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CROATIAN report

ON THE DRUG SITUATION

European Monitoring Centre
for Drugs and Drug Addiction

CROATIAN
NATIONAL
DRUGS
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UNIT

2008 NATIONAL REPORT (2007 data) TO THE EMCDDA by the Croatian National Drugs Information Unit

CROATIA

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

Zagreb, December 2008

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

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The National Drugs Information Unit bears no responsibility for the validity of data derived by external sources, as well as for the consequences arising from their use.

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Summary

According to all indicators, drug supply increased and became more diverse during the recent years, increasing at the same time drug availability which caused ascendant trend of drug use, in particularly among young population. Despite intensive development of new programmes in both drug supply and drug demand reduction area, which primarily include preventive programmes, early detection of drug users and interventions, harm reduction, treatment, rehabilitation and social reintegration of drug addicts as well as measures tackling organized narco-crime, on the daily bases we face appearance of new drugs at the illicit market that have devastating effect on human psyche. This refers to the existence of a grey zone that is difficult to explore but which encourage us to invest more in additional efforts and in finding new methods, especially preventive ones, in order to be more effective in combating this socially unexpected phenomenon.

Epidemiological data show that the total number of the treated persons is growing every year, as well as the total number of opiate addicts, whereas the total number of persons treated for non-opiate addiction has levelled off, because they stay in the system for shorter period of time. In 2007, there were 7 464 persons registered at the treatment out of which 5 703 were opiate addicts. For the first time since 2004 we saw a decrease of first time treated persons, which was 11% less that in the previous reporting period. Out of 1 779 newcomers in the drug addiction treatment, there were 800 opiate addicts registered for the first time. That was so far the lowest proportion of opiate addicts registered for the first time among all opiate addicts in the given year. The proportion of the total number of the treated addicts per 100.000 (15-64 years of age) has almost doubled since 2002 and now it is 250. During the past few years the counties with the largest number of the treated persons are Zadar and Istria County and the City of Zagreb. In the last 7 years the proportion of the treated opiate addicts has been constantly growing, and this year 76% of all registered addicts use opiates as the main substance, whereas the second position belongs to cannabinoids users with 13%, although their number has been constantly decreasing during the past few years. The proportion of cocaine users has been rising. The number of the newly treated, and those treated for opiates and non-opiates has been levelled off in the last 5-6 years. The proportion of new opiate users among all new users is constant and since 2000 it has been about 45%.

Since the prevalence of treated addicts has been growing in the last few years, and the incidence has levelled off, it is obvious that a part of the treated addicts stay within the treatment system, mostly heroin addicts. This confirms that the average age of the treated addicts is getting higher and higher. According to age distribution, among all reported in 2007, 83% were men, and this percentage has been steady for years now. Age distribution shows that there is a trend of shifting the largest number of the treated into older age groups, pointing out that men are in older age groups than women.

Cannabinoids dominate as the main substance among young people (up to 20 years), whereas in all other age groups heroin is dominant. Although this year taking heroin intravenously is the most common (77%), this number is steadily decreasing, with the rising trend of snorting and smoking heroin. Cannabinoids and other non-opiate substances are being taken less frequently than heroin and other opiates. Opiate addicts are most frequently treated by pharmacotherapy (82%) mostly methadone, but the number of those treated by buprenorphine has also increased, whereas the proportion of methadone detoxification has been declining. Unlike the opiate ones, non – opiate addicts have been treated in 74% of cases by some form of psychological help.

The most disturbing figure in this reporting period is 150 death cases where cause of death was connected with the drug use, among which there were 103 overdoses. In the last ten years the number of deaths is gradually increasing, and in the previous year it was recorded the highest number of deaths so far. Compared to 2006 when 108 drug related deaths were recorded, this year was noticed 38.8% increase.

Non-opiate addicts have currently more problems with court with more measures of compulsory treatment pronounced by court, while for opiate addicts punishment has already been pronounced or they are waiting for a punishment to be carried out.

Drug related crime, with the minor variations, corresponds to the situation in previous reporting periods and there haven't been notices significant positive or negative shifts.

PART A

1 National Policies and Context

1.1 Legal framework

The Act on Combating Narcotic Drugs Abuse (OG 107/01, 163/03, 141/04, 40/07) which has been in force since 2001, constitutes the legal base of Croatia's drug policy. It represents a central legal act that regulates all fundamental issues concerning illicit drugs abuse. More specifically, these are: conditions for growing plants that narcotic drugs can be produced from, conditions for production, possession and trade of narcotic drugs and substances that can be used for producing narcotic drugs (precursors); monitoring the growing of plants that narcotic drugs can be produced from as well as the production, possession and trade of narcotic drugs and substances that narcotic drugs can be produced from; measures for drug supply reduction; system for the prevention of addiction, as well as help for drug users and experimental users of narcotic drugs; international cooperation. During the 2007 it sow changes with respect to the procedure with seized narcotic drugs, plant parts and substances from which narcotic drugs can be obtained. The Act provided possibility for seized illicit drugs, if usable as raw material, to be handed against compensation to a legal entity licensed to manufacture narcotic drugs. On the other hand, seized illicit drugs unusable as raw material, shall be destroyed under the supervision of the commission appointed by the Ministry of the Interior. The Amendments to the Act have eliminated possibility to use seized illicit drugs in the legal production of narcotic drugs (e.g. pharmaceutical industry) so that all seized illicit drugs shall be destroyed after the legal validity of the verdict or the decision. Illicit drugs can be also destroyed 3 years after the submission of the report to the competent State Attorney's Office.

The Commission for Destruction of Seized Illicit Drugs was founded by the Croatian Government in 2004. Immediately after the appointment, the Commission for Destruction of Seized Illicit Drugs brought the Rules of Procedure which describe conditions and modalities of destruction of illicit drugs seized during the work of law enforcement and judiciary bodies. It is being coordinated by the Ministry of the Interior whilst the other relevant state institutions represented in the Commission are Office for Combating Narcotic Drugs Abuse, Ministry of Health and Social Welfare, Ministry of Justice, Ministry of Family, Veterans' Affairs and Intergenerational Solidarity, Ministry of Economy, Labour and Entrepreneurship and Croatian Press Society. Ministry of Interior is also in charge for preparation of the illicit drugs for incineration, transport to the venue and the safety measures during the destruction procedure. The competed incinerating plant has to receive the licence from the Ministry of Economy, Labour and Entrepreneurship in order to ensure that environmental protection measures are being implemented. During the 2007, the Commission met three times, mainly to discuss and identify the appropriate incinerating plant where next destruction of seized illicit drugs could take place. Unfortunately, due to the technical problems that the chosen incinerating plant was facing at that time, the destruction of seized illicit drug supplies was postponed for early 2008.

On the basis of Article 36 of the Single Convention on Narcotic Drugs from 1961 and Protocol on amendments to the Single Convention on Narcotic Drugs from 1972, contracting states should apply alternative measures, treatment, rehabilitation and social reintegration on persons who abuse narcotic drugs and commit a criminal offence, instead of passing a sentence and imposing a penalty. Criminal Procedure Act in its Article 175 foresees so-called *opportunity or purposefulness principle*, giving the possibility to the State Attorney to conditionally postpone the prosecution in the case of criminal charges for an offence that is punishable by a fine or imprisonment of up to 3 years (a fine or imprisonment of up to 5 years to a minor). On the basis of the Criminal Procedure Act (Article 175) and the Juvenile Court

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

If we look at the decisions of State Attorneys for Juveniles related to the possession of narcotic drugs in 2007, we can notice that in 78,5% of cases with juvenile offenders[9] the criminal report was rebuffed according to the purposefulness principle, after the juveniles have successfully accomplished their obligation to undergo treatment in the Service for Prevention and Out-patient Addiction Treatment or Juvenile Counselling Centre. In that way it is being diminished repressive approach towards persons caught in possession of small quantities of drugs for personal use. Use of purposefulness principle is being encouraged specifically for juvenile offenders since there is a great probability that part of those juveniles could become potential perpetrators of more serious drug related offences like dealing, trafficking in drugs, etc. In addition, use of this principle during the pre-trial results with less burdened courts, shorter and more effective proceedings in the terms of achieving alternation in the criminal behaviour pattern and prevention of re-offending.

In order to increase the quality of care services provided to the drug addicts in the therapeutic communities as well as to improve the status of therapeutic communities the national health/social care system, the Office for Combating Narcotic Drugs Abuse drafted the Law on Therapeutic Communities which has never seen adoption the Croatian Parliament. Therefore it was used as basic document for drafting the Professional Standards for the Therapeutic Communities. In order to implement afore mentioned standards, the Law on Social Welfare was amended in July 2007, so that nongovernmental organizations and other relevant legal subject can provide care and psycho -social treatment for drug addicts and drug users in the form of therapeutic community (Amendments to the Law on Social Welfare, OG 7/07).

In November 2007, with the aim of improving further the legislative framework for the fight against illicit drugs trafficking, the Republic of Croatia signed the Agreement on Illicit Traffic by Sea, implementing Article 17 of the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

[9] More information can be found in the Chapter 8 and the Selected Issue.

1.2 Institutional framework, strategies and policies

No major changes in the political and administrative framework took place in the reporting period. The Commission for Combating Narcotic Drugs Abuse as the main policy making body in the field of drugs, continued to coordinate the activities of the relevant ministries and other responsible subjects involved in the implementation of the general strategic documents, from the prevention, treatment, rehabilitation, social reintegration to the supply reduction measures. Although there were slight changes in the membership of the Commission, high representation of all relevant ministries continued to be a practice. Deputy Prime Minister of the Croatian Government in charge of social issues and human rights, convened three meetings of the Commission during which there has been discussed different issues. The most relevant discussion points referred to the financial sustainability of a national network of Service for Prevention and Out-patient Addiction Treatment as organizational parts of the County Public Health Institutes. Since the practice of financing Service for Prevention and Out-patient Addiction Treatment differs from county to county, National Public Health Institute was as responsible umbrella organization asked to develop a program which would ensure stable financing of the network. Furthermore, there has been analysed implementation of prevention programs at the local level with specific interest in progress achieved in the implementation of school preventive programs. The mayor debate was concentrated on the autonomous decision of the Ministry of Health and Social Welfare to convert the facilities of “Pulac” which was suppose to be the first state-owned therapeutic community for drug addicts into the Centre for persons with special needs. There has been adopted final proposal for a national Project of Social Reintegration of Drugs Addicts that have completed one of the available rehabilitation programs the therapeutic community or in the prison settings, as well as the drug addicts in the out-patient treatment and maintain abstinence for a longer period of time and adhere to their treatment programme. Upon the adoption of the Professional Standards for Therapeutic Communities, Ministry of Health and Social Welfare was obliged to regulate conditions for premises, equipment, professionals and other employees and specifically care provided to the clients in the therapeutic communities. In particular, the Commission supported initiatives aiming to enhance coordination of the drug policy at the local level as well as to improve the communication between the local and national authorities.

The Office for Combating Narcotic Drugs Abuse (OCNDA) operates as an expert service of the Croatian Government. As such the OCNDA is responsible for the regular monitoring of matters related to illicit drugs and for the implementation of national strategic documents in the field. In line with the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2006-2012 and the Action Plan on Combating Narcotic Drugs Abuse in the Republic of Croatia 2006-2009, during the last years the OCNDA fully committed all its activities towards streamlining relevant national legislation, structures and practices with the EU acquis communautaire. Therefore, already at the end of 2006 there was adopted Regulation on amendments to the Regulation establishing the Office for Combating Narcotic Drugs Abuse (OG 111/06), whereby the following internal organizational units have been set up for performing duties within the scope of the OCNDA: a) the Department for General Programmes and Strategies, and b) the National Drugs Information Unit and International Relations Department acting as the National Focal Point for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Therefore, in the focus of our efforts during 2007 there was streamlining of the existing national data collection mechanisms with the methodology and standards of the EMCDDA. Although Croatia officially applied to the European Commission for the participation in the work of the EMCDDA already in January 2005, the first expert meeting between the

European Commission and the Croatian delegation was held in February 2007, after the Council has given the mandate for negotiations. Following the conclusions of the meeting, the OCNDA has initiated regular procedure for accession to the international agreements. Draft *Agreement between the European Community and the Republic of Croatia concerning the participation of the Republic of Croatia in the EMCDDA* was translated in Croatian and send for the approval to all relevant ministries. After we have collected comments, positions and opinions of relevant state institutions, the Croatian Government brought the *Decision on initiating the procedure to conclude the Agreement*, on its session held on 2 November 2007. The Mission of the Republic of Croatia at the European Communities has subsequently informed the European Commission on the latest developments in Croatia regarding the Agreement.

In the second half of 2006, Croatian authorities found themselves with two parallel projects funded by the European Commission: CARDS 2004 project "Strengthening the Croatian Capacity to Combat Drug Trafficking and Drug Abuse" and EMCDDA's PHARE project "Participation of Croatia and Turkey in the EMCDDA", which continued during the whole 2007. Since there was obvious need to streamline the activities of those two projects, during the two joint meetings representatives of PHARE and CARDS projects together with the Croatian Focal Point achieved a clear consensus on future cooperation of both projects and identified concrete activities that are to be implemented during the lifetime of the projects. The main achievements referred to setting up appropriate structures as well as streamlining of the national data collection and reporting mechanism in line with the EMCDDA requirements.

The Croatian Government has at its session held on 2 December 2007 adopted also *the Protocol on Drug Information System in the Republic of Croatia* as a basic document describing legal base for monitoring drug situation in the country, role of the Croatian National Focal Point (NFP), main partners, data flow, data collection mechanisms, modalities of communication, obligation and responsibilities of NFP and other relevant stakeholders at the national level and in cooperation with the EMCDDA. At the same session, the Croatian Government has also adopted *the Protocol on Early Warning System on New Psychoactive Substances in the Republic of Croatia* as a document for setting up identification, communication and exchange mechanisms on new psychoactive substances at the national and EU level, which is fully compliant with the acquis communautaire in this domain. Both documents will provide a ground for further strengthening of the NFP and its network in order to become fully operational and ready for the accession to the EMCDDA's Reitox network as equal partners. NFP has, in cooperation with the relevant stakeholders, also produced the National Action Plan on Drug Information System in the Republic of Croatia 2008-2009, as a document outlining priority activities that are to be implemented in the set time period.

In order to ensure full implementation of key epidemiological indicators and other priority areas of the EMCDDA, we have set up multidisciplinary working groups[10] for each of those areas, which have become fully operational.

In November 2007 the second staff of the NFP was employed on the full time basis so we have concluded the year having two staff members but there are jet to be filled in two more vacancies. Since during the last recruitment procedure for the NFP it became obvious that it will be quite difficult to employ epidemiologist and IT expert due to relatively low salaries offered (defined by legislation on the public administration), the only reasonable solution was to transform those two positions a way that persons with professional background in different

[10] There are 8 working groups: on five key epidemiological indicators, drug demand reduction, crime data and early warning system.

social sciences could apply to the post. During the reporting period the OCNDA has amended Book of regulations on workplaces systematization in the OCNDA in a way that description of two empty positions in the Department of NFP has been broaden. Unfortunately, the new recruitment procedure can be initiated next year after Central State Office for Administration will issue Recruitment Plan for 2008.

As the result of efforts undertaken in this domain, the first *Croatian Report on the Drugs Situation 2007*, prepared according to EMCDDA guidelines, was submitted to the EMCDDA in January 2008. In order to ensure transparency of the work and visibility, there has been produced Corporate Identity of the OCNDA and NFP separately.

With the support of the CARDS twinning project, in the course of 2007 there were initiated different project which have been identified as priority areas according the National Action Plan on Combating Narcotic Drugs Abuse 2006-2009, with the main objective to significantly improve existing national mechanisms:

- Drafted Professional Standards for Therapeutic Communities
- Initiated Project for Social Reintegration of (ex) Drug Addicts
- Drafted Proposal of Measures for Strengthening of Institutional and Legal Precursors Control Model
- Installed Model of Inter-sectoral and Partner Cooperation between the OCNDA and Croatian Counties as well as among the Counties
- Media campaigns at the local level
- Initiated special prevention programs (e.g. MOVE – youngsters at risk)
- Initiated elaboration of the Evaluation Standards and new prevention concept to promote science based practices

Both, within the national drugs information system and implementation of general drugs policy, a significant attention was paid on improvement of cooperation with the nongovernmental organizations (NGOs) as equal partners. Therefore, NGOs actively participated in the elaboration of the Professional Standards for the Therapeutic Communities as well as in a number of activities in the area of drug information mechanisms. As the outcome of the latest activities, new software in the area of treatment demand indicator was installed, enabling integration of the treatment data from the relevant NGOs into the Register of persons treated for psychoactive drugs abuse. In addition, experts from the NGOs are invited to participate in the work of the interdisciplinary expert groups for key epidemiological indicators. On the annual bases the OCNDA continues to financially support programmes of the civil society. Also following the initiative of the OCNDA, the Law of Social Welfare has been amended in the way that NGOs and other relevant legal entities can provide care and psycho -social treatment for drug addicts and drug users in the form of therapeutic community but clear conditions for therapeutic communities are jet to be defined by Minister of Health and Social Welfare (Amendments to the Law of Social Welfare, OG 7/07).

In order to improve of social reintegration of former drug addicts, a national Project of Social Reintegration of Drugs Addicts[11] was adopted by the Government in April 2007. Target group are ex addicts that have accomplished some of the available treatment or rehabilitation programmes in therapeutic communities or in the prison settings, as well as the addicts which in outpatient treatment keep abstinence longer period of time. In the first place, the project foresees strengthening of cooperation between relevant authorities, especially between Criminal justice system and Care system including NGOs, in order to enable former

[11] More information can be found in the Chapter 9.1.

drug addicts to start or to continue their education, find a job and smoothly integrate back into the society.

Since the control of precursors in Croatia is a responsibility shared between several authorities, there was need to improve national coordination mechanisms. Upon the initiative of the OCNDA, an interdisciplinary working group delivered Proposal of Measures for Strengthening Institutional and Legal Precursors Control Model as a new national cooperation mechanism.

There has been organised the first joint meeting of all counties, OCNDA and relevant other ministries in the form of a symposium, held in September 2007 in Zagreb. In the focus of the meeting was enhancement of the communication and discussion among all stake holders as a starting point for systematic and sustainable cooperation. As a result of the previously mentioned symposium, role of OCNDA has been supported by mutual agreement on installing a regular meetings between Office and County Commissions on Combating Drugs Abuse as a starting point for better coordination and communication. Subsequently, there has been installed Model of Inter-sectoral and Partner Cooperation between the OCNDA and Croatian Counties as well as among the Counties. These results from the symposium are extremely important since they serve as a ground for improvement of regional / local structures and setting up of a human network in partnership and concentrate resources.

Besides the actions undertaken to significantly improve cooperation between the counties, OCNDA and respective ministries as well as among the counties, in 2007 the OCNDA has mobilised one of the most difficult counties in the sense of economy and social status. During the implementation of the pilot project of the media campaign in the Vukovar- Sirmium County[12] the local community has established a multidisciplinary expert team for preparation and implementation of the campaign. In the afore mentioned county the intervention of the OCNDA turned out to be very positive and led to significant rise of the local aouthorities interest in the implementation of the County Action Plan on Drugs. The cooperation among regional institutions has been improved significantly (results of the evaluation are available on request). Furthermore, intersectoral cooperation and networking of relevant stakeholders is realized through installation of two county focused network models; in Međimurje County where regional action group with the role of inter-sectoral cooperation on a model of good prevention practice in the context of school where established, and they will be in charge of installing future model of cooperation between schools and external players. In order to facilitate better cooperation between the local authorities and nongovernmental organizations, an agreement between ONCDA and GINKO was signed in the second half of 2007. GINKO is a project originating from Germany which refers to mobile units that are offering different services in the area of drug prevention at the local level. In Croatia, the project was implemented in Split-Dalmatian County during which there have been visited remote locations along the Adriatic coast e.g. islands and small villages. The project resulted in better and more stabile communication of responsible County authorities with the City of Split and civil society organizations.

In the field of prevention there have been organised two 3-day training seminars for 40 professionals in new preventive methods/skills (MOVE - Motivational Intervention for Youth at Risk). Educations for MOVE will continue across the Croatian counties also in the course of 2008 and 2009. It is planed to train 400 professionals working in the Service for Prevention and Out-patient Addiction Treatment, Social Welfare Centres, NGO's and Social Medicine Services. MOVE program working group was established for organization of the future trainings. According to the plan, six teams (2 professionals in each team) of the new trainers

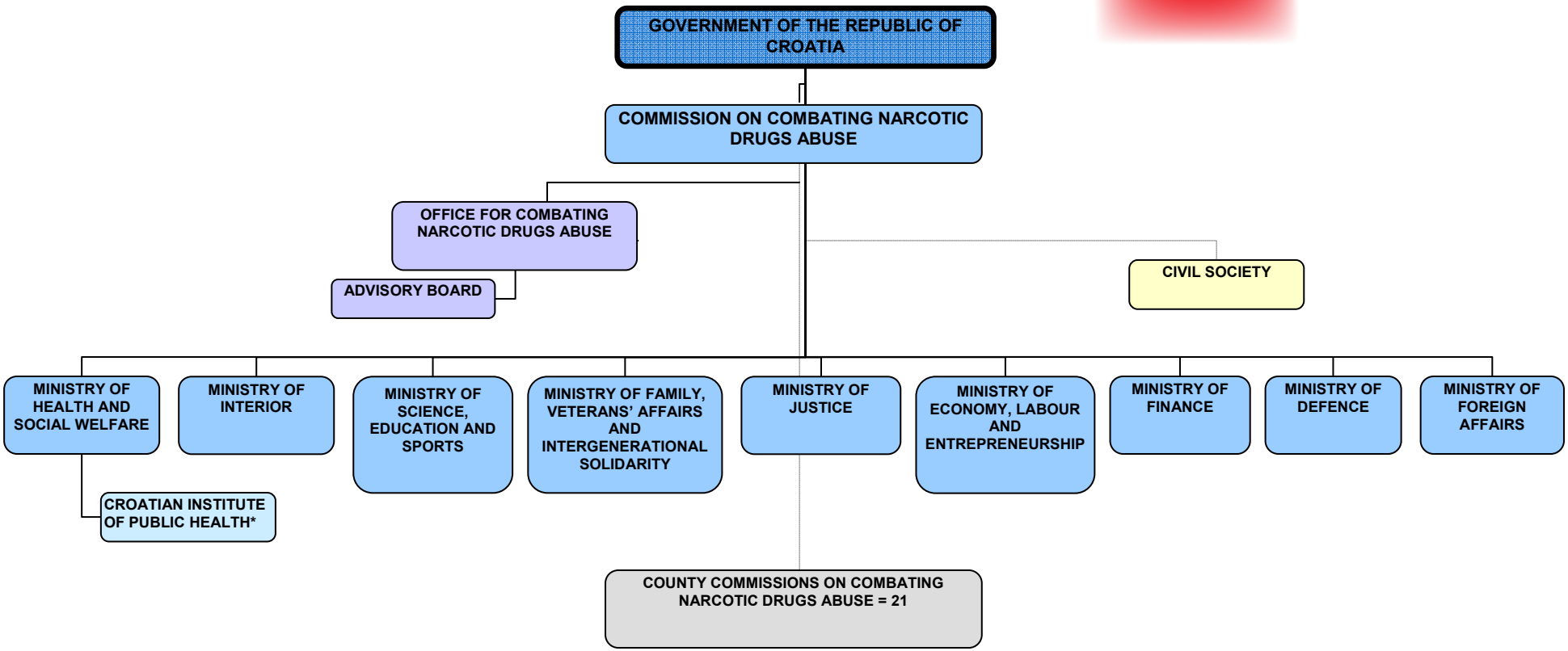
[12] More information can be found in the Chapter 1.4.

will have twice per year trainings for the MOVE prevention program for 20 persons. Ministry of Health and Social Welfare, Croatian Institute for Public Health and OCNDA will regularly plan financial resources for maintenance of those trainings. In addition, “train new trainer” seminar was conducted for 12 persons in the beginning of the February 2008.

In October 2007 there was organised a national Conference on Best Practices where EMCDDA’s requirements regarding data collection and monitoring of demand reduction activities with special focus on prevention were presented as a base for a discussion on data collection / monitoring strategy in Croatia in the field of prevention. It was decided that the NFP will be in charge to develop a system for data collection and monitoring of drug demand reduction programmes. There will be set up a database with projects (taking into account the experiences already available at national as well as regional level) that can be easily assessed by all relevant institutions and experts, in order to also ensure their benefit. The database should be rather oriented on EDDRA – allowing information on the type of projects/programmes implemented in specific settings, for specific target groups etc. Furthermore, in order to ensure more evidence based approach to prevention activities, a new national prevention concept is going to be elaborated and promoted among the practitioners.

In order to promote evaluation of different preventive and treatment projects that are being implemented across the country, a multi professional expert team of specialist as researches, psychologist, sociologist, medical experts etc. is going to develop standards and methods for evaluation of such programs, define Guidelines for implementation of treatment programs in outpatient centres and therapeutic communities, develop tools and standard questionnaire for different types of evaluation and elaborate a Manual of evaluation standards and methods which will be distributed to all relevant institutions.

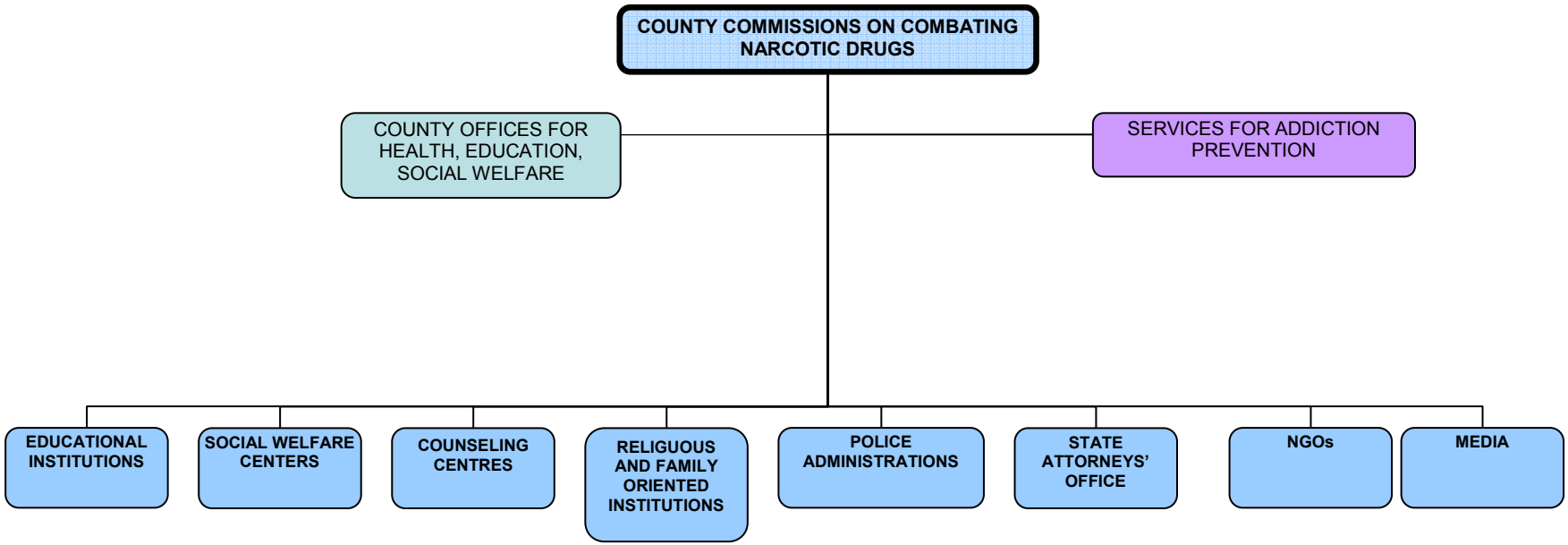
Figure 1.1 - Organizational structure of the system on combating drugs phenomenon in the Republic of Croatia – national level



* Croatian Institute of Public Health is umbrella organization for the network of Services for Prevention and Outpatient Addiction Treatment (former Centres for Prevention and Outpatient Treatment)

Source: Office for Combating Narcotic Drugs Abuse

Figure 1.2 - Organizational structure of the system on combating drugs phenomenon in the Republic of Croatia – county level



Source: Office for Combating Narcotic Drugs Abuse

Continuous cooperation with other ministries, units of local self-government, regional self-government and organisations is being used to promote extracurricular activities which offer training and professional supervision free of charge, as well as use of sport and cultural facilities also free of charge, in order to ensure quality organising of students' leisure time. In order to protect and strengthen the role of the family in the prevention of drug addiction, it is through the help of Counselling Centres for Children, Youth, Marriage and Family, as well as continuous education of parents on the issues related to drug addiction, that the educational function of the family is being improved and the young person and the family are being strengthened as a whole.

1.3 Budget and public expenditure

For the purposes of national reporting to the Government of the Republic of Croatia and the Croatian Parliament on the implementation of the National Strategy on Combating Narcotic Drugs Abuse and the Action Plan on Combating Narcotic Drugs Abuse, the Office on Combating Narcotic Drugs Abuse is on annual basis collecting information from responsible ministries on financial assets spent in the previous year. In the State Budget of the Republic of Croatia each public administration authority has a specific budget line which is divided into items and the activities according to their scope of work and responsibilities. Due to the differences in the budget structure of each authority, some ministries have difficulties to trace back real costs related to the implementation of the drug policy in their scope of responsibility. Following the available data that have been delivered to the Office by the relevant ministries for the year 2007, in the State Budget it was in total spent EUR 9.243,879 which is 4% more that in the 2006 when the implementation of national strategies amounted EUR 8.883,829.

Table 1.1 – Labelled drug related expenditures in Croatia according to responsible Institutions (2007)

STATE INSTITUTION	LABELLED EXPENDITURES (EUR)
Office for Combating Narcotic Drugs Abuse	843,895
Ministry of Science, Education and Sports	431,279
Ministry of Family, Veterans' Affairs and Intergenerational Solidarity	1.103,429
Ministry of Health and Social Welfare	2.996,614
Ministry of the Interior	3.722,430
Ministry of Finance – Customs Administration	139,288
Ministry of Defence	-
Ministry of Foreign Affairs and European Integration	6,944
Ministry of Justice	-
Ministry of Economy, Labour and Entrepreneurship	-
TOTAL	**9.243,879**

Source: *Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2007*

In the State Budget for 2005, the total budget line of the Office for Combating Narcotic Drugs Abuse amounted EUR 843,895. Out of the afore mentioned total expenditure, on the basis of the regular tendering procedure, the major proportion of the budget was distributed among nongovernmental organizations for financing implementation of different programs covering prevention of drug use and abuse, early detection of drug users and intervention, motivation for treatment, rehabilitation of drug addicts, social reintegration of drug addicts that have completed treatment program or are participating in the maintenance therapy programs and reduction of drug related harm. In the year 2007, the Office financially supported 14 nongovernmental organizations in the total amount of EUR 211,597 including co-financing of certain activities that within the scope of specific state institution refer to the combating narcotic dugs abuse. For organizing different educational programs it was spent EUR 42,112 while for the national campaign Office contributed with the EUR 109,046. Continuation of the "Anti-drugs phone" project, as free of charge counselling and information service for the citizens, cost EUR 27,830.

From the budget line of the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity there was in total spent EUR 1.103,429 for the implementation of activities and measures of the programs foreseen in the national strategic documents. This Ministry is also regularly financing activities of the civil society, specifically organizations active in the field of drug addiction prevention and different aspects of providing help to drug users. In this aspect it is important to differentiate two main financial sources of the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity. Therefore, for the civil society projects related to the combating drugs and other forms of addiction it was allocated EUR 633,178 from the part of the Lottery Fund, whilst from the regular budget of the Ministry there were financed the nongovernmental projects in the area of developing social skills, active leisure time, recreation and entertainment of children and youth as well as the drug addiction prevention targeted at children and youth placed in the educational /pedagogic homes and institution in the amount of EUR 97,208. In 2007 there were financed activities of 36 Youth Clubs dealing with the addiction prevention, education and organizing leisure time activities in the amount of EUR 230.556. On the media campaigns it was in total spent EUR 6,575. For strengthening the role in the prevention though the implementation of successful parenting projects there were financed 17 projects in the amount of EUR 134,870. There have also been financed Family Centres with the main task to strengthen role of the family through counselling work with children and parents in total amount of EUR 1.049,981. However, it is not possible to define amount spent on activities dealing with drug related problems.

During the 2007 Ministry of Health and Social Welfare financed implementation of activities and measures stipulated in the implementing programs of the National Strategy on Combating narcotic Drugs Abuse and the Action Plan on Combating Narcotic Drugs Abuse in the amount of EUR 2.996,614. The Ministry of Health and Social Welfare also disposes with a part of the Lottery Fund in line with the provisions of the Regulation on criteria for determination of beneficiaries and distribution means for part of the proceeds obtained from games of chance (Official Gazette No 187/04). For the programs aiming at the risk prevention as well as the psychosocial support for the behaviour disorders, nongovernmental organizations received EUR 277,778. Croatian Institute for Health Insurance provided EUR 555,556 for financing professional teams of the Services for Prevention and Outpatient Addiction Treatment whilst for the implementation of their programs Ministry of Health and Social Welfare spent EUR 1.444.444.

Prevention activities in the educational settings countrywide and specially School Preventive Programs were supported by the Ministry of Science, Education and Sports in the amount of EUR 431,279.

In the supply reduction area the main financial commitment comes from the Ministry of the Interior which in 2005 spent EUR 3.722,430 for the implementation of the range of activities

and drug supply reduction measures as stipulated in the national strategic documents and plans. Customs Administration of the Ministry of Finance shares a part of the responsibilities in the drug supply reduction and for that purpose in 2007 it was allocated the amount of EUR 139,288.

It is worth mentioning that the Ministry of Foreign Affairs and the European Integration also specified amount for their involvement in the drug related activities – EUR 6,944.

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

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

COUNTY	LABELLED EXPENDITURES (EUR)
City Zagreb	133,618
Zagreb County	32,222
Krapina- Zagorje County	15,278
Sisak – Moslavina County	25,833
Karlovac County	21,829
Varaždin County	37,500
Koprivnica – Križevci County	15,694
Bjelovar – Bilogora County	8,500
Primorje – Gorski Kotar County	201,389
Lika – Senj County	4,306
Virovitica – Podravina County	7,639
Požega – Slavonia County	2,778
Brod – Posavina County	2,083
Zadar County	116,944
Osijek – Baranja County	34,722
Šibenik – Knin County	8,333
Vukovar – Sirmium County	20,833
Split – Dalmatia County	135,620
Istria County	163,833
Dubrovnik – Neretva County	62,653

Međimurje County	2,778
TOTAL	**1.054,385**

Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2007

According to the principal of shared responsibility between the state and the local community, the resources for the actions of the county committees for the suppression of narcotic drugs abuse, implementation of preventive measures on the local level and other activities whose quality implementation depends on the initiatives of the local government, are allocated from the budget resources of the bodies of local self-government. It has been noticed that during 2007 counties provided significant financial resources for the implementation of the County Action Plans on drugs compared to previous years, in the total amount of EUR 1.054,385. Primorje – Gorski Kotar County, Istria County, Zadar County and City of Zagreb took lead in funds which County Budget provided primarily for preventive activities but also for other projects related to suppression of drug-related problems.

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

AREA OF ACTIVITY	LABELLED EXPENDITURES (EUR)
Prevention programs	1.821,006
Outpatient treatment programs	2.247,601
Drug-free residential treatment programs*	714,343
Social Reintegration programs	213,424
Law Enforcement activities	3.861,718

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

Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2007

If we compare drug related expenditures in the specific areas of combating drug related problems, from the information available it is visible that in 2007 at the central level it was allocated EUR 1.821,006 for the prevention programs. In addition, the significant support was given also to Home for Addicts, former non-governmental organizations dealing with rehabilitation of drug addicts which have reached programme standards of the Ministry of Health and Social Welfare and are now being regularly financed as social institutions. When it comes to the treatment of drug addicts within the health system, there are available figures only related to the outpatient treatment. The network of Centres for Prevention and Outpatient Addiction Treatment was established in every county in the period 2003-2004. Although in accordance with the *Act on Health Protection* (OG 121/03) and *the Act on amendments to the Act on Combating Narcotic Drugs Abuse* (OG 163/03), the addiction prevention system and outpatient treatment of drug users has become a part of the Croatian Public Health Institute, they are being financed by the Ministry of Health and Social Welfare for the implantation of their work programs, while the Croatian Institute for Health Insurance and local government are responsible for the administrative and basic operational costs. It is difficult to calculate real total expenditures of the outpatient treatment system since there are no available information from the local level. As it has been previously mentioned, there are available only data from the Ministry of Health and Social Welfare according to which for the outpatient treatment it was spent EUR 2.247,601. In the programs of social reintegration there are actively involved both state institutions and civil society. The national Project of

Social Reintegration of Drugs Addicts[13] that have completed one of the available rehabilitation programs the therapeutic community or in the prison settings, as well as the drug addicts in the out-patient treatment and maintain abstinence for a longer period of time and adhere to their treatment programme, started in April 2007. During the reporting period, the State Budget spent EUR 213,424 for the implementation of afore mentioned project.

In drug supply reduction area at the moment there are available only general information on drug-related expenditures, without breakdown according to the specific activities and budget items. In 2007 for the drug supply reduction measures undertaken by the authorized law enforcement agencies in the State Budget it was allocated EUR 3.861,718. Without national survey on drug-related expenditures it would be difficult to estimate total costs of the criminal system with respect to drug-related offences committed in Croatia. Prison Administration also doesn't distinguish costs of drug addicted inmates or inmates that have committed drug-related crime because it is difficult to distinguish or separate measures and services provided to the drug-related inmates in comparison to other prisoners. The main financial commitment comes from the Ministry of the Interior which in 2007 spent EUR 3.722,430 for the implementation of the range of activities and drug supply reduction measures as stipulated in the national strategic documents and plans. Customs Administration of the Ministry of Finance shares a part of the responsibilities in the drug supply reduction and for that purpose in 2005 it was allocated the amount of EUR 139,288.

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

So far there have been no studies on drug-related public expenditures in Croatia. However, OCNDA has in cooperation with Institute of Economy in Zagreb elaborated first draft of survey on drug-related public expenditures in Croatia under the title: "Methodological basis, components and empirical review of monitoring, analysis and reporting models on effectiveness of national drug abuse suppression mechanisms in Croatia". The survey is planned for the second half 2008, depending on the funds available.

