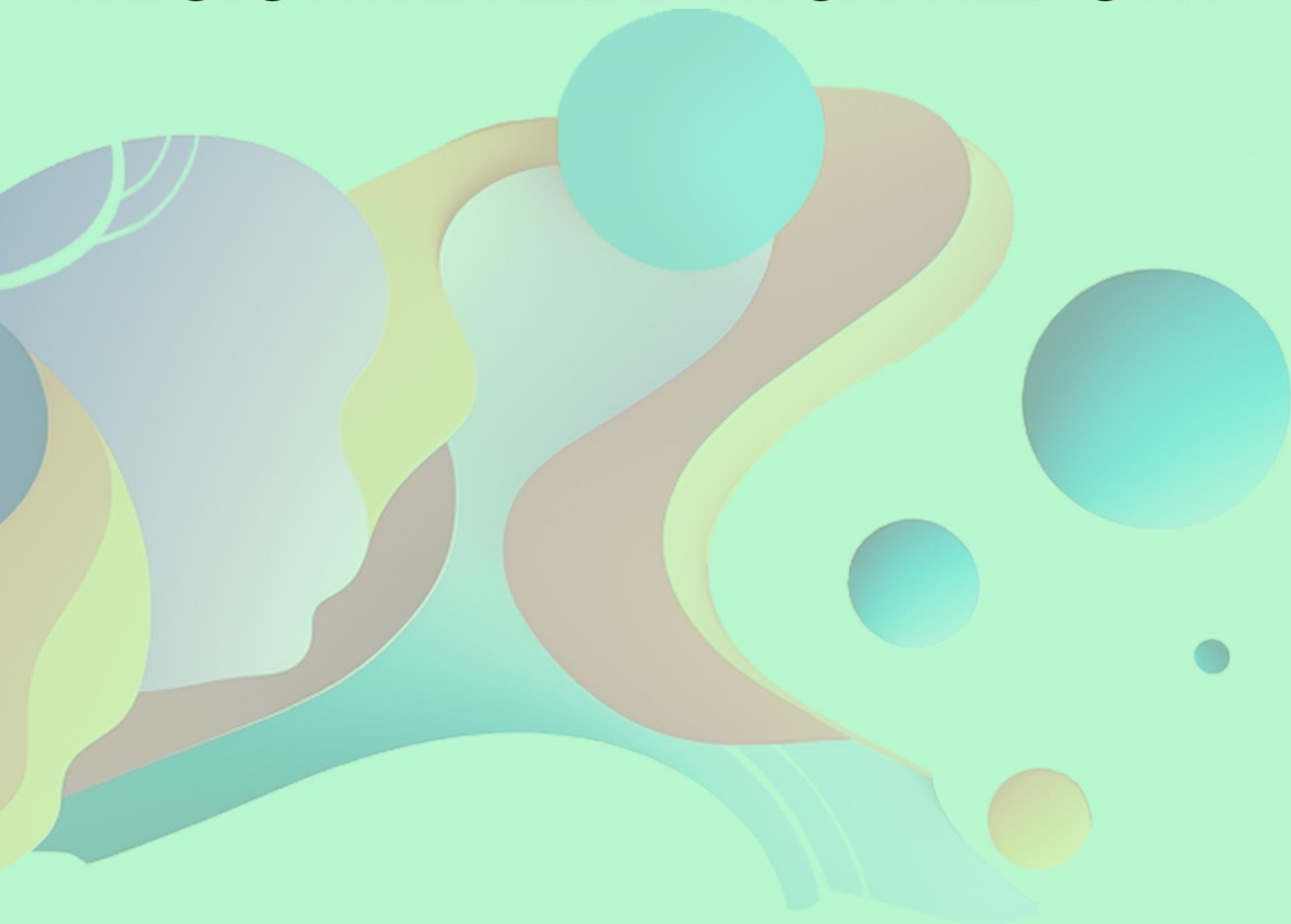


# **BY YOUTH FOR YOUTH: At-Risk Youth, Harm Reduction and Public Policy Needs Assessment in Croatia, North Macedonia, and Serbia REGIONAL RESEARCH REPORT**



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**Mladi za mlade**  
**Da zajedno rade**

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## **BACKGROUND TO THE STUDY**

The research study presented in this document is one of the outputs of the project “By Youth For Youth”, funded by the European Union (ERASMUS + Program). The primary aim of this project is to raise capacities and competencies of regional youth organizations working with youth who use drugs, at-risk youth and marginalized or vulnerable youth groups, for participating in youth policy and advocating for public policy reform.

This project is coordinated by NGO Re Generation from Serbia, and the partners are HOPS-Healthy Options Project Skopje from North Macedonia and Association Terra from Croatia.

Motivated by the fact that organizations working with at-risk youth need a systematic overview of their field of activity and a clear formula for simultaneously resolving issues they face at different levels, we have decided to develop tools necessary for efficiently dealing with problems they face at policy and practice levels.

The purpose of this research study was to assess existing capacities, competencies and practices of regional youth organizations which work with youth who participate in nightlife and/or use psychoactive substances in recreational settings, at-risk youth and marginalized or vulnerable youth groups when it comes to working with these communities, participating in youth policy and advocating for public policy reform, i.e. evidence based policy, as well as assessing the dominant needs and challenges at-risk youth - youth who participate in nightlife, youth who use psychoactive substances in recreational settings and marginalized youth groups - face, i.e. of their behavioral patterns, experiences and the risks they are exposed to. This research has helped us map out the relations between practice in youth work and the public policy framework in which organizations function and collect best practice examples of the optimization of these relations and youth policy participation.

This research study consisted of the following elements:

- Desk research, consisting of an overview of the relevant legal and strategic framework and available data relevant to the topic;
- Qualitative assessment of existing practices when it comes to working with at-risk youth, i.e. youth who participate in nightlife and/or use psychoactive substances in recreational settings, as well as the participation of these organizations in the creation and implementation of public policy, as well as their perceived efficacy;
- Quantitative assessment of experiences of at-risk youth, youth who participate in nightlife and/or use psychoactive substances in recreational settings, through an analysis of their behavioral patterns, knowledge and attitudes related to nightlife safety and public policy.

The research protocol and methodology were developed in Serbia in March 2023 and a positive ethical opinion regarding this research study and the methodology for it was obtained from the Ethnological-Anthropological Society in Belgrade. Based on this methodology, the research study was conducted from April to August 2023 in Croatia, North Macedonia and Serbia. The quantitative component entailed an anonymous and confidential online questionnaire, and the qualitative component consisted of two focus group discussions per country (one with representatives of civil society organizations and one with representatives of institutions), supplemented by questionnaires. All participants in the focus group discussions were asked to sign informed consent forms. Respondents for both qualitative and quantitative components of the study were selected through the social networks and contact lists of partner organizations implementing the project.

# COUNTRY PROFILES

## CROATIA

### OFFICIAL DOCUMENTATION

In the Republic of Croatia, like in most countries across the world, there are laws which regulate drug abuse. The goal of these laws is to protect public health, to suppress illegal drug trade and to offer adequate support and rehabilitation to persons addicted to drugs.

In Croatia, laws on drugs are passed in accordance with international conventions and European directives, and they serve to regulate production, traffic and use of drugs. Listed below are laws on drugs which are in place in Croatia and which directly influence the area of drug abuse:

- **Law on the Suppression of Drug Abuse** (NN 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11, 80/13, 39/19)<sup>1</sup> - The law came into force on the 1st of July 2001, and it has been amended several times since. This law regulates production, traffic and use of drugs, and defines penal provisions for drug abuse.
- **Rulebook on the method of implementation of the protective measure of mandatory addiction treatment** (NN 110/18)<sup>2</sup> - This Rulebook proscribes the way of implementing the protective measure of mandatory addiction treatment applied toward the perpetrator of domestic violence who perpetrated the violence under the influence of alcohol addiction, drug addiction or behavioral addiction (e.g. pathological gambling).
- **List of drugs, psychotropic substances and plants from which drugs can be obtained and substances that can be used to make drugs** (NN 19/23)<sup>3</sup> - regulates the production, traffic and use of psychotropic substances.
- **Rulebook on the conditions and manner of dealing with narcotics and psychotropic substances, the procedure for granting consent for the import and export of narcotics and psychotropic substances, as well as the conditions and manner of traffic and keeping records of the traffic of narcotics and psychotropic substances.** (NN 62/99)<sup>4</sup> - This Rulebook determines the conditions and manner of dealing with narcotics and psychotropic substances, the procedure for granting consent for the import and export of narcotics and psychotropic substances, as well as the conditions and manner of traffic and keeping records of the traffic of narcotics and psychotropic substances.

Laws which indirectly influence the area of drug abuse are the following:

- **Misdemeanor Law** (NN 107/07, 39/13, 157/13, 110/15, 70/17, 118/18, 114/22)<sup>5</sup>

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<sup>1</sup>[Zakon o suzbijanjuzlouporabe droga](#)

<sup>2</sup>[https://narodne-novine.nn.hr/clanci/sluzbeni/2018\\_12\\_110\\_2132.html](https://narodne-novine.nn.hr/clanci/sluzbeni/2018_12_110_2132.html)

<sup>3</sup><https://www.zakon.hr/cms.htm?id=56029>

<sup>4</sup><https://www.zakon.hr/cms.htm?id=32567>

<sup>5</sup><https://www.zakon.hr/z/52/Prekr%C5%A1ajni-zakon>

- **Penal Law** (NN 125/11, 144/12, 56/15, 61/15, 101/17, 118/18, 126/19, 84/21, 114/22)<sup>6</sup>
- **Law on execution of sanctions imposed on minors for criminal offenses and misdemeanors** (NN 133/12)<sup>7</sup>
- **Law on Social Protection** (NN 100/18, 125/19, 147/20, 119/22, 156/22, 33/23)<sup>8</sup>
- **Law on Social Welfare** (NN 18/22, 46/22, 119/22)<sup>9</sup>

All these laws and regulations were published in the Official Gazette, and are therefore available to the public through the official pages of the Croatian Parliament and People's Newspaper (Official Gazette).

In Article 6 of the Law on the Suppression of Drug Abuse, the national strategy for the suppression of drug abuse and helping drug addicts is cited as the basis for the functioning of state bodies, bodies of the local and regional self-government units, institutions, associations and religious organizations, as well as other legal and natural persons. Measures for suppressing drug abuse are listed in Article 41:

- *Systematic examination, detection and monitoring of all occurrences of drug abuse*
- *Continuous implementation of organized preventive educational programs through the family, school, health institutions, associations, religious communities and public media (primary prevention)*
- *Early detection and monitoring of occasional drug users (secondary prevention)*
- *Early detection, treatment, rehabilitation and resocialization of addicts (secondary prevention)*
- *Implementation of programs for drug supply and demand reduction*

Although there are laws which regulate drug abuse, the current legal framework is not sufficiently directed at rehabilitation and support for persons battling drug addiction. More effort should be put into primary prevention, education and reduction of stigma related to drug addiction.

### **National Strategy**

Based on Article 6 of the Law on Suppression of Drug Abuse (Official Gazette, No. 107/01., 87/02., 163/03., 141/01., 40/07., 149/09., 84/11., 80/13. and 39/19.) the Croatian Parliament at the session held on February 8th 2023 adopted the national strategy of action in the field of addiction for the period until 2030.<sup>10</sup>

Article 4.2 presents both situational analysis and trends in the drug market.

