



Serbia

National Drug Report 2017

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About this report

This report is prepared in the framework 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 the top-level overview of the drug phenomenon in Serbia, 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. Neither the European Union institutions and bodies, nor any person acting on their behalf, may be held responsible for the use which may be made of the information contained therein. The data have not been subject to the regular EMCDDA data verification procedures.

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National drug strategy and coordination

National drug strategy

In 2014 the Government of the Republic of Serbia adopted the Strategy for Drug Abuse Suppression 2014-21 and its accompanying Action Plan 2014-17. The Strategy addresses individual and social harms caused by drug use, as well as drug-related crime and its consequences. The objectives of the Strategy are structured within two main pillars — drug demand reduction and drug supply reduction — and it defines five areas of operation of the drug policy: drug demand reduction; drug supply reduction; coordination; international cooperation; and research, monitoring and assessment.

Interventions in the field of drug demand reduction are focused on the following issues:

- ensuring that the issue of illicit drugs is addressed at the national and local levels in view of other social, healthcare, safety and economic issues, and that necessary and systematic measures are adopted;
- raising awareness on the issue of drug use and the need for its prevention, as well as the need to adopt healthy lifestyles;
- ensuring the coordination of different activities at local level and harmonisation of them with those at the national level;
- ensuring that there are various and high-quality capacities and programmes focused on the treatment of addiction, introducing different approaches in the treatment of addiction;
- encouraging the development of interventions which contribute to stabilising or reducing the number of people living with human immunodeficiency virus (HIV), viral hepatitis, sexually transmitted diseases and tuberculosis, and of those who die of drug overdose;
- ensuring conditions which enable the extension of treatment programmes in prisons;
- encouraging the development of social protection programmes for drug users, public institutions for rehabilitation and resocialisation, therapeutic, and civil society organisations, including programmes for harm reduction, to prevent the social exclusion of drug users and discrimination against them, including programmes and activities within the prison social care system;
- raising the awareness and capacities of all institutions and organisations working on the prevention of drug use, treatment and rehabilitation of drug users, and measures and programmes focused on harm reduction;
- encouraging the development and implementation of preventive activities in this field and different

programmes focused on reducing drug demand, especially activities to deal with the emergence and expansion of new psychoactive substances (NPS) and polydrug use.

Interventions in the field of drug supply reduction are focused on the following objectives:

- strengthening activities focused against organised crime, the illegal drug trade, money laundering and other forms of drug-related crime;
- improving the cooperation between police, customs and the legal system within the country, in the region and internationally;
- improving the collection of information and analytical work on detection of criminal activities;
- improving the level of knowledge among the judicial authorities;
- implementing available measures and creating new measures for detecting drug flows along the 'Balkan route';
- full establishment of the early detection and warning system for NPS;
- strengthening precursor control and cooperation in this field between customs, police, legal manufacturers and distributors for the purpose of monitoring the trade in and use of these substances;
- intensifying and maintaining cooperation with other countries in the region, across Europe and at the global level, as well as cooperation with international organisations.

In addition to the aforementioned general objectives, the Strategy is focused on achieving the following specific objectives:

- ensuring that the national focal point gradually becomes functional as a central part of the system for collection, integration and providing of information from the field of drug monitoring, as well as reporting to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA);
- provision of political and financial support for the realisation of the activities defined in the Action Plan 2014-17, as well as the activities yet to be defined as priorities in future action plans at local and national levels;
- encouraging cooperation between different stakeholders and developing partner relations with civil society in all spheres regarding drugs, including the strengthening of the role of civil society organisations;
- encouraging training for all professionals working in this field and encouraging all the activities focused on the creation of conditions for the development of various training programmes at the national level;

- ensuring the assessment and stable funding of the confirmed programmes, including the mid-term assessment of the Strategy.

National coordination mechanisms

In 2014 the Government of the Republic of Serbia established the multi-sectoral Committee for Psychoactive Controlled Substances, comprising a panel of experts and representatives of relevant authorities, to coordinate actions in the field of drugs implemented by entities representing different sectors. In addition, the Office for Combating Drugs was established in 2014 by a government regulation, and it became partly operational in April 2016. The Office is responsible for coordinating the work of public authorities; participating in the development of strategies and laws; monitoring the implementation of drug-related projects; analysing the situation in the drugs field; establishing international cooperation; preparing annual reports for international organisations; and implementing the Strategy for Drug Abuse Suppression 2014-21. Its tasks should be implemented in close cooperation with ministries, health institutions, non-governmental organisations (NGOs) and other national and local entities involved in the implementation of the Action Plan.