1.4 Social and cultural context

During the Croatian War of Independence which took place in the first half of 1990's, Vukovar-Sirmium County was one of the Croatian regions which have experienced terrible war consequences in the most devastating form. Therefore, nowadays it has very high risk for intensive increase of number of drug abusers, caused by poor socio-economic situation, recent war experience and geographic position. Vukovar-Sirmium County, bordering with Bosnia and Herzegovina and Serbia, is part of so-called Balkan' route known for illicit drugs smuggling and such geographical position makes drugs cheaper and more available. Vukovar' children and adolescents differ from their mates from other parts of Croatia because most of them survived the war as small children and have had the experience of exile. Very often only partial family left to exile, which was additional problem aside from differences in the culture, society and language. Most of them were not accepted warmly

[13] Institutions responsible for the implementation of the Project of Social Reintegration of Drug Addicts at the national level: Office for Combating Narcotic Drugs Abuse, Ministry of Health and Social Welfare, Ministry of Science, Education and Sports, Ministry of Economy, Labour and Entrepreneurship, Ministry of Justice and Croatian Institute for Employment.

from their colleagues in the school and were marked by the position of refugee. After some time they adapted to the new environment and than they returned back to their homes in Vukovar-Sirmium County, which was new stress for them because they were reminded to the war. In addition, high incidence of people with PTSD symptoms in their surrounding means higher incidence of family violence. In the same time, in elementary and secondary schools we have very high rate of change of teachers, professors, who have not any additional knowledge and skills to help them in the recognition and prevention of drug abuse. Therefore we can say that adolescents in Vukovar-Sirmium County are the population group with the highest risk for development of drug addiction[14].

In 2005/2006 (repeated in 2008) there was a survey done by prof. Gordana Bujušić from Polytechnic school in Vukovar on Experiences and Attitudes towards Dependence among Students in Vukovar. The aim of the survey was to recognize specific characteristics of experiences and attitudes of students from Vukovar towards different dependencies from very benign to those very dangerous. The sample consisted of 104 students (male and female) from Croatian town of Vukovar, which was heavily destroyed during the Homeland war in 1991. Through self-report, author researches their experiences and attitudes towards different dependences, from so-called light to so-called heavy dependences. The conclusions of the survey are as following: a) experiences of Vukovar' students differ a lot depending on potential danger of particular dependence, so students prefer so-called light dependences than so-called heavy dependences, b) Vukovar' students attitudes towards noxiousness/ usefulness also differ according the potential danger of particular dependence and, again, so-called light dependences are more acceptable for students, c) Students have the same attitudes and experiences towards dependences, apart from gender or educational program. Suggesting the practical preventive usefulness, author stresses that basic conclusion of the survey is that students have positive attitude towards so-called light dependences, which should be changed by better information and education of students.

In order to foster responsible authorities of Vukovar-Sirmium County to more active approach in the drug prevention area, the OCNDA has offered a project which was mainly focused on raising the public awareness on potential drug-related problems among youngsters at their local level. In the frame of media campaign which took place in the City of Vinkovci, there was recorded video / audio spot and broadcasted on all radio station as well as on the Vinkovci television. Promotion of the campaign was held during numerous social and sports events. An expert team has organised forums and workshops in all local units and has participated in thematic TV and radio programs. There have also been distributed various promotional materials. The activities of the media campaign will continue during 2008 when final evaluation survey will be conducted among parents and children.

[14] Bujišić G. Experiences and Attitudes towards Dependence among Students in Vukovar, Coll. Antropol. 32 (2008) 3: 777–781

2 Drug Use in General Population and Specific Subgroups

2.1 Drug use in the general population

In Croatia so far there has been no general population survey on illicit drugs. However, within the CARDS 2004 project “Strengthening Croatian Capacity to Combat Drug Trafficking and Drug Abuse”, which started in August 2006 and continued during 2007, it was elaborated an argumentation paper as a basis for elaboration of tender documentation for the first national general population survey on illicit drugs.

2.2 Drug use in the school and youth population

2.2.1 ESPAD 2007, Croatia

Croatian Institute for Public Health in cooperation with ESPAD (The European School Survey Project on Alcohol and Other Drugs), Council of Europe – Pompidou Group and CAN - the Swedish Council for Information on Alcohol and Other Drugs conducted in 2007 the fourth ESPAD research on the territory of the Republic of Croatia, as a part of the scientific project “Characteristics, movement and guidelines of addiction behaviour in youth“ conducted by the Ministry of Science, Education and Sport.

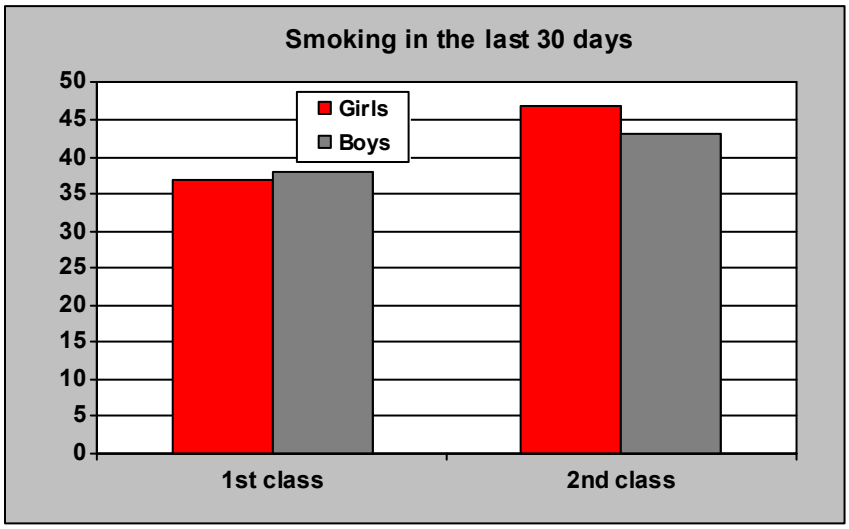
Apart from ESPAD, Health Behaviour in School-Aged Children (HBSC) and Global Youth Tobacco Survey (GYTS) are regularly conducted in Croatia and results of 2006 surveys were described in the last year's report.

ESPAD is carried out by a structured, internationally harmonised questionnaire that contains a compulsory and an optional part. Every country has to carry out a standardised procedure of double translating the questionnaire. Beside the compulsory questions, since 1999 there has been a possibility of using its non-compulsory part, which is divided into a few modules (family context, psychosocial factors, deviant behaviour). During the research the age group studied consisted of regular students who turned 16 years of age in the year of data collection. Since in the majority of European countries compulsory primary education lasts for nine years, the majority of them attended the last year of compulsory education. In Croatia, the generation that begins their primary education at around 6.5 years of age, were grouped into two classes. About 70% of the generation attended the first grade and about 30% of them attended the second grade of secondary school. Only first-year students were included in the first two studies. In 2003, in order to include as many students as possible, the sample included the second-year students as well. Therefore, the sample in 2003 and 2007 was considerably larger in order to include the sufficient number of 16-year-olds. In 2007 the research comprised 6 328 students in the whole Croatia (3 332 boys and 2 996 girls), and in the City of Zagreb 1 175 students were interviewed (639 boys and 536 girls).

Smoking

35% of first-grade boys and 32% of first-grade girls and 28% of second-grade boys and 27% of second-grade girls said that they never had smoked in their lives. To conclude, experimenting with cigarettes is not a “privilege” of male gender any more, in experimenting girls surpassed their male peers. 36% of first-grade boys and 42% of first-grade girls and 38% of second-grade boys and 39% of second-grade girls smoke occasionally. Occasional smoking is also more present at girls than boys. 38% of first-grade boys and 37% of first-grade girls and 43% of second-grade boys and 47% of second-grade girls smoked in the last 30 days.

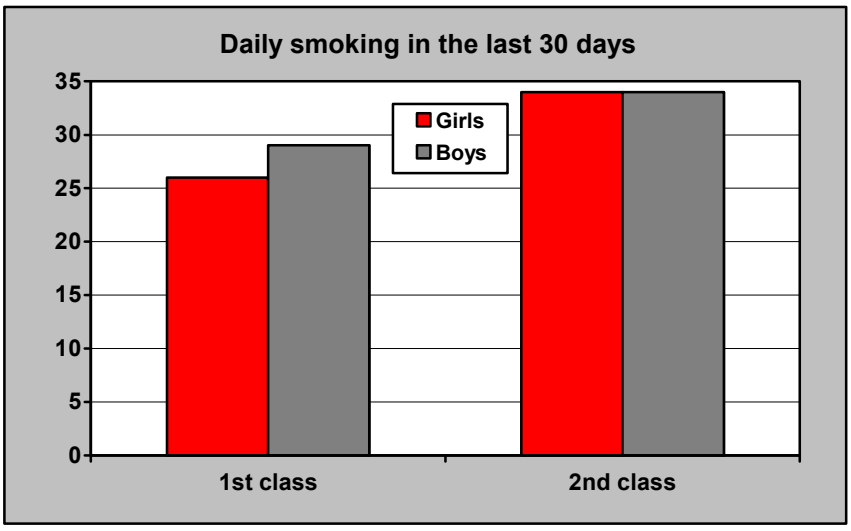
Figure 2.1 - Smoking in the last 30 days



Source: ESPAD 2007, Croatian Institute of Public Health

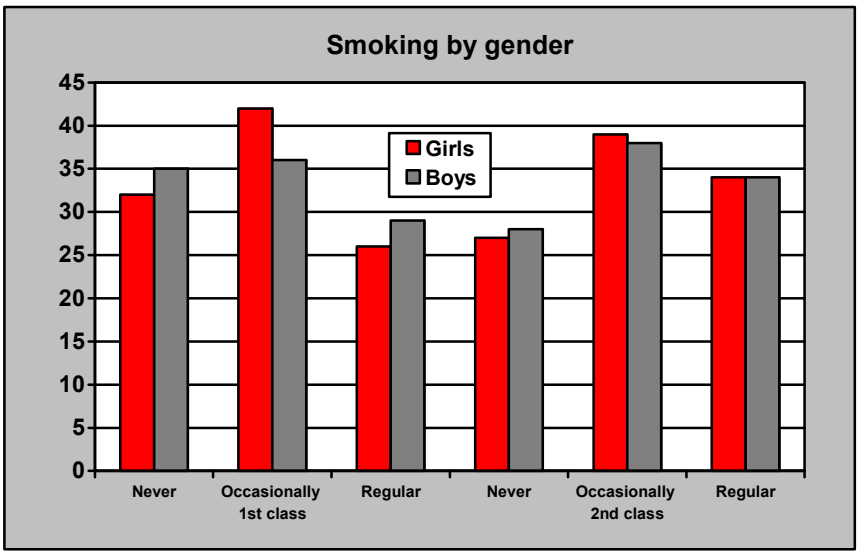
29% of first-grade boys and 26% of first-grade girls and 34% of second-grade boys and girls in secondary schools in Croatia smoked regularly (regularly – at least one cigarette a day) in the last 30 days. Regular smoking is a little more represented at first-grade boys, whereas in the second grade regular smoking is equally represented at boys and girls.

Figure 2.2 – Daily smoking in the last 30 days



Source: ESPAD 2007, Croatian Institute of Public Health

Figure 2.3 - Smoking by gender



Source: ESPAD 2007, Croatian Institute of Public Health

12% of first-grade boys and 7% of first-grade girls and 10% of second-grade boys and 6% of second-grade girls smoked on a regular basis at the age of 13 or earlier

Alcohol consumption

The majority of students consumed alcohol at least once in lifetime, i.e. 92% of first-grade boys and girls and 95% of second-grade boys and 94% of second-grade girls. One alcoholic drink occasionally does not indicate a drinking problem. In the last 12 months 43% of first-grade boys and 31% of first-grade girls and 57% of second-grade boys and 44% of the second-grade girls had an alcoholic drink 10 or more times. 19% of first-grade boys and 9% of first-grade girls and 24% of second-grade boys and 11% of second-grade girls have drunk alcoholic drinks 10 and more times in the last month. A rising trend can be noticed at the turn of 1st to 2nd grade for both genders.

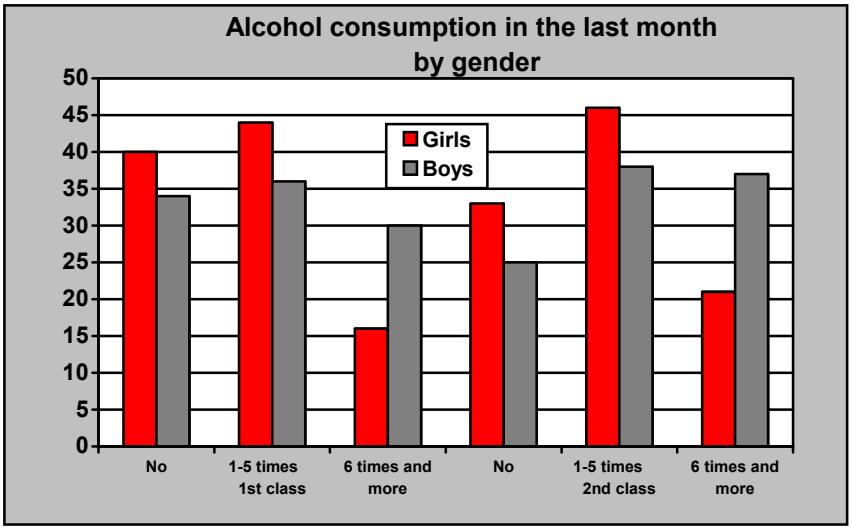
Figure 2.4 - Alcohol consumption 10 times and more during the last month

Source: ESPAD 2007, Croatian Institute of Public Health

The prevalence of drinking alcoholic drinks is growing with age for both genders. Boys drink more and more often than girls. Every third first-grade boy and even more (37%) second-grade boys drank 6 times and more in the past month, and that is also true for 16% first-

grade girls and 21% (every fifth) of second-grade girls. Drinking 6 or more times in the past month is more frequent than alcohol consumption at weekends, which means that it is present in everyday, working rhythm of children aged 15-16. It is equally worrying that in the second grade only every fourth boy reported not consuming alcohol in the past month (every third in the first grade). On the other hand every third second-grade girl said the same unlike 40% of them in the first grade. It is undoubtedly true that alcohol consumption is getting more and more frequent with age.

Figure 2.5 - Alcohol consumption in the last month, by gender



Source: ESPAD 2007, Croatian Institute of Public Health

Heavy drinking

Heavy drinking is defined as strong influence of alcoholic drinks that includes inability to walk and speak, vomiting and impossibility of recovering the memory of past events. 62% of first-grade boys and 48% of girls and 72% of second-grade boys and 59% of girls got drunk at least once in lifetime. Getting drunk more than 10 or more times in the last 12 months is considered extremely risky behaviour for youth aged between 15 and 16 years of age. 7% of first-grade boys and 3% of first-grade girls and 10% of second-grade boys and 4% of second-grade girls got drunk 10 and more times in the past 12 months. According to their statements every tenth boy has been drunk once a month in the past month – they are only second graders of secondary school and legally they are not allowed to buy a drink in a shop or be served with one in a cafe. In the last 30 days 2% of first-grade boys and 1% of first-grade girls and 3% of second-grade boys and 1% of second-grade girls got drunk 10 or more times. At the age of 13 or earlier 21% of boys and 11% of girls, and 21% of second-grade boys and 7% of second-grade girls got drunk.

Figure 2.6 - Heavy drinking 10 and more times in the last 12 months

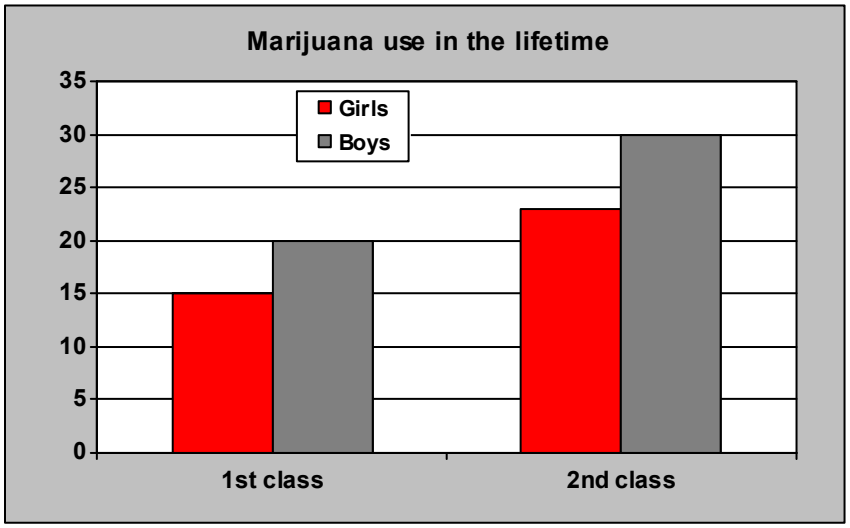
Source: ESPAD 2007, Croatian Institute of Public Health

According to the definition “Binge drinking” means drinking five and more drinks in a row. In the past 30 days 55% of first-grade boys and 43% of first-grade girls and 64% of second-grade boys and 51% of second-grade girls had a chance to drink five or more drinks in a row.

Marijuana consumption

Marijuana is the most often used psychoactive substance among youth, and its use was investigated by the following questions: In your opinion how difficult it would be for you to get marijuana or hashish, if you wanted to? How many times have you (if any) taken marijuana or hashish?; When did you (if any) first try marijuana or hashish?; Have you ever had a chance to try marijuana or hashish, and you didn't try it?; According to your estimate how many of your friends smoke marijuana or hashish?; Does any of your sisters or brothers smoke marijuana/hashish?; What do you think how big is the risk for people to damage their health physically or in any other way if: they smoke marijuana occasionally; if they smoke marijuana on a regular basis? At least once in lifetime 20% of first-grade boys and 15% of first-grade girls and 30% of second-grade boys and 23% of second-grade girls have tried marijuana.

Figure 2.7 – Marijuana use in the lifetime

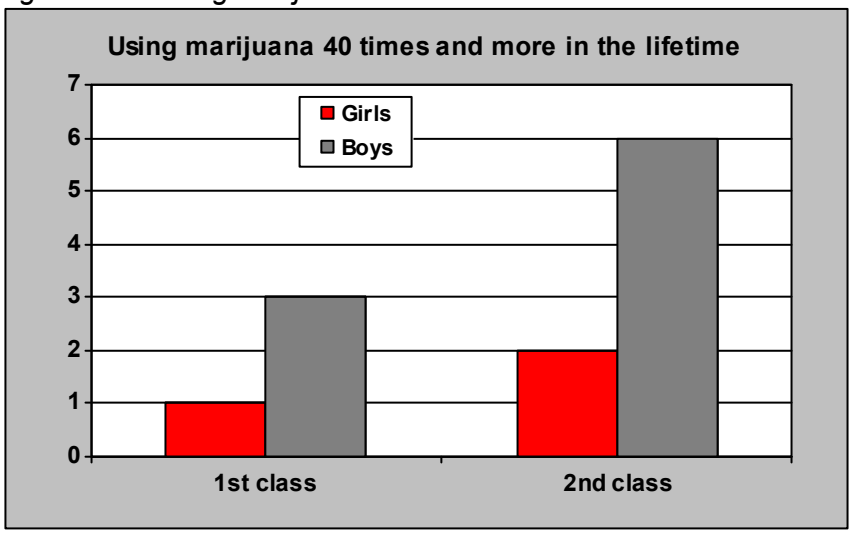


Source: ESPAD 2007, Croatian Institute of Public Health

In the past 12 months 15% of first-grade boys and 11% of first-grade girls and 23% of second-grade boys and 17% of second-grade girls used marijuana. Increase in the use of marijuana can be noticed for both genders at the turn of the first and second grade. Marijuana or hashish was used by 9% of first-grade boys and 5% of first–grade girls and 12% of second-grade boys and 8% of second-grade girls in the past 30 days, which shows recent behaviour, and might point to the beginning of use.

The indicator of more regular marijuana use is using it 40 or more times in lifetime. In the second grade of secondary school 6% of boys have taken marijuana 40 or mote times in lifetime, which surpasses occasional experimenting and indicates to regular use that can turn into marijuana addiction or make the transfer to other psychoactive substances even faster.

Figure 2.8 - Using marijuana 40 or more times in lifetime

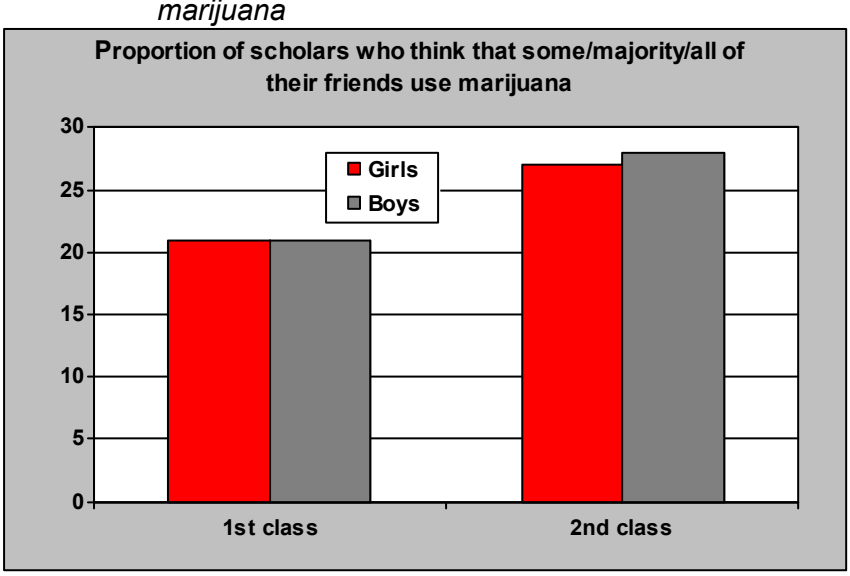


Source: ESPAD 2007, Croatian Institute of Public Health

Some students come into contact with marijuana very early, even before the age of 13. 4% of first-grade boys and 3% of first/grade girls and 5% of second-grade boys and 2% of second/grade girls tried marijuana before they turned 13.

One of the indicators that contributes to use of any kind of psychoactive substances is their availability. 46% of first-grade boys and 43% of first-grade girls and 54% of second-grade boys and 55% of second-grade girls think that it is relatively easy to get marijuana. 21% of first-grade boys and girls and 28% of second-grade boys and 27% of second-grade girls think that their friends smoke marijuana/hashish.

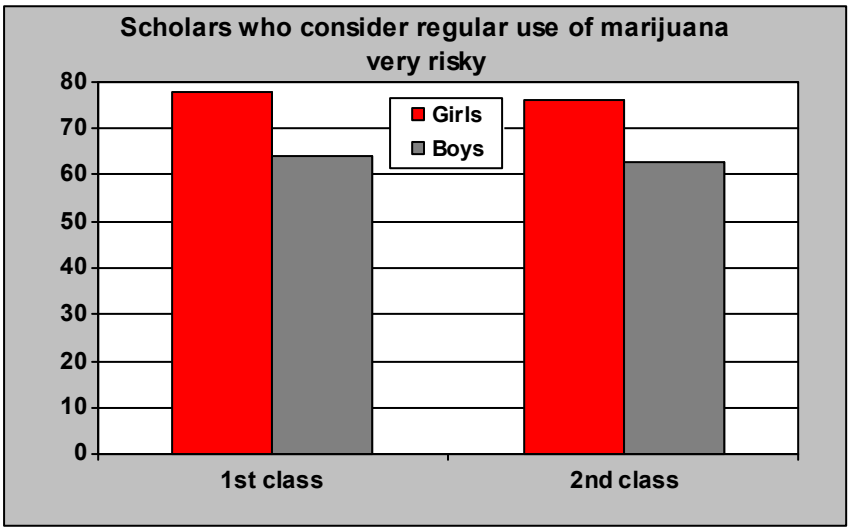
Figure 2.9 - Proportion of scholars who think that some/majority/all of their friends use marijuana



Source: ESPAD 2007, Croatian Institute of Public Health

9% of boys and girls who have elder brothers and sisters say that they smoke marijuana/hashish. 64% of first-grade boys and 78% of first-grade girls and 63% of second-grade boys and 76% of second-grade girls think that smoking of marijuana/hashish on a regular basis is very risky. Although the proportion is very high, the recognition of risk shows a falling trend with age.

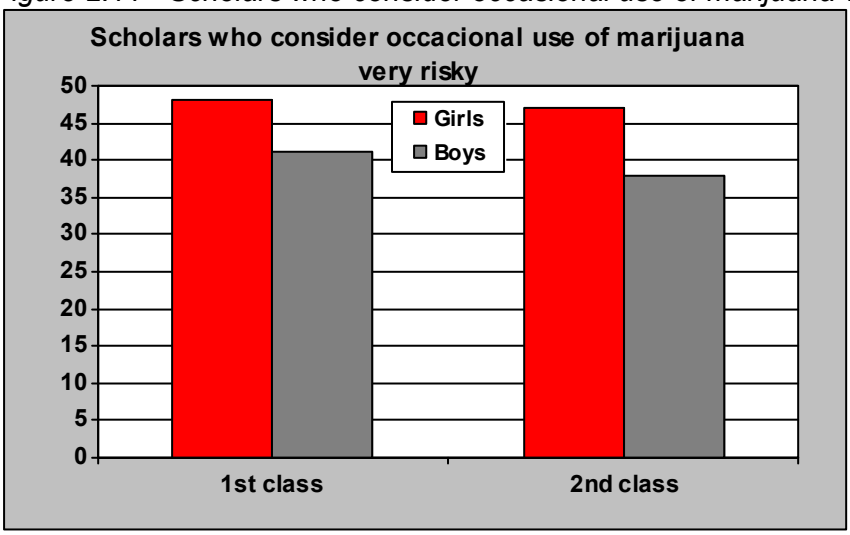
Figure 2.10 - Scholars who consider regular use of marijuana very risky



Source: ESPAD 2007, Croatian Institute of Public Health

Occasional smoking of marijuana is considered very risky by 41% of first-year boys and 48% of first-grade girls and 38% of second-grade boys and 47% of second-grade girls.

Figure 2.11 - Scholars who consider occasional use of marijuana very risky



Source: ESPAD 2007, Croatian Institute of Public Health

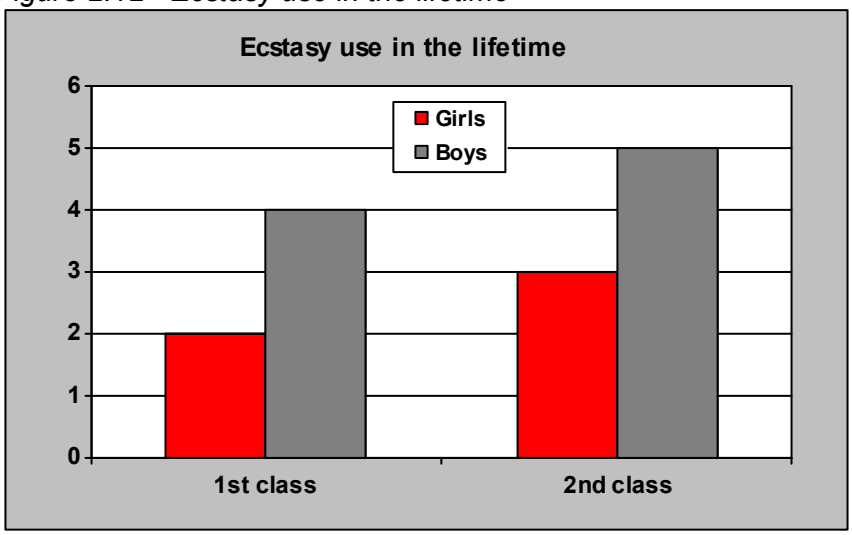
According to the surveys conducted so far the use of marijuana is still increasing among adolescent population in Europe. According to the data of the Register of the Persons Treated for Narcotic Drugs Abuse at the Croatian Institute for Public Health, the average age of the first intake of any addiction substance in Croatia is 16 years. Those who do not stop at only experimenting with drugs come into the first contact with heroin at the age of about 20 years of age, and on average a few months later they take heroin intravenously for the first time. From the first marijuana intake to coming to treatment usually pass 3-4 years.

Other substances

Although marijuana is the most frequently used psychoactive substance, the use of other substances popular among youth was also investigated. The following questions investigate the use of some other psychoactive substances: How difficult it would be, in your opinion, to get the following: amphetamines (speed), tranquilisers or sedatives (Phenobarbiton, Apaurin, Praxiten etc.), ecstasy, glue or other sniffing solvents?; How many times (if any) have you taken ecstasy?; How many times (if any) have you sniffed glue or other solvents?; How many times (if any) have you taken any of the following medications or drugs: tranquilisers or sedatives, amphetamines, LSD or any other hallucinogen, crack, cocaine, relevin, heroin, hallucinogenic mushrooms, liquid, anabolic steroids or other substances that are used for doping, drugs by injecting (e.g. heroin, cocaine or amphetamines), alcohol combined with tablets?; When did you (if any) for the first time did the following: tried amphetamine (speed), tried tranquilisers or sedatives (without doctors prescription), tried ecstasy, sniffed glue or other solvents, tried alcohol combined with tablets? According to the examinees' statements on the availability of psychoactive substances, it is relatively/very easy to get amphetamines, 24% of first-grade boys and 25% of first-grade girls and 31% of second-grade boys and girls think that; 25% of first-grade boys and 34% of first-grade girls and 32% of second-grade boys and 38% of second-grade girls think that it is relatively/very easy to get tranquilisers or sedatives. It is interesting that the availability is estimated higher by girls who are more frequent consumers of sedatives and tranquilisers. 27% of first-grade boys and 29% of first-grade girls and 33% of second-grade boys and 35% of second-grade boys rate the ecstasy availability as very high and it is easy to get it. 48% of first-grade boys and 50% of first-grade girls and 53% of second-grade boys and 52% second/grade girls estimate that it is relatively/very easy to get inhalants and their availability is considered higher for girls, although boys are more frequent consumers.

At least once in lifetime ecstasy has been taken by 4% of first-grade boys and 2% of first/grade girls and 5% of second-grade boys and 3% of second-grade girls.

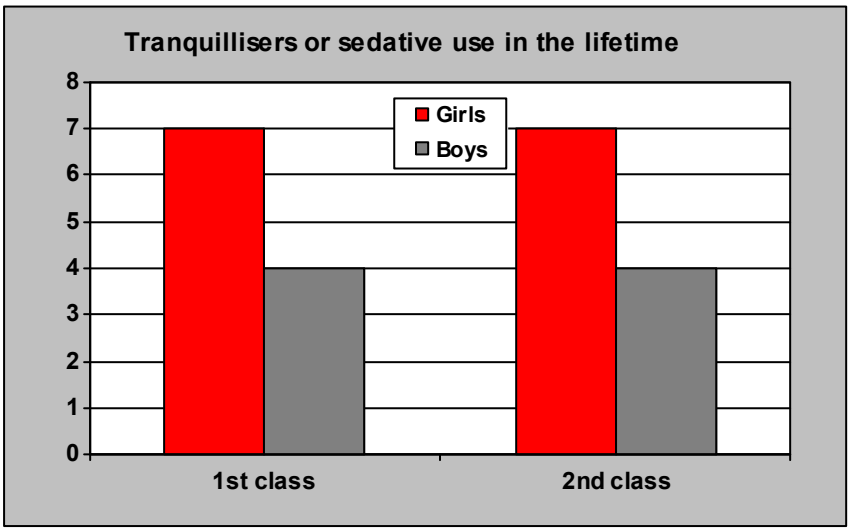
Figure 2.12 - Ecstasy use in the lifetime



Source: ESPAD 2007, Croatian Institute of Public Health

Ecstasy has been used by 2% of first-grade boys and 1% of first-grade girls and 4% of second-grade boys and 2% of second-grade girls in the past 12 months, and in the past 30 days by 2% of first- and second-grade boys and 1% of first- and second-grade girls of secondary schools. At least once in lifetime tranquilisers or sedatives have been taken by 4% of first- and second-grade boys and 7% of first- and second-grade girls.

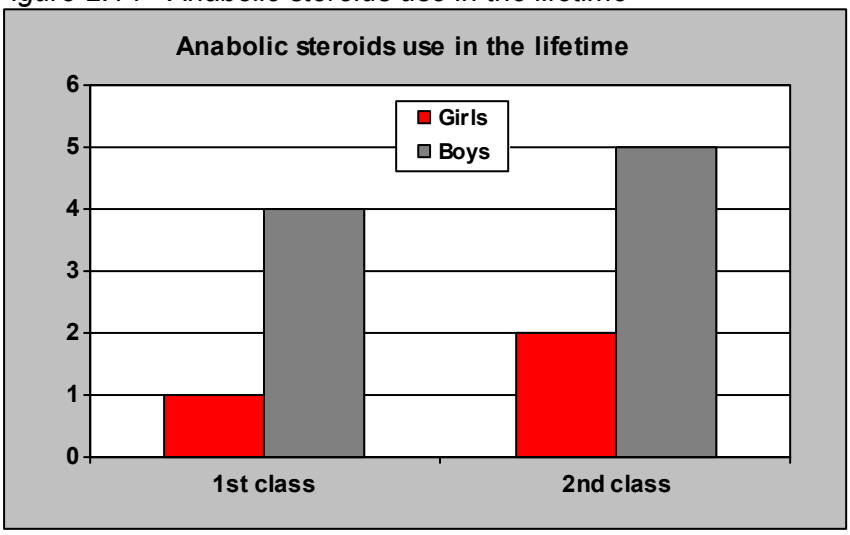
Figure 2.13 - Tranquilisers or sedatives use in the lifetime



Source: ESPAD 2007, Croatian Institute of Public Health

Amphetamines have been taken at least once in lifetime by 3% of first-grade boys and 2% of first-grade girls and 3% of second-grade boys and 4% of second-grade girls. LSD or any other hallucinogen has been taken at least once in lifetime by 3% of first-grade boys 1% of first-grade girls and 3% of second-grade boys and girls. 3% of first-grade boys and 2% of first-grade girls and 4% of second-grade boys and 2% of second-grade girls reported trying cocaine at least once in lifetime. Anabolic steroids or other doping substances were taken at least once in lifetime by 4% of first-grade boys and 1% of first-grade girls and 5% of second-grade boys and 2% of second-grade girls.

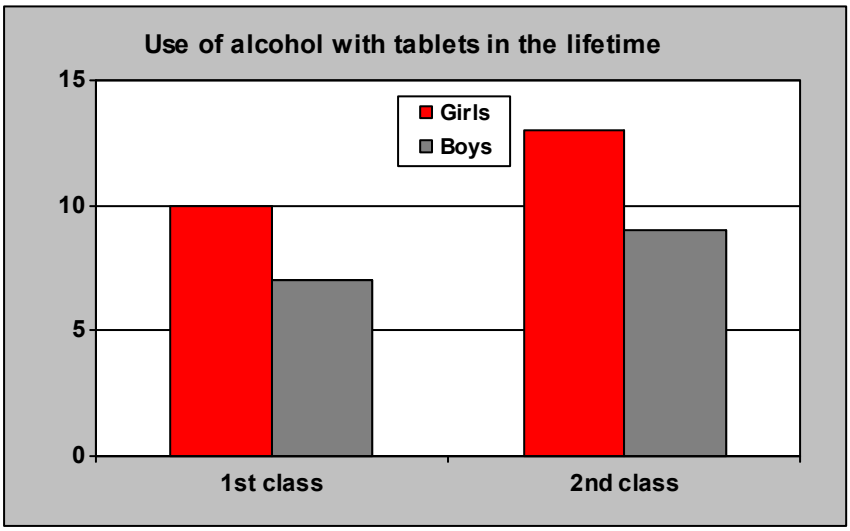
Figure 2.14 - Anabolic steroids use in the lifetime



Source: ESPAD 2007, Croatian Institute of Public Health

Heroin has been taken at least once in lifetime by 2% of first-grade boys and 1% of first-grade girls and 3% of second-grade boys and 2% of second-grade girls. 2% of first-grade boys and 0.5% of first-grade girls and 2% of second-grade boys and 1% of second-grade girls have injected drugs at least once in lifetime. If the answers are considered reliable, 2% of boys and 1% of girls aged 15-16 years are on the path toward serious heroin addiction. Alcohol combined with tablets has been taken at least once in lifetime by 7% of first-grade boys and 10% of first-grade girls and 9% of second-grade boys and 13% of second-grade girls. Alcohol combined with tablets is together with sedatives and tranquilisers a psychoactive substance used more frequently by girls and this repeats through all observed years.

Figure 2.15 - Use of alcohol with tablets in the lifetime



Source: ESPAD 2007, Croatian Institute of Public Health

Youth come into contact with some psychoactive substances at a very young age. Until the age of 13, amphetamines were tried by 1% of first-grade boys and 0.5% of first-grade girls and 1% of second-grade boys and girls. Tranquilisers or sedatives were tried by 2% of first-grade boys and 1% of first-grade girls and 1% of second-grade boys and girls before the age of 13. Before the age of 13 ecstasy was tried by 2% of first –grade boys and 1% of first-grade

girls and 2% of second-grade boys and 1% of second-grade girls. Sniffing glue is not unusual at early age. Before the age of 13 glue or other solvents were sniffed by 6% of first-grade boys and 7% of first-grade girls and 5% of second-grade boys and girls. 2% of first- and second-grade boys and girls tried alcohol with tablets before the age of 13.

The consequences of consuming psychoactive substances, risk perception and narcotic substances abuse among friends and brothers and sisters were examined by the following questions: Why did you take drug (e.g. marijuana, ecstasy or amphetamines), how often have you experienced the following difficulties in the last 12 months: fight, accident or injury, serious problems with parents, serious problems with friends, poor record at school, being a victim of burglary or theft, problems with police, had to go for hospital treatment or was admitted at emergency medical service, had sexual intercourse without a condom, had a sexual intercourse and regretted it the following day?; According to your opinion how many of your friends use tranquilisers or sedatives (without doctors prescription), use ecstasy, sniffs glue or other solvents; Does any of your elder brothers or sisters do any of the following: use tranquilisers or sedatives (without doctors prescription), use ecstasy, sniffs glue or other solvents? ; What do you think how much is a risk for people to damage their health physically or in any other way if they use ecstasy on a regular basis?. Young people can experience problems due to their use of various psychoactive substances. In the last 12 months due to taking drugs (e.g. marijuana, ecstasy, amphetamines) they have experienced the following problems: 4% of first-grade boys and 2% of first-grade girls and 5% of second-grade boys and 2% of second-grade girls participated in fights; 3% of first-grade boys and girls and 4% of second-grade boys and 3% of second-grade girls had an accident or injured themselves; 3% of first-grade boys and girls and 4% of second-grade boys and 3% of second-grade girls had serious problems with parents; 3% of first-grade boys and girls and 4% of second-grade boys and girls had serious problems with friends; 4% of first-grade boys and girls and 6% of second-grade boys and 4% of second-grade girls had poor record at school ; 2% of first-grade boys and 1% of first-grade girls and 3% of second-grade boys and 1% of second-grade girls were victims of robbery or theft; 4% of first-grade boys and 1% of first-grade girls and 5% of second-grade boys and 1% of second-grade girls had troubles with police; 1% of first-grade boys and girls and 2% of second-grade boys and 1% of second-grade girls had to go to hospital treatment or were admitted to emergency medical services; 4% of first-grade boys and 1% of first-grade girls and 5% of second-grade boys and 3% of second-grade girls had sexual intercourse without a condom; 2% of first-grade boys and 1% of first-grade girls and 4% of second-grade boys and 2% of second-grade girls had sexual intercourse and regretted it the next day.

