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Bosnia and Herzegovina
New Development and Trends

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SUMMARY
The report covers all entities of Bosnia and Herzegovina (BiH) – Federation of Bosnia and Herzegovina (FBiH), Republika Srpska (RS) and the autonomous Brčko district.

Chapter 1: Drug Policy: Legislation, Strategies and Economic Analysis
The first Law related to drugs to come into force was the Law on Prevention and Suppression of Abuse of Narcotics in Bosnia and Herzegovina in 2006. Its implementation involved several Ministries. The Law contains a list of narcotic drugs and regards for possession and cultivation as criminal offences, as well as “the use of narcotic drugs outside therapeutic indications, in excessive dose levels, or over an unjustified period of time”.

Each Entity issued Criminal Codes, which do not necessarily foresee the same sanctions for each drug related crime. In Republika Srpska (RS) and Brčko District, the possession of drugs is treated as a minor offence.

The first National Strategy on Supervision of Narcotic Drugs, Prevention and Suppression of the Abuse of Narcotic Drugs in Bosnia and Herzegovina was adopted in 2009, being effective until 2013. In the same year the Council of Ministers adopted the National Action Plan for Combating Drug Abuse in Bosnia and Herzegovina for 2009-2013.

The Action Plan was evaluated twice up to now.

Chapter 2: Drug use in the general population and specific targeted groups
Studies in the general population in Federation of Bosnia and Herzegovina (FBiH) in 2011 and 2012 showed no significant difference between the two years; 3.8% of the respondents reported lifetime prevalence of any illicit drugs, with cannabis being the most popular. In RS a general population survey in 2010 showed a lifetime prevalence of 4.8% of any illicit use; psychoactive medicines (pills) were the most popular substance reported.

Regarding the student population, both entities conducted the ESPAD Survey in 2008 and 2011 (in different times during the year). Cannabis was the most popular substance among students in both years: In 2011, cannabis was reported by 8.2% of students in FBiH and by 4.5% in RS.

In comparison to 2008 data, lifetime prevalence of all substances had been significantly reduced in FBiH. In RS lifetime prevalence of inhalant use doubled between 2008 and 2011, while cannabis, sedatives and ecstasy use remained stable.

Chapter 3: Prevention
Although organized forms of preventive work in BiH are not implemented in a systematic manner, a large number of activities is successfully implemented, both at local and cantonal level and at the level of both entities and Brčko District.

In BiH, school prevention programmes are formulated and instigated by Ministries of Education and Health at the entity level, at the cantonal level in FBiH, and at the local level in municipalities. Over the years, both the public sector and the NGOs had been active in taking initiatives towards universal prevention.

Chapter 4: High Risk Drug Use
The latest sero-behavioural survey conducted by the Public Health Institutes (FBIH and Republika Srpska) in 2012 estimated the size of the injecting drug user population and the prevalence of drug-related infectious diseases in the larger cities in 2012.
The national size of the IDU population has been estimated as 9,500 – 15,500 persons (average value is 12,500) with the average prevalence of 0.47.

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

The Register of Addicts was first established at the Public Health Institute of RS in 2010 and in FBiH in 2012. The register holds information of all patients having entered treatment from its initiation in cumulative way.

According to the data, since registering, 1458 clients entered treatment in FBiH and 357 in RS, that is a total of 1815 clients registered in the two entities in 2013 (lacking Bricko District data for 2013). Most of the clients are male, above the age of 30 years.

Treatment is also available in general mental health centers, but the most typical center type is the specialised institution or hospital.

Opioid substitution therapy including combination of buprenorphine and naloxone and methadone therapies are available in the country. A total of 1168 clients participated in any kind of opioid substitution therapy in 2013.

Chapter 6: Health correlates and consequences

Drug related infectious diseases

The prevalence data of HIV, HCV and HBV among PWID in BiH are available from sero-behavioural surveys conducted by UNICEF. The latest study of 2012 was carried out in five cities: Sarajevo, Banja Luka, Zenica and –for the first time in 2012 – Mostar and Bijeljina (similar studies in 2007 and 2009 covered the three major cities). The studies used respondent-driven sampling to recruit PWID, utilised blood tests to determine the prevalence of HIV, HCV and HBV, and collected behavioural data using a self-reported questionnaire.

Prevalence rates for HBV and HCV, were higher than for HIV among tested PWID in 2012. HBV prevalence rated around 2–3 %, with an outstanding value of 5.5 % for Zenica. HCV prevalence varied from 12–43.4 % in the five cities where the studies were implemented. If the results of the 2012 study are compared to the findings of similar studies conducted in 2007 and 2009 there are no indications of an increasing trend of HBV and HCV infections among people who inject drugs.

Drug-related deaths and mortality of drug users

A special mortality register or other systematic data collection on drug-related deaths has not yet been implemented in BiH.

Data on drug-induced deaths from 2 regions in FBiH (Sarajevo Canton and Una-Sana Canton) in 2012 are available. These regions represent approximately 31% of the total population of Federation of BiH aged 15-64 years. In these 2 regions, 5 drug-induced deaths were identified in 2012; 4 were male and 1 female aged from 24 to 36 years.

After extrapolating those 5 deaths to the estimated total population of FBiH in 2012, the overdose-related mortality rate in FBiH in 2012 can be estimated as 10,13 deaths per million population aged 15–64.

Chapter 7: Responses to health correlates and consequences

The model of harm reduction for people who use drugs implemented in BiH address various needs of clients: those who need special services associated with active drug use, those who need non-compulsive treatment of addiction and Hepatitis C and HIV, as well as those who abstain. Regular services are offered through the network of outreach workers and drop-in centres.
In 2013 4102 IDUs (showing an increase of 31.5% compared to 2012) received needle/syringe programme services in low-threshold programmes across the country. The number of needles distributed were 308,031 and syringes 302,610, while 141,586 used needles and 150,432 used syringes were returned. While the number of clients served increased to the previous year, the number of syringes/needles stayed stable. The number of injecting equipment returned increased significantly.

Chapter 8: Social correlates and social reintegration

Social reintegration programmes in FBiH are implemented in the 15 therapeutic communities provided mostly by NGOs (one governmental agency operates in Sarajevo Canton). In 2013 there were approximately 300 individuals assisted by the programmes of psychosocial reintegration in residential settings in FBiH.

In RS, there are 3 therapeutic communities, operated by religious communities, or NGOs. The total number of clients in those 3 therapeutic communities in 2012 was 122.

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

In 2013 the number of criminal offences related to the use of narcotic drugs was 1,343, and 1,572 perpetrators were involved. Predominately criminal offences are linked to possession and enabling the use of drugs, but there has also been a significant effort to detect organised crime networks relating to the illicit production and trafficking of narcotic drugs.

The Ministry of Justice of Bosnia and Herzegovina keeps a registry of people who have been sentenced for criminal offences related to narcotic drugs. In 2013, 316 people were sentenced for criminal offences related to narcotic drugs.

Total number of convicted persons in Bosnia and Herzegovina during 2013 was 2,966 (FBiH – 1,742, RS – 1,224).

Several individual projects are conducted to tackle drugs problem in prison and to facilitate crime prevention and social reintegration after release by NGOs.

Chapter 10: Drug markets

Bosnia and Herzegovina has remained primarily a transit country within the international illicit drug trade, through which illicit drugs are transported to EU countries.

Heroin and herbal cannabis are still the most common illicit drugs in BiH, in terms of their smuggling and in terms of their use, while other illicit drugs are distributed to a lesser extent. Regarding the seizures of illicit drugs, no clear tendencies can be defined. There was significant increase in the amount of cocaine and cannabis resin seized in 2013. Heroin and cannabis plants seizure showed decrease. In the case of amphetamine and herbal cannabis, seizure data show a more stable overall picture.

Latest information on drugs prices is available for 2012. Price of cannabis varies from € 3 to 7.5. 1 gram of heroin costs € 20-30, 1 gram of amphetamine powder costs € 10-25. No significant change in the prices of drugs was apparent in 2013.

The purity of seized drugs is not investigated at the moment in BiH.
1 Drug Policy: Legislation, Strategies and Economic Analysis

1.1 Introduction

Bosnia and Herzegovina (BiH) is an independent, sovereign and democratic country located in South East Europe, in the western part of the Balkan Peninsula. According to the 1991 census the population was 4,395,643 but the 2006 estimates place the population at 3,842,762, which is a 16% decrease from 1991.

The total land area is 51,209.2 square kilometres. BiH borders with Croatia, Serbia and Montenegro. BiH is a multinational state of Bosniaks, Serbs, Croats and other nationalities. With the breakdown of the former Yugoslavia, in March 1992, BiH became a member of the United Nations and in September of the same year was admitted to the World Health Organization. It became a member of the Council of Europe in April 2002.

In accordance with the Dayton Peace Agreement, the war in BiH ended in 1995 and the new administrative structure was established, with two entities: Federation of Bosnia and Herzegovina (FBiH) and Republika Srpska (RS), and the Brčko District, each with a high degree of autonomy.

Today, all components of the health system in BiH (users and their rights, the provision of health care, the organizational structure of the health system, financing and management) are the responsibility of the entities - FBiH and RS, ten cantons in FBiH and the Brčko District. Therefore, the health system in BiH actually consists of thirteen "subsystems" that cover the health and social needs of the entire population.

1.2 Legal framework

The internal structure of BiH, consisting of the two entities (FBiH and RS) and the Brčko District, resulted in a fragmented national legislation. It is therefore necessary to review the current legislation and other regulations for prevention of narcotic drug abuse at the state level of BiH, as well as the entities and the District.

1.2.1 Law on Prevention and Suppression of Abuse of Narcotics

The first Law related to drugs to come into force was the Law on Prevention and Suppression of Abuse of Narcotics in Bosnia and Herzegovina in 2006. Implementation of this Law involved several Ministries (Ministry of Civil Affairs, Ministry of Security, Ministry of Foreign Trade and Economic Relations, Ministry of Finance and Treasury, Ministry of Foreign Affairs) and the Agency for Medical Products and Medical Devices of BiH, as well as police and customs authorities. A special department was set up in the Ministry of Security to work on the implementation of the Law and to monitor its implementation by the other ministries.

According to The Law on Prevention and Suppression of Abuse of Narcotic Drugs, the term narcotic drug means any substance of natural or artificial origin, which is included in the list of drugs act under international conventions on drug control or by a decision of competent authorities in BiH.

The Law contains a List of narcotic drugs, psychotropic substances and plants that can be used to produce narcotic drugs and precursors, listed in Tables I, II, III and IV: Table I "Prohibited substances and plants"; Table II "Substances and plants under strict control"; Table III "Substances and plants under control" and Table IV "Precursors".

Criminal offences include: cultivation of the plant from which narcotic drug could be obtained, possession of the means for the manufacture of narcotic drug and manufacture, traffic in and possession of a narcotic drug, psychotropic substances, plants or the part of the plant from which a narcotic drug could be obtained or precursors contrary to the provisions of the law, and the use of narcotic drugs outside therapeutic indications, in excessive dose levels, or over an unjustified period of time.
In RS and Brčko District the possession of drugs is treated as a minor offence.

Article 77 of the Law foresees:
- Ministry of Security shall keep records on reports of crimes and offences related to narcotic drugs.
- Ministry of Justice of BiH shall keep records of persons duly sentenced for crimes and offences relating to narcotic drugs and the execution of sentence of imprisonment and other sanctions and measures against perpetrators of drug crime.
- Ministry of Finance and Treasury shall keep records of the quantities of seized drugs, cash and other property from illicit traffic in narcotic drugs.
- Ministry of Civil Affairs shall keep the records on social assistance, drug and occasional drug abusers.
- The Agency for Medical Products and Medical Devices of BiH shall keep records of licenses issued under this Law.
- Customs Sector of the Indirect Taxation Authority of BiH shall keep records of reports of customs violations related to narcotics.

Article 2 of the Law foresees:
A) the establishment of special bodies in charge of combating drug crime and drug use:
B) The classification of plants and substances as narcotics, psychotropic substances, plants from which one may obtain drugs or precursors, according to the regime of bans or controls that are applied against them, and according to their types and characteristics.
C) The purpose and conditions allowed for growing plants from which one may obtain drugs, and the conditions for the production, transport and possession of drugs, psychotropic substances and plants from which one may obtain drugs and precursors.
D) The framework measures for combating drug crime.

Adoption of the Law was integrated at state level with specific state-level ministries put in charge of its implementation in both entities and the Brčko District.

In July 2011, the Council of Ministers of BiH adopted the Law on Amendments to the Law on Prevention and Suppression of the Abuse of Narcotic Drugs. As the Parliament of BiH rejected the Law, the Council of Ministers were mandated to create a new version of the Law.

In December 2012, the Council of Ministers has formed a working group to draft a new Law on Prevention and Suppression of the Abuse of Narcotic Drugs.

Some changes that are supposed to offer by the new law:
- elimination of the perceived problems in the implementation of Law;
- clear division of responsibilities amongst the bodies involved in supervision of production and trade of narcotic drugs and precursors in BiH;
- determining body that will represent the national focal point for cooperation with international bodies, and be responsible for the coordination and supervision of all activities envisaged under the National Strategy on Narcotic Drugs and its Action Plan.

### 1.2.2 Criminal Codes

- The Criminal Code of BiH: Article 195 “Illicit trafficking of narcotic drugs” stipulates the criminalization of certain forms of drug trafficking that have an international character.
- In the Criminal Code of the FBiH: Article 238 “Illicit production and trafficking of narcotic drugs” and Article 239 “Possession and enabling the use of narcotic drugs”.
In the Criminal Code of RS: Article 224 “Illicit production and trafficking of narcotic drugs” and Article 225 “Enabling the use of narcotic drugs”.

In the Criminal Code of Brčko District: Article 232 “Illicit production and trafficking of narcotic drugs” and Article 233 “Enabling the use of narcotic drugs”.