The Centre for Monitoring Drugs and Drug Addiction was established as part of the Ministry of Health, and it is the main contact point for the EMCDDA (national focal point). The role of the Centre for Monitoring Drugs and Drug Addiction is to collect and analyse data on key epidemiological and drug supply indicators, and on NPS through the early warning system on NPS.

The Strategy for Drug Abuse Suppression 2014-21 and its accompanying Action Plan 2014-17 address individual and social harms caused by drug use and drug-related crime

Drug laws and drug law offences

National drug laws

The key drug laws in Serbia are the Law on Psychoactive Controlled Substances (*Official Gazette of the Republic of Serbia*, No 99/2010); the Law on Substances Used in Illicit Manufacturing of Narcotic Drugs and Psychotropic Substances (*Official Gazette of the Republic of Serbia*, No 107/05), which is in accordance with UN conventions and EU directives; the Law on Medicines and Medical Devices (*Official Gazette of the Republic of Serbia*, No 84/04); and the Criminal Code (*Official Gazette of the Republic of Serbia*, No 111/2009).

The Law on Psychoactive Controlled Substances, adopted in 2010, regulates production of and trade in psychoactive controlled substances, licensing, export, import and transit of psychoactive controlled substances, cultivation, processing and trade of plants from which psychoactive controlled substances can be obtained, and use of psychoactive controlled substances. The adoption of the Amendments to the Law on Psychoactive Controlled Substances is planned to harmonise the legal framework with the following EU legislation: Regulation (EC) No 1920/2006 of the European Parliament and of the Council of 12 December 2006 on the EMCDDA; Council Decision 2005/387/JHA of 10 May 2005 on the information exchange, risk-assessment and control of new psychoactive substances; and Council Decision 2001/419/JHA of 28 May 2001 on the transmission of samples of controlled substances.

Illegal drug use itself is not punishable in Serbia, however it is not allowed in any location. Possession of a small amount of illegal drugs is not legally defined. Possession for personal use of small quantities is punishable by up to 3 years in prison, but punishment may be remitted in minor cases (Criminal Code, Art. 246a). Anyone who induces another person to take narcotics or gives him/her narcotics for his/her or another's use or places at his/her disposal premises for taking of narcotics or otherwise enables another to take narcotics shall be punished by imprisonment for 6 months to 5 years.

According to the Criminal Code, unauthorised selling or offering of narcotic drugs for sale is punishable by 3 to 12 years' imprisonment. Unlawful cultivation of poppy seeds, psychoactive hemp or other plants that generate or contain narcotic drugs shall be punished by imprisonment for 6 months to 5 years. If the above-mentioned offence is committed by a group, or if the offender has organised a network of dealers or middlemen, the offender shall be punished by imprisonment for 5 to 15 years. An offender who discloses from whom he/she obtained narcotics may be excused from punishment.

The laws cover all illegal drugs, and penalties are the same for all substances.

Drug law offences

Drug law offence 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, a total of 1 199 offences of illegal production and trafficking of drugs were reported in Serbia, which is slightly fewer than the 1 266 offences reported in 2014. In 2015, a total of 1 372 offenders, of whom 43 were minors, were involved in these offences. In 2014, the total number of offenders was 1 481, of whom 52 were minors.

A total of 1 199 drug law offences were reported by Serbia in 2015

Drug use

Prevalence and trends

The first representative national general population survey (GPS) in Serbia was conducted in 2014 with a sample of 5 385 people aged 18-64 years. The results indicate that drug use in Serbia is still low compared with the majority of European Union Member States. Around 8 % of the adult population in Serbia had used any illicit substance during their lifetime, with drug use being more common among young people aged 18 to 34 years (12.8 %). Cannabis is the most frequently used illicit substance, with around 3.3 % of young people reporting its use in the last year, while 1.8 % had used it in the last month. Its use is more common among males: 7.7 % of 18- to 34-year-old males had used cannabis in the last year, while only 1.5 % of women in the same age group had. Use of other substances, such as amphetamines, cocaine and 3,4-methylenedioxy-N-methylamphetamine (MDMA/ecstasy), is less common among the general adult population in Serbia. The survey also examined use of NPS among the general population. Around 0.1 % of young people (18 to 34 years old) indicated use of any NPS during the last year.

