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Disclaimer

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List of abbreviations

AP — action plan

CI — confidence interval

CSO — civil society organisations

EMCDDA — European Monitoring Centre for
Drugs and Drug Addiction

ER — emergency room

ESPAD — European School Survey Project on
Alcohol and Other Drugs

HBV — hepatitis B virus

HCV — hepatitis C virus

IBBS — integrated bio-behavioural surveillance
(survey)

IPHS — Institute of Public Health Serbia 'Dr
Milan Jovanović Batut'

MESTD — Ministry of Education, Science and
Technological Development

MoH — Ministry of Health

Mol — Ministry of Interior

NDO — national drug observatory

NPCC — National Poison Control Centre (of the
Medical Military Academy)

NPS — new psychoactive substances

OAT — opioid agonist treatment

OCG — organised crime group

OSCE — Organization for Security and Co-
operation in Europe

PWID — people who inject drugs

RDS — respondent-driven sampling

SOCTA — (EU) Serious and Organised Crime
Threat Assessment

TDI — treatment demand indicator

UNODC — United Nations Office on Drugs and
Crime

VCT — voluntary counselling and testing

WHO — World Health Organization

Summary

This National Drug Situation Overview was prepared by the Centre for Monitoring Drugs and Drug Addiction (hereafter called the National Drug Observatory/NDO) of the Ministry of Health (MoH) of the Republic of Serbia. Experts from the Ministry of Interior (MoI), the Institute of Public Health of Serbia 'Dr Milan Jovanović Batut' (IPHS), and the National Poison Control Centre (NPCC) of the Medical Military Academy were included. It provides a top-level overview of the drug phenomenon in the Republic of Serbia (hereafter Serbia), covering drug supply, use and public health problems as well as drug policy and health and social responses. The report contributes to a better understanding of the drug situation in Europe and is targeted at national and international audiences, including government, civil society, researchers and funders.

Drug policy and law

The Government of the Republic of Serbia adopted the Strategy on Prevention of Drug Abuse for the period 2014-2021 with five areas of drug policy action. Based on the Law on Amendments to the Law on Psychoactive Substances in 2018, the NDO, as part of the MoH, acts as the national contact point for cooperation with the EMCDDA. In 2014, the government established the multi-sectoral Commission for Psychoactive Controlled Substances (hereafter the Commission) which gives an expert opinion at the request of the MoH in order to harmonise professional views in the field of drugs. In Serbia, the main laws in the field of drugs are: the Law on Psychoactive Controlled Substances, the Law on Substances Used in Illicit Manufacturing of Narcotic Drugs and Psychotropic Substances, and the Criminal Code, but other general laws related to crime, medicine, medical devices, healthcare, health insurance, the rights of patients, public health, and health documentation are also relevant to and applicable in the field of drugs.

Extent and nature of drug use

Drug use in the general population in Serbia remains relatively low. Cannabis is the most commonly used illicit drug, with approximately one in 10 adults (8.9 %) aged 18 to 64 years having used it at least once during their lifetime and approximately one in 20 sixteen-year-old students (5.6 %) reporting last-year use. It is estimated that there are approximately 20 500 people who inject drugs (PWID) in Serbia, which is equivalent to 0.45 per 1 000 people aged 18-64 years. In Belgrade, the number of PWID is estimated to be between 4 000 and 5 000.

Drug-related harms

In Serbia, data on infectious diseases is available from the IPHS through routine comprehensive passive surveillance in line with the national legislation and from cross-sectional bio-behavioural studies. The most recent integrated bio-behavioural surveillance (IBBS) survey among PWID in Belgrade was conducted in 2021 with the support of the MoH and the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter the Global Fund).

In Serbia, there are two mortality registers: the general and special register of mortality. Data on drug-related emergencies is provided by the Clinic for Emergency and Clinical Toxicology of the NPCC.

Prevention

According to the Strategy on Prevention of Drug Abuse for the period 2014-2021, implementation of drug prevention programmes is the responsibility of several key institutions, including the MoI, IPHS (with its network of 24 regional institutes), MoI, Ministry of Youth and Sports, Ministry of Education, Serbian Red Cross (including over 180 Red Cross organisations in cities and municipalities), institutions for the treatment of addiction, local self-government units, international organisations, associations, schools,

social welfare institutions, police, and youth offices. The regional and national institutes of public health take part in conducting prevention programmes, monitor their implementation at different levels (i.e. at the self-government, autonomous province and country levels), and report to the NDO. In 2018, the inter-ministerial Commission for Drug Prevention in Schools was established which among other activities also formed multidisciplinary teams to improve awareness of students, their parents, and teachers on the topics of drug abuse and its harmful effects. All prevention activities under the health promotion programmes, funded by the MoH, take a universal approach, while selective and indicated prevention programmes are less common.

Treatment responses

The core of drug treatment is provided in accordance with the applicable laws, bylaws and treatment protocols in the field of profession in public services from primary to tertiary level of healthcare, and it is financed through the Republic Health Insurance Fund. In 2017, the World Health Organization (WHO)/United Nations Office on Drugs and Crime (UNODC) facility survey was conducted, and the Commission for Drug Prevention in Schools, with the support of the UNODC, carried out mapping of services for the treatment of adolescents with substance use disorders. Currently, opioid agonist treatment (OAT) using both methadone and buprenorphine is available in all types of health facilities and can be initiated in an inpatient or outpatient healthcare facility.

Harm-reduction responses

The basic legal status of drug services, including harm reduction, lies in the Law on Psychoactive Controlled Substances. Public healthcare institutions and IPHS implement harm-reduction responses through different programmes, funded from the budget of the MoH and Republic Health Insurance Fund. They also implement other programmes co-funded by the Global Fund for the civil sector, included in harm-reduction responses. Voluntary counselling and testing (VCT) services on HIV, hepatitis B (HBV) and hepatitis C (HCV) are available in all 24 regional/district institutes of public health without the need for a referral. They are free of charge for any interested client, including PWID, throughout the year, as part of the Programme of General Public Interest financed by the MoH. Immunisation against HBV among PWID is free of charge by referral and available in all regional/district public health institutes (costs covered by the Republic Health Insurance Fund). In 2020, needle and syringe programmes were operated by four NGOs, mainly in the capital city of Belgrade and in Novi Sad, and less in Niš and Kragujevac. These NGOs provide VCT on HIV and HCV, education for users about safer ways of drug use and safer sex, counselling services and motivation for treatment, and condom distribution.

Drug markets and drug-related offences

Herbal cannabis is the most commonly produced drug in Serbia, followed to a lesser extent by synthetic drugs, such as amphetamine. Considering cannabis production sites, from 2016 to 2020, an increase in the number of sites was recorded, while synthetic drug production sites were rare and primarily small-scale laboratories. The origin of imported drugs cannot be precisely assessed for all drugs, and according to Serious and Organised Crime Threat Assessment (SOCTA) documents, Serbia is a transit country for most drugs. There is a general assumption that the routes for heroin in Serbia conceptually belong to the Balkan route from East Asia, via Turkey and Bulgaria. The overall prices of drugs in the retail or wholesale market have been stable over the reported period and no extremes have been noticed. The quantity of seized new psychoactive substances (NPS) is low, as is the number of cases; no seizures of wholesale NPS were noted for the reporting period.

Drug supply-reduction activities are enhanced by strategic planning and improvement of the competencies of the relevant law enforcement officers in the fight against drugs at the national level, and are conducted on many levels within the MoI: in the Criminal Police Directorate and regional police

departments. Until now, the use of new technologies (such as using end-to-end encrypted apps for communication, chats in social media networks, or direct selling on social media) in drug supply has been noticed but does not appear to be widespread, while the use of the darknet and cryptocurrencies are under assessment.

Drug policy and law

National drug strategies

In December 2014, the Government of the Republic of Serbia adopted the Strategy on Prevention of Drug Abuse for the period 2014-2021 (hereafter the Strategy) and its accompanying Action Plan 2014-2017, subsequently published in the Official Gazette of RS, No 1/15. The Strategy addresses individual and social harms caused by drug use, as well as drug-related crime and its consequences. It defines five areas of drug policy action: (i) reducing the demand for drugs; (ii) reduction of drug supply; (iii) coordination; (iv) international cooperation; (v) research, monitoring and pricing. The objectives of the Strategy are structured within two main pillars: drug demand reduction and drug supply reduction. Although the Strategy expired at the end of 2021, all its stakeholders continue to act as if it is valid until a new policy document is prepared.

The objectives of the Strategy, in accordance with the Action Plan (AP), are implemented using funds provided by the state budget, as well as budgets of the autonomous provinces, towns and municipalities, in accordance with their commitments and jurisdictions. The percentage of the state budget contribution was not specified.

Implementation of the Strategy was based on two APs for a period of four years: the first one for the period 2014-2017, and the second one for the period 2018-2021. The second AP also covered five areas of activity defined in the Strategy, but it has not been formally adopted due to technical and administrative issues. Although it remained in the draft phase, the relevant ministries and institutions carried out AP activities in order to achieve the objectives of the Strategy.

In 2017, with the support of the Organization for Security and Co-operation in Europe (OSCE) and the EMCDDA, a mid-term review was conducted to assess implementation of the Strategy and the first AP (see EMCDDA et al., 2017). Final evaluation of the Strategy for the period 2018-2021 has been undertaken, and the conclusions are being prepared at the time of writing.

There are no regional and local-level drug strategies in the country. Other legislative documents which are directly or indirectly related to the field of drugs in Serbia are listed in the Annex.

National coordination mechanism in the drugs field

According to the Law on Psychoactive Controlled Substances (Official Gazette of RS, No 99/2010 and 57/2018), the main institutions active in the field of drugs in Serbia are the MoH with its NDO and the Commission. Other relevant institutions are the Mol, the IPHS and the Office for Combating Drugs (hereafter the Office).

The MoH is responsible for taking the legislative and administrative measures necessary to carry out and fulfil obligations from the ratified UN Conventions and harmonisation of regulations with EU legislation in the field of drugs by drawing up, proposing and implementing policy documents, laws and other acts regulating the field of psychoactive controlled substances and precursors. It is authorised to cooperate with UN agencies, such as the International Narcotics Control Board, WHO, EMCDDA and other international and European bodies and organisations.

The NDO, based on Article 4a of the Law on Psychoactive Substances, acts as the national contact point for cooperation with the EMCDDA. The NDO performs activities related to the early warning system such as quickly exchanging data on production, trade, use and risks of NPS. At the national level, it also has the mandate to collect, process and report information relating to core epidemiological indicators and NPS in line with EMCDDA protocols. The NDO is directly responsible for drug-related deaths and the treatment demand indicator (TDI). Indicators for prevalence and patterns of drug use, problem drug use, and drug-related infectious diseases are managed by the IPHS. The MoI collects and aggregates data on drug market indicators. The NDO has two protocols for cooperation with its main partners: with the MoI, which is also responsible for cooperation with Europol and for drug supply reduction, and with the IPHS.

