

Croatia

Croatia Country Drug Report 2019

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 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

THE DRUG PROBLEM IN CROATIA AT A GLANCE

Drug use

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

Cannabis

16.0 %

Gender	Percentage
Female	10.1 %
Male	21.8 %

Other drugs

MDMA	1.4 %
Amphetamines	2.3 %
Cocaine	1.6 %

All treatment entrants

by primary drug

Drug	Percentage
Heroin	74 %
Cannabis	13 %
Other	10 %
Amphetamines	2 %
Cocaine	2 %

Overdose deaths

Year	Overdose Deaths
2006	70
2007	110
2008	85
2009	60
2010	70
2011	55
2012	45
2013	45
2014	55
2015	50
2016	55
2017	65

Drug law offences

11 353

Top 5 drugs seized

ranked according to quantities measured in kilograms

- Herbal cannabis
- Cocaine
- Amphetamine
- Heroin
- MDMA

High-risk opioid users

8 874

(7 200 - 11 547)

Opioid substitution treatment clients

4 792

New HIV diagnoses attributed to injecting

Year	New HIV Diagnoses
2006	3
2007	2
2008	0
2009	0
2010	0
2011	4
2012	0
2013	0
2014	0
2015	2
2016	0
2017	0

Source: ECDC

Population

(15-64 years)

2 736 501

Source: Eurostat Extracted on: 18/03/2019

Syringes distributed

through specialised programmes

244 299

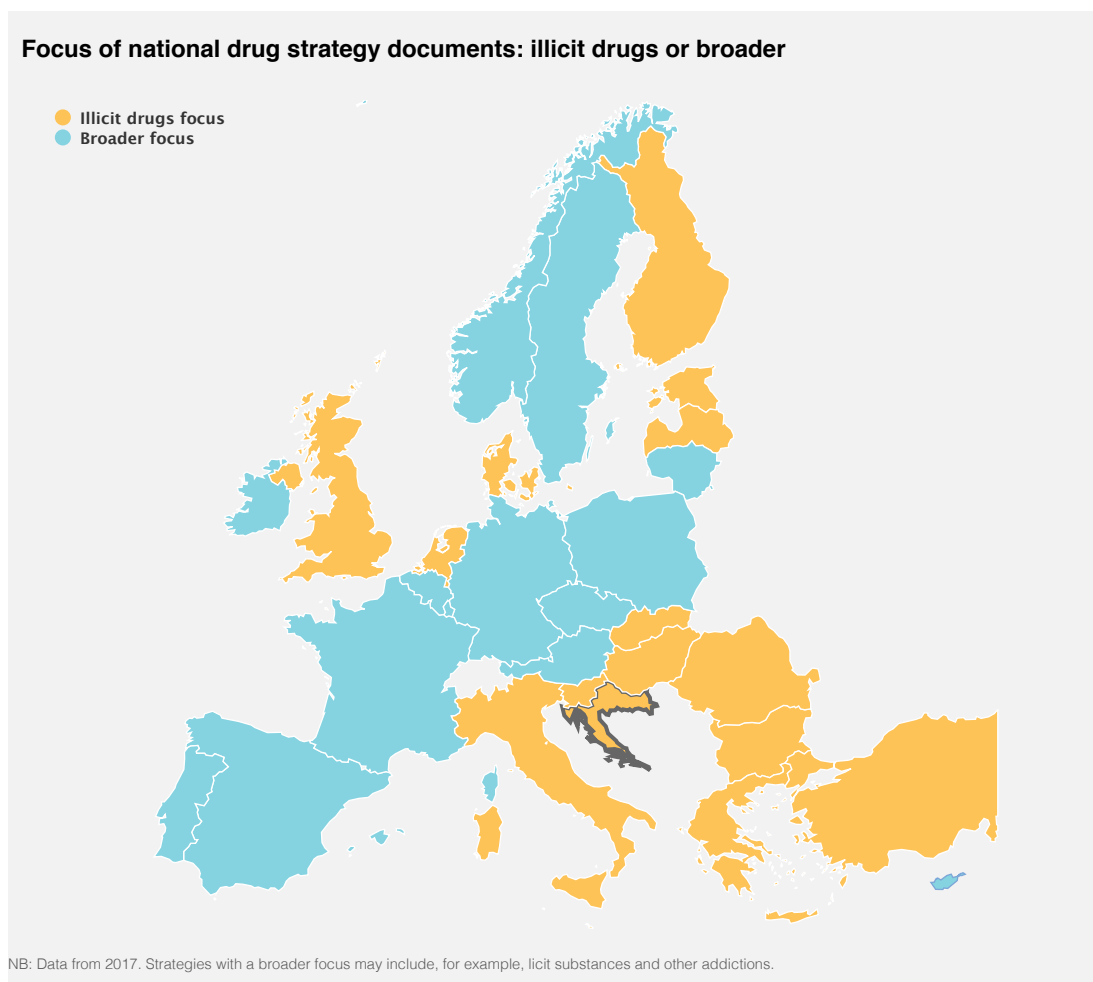
NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations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

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. 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. The strategy is built around the two pillars of demand and supply reduction and 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. The strategy has been implemented through two consecutive 3-year action plans (2012-14 and 2015-17). A new National Strategy to Combat Addiction for 2018-25 and Action Plan are currently being developed and will address both substance and behavioural addictions.

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 Drug Abuse 2012-17 in the Republic of Croatia was undertaken in 2017 and the results of this evaluation are being used to develop the new strategy for 2018-25.



National coordination mechanisms

The Commission for Combating Drug Abuse of the Government of the Republic of Croatia is chaired by the Deputy Prime Minister and has representatives from all relevant ministries. The Commission develops drug policy and coordinates, at the political level, the activities of the ministries and other organisations involved in the implementation of the National Strategy on Combating Drug Abuse. It also adopts annual programmes of action in this field. At the operational level, the Office for Combating Drug Abuse is the specialised government service that deals with the day-to-day implementation and monitoring of the National 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 is tasked with supporting the Office for Combating Drug Abuse in its decision-making. At the local level, the County Committees for Combating Drug Abuse coordinate the implementation of the drug strategy.

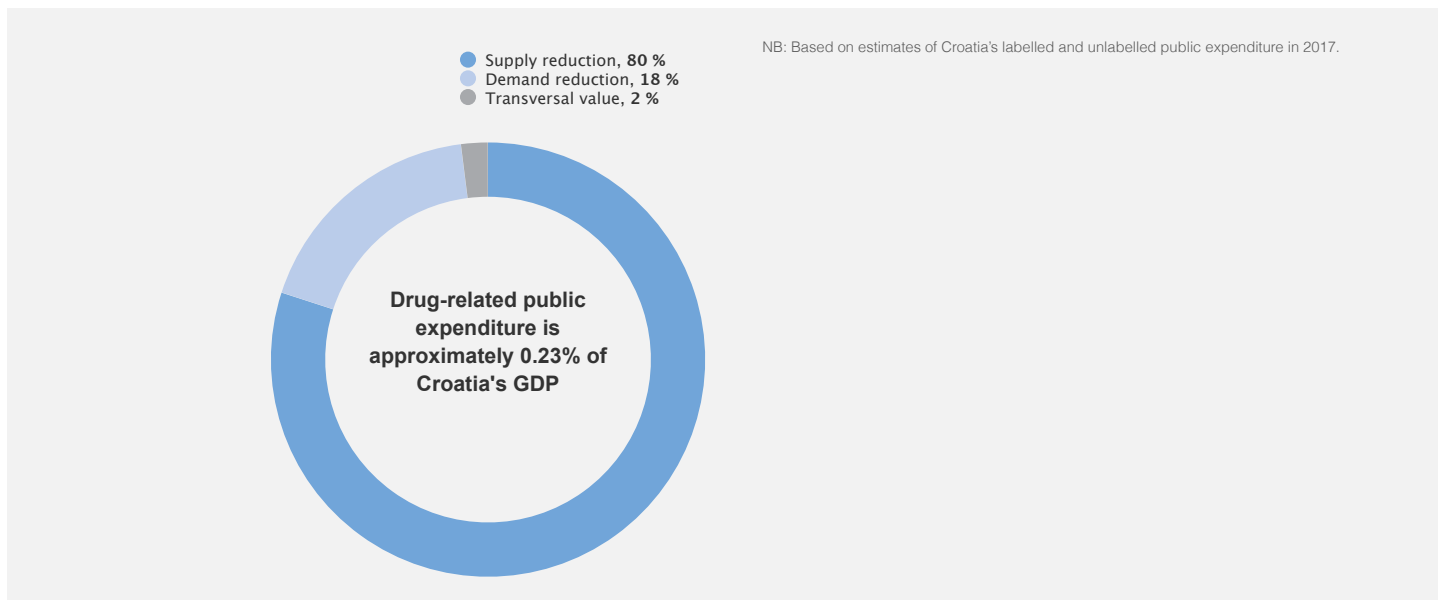
Public expenditure

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, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

The Croatian national action plan has an annual drug-related budget. In addition, labelled and unlabelled drug-related expenditures have been estimated annually since 2009, based on a well-defined methodology. In 2014, the efficiency of public spending and its compliance with the strategic priorities of the national strategy and the action plan were assessed. In 2016, a study was initiated to set the evaluation methodology for the provision of drug-related interventions and their costs in areas such as law enforcement, healthcare and social welfare. The aim is to link high-quality standards of public service provision to funding practices.

Total drug-related public expenditure in 2017 amounted to 0.23 % of gross domestic product (GDP), a slightly smaller proportion than in previous years. In 2017, the Croatian government spent approximately EUR 112.7 million, of which 80 % financed public order and safety activities, 18 % financed healthcare and approximately 2 % financed education, social protection and general public services.

