatia County by increasing the parents' competences and strengthening the protective role of the family. In 2013 the project lectures and workshops included 1,167 beneficiaries.

## Community

Addiction prevention programmes in the Republic of Croatia are carried out in 21 counties, each of them with an established county committee for combating drug abuse (county committees) based on the work of professional in the fields of education, social welfare, health, organisations, county state directorates and other relevant institutions actively involved in preventing drug abuse. The measures of universal prevention are in detail presented in SQ 25, 2013.

The prevention programmes on the local community level are most often aimed at the general public, but they also include increased activities aimed at children and young persons who are at risk of developing addiction, due to the social and family conditions surrounding them. Experience showed that the most efficient prevention programmes are those being carried out in cooperation of educational institutions, health and social services, the media and the local community.

The Sirius organisation, Centre for psychological counselling, education and research carried out the *Zdravo življenje* (Healthy living) project in Zagreb, Slavonski Brod and Šibenik. The main goal of the project is preventing the use of drugs of abuse in children and young persons by promoting healthy lifestyles, encouraging users to quality leisure time and strengthening social skills and healthy means of communication among children, their peers and the members of their families. Promotion activities, book therapy workshops, psychoeducational workshops for children and young persons, workshops for parents, artistic workshops for children and parents, and individual counselling are all aimed at promoting healthy lifestyles, raising awareness of the general public to the addiction problem in youth, providing children and young persons with knowledge and skills necessary to develop healthy lifestyles and strengthening their social skills, teaching parents different parenting styles and encouraging them to spend quality free time with their children. Activities for children and young persons are carried out in cooperation with their schools.

A series of programmes and activities are focused on the activities of spending structured free time. In line with this, the Ministry of Social Policy and Youth has co-funded projects regarding the work of youth clubs and information centres for young persons, in order to prevent addiction in children and young persons. Regional information centre projects were taken into account, provided that, among other things, they provide information (individually, in groups, via web pages / sites, promotion material, education, seminars, lectures, forums, workshops and such)

and pointing out the existing professional services/activities within the community, as well as collect and distribute information from relevant community members useful for young persons. Furthermore, the advantage in funding youth clubs was given to organisations that, among other things, work directly with their users, provide quality information to young persons regarding specific issues important to them, and they promote healthy lifestyles of young persons by organising seminars and workshops on preventing drug abuse and other addictions. These programmes are mentioned in the SQ25, 2013.

The Liga za prevenciju ovisnosti continued implementing the EMA programme, which has been implemented in Croatia since 2008. The goal of the project is to improve the quality of life by reducing the incidence of addiction in children and young persons in the Split area, by informing, educating and connecting organisations and institutions carrying out addiction prevention activities. The project strives to strengthen basic social skills in young persons setting an example in positive identities of older persons and peer groups. The basic activities are a cycle of workshops for young educators, workshops for children set and held by young educators monitored by their mentors, as well as individual assistance in learning and behaviour. Different levels of user awareness of destructive consequences of psychoactive substance abuse and addictive behaviour can be reached by informing, training and mentoring educators. By involving young persons in the project, their self-actualisation is increased, volunteer work encouraged, and inclusion in the development of civil society reached. Evaluation results of the previous years of the project show an increase in self-confidence in users of the programme, especially the skill of representation, self-representation and presentation skills.

Taking into account the facts regarding collective risk and protection factors in the foundation of different forms of risk behaviours, the Association for promoting quality of life and maintaining mental health, "Pozitiva" from Nova Gradiška, continued implementation of the *Prevencija suvremenih oblika ovisnosti* (Prevention of contemporary addiction forms). The overall aim of the project is the prevention of new addiction forms in adolescents living in smaller urban environment, through education on the destructiveness and consequences of gambling and internet addiction, and through offering possibilities of quality time and organised use of free time.

### **3.4 Selective prevention among groups at risk and settings**

Selective prevention is aimed at a specific subpopulation whose future and/or lifelong risk for disorders is significantly higher than average. This calls for a more important need to identify risk factors in order to understand the beginning and process of developing substance abuse, specifically among young persons. These interventions are mentioned in the SQ26, 2013.

#### **Groups "at risk"**

As one of the forms of extra-institutional measures and good practice examples as a part of prevention programmes, a programme was carried out during 2013 which included group work with children from families at risk and their parents, using the method of small creative socialisation groups. The programme was carried out with 62 children in 43 elementary schools, i.e. the programme included more than 720 children from families at risk and of risky behaviour, as well as more than 590 parents, with the aim of increasing their parental competences. It was carried out by a total of 100 programme leaders, 35 of which are elementary school employees and 65 are social welfare centre employees. One of the most important values of this prevention

programme is the inclusion of working with children and with parents, with a view to increase parental competences.

When discussing the interventions intended for groups at risk, the active role of social welfare centres needs to be emphasized. In line with this, during 2013 the social welfare centres included 887 children at risk in interventions carried out as part of half-day or whole day stays at social welfare homes, and 504 of the children in participating in the programme of extended professional procedure, carried out by educational homes in elementary schools.

In the Split-Dalmatia County, the Most organisation carried out the *Posebni odgojni postupak – POP program* (Special education procedure – POP programme), aimed at completing the insufficient availability of selective prevention projects (for children from socially endangered families and families at risk). As part of the programme, peer assistance has been organised, as well as individual and group counselling with the basic goal of providing psychosocial assistance to young persons of unacceptable behaviour and their parents. An integral part of this programme is free, specific learning assistance for children and young persons at risk (most of the children and young persons at risk have bad grades and unjustified absences in school); individual and group counselling or work in support groups with children and young persons and their parents, as well as different activities of spending structured free time. Young persons and children in need of assistance, as well as their families, are included in the activities immediately after establishing contact, without time-consuming written procedures, which is a mitigating circumstance for clients, and an advantage in comparison with institutions. An especially important segment is the combination of professional work and peer assistance, as well as the inclusion of children and young persons at risk and volunteers in the planning and implementation of the activities.

The Terra organisation continued the implementation of their project, *Prevenција razvoja ovisnosti kod rizičnih skupina mladih* (Prevention of addiction development in youth at risk). This is a project aimed at minors and young adults whose early signs of disorders are detected by teachers, social welfare centres, State attorney's office, general practitioners and parents themselves. This is a comprehensive project combining the methods of individual and group work with young persons and their families, organising a school for parents, forming a positive peer group, organising workshops for social skill development, providing learning assistance and non-specific education measures: computer workshop, workshops for developing interests and practical skills, forum theatre, creative workshops, seminars of health educations, seminars dealing with general knowledge and other topics which aim at encouraging the development of a responsible and active person. The programme included 81 beneficiaries in 2013. The evaluation of programme activities shows a high level of user satisfaction with the implemented activities, an increased self-respect in users, improved family relations, enhanced communication with parents and teachers, as well as a high level of motivation for further inclusion in similar activities.

### **Families "at risk"**

For families at risk, with diverse or frequent mistakes and oversights in childcare, or where parents need special assistance with child upbringing, the Family Act provides for setting and carrying out a warning measure for faults in the upbringing and measures for monitoring the parental care. These measures were also carried out in 2012, and they are set and carried out by the Social welfare centre according to the data from the annual report on the work of the

Ministry of Social Policy and Youth for 2011.<sup>47</sup> In 2012, social welfare centres provided counselling and assistance in overcoming special difficulties to 6,083 families, while others were referred to seek assistance in other institutions or organisation. Furthermore, warnings regarding mistakes and oversights in childcare were issued to 4,948 parents in 2012, as well as 3,047 decisions on monitoring parental care, 1,728 of them to parents who live together and 1,317 to separated parents.

The San Patrignano community continued carrying out their project Prevention in groups at risk, focused on strengthening families with an addicted family member, mostly preparing them for starting treatment or already in treatment in the therapeutic community. The project aims at providing support to the remaining family members, especially children of addicts, as well as to promote quality communication within the family. The overall goal of the project is to educate children, young persons and members of families with addicted members, about the risks involved in substance abuse, as well as about the importance of health protection and developing healthy lifestyles.

### Recreational setting

As in the previous years in elementary schools, high schools and student homes, students at risk are involved in extracurricular activities with a view to improve their socialisation and teach them new life skills. These interventions usually involve different sports activities which aim at designing quality free time for children and young persons, as well as promoting healthy lifestyles.

In 2013 in the Republic of Croatia no interventions were carried out aimed at young persons in a club environment / night time economy environment.

## 3.5 Indicated prevention

Indicated prevention is aimed at identifying individuals showing indicators highly connected to individual risk of developing drug abuse habits later in life, or manifesting early signs of substance abuse. In Croatia, the indicated prevention programmes are mostly aimed at individual work with young persons who are already experimenting with drugs of abuse and/or who were referred to participate in the intervention by Social welfare centres because they have already demonstrated behaviour disorders. Interventions are carried out within the framework of county services for mental health protection, addiction prevention and outpatient treatment, family centres, other public institutions and civil society organisations.

In November 2013, an education on implementing the *MOVE preventivni program – kratka motivacijska intervencija – Savjetodavni rad s mladima rizičnog ponašanja* (MOVE prevention programme – brief motivational intervention – Counselling young persons demonstrating risky behaviour) was held, initiated by the Office for Combating Drug Abuse in cooperation with the Croatian Institute for Public Health, Ministry of Health and Ministry of Social Policy and Youth. This education was aimed at experts from county public health institutes, social welfare systems and organisations dealing with young persons demonstrating risky behaviour, i.e. youth experimenting with drugs. MOVE is an intervention adopted from Germany and adapted to Croatian needs. It consists of 12 modules/units based on experiences from different therapy

<sup>47</sup> These are the most recent known data issued by Social welfare centres.

concepts and theories, attempting to turn them into brief counselling through interviews. The fundamental goal is to include young persons in the programme who would not participate in counselling on their own initiative, and who prefer brief meetings, which, in their case, are more efficient than long counselling. Within this context, MOVE is a counselling method presenting good results in a short period of time and can be applied in different situations. It is based on a client-oriented approach (Rogers et al.) and on social and psychological theories regarding the change in attitude and behaviour. MOVE is appropriate for young users who show a minimum will to change, i.e. who are ambivalent.

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

In connection with the implementation of the National campaign on effects and destructive consequences of drugs, all relevant ministries and state authorities independently carried out a campaign as part of the activities of the Implementation Programme of the Action Plan for 2013, and mostly during the marking of the International Day against Drug Abuse and Illicit Trafficking (June 26), and during the Drug abuse awareness month (in 2013, from November 15 to December 15) For this occasion, the Office designed, printed and distributed educational and promotional material aimed at parents, children and young persons, whose goal was to warn the public of the destructive effects of drug abuse, as well as social and health consequences of addiction. During the Drug abuse awareness month, the cooperation with the media is extremely important, as they can present the problem of addiction from different levels in their shows or information space, such as educational and informing articles and shows on the topic of addiction and preventing drug abuse, with a special attention paid to improving the level of health protection in children, young persons and family and promoting healthy lifestyles.

Furthermore, in 2013 most of the counties carried out programmes in connection with marking the International Day against Drug Abuse and Illicit Trafficking and the Drug abuse awareness month. Mostly, these are different activities aimed at raising awareness of the detrimental effects of drug abuse.

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

In 2013, due to the inaccessibility of data at the time of concluding the annual report, in the Republic of Croatia the assessment of problem drug use within the addicted population was not carried out.

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

### 5.1. Introduction

Drug addiction is one of the major social and health-related problems both worldwide and in the Republic of Croatia. Treatment of addicts and drug users is an important strategic activity within programmes aimed at combating drug abuse because non-treated or poorly treated addicts are the biggest drug consumers and drug dealers and thus they significantly affect drug demand and availability on the market. A treatment encompasses all structured pharmacological and/or psychosocial interventions aimed at helping drug users with a view to improve their psychological, medical and social condition.<sup>48</sup> In the Republic of Croatia, treatment of drug abusers is primarily conducted in the healthcare system, and certain forms of psychosocial treatment are also conducted in the social welfare system, therapeutic communities and associations, as well as in the prison system. In addition, treatment of addicts who are minors or young adults, as well as occasional alcohol and drug consumers is also conducted in homes for children without adequate parental care, and children and youth with behavioural disorders.

Treatment of drug consumers or drug addicts within the healthcare system is divided into inpatient and outpatient treatment. Treatment within the inpatient system is provided for drug abusers and persons wishing to initiate abstinence, but having significant physical and psychic comorbidities, as well as social problems (accommodation). However, outpatient treatment is the main type of drug addiction treatment in Croatia. It is conducted by services for mental health protection, addiction prevention and outpatient treatment of county institutes of public health. The system for collecting data on addiction treatment has had a long tradition in the Republic of Croatia. The Registry of Treated Psychoactive Drug Abusers was established within the Croatian National Institute of Public Health as early as 1978. At the beginning, only information on inpatient treatment of addicts was collected. After the network of services for prevention and outpatient treatment of addiction (today: Services for mental health protection, addiction prevention and outpatient treatment) was established, data on persons in outpatient treatment were incorporated into the Registry. In order to collect as accurate information as possible on addiction prevalence and particularities of addiction population, the integration of data obtained from therapeutic communities and social welfare homes is in process.

Five out of seven therapeutic communities submit data to the Registry. In addition, at the initiative of the Office for Combating Drug Abuse of the Government of the Republic of Croatia, the Ministry of Justice, the Ministry of Health and the Croatian National Institute of Public Health started negotiations on the drafting of the joint *Agreement on cooperation and exchange of data and information relating to drug addiction treatment in prison system* already in late 2010. In the course of 2013 the Agreement on the integration of the prison system into the *Registry of Persons Treated for Psychoactive Drug Abuse in the Republic of Croatia* kept by the Croatian National Institute of Public Health was drafted as the basis for future data exchange, and the preparation of the implementing acts is in process. According to survey and epidemiological data, the number of drug addicts in the Republic of Croatia has been on a continuous increase since 1990 in comparison to the pre-war years. Opiate addicts constantly account for the majority of persons in treatment (81.9%). According to the Croatian Institute of Public Health, by

<sup>48</sup> Pompidou Group-EMCDDA Treatment Demand Indicator Protocol version 2.0, 2000.

the end of 2013 the Registry of Treated Psychoactive Drug Abusers, kept since 1978, contained entries on 34,000 persons.

In the period 2002-2008, the number of persons treated for the first time for opiate addiction was around 800 a year. In 2008, the number started to shrink, thus leading to 430 new opiate addicts in 2010, 345 in 2011, 313 in 2012, and 270 in 2013, which is the lowest recorded number of new opiate addicts in the past 11 years. 7,858 persons were treated in 2013. The number was almost at the same level as in the previous year (7,855 persons). Out of the total number of treated persons, 6,315 used opiates (80.4%). Due to use of and/or addiction to other psychoactive substances 1,542 persons were in treatment (19.6%). The opiate/non-opiate ratio was very similar to previous years. The proportion of persons treated for non-opiate addiction for the first time has been stable over the years and ranged from 54 to 65% in the past 10 years. In 2013 it amounted to 55.4%. The ratio between men and women amounted to 4.6:1.0. Out of 7,858 treated persons, 6,466 (82.3%) were men, and 1,391 (17.7%) were women. 611 persons (7.8%) in total were below the age of 19. As regards age groups, there are less and less differences between men and women. The highest number of men (25.3%) and women (25.7%) belong to the age group 30-34. Addiction population in Croatia is aging. As in Europe, the Republic of Croatia has also witnessed a trend of increased number of persons (men and women) treated for abuse of and/addiction to all psychoactive drugs. The age span is significant. The average age of all treated persons is above 30.

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

## 5.2 General description, availability and quality assurance

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

Organisation-wise, drug addiction treatment is based on outpatient treatment organised within the network of services for mental health protection, addiction prevention and outpatient treatment established within county institutes of public health. In the 1990s, cities and/or counties in the Republic of Croatia started to establish addiction prevention centres, and in 2003, pursuant to the Healthcare Act<sup>49</sup> and the Act on Amendments to the Act on Combating Narcotic Drug Abuse<sup>50</sup> the system for addiction prevention and outpatient treatment became part of the Institute of Public Health system, thus making the above addiction prevention centres part of county institutes of public health (services). As regards their organisation and scope of work, the services combine the activities of healthcare, social protection and education with the aim to conduct continuous monitoring, education, psychotherapy, family therapy, HIV and hepatitis

<sup>49</sup> Healthcare Act (OG 121/2003)

<sup>50</sup> Act on Combating Narcotic Drug Abuse (OG 163/2003)

infection prevention and provide assistance in solving other life issues of addicts and their families, as well as to provide help to occasional consumers and their families.

In Croatia certain types of treatment are also conducted in the social welfare system, therapeutic communities and homes for addicts. This is under the responsibility of the Ministry of Social Policy and Youth. The role and place of the social welfare activity in the treatment are reflected in the development of the programme for young people who have already encountered addictive substances, and in the organisation of adequate help to and protection of children whose parents are addicts. The social protection activity is part of the addiction treatment programmes as well as of rehabilitation and social reintegration of addicts. For addicts who can be motivated to full withdrawal (drug-free procedure) there is a possibility for providing services in a home for children or adults addicted to alcohol, drugs or other narcotic substances and in therapeutic communities. Therapeutic communities meeting the stipulated requirements pursuant to the Ordinance adopted, on the basis of the Social Welfare Act, in June 2009<sup>51</sup> by the minister competent for social welfare issues, have the possibility to receive regular funding based on the agreement with the Ministry of Social Policy and Youth. Medical treatment and addiction treatment are also conducted in prison institutions under the responsibility of the Ministry of Justice. The main principle of the prison system treatment is to provide addicts and drug consumers with adequate treatment meeting the same principles and requirements as in the healthcare system. Certain treatment types are also conducted within associations and therapeutic communities that have been set up and have operated as associations. Treatments in these organisations are financed through self-financing, domestic and foreign donations and/or through calls for proposals of the Ministry of Health and the Office for Combating Drug Abuse, as well as from the EU funds.

Significant resources are allocated to treatment in Croatia. According to **The survey of public expenditures and the establishment of performance indicators in the area of drug abuse combating in the Republic of Croatia**<sup>52</sup> conducted in 2012 by the Office in cooperation with the Institute of Economics in Zagreb, expenditures related to addiction treatment account for the biggest share in the labelled public expenditures for combating drug abuse (56%). In the period 2009 to 2012 they ranged from HRK 45,000,000.00 to 55,000,000.00 annually. Unlabelled public expenditures in the area of treatment are much higher.

### 5.2.1. Strategy/Policy

Pursuant to the National Strategy on Combating Drug Abuse 2012-2017 passed by the Croatian Parliament on 26 October 2012 and the Action Plan on Combating Drug Abuse 2012-2014 adopted by the Government of the Republic of Croatia on 8 November 2012, one of the key objectives of the overall national policy on drug addiction treatment is to enhance treatment quality on a continuous basis and provide drug consumers or drug addicts with the optimum form of treatment in line with their respective needs. In order to achieve that objective the National Strategy stipulates the fundamental principles of the national policy on addiction treatment as follows: identification of addicts as early as possible, provision of timely treatment

<sup>51</sup> In March 2014 the Ministry of Social Policy and Youth adopted a new Ordinance on minimum requirements for provision of social welfare services (Official Gazette 40/2014) and therapeutic communities are obliged to align their activities with it within one year.

<sup>52</sup> Analysis of Public Expenditures for Monitoring the Success of Achieving Objectives in the Field of Combating Drug Abuse in the Republic of Croatia.(2013). Zagreb: Office for Combating Drug Abuse and Institute of Economics.

to as many drug abusers as possible, keeping of addicts under professional medical supervision and treatment as long as possible, easy access to programmes without stigmatisation and discrimination, individual approach, adaptation of the treatment programme to suit the needs of patients according to their clinical picture, motivation, age, sex, social conditions and other characteristics of a patient. For addicts without motivation for treatment, special “low intensity” programmes should be provided (interventions aimed at reducing mortality, occurrence of other diseases, etc.). The objective of these principles is to ensure equal access to different programmes of treatment, rehabilitation and harm reduction in the Republic of Croatia, and to adapt them to meet local needs. In line with that, the main goal of the national treatment policy is to enhance quality and safety of treatments, and to standardise them, as well as to harmonise the procedures for the monitoring, prevention, diagnosis, medical treatment and rehabilitation of addicts.

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

The social welfare system needs to provide such conditions in order to provide timely help to persons experimenting with or using drugs, and their families, and to undertake timely measures aimed at at-risk groups of children and youth as well as at-risk families. In the social welfare system there are two basic types of institutions aimed at combating drug abuse, namely social welfare centres and social welfare homes (primarily homes for children and youth with behavioural disorders and educational homes). In order to ensure necessary capacities in the social welfare system for addicts, including addicts who are minors, the Ministry of Social Policy and Youth will set up a new public social welfare network identifying required capacities for providing social services to addicts in the Republic of Croatia. Service agreements will be concluded with service providers on the basis of public invitations to tender for a concession.

The basic principle in combating drug abuse in the prison system is the same as in a community, namely drug supply and demand reduction including measures for addiction prevention, identification and treatment of addicts, prevention of drugs and other psychoactive substances entering the system. Short-term objectives are related to the motivation of prisoners to participate in the programmes, and long-term ones are rehabilitation and social reintegration of convicted addicts, healthcare and their maintained participation in the programmes in a community even after they are released from prison. The use of probation or pronouncement of alternative sanctions (i.e. sanctions and measures in a community) to addicts, perpetrators of criminal offences is increasing in the criminal jurisprudence of most countries worldwide.

It was the 1988 Declaration on the Guiding Principles of Drug Demand Reduction relating to the addiction prevention policy in the EU Member States that started emphasizing treatment approach towards convicted addicts instead of their punishing and detention. The first probation services in the Republic of Croatia started to operate in June 2011. Probation does not cover psychosocial treatment of addict in its narrow sense but only certain interventions aimed at

engaging addicts in the existing types of psychosocial treatment in the healthcare and social welfare systems for the purpose of motivating perpetrators of criminal offences to stay in treatment. In order to provide drug users with required forms of psychosocial treatment, the probation services are primarily focused on close cooperation with all providers of different forms of psychosocial treatment intended for addicts within the healthcare and social welfare systems.

## **5.2.2. Treatment system**

### Organisation and quality assurance

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

Within their regular activities, the services provide outpatient treatment to drug users and their families, which is conducted in cooperation with all relevant resources of the local community. The service is also a place of primary specialised health and psychosocial care of drug addicts and/or issues related to drug abuse. When conducting outpatient treatment of addicts, the services are the place of the first contact of addicts with specialised professionals who establish their diagnosis and suggest adequate treatment in line with the clinical picture. The most prominent type of treatment is substitution therapy by methadone or buprenorphine (suboxone, subutex). Approximately 80% of drug addicts are on some kind of treatment therapy.

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

Addiction treatment is conducted in cooperation with teams of family medicine physicians, but within specialised inpatient programmes, and in cooperation with other healthcare and non-healthcare entities. Within the Croatian healthcare system, inpatient treatment includes psychiatric hospitals, and wards in general, county and clinical hospitals. In addition, the prison hospital in Zagreb, which is part of the prison system and one of 8 penitentiaries, conducts the security measure of compulsory psychiatric treatment. The treatment of addicts (medical

treatment / pharmacotherapy) is conducted by healthcare wards in penitentiaries and prisons. The above does not include a hospital ward.

Inpatient treatment usually lasts from 16 days to 3 months. Detoxification, pharmacotherapy and psychosocial treatment are conducted within inpatient treatment. The highest number of persons in hospitals are treated in the Psychiatric Hospital "Vrapče" and Clinical Hospital Centre "Sestre Milosrdnice". Inpatient treatment in hospitals includes detoxification procedure (from opiate, methadone, buprenorphine, sedatives), testing of abstinence tolerance with or without pharmacotherapy, testing of adequate methadone dose, transfer from low methadone doses to buprenorphine or naltrexone, transfer from high methadone doses to buprenorphine (using temporary substitution with MST cont.), therapy revision and psychic stabilisation to prevent comorbidity complications and relapse. Therapeutic programmes are, inter alia, conducted according to the rules of the respective therapeutic community. Group and individual therapy (psychoeducation, motivational interview, counselling, supportive and cognitive-behavioural therapy) and family therapy (individually and in a group) are provided. Psychological testing is also conducted.

In the social welfare system, homes for addicts and therapeutic communities are the key component in the treatment of addicts. They provide social welfare and counselling services, psychosocial help and support, work therapy and occupational activities, health care and psychological support. In the Republic of Croatia there are 7 therapeutic communities with 31 therapy houses that offer treatment and psychosocial rehabilitation to drug addicts as associations or religious communities<sup>53</sup> within their humanitarian activities, or they are organised and registered as therapeutic communities and social care homes<sup>54</sup> for addicts in accordance with the legal regulations in area of social welfare. The criteria for entering the programmes of certain therapeutic communities that are organized as associations and religious communities are regulated by the statute of a therapeutic community, whereas a decision of the Social Welfare Centre is required for admission to therapeutic communities that operate as social welfare homes (institutions). Therapeutic communities and social care homes primarily conduct treatments and programmes for drug addiction treatment and other psychoactive substances, programmes for psychosocial rehabilitation and social reintegration, counselling and work therapies. They also organise self-help groups to help addicts' families, organise various educational and promotional activities with the aim of addiction prevention and participate as mediators for referring addicts to treatment in therapeutic communities abroad. The majority of therapeutic communities in the Republic of Croatia conduct programmes based on strengthening religious life and advancement through hierarchy of personal roles and personal position in the community, as well as through work therapy. Since June 2009 when the Ordinance on Types and Activities of Social Welfare Homes, Care Outside Original Families, Space Conditions, Equipment and Employees in Social Welfare Homes, Therapeutic Communities, Religious Communities, Associations and Other Legal Entities as well as Centre for In-Home Assistance and Care<sup>55</sup> was adopted, most of therapeutic communities harmonised their work, hired skilled personnel and in accordance with the standards prescribed by the Ordinance improved their working methods and programmes. Since 2011, 5 therapeutic communities provide data on treated

<sup>53</sup> Remar Espana, Muondo Nuovo Association, Papa Ivan XXIII Association, San Lorenzo Association – Cenacolo Community, Reto centar – prijatelji nade.

<sup>54</sup> Home for addicts "Zajednica Susret", Therapeutic Community Đurmanec Krapina, Therapeutic Community Ne-ovisnost.

<sup>55</sup> Ordinance on Types and Activities of Social Welfare Homes, Care Outside Original Families, Space Conditions, Equipment and Employees in Social Welfare Homes, Therapeutic Communities, Religious Communities, Associations and Other Legal Entities as well as Centre for In-Home Assistance and Care (OG 64/09).

persons to the Registry of the Croatian National Institute of Public Health. Furthermore, the role and place of social welfare with respect to treatment are reflected in the work of so called "at-risk" families, work with children showing certain forms of behavioural disorders and other forms of treatment and care. The role and place of the social welfare activity are reflected in the development of the programme for young people who have already encountered addictive substances, and in the organisation of adequate help to and protection of children whose parents are addicts. The social protection activity is part of the addiction treatment programmes as well as of rehabilitation and social reintegration of addicts. Within the social welfare system, measures concerning family law protection and social welfare are undertaken for at-risk groups of children and youth, regardless whether they are children from at-risk family environment or children and youth with at-risk behaviour.

The prison system provides several different programmes which can be combined and supplemented to meet the needs of addicts. The programme types conducted in the prison system are the following: pharmacotherapy of opiate addicts: short-term detoxification, long-term detoxification, short-term (temporary) maintenance and long-term maintenance, therapeutic communities, groups of treated addicts, individual treatment programme, prevention, education and monitoring programme. When conducting probation activities, it seems important to include addicts into the development and implementation of individual plans, clarify the link between drug abuse and criminal offences and provide assistance in identifying realistic methods for achieving positive changes. The most common way to ensure treatment quality in the Republic of Croatia are personnel training, professional events (seminars, conferences, etc.), specialised training courses and thematic meetings. In order to conduct a better evaluation of current trends in drug abuse and epidemiologic disease control, in 2012 the networking of the system continued, i.e. improvement of the method for gathering data from therapeutic communities and associations that provide some forms of addiction withdrawal and psychoactive treatment to addicts. The majority of therapeutic communities deliver data on the treated addicts on the Pompidou forms<sup>56</sup> to the Registry of Persons Treated for Psychoactive Drug Abuse kept by the Croatian Institute of Public Health. Data submission has significantly contributed to the improvement of the data collection system of treated addicts in the Republic of Croatia, and at the same time, improved the quality of treatment services and rehabilitation within therapeutic communities and associations. For the purpose of improving the system of data collection, several meetings with the representatives of therapeutic communities, the Ministry of Justice – Prison Administration System and the representatives of the Croatian National Institute of Public Health were organised. The majority of the representatives of therapeutic communities reported delivering the data on their beneficiaries to the Croatian Institute of Public Health, and some expressed their willingness to submit data in the future. For the purpose of improving the treatment of drug users and ensure the treatment continuity, the data on the persons treated for psychoactive drug use in the penal system should also be integrated into the Registry. To that end, the joint Agreement on cooperation and exchange of data and information related to the treatment of drug addicts in the prison system was drafted and executed.

In April 2013 the Addiction Reference Centre of the Ministry of Health and the Addiction Department of the Croatian Society of Alcoholism and Other Addictions of the Croatian Medical Association, supported by the Office for Combating Drug Abuse of the Government of the Republic of Croatia, organized the VIII. Symposium on treatment and rehabilitation of opiate

<sup>56</sup> Pompidou form is a unified form used since 2000 for the collection of data on in- and outpatient treatment of addicts for the Registry of Persons Treated for Psychoactive Drug Abuse in the Republic of Croatia kept by the Croatian National Institute of Public Health. The form is published in the Official Gazette within the Ordinance on implementing the Health Records Act in the area of inpatient care and addiction monitoring (OG 44/00).

addicts called "Maintaining high quality of addiction treatment". The symposium was intended for physicians in the network of services for mental health protection, addiction prevention and outpatient treatment established within the institutes of public health and other institutions, as well as for all professionals dealing with the treatment or rehabilitation of drug addicts or participating in the implementation of the National Strategy and the Action Plan on Combating Drug Abuse in the Republic of Croatia. The symposium addressed the issues regarding the implementation of the conclusions and progress since the last symposium. It was pointed out that there had not been enough time for expert supervision. However, following the symposium conclusions on "Driving ability and treatment of drug-addicted drivers", in cooperation with the TAIEX, the Office organized a workshop on combating drug abuse in the context of road traffic and the working environment and encouraged the initiative to set up an interdisciplinary group to carry out an analysis of legal regulations and procedures in this area. Furthermore, a new method for financing the activities of county services for addiction prevention and treatment on the part of the Ministry of Health was presented. In the future, the services will be funded on the basis of a public tender. They will be granted funds only if they conduct their programme in partnership with associations. The symposium also tackled upon the issue of an updated list of certified physicians and the initiated amending procedure regarding the Guidelines for pharmacotherapy using methadone. In addition, the symposium also discussed the strategic guidelines relating to addiction treatment, such as the treatment of addicts from the perspective of a family medicine physician, treatment of addicts in penal institutions, hepatitis C treatment in addicts, etc. The Clinical Hospital Centre "Sestre Milosrdnice", Addiction Reference Centre of the Ministry of Health, Office for Combating Drug Abuse and Croatian Association of the Clubs of Alcoholics in Treatment (HSKLA) organized the first three-day module within the symposium "Professional approach to addicts" on 13-15 November. It was aimed at sharing knowledge and information required for a professional approach to drug addicts and pathological gamblers. The symposium was attended by around 30 participants: experts from the Social Welfare Centre, clinical psychologist, etc. In addition to the above, due to the increasing number of methadone seizures and a significant number of deaths caused by methadone overdose, over the past few years various initiatives have warned of the need to amend the existing guidelines for pharmacotherapy of opiate addicts using methadone and buprenorphine. Following the conclusions made at the TAIEX Workshop on Substitution Treatment Programmes for Opiate Addicts, held in September 2012 in Zagreb, pointing out that the guidelines have to be concise, clear and evidence-based and that quality implementation of substitution therapy requires a multidisciplinary and intersectoral approach, and exchange of experience and information among those engaged in the implementation of the addiction treatment programme, in 2013 the Ministry of Health formed a working group tasked to develop an amendment proposal for the Guidelines for methadone and buprenorphine. In accordance with the guidelines, review tools for monitoring progress should be developed and systematic monitoring of the application of guidelines in the course of treatment established (strengthened inspection of the application of substitution therapy).

Notwithstanding high-quality programmes of outpatient and inpatient addiction treatment conducted in Croatia, there is still a lack of systematic evaluation of their effect. In order to underline the need to apply evaluation tools in the area of drug addiction treatment programmes and encourage the concept of evaluation as a method to enhance the treatment quality, the TAIEX Workshop on treatment evaluation programmes for drug addiction was held on 6 March 2013. The main goal of the above workshop was to enhance the knowledge and skills of experts engaged in the implementation of the drug addiction treatment programmes in the area of planning and conducting evaluation of drug addiction treatment programmes, particularly in the area of process evaluation, treatment effect evaluation and client satisfaction evaluation.

Pursuant to the National Strategy on Combating Drug Abuse for the period 2012-2017 and the Action Plan on Combating Drug Abuse for the period 2012-2014, adopted by the Croatian Government, one of the key objectives of the overall national policy is to enhance the addiction treatment quality. In response to this, the Office for Combating Drug Abuse and the expert working group consisting of the representatives of relevant authorities, institutions, associations and other bodies prepared the *Guidelines for psychosocial treatment of drug addicts in the healthcare, social welfare and prison system in the Republic of Croatia* adopted, at the proposal of the Office, by the Commission for Combating Drug Abuse of the Croatian Government at its session held on 28 January 2014. The main goal of the guidelines is to enhance the drug addiction treatment quality by defining and setting standards of evidence-based psychosocial interventions aimed at drug abusers. The purpose of the guidelines is to provide assistance to experts conducting specific types of treatment when determining appropriate psychosocial intervention in particular circumstances. In that respect, the guidelines also contain an educational element for all experts taking part in their implementation, particularly in applying and encouraging good clinical practice in the care of drug users. The guidelines are structured as follows: introduction – situation analysis, definition, contents, goals and objectives, target groups and settings affected by the guidelines, methodology for the preparation of guidelines, psychosocial treatment and psychosocial interventions, description of efficient psychosocial interventions, recommended psychosocial interventions with respect to the setting, standards and principles for the implementation of the guidelines and bibliography. The guidelines contain a detailed description of certain psychosocial interventions such as: behavioural treatments (cognitive and behavioural therapy), case analysis and management, motivational interview, CM behavioural treatment, relapse prevention, psychoeducation, family/marriage therapy/behavioural treatment (BC/FT) and counselling. In addition, the guidelines include a description of effective psychosocial interventions for adolescents, female addicts and persons with dual diagnosis (psychiatric comorbidity). The application of the guidelines and psychosocial treatment is presented in the three main chapters:

1. Guidelines and forms of psychosocial treatment of drug addiction in healthcare system
2. Guidelines and forms of psychosocial treatment of drug addiction in social welfare system
3. Guidelines and forms of psychosocial treatment of drug addiction in prison system and probation

Each of the above chapters contains a **table** with guidelines, i.e. recommended interventions, defined frequency and stages of interventions, their duration, benefits and risks, professionals responsible for the their application and place of application. Furthermore, each recommendation is accompanied by the value, i.e. level of support given to that recommendation based on evidence and/or clinical practice (less, moderately and highly effective, Table 5.1). In each chapter there is also a reference to the recommendations and protocols for the implementation of the guidelines. The guidelines in the healthcare, social welfare and prison system will be supervised and monitored by the competent expert services of the Ministry of Health, Ministry of Social Policy and Youth and Ministry of Justice in their respective area of work. Each of the competent ministries should, on its own or in cooperation with the Office for Combating Drug Abuse, organize training for all employees taking part in the implementation of the psychosocial treatment. The Office for Combating Drug Abuse is responsible for presenting the guidelines and organizing training on this topic. In order to harmonize the guidelines with the opinions of experts and institutions participating in the medical and psychosocial treatment of addicts, as well as of professional organizations and associations, the Office has organized two 2-day workshops for professionals who participated in their preparation. There was also a public debate and online public consultation on the final draft guidelines. Professional chambers and societies were also consulted.

Table 5.1 Some recommendations for psychosocial intervention in healthcare system

Main recommendations for psychosocial interventions	Frequency and application stages	Duration	Level of proven efficiency	Benefits	Risks	Professionals responsible for application	Place – institution of application
<b>Motivational interview</b>	2 x 10-45 minutes	Over the year	Moderately effective for all substances in comparison with a placebo group or a group without treatment	Enhances retention in treatment, particularly in case of marijuana	Pointless if long-term; this is not their purpose	Doctors, healthcare professionals	Outpatient and inpatient treatment
<b>Education on addiction diseases and blood-borne viruses</b>	2 x 10-45 minutes	Over the year	Less to moderately effective	Education on the nature of addiction diseases and treatment possibilities is the basis of an informed consent.	Not long-term	Doctors, psychiatrists	Outpatient and inpatient treatment
<b>Individual counselling</b>	2 x 10-45 minutes (30 minutes on average)	Over the year	Moderately effective	Enhances further abstinence and retention	Not long-term	Doctors, healthcare professionals	Outpatient and inpatient treatment
<b>Family counselling</b>	2 x 10-45 minutes (30 minutes on average)	Over the year	Moderately effective	In combination with individual counselling, it reduces substance use and enhances retention.	Not long-term	Doctors, healthcare professionals	Outpatient and inpatient treatment

Source: Office for Combating Drug Abuse

### Availability and diversification of treatment programmes

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

#### *Substitution therapy*

Implementation of substitution therapy requires continuous cooperation between specialists at the Services for Mental Health Protection, Addiction Prevention and Outpatient Treatment and primary care physicians. Namely, the type and form of substitution therapy is prescribed by a physician specialist employed at the Service, (or a physician specialist - psychiatrist employed at a hospital), and it is administered by a family physician in the primary healthcare.

There are several types of substitution programmes: short-term detoxification (a procedure which facilitates the solving of abstinence syndrome to an addict after they stop using opiates by gradual reduction of daily doses of opiate agonists in the period of up to one month), slow detoxification (a procedure which facilitates termination of opiate use by slow reduction of daily doses of opiate agonists in the period from one to 6 or more months), short-term (temporary) maintenance on the same daily methadone dose (a procedure which facilitates heroin abstinence maintenance with a required/adequate daily dose of opiate agonists which does not change in the period of 6 months or less) and long-term maintenance by which an addict is allowed to use adequate daily doses of opiate agonists in the period longer than 6 months. The main indication for the opiate agonist treatment (methadone, buprenorphine, etc.) is a confirmed addiction diagnosis according to the ICD-10 or DSM-IV criteria. Methadone substitution therapy in addiction treatment in the Republic of Croatia has been applied since 1991, whereas the controlled application of methadone use was established by the National Strategy on Combating Narcotic Drug Abuse in 1996. Since 2006 the costs of buprenorphine pharmacotherapy of addicts has been borne by the Croatian Health Insurance Fund. In the second half of 2009 buprenorphine was supplemented by the buprenorphine / naloxone combination. Both medications are available to addicts.

#### *Psychosocial treatment*

In addition to pharmacotherapy, there are also different forms of psychosocial treatment applied within the so-called drug free approach, but also in combination with different forms of substitution therapy. Psychosocial treatment includes a wide range of social and psychological interventions referring to the psychosocial development of an individual in interaction with its social environment. Psychosocial treatment includes different non-pharmacotherapeutic interventions for the effective and comprehensive treatment of drug abusers. Psychosocial treatment is primarily characterised by the fact that it is always focused on the enhancement of interpersonal relationships and life situation.

Usual psychosocial interventions conducted within the healthcare, social welfare and prison system are psychological interventions such as: short counselling interventions and self-help groups, education of patient on communicable diseases, motivation-oriented interventions - motivational interviews, behavioural treatments, behavioural therapy and CBT (cognitive behavioural therapy) as well as CM (contingency management) – reward/punishment system, psychoeducation, case study and relapse prevention, life skills training, dynamic psychology therapy (supportive-expressive) in case of comorbidity.

Social interventions include assistance in providing basic needs such as food, clothing, accommodation and employment as well as basic care of health, friendships, community and

happiness. Since April 2007 different psychosocial interventions have been conducted within the Project of social reintegration of drug addicts. In particular, they refer to psychosocial assistance after a completed treatment in a therapeutic community and/or prison release, and to assistance in various forms of education and employment of treated addicts as well as their inclusion into the community life (more on the Project in Chapter 8). Other psychosocial approaches include training of social skills, marriage and family therapy, self-help groups, supportive-expressive or psychodynamic psychotherapy. There is also a wide and diverse range of approaches grouped under the terms “counselling”, “psychotherapy”, “case management” and “psychosocial treatment”. Many of them include different elements of the above psychosocial therapies, but they are difficult to define and classify. A special form of psychosocial treatment of addicts are therapeutic communities representing the institutional form of treatment based on the principles of community, self-help and climbing up the hierarchical ladder of personal roles in a community. The majority of therapeutic communities in the Republic of Croatia conduct the drug-free treatment. Applied therapeutic procedures are mostly aimed at the adoption of new positive behavioural norms, new attitudes and values. In addition to religious persons, the programmes are usually coordinated by rehabilitated addicts, whereas the professional staff is less represented. It is important to emphasise that all therapeutic communities and homes for addicts have been established by civil society organisations, so the activities of therapeutic communities are very often complemented with the activities of the civil society organisations that have established them

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

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

### **5.3. Access to treatment**

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

In order to enter outpatient treatment a person needs to have a regulated right to healthcare in the Republic of Croatia. This is provided for all addicts under the 2002 Ordinance<sup>57</sup>. The above Ordinance provides the right to health insurance to all addicts treated in a healthcare institution

<sup>57</sup> Ordinance on criteria and procedure for establishing incapacity for independent life and work, as well as lack of maintenance funds for persons with permanent residence in Republic of Croatia for whom healthcare is not provided on other grounds (Official Gazette 39/2002).

or participating in the implementation of special measures for helping drug addicts in a therapeutic community, or other organised forms of assistance to addicts as long as these circumstances are in place. It can therefore be said that addiction treatment in the Republic of Croatia is completely free of charge and that there is a low threshold for entering the treatment.

