



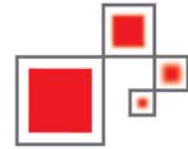
CROATIAN
NATIONAL
DRUGS
INFORMATION
UNIT

ON THE DRUG SITUATION 2007

CROATIAN REPORT



European Monitoring Centre
for Drugs and Drug Addiction



CROATIAN
NATIONAL
DRUGS
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UNIT

**2007 NATIONAL REPORT (2006 data)
TO THE EMCDDA
by the Croatian National Drugs Information Unit**

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

Zagreb, December 2007

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)



Report prepared by:

Lidija Vugrinec, M.A.¹
Hrvojka Laušić, M.A.²
Marina Kuzman, Ph.D.³
Dragica Katalinić, M.D.⁴
Tanja Ćorić, M.D.⁵
Marija Cahunek Žunec, M.A.⁶
Željko Petković, M.A.⁷

Translated by:

Jezično učilište Barbare Močnik

Cover design by:

PALETE kreativni studio

Acknowledgement:

This report is the first Croatian Annual Report. It was drawn up by the National Drugs Information Unit in close collaboration with the external experts. We would like to thank all national partners, members of working groups, organizations, institutions and bodies that provided necessary data and contributed to interpretation of the data. 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.

¹ Head of Croatian National Drugs Information Unit, Office for Combating Narcotic Drugs Abuse

² Expert Associate at Croatian National Drugs Information Unit, Office for Combating Narcotic Drugs Abuse

³ Assistant to the Director of the National Public Health Institute

⁴ Head of Register of Persons Treated for Psychoactive Drugs Misuse, the National Public Health Institute

⁵ Head of Department for Medical Demography, the National Public Health Institute

⁶ Senior Health Associate, Service for Addiction Prevention in Zagreb

⁷ Detective Chief Police Inspector in the Drugs Department, Ministry of the Interior



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NEW DEVELOPMENTS AND TRENDS

Summary

Croatia, officially the Republic of Croatia, is a relatively “new” country which gained its independence in 1991. Geographically it is a country located in South-East Europe at the crossroads of the Mediterranean, Central Europe, and the Balkans. Croatia has 56 594 square kilometres (plus its sea area – 31 067 sq.km.) 1,777 km of coastline (and more than 4,000 km of islands coastline). The Croatian population is 4 442 000⁸ inhabitants, 2 138 700 men and woman 2 303 300. In Zagreb as a capital live 779 145 inhabitants. If we look at the age structure, there is 16% of 0-14 year olds, 67.1% between 15-64 years and 16.9% of 65 years and over. Population density at the national level is 78.5 inhabitants per square kilometre.

The main streamline of the national policy in the combating drugs phenomenon requires the commitment of the entire society at both, national and local levels with a view to develop an efficient system of combating drug abuse which affects our society on such a large scale endangering particularly young generations and their families. Hence, the basic determinant of the policy on drugs in Croatia presupposes continuous implementation of organised measures intended to reduce drug availability at illegal market and drug demand with a continuous application of strong preventive measures and activities intended to weaken the interest of the youth in drugs use. In order to achieve the above-mentioned objectives, it is essential to act in a co-ordinated and inter-sectoral manner, so that the fundamental principles of the National Strategy on Combating Narcotic Drugs Abuse (2006-2012) could be respected and the problem tackled at several levels and with shared responsibility. The first National Drugs Strategy was adopted by the Croatian Parliament already in 1996, setting an organizational frame of the national system on combating narcotic drugs abuse which is continuously being adjusted to the latest trends and developments.

Drug abuse in Croatia has taken on excessive proportions after the Homeland War, so that it may be said that the mid-1990s saw the break out of a true epidemic of addictive diseases in our country. The rate of 0.9% of narcotic addicts per 1,000 inhabitants in 1990 grew to 2.7% in 1999, while the system for the treatment of narcotic addicts records approximately 850 new cases of addicts to opiates every year.

According to the data of the Croatian Public Health Institute, the total of 23 990 people were registered⁹ in 2006 as receiving treatment for psychoactive drug misuse. It is a disturbing fact that the total number of new addicts registered in the inpatient and outpatient treatment system has been continuously increasing in the period from 2000 to 2006. According to Croatian National Institute of Public Health, in 2006 there was 7 427 treated drug addicts (rate amounts 248.1 per 100 000 inhabitants, age 15 – 64), which represents an increase of 11.38%. Out of the total number, majority were opiate addicts (5 611), followed by cannabis users (1 071) while other substances are less represented. However, it has been noticed increased demand for stimulant type substances which is reflecting higher availability on the illicit market and lower prices. In addition, 2 001 drug addicts were new in the treatment and there were 876 new opiate addicts. The treatment system is based on the national strategic documents and is provided through the network of in-patient and out-patient services. The total number of people in Croatia hospitalized for addiction was 1 142, with hospitalization duration, on average, 30.2 days. The higher number of treated addicts may be the result of an increasingly stable network of Services for Addiction Prevention, as well as the result of more addicts participating in some available forms of treatment. Experts believe that the

⁸ 2005 Mid-year estimate of the Croatian Bureau of Statistics

⁹ Register of Persons Treated for Psychoactive Drugs Misuse, Croatian Public Health Institute

increase in the number of drug addicts in Croatia is primarily the result of negative social factors such as difficult economic situation, population migrations, a crisis of modern society, family crisis, the disruption of fundamental social values and a growth of crime, closely related to the war consequences, etc. In Croatia, the average age for the first experiments with drugs is 15.9, while the average age of first heroine use is 20.0, followed by 20.8 for intravenous use and 25.5 the average age for entering treatment. This means that in between the first experiments with drugs until the first contact with the treatment services there is inadmissible 10 years. The key issue is how to attract heroine users in different treatment programmes and how to motivate to stay in the treatment. Psychoactive drug addicts are due to the nature of their disease exposed to a risk of blood transmitted diseases. According to the data obtained in interviews, large number of the heroin addicts is infected with a hepatitis C virus. In the year 2006 its ratio was 46.2%. A lower number of persons were positive on hepatitis B with a 15.5% ratio. Since only some of the data corroborated the laboratory test results, it can be supposed that the number i.e. the ratio of the infected is higher. The HIV data are the only one checked and compared in a few ways and a low incidence of HIV infection among addict population can be considered totally real. The incidence of HIV positive persons has not changed for years now. The number of HIV positive addicts is very low and it amounts to 0.5%. What can be thanked for it is a permanent education, being well-informed, pharmacotherapy, counselling centres and replacement needles and syringes. In the year 2006 died 94 persons whose cause of death was drug or they had been previously treated for drug addiction. The most common cause of death was opiate overdose (65 persons - 69%). 32 of them overdosed on heroin (34.0%), 18 on methadone (19.2%), and for 15 persons (16.0%) it was not notified which opiate substance it was.

The drugs monitoring system in Croatia has a long tradition. The Croatian Institute of Public Health established the Register on Persons Treated for Psychoactive Drugs Misuse already in 1978, covering wide range of data on drug addicts being treated in the health system. Other relevant institutions and state administrative bodies also collect data in accordance with type of records that they are obliged to keep by law within their scope of work (health care sector, education, police, customs, judiciary, scientific institution) and results of their analysis serve for strategic planning. The available data from different sources are since 2002 being compiled in the single annual Report on Implementation of the National Strategy for Combating Drug Abuse in the Republic of Croatia that is prepared and issued by the Office for Combating Narcotic Drugs Abuse (OCNDA), adopted by the Croatian Government and presented to the Croatian Parliament. However, this is the first Croatian report being produced for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

In January 2005, Croatia officially applied to the European Commission (EC) for the membership in the EMCDDA. After the Council has given the mandate for negotiations, in February 2007 it was held first expert meeting between EC and Croatian delegation. Following the conclusions of the meeting, it was initiated regular procedure for accession to the international agreements upon which the Croatian Government brought the Decision on initiating the procedure to conclude the Agreement between the European Community and the Republic of Croatia concerning the participation of the Republic of Croatia in the EMCDDA, which was sent to the EC. The procedure is still ongoing.

In order to strengthen the existing data collection mechanisms and streamline the national drugs information system with the EU requirements, in October 2006 there was set up the National Drugs Information Unit and International Co-operation Department at the OCNDA, acting as the National Focal Point for the Reitox network of the EMCDDA. Effective monitoring system will enable better insight in the objective situation of the drugs problem in the country which should serve as a base for policymaking in the field and tackling related



problems. Furthermore, the Croatian Government has adopted the Protocol on Drug Information System in the Republic of Croatia as a core document describing legal base for monitoring drug situation in the country, role of the Croatian National Drugs Information Unit (NFI), main partners, data flow, data collection mechanisms, modalities of communication, obligation and responsibilities of NFI and other relevant stakeholders at the national level and in cooperation with the EMCDDA. At the same session, the Government has also adopted the Protocol on Early Warning System on New Psychoactive Substances in the Republic of Croatia as a basic 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 provide a ground for further strengthening of the NFI and its network in order to become fully operational and ready for the accession to the EMCDDA's Reitox network as equal partners.

During 2006, in the focus of national activities there was intensive networking of existing structures for drug related data collection as well as strengthening of the Croatian National Drugs Information Unit in order to meet EMCDDA's requirements. A range of activities aimed at structuring the national drugs information system was implemented in the frame of CARDS 2004 project "Strengthening Capacity to Combat Drugs Trafficking and Drugs Abuse" and Phare project "Participation of Croatia and Turkey in the EMCDDA".

1 National Policies and Context

1.1 Legal framework

After it gained its independence, through the notification on succession the Republic of Croatia accepted the following international conventions by legal succession: *UN Single Convention on Narcotic Drugs*, (New York 30 March 1961), *Protocol on amendments to the Single Convention on Narcotic Drugs* (Geneva, 25 March 1972), *UN Convention on Psychotropic Substances* (Vienna, 21 February 1971) and *UN Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (Vienna, 20 December 1988). According to the *Constitution of the Republic of Croatia* (OG Nr. 41/01; 124/00; 8/98; 56/90), international treaties that were concluded and ratified in accordance with the Constitution, were made public and are in force, constitute part of the internal legal system of the Republic of Croatia and are above the law in terms of legal force.

On the basis of the aforementioned conventions, *the Act on Combating Narcotic Drugs Abuse* (OG Nr. 107/01, 163/03, 141/04, 40/2007) was passed as a central legal act that regulates all fundamental issues concerning narcotic drugs abuse: 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.

From the criminal judicial aspect, the drug abuse is in the Republic of Croatia regulated by following acts: *the Criminal Act* (OG Nr. 110/97, 27/98, 129/00, 51/01, 113/03, 71/06), Article 173; Chapter thirteen (XIII): Criminal offences against values protected by the International Act; *the Criminal Procedure Act* (OG Nr. 62/03) and *the Act on Combating Narcotic Drugs Abuse*. Issues covered in the Criminal Act are illicit use (possession), production, trade, trade through sale or purchase as well as any other type of trading in narcotic drugs. The Act also regulates the issue of guilt for the criminal offence committed under the influence of drugs. Criminal sanctions vary from a fine up to one-year-prison sentence for possession. The prison sentence for qualified forms, production, trade, trade through sale or purchase is minimum three-years in prison, while for organised forms (more persons allied together to commit a criminal offence) it is at least five-year-prison sentence up to a long-term imprisonment (40 years).

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. If the **purposefulness principle** (Article 175 of the Criminal Procedure Act) is applied, State Attorney's Office postpones the criminal prosecution in case of criminal charges for a criminal 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). Suspect's consent and his/her readiness to undergo drug rehabilitation or other activities are needed for the aforementioned.

According to the Act on Combating Narcotic Drugs Abuse, a perpetrator of the offence regulated by this Act, who is addicted to narcotic drugs or is an experimental drug user, except for the fine, is also imposed a safeguard measure of obligatory treatment in a medical institution or a safeguard measure of drug rehabilitation in an institution for social care, which is usually non-governmental organization, lasting from three months up to one year. In case the stated perpetrator successfully completes the rehabilitation process, the fine shall not be imposed.

It was stated at the beginning that the Republic of Croatia ratified, that is, signed UN Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances from 1988 (Vienna Convention). Parts of the aforementioned were implemented in the Criminal Procedure Act, Article 180 "special investigations of criminal offences". The Article of the stated Act is compatible with similar European acts and on the basis of this act it is possible to successfully carry out common trans-national police actions, like "controlled delivery" which facilitate identification of organized criminal groups involved in the illicit drugs trafficking as well as significant seizures.

1.2 Institutional framework, strategies and policies

In accordance with the Act on Combating Narcotic Drugs Abuse, the Government of the Republic of Croatia has adopted *the Regulation on the establishment of the Office for Combating Narcotic Drugs Abuse* (OG Nr.18/02, 12705, 111/06) as an expert government service, in charge of systematic monitoring of developments, dealing with various issues and performing other tasks connected to the implementation of this Act and enforcement of the National Drugs Strategy. In accordance with *the Act on amendments to the Act on Combating Narcotic Drugs Abuse* (OG 163/03) Commission for Combating Narcotic Drugs Abuse was established. Commission's composition and field of work is determined by the Government of the Republic of Croatia. Duties of the Commission are coordination of the activities of the ministries and other responsible subjects involved in the programme of combating narcotic drugs abuse, from the prevention to the social reintegration as well as the adoption of annual programmes of the ministries in authority and state administrative organisations. Members of the Commission are high representatives of all relevant ministries and it is chaired by the Deputy Prime Minister of the Republic of Croatia who is in charge of social issues and human rights to ensure that tasks are carried out.

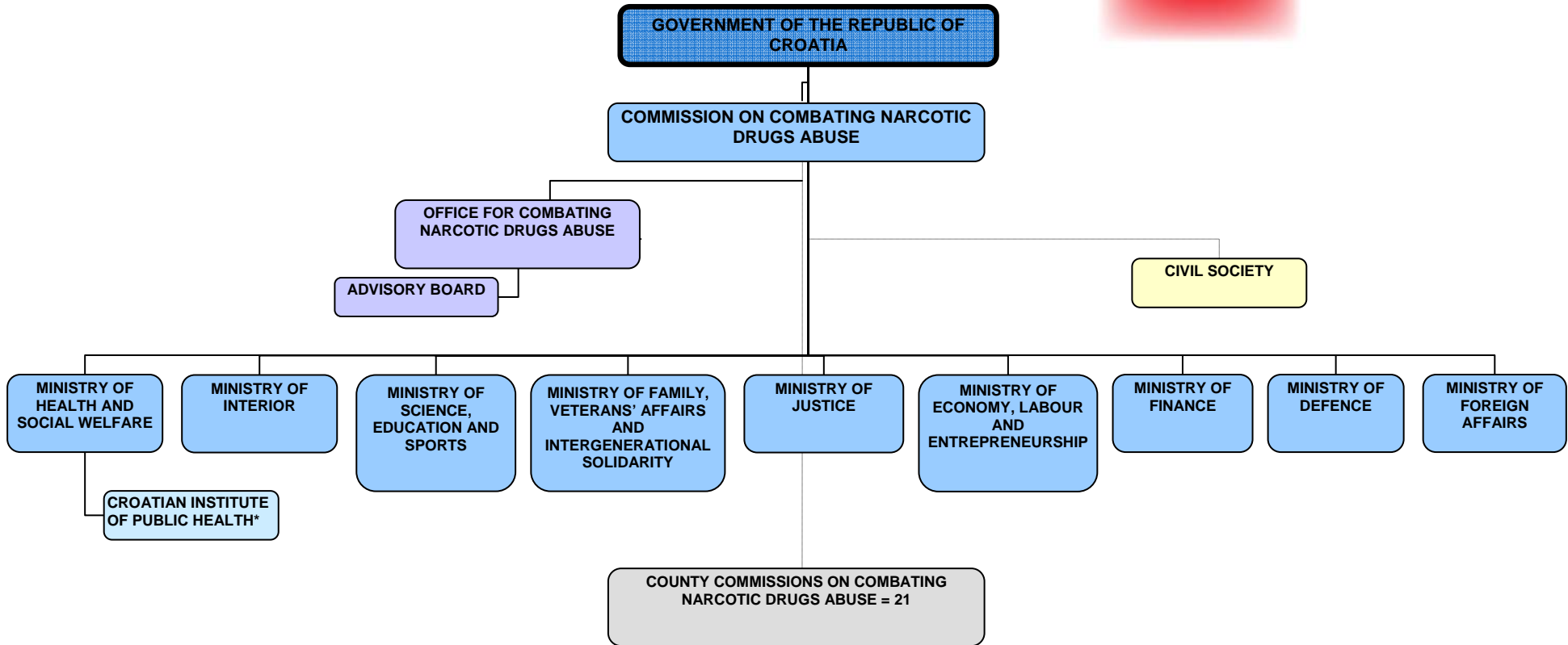
There is an appropriate institutional framework in Croatia for the implementation of the *acquis communautaire* in this area. The basic institutional framework for the implementation and development of drug abuse prevention policies consists of a series of state administration bodies at central, regional and local level, as well as NGOs. The authorities responsible for dealing with the problems of drug addiction are the Ministry of Health and Social Welfare, the Ministry of the Interior, the Ministry of Finance - Customs Directorate, the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity, the Ministry of Science, Education and Sports, the Ministry of the Economy, Labour and Entrepreneurship, the Ministry of Defence, the Ministry of Foreign Affairs and European Integration, the Ministry of Agriculture, Forestry and Water Management, the Ministry of Justice, the Office for Combating Narcotic Drugs Abuse, the Office for the Prevention of Corruption and Organised Crime (USKOK), the Croatian Institute of Public Health. The competences and the manner of implementing the national policy covering this area are defined in the Act on Combating Narcotic Drugs Abuse, the National Strategy for Combating Narcotic Drugs Abuse 2006-2012, the Action Plan for Combating Narcotic Drugs Abuse 2006-2012, and the annual Implementing Programmes of the Action Plan for Combating Narcotic Drugs Abuse.



On 2 December 2005, the Croatian Parliament adopted *the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2006-2012* (OG 147/05), replacing the *National Strategy on Surveillance of Narcotic Drugs, Combating Narcotic Drugs Abuse and Providing Help to the Drug Addicts* that dated since 1996. The key frame for drafting the mentioned National Drugs Strategy was the EU Drugs Strategy (2005 - 2012), which stresses the need for the development of an integrated, multidisciplinary, global and balanced strategy in the field of drugs in Europe. The National Drugs Strategy deals with the following fields in particular: coordination; decrease in the demand for drugs through: prevention, decreasing the harm caused by drug use, medical treatment and social treatment, civil society actions; decrease in drug supply through: prevention of illegal drug production, cooperation of the competent state bodies, especially the police, customs and the judiciary in the field of organised crime connected to drugs as well as criminal policy; monitoring, information system, research work and evaluation; international cooperation and education. *Action Plan on Combating Narcotic Drugs Abuse for 2006-2009*, that the Government of the Republic of Croatia adopted by the Conclusion at the session held on 16 February 2006, describes in detail specific aims and methods of achieving those goals, as well as specific tasks of particular executors for each budget period, on the basis of the assessment of the previous Action Plan and new needs in the professional approach. It is pursuant to the guidelines of the EU Action Plan on Drugs (2005-2008).

The Republic of Croatia is territorially divided into 21 administrative units called counties (including the City of Zagreb which has a status of a county). In order to effectively translate national drugs policy to the regional/local level, in the Article 6 of the Action Plan on Combating Narcotic Drugs Abuse for the year 2004/2005 the organisation of an institutional frame for drug abuse control has been planned. Therefore, in 2004 it was initiated a process of setting up the County Commissions for Combating Drugs Abuse, where experts in the field of education, social welfare, health, NGOs, county offices of the state administration and other relevant institutions are jointly creating local drug policy according to the national guidelines. One of the most important principles in the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia for 2006-2012 is the principle of decentralization which should guarantee the same level of availability of different programmes in the whole Republic of Croatia in accordance with the real needs of individual local communities (i.e. counties). On the county level and the level of local self-governing units, networks of different programmes should be developed, and the activities within the drug abuse area should be harmonised with the measures on the state level, with the aim of accomplishing the main principle of drugs supply and demand reduction. Therefore, each County Commission has developed County Action Plan on Drugs which has improved coordination and implementation of measures and activities in the field of drugs at the local self-governing level.

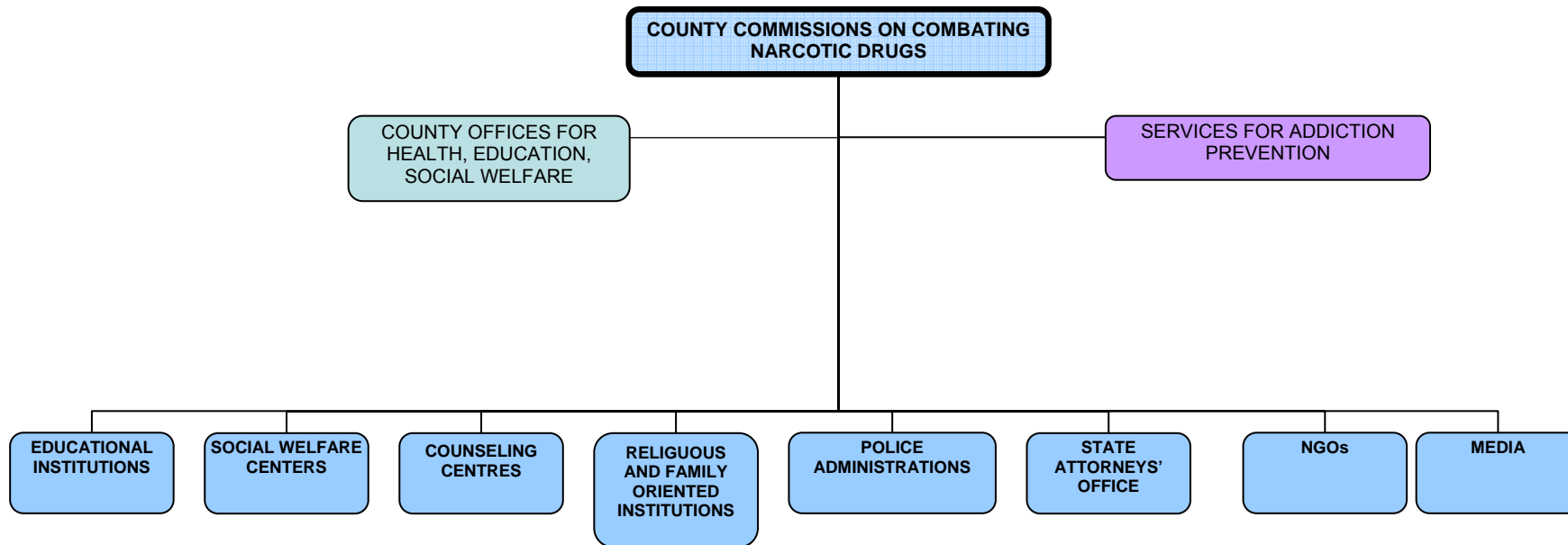
Figure 1.1 - Organizational structure of the system on combating drugs phenomenon in the Republic of Croatia – national level



* Croatian Institute of Public Health is umbrella organization for the network of Services for Drug 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

The primary goal of the national policy on combating drugs is comparable decrease in drug use, drug addiction and related health and social risks, through the development of an integrated, multidisciplinary and knowledge-based system of decreasing the demand for drugs. The *Act on Combating Narcotic Drugs Abuse* in Articles 34, 37-41 provides a system for the prevention of addiction and assistance to drug addicts and the experimental drug users, while the *Action Plan* includes a series of measures and implementing activities in the field of prevention and harm-reduction associated with drug addiction. Special attention is given to the development of the addiction prevention system for children and youth, early detection of vulnerable groups of children and youth, for whom the development of a special protective – prevention programmes is required, as well as to the further development of secondary prevention measures, or in other words, early detection of risk groups, in order to prevent drug experimenting and drug addiction. The abovementioned presupposes the enforcement of a national educational and informative campaign on preventing drugs addiction, providing facilities for youth clubs and organisation of events where young people could gather in their leisure time, as well as creating educational and other events according to the age and interests of children and young people with the goal of improving the quality of life on the local community level. Those activities aim at influencing the change of young people's attitudes toward using addictive substances and adopting positive life styles. The education system endeavours to protect the healthy population, to detect the students at risk behaviour and provide them assistance, as well as to offer professional assistance to children and youth who have already begun using addictive substances.

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.

One of the main elements of the drug demand reduction policy in the Republic of Croatia is continuous development of drug addiction treatment which is being carried out through substitution pharmacotherapy, drug free programme (detox), as well as family and psycho-social treatment. Treatment of incarcerated drug addicts is also described in the National Strategy on Combating Narcotic Drugs Abuse according to which the prison administration must ensure conditions suitable for quality organisation of working with prisoners, that is, to create appropriate programmes, to provide suitable area and teams of experts.

In order to ensure balanced drug policy, besides drug demand reduction measures there is being encouraged cooperation of law enforcement and the judiciary authorities in drug supply reduction. Within the existing system of the Republic of Croatia, interagency cooperation is visible through the participation in joint projects in the form of joint investigations, investigation teams, establishment of an information exchange network in all areas, trainings, seminars, etc. *Direction on Cooperation between the Police and the Customs* regulates the fields and manners of cooperation between the police and the customs in general. *Direction* regulates single methodology of mutual cooperation and coordinated activity of police officers and authorised customs officers in order to coordinate the work and increase the efficiency in preventing, detecting and combating all forms of smuggling including illicit drugs trafficking. In accordance to the National Drugs Strategy and the Action Plan on Drugs, the Ministry of the Interior has established its strategic aims which refer to the suppression of crime related to abuse and smuggling of narcotic drugs and presuppose activities primarily focused on the

supply reduction, as well as interdisciplinary approach and cooperation of other bodies and activities in the field of reduction of demand for narcotic drugs.

In order to effectively monitor implementation of national strategic documents in the field of drugs, the Croatia has developed a long tradition of data collection and analysing in all aspects of drugs phenomena. Relevant institutions and state administrative bodies collect data in accordance with type of records that they are obliged to keep within their scope of work (health care sector, education, police, customs, judiciary, scientific institution) and results of their analysis are used for drafting strategic plans. The stated data are annually compiled in single Report on implementation of the National Drugs Strategy in the Republic of Croatia that is prepared and issued by the Office for Combating Drug Abuse and adopted by the Croatian Parliament.

Pursuant to the Act on Combating Narcotic Drugs Abuse, the Croatian Government issued the Regulation Establishing the Office for Combating Narcotic Drugs Abuse as its technical service responsible for the regular monitoring of drug developments and the implementation of the National Strategy for Combating Narcotic Drugs Abuse. For the purpose of alignment with the *acquis communautaire*, at its session of 5 October 2006, the Croatian Government issued the *Regulation amending the Regulation Establishing the Office for Combating Narcotic Drugs Abuse* (OG 111/06), whereby the following internal organisational units are to be set up for performing duties within the scope of the Office: a) the Department for General Programmes and Strategies, and b) the Department of the National Information Unit for Narcotic Drugs and International Co-operation. This meets the basic criteria concerning co-operation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). In this regard, back in January 2005, Croatia applied to the Directorate-General for Justice, Freedom and Security of the European Commission for the conclusion of an agreement with EMCDDA. The start of negotiations has been announced for the first quarter of 2007. Further, since August 2006, Croatia has been implementing the project "Strengthening the Croatian Capacity to Combat Drug Trafficking and Drug Abuse", the chief objectives of which include full co-operation with EMCDDA and its Reitox network, as well as the establishment of the Early Warning System on New Psychotropic Substances. In parallel to the CARDS projects, in 2006 it was also initiated Phare project "Participation of Croatia and Turkey into the EMCDDA's activities".

Except for establishing National Focal Point, the National Strategy for Combating Drug Abuse in the Republic of Croatia for 2006-2012 provides establishing a system of fast information exchange on production, trade, use and risks of new psychoactive substances in order to prevent new negative effects and to react in due time in case there should appear new substances on the market, as well as achieving fast communication between competent bodies on national and European level. In accordance to the Act on Combating of Narcotic Drugs Abuse (OG 107/01), Article 2, paragraph 15, the Minister of Health is in authority to set out a *List of drugs, psychotropic substances and plants that drugs can be produced from as well as substances that can be used in order to produce drugs (precursors)*. In line with relevant UN conventions this List is regularly compared to the INCB List of Narcotic drugs, Psychotropic Substances and Precursors under International Control (so called Yellow, Green and Red List) and the latest amendments were published in OG Nr.163/04. In case a new psychoactive substance that is a serious threat to public health appears and has a limited therapeutic value, the Minister of Health can specify this substance to be included in the list. It should be pointed out that each unauthorised possession and trade in substances that are on the List is considered a criminal offence.

Both of the aforementioned strategic documents focus on evaluation as an important element in achieving quality of the programme and rational use of the invested financial resources. In

the following period, all programmes that were based on and/or result from the National Drugs Strategy will be evaluated and a single assessment system that must be taken into account at all stages of planning and programme implementation will be set up. In line with abovementioned, professional criteria and guidelines for the implementation of all stages of evaluation will be drawn up, that is, evaluation frameworks that must fulfil standards like: quality, harmonisation, transparency and impartiality, will be defined.

