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Bosnia and Herzegovina

National Drug Situation Report 2017

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About this report

This report is part of the EMCDDA-IPA5 project 'Further preparation of the IPA beneficiaries for their participation with the European Monitoring Centre for Drugs and Drug Addiction' funded by the European Commission. It provides a top-level overview of the drug phenomenon in Bosnia and Herzegovina, covering drug supply, use and public health problems as well as drug policy and responses. It 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 and the data have not been subject to the usual EMCDDA data verification procedures. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the National Correspondent, unless stated otherwise.

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National drug strategy and coordination

National drug strategy

In March 2009, the Parliamentary Assembly of Bosnia and Herzegovina (BiH) adopted the first 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 was accompanied by the National Action Plan for Combating Drug Abuse in Bosnia and Herzegovina, adopted by the Council of Ministers in September of the same year.

For each of the strategic areas (prevention, education, treatment of drug users and measures for reducing the illegal drug market), the Action Plan defines specific objectives, implementation activities, time frames, stakeholders and progress indicators.

Two mid-term evaluations of the implementation of the Action Plan were conducted. The last one, which took place in January 2012, indicated progress in the implementation of the National Action Plan.

In August 2016, the Council of Ministers formed a working group to draft a new National Strategy on Supervision over Narcotic Drugs, Prevention and Suppression of the Abuse of Narcotic Drugs in Bosnia and Herzegovina. The new State Strategy for Control, Prevention and Suppression of the Abuse of Narcotic Drugs for 2018–23 will enter in force following the adoption by the House of Representatives and the House of Peoples of the Parliamentary Assembly of Bosnia and Herzegovina ⁽¹⁾.

Owing to the administrative structure of BiH, each entity has a right to adopt strategic documents on drugs. Thus the Strategy for Drug Control and Combating Drug Abuse in the Republika Srpska (RS), for the period from 2016 to 2021, was adopted by the National Assembly of the RS in 2016, and the operational plan for the implementation of the Strategy on Supervision over Narcotic Drugs for 2017 was adopted on 19 January 2017 by the Government of the RS. In January 2012, the Government of the Federation of Bosnia and Herzegovina (FBiH) adopted the Action Plan to Combat Drug Abuse in the FBiH 2012-13. 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.

⁽¹⁾ According to the State Law on Drugs, in April 2018 the House of Representatives of the Parliamentary Assembly of BiH, and in May 2018 the House of Peoples of the Parliamentary Assembly of BiH, adopted the National Strategy on Supervision over Narcotic Drugs, Prevention and Suppression of the Abuse of Narcotic Drugs in Bosnia and Herzegovina 2018-2023.

National coordination mechanisms

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.

In 2008, the Council of Ministers established a Commission for the Suppression of the Abuse of Narcotic Drugs to promote and control 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 to harmonise the activities of the ministries and autonomous administrative organisations in BiH and those of other agencies involved in the strategy's implementation. This commission was re-appointed in January 2016 under the chairmanship of the Minister for Civil Affairs of BiH and has nine members: the Minister for Civil Affairs of BiH, the Minister for Health of the FBiH, the Minister for Health of the RS, the Head of the Department for Health of Brčko District, the Deputy Minister for Security of BiH, the Deputy Minister for Justice of BiH, the Deputy Minister for Finance and Treasury of BiH, the Deputy Minister for Foreign Trade and Economic Relations, and the head of the Department for the Suppression of the Abuse of Narcotic Drugs of the Ministry of Security.

In accordance with the strategic documents for combating drug abuse in the RS, in 2008 the Government of the RS appointed the Commission for Suppression of Narcotic Drug Abuse, which consists of 13 members: representatives of ministries, prosecutors, members of the inspection committee of the National Assembly and representatives from non-governmental organisations. The commission is tasked with: (1) initiating research and monitoring the drug use situation in the RS; (2) considering measures and/or activities that would contribute to the implementation of the national strategy; (3) coordinating activities and cooperating with the competent state-level institutions and relevant international organisations; (4) monitoring and evaluating the implementation of the goals of the strategy.