Data on drug use among 15- to 16-year-old students are reported from the European School Project on Alcohol and Other Drugs (ESPAD). The study was conducted in Serbia in 2008 and 2011. Available data indicate that in 2011 illicit

substance use, in particular prevalence rates for lifetime use of cannabis, of illicit drugs other than cannabis and of inhalants, was lower among Serbian students than the average in other ESPAD countries. Around 8 % of Serbian students had used an illicit substance during their lifetime, and the proportion had remained stable between 2008 and 2011. Around 7 % of Serbian students had tried cannabis. Overall, illicit substance use is more common among boys than girls, with the exception of sedatives without a doctor's prescription, use of which is more common among girls. Moreover, non-prescription use of tranquillisers and sedatives in Serbia was in line with the average for all ESPAD countries.

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 the understanding of the nature of and trends in high-risk drug use.

The most recent estimate of the number of problem drug users is based on mixed-method analysis utilising indirect methods (multiplier, capture-recapture, indirect estimation of population size) on existing data sources: the 2013 Integrated Bio-behavioural Survey among people who inject drugs (PWID); the National Survey on Lifestyles of Citizens in Serbia 2014 — substance use and gambling; and data from needle and syringe programmes (NSPs), opioid substitution treatment (OST) and detoxification, from healthcare facilities. The PWID population was defined as individuals aged between 18 and 64 years who have injected drugs for non-medical purposes within the last year. Based on a consensus among different stakeholders, the most reliable estimate is considered the one obtained using the multiplier method based on the nomination form from the GPS 2014 and NSP data, which indicates that there were around 20 500 PWID (95 % confidence interval 16 300 to 27 700) in Serbia in 2013. It is considered that most, if not all, of them use opioids.

Treatment data are collected on the basis of treatment demand indicator Protocol 3.0; however, the data collection system has been implemented mainly in the opioid substitution treatment centres, so the majority of the data collected refers to primary opioid users. In 2014, around a third of clients who entered treatment were first-time clients (135 out of 464). Fewer than 2 out of 10 clients entering treatment were women. The majority of men entering treatment were 30-34 years old, while women tended to be slightly younger, and most of those entering treatment were 24-29 years old.

On average, new treatment clients had initiated use of their primary substance at 20-21 years old, and entered treatment after 10 years of drug-using experience. Injecting remains a common route for administration for almost 45 % of both first-time and all treatment clients.

**Most of the estimated
20 500 people who inject
drugs in Serbia use opioids**

Drug harms

Drug-related infectious diseases

The data on drug-related infectious diseases in Serbia come from the national registers of HIV and acquired immunodeficiency syndrome (AIDS) cases and other notifiable infectious diseases reported to the Institute of Public Health of Serbia (IPH) through routine comprehensive surveillance in line with the national legislation, as well as from bio-behavioural surveillance studies (Bio-BSS) conducted by the IPH (2008, 2010, 2012 and 2013).

According to the IPH, 178 newly diagnosed HIV cases were reported in 2015, which is a 37 % increase from 2014. Of all the cases with a known transmission route (90 %), 2.5 % were PWID, which is the lowest proportion ever notified. In 2002 some 17 % of those newly diagnosed with HIV were PWID (18 out of a total of 81 cases) and a downward trend can be observed since 1991 (70 % PWID of 81 newly diagnosed HIV cases), with some signs of stabilisation in recent years.

The number of newly reported cases of acute hepatitis B virus (HBV) infection continued a declining trend (154 cases in 2015 versus 429 cases in 2001), which is attributed to the routine vaccination introduced in 2006. Reliable information was available on the mode of transmission in 63 (41 %) of the HBV acute cases reported in 2015. Of these, injecting drug use was reported only for three cases (5 %).

The newly diagnosed cases of both acute and chronic hepatitis C virus (HCV) infections indicate a downward trend between 2007 and 2015. Information on the mode of transmission was available in 74 acute and 326 chronic HCV cases reported in 2015. Of these, injecting drug use, which is highly likely to be causally linked to HCV, was reported for 34 acute and 78 chronic HCV cases. However,

there is a high risk of under-diagnosing and under-reporting of cases of HCV infection.