In 2014, the government established the multi-sectoral Commission, comprising experts and representatives of relevant authorities. At the request of the MoH, it gives an expert opinion to harmonise professional views in the field of psychoactive controlled substances. The Commission also performs a risk assessment of NPS, and on its proposal, the minister for health establishes a list of psychoactive controlled substances. The NDO performs administrative and technical tasks for the Commission's needs related to monitoring drugs and drug addiction.

The Office was established in 2014 by the Regulation on the Establishment of the Office for Combating Drugs (Official Gazette of RS, No 79/14), and it became fully operational in 2016. The Office is responsible for coordination of implementing the Strategy. In that regard, it performs the corresponding administrative work. The Office takes part in the preparation and implementation of policy documents in the field of drugs, but it does not have jurisdiction to give official initiative for drawing up or proposing the adoption of policy documents, laws and bylaws. Between 2018 and 2022, the Office signed memoranda of cooperation with 22 civil society organisations (CSOs). Those memoranda are the basis for the Office to act as the interface between CSOs and other stakeholders in the field of drugs.

National drug laws

In Serbia, the main laws in the field of drugs are the Law on Psychoactive Controlled Substances, the Law on Substances Used in Illicit Manufacturing of Narcotic Drugs and Psychotropic Substances, and the Criminal Code. Other general laws related to crime, medicine, medical devices, healthcare, health insurance, persons with mental disorders, rights of patients, public health, health documentation, and health records are also relevant to and applicable in the field of drugs and are listed in the Annex.

The Law on Psychoactive Controlled Substances was adopted in 2010 and amended in 2018 with the aim to harmonise the legal framework with EU regulations and fulfil the obligations as an EU candidate country. It regulates conditions for possession, use, trade, distribution, import, export, manufacture and production of drugs limited exclusively to medical and scientific purposes. It sets up conditions for the cultivation and processing of plants which contain psychoactive controlled substances, and establishes the list of psychoactive controlled substances consisting of seven schedules. According to this law, prevention and harm-reduction interventions are the programme activities. In 2021, the government adopted a bylaw act, the Decree (Regulation), on the manner of storage, sampling and destruction of seized psychoactive controlled substances.

The Law on Substances Used in the Illegal Production of Narcotic Drugs and Psychotropic Substances (Official Gazette of RS, No 107/05, 25/19) regulates the conditions for the production and wholesale of substances used in the illicit production of narcotic drugs and psychotropic substances (hereafter precursors), supervises this area to prevent their misuse or use for illicit purposes, and establishes the classes of precursors. In 2019, the law was amended and harmonised with seven EU regulations.

According to this law, the minister for health determines the list of precursors based on proposals from the Commission.

The Criminal Code (see Annex) was first adopted in 2005 and last amended in 2019. According to Article 246a para. 1, whoever, without authorisation, keeps a small amount of a substance or preparation that has been declared a narcotic drug for their own use shall be punished by a fine or imprisonment for a term not exceeding 3 years. The notion of a small quantity is not specified by law or any other act. The judge has the discretion to decide in each individual case. Anyone enabling another person to use narcotics (e.g. by giving them psychoactive controlled substances) shall be punished by imprisonment for 6 months to 5 years. Based on the Criminal Code, there is no distinction between the type of psychoactive controlled substance: they have the same treatment in terms of penal policy, even if the law classifies the substances in seven lists in accordance with ratified UN Drug Conventions.

According to the Criminal Code, unauthorised selling or offering of psychoactive controlled substances for sale is punishable by 3 to 12 years' imprisonment. Unlawful cultivation of poppy seeds, psychoactive hemp, or other plants that generate or contain narcotic drugs shall be punished by imprisonment for 6 months to 5 years. If this offence is committed by a group, or if the offender has organised a network of dealers or intermediaries, the offender shall be punished by imprisonment for 5 to 15 years. An offender who discloses information regarding who supplied the psychoactive controlled substances may be excused from punishment.

The Criminal Code also prescribes alternative measures, for instance house arrest, community service, revocation of a driver's licence, suspended sentence with protective supervision, or compulsory drug or alcohol treatment.

Extent and nature of drug use

Drug use among the general population

Drug use in the general population in Serbia remains relatively low. The 2018 general population survey indicates that cannabis is the most commonly used illicit drug, with approximately one in 10 adults (8.9 %) aged 18-64 having used it at least once during their lifetime (Kilibarda and Nikolić, 2020). The use of other illicit substances is less common. Illicit drug use is concentrated among younger age groups (18-34 years) and, in particular, among those aged 18-24 years, with 4.3 % reporting cannabis use in the last year. Use of illicit drugs is, overall, higher among men than women (see Table 1).

The total sample size was 2 000, with oversampling for 18- to 34-year-olds and with quota sampling applied. The previous survey was conducted in 2014 (Kilibarda et al., 2014); comparisons of prevalence of drug use between 2014 and 2018 should be made with caution due to different sampling methods and sample sizes.

TABLE 1
Drug use in the general population aged 15-64 in 2018

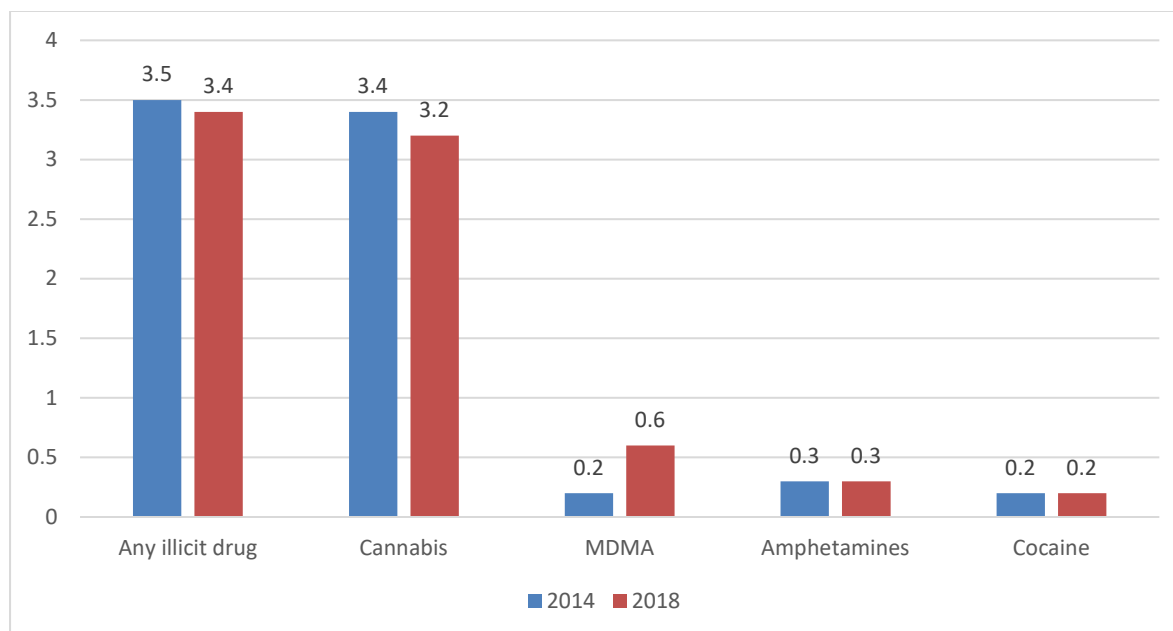
Drug	Lifetime prevalence (%)			Prevalence in the last year (%)		
	Men	Women	Total	Men	Women	Total
Cannabis	11.3	6.7	8.9	2.8	1.2	2.0
Heroin	0.4	0.3	0.4	0.1	0.1	0.1
Cocaine	1.0	0.2	0.6	0.1	0.1	0.1
MDMA/ecstasy	1.4	0.6	1.0	0.3	0.4	0.4
Amphetamine	1.4	0.5	0.9	0.2	0.2	0.2
LSD	0.3	0.2	0.3	0.0	0.0	0.0
Any illegal drug*	11.5	7.2	9.3	2.8	1.4	2.1
Alcohol	93.5	83.7	88.3	83.0	65.8	73.9
Tobacco	68.7	56.7	62.4	N/A	N/A	N/A
Solvents/inhalants	0.4	0.1	0.3	0.1	0.0	0.1
Sample size (Base)	945	1 055	2 000	945	1 055	2 000

Note: *Includes cannabis, ecstasy, amphetamines, cocaine, heroin, home-made opiate extraction from poppy (poppy tea), LSD and magic mushrooms. N/A = data not available.

Source: Kilibarda and Nikolić, 2020.

According to data from available general population surveys, last-year prevalence among 18- to 34-year-olds increased for MDMA, while last-year prevalence for other substances explored within the survey remained stable (see Figure 1).

FIGURE 1
Last-year prevalence of selected drugs among 18- to 34-year-olds, general population survey 2014 and 2018, Serbia



Source: Kilibarda et al., 2014; Kilibarda and Nikolić, 2020.

In 2019, in line with the European Health Interview System methodology, a health survey was conducted on a sample of more than 13 000 respondents aged 15 years or older, with a questionnaire on various health-related and risk behaviours (Milić et al., 2021). Results show that 5.6 % of 18- to 34-year-olds used

cannabis at least once during their lifetime, and 2.4 % in the last year. Last-year prevalence for cannabis was 1.2 %. Prevalence of drug use is typically lower when collected through health surveys rather than drug surveys, as the Serbian data shows. However, due to the large sample size, health surveys are useful for comparison of drug use according to region, socioeconomic status and other variables.

Drug use among young people

The most recent data on drug use among students was reported in the Serbian 2019 European School Survey Project on Alcohol and Other Drugs (ESPAD) (Kilibarda et al., 2020). Drug use prevalence among 16-year-old students in Serbia is lower compared to the European average. The most commonly used drug is cannabis with 7.3 % lifetime prevalence and 5.6 % for last-year prevalence.

TABLE 2
Prevalence of drug use among sixteen years old students in Serbia, ESPAD 2019

Drug	Lifetime prevalence (%)			Prevalence in the last year (%)		
	Boys	Girls	Total	Boys	Girls	Total
Cannabis	8.1	6.6	7.3	6.1	5.0	5.6
Opiates	1.5	0.8	1.1	1.2	0.7	0.9
Cocaine	1.9	1.2	1.5	1.7	0.9	1.3
Ecstasy	1.9	2.3	2.1	1.9	1.8	1.9
Amphetamines	2.1	1.3	1.7	1.8	1.1	1.5
LSD	1.5	1.5	1.5	N/A	N/A	N/A
Any illegal drugs*	9.7	7.6	8.6	N/A	N/A	N/A
Alcohol	87.1	87.7	87.4	76.8	77.3	77.1
Tobacco	37.8	39.5	38.7	N/A	N/A	N/A
NPS	1.9	1.7	3.6	2.0	1.1	1.5
Sample size (Base)	1 715	1 814	3 529	1 715	1 814	3 529

Note: *Includes cannabis, amphetamines, cocaine, ecstasy, hallucinogens, heroin, GHB. N/A = no questions were included.

