



Bosnia and Herzegovina

country overview

A summary of the national drug situation

Our partner in Bosnia and Herzegovina

Ministry of Security of Bosnia and Herzegovina [<http://www.msb.gov.ba>]

Trg Bosne i Hercegovine 1

Sarajevo 71000

Bosnia and Herzegovina

Tel.: +387 33 213 623

Contact person:

Mr Ognjen Zekić [[mailto:ognjen.zekic\[a\]msb.gov.ba](mailto:ognjen.zekic[a]msb.gov.ba)]

The EMCDDA has been implementing technical cooperation projects in Bosnia Herzegovina since 2007. Since 2014, the Department for the Suppression of the Abuse of Narcotic Drugs of the Ministry of Security is the main liaison point for cooperation.

The Ministry has a wide range of competences in the areas of combating terrorism, organised crime, corruption, war crimes, use of drugs and trafficking in human beings, immigration, asylum, protection and rescue, general and border protection.

The Department for the Suppression of the Abuse of Narcotic Drugs is responsible for the day-to-day coordination of drug-related activities at state level, as well as for monitoring the drug situation and implementation of the Law on Prevention and Suppression of the Abuse of Narcotic Drugs. It acts as the secretariat for the State Commission for the Suppression of the Abuse of Narcotic Drugs and for the Commission for the Destruction of Narcotic Drugs.

Read more about the EMCDDA's activities with Candidate and Potential candidate countries [<http://www.emcdda.europa.eu/about/partners/cc>].

Drug use among the general population and young people

In 2011 two household surveys of the general population were conducted, one in the FBiH and one in RS. However, the surveys used different methodologies and sampled different age groups, so the results cannot be reliably compared and any comparisons should be made with caution.

In the FBiH the survey was part of the United Nations Children's Fund (UNICEF) 'Multiple indicator cluster survey' (UNICEF MICS) targeting a sample of 6 177 individuals aged 15–49 in 4 107 households. The drug use module was not part of the original MICS protocol but was added to the questionnaire following permission from UNICEF.

In RS the survey 'Health status, health needs and use of health services' was organised by the Ministry of Health and Social Welfare and the Public Health Institute. The target group were individuals aged 18 and over who had lived in the entity for one year or more. In total 1 866 households and 4 178 individuals were sampled using a two-stage stratified sampling method.

In the FBiH lifetime prevalence of the use of any illicit substance was reported at 3.8 % among all respondents, while males reported higher lifetime prevalence of illicit substance use than females, 6.8 % and 0.9 % respectively. Cannabis was the most frequently reported substance used, reported by 3 % of respondents, while all other illicit substances showed lifetime prevalence rates of below 1 %. A total of 9.4 % of the respondents aged 25–29 reported ever having used any illicit substance, followed by 7.7 % of the respondents aged 20–24. The lowest substance use prevalence was recorded among respondents aged 40–49. About 67.4 % of the respondents who reported use of any illicit substance in the past had finished secondary education.

In RS, 4.8 % of respondents indicated that they had used any psychoactive substance in the past. Tablets/pills (benzedrine, trodon or amphetamines) were the most popular (2.8 %), followed by cannabis (0.8 %), inhalants (0.7 %), heroin (0.2 %) and hashish (0.2 %). Lifetime use of psychoactive substances (inhalants, cannabis and heroin) was reported by 1.7 % of the total sample. The minimum age of first consumption of marijuana and cocaine was 13 years (Matović-Miljanović et al., 2011).

The European School Survey Project on Alcohol and Other Drugs [<http://www.espad.org/>] (ESPAD) was carried out in 2008 for the first time in Bosnia and Herzegovina. ESPAD was conducted in RS during spring 2011, and in the FBiH in autumn 2011.

In the FBiH the sample consisted of 3 813 students born in 1995 (15–16 years old at the time of survey) and attending the second grade of a secondary school. A stratified random sampling from the entire territory of RS was used in the RS, which consisted of 3132 students born in 1995 and attending the first grade of secondary school in the 2010/11 academic year (15 years old).

Table 1 presents the results of the 2011 ESPAD study in the two entities.

The lifetime prevalence for almost all substances in the FBiH was double that of the RS. Cannabis was the most frequently reported illicit substance used by 15- to 16-year-olds in both entities (8.2 % in the FBiH and 4.5 % in RS), followed by sedatives in the FBiH (8.2 %) and inhalants in RS (5.3 %).

In comparison to 2008 data, the results of the 2011 ESPAD study showed that lifetime prevalence of all substances had halved in the FBiH. In RS, however, lifetime prevalence rates of cannabis, sedatives and ecstasy remained similar to 2008, but prevalence of the combined use of pharmaceuticals and alcohol, and amphetamines, decreased while lifetime prevalence of inhalant use doubled between 2008 and 2011 (Šiljak et al., 2008).