In 2013, Bio-BSS were carried out in Belgrade, Novi Sad and Nis using a respondent-driven sampling method and rapid tests of full blood samples for HIV and HCV. The results indicated that the prevalence of HIV decreased between 2008 and 2013 in Belgrade (from 4.7 % to 1.5 %). Although in earlier surveys HIV prevalence rates were higher among women who inject drugs, in the most recent study 1.5 % men and 1.3 % women tested positive for HIV. The data suggested that HIV prevalence is higher among those aged 34 years and older. No HIV positive cases have been identified among people aged 18-24 years or those who have injected drugs for less than 2 years.

The prevalence of HCV antibodies among the sample PWID in Belgrade also decreased between 2008 and 2013, from 74.8 % to 61.4 %. HCV prevalence remained higher among women than among men and was higher among PWID aged 34 years and older, and among those with more than 10 years' injecting practice. Fewer than half of those with 2 years of injecting drug experience were HCV positive.

The 2013 study also indicated decreases in HIV and HCV prevalence in Nis and Novi Sad between 2008 and 2013. The HIV prevalence in Nis was 1.0 %, while nobody in Novi Sad tested positive for the infection; in 2008 the figures were 1.6 % and 0.8 % respectively. The prevalence of HCV was 54.7 % in Nis and 50.2 % in Novi Sad (58.4 % in Nis and 51.6 % in Novi Sad in 2008).

Although available data suggests that sharing of injecting equipment is gradually decreasing among Serbian PWID, still around 1 in 14 surveyed PWID in Belgrade had shared their injecting equipment with others in the last month. Around one third of respondents in Belgrade and Nis and more than half in Novi Sad reported using a condom during their last sexual intercourse (among those who had had sex in the previous month). More than one third of respondents in Belgrade and Nis reported that their sexual partners do not inject drugs (38.8 % and 39.0 %), compared with one quarter in Novi Sad.

Data from the treatment demand register indicated self-reported HIV prevalence at 1.8 % among those entering drug treatment in 2014 and having lifetime experience of drug injecting, while around 41.5 % reported being infected with HCV.

Drug-related emergencies

Data on drug-related emergencies are provided by the Clinic for Emergency and Clinical Toxicology of the National Poison Control Centre in the Military Medical Academy. In 2014, a total of 312 overdose cases were treated in the Clinic. Eight out of 10 clients treated were 19 to 40 years old and the same proportion were male.

Slightly more than half of treated clients received care because of heroin overdose (54.5 %), and the majority of them were older than 30 years. Around 4 out of 10 clients experienced mild poisoning. A total of 50 clients (16 %) were treated because of cannabis use, and these clients were younger than the opioid users, half of them being 20 to 24 years of age. Most of the cannabis intoxications were mild poisoning. In 2014, amphetamines were the most common stimulants among all overdose cases treated at the department (18 cases), followed by cocaine (13 cases) and MDMA (11 cases).

Drug-induced deaths

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

In 2015, the National Office for Statistics reported 41 drug-induced deaths, which indicates a declining trend in drug-induced deaths in Serbia since 2009 (2009, 119 deaths; 2010, 75; 2011, 39; 2012, 50; 2013, 65; 2014, 52). In 2015, 18 deaths were associated with opioids. Almost half of the deaths were in the age group 25 to 34. The average age of deaths due to drug use was 33.2 years for men and 32.5 years for women. The majority of the deceased were men.

These cases relate to unnatural deaths for which the investigating judge orders an autopsy. The results of autopsy and toxicological examinations are included in the death certificate sent to the National Office for Statistics. A toxicological analysis of post-mortem samples is performed in the Military Medical Academy and in institutes of forensic medicine in Belgrade, Novi Sad, Nis and, sometimes, in Kragujevac. There is no common data collection system in place yet.

In 2015, the National Office for Statistics reported 41 drug-induced deaths, which indicates a declining trend since 2009

Prevention

In Serbia, the Ministry of Health, the Institute of Public Health (with a network of 24 district institutes), the Ministry of the Interior, the Ministry of Youth and Sports, the Ministry of Education, drug treatment facilities, local municipalities and NGOs, including the Red Cross of Serbia, implement prevention activities.

