This report presents the top-level overview of the drug phenomenon in Croatia, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

### THE DRUG PROBLEM IN CROATIA AT A GLANCE

#### Drug use

- **"in young adults (15-34 years) in the last year"**
  - **Cannabis**: 16.0%
  - **Other drugs**:
    - MDMA: 1.4%
    - Amphetamines: 2.3%
    - Cocaine: 1.6%

#### Treatment entrants by primary drug

- **Cannabis**: 10%
- **Amphetamines**: 1%
- **Cocaine**: 1%
- **Heroin**: 78%
- **Other**: 9%

#### Overdose deaths

- 56

#### Drug law offences

- **11 551**

#### Top 5 drugs seized

- 1. Herbal cannabis
- 2. Heroin
- 3. Amphetamines
- 4. Cocaine
- 5. MDMA

#### Population (15-64 years)

- **2 774 312**

#### HIV diagnoses attributed to injecting

- **4 256**

#### Syringes distributed through specialised programmes

- **278 791**

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.
National drug strategy and coordination

National drug strategy

Adopted in 2012, Croatia’s National Strategy on Combating Drug Abuse (2012-17) addresses problems associated with illicit drugs. It seeks to reduce both the demand for and the supply of drugs in society, while protecting the health of individuals, families and communities through an integrated and balanced approach to drug problems. This overarching vision is expressed in four main objectives and the strategy is built around the two pillars of demand and supply reduction and the three cross-disciplinary areas of (i) information, research, monitoring and evaluation; (ii) coordination; and (iii) international cooperation. While the strategy is primarily concerned with illicit drugs, prevention programmes also focus on licit substances (e.g. alcohol, tobacco and prescription medications) and other addictions (e.g. gambling and the internet); supply reduction activities also address performance-enhancing substances, as well as drug precursors, illicit drugs and new psychoactive substances. The strategy is implemented through two consecutive three-year action plans (2012-14 and 2015-17).

As in other European countries, Croatia evaluates its drug policy and strategy through ongoing indicator monitoring and specific research projects. An internal/external mixed method evaluation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2012-17 was undertaken in 2017 and the results of this evaluation are being used to develop the new strategy for the period after 2017.

Focus of national drug strategy documents: illicit drugs or broader

National coordination mechanisms

The Commission for Combating Drug Abuse of the Government of the Republic of Croatia is composed of members of all the relevant ministries and is chaired by the Deputy Prime Minister, who is responsible for social issues and human rights. The Commission develops drug policy and coordinates the activities of the ministries and other organisations involved in the implementation of the national drug strategy at the political level. It also adopts annual programmes of action in this field. The Office for Combating Drug Abuse is a specialised government service that deals with the day-to-day implementation and monitoring of the national drug strategy. It monitors the drug situation in Croatia and proposes measures to address drug-related issues. Attached to the Office for Combating Drug Abuse, the Expert Council comprises experts from different fields (prevention, treatment, rehabilitation, policing and law) and a
president appointed by the Director of the Office, and is tasked with supporting decision-making at the Office for Combating Drug Abuse. Established in 2004 and 2005, the County Committees for Combating Drug Abuse coordinate the implementation of the drug strategy at a local level.

**Public expenditure**

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

The national action plan has a planned annual drug-related budget. Additionally, labelled and unlabelled drug-related expenditures have been estimated annually since 2009, based on a well-defined methodology. In 2014, the efficiency of public spending and its compliance with the strategic priorities of the national strategy and the action plan were assessed. In 2016, a study was initiated to set the evaluation methodology for the provision of drug-related interventions and their costs in areas such as law enforcement, healthcare and social welfare. The aim is to link high-quality standards of public service provision to funding practices.

Total drug-related public expenditure in 2016 represented 0.24 % of gross domestic product. The Croatian government spent approximately EUR 111.8 million, of which 79.0 % financed public order and safety activities and 18.6 % financed healthcare, while approximately 2.4 % financed education, social protection and general public services.

<table>
<thead>
<tr>
<th>Public expenditure related to illicit drugs in Croatia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply reduction, 79 %</td>
</tr>
<tr>
<td>Demand reduction, 21 %</td>
</tr>
<tr>
<td>Transversal value, 0.02 %</td>
</tr>
</tbody>
</table>

**Drug laws and drug law offences**

**National drug laws**

In Croatia, drug control is mainly covered by two legal acts: the Law on Combating Drug Abuse (LCDA) and the Criminal Code. The LCDA, passed in November 2001 and updated since then, regulates conditions for the manufacture of, possession of and trade in drugs, substances and precursors. It prohibits unauthorised drug cultivation, possession and trafficking and provides for fines for legal entities that are in breach of drug trading regulations and for individuals who cross the border without declaring psychoactive medicines. More serious offences are prosecuted under the Criminal Code. Discarding syringes and failure to notify the police of suspicious events are also specific offences. It also outlines a system for the prevention of drug use and for assistance for drug users.

From January 2013, possession of small quantities of drugs for personal use is not a criminal offence, but is classed as a misdemeanour under the LCDA and is punishable by a fine of between EUR 650 and EUR 2 600. The judgement on whether the quantity can be classed as ‘small’ is made by the state prosecutor or court in each case. Illegal production and processing of drugs with no intention to sell is punishable by six months to five years in prison. Illegal production, processing, possession, import and export with intention to sell are punishable by 1-12 years in prison, which, under defined aggravating circumstances, including the involvement of children or a network or the possibility of serious health damage, may increase to three years’ or even 5-15 years’ imprisonment; involvement in organised crime can increase this to 20 years. Precursor trafficking carries a penalty of six months to five years in prison.
The Criminal Code urges the court to use a number of alternative measures rather than imprisonment, such as fines, community service, probation and treatment, in cases in which a prison sentence of up to six months would otherwise be imposed. Compulsory drug treatment may be prescribed for up to three years and time spent in treatment is taken into account when sentencing. The offence may also be dismissed if it is considered ‘insignificant’.