The team for monitoring the implementation of the strategy is located within the RS Ministry of the Interior. This team also serves as a secretariat to the commission and provides administrative, operative, professional and technical support to the commission in monitoring the implementation of the strategy. The commission reports annually on its work to the National Assembly of the RS and to the Government of the RS.

Brčko District Government has decided to form a working body for monitoring the implementation of its Action Plan to Combat Drug Abuse.

Drug laws and drug law offences

National drug laws

In BiH, use-related offences are regulated at the level of the three entities: the FBiH, the RS and Brčko District. Supply-related offences are punished by a law at state level if they involve international crimes and at the entity level if they involve supply offences within the country (State Law on Prevention and Combating Abuse of Narcotic Drugs in BiH, Art. 85). Possession is a minor offence, punishable by a fine of about EUR 500-1 500.

In the FBiH, illicit drug use is not prohibited at the Federation level but, at the lower (canton) level, several cantons prohibit use in public. Personal possession is punishable by up to one year of imprisonment (Criminal Code of the FBiH (CCFBiH), Art. 239; State Law on Prevention and Combating Abuse of Narcotic Drugs in BiH, Art. 85). The penalties in the legal framework do not vary by drug, by recidivism or whether or not the offender is diagnosed with a dependency.

In the RS, use of narcotic drugs in a public place and possession for personal use are minor offences, punishable by a fine of about EUR 250-750 (Law on Public Order and Peace of the RS; State Law on Prevention and Combating Abuse of Narcotic Drugs in BiH, Art. 85). Laws on misdemeanour offences provide for outpatient treatment, a suspended sentence or reduced sanctions for someone who has committed an offence under the influence of drugs. Penalties in the legal framework for personal possession do not vary by drug, by recidivism or whether or not the offender is diagnosed with a dependency.

In Brčko District, use of narcotic drugs in a public place and possession for personal use are minor offences, punishable by a fine of about EUR 250-750 (Law on Public Order and Peace of Brčko District, Art. 31). These penalties in the legal framework do not vary by drug, by recidivism or by the quantity of the narcotic drug seized from the offender. As in the RS, laws on misdemeanour offences provide for a security measure of outpatient treatment, a suspended sentence or reduced sanctions for someone who has committed an offence under the influence of drugs.

Across the territory of BiH, international supply of narcotic drugs is punishable by not less than three years in prison; if carried out by organised crime, this increases to not less than five years (Criminal Code of BiH, Art. 195). Production and sale of narcotic drugs is punishable by a custodial sentence of 1-10 years, with a minimum of three years if undertaken by an organised group (CCFBiH, Art. 238; Criminal Code of Brčko District, Art. 232). In the RS, the sentence is 3-10 years, rising to up to 15 years if the criminal activity is organised or involves minors (Criminal Code of the RS (CCRS), Art. 224). Laws on misdemeanour offences provide for a security measure of outpatient treatment, a suspended sentence or reduced sanctions for someone who has committed an offence under the influence of drugs (Criminal Code of BiH, Art. 72.; CCFBiH, Art. 75.; CCRS, Art. 59; Criminal

Code of Brčko District, Art. 75). Penalties for supply do not vary by drug, by recidivism or by the quantity of the narcotic drug seized from the offender.

The main law regulating turnover of the narcotic drugs in BiH is the Law on Prevention and Suppression of Abuse of Narcotics in Bosnia and Herzegovina. The list of controlled narcotic drugs is set out and updated in line with this law and several activities to update the list have been launched.

Drug laws and 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.

In 2015, BiH reported a total of 1 325 criminal offences related to drugs, which is slightly lower than the 1 411 offences reported in 2014. The available data indicate that in 2015 around 1 470 people were involved in those offences, which is also fewer than in 2014, when 1 603 drug law offenders were reported. The majority of criminal offences in 2015 were linked to use and possession, followed by unauthorised production and trafficking of drugs.

In 2015, a total of 1 325 criminal offences related to drugs, involving 1 470 people, were reported in BiH.