Prevention interventions

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

In Serbia, most of the implemented prevention activities fall under the domain of universal prevention and are implemented in educational settings, within families and in the community. Prevention of drug use is included in elementary school curricula and is delivered within biology and chemistry classes. The prevention activities in the schools are frequently carried out with support from the primary healthcare centres and also in partnership with the Ministry of the Interior. Drug prevention workshops and awareness raising are also conducted within national health promotion programmes. Those programmes are implemented by the IPH and a network of 24 regional public health institutes. Health centre staff, education sector employees and community representatives work as a team to carry out health promotion activities in the community, kindergartens and schools. The activities mainly focus on information provision and awareness raising on topics related to drug use. All activities implemented by the network of institutes of public health are reported to the IPH, but they are rarely evaluated. To enhance the provision of prevention activities in school settings, teachers are trained on implementation of drug prevention programmes, as part of the mandatory training programme on prevention of violence, abuse and exclusion.

The United Nations Office on Drugs and Crime (UNODC) has provided support to launch various prevention activities in Serbia. In 2010-11, a project on family skills training programmes to prevent drug use, HIV/AIDS, crime and delinquency among young people was conducted in Belgrade, Novi Beograd and Zvezdara. Furthermore, with the support of the Ministry of Education, Science and Technological Development and assisted by the UNODC and Lions Club International Foundation, a Lions Quest 'Skills for Adolescence' programme was disseminated in 17 elementary schools in Belgrade during the academic year 2014/15, reaching more than 750 students. This school-based life skills programme targets young people and aims

to develop their skills, enable them to accept responsibility and teach them how to communicate effectively and make health decisions as well as to resist pressure to use alcohol and drugs. The evaluation of this intervention addressed the following outcomes: substance use, perception of harm, refusal skills, intention to use and normative beliefs. The available results for Serbia indicate that the programme strengthened the refusal skills of young people and lowered their intention to use alcohol, tobacco and cannabis.

Non-governmental organisations, such as Re Generation, address the prevention needs of ethnic minorities, young people at risk and other vulnerable groups. The NGO Prevent produces an educational board game called 'Overdose' (third edition), which was created in 2013, and is intended to raise awareness among young people about the dangers of drug use. In 2014 the game was awarded a prize by the Pompidou Group as the most innovative project in the field of drug prevention in Europe. It is played by all generations and has been widely promoted at various national festivals and media events.

In addition many local prevention activities have been carried out in Serbia, while selective and indicative prevention interventions remain rare.

Harm reduction

Comprehensive harm reduction services to PWID in Serbia encompass provision of OST, NSPs, and voluntary counselling and testing (VCT) for drug-related infectious diseases. On 29 July 2002, Médecins du Monde launched the first needle and syringe exchange project in Belgrade. Between mid-2007 and mid-2014, Serbia received support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), to scale up these services. With GFATM support, NSPs were provided by NGOs in four cities (Belgrade, Novi Sad, Nis and Kragujevac) in the format of drop-in centres and mobile units. The estimated annual number of NSP beneficiaries throughout the timeframe of the project was around 2 000 persons. As well as clean needles and syringes, these services also provided medical and social assistance.

Since the GFATM project ended, Prevent continues to implement an NSP in Novi Sad. During 2015, a total of 465 clients benefited from the service, receiving advice about safe injection, the proper use of condoms and sexually transmitted infections; VCT for HIV; and also information about methadone maintenance treatment and other drug treatment, rehabilitation and resocialisation opportunities. The programme had distributed almost 12 910 syringes to its clients, and also other injection equipment. The NGO

Veza provided harm reduction services in Belgrade for the first half of 2015 and reached 156 clients. The organisation did not resume operations in 2016.

In 2005-06, a study suggested that, on average, PWID in Serbia inject 2.3 times per day, and therefore each person would require 840 needles per year, which totals over 9 million needles per year for Serbia as a whole. In 2015, two programmes reported that they had distributed 17 912 syringes and 51 473 needles to their clients.

VCT for HIV and HCV is available at 24 regional institutes of public health, the Special Hospital for Drug Addiction (SHDA), the Institute for Students' Health in Belgrade and the NGO Jazas. Available data indicate that 279 drug users (among them 214 PWID) received VCT for HIV in 2015, which is a decline from previous years, when the tests were provided through GFATM support at the SHDA. In 2016, the IPH distributed rapid HIV tests to the SHDA, to improve VCT services to drug users in the SHDA. In 2015, a total of 150 drug users (among them 123 PWID) were counselled and tested for HCV and 107 (among them 81 PWID) for HBV.