A generic approach to drug classification was introduced in 2014 and ensures that many substances are controlled under the relevant drug laws.

### Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

- **For any minor drug possession**
- **Not for minor cannabis possession, but possible for other drug possession**
- **Not for minor drug possession**

### Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

For 2016, the statistical data indicate that most DLOs in Croatia were misdemeanours, while approximately one quarter of DLOs were related to illegal production, smuggling or sale of drugs. In general, the total number of reported DLOs has shown a slight upward trend since 2010. Most DLOs are linked to cannabis, followed by amphetamines and MDMA/ecstasy.
Reported drug law offences and offenders in Croatia

Drug use

Prevalence and trends

Cannabis remains the most commonly used illicit drug in Croatia. A 2015 survey indicated that approximately one in five adults aged 15-64 years have used cannabis at least once during their lifetime. Cannabis use is concentrated among young adults (aged 15-34 years). Approximately 2 in 10 younger adults aged 15-24 years reported using cannabis at least once during the last year, while approximately 1 in 50 of the same age group had used amphetamines, which are the most commonly used stimulants, in the last 12 months. Males generally use illicit drugs more frequently than females.

Zagreb participates in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. Regarding stimulants, the results indicate a continued increase in cocaine use in Zagreb in 2011-17, with the levels being higher at the weekends than on weekdays. The increasing trends for amphetamine and MDMA/ecstasy over the 2011-15 period seem to have stabilised in recent years. The levels of methamphetamine metabolites measured in wastewater remained low during the observation period, indicating limited use of this substance in the city.

Drug use offenders

Drug law offences

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply</td>
<td>2,829</td>
</tr>
<tr>
<td>Use/possession</td>
<td>8,722</td>
</tr>
<tr>
<td>Total</td>
<td>11,551</td>
</tr>
</tbody>
</table>

NB: Year of data 2016.
Estimates of last-year drug use among young adults (15-34 years) in Croatia

**Cannabis**
Young adults reporting use in the last year

- **Female**
  - 10.1%
  - 21.8%

- **Male**
  - 16.0%

**Age**

- 55-64: 0.9%
- 45-54: 1.5%
- 35-44: 6.4%
- 25-34: 12.8%
- 15-24: 19.7%

**Trends**

<table>
<thead>
<tr>
<th>Year</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>0.0</td>
</tr>
<tr>
<td>2013</td>
<td>0.5</td>
</tr>
<tr>
<td>2014</td>
<td>1.0</td>
</tr>
<tr>
<td>2015</td>
<td>1.5</td>
</tr>
<tr>
<td>2016</td>
<td>2.0</td>
</tr>
<tr>
<td>2017</td>
<td>2.5</td>
</tr>
</tbody>
</table>

**Cocaine**
Young adults reporting use in the last year

- **Female**
  - 0.9%
  - 2.3%

- **Male**
  - 1.6%

**Age**

- 55-64: 0.1%
- 45-54: 0.2%
- 35-44: 0.5%
- 25-34: 1.7%
- 15-24: 1.4%

**Trends**

<table>
<thead>
<tr>
<th>Year</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>0.0</td>
</tr>
<tr>
<td>2013</td>
<td>0.5</td>
</tr>
<tr>
<td>2014</td>
<td>1.0</td>
</tr>
<tr>
<td>2015</td>
<td>1.5</td>
</tr>
<tr>
<td>2016</td>
<td>2.0</td>
</tr>
<tr>
<td>2017</td>
<td>2.5</td>
</tr>
</tbody>
</table>

**MDMA**
Young adults reporting use in the last year

- **Female**
  - 0.6%
  - 2.2%

- **Male**
  - 1.4%

**Age**

- 55-64: 0%
- 45-54: 0%
- 35-44: 0.4%
- 25-34: 1%
- 15-24: 1.9%

**Trends**

<table>
<thead>
<tr>
<th>Year</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>0.0</td>
</tr>
<tr>
<td>2013</td>
<td>0.5</td>
</tr>
<tr>
<td>2014</td>
<td>1.0</td>
</tr>
<tr>
<td>2015</td>
<td>1.5</td>
</tr>
<tr>
<td>2016</td>
<td>2.0</td>
</tr>
<tr>
<td>2017</td>
<td>2.5</td>
</tr>
</tbody>
</table>
Data on drug use among 15- to 16-year-old students was reported in 2015 by the European School Survey Project on Alcohol and Other Drugs (ESPAD). This study has been conducted in Croatia since 1995. Among Croatian students, reported prevalence rates were considerably higher than the ESPAD averages (35 countries) for five of the eight key variables, one of which was lifetime use of cannabis. Available data indicate an upward trend in cannabis use among school-age children between 2001 and 2015.

Reported lifetime use of new psychoactive substances (NPS) among 15- to 16-year-old students was also slightly above the EU average, while lifetime use of illicit drugs other than cannabis was at the level of the European average. In 2015, Croatian students reported higher levels of lifetime use of inhalants and of cigarette use in the last 30 days. In addition, alcohol use and heavy episodic drinking in the last 30 days were above the ESPAD averages.

The emergence of the use of NPS is one of the primary concerns in Croatia. The available data indicate that approximately 7 in 100 students and the same proportion of young adults (aged 15-24 years) have tried NPS during their lifetime.