„According to the results of the research study »Abuse of Addictive Substances in the General Population of the Republic of Croatia« from 2019, illegal drugs have been used at least once in their lifetime by 24,5% of the respondents. The most commonly used illegal drug in the Republic of Croatia was cannabis (marijuana or hashish), which was used at least once in their lifetime by 22,9% respondents. Lifetime prevalence of using other illegal drugs were significantly lower: amphetamines

<sup>6</sup><https://www.zakon.hr/z/98/Kazneni-zakon>

<sup>7</sup><https://www.zakon.hr/z/235/Zakon-o-izvr%C5%A1avanju-sankcija-izre%C4%8Denih-maloljetnicima-za-kaznena-djela-i-prekr%C5%A1aje>

<sup>8</sup><https://www.zakon.hr/z/190/Zakon-o-zdravstvenoj-za%C5%A1titi>

<sup>9</sup><https://www.zakon.hr/z/222/Zakon-o-socijalnoj-skrbi>

<sup>10</sup>[https://narodne-novine.nn.hr/clanci/sluzbeni/2023\\_02\\_18\\_307.html](https://narodne-novine.nn.hr/clanci/sluzbeni/2023_02_18_307.html)

(4,6%), ecstasy (4,2%), cocaine (4,8%), LSD (1,4%) and heroin (0,6%). Lifetime prevalence of using any »new drug« was 1,7%, and it was highest among respondents aged between 15 and 24 – 3,5%. Most commonly used were synthetic cannabinoids (most common street name: »Galaxy«), 1,5% of the respondents had used them at least once in their lifetime, and 3,3 % of the respondents aged between 15 and 34. In 2019 a statistically significant increase in the total number of cannabis users was recorded (lifetime prevalence in 2011 was 15,6%, in 2015 19,4 %, and in 2019 22,9%).“

According to the »European School Survey Project on Alcohol and Other Drugs« (hereinafter: ESPAD) in 2019, the Republic of Croatia is above the European average when it comes to using illegal drugs among youth, so 21% students cite having at least once in their lifetime tried drugs, of which most commonly cannabis. The perceived availability of cannabis compared to other drugs is high. Four out of 10 students (40%) think that they can easily procure cannabis, while the perceived availability of other addictive substances is lower: ecstasy (16%), cocaine (15%), amphetamines (18%), methamphetamines (12%) and crack (11%). Also, when it comes to new psychoactive substance use the Republic of Croatia is above the European average (5,1% in contrast to 3,4 % in the European Union).

According to the data from »Health Behaviour in School-aged Children« (hereinafter: HBSC) for 2017/2018, in the Republic of Croatia a total of 17% fifteen-year-olds answered that they have at least once in their lifetime tried marijuana, which is nearly every fifth student of that age.

This research dates back to 2017/2018 and 2019, since when trends have changed due to COVID-19 virus so newer research is needed at the level of the Republic of Croatia. One such research is being conducted on the social networks of Tripsitters Rijeka where we record the percentage of use of individual psychoactive substances in 2023.

Article 5.1 describes the following specific objective:

### **1. Prevention of addiction in children and youth**

The principles of implementation of addiction prevention programs should certainly be adapted to the needs and special characteristics of the narrow and wider target population and social environment, whereby it is necessary to adhere to the main characteristics of successful addiction prevention programs (comprehensiveness, diverse learning methods, sufficient duration, theory-based, positive relationships, time alignment, evaluation of results and trained staff/facilitators). The main principle of the implementation of preventive programs should be integration and orientation towards all kinds of addiction, including using legal addictive substances (tobacco, alcohol) and their inappropriate intake, drug use and behavioral addictions related to games of chance (gambling, betting, lottery games), excessive use of computer games, excessive use of the internet, social networks and such. Quality preventive interventions on national and local levels should be visible, available to the target population, long-term sustainable and delivered by competent implementers, whereby the exchange of good practice in preventive work with children and youth on the local, regional and European level is important.

Measures for the implementation of the specific objective are:

*1. improving the development, implementation and sustainability of quality, scientifically-based and proven-effective projects and programs for the prevention of addiction and behavioral addictions in relation to the structure, content and process of development as well as the implementation of preventive interventions*

*2. development of comprehensive prevention programs for addiction and behavioral addictions, based on assessed needs in accordance with the specific characteristics of the target population (in relation to gender, age, etc., as well as the level of risk) and the characteristics of successful addiction prevention programs*

*3. consistent and continuous implementation of preventive programs in all environments (individual/school/community) applying three levels of prevention (universal, selective and indicated) and environmental strategy*

*4. improvement of the addiction prevention system in specific areas (educational system) by harmonizing the entire preventive work with existing standards and identifying and selecting proven effective (certified) preventive projects and programs for implementation in the educational system*

*5. ensuring sustainability and improving preventive work.*

Among the measures, the improvement of the addiction prevention system in the educational system is mentioned, which we believe to be necessary since, although according to all research we see an increase in the consumption of psychoactive substances among young people, during our nightlife outreach activities, we see a worryingly low level of information about drugs, while the level of information about sexually transmitted diseases is somewhat higher, but still insufficient.

The Article also describes the following specific objectives and measures:

## **2. Prevention of Workplace Addiction**

Measures for the implementation of the specific objective are:

*1. establishing co-responsibility of employees, employers and trade unions in the implementation and development of preventive programs*

*2. ensuring timely preventive and advisory interventions at the workplace based on risk and needs assessment*

*3. improving cooperation and procedures in the implementation of measures to prevent the abuse of addictive substances and the emergence/development of behavioral addictions with the aim of reducing the consequences for the safety of the work process and employees.*

## **3. Improvement of existing and development of new programs of treatment, psychosocial treatment and resocialization of persons with addiction problems in the health, social welfare and prison and probation systems**

Addiction treatment includes all structured interventions, pharmacological and/or psychosocial, directed at use reduction or abstinence, and help for people who use addictive substances or have developed some of the forms of behavioral addictions, with the aim of improving their psychological, medical and social status. In the Republic of Croatia, treatment of people battling addiction is primarily conducted in the healthcare system (hospital and outpatient), and certain forms of psychosocial and rehabilitation treatment are conducted in the social welfare system, therapeutic communities, associations, and within the prison and probation system. The fundamental form of organization of addiction treatment in the Republic of Croatia is within the healthcare system and it is implemented through outpatient treatment in services for the protection of mental health, prevention and outpatient treatment of addiction diseases of the county institutes for public health, as well as hospital treatment which is conducted in specialized departments of general or psychiatric hospitals.

Measures for the implementation of the specific objective are:



1. *improving communication and exchange of information between all experts involved in the addiction treatment system, especially in terms of monitoring and improvement of addiction treatment*
2. *improving treatment and psychosocial treatment of alcohol addiction through linking services for mental health protection, prevention and outpatient treatment of addiction and clubs of treated alcoholics, and greater involvement of local and regional self-government units (county commissions) and civil society organizations in the creation of a strategy for prevention, treatment and recovery from alcohol addiction*
3. *building and improving the treatment system for addiction to playing games of chance and the Internet within the health, social and judicial system, and at the level of the local community*
4. *encouraging and developing further implementation of evidence-based psychosocial interventions in the treatment of addiction and behavioral addictions, with the aim of more complete recovery and social integration of persons treated for addiction problems*
5. *improving and ensuring better treatment and care for special groups of people treated for addiction problems, such as people with dual disorders, minors, women with addiction problems, mothers with children, and care for children of people with addiction problems*
6. *developing new methods of addiction treatment in accordance with the trends in the use of addictive substances, especially in the field of addiction treatment from new drugs, cannabis, and polyuse of different addictive substances*
7. *improving and building the knowledge and skills of experts involved in the addiction and behavioral addiction treatment system through expanding teams to include relevant experts and implementing trainings.*

#### **4. Reduction of harm and risks related to the use of addictive substances and behavioral addictions**

The policy of reducing harm and risks related to the use of addictive substances and behavioral addictions advocates for the implementation of different interventions, introduction of new medication and products meant to prevent, reduce and mitigate the health, social and economic harm for the individual, community and society, which resulted as a consequence of the use of addictive substances (tobacco, alcohol, psychoactive substances) or behavioral addictions. Harm reduction measures should be complementary with measures from the fields of prevention, treatment, rehabilitation and recovery. Different limitations often slow down and render difficult the application of proven successful harm reduction methods, which is why in this field it is necessary to facilitate the application of the scientifically proven harm reduction concepts being applied with evidently useful results in European Union countries.

With the aim of improving the quality and effectiveness of interventions all civil society organizations, health and social institutions which implement harm reduction programs and activities should strive for meeting minimal quality standards in the field of structure, process and outcome in accordance with the recommendation of the Council of the European Union, and adapt their interventions to the national Guidelines for harm reduction programs.

One measure for the implementation of the specific objective is:

1. *Reducing the spread of infectious sexually transmitted and blood-borne diseases, other accompanying diseases, deaths, and preserving existing health among people who consume drugs and other addictive substances*

The goal of reducing the spread of blood and sexually transmitted diseases through the distribution of sterile needles, syringes and condoms and providing education on the importance of using sterile equipment and condoms in our drop-in center is being successfully implemented. These measures have significantly reduced the number of infections with sexually transmitted and blood-borne diseases.

Regarding the objective of reducing deaths and maintaining health among people who use drugs, partial progress has been made as people who use drugs are included in drug substitution treatment and see doctors regularly. However, we think that these people are not being given enough attention because there is still a significant number of deaths among people who use drugs. The staff of our drop in center, who often come into contact with people who use drugs, are not allowed to have naloxone. This also renders the achievement of this objective difficult.

Another measure for the implementation of the specific objective is:

### *2. reducing recidivism and of criminal offenses committed by beneficiaries of harm reduction programs*

As a member of an association working on harm reduction programs, I consider the reduction of recidivism and of criminal offenses committed by beneficiaries of these programs exceedingly important and achieving significant results. Harm reduction programs approach the issue of drug addiction holistically, recognizing that many beneficiaries of these programs are already involved in criminal behavior. Instead of simply punishing, these programs offer support, rehabilitation and resocialization as a way for the beneficiaries to reintegrate into society as productive citizens.

By providing safe environments, healthcare, counseling, substitution therapy and access to other services, harm reduction programs reduce the risk of recidivism and re-commitment of criminal offenses. These programs promote harm reduction and improvement of beneficiaries' health, which has a positive influence on their behavior and integration into society.

Also, a measure for the implementation of this specific objective is:

### *3. ensuring the inclusion of as many beneficiaries of harm reduction programs as possible in counseling, treatment and resocialization programs with the aim of social reintegration and recovery*

Workers of the drop-in center and nightlife outreach program for harm reduction strive to achieve this objective. In the drop in center are employed psychologists who directly communicate with beneficiaries of the program. Beneficiaries of the drop in center are most often already on substitution therapy, so they are included in the treatment system and most often the staff work with them on resocialization by searching for apartments for rent, employment, exercising their right to social welfare, help with joining a commune...Whereas the staff working on the nightlife outreach program are a link with people who use drugs and are not in the treatment system. Those are most often young people who use drugs and go out to nightclubs and who are active on social networks and they often come forward with their problems, which aside from concerning the issue of addiction also concern mental health. We try to connect such users with psychotherapists.

Yet another measure for the implementation of the specific objective is:

### *4. developing and introducing innovative harm reduction programs, medication and products.*

We consider this objective to be promoted and that is precisely why the implementation of our Tripsitters project is being financed – a harm reduction program in nightlife and recreational youth environment. Although we are still without a drug checking service, which would be the best example for achieving this objective and the most useful harm reduction tool among young recreational users.

## **Guidelines for Programs for Reducing Harms Related to Drug Abuse, 2015<sup>11</sup>**

This document provides information on the following topics:

### **1. Definitions of the basic harm reduction terms**

*Reduction of harms and risks related to drug use (harm reduction)* – represents an umbrella term for interventions, programs and policies which seek to prevent, reduce and mitigate the health, social and economic harm to individuals, communities and societies, which arise from the use of psychoactive substances and addictive behavior. In drug policy, measures for reducing harm and risks are well integrated with measures in the field of prevention, treatment and rehabilitation and parallelly encompass the policy of reducing the supply of drugs and reducing the demand for drugs.