Table 1: Lifetime prevalence by gender in the ESPAD survey in the FBiH and RS in 2011

Drug	FBiH			RS		
	Males	Females	Total	Males	Females	Total
	%	%	%	%	%	%
Cannabis	12.0	4.4	8.2	6.5	2.9	4.5
Sedatives	6.4	10.0	8.2	2.6	5.4	4.2
Pharmaceuticals and alcohol	2.7	2.6	2.6	1.3	1.5	1.4
Inhalants	4.9	4.0	4.4	5.4	5.2	5.3
Heroin	1.7	0.2	0.9	0.7	0.1	0.4
Ecstasy	3.0	1.4	2.2	2.0	0.9	1.4
Amphetamines	4.5	0.8	2.6	1.5	0.5	0.9

Source: Šiljak and Nižkanović, 2011. For FBiH: Federal Ministry of Health, Federal Public Health Institute: ESPAD survey in the FBiH (report in preparation).

Other studies on the use of illicit drug have also been conducted in Bosnia and Herzegovina, among various groups of young people. Surveys among young people in Bosnia and Herzegovina conducted between 2001–07 showed that lifetime prevalence of the use of any illicit drug among secondary school students varied between 5 % and 15 %, depending on the age range of the sample and the particular study. Cannabis was the most frequently used illicit substance, followed by inhalants and ecstasy.

A survey conducted in RS among a sample of 1 422 people in 2003 found that about 16 % of males and 7 % of females aged 15–25 had used cannabis in past (Savić et al., 2003).

Two studies carried out in Bosnia and Herzegovina in 2001 and 2006 among university students (aged 18–25) showed a lifetime prevalence of the use of any illicit drug (cannabis, ecstasy, inhalants, LSD, cocaine) of 22.5 % in 2001, and 31 % in 2006.

The Commission for the Prevention of Drug Abuse of Republic of Srpska implemented a project to detect traces of illicit drugs in a school environment. The results of this study corroborate the finding of the ESPAD 2008 and 2011 studies, indicating low levels of drug use among school-age children in RS and low prevalence of illicit substances in a school environment.

Prevention

Although preventive work in Bosnia and Herzegovina is not carried out in a systematic manner, a large number of activities are successfully implemented both at local and cantonal level and at the level of both entities and Brčko District in line with the National Strategy on Supervision over Narcotic Drugs, Prevention and Suppression of the Abuse of Narcotic Drugs in Bosnia and Herzegovina for the period 2009–13, which defines the prevention of high-risk behaviour and use of drugs as one of its priorities.

Programmes to address the risks of psychoactive substance use, prevention, early detection of behavioural disorders, sexual health, adolescent health, healthy eating, family and social life are implemented in the frame of the State-level Strategic Program 'Prevention in the educational system'.

All drug prevention programmes are implemented in close cooperation with non-governmental organisations (NGOs). These organisations usually provide prevention, early detection and counselling to people who have problems with the use of psychoactive substances.

The Federal Ministry of Health, in collaboration with other institutions, continuously implements health education programmes aimed at the general population and at professionals in primary healthcare services (family doctors, general practitioners and community mental health professionals).

The Federal Ministry of Education and Science has organised training programmes for drug users and professionals. In 2012, to coincide with World Health Day, the Ministry coordinated a preventive campaign that was implemented in five cities of the FBiH.

On the basis of the Protocol on cooperation signed between the Institute for Alcoholism and Substance Abuse of Canton Sarajevo, the Ministry of Education and Science and the Canton of Sarajevo in 2007, the Canton of Sarajevo incorporated the topic of substance abuse in the requirements for pupil/student graduation.

In RS planned prevention activities are outlined the Action Plan, drafted to implement the Strategy for the Control of Narcotic Drugs and the Prevention of Drug Abuse in the RS (2008–12). In 2012 the Ministry of Education and Culture, the Ministry of Health and Social Welfare, the Ministry of Family, Youth and Sports, the Pedagogical Institute and the Association of Psychologists implemented primarily universal prevention interventions in the school environment.

A network of mental health centres are involved in drug prevention programmes as part of their regular activities.

The Commission for the Prevention of Drug Abuse in RS was also active in the prevention field, organising public campaigns, debates and sports competitions to raise awareness of the problem of drug addiction in a social environment.

In Banja Luka (RS), the NGO Viktorija has implemented numerous prevention activities in recent years. It held workshops and lectures for primary and secondary school students, parents, teachers, social workers and psychologists on the principle of interactive teaching.

Problem drug use

The latest information available about the prevalence of problem drug use derives from 2009, when the second sero-behavioural study among people who inject drugs (PWID) was conducted by UNICEF in three major cities of Bosnia and Herzegovina (Sarajevo, Banja Luka and Zenica). The first such study was conducted two years earlier. The number of sampled PWID was 780 in 2007, and 781 in 2009. The aim of the studies was to determine the prevalence of HIV and viral hepatitis among PWID and to monitor behavioural risk factors related to drug injecting. Population-size estimates of PWID were also performed in Sarajevo, Banja Luka and Zenica within the 2009 study, using a multiplier method.

The estimated number of PWID in Sarajevo was 889 (95 % CI: 703–1075), in Banja Luka 534 (95 % CI: 354–717) and in Zenica 852 (95 % CI: 809–895). These results were extrapolated to entity and state levels to give an estimated population of PWIDs in the FBiH in 2009 of 4 900; for the whole of Bosnia and Herzegovina (i.e. including both the FBiH and the RS) this would amount to 7 500 individuals.