Source: ESPAD study 2015.
High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature and of trends in high-risk drug use.

In 2015, a mortality multiplier study estimated that the total population of high-risk opioid users was approximately 8 900 (3.09 per 1 000 population). The same study indicated that there were 6 344 people who inject drugs in Croatia (2.21 per 1 000 population).

Data from specialised treatment centres show that the majority of first-time treatment entrants report cannabis as their main primary problem drug; they are followed by those seeking treatment as a result of primary heroin use. In the last decade, the number of first-time treatment entries as a result of heroin use has decreased by almost 90 %, although heroin remains the main problem drug for which people seek treatment in Croatia. Injecting remains common among heroin users, although first-time treatment clients report lower levels of heroin injecting than those who have entered treatment repeatedly. Fewer than 2 in 10 people entering treatment are female, with the exact proportion varying according to substance type and programme.
Drug harms

Drug-related infectious diseases

The number of new cases of human immunodeficiency virus (HIV) infection detected among people who inject drugs (PWID) is low in Croatia, with two new HIV infections among PWID notified over the last five years. In 2016, no cases of HIV infection were reported among PWID. The data from a 2014 bio-behavioural study indicate a low prevalence of HIV among this population in three Croatian cities (Split, Zagreb and Rijeka).

Hepatitis B virus (HBV) and hepatitis C virus (HCV) infections are not monitored nationally in Croatia to the same extent as HIV, and the number of new cases of HBV and HCV infection among drug users is, therefore, unknown. The results from testing opioid users in treatment indicate a declining trend in HCV prevalence among this population over 2005-14, with some stabilisation in the last few years. The prevalence of HBV infection among opioid users in treatment declined over 2010-13 but increased slightly in 2014 and has remained unchanged since then. The 2014 bio-behavioural study found that more than one third of PWID in the three cities were HCV positive. The same study indicated that less than one fifth of PWID had been tested for HIV or for HCV in the last 12 months and received their test results.

<table>
<thead>
<tr>
<th>Region</th>
<th>HCV (%)</th>
<th>HIV (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>:</td>
<td>:</td>
</tr>
<tr>
<td>Sub-national</td>
<td>38.3</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Year of data: 2014
No information was reported on the prevalence of other infectious diseases, for example sexually transmitted diseases or tuberculosis, among drug users.

**Newly diagnosed HIV cases attributed to injecting drug use**

<table>
<thead>
<tr>
<th>Cases per million population</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1.0</td>
</tr>
<tr>
<td>1.0–2.0</td>
</tr>
<tr>
<td>2.1–3.0</td>
</tr>
<tr>
<td>3.1–8.0</td>
</tr>
<tr>
<td>&gt;8.0</td>
</tr>
</tbody>
</table>

NB: Year of data 2016, or latest available year. Source: ECDC.
Drug-induced deaths are deaths that can be directly attributed to the use of illicit drugs (i.e. poisonings and overdoses).

In Croatia, drug-induced deaths increased until 2007, when the highest number of deaths to date was reported; since then, numbers have decreased and have stabilised in recent years. In 2016, the majority of the victims were male. The mean age of the victims was approximately 37 years. The majority of deaths for which toxicological reports were available were associated with opioids (mainly methadone, but also heroin, buprenorphine and tramadol). Toxicological reports indicate that the victims had commonly used opioids together with other psychoactive substances, including alcohol and prescription medicines.

Based on these data, the drug-induced mortality rate among adults (aged 15-64) was 20.19 deaths per million in 2016, which is slightly below the most recent European average of 21.8 deaths per million.
Prevention

The National Strategy on Combating Drug Abuse for 2012-17 emphasises the implementation of effective and evidence-based prevention programmes. In addition, the National Addiction Prevention Programme for Children and Youth in the Educational Settings and the Social Welfare System for 2015-17 outlines the following preventive aspects: (i) the main target audiences (pre-school children and pupils, university students, and children and young people in social care institutions); (ii) the evaluation criteria for prevention programmes for all addictive behaviours; and (iii) the standards for drug use prevention activities.

Prevention programmes in the Republic of Croatia are implemented primarily at a local community level in the 21 counties, as multidisciplinary activities with the participation of different sectors, such as education, health, social care, non-governmental organisations (NGOs) and the media. The Office for Combating Drug Abuse is the national coordinating body in the field of prevention, while the county committees ensure coordination at a local level. Prevention activities are mainly funded by the state budget and by revenues collected from gambling; the European Drug Prevention Quality Standard guidelines are increasingly used to assess the proposed projects. Interventions are carried out under the national strategy, the National Addiction Prevention Programme for Children and Youth in Educational Settings and the Social Welfare System, and the Decision on Implementing, Monitoring and Evaluating the Health Education Curriculum in Elementary and High Schools.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

In the field of environmental prevention, the main focus is on the control and reduction of access to alcohol and tobacco for children and young people.

Universal drug prevention is organised and implemented mainly within the education system under the oversight of the Ministry of Science and Education and follows a module-based health education curriculum. School-based prevention is primarily aimed at motivating young people to adopt healthy lifestyles, developing their self-esteem and social skills, offering alternative activities for leisure time and as a result reducing young people's interest in experimenting with psychoactive substances.

Family-oriented prevention activities are implemented by local organisations and focus on strengthening parenting skills. At a community level, youth clubs and NGOs offer numerous educational activities during young people's leisure time, using peer education methods or proposing alternative, positive behavioural models for leisure activities. There has recently been a shift in

Cases per million population

- <10
- 10–40
- > 40

*NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes.*
universal prevention strategies from primarily information provision and mass media campaigns towards more skills-based prevention activities. In recent years, well-respected international programmes such as Unplugged, the Life-Skills Training Programme, Communities that Care and Promoting Alternative Thinking Strategies have been implemented in Croatia. Particular attention is given to the evaluation of these programmes.