*Policy of reducing harm related to drug abuse* - represents a public health approach directed at the target population of intravenous drug users (also applicable to other drug users), and it includes interventions, programs and policies which seek to reduce the health, economic and social harm which arises as a consequence of drug use by individuals, groups or communities.

### **2. History of the implementation of harm reduction programs in the Republic of Croatia**

The beginnings of the policy of reducing harm related to drug abuse in Croatia appeared in the late eighties and early nineties of the last century, when the danger of the spread of HIV/AIDS within the population of intravenous drug users was noticed. In response to the above, public health activities were commenced, the aim of which was to improve the availability of sterile injecting equipment for the needs of intravenous drug users and to raise the level of awareness of this problem by holding professional seminars on the importance of making it possible for intravenous drug users to purchase syringes and needles (informing about the dangers and risks of HIV infection through leaflets and the like). The establishment of civil society organizations beginning "harm reduction" activities was encouraged. In 1995, the association "Help" from Split started with harm reduction policy activities, which it implements in the area of central Dalmatia. In 1998, the Croatian Red Cross started "harm reduction" programs in Zagreb, Zadar and Pula. Association "Terra" has been implementing harm reduction programs in Rijeka and the County of Istria since 2000. From the very beginning, all harm reduction policy programs have been implemented with the support of the ministry responsible for health and the Office for the Suppression of Drug Abuse.

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<sup>11</sup><https://drogeiovisnosti.gov.hr/UserDocImages/dokumenti/Smjernice/Smjernice%20za%20programe%20smanjenje%20%C5%A1teta%20web%20FINAL.pdf>

### 3. Harm Reduction Programs in the Republic of Croatia

In the Republic of Croatia, harm reduction programs are financed by the Ministry of Health, and implemented by the following associations: the Croatian Red Cross, Terra, Ne-ovisnost, Let, Help and Institut, with associations working on reducing the spread of infectious diseases, such as HUHIV and HEPATOS. The Croatian Red Cross is implementing a needle and syringe exchange program in drop-in centers in Zagreb, Zadar, Nova Gradiška and the City Society of the Red Cross in Krapina. Association „Ne-ovisnost“ within the drop-in center in Osijek enables its users to anonymously exchange used equipment for new, sterile equipment on a daily basis, and provides them with legal advice and information on the possibilities of treating addiction-related infectious diseases, as well as addiction treatment. Association HELP implements activities in a drop-in center in Split, and enables the supply of clean and sterile equipment for a total of 23 locations in Dubrovnik, Makarska, Trogir, Šibenik, on the island of Korčula (in the town of Vela Luka) and in the cities of eastern Croatia: Osijek, Vukovar and Vinkovci. Association for improving life quality LET provides the service of needle and syringe exchange through the program of mobile equipment exchange, with counseling and distribution of vouchers for free HIV testing, in the area of the City of Zagreb and Zagreb County. Association Terra implements a harm reduction program in a drop-in center in Rijeka, as well as through fieldwork on a total of 10 locations in Rijeka and Opatija, Lovran, Klana, Labin, Bakar, Kraljevica, Crikvenica, Karlovac and Ogulin, as well as on the islands of Krk and Lošinj. An SOS phone line for beneficiaries is also active in Terra.

The Guidelines also list all the activities implemented by associations, among which **fieldwork (outreach)** can also be found. The **aim** is defined as: to enable easy access to people who use drugs to harm reduction programs and services through outreach workers going into the field/places where people battling addiction gather, live and use drugs, and prevent other health and social consequences of drug use. The **procedure is described** in the following way:

Outreach is conducted by experts from helping professions, health workers, volunteers and people who use drugs. It is conducted in places where people who use drugs gather, using vehicles and field workers. Outreach is implemented for instance in the street, in bars, at railway stations and elsewhere. In order to include the widest possible population of addicts, "points" are selected, i.e. gathering places of addicts in the city, which are visited according to a predetermined schedule (for example, on a weekly basis) and at these locations, equipment is exchanged, condoms are distributed and information is provided about treatment and testing options, hepatitis, AIDS, etc. This way of working would be unfeasible without the cooperation of the addicts themselves, who introduce outreach workers into their communities.

#### Activities:

- Providing information on ways of reducing harm, treating addiction and substitution treatments
- Providing information on testing
- Testing for communicable diseases and sharing advice on sexually transmitted diseases
- Distributing sterile drug use equipment and condoms;
- Collecting discarded using equipment

All of the above listed activities do and should form part of fieldwork, but we see a lack of activities in field work that are aimed at potential addicts or recreational users of psychoactive substances, because as we can see, mostly everything is aimed at intravenous users and users of substitution therapy, while in the current situation we do not record a large increase in these populations, but we are recording more and more young people who consume psychoactive substances in the nightlife. That is why it is necessary to emphasize that fieldwork, in addition to all the above-mentioned activities, must also include making contact with potential addicts and introducing them to a certain system of treatment and education in order to prevent the occurrence of addiction. The majority of intravenous users are in a certain form of treatment through a drop-in center and substitution therapy, while young recreational users are a harder-to-reach group that we can influence more in terms of prevention and should be the target group of the fieldwork itself.

### *RELEVANT DATA*

The first field survey research was implemented in 2019; a survey was created that was conducted at the Student day festival, which took place in June in Rijeka. The purpose of the research was to determine how often youth consume alcohol and other psychoactive substances, and which psychoactive substances they use. Aside from that, the purpose was also to determine how many youth have been tested for HIV, hepatitis and other sexually transmitted infections. In the study, 236 respondents took part, of which 55,1% men and 44,9% women, at the age of 16 to 47 years. The average age of the respondents was 23,76 (SD = 9,72). Most respondents were students (37,3%).

As for other psychoactive substances (M = 1,03, SD = 1,11), most respondents never use them (45,1%), while 21,9% do so a few times per year. 18% of the respondents use other psychoactive substances a few times per month, and 15% do so every week.

Youth consume alcohol on average a few times per month (M = 2,09, SD = 0,85). 6,8% of the respondents never use alcohol, and 11,5% use alcohol a few times a year. The largest percentage of respondents, 48% of them, consume alcohol a few times per month, while 33,6% consume alcohol each week.

Questions referring to psychoactive substances respondents have taken within the last month or the psychoactive substances they saw others use were open-ended and the respondents had to provide their own answers, i.e. there were no offered options.

Most respondents (43,2%) state they have not used any psychoactive substances within the last month. Those who state they have used something most often consumed marijuana (27,5%), speed (13,1%) and ecstasy (11,9%). Other common substances were: mushrooms (4,2%), cocaine (3%), LSD (1,7%) DS, heroin, methamphetamine, barbiturates, antidepressants, psilocybe, ketamine and glue (0,4% each).

24,2% of the respondents state that within the last month they had not seen others using any psychoactive substances. 25,8% of the respondents saw others use marijuana, 17,8% saw others use speed, and 14,4% ecstasy. Of other substances there were: cocaine (8,1%), mushrooms (4,2%), LSD (3,4%), heroin (1,7%), prescription medication (0,8%), as well as methadone and pills (0,4% each).

If we divide the respondents according to how often they consume other psychoactive substances, we can see that the largest percentage of respondents who state that they consume other psychoactive substances several times a year do so to the greatest extent with marijuana (29.4%), followed by ecstasy

(13.7%) and speed (7.8%). Respondents who consume psychoactive substances several times a week most often consume marijuana (52.4%), speed (40.5%), ecstasy (26.2%) and mushrooms (14.3%). Respondents who consume psychoactive substances every week consume marijuana (54.3%), ecstasy (25.7%), speed (25.7%) and LSD (8.6%). What we can notice is that in all categories of respondents who consume psychoactive substances, the most commonly consumed substances are marijuana, speed and ecstasy.

71.9% of respondents answered that they had never consumed something they did not know what it was, while 28.1% of respondents did so. 78.6% of respondents have never been tested for HIV, hepatitis and other sexually transmitted diseases, while 21.4% have been tested.

A new survey was conducted on the Tripsitters Rijeka Instagram profile. To complete the survey, it was necessary to write the gender, age and psychoactive substances consumed this year (2023).

Most research respondents were female (58,4%), while 41,6 % of the respondents were male. As for respondents' age, the largest number of responses came from people aged 15-25 (49,5%), followed by people aged 26-40 (46,5%) and only 4% of the respondents are over 40.

The largest number of respondents have used alcohol (90,1%), which is unsurprising seeing as it is a legal psychoactive substance most often used by youth in nightlife and which is highly present in our culture. Despite that, 90,1% is an exceptionally high percentage and a worrying piece of data. Marijuana came in second (77,2%) and is therefore the most frequently used illegal psychoactive substance, which demonstrates how frequent psychoactive substance use among youth actually is and that most of them actually consume at least two psychoactive substances (alcohol and marijuana). Nicotine came in third (71,3%), also at a rather high percentage. Second place among illegal psychoactive substances is held by cocaine (40,6%) and it is followed closely by speed (39,6%), which demonstrates an increase in cocaine use in Croatia, because in our previous research we had more answers point towards speed, but even before this survey we had noticed during outreach activities a higher frequency of cocaine use. MDMA (30,7%) and ecstasy (28,7%) hold the third and fourth place when it comes to most commonly used illegal psychoactive substances, the percentage of which could be higher at the end of the research study, after summer festivals where we see a higher percentage of use of these substances. Hallucinogens are somewhat more rarely used than stimulants: hallucinogenic mushrooms (19,8%), LSD (10,9%) and ketamine (8,9%). The novelty is ketamine, which didn't used to be that present in the Croatian drug market. We also hear of Galaxy (5%) use among high school students with increasing frequency, which is another worrying trend taking into consideration its effects.

Laws on drug use in Croatia, like in many other countries worldwide, are often the topic of discussions and controversy. While the goal of those laws is the protection of public health and the suppression of illegal drug trade, the question is often posed if they are the most efficient way of dealing with the issue of drugs. It is important to understand that the issue of drug use is complex and that it cannot be simply solved through merely repressive measures. A comprehensive strategy is necessary, one which includes prevention, education, harm reduction and access to addiction treatment. It is crucial that the laws be aligned with these goals and that support is provided to prevention and harm reduction programs.

Prevention plays an important role in suppressing the issue of drug use. Drug education and risk awareness can help youth make informed decisions and avoid drug use. Aside from that, it is necessary to put effort into ensuring safe and healthy nightlife environments, particularly for young people who are often exposed to drug use risks.

Harm reduction is another important aspect of combating the issue of drugs. This entails adopting strategies which aim at reducing the risks and harm related to drug use. Examples of such measures include a program of sterile needle and syringe exchange, providing safe spaces for drug use, availability of naloxone for overdose emergencies and access to addiction treatment services.

Nightlife can often be a context in which the risk of drug use is increased. Therefore it is important to take measures so as to ensure safety and reduce harm in these situations. This can include securing reliable information on drugs, the presence of expert advisors at events, securing drug checking for identification of harmful substances and promoting safer drug use habits.

Additionally, it should be noted that drug addiction can often be related to other problems, like mental health issues. Therefore it is important to provide support and access to addiction treatment services in order to provide adequate help to people battling addiction.

In short, laws on drug use in Croatia should be aligned with the aims of prevention, education, harm reduction and access to addiction treatment. Only a combined approach which encompasses these aspects can bring significant results in drug use reduction and the improvement of people's health and safety, particularly in the nightlife context.

## **NORTH MACEDONIA**

### *OFFICIAL DOCUMENTS*

#### *National Policy*

The key document related to the creation of national youth policies is the 2016-2025 National Youth Strategy. This Strategy is a strategic document establishing the medium-term objectives and priorities for youth policy creation and promotion of youth interests, as well as determining the organizational, financial and administrative measures for their accomplishment.