In 2009 experts estimated that the number of PWIDs in Bosnia and Herzegovina was between 3 000 to 8 000, although in 2008 NGO experts suggested there could be as many as 15 000 PWID.

The latest sero-behavioural survey conducted by UNICEF in 2012 in Sarajevo, Banja Luka, Zenica, Mostar and Bijeljina indicated that overdoses to the point of losing consciousness were common among injecting drug users. About half of PWID in Sarajevo and Banja Luka had overdosed at some point in their lives. Many PWID were unemployed, with the highest proportion out of work in Zenica (84 %) and Sarajevo (78 %). While this finding reflects the overall economic situation, unemployment appears to be substantially higher among PWID. Lack of employment among young PWID creates financial constraints for their parents. According to the survey's findings, many PWID were living with their parents and were financially dependent on them. It is worth noting that 35 % of PWID in smaller cities and 64 % in Sarajevo had experienced imprisonment (Baćak and Dominković, 2012).

Treatment demand

On the basis of the Law on the Prevention and Suppression of Drug Abuse, a Unique Form for drug users has been adapted by the Council of Ministers (Official Gazette No. 73/09). The Protocol on cooperation for the implementation of the Law on the Prevention and Suppression of Drug Abuse - Records of Drug Addicts has been signed by the Ministries of Health in the entities and by the Ministry of Civil Affairs. The protocol defines mutual rights and obligations of the participants to collect, to report and to share information.

The Register of Addicts was first established at the Public Health Institute of RS in 2010 and in the FBiH in 2012. This reporting system is coordinated at the state level by the Ministry of Civil Affairs, together with the Federal Institute of Public Health, the Institute of Public Health of RS and the Department of Health and other services in the Brčko District.

Clinical centres, general hospitals, mental health centres, therapeutic communities and other institutions associated with the treatment of drug addiction are involved in the reporting process. Both entities use the same method of computerised data collection based on the 'Form of treated addict', which enables the comparability of data at all levels. The Ministry of Civil Affairs compiles the data from both institutes and the Mental Health Centre of Brčko District, and reports to the Commission for Prevention and Suppression of Drug Abuse of Bosnia and Herzegovina.

According to the data from the Institutes for Public Health of the FBiH and RS, a total of 985 treatment clients (894 male and 91 female) were registered in the FBiH, and 323 treatment clients (288 male and 35 female) were registered in RS by the end of 2012 (cumulative data over several years). The Mental Health Centre of Brčko District reported 63 clients (58 male, 5 female) by the end of 2012 (55 in 2010 and 62 in 2011). Thus, in total, about 1 371 clients were registered in drug treatment across all entities of Bosnia and Herzegovina by the end of 2012. However, some centres in the FBiH do not supply the register with data; therefore, it is estimated that the actual number of treated drug addicts is about 500 more than the reported number in the FBiH.

Most of the clients entering treatment in Brčko District were males aged 25–34, and requested treatment due to heroin use. In the FBiH and RS the largest proportion of registered addicts were aged 30–34. Around 90 % of all registered addicts were male. Injection was recorded as the most common route of drug administration. Opiates, and heroin in particular, were the main substance of use reported by treatment clients in both entities. Of the 1 003 clients for whom the primary drug of use was known, heroin was reported by 89 % (664 clients in the FBiH and 238 clients in RS in 2012).

Regarding overdose, 11.8 % of clients in treatment reported that they had overdosed on one occasion, and a further 21.8 % reported they had overdosed more than once.

Drug-related infectious diseases

Statistics about acquired immune deficiency syndrome (AIDS) have been recorded in Bosnia and Herzegovina since 1986–87, while data on human immunodeficiency virus (HIV) infection have been statistically recorded since 2003. By the end of 2012 the total number of registered HIV-positive cases was 222 (of which 178 were male). Among all registered HIV cases the heterosexual transmission route dominates, while 9.5 % of cases are attributed to injecting drug use (21 cases in total). Of the total 21 infected people who inject drugs (PWID), 19 were male. In 2011 and 2012 no new HIV cases were reported in relation to injecting drug use.

No regular statistics on the reported incidence of hepatitis B virus (HBV) and hepatitis C virus (HCV) related to drug use have been maintained.

The prevalence data of HIV, HCV and HBV among PWID in Bosnia and Herzegovina are available from sero-behavioural surveys conducted by UNICEF. The latest study of 2012 (Baćak and Dominković, 2012) was carried out in five cities: Sarajevo, Banja Luka, Zenica and—for the first time in 2012 – Mostar and Bijeljina (similar studies in 2007 and 2009 covered the three major cities). The studies used respondent-driven sampling to recruit PWID, utilised blood tests to determine the prevalence of HIV, HCV and HBV, and collected behavioural data using a self-reported questionnaire.