Public expenditure related to illicit drugs in Croatia



Drug laws and drug law offences

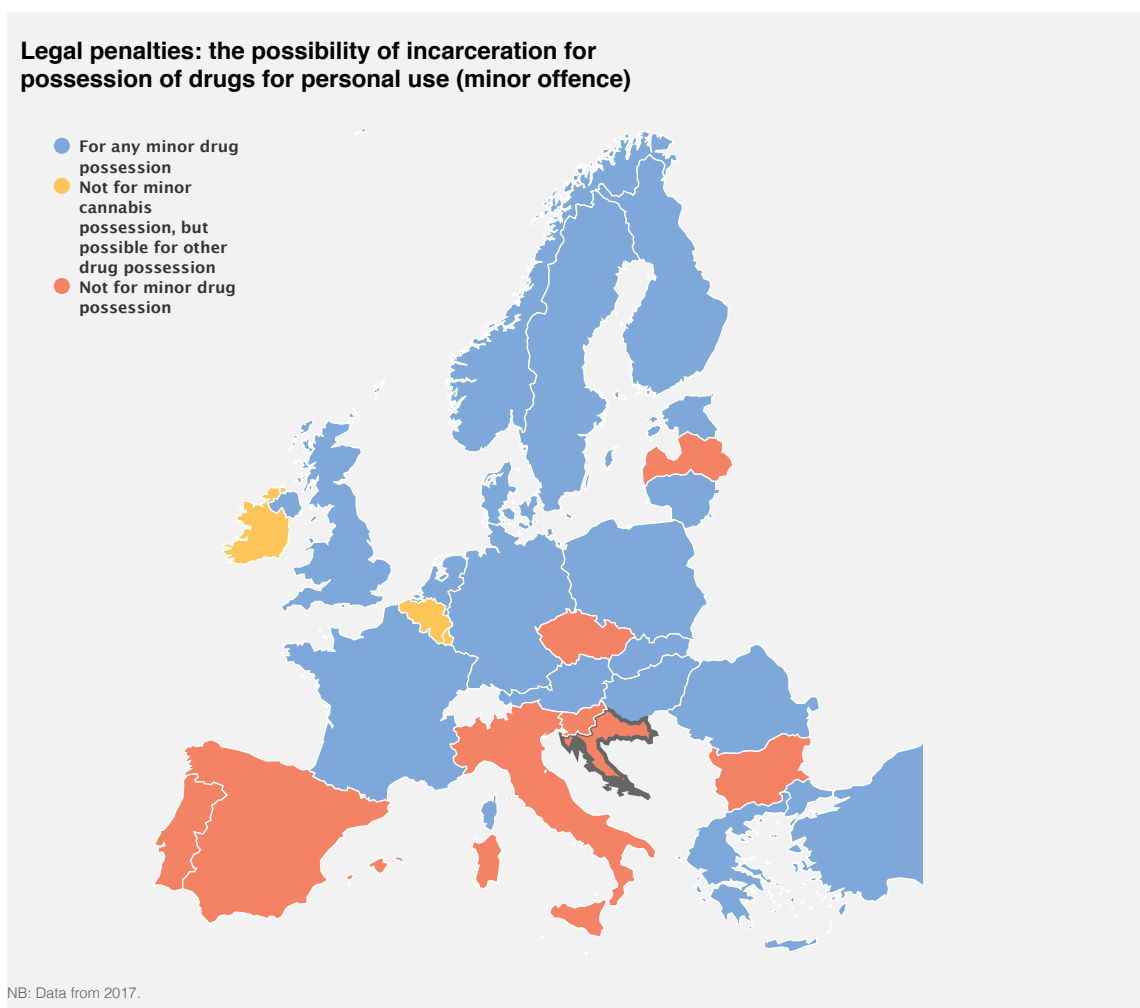
National drug laws

In Croatia, drug control is mainly covered by two legal acts: the Drug Abuse Prevention Act (DAPA) and the Criminal Code. The DAPA, 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 failing to notify the police of suspicious events are specific offences too. The DAPA also outlines a system for the prevention of drug use and for assistance to drug users.

Since January 2013, the possession of small quantities of drugs for personal use has been considered not a criminal offence but a misdemeanour under the DAPA and is punishable by a fine ranging between EUR 650 and EUR 2 600. The judgement on whether the quantity can be classed as 'small' is made by the state prosecutor or court in each case. Illegal cultivation or production and processing of drugs with no intention to sell is punishable by 6 months to 5 years in prison. Illegal production, processing, possession, import and export with intention to sell are punishable by 1-12 years' imprisonment, which, under aggravating circumstances, including the involvement of children or a network or the possibility of serious health damage, may increase to at least 3 years' or even 5-15 years' imprisonment; involvement in organised crime may increase the custodial sentence to 20 years. Precursor trafficking carries a penalty of 6 months to 5 years' imprisonment.

The Criminal Code urges the court to use a number of alternative measures to imprisonment, such as fines, community service, probation and treatment, in cases in which a prison sentence of up to 6 months would otherwise be imposed. The offence may also be dismissed if it is considered 'insignificant'. Compulsory drug treatment may be prescribed for up to 3 years, and time spent in treatment is taken into account when sentencing.

Following a growing problem with new psychoactive substances, a generic approach to drug classification was introduced in 2014 to ensure that many substances are controlled under the relevant drug laws.

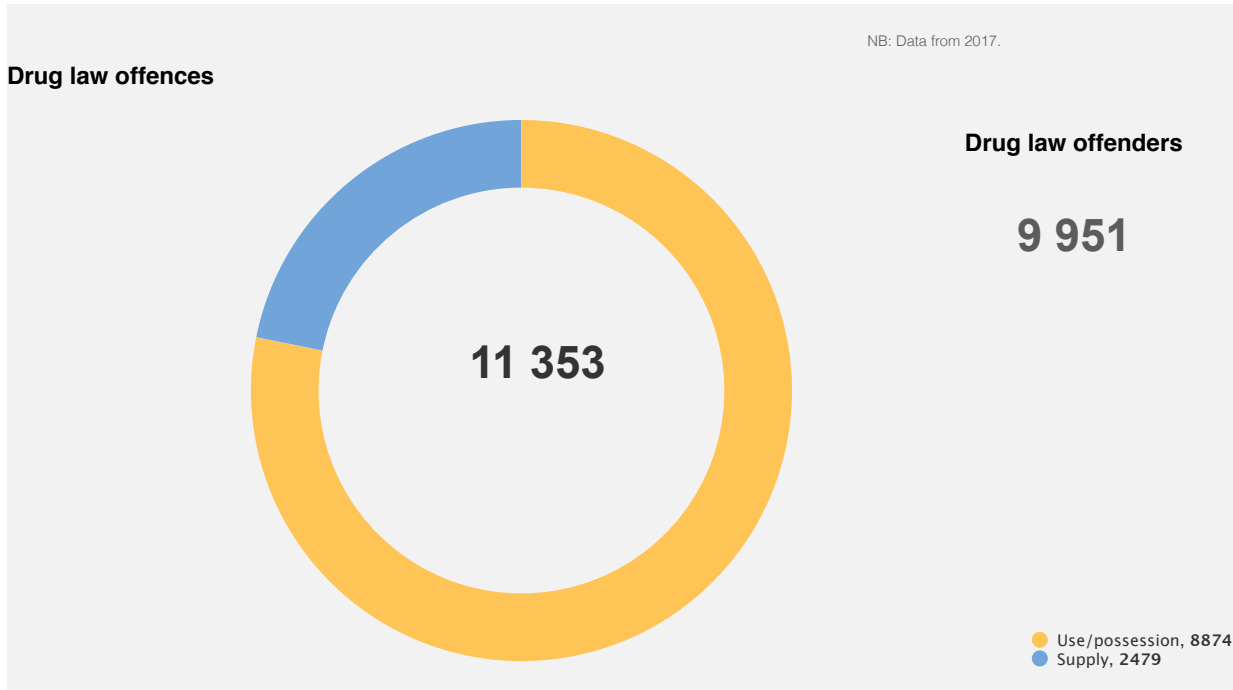


Drug law offences

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.

Statistical data indicate that, in 2017, most DLOs in Croatia were misdemeanours related to use/possession, while approximately one out of five DLOs was related to illegal production, smuggling or sale of drugs. The total number of reported DLOs has overall shown a slight upward trend since 2010. Most DLOs are linked to cannabis, followed by amphetamines and MDMA/ecstasy.

Reported drug law offences and offenders in Croatia



Prevalence and trends

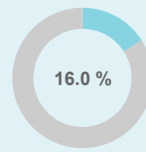
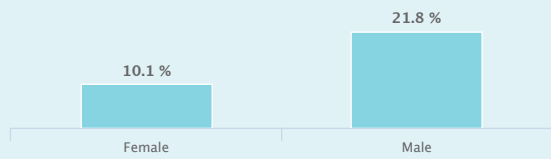
Cannabis remains the most commonly used illicit drug in Croatia. A 2015 survey indicated that approximately one in five adults aged 15-64 years has used cannabis at least once during their lifetime. Cannabis use is concentrated among young adults (aged 15-34 years). Approximately 2 in 10 younger adults aged 15-24 years reported using cannabis at least once during the last year, while approximately 1 in 50 of the same age group had used amphetamines — the most commonly used stimulants — in the last 12 months. Males generally use illicit drugs more frequently than females. Available data indicate that approximately 7 in 100 young adults (aged 15-24 years) in Croatia have tried new psychoactive substances (NPS) during their lifetime.