The strategy foresees several objectives related to the health and safety of young people.

Consequently, Objective 1 in the area of health is: To reduce risk behavior (associated with sexual and reproductive health-SRH, use of tobacco, alcohol and psychoactive substances – PAS) and violence among Macedonian youth aged between 15 and 25 by 2025. The foreseen measures under this Objective include: 1. Increasing the availability of addiction prevention programs among young people; 2. Increasing the availability of specific programs for the promotion of SRH among youths; 3. Comprehensive sexuality education within the education process; 4. Reducing the price of contraceptives; 5. Strengthening the capacities of the Emergency Ambulance services to recognize and treat psychoactive substance overdoses; 6. Developing a mobile phone application – health care advisor.

Objective 5 of the Strategy: To ensure equal access to healthcare for all young people, prescribes the following measures: 1. Opening offices for obtaining appropriate documents to exercise the right to healthcare near the place of residence; 2. Increasing the capacities of healthcare staff towards working with vulnerable groups of young people; 3. Upgrading and improving existing infrastructure to ensure better access to institutions for young people with special needs; 4. Promoting voluntary testing for Hepatitis C and HIV; 5. Developing standardized programs for the promotion of health and healthy lifestyles, including comprehensive sexuality education.

Objective 6 within the area of health in the Youth Strategy is: To set up conditions for the continuous rehabilitation and resocialization of vulnerable categories of young people. The measures to be achieved

are the following: 1. Setting up rehabilitation and resocialization centres. 2. Engaging and working with drug users; 3. Developing counseling family health centers and improving psychological support services in and beyond healthcare institutions; 4. Adopting a protocol for the treatment of underage persons using PASs; 5. Strengthening the capacities of the centers for treatment of addictions among underage individuals.<sup>12</sup>

The national drug policy of the Republic of North Macedonia is based on one document – the National Drugs Strategy.

In 2020, with the support of the Global Fund to Fight HIV/AIDS, a team of evaluators conducted an independent evaluation of the 2014-2020 National Drugs Strategy for the first time. The goal of the evaluation was to establish:

1. How relevant were the objectives and activities determined in the Strategy and the Action Plans to the drugs problem situation in RNM for the period 2014 - 2020?
2. To what degree did the Strategy and Action Plans affect the national response to the drugs problem in RNM?
3. To what degree were the measures contained in the 2014-2017 and 2019-2020 Action Plans implemented?
4. What kind of obstacles and difficulties occurred during the implementation of the action plans? What kinds of systems or resources were developed to support the implementation of the action plan's measures?
5. What are the directions and priorities for the creation of a new strategy and new action plans?

The evaluation detected 5 crucial reasons that potentially challenged the implementation of the Drugs Strategy: 1) Lack of political will and poor capacities and knowledge in the field of drugs among state institutions in charge of the implementation; 2) insufficient finances allocated towards the implementation of the Strategy; 3) Lack of intersectoral approach and coordination among the concerned state institutions; 4) Stigma and negative attitudes against people who use drugs – PWUD by staff employed in the institutions; and 5) Scarce involvement of the civil society in the Strategy implementation.

Partial realization was the main conclusion of the Evaluation of the 2014-2020 National Drugs Strategy, i.e., most of the activities prescribed with the action plans were only partially implemented. In addition, among the significant conclusions was the lack of support and political will to implement the strategy, as well as negligence to consult the Strategy adequately in the program planning and implementation processes on the part of institutions. The evaluation offered several recommendations on the development of the new 2021-2025 National Drugs Strategy, one of which was the involvement of civil society organizations in the planning and implementation of the Strategy, as well as including the opinions and views of PWUD in the drug policy planning processes.

Subsequently, the new 2021-2025 National Drugs Strategy was developed, incorporating most of the recommendations issued in the evaluation. The current Strategy foresees specific activities in three areas: Reducing drug demand, Reducing drug supply and Capacity building and promoting the coordination and communication among competent institutions pursuant to good practices and standards.

The first Action Plan of the Strategy for 2021-2023 foresees developing new programs for addiction treatment of children, a program for stimulant addiction treatment, and a program for addiction

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<sup>12</sup> 2016-2025 National Youth Strategy. Youth and Sports Agency, 2017



treatment of women, as well as a cannabis use disorders treatment program. In addition, the plan proposes the development and adoption of new harm reduction programs for the elderly who use drugs, for women and transgender people who use drugs, harm reduction programs for new psychoactive substances, as well as a program for safe injection sites.<sup>13</sup>

The programs are yet to be developed or adopted by the competent institutions. It remains to be seen whether the prescribed activities shall be implemented in the future.

The strategy does not prescribe special activities aiming towards safe nightlife.

It should be stressed that North Macedonia lacks a proper early warning system, i.e., analysis of the ingredients of the psychoactive substances on the market and informing the competent institutions in due time. The goal of the analyses is to determine the composition of illicit substances in order to detect new drugs and the combination of ingredients that could be potentially lethal. The detection of a new psychoactive substance should lead to its prohibition and informing all institutions and civil society organizations working with people who use drugs about it so that they would relay the information of the harms and risks its use could potentially carry. Such type of drug checking and exchange of information is far from perfect. In the past five years, HOPS, an organization in contact with the highest number of people who use drugs in RNM annually (over 700 drug users in 2022), has never received any information of this sort. The early warning system is developed in all EU countries and is an obligation RNM has to meet as a candidate country for EU membership. In the period from 1997 to 2021, the EU's early warning system detected 887 new psychoactive substances, 52 of which were detected in 2021.

#### Legislation

Drugs, psychotropic substances and precursors in North Macedonia are regulated with the Law on Control of Opioid Drugs and Psychotropic Substances.

Personal drug use in North Macedonia is not prohibited, while public use is considered a misdemeanor pursuant to Article 20 of the Law on Misdemeanours against the Public Peace and Order<sup>14</sup> in which case, the person using narcotic drugs, psychotropic substances and precursors is fined from 100 to 250 Euros in denar equal value. Personal use not in a public space and possession (keeping) for personal use is not a punishable offense in our country according to current regulations.

However, according to the established practice regarding the application of Article 215 and 216 of the existing Criminal Code, personal use and possession for personal use was criminalized until February 2023. Namely, Article 215 of the Criminal Code incriminates illicit drug and psychotropic substance trade, which informs of the legislator's intention to decrease the drug supply and prevent illicit drug trade, an obligation emanating from the International Drug Control Conventions and the Law on Control of Opioid Drugs and Psychotropic Substances (Article 3- Law's Objectives).

Consequently, the legislator prescribed that all actions listed in paragraph 1 should be conducted **with the intention to sell these illicit substances**. However, according to the prevailing court practice, the intention to sell, i.e., trade was never subjected to being proved. The only facts and evidence that the offense had been committed were considered facts and evidence that the person possessed a certain amount of an illicit substance, or even the fact that this person was using drugs (for instance, an analysis of their urine sample).

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<sup>13</sup> 2021-2025 National Drugs Strategy, HOPS – Healthy Options Project Skopje, 2021

<sup>14</sup> Law on Misdemeanours against the Public Peace and Order (Official Gazette, 66/2007, 152/2015)

Such application of the court practice confirmed the experiences that apart from sanctioning illicit drug trade and decreasing the supply, these two provisions are more used towards sanctioning and prosecuting people who use drugs. Although Article 215 prescribes having to prove the intention to sell (trade) the illicit substances, in past practice, due to lack of clarity and precision, it was wrongly applied and people were convicted to imprisonment only for possession of the slightest amounts of substances, without having to prove the intention that the purpose of the possession was for illicit drug trade and not personal use in the process.

In 2022, there was enormous progress towards ultimate decriminalization of personal drug use, including cannabis. Namely, representatives of HOPS and the Coalition Margins participated at the working group sessions, a group formed by the Government of the Republic of North Macedonia working on legal amendments. The organizations' proposal to clarify Article 215 of the Criminal Code towards clear application of the provision in a manner that shall not punish drug possession for personal use was accepted and introduced into the draft-Law. The Law was adopted during a session of the Assembly of the Republic of North Macedonia in February 2023.

The amendment is as follows: In Article 215, a new paragraph (6) shall be added after paragraph (5) with the following wording: "(6) A person in possession of narcotic drugs and psychotropic substances for personal use shall not be punished."

The amendment is expected to allow a change in past court practice so that people who possess drugs, including cannabis for personal use, shall not be criminally prosecuted. This was a huge step towards creating a humane and effective national drug policy based on respect of human rights.

Article 216, paragraph 1, remains problematic though. It prohibits actions which allow the use of drugs and psychotropic substances without the elements of trade. In practice this means that when two friends are socializing at the second friend's home, and the first one is smoking a joint, the latter shall be found responsible for the criminal offense pursuant to Article 216. Or, for instance, the wording of Article 216 allows for harm reduction programs, whose main activity is providing needle exchange due to the prevention of HIV and other blood borne illnesses, to be a subject of criminalization. Of course, until provision 216 is in force, opening safe injecting rooms as part of harm reduction programs and protection of people who use drugs, but also other citizens and the public health, remains impossible.

#### *Introducing a Cannabis Legalization Model*

In 2020 and 2021, the Government, on several occasions, publicly emphasized the intention of introducing a cannabis legalization model. Several possibilities were brought up – a model similar to the one in Amsterdam, etc. The Government formed a working group, with a mandate to develop draft-solutions for cannabis legalization. The working group consisted of representatives of the relevant ministries and institutions, as well as representatives of the Platform Operation Liberation, i.e., the Association Bilka, the civil society organization ZNAM, HOPS – Healthy Options Project Skopje, Coalition Margins and the Helsinki Committee for Human Rights. The working group held several meetings in 2020 and the first half of 2021, considering several options for cannabis legalization, but following the announcements for early elections in October 2021, the group stopped meeting and failed to assemble again in 2022.

The 2022-2024 Working Program of the new Government claimed that "the Government is planning to intensify all policies and activities related to decriminalization, legalization and utilization of the medical, social and financial gains deriving from cannabis."

The Program assured the realization of all requests issued by Operation Liberation, composed by several organizations and individuals who expressed these within their participation in the working group. These are the following:

- Decriminalization and legalization of possession for personal use;
- Decriminalization of plant cultivation for personal use;
- Considering the possibility for establishing cannabis social clubs and developing its activities;
- Increasing the number of health conditions requiring cannabis prescription;
- Allowing doctors from the private health sector to prescribe cannabis-based products and allowing the patients prescribed with cannabis treatment to cultivate their own plant and be able to use it in whatever form is most suitable to their condition (orally, inhalation or suppositories);
- Establishing a Cannabis Agency;
- Establishing a fund from taxes paid by physical entities producing and trading with cannabis.

#### Legislation on youth organizations

The activities of youth organizations are regulated with two laws – the Law on Youth Participation and Youth Policies and the Law on Associations and Foundations.

In accordance with the Law on Youth Participation and Youth Policies, a youth organization is any organization registered in line with the Law on Associations and Foundations, whose highest decision-making body shall consist of at least two thirds of youth aged 15 to 29 and whose purpose and activities shall be defined and aimed at promoting youth interests.<sup>15</sup>

An organization for youth is any organization registered in line with the Law on Associations and Foundations, which is not led by youth or is a political party youth wing, youth section within a trade union organized as part of another legal entity whose program goals and activities are partly aimed at improving youth interests.<sup>16</sup>

Apart from the definition of youth organization and an organization for youth, specific provisions governing more thoroughly the work of youth organizations, particularly with regards to working with marginalized communities and use of psychoactive substances, are lacking.