According to the results of these sero-behavioural studies, the prevalence of HIV among PWID in Bosnia and Herzegovina appears to be low, thus the number of HIV positive cases recorded from the samples recruited in three major cities was two in 2007, three in 2009 and two in 2012. These studies also indicated that the uptake of HIV testing is rather low. In 2012 between 35.3–78.0 % of the respondents in the five cities where the studies were implemented indicated not having ever been tested for HIV. Only around one-quarter of the PWID had been tested for HIV in the previous 12 months (UNICEF BIH, 2007, 2010; Baćak and Dominković, 2012).

Prevalence rates for HBV and HCV, however, were higher than for HIV among tested PWID in 2012. HBV prevalence rated around 2–3 %, with an outstanding value of 5.5 % for Zenica. HCV prevalence varied from 12–43.4 % in the five cities where the studies were implemented. However, if the results of the 2012 study are compared to the findings of similar studies conducted in 2007 and 2009 there are no indications of an increasing trend of HBV and HCV infections among people who inject drugs.

In the 2012 survey the majority of the drug users (69.7–86.7 % in the five cities where the studies were implemented) responded that they were aware where to get an HIV test, and most (88.5–95.5 %) used sterile needles and syringes when they last injected. Around two-thirds (62.6–79.2 %) had not shared injecting equipment in the previous month. However, pharmacies were a more common source of sterile needles and/or syringes than harm reduction services in the previous month. Around one-third of the respondents used condoms the most recent time they had sex. Only around one or two respondents out of ten could correctly identify all routes of HIV transmission, which indicates that education about safe injection practices remains an important component of harm reduction programmes in the country (Baćak and Dominković, 2012)

A study was conducted in 2011 on drug-related infectious diseases and drug use in four selected prison facilities in the FBiH, and in six prison facilities in RS (Vidić et al., 2011). The study included 620 inmates (421 in the FBiH and 199 in RS) who agreed to respond to a questionnaire and also to provide blood samples for testing for HIV, HBV, HCV and sexually transmitted infections.

Of 617 inmates who answered a question about drug use, 231 (37.4 %) reported having used drugs prior to imprisonment (FBiH 41.8 %; RS 28.3 %). A total of 107 (17.4 %) of all respondents had injected drugs (FBiH 18.4 %; RS 15.2 %). Of the 107 respondents who had injected drugs prior to imprisonment, 60 (57.9 %) reported they had shared injection equipment in the past (FBiH 55.8 %; RS 63.3 %). The average age of first drug injection among respondents was 21 (standard deviation 5.42 years), ranging from 12 to 38 years.

Drug-induced deaths and mortality among drug users

There is only one forensic medical institute in the FBiH, at the Medical Faculty, University of Sarajevo, while forensic pathologists are individually present in Tuzla and Bihac.

A special mortality register or other systematic data collection on drug-related deaths has not yet been implemented in Bosnia and Herzegovina. There are two main problems: the lack of uniform procedures for autopsy and toxicological analysis in cases where drug-related death is suspected; and the lack of equipment in forensic toxicology laboratories to analyse biological samples taken from cadavers.

In order to solve these problems, in 2010 the Commission on Drugs of the Council of Ministers adopted a proposal to form two reference forensic toxicological laboratories in Bosnia and Herzegovina within forensic medical institutes in Sarajevo and Banja Luka. However, those laboratories were still not equipped in 2013.

A draft Law on the Prevention and Suppression of Drug Abuse was proposed in July 2011. It specified that in all cases of drug-related death an autopsy and toxicological analysis of body fluid and internal organs should be performed. The proposal was rejected by the Parliament in March 2012 due to the excessive number of proposed changes to the law. A working group to propose a new law was formed. According to the latest information, previously proposed changes with the aim of performing a complete autopsy and toxicological analysis in cases of drug-related death will not be an integral part of the new regulation.

Data on drug-related deaths are available from Sarajevo Canton and Una-Sana Canton of the FBiH. These regions represent approximately 31 % of the total population of the FBiH aged 15–64. It must be emphasised that the available data are probably incomplete for the reasons outlined above, and therefore do not give a complete picture of drug-related mortality in the FBiH.

In these two regions a total of five drug-related deaths were identified in 2012; four were male and one was female, and all were aged 24–36. Complete autopsies were performed in four cases, external examination was performed in one case, but toxicological analyses were undertaken in only two cases. Four cases (three males, one female, aged 24–36) were reported in Sarajevo. With regards to substances, one death was

attributed to a combination of amphetamine, nitrazepam, sertraline, promazin and clozapine, and three cases were linked to heroin overdose. In 2012 one fatal overdose involving heroin in combination with sertraline and clozapine was reported from Una-Sana Canton. The available data indicate that the drug-related mortality rate in the FBiH in 2012 can be estimated at around 10.1 deaths per million population aged 15–64.

In 2009 a total of 11 drug-related deaths were reported in these two regions. Due to the lack of autopsies and toxicological analyses in many cases of suspicious death, and no systematic data collection on drug-related deaths, it can be assumed that the figures are underestimated.