Source: ESPAD Group, 2020.

Previous ESPAD surveys were conducted in 2008 and 2011. Comparisons with data from 2019 suggest a small increase in lifetime prevalence of illicit drug use from 8 % in 2008 to 9 % in 2019, and a decrease in use of tranquillisers or sedatives without a doctor's prescription from 8 % to 6 % in the same period. There is a stable trend in lifetime prevalence of any drug among boys (10 % in 2008, 11 % in 2011 and 10 % in 2019) but an overall increase among girls (6 % in 2008, 5 % in 2011 and 8 % in 2019).

In 2021, Serbia participated in the European Web Survey on Drugs which targeted self-identified drug users. Most of the survey respondents (92 %) reported using cannabis during the previous 12 months, followed by cocaine (36 %), amphetamine (34 %), and MDMA/ecstasy (25 %).

Problem drug use

The last estimate on the number of PWID in Serbia was conducted in 2014 (Kilibarda et al., 2014; Simić et al., 2016). A mixed method analysis using indirect methods (multiplier, capture/recapture, indirect estimation of population prevalence rate) was performed using existing data sources: 2013 IBBS among

PWID, general population survey of 2014, and programme data such as needle and syringe exchange programmes, opioid agonist treatment, and detoxification data from clinics and hospitals. According to the estimates, prevalence of PWID in Serbia ranged between 10 000 and 25 000 people. Based on consensus of different stakeholders from health and the non-governmental sector in contact with PWID, the most reliable estimate was the one obtained using the multiplier method based on the nomination form from the general population survey of 2014 (which is the proportion of known drug users meeting predefined criteria) and adequate needle and syringe programme data; this means an estimated 20 500 PWID (95 % confidence interval (CI) 16 300 to 27 700), which is equivalent to 4.5 per 1 000 people aged 18 to 64 years.

According to the applied multiplier method in IBBS, which was used with PWID only in Belgrade in 2021 using different programme data as a benchmark, the most reliable estimates for 2020 ranged from 4 468 (95 % CI 3 182 to 6 429) to 4 990 (95 % CI 4 339 to 5 806) PWID aged 18-49 years in Belgrade (IPHS, 2021, unpublished data). This would give population rates between 6.1 and 6.8 per 1 000 people aged 18 to 49 years, and between 4.2 and 4.7 per 1 000 people aged 18 to 64 years.

Drug-related harms

Drug-related infectious diseases

In Serbia, data on infectious diseases is available from the IPHS through routine comprehensive passive surveillance in line with the national legislation, and from cross-sectional bio-behavioural studies among PWID. Case definitions for newly diagnosed HIV and AIDS cases are aligned with WHO and European Centre for Disease Prevention/EU case definitions. Case definitions for HBV and HCV are also aligned with these to allow proper classification of acute and chronic cases by epidemiologists. New cases are reported by medical doctors who make the diagnosis based on clinical and laboratory criteria in line with case definitions. The IPHS collects data on HIV, HBV and HCV tests performed in the VCT centres in the network of 24 regional/district public health institutes, several other healthcare institutions, and in CSOs working with key populations at risk (e.g. men who have sex with men, PWID, and sex workers). Information on reported routes of transmission, including injecting drug use, is part of the notification form for HIV and AIDS cases and is reported by medical doctors who make the diagnosis, while information on reported routes of transmission for HBV and HCV cases is collected by epidemiologists in regional/district public health institutes as part of epidemiological investigations of reported cases. More than 60 % of all reported HBV and HCV cases annually have unknown transmission. Data on new diagnoses is shown in Table 3.

TABLE 3
Number of new diagnoses attributed to injecting drug use, by year

Infection	2013	2014	2015	2016	2017	2018	2019	2020
HIV	151	131	180	168	183	180	218	121
- attributed to IDU	10	5	4	1	4	2	3	0
AIDS	45	48	47	56	58	62	70	32
- attributed to IDU	8	5	5	0	5	1	2	1
HBV	485	412	358	391	342	246	251	58
- attributed to IDU	11	13	7	10	6	12	4	0
HCV	627	579	400	451	361	369	271	76
- attributed to IDU	216	211	121	82	84	98	82	11

Note: IDU = Injecting drug use.

Source: Dimitrijević et al., 2017, 2018, 2020; Grgić et al., 2014, 2015; Ilić et al., 2016; Kisić et al., 2019; Rakić et al., 2021.

In 2020, among 958 PWID tested for HIV, mainly in community settings (in drop-in centres or in mobile units), only 3 (0.3 %) had a reactive rapid test (which requires laboratory confirmation), while among 944 PWID tested for HCV, 40 % had a reactive anti-HCV antibody test. Only 31 PWID were tested for HBV (HBs Ag test), with one positive result in 2020 (IPHS, 2022, unpublished data). In the period 2013-2020, the proportion of PWID among newly diagnosed HIV and AIDS cases, as well as among HBV and HCV cases, decreased. However, data is limited by underdiagnosing and underreporting of cases of HBV and HCV infections. Continuum of care data for people living with HIV is available in general but is not available separately for any key population. Data on people living with HIV who are virally suppressed is not available (United Nations Programme on HIV/AIDS, 2021).

The most recent IBBS survey among PWID in Belgrade was conducted in 2021 with the support of the MoH and Global Fund (IPHS, 2021, unpublished data). Respondent-driven sampling (RDS) was applied, while rapid HIV tests were used for testing of full blood samples taken from all eligible respondents (people aged 18 years or over who injected drugs in the last 30 days and who had lived in Belgrade for at least 3 months). Although in previous IBBS surveys among PWID in Belgrade, HIV prevalence rates were higher among women, the most recent study indicates comparable prevalence rates among men and women (2.2 % and 2.3 % respectively). The data suggests that HIV prevalence is higher among those aged 34 years and older (3.5 % versus 1.0 % for people aged under 34 years). No HIV positive cases were found among surveyed PWID aged 18 to 24 years or among those who had been injecting drugs for less than 2 years. The results indicate that the prevalence of HIV among sampled PWID in Belgrade has decreased between 2008 and 2021 (from 4.7 % to 2.3 %). HCV and HBV seroprevalence was not monitored in this study.

Almost all PWID included in the IBBS 2021 sample (99.8 %) reported that heroin, methadone, buprenorphine, or some other opioid were the most commonly injected drug in the last 30 days. Two-thirds of respondents reported using a sterile syringe and needle for the last injection (66.0 % with 95 % CI 61.2 to 70.5) which is lower than in 2013 (83.2 % with 95 % CI 79.5 to 86.9).

The latest data on prevalence of HCV antibodies among the sample of PWID in Belgrade is from 2013 and suggests a decrease compared with 2008, from 74.8 % to 61.4 % (see Table 4). HCV prevalence remained higher among women than among men and was higher among PWID aged 34 years and older, and among those who had been injecting for more than 10 years. Fewer than half of those who have been injecting for two years were HCV positive.

TABLE 4
Serological prevalence of selected infectious diseases among PWID in Belgrade, Serbia

Year	Infection	Bio-marker	Sample size	Number of people testing positive	Prevalence (95% CI)	Methodological information	
						Sampling/setting	Geographical coverage
2008	HIV	HIV Ab	316	15	4.7 % (2.6-7.5)	RDS/ community	Regional - Belgrade
2013	HIV	HIV Ab	399	6	1.5 % (0.3-2.7)	RDS/ community	Regional - Belgrade
2021	HIV	HIV Ab	400	9	2.25 % (1.2-4.2)	RDS /community	Regional - Belgrade
2008	HCV	HCV Ab	317	237	74.8 % (70.0-79.6)	RDS/ community	Regional - Belgrade
2013	HCV	HCV Ab	399	245	61.4 % (56.6-66.2)	RDS/ community	Regional - Belgrade

Note: HIV Ab = HIV antibodies; HCV Ab = HCV antibodies.

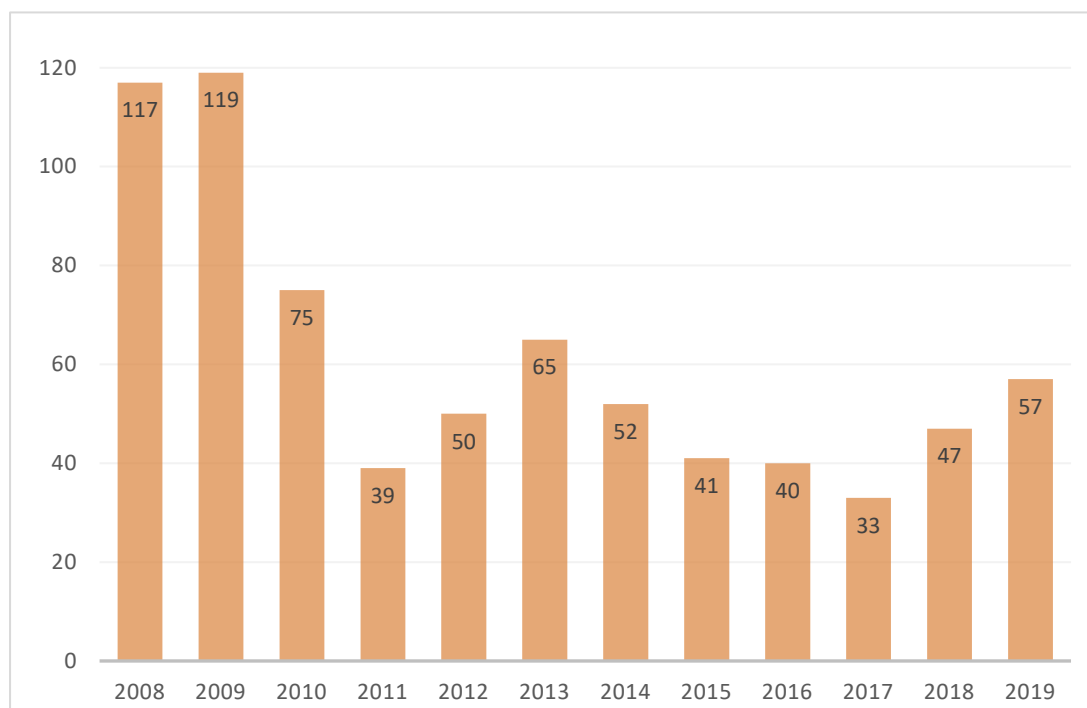
Source: Katalina Mickovski, 2014; IPHS, IBBS 2021, unpublished data.

Drug-related deaths and mortality of drug users

There are two mortality registers in Serbia: the general mortality register and special mortality register. The Statistical Office of the Republic of Serbia is responsible for keeping the general mortality register. The cause of death is formulated in accordance with the medical report model on the cause of death, as recommended by the WHO.

According to unpublished data from the general mortality register obtained at the request of the MoH, there was generally a decreasing trend of drug-related deaths until 2017, followed by an increase (see Figure 2). The case definition includes deaths caused directly by the use of psychoactive substances, or in combination with other substances, such as alcohol or psychoactive drugs. These fatalities occur typically shortly after consuming the substance.