#### Legislation on nightlife

Coffee bars and nightclubs are regulated with the Law on Hospitality Activity. Pursuant to the Law, selling and offering, and using substances or products determined as opioid drugs or psychotropic substances in hospitality objects is forbidden. Serving alcohol to individuals under 18 in hospitality objects is also forbidden. Hospitality workers are obliged to post a sign with the following wording “Alcohol is not served to persons under 18,” in a visible place, on a board with dimensions 20x50 cm.

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<sup>15</sup> Official Gazette of RNM, no.10 from 16.1.2020

<sup>16</sup> Official Gazette of RNM, no.10 from 16.1.2020

Hospitality workers are obliged to determine the age of the person by inspecting a personal identification document.<sup>17</sup>

Pursuant to the Law on Misdemeanors against the Public Peace and Order, renting space within a hospitality object for prostitution is forbidden. The Law prescribes a fine for the legal entity renting the space, i.e., offering space for prostitution from 50 to 1,000 Euros in denar equal value – for micro business, from 50 to 2,000 Euros in denar equal value – for small business, from 250 to 6,000 Euros in denar equal value – for medium business and from 250 to 10,000 Euros in denar equal value – for large business.<sup>18</sup>

Legislation regulating the option to implement harm reduction programs at night clubs and music festivals is lacking. The possibility for developing such programs depends primarily on club owners and music festivals organizers.

### Programs related to drug use in North Macedonia

#### **Prevention**

Continuous and drug use prevention programs with effective quality standards confirmed in practice do not exist in RNM. There is only one counseling center for youth using drugs. Addiction prevention within the state healthcare system is carried out mostly through doctors from healthcare institutions who temporarily conduct lectures and education following a certain curriculum in primary and secondary schools. The problem of systematic education, not only regarding youth but rather further, the teaching staff as well, is persistent, while the evaluation of the previous National Strategy on Drugs pointed to a failure in the part of drug prevention within education. Isolated educational activities conducted by civil society organizations working in this field or youth organizations are insufficient and irregular. Introducing harms of drugs content in the curriculum of primary and secondary education is also conducted unsystematically, by partially discussing the topic at class time with the head class-teacher or within the life skills curriculum. The Education Strategy does not prescribe specific measures in this direction, while the National Youth Strategy within the area of Health, Objective 1: To reduce risk behavior (associated with SRH, use of tobacco, alcohol and PASs) and violence among Macedonian youth aged between 12 and 25 by 2025, prescribes several measures to ensure working on educating young people, some of which are increasing the availability of programs for preventing addiction among young people, strengthening the capacities of the Emergency Ambulance services for recognizing and treating overdoses of psychoactive substances, promoting voluntarily testing for Hepatitis C and HIV, opening rehabilitation and resocialization centers, engaging and working with people who use drugs, adopting a protocol for treatment of underage individuals who use PASs, and strengthening the capacity of addiction treatment centers towards working with underage individuals.<sup>19</sup>

#### **Treatment**

Drug addiction treatment services are mostly designed for outpatient opioid addiction treatment, the first methadone treatment dating from 1979/80, established within the Psychiatric Hospital – Skopje. Drug addiction treatment is also available within the national health institution network. The treatment is conducted in psychiatric hospitals in Skopje, DemirHisar and Negorci, the University Clinic of

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<sup>17</sup> Law on Hospitality Activities, “Official Gazette of RM” no.71/16

<sup>18</sup> Law on Misdemeanors against the Public Peace and Order, “Official Gazette of RM”, no.66/07, “Official Gazette of RM” no.152/15 and “Official Gazette of RNM” no.171/22.

<sup>19</sup> 2016-2025 National Youth Strategy. Youth and Sports Agency, 2017

Toxicology and Emergency Internal Medicine in Skopje and the drug prevention and treatment services functioning within the hospitals in Tetovo, Kumanovo, Strumica, Shtip, Gevgelija, Ohrid, Bitola, Veles, Kavadarci, the City General Hospital “8<sup>th</sup> September”, the Penitentiary Idrizovo – Skopje and Penitentiary Prison – Bitola. The system includes ambulatory, day-care and hospital treatment, offering detoxification services and the Opioid Agonist Therapy (OAT) more well-known as methadone or buprenorphine treatment. The largest percentage of PWUD receive day-care treatment, which offers OAT, psychosocial interventions, individual or group counseling and social therapy and psychotherapy. Four private psychiatric ordinations treating PWUD with detoxification or OAT and antagonist maintenance therapy operate in the capital of Skopje. The Clinic for Toxicology and Emergency Internal Medicine began treatment, mostly with buprenorphine maintenance treatment, in 2009. Methadone treatment is available in the two prisons in Skopje and Bitola, while other prisons offer the treatment through the services available at the town, with the exception of the prison in Kumanovo and in Prilep. Long-term maintenance of drug abstinence, rehabilitation and social reintegration is conducted in the therapeutic commune “Pokrov” in Strumica. Individuals with a double diagnosis, in need of hospital treatment, are hospitalized at the male and female ward at the Psychiatric Hospital – Skopje or at the psychiatric wards in special, general or clinical hospitals in other towns throughout the country. The drug addiction treatment programs cover approximately 18.5% of the problematic drug users, considering that the number of patients in the country seeking methadone treatment in public, private and prison institutions is around 1,600 and around 260 seeking buprenorphine treatment.<sup>20</sup> Buprenorphine as a medicine was introduced in 2009, available at the National Drug Addiction Prevention and Treatment Centre (NDAPTC), offering treatment to the largest number of patients diagnosed with Opiate Addiction Syndrome. Since 2020, buprenorphine has been available in all towns in the country. Buprenorphine is less available and accessible in prisons.

Data on the patients’ age, i.e., on the percentage of young people aged 18 to 35 treated from drug addiction is not available.

There is no specific program for drug addiction treatment of underage individuals. On the other hand, in 2019 such a program was developed by the working group formed with the Government’s decision, but is yet to be adopted by the Government itself.

### **Resocialization**

Pursuant to the Law on Social Protection, the Ministry of Labour and Social Policy (MLSP) defines the terms a “licenced social service provider”, i.e., an entity which offers services that meet the regulations and standards for such activities, and which have acquired a license to conduct activities in the field of social protection, as well as a licenced service provider which is licenced to provide services and has signed an administrative contract with the MLSP, i.e. the municipalities, the City of Skopje and the municipalities of Skopje and is allowed to provide services with a decision issued by the Social Work Centre. Despite the legal possibility, it is quite evident that the system for social service provision has not yet developed on a local level, with an apparent need for capacity building on the part of potential social services providers (such as civil society organizations) in order to become qualified and licensed as service providers. Local self-government units also show little interest in strengthening the social services on a local level. Only one resocialization day center for people who use drugs operates in Skopje, opened by HOPS, with the support of the City of Skopje and other donors. In terms of resocialization and rehabilitation, the social institution “Pokrov” in Strumica developed by NGO Izbor offers psychosocial program for treatment, resocialization and reintegration of people who have problems with addiction from drugs, alcohol and gambling, and the members of their families,

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<sup>20</sup> Data issued by the Ministry of Health, as of December 2020.

financially compensated by its users. Within this program the MLSP provides financial support for accommodation services for 30 individuals with drug addiction problems and other marginalized individuals in need of treatment and rehabilitation, occupational therapy, support in acquiring job skills, reintegration and independent living. The reintegration phase provides employment of already stable clients in the social care institution, through the social economy developed by the community. PWUD and former PWUD face many obstacles while seeking employment opportunities since they lack the skills necessary to be introduced to the labor market. The active employment measures introduced by the MLSP and the Employment Agency of the Republic of North Macedonia offer job opportunities to people from the marginalized communities with incentives and benefits, for the employers and also for those seeking employment, the latter having the possibility for qualification training at their disposal.<sup>21</sup>

## Harm Reduction

In 1996, the first harm reduction (needle exchange) and HIV prevention among PWUD program was opened in the Republic of Macedonia. With the support of the Global Fund, from 2004 another 17 similar programs were opened in 14 towns. These and the substitution maintenance programs, resulted with, in the past ten years, only two new cases of drug injection-related HIV cases in Macedonia. Currently, there are 13 active harm reduction programs in 13 towns: Skopje, Kumanovo, Shtip, Strumica, Gevgelija, Kavadraci, Veles, Prilep, Bitola, Ohrid, Struga, Kicevo and Gostivar. The programs were designed for people injecting drugs, primarily opiate drugs, as outreach programs and programs implemented in the centers where PWUD have access to, apart from needle, syringe and condoms, to a broad spectrum of services allowing them easy access to health and social protection, legal protection, as well as social life involvement of PWUD and members of their families.

In 2022, the harm reduction programs in North Macedonia achieved the following results:

- Serviced a total of **3,741 PWUD**, **295** of whom were new PWUD;
- Distributed a total of: **530,869** needles and **357,632** Syringes, **58,893** condoms and **42,271** lubricants;
- Distributed a total of: **24,876** educational-informative materials
- On an annual level, the programs' clients received **142** needles, **96** syringes, **16** condoms, **11** lubricants and **7** educational-informative materials each.

Additionally, within the expanded service package, PWUD using the programs' services received the following services in 2022: Total Medical services and information: **28,791**, Social services: **12,018**, Legal services: **65**, Psychological services: **294**, Services offered at the day center: **25,082** and various other outreach services: **2,239**.<sup>22</sup>

In 2021, the harm reduction programs conducted by HOPS – Healthy Options Project Skopje in Skopje contacted a total of 222 people who use drugs aged 18 to 35. In 2022, the number amounted to 87 PWUD aged 18 to 35.

Prisons do not conduct harm reduction programs, and further consultation with the Directorate for the Execution of Sanctions is required, particularly regarding health protection and drug use. A national harm reduction protocol does not exist. Beginning with 2018, harm reduction programs have been financed by the Ministry of Health from the annual Program for Protection of the Population against HIV/AIDS. However, the finances allocated to the civil society organizations are not sufficient to cover

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<sup>21</sup> 2021-2025 National Drugs Strategy, HOPS – Healthy Options Project Skopje, 2021

<sup>22</sup> 2022 Annual Report for the activities conducted pursuant to the Program for Protection of the Population against HIV/AIDS, Ministry of Health, 2023.

the minimal service package provided to PWUD and their families. The funds fail to provide for services offered by a psychologist, legal advisor, educational events, brochures, medical materials supply, etc. In 2022, without any justifiable and legitimate excuse, the Government cut 40% of the budget of the Program for Protection of the Population against HIV. This decision threatened the survival of the civil society organizations implementing the HIV prevention programs among the marginalized communities, including the harm reduction programs, which endangered the health and social rights of PWUD using the programs' services. This affected the total number of clients covered, as well as the service availability. In addition, the lack of finances resulted with the programs having difficulties in adjusting the program activities according to the needs, i.e., inability to engage the necessary staff and finance other capacities, which, in turn, affects the quality of the program response to the users. This has seriously brought into question the financial sustainability of the programs.

### **Guidelines**

In 2017, a Guidelines document for civil society organizations on working with children and youth who use drugs was issued, with directions on the activities within the programs and services related to children and youth who use drugs – prevention, treatment, integration and resocialization, harm reduction. The Guidelines were developed by the civil society organization HOPS – Healthy Project Options Skopje.

Furthermore, HOPS also published a Guide for treatment and care of children who use drugs and a Guide for organizing workshops with children in small group homes.

Other guidelines published in Macedonian, within the Social Empowerment of Youth at Risk Project, supported by the European Union, implemented by civil society organizations from Monte Negro, Albania, Bosnia and Hercegovina, North Macedonia, Kosovo and Serbia are the following:

- Guidelines for service providers dealing with children and young people living in families with a history of conflict with the law and/or drug abuse.
- Guidelines for CSOs on working with youth and children with street experience in the Western Balkans
- Guidelines for CSOs on working with youth and children in conflict with the law in the Western Balkans
- Guidelines for CSOs on working with youth at risk of social exclusion in the countries from the Western Balkans
- Guidelines for CSOs from the Western Balkans on working with youth leaving the alternative care system.