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

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

In 2013, a total of 7,858 persons were treated in the healthcare system. This was an increase of 3 persons in comparison to the year before when there were 7,855 persons. Table 5.2 shows that out of the total number of persons treated in 2013, 610 were in inpatient treatment. The number increased by 11.1% in comparison to 2012 when there were 549 persons. In outpatient treatment provided by services for mental health protection, addiction prevention and outpatient treatment there were 7,194 or 91.5% of all treated persons. Prevalence of opiate addicts in the total number of treated persons is similar to the previous years and amounted to 80.4%, i.e. 6,315 persons. Prevalence of non-opiate addicts was 19.6% or 1,543 persons. According to the main substance used by opiate addicts, the most frequently used was heroin (6,029 or 95.5% of all opiate addicts), while the most common substance among non-opiate addicts was cannabis (1,047 persons or 67.8%). Similar to the year before, there were 1,126 new addicts in treatment or 14.3% in the total number of treated addicts (Table 5.6). As in the year before, it can be concluded that the work of the system for addiction prevention and outpatient treatment in Croatia has significantly affected the current situation. Although drugs have become increasingly available and less expensive, the number of addicts has not increased significantly.

The breakdown of treated persons by gender did not significantly change in 2013 in comparison to previous years. According to the data on the gender of treated addicts, most of them were male. Out of 7,858 treated persons in total, there were 82.3% or 6,467 men, and 17.7% or 1,391 women who were treated for psychoactive substance abuse in the previous year. The ratio of treated men and women amounted to 4.6:1. Opiate addiction is most common among both men and women (80.8% among men and 78.3% among women). Unlike men, women showed significant addiction to sedatives (5.6% women, 1.2% men) (Table 5.3).

As in the previous years, the highest number of treated persons (5,301), i.e. 67.5% have completed secondary education (Table 5.4.). Almost one quarter of treated persons - 1,877 or 23.9% have completed primary education, whereas 116 persons or 1.5% have not completed primary school. 423 persons (5.4%) have completed a college or university.

In comparison to 2012, the number of treated persons with regular employment decreased significantly. There were 1,402 such persons or 17.8%. This was a decrease of 56.9% in comparison to 2012 when there were 3,254 persons with regular employment. More than half of treated persons (51.2%) were unemployed or economically inactive (8.3%). Therefore, it can be said that the consequences of the economic crises have significantly affected this population. Similar to the year before, in 2013 there were 8.2% pupils, i.e. students in treatment (Table 5.5).

It can be concluded that given the low educational level of treated addicts and a very high unemployment rate, their education, employment and social reintegration play a very important role in the overall treatment and subsequent period of abstinence.

Table 5.2. Persons treated for psychoactive drug abuse in 2013 by treatment and main substance

Drug type	Outpatient treatment	Inpatient treatment	Treatment in prison	Medical treatment	"Low threshold" organization	Other	N/A	Total
<b>Narcotic drugs</b>								<b>6,315</b>
Heroin	5,747	246	1	0	34	1	0	6,029
Methadone	118	6	0	0	2	0	0	126
Buprenorphine	106	1	0	0	1	0	0	108
Fentanyl illicit /	0	0	0	0	0	0	0	0
Other	37	13	0	0	2	0	0	52
<b>Cocaine</b>								<b>119</b>
Cocaine powder (HCL)	99	16	0	0	4	0	0	119
Crack	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Stimulants other than cocaine</b>								<b>106</b>
Amphetamine	57	6	0	0	0	0	0	63
Methamphetamine	6	0	0	0	0	0	0	6
MDMA and derivatives	19	7	1	0	0	0	0	27
Synthetic cathinones	0	0	0	0	0	0	0	0
Other stimulants	5	5	0	0	0	0	0	10
<b>Hypnotics and sedatives</b>								<b>158</b>
Barbiturates	1	0	0	0	0	0	0	1
Benzodiazepines	33	106	0	0	2	0	0	141
GHB / GBL	0	0	0	0	0	0	0	0
Other hypnotics and sedatives	5	10	0	0	1	0	0	16
<b>Hallucinogenic drugs</b>								<b>4</b>
LSD	1	0	0	0	0	0	0	1
Ketamine	0	0	0	0	0	0	0	0
Other hallucinogenic drugs	0	3	0	0	0	0	0	3
<b>Volatile inhalants</b>	0	4	0	0	0	0	0	<b>4</b>
<b>Cannabis</b>	945	97	0	0	5	0	0	<b>1,047</b>
<b>Other substances</b>	15	90	0	0	0	0	0	<b>105</b>
<b>N/A</b>	0	0	0	0	0	0	0	<b>0</b>

<b>Total</b>	<b>7,194</b>	<b>610</b>	<b>2<sup>58</sup></b>	<b>0</b>	<b>51</b>	<b>1</b>	<b>0</b>	<b>7,858</b>
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*Source: Croatian National Institute of Public Health*

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<sup>58</sup> These are the data obtained from the Croatian National Institute of Public Health, while the data obtained from the prison system can be found in Chapter 9.

Table 5.3 – Persons treated for psychoactive drug abuse in 2013 by gender and main substance

Drug type	Men	Women	N/A	Total
<b>Narcotic drugs</b>	5,226	1,089	0	<b>6,315</b>
Heroin	5,009	1,020	0	6,029
Methadone	89	37	0	126
Buprenorphine	93	15	0	108
Fentanyl illicit /	0	0	0	0
Other opioids	35	17	0	52
<b>Cocaine</b>	107	12	0	<b>119</b>
Cocaine powder (HCL)	107	12	0	119
Crack	0	0	0	0
Other	0	0	0	0
<b>Stimulants other than cocaine</b>	89	17	0	<b>106</b>
Amphetamine	51	12	0	63
Methamphetamine	5	1	0	6
MDMA and derivatives	24	3	0	27
Synthetic cathinones	0	0	0	0
Other stimulants	9	1	0	10
<b>Hypnotics and sedatives</b>	80	78	0	<b>158</b>
Barbiturates	0	1	0	1
Benzodiazepines	73	68	0	141
GHB / GBL	0	0	0	0
Other hypnotics and sedatives	7	9	0	16
<b>Hallucinogenic drugs</b>	1	3	0	<b>4</b>
LSD	0	1	0	1
Ketamine	0	0	0	0
Other hallucinogenic drugs	1	2	0	3
<b>Volatile inhalants</b>	4	0	0	<b>4</b>
<b>Cannabis</b>	880	167	0	<b>1,047</b>
<b>Other substances</b>	80	25	0	<b>105</b>
<b>N/A</b>	0	0	0	<b>0</b>
<b>Total</b>	<b>6,467</b>	<b>1,391</b>	<b>0</b>	<b>7,858</b>

Source: Croatian National Institute of Public Health

Table 5.4. – Persons treated for psychoactive drug abuse in 2013 by educational level

Educational level	Total	prevalence %
Incomplete primary school	116	1.5
Completed primary school	1,877	23.9
Completed secondary school	5,301	67.5
Completed college/university	423	5.4
N/A	139	1.8
<b>TOTAL</b>	<b>7,858</b>	<b>100.0</b>

Table 5.5 – Persons treated for psychoactive drug abuse in 2013 by employment status

Employment status	Opiates	Non-opiates	Total	prevalence %
Occasional employment	819	208	1,027	13.1
Regular employment	1,300	102	1,402	17.8
Pupil/student	69	576	645	8.2
Economically inactive	577	75	652	8.3
Unemployed	3,504	516	4,020	51.2
N/A	46	66	112	1.4
<b>TOTAL</b>	<b>6,315</b>	<b>1,543</b>	<b>7,858</b>	<b>100.00</b>

Source: Croatian National Institute of Public Health

For 7,600 or 96.7% of treated persons the information on their accommodation is known (Table 5.6.). The majority of treated addicts have stable accommodation (85.9%), 3.3% of addicts live in an institution, while 8.3% of addicts have unstable accommodation. The information on the accommodation of 2.5% of addicts is unavailable. It is therefore possible that this is the percentage of homeless persons in treatment.

Table 5.6. – Persons treated for psychoactive drug abuse in 2013 by accommodation and treatment status

Accommodation	Treatment status			
	New in treatment	Previously treated	Total	prevalence %
Stable accommodation	910	5,843	6,753	85.9
Unstable accommodation	101	551	652	8.3
Institution (penitentiary, prison, hospital)	36	159	195	2.5
N/A	114	144	258	3.3
<b>TOTAL</b>	<b>1,126</b>	<b>6,661</b>	<b>7,858</b>	<b>100.00</b>

Source: Croatian National Institute of Public Health

For 7 731 (96.8%) treated persons the information on their household composition is known (Table 5.7.). As in the previous years, almost half (45.4%) of treated persons live with their parents. This is a decrease in comparison to the previous reporting period when 48.8% of them lived with their parents. The percentage of those living with their partner and a child is similar to the year before – 27.2% (2012: 24.5%). The percentage of those living alone is identical to the year before and amounts to 14.9%.

Table 5.7. – Persons treated for psychoactive drug abuse in 2013 by current accommodation and gender

Current accommodation	Men	Women	Total	prevalence %
Alone	1,035	137	1,172	14.9
With parents	3,117	449	3,566	45.4
With partner/child	1,555	585	2,140	27.2

With friends	59	14	73	0.9
Other	537	124	661	8.4
N/A	164	82	246	3.2
<b>TOTAL</b>	<b>6,467</b>	<b>1,391</b>	<b>7,858</b>	<b>100.0</b>

Source: Croatian National Institute of Public Health

Out of the total number of treated persons, most of them decided to go to treatment on their own or encouraged by their family and friends (65.5% or 5,144 persons) (Table 5.8). The second most common way of referring to treatment was by primary care physicians (10.7%), followed by the court/state attorney's office (8.9%). For 6.6% of persons the motivation for treatment is unknown.

Table 5.8. – Persons treated for psychoactive drug abuse in 2013 by referral to treatment and treatment status

Referred by	Treatment status			
	Treated for the first time	Previously treated	Total	prevalence %
One's own decision / family / friends	372	4,773	5,144	65.5
Other drug treatment centre	0	72	72	0.9
Primary care physician	56	782	838	10.7
Hospitals – other healthcare institutions / Social Welfare Centre	148	190	338	4.3
Court – State Attorney's Office – Police	250	452	702	8.9
Other	98	149	247	3.1
N/A	202	315	517	6.6
<b>TOTAL</b>	<b>1,126</b>	<b>6,733</b>	<b>7,858</b>	<b>100.0</b>

Source: Croatian National Institute of Public Health

For the year 2013, as in the year before, Table 5.9 shows that the highest number of persons (80.4%) was treated for opiates as the main substance, followed by persons treated for cannabinoid abuse (13.0%), and hypnotics and sedatives (2.0%). Cocaine abuse as a reason for treatment was recorded in 1.5% of persons. This was a slight decrease in comparison to the year before.

Table 5.9. – Persons treated for psychoactive drug abuse in 2012 and 2013 by main substance

Main substance	Total in 2012	Total in 2013	(%) 2012	(%) 2013
Opiates	6,357	6,315	80.9	80.4
Cocaine	147	119	1.9	1.5
Stimulants	130	106	1.7	1.3
Hypnotics and sedatives	141	158	1.8	2.0
Hallucinogens	4	4	0.1	0.1
Volatile inhalants	6	4	0.1	0.1

Cannabis	1,001	1,047	12.7	13.3
Other psychoactive substances	69	105	0.9	1.3
<b>TOTAL</b>	<b>7,855</b>	<b>7,858</b>	<b>100.0</b>	<b>100.0</b>

Source: Croatian National Institute of Public Health

By analysing the data on the modalities of main substance administration (Table 5.10) it can be noted that the most dominant way of opiate administration is still intravenous administration (58.8%). In 2013, the number of persons who injected addictive substances in the past month decreased (499 persons or 6.4%). By comparison, in 2012 526 persons or 10.1% injected addictive substances in the month preceding the last treatment session.

Table 5.10. – Persons treated in 2013 by drug administration

Intravenous drug administration	Total	%
Injected drugs, but not currently	4,622	58.8
Currently injecting drugs (in the past 30 days)	499	6.4
Never injected drugs	2,457	31.3
N.A. / answer missing	280	3.6
<b>TOTAL</b>	<b>7,858</b>	<b>100.0</b>

Source: Croatian National Institute of Public Health

Out of the total number of persons treated for opiate addiction, most of them were on some form of substitution therapy – 5,147 persons or 80.6%. The majority were on maintenance or slow detoxification using buprenorphine (44.1%), followed by maintenance using methadone (41.1%). 328 persons (6.4%) stated that they had not used any other drugs in addition to opiates, either substitution or other medications (Table 5.11).

Table 5.11. – Persons treated for opiate addiction by treatment method

Pharmacotherapy form	Pharmacotherapy medication									
	Methadone	Buprenorphine	Morphine	Naltrexone	Clonidine	Tramadol	Something else	Nothing	N/A	Total
Short-term maintenance	89	73	1	0	0	2	1	0	0	166
Maintenance	2,183	2,116	7	2	0	5	34	1	1	4,349
Slow detoxification	297	384	0	0	0	1	27	5	0	714
Rapid detoxification	28	24	0	0	0	1	2	2	0	57
No medications	1	2	0	1	0	0	19	349	22	394
Pharmacotherapy – Other	2	15	1	6	1	12	158	2	17	214
N/A	3	21	0	0	0	0	2	2	393	421
TOTAL	2,603	2,635	9	9	1	21	243	361	433	6,315
%	41.2	41.7	0.1	0.1	0	0.3	3.8	5.7	6.9	100

Source: Croatian National Institute of Public Health

### Drug-related comorbidity in the Republic of Croatia in 2013

Addiction, as a chronic relapsing disease, is often accompanied by other diagnoses of mental illnesses and disorders. Most often these are personality, behavioural, affective and neurotic disorders, mental and behavioural disorders caused by alcohol use and other chronic diseases associated with at-risk behaviour of drug addicts. Drugs also cause anxiety, depression or some other emotions. The 2013 data show that out of 7,858 treated persons, 6.9% of them had at least one concurrent diagnosis. These data are almost the same as for the year before. Concurrent diseases were more present among opiate (7.0%) than non-opiate addicts (6.4%). The most frequent disorders among opiate addicts were related to alcohol (31.1%), followed by affective disorders (depression, mood disorders – 20.6%). Disorders of adult personality and behaviour were represented with 15.4%, and schizophrenia, schizotypal and delusional disorders with 15.2%. The most common disorders among non-opiate addicts were related to excessive drinking (39.8%) thus exceeding the previous year level. They were followed by schizophrenia, schizotypal and delusional disorders (21.4%), as well as disorders of adult personality and behaviour, affective disorders (depression and mood disorders), and organic and symptomatic mental disorders with 11% (Table 5.12.).

Table 5.12. – Concurrent diagnoses in addition to addiction disease in 2013

Diagnoses accompanying addiction disease		Opiates		Non-opiates	
		N	%	N	%
<b>F10</b>	Mental and behavioural disorders due to use of alcohol	137	31.1	39	39.8
<b>F30-F39</b>	Affective disorders (depression, mood disorders)	91	20.6	11	11.2
<b>F60-F69</b>	Disorders of adult personality and behaviour	68	15.4	11	11.2
<b>F20-F29</b>	Schizophrenia, schizotypal and delusional disorders	67	15.2	21	21.4
<b>F40-F48</b>	Neurotic, stress-related and somatoform disorders	48	10.9	4	4.1
<b>F00-F09</b>	Organic, including symptomatic, mental disorders	29	6.6	11	11.2
<b>F50-F51</b>	Eating disorders	0	0.0	1	1.0
<b>F90-F98</b>	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	1	0.2	0	0.0
<b>TOTAL CONCURRENT DIAGNOSES</b>		<b>441</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>

Source: Croatian National Institute of Public Health

### Addiction treatment in therapeutic communities and associations

The Drug Abuse Prevention Act (Article 48) and the Ordinance on Types and Activities of Social Welfare Homes, Care Outside Original Families, Space Conditions, Equipment and Employees in Social Welfare Homes, Therapeutic Communities, Religious Communities,

Associations and Other Legal Entities as well as Centre for In-Home Assistance and Care<sup>59</sup> stipulate that therapeutic communities and associations shall submit data to the Croatian National Institute of Public Health and the Office for Combating Drug Abuse. However, some therapeutic communities or associations still do not submit complete and proper reports (using the Pompidou forms) to the Croatian Institute of Public Health and the Office for Combating Drug Abuse, thus preventing the adequate monitoring of drug abuse trends and addiction problems in Croatia. Although therapeutic communities and associations began to deliver data on the Pompidou forms to the Croatian Institute of Public Health more intensively in 2012, data on all the addicts involved in their treatment were not submitted. The reason is that the data submitted on the Pompidou form require the delivery of personal information on the beneficiary, and addicts in treatment in therapeutic communities and associations are often reluctant to reveal personal information. Therefore, the data on the number of addicts in therapeutic communities collected by the Office (Table 5.16) differ substantially from those collected by the Institute (Table 5.13).

*Table 5.13 – Data on addicts treated in therapeutic communities in 2013 collected for the Registry according to the Pompidou forms*

Therapeutic communities/associations	Men	Women	Total	%
Reto	27	2	29	9.9 %
Cenacolo	22	0	22	7.5%
Susret	132	40	172	59.0%
Papa Ivan XXIII	19	12	31	10.6%
NE - ovisnost - therapeutic community	38	0	38	13.0%
<b>TOTAL</b>	<b>238</b>	<b>54</b>	<b>292</b>	<b>100.0%</b>

Source: Croatian National Institute of Public Health

However, in 2013 significantly less data on beneficiaries were submitted to the Registry<sup>60</sup> of the Croatian National Institute of Public Health in comparison to 2012. In 2013, as in 2012, a total of 5 therapeutic communities submitted data on addicts to the Croatian National Institute of Public Health on the Pompidou forms. According to these data, in 2013 there were 292 addicts in treatment in therapeutic communities. 238 of them were women and 54 men. This was a decrease of 46.6% in comparison to 2012 when data were submitted for 428 persons, out of whom 358 were men and 80 women (Table 5.13). It is worth noting that there was no actual reduction in the number of addicts in therapeutic communities, but they submitted significantly less data on addicts to the Registry of the Croatian National Institute of Public Health. One of the priorities in the previous period was therefore to improve the system for collecting data on the types of services and treatments provided in therapeutic communities and associations.

<sup>59</sup> A new Ordinance on minimum requirements for provision of social welfare services (Official Gazette 40/2014) has been in force since 2014 and therapeutic communities are obliged to align their activities with it within one year.

<sup>60</sup> The Registry of Treated Psychoactive Drug Abusers was established within the Croatian National Institute of Public Health in 1978.

According to the Croatian National Institute of Public Health, in therapeutic communities/association there were 51 persons who had never been treated in the healthcare system or therapeutic communities. The highest number of persons who had never been treated was in the Reto Centar and Cenacolo therapeutic communities. In 2013, in therapeutic communities there were 17.0% of persons who had never been in treatment. This was a decrease in comparison to 2012 when they accounted for 28% (Table 5.14).

*Table 5.14. Total number of persons treated in therapeutic communities and the percentage of persons never treated in the system*

Therapeutic community/association	Total number of treated persons	Never treated	Percentage of persons never treated out of total number of treated persons
Reto	29	23	79.0%
Cenacolo	22	9	41.0%
Susret	172	7	4.0%
Papa Ivan XXIII	31	8	26.0%
NE - ovisnost - therapeutic community	38	4	10.0%
<b>TOTAL</b>	<b>292</b>	<b>51</b>	<b>17.0%</b>

Source: Croatian National Institute of Public Health

The percentage of opiate addicts in therapeutic communities was overall a bit smaller than the one in the healthcare system, and amounted to 73.8%, out of whom 70.3% were heroin addicts (Table 5.15). Heroin as the main addictive substance was the prevailing cause for treatment in all therapeutic communities. In therapeutic communities, 206 persons (70.5%) were treated for heroin addiction. Methadone as the main substance was registered in 9 persons (3.1%). Another 8 persons (2.7%) were treated for the abuse other opiates, and 5 persons abused buprenorphine (1.7%). These opiates were recorded in 78% of all treated addicts. Other substances were represented to a lesser extent. The second most popular substance were cannabinoids (6.8%), followed by cocaine as the main substance. Unfortunately, it is evident that the abuse of benzodiazepines was present in a quite high percentage (4.5%). The polyuse of several substances was present in 8 persons (2.7%).

*Table 5.15 – Addicts treated in therapeutic communities in 2013 by main addictive substance – data collected in the Registry according to the Pompidou forms*

Main addictive substance	Therapeutic institution						%
	Reto	Cenacolo	Susret	Papa Ivan XXIII	NE - ovisnost	Total	
Heroin	21	11	140	15	19	206	70.5
Methadone	0	0	3	0	6	9	3.1
Other opiates	0	4	0	3	1	8	2.7
Buprenorphine	0	0	3	0	2	5	1.7

Cocaine	2	2	4	3	1	12	4.1
Amphetamines	1	0	1	1	1	4	1.4
Ecstasy	0	0	0	0	0	0	0
Other psychostimulants	0	0	0	1	0	1	0.3
Barbiturates	0	0	0	0	0	0	0
Benzodiazepines	0	0	12	0	1	13	4.5
Other hypnotics and sedatives	0	0	2	0	2	4	1.4
LSD	0	0	0	1	0	1	0.3
Cannabinoids	1	2	6	6	5	20	6.8
Other	4	3	0	1	0	8	2.7
<b>TOTAL</b>	<b>29</b>	<b>22</b>	<b>172</b>	<b>31</b>	<b>38</b>	<b>292</b>	<b>100.0</b>

Source: Croatian National Institute of Public Health

In the period 2007-2013, 7 therapeutic communities submitted data on the number addicts in therapeutic community treatment to the Office on a regular basis. According to the data collected by the Office, in 2013 therapeutic communities provided treatment to a total of 732 persons, namely 576 men (78.7%) and 156 women (21.3%), out of whom 337 or 46% were new (Table 5.16). In comparison to 2012, when newly admitted persons accounted for 47.7%, it can be said that the number of new persons slightly decreased, but the number of total addicts in treatment increased by 6.7% compared to 2012.

Opiate addicts are still predominant in therapeutic communities. Therefore, out of the total number of addicts, there were 591 opiate addicts in treatment accounting for 74.3%.

Table 5.16. – Number of opiate addicts, addicts and consumers of other psychoactive drugs in therapeutic community treatment, and the number of persons treated for the first time in 2013 by gender

Number of opiate addicts, addicts and consumers of other drugs in therapeutic community treatment, and the number of the newly admitted	San Lorenzo-Zajednica Cenacolo		Therapeutic community Đurmanec		Comunita Mondo Nuovo		Ne-ovisnost		Community Reto centar-Prijatelj nade		Community Papa Ivan XXIII		Addiction centre Zajednica Susret	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number of opiate addicts in therapeutic community treatment in 2013	161	44	25	0	18	0	37	0	75	40	24	10	121	36
Number of addicts and consumers of other drugs in therapeutic community treatment in 2013	0	0	13	0	10	0	44	0	31	19	5	2	12	5
Number of newly admitted opiate addicts in therapeutic community treatment in 2013	61	7	20	0	7	0	11	0	22	14	7	1	72	23
Number of newly admitted addicts and consumers of other drugs in 2013	0	0	11	0	4	0	27	0	19	4	11	5	9	2
Total number of addicts in therapeutic community treatment by gender	161	44	38	0	28	0	81	0	106	59	29	12	133	41
	205		38		28		81		165		41		174	

TOTAL NUMBER	732													
Total number of newly admitted persons in therapeutic community treatment by gender	61	7	31	0	11	0	38	0	41	18	18	6	81	25
TOTAL NUMBER	68		31		11		38		59		24		106	
TOTAL NUMBER OF NEWLY ADMITTED PERSONS	337													

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

In addition to therapeutic communities, associations also provide different forms of assistance and psychosocial treatment to addicts such as counselling and education of addicts and their families, referral to therapeutic communities abroad, different forms of assistance in psychosocial adaptation and social reintegration, psychosocial treatment programme within the drug abuse harm reduction programme, treatment programmes focused on at-risk children and youth such as occasional drug consumers. Services provided by associations as part of their projects usually included information on the Social Reintegration Project, as well as counselling, training, individual and group work, self-help groups, psychosocial rehabilitation aimed at better social reintegration, social inclusion and job placement assistance.

Associations funded by the Office in 2013 provided social reintegration assistance to a total of 969 treated addicts. 782 were men and 187 women. This was an increase of 47.5% in comparison to 2012 when assistance was provided to 657 treated addicts. A large number of social reintegration services were also provided by associations not funded by the Office. The total number of addicts supported by associations in social reintegration, regardless whether they were financially supported by the Office, amounted to 1,163, out of whom 945 were men and 218 women. This was an increase of 77% in comparison to 2012. (Tables 8.4 and 8.5. in Chapter 8 Social correlates and social reintegration)

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

### **5.3.2. Population in treatment and treatment characteristics**

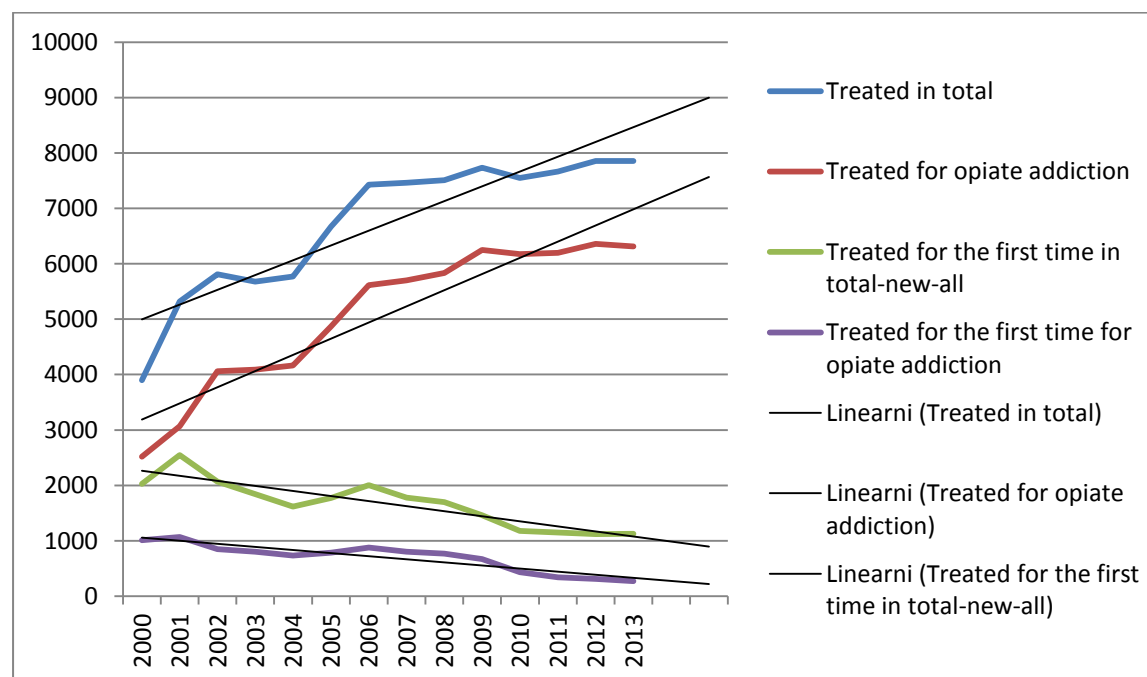
According to data available from the healthcare system, over the past several years around 8,000 persons are treated annually in healthcare institutions in Croatia, both in the inpatient and outpatient system. 7,858 persons were treated in 2013. The number was almost at the same level as in the previous year (7,855 persons). Out of the total number of treated persons, 6,315 used opiates (80.4%). Due to use of and/or addiction to other psychoactive substances 1,542 persons were in treatment (19.6%). The opiate/non-opiate ratio was very similar to previous years. An analysis of data on persons treated in the healthcare system in the period 1999-2013 (Table 5.17) shows a slight increase in the overall number of addicts in treatment, but also a continuous fall of new addicts in treatment. Therefore, the number of all persons treated in 2013 was higher by only 3 persons or 0.03% in comparison to the previous year. The number of persons treated for non-opiates fell by 0.5% in comparison to the previous year. The number of persons treated in 2013 for the first time amounted to 1,126, thus showing a slight increase in comparison to 2012 by 0.4%. The number of opiate addicts reporting for treatment for the first time in a given year has been decreasing over years. The smallest number of such addicts was recorded in 2013 (270). This was a decrease of 13.7% in comparison to 2012 when there were 313 new opiate addicts (Chart 5.1)

Table 5.17 – Persons treated for abuse of psychoactive substances in the period 1999-2013.

Year	Number of treated persons	Opiate addicts		Non-opiate addicts	
		Number	%	Number	%
1999	3,048	2,057	67.5	991	32.5
2000	3,899	2,520	64.6	1,379	35.4
2001	5,320	3,067	57.7	2,253	42.3
2002	5,811	4,061	69.9	1,750	30.1
2003	5,678	4,087	72.0	1,591	28.0
2004	5,768	4,163	72.2	1,605	27.8
2005	6,668	4,867	73.0	1,801	27.0
2006	7,427	5,611	75.5	1,816	24.5
2007	7,464	5,703	76.4	1,761	23.6
2008	7,506	5,832	77.7	1,674	22.3
2009	7,733	6,251	80.8	1,482	19.2
2010	7,550	6,175	81.8	1,375	18.2
2011	7,665	6,198	80.9	1,467	19.1
2012	7,855	6,347	80.9	1,498	19.1
2013	7,858	6,315	80.4	1,543	19.6

Source: Croatian National Institute of Public Health

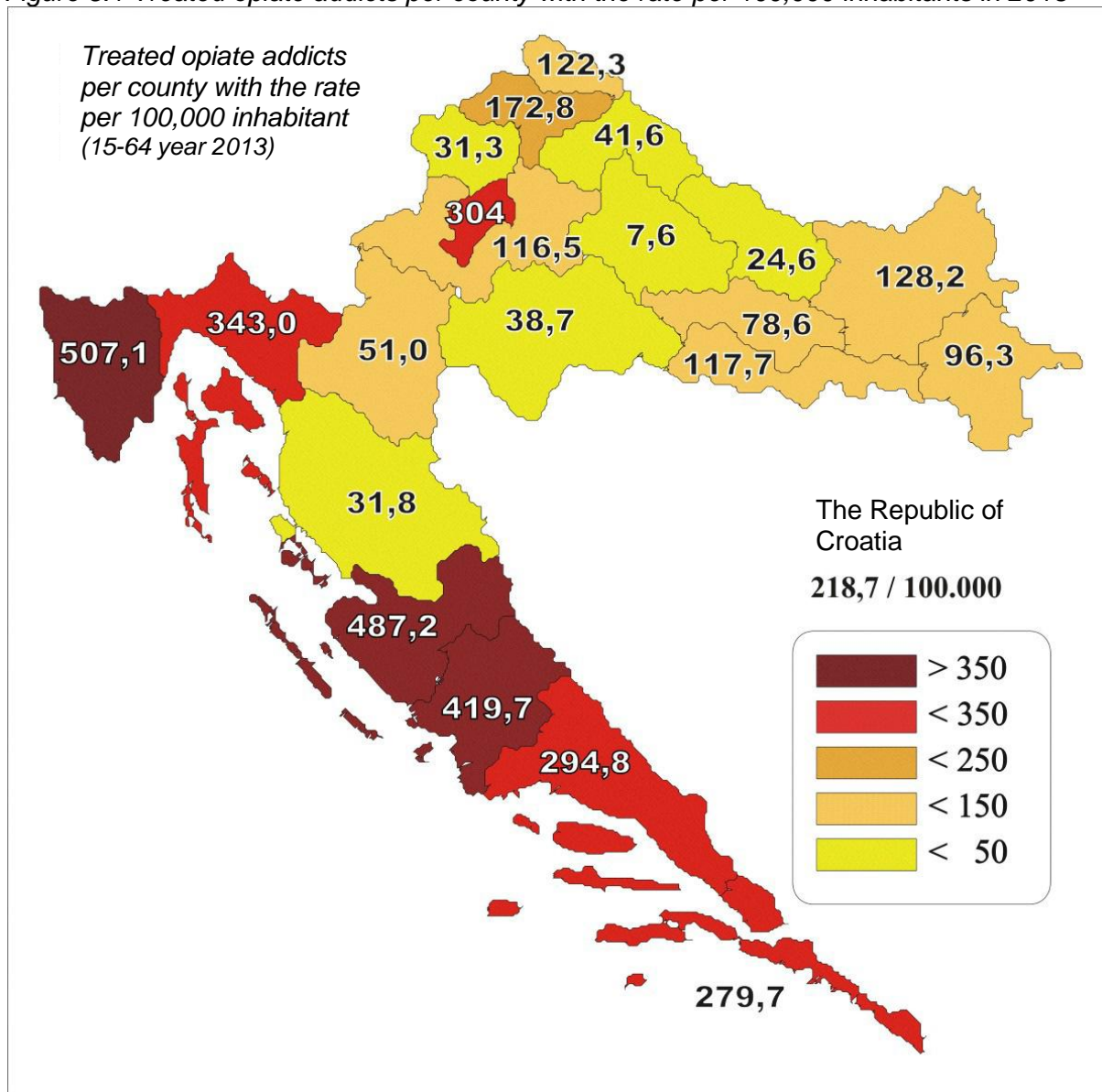
Chart 5.1. – Number of treated addicts, treated opiate addicts, persons treated for the first time and opiate addicts treated for the first time (2000-2013)



Source: Croatian National Institute of Public Health

The problem of drug-related illnesses is expressed in the number of treated individuals in relation to the population showing the burden on certain areas in Croatia and distribution of drug addicts and drug users. The number of treated addicts in respective counties in relation to the county population (100,000 inhabitants aged 15-64) is shown in Figure 5.1. For the entire Croatia the rate is 272.1/100,000 inhabitants aged 15-64. In seven counties the number of addicts per 100,000 inhabitants is above the Croatian average. These are the following: Istria County (567.3), Zadar County (513.2), City of Zagreb (419.2), Šibenik-Knin County (456.8), Primorje-Gorski Kotar County (377.4), Dubrovnik-Neretva County (331.7) and Split-Dalmatia County (342.4). The rate in the remaining counties the rate is below the Croatian average. Since data are available only from the healthcare sector, an actual assessment of drug use and addition to drugs would also require data from the Ministry of the Interior and Ministry of Justice on persons in possession of drugs and persons who have committed a drug-related criminal offence, as well as persons in therapeutic communities by their place of residence. Only a complete analysis of the data from several sources could produce a more detailed and comprehensive picture of the drug abuse issue in the entire country. Population, spatial and economic characteristics of a county affect not only the prevalence of diseases and disorders in general, but the addiction issue as well. For example, the Lika-Senj County is a county with relatively old population and unfavourable social and economic conditions. The coastal areas of Croatia, in particular islands, may benefit significantly from tourism, but winter months in smaller places threat with boredom, lack of interests and activities.

Figure 5.1 Treated opiate addicts per county with the rate per 100,000 inhabitants in 2013



Source: Croatian National Institute of Public Health

Addiction population in Croatia is aging (Table 5.18). The average age of both men and women in the treatment system shows an upward trend. In 2008 the average age exceeded 30, and in 2013, it was 34 years for men and 32.9 for women.

Table 5.18 – Average age of addicts in inpatient treatment in the period 2005 – 2013 by gender

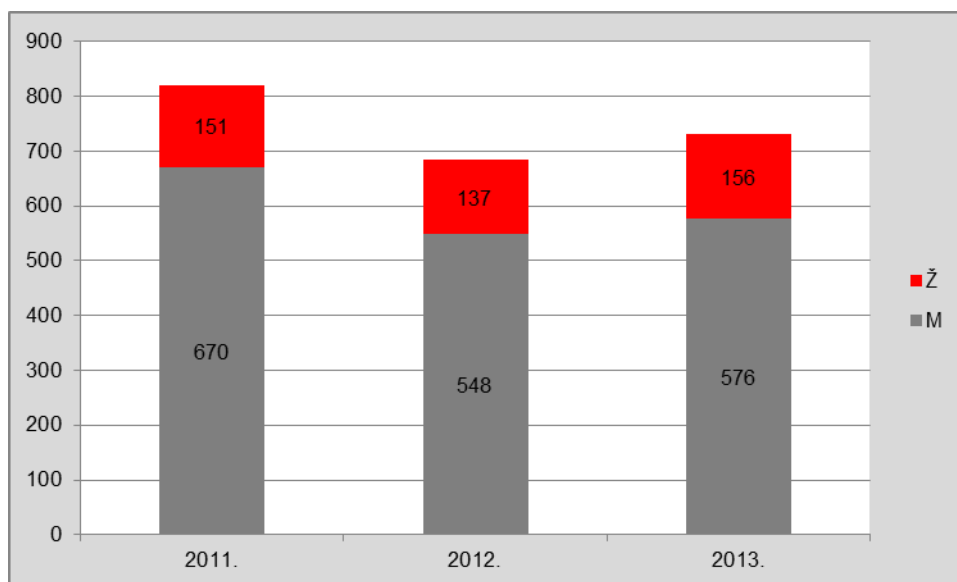
Year	Average age		
	Men	Women	Total
2005	28.4	28.1	28.3
2006	29.0	28.7	28.9
2007	29.8	29.2	29.7
2008	30.1	29.5	30.0
2009	31.2	30.5	31.1
2010	31.8	30.6	31.6
2011	32.4	31.1	32.2
2012	33.1	31.8	32.8
2013	34.0	32.9	33.8

Source: Croatian National Institute of Public Health

In 2013 the number of addicts treated in therapeutic communities rose (Chart 5.2). Although the number of addicts in certain therapeutic communities increased, in other the number of addicts was still decreasing.

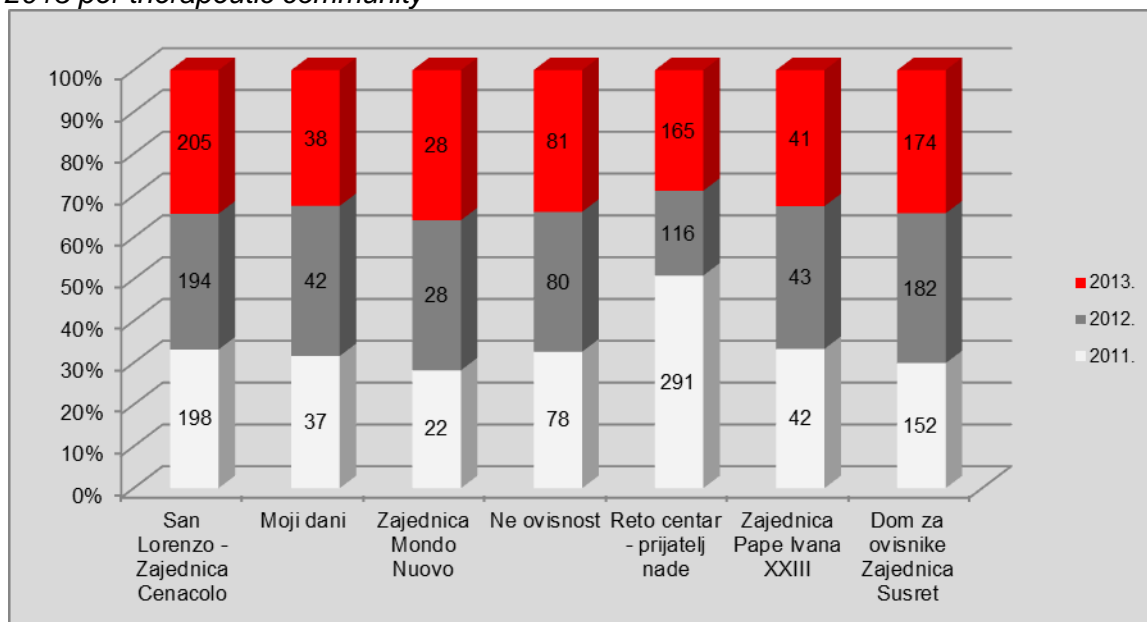
In relation to 2012, an increase in the number of addicts in therapeutic communities was recorded in the following communities: San Lorenzo - Zajednica Cenacolo (5.7%), Ne-ovisnost (1.25%), Reto centar – Prijatelj nade (42.2%). A drop in the number of addicts in therapeutic communities in comparison to 2012 was registered in the association Moji dani (-9.5%), Community Papa Ivan XXIII (-4.7%) and Home for addicts Zajednica Susret (-4.4%). The number of addicts in the Mondo Nuovo community remained at the 2012 level (Chart 5.3).

Chart 5.2 – Proportion of addicts in therapeutic communities by gender 2011-2013



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

Chart 5.3 – Proportion of addicts in therapeutic communities by gender in the period 2011-2013 per therapeutic community



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

The above data lead to a conclusion that the Croatian treatment system is stable and functioning. This is reflected in the fact that addicts are provided with several different programmes and that they stay longer in treatment. The number of opiate addicts is for the first time below 300 persons, indicating the reduced availability of heroin on the Croatian market but also some new trends in drug consumption among youth. However, regarding the fact that the age of addicts who come to treatment for the first time is increasing, it is necessary to develop further programmes of selective and indicated prevention in order to attract younger drug users and addicts in early stage of illness to some form of treatment.

Drug addiction treatment in Croatia is based on pharmacotherapy and psychosocial treatment. However, while there are **guidelines** for pharmacotherapy, until now there were no guidelines for psychosocial treatment of drug addicts in the healthcare, social or prison system in the Republic of Croatia. The Republic of Croatia has recognized that guidelines as a set of recommendations based on best practice and scientific evidence may significantly contribute to the quality of treatment for drug users and addicts. The Guidelines for psychosocial treatment of drug addicts in the healthcare, social or prison system in the Republic of Croatia, adopted by the Commission of the Croatian Government on 28 January 2014, have been prepared with the aim to enhance the quality of drug addiction treatment by defining and standardizing evidence-based psychosocial interventions intended for drug abusers. The purpose of the guidelines is to provide assistance to experts conducting specific types of treatment when determining appropriate psychosocial intervention in particular circumstances. Since the guidelines cover three different addiction treatment systems (healthcare, social welfare and prison) which sometimes have different approaches to addiction treatment, the application of these guidelines in everyday practice provides an additional opportunity for aligning the various approaches and harmonizing the system for medical and psychosocial treatment of addicts, but also for enhancing cooperation among experts in these systems. To that end, the next period will be primarily focused on the presentation of the above guidelines so that they can be implemented

in the clinical practice in addiction treatment as soon as possible. Due to the increasing presence of substitution therapy on the "black market", the amendment to the Guidelines for pharmacotherapy of opiate addicts is in process. Furthermore, in order to enhance the quality of work in therapeutic communities and integrate them fully into the social and healthcare system, it is necessary to change and update the network of social welfare homes and social welfare activities performed by therapeutic communities in the coming period and in such a way establish the accommodation required in the Republic of Croatia. Also, it is necessary to systematically address the issue of funding in therapeutic communities and social welfare homes, and organising training for all professionals and therapists in homes for drug addicts and therapeutic communities, but also to solve the issue of accreditation and licenses for therapeutic communities. In order to ensure the quality of the accreditation process for the programmes of psychosocial rehabilitation of therapeutic communities, it is necessary to establish an expert committee at the Ministry of Social Policy and Youth, which will conduct the accreditation process for the psychosocial rehabilitation programmes conducted in therapeutic communities.