Drug use

Prevalence and trends

To date, no national general population surveys on drug use among 15- to 64-year-olds in BiH have been conducted. The first representative general population survey, within a technical cooperation project implemented by the EMCDDA and funded by the European Commission, is planned to take place in 2018. The results are expected in the first half of 2019.

Some data on drug use among the general population are available from household surveys conducted separately in the FBiH and in the RS in 2011. 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 (MICS)', which targeted 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 the 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 survey, lifetime prevalence of the use of any illicit substance was reported at 3.8 % among all respondents, while males reported considerably higher lifetime prevalence of illicit substance use than females. Cannabis was the most commonly used substance, reported by 3 % of respondents; 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 prevalence was recorded among respondents aged 40-49.

In the RS, 4.8 % of respondents indicated that they had used a psychoactive substance in their lifetime. Tablets/pills (Benzedrine, Trodon or amphetamines) were the most common (2.8 %), followed by cannabis (0.8 %).

Data on drug use among 15- to 16-year-old students have been reported from the European Schools Survey Project on Alcohol and other Drugs (ESPAD). The study was conducted in BiH in 2008 and 2011 and provides separate results for the RS and for the FBiH. In 2011, the lifetime prevalence for almost all substances in the FBiH was

double that of the RS. Cannabis was the most frequently reported illicit substance reported by 15- to 16-year-olds in both entities (8.2 % in the FBiH and 4.5 % in the RS), followed by sedatives/tranquilisers in the FBiH (8.2 %) and inhalants in the RS (5.3 %). It should be noted that, in the FBiH, the use of sedatives or tranquilisers without a prescription from a medical doctor was more common among females than males.

When compared with the 2008 data, the results of the 2011 ESPAD study showed that lifetime prevalence of all substance use had halved in the FBiH. In the RS, however, lifetime prevalence rates of cannabis, sedatives and 3,4-methylenedioxy-N-methylamphetamine (MDMA)/ecstasy remained similar to those recorded in 2008, but the prevalence of the combined use of pharmaceuticals and alcohol, and of amphetamine use, decreased between 2008 and 2011.

A local study among 13- to 17-year-old adolescents conducted in 2016 in Sarajevo, Zenica-Doboj and Central Bosnia Cantons indicated that cannabis remains the most common illicit substance used among this group.

Cannabis is the most commonly used illicit drug among the adult population and also among school-age students in Bosnia and Herzegovina.

High-risk drug use

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

The latest available information about the estimated number of people who inject drugs (PWID) in BiH has been derived from a 2009 study carried out in three major cities: Sarajevo, Banja Luka and Zenica. The study suggested that the estimated number of PWID in Sarajevo was 889 (95 % confidence interval (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 4 900 PWID in the FBiH in 2009. For

the whole of Bosnia and Herzegovina (i.e. including both the FBiH and the RS), this would amount to 7 500 people.

The treatment demand data for Bosnia and Herzegovina are not systematically reported, but available data from the drug treatment centres indicate that clients enter treatment because of heroin use and that injection remains the preferred mode of use among those who enter treatment. The most recent data from the FBiH indicate that all 333 clients who entered treatment in 2015 sought it as a result of heroin use, primarily by injection. Males accounted for almost 92 % of all clients. Monitoring data from drug treatment initiatives in the RS in the same year indicate that opiates, and heroin in particular, were the main substance of use reported by 74 % of 455 treatment clients. Around 90 % of all clients treated were male. Injection was recorded as the most common method of drug administration. The largest proportion of treated clients were 30-34 years old. The latest complete data from Brčko District indicate that most of the clients entering treatment in 2012 were males aged 25-34, who requested treatment because of heroin use.

Drug harms

Drug-related infectious diseases

Bosnia and Herzegovina is considered a country with low human immunodeficiency virus (HIV) prevalence. The first diagnosed case of HIV infection in BiH was registered in 1986. By the end of 2016, according to the European Centre for Disease Prevention and Control, a total of 274 cases of HIV infection had been registered, of which 20 had been linked to injecting drug use. In 2016, a total of 24 new cases of HIV infection (13 in the FBiH and 11 in the RS) were registered (22 of the 24 people infected were male), and none was linked 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.