In Serbia, provision of NSPs and VCT for PWID remains dependent on external funding, and the availability of these services has decreased since the GFATM project closed.

Harm reduction services in recreational settings (in clubs and at festivals) are provided by Re Generation.

In 2015, two needle and syringe programmes distributed 17 900 syringes to people who inject drugs in Serbia

Treatment

The treatment system

Drug treatment is under the responsibility of the Ministry of Health of Serbia. The Ministry has established a coordinating and advisory body in the field of drugs: the Republic Expert Commission for the Prevention and Control of Drug Use.

The Law on Psychoactive Controlled Substances, the Law on Health Protection, the Law on Protection of Persons with Mental Disabilities, the Law on the Rights of Patients and the Law on Drugs and Medical Devices regulate the provision of drug treatment. Treatment-related objectives of the Strategy for Drug Abuse Suppression 2014-21 place an emphasis on diversification and quality of drug treatment through introducing new treatment approaches; promoting treatments which contribute to the reduction of drug-related infectious diseases and drug-induced deaths; expanding access to treatment in prison; and promoting social protection, rehabilitation and reintegration programmes for drug users to minimise their social exclusion and discrimination.

Drug treatment in Serbia includes medical detoxification, psychosocial treatments, such as short-term (motivational interviewing, individual psychosocial counselling, individual and group psychotherapy) and long-term rehabilitation group and family therapy, and medication-assisted treatment (with agonists and antagonists). In general, drug treatment is financed through the national Health Insurance Fund.

Drug treatment is provided by state healthcare facilities, and some private health institutions also provide these services. At the primary healthcare level, treatment is provided by health centres, and mainly covers counselling. Clients are referred to secondary and tertiary healthcare facilities for further treatment. At the secondary level, drug treatment is provided by psychiatrists in general hospitals, while specialised drug treatment facilities (tertiary level) are available in Belgrade, Novi Sad, Kragujevac and Nis. These are reference centres for the implementation and supervision of health protection and for developing methodology for drug prevention, treatment and rehabilitation. Residential treatment is provided in six therapeutic communities (one of them serving women) by the Serbian Orthodox Church, which in recent years served around 200 clients per year. In 2014, the NGO Rainbow provided care and housing for 72 drug users.

Methadone maintenance treatment was first introduced into Serbia at the end of the 1970s, whereas buprenorphine was registered for treatment of opioid dependency in 2010, and currently OST is available in all types of health facilities (26 units in 2015). OST can be

initiated in inpatient or outpatient healthcare facility and the decision to initiate the treatment should be made by a treatment team.

The World Health Organization and UNODC implemented treatment mapping in Serbia in 2016.

Treatment provision

In 2014, 16 outpatient (out of the total 26) and 3 inpatient (all) treatment units provided data on clients entering treatment. A total of 494 clients entered treatment in Serbia, most of them as outpatients. However, it is worth noting that more than half of first-time treatment clients were treated in inpatient settings.

The majority of the clients entered treatment as a result of opioid use. The Serbian treatment demand indicator currently covers mainly opioid substitution services.

In 2015, 2 312 persons received OST in Serbia; of them, 1 460 received methadone and 852 received buprenorphine-based medication. Available data indicate that the number of OST clients has increased since 2011, when 1 430 OST clients received methadone and 79 received buprenorphine.

The number of opioid substitution treatment clients has increased since 2011, and in 2015 2 312 people received OST

Drug responses in prison

In Serbia, prison health units provide drug treatment to inmates in cooperation with regional health centres, while specialised drug treatment is available only in the Special Prison Hospital in Belgrade.

Between 2013 and 2015, voluntary and confidential counselling and testing for HIV and HCV of all newly admitted patients, and individual and group counselling on risk behaviour, HIV, HCV and overdose prevention, were implemented in prison health services. In 2014, the Special Prison Hospital provided voluntary and confidential counselling and testing for HIV and HCV, and individual and group counselling on risk behaviours, HIV, HCV and

overdose prevention, to 343 newly admitted inmates, and in 2015 these services were provided to 320 inmates. Methadone maintenance treatment can be administered in prison to opioid users, and the Special Prison Hospital has a mandate to initiate this treatment for inmates. In 2014, 343 drug users and, in 2015, 320 drug users received treatment in the Special Prison Hospital. In 2014, in all prisons in Serbia, 413 people were receiving substitution treatment; in 2015, that number was 487.