Selective prevention is implemented through cooperation between NGOs, public health centres and social welfare centres. Activities in this area focus on vulnerable families, such as those with parents in prison or parents with drug use problems, and minority communities (such as the Roma community). Within the educational context, they are aimed at children who have special needs, are in children’s homes, are from high-risk families or have learning problems. These programmes mainly reinforce the need for a healthy lifestyle and emphasise risk reduction, promoting the role of parenting and providing alternative leisure activities for young people at high risk of substance use. Indicated prevention targets young people who are experimenting with drugs and who are in contact with social welfare centres or public health institutions.
Provision of interventions in schools in Croatia

Harm reduction

The National Strategy on Combating Drug Abuse 2012-17 and its related action plans set out the main objectives for harm reduction in Croatia, which include continuous support for the implementation of existing programmes and expansion of coverage and diversification of harm reduction services towards new target groups and new types of services. Harm reduction programmes are an integral part of public health activities in Croatia and are promoted by the Ministry of Health. Harm reduction activities are conducted by the network of services for mental health protection, addiction prevention and outpatient treatment, by the Croatian Red Cross and various non-governmental organisations (NGOs): Institut, Ne-ovisnost, Help, HUHIV, HULOH Hepatos, Porat, Let and Terra. Since 1996, when the first harm reduction programme was launched, geographical coverage has expanded and, in 2016, these programmes were available at numerous fixed sites and in locations served by outreach workers, as well as being provided from mobile vans across the whole country.

Harm reduction interventions

In Croatia, harm reduction services give out needles and syringes and other injecting paraphernalia and equipment, and offer voluntary, anonymous and free-of-charge counselling and testing. The programmes also print and distribute information material about safer drug use. In recent years, they have contributed to the prevention of overdoses and have focused on the reduction of other health-related risks among their clients.

In 2016, six NGO-run harm reduction programmes distributed around 279,000 syringes, with the majority given out by the NGO Help.

Ten specialised centres, part of the public health system, are located across the country in major cities and in the prison hospital in Zagreb. They provide anonymous and free-of-charge testing for human immunodeficiency virus (HIV) infection and counselling. HIV and hepatitis C virus infection tests are performed at some NGO-led harm reduction programmes. A new mobile application and online platform were launched in 2017, providing users with information about hepatitis.
<table>
<thead>
<tr>
<th>Country</th>
<th>Needle and syringe programmes</th>
<th>Take-home naloxone programmes</th>
<th>Drug consumption rooms</th>
<th>Heroin-assisted treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Belgium</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Croatia</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Cyprus</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Czech</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Denmark</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Estonia</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Finland</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>France</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Germany</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Greece</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hungary</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Ireland</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Italy</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Latvia</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Lithuania</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Malta</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Norway</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Poland</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Portugal</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Romania</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Slovakia</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Slovenia</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Spain</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sweden</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Turkey</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
The Strategy on Combating Drug Abuse 2012-17 and the related action plan emphasise the enhancement of treatment quality to meet clients’ needs. In Croatia, treatment is primarily implemented in the healthcare system and certain forms of psychosocial treatment are also available through the social welfare system, in therapeutic communities and associations, and in the prison and probation systems. In addition, treatment of minors or young adults is also provided in homes for children without adequate parental care and for children and young people with behavioural disorders.

Treatment services carried out under the authority of the state are funded by the Ministry of Health, the counties and the Croatian Institute for Health Insurance. Therapeutic communities and some associations are funded by the Office for Combating Drug Abuse of the Government of the Republic of Croatia, the responsible ministries, the counties and other donors.

The central element of the Croatian drug treatment system is the provision of care through outpatient treatment facilities and primary healthcare, although hospital-based inpatient treatment and therapeutic communities are also available. Outpatient treatment is organised through a network of services for mental health promotion and dependence prevention at county institutes of public health. These services include individual and group psychotherapy, prescription of and continuation of opioid substitution treatment (OST) and other pharmacological treatments, testing, and counselling on a wide range of issues. Owing to the characteristics of the treatment population, medication-based treatment (namely OST) is the most common treatment modality. Outpatient drug treatment is also provided by some associations that provide psychosocial treatment alongside social reintegration interventions and some outpatient units in general hospitals. Inpatient treatment is provided by hospitals and covers detoxification, adjustment of pharmacotherapy, drug-free programmes, and individual and group psychosocial treatment. Therapeutic communities offer long-term rehabilitation options. Psychosocial treatment, focused on improving the interpersonal relationships and life situations of clients, can be provided as part of a drug-free treatment approach, and this frequently complements OST and other treatment forms.

OST using methadone was introduced in 1991, buprenorphine was introduced in 2004 and Suboxone was introduced in 2009. The costs of the treatment are covered by the Croatian Institute for Health Insurance. Only specialised office-based medical doctors (e.g. psychiatrists and, in exceptional cases, some other specialists trained in the prescription of OST) and treatment centres can prescribe OST. However, this treatment is predominantly administered by general practitioners (issuing of prescriptions and dispensing of treatment).
Drug treatment in Croatia: settings and number treated

Outpatient

<table>
<thead>
<tr>
<th>Setting</th>
<th>Number (2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialised Drug Treatment Centres</td>
<td>6710</td>
</tr>
<tr>
<td>General Primary Health Care</td>
<td>4810</td>
</tr>
<tr>
<td>Low-Threshold Agencies</td>
<td>3964</td>
</tr>
</tbody>
</table>

Inpatient

<table>
<thead>
<tr>
<th>Setting</th>
<th>Number (2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic communities</td>
<td>573</td>
</tr>
<tr>
<td>&quot;Hospital-based residential drug treatment&quot;</td>
<td>397</td>
</tr>
</tbody>
</table>

NB: Year of data 2016

Treatment provision

Overall, available data indicate a decline in the number of people in drug treatment in Croatia in recent years. The majority of those who received treatment in 2016 were treated in outpatient settings. In terms of the primary drug, opioids, mainly heroin, remain the most common primary problem drug among all clients entering treatment.