## 6. Health correlates and consequences

### 6.1 Introduction

Risk behaviour of addicts often leads to new diseases and complications. Such behaviour includes sharing needles, syringes and other equipment as well as risk sexual behaviour (promiscuity, sexual intercourse without protection). These are the reasons why addict population is at a continuous increased risk of contracting diseases such as hepatitis B, C and HIV. Since intravenous administration of drugs represents the highest risk for the occurrence of diseases transferred by blood, as well as overdose and deaths related to psychoactive substance use, it is necessary to undertake continuous measures aimed at reducing harmful consequences of sharing needles and other equipment, and raise awareness of the importance of safe sex. Furthermore, a huge problem among heroin addicts is the fact that it is usually mixed with various adulterants (sugar, cocoa, flour, powdered milk, lime, etc.). This contributes to different health complications and problems.

Data presented in this report provide an insight into the ways of using drugs in general, as well as the frequency of sharing drug equipment. Data on intravenous opiate use are recorded a month before the last examination and are monitored in accordance with the data on lifetime prevalence of intravenous opiate use.

*Table 6.1 – Persons treated for drug abuse in the period 2006-2013 by needle and syringe sharing in their lifetime and in the past month*

Sharing of needles and syringes in their lifetime							
2006 (%)	2007 (%)	2008 (%)	2009 (%)	2010 (%)	2011 (%)	2012 (%)	2013 (%)
70.7	70.2	68.0	68.1	61.3	61.0	59.7	59.7
Sharing of needles and syringes in the past month							
2006 (%)	2007 (%)	2008 (%)	2009 (%)	2010 (%)	2011 (%)	2012 (%)	2013 (%)
21.6	19.9	17.8	20.7	10.5	3.6	2.7	2.2

Source: Croatian National Institute of Public Health

Table 6.1 shows that the frequency of injecting equipment sharing in one's lifetime and in the month preceding the last examination was on a decrease in the observed period 2006-2013. In comparison to the year before, the situation did not change significantly, except for a further drop in the frequency of injecting equipment sharing in the month preceding the last examination, amounting now to 2.2%. 59.7% injecting addicts shared their equipment with someone else.

Harm reduction programmes through needle and syringe exchange continue to be necessary activities in the efforts to prevent the spreading of infectious diseases. Such programmes have been conducted by the following civil society organizations on a continuous basis: "Let", "Terra",

"Institut" and "Help" in Krapina, Split, Rijeka and Pula, and in the Istria, Dubrovnik-Neretva and Osijek-Baranja counties, as well as by the Croatian Red Cross conducting the programmes in Zagreb, Zadar and Nova Gradiška.

In addition to the above programmes, it is important to mention that the Infectious Diseases Clinic "Dr. Fran Mihaljević", in cooperation with the institutes of public health of the Primorje-Gorski Kotar, Istria, Split-Dalmatia, Dubrovnik-Neretva, Osijek-Banja, Brod-Posavina and Zadar counties, as well as the Croatian National Institute of Public Health and the prison system (Prison hospital in Zagreb, conducts free and anonymous testing of addicts for hepatitis B and C, and HIV.

## 6.2 Drug-related infectious diseases

As in previous years, new data re-confirm the efficiency of harm reduction programmes and training of addicts. This is the result of the system in which each patient joining the programme of the Service of mental health protection, addiction prevention and outpatient treatment (Service) is required to provide information on the shared use of drug injecting equipment. In addition, upon each visit addicts are warned of the dangers of risk behaviour.

Since the major risk factors for infection are intravenous drug use, promiscuous and unprotected sex, and work-related risks, each active injecting drug user included in a harm reduction programme was warned to take all necessary measures against infections (use of clean and sterile equipment for drug use, use of condoms during sexual intercourse, etc.). It is worth noting that addiction treatment also includes regular urine testing for the presence of drugs and their metabolites, as well as blood testing for HIV, HCV, HBV and syphilis, if the patient was prone to risk behaviour.

*Table 6.2 – Persons treated for drug addiction by medical history data on hepatitis B, C and HIV infections (2007-2013)*

Opiate addicts	2007 (%)	2008 (%)	2009 (%)	2010 (%)	2011 (%)	2012 (%)	2013 (%)
HIV positive	0.5	0.5	0.5	0.5	0.5	0.5	0.3
Hepatitis B positive	13.6	13.2	10.5	10.4	7.3	6.5	4.6
Hepatitis C positive	46.3	44.6	42.3	46.0	40.5	39.2	31.8

Source: Croatian National Institute of Public Health

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

In the observed period 2006-2013, the number of hepatitis B positive opiate addicts shows a continuation of the downward trend recorded in the past seven years (from 13.6% in 2007 to 4.6% in 2013). Results of the testing for hepatitis C also show that the prevalence of positive persons has slightly decreased. However, the prevalence is still high, even several times higher than the one estimated for the general population. In comparison to 2012, when the prevalence

amounted to 39.2%, it dropped to 31.8%. The prevalence of HIV positive persons has been low for a number of years. It has been stable and accounted for 0.5%. In 2013, it amounted to 0.3%<sup>61</sup>. This is a result of continuous training, good information, modern pharmacotherapy, work of the counselling centres and the needle and syringe exchange programme (Table 6.2).

### 6.3. Other drug-related correlates and consequences

Addiction, as a chronic relapsing disease, is often accompanied by other diagnoses of mental illnesses and disorders. Most often these are personality, behavioural, affective and neurotic disorders, mental and behavioural disorders caused by alcohol use and other chronic diseases associated with at-risk behaviour of drug addicts. Drugs also cause anxiety, depression or some other emotions.

*Table 6.3 – Persons treated for drug abuse in healthcare institutions, by registered concurrent diseases and disorders (2013)*

ICD-10		Opiate abuse		Non-opiate abuse	
		Number	%	Number	%
F60- 69	Disorders of adult personality and behaviour	68	15.4	11	11.2
F30-F39	Affective disorders (depression, mood disorders)	91	20.6	11	11.2
F40-F48	Neurotic, stress-related and somatoform disorders	48	10.9	4	4.1
F10	Mental and behavioural disorders due to use of alcohol	137	31.1	39	39.8
F20-F29	Schizophrenia, schizotypal and delusional disorders	67	15.2	21	21.4
F90-F98	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	1	0.2	0	0.0
F00-F09	Organic, including symptomatic, mental disorders	29	6.6	11	11.2
F50-F51	Eating disorders	0	0.0	1	1.0
<b>TOTAL</b>		<b>441</b>	<b>100</b>	<b>98</b>	<b>100</b>

*Source: Croatian National Institute of Public Health*

The 2013 data show that out of 7,858 treated persons, 6.9%% of them were diagnosed with at least one concurrent disease. Concurrent diseases were more present among opiate (7.0%) than non-opiate addicts (6.4%). The most frequent disorders among opiate addicts were related to alcohol (31.1%), followed by affective disorders (depression, mood disorders – 20.6%). Disorders of adult personality and behaviour were represented with 15.4%, and schizophrenia, schizotypal and delusional disorders with 15.2%.

The most common disorders among non-opiate addicts were related to excessive drinking (39.8%) thus exceeding the previous year level. They were followed by schizophrenia,

<sup>61</sup> According to the data from the Report on persons treated for psychoactive drug abuse in the Republic of Croatia in 2013 (available at [www.hzjz.hr](http://www.hzjz.hr))

schizotypal and delusional disorders (21.4%), as well as disorders of adult personality and behaviour, affective disorders (depression and mood disorders), and organic and symptomatic mental disorders with 11.2%.

## 7. Responses to health correlates and consequences

### 7.1. Introduction

Harm reduction programmes are programmes targeted at active injecting drug users and are integral part of public health activities adopted by the Croatian Parliament in 1996, and recognised and promoted by the Ministry of Health. The main objective of these activities is to reduce spreading of blood-borne diseases such as HIV/AIDS, hepatitis B and hepatitis C. Harm reduction programmes consist of distributing injecting equipment, distributing condoms, collecting infectious waste (needles, syringes), cleaning the environment from the discarded equipment, distributing educational material, counselling and informing the addicts about the harmful effects of drug abuse, the risk of overdose and how to protect themselves from blood-borne and sexually transmitted diseases. The above mentioned activities are conducted in the Republic of Croatia by the Croatian Red Cross and civil society organizations: HULOH Hepatos, Let, Help, Terra, and Institut at drop-in centres and the so-called outreach locations.

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

An important role in reducing the harm caused by drug abuse is played by 10 centres for free of charge and anonymous HIV testing and counselling. The centres are established within the Croatian National Institute of Public Health, county instituted of public health (in Dubrovnik, Osijek, Pula, Rovinj, Rijeka, Slavonski Brod, Split and Zadar), Clinic for Infectious Diseases "Dr. F. Mihaljević" and in the prison system (Prison hospital in Zagreb). In cities in which there is such possibility, the centres cooperate with local associations (testing in the community) – the Croatian Red Cross in Zadar, Association "HELP" in Split, Association "HUHIV" in Zagreb, and Association "Hepatos" in Rijeka. Counselling centres for HIV/AIDS operate as a part of the Croatian national programme for the prevention of HIV/AIDS for the period 2011 to 2015.<sup>62</sup>

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

Substitution therapy plays an important role in overdose prevention. More information about it is available in Chapter 5 of this Report. In addition, an important role in the prevention of drug-related deaths have civil society organisations, which within the regular harm reduction activities print and distribute educational materials related to drug overdose prevention. For example, on the website of the association Terra<sup>63</sup> and the association network BENEFIT<sup>64</sup> one can find information on drug overdose prevention with an explanation of the overdose process, the recognition of overdose signs and instructions how to behave in case of an overdose of another person.

<sup>62</sup> The Croatian national programme *for the prevention of HIV/AIDS 2011 –2015* was adopted by the Government of the Republic of Croatia at its session held on 14 April 2011.

<sup>63</sup> <http://www.udrugaterra.hr/predoziranje/>

<sup>64</sup> [http://smanjenje-stete.com/s/index.php?option=com\\_content&view=article&id=8&Itemid=9](http://smanjenje-stete.com/s/index.php?option=com_content&view=article&id=8&Itemid=9)

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

Although there are no specific prophylactic measures (vaccines, serums) available for protection against hepatitis C, the risk of infection with the virus can be reduced by conducting hygiene measures and implementing harm reduction programmes. An overview of the activities of the Croatian Red Cross and civil society organisations that implement harm reduction programmes aimed at the prevention of drug-related infectious diseases is presented below. The information on the geographic coverage of the locations of needle and syringe exchange delivered to the Office for Combating Drug Abuse by civil society organisations on an annual basis shows that the Croatian Red Cross has conducted the programme of needle and syringe exchange at drop-in centres in Zagreb, Zadar, Krapina and Nova Gradiška. The association "Ne-ovisnost" from Osijek provides its beneficiaries with anonymous exchange of used equipment for new and sterile one on a daily basis, as well as with services of legal counselling and information about the possibilities for treating addiction-related infectious diseases, but also addictions themselves. The HELP association has conducted activities at the drop-in centre in Split, and supplied with clean and sterile equipment a total of 23 locations in Dubrovnik, Makarska, Trogir, Šibenik, the island of Korčula (town of Vela Luka) and the towns in eastern Croatia: Osijek, Vukovar and Vinkovci. The Association for Promoting the Quality of Life LET provides the services of syringe and needle exchange through the mobile equipment exchange programme. It also provides counselling and distribution of vouchers for free HIV testing on the territory of the City of Zagreb and the Zagreb County. The Terra Association has conducted the harm reduction programme at the drop-in centre in Rijeka and outreach services at a total of 10 locations in Rijeka and Opatija, Lovran, Klana, Labin, Bakar, Kraljevica, Crikvenica, Karlovac and Ogulin and the islands of Krk and Lošinj. In addition, an SOS phone for drug users is also active in the Terra association. In the Istria County harm reduction activities are implemented by the association Institut at 10 locations in Pula, Poreč, Rovinj, Novigrad, Bale, Umag, Štinjan, Fažana, Peroj, and Banjole. In 2008 the above organizations set up the BENEFIT Association Network, which provides information on harm reduction programmes, substitution therapy, HIV/AIDS epidemics in the population of injecting drug users, sexually transmitted diseases in general, outreach work with drug users and cooperation at local, national and international levels. Table 7.1 shows the number of the distributed equipment and educational material in 2013. As in previous years, the most distributed materials were needles and syringes, followed by condoms and educational material (the table shows the data submitted by associations prior to the completion of this report).

Table 7.1 – *Distributed equipment and educational material in 2013, by civil society organisations*

Civil society organisation	Number of distributed equipment and educational material			
	Condoms	Needles	Syringes	Educational material
Croatian Red Cross	2,681	33,220	25,113	1,203
Institut	4,975	68,230	38,995	480
Terra	6,024	100,650	89,315	1,915
LET	3,675	71,759	53,341	568
Ne-ovisnost	94	113	178	864
<b>TOTAL</b>	<b>17,449</b>	<b>273,972</b>	<b>206,942</b>	<b>5,030</b>

Source: Civil society organisation

Within the regular harm reduction activities, civil society organisations pay special attention to collecting infectious waste. According to the data submitted by 30 June 2014, in 2013 the organizations collected 41,329 needles, and 38,979 syringes, mostly by the Terra organization from Rijeka (Table 7.2). In addition, the Institut association from Pule reported that its employees submitted for incineration a total of 263.1 kg of needles and syringes collected throughout 2013.

Table 7.2. – Number of equipment collected by civil society organisations in 2013

Civil society organisation	Collected equipment	
	Needles	Syringes
Croatian Red Cross	8,804	8,850
Terra	20,153	20,153
LET	12,334	9,938
Ne-ovisnost	38	38
<b>TOTAL</b>	<b>41,329</b>	<b>38,979</b>

Source: Civil society organisation

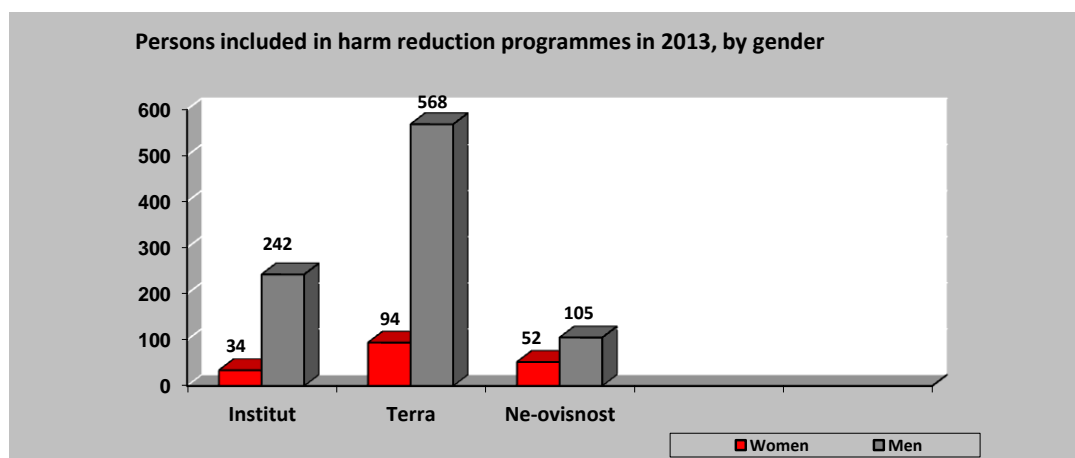
Table 7.3 shows the number of beneficiaries involved in the harm reduction activities in 2013. Out of the total number of beneficiaries, 89.1% also participated in the above programmes in previous years (excluding data from the Croatian Red Cross, HELP and Let). On the other hand, the available data for 2013 show that there were 119 new beneficiaries.

Table 7.3 – Harm reduction programme beneficiaries in 2013

Civil society organisation	Persons included in harm reduction programmes		Old beneficiaries (without Let association)		New beneficiaries (without Let association)	
	Total	%	Total	%	Total	%
Institut	276	100	240	86.9	36	13.1
Terra	662	100	625	94.4	37	5.6
LET	592	100	/	/	/	/
Ne-ovisnost	157	100	111	70.7	46	29.3
<b>TOTAL</b>	<b>1,687</b>	<b>100</b>	<b>976</b>	<b>89.1</b>	<b>119</b>	<b>11.9</b>

Source: Civil society organisation

Chart 7.1 – Persons included in harm reduction programmes in 2013, by gender



Source: Civil society organisations

The majority of harm reduction programme beneficiaries are still male (Chart 7.1). The available data show that the highest number of male beneficiaries was recorded in the Terra association (568), and the biggest difference in gender in the Institut association, with approximately 12% of female beneficiaries.

Associations that are primarily concerned with viral hepatitis and HIV/AIDS operate in the area of preventing the spread of drug-related infectious diseases. The Croatian Association of Treated and Ill with Hepatitis "Hepatos" is the leading association of the Federation of Persons Ill with Hepatitis of the Republic of Croatia, which has been appointed by the World Health Organisation as the National contact point for hepatitis. With its activities at local, national and international levels, "Hepatos" is trying to raise public awareness of the problem of viral hepatitis, prevent the spread of the disease, reduce discrimination and improve the quality of life of patients and their families and provide expert advice and psychological support. One of the major projects conducted by the association HULOH Hepatos in 2013 was "InfoHep Centre – easily accessible healthcare and social welfare services through cross-border cooperation". The project was initiated on 1 April in cooperation with the partner organization – citizens' association "Viktorija" from Bosnia and Herzegovina. The project is financed from EU pre-accession instruments within the IPA2 pre-accession assistance programme. The 15-month project activities are aimed at enhancing the quality of life and social cohesion of the citizens of Croatia and NW Bosnia and Herzegovina through cross-border cooperation and development of joint activities in the area of healthcare and social welfare services. Such activities include, inter alia, anonymous and free-of-charge testing for hepatitis, psychosocial counselling for citizens, and anonymous and free-of-charge testing and counselling in the mobile InfoHep Centre in 6 smaller towns in the Split-Dalmatia County.

The HUHIV association deals with prevention, education and support to those suffering from HIV infection, AIDS and viral hepatitis. After opening a counselling centre within the Clinic for Infectious Diseases "Dr. Fran Mihaljević" two years ago, the association has also launched a free SOS telephone line, organised forums on HIV/AIDS, gathered self-help groups for patients, provided assistance in exercising the right to treatment, organised training of health professionals, youth and other activities. Last year, in cooperation with the City of Zagreb and the Office for Health and War Veterans, the HUHIV started the project "Check Point Zagreb" – a centre for free, anonymous, painless and reliable saliva testing for HIV, hepatitis C and other sexually transmitted diseases, which is intended for young people. This year the above programme covered 1,277 persons. The testing has shown 13 persons positive for HIV and 6 positive for hepatitis C. The number of newly detected HIV and HCV cases confirm the epidemiological data on the prevalence of these diseases in Croatia. The average age of the Centre beneficiaries was 29 (the youngest beneficiaries being 18 years old, and the oldest 67).

As regards hepatitis C treatment, persons undergo the treatment to prevent the development of life-threatening complications such as cirrhosis and liver cancer. The gold rule in the treatment of chronic hepatitis C is a combination of pegylated interferon and ribavirin. Pegylated interferon is administered in form of a weekly vaccine, and ribavirin in form of tablets taken on a daily basis. The method for treating chronic hepatitis C in Croatia depends on the genotype. For treatment of chronic hepatitis C caused by genotype 1 a combination of pegylated interferon and ribavirin is used, while for other genotypes (2 and 3) ribavirin and the so-called conventional interferon should be given several times a week. The treatment lasts for 48 weeks or less if the treatment proves ineffective. For genotype 1 it is tested 12 weeks after the beginning of the treatment, and for genotype 2 and 3 after 24 weeks. If after that time the qualitative HCV PCR is negative, the treatment continues until the end, and is terminated if the test is positive. At the beginning of the

therapy patients are hospitalised for a short time (about 10 days) during which the side effects are monitored and patients are educated about how to self-inject interferon.

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

#### **7.4. Responses to other health consequences among drug users**

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

## 8. Social correlates and social reintegration

### 8.1. Introduction

According to the 2011 Census, there were 4 284 889 inhabitants in the Republic of Croatia, out of whom 2 066 335 were men (48.2%) and 2 218 554 women (51.8%). In 2011, the average age of the Croatian population was 41.7 years (39.9 men and 43.4 women), placing it among the oldest nations in Europe. For a longer period of time the demographic situation in Croatia has been defined by depopulation and ageing. For the first time, the proportion of persons aged 65 and over exceeded the number of young people aged 0 to 14. The proportion of persons aged 65 and over amounted to 17.7%, and the proportion of persons aged 0 to 14 to 15.2% (Croatian Bureau of Statistics<sup>65</sup>). The population income survey is the basis for the calculation of poverty indicators and social inclusion for the Republic of Croatia. The survey is in line with the EU regulations and the Eurostat methodology stipulated for the EU-SILC survey (*Statistics on Income and Living Conditions*). In the Republic of Croatia it is conducted by the Croatian Bureau of Statistics. According to the survey, in 2011 the at-risk-of-poverty rate amounted to 21.1%, placing Croatia significantly above the EU Member States with estimated at-risk-of-poverty rate of 16.5%. In 2011, the at-risk-of-poverty-rate, according to the most frequent activity status, was the highest for the unemployed and amounted to 42.5%. For unemployed men it was 46.2%, and for unemployed women 38.8%.<sup>66</sup> In comparison to other European countries, the Republic of Croatia fell into recession later, but also stayed longer in. Unfavourable economic trends characterise the whole period from late 2008 until today. In 2010 and 2011 the adverse consequences of the crisis were indeed partially mitigated, but in 2012 GDP dropped again significantly. While the economic growth, i.e. GDP growth in 2009 and 2010 was negative (-6.9% in 2009 and -2.3% in 2010), the year 2011 saw the zero GDP growth rate indicating a potential end to the economic crisis. However, in 2012 GDP dropped again by 2.0%. This had an adverse impact on the labour market and the income of the employed. Real GDP in 2013 decreased by 1.0% in comparison to 2012.<sup>67</sup> Persons at risk of poverty or social exclusion are persons in severe deprivation or living in households with low work intensity. The concept of social exclusion has been presents in Croatian journals since the mid-1990s. Croatia, as other European countries, has faced serious challenges of social exclusion during society transformation and economy restructuring. The main causes of poverty and social exclusion in Croatia are long-term dependence on low or insufficient income, long-term unemployment, low paid or low quality jobs, low education level, fact that children have been raised in vulnerable families, effect of physical or mental disabilities, differences between urban and rural area, racism and discrimination, as well as homelessness and migration to a less extent. The ministry competent for social welfare affairs with support of the United Nations Development Programme (UNDP) and participation of academic, governmental and civil society organisation developed the Joint Inclusion Memorandum (JIM) which was signed on 5 March 2007. The goal of the Memorandum is to help candidate countries to become more successful in their fight against poverty and social exclusion of vulnerable population groups, including treated addicts. At its

<sup>65</sup> Statistical report (2013), 2011 Census of Population, Households and Dwellings Population by gender and age

<sup>66</sup> 2 poverty indicators in 2011 – Final results (2013), Communication – Population Income Survey, Zagreb, Croatian Bureau of Statistics

<sup>67</sup> Report on the Implementation of Joint Inclusion Memorandum in 2012 (2013), Zagreb, Government of the Republic of Croatia.

session on 1 August 2013 the Government of the Republic of Croatia adopted the sixth, final Croatian Report on the Implementation of Joint Inclusion Memorandum in 2012. Since these are pre-accession activities in the area of social inclusion, they will be replaced by the Economic Programme of Croatia (Stability and Convergence Programmes), i.e. the National Reform Programme (NRP) and the National Social Report (NSR) – strategic documents of the European Union to be prepared by the Republic of Croatia in the next period.<sup>68</sup>

## 8.2. Social exclusion and drug use

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

In the period of economic crisis and increasing social exclusion it is difficult to include socially vulnerable groups, including treated addicts, into the society and labour market. Since the system for combating addiction and preventing drug abuse in the Republic of Croatia has been developed since the mid-1990s, the Croatian public is particularly sensitive to the issue of drug abuse, as confirmed by the significant number of institutions and programmes dealing with the issue. It is important to emphasize that in Croatia the healthcare for all addicts regardless of their employment status is provided and free of charge, and that there is no waiting period before entering the outpatient treatment system. Outpatient treatment of addiction diseases applies the Croatian model agreed by experts encompassing continuous cooperation and joint action of specialised services for mental health protection, addiction prevention and outpatient treatment, and primary care physicians / family medicine teams in the implementation of addiction treatment. Due to such treatment and “low threshold” for entering the treatment system, there are only few addicts who have not been or were not covered by some form of treatment. Furthermore, in Croatia as a land of traditional social values, the family still plays an important role in a person’s education and development. It also serves as protection against social exclusion. Consequently, drug addicts are often protected by their families, and only few of them are exposed to negative social occurrences, such as poverty and homelessness. However, a family in a socially turbulent environment is faced with many problems such as existential problems, migrations and social and economic uncertainty, and cannot deal with the issue of drug addiction on its own. Such family needs help not only in preventing the issue, but also in treating and integrating addicts in the society.

In its widest sense, social reintegration of drug addicts implies any form of social inclusion and affirmation through different activities in the area of sport, culture, work and other social activities. Social reintegration of drug addicts encompasses interventions aimed at social inclusion of drug addicts into the community life upon completion or during their treatment in a healthcare institution, withdrawal in a therapeutic community or prison sentence in the prison system, including psychosocial support, completion of education, retraining and employment, help with housing or organised housing of treated addicts (flat-sharing community). Since upon

<sup>68</sup>Published on 18 September 2013. at the website of the Ministry of Social Policy and Youth, [http://www.mspm.hr/djelokrug\\_aktivnosti/medunarodna\\_suradnja\\_i\\_eu\\_poslovi/eu\\_poslovi/jim\\_zajednicki\\_memorandum\\_o\\_socijalnom\\_ukljucivanju\\_rh/jim\\_zajednicki\\_memorandum\\_o\\_socijalnom\\_ukljucivanju\\_rh](http://www.mspm.hr/djelokrug_aktivnosti/medunarodna_suradnja_i_eu_poslovi/eu_poslovi/jim_zajednicki_memorandum_o_socijalnom_ukljucivanju_rh/jim_zajednicki_memorandum_o_socijalnom_ukljucivanju_rh)

completion of treatment addicts often cannot find their place in the society due to numerous reasons such as public opinion on drug addiction, insufficient family support, but also the support of the entire community, many of them later return to addiction and addictive lifestyle. Social reintegration is therefore a logical follow-up to psychosocial rehabilitation and treatment, and an important factor in the overall recovery of treated addicts.

### 8.2.1. Social exclusion among drug users

Republic of Croatia, unlike many other European countries, still has not encountered a more intensive problem of social exclusion. In accordance with traditional family values, the majority of addicts are strongly supported by their primary and secondary family, and live with them. The data of the Croatian National Institute of Public Health for 2013 show that out of the total number of persons treated for drug abuse (7,858), most of them were treated for opiate use – 6,315 persons or 80.4%. As in previous years, opiate addicts usually lived with their primary family (2,642 – 41.9%). 1,132 persons (17.9%) lived with their partner and a child. 746 persons (11.8%) lived with their partner and alone with a child 105 (1.7%). A total of 1,081 (17.1%) treated persons lived alone. This was a slight increase in comparison to the previous year (16.5%). As in case of persons treated for opiate, most persons who were treated for other psychoactive drugs lived in their primary family, i.e. with parents – 924 (60.0%). 3.5% of persons lived alone with their partner, and 5.6% both with their partner and child. 5.9% of non-opiate addicts stated that they lived alone. These data show that in Croatia a family is still included in the treatment of its members who have become drug addicts and that it plays an important role in the process of their social reintegration.

### 8.2.2. Drug use among socially excluded groups

According to the 2010 survey carried out by the Institute of Social Sciences “Ivo Pilar” on homelessness and social exclusion, in the past few years the number of homeless people in Croatia has increased. It is estimated that there are currently over 500 homeless people living in Croatia (about 400 in Zagreb, between 50 and 100 in Osijek, around 30 in Rijeka and Split, and around 20 in Varaždin)<sup>69</sup>. This is almost the same as in 2010, so it can be concluded that the homeless population in Croatia is quite stable. The average age of a homeless person is between 50 – 52 years, they are divorced or single, and around two thirds of them have children. Homelessness in Croatia is mostly a result of a combination of various coincidences, which include poverty, trauma and violence, low education level, poor health, divorce, while the use of addictive substances and addiction among the homeless are usually a secondary development caused by the above mentioned factors.<sup>70</sup> However, surveys have shown that homelessness is closely linked to poverty and social exclusion. Persons with the homeless status are usually long-term poor, unemployed, poorly educated, with poor physical and mental health, divorced, without a place to live, having poor or none social networks, making them highly vulnerable in the society and significantly increasing the risk of being deprived of their human rights.<sup>71</sup>

<sup>69</sup> Bežovan, G. (2008). *The Subvention of Rent and Expenditures in Croatia - Draft*. Zagreb: Centre for Development of Non-profit Organisations, CERANEO)

<sup>70</sup> Šikić-Mičanović, L. (2010). *Homelessness and Social Exclusion in Croatia*. Zagreb: Institute of Social Sciences “Ivo Pilar”

<sup>71</sup> Družić Ljubotina, O. (ed.) (2012). *Homelessness in Croatia: A view from different perspectives*. Zagreb: City office for social protection and people with disabilities

As for the data on social exclusion of drug addicts, who beside addiction suffer from other forms of social stigmatisation, such as homelessness, poverty, prostitution and similar, in Croatia there are no relevant statistical indicators nor research that would systematically investigate the context and scope of this problem.

According to civil society organizations providing help in social reintegration of treated addicts and/or conducting harm reduction programmes, in 2013 there was a slight decrease in the number of addicts with social problems such as homelessness in comparison to 2012. These data show that in 2013 there were 31 homeless addicts, of whom 6 were women. In comparison to 2012, when there were 41 such persons, of whom 11 were women, this was a decrease of 24.4%. The number of addicts involved in prostitution is almost identical to the year before. In 2013, there were 17 such persons, out of whom 15 were women (in 2012 there were 16 persons and 14 were women). Homeless persons are mostly 30 to 50 years old, long-time drug users (over 10 years), without accommodation or without a possibility to meet basic living conditions, unemployed, often coming from foreign countries due to deportation, asylum termination or having recently been released from prison. They are usually single, without family or without family support. Sometimes they leave their families which are dysfunctional (alcoholism, poverty, domestic violence) or the family does not know how to address the issue of addiction in an appropriate manner, providing inadequate response or not seeking help. Most of them are temporarily or occasionally homeless spending one week to one month on the street, and the others are without accommodation from several months to the entire year. The key reasons for homelessness are usually poor health condition, pronounced depression or apathy and long-term addiction (primarily to alcohol and gambling and then drugs). Prostitution is practised mostly by female addicts aged 25-35 on average, coming from dysfunctional families, with extremely low income. They are also long-term heroin addicts with poor health due to other infectious or mental diseases (hepatitis C).

*Table 8.1 – Number and social characteristics of homeless persons and cases of prostitution (2013)*

Association	Number of homeless persons		Social characteristics	Number of prostitution cases		Social characteristics
	M	F		M	F	
“ANST 1700”	1	0	Upon release from prison, one beneficiary lives as a homeless persons, in an abandoned house with power or water supply, aged 44, addict over 20 years, no communication with his family, most of his life spent in a home for children without adequate parental care.	-	-	
„Institut“	3	0	Middle-aged men, 30-45 years old, drug addicts, became homeless due to a series of unfortunate circumstances in their families. Distorted family relationships. Beneficiaries are encouraged to repair them. Health condition – polytoxicomania.	0	4	Young and middle-aged women, 20-45 years old, long-term drug addicts, deplorable living conditions. Engage in prostitution due to addiction. Health condition – polytoxicomania and other health issues, hepatitis.
„Pet Plus“	M	F	Middle-aged to old, long-term alcohol	M	F	

	3	0	and drug addicts. No income, unstable accommodation, lack of parental/family support.	-	-	
Terra	M	F	<p>They are usually people without accommodation or without a possibility to meet basic human needs, unemployed, evicted from the parental home or do not have parents, those who came from foreign countries due to deportation, termination of asylum, etc., or recently released from prison. They are usually single, without family or without family support. Sometimes they leave their families which are dysfunctional (alcoholism, poverty, domestic violence) or the family does not know how to address the issue of addiction in an appropriate manner, providing inadequate response or not seeking help.</p> <p>Around half of them are temporarily or occasionally homeless spending one week to one month on the street, and the others are without accommodation from several months to the entire year. Beneficiaries often report on their own initiative or upon recommendation of institutions cooperating with the association on the project (Social Welfare Centre in Rijeka, Centre for addiction prevention and treatment "Kalvarija", Caritas, Red Cross).</p> <p>They are mostly men aged 30 to 50. All but one are long-term drug or alcohol addicts (usually over 10 years), and many use both substances. However, most drug addicts participate in outpatient treatment and take therapy on a regular basis, but in many cases in combination with alcohol. One homeless person in HIV positive. The association has helped him obtain the right to health insurance. He has regular check-ups and take therapy. He is stable with satisfactory health condition.</p>	M	F	<p>Among men, there is one male addict occasionally engaged in prostitution for money or gifts (older women and swingers) and a transsexual (providing services to men).</p> <p>As for women, to the best of our knowledge, 11 of the female addicts are engaged in regular or occasional prostitution. Eight of them provide sexual services for a predetermined price. For 3 beneficiaries it is estimated that they provide sexual services in order to meet their addiction needs (for tablets or drugs) and/or to confirm their own sexual values and desirability.</p>
	16	6		1 + 1 transsexual	11	
UZPIRO – CRO PULA – Association for prevention, rehabilitation and social reintegration of treated drug addicts	M	F	Men without financial stability and family support; treated addicts. The problem is usually solved quickly through employment in the association or with the assistance of the Social welfare service. Such condition is monitored and solved as it emerges.	M	F	
	2	0		-	-	
<b>TOTAL</b>	<b>25</b>	<b>6</b>		<b>2</b>	<b>15</b>	

Source: associations

### 8.3. Social reintegration

Pursuant to the measures provided for in the National Strategy and Action Plan, and in cooperation with the representatives of competent ministries and institution, the Office for Combating Drug Abuse, as the coordinating expert body of the Government of the Republic of Croatia, developed the *Project on social reintegration of drug addicts who have completed one of the rehabilitation and withdrawal programmes in a therapeutic community or in prison settings, as well as drug addicts in outpatient treatment who have maintained abstinence for a longer period of time and adhered to their treatment programme* adopted by the Government of the Republic of Croatia at its session held on 19 April 2007.

The above project is based on two basic principles: retraining and additional education, and promotion of employment of treated addicts as one of the most significant elements of their social reintegration. The goal of the Project is to systematically and permanently solve the issue of social reintegration of addicts after they complete their treatment, rehabilitation and addiction withdrawal in a therapeutic community, penal system or healthcare institution by creating an adequate model of social reintegration of drug addicts in a community. With a view to integrate as many addicts as possible into the society and in order to provide them with quality and fruitful way of life, the Government of the Republic of Croatia has continued further improvements and implementation of the Project of social reintegration of drug addicts, covering this year a significant number of addicts.

7,858 persons were treated in 2013. The number was almost at the same level as in the previous year (7,855 persons). Out of the total number of treated persons, 6,315 used opiates (80.4%). Due to use of and/or addiction to other psychoactive substances 1,542 persons were in treatment (19.6%). The opiate/non-opiate ratio was very similar to previous years. Among persons treated for opiate addiction, as in previous years, most of them have completed secondary school (4,422 persons, i.e. 70.0%), and 573 persons (9.1%) have not completed secondary education. 715 persons (11.3%) have only primary education. 81 persons have not completed even the primary school, out of whom 79 are over 19 years old. 362 persons (5.8%) have completed a college and/or faculty. Unemployment as a major social problem also affects persons treated for drug abuse. In 2013, 1,300 persons had regular employment (20.6%), while another 819 (13.0%) had occasional jobs. 101 persons (1.6%) were sole traders. There were 3,504 unemployed persons treated for opiate addiction (55.5%).

In accordance with the National Strategy, the priorities in the area of social reintegration is to help drug addicts in completing their elementary and secondary education or occupational retraining, encourage employment of addicts, create residential communities for addicts and encourage social reintegration of addicts who cannot or do not want to stop using drugs or have other social problems.<sup>72</sup> The National Employment Promotion Plan for 2011-2012 was adopted with a view to encourage employment of socially excluded groups, including treated addicts. Pursuant to the decision of the Croatian Government the measures under this plan were also implemented in 2013. In 2009 a supplement to the Social Reintegration Project was also adopted. It allowed addicts to complete previously started education at the cost of the Ministry of Science, Education and Sports after completing their treatment or prison sentence.

<sup>72</sup> National Strategy on Combating Narcotic Drug Abuse in the Republic of Croatia for the period 2012-2017 (OG 122/12)

Within the Project of Social Reintegration of Drug Addicts as the most important special programme with the aim of social reintegration of drug addicts, there are two main areas in which special interventions have been created. These are additional qualification and retraining of drug addicts who are either included in one of the social reintegration projects or have completed such a programme, and promotion of employment of drug addicts. The Social Reintegration Project contains the measures for additional qualification and retraining during a stay in one of the institutions that deal with rehabilitation, education to finish the secondary education after leaving the institution, measures for promoting employment and education for jobs required on the labour market, and encouraging self-employment and establishment of cooperatives, as well as other measures (co-financing of civil society organisations and institutions that carry out programmes oriented towards providing help to drug addicts). The key holders of the Project measures are the Ministry of Labour and Pension System, the Ministry of Entrepreneurship and Trade and the Croatian Employment Service, which provide financial resources for the implementation of the measures for employment promotion, professional training and education, as well as self-employment of treated addicts. The Ministry of Science, Education and Sports provides funds for education of addicts in all situations where the additional qualification or retraining programme started in a therapeutic community, social welfare institution or prison institution, and has been entirely or partially conducted in the institution. The Ministry also covers expenses for education until the end of the secondary education proposed by the social welfare centres. Furthermore, the Prison Administration of the Ministry of Justice is participating in the project by evaluating and selecting addicted prisoners for education and retraining, which is conducted during their stay in prison, and after being released from prison connects the beneficiaries with the social welfare centres, whereas the Ministry of Health bears the expenses of evaluation of work and health ability of addicts, performed by occupational medicine physicians. The Office for Combating Drug Abuse is appointed coordinator for the implementation of the Project and it is, *inter alia*, responsible for monitoring and promotion of the project implementation and making annual reports on the implementation of the Project and giving proposals for its amendments. Apart from the previously mentioned, every year based on the public invitation for tenders, the Office finances the programmes/projects of civil society organisations, which offer various services aimed at social reintegration of drug addicts in the community.

The most important role in the implementation of the measures at local level is played by regional branches of the Employment Service and social welfare centres. Branch offices conduct employment promotion measures targeted at vulnerable groups of the unemployed, including treated addicts. A flexible approach is applied in the implementation of these measures. Therefore, long-term unemployment is not a prerequisite for inclusion into the programmes through active policy measures. A person only needs to be registered with the Employment Service. Pursuant to the Activities and cooperation protocol for competent state bodies, institutions and civil society organizations in the implementation of the Project on social reintegration of drug addicts, the regional offices of the Employment Service are responsible for the following activities:

- Professional guidance and work-ability assessment;
- Preparation of opinion on beneficiaries to be selected for a training programme;
- Inclusion of beneficiaries in training programmes;
- Submission of written reports to the competent Social welfare centre and Service for addiction prevention on the beneficiary included in the programme;
- Linking of addicts who have completed a training programme with potential employers and provision of information on the measures covered by the Annual Employment Promotion Programme;
- Keeping of records on addicts according to the special evaluation form;

- Submission of the evaluation forms to the Office for Combating Drug Abuse;
- Continuous cooperation with the coordinators from the social welfare centres, services for addiction prevention and therapeutic communities in the project implementation.

Social welfare centres at local and regional (counties/cities) levels are responsible for informing the addicts from the target group about all the possibilities of inclusion into the Project of Social Reintegration, monitoring the individual programme of social reintegration and providing other forms of social care and support to addicts during the process of social reintegration.

### **8.3.1. Housing and accommodation of addicts**

Social inclusion of addicts who cannot or do not want to stop using drugs, and who are, apart from social exclusion, exposed to other health and social problems, is promoted by civil society organisations, which, within harm reduction programmes, provide various services of full and half-day stay, hygiene maintenance, etc. It is important to mention that these civil society organisations are mostly financed from the State Budget, from the funds allocated to the Ministry of Health.

Primary family is also strongly involved in the entire process of drug addicts' treatment in therapeutic communities. Intensive work with addicts' parents is specific for treatment in all therapeutic communities in Croatia. The associations of parents established by the therapeutic community Cenacolo and humanitarian organisation Susret contribute significantly to the social inclusion of drug addicts. In addition, a few independent associations of parents of drug addicts have been established: Through activities in the community and self-help groups they contribute to the treatment of addicts and the solving of the problem of their social reintegration. Furthermore, many therapeutic communities, especially those of religious orientation, with a long-term treatment that lasts from 1 to 3 years, enable some addicts a lifelong stay in a therapeutic community, and then they very often volunteer in therapeutic communities as organizers of treatment programme implementation and addiction withdrawal.

According to the Croatian National Institute of Public Health, in 2013 most addicts still had stable accommodation. The majority of treated addicts had stable accommodation (85.9%), 3.3% of addicts lived in an institution, while 8.3% of addicts had unstable accommodation. The information on the accommodation of 2.5% of addicts is unavailable. It is therefore possible that this is the percentage of homeless persons in treatment.

