



# Croatia

## Country Drug Report 2017

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### THE DRUG PROBLEM IN CROATIA AT A GLANCE

#### Drug use

in young adults (15-34 years)  
in the last year

#### Cannabis

16 %



10.1 % 21.8 %

#### Other drugs

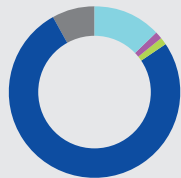
Amphetamines	2.3 %
Cocaine	1.6 %
MDMA	1.4 %

#### High-risk opioid users

8 874  
(7 200 - 11 547)

#### Treatment entrants

by primary drug



Cannabis, 13 %
Amphetamines, 1 %
Cocaine, 1 %
Heroin, 77 %
Other, 8 %

#### Opioid substitution treatment clients

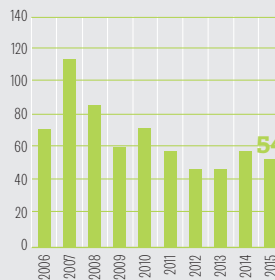
5 061

#### Syringes distributed

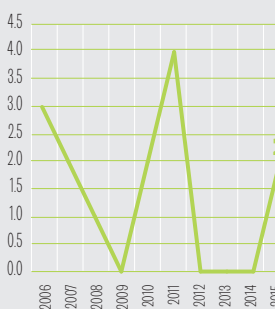
through specialised  
programmes

923 650

#### Overdose deaths



#### HIV diagnoses attributed to injecting



Source: ECDC

#### Drug law offences

9 551

#### Top 5 drugs seized

ranked according to quantities  
measured in kilograms

1. Herbal cannabis
2. Heroin
3. Amphetamine
4. Cannabis resin
5. Cocaine

#### Population

(15-64 years)

2 809 119

Source: EUROSTAT  
Extracted on: 26/03/2017

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

## About this report

This report presents the top-level overview of the drug phenomenon in Croatia, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

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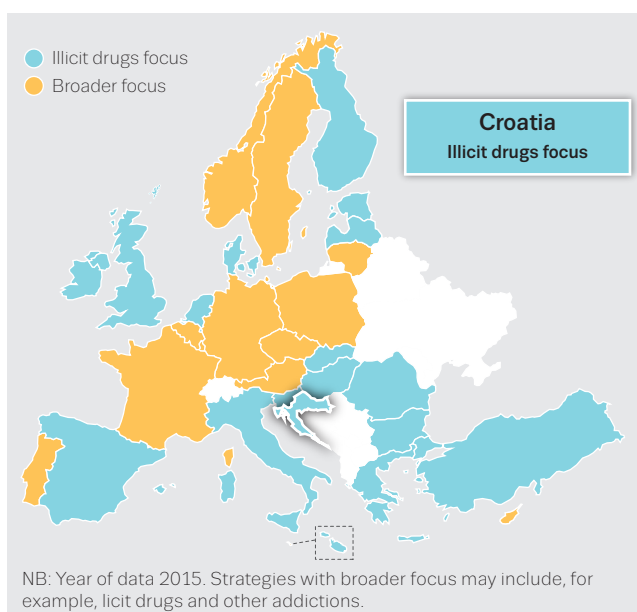
## National drug strategy and coordination

### National drug strategy

Adopted in 2012, Croatia's National Strategy on Combating Drug Abuse (2012-17) addresses problems associated with illicit drugs (Figure 1). It seeks to reduce both the demand for and the supply of drugs in society, while protecting the health of individuals, families and communities through an integrated and balanced approach to drug problems. This overarching vision is expressed in four main objectives and the strategy reflects the balanced approach to drug problems expressed in the EU Drugs Strategy (2013-20). It is built around the two pillars of demand and supply reduction and the three cross-disciplinary areas of (i) information, research, monitoring and evaluation; (ii) coordination; and (iii) international cooperation. While the strategy is primarily concerned with illicit drugs, prevention programmes also focus on licit substances (e.g. alcohol, tobacco and prescription medications) and other addictions (e.g. gambling and the internet); supply reduction activities also address performance-enhancing substances, as well as drug precursors, illicit drugs and new psychoactive substances (NPS). The strategy is implemented through two consecutive three-year action plans (2012-14 and 2015-17).

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



As in other European countries, Croatia evaluates its drug policy and strategy through ongoing indicator monitoring and specific research projects. An internal/external mixed method evaluation of the National Strategy on Combating Narcotic Drugs Abuse in the Republic of Croatia 2006-12 was undertaken between 2011 and 2012 and the results of this evaluation were used to develop the current strategy.

### National coordination mechanisms

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

**Adopted in 2012, Croatia's National Strategy on Combating Drug Abuse (2012-17) addresses problems associated with illicit drugs**

## Public expenditure

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

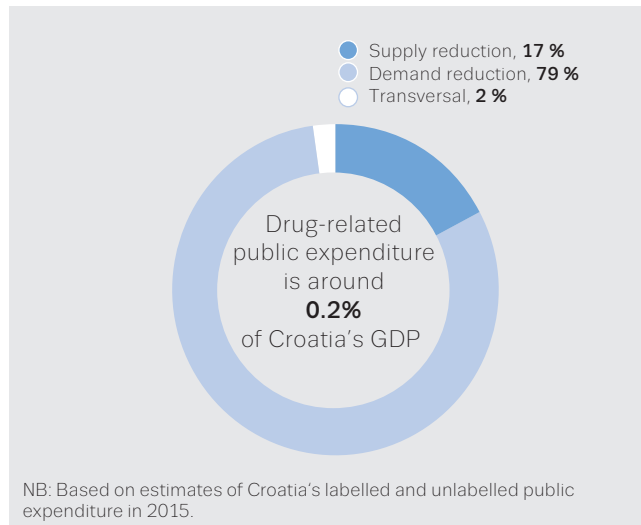
The action plan has a planned annual drug-related budget. Additionally, labelled drug-related expenditures are estimated annually. In 2013, authorities estimated the total drug-related public expenditure for the years 2009, 2010, 2011 and 2012, based on a well-defined methodology. Since then, drug-related expenditure has been estimated annually. In 2014, the efficiency of public spending and its compliance with the strategic priorities of the national strategy and action plan were also assessed.

Total drug-related public expenditure in 2015 represented 0.2 % of gross domestic product (GDP). The Croatian central government spent approximately EUR 102.3 million, of which 17 % financed public order and safety activities and 79 % financed health, while approximately 2 % financed education and social protection (Figure 2).

Trend analysis shows that, between 2005 and 2008, labelled expenditure increased both in nominal terms and as a percentage of GDP. However, in 2009, the increase slowed and, in 2010, labelled expenditure decreased nominally by 10 %. Total expenditure started to decline in 2011 and fell by approximately 15 % in 2011 and 2012 (accumulated terms). This decline was attributed to public austerity measures following the economic downturn of 2008. Since 2013, drug-related expenditure has increased.

FIGURE 2

### Public expenditure related to illicit drugs in Croatia



## Drug laws and drug law offences

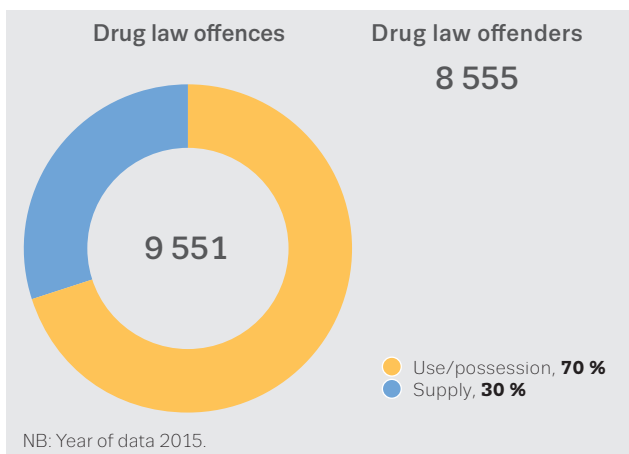
### National drug laws

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

From January 2013, possession of small quantities of drugs for personal use is no longer a criminal offence, but is classed as a misdemeanour under the LCDA and is punishable by a fine of between EUR 650 and EUR 2 600 (Figure 3). The judgement on whether the quantity can be classed as 'small' is made by the state prosecutor or court in each case. Illegal production and processing of drugs with no intention to sell is punishable by six months to five years in prison. Illegal production, processing, possession, import and export with intention to sell are punishable by 1-12 years in prison, which, under defined aggravating circumstances, including the involvement of children or organised groups or the possibility of serious health

FIGURE 4

Reported drug law offences and offenders in Croatia



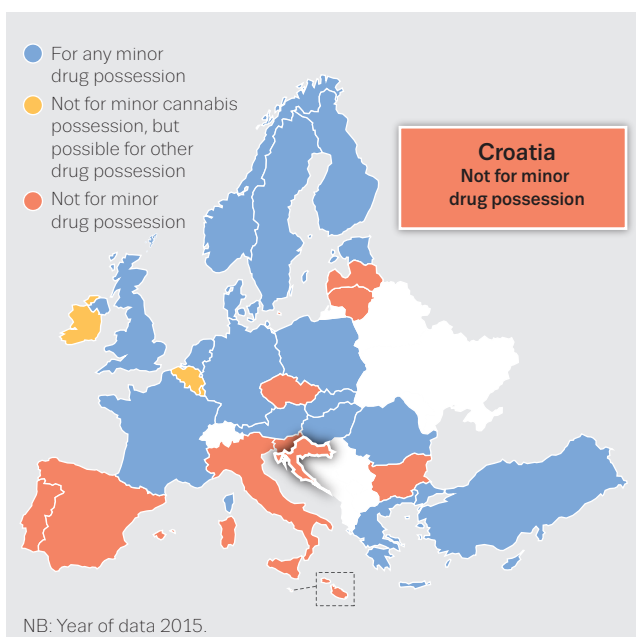
damage, may increase to three years' imprisonment or even 5-15 years. Precursor trafficking carries a penalty of six months to five years in prison.