Treatment responses

The health system in Bosnia and Herzegovina is divided into primary, secondary and tertiary levels depending on the types of health services. The primary level refers to services including family medicine and mental health centres that also provide services to people who have substance abuse problems. The secondary level refers to the treatment of individuals who have a problem with or are dependent on psychoactive substances. Treatment is usually conducted in specialised centres and includes programmes for counselling, detoxification and opioid substitution treatment (OST). At the tertiary level rehabilitation and social reintegration programmes are implemented in therapeutic communities, which are mostly registered as NGOs.

A reform of the mental health system in Bosnia and Herzegovina was implemented after the war, with the primary aim of de-institutionalising the existing mental health system and re-orientating it towards the community (community psychiatry). This reform led to the formation of 40 community mental health centres (MHCs) in 10 cantons in the FBiH, of which 31 are operational, 28 MHCs in RS, and one in Brčko District, providing outpatient treatment and counselling for mental health disorders including drug abuse in areas where specialised treatment centres or services do not exist. There are also specialised drug treatment centres and detoxification centres — three in the FBiH for the hospital treatment of opiate addicts (Sarajevo, Zenica, Mostar) and one in RS (Banja Luka).

In Sarajevo the Institute for Alcoholism and Other Drug Addiction specialises in the prevention, treatment and rehabilitation of disorders related to drug use and addiction. It includes units for detoxification, OST (with methadone and suboxone) and counselling.

In Banja Luka the Department for Treatment of Addiction within the Psychiatric Clinic provides methadone maintenance treatment and detoxification.

In RS the Ministry of Health and Social Welfare is responsible for the operation of methadone and detoxification centres.

Criteria for the provision of OST are provided by guidelines that are in accordance with the WHO recommendations and the European guidelines. In 2012 the Guidelines for the Treatment of Opiate Addicts in Bosnia and Herzegovina were drafted and submitted for adoption by the Commission for the Suppression of the Abuse of Narcotic Drugs.

According to United Nations Development Programme (UNDP) data, 1013 clients were enrolled in methadone maintenance treatment (MMT) or OST with suboxone in Bosnia and Herzegovina in November 2012.

Of a total of 934 clients in the FBiH (Sarajevo, Zenica, Mostar, Bugojno, Sanski Most and Tuzla), 682 (73 %) received MMT and 252 received suboxone (27 %).

Of a total of 79 clients in OST programmes in the Republic (Banja Luka and Doboje), 77 MMT and two received suboxone therapy.

No opioid substitution treatment is available in Brčko District.

According to the results of the UNICEF-funded sero-behavioural study in 2009 (UNICEF, 2010), an estimated 70 % of PWID in Sarajevo, 50 % in Banja Luka, and 48 % in Zenica have undergone some form of drug treatment. Of those who have ever been treated, 28 % in Banja Luka and 63 % in Zenica were in treatment at the time of the study. In Sarajevo and Zenica the majority of those who were in treatment at the time of the study were in MMT (97 % and 79 %, respectively), while in Banja Luka 47 % were trying to treat their addiction on their own. The study also reported that access to and utilisation of healthcare services by female PWID is limited.

There are 13 prisons in Bosnia and Herzegovina. In general, OST is not provided in prisons. In Sarajevo prison a short-term maintenance programme of up to 1 month is provided only for those who are detained and under investigation. If a detained person is charged and the juridical process is started, individuals are moved to a short detoxification programme. In Zenica there is cooperation between the prison and the drug addiction centre. In other prisons, treatment with methadone is provided only sporadically on an individual basis, mainly in the form of detoxification or short-term maintenance.

Harm reduction responses

The harm reduction model implemented in Bosnia and Herzegovina addresses the needs of various client groups: active drug users who need special services to minimise harm related to their drug-using behaviours; drug users who demand addiction treatment services and also treatment for HCV and HIV; and those who used drugs in past and are currently abstaining from drug use.

Harm reduction services are offered through networks of outreach workers and drop-in centres. Annually, around 3 100 people who inject drugs receive support through these networks. In total, 3119 PWID received needle/syringe programme services across the country up to November 2012. Some 395 799 needles and 310 474 syringes were distributed, while 96 895 used needles and 91 009 used syringes were returned.

Outreach work is offered at locations where people who inject drugs tend to gather. Outreach workers, with the assistance of 'gatekeepers' (peer educators with drug use experience and knowledge of the local drug scene), provide clients with sterile injection materials and other injecting equipment, together with general counselling and support with accessing voluntary counselling and testing, primary healthcare and referrals to social and medical services, including drug treatment programmes.

Across the country four NGOs work in the area of harm reduction, employing low-threshold and outreach approaches. Two of these organisations, PROI and MARGINA, provide services in the FBiH, and other two, Viktorija and Poenta, provide services in RS.

PROI provides outreach activities in Sarajevo, Bihac, Zenica, Mostar, Brčko, Velika Kladusa and Livno, and operates three drop-in centres in Sarajevo, Bihac and Brčko. MARGINA provides programmes through outreach and drop-in centres in Tuzla, Zenica and Mostar.