FIGURE 2
Number of drug-related deaths per year



Source: Statistical Office of the Republic of Serbia, unpublished data.

The special register includes all deaths associated with the use of psychoactive substances where death was directly caused by the use of psychoactive substances, or in combination with other substances such as alcohol. In general, these deaths occur briefly after consuming the substance; they are also known as overdose or poisoning. The NDO is responsible for the special mortality register and requesting data from the relevant institutions (1).

At forensic autopsies, at the request of the court, a death certificate is filled in and sent to institutes through the local self-government body. Pathologists perform autopsies, take material and make conclusions about the immediate cause of death. According to Article 129 of the Criminal Procedure Code, all autopsies requested by prosecutors and court should be performed. In practice, due to a lack of financial resources, this measure is implemented selectively. Also, in the law itself, there is no clear provision to determine when autopsies of victims of violent causes of death must be performed and when not. The exact number of autopsies performed in Serbia is not available due to administrative complexity.

(1) Relevant institutions are: the Institute of Pathology and Forensic Medicine of the Military Medical Academy in Belgrade, the Institute of Forensic Medicine of the Faculty of Medicine of the University of Belgrade, the Centre for Forensic Medicine, Toxicology and Molecular Genetics of the Clinical Center of Vojvodina, the Department of Forensic Medicine and Toxicology of the Clinical Center Kragujevac, the Institute of Forensic Medicine in Niš, the General Hospital Pozarevac, and the General Hospital Čuprija.

TABLE 5
Number of drug-related deaths by sex and toxicology

Year	With opioids			Without opioids			Total		
	M	F	All	M	F	All	M	F	All
2018	50	16	66	4	4	8	54	20	74
2019	19	3	22	13	4	17	32	7	39

Source: Special mortality register, unpublished data.

In 2018 in Niš, the largest number of drug-related deaths was caused by heroin poisoning (28 out of 74; 37.8 %). In 34 % of cases, the toxicological analysis proved that the death occurred as a result of a combination of opioids and some other psychoactive drugs. The largest number of cases is from the most active and most productive age group, i.e. from 30 to 39 years (32/74 or 43 % of cases), with men dominating (78 %), according to interpretation of the special registry data (Milić, personal communication). The fact that cocaine is the most common cause of death in the younger population (up to 24 years of age) in Niš can be explained by the higher presence of this substance in the market and the low purchase price.

In 2019, the trend was stable, with the highest number of deaths due to poisoning from a combination of opioids and other psychoactive drugs (56 %).

Although the trends cannot be followed reliably, anecdotal evidence suggests an increase in poisonings with NPS, primarily synthetic cannabinoids and polydrug use poisonings, especially in populations younger than 40 years (Milić, personal communication).

Other drug-related harms

Data on drug-related emergencies is provided by the Clinic for Emergency and Clinical Toxicology of the NPCC. The NPCC is a reference institution that provides a 24-hour information service for public and medical services for the prevention and treatment of acute poisoning; detection of chemicals in biological material, water, soil and air; education in clinical toxicology and toxicological chemistry; and scientific research in toxicology and pharmacology. The NPCC covers the population of Belgrade and its surroundings. The NPCC takes part in data collection coordinated by the European Drug Emergencies Network.

Table 6 shows data on acute drug toxicity happening shortly after consumption of one or more psychoactive drugs as the cause for a hospital emergency room (ER) visit. Although the number of ER drug-related visits was lower in 2020 than in 2019, the number of fatal poisonings increased together with the severity of cases.

TABLE 6

Number of acute drug toxicity hospital emergency room visits involving non-medical use of drugs; Belgrade, Serbia.

	2019 (N=379; 8.5 % of all visits)		2020 (N=279; 7.5 % of all visits)		2021 (N=340; 7.7 % of all visits)	
	n	%	n	%	n	%
Opioids	158	41.6	151	54.2	176	51.8
Cannabis	44	11.6	33	11.8	56	16.5
Amphetamine-type stimulants	69	18.2	53	18.9	66	19.4
Cocaine	53	13.9	35	12.5	30	8.8
Synthetic cannabinoids, self-reported	14	3.7	0	0	0	0
Undetermined	41*	10.8	5	1.8	9	2.6
Inhalants	0	0	2	0.7	3	0.9

Note: *Includes 5 cases that reported GHB.

Source: NPCC, unpublished data.

Prevention

Prevention system

The main provisions related to drug prevention are found in the Strategy as well as the Law on Psychoactive Controlled Substances. Prevention-related objectives in the Strategy are: to improve the availability and efficiency of prevention programmes in raising awareness of the risk of using illegal drugs and other psychoactive substances; and to include early detection, targeted prevention (selective and indicated), and promotion of healthy lifestyles.

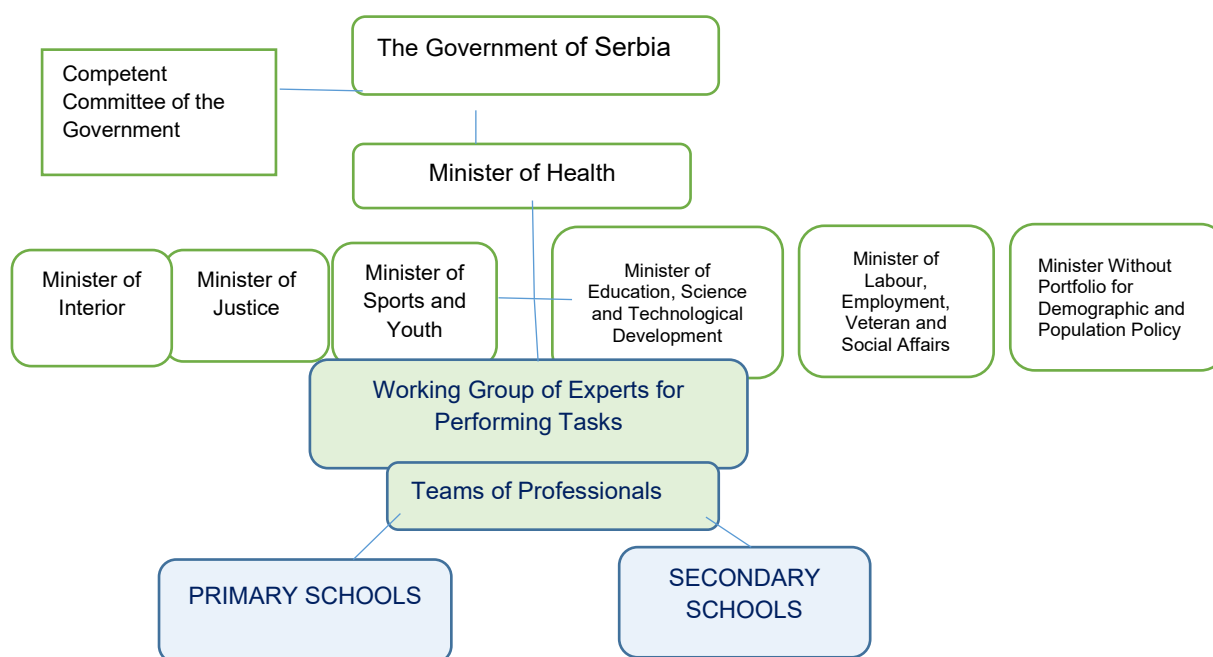
According to the Strategy, implementation of drug prevention programmes falls within the responsibility of several key institutions, including the MoH, IPHS (with its network of 24 regional institutes), MoI, Ministry of Youth and Sports, Ministry of Education, Serbian Red Cross (including over 180 Red Cross organisations in cities and municipalities), institutions for the treatment of addiction, local self-government units, international organisations, associations, schools, social welfare institutions, police, and youth offices. Further relevant stakeholders include the Ministry of Labour, Employment, Veterans and Social Affairs, the Office, and CSOs (see Annex, Table A3).

In the Serbian healthcare system, primary healthcare institutions provide preventive healthcare for all diseases as well as health education and counselling for health improvement, including counselling in the field of early development and adolescence. Prevention activities are undertaken through individual and group health services that are financed through the Republic Health Insurance Fund. The Health Council of Serbia accredits all the training of workers and professionals in the healthcare system for prevention programmes. According to the Law on Psychoactive Controlled Substances, the minister for health determines the healthcare institutions which operate as reference health institutions for drug addictions with the aim to monitor and propose new technologies in prevention, diagnosis, treatment, healthcare and rehabilitation.

Institutes of public health in Serbia take part in conducting the prevention and harm-reduction programmes in the field of drugs, monitor their implementation at different levels (i.e. local self-government, autonomous province, and state levels), and report to the NDO. Within the framework of the national health promotion programmes funded by the MoH, the IPHS, along with the network of regional institutes of public health, implements training of trainers and educational activities for different target groups as well as awareness-raising campaigns that also focus on tobacco, alcohol and drug prevention. The content of these activities depends on the needs at the regional level. Through conferences and workshops, the IPHS regularly disseminates findings of relevant research to inform its network of institutes of public health about current issues in substance use and addictions in order to support planning in line with the needs.

In 2018, the inter-ministerial Commission for Drug Prevention in Schools was established by government decision. This was an important step towards improving the implementation and coordination process of prevention measures, as its task was to prepare a programme to conduct awareness-raising activities about the harmfulness of drug use, targeting primary and secondary school students (see Figure 3).

FIGURE 3
Organisation of Commission for Drug Prevention in Schools



During 2018 and 2019, the Commission for Drug Prevention in Schools established multidisciplinary teams to improve awareness of students, their parents, and teachers on the topics of drug abuse and its harmful effects. In addition, it carried out research on risk factors among young people and their families with the support of the Institute for Research and Development of Good Practices (Dickov and Jovanović, 2020), and prepared a methodological guide to prevention (Mitrović and OSCE, 2020). This methodology manual has been sent to all schools to implement in Serbia, but has not been officially published.

The Commission for Drug Prevention in Schools also participated in an analysis of school-based drug use prevention strategies in line with the UNODC/WHO International Standards on Drug Use Prevention (UNODC, 2020). Some of the main findings of this analysis are as follows: i) a vast majority of the analysed strategies are not specifically developed per age group, characteristics or implementation

methodology as suggested by the standards; ii) identified strategies are mostly universal prevention programmes, including the prevention campaigns; iii) evaluations and evidence-based planning and implementation of programmes are not practised by different institutions; iv) programmes addressing mental health among children and youths are scarce; v) Serbian programmes do not deploy community-based multi-component initiatives. The MoH, as the next step to take, intends to address all the above-mentioned issues regarding prevention programmes in Serbia through the network of public health institutes.

Prevention interventions

Prevention interventions encompass a wide range of approaches which are complementary. Universal strategies target entire populations; selective prevention targets vulnerable groups that may be at greater risk of developing drug use problems; and indicated prevention focuses on at-risk individuals. Most of the implemented prevention activities in Serbia fall under the domain of universal prevention and are implemented in educational settings, within families and in the community. The following paragraphs describe major prevention activities carried out in Serbia in recent years.