However, the new Criminal Code urges the court to use a number of alternative measures rather than imprisonment, such as fines, community service, probation and treatment, in cases in which a prison sentence of up to six months would otherwise be imposed. Compulsory drug treatment may be prescribed for up to three years, and time spent in treatment is taken into accounting when sentencing.

This generic approach ensures that many substances are controlled under the relevant drug laws.

FIGURE 3

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



### Drug law offences

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

For 2015, the statistical data indicate that most DLOs in Croatia were misdemeanours, while approximately one third of DLOs were related to illegal production, smuggling or sale of drugs (Figure 4). In general, the total number of reported DLOs has shown a slight upward trend since 2010.

## Drug use

### Prevalence and trends

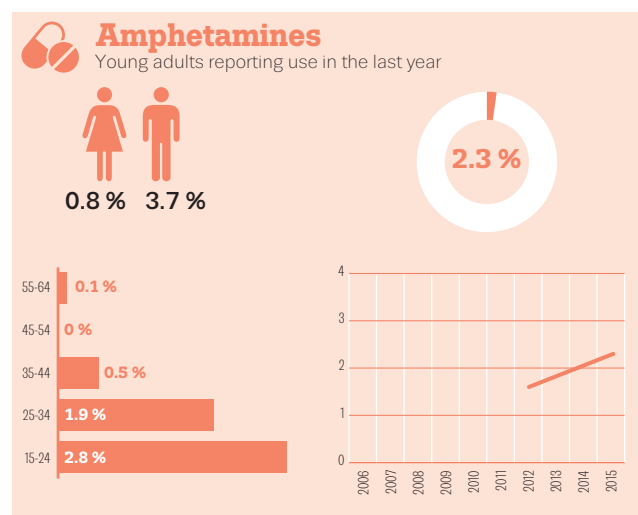
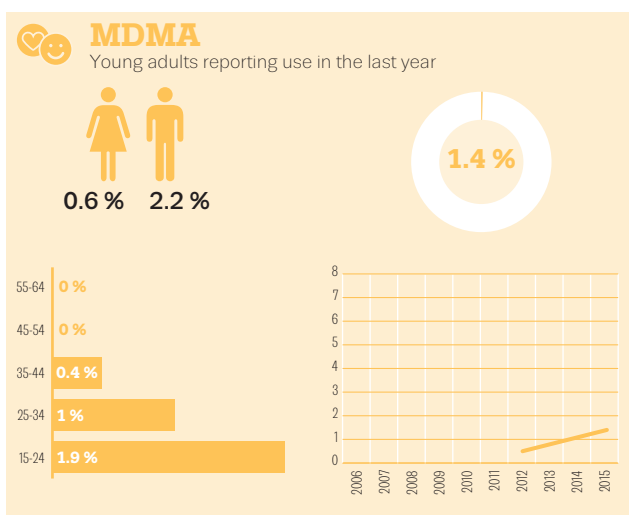
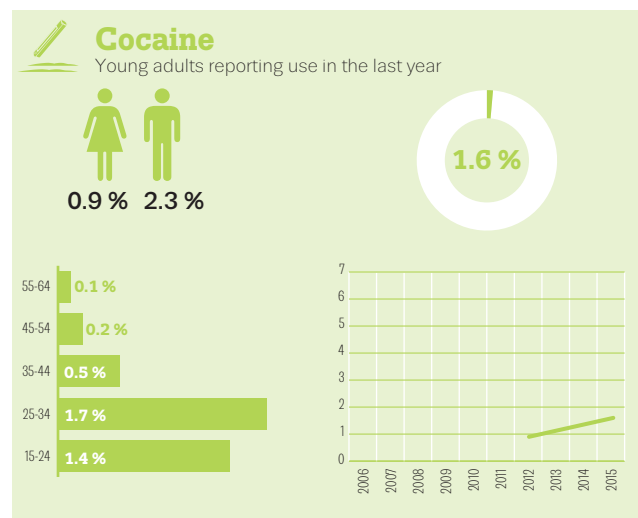
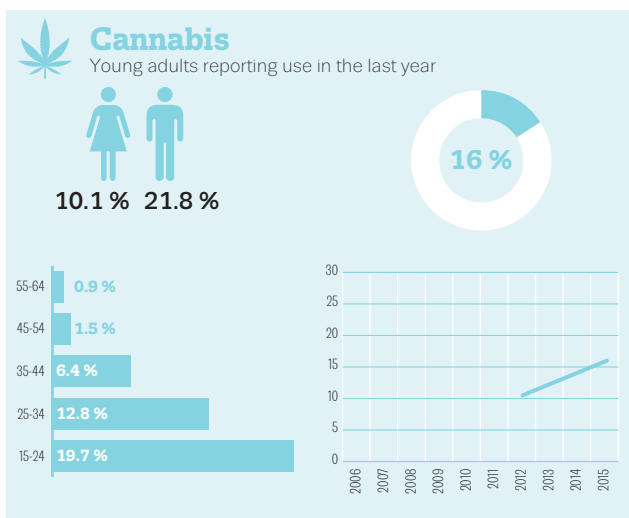
Cannabis remains most commonly used illicit drug in Croatia. The 2015 survey indicated that approximately 2 out of 10 adults aged 15-64 years have ever used cannabis. Its use is concentrated among young adults (aged 15-34 years). Approximately 2 in 10 younger adults aged 15-24 years reported using cannabis during the last year, while approximately 2 in 100 of the same age group had used amphetamines, which are the most commonly stimulants, in the last 12 months. Males generally use illicit drugs more frequently than females (Figure 5).

Zagreb participates in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a community level, based on the levels of different illicit drugs and their metabolites in sources of wastewater. Regarding

stimulants, the results indicate a continued increase in cocaine and MDMA/ecstasy use in Zagreb over 2011-16, with the levels being higher at the weekends than on weekdays. The levels of methamphetamine metabolites measured in wastewater remained low during the observation period, indicating limited use of this substance in this city.

FIGURE 5

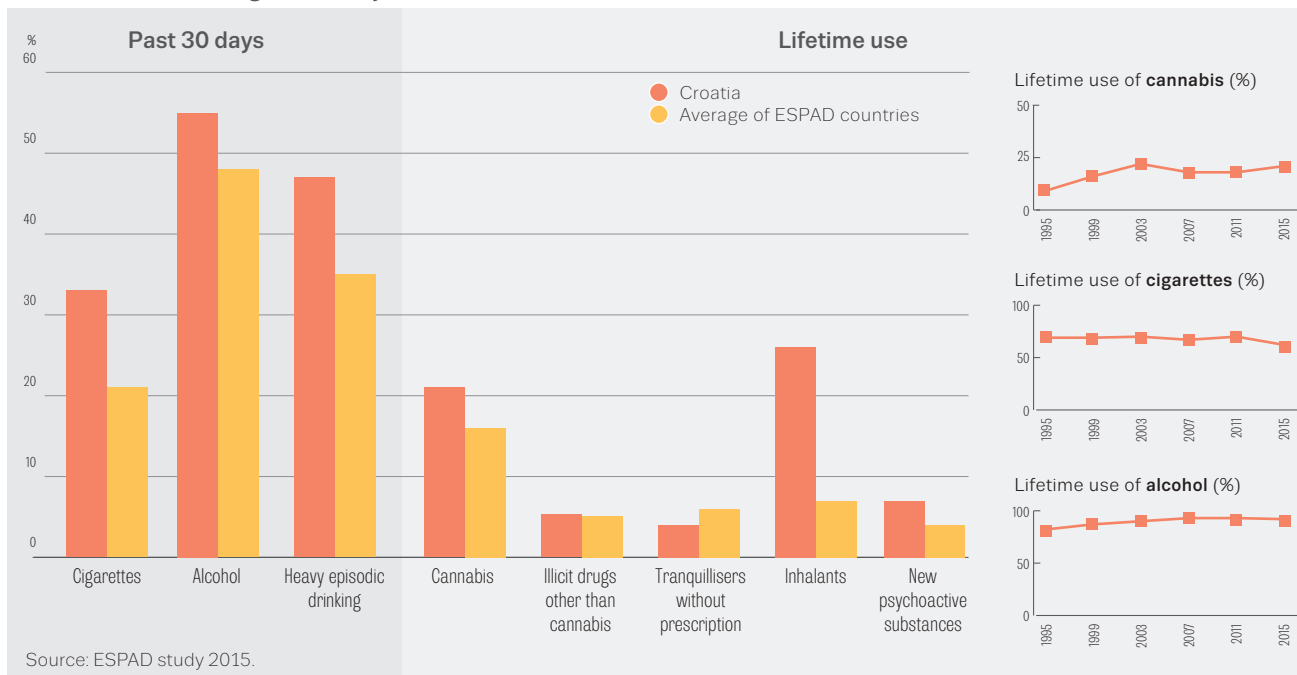
#### Estimates of last-year drug use among young adults (15-34 years) in Croatia



NB: Estimated last year prevalence of drug use in 2015.