According to the Article 239 of the Criminal Code of FBiH, the possession of drugs is treated as a criminal offence in this Entity. In RS and Brčko District the possession of drugs is treated as a minor offence (misdemeanour). Furthermore, possession of dirty syringes is considered a crime in FBiH and a misdemeanour in RS. This is a challenge that outreach workers have to deal with when distributing or exchanging used syringes and needles in the framework of the street work programmes.

1.3 National Action Plan, strategy, evaluation and coordination

1.3.1 National drug strategy

In March 2009, the Parliamentary Assembly of BiH adopted the National Strategy on Supervision of Narcotic Drugs, Prevention and Suppression of the Abuse of Narcotic Drugs in Bosnia and Herzegovina for the period 2009-2013. This has been the first such document at state level, showing the intention of the state to make a systematic effort to engage all stakeholders in the society in tackling drug abuse. The National Drug Strategy 2009-2013 sets priorities of the fight against drugs, through the general objectives:

1. Raising awareness through community education, in order to implement a healthy lifestyle and maintain mental health,
2. Combating and prevention of further spread of drug abuse,
3. Prevention of drug addiction, death and health damage due to drug abuse,
4. Reduction of damage to the community caused by drug abuse,
5. Reduction of drug demand, especially among young people,
6. Strengthening of institutional capacity and responsible involvement of society,
7. Improving legislation and its implementation,
8. Reducing the supply of narcotic drugs,

In September 2009, the Council of Ministers adopted the National Action Plan for Combating Drug Abuse in Bosnia and Herzegovina for 2009-2013. The Action Plan has been structured in such a way that implementation of strategic objectives defined by the National Drug Strategy 2009-2013 will ensure effective and coordinated combat against drug abuse in BiH in the medium term (2009-2013). For each of the strategic areas, the Action Plan defines specific objectives, implementation activities, timeframes, stakeholders and progress indicators for the implementation of measures and activities.

First evaluation of the Action Plan was performed in 2011. The Council of Ministers adopted the Information I on the implementation of the Action Plan in the first year of its implementation. The Information reported low level of implementation of the Action Plan, and in this regard the Council of Ministers adopted several recommendations.

Second evaluation was done in 2012. The Minister of Security formed a working group to develop Information II on the implementation of the National Action Plan in Bosnia and Herzegovina in 2009-2013. The formation of this working group was in line with one of the recommendations of the Council of Ministers made during the adoption of the Information I.
The Working Group consisted of the representatives from the Ministry of Security of BiH, Ministry of Civil Affairs of BiH, Ministry of Justice of BiH and the Agency for Medicinal Products and Medical Devices of BiH has made document - Report on the activity implemented per areas of the National action plan (Information II for the Council of Ministers), which consists of the information about the activities carried out and collected from responsible entities’ and cantonals’ Ministries according the strategic areas: Prevention in the educational system; in the family; in the local community; in Social care; in the workplace; in prisons; Education; Statistics and Research; Treatment; Rehabilitation; Harm reduction; Supply reduction. All activities carried out under the Action Plan are listed and explained, Cases where data were not submitted or where activities were not implemented were identified.

According to the report, the Working Group has found that progress has been made on the implementation of the National Action Plan.

In parallel with the activities of the establishment of the working group that will be tasked with drafting a new National Strategy and Action Plan, the Ministry of Security of BiH has sent to the EU Delegation to BiH a request for assistance in the preparation of the final evaluation of the implementation of the National Strategy and National Action Plan (2009-2013). The EU Delegation has engaged two local experts who completed the evaluation in May 2014.

In the FBiH a group of authors with the participation of NGO's prepared document: 'Policy of harm reduction in the field of addictions in Federacija Bosne i Hercegovine'. This document is submitted to the Government of the FBiH for adoption.

### 1.3.2 Coordination mechanisms in the field of drugs

In order to harmonise activities of the Ministries and autonomous administrative organisations in BiH and of other agents involved in the implementation of the National Strategy on Supervision over Narcotic Drugs, Prevention and Suppression of the Abuse of Narcotic Drugs in Bosnia and Herzegovina, and for the purpose of its promotion and control of its implementation, the Council of Ministers has established the **Commission for the Suppression of the Abuse of Narcotic Drugs**.

In order to systematically monitor the phenomena, collect and process data required for prevention and suppression of illicit traffic in narcotic drugs and other punishable acts concerning the abuse of narcotic drugs, as well as for co-ordination of the activities of the police, custom authorities and other authorities in fighting against the abuse of narcotic drugs, the Ministry of Security has established the **Department for the Suppression of the Abuse of Narcotic Drugs**. The department is responsible for the regular monitoring and evaluation of the implementation of the Action Plan.

The members of the Commission on Narcotic Drugs are: Ministers of Health (Federation of BiH, RS and Brčko District), Deputy Minister of Finance and Treasury of BiH, Deputy Minister of Foreign Trade and Economic Relations of BiH, Deputy Minister of Security of BiH, Deputy Minister of Justice of BiH and the Head of Department on narcotic drugs from the Ministry of Security of BiH. It is chaired by the Minister of Civil Affairs of BiH. Professional and administrative tasks related to the work of the Commission on Narcotic Drugs are performed by the Department on Narcotic Drugs.

In accordance with the provisions of the Action Plan 2009-2013: „Entity governments and the Brčko District are obligated to adopt the action plans with precise names of responsible institutions, that are entirely in accordance with this Action Plan. Action Plans from lower levels of governance are annexes to this Action Plan, and therefore are its integral part."

In January 2012, the Government of **FBiH** adopted Action Plan to combat drug abuse in the Federation of Bosnia and Herzegovina 2012-2013. Also in FBiH, a group of authors with the participation of NGO's prepared document: 'Policy of harm reduction in the field of addictions in FBiH'. This document is submitted to the Government of FBiH for adoption.
In RS, the Strategy for Monitoring of Opiate Drugs and Containment of Opiate Drugs Abuse in RS for the period 2008 to 2012, the Government of Republika Srpska established the Commission for Containment of Opiate Drugs Abuse in Republika Srpska. Tasks of the commission are developing and submitting to the Government “Action Plan to implement the Strategy”, and monitor and evaluate the implementation of the strategy's objectives and if necessary introduce new actions and measures. Commission consists of 13 members, representatives of ministries, prosecutors, inspection committee of the National Assembly and NGOs. The Strategy Implementation Department, established within the Ministry of the Interior RS, provides administrative, operative, professional and technical support to the commission in monitoring the implementation of the strategy. The new draft Strategy is in the process of being adopting by the National Assembly of RS.

Brčko District Government has made a decision on the formation of a working body for monitoring the implementation of its Action Plan to Combat Drug Abuse.

1.4 Economic analysis

The total cost of implementing the drug policy in BiH is not known, however the following paragraphs provide estimates of costs of treatment.

The standard tariff for in-patient medical addiction treatment in FBiH is 92 BAM per day, which is approximately 2,800 BAM (i.e. 1,400 €) a month.

According to the estimated cost of therapeutic communities, the monthly cost per beneficiary is from 500 BAM to 670 BAM (i.e. 260–340 €). Costs include food, hygiene, medical services, rental space, utilities, office supplies, infrastructure investment and the salaries of employees.

As an example, the expenses of the biggest and longest established addiction treatment centre in FBiH – the Institute for alcoholism and substance abuse in Sarajevo – are provided (see more in Chapter Drug–related treatment demand and availability). Total costs covering in-patient and outpatient treatment of alcoholics and drug addicts except substitution treatment (of them 625 drug users) were 2.8 mil. BAM (i.e. 1.4 mil. €) in the Institute in 2010. Budget for substitution treatment (359 patients in substitution treatment) in the Institute in 2010 was 350 thousand BAM (i.e. 180 thousand €). After extrapolation to (patients of) 8 specialised medical addiction treatment centres in BiH, total costs of medical addiction treatment in BiH in 2010 can be estimated as 8.0 mil. BAM (i.e. 4.1 mil. €).

In the therapeutic communities, the annual costs were estimated on 7.7 mil. BAM (i.e. 3.9 mil. €).

According to the UNDP data on IDU Programs, HIV prevention and care activities among the most-at-risk population are planned for 2011 and include: engagement of peer educators (NGOs PROI, Viktorija, Margina), staff in methadone centres, drop-in centre staff (NGOs PROI, Viktorija, Margina, Poenta), harm reduction, health care provider training, procurement of safety box, procurement of harm reduction kits, condoms, procurement of methadone, IT equipment for centres, methadone storage, facility maintenance and reconstruction, rent for drop-in centres, etc. The total expenditure for the above activities in 2011 is expected to be 1.1 mil. US $ (i.e. 1.5 mil. BAM or 780 thousand €).

Costs of liquid methadone (total of 11,498 bottles of 150 ml in concentration 10mg/ml, which is 1,724,700 ml liquid methadone in concentration 10 mg/ml) were 280 thousand BAM (i.e. 140 thousand €) in 2010. According to the Agency for Medical Products and Medical Devices of BiH, the costs of imported Suboxone were 450 thousand BAM (i.e. 231 thousand €) in 2010.

According to the figures above, a rough estimate of the total cost of specialised medical addiction treatment, social reintegration in therapeutic communities and harm-reduction would be approximately 18.0 mil. BAM (i.e. 9.2 mil. €) in BiH, annually.
2 Drug use in the general population and specific targeted groups

2.1 Introduction

In 2011 two household surveys of the general population were conducted, one in FBiH and one in RS. However, the surveys used different methodologies and sampled different age groups, so the results cannot be reliably compared and any comparisons should be made with caution.

The European School Survey Project on Alcohol and Other Drugs (ESPAD [http://www.espad.org/]) was carried out in 2008 for the first time in BiH. Another round of ESPAD survey was conducted in RS during spring 2011, and in FBiH in autumn 2011.

In RS, the coordinators of the ESPAD survey have started preparations for the 2015 ESPAD Study. The prospects of the Study being funded are slim, as there are other more urgent domestic priorities (reconstruction of flooded areas in the Entity).

2.2 Drug use in the general population

In FBiH the survey was part of the United Nations Children’s Fund (UNICEF) ‘Multiple indicator cluster survey’ (UNICEF MICS) targeting a sample of 6 177 individuals aged 15–49 in 4 107 households. The drug use module was not part of the original MICS protocol but was added to the questionnaire following permission from UNICEF.

The total number of adult population who reported lifetime use of any drug was 3.8%, out of which male 6.8% and 0.9% female.

Table 1: Lifetime prevalence of drugs in the GP survey in FBiH 2011 (MICS survey)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Lifetime prevalence (%)</th>
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<tr>
<td>Cannabis</td>
<td>3.0</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0.1</td>
</tr>
<tr>
<td>Amphetamine and/or metamphetamine (speed)</td>
<td>0.2</td>
</tr>
<tr>
<td>Cocaine/crack</td>
<td>0.1</td>
</tr>
<tr>
<td>Opiates (heroin)</td>
<td>-</td>
</tr>
<tr>
<td>LSD</td>
<td>0.1</td>
</tr>
<tr>
<td>Magic mushrooms</td>
<td>-</td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.1</td>
</tr>
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</table>

As seen in Table 1, the most popular drug is cannabis, followed by amphetamines, but all substances present very low prevalence.

FBiH conducted in 2012 another health population survey among adult population. One of the modules was related to consumption of drugs. Consumption of drugs or psychoactive substances was reported by 0.6% of the adult respondents in FBiH, with no difference in urban and rural areas.

Because of the small number of subjects who have ever consumed drug or substance during their life, further analysis was not performed.

In 2010 a household survey was conducted in RS, entitled "Health status, health needs and use of health services." It was organized by the Ministry of Health and Social Welfare of Republika Srpska and the Public Health Institute and it was based on a two-stage stratified sample (in the first stage enumeration districts were sampled and in the second stage the households) of individuals age 18
and over, who lived in the entity for a period of one year or more. In total, 1,866 households and 4,178 individuals were sampled.

According to the survey results, the lifetime prevalence of any psychoactive substance was 4.8%. Out of the people who reported having experimented with drugs, pills (sedatives, anxiolytics and/or analgesics) seemed to be most popular (2.8%), followed by cannabis (0.8%), inhalants (0.7%), and heroin (0.2%) (Figure 1).

**Table 2: Lifetime prevalence of psychoactive substance use in RS, 2010**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Lifetime prevalence (%)</th>
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<tbody>
<tr>
<td>Inhalants</td>
<td>0.7</td>
</tr>
<tr>
<td>Pills (bensedin, trodonon)</td>
<td>2.8</td>
</tr>
<tr>
<td>Cannabis</td>
<td>0.8</td>
</tr>
<tr>
<td>Hashish</td>
<td>0.2</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0.1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>-</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.2</td>
</tr>
</tbody>
</table>

As presented in Figure 1, the age group 35 to 44 years showed the highest percentage in substances experimentation and/or use (6.3%), whereas the lowest percentage was shown by the younger people in the sample, aged 18 to 24 years of age (2.7%). In general, women had slightly higher percentages (5.4%) than men (4.2%), this ratio being seemingly affected by the high proportions of benzodiazepines.

**Figure 1: Lifetime prevalence of psychoactive substance use by age and gender in RS, 2010**

Of the people who reported having experimented with psychoactive substances, the highest percentage was shown by those with a higher level of education (7.3%), and those living in the Doboj region (10.5%).

Systematic use of psychoactive substances (pills, inhalants and cannabis) was reported by 2.9% of the total sample, and it also consisted of the highest percentage of the population with no school of incomplete primary education (4.1%), as well as the population of the region of Doboj (8.1%). The minimum age of first consumption of marijuana and cocaine was 13 years old.

A percentage of 44.1% reported having consumed the substance(s) for the first time at a private house (either their own or friends’), while 20.5% at a party, nightclub or bar (20.5%). Regarding gender, women first experience with psychoactive substances commonly achieved in the apartment
of friends or in their own home (51.7%), while men mostly in clubs, at a party or a bar (37.1%) – Figure 2.