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 municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. Regarding stimulants, the results indicate a continued increase in cocaine use in Zagreb in 2011-18, with levels being higher at the weekends than on weekdays. The increasing trends in amphetamine and MDMA/ecstasy use observed over the period 2011-15 seem to have stabilised in recent years, although amphetamine use increased in 2018. The levels of methamphetamine metabolites measured in wastewater remained low during the observation period, indicating limited use of methamphetamine in the city.

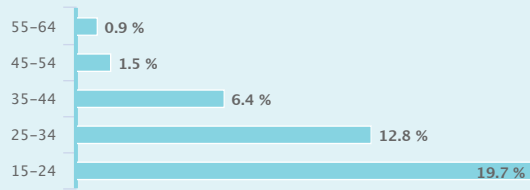
Estimates of last-year drug use among young adults (15-34 years) in Croatia

Cannabis

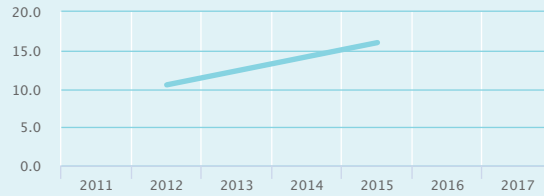
Young adults reporting use in the last year



Prevalence by age

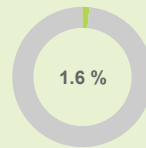
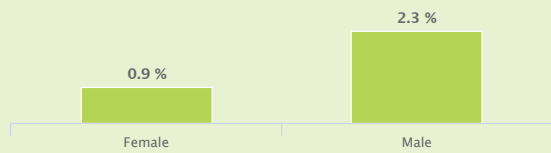


Trends

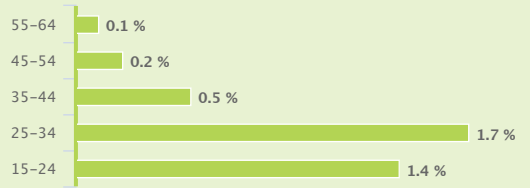


Cocaine

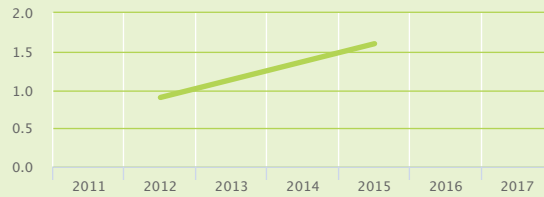
Young adults reporting use in the last year



Prevalence by age

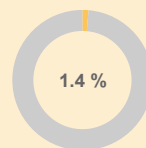
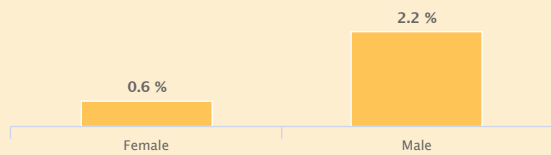


Trends

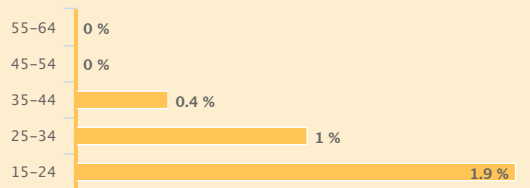


MDMA

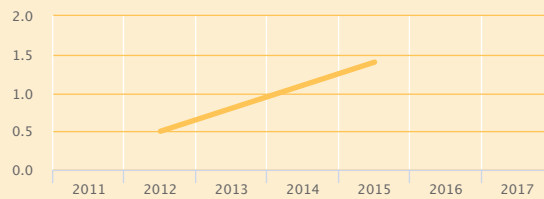
Young adults reporting use in the last year



Prevalence by age

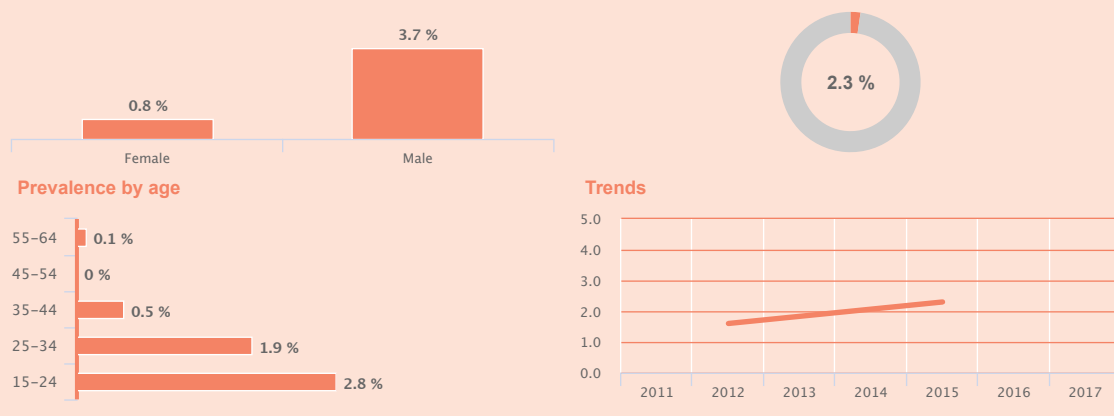


Trends



Amphetamines

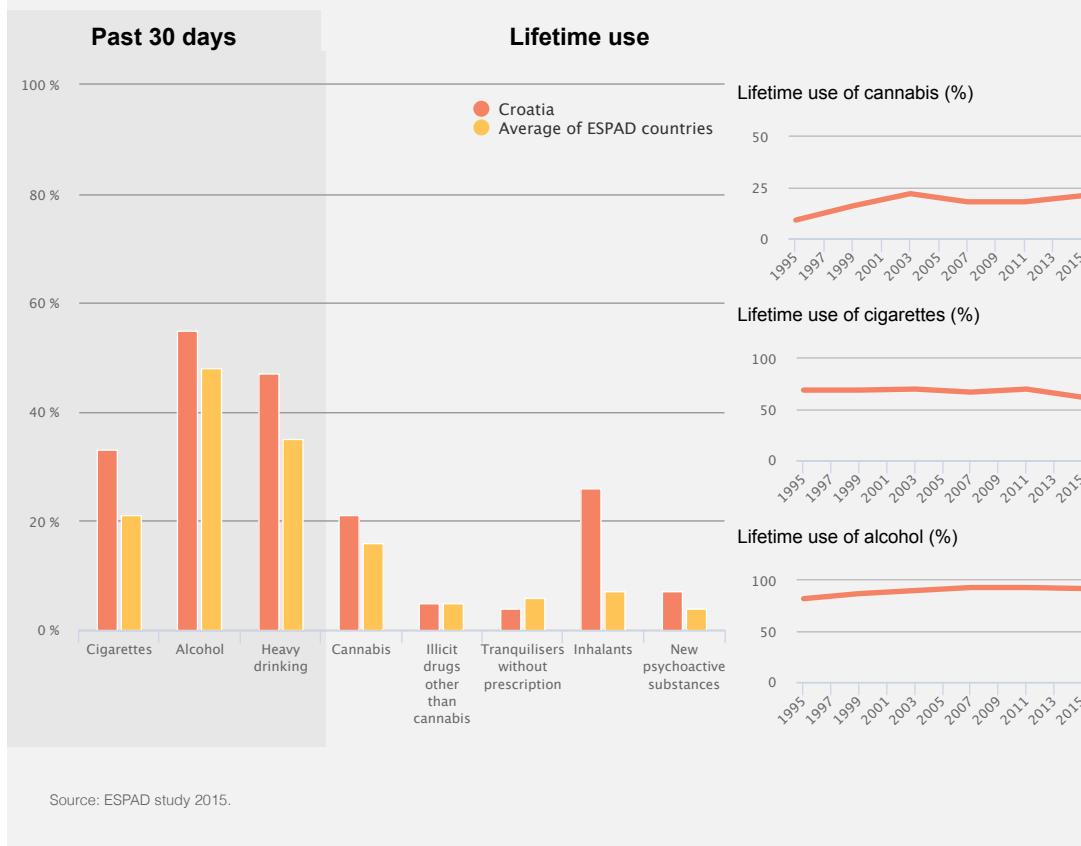
Young adults reporting use in the last year



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

Data on drug use among 15- to 16-year-old students were last reported in 2015 in the European School Survey Project on Alcohol and Other Drugs (ESPAD). This study has been conducted in Croatia since 1995. Reported prevalence rates among Croatian students were considerably higher than the ESPAD averages (based on data from 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 ESPAD average, while lifetime use of illicit drugs other than cannabis was at average level. 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 averages.