1.3 Budget and public expenditure

Estimations of the financial resources necessary for the implementation of the planned activities, that are ensured on the level of state administrative bodies, based on previous interdepartmental agreement, from the State Budget, according to the items of each ministry in authority, are the constituent parts of the National Drugs Strategy and Action Plan on Drugs. 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. More detailed information on public expenditure is given in the Chapter 11.

1.4 Social and cultural context

During the 1990's the Republic of Croatia has faced first epidemic of drug addiction. Rate of 0.9% drug addicts per 1 000 inhabitants in 1990 increased to 2.7% in 1999 and since then in the treatment system there is annually being registered approximately 850 new problem drug users. It has been noted that drug abuse is a global problem that requires implementation of modern, multidisciplinary and complex program covering prevention, education, early detection and treatment, rehabilitation, social reintegration and supply reduction. In order to encourage interagency cooperation in achieving the goals set in the Action Plan on Combating Narcotic Drugs Abuse for 2004 and to raise public awareness on the seriousness of the drug situation in the country, the Commission on Combating Narcotic Drugs Abuse has for the first time at the national level, proclaimed the year 2004 as "the year dedicated to the fight against drugs". This decision provided a ground for the first media campaign that was focused on following objectives: to motivate implementation of the Action Plan on Drugs at the national, regional and the local level, to create climate for understanding the problem and incitement of all subjects for the action, to raise public awareness on possibilities of preventive work, on drug addiction as the contemporary disease and need for treatment of drug addicts, on the consequences of drug use as well as on the importance of nursing of family values. The program of the campaign was produced as the joint project of the Commission on Combating Narcotic Drugs Abuse, the Office for Combating Narcotic Drugs Abuse and relevant ministries who were in charge of the implementation of the specific activities. Due to a numerous activities foreseen in the campaign, the target group was rather broad covering: children and youngsters, parents, educational and health workers, drug users and addicts, nongovernmental organizations, local government and media. As the major activities of the campaign, in cooperation with major national televisions and radio stations there have been broadcasted radio and television programs that hosted different experts as well as the TV spot on harmful effects of drugs with specific emphasise o synthetic drugs. Furthermore, there have been set jumbo posters along the main highways in Croatia and thematic posters in all public places and institutions. In parallel with the discussion forums, interactive workshops, lectures, national conference and interagency



preventive activities at the local level, there have been disseminated educative-promotional materials. The major part of the campaign was financed by the Lottery funds existing in the budget of the Ministry of Health and Social Welfare, as well as from the regular budget of the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity and the Office for Combating Narcotic Drugs Abuse. There is no reliable information available on total costs of the campaign since it has been conducted as a joint activity of different institutions at the national and local level. However, it is known that joint activities of the Ministry of Health and Social Welfare, the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity and the Office for Combating Narcotic Drugs Abuse amounted approximately EUR 137,000.

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, it is foreseen 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 1995-2003, Croatia

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.

ESPAD is the most relevant European project on smoking, the consumption of alcohol and psychoactive substances, as well as on the factors which influence and circumstances which follow such behaviour. ESPAD is conducted among 16-year-olds. In Croatia these are most of freshmen and sophomores.

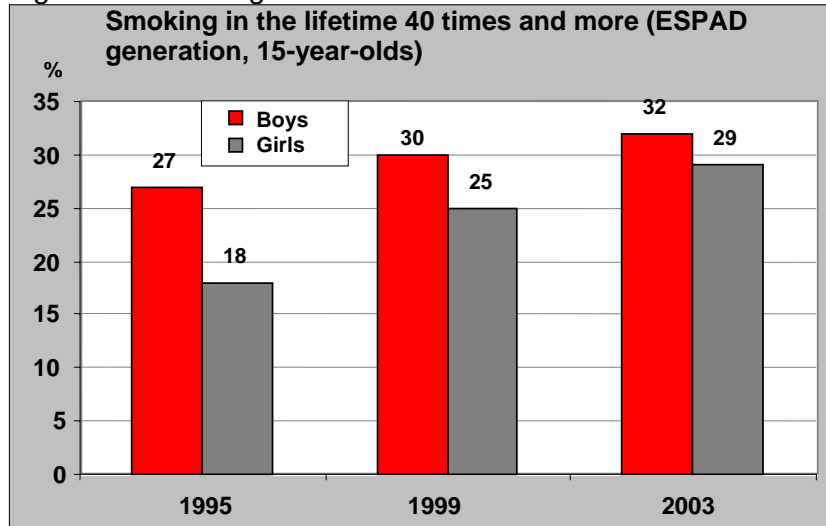
In Croatia the project was conducted four times. It was lead and coordinated by the Croatian Institute of Public Health. On all four occasions the project was financially supported by the Zagreb City Government, City Office for Health, Labour and Social Protection. As in the previous surveys, the data was collected by using a standardized methodology and a standardized questionnaire in order to be internationally comparable. The survey was conducted in spring 2003. The target population were the students born in 1987, i.e. the students who were 16-year-olds in the year of the survey. At the time of the survey the average age of the students was 15.8.

A large amount of effort was put into the standardization of the data in order for the results to be as comparable as possible. The validity and reliability of the data were high in most countries and inconsistency in some countries was probably influenced by the conditions under which the students were questioned and not their intention to be insincere on purpose. Although it is not possible to determine a precise level of statistic significance for such a large sample, due to the very size of the sample and a standardized methodology, we believe that differences of several percentages can be considered significant.

The total of 69% of boys and 70% of girls have smoked at least once in their lifetime. In almost all countries 50-80% of students have smoked at least once in their lifetime and the number of those who have smoked 40 or more times is higher in the countries where smoking is more widespread. In Croatia, 32% of boys and 29% of girls have smoked more than 40 times in their lifetime. In the last 30 days 36% of boys and 37% of girls smoked, out of which 30% of boys and 27% of girls had at least one cigarette a day. When compared with the 1999 survey, the smoking has decreased in the countries which participated in the survey. In Croatia, students, on average, smoke more than in other countries (4% more in

their lifetime, 1% in the last 30 days). The trend for boys has not been changing, while for girls it is still growing, therefore levelling the difference between the genders.

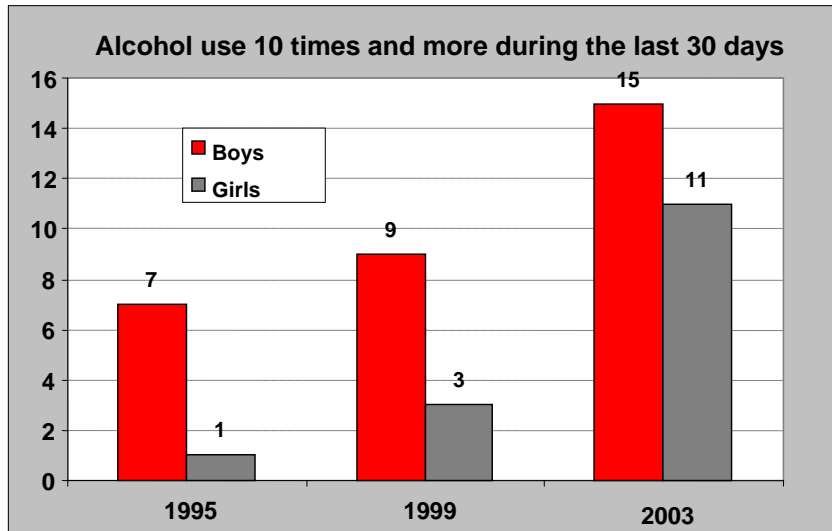
Figure 2.1 – Having smoked 40 times or more in the lifetime



Source: Croatian Institute of Public Health

In most countries almost all of the students (90% or more) have had an alcoholic drink at least once in their lifetime. For the high-risk alcohol consumption estimate the chosen criterion was “having had an alcoholic drink 40 times or more in the lifetime”. In Croatia 38% of boys and 16% of girls have had an alcoholic drink at least once in their lifetime. The consumption of alcohol is more frequent among the male population of students. Only in some countries the frequency of alcohol consumption is the same regardless of the gender and in neither of the countries the consumption of alcohol is more frequent among girls. A high frequency of drinking has been estimated for those students who had an alcoholic drink 10 or more times in the last 30 days, i.e. on average at least every third day. In Croatia, 16% of boys and 11% of girls (13% all together) had an alcoholic drink 10 or more times in the last 30 days, which leads to Croatia being ranked eighth among all 35 countries. Beer is the most popular drink in all countries and in most cases students drink beer. In Croatia, 42% of boys and 14% of girls had a beer 3 or more times in the last 30 days (28% all together). Wine is less popular and on average 20% of students had wine in the last 30 days. In Croatia, 23% of boys and 15% of girls had wine 3 or more times in the last 30 days (19% all together). The number of students who drink liquor is very different from country to country. In Croatia, 20% of boys and 17% of girls had liquor 3 or more times in the last 30 days (18% all together).

Figure 2.2 – Alcohol use 10 or more times in the last 30 days



Source: Croatian Institute of Public Health

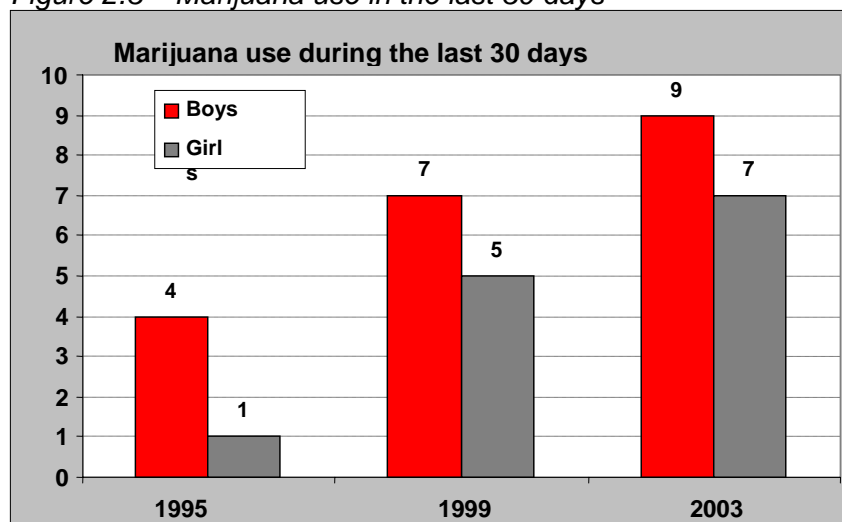
Some students do not have a lot of experience with drunkenness, while for others it is a relatively common experience. In 30 out of 35 countries most of the students have experienced drunkenness at least once in their lifetime. In Croatia, 14% of boys and 5% of girls (9% all together) have been drunk 20 or more times in their lifetime. In most cases boys have more experience with drunkenness, although in some countries the difference between the genders is almost non-existent. In those countries where students have had more experience with drunkenness in their lifetime, they also had more experience with drunkenness in the last 30 days. In Croatia, 12% of boys and 5% of girls (8% all together) admitted having been drunk 3 or more times in the last 30 days.

Heavy drinking is often estimated in relation to excessive drinking which is defined as “5 or more consecutive drinks”. In Croatia, 19% of boys and 10% of girls (15% all together) had 5 consecutive drinks 3 or more times in the last 30 days. In 2003 the frequency of drinking in Croatia was slightly below the average in other countries (1% below the average for drinking in the last 12 months and 5% below the average for drinking in the last 30 days). Nevertheless, the frequency of drinking is actually increasing since four years ago Croatia was considerably below the average in all the countries. The increase in the frequency of drinking is especially noticeable among girls.

Most students who have experimented with psychoactive drugs have consumed marijuana and hashish. Therefore, the consumption of marijuana equals the total consumption of drugs in a person’s lifetime. In Croatia, 24% of boys and 20% of girls (22% all together) have consumed marijuana at least once in their lifetime. The consumption of marijuana in the last 30 days can indicate a more frequent consumption. In some countries one fifth of students have admitted a more frequent consumption, while in other countries this frequency is much lower. In Croatia, 9% of boys and 7% of girls (8% all together) consumed marijuana in the last 30 days. The consumption of amphetamines is the most frequent in Estonia, Germany, Iceland, Lithuania and Poland (5-7%), while it is lower than 1% in 13 countries. In Croatia, 3% of boys and 2% of girls (2% all together) have consumed amphetamines. The consumption of LSD is generally low among young people – the total of 1% of students have consumed LSD in their lifetime. Other than marijuana, ecstasy is the most frequent drug. In Croatia, 5% of boys and 4% of girls (4% all together) have consumed ecstasy. Tranquilizers or sedatives can be prescribed by a physician, but the use without a prescription has been taken into account in the survey. In Croatia, 4% of boys and 9% of girls (6% all together)

have consumed tranquilizers or sedatives without a prescription. The total of 14% of students has consumed inhalators at least once in their lifetime (regardless of the gender). Four years ago, the average marijuana consumption in Croatia was the same as in the rest of the countries. In 2003 it was 1% above the average and the simultaneous consumption of alcohol and pills was above the average as well. The simultaneous consumption of alcohol and pills and the consumption of sedatives/tranquilizers are more frequent among girls. The survey has determined the increase in all the trends except smoking and the simultaneous consumption of alcohol and pills among boys.

Figure 2.3 – Marijuana use in the last 30 days



Source: Croatian Institute of Public Health

In Croatia, every fourth student (25%) bought beer in a store for personal needs in the last 30 days, every seventh (15%) bought wine and every eighth (13%) bought liquor. Marijuana is considered to be easily and very easily available by 46% of the students, ecstasy by 27%, LSD by 22%, amphetamines by 22% and crack by 15% of the students. While in 1999 there was 11% of the students which considered marijuana to be easily available in schools, in 2003 the number increased to 20% of the students, regardless the gender. There has been a considerable increase in the frequency of drinking among boys, smoking among girls and experiencing drunkenness and the consumption of marijuana at a young age regardless of the gender.

To summarise, the 2003 results indicate a relative stability of the habit of smoking and further increase in the frequency of drinking, experiencing drunkenness and the consumption of psychoactive drugs among 15-year-olds in Croatia. Despite restrictions on selling tobacco and alcohol to minors, the availability of both legal and illegal drugs continues to be high.

2.2.2 HBSC (Health Behaviour in School-Aged Children)

Health Behaviour in School-Aged Children (HBSC) is an international survey supported by the World Health Organization Regional Office for Europe. The survey is conducted in 36 countries in Europe and North America and it includes multidisciplinary teams. It is coordinated by the University of Edinburgh, Great Britain.

The survey is aimed at gaining an insight into health situation with children and adolescents. It is also aimed at better understanding of their health behaviour and lifestyles in a given

social context and environment. The survey is in particular aimed at:

- ◆ following health and health behaviour in school children in a given time period
- ◆ examining the influence of the school, the family and other social factors on the lifestyle and behaviour of young people
- ◆ improving the development of programmes and policies aimed at promoting health of children and young people
- ◆ encouraging multidisciplinary scientific research on health of young people and their health behaviour via international network of scientists interested in this matter

The target groups of this survey are 11-, 13- and 15-year-olds. The application of an international standardized questionnaire enables collecting data of equal value in all countries and thereby enabling qualification of key health behaviour modes, health indicators and environment variables. Consequently, such data enables comparison among countries, as well as general and individual estimates of trends in all countries. The survey was conducted in Croatia in 2002 and 2006 and was coordinated by the Croatian Institute of Public Health.

Although it is classified as an illegal drug and is subject to legal restrictions, in most cases marijuana is the most widespread substance other than cigarettes and alcohol which can cause addiction among young people. According to the surveys conducted on adolescent population in Europe, the consumption of marijuana is still increasing (Hibell et al. 1995, 1999a,b; The Swedish Council for Information on Alcohol and Other Drugs 1997, 2000a,b). The reports from the World Health Organization also reveal that the frequency of marijuana consumption is increasing in European countries and the pace of the increase is especially rapid in the former USSR countries (Anderson 1997).

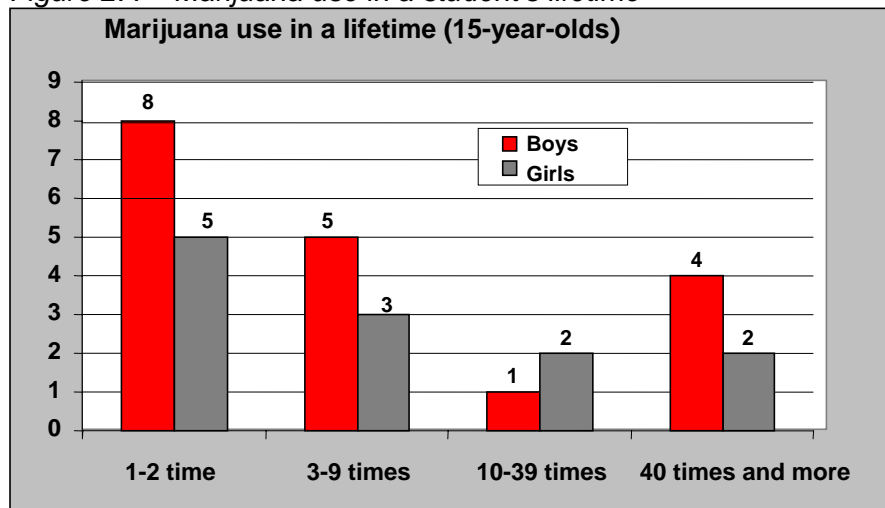
Marijuana is an illegal drug although in some countries the connotations it has in public are confusing. Namely, on the one hand, it is an illegal substance which can cause addiction and facilitate the misuse of heavier drugs. But on the other hand, some celebrities openly admit the consumption of marijuana, thereby presenting it as a necessary ingredient of glamour and popularity (Dean 1995). By their negative attitude towards it and their clear disapproving of it, parents and teachers can influence young people regarding the consumption of marijuana and alcohol. But while for most adults alcohol is an acceptable and legal substance and the messages (conscious or unconscious) they send to their children are sometimes not clear enough, when it comes to marijuana the attitude of adults, especially parents, is mostly clear, restrictive and even panicking. As with other substances, parents and other adults who can be perceived as role models, legal regulations, policies, messages in the media and media campaigns can partially influence the behaviour of young people, but peer groups young people belong to have the strongest and a decisive influence on their behaviour. The consumption of marijuana, just as the consumption of alcohol and smoking, can be perceived as a means of achieving a mature image and a means by which young people detach themselves from the worlds of adults and their influence.

It is important to distinguish between occasional and frequent consumption of marijuana. It is much more likely that the ones who use marijuana more frequently can experience negative consequences not only of marijuana consumption but because they are also more prone to other forms of high-risk behaviour, such as the consumption of other, heavier drugs. These young people are more prone to delinquent behaviour, they are less adjustable and more prone to disobeying rules, while their consumption of marijuana and/or other substances contributes to such behaviour and problems. The research has shown that a frequent consumption of marijuana can lead to the development of psychosis and depression in people who have a genetic predisposition (Stefanis, Kokkevi 1986).

Three questions were asked concerning the consumption of marijuana and only 15-year-olds were asked to answer. Have you ever in your lifetime (in the last 12 months; in the last 30 days) use marijuana, with possible answers: never, 1-2 times, 3-5 times, 6-9 times, 10-19 times, 20-29 times, 40 times and more. Especially due to possible serious consequences of regular and frequent consumption of marijuana, the group of students who consumed marijuana frequently (40 times and more) in the last 12 months is singled out.

The total of 17% of 15-year-old boys and 11% of 15-year-old girls admitted having consumed marijuana at least once in their lifetime. The majority of them have consumed it 1-2 times (8% of boys and 5% of girls) and 4% of boys and 2% of girls admitted already then frequent and heavy consumption (40 times and more). The total number of 15-year-olds who have consumed marijuana at least once in their lifetime is somewhat lower than in 2002 (16% in 2002, 14% in 2006).

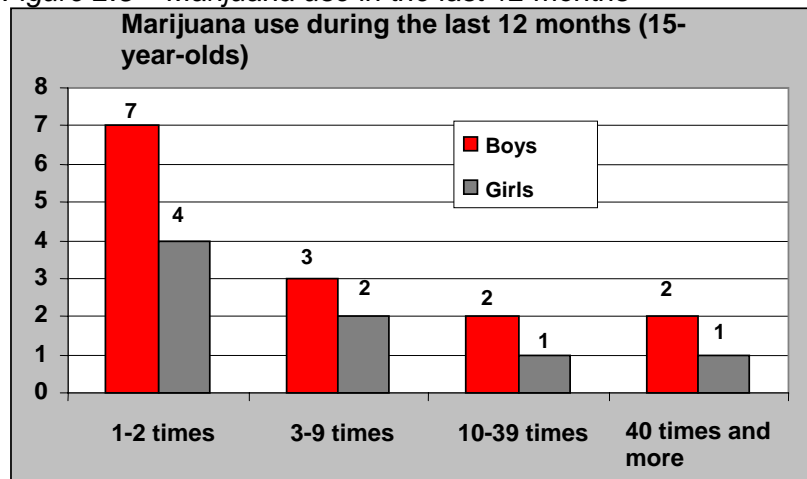
Figure 2.4 – Marijuana use in a student's lifetime



Source: Croatian Institute of Public Health

The total of 13% of boys and 9% of girls admitted the consumption of marijuana at least once in the last 12 months, 7% of boys and 5% of girls consumed it more than 3 times and 4% of boys and 2% of girls within this group consumed it more than 10 times.

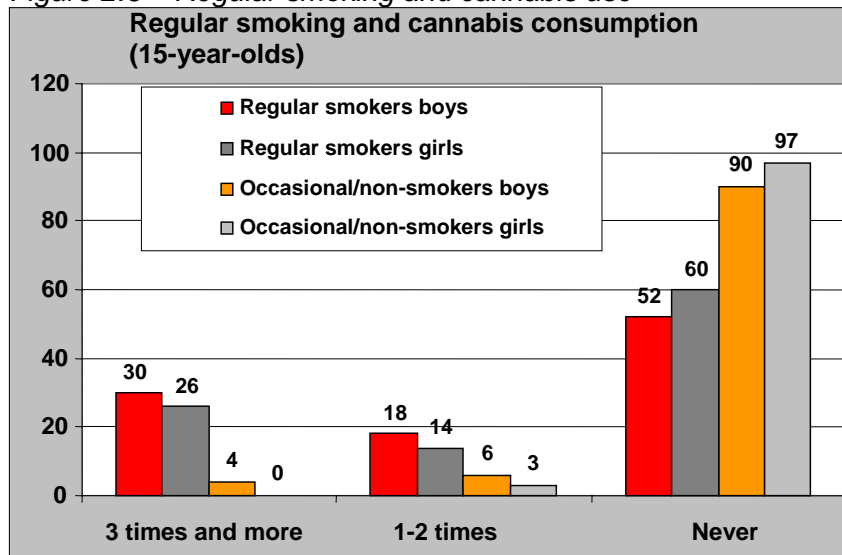
Figure 2.5 – Marijuana use in the last 12 months



Source: Croatian Institute of Public Health

Since it can be presumed that those students who, especially in the last 12 months, consumed marijuana 20 times or more are regular users with possible implication of frequent use, and since the research repeatedly shows that consumption of one substance encourages the consumption of some other substances, the relation between the consumption of marijuana and the habit of smoking is singled out (Collins et al 1998). The following picture shows the relation between the consumption of marijuana and the habit of smoking.

Figure 2.6 – Regular smoking and cannabis use



Source: Croatian Institute of Public Health

Experimenting with marijuana is significantly more frequent with regular smokers ($p < 0.001$ regardless of the gender). While among non-smokers 90% of boys and 97% of girls have never consumed marijuana, 48% of boys and 40% of girls who regularly smoke have consumed marijuana at least once in their lifetime. Therefore, it is not unrealistic to consider smoking a habit which leads to experimenting with other addictive substances (including alcohol). The number of students who have consumed marijuana in their lifetime places Croatia on the 29th place among 41 countries which have participated in the survey. The majority of 15-year-olds who have consumed marijuana come from Canada, Switzerland, Wales, Spain and the USA.

So far the consumption has been more frequent among men and boys than among women and girls, but considering the present trend, it can be expected that the difference between the genders is going to level in the future. According to many authors, experimenting with marijuana and occasional consumption of marijuana do not necessarily have to lead to any health disorder or social dysfunction (Shedler & Block, Engels & Ter Bogt), but a long-term frequent consumption can be an indicator of future mental problems like depression, deviant and antisocial behaviour, as well as lead to the consumption of heavy drugs (Brook, Kandel). Government policies towards marijuana consumption are different from country to country, but it is certain that a social policy and attitude, education in schools, promotion of healthy lifestyle and a programme based on the cooperation among the school, the family and the community should be focused not only on the prevention of marijuana consumption, but also on the perception of marijuana as an illegal substance and a psychoactive drug. Clear messages have to make people aware of undesirable social and health consequences of a frequent and long-term consumption, which must not be neglected nor underestimated because of seemingly harmless and short-term effect.

3 Prevention

Based on the EMCDDA classification of prevention, this chapter is divided into three sub-chapters: universal prevention, selective prevention and indicative prevention¹⁰. This type of approach is different from the one used in the past and the classification of which consisted of primary and secondary prevention¹¹. 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) specify the tasks of relevant ministries and government administration bodies, especially the Ministry of Science, Education and Sports, the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity and the Ministry of Health and Social Welfare, in planning and implementing prevention programmes. The programmes of addiction prevention in the Republic of Croatia are primarily implemented on the level of local communities and counties in a form of multidisciplinary activities in which various sectors participate, from the educational system, health care and social welfare to NGOs and the media.

The Republic of Croatia is divided into 21 counties and in each of the counties there has been set up the County Commission for Combating Narcotic Drugs Abuse misuse reduction, consisting of experts from the educational system, social welfare and health care, NGOs, government administration's county offices and other relevant institutions responsible for narcotic misuse reduction. The primary task of the Commission for Combating Narcotic Drug Abuse on the county level is to coordinate, plan and follow the implementation of the programmes of prevention, treatment and combating narcotic drug abuse on the local level, as well as to create the Action plan on the county level. Action plans on the county level are especially focused on the addiction prevention programmes.

3.1 Universal prevention

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) specify the tasks of relevant ministries and government administration bodies. The Ministry of Science, Education and Sports and the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity are responsible for the primary prevention, while in the area of the secondary prevention the Ministry of Health and Social Welfare, in cooperation with the Ministry of Science, Education and Sports, plays the most important role.

¹⁰ **Universal** prevention is aimed at large groups of the population (e.g. school communities, towns) that, independent of the individual situation, are equally likely to developed patterns of substance use. **Selective** prevention focuses on smaller groups that, due to biological, psychological, social or environmental risk factors – independent of the individual situation – are more likely to develop patterns of substance use than the general population (e.g. children of addicted parents). **Indicated** prevention addresses individual persons who already show early signs of substance use or problem patterns of behaviour that are associated with drug use but do not yet meet the criteria for a diagnosis of dependence and for whom the risk of developing addictive behaviour is thus particularly high. A requirement for indicated prevention is that medical experts have already diagnosed psychiatric, social or behavioural problems, which are known to constitute risk factors regarding the development of addictive behaviour, e.g. ADHS.

¹¹ **Primary** prevention aims at avoiding the development of an illness, in this case an addiction, already before drug use or drug problems have arisen. **Secondary** prevention addresses drug users who already have problems, which, however, have not yet become manifest to their full extent.

In most cases **the educational system** is responsible for organizing and implementing the addiction prevention programmes which are primarily aimed at reducing the interest of young people in experimenting with addictive substances. The activities consist of working with students, parents and teachers on the following focal points:

- ◆ the school as an environment
- ◆ building a career of a successful parent
- ◆ spare time of children and young people
- ◆ learning life skills
- ◆ specific educational programmes about addiction

Furthermore, a new programme for both students and parents has been created which is going to be implemented during homeroom classes as a part of health education. Activities aimed at teachers are:

- ◆ training of educators and teachers
- ◆ additional training, continually – specific education programmes about addiction

Activities aimed at parents are:

- ◆ building a career of a successful parent
- ◆ spare time of children and young people
- ◆ learning life skills
- ◆ specific educational programmes about addiction
- ◆ information about institutions providing help

The prevention programmes within the educational system are implemented in cooperation of educational institutions, health and social institutions, NGOs, associations of youth clubs, the media and other relevant institutions. The Ministry of Science, Education and Sports promoted and co-financed various programmes aimed at addiction prevention, while every county had its own programme (e.g. the “Life Can be Beautiful” programme in the Split-Dalmatia County, the “I know, I can, I shall” programme in the City of Zagreb, the “The Young for the Young” programme in the Koprivnica-Križevci County, the “Prevention of Addiction – Education of Educators, Parents and Teachers in Primary Schools” programme in the Primorje-Gorski-kotar County, the “Together Against Addiction” and “Healthy Town” programmes in the Istria County, etc.). A systematic training of teachers was also organized on the procedure for the prevention of narcotic drug misuse (based on the aforementioned aims). In cooperation with the Croatian Government’s Office for Combating Narcotic Drug Abuse, the Ministry of Science, Education and Sports has organized a seminar for high-school principals under the title “The Organization and Implementation of Addiction Prevention Programmes in High-Schools”.