Universal prevention

All activities of the institutes of public health, under the health promotion programmes, which are funded by the MoH, take a universal approach, while selective and indicated prevention programmes are less common. The activities are implemented in cooperation with different partners at the local level.

Implementation of prevention programmes in schools and kindergartens is the responsibility of the Ministry of Education, Science and Technological Development (MESTD). The MESTD developed the *Adolescence Skills Programme: prevention of psychoactive abuse substances and risk behaviour of young people*. After the pilot project (2014-2015), it became an accredited professional development programme (2018-2021). The programme contains 40 workshops for teachers, and more than 200 teachers have been trained. This programme aims to encourage socio-emotional learning.

The MESTD, in cooperation with the United Nations Population Fund team and their health consultants, and with the Institute for the Advancement of Education and Upbringing, prepared an online training programme called *Training programme for empowering employees in education to develop responsible attitudes towards health, preserving the health and safety of students* ⁽²⁾. The programme was implemented in 2021, and 1 800 professionals from all primary and secondary schools completed the training. The following topics were covered: prevention and recognition of sexual and gender violence, personal hygiene, mental health, reproductive health, and prevention of risky behaviours (alcoholism, drug addiction, cigarettes).

Table 7 contains the main characteristics of some programmes in Serbia.

⁽²⁾ <https://zuov.gov.rs/zdravlje/#429-510-wpfd-pripreme-za-cas>

TABLE 7
Universal prevention — selected programmes

Institution/organisation																
Name of programme and coverage																
Target group									Substance class		Setting					
All target groups	Adults	Men	Women	Children/Young people	Immigrants	Older people	Multipliers	Others	Any substances	Specific substance(s)	Any setting	Local level	Recreational	Workplace, apprentices, vocational school	School, kindergarten	Families
Ministry of Education, Science and Technological Development																
<i>Adolescence Skills Programme: prevention of psychoactive abuse substances and risk behaviour of young people. National coverage.</i>																
				X					X						X	
<i>Training programme to empower education staff to develop responsible attitudes towards health, preserving the health and safety of students in all schools in Serbia. National coverage. It includes prevention of risky behaviours (alcoholism, drug addiction, cigarettes).</i>																
				X					X						X	
Ministry of Interior																
<i>Fundamentals of child safety (prevention and protection of children from drug and alcohol abuse). National coverage.</i>																
				X					X							
<i>Support for preventive action of the police in schools: protection of students from psychoactive substances. National coverage.</i>																
								X			X					
<i>Family Empowerment Programme POP 10-14 (a pilot project for 2018-2019). City of Belgrade.</i>																
				X											X	
Teen Challenge Serbia																
<i>Education of parents on the prevention of addiction among young people: 'Love on alert'. National coverage.</i>																
				X					X		X					
<i>Education programme on the harmfulness of drugs for young people. City of Kragujevac.</i>																
				X					X		X					
Association Prevent																
<i>Educational social game: 'It's not done, man'. National. https://neradise.com/</i>																
				X						X	X					

Selective prevention

Selective prevention interventions are scarce in Serbia. The MoH, MESTD and Ministry of Youth and Sport with the support of the OSCE and the embassy of Israel conducted a pilot project *To Success Together* that lasted for two years (2017-2019) (UNODC, 2020). The programme activities were intended for all students of primary schools. The pilot project included fifth-grade students (11-12 years of age) from six primary schools from different regions of Serbia (Belgrade, Novi Sad, Niš, Kragujevac, Novi Pazar, Leskovac) choosing students from dysfunctional families, with increased risk factors for risky behaviour. The aim of the project was to create an environment through sports and interactive educational activities in which students develop mutual respect and understanding, and awareness of the importance of learning and healthy lifestyles to prevent various forms of anti-social or unhealthy behaviour, including aggressive, violent behaviour, abuse of psychoactive substances and poor school achievement.

A prevention programme addressing individual psychological vulnerabilities through support, prevention and empowerment networking is being implemented in four cities in Vojvodina by Association Prevent. The programme is aimed at children aged 11 to 14.

The Network of Non-Governmental Organisations, led by Citizens' Organisation EuroHorizont in cooperation with the Institute for Public Health Niš and Cacak, Special Hospital for Addiction Diseases in Belgrade, schools, local self-government and health institutions, is implementing a programme: *Drug-free schools — A safe place for students*. The aim is to reduce the number of users of psychoactive substances and prevent students who have not been exposed to drugs from initiating drug use. It is part of a broader project: *Fight against drugs for a safe and healthy society*. The first step is analysis of the current situation and detection of risk groups; the second step is the education of students, family involvement, healing and reintegration into society; and the third step is information, education and awareness raising. The programme can also be implemented in work settings (*Drug-free jobs — A healthy and safe business environment*) as well as in prisons.

Indicated prevention

Indicated prevention programmes are seldom conducted in Serbia.

In 2018, the MoI created guidelines for cases where there is an indication of use of alcohol and drugs, or of gambling by senior officers. Psychosocial support and pseudo-educational and workshop sessions in small groups on the topic of addiction were also made available. Accordingly, there is continuous monitoring of employees who have these tendencies, as well as professional interventions in the form of psychosocial support and motivation for treatment. Psychoeducational workshops on the topic of addiction were also held in some organisational units. The target group of this programme is all employees of the MoI on the territory of Serbia.

Treatment responses

Treatment system

The treatment of drug use disorders in Serbia is carried out in accordance with the applicable laws, bylaws and treatment protocols.

Forms of drug treatment available in Serbia are:

- medical detoxification
- medication-assisted treatment (with opioid agonists and opioid antagonists)
- psychosocial treatments, either as:
 - short-term interventions (motivational interviewing, individual psychosocial counselling, individual and group psychotherapy) or
 - a long-term rehabilitation group and family therapy
- within the prison healthcare system, individual and group counselling for risky behaviour, as well as methadone therapy.

The MoH is responsible for drug treatment in Serbia. The core of drug treatment is in public services from primary to tertiary level of healthcare, and it is financed through the National Health Insurance Fund.

At primary healthcare level, treatment is provided by health centres and is mostly focused on counselling. General practitioners have two functions: to refer clients to specialists; and to prescribe and renew prescriptions based on specialists' patient reports. At secondary level, drug treatment is provided by psychiatrists in general hospitals. At tertiary level, specialised drug treatment facilities are available in Belgrade, Novi Sad, Kragujevac and Niš. These are reference centres for the implementation and supervision of health protection and for developing methodologies for drug prevention, treatment and rehabilitation.

The majority of clients enter treatment as a result of opioid use. The Serbian TDI currently mainly covers opioid agonist treatment services. All costs for methadone treatment are covered by the state budget (Republic Health Insurance Fund).

TABLE 8
Number of drug treatment units by region and unit type in Serbia in 2016

Region	Outpatient specialised	Hospital-based inpatient	Therapeutic community unit	Total
Belgrade	6	2	0	8
Novi Sad	4	6	4	14
Kragujevac	2	1	0	3
Niš	10	4	0	14
Total	22	13	4	39

Source: EMCDDA and UNODC, 2019.

The data reported in this section was received from 39 facilities/organisations distributed across four regions: Belgrade, Novi Sad, Niš and Kragujevac (see Table 8). They included 22 outpatient facilities, 13 hospital facilities and one therapeutic facility reporting aggregated data for four units belonging to the same NGO. According to the survey results, outpatient units are the most common across the country, followed by inpatient (hospital-based) treatment units. None of the facilities that responded to the survey identified as a low-threshold facility, a specialised social reintegration unit or a unit for non-hospital rehabilitation.

Services are mainly offered in Novi Sad, Niš and Belgrade, although only about three-quarters of treatment services in Serbia responded to the survey, with some big institutions missing in the sample. Long-term psychosocial therapy is provided in all hospital facilities but only in 15 outpatient treatment facilities. The limited provision of psychosocial treatment in outpatient clinics and polyclinics might be explained by the excessive workload of the doctors in these services. The facilities that responded to the survey reported limited availability of HIV, HBV and HCV testing. It should be noted that in Serbia such tests are most commonly administered in public health facilities and infectious disease wards.

Treatment of adolescents

The Commission for Drug Prevention in Schools (see Prevention system) with the support of the UNODC carried out a mapping exercise on services for the treatment of adolescents with substance use disorders (National Expert Committee for Addiction Diseases et al., 2020) with the aim to further strengthen the capacity for treatment of adolescents.

In total, 15 institutions reported providing services to adolescents with a drug problem. In the Belgrade region, adolescents with substance abuse problems can receive medical assistance at the Special Hospital for Addictive Diseases 'Teodora Dražžera'. In the Vojvodina region, treatment is offered at the Clinical Center of Vojvodina, the Department of Child and Adolescent Psychiatry, the general hospitals in

Zrenjanin and Sombor, and the Special Psychiatric Hospital in Novi Kneževac. In the Niš region, adolescents are treated at the health centre in Knjaževac, the general hospitals in Leskovac and Pirot, the Special Psychiatric Hospital 'Gornja Toponica' and the Clinical Center Niš. In the Kragujevac region, adolescents with substance abuse problems can receive treatment in the general hospitals in Uzice, Jagodina, Gornji Milanovac and Valjevo, as well as in the University Clinical Center Kragujevac, Department of Psychiatry.

Currently, no special programmes for the treatment of adolescents with substance use disorders exist, only general services adapted to the needs of adolescent groups. Maintenance treatments for adolescents via OAT is not a frequent practice in Serbia and still rarely used, according to the above-mentioned mapping exercise. Detoxification is conducted by eight institutions (one primary healthcare centre, one general hospital, three special hospitals and three clinical centres), half of which also reported working with adolescents. The system would benefit from having clearly defined recommendations specifically tailored to the treatment of adolescent groups.

Adolescents most often seek assistance because of problems related to cannabis use (52 % of cases), followed by ecstasy (15 %), benzodiazepine (14 %), and LSD (5 %). All other substances amounted to 14 % of cases (The National Expert Committee for Addiction Diseases et al., 2020).

Treatment provision

The TDI register is harmonised with the EMCDDA's TDI 3.0 protocol. The TDI database is located at the MoH and data is collected at the national level. So far, only data from government institutions is included, while data from NGOs is sporadic and provided on a voluntary basis; private facilities do not report to TDI. The COVID-19 pandemic emphasised the need for more efficient data collection, analysis and processing. Some drug treatment centres were transformed into COVID hospitals, which limited access to computers with the TDI software and the data remained 'captured' in the centres. An improvement to make the TDI database easier to maintain and update is currently underway.

Tables 9 shows the numbers of clients entering treatment in a given year by primary substance and Table 10 shows number of all clients in treatment in a given year, regardless of the starting date.