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



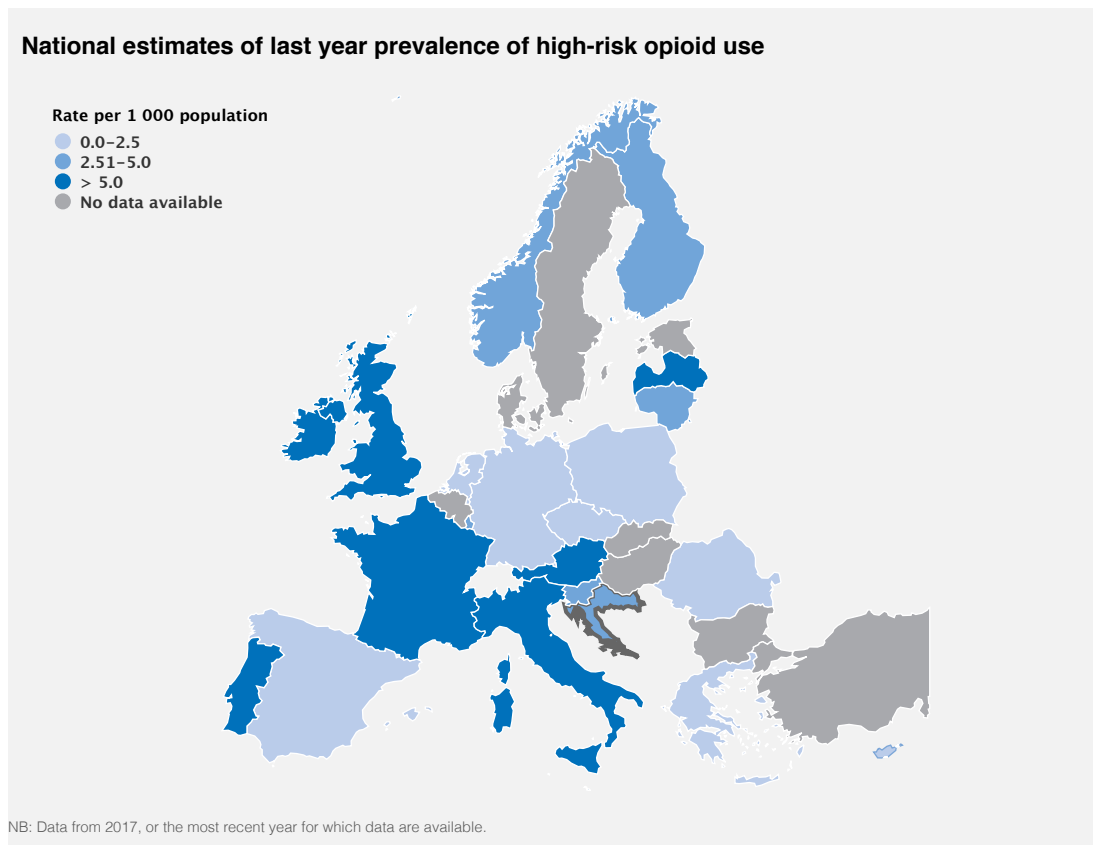
High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems,

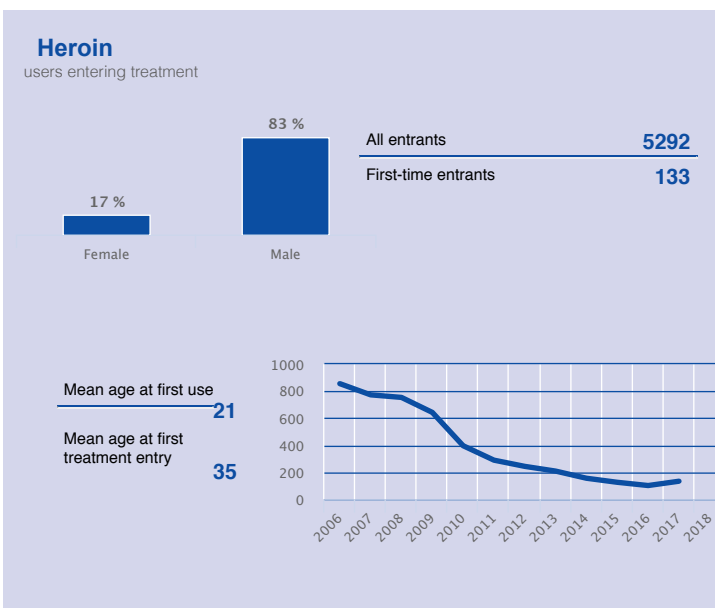
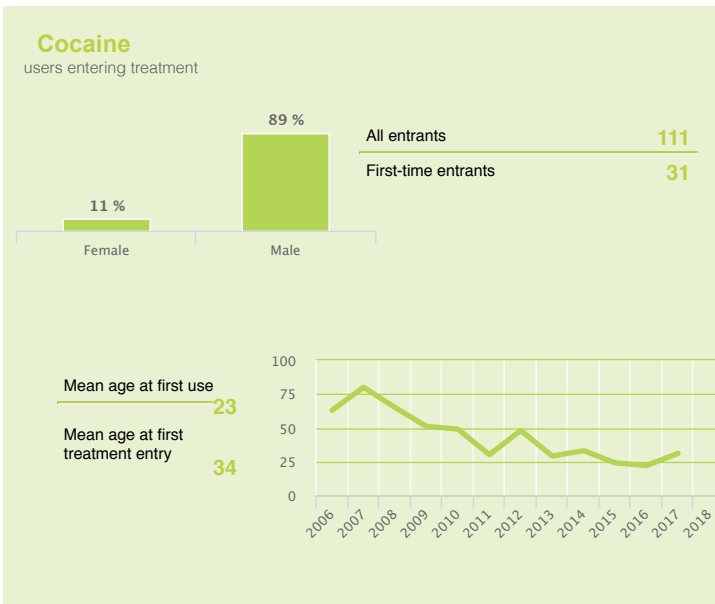
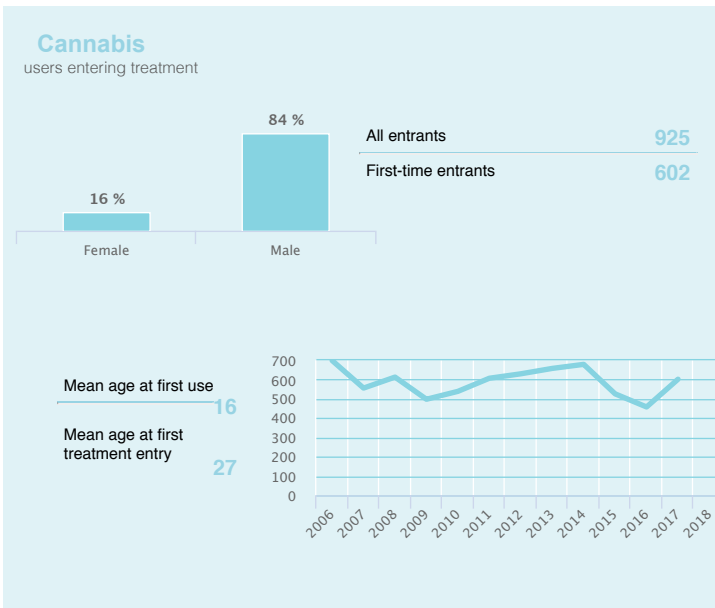
while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature and of trends in high-risk drug use.

In 2015, a mortality multiplier study estimated that the total population of high-risk opioid users was approximately 8 900 (3.09 per 1 000 population). The same study indicated that there were 6 300 people who inject drugs in Croatia (2.21 per 1 000 population).

Data from specialised treatment centres show that the majority of first-time treatment entrants report cannabis as their primary problem drug; they are followed by those seeking treatment as a result of heroin use. In the last decade, the number of first-time treatment entries as a result of heroin use has decreased by almost 90 %, although heroin remains the main problem drug for which people receive treatment in Croatia. Injecting remains common among heroin users, although levels of heroin injecting are lower among first-time treatment clients than among those who have entered treatment repeatedly.

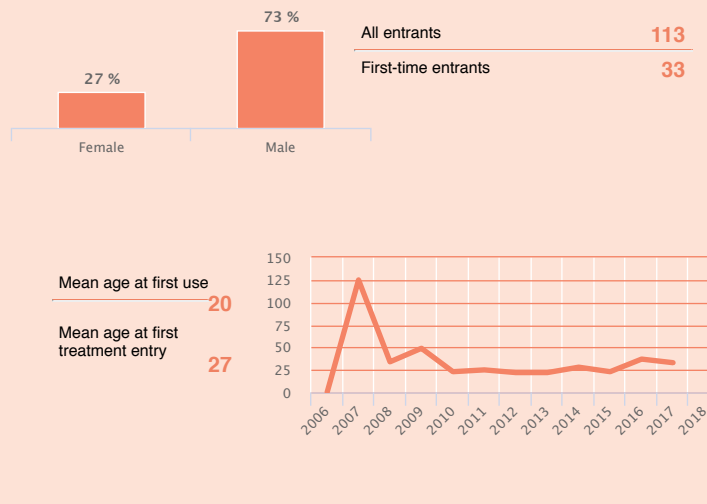


Characteristics and trends of drug users entering specialised drug treatment in Croatia



Amphetamines

users entering treatment



NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

Drug-related infectious diseases

The reported number of new diagnoses of human immunodeficiency virus (HIV) infection linked to injecting drug use is low in Croatia, with two new HIV infections among people who inject drugs (PWID) notified over the last 5 years. In 2016, no cases of HIV infection were reported among PWID.