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Croatia

NB: Year of data 2016.
Most clients who seek treatment as a result of opioid use are treated with OST. Data indicate that the number of OST clients increased up to 2012, followed by a slight reduction in the number of treated clients. In 2016, most of the 4,256 clients enrolled in OST received treatment with buprenorphine-based medications.

Opioid substitution treatment in Croatia: proportions of clients in OST by medication and trends of the total number of clients

<table>
<thead>
<tr>
<th>Year</th>
<th>Methadone (%)</th>
<th>Buprenorphine (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>47.1%</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>47.1%</td>
<td>52.9%</td>
</tr>
</tbody>
</table>

Drug use and responses in prison

The prison system of the Republic of Croatia consists of eight penitentiaries, including the prison hospital, 12 prisons, two juvenile correctional institutions, the diagnostics centre in Zagreb and the training centre. In 2016, a total of 11,173 people (including minors) were imprisoned in Croatia.

The National Strategy on Combating Narcotic Drug Abuse in the Republic of Croatia 2012-17 includes a special chapter dedicated to treatment of drug users in the prison system. These measures are also based on national criminal legislation, by-laws and legal acts.

The Ministry of Justice (Prison Administration) is responsible for organising healthcare for inmates, while the Ministry of Health is responsible for monitoring the provision of health services in accordance with professional standards. On admission, prisoners with a sentence longer than six months undergo a health assessment, which also includes an assessment for drug dependence. In 2016, almost one fifth of sentenced prisoners had been diagnosed with a drug dependency, with opioid and polydrug use being the most common issues. Moreover, a large proportion of prisoners treated for mental disorders have concurrent substance use problems. There has been a fall in the number of drug-dependent prisoners since 2013, which is attributed to a reduction in the total number of prisoners following the entry into force of the new Criminal Code. In accordance with the latest Criminal Code, drug possession is no longer a criminal offence. According to a study conducted in 2016, property offences are the most common type of offence for which drug-dependent individuals receive prison sentences, and they account for almost a quarter of all those imprisoned for property-related offences.

The approach to drug treatment in prison is comprehensive and includes both medical and psychosocial treatment.

Opioid substitution treatment using both methadone and buprenorphine is available in all facilities for detoxification and maintenance. Individual psychosocial treatment, modified therapeutic communities and structured programmes for the prevention of drug relapse are also available. The prison hospital also provides inpatient treatment for prisoners with drug and alcohol use problems and other mental health disorders. A social reintegration project has been implemented since 2007 and the prisons cooperate with county services to ensure continuity of care following prisoners’ release.
Harm reduction programmes in prison include training and counselling activities with the aim of reducing drug-use-related harms and improving the general medical condition of imprisoned drug users; voluntary testing for infectious diseases such as hepatitis C virus and human immunodeficiency virus (HIV) infections; treating viral hepatitis infections; preparatory procedures and referral to HIV/acquired immunodeficiency syndrome (AIDS) treatment; and motivating prisoners to become involved in treatment.

Quality assurance

In Croatia, the Office for Combating Drug Abuse is responsible for the coordination of activities and measures in the field of drugs, as well as for initiating the development of guidelines and standards to enhance the quality of the implementation of drug demand reduction programmes. The Education and Teacher Training Agency is responsible for developing, monitoring and ensuring the quality of education and training programmes.

In recent years, the Office has made efforts to increase the quality of drug prevention programmes. In 2012, the Office launched a Drug Prevention Programme database that contains data on prevention projects. In future, this should allow the identification of high-quality, evaluated and effective interventions as examples of good practices. The database has expanded and currently contains projects and programmes addressing all demand reduction areas. Efforts to implement the European Drug Prevention Quality Standards have also been taking place. In 2016, the Committee for Quality Assessment of Drug Demand Reduction Projects was set up to assess the quality of drug demand reduction projects. In addition, the Education and Teacher Training Agency set up a multidisciplinary expert group to draft the Minimum Standards for Addiction Prevention for Pre-school and School Children, which all educational institutions will be required to implement in the course of a school year. The standards document was adopted in July 2017 by the Ministry of Science and Education.

In March 2015, the Commission for Combating Drug Abuse of the Government of the Republic of Croatia adopted guidelines on harm reduction programmes. These guidelines contain descriptions of specific harm reduction areas and methods to be used in applying the services to specific categories of service beneficiaries.

Drug-related research

Drug-related research in Croatia has expanded in recent years; it now includes all main research fields and is mainly implemented by government agencies and universities. A number of surveys estimating the prevalence of the use of illicit substances have been conducted with financial support from the Office for Combating Drug Abuse of the Government of the Republic of Croatia, the European Monitoring Centre for Drugs and Drug Addiction, the Croatian National Institute of Public Health, the Ministry of Health and country- and local-level institutions. Since 2011, regular studies on the quantitative identification of selected urinary biomarkers of illicit drugs in wastewater have been implemented in Zagreb. Studies on the availability and price of drugs and on estimating drug-related public expenditure have also been carried out.