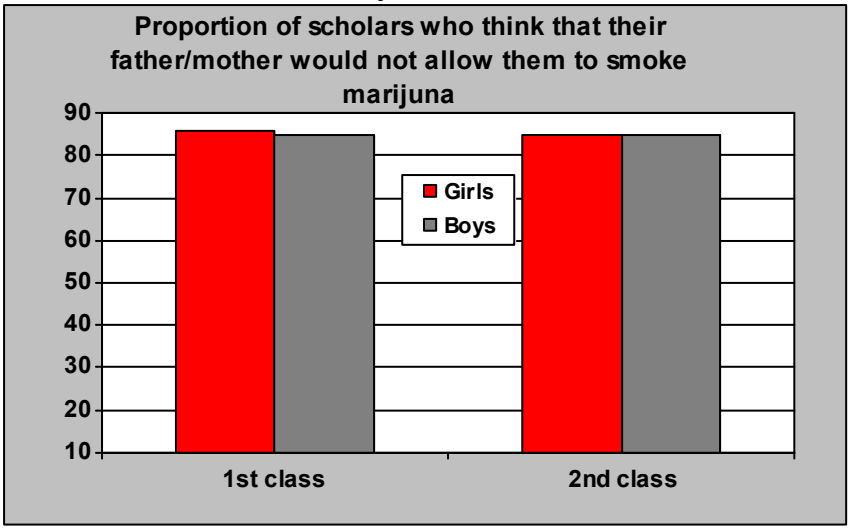
6% of first-grade boys and 4% of first-grade girls and 5% of second-grade boys and 6% of second-grade girls estimate that their friends use tranquilisers/sedatives. 6% of first-grade boys and 5% of first-grade girls and 5% of second-grade boys and 7% of second-grade girls think that their friends take ecstasy, and that they inhale inhalants is thought by 7% of first-grade boys and girls and 6% of second-grade boys and 7% of second-grade girls.

The influence of elder brothers and sisters in a family environment is very important and noticeable. 5% of students who have elder brothers and sisters say that they take tranquilisers/sedatives, 6% of them take ecstasy, and 5% of students say that their brothers and sisters inhale inhalants.

Recognition and assessment of risk is relatively highly represented. An opinion that regular use of ecstasy presents a high risk is reported by 70% of first-grade boys and 84% of first-grade girls and 71% of second-grade boys and 83% of second-grade girls. To the question how their parents would react if they knew they smoked marijuana/hashish, 83% of first-grade boys and 89% of first-grade girls and 84% of second-grade boys and 87% of second – grade girls think that their mothers would not allow them that, and 83% of first-grade boys

and 87% of first-grade girls and 82% of second-grade boys and 87% of second-grade girls think that their father would not allow them.

Figure 2.16 - Proportion of scholars who think that their father/mother would not allow them to smoke marijuana



Source: ESPAD 2007, Croatian Institute of Public Health

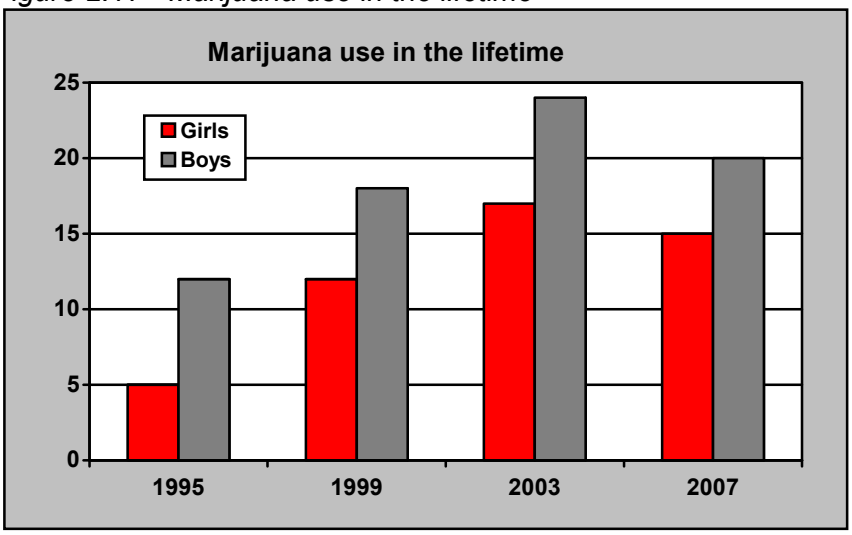
85% of first-grade boys and 91% of first-grade girls and 87% of second-grade boys and 90% of second-grade girls think that their mother would not allow them to use ecstasy, and 85% of first-grade boys and 89% of first-grade girls and 86% of second-grade boys and 89% of second-grade girls think that father would not allow them. The question that logically arises is why would ten and even more percent of parents be indifferent or even favourable toward their children's taking drugs?

To conclude, the situation regarding psychoactive drug use in Croatia has started to show certain stability, but that does not mean that we should stop practicing all available ways of prevention. At least once in lifetime marijuana has been tried by almost every sixth first-grade student and every fifth second-grade student. Before the age of 13, marijuana was tried by 4% of first-grade boys and 3% of first-grade girls and 5% of second-grade boys and 2% of second-grade girls. Every second examinee thinks that marijuana is quite easy to buy.

At least once in lifetime tranquilisers or sedatives have been taken by 4% of first- and second-grade boys ad 7% of first- and second-grade girls. Tranquilisers or sedatives and alcohol with tablets have been more often tried by girls than boys. Other addiction substances have been taken by the most 5% of examinees.

If we compare ESPAD research in the period in which it was conducted in Croatia, from 1995 to 2007, the results show that 12 years ago 12% of first-grade secondary school boys and 5% girls experimented with marijuana. The proportion was increasing and in 2003 it doubled for boys (24%) and more than trebled for girls (17%). In 2007 the number and the proportion of experimenters at that age slightly fell and it was 20% for boys and 15% for girls. When explaining these movements it is important to have in mind that during all those 12 years of research the same age was observed. The real prevalence and its eventual increase or stagnation is not possible to register only based on a sample of examinees of same age. It can be presumed that the experimenting age reached the lowest point and those who are prone to experimenting, had already tried it before they turned 16.

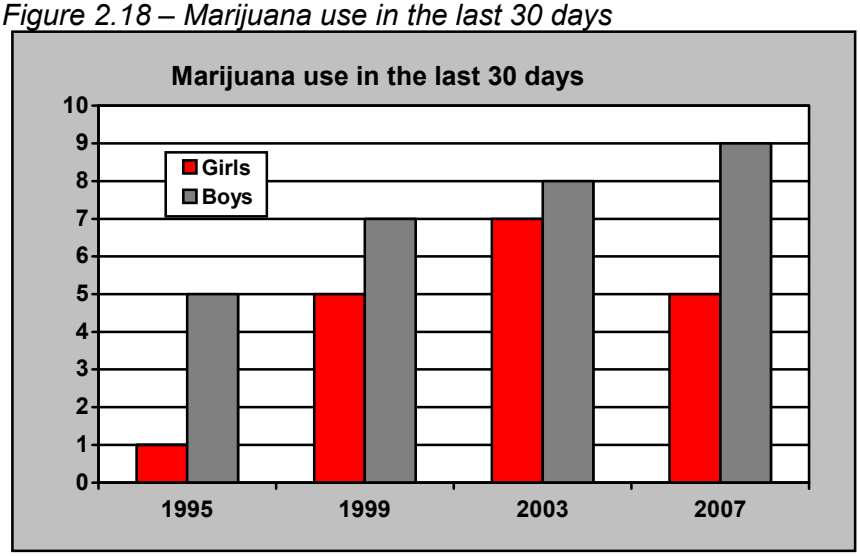
Figure 2.17 - Marijuana use in the lifetime



Source: ESPAD 2007, Croatian Institute of Public Health

Since experimenting with marijuana among youth is getting more and more culturally non stigmatised, and since there is more and more evidence of very frequent use of marijuana, as well as marijuana addiction, risky use of marijuana was estimated according to frequency of use in the past 30 days and use of marijuana 40 and more times in lifetime.

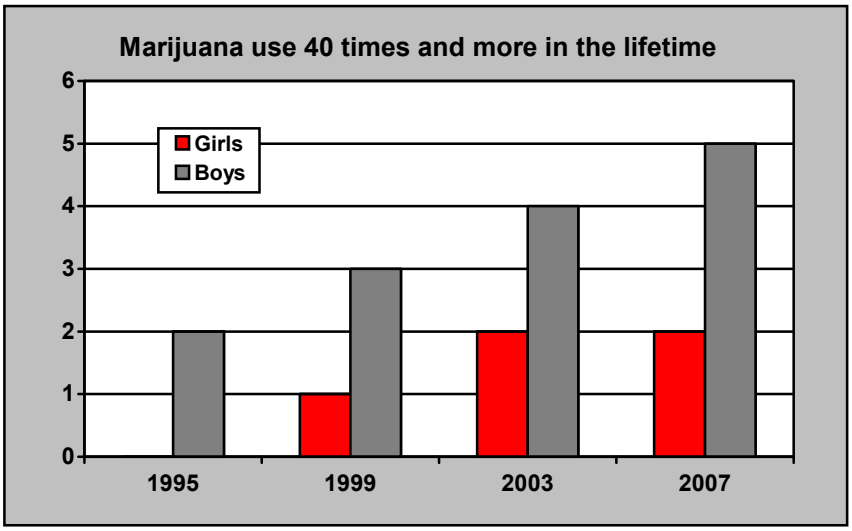
Figure 2.18 – Marijuana use in the last 30 days



Source: ESPAD 2007, Croatian Institute of Public Health

Marijuana use in the last 30 days has been constantly growing, both among boys and girls. This indicator shows that although the proportion of those who experimented with marijuana in lifetime levelled off, the number of children who use marijuana on more regular basis (and risk more at the same time) is not falling. Especially worrying indicator is use of marijuana 40 times or more in lifetime. Children who took marijuana 40 and more times at the age of 16, are the consumers who do not fit into a category of sheer recreational use on certain occasions any more. Although these figures do not exceed 5% for boys and 2% for girls, from the every day point of view it means that in 3 average classes there are 5 boys and two girls who are heavy consumers of marijuana and undoubtedly at risk for subsequent development of addiction.

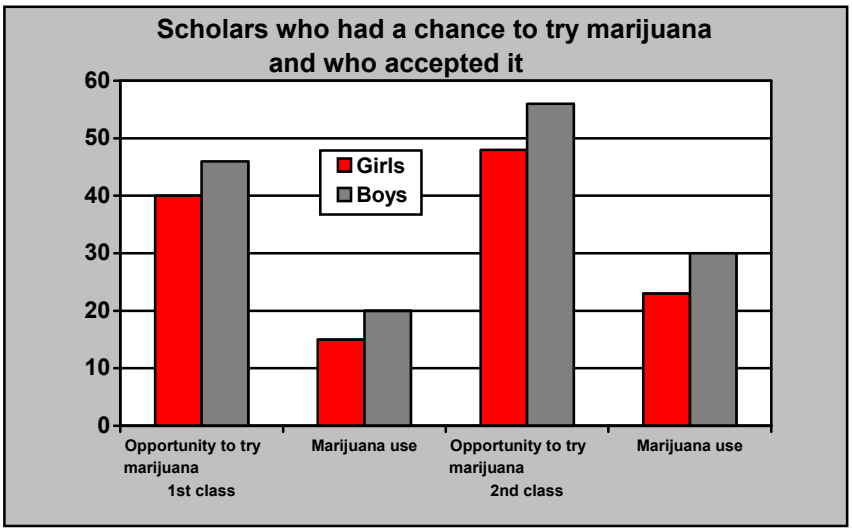
Figure 2.19 - Marijuana use 40 times and more in the lifetime



Source: ESPAD 2007, Croatian Institute of Public Health

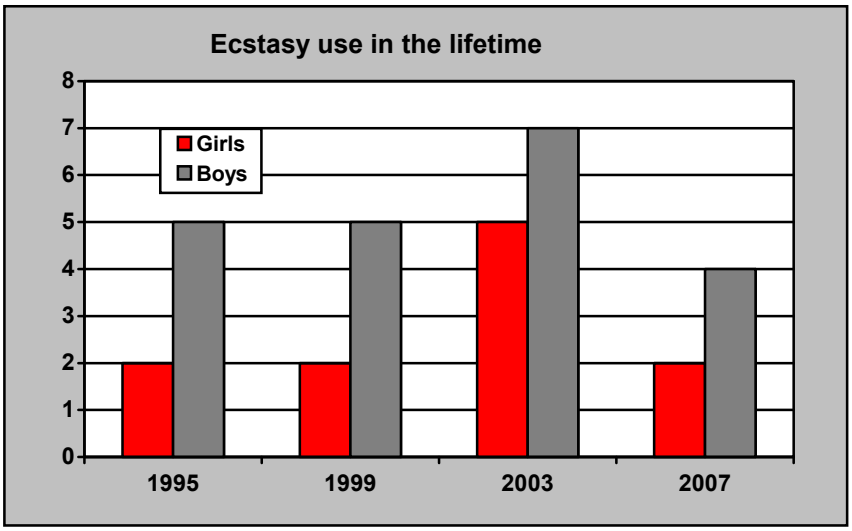
The answers to the questions “How many times were you offered marijuana?” and “Have you ever tried marijuana in lifetime?” are put next to each other and shown for both first and second grade students. It is easy to notice that the prevalence of use increased among boys from 20% in the first grade to 30% in the second grade, and among girls from 15% in the first to 23% in the second grade. The chances to try marijuana are getting more and more frequent, so 46% of first-grade boys reported the chance for trying marijuana, whereas there were 56% of chances for second-grade boys. In the first grade 40% of girls reported to have a chance to try marijuana, and 48% of second-grade girls. The larger number of chances the students get to try marijuana, the bigger probability (and possibility) that the students will try it. In the first grade 46% of boys had a chance to try and 20% of them did try marijuana, in the second grade there were 56% of those who had a chance to try it and 30% of them did it. In the first grade 40% of girls had an opportunity to try marijuana, and 15% of them did it, whereas in the second grade there were 48% of those who had an opportunity and 23% of them accepted marijuana. Not only that the number of chances for experimenting is growing, but tolerance of youth and openness for experimenting is getting bigger.

Figure 2.20 - Scholars who had a chance to try marijuana and who accepted it



Source: ESPAD 2007, Croatian Institute of Public Health

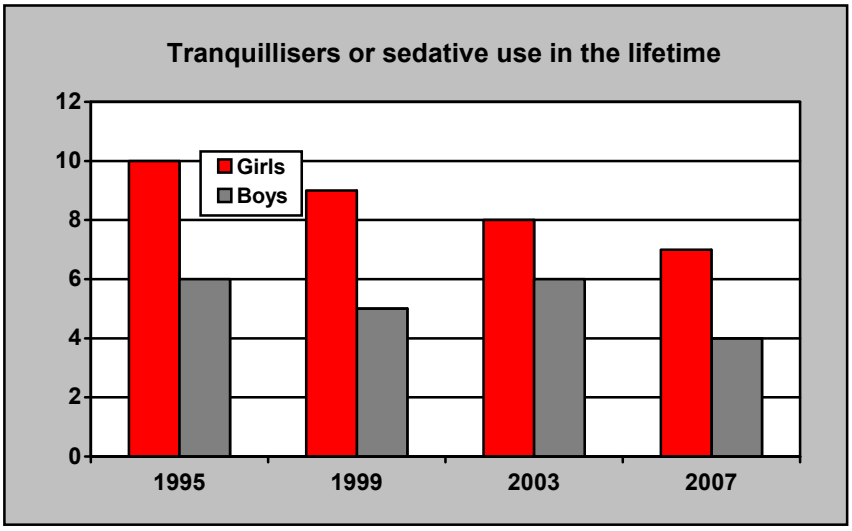
Figure 2.21 - Use of ecstasy in lifetime



Source: ESPAD 2007, Croatian Institute of Public Health

In Croatia use of ecstasy was rising until 2003, and in 2007 there was a decrease in ecstasy use both among boys and girls.

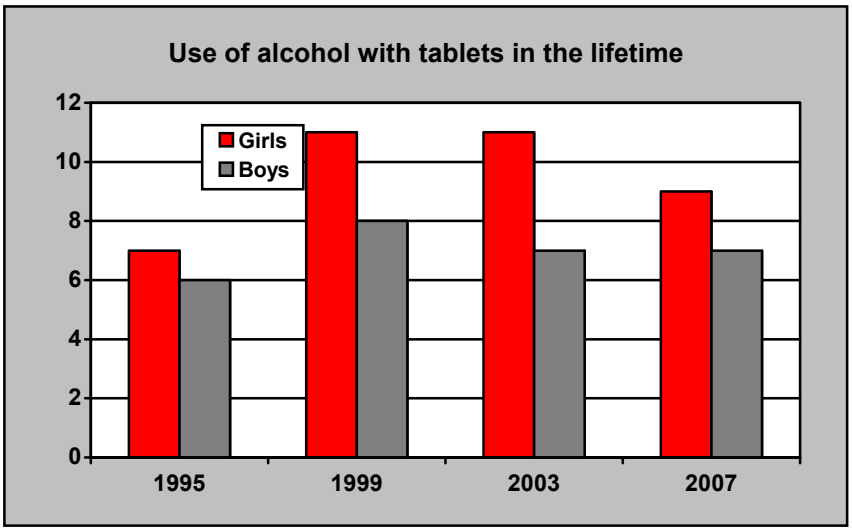
Figure 2.22 - Tranquilisers/sedatives use in the lifetime



Source: ESPAD 2007, Croatian Institute of Public Health

Use of tranquilisers/sedatives (those prescribed by a doctor for any reason are excluded) is more represented among girls in the whole observed period. Use of tranquilisers/sedatives is not increasing and has been constantly decreasing since 1995 (from 10% to 7% among girls and from 6% to 4% among boys). Alcohol consumption with tablets was noticeably more popular among girls than boys. And this inclination has been retained through all these 12 years with slight oscillations in proportions of those who experiment with it in lifetime. Use of tablets is in majority of European countries more represented among girls. Some of the reasons mentioned in the explanation is imitation of the mother, because since women take more medications and take them more often than men, taking tablets itself in the consciousness of youth does not have to have negative connotations nor signal dangerous and unwanted consequences.

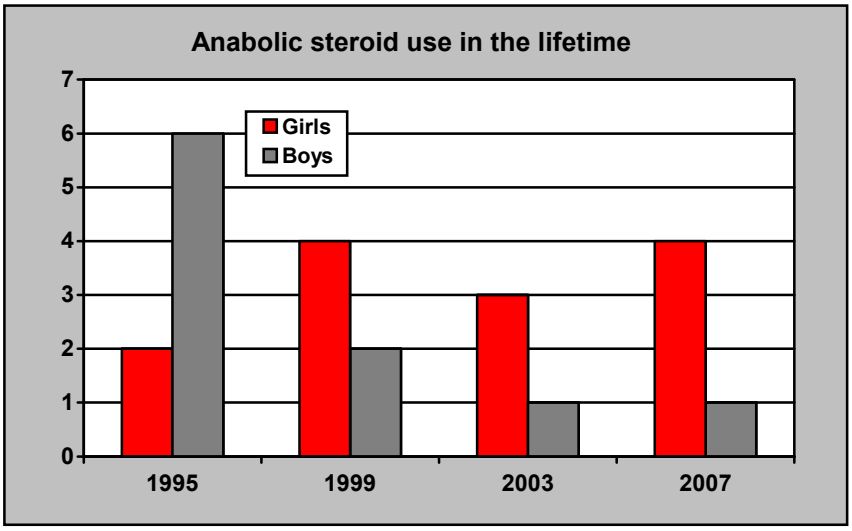
Figure 2.23 - Use of alcohol with tablets in the lifetime



Source: ESPAD 2007, Croatian Institute of Public Health

Use of anabolic steroids is not spread, according to the results of ESPAD research so far, among students in Croatia and their use is not increasing.

Figure 2.24 - Anabolic steroids use in the lifetime



Source: ESPAD 2007, Croatian Institute of Public Health

The data on smoking, drinking and drug consumption were collected on four occasions as a part of the ESPAD project (European School Survey Project on Alcohol and Other Drugs). The first survey was conducted in 1995 in 26 countries, the second in 1999 in 30 countries, while 35 countries participated in the third and fourth surveys conducted in 2003 and 2007.

3 Prevention

National strategy on Combating Narcotic Drugs Abuse for 2006-2012 and the Action plan on Combating Narcotic Drugs Abuse for 2006-2009 have defined the tasks of individual ministries and state administration bodies, in particular the Ministry of Science, Education and Sport, the Ministry of the Family, Veteran's Affairs and Intergenerational Solidarity and the Ministry of Health and Social Welfare regarding the definition, planning and implementation of preventive programmes.

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

The primary task of the County Commission on Combating Narcotic Drugs Abuse is to coordinate, plan and monitor the implementation of the programmes in the field of prevention, treatment and combating narcotic drug abuse on the local community level and is responsible for creating the County Action Plan on Drugs according to the specific needs of given county. Prevention programmes are essential part of the County Action Plans on Drugs and differ from one county to another. Considering the fact that the narcotic drugs abuse prevalence in each particular county depends on social and demographic characteristics of the population, level of economic development, population employment, drug availability and other factors, preventive programmes are defined and created according to these needs.

For instance, in Sisak – Moslavina County there was a multimedia campaign for healthier life called “Live life” carried out by the Association “Novi svijet” (New world) supported by the Ministry of Science, Education and Sport, the Ministry of the Family, Veteran's Affairs and Intergenerational Solidarity, the Commission for Combating Narcotic Drugs Abuse of the Sisak – Moslavina County and the Town of Sisak. The preliminary part of the project started with the formation of the Programme Council, definition of types, modes and terms of realisation of individual programme activities, followed by the campaign and presentation for media, placing posters, distribution of brochures and other printed materials, after which the programme was brought closer through the media to a wider range of users. Thematic programme orientation is focused on the following area: addiction in general, depression as an increasing problem, dangers of risky sexual behaviour, communication as a positive value, significance of healthy diet, importance of moving and recreational sports as well as promotion of ecological values.

In the Split – Dalmatia County the GINKO project of preventive mobile units was carried out, which is being implemented in Germany for 15 years now, with the aim of distribution of preventive materials (leaflets, brochures) by a bus that travels around small places and islands in the county, in order to extend it to far and less connected places of the County. The following associations participated in the implementation of the project: "Novi put" (New way), "Novi život" (New life), "Hepatos", "Klub liječenih alkoholičara" (Anonymous Alcoholics) , "Udruga ANST" (ANST Association), "Liga za prevenciju ovisnosti" (Addiction Prevention League), "Papa Ivan XXIII" (Pope John XXIII) and "Budi svoj" (Be yourself). The project was conducted in September and October of 2007.

The programme “Moj izbor-zdrav izbor” (My choice- Healthy choice) focused on prevention of primary addiction and drug addiction is being implemented for fifth year now in the area of the City of Zagreb and the special care areas with an average number of 1 200 do 1 850 users included. The project's aim is to improve and promote healthy life styles, as well as prevention of various addiction types and it includes primary-school children, their parents and teachers. Programme activities comprise educational preventive workshops in classes, chat forums for students, forum theatre, round tables for parents and teachers and are conducted during a school year in eight workshops.

Although there are numerous programmes carried out across the counties, systematic monitoring of preventive programmes does not exist in the Republic of Croatia, nor their systematic evaluation. Therefore in November 2007, the Office for Combating Narcotic Drugs Abuse organised a seminar on best practices where participants had opportunity to learn and discuss about the EMCDDA requirements regarding data collection and monitoring of demand reduction activities with special focus on prevention; the respective approaches in Austria and Germany; to assess the status quo in Croatia; and define the proposals for implementation of data collection/monitoring strategy in Croatia in the field of prevention. The participants stressed the need for progress in four areas: Knowlegde/experience/expertise on addiction prevention; Standards for addiction prevention (e.g. school-based prevention); Evaluation of addiction prevention and Data collection on addiction prevention. Since for all four areas networking is considered to be essential, the seminar was seen as a good starting point for networking in the field of addiction prevention. Regarding evaluation is was decided that a working group with evaluation experts will be set up to elaborate a proposal that will then be discussed with relevant prevention experts. In brief, the Office for Combating Narcotic Drugs Abuse will in 2008 prepare a ground for the development of standards for addiction prevention and improved expertise and knowledge together with the evaluation standards. In addition, the National Drugs Information Unit will be in charge for developing a system for data collection and monitoring of drug demand reduction. There will be established a database (taking into account the experiences already available at national as well as regional level) with projects that can be easily assessed by all relevant institutions and experts in order to also ensure their benefit.

3.1 Universal prevention

National Strategy on Combating Narcotic Drugs Abuse 2006-2012 and the Action Plan on Combating Narcotic Drugs Abuse 2006-2009 have defined the tasks of individual ministries and state administration bodies. Primary prevention is the responsibility of the following ministries: the Ministry of Science, Education and Sport, the Ministry of the Family, Veteran's Affairs and Intergenerational Solidarity, whereas for secondary prevention the responsible ministries are the Ministry of Health and Social Welfare in cooperation with the Ministry of Science, Education and Sport. It has to be stressed that in Croatia prevention is still being divided into primary, secondary and tertiary prevention, although the Office for Combating Narcotic Drugs Abuse is undertaking efforts to introduce a new concept.

Educational system has taken the largest share of responsibility for organisation and implementation of the addiction prevention programme. The main goal is to reduce the interest of youth for trying the addiction substances, and the mentioned programmes are being conducted in cooperation with health and social care institutions, non-governmental organisations, youth clubs associations, media and other relevant institutions.

The activities are oriented towards working with students, parents and teachers through the following main points:

- school as a milleau
- affirmation of successful parenthood
- free time of children and youth
- learning life skills
- specific educational contents on addiction

Preventive activities of the Ministry of Science, Education and Sport were in 2007 oriented towards nursery school and school commissions for addiction prevention, primary and secondary schools and dormitories, and were conducted in cooperation with other ministries and competent bodies of state administration and local (regional) self-government, with the Ministry of the Family, Veteran's Affairs and Intergenerational Solidarity, the Ministry of Internal Affairs, police stations and media.

During 2007, the work of nursery school and school committees on addiction prevention in all educational institutions was being improved, into which all educators, teachers, professors, professional assistants, students and parents were included. The addiction prevention programme for children of nursery school and school age, educators, teachers and parents was conducted, with the aim of protection of healthy population, recognition of students at–risk and giving professional help to the students who have already started taking addiction substances. The Ministry of Science, Education and Sport financed the project “Mladi protiv droge“ (Youth Against Drugs) by the Association Mladi protiv droge (Youth Against Drugs) from the City of Split.

Systematic education of school employees on addiction prevention measures and affirmation of healthy life styles was organised with the obligation to integrate the acquired knowledge into their professional work with children and youth. In cooperation with the Office for Combating Narcotic Drugs Abuse, a seminar for coordinators of preventive programmes was co-financed. The goal of the mentioned seminar was to ensure high-quality implementation of preventive programmes in all educational institutions of the Republic of Croatia and assess the efficiency of their implementation. In cooperation with the Ministry of Health and Social Welfare in the “Vladimir Prelog” Science School in Zagreb a seminar for leaders of preventive programmes in primary and secondary schools and dormitories in the City of Zagreb and the County of Zagreb was organised, under the title “Harmful effects of tobacco products consumption in the primary and secondary school students’ population“. Education and Teacher Training Agency organised an expert meeting related to the school preventive programmes, attended by 327 teachers and professional associates, with the aim to present the examples of good practice from 32 primary schools on the topic of drug prevention and European Handbook on Smoking, Alcohol and Drugs Prevention published by the Pompidou Group of the Council of Europe.

Family protection in the Republic of Croatia is the responsibility of the Ministry of the Family, Veteran's Affairs and Intergenerational Solidarity, the Ministry of Health and Social Welfare and the Ministry of Science, Education and Sport. However, the biggest number of activities oriented towards addiction prevention connected with a family is conducted by the Ministry of the Family, Veteran's Affairs and Intergenerational Solidarity. In the focus of their activities is strengthening the role of a family to more successfully face the drug related problems through the counselling work with children and parents regarding the narcotic drugs abuse. Therefore, it has been set up a network of 16 Family Centres countrywide which are in charge of prevention and counselling work, with the emphasis on handling the problems related to marriage and mutual relationships between parents and children, aliment and other circumstances in families that need professional help and support, whereas parts of the Centres’ activities are, depending on the needs within the local community, oriented towards combating narcotic drugs abuse.

To commemorate the International Day Against Drug Abuse and Illicit Trafficking, the counties in cooperation with Family Centres and Youth Clubs, organised an activity named Creativity Against Drugs, and during the Drug Addiction Recovery Month (15 November – 15 December) workshops, lectures and seminars connected with the role of a family in addiction prevention were held.

At the **local community** level, the youth clubs preventive activities continue to be financed and supported from the State Budget in cooperation with local and regional self-government administration. The activities referred to meaningful utilisation of free time, organising lectures, debates and workshops with the participation of experts dealing with addiction and health education of youth aiming at protection of reproductive and general health, as well as education programmes on the consequences of addictive substances consumption. The total number of 36 youth clubs were financed in 2007 (compared to 33 during 2006). In addition, the Ministry of the Family, Veteran's Affairs and Intergenerational Solidarity bought the professional educational book “Drug - a problem that can(not) be solved” and distributed it among Youth Clubs and Family Centres, to facilitate the development of consciousness on harmful effects of drugs on youth.

Substance abuse in the **workplace** is regulated by general labour regulations (Labour Act and Safety at Work Act) as well as sub-legal acts in this area. Implementation of the National Strategy on Combating Narcotic Drugs Abuse in 2007, the Ministry of Defence conducted activities which referred to prevention and combating narcotic drug abuse within the Ministry of Defence and Military Forces of the Republic of Croatia. The drug prevention activities carried out by the Military Forces of the Republic of Croatia in 2007 were ability assessment procedures for active military persons and ability assessment procedures for conscripts, carried out based on the current rulebooks and the Rulebook on health ability assessment standards for military service, as well as medical examinations and psychological examinations aimed at establishing the general health status. Apart from the above mentioned, in the field of prevention, the Psychological addiction prevention programme in the Military Forces of the Republic of Croatia and the Instructions on narcotic drugs abuse prevention in Military Forces of the Republic of Croatia were continuously carried out. The mentioned programmes included the education of both active soldiers and conscripts and it was conducted by military psychologists and military doctors. The education in the field of prevention and combating narcotic drugs abuse also included military students based on the prescribed curriculum.

As in the previous years, the **media campaigns** were organized at the national level, as well as on a local level in various ways (radio programmes, TV programmes, flyers, posters, jumbo posters). On the occasion of the Day Against Drug Abuse and Illicit Trafficking (26 June), a leaflet “NO to Drugs” was printed and enclosed to the most widely read daily newspaper with the purpose of informing and educating public, especially youth, about important drug-related contents. The Office for Combating Narcotic Drugs Abuse designed, printed and distributed educational and promotion materials aimed for parents, children and youth with the aim of warning the public about the harmful effects of illicit drugs abuse and social and health consequences of addiction. In cooperation with the Zagreb Radio, programmes on different aspects of addiction problems and drugs abuse were broadcasted once per week all over the year, and especially during the Drug Addiction Recovery Month. In all the programmes drugs addiction problem and prevalence of narcotic drug abuse were emphasized, and general public was informed about all important activities that were conducted with the aim of combating narcotic drugs abuse. During the Drug Addiction Recovery Month in the National Geographic Junior magazine a leaflet for primary school children was published with the aim of prevention of all kinds of addictions. The Ministry of Health and Social Welfare again published the leaflet “SMS to parents”, designed in cooperation with the Croatian Institute for Public Health in order to sensitise parents and wider public about addiction problems and discover narcotic drug consumers as soon as

possible and refer them to addiction prevention counselling centres. The representatives of the Office for Combating Narcotic Drugs Abuse and its Professional Council regularly participated in radio and television programmes on the topic of drug addiction, where the activities of CARDS twinning and PHARE projects were covered together with all other activities conducted by the Office, with a special emphasis on activities conducted during the Drug Addiction Recovery Month.

The Education and Teacher Training Agency, in cooperation with the Association "Let" distributed at their expert meetings 1300 handbooks – a printed version of the European Handbook for Smoking, Alcohol and Drugs Prevention. In cooperation with the Ministry of Health and Social Welfare, the Agency also published the leaflet on HIV/AIDS prevention (60 000 copies), which were distributed on the occasion of the World AIDS Day.

Beside that, the representatives of the Services for Prevention and Out-patient Addiction Treatment continuously cooperate with media at the local level, participate in radio and TV shows, round tables and public debates with the aim of educating and informing children, youth, parents and other citizens about the influence and harmful effects of narcotic drugs.

3.2 Selective/Indicated prevention

Apart from the above mentioned universal prevention activities, within the prevention system there are being conducted activities oriented towards the students at risks and those with special needs as well.

In order to conduct these activities at the high-quality level, the Office for Combating Narcotic Drugs Abuse organised education for MOVE preventive programme (MOVE - Motivational Intervention for Youth at Risk) – counselling activities for youth at risk. The education was targeting persons who encounter youth at risk in the scope of their work, i.e. counselling at the centres for social care, services for prevention and outpatient addiction treatment, school medicine services, non-governmental organisations and homes for education of children and youth. MOVE programme was taken over from Germany and adapted to Croatian needs. It consists of 12 modules/units and is based on experiences from different therapeutic concepts and theories transformed into short advisory dialogues. The basic goal was to include youth who otherwise would not come to counselling and who prefer shorter dialogues that are more efficient for these specific cases than longer conversations. Similar educations are planned to be conducted during autumn 2008 and the whole 2009 in the areas of the Republic of Croatia which have not been included yet.

Identification of individuals who experiment and consume addiction substances is carried out by parents, school employees and most often, according to the experience in the Republic of Croatia, police. In such cases the opportunity principle is most often used. This means that in cases where there is a reasonable doubt that a minor has committed a criminal offence, a decision not to initiate criminal proceedings can be brought if there is an opinion that it would not justify its purpose regarding the nature of the criminal offence, circumstances under which it was committed, earlier life of the minor and his/her personal characteristics. So, if an expert at the State Attorney's Office (social pedagogue or social worker) determines that the minor had only experimented with narcotic drug or committed another criminal offence for which the maximum prescribed sentence is up to 5 years' imprisonment, the State Attorney will not initiate the criminal proceedings, but he will inform the Centre for Social Care about the committed offence, so that some family legal protection measures could be taken and the minor could be sent to a counselling service.

Centres for Social Care are not the institutions specialized for working with addicts, but as a public service treating children and youth with behaviour disorders as well as families

with different functional difficulties, they meet different forms of unadapted and socially unacceptable behaviour and addiction problems. Within the previously mentioned family legal protection measures, beside the measure of the Supervision over the parental care that is ordered to parents, there is also the measure called Intensive care and supervision, which is usually pronounced to minors with the aim of educational, social and pedagogical monitoring and prevention of further undesirable behaviour. Apart from counselling work with minors, their parents are included in the work of the centres as well, with the aim of implementing the measures and activities for strengthening families and coping with their problems more successfully.

4 Problem Drug Use and Treatment Demand Population

The term “problematic drug user” refers to the persons who have entered treatment due to psychoactive drug misuse since the consumption of drugs is related to serious health and social problems, as well as to problems with the law. Among many problems in the area of public health, drug misuse is a medical and social phenomenon attracting a lot of attention.

Epidemiological data show that the total number of the treated persons is growing every year, as well as the total number of opiate addicts, whereas the total number of persons treated for non-opiate addiction has levelled off, because they stay in the system for shorter period of time. The proportion of the total number of the treated per 100.000 (15-64 years of age) has almost doubled since 2002 and now it is 250. During the past few years the counties with the largest number of the treated persons are Zadar and Istria County and the City of Zagreb. In the last 7 years the proportion of the treated opiate addicts has been constantly growing, and this year 76% of all registered addicts use opiates as the main substance, whereas the second position belongs to cannabinoids users with 13%, although their number has been constantly decreasing during the past few years. The proportion of cocaine users has been rising. The number of the newly treated, and those treated for opiates and non-opiates has been levelled off in the last 5-6 years. The proportion of new opiate users among all new users is constant and since 2000 it has been about 45%.

Since the prevalence of treated addicts has been growing in the last few years, and the incidence has levelled off, it is obvious that a part of the treated stay within the treatment system, mostly heroin addicts. This confirms that the average age of the treated addicts is getting higher and higher. According to age distribution, among all reported in 2007, 83% were men, and this percentage has been steady for years now. Age distribution shows that there is a trend of shifting the largest number of the treated into older age groups, pointing out that men are in older age groups than women.

The number of the treated persons in stationary institutions during the last years amounts to an average of 1 000 per year, whereas the number of hospital admissions in 2007 amounted to 1.2 and has been changing very little during the past few years. According to education, the highest number of treated persons finished a secondary school (65%), and a college or a 5% finished university. 62% of the treated live with their primary family, and only 10% of them live alone. Opiate users are mostly unemployed (42%), and the non-opiate users are mostly students (27%).

Cannabinoids dominate as the main substance among young people (up to 20 years), whereas in all other age groups heroin is dominant. Although this year taking heroin intravenously is the most common (77%), this number is steadily falling, with the rising trend of snorting and smoking heroin. Cannabinoids and other non-opiate substances are being taken less frequently than heroin and other opiates. Opiate addicts are most frequently treated by pharmacotherapy (82%) mostly methadone, but the number of those treated by buprenorphine has also increased, whereas the proportion of methadone detoxification has been declining. Unlike the opiate ones, non – opiate addicts have been treated in 74% of cases by some form of psychological help.