TABLE 9

First-time entrants and all drug treatment entrants by primary drug

	First-time entrants			All entrants		
	2018	2019	2020	2018	2019	2020
Opioids	22	N/A	107	598	295	397
Cocaine	0	N/A	15	0	0	18
Other stimulants	0	N/A	9	0	47	87
Hypnotics and sedatives	0	N/A	7	0	8	10
Hallucinogens	0	N/A	0	0	1	1
Volatile substances	0	N/A	0	0	0	0
Cannabis	0	N/A	58	0	27	61
Missing/not known	0	N/A	0	0	1003	148
Total	22	N/A	196	598	1381	722

Note: Reporting centres: 4 in 2018, 18 in 2019, and 20 in 2020; out of 25 centres in total. Data for 2019 likely contain large proportion of double-counting.

Source: MoH, unpublished data.

TABLE 10
Treatment prevalence (number of clients in treatment in a given year)

	2019	2020
Opioids	451	2 893
Cocaine	3	21
Other stimulants	74	441
Hypnotics and sedatives	8	42
Hallucinogens	1	6
Volatile substances	0	0
Cannabis	66	380
Missing/not known	3 951	425
Total	4554	4208

Note: Number of centres reporting: 18 in 2019 and 20 in 2020; out of 25 centres in total.

Source: MoH, unpublished data.

Opioid agonist treatment

Methadone maintenance treatment was first introduced in Serbia at the end of the 1970s, whereas buprenorphine was registered for the treatment of opioid dependence in 2010. Currently, OAT, with both methadone and buprenorphine, is available in all types of health facilities and can be initiated in an inpatient or outpatient healthcare facility. The decision to initiate the treatment must be made by a specialised treatment team. Buprenorphine is prescribed to the majority of OAT clients (60 %), while methadone treatment is less common (40 %). OAT is now available from 25 distribution points.

According to the Republic Health Insurance Fund, a total of 5 917 problem drug users were on OAT programmes in 2020 (approx. 30 % of estimated PWID/problem drug users in Serbia).

Harm-reduction responses

Harm-reduction system

The legal status of drug services, including harm reduction, lies in the Law on Psychoactive Controlled Substances, Articles 63 and 64. The Strategy also addresses harm reduction in the area of drug demand reduction. It encourages the development of programmes to maintain or reduce the number of people infected with HIV, viral hepatitis, sexually transmitted infections and tuberculosis, and the fatal consequences of drug overdoses. Specific objectives in the area of harm reduction are to increase the availability and sustainability of harm-reduction programmes (including immunisation against HBV among PWID, treatment for HIV and HCV, and prevention and treatment of infectious diseases in prison settings), and to improve the relevant legal framework.

Harm-reduction interventions are implemented by public healthcare institutions and the IPHS and its network through different programmes funded from the budget of the MoH and the Republic Health Insurance Fund. They are also implemented by CSOs within a prevention programme for key populations at risk which is funded from the budget of the MoH and co-funded by the Global Fund.

In 2020, harm-reduction programmes operated by four CSOs were active in Serbia. Until 2014, the work of CSOs was in total supported by the Global Fund through HIV programmes implemented by the MoH.

After the end of the Global Fund support in September 2014, these services were only continued by CSO Prevent in Novi Sad with financial support from the City of Novi Sad, and on a very limited scale through trained outreach workers on a voluntary basis by CSO Putokaz in Niš. The other CSOs have tried to continue outreach and needle exchange programmes on a voluntary basis (i.e. CSO Veza). However, without sufficient budget to cover operating expenses and to purchase harm-reduction material, such as condoms, needles, syringes, and HIV test kits, the services had to be discontinued. In the period from 2014 to 2019, the MoH financially supported CSOs through a project supporting CSO activities in the field of prevention and control of HIV infection. Since September 2019, the harm-reduction programme implemented by CSOs has been funded by the MoH and co-funded by the Global Fund.

Since September 2019, VCT services on HIV and HCV have been available for PWID in drop-in centres or in mobile units in community settings. The services are managed by contracted CSOs within community-based prevention programmes for key populations at risk and are implemented by the MoH and co-funded by Global Fund. VCT services on HIV, HBV and HCV are available in all 24 regional/district public health institutes without any referral. They are anonymous and free of charge for any interested client, including PWID, throughout the year as part of the Programme of General Public Interest financed by the MoH. Immunisation against HBV among PWID is free of charge by referral and available in all regional/district public health institutes (costs are covered by the Republic Health Insurance Fund).

Harm-reduction interventions

In 2020, needle and syringe programmes were operated by four CSOs, mainly in the capital city of Belgrade and in Novi Sad, and less in Niš and Kragujevac. In addition to clean needles and syringes, these CSOs provide VCT services for HIV and HCV; education of users about safer sex, including condom distribution, and reducing risks of drug use; counselling services; and motivation for treatment (see Table 11). In 2020, a total of 2 630 PWID were reached in community settings by four CSOs (i.e. PWID who received harm-reduction services).

TABLE 11
Availability of selected harm-reduction services in Serbia, 2020

	Legal basis	Available since
Needle and syringe programmes	Legal basis since 2010	2002
Take-home naloxone programmes	No legal basis	Not available
Drug consumption rooms	No legal basis	Not available
Heroin-assisted treatment	No legal basis	Not available
Screening in treatment purpose	No legal basis	Not available
Immunisation against HBV	Legal basis since 1985	1985
Testing on infectious diseases (HIV, HBV, HCV)	Legal basis since 1985	1985
Education about safer ways of drug use and safer sex	Legal basis since 1985	1985
Counselling services and motivation for treatment in a community	Legal basis since 1989	2002
Condom distribution in a community	Legal basis since 1989	2007

The number of syringes distributed in Serbia in 2020 is estimated at around 132 000. This is a considerable increase from the estimated 5 000 syringes distributed in 2019 in drop-in centres in Novi Sad by one CSO (see Table 12).

TABLE 12
Number of harm-reduction centres, needle and syringe programmes and syringe distribution, 2020

Year	Number of HR centres	Of these, the number of facilities running NSPs	Number of needles distributed	NSP coverage (number of clean needles distributed per PWID per year)
2016	27	1	10 716	0.5
2017	27	1	13 654	0.7
2018	27	1	8 025	0.4
2019	27	1	4 975	0.25
2020	30	4	131 709	6.6

Source: IPHS, unpublished data.

Drug markets and drug-related offences

Scope of monitoring

This section presents an assessment of the drug market and drug-related offences in Serbia for the period from 2016 to 2020. The data provided in this document was collected from internal records and reports of different units in the Ministry of Interior (MoI) (e.g. forensic analysis).

Additionally, data on prices in this document comes from different sources: (a) law enforcement units in the MoI, (b) the National Drug Report 2017 (EMCDDA, 2017), (c) and SOCTA.

The illegal cannabis production was assessed based on the records of the National Forensic Centre in the MoI. Other sources were also used for this document regarding the number of illicit laboratories. The SOCTA document provided information on organised crime groups (OCGs), while open source data was used to present the seizures made abroad. The data on number of drug seizures and the quantity of drugs was collected in Excel files and then evaluated by the National Forensic Centre. Information on drug-related offences was provided by the Department of Analytics in the MoI.

To monitor and store information on drug seizures, in 2021 the MoI started using a new digital platform that law enforcement and the National Forensic Centre can access. Significant progress in data collection methodology and data quality is expected in the next period.

Production

Herbal cannabis is the most commonly produced drug in Serbia, followed to a lesser extent by synthetic drugs, such as amphetamine.

The number of cannabis production sites increased during 2016-2020, according to the National Forensic Centre. The precise number is difficult to state due to differences on how data was collected from all law enforcement units, although there are sources which make an estimation of the number possible (Otasevic et al., 2022). The capacity of the production sites varied from very small to large sites (from up to 10 plants to more than a thousand), assessed in line with European reporting on illicit cannabis production categorisation. Most of the produced herbal cannabis was intended for the domestic market and only partially for foreign countries (mostly EU countries). While some outdoor cultivation sites were

identified, most of the production took place indoors. In some cases, sophisticated equipment — including surveillance systems set up by OCGs — was identified. However, small growth boxes were also seen in flats for small-scale production. In 2018, a small-capacity laboratory for cannabis resin oil was discovered, assumingly intended for the domestic market.

The number of synthetic drugs laboratories in Serbia has decreased over the studied period. The laboratories identified and dismantled were mostly small-scale production facilities for amphetamines, and rarely for methamphetamines (one kitchen-type laboratory in 2017). It is interesting to note that in one laboratory the recipe for producing methaqualone was discovered but no final product was found. Other amphetamine-type stimulants were not noted. In addition, small-scale facilities for converting amphetamine oil with sulphuric acid into amphetamine sulphate were seized, showing a constant trend for the whole period. The production facilities were not sophisticated, except for two large-scale laboratories that were dismantled in 2017: an MDMA lab where over 7 kg of MDMA tablets and almost 7 kg of MDMA and microcrystal cellulose were seized, and an amphetamine lab that had skilled chemists working there and where amphetamine oil and precursors were seized.

Members of criminal groups involved in cannabis production usually have a criminal past that is not always related to drug crimes. To maximise the profit and facilitate distribution to western Europe, the OCGs from Serbia cooperate with groups from the region, such as those from Bulgaria, Montenegro and North Macedonia. The groups are highly organised and perform activities on national and international levels. Smaller cells of the OCGs, consisting of younger, unskilled people, operate at national and local levels, while medium-sized cells usually operate at the national and regional levels (in neighbouring countries).

Production of cannabis outside of Serbia is also of interest, namely in cases where Serbian citizens operate as part of international OCGs. In 2016, 25 suspects, mostly Serbians, were apprehended in Spain and the Czech Republic for their involvement in indoor cannabis cultivation. In 2021, with Europol and Eurojust support, Spanish and Serbian authorities dismantled a large-scale drug trafficking network through a joint investigation team. Forty-three members of the network were arrested for the production and distribution of herbal cannabis and cannabis resin. Large quantities of cannabis products (over 17 000 marijuana plants, over 880 kg of marijuana buds, and at least 130 kg of herbal cannabis and cannabis resin) and money (approx. EUR 250 000) were seized in Spain and Serbia during the action day.

Trafficking and supply

The origin of imported drugs cannot be precisely assessed for all drugs. According to SOCTA and national investigations, Serbia is a transit country for most drugs.

For herbal cannabis, this conclusion is based on the seizures at the border crossing points in both directions entering and exiting Serbia. Albania is known as a starting point for smuggling of herbal cannabis to western Europe and recently to Turkey. From Albania, the herbal cannabis reaches Serbia via

North Macedonia, Kosovo* and Montenegro, and it is mostly intended for further transportation. Domestic consumption relies mainly on domestic production.