The libraries and websites of the Ministry of Science and Education, as well as of funding and research agencies, are the main channels for disseminating drug-related research findings.

Drug markets

Croatia is primarily a transit country because of its proximity to the southern leg of the Balkan route. In the past, this route was used mainly to smuggle heroin that originated from Afghanistan; now, other illicit drugs and precursors are smuggled via this route to and from Western Europe. The majority of cannabis products, largely herbal cannabis, reportedly originate from Albania and are smuggled to Croatia by land; however, use of maritime routes has also been reported. Cannabis is also increasingly grown domestically, although mostly for personal use and for the local market. Cocaine, which traditionally comes from South and Central American countries, is trafficked into Croatia by sea or by land from Western Europe or Turkey. Amphetamines and other synthetic stimulant drugs are primarily smuggled from Belgium and the Netherlands, as well as from some Eastern European and Asian countries. Available data indicate that new psychoactive substances are mainly bought online. In 2016, a small-scale illegal laboratory producing amphetamines and MDMA/ecstasy was discovered in Croatia for the first time.

Herbal cannabis remains the most frequently seized substance in Croatia, with a record amount reported in 2016. Following 2011-13, when downsizing of heroin trafficking was evident, based on the number of seizures and amounts seized, the most recent data indicate intensified heroin smuggling. In 2015, the amount of heroin seized tripled compared with 2014, and it remained relatively high in 2016.

Following a period during which there was a downward trend in the number of MDMA seizures, which reached its lowest point in 2010, the seizure data from recent years indicate an increase in the numbers of seizures. In 2016, MDMA was the most frequently seized synthetic stimulant, and the quantities seized indicate an increasing trend in the last five years. An increasing trend has also been
noted in the number of amphetamine seizures. The police data indicate that amounts seized increase during the summertime, which may be linked to increased consumption during this season.

Large cocaine seizures remain sporadic; however, in 2016, both the number of cocaine seizures and the amount seized were the highest in the last five-year period. In addition to established illicit drugs, the Croatian law enforcement agencies reported an increase in the number of seizures of pharmaceutical products, such as methadone and buprenorphine.

The available information suggests that the Croatian drug market is dominated by a number of small criminal groups with flexible organisational structures. They are likely to engage in smuggling and distribution of illicit substances, mainly synthetic stimulants, and to have close links with international and national criminal groups active in trafficking other goods and products. To prevent and tackle illicit drug trafficking, the national police participates in various international operations, organises joint investigation teams and is intensifying controls at the state border. At the same time, street-level policing activities, including those implemented during large music festivals held in the country, remain important measures for supply reduction and the prevention of drug-related crime.
## Key statistics