### **Young people and participation in the civil society**

A bulk of research indicates multiple benefits for young people participating in the local community: psychological, social and cognitive. On the other hand, 90% of the young people in North Macedonia have never been involved in a civil society / non-governmental organization or an initiative working on society-related issues, while only 20% of them can see themselves participating in an activity of a civil society / non-governmental organization or an initiative in future.<sup>23</sup> However, around 40 % of young people have a positive attitude toward political participation when it comes to signing petitions, participate in civil protests and participating in activities organized by civil society organizations.<sup>24</sup>

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<sup>23</sup> <https://mof.mk/wp-content/uploads/2021/07/WFD-26-FINAL-MK-za-web.pdf>

<sup>24</sup> Study for youth in North Macedonia 2018-2019, Friedrich Ebert Stiftung Foundation, 2019

Furthermore, according to the Youth Development Index in Macedonia, 76.1% of the young people have never ever volunteered in their life.<sup>25</sup>

## RELEVANT DATA

### Drug Use in the Republic of North Macedonia

In the Republic of North Macedonia, pursuant to the 2017 Public Health Institute (PHI) Report, drug use among the general population observes the following trends: Prevalence of drug use in the general population: 8.9% have used drugs at any point in their lives, 6.9 % have used drugs at least once during the previous year, while 4.3% have stated to have used drugs at least once during the previous month.

Age	At any point in life	Previous year	Previous month
15-24	18.9 %	15.4%	10.8%
25-34	14.1 %	10.6 %	6.1 %
35-44	5.5%	3.3 %	1.8%
45-54	0.1%	0.8%	0.1%

Table 1. Drug use in the general population (PHI, 2020)

The highest prevalence of drug use was perceived in the 15 to 24 age group, in accordance with the three criteria of drug use. Consequently, 18.9% of these age groups stated to have used drugs at least once in their life, 15.4% have used drugs in the previous year, while 10.8% stated to have used drugs during the previous month. This age group was immediately followed by the 25 to 34 age group out of whom 14.1% stated to have used drugs at least once in their life, 10.6% have used drugs during the previous year, while 6.1% used drugs the previous month.<sup>26</sup>

The most used drug among the young population at the age of 15-34 is cannabis. Among those who used drugs during the previous year, the second most common drug is cocaine, while among the group who have used at least once during the previous month, the second most commonly used drug is heroin.

Age	Cannabis	Ecstasy	Amphetamines	Cocaine	Heroin	LSD
<b>Drug use at any point in life</b>						

<sup>25</sup> [https://www.sega.org.mk/images/pdf/INDEX\\_MK.pdf](https://www.sega.org.mk/images/pdf/INDEX_MK.pdf)

<sup>26</sup> Report on Population Health in the Republic of North Macedonia in 2019, Public Health Institute, 2020



15-34	15 %	2.8 %	2.1 %	2.5 %	1.7 %	1 %
<b>Drug use at least once during the previous year</b>						
15-34	12.5 %	1.6 %	1.3 %	1.8 %	1.5 %	0.5 %
<b>Drug use at least once during the previous month</b>						
15-34	8 %	0.8 %	0.8 %	0.9 %	1.3 %	0.3 %

Table 1. Drug use in the general population (PHI, 2020)

### Age of first drug use

The average age of first cannabis drug use in the general population was 17.8 years. Regarding other drugs, the lowest age of 13 and less refers to first-time users of cocaine and ecstasy, with 9.7% and 8.1% respectively.

The last research on drug use among high school students in North Macedonia was conducted in 2019. According to the **2019 Report from the European School Survey Project on Alcohol and other Drugs** in the Republic of North Macedonia, the most widely used drug is cannabis.<sup>27</sup>

<b>Cannabis</b>	<b>1999</b>	<b>2008</b>	<b>2015</b>	<b>2019</b>
<b>Lifetime use of cannabis</b>	4.5%	5.5%	5 %	6.1%
<b>Cannabis use in the last 12 months</b>	/	4%	3,9 %	4,8 %
<b>Cannabis use in the last 3 days</b>	1.3%	2.2%	2,2 %	2,7 %

Table no.3 (EMCDDA, 2020)

The lifetime prevalence of cannabis use among the young population shows insignificant changes according to data gathered from previous research, i.e., 4.5 % in 1999, 5.5 % in 2008, 5% in 2015 and a slight increase to 6.1% in 2019. Cannabis use in the last 30 days increased, from 1.3% recorded in 1999, to 2.2 % in 2008 and 2.2 in 2015. This percentage, on the other hand, increased to 2.7% in 2019.<sup>28</sup>

<b>Other psychoactive substances (at any point in life)</b>	<b>2015</b>	<b>2019</b>
<b>Ecstasy</b>	2.1 %	1.1 %
<b>Inhalants</b>	1.9 %	1.9 %
<b>Amphetamine</b>	1.4 %	0.6 %

<sup>27</sup> ESPAD Report 2019, EMCDDA 2020

<sup>28</sup> 2021-2025 National Drugs Strategy, HOPS – Healthy Options Project Skopje, 2021

<b>Cocaine</b>	1.5 %	0.9 %
<b>Crack</b>	0.9 %	0.2 %
<b>Heroin</b>	0.9 %	0.5 %
<b>Magic mushrooms</b>	0.6 %	0.5 %
<b>GHB</b>	0.7 %	0.2 %
<b>Anabolic steroids</b>	0.6 %	0.6 %
<b>Injecting drugs</b>	0.8 %	0.5 %
<b>Use of painkillers to get high</b>	4.2 %	2.0 %
<b>Simultaneous use of alcohol and painkillers</b>	2.8 %	1.6 %

Table no.4 (HOPS, 2021)

According to the ESPAD 2019 Report, the percentage of students using other types of drugs in their lifetime ranges from 0,2% with regards to GHB and crack use, 0.5% for heroin and magic mushrooms, 0.6% for amphetamines and anabolic steroids, 1.1% for ecstasy, with the highest percentage belonging to 1.6% regarding alcohol used simultaneously with painkillers, 1.9% for inhalants and 2% for painkillers.

A comparison of the ESPAD Report 2019 with the results of previous research conveys a mild drop in the use of heroin and LSD, and stagnation in the use of anabolic steroids. A growth can be perceived in cocaine use for the period covering 2008 to 2015 (0.9% in 2008 and 1.5% in 2015), with another decrease in cocaine use in 2019 to 0.9%. With regards to the use of new substances that imitate the effects of illicit drugs, 2.2% of the students in 2019 responded positively, a drop in comparison to 2015 when 3.7% of the students reported to have used new substances.<sup>29</sup>

However, this data was gathered 4 years ago, while in the meantime the Covid-19 epidemics entered the stage, causing increased use of psychoactive substances in most countries throughout the world, consequently an increase among all adult groups and underage individuals in Macedonia as well should be assumed in this respect.

## **SERBIA**

### *OFFICIAL DOCUMENTS*

#### Legal framework

Although it is not as illustrative as the strategic documents specifying the principles and aims of preventing drug use, the legal framework of the Republic of Serbia as a collection of legally binding rules determines the scope, range and formats within which all harm reduction programs, activities and

<sup>29</sup> 2021-2025 National Drugs Strategy, HOPS – Healthy Options Project Skopje, 2021

services must function. This framework includes laws directly relating to the field of psychoactive controlled substances, as well as those which only indirectly regulate this field.

The laws directly regulating the field of psychoactive controlled substances are the Law on Psychoactive Controlled Substances ("Official Gazette of RS", No. 99/2010 and 57/2018);<sup>30</sup> and the Law on Substances Used in the Illicit Production of Narcotic Drugs and Psychotropic Substances ("Official Gazette of RS", No. 107/2005 and 25/2019).<sup>31</sup>

There are also laws through which this field is indirectly regulated, such as: the Criminal Code of the Republic of Serbia ("Official Gazette of RS", No. 85/2005, 88/2005 - amended, 107/2005 - amended, 72/2009, 111/2009, 121/2012, 104/2013, 108/2014, 94/2016 and 35/2019)<sup>32</sup>, Law on Execution of Criminal Sanctions ("Official Gazette of RS", No. 55/2014 and 35/2019)<sup>33</sup>, Law on Juvenile Offenders and Legal Protection of Juveniles ("Official Gazette of RS", No. 85/2005)<sup>34</sup>, Law on Confiscation of Criminal Assets ("Official Gazette of RS", No. 32/2013, 94/2016 and 35/2019)<sup>35</sup>, Law on Public Health ("Official Gazette of RS", No. 15/2016)<sup>36</sup>, Law on Social Protection ("Official Gazette of RS", No. 24/2011)<sup>37</sup>, Law on the Fundamentals of the Education System ("Official Gazette of RS", No. 88/2017, 27/2018 - other law, 10/2019, 27/2018 - other law, and 6/2020)<sup>38</sup>, and the Law on Misdemeanors ("Official Gazette of RS", No. 65/2013, 13/2016, 98/2016 - decision, 91/2019, and 91/2019 - other law).<sup>39</sup>

The Law on Psychoactive Controlled Substances regulates primarily the prohibition of production, trade, use and distribution of substances classified as psychoactive controlled substances, as well as their identification and testing, and their trade, import, export, transit and use for medicinal and scientific research purposes. This Law can be thought of as essentially restrictive, for it regulates the area largely through prohibitions. It was not until alterations were made in 2012 that the possession of smaller quantities of substances for personal use were separated from production and trade, but as "smaller quantities" were not defined within the legal framework, they were left to be assessed in the context of judicial practice. Another relevant point is that the use of psychoactive controlled substances in and of itself is not sanctioned by the national law, meaning that the law distinguishes between use and possession, although there are no defined amounts of any substance for personal use. As a legal solution, this lacks sense, since in order for someone to use any of the substances, they must first possess them. Hence, although use itself is not explicitly prohibited, it is fundamentally not allowed, because the quantities for personal use are not specified.