The prison in Nis and the Special Prison Hospital have drug-free units. The prerequisite for a prisoner to be accepted in those units is absolute abstinence from all psychoactive substances.

Opioid substitution treatment with methadone is available in prison

Drug-related research

In recent years Serbia has implemented several studies on the use of psychoactive substances among the general population and in recreational settings. The EMCDDA, through the EU-funded project 'Preparation of the IPA beneficiaries for their participation in the EMCDDA' and in cooperation with the EU-funded twinning project 'Implementation of Strategy for Fight against Drugs (supply and demand reduction components)', funded the National Survey on Lifestyles of Citizens in Serbia 2014 — substance use and gambling, which provides representative data on prevalence and patterns of substance use among the population aged 18-64 years. Re Generation conducted an online study on 'Clubbing and Youth Health' in 2014, to explore the prevalence and patterns of drug and alcohol use among partygoers, knowledge of potential risks, and practices of drug and alcohol use, but also sexual behaviour patterns related to substance use.

Drug markets

Serbia is located on the Balkan trafficking route, which is used for smuggling all illicit psychoactive substances from east to west or in the opposite direction. Cannabis products are the most frequently seized illicit drugs in the country. Cannabis is smuggled through Serbia, and some of it remains in the domestic market. In recent years domestic production of herbal cannabis in natural conditions and so-called 'skunk' in artificial conditions has been reported. The Central Balkan route is used to smuggle heroin; however, the activity has been in decline, and new routes and forms of heroin smuggling have emerged, such as transport by sea and reorienting organised criminal groups towards

the smuggling of cocaine. For that reason, heroin entering Serbia is increasingly destined to supply the local market. Cocaine is usually smuggled in small quantities, mainly for the needs of the local market, from Western European countries, by couriers (body-packers) from South American countries, as well as through postal deliveries.

In recent years, an increase in the prevalence of synthetic stimulants and also NPS and their components has been noticed in Serbia. Some of them are believed to be produced in clandestine laboratories in the country. In 2013, an illegal laboratory for the production of methaqualone had been detected and dismantled. Use of synthetic drugs mainly takes place in nightclubs and at large music festivals.

In 2015, a total of 6 419 drug seizures resulted in the seizing of almost 1.3 tonnes of herbal cannabis, 11 kg of cannabis resin, 97 kg of heroin, 26 kg of amphetamines and 6 kg (6 287 pills) of MDMA.

Data on purity and prices of seized substances are scarce. The available information suggests that heroin seized at border crossings has a high purity. Herbal cannabis at retail level is usually purchased in quantities from 0.5 to 1 kg, at a price of EUR 1 000 to EUR 1 500 per kilogram. Skunk is usually sold in small packages from 0.2 to 0.3 g for EUR 8 to EUR 10, while the price of 1 kg ranges from EUR 3 000 to EUR 4 000. The price of a kilogram of heroin is between EUR 19 000 and EUR 22 000, while the retail price at street level for a gram is between EUR 20 and EUR 25. Synthetic psychoactive substances are usually less expensive; the price for a tablet of MDMA is between EUR 3 and EUR 5 in Belgrade and Novi Sad, but the price may increase to EUR 10 in smaller towns. The price for a kilogram of amphetamine is around EUR 3 000. The price of cocaine ranges from EUR 40 000 to EUR 50 000 for 1 kg, or between EUR 80 and EUR 100 for a gram at the retail level.

Strengthening border controls with neighbouring countries is one of the key priorities of the law enforcement agencies in Serbia.

In 2016, the Ministry of the Interior adopted the Serious and Organised Crime Threat Assessment document (national and regional, in cooperation with the Criminal Police Directorates of Montenegro and the former Yugoslav Republic of Macedonia), which included information about the situation in the drug market in Serbia. It was the first national assessment of serious and organised crime threats.

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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 Serbia

The EMCDDA has been implementing technical cooperation projects in Serbia since 2007. Since 2015, the cooperation has been with the Serbian focal point within the Monitoring Centre for Drugs and Drug Addiction in the Ministry of Health. The work of the Centre is oriented to the collection and analysis of information related to the five key epidemiological indicators, supply indicators and the early warning system on NPS.

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