### Most recent estimates and data reported

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>EU range</th>
<th>Country data</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cannabis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime prevalence of use - schools (% , Source: ESPAD)</td>
<td>2015</td>
<td>21.5</td>
<td>6.5</td>
<td>36.8</td>
<td></td>
</tr>
<tr>
<td>Last year prevalence of use - young adults (%)</td>
<td>2015</td>
<td>16</td>
<td>0.4</td>
<td>21.5</td>
<td></td>
</tr>
<tr>
<td>Last year prevalence of drug use - all adults (%)</td>
<td>2015</td>
<td>7.9</td>
<td>0.3</td>
<td>11.1</td>
<td></td>
</tr>
<tr>
<td>All treatment entrants (%)</td>
<td>2016</td>
<td>10.4</td>
<td>1.0</td>
<td>69.6</td>
<td></td>
</tr>
<tr>
<td>First-time treatment entrants (%)</td>
<td>2016</td>
<td>59.5</td>
<td>2.3</td>
<td>77.9</td>
<td></td>
</tr>
<tr>
<td>Quantity of herbal cannabis seized (kg)</td>
<td>2016</td>
<td>1320.5</td>
<td>12</td>
<td>110855</td>
<td></td>
</tr>
<tr>
<td>Number of herbal cannabis seizures</td>
<td>2016</td>
<td>6459</td>
<td>62</td>
<td>158810</td>
<td></td>
</tr>
<tr>
<td>Quantity of cannabis resin seized (kg)</td>
<td>2016</td>
<td>7.3</td>
<td>0</td>
<td>324379</td>
<td></td>
</tr>
<tr>
<td>Number of cannabis resin seizures</td>
<td>2016</td>
<td>566</td>
<td>8</td>
<td>169538</td>
<td></td>
</tr>
<tr>
<td>Potency - herbal (% THC) (minimum and maximum values registered)</td>
<td>2016</td>
<td>0.3 - 22.8</td>
<td>0</td>
<td>59.90</td>
<td></td>
</tr>
<tr>
<td>Potency - resin (% THC) (minimum and maximum values registered)</td>
<td>2016</td>
<td>0.9 - 30.4</td>
<td>0</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Price per gram - herbal (EUR) (minimum and maximum values registered)</td>
<td>2016</td>
<td>4.6 - 19.8</td>
<td>0.60</td>
<td>111.10</td>
<td></td>
</tr>
<tr>
<td>Price per gram - resin (EUR) (minimum and maximum values registered)</td>
<td>2016</td>
<td>7.9 - 15.1</td>
<td>0.20</td>
<td>38.00</td>
<td></td>
</tr>
<tr>
<td><strong>Cocaine</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime prevalence of use - schools (% , Source: ESPAD)</td>
<td>2015</td>
<td>1.7</td>
<td>0.9</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>Last year prevalence of use - young adults (%)</td>
<td>2015</td>
<td>1.6</td>
<td>0.2</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>Last year prevalence of drug use - all adults (%)</td>
<td>2015</td>
<td>0.8</td>
<td>0.1</td>
<td>2.3</td>
<td></td>
</tr>
<tr>
<td>All treatment entrants (%)</td>
<td>2016</td>
<td>1.5</td>
<td>0.0</td>
<td>36.6</td>
<td></td>
</tr>
<tr>
<td>First-time treatment entrants (%)</td>
<td>2016</td>
<td>2.9</td>
<td>0.0</td>
<td>35.5</td>
<td></td>
</tr>
<tr>
<td>Quantity of cocaine seized (kg)</td>
<td>2016</td>
<td>13.2</td>
<td>1</td>
<td>30295</td>
<td></td>
</tr>
<tr>
<td>Number of cocaine seizures</td>
<td>2016</td>
<td>400</td>
<td>19</td>
<td>41531</td>
<td></td>
</tr>
<tr>
<td>Purity (%) (minimum and maximum values registered)</td>
<td>2016</td>
<td>1.3 - 90</td>
<td>0</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Price per gram - cocaine (EUR) (minimum and maximum values registered)</td>
<td>2016</td>
<td>64.5 - 91.2</td>
<td>3.00</td>
<td>303.00</td>
<td></td>
</tr>
<tr>
<td><strong>Amphetamines</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime prevalence of use - schools (% , Source: ESPAD)</td>
<td>2015</td>
<td>2.7</td>
<td>0.8</td>
<td>6.5</td>
<td></td>
</tr>
<tr>
<td>Last year prevalence of use - young adults (%)</td>
<td>2015</td>
<td>2.3</td>
<td>0.0</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>Last year prevalence of drug use - all adults (%)</td>
<td>2015</td>
<td>1</td>
<td>0.0</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>All treatment entrants (%)</td>
<td>2016</td>
<td>1.5</td>
<td>0.2</td>
<td>69.7</td>
<td></td>
</tr>
<tr>
<td>First-time treatment entrants (%)</td>
<td>2016</td>
<td>4.8</td>
<td>0.3</td>
<td>75.1</td>
<td></td>
</tr>
<tr>
<td>Quantity of amphetamine seized (kg)</td>
<td>2016</td>
<td>23.3</td>
<td>0</td>
<td>3380</td>
<td></td>
</tr>
<tr>
<td>Number of amphetamine seizures</td>
<td>2016</td>
<td>768</td>
<td>3</td>
<td>10388</td>
<td></td>
</tr>
<tr>
<td>Purity - amphetamine (%) (minimum and maximum values registered)</td>
<td>2016</td>
<td>0.3 - 80.9</td>
<td>0</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Price per gram - amphetamine (EUR) (minimum and maximum values registered)</td>
<td>2016</td>
<td>6.4 - 80.9</td>
<td>2.50</td>
<td>76.00</td>
<td></td>
</tr>
<tr>
<td><strong>MDMA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime prevalence of use - schools (% , Source: ESPAD)</td>
<td>2015</td>
<td>2.3</td>
<td>0.5</td>
<td>5.2</td>
<td></td>
</tr>
<tr>
<td>Last year prevalence of use - young adults (%)</td>
<td>2015</td>
<td>1.4</td>
<td>0.1</td>
<td>7.4</td>
<td></td>
</tr>
<tr>
<td>Last year prevalence of drug use - all adults (%)</td>
<td>2015</td>
<td>0.6</td>
<td>0.1</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>All treatment entrants (%)</td>
<td>2016</td>
<td>0.5</td>
<td>0.0</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>First-time treatment entrants (%)</td>
<td>2016</td>
<td>1.0</td>
<td>0.0</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Quantity of MDMA seized (tablets)</td>
<td>2016</td>
<td>n.a.</td>
<td>0</td>
<td>3783737</td>
<td></td>
</tr>
<tr>
<td>Number of MDMA seizures</td>
<td>2016</td>
<td>847</td>
<td>16</td>
<td>5259</td>
<td></td>
</tr>
<tr>
<td>Purity (MDMA mg per tablet) (minimum and maximum values registered)</td>
<td>2016</td>
<td>5.3 - 238</td>
<td>1.90</td>
<td>462</td>
<td></td>
</tr>
<tr>
<td>Purity (MDMA % per tablet) (minimum and maximum values registered)</td>
<td>2016</td>
<td>n.a.</td>
<td>0</td>
<td>88.30</td>
<td></td>
</tr>
<tr>
<td>Price per tablet (EUR) (minimum and maximum values registered)</td>
<td>2016</td>
<td>6.6 - 16</td>
<td>1</td>
<td>26.00</td>
<td></td>
</tr>
<tr>
<td><strong>Opioids</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-risk opioid use (rate/1 000)</td>
<td>2015</td>
<td>3</td>
<td>0.3</td>
<td>8.1</td>
<td></td>
</tr>
<tr>
<td>All treatment entrants (%)</td>
<td>2016</td>
<td>83.3</td>
<td>4.8</td>
<td>93.4</td>
<td></td>
</tr>
<tr>
<td>First-time treatment entrants (%)</td>
<td>2016</td>
<td>22.1</td>
<td>1.6</td>
<td>87.4</td>
<td></td>
</tr>
<tr>
<td>Quantity of heroin seized (kg)</td>
<td>2016</td>
<td>120.3</td>
<td>0</td>
<td>5585</td>
<td></td>
</tr>
<tr>
<td>Number of heroin seizures</td>
<td>2016</td>
<td>148</td>
<td>2</td>
<td>10620</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2016</td>
<td>Minimum</td>
<td>Maximum</td>
<td>2016</td>
<td>Minimum</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------</td>
<td>---------</td>
<td>---------</td>
<td>------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>Purity - heroin (%)</strong> (minimum and maximum values registered)</td>
<td>0.2 - 56.5</td>
<td>0</td>
<td>92</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Price per gram - heroin (EUR) (minimum and maximum values registered)</strong></td>
<td>39 - 78.5</td>
<td>4.00</td>
<td>296.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Drug-related infectious diseases/injecting/death**

- Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)
  - 2016: 0

- HIV prevalence among PWID* (%)
  - 2016: n.a.