**FIGURE 6**

**Substance use among 15- to 16-year-old school students in Croatia**



Data on drug use among 15- to 16-year-old students was reported in 2015 by the European School Survey Project on Alcohol and Other Drugs (ESPAD). This study has been conducted in Croatia since 1995. Among Croatian students, reported prevalence rates were considerably higher than the ESPAD average (35 countries) for five of the eight key variables, one of which was lifetime use of cannabis. Available data indicate an upward trend in cannabis use among school-age children between 2001 and 2015. Reported lifetime use of NPS among 15- to 16-year-old students was also slightly above the EU average, while the lifetime use of illicit drugs other than cannabis was at the level of the European average. In 2015, Croatian students reported higher levels of lifetime use of inhalants and of cigarette use in the last 30 days. In addition, alcohol use and heavy episodic drinking in the last 30 days were above the ESPAD average (Figure 6).

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

**High-risk drug use and trends**

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on the first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 8).

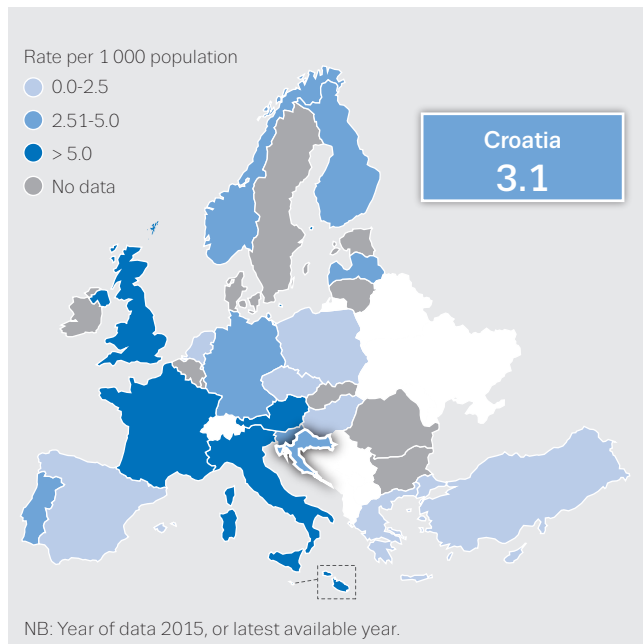
In 2015 a mortality multiplier study estimated that the overall population of high-risk opioid users was approximately 8 874 people (95 % confidence interval (CI) 7 200 to 11 547) (Figure 7). The same study estimated that there are approximately 6 344 people who inject drugs (PWID) in Croatia (95 % CI 5 147 to 8 255).

Data from specialised treatment centres indicate that the majority of first-time treatment entrants report cannabis as their main primary problem drug; they are followed by those seeking treatment as a result of primary heroin use (Figure 8).

In the last decade, the number of first-time treatment entries as a result of heroin use has decreased by 85 %, although heroin remains the main problem drug for which people seek treatment in Croatia. Injecting remains common among heroin users, although first-time treatment clients report lower levels of heroin injecting than those who have entered treatment repeatedly. Fewer than 2 out of 10 people entering treatment are female, with the exact proportion varying according to substance and type of programme.

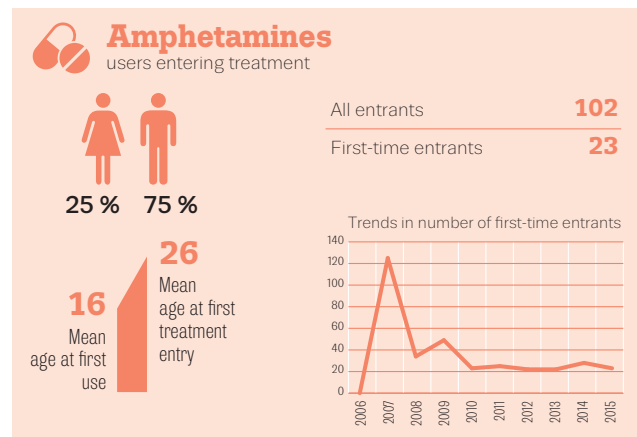
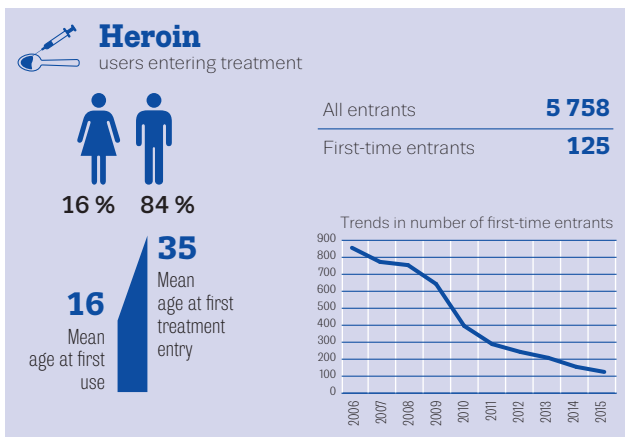
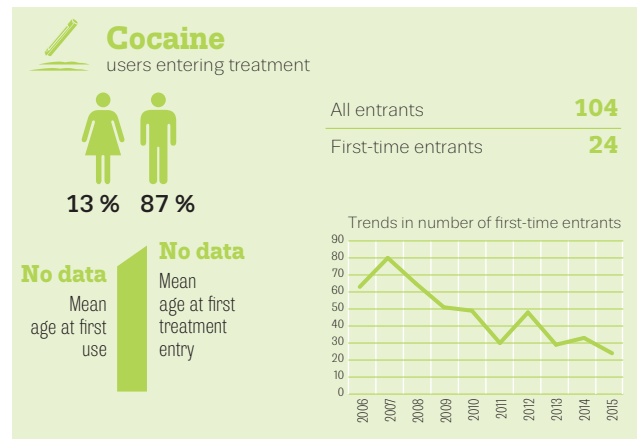
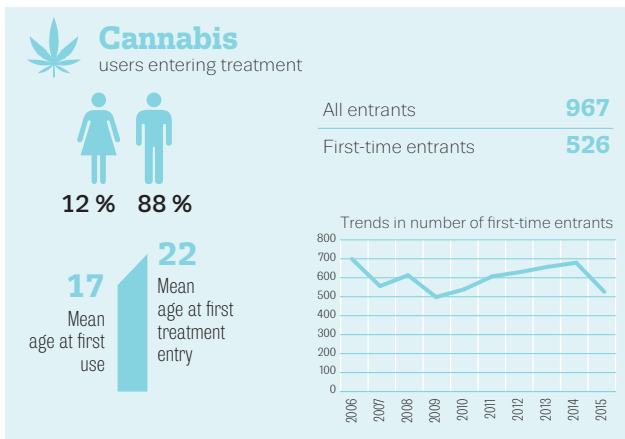
**FIGURE 7**

**National estimates of last year prevalence of high-risk opioid use**



**FIGURE 8**

**Characteristics and trends of drug users entering specialised drug treatment centres in Croatia**



NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

## Drug harms

### Drug-related infectious diseases

The number of new cases of human immunodeficiency virus (HIV) infection detected among PWID has remained stable in Croatia. In recent years, no cases of HIV infection have been reported among PWID. The data from a seroprevalence study in 2014 indicate a low prevalence of HIV among this population in three Croatian cities (Figures 9 and 10).

Hepatitis B virus (HBV) and hepatitis C virus (HCV) are not monitored nationally in Croatia to the same extent as HIV, and the number of new cases of HBV and HCV infection among drug users is, therefore, unknown. The results from testing opioid users in treatment indicate a declining trend of HCV among this population over the period 2005-15. The prevalence of HBV infection among opioid users in treatment declined over 2010-13, but increased slightly in 2014 and remained the same in 2015. A 2014-15 bio-behavioural study found that more than one third of PWID in three cities were HCV positive (Figure 10).