In the Republic of Croatia the protection of **the family** via the protection of children is the task of the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity, the Ministry of Health and Social Welfare and the Ministry of Science, Education and Sports. As a part of their regular activities, the Counselling Centres for Children, Young People, Marriage and The Family (constituted as Family Centres in 2007, based on the amendments of the law) provide prevention and counselling, with the emphasis on the prevention and counselling in case of problematic marital and parent-children relationships, in case of support and other family circumstances which seek professional support and help. In 2006 there were seven such Counselling Centres across the Republic of Croatia.

In accordance with their tasks in the implementation of the National Drug Strategy, during 2006 the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity enabled the implementation of prevention activities and 39 projects of various associations which contribute to the combat against drugs and other forms of addiction.

Youth clubs have been organized on the level of **local communities**. In 2006 financing the activities of the existing youth clubs from the budget in cooperation with local governments was continued. Apart from the activities aimed at spending spare time in a creative way, the Clubs also organize lectures by experts on addiction problems and health education of young people with the aim of protecting their reproductive and general health, as well as education programmes on the consequences of drug misuse. The total of 33 youth clubs were financed in 2006. The prevention programmes and the projects of NGOs were partially financed from county budgets, municipality and town budgets.

Since 2000 the prevention education of young Roma people has been carried out, organized by the "Golden cobra", association of Roma. The education is carried out in a form of seminars and so far approximately 1000 children, young people and parents have participated in these seminars.

The misuse of narcotic drugs at **places of employment** is regulated by general regulations on labour (the Labour Act and the Labour Protection Act), as well as by sub-Acts regulating this area.

The Programme of psychological prevention of addiction in the Armed Forces of the Republic of Croatia and the Direction for narcotic drug prevention in the Armed Forces of the Republic of Croatia were continuously carried out in the area of addiction prevention at places of employment. The programmes included the training of employees in the military system in the area of prevention and combating narcotic drug misuse. The training was provided by military psychologists and military physicians. On the basis of a prescribed curriculum, individuals doing the required military service were also included in the training. The Commission for the prevention and combating of addiction with the Ministry of Defence and The Armed Forces of the Republic of Croatia, as a competent body of the Ministry of Defence, followed, coordinated and analysed the work of the organizational units in the Ministry of Defence and the Armed Forces of the Republic of Croatia responsible for the prevention and combating of narcotic drug misuse. They have also formulated plans for the future activities in this area.

Regarding the testing of employees on narcotic drugs, it is necessary to coordinate and improve the existing legal regulations, as well as to create expert protocols which would regulate the conditions for determining a person's state of health, as well as the methods for determining the presence and quantity of narcotic drugs and psychoactive drugs in a person's body. This is envisaged by the National Drug Control Strategy in the Republic of Croatia 2006 - 2012 and the Action Plan on Drug Abuse Control for the Period 2006 – 2009.

Media campaigns were organized on the national level, as well as on a local level in various ways (radio programmes, TV programmes, flyers, posters, jumbo posters), especially on the International Drug Addiction Awareness Day (26 June) and the International Drug Abuse Awareness Month (15 November – 15 December). The „NO – to Drugs“ and „SMS to Parents“ flyers were disseminated with the aim of informing and educating citizens, especially young people, about the facts about drug misuse worth knowing, as well as a harmful influence of drugs. A music video called "White Song Against Drugs" was also created with the same purpose.

3.2 Selective/Indicated prevention

Apart from the aforementioned activities as a part of the universal prevention, the following activities are being implemented in the educational system as well:

1. Activities aimed at high-risk students (students who have started taking some addictive substances or display some kind of behaviour disorders):

- ◆ the school as an environment
- ◆ building a career of a successful parent
- ◆ spare time of children and young people
- ◆ learning life skills
- ◆ specific educational programmes about addiction
- ◆ the class community as a therapeutic community
- ◆ procedures for early secondary prevention
- ◆ the cooperation between schools and other institutions

2. Activities aimed at students with special needs:

- ◆ the school as an environment
- ◆ building a career of a successful parent
- ◆ spare time of children and young people
- ◆ learning life skills
- ◆ specific educational programmes about addiction
- ◆ the class community as a therapeutic community
- ◆ procedures for early secondary prevention
- ◆ the cooperation between schools and other institutions

The identification of individuals who experiment with or use addictive substances is performed by parents, teachers and the police. In Croatia, this task is, in most cases, performed by the police.

On the basis of the application of the opportunity or purposefulness principle, a decision can be made 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 General Attorney's Office determines that the minor has only experimented with narcotic drugs or has committed some other offence which envisages a 5-year imprisonment, the General Attorney shall not bring charges against the minor, but shall inform a Social Welfare Centre about the offence in order to provide further procedure for a family and legal protection, as well as counselling.

Apart from providing counselling, in work with minors the Centres also involve parents in order to implement activities aimed at strengthening the family for a more successful dealing with problems. Considering the public work they perform, Social Welfare Centres are not institutions specialized in working with drug users. Nevertheless, as a public service working with children and young people with behaviour disorders, as well as with various families with major difficulties in functioning, they also come across various forms of unadjusted and socially unacceptable behaviour, as well as the problem of addiction. As a part of the aforementioned procedure for a family and legal protection, apart from the measure called *Supervision on Parenting*, there is also the measure known as *Intensified Care and*



Supervision as a measure for minors aimed at educational and socio-pedagogic observation, as well as a means of preventing further undesirable behaviour.

4 Problem Drug Use and Treatment Demand Population

The term “problematic drug users” 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 from the area of public health, drug misuse is a medical and social phenomenon attracting a lot of attention.

Since 1978 the Croatian Institute of Public Health keeps the Register of the Persons Treated for Psychoactive Drugs Misuse that are being treated within the health system, as well as the data on the causes of death of the deceased drug users. The collected data come from hospitals, special counselling services and the Services for Prevention of Addiction settled within the county Institutes of Public Health. For the registration and the data analysis, The Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (codes F11-F19) is used. In most cases the persons who enter treatment enter it for narcotic drug (heroin) misuse.

4.1 Prevalence and incidence estimates of PDU

In the reporting period, there was no epidemiological survey available in Croatia concerning problem drug use.

4.1.1 Intravenous drug use

Regarding the mode of the consumption of psychoactive substances, especially narcotic drugs, the most frequent is intravenous drug use (74.4%). Although intravenous drug use is dominant, the increase has been recorded in the number of drug users who either smoke or inhale cocaine. When members of a group of drug users share drug equipment (needles, syringes, cotton wool, caps, etc.) there is obvious danger of spreading the blood-borne infectious diseases such as Hepatitis C and B and HIV. However, the data shows that within the drug population in Croatia this trend is not present since only 14% share drug equipment.

Out of the total number of persons who have been treated for narcotic drug misuse, 57.2% have taken drugs intravenously. When we add the number of the persons who use drugs intravenously on a daily basis, of those who do it once a week and those who do it 2 to 6 times a week, this share reduces to 41.6%.

The data on treated persons from the Register of Persons Treated for Psychoactive Drugs Misuse reveals that in 2002 the average age for intravenous drug users was 20.4, while in 2006 it was 20.8.

Table 4.1- Persons treated for drug misuse in 2006 by age of the initial intravenous drug use

Age	Number of treated persons	%
< 15	129	3.0
15	158	3.6
16	320	7.3
17	435	10.0
18	534	12.2
19	414	9.5
20	480	11.0
21	307	7.0
22	349	8.0
23	292	6.7
24	215	4.9
25-29	529	12.1
30-34	132	3.0
35-39	56	1.3
40-44	17	0.4
TOTAL	4 368	100.0

Source: Croatian Institute of Public Health

4.2 Profile of persons in treatment

During 2006 the total of 7 427 persons were treated, out of which 2001 persons were treated for the first time (26.9%). The total number of treated persons is continuously increasing and the data shows that after a relative decrease in the total number of persons treated within the health system in the period 2003-2005, the trend is stable at the moment. The destabilization was probably caused by the instability of the system during the period of the reorganization of Centres for Prevention and Out-patient Treatment, now called Services for Addiction Prevention. Although the total number of treated drug users continuously increases, the number of persons who are new in the treatment increases more slowly. The data from the Register reveals that the system for the prevention of addiction and out-patient treatment of drug users manages to keep the drug users in the treatment for a longer period.

In Croatia it is being monitored the total number of treated persons, as well as the number of treated persons regarding their age, gender, the type of addictive substances and the mode of their use, the main cause of the use of drugs, the type of treatment, where the addiction problem was identified in the first place and who suggested the treatment, education, living conditions, high-risk behaviour, diagnosis and problems with the law. Since the document in question is a register, there are also monitored death cases of persons in the treatment, in cooperation with the Department of Demography of the Croatian Institute of Public Health's Social Medicine Service.

Table 4.2 - Total number of treated persons, number and share of the persons treated for the first time

Year	Number of treated persons	First treatment in lifetime	Share of first time treated in all treated persons
1995	1 340	652	48.7
1996	1 766	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

Source: Croatian Institute of Public Health

Table 4.3 - Total number of treated opiate addicts, number and share of the persons treated for the first time for opiate addiction

Year	Number of treated opiate addicts	First time treated opiate addicts (F11.-)	Share of first time treated opiate addicts in the total number of treated opiate addicts
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

Source: Croatian Institute of Public Health

During 2006 the total of 7 427 persons were treated, out of which almost every fourth person entered the treatment for the first time. In total 5611 persons were treated for opiate drug

misuse, out of which 876 persons (15.6%) were treated for the first time. The total number of persons treated is continuously increasing since those who start the treatment stay longer in the treatment system. The number of new persons treated for opiate addiction has been relatively stable during the past 5 years and it has been estimated to approximately 850 a year. In 2006, when compared with 2005, an increase is obvious, which can either lead to the conclusion that the demand for treatment has increased or that the total number of Heroin users has increased.

Table 4.4 – Total number of treated persons, number and share of the persons treated for opiate addiction out of the total number of treated persons

Year	Number of treated persons	Number of persons treated for opiate addiction	Share of persons treated for opiate addiction in 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

Source: Croatian Institute of Public Health

The data reveals that among the treated persons there are continuously the most represented users of opiates. In the last several years the share of these users in the total number has been over 70%.

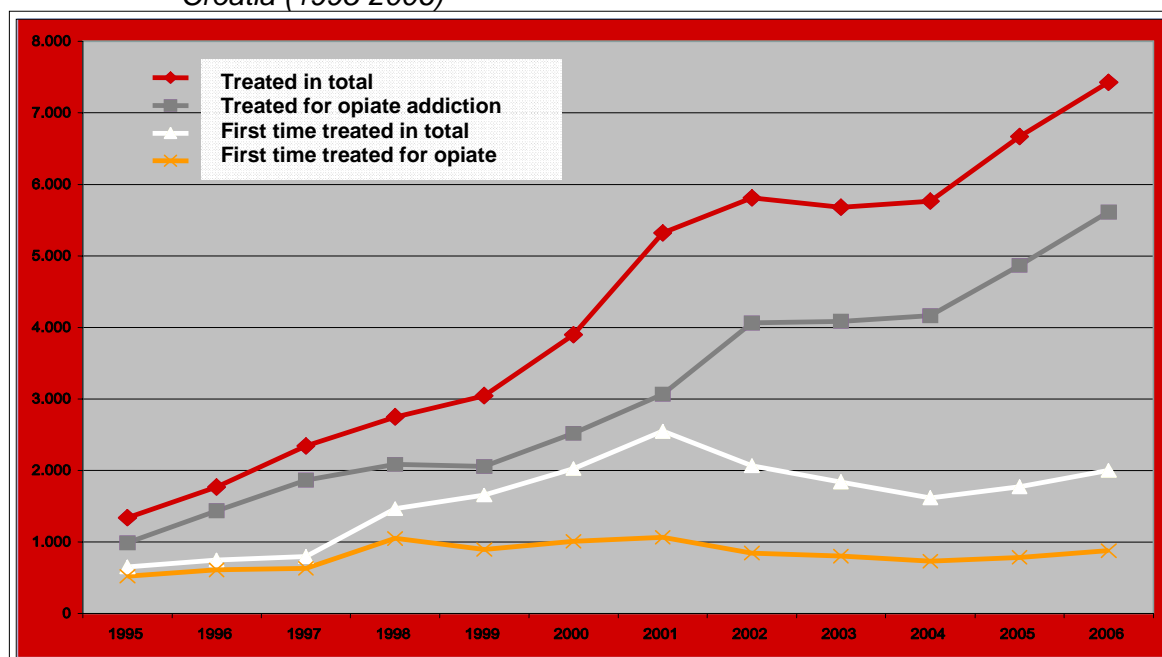
Table 4.5 – Total number of persons treated for the first time, number and share of persons treated for narcotic addiction for the first time

Year	Total number of persons treated for the first time (all types of addiction)	New opiate type	Share of new opiate addicts among all new treated addicts
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

Source: Croatian Institute of Public Health

The share of opiate drug users among the persons treated for the first time is 43.8%. Such share has been continuously registered since 2000 because more and more young people and minors are sent into the system by social welfare centres and county General Attorney's Offices, and who, in most cases, are not narcotic drug users.

Figure 4.1 – Number of the persons treated for psychoactive drug misuse in Croatia (1995-2006)



Source: Croatian Institute of Public Health

Table 4.6–Number of persons treated for psychoactive drug misuse in 2006, regarding their age and gender

Age	Men		Women		TOTAL	
	Number	Share %	Number	Share %	Number	Share %
< 14	7	0.1	3	0.2	10	0.1
15-19	566	9.2	145	11.2	711	9.8
20-24	1 283	20.9	325	25.0	1 608	21.7
25-29	1 665	27.2	366	28.2	2031	27.3
30-34	1 386	22.6	186	14.3	1 572	21.2
35-49	1 130	18.4	239	18.4	1 369	18.4
> 50	90	1.5	36	2.8	126	1.7
TOTAL	6 127	100.0	1 300	100.0	7 427	100.0

Source: Croatian Institute for Public Health

As in the previous periods, the majority of 7 426 persons treated in 2006 were men (82.5%). The ratio of men to women was 4.7:1. The majority of men were 25 to 29 years old (27.2%) and the rest were mostly 30 to 34 years old (22.6%). The average age of the men in treatment was 29. The women who entered treatment were younger. Out of 1 300 women, 28.2% (366) were 25 to 29 years old, while 25.0% of them were 20 to 24 years old. The average age of the women in treatment was 28.6.

The data from the standard tables reveals the following: the ratio of men to women in out-patient treatment was 1:5.1, while the ratio in in-patient treatment was 1:3.1 (the total number) and 1:1.9 (new persons in the treatment). The total of 6 346 persons received out-patient treatment. The analysis of the total number of persons who received out-patient treatment regarding their age shows that the majority of them were 25 to 29 years old. Out of the total number of persons who received out-patient treatment, 1 703 persons were new in the treatment. The majority of persons in this group were 20 to 24 years old. The average age of persons in out-patient treatment was 28.8. The persons who were new in the treatment were much younger and their average age was 23.6.

During 2006, 1 081 persons received out-patient treatment. The average age of persons who received in-patient treatment was 29.9, while the average age of the persons who were new in the treatment was 26.5. (See relevant standard tables)

The majority of the treated persons have finished high school (4 708 or 63.4%), 1 206 persons have finished only primary school and 109 persons have not even finished primary school. Since all of them were older than 15, their formal education has probably finished. Out of the total number of the persons treated, 313 (4.2%) have two-year or college degrees. Out of 7 424 treated persons, there are available data on the living conditions for 7 136 of them (96.1%). The majority of them live with their primary and/or secondary family (73.7%). 564 persons (7.6%) live with their partner. When asked whether they live with other drug users, 933 persons (12.6%) answered affirmatively, while 685 persons (9.2%) said they lived alone. The majority of those who live alone (184 persons or 26.9%) are 26 to 30 years old. 211 persons (2.8%) in treatment live in some of the institutions. The majority of them (67 or 31.8%) are 16 to 20 years old and the rest (56 or 26.5%) are 21 to 25 years old.

Table 4.7 – Persons treated for psychoactive drug misuse and the rate per 100 000 inhabitants aged 15-64, regarding their county of residence

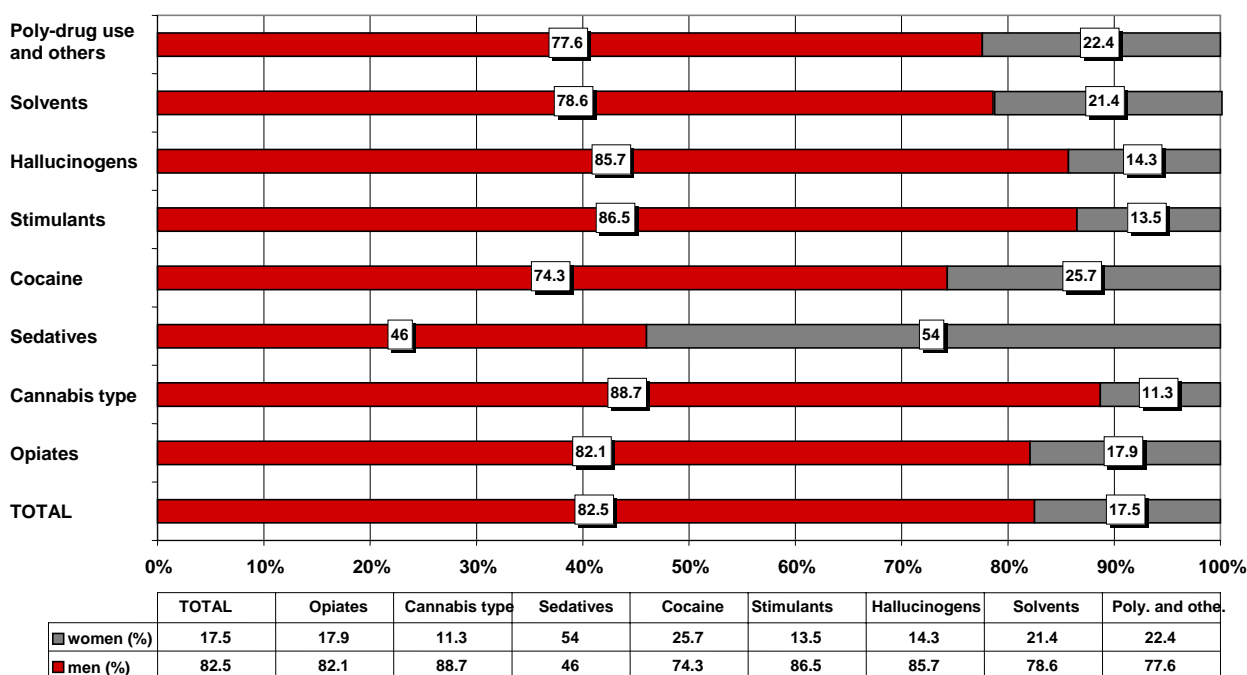
County	Total number of treated person				First time treated			
	Number	Rate on 100.000*	Opiates	Rate 100.000* (opiates)	All types of addiction	Share of treated persons (%)	Opiates	Share of first time treated (%)
City of Zagreb	2 365	440.4	1 707	317.9	657	27.8	243	37.0
Zagreb	292	138.9	211	100.4	76	26.0	22	29.0
Krapina-Zagorje	54	57.2	18	19.1	31	57.4	1	3.2
Sisak-Moslavina	102	84.0	57	47.0	41	42.6	12	27.9
Karlovac	117	127.1	21	22.8	35	29.9	3	8.6
Varaždin	315	253.8	208	167.6	45	14.3	19	42.2
Koprivnica-Križevci	51	61.8	20	24.2	16	31.4	4	25.0
Bjelovar-Bilogora	17	19.6	1	1.2	11	64.7	1	9.1
Primorje-Gorski K.	634	299.7	542	256.2	179	28.2	109	60.9
Lika-Senj	18	54.5	14	42.4	5	27.8	3	60.0
Virovitica-Podravina	26	42.8	12	19.7	16	61.5	4	25.0
Požega-Slavonia	19	34.6	12	21.8	5	26.3	2	40.0
Brod-Posavina	149	130.4	78	68.2	56	37.6	14	25.0
Zadar	522	491.8	483	455.0	90	17.2	59	65.6
Osijek-Baranja	376	169.7	162	73.1	169	45.0	34	20.1
Šibenik-Knin	266	373.6	250	348.4	53	19.9	41	77.4
Vukovar-Sirmium	95	70.4	72	53.4	36	37.9	18	50.0
Split-Dalmatia	832	268.7	769	248.3	153	18.4	105	68.6
Istria	747	525.5	646	454.5	154	20.6	76	49.4
Dubrovnik-Neretva	267	332.6	194	241.7	108	40.5	60	55.6
Međimurje	104	129.9	83	103.7	14	13.5	3	21.4
TOTAL CROATIA	7 368	248.1	5 559	187.2	1 950	26.5	832	42.7
Other countries	59	0.0	52	0.0	52	88.1	45	86.5
TOTAL	7 427	0.0	5 611	0.0	2 001	26.9	876	43.8

Source: 2001 Census, Croatian Bureau of Statistics

According to the data on the total number of the treated persons aged 15 to 64 per 100 000 inhabitants in each Croatian county, the majority of them have been recorded in the Istria County. In the Istria County there are two Services for Addiction Prevention (in Pula and Poreč). Therefore, this large number of treated persons could be the result of the fact that this population is well “covered” in general. The rate in the Republic of Croatia is 248.1 persons treated per 100 000 adults, in the Istria County the rate is 525.5, followed by the Zadar County (491.8), the City of Zagreb (440.4), the Šibenik-Knin County (373.6), the Dubrovnik-Neretva County (332.6), the Primorje-Gorski Kotar County (299.7), the Split-

Dalmatia County (268.7) and the Varaždin County (253.8), while the rate in the rest of the counties is below the Croatian average. The situation with the persons treated for narcotic addiction is somewhat different. The highest rate of the persons aged 15 to 64 treated for narcotic addiction per 100 000 inhabitants has been recorded in the Zadar County (455.0), which is followed by the Istra County (454.5), the Šibenik-Knin County (348.4), the City of Zagreb (317.9), the Primorje-Gorski kotar County (256.6), etc. In Croatia the rate of the able-bodied persons treated for narcotic addiction per 100 000 inhabitants is 187.2.

Figure 4.2 –Share of substances used in 2006, regarding the gender of the persons treated



Source: Croatian Institute for Public Health

5 Drug-related Treatment

5.1 Treatment System

In the Republic of Croatia 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 2006 there were 21 such Services in the Republic of Croatia)
3. rehabilitation programme – implemented in therapeutic communities

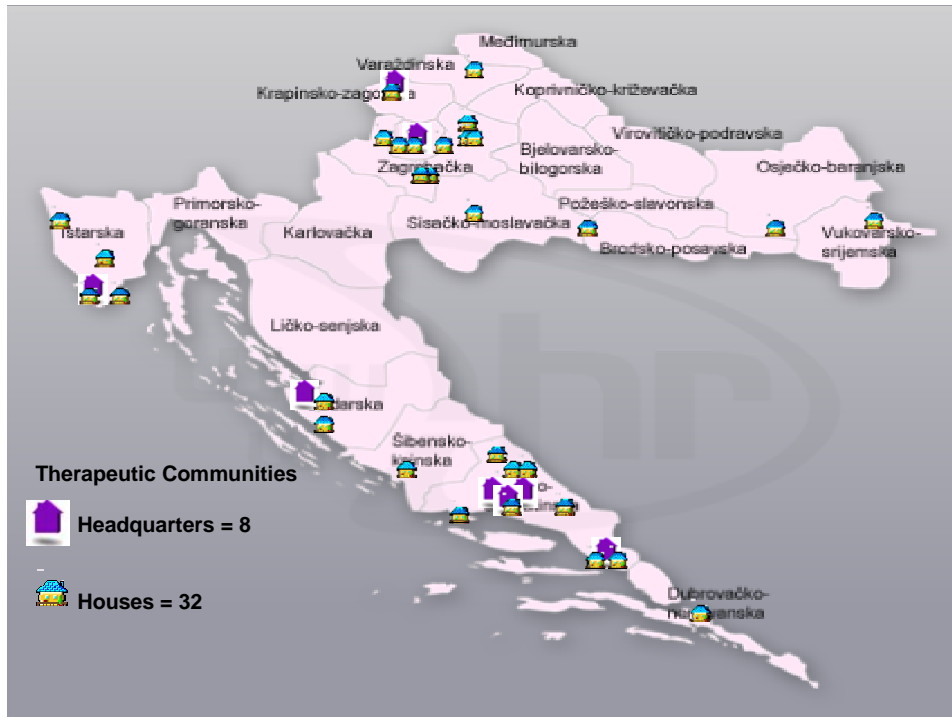
5.2 Drug-Free Treatment

In the Republic of Croatia both in-patient and out-patient drug-free treatments are available. In-patient drug-free treatment is available in the “Vrapče” Psychiatric Hospital in Zagreb and in the Pula General Hospital. Out-patient drug-free treatment within the health system is available in the Services for Addiction Prevention in a form of counselling, as well in non-governmental organizations providing drug users with help and in therapeutic communities.

During 2006, the total of 1 253 drug users (1 039 men and 214 women) entered addiction treatment and rehabilitation in therapeutic communities, the majority of which were men (82-83%) and the remaining 16-17% were women, which is an increase of approximately 4% when compared with the previous years. In 2006 the same number of drug users entered addiction treatment and rehabilitation in therapeutic communities as in 2005, while compared with 2004, the number increased by 6.7%.

According to the collected data, in 2006 the non-governmental organizations provided the total of 1 975 drug users with some type of assistance, the majority of which were opiate drug users (the total of 1 358 opiate drug users). The non-governmental organizations provided 382 new opiate drug users, 614 users of other drugs and 1 962 families of drug users with some form of help. In 2006, when compared with 2005, the total number of drug users who received help from the non-governmental organizations decreased by 45%, while the number of families of drug users which received help decreased by 35%. This decrease was also caused by the fact that the data for the 2006 report were delivered by 22 associations, compared with 26 associations in 2005. During 2006 the associations implemented various programmes aimed at addiction prevention, working with young people, drug addicts and experimental drugs users, as well as with their families.

Map 5.1 – Overview of nongovernmental organizations – therapeutic communities



Source: Office for Combating Narcotic Drugs Abuse

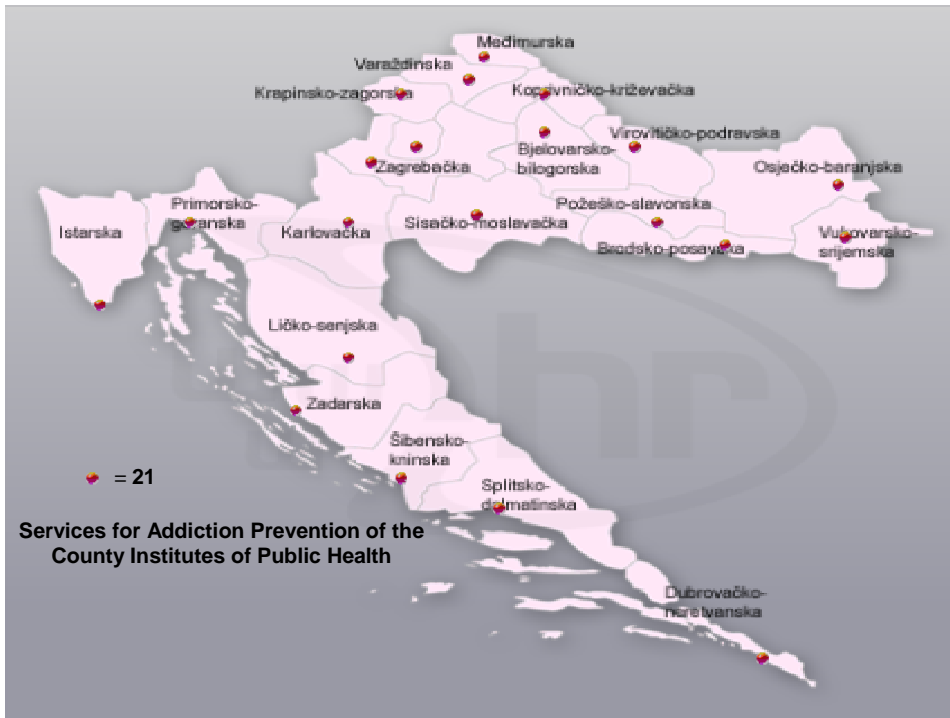
5.3 Pharmacologically Assisted Treatment

In the Republic of Croatia methadone therapy in the treatment of heroin addiction was introduced in the beginning of the 1990s when, due to the war years, an outbreak of an epidemic of drug users was expected. This was a procedure aimed at the prevention of an outbreak of HIV, Hepatitis B and Hepatitis C epidemics, as well as the reduction of potential criminal activities of these patients. Furthermore, considering the resources available for the treatment of drug users during this period and the increased number of drug users, it was almost impossible for all of them to receive some kind of drug-free treatment.