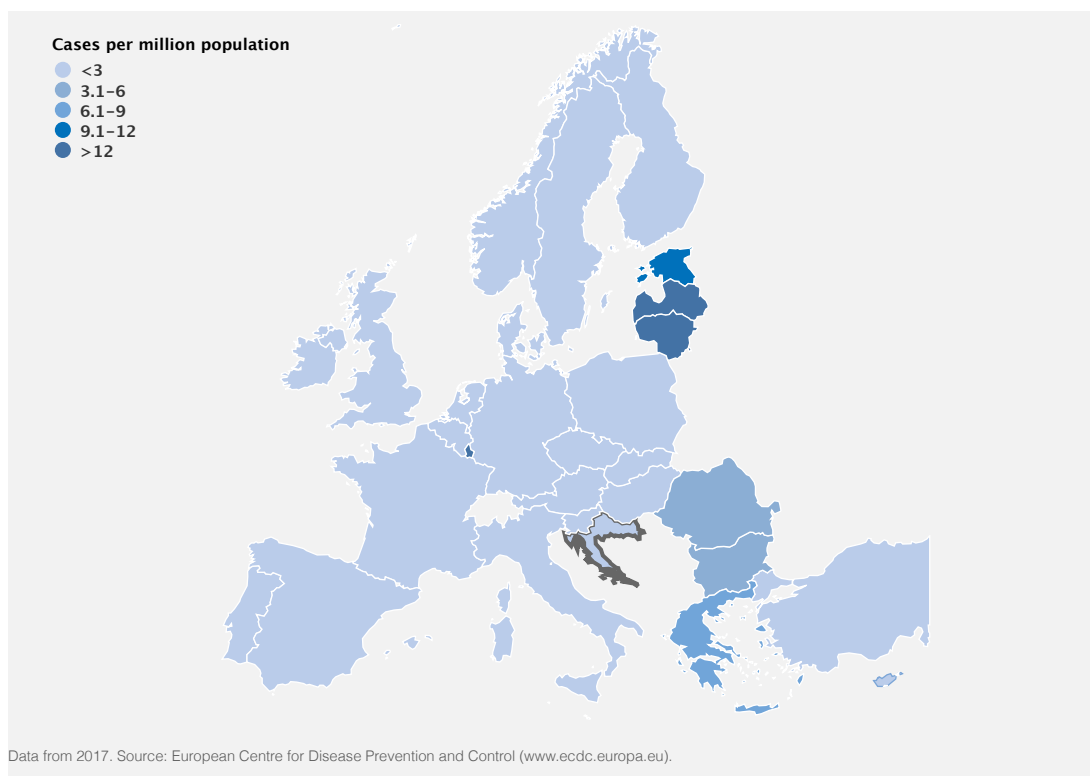
Prevalence of HIV and HCV antibodies among people who inject drugs in Croatia (%)

Region	HCV	HIV
National	:	:
Sub-national	38.2	0.5

Data from 2014.

Newly diagnosed hepatitis B virus and hepatitis C virus (HCV) infections are not monitored nationally in Croatia to the same extent as HIV infections, 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 in HCV antibodies prevalence among this group over the period 2005-14, with some stabilisation in the last few years. The prevalence of HBV infection among opioid users in treatment declined over the period 2010-13 but increased slightly in 2014 and has remained unchanged since then. A 2014 serobehavioural study found that more than one third of PWID in three Croatian cities (Split, Zagreb and Rijeka) tested positive for HCV antibodies. The same study indicated that less than one fifth of PWID had been tested for HIV or for HCV in the last 12 months and received their test results.

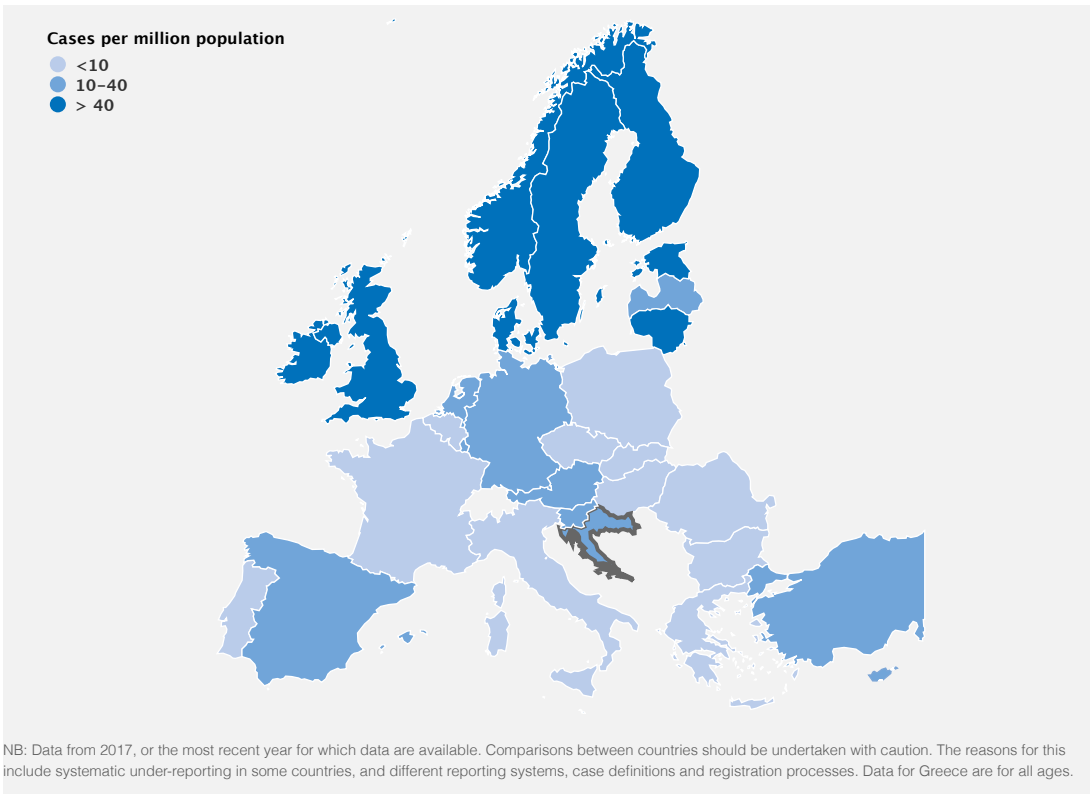
Newly diagnosed HIV cases attributed to injecting drug use



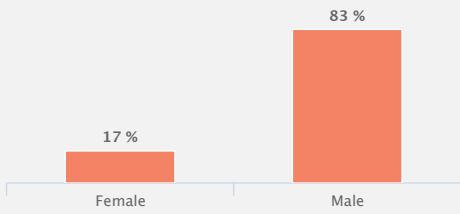
Drug-induced deaths and mortality

Drug-induced deaths are deaths that can be directly attributed to the use of illicit drugs (i.e. poisoning and overdoses). In Croatia, the number of drug-induced deaths has stabilised in recent years. In 2017, the mean age at time of death was 41 years. The drug-induced mortality rate among adults (aged 15-64 years) in 2017 was 23 deaths per million, which is higher than the most recent European average of 22 deaths per million.

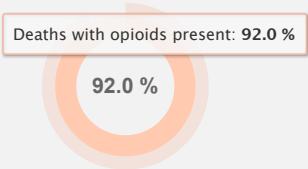
Drug-induced mortality rates among adults (15-64 years)



Gender distribution

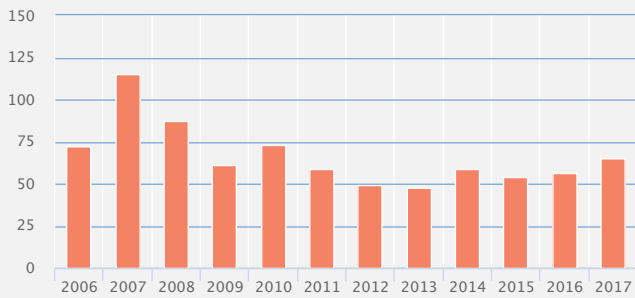


Toxicology



Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017

Prevention

The National Strategy on Combating Drug Abuse 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 Settings and the Social Welfare System for 2015-17 details several preventive aspects including the main target audiences, the evaluation criteria for prevention programmes and the standards for drug use prevention activities.

Prevention programmes in Croatia are implemented primarily at a local community level 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 the field of prevention, while county committees ensure coordination at the local level. Prevention activities are mainly funded by the state budget and by lottery revenue.

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 substance use problems and indicated prevention focuses on at-risk individuals.

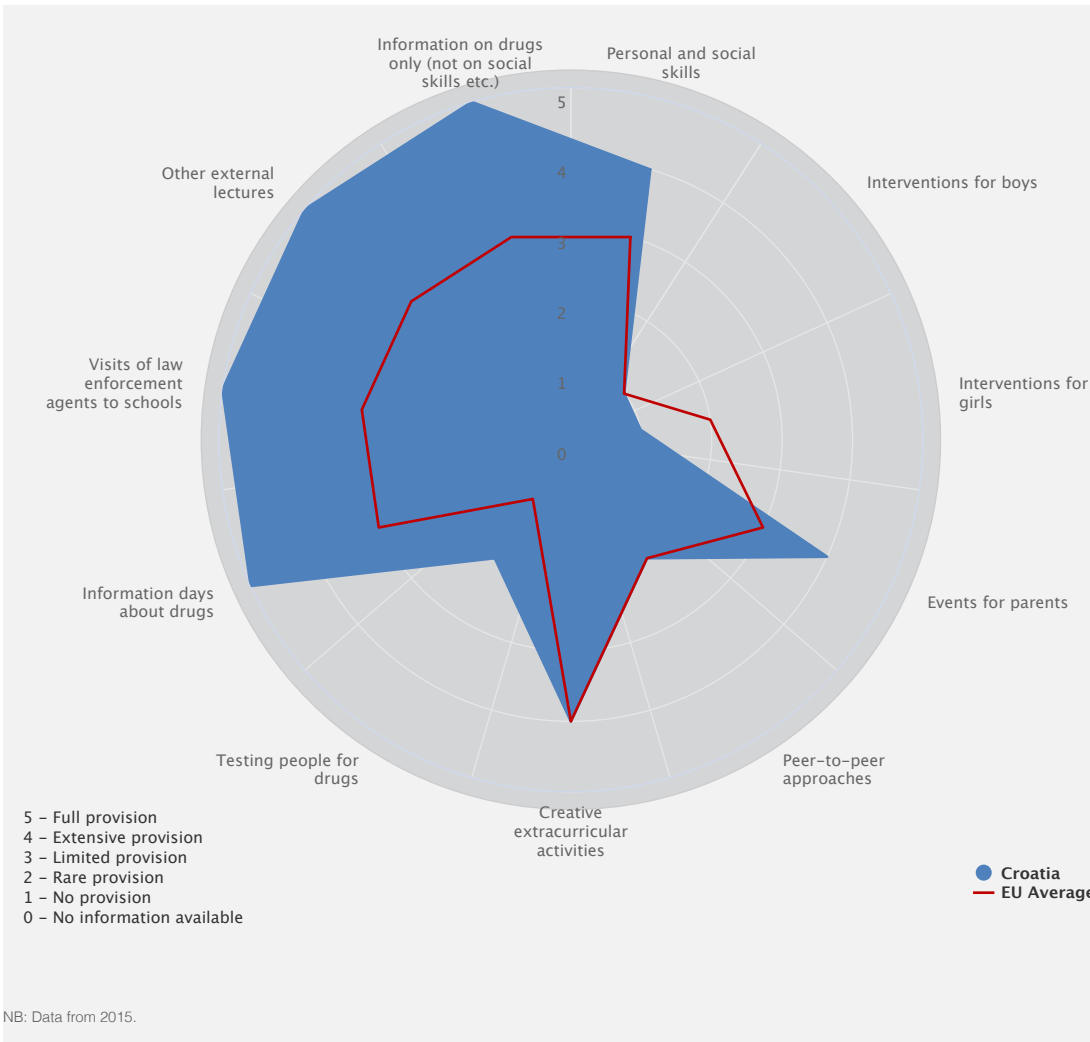
In Croatia, the main focus of environmental prevention is the control and reduction of access of children and young people to alcohol and tobacco. A particular feature of such prevention in Croatia consists of curfew hours for young people under the age of 16, compliance with which is the duty of parents, who can be fined if their children break the curfew.