Therefore, it is not surprising that organised housing programmes in Croatia have been less developed than some other programmes of social inclusion. However, family support in a great number of cases is not sufficient, and even after addicts successfully complete rehabilitation a large number of them return to drugs and addiction. Accordingly, since 2009 there have been initiatives with the aim to establish various forms of accommodation for treated addicts as support to their social inclusion after they complete their treatment and rehabilitation programmes. Therefore, in 2013, the Office for Combating Drug Abuse stipulated the establishment of housing communities for treated addicts as a priority, through public tenders for allocation of financial resources to civil society organizations that conduct the programmes of social reintegration, whereas the Ministry of Social Policy and Youth enabled those housing communities that were established pursuant to the stipulated requirements, to sign long-term contracts with the Ministry for financing housing projects for drug addicts.

In 2013 there were still only two housing communities active. They were established in 2010: a housing community in Osijek established by the Association Ne-ovisnost, and a housing

community of the Association Pet+, Brestovac. The previously mentioned housing communities offer services of organised accommodation to about 20 treated addicts.

### 8.3.2. Education, training

During 2013 a significantly larger number of beneficiaries started joining the Project of Social Reintegration of Drug Addicts than in the previous years, and significantly greater motivation and interest of treated addicts for participating in the project was noted, particularly for the completion of unfinished secondary education, and for all types of education in general that are organized at the cost of the Ministry of Science, Education and Sports. In 2013, a total of 249 beneficiaries (223 male addicts and 26 female addicts) were educated at the cost of the Ministry of Science, Education and Sports.

Throughout 2013, the Croatian Employment Service conducted the identification of registered treated drug addicts in order to engage them in the activities provided for in the Social Reintegration Project. The number of addicts registered with the regional offices of the Croatian Employment Service in 2013 amounted to 368 persons, out of whom 320 were men and 48 women. This was an increase of 130% in comparison to 2012 when 160 addicts were registered with the Employment Service. In the period from 1 January 2013 to 31 December 2013 there were 85 new treated addicts registered with the Croatian Employment Service. As part of the preparation for employment, from 1 January to 31 December 2013, 141 treated drug addicts were engaged in the activities of professional orientation and counselling for the purpose of employment and career advancement. 38 beneficiaries of the Social Reintegration Project were subject to psychological and medical check-up, while 69 Project beneficiaries participated in the workshops on active job search and career advancement.

In 2013, the Employment Service participated in the realisation of training programmes through which 23 treated addicts were involved in some of the training programmes in local partner organizations, associations, etc. In 2013, the Project beneficiaries were educated for the following occupations: ship pipefitter, hotel and tourism management college graduate, sales associate, chef, practice nurse, pedicurist, pastry cook, chambermaid, tourist office manager, driver, welder and mason.

*Table 8.2 – Number of treated drug addicts participating in the activities of professional orientation and work-ability assessment, and addicts involved in educational programmes by the Croatian Employment Service (2007-2013)*

YEAR	Number of treated addicts who underwent professional orientation and work-ability assessment	Number of treated addicts included in educational programmes
2007	35	5
2008	53	13
2009	92	43
2010	51	34
2011	126	57
2012	94	16
2013	141	23

<b>TOTAL</b>	<b>592</b>	<b>191</b>
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Source: Croatian Employment Service

From 19 April 2007, when the Social Reintegration Project was adopted, to 31 December 2013 the Croatian Employment Service carried out professional orientation and work-ability assessment for 592 addicts; 191 treated addicts participated in the training programmes. In addition, in the same period another 467 addicts continued education at the cost of the Ministry of Science, Education and Sports.

Given that one of the objectives of the Project of Social Reintegration was retraining and further training of addicts included in one of the rehabilitation programmes or those who have completed such a programme in accordance with market needs with the goal of increasing their knowledge and skills and thus employment opportunities, it can be said that in 2013 this project made significant results in the field of education of drug addicts.

### 8.3.3. Employment

Under the active employment policy measures based on the National Employment Promotion Plans for the period 2011 - 2012, extended until 31 December 2013, and under the Social Reintegration Project implemented by the regional offices of the Croatian Employment Service, in 2013 significantly more addicts found employment than in previous years. From 1 January to 31 December 2013 the Croatian Employment Services assisted in finding employment for 176 treated addicts (out of whom 102 persons were engaged in public works, and 12 persons used other active employment policy measures). Treated addicts were employed in the following jobs: clerk, cashier, locksmith, cleaning person, street sweeper, graduate economist, deliverer, electrician, electro-mechanic, hairdresser, IT specialist, founder, sales associate, waiter, chef, maintenance supervisor, nurse, sailor, practice nurse for persons with developmental disabilities, animal care worker, maintenance technician, green area maintenance worker, farmer, agricultural technician, assistant chef, assistant worker, assistant mason, shop keeper, non-qualified worker, worker preparing addicts for entering a community, line production worker, building construction worker, occupational therapist, civil engineering worker, fisher, distribution officer, promotion consultant, warehouse officer, chambermaid, forest worker, secretary, general care technician and therapist of persons with mental disabilities, tattoo artist, sales demonstrator, tourist guide, office clerk, plumber, light commercial vehicle driver and gardener.

*Table 8.3 – Number of treated drug addicts employed on the basis of the active employment policy measures of the Croatian Employment Service (2007-2013)*

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

2013	114
<b>TOTAL</b>	<b>282</b>

Source: Croatian Employment Service

The table shows that in 2013, in comparison to 2012, there was a substantial increase in the number of addicts who found employment (72.2%), primarily because in 2013 a huge number of addicts benefited from public works, but many addicts also found employment on their own. This indicates that the activities of the Office for Combating Drug Abuse and the Croatian Employment Service relating to the presentation of the Social Reintegration Project, in particular to employers, started to achieve good results.

From 19 April 2007, when the Social Reintegration Project was adopted, to 31 December 2013 the Croatian Employment Service included a total of 282 treated addicts in the employment promotion measures. They found employment and/or used employment incentives, which is a positive result in the time of economic crisis and recession.

Furthermore, the Ministry of Entrepreneurship and Crafts participates, as a partner institution, in the implementation of the measures under the Social Reintegration Projects in line with its legal authorities laid down in the Small Business Promotion Act.<sup>73</sup> On the basis of the programme document on the promotion of entrepreneurship and crafts "Entrepreneurial Impulse" for 2013, the Ministry of Entrepreneurship and Crafts announced an open call for proposals for potential funding beneficiaries. As part of the project, the above Ministry, inter alia, provided support to the measure of Promoting the Development of Cooperative Entrepreneurship for developing cooperative social entrepreneurship. The beneficiaries of these measures are cooperatives that develop social and cooperative enterprises and employ persons with reduced working capacity, encourage their involvement in labour and economic processes or provide assistance to persons in adverse personal, economic and social conditions with the aim of their inclusion in the wider community, including treated addicts. Although in 2013 the above measure provided for EUR 2,000,000 for cooperatives, i.e. potential beneficiaries, not a single cooperative from the above category applied, while in 2012, 3 such cooperatives received incentives.

In 2013 the Office funded 9 projects of the associations which implement programmes of social reintegration in the total amount of HRK 450,000.00. Services provided by associations as part of their projects usually included information on the Social Reintegration Project, as well as counselling, training, individual and group work, self-help groups, psychosocial rehabilitation aimed at better social reintegration, social inclusion and job placement assistance.

Associations funded by the Office provided social reintegration assistance to a total of 969 treated addicts. 782 were men and 187 women. This was an increase of 47.5% in comparison to 2012 when assistance was provided to 657 treated addicts. A large number of social reintegration services were also provided by associations not funded by the Office. The total number of addicts supported by associations in social reintegration, regardless whether they were financially supported by the Office, amounted to 1,163, out of whom 945 were men and 218 women. This was an increase of 77% in comparison to 2012 (Tables 8.4 and 8.5).

<sup>73</sup> Pursuant to the Small Business Development Promotion Act (OG 29/2002, 63/2007 and 53/2012)

*Table 8.4 – Types of services provided by associations financed by the Office in the social reintegration process by number and gender of their beneficiaries in 2013*

Association name	Total number of beneficiaries		Education	Informing	Help with employment / self-employment	Psychosocial support	Housing - residential communities / acceptance after completed rehabilitation	Other forms of help in social reintegration
	M	F						
Comunita Mondo Nuovo	37	0	13	37	2	37	1	37
Udruga za kreativni socijalni rad	23	0	5	18	10	20	0	0
Community "Papa Ivan XXIII"	99	54	58	153	8	48	0	0
Association „Jedni za druge“	22	7	0	0	5	29	0	0
Association for assistance to addicts "Vida", Rijeka	22	15	3	37	12	9	0	5
Association for addiction prevention "Ne-ovisnost"	65	1	87	63	27	59	10	42
Humanitarian organisation "Zajednica Susret"	133	41	99	174	8	28	0	0
Association "Institut Pula"	327	57	41	30	21	72	0	3
Association "Terra"	54	12	49	66	15	66	1	50
<b>Total:</b>	<b>782</b>	<b>187</b>	<b>355</b>	<b>578</b>	<b>108</b>	<b>368</b>	<b>12</b>	<b>137</b>

*Source: associations and therapeutic communities*

*Table 8.5 – Types of services provided by associations not financed by the Office in the social reintegration process by number and gender of their beneficiaries in 2013*

Association name	Total number of beneficiaries		Education	Informing	Help with employment / self-employment	Psychosocial support	Housing - residential communities / acceptance after completed rehabilitation	Other forms of help in social reintegration
	M	F						
Association abstinentes for assistance in social reintegration – Porat	6	2	0	8	3	8	0	0
Association for prevention, rehabilitation and social reintegration of treated drug addicts (abbreviated name: UZPIRO-CRO PULA)	26	6	32	32	22	17	0	32
Association "San Patrignano", Split	21	19	12	40	5	40	0	40
Parents' association "Zajednica Susret"	17	1	0	18	6	18	0	0
Association "PET PLUS"	72	0	31	10	72	72	0	10
Association "Liga za prevenciju ovisnosti"	4	2	6	6	0	2	0	0
Association "ANST 1700"	17	1	6	18	2	18	0	0
Total:	163	31	87	132	110	175	0	82

Source: associations and therapeutic communities

#### 8.3.4. Quality assurance

Reports on the Implementation of the Project of Social Reintegration show that the Project implementation has started more intensively, and that considerably more beneficiaries have entered the programmes of education and employment than previous years. Furthermore, a significantly larger motivation and interest of treated addicts have been observed, especially for completion of secondary education and generally for all kinds of education and retraining.

It is evident that the Project has achieved a number of positive results. It has contributed significantly to the reduction of stigmatisation of treated addicts, and in general to a better reaction of state institutions for project implementation and better cooperation between state institutions and civil society organisations. There has also been a significant increase in the involvement of relevant state institutions at national and local levels, as well as a more active and higher quality approach to social reintegration of addict by civil society organisations. In addition, the public awareness of the Project of Social Reintegration has increased, in particular on the part of experts in state institution as regards the work in the area of social reintegration. Cooperation models have been established at the level of local communities among relevant state institutions, and between civil society organisation and state institutions. As a positive result, there is an increase in confidence and assurance among rehabilitated addicts in the possibility of self-employment and employment, even in the time of economic crisis. Furthermore, self-employment of rehabilitated addicts has triggered positive changes - behaviour models among other treated addicts in the process of social reintegration. It is also important to mention significant development of cooperatives that encourage social-cooperative entrepreneurship of treated addicts, which has in turn encouraged their self-employment. From 19 April 2007, when the Social Reintegration Project was adopted, to 31 December 2013 the Croatian Employment Service carried out professional orientation and work-ability assessment for 592 addicts; 191 treated addicts participated in the training programmes, and 354 treated addicts were employed for public works and used employment incentives or found employment on their own. In 2013 the Project implementation cost a total of HRK 3,219,355.41. This was a substantial increase of 35.3% in comparison to 2012 when the costs amounted to 2,379,519.50. In addition, reports on the implementation of the Project of Social Reintegration in 2013 show that all relevant bodies, in particular the Croatian Employment Service, started to implement it more intensively, and that significantly more addicts joined the education and employment programmes than in previous years. A significant increase in the number of addicts included in the Project was recorded on the basis of active employment policy measures conducted by the Croatian Employment Service under the National Employment Promotion Plan for 2011 and 2012, extended until 2013, and in particular within public works measures which in 2013 covered 102 addicts. This was an increase of 52.2% in comparison to the year before when they covered 67 addicts. In addition, the number of addicts who found employment through the Croatian Employment Service or by using employment incentives amounted to 176. This was more than in all previous years of the project implementation. Furthermore, the number of addicts registered with the regional offices of the Croatian Employment Service in 2013 amounted to 368 persons, out of whom 320 were men and 48 women. This was an increase of 130% in comparison to the year before when 160 addicts were registered with the Employment Service. An analysis of the data from all competent ministries, state bodies and associations shows that in 2013 the Social Reintegration Project covered 1,804 addicts, out of whom 1,514 were men and 290 women. In comparison to 2012, when there were 1,020 addicts, this was an increase of nearly 77%.

In order to ensure the quality system in the Project implementation, in 2013 the Office and the Croatian Employment Service organized the round table "Social reintegration of treated drug addicts – education, employment and integration in the labour market". The main goal of the training was to establish partnership among holders at national and local levels in the implementation of the Project of social reintegration of drug addicts, and contribute to the efficient implementation of project activities and better social reintegration of treated addicts. The round table presented the active employment policy measures for treated addicts under the National Employment Promotion Plan for 2011 and 2012, extended until 31 December 2013, and best practice examples in the area of social reintegration of addicts carried out through the activities of the regional offices of the Croatian Employment Service. Moreover, as a partner in the Regional programme of the UN Office on Drugs and Crime (UNODC) for South Eastern Europe (2012-2015), on 3 -7 June 2013 the Office hosted a study visit of the delegations of Monte Negro and Bosnia and Herzegovina, consisting of the representatives of the ministries responsible for drug policy implementation. The study visit was organized with the aim to share experience and inform experts from the neighbouring countries about the Croatian institutional and legislative framework for drug policy implementation, as well as about the programmes on prevention, treatment and social reintegration of addicts. The Project of social reintegration of drug addicts was presented in detail to the participants of the study visit as a best practice example.

Despite the above positive results, in the course of the Project implementation some problems have been observed that prevented a bigger number of beneficiaries (treated addicts) from joining the Project. Primarily there was the problem of insufficient referral of addicts to the Project of Social Reintegration on the part of the Services for mental health protection, addiction prevention and outpatient treatment of county institutes of public health. Therefore, the Office sent a recommendation to the above services to follow the Activities and cooperation protocol for competent state bodies, institutions and civil society organizations in the implementation of the Project on social reintegration of drug addicts and engage addicts in the Social Reintegration Project. This particularly referred to addicts who maintained abstinence for a longer period of time or were on substitution therapy and adhered to their prescribed treatment. Insufficient awareness of the general public and experts for the Project of Social Reintegration and insufficient awareness of business people for employing treated addicts has also been observed. There was also a lack of activity and indifference of certain counties to join the Project implementation. There is still insufficient cooperation between the regional offices of the Croatian Employment Service, the services for mental health protection, addiction prevention and outpatient treatment, social welfare centres, therapeutic communities, correctional institutions, local and regional self-government units and associations that provide assistance to addicts in their social reintegration by engaging them in the training and employment programmes, and in particular in those counties in which there is only a small number of addicts included in the Social Reintegration Project. It has also been observed that minors and young adults in social welfare homes are insufficiently covered by the Social Reintegration Project since these institutions house a large number of minors and young adults who are drug addicts and drug users. In addition, another persistent problem has been observed. Namely, the forms for monitoring individual social reintegration programmes are not regularly or not at all submitted to the Register of personal data on the Project beneficiaries kept by the Office. It is therefore still necessary to develop models of long-term follow-up and support in the area of social reintegration of addicts, and to define the role and responsibility of the providers of services through the models of social reintegration. Important elements in the social reintegration projects should be the professionalization of work, and clearly defined roles and responsibilities of the

existing services active in the social rehabilitation of treated addicts. One of the next steps is to have a scientific evaluation of the Social Reintegration Project to be conducted by the Office in 2014. The results thereof will be used for the modification and adaptation of the Project.

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

### 9.1. Introduction

In early 2013 (since 1 January 2013), in the Republic of Croatia the criminal legislation regarding the criminal offence of drug abuse, as referred to in Article 173, was amended through the entry into force of a new Criminal Code,<sup>74</sup> as well as amendments to the new Criminal Code.<sup>75</sup>

The new amendments to the criminal legislation transferred the criminal offence referred to in Article 173 of the Criminal Code<sup>76</sup> (*Abuse of Narcotic Drugs*) from the title "Criminal offences against values protected by international law" to the title "Criminal offences against the human health" and divided it into two articles. This is why this year, for the first time, we have included an overview of committed newly defined criminal offences referred to in Article 190 of the Criminal Code (*Illicit production and trafficking of drugs*) and Article 191 of the Criminal Code (*Enabling the use of drugs*). We have also presented crime related to the abuse of prohibited substances in sport by demonstrating criminal offences from Article 191a (*Illicit production and trafficking of prohibited substances in sport*) which was not considered as an independent criminal offence up until this moment.

The most important innovation introduced by this change in legislation is the decriminalisation of drug possession, i.e. the transferring of this basic and most benign criminal offence of drug abuse described in Article 173(1) into the sphere of misdemeanour described in Articles 3 and 24 of the Drug Abuse Prevention Act.<sup>77</sup> The data concerning the state and movement of these criminal offences and misdemeanours in the area of drug related crime are shown in the text below.

The Criminal Code does not define the term "drug", but the Drug Abuse Prevention Act defines it as any substance of natural or synthetic origin, including psychotropic substances, included in the schedule of narcotic drugs and psychotropic substances, and plants which can be utilised for the manufacture of a drug and substances for the manufacture of drugs.<sup>78</sup>

Three criminal offences related to drug abuse are particularly important for the purposes of this report, and they are referred to in Articles 190, 191 and 191a of the Criminal Code.

Article 190 of the Criminal Code (OG 144/12) describes in nine paragraphs the unlawful behaviour of the criminal offence of *illicit production and trafficking of drugs*, and prescribes sanctions for the production, preparation and trafficking of drugs. Punishment of imprisonment ranging from 6 months to 5 years for the most benign offence (illicit production/trafficking) has

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<sup>74</sup> Criminal Code (OG 125/11)

<sup>75</sup> Act on Amendments to the Criminal Code (OG 144/2012)

<sup>76</sup> Criminal Code (OG 110/1997)

<sup>77</sup> Drug Abuse Prevention Act (OG 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11 and 80/13)

<sup>78</sup> The schedule of drugs, psychotropic substances and plants from which a drug can be obtained, as well as substances which can be utilised for the manufacture of drugs (OG 50/09, 2/10 and 19/11)

been stipulated. Punishment of imprisonment from 1 to 12 years has been stipulated for the production, processing, transport, export/import, procurement, possession with the intention of selling, i.e. illicit marketing, selling and mediation in selling. Possession of a drug without intention of marketing has been decriminalised, while import/export of drugs without the intention of selling shall be considered as a criminal offence for which a stricter punishment shall be foreseen. In order to determine whether it is a criminal offence described in Article 190(2) or possession for personal use, which is considered a misdemeanour, it is necessary to determine the intention of illicit selling or another manner of marketing. New qualifying elements were introduced, with a view to protect children, which is why paragraph (3) describes the committing of the criminal offence of offering to sell, selling or mediation in selling drugs to a child, in school or another educational institution, or at a sports or social activity for children, or in its immediate vicinity and in a correctional facility, with the prescribed punishment of imprisonment from 3 to 15 years. A minimum of 3 years in prison is foreseen for organising a dealing/mediation network, and a minimum of 5 years in prison for causing a significant health damage to multiple persons or the death of a person. Preparatory activities regarding the manufacturing (production, procurement or possession of equipment, materials/substances intended for the illicit manufacturing of drugs) shall be punishable pursuant to paragraph (6) by imprisonment from six months to five years. Illicit growing of plants or mushrooms used in the production of drugs shall also be considered as manufacture of drugs.

Article 191(5) describes the criminal offence of *enabling the use of drugs*. The least severe form of this criminal offence shall be the one described in paragraph (1), inducing someone to use drugs or enabling the use of drugs (by making available premises for the purpose of using drugs or in some other way), punishable by imprisonment for six months to five years.

For committing a qualificatory form meaning committing a criminal offence against a child or a person with severe mental disabilities, or in a school or another education institution, at a sports or social activity for children or in its immediate vicinity, or in a correctional facility, towards multiple persons or if the offence is committed by an official, healthcare worker, social worker, teacher, educator or coach by abusing their position, paragraph (2) stipulated a prison sentence of one to ten years. Causing death by committing this criminal offence shall be punishable by imprisonment for three to fifteen years.

Punishments for almost all criminal offences from the previous Article 173 of the Criminal Code have been reduced, except for newly qualified forms (selling to children, in school, in a correctional facility). This regulatory change has brought about a reduction in the number of proceedings before the Criminal Court, but also to an increase in the number of proceedings before misdemeanour courts.

Furthermore, one of the new elements introduced by the Criminal Code is the criminalising of substances prohibited in sports (anabolic steroids, doping substances). Using or selling illicit doping substances is regulated in the Sports Act which foresees misdemeanour liability, but the use and selling of these substances outside sports and competition was not defined, so the Criminal Code provides for criminal liability for the manipulation of those substances, equally as for drugs. Activities concerning substances prohibited in sports have been extracted into a separate Article 191.a within the Criminal Code (OG 144/12), and they are further divided into activities aimed at putting into circulation these substances, instigating another person to use them or giving them to another to use, but maintaining the qualified forms of this criminal offence.

Under the National Strategy of Combating Drug Abuse (2012-2017), the treatment of addicts in the prison system holds an important place in the chapter dedicated to medical and psychosocial treatment.

The fundamental goal of the National strategy with regard to the prison system has been defined by accepting the common relations between prisons, penitentiaries and social communities as units, since prisons are places where prisoners are only for a limited period of time, sometimes a very short period, during which they need the availability of all programmes which are carried out in the community and are also applicable in prison conditions. Given the importance of special treatment programmes for prisoners, there are continuous activities aimed at improving their availability and quality. This is why in 2009, a Department for special treatment programme was established at the Ministry of Justice Prison System Directorate Central Office's Treatment Unit. This department's task is to participate in identifying the needs for special programmes, develop and monitor the implementation of special programmes, as well as take measures and set standards and priorities for enhancing new programmes.

The police, State Attorney's Office and courts keep records regarding the criminal offences in the field of drug abuse. A database of reported persons, number of criminal offences and types of drugs included in the criminal offence is kept at the Police Directorate of the Ministry of the Interior.

Criminal and misdemeanour courts keep data on the number of processed persons, number and types of rendered convictions and imposed punishments, as well as on the security measures of mandatory treatment. The State Attorney's Office of the Republic of Croatia (hereinafter: DORH) is in possession of comprehensive records regarding the number of reported persons, number of criminal offences, types of drugs included in a criminal offence, number of rejected crime reports or crime reports decided on in accordance with the principle of opportunity, the number of closed proceedings, the number of indicted persons, the number of convicted persons, and the number of claims filed and their outcomes.

The Ministry of Justice keeps records regarding convicted persons and perpetrators of misdemeanours. Each of the institutions mentioned keeps a separate database, and in order to monitor the situation in this area better, it is possible to combine the databases in the future, with a high degree of personal data and information access protection, so as to prevent the possibility of abuse.

## **9.2. Drug-related crime**

### **9.2.1. Drug-related criminal offence structure**

Drug-related crime amounted to 4.3% of the total number of criminal offences reported in the Republic of Croatia in 2013. In the previous years, the share of drug abuse crime in this total number was around 10% (7,295 in 2012), but if we exclude paragraph (1), the share for 2012 would be 2.9%, which means that there was an increase of 1.4% in 2013.

The statistical data of the Ministry of the Interior (hereinafter: MOI) for 2012 shows that a total of 7,295 criminal offences were reported (Criminal Code,<sup>79</sup> Article 173 - Abuse of Narcotic Drugs) in relation with drug abuse and circulation, 5,189 of which were part of the previous Article 173(1) of the Criminal Code, i.e. the criminal offence of drug possession (share of 71.1%).

Since the legislation has been amended, transferring this crime offence model into misdemeanours, for 2013 we will be observing the number of criminal offences committed in 2012, in connection with drug abuse, without including this most benign model. In 2013, 2,683 criminal offences regarding drug abuse were reported, indicating an increase of 27.4% in comparison to 2012 (2,106). In 2013, the trend of the increase of drug-related criminal offences from the jurisdiction of the Office for the Prevention of Corruption and Organised Crime continued. The total number of criminal offences related to drug abuse and misdemeanours related to drug possession in 2013 was 8,229. In 2012., 1,588 criminal offences were committed which are qualified as illicit production and circulation of drugs in the new Criminal Code<sup>80</sup> and its amendments<sup>81</sup> (Article 190), while in 2013, a total of 2,078 such criminal offences were reported, an increase of 31%. In the overall drug crime context, the criminal offence referred to in Article 190 has a share of 77 %, and most of those crimes in 2013 were committed in the jurisdiction of Police Departments (hereinafter: PU) for the Primorje-Gorski Kotar County (248), Osijek-Baranja County (223), Zagreb County (210) and Istria County (204).

According to the data supplied by the Ministry of the Interior, in 2013 there was a significant increase in criminal offences regarding organised crime (1,849), which was 13.4% more than in 2012. A total of 525 criminal offences committed as part of criminal organisations was reported, and most of those offences include criminal offences of illicit production and circulation of drugs (180).

Furthermore, there were more criminal offences from Article 191 (Enabling the use of drugs) reported in 2013 (602) than the year before (2012: 518), an increase of 16.2 %, and the share of this criminal offence in the overall drug crime is 22.2 %. The most criminal offences of this type in 2013 were recorded in the jurisdiction of the Primorje-Gorski Kotar County (102), Koprivnica-Križevci County (100), Zagreb County (98) and Osijek-Baranja County (80).

A new element in comparison with 2012 is the newly defined criminal offence covering substances prohibited in sports, which were not included in the criminal legislation earlier, and it has been singled out as a separate criminal offence (Article 191a, CC/11). This criminal offence also provides for adopting a special additional *Schedule of substances prohibited in sport*,<sup>82</sup> adopted by the Minister of Health nine months after entering into force of the new Criminal Code (10 September 2013). During 2013, a total of 30 such criminal offences were committed in the Republic of Croatia, most of them in the jurisdiction of the PD of the Zagreb County (11), Virovitica-Podravina County (8), and the Brod-Posavina County (4). A couple or only one such criminal offence was committed in the Split-Dalmatia, Dubrovnik-Neretva, Šibenik-Knin and Zadar County, while 2013 saw no record of such criminal offences in the remaining parts of the country. This criminal offence has a share of 1% in the total crime.

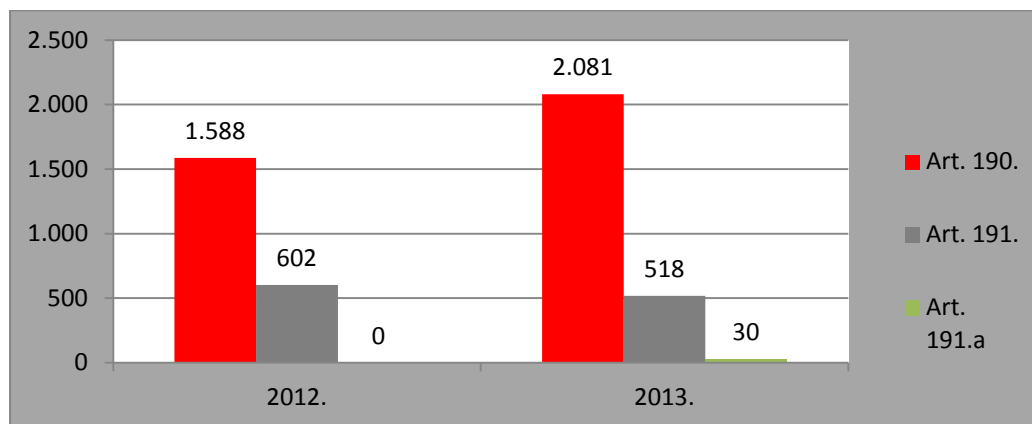
<sup>79</sup> Criminal Code (OG 110/1997)

<sup>80</sup> Criminal Code (OG 125/2011)

<sup>81</sup> Act on Amendments to the Criminal Code (OG 144/2012)

<sup>82</sup> Schedule of substances prohibited in sport (OG 116/2013)

Chart 9.1 – Structure of criminal offences regarding drug abuse, by articles from the Criminal Code



Source: MOI, Report on the performance of police activities in 2013

As regards the territorial distribution, most of the reported criminal offences from Article 190, 191 and 191a of the Criminal Code were recorded in the jurisdiction of the PD of the Primorje-Gorski Kotar County (351), followed by those in the jurisdiction of the PD of the Zagreb County (308), covering both the City of Zagreb and the entire Zagreb County, then in the PD's of the Osijek-Baranja (303), Istria (256), Koprivnica-Križevci (189) and Vukovar-Srijem (186) counties. They are followed by the so-called "Adriatic" counties: Šibenik-Knin, Split-Dalmatia, Zadar and Dubrovnik-Neretva, while the rest of the counties record less than 100 criminal offences related to drug abuse. If we observe the previous reference period without including Article 173(1) of the Criminal Code, the counties leading in the number of criminal offences of this type are the same, but in a somewhat different order. An increase of 109 % occurred in the PD of the Primorje-Gorski Kotar County, which recorded the highest number of criminal offences in 2013, while it was in the fourth place in 2012, and the highest increase was recorded in the Krapina-Zagorje County (+174 %). Most of the remaining counties have also recorded an increase in criminal offences of this type, and only six counties recorded a decrease in criminal offences, Zagreb (-18.5 %), Karlovac (-66 %), Bjelovar-Bilogora (-38.2 %), Brod-Posavina (-52 %), Varaždin (-18 %) and Virovitica-Podravina (-10 %).

The structure of recorded criminal offences related to drug abuse in the Republic of Croatia according to the Ministry of the Interior shows that a total of 2,683 criminal offences were reported in 2013 (in 2012: 7,295) (hereinafter: CO) related to the abuse and smuggling of drugs, but if we exclude Article 173(1) which regarded the illicit possession of drugs, no longer a criminal offence according to the amended Criminal Code, there would have been 2,106 criminal offences in regard to drug abuse, which means there has been an increase of 27,4 %. In 2013, the trend of the increase of drug crime criminal offences under the jurisdiction of the Office for the Prevention of Corruption and Organised Crime (USKOK) continued. In the previous years around 30 % regarded more complex forms of this criminal offence (reselling, production, enabling another person to use drugs etc.), while around 70 % of the criminal offences regarded drug possession, which is now a misdemeanour. In the total number of criminal offences reported in the Republic of Croatia, drug crimes in 2013 have a share of 4.3 %, while in 2012, drug crimes amounted to 2.9 %, with the exclusion of paragraph (1).

According to the data from the Standard Table<sup>83</sup> 11 (ST 11, 2013) supplied by the Ministry of the Interior, the total number of reports regarding drug possession in 2013 increased by 7.5 % (in 2012: 5,189, in 2013: 5,579). If observed in the context of drug types, in 2013, compared to the previous year, there was a reduction in recorded drug possession for the following drug types: marijuana, heroin and LSD, while at the same time there was an increase of persons reported for possessing the following drug types: ecstasy (+158 %), amphetamine, cocaine and methamphetamine (in 2013, there were five recorded reports for the possession of this drug, while there were no reports for it in the three previous years). Furthermore, after three years of consistent growth in the number of reports for the possession of LSD, in 2013 there was a decrease (it should be noted that it concerns small figures (in 2013: 12)). In cases regarding the seizure of cannabis products, after the previous period where the number of reports grew, there was a reduction in 2012 regarding the number of persons reported for possession. The number of persons reported in regards to amphetamine is almost the same as in the previous reporting period (+1.5 %), while the significant increase of reports in regard to ecstasy should be noted. In the cases which involved seizure of cocaine, after a three-year decline, there is now an 18.5 % increase in the number of registered persons possessing this type of drug.

Criminal offences connected to drug abuse (more complex types of crime, selling/circulating/production) in total record an increase in the number of reports in 2013 (2,683) when compared to 2012 (27.4%), by 27.4%. For criminal offences belonging to drug abuse crime committed during 2013, 1,343 persons were reported, while in 2012 a total of 5,545 persons were reported, but excluding paragraph (1), this number would be significantly lower (598 persons). Therefore, the number of perpetrators of more qualified forms of criminal offences regarding drug abuse in 2013 was higher than in 2012, by 125%. Out of 1,343 aforementioned criminally reported persons, the majority are men (93.3%), and 118 persons were minors (8.8%).

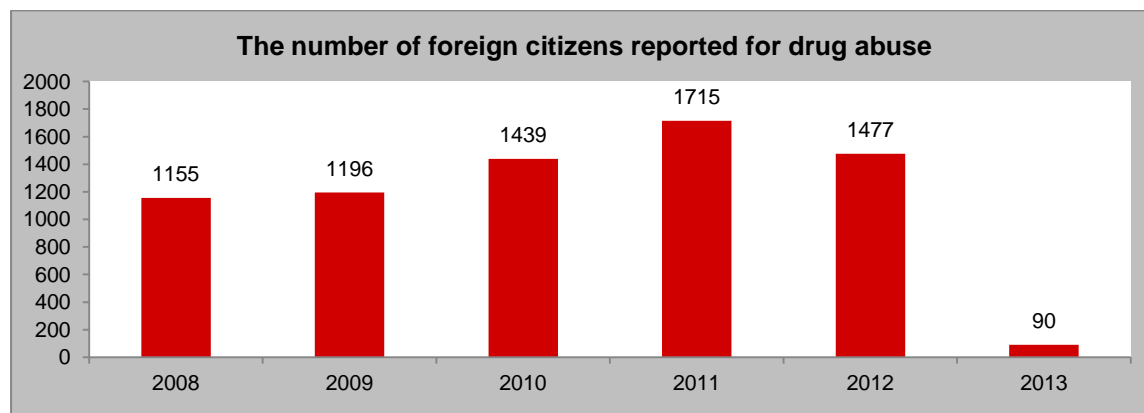
For committing a crime under Article 190 and 191 of the Criminal Code during 2013, a total of 1,330 persons were reported. In 2013, eight criminal offences from Article 191 of the Criminal Code were recorded in connection with criminal offences from Article 329 of the Criminal Code (criminal organisations, etc.). In comparison to the previous year, there was a change in the number of persons reported for committing this type of crime. While in 2013 the majority of persons reported for committing the aforementioned criminal offences was between 29 and 39 years of age (a share of 27%), in 2012 most of them were between 21 and 25 years of age (24.2%), which can be explained as connected to the transfer of drug possession into the sphere of misdemeanours, mostly comprised of younger persons. Next up are perpetrators aged from 21 to 25 (17% of them), followed by a share of 16% of persons between 18 and 21, as well as 25 to 29, while 12% of perpetrators were between 39 and 49 years of age.

In 2013 in the Republic of Croatia, a total of 90 foreign citizens (in 2012: 1,477) were reported for committing criminal offences connected to drug abuse described in Articles 190 and 191 of the Criminal Code. Drug possession for personal use was in 2013 transferred into the sphere of misdemeanours (within the Drug Abuse Prevention Act, Article 3), statistical data for which are not recorded, which can explain the decline in the number of reported persons in comparison

<sup>83</sup> Standard tables (hereinafter: ST) are provided by individual ministries for the purpose of reporting to the European Monitoring Centre for Drugs and Drug Addiction, and they enable the submission of standardised quantitative information in accordance with the agreed reporting method.

with the previous reporting period.

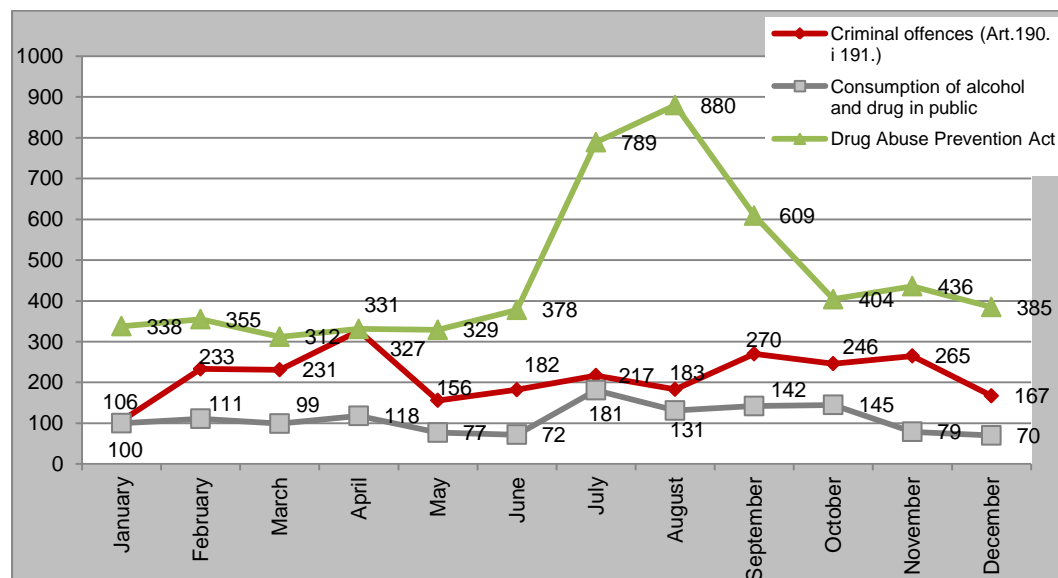
*Chart 9.2 – Number of foreign citizens reported for drug abuse in the 2008-2013 period*



*Source: Ministry of the Interior*

When discussing foreign tourists as perpetrators of criminal offences in connection with drug abuse, the data and figures need to be interpreted taking into account that, according to the data from the Croatian Bureau of Statistics, in 2013 a total of 10,955,168 foreign tourists visited Croatia in 2013, which was 5.6 % more than the year before (in 2012: 10,369,226). In 2013, a total of 136,347,236 passengers crossed the Croatian state border, which was 3.3 % more than in 2012. Out of the total number of passengers, foreign citizens had a share of 69.9 %, or 95,333,373, in crossing the state border. It should also be noted that in 2013 the majority of the most significant individual drug seizures (mostly at border crossings during border control) involved foreign citizens as drug smugglers. The chart below provides an overview of reports dealing with the criminal offence of drug abuse in 2013, and it is obvious that drug possession is mostly reported during the summer.

Chart 9.3 – The number of reported criminal offences and misdemeanours in connection with drug abuse in 2013, broken down by month



Source: Ministry of the Interior

Pursuant to the Drug Abuse Prevention Act and in accordance with the data supplied by the Ministry of the Interior, in 2013 a total of 5,546 misdemeanours were reported, which was 114% more than in the previous year (in 2012: 2,594).

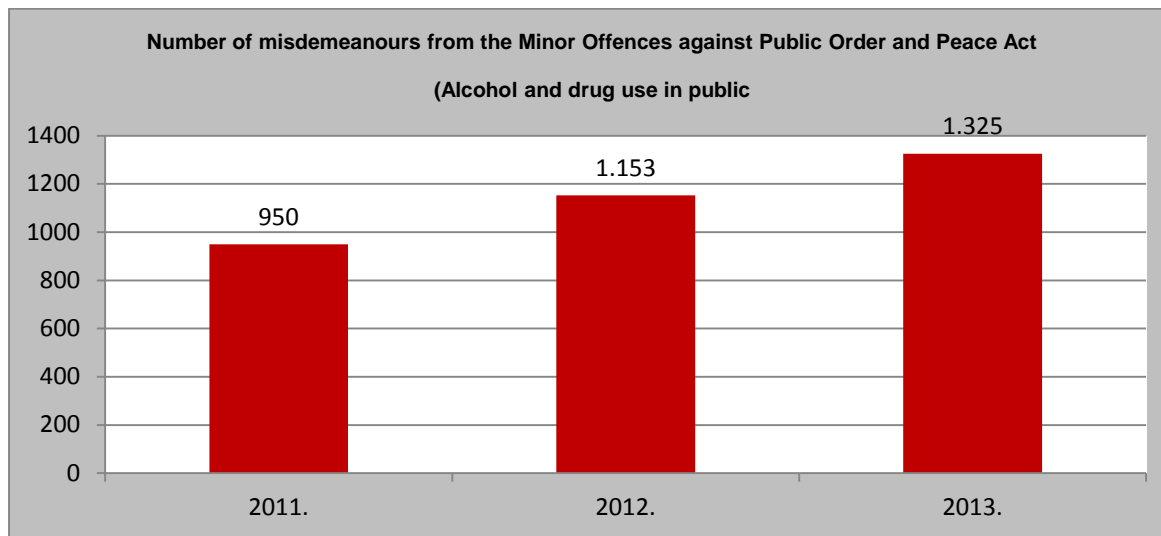
Regarding the misdemeanour perpetrators, in 2013 a significantly higher number of persons were reported (5,663) than in 2012 when a total of 2,664 persons were reported, which is 112.6% more than in 2012. In comparison, in 2011 based on the provisions of the same Act, a total of 2,195 misdemeanour reports were made against a total of 2,295 persons. Out of the 5,663 perpetrators mentioned, 4,843 were men (85.5%), and 820 were women (14.5%).

In regard to minors, there were 252 juvenile perpetrators in 2013, but it is alarming that 240 of them were repeated perpetrators. The share of juvenile perpetrators of misdemeanours from the Drug Abuse Prevention Act in the total number of juvenile misdemeanour perpetrators was 16.5%.

In its Article 20, the Minor Offences against Public Order and Peace Act sanctions the use of alcohol and drugs in public. In an individual case a crucial fact that needs to be determined by the court, apart from the consumption of drugs, is how public the location was. Pursuant to the provisions of the Minor Offences against Public Order and Peace Act,<sup>84</sup> a total of 1,325 misdemeanours involving alcohol and drug use in public were recorded, which is an increase by 15% in comparison to 2012, when 950 such misdemeanours were recorded, i.e. 21.4% more than in 2011. Chart 9.4

<sup>84</sup> Minor Offences against Public Order and Peace Act (OG No. 5/90, 30/90, 47/90, 29/94)

*Chart 9.4 – The number of reported misdemeanours involving alcohol and drug use in public, pursuant to the Minor Offences against Public Order and Peace Act (2011-2013)*



Source: Ministry of the Interior

In the text below, the data supplied by the State Attorney's Office of the Republic of Croatia, keeping a very extensive database on persons reported for criminal offences broken down by age, number and structure of criminal offences, number of rejected crime reports or crime reports decided on in accordance with the principle of opportunity, the number of closed proceedings, the number of indicted persons, the number of convicted persons, the number of claims filed and their outcomes. The DORH data is different than the data regarding the number of persons reported for the criminal offence regarding drug abuse owned by the Ministry of the Interior since, apart from the police, any citizen and legal person can report any criminal offence.