**Figure 2: Place where the first use of drugs had occurred by gender in RS, 2010**

As the survey presented very low levels of prevalence of use of psychoactive substances, it is assumed that respondents who have tried or used the so-called "harder drugs" did not give honest answers, so presented data do not reflect the true picture of the level of drug use in RS.

A survey conducted in RS among a sample of 1 422 people in 2003 found that about 16 % of males and 7 % of females aged 15–25 had used cannabis in lifetime (Savić et al., 2003).

### 2.3 Drug use in the school and youth population

The European School Survey Project on Alcohol and Other Drugs (ESPAD) was carried out in FBiH (May–June 2008) and in RS (November–December 2008) for the first time.

In 2011, the European School Survey Project on Alcohol and Other Drugs (ESPAD) was carried out for the second time in the FBiH (November–December 2011) during the autumn wave of the ESPAD survey. The sample consisted of 122 secondary schools and 195 classes, that means 4 528 second-grade secondary school students, out of which 3 813 students born in 1995 what is the targeted population and at the time of the data collection, mainly were found in grade 2 of secondary school.

In RS in 2011, ESPAD was conducted among 15 year-old students (born in 1995), more specifically, among high school students who are enrolled in first grade of secondary school in 2010/2011 academic year. Stratified random sampling from the entire territory of RS was performed and the sample consisted of 3 132 students in the first grade of secondary schools.

As seen in Table 3, the lifetime prevalence for almost all substances in FBiH was double that of RS. Cannabis was the most frequently reported illicit substance used by 15- to 16-year-olds in both entities (8.2 % in FBiH and 4.5 % in RS), followed by sedatives in FBiH (8.2 %) and inhalants in RS (5.3 %).

**Table 3: Lifetime prevalence by gender in the ESPAD survey in FBiH and RS in 2011(%)**

<table>
<thead>
<tr>
<th>Drug</th>
<th>FBiH</th>
<th>RS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Cannabis</td>
<td>12.0</td>
<td>4.4</td>
</tr>
<tr>
<td>Sedatives</td>
<td>6.4</td>
<td>10.0</td>
</tr>
<tr>
<td>Pharmaceuticals and alcohol</td>
<td>2.7</td>
<td>2.6</td>
</tr>
</tbody>
</table>
In comparison to 2008 data, the results of the 2011 ESPAD study showed that lifetime prevalence of all substances had been significantly reduced in the Federacija BiH. In RS, however, lifetime prevalence rates of cannabis, sedatives and ecstasy remained similar to 2008, but prevalence of the combined use of pharmaceuticals and alcohol, and amphetamines, decreased while lifetime prevalence of inhalant use doubled between 2008 and 2011 (Šiljak et al., 2008).

Previous surveys among young people in BiH (2001–2007) showed that lifetime prevalence of any illegal drug among students in secondary schools varied between 5% and 15%, depending on the age range of the sample and the particular study; cannabis, inhalants and ecstasy in descending order, are the most common drugs. According to a survey conducted in RS in 2003, about 16% of males and 7% of females aged 16–25 have consumed cannabis in their life.

### 2.3.1 Traces of drugs in school environment

The Commission for the Prevention of Drug Abuse of Republika Srpska has organized a survey project on the presence of drugs on school premises. The main aim of the survey was to determine the presence of traces of drugs in school environment. The survey was conducted among randomly selected primary and secondary schools in RS during May 2003. Testing of school surfaces (tables, chairs, surfaces in toilets and school locker rooms) was performed in selected schools. The study involved 12 schools in 7 municipalities of RS (5 primary and 7 secondary schools). In total, 443 tests were applied (125 test in primary schools and 169 in secondary schools). Only one test was positive on marijuana (0.2%). One positive test for marijuana confirms ESPAD studies documenting the low prevalence of drugs among school-age children and in the school environment. This was the first time that this type of study was implemented among schools, although there is a need to organize similar surveys with a larger number of schools and increased number of applied tests in order to get valid results which can be compared with available data from questionnaire studies.

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

Two studies carried out in BiH in 2001 and 2006 among university students (aged 18–25) showed a lifetime prevalence of the use of any illicit drug (cannabis, ecstasy, inhalants, LSD, cocaine) of 22.5% in 2001, and 31% in 2006.
3 Prevention

3.1 Introduction

In BiH, during the period after the signing of the Dayton Peace Agreement in 1995, the drug use problem was present and growing, as each year the number of new drug users and drug dependent people increases. Since 2005 the number of drug addicts who are seeking treatment for the first time is increasing but that increase is very slow.

The complexity of the socio-political system, low economic status, unemployment, underdevelopment of industry vital to the country's development and other problems resulting from the destructive consequences of war, greatly influenced the development of this social pathological phenomenon, but also limited the establishment of drug treatment programmes and the effectiveness of treatment.

Although organized forms of preventive work in BiH are not implemented in a systematic manner, a large number of activities is successfully implemented, both at local and cantonal level and at the level of both entities and Brčko District.

In addition, the curricula incorporated themes on sexual and reproductive health, changes in adolescence, effects of alcohol, tobacco and drugs on growth and development in adolescence, the importance of healthy diet, and on the highlighting of the values of family and other forms of social life.

3.2 Universal prevention

In BiH, school prevention programmes are formulated and instigated by Ministries of Education and Health at the entity level, at the cantonal level in FBiH, and at the local level in municipalities. The educational system has enormous possibilities to make a positive impact on children and youth in the process of growing up and forming attitudes, knowledge acquisition and implementation of best practices related to issues of drug abuse. The problem of reducing drug demand through the education system focuses on the prevention of use, especially among the young population.

Over the years, both the public sector and the NGOs had been active in taking initiatives towards universal prevention.

The Federal Ministry of Education and Science has completed the financing activities of projects and programmes from the funds collected of sales of Lottery BiH for projects in the filed for fight against drugs and drug addiction. Twenty-eight projects, associations, centres and organizations in the Federation with total assets of 108,700 KM were supported, which was conduct a variety of programmes for the prevention and control of drug abuse. Of special importance were the following programmes and projects:

- youth and parents' education on the harmful consequences of narcotics abuse and community mobilization
- disease prevention programmes through the school system
- the problem of the drugs presence in secondary schools
- anti-Drug Campaign by informal education
- the project “Trough youth journalism against drugs and addiction”
- theatre plays on the harmfulness of drug use
- development of prevention posters
- programmes in the field of sport- “sport against drugs”
- prevention towards a healthy adulthood and programmes for the promotion of healthy lifestyles in elementary schools.
Within the strategic areas - **Prevention in health sector**, the Ministries of Health in collaboration with other institutions continuously implement programmes of health education for the wider population about healthy lifestyles and harms of psychoactive substances, as well as activities related to strengthening the role and capacity of mental health in prevention.

**Prevention within the local community in BiH** is also related, among others, to the organizational structure of the health system and its links implemented at intersectoral level.

**Federal Ministry of Health of FBiH** by its budget or supplementary budget had available 200,000 BAM to support non-profit organizations engaged in universal and selective prevention of drug addiction. At the suggestion of the selection committee, the Federal Minister of Health had approved five proposals in the amount of 74,078 BAM. non-profit organizations, which projects were approved for funding, signed the contracts and conducted implementation.

On the basis of the Protocol on cooperation with educational institutions in the **Canton of Sarajevo**, which was approved by the Ministry of Education of Canton Sarajevo, no. 11-05-27473 from October 31st 2007 and Cooperation Treaty with certain educational institutions that have expressed a desire for cooperation, implemented are the requirements of pupils/students in connection with the preparation of term papers, school projects, graduation and other papers on the topic of substance abuse. Government of Canton Sarajevo initiated long term and comprehensive drug abuse prevention programme. The long term programme lasted from 1999 to 2011 and adopted multipronged approach based on: partnership, interdisciplinary approach, coordination, intersectoral cooperation, monitoring and evaluation.

During the implementation of the programme, where Institute of Public Health - Sarajevo Canton was one of the key partners, the universal preventive interventions was carried out within the methodological framework largely aligned with the concept of ‘Say no to drugs’.

The Ministry of Education and Culture of RS and The Republic Pedagogical Institute in cooperation with other institutions and organizations have realized activities aimed at embedding drug prevention programmes in the school system:

1. The Pedagogical Institute has made changes to the curriculum of biology for 7th grade and was introduced theme "Drugs and their consequences." The revised curriculum was published in the "Official Gazette of Republika Srpska" no.104/11 from 21.10.2011. and applies to all primary schools in RS from school year 2012/2013th.

2. The Pedagogical Institute prepared a battery of didactic-methodical material, consisting of the film "Children of the station Zoo", adapted to the age and needs of the students, and videotapes with confessions of drug users. This material aimed at providing assistance to teachers for implementing prevention interventions in the classroom.

3. The Association of Psychologists of RS has implemented an educational programme related to the topic of risk behaviours and their prevention for professional advisors in schools. This programme addressed issues of risk behaviours and their prevention and the place and role of the psychologist in the school. Training took place in Banja Luka and Pale, and was attended by pedagogues, psychologists and social workers of universal and secondary schools in RS.

The Ministry of Health and Social Welfare of Republika Srpska in collaboration with the Ministry of Education and Culture developed a manual "Healthy Lifestyles" for students". This educational package contains a Manual for Students and a Teachers’ Guide. The manual includes topics on harmful effects of psychoactive substances on the health of young people and gives practical information to high school students which will help them in interacting with their peers and the people around them (teachers, parents) to build positive attitudes towards their own health. It also implemented a project "School without drugs," which is a research project on the presence of drugs traces of in randomly selected schools in RS (see above).

The manual “Healthy lifestyle for students” have been developed in Canton Sarajevo in coordination with Association XY, with support of Ministry of education of Canton Sarajevo,and Swiss Developing Agency -SDC . The manual is prepared for the students in elementary schools.
Prevention programmes have been also developed through various projects carried out by non-government organizations (NGOs). The Association Viktorija has implemented a numerous of prevention activities in recent years. From 2003 to 2011, Viktorija implemented many projects, such as the “stop drugs”, the “Drugs Yuck”, “It Is Not Worth Living” and “We Are Stronger together”.

The aim of these activities is to promote a drug-free lifestyle and prevent drug use among young people. Viktorija held workshops and lectures for students of primary and secondary schools. The concept of the workshop was based on actively participation of students in discussions related to experimentation with psychoactive substances. Within months of drug prevention „Marjanovac - Centre for rehabilitation of drug dependence“ (NGO) organized meetings / lectures on the prevention of substance abuse for students of 3th and 4th grade Electrotechnical highschool “Nikola Tesla” in Banja Luka (approximately 200 students).

Family should provide the conditions for the healthy growth of children, their information and making appropriate decisions. Therefore, the education of parents is very important segment in the field of universal prevention. In addition to the basic education of parents about drugs, it is essential enabling parents to communicate well with children and strengthening the capacity of families to crisis management. In that sense, the work of the Counselling Office „Viktorija“ has consultative - informative role. Every parent through SOS phone or personal contact with professionals can get information about substance abuse and symptomatology.

The most effective way of responding to drug problem in society is to connect public policy, civil society, the profession and practice in a unique, integrative and multi-disciplinary system. According to that, in 2012, Viktorija conducted trainings for representatives of health and social institutions, centres for mental health, representatives of local advisory committees, prison staff, police officers, state border officers in the field of implementation of preventive activities in IDU population. Within four two-day training was attended by 81 people. Figure 4 shows the number of participants according to the type of sector they work.

**Figure 3: Number of participants by the type of sector they work in**

The Ministry of Health and Social Welfare of RS emphasized the establishment of an interdisciplinary approach to the protection and promotion of mental health. In 2012, it organized educational seminars, workshops, training of professionals in the field of mental health (psychiatrists, general practitioners, family medicine doctors, nurses, psychologists, social workers, occupational therapists, etc.).
As part of the Summer School of sport, Ministry of Family, Youth and Sports of RS organized lectures on "Doping in sport". Over 1,500 participants of sports camp attended on these lectures.

Viktorija organized the first Symposium on substance abuse with international participation, entitled "Multisectorial contribution to the fight against addiction", in collaboration with the Commission for the Prevention of Drug Abuse of RS. The symposium was held in June 2012 in Banja Luka, and the participants were key professionals (doctors, psychologists, lawyers, police officers) from the region and the country. The Symposium consisted of four thematic areas:

1. Pharmacological therapy in opioid dependence treatment;
2. Alcohol dependence - early detection and therapeutic interventions;
3. Psychosocial aspects of rehabilitation of drug addicts;

3.3 Selective prevention in at-risks groups and settings

The Federal Ministry of Health has held multiple training sessions in the field of peer educators for a population of people who inject drugs, as well as for workers active in users' training. It is within the responsibility of this Ministry to institutionalize these practices through legislation, since they are already implemented in practice, and provide for the certification of specialized institutions for the treatment of drug addicts (Institutes in Sarajevo and Zenica) and the training for teams working in mental health centres in this field.

Of particular importance is the cooperation with non-governmental organizations dealing with the prevention, early detection and counselling of people who have a problem with the use/abuse of psychoactive substances.

In FBiH the Ministry of Health and Ministry of Education have conducted activities related to the regular publication of the competition for funding non-governmental organizations that apply and implement projects in the field of counselling and prevention of psychoactive substance use/abuse in children and adolescents.

Within the Strategic Programme-Prevention in the educational system are made and there are ongoing educational programmes about the harmfulness of the use of psychoactive substances, prevention, early detection of behavioural disorders that are related to the use of psychoactive substances, with treatment of persons who have already developed an addiction.

Prevention of high risk behaviour and drug abuse in RS has been introduced into the Strategy for Monitoring of Opiate Drugs and Containment of Opiate Drugs Abuse in RS for period 2008-2012.