Universal drug prevention in Croatia is organised and implemented mainly within the education system and follows a module-based health education curriculum. The primary aims of school-based prevention are to motivate young people to adopt healthy lifestyles, to develop students' self-esteem and social skills and to provide alternative leisure-time activities with the goal of reducing young people's interest in experimenting with psychoactive substances. Family-oriented prevention activities are implemented by local organisations and focus on strengthening parenting skills. At the community level, youth clubs and NGOs offer numerous educational activities 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 skills-based prevention activities. International programmes such as Unplugged, the Life-Skills Training Programme, Communities that Care and Promoting Alternative Thinking Strategies have recently been implemented in Croatia. Particular attention is given to the evaluation of these programmes.

Selective prevention is implemented in cooperation with NGOs and social welfare centres. Activities in this area focus on vulnerable families (e.g. those with parents in prison or parents with drug use problems), minority communities and children who have special needs, are in children's homes or are from high-risk families. These programmes reinforce the need for a healthy lifestyle and emphasise risk reduction, promoting the role of parenting and providing 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 institutions. The programme MOVE — Brief Motivational Intervention — has been implemented across the country since 2008. MOVE provides education for experts involved in providing counselling to young people with risky behaviour profiles. It comprises interactive training in communication, based on the principles of motivational interviewing and the transtheoretical model of behaviour change.

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 the expansion of coverage and diversification of harm reduction services towards new target groups and new types of services. Harm reduction programmes are an integral part of public health activities in Croatia and are financed by the Ministry of Health. Harm reduction activities are mostly conducted by various non-governmental organisations (NGOs) and the Croatian Red Cross, and by the network of services for mental health protection, addiction prevention and outpatient treatment. In 2017, these programmes were available at numerous fixed sites and in locations served by outreach workers, as well as being provided from 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. About 5 000 people who use drugs are reached by these services on a regular basis. 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.

In 2017, six NGO-run harm reduction programmes distributed around 245 000 syringes, with the majority given out by the NGO Help.

Ten specialised centres, part of the public health system, are located across the country in major cities and in the prison hospital in Zagreb. They provide anonymous and free-of-charge testing for human immunodeficiency virus (HIV) infection and counselling. HIV and hepatitis C virus infection tests are performed at some NGO-led harm reduction programmes. A new mobile application and online platform were launched in 2017, providing users with information about hepatitis.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

Treatment

The treatment system

The National Strategy on Combating Drug Abuse 2012-17 and the related action plan emphasise the enhancement of treatment quality to meet clients' needs. In Croatia, treatment is primarily implemented in the healthcare system and certain forms of psychosocial treatment are also available through the social welfare system, in therapeutic communities and associations, and in the prison and probation systems. In addition, treatment of minors or young adults is also provided in homes for children without adequate parental care and for children and young people with behavioural disorders.

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.

The central element of the Croatian drug treatment system is the provision of care through outpatient treatment facilities and primary healthcare, although hospital-based inpatient treatment and therapeutic communities are also available. Outpatient 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 and continuation of opioid substitution treatment (OST) and other pharmacological treatments, testing and counselling on a wide range of issues. Medication-based treatment is the most common treatment modality. Outpatient drug treatment is also provided by some associations that provide psychosocial treatment alongside social reintegration interventions and by units in general hospitals. Inpatient treatment is provided by hospitals and covers detoxification, drug-free programmes, and individual and group psychosocial treatment. Therapeutic communities offer long-term rehabilitation options.

OST using methadone was introduced in 1991, buprenorphine was introduced in 2004 and Suboxone was introduced in 2009. Only specialised office-based medical doctors and treatment centres can prescribe OST; however, it is predominantly administered by general practitioners.

Drug treatment in Croatia: settings and number treated

Outpatient

Specialised drug treatment centres (6639)

General Primary Health Care (5182)

Inpatient

Hospital-based residential drug treatment (518)

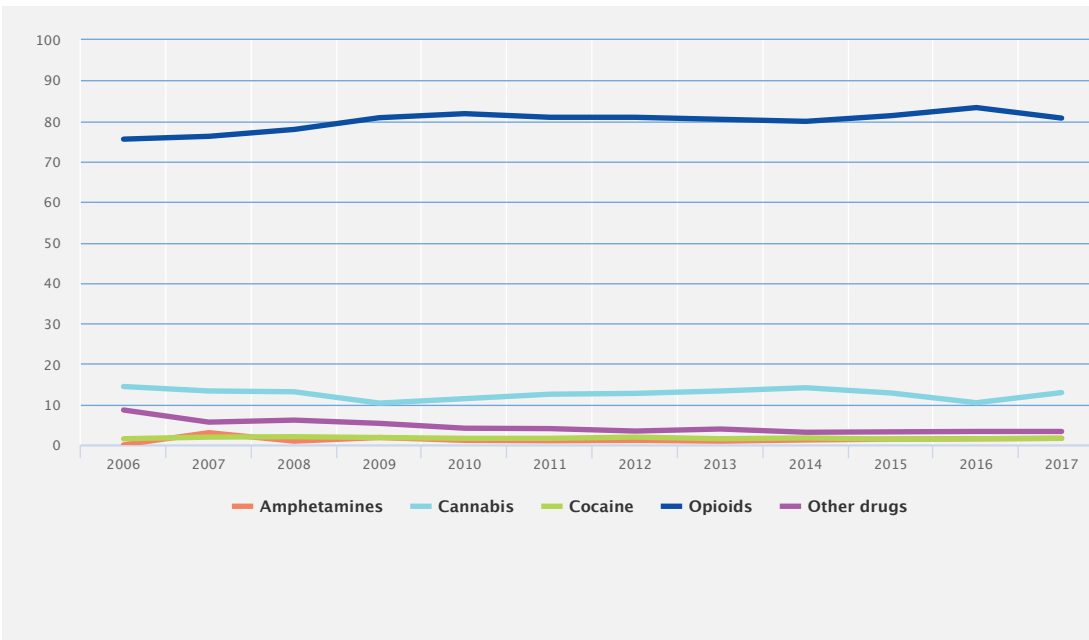
Therapeutic communities (497)

NB: Data from 2017.

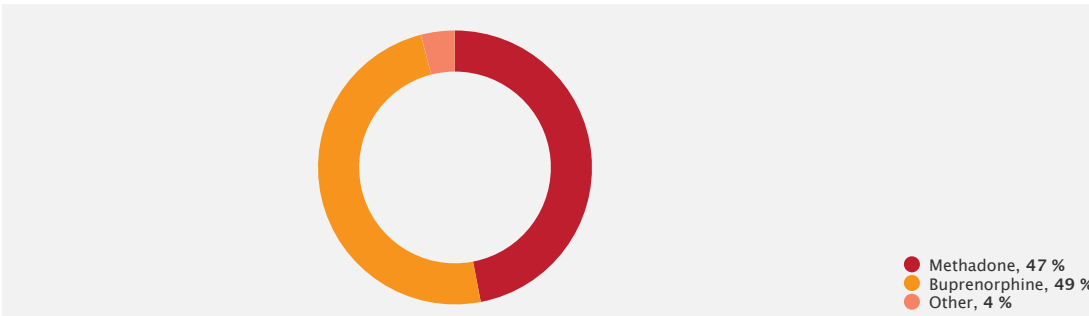
Treatment provision

In 2017, over 7 100 people were treated in Croatia, mostly in outpatient settings. Opioids, mainly heroin, remain the most common primary problem drug among all clients entering treatment, and OST is the most common treatment. In 2017, half of the clients enrolled in OST were prescribed buprenorphine-based medications and the other half were prescribed methadone.