In all Croatian counties there are Services for Addiction Prevention organized within the county Institutes of Public Health which are, among other, obliged to collect and send data on treated persons to the Croatian Institute of Public Health. The total number of persons who came to the Services for Addiction Prevention that provide out-patient treatment of addiction across Croatia amounts to 66 716, which is, on average, 55 59 visits per month. The number of visits does not decline much from the number of visits during the previous year when there was on average 5 325 visits per month. The majority of visits were registered in the Primorje-Gorski Kotar County (on average 1 124 visits per month), the City of Zagreb (851), the Istria County (724), the Dubrovnik-Neretva County (479) and the Zadar County (365). The number of people who visited the Services in order to receive counselling or treatment amounted to 3 573 per month (3 424 in 2005). The majority of the people came to the Services in the Primorje-Gorski Kotar County (on average 801 visits per month), the City of Zagreb (on average 471 visits per month) and the Istria County (on average 346 visits per month). The number of visits per person ranged from 1 (in the Lika-Senj County) to 2.5 visits per person in the Dubrovnik-Neretva County. During 2006 the majority of people (1 142 or 15.7%) were registered in the Service for Addiction Prevention in the City of Zagreb,

working on several locations, followed by the Service for the addiction prevention in the Split-Dalmatia County where 797 people (10.9%) were registered in 2006, while in the Institute for Public Health in Pula 653 people (9.0 %) were registered. In the Service for the prevention and out-patient treatment of drug users in the Primorje-Gorski Kotar County 586 people (8.1%) were treated.

Map 5.2 – Overview of Services for Addiction Prevention



Source: Office for Combating Narcotic Drugs Abuse

According to the regular service types the following data have been collected:

◆ Interview

In Croatia there were 3 307 interviews conducted. The largest number of them was registered in the City of Zagreb (555), the County of Split and Dalmatia (373), the County of Sisak and Moslavina (327), the County of Istria (258), and the Primorsko – Goranska County (250).

◆ Examinations

In 2006 in Croatia in all services there was the total number of 22 291 examinations performed (which makes the monthly average of 1 857 examinations, in 2005 there were 1 827 examinations) most of them partial (the total number of 5 610 examinations), then orientational (4 342), extended (881) and the smallest number of complete examinations (132). Having analysed the examinations per a Service the largest number of examinations was performed in the City of Zagreb (the total number of 5 082 examinations), the Primorsko-Goranska County (3 615), the Zadar County (2 899), the County of Split and Dalmatia (2 676), and the County of Osijek and Baranja (2 469).

◆ Counseling

In Croatia in all Services there were 29 806 individual counselling treatments conducted, which means 2 483 treatments on average per month (2 105 treatments in 2005). As per a Service the largest number of treatments was conducted in the County of Istria (the total

number of 5 796 treatments), the County of Primorsko-Goranska (5 061), the County of Dubrovnik and Neretva (3 809), the Zadar County (3 454) and the City of Zagreb (2 688). In all Services in 2006 the total number of 12 509 short counselling treatments were performed (1 042 on average per month, whereas it was 1 111 in 2005) and 23 261 pieces of phone advice (1 938 on average per month, whereas in 2005 there were 1 872 of them). The largest number of short advice was given in the City of Zagreb (the total number of 2 458 pieces of advice), the Zadar County (2 019), the Primorsko-Goranska County (1 581), and the largest number of phone advice was given in the Primorsko-Goranska County (the total number of 4 308 pieces of advice), the City of Zagreb (3 351) and the County of Vukovar and Srijem (2 489).

◆ **Psychiatric treatment and individual psychotherapy**

In all Services in 2006 there were 8 543 outpatient psychiatric treatments made (711 on average per month, and 800 in 2005). The largest number of treatments were made in the City of Zagreb (the total number of 4 682 treatments), the Primorsko-goranska County (1 248) and the County of Istria (655). In all centres in Croatia there were 6 789 individual psychotherapies registered, which amounts to 565 psychotherapies per month (587 in 2005). The largest number of them were made in the City of Zagreb (2 727).

◆ **Health- social intervention**

In Croatia there was the total number of 6 155 interventions made in all Services, the largest number of them in the Primorsko-Goranska County (the total number of 1 961 interventions), the City of Zagreb (1 694), the Zadar County (932) and in the County of Istria (326).

◆ **Urine testing for presence of drugs and their metabolites**

There was the total number of 19 668 urine tests for detection of the presence of drugs and their metabolites carried out in Croatia, which is a monthly average of 1 639 tests (13.85 the previous year). Similar number of tests were made in the City of Zagreb (the total number of 2 618 tests) and the County of Osijek and Baranja (2 611). Then follows the Zadar County with 2 452 tests, and the County of Istria with 2 303 tests in 2006.

◆ **Educational work**

For more information see Chapter 7.4.

The first Croatian National Drugs Strategy (2006-2012), adopted by the Croatian Parliament in 1996, defined the basic guidelines for methadone treatment in the Republic of Croatia. According to the National Drug Strategy, the process of prescribing and providing methadone is regulated in such a way that a general practitioner receives an original letter from the authorized physician of the Service for Addiction Prevention defining the quantity of a prescribed daily dosage of methadone. The general practitioner is required to store the letter in his/her documentation in order to be able to account for the prescribed quantity of methadone. The required dosage of methadone is given to a drug user dissolved in a vitamin drink or a fruit juice which the drug user is required to consummate at the general practitioner's office in the presence of an authorized medical person. The dosage of methadone for weekends and holidays can be given by a general practitioner to a drug user or a family member dissolved in a fruit juice. Methadone is used in the following types of treatment:

- ◆ Short-term out-patient detoxification – it is used as an optional method at an early stage of treatment (overcoming physical addiction) and it usually lasts for less than a month in cases of opiate drug users who have not succeeded to maintain abstinence, regardless of a method

- ◆ Slow out-patient detoxification (up to 6 months) – used in cases when drug users are due to the Heroin mental addiction not able to maintain the abstinence and when no other drug-free treatment method has been successful; these are usually drug users who have been consuming drugs for at least five years
- ◆ Long-term methadone sustenance therapy by continually taking the same or approximately the same dosage – applied to drug users in the case of whom no other form of drug-free treatment nor detoxification has been successful and in order to enable them to maintain heroin abstinence; these are usually drug users older than 25 whose consumption of drugs lasted, on average, for 10 years.

According to the aforementioned facts, it is obvious that in the Republic of Croatia general practitioners play an important role in implementing methadone treatment since they are most often in a direct contact with drug users and can, therefore, notice any changes, refer them to experts or provide them with help themselves. In the Republic of Croatia, methadone was used in practice in an insufficiently controlled manner due to the fact that the indications for methadone treatment were very broad and the method of prescribing methadone lacked the necessary control. Furthermore, prescriptions for methadone and methadone itself were often given directly to drug users and it was then used in unjustifiably high dosages. Therefore, in order to bring methadone treatment in cases of opiate drug users under control and to standardize the criteria for its use, as well as to reduce its misuse and negative consequences of uncontrolled methadone use, including the possibility of a fatal outcome due to methadone overdose, the Guidelines for the Use of Methadone in the Substitution Therapy of Opiate Drug Users have been created, following the proposal by the Ministry of Health and Social Welfare and adopted by the Croatian Government on 3 January 2006. In December 2006 the Guidelines for the Use of Buprenorphine in the Substitution Therapy of Opiate Drug Users were also approved by the Minister of Health and Social Welfare on the basis of the conclusion by the Commission for Combating Narcotic Drug Misuse, leading to buprenorphine (Subutex) being included in the List of control illicit substances and approved by the Croatian Institute for Health Insurance.

The total of 37% of heroin users are undergoing slow or fast methadone detoxification and additional 28% are undergoing methadone sustenance therapy. The number of people undergoing buprenorphine therapy constantly grows (18% in 2006, 3.1% in 2005) due to the fact that since 2006 the Croatian Institute for Health Insurance covers the costs of this type of treatment. Compared to 2005 when methadone sustenance therapy as a method of treatment was applied in 886 cases, the year 2006 saw an increase of 34% (1 186 cases).

Furthermore, in 2006, 1 142 people were treated with 1483 hospitalizations in in-patient clinics, i.e. 1.3 hospitalizations per month. The hospitalization lasted, on average, for 30.2 days. The majority of people were hospitalized in the ward specialized in addiction at the “Vrapče” Psychiatric Hospital where 290 people were treated and they were registered 389 times in the hospital. Their hospitalization in the ward lasted, on average, for 38.1 days. The hospital reports show that the majority of these patients, apart from the addiction, suffer from some other mental illness or disorder as well (specific personality disorder, alcoholism, schizophrenia, acute and temporary mental disorders, depressive episodes, borderline personality disorders, etc.). In the “Saint Ivan” Psychiatric Hospital (Jankomir) 161 persons were treated for, on average, 43.1 days. In that hospital, apart from the aforementioned mental illnesses, chronic alcoholism was also registered as a secondary illness. In the Lopoča, Ugljan and Rab Psychiatric Hospitals, which belong to a type of special hospitals, patients are hospitalized for a longer period (209.1, 81.6 and 63 days respectively). Furthermore, in the City of Zagreb a large number of people are treated in the “Sisters of



Mercy" Hospital Clinic as a part of in-patient and out-patient treatments (1 688 people or 23.2% of all the persons receiving out-patient treatment in Croatia).

6 Health Correlates and Consequences

6.1 Drug Related Deaths and Mortality of Drug Users

In the year 2006 died 94 persons whose cause of death was drug or they had been previously treated for drug addiction. 84 of them were men (89.4%) and there were 10 women (10.6%). The largest number of them used opiates – 84 persons, i.e. 89%. The most common cause of death was opiate overdose (65 persons - 69%) out of which there was 32 overdoses related to heroin (34.0%), 18 to methadone (19.2%), and for 15 persons (16.0%) it was not notified which opiate substance was the cause. Other diseases like Hepatitis C, intracerebral hemorrhage, asthma, uremia, lung aedema etc. caused 9 deaths. Two persons died as a consequence of an accident and 3 persons committed suicide. Due to the fact that the data are still being collected for ten persons there are still no available their causes of death. The largest number of dead cases, like in previous years, had residence in the City of Zagreb – 34 persons (37.8%), followed by Split - Dalmatia County (17 – 18.9%), and County of Istria (9 – 10.0%).

Table 6.1 – Number of drug related deaths in the period between 1996-2006

Year	Number of deaths
1996	29
1997	44
1998	43
1999	63
2000	75
2001	78
2002	86
2003	95
2004	108
2005	104
2006	94

Source: DEM-2 and Croatian Institute of Public Health

Table 6.2 – Causes of death of drug addicts in 2006

Cause of death	Number	Share (%)
Overdose (Heroin)	32	34.0
Overdose (opiates)	15	16.0
Overdose (metadon)	18	19.1
Other diseases	13	13.8
Suicide	3	3.2
Accidents	2	2.1
AIDS	1	1.1
Unknown	10	10.6
TOTAL	94	100.0

Source: DEM-2 and Croatian Institute of Public Health

Table 6.3 - Deceased drug addicts in 2006 by the county of residence

County	Number	%
Zagreb	6	6.4
Varaždin	3	3.2
Primorje–Gorski Kotar	4	4.3
Požega-Slavonia	1	1.1
Lička-Senj	1	1.1
Brod-Posavina	2	2.1
Zadar	5	5.3
Osijek-Baranja	2	2.1
Šibenik-Knin	3	3.2
Vukovar-Sirmium	2	2.1
Split-Dalmatia	17	18.1
Istria	10	10.6
Dubrovnik-Neretva	3	3.2
Međimurje	2	2.1
City Of Zagreb	33	35.1
TOTAL CROATIA	94	100.0

Source: DEM-2 and Croatian Institute of Public Health

6.1.1 Mortality statistics in Croatia

The institution that carries out research on causes of death in Croatia is the Central Bureau of Statistics, which collects data on dead persons from the territory of the whole state and is responsible for the comprehensiveness of data. Statistical Report on Deaths (DEM-2) contains a Death Certificate based on which the basic cause of death is being defined. Croatian Institute of Public Health is responsible for encoding basic causes of death and mortality statistics data. Encoding is carried out manually and centrally in the Department of Medical Demography and based on the definition in Volume 2, of the International Classification of Diseases and Conditions - 10th revision (MKB-10), which has been applied since 1995. 10 MKB Updates (Update – which were published on web page SZO) have been used for encoding basic causes of death since 2005. There is no official version of updates and their translation to the Croatian language.

6.1.1.1 Deaths Register

Mortality data base, owned by the Central Bureau of Statistics, apart from demographic data, also contains the cause of death marked with a four-digit code, whereas annual mortality table presentations are shown by three symbol codes according to disease groups. Since 2003 the Croatian Institute of Public Health has been conducting a public health research based on a Death Certificate by which the following data are processed: name and surname of the deceased person, personal identification number and name of hospital if the person died in one. The Croatian Institute of Public Health database is connected with the Central Bureau of Statistics database and the Deaths Register is created, according to which the data of the registers that exist within the Croatian Institute for Public Health are then updated.

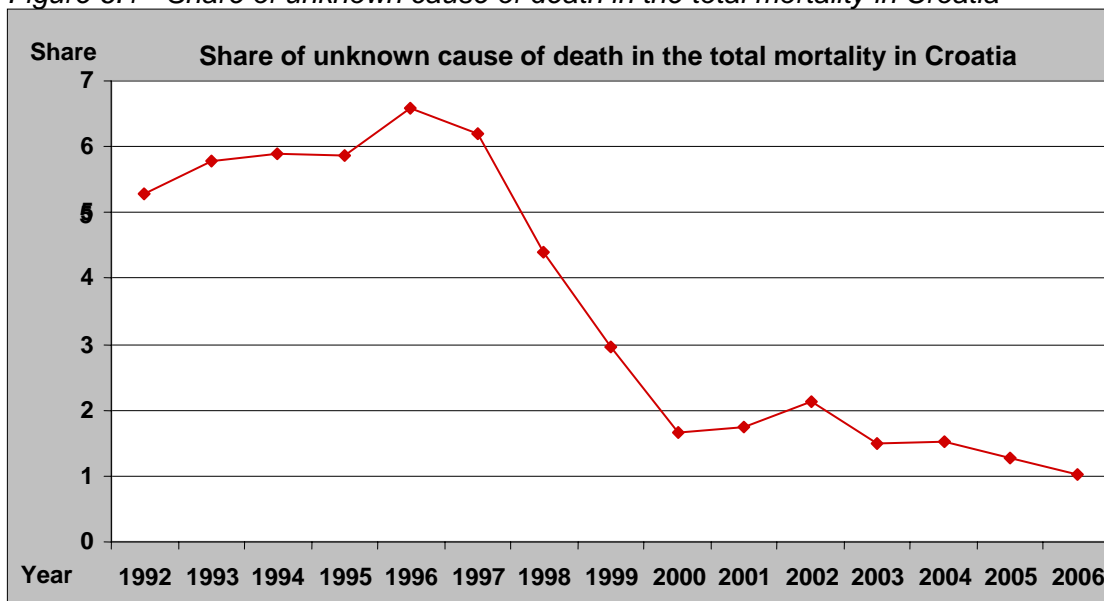
6.1.1.2 Mortality statistics data quality

With the aim of improving the mortality data quality since 1997 through a network of county Institutes of Public Health, the Croatian Institute of Public Health has been updating the missing information on Death Certificates (primarily due to lack of outer cause for violent deaths, autopsy results and toxicological analyses). In such a way it is possible to monitor a continuous decline of unknown causes of death from 6% to 1% (Figure 6.1). The average of 1% of queries are annually sent out to field, which amounts to 500 queries annually regarding the fact that in Croatia about 50 000 persons die per year. The Croatian Institute of Public Health in cooperation with county institutes organises coroners training about how to fill out a Death Certificate.

Pursuant to Croatian legal regulations, an autopsy (toxicological analysis) has to confirm the cause of a violent death. As a rule it always refers to autopsies conducted on the request of an investigative judge when he/she suspects that it is a criminal offence and it is financed by the judicial sector. In some counties autopsies asked for by a coroner with the purpose of establishing the cause of a violent death are not performed in case of a violent death which has not occurred as a consequence of a criminal offence, because counties which are legally obliged to pay for such autopsies do not pay. In some counties it is difficult or sometimes even impossible to obtain the autopsy and toxicology analysis results requested by the investigative judge in the course of criminal proceedings. The number of autopsies performed as a quality indicator, is showing a decreasing trend in the last five years, especially of hospital mortality, while general mortality is steady and amounts to about 10% (Figure 6.2)

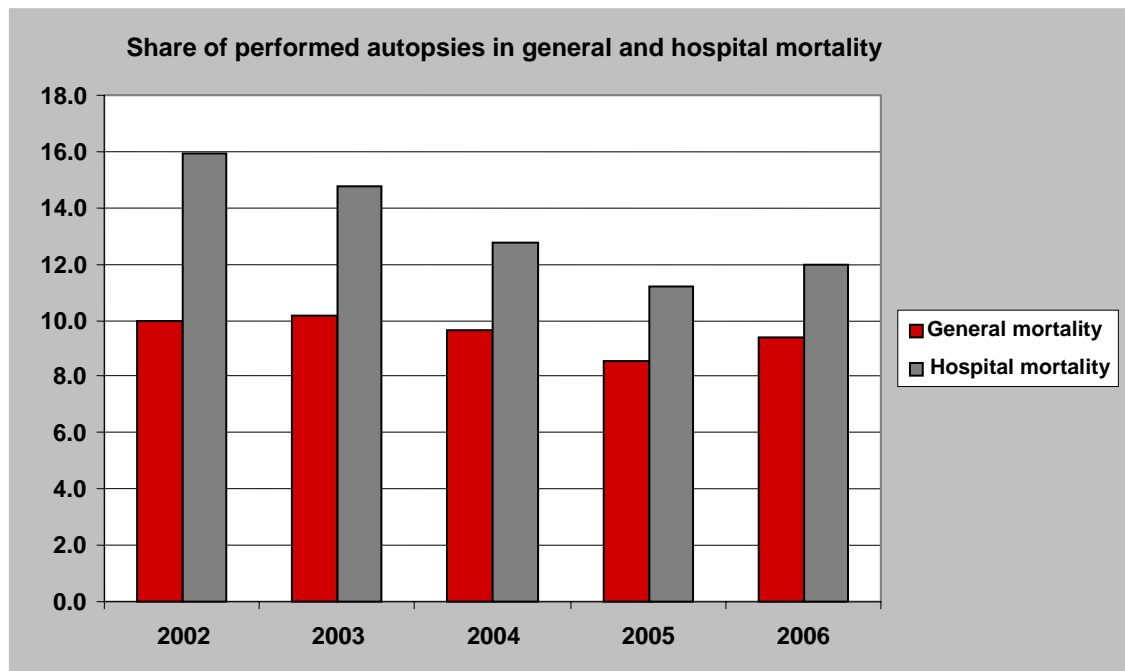
The Ministry of Health and Social Welfare is currently carried out a project called «Mortality Statistics Quality Improvement» which started in 2006 at the proposition of the Croatian Institute of Public Health and it comprises elaborating new legal provisions and coroner education. The project is currently in the stage of bringing a new Rulebook on Establishing the Time and Cause of Death. The new rulebook will prescribe a new Death Certificate query, drafted according to the Eurostat recommendations and new ways of data delivery of autopsy results and toxicological analysis.

Figure 6.1 - Share of unknown cause of death in the total mortality in Croatia



Source: Croatian Bureau of Statistics

Figure 6.2 - Share of performed autopsies in general and hospital mortality



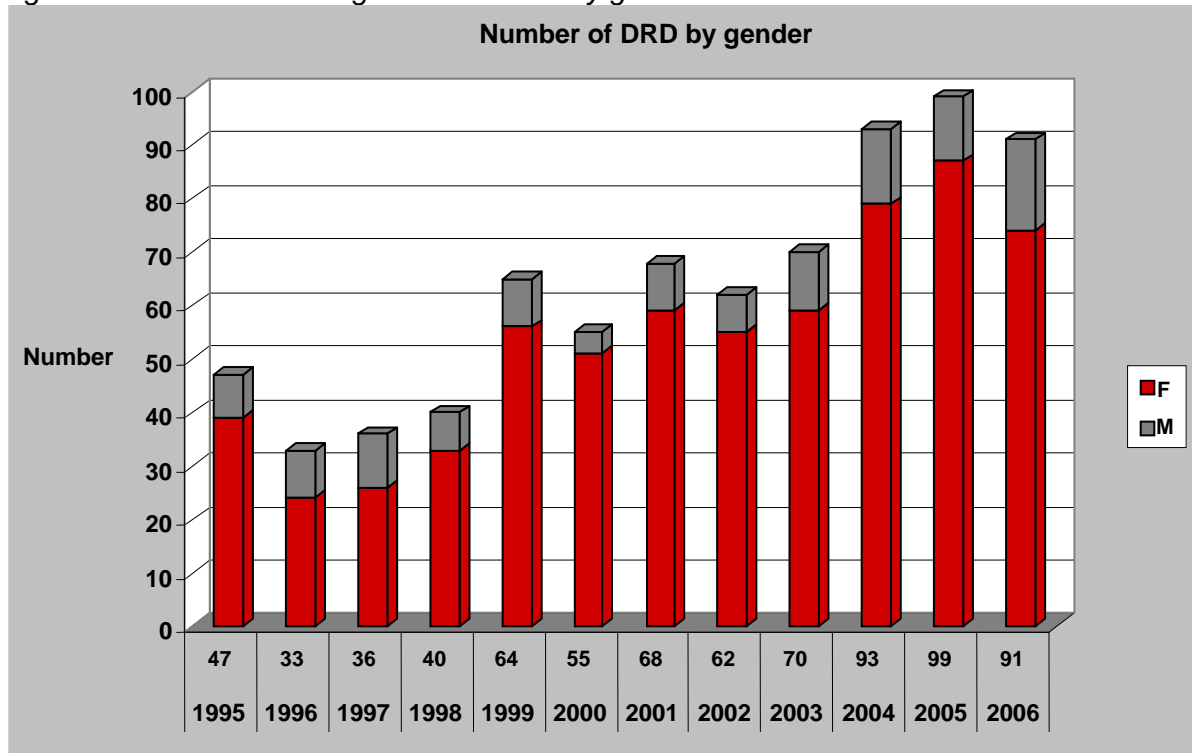
Source: Croatian Bureau of Statistics

6.1.2 Mortality among addicts

The Department of Medical Demography has not analysed the drug related mortality data up till now more in detail and there is no national definition of drug related deaths indicators (DRD). Therefore, for filling in Standard Tables (Standard Tables 05 and 06) EMCDDA's DRD indicator definitions have been used. The data have been processed for the time period from 1995 to 2006, because they refer to the application of ICD-10 revision.

In the time period from 1995 to 2006 an increasing trend of the number of deaths was noticed (Figure 6.3), but at the same time a significant decline of the number of an unknown cause of death can be also noticed, which is a reflection of the data update system development (especially for autopsy/toxicological analyses obtained subsequently). During the last four years a special attention has been put on developing the data input control instruments regarding age (additional age control connected to F-encoded diagnoses), and a special control of mortality data tables is performed.

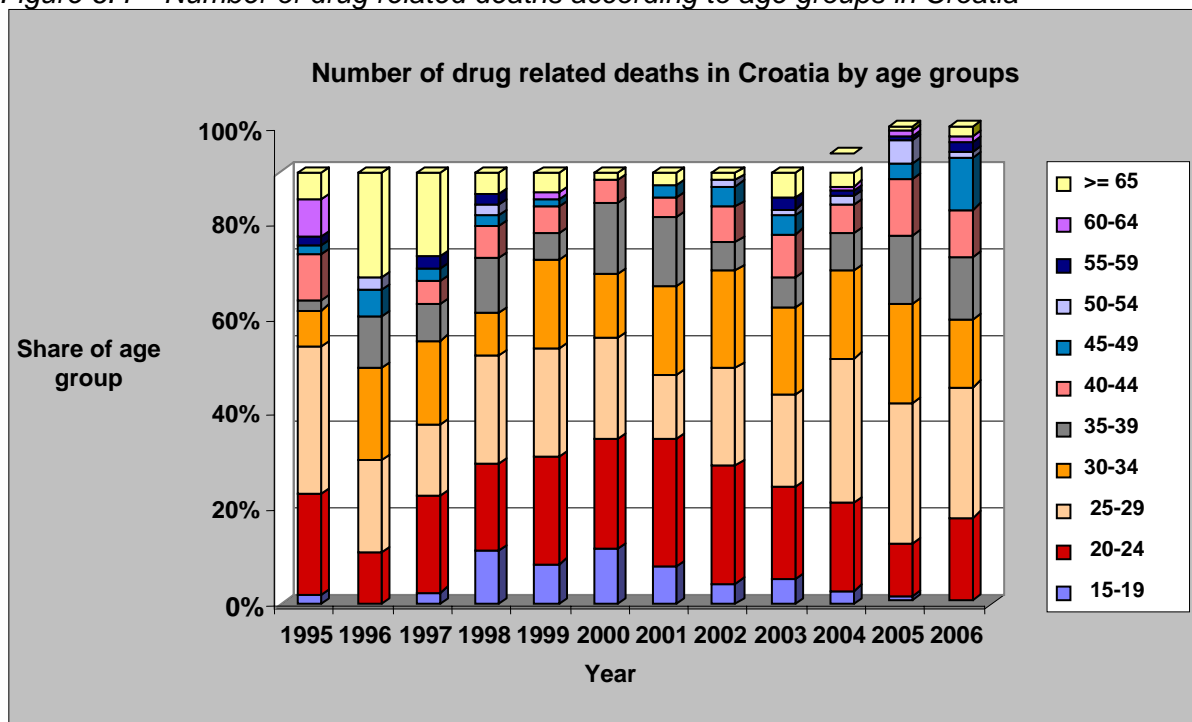
Figure 6.3 – Number of drug related deaths by gender



Source: Croatian Bureau of Statistics

A five-year age group analysis shows that the most often represented age groups are from 20 to 44 years of age (Figure 6.4). Men die more than women when referring to drug related deaths (Table 6.4).

Figure 6.4 – Number of drug related deaths according to age groups in Croatia



Source: Croatian Bureau of Statistics

6.1.3 Cooperation of the Department of Medical Demography and the Register of Persons Treated for Psychoactive Drugs Misuse

Thanks to the long – term cooperation of the Department of Medical Demography and the Register of the Persons Treated for Psychoactive Drugs Misuse, every drug related cause of death is registered. It means that, if in a Death Certificate there is a data based on which it could be suspected that the death is a result of narcotic drug use or there is any addiction information, prior to encoding the main cause of death it should be checked if the person is registered in the Register of the Persons Treated for Psychoactive Drugs Misuse. If he/she is a registered addict the cause of death is immediately notified. When encoding certain specific causes of death such as HIV, Hepatitis B and C it is checked if the deceased person is registered as a drug addict. In such a way the Register of the Persons Treated for Psychoactive Drugs Misuse monitors the main cause of death of registered addicts, as well as the register of persons who died as a result of taking drugs and were not registered. In annual reports published by the Register there are more detailed drug-related mortality analyses.

Table 6.4 –Number of DRD in Croatia by age groups and gender from 1995-2006

Age	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
15-19	1	0	1	5	6	7	6	3	4	3	1	0
20-24	11	4	8	8	16	14	20	17	15	19	11	16
25-29	16	7	6	10	16	13	10	14	15	31	29	25
30-34	4	7	7	4	13	8	14	14	14	19	21	13
35-39	1	4	3	5	4	9	11	4	5	8	14	12
40-44	5	0	2	3	4	3	3	5	7	6	12	9
45-49	1	2	1	1	1	0	2	3	3	0	3	10
50-54	0	1	0	1	0	0	0	1	1	2	5	1
55-59	1	0	1	1	0	0	0	0	2	1	1	2
60-64	4	0	0	0	1	0	0	0	0	1	1	1
>= 65	3	8	7	2	3	1	2	1	4	3	1	2
TOTAL	47	33	36	40	64	55	68	62	70	93	99	91
M	39	24	26	33	56	51	59	55	59	79	87	74
F	8	9	10	7	9	4	9	7	11	14	12	17

Source: Croatian Bureau of Statistics

6.1.4 Conclusion

The data shown in this report have been originated by using the routine data processing, which are generally used for elaboration of our annual bulletins and yearbooks. That is the reason why there are no data in particular columns in the enclosed Standard Tables related to mortality of drug addicts.

The recommended methodology for the elaboration of DRD indicator requires certain software solutions which would enable us to obtain the requested data analyses and linkage of the mortality base with the Treatment Register database.

6.2 Drug related infectious diseases

Psychoactive drug addicts are due to the nature of their disease exposed to a risk of blood transmitted infections. According to the data obtained in interviews, most of the heroin addicts are infected with a Hepatitis C virus. In the year 2006 its ratio was 46.2%. A lower number of persons were positive on Hepatitis B with a 15.5% ratio. Since only some of the data corroborated the laboratory test results, it can be supposed that the number i.e. the ratio of the infected is higher. The HIV data are the only one checked and compared in a few ways and a low incidence of HIV infection among addict population can be considered totally real. The incidence of HIV positive persons has not changed for years now. The number of HIV positive addicts is very low and it amounts to 0.5%. What can be thanked for it is a permanent education, being well-informed, pharmacotherapy, counselling centres and replacement needles and syringes.