FIGURE 9

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

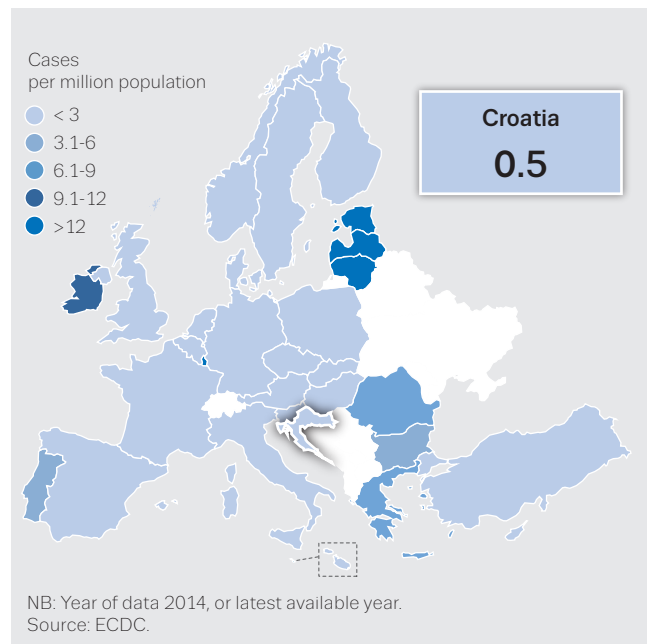
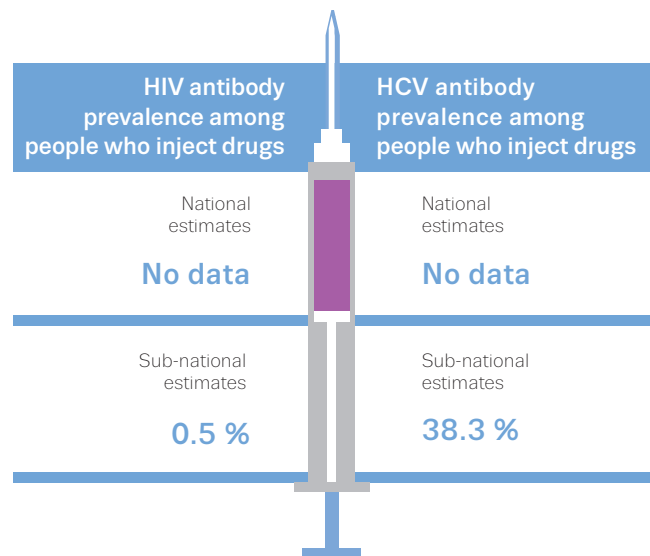


FIGURE 10

### Prevalence of HIV and HCV antibodies among people who inject drugs in Croatia

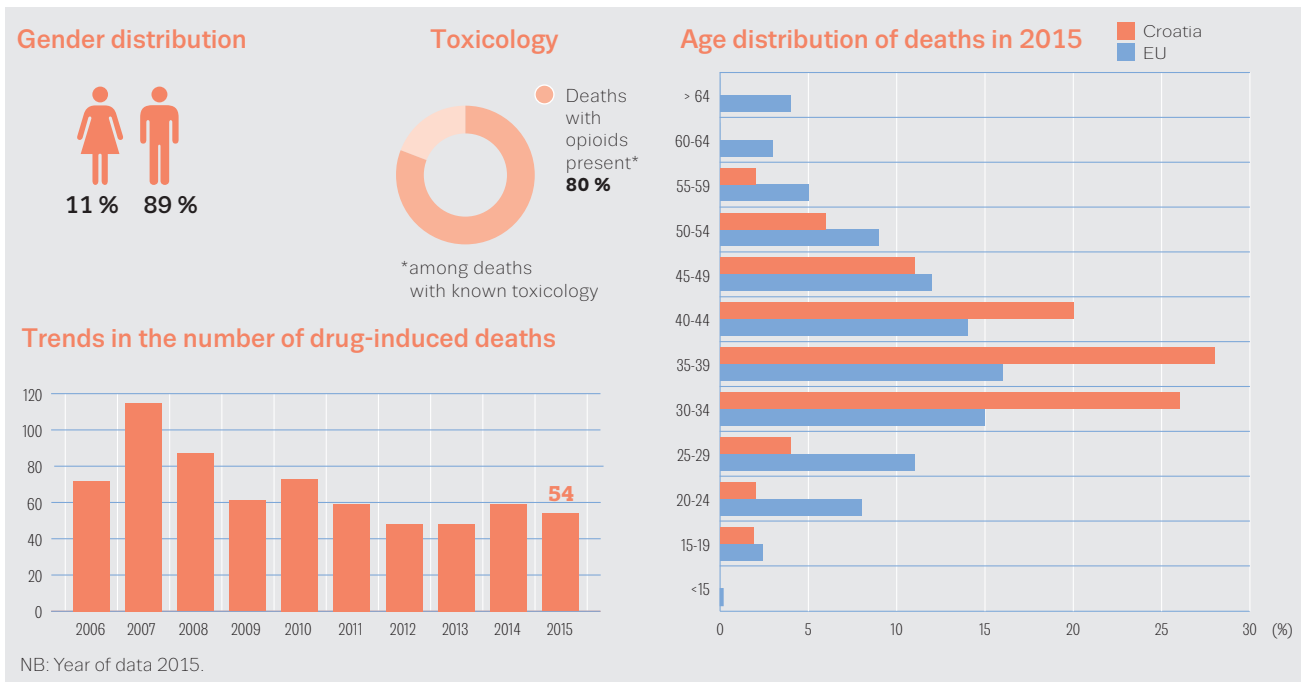


NB: Year of data 2014.



FIGURE 11

## Characteristics of and trends in drug-induced deaths in Croatia



## Drug-induced deaths and mortality

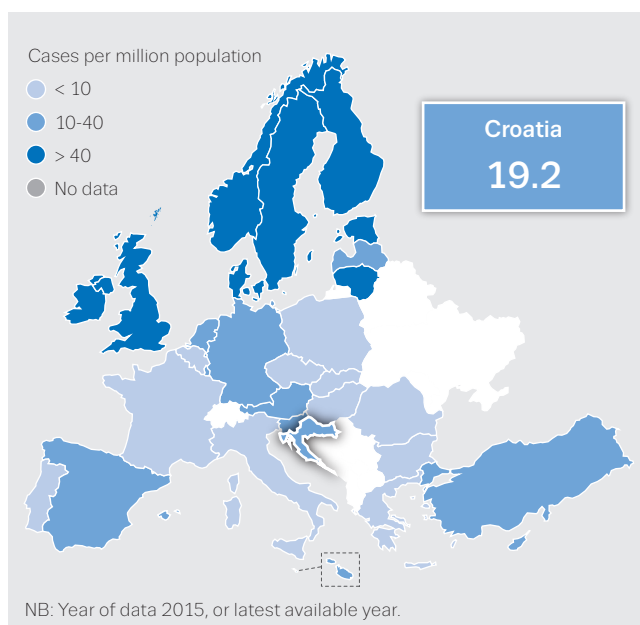
Drug-induced deaths refer to deaths directly attributed to the use of illicit drugs (i.e. poisonings and overdoses).

In Croatia, drug-induced deaths increased until 2007, when the highest number of deaths to date was reported; since then, numbers have decreased and have been unchanged in recent years. In 2015, the majority of the victims were male. The mean age of the victims was approximately 38 years. The majority of deaths for which toxicological reports were available were associated with opioids (mainly methadone, but also buprenorphine and tramadol) (Figure 11). In addition to opioids, toxicological reports indicate the presence of other psychoactive substances in cases of drug-induced death.

Based on these data, the drug-induced mortality rate among adults (aged 15-64) was 19.2 deaths per million in 2015 (Figure 12), which is slightly below the most recent European average of 20.3 deaths per million.

FIGURE 12

## Drug-induced mortality rates among adults (15-64 years)



## Prevention

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

Prevention programmes in the Republic of Croatia are implemented primarily at a local community level in the 21 counties as multidisciplinary activities with the participation of different sectors, such as education, health, social care, non-governmental organisations (NGOs) and the media. The Office for Combating Drug Abuse is the national coordinating body in field of prevention, while the county commissions ensure coordination at a local level.

The prevention activities are mainly funded by the state budget and by revenues collected from gambling; the European Drug Prevention Quality Standard guidelines are increasingly used to assess the proposed projects.

### Prevention interventions

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

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

Universal drug prevention is organised and implemented mainly within the education system under the oversight of the Ministry of Science, Education and Sports and follows a module-based health education curriculum. School-based prevention is primarily aimed at motivating young people to adopt healthy lifestyles, developing their self-esteem and social skills, offering alternative activities for leisure time and eventually reducing young people's interest in experimenting with psychoactive substances (Figure 13).

Family-oriented prevention activities are implemented by local organisations and focus on developing robust parenting skills. At a community level, youth clubs and NGOs offer numerous educational activities during young people's leisure time, using peer education methods or

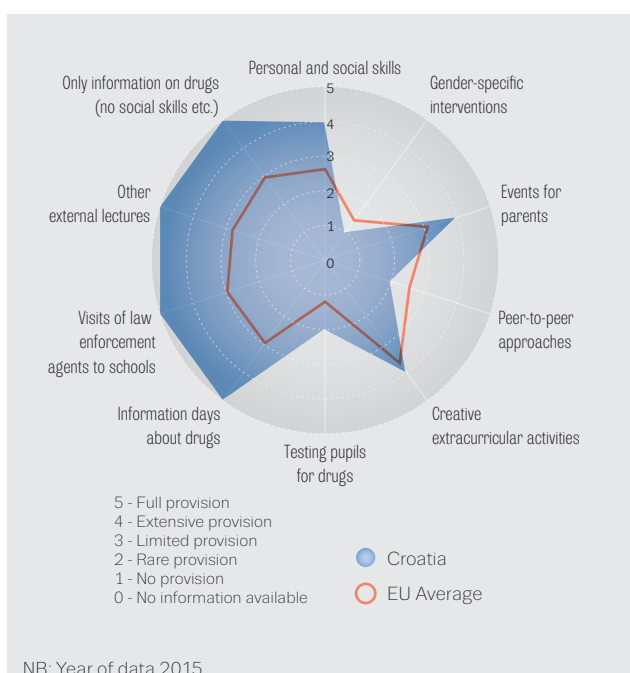
proposing alternative positive behavioural models for leisure activities. There has recently been a shift in universal prevention strategies from primarily information provision and mass media campaigns towards more skills-based prevention activities.