The heroin route through Serbia conceptually belongs to the Balkan route of trafficking. Heroin is mostly smuggled from Afghanistan, via Turkey and Bulgaria. This heroin route is divided in Bulgaria and one branch passes via Serbia. According to SOCTA 2019, one more route is via territory of Montenegro and Kosovo. Exit points for heroin are the same as for herbal cannabis, namely the border crossing points with Hungary and Croatia. Heroin, similar to herbal cannabis, is mostly smuggled in specially built concealment spaces in vehicles. Large-scale trafficking is carried out by trucks transporting legal goods.

Most of the smuggled cocaine is in transit to other European countries, while just a small quantity remains for the domestic market in Serbia. There have not been many large seizures of cocaine in Serbia.

Synthetic drugs generally enter Serbia via Hungary and Croatia, mostly originating from the Netherlands (MDMA, but also amphetamine) and Czech Republic (amphetamine in smaller quantities).

OCGs from Serbia are involved in international cocaine trafficking, often in close cooperation with other OCGs from the region and beyond. Members can be located in the origin countries in south-east Europe, but also in EU ports and South America in order to orchestrate large shipments. Also, the OCGs that are active at the national level usually establish good collaboration with other OCGs from the region.

Drug seizures

The available drug seizure data is presented in Table 13 and Table 14. The number of seizures differs from the number of cases, since a case can have several seizures of different drugs.

TABLE 13
Quantity of drug seizures, 2016-2020

		2016	2017	2018	2019	2020
Herbal cannabis	kg	3498.6	2956.0	2008.0	6776.7	3491.7
Cannabis resin	kg	6.5	1.6	1.8	1.7	5.3
Heroin	kg	69.2	12.9	39.6	165.4	91.8
Cocaine	kg	18.3	9.2	12.6	10.6	9.4
Amphetamine	kg	23.9	50.9	40.8	56.7	151.9
	tablets	0	228	0.0	0.0	40.0
MDMA	kg	14.6	0.4	2.0	6.1	5.9
	tablets	103	30346	52155	89523	24522
Methamphetamine	kg	N/A	0	0	0	0
	tablets	0	0	0	0	0

Note: Other sources may have other data due to the difference in weight of dried cannabis and fresh plants. N/A = data not available.

Source: Mol, 2022, unpublished data.

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

TABLE 14
Number of drug seizures by market level, 2017-2020

		2017	2018	2019	2020
Herbal cannabis	Total	5505	6823	8255	6374
	Retail	5045	6357	7899	5990
	Middle	270	293	281	240
	Wholesale	190	173	75	144
Cannabis resin	Total	44	93	109	19
	Retail	44	91	109	15
	Middle	0	2	0	4
	Wholesale	0	0	0	0
Heroin	Total	518	586	684	724
	Retail	354	380	407	437
	Middle	163	199	272	283
	Wholesale	1	7	5	0
Cocaine	Total	361	496	562	526
	Retail	324	344	496	481
	Middle	37	151	63	44
	Wholesale	0	32	3	1
Amphetamine	Total	804	1002	1239	1231
	Retail	639	770	1028	951
	Middle	168	231	200	275
	Wholesale	0	1	9	5
MDMA	Total	657	743	707	271
	Retail	584	625	627	225
	Middle	67	112	66	43
	Wholesale	6	6	14	3
Methamphetamine	Total	4	3	14	0
	Retail	4	3	14	0
	Middle	0	0	0	0
	Wholesale	0	0	0	0

Source: Ministry of Interior, 2022, unpublished data.

The prices of drugs for retail and wholesale market were stable over the period from 2016 until 2020 – see Table 15. Even during the COVID-19 pandemic, there were no significant changes in drug supply and therefore in drug prices. The price ranges are determined by the geographical location and the drug purity.

High-potency herbal cannabis (Skunk) ⁽³⁾ is usually sold in packages from 0.2 to 0.3 g for EUR 8 to EUR 10 per package or in a 1 g package for EUR 10 to EUR 15. The retail price for heroin is from EUR 20 to EUR 25 per gram. The price of MDMA tablets is from EUR 3 to EUR 5 per tablet in bigger cities, while in smaller cities the price can reach EUR 10 per tablet. The price for cocaine is significantly higher: from EUR 80 to EUR 100 for 1 g.

⁽³⁾ Skunk is a term that refers to herbal cannabis of high potency due to higher content of tetrahydrocannabinol (THC).

TABLE 15
Prices per drug type for the wholesale level for the period 2016-2020

Drug	EUR/kg	EUR/1 000 tablets
Herbal cannabis*	1 500-2 000	/
High-potency herbal cannabis (Skunk)	3 000-4 000	/
Heroin	13 000-22 000	/
Amphetamine	1 200-1 800	/
MDMA	3 000-5 000	500
Cocaine	30 000-40 000	/

Note: * For packages 0.5 g to 1 kg.

Source: Mol 2022, unpublished data.

The purity of all seizures is significant, although adulteration was noticed in some cases of wholesale drug seizures. The wholesale seizures were mostly not adulterated, or the level of adulteration was low.

In the National Forensic Centre, purity and potency are not measured precisely, but thresholds are used (e.g. 0.3 % for THC, 30 % for heroin, 20 % for cocaine, 40 % for MDMA). The presented threshold values of purity are obtained according to validation parameters and determined limits of detection for the analytical technique used in the laboratory. There is no recorded data about purity for the period before 2019. Skunk and herbal cannabis are mostly of high potency in the retail market, with the THC content much higher than 0.3 %. The purity of retail heroin street samples was over 30 % in only very few cases in 2019 and 2020. For cocaine, purity of more than 20 % was detected in more samples than for heroin, suggesting that the purity levels of cocaine might be higher in general. Retail seizures of MDMA tablets contained more than 40 % pure MDMA in a number of cases. The average percentage cannot be detected since the quantitative analysis was only conducted occasionally upon the requests of courts.

Monitoring of NPS

The National Early Warning System was established in the NDO of the MoH based on the Law on Psychoactive Controlled Substances. Any newly detected NPS is reported to the National Early Warning System mostly by the National Forensic Centre, a key forensic provider in the country.

The Commission performs risk assessments of the NPS at the request of the NDO and depending on the Commission's decision, the list of psychoactive substances is updated and published in the Official Gazette. There is also a list of monitored NPS arranged by the MoH with the agreement of the Commission.

In 2019, altogether eight different NPS were identified that belonged to three different groups of substances: phenethylamines, synthetic cannabinoids, and synthetic cathinones. In 2020, five different NPS were detected, belonging to the same three groups of compounds. No wholesale seizures of NPS were noted for the period 2019-2020.

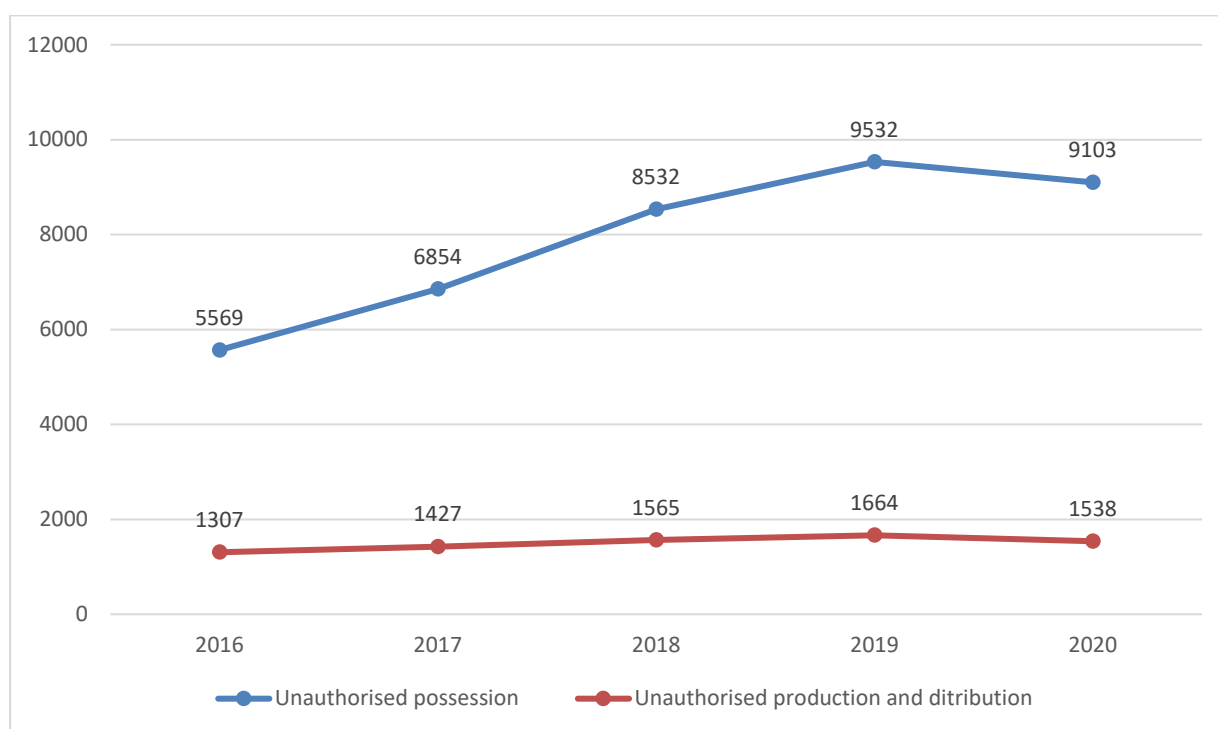
Drug-related offences

The available data on drug offences (see Figure 4) is categorised according to the Criminal Code which contains the following articles dealing with drugs:

1. Unauthorised production and distribution of narcotics in Article 246.
2. Unauthorised possession of narcotics in Article 246a.
3. Enabling the use of narcotics in Article 247.

Any act related to drugs is sanctioned by the Criminal Code; there are no drug-related administrative offences.

FIGURE 4
Drug offences recorded in Serbia between 2016 and 2020



Source: Mol, 2022, unpublished data.

Supply reduction

Drug supply-reduction activities are conducted on many levels within the Mol, including the Criminal Police Directorate and regional police departments, thus covering the whole of the country. These activities are enhanced by strategic planning and improvement of the competencies of the law enforcement officers at the national level (e.g. through training for police officers in drug control and drug prevention).

The memorandum of understanding between the Mol and Customs Administration (during 2018) enables collaboration and thus the expansion of supply-reduction activities to the border crossing points.

The joint actions of Serbian law enforcement units with international and European organisations, as well as with regional and European countries, contribute to dismantling the large-scale trafficking networks of the OCGs in which Serbian citizens are involved.

Up to now, new technologies in drug supply (e.g. end-to-end encryption for communication, chats using social media, or direct selling on social media) are used only to a limited extent. Use of the darknet and cryptocurrencies is under review. Within the Service for Combating Organised Crime, a special department dedicated to state-of-the-art IT exists and is in charge of respective investigations. New software tools were purchased recently for this type of investigation.