As the main reason for beginning to take opiates the peer or partner influence is mentioned, and curiosity for non-opiate users. Although family problems are not often quoted, it is interesting that they are mentioned twice as much for opiate users. The first intake of any drug (most often cannabinoids) is at 16, the first intravenous heroin intake at 21, and the first treatment not before 26, which is a ten-year period from the beginning of experimenting with drugs to coming to treatment. The age of the first non-opiate abuse treatment is slowly

getting higher and this year it is 20.5 years, as well as the period from the first intake of non-opioids to the beginning of treatment, which is 3.9 years.

Parents of opiate users mostly (54%) learn about their children's problem two or more years after the first intake, whereas the parents of those abusing cannabinoids most often learn about that during the first year. Higher education of parents does not influence earlier detection of the problem. Persons treated for opiate abuse, most often come to treatment on their own initiative (65%), whereas non-opiate users are in most cases referred by court, police or it is probation in 48% of cases, whereas only 10% come on their own initiative.

In addition to the constant number of heroin addicts who have shared equipment at least once, during the last years a significant decrease of those who shared it in the last month has been noticed (38.65 in 2002 compared to 19.9% in 2007). In addition to the addiction problem, 71% of the treated persons are additionally diagnosed with some other, most often psychical disorders.

Non-opiate addicts have currently more problems with court with more measures of compulsory treatment pronounced by court, while for opiate addicts punishment has already been pronounced or they are waiting for a punishment to be carried out.

4.1 Prevalence and incidence estimates of PDU

In the second half of 2007, there was conducted a study on estimates of the size of injecting drug users' population[15] (multiplier method) together with the estimation of HIV and viral hepatitises prevalence among injecting drug users. The survey also facilitated the description of injecting drug users' population including risk behaviours related to the transmission of blood-borne diseases. The survey was done in three major Croatian cities (Zagreb, Split, Rijeka) and in the prison settings and the results were extrapolated to the national level. Enlistment of examinees was exhaustive, i.e. there were involved all available examinees until the moment when there was reached previously determined sample size. Majority of examinees were involved in the survey upon their arrival to the Services for Prevention and Outpatient Addiction Treatment, and minor part was directed from the outreach centres. An anonymous questionnaire was used with the purpose to explore socio-demographic and behaviour characteristics whilst the survey of seroprevalence linked-anonymous blood taking that was tested screening and if necessary confirmation tests (HBsAg, anti-HBcAg, anti-HBsAg, anti-HCV and anti HIV). As a benchmark for estimates of injecting drug users' population size there was used data on number of injecting drug users registered in the treatment system in 2006. in the cities involved in the survey together with the total number of treated injecting drug users for the extrapolation to the national level.

As a multiplier there was used a median of a number of persons that examinees have declared as acquaintances involved in the drug addiction treatment. In total, in the survey were involved 601 examinees, out of which 150 in Rijeka, 130 in Zagreb, 121 in Split and 200 in the prison settings. Table 4.1 shows the results of the injecting drug users population size estimates.

[15] It is important to highlight that the survey referred to the drug users that have been injecting any type of drug during the last year.

Table 4.1 - Estimation of the sizes of the injecting drug users' populations according to the location of research using the multiplier method

	Benchmark	Multiplier	Estimated population size
City of Zagreb and the Zagreb County	1 122	10/4	2 805
Split-Dalmatia County	502	20/3	3 347
Primorje-Gorski Kotar County	411	20/6	1 370
Croatia	3 861	20/5	15 444

Source: Seroprevalence (HIV, HBV and HCV) survey in Croatia, 2007

The main limitations of results are the following: the selection of examinees through the Centres for Prevention and Outpatient Addiction Treatment might have led to a lower generalizibility of results, since we did not manage to reach the parts of population not included in the treatment. The population size estimation data are based on the number of the registered treated persons in the year 2006 as the base value, whereas the multiplier was calculated for the year 2007. If the number of treated persons significantly differs between the years 2006 and 2007, the population size estimation is considerably distorted.

So far, in Croatia were not done estimates of problem drug use incidence.

4.1.1 Intravenous drug use

Analysis of data on modalities of main substance use show that intravenous use of opiates (heroin, methadone, other opiates) still dominates (4 069 persons out of 5 703 registered opiate users or 71.3%). Intravenous methadone use admitted 7 treated persons. Almost every fifth treated drug addict (18.5%) inhaled opiates, whilst 197 (3.5%) of them smoked opiates. Other modalities of main substance use don't differ from the usual.

Risk behaviours of drug addicts include all behaviours that can expose them to concurrent diseases and complications, like infection with HIV, hepatitis B and C. Here it is not being considered only prevalence or incidence of HIV and viral hepatitises but risk factors for transmission of these diseases. It is in particularly important to reduce sharing needles, syringes and other paraphernalia as well as risk sexual behaviour. Therefore, when visiting Services for Prevention and Outpatient Addiction Treatment, clients are asked whether they share injecting equipment.

Since in nowadays all blood donors are routinely tested on hepatitis C virus, mail possibilities for infection are injecting drug use, sexual promiscuity without adequate protection and professional infection cases (needle-prick incidents of health staff). Every active addict that takes drugs intravenously has to undertake all possible measures to avoid HIV or hepatitis infectious, i.e. use of clean and sterile paraphernalia and condoms during sexual intercourse.

Table 4.2 - Persons treated for drug misuse in 2007 by age of the initial intravenous drug use

Age	Number of treated persons	%	Number of first time treated persons	%
< 15	143	3,2	6	1,4
15	178	4,0	13	3,0
16	309	7,0	14	3,2
17	435	9,8	37	8,5
18	499	11,2	40	9,2
19	410	9,2	25	5,7
20	508	11,4	44	10,1
21	332	7,5	32	7,4
22	353	8,0	38	8,7
23	285	6,4	33	7,6
24	219	4,9	30	6,9
25-29	551	12,4	84	19,3
30-34	151	3,4	26	6,0
35-39	48	1,1	10	2,3
40-44	16	0,4	3	0,7
TOTAL	**4.437**	**100,0**	**435**	**100,0**

Source: Croatian National Institute of Public Health

4.2 Profile of persons in treatment

Until the end of the year 2007, in the Register of treated psychoactive drug addicts, 25 720 persons were registered. In 2007 the total number of treated persons amounted to 7 464, which is the increase of 0.5% compared to the year 2006. The total number of persons treated for opiate abuse is increasing by years, which is understandable, because besides the ones who are treated for the first time, there are also addicts who stay in treatment. In addition, the availability of healthcare services is getting better as well as the register of addicts. The total number of persons treated for non-opiates in the last 8 years has stabilised at a little more than 1 700 cases a year (see Figure 4.1). During 2007, 1 779 persons were treated for the first time, which is 24% of all treated persons, which is the lowest proportion since 1995, whereas since 1999 it has been steadily falling. Although the number of persons treated for the first time grew from 1995 to 2001 (from 652 to 2 548), in the last 6 years it has levelled off at the average 1 846 per year (see Table 4.3 and Figure 4.2).

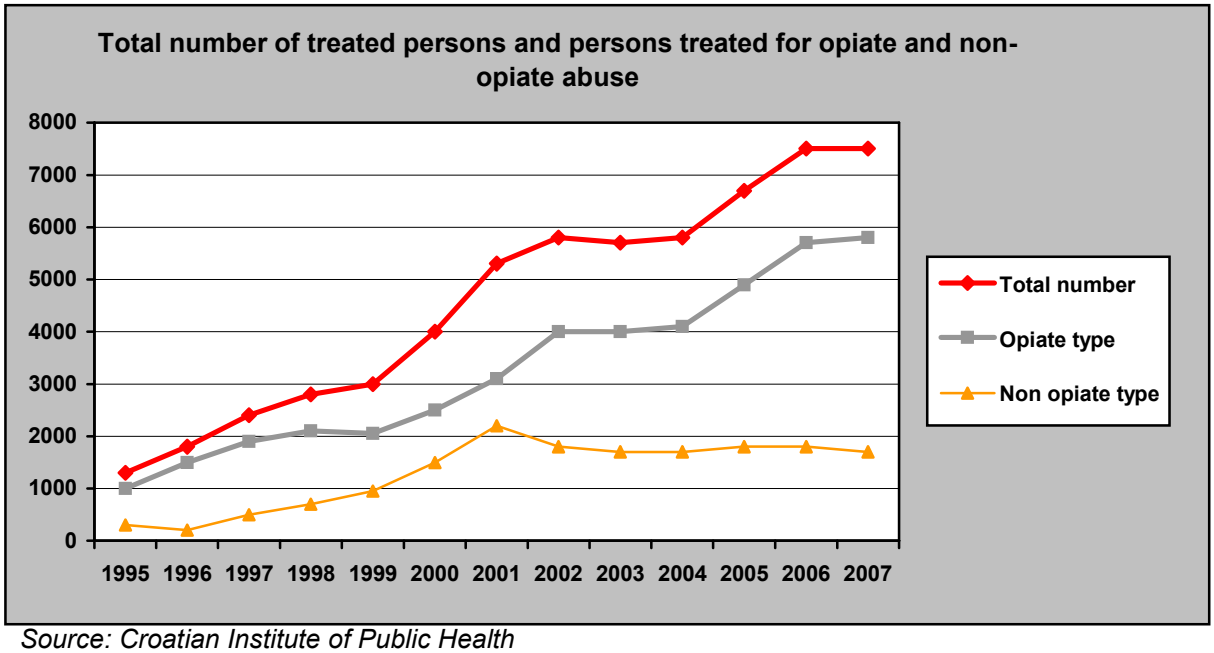
Table 4.3 - Total number of treated addicts, number and proportion of the persons treated for the first time

Year	Number of persons treated	Treated for the first time	Proportion of newly treated persons (%)
1995	1 340	652	48.7
1996	1 776	749	42.2
1997	2 344	797	34.0
1998	2 750	1 466	53.3
1999	3 048	1 657	54.4
2000	3 899	2 026	52.0
2001	5 320	2 548	47.9
2002	5 811	2 067	35.6

2003	5 678	1 840	32.4
2004	5 768	1 619	28.1
2005	6 668	1 770	26.5
2006	7 427	2 001	26.9
2007	7 464	1 779	23.8

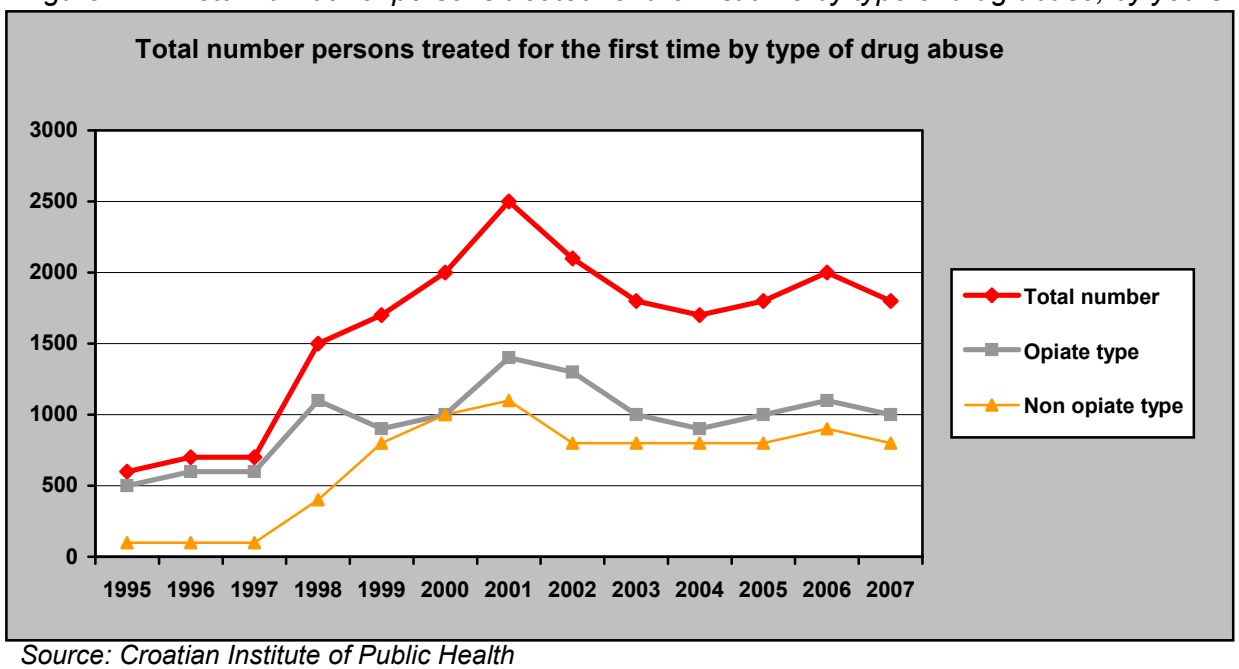
Source: Croatian Institute of Public Health

Figure 4.1 - Total number of treated persons and persons treated for opiate and non-opiate abuse, by years



Source: Croatian Institute of Public Health

Figure 4.2 - Total number of persons treated for the first time by type of drug abuse, by years



Source: Croatian Institute of Public Health

In 2007 the total number of persons treated for opiates amounted to 5 703 (see Table 4.4), which is more than 2% more than the previous year and shows the increase in this number, since 1995. The previously mentioned increase is only the result of the fact that opiate addicts stay within the system, because the number of newcomers has stabilised in the last five years and it has been about 800 persons a year (after the peak of 1 066 was reached in the year 2001). The proportion of new opiate users among all opiate users for a particular year was 14%, which is the lowest registered percentage and the continuation of the falling trend through years.

Table 4.4 - Total number of persons treated for opiate addiction, number and proportion of persons treated for opiate addiction for the first time, by years

Year	Number of persons treated for opiate addiction	Treated for opiate type addiction for the first time	Proportion of those treated for opiate addiction for the first time
1995	989	521	52.7
1996	1 436	610	42.5
1997	1 866	631	33.8
1998	2 085	1 048	50.3
1999	2 057	893	43.4
2000	2 520	1 009	40.0
2001	3 067	1 066	34.8
2002	4 061	846	20.8
2003	4 087	802	19.6
2004	4 163	732	17.6
2005	4 867	785	16.1
2006	5 611	876	15.6
2007	5 703	800	14.0

Source: Croatian Institute for Public Health

According to data (see Table 4.5) it is clear that there is continually the biggest number of those who come to treatment due to opiate abuse. From 1995 to 2000 that proportion varied from 65% to 81%, and since 2001 it was continuously rising to reach 76% in 2007, or 1% more than the previous year.

Table 4.5 –Total number of treated persons, number and proportion of the persons treated for opiate addiction among the total number of treated persons, by years

Year	Number of treated persons	Number of persons treated for opiate addiction	Proportion of persons treated for opiate addiction among the total number of treated persons (%)
1995	1 340	989	73.8
1996	1 766	1 436	81.3
1997	2 344	1 866	79.6
1998	2 750	2 085	75.8

1999	3 048	2 057	67.5
2000	3 899	2 520	64.6
2001	5 320	3 067	57.7
2002	5 811	4 061	69.9
2003	5 678	4 087	72.0
2004	5 768	4 163	72.2
2005	6 668	4 867	73.0
2006	7 427	5 611	75.5
2007	7464	5703	76.4

Source: Croatian Institute of Public Health

The proportion of opiate addicts among those who demanded treatment for the first time is 45%, which corresponds to the situation in the year 2001, when this proportion on an annual basis was between 40 and 45% (see Table 4.6).

Table 4.6 – Total number of persons treated for the first time, number and proportion of persons treated for the first time for opiate addiction, by years

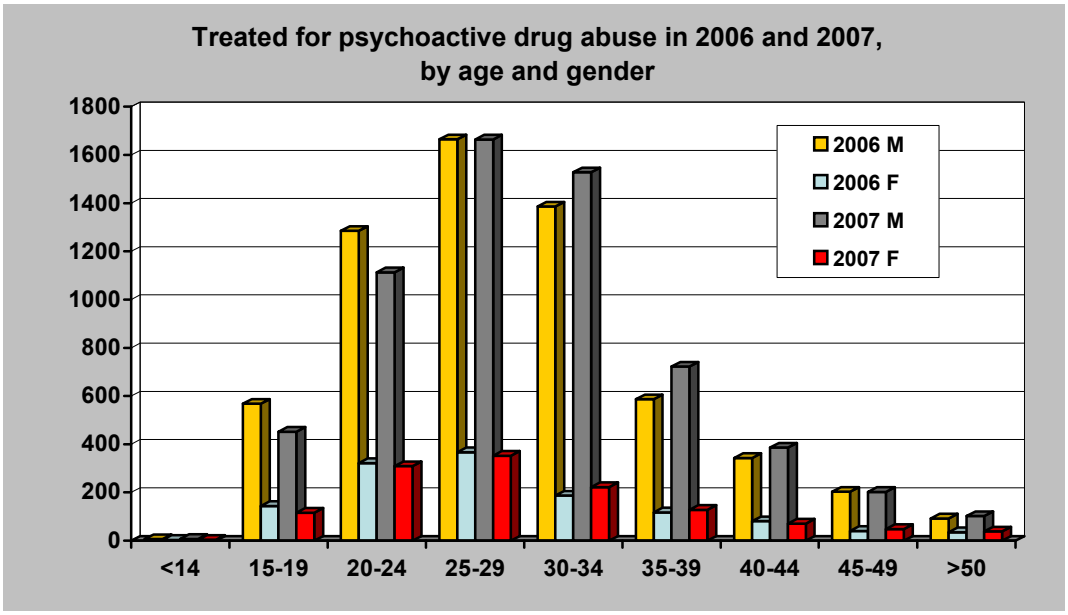
Year	First time registered all addiction types	New opiate addiction type	Proportion of new opiate users among all addiction types
1995	652	521	79.9
1996	749	610	81.4
1997	797	631	79.2
1998	1 466	1 048	71.5
1999	1 657	893	53.9
2000	2 026	1 009	49.8
2001	2 548	1 066	41.8
2002	2 067	846	40.9
2003	1 840	802	43.6
2004	1 619	732	45.2
2005	1 770	785	44.4
2006	2 001	876	43.8
2007	1 779	800	45.0

Source: Croatian Institute of Public Health

The number of new persons treated for non-opiate abuse after a significant increase after 1995, reached its peak in 2001 (1482 persons), and that number has stabilised in the last five years to the average number of 1 000 per year. The situation with new opiate addicts is similar, only the initial growth was much slower, and the number has levelled off at around 800 per year. So, for a few years now, the number of newly treated persons has been relatively steady.

Out of the total number of 7 464 persons treated during 2007, the majority of them as well as in the previous years were men (83%) and that proportion did not change much (see Figure 4.3.). The proportion of men and women is 4.8:1.

Figure 4.3 – Treated for psychoactive drugs abuse in 2006 and 2007, by age and gender



Source: Croatian Institute of Public Health

As far as the distribution per age groups is concerned, in the last eight years we can see that the majority of addicts belong to older age groups, so in 2000 the majority of addicts, both men and women, was between 16-25 years, and in 2003 it was the age group of 20-29. However, in the last two years the largest number of women has been in the age group of 20-29 years, and men in the age group of 25-34 years. The average age of treated men was 29.8 years and women 29.2 years.

Table 4.7 - Average age of persons treated for psychoactive drug abuse, by gender

Year of treatment	Average age		
	Men	Women	Total
2001	25.7	25.8	25.7
2003	27.1	27.2	27.1
2005	28.4	28.1	28.3
2007	29.8	29.2	29.7

Source: Croatian Institute of Public Health

By monitoring the average age of persons treated for psychoactive drug abuse through a two-year period of time (see Table 4.6.), it is noticeable that the average age is rising, which additionally points to the conclusion that the addicts stay in treatment for a longer number of years.

The proportion of the total number of treated persons per 100 000 inhabitants aged between 15-64 years of age (see Table 4.7) has with some fluctuations increased in the last 6 years from 130.4 in 2002 to 250.3 in 2007. The highest proportion was registered in the Zadarska County with the rate of 599.2, which took precedence over the County of Istria (the rate of 532.6). The third is the city of Zagreb with 444.2, which has already had a very high position during the previous years (see the Table 4.8).

Table 4.8 – Proportion of persons treated for the psychoactive drug abuse per 100 000 inhabitants aged 15-64

Year of treatment	Rate per 100 000 inhabitants*
2002	130.4
2003	127.4
2004	129.7
2005	223.8
2006	248.1
2007	250.3

*Rates according to the Census 2001
Source: Central Bureau of Statistics

According to the rates there have been no changes for opiate addicts compared to the last year figures. The highest proportion of persons treated for opiate use per 100 000 inhabitants by counties aged 15 to 64 years is noticed in the Zadar County (516.3), followed by the Istria County (4699) and the Šibenik - Knin County (320.4). For the whole Croatia this rate is 191.1, whereas last year it was 187.2. The highest proportion of persons treated for drug abuse among the total number of treated persons is noticed in the Bjelovar – Bilogora County (86%) and Virovitica - Podravina County (68%). The lowest proportion (16-21%) is noticed in the counties with the best developed system of registration in a longer period of time, and these are the counties with highest number of treated addicts. Furthermore, it is obvious that in these counties (except the City of Zagreb) the majority of newly treated persons are the ones of the opiate type.

Table 4.9 – Number of persons treated for psychoactive drugs abuse in 2007 and the rate per 100 000 inhabitants aged 15-64, regarding to their residence county

County	Total number of treated person				First time treated			
	Number	Rate on 100.000*	Opiates	Rate 100.000* (opiates)	All types of addiction	Share of treated persons (%)	Opiates	Share of first time treated (%)
City of Zagreb	2 385	444.2	1 694	315.5	596	25.0	216	36.2
Zagreb	314	149.4	222	105.6	88	28.0	35	39.8
Krapina-Zagorje	57	60.4	28	29.7	29	50.9	9	31.0
Sisak-Moslavina	94	77.4	54	44.5	28	29.8	10	35.7
Karlovac	135	146.6	34	36.9	41	30.4	12	29.3
Varaždin	219	176.5	162	130.5	44	20.1	19	43.2
Koprivnica-Križevci	51	61.8	22	26.7	19	37.3	4	21.1
Bjelovar-Bilogora	28	32.3	5	5.8	24	85.7	4	16.7
Primorje-Gorski K.	635	300.2	562	265.7	112	17.6	68	60.7
Lika-Senj	12	36.3	6	18.2	4	33.3	0	0.0
Virovitica-Podravina	34	55.9	10	16.4	23	67.7	1	4.4
Požega-Slavonia	24	43.7	19	34.6	8	33.3	5	62.5
Brod-Posavina	169	147.9	99	86.6	61	36.1	23	37.7
Zadar	636	599.2	548	516.3	133	20.9	68	51.1

Osijek-Baranja	327	147.6	172	77.6	110	33.6	27	24.6
Šibenik-Knin	248	347.0	229	320.4	46	18.6	38	82.6
Vukovar-Sirmium	101	74.9	70	51.9	48	47.5	20	41.7
Split-Dalmatia	823	265.8	771	249.0	133	16.2	102	76.7
Istria	757	532.6	668	469.9	121	16	73	60.3
Dubrovnik-Neretva	280	348.8	214	266.6	72	25.7	38	52.8
Međimurje	106	132.4	87	108.7	21	19.8	12	57.1
TOTAL CROATIA	**7 435**	**250.3**	**5 676**	**191.1**	**1 764**	**23.7**	**786**	**44.6**
Other countries	29	0.0	27	0.0	18	62.1	16	88.8
TOTAL	**7 464**	**0.0**	**5 703**	**0.0**	**1 779**	**23.9**	**800**	**45.0**

Source: 2001 Census, Croatian Bureau of Statistics

Regarding the education level (see Table 4.9) the highest number of the treated persons has finished secondary school (4 841 – 65%). Only 16% finished a primary school, and 95 persons (1.3%) did not finish a primary school. Education and employment present very important elements in the process of drug abuse treatment, which among others includes help with additional education, retraining and employment of rehabilitated addicts. 332 persons or 5% of the total number of treated persons finished a college or university.

Table 4.10 – Total number of persons treated for psychoactive drug abuse in 2007, by education and age

AGE	Primary school not completed	Completed primary school	Secondary school not completed	Completed secondary school	Completed two year college	Completed faculty	Other	Unknown	%
<15	14	21	22					1	0.7
16 – 20	21	234	307	367	3		1	17	12.7
21 – 25	15	234	179	1 104	14	10	4	34	21.4
26 – 30	25	273	154	1 493	50	38	3	27	27.6
31 – 35	11	208	102	1 027	47	65	3	32	20.0
36 – 40	4	83	43	459	13	23		16	8.6
41 – 45		63	23	227	16	20	2	18	4.9
46 – 50	3	28	9	118	8	11		15	2.6
51 – 55		7	7	40	3	10		12	1.1
>56	2	4	2	6	1			8	0.3
TOTAL	**95**	**1 155**	**848**	**4 841**	**155**	**177**	**13**	**180**	**100.0**
%	1.3	15.5	11.4	64.9	2.1	2.4	0.2	2.4	

Source: Croatian Institute of Public Health

For 7 148 (96%) of the total number of 7 464 treated persons we have the information about who they live with (see Table 4.10). Similar to previous years the majority (62%) of the treated persons live with his/her primary family, 9% with a partner, and 11% of the treated live with a partner and a child. This again confirms the fact that addicts in Croatia are not expelled from the society and that their primary or secondary family do not abandon them in the moment of their addiction treatment – it would be good to see what the situation is like with opiate addicts. At the time of the treatment 10% of them said that they lived alone.

The information about the large number of the treated addicts living with his/her primary family, although in the age when they should start independent life, does not differ from the mode of residence of the general population of the same age.

Table 4.11 –Persons treated for psychoactive drug abuse in 2007,by age and residence

Residence	<15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	>50	TOTAL	%
Alone	0	18	87	196	190	116	85	35	22	749	10.0
With primary family	45	824	1 214	1 288	773	279	138	50	21	4 632	62.1
Alone with child	0	1	0	0	0	0	0	0	0	1	0.0
With partner	0	18	113	220	165	56	36	23	7	638	8.5
With partner and child	0	4	51	217	241	141	76	48	21	799	10.7
With friends	0	5	22	13	15	4	1	1	1	62	0.8
Other	12	46	52	71	55	14	8	7	2	267	3.6
Unknown	1	34	55	58	56	31	25	28	28	316	4.2
TOTAL	**58**	**950**	**1 594**	**2 063**	**1 459**	**641**	**369**	**192**	**102**	**7 464**	**100.0**
%	0.8	12.7	21.4	27.6	20	8.6	4.9	2.6	1.4	100	

Source: Croatian Institute of Public Health

The employment status is known for 7.285 persons (98%) (see Table 4.11). The highest percentage of opiate users is unemployed – 42%. 52% had income, either form full-time or part-time jobs, retirement or self-employment. The biggest number of students uses non-opiates (27%), which is understandable regarding to age distribution, whereas 33% of them had income.

Table 4.12 – Persons treated for psychoactive drug abuse in 2007, by employment status

Employment status	Opiates abuse		Non-opiates abuse		Total	
	Number	%	Number	%	Number	%
Unemployed	2 385	41.8	392	22.3	2 777	37.2
Permanent employment	1 815	31.8	428	24.3	2 243	30.1
Temporary employment	826	14.5	113	6.4	939	12.3
Independent business	105	1.8	15	0.9	120	1.6
Scholar	103	1.8	482	27.4	585	7.8
Student	136	2.4	170	9.7	306	4.1
Pensioner	242	4.2	32	1.8	274	3.7
Housewife	7	0.1	1	0.1	8	0.1
Other	20	0.4	13	0.7	33	0.4
Unknown	64	1.1	115	6.5	179	2.4
TOTAL	**5 703**	**100.0**	**1 761**	**100.0**	**7 464**	**100.0**

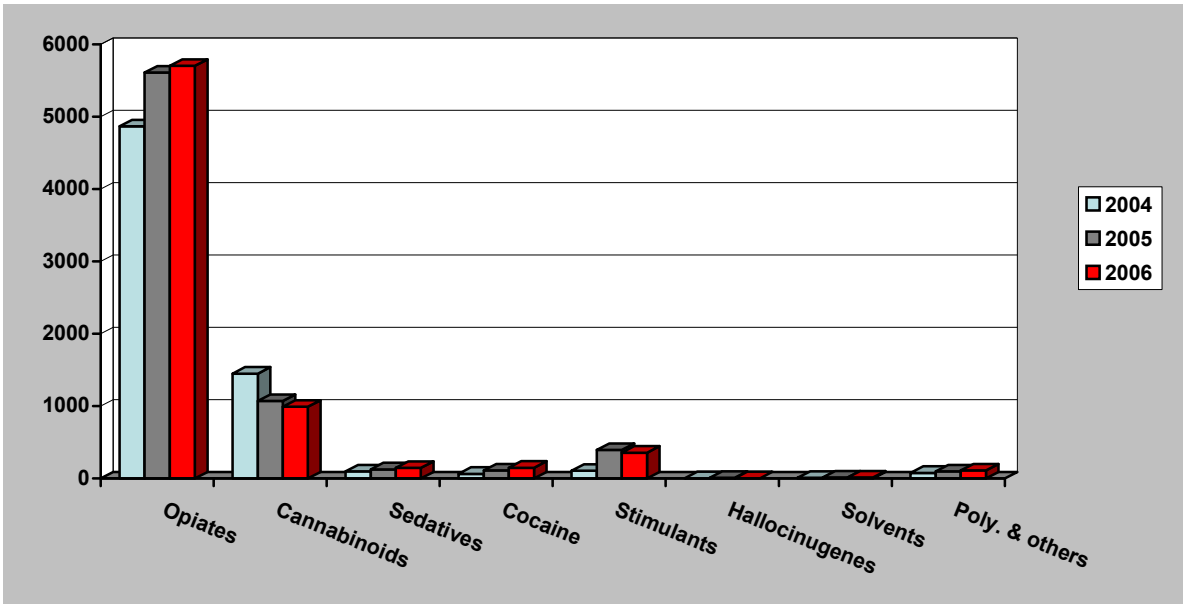
Source: Croatian Institute of Public Health

By analysing marital status of the treated persons the majority of them is not married (68%), whereas 23% of the addicts or every fourth person lives with a partner either in marriage or common-law marriage. Even 579 persons (35%) of 1 650 who have children do not live with a partner. Among the persons treated for opiate abuse in 2007, women have children more often or 36%, as opposed to men 25% of who have children.

Poly drug use is present at the large number of drug users, but registration rules require the

identification of the "main substance" according to the level of addiction, frequency of use or its consequences. Therefore, a therapist defines which substance is the main reason for coming to treatment. According to that, the largest number of persons was treated for opiates as a main substance (76%), then for cannabinoids abuse (13%) (see Figure 4.4 and Table 4.12). Other substances are less represented. It is obvious that the frequency of opiate abuse treatment is increasing, but the increase of cocaine abuse treatment and other stimulating substances has been also noticed pointing to the fact that on the one hand opiate addicts stay in treatment longer, and the number of cocaine and psychostimulants addicts coming to treatment is increasing, although it is not big. In the four year period the number of treated for cannabinoids has declined – from 22% to 13%.

Figure 4.4 - Number of persons treated for psychoactive drug abuse, by main substance



Source: Croatian Institute of Public Health

The distribution of the treated persons by age and main substance (see Table 4.12) shows that in the age group to 20 years of age cannabinoids absolutely dominate at 60% of persons as the main substance, whereas for all other age groups it is heroin. With persons over 50 benzodiazepines have very important position with 25%. Cocaine, ecstasy and other psychostimulating substances are mostly used by persons between 16 to 30 years. 33% of the persons treated for cocaine are below 20 years of age. The worrying factor is that four fifteen-year olds came to treatment for heroin abuse, and one for methadone abuse.

Table 4.13 - Number of persons treated for psychoactive drug abuse, by age and main substance

Main substance	Age									Total	%
	<15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	>50		
Heroin	4	150	1 084 (68%)	1 841 (89%)	1 394 (93%)	587 (92%)	336	152	63 (62%)	5611	75.2
Methadone	1	1	7	20	21	9	5	4	2	70	0.9
Other opiates	0	2	6	3	3	1	2	2	3	22	0.3
	2	46	46	33	10	6	1	2	1	147	2.0

Cocaine											
Ecstasy	1	46	47	21	5	1	0	0	0	121	1.6
Other psychostimulants	3	106	93	22	8	2	0	0	0	234	3.1
Barbiturates	0	0	1	0	0	1	0	1	2	5	0.1
Benzodiazepines	2	13	10	19	13	17	18	23	25 (25%)	140	1.9
Hallucinogens	0	1	0	0	0	0	0	0	0	1	0.0
Easily evaporable solvents	0	2	5	2	2	0	1	0	0	12	0.2
Cannabinoids	44	563 (59%)	262	83	25	7	3	4	1	992	13.3
Other substances	1	20	33	19	14	10	3	4	5	109	1.5
TOTAL	**58**	**950**	**1 594**	**2 063**	**1 495**	**641**	**369**	**192**	**102**	**7464**	**100.0**

Source: Croatian Institute of Public Health

By analysing the data modalities of usage of the main substance (see Table 4.13) it is clear that the most dominant mode of opiate usage is still intravenous opiate use (heroin, methadone, other opiates) used by 71% of all opiate users. Intravenous opiate usage is the most frequent way of using drugs with s 55%, followed by snorting with 18% (heroin snorted by 80% of all of the ones who snort). Other ways of using the main substance do not deviate from the regular ones. Although this year intravenous way of using heroin is also dominant (77%), it is steadily decreasing, whereas heroin snorting and smoking is rising.

Table 4.14 - Number of persons treated in 2007, by drug abuse modalities and main substance

Main substance	Drug abuse modalities						TOTAL	%
	IV injection	smoking	eating/drinking	snuffing	snorting	unknown		
Heroin	4 060	197			1 053 (79.7%)	301	5 611	75.2
Methadone	7		63				70	0.9
Other opiates	2		20				22	0.3
Cocaine	1	2	4		130	10	147	2.0
Ecstasy			120			1	121	1.6
Other psychostimulants		3	89		137	5	234	3.1
Barbiturates			5				5	0.1
Benzodiazepines			132			8	140	1.9
Hallucinogens						1	1	0.0
Easily evaporable solvents				11		1	12	0.2
Cannabinoids		992					992	13.3
Other substances			5			104	109	1.5
TOTAL	**4 070 (54.5%)**	**1 194**	**438**	**11**	**1 320 (17.7%)**	**431**	**7 464**	**100.0**

Source: Croatian Institute of Public Health

According to the data on the frequency of the main substance use, the frequency is unknown for 12% persons. 43% of heroin addicts did not take heroin during the last month, and 24% of them were taking it on a daily basis. Cannabinoids were taken once a week by 24% of persons, whereas 45% of them did not take them during the last month. It can be said that of all substances heroin, methadone and other opiates have been taken the most frequently.

Table 4.15 - Persons treated for psychoactive drug abuse in 2007by main reason of initial drug intake

Main reason	Opiates abuse		Non-opiates abuse		Total	
	Number	%	Number	%	Number	%
Curiosity	1 146	21.5	474	31.5	1 620	23.7
Peer or partner pressure	1 546	29.0	383	25.4	1 929	28.2
Entertainment	592	11.1	209	13.9	801	11.7
Desire for self - confirmation	340	6.4	119	7.9	459	6.7
Boredom	521	9.8	137	9.1	658	9.6
Psychological problems	650	12.2	95	6.3	745	10.9
Family problems	434	8.1	63	4.2	497	7.3
Ignorance about harmful consequences	77	1.4	16	1.1	93	1.4
Problems at school	22	0.4	9	**0.6**	31	0.5
TOTAL	**5 328**	**100.0**	**1 382**	**100.0**	**6 833**	**100.0**

Source: Croatian Institute of Public Health

As the main reason for starting taking non-opiate psychoactive substances (see Table 4.14), according to the statements of the treated persons is most often curiosity (32%) and peer and partner influence (25%), whereas the family problems are mentioned in 4% of cases.

For those treated for opiate use the most common reason was peer or partner pressure (29%), and then curiosity (22%). Psychological problems as reasons for taking drugs are quoted by 12% of the treated persons, and family problems with 8% are twice as many times more frequent than for non-opiate users. Since the non-opiate use is usual associated with the context of average adolescence population and the reasons for use are similar to reasons of any other risk behaviour, opiate abuse starts after certain time, when the surroundings are already profiled in the way to encourage abuse. Therefore, the influence of such selected and specific environment is in most cases the motif for being «included» in the group.

Table 4.16 - Persons treated for opiate drug abuse in the period from 2002 – 2007 by average age of substance abuse addiction

Opiate addicts	Year					
	2002	2003	2004	2005	2006	2007
Average age of first intake of any substance (years)	16.0	16.0	16.1	16.1	15.9	15.9
Average age of first intake of heroin (years)	19.9	20.0	20.0	19.9	20	20
Average age of first IV injection	20.4	20.5	20.8	20.8	20.8	20.8
Average year of first treatment	24.9	25.0	27.3	27.4	25.5	25.7
Number of years from first intake of any substance to first treatment	8.9	9.0	11.2	11.3	9.6	9.8

Source: Croatian Institute of Public Health

Table 4.17 - Persons treated for cannabinoids and other non-opiate drug misuse according to average age of drug use (2002 – 2007)

Cannabinoids and non-opiates consumers	Year					
	2002	2003	2004	2005	2006	2007
Average age of first intake of any substance (years)	16.0	15.9	16.0	16.1	16.3	16.6
Average age of first intake of cannabinoids (years)	16.1	16.1	16.1	16.2	16.4	16.6
Average year of first treatment	18.9	19.0	19.3	19.6	19.8	20.5
Number of years from first intake of any substance to first treatment	2.9	3.1	3.3	3.5	3.5	3.9

Source: Croatian Institute of Public Health

The data on average ages of development of addiction behaviour show the course of the development of heroin addiction. In the last 6 years the data have levelled with only slight fluctuations. As for the persons treated for opiate abuse, the first intake of any kind of drug happened at the age of 16, the first intake of heroin at the age of 20, the first intravenous heroin intake a year later, whereas the average age of the first treatment of heroin addicts was at the age of 26 (see Table 4.15). To conclude, from the first experimenting with drugs to coming to treatment there is an intolerable period of ten years. The key question is how to improve entering the heroin addicts into treatment programmes and how to keep them in.