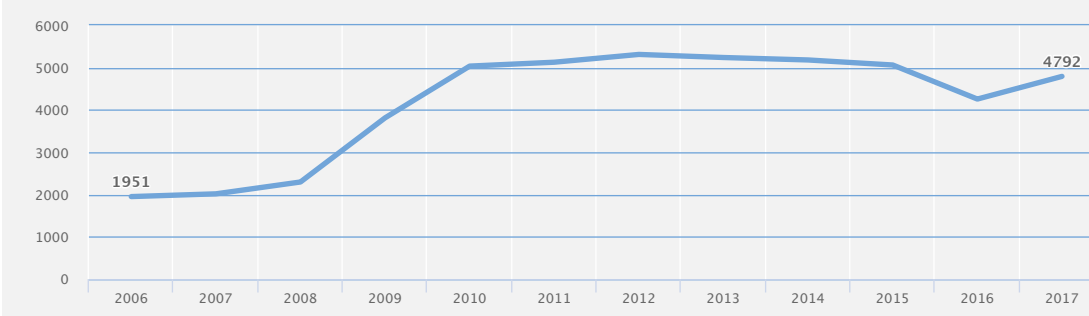
Trends in percentage of clients entering specialised drug treatment, by primary drug, in Croatia



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



Trends in the number of clients in OST



NB: Data from 2017.

Drug use and responses in prison

The prison system of the Republic of Croatia consists of seven penitentiaries, including the prison hospital, 14 prisons, two juvenile correctional institutions, the diagnostics centre in Zagreb and the training centre. In 2017, around 11 300 people (including minors) were imprisoned in Croatia. The National Strategy on Combating Drug Abuse 2012-17 in the Republic of Croatia includes a special chapter dedicated to the treatment of drug users in the prison system. These measures are also based on national criminal legislation, by-laws and legal acts.

The Ministry of Justice (Prison Administration) is responsible for organising healthcare for inmates, while the Ministry of Health is responsible for monitoring the provision of health services in accordance with professional standards. On admission, prisoners with a sentence longer than 6 months undergo a health assessment, which also includes an assessment for drug dependence. In 2017, less than one fifth of sentenced prisoners were diagnosed with a drug problem, with opioid and polydrug use as the most common issues. A large proportion of prisoners treated for mental health disorders have concurrent substance use problems. There has been a fall in the number of drug-dependent prisoners since 2013, which is attributed to a reduction in the total number of prisoners following the entry into force of the new Criminal Code, according to which drug possession is no longer a criminal offence. A study conducted in 2016 indicates that property offences are the most common type of offence for which drug-dependent individuals are sentenced to imprisonment, and they account for almost a quarter of all those imprisoned for property-related offences.

The approach to drug treatment in prison is comprehensive and includes both medical and psychosocial treatment. Opioid substitution treatment 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. The prison hospital provides inpatient treatment for prisoners with drug problems. A social reintegration project links prisons with county services to ensure continuity of care following a prisoner's release.

Harm reduction programmes in prison include training and counselling activities; voluntary testing for infectious diseases such as hepatitis C virus and human immunodeficiency virus (HIV) infections; the treatment of viral hepatitis infections; preparatory procedures and referral to HIV/acquired immunodeficiency syndrome (AIDS) treatment.

Quality assurance

In Croatia, the Office for Combating Drug Abuse (OCDA) 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. The Education and Teacher Training Agency is responsible for developing, monitoring and ensuring the quality of education and training programmes.

Recent interventions in the field of quality assurance in Croatia include the following: needs assessment and training provision for professionals working in therapeutic communities; an exploration of the implementation of online interventions; guidelines for psychosocial interventions (including those in prison); and the implementation of minimum quality standards for prevention interventions in the education system (which all educational institutions will be required to implement during the course of the school year). The last intervention is conducted in collaboration with the Education and Teacher Training Agency. The standards document was adopted in July 2017 by the Ministry of Science and Education.

In addition, Croatia has invested in social reintegration through a series of interventions accompanying the individual along the treatment and rehabilitation pathway and by collecting data for evaluation. In September 2017, the OCDA set up a special expert working group for the coordination and monitoring of the Social Reintegration Project to improve its implementation at both the national and local levels and define modifications and adjustments.

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 harm reduction areas and methods to be used in applying the services to specific categories of service beneficiaries.

Drug-related research

Drug-related research in Croatia has expanded in recent years. It includes all main research fields and is mostly implemented by government agencies and universities. A number of surveys estimating the prevalence of the use of illicit substances have been conducted with financial support from 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 other country- and local-level institutions. Since 2011, studies on the structure and characteristics of drug markets, new trends and on the availability of new psychoactive drugs have been supported.

The libraries and websites of the Ministry of Science and Education, as well as of funding and research agencies, are the main channels for disseminating drug-related research findings.

Drug markets

Croatia is considered a transit country for drug trafficking because of its strategic position near the southern leg of the Balkan route. This route has mainly been used to smuggle heroin originating from Afghanistan and more recently has also been used for smuggling other illicit drugs and precursors to and from Western Europe. The majority of cannabis products seized, for the most part herbal cannabis, originate from Albania and are smuggled into Croatia by land via Montenegro and Bosnia and Herzegovina. More recently, the use of maritime routes has also been reported. Although the number of domestic dismantled cannabis plantations has remained stable over the past 3 years, there has been an increase in the number of dismantled indoor cultivation sites. Cannabis grown in Croatia is mainly destined for the local market. Cocaine shipments, which traditionally come from South and Central American countries, used to be trafficked into Croatia only by sea or by land from Western Europe or Turkey. More recently, western Balkans organised crime groups, some of which have Croatian members, have established cocaine trafficking routes from Latin America, in collaboration with South American cartels, and import directly for the European market. Amphetamines and MDMA/ecstasy are primarily smuggled from producing countries such as Belgium and the Netherlands, and methamphetamine from Eastern Europe and Asia. Available data indicate that new psychoactive substances are mainly bought online.

Herbal cannabis remains the most frequently seized substance in Croatia, with a record amount reported in 2017 and most of the cannabis seized coming from Albania. Heroin seizures had been increasing until 2016, but they dropped in 2017. An increase in acetic anhydride seizures on the so-called reverse Balkan route during that same period has been noted.

In 2017, both the number and amount of cocaine seizures were the highest in the last 5-year period. The same increasing trends have been noticed for amphetamine and MDMA, most often connected to music festivals in the summer.

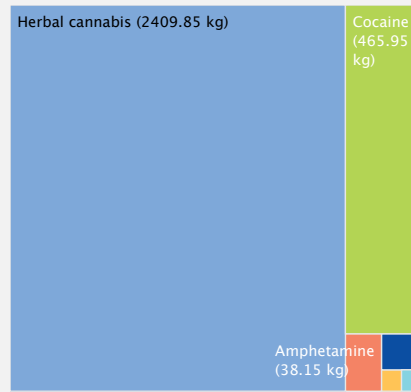
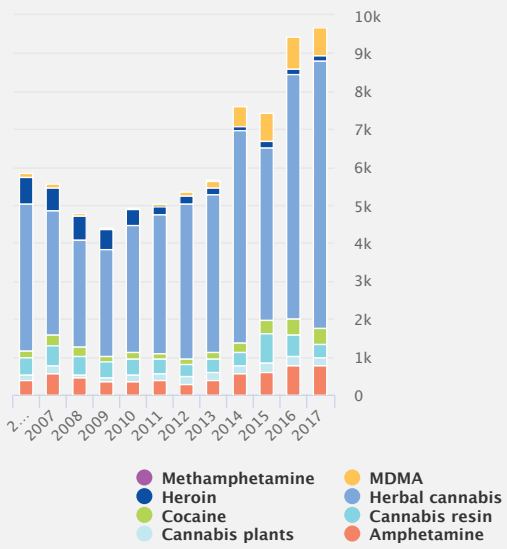
Recently, Croatia has intensified law enforcement activities targeting drug availability by carrying out street-level supply reduction initiatives; procedures for drug possession for personal use have been simplified and accelerated; and activities combating cross-border drug trafficking have been intensified. Croatia will continue to play a key role in international operations against criminal organisations involved in illicit drug production and trafficking, especially against western Balkans organised crime groups active in South America and Europe.

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

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

Number of seizures

Quantities seized



NB: Data from 2017.