Since 2013, the criminal offence of drug abuse is situated in the group of criminal offences against human health in the Criminal Code.

The Act on the State Attorney's Office regulates the internal organisation of the State Attorney's Offices, and within the state attorney system in 2013, a total of 33 municipal State Attorney's Offices (ODO), 15 county State Attorney's Offices (ŽDO), the Office for the Prevention of Corruption and Organised Crime (USKOK) and the State Attorney's Office of the Republic of Croatia (DORH) were operational. All the aforementioned State Attorney's Offices form a part of the State Attorney's Office, as an autonomous and independent judicial body. Therefore, DORH as an independent judicial body collects statistical data from all county and municipal State Attorney's Offices in the Republic of Croatia, regarding all criminal offences, including the criminal offence of drug abuse and abuse of substances prohibited in sports under Articles 190, 191 and 191a of the Criminal Code. An overview of development and structure of this crime form, according to the data from the State Attorney's Office, is presented below. Regarding the age groups, the State Attorney's Office of the Republic of Croatia specifically monitors crime connected to drugs committed by adults (persons of 21 years of age or older), young adults (18 to 21 years of age) and minors (14 to 18 years of age).

In 2013 the State Attorney's Office increased its engagement in the area of misdemeanours due to the decriminalisation of drug possession for personal use. Furthermore, the data supplied by

the State Attorney's Office, in criminal offences of drug abuse, due to the decriminalisation of possession, the possession of larger quantities is reported as paragraph (2) of a new Article 190 of CC/11 (possession with intent to resell), with a stipulated prison sentence from one to twelve years. Overall, criminal offences connected to drug abuse in the overall crime have a share of 4.8%.

According to the data from the State Attorney's Office, in 2013 a total of 1,676 perpetrators were reported for all criminal offences of drug abuse in all age groups, while in 2012 a total of 5,052 perpetrators were reported. A majority of the persons were adults (1,287, or 77%), followed by young adults (254) and minors (135). Chart 9.5 shows that this type of criminal offence is mostly committed by adults, which is understandable given the fact that these are complex criminal offences; they are followed by young adults and minors. The majority is still punishable behaviour involving drug possession for personal use, for which monetary sanctions are foreseen, in the amount between HRK 5,000.00 and HRK 20,000.00. As it was mentioned earlier, significant differences in comparison with the previous year are explained as consequence of transferring the criminal offence of drug possession for personal use into punishable misdemeanours.

*Table 9.1 – Persons reported for committing criminal offences related to drug abuse in 2013*

2013	Adults	Young adults	Minors	TOTAL
Art. 190	1,117	29	76	1,222
Art. 191	162	30	59	251
Art. 191a	8	0	0	8
TOTAL	1,287	254	135	1,676

Source: State Attorney's Office

*Table 9.2 – Number of decisions on rejection, rendered indictments and judgements (and rendered convicting judgements) according to age groups in 2013 in relation to criminal offences connected to drug abuse*

2013	Adults	Young adults	Minors	TOTAL
Rejection	203	79	60	342
Indictment	887	138	41	1,066
Judgements rendered	759	56	34	849
Convicting judgements	693 (91%)	49 (88%)	31 (91%)	773 (91%)

Source: State Attorney's Office

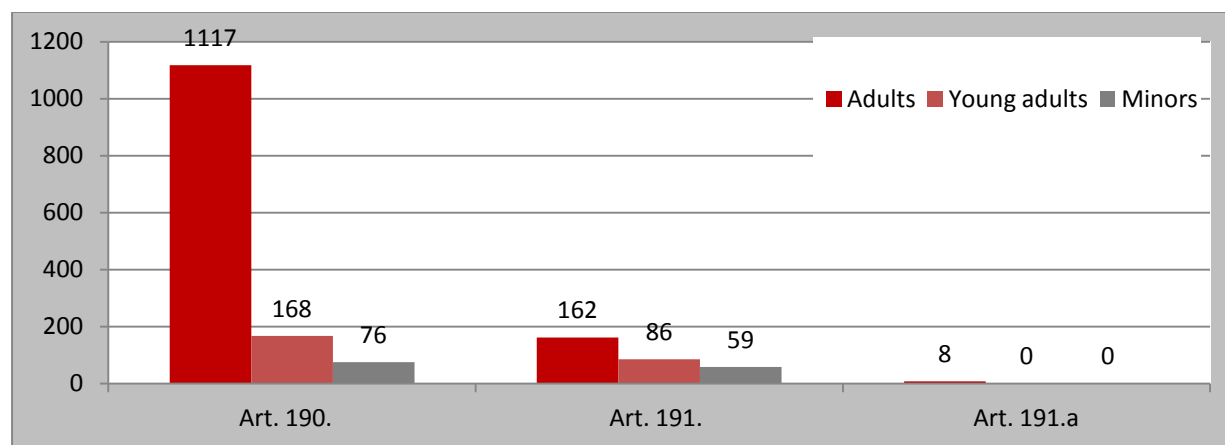
For all three criminal offences committed by adults in 2013, a total of 759 received judgements, 693 (91 %) of them convicting, and 128 persons received a judgement by reaching an agreement between parties. Security measures were imposed for 51 persons, mostly the security measure of addiction treatment.

For all three criminal offences committed by young adults in 2013, a total of 56 received judgements, 49 (88%) of them convicting, and 5 persons received a judgement by reaching an agreement between parties.

For all three criminal offences committed by minors in 2013, a total of 34 received judgements, whereby 32 minors were imposed a punishment and an educational measure. Security measures were imposed for only one juvenile perpetrator. For 63 minors the State Attorney's Office issued a proposal regarding sanctions to the court.

Considering all of the criminal offences under Articles 190, 191 and 191a in accordance with Chart 9.5, it is obvious that the majority of adults was reported for committing criminal offences from Article 190 (*Illicit production and circulation of drugs*) paragraph (1). Juvenile perpetrators were most frequent in committing criminal offences from Article 190(3).

*Chart 9.5 – Developments in the number of all categories of reported persons for the commitment of criminal offences related to drug abuse in 2013*

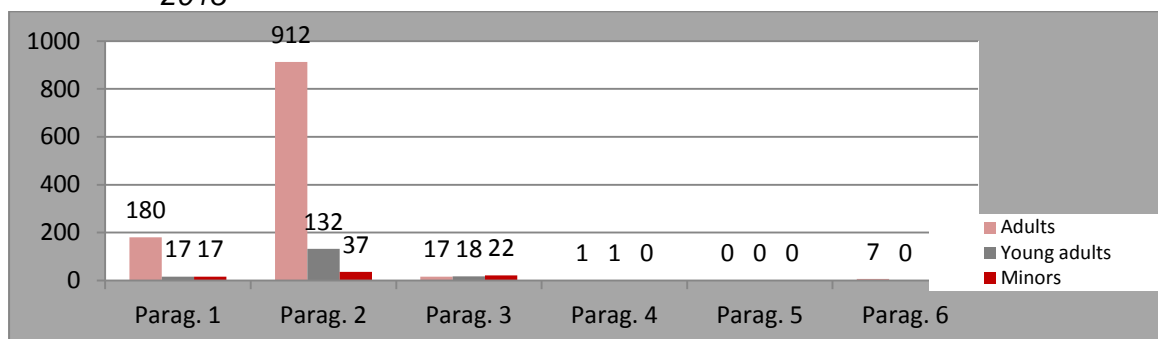


Source: State Attorney's Office

Considering all of the models from Article 190, it can be noted that the majority (75%) are adult perpetrators reported for having committed a criminal offence from paragraph (2) in relation with illicit selling/circulating. They are followed by adults reported for having committed this criminal offence from paragraph (1) (Chart 9.6) with a share of 15 %, while other offence types and other age groups have a smaller share.

In relation to all criminal offence types described in Article 191 (Enabling the use of drugs) it can be noted that most of the perpetrators of this criminal offence were adults (162), followed by young adults (86) and minors under 18 years of age (59) (Chart 9.7).

*Chart 9.6 – Developments in the number of all categories of reported persons for the commitment of all criminal offence types under Article 190 of the Criminal Code in 2013*

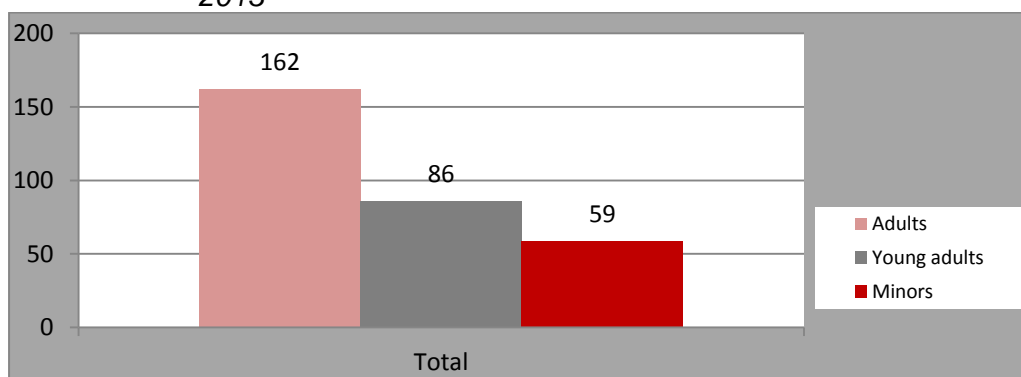


Source: State Attorney's Office

Considering the territorial distribution and the share of criminal reports for criminal offences connected to drug abuse per 100,000 citizens, in 2013 the highest rate was recorded in Dubrovnik (77), followed by Šibenik (72), Zadar (55), Pula (54) and Rijeka (53).

In relation to adults, the most frequent were offences from paragraph (1), while younger perpetrators were mostly involved in a more qualified form of this criminal offence described in Article 191(2) (Commission of offence against a child, in school or another educational institution). For committing the offence under paragraph (1) (inducing the abuse of drugs) records show an equal number of minors and young adults involved, while the number of adults is significantly higher.

*Chart 9.7 – Developments in the number of all categories of reported persons for the commitment of all criminal offence types under Article 191 of the Criminal Code in 2013*

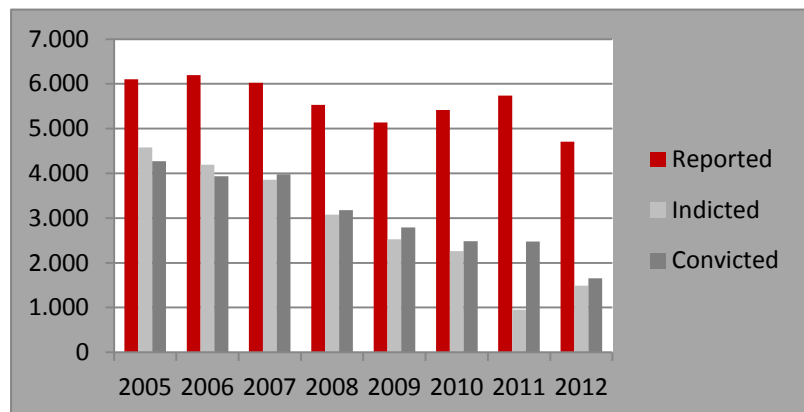


Source: State Attorney's Office

In relation to the development of all categories of persons reported for having committed all of the criminal offence types under Article 191a of the Criminal Code in 2013, eight adults were reported for having committed this newly defined criminal offence (paragraph (1)), and there were no recorded juvenile or young adult perpetrators, nor persons reported for having committed other criminal offence models. Out of a total of 1,676 criminal offences reported in connection with drug abuse, 20 %, i.e. 342 criminal reports, were rejected, while in 2012 this

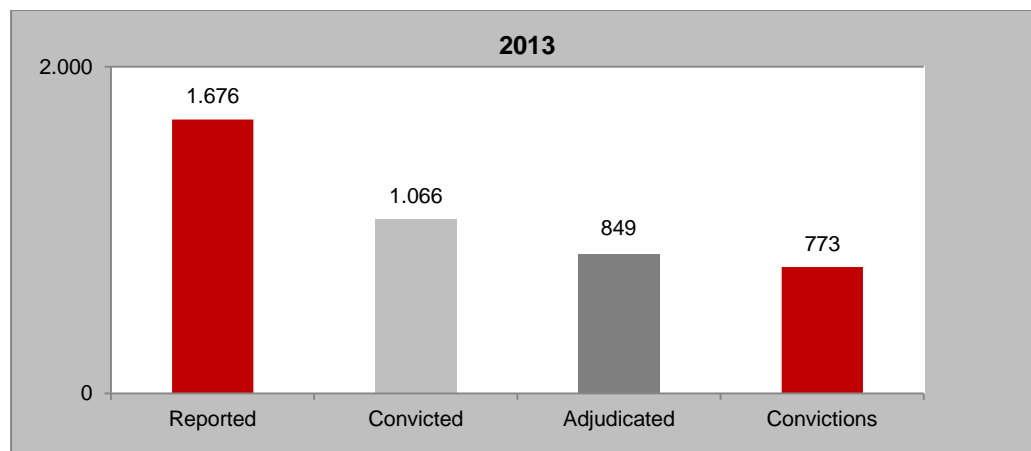
share amounted to 72.2 %. The developments in the number of persons reported, indicted and convicted for the aforementioned criminal offences in 2013 are shown in Chart 9.9 and Table 9.3.

*Chart 9.8 – Reported, indicted and convicted adults and young adults with regard to drug abuse (2005–2012)*



Source: State Attorney's Office

*Chart 9.9 – Overview of the number of persons reported, indicted and convicted of committing criminal offences related to drug abuse in 2013*



Source: State Attorney's Office

When observing sanctions imposed in regard to drug abuse, there was a total of 342 decisions on rejection in 2013, 203 of them to adults, 79 to young adults and 60 to minors. Indictments were raised for 1,066 persons reported (887 adults, 138 young adults and 41 minors).

*Table 9.3 – Overview of the number of persons reported, indicted and convicted of committing criminal offences related to drug abuse in 2013*

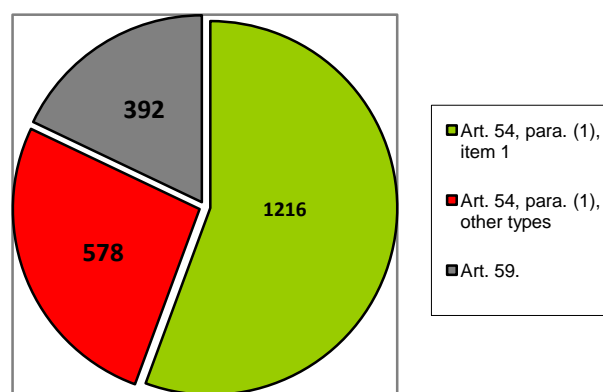
2013	Adults	Young adults	Minors	TOTAL
Reported	1,287	254	135	1,676
Indicted	887	138	41	1,066
Judgements rendered	759	56	34	849

Source: State Attorney's Office

According to the data supplied by the Ministry of Justice's Directorate for Criminal Law and Probation from the information system used by misdemeanour courts in case proceedings,<sup>85</sup> in 2013, a total of 60 misdemeanour courts in the Republic of Croatia received a total of 4,304 cases involving misdemeanours from Article 54 and Article 59 of the Drug Abuse Prevention Act.<sup>86</sup> A total of 1,764 of the received cases were related to misdemeanours from Article 54(1) (1,216 of them in relation with Article 54(1)(i) (possessing)), followed by 5 cases related to the misdemeanour from Article 54(2) (possessing drug production means), followed by 2,143 cases related to the misdemeanour from Article 54(3) (natural persons fined with HRK 5,000.00 to HRK 20,000.00), while a total of 392 cases were received in relation to the misdemeanour from Article 59 (crossing the state border in possession of medicinal products containing a drug without accompanying medical documentation or in a quantity exceeding essential requirements for personal use).

*Table 9.4 – Overview of misdemeanours from Article 54 of the Drug Abuse Prevention Act in 2013*

2013	Art. 54
Paragraph (1)	1,794
Paragraph (1) point 1	1,216
Paragraph (2)	5
Paragraph (3)	2,143
Total	3,942

*Chart 9.10 – Overview of the number of recorded misdemeanours referred to in the Drug Abuse Prevention Act (2013)*

Source: Ministry of Justice

A total of 3,849 cases were closed in the same period, 3,531 of them related to misdemeanours from Article 54, and 2,913 of those received a judgement of conviction (Art. 54, par. (1), item 1 – 1,068 judgements Art. 54, par. (1), item 2 – 6 judgements Art. 54, par. 1 (other) – 380

<sup>85</sup> It should be emphasised that the accuracy of the data used is subject to the manner and promptness of entering data into this system.

<sup>86</sup> Drug Abuse Prevention Act (OG No. 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11 i 80/13)

judgements Art. 54, par. 2 – 2 judgements Art. 54, par. 3 – 1,457 judgements), while 50 cases received judgements of acquittal, and the remaining number of closed cases pertains to other modes of deciding. Furthermore, a total of 318 cases in proceedings related to misdemeanours from Article 59, with 293 convicting and 2 acquitting judgements, while the remaining number pertains to other modes of deciding.

## 9.2.2 Other drug-related crime

There is not much data regarding other drug-related crime (such as various criminal offences and misdemeanours committed while under the influence of drugs or offences committed in order to obtain money necessary to buy drugs). This is due to the manner of keeping and monitoring data, objective obstacles and limitations disabling an exact statistical monitoring of such cases. However, the data that the MOI is consistently monitoring are the data regarding driving under the influence of alcohol or drugs, and the data on drivers who caused accidents while under the influence of drugs.

In 2013, there were a total of 41,316 misdemeanours caused by driving under the influence of alcohol or drugs, which was almost the same as in the previous year (increase of 1.8%) when a total of 40,588 such misdemeanours were recorded. The highest increase was recorded in the Dubrovnik-Neretva County, where 1,052 such misdemeanours were recorded, while in 2012 there were 740. Increases occurred in the jurisdiction of the PD of the Zagreb (18.0 %), Split-Dalmatia (4.6%), Primorje-Gorski Kotar (3.3%), Sisak-Moslavina (2.0%), Šibenik-Knin (1.9 %), Vukovar-Srijem (5.7%), Koprivnica-Križevci (3.9%), Brod-Posavina (1.1%) and Varaždin County (3.6%).

In 2013, a total of 34,021 traffic accidents occurred in the entire country, 67 of them caused by drivers under the influence of illicit substances. Most of these accidents (48) involved injured persons, while nine accidents resulted in death (Table 9.5).

*Table 9.5 – Number of traffic accidents caused by drivers under the influence of drugs (2008–2013)*

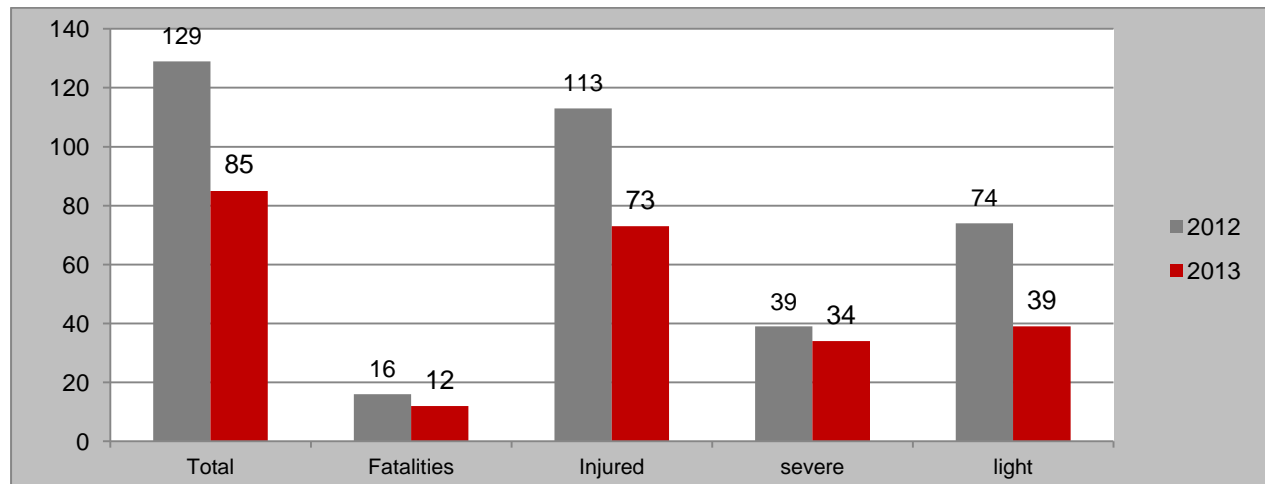
<b>Traffic accidents</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2012/2013 +/- %</b>
with fatalities	9	11	8	11	14	9	-35.7
with injured persons	59	56	77	62	61	48	-21.3
with material damage	25	31	39	14	22	10	-54.5
<b>TOTAL</b>	<b>93</b>	<b>98</b>	<b>124</b>	<b>87</b>	<b>97</b>	<b>67</b>	<b>-30.9</b>

*Source: Ministry of the Interior*

Other traffic accidents resulted only in material damage. The number of traffic accidents resulting in death is smaller than in 2012 by five accidents, the number of accidents involving injured persons is smaller by 13 accidents, and the number of those involving only material damage is smaller by 12 accidents than in 2012 (in 2012: 22, in 2013: 10). Therefore, in 2013 there was a decline in the overall number of traffic accidents caused by drivers under the influence of drugs (by 30.9 % in comparison to 2012). If we consider the total number of persons

injured in these accidents, a total of 12 persons died in 2013 (in 2012: 16). A total of 73 persons were injured in these traffic accidents in 2013 (in 2012: 113). Furthermore, 2013 saw a decline in the number of traffic accidents caused by young drivers of motor vehicles under the influence of drugs, by 32.4 %. In the 14 accidents caused by young drivers aged 16 to 24, which amounts to around one fifth of all accidents caused by drivers of motor vehicles under the influence of drugs, two people lost their lives (in 2011: 5), and 23 sustained bodily injuries (in 2011: 32).

*Chart 9.11 – Developments in the number of persons injured in traffic accidents caused by drivers under the influence of drugs in 2012 and 2013*



Source: Ministry of the Interior

Users of drugs also commit secondary criminal offences within the sphere of misdemeanours against property, so as to maintain their addiction. Among others, they break into pharmacies and medical institutions, and there are cases recorded of them falsifying doctors' prescriptions in order to obtain methadone or other drugs. In 2013, a total of 81 aggravated larcenies were committed in pharmacies, health institutions and hospitals. Three cases of falsifying doctors' prescriptions were recorded, less than in previous years (in 2012: 10, in 2011: 19). However, given the manner of keeping data in the information system of the MOI, it is impossible to see how many of these offences were committed by drug abusers. Organised crime groups usually commit other forms of organised crime, such as corruption, violence and money laundering. Special attention has been paid to early detection of money inflow from illicit trafficking of drugs, since earnings are the most significant segment of illicit drug trafficking, as well as to prevention and combating against laundering of money obtained from illicit drug trafficking. There is a special focus on exposing higher levels of the criminal pyramid or persons not directly involved in drug trafficking, but rather organising and financing this illicit activity.

Criminal offences committed by drug addicts can be shown with the help of the statistical data supplied by the Prison System Directorate of the Ministry of Justice. Addicted prisoners are specific in the types of criminal offences they commit. In comparison with other prisoners, the most frequent criminal offences they commit are in connection with drug abuse and criminal offences against property, and there are significantly fewer of them among perpetrators of criminal offences against life and limb, against sexual freedom and sexual morality, and other criminal offences. According to Table 9.5, out of all of the criminal offences leading to

imprisoning perpetrators during 2013, the most frequent were criminal offences of drug abuse, with 37.9% (in 2012: 46%), followed by offences against property, primarily larceny and aggravated larceny with 24.4% (in 2012: 23%), as well as robbery and larceny by coercion with 14.1%. They are followed by the criminal offences of murder and inflicting bodily injury with 4.3%, while all other criminal offences combined amount to 18.7%. Given that since the beginning of 2013 the new Criminal Code is in force, this report shows in parallel the number of addicted prisoners in relation with the type of criminal offence, convicted pursuant to the old and the new Criminal Code.

*Table 9.6 – Addicted prisoners in relation with the type of criminal offence in 2013<sup>87</sup>*

Type of criminal offence (articles from the Criminal Code of the Republic of Croatia)	Number of prisoners				
	Prisoners		Detainees	Minors	
	N1*	N2**		N1	N2
Narcotic drug abuse (Art. 173, only par. 1)	48	47	25	0	0
Narcotic drug abuse (Art. 173, par. 2, 3, 4, 5 and 6)	228	248	22	0	0
Larceny, aggravated larceny (Art. 216, 217)	92	178	67	1	33
Robbery (Art, 218, 219)	88	101	39	0	8
Murder, aggravated murder, manslaughter (Art. 90, 91 and 92)	21	13	8	0	0
Bodily injury (Art. 98, 99, 100 and 101)	5	10	2	0	7
Rape (Art. 188)	2	9	3	0	0
Sexual intercourse... (Art. 189, 190, 191, 192, 193)	0	6	7	0	0
Fraud (Art. 224)	2	7	13	0	0
Violent conduct within a family, neglect and maltreatment of a child (Art. 215 A and Art. 213)	1	11	19	0	
Other criminal offences	72	87	47	0	0
TOTAL	559	717	252	1	53
TOTAL (prisoners, detainees, minors)	1,276		252	54	
TOTAL	1,582				

\* N1 = persons with an imposed measure of mandatory treatment

\*\* N2 = persons without an imposed measure of mandatory treatment

Source: Ministry of Justice, Prison System Directorate

*Table 9.7 – Addicted prisoners in relation with the type of criminal offence in 2013<sup>88</sup>*

Type of criminal offence (articles from the Criminal Code of the Republic of Croatia)	Number of prisoners				
	Prisoners		Detainees	Minors	
	N1*	N2**		N1	N2
Drug abuse (Art. 190, par. 1)	1	1	7	0	0
Drug abuse – other (Art. 190, par. 2, 3, 4 and 5)	3	7	53	0	0
Larceny, aggravated larceny (Art. 228, 229)	2	6	66	0	0
Robbery, larceny by coercion (Art. 230, 231)	1	1	18	0	0
Murder, aggravated murder, killing, manslaughter	0	0	5	0	3

<sup>87</sup> Criminal Code (OG 110/1997)

<sup>88</sup> Criminal Code (OG 125/2011; OG 144/2012)

(Art. 110, 111, 112 and 113)					
Bodily injury, aggravated bodily injury, particularly aggravated bodily injury resulting in death (Art. 117, 118, 119 and 120)	0	0	12	0	0
Sexual intercourse without consent, rape, aggravated criminal offences against sexual freedom (Art. 152, 153 and 154)	0	0	3	0	0
Lewd acts, sexual harassment, sexual abuse of children, satisfying lust in the presence of a child (Art. 155, 156, 158, 159, 160 and 161)	0	0	0	0	0
Fraud (Art. 236)	0	0	1	0	0
Criminal offences against marriage, family and youth (Art. 67 – 179)	1	0	1	0	
Other criminal offences	4	0	44	0	0
TOTAL	12	15	210	0	3
TOTAL (prisoners, detainees, minors)	27		210	3	
TOTAL	240				

\* N1 = persons with an imposed measure of mandatory treatment

\*\* N2 = persons without an imposed measure of mandatory treatment

Source: Ministry of Justice, Prison System Directorate

### 9.3. Prevention of drug crime

In 2013, the Ministry of the Interior implemented multiple projects, i.e. prevention activities pursuant to the National Strategy on Combating Drug Abuse for the period from 2012 to 2017, and the accompanying National Action Plan for Combating Drug Abuse for the period from 2012 to 2014.

Below we present the data regarding prevention projects implemented in 2013 entered by the officials from the Ministry of the Interior into the electronic database kept at the Office for Combating Drug Abuse ([www.programi.uredzadroge.hr](http://www.programi.uredzadroge.hr)).

One of the programmes implemented was "No, because no" ("Ne, zato, jer ne"). This is a programme aimed at preventing addiction and raising the awareness of students for contacting and cooperating with the police, and it is connected to the "Together we can do more" ("Zajedno više možemo") programme which is carried out in elementary schools. The project was designed in cooperation with the City Office for Health, City Office for Education, Culture and Sports, Prevention Unit, and the Zagreb Police Department within the framework of the "Police in the Community" (Policija u zajednici) project and in agreement with the schools. The target group are first grade high school students. Within this project, police officials visit schools pursuant to a previously agreed schedule, and deliver hour-long (preferably during homeroom class) lectures in every class, whereby they begin by explaining the reason why they are there and emphasising the importance of citizens cooperating with the police. They continue by showing a short documentary, "Ecstasy kills" ("Ecstasy ubija"), lasting 16 minutes (*Granada Productions, UK, Executive Producer: Ian McBride*), followed by a lecture on the consequences of using addictive substances from the police perspective.

Theatre show "Drugs" ("Droga") was created at the initiative of the Ministry of the Interior, Zagreb Police Department and the Information Centre for Prevention, as a possibility to educate through art within the The/Arto project.



In cooperation with the City Office for Health, City Office for Education, Culture and Sports and the The/Arto organisation's Riječi / Prave / Predstave project the performance of the "Drugs" ("Droga") show was organised in elementary schools for seventh grade students and their parents, during which two professional actors presented this topic to children through acting, dance and games, thus educating them about the addiction problem in a way they have never experienced before.

In 2013, another project was carried out, "Zdrav za 5". This programme involves universal prevention of addiction and abuse of alcohol, drugs and games of chance, and it is aimed at children and young persons, students of the eighth grade of elementary school and first and second grade of high school. The programme is implemented on a national level in cooperation with the Police Directorate of the MOI, the Croatian Institute of Public Health of the Ministry of Health, the Ministry of Science, Education and Sports, and the Ministry of Environmental and Nature Protection. During 2012/2013 the project was carried out on the target group of a total of 15,000 students.



Accompanying educational materials were created as part of the project. PowerPoint presentations regarding certain subjects, which can be used by experts in elementary and high schools while teaching health education, as well as educational brochures for adults (experts, teachers, instructors, parents).

When discussing prevention of traffic violations committed under the influence of drugs, traffic police has continually conducted drug tests on drivers as part of the National Programme on Road Traffic Safety of the Republic of Croatia for the period from 2011 to 2020.

In 2013, a total of 1,008 drivers were tested for drugs in their system during the monitoring of traffic, which was 32% less than in 2012. (in 2012: 1,485). The presence of drugs was detected in 455 drivers. 281 of those drivers (61.7%) agreed to provide a blood and urine sample for analysis. 495 drivers (49.1% of the total number of tested drivers) were processed for committing a misdemeanour, 228 of them (46.1%) for refusing to take the test, 174 (35.1%) for refusing to provide a blood and urine sample, and 93 (18.8%) for detected presence of drugs following a blood and urine analysis.

## 9.4. Interventions in the criminal law system

The possibilities of rejecting criminal reports connected to drugs, discontinuing further criminal proceedings, postponing the execution of the punishment and various other measures (e.g. mandatory treatment for drug addiction or psychiatry treatment) which can be imposed by the court, are described in detail in the national reports for previous years. In connection with the reasons for rejecting criminal reports against adult perpetrators, DORH usually applies Article 28 of the Criminal Code, meaning that the criminal reports are rejected when the criminal offence has a minor significance (the so-called insignificant offence). In such cases, adult perpetrators are usually reported to DORH for the first time, for possession of small quantities of drugs for personal use. DORH also applies the insignificant offence in accordance with Article 33, when perpetrators are foreign citizens, usually tourists, visiting Croatia during the summer and in possession of a small quantity of drugs for personal use. Criminal reports can also be rejected based on Article 206 of the Criminal Procedure Act, when there are no elements of criminal offence, reasonable doubt etc. For juvenile perpetrators of criminal offences the provisions of Article 70 (unconditional opportunity) and Article 71 (conditional opportunity) of the Juvenile Courts Act are applied.

The Criminal Procedure Act provides for the so-called principle of opportunity, enabling DORH to discontinue criminal proceedings in the case of a report for a criminal offence punishable by a monetary fine or imprisonment for up to 5 years, if execution of punishment or security measures are on-going for the defendant, and there is no purpose to institute the proceedings for another criminal offence due to its gravity, nature of the offence and motives leading to its commitment, as well as to results the criminal law sanction had on the perpetrator in disabling him from committing criminal offences in the future, and if the defendant takes on the obligation of performing community service work or submitting themselves to treatment against drug abuse or other addictions pursuant to special rules. The principle of opportunity is mostly used by state attorneys specialised in youth, and the reports involving the younger members of the public are rejected pursuant to this principle. The execution of measures involving mandatory treatment and treatment against drug abuse for the criminal offence perpetrators was enhanced by the Probation Act,<sup>89</sup> which, among other, stipulates the role of the Probation Unit in the monitoring of mandatory treatment against drug abuse which was imposed together with conditional release and/or community service work.

When discussing reasons for rejecting criminal reports against adult perpetrators, DORH usually applies Article 33 of the Criminal Code (previously Article 28), stating that there shall be no criminal offence, although its material elements have been realised, if the offence is obviously insignificant with regard to the manner of the perpetrator's conduct, his culpability, and the incurred consequences and it is not necessary to punish the perpetrator (so-called insignificant offence).

Out of a total of 1,676 criminal offences reported in connection with drug abuse, 20 %, i.e. 342 criminal reports, were rejected, while in 2012 this share amounted to 72.2 %. For all criminal offences of this type committed by young adults in 2013, a total of 56 received judgements, 49 (88%) of them convicting, and 5 young adults were imposed juvenile sanctions. For a total of 60 minors decisions were made to reject the criminal report. For all of these criminal offences

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<sup>89</sup> Probation Act (OG 143/12).

committed by minors in 2013, a total of 34 received judgements, whereby 32 minors were imposed a punishment and an educational measure. Security measures were imposed for only one juvenile perpetrator. For 63 minors the State Attorney's Office issued a proposal regarding sanctions to the court.

## 9.5. Drug use and problem drug use in prisons

Drug addicts, persons abusing drugs, i.e. persons suffering from disorders caused by drugs (hereinafter: drug addicts) are one of the largest and most demanding groups of prisoners in the sense of treatment and security. Since addiction is directly connected to the commitment of criminal offences, the prison population constantly has a large share of drug addicts. A higher degree of recidivism is more frequent in this population than in the general prison population. Drug addicts are more prone to risky behaviour in prison than the rest of the prison population (self-inflicted injuries, suicide attempts, conflicts with other prisoners, attempts to obtain drugs etc.), and they are, on average, younger than the rest of the prison population, and more prone to health issues (hepatitis, HIV and an overall poor health condition).

Recording and collecting data on drug addicts within the prison system, serving a sentence longer than 6 months, is carried out pursuant to the standardised form of the EMCDDA (ST12) and a special registry was established for this purpose in 2007, including data from 2004 onward.

In 2013, prisons were home to a total of 1,958 prisoners addicted to drugs (all criminal law statuses), a share of 12.4% in the overall prison population for this year. In 2012, more prisoners addicted to drugs were part of the prison system (2,261), and the share of addicts among all prisoners was higher (13.5%).

Compared to the previous year, there was a decline recorded in the overall number of drug addicts within the prison system, by 13.4%, which is partly connected to the decline in the overall number of prisoners, by 5.8%. Apart from the overall decline in the number of addicts within the prison system during the year, a smaller share of them in the overall prison population, especially on the daily level, was recorded. In 2013, their share in the overall prison population was smaller by 1.1% than in 2012.

Out of 6,819 prisoners serving the prison sentence imposed on them in criminal proceedings in 2013, a total of 1,303 of them, i.e. 19.1%, were addicted to drugs. Within this number, 43.8% of the prisoners also had a security measure of mandatory treatment against drug addiction imposed along with the prison sentence, while in 56.2% of the prisoners drug addiction and/or disorders connected to psychoactive substance use was determined by the team of experts from the Centre for diagnostics in Zagreb, or the team of experts from the criminal authority, including a medical doctor.

Just like in the overall population of addicts within the prison system, a decline was also noted in the case of addicts serving a prison sentence in comparison to the previous year, however, for prisoners serving a prison sentence this decline was very significant and amounted to 40.8%. Apart from the decline in the overall number of prisoners, it is estimated that a smaller number of addicted prisoners was also influenced by the entering into force of the new Criminal Code.

Among addicts starting to serve their prison sentence in 2013 (N=759), only 206 of them, 27.1%, served prison sentence for the first time. This points to a high degree of recidivism in the addict population, amounting to as much as 72.9%. For the sake of comparison, the share of recidivists (persons who served prison sentence earlier) within the overall prison population starting to serve their prison sentence in 2013 was 31.5%.

All prisoners whose final judgement includes a prison sentence for more than 6 months are subjected to a diagnostics procedure in the Diagnostics department when they arrive to start serving their sentence. An individual programme for serving prison sentence is designed for each prisoner (just as for any other prisoner), which includes, inter alia, the need to include them into addiction treatment. Psychosocial treatment of addiction is planned through an individual programme of serving a prison sentence, and the medical treatment (pharmacotherapy) is carried out according to the actual needs, assessed by a medical doctor or psychiatry specialist.

193 minors were serving juvenile prison sentences or executing the educational measure of being referred to a rehabilitation centre in 2013, and in 57 of them (29.5%) drug addiction, drug abuse and/or disorders caused by psychoactive substance use was identified. During the year and on 31 December 2013, there were no minors on whom a court imposed the security measure of mandatory treatment for addiction due to the significant influence of drug addiction to the committing of the criminal offence, and one minor was imposed with the special obligation to subject them to a specialist medicinal procedure and treatment against drug abuse, with the consent of their guardian. In other minors, drug addiction, drug abuse and/or disorders caused by psychoactive substance use was identified by the team of experts from the rehabilitation centre, or penitentiary, including a medical doctor.

Out of the overall number of addicted prisoners during 2013 (N=1958), 66.5% were (adult) addicted prisoners serving the prison sentence imposed on them during the criminal proceedings, which was 5.4% higher than the previous year, while minors with drug problems (juvenile prison and educational measure) had a share of 9.9% in the overall addict population during the year, 7.6% lower than in 2012. In the overall drug addict population in 2013, as in the previous years, the most common was the addiction to opioid drugs with 47.2%, and the addiction to multiple drugs with 22.9%. They are followed by addiction to cannabinoids with 16.7%, addiction to sedatives and hypnotics with 7%, to cocaine with 3.6%, and to volatile solvents with 1.5%. During the year, the fewest were persons addicted to stimulants with 0.8% and persons addicted to hallucinogens with 0.2%.

As subgroups of addicted prisoners in the formal law sense special emphasis was put on persons who served prison sentences imposed on them during criminal proceedings and minors (juvenile prison, educational measure) during 2013. Among adult addicted prisoners serving their prison sentence during the year (N=1303) the majority were those addicted to opioids (46.4%) and those addicted to multiple drugs (24.6%). They are followed by those addicted to cannabinoids (15%), those addicted to sedatives and hypnotics (6.8%), those addicted to cocaine (34.1%) and to volatile solvents (2.2%). During the year this population also saw the fewest persons addicted to stimulants (0.7%) and persons addicted to hallucinogens (0.1%). All three cases involving minors serving juvenile prison sentences with identified drug addiction, drug abuse and/or disorders caused by psychoactive substance use were in connection with multiple substance abuse. In all 54 minors with the imposed educational measure of referring them to a rehabilitation centre, drug addiction, drug abuse and/or disorders caused by psychoactive substance abuse, i.e. abuse of cannabis, was identified.

Table 9.8 – Addicted prisoners by type of drug

TYPES OF DRUGS	Number of persons during the year											
	Prisoners		Detention		Convicted of a misdemeanour		Juvenile prison		Rehabilitation centre		Total	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
F11 opioids	610	605	227	241	45	79	1	0	2	0	885	925
F12 cannabinoids	304	195	57	66	21	12	4	0	21	54	407	327
F13 sedatives and hypnotics	78	89	52	35	29	14	0	0	0	0	159	138
F14 cocaine	53	54	22	16	4	1	0	0	0	0	79	71
F15 stimulants	29	9	9	7	1	0	0	0	0	0	39	16
F16 hallucinogens	3	1	1	3	0	0	0	0	0	0	4	4
F18 volatile solvents	1	29	1	0	0	0	0	0	0	0	2	29
F19 multiple drugs and other	547	321	101	94	13	30	4	3	21	0	686	448
<b>TOTAL</b>	<b>1,625</b>	<b>1,303</b>	<b>470</b>	<b>462</b>	<b>113</b>	<b>136</b>	<b>9</b>	<b>3</b>	<b>44</b>	<b>54</b>	<b>2,261</b>	<b>1,958</b>

Source: Ministry of Justice, Prison System Directorate

In regard to gender, the majority of both the overall prison population and the addicted prisoners (of all criminal law statuses) are males with a share as much as 96.8% in 2013. In regard to age, in 2013 the majority of addicted prisoners (of all criminal law statuses) were aged between 31 and 35 (28.8%, followed by prisoners aged 26 to 30 (23.7%) and aged 36 to 46 (21%). There were 13.4% of prisoners and minors under 25, with one minor under 16 years of age. There were 13% of addicts older than 40 years of age in 2013.

## 9.6. Responses to health issues connected to drug use in prisons

The implementation of special programmes is the central part of the treatment of addicted prisoners and it is continuously implemented in all prisons, penitentiaries and rehabilitation centres. They are implemented on an individual or group basis throughout the year by treatment officials in cooperation with officials from other departments. In 2013, a total of 972 prisoners and minors were included into the special programme for treatment of drug addicts (in 2012: 1,625).

Special treatment programmes are applied in accordance with the specific groups of prisoners (drug addicts, alcohol addicts, violent delinquents, sexual delinquents etc.) with a view to reduce the risk of repeating the criminal offence through mitigating and removing the dynamic criminogenic factors. The special treatment programmes are applied to persons who have received their final judgements, i.e. to prisoners and minors (juvenile prison and the educational measure of referral to a rehabilitation centre). They are imposed on prisoners and minors within the framework of implementing the individual programme of serving a prison sentence, i.e. the individual programme of conduct, depending on the assessment of their criminogenic risks and treatment needs, as well as general needs for a change in behaviour in order to enhance their quality of life and their immediate or wider social environment (programmes for education and development).

Drug addicts, persons abusing drugs, i.e. persons suffering from disorders caused by drugs (hereinafter: drug addicts) form a specific category of criminal offence perpetrators, i.e. prisoners. Although a portion of them is primarily criminalised, most of the persons serving their punishment for drug abuse, i.e. criminal offences connected to drug abuse, commit criminal offences as a direct or indirect consequence of these disorders. Therefore, the application of a special programme for the treatment of addicts, i.e. persons suffering from disorders caused by drug abuse, within the prison system is aimed at preventing recidivism into addiction, as well as into crime.