As for those who were taking non-opioids the average age of the first intake is a little higher than for heroin users. The age of first coming to treatment has increased from 18.9 in 2002 to 20.5 this year, and it is usually connected with avoiding the initiation of a criminal proceeding for possession of certain amounts of drugs. All this is happening under the intervention of the Centre for Social Care or the Municipal State Attorney's Office. The number of years from the first intake of non-opioids to first treatment has been also increasing and in 2007 it was 3.9 years (see Table 4.16).

The parents of opiate addicts mostly (54%) learn about this problem two or more years after the first drug intake, whereas the parents of cannabinoids abusers learn about it during the first year of use. The analysis of the influence of education status of parents and the period

that passed since the parents first learned about their children's addiction problem, shows that higher education of parents does not mean that they will notice the problem earlier.

Table 4.18 - Persons treated for psychoactive drug abuse in 2007 by the way of being referred for treatment

Referral from	Opiates abuse		Non-opiates abuse		Total	
	Number	%	Number	%	Number	%
Personally	3 332	65.2	145	9.9	3 477	52.9
Family doctor	749	14.6	38	2.6	748	11.4
Court/ Probation	247	4.8	704	48.2	951	14.5
Family	334	6.5	169	11.6	503	7.7
Centre for social welfare	31	0.6	314	21.5	345	5.2
Friends	168	3.3	10	0.7	178	2.7
Hospital/other medical instituttion	89	1.7	23	1.6	112	1.7
Other treatment centre	61	1.2	12	0.8	73	1.1
Other	102	2.0	47	3.2	149	2.3
TOTAL	**5 113**	**100.0**	**1.462**	**100.0**	**6 575**	**100.0**

Source: Croatian Institute of Public Health

Persons treated for opiate use, most often come to treatment on their own initiative (65%), then they are referred by their family physician (15%), and family in 7% of cases. Non-opiate users are most often referred for treatment by court, police or it is their probation punishment, i.e. in 48% of cases. 22% of persons were sent for treatment by the Centre for Social Care. Only 10% of persons came to treatment on their own initiative (see Table 4.17).

5 Drug-related Treatment

Approach to the treatment of drug addiction is based on the treatment guidelines identical to other chronic non-infectious diseases. Treatment is being planned and implemented in compliance with the needs of an individual and is being modified according to the state of disease. In the treatment of drug addiction there are being used expertly justifies and proved procedures. Taking into account chronic relapsing course of the disease, the organizational ground for the treatment of drug addiction is out-patient treatment provided by the network of county Services for Prevention and Outpatient Addiction Treatment. In the treatment it is being implemented expertly harmonised Croatian model which is under that terminology known in the international expert circles. Model considers continuous cooperation and joint activity of specialised out-patient Services and general practitioners, that is teams of the family medicine in the implementation of treatment programs. The first contact of the drug addict with the treatment system would probably happen in Service.

If we look at the treatment modalities, the treatment of drug addicts is carried out through substitution pharmacotherapy, drug free programme, as well as family and psycho-social treatment. This model enables - wide availability of treatment through primary health care led by a specialist; wholesome care of addicts; treatment destigmatisation and normalisation; addiction decentralisation and de-gettoisation; with low treatment costs. In the case of an addict's non-cooperation and aggressiveness, forced treatment would need to be organised in accordance with the adequate legal regulations. This would only be in the case where if due to the absence of therapeutic procedures, the addict's life would be directly jeopardized, or there would be a direct danger of more severe health damage, or it would harm other people's safety and health.

More generally, treatment of drug addicts in Croatia is organised within the national health system, while certain measures of treatment and rehabilitation can be provided also outside the health system. There are institutions specialized in in-patient and out-patient treatment of drug users:

1. in-patient treatment – five psychiatric hospitals, one ward in a clinic, one ward in a General hospital and one in a prison hospital
2. out-patient treatment – provided in the Services for Addiction Prevention (in 2007 there were 21 such Services in the Republic of Croatia)
3. rehabilitation programme – implemented in therapeutic communities

In 2007 there was the total number 7 398 persons treated in outpatient settings, which is 1.6% more than last year. Clinical hospital "Sestre milosrdnice" are also included here since a lot of addicts in the City of Zagreb are treated in this hospital, both in hospital and outpatient treatment (23% of all persons treated in outpatient settings in Croatia). The second place regarding the proportion of treated persons is held by the Service for Addiction Prevention and Outpatient Treatment in the City of Zagreb with 17%, and the third position by the Addiction Prevention Service of the Split –Dalmatia County with 10%.

1 034 persons were treated in stationary health care institutions in 2007, which is 9% less than in 2006, and although the number had been rising since 1995, in the last 6 years it is fluctuating and its average is 1 000. All registered persons underwent the hospital treatment 1 290 times, which makes 1.2 hospital admissions per person. From 1995 to 2000 the number of hospital admissions was rising from 500 and 1 000, and from 2000 to 2007 it was between 1 000 and 1 500, whereas the number of hospital admissions per person did not change much, although this year the number has been the lowest up till now. The average length of a hospital stay was 31.9 days. The largest number of persons were hospitalised at the specialist addictions unit at the Psychiatiric Hospital Vrapče, i.e. 28%.

5.1 Treatment System

As previously mentioned in the overview of this Chapter, Croatian system for treatment of drug addiction is generally divided into inpatient treatment, outpatient treatment and rehabilitation programmes.

Inpatient treatment is available in hospital capacities, i.e. five psychiatric hospitals, one clinical ward, one general hospital ward and one prison hospital ward. In stationary health institutions 1 034 persons were treated**,** which is 9 percent less than in 2006. They were admitted to hospital 1 290 times, i.e. 1.2 hospital admissions per person. The average length of stay in hospital was 31.9 days. The biggest number of persons were admitted at the specialised ward for drug abuse in the Psychiatric Hospital Vrapče. 261 persons were treated, and they were registered in hospital 358 times. On average they stayed at the ward for 34.5 days. From hospital notifications it is clear that majority of these patients apart from addiction suffer from another psychiatric illness or disorder (specific personality disorder, alcoholism, schizophrenia, acute and temporary psychotic disorder, depression episodes, borderline personality disorder etc.).

In the Psychiatric Hospital Sveti Ivan (Jankomir) 118 persons were treated for the average of 39.5 days. According to the average values the largest number of days patients spent in psychiatric hospitals in Lopača (362.8 days), Ugljan (83.1) and Rab (62.8), which are specialised hospitals, so the patients stay there much longer due to their psychiatric problems.

As already described in the previous Report, the **outpatient treatment** in Croatia is organised through the network of Services for Prevention and Outpatient Addiction Treatment (in 2007 there were 21 of them) within the County Institutes for Public Health. According to Croatian law, they are obliged to send data about the treatment of their clients to the Croatian Institute for Public Health. In the Services for Prevention and Outpatient Addiction Treatment there is the total number of 159 employees, 78 of them permanent employees and 81 temporary employees. In the Services 35 doctors are employed (24 of them permanently) and 26 psychiatrists (only 7 of them permanently). Other most represented professionals are psychologists (the total of 24), then social workers (18 of them), defectologists (7), and other experts (19). There are also 27 employed nurses. Reporting on the work and services provided is conducted through a harmonised reporting system. In the last year in all Services total of 72 010 visits were noticed compared to 6 6716 visits in 2006, which is on average 6 000 visits (5 559 in 2006). The largest number of visits was registered in the Primorje – Gorski Kotar County – 1 234 (1 124 in 2006), followed by the City of Zagreb with 1 211 visits (851 in 2006), and the Istarian County with 596 visits (724 in 2006).

The total number of 3 834 persons per month sought help from the Services (3 573 persons in 2006). The largest number of people sought help in the Primorje – Gorski Kotar County with the average of 896 persons a month, the City of Zagreb with 526 persons and the Split - Dalmatia County with 393 persons a month. The number of visits to the Services fluctuated from one visit a month to 2.3 visits a month in the City of Zagreb.

According to the regular service type, the following data have been collected:

- Interview

In 2007 the professionals in the Services conducted 4 248 interviews. The most of them were registered in the Split - Dalmatia County (1 533), followed by the City of Zagreb (462), Sisak - Moslavina County (393) and Koprivnica - Križevci County with 223 interviews.

♦ Examinations

In the last year in Croatia in all Services there were 25 576 examinations done, which amounts to 2 131 examinations a month (in 2006 there were 1 857, and in 2005 1 827 examinations). Out of the total number of examinations there was the largest number of orientational examinations – 14 154 of them (1 179 examinations a month), then partial ones (8 911) and expanded ones (1 709), and the smallest number of complete examinations (802). By analysing the data per Service the highest number of examinations were done in the City of Zagreb (7 957), the Primorje – Gorski Kotar County (4 092), the Split – Dalmatia County (3 494), the Zadar County (2 684) and the Istarian County (2 338).

♦ Counseling

Counselling work presents the basis of the work in the Services and is equally oriented towards the persons who already have problems with drugs abuse, as well as with youth and parents interested in all drug-related problems. Counselling is carried out in the Services' premises and on the telephone. There were 29 902 individual counselling sessions conducted in 2007. There were 23 612 counselling telephone conversations, which is the average of 1 967 pieces of advice a month, followed by short up to five-minute pieces of advice (17 217), and 5 871 family counselling sessions. The largest number of counselling was registered in the Primorje – Gorski Kotar County (14 816), the City of Zagreb (12 177), the Zadar County (8 757), the Split - Dalmatia County (7 880), and Istarian County (7 359).

Counselling work in the Services for addiction prevention is divided into three stages. Individual counselling session is oriented towards elevating the level of knowledge of consumers, addicts or members of a family, and motivating for further treatment. Working on behaviour modification is aimed at changing the behaviour and acquisition of healthy behaviour forms, development of self-esteem, work on changing attitudes, development of ability for higher-quality communication, acquiring constructive ways of solving current and future problems. In 2007 behaviour modification efforts were conducted 23 454 times.

The largest number of behaviour modification attempts were conducted in the City of Zagreb (9 853), the Istarian County (4 068), the Zadar County (3 153) and Osijek - Baranja County (2 047). During family counselling sessions the members of a family and a consumer, addict participate together in therapy with the aim of solving addiction problem more efficiently. In 2007 there were 5 871 family counselling sessions conducted. The largest number of them were conducted in the Primorje – Gorski Kotar County (1 352), the Istarian County (608), and the Split – Dalmatia County (523).

♦ Psychiatric treatment and individual psychotherapy

Ambulatory psychiatric treatment includes evaluation of the patient's mental condition, an interview according to the somatic method and if required, a somatic examination, setting up a temporary or final diagnose, referral to additional tests or interventions, control of the patient's condition, prescription or continuation of the already introduced therapy. In 2007, those Services that have a specialist psychiatrist in their teams performed the total number of 25 928 psychiatric treatment sessions. The largest number of ambulatory psychiatric treatments was performed in the City of Zagreb (7 957), the Primorsko-goranska County (1 981) and the Split – Dalmatia County (1 624). In the City of Zagreb there was also the largest number of psychotherapies – 6 776 of them, with monthly average of 564, then follows the Primorje – Gorski Kotar County with 2 269 psychotherapies and the Dubrovnik - Neretva County with 906 psychotherapies.

♦ Health- social intervention

Health and social intervention is helping addicts to solve their social needs (e.g. help with the regulation of health care needs, help with finding a primary care doctor). That kind of work

requires the coordination of the Service with other entities - services for social care, primary health care, courts, schools or work organisations.

In Croatia in 2007 there was the total number of 6 952 health-social interventions, the largest number of them in the City of Zagreb - 6 776, then follows the Primorje – Gorski Kotar County (2 269) and Dubrovnik - Neretva County (906).

♦ Urine testing for presence of drugs and their metabolites

Persons included in the treatment of the Services undergo regular urine tests (so called rapid tests) on presence of drugs and their metabolites, and capillary blood tests on HIV, HCV, HBV and syphilis. There was the total number of 23 220 urine tests made, which is 1 935 tests a month (in 2006 it was 1 639 tests a month). The largest number of tests were done in the City of Zagreb – 4 802, then follows the Split - Dalmatia County (2 917), the Zadar County (2 647) and the Osijek - Baranja County (2 224). Capillary blood tests are represented less, so in 2007 there were 1 272 blood tests done, which is the average of 106 tests. The largest number of tests was done in the Split - Dalmatia County (420), then the City of Zagreb (398) and the Zadar County (150).

♦ Educational work

Education at the Services is oriented towards permanent education of the Centre's employees and others. Therefore, in 2007 in the Services there was the total number of 538 lectures held, as well as 137 public meetings, counselling and education for school employees regarding the School preventive programme (312), educational workshops for school employees, doctors and other professionals (129), participation in special programmes (453), and organisation and participation in permanent education of health workers (309).

In the Republic of Croatia there are 9 **therapeutic communities** and 33 therapy houses that work and function as non-governmental organisations and offer treatment and psychosocial rehabilitation to drug addicts, as associations or religious communities within humanitarian activities or are organised and registered as social care homes for addicts. Therapeutic communities that operate as associations and religious communities within humanitarian activities are the following:

- Remar Espana
- Community „Mondo Nuovo"
- Community Papa Ivan XXIII
- Narconon Adriatic
- Association San Lorenzo - Community „Cenacolo"
- Reto Centar – Prijatelj nade

Therapeutic communities that are organised and operate as social care homes for addicts are

- Home for Drug Addicts – Community Susret
- Home for Drug Addicts Đurmanec Krapina
- Ne-ovisnost

Therapeutic communities conduct their drug-free treatment programmes for any kind of illicit drugs abuse, programmes of psychosocial rehabilitation and re-socialisation, family counselling, care provision services, working activities for clients, organise self-help groups to addicts' families, organise various educational promotional lectures with the aim of addiction prevention and participate as mediators for referring addicts to treatment in therapeutic communities outside the Republic of Croatia.

Therapeutic communities cooperate with the units for prevention and outpatient treatment of narcotic drugs addicts, social care services, hospitals, health homes, state administration bodies and domestic and foreign humanitarian organisations, therapeutic communities and associations.

5.2 Drug Free Treatment

Within the health system in Croatia, drug free treatment is available in in-patient health settings (the "Vrapče" psychiatric hospital in Zagreb and in the Pula General hospital) as well as in the out-patient settings in the frame of national network of Services for Prevention and Outpatient Addiction Treatment. Although afore mentioned Services play significant role in the substitution therapy, they also provide psycho-social treatment, usually in a form of counselling.

Table 5.1 - Total number of treated persons in Psychiatric hospital Vrapče and General hospital in Pula in 2007

Medical institution	Number of treated persons
Psychiatric hospital Vrapče	261
General hospital Pula	59

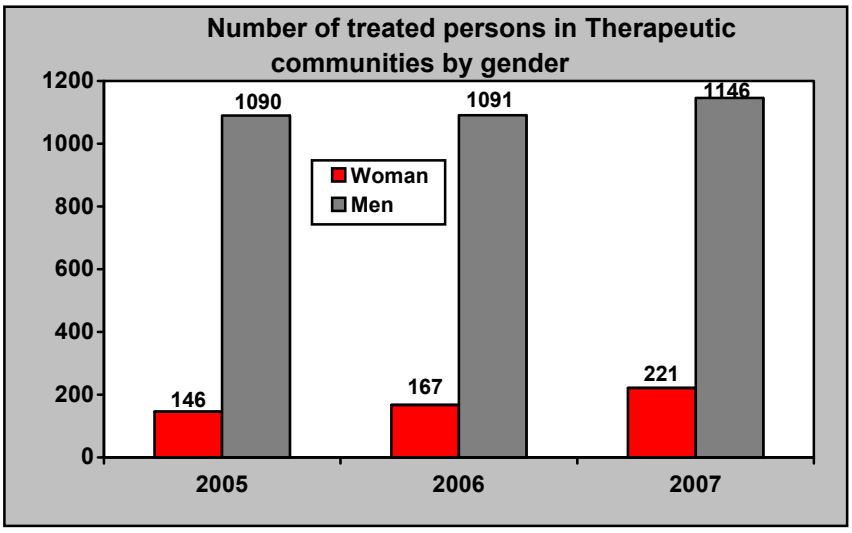
Source: Croatian Institute of Public Health

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

The total number of addicts in rehabilitation or abstention treatment in therapeutic communities in 2007 rose compared to years 2005 and 2006. During 2005 in therapeutic communities there were 1 253 persons undergoing drug-abstention treatment, 1 091 of them male addicts and 162 female addicts. In 2006 the number of addicts on treatment was equal, i.e. 1 253 persons, 1 039 of them male and 214 female, whereas during 2007 the total number of 1 367 addicts were on drug-abstention treatment, 1 146 of them male and 221 female. The largest number of persons undergoing abstention treatment and rehabilitation in therapeutic communities are men (from 79 to 80%) whereas the proportion of women undergoing abstention treatment in therapeutic communities is from 20 to 21 percent, which is the increase of approximately 4 percent compared to the previous year. In 2007 compared to 2006 and 2005 the total number of addicts on abstention treatment and rehabilitation in therapeutic communities increased by 9 percent.

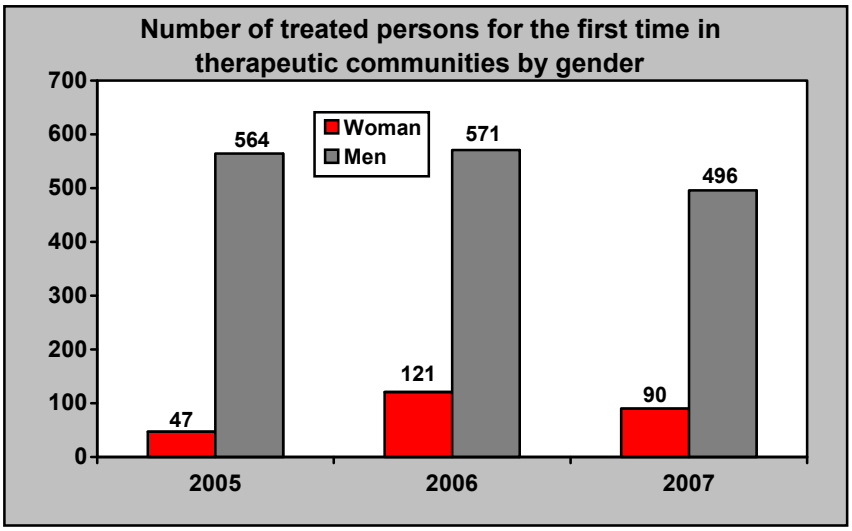
The number of new addicts in 2007 compared to 2005 and 2006 declined. In 2005 there were 611 of them, 692 in 2006 and 586 in 2007. The number of new addicts in therapeutic communities in 2007 was 15.3 percent smaller than in 2006, and compared to 2005 it fell 4 percent.

Figure 5.1 - Number of treated persons in therapeutic communities by gender 2005 – 2007



Source: Therapeutic communities

Figure 5.2 - Number of treated persons for the first time in therapeutic communities by gender



Source: Therapeutic communities

Table 5.2 - Number of opiate addicts, addicts and consumers of other drugs in the treatment of TCs and persons treated for the first time

Number of opiate addicts, addicts and consummates of other drugs in TC treatment and number of treated persons for the first time	Moji dani Dom za ovisnike Đurmanec		San Lorenzo – Zajednica Cenacolo		Dom za ovisnike Zajednica Susret		Zajednica Mondo Nuovo		Zajednica Reto Centar – Prijatelj Nade		Zajednica pape Ivana XXIII		NE-ovisnost	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number of opiate addicts in TC treatment in 200	102	0	229	59	157	53	27	0	516	86	38	9	36	2
Number of addicts and consummates of other drugs in 2007	7	0	0	0	17	5	1	0			15	7	1	0
Number of opiate addicts treated for the first time in TC in 2007	30	0	64	13	73	29	14	0	246	37	11	3	36	2
Number of addicts and consummates of other drugs treated for the first time in 2007	5	0	0	0	9	4	0	0			7	2	1	0
Total number of addicts in TC treatment by gender	109	0	229	59	174	58	28	0	516	86	53	16	37	2
	109		288		232		28		602		69		39	
Total number of persons in treatment	**1 367**													
Total number of persons treated in TC for the first time by gender	35	0	64	13	82	33	14	0	246	37	18	5	37	2
	35		77		115		14		283		23		39	
Total number of first time treated persons in TC	**586**													

Source: Therapeutic communities

Table 5.3 - Number of persons referred to treatment abroad and number of families involved in counselling sessions

NGO	Total number of persons sent abroad		Number of families involved in counselling sessions
	Men	Women	
Osmijeh	0	0	28
Centar za duhovnu pomoć	0	0	203
ANST 1700	10	4	42
DEDAL	30	10	80
Ruka ljubavi	13	0	26
Egzodus	0	0	33
Susret	2	2	215
Porat	3	2	40
Pet +	5	0	28
Molitva i riječ	0	0	50
Novi put	0	0	12
UPO	3	2	60
Prijatelj	41	7	0
Dom za ovisnike Đurmanec	0	0	174
San Lorenzo – Zajednica Cenacolo	29	33	391
Dom za ovisnike Zajednica Susret	0	0	366
Zajednica Mondo Nuovo	6	0	75
Reto centar – Prijatelj nade	5	0	20
Ne-ovisnost	0	0	52
TOTAL	**147**	**60**	
	207		**1 895**

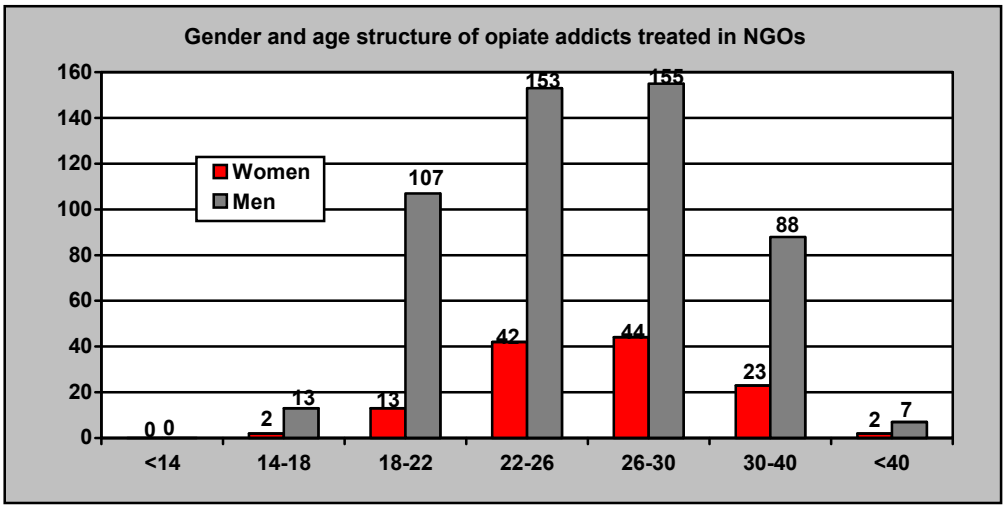
Source: Non-governmental organizations

In 2007, a significant increase in the number of addicts sent to rehabilitation and treatment abroad through mediation of associations for combating narcotic drugs abuse and therapeutic communities can be noticed compared to 2006 and 2005. In 2005 there were 396 persons sent to treatment abroad, and in 2006 that number decreased to 53, to soar again in 2007 to 207 drug addicts. So, the increase in the number of addicts sent abroad for treatment in 2007 related to 2006 amounts to 74 percent, and related to 2005 it decreased by 44%.

The associations offered various forms of help in 2007, such as counselling for addicts and their families, educational and promotional activities, counselling for children and youth within preventive activities in a community, organising workshops, outreach work, harm reduction, organising public meetings, cultural manifestations etc.

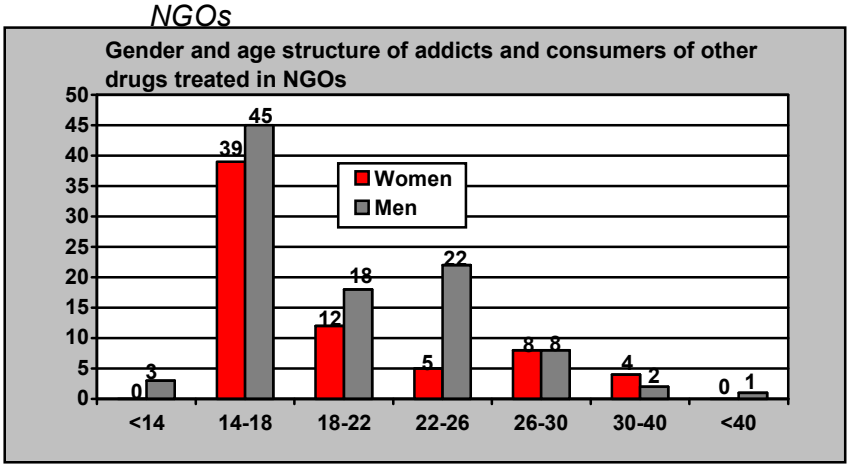
According to the collected data on the number of addicts and occasional consumers of narcotic drugs and the number of families that were offered helped through various forms of interventions and programmes, it was established that the associations in 2007 offered any kind of help to the total number of 1 342 addicts and occasional consumers, mostly to opiate addicts (the total number of 1 068 opiate addicts). There were 447 new opiate addicts, and 258 of new consumers of other drugs. Associations and therapeutic communities conducted a counselling dialogue with 1 895 families of addicts.

Figure 5.3 - Gender and age structure of opiate addicts treated in NGOs in 2007.



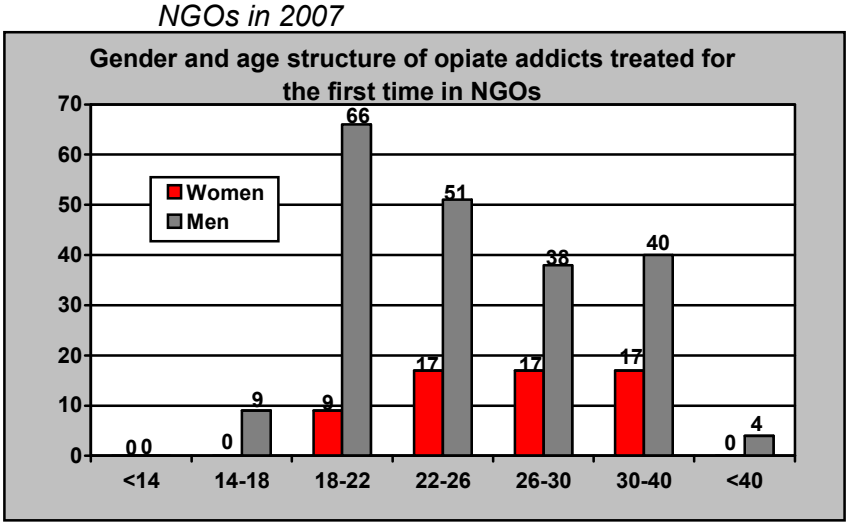
Source: Non-governmental organizations

Figure 5.4 - Gender and age structure of addicts and consumers of other drugs treated in NGOs



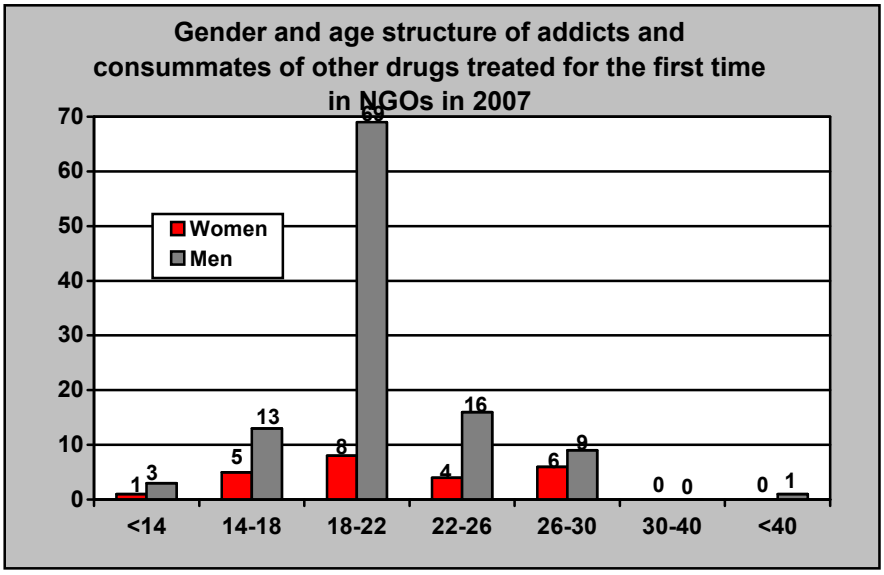
Source: Non-governmental organizations

Figure 5.5 - Gender and age structure of new opiate addicts treated for the first time in NGOs in 2007



Source: Non-governmental organizations

Figure 5.6 - Gender and age structure of new addicts and consummates of other drugs treated for the first time in NGOs in 2007



Source: Non-governmental organizations

In the Republic of Croatia there is still a need for investing additional efforts oriented towards improving the quality of services and programmes that are conducted in the non-governmental sector in order to realise some of the key guidelines of the overall national politics in the area of combating narcotic drug abuse. Among others, it is primarily improvement of the treatment quality and psychosocial rehabilitation in therapeutic communities, professional and ethical principles of work in them and creation of a network of therapeutic communities in the Republic of Croatia, which will be a part of the comprehensive health and social system of care for drug addicts. So far, there are only 3 communities recognised as social institutions which comply with the conditions set up by the Ministry of Health and Social Welfare and are therefore regularly financed from the State Budget.

On the initiative of the Office for Combating Narcotic Drugs Abuse, provisions on therapeutic communities are adopted in the Welfare Law Amendments Act in a way that there is a new paragraph added which prescribes that a local and regional self-administration unit, a company, an association and other domestic and foreign legal persons can offer help, independently from its own family and services of psychosocial rehabilitation, as a therapeutic community for drug addicts and occasional consumers, without being obliged to establish a home. Since the Minister of Health and Social Welfare is obliged to prescribe the conditions regarding premises, equipment, professional and other workers and the ways of providing care outside the own family in the form of a therapeutic community, Professional Commission for drafting the Rulebook on Therapeutic Communities was established, into which the provisions from the mentioned guidelines will be also included, which will furthermore define the standards of quality of psycho-social treatment and provision of help in therapeutic communities. The implementation of the mentioned standards will depend on bringing the Rulebook and the readiness of current therapeutic communities to accept these standards and include them in the national network of therapeutic communities.

Except the above mentioned, an important precondition for improving the quality of services is the improvement of the data collection system of the types of services and treatments provided in therapeutic communities and associations, with the aim of more objective reporting of relevant institutions. Within the implementation of CARDS and PHARE projects, in 2007 the Office

organised two workshops on the mentioned topic and education for the representatives of the non-governmental sector, as well as preparatory actions for introducing the IT programme "Addiction Registration", which will enable better integration of data on addicts treated in the civil sector in the Register of persons treated for psychoactive drugs abuse.

5.3 Pharmacologically Assisted Treatment

According to the drug addiction treatment modalities in 2007 (see Table 5.4), 32% of opiate users underwent slow or fast methadone detoxification, and another 21% methadone maintenance treatment. Buprenorphine pharmacotherapy is more and more represented. After the Clinical Guidelines for the Use of Buprenorphine in the Substitution Therapy of Opiate Drug Users were put into effect by the Minister of Health and Social Welfare on the basis of the adoption by the Commission for Combating Narcotic Drugs Abuse, the buprenorphine (Subutex) was included in the list of medicines covered by the Croatian Institute for Health Insurance in January 2007. 29% of all treated opiate users underwent the buprenorphine therapy (18% in 2006; 3% in 2005) thanks to the fact that since 2006 the Croatian Institute for Health Insurance covers the costs of this kind of treatment. The total number of 82% of opiate addicts were treated by pharmacotherapy. As for the persons treated for non-opiates the counselling techniques, psychotherapy and other forms of psychological support were most often used (74%).

Table 5.4 - Number of persons treated for psychoactive drug abuse in 2007 according to type of treatment

Type of treatment	Opiates abuse		Non-opiates abuse		Total	
	Number	%	Number	%	Number	%
Short-term methadone detoxification	276	6.8	0	0.0	276	5.1
Slow methadone detoxification	1 013	25.0	0	0.0	1 013	18.7
Long-term methadone sustenance therapy	852	21.0	0	0.0	852	15.7
Buprenorphine pharmacotherapy	1 164	28.7	0	0.0	1 164	21.5
Detoxification without methadone	145	3.6	22	1.6	167	3.1
Without medicaments	250	6.2	312	22.8	562	10.4
Instructions. counseling. support	301	7.4	1 015	74.1	1 316	24.3
Refer to other centre	19	0.5	14	1.0	33	0.6
Treatment is not started – Decision is not brought	14	0.3	6	0.4	20	0.4
Sustenance remained	17	0.4	0	0.0	17	0.3
TOTAL	**4 051**	**100.0**	**1 369**	**100.0**	**5 420**	**100.0**

Source: Croatian Institute of Public Health

In the last four years the proportion of opiate addicts on detoxification treatment is constantly decreasing, as well as of those on methadone maintenance treatment, whereas simultaneously the percentage of those using buprenorphine is rising (see Table 5.5).

Table 5.5 - Proportion of detoxification, methadone and buprenorphine maintenance treatment as the type of treatment for opiate addicts (2005-2007)

Year	Detoxification	Methadone maintainance	Buprenorphine
2005	41.6%	25.5%	3.1%
2006	37.2%	27.7%	17.9%
2007	31.8%	21%	28.7%

Source: Croatian Institute of Public Health

6 Health Correlates and Consequences

6.1 Drug Related Deaths and Mortality of Drug Users

In comparison with the general population of the same age and gender, problem drug users have a higher death risk. In drug related death report there are those deaths which are direct consequence of overdose, as well as deaths caused by diseases which have been developed due to long term drug use or addicts' risk behaviour. Data on mortality in the Register of Person Treated for Psychoactive Drug Misuse are based on the death certificates. Drug related deaths of persons who were not recorded in the system until the moment of death are signed in the Register after received toxicological test results.

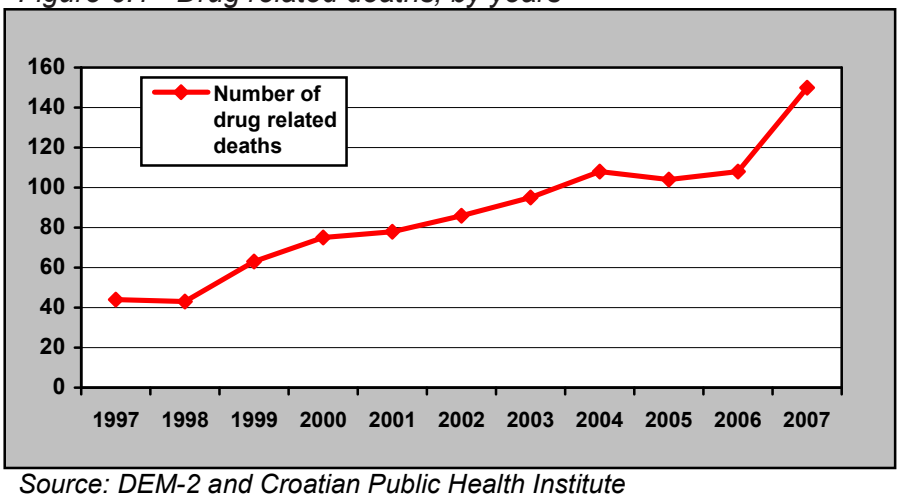
Although it is still incomplete, the number of drug related deaths in 2007 reached 150 cases. In the last ten years the number of deaths is gradually increasing, and in the previous year it was recorded the highest number of deaths so far. Compared to 2006 when 108 drug related deaths were recorded, this year was noticed 38.8% increase. Out of the total number of deaths, 115 (76.7%) were registered in the system for treated persons, and 35 (23,3%) persons have been registered for the first time on the basis of their death certificate.

Table 6.1 – Number of drug related deaths in the period between 1997-2007

Year	Number of deaths
1997	44
1998	43
1999	63
2000	75
2001	78
2002	86
2003	95
2004	108
2005	104
2006	108*
2007	150

**Due to additional analyses, last year's reported number of 94 DRD, has been changed to 108 DRD*
Source: DEM-2 and Croatian Institute of Public Health

Figure 6.1 - Drug related deaths, by years



Source: DEM-2 and Croatian Public Health Institute

The most of deceased persons, like previous years, were registered in Split – Dalmatia County and City of Zagreb. Comparing 2006 and 2007 data, great increase of deaths is noticeable in Split – Dalmatia County – 31 person (20,7%) in relation to last year's number of 17 persons (15.7%).

Table 6.2 - Deceased drug addicts, by county of residence and years

County	2002	2003	2004	2005	2006	2007
City of Zagreb	33	36	29	43	43	34
Zagreb	3	2	4	8	5	3
Krapina-Zagorje	1	0	1	0	0	0
Sisak-Moslavina	1	0	0	1	0	0
Karlovac	0	0	0	0	1	2
Varaždin	2	3	4	5	3	3
Koprivnica-Križevci	1	0	1	0	0	1
Bjelovar-Bilogora	0	0	0	0	0	0
Primorje-Gorski K.	9	11	15	14	4	11
Lika-Senj	0	0	0	0	1	0
Virovitica-Podrav.	0	1	2	0	0	2
Požega-Slavonia	1	0	0	0	1	0
Brod-Posavina	0	1	0	2	2	2
Zadar	10	6	14	8	8	10
Osijek-Baranja	1	4	2	0	2	13
Šibenik-Knin	1	9	8	1	3	7
Vukovar-Sirmium	1	4	3	0	3	4
Split-Dalmatia	19	16	22	18	17	31
Istria	7	9	8	8	10	16
Dubrovnik-Neretva	3	3	4	4	3	8

Međimurje	0	1	2	3	2	1
Other country	0	0	0	0	0	1
CROATIA TOTAL	**93**	**106**	**119**	**115**	**108**	**150**

Source: DEM-2 and Croatian Public Health Institute

According to cause of the death, majority or 103 person (68.7%) died from overdose. Toxicological analyses determinated the substance in 66 death cases, while for 37 of them the exact opiate substance was not identified. In 2007, cocaine overdose as cause of death was registered for the first time. 30 persons died of other diseases, and most of them of hepatitis C, chardiomyopathies, sepsis, heart insufficiency, pneumonia, asthma and liver disease (fibrosis, cirrhosis). 9 persons died as a consequence of an accident, 3 persons committed suicide and for 2 persons the cause of death is still unknown.