All prevention activities based on comprehensive, balanced and multidisciplinary approach which includes different actors at different levels: health and social care system, educational system, judicial and security system, non-government organizations, media, etc.

Focus of prevention programmes in schools and social environment, also must be on early identification of risk groups of children and developing protective preventive programmes for youth at risk. These preventive activities must be based on multisectoral cooperation of schools, centres for mental health, social welfare centres and non-governmental organisations at the local level.

In RS, there is a network of 25 centres of mental health, which aim at carrying out activities in the field of universal and selective prevention. Particular attention is given to working with youth who are at risk (young people who are coming from families with addicted family member, young people with conduct disorders, young people without parents, etc.)

Within Counselling Office, NGO Viktorija pays special attention to vulnerable groups such as young people who experiment with drugs. It is based on early detection and prevention of the development of dependence. Through individual and group counselling and psychotherapy work with youth at risk and their family members, therapists try to reduce risky behaviours, prevent the development of dependence, strengthen self-control as well as improve family functioning.
In 2012, the Ministry of Family, Youth and Sports of RS conducted one-day training about drug abuse for students at risk in universal and secondary schools. 75 students who are at the risk, according to the opinion of professional advisors in schools, attended these workshops.

3.4 Indicated prevention

In RS, specific prevention programmes focused on children with individual risk factors such as children with ADHD, conduct disorders and similar problems, are implemented within the school system in collaboration with centres for mental health and the social welfare centres.

In 2012, professional advisors in schools in RS were significantly supported. All schools have strong professional advisors services whose task is to work on the prevention of all forms of risky behaviour, providing professional support to students, teachers and parents as well as referral of students to other health and social services according to individual needs. In 87 secondary schools in RS, there are 73 pedagogues, 73 psychologists and 12 social workers. In 184 primary schools, there are 184 pedagogues, 122 psychologists and 13 social workers.

Government of Canton Sarajevo had adapted and implemented “Program for monitoring, prevention and treatment of demobilized soldiers and their families from PTSD, in the Sarajevo Canton 2008-2012. (Source:BHAS)

PI "Cantonal Centre for Social Work" – Sarajevo in accordance with its program activities undertaken a number of activities on the prevention, re-socialization of drug addicts. Cantonal Public Institute "Family Counselling" through its activities acts through advisory therapeutic work with clients. Their experts organized lectures and trainings with topics: Youth and the Internet, Prevention and addiction, family and multiple sclerosis, emotional expression in child development

Total employment in the social work centers in Bosnia and Herzegovina is 1286, out of which 474 social workers

Total employment in the homes for children and youth without parental care is 357 in Bosnia and Herzegovina, out of which 90 educators

Total number of employees in institutions for children and youth with difficulties in mental and physical development is 673, out of which 153 educators.

3.5 Local prevention activities

Zenica-Doboj Canton is an example of good coordination and cooperation in the field of combat drug abuse. In the Zenica-Doboj Canton the drug users are listed in the Cantonal Law on Social Protection, Protection of Civilian Victims of War and protection of Families with Children ("Official Gazette of the Zenica-Doboj Canton", No. 13/07 and 13/11) and became beneficiaries of social protection. For the purpose of motivation for treatment, the projects that are intended to absentees due to employment, additional training and retraining had been implemented.

In the area of Herzegovina-Neretva Canton operates the Centre for Prevention and Outpatient Addiction Treatment - Mostar which comprised of smaller organizational units: centre for outpatient treatment, therapeutic community, department for detoxification, scientific research unit. The centre conducts the collection of data on drug users and addictions of psychoactive substances, participates in professional and scientific research, and actively cooperates with the institutions in their activities which include the work with drug users.

Public Institution "Cantonal Centre for Social Work" in Sarajevo in accordance with its program activities provides a number of activities on the prevention, re-socialization of drug addicts. In accordance with current legislation, the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with children, people who have problems with addiction can be treated as beneficiaries, can receive the health care, addition for care and assistance by another
person, accommodation in a social care institution or another family, paying the education, and advice and information by the professional staff of the Centre. In 2010 and 2011, 9 projects had been implemented in the field of drug addiction. During 2010 and 2011, this Institution has implemented 9 prevention projects, of which four are directly or indirectly related to the prevention of addiction among young people:

- Together to success (project seeks to increase the communication between students, teachers and parents with the aim to reduce school failure as one of the factors for the occurrence of undesirable behaviour including the abuse of psychoactive substances),
- Youth for Youth (project through peer education which empowers young people to act on prevention of risky behaviour of their peers),
- public forums “Lecture for Parents”.

In the first cycle, following topics were implemented: identification and prevention of risky behaviours that lead to child delinquency, family communication, family system – establishment of rules, boundaries and discipline. In the second cycle, following topics were raised: the family as a protective factor for the development of risk behaviours of children and educational styles of parents and their impact on the child.

The Government of Tuzla Canton adopted the Decision on the establishment of the Coordination team of drug policy in Tuzla Canton in the late 2007. Within the Ministry of Labour and Social Policy in Tuzla Canton, in order to support the programs of prevention, rehabilitation and re-socialization of the disease of addiction planned a special budget for support. In accordance with the planned measures and activities of the program, 16 projects of governmental and non-governmental organizations were conducted. Within the projects the following activities were supported:

- Educational activities and treatments for children, teens and parents;
- The prevention of behavioural disorders in children and young people from at-risk families;
- Activities for quality leisure time through youth clubs, sports, cultural and entertainment activities;
- Media activities, public events and forums with the aim of raising awareness of the problem of addiction and promoting positive living standards;
- The research and educational activities;
- New perspectives in social work in dealing with addicts.

In the area of Una-Sana Canton, the professional team to deal with drug abuse have been formed and The Action Plan for implementing prevention programme in the community to deal with the substance abuse was created in the 2011. A survey on the abuse of narcotic drugs in the primary and secondary schools (sample of 750 students) was conducted, where the staff of the Centre for Social Work-Ključ created a questionnaire and provided empirical data to analyse and identify problems; the billboards for the project "Be cool, but no drugs" have been made.

Department of Education of Brčko District, together with the Department of Professional and Administrative Affairs and the Office of the Public Property provides space for sports and cultural activities and cooperation with non-governmental organizations. Department of Education and Department of Health and other services devise and implement programs to raise awareness through organizing public meetings, media activities, sports and cultural events in order to raise awareness of the local community about health and harmful drugs.

3.6 Media campaigns

A high campaign activity is present in BiH. In the early 2000s, three public campaigns were launched: "Drugs Kill Dreams", "What's Your Anti-drug", and "Do Not Let Drugs Control Your Life".
The Federal Ministry of Education and Science and the Association XY have launched a massive publicity campaign called „Learn where you can“ on the occasion of World Health Day and it has been implemented in five regional centres of FBiH in Tuzla, Mostar, Zenica, Sarajevo and Bihac.


To support the International Day against Drug Abuse and Drug trafficking (June 26), the public campaign "Learn to recognize" was launched in 2012. To support the International month of fighting against addiction (from 15 November to 15 December), the public campaign “Do not go on wrong path” was launched in 2012. Public campaigns included activities such as: distribution of printed educational material, city light panels, lectures, educational theatre play and students' art exhibition, media appearances and press conferences.

The Ministry of Family, Youth and Sports in RS conducted a campaign "Sports against drugs" as a part of Small Olympic Games. Through the organization and implementation of activities under the Small Olympic Games, a large number of institutions in the health, social, educational and security sector such as NGOs involved. For the campaign were printed flyers and posters and distributed to all primary and secondary schools in RS. On this way, 1,500 primary and secondary schools became aware of the harmful consequences of drug abuse. On this occasion, NGO Viktorija took part in organizing prevention activities and the realization of workshops in schools as a part of Small Olympic Games.

3.7 Quality assurance

Within the evaluation of the implementation of the National Action Plan against Drug Abuse in BiH in 2009-2013, the following conclusions were made regarding the prevention of drug use:

- Regarding prevention in schools, activities have been partially implemented. Very little was done regarding work in pre-schools, encouraging peer education and strengthening the role of family medicine. There are partially implemented education programs for teachers and pedagogical workers.

- Certain projects were carried out, for example in RS the Training Program for Prevention of Drug Abuse in Schools was implemented by the Ministry of Internal Affairs and the Ministry of Education and Culture of RS.

- Certain activities have been conducted by institutions in the Cantons of Sarajevo, Zenica-Doboj and Tuzla.

- It is acknowledged that more activities should be performed in the field of preventing violence (e.g. educating parents). However, some improvement in this field can be seen in the Cantons of Sarajevo, Zenica-Doboj and Tuzla.

- As a part of preventive healthcare, a few activities were carried out in relation to healthy lifestyle education and the education of pharmacy staff. Institutions that have implemented some actions are as follows: entity ministries of health, Public Health Institute of the FBiH, the Ministry of Family, Youth and Sports of RS, the Cantonal Institute for Substance Abuse Zenica, Sarajevo Canton.

- Just a small part of the activities have been carried out within local communities. Certain activities were conducted by the entity ministries of health, ministries of interior, Ministry of Family, Youth and Sports of RS, the Ministry of Education and Culture, institutions in the Canton of Sarajevo, Zenica-Doboj and Tuzla Canton. The work of NGOs was financially supported.

- Regarding prevention in the field of social protection, some activities were implemented by the following institutions: Ministry of Health and Social Welfare of RS, institutions in the Cantons of Sarajevo Zenica-Doboj and Tuzla.
In FBiH, the implementation of activities related to prevention in prisons within the framework of education projects has reached final stage. Information leaflets are ready, the guidelines for prison staff are in preparation (for further details see chapter 9 on Drug-related crime, prevention of drug related crime and prisons).

In RS, the Strategy has not been evaluated although Commission for the Prevention of Drug Abuse monitor all activities which were organized according to strategy and periodical reports are compiled.
4 High Risk Drug Use

4.1 Introduction

In BiH a study was conducted to estimate the size of the injecting drug user population and the prevalence of drug-related infectious diseases in the larger cities in 2012. It also provided information on the characteristics of the clients involved in the study.

4.2 Prevalence estimates of problem drug use

In order to estimate the size of key affected populations (KAPs) in BiH, a Population Size Estimate (PSE) survey was organised and implemented by a team of national specialists and international consultants.

The country’s two public health institutes (in FBiH and RS) as well as national NGOs Proi and Margina (FBiH) and Viktorija and Poenta (RS) were involved in the survey implementation.

Injecting drug users (IDU or PWID – people who inject drugs) were estimated using the multiplier method. The survey was implemented among PWID in the following cities: Banja Luka, Bihać, Bijelina, Brčko, Mostar, Sarajevo, Tuzla, Zenica.

Definition of People who inject drugs (PWID) was those who have injected drugs at least once in the past month.

The national size of the IDU population has been estimated as 9,500 – 15,500 persons (central value is 12,500) with the central prevalence of 0.47.

Table 4: Number of estimated IDUs in the selected geographic areas

<table>
<thead>
<tr>
<th>City</th>
<th>Central estimate</th>
<th>95% CI – low</th>
<th>95% CI – high</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mostar</td>
<td>704</td>
<td>614</td>
<td>820</td>
</tr>
<tr>
<td>Zenica</td>
<td>486</td>
<td>401</td>
<td>712</td>
</tr>
<tr>
<td>Bihać</td>
<td>148</td>
<td>71</td>
<td>182</td>
</tr>
<tr>
<td>Sarajevo</td>
<td>961</td>
<td>524</td>
<td>1089</td>
</tr>
<tr>
<td>Brčko</td>
<td>197</td>
<td>241</td>
<td>386</td>
</tr>
<tr>
<td>Tuzla</td>
<td>254</td>
<td>328</td>
<td>471</td>
</tr>
<tr>
<td>Bijelina</td>
<td>30</td>
<td>45</td>
<td>72</td>
</tr>
<tr>
<td>Banja Luka</td>
<td>510</td>
<td>513</td>
<td>797</td>
</tr>
</tbody>
</table>

Source: Baćak and Dominković 2012

4.3 Characteristics of problem drug users

The latest sero-behavioural survey was conducted by the Public Health Institutes (FBiH and RS) in Sarajevo, Banja Luka, Zenica, Mostar and Bijeljina in 2012. Data on characteristics of the sample are available.

High proportion of PWID was unemployed, with the highest proportion out of work in Zenica (84 %) and Sarajevo (78 %). While this finding reflects the overall economic situation, unemployment appears to be substantially higher among PWID. Lack of employment among young PWID creates financial constraints for their parents. According to the survey’s findings, many PWID were living with their parents and were financially dependent on them. It is worth noting that 35 % of PWID in smaller cities and 64 % in Sarejevo had experienced imprisonment (Baćak and Dominković, 2012).
Study also indicated that overdoses to the point of losing consciousness were common among injecting drug users. About half of PWID in Sarajevo and Banja Luka had overdosed at some point in their lives.
5 Drug-related treatment: treatment demand and treatment availability

5.1 Introduction

On the basis of the Law on the Prevention and Suppression of Drug Abuse, a Unique Form for drug users has been adapted by the Council of Ministers (Official Gazette No. 73/09). The Protocol on cooperation for the implementation of the Law on the Prevention and Suppression of Drug Abuse - Records of Drug Addicts has been signed by the Ministries of Health in the entities and by the Ministry of Civil Affairs. The protocol defines mutual rights and obligations of the participants to collect, to report and to share information.

The Register of Addicts was first established at the Public Health Institute of RS in 2010 and in FBiH in 2012. This reporting system is coordinated at the state level by the Ministry of Civil Affairs, together with the Federal Institute of Public Health, the Institute of Public Health of RS and the Department of Health and other services in the Brčko District.

Clinical centres, general hospitals, mental health centres, therapeutic communities and other institutions associated with the treatment of drug addiction are involved in the reporting process. Both entities use the same method of computerised data collection based on the 'Form of treated addict', which enables the comparability of data at all levels. The Ministry of Civil Affairs compiles the data from both institutes and the Mental Health Centre of Brčko District, and reports to the Commission for Prevention and Suppression of Drug Abuse of BiH.