More detailed insights about drug-related infections among PWID are available from the bio-behavioural studies conducted in various cities in 2007, 2009, 2012 and 2015. These studies indicate that HCV is the most common drug-related infection among PWID in BiH. The 2015 sero-behavioural survey among PWID was conducted in Sarajevo, Banja Luka, Zenica, Mostar and Bijeljina using respondent-driven sampling. No respondents recruited in the sample were HIV positive, whereas in 2007 two, in 2009 three and in 2012 two were HIV positive. In 2015, almost a third of tested PWID had HCV infection (30.8 % (95 % CI: 25.6-36.0 %)). The prevalence of positive HBV tests ranged between 0.2 % and 3.1 % in five cities. These studies also indicate that the uptake of HIV testing remains rather low. In 2015 between

29.5 % and 73.2 % of the respondents in the five cities where the studies were implemented indicated not having ever been tested for HIV. The study also indicated that high-risk practices remain common among PWID. Thus, in 2015, while 81 % of PWID in Sarajevo and 96.3 % of PWID in Banja Luka had used sterile needles for their last injection, fewer than half of PWID in both cities had used condoms during their last sexual intercourse.

In addition, data from treatment centres in the RS indicate that around 45 % of drug users treated in 2015 tested positive for HCV, 3 % for HBV and none for HIV.

Drug-related emergencies

No systematic data on drug-related emergencies are collected in BiH.

Some information on self-reported non-fatal overdoses is available from the drug treatment services and also from the bio-behavioural studies among PWID. Thus it can be extrapolated that around 1 in 10 clients treated had experienced a non-fatal overdose. The sero-behavioural survey of 2012 in Sarajevo, Banja Luka, Zenica, Mostar and Bijeljina indicated that overdoses to the point of losing consciousness were common among PWID. According to self-reports, about half of PWID in Sarajevo and Banja Luka had overdosed at some point in their lives.

It is estimated that almost a third of PWID in Bosnia and Herzegovina in 2015 were HCV positive.

Drug-induced deaths

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

A special mortality register or other systematic data collection on drug-related deaths has not yet been implemented in BiH, so available data on drug-induced deaths should be treated with caution. Data are more likely to be incomplete and underestimate the situation, as there are no uniform procedures for autopsy and toxicological analysis in suspected drug-induced deaths and there is low capacity in forensic toxicology laboratories to identify drug-induced deaths.

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

The latest data on drug-related deaths are available from Sarajevo Canton and Una-Sana Canton of the FBiH for 2012. These regions represent approximately 31 % of the total population of the FBiH aged 15-64. In 2012, a total of five drug-induced deaths were identified; four of the people who died were male and one was female, and all were aged between 24 and 36. Toxicological analysis was performed only in two cases. Nevertheless, four deaths were linked to heroin overdose (alone or in combination with other substances) and one death was attributed to a combination of amphetamine, nitrazepam, sertraline, promazine and clozapine.

Prevention

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 defined the prevention of high-risk behaviour and the use of drugs as one of its priorities. This document will be replaced by the new strategy. In addition, the state-level strategic programme 'Prevention in the educational system' endorses the implementation of prevention programmes that address the risks of psychoactive substance use, prevention, early detection of behavioural disorders, sexual health, adolescent health, healthy eating, family life and social life.

Prevention interventions

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

Universal prevention strategies dominate in educational settings and they are implemented either as part of the mandatory school programme or on a voluntary basis. Substance use prevention is a mandatory topic in schools and other educational institutions in the Canton of Sarajevo. Universal drug prevention in schools is part of the biology curriculum (theme: drug abuse and its consequences) for grade 6 and grade 7 students in the RS. During 2015 and 2016, the United Nations Office on Drugs and Crime (UNODC), in cooperation with the Ministry of Security of BiH and the entity and cantonal ministries, initiated the Strengthening Families Programme in several elementary schools in the cities of Sarajevo, Mostar and Banja Luka. The programme focused on 10- to 14-year-old children and their

parents, and on strengthening their communication skills and recognising the value of the family in the prevention of high-risk behaviours.