Table 6.5 - Persons treated for opiate use in 2006 by anamnestic data on Hepatitis B, C and HIV infection

Opiate addicts	%
HIV positive	0.5
Hepatitis B positive	15.5
Hepatitis C positive	46.2

Source: Croatian Institute of Public Health

Risk behaviour of drug users includes all the behaviours which could expose them to accompanying diseases and complications. What is especially relevant is the use of common needles, syringes and other accessories as well as risk behaviour. Whereas there is no routine information on use or non-use of barrier contraception (condom), while the question on sharing needles and syringes is asked at each visit to a Centre for needles and syringes exchange, counselling and free testing on blood-borne diseases.

Table 6.6 - Persons treated for drug abuse in 2002-2006 by sharing needles and syringes in their lives and health correlates and consequences in the previous month

	Sharing needles and syringes in the lifetime				
	2002	2003	2004	2005	2006
Yes	71.5%	70.4%	71.5%	71.3%	70.7%
	Sharing needles and syringes last month				
	2002	2003	2004	2005	2006
No	38.6%	33.1%	28.6%	23.0%	21.6%

Source: Croatian Institute of Public Health

Although around 70% of heroin addicts have shared accessories at least once in their lives, decrease in such risk behaviour can be noticed. Namely, in the last month in 2002, paraphernalia was shared by 38.6% drug users and in 2006 it was 21.6%. Opening of the Centres for replacement needles and syringes and counselling and free testing on Hepatitis B, C and HIV has contributed to a more responsible behaviour of drug addicts and better cooperation.

6.3. Psychiatric comorbidity (dual diagnosis)

Out of the total number of 1 174 persons that were treated in clinics in 2006, 757 had a dual diagnosis (64.5%). Out of those, 447 persons were treated for opiate addiction, whereas 310 of them for use of other substances.

Among the treated opiate users, the ones with a registered specific personality disorder make the largest number (181 persons i.e. 40.5%), followed by alcoholism (10.5%), chronic C Hepatitis (8.3%), depression (8.1%) and other diagnoses. Psychiatric disorders such as schizophrenia were registered at 19 persons (4.3%), acute and transient psychotic disorder (2.0%) and psychosis (1.3%). Accompanying psychiatric diagnoses have been registered more and more frequently, so a specific personality disorder was registered at 13.8% of opiate addicts in 2003, 24.6% in 2005, and it almost doubled during the last year. Paying more attention to the existence of dual disorders and diseases, which require specific treatment approaches and comprehensive care conforms to the results of various international studies and clinical reports.

Dual diagnosis was revealed in 310 cases of non-opiates users. The dual diagnosis ratio among the persons treated for non-opiates use is slightly lower, but they also had a specific personality disorder (22.3%) as accompanying diagnosis. Alcoholism (14.5%), similar to opiates comes second. There were 9.4% of acute and transient psychotic disorders. The schizophrenia ratio is higher than the opiates ratio and it amounts to 8.4%.

Table 6.7 - Persons treated in clinics for opiate use in 2006 by registered accompanying diagnosis

ICD 10 DIAGNOSIS		Opiates abuse		Non-opiates abuse	
		Number	%	Number	%
F60	Specific personality disorders	181	48.7	69	25.1
F10	Mental and behavioural disorders due to use of alcohol	47	12.6	45	16.4
F 32	Depressive episode	36	9.7	28	10.2
F 33	Recurrent depressive disorder				
F43	Reaction to severe stress, and adjustment disorders	28	7.5	18	6.5
F20	Schizophrenia	19	5.1	26	9.5
F10.0	Acute intoxication	16	4.3	16	5.8
F21	Schizotypal disorder	10	2.7	10	3.6
F23	Acute and transient psychotic disorders	9	2.4	29	10.5
F29	Unspecified nonorganic psychosis	6	1.6	5	1.8
F07.9	Unspecified organic personality and behavioural disorder due to brain disease, damage and dysfunction	5	1.3	3	1.1
F62.x	Enduring personality changes	4	1.1	9	3.3
F34.0	Persistent mood [affective] disorders	4	1.1	1	0.4
F91.x	Conduct disorders	4	1.1	16	5.8
F92.x	Mixed disorders of conduct and emotions				
F63.x	Habit and impulse disorders	3	0.8	0	
NUMBER OF DIAGNOSIS		372	100	275	100

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 dual diagnosis.

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 epilepsy, liver diseases and personal history of self-harm. There is also significant number of other diagnosis 21,3%.

In the non-opiate users group it is noticed major proportion of epilepsy, as well as the significant proportion of other diseases 65,7% and low history of personal self-harm compared to opiate users.

Table 6.8 - Persons treated in clinics for opiate use in 2006 by registered accompanying diagnosis

ICD 10 DIAGNOSIS		Opiates abuse		Non-opiates abuse	
		Number	%	Number	%
B18.2	Chronic viral Hepatitis C	37	49,3	3	8,6
Z91.5	Personal history of self-harm	8	10,7	1	2,9
G40	Epilepsy	8	10,7	6	17,1
K70	Alcoholic liver disease	6	8	2	5,7
K71	Toxic liver disease				
- - -	Other	16	21,3	23	65,7
NUMBER OF DIAGNOSIS		75	100	35	100

Source: Croatian Institute of Public Health

7 Responses to Health Correlates and Consequences

7.1 Prevention of drug related deaths

Taking into account that youngsters in Croatia often spend significant part of their leisure time in clubs or parties, it is logical that there are present problems incurred due to risk behaviour related to illicit drug use and risk sexual behaviour but also due to inappropriate conditions in clubs and events (e.g. bad air conditioning, high indoor temperature, lack of drinkable water, too loud sound systems).

In Croatia there is rather limited number of interventions aimed at prevention of drug related deaths. Besides the activities of national network of Services for Addiction Prevention 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 NGOs that in their scope of work promote harm reduction approach. "Špica" (eng. Rush Hours) is an NGO focused on healthier sub-cultural scene. Their aims are popularization and deepening comprehension of sub-cultural scene, reduction of real risk related to drug use and other risk activities in the scene as well as promotion creative potentials inside the party scene. As the special accent is put on the risks connected with the drug use and their gradual diminishing in the frame of harm reduction approach, they publish free of charge newsletter "PLUR", flyers on concrete risks / drugs / conditions and regularly update their web site¹² with useful information and texts. Their field group of volunteers regularly attends different parties in order to distribute materials, inform and help people, but they also negotiate with party organisers and club owners on more quality and comfortable conditions in the events. They closely cooperate with different experts in organization of workshops and educations for people interested to learn more about drugs and/or scene. There is also ongoing sociological research of the scene profile.

By the distribution of information on "safer parties" they want to persuade people on the scene not to use drugs, but if they anyway decide to do so they should be aware of all dangers and consequences.

Picture 7.1 – Flyer "Don't Panic"



Source: http://www.spica-info.hr/content.php?a_id=53

¹² www.spica-info.hr

Relevant state institutions are also trying to warn on the dangerous consequences of psychoactive substance use, especially of those of unknown composition. Office for Combating Narcotic Drugs Abuse has published informative booklet "What do You Need to Know About Drugs", containing facts about different illicit substances, their effects, symptoms of its use and advice on what to do in the case of overdose, including emergency contacts. There have been also produced and distributed leaflets on effects of synthetic drugs which are becoming more and more available across the county and already caused fatal outcome in non-negligible number of cases.

7.2 Prevention and treatment of drug related infectious diseases

Harm Reduction programmes, primarily needles and syringes exchange, are being conducted in cooperation with the Croatian Red Cross, nongovernmental organizations Terra, Let and Help in major Croatian cities: Zagreb, Rijeka, Split, Zadar, Pula and Dubrovnik. First Harm Reduction programs focused on problem drug users were in Croatia introduced immediately after Croatian Parliament in 1996 recognised such approach as an important element of the National Drugs Strategy. NGO Help initiated first project already in 1996 in Split, while the Croatian Red Cross started its projects in Zagreb, Zadar and Pula in 1998, followed by activities kicked off in Rijeka by NGO Terra just one year later. Needles and syringes exchange programmes were aimed at intravenous users in order to prevent spread of blood-borne diseases, especially Hepatitis C and HIV. In the course of 2006 there were collected 136 363 needles and 50 603 syringes, and distributed 34 377 needles and 135 981 syringes.

In Croatia there have been opened 34 locations where there are regularly conducted Harm Reduction programmes (including drop-in centres), promoted program of voluntary, anonymous and free of charge counselling and testing as well as the cooperation in the research related to behaviour in the intravenous drug users population. There was also printed and distributed different educational material.

In August 2003 there was initiated project "Enhancement of the fight against HIV/AIDS in Croatia", conducted by the Ministry of Health and Social Welfare, with the financial support of the Global Fund for fight against HIV/AIDS, tuberculosis and malaria. Project consisted of preventive programmes and embraced 5 working areas: health education, increased availability of counselling and testing, social and psychological support with the increased risk for HIV infection, assurance of continuous treatment and enhancement of epidemiologic monitoring of HIV/AIDS. Croatian Institute of Public Health was bearer of the programme HIV – 2 "Improvement of Availability of Service for Volunteer Counselling and Testing" and programme HIV 5 "Improvement of HIV Infection Monitoring in Croatia". Both programmes were implemented in cooperation with County Institutes of Public Health. It was introduced voluntary, anonymous and free of charge testing of drug addicts on HIV, HBV and HCV that is available in Zagreb where there are 3 centres: Counsel for HIV/AIDS at the Croatian Institute of Public Health (Service for Epidemiology of Infection Diseases), Referral HIV/AIDS Centre, Clinic for Infective Diseases "Dr. Fran Mihaljević", plus one in the Prison Hospital. In order to increase number of visits in afore mentioned centres, specially persons referred by the State Attorney's Office in the frame of the opportunity principle and sentenced court measures of compulsory treatment of the addiction, there have been ensured additional financial resources for test kits. Rapid diagnostics of HIV, HBV, HCV and syphilis that was initiated by the Global Fund project, continued after project completion, covering drug addicts as risk group. Ministry of Health and Social Welfare co-financed 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

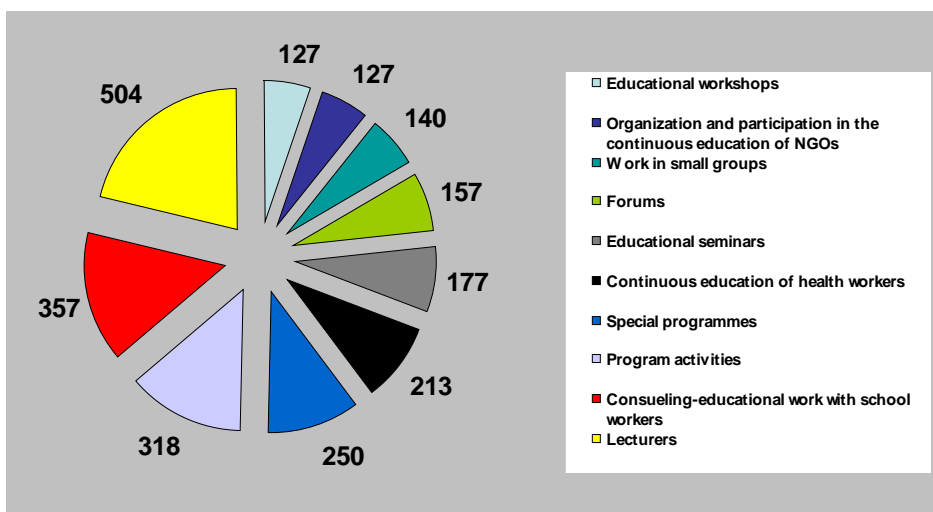
Although according to the available data there is a need, in Croatia there is an obvious shortage of dual disturbances treatment services, both for adults and adolescents. Regarding everything already mentioned, according to the National Strategy for Combating Drug Abuse in the Republic of Croatia special 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.

Lectures are the most represented (the total number of 504 lectures in all Services for Addiction Prevention in Croatia in 2006), followed by counselling and educational work with the school employees for the School prevention programme (357), participation in programme activities out of regular school programmes (318), participation in special programmes (250), then participation in life long education of health workers (213), educational seminars (177), discussions (157), work in smaller groups (140), participation in life-long education of non-governmental organisations (127), educational workshops (127).

Figure 7.1 – Educational work in 2006 in all Services for Addiction Prevention



Source: National Public Health Institute

8 Social Correlates and Consequences

8.1 Social exclusion

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 is 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 addicts have 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 7 427 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

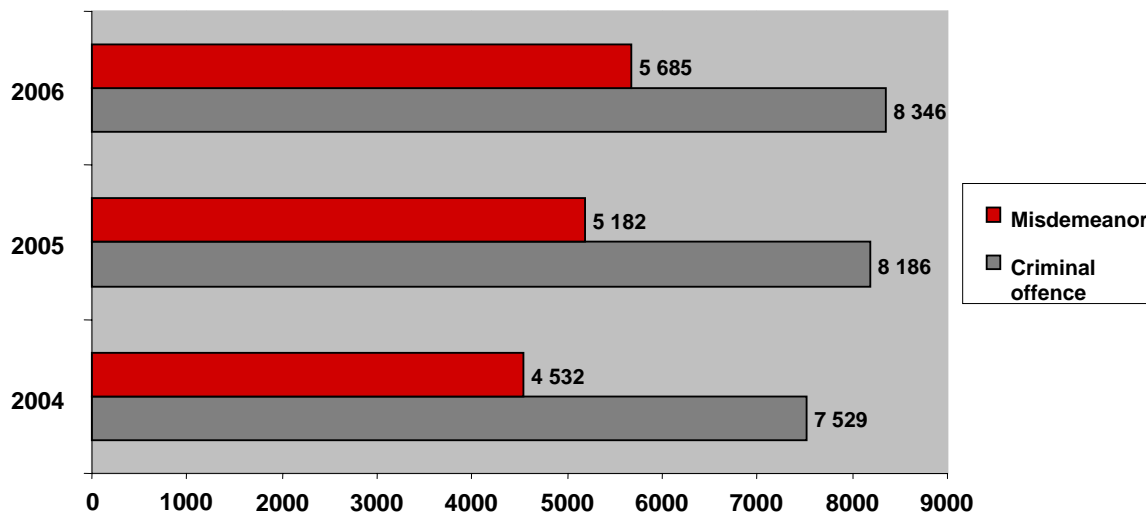
Crime related to drug smuggling and drug abuse represents a global problem, which in spite of the efforts of the international community, responsible international bodies, governmental and non-governmental institutions still has lasting effects, in the economic or social sphere, as well as on the national and international level.

Since a few years ago, on the territory of the Republic of Croatia a rising trend of the drug related crime has been noticed, which is caused by a wide variety of factors, mostly the current overproduction of particular narcotic drugs in the world and the increased smuggling of narcotic drugs into the countries of Eastern and Western Europe. The previously mentioned imminently leads to price reduction and results in increasing interest, i.e. narcotic drugs demand, especially among younger population. In addition, the quality of living in

general, i.e. current economic situation in the society is contributing factor, directly linked to the increase of the number of users, and the number of addicts.

During the year 2006 on the territory of the Republic of Croatia the total number of 8 346 criminal offences related to narcotic drug abuse and smuggling were registered, or 10.64% of the total number of the reported criminal offences on the territory of the Republic of Croatia, which represents a 2% increase compared to the year 2005. For the mentioned criminal offences of during the year 2006 the total number of 6 017 were criminally charged. Pursuant to the Law on Combating Narcotic Drug Abuse, during the year 2006 the total number of 5 685 charges were brought, which is relating to 2005 the increase of 10%, against the total number of 5 607 persons. In the further graphic presentation, the comparison of the reported criminal offences and minor offences related to narcotic drug abuse in the Republic of Croatia during the years 2004, 2005 and 2006 has been shown.

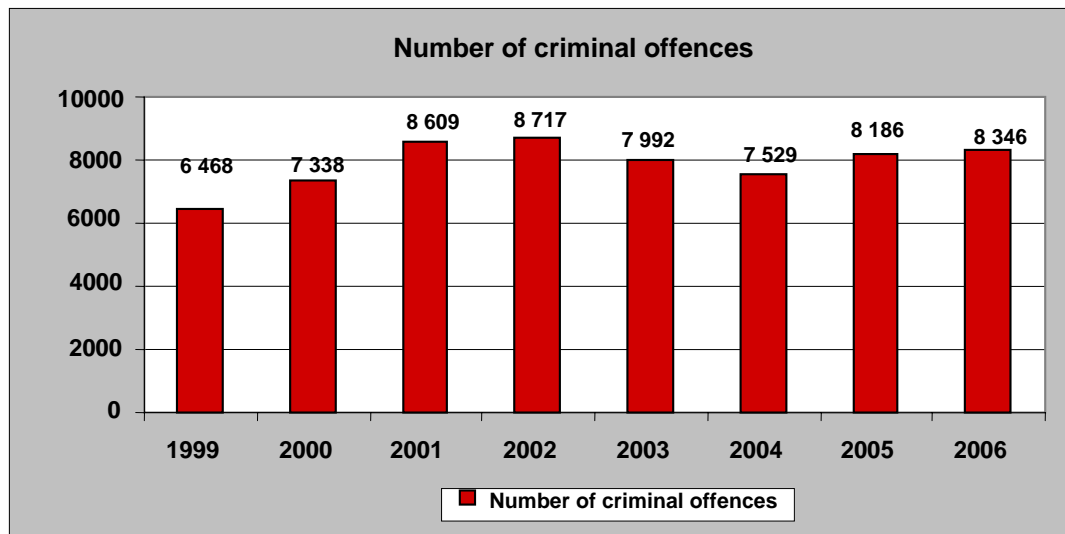
Figure 8.1 - Criminal offences and minor offences reported during 2004-2006



Source: Ministry of the Interior

In a longer time period (Figure 8.2: Comparative review of the drug related criminal offences in the time period from 1999 to 2006), it can be seen that the trend of reporting drug related offences by police officers is relatively stable, i.e. it is a yearly average between 7 000 and 8 000 reported drug offences. It is very important to mention that illegal possession of narcotic drugs is prohibited pursuant to the Criminal Law (Par. 1 Art. 173) and the penalty ranges from a fee to a year-long prison sentence.

Figure 8.2 - Drug related offences for the period from 1999-2006



Source: Ministry of the Interior

Regarding the structure of the reported drug related criminal offences on the territory of the Republic of Croatia it should be emphasised that out of the total number of 8 346 reported drug related criminal offences 2 486 criminal offences or 29.79% refer to the so-called complex criminal offences (e.g. trafficking, production, drug use enabling etc.). The mentioned share makes the ca. 30% of more complex criminal offences within the structure of the reported drug offences during the previous years. During the year 2006, 5 860 criminal offences were reported (narcotic drug possession) or the average of 70.21% of the total number of reported drug related criminal offences.

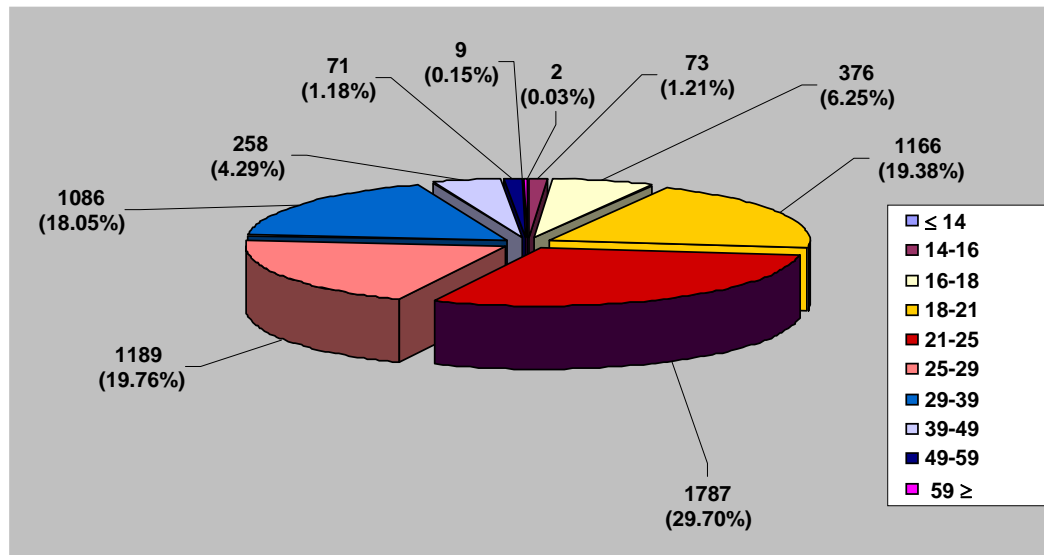
In the year 2006 pursuant to the Law on Changes and Amendments to the Criminal Law the legal prison sentence minimum was raised in Paragraphs 2, 3, 4, and 5 of the Article 173 (Narcotic drugs abuse) of the Criminal Law (Official Gazette No. 71/06). For "more complex" forms of such criminal offences (Par. 2 Art. 173) such as production, trafficking, mediation in trafficking or sale, the stipulated prison sentence ranges from a *three-year prison sentence* to a long term prison sentence, and in case more persons associated with the aim of committing a criminal offence (Par. 3. Art. 173.) the penalty is *at least a five-year prison sentence* or a long term prison sentence (40 years), for illegal possession, manufacture, purchase of material or equipment (Par. 4 Art. 173) for which it is known that it is aimed for the illicit narcotic drug production the prison sentence ranges from one to five years, whereas in case of drug solicitation, offering using drugs to other people or giving narcotic drugs, i.e. enabling its use (Par. 5 Art. 173.) the penalty ranges from one to five years in prison.

Looking at the territorial distribution of drug related criminal offences it is visible that the largest number of criminal offences is reported in the police department areas that cover bigger city centres. Republic of Croatia is divided into twenty administrative units (counties). The Ministry of the Interior follows the same structure, so each county has its Police Department authorised for the particular territory. The largest number of criminal offences in the year 2006 was reported in the territory of the Police Department of Zagreb (the City of Zagreb) with 1 791 criminal offences (with a 21.45% share of the total number of criminal offences), then the territory of the Police Department of the Primorsko-Goranska county (the city of Rijeka) with 1 147 criminal offences (a 13.75% share of the total number of criminal offences), the territory of the Police Department of Istarska County (the city of Pula) with 1 126 criminal offences (13,50,45% shares of the total number of criminal offences), and the territory of the Police Department of the County of Split and Dalmatia (the city of Split) with 687 criminal offences (a 8.25% share of the total number of criminal offences).

In the territories of these four police departments, i.e. bigger cities areas of the mentioned police departments, the total number of 4 751 drug related criminal offences were reported, or ca 57% of the total number of all criminal offences reported during 2006.

With the purpose of having insight into age structure of the reported perpetrators (reported by the Ministry of the Interior) for drug related criminal offences, there is a graphic review, in which the age structure of the reported persons for the year 2006 is shown. From the mentioned graphic review it can be seen that during the year 2006 within the structure of reported persons the biggest number belonged to the group between 21 and 25 years of age, with a 29.70% share of the total number of the reported persons (i.e. 1 787 reported perpetrators). In 2005 the percent share of the mentioned age group amounted for 30.16 (i.e. 1 719 reported perpetrators). The group of perpetrators between 18 and 21 years of age follows with a 19.38% share, or 1 166 reported perpetrators (in 2005 the percent share of this group amounted for 22.23, i.e. 1 267 reported perpetrators), and the group between 25 and 29 years of age with 19.76% share, or 1 189 reported persons. In 2005 in the mentioned age group there were 1 079 persons reported, with a 18.93% share in the total number of the reported perpetrators.

Figure 8.3 - Age structure of the persons reported for criminal offences during 2006



Source: Ministry of the Interior

During 2006, 90% of the reported persons for drug related criminal offences reported by the Ministry of the Interior were male persons, the total number of 5 406 perpetrators, and 10% of the reported persons were females, to be more specific, 611 reported ones. The previously mentioned is also shown in the following graphic review. During 2005, 91% of the reported persons (the total number of 5 202 persons) were male persons, so only 9% of the reported persons (498 persons) were females.

Figure 8.4 - Share of the reported persons for criminal offence by gender during 2006



Source: Ministry of the Interior

In order to successfully implement the supply reduction measures, and efficiently suppress the narcotic drugs smuggling by organised crime groups which, apart from their traditional inner division of tasks are also characterised by an exquisite flexibility, adaptability, mutual cooperation and a great financial power, a maximum engagement, mutual coordination and cooperation of all authorised institutions of the society, especially the government bodies competent for the mentioned problem matter is required.

It is also essential to make more contacts on the international level and simultaneously exchange and collect more relevant knowledge about the mentioned subject-matter, in order to be able to timely plan and implement all the measures and procedures by all authorised institutions. Everything already previously mentioned regarding combating drug related crime concretely means the implementation of joint police actions whose basic goal is prevention of international narcotic drug smuggling and arresting all members of criminal groups, no matter if their residence is in one country or more.

Within the existing system for drug supply reduction in the Republic of Croatia, the cooperation between the police, customs and judicial bodies is being encouraged, as well as participation in joint projects such as joint investigations, investigation teams, establishing the network of information exchange in all areas, training, seminars etc. Continuously and efficiently all legally founded measures and acts oriented towards the drug supply reduction, i.e. drug production suppression and trade with narcotic drugs, prevention of sale and use of (precursors) substances which can be used for production of narcotic drugs are being implemented. The techniques for detecting financial transactions, i.e. money flow gained by illegal drug trade (money laundry detection) have also been intensively improving, as well as exposition of organised groups and bringing them to court and legal persons who take part in money laundry, primarily gained by drug smuggling and trafficking.

8.2.2 Other drug related crime

Regarding other drug related crimes during 2006 on the territory of the Republic of Croatia the total number of 80 traffic accidents caused by drivers on the influence of drugs was reported. 15 accidents out of the mentioned 80 included casualties, 47 accidents included injured persons, and 18 of them were accidents with material damage. In the year 2006 in the mentioned traffic accidents 22 persons died.

Table 8.1 - Number of traffic accidents caused by drivers on the influence of drugs
(comparison 2005 and 2006)

Number of traffic accidents caused by drivers on the influence of drugs (comparison 2005 and 2006)			
TRAFFIC ACCIDENTS	2005	2006	2006/2005 +/- %
With deceased persons	9	15	66.7
With injured persons	52	47	-9.6
With material damage	13	18	38.5
TOTAL	74	80	8.1
Consequences for all participant in accidents which they have caused	2005	2006	2006/2005 +/- %
Deceased	10	22	120.0
Severely injured	41	35	-14.6
Lightly injured	50	60	20.0
TOTAL	101	117	15.8

Source: Ministry of the Interior

The Ministry of the Interior has also been carrying out the preliminary drug testing of motor vehicle drivers on narcotic drugs. During 2006, the total number of 101 drivers was tested on drugs, and at 442 of which the presence of narcotic drugs was established, i.e. after the preliminary analysis the initial suspicion on driving under the influence of drugs was confirmed by urine and blood testing.

8.3 Criminal Justice perspective

The Ministry of Justice, pursuant to a scope of its activities regarding the implementation of the National Strategy for Combating Narcotic Drugs Abuse, in 2006 carried out the standard drug abuse suppression activities, as well as the activities relating to drug addicts treatment within the penal system.

Drug related offences make up 9.9% of the total reported crime. After the consequent constant decline in the number of reported persons from the year 2003, in 2006 a 11.3% (4900:4632) rise in the number of reported persons was again noticed, which is an objective indicator, because a certain number of this kind of criminal acts are usually hidden, so the revealed and reported acts show only a partial percentage. Here, we have been referring to extremely dangerous and serious crime, which on the one hand brings, especially to organised groups, an enormous profit, and on the other hand, due to its hazards, it destroys and takes lives away. Drug related crime in all its modalities in the period from 2004 to 2006 is shown in Table 8.2.