In recent years, well-respected international programmes such as Unplugged, Life-Skills Training Programme, Communities that Care and Promoting Alternative Thinking Strategies have been implemented in Croatia. Particular attention is given to the evaluation of these programmes.

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

FIGURE 13

### Provision of interventions in schools in Croatia (expert ratings)



## Harm reduction

The National Strategy on Combating Drug Abuse 2012-17 and its related action plans set out the main objectives for harm reduction in Croatia, which include continuous support for the implementation of existing programmes and expansion of coverage and diversification of harm reduction services towards new target groups and new types of services. In Croatia, harm reduction programmes are operated by the Croatian Red Cross and the following NGOs: Institut, Ne-visnost, Help, HUHIV, Hepatos, Let and Terra. Since 1996, when the first harm reduction programme was launched, geographical coverage has expanded and, in 2015, these programmes were available in numerous fixed sites, in locations that are served by outreach workers and were also provided by mobile vans across the whole country.

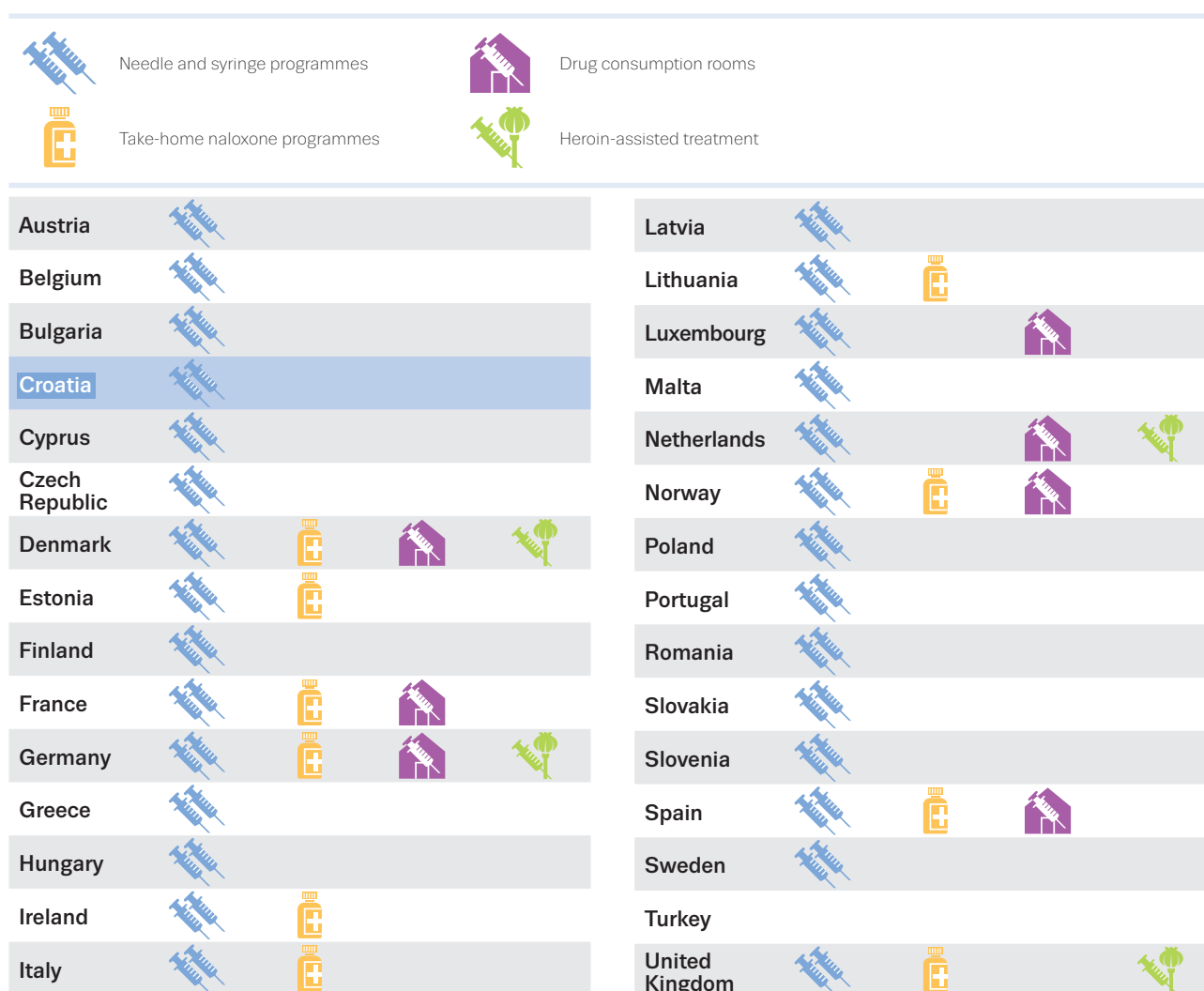
## Harm reduction interventions

In Croatia, harm reduction services give out needles and syringes and other injecting paraphernalia and equipment and offer voluntary, anonymous and free-of-charge counselling and testing. The programmes also print and distribute information material about safer drug use. In recent years, they have contributed to the prevention of overdoses and have focused on the reduction of other health-related risks among their clients. Harm reduction programmes also cooperate with behavioural research projects that are carried out among drug users (Figure 14).

In 2015, the six main harm reduction programmes distributed almost 1 million syringes, with a majority given out by the NGO Help. In general, Croatia is considered a country with high syringe coverage.

FIGURE 13

### Availability of selected harm reduction responses



NB: Year of data 2016.

Under the Croatian National Programme for the Prevention of HIV and AIDS 2011-15, a total of 10 specialised counselling centres provide anonymous and free counselling and HIV testing. HIV and HCV tests are performed at four of the six NGO-led harm reduction programmes and 700 drug users were tested in 2015.

**In 2015, the six main harm reduction programmes distributed almost 1 million syringes**

## Treatment

### The treatment system

The current national drug strategy and the related action plan places an emphasis on the enhancement of treatment quality, which should meet the needs of its clients. Drug-related treatment in Croatia is mainly the responsibility of the Ministry of Health, while certain types of treatment (such as programmes for young drug users, rehabilitation and re-socialisation of drug users) are the responsibility of the Ministry of Social Policy and Youth. Treatment services carried out under the authority of the state are funded by the Ministry of Health, the counties and the Croatian Institute for Health Insurance. Therapeutic communities and some associations are funded by the Office for Combating Drug Abuse of the Government of the Republic of Croatia, the Ministry of Social Policy and Youth, the Ministry of Health, the counties and other donors.

The central element of the Croatian drug treatment system is the provision of care through outpatient treatment facilities, although hospital-based inpatient treatment and therapeutic communities are also available. Outpatient

FIGURE 15

### Drug treatment in Croatia: settings and number treated

#### Outpatient

Specialised treatment centres (7 537)

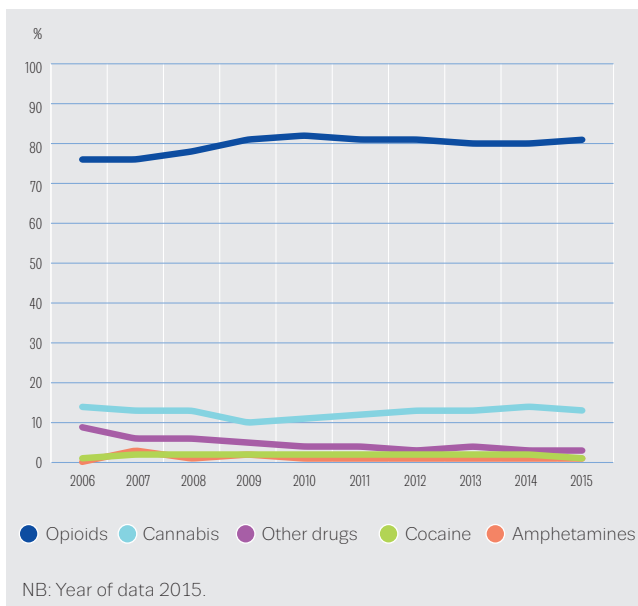
#### Inpatient

Hospital-based residential drug treatment (488)

NB: Year of data 2015.