In 2017, the UNODC 'Lions Quest' project was initiated in several cities and towns of BiH. Workshops were organised with the participation of teachers from 28 elementary schools.

A distinctive feature of drug prevention activities in BiH is the close cooperation between governmental and non-governmental organisations (NGOs). Most drug prevention programmes are implemented in close cooperation with NGOs. These organisations usually provide prevention, early detection and counselling services to people who have problems with the use of psychoactive substances.

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

In addition, general media campaigns and awareness-raising activities implemented by different governmental and non-governmental organisations remain common drug prevention activities.

Drug prevention activities are implemented in close cooperation between governmental and non-governmental organisations.

Harm reduction

Provision of harm reduction in BiH has been scaled up in recent years as part of the grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) programme (2007–11 and 2011–14). In order to continue and expand these services after the closure of the GFATM programme, extension and transition work plans had been adopted, along with the strategic document, to ensure that the provision of these services would gradually transfer to the state.

The harm reduction model implemented in BiH 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 drug treatments and also treatment for HCV and HIV; and people who used drugs in the past and are currently abstaining from drug use.

Harm reduction interventions

In 2014, harm reduction services were offered by four NGOs through networks of outreach workers (around 28 locations) and drop-in centres (11 locations) in the FBiH and the RS. The services provided included the provision of clean needles, syringes and other injection materials; condoms; information, education and communication materials; and counselling. If needed, clients were referred to additional services such as HIV/sexually transmitted infection services, HCV testing services, other specialists, opioid substitution treatment (OST) centres, and psychosocial/legal assistance, which were available free of charge in other public institutions. In 2014, a total of 5 394 clients received harm reduction services, and the available data indicate an upward trend in the number of beneficiaries since 2011, when 2 790 clients were reported. The number of sterile syringes distributed in 2014 was estimated at 130 per client.

In 2014, a total of 5 394 clients received harm reduction services. It was estimated that 130 syringes per client were distributed in 2014.

Treatment

Treatment system

Drug treatment in BiH is provided in specialised outpatient and inpatient treatment units and usually includes counselling, detoxification and OST. The provision of drug treatment is under the oversight of each entity. In the RS, the Ministry of Health and Social Welfare is responsible for the operation of drug treatment; in the FBiH, the responsibilities are at the cantonal level. Outpatient specialised drug treatment consists of five centres that provide OST in Banja Luka, Sarajevo, Mostar, Tuzla and Zenica. In addition, community mental health services provide primary care to people who have substance use problems. There are 31 community mental health centres in 10 cantons in the FBiH, 26 in the RS and one in Brčko District. These centres provide outpatient treatment and counselling for people suffering from mental health disorders, including drug use, in areas where specialised treatment centres or services do not exist. Hospital-based specialised care is provided at specialised treatment centres in the FBiH (Sarajevo, Zenica) and at in the RS (Banja Luka); in Mostar, hospital-based treatment is

provided at the Psychiatric Clinic of the University Clinical Hospital.

Non-hospital-based specialised drug treatment is provided through rehabilitation and social reintegration programmes and is implemented in 10 therapeutic communities, which are mostly registered as NGOs. The programmes are based on occupational therapy principles and usually last from one to three years.

Treatment is free for people who have health insurance. People who do not have health insurance have to pay for the treatment in accordance with the price list for medical services.

OST in BiH is provided in line with the Guidelines for the Treatment of Opiate Addicts. Treatment is provided with methadone and buprenorphine/naloxone combination (Suboxone), and has been made available through the GFATM programme, which was initiated in 2007 but gradually withdrew its operations in 2016–17. Different mechanisms are in place to cover the costs and sustain OST programmes after the closure of GFATM. OST is provided in 12 treatment programmes (eight in the FBiH and four in the RS), but no opioid substitution treatment is available in Brčko District.