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	21.48	6.51	36.79
Last year prevalence of use — young adults (%)	2015	16	1.8	21.8
Last year prevalence of drug use — all adults (%)	2015	7.9	0.9	11
All treatment entrants (%)	2017	12.9	1.03	62.98
First-time treatment entrants (%)	2017	62.9	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	2 409.8	11.98	94 378.74
Number of herbal cannabis seizures	2017	7 057	57	151 968
Quantity of cannabis resin seized (kg)	2017	7.9	0.16	334 919
Number of cannabis resin seizures	2017	351	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	0.3 - 25.1	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	0.5 - 51.6	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	4.5 - 20	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	8 - 15	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.73	0.85	4.85
Last year prevalence of use — young adults (%)	2015	1.6	0.1	4.7
Last year prevalence of drug use — all adults (%)	2015	0.8	0.1	2.7
All treatment entrants (%)	2017	1.6	0.14	39.2
First-time treatment entrants (%)	2017	3.2	0	41.81
Quantity of cocaine seized (kg)	2017	465.9	0.32	44 751.85
Number of cocaine seizures	2017	418	9	42 206
Purity (%) (minimum and maximum values registered)	2017	0.7 - 89.8	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	64 - 91	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.72	0.84	6.46
Last year prevalence of use — young adults (%)	2015	2.3	0	3.9
Last year prevalence of drug use — all adults (%)	2015	1	0	1.8
All treatment entrants (%)	2017	1.6	0	49.61
First-time treatment entrants (%)	2017	3.4	0	52.83
Quantity of amphetamine seized (kg)	2017	38.1	0	1 669.42
Number of amphetamine seizures	2017	769	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	0.3 - 82.9	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	6 - 40	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.39	0.54	5.17
Last year prevalence of use — young adults (%)	2015	1.4	0.2	7.1
Last year prevalence of drug use — all adults (%)	2015	0.6	0.1	3.3
All treatment entrants (%)	2017	0.6	0	2.31
First-time treatment entrants (%)	2017	0.8	0	2.85
Quantity of MDMA seized (tablets)	2017	n.a.	159	8 606 765
Number of MDMA seizures	2017	743	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	3.3 - 85.6	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	6.5 - 16	1	40
Opioids				
High-risk opioid use (rate/1 000)	2015	3.09	0.48	8.42
All treatment entrants (%)	2017	80.7	3.99	93.45
First-time treatment entrants (%)	2017	21.2	1.8	87.36
Quantity of heroin seized (kg)	2017	27.1	0.01	17 385.18
Number of heroin seizures	2017	140	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	1 - 77	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	39 - 78	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	0	0	47.8
HIV prevalence among PWID* (%)	2014	n.a.	0	31.1
HCV prevalence among PWID* (%)	2014	n.a.	14.7	81.5
Injecting drug use (cases rate/1 000 population)	2015	2.21	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	23.39	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	244 299	245	11 907 416

Clients in substitution treatment	2017	4 792	209	178 665
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Treatment demand

All entrants	2017	7 157	179	118 342
First-time entrants	2017	957	48	37 577
All clients in treatment	2017	7 157	1 294	254 000

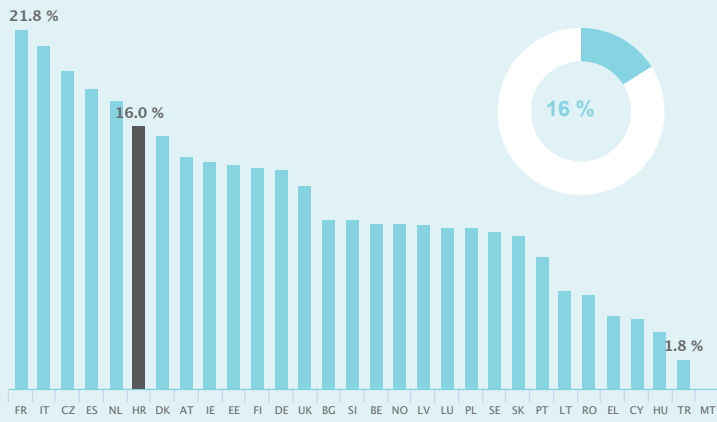
Drug law offences

Number of reports of offences	2017	11 353	739	389 229
Offences for use/possession	2017	8 874	130	376 282

EU Dashboard

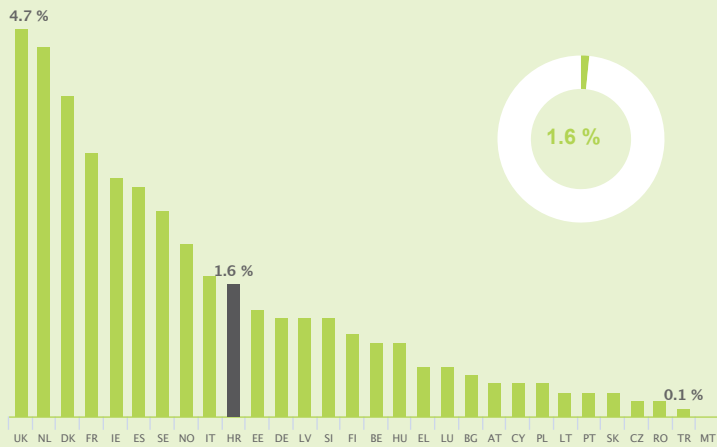
Cannabis

Last year prevalence among young adults (15-34 years)



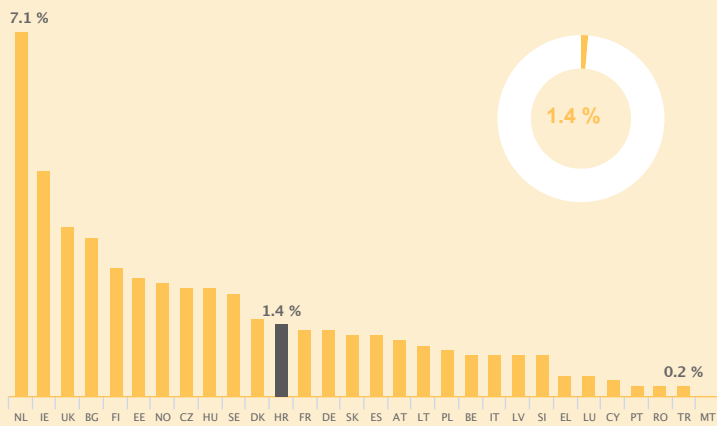
Cocaine

Last year prevalence among young adults (15-34 years)



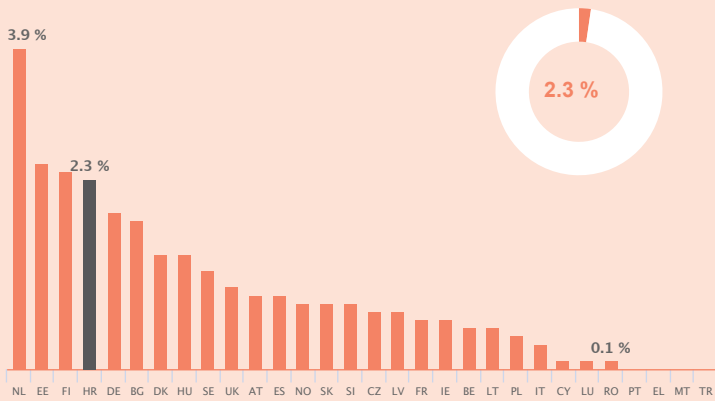
MDMA

Last year prevalence among young adults (15-34 years)



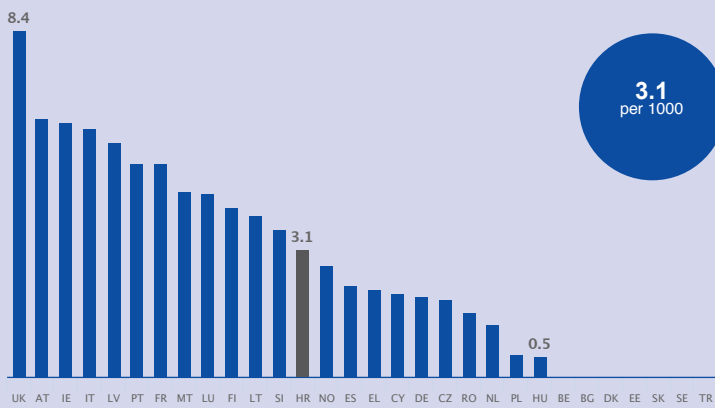
Amphetamines

Last year prevalence among young adults (15-34 years)



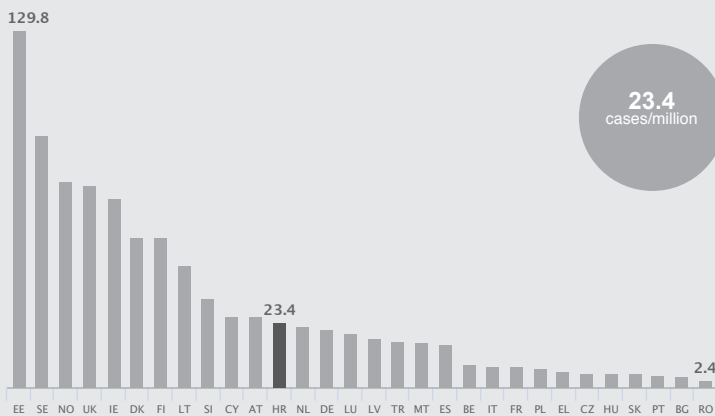
Opioids

High-risk opioid use (rate/1 000)



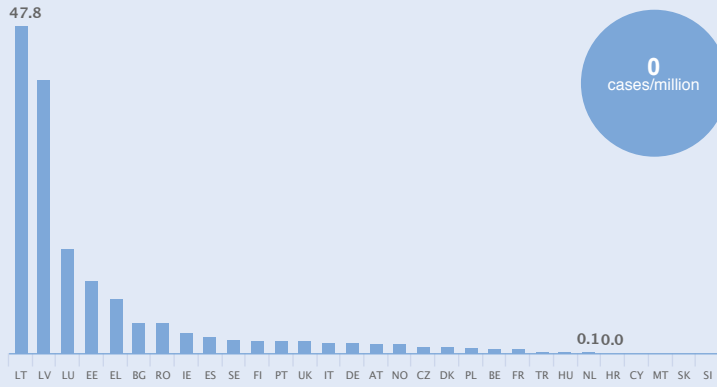
Drug-induced mortality rates

National estimates among adults (15-64 years)



HIV infections

Newly diagnosed cases attributed to injecting drug use



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. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

The national focal point is located within the Croatian Institute of Public Health.

Croatian Institute of Public Health in cooperation with the Ministry of Health is responsible for coordination national drug policy.

[Click here to learn more about our partner in Croatia.](#)

Croatian national focal point



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HR-10 000 Zagreb

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Head of national focal point: Ms [Smilja Bagarić](#)

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the [EMCDDA Statistical Bulletin](#).