FIGURE 16

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

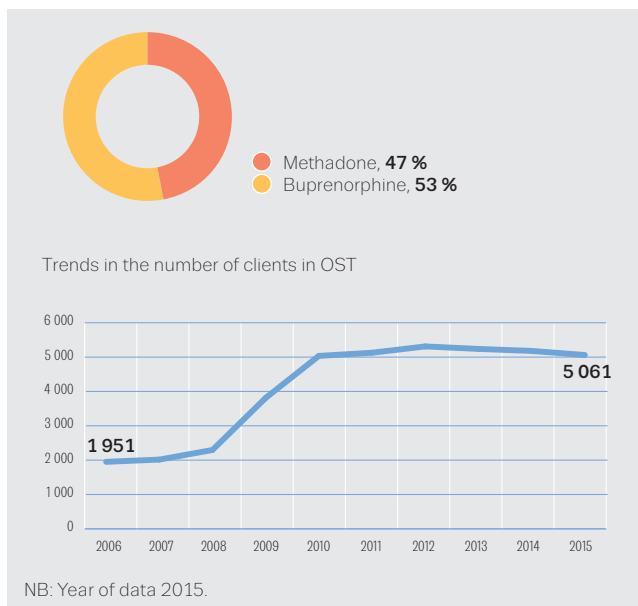


treatment is organised through a network of services for mental health promotion and dependence prevention at county institutes of public health. These services include individual and group psychotherapy, prescription of and continuation of opioid substitution treatment (OST) and other pharmacological treatments, testing, and counselling on a wide range of issues. In terms of modalities, medication-based treatment is the most common. Outpatient drug treatment is also provided by some associations that work on low-threshold principles, general practitioners, in particular on the continuation of OST, and some outpatient units in general hospitals. Inpatient treatment is provided by hospitals and covers detoxification, adjustment of pharmacotherapy, drug-free programmes and individual and group psychosocial treatment. Therapeutic communities offer long-term rehabilitation options. Psychosocial treatment, focused on the enhancement of interpersonal relationships and life situations of clients, can be provided as part of a drug-free treatment approach, and this frequently complements OST and other treatment forms.

OST using methadone was introduced in 1991, buprenorphine was introduced in 2004 and Suboxone was introduced in 2009. The costs of the treatment are covered by the Croatian Institute for Health Insurance. Only specialised office-based medical doctors (e.g. psychiatrists and, as exception, some other specialists trained in the prescription of OST) and treatment centres can prescribe OST. However, this treatment is predominantly

FIGURE 17

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



administered by general practitioners (issuing of prescriptions and dispensing of treatment).

### Treatment provision

In 2015, a total of 7 537 clients entered treatment within the healthcare system, which indicates a decline in the number of people seeking drug treatment in Croatia. The data from therapeutic communities also confirm a decline in treatment requests in recent years. The majority of those who entered treatment in 2015 were treated in outpatient settings (Figure 15).

In terms of the primary drug, opioids, mainly heroin, remain the most common primary problem drug among all treatment clients (Figure 16).

Most opioid-using clients are treated with OST. Data indicate that there were increasing numbers of OST clients up to 2014, followed by a slight reduction in 2015. The majority of the 5 061 clients in OST in 2015 received OST in the form of buprenorphine-based medications (Figure 17).

## Drug use and responses in prison

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

On admission, the prisoners with a sentence longer than six months undergo a health assessment, which includes an assessment for drug dependence. In 2015, approximately 14 % of inmates were diagnosed with drug dependency, which is a lower proportion than in 2013. Among prisoners with drug use problems, opioid and polydrug use were most common. A recent study found that approximately 1 in 10 people on probation had experience of the use of NPS. Approximately two thirds of prisoners treated for mental disorders at prison psychiatric hospitals in 2010-11 had also been diagnosed with substance use problems. Infectious diseases are also frequent and voluntary testing is provided for HCV and HIV. As the tests for HIV are anonymous, no data on testing results can be reported for this population.

The approach to drug treatment in prison is comprehensive and includes both medical and psychosocial treatment. OST using both methadone and buprenorphine is available in all facilities for detoxification and maintenance. Individual psychosocial treatment, modified therapeutic communities and structured programmes for the prevention of drug relapse are also available. A prison hospital also provides inpatient treatment for prisoners with drug and alcohol use problems and other mental health disorders. A social reintegration project has been implemented since 2007, and the prisons cooperate with county services to ensure continuity of care following prisoners' release.

Harm reduction programmes in prison include training and counselling activities with the aim of reducing drug-use-related health harms and improving the general medical condition of imprisoned drug users; testing for infectious diseases; treating viral hepatitis infections; preparatory procedure and referral to HIV/AIDS treatment; and motivating prisoners to become involved in treatment.

**Opioid substitution  
treatment using methadone  
and buprenorphine is  
available in all Croatian  
prison facilities**

## Quality assurance

The Office for Combating Drug Abuse is responsible for the coordination of activities and measures in the field of drugs, as well as for initiating the development of guidelines and standards to enhance the quality of the implementation of drug demand reduction programmes.

Over the last year, the Office has promoted the quality of drug prevention programmes. In 2010, the Office for Combating Drug Abuse launched a Drug Prevention Programme database that contains data on all its projects, contributing to the dissemination of information on effective and high-quality interventions. The launch of the database was followed by several training events for drug prevention experts in 2011 and 2012 to promote evidence-based prevention programmes in the country; in 2013 and 2014, prevention projects that fulfil minimum quality criteria were funded.

In 2016, the Committee for Quality Assessment of drug Demand Reduction Projects was set up in accordance with the Exchange on Drug Demand Reduction Action (EDRA) database of projects, which collects information on EMCDDA best practices criteria. In addition, the Education and Teacher Training Agency set up a multidisciplinary expert group to draft the Minimum Standards for Addiction Prevention for Pre-school and School Children, which all educational institutions will be required to implement in the course of a school year. The draft standards document was completed in late June 2016.

In the area of treatment, the guidelines for psychosocial drug treatment in the healthcare, social and prison systems in the Republic of Croatia were adopted in 2014 by the Commission for Combating Drug Abuse of the Government of the Republic of Croatia. The main goal of the guidelines is to enhance the quality of drug treatment by defining and setting standards for evidence-based psychosocial interventions that target drug users.

In March 2015, the Commission for Combating Drug Abuse of the Government of the Republic of Croatia adopted guidelines on harm reduction programmes. These guidelines contain descriptions of specific harm reduction areas and methods to apply the services to specific categories of service beneficiaries. These guidelines represent a set of recommendations and steps to be followed during interventions, and their purpose is to ensure the implementation of quality programmes, quality development and control, sustainability, territorial representation pursuant to assessment of risks and needs and to strengthen cross-sector cooperation with a view to preserving public health.

## Drug-related research

Drug-related research in Croatia has increased significantly in recent years and now includes all main research fields. Research is mainly implemented by government agencies. The libraries and websites of the funding and research agencies are the main channels for disseminating drug-related research findings.

Over the last four years, a significant number of surveys estimating the prevalence of the use of illicit psychoactive substances have been conducted in the Republic of Croatia. These surveys have been financed by the Office for Combating Drug Abuse of the Government of the Republic of Croatia, the European Monitoring Centre for Drugs and Drug Addiction, the Croatian National Institute of Public Health, the Ministry of Health and country- and local-level institutions.

At the initiative of the Office for Combating Drug Abuse, there have been repeated studies on the quantitative identification of selected urinary biomarkers of illicit drugs in the wastewaters of the city of Zagreb.

Studies on the availability and price of illicit drugs and estimating drug-related public expenditures have also been carried out.

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in Croatia has increased  
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## Drug markets

Croatia is primarily a transit country because of its proximity to the southern leg of the Balkan route. In the past, this route was used primarily to smuggle heroin that originated from Afghanistan; now, other illicit drugs and precursors are smuggled via this route to and from Western Europe. The majority of cannabis products, mainly herbal cannabis, reportedly originate from Albania, although cannabis is also grown domestically mainly for personal use. Cocaine, which traditionally comes from South and Central American countries, is trafficked into Croatia by sea or by land from Western Europe. Amphetamines and other synthetic stimulant drugs are primarily smuggled from the Netherlands and Belgium.

Herbal cannabis remains the most frequently seized substance in Croatia, with a record amount reported in 2014. Following 2011-13, when downsizing of heroin trafficking was evident, based on the number of seizures and amounts seized, the most recent data indicate intensified heroin smuggling. In 2015, the amount of heroin seized increased almost 10-fold compared with 2014.

Following a period during which there was a downward trend in the number of MDMA seizures, which reached its lowest point in 2010, the seizure data from recent years indicate an increase in the numbers of MDMA seizures. In 2015, MDMA was the most frequently seized synthetic stimulant, and the quantities seized doubled compared with 2014.

Large cocaine seizures remain sporadic; however, in 2015, both the number of cocaine seizures and the amount seized increased (Figure 18). In addition to established illicit drugs, the Croatian law enforcement agencies reported an increase in the number of seizures of pharmaceutical products, such as methadone and benzodiazepines.

The retail price and purity of the main illicit substances seized are shown in Figure 19.