Table 8.2 - Review of the number of the persons reported, charged and sentenced for all modalities of an offence pursuant to Art. 173 of the Criminal Law

Year	Reported	Charged	Sentenced
2004	5 522	4 041	4 177
2005	4 632	3 851	3 535
2006	4 900	3 536	3 339

Source: General Attorney's Office of the Republic of Croatia

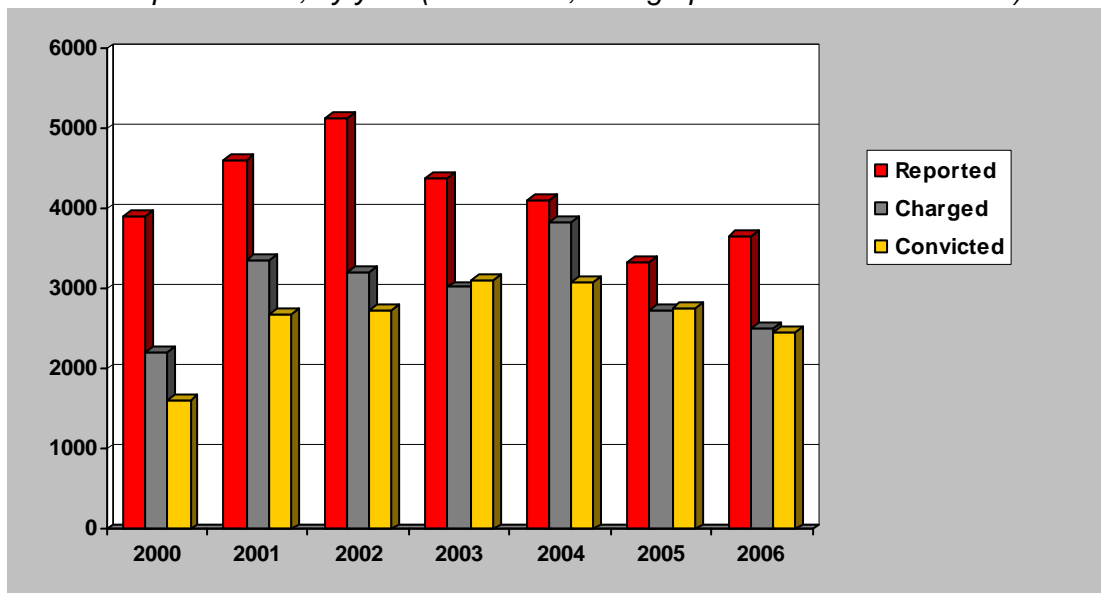
Despite the larger number of reported persons since the year 2003 the number of charged persons has been declining from year to year. With regard to the previous year the number of charges has been reduced for 8.1% (3536:3851). The decreasing number of charged persons can be explained by better implementation of the Article 28 of the Criminal Law in cases of smaller quantities of narcotic drugs for personally use, when the criminal charge is dropped and minor offence proceedings are initiated, which is usually faster and more efficient. In 2006, 3 339 persons were convicted, which is almost the same number as the previous year when 3 535 persons were convicted. So, despite the smaller number of charges than the previous year, four persons more were sentenced in 2006 than in 2005. The total number of 3 505 verdicts were delivered, 3 339, or 95.2% of which convictions, last year it was (95.4%), which proves the well-maintained level of convictions.

Table 8.3 - Review of the persons reported, charged and convicted persons of age for criminal offence of drug possession Article 173, Paragraph. 1 of the Criminal Law

Year	Reported	Charged	Convicted
2000	3 922	2 209	1 602
2001	4 622	3 367	2 683
2002	5 131	3 215	2 748
2003	4 382	3 024	3 115
2004	4 123	2 826	3 085
2005	3 338	2 747	2 753
2006	3 672	2 504	2 474

Source: General Attorney's Office of the Republic of Croatia

Figure 8.5 - Persons reported, charged and convicted for criminal offence of drug possession, by year (Article 173, Paragraph 1 of the Criminal Law)



Source: General Attorney's Office of the Republic of Croatia

In 2006 there were 3 672 persons reported for the basic form of this offence, or 10% more than in the previous year. This "lighter" form of the incrimination participates with 74.9% in the total drug related crime. This year for the first time we have recorded the repeated

increase in the number of reported persons which had a declining trend in the last three years. In 2006, 2 504 persons were convicted for this crime modality which is 8.8% fewer than in the previous year. Therefore, we can notice that it has been continued a trend which started in 2002 when the number of convictions dropped and its decline by 6 to 8 % annually is being continued. Analogously, the number of convicted persons is also decreasing, so in 2006, 2 474 persons were convicted which in relation to the previous year shows the 10% lower number of charges, the same number as in the previous reporting period. Among the convictions there is the largest number of suspended sentences (1 336 or 54%), followed by fines (885 or 35%), court citations (145 or 5.8%), and on the last position there are prison sentences with 108 or 4.3% of convicted persons. This proportion of sanctions is to a certain degree understandable because it is a criminal offence for which a fee or up to a year prison sentence is stipulated. We consider that in this mass of offences there must be cases to which the provision of Article 28 of the Criminal Law or the provision of the Article 175 of the Law on the Criminal Procedure can be applied, but due to established practice it is likely that for such kind of cases indictments or criminal orders are submitted, which results in penalties corresponding to those prescribed for minor offences.

As mentioned before, narcotic drugs possession as a basic and the least serious form of the criminal offence from the Article 173 of the Criminal Law is the most represented and makes up 74.9% of the total drug related crime. Narcotic drug trafficking takes the second place which, according to the total number of the reported persons makes up 15.7%, then associating with the aim of drug trafficking with 2%, giving drugs to others for use and enabling use with 5.3% and the qualified form of giving narcotic drugs for use to children, minors, mentally ill persons or larger number of persons with 1.3%. Pursuant to Paragraph 4 Article 173 of the Criminal Law the criminal offence of purchase and possession of narcotic equipment and precursors for production of narcotic drugs is described. We expressed our satisfaction for a certain number of years due to the small number of reported and processed persons because that meant that there was no organised production of drugs or precursors. Compared to the previous year (10 reported persons) in 2006 this number trebled so now there are 30 reported persons. However, it still does not mean that precursors are being produced in our country in an organised way or purchased for production, i.e. there is no knowledge about laboratories for narcotic drug production. These are still only sporadic cases which are regularly discovered and processed. Out of the total number of persons convicted for all kinds of that criminal offence, 70.8% persons were convicted for drug possession, 19.8% for drug trafficking, 5.7% for giving drugs for use and enabling use, 34 persons were convicted for the qualified form of giving narcotic drugs for use to children, minors, mentally ill persons or larger number of persons, and 27 persons were convicted for purchase and possession of narcotic equipment and precursors for production of narcotic drugs.

Table 8.4 - Review of the number of the persons reported, charged, convicted for all modalities of drug related criminal offences pursuant to Article 173 of the CL

Article 173 CL	Reported			Charged			Convicted		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
Possession of narcotic drug (Art. 173 Paragraph 1 CL)	4 123	3 338	3 672	2 826	2 747	2 504	3 085	2 753	2 474
Selling of narcotic drugs (Art.173 Paragraph 2 CL)	929	866	770	816	741	703	766	562	614
Organized form of sale/resale of narcotic drugs (Art. 173 Paragraph 3 CL)	84	92	99	88	77	64	36	33	56
Unauthorised manufacture, use of equipment etc. (Art.173 Paragraph 4 CL)	12	10	32	9	10	27	17	5	10
Giving narcotic drug to other person to use (Art. 173 Paragraph 5 CL)	267	263	261	203	209	204	204	142	159
Giving narcotic drug to child, minor etc. (Art. 73 Paragraph 6 CL)	107	63	66	99	67	34	69	40	26
TOTAL	5 522	4 632	4 900	4 041	3 851	3 536	4 177	3 535	3 339

Source: General Attorney's Office of the Republic of Croatia

For all forms of criminal offences pursuant to Article 173 of the Criminal Law 3 337 persons were sentenced to sanctions. For the heaviest form of this criminal offence (Article 173 Paragraph 3 of the Criminal Law) 100% perpetrators were convicted to prison, i.e. all convicted persons. For the criminal offence pursuant to Article 173 Paragraph 2 of the Criminal Law 92.5% of the perpetrators were convicted to prison, whereas in 2005 for the same form of a criminal offence 94 % of perpetrators were convicted to prison. For the basic form of the offence pursuant to Article 173 Paragraph 1 of the Criminal Law 4.3% perpetrators were convicted to prison, which represents a certain progress compared to the previous years (2004 -2.5%, 2005 -3%).

Corresponding to the number of charges and convictions drug possession takes the first place with 74% (2005 -77.8%), then drug trafficking with 18.3% (2005-15.8%), for associating in trafficking 1.6% (2005.-0.9%), 4.7% for giving drugs to others for use and enabling use, 0.7% (2005-1%) for the qualified forms of giving narcotic drugs for use to children, minors, mentally ill persons or larger number of persons and 10 persons (2005-5 persons) were convicted for purchase and possession of narcotic equipment and precursors for production of narcotic drugs.

Table 8.5 - Review of the number of the sanctions pronounced for all modalities of the criminal offence pursuant to Article 173 of the Criminal Law

Year	Sanctions					
	Prison	Fine	Conditional discharge	Juridical notice	Juvenile sanctions	Measures (Art. 446 CPA)
2004	733	929	2.019	307	184	0
2005	681	849	1.676	319	129	2

2006	778	890	1.520	146	139	3
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Source: General Attorney's Office of the Republic of Croatia

By analysing the mentioned statistical data for the criminal offence of drug abuse we can say that in 2006, after a subsequent three-year decline, there has been a 1.3% increase in the number of reported persons, whereas a 8.1% decline in the number of convicted persons was recorded at perpetrators of full age. The number of convictions has stayed on the last year level, to be more specific, 54% of suspended convictions, 35% of fees, 5.8% of court citations and 4.3% of prison sentences. There have been 9% of appeals filed against penal sanctions.

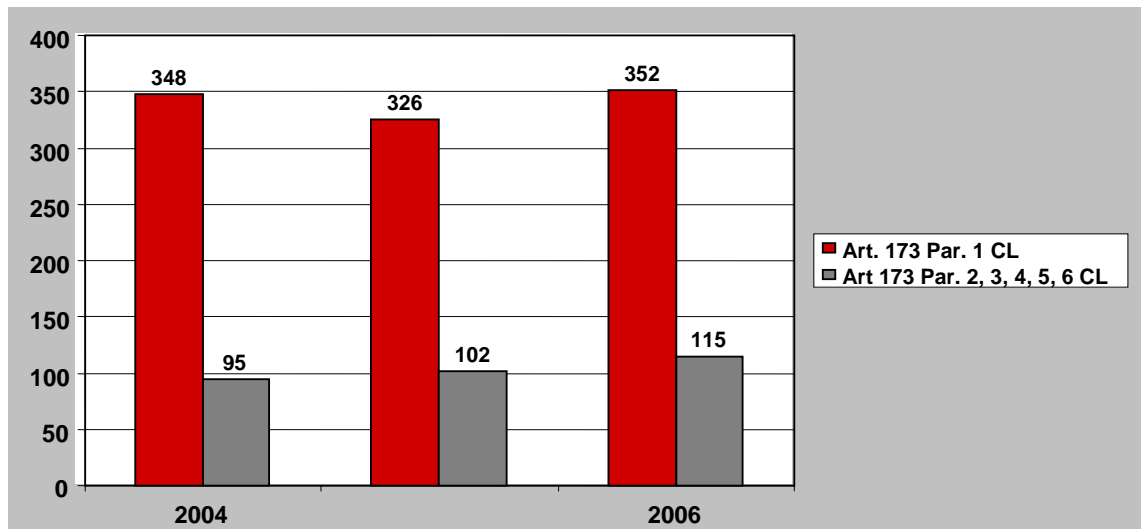
Looking at the criminal structure of **minor offenders** it might be noticed as well as during the previous years that minors in 2006 committed most criminal offences against property (2 306 or 63.6%), then follow drug related criminal offences (467 or 12.9%). Regarding the drug related criminal offences out of 467 reported minors in 2006, 352 minors or 75.4 % were reported for the mildest form of this offence i.e. drug possession for own use. In the largest number of cases it is possession of smaller quantities of marijuana. During 2006 for all modalities of this criminal offence 9.1 % or 39 minors more than in 2005 were reported.

Table 8.6 - Minors reported for drug criminal offences from Article 173 of the Criminal Law

Year	2004	2005	2006
Penal Code, Article 173, Paragraph 1	348	326	352
Penal Code, Article 173, Paragraph 2,3,4,5 and 6	95	102	115
TOTAL	443	428	467

Source: General Attorney's Office of the Republic of Croatia

Figure 8.6 - Minors reported for drug related criminal offences from Article 173 of the Criminal Law



Source: General Attorney's Office of the Republic of Croatia

Observing the decisions of Attorneys General for minors regarding narcotic drug related criminal offences it is obvious that in 70.7 % of the cases the criminal charge against minors has been rejected on the basis of the purposefulness principle, in most cases after the minors have completed the obligatory counselling treatment in a drug addiction counselling centre or a youth advisory centre. In such a way a repressive approach towards persons who possess narcotic drugs for their own use is getting reduced. Such an approach of the

Attorney General for minors is considered reasonably justified, especially because, unfortunately, of a high degree of probability that some of these young people will become potential perpetrators of more serious drug offences such as purchase, sale and supplying others for use. Everything already mentioned brings to the conclusion that former experiences of the Attorney General's Office show that during years a purposefulness principle in the pre-penal procedure has been more and more used, by which the juvenile court is getting additionally disburdened, the proceedings are shorter but more efficient regarding achieving educational goals and consequently preventing further criminal offences. Therefore, referring to the principle of purposefulness is considered as one of the most significant decisions of the Attorney General.

According to the Register of the Persons Treated for Psychoactive Drugs Misuse, more current judiciary problems have persons who have been treated for non-opiates use (54.1%) compared to the opiate users (28.7%). The largest number of non-opiate addicts have been given the measure of compulsory treatment (583 i.e. 72.1%), while for the opiate users the most frequent data available are about the current criminal proceedings (445 – 32.7%) and conditional discharge (313 – 23.0%).

Table 8.7 - Persons treated for drug abuse in 2006 by the mode of current judiciary status

Current judiciary status	Opiates abuse		Non-opiates abuse		TOTAL	
	Number of reports	%	Number of reports	%	Number of reports	%
Measure of compulsory treatment	178	13.1	583	72.1	761	35.1
Initiated investigation	104	7.6	54	6.7	158	7.3
Trail ongoing	445	32.7	96	11.9	541	24.9
Under conditional discharge	313	23.0	36	4.4	349	16.1
Expects carrying out of sentence	180	13.2	8	1	188	8.7
In prison	117	8.6	27	3.3	144	6.6
In custody	25	1.8	5	0.6	30	1.4
TOTAL	1 362	100	809	100	2 171	100

Source: Croatian Institute for Public Health

Table 8.8 - Persons treated for drug abuse in 2006 having current problems with the law, by age

Age	Opiates abuse		Non-opiates abuse		TOTAL	
	Number of persons	%	Number of persons	%	Number of persons	%
10-14	-		3	0.4	3	0.1
15-19	16	1.2	293	36.2	309	14.2
20-24	270	19.8	381	47.1	651	30.0
25-29	450	33.0	92	11.4	542	25.0
30-34	354	26.0	21	2.6	375	17.3
35-39	140	10.3	13	1.6	153	7.0
40-44	79	5.8	4	0.5	83	3.8
45-49	33	2.4	2	0.2	35	1.6
50-54	15	1.1	-		15	0.7
55-59	5	0.4	-		5	0.2
TOTAL	1 362	100.0	809	100.0	2 171	100.0

Source: Croatian Institute for Public Health

A compulsory treatment measure is pronounced according to the principle of opportunity pursuant to Article 64 of the Juvenile Court Act for persons caught with a certain drug quantity. Therefore, they voluntarily accept treatment in order to avoid starting a criminal procedure. Among those persons who did not have judicial problems beforehand, 450 of them are currently ordered by a court to undergo compulsory treatment.

Table 8.9 – Persons treated for drug abuse in 2006 by the mode of former judiciary problems

Previous judiciary problems	Opiates abuse		Non-opiates abuse		TOTAL	
	Number	%	Number	%	Number	%
Minor offences	626	20.7	152	34.5	778	22.5
Conditional discharge	813	26.9	65	14.7	878	25.3
Compulsory treatment	93	3.1	99	22.4	192	5.5
Imprisonment	844	27.9	34	7.7	878	25.3
Custody	115	3.8	20	4.5	135	3.8
Multiple imprisonment	336	11.1	3	0.7	339	9.8
Other	196	6.5	68	15.4	264	7.6
TOTAL	3 023	100.0	441	100.0	3 464	100.0

Source: Croatian Institute for Public Health

3 023 persons treated for opiates use previously had had problems with the law. The largest number of them was sentenced to prison (27.9%) and conditionally discharged (26.9%). For minor offences 626 (20.7%) persons were punished. 336 (11.1%) persons have been to

prison more times. The persons who were treated in hospital for opiates use are less represented among those who previously had some law problems than opiate users (27.8%).

Table 8.10 - Persons treated for drug abuse in 2006 by the mode of current and former problems with the law

Former judicial problems	Current judicial problems									TOTAL
	Non	Initiated investigation	Trail ongoing	Expects carrying out of sentence	Conditional discharge	Custody	Imprisonment	Compulsory treatment	Unknown	
Non	2 197	75	178	41	60	7	21	450	417	3.446
Fine	435	18	67	20	19	6	9	92	112	778
Conditional discharge	472	17	61	31	94	1	28	55	119	878
Imprisonment	422	17	89	50	83	7	49	43	118	878
Multiple imprisonment	141	8	54	27	42	4	18	10	35	339
Custody	59	4	20	8	15	3	4	10	12	135
Compulsory treatment	93	6	12	1	7		5	52	16	192
Other	126	10	37	6	20	1	4	30	30	264
Unknown	132	3	23	4	9	1	6	19	320	517
TOTAL	4 077	158	541	188	349	30	144	761	1 179	7 427

Source: Croatian Institute for Public Health

Out of the total number of 7 427 treated persons, 2 197 (29.6%) do not have at present, nor have ever had any problems with the law. Out of the total number of 192 persons with the previously pronounced compulsory treatment measure, 93 (48.4%) of them currently have no problems with the law. Out of 761 persons having pronounced the compulsory treatment measure, 59.1% of them have not been punished up till now, 92 have received a suspended sentence, 55 a probation, 43 a prison sentence, 10 of them were in prison, 10 in custody, and 52 of them had previously been ordered by a court to undergo a compulsory treatment measure.

8.4 Drug use in prison

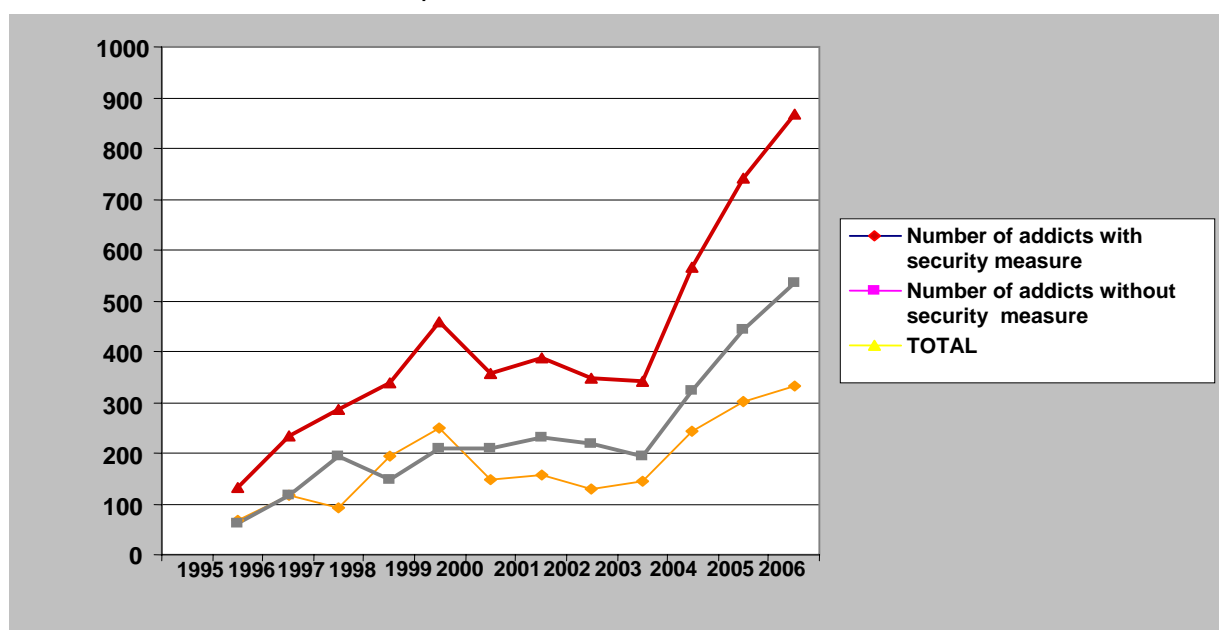
The treatment of drug addicts-prisoners is a part of the National Strategy for Combating Narcotic Drugs Abuse. The basic goal of the National Drugs Strategy relating to the penal system is defined as interrelationship between prisons and penitentiaries and the social community as a whole, because prisons 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 8.11 - Comparison of the number of prisoners - addicts on psychoactive drugs incarcerated in the period from 1995 to 2006

Year	Number of drug addicts with security measure	Number of drug addicts without security measure	Total
1995	69	62	131
1996	118	116	234
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
TOTAL	1 930	2 386	4 316

Source: Ministry of Justice, Imprisonment System Administration

Figure 8.7 - Comparison of the number of prisoners - addicts on psychoactive drugs incarcerated in the period from 1995 to 2006



Source: Ministry of Justice, Imprisonment System Administration

The data show a continuous increasing trend of the number of addicts sent to prison since 2003. During 2006 that number increased by 16 % compared to the year 2005. In the course of the same year a 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 2006 136 395 thorough body

searches and 9 411 area searches were carried out, and in 64 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. 2 167 prisoners were tested on drugs during 2006, 196 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.

Table 8.12 - 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	1004	45

Source: Ministry of Justice, Imprisonment System Administration

“Protocol for Testing Prisoners and Minors to the Presence of Addiction Substances in organism” was introduced in January 2006, and for its implementation a special guidebook was also made. This activity is still being carried out, but due to the shortage of financial resources, the required quantity of verified tests for the analysis of psychoactive substances in urine could not be provided. During the reporting period a random search of employees was also carried out occasionally. The results of these tests were negative. During 2006 the penal system of the Republic Croatia started cooperation with even 23 non-governmental organisations (mostly the associations founded with the aim of combating drug addiction). Members of the organisations are continually working with prisoners-addicts on conducting special programmes of serving the prison sentence and providing psychosocial help while serving a prison sentence. Services for Addiction Prevention 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 June 2006, in co-operation with the representatives of the Addiction Prevention Services of the county Public Health Institutes and the Croatian Institute for Public Health in the Zagreb Prison was held a round table called “Post-penal Reintegration of Convicted 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. At this conference the representatives of the penal system were present, judges of county courts, employees of the Services for Addiction Prevention of the Institute of Public Health, employees of the Croatian Institute for Public Health, as well as the representatives of non-governmental organisations. The programme “Institutional and Post-penal Reintegration of Convicted Addicts” (so-called IPTO) is being continually implemented within the penal system of the Republic of Croatia. 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. It is being conducted in cooperation with the Croatian Association for Criminology and the representatives of non-governmental organisations in the local community and the Addiction Prevention Services. During 2006 an emergency shelter care was provided to 104 freed prisoners-addicts, and a network of

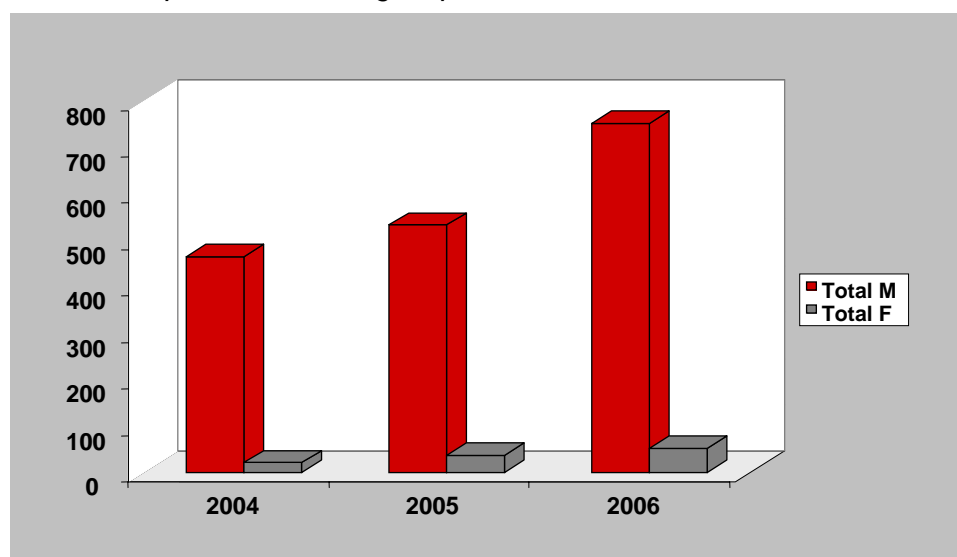
facilities in the City of Zagreb and the Zagreb County was strengthened. In the same period the cooperation was realised and partners for further implementation of the programme were found in 8 more counties. Testing of prisoners and prisoners in custody on viral Hepatitis was carried out in all penitentiaries and prisons. Within the implementation of special programmes for prisoners addicts in prisons and penitentiaries and educational measures in youth correctional facilities, the treatment department officials were within their treatment groups continuously conducting educational informative lectures for prisoners and young offenders. In December 2006, there was organized a meeting of the representatives of the Ministry of Health and Social Welfare, Imprisonment System Administration, executive judges, the Croatian Institute of Public Health, Social Welfare Centres and Addiction Prevention Services on the possibilities of harmonising treatment procedures for prisoners in custody upon its expiration, and for prisoners during a probation period and after getting released from prison. On that occasion the decision was brought that pursuant to the Patient Rights Protection Act, a working group for preparing the basic draft of the "Protocol on the Post-penal Multidisciplinary Approach to Drug Addicts" was to be organised.

Table 8.13 - Number of prisoners-addicts on psychoactive drugs to whom methadone was prescribed during outpatient detoxification

Year	Prisoners		Prisoners in custody		Sentenced for misdemeanour		Minors		Total	
	M	F	M	F	M	F	M	F	M	F
2004	112	2	300	18	53	1	0	1	465	22
2005	77	9	395	26	62	3	0	0	534	38
2006	190	9	520	38	42	5	1	0	753	52

Source: Ministry of Justice, Imprisonment System Administration

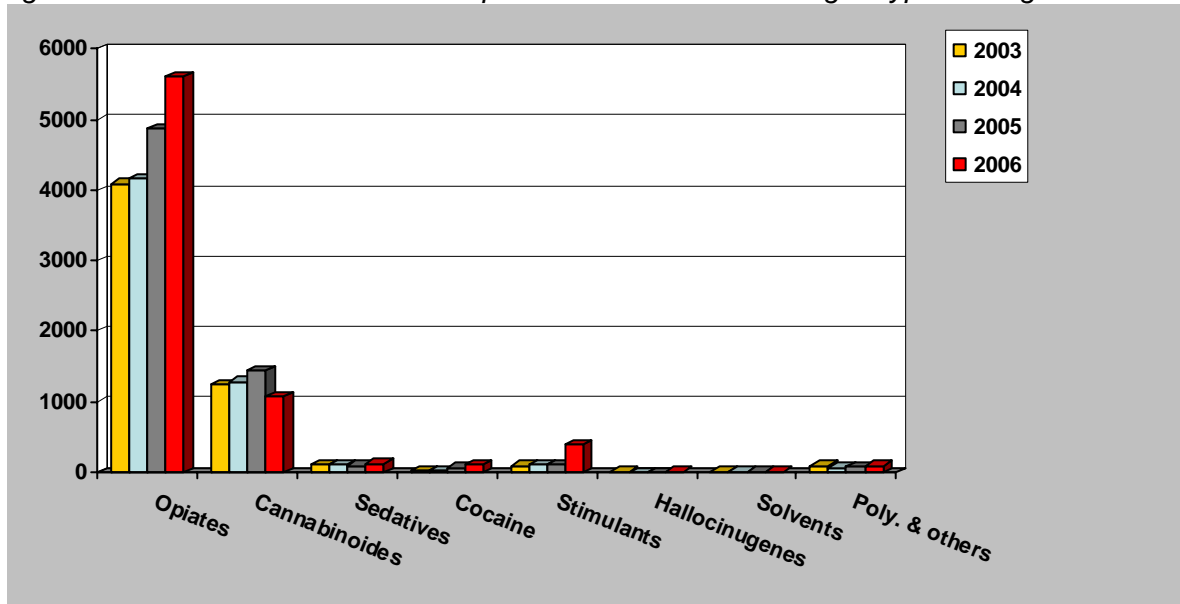
Figure 8.8 - Number of prisoners-addicts of psychoactive drugs to whom methadone was prescribed during outpatient detoxification



Source: Ministry of Justice, Imprisonment System Administration

Training of imprisonment system employees continued. So, in May and October 2006 in cooperation with the Reference Centre for Treating Addiction Illnesses, the Clinical Hospital "Sisters of Mercy" and the Ministry of Health and Social Welfare professional meetings were held for the imprisonment system doctors on the following topics: "Subutex Treatment" and "Opiate Agonists Pharmacotherapy". These trainings were conducted for prison physicians to acquire a certificate for prescribing opiate agonists.