Addicts are included in the programme based on the imposed security measure of mandatory treatment against addiction, or on recommendation issued by a team of experts after the diagnostics carried out at the Centre for diagnostics or during the procedure of starting to serve their punishment with the criminal authorities. Regardless of how the prisoner is involved in the special programme, the access and elements of the programme are equal for all drug addicts. One of the important elements in the treatment of addicts is including them into treatment in their own community after having served their punishment, especially during conditional release, which is realised by referring the addicted prisoner to county mental health protection, prevention and outpatient treatment units, as well as to civil society organisations dealing with addiction treatment. The implementation of the programme focuses on group work, while individual work is mostly applied in combination with group work, or where there is no group work organised. In prisons, group treatment is carried out through groups of recovering addicts, and in penitentiaries through modified therapeutic community or groups of recovering addicts. During 2013, voluntary tests were carried out in order to determine serological status in regard to hepatitis, as well as voluntary tests for HIV in addicted prisoners, both as part of the work carried out by the Counselling Centre for Virus Hepatitis, also carrying out tests on prison system officials. A total of 409 prisoners were tested for HIV in correctional facilities during 2013, in connection with testing for contagious diseases within the prison system. Tests were carried out as part of the activities of the Department for health protection within correctional facilities, in cooperation with the Prison hospital in Zagreb or with schools of public health and organisations.

The registry kept at the Counselling Centre for Virus Hepatitis regarding the prison system contains data on persons suffering from chronic virus hepatitis and HIV, data on persons tested and vaccinated, and on persons who are currently in the process of pre-therapy diagnostic testing in order to treat chronic hepatitis, as well as persons with on-going treatment or post-treatment follow up. No new data were entered into the registry in 2013.

The Counselling Centre for Virus Hepatitis of the prison system, as part of the Internal Medicine Department of the Zagreb Prison hospital, conducted no prisoner education during 2013, either in smaller groups or individually, due to staff shortages and lack of financial resources. Education was carried out individually in patients admitted to the Internal Medicine Department in order to be processed and treated. Education was carried out throughout the year in penitentiaries and prisons through the Centre for voluntary and anonymous counselling as part of the project created by the Ministry of Health, or in cooperation with correctional facilities in schools of public health and organisations. Furthermore, the aforementioned Department did not take any blood samples and they did not administer any ENERGIX B vaccinations during 2013 because these activities received no funding from the budget. However, chronic hepatitis C treatment was carried out in 6 prisoners, and pre-therapy diagnostic processes were started and are on-going for another 5 prisoners. In correctional facilities, a total of 465 prisoners were tested for hepatitis B and C during 2013. Tests were carried out as part of the activities of the Department for health protection within correctional facilities, in cooperation with the Prison hospital in Zagreb or with schools of public health and organisations.

#### Treatment of addicts

Treatment of addicts includes both the medical and the psychosocial treatment. Psychosocial treatment relates to different psychosocial interventions and counselling, with regular and periodic abstinence checks, but it also includes general treatment methods: work therapy and organised free time of addicted prisoners. The treatment is carried out in teams, and the set-up of the team depends on the professional structure of the treatment department of a particular penitentiary or prison. Apart from the immediate provider (the therapist), the treatment also includes authorised expert counsellor for the treatment, a medical doctor, a psychiatrist where necessary, and also other team members from treatment groups tasked with carrying out the general treatment methods (vocational teachers, instructors, judiciary police officers). Addiction treatment is also the central part of their healthcare administered by a doctor and a psychiatrist.

During 2013, coordinated by the Office for Combating Drug Abuse of the Government of the Republic of Croatia, an interdepartmental expert work group, including Ministry of Justice representatives, created the *Guidelines for the psychosocial treatment of drug addiction in the healthcare, social and prison system*.

The special addiction treatment programme in 2013 included 972 prisoners, i.e. 14.3% of all persons serving their prison sentence in 2013. 53% of those drug addicts were included in the programme based on the imposed security measure of addiction treatment, and the rest based on the assessment of the team of experts from the Centre for diagnostics, i.e. the correctional facility.

On 31 December 2013, a total of 465 prisoners were included in the special addict treatment programme, i.e. 14.5% of the overall number of prisoners serving their sentence on that day. This shows a significant decline in the number of drug addicts included in the special drug addict treatment programme in comparison to the previous year. This is primarily due to the decline in the number of drug addicts in the prison system during the year, but partly due to the coordination of the identified degree of addiction, i.e. drug abuse, with the need for treatment, which is why the intensity and form of treatment are divided into grades. Therefore, the special

treatment programme is not applied to that portion of the prisoners who have not been identified as addicts, but have abused drugs without severe consequences. They are educated on the detrimental effects of drug abuse and subject to regular and exceptional abstinence checks, while the special treatment programme includes prisoners identified as drug addicts, whose abuse of drugs led to severe consequences, i.e. prisoners showing pronounced disorders connected to drug abuse.

*Table 9.9 - Number of prisoners addicted to drugs included in the special programme*

<b>DRUG ADDICT TREATMENT</b>	<b>during 2013</b>				<b>on 31 December 2013</b>			
	imposed security measure	imposed special obligation	by decision of a	<b>TOTAL</b>	imposed security measure	imposed special obligation	by decision of a team	<b>TOTAL</b>
prisoners	485	0	426	916	286	0	179	465
minors	0	1	56	56	0	0	24	24
<b>TOTAL</b>	<b>485</b>	<b>1</b>	<b>486</b>	<b>972</b>	<b>286</b>	<b>0</b>	<b>203</b>	<b>489</b>

*Source: Ministry of Justice, Prison System Directorate*

In case of minors, special treatment programmes include all persons who abuse drugs, regardless of whether severe consequences have occurred or not, given that the programme for minors is primarily a preventive measure. In 2013, out of 193 minors serving their juvenile prison sentence (in 2012: 217) or the educational measure of referral to a rehabilitation centre, 57 of them (30%) were included in a special programme (in 2012: 23%), i.e. into additional expert activities regarding drug addiction or problems caused by drug addiction. All minors were included in the treatment after the assessment carried out by the team of experts from the juvenile prison, i.e. rehabilitation centre. On 31 December 2013, out of 99 minors serving their juvenile prison sentence or the educational measure of referral to a rehabilitation centre, 24 of them (24.2%) were included in a special programme, i.e. into additional expert activities regarding drug addiction or problems caused by drug addiction. As during the year, all of them were included in the treatment after the assessment carried out by the team of experts from the juvenile prison, i.e. rehabilitation centre.

*Table 9.10 – Prisoners addicted to drugs treated with methadone during the detoxification procedure in the infirmary*

<b>METHADONE – DETOXIFICATION</b>	<b>prisoners</b>		<b>detainees</b>		<b>convicted of a misdemeanour</b>		<b>juvenile prison</b>		<b>rehabilitation centre</b>		<b>TOTAL</b>	
	M	F	M	F	M	F	M	F	M	F	M	F
during the year	74	1	75	7	16	0	0	0	0	0	165	8
<b>on 31/12/2013</b>	<b>31</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>46</b>	<b>0</b>

*Source: Ministry of Justice, Prison System Directorate*

The application of opioid agonist treatment is continuously present within the prison system. Up until 2007, methadone was used as the exclusive substitution substance, primarily within the sense of rapid or slow detoxification, and exceptionally as a maintenance treatment. In 2007, buprenorphine, a partially opioid agonist, was introduced and it is used in the detoxification of opioid addicts. It is also the first doctor's choice for maintenance therapy.

*Table 9.11 – Prisoners addicted to drugs treated with buprenorphine during the detoxification procedure in the infirmary*

BUPRENORPHINE – DETOXIFICATION	prisoners		detainees		convicted of a misdemeanour		juvenile prison		rehabilitation centre		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F
during the year	204	2	78	1	15	0	0	0	0	0	297	2
on 31/12 2013	84	0	21	0	0	0	0	0	0	0	105	0

Source: Ministry of Justice, Prison System Directorate

Taking into account all prisoner categories, it is evident that during the year, detoxification by opioid agonists was applied to 472 persons, methadone in 3.7% of the cases, and buprenorphine in 63.3% of the cases. On 31 December 2013, a total of 151 prisoners were involved in detoxification processes, whereby in 69.5% of prisoners detoxification was executed using methadone, and in 30.5% of them using buprenorphine.

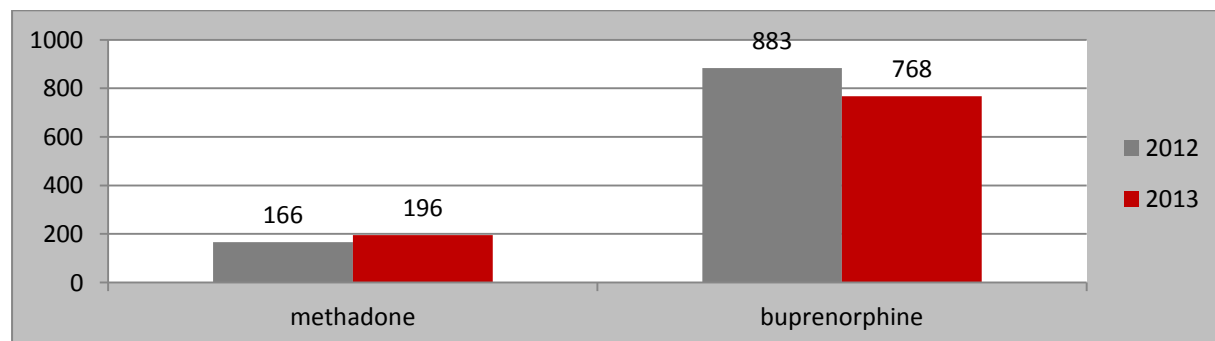
*Table 9.12 – Prisoners addicted to drugs who underwent opioid replacement therapy in 2012 and 2013*

Treatment during the year	2012		2013	
	M	F	M	F
methadone	153	13	183	13
buprenorphine	866	17	759	9

Source: Ministry of Justice, Prison System Directorate

Before the introduction of buprenorphine, maintenance treatments using opioid agonists was mostly prescribed for detainees and convicts, while prisoners serving their prison sentence were maintained on methadone only in exceptional cases. With the introduction of buprenorphine, a significant number of prisoners is maintained on opioid agonists.

*Chart 9.12 – Prisoners addicted to drugs who underwent opioid replacement therapy in 2012 and 2013*



Source: Ministry of Justice, Prison System Directorate

During 2013, there was a total of 942 of these prisoners (on methadone and buprenorphine), and 80.6% of them were administered buprenorphine, which is still the doctors' first choice in maintenance treatments. Methadone continues to be used less in maintenance than buprenorphine, and in 2013 out of the total number of prisoners involved in maintenance treatments using opioid agonists, 19.4% were administered methadone. However, in comparison to the previous year, an increase in the use of methadone in maintenance treatments was recorded since it was used in only 15.8% of the cases in 2012.

### Psychoactive substance abuse

Possession or taking of medications without any special approval, possession or taking of any narcotic or psychoactive substance or alcohol, as well as refusing tests for the presence of alcohol, narcotic or psychoactive substances – these are all disciplinary offences described in the Execution of Prison Sentence Act. Prisoners are tested for the presence of drugs (and medications prescribed by their doctors) at the time of admission to the correctional facility, upon return from using the benefit of leave, and through regular and periodical tests in prisons and penitentiaries. Tests are carried out pursuant to the special *Protocol regarding the testing of prisoners for drugs of abuse in penitentiaries and prisons*. In addition to performing searches of persons, premises and items, testing the prisoners is an extremely important prevention and control activity for detecting the presence of drugs in correctional facilities, and also a vital method in the treatment of drug addicts, used to check the abstinence of prisoners and monitor the administration of the prescribed psychopharmaceutical therapy.

During 2013, a total of 469 prisoners committed a total of 511 disciplinary offences in connection with the abuse of psychoactive substances. The number of disciplinary offences exceeds the number of prisoners and minors who committed them due to the fact that certain prisoners and minors repeat the disciplinary offence once or more times. It should be noted that the disciplinary offences of drug abuse (taking, possessing or refusing testing) are also committed by prisoners who are not addicts.

*Table 9.13 - Disciplinary offences in connection with the abuse of psychoactive substances in 2013*

PSYCHOACTIVE SUBSTANCE ABUSE		alcohol		heroin		other drugs		buprenorph ine (not prescribed by a medical doctor)		other pharmacotherapy (not prescribed by a medical doctor)		refused testing		TOTAL	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Prisoners	No. of disciplinary offences	49	6	0	0	48	0	159	1	139	5	45	0	440	12
	No. of prisoners who committed a disciplinary offence	46	6	0	0	42	0	149	1	131	5	39	0	407	12
Minors	No. of disciplinary offences	0	0	0	0	37	0	0	0	7	0	15	0	59	0

No. of minors who committed a disciplinary offence	0	0	0	0	32	0	0	0	6	0	12	0	50	0
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Source: Ministry of Justice, Prison System Directorate

Out of all of the disciplinary offences connected to the abuse of psychoactive substances, 9.6% of the abuse was alcohol abuse, while 46.6 % was (illicit) drug abuse, and it should be noted that no disciplinary offences regarding heroin abuse have been recorded. Medications not prescribed to the prisoner by a doctor had a share of 59.5% of the disciplinary offences in connection with the abuse of psychoactive substances, and in 11.7% of the cases the psychoactive substance is unknown because the prisoner refused to be tested. As in the previous year, a high share of minors in committing disciplinary offences connected to the (illicit) drug abuse can be noted. Out of a total of 85 such disciplinary offences, as much as 43.5% were committed by minors. Out of a total of 193 minors serving their juvenile prison sentences or educational measure of referral to a rehabilitation centre, 25.9% of them committed disciplinary offences connected to the abuse of different psychoactive substances.

During 2013, a total of 11.3% fewer prisoners (2,801) were tested for drugs in comparison to the previous year (in 2012: 3,157), and 20% of them tested positive, i.e. 548 prisoners, while the share of prisoners positive for presence of drugs was 17% (in 2012: 545).

Informative education for prisoners is continuously carried out by treatment officials individually and/or in groups, as part of the implementation of a special programme aimed at addicted prisoners in prisons and problematic consumers in penitentiaries and rehabilitation centres.

Employee checks are carried out from time to time using the random choice method, and checks aimed at preventing the bringing in drugs are carried out each time a person or item enters the penitentiary of prison, when prisoners return from using the benefit of leave, when family members visit prisoners, when receiving packages, monitoring the walks taken by prisoners, and during internal controls. During 2013, a total of 17,388 premise searches and 195,185 prisoner searches were conducted, whereby drugs were found in 22 cases.

Table 9.14 shows that in 2013 a somewhat smaller number of premise searches was conducted (-3.2%), but a higher number of person searches and there was an increase in the number of cases in which drugs were detected (22), which is the highest number since 2009.

Table 9.14 – Number of prisoners and premises searched (2006 – 2013)

Year	Persons searched	Premises searched	Number of cases including discovery of drugs
2006	136,395	9,411	64
2007	141,700	11,934	37
2008	164,452	17,025	23
2009	187,373	18,854	60
2010	199,898	19,989	No data

2011	220,012	20,519	8
2012	190,671	17,963	10
2013	195,185	17,388	22

*Source: Ministry of Justice, Prison System Directorate*

Because of the need for faster and better exchange of information regarding crime and notification between the prison system and the police (including data on prisoners who committed criminal offences connected to drug abuse), in December 2009 the Standard Operating Procedure was signed among the Ministry of Justice, the Prison System Directorate and the Police Directorate of the Ministry of the Interior, and it entered into force in 2010. In December 2010, a special Protocol regarding the cooperation among the Ministry of Justice, the Prison System Directorate and the Police Directorate of the Ministry of the Interior was signed, regulating the implementation of Article 131 of the Execution of Prison Sentence Act, i.e. the collection of opinions and security assessments regarding the prisoners' benefits, including addicted prisoners. The cooperation pursuant to these two documents has been implemented since 2012. Training of new judiciary police officers was conducted, entitled Drug Abuse Prevention in Correctional Facilities and Recognising the Signs of Drug Abuse by Type / Detection Methodology and Proving Drug Abuse within the basic course of the judiciary police.

## 9.7. Reintegration of addicts following their release from prison

One of the measures from the Implementation programme of the National Action Plan for Combating Drug Abuse regarding the prison system is the upgrading of special treatment programmes for prisoners and minors in the part relating to the post penal admission and continued treatment of released prisoners and minors, as well as the cooperation with state authorities, healthcare and other public institutions and organisations in order to ensure post penal admission and continued rehabilitation of prisoners upon their release to freedom.

County public health institutes' units tasked with the protection of mental health protection, addiction prevention and outpatient treatment, as well as organisations, are included in the continuous provision of psychosocial and other assistance to prisoners within the prison system, as well as upon their release to freedom. The majority of the prisoners is included in treatments during their conditional release or after the expiry of their sentence, and this connection begins during the serving of punishment while using the benefit of leave.

Some prisons also carry out this cooperation by having representatives from county mental health and addiction prevention units or organisations present at the meetings of recovering addict groups in prisons, as collaborators in the implementation of the special programme.

Within the addict treatment segment, we should emphasize the cooperation with the Home for Drug Addicts of the Susret Community, whereby an agreement was signed on cooperating on the project regarding psychosocial rehabilitation of addicted prisoners during their conditional release. This cooperation is carried out on the entire prison system level, especially in the Glina penitentiary, Gospić prison and the Department for female prisoners of the Požega penitentiary.

In order to enhance the monitoring of applications regarding addiction treatment in the Republic

of Croatia and secure the quality of treatments for addicts, pursuant to EU standards, in coordination with the Office for Combating Drug Abuse, the Agreement on the cooperation and exchange of data between systems involved in therapy and treatment of addicts was signed.

Pursuant to the Execution of Prison Sentence Act,<sup>90</sup> a conditionally released convict can be obligated to continue treatment by way of a court decision, which is, in the case of drug addicts, the continuing of the addiction treatment in a healthcare institution or another form of executing the treatment of drug addiction within a therapeutic community, institution or another legal entity conduction therapy programmes.

Preparation of prisoners for release starts after being admitted to a prison or penitentiary. The prisoner is encouraged to participate responsibly in the preparations for release in a penitentiary or prison, and outside of the penitentiary or prison, and especially to maintain a relationship with their family, contacting state authorities, institutes and organisations, as well as persons who are actively involved in integrating prisoners into life after imprisonment. No more than three months before the release, the penitentiary or prison is obligated to include the prisoner into individual or group counselling regarding the preparation for release.

After the release, the released person can contact the judge for the infliction of sanctions in order to obtain assistance and support. The judge for the infliction of sanctions cooperates with the social welfare centre to which he can give an order, by way of a written decision, to take measures necessary to provide assistance after the release. Assistance after the release entails a number of measures and procedures applied in order to integrate the released prisoners into life after imprisonment. Apart from securing housing and maintenance, advice is provided regarding the choice of a place to live or stay at, harmonising family relationships, finding jobs, completing professional training, providing monetary support for paying for essential necessities etc., as well as securing adequate treatment.

Given that the prison system spent a significant amount of resources during 2012 as part of the social reintegration of prisoners, by including 156 prisoners (11 of them female) into education activities, the same possibilities were given to other equal partners and participants of the Project in 2013. New education possibilities provided by this project to interested prisoners will be enabled in 2014 as well, depending on the available resources.

### Probation system

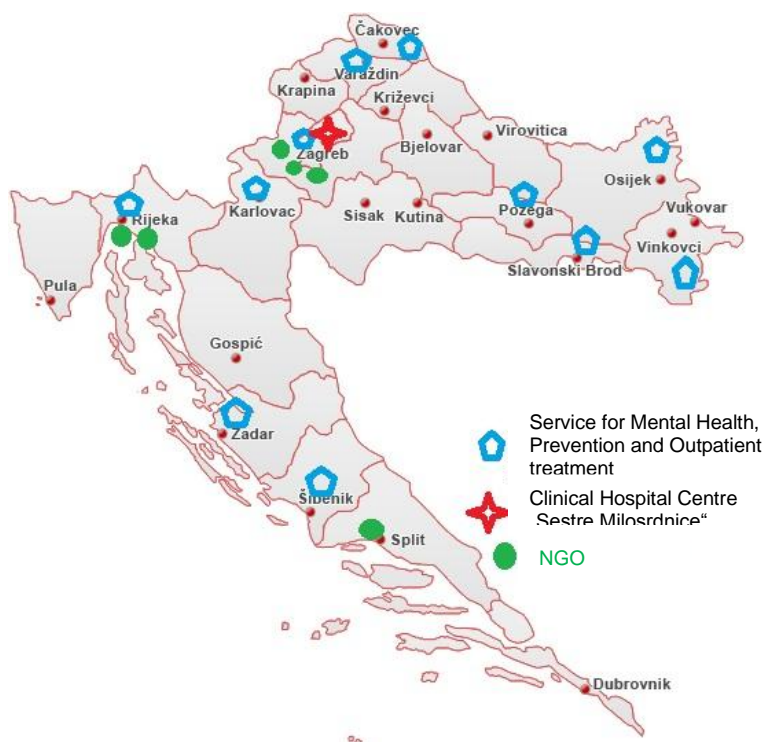
The first probation units in the Republic of Croatia became operational in June 2011. As part of the National Strategy on Combating Drug Abuse in the Republic of Croatia (2012-2017), a special goal was defined for the probation system – development and creation of probation work for convicted criminal offence perpetrators with a drug abuse problem, in order to treat their addiction, include them in rehabilitation programmes, and reintegrate them into society. Furthermore, in the three-year National Action Plan on Combating Drug Abuse in the Republic of Croatia (2012-2014) two principal goals were defined: 1. to increase the number of measures and sanctions carried out within the social community towards adult addicts – criminal offence perpetrators, and enhance their execution; and 2. to enhance the carrying out of treatment, rehabilitation and social integration of addicts who committed criminal offences within the social

<sup>90</sup> Execution of Prison Sentence Act (OG 128/99, 55/00, 59/00, 129/00, 59/01, 67/01, 11/02, 190/03, 76/07, 27/08, 83/09, 18/11, 48/11)

community. Psychosocial treatment in the narrow sense is not carried out as part of the probation, but only certain interventions aimed at involving the addict in existent psychosocial treatment forms within the healthcare and social welfare system, and with the purpose of motivating the criminal offence perpetrator for keeping up with the treatment. In securing the necessary psychosocial treatment for drug abusers, the probation unit is first and foremost focused on close cooperation with all providers of different types of psychosocial treatments aimed at addicts as part of the healthcare and social welfare system. In carrying out a certain sanction or measure within a community, based on the principles of case management, the probation officers cooperate with state attorney's offices and courts, but also with the providers of different types of psychosocial treatments within the healthcare and social welfare system, so as to secure the necessary services, monitoring and coordination for criminal offence perpetrators, as well as a prompt intervention in case of increased probability of repeating a criminal offence (e.g. quitting treatment, multiple repeated positive testing). Good cooperation with providers of psychosocial treatment within the prison system is also necessary in order to enable the exchange of information and plan interventions when a convict, after working within the framework of probation "enters" the prison system, or if they leave the prison or penitentiary and "arrive" to the probation system, i.e. the community. In connection with addict treatment, heads of probation offices and/or probation officers held 31 meetings in 2013.

Figure 9.1 shows which organisations the Probation units refer the convicts to in order to secure therapy and treatment due to drug abuse: Dedal organisation (Split), Vida organisation (Rijeka), Terra organisation (Rijeka), Udruga za kreativni socijalni rad in Zagreb, Croatian organisation for health education and psychosocial assistance (HUZEPP) and Udruga za kreativni socijalni rad.

*Figure 9.1 – Institutions and organisations the Probation units refer the convicts to in order to secure therapy and treatment due to drug abuse*



Source: Ministry of Justice, Directorate for Criminal Law and Probation

Since 2013 the probation offices have employed coordinators for activities connected to combating drug addiction, whose main tasks are to monitor events and connect the probation office with other stakeholders in the local/regional community, who deal with the problem of combating drug addiction, to maintain regular exchange of information with the Central office regarding addicts and events connected to the problem of combating drug addiction, as well as to assist other probation officers in connection with the problem of combating drug addiction (the coordinators are also possible future educators). As part of the cooperation of the Probation sector with the Office for Combating Drug Abuse and the Institute of Public Health "Dr Andrija Štampar", a lecture was held on 10 December 2013 entitled "Challenges in working with drug addicts" ("Izazovi rada s ovisnicima o drogama"), aimed at heads of probation offices and probation officers / coordinators for combating drug abuse from all 12 probation offices.

During 2012, the probation unit mostly executed sentences which imposed a probation sentence with supervision and sentences imposing community service work. Pursuant to Article 2 of the Probation Act, probation work is executed while deciding on prosecution, setting security measures for the presence of the defendant, choosing the criminal law sanction type and executing criminal law sanctions imposed on the criminal offence perpetrator. The probation unit did not start monitoring more conditionally released convicts until 2013, while the delivery of reports for the State Attorney when deciding on prosecution, as well as the delivery of reports to judges when choosing the criminal law sanction type is yet to start. It is expected that with the development of the probation unit and an increase in the number of probation work executed, the number of addicts included in the probation work will also increase.

Table 9.15 – Number of persons involved in certain forms of treatment within the probation system

Number of included convicted persons	2012	2013
in certain treatment forms within the probation system in the framework of executing probation sentence with supervision	56	45
with a security measure of treatment imposed together with community service work (execution monitored by the court or a special treatment obligation)	136	184
as part of conditional release	2	308
based on the State Attorney's decision (conditional suspension of prosecution)	3	2
TOTAL	197 6%	539 11%
Total number of on-going cases (from 1 January to 31 December 2012, probation officers were working on these cases)	3,284	4,908

Source: Ministry of Justice, Directorate for Criminal Law and Probation

According to Table 9.15, in comparison to 2012, there is an increase in the number of addicts involved in probation, which is a consequence of an increase in the number of conditionally

released convicts by the probation unit since the beginning of 2013.

## **10. Drug markets**

### **10.1. Introduction**

According to Croatian legislation,<sup>91</sup> drug is defined as any substance of natural or synthetic origin, including psychotropic substances listed in the schedule of drugs and psychoactive substances, and any cultivation, manufacture, possession or trafficking of drugs is illegal. Therefore, the term “drug markets” in this chapter primarily refers to illicit drug markets. However, in this text we will also mention new psychoactive substances. Due to the dynamic emergence of psychoactive substances in the world as well as in the Croatian market, only a part of them is currently regulated by the applicable regulations in our country and it is therefore necessary to mention that “drug market” in the broader sense also refers to legally available substances which have drug-like properties.<sup>92</sup>

One of the main priorities of the national policy on combating drug abuse in the Republic of Croatia is the reduction of supply, and consequently the availability of drugs. Considering the fact that the reduction of drug availability, especially on the streets, may affect the drug demand and interest of at-risk groups that have not begun to consume drugs yet, persons responsible for sale and distribution of drugs on the Croatian territory are constantly under pressure as they are subject to a proactive approach and investigations conducted on the basis of the collected and analytically processed data. In order to reduce the impact of international smuggling routes on the drug market in the Republic of Croatia, but also of the operations of local organised crime groups, the prosecution authorities of the Republic of Croatia have, in recent years, initiated and/or actively participated in a series of highly successful, international operations covered by the media.

It should be mentioned that the total length of Croatian land borders with five countries of 2 028 km and 5 835 km of sea coastline, with its geopolitical and geostrategic position and the tendency to establish a more free system of movement of goods and passengers upon Croatian accession to the EU on 1 July 2013, require extraordinary efforts to detect attempted smuggling of drugs. Therefore, in addition to the Croatian police, cross-border traffic is also controlled by customs officials. They also conduct enhanced surveillance measures on a continuous basis.

Since the Ministry of the Interior, within which the National Police Office for Suppression of Corruption and Organised Crime (PNUSKOK) and the Drugs Department as an organisational unit of the PNUSKOK operate, keeps all records relating to drug-related crime, the data and information provided by the Ministry are used in this chapter in addition to the available research data. Although the customs services have the authority to confiscate the drugs detected, the records of total seizures at the national level are kept by the Ministry of the Interior, as the police

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<sup>91</sup> Drug Abuse Prevention Act (OG 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11, 80/13); Criminal Code of the Republic of Croatia (OG 125/11, 144/12)

<sup>92</sup> All new psychoactive substances detected in Croatia undergo the health and social risk assessment, which is the basis for a decision on the need for placing them under legal control. However, before the legal regulations are introduced they can be found legally sold on the Internet, in specialised shops (“smart / head shops”) and other points of sale.

are authorized to carry out evidentiary measures and actions upon detection of a criminal offence relating to drug abuse, which also includes drug smuggling. The data are collected by police departments on standardised forms and entered for processing in the electronic records of the Ministry on a monthly basis. The electronic model of data management at the Ministry of the Interior provides continuous assessment of threats from organized crime (including drug-related crime), which may affect the socio-economic system and the political stability of Croatia.

## 10.2. Availability and supply

The previous two reports provided a detailed description of the data on drug availability in the Republic of Croatia. They were based on the results of the European School Survey Project on Alcohol and Other Drugs (ESPAD),<sup>93</sup> the *Research on substance abuse in the general population of the Republic of Croatia* (Glavak Tkalić et al., 2012) and the survey *Availability and prices of illicit drugs in the Republic of Croatia* (Doležal, 2011). We will give here only a summary thereof.

The survey *Availability and prices of illicit drugs in the Republic of Croatia* (DCID) was conducted for the first time in 2011 and repeated two years later. The aim of the survey was to obtain data for the year 2012, and they were collected from December 2012 to April 2013. As the final survey report was available only as of October 2013, the results of this survey could not be presented in the last year's report. The survey methodology was described in detail in Chapter 2.4. However, it should be mentioned that both surveys used the method of structured interviews. Therefore, the questionnaire was created by addicts and harm reduction programme employees in order to for the questions to be clear, and for the received answers to allow an insight into the actual situation on the drug market and to be used as a supplement to police intelligence on the functioning of the drug market in the Republic of Croatia. Based in the experience obtained in the previous report, in 2013 DCID additional attention was paid to the quality of data, particularly in the context of issues relating to substitution therapy in the treatment of addiction diseases. As the target group consisted of the harm reduction programme beneficiaries, i.e. addicts who almost daily consume different types of drugs, in particular opiates, it is understandable that their answers represent a valuable source of information necessary not only for understanding the legality of a significant part of the illegal drug market, but also for identifying potential shortcomings of the treatment system. Opiate addicts taking part in substitution maintenance therapy are not rare among harm reduction programme beneficiaries. However, there are also those who encountered opiates for the first time in form of a medicine on the illegal drug market. The above was confirmed by the information that about 50% of respondents who consumed methadone daily or several times a week in 2012 usually took intravenously from illegal sources. Less than half of respondents (47%) used heroin with the same frequency. Due to the widespread polyuse of different addictive substances, respondents were well informed about almost all aspects of the drug market in the Republic of Croatia and provided valuable information and data on the availability, prices, sources and procurement methods for a wide spectrum of illicit drugs and medications placed under legal control. Considering the profile of respondents themselves, only sporadic information was obtained on new psychoactive substances.

<sup>93</sup> European School Survey Project on Alcohol and Other Drugs (ESPAD)

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

The first survey on substance abuse among the general population of the Republic of Croatia, which was conducted in 2011, provided data on the perception of the possibility of acquiring drugs in general and personally, then on the availability of drugs to respondents themselves, on respondents' perception of the possibility to acquire certain addictive substances by themselves and personal acquaintances with people who consume illicit drugs. In the whole sample (people aged between 15 and 64 years), 44.9% of respondents believed that drugs were generally quite available in the Republic of Croatia, while 27.9% believed that drugs were generally available to a large extent. Although the majority of respondents estimated that drugs in Croatia were generally available, when asked about the extent to which they were available to them personally, more than half of respondents (55.4%) in the whole sample reported that they were not available to them at all. Although in the age group of young adults (between 15 and 64 years) the opinion among respondents that drugs were not available to them prevailed, in comparison to the whole sample, young people had significantly easier access to drugs, as expected. One third of all respondents were offered some kind of drug, while in the sample of younger adults that share included a half of them. If they wanted to obtain some sort of an illicit psychoactive substance within 24 hours, one half of adults, as regards cannabis, and three quarters of adults, as regards heroin, stated that obtaining them would be difficult. As regards personal acquaintances with persons who consumed specific drugs, around one third of adults (32.6%) and around one half of young adults (51.8%) stated that they knew a cannabis consumer. As regards consumers of ecstasy, amphetamine, cocaine, heroin and LSD, about one tenth or of adults or fewer said that they knew people who took these drugs (ranging from 5.9% for LSD consumers to 13.0% for ecstasy consumers).

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

One of the objectives under the survey *Availability and prices of illicit drugs in the Republic of Croatia* (DCID) conducted in 2013 was to assess the availability, exposure and access to drugs in Croatia. Table 10.1 provides an overview of the answers to the question on the availability of certain drug types. This is also information on the time frame required by a respondent to get to a specific drug. The proposed answers were the following: fully attainable (within one hour), very easily attainable (within 2-3 hours), easily attainable (within 6-8 hours); less attainable (1-2 days), fully unattainable and I do not know. Apart from „typical” drugs, the survey also assessed the availability of substitution therapy for opiate addicts, other medications on the illegal market and legal highs. Out of the total number of respondents (N=582), most of them answered the question on the availability of drugs. The majority answered the question on the availability of heroin, methadone, cocaine and marijuana, and the least number of respondents provided answer on Subutex, Suboxone and other medications, even though there were still over 530 answers to this question. In the 2011 DCID respondents knew least about the availability of

methamphetamine and legal highs. This was even more underlined in this survey and confirmed premise that they were not the most popular ones among respondents. They did not know much about the availability of LSD, Subutex and hashish. It should be noted that a significant number of respondents selected the answer „I do not know” for the majority of observed substances. This was not the case with the previous survey when many more respondents were able to assess the availability of a specific substance. However, account should be taken of the fact that a smaller number of respondents at the time provided an answer on the availability of specific types of drugs at all.

Marijuana was reported as the most attainable addictive substance on the illegal drug market. It was fully attainable to 36.2% of respondents, very easily attainable to 27.9% respondents and easily attainable to 18.2% respondents. The second most available substance was methadone (fully attainable = 22.5%, very easily attainable = 15.5% and easily attainable = 23.4%). As many as 71% of respondents of the previous survey stated that they could obtain it within one hour. However, when interpreting these data account was taken of the fact that some of the 2011 DCID respondents had the legal availability of methadone in mind, although the surveyors should have mentioned that it related solely to the availability of the drug on the illegal market. This was one of the reasons why the questionnaire was restructured in order to obtain better and clearer data. As a result if this, one of the proposed answers on the procurement source was „physician”. However, the data indicate that in 2012 a physician was the methadone source only in 16.6% of the cases. Respondents usually obtained from a dealer, in 68.6% of the cases, and even in smart shops (0.9%). Higher values were also observed for questions on the perceived availability of other substitution medications, in particular Suboxone. Among the „typical” drugs, apart from the already mentioned marijuana, the second most attainable drug was heroin, which was perceived fully, very easily or easily attainable in 2012 by 55.5% of respondents. It was followed by cocaine with 28.3% of respondents, ecstasy with 25.9%, amphetamines with 25.8% and hashish with 21%. At first, it seems that the perceived availability of drugs in 2012 significantly changed in comparison to 2010 when most drugs were considered quite available (full, very easily or easily attainable: marijuana 93.6%, hashish 75.3%, ecstasy 68.6%, heroin 62.2%, amphetamines 58.7% and cocaine 54.9%). However, as underlined above, higher percentage of respondents who answered „I do not know” to the availability question in the 2013 DCID should be factored in when interpreting data. A comparison of the results of the two surveys lead us to the question whether the availability of most drugs has actually decreased, in particular of hashish and stimulants such as amphetamines, ecstasy and cocaine.

*Table 10.1. – Availability of specific drug types in 2012 among harm reduction programme beneficiaries in the Republic of Croatia*

DRUG TYPE	N	Fully attainable (%)	Very easily attainable (%)	Easily attainable (%)	Less attainable (%)	Unattainable (%)	I do not know (%)
Marijuana	555	36.2	27.9	18.2	3.8	-	13.9
Hashish	541	10.3	3.9	6.5	7.4	0.2	71.7
Heroin	569	14.6	15.8	25.1	22.1	4.9	17.4

Methadone	568	22.5	15.5	23.4	6.2	0.2	32.2
Subutex <sup>94</sup>	530	11.1	2.8	7.9	3.4	0.4	74.3
Suboxone <sup>95</sup>	531	19.6	4.5	15.1	4	-	56.9
Cocaine	558	8.6	7.9	11.8	21	11.8	38.9
Amphetamine	548	10.4	5.7	9.7	16.2	2.4	55.7
Methamphetamine	543	2.6	2.6	5.7	7.4	3.3	78.5
Ecstasy	541	6.8	7.6	11.5	5.7	0.4	68
LSD	542	3	2.8	3.1	8.7	1.8	80.6
Synth.	541	3.7	1.7	2.8	1.8	0.6	89.5
Synthetic	538	1.9	0.7	0.7	1.3	1.1	94.2
Other medications	534	19.5	8.6	7.7	2.1	0.6	61.6
Other new drugs	540	2.4	6.5	6.5	0.9	0.9	82.8
Something else	540	2.2	1.1	0.9	0.6	1.1	94.1

Source: Doležal 2013

Since 47% of respondents are daily or at least weekly heroin users, and additional 26% use it on a monthly basis, the survey covered the most relevant population for assessing heroin availability on the drug market. It is worth noting that the percentage of respondents claiming to be regular or occasional heroin users in the 2011 DCID was higher (2010 = 93%; 2012 = 71%). Only 5% of respondents who answered that question believed that heroin was impossible to obtain in 2012 (2010 = 11.5%), while 22% of them assessed it was difficult to obtain (2010 = 25.5%).

The drug market survey also included questions on the sources and methods of drug supply. In 2012, most drugs were usually obtained from a dealer (93.3%<sup>96</sup> heroin, 91.7% methamphetamine, 89.4% cocaine, 84.4% ecstasy, 84.1% amphetamine, 80% synthetic cathinones, 78.5% marijuana, 69.2% LSD, 68.6% methadone, 61.3% hashish, 59.3% other medications, 57.5% Suboxone, 31.9% Subutex). An exception to this are synthetic cannabinoids obtained usually from friends and in smart shops (35% each). It is interesting to note that the 2011 DCID respondents indicated a dealer (62.5%) as the main source of supply of synthetic cannabinoids, while in 2012 only 20% of respondents obtained this type of drugs from such source. A friend was the second most common source of supply indicated for most drugs, with the highest percentages in case of hashish (31.3%), LSD (25%), synthetic cathinones (20%) and Suboxone (18.3%). In 2010, a friend was the most significant source of drug supply, in particular for ecstasy, LSD and Subutex. One of the suggested answers to the question on the source of drugs was "partner" with the highest percentages in case of Subutex (12.8%), Suboxone (6.7%) and LSD (5.8%). This is very similar to the situation in 2010. The Internet was a source of supply only in case methadone, but with a significant percentage of answers (38.6%). Attention should also be paid to (rare) answers according to which various medications and cannabis products may be obtained in smart shops, in addition to already mentioned synthetic cannabinoids. It has already been stated that the questionnaire used for the 2013 DCID survey was corrected for the

<sup>94</sup> Subutex is a registered medication containing buprenorphine used in opiate addiction treatment.

<sup>95</sup> Suboxone is a registered medication containing a combination of buprenorphine and naloxone used in opiate addiction treatment.

<sup>96</sup> Explanation: Out of the total number of respondents who answered the question on the source of heroin supply, 93.3% of them stated "a dealer". The same logic applies to other percentages in brackets.

purpose of better understanding the answers of respondents. Therefore, the question on the source of drug supply contained an additional suggested answer, namely „a medical doctor”. This answer was selected for methadone (16.6%), Subutex (29.8%), accounting for the second most frequent source for this medication, and Suboxone (15.8%). The above answers implied legal sources of supply so that the figures in brackets represent the shares of therapy prescribed to respondents in the total circulation of these substances on the drug market. However, it is surprising that this option also includes the supply of synthetic and natural cannabinoids, although in small quantities.

The distribution of drugs in relation to the methods of their supply is interesting. In 2010, most drugs were usually obtained in an open public place, with the exception of cocaine and heroin which were collected at a dealer’s house. Two years later, an open public place was the most frequent answer for the supply of Subutex (46.8%),<sup>97</sup> Suboxone (45%), hashish (39.4%), synthetic cathinones (37.5%), marijuana (33%), other medications (29.6%) and LSD (29.4%). Methamphetamine (45.6%), cocaine (35.7%), amphetamines (35.2%), ecstasy (33.6%), heroin (33.6%) and methadone (30%) were the most common drugs collected at a dealer’s house. Although not the most frequent place of supply, a dealer’s house was indicated as the second most relevant place for buying other medications, marijuana and Suboxone. Unlike the previous survey results, in 2012 the supply of drugs in a closed public place grew in importance. Such locations were the most frequent first choice for buying “other legal highs”. LSD, cocaine and other stimulants were also often obtained in such places. Delivery of drugs to people’s homes was not the first choice of supply of any drugs. However, it was the second choice for synthetic cannabinoids (interestingly, a smart shop was only ranked third), hashish, synthetic cathinones and Subutex. “Other” was the most frequent answer only for synthetic cannabinoids, and undefined ways of supply were also present to a lesser extent for all other types of drugs.

In late 2011 the Office for Combating Drug Abuse commissioned the first pilot survey on legal highs conducted by the Faculty of Education and Rehabilitation Sciences, University of Zagreb (Kranželić, 2012). The second survey of this kind, described in Chapter 2.4, was conducted in 2013. The main instrument was an online survey posted at the biggest and most organized Croatian forum “Forum.hr”,<sup>98</sup> due to its many groups gathering young people assumed to be a good source of information on legal highs. According to the results, the number of respondents using legal highs increased from 7.8% in 2011 (N=1,330) to 13.9% in 2013 (N=1,035). The most frequently used substances were synthetic cannabinoids, ketamine and mephedrone. These were obtained from friends or personally in smart shops, even kiosks, video rental shops, clubs, gyms, sex shops, Indian shops, etc. According to the information held by the Office, there are around 15 smart shops currently in the Republic of Croatia. Even though this number is negligible in comparison to other European countries having several dozens of such shops, it is significant at the level of Croatia. Due to its advertising, it has a particularly detrimental effect on the younger population as it encourages consumption. New mechanisms have therefore been initiated in order to facilitate a more effective control of smart shops and restrict the legal sale of new psychoactive substances.