FIGURE 18

Drug seizures in Croatia: trends in number of seizures (left) and quantities seized (right)

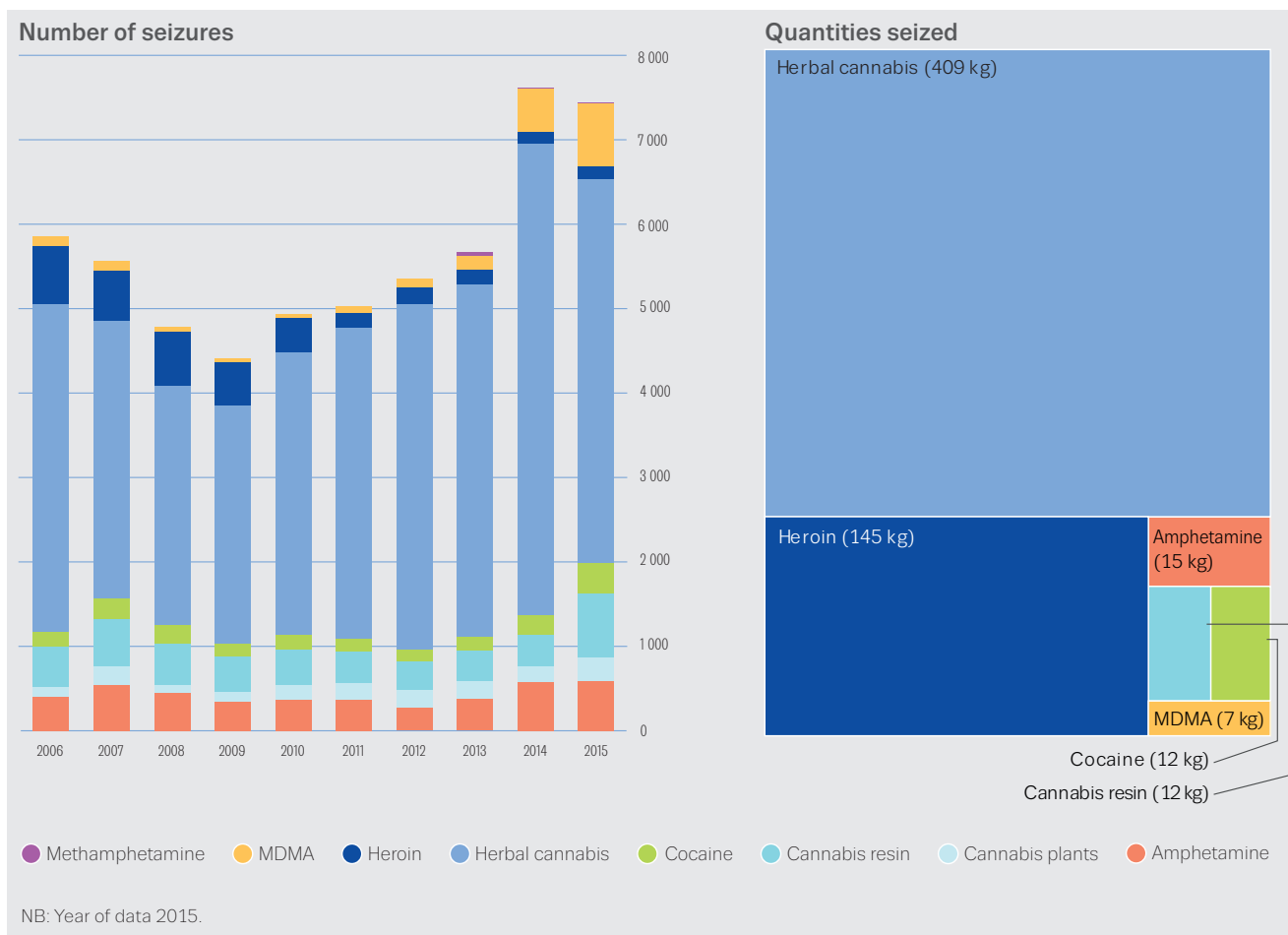
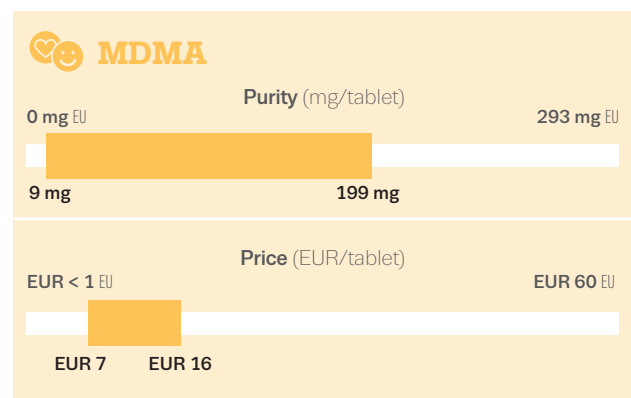
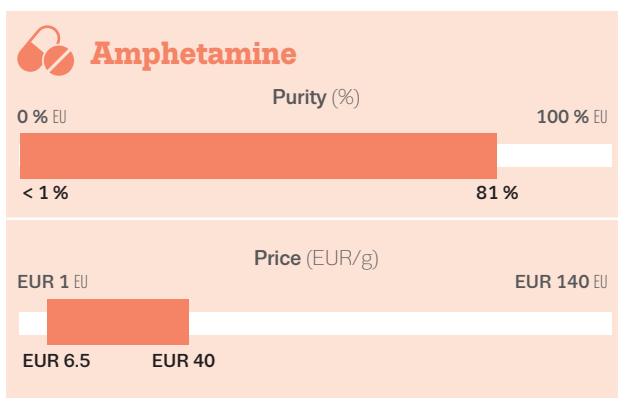
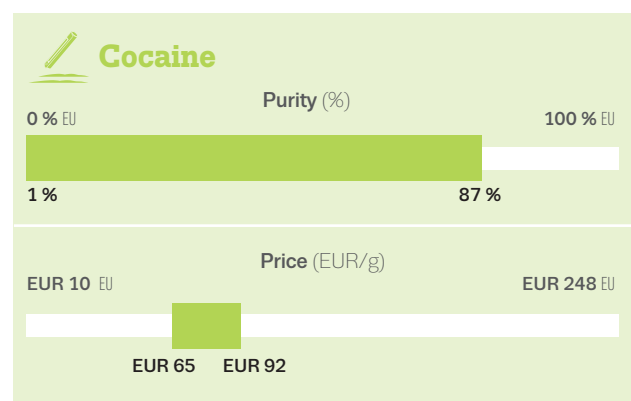
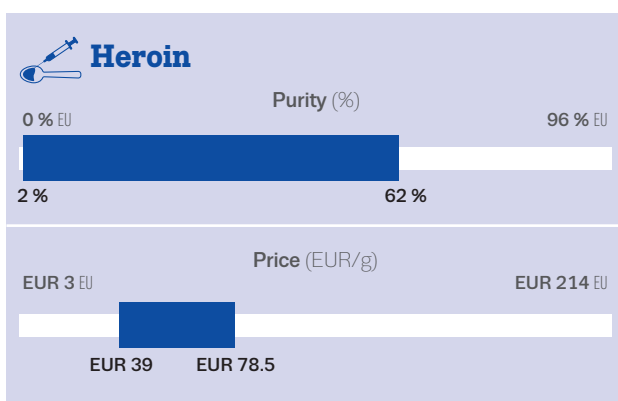
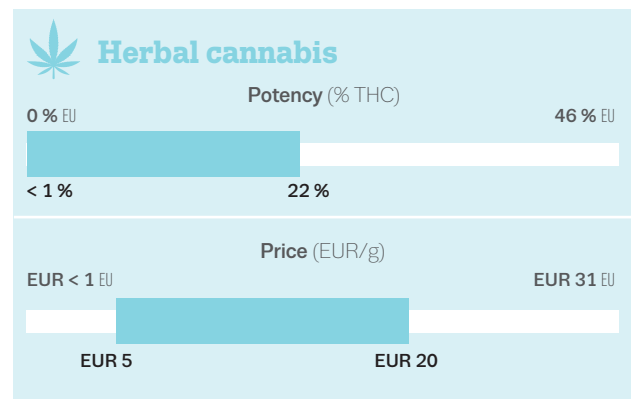
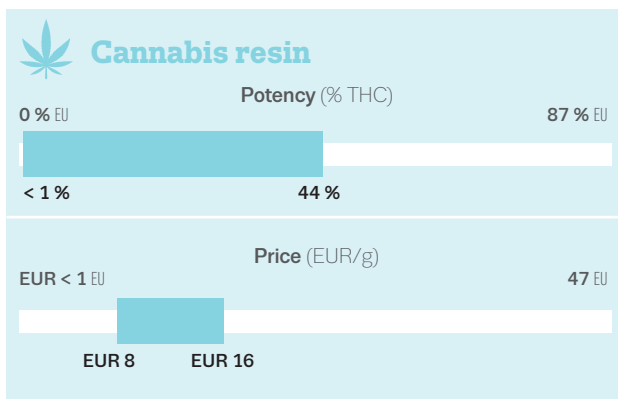




FIGURE 19

## Price and potency/purity ranges of illicit drugs reported in Croatia



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum. Year of data 2015.

Available information suggests that the Croatian drug market is dominated by a number of small criminal groups with flexible organisational structures. They are likely to engage in smuggling and distribution of illicit substances, mainly synthetic stimulants, and to have close links with international and national criminal groups active in trafficking other goods and products. To prevent and

tackle illicit drug trafficking, the national police participates in various international operations, organises joint investigation teams and is intensifying control at the state border. At the same time, street-level policing activities, including those implemented during large music festivals held in the country, remain important measures for supply reduction and the prevention of drug-related crime.