Table 6.3 – Causes of deaths among drug addicts in 2007

Cause of death	Number	Share (%)
Overdose (opiate)	37	24.7
Overdose (heroin)	41	27.3
Overdose (methadone)	20	13.3
Overdose (cocaine)	1	0.7
Intoxication with more drugs and medicaments	4	2.7
Intoxication with medicaments	2	1.3
Other disease	30	20.0
Accident	9	6.0
Suicide	3	2.0
Alcohol poisoning	1	0.7
Unknown	2	1.3
TOTAL	**150**	**100.0**

Source: DEM-2 and Croatian Public Health Institute

As in previous years, in 2007 the majority of people who died due to psychoactive drug abuse were men - 137 of them (91.3%) compared to 13 women (8.7%).
Average age of deceased drug addicts was stable in the last several years and it is around 33 years. In 2007 average age in moment of death was 33.0, 33.3 for men and 29.7 for women. Also it is important to emphasise that there were 3 persons who died under the age of 19.

Table 6.4 –Number of DRD in Croatia by age groups and gender in 2007

Age	Gender		TOTAL	
	Man	Woman		
≤19	2	1	3	2.0
20-24	21	1	22	14.7
25-29	35	4	39	26.0
30-34	30	4	34	22.7
35-39	16	2	18	12.0

40-44	11	1	12	8.0
45-49	17	0	17	11.3
50-54	4	0	4	2.6
≥55	1	0	1	0.7
TOTAL	**137**	**13**	**150**	**100.0**

Source: DEM-2 and Croatian Public Health Institute

According to the Croatian Institute of Public Health one of the reasons for increased number of deaths is better cooperation in the system of data collection, and also the beginning of cooperation and exchange of information between the Ministry of Interior and the Croatian Institute of Public Health. Given that the number of deaths over the last several years is constantly increasing, scientific analyses on drug related deaths are one of the priorities for further research and preventive action.

In 2007 there was initiated Cohort Mortality Study covering Zagreb area which will provide comparable and reliable estimates of mortality among drug users, analyse temporal trends, compare mortality of drug users with mortality of the general population and mortality of drug users in Zagreb and other European cities.

6.2 Drug related infectious diseases

Prevalence of drug related infectious diseases in the population of injecting drug users is being routinely monitored since the middle of 80s. Results indicate continuously low level of HIV infection (below 1%) and relatively high prevalence of hepatitis B (around 30%) and C (40-60%).

If we look at the prevalence of viral hepatitises, Croatian population of injecting drug users is very vulnerable on such blood borne diseases. According to the results of regular testing of heroine addicts, the most of them are infected with hepatitis C and in 2007 that proportion was 46.3%. There was lower proportion of persons positive on hepatitis B (13.6%). HIV infection for a number of years continue to be very low (0.5% in 2007), probably due to small reservoir of infection in the Croatian territory although risks for the transmission are high. Services that provide continued education, good information, pharmacotherapy, counselling and needle and syringe exchange programmes have also significantly contributed to low HIV incidence. Therefore it is essential to undertake all necessary measures to avoid outbreak of infection in this population as it was a case in some countries of Eastern and Western Europe. For positive outcome it is necessary wide social and political will and activity as well as the strengthening of harm reduction programmes and its availability in order to cover the major part of the injecting drug use population. It is also important to monitor sexual behaviour (Standard Table 9) which used to be neglected in that population although represents a significant risk for transmission of infection inside of the population as well as towards the general population.

Table 6.5 - Persons treated for opiate use in 2007 by anamnestic data on Hepatitis B, C and HIV infection

Opiate addicts	%
HIV positive	0.5
Hepatitis B positive	13.6
Hepatitis C positive	46.3

Source: Croatian Institute of Public Health

In 2007, there was conducted a survey on infectious diseases seroprevalence, risk behaviour and knowledge on infectious diseases among injecting drug users as the first systematic survey outside the routine monitoring of infectious diseases and its results coincidence with and confirm previous knowledge on blood borne diseases among injecting drug users.

Due to the anticipated low prevalence of injecting drug use in rural areas, only urban sites were selected. Three survey locations in Croatia were targeted (Zagreb, Rijeka and Split) along with prison settings. Prison settings had been selected due to high concentration of persons with high risk behaviour that probably would not have been reached in the community.

Within the survey locations, study recruitment sites were selected in collaboration with the local public health institutes, centres for prevention and outpatient addiction treatment, non-governmental organizations and judiciary system. Priority was given to the venues seeing usually a great number of individuals belonging to the population practising often high-risk behaviour. All imprisoned individuals belonging to the target group practising high-risk behaviour and meeting the inclusion criteria during the survey period had been invited to participate in the survey. All respondents received a preventive educational material informing them on the risks of infections and the protective measures. They were informed that they will be able to obtain results of the tests which was anonymous and for those with positive results appropriate treatment would be provided. Overall actions were in line with national recommendations. Trained peer-recruiters were used to visit pre-identified social, commercial and street based venues in order to recruit IDU participants to led them to complete the study questionnaire and provide biological samples for HIV, Hepatitis B and Hepatitis C testing in test sites. Informed consent was on the first page of the questionnaire and it was certified by the signature of the counsellor at the setting where samples are collected. Information about the study was provided to all potential participants by on-site counsellors. Patients received pre-test counselling by the health care worker before the informed consent is signed by the counsellor. An anonymous self-administered questionnaire (linked to biological samples using a unique ID) was used to obtain quantitative and qualitative data related to the respondent's socio-demographic characteristics, HIV and viral hepatitises testing history, sexual health and sexual behaviour, and service access. The questionnaire was based on the "Family Health International (FHI) STI/HIV/AIDS Behavior Surveillance Surveys questionnaires for high risk groups on HIV and viral hepatitises. Representatives from relevant civil society organisations and relevant health care professionals were asked to participate in the review of the questionnaires and ensure their appropriateness and acceptability among the target population. On completion of the questionnaire, the biological samples were taken. The samples were appropriately labelled and sent to the collaborating laboratory for testing. Questionnaires were labelled with the unique ID, collected anonymously and stored in a secure place for transport by the study coordinators. The results were given with the post-test counselling and, if needed, with referring to treatment and further care.

After taking full blood, samples were centrifuged and sera were extracted. The samples of sera were delivered to the Clinic for Infectious Diseases in Zagreb by cold chain. A laboratory request form was completed for each respondent. The unique Identity number (identical to that placed on the questionnaire) was placed on the lab form. The ID was given to the patient and it was the only means to enable her/him to pick up later the results of his/her tests. If he/she showed up for the collection of the results, post-test counselling was provided. The patients were informed about where to apply to for further tests, treatment and care in case of any positive test results. All questionnaires were placed in a plain envelope and sent separate to the specimens. They were stored in a secure place until they are sent to the data entry team by a pre-arranged method.

Ten mls of blood was drawn in a vacutainer tube, labelled, centrifuged. The remaining serum was transferred to a nunc tube, labelled, and stored in racks at the Referent laboratory's refrigerator at +2°C to +8°C until ready for serological testing for HIV, Hepatitis B and C. Samples were tested for HIV (anti HIV), Hepatitis B (HBsAg, anti HBcAg, anti HBsAg) and C (anti HCV) using the Referent laboratory's testing algorithm which is in line with WHO recommendations and WHO evaluated methods. All samples undergone diagnostic testing which includes ELISA third generation tests for screening on HBV and HCV, ELFA fourth generation for screening on HIV 1/2. Since the mentioned test have very high sensitivity (>99,99%) there were almost no chance for falsely negative results. All positive results on screening tests undergone confirmatory testing (RIBA, PCR, Western blott) with specificity >99,99 to avoid any falsely positive results.

Out of 601 examinees, 121 of them were from Split, 130 from Zagreb, 150 from Rijeka and 200 from prisons. More than four fifths of the examinees (83.3%) were male, and in prisons even 93.3% of the examinees were men.

According to the education structure the locations statistically significantly differ ($p<0.001$), the largest number of non-skilled or low-skilled examinees was in Rijeka (30.7%), and the largest number of examinees with higher education in Zagreb (11%). The highest unemployment rate was noticed at the examinees in Split (72%), then in Zagreb (63%) and Rijeka (55%). The information that 20% of examinees in Zagreb, 16% in Split and 7% in Rijeka lived "rough" for more than a week during the last year points to their socio-economic position. More than half of the examinees in Zagreb (53%), 42% in Split and 33% in Rijeka were at a certain point of time deprived of freedom.

Marijuana is the most common first drug used at all three locations (Rijeka 81%, Split 76%, Zagreb 65%), and heroin was used as the first drug by 4% examinees in Split, 7.3% in Rijeka and even 12.1% in Zagreb. The frequency of sharing drug injection equipment in the last year is shown in Table 6.6.

Table 6.6 - Frequency of sharing of drug-injection equipment in the last 12 months according to location (%)

	Split	Zagreb	Rijeka	Prisons	TOTAL
Always	1.7	1.7	2	0	1.2
Most often	1.7	1.7	2	0	1.2
About half times	0	4.1	1.3	0.5	1.4
Sporadically	26.9	20.7	23.5	95	47.9
Never	69.7	52.1	69.1	4.5	43.8
Do not know	0	15.7	2	0	3.7
Do not want to answer	0	4.1	0	0	0.8

Source: Seroprevalence (HIV, HBV and HCV) survey in Croatia, 2007

From Table 6.7 it is visible that the examinees from Split have the longest record of drug injecting, the largest number of injections in the last month and the largest number of sexual partners in the last year.

Table 6.7 - Answers to the questions with median presentation (minimum - maximum)

	Split	Zagreb	Rijeka
Number of years since first drug injection	10 (0 - 30)	5 (0 - 28)	7 (0 - 28)
Number of injections in the last month	10 (0 - 200)	0 (0 - 50)	0 (0 - 60)
Number of persons the injection equipment has been shared with during the last month	0 (0 - 70)	0 (0 - 12)	0 (0 - 3)
Number of sexual partners in the last year	2 (0 - 100)	1 (0 - 100)	1 (0 - 30)

Source: Seroprevalence (HIV, HBV and HCV) survey in Croatia, 2007

When it comes to high-risk sexual behaviour, i.e. non-usage of preservatives during the last sexual intercourse, the results are worrying: in Split 55% of the examinees did not use a condom during his/her last intercourse, whereas even 72% examinees in Rijeka and 77% examinees in Zagreb did not use a condom during his/her last intercourse. The issue of high-risk sexual behaviour among intravenous drug users was long neglected as a minor risk, but today, sexual behaviour of intravenous drug users is given appropriate significance in reducing risks of infectious diseases.

From the part of the questionnaire with the questions about the knowledge about HIV infection risks we would like to point out the following correct answers:

Table 6.8 - Share of correct answers to questions about HIV infection risks (%)

	Zagreb	Split	Rijeka
It is NOT possible to recognise that a person has a sexually transmitted disease	33	73	54
Using condoms protects from HIV	78	95	84
A mosquito CANNOT transmit HIV infection	39	87	48

By using the same cutlery as an infected person I CANNOT become infected by HIV	57	77	66
By using somebody other's needle I CAN get infected by HIV	96	97	99

Source: Seroprevalence (HIV, HBV and HCV) survey in Croatia, 2007

The interesting concept of this research is that risk behaviour of the examinees in Split corresponds to the knowledge about risks to the smallest extent compared to the examinees from Rijeka and Split. It should be taken into consideration that the results of the examinees in Split are the least representative because the answer rate to these questions was the lowest particularly in the Split area.

Table 6.9 shows the results of testing the seroprevalence of markers of hepatitis B, antibodies to HCV and HIV. The examinees in Split have statistically significantly higher antibody prevalence to hepatitis C, which shows higher risk for this infection in the Split area. The examinees in Split and in prisons had statistically significantly higher prevalence of markers of antiHBcAg and anti HBsAg compared to Rijeka and Zagreb. None of 601 examinees had antibodies to HIV, which agrees with the routine monitoring of intravenous drug users, which indicates to HIV prevalence permanently lower than 1%.

Table 6.9 - Results of serological tests according to research location

	Split		Zagreb		Rijeka		Prisons		TOTAL	
	p+	CI++	p	CI	p	CI	p	CI	p	CI
HBsAg	1.7	0.2-6	0.8	0-4.2	0.7	0 -3.7	0.5	0-2.7	0.8	0.3-1.9
anti HBcAg*	31	23-40	13	8-20	9	5-15	24	18-31	20	16-23
anti HBsAg*	13	8-20	8	4-14	7	3-12	15	4-12	11	9-14
anti HCV*	65	56-73	51	42-60	29	22-36	44	37-51	46	41-50
anti HIV	0	/	0	/	0	/	0	/	0	/

*statistically significant difference on 5% level +prevalence (%) ++95% reliability interval

Source: Seroprevalence (HIV, HBV and HCV) survey in Croatia, 2007

When looking at Table 6.6 and Table 6.8 together it is visible that in Split the greatest amount of risk behaviour has been noticed, which is accompanied with serological indicators, i.e. the consequences of risk behaviour. With this research, on the sample of 600 examinees, a relatively high frequency of positive markers on hepatitis B virus and C virus has been confirmed, and the results of the previous research about lower prevalence of HIV infection in the population of intravenous drug users in Croatia. The knowledge about risks and the frequency of risk behaviour are far from satisfactory, so it is necessary to put a lot of effort in order to decrease the transmission of virus hepatitis and prevent HIV epidemic among Croatian intravenous drug users. Population size estimation will be used in the future activities and problem analyses, and will serve for comparison with the future research estimation.

The main restriction of the research is a possible lower level of generalisation of results due to the unavailability of those intravenous drug users who are not included in addiction prevention

centres, the area which requires more work in future research similar to this one. We hope this research will be followed by targeted activities for reducing risks of infectious diseases among intravenous drug users in the Republic of Croatia.

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

We still don't have systematic surveys on psychical and somatic health of drug users, which is one of our aims in the future and that will require additional human and financial resources.

6.3 Psychiatric comorbidity (dual diagnosis)

Accompanying psychiatric diagnoses are being monitored in the fame of the Register of addicts treated for psychoactive drugs abuse for a number of years. It has been noticed that persons that come for drug addiction treatment have same or similar accompanying diagnosis that are in the first place specific personality disorders, disorders caused by alcohol, other mental disorders and chronicle diseases as a result of risk addictive behaviours. In 2007, there were 1 034 persons treated in inpatient health institutions, 445 persons were treated for opiate addiction, whereas 293 of them for use of other substances. Out of the total number of addicts treated in the clinics, which 738 (71.4%) had a dual diagnosis.

Among the treated opiate users, the ones with a registered specific personality disorder make the largest number (160 persons i.e. 36.0%), alcoholism (10.1%), disorders caused by stress (9.7%), depressia (9.2%), chronic viral Hepatitis C (7.6%) and other diagnoses. Psychiatric disorders such as schizophrenia were registered at 25 persons (5.6%), acute and transient psychotic disorder (2.7%) and borderline disorder (2.2%).

Dual diagnosis was revealed in 293 cases of non-opiates users. The dual diagnosis ratio among the persons treated for non-opiates use is significantly lower, but a specific personality disorder (22.9%) was also registered as dominate accompanying diagnosis. Alcoholism (18.4%), similar to opiate users comes second. There were 26 (8.9%) depressia related cases and 6.8% of acute and transient psychotic disorders. The schizophrenia ratio is higher than the opiates ratio and it amounts to 8.5%.

In the structure of psychiatric comorbidity there were no significant changes if compared to the previous year. Greater interest in the dual diagnosis as well as in the need for specific treatment approach is consistent with the results of different international studies and clinical reports.

Table 6.10 – Persons treated in clinics for drug use in 2007 by registered accompynying diagnosis – psychiatric comorbidity

ICD 10 DIAGNOSIS		Opiates abuse		Non-opiates abuse	
		Number	%	Number	%
F60.X	Specific personality disorders	160	43.8	67	26.3
F10	Mental and behavioural disorders due to use of alcohol	45	12.3	54	21.2
F 32 F 33	Depressive episode Recurrent depressive disorder	41	11.2	26	10.2

F43.X	Reaction to severe stress, and adjustment disorders Posttraumatic stress disorder	43	11.8	20	7.8
F20	Schizophrenia	25	6.8	25	9.8
F10.0	Acute alcohol intoxication	20	5.5	12	4.7
F21	Schizotypal disorder (borderline)	10	2.7	9	3.5
F23	Acute and transient psychotic disorders	12	3.3	20	7.8
F41.X	Other anxious disorders Mixes anxiety and depressive disorder	5	1.4	10	3.9
F62.X	Enduring personality changes	3	0.8	11	4.3
F63.X	Habit and impulse disorders Pathological gambling tendency	1	0.3	1	0.4
NUMBER OF DIAGNOSIS		**365**	**100**	**255**	**100**

Source: Croatian Institute of Public Health

6.4 Other drug related health correlates and consequences

In the Republic of Croatia there is no systematic monitoring of somatic diseases that appear as a consequence of psychoactive substance use. According to data of the Croatian Institute of Public Health (Table 6.8) it is visible that there is very low number of recorder opiate and non-opiate users with respect to somatic comorbidity.

However, in the recorded number of the opiate users the most frequent dual diagnosis is chronic viral Hepatitis C, while in the lower percentage appear personal history of self-harm, epilepsy and liver diseases. There is also significant number of other diagnosis 21.3%.

In the non-opiate users group it is noticed major proportion of personal self-harm compared which is still much lower than compared to opiate users. Epilepsy and liver diseases are equally represented with 7.9% each.

Table 6.11 - Persons treated in clinics for opiate use in 2007 by registered accompanying diagnosis – other comorbidity

ICD 10 DIAGNOSIS		Opiates abuse		Non-opiates abuse	
		Number	%	Number	%
B18.2	Chronic viral Hepatitis C	34	42.5	1	2.6
Z91.5	Personal history of self-harm	17	21.3	6	15.8
G40	Epilepsy	8	10.0	3	7.9
K70 K71	Alcoholic liver disease Toxic liver disease	1	1.2	3	7.9
K74	Fibrosis and liver cirrhosis	1	1.2	0	0
…	Other	19	23.8	25	65.8
NUMBER OF DIAGNOSIS		**80**	**100**	**38**	**100**

Source: Croatian Institute of Public Health

Among the persons treated for opiate abuse in 2007, women have children more often or 36%, as opposed to 25% of men who have children. From birth notification forms (maternity wards submit birth notifications, see Table 6.9) it is obvious that in 2007, 27 parturient women confirmed taking psychoactive drugs during pregnancy, which is the lowest number in the last 5 years. The most of parturient women were from Istria County (7), then from City of Zagreb (5)

and Zadar County (5), while in other counties that recorded such cases there were 1 or 2 women. 11 of 27 children whose mothers confirmed taking psychoactive drugs during pregnancy developed a pathological condition (premature birth, lower birth weight, infant jaundice). According to the data available, one child was born with heroin addiction syndrome.

Table 6.12 – Number of parturient women who confirmed taking psychoactive drug in pregnancy, by years

Year	2003	2004	2005	2006	2007
Total number of child-bearing women	36	45	49	31	27

Source: Croatian Institute of Public Health

7 Responses to Health Correlates and Consequences

7.1 Prevention of drug related deaths

In Croatia there is still rather limited number of interventions aimed at prevention of drug related deaths but the improvement is visible from year to year. Besides the activities of national network of Services for Prevention and Outpatient Addiction Treatment which are covering broad scope of prevention and outpatient treatment (e.g. counselling, examinations, interviews, psychiatric treatment and individual psychotherapy, health-social intervention, urine testing for presence of drugs and their metabolites, educational work), there is important influence of non-governmental organizations in the field.

There are several non-governmental organizations that in their scope of work promote harm reduction approach. One part of available harm reduction programmes in Croatia is focused on providing information to drug addicts on harmful effects of drug use, including risk of overdose. Besides the counselling provided to each client during his/her visit to the harm reduction program, usually to obtain clean needles, syringes, condoms etc., non-governmental organizations are strongly engaged in publishing of educational and informational material. Clients are not informed only on dosages, safe injecting and different risks of drug use but also on how to react in the cases of overdose and provide first aid to the person in need (e.g. cardio-pulmuratory resuscitation).

The Office for Combating Narcotic Drugs Abuse has also issued an informative booklet *"What do we need to know about drugs"*, which besides general information on illicit substances, their harmful effects, signs of drug use and symptoms of drug addiction, testing on drugs, treatment of drug addiction and other useful information, also provides instructions on how to proceed in the case of overdose. The booklet is being regularly updated, published and disseminated to all interested parties.

Picture 7.1 – Informative booklet "What do we need to know about drugs"

Source: http://www.uredzadroge.hr/publikacije/

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

Since 2007 data showed significant increase of drug related deaths, as one of the measures in the Action Plan on Combating Narcotic Drugs Abuse in the Republic of Croatia 2009-2012, there are foreseen multiannual analysis to identify causes of such increase together with a special programme on reducing drug related deaths that is to be implemented in the forthcoming period.

7.2 Prevention and treatment of drug related infectious diseases

Harm reduction programmes were introduced in Croatia in 1996 when the Croatian Parliament recognised such approach as an important element of the National Drugs Strategy. First harm reduction programmes were initiated in order to ensure availability of sterile injecting paraphernalia and to prevent spread of blood-borne diseases among injecting drug users, especially Hepatitis C and HIV and to protect healthy population. In parallel, organizations that took initiative in the field also work on distribution of different educational material to raise the awareness on harmful affects of illicit drugs use, which is often specially designed for the injecting drug user's population.

Programmes aiming at reduction of harm caused by drug use are in Croatia primarily focused on injecting drug users. The aim is to increase efficiency and volume of harm reduction measures through improving cooperation with public administration, non-profit organizations, media, citizens and foreign donors in order to increase measures of prevention, treatment and rehabilitation of drug addicts as well as to prevent the spread of viral infections and sexually transmitted diseases. **Outreach work** is strongly encouraged as a gateway to the wider population of drug addicts, usually covering main spots of their gathering. The main objective of outreach work is to encourage behavioural changes of persons at risk (injecting drug users) towards healthier live stiles, in two ways: education and distribution of preventive material (sterile needles, syringes, condoms) directly in the community and referral to health and social institutions. More broader, except the needle and syringe exchange programmes, clients can receive counselling, psychological assistance, possibility of testing on HIV and viral hepatitises, as well as referral to treatment programmes, if clients agree so.

At the moment, in Croatia there are 3 **drop in centres** (Zagreb, Split, Rijeka) where addicts can spend their time and talk to the professionals about specific health problems as consequences of drug addiction (abstinence syndrome, hepatitis B and C, HIV/AIDS, sexually transmitted diseases, abscess, sclerotic veins). Very often they talk about personal problems, e.g. problems with family, the law, job-finding, that are connected with the addiction. Occasionally drop in centres organise lecturers for volunteers and addicts on different topics, e.g. hepatitis, HIV/AIDS, other sexually transmitted diseases, with the special accent on the risks related to the intravenous drug use and the education on proper and steady condoms use. In addition, the whole range of other activities is organised as well, e.g. creative workshops, entertaining programme, animation and involving drug addicts in different socially useful events and humanitarian work. There is also available free of charge testing on hepatitis B and C and HIV (fast screening tests) but usually clients are referred for testing to county institutes of public health since many of them don't have health insurance due to school drop out or unemployment.

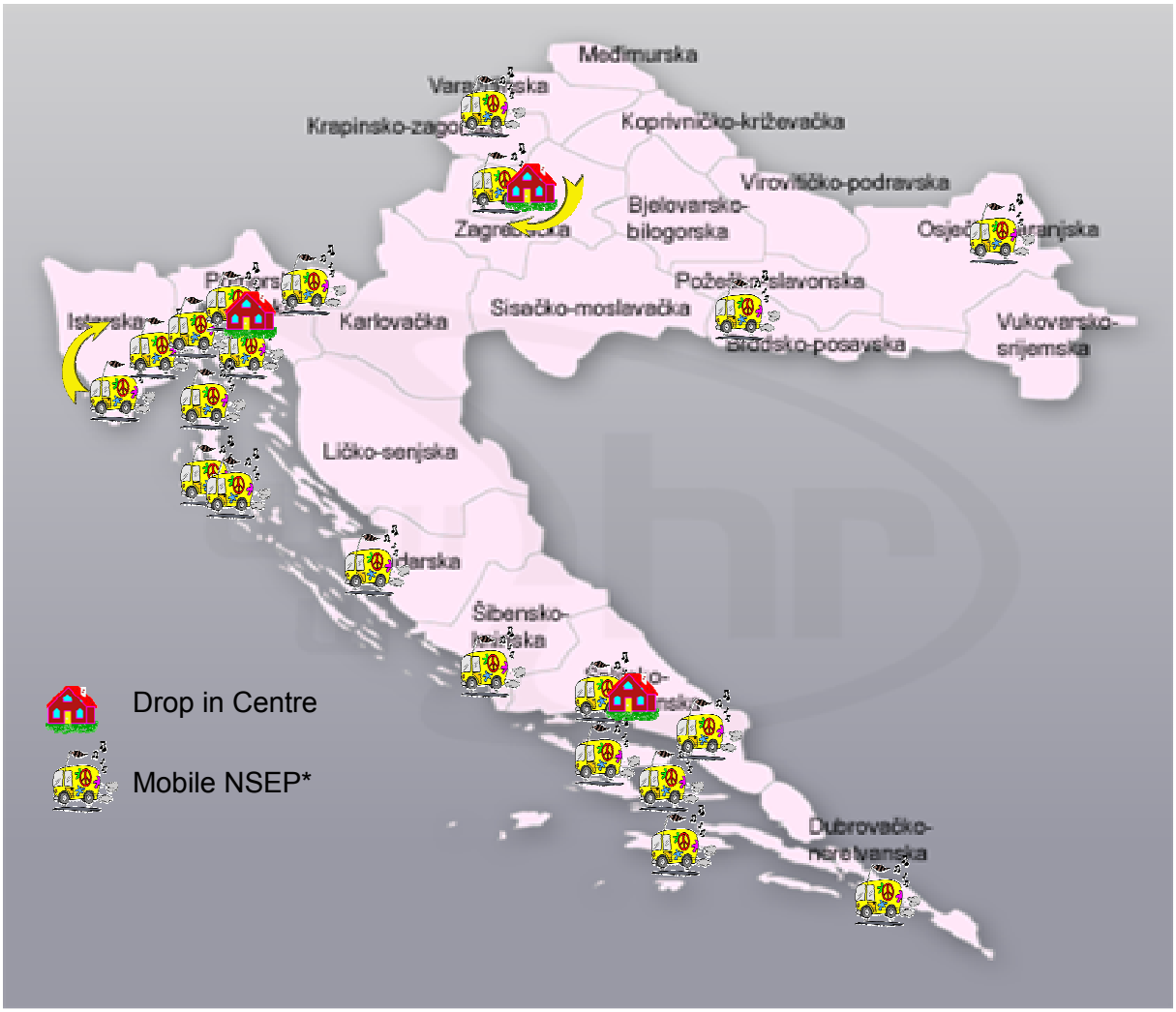
In the implementation of some programmes there are also involved former drug addicts with the aim to develop peer education and support as the best proven motivation for drug users to change their risk behaviour and get involved in the treatment choices. As another important harm reduction activity, cleaning of locations (e.g. parks, school or kindergartner courtyards) from the cast off paraphernalia is organised with the assistance of volunteers and local community. It is also important to highlight that some harm reduction programmes in Croatia provide special measures targeting minority groups, especially young Roma people.

According to the information available, today there are 4 nongovernmental organizations[16] and one institution[17] being active at different locations countrywide (see Map 7.1) where harm

[16] Terra, Let, Help, Institut
[17] Croatian Red Cross

reduction programmes are conducted on the regular basis (including drop-in centres), promoting voluntary, anonymous and free of charge counselling and testing as well as the cooperation in the research related to behaviour in the injecting drug users population. Although availability of harm reduction programmes is increasing over the years, some of Croatian counties still have poor coverage. However, counties with the highest number of registered drug addicts (Zadar County, Istrian County, City of Zagreb, Šibenik - Knin County, Primorje - Gorski Kotar County and Split - Dalmatia County) have also the highest availability of harm reduction programmes, with the needle and syringe exchange programmes in the first place. With the exception of the City of Zagreb, all of afore mentioned counties are geographically placed along the Adriatic see coast line. Croatia has more than 1 000 islands which are for a longer period of time experiencing economic stagnation and depopulation despite the positive impact of tourism. After the main tourist season life on the island is quite "isolated" not only due to limited ferry connections but also due to lack of cultural contents as well as services. Awareness raising and investment in further development resulted with availability of harm reduction programmes on the biggest Croatian islands which is seen as an important step forward.

Map 7.1 – Overview of harm reduction programmes in Croatia (2007)



* NSEP = Needle and syringe exchange programes

Source: Office for Combating Narcotic Drugs Abuse

The first nongovernmental organization that actually introduced harm reduction programmes in Croatia in 1996 is association Help. The headquarters of Help are in Split (Split – Dalmatian County) where drug use and consequently drug addiction escalated in 1990s. Premises of Help are on the daily basis visited by 60 clients on average. Today they have one drop in centre in Split and mobile units providing needle and syringe exchange programmes in the cities along the coastline of Split, Dubrovnik, Makarska, Šibenik, islands of Korčula, Brač and Hvar and in Osijek which is inland city in the Eastern Croatia. Association Let is acting in the Zagreb area with 8 locations where mobile units provide needle and syringe exchange programmes. In 2007 they registered 370 injecting drug users that were using their services. In the Primorje – Gorski Kotar County, but to some extent also in the neighbouring counties, harm reduction programmes are provided by association Terra. In the scope of their work there is a drop in centre in Rijeka, network of mobile units and outreach workers. In addition to harm reduction programmes, they also provide counselling for drug users and are actively involved in the activities related to social reintegration of former drug addicts that have completed treatment or rehabilitation programmes. Needle and syringe exchange programmes are available in Rijeka, Lovran, Labin, Delnice and islands Cres, Krk, Mali and Veliki Lošinj. As mentioned before, Terra used to be active in some parts of Istrian County but since 2007 association Institut from Pula took the lead in harm reduction and established the network of 14 outreach workers across the county. Among the wide range of different activities, the Croatian Red Cross has set up Counselling centres for prevention and suppression of drug addiction where professionals (medical doctors, psychiatrists, psychologists, social pedagogues, social workers, nurses) provide psychological counselling for drug addiction problems in the form of individual or group therapy. Apart from Counselling centres, addicts can get assistance also in the Clubs for previously treated addicts. Since 1998, Croatian Red Cross conducts harm reduction programmes in Zagreb, Zadar, Krapina and since 2007 in Nova Gradiška. Besides the needle and syringe exchange, within the program clients can receive counselling, psychological assistance, testing on HIV, HCV and HBV as well as the assistance for further treatment, if needed.

Information collected from the relevant nongovernmental organizations/institutions for the purpose of the Standard Table 10 (Syringe availability v.5/2008) shows that in the course of 2007 there were provided 149 657 syringes by nongovernmental organizations/institutions (including pharmacy-based needle and syringe programmes). According to the available data, in all existing points 3 201 individual clients used needle and syringe programmes, among which there were 513 new clients, making in total 12 878 client contacts.

The Ministry of Health and Social Welfare regularly cooperates with all relevant nongovernmental organizations/institutions in the field and provides them financial support for implementation of harm reduction programmes. According to reports on implementation of harm reduction programmes financed by the Ministry of Health and Social Welfare, in the course of 2007 there were distributed 77 000 syringes, 94 500 needles and 36 500 insulin syringes with needles.

Voluntary, anonymous and free of charge testing of drug addicts on HIV, HBV and HCV continued to be implemented in cooperation with the Croatian Institute of Public Health, Clinic for Infective Diseases “Dr. Fran Mihaljević”, county public health institutes in Primorje –Gorski Kotar County, Split – Dalmatia County, Dubrovnik – Neretva County, Osijek – Baranja County, Brod – Posavina County, Zadar County and City of Zagreb. With the Croatian Institute of Public Health there was agreed continuation of the testing in Prison “Remetinec” and Prison Hospital. Ministry of Health and Social Welfare also continued to co-finance scientific project “Hepatitis C Viral Antigen (HCVAg) and HIV Infection” that is being conducted in the prison settings by the Clinic for Infective Diseases “Dr. Fran Mihaljević” in close cooperation the Ministry of Justice.

7.3 Interventions related to psychiatric co-morbidity

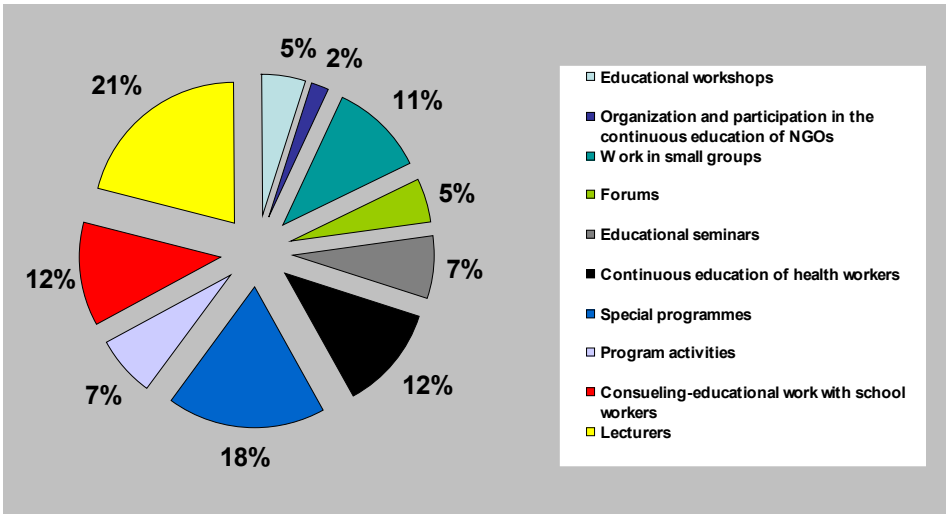
Although according to the available data there is a need, in Croatia there is an obvious shortage of dual disturbances treatment services, both for adults and adolescents. Regarding everything already mentioned, according to the National Strategy on Combating Narcotic Drug Abuse in the Republic of Croatia special wards for persons with double diagnoses are going to be open.

7.4 Other interventions

Since Croatia has a long tradition of public health, education plays significant role in the prevention activities. Target groups are health workers, school workers, pupils and other groups concerned. There are also being organised thematic workshops/forums/seminars for population at risk of fatal overdose and blood borne diseases.

Education in the Services for Prevention and Outpatient Addiction Treatment in Croatia is directed at continuing education and specialization of their employees and other professionals. In 2007 there were held in total 538 lectures and 137 forums. Among the other activities it is worth to mention counselling and educational work with the school employees for the School prevention programme (312), educational workshops for school employees, medical doctors and other professionals (129), participation in special programmes (453) and permanent education of health workers (309).

Figure 7.1 – Educational work in 2007 in all Services for Prevention and Outpatient



Source: National Public Health Institute

8 Social Correlates and Consequences

8.1 Social exclusion

Long term and frequent drug use can easily lead to soleness of social exclusion. Multilayered and dynamic nature of drug problem often gradually disables persons to have active and constructive role in society. Subsequent to their behaviour, drug users are often confronted with unstable family situation, homelessness, unemployment, prostitution, crime activities and everything what falls within its compass.

Looking through socioeconomic background of Croats as described in the *Annual Report on the State of Human Rights in Croatia 2006-2007,* reported statistics point out that average Croatian family has financial difficulties, spending 66% of their income on the basic housing and food expenses. However, phenomenon of homelessness has not reached alarming proportions, though it is confronted with the problem of offering shelters in every city. Available data on living status of treated persons (total 7 148) in Register of Persons Treated for Psychoactive Drug Misuse, indicate that among drug users there are not many homeless people. Those who are in the need and willingness can refer to shelters or to therapeutic communities, in which are accepted if they are currently avoiding abuse of drugs.

Most of treated persons, 4 632 of them (62.1%) live with primary family, 638 (8.5%) with their partner, and 799 (10%) treated persons live with partner and child. Therefore it is noticeable that addicts are not isolated from society and their primary or secondary family does not abandon them in the period of their treatment. During the time of treatment 749 person (10.0%) stated that they live alone and the most of them are between 26 and 30 years of age. Data on higher number of treated persons who live with primary family, though they should have already begun their independent life, doesn't differ from the general population data on the way of living at that age.

According to the level of education the most of treated persons have had finished high school (4 841 – 64.9%), what is understandable due to the fact that the most of treated persons are in the age of 25 to 29. Only primary school have had finished 1 155 persons, and 95 persons did not finish not even primary school. Considering that 74 persons who did not finish primary school are older then 15, it is likely that it will be their ultimate education level. 332 person have fished two-year college or faculty, and they make 4.5% of total number of treated persons.

Table 8.1 – Total number of persons treated for misuse of drugs in 2007 according to their age and level of education

AGE	Not completed primary school	Completed primary school	Not completed high school	Completed high school	Completed two year college	Completed faculty	Other	Unemployed	TOTAL %
<15	14	21	22					1	0.7
16 – 20	21	234	307	367	3		1	17	12.7
21 – 25	15	234	179	1 104	14	10	4	34	21.4
26 – 30	25	273	154	1 493	50	38	3	27	27.6
31 – 35	11	208	102	1.027	47	65	3	32	20.0
36 – 40	4	83	43	459	13	23		16	8.6
41 – 45		63	23	227	16	20	2	18	4.9
46 – 50	3	28	9	118	8	11		15	2.6

51 – 55		7	7	40	3	10		12	1.1
>56	2	4	2	6	1			8	0.3
TOTAL	**95**	**1 155**	**848**	**4 841**	**155**	**177**	**13**	**180**	100.0
%	1.3	15.5	11.4	64.9	2.1	2.4	0.2	2.4	

Source: Croatian Institute for Public Health

Out of the total number of treated persons, 37.2% were unemployed, permanent job had 30.1% of persons, and 12,6% were temporary employed. 3 576 (47.9%) treated persons had incomes, whether from permanent, temporary employment or pension. 891(11.9%) persons is still in the process of education.

Data from ESPAD survey in Croatia for 2007 showed that the most vulnerable age to start with illegal drugs consumption is beginning of high school education, hence preventive activities should be focused youth risk behaviour and on strengthening personal attitudes which would enable them to bring right decisions. Education and employment of treated persons represents very important element in process of suppressing the addiction. Therefore, as previously described in the text, in 2007 started national Project of Social Reintegration of Drug Addicts involving the whole spectre of state institutions which are assisting addicts in accomplishing their rights and gradually lead them towards the social stability.