Figure 8.9 - Review of the number of prisoners-addicts according to type of drug



Source of data: Ministry of Justice, Imprisonment System Administration

Table 8.14 - 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	4	0	2	0	0	0
16-20	59	4	31	3	3	1
21-25	222	10	187	12	29	1
26-30	388	10	279	17	48	2
31-35	270	9	175	6	23	0
36-40	96	4	96	6	15	1
>40	77	5	84	4	23	0
TOTAL	1 116	42	854	48	141	5

Source: Ministry of Justice, Imprisonment System Administration

Table 8.15 - Number of prisoners-addicts on psychosocial 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)	49	51	28	20	1	3
Narcotic drugs abuse Art. 173, Paragraph 2,3,4,5,6)	188	224	87	188	2	2
Larceny, aggravated larceny (Art. 216, 217)	129	173	91	142	3	25
Robbery (Art. 218, 219.)	94	60	63	60	3	9
Murder, aggravated murder, man slaughter (Art. 90, 91, 92)	13	25	15	25	0	0
Bodily injury (Art. 98, 99, 100, 101)	3	4	1	15	0	2
Rape (Art. 18, 189, 190, 191, 192, 193)	2	8	1	18	0	2
Fraud (Art. 224)	3	5	11	19	0	0
Other criminal offences	28	34	43	75	3	10
TOTAL	509	584	340	562	12	53
TOTAL (prisoners, detainees, juveniles)	1 093		902		65	
IN TOTAL	2 060					

N1 – persons with security measures

N2 - persons without security measures

*more offences than prisoners

Source: Ministry of Justice, Imprisonment System Administration

9 Responses to Social Correlates and Consequences

9.1 Social reintegration

In the Republic of Croatia within a comprehensive addiction treatment a special importance is given to social reintegration of drug addicts, since it is a prerequisite of successful abstinence maintenance and reintegration of addicts into society. The National Strategy for Combating Drug Abuse for the period 2006-2012 and the Action Plan for Combating Narcotic Drug Abuse for 2006-2009 prescribe a lot of measures orientated towards the reintegration of addicts into a social community after having successfully completed the rehabilitation programme. In the mentioned documents in the field of social reintegration of drug addicts the following priorities have been defined.

- a. Help to the addicts who are currently included in some treatment programmes or to those who have successfully completed a treatment programme, those currently finishing primary or secondary education or retraining programme.
- b. Organisation of professional job training programmes based on the relevant statistical indicators about the drug users' qualifications and their motivation for additional education or retraining and according to real labour market needs.
- c. Encouraging the employment programmes for the addicts who have completed the rehabilitation programmes in therapeutic communities.
- d. Special attention will be paid to social reintegration of persons who served a prison sentence or have returned from correctional institutions.
- e. Special attention has to be paid to developing further activities for encouraging social involvement of those drug addict groups who are included in other activities – such as methadone maintenance programmes, addicts in prisons, educational facilities etc.
- f. Establishing housing communities for addicts who after having completed a rehabilitation programme or having served the prison sentence cannot return to their own communities due to family, social and housing conditions (homelessness and similar).

Social reintegration of addicts undergoing treatment and rehabilitation in a therapeutic community or prison starts in the final stage of their stay in the facility and is continually going on upon their return from treatment. At the beginning an addict who has already completed the rehabilitation in a therapeutic or prison facility needs intensive psycho-social support in order to be able to find employment, finish education or get actively involved in the social life in the community in any other way. According to this, a prerequisite of a successful implementation of a social reintegration process definitely is building an addiction treatment network, detoxication units, centres for addiction prevention and treatment, as well as therapeutic communities, whereas for a successful social reintegration treatment it is very important to develop addicts motivation for getting included in educational programmes and the social reintegration process in general. As already known, after having successfully

completed the treatment addicts very often cannot fully reintegrate into social community due to a number of reasons and one of them is the public opinion about drugs, which marginalises the whole addict population, stigmatises and excludes from working and school environment. It is also known that a large number of addicts due to the impossibility of getting actively included in the community after the treatment return to addiction and lifestyle of addiction, which leaves long-term health and social consequences on a family, an individual and the community in general. Therefore, in 2006, the initiative for elaboration of the Drug Addicts Social Reintegration Project started and a multidisciplinary expert working group was established, which started with the systematic analysis of contemporary conditions and needs and elaborated the draft project documentation.

For the needs of the mentioned project the existing data of the Croatian Institute for Public Health about treated addicts are being used, according to which out of the total number of the treated addicts during 2005 (6 668 addicts), most of the addicts (4 867) used opiates; the largest number of them are unemployed (44.9 %), full-time employed is 26.6 %, while 16.2 % declare that they work only temporarily. The research results on the interests of addicts in therapeutic communities or prison facilities carried out in December 2006 and January 2007 showed that out of 351 persons (284 in prisons and penitentiaries of the Republic of Croatia, i.e. 67 in therapeutic communities) who participated in the research, 83.2 percent of them expressed a wish to undergo any form of additional education or retraining.

During 2006, the Office for Combating Narcotic Drugs Abuse conducted the research on the interests of the addicts undergoing rehabilitation in therapeutic communities, social care institutions and prison institutions with the aim of evaluating needs and elaboration of a comprehensive social reintegration project that includes retraining and additional education programmes. By that research socio-demographic data of those groups are collected, as well as the data about their expectations of the social reintegration process and the adequacy of institutional and family support during the process of reintegration into the society after having completed the treatment programme or serving a prison sentence. The research results have shown that out of 351 persons (284 in prisons and penitentiaries of the Republic of Croatia, 67 in therapeutic communities) who participated in the research, 83.2 % of them expressed the wish for any kind of additional education or retraining. Among the examinees of both groups the largest number of them has secondary qualifications (52.5 % prisons and penitentiaries, 64.2 % therapeutic communities) and primary school qualifications and job retraining programme (44 % prisons and penitentiaries, 32.9 % therapeutic communities), whereas there were only three persons with higher education qualifications who participated in the research, there were none with high university qualifications. The analysis of these data showed the insufficient qualifications of drug addicts, great interest in being included in social reintegration projects and the need for the support of state institutions and civil society organisations in the social reintegration process.

It is significant to mention that the former experiences with social reintegration of addicts in our society are very weak and the help with employment, retraining and additional education as well as getting included in various sports and other activities was mostly in the jurisdiction of non-governmental organisations whose programmes oriented towards social reintegration of addicts were financed by the Office and the Ministry of Health and Social Welfare. So, in 2006 the Office for Combating Narcotic Drug Abuse financed the total number of 29 social reintegration projects conducted by organisations with the total amount of 1.400,000 Kunas.

Therefore, the Office for Combating Narcotic Drug Abuse in accordance with the measures prescribed by the National Strategy and the Action Plan and in cooperation with the appointed representatives of the relevant Ministries and institutions during 2006 started the elaboration of a comprehensive Drug Addicts Social Reintegration Project, whose basic aim

was systematic and permanent solution of the issues of social reintegration of addicts after having completed the addiction rehabilitation programme in a therapeutic community, penal system or health institution by means of an adequate model of drug addict social reintegration in community.

Moreover, with the aim of sensibilising the public for the Addicts Social Reintegration Project, on 15 November 2006 (the beginning of the Fight Against Drug Addiction Month) a round table on social reintegration of drug addicts was organised, to which all representatives of the authorised Ministries, non-governmental organisations and therapeutic communities, representatives of employers (entrepreneurs), representatives of counties – presidents of County Commissions for Combating Narcotic Drugs Abuse and representatives of media were invited and during the Fight Against Drug Addiction Month (15 November to 15 December 2006) in the “Vidra” theatre performances of therapeutic communities in the Republic of Croatia (plays, fashion shows music and literary programmes etc) were held.

9.2 Prevention of drug related Crime

9.2.1 Drug use in prisons

In prisons the treatment of prisoners - narcotic drug addicts 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.

When implementing the educational measure of sending to correctional institutions in Turopolje and Požega, a special attention is paid to educational and preventive work with minors. Depending on their current number, therapeutic communities, adapted to their age, risks and needs are set up.

During 2006 out of the total number of 5 924 prisoners that year, there were 2 199 prisoners of all prisoners categories, who were dysfunctional addicts or occasional drug users. Within the prison and custody prison population there is the similar share of opiate users (heroin and methadone) of about 50 % and cannabis products users (about 10 percent). Relating to the reporting period from the previous year, during 2006 there was a rising trend of Heroin addicts by 16% was noticed, even though the total number of prisoners - users of all psychoactive substances is 4 %lower. What should be also taken into consideration is that a

little less than one third of prisoners are of a polytoxicomaniac type, so as such they are present in other categories described as primary drugs.

The imprisonment administration cooperated with the officials of the Ministry of the Interior with the aim of developing cooperation and coordinated action on preventing drug inflow, and for starting a criminalistic investigation in cases of drug detection, i.e. a reasonable doubt that drug related crime was committed.

“Protocol for Testing Prisoners and Minors to the Presence of Addiction Substances in Organism” was introduced in January 2006 and for its implementation a special guidebook was also made. By a preliminary tests on drug presence in urine during 2006, 2 167 prisoners were tested, 196 of them were positive. This activity has been conducted continually with the aim of preventing inflow of drugs and their use in penitentiaries and prisons, as well as preventing the spread of its use and undertaking certain health, treatment and safety measures towards those prisoners whose test results are positive. Abstention control is important for obtaining relevant information on “inflow” of drugs into prisons and penitentiaries and with the aim of evaluating the quality of therapeutic programmes that are being conducted.

The prison system extended its cooperation with non-governmental organisations in 2006, keeping the openness towards all those addict treatment models which are being carried out outside the penal system and without any bigger obstacles can be applied to prisoners serving their sentences in prisons. During 2006 the penal system of the Republic Croatia started cooperation with even 23 non-governmental organisations (mostly the associations founded with the aim of combating drug addiction). The penal system continued with the implementation of “Institutional and Post-penal Reintegration of Convicted Addicts” (so-called IPTO). The programme was defined and started by the Croatian Criminology Association, and it is being implemented in prisons in Zagreb, Split, Zadar, Rijeka, Pula, Varaždin, Bjelovar, Šibenik and Osijek, as well as in the penitentiary in Turopolje, in cooperation with the representatives of other non-governmental organisations in the local community and addiction prevention services and outpatient treatment services. During 2006 an emergency shelter care was provided to 104 freed prisoners-addicts, It is the organisation for post-penal acceptance of prisoners and their rehabilitation and social reintegration after being released from prison. Prisoners who are granted a temporary leave have the obligation of contacting the facility during the leave and testing upon their coming back to prison or penitentiary.

By applying the incremental principle in the penal treatment (transfer of prisoners who achieve progress in implementing special programmes from the closed through semi-open to open prison conditions) all prisoners addicts who achieve a certain progress in implementing a certain programme are being supported by making the imprisonment conditions milder and having more frequent contacts with the outside world, in order to prepare them for their future life outside prison and for accepting responsibilities for their own behaviour.

Since 2005 the project called “Testing Prisoners for Hepatitis and HIV Infection Markers” in cooperation with the Zagreb prison hospital and the Clinic for Infectious Diseases “Dr Fran Mihaljević” has been continuously implemented. The Counselling Centre for virus Hepatitis in prison system is founded, through which diagnosing, prevention, vaccination and education is being carried out. With the purpose of treatment, the first stage of pre-therapy treatment and preparation for treatment of HIV and HBV infections with Pegintron and Ribavirin of the group of prisoners with chronic HCV and HBV infection is being carried out. The cooperation of the Prison Hospital with the Croatian Institute for Health Insurance on the project called

«Better Availability of the Voluntary, Free and Anonymous Counselling and HIV Testing Service » is also continued.

In December 2006 an interdepartmental meeting of the representatives of the Ministry of Health and Social Welfare, Imprisonment System Administration, executive judges, the Croatian Institute of Public Health, Social Welfare Centres and Services for Addiction Prevention on the possibilities of harmonising treatment procedures for prisoners in custody upon its expiration, and for prisoners during a probation period and after getting released from prison was held. On that occasion the decision was brought that pursuant to the Patient Rights Protection Act, a working group for preparing the basic draft of the “Protocol on the Post-penal Multidisciplinary Approach to Drug Addicts” was to be organised.

Training of imprisonment system employees continued. So, in May and October 2006 in cooperation with the Reference Centre for Treating Addiction Illnesses, the Clinical Hospital “Sisters of Mercy” and the Ministry of Health and Social Welfare professional meetings were held for the imprisonment system doctors on the following topics: “Subutex Treatment” and “Opioid Agonists Pharmacotherapy” These trainings were conducted for prison doctors to acquire a certificate for prescribing opiate agonists.

Objective problems in implementing the addiction treatments refer to the problem of insufficient accommodation capacities in closed penitentiaries and prisons due to a significant increase in prison population and consequently, a shortage of working, educational or any other specific treatment contents, as well as aggravated inclusion of families into the described prison conditions. Vacant doctors and treatment staff positions also add to it. Some of the restrictions in implementing addiction treatment in prison conditions are short stay or/and uncertain length of stay (custody, minor offence, short sentence), as well as the problem of intrinsic motivation of an addict to participate in treatment programmes. What the prison system lacks is a special socio-therapeutic institution within the prison system aimed exclusively to prisoners-addicts treatment and more efficient support to addiction prevention services, non-governmental organisations and social community for the implementation of addiction treatment during serving a prison sentence and for organising post-penal acceptance. With the aim of improving the data quality and their harmonisation, the prison system should be connected with the institutions responsible for keeping the addict register.

9.2.2 Drug-related crime

In accordance with the tasks of the National Strategy for 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

Regarding the drug supply reduction, i.e. narcotic drug availability on the illegal narco-market, a number of activities have been conducted by various social subjects, especially by the Ministry of the Interior. The experience so far has proved the need for an integrated, multidisciplinary and balanced approach to the problem of narcotic drug abuse, today and in the future, which implicitly includes the drug supply suppression as well.

Narcotic drugs supply suppression plays a significant role in the efforts the society is making in order to try to solve, or better to say, to keep the problem of narcotic drug abuse within the socially acceptable framework, since it directly or indirectly influences the citizens' lives, especially the feeling of their security, protection from different forms of crime (proprietary, violent), public order, road transport security and other.

The activities conducted by the Ministry of the Interior during the year 2006 in the field of suppressing drug abuse and illicit drug trafficking, were undertaken in accordance with the tasks contained in the National Strategy and the Action Plan on Combating Narcotic Drugs in the Republic of Croatia (2006-2012). The above mentioned implies the range of preventive and repressive measures and activities oriented towards the narcotic drug supply (availability) reduction.

More specifically, during the year 2006, police officials of the Ministry of the Interior of the Republic of Croatia were conducting activities in the field of suppressing drug-related crimes, which referred to undertaking the measures oriented towards the drug supply reduction (availability) on the illegal narco-market through suppressing the organised trafficking and distribution of narcotic drugs on the territory of the Republic of Croatia by criminal organisations and groups, prevention of the establishment of open narco-scenes and suppression of illicit sale of smaller drug quantities on the streets (street reduction with maximum availability aggravation).

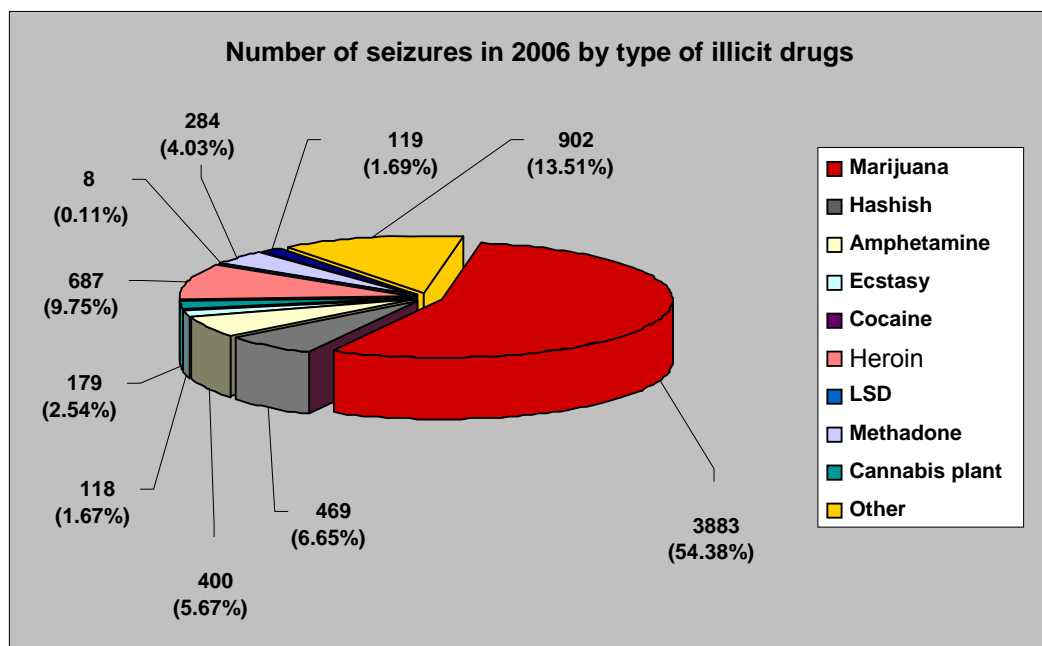
10.1 Availability and supply

Based on the statistic indicators regarding the delinquency of the narcotic drug abuse, as well as other available indicators of all other subjects included in the subject-matter it is visible, i.e. it can be supposed that in the Republic of Croatia there will be no important shifts made towards the demand reduction of certain narcotic drugs (consumption frequency), and according to this even further attempts of narcotic drug supply increase on the illicit narco-market in the Republic of Croatia might be expected. We would like to mention that the problem of supply in the Republic of Croatia is not isolated and it depends on the situation on the European i.e. world's illicit narcotic drug market. Furthermore, increasing production of

particular narcotic drugs and the aspirations of global crime organisations for higher profits must lead to the attempt of establishing a large-scale drug supply, as well as to the increase in narcotic drug availability in order to increase the income of the international crime groups.

From the structure of all seizures during the year 2006 it is visible that more than 50% of the cases were the marijuana seizures (3 883 seizures or 54.38%), and it can be assumed with high probability that this is the narcotic drug consumed in the greatest extent among narcotic drug users. A certain presence of hashish in the total number of seizures can be also noticed (469 seizures or 6.65% of the total number of seizures). From the above mentioned it can be concluded that in more than 60% of the seizures during 2006, cannabis products were seized (marijuana and hashish), which also corresponds to the level of the percentage shares of seizures in 2005. According to the number of seizures and their percentage share in the year 2006, follow the seizures of heroin (687 seizures, i.e. the share of 9.75%), then the seizures of synthetic narcotic drugs (ATS) amphetamines (400 seizures, 5.67%) and ecstasy (118 seizures, 1.67%). Synthetic drugs (ATS) were seized in 518 cases, with the percentage share of 7.34%. During the year 2006 there were 179 cocaine seizures (2.54% share), which shows a higher absolute number of seizures than in 2005 (147 seizures) and in 2004 (135 seizures). According to the mentioned records, together with the data that show a simultaneous fall of cocaine prices on the illicit narco-market in the Republic of Croatia, a conclusion can be drawn - on the narco-market of the Republic of Croatia the drug supply has increased, as well as the cocaine demand, which is identical to the trends in some other European countries.

Figure 10.1 - Number of seizures by type of narcotic drugs



Source: Ministry of the Interior

10.2 Drug production and supply

In the Republic of Croatia a significant and organised narcotic drug production has not been noticed so far, except the more or less individual attempts of marijuana growing (during 2006 there were 119 cases of cannabis plant seizures (a 1.69% share of all seizures), i.e. the total number of 2 699 pieces of plant stems was seized), primarily aimed for the domestic narco-

market. The above mentioned does not mean that in the future there will be no more attempts of establishing it, especially when it is known that in our neighbouring countries a few illegal laboratories for production of synthetic narcotic drugs have been discovered and there have been some significant seizures of chemicals needed for the narcotic drug production (precursors).

It is important to mention that the illegal narco-market in the Republic of Croatia plays more and more significant role, since the turnover of drug money is every year getting bigger. A significant item of the illegal narco-market growth in the Republic of Croatia, i.e. the growth of the income from illicit sale of narcotic drugs represents the growth of narcotic drug demand in summer months in the Republic of Croatia, mostly by tourists staying in our country during the season.

The Republic of Croatia can be characterised as a transit area through which narcotic drugs are being smuggled on the way from the production countries to the consumer countries (geo-strategic position), in the course of which all means of transport are used (road, railway, sea and air). The phenomenon of the Balkan route has been widely known as one where the narcotic drug heroin has been mostly smuggled, which is confirmed by the so far effected seizures. Due to the fact that since a few years ago the opium production in the Afghanistan area has been growing, further smuggling attempts can be expected, primarily because the European market represents the main market for opiates of Afghan origin. More significant and larger-scale cocaine seizures in the Republic of Croatia are mostly connected with sea transport, and are effected mostly in Rijeka, the container terminal, the Plomin harbour, and the specific case from the year 2003, when a family sailing boat was used for smuggling cocaine.

By analysing the effected seizures it was established that cocaine was aimed for the illegal narco-market of Western European countries. Smaller quantities of cocaine were smuggled by air transport almost from all world destinations, as well as by mail parcels. World trends show that more and more quantities of cocaine are being smuggled to the area of Europe, since there has been a decline in demand on the recently primary USA market, so because of that there is a possibility of smuggling larger quantities of cocaine through container transport. Synthetic drugs like amphetamines and amphetamine derivatives (in most cases these are ecstasy tablets), are being smuggled in many different ways from particular West European countries, but also from the more and more significant narco-markets of the particular eastern countries. A slight rise in this narcotic drug abuse rate can be expected on the Croatian narco-market. Marijuana and hashish are smuggled in smaller quantities during the summer tourist season, when foreign tourists, mostly from Western European countries, take them into our country predominantly for their own use, whereas larger marijuana quantities are smuggled from the areas of our neighbouring, predominantly transit countries, and in most cases are aimed for the Western European market.

10.3 Seizures

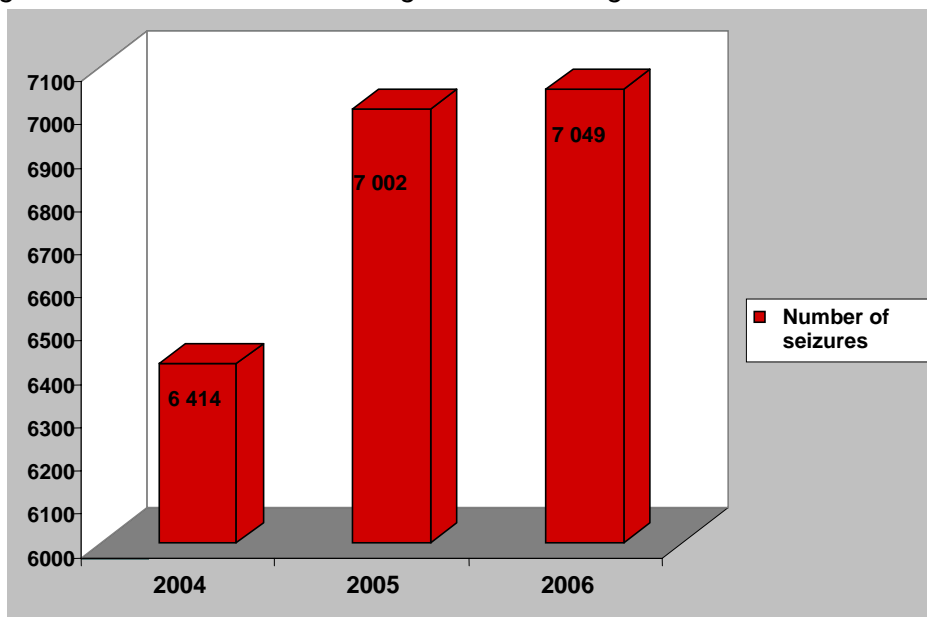
During the year 2006, the total number of 7 049 seizures of all kinds of narcotic drugs were made, which represents a slight increase of 0.7% relating to the year before - 2005 (7 002 seizures), i.e. the increase of 9.9% relating to the year 2004 when there were 6 414 seizures. In the table and graph there is a parallel presentation of the number of seizures made during 2004, 2005 and 2006.

Table 10.1 - Number of illicit drug seizures 2004-2006

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

Source: Ministry of the Interior

Figure 10.2 - Number of illicit drug seizures during 2004-2006



Source: Ministry of the Interior

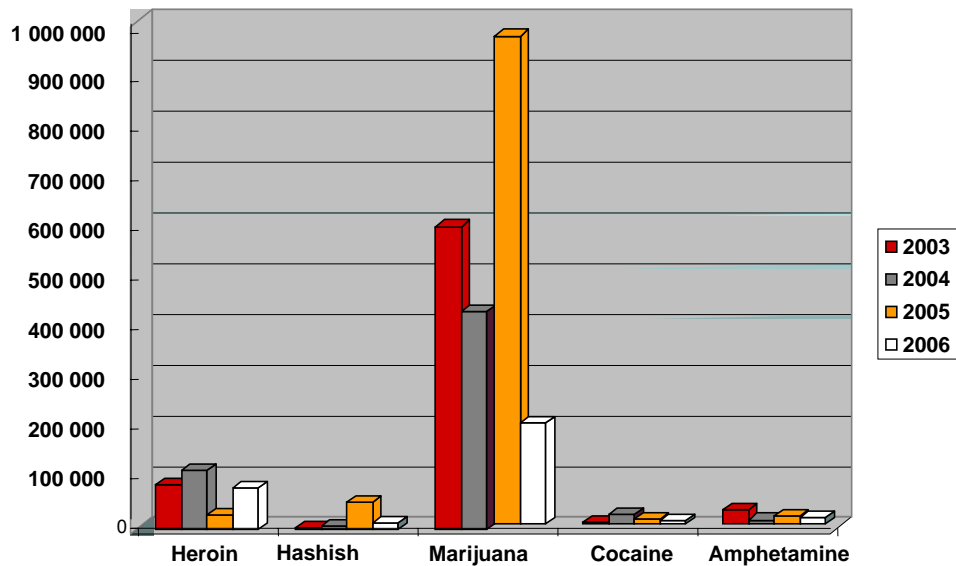
The seized quantities of the particular types of narcotic drugs for the period from 2003 to 2006 are shown in the table and in the graphic form, with a remark that there was a significant shift in the quantities of seizures of heroin and methadone.

Table 10.2 - Seized quantities of all types of narcotic drugs (2003-2006)

Total seizures of all types of narcotic drugs	2003	2004	2005	2006
Heroin (grams)	85 kg 727 g	114 kg 431 g	27 kg 68 g	81 kg 797 g
Hashish (grams)	2 kg 281 g	5 kg 893 g	53 kg 35 g	12 kg 86 g
Marijuana (kilograms)	435 kg 037 g	428 kg 235 g	983 kg 222 g	202 kg 445 g
Cocaine (grams)	350 kg 769 g	17 kg 595 g	8 kg 963 g	5 kg 640 g
Amphetamines (grams)	3 kg 814 g	7 kg 176 g	14 kg 312 g	11 kg 604 g
Methadone (tablets)	3.842	4.635	9.413	12.551,50
Ecstasy (tablets)	29.840	27.048	33.601	16.340,50
LSD (doses)	14	60	21	21
Cannabis plant	3 496 pieces	2 207 pieces	2 960 pieces	2 699 pieces

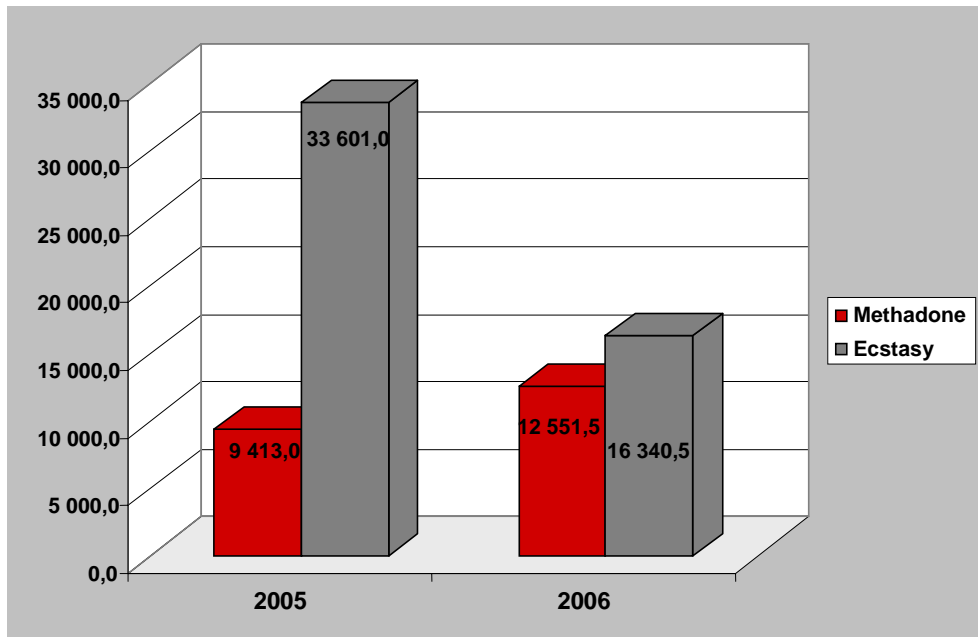
Source: Ministry of the Interior

Figure 10.3 - Seized quantities (kg) of narcotic drugs for 2003-2006



Source: Ministry of the Interior

Figure 10.4 - Presentation of seized quantities (tablets/pieces) of narcotic drugs in 2005 and 2006



Source: Ministry of the Interior

10.4 Prices and drug purity

10.4.1 Drug prices

The source of drug prices on the illegal narco-market in the Republic of Croatia are the data collected by police officers of the Ministry of the Interior of the Republic of Croatia during conducting criminal investigations and special measures (purchase simulation) connected with supply suppression, i.e. drug abuse and trafficking. The drug price data have been collected from 20 police departments which cover the whole territory of the Republic of Croatia, i.e. they represent the medium street value and are shown in Euros.