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ANNEX

List of drug laws and policy documents

TABLE A1
Drug policy documents

Document title	Action Plan (AP)	Weblink or source
The Strategy on Prevention of Drug Abuse 2014-2021	AP 2014-2017; AP 2018-2021 ¹	https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2015/1/2/reg
The Strategy for the Fight Against Drugs in the Republic of Serbia for the Period 2009-2013	AP 2009-2013	Official Gazette of RS, No 24/09 https://www.emcdda.europa.eu/system/files/attachments/11722/National%20strategy%20for%20drugs.pdf http://demo.paragraf.rs/demo/combined/Old/t/t2009_04/t04_0146.htm
The Programme on Mental Health Protection in the Republic of Serbia for the period 2019-2026	AP 2019-2026	Official Gazette of RS, No 84/19 https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/drugiakt/2019/84/1
The Strategy of Public Health in the Republic of Serbia 2018-2026	AP 2018-2026 is printed with this strategy and is an integral part	Official Gazette of RS, No 61/18 http://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2018/61/1/reg http://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/prilozi/1.html&doctype=reg&abc=cba&eli=true&eliActId=426475&regactid=426475
The Strategy for the Prevention and Control of HIV Infection and AIDS in the Republic of Serbia, 2018-2025	AP 2018 AP 2022-2025 is planned to be adopted in 2022	Official Gazette of RS, No 61/18 http://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2018/61/2/reg http://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/prilozi/1.html&doctype=reg&abc=cba&eli=true&eliActId=426474&regactid=426474
The National Strategy for Youth for the Period from 2015 to 2025	AP 2015-2017; AP 2018-2020	Official Gazette of RS, No 22/15 https://www.mos.gov.rs/wp-content/uploads/download-manager-files/Nacionalna%20strategija%20za%20mlade%20-%20ENG.pdf https://www.mos.gov.rs/wp-content/uploads/download-manager-files/Akacioni%20plan-NSM-2015-2017..pdf https://www.mos.gov.rs/storage/2021/02/za-sprovodjenje-nacionalne-strategije-za-mlade-2018-2020.pdf
The Strategy for the Fight Against High-Tech Crime for the Period 2019-2023	AP 2019-2023	Official Gazette of RS, No 22/15 http://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2018/71/1/reg
National Strategy to Fight Organised Crime	AP for the Implementation of the National	Official Gazette of RS, No 23/2009 Official Gazette of RS, No 83/2009

	Strategy to fight organised crime	https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2009/23/1/reg https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/zakljucak/2009/81/1/reg
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Note: ¹Not adopted due to technical and administrative issues. ² The strategy ceased to be valid by Government Decision in November 2021.

TABLE A2
Main laws involving drug control

Title/Number/Year	Weblink
The Law on Psychoactive Controlled Substances (Official Gazette of RS, No 99/2010, 57/2018)	https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/reg/viewAct/62442dc5-7844-44a8-9e53-1ab1dda6f696
The Law on Substances Used in Illicit Manufacturing of Narcotic Drugs and Psychotropic Substances (Official Gazette of RS, No 107/05, 25/19)	https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/skupstina/zakon/2005/107/8/reg
The Criminal Code (Official Gazette of RS, No 85/2005, 88/2005, 107/2005, 72/2009, 111/2009, 121/2012, 104/2013, 108/2014, 94/2016, 35/2019)	https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/skupstina/zakon/2005/85/6/reg
The Law on Protection of the Population from Infectious Diseases (Official Gazette of RS, No 15/2016, 68/2020 and 136/2020)	https://www.paragraf.rs/propisi/zakon_o_zastiti_stanovnistva_od_zaraznih_bolesti.html https://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/skupstina/zakon/2016/15/8/reg
The Law on Medicines and Medical Devices (Official Gazette of RS, No 30/10, 107/12, 105/17, 113/17)	https://www.paragraf.rs/propisi/zakon_o_lekovima_i_medicinskim_sredstvima.html
The Law on Healthcare (Official Gazette of RS, no 25/19)	http://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/skupstina/zakon/2019/25/2/reg/
The Law on Health Insurance (Official Gazette of RS, No 25/19)	http://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/skupstina/zakon/2019/25/1/reg/
The Law on the Protection of Persons with Mental Disorders (Official Gazette of RS, No 45/13)	https://www.paragraf.rs/propisi/zakon-o-zastiti-lica-samentalnim-smetnjama.html
The Law on Patient Rights (Official Gazette of RS, No 45/13, 25/19)	http://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/skupstina/zakon/2013/45/2/reg
The Law on Public Health (Official Gazette of RS, No 15/16)	http://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/skupstina/zakon/2016/15/7/reg
The Law on Health Documentation and Records in the Field of Health (Official Gazette of RS, No 123/14, 106/15, 105/17, 25/19)	http://www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/skupstina/zakon/2014/123/2/reg

TABLE A3

Overview of the major stakeholders in the prevention system

Stakeholders	Legal framework of the prevention	Aim of the prevention according to the legal framework
The Ministry of Interior	<ul style="list-style-type: none"> • The National Strategy for the Prevention and Protection of Children from Violence and its Action Plans (Official Gazette of RS, No 80/20) • The Community Policing Strategy, and the Law on Police (Official Gazette of RS, No 43/12) • The Law on Police (Official Gazette of RS, No 6/2016, 24/2018, 87/2018) 	To improve the preventive work of the police, because prevention will reduce the causes of crime, riots, fear of violence and other security threats. Implementation of programmes for different age groups.
The Ministry of Education, Science and Technology Development	<ul style="list-style-type: none"> • The Law on the Fundamentals of the Education System (Official Gazette of RS, No 88/2017, 27/2018, 10/2019, 27/2018, 6/2020) • The Rules on the Curriculum of Teaching and Learning • The Institute for the Advancement of Education and Upbringing accredits all the training of workers and professionals in the education system • The Instruction on Actions in Case of Suspicion or Knowledge of the Presence and Use of Drugs in Educational Institutions (No 119-01-396/2018-01 from 18.01.2019) 	To develop healthy lifestyles, awareness of the importance of one's own health and safety, and the need to nurture and develop physical abilities. Implementation prevention activities are done within the annual healthcare programme in accordance with the standards of prevention.
The Ministry of Labour, Employment, Veterans' Affairs and Social Affairs with its social protection institutions	<ul style="list-style-type: none"> • The Law on Social Protection (all social protection institutions and services are licensed) (Official Gazette of RS, No 24/2011) 	To provide social assistance to beneficiaries (e.g. individuals or families facing difficulties due to the abuse of alcohol, drugs or other intoxicants) through social protection services (e.g. counselling, therapeutic and socio-educational services).
The Ministry of Sports and Youth with associations for young people as well as youth offices of the units of local self-government	<ul style="list-style-type: none"> • The National Youth Strategy 2015-2025 (Official Gazette of RS, No 22/2015) • The Law on Youth (Official Gazette of RS, No 50/2011) 	To improve the health and well-being of young women and men; improve availability of youth addiction prevention programmes; and encourage active and quality leisure time, fostering healthy and safe lifestyles.

The Office for Combating Drugs with civil society organisations and other institutions	<ul style="list-style-type: none"> Regulation on the Establishment of the Office for the Fight against Drugs (Official Gazette of RS, No 79, 29 July 2014) 	To cooperate with state administration bodies and local self-government units, social protection institutions, educational, cultural, health, scientific and other institutions, religious communities, and other associations to propose and implement preventive measures and education related to the fight against drugs.
Local self-government bodies	<ul style="list-style-type: none"> Law on Local Self-Government (Official Gazette of RS, No 129/2007, 83/2014, 101/2016, 47/2018 and 111/2021) The Law on Healthcare 	<p>To meet the needs of citizens in the fields of education (preschool education and primary and secondary education and upbringing), scientific research and innovation activities, culture, health and social protection, child protection, sports and physical culture, ensuring the needs of persons with disabilities are met and the rights of vulnerable groups are protected.</p> <p>The local self-government unit may adopt special healthcare programmes for certain categories of the population, i.e. types of diseases that are specific to the local self-government unit and for which no special healthcare programme has been adopted at the national level.</p>
Schools	<ul style="list-style-type: none"> The Law on the Basics of the Education System (Official Gazette of RS, No 88/17, 27/18, 10/19, 6/20, 129/21) The Law on Primary Education (Official Gazette of RS, No 55/13, 101/17, 27/18, 10/19, 129/21, 129/21) Law on Secondary Education and Upbringing (Official Gazette of RS, No 55/13, 101/17, 27/18, 6/20, 52/21, 129/21) <p>(The school and the programme of educational work are prepared by the appropriate professional bodies of the institution)</p>	<p>In accordance with the autonomy of the work of the institutions, the institutions themselves create the Student Healthcare Programme, which includes the psychoactive substance prevention programme.</p> <p>In secondary education, the programme about protection against violence, abuse and neglect and programmes for the prevention of other forms of risky behaviour, such as the use of alcohol, tobacco and psychoactive substances and juvenile delinquency, are integral parts of the school curriculum and are implemented in accordance with law.</p> <p>By cooperating with the family and involving parents or other legal representatives, the aim is to: successfully achieve the goals set out in relation to education and upbringing, the local community and the wider community; develop self-awareness, creative abilities, critical thinking, motivation to learn, teamwork skills, self-evaluation, self-initiative and expression of one's opinion; train young people to make valid</p>

		decisions; and develop positive human values.
Institutes of public health	<ul style="list-style-type: none"> • The Law on Psychoactive Controlled Substances (Official Gazette of RS, No 99/10, 57/18) • The Law on Healthcare (Official Gazette of RS, No 25/19) • The Law on Public Health (Official Gazette of RS, No 15/16) 	<p>Institutes for public health, within their statutory activities, participate in the implementation of programme activities for the prevention of addiction and reduce the demand for psychoactive controlled substances and monitor their implementation in the local government, autonomous province and at the state level.</p> <p>The aim is to: monitor and analyse health problems and risks to the health of the population; provide information and education to the population on the adoption of healthy lifestyles and the prevention and suppression of risky behaviours; and improve and develop health promotion activities aimed at preserving and improving environmental and working conditions.</p>
Civil society organisations	<ul style="list-style-type: none"> • The Law About Associations (Official Gazette of RS, No 51/09, 99/11, 99/11, 44/18) <p>(According to the law, these organisations are established to achieve and promote certain common or general goals and interests that are not prohibited by the Constitution or law)</p>	To provide: social protection; social care for children; healthcare; protection and promotion of human and minority rights; and education, science, culture, information and humanitarian programmes. The government, i.e. the ministry responsible for the area in which the basic goals of the association are achieved, allocates the funds referred to in paragraph 1 of Article 38, on the basis of a public tender and concludes agreements on the implementation of approved programmes.
The Red Cross of Serbia with 180 Red Cross organisations in cities and municipalities	<ul style="list-style-type: none"> • The Law on the Serbian Red Cross (Official Gazette of RS, No 107, 2 December 2005) 	To implement programmes and activities arising from the goals and tasks of the International Movement and, in particular, organise and participate in cooperation with health institutions, in health promotion activities, and in implementing activities to improve the health of certain groups and prevent diseases of greater socio-medical importance.