Only in 4 articles does this law touch on prevention and the medical aspect of psychoactive substance use, defining prevention as follows: "Program activities for the prevention, treatment and reduction of demand for psychoactive controlled substances represent a collection of comprehensive measures and

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<sup>30</sup>[https://www.paragraf.rs/propisi/zakon\\_o\\_psihoaktivnim\\_kontrolisanim\\_supstancama.html](https://www.paragraf.rs/propisi/zakon_o_psihoaktivnim_kontrolisanim_supstancama.html)

<sup>31</sup><https://www.paragraf.rs/propisi/zakon-o-supstancama-koje-se-koriste-u-nedozvoljenoj-proizvodnji-opojnih-droga.html>

<sup>32</sup><https://www.paragraf.rs/propisi/krivicni-zakonik-2019.html>

<sup>33</sup>[https://www.paragraf.rs/propisi/zakon\\_o\\_izvršenju\\_krivicnih\\_sankcija.html](https://www.paragraf.rs/propisi/zakon_o_izvršenju_krivicnih_sankcija.html)

<sup>34</sup>[https://www.paragraf.rs/propisi/zakon\\_o\\_maloletnim\\_uciniocima\\_krivicnih\\_dela\\_i\\_krivicnopravnoj\\_zastiti\\_%20maloletnih\\_lica.html](https://www.paragraf.rs/propisi/zakon_o_maloletnim_uciniocima_krivicnih_dela_i_krivicnopravnoj_zastiti_%20maloletnih_lica.html)

<sup>35</sup>[https://www.paragraf.rs/propisi/zakon\\_o\\_oduzimanju\\_imovine\\_proistekle\\_iz\\_krivicnog\\_dela.html](https://www.paragraf.rs/propisi/zakon_o_oduzimanju_imovine_proistekle_iz_krivicnog_dela.html)

<sup>36</sup>[https://www.paragraf.rs/propisi/zakon\\_o\\_javnom\\_zdravlju.html](https://www.paragraf.rs/propisi/zakon_o_javnom_zdravlju.html)

<sup>37</sup>[https://www.paragraf.rs/propisi/zakon\\_o\\_socijalnoj\\_zastiti.html](https://www.paragraf.rs/propisi/zakon_o_socijalnoj_zastiti.html)

<sup>38</sup>[https://www.paragraf.rs/propisi/zakon\\_o\\_osnovama\\_sistema\\_obrazovanja\\_i\\_vaspitanja.html](https://www.paragraf.rs/propisi/zakon_o_osnovama_sistema_obrazovanja_i_vaspitanja.html)

<sup>39</sup>[https://www.paragraf.rs/propisi/zakon\\_o\\_prekršajima.html](https://www.paragraf.rs/propisi/zakon_o_prekršajima.html)

activities that aim to reduce the number of psychoactive controlled substance users, reduce social and health consequences of psychoactive controlled substance use and aid in the reintegration of former addicts into society.” Aside from this definition, it is stated that the “competent authorities, authorities of local self-government units, health institutions, private practice, educational institutions as well as other competent organizations” are responsible for the application, planning and organization of measures for reduction of demand, and that they must be in accordance with the Law on Psychoactive Controlled Substances, as well as that persons treated for addiction diseases are provided rehabilitation and social reintegration. This Law prescribes that institutes for public health partake in the implementation of aforementioned program activities and supervise them on the local, provincial and national level.

The Law states that these activities are monitored by the Commission for Psychoactive Controlled Substances (with professional and technical support from the Ministry of Health), which is a body formed by the Government, but the possible forms and limitations of these activities are not precisely defined. Many of the solutions provided by this law have not been implemented so far (e.g. the establishment of commissions for monitoring the consequences of the abuse of psychoactive substances at the local level). In general, this law is a document “with a large number of ambiguities, in which the public health aspect of the use of psychoactive substances is completely neglected”.<sup>40</sup> A special section of this law is dedicated to economic offenses and misdemeanors related to psychoactive substances, while individual offenses and misdemeanors are regulated by the Criminal Code.

Other laws that indirectly deal with psychoactive controlled substances treat this area only sporadically, practically prescribing only mandatory rehab measures in case of a prison sentence or other criminal punishment (Law on Execution of Criminal Sanctions, Law on Juvenile Delinquents and Legal Protection of Juveniles), or if some other type of individual deviation from socially permissible behavior were committed by a person under the influence of a psychoactive controlled substance (Law on Misdemeanors). In addition, there is a notion that the use of psychoactive controlled substances, as one of the risk factors for public health, should be monitored (Law on Public Health), and that minors should be protected from the possibility of accessing psychoactive controlled substances (Law on the Fundamentals of the Education System) and the difficulties or disturbed family relations caused by their use (Law on Social Protection). However, although all these potential situations are anticipated by law, they are not elaborated on or precisely defined.

When it comes to the participation of youth in public policy processes, the Law on Youth<sup>41</sup>, at least declaratively, promotes the principle of strengthening awareness of the importance of young people and their social role (Article 7) and the principle of active participation of young people (Article 8). Listed within Article 7 is the strengthening of social role of youth through “social empowerment with the aim of achieving the well-being of young people, promotion and protection of their interests, needs and opportunities for active participation in society”, and Article 8 notes the provision of a stimulative environment and active support “in the realization of youth activities, taking initiative and their meaningful inclusion in the processes of making and implementing decisions which contribute to individual and social development, based on fully informing youth”. Accordingly, it can be said that the Law on Youth foresees the active participation of young people in public political processes, with complete transparency and support for the engagement of young people and increasing the degree of their involvement in these processes. However, with regard to specific forms of participation and

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<sup>40</sup><http://www.regeneracija.org/wp-content/uploads/2021/01/Smernice-za-unapre%C4%91enje-Sistema-za-rano-upozoravanje-na-nove-psihoaktivne-supstance-i-uspostavljanje-Sistema-za-servise-testiranja-droga.pdf>

<sup>41</sup>[https://www.paragraf.rs/propisi/zakon\\_o\\_mladima.html](https://www.paragraf.rs/propisi/zakon_o_mladima.html)

support for youth participation, only in Article 14 does the Law state that associations of youth and associations for youth can - with the purpose of achieving common goals and interests - join together in alliances whose goals and fields of action are aimed at youth, and that under certain conditions such an alliance can acquire the status of an “umbrella association”, which is granted by the relevant ministry, and that an umbrella association “represents and advocates for the interests of its members, proposes candidates for the Youth Council and participates in the process of creating and implementing the Strategy and other documents in the field of youth policy”. In this way, the participation of young people in youth politics is almost institutionalized, which can result in strengthening the position of associations of youth and for youth in public policy processes, but at the same time can narrow their space for action to the scope established and strictly limited by institutional frameworks.

The Law also proscribes the conditions for the formation of the Youth Council (Article 16), conceived as a multisectorial advisory body which, aside from decision makers, experts and representatives of National Councils of National Minorities - must include the representatives of above described associations, alliances and Offices for Youth, wherein the representatives of youth from the associations and alliances must make up at least one third of the members of the Council.

It should also be noted that the Law promotes the principle of youth responsibility and solidarity and “active work on creating conditions for equal and full participation in all aspects of social life of youth with disability, members of national minorities and all other persons and social groups which can be at risk of discrimination, i.e. discriminatory treatment” (Article 9). Also, the Law foresees provision of budget funds for financing programs and projects of public interest in the fields of the youth sector. These programs and projects include, among others, those which encourage the participation of youth in processes concerning them and working on increasing youth safety in nightlife.

Lastly, aside from the field of controlled psychoactive substances and the field of youth, the topic of this project partially falls under the domain of hospitality - specifically, venues where nightlife takes place - and therefore it is necessary to also refer to the legal framework which governs hospitality in the Republic of Serbia. Article 3 of the Law on Hospitality<sup>42</sup> states that hospitality encompasses “provision of accommodation services, preparation and serving of food, drinks and beverages, as well as preparation and delivery of food to users for consumption elsewhere, which the caterer performs in the catering establishment, outside the catering establishment and in the mobile catering establishment”, and that it is performed “in a facility, i.e. a space which meets the prescribed minimum technical and sanitary-hygienic conditions, i.e. standards for performing the activity in question”, and it even recognizes the possibility of performing hospitality activities in a space which is simultaneously a protected cultural cite or protected area. Such a definition encompasses all commercial forms of nightlife. Among obligations of the caterer, in Article 7, it is stated that the caterer must maintain the space and equipment and offer services “according to the prescribed minimum technical and sanitary-hygienic conditions”, and the conditions prescribed in terms of devices and equipment for the removal of smoke, steam and odors and other unpleasant emissions, as well as the conditions prescribed in terms of arrangement and equipment to ensure protection against noise are mentioned in more detail “for a restaurant where music is emitted or an entertainment program is performed”. In Article 26, it is emphasized that “the local self-government unit may, by a special act, regulate the conditions for arranging and equipping the catering facility, depending on the type of service and the type of services that are mainly provided in the catering facility, which relate to the arrangement and equipping with devices for smoke, steam and odors, as well as other unpleasant emissions”, and that the same can be done in the case of an object where music is broadcast or an entertainment program is performed in order to ensure noise

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<sup>42</sup><https://www.paragraf.rs/propisi/zakon-o-ugostiteljstvu.html>

protection. Such special operating conditions of catering establishments are foreseen, but only those related to removal of unpleasant emissions or noise protection, as well as for facilities located in a residential building, are explicitly stated. Article 36 states that, among other things, the Minister prescribes the conditions and manner of performing hospitality activities, including the minimum technical requirements for arranging and equipping hospitality facilities, depending on the manner of service and the type of services that are mainly provided, and that the Minister responsible for health affairs prescribes sanitary and hygienic conditions for arranging and equipping catering facilities depending on the same factors.

The legally binding "Rulebook on the Conditions and Manner of performing catering activities, the manner of providing catering services, the classification of catering establishments and the minimum technical conditions for arranging and equipping catering establishments" prescribes the above-mentioned conditions regarding the supply of technically correct and potable water, electricity, disposal of waste materials and drainage of wastewater, heating and temperature, access, lighting, tidiness and hygiene, equipment, and similar details. Accordingly, it can be concluded that this rulebook to a significant extent deals with hygiene, sanitary and safety conditions, but in relation to the physical space and the provision of food and beverage services. Neither the Law nor the Rulebook proscribes minimal conditions referring to reacting in crisis situations or securing harm reduction materials or resources. The rules for the possible proceedings of the venue management and staff in case of crisis situations are determined to a lesser extent by other legal provisions of the Republic of Serbia (e.g. the Criminal Code) and to a greater extent by internal procedures and protocols, to the extent that they are present and detailed.

#### Public policy

At the level of the Republic of Serbia, public policy relating to psychoactive controlled substances is shaped primarily by the documents *Strategy on Prevention of Drug Abuse for the period from 2014 to 2021*<sup>43</sup> and *Action plan*<sup>44</sup> for its implementation. In addition to general principles of drug policy, those documents define the main fields of activity, specific interventions and individual aims and objectives in the area; however, midterm evaluation of the Strategy determined that 66 of 106 activities foreseen by the Action plan were not realized, and the new action plan, which was meant to be valid in the period from 2018 to 2021, was not developed.

The Strategy states prevention and harm reduction services fall under the domain of drug demand reduction, described as follows: "drug demand reduction consists of a series of equally important measures, including prevention (universal, selective and indicated), early detection and interventions, risk and harm reduction, treatment, rehabilitation and social reintegration and recovery". According to the Strategy, the goal of harm reduction programs is to "minimize health and social risks and harmful consequences resulting from drug abuse", and drug demand reduction programs must be conducted locally.

Under drug demand reduction in the Strategy, the importance of all forms of prevention is recognized, including selective and indicated prevention, and so is improvement of methods and measures and their availability and efficiency in particular. Additionally, one of the specific objectives is encouraging cooperation among different stakeholders and partnership-building with the civil society in all areas.

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<sup>43</sup><http://www.kzbpd.gov.rs/test/wp-content/uploads/2019/04/Januar2015StrategijaDroge-1.pdf>

<sup>44</sup><http://www.kzbpd.gov.rs/test/wp-content/uploads/2019/04/Akcioni-plan-2014-2017.pdf>

This would suggest at least declarative understanding of the role of CSOs in this field and existence of the will for cooperation with this sector.

The Strategy also clearly emphasizes “research, monitoring and assessment” and the need for regular, comprehensive, standardized research projects at different levels and aimed at different segments of the population, in order to obtain objective, comparative and comprehensive data to be used for assessing and strategic planning. This approach coincides with a basic harm reduction principle stating that programs and services must be evidence-based and therefore the Strategy legitimizes harm reduction principles and evidence-based program alterations.

The Action plan also lists activities for the attainment of these objectives. Most of the proscribed activities refer to coordination, training, protocol and program forming and the area of universal prevention in general, while activities that can be considered selective or indicated prevention are limited to at-risk children and youth within the social protection system, persons in OST, and children and youth who have committed criminal acts. The inclusion of CSOs working in this field is of great significance, which will provide for a more comprehensive approach to substance use and harm reduction.

In the section dedicated to harm reduction, as specific goals in this area are listed, among others, improvement of availability and attainment of sustainability of harm reduction programs, as well as the improvement of legal framework related to their availability. The planned activities in the area of harm reduction can mostly be considered indicated prevention and measures related to addiction treatment and the prevention of transmission of infectious diseases, while those activities not directly related to this area are very broadly and generally formulated.