<sup>97</sup> Explanation: Out of the total number of respondents who answered the question on the method of supply of Subutex in 2012, 46.8% of them stated “an open public place”. The same logic applies to other percentages in brackets.

<sup>98</sup> It should be mentioned that according to <http://rankings.big-boards.com/> forum.hr is ranked among the TOP 50 forums worldwide considering the number of members and daily traffic.

### **10.2.2. Origin of drugs: National production versus imported drugs**

Croatia is primarily a transit country and the production of drugs is restricted to cannabis intended solely for personal use or sale on the Croatian market. In the Republic of Croatia a smaller part of cannabis products is cultivated outdoor, but we have also recorded sporadic cases of indoor cultivation. The largest part of cannabis herb is smuggled from Albania, which is a big producer of marijuana. The rest is smuggled from Morocco and other countries that are known as traditional producers.

Even though in recent years the neighbouring countries have detected laboratories for illegal production of synthetic drugs, no such case has been recorded in the Republic of Croatia. There is no domestic production since, considering the experience, market, logistics, supporting chemical industry and experts involved in the illegal production of drugs, the production in Croatia is not cost-effective. Synthetic drugs, such as amphetamine and amphetamine derivatives (usually, ecstasy tablets), are smuggled in different ways from Western European countries, but also from increasingly present drug market of certain Eastern European and Asian countries.

Heroin is smuggled from Afghanistan and other South-western Asian countries producing heroin. It is also important to mention that Croatia actively participates in the efforts of the international community in combating opium production in Afghanistan and participates in the military mission in Afghanistan, and has sent several police officers to provide help in training of Afghan police officers

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

In addition to the overview of smuggling specificities according to particular drug types (10.2.3), a comment on the origin of drugs is also provided.

### **10.2.3. Trafficking patterns, national and international flows, routes, modus operandi; and organisation of domestic drug market**

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

Criminal groups involved in drug-related crime are formed according to various criteria. In every country there are records of groups bound usually by their ethnicity and familial links, groups formed on the basis of guild membership (companies and truck drivers in international traffic, sailors in international waters) and criminal groups without any special pattern, formed for a particular job.

Also, organised criminal groups use globalisation trends that enable faster and more liberal regime of the flow of goods and people. For the purpose of drug smuggling, transport companies or their drivers are used to a particularly large extent. Their occupation, knowledge of routes,

some knowledge of police and customs work and underpayment for that job facilitate the recruitment of such persons by the members of criminal groups. Those criminal groups are not focused on a particular type of drug but they smuggle what is required, i.e. the smuggling of drugs or other goods depends on the decision of a smuggling organiser. These are usually small groups, managed by organisers that coordinate smuggling together with the leaders of other groups. It has been observed that the majority of organised criminal groups combine other criminal activities with their primary criminal activity of smuggling and drug trafficking in order to carry out these activities successfully, and to prevent detection and prosecution. Different national criminal groups cooperate perfectly regardless of their political, language and other differences. Alarming trends have been recorded concerning an even more organized activity of criminal groups and criminal organisations with a predominantly international element

The Balkan route is the name of the well paved network of routes used for decades for smuggling different types of goods, weapons and people, with vast profits generated by criminal associations. When it comes to drugs, the first association linked to the term "Balkan route" is heroin. However, this is actually a two-way route used for illegal trafficking of various drugs – heroin and cannabis to the West, and precursors and synthetic drugs to the East – as evident from seizures. On the other hand, heroin smuggled from Afghanistan via Turkey and the Middle East countries towards South Eastern Europe poses the biggest threat to the societies of transit countries, and a challenge to prosecution authorities. Croatia is particularly affected by one of the branches of the Balkan route traversing Kosovo, Serbia, Monte Negro, Bosnia and Herzegovina and Croatia on its way to the Western European countries. As a consequence of the two EU enlargement rounds in 2005 and 2007, the Balkan route has been modified to an extent. Due to the Schengen regime it has been moved somewhat to the North; it starts from Serbia and proceeds into Hungary or Romania. We believe that the modified route is used for smuggling smaller quantities of drugs (up to several dozens of kilograms), while the route used for smuggling large quantities in lorries to the final destination of the legal load has not changed. No significant changes have been introduced since Croatia's accession to the European Union because our country is still located outside Schengen Area. However, the liberalization of the cross-border regime for EU citizens has resulted in increased drug smuggling for personal use, particularly during the tourist season. Considering Croatia's joining the Schengen Agreement in the future, there is a high risk that Croatia will regain its significance of a transit country and the shortest way from Eastern to Central Europe for all types of smuggling, including drugs. At that moment we can surely expect a "revival" of the central branch of the Balkan route traversing Croatia, which was discontinued upon Bulgaria and Romania's accession to the European Union.

### Heroin

Larger quantities of heroin are usually smuggled through the Croatian territory without the participation of Croatian citizens, i.e. shipments only transit Croatia on their way to the West. Most of the domestic market is supply through continuous shipments of small quantities organized by smaller local criminal groups. This makes the continuous work on the prevention of this issue even more challenging. To that end, the identification of criminal groups and individuals in the region participating in the organization of the above activities (their modus operandi, use of logistics services of Croatian citizens, etc.) is underway. Heroin smuggling is particularly characterized by the fact that it is organised by criminal groups of ethnic Albanians who organise and run heroin smuggling through the "Balkan route" and dominate it. They mostly originate from Western Macedonia and Kosovo and some of them come from Albania, as well as their members across the South Eastern Europe and the European Union. Ethnic Albanians are

characterized by strong family ties in various countries in the region, Europe and across the globe, which they use for illegal activities. A large community of ethnic Albanians also operate on the Croatian territory. Reasons for that are geographical, historical, cultural, etc. Smuggling is performed in such a way so that organizers, i.e. ethnic Albanians, often use so-called couriers for smuggling. They are usually citizens of transit countries or countries with drug markets which are the final destination of heroin. Since every part of a group is responsible for its own goods that it smuggles and the route it covers, it is difficult to determine how big they are. Organised criminal groups have the tendency to occasionally engage a certain number of associate members depending on the criminal activity. We estimate that a larger number of smaller criminal groups in Croatia that are active at local and regional levels smuggle and traffic in heroin in their local area. The majority of organised criminal groups combine other criminal activities with their primary criminal activity of smuggling and drug trafficking in order to carry out these activities successfully, and to prevent detection and prosecution. All the above also encourages criminal groups to commit other criminal offences, the so-called secondary criminal offences.

Although there is an increasing number of significant heroin seizures (several kilograms each), smuggling of large quantities (over 100 kg) in lorries poses a particular problem. Smuggling is partly conducted through Croatia on the route from Turkey to the Western European countries. Croatia is the only country in the region with no records of seizures of large heroin quantities in lorries in the previous period. There are records of transport company services (own or in someone else's name) being used in the international freight road traffic, but also in other forms of international traffic. In addition, rent-a-car services have been used for heroin smuggling.

In the previous period, the Ministry of the Interior recorded a distortion in the supply of the Croatian illegal heroin market, which was partially a result of global trends. Illegal heroin market has been stable over the past years. The decreasing number of newly registered heroin addicts can be to an extent interpreted by the fact that heroin abuse is no longer popular, in particular among the younger population, which has now turned to chemical drugs and marijuana. The issue of heroin smuggling or addiction is not expected to escalate in the Republic of Croatia, as it has been stable for years. However, should production increase, a rise of heroin smuggling through the Balkan route and through the Croatian territory can be expected.

### Cocaine

The global trend of cocaine overproduction in some South American countries, in particular in Columbia, Bolivia and Peru continues. Smuggling from cocaine-producing countries is carried out through South American transit countries such as Venezuela, Argentina, Uruguay, and particularly Brazil, as well as transit ports in African countries such as the Republic of South Africa and Western African countries. Cocaine smuggled from these countries is further directed to the European illicit drug market, in particular via ports of entry in Europe, particularly in Spain, Belgium, the Netherlands, and South-eastern European countries.

According to the operational intelligence of the Ministry of the Interior, certain drug cartels increasingly redirect cocaine smuggling to the European market due to high demand, i.e. unsaturated market, relatively high cocaine prices and poor penal policy. The above exerts pressure and threat to our so called "blue border" through other forms of cocaine smuggling using sailboats, bulk carriers, container ships, cruise ships, etc. Croatian citizens are involved in the organization and smuggling of cocaine intended for the Western European drug market.

Passenger and cargo airlines are used for cocaine smuggling from traditional South American drug-producing countries by couriers, in fast parcels, luggage, etc. For example, small private VIP jets are used for smuggling. All weak points of the Schengen border are exploited in the process.

"Non-Albanian" criminal groups prevail in cocaine trafficking. However, an increasing number of Albanians is involved in cocaine smuggling by taking over direct contacts in South America or ports of entry in Western Europe. As in other smuggling activities, in the "cocaine business" various national criminal groups readily cooperate regardless of their political, linguistic and other differences. Perpetrators of this type of crime are characterised, inter alia, by their interconnection. However, organizational structure changes depending on the characteristics of each respective job requiring specific skills (e.g. divers, etc.). A criminal organization is then created for a specific task. Sometimes a member of a criminal group commits criminal offences for another criminal group, even though these criminal groups occasionally have opposite interests or objectives. Cooperation among criminal organizations takes many forms (e.g. drug exchange, hiding of foreign criminal group members on their territory, etc.). According to the currently available data, out of 8 criminal operations monitored by the Ministry of the Interior, at least 5 of them deal with cocaine smuggling and trafficking as part of their criminal activities. Organized criminal groups involved in these activities often commit secondary criminal offences, such as murder, serious bodily injury, threat, extortion, kidnapping, blackmail, car theft, etc. Alarming trends have been observed with respect to increasingly organized operations of criminal groups and organizations with a prevailing international element for the purpose of generating more profit, facilitating further activities and preventing detection and processing.

Members of organized criminal groups predominantly smuggling cocaine also use extreme measures such as intimidation and violence tactics against their group members and members of their families in order to enforce internal discipline, other persons required to act in a manner expected by an organized criminal group, but also against rivaling criminal groups. In some cases violence is used in order to cover up criminal offences or prevent initiation of criminal proceedings and evade criminal responsibility. It is also used as a result of greed, clashes and animosity, or as a means to climb up the ladder in a criminal group, etc. A significant number of perpetrators of these criminal offences are recidivists who continue to carry out these criminal activities even after they have been processed and convicted, i.e. after they have served their prison or suspended sentence.

Organized criminal groups dealing predominantly with cocaine smuggling use advanced technical and IT equipment (one-time or specific use of SIM cards and cell phones, as well as online communication and VOIP). In their criminal activities, organized crime group members usually use forged ID cards and other documents. They have knowledge of foreign languages (Spanish, Albanian, etc.), and all important arrangements are agreed in person.

The Ministry of the Interior has recorded cases of legal business structures being used for criminal activities, and the head of a company being at the same time the head of a respective criminal group. The assumed organizers of the above forms of smuggling are mostly owners of various companies that used for introducing illegal profits into regular financial flows and organizing bogus shipments solely in order to cover up smuggling. There are also records of transport company services (own or in someone else's name) being used in the international freight road traffic, but also in other forms of international traffic. Furthermore, rent-a-car and rent-a-boat services are also used for cocaine smuggling. In general, transport companies and

their drivers are suitable for recruitment into criminal activities due to their occupation of a professional driver, knowledge of routes, some knowledge of police and customs work and underpayment for that job. Moreover, criminal groups are not focused on specific types of drugs or goods. Smuggling organizers decide on the drugs and goods to be smuggled. These are usually smaller groups, managed by organisers that coordinate smuggling together with the leaders of other groups.

Cases of real estate purchase (holiday homes, hotels, land, catering facilities, etc.) for the purposes of investment and money laundering, use of the banking system for transferring money for purchasing a vessel and use of the financial system for money laundering (e.g. purchase of shares, properties, movables, sale and remittance to foreign accounts) are not rare. A part of the pecuniary gain is also invested in further criminal activities and corruption, or it is intended for personal use. The above legal affairs are conducted in the areas of banking, trade, real estate, catering, etc.

It has been observed that, to some extent, organized criminal groups carry out corrupt practices in order to ensure smooth cocaine smuggling, laundering of the so called "dirty" money in legal financial flows and transactions, and evasion of criminal prosecution of criminal group members. Corrupt activities target all institutions at local and state levels, and include financial means, material gifts and provision of various services. There are also records of threatening being used to incite corrupt behaviour. Such corrupt practices have been observed along the entire cocaine smuggling route – from cocaine-producing countries through transit areas to countries in which it is places on the illegal market.

Increase in traffic in Croatian seaports, nautical and air traffic, and the global trend of increased imports of South American cocaine into the European drug market contribute to its rising threat potential for the Republic of Croatia, as well. It is assessed that cocaine-related crime does not pose a danger for legal business on the legal market. However, organized criminal activities of criminal groups and international crime organizations exploiting certain shortcomings in the system should be monitored.

### Cannabis products

Cannabis herb (marijuana) is still the most common type of drug on the Croatian market. In sporadic cases, we have recorded the seizures of cannabis resin (hashish), while hashish oil seizures are rare and therefore we can conclude that it is not represented on the drug market. The largest portion of cannabis products for the domestic and European drug markets are smuggled from Albania, through Montenegro, and Bosnia and Herzegovina. Herbal cannabis is the most smuggled drug; we have recorded cases of seizures of several kilograms to up to more than 100 kg each. Small quantities (several kilograms) are smuggled via road transport by cars mostly from Bosnia and Herzegovina. However, there are also cases of drug smuggling on foot across the so-called "green border". Large quantities of marijuana (several hundreds of kilograms) are smuggled by road cargo transport on the route Albania – Montenegro – (Bosnia and Herzegovina) Croatia – Western European drug market. Over the past few years, we have recorded an increase in the smuggling of larger quantities of cannabis herb by road transport from the territories of our neighbouring countries, especially Bosnia and Herzegovina and Serbia and Montenegro, as well as by sea from Albania. Albania has lately been known as an important producer of cannabis herb and even the cannabis resin.

As with other drugs, for cannabis smuggling there are also records of transport company services (own or in someone else's name) being used in the international freight road traffic, but also in other forms of international traffic. Rent-a-car services have also been used for smuggling. Cannabis products, as well as synthetic drugs, are smuggled during the summer tourist season in smaller quantities by foreign tourists, mostly from the Western European countries, usually for personal use. As for specific characteristics of persons suspected of smuggling cannabis products, criminal groups composed of ethnic Albanians who organise and smuggle large quantities of cannabis herb, the so-called skunk, produced mainly in Albania should be mentioned. The organisation and smuggling of cannabis products, primarily cannabis herb, are carried out by citizens of the countries on the smuggling route from Montenegro, Bosnia and Herzegovina and Croatia, who buy larger quantities of drugs from Albanians and smuggle the drug further in their own arrangement and resell it on the Croatian and Western European drug markets. Organised criminal groups occasionally engage a certain number of associate members, depending on the criminal activity. We estimate that a larger number of smaller criminal groups in Croatia that are active at local and regional levels smuggle and traffic in cannabis herb in their local area. However, these smaller criminal groups certainly cooperate with other criminal groups in the region. In spite of the rising number of seizures and arrests of criminal group members who cooperate and work in Croatia and our neighbouring countries, the pressure exerted by smuggling keeps getting greater and in the upcoming period we can expect an increase in production, followed by an increase in smuggling into Croatia, and through Croatia to the Western European drug market.

### Synthetic drugs

Smuggling of synthetic drugs is mainly performed by road traffic (car or bus), but also by other means (postal service). Synthetic drugs for the Croatian drug market are often smuggled by Croatian citizens who reside or stay in the Western European territory where the drugs are produced. A special problem poses online trafficking in synthetic drugs and the situation in the countries (China, India, Pakistan) with the strong chemical industry from which, due to the loose control system, precursors and synthetic drugs can easily be exported into other countries.

Legal highs, mostly of chemical origin, which are not listed in the schedule of prohibited drugs and psychoactive substances, have recently become a challenge. Drug designers who synthesize new chemical compounds are always one step ahead of the law enforcement authorities. As in other parts of Europe, many new chemical compounds described in Chapter 10.4.2 have started to appear to which the Croatian market has relatively well responded.

Criminal groups smuggling synthetic drugs are formed on the basis of different criteria and are usually smaller in size, while in case of new synthetic drugs criminal activities are also carried out by individuals. The importance of the Internet as a means of communication and trafficking in synthetic drugs is on the rise. Online banking services are also used, and smaller drug quantities are delivered to the buyer by post.

Although seizures indicate a greater presence of synthetic drugs, the smuggling and abuse are not expected to escalate. However, the new psychoactive substance market development should be closely monitored for the purpose of introducing control measures and protecting public health. As stated in Chapter 10.3.3., so far there have been no records of synthetic drug production.

Operational intelligence and the results of conducted criminal investigation indicate a slightly greater presence of synthetic drugs, in particular amphetamines, on the Croatian drug market. This was confirmed by the greater number of amphetamine and MDMA seizures in 2013.

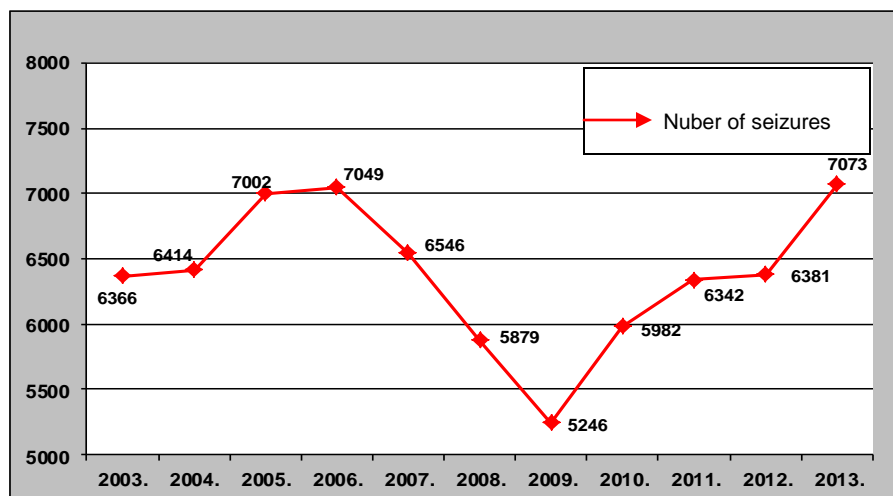
In conclusion, it is estimated that the state of drug-related crime does not present a threat to the social and economic system and political stability of Croatia, but there are records of some serious trends of increasingly organized operations of criminal groups with a predominantly international element, which exploit certain flaws in the system. In 2013, there were 1,826 cross-border drug smuggling cases involving 1,989 persons. A total of 776 kilograms of all drug types were seized at the time.

## 10.3. Seizures

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

In 2013, there were 7,073 seizures of all types of drugs, thus continuing the upward trend in the total number of drug seizures which started in 2010. The number of drug seizures increase by 10.8% in comparison to 2012, when there were 6,381 seizures (according to ST, 2013).

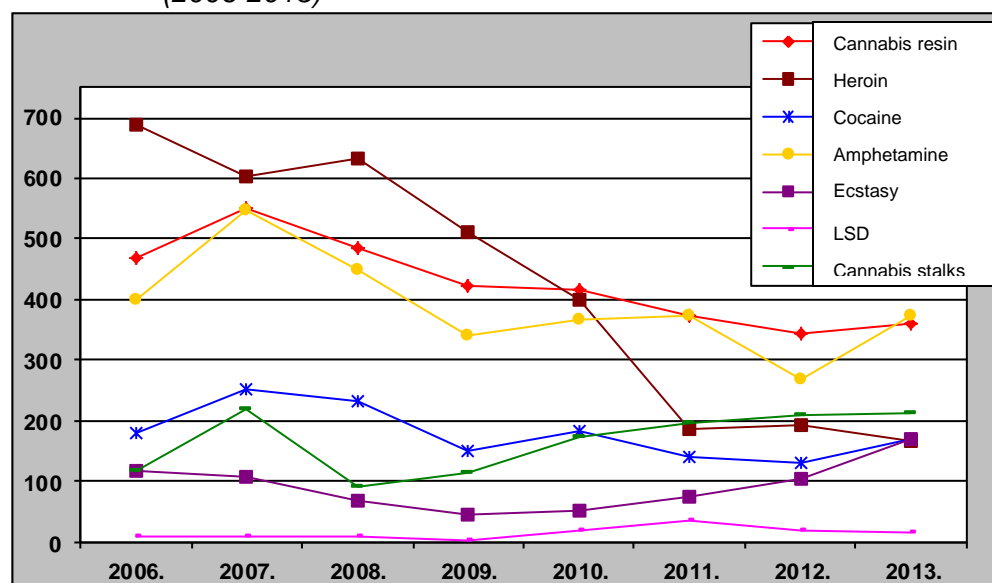
Chart 10.1 – Total number of drug seizures in the Republic of Croatia (2003-2013)



Source: Ministry of the Interior

If we look at the total annual number of seizures conducted in the period 2003-2013 (Chart 10.1), it is evident that the last year's seizures reached the 2005 and 2006 levels. In case the upward trend continues, they could reach the record-high levels of the number of seizures conducted in 2001 and 2002. A higher number of total illicit drug seizures is a result of increased activities conducted by border, local and criminal police forces in combating drug abuse and crime.

Chart 10.2 – Number of drug seizures in the Republic of Croatia by drug type (2006-2013)



Source: Ministry of the Interior

The overview of the number of seizures by drug type (Chart 10.2) shows a decline in the number of heroin seizures, thus continuing the multiannual downward trend, and a decline in the already small number of LSD seizures. Seizures of all other drug types are on the rise. The chart does not show the number of seizures of cannabis herb due to its high values which continue to rise and methamphetamine which is hardly present on the Croatian territory.

Table 10.2. – Quantities of seized drugs in the Republic of Croatia (2006-2013)

DRUG TYPE	2006	2007	2008	2009	2010	2011	2012	2013
Cannabis resin (kg)	12	4	5	113	3	2	23	5
Cannabis herb (kg)	202	239	221	255	422	421	1,069	1,047
Cannabis stalks (pieces)	2,699	2,886	272	5,336	3,766	4,136	6,703	3,957
Heroin (kg)	82	74	153	59	98	33	29	10
Cocaine (kg)	6	105	29	7	15	4	5	9
Amphetamines (kg)	12	8	15	13	6	15	3	13
Ecstasy (until 2011 in tablets, in 2012 in kg)	16,340	12,609	6,855	2,455	2,160	2,898	1	0.89
LSD (doses)	21	215	653	21	101	682	862	148
Methadone (tablets)	12,551	6,529	10,920	4,070	3,449	5,586	2,681	1,627

Source: Ministry of the Interior

The above table (Table 10.2) shows the quantities of respective drug types seized in the period 2006-2013. Amphetamine and cocaine were seized in (significantly) increasing quantities, while the seizures of other drug types were smaller in 2013 than in the previous year. It should be

pointed out that despite the slightly smaller quantity of cannabis herb in comparison to the previous year, in absolute terms the seizures of this drug remained almost at the same level. If we analyse the data available from ST 13, 2014 by drug type in a more detailed manner, heroin seizures have been declining for years. A decrease in the number of heroin seizures was pronounced in 2009, 2010 and particularly 2011, stagnant in 2012, and continued in 2013. As a logical consequence, distortions on the heroin market are demonstrated by the quantities of seized heroin since in the past three years they were several times smaller than before. Only 10 kg of heroin was seized in the reporting year. This was by a third less than in the previous two years and as much as 10 times less than in 2010. Among bigger heroin seizures, there was a 3.1 kg seizure reported in the Zagreb area in January, and a 2.9 kg seizure reported in December, also around Zagreb. The decline in seizure quantities in comparison to the previous year (2012) can be explained by the fact that in 2012 there was a large seizure of 24 kg on the Montenegrin border which significantly affected the 2012 results. Consequently, it was followed by a decrease in 2013. It is interesting that the number of seizure methadone tablets is declining. It seems that the recruitment of new heroin addicts is plummeting (5,586 in 2011, 2,681 in 2012 and 1,627 in 2013) since the number of addicts taking long-term substitution therapy has been stagnant for years, while the number of new opiate addicts has declined. On the other hand, there is an alarmingly high increase in the seizures of benzodiazepines and other drugs listed in the schedule of controlled drugs that are supplied to different types of addicts, a significant number of whom is not covered by the treatment system.

Significant cocaine seizures are still sporadic. This shows that despite the new trends in trafficking smaller quantities of cocaine across South-eastern Europe, the biggest part of cocaine intended for the European market enters through Western European ports. The largest quantities of drugs were seized in 2000 (913 kg), 2003 (351 kg) and 2007 (105 kg). In 2013 there were 171 cocaine seizures with a total weight of 9 kg. Police officers of the Zagreb Police Department seized nearly 4 kilograms during criminal investigation conducted on two Serbian citizens. At the Stara Gradiška local border crossing point slightly over 2 kilograms of this drug were seized from a Croatian citizen, and 1 kg in Šibenik in late 2013. In comparison to the previous year, these figures indicate a 30% increase in the number of seizures and over 60% increase in seized quantities.

As already explained in the previous reports, the number of seized cannabis stalks in 2008 showed significant deviations since an 8,900 m<sup>2</sup> industrial hemp plantation with 269,109 plants (25-35 stalk/m<sup>2</sup>) was destroyed that year. The purpose of the plantation was not illicit hemp cultivation, but fish food production. However, it was destroyed due to the illicit THC content. The number of cannabis stalk seizures has been slightly growing since 2009, although there was a decline of 41% in seized quantities in 2013 in comparison to 2012. Available data and operational intelligence over the past years indicate increased domestic production of this type of drug. The biggest number of 438 stalks in outdoor cultivation were seized in June 2013, in the area of the Split-Dalmatia Police Department. The biggest indoor cultivation was seized in October in the area of the Zagreb Police Department (229 stalks). The biggest seizure of cannabis herb was carried out in early 2013, at the Karasovići international road border crossing (Dubrovnik-Neretva County) when 232.79 kg of marijuana was seized upon completion of criminal investigation on an Albanian citizen. A total of 1,047 kg of cannabis herb was seized in the observed year. This was 23 kg less than the year before, but still 2.5 times more than in 2011 and 2010, and around 4.5 times more than in the previous years. The number of cannabis herb has been on a continuous rise for years. In 2013 there was a new increase of 1.8% in comparison to the previous year (2012 = 4,098, 2013 = 4,171). Cannabis resin seizures have

been declining slightly for a longer period of time, with only a smaller increase recorded last year (4.7%). On the other hand, the quantities of seized cannabis resin vary significantly. For example, 113 kg were seized in 2009, 23 kg in 2012, and slightly over 2 kg in 2011. In 2013, the quantity of seized hashish amounted to 5 kg.

The quantity of seized amphetamine in 2013 significantly "improved" (12.6 kg) in comparison to 2012 (3.4 kg). However, it should be pointed out that the quantity seized in 2012 was the smallest one since 2003. Seized quantities vary significantly on a year-to-year basis. However, they were usually almost steadily declining in isolated three-year periods. In 2013, both the quantities of seized amphetamine and the number of seizures increased (by 40.2%) in comparison to 2012. After the previous multiannual downward trend in ecstasy (MDMA) seizures, in 2013 the increase which started in 2010 continued. A sharp drop in ecstasy seizures over the past decade (from 110,632 tablets seized in 2002 to 2,160 tablets in 2010) was alleviated in 2013. Considering the change in methodology of registering seized ecstasy quantities (until 2012 quantities were registered in the number of tablets, and since 2012 in total weight) it is possible to make a precise comparison only of the quantities seized in the past two years when around 1 kg of ecstasy was seized each year (1.06 kg in 2012 and 0.89 kg in 2013). Methamphetamine seizures should also be pointed out as they are not typical for the Croatian drug market and only smaller seizures are occasionally reported.

Over the years LSD seizures have varied significantly, in particular in the seized quantities. They peaked in 2011 (682 pieces) and 2012 (862 pieces) in comparison to only 21 seized LSD blotter papers in 2006 and 2009. In 2013, 148 pieces of material containing LSD were seized. In the same year, the number of LSD seizures declined to 16 in comparison to 20 cases in 2012 and 37 in 2011.

With regard to the territorial distribution of the total number of seizures conducted in the Republic of Croatia in 2013, the data collected by police departments show that, similar to previous years, the highest number of seizures were made in the counties with the largest urban centres, which also have the highest rate of treated drug addicts. Apart from the City of Zagreb and the Zagreb County, the highest number of seizures was made in the coastal counties, mostly in the Istria County, the Primorje-Gorski Kotar County and the Split-Dalmatia County. Greater availability of drugs in these counties is believed to be a result of Croatia's tourism and seafaring-oriented policy, but also of a higher demand for drugs. In all of these counties, where the highest results were achieved in 2013, the number of seizures increased in comparison to the previous year, except for the Zagreb Police Department. Out of a total of 20 police departments that operate on the Croatian territory, 9 of them recorded a decline, and 11 recorded an increase in the number of seizures compared to the previous year. The highest increase was recorded in Varaždin Police Department (71.4%) and Dubrovnik Police Department (63.5%).

The largest quantities of heroin were seized by the Zagreb Police Department (7.4 kg), Split-Dalmatia Police Department (1.3 kg) and Šibenik-Knin Police Department (0.7 kg). The Zagreb Police Department also seized the largest quantities of cocaine (4.5 kg). It was followed by the Šibenik-Knin Police Department (1.3 kg) and Brod-Posavina (1.1 kg) Police Department. The largest methadone seizures were carried out by the Zagreb Police Department (804.5 tablets), followed by the regional PNUSKOK department in Zagreb (392 tablets) and the Istria Police Department (148 tablets). The highest number of cannabis herb were detected in the City of Zagreb and the Zagreb County where 1,152 stalks were seized. A slightly smaller number (893) was seized in the wider Split area. Significant quantities were also seized by the Koprivnica-

Križevci Police Department (421 pieces) and Karlovac Police Department (267 pieces). The Dubrovnik-Neretva Police Department seized as much as 656 kg of cannabis herb. The Split-Dalmatia seized a slightly smaller quantity of 235 kg. It was followed by the Šibenik-Knin Police Department with 138 kg, Zagreb Police Department with 105 kg and Vukovar-Srijem Police Department with 102 kg. The regional PNUSKOK department in Zagreb seized the largest quantity of cannabis resin amounting to 2.2 kg, and among police departments, the largest quantity was seized in Istria (0.6 kg). It appears that the largest quantities of ecstasy can be found in Istria (370 g), the Brod-Posavina County (127 g) and Split-Dalmatia County (186 g). The police departments with the largest amphetamine seizures were the Split-Dalmatia Department with 10 kg and Varaždin Police Department with 5.5 kg.

The Drug Crime Service of the Ministry of the Interior carried out a number of international activities through meetings and workshops with police departments in other countries relating to complex criminal investigations. An example of a successful international police cooperation and criminal investigation (Table 10.3), initiated by the Croatian police, was a criminal investigation under the code name GLADIUS. It was an opportunity to establish intensive cooperation at the police and state attorney level in Croatia, Monte Negro, Bosnia and Herzegovina and the Federal Republic of Germany. 53 persons were arrested, and a total of 376 kg of cannabis herb, 500 g of heroin and 22 kg of plastic explosive seized. Cooperation with the SELEC was established within this criminal investigation. In addition, a criminal investigation under the code name BELA, also conducted at the initiative of the Croatian police, led to cooperation with police services in Bosnia and Herzegovina. 10 persons were arrested, a total of 39 kg of cannabis was seized and a sizeable amount of money confiscated. Furthermore, severe consequences of clashes among criminal group members were avoided. In all international operations aimed at combating international smuggling of drugs, conducted by police officers of the Croatian Ministry of the Interior, Croatian citizens were involved as perpetrators.

*Table 10.3 – Arrests and drug seizures abroad as a result of criminal investigations and intelligence obtained from the Croatian police in 2013*

<b>Names of criminal investigations</b>	<b>Number of arrested persons</b>	<b>Quantity of seized drugs</b>	<b>Type of seized drugs</b>	<b>Country</b>
CI BELA	10	39 kg	Cannabis herb	Bosnia and Herzegovina
CI BONA	1	2.3 kg	Cocaine	Serbia, Slovenia, Hungary
CI ARKA	1	10,5 kg and 6,3 l of solution	Cocaine	Austria, Bosnia and Herzegovina, Serbia, Monte Negro
CI GLADIUS	53	338.7 kg	Cannabis herb	Monte Negro, Bosnia and Herzegovina

*Source: Ministry of the Interior*

Pursuant to the Drug Abuse Prevention Act, all seized drugs are destroyed in the presence of the Commission for drug incineration. Further information on the procedure and quantities of destroyed drugs are available in Chapter 1.2.

For the purpose of further analysis, it should be pointed out that pursuant to the provisions of the new Criminal Code of the Republic of Croatia (OG 143/12) the criminal offence stipulated by Article 173 paragraph 1 (unauthorized possession of drugs) from the previous Criminal Code

was transferred to misdemeanours under the Drug Abuse Prevention Act (Article 3 and Article 24). However, notwithstanding the above legal amendments, data on the structure of the reported drug crime (ST 11, 2013; more details in Chapter 9.2) still contain data on the possession of small quantities of certain drug types for so-called personal use. It is this type of data that indicates a slight increase in the total number of reports for drug possession for personal use. According to the drug type, the highest number (45%) of such misdemeanour reports refer to cannabis product users, and it is relatively stable. However, a significant increase in their number is observed for stimulants, primarily ecstasy and substances classified under ST 11 as "other substances", i.e. medications from the schedule of controlled drugs and other types of drugs such as new psychoactive substances under legal control. Notwithstanding the legal amendments, the structure of drug-related offences has remained relatively stable (the drug possession and trafficking/smuggling/production ratio amounts to around 2:1). Furthermore, in 2013 there were 2,713 crime reports, while in 2012 there were 7,295 crime reports for offences under Article 173 of the previous Criminal Code. However, if we exclude paragraph 1 (possession) from that Article, there would be 2,106 criminal offences of drug abuse, or an increase by 28.8%.

Finally, it should be concluded that drug seizures on their own are not a relevant indicator of the intensity and efficiency of relevant criminal prosecution authorities in combating abuse and trafficking in drugs. Therefore, analyses should take into account the number of arrested persons, in particular organizers of drug smuggling and trafficking in general, as well as the number of detected and processed criminal groups and organizations involved in drug crime. Of course, seizure of illegally acquired assets is of particular importance in that respect. During and after criminal investigations relating to drugs (and substances prohibited in sport) in 2013, sizeable amounts of money in Croatian kuna and foreign currencies were confiscated. After converting foreign currencies into kuna according to the mean exchange rate of the Croatian National Bank and adding the amount to the seized amount in kuna, the total assets amounted to HRK 36,956,141.00. It is worth noting that these amounts were not seized on the basis of final judgments, but that they were temporarily seized on the basis of a certificate of temporary seizure.

### **10.3.2. Quantities and numbers of seized precursors**

In 2013 there were no precursor seizures on the Croatian territory.

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

In 2013, 115 outdoor sites for cultivation were discovered with a cumulative surface of over 60,000 m<sup>2</sup> (in comparison to 4,820 m<sup>2</sup> in 2012), and with a total of 2,933 stalks seized, as well as 63 indoor sites for cultivation with a total of 885 stalks seized. The above differs from ST13, 2013 because some stalks were not seized on plantations. According to our methodology, this is not cultivation since the stalk is not alive and in the ground. In 2012, there were 123 outdoor cultivation sites detected and a total of 2,950 stalks seized. In addition, 73 indoor cultivation sites were detected with a total of 5,008 stalks. It should be mentioned that according to the statistics, every location used for growing plants (indoor and outdoor), regardless of the number of stalks cultivated, is recorded as a cultivation site.

Most other cultivation sites detected (indoor and outdoor) are used for growing a smaller number of cannabis stalks. This is confirmed by the operational intelligence from the Ministry of the Interior according to which the production of drugs in the Republic of Croatia is limited to cultivation of cannabis intended exclusively for personal use or sale on the Croatian market. Considering the number and quantities of cannabis stalks seized by county, the following counties can be singled out: the Zagreb County (including the City of Zagreb) with 29 cultivation sites detected and 1.110 stalks seized; the Split-Dalmatia County with 9 cultivation sites detected and 846 stalks seized; and the Koprivnica-Križevci County with 8 cultivation sites detected and 413 stalks seized. Illegal laboratories for the production of any type of drug have not been found yet.

## 10.4. Price/Purity

### 10.4.1. Street-level price of illicit drugs

The main sources of street-level price data are police officers participating in criminal investigations and special measures relating to drug supply reduction (e.g. simulations of purchase), and informants. Retail, i.e. street-level price data on illicit drugs in 2013 have been obtained by standard statistical monitoring of drug-related crimes at a national level and seizures. It should be taken into consideration that during drug seizures, perpetrators often do not want to give information on the prices of drugs. There are also cases when the arrested person is hired only for the purpose of transporting drugs or when drugs are detected without perpetrators. However, when it comes to smaller quantities of drugs, as discussed in this Chapter, the first case is most common. Therefore, it is not possible to record the market value of a drug for each particular seizure. According to the Ministry of the Interior, street-level prices of drugs vary depending on their availability, demand, origin and quality.

In 2013 (ST 16, 2014), the street-level price of cannabis resin in Croatia varied between HRK 68.40 and 144.40 (EUR 9.00 – 19.00), cannabis herb between HRK 43.32 and 65.36 (EUR 5.70 – 8.60), heroin HRK 304.00 – 509.20 (EUR 40.00 – 67.00), cocaine HRK 501.60 – 722.00 (EUR 66.00 – 95.00), amphetamine HRK 51.68 – 159.60 (EUR 6.80 – 21.00), ecstasy HRK 48.64 – 60.80 (EUR 6.40 – 8.00), and LSD HRK 49.40 – 170.24 (EUR 6.50 – 22.40). Table 10.4 shows the development of mean street-level drug prices per gram, tablet or dose in the period 2008-2013.

*Table 10.4 – Mean street-level drug prices in the Republic of Croatia (2008-2013)*

DRUG TYPE	2008		2009		2010		2011		2012		2013		
	HR K	€*	HR K	€	HR K	€	HR K	€	HR K	€	HR K	€	
Heroin (g)	222	30	222	30	375	50.7	344	46.5	450	60	456	60	=
Cannabis resin (g)	52	7	96	13	85	11.5	120	16.3	130	17.3	128	16.8	↓
Cannabis herb (g)	37	5	52	7	56	7.5	73	9.9	55	7.3	46	6.1	↓
Cocaine (g)	444	60	370	50	574	77.6	570	77.0	600	80	608	80	=

Amphetamine (g)	111	15	148	20	107	14.5	65	8.7	120	16	122	16	=
Ecstasy (tab.)	37	5	37	5	48	6.5	47	6.4	55	7.3	53	7	=
LSD (dose)	118	16	118	16	93	12.5	97	13.1	55	7.3	61	8	↑

Source: Ministry of the Interior

\* Exchange rate applied to the calculation of drug prices in 2013: EUR 1 = HRK 7.6

A comparison of retail drug prices on the Croatian market in 2013 with those in 2012 shows strong price stability for most drugs. On average, the price of LSD increased, although there were no significant deviations in its highest and lowest prices from the same values in the previous years. The highest recorded cannabis resin price has stabilized in the past three years after it rose for several years. On the other hand, the price of cannabis herb has shown a slight decline. This has contributed to a small decrease in the average price of cannabis products. The lowest street-level prices in the past six observed years were recorded in 2010, when a gram of cannabis resin could be purchased for HRK 20.50 (EUR 2.7), and a gram of cannabis herb for only HRK 10 (EUR 1.3). A shortage of heroin in terms of demanded quantities and quality resulted in a substantial increase of the average price in 2010, and again in 2012 when the minimum prices of a gram of heroin peaked (HRK 304.00) (EUR 40). For example, in 2008 and 2009 a gram of heroin could be purchased for HRK 190.00 (EUR 25). A similar trend has been observed for cocaine prices, but slightly less pronounced. The average street-level cocaine prices rose in 2010 from HRK 456.00 (EUR 60) in 2008, i.e. HRK 380.00 (EUR 50) in 2009 to HRK 590.00 (EUR 77.6) in 2010, and by additional HRK 23.00 (EUR 3) in 2012. The price difference between the minimum and maximum registered price is substantially smaller than in case of heroin. In addition, the minimum cocaine price has rarely fallen below HRK 304.00 (EUR 40) per gram. Unlike the above cases, the price of amphetamine was at its lowest in 2010 and particularly in 2011. After that it rose and stabilized. In the observed period, the retail price of ecstasy rose every two years, while the price of LSD fell by 50% since 2008.

The previous reports compared the difference between the prices from law enforcement sources and prices based on the results of the survey *Availability and prices of illicit drugs in the Republic of Croatia* (DCID, 2011) (Doležal, 2011) in which street-level drug price data for the Republic of Croatia were systematically collected for the first time outside the police system. The above survey was repeated in 2013, and an in-depth analysis of the results will be presented below. The details of the survey methodology are described in Chapter 2 and a summary is provided in Chapter 10.2.1. The survey covered the year 2012. Since the on-site collection of data was completed in April 2013, and the final report on the survey became available in October, we were able to interpret the data and compare them with other available data sources in a quality manner only in this year's report. The following question was asked in order to obtain the data analysed hereunder: "In case you used any of the listed drugs in 2012, please indicate the prices (in HRK) at which you bought them last time." However, respondents were given opportunity to state the prices of other drugs if they knew, regardless whether they used them or not. Each drug was listed together with the quantity for which the price was required. A special instruction was given to persons collecting data in the field on the prices for the quantities concerned so that the data, and thus the results, could be as precise as possible. Table 10.5 shows the minimum and maximum drug prices in HRK paid by respondent for the quantities concerned, as well as the mean value paid for a particular drug. In this case "N" stands for the number of respondents out of the total sample who answered the question on a specific drug.