Scientific research „Second generation of HIV surveillance in Croatia - seroprevalence among most at risk populations“, conducted by Medical Faculty of the University of Zagreb and published in 2007, provided starting point for understanding correlations between drug use and sex workers in Croatia. Results showed that among 323 tested injection drug users, and 314 of them who answered this question, there were 13 drug users (4.1%) who were charging their sexual services, and all of them were men. It is also important to emphasize that there are more IDU among men, then among women, and in this survey were involved 277 men and (only) 37 women.

*Table 8.2 - Charging sexual services*gender / Crosstabulation*

			GENDER		TOTAL
			F	M	
Charging sexual services	No	Count	37	264	301
		% within charging sexual service	12.3 %	87.7%	100.0%
	Yes	Count	0	13	13
		% within charging sexual service	0.0%	100.0%	100.0%
TOTAL		**Count**	**37**	**277**	**314**
		% within charging sexual service	**11.8%**	**88.2%**	**100.0%**

Source: Kolarić B.: Second generation of HIV surveillance in Croatia - seroprevalence among most at risk populations (PhD thesis). Medical Faculty, University of Zagreb. Zagreb, 2007

Poverty and lack of material resources significantly influences on the different life aspects and can lead to social exclusion. In the Report on Social Development for 2006 called “Non-networked: Faces of the Social Exclusion in Croatia”, homeless were highlighted as one of the most endangered social groups. In Croatia, the key cause of the homelessness is high unemployment rate. However, it is important to stress that phenomenon of homelessness is of relatively new date in Croatia and has not reached alarming proportions. In addition, according to the 2005 data of the Office for Human Rights, majority of homeless is incorporated in the social welfare system.

Out of the total 7 427 treated person, in the Register of Persons Treated for Psychoactive Drug Misuse there are available information on the living status for 7 136 (96.1%) persons. Only 17 (0.2%) of them are homeless and most frequently they live with their primary and/or secondary family (73.7%). Additional 564 persons (7.6%) lived with their partner. On the question whether they live with other drug users, there was received positive reply from 933 (12.6%) persons. In the time when they were in the treatment programme, 685 (9.2%) stated that they live alone. They usually live alone in the age between 26 – 30 years (184 persons – 26.9%). In some of the social institutions live 211 treated persons (2.8%). Majority of them is 16 – 20 years old (61 – 31.8%) followed by the age between 21 – 25 years (56 – 26.5%).

The majority of treated persons has finished secondary school (4 708 – 63.4%). The elementary school completed 1 206 persons, additional 109 has not completed even elementary school and since almost all of them are more than 15 years old, this is probably the limit of their formal education. University degree has 313 persons, which is 4.2% of total number of treated persons.

Data on the working status is missing only for 173 persons, which is 2.3% of treated persons. From the total figure of 7 27 treated person, 2.927 (39,4%) were unemployed. Permanent job had 1 937 (26.1%) persons, while 916 (12.3%) worked on the part-time basis. According to the data 38.4% treated persons were employed in some way. There were 1 055 (14.2%) pupils and students which are, as in the previous years, usually non-opiate users.

8.2 Drug-related crime

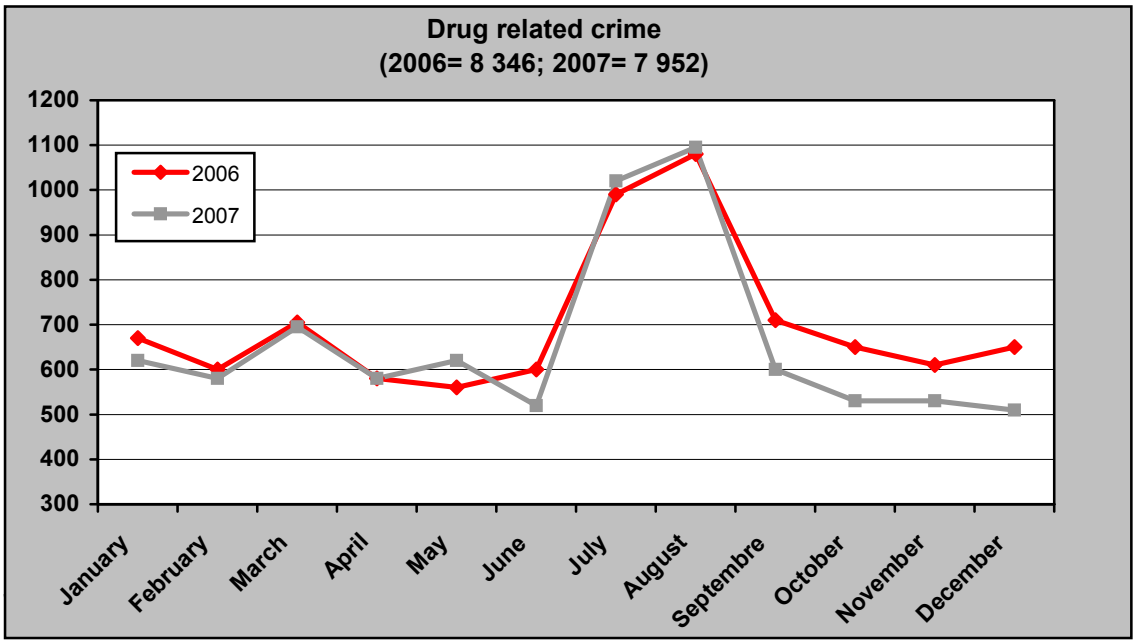
8.2.1 Drug offences

During 2007 no new scientific research was conducted on drug-related crimes in the Republic of Croatia. Therefore, all of the drug-related issues can be understood by analyzing current statistical indicators of these crimes in the Republic of Croatia (The 2008 Statistical Indicators of the Republic of Croatia's Ministry of the Interior), using therein the results of police investigations, the data obtained by the international police exchange, as well as comparing individual data from research conducted on general population or the youth, as it was the case with the ESPAD research. In 2007 this research included 6 328 students (3 332 boys and 2 996 girls) from across Croatia. The data revealing the number of detected and reported narcotic drug misuse felonies, is the data gathered by the Republic of Croatia's Ministry of the Interior (MOI). During the last 10 years the data has been methodologically collected in the same manner by filling in crime-detection forms.

When compared to 2006, in 2007 the statistical indicators of the MOI recorded a decrease of 4.7% in the reported drug misuse felony (8 346 in 2006, 7 952 in 2007).The share of reported drug misuse felonies in the total number of felonies is 10.85%, as opposed to 2006 when it was slightly lower, 10.6%. However, the Republic of Croatia is divided into 20 administration units (counties) and every county has its own police department authorised for the territory. Therefore, it is interesting to compare the number of drug misuse felonies with the total number of reported felonies in these police departments. The share of narcotic drug misuse felonies in certain police departments ranges from 29.8 in the Dubrovnik – Neretva County to 6.1 in the Karlovac County. It is interesting to notice that the frequency of narcotic drug misuse felonies does not depend on the size, that is, population of the area under the authority of a certain police department. For instance, in the area under the authority of the Zagreb Police Department which has the largest population and the largest number of police officers, from the total number of felonies, only 7.2% were narcotic drug misuse felonies. Although so far no scientific research has been conducted in order to provide at least a partial explanation of this situation, one of the

possible explanations is the fact that the Dubrovnik – Neretva and the Istria Police Departments (with 19.3% of narcotic drug misuse felonies in the total number of felonies) are the counties visited by a significant number of tourists during the summer. This fact is also supported by the following graph representing a monthly distribution of reported narcotic drug misuse felonies in 2006 and 2007. The graph revels that the intensity of the reported narcotic drug misuse felonies is the highest in the June – September period (The 2007 Review of Safety Indicators and Work Results, MOI, 2008).

Figure 8.1 - Total number of drug related crime in 2006 and 2007, by months



As it has been stated in the introduction, compared to 2006, 2007 saw a 4.7% decrease in reported narcotic drug misuse felonies. However, if the number of tourists visiting Croatia during the year were taken as a significant indicator of the number of reported narcotic drug misuse felonies, one would expect an increase in the number of felonies since 11.2 million tourists visited Croatia in 2007, which is 7.5% more than in 2006, accounting for 56 million nights spent in accommodation, that is, 5.7% more than in 2006 (The Croatian Central Bureau of Statistics, 2008).

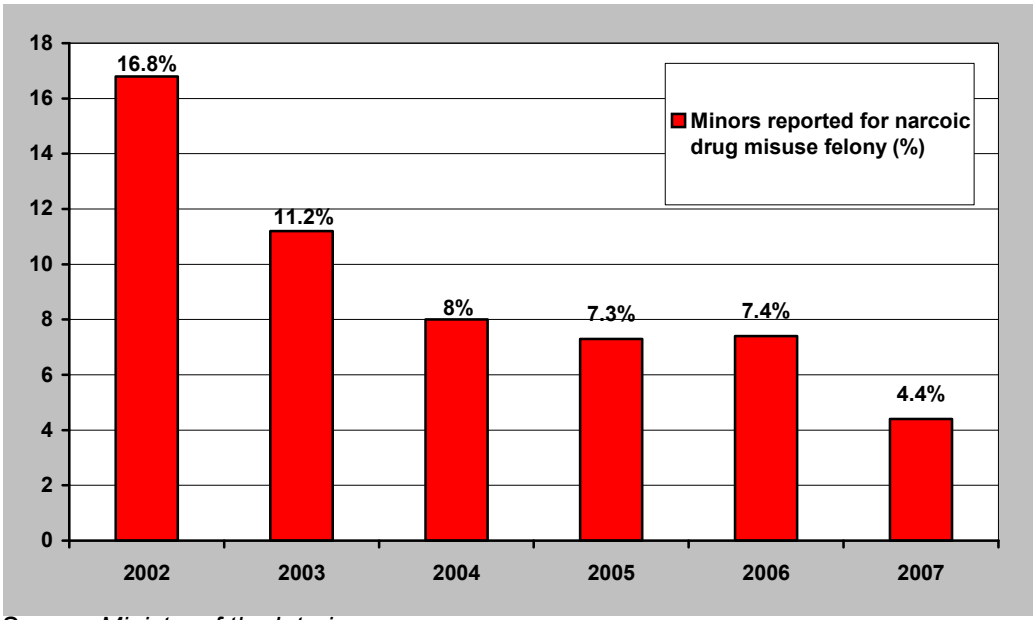
The explanation of a reduced number of reported felonies could be traced back to the structure of reported narcotic drug misuse felonies. In order to understand this better, it should be emphasized that the narcotic drug misuse felony (Article 173 of the Penal Code) consists of several degrees for committing this felony. These are possession, production, modification, sale, the felony committed by persons organized in a group, acquisition and possession of equipment, materials and substances used for drug production, inducing drug misuse or providing narcotic drugs, etc. With the aim of tracking and detecting these felonies, the Ministry of the Interior has divided different forms of this felony into two basic categories: 1. Narcotic drug possession (Article 173, Paragraph 1 of the Penal Code) and 2. Production, sale, smuggling, conspiracy aimed at committing the felony, providing drugs and inducing drug misuse, etc. (Article 173, Paragraph 2 of the Penal Code). On the basis of this division, the basic methodology of individual police officer's conduct has been determined. Therefore, it has been determined that a less complex form of this felony (possession, Article 173, Paragraph 1 of the Penal Code) shall primarily be under the authority of the uniformed police, whereas more complex forms of this felony shall primarily be under the authority of special police officers working on narcotic drug reduction. The analysis of this division (less and more complex forms) has revealed that for the

first time since the beginning of keeping records for the structure of reported narcotic drug misuse felonies, the rate of more complex forms of reported felonies has exceeded 30% (30.6%). This is proof of adequate activities of special police officers working on narcotic drug reduction and who are primarily authorised to work on the reduction of more complex forms of this felony. On the other hand, a decrease has been detected in possession reduction activities, activities primarily under the authority of the uniformed police. Several factors could have influenced such a condition, from inadequate number of police officers in certain areas, inadequate training, low-ranking police officers' inadequate understanding of the issue, etc. However, in order to determine the exact causes, it is necessary to conduct a research on the issue within the MOI.

The trend of the reduced number of felonies when compared to 2006 is also followed by the trend of the reduced number of reported offences (5 254 in 2007), which is a 7.6% decrease when compared to 2006.

When it comes to the number of reported persons, the trend remains the same when compared to 2006 with the decrease of 5.6% or 5 679 reported persons in 2007, while in 2006, 6 017 persons were reported. The analysis of the reported persons' age structure has revealed that the persons in the 21 – 25 age group represent the greatest share (30.1%) in the total number of persons reported for narcotic drug misuse felony, which is similar to 29.7% in 2006. However, it is interesting to notice that since 2002, the number of reported minors (14 to 16 years of age) in the total number of persons reported for narcotic drug misuse felony has decreased. The following graph represents the share (%) of minors in the total number of persons reported for narcotic drug misuse felony in the 2002 – 2007 period (The Statistical Indicators, MOI).

Figure 8.2 - Minors reported for narcotic drug misuse felony (%), by years



Source: Ministry of the Interior

This decreasing trend in cases related to the experimenting with marihuana has been partially detected by the ESPAD research as well (but not such significant decrease), conducted in the Republic of Croatia during 2003 and 2007 (The 2008 European School Survey Project on Alcohol and Other Drugs). In 2007, 6 328 students (3 332 boys and 2 996 girls) from across Croatia participated in the research. The 2003 research revealed that 24% of boys and 17 % of girls who participated in the research had experimented with marihuana. In 2007 the number

and the share of students of the same age who experimented with marihuana was somewhat lower (20% of boys and 15% of girls). The identical results were provided by the research conducted by the Croatian National Institute of Public Health (NPHI) (The 2005/2006 Health Behaviour in School-Aged Children, NPHI, 2008). The research was conducted on the sample of 1 500 children from every age group, randomly selected on the Ministry of Science, Education and Sports' class list. The total number of 15-year olds who experimented with marihuana was somewhat lower in 2006 when compared to 2002 (16% in 2002, 14% in 2006). On the basis of this research, a conclusion can be made that the reason for the decreased number of reported minors in the total number of persons reported for narcotic drug misuse in the Republic of Croatia is the reduced drug misuse (in this case only of marihuana, the most frequently seized type of drug in the monitored population in the Republic of Croatia, see Chapter 10.2). This is certainly one of the possible reasons. However, a more detailed analysis requires conducting some additional research.

The gender correlation of persons reported for narcotic drug misuse felony has not changed significantly. During 2007, 9.4% of the total number of persons reported for narcotic drug misuse felonies were female, while in 2006, 10% of the total number of persons reported for the same felony were female.

When it comes to the number of foreign citizens reported for narcotic drug misuse felony in the Republic of Croatia, a significant increase has been detected when compared to 2006. Namely, 926 foreign citizens were reported for this felony in 2006 and 1 222 persons in 2007.

8.2.2 Other drug related crime

The MOI does not possess any information which could indicate the number of persons who have committed various felonies under the influence of drugs or in case a felony was committed in order to obtain money for the purchase of drugs. The only records the MOI systematically keeps track of are the records of drivers who have caused traffic accidents under the influence of drugs.

Table 8.3 - Number of traffic accidents caused by drivers under the influence of drugs (comparison 2006 and 2007)

Number of traffic accidents caused by drivers under the influence of drugs (comparison 2006 and 2007)			
TRAFFIC ACCIDENTS	**2006**	**2007**	**2007/2006 +/- %**
With persons killed	15	13	-13.3
With injured persons	47	94	+100
With material damage	18	-*	-
TOTAL	**80**	**107**	**+33.7**

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

Source: Ministry of the Interior

As it can be concluded by analyzing the graph, 2007 saw a total increase of 33.7% of traffic accidents with killed and injured persons caused by drivers under the influence of drugs. This data should be revised within the context of measures aimed at traffic safety which encompass testing drivers of motor vehicles for drugs. During 2007, 1 953 drivers were tested by the preliminary testing device. Out of the total number, 741 drivers or 45.7% had tested positive for

narcotic drugs. In 2006, 1 001 drivers were tested and in the case of 442 drivers (40.1%), the test for narcotic drugs was positive (The Statistical Indicators, MOI).

8.3 Drug use in prison

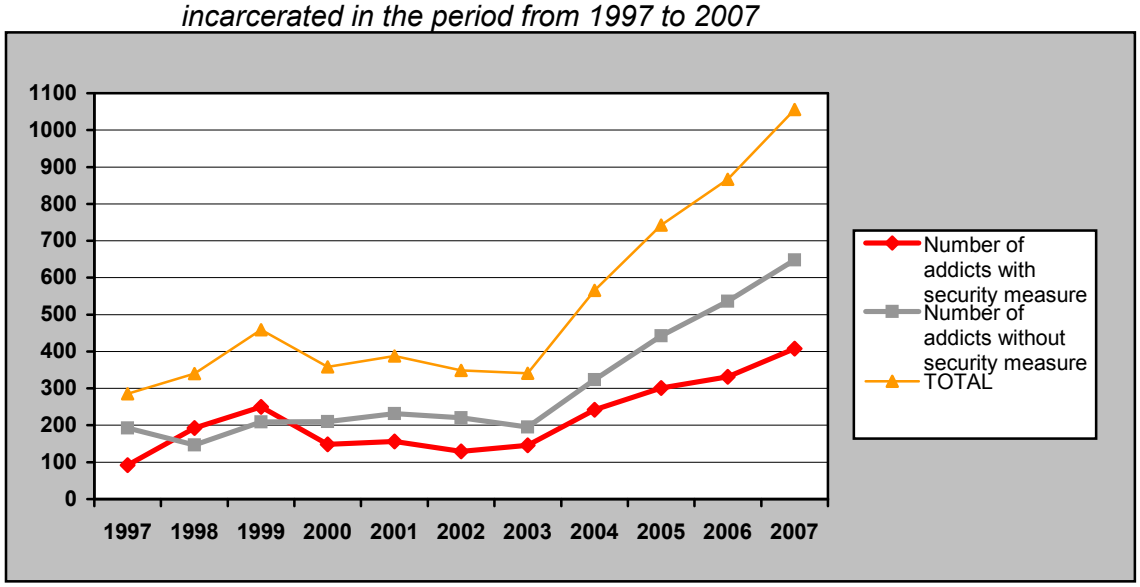
The treatment of drug addicts-prisoners continues to be a part of the National Strategy on Combating Narcotic Drugs Abuse. The basic goal of the National Drugs Strategy relating to the penal system is defined as interrelationship between prisons and penitentiaries and the social community as a whole, because prisons are places where addicts stay only for a limited period of time, which is sometimes very short, during which all the programmes that are carried out in the community and are applicable in prison conditions should be made available to them.

Table 8.4 - Comparison of the number of prisoners - addicts on psychoactive drugs incarcerated in the period from 1997 to 2007

Year	Number of drug addicts with security measure	Number of drug addicts without security measure	Total
1997	92	193	285
1998	193	147	340
1999	250	209	459
2000	148	210	358
2001	156	232	388
2002	129	220	349
2003	146	195	341
2004	242	324	566
2005	301	442	743
2006	331	536	867
2007	408	648	1 056
TOTAL	**2 583**	**3 534**	**6 117**

Source: Ministry of Justice, Imprisonment System Administration

Figure 8.3 - Comparison of the number of prisoners - addicts on psychoactive drugs incarcerated in the period from 1997 to 2007



Source: Ministry of Justice, Imprisonment System Administration

In 2007, Imprisonment System Administration recorded 1 056 inmates who were drug addicts or occasional users of psychoactive substances, which is around 26% of the total prison population (N=4 058), while the proportion of drug addicted detainees was 23% (N=4 693). The data show a continuous increasing trend of the number of addicts sent to prison since 2003. During 2007 that number increased by 9 % compared to the year 2006.

Table 8.5 - Review of the number of prisoners included in the special treatment programmes

Year	Security measure		Upon decision of the expert team of prison/penitentiary		TOTAL	
	M	F	M	F	M	F
2004	274	19	216	21	490	40
2005	417	32	277	24	694	56
2006	516	29	488	16	1 004	45
2007	389	19	641	7	1 030	26

Source: Ministry of Justice, Imprisonment System Administration

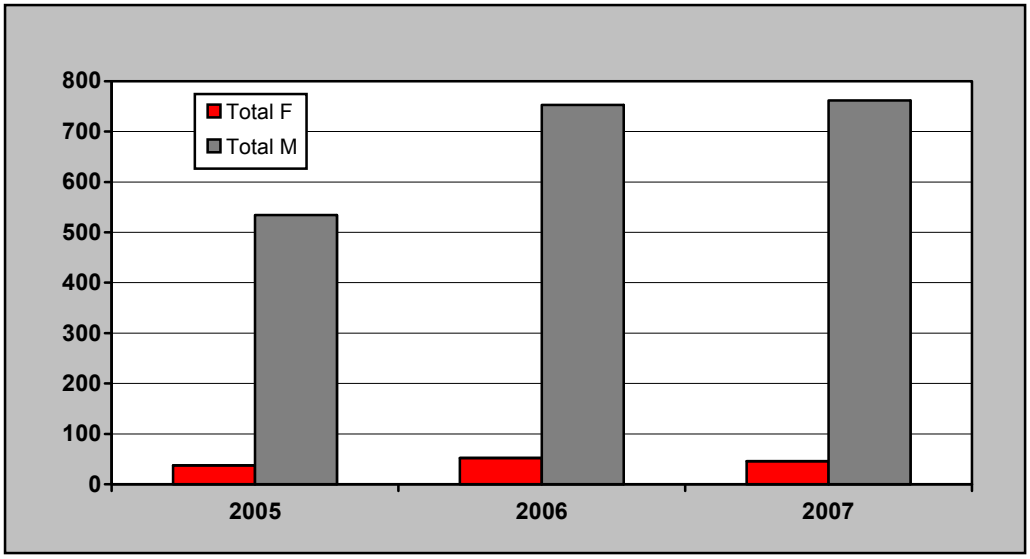
In parallel with the prison sentence, 408 inmates had security measure of obligatory treatment imposed by the court. Significant proportion (2/3) of drug addicted inmates were referred to special drug addiction treatment programs upon the assessment of expert teams of the Department for Diagnostics and Programming at the Imprisonment System Administration or Treatment Departments in penal institutions. The rest of the addicted prisoners were serving sentence in smaller prisons where specific treatment programs for homogenised groups of inmates are missing. However, in those prisons they are receiving individual psychosocial assistance with additional treatment contents together with the health care measures. In general, all addicted inmates, detainees and offenders are provided with the health care that includes medical examination, counselling, psychiatric assistance, testing on infectious diseases and substitution treatment (Methadone or Buprenorphine). They also receive psychosocial assistance in the form of individual or group work as well as the appropriate education. Modified therapeutic communities are operation in penitentiaries in Lepoglava and Turopolje as so-called “drug free” departments, while in prisons they act as clubs of treated drug addicts. Such modalities of work with addicted prisoners connote therapy agreement concluded with inmate, control of abstinence, counselling work, occupational therapy and organised leisure time in parallel with other general treatment methods. According to our experience during the previous years, rate of criminal/offending recidivism among drug addicts was higher than in relation to other inmates. Therefore, 42% of drug addicted inmates that were registered in the prison system for the first time in 2007 are considered to be indicative.

Table 8.6 - Number of prisoners-addicts on psychoactive drugs to whom methadone was prescribed during outpatient detoxification (2005-2007)

Year	Prisoners		Prisoners in custody		Sentenced for misdemeanour		Minors		Total	
	M	F	M	F	M	F	M	F	M	F
2005	77	9	395	26	62	3	0	0	534	38
2006	190	9	520	38	42	5	1	0	753	52
2007	262	4	450	39	50	3	0	0	762	46

Source: Ministry of Justice, Imprisonment System Administration

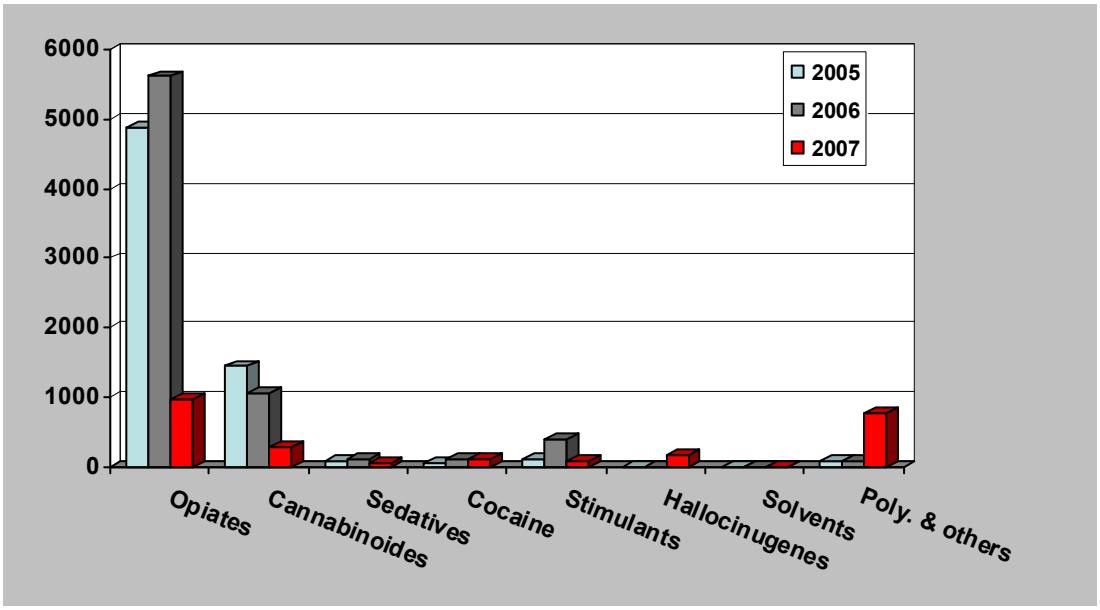
Figure 8.4 - Number of prisoners-addicts of psychoactive drugs to whom methadone was prescribed during outpatient detoxification (2005-2007)



Source: Ministry of Justice, Imprisonment System Administration

If we compare 2007 data with the previous year, there was similar proportion of inmates receiving Methadone as substitution of detoxification therapy. However, there was twice higher proportion of detainees that were engaged in the maintenance or reduction programs until the final elimination of Methadone therapy of replacement with Buprenorphine.

Figure 8.5 - Review of the number of prisoners-addicts according to type of drug



Source: Ministry of Justice, Imprisonment System Administration

In the prison and detention population there is almost equal proportion of opiate addicts which is around 40% as well as cannabis users participating with 10%. There has to be taken into account that a bit less than one third of inmates are extreme poly-drug users and as such there are present in other categories described as primary drugs.

Table 8.7 - Age and gender of prisoners-addicts on psychoactive drugs

Age and gender of prisoners	Number of prisoners					
	Prisoners (Educational measure, juvenile prison…)		Detainees		Offenders	
	M	F	M	F	M	F
<16	0	0	0	0	0	0
16-20	28	1	30	1	10	0
21-25	246	10	195	14	23	1
26-30	421	13	284	12	25	2
31-35	268	10	251	5	29	0
36-40	136	4	140	2	2	0
>40	93	5	126	10	8	0
TOTAL	**1 192**	**43**	**1 026**	**44**	**97**	**3**

Source: Ministry of Justice, Imprisonment System Administration

If we look at the gender structure, it is obvious that male prevail (97%) while around 4/5 of the prison population is in the most productive age which is between 21-35. In that sense, proportions for detainees don't differ significantly.

Table 8.8 - Number of prisoners-addicts on psychoactive drugs regarding the offence type

Type of Criminal Offence - Articles of the Criminal Law	Number of persons during the year					
	Prisoners		Detainees		Juveniles	
	N1	N2	N1	N2	N1	N2
Narcotic drugs abuse (Art. 173, Paragraph 1)	54	49	8	53	0	0
Narcotic drugs abuse Art. 173, Paragraph 2,3,4,5,6)	270	234	7	373	1	0
Larceny, aggravated larceny (Art. 216, 217)	147	164	32	199	0	3
Robbery (Art. 218, 219.)	122	91	0	130	0	0
Murder, aggravated murder, man slaughter (Art. 90, 91, 92)	11	23	0	34	0	0
Bodily injury (Art. 98, 99, 100, 101)	9	8	3	19	0	0
Rape (Art. 18, 189, 190, 191, 192, 193)	2	5	3	21	0	0
Fraud (Art. 224)	12	15	5	15	0	0
Other criminal offences	35	92	8	168	1	0
TOTAL	662	681	66		2	3
TOTAL (prisoners, detainees, juveniles)	1 343		1 078		5	
IN TOTAL	**2 426**					

N1 – persons with security measures; N2 - persons without security measures
*more offences than prisoners
Source: Ministry of Justice, Imprisonment System Administration

In the crime structure, drug addicts in the prison system continue to lead in offences related to abuse of narcotic drugs and larceny with 61%. There is also significant proportion of addicts that have committed robbery (17%) as another type of acquisitive crime.

9 Responses to Social Correlates and Consequences

9.1 Social reintegration

According to the measures foreseen in the National Strategy on Combating Narcotic Drugs Abuse 2006-2012 and the Action Plan on Combating Narcotic Drugs Abuse 2006-2009 as well as the annual implementation plan for 2007, in April 2007, the Government of the Republic of Croatia has adopted the Project of Social Reintegration of Drugs Addicts that have completed one of the available rehabilitation programs the therapeutic community or in the prison settings, as well as the drug addicts in the out-patient treatment and maintain abstinence for a longer period of time and adhere to their treatment programme. In the first place, the project foresees strengthening of cooperation between relevant authorities, especially between Criminal justice system and Care system including NGOs, in order to enable former drug addicts to start or to continue their education, find a job and smoothly integrate back into the society. The Project of Social Reintegration of Drugs Addicts is based on the two elementary components: occupational retraining and additional education on one side and inciting the recruitment of treated drug addicts on the other side. The main objective is systematic and longterm resolution of problems related to the social reintegration of drug addicts after successfully completed treatment or rehabilitation program, in the therapeutic community, penal system or health institution.

The procedures of involving drug addicts in adequate educational or employment programs are in details described the Protocol on collaboration and proceedings of competent state authorities, public institutions and civil society organizations in the implementation of the Project of Social Reintegration of Drugs Addicts, which was adopted by the Croatian Government in September 2007 as a stand alone document. The main goal of the Protocol is to clearly define competences and responsibilities of each stakeholder in the implementation of measures and project activities at the national and local level, as well as to define modalities, means and contents of their collaboration in order to facilitate efficient implementation of the project activities.

The State Budget for 2007 provided 10.653,000 Croatian kunas (EUR 1.490,000) for the implementation of the Project, out of which the major part was spent on the measures stimulating employment of rehabilitated drug addicts, on the budget lines of the Croatian Employment Institute and the Ministry of Economy, Labour and Entrepreneurship.

Since the problem of rehabilitated drug addict's recruitment, as the form of their reintegration into the society, is of extraordinary importance for the Project implementation, the Croatian Government has adopted Measures for Encouraging of Drug Addict's Employment which were integrated in the Annual Plan for Encouraging Employment 2007-2008 on the basis of the National Action Plan on Employment 2005-2008. In the course of 2007, the Annual Plan for Encouraging Employment 2008 was prepared, containing special benefits e.g. Measure 4: Co-financing of the recruitment of specific unemployed groups (including rehabilitated drug addicts); Measure 6: Financing education for unknown employer; Measure 7: Public work; Measure 8: Public work – specific projects. Implementation of the aforementioned measures is going to be in the competence of the Croatian Employment Institute. Added value of the document is that measures can be used cumulatively.

In the course of 2007 all competent authorities have fully started to implement project activities in the scope of their work and obligations. With the aim to raise the public awareness about the Project of Social Reintegration of Drugs Addicts, there were organised press conferences, round tables with the entrepreneurs, presentation of the Project to the County Commissions on

Combating Narcotic Drugs Abuse as well as the educations for stakeholders which are acting as project coordinators at the local level. Croatian Employment Institute started with the project implementation in its regional offices. Expert teams of all Croatian Employment Institute's regional offices have realized contacts with the coordinators at the Social Welfare Centres, Services for Prevention and Out-patient Addiction Treatment and therapeutic communities. By the end of 2007, there were processed (professional guidance and evaluation of working ability) 35 candidates, and for additional 7 persons the processing was agreed. In the educational activities there were involved 5 project users, whilst 11 persons were employed. Since the program of professional retraining and additional education can start already while the person is serving a prison sentence or is being rehabilitated in the therapeutic community, Ministry of Justice's Prison Administration and Ministry of Health and Social Welfare have started to process drug addicted inmates that would like to attend educational programs during their stay in the prison settings. In 2007, there were processed 43 inmates and it is still ongoing selection and preparation of appropriate educational institution where inmates will attend their educational program during their stay in the prison settings.

At the Office for Combating Narcotic Drugs Abuse there was set up a Database on Social Reintegration Project containing collection of personal data of project users and special link to relevant project information. During the project implementation there have been noticed some problems as obstacles for involvement of higher number of rehabilitated or treated drug addicts in the project. In the first place these are insufficient public awareness, especially among entrepreneurs, but also lack of self-confidence of addicts due to the widespread prejudice that "nobody want to recruit drug addicts". As it is well known, drug addicts often have difficulties to get beck to their social environment after the treatment for a number of reasons. On of them is public opinion on drug addiction problem which stigmatises, marginalises and excludes population of drugs addicts from their work or educational environment. Therefore, in the forthcoming period we have to invest more in the education of general public, especially employers, on problems related to the recruitment of rehabilitated or treated drug addicts. More has to be done in order to increase self-confidence and motivation of treated drug addicts as well as to enhance collaboration of the stakeholders at the local level.

9.2 Prevention of drug related Crime

9.2.1 Prison settings

As previously described in the Chapter 8.3, the treatment of drug addicted prisoners is being implemented based on by the Court pronounced safety measure of compulsory addiction treatment, on the recommendation of the Diagnostic and Programming Department or the Treatment Departments of a particular penitentiary or prison, or on the request of a prisoner himself. An individual programme of serving a prison sentence is being examined at least once in a quarterly period and is submitted to changes according to the achieved results and circumstances which might occur during serving a sentence. Prisoners, prisoners in custody and prisoners punished for minor offences are provided with health care services, which includes medical examination, counselling, psychiatric assistance, infectious disease testing (Hepatitis, HIV) and Methadone and Buprenorphine treatment. Education and psychosocial help is being carried out in the form of individual or group work that is mostly carried out by treatment officials, then outside collaborators as programme executors or supervisors and non-governmental organisations. Modified therapeutic communities are established in the Lepoglava penitentiary and in Turopolje penitentiary as so-called drug-free units. Such organised form of group work with prisoners means, apart from other general treatment methods, existence of therapeutic

contract with a prisoner, abstention control, counselling assistance, working therapy, organised free-time activities for prisoners addicts.
Training of imprisonment system physicians on opiate agonists pharmacotherapy continued, with the special accent on Buprenorphine treatment. It was organised in cooperation with the Reference Centre for Treating Addiction Illnesses at the Clinical Hospital "Sisters of Mercy", with the aim to prepare those physicians to acquire a certificate for prescribing opiate agonists. In Buprenorphine treatment there are 200 addicted inmates plus detainees that have declared themselves as drug addicts or there are medical indications for such status.

"Protocol for Testing Prisoners and Minors to the Presence of Addiction Substances in organism" introduced in 2006 continued to be implemented in the course of 2007. During the reporting period a random search of employees was also carried out occasionally. The results of these tests were negative. During 2007 the penal system of the Republic Croatia cooperated with 23 non-governmental organisations (mostly the associations founded with the aim of combating drug addiction). Members of the organisations are continually working with imprisoned-addicts on conducting special programmes of serving the prison sentence and providing psychosocial help while serving a prison sentence. Services for Prevention and Outpatient Addiction Treatment and non-governmental organisations have been also actively participating in organising post-penal acceptance of prisoners and their further addiction treatment after their release from prison. In order to harmonize treatment procedure of medical doctors in the prison system with those in the public health, for prison doctors there was designed a form "Medical history on the treatment progress during the prison sentence for inmates which are being directed to addiction prevention centres after served sentence or during the conditional release". Besides several round tables on medical aspects of drug addiction, there was also organised seminar on rehabilitation and social reintegration of drug addicts. The aim of the meeting was to emphasise the need for improving mutual informing and coordination of work of various services included in organising the post-penal reintegration of a prisoner-addict after serving a prison sentence, especially taking into consideration the research results from which it is visible that overdosing happens most often during the first few weeks after being released from prison. The programme "Institutional and Post-penal Reintegration of Convicted Addicts" (so-called IPTO) is being continually implemented within the penal system. The programme was conducted and is still going on in prisons in Zagreb, Split, Zadar, Rijeka, Pula, Varaždin, Bjelovar, Šibenik, Osijek and in the penitentiary in Turopolje in cooperation with 17 nongovernmental organizations and Centres for Addiction Prevention and Outpatient Treatment. During 2007 an emergency shelter care was provided to 84 freed prisoners-addicts, and a network of facilities in the City of Zagreb and the Zagreb County was strengthened.

Since prisoners represent a combination of different high-risk subpopulations, there was conducted a survey on the outspread of HBV and HCV infection among prison population. Results have shown extremely high percentage of those viruses, especially among addicts (up to 30%) in comparison to the general population (HBV-11%, HCV-1,2%). Survey was conducted by medical doctors of the Prison Hospital and Clinic for Infective Diseases "Fran Mihaljević". Following serologic tests based on the informative consent of inmates, in July 2007 there was organised Counselling centre for viral hepatitises within prisons and penitentiaries, that provides education on spread, control of infections and vaccination possibilities. There have been processed approximately 1 000 inmates that were tested on HBV, HCV and HIV, educated and vaccinated against HBV.

As the proportion of drug addicted inmates is still increasing, Imprisonment System Administration is undertaking efforts to enhance partnership and cooperation with relevant state and nongovernmental organizations in order to diminish increasing trends and regulate possibility of their conditional and post penal release. In that sense there has been achieved an agreement with therapeutic community "Encounter" that will enable referral of conditionally released addicts.

In the frame the Project of Social Reintegration of Drug Addicts, there was launched a questionnaire for inmates which enabled them to express their interest in additional education, occupational or professional retraining and employment. In addition, treatment professionals have evaluated their recent health and social status needed for inclusion in the overall social reintegration process.