5.2 Organisation of the treatment system and quality assurance

The health system in BiH is divided into primary, secondary and tertiary level depending on the types of health services.

At the primary level are functioning services of family medicine, some specialist services required for this level and mental health centres which provide services also to persons who have a problem with substance abuse.

In the post-war period, due to the large number of people with some stress-related mental health disorder, health policy was focused on the reform in the field of mental health with an orientation toward the community, with the aim of establishing of services availability as close as possible to the patient's place of residence, which resulted in the establishment of network of mental health centres throughout the country. The centres provide counselling services, early detection and treatment of mental disorders that are classified in the International Classification of Diseases, ICD 10 (including mental and conduct disorders caused by substance abuse). There is a „Policy and Strategy for the protection and promotion of mental health (2012-2020)“, prepared by the Federal Ministry of Health and adopted by the Government of FBiH.

There are 40 community mental health centres (MHCs) in 10 cantons in FBiH, 28 MHCs in RS, and one in the Brčko District. They provide outpatient treatment and counselling for drug users, though drug users are not their only target group.

At the secondary level, the treatment of persons who have a problem with the abuse of psychoactive substances, or have already become addicted to it, is usually conducted in specialized centres/institutes for addiction treatment in which are provided programmes for counselling, detoxification and substitution. Access to treatment is multidisciplinary, and it includes professionals of various professional backgrounds (psychiatrists, psychologists, nurses, social workers, occupational therapists, etc.). Treatment may be on outpatient and/or inpatient basis.

At the tertiary level including rehabilitation programmes for drug users are conducted for the period of 1-3 years in a therapeutic community based on occupational therapy with the final aim of social reintegration.
There are 11 therapeutic communities in BiH, some operated by religious communities, others by NGOs and one governmental (for more details on rehabilitation and social reintegration see chapter 8).

In FBiH and in RS, the biggest addiction treatment centres are in Sarajevo and in Banja Luka, respectively.

The number of cases related to the use of drugs which are treated in institutions for mental health is not known. According to the experts estimate, there are about 200 users treated in RS on annual basis. About 150 new injecting drug users are registered in FBiH yearly. Some major drug treatment centres (e.g. in Sarajevo, Zenica and Banja Luka) publish their statistics. According to the indicative data, approximately 85% of all users in treatment are heroin users (mostly injecting users), 90% were men, and the mean age is 25 years.

Besides high risk of Hepatitis B and C, there is increasing number of addicts who have one or more mental disorders, whereby the most often are personality disorders, post-traumatic stress disorders and anxiety-depressive disorders. It is estimated that almost 50% of all addicts has some comorbid mental disorder.

Access to treatment is available and free for persons with health insurance. People who do not have health insurance have to pay for the treatment in accordance with the price list for medical services. In FBiH there are three detoxification centres as inpatient treatment of opiate addicts (Sarajevo, Zenica, Mostar), and in RS one in Banja Luka. There is a significantly larger number of centres for substitution treatment programmes (Sarajevo, Zenica, Mostar, Sanski Most, Kljuc, Tuzla, Banja Luka, Doboj, Pale, Odzak, East Sarajevo, Trebinje, Bugojno) where methadone, buprenorphine and/or Suboxone therapy can be provided. In accordance with the new Law on Health Care of FBiH opening of new centres for this purpose in each canton of the Federation is planned, as well as in the cities of RS, as part of mental health care provision.

Although service provision is limited, these centres represent a solid network of services for treatment and therefore offer a realistic option for the treatment of drug addicts in BiH.

The Working group in coordination of The Ministry of Civil Affairs with experts from FBiH and RS had created the documents: “Therapeutic guidelines for opiate addicts” and another Working group in coordination of The Ministry of Security “Framework guidelines for minimum standards for the registration and operation of therapeutic communities”. These documents had been sent to The Commission for suppression of drug abuse of BiH.

Treatment programme for addiction is a complex multi-component process that takes place in phases and is implemented in a multidisciplinary manner. The programme contains the following components: development of motivation, pharmacological therapy, individual psychotherapy, family counselling and occupational therapy, group social therapy with emphasis on the cognitive behavioural therapy, therapeutic communities, and various support groups in the community. Experts estimate that the drug treatment is sought only by 20% of all addicts in a country.\(^1\)

In areas without specialized drug treatment centres, drug users can receive some support from community mental health centres as well as from the family doctors.

Treatment of drug addicts in BiH prisons is still just occasionally implemented, especially in cities where exist both prisons and treatment centres for drug addicts (Sarajevo, Zenica, Mostar, Banja Luka), on the basis of mutual collaboration between these institutions.

\(^1\) Although according to the results gained within UNICEF’s sero-behavioural study in 2009, an estimated 70 % of the IDU population in Sarajevo, 50 % in Banja Luka and 48 % in Zenica has undergone drug treatment in their lifetime. Out of those who have ever been treated, 28% in Banja Luka and 63% in Zenica are currently in treatment. In Sarajevo and Zenica, a large majority (97 % and 79 %, respectively) of those who are currently treated are undergoing MMT, while in Banja Luka 47% are trying to treat addiction on their own. The survey also found that access to and utilisation of healthcare services by female IDUs is limited.
The Global Fund to Fight AIDS, Tuberculosis and Malaria, which supports the application of the substitution therapy in drug treatment centres for addicts in BiH since 2008, is working on the introduction of opiate substitution treatment (OST) in prisons since 2013. The result of these activities includes definition of the programme, development of informational and promotional brochures for addicts who have criminal sanctions, as well as training of prison staff.²

Table 5: Addiction treatment overview of Bosnia and Herzegovina

<table>
<thead>
<tr>
<th>General information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated national population</td>
<td>3,791,622, of which 2,371,603 in FBiH, 1,326,991 in RS, and 93,028 in Brčko District</td>
</tr>
<tr>
<td>IDU estimate (median)</td>
<td>9,500–15,500 persons (central value is 12,500)</td>
</tr>
<tr>
<td>Detoxification</td>
<td>22 hospital beds (around 300 clients)</td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td>12 rehabilitation centres for addicts (not all of them apply the therapeutic community approach)</td>
</tr>
<tr>
<td>Substitution treatment</td>
<td>8 OST centres with some dislocated sites (1,168 clients in 2013)—see table 6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opioid substitution treatment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Substances used</td>
<td>Methadone</td>
</tr>
<tr>
<td>Starting dose (avg.)</td>
<td>20mg</td>
</tr>
<tr>
<td>Maintenance dose (avg.)</td>
<td>55mg</td>
</tr>
<tr>
<td>Take-home dose allowed</td>
<td>yes</td>
</tr>
<tr>
<td>Treatment waiting list</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infectious diseases and harm reduction measures</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated prevalence in IDUs (median)</td>
<td>HIV</td>
</tr>
<tr>
<td></td>
<td>0.1% in general population even lower among IDU</td>
</tr>
<tr>
<td>Needle and syringe exchange programmes</td>
<td>yes</td>
</tr>
<tr>
<td>IDUs on ART/ at the moment</td>
<td>2</td>
</tr>
</tbody>
</table>

Prison population and services for drug users in prisons

<table>
<thead>
<tr>
<th>Prison population total</th>
<th>2966 (FBiH – 1742, RS – 1224)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug users in prisons</td>
<td>30–50% recent drug users, up to 20% IDUs</td>
</tr>
<tr>
<td>Estimated prevalence in IDUs in prisons</td>
<td>HIV</td>
</tr>
<tr>
<td></td>
<td>n.a.</td>
</tr>
<tr>
<td>Needle and syringe exchange programmes</td>
<td>no</td>
</tr>
<tr>
<td>Availability of condoms</td>
<td>yes</td>
</tr>
<tr>
<td>Substitution treatment</td>
<td>Methadone</td>
</tr>
<tr>
<td>Available since year</td>
<td>Sporadic in a few prisons since 2010</td>
</tr>
<tr>
<td>Starting dose (avg.)</td>
<td>n.a.</td>
</tr>
<tr>
<td>Maintenance dose (avg.)</td>
<td>n.a.</td>
</tr>
<tr>
<td>Post-penitentiary treatment</td>
<td>yes, on voluntary basis</td>
</tr>
</tbody>
</table>
5.2.1 Substitution treatment

Opioid substitution treatment (OST) was introduced for the first time in Sarajevo in 1989 with 50 opioid addicts in the programme with methadone. This programme was stopped by the war in BiH and re-established in Sarajevo in 2002.

Maintenance treatment with Suboxone (buphenorphine-naloxone) started first in Tuzla in 2009 and in 2010 in Sarajevo. At the end of 2013, 75 patients were in treatment using Suboxone in Sarajevo from the total number of 411 in whole Bosnia and Herzegovina (see table 6).

All methadone maintenance treatment centres use liquid form of methadone, while methadone tablets are available on prescription in (some) pharmacies in some cities of RS and Una-Sana Canton in FBiH. The average dose of methadone in the Sarajevo centre is 55 mg/day, as well as in Banja Luka.

In FBiH treatment criteria are based on European Guidelines for MMT (EuroMeth), and locally developed guidelines. According to these guidelines inclusion criteria are that clients must: be over 18; have used opiates for more than two years; exhibit symptoms of addiction according to ICD-10; and have previously been treated at least twice at hospital-based institutions. The programme foresees that the treatment can be provided only through certified health institutions. The same inclusion criteria are used in the MMT in Banja Luka.

Four forms of methadone treatment are performed in BiH:
- Short-term detoxification – reducing doses of methadone within a month or less.
- Long-term detoxification – reducing doses of methadone in a period longer than a month.
- Short-term maintenance – stable prescription of methadone for a period of 6 months or less.
- Long-term maintenance – stable prescription of methadone for a period longer than 6 months.

Decision on the type of treatment should be made on the needs of individual patients and the options available at the centre.

A methadone detoxification programme is implemented in inpatient wards in Sarajevo, Zenica, Mostar and Banja Luka. Methadone detoxification programmes in the BiH have a total capacity of 22 beds.

Table 6: The number of patients in substitution therapy by the registered OST centres in 2013

<table>
<thead>
<tr>
<th>City</th>
<th>Methadone</th>
<th>Suboxone</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarajevo</td>
<td>327</td>
<td>75</td>
<td>402</td>
</tr>
<tr>
<td>Tuzla</td>
<td>0</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>Mostar</td>
<td>128</td>
<td>86</td>
<td>214</td>
</tr>
<tr>
<td>Zenica</td>
<td>192</td>
<td>64</td>
<td>256</td>
</tr>
<tr>
<td>Sanski Most</td>
<td>36</td>
<td>3</td>
<td>39</td>
</tr>
<tr>
<td>Bugojno</td>
<td>11</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total FBiH</strong></td>
<td><strong>694</strong></td>
<td><strong>380</strong></td>
<td><strong>1074</strong></td>
</tr>
<tr>
<td>Banja Luka</td>
<td>33</td>
<td>23</td>
<td>56</td>
</tr>
<tr>
<td>Doboj</td>
<td>30</td>
<td>8</td>
<td>38</td>
</tr>
<tr>
<td><strong>Total RS</strong></td>
<td><strong>63</strong></td>
<td><strong>31</strong></td>
<td><strong>94</strong></td>
</tr>
<tr>
<td><strong>TOTAL BiH</strong></td>
<td><strong>757</strong></td>
<td><strong>411</strong></td>
<td><strong>1168</strong></td>
</tr>
</tbody>
</table>

Source: UNDP office, Sarajevo
5.2.2 Public Institute for Alcoholism and Substance Abuse of Sarajevo Canton

In Sarajevo, the Public Institute for Alcoholism and Substance Abuse of Canton Sarajevo is a specialised institution for prevention, treatment and rehabilitation of disorders related to drug use and addiction. The Institute has two departments — one for alcoholism and another for drug addiction. The department for drug addiction has an inpatient detoxification unit with 10 beds and an outpatient unit for the MMT programme. The Institute also has two counselling units.

The total number of visits (to any form of treatment offered by the Institute) during 2013 was 131,097 which is 2.0% more than during 2012 (128,540 visits).

In 2013, the Institute for Alcoholism and Substance Abuse in Sarajevo Canton registered 52 first-time diagnosed drug users, which is approximately the same when compared with 2012. In 2013, 6,166 visits were registered in both the counselling centre and the outpatient unit. The majority of clients (90%) were males, with primary use of cannabis, followed by heroin and psycho-stimulants; 70–80% of them are IDUs.

In 2013, the methadone maintenance programme (MMT) of the Institute had 322 clients (slightly less than in 2012 with 347 clients) of which 26 were female. In 2013, the majority of MMT clients were male (88%) with the mean age of 33.5 ± 5.9 years (age range 23–50 years). The mean age of first drug use for the clients was 17.8 ± 2.3 years; for heroin use it was 20.7 ± 2.5 years. The majority of addicts contacted the Institute for the first time at the age range 22–25 years. The methadone detoxification programme in 2013 included 129 patients and 135 patients during 2012.

At the end of 2013 there were 75 persons on Suboxone treatment and only 4 on buprenorphine as this programme started in December 2013.

During treatment all the patients on OST are tested on infectious disease (HBV, HCV and HIV/AIDS). During 2013 from 400 patients on OST 25 (6%) were infected with HBV, 112 (28%) with HCV, and there were 34 (8.5%) with co-infection with HBV and HCV. There was only one HIV positive patient.

In addition to the above addiction treatment interventions, 7,112 counselling sessions were administered in the Institute in 2013, which is a 10.5% increase in comparison with 2012, when 6,370 such interventions were administered. The counselling is mainly administered to persons in
experimentation or in the early stage of drug addiction and these persons constitute the main target group of the Programme for Prevention of Addictions in Canton Sarajevo.