*Table 10.5 – Drug prices in the Republic of Croatia in 2010 and 2012, according to the information provided by harm reduction programme beneficiaries*

DRUG TYPE	N (out of the total number)		Minimum price (HRK)		Maximum price (HRK)		Mean price (HRK)		+/-
	622	582							
	2010	2012	2010	2012	2010	2012	2010	2012	%
Marijuana (1 g)	458	484	15.00	10.00	250.00	200.00	63.61	53.45	↓ 15.97
Hashish (1 g)	300	131	10.00	15.00	200.00	400.00	122.35	77.55	↓ 36.62
Heroin (1 g)	571	431	100.00	100.00	900.00	700.00	431.00	403.00	↓ 6.50
Methadone (1 tablet)	469	365	5.00	4.00	100.00	75.00	12.66	11.33	↓ 10.51
Methadone (1 ml)	291	254	5.00	2.00	40.00	30.00	12.83	14.65	↑ 14.19
Buprenorphine (1 tablet)	100	-	7.00	-	150.00	-	37.31	-	↓ 36.42 <sup>1</sup>
Buprenorphine (1 t., 2 mg) <sup>2</sup>	-	84	-	10.00	-	80.00	-	21.58	-
Buprenorphine (1 t., 8 mg)	-	127	-	10.00	-	80.00	-	25.86	-
Buprenorphine-naloxone (1 tab.)	306	-	7.00	-	500.00	-	31.49	-	↓ 22.93 <sup>1</sup>
Buprenorphine-naloxone (1 t., 2 mg) <sup>3</sup>	-	129	-	10.00	-	80.00	-	19.26	-
Buprenorphine-naloxone (1 t., 8 mg)	-	230	-	10.00	-	100.00	-	29.28	-
Cocaine (1 g)	448	370	80.00	300.00	850.00	900.00	648.34	600.00	↓ 7.46
Amphetamine (1 g)	342	257	20.00	40.00	700.00	400.00	154.80	140.00	↓ 9.56
Methamphetamine (1 g)	43	93	50.00	40.00	800.00	1500.00	412.67	360.00	↓ 12.76
Ecstasy (1 tablet)	289	234	10.00	10.00	200.00	200.00	34.32	65.81	↑ 91.75
LSD (1 dose)	106	63	30.00	10.00	180.00	200.00	111.32	99.00	↓ 11.07
Synthetic cathinones (1 g) <sup>4</sup>	11	11	60.00	30.00	150.00	700.00	97.27	146.36	↑ 50.47
Synthetic cannabinoids (1 g) <sup>5</sup>	9	12	90.00	10.00	500.00	150.00	154.44	71.66	↓ 53.60
Synth. cannabinoids (1 joint)	2	10	20.00	10.00	40.00	150.00	30.00	54.50	↑ 81.67
Medications <sup>6</sup>	-	92	-	1.00	-	150.00	-	11.89	-
Other drugs	8	16	50.00	1.00	300.00	550.00	112.50	124.87	↑ 11.00

**COMMENTS:**

<sup>1</sup> The difference between the mean prices of buprenorphine and buprenorphine-naloxone in 2010 and 2012 was calculated by using the mean value of the sum of the above medications of 2 mg and 8 mg.

<sup>2</sup> In the 2013 survey (data for 2012), instead of one category "buprenorphine", 2 categories were introduced considering the content of the active substance in 1 tablet of buprenorphine (2 mg and 8 mg).

<sup>3</sup> In the 2013 survey (data for 2012), instead of one category "buprenorphine-naloxone", 2 categories were introduced considering the content of the active substance in 1 tablet of buprenorphine-naloxone (2 mg and 8 mg).

<sup>4</sup> In the 2013 survey (data for 2012), instead of the category "mephedrone", a more general category "synthetic cathinones" was introduced.

<sup>5</sup> In the 2013 survey (data for 2012), instead of the category "spice", a more general category "synthetic cannabinoids" was

introduced.

<sup>6</sup> In the 2013 survey (data for 2012), a new category "medications" was introduced.

Source: Doležal 2011, 2013

Before the analysis of results regarding drug prices is presented, modifications of the questionnaire used in the 2013 survey should be pointed out. According to the experience obtained from processing the previous survey data and additional consultations with persons who conducted structured interviews, it was concluded that categorization should be substituted with certain changes in order to get a better insight in the drug market situation. As a result, in the 2013 survey the generic name "buprenorphine" was added to the trade name of the medication "Subutex" and put on the first place. By analogy, the term "buprenorphine-naloxone" was introduced with the trade name of the medication "Suboxone". In both cases, two categories were suggested in addition to the medication name. They differed in the content of the active substance in 1 tablet (2 mg and 8 mg). The category "mephedrone" was extended by the chemical group of new psychoactive substances – "synthetic cathinones". In a similar way, the category "spice" was replaced by "synthetic cannabinoids". Since the supply of new psychoactive substances is growing progressively, the aim of the survey was to cover data on as many substances from the above chemical groups as possible. A completely new category "medications" was introduced. It implies all other medicinal products, apart from the above, which can be (and are) subject to abuse.

The data from the above table show that the majority of respondents answered the question of the prices of marijuana and heroin. This was to be expected since the survey covered the population of mostly opiate addicts who frequently used cannabis products, as well. They were followed by respondents who answered the question on the prices of cocaine, methadone, ecstasy and buprenorphine. The question on the prices of synthetic cannabinoids and synthetic cathinones, and some other drugs that were not clearly stated in the questionnaire, was answered by the smallest number of respondents. This shows that "legal highs" are still not very popular among opiate addicts in Croatia, as it is the case in, for example, Hungary and Romania with synthetic cathinones. The distribution of the number of respondents who answered the questions on specific drugs matched significantly the 2011 DCID data, with the exception of the substantially smaller number of respondents who answered the question on the prices of hashish, methadone and heroin. On the other hand, the number of respondents who provided information on the prices of methamphetamine and buprenorphine doubled in 2013.

The highest price in 2012 was paid for 1 gram of methamphetamine and it amounted to HRK 1,500. It was followed by 1 gram of cocaine sold for HRK 900, and 1 gram of heroin and 1 gram of synthetic cathinones for HRK 700 each. The lowest price was paid for methadone (1 tablet and 1 millimetre) in the amount of HRK 2, i.e. HRK 4, as well as for Subutex, Suboxone, ecstasy, LSD, synthetic cannabinoids in the amount of HRK 10 for 1 tablet, i.e. 1 gram. Mean prices certainly better reflect the situation on the illicit drug market for areas subject to this survey. The highest mean price of HRK 600 was paid for 1 gram of cocaine, while 1 gram of heroin was sold at a mean price of HRK 403. Following these drugs, the highest mean price amounted HRK 360.00 for 1 gram of methamphetamine. It was similar to the price in the previous survey. The 2013 DCID collected for the first time the data on the prices of medications not applied in substitution therapy. Their price was close to the methadone price. On average it amounted to HRK 12 per tablet. A closer look at products used in pharmacotherapy of opiate addicts reveals an interesting situation. The 2011 DCID data confirmed for the first time with certainty that these medications were present on the illicit drug market to a considerable extent. Due to the already explained change in the classification of psychoactive substances subject to

the survey, it is difficult to make a precise comparison of the 2010 and 2011 data for buprenorphine and buprenorphine-naloxone. However, we can establish with certainty that the prices of all forms of buprenorphine and buprenorphine-naloxone dropped. Table 10.5 shows the difference between the mean price for both medications in 2010 and 2012. One tablet of any type of buprenorphine can be procured for as little as HRK 10.00 up to maximum HRK 80.00, with an average increase of slightly over HRK 20.00. As regards Suboxone, the difference between a tablet of 2 mg (HRK 19.26) and a tablet of 8 mg (HRK 29.28) is much more pronounced. Street-level methadone prices were subject to smaller corrections, whereby they slightly decreased, while in 2012 the price of the liquid form of methadone rose a bit (++14.2%) so that 1 ml of this medication now costs around HRK 14.50.

A comparison of street-level drug prices from the previous drug market survey, 2013 DCID and 2012 police statistics (Table 10.6) clearly shows the differences. (Almost) the same mean price was reported by both sources only in case of cocaine and cannabis herb, i.e. marijuana, unlike in 2010 when the mean prices from law enforcement sources were lower for all drugs surveyed, ranging from 11% in case of cocaine to 31% in case of hashish and amphetamines, than the prices reported in the 2011 DCID survey. The biggest price difference in 2012 was evident for LSD. The price stated drug users was as much as 80% higher than the price from police sources. There was also a significant difference in case of cannabis herb. According to respondent, in 2012 it was 40% cheaper than the price reported by the police.

*Table 10.6 – Difference among street-level drug prices in the Republic of Croatia in 2012 based on available information*

DRUG TYPE	MOI	2013 DCID	+/-
	HRK	HRK	%
Heroin (g)	450	403	- 10.4%
Cannabis resin (g)	130	78	- 40.0%
Cannabis herb (g)	55	53	- 3.6%
Cocaine (g)	600	600	0%
Amphetamine (g)	120	140	+ 16.7%
Ecstasy (tab.)	55	66	+ 20.0%
LSD (dose)	55	99	+ 80.0%

*Source: Ministry of the Interior, Doležal 2013*

A comparison of the 2013 API results by larger Croatian centres covered by this survey (Zagreb, Split, Rijeka/Pula) show that mean marijuana prices were the highest in the Rijeka and Pula area (HRK 99.25), and this was the only area where they increased in relation to the previous survey. The lowest prices were recorded in Split, where 1 gram of this drug can be purchased at a mean price 2.5 times lower, i.e. HRK 20.00. It is interesting that the price of hashish halved in comparison to the one in 2010. Hashish is also most expensive in Rijeka and Pula, and regional price deviations are much smaller than in the previous case. Heroin prices are aligned across the areas and amount to around HRK 400.00. However, if compared to the prices in 2010, it should be pointed out that the price of heroin remained almost at the same level only in Zagreb. In Split it dropped by 15%, and in Rijeka/Pula it rose by 24%. The price of cocaine higher than the Croatian average can be found in the Split area, with the mean price amounting to HRK

624.50 (up to the maximum price of HRK 900.00 per gram). On the other hand, the prices in Zagreb, as well as in Rijeka and Pula were lower by HRK 80 and showed no major differences. In comparison to 2010, the prices of cocaine fell the most in Zagreb – by 13.6%. Other stimulants were also more expensive in Split. For example, amphetamine prices were higher by 44% in comparison to other surveyed city centres (ST = HRK 163.00). It seems that methamphetamine was on average 2.5 times more expensive in Split than in other areas (ST = HRK 411.60). However, it should be taken into account that the highest recorded methamphetamine price in Croatia amounting to a staggering HRK 1,500.00 per gram (if this was indeed an actual price) was factored in the calculation. Split also recorded the highest prices of ecstasy (HRK 73.28), which can be obtained in Zagreb at a price of HRK 10.00 per tablet, i.e. HRK 21.42 on average. A comparison with the 2011 DCID prices shows a decrease in the price of heroin in Zagreb by 35%, and an increase of the price in Split by around 122%, and in Rijeka and Pula by 54%. LSD reached the highest mean price in the Rijeka and Pula area (HRK 105.26), and a similar price was also recorded in Zagreb. Medications prescribed to opiate addicts on maintenance therapy generally achieved the highest price in Istria and the Primorje region, in particular in Pula and Rijeka. The difference in comparison to other surveyed cities was most pronounced in case of buprenorphine, in particular of 8 mg. Its price in Pula and Rijeka (HRK 59.60 per tablet) was almost 3.5 times higher than the price in Split. Although the difference in the prices of buprenorphine tablets of 2 mg and 8 mg in Zagreb and Pula/Rijeka was clearly visible, i.e. a tablet of 8 mg is twice as expensive as a tablet of 2 mg, in Split both tablets were priced at around HRK 17.00. A similar situation can be found in case of the combination medicine of buprenorphine-naloxone, better known under its market name Subuxon (8 mg RI/PU = HRK 52.90, ZG = HRK 43.30, ST = HRK 17.60). It seems that methadone is still the cheapest medication of this type at street level. A tablet can be purchased at an average price of HRK 11.00 as in Zagreb up to HRK 14.50 in Rijeka/Pula.

#### 10.4.2. Purity/potency of illicit drugs

The Forensic Science Centre “Ivan Vučetić” (hereinafter FSCIV) is an organisational unit under the Police Directorate of the Ministry of the Interior with the fundamental role of transforming trace evidence taken from a crime scene into valid physical evidence. Since 1998 the Centre is a full-fledged member of the ENFSI (European Network of Forensic Science Institutes) and a laboratory accredited under HRN EN ISO/IEC 17025:2007 with a total of 20 accredited methods for drug examination ([www.akreditacija.hr](http://www.akreditacija.hr)).

In accordance with applicable legislation, every temporarily seized substance in the Republic of Croatia, suspected to be a drug, has to be submitted to the FSCIV for examination, except in case of smaller quantities of cannabis which are submitted for storage and examination, where required. To that end, the Department of chemical-physical and toxicological examinations has been carrying out quantitative examinations of heroin, cocaine, amphetamine, tetrahydrocannabinol, p-fluoramphetamine, methamphetamine, 4-MA, MDMA, MDA, MDEA, chlorophenylpiperazine (mCPP), mephedrone (4-MMC), 4-MEC, 2C-I, MDPV, LSD and psilocin/psilocybin in all submitted samples of substances sufficient for a quantitative analysis, for a number of years.

### Heroin mixtures

Heroin mixtures seized in 2013 were in most cases adulterated with analgoantipyretic paracetamol, psychostimulant caffeine, in rare cases also sucrose and lactose, mannitol, methorphan (cough suppressant) and traces of anxiolytic diazepam, phenobarbital antiepileptic and griseofulvin (fungicide). Quantitative examination covered 120 cases with a total of 392 samples, with a minimum of 1.2% of heroin base, a maximum of 57.2%, and an average of 11.2%. Out of the above number of cases, 45 of them with a total of 73 samples involved quantities of up to one gram, so-called "street doses". Minimum heroin base in these cases accounted for 1.2%, maximum 44.9% and average 10.2%. Out of the above number of cases, 77 of them with a total of 300 samples involved quantities of 1 to 100 g. Minimum heroin base in these cases accounted for 1.2%, maximum 57.2% and average 11.2%. Out of the above number of cases, 9 of them with a total of 19 samples involved quantities exceeding 100 g. Minimum heroin base in these cases accounted for 2.0%, maximum 36.0% and average 16.1%.

### Cocaine mixtures

Cocaine mixtures seized in 2013 were usually adulterated with phenacetine analgoantipyretic, local anesthetic and antiarrhythmic drug (lidocaine), psychostimulant caffeine, analgoantipyretic paracetamol, creatine amino acid, local anesthetics (benzocaine and procaine), as well as lactose and mannitol, and in certain cases also ephedrine/pseudoephedrine and glutamic acid. Samples of cocaine often contained anthelmintic levamisole (in 50% of samples), and in individual cases even antihistaminic hidroxyzine. Quantitative examination covered 117 cases with a total of 427 samples, with a minimum of 0.9% of cocaine base, a maximum of 86.1%, and an average of 34.7%. Out of the above number of cases, 61 of them with a total of 78 samples involved quantities of up to one gram, so-called "street doses". Minimum cocaine base in these cases accounted for 0.9%, maximum 86.1% and average 34.8%. Out of the above number of cases, 60 of them with a total of 329 samples involved quantities of 1 to 100 g. Minimum cocaine base in these cases accounted for 1.7%, maximum 85.8% and average 33.6%. Out of the above number of cases, 8 of them with a total of 20 samples involved quantities exceeding 100 g. Minimum cocaine base in these cases accounted for 10.9%, maximum 74.7% and average 41.8%.

### Cannabis herb

In 2013 the content of tetrahydrocannabinol (THC), the main psychoactive substance in cannabis and its products, was established in cannabis herb (marijuana) in 382 cases with 2,544 samples. The minimum THC content made up 0.3%, maximum 49.0% and average 7.8%. The THC content was established in marijuana stalks in 91 cases with 987 samples. The minimum THC content made up 0.3%, maximum 20.5% and average 3.6%.

### Cannabis resin

In 2013 the content of tetrahydrocannabinol (THC), the main psychoactive substance in cannabis and its products, was established in cannabis resin (hashish) in 10 cases with 41 samples. The minimum THC content made up 6.7%, maximum 28.6% and average 22.4%. One case with 4 samples included hashish oil with the THC content of 59.6%.

### Amphetamine mixtures

Amphetamine seized in 2013 was in the form of powder. In most case it was adulterated with creatine, caffeine, lactose, starch, and in only few cases with mannitol and phenacetine. Amphetamine samples often contained 4-methylamphetamine (9.4% of samples), PMA and PMMA (7.9% of samples), and rarely MDMA (2.0% of samples) and methamphetamine (1.5% of samples). Quantitative examination of amphetamine covered 211 cases with a total of 630 samples, with a minimum of 0.2% of amphetamine base, a maximum of 74.0%, and an average of 9.1%. Out of the above number of cases, 92 of them with a total of 115 samples involved quantities of up to one gram, so-called "street doses". Minimum amphetamine base in these cases accounted for 0.6%, maximum 56.3% and average 7.9%. Out of the above number of cases, 112 of them with a total of 413 samples involved quantities of 1 to 100 g. Minimum amphetamine base in these cases accounted for 0.2%, maximum 74.0% and average 9.0%. Out of the above number of cases, 16 of them with a total of 67 samples involved quantities exceeding 100 g. Minimum amphetamine base in these cases accounted for 1.6%, maximum 73.8% and average 19.0%.

### Methamphetamine mixtures

In 2013, methamphetamine was seized in 5 case with 5 samples (4 in the form of a crystalline substance and 1 in the form of powder) weighting in total 1.71 g. Minimum methamphetamine base in these cases accounted for 18.4%, maximum 80.3% and average 67.3%. No adulterants were detected.

### MDMA

In 2013, MDMA was seized in the form of powder, crystalline substance, tablets and capsules. Quantitative examination of MDMA in the form of tablets and capsules covered 40 cases with a total of 2,068 tablets and capsules, with a minimum of 14.5% of MDMA base, a maximum of 78.8%, and an average of 40.4%. On average, tablets contained 98 mg of MDMA base in one tablet, a minimum of 16 mg, and a maximum of 181 mg. Quantitative examination of MDMA in the form of crystalline substance and powder covered 49 cases with a total of 163 samples, with a minimum of 1.4% of MDMA base, a maximum of 83.1%, and an average of 67.7%.

### 4-methylamphetamine (4-MA)

In 2013, 4-methylamphetamine was seized in 3 cases with a total of 7 substances, amphetamine being the predominant one. The minimum content of 4-MA base amounted to 0.1%, maximum to 0.5% and average to 0.3%. The presence of 4-MA was established in 16 cases with a total of 55 samples of powder substances which contained amphetamine as the main element.

### Piperazines

In 2013, mCPP (chlorophenylpiperazine) was seized in one case with 2 tablet containing 12.7% of mCPP, i.e. 33 mg. In addition to mCPP, the tablet also contained metoclopramide. TFMPP (trifluoromethylphenylpiperazine) and BZP (benzylpiperazine) were seized in 1 case with 13 tablets.

## LSD

In 2013, LSD was seized in 4 cases in the form of blotter papers with a total of 34 samples. The minimum quantity of LSD per blotter amounted to 32 µg, maximum 71 µg, and average 48 µg.

## Psilocin/psilocybin

In 2013, psilocin/psilocybin were seized in 17 cases with a total of 22 samples, with a minimum of 0.06% of psilocin/psilocybin, a maximum of 1.53%, and an average of 0.46%.

Table 10.7 shows the content and purity of particular drugs seized in 2013.

*Table 10.7 – Content and purity of drugs seized in the Republic of Croatia in 2013*

DRUG	Heroin	Cocaine	Amphetam ine	MDMA (tablets and capsules)	MDMA (powder and crystals)	Methamp hetamine	Cannabis herb	Cannabis resin	LSD
No. of cases	120	117	211	40	49	5	382	10	4
No. of samples	392	427	630	2,068	163	5	2,544	41	34
PURITY									
Unit	%	%	%	mg/tablet	%	%	%	%	µg/dose
MIN	1.2	0.9	0.2	16	1.4	18.4	0.3	6.7	32
MAX	57.2	86.1	74.0	181	83.1	80.3	49.0	28.6	71
MEAN	11.2	34.8	9.1	98	67.7	67.3	7.8	22.4	48

*Source: Ministry of the Interior*

A comparison of drug purity data (ST 14, 2014) over the past few years shows that the quality of stimulants, such as amphetamine, on the Croatian drug market has increased. In particular, the content of MDMA base in ecstasy tablets/capsules rose from the average 27 mg in 2007, through 55.5 mg in 2009 and 79.6 mg in 2011 to 98 mg of MDMA in 2013. In the powder and crystalline forms of ecstasy there was also an increase in the content of the main active substance, but to a significantly smaller extent. Amphetamine recorded the highest average purity of this type of drug in the past decade, although amphetamines usually show smaller fluctuations. Since methamphetamine is not popular among the population in Croatia, seizures are relatively rare and the number of analysed samples is quite small. However, even in this case the average content of the active substance in methamphetamine mixture samples analysed last year reached as high as 67.3% in comparison to 39.6% in 2011 and 31.8% in 2012.

Over the past year cannabis product potency has risen in a significant part of the world, and also in Croatia. Since the FSCIV has been conducting qualitative analyses of tetrahydrocannabinol since 2010, a comparison with previous periods is not possible. Only in the past four years, the THC content on cannabis resin (hashish) increased from an average of 10% to 22.4% in 2013. As regards cannabis herb (marijuana) it rose from 5.5% in 2010, to an average of 7.8% in 2013 when the highest recorded THC content in an analysed sample accounted for as much as 49%.

A trend of decrease in heroin purity has lasted for a number of years. The lowest purity levels were recorded in 2011 (8.4%) and in 2012 (8.7%). However, last year there was a slight increase in the purity level, with 11.2% of heroin in analysed mixtures. Unlike heroin, the quality

of cocaine available on the Croatian drug market has been on the rise and in 2013 it reached the highest level in the past 7 years (34.8% on average in 2013).

In comparison to 2011 (ST 15, 2014), three times fewer samples of seized tablets of various drug types were analysed, although there was a higher number of cases. Analysed tablets usually contained MDMA (in 86.4% of cases) and, in sporadic cases, also other psychoactive compounds.

#### New psychoactive substances

In 2013, 12 new psychoactive substances were seized in Croatia in the form of herbal mixtures, blotters and powder. Table 10.8 shows the type of substance, number of cases and total weight of a substance.

*Table 10.8 – New psychoactive substances detected in the Republic of Croatia in 2013*

SUBSTANCE NAME	Number of cases	Total weight of substance (g; pcs.)	Substance type
1-(5-chloropentyl)-1-H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone ( <b>5CI-UR-144</b> )*	3	3.16	herbal substance
N-(1-adamantyl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide ( <b>5F-AKB48</b> )	12	5.90	herbal substance
5-(2-aminopropyl)indole ( <b>5-IT</b> )	1	2.41	powder
2-(2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine ( <b>25H-NBOMe</b> )**	1	1.04	powder
N-adamantyl-1-pentylindazole-3-carboxamide ( <b>AKB48</b> ) ***	7	3.91	herbal substance
[1-(5-chloropentyl)-1H-indol-3-yl](naftalen-1-il)methanone) ( <b>JWH-018-N-(5-chloropentyl) analog</b> )****	2	1.47	herbal substance
1-phenyl-2-(1-pyrrolidinyl)-1-pentanone ( <b>α-PVP</b> )	3	292.45	powder
3-amino-1-phenyl-butane ( <b>homoamphetamine</b> )*****	2	29.86	powder
1-(5-fluoropentyl)-3-(4-methylnaphtoyl)indole ( <b>MAM-2201</b> )*****	1	0.27	herbal substance
N-(1-adamantyl)-1-(5-fluoropentyl)-1H-indol-3-carboxamide ( <b>STS-135</b> )*****	3	3.05	herbal substance
1-(4-methoxyphenyl)-2-aminopropane ( <b>PMA</b> )*****	17	1,038.07	powder
2-(4-chloro-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine ( <b>25C-NBOMe</b> )	1	49 pcs	blotters
* UR-144 as main component, 5F-UR-144, AM-2201, JWH-122, JWH-210 also established			
** 25C-NBOMe as main component			
*** JWH-018-N-(5-chloropentyl) analog, JWH-022, JWH-210, UR-144, 5F-UR-144 established			
**** AKB-48 i AM-2201 as main components, JWH-0222, JWH-210, UR-144, 5F-UR-144 established			
***** amphetamine as main component, 4-MA also established			
***** UR-144 established			
***** UR-144, 5F-UR-144, AKB48 established			
***** amphetamine as main component, PMMA also established			

Source: Ministry of the Interior

### Substances prohibited in sport and other medications

The Criminal Code that entered into force on 1 January 2013 stipulated a new separate criminal offence in Article 191a – unauthorized production and sale of substances prohibited in sport. Due to similarity with unauthorized sale of drugs, since 2013 the prevention of unauthorized sale of so called doping substances has been under the competence of authorities responsible for drug crime.

In 2013, the FSCIV examined 54 cases which included substances prohibited in sport, in particular anabolic substances. The substances were in the form of tablets, liquid, powder and powder from capsules, with a total of 6,986 samples. Among anabolic substances, the most frequent was methandienone in tablets, powder, and powder from capsules with a total of 4,079 samples. It was followed by stanozol in tablets, liquid and powder from capsules with a total of 1,644 samples. The following anabolic substances were also recorded: testosterone, methyltestosterone, bolderone, drostalone, oxandrolone, oxymetholone, metholone, mesterolone, nandrolone, trenbolone and clenbuterol. Hormones and metabolic modulators were submitted in 6 cases with a total of 230 tablets. They included letrozole, tamoxifen and clomifene. As regards beta blockers, propranol was submitted in 1 case with 14 tablets.

As regards anxiolytics, diazepam, aprazolam and bromozepan were the most frequently examined substances in 2013. They were recorded in 26 cases with a total of 22,573, 22,266 of which contained diazepam.

Buprenorphine was submitted in a total of 26 cases. A total of 144 tables were submitted in 21 cases. Out of them, 26 tablets (6 cases) contained only buprenorphine, and 118 tablets (16 cases) both buprenorphine and naloxone. In 5 case with a total of 5 samples buprenorphine was in the form of powder (in 2 cases only buprenorphine, and in 3 cases both buprenorphine and naloxone) and in 2 case with 8 samples in the form of liquid (only buprenorphine).

Medications for treating erectile dysfunction recorded in 2013 included sildenafil and tadalafil. Sildenafil was submitted in 6 cases with 751 tablets (4 tablets contained sildenafil and dapoxetine), 6 capsules and 84 liquid samples. Tadalafil was submitted in 3 cases with a total of 41 tablets.

Information on drugs and psychotropic substances destroyed in 2013 is available in Chapter 1.2.

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	Institute of Public Health.
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## 11.2. Alphabetical list of databases

No.	Type of register / database	Competent institution
1.	Criminal records	Ministry of Justice
2.	Death certificate and report on the cause of death	Croatian National Institute of Public Health
3.	HIV Register	Croatian National Institute of Public Health
4.	Information system of the Ministry of the Interior (Criminal records)	Ministry of the Interior
5.	Internal databases on prisoners	Ministry of Justice
6.	Misdemeanour records	Ministry of Justice
7.	Register of prisoners	Ministry of Justice
8.	Data on psychodiagnoses	Ministry of Justice
9.	Statistical information - ISSN 1334-062X Data on deceased persons Data on perpetrators of criminal offences Data on misdemeanour perpetrators	Croatian Bureau of Statistics
10.	Registry of persons treated for psychoactive drug abuse	Croatian National Institute of Public Health
11.	Archives of scientific programmes and projects	Ministry of Science, Education and Sports
12.	Database of the Office – Collection of personal data of clients participating in the Project of social reintegration of drug addicts	Office for Combating Drug Abuse

## 11.3. Alphabetical list of websites

Number	Website
1.	<a href="http://www.mup.hr/UserDocsImages/Zdrav_za_5_-_INFO_za_GRP%5B1%5D.pdf">http://www.mup.hr/UserDocsImages/Zdrav_za_5 - INFO_za_GRP%5B1%5D.pdf</a> , visited on 11 July 2014
2.	<a href="http://www.uredzadroge.hr/dobro-je-znati-objavljeni-rezultati-istrazivanja-o-stavovima-navikama-i-koristenju-sredstava-ovisnosti-medu-skolskom-djecom-i-mladima-medimurske-zupanije/">http://www.uredzadroge.hr/dobro-je-znati-objavljeni-rezultati-istrazivanja-o-stavovima-navikama-i-koristenju-sredstava-ovisnosti-medu-skolskom-djecom-i-mladima-medimurske-zupanije/</a> visited on 11 July 2014
3.	<a href="http://www.uredzadroge.hr/wp-content/uploads/2013/11/2013_novi_trendovi.pdf">http://www.uredzadroge.hr/wp-content/uploads/2013/11/2013_novi_trendovi.pdf</a> visited on 11 July 2014
4.	<a href="http://www.programi.uredzadroge.hr">www.programi.uredzadroge.hr</a>
5.	<a href="http://www.uredzadroge.hr">www.uredzadroge.hr</a>

6.	<a href="http://www.hzjz.hr">www.hzjz.hr</a>
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## 12. Appendices

### 12.1. List of tables used in the text

Table No.	Title	Page
Table 1.1	Overview of destroyed seized drugs in 2013	18
Table 1.2	Public expenditures according to the classification of public functions	36
Table 1.3	Total labelled public expenditures in the area of combating drug abuse in the Republic of Croatia in 2011-2013 (in HRK)	36
Table 1.4	Changes in expenditures 2011-2012 in %	38
Table 1.5	Labelled public expenditures in the state budget and county budgets and financial plans of public bodies and civil society organisations in the area of combating drug abuse in the Republic of Croatia, by activity groups from 2011 to 2013, in HRK.	38
Table 1.6	Input data and calculated indicators for the assessment of unlabelled expenditures by public functions	41
Table 1.7	Estimate of unlabelled public expenditures by public functions 2011-2013, in HRK	44
Table 1.8	Estimate of total public expenditures by public functions 2011-2013	44
Table 1.9	Labelled public expenditures in 2012 and 2013 at the level of ministries, Croatian Health Insurance Fund and Office for Combating Drug Abuse, in EUR	45
Table 1.10	Labelled public expenditures in 2012 and 2013 at county level	46
Table 2.1	Outline of psychoactive substance consumption frequency in 2012	57
Table 2.2	A list of urinary biomarkers of illicit drugs and therapeutic opiates included in the study	60
Table 5.1	Some recommendations for psychosocial intervention in healthcare system	90
Table 5.2	Persons treated for psychoactive drug abuse in 2013 by treatment and main substance	95
Table 5.3	Persons treated for psychoactive drug abuse in 2013 by gender and main substance	97

Table 5.4	Persons treated for psychoactive drug abuse in 2013 by educational level	97
Table 5.5	Persons treated for psychoactive drug abuse in 2013 by employment status	98
Table 5.6	Persons treated for psychoactive drug abuse in 2013 by accommodation and treatment status	98
Table 5.7	Persons treated for psychoactive drug abuse in 2013 by current living conditions and gender	98
Table 5.8	Persons treated for psychoactive drug abuse in 2013 by referral to treatment and treatment status	99
Table 5.9	Persons treated for psychoactive drug abuse in 2012 - 2013 by main substance	99
Table 5.10	Persons treated in 2013 by drug administration	100
Table 5.11	Persons treated for opiate addiction by treatment method	100
Table 5.12	Concurrent diagnoses in addition to addiction disease in 2013	101
Table 5.13	Data on addicts treated in therapeutic communities in 2013 collected for the Registry according to the Pompidou forms	102
Table 5.14	Total number of persons treated in therapeutic communities and the percentage of persons never treated in the system	103
Table 5.15	Persons treated in therapeutic communities in 2013 by main addictive substance – data collected for the Registry according to the Pompidou forms	103
Table 5.16	Number of opiate addicts, addicts and consumers of other psychoactive drugs in therapeutic community treatment, and the number of persons treated for the first time in 2013 by gender	105
Table 5.17	Persons treated for psychoactive drug abuse in the period 1999-2013	108
Table 5.18	Average age of addicts in inpatient treatment in the period 2005 – 2013 by gender	111
Table 6.1	Persons treated for drug abuse in the period 2006-2013 by needle and syringe sharing in their lifetime and in the past month	114
Table 6.2	Persons treated for drug addiction by medical history data on hepatitis B, C and HIV infections (2007-2013)	115
Table 6.3	Persons treated for drug abuse in healthcare institutions, by registered concurrent diseases and disorders (2013)	116
Table 7.1	Distributed equipment and educational material in 2013, by civil society organisations	119
Table 7.2	Number of equipment collected by civil society organisations in 2013	120
Table 7.3	Harm reduction programme beneficiaries in 2013	120
Table 8.1	Number and social characteristics of homeless persons and cases of prostitution, by associations (2013)	126
Table 8.2	Number of treated drug addicts participating in the activities of	131

	professional orientation and work-ability assessment, and addicts involved in educational programmes by the Croatian Employment Service (2007-2013)	
Table 8.3	Number of treated drug addicts employed on the basis of the active employment policy measures of the Croatian Employment Service (2007-2013)	132
Table 8.4	Types of services provided by associations not financed by the Office in the social reintegration process by number and gender of their beneficiaries in 2013	134
Table 8.5	Types of services provided by associations not financed by the Office in the social reintegration process by number and gender of their beneficiaries in 2013	135
Table 9.1	Persons reported for committing criminal offences related to drug abuse in 2013	148
Table 9.2	Number of decisions on rejection, rendered indictments and judgements (and rendered convicting judgements) according to age groups in 2013 in relation to criminal offences connected to drug abuse	148
Table 9.3	Overview of the number of persons reported, indicted and convicted of committing criminal offences related to drug abuse in 2013	152
Table 9.4	Overview of misdemeanours from Article 54 of the Drug Abuse Prevention Act in 2013	152
Table 9.5	Number of traffic accidents caused by drivers under the influence of drugs (2008–2013)	153
Table 9.6	Addicted prisoners in relation with the type of criminal offence in 2013	155
Table 9.7	Addicted prisoners in relation with the type of criminal offence in 2013	155
Table 9.8	Addicted prisoners by type of drug	161
Table 9.9	Number of prisoners addicted to drugs included in the special programme	164
Table 9.10	Prisoners addicted to drugs treated with methadone during the detoxication procedure in the infirmary	164
Table 9.11	Prisoners addicted to drugs treated with buprenorphine during the detoxication procedure in the infirmary	165
Table 9.12	Prisoners addicted to drugs who underwent substitution therapy in 2012 and 2013	165
Table 9.13	Disciplinary offences in connection with the abuse of psychoactive substances in 2013	166
Table 9.14	Number of prisoners and premises searched (2006 – 2013)	167

Table 9.15	Number of persons involved in certain forms of treatment within the probation system	171
Table 10.1	Availability of specific drug types in 2012 among harm reduction programme beneficiaries in the Republic of Croatia (2006-2013)	175
Table 10.2	Quantities of seized drugs in the Republic of Croatia (2006-2013)	185
Table 10.3	Arrests and drug seizures abroad as a result of criminal investigations and intelligence obtained from the Croatian police in 2013	188
Table 10.4	Mean street-level drug prices in the Republic of Croatia (2008-2013)	190
Table 10.5	Drug prices in the Republic of Croatia in 2010 and 2012, according to information provided by harm reduction programme beneficiaries	192
Table 10.6	Difference among street-level drug prices in the Republic of Croatia in 2012	194
Table 10.7	Content and purity of drugs seized in the Republic of Croatia in 2013	198
Table 10.8	New psychoactive substances detected in the Republic of Croatia in 2013	199

## 12.2. List of charts used in the text

Chart No.	Title	Page
2.1	Lifetime prevalence, last year prevalence and last month prevalence of cocaine use among adults with regard to frequency of alcohol drinking in the month preceding the study (%)	50
2.2	Lifetime prevalence, last year prevalence and last month prevalence of cocaine use among adults with regard to frequency of alcohol drinking in the month preceding the study (%)	51
5.1	Number of treated addicts, treated opiate addicts, persons treated for the first time and opiate addicts treated for the first time (1996-2013)	108
5.2	Proportion of addicts in therapeutic communities by gender 2011-2013	111
5.3	Proportion of addicts in therapeutic communities by gender in the period 2011-2013 per therapeutic community	112
7.1	Persons included in harm reduction programmes in 2013, by gender	120
9.1	Structure of criminal offences regarding drug abuse, by articles from the Criminal Code	143
9.2	Number of foreign citizens reported for drug abuse in the 2008-2013 period	145
9.3	The number of reported criminal offences and misdemeanours in	146

	connection with drug abuse in 2013, broken down by month	
9.4	The number of reported misdemeanours involving alcohol and drug use in public, pursuant to the Minor Offences against Public Order and Peace Act (2011-2013)	147
9.5	Developments in the number of all categories of reported persons for the commitment of criminal offences related to drug abuse in 2013	149
9.6	Development of all categories of persons reported for having committed all criminal offence types under Article 191 of the Criminal Code in 2013	150
9.7	Development of all categories of persons reported for having committed all criminal offences from Article 191 of the Criminal Code in 2013	150
9.8	Reported, indicted and convicted adults and young adults with regard to drug abuse (2005–2012)	151
9.9	Overview of the number of persons reported, indicted and convicted of committing criminal offences related to drug abuse in 2013	151
9.10	Overview of the number of recorded misdemeanours referred to in the Drug Abuse Prevention Act (2013)	152
9.11	Developments in the number of persons injured in traffic accidents caused by drivers under the influence of drugs in 2012 and 2013	154
9.12	Prisoners addicted to drugs who underwent substitution therapy in 2012 and 2013	165
10.1	Total number of drug seizures in the Republic of Croatia (2003-2013)	184
10.2	Number of drug seizures in the Republic of Croatia by drug type	185

### 12.3. List of figures used in the text

Figure No.	Title	Page
Figure 1.1	Drug crime structure in 2012 and -2013	15
Figure 1.2	Total labelled public expenditures in the area of combating drug abuse in the Republic of Croatia in 2011-2013 (in HRK)	37
Figure 1.3	Labelled public expenditures by activity groups 2011-2013	39
Figure 1.4	Labelled public expenditures according to the classification of public functions 2011-2013, in HRK.	40
Figure 1.5	Estimate of total public expenditures by public functions 2011-2013	45
Figure 3.1	Logical model of the addiction prevention Programme Database	65
Figure 5.1	Treated opiate addicts per county with the rate per 100,000 inhabitants in 2013	110
Figure 9.1	Institutions and organisations the Probation units refer the convicts to in order to secure therapy and treatment due to drug abuse	170

## 12.4. List of acts and ordinances

Number	Act/Ordinance
1.	Amendments to the Schedule of drugs, psychotropic substances and plants from which a drug can be obtained, as well as substances which can be utilised for the manufacture of drugs (OG 19/11)
2.	Criminal Code (OG 110/1997)
3.	Criminal Code (OG 125/11)
4.	Criminal Code (OG 125/11, 144/12)
5.	Schedule of substances prohibited in sport (OG 116/13)
6.	Schedule of substances prohibited in sport (OG 116/2013)
7.	Public healthcare service network (OG 98/09, 14/10, 81/10, 64/11, 103/11, 110/11, 141/11 i 61/12)
8.	The National Programme on Road Traffic Safety of the Republic of Croatia 2011-2020 (OG No. 59/11)
9.	Family Act (OG No. 116/03, 17/04, 136/04, 107/07, 57/11, 61/11).
10.	Decision on implementing, monitoring and evaluating the health education Curriculum in elementary and high schools (OG No. 17/13)
11.	Decision of the Government of the Republic of Croatia on the Establishment of the Commission for Combating Drug abuse of 23 February 2012
12.	Schedule of drugs, psychotropic substances and plants from which a drug can be obtained, as well as substances which can be utilised for the manufacture of drugs (OG 50/09, 2/10 and 19/11)
13.	Ordinance on minimum requirements for provision of social welfare services (OG 40/2014)
14.	Ordinance on the enforcement of the security measure of compulsory psychiatric treatment and compulsory addiction treatment for minors (OG 150/13)
15.	Ordinance on excise duty on tobacco products and handling of the stamps for marking them (OG No. 112/99, 50/00, 119/01, 59/03, 155/08).
16.	Ordinance on Types and Activities of Social Welfare Homes, Care Outside Original Families, Space Conditions, Equipment and Employees in Social Welfare Homes, Therapeutic Communities, Religious Communities, Associations and Other Legal Entities as well as Centre for In-Home Assistance and Care (OG 64/09).
17.	Regulation on the criteria for determining beneficiaries and mechanisms for distribution of part of income generated from games of chance for 2014 (OG 151/13)
18.	Act on Financing Local and Regional Self-Government Units (OG No. 117/93, 33/00, 73/00, 59/01, 107/01, 117/01, 150/02, 147/03, 132/06, 73/08, 25/12); Decision of the Constitutional Court of the Republic of Croatia (OG No. 26/07).
19.	Act on Amendments to the Criminal Code (OG 144/2012)
20.	Act on Amendments to the Misdemeanour Act (OG 39/13)
21.	Ordinance on the enforcement of the security measure of compulsory psychiatric

	treatment and compulsory addiction treatment for minors (OG 133/12)
22.	Ordinance on the enforcement of the security measure of compulsory psychiatric treatment and compulsory addiction treatment for minors (OG 133/12)
23.	Criminal Procedure Act (OG 152/08, 76/09, 80/11, <a href="#">121/11</a> , <a href="#">91/12</a> , <a href="#">143/12</a> , <a href="#">56/13</a> , 145/13)
24.	Act on the Restriction of the Use of Tobacco Products (Official Gazette No. 125/05, 55/09 and 119/09, 94/13).
25.	Act on Excise Duty on Tobacco Products (OG No. 136/02 – consolidated text, 95/04, 152/08, 38/09).
26.	Minor Offences against Public Order and Peace Act (OG 5/90, 30/90, 47/90, 29/94)
27.	Minor Offences against Public Order and Peace Act (OG No. 05/90, 30/90, 47/90)
28.	Probation Act (OG 143/12)
29.	Act on the enforcement of EU regulations in the area of drug precursors (OG 80/13)
30.	Road Traffic Safety Act (OG No. 67/08, 74/11, 80/13)
31.	Social Welfare Act (OG 157/13)
32.	Social Welfare Act (OG 157/13)
33.	Social Welfare Act (OG 33/12, 46/13, 49/13, 157/13)
34.	Drug Abuse Prevention Act (OG 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11, 80/13)
35.	Trade Act (OG No. 87/08, 96/08, 116/08, 76/09, 114/11, 68/13).
36.	Hospitality and Catering Industry Act (OG No. 138/06, 152/08, 43/09, 88/10, 50/12, 80/13).
37.	Healthcare Act (OG 150/08, 71/10, 139/10, 22/11, 84/11, 154/11, 12/12, 35/12 i 70/12)