Treatment provision

The Ministry of Civil Affairs coordinates the collection of data on treatment at the state level, in close cooperation with the Federal Institute of Public Health, the Institute of Public Health of the RS and the Department of Health and Other Services in Brčko District. Both entities use the same method of computerised data collection, based on the 'Treated person with a dependency form', which enables 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 public health institutes of the FBiH and the RS, a total of 2 115 clients were registered for treatment in Bosnia and Herzegovina in 2015. There has been a slight increase in the number of clients treated in recent years. Available data indicate that the majority of treated clients use heroin or other opioids.

More than 60 % of clients treated in the country receive OST. In 2015, a total of 1 310 people received OST, and 6 out of 10 treated clients were placed in methadone maintenance treatment. The data indicate an overall increase in the number of OST clients since 2011.

Drug use and responses in prison

There are 13 prisons in BiH. Data on drug use in prison in BiH are scarce.

In 2011, a study on drug-related infectious diseases and drug use was conducted in four selected prison facilities in the FBiH and in six prison facilities in the RS. The study included 620 inmates (421 in the FBiH and 199 in the 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 the 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 %).

Additional data from sero-behavioural studies among PWID suggest that 4 in 10 PWID in smaller cities and up to 7 in 10 PWID in Sarajevo had experienced imprisonment.

OST is provided in five prisons.

Drug markets

Bosnia and Herzegovina has remained primarily a transit country for transporting illicit drugs to major consumer centres in western European countries. The potential for larger profits through the resale of illicit drugs in European Union countries contributes to drugs being trafficked out of the country. Some findings point to an increasingly important role for organised groups of BiH nationals in illicit drug trafficking. Organised criminal groups cooperate with each other in BiH, but also beyond the borders of the state, particularly with criminal groups operating in the countries of former Yugoslavia. Drug trafficking remains the most common form of illegal activity among criminal groups in BiH, and is expected to bring the largest and fastest profit. Nationals of BiH who participate in these activities usually act as carriers in certain phases of transportation, or they may temporarily hide the drugs en route to their final destination.

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

Herbal cannabis available in BiH originates in Albania and is smuggled by organised criminal groups through Montenegro into BiH and onwards to western Europe along the Balkan route. A small proportion of herbal cannabis is produced in the country. Heroin is transported to BiH mainly from Albania and Turkey, while synthetic drugs,

especially ecstasy, usually come from the Netherlands. In recent years, synthetic cannabinoids have emerged on the drug scene of the RS. Several initiatives have been taken by the RS Ministry of the Interior to initiate the control of these substances at the state level.

Data from the seizures suggest a decline in the quantities of illicit drugs seized, except for heroin, in 2015. In 2015, almost 13 kg of heroin was seized, which is more than reported in 2013–14, but less than in 2012. In the same year, 93.8 kg of herbal cannabis was seized, which is considerably less than in the four previous years (327 kg in 2014, 294.6 kg in 2013, 243.9 kg in 2012 and 443.7 kg in 2011). Only small amounts of cannabis resin are seized annually, with a total of 54.44 g seized between 2011 and 2015. A total of 23 939 cannabis plants were seized between 2011 and 2015 in BiH. The peak was 7 241 plants in 2011, with the lowest number being 1 993 in 2015. Cocaine is seized in very small quantities, indicating that most was for low-level, retail distribution to end-users.

The most recent data on the street prices suggest that 1 g of heroin costs around EUR 25, 1 g of herbal cannabis EUR 5, 1 g of cocaine EUR 50–70, 1 ecstasy tablet EUR 3–5 and 1 g of amphetamine EUR 10–15.

The 2015 data on purity of seized substances suggest that the percentage of tetrahydrocannabinol in herbal cannabis ranges from 0.04 % to 21.2 % and in cannabis resin from 1 % to 10 %, while the purity of heroin ranges from 2 % to 22 % and that of cocaine from 25.4 % to 37 %.

Bosnia and Herzegovina remains primarily a transit country for trafficking illicit drugs, while some herbal cannabis cultivation is also ongoing there.

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About the EMCDDA

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

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

About our partner in Bosnia and Herzegovina

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

The Ministry has a wide range of responsibilities in the areas of combating terrorism, organised crime, corruption, war crimes, drug use and trafficking, immigration, asylum, protection and rescue, general protection 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.

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