5.2.3 Psychiatric Clinic of the Clinical Centre in Banja Luka

In July 2009, the Detoxification and Methadone Centre in the Psychiatric Clinic of the Clinical Centre in Banja Luka was officially opened. Service beneficiaries are mainly from the territory of Banja Luka and also from Prijedor, Novi Grad, Pale, Trebinje and other surrounding towns and villages.

Since the opening of the MMT programme in July 2009 until October 2013 106 clients were treated. Data from 2013 showed that overall number of patients in MMT center in Banjaluka were 56. Socio-demographics data shown that 57,1 % of the patients were single, the majority of clients were in 28-32 age group, 64,2% of them were unemployed. In addition, during outpatient treatment 122 counselling sessions were administered (101 individual and 11 group psychotherapy), 262 control examinations and 104 urine tests. Also, data collected during this year shown that 51,7 % patients were Hepatitis C positive.

Table 5 gives an overview of target population and the system of addiction treatment in BiH (data refer to 2013)

5.3 Access to treatment

The Register of Addicts was first established at the Public Health Institute of RS in 2010 and in FBiH in 2012. The register holds information of all patients having entered treatment from its initiation in cumulative way. According to the data, 1458 clients entered treatment in FBiH and 357 in RS, that is a total of 1815 clients registered in the two entities in 2013.

Brcko District continuously send data to the Ministry of Civil Affairs. There is one mental health center in Brcko which has 49 clients, 43 men and 6 women, and four of them are in methadone assisted treatment.

Table 7: Number of clients entering addiction treatment in BiH in 2012 and 2013 by entities

<table>
<thead>
<tr>
<th>Entity</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federation of Bosnia and Herzegovina</td>
<td>985</td>
<td>1458</td>
</tr>
<tr>
<td>Republika Srpska</td>
<td>323</td>
<td>375</td>
</tr>
<tr>
<td>Brčko District</td>
<td>62</td>
<td>49</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1370</strong></td>
<td><strong>1833</strong></td>
</tr>
</tbody>
</table>

Source: Public Health Institutes of FBiH and RS

Table 8: Number of clients in addiction treatment in BiH in 2013 by centre type and gender

<table>
<thead>
<tr>
<th>Type of centre</th>
<th>FBiH</th>
<th>RS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>men</td>
<td>women</td>
</tr>
<tr>
<td>Mental health centres</td>
<td>81</td>
<td>6</td>
</tr>
<tr>
<td>Institutions and hospitals</td>
<td>1150</td>
<td>145</td>
</tr>
</tbody>
</table>

3 The increasing number of clients is due to the expansion of the data collection system, however, an unknown proportion of clients is still not registered by some service providers not participating in the treatment registration process. Ongoing efforts are conducted to further improve the data collection system.
Table 9: Number of clients in addiction treatment in BiH in 2013 by age and gender

<table>
<thead>
<tr>
<th>Age group</th>
<th>FBiH</th>
<th>RS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>15-19</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>20-24</td>
<td>28</td>
<td>6</td>
</tr>
<tr>
<td>25-29</td>
<td>208</td>
<td>38</td>
</tr>
<tr>
<td>30-34</td>
<td>421</td>
<td>56</td>
</tr>
<tr>
<td>35-39</td>
<td>312</td>
<td>28</td>
</tr>
<tr>
<td>40-44</td>
<td>158</td>
<td>11</td>
</tr>
<tr>
<td>45-49</td>
<td>98</td>
<td>7</td>
</tr>
<tr>
<td>50-54</td>
<td>48</td>
<td>3</td>
</tr>
<tr>
<td>55-59</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>60-64</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>65+</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1306</td>
<td>152</td>
</tr>
</tbody>
</table>

Clients’ data by primary drug is available for both entities of 2012 only. Vast majority (92%) of the clients used heroin before entering treatment. Other substances are very rarely mentioned as cause of treatment: other opiates 2,3% as well as cannabis 2,3%, the other substances are under 1%.

Data for 2013 is available for RS, out of the 293 clients 269 (91.8%) people entered treatment in connection with heroin use.

Table 10: Number of clients in addiction treatment by primary drug in 2012

<table>
<thead>
<tr>
<th>Primary Drug</th>
<th>FBIH</th>
<th>RS</th>
<th>Total</th>
<th>Total in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td>8</td>
<td>1</td>
<td>9</td>
<td>0,9%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>12</td>
<td>10</td>
<td>22</td>
<td>2,3%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0,5%</td>
</tr>
<tr>
<td>Other hallucinogens</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0,2%</td>
</tr>
<tr>
<td>Other hypnotics and sedatives</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0,1%</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>------</td>
</tr>
<tr>
<td>Other opiates</td>
<td>20</td>
<td>2</td>
<td>22</td>
<td>2,3%</td>
</tr>
<tr>
<td>Other stimulants</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0,2%</td>
</tr>
<tr>
<td>Heroin</td>
<td>664</td>
<td>233</td>
<td>897</td>
<td>92,0%</td>
</tr>
<tr>
<td>MDMA</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0,2%</td>
</tr>
<tr>
<td>Methadone</td>
<td>13</td>
<td>0</td>
<td>13</td>
<td>1,3%</td>
</tr>
</tbody>
</table>

Source: Public Health Institutes of FBiH and RS
6 Health correlates and consequences

6.1 Introduction

Bosnia and Herzegovina is considered to be a country with a low-level HIV epidemic (HIV prevalence has not exceeded 5% in any defined at-risk populations and the prevalence in the general population is below 1%). In 1986, the first diagnosed cases of HIV infection in BiH appeared. Since 1986, a total of 245 cases of HIV infection, with 126 people who developed AIDS, have been registered. During 2013, 22 new cases of HIV infection (16 men and 6 women), of which 6 infected people develop AIDS (5 men and 1 woman) were recorded. During 2013, 4 deaths in HIV-infected were recorded, all four of the AIDS stage, of which three men and one woman. In early 2014 there were 126 persons living with HIV infection (of whom 91 are on antiretroviral therapy).

Data on drug-induced deaths are not available nationally, only data from 2 regions in FBiH (Sarajevo Canton and Una-Sana Canton) in 2012 are available. These regions represent approximately 31% of the total population of Federation of BiH aged 15-64 years. In these 2 regions, 5 drug-induced deaths were identified in 2012; 4 were male and 1 female aged from 24 to 36 years.

6.2 Drug related infectious diseases

Statistics about acquired immune deficiency syndrome (AIDS) have been recorded in BiH since 1986–87, while data on human immunodeficiency virus (HIV) infection have been statistically recorded since 2003. By the end of 2012 the total number of registered HIV-positive cases was 222 (of which 178 were male). Among all registered HIV cases the heterosexual transmission route dominates, while 9.5% of cases are attributed to injecting drug use. By the end of 2013, 51.4% of all registered cases were due to heterosexual transmission, 29.4% homosexual / bisexual, while in 8.9% the route of transmission was injecting drug use. Of the total 21 infected people who inject drugs (PWID), 19 were male. In 2011 and 2012 no new HIV cases were reported in relation to injecting drug use.

Figure 5: The route of HIV transmission in BiH in 2010-2013 (cumulative data)

No regular statistics on the reported incidence of hepatitis B virus (HBV) and hepatitis C virus (HCV) related to drug use have been maintained.

The prevalence data of HIV, HCV and HBV among PWID in BiH are available from sero-behavioural surveys conducted by UNICEF. The latest study (Baćak and Dominković, 2012) was carried out in five cities in 2012: Sarajevo, Banja Luka, Zenica and – for the first time ever – in Mostar and Bijeljina (similar studies in 2007 and 2009 covered the three major cities). The studies used
respondent-driven sampling to recruit PWID, utilised blood tests to determine the prevalence of HIV, HCV and HBV, and collected behavioural data using a self-reported questionnaire.

According to the results of these sero-behavioural studies, the prevalence of HIV among PWID in BiH appears to be low, thus the number of HIV positive cases recorded from the samples recruited in three major cities was two in 2007, three in 2009 and two in 2012. These studies also indicated that the uptake of HIV testing is rather low. In 2012 between 35.3–78.0 % of the respondents in the five cities where the studies were implemented indicated not having ever been tested for HIV. Only around one-quarter of the PWID had been tested for HIV in the previous 12 months (UNICEF BiH, 2007, 2010; Baćak and Dominković, 2012).

Prevalence rates for HBV and HCV, however, were higher than for HIV among tested PWID in 2012. HBV prevalence rated around 2–3 %, with an outstanding value of 5.5 % for Zenica. HCV prevalence varied from 12–43.4 % in the five cities where the studies were implemented. However, if the results of the 2012 study are compared to the findings of similar studies conducted in 2007 and 2009 there are no indications of an increasing trend of HBV and HCV infections among people who inject drugs.

In the 2012 survey the majority of the drug users (69.7–86.7 % in the five cities where the studies were implemented) responded that they were aware where to get an HIV test, and most (88.5–95.5 %) used sterile needles and syringes when they last injected. Around two-thirds (62.6–79.2 %) had not shared injecting equipment in the previous month. However, pharmacies were a more common source of sterile needles and/or syringes than harm reduction services in the previous month. Around one-third of the respondents used condoms the most recent time they had sex. Only around one or two respondents out of ten could correctly identify all routes of HIV transmission, which indicates that education about safe injection practices remains an important component of harm reduction programmes in the country (Baćak and Dominković, 2012).

A study on drug-related infectious diseases and drug use was conducted in 2011 in four selected prison facilities in FBiH, and in six prison facilities in RS (Vidić et al., 2011). The study included 620 inmates (421 in FBiH and 199 in RS) who agreed to respond to a questionnaire and also to provide blood samples for testing for HIV, HBV, HCV and sexually transmitted infections.

Of 617 inmates who answered a question about drug use, 231 (37.4 %) reported having used drugs prior to imprisonment (FBiH 41.8 %; RS 28.3 %). A total of 107 (17.4 %) of all respondents had injected drugs (FBiH 18.4 %; RS 15.2 %). Of the 107 respondents who had injected drugs prior to imprisonment, 60 (57.9 %) reported they had shared injection equipment in the past (FBiH 55.8 %; RS 63.3 %). The average age of first drug injection among respondents was 21 (standard deviation 5.42 years), ranging from 12 to 38 years.

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

#### 6.3.1 Co-morbidity of mental illnesses accompanying drug use

According to expert opinion, psychiatric co-morbidity is representing and increasing problem in treatment of addicts which we see now among 30-50% of patients in addiction treatment. The most frequent co-morbid disorders accompanying addiction are personality disorders, post-traumatic stress disorder (PTSD), anxiety and depression.

At the Institute in Sarajevo, a clinical study was conducted which involved 366 heroin addicts in the period from 2004 since 2006. The results of this study indicate that 16% had some co-morbidity, among which the most prevalent was PTSD in 9.3%. Beside this, 56% of heroin addicts had high score of depression, and 36% high anxiety score according to Beck’s depression and anxiety questionnaire, which indicates possibility of developing these co-morbidities.

#### 6.3.2 Non-fatal overdoses and drug-related emergencies
570 non-fatal overdoses were reported in the two entities in 2013, 269 in FBiH and 301 in RS. 40% of the clients had at least one previous experience with overdose.

**Table 11: Number of non-fatal overdoses in BiH in 2013**

<table>
<thead>
<tr>
<th>Frequency of overdose in the lifetime</th>
<th>FBIH</th>
<th>RS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No previous overdose reported</td>
<td>160</td>
<td>182</td>
<td>342</td>
</tr>
<tr>
<td>Had overdose several times</td>
<td>57</td>
<td>54</td>
<td>111</td>
</tr>
<tr>
<td>Had overdose once</td>
<td>41</td>
<td>38</td>
<td>79</td>
</tr>
<tr>
<td>Did not answer</td>
<td>11</td>
<td>27</td>
<td>38</td>
</tr>
<tr>
<td>Total</td>
<td>269</td>
<td>301</td>
<td>570</td>
</tr>
</tbody>
</table>

Source: Public Health Institutes of FBiH and RS

Detailed data on drug overdoses from RS showed that the majority of the cases were connected to opiates. Out of the total 293 cases where the substance was recorded, 273 cases were connected to opiates and in 20 cases the substance was other than any opiates (e.g. cannabis).

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

A special mortality register or other systematic data collection on drug-related deaths has not yet been implemented in BiH. There are two main problems: the lack of uniform procedures for autopsy and toxicological analysis in (suspected) drug-related death cases and a lack of equipment in forensic toxicology laboratories to analyse biological material taken from cadavers.

In order to solve these problems, in 2010, the Commission on Drugs of the Council of Ministers adopted a proposal to form two reference forensic toxicological laboratories in BiH within forensic medical institutes in Sarajevo and Banja Luka. However, till now those laboratories are still not equipped.

In addition, a draft Law on the Prevention and Suppression of Drug Abuse has been proposed. Among other things, it specifies that in all cases of drug-related deaths, an autopsy and toxicological analysis of body fluid and internal organs shall be performed. The proposal was rejected by the Parliament due to the excessive number of proposed changes to the law. A working group to propose a new law was formed. According to latest information, previously proposed changes, with the aim of performing a complete autopsy and toxicological analysis in cases of drug-related deaths, will not be an integral part of the new Law.

There is only one forensic medical institute in FBIH, at the Medical Faculty, University of Sarajevo, while forensic pathologists are individually present in 2 other locations (Tuzla and Bihac). Data on drug-induced deaths from 2 regions in FBiH (Sarajevo Canton and Una-Sana Canton) are available from 2012. These regions represent approximately 31% of the total population of Federation of BiH aged 15-64 years. It must be emphasized that the available data are probably incomplete for the reasons outlined above, and therefore do not give a complete picture of drug-related mortality in FBiH.