Viktorija implements outreach interventions in Banja Luka, Prijedor, Doboј, Trebinje, Istocno, Sarajevo and Foca, and operates four drop-in centres. Poenta works in Banja Luka, Derвента, Prnjavor, Modriča, Šamac, Brod, Bijeljina, Laktaši, Gradiška, Kozarska Dubica and Novi Grad and operates two dropin-centres.

Drug markets and drug-law offences

Bosnia and Herzegovina has remained primarily a transit country within the international illicit drug trade, through which illicit drugs are transported to major consumer centres in Western European countries. The potential for larger profits through the resale of illicit drugs in European Union countries also contributes to drugs being trafficked out of the country. Citizens of Bosnia and Herzegovina occupy a variety of roles in these activities, usually as carriers in certain phases of transportation, or they may temporarily hide the drugs on the route from their initial to their final destination. Some findings point to an increasingly important role for organised groups of Bosnia and Herzegovina nationals in illicit drug trafficking. Organised criminal groups cooperate with each other in Bosnia and Herzegovina, but also beyond the borders of the state, particularly with criminal groups operating in the countries of former Yugoslavia.

Heroin and herbal cannabis are still the most common illicit drugs in Bosnia and Herzegovina, in terms of their smuggling and in terms of their use, while other illicit drugs are distributed to a lesser extent.

Herbal cannabis available on the Bosnia and Herzegovina market originates in Albania and is smuggled by organised criminal groups through Montenegro into Bosnia and Herzegovina and onward to Western Europe along the Balkan Route. A small proportion of herbal cannabis is produced in the country. Heroin is transported to Bosnia and Herzegovina mainly from Albania and Turkey, while synthetic drugs, especially ecstasy, usually come from the Netherlands.

Drug trafficking is still the most common form of illegal activity among criminal groups in Bosnia and Herzegovina, and brings the largest and fastest profit. Despite the frequent police raids in Bosnia and Herzegovina and countries in the region, no decline can be observed in these activities.

Table 2 Seizures of narcotic drugs in Bosnia and Herzegovina in 2011–12

Drugs	2011	2012
Heroin (kg)	10.2	13.2
Cocaine (kg)	0.3	0.1
Ecstasy	0.007 kg and 950 pcs	0.001 kg and 154 pcs
Amphetamine	8.6 kg and 127 pcs	30.8 kg and 121 pcs
Cannabis (kg)	443.7 kg	243.9 kg
Cannabis plants (pcs)	7 241	4 276
Pyrovalerone (kg)	–	2

Source: Ministry of Security of Bosnia and Herzegovina.

Table 3 Street prices of drugs in Bosnia and Herzegovina in 2012 (euros):

Drug	Price (EUR)
Heroin (1 g)	20–30
Herbal cannabis (1 g)	3–7.5
Cocaine (1 g)	45–75
Ecstasy (1 tbl.)	2–3.5
Amphetamine (1 g)	6–10

Source: Ministry of Security of BIH.

The purity of drugs seized in Bosnia and Herzegovina in 2013 is unknown.

In 2011 the number of criminal offences related to the use of narcotic drugs was 1 345, and 1 560 perpetrators were involved in those offences. In 2012 the number of criminal offences related to the use of narcotic drugs was 1 452, and 1 726 perpetrators were involved. Predominately criminal offences are linked to possession and enabling the use of drugs, but there has also been a significant effort to detect organised crime networks relating to the illicit production and trafficking of narcotic drugs.

The Ministry of Justice of Bosnia and Herzegovina keeps a registry of people who have been sentenced for criminal offences related to narcotic drugs. In 2012 some 407 people were sentenced for such offences.

National drug laws

In the past few years, legislative activity has increased in Bosnia and Herzegovina as an obligation under the roadmap for EU integration.

The key drug laws are:

- The 'Law on prevention and suppression of abuse of narcotics in Bosnia and Herzegovina'. Implementation of this Law involves the participation of several ministries and institutions in Bosnia and Herzegovina. The Law also foresees the formation and updating of tables for the control of substances.
- The *Criminal Code of Bosnia and Herzegovina*. Article 195, 'Illicit trafficking of narcotic drugs', stipulates the criminalisation of certain forms of drug trafficking that have an international character.
- In the *Criminal Code of the Federation of BiH*, Article 238, 'Illicit production and trafficking of narcotic drugs' and Article 239, 'Possession and enabling the use of narcotic drugs'.
- In the *Criminal Code of the Republika Srpska*, Article 224, 'Illicit production and trafficking of narcotic drugs' and Article 225, 'Enabling the use of narcotic drugs'.
- In the *Criminal Code of Brčko District*, Article 232, 'Illicit production and trafficking of narcotic drugs' and Article 233, 'Enabling the use of narcotic drugs'.

In RS and Brčko District the possession of drugs is treated as a minor offence.

In December 2012 the Council of Ministers formed a working group to draft a new Bill on Prevention and Suppression of the Abuse of Narcotic Drugs, to be sent for adoption to the Council of Ministers of Bosnia and Herzegovina.