- HCV prevalence among PWID* (%)
  - 2016: n.a.

- Injecting drug use -- aged 15-64 (cases rate/1 000 population)
  - 2015: 2.21

- Drug-induced deaths -- aged 15-64 (cases/million population)
  - 2016: 20.2

**Health and social responses**

- Syringes distributed through specialised programmes
  - 2016: 278791

- Clients in substitution treatment
  - 2016: 4256

**Treatment demand**

- All entrants
  - 2016: 7107

- First-time entrants
  - 2016: 770

- All clients in treatment
  - 2016: 7107

**Drug law offences**

- Number of reports of offences
  - 2016: 11551

- Offences for use/possession
  - 2016: 8722

* PWID — People who inject drugs.

---

**EU Dashboard**

**Cannabis**

Last year prevalence among young adults (15-34 years)
**Cocaine**
Last year prevalence among young adults (15-34 years)

- UK: 4%
- DK: 1.6%
- NL: 3.6%
- ES: 1.6%
- IE: 0.2%
- FR: 0.2%
- IT: 0.2%
- HR: 0.2%
- EE: 0.2%
- NO: 0.2%
- DE: 0.2%
- LV: 0.2%
- SI: 0.2%
- FI: 0.2%
- BE: 0.2%
- HU: 0.2%
- CZ: 0.2%
- LU: 0.2%
- BG: 0.2%
- AT: 0.2%
- CY: 0.2%
- PL: 0.2%
- LT: 0.2%
- PT: 0.2%
- SK: 0.2%
- RO: 0.2%
- MT: 0.2%
- SE: 0.2%

**MDMA**
Last year prevalence among young adults (15-34 years)

- NL: 7.4%
- IE: 1.4%
- CZ: 1.4%
- BG: 1.4%
- UK: 0.1%
- FI: 0.1%
- EE: 0.1%
- HR: 0.1%
- DE: 0.1%
- BG: 0.1%
- C: 0.1%
- DK: 0.1%
- HU: 0.1%
- ES: 0.1%
- AT: 0.1%
- SK: 0.1%
- SI: 0.1%
- FR: 0.1%
- LV: 0.1%
- SI: 0.1%
- EL: 0.1%
- LU: 0.1%
- CY: 0.1%
- PT: 0.1%
- RO: 0.1%
- TR: 0.1%
- MT: 0.1%
- SE: 0.1%

**Amphetamines**
Last year prevalence among young adults (15-34 years)

- NL: 3.6%
- IE: 2.3%
- FI: 2.3%
- HR: 2.3%
- DK: 2.3%
- BG: 2.3%
- C: 2.3%
- CZ: 2.3%
- HU: 2.3%
- AT: 2.3%
- SI: 2.3%
- FR: 2.3%
- LV: 2.3%
- UK: 2.3%
- IE: 2.3%
- LT: 2.3%
- NO: 2.3%
- PL: 2.3%
- IT: 2.3%
- CY: 2.3%
- LU: 2.3%
- RO: 2.3%
- TR: 2.3%
- PT: 2.3%
- EL: 2.3%
- MT: 2.3%
- SE: 2.3%
**Opioids**
High-risk opioid use (rate/1,000)

- UK: 8.1
- IE: 3.1
- AT: 3.1
- LT: 0.3
- FI: 0.3
- SE: 0.3

**Drug-induced mortality rates**
National estimates among adults (15-64 years)

- EE: 132.3
- SE: 20.2
- NO: 20.2
- IE: 20.2
- UK: 20.2
- LT: 1.4
- FI: 1.4
- DK: 1.4
- SI: 1.4
- AT: 1.4
- DE: 1.4
- HR: 1.4
- NL: 1.4
- TR: 1.4
- LV: 1.4
- ES: 1.4
- LU: 1.4
- CY: 1.4
- PL: 1.4
- BE: 1.4
- SK: 1.4
- CZ: 1.4
- HU: 1.4
- PT: 1.4
- RO: 1.4

**HIV infections**
Newly diagnosed cases attributed to injecting drug use

- LU: 33
- LV: 33
- LT: 33
- EE: 33
- IE: 33
- AT: 33
- MT: 33
- PT: 33
- SE: 33
- ES: 33
- FI: 33
- CY: 33
- NO: 33
- PL: 33
- BE: 33
- SK: 33
- CZ: 33
- HU: 33
- TR: 33
- HR: 0.1
- RO: 0
NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

About our partner in Croatia

The national focal point is located within the Office for Combating Drug Abuse of the Government of the Republic of Croatia. This Office develops drug policy and coordinates the activities of the ministries and other actors involved in the implementation of the national drug strategy at the political level. It monitors the drug situation in Croatia and proposes measures to address drug-related issues.

Government of the Republic of Croatia - Office for Combating Drug Abuse

Preobraženska 4/II
HR - 10 000 Zagreb
Croatia
Tel.: +385 14878128
Fax.: +385 14878120
Head of national focal point: Ms Lidija Vugrinec