In these 2 regions, 5 drug-induced deaths were identified in 2012; 4 were male and 1 female aged from 24 to 36 years. (A complete autopsy was performed in four cases, external examination was performed in 1 cases, but toxicological analysis was undertaken only in 2 cases). Four cases (3 males, 1 female, aged 24–36) were reported in Sarajevo (1 fatal poisonings by combination of amphetamine, nitrazepam, sertraline, promazin and clozapine and 3 cases of overdose by heroin), and 1 fatal overdoses by heroin, accompanied with sertralin and klozapin was reported from Una-Sana Canton (a 24 years old male). In comparison to 2009, where in these 2 regions, 11 drug-induced deaths were identified, it appears as decrees of 54%. Due to the lack of autopsies and
toxicological analyses in many cases of suspicious deaths and no systematic data collection on drug-related deaths, it can be assumed that these figures are not entirely accurate.

After extrapolating those 5 deaths to the estimated total population of FBiH in 2012, the overdose-related mortality rate in FBiH in 2012 can be estimated as 10.13 deaths per million population aged 15–64.
7 Responses to health correlates and consequences

7.1 Introduction

The model of harm reduction for people who use drugs implemented in BiH address various needs of clients: those who need special services associated with active drug use, those who need non-compulsive treatment of addiction and Hepatitis C and HIV, as well as those who abstain. Regular services are offered through the network of outreach workers and drop-in centres. They are available in 12 cities or locations in BiH.

7.2 Prevention of drug related emergencies and reduction of drug related deaths

No new information.

7.3 Prevention and treatment of drug related infectious diseases

Comprehensive programmes of harm reduction among people who inject drugs in the same time promoting health and human rights exist in BiH. The key component of the programmes is distribution of sterile injection materials and condoms followed with IEC materials with scope to prevent HIV, HCV, HBC and other blood borne and sexually transmitted infections. Legal, social and health counseling is offered to those who have different kind of problem related to active drug use and need substitution treatment or other health related services, as well as to those who would like to abstain from drugs.

Four NGOs offer low threshold harm reduction services. Association PROI and Association MARGINA are engaged in FBiH, while Citizen Association Viktorija and Humanitarian organization Poента work in RS. They are located in Mostar, Trebinje, Sarajevo, East Sarajevo, Zenica, Prijedor, Doboj, Tuzla, Bijeljina, Banja Luka, Brčko and Bihac.

The model of harm reduction for people who use drugs implemented in BiH address needs of all types of clients: those who need special services associated with active drug use, those who need non-compulsive treatment of addiction and Hepatitis C and HIV, as well as those who abstain. Regularly services are offered through the networks of outreach workers and drop-in centres for more than 4100 people who inject drugs annually. In 2013, 4,102 IDUs (showing an increase of 31.5% compared to 2012) received needle/syringe programme services in low-threshold programmes across the country. The number of needles distributed were 308,031 and syringes 302,610, while 141,586 used needles and 150,432 used syringes were returned. While the number of clients served increased to the previous year, the number of syringes/needles stayed stable. The number of injecting equipment returned increased significantly.

Table 12: Needle and syringe programmes in FBiH in 2011–2013

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PWIDs reached through prevention programme in outreach</td>
<td>2,790</td>
<td>3,119</td>
<td>4,102</td>
</tr>
<tr>
<td>Number of needles distributed</td>
<td>121,589</td>
<td>423,995</td>
<td>308,031</td>
</tr>
<tr>
<td>Number of syringes distributed</td>
<td>107,801</td>
<td>336,844</td>
<td>302,610</td>
</tr>
<tr>
<td>Number of returned needles</td>
<td>29,563</td>
<td>96,895</td>
<td>150,432</td>
</tr>
<tr>
<td>Number of returned syringes</td>
<td>27,737</td>
<td>91,009</td>
<td>141,586</td>
</tr>
<tr>
<td>Number of condoms distributed</td>
<td>70,843</td>
<td>164,310</td>
<td>103,421</td>
</tr>
</tbody>
</table>
In drop-in centres, following services are provided:

- Distribution of sterile injection material, including syringes, needles, sterile water, alcohol wipes for disinfection, creams for abscess, various educational and informational material related to harm reduction, condoms, lubricants and containers for safe disposal of used materials;
- Collection, safe storage and destruction of used syringes and needles;
- Motivation for voluntary and confidential counselling and HIV or HepC testing;
- Overdose prevention and counselling for safer injection drug use;
- Dissemination of information regarding treatment options;
- Information regarding the type of drugs and the consequences of their use;
- Advice about sexual health for intravenous users and their partners;
- Referrals to social and medical services;
- Laundry;
- Coffee, tea and friendly atmosphere;
- Consultations to female IDU victims of violence and their referral to relevant organizations and institutions.

Working hours of Drop in centers are 8 hours and it depends on the location and clients’ needs. Drop-in centres are open from 9.00 to 17.00.

Outreach work is offered on spots were people who inject drugs gathers frequently. Outreach workers with assistance of gatekeepers (peer educators with drug use experience and knowledge of local drug scene) provide clients with sterile injection materials and other tools related to injecting: spoons, alcohol swabs, sterile water and material for safer sex such as condoms and lubricants; share informational materials about safer injecting practices, cleaning of used injecting equipment, and how to prevent blood borne viruses and sexual transmitted infections; provide general counselling and motivation to voluntary counselling and testing primary health care, referrals to social and medical services including drug treatment programmes.

Services within the programme are offered through the network of outreach workers supported by the gatekeepers and into stationary drop-in centres. In addition, Public Institution Pharmacies Sarajevo in collaboration with Association PROI in Sarajevo Canton offers harm reduction kits free of charges in five pharmacies in Canton Sarajevo.

All NGOs who provide harm reduction services are engaged in advocacy with the goal to ensure adequate laws and regulation in the field and to ensure sustainability of the programmes. Advocacy activities such as surveys, public events, lectures in schools, public debates, trainings with police and health workers, proposition to changes of laws and regulation, newsletters sent to public institutions also attempts to reduce stigma and discrimination towards people who use drugs and to include other stakeholders in the field of harm reductions.

Regular voluntary actions on the cleaning of sites of drug use and collecting and safe extermination of used injection materials are implemented by the organizations working in harm reduction area.

Taking in consideration that community pharmacists are recognized as one of the most accessible health care professionals for the general population and are in an ideal position to reach PWID, in June 2013 Association PROI started cooperation with Public Institution Sarajevo Pharmacies (PISP) and launched a pilot program intended to integrate harm reduction approach to the pharmacies and introduce the model of pharmacy based needle and syringe program for PWID. After the successfully piloted program which included trainings for pharmacists and needle and syringe distribution to PWID in three pharmacies in Sarajevo, in April 2014 Association PROI and PISP launched continual needle and syringe distribution in five pharmacies.

Since July 2014 four trainings for pharmacists titled “HIV and AIDS key population at risk and pharmacy practice” were conducted for 44 pharmacists. During the trainings pharmacists were educated about harm reduction approach and world practices on pharmacy based needle and
Syringe programs for PWID. These trainings were a great opportunity to take an open discussion with pharmacists and to reduce doubts and concerns they had in regards of harm reduction. As front-line health care providers and arguably the most accessible members of a health care team committed to health protection of whole community, PISP pharmacists recognized importance of involvement in harm reduction implementation and expressed interest to take active part in the program. Since the network of PISP pharmacies is large and located closer to PWID homes than most fixed-sites, such as drop-in centers, and since their working hours are often more convenient than those of fixed sites and outreach workers, pharmacists can significantly contribute to the improving of harm reduction services for PWID.

Free distribution of harm reduction kits currently is regular implemented in five PISP pharmacies (Sentry Pharmacy Bascarsija, Sentry Pharmacy Novo Sarajevo, Sentry Pharmacy Hitna pomoc, Sentry Pharmacy Dobrinja and Pharmacy Novi Grad). Since April till July 2014 pharmacists distributed 1072 harm reduction kits to PWID.

Through provision of harm reduction kits pharmacists increasing its availability at various locations and contributing to the prevention of blood-borne infections among PWID. Besides, participating in this activity pharmacists have a possibility to refer PWID to other harm reduction services and can contribute to the increasing reached number of PWID in current harm reduction program.

7.4 Responses to other health correlates among drug users

No information available.
8 Social correlates and social reintegration

8.1 Introduction

The majority of social reintegration programmes are implementing in treatment centres based on drug free, long term residential settings with the final aim of complete abstinence from drugs, alcohol and gambling and achieved social reintegration. The length of these programmes is up to three years.

During the social reintegration, clients have a structured programme of re-socialization during which they get support of the community through structured self-help groups. Re-socialization phase provides gradual transition and integration into the social environment by creating stability between the new identity and new values of beneficiaries. In this way, it reduces risk of relapse and supports person’s efforts to find a job, continue education and create or renew the circle of positive and functional relationships in family and social environment.

There are 11 therapeutic communities in BiH, some operated by religious communities, others by NGOs and one governmental (Campus Rakovica – Sarajevo). Three therapeutic communities (in Aleksandrovac – Banja Luka, in Banja Luka, and in Majcino selo – Medjugorje) accept female users.

8.2 Social reintegration

Rehabilitation and social reintegration programmes in FBiH are implemented in therapeutic communities/communes, which are mostly registered as non-governmental organizations (there is only one governmental one in Sarajevo Canton), which works closely with all health facilities where addicts are treated. Therapeutic communities are distributed throughout the whole country and there are about fifteen of them.

During 2013, there were nine treatment centres in FBiH. Comunita Cenacolo with two centres for male and female clients in Medjugorje, Milosrdni otac in Bijakovici, Ivan Merz in Kiseljak, Vrata nade in Breza and Izlaz in Ilijas embraces faith-based approach and these centres were establishes and run by religious organizations, while CROPS near Tuzla switched from a faith based to a government run public institution. These centres are known as “communities” or even term “therapeutic communities” is used to define their status. Theory behind religious programmes is that addiction appears because of lack of religion in one’s life. Thus, when person adopt religion norms and practice there is assumption that he or she is recovered. Religious practice is supported with the involvement of social workers and psychologists.

Therapeutic community rooted in Daytop multidisciplinary approach with the theoretical background that addiction is a disorder of the whole person) was run by Association PROI and it was located near Kakanj. Public institution therapeutic community Campus is established by Assembly of Sarajevo Canton – its theoretical approach is based on the therapeutic family model.

In total, in 2013 there were approximately 300 individuals assisted by the programmes of psychosocial reintegration in residential settings in FBiH.

In order to address social reintegration of marginalized youth affected with drug abuse, Association PROI implemented community-based project “Social partnership for the employment of the youth”. Through the activities of this project, 60 young people were educated and enforced to find job opportunities on their own. Additionally, fifteen of them were theoretically and practically educated in the area of creative gardening and decoration of public surfaces. The project was implemented in Sarajevo in collaboration with the Novi Grad municipality, Public Institution “Park”, private gardening company and professionals in the area of horticulture.
Federal Ministry of Labour and Social Policy is allocating funds earmarked for temporary accommodation of addicts which are used by number of therapeutic communities engaged in reintegration of drug users.

Rehabilitation programmes for drug users in RS are conducted for two years period in a therapeutic communities based on occupational and psychosocial therapy with the final aim of social reintegration. In RS, there are 3 therapeutic communities (Bastasi of NGO Viktorija, Centre for Drug Addiction – Marjanovac and Izvor – Kruh Svetog Ante). Some therapeutic communities are operated by religious communities, others by NGOs. One therapeutic community, Centre for Drug Addiction accepts female users. The total capacity of the 3 therapeutic communities in RS was 105 beds and the total number of clients was 122 in 2012, of them 22 completed the programme.

Figure 6: Number of clients treated and number of client who completed programme in 3 therapeutic communities in RS in 2012

During rehabilitation in therapeutic communities, clients are trained and learn skills which may help them in social reintegration after completing the therapeutic process. For example, in the Izvor facility, beneficiaries are trained to beekeeping, cheese production, agricultural work and souvenir production.

In 2012, NGO Viktorija started with new programme of social reintegration of ex-drug addicts after therapeutic communities. This programme consists of training of beneficiaries on work and production on laser machine for engraving different types of materials (wood, plastic, leather, etc.) and the launch of the complete production and placement of products. This programme is an ideal opportunity to acquire new knowledge and skills that will be use after social rehabilitation.

Also, NGO Viktorija implemented project "Support ex drug addict in their abstinence". Through this project, it provided quality education of users with specific skills for livestock farming.
9 Drug-related crime, prevention of drug related crime and prison

9.1 Introduction

As presented in Chapter 1, the legal framework in drug field in BiH is changing and this affects the trends in drug related crime data. Furthermore, there are significant differences in the legal provisions among the different entities.

9.2 Drug-related crime

In 2013 the number of criminal offences related to the drug trafficking and unauthorised use of narcotic drugs was 1,343, and 1,572 perpetrators were involved (In 2012 those numbers were 1,452 and 1,726, resp.). Criminal offences are predominately linked to possession and enabling the use of drugs, but there has also been a significant effort to detect organised crime networks relating to the illicit production and trafficking of narcotic drugs.

The Ministry of Justice of Bosnia and Herzegovina keeps a registry of people who have been sentenced for criminal offences related to narcotic drugs. In 2012 some 407 people were sentenced for such offences. In 2013, 316 people were sentenced for criminal offences related to narcotic drugs, majority of them (88%) were young adults in age from 18 to 39.

Figure 7: Drug criminal offences in BiH in 2009 and 2013

9.3 Prevention of drug-related crime

Police agencies have continuously worked to reduce the supply of narcotic drugs by applying appropriate provisions of the law regulating this area. Along with law enforcement activities, the police agencies have undertaken certain preventive activities with the primary aim of reducing demand for narcotics.