National drug strategy

In March 2009 the Parliamentary Assembly of Bosnia and Herzegovina adopted the National Strategy on Supervision over Narcotic Drugs, Prevention and Suppression of the Abuse of Narcotic Drugs in Bosnia and Herzegovina for the period 2009–13. This is the first such document at state level, showing the intention of the state to make a systematic effort to engage all stakeholders in tackling drug abuse. The Strategy sets priorities in the fields of demand and supply reduction.

In September 2009 the Council of Ministers adopted the National Action Plan for Combating Drug Abuse in Bosnia and Herzegovina for 2009–13 to implement the National Strategy 2009–13. For each of the strategic areas, the Action Plan defines specific objectives, implementation activities, timeframes, stakeholders and progress indicators for the implementation of measures and activities.

The first evaluation of the Action Plan was conducted in May 2011 (Information I) and the results showed that the objectives were not fully met. Consequently, the Council of Ministers adopted several recommendations for improving implementation. The second evaluation (Information II) was conducted in January 2012 and the results were more positive, as progress had been made in the implementation of the National Action Plan.

Each entity also adopted strategic documents on drugs. In January 2012 the Government of the FBiH adopted the Action Plan to Combat Drug Abuse in the FBiH 2012–13. In RS there is an Action Plan for the implementation of the Strategy for Control of Narcotic Drugs and the Prevention of Drug Abuse in the RS (2008–12). This Action Plan refers to the period 2010–12. Within the Ministry of Interior of RS there is a team to implement strategies to combat drug abuse.

Brčko District Government has made a decision on the formation of a working body for monitoring the implementation of the Action Plan to Combat Drug Abuse.

Coordination mechanism in the field of drugs

The Council of Ministers has established a Commission for the Suppression of the Abuse of Narcotic Drugs in order to harmonise the activities of the Ministries and autonomous administrative organisations in Bosnia and Herzegovina and of other agencies involved in the implementation of the National Strategy on Supervision over Narcotic Drugs, Prevention and Suppression of the Abuse of Narcotic Drugs in Bosnia and Herzegovina for the period 2009–13, and for the purpose of promotion and control of its implementation.

In February 2007 the Ministry of Security established the Department for the Suppression of the Abuse of Narcotic Drugs to systematically monitor and coordinate the drug situation.

References

- Bačak, V. and Dominković, Z. (2012), *Behavioral and Biological Surveillance Study Among Injection Drug Users in Bosnia and Herzegovina, 2012*: [http://www.phi.rs.ba/documents/hiv_ric/ReportBosniaIDU2012-Eng.pdf] A Respondent-Driven Sampling Survey, Public Health Institute, Republic of Srpska, 46 p.
- Matović-Miljanović, S., Grozdanov, J., Božanić, V., et al. (2011), *Population Health Survey in Republic of Srpska*, Public Health Institute Republic of Srpska, Banja Luka, p.115–116.
- Savić, J., Milosavljević, B., Branković, D., Dimitrijević, S. and Đurašinić, P. (2003), *The Youth of the Republic of Srpska at the Beginning of XXI Century*, Faculty of Philosophy Banja Luka, NGO Zdravo da ste Banja Luka, p. 56–58.
- Šiljak, S. and Niškanović, J. (2011), *European School Survey on Alcohol and Other Drugs: Survey Report for Republic of Srpska*, Public Health Institute Republic of Srpska, Banja Luka, p. 64–65.

Šiljak, S., Stojisavljević, D. and Niškanović, J. (2008), *European School Survey on Alcohol and Other Drugs in RS*, Public Health Institute Republic of Srpska, Banja Luka, p.40–42.

Vidić, V., Ler, Ž and Ravlija, J. (2011), *Research on Risk Behavior of Prison Inmates in Relation to HIV/SPI Bosnia and Herzegovina*: [<http://www.zzjzfbih.ba/wp-content/uploads/2012/04/Research-on-risk-behavior-of-prison-inmates-in-relation-to-hiv-spi-bih-2011.pdf>] *Study Report*, Institute for Public Health FB&H, Public Health Institute Republic of Srpska, Mostar, Sarajevo, Banja Luka, p 45.

UNICEF Bosnia and Herzegovina (2007), *Biological and Behavioural Survey Among Injection Drug Users* [http://www.unicef.org/ceecis/BBS_Among_IDUs_in_BiH.pdf], *Bosnia and Herzegovina*, UNICEF, Sarajevo.

UNICEF Bosnia and Herzegovina (2010), *Report on Behavioural and Biological Surveillance Among Injection Drug Users in Bosnia and Herzegovina, 2009: A Respondent-Driven Sampling Survey*, UNICEF/UNDP, Sarajevo/Banja Luka.

Background information

Disclaimer

This country overview has been produced by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) within its European Union financed IPA project 2011/280-057 'Preparation of IPA Beneficiaries for their participation with the EMCDDA'. This overview has been produced with the financial assistance of the European Union. The views expressed herein can in no way be taken to reflect the official opinion of the European Union.