Table 10.3 - Narcotic drug prices, street value in Euros (2004-2006)

Year	2004			2005			2006		
	Min	Max	Average	Min	Max	Average	Min	Max	Average
Heroin (gram)	30	50	40	30	45	35	25	40	30
Hashish (gram)	4	6	5	4	6	5	5	7	6
Marijuana (gram)	2	5	3	2	5	3	1.5	4	3
Cocaine (gram)	55	80	70	55	70	60	55	70	60
Amphetamine (gram)	15	30	20	15	30	20	10	25	15
Methadone (tablets)	1	2	1.5	1	2	1.5	1	2	1.5
Ecstasy (tablets)	3	7	5	4	7	5.5	4	7	5.5
LSD (doses)	15	18	16.5	15	18	16.5	15	18	16

Source: Ministry of the Interior

Following the drug prices on the illegal narco-market of the Republic of Croatia the price of cocaine has fallen, which is accompanied by the increased supply of the same drugs on the

narco-market. Other prices are stable and they vary depending on the drug purity, i.e. they vary depending on the place of illegal sale and the consumer groups they are being offered to.

10.4.2 Drug purity

The Forensic Centre "Ivan Vučetić", which operates within the Ministry of the Interior performs quality expertise for all seized narcotic drugs and psychotropic substances on the territory of the Republic of Croatia, whereas the quantity expertise, i. e. purity determination, or determination of the share of a particular drug in the mixture is carried out for operative police purposes in all cases for which a sufficient amount of drug or psychotropic substance is supplied. The drug share is not shown in each finding, but only on the special request of the state administration body which requested the expertise.

Quantitative expertise is being done for heroin, cocaine, amphetamines and MDMA, whereas there are no sufficient resources for the quantitative expertise of tetrahydrocannabinol in marijuana and cannabis resin (hashish). Heroin mixtures seized in the year 2006 mostly contained paracetamol and caffeine as their additions, more rarely various sugars such as lactose and saharose, whereas in individual cases the traces of diazepam, phenobarbital, chloroquine, methadone, cocaine and zolpidem and cocaine. 557 samples were included in the quantitative expertise, at which a minimum heroin share made less than 1%, the maximum was 63% and the average share of the heroin base amounted to 19%. Cocaine mixtures seized in the year 2006 as the most common additions contained phenacetine, lidocaine, creatine, mannitol lactose. In particular cases diltiazem as well as hydroxyzine, levamisole, ephedrine and trimethoprim were found in cocaine. 201 samples were included in the quantitative expertise, at which the minimum share of cocaine accounted for 2.5%, maximum 85%, and the average share accounted for 37%. The amphetamine seized in the year 2006 was either in the form of powder substances or in the form of a paste, while its most frequent additives were creatine and caffeine, lactose and more rarely starch, whereas in individual cases the presence of MDMA, metamphetamine, ephedrine, diazepam and cocaine was found. The quantitative expertise comprised 331 samples at which the minimum share of amphetamine accounted for less than 1%, the maximum one for 60%, and the average share of the amphetamine base accounted for 9%. The seized "ecstasy" pills of illegal origin in the Republic of Croatia in most cases contained MDMA.

In individual cases they contain chlorophenylpiperazine (mCPP), MDA, N-ethyl MDA, separately or in a mixture, caffeine and the traces of amphetamine or metamphetamine. As tablet filler they contain lactose, sorbitol and saharose. The quantitative expertise comprised 80 samples, at which the minimum share of MDMA accounted for 10%, and the maximum one 70% (when MDMA was in the form of a crystalline powder), and the average share of MDMA base accounted for 21%. In the year 2006 the tablets of illegal origin were seized on more occasions. They contained chlorophenylpiperazine (mCPP) as an active substance and in one case the mixture of bensilpiperazine (BZP) and trifluorometylphenyl-piperazine (TFMPP). Apart from the mCPP as its active substance individual tablets contained the traces of MDMA, amphetamines and methochlopramide. In the year 2006, metamphetamine of the total mass of 1.28 g with the 10% and 80 % share of metamphetamine base was seized only three times. Ketamine was also seized but only once, the total mass of 0.4g in the powder form with the ketamine share of 75%.

Table 10.4 - Purity of seized drugs in the Republic of Croatia

DRUG	Heroin	Cocaine	Amphetamine	MDMA	Meth
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N	557	201	331	80	3
MIN %	<1	2	<1	10	10
MAX %	63	85	60	70 (powder) 49 (tablets)	80
MEAN %	19	37	9	21	
CUTTING AGENTS	paracetamol, caffeine, lactose, sucrose, traces of: diazepam, phenobarbital, chloroquine, Meth adone, cocaine	phenacetine, lidocaine, creatine, mannitol, lactose, traces of: diltiazem, levamisol, ephedrine, trimetoprim, hydroxyzine	creatine, caffeine, lactose, starch, traces of: MDMA, methamphetamine, ephedrine, diazepam, cocaine	lactose, sorbitol, sucrose	

Source: Ministry of the Interior

Legend:

n – total number of records, min – minimal concentration,

SELECTED ISSUES

11 Public Expenditures

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 an 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, for 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 2005, in the State Budget it was in total spent EUR 7.154,896 which is 3.6% less than in the 2004 reporting period when the implementation of national strategies amounted EUR 7.413,220.

Table 11.1 – Labelled drug related expenditures in Croatia according to responsible institutions(2006)

STATE INSTITUTION	LABELLED EXPENDITURES (EUR)
Office for Combating Narcotic Drugs Abuse	758,214
Ministry of Science, Education and Sports	222,366
Ministry of Family, Veterans' Affairs and Intergenerational Solidarity	907,578
Ministry of Health and Social Welfare	2.055,254
Ministry of the Interior	3.074,167
Ministry of Finance – Customs Administration	121,233
Ministry of Defence	14,029
Ministry of Foreign Affairs and European Integration	2,055
Ministry of Justice	-
Ministry of Economy, Labour and Entrepreneurship	-
TOTAL	7.154,896

Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2005

In the State Budget for 2005, the budget line of the Office for Combating Narcotic Drugs Abuse amounted EUR 758,214. Out of the afore mentioned total expenditure, for the regular functioning of the Office it was allocated EUR 295,172 covering entire costs of the administrative work and the maintenance. 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 2005, the Office financially supported 30 nongovernmental organizations in the total amount of EUR 302,767 including co-financing of certain activities that within the scope of specific

state institution refer to the combating narcotic drugs abuse. For organizing different educational programs it was spent EUR 34,931 while for the national campaign Office contributed with the EUR 93,151. Continuation of the "Anti-drugs phone" project, as free of charge counselling and information service for the citizens, cost EUR 24,658. For the technical equipment and the enhancement of the information system it was spent EUR 7,534.

From the budget line of the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity there have been financed activities of existing youth clubs dealing with the addiction prevention, education and organizing leisure time activities in the amount of EUR 222,431. There have been also financed counselling centres for children, youth, marriage and family and activities focused on strengthening role of the family through counselling work with children and parents on drug related problems with EUR 216,529. On the media campaigns it was in total spent EUR 32,526. 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 267,114 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 168,976.

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). During the 2005 Ministry of Health and Social Welfare financed implementation of activities and measures stipulated in the implementing programs of the National Strategy and the Action Plan. The amount allocated in the Lottery Fund for the nongovernmental organizations which applied to call for tender in 2005 was EUR 369,863. On the other hand, projects of the NGOs dealing with social and humanitarian work including drug addiction prevention were financed with EUR 72,170. Financial resources for the outreach work with i.v. drug users were insured in the frame of the program called "Strengthening the fight against HIV/AIDS in Croatia". The total figure spent for this purpose in 2005 was EUR 216,472. Costs of financing the national network of Centres for Prevention and Outpatient Addiction Treatment amounted EUR 1.151,006 and for other drug related activities it was spent EUR 245,743.

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 222,366.

In the supply reduction area the main financial commitment comes from the Ministry of the Interior which in 2005 spent EUR 3.074,167 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 121,233. Ministry of Defence is the scope of their legal authority in charge of regular monitoring of the Armed Forces of the Republic of Croatia, which also refers to detection of drug related problems. Therefore, the Military Police is authorized for seizures of illicit drugs detected within the formations of the Armed Forces. For the intensive preventive activities

conducted by the health service of the Ministry of Defence in the 2005 it was spent EUR 14,029.

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 although it is symbolic – EUR 2,055.

Ministry of Justice 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 Drugs Strategy and the Action Plan on Drugs. 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 11.2 – Labelled drug related expenditures in Croatia by area of activities (2006)

AREA OF ACTIVITY	LABELLED EXPENDITURES (EUR)
Prevention programs	720,040
Harm Reduction programs	144,565
Outpatient treatment programs	1.151,006
Drug-free residential treatment programs*	1.431,773
Social Reintegration programs	136,433
Law Enforcement activities	3.195,400

* refers only to the programs of the Therapeutic Communities in non-governmental sector

Source: Report on the Implementation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia in 2005

If we compare drug related expenditures in the specific areas of combating drug related problems, from the information available it is visible that in 2005 at the central level it was allocated EUR 720,040 for the prevention programs. Out of this figure, the financial support amounting EUR 492,467 was given to the prevention related projects of the civil society organizations. In addition, the significant support was given also to the non-governmental organizations dealing with rehabilitation of drug addicts which primary refers to EUR 1.431,733 given to the Therapeutic Communities but there have also been financed other activities e.g. harm reduction, social reintegration etc. 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 during the years 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 dependence 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. Therefore, it is difficult to calculate real 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 of the Ministry of Health and Social Welfare according to which for the outpatient treatment it was spent EUR 1.151,006. Expenditures in the area of drug-related harm reduction in narrower sense (e.g. exchange of paraphernalia for injecting drug use) amounted EUR 144,565. Although there are not known costs of the harm reduction programs in the wider context since e.g. substitution programs are available exclusively in the outpatient treatment system while activities such as exchange of needles and syringes are

predominantly conducted by the non-governmental organizations and is therefore very difficult to merge figures from all relevant sources. In the programs of social reintegration there are actively involved both state institutions and civil society. Therefore, it is only known financial support given to the non-governmental organizations in that field in the amount of EUR 136,433.

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 2005 for the drug supply reduction measures undertaken by the authorized law enforcement agencies in the State Budget it was allocated EUR 3.195,400. 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 2005 spent EUR 3.074,167 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 121,233.

The estimated drug-related public expenditure shows that according to the main guidelines of the national drugs policy there has been achieved "balance" between the drug demand and drug supply reduction programs. For the demand reduction filed the state authorities have provided slightly higher financial support in the value of EUR 3.583,817 comparing to EUR 3.195,400 for 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.

Despite a slight decrease of the total amount of drug-related expenditures at the national level in 2005 comparing to the 2004, analyses of the data related to the labelled expenditures obtained from the State Budget show significant increase in the budget lines of some ministries. For example, the Office for Combating Narcotic Drugs Abuse has in 2005 allocated 8,8% of financial resources more comparing to the previous year for support to the civil society projects. Increase has also been noted in the budget of the Ministry of Finance – Customs Administration as well as in the Ministry of Science, Education and Sports where it increased for 68%. The most significant problem in analyses of labelled drug-related expenditures is the fact that certain responsible state institutions don't have specifically allocated financial resources within their budget lines for the implementation of drug related activities as defined in the national strategic documents which are being financed as a part of the regular activity of the concerned institutions. Due to afore mentioned problems, the Office for Combating Narcotic Drugs Abuse pointed out several times in its annual National Reports for the Croatian Government and the Parliament the necessity for further development of budgetary structure with the objective to more effectively monitor drug-related public expenditures.

So far there have been no studies on drug-related public expenditures in Croatia.

12 Vulnerable Groups of Young People

Information is not available.

13 Drug Related Research in Europe

Research on the territory of Croatia is mostly qualitative and is conducted in the field of health, i.e. by the psychiatric branch. The first research on the topic of addictions was done by both a sociologist and a psychologist (*Narkomani: Smrtopisi*, Zagreb, 1997 Alinea), which was carried out on the population of Split heroin addicts. The research on “healthy” population, mostly school children, started with ESPAD in 1995. In 1999 the Ministry of Education and Sport of the Republic of Croatia of that time (in 2000 the name was changed into the Ministry of Science, Education and Sport), conducted the research on the sample of 160 091 school children, VII and VIII grade primary school pupils and the I –IV grade secondary school students.

In 2001 a bibliography of works published in Croatia in the period from 1980 to 1999 was issued (*Zlouporaba droga i ovisnost o drogama*, Zagorka Majstorović, Zeljka Mišćin, Školska knjiga, Zagreb). The bibliography consists of 553 bibliographic units by 49 authors. There are 190 monographic units, 285 journal articles, 38 conferences, 14 master's and doctor's theses and 26 reports.

Due to the general multidisciplinary nature of the subject matter and approach multiplicity to the works, the subject matter is not arranged according to a particular classification, but according to its type: monographs, journal articles, symposiums, congresses and round tables, master's and doctor's theses and reports.

13.1 Research structures

13.1.1 Drug – related research in national policy

Not until today a national plan of drug abuse research has not been made. The only systematic research which is being conducted on the national level is the one already mentioned before (ESPAD, implemented for the fourth time this year).

Local communities (counties, municipalities, towns) and certain schools have occasionally conducted such research independently. The results of this research have been used for planning preventive activities. Research on youth (psychosocial profile of Croatian adolescents) has been mostly conducted through projects by the Institute of Social Sciences Ivo Pilar from Zagreb, since its very foundation in 1991. Theoretic perspectives within which the research is conducted predominantly belong to the branches of social and developmental psychology. The projects of continuous research activities in the period from 2000 to 2006 are as follows:

1. Parents, peers and psychosocial development of an adolescent

2. Social deviations and antisocial behaviours: interactive approach
3. Marriage, family and psychosocial environment

Current projects are as follows:

1. Risky and deviant behaviour determinants in national and global context
2. Determinants of parenthood, family relationships and psychosocial welfare of children

The results of research are published in the “Društvena istraživanja” (eng. Social Researches) journal.

Research- policy relationship

Unfortunately, the research conducted was not used in planning either of treatments or prevention programmes on the national level. The results of the research performed on the local level were used for planning prevention programmes-activities.

13.1.2 Main national structures for drug-related research

A special coordinative body for drug-related research and problems or consequences connected with it does not exist. Research and projects were conducted in individual institutions. Scientific research has been conducted with the approval and financial support of the Ministry of Science, Education and Sport (MZOS).

Institutions dealing with research in the republic of Croatia:

- ◆ Institute of Social Sciences “Ivo Pilar” in Zagreb (IDZIP)
- ◆ Institute for Social Research Zagreb (IDI)
- ◆ Croatian Institute for Public Health (HZZJZ)

Financing

Research has been financed by the Ministry of Science, Education and Sport (MZOS) and the research institutions on the local level themselves.

13.2 Main recent studies since 2000

13.2.1 Studies

I

Name: ESPAD

Institution : Croatian Institute for Public Health

Financing:

Summary:

Mentioned in the chapter Drug Use in the Population

II

Name: The extent of substance abuse among Croatian secondary school students

Institution : Institute of Social Sciences “Ivo Pilar”

Financing: Ministry of Science, Education and Sport of the Republic of Croatia, IDZIP

Summary:

The goal of the research was to investigate the prevalence and characteristics of tobacco smoking, alcohol use and abuse of different types of narcotic drugs among youth in Croatia.

The research was conducted on a representative sample (N=2823) of Croatian secondary school students. A voluminous questionnaire was used by which, apart from the use of tobacco, alcohol and various types of drugs, other features of examinees and their families were also tested. The results were analysed concerning the age and sex differences of narcotic drug abuse frequency. During their lives, 21.2% of secondary school students tried drugs, and the quarter of those who tried drugs had done it before they turned fifteen. Drug abuse is the most widespread in the Southern Croatian Littoral, in the area of the City of Zagreb and the Northern Croatian Littoral. During the month immediately before the research 62.2% of secondary school students consumed alcoholic drinks and 47.1% students had five or more drinks in a row in a day. Four fifths of secondary school students have smoked cigarettes in their lives, once or more times, half of them during the previous month and one third of them smoke every day. Older students, as well as male examinees, consume narcotic substances more often. Younger generations start experimenting with drugs, drinking and regular smoking at earlier age. In the discussion the results were compared with the data obtained at similar research in other European countries.

III

Name: Addiction identities: Opinions of different social groups in Croatia

Institution: Office for Combating Narcotic Drug Abuse

Financing: Office for Combating Narcotic Drug Abuse

Summary:

The goal of the research is to understand and explain more relevantly those thoughts and opinions of a part of young and adult Croatian population which refer to the phenomenon of narcotic drug abuse. The total number of 2 182 examinees participated in the research, 25.62% of which adults and 74.38% young ones. The research sample according to its kind was a cluster-sample, and according to its type random and stratified. It can be called the mixed methodology. The combination of a structured interview and a written questionnaire adjusted to the survey technique, transferred to a protocol was applied. The field phase of the research was carried out in the second half of November 2002. Different empirical aspects of the phenomenon were investigated, on various social levels and various areas of social life. So, the evaluations of former activities of the investigated complex phenomena (medical, social, ethical etc.) were assessed. It was established that different social interactions and relationships condition the intensification of narcotic drug abuse. The most significant social influences are unfavourable family, school, media or any other social aspect (institutional, organisational and so on). Elements that form an addiction mosaic and would generally characterise the examinees of this research are as follows: the most frequently used drug is heroin; the most frequent place for taking drugs is closed spaces, they buy drugs most frequently on the street; money for buying drugs most often is taken from parents; most of them started taking drugs because they had been curious; in the largest number of cases they are keen smokers, who often drink heavily. It can be stated that youth is the social group at highest risk of addiction, especially of opiate type.

IV

Name: Family and Wider Social Determinants of Addiction of Croatia's Youth

Institution: Institute for Social Research Zagreb

Financing: Institute

Summary:

This paper is based on the data obtained by the research called *Value system of youth and social changes in Croatia* conducted by the Institute for Social Research in Zagreb (Ilišin, Radin, 2002), in 1999, on the representative sample of 1 700 young people of both sexes aged between 15 and 29, from the whole Croatia. Its goal was to establish the ways in which addiction substance use of youth in Croatian society is connected with examinees' family circumstances (family structure, parental quality of life, quality of communication with mother

and father), degree in which friends, school, family and church influence their opinions and the relationship of examinees towards some forms of offensive, punishable and socially unacceptable behaviours. Sixteen observed independent and dependent variables were submitted for univariate (defining the frequency and percentage of answers) and bivariate analysis, i.e. significant differences were calculated by means of a chi-square test between independent and dependent variables. As independent ones the variables regarding addiction substances use (hashish, marijuana use and similar, consumption of heroin, ecstasy, cocaine and similar as well as alcohol consumption) were taken, whereas as dependent variables the variables that describe examinees' family conditions, their views about the influence of certain social institutions on formation of young people's opinions and the examinees' attitudes towards certain deviant behaviours. It has been shown that there is a high level of similarity between the young who have only tried so-called light and heavy drugs or use them rarely or very frequently, whereas the young who have tried alcohol are more similar to the ones who have never tried it. At the same time, the young who rarely consume alcohol are according to a lot of variables similar to those who use it very often. Of all other results it is possible to extract those which indicate the statistically significantly more often expressed discontent of young addicts by the quality of communication with their parents, at which a bad communication with a father is especially pointed out. These results are followed by the evaluation and assessment of young drug and alcohol users that their family has almost no influence on forming their opinions. Everything shown here and other results obtained in various ways point to the need of wider availability of social pedagogical and psychosocial programmes for youth, regardless of which addiction means are being used and if they do it often or only occasionally.

V

Name: The relationship between drug abuse and criminal behaviour

Institution: Ministry of Justice of the Republic of Croatia, Imprisonment System Administration

Financing:

Summary:

A relatively big percentage of addicts in prison population indicate that there is connectivity between drugs and criminal behaviour. In Croatia every fourth prisoner has serious problems caused by drug consumption. A lot of research points to the fact that initial drug consumption and establishing the addiction career precedes criminal behaviour. On the other hand, it has been shown that in many cases criminal behaviour precedes the drug consumption, so that criminal behaviour encourages drug use. However, newer research more and more often indicates that the same risky factors cause both criminal behaviour and drug use. The goal of the paper was to investigate the role of initial drug consumption age and the drug abuse extent in explaining the frequency and type of criminal behaviour. The research was conducted on 4 271 male prisoners at the beginning of their prison sentence. The data were collected by means of examinations, tests, questionnaires and interviews, as well as the analysis of prisoner's documentation. Drug abuse was defined by the age of the initial drug intake and extent of addiction. Criminal behaviour was defined by the number of previous convictions and the type of a criminal offence. The results of the graded regression analysis show that the same variables (family conditions in which they have grown up, prisoner's marital status, his work experience and education) are significant for explaining the drug abuse and criminal behaviour, as well. This supports the thesis that there are common factors that contribute to the appearance of both forms of behaviour. The more a prisoner is addicted to drugs it is more probable that he will commit property offences, as well as the drug related offences, and simultaneously he will commit fewer violence offences. The obtained results indicate that the focus of drug abuse prevention and treatment and to them associated crime should be put on younger prisoner population - adolescents, minors and younger majors.



13.2.2 Peer-reviewed scientific journal/National scientific journals

Journals in which the drug abuse and/or addiction research results are published:

Indexed Croatian journals:

Croatian journals in Current Contents (4)

- ◆ Colegium antropologicum
- ◆ Croatian Medical Journal
- ◆ Croatica Chemica Acta
- ◆ Social researches

Croatian journals in Index Medicus /Medline (7)

- ◆ Acta pharmaceutica
- ◆ Acta medica Croatica
- ◆ Archive for Work Hygiene and Toxicology
- ◆ Collegium Antropologicum
- ◆ Croatian Medical Journal
- ◆ Doctor's journal
- ◆ Psychiatria Danubina

Croatian journals in the Scopus - Online Database Centre 2007 (17)

- ◆ Acta medica Croatica
- ◆ Acta Pharmaceutica
- ◆ Alcoholism
- ◆ Archive for Work Hygiene and Toxycology
- ◆ Biochemia Medica
- ◆ Collegium antropologicum
- ◆ Croatian Medical Journal
- ◆ Pharmaceutical Journal
- ◆ Doctor's Journal
- ◆ Medica Jadertina
- ◆ MedicinaeMedicus
- ◆ Paediatrica Croatica
- ◆ Periodicum Biologorum
- ◆ Pharmaca
- ◆ Psychiatria Danubina
- ◆ Social Psychiatry

13.3 Collection and dissemination of research results

Research published in the above mentioned journals is available at the National and University Library, libraries of the institutions/institutes that are conducting the research, as well as on the institutions' web pages.

Some important web pages:

The pages of the Ministry of Science, Education and Sport of the Republic of Croatia :

- ◆ <http://zprojekti.mzos.hr/public/c-prosudbene2.asp>
- ◆ <http://zprojekti.mzos.hr/public/c-prikaz2.asp?psid=16>
- ◆ <http://zprojekti.mzos.hr/zProjektiOld/search.asp>
- ◆ http://zprojekti.mzos.hr/public/c-prikaz2_det.asp?psid=16&ID=644
- ◆ http://zprojekti.mzos.hr/zProjektiOld/arh_zprojekata.asp?offset=45

Institute of Social Sciences "Ivo Pilar"

- ◆ www.pilar.hr

Croatian Institute of Public Health

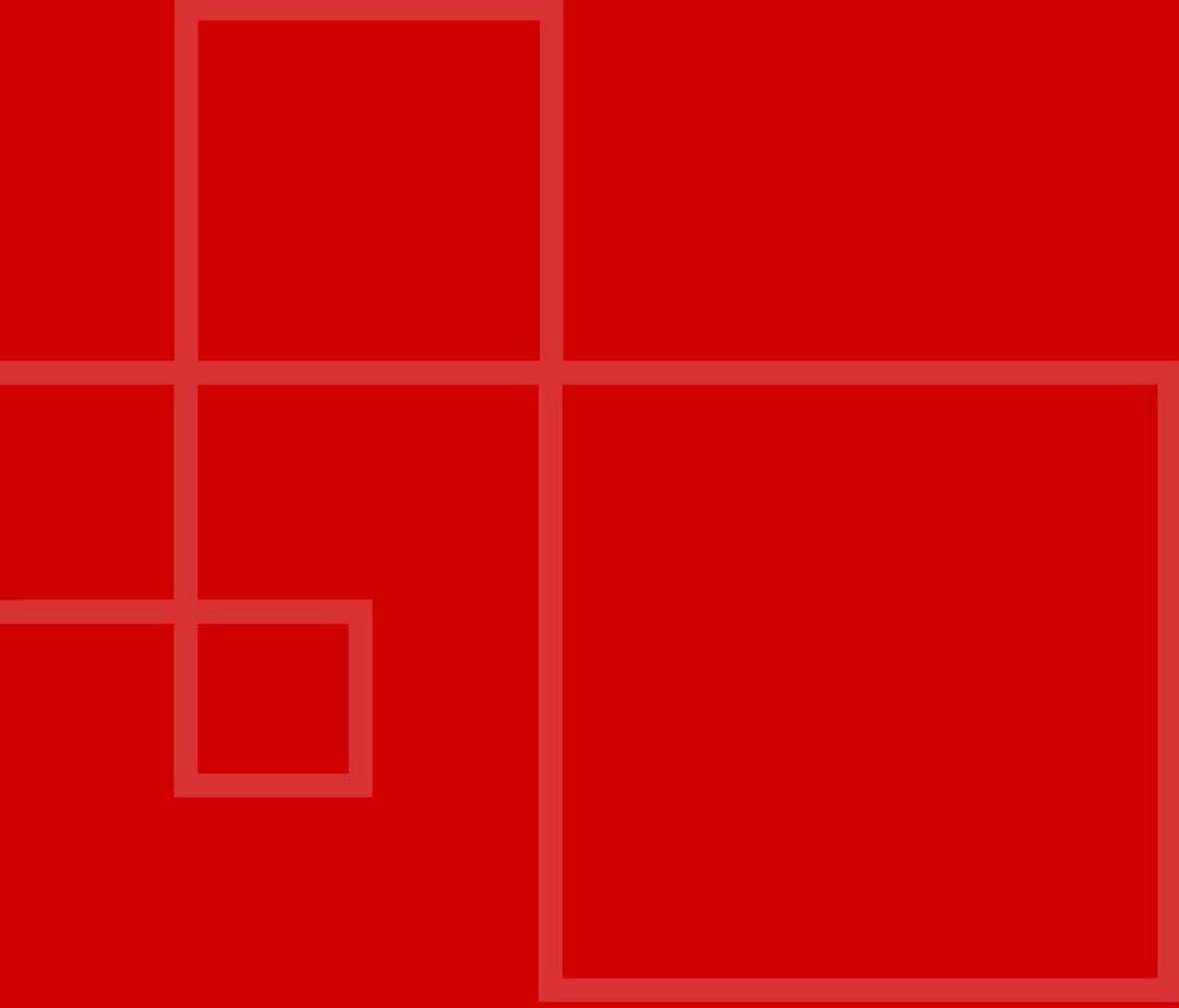
- ◆ www.hzjz.hr

Scopus - Online Database Centre

- ◆ <http://www.online-baze.hr/>
- ◆ <http://www.scopus.com/scopus/search/form.url?display=basic>

Map 12.1 – Croatian counties in which researches among school children population have been conducted





14 Bibliography

14.1 Alphabetic list of all bibliographic references used

No	Bibliographic reference
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4	Hibell B, Anderson B, Ahlstrom S, Bakalireva O, Bjarnason T, Kokkevi A, Morgan M. The 1999 ESPAD Report. The Swedish Council for Information on Alcohol and Other Drugs, Council of Europe, Pompidou Group, Stockholm 2000
5	Hibell B, Anderson B, Bjarnason T, Kokkevi A, Morgan M, Narusk A. The 1995 ESPAD Report. The Swedish Council for Information on Alcohol and Other Drugs, Council of Europe, Pompidou Group, Stockholm 1997
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8	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
9	Croatian Public Health Institute. Report on Treated Persons for Psychoactive Drugs Misuse in Croatia for 2006. Zagreb 2007

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 Data 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.pilar.hr
7	http://www.scopus.com/scopus/search/form.url?display=basic
8	http://www.uredzadroge.hr
9	http://zprojekti.mzos.hr/public/c-prosudbene2.asp
10	http://zprojekti.mzos.hr/public/c-prikaz2.asp?psid=16
11	http://zprojekti.mzos.hr/zProjektiOld/search.asp
12	http://zprojekti.mzos.hr/public/c-prikaz2_det.asp?psid=16&ID=644
13	http://zprojekti.mzos.hr/zProjektiOld/arh_zprojekata.asp?offset=45

15 Annexes

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