In FBiH, according to the National Action Plan 2009-2013, progress has been made in terms of establishing Departments to combat drug abuse in the cantonal ministries of Internal Affairs. According to the currently available information, in eight cantons Departments on drugs have been established.
9.4 *Interventions in the criminal justice system*

In 2010, the Criminal Code of BiH received some amendments related to the form of criminal sanctions under Article 195 Illicit Trafficking in Narcotic Drugs, Paragraph 1), 2) and 3):

- Paragraph 1) of Article 195 of the Criminal Code of BiH was amended and a prison sentence of 1 to 10 years of imprisonment was replaced by at least 3 years;
- Paragraph 2) of Article 195 of the Criminal Code of BiH was amended and a prison sentence of at least 3 years was replaced by imprisonment of at least 5 years;
- Paragraph 3) of Article 195 of the Criminal Code of BiH was amended and a prison sentence of 6 months to 5 years of imprisonment was replaced by a sentence from 1 to 10 years.

In addition, it is important to mention the amendments to the Criminal Code of BiH in Article 42a The Substitution of Imprisonment. According to the latest amendments to the Criminal Code of BiH (Official Gazette No. 08/10), it is possible to substitute a sentence of up to one year, at the request of the convicted person, with a fine to be paid in one lump sum within 30 days. Therefore, a prison sentence of one year can be replaced by a fine of 35,000 BAM (i.e. 17,895 €) i.e. 100 BAM (i.e. 51 €) per day. Substitute fines for prison sentences have already been used in certain cases with final decisions. However, for majority of problem drug users this value of the fine is unreachable.

9.5 *Drug use and problem drug use in prisons*

In fact, two distinct prison systems exist in BiH, one in FBiH and another one in RS. The Law on Execution of Criminal Sanctions in **FBiH**, in Articles 183–187 regulates the obligation of treatment of drug addicts and alcoholics by the institutions in which conditions for such treatment or special medical institution exist (Article 167). However, there is no such medical or penal and correctional institution in FBiH, so the measure has not been applied in practice. Since 2006, the Council of Ministers of Bosnia and Herzegovina adopted the Law on Prevention and Suppression of the Abuse of Narcotic Drugs which is now in the revision process.

The Law on Execution of Criminal Sanctions in **RS**, in Articles 194–195 stipulates that the addiction treatment is regulated in a similar manner as in the law in FBiH. However, the law in RS in Article 108 provides a legal basis for testing for infectious diseases, alcohol and drugs in a prison setting, although this basis is not precise enough.


BiH has implemented a joint project of the European Union and the Council of Europe titled The Efficient Management of Prisons in BiH. As a result of this project, several documents have been prepared and published as a collection in July 2010. As part of the aforementioned project, an analysis has been conducted of the current prison environment in which addicts are serving prison sentences in BiH.

According to the review, the current situation regarding addicts serving prison sentences in BiH shows that an alarming drug problem is present in all the prisons in BiH. On average, from 30% to 70% of sentenced persons are addicted to different types of drugs. Addicts are placed in the collectives together with other prisoners.

Very little has been done in the field of treatment of drug users in prisons. Medical procedures performed by doctors do not differ from treatment of other prisoners. They perform an examination, determine appropriate therapy and, if needed, the treatment may be changed. If addicts have an abstinence crisis, they are usually sent to external treatment institutions.
There are no specific addiction treatment programmes, just intensive individual work that includes more counselling with drug addicts than with other prisoners.

Prisons do not have any special strategies dealing with security measures for addicts. In some places, a search may be performed in case of suspicion that a prisoner is either smuggling or in possession of narcotic drugs. Otherwise, they perform detailed searches and view packages that are delivered or sent. More attention is paid to the users of external benefits (for example those temporarily allowed out of prison) who are believed to be attempting to bring drugs into the prison. In cases where drug use is discovered, the Ministry of Interior (MoI) is notified and the drug is submitted to the police. Disciplinary and criminal charges are filed against the convicted person.

Prisons have not regulated the education of all employees on drug related issues; very few prisons have organized training for prison guards on recognition of drug use, effective responses, how to treat drug addicts in prisons and how to recognize when they are under the effect of drugs, and how to discover the most common places where drugs are hidden. This training was carried out by officials of the Ministry of Interior, Department of Narcotics.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, which supports the application of the substitution therapy in drug treatment centres for addicts in BiH since 2008, is working on the introduction of opiate substitution treatment (OST) in prisons since 2013. The result of these activities includes definition of the programme, development of informational and promotional brochures for addicts who have criminal sanctions, as well as training of prison staff.

9.6 Responses to drug related health issues in prisons

The prisons in BiH have no specific treatment for drug addicts that can be implemented in prisons (see also the subchapter above).

According to the criminal laws in both entities of BiH, persons that commit crimes under the influence of drugs and which present a risk of repeating such offences because of their addiction, may have imposed on them a measure of mandatory treatment of addiction during imprisonment. However, when this measure is imposed, it is often implemented inadequately or not implemented at all, or does not meet its primary role of appropriate and effective treatment that would have satisfactory results in terms of preventing the repetition of a crime after leaving the prison. The reasons for inadequate implementation of these measures are inadequate legislation, insufficient financial resources and lack of training of prison staff.

NGOs Margina and Viktorija pay special attention to drug users in prisons. In cooperation with prison staff, the outreach worker from the external environment works with drug users in the prison on reduction of risk and behaviour change (information/education/behaviour change, distribution of educational printing material, condoms and lubricants, recommendation/motivation for testing on HIV and other infections, linking clients with other services and institutions – individual and group approach).

Within The Global Fund to Fight AIDS, Tuberculosis and Malaria, Association Viktorija, Margina and NGO named XY implement HIV preventive activities in population of prisoners in 14 prisons in BiH. Viktorija and XY are working with prisoners on the principle of peer education on sexual and blood born infections based on the developed manual. Also, prisoners will have an access to condoms, lubricants and printed educational material. It is also important to emphasize that the mobile team from HIV Voluntary counselling and testing centres will enable prisoners to take HIV tests.

NGO Margina in second half of 2013 offered preventive services in prisons only to PWID. From the beginning of the programme, NGO XY and Viktorija provide HIV services to the whole prison population. NGO Viktorija also pays special attention to PWID in prisons but data provided from NGO Viktorija do not distinguish between PWID and other clients in prisons.
The project “Institutional and Post-Penitentiary Treatment of Drug Addicts” was carried out by the NGO Viktorija in RS prison units in 2009. The project activities were:

- Creating a module for working with addicts in the prison system and educational lectures for prison staff.
- Training of project staff and experts to provide therapeutic services for addicts and the development, production and printing of educational brochures for the staff in prisons.
- Testing for presence of narcotics in urine.
- Individual and group psychotherapy work with drug addicts and counselling with psychiatrists, self-help groups for families of addicts and supervision of therapeutic activities.
- Counselling and testing for HIV, HBV, HCV, distribution of preventive educational materials.
- Social service dependents (for the first time provides for monitoring of prisoners after the prison sentence).
- Monitoring and evaluation and presentation of project activities and project promotion.

The target population were drug addicts in the Banja Luka Prison, family members of addicts, prison staff, representatives of organizations and institutions that deal with addiction treatment, local and entity governments.

The expected results were: an impact on the reduction of drug addiction in the community, reduction of crime rates and recidivism in the population of drug users, reduction of risk behaviours related to HIV/AIDS, HBV, HCV and other blood and sexually transmitted infections in prisons, continued treatment and after-care at the end of sentences (treatments available in the external environment), and the sustainability of treatment programmes in prisons.

During the project, significant attention was devoted to strengthening the capacity of prison staff and increasing their knowledge and skills about drug abuse problems and the promotion of project activities in order to lobby decision makers about the need for therapeutic treatment of addiction within the correctional institutions. Prison staff has a crucial role in motivating drug addicts to accept treatment and prevention of risky behaviour.

Within Global Fund programme in FBiH (year 2014) the Opioid Substitution Treatment (OST) will be introduced in the prison settings. The OST activities will be implemented though assessment of
health departments in the prison, coordination of activities with relevant institutions, development of information/education material and advocacy with the Ministry of Justice (FBiH).

Additional comment: BiH there were number of trainings for police officers state borders, prison staff conducted within GF programme. Some of major topics were:

- Summary of basic knowledge about HIV infection and hepatitis, a review of the epidemiological situation and review of HIV prevention programs in Bosnia and Herzegovina
- HIV and police-effects of HIV infection on police, at individual level and the level of policies as an organizational structure, how police attitudes and behavior of police officers can influence on course of HIV epidemic
- Estimating risks and measure for reducing risk behavior, evaluation of personal risk for infection as well as risks associated with workplace, risk reduction strategies
- Human rights and HIV-connection between human rights and health, prejudice, stigma and discrimination against people with risky behaviors and people who live with HIV. Especially, emphasize role of police in protecting human rights
- HIV and vulnerable populations (emphasis on injecting drug users) - concept of vulnerability, risk behaviors, vulnerability factors and characteristics of HIV-vulnerable groups (drug users), harm reduction programs (examples of good practice), needle exchange program, methadone substitution therapy
- Police as a partner- role of police in implementation of harm reduction programs, collaboration with health professionals and NGOs

9.7 **Reintegration of drug users after release from prison**

After completing prison sentences, drug addicts return to the community environment. Special care should be provided in order to minimise the risks related to drug use in post-penitentiary period or to support and maintain the recovery from addiction.

NGO Viktorija, in cooperation with the Prison Service in Banja Luka, implemented the project titled Institutional and Post-penitentiary Treatment of Drug Addicts (see above) which contained elements of post-penitentiary treatment and after-care. This project is supported by the Development Fund of the United Nations and was the first project of this type to be carried out in the penitentiaries in BiH.
10 Drug markets

10.1 Introduction

BiH has a strategic location on the central part of the Balkan route, which connects drug production centres in Asia and the markets in Western Europe. In the international illicit trade in narcotics, area of BiH is still used as a relatively minor narcotic drug smuggling routes to major consumer centres. Although significant results were achieved in 2010, a similar trend in drug trafficking and its counteracting can be predicted.

10.2 Availability and supply

Bosnia and Herzegovina has remained primarily a transit country within the international illicit drug trade, through which illicit drugs are transported to major consumer centres in Western European countries. The potential for larger profits through the resale of illicit drugs in European Union countries also contributes to drugs being trafficked out of the country. Citizens of BiH occupy a variety of roles in these activities, usually as carriers in certain phases of transportation, or they may temporarily hide the drugs on the route from their initial to their final destination. Some findings point to an increasingly important role for organised groups of BiH nationals in illicit drug trafficking. Organised criminal groups cooperate with each other in BiH, but also beyond the borders of the state, particularly with criminal groups operating in the countries of former Yugoslavia.

Heroin and herbal cannabis are still the most common illicit drugs in BiH, in terms of their smuggling and in terms of their use, while other illicit drugs are distributed to a lesser extent.

Herbal cannabis available on BiH market originates in Albania and is smuggled by organised criminal groups through Montenegro into BiH and onward to Western Europe along the Balkan Route. A small proportion of herbal cannabis is produced in the country. Heroin is transported to BiH mainly from Albania and Turkey, while synthetic drugs, especially ecstasy, usually come from the Netherlands.

Drug trafficking is still the most common form of illegal activity among criminal groups in BiH, and brings the largest and fastest profit. Despite the frequent police raids in BiH and countries in the region, no decline can be observed in these activities.

10.3 Seizures

Regarding the seizures of illicit drugs, no clear tendencies can be defined. There was significant increase in the amount of cocaine and cannabis resin seized. Heroin and cannabis plants seizure showed decrease in the last years. In the case of amphetamine and herbal cannabis, seizure data show a more stable overall picture.

Table 13: Seizures of narcotic drugs in Bosnia and Herzegovina in 2011–2013

<table>
<thead>
<tr>
<th>Drug</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin (kg)</td>
<td>10.2</td>
<td>13.2</td>
<td>7.88</td>
</tr>
<tr>
<td>Cocaine (kg)</td>
<td>0.3</td>
<td>0.1</td>
<td>1.97</td>
</tr>
<tr>
<td>Ecstasy (kg and pcs)</td>
<td>0.007 kg and 950 pcs</td>
<td>0.001 kg and 154 pcs</td>
<td>0.0024 kg i 8 pcs</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>8.6 kg and 127 pcs</td>
<td>30.8 kg and 121 pcs</td>
<td>11.83 kg</td>
</tr>
<tr>
<td>Herbal cannabis (kg)</td>
<td>443.7</td>
<td>243.9</td>
<td>294.65</td>
</tr>
<tr>
<td>Cannabis plants</td>
<td>7 241</td>
<td>4 276</td>
<td>4 288</td>
</tr>
</tbody>
</table>
In December 2013, the Commission for destruction of confiscated narcotic drugs and Ministry of Security of BiH destroyed around 31,000 litres of acetic anhydride precursor.

### 10.4 Price and purity

Latest information on drugs prices available for 2012. Price of the most prevalent illicit drug, cannabis, varies from €3 to 7.5. 1 gram of heroin costs €20-30, 1 gram of amphetamine powder costs €10-25. No significant changes in the prices of drugs were reported in 2013.

**Table 14: Street prices of drugs in Bosnia and Herzegovina in 2012 (€):**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Price (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin (1 g)</td>
<td>20–30</td>
</tr>
<tr>
<td>Herbal cannabis (1 g)</td>
<td>3–7.5</td>
</tr>
<tr>
<td>Cocaine (1 g)</td>
<td>45–75</td>
</tr>
<tr>
<td>Ecstasy (1 tbl.)</td>
<td>2–3.5</td>
</tr>
<tr>
<td>Amphetamine (1 g)</td>
<td>10-25</td>
</tr>
</tbody>
</table>

The purity of seized drugs is not investigated at the moment in BiH due to lack of equipment. According to operational information and forensic expertise, Ministry of Internal Affairs of RS stated 4% as retail purity of heroin.

In general, heroin is of poor quality, diluted usually with paracetamol and caffeine. The most common cutting agents for amphetamine are lactose and sucrose. Lactose is also the most common cutting agent in ecstasy. Cocaine is commonly cut by lidocaine.
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