## KEY DRUG STATISTICS FOR CROATIA

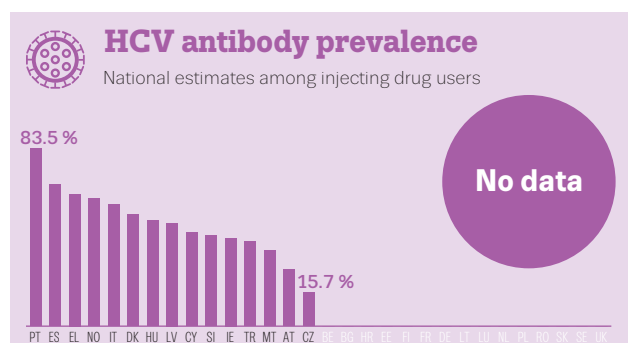
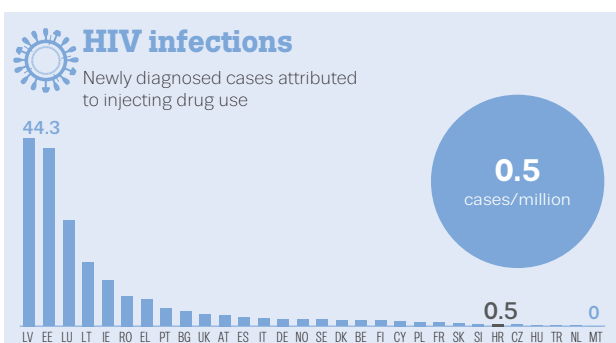
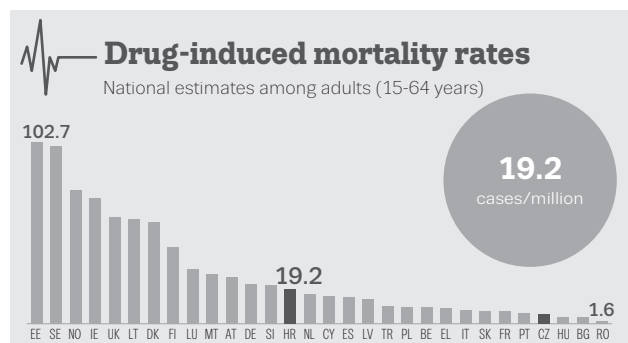
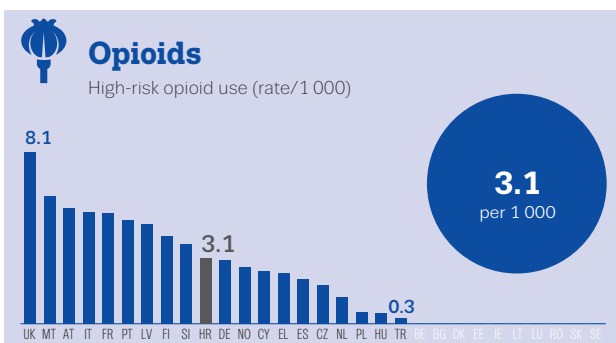
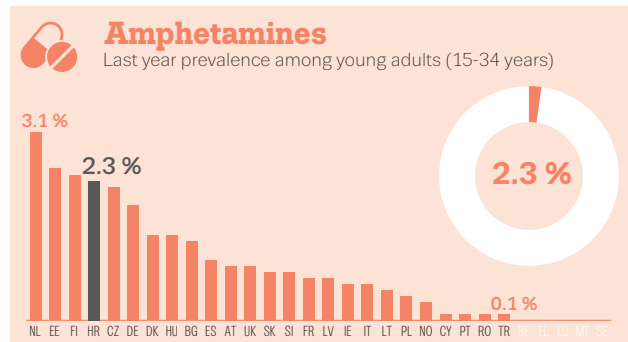
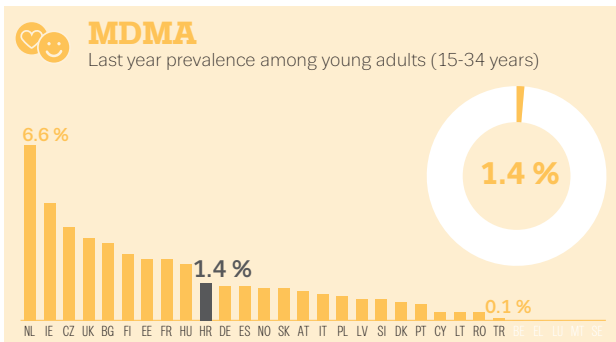
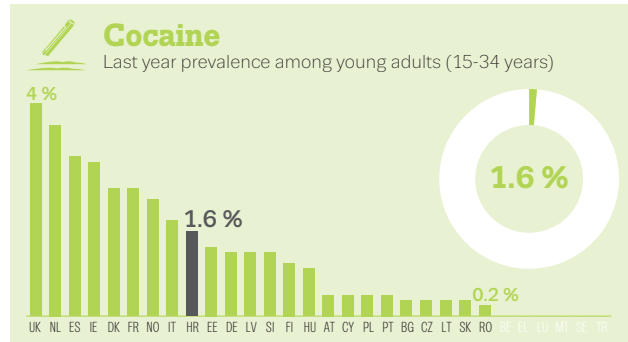
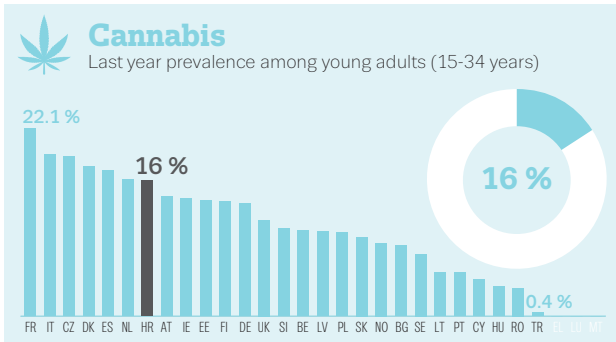
## Most recent estimates and data reported

	Year	Country data	EU range	
			Minimum	Maximum
<b>Cannabis</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	21.5	6.5	36.8
Last year prevalence of use — young adults (%)	2015	16	0.4	22.1
Last year prevalence of drug use — all adults (%)	2015	7.9	0.3	11.1
All treatment entrants (%)	2015	13	3	71
First-time treatment entrants (%)	2015	62	8	79
Quantity of herbal cannabis seized (kg)	2015	409	4	45 816
Number of herbal cannabis seizures	2015	4 546	106	156 984
Quantity of cannabis resin seized (kg)	2015	12.2	1	380 361
Number of cannabis resin seizures	2015	764	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	2015	0.3-21.6	0	46
Potency — resin (% THC) (minimum and maximum values registered)	2015	0.9-44.2	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	5.2-20	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	2015	8.3-16	0.9	46.6
<b>Cocaine</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.7	0.9	4.9
Last year prevalence of use — young adults (%)	2015	1.6	0.2	4
Last year prevalence of drug use — all adults (%)	2015	0.8	0.1	2.3
All treatment entrants (%)	2015	1	0	37
First-time treatment entrants (%)	2015	3	0	40
Quantity of cocaine seized (kg)	2015	11.8	2	21621
Number of cocaine seizures	2015	359	16	38 273
Purity (%) (minimum and maximum values registered)	2015	0.9-87.3	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	65-92	10	248.5
<b>Amphetamines</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.7	0.8	6.5
Last year prevalence of use — young adults (%)	2015	2.3	0.1	3.1
Last year prevalence of drug use — all adults (%)	2015	1	0	1.6
All treatment entrants (%)	2015	1	0	70
First-time treatment entrants (%)	2015	3	0	75
Quantity of amphetamine seized (kg)	2015	15	0	3796
Number of amphetamine seizures	2015	589	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	0.2-81	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2015	6.5-40	1	139.8

	Year	Country data	EU range	
			Minimum	Maximum
<b>MDMA</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.4	0.5	5.2
Last year prevalence of use — young adults (%)	2015	1.4	0.1	6.6
Last year prevalence of drug use — all adults (%)	2015	0.6	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	1	0	2
Quantity of MDMA seized (tablets)	2011	2 898	54	5 673 901
Number of MDMA seizures	2015	747	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	2015	9.2-199.4	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	6.6-16	0.5	60
<b>Opioids</b>				
High-risk opioid use (rate/1 000)	2015	3.1	0.3	8.1
All treatment entrants (%)	2015	81	4	93
First-time treatment entrants (%)	2015	21	2	87
Quantity of heroin seized (kg)	2015	145	0	8294
Number of heroin seizures	2015	154	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	1.8-61.9	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	39-78.5	3.11	214
<b>Drug-related infectious diseases/injecting/deaths</b>				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	0.5	0	44
HIV prevalence among PWID* (%)	No data	No data	0	30.9
HCV prevalence among PWID* (%)	No data	No data	15.7	83.5
Injecting drug use (cases rate/1 000 population)	2015	2.2	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	19.2	1.6	102.7
<b>Health and social responses</b>				
Syringes distributed through specialised programmes	2015	923 650	164	12 314 781
Clients in substitution treatment	2015	5 061	252	168 840
<b>Treatment demand</b>				
All clients	2015	7 537	164	12 314 781
First-time clients	2015	848	252	168 840
<b>Drug law offences</b>				
Number of reports of offences	2015	9 551	472	411 157
Offences for use/possession	2015	6 709	359	390 843

\* PWID — People who inject drugs.

## EU Dashboard



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

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## About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.



Government of the Republic of Croatia  
Office for Combating Drugs Abuse

### About our partner in Croatia

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

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