In the course of 2007, permanent intensified control of smuggling addictive substances into prisons was carried out. Controls for prevention of drugs being taken in were conducted at each entry of people and things into penitentiaries/prisons, on return of the prisoners after a permitted leave, during visits of prisoner's family members, receiving parcels, supervision during prisoners' walks, as well as during regular searches. In 2007, 141 700 thorough body searches and 11 934 area searches were carried out, and in 37 cases illegal drugs were found. In the observed period two meetings with the representatives of the Ministry of the Interior were held with the aim of developing cooperation and coordinating the action for prevention of smuggling drugs into penal facilities, and starting the criminal investigation in cases of drug detection i.e. in case of a reasonable doubt that a drug related crime has been committed. 3 835 prisoners were tested on drugs during 2007, 458 prisoners of which were positive. This activity has been conducted continually with the aim of preventing the drug inflow into penitentiaries and prisons and its use, as well as preventing the spread of its abuse and taking adequate medical, treatment and safety measures towards those prisoners testing positive for a drug test. Abstinence control is very important both because it gives relevant information about the “drug inflow” into penitentiaries and prisons and is also used with the aim of evaluation of the quality of therapeutic programmes being conducted.

9.2.2 Drug-related crime

In accordance with the tasks of the National Strategy on Combating Narcotic Drug Abuse in the Republic of Croatia, police primarily directs their activities towards the drug supply reduction and in cooperation with other authorised bodies they participate and help in conducting a number of preventive activities oriented towards narcotic drug demand reduction. Police are trying to be visibly present at the places where young people meet, socialise and have fun, and in this way prevent establishing open narco-scenes, i.e. with their preventive presence in the vicinity of schools protect the young from aggressive drug supply and drug offer. With the project called “Police in the Community” and the changes in work being brought by it, like by introducing a contact police officer, problems connected with crime are trying to be solved jointly, be part of the community, i.e. in particular cases actively participate in prevention of all forms of addictions.

When combating narcotic drugs the problem should be observed as a whole and move away from classic crime prevention. Means and methods of drug abuse undertaken by police, should not be exclusively of crime, police nature, characteristic just for police, but they should be undertaken together, as part of the comprehensive drug prevention scheme, especially on the local level.

In order to avoid the “criminalisation” of mostly younger population (in the Republic of Croatia possession of even the smallest quantities of narcotic drugs is treated as criminal offence) by the present drug related crime prevention policy, the Attorney General can postpone to start the criminal proceedings in case the criminal charges are submitted for a criminal offence for which a fine or imprisonment of up to three, i.e. five years is stipulated if it is a minor and the criminal act is of lower level, so according to harmful effects of such a crime criminal prosecution is not required. In case the Attorney General brings the decision on not starting criminal prosecution against a minor for the criminal offence of narcotic drug possession, it can be conditioned by a compulsory drug withdrawal procedure, i.e. education on their harmfulness. In such a way present criminal legal regulations enable a perpetrator caught in narcotic drug possession to,

after having realised the severity and gravity of his act and after having fulfilled certain obligations, avoid further criminal prosecution and negative incriminations of his act.

It has to be to emphasise that on the territory of the Republic of Croatia a few years ago a few police, preventive “Information centres” were open, where experienced police officers work, those who among others also deal with narcotic drug prevention and in such a way, with their counselling role, police are getting included in preventive activities connected with narcotic drug prevention. Police officers with pedagogic qualifications are directly involved in a few school prevention programmes, the aim of which is to promote health and healthy lifestyle and through that inform young people, parents and those who advise them or cooperate with them about the dangers and consequences threatened by narcotic drug abuse and if needed about other substances that include alcohol and tobacco.

10 Drug Markets

According to the United Nations Office on Drugs and Crime (UNODC, 2008), the main route for the transport of large quantities of heroin (occasionally cocaine) passes through the Republic of Croatia and other countries in the South Eastern Europe. This is the very fact which influences the national organized crime structures, as well as the corruption on every level. Furthermore, the Republic of Croatia is situated in the Region producing primarily marihuana and synthetic drugs, as well as the precursors for the European market. Another important fact is that a large number of persons from the Region, including the Croatian citizens, live in the countries of the EU. According to the same source, heroine is most frequently smuggled via the so-called Balkans drug route, several branches of which pass through the Republic of Croatia as well. However, the number of heroine seizures in the countries of Western and Central Europe has been decreasing (especially in the 2000 – 2005 period, by approximately 30%) or remaining the same. In the countries with a large number of heroine addicts, the latest surveys show a decrease in the misuse, as opposed to cocaine in the case of which an increase of seizures and misuse has been detected (UNODC, 2008). Naturally, a part of this trend influences the situation in the Republic of Croatia as well, namely the smuggling and the availability of all kinds of drugs.

Apart from the aforementioned ESPAD survey, no other comprehensive survey analysing the availability of drugs has been conducted in the Republic of Croatia.

In accordance with the Croatian National Strategy on Combating Narcotic Drugs Abuse and the Action Plan on Combating Narcotic Drugs Abuse, the Ministry of the Interior has set up strategic goals aimed at the reduction of crime associated with the misuse and smuggling of drugs. The activities are primarily aimed at the reduction of supply (availability), as well as the reduction of drug demand (the Office for Combating Narcotic Drugs Abuse, 2007). These activities are transformed by the Action Plan into specific measures, persons responsible for the implementation, time limits, necessary financial means, etc. According to the National Strategy, on the basis of statistical indicators associated with drug-related crime, as well as indicators of all other entities included in the drug-related crime reduction, no significant development is expected in the decrease of narcotic drug demand. However, this shall certainly depend on the situation in the countries in the Region, but also worldwide (the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2006 – 2012).

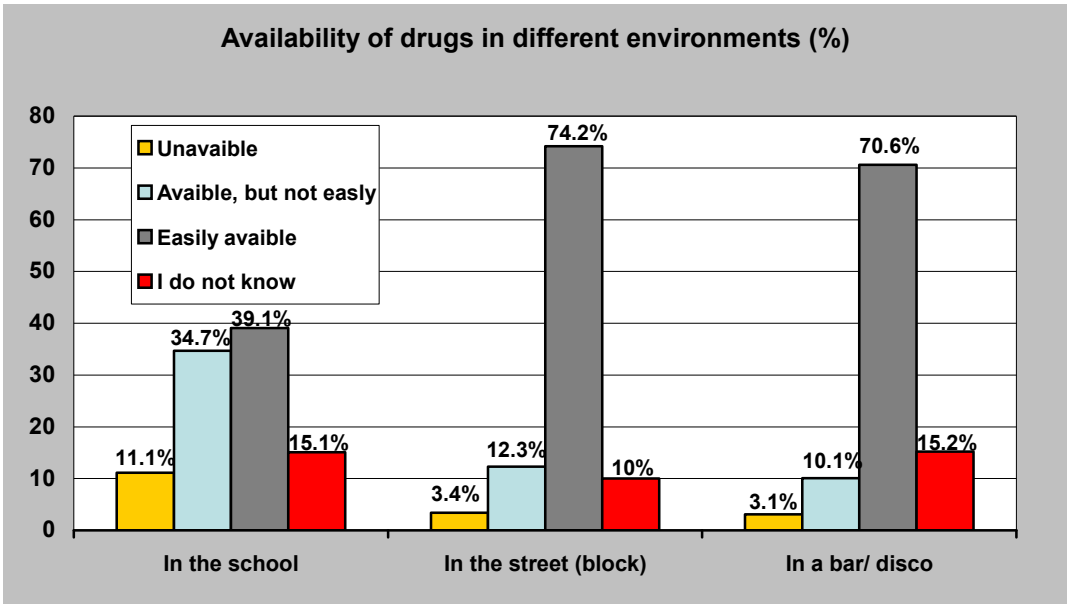
10.1 Availability and supply

Although no new surveys on the availability of narcotic drugs have been conducted in the Republic of Croatia recently, the Croatian Ministry of the Interior makes daily estimates on the possibilities of drug resale occurrence in certain areas, thereby directing the positioning and tasks of police officers in those areas. A special attention is paid to the areas around the schools and educational facilities, aimed at reducing the availability of drugs. One of the significant contributions to the reduction of the availability of drugs on the “micro” level has also been the adaptation of the Police in the Community Work Action Strategy, adopted in 2003 (MOI, 2003). The plan is to reduce the availability of narcotic drugs and to prevent these felonies by sending a police officer (“contact policeman”) to areas where drug misuse felonies are likely to occur. 11-, 13- and 15-year-olds were the target groups of the Health Behaviour in School-Aged Children Project (HBSC), carried out for the first time in the Republic of Croatia in 2002, followed by the 2006 survey. The survey was conducted on the sample of 1 500 children in each age group, randomly chosen from the Ministry of Science, Education and Sports’ list (the Croatian National Institute of Public Health, 2008). The survey has revealed that 14% of 15-year-olds have

consumed marihuana at least once, which is less than in the 2002 survey when 16% of children admitted consuming marihuana at least once.

The 2005 survey conducted on 2 145 students in Zagreb (45.9% female and 54% male), eighth graders to seniors, has revealed that a large number of students believe that drugs are easily available. An especially disturbing fact is that drugs are easily obtainable in school areas, as well as in places frequented by young people. The following graph represents students' estimate on the availability of drugs. The survey was anonymous, voluntary and in the form of a questionnaire designed for these purposes, which the students had to fill in (Orban, Glavak, 2006).

Figure 10.1 - Availability of drugs in different environments (%)



Source: Ministry of the Interior

The aforementioned ESPAD survey (ESPAD, 2008) has revealed that marihuana is the most available psychoactive substance (53% of young people admitted they would obtain it easily), but other substances are available as well, such as ecstasy (28% of young people find it easily or very easily available) and amphetamines (25% of young people find it easily or very easily available).

The data obtained in the aforementioned survey represent one of the guidelines used by the Ministry of the Interior in planning their everyday activities of reducing the availability on the micro level aimed at protecting the high-risk population, minors and younger minors. Every activity is undertaken in accordance with other parts of the system, especially schools and other educational institutions.

Within the Ministry of the Interior structure, there are partners of the Croatian Early Warning System on New Psychoactive Drugs, primarily the Drug-related Crime Department and the national Europol Unit, which, in accordance with the whole system, must guarantee an early reaction in case of appearance (availability) of new psychoactive substances.

It is certain that a number of activities aimed at arresting organized groups involved in smuggling and drug resale, both in the Republic of Croatia and internationally, also significantly influence the availability of drugs in the Republic of Croatia. The arrests and the seizures of drugs, and

eventually of the illegally obtained property, have a significant influence on the availability of drugs. Naturally, the results remain incomplete without international cooperation. This has precisely been the reason for a number of operations, both national and international. In addition to that, another important factor which influences the availability of narcotic drugs in the Republic of Croatia is the entire drug misuse situation in Europe and Croatia's neighbouring countries and which, considering the geographical position of the Republic of Croatia on "the Balkans drug route" used for smuggling large quantities of narcotic drugs, eventually also influences the extent of smuggling on the route.

10.2 Seizures

According to the statistical indicators of the Croatian Ministry of the Interior (MOI, 2007), there has been a decrease in the number of seizures when compared with 2006. Therefore, in 2007, 6 546 seizures of various narcotic drugs were made, which is a decrease of 7.1% when compared with 7 049 seizures in 2006.

Table 10.1 - Number of illicit drug seizures 2004-2007

Year	Number of illicit drug seizures
2004	6 414
2005	7 002
2006	7 049
2007	6 546

Source: Ministry of the Interior

The analysis of the seizure structure on the basis of the types of drugs seized has revealed that there have been no significant changes when compared with previous years. The largest number of seizures, 3 277, were marihuana seizures (50% of the total number of seizures), followed by heroin with 604 seizures (9.2% of the total number of seizures), hashish with 551 seizures (8.4% of the total number of seizures) and cocaine with 253 seizures (3.8% of the total number of seizures). It should be emphasized that the trend of the increased number of cocaine seizures continued in 2007, the explanation of which may lie in the increased demand for this drug on the illegal market in the Republic of Croatia. A disturbing fact is that in the total number of seizures, 748 seizures or 11.4% were the seizures of medications used for medical purposes but containing the components from the list of controlled substances. It is definite, that a certain quantity of these medications has been smuggled into Croatia. However, on the other hand, a certain quantity of these medications is also obtained through misuse during treatment in the Republic of Croatia.

The following table represents the quantity of narcotic drugs seized in the Republic of Croatia in the period 2004-2007:

Table 10.2 - Seized quantities of all types of narcotic drugs (2004-2007)

Total seizures of all types of narcotic drugs	2004	2005	2006	2007
Heroin (grams)	114 kg 431 g	27 kg 68 g	81 kg 797 g	73 kg 508 g
Hashish (grams)	5 kg 893 g	53 kg 35 g	12 kg 86 g	4 kg 493 g
Marijuana (kilograms)	428 kg 235 g	983 kg 222 g	202 kg 445 g	239 kg 316 g
Cocaine (grams)	17 kg 595 g	8 kg 963 g	5 kg 640 g	104 kg 703 g

Amphetamines (grams)	7 kg 176 g	14 kg 312 g	11 kg 604 g	7 kg 885 g
Methadone (tablets)	4 635	9 413	12 551,50	6 529
Ecstasy (tablets)	27 048	33 601	16 340,50	12 609
LSD (doses)	60	21	21	215
Cannabis plant	2 207 pieces	2 960 pieces	2 699 pieces	2 886 pieces

Source: Ministry of the Interior

The largest number of seizures are still made on the Bajakovo border crossing with Republic of Serbia (over 29 kg of heroine in one of the seizures), as well as in the port of Rijeka where large quantities of cocaine were also seized during previous years.

During 2007 no precursor seizures were recorded and no laboratories for drug production were found. Individual attempts to cultivate hemp stems of drug type were recorded this year as well, but no attempts of cultivation on a larger area were recorded.

During police investigations related to narcotic drug misuse, the total amount of 1 million EUR and 2.1 million KN was temporarily seized, while during the proceedings the court shall decide on the permanent seizure.

10.3 Prices and drug purity

No significant surveys have been conducted in the Republic of Croatia on the price of drugs on the illegal market. Therefore, the data used is the data collected by police officers during police investigations on narcotic drug misuse. The most reliable data on the price of drugs on the illegal market in the Republic of Croatia is certainly the data obtained by police officers during secret operations related to drug smuggling, either by an undercover investigator, an undercover reporter or simply by the surveillance of telephone calls. According to the collected data, there was no significant change in the prices of narcotic drugs on the illegal market in the Republic of Croatia when compared to 2006. For instance, the price of 1 g of heroine ranges between 25 – 40 EUR, of marihuana 1.5 – 4 EUR, of hashish 5 – 7 EUR, of cocaine 55 – 70 EUR, of amphetamines 10 – 15 EUR, of 1 ecstasy pill 4 – 7 EUR and of 1 LSD dose 15 – 18 EUR. It should be emphasized that the price heavily depends on the purity of a narcotic drug, but also on the place of purchase, the manner of delivery, as well as on the temporary supply and demand in a certain area.

According to the Ministry of the Interior's acts in effect, all temporarily seized drugs must be delivered to the Forensic Centre[18] which provides a qualitative expert evaluation in case of every narcotic drug and psychoactive substance seized in the Republic of Croatia. Their qualitative expert evaluation, that is determining the purity or the share of a certain drug in a mixture, is conducted for the operative purposes of the police in all the cases when a sufficient quantity of a drug or a psychoactive substance is delivered. Since 2001, The Department for Toxicological Expert Evaluation is a member of the European Network of Forensic Science Institutes (ENFSI) Working Group on Drugs. Every year the Department participates in the Working Group's meetings and takes two Proficiency tests. The Forensic Centre has requested the ISO 17025 accreditation, while the Department has validated and applied two of its methods for the accreditation: the Quantitative determination of amphetamine presence by the GCMS method and the Quantitative determination of amphetamine presence by the HPLC method.

[18] The Forensic Centre "Ivan Vučetić" operates within the Ministry of the Interior.

As the Standard Table 14 reveals, the qualitative expert evaluations of individual drug samples have not determined any significant changes in the purity of analyzed drugs when compared with 2006.

The most frequent components in heroine mixtures seized in 2007 were analgoantipiretic paracetamol and psychostimulant caffeine, less frequent were various types of sugar, such as lactose and saccharose, whereas in certain cases the traces of anxiolitic diazepam, antiepileptic fenobarbital, narcoanalgetic methadone and cocaine were found as well. The qualitative expert evaluation included 550 cases from the total number of 1 332 samples, while the minimum share of heroine was estimated to 0.5%, the maximum to 64% and the average share of heroine base was estimated to 23.8%. The most frequent components in heroine mixtures seized in 2007 were analgoantipiretic fenacetin, a local analgetic and antiarrythmic lidokain, keratin amino acid, sugar alcohol mannitol and lactose. In certain cases the presence of certain medications was detected in cocaine, such as the presence of calcium channel blocker diltiazem, antihistaminic hidroksizin, antihelmintic levamisol, sympathomimetic decongestant ephedrine and analgoantipiretic propiphenazon. The qualitative expert evaluation included 307 cases from the total number of 782 samples, while the minimum share of cocaine was estimated to 4%, the maximum to 90%, while the average share was estimated to 32%. The amphetamine seized in 2007 came in the form of powder substances or less frequently in the form of pills, while the most frequent components were keratin, caffeine, lactose and less frequently starch. In certain cases the presence of MDMA, methamphetamine, Ephedrine, as well as paracetamol, codeine, propiphenazon and benzylpiperazine mixtures was determined as well. The qualitative expert evaluation of amphetamine in the form of pills included 13 cases from the total number of 1 733 samples, while the minimum share of heroine was estimated to 1%, the maximum to 23%, while the average share of the amphetamine base was estimated to 17.6%. The qualitative expert evaluation of amphetamine in the form of powder included 480 cases from the total number of 939 samples, while the minimum share of amphetamine was estimated to less than 1%, the maximum to 58%, while the average share of the amphetamine base was estimated to 6%. The MDMA or the so-called “ecstasy” seized in 2007 was most frequently in the form of pills of illegal origin, less frequently in the form of powder or powder in capsules. In certain cases in pills containing MDMA as the active component the traces of chlorphenylpiperazine (mCPP), MDA, N-ethyl-MDA, caffeine and amphetamine and methamphetamine were detected. The qualitative expert evaluation of MDMA in the form of pills included 91 cases from the total number of 1 776 samples, while the minimum share of MDMA was estimated to 1%, the maximum to 60%, while the average share or the MDMA base was estimated to 32%. The qualitative expert evaluation of MDMA in the form of powder included 16 cases from the total number of 17 samples, while the minimum share of MDMA was estimated to 5%, the maximum to 82%, while the average share of the MDMA base was estimated to 40%. Furthermore, in 2007 4 188 pills were seized containing MDMA and chlorphenylpiperazine as active components, while the share of MDMA in the form of the base was estimated to 26%. In 2007 methamphetamine was seized in 26 cases, out of which in the form of powder in 24 cases and in 34 samples, while in 2 cases the pills (the total of 23 pills) contained 15% of methamphetamine. The minimum share of methamphetamine in the qualitative expert evaluation of methamphetamine samples in the form of powder was estimated to 3%, the maximum to 78%, while the average share or the methamphetamine base was estimated to 48%. In 2007 pills of illegal origin containing chlorphenylpiperazine (MCPP) were seized in 8 cases, with the total 158 pills. Apart from the MCPP as the active component, certain pills also contained traces of MDMA (the Office for Combating Narcotic Drugs Abuse, 2008).

Table 10.3 - Purity of seized drugs in the Republic of Croatia (2007)

DRUG	Heroin	Cocaine	Amphetamine		MDMA		Methamphetamine	
			powder	tablets	powder	tablets	powder	tablets
N records	550	307	480	13	16	91	24	2
N amples	1 332	782	939	1 733	17	1 776	34	23
MIN %	0.5	4	<1	1	5	1	3	15
MAX %	64	90	58	23	82	60	78	15
MEAN %	23.8	32	6	17.6	40	32	48	15
CUTING AGENTS	paracetamol caffeine lactose sucrose traces of: diazepam phenobarbital Methadone cocaine	phenacetine lidocaine creatine manitol lactose traces of: diltiazem levamisol ephedrine propiphenazon hydroxyzine	creatine caffeine lactose starch traces of: MDMA, methamphetamine phedrine ephedrine diazepam cocaine		lactose sorbitol traces of: chlorphenilpiperazine MDA MDE amphetamine methamphetamine		lactose creatine traces of: ephedrine	

Source: Ministry of the Interior

PART B

SELECTED ISSUES

11 Sentencing Statistics

In the Republic of Croatia there are several positive regulations regulating narcotic drug misuse. These are the following:

- The Law on Combating Narcotic Drugs Abuse (December 2001, the 2003, 2004 and 2007 amendments);
- The Penal Code (1997, entering into force on 1 January 1998, several amendments, most recent on 1 October 2006 amending precisely the provisions on narcotic misuse);
- The Juvenile Court Act (1997, several amendments);
- The Disturbance of the Public Peace Act (1997, several amendments);
- The Traffic Safety Act (2004);
- List of narcotic drugs, psychoactive substances and plants used for narcotic drug production, as well as substances used for narcotic drug production (March 2002, amended in November 2002 and in 2005).

With the purpose of better understanding the issue, the introduction should contain the basic explanations of the terms used in the text which follows:

- *Narcotic drug misuse* can be defined as any illegal trafficking of narcotic drugs. Taking this definition into account, one of the felonies in the Republic of Croatia's Penal Code has been named "narcotic drug misuse" (Article 173 of the Penal Code).
- *Narcotic drugs* are any substances of natural or artificial origin, including the psychoactive substances from the List of narcotic drugs and psychoactive substances.
- *Narcotic drug cultivation* is the cultivation of plants which can be used for narcotic drug production. This refers to any plant or part of a plant which can be used for narcotic drug production. The cultivation of such a plant encompasses the acquisition and possession of seeds, planting and cultivation, as well as obtaining and possessing parts of plants used for narcotic drug production.
- *Narcotic drug production* encompasses the acquisition, mixing, purification, production and any other procedure aimed at narcotic drug production.
- *Possession* refers to the actual ownership of a narcotic drug, plant or substance used for narcotic drug production.
- *Trafficking in narcotic drugs* refers to any launching on the market of a narcotic drug, plant or part of a plant used for narcotic drug production (import, export, transit, transport, purchase, sale, storage, etc.).
- *Offence* refers to any criminal act violating public order, social discipline or other social values not included into the Penal Code or any other law regulating felonies.
- *Felony* refers to any criminal act violating personal freedoms and rights, as well as other rights and social values guaranteed and protected by the Republic of Croatia's Constitution and international law, and the protection of which could not be achieved without the penal coercion.

Other than containing the cultivation, possession and trafficking narcotic drugs, the system of addiction prevention and assistance, narcotic drug reduction measures, keeping records of trafficking in narcotic drugs, drug production, possession and destruction, as well as of drug addicts and international cooperation, the Law on Combating Narcotic Drugs Abuse also contains provisions on offences. The Act consists of 10 articles regulating provisions on offences, but mostly refers to legal entities and responsible persons thereof. Not more than 3 articles refer to natural persons, applied in case of inappropriate disposal of used syringes and needles, in case of inserting a drug in another person's food or drink or influencing them in any other way, as well as in case of crossing a country's border while carrying medications the components of which are narcotic drugs or psychoactive substances obtained without a doctor's

prescription. In all of these cases a fine shall be imposed upon the offender, and in case the offender is a drug addict or user, the court shall also pronounce the sentence of obligatory treatment precautionary measure in a medical institution or any other institution in the period lasting from three months to one year.

Article 20 of the Disturbance of the Public Peace Act is the only provision regulating the problem of drugs, namely the usage of drugs in public. In this case a fine shall be imposed upon the offender, and in case the offender is a drug addict committing offences due to their addiction, the court shall pronounce the sentence of obligatory addiction treatment precautionary measure.

In the Traffic Security Act, the prohibition of driving under the influence of alcohol or narcotics is identical for all traffic participants, and every case of driving under the influence of narcotics is characterised as an offence. In case a police officer suspects a person participating in traffic is under the influence of drugs, the person must be tested on the spot. In case the results are positive, the person is taken for blood and urine analysis, their driving licence is temporary seized and the person is prohibited to drive until further notice. The charges are brought against the offender and the fine is imposed in the offence procedure. In case these charges are validly brought against an offender twice in the period of one year, instead of imposing a fine, the magistrates' court can sentence the offender with up to 60-day imprisonment and the precautionary measure of motor vehicle driving prohibition in the period lasting from one to two years.

Everything stated refers to narcotic drug misuse offences and penalties for adult offenders. In case of identical offences, minors receive penalties and sanctions regulated by the Offences Act. According to the Act, for the offences committed, minors can be sentenced with a fine, juvenile imprisonment or precautionary measures and a fine. A younger minor (14 to 16 years of age) can be sentenced to educational and precautionary measures, while an older minor (16 to 18 years of age), can be sentenced to all the aforementioned sanctions, with the exception of a fine since it can be imposed only in case of employed older minors. There are several types of educational sanctions, for these purposes being important only the special responsibilities, especially the one demanding a minor, with the attorney's permission, entering obligatory addiction treatment.

Article 173 of the Penal Code under the title "narcotic drug misuse" envisages all the modalities of narcotic drug misuse, and criminal description of this act contains any unlawful behaviour stipulated in the Conventions signed and ratified by the Republic of Croatia. Two modalities of this felony are important for the purposes of this report. The first is the possession of a narcotic drug for personal use, the mildest form of this felony. This form of the felony envisages the sentence in form of a fine or up to 1-year imprisonment. The second modality of this felony exists in the basic and qualified forms. The basic form regulates illegal production, modification and sale of a narcotic drug and envisages the sentence of at least a 3-year (to 15-year) imprisonment. The qualified from refers to identical acts but committed within a group or an organization and envisages the harshest sentence of at least a 5-year imprisonment to long-term (20- to 40-year) imprisonment.

As it has already been mentioned, driving under the influence of drugs is qualified as an offence. However, in case the offender causes an accident in which persons are injured or considerable damage is caused, the sentence envisaged is up to a 5-year imprisonment. In case one or more people have been killed in the accident, the envisaged sentence is up to a 10-year imprisonment.

Everything stated refers to convicting adults. However, there are two instances in which the offender does not have to serve time, but both of them refers to the mildest form of the felony,

that is, possession of a narcotic drug for personal use. In case the offender has been sentenced up to a 6-month imprisonment, with the offender's consent the sentence can be transformed into welfare work while on bail. The second instance is the act of postponing criminal proceedings depending on the General Attorney's decision in case of felonies envisaging the sentence in form of a fine or up to 3-year imprisonment. The decision on postponing the criminal proceedings is made by the General Attorney with the offenders consent and in case the offender agrees to one of several responsibilities. The responsibility referring to the narcotic drug misuse felony is entering addiction treatment. In case the offender successfully fulfils his responsibility, the criminal charges against him are withdrawn, and in case he does not, the usual criminal proceedings are launched.

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

Should a felony of narcotic drug misuse be committed by a minor, the material provisions of the Penal Code and the process provision of the Juvenile Court Act apply to the minor. According to this Act, the minors are pronounced a sentence of educational measures, juvenile imprisonment and precautionary measures. One of the educational measures applied to narcotic drug misuse offenders is special responsibilities. This type of a sentence can be pronounced individually or in combination with some other educational measures. There are 13 special responsibilities and the following two are important in case of these felonies:

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

These measures can last up to a year, whereas the court can subsequently alter or withdraw them, partially or completely. One of the penalties within juvenile sanctions is juvenile imprisonment, the sentence which can only be pronounced in case of older minors (16 to 18 years of age) and for the felonies envisaging up to a 5-year imprisonment or harsher sentences. Juvenile imprisonment cannot last for less than 6 months or longer than 5 years, while in case of the felonies envisaging long-term imprisonment, juvenile imprisonment can last up to 10 years. Therefore, the sentence of juvenile imprisonment can be pronounced for narcotic drug misuse felonies, for the aforementioned basic and qualified forms of narcotic drug resale. However, in practice the sentence of juvenile imprisonment is pronounced very rarely.

Juvenile imprisonment retention is a form of a suspended sentence institute for adult persons. The court finds the minor guilty, simultaneously retaining pronouncing the sentence of imprisonment, under the condition that no felony is committed in the period determined by the court. In addition to juvenile imprisonment retention, the court can also pronounce some of the aforementioned special responsibilities. In addition to all the educational measures and juvenile imprisonment, a minor can also be pronounced a sentence of precautionary measure in the form of obligatory addiction treatment.

In juvenile proceedings there is the opportunity institute which can be applied to felonies envisaging up to a 3-year imprisonment. The General Attorney decides to launch a procedure against a minor, in case he determines criminal proceedings would not be appropriate considering the minor's personality and previous life. The General Attorney can stipulate his decision with several conditions, the condition for these felonies being the minor's entering addiction treatment. After the condition has been fulfilled, the General Attorney makes the final decision not to launch criminal proceedings. This institute can be applied only in the case of the

mildest forms of narcotic drug misuse, that is, possession for personal use and is applied quite often. In 2007 78.9% of criminal charges against minors for drug possession were resolved in this manner.

Records on drug-related crime are being kept by the police, courts and the General Attorney's Offices. The police have created a database of reported persons, number of felonies and type of narcotics involved in the felonies. The courts, criminal and misdemeanour, keep records of the number of prosecuted persons, number and type of pronounced sanctions and sentences, as well as the number of precautionary measures of obligatory treatment. It can be said that the General Attorney's Office possesses the database of the highest quality. They keep records of the reported persons, the number of felonies, the type of circulating narcotic drugs, the number of withdrawn criminal charges or criminal charges resolved on the opportunity principle, the number of terminated proceedings, the number of charged persons, the number of convicted persons, the number of filed complaints and their outcome. The only records the General Attorney's Office does not keep are the records of convicted persons and offenders. These records are kept by the Ministry of Justice.

Every institution has a separate database and so far they have not been electronically linked. This shall probably be achieved in the future when it shall also be necessary to protect the information in order to avoid any potential misuse and leaking.

At the beginning of each year, all of these institutions prepare a statistical report for the previous year which is then presented to the Parliament of the Republic of Croatia and other bodies which need this data in their work. The statistical unit in these reports is a reported person, charged person and convicted person, not the number of committed felonies and offences. Several committed felonies or offences per person do not enter these reports. However, everybody keeps records of the precise number of felonies or offences an individual has been charged with or prosecuted for. The reports contain records of all the pronounced sentences, sentences in case of offences, educational measures for minors, precautionary and protection measures.

The databases contain every individual's personal information (gender, date of birth, name, surname, birth name, parents' names and surname, place of birth, accurate address of permanent and temporary residence, occupation and nationality). Indictment acts also contain recidivism data after receiving records on felonies and offences from the Ministry of Justice. The system contains the entire process of proceedings, charges, withdrawals of charges, the basis for the withdrawal, the investigation, accusation, i.e. termination of investigation in case a felony is not proved, verdict, the type of the sanction, precautionary measures if pronounced, appeal if filed and second instance verdict. The same applies to keeping records of minors and offences. The police database also contains the types and quantity of seized drugs, while at the General Attorney's Office, courts and misdemeanour courts, this data is stored in files. Databases also contain all of the cases of a person not being prosecuted and clearly state the reasons (lack of a felony or offence, lack of sufficient evidence or opportunity reasons). The narcotic drug addiction and alcohol addiction are merged in both the felony and the offence systems since both measures are described in the same article of the law. However, the precise records of the type of addiction are kept in these files. In addition to that, according to the provisions of the Penal Code and the Traffic Safety Act, persons driving motor vehicles under the influence of alcohol or narcotic drugs shall have their driving licence seized for the period determined by the court. The measure is recorded in the driver's licence, as well as in the databases of all police departments and is therefore very easily verified by traffic police.

The 2007 indicators:

- 4 441 adult persons were reported for narcotic drug possession, 2 567 persons were charged and 2813 were convicted;
- out of the 2813 convicted persons, 145 were pronounced with the sentence of imprisonment, a fine was imposed on 969 persons, 1 513 persons were pronounced with a suspended sentence, in case of 149 persons a court citation was issued, while in case of 37 younger adults (18 to 21 years of age) juvenile educational measures were pronounced according to the Juvenile Court Act.

- in case of 448 adult persons (443 younger adults) criminal charges were withdrawn by the General Attorney due to their entering the addiction treatment;
- in case of 76 adult persons a sanction and obligatory addiction treatment measures were pronounced;
- in case of 1951 adult persons, criminal charges were withdrawn due to the lack of reasonable doubt in committing a felony, while in the case of 8 persons, the investigation was terminated due to insufficient evidence necessary in order to bring charges;

- 216 minors were reported for narcotic drug possession, sanctions were proposed in case of 40 minors, in case of minors educational measures were pronounced, while in case of 1 minor juvenile imprisonment retention was pronounced;
- In the case of 213 minors, criminal charges were withdrawn by the General Attorney due to their entering the addiction treatment;
- In the case of 237 minors, criminal charges were withdrawn due to the lack of reasonable doubt in committing a felony, the proceedings were terminated in case of 2 persons due to the lack of evidence for educational measure proposal, in case of 10 persons due to opportunity reasons, while in case of 15 minors the proceedings were terminated on the basis of court council's decision, out of which in case of 6 minors due to opportunity reasons.

- 1 918 adults were reported for the basic form of narcotic drug sale and production, 849 persons were charged and 819 convicted;
- out of the 819 convicted persons, 732 were pronounced with the sentence of imprisonment, 28 suspended sentence, while 59 younger adults (18 to 21 years of age) were pronounced juvenile educational measures according to the Juvenile Court Act;
- in the case of 206 adult persons, a sanction and obligatory addiction treatment measures were pronounced;
- in the case of 23 adult persons, criminal charges were withdrawn due to the lack of reasonable doubt in committing a felony, while in the case of 94 persons investigation was terminated due to insufficient evidence necessary in order to bring charges.

- 44 minors were reported for the basic form of narcotic drug sale and production, sanctions were proposed in the case of 30 minors, in the case of 26 minors educational measures were pronounced, in the case of 1 minor the sentence of imprisonment was pronounced, while in the case of 1 minor juvenile imprisonment retention was pronounced;
- In the case of 2 minors, criminal charges were withdrawn due to the lack of reasonable doubt in committing a felony, the proceedings were terminated in the case of 4 persons due to insufficient evidence for educational measure proposal. In the case of 2 persons due to opportunity reasons, while in the case of 5 minors the proceedings were terminated due to the court council's decision, out of which in case of 2 persons due to opportunity reasons.

- 146 adult persons were reported for the organized form of narcotic drug sale and production, 126 persons were charged and 46 convicted;
- out of the 46 convicted persons, 45 were pronounced the sentence of imprisonment, while 1 person was pronounced with a suspended sentence;
- in the case of 7 adult persons, a sanction and obligatory addiction treatment measures were pronounced;
- in the case of 4 adult persons, investigation was terminated due to the lack of evidence necessary in order to bring charges.

- no minors were charged with this harsh form of a felony, with the exception of a minor who was pronounced the sentence of juvenile imprisonment retention in the previous year.

As it has already been stated, this data has been published in the regular annual report and presented to the Croatian Parliament, as well as to every government body upon the request.

PART C

14 Bibliography

14.1 Alphabetic list of all bibliographic references used

No	Bibliographic reference
1	Bujišić G. Experiences and Attitudes towards Dependence among Students in Vukovar, Coll. Antropol. 32 (2008) 3: 777–781
2	Kolarić B. Second generation of HIV surveillance in Croatia - seroprevalence among most at risk populations (PhD thesis),. Medical Faculty University of Zagreb. Zagreb, 2007
3	Cajner-Mraović, I., Faber, V., Volarević, G.: Action strategy Police in the community. MUP RC. Zagreb 2003
4	Orban, M., Glavak, R. Misuse of addiction means among adolescents. Croatian Institute of Public Health. Zagreb 2006
5	Office for Combating Narcotic Drugs Abuse of the Government of the Republic of Croatia. Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2006. Zagreb 2007
6	Office for Combating Narcotic Drugs Abuse of the Government of the Republic of Croatia. Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2007. Zagreb 2008
7	Croatian Institute of Public Health. ESPAD 2007. Zagreb 2008
8	Croatian Public Health Institute. Report on Treated Persons for Psychoactive Drugs Misuse in Croatia for 2007. Zagreb 2008

14.2 Alphabetic list of relevant data bases

No	Type of register / data base	Responsible institution
1	Criminal offence evidences	Ministry of Justice
2	Death certificate and report on the cause of death	Croatian Institute of Public Health
3	HIV Register	Croatian Institute of Public Health
4	Information system of the Ministry of the Interior (Criminal evidences)	Ministry of the Interior
5	Internal databases on detainees and prisoners	Ministry of Justice
6	Misdemeanour evidences	Ministry of Justice
7	Matrix on all categories of prisoners	Ministry of Justice
8	Psycho-diagnostic data	Ministry of Justice
9	Statistical information - ISSN 1334-062X Data on death persons Data on perpetrators of criminal offences Dana on misdemeanour perpetrators	Croatian Bureau of Statistics
10	Register of persons treated for psychoactive drugs abuse	Croatian Institute of Public Health

14.3 Alphabetic list of relevant Internet addresses

No	Internet address
1	http://www.dzs.hr
2	http://www.hzjz.hr
3	http://www.mup.hr
4	http://www.mzss.hr
5	http://www.online-baze.hr
6	http://www.uredzadroge.hr
7	http://www.nijd.uredzadroge.hr
8	http://www.hck.hr
9	http://www.udrugaterra.hr
0	http://www.udruga-let.hr

15 Annexes

15.1 List of Tables used in the text

15.2 List of Figures used in the text

15.3 List of Maps used in the text

15.4 List of Pictures used in the text

PART D

STANDARD TABLES AND STRUCTURED QUESTIONNAIRES

16 Standard Tables and Structured Questionnaires

Standard Tables

Standard Table 03	Characteristics of persons starting treatment for drugs
Standard Table 05	Acute/direct drug - related deaths
Standard Table 06	Evolution of acute/direct drug related deaths
Standard Table 07	National prevalence estimates of problem drug use in EU countries
Standard Table 09	Prevalence of Hepatitis B/C and HIV among injecting drug users (IDUs) – version 27.10.2006
Standard Table 10	Syringe availability
Standard Table 11	Arrests/reports for drug law offences
Standard Table 13	Number and quantity of seizures of illicit drugs
Standard Table 14	Purity at street level of illicit drugs
Standard Table 15	Composition of illicit drug tablets
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Structured Questionnaires

Structured Questionnaire 27 (I & II)	Treatment programmes (part I) Quality Assurance treatment (part II)
Merged Structured Questionnaire 23 & 29	Prevention and reduction of health-related harm associated with drug use