Working group

State level:

Sabina Šahman-Salihbegović, Ministry of Civil Affairs, BIH

Jasmin Pljevljak, Ministry of Security, BIH

Entity level members (in alphabetical order):

Džanela Babić, UNDP

Nermana Mehić Basara, Institute for Alcoholism and Substance Abuse Treatment of Canton Sarajevo — Appointed by the Ministry of Health, FBiH

Samir Ibišević, Association PROI, Sarajevo

Jelena Niškanović, Institute of Public Health, RS

Aida Pilav, Ministry of Health, FBiH

Tatjana Preradovic-Sjenica, NGO Viktorija

Nermin Sarajlić, Institute for Forensic Medicine and Forensic Toxicology, Sarajevo, FBiH

Senada Tahirovic, Federal Public Health Institute, FBiH

Nera Zivlak, Clinical Center Banja Luka, RS

Reitox coaches:

Gergely Csaba Horvath, Hungarian National Focal Point of the EMCDDA

Manina Terzidou, Head of the Greek National Focal Point of the EMCDDA

Key national figures and statistics

	Bosnia and Herzegovina	EU (27 countries)	Source
Population	2012 3 839 265 ^P	500 355 004 ^{bp}	Eurostat [http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/]
GDP per capita in PPS (Purchasing Power Standards) ¹	2012 28	100	Eurostat [http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/]
Unemployment rate ²	2012 28	10.5	For Bosnia and Herzegovina: Agency for Statistics of Bosnia and Herzegovina Eurostat [http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/]
At risk of poverty rate ³	2011 63.9	:	Council of Europe, SPACEI-2011 [http://wp.unil.ch/space/space-i/situation-on-1st-september-2010/]

¹ Gross domestic product (GDP) is a measure of economic activity. It is defined as the value of all goods and services produced less the value of any goods or services used in their creation. The volume index of GDP per capita in Purchasing Power Standards (PPS) is expressed in relation to the European Union (EU-27) average set to equal 100. If the index of a country is higher than 100, this country's level of GDP per head is higher than the EU average and vice versa.

² Unemployment rates represent unemployed persons as a percentage of the labour force. Unemployed persons comprise those aged 15–74 who were: (a) without work during the reference week; (b) currently available for work; (c) actively seeking work.

³ On 1 September 2011.

^b Break in time series

^P Provisional

National publications

You can find below links to key national publications.

[[http://www.emcdda.europa.eu/attachements.cfm/att_233213_EN_GPS%20on%20substance%20use%20in%20Bosnia and Herzegovina_Final%20report.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_233213_EN_GPS%20on%20substance%20use%20in%20Bosnia%20and%20Herzegovina_Final%20report.pdf)]

- Infomap Bosnia and Herzegovina - 2008
[http://www.emcdda.europa.eu/attachements.cfm/att_100190_EN_BH08.pdf]
- Bosnia and Herzegovina: Country overview 2009 [<http://www.emcdda.europa.eu/html.cfm/index100328EN.html>]

Additional sources of national information

In addition to the information provided above, you might find the following resources useful sources of national data.

European overviews

The products listed below provide overviews at European as well as, to some degree, at national levels.

European Drug Report: Trends and developments

A top-level annual overview of the long-term drug-related trends and developments at European level, while homing in on emerging problems in specific countries

[http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=a237]

EU drug markets report

Published every three years, this provides a comprehensive overview of illicit drug markets in the European Union

[<http://www.emcdda.europa.eu/publications/joint-publications/drug-markets>]

New psychoactive substances annual implementation report

Annual report on the information exchange, risk assessment and control of new psychoactive substances in Europe

[http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=a104]

Data sources

The information below forms the basis for the EMCDDA's analysis of the European drug situation and provides greater detail on each national drug situation.

Statistical bulletin

The complete yearly data set of submitted by the focal point of each reporting country. The data presented here is mainly quantitative

[<http://www.emcdda.europa.eu/data>]

National reports

Annual reports submitted by the focal point of each reporting country to the EMCDDA. This information is mainly text-based in its nature

[<http://www.emcdda.europa.eu/publications/national-reports>]

Thematic resources by country

These products generally focus on one particular aspect of national drug-related information, in some cases making it easy to compare situations between different countries

Health and social responses profiles

Overviews of health and social interventions through interactive maps and timelines [<http://www.emcdda.europa.eu/countries/hsr-profiles>]

Legal topic overviews:

Legal approaches to particular areas of drug use (personal possession, driving, cannabis, precursors, harm reduction, etc.) by country [<http://www.emcdda.europa.eu/html.cfm/index5036EN.html>]

Prevalence maps

Interactive maps showing patterns of drug use throughout Europe [<http://www.emcdda.europa.eu/countries/prevalence-maps>]

Prevention profiles

An overview of prevention responses by country in Europe [<http://www.emcdda.europa.eu/countries/prevention-profiles>]

Treatment profiles

An overview of treatment responses by country in Europe [<http://www.emcdda.europa.eu/responses/treatment-overviews>]

Harm reduction overviews

An overview of harm reduction responses by country in Europe [<http://www.emcdda.europa.eu/countries/harm-reduction-overviews>]

National drug-related research

Resources on drug-related research by country in Europe [<http://www.emcdda.europa.eu/html.cfm/index213288EN.html>]