Persons who use psychoactive substances but don't have addiction issues and/or are not at increased risk of transmission of blood borne infections are not recognized as a key population when it comes to harm reduction programs. This absence of activities directed at them increases the risks and consequences in health, social and legal terms. It is necessary to deal with different patterns of substance use and risky behaviors users can practice in the Strategy and Action plan, in order to broaden the spectrum of preventive activities.

In the section on coordination one of the objectives is “increase in the degree of cooperation with civil society organizations”, within which a model for the cooperation should be defined and a cooperation agreement published. As CSOs work directly with key populations, their insights are of essential importance for the creation, implementation, monitoring and evaluation of the strategic documents in this area. Furthermore, in the section on research, monitoring and assessment regarding drugs and drug policy, the cited objectives are the creation of conditions for regular monitoring of the situation in the area of combating drugs, the submission of data necessary for decision making within the drug policy area and identifying new trends emerging in substance use. Listed within the activities related to key indicators of the European Monitoring Center for Drugs and Drug Addiction are periodic implementation of biobehavioral research in defined populations at increased risk, including IDUs, for which CSOs are cited as one of the partners, as well as the implementation of periodic prevalence assessment (of the size of total population) of risky drug users and for monitoring the availability and provision of measures in the area of harm reduction. The role of CSOs in researching different aspects of substance use and providing harm reduction programs and services is legitimized by the fundamental national strategic document which defines drug policy of the Republic of Serbia. As CSOs implement research studies in key populations, it is important to not only consider the results of those studies, but to also allocate a portion of the government budget for their regular implementation.

Nowhere in the Strategy or Action plan are recreational substance use, nightlife settings, or any programs or measures aimed at stimulants or NPS specifically mentioned. This fact is consistent with the lack of developed programs and concrete activities intended for this type of selective prevention, i.e. harm reduction, which is particularly visible in the Action plan. The Action plan simultaneously prescribes an analysis of the scope and needs for harm reduction programs at the national level, as well as a broadening of harm reduction programs in accordance with the findings of this analysis. However, the described principles and aims indirectly suggest an understanding that if a need for such programs is determined, they must be introduced. The Action plan for the period from 2018 to 2021 was never developed, so in that period the Strategy did not have a valid Action plan. The Strategy was to be inherited by the *Program on the prevention of drug abuse for the period 2022-2026*, but it has not been developed yet, so the Republic of Serbia does not currently have a valid national strategic document dedicated to this issue. In that sense, the Strategy described above represents the most relevant strategic document in the field of substance use risks.

Although the previous Strategy was still valid, at the beginning of 2023 the Strategy for Youth in the Republic of Serbia for the period from 2022 to 2030<sup>45</sup> was adopted. The new Strategy states that during the first five years of the application of previous strategy a series of relevant strategic and normative documents were adopted, an alignment with which was needed, and that “all indicators suggest that youth are still one of the most vulnerable target groups and a need for regulating this issue through a strategic document is recognized”. Within the section of the Strategy dedicated to the vision, it was emphasized that among others the following principles should be applied to all policies and activities referring to youth: respect for human and minority rights, equality and prohibition of discrimination. The specific objectives of the Strategy include the standardization of youth work, advancing youth policies in local self government units, active social participation of youth, equality and incentive for personal development, and “creation of conditions for good health, safe environment and social wellbeing of young people”. Within the latter, defined as specific objective 5, the first indicator explicitly refers to reducing the percentage of young people who use psychoactive substances. The remaining indicators for this objective touch upon free mental health support, experiencing violence, advocating for sustainable development and environmental protection, and residential independence. Some of the foreseen measures fit into the concept of harm reduction very well. Measure 5.1, Support for programs that contribute to the development of healthy lifestyles and mental health of young people, includes programs dedicated to the prevention of risk-taking behavior and raising awareness of the harms of psychoactive substance use. Measure 5.2, Support for existing and new youth safety improvement programs, entails advancing youth knowledge and skills in order to foster the development of a safety culture among youth. Therefore, the new Strategy clearly recognizes psychoactive substance use and risk-taking behavior, as well as a culture of safety, as topics relevant to youth in general and their health.

#### **RELEVANT DATA**

Harm reduction programs belong to the category of selective prevention, as they are directed at people who use psychoactive (controlled) substances occasionally and often in specific contexts, such as nightlife. Therefore a question which is often raised is whether there is need for it in the specific context in question. The necessity for harm reduction programs in nightlife contexts can be accurately assessed by collecting and analyzing relevant and current field data - which is the only way to properly assess the

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<sup>45</sup> <https://www.mos.gov.rs/storage/2022/02/nacrt-strategije-za-mlade-za-period-od-2022-do-2030-godine.pdf>



situation and any needs. This data should contain information about behavioral patterns, incidences of use of (different) substances and levels of knowledge of youth about different aspects of substance use.

Official data collected on drug use and biobehavioral research conducted by public health institutions refers to people who inject drugs, meaning it is mostly limited to the specifics of opioid use, including statistical data around harm reduction programs such as needle exchange programs and treatment options such as OST.

Data regarding patterns of use and associated risks for recreational use is data collected by civil society organizations working with communities and/or in contexts where recreational use is relatively commonplace. Still, there are no official programs or services offered by public health institutions directed specifically at recreational use in terms of harm reduction, and no official research has been conducted into substance use in recreational settings, which is one of the most relevant contexts.

The research study “Clubbing and Youth Health”<sup>46</sup>, conducted by NGO Re Generation in 2014, indicates that recreational use of psychoactive substances at parties among youth in the whole of Serbia, and particularly in Belgrade, is commonplace. As common places for the use of psychoactive substances 55% of respondents highlighted parties and clubs, 34% stated they only use substances at night, and 15% they only use them on weekends, which clearly shows that the nightlife context is of great importance for substance use among youth. This study demonstrated the most popular substances to be alcohol (in 86% of respondents), cannabis (66%), speed (32%) and MDMA (29%), and every tenth respondent had at least once tried a substance they did not recognize. 25% respondents do not drink water when using stimulants at parties, and 67% use alcohol while under the influence of stimulants. Of those who had snorted substances, 52% had used another person’s sniff, and 83% had used banknotes. 86% of the respondents had had sexual relations under the influence of alcohol, and 53% under the influence of drugs.

Data from the field indicates a considerable prevalence of (occasional) recreational substance use among young people, with a tendency for this use to take place in nightlife. It has also been shown that although early prevention programs exist, they are inadequate, do not provide information that young people actually need and do not enjoy the trust of young people<sup>47</sup>. It is noticeable that young people generally have more trust in experts specialized in drugs, youth workers and peer educators, as well as in more informal, more informative and less judgmental approaches in education about drugs. Since most of them have only encountered formal one-off lectures in schools, often conducted by police officers and based on abstinence and intimidation, many of them sought additional information on the Internet, in the media and in their social circles. Bearing in mind the presented data, including some of the relatively frequent risky behavior patterns, it is apparent that young people, as part of the general population, overall have an unsatisfactory level of education about drugs, and that among them, the incidence of their use is relatively high, but also that the use and risky practices associated with it are largely related to the context of nightlife, parties and clubbing.

Studying of the documents that shape the public policy towards drugs and the existing legal framework demonstrated that the concept of implementation of selective prevention programs such as harm reduction in nightlife fits into the basic principles and general, broadly defined goals of strategic documents at the national level, although there is no clear definition in the mentioned documents nor

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<sup>46</sup> <http://www.regeneracija.org/post-slider/3090/>

<sup>47</sup> Maria Plotko, J. Stola, I. Molnar, P. Sarosi, T. Jovanovic, R. Karczewska, K. Smukowska, M. Arlauskaitė, Y. Georgieva LET’s Talk about drugs: Procena obrazovanja o drogama u Bugarskoj, Mađarskoj, Litvaniji, Poljskoj i Srbiji. Regionalni izveštaj. Vilnius, Lithuania: Eurasian Harm Reduction Association, 2020.

precise plans for any projects of this type. All the conclusions derived from this analysis point to the need for selective prevention programs, that is, harm reduction programs with a peer education component and a focus on nightlife and recreational contexts.

## **COUNTRY PROFILE CONCLUSIONS**

While the three described national contexts do share a fundamental legal framework inherited from Yugoslavia (SFRJ), they are also different in some aspects, as a result of the decades of individual development of national legal frameworks since the fall of Yugoslavia.

Croatia has, in comparison to Serbia and North Macedonia, a more elaborate network of strategic documents dedicated to dealing with the issues surrounding drug use, resulting in a more detailed and informative definition of harm reduction programs and services. However, the main issue remains - much like in the other two national contexts - that these definitions and descriptions are predominantly oriented towards programs concerning intravenous drug use and substitution therapy. This serves to show that mere development of documents and protocols is not sufficient, and what is needed is a meaningful strategy for including nightlife contexts in the spectrum of harm reduction services.

Also, not unexpectedly, there is considerable overlap between the three contexts in terms of available relevant data regarding substance use patterns of youth. Official data concerning drug use either refers to problematic drug use (collected through healthcare services such as needle exchange programs, addiction treatment and such) or concerns a segment of the general youth population and is in general of limited informative value. More specific research focusing on nightlife offers a more precise insight. Recreational use in nightlife settings is seen across the board, with the most often used substances and substance classes being alcohol, cannabis and various stimulants, and with a prevalence of risk-taking behavior surrounding nightlife patterns of use and behavioral patterns.

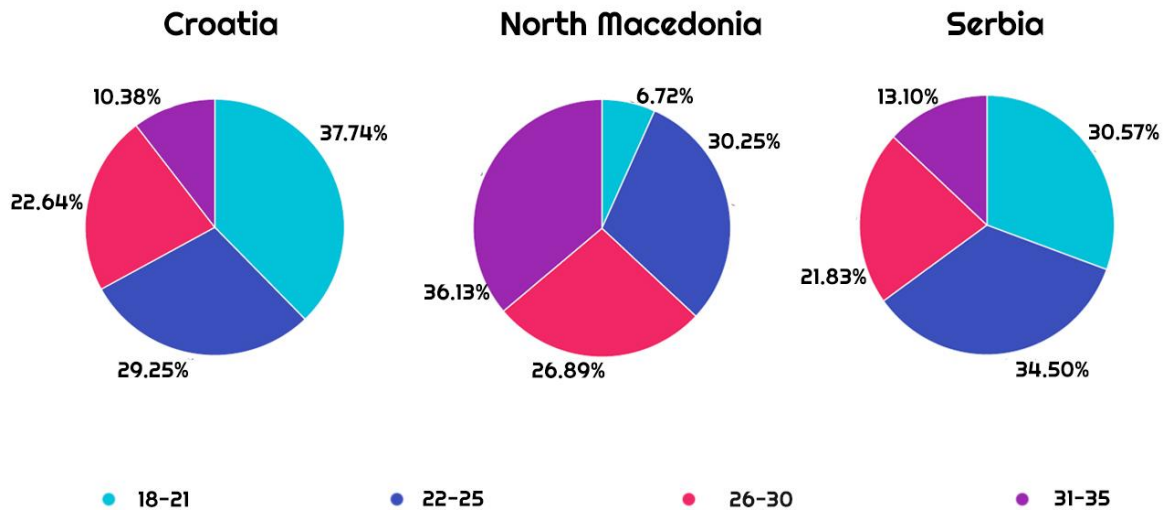


## QUANTITATIVE RESEARCH RESULTS

A total of 503 completed questionnaires were gathered in 3 countries through the Zoho platform: 219 in Croatia, 119 in North Macedonia, and 168 in Serbia. The research was conducted among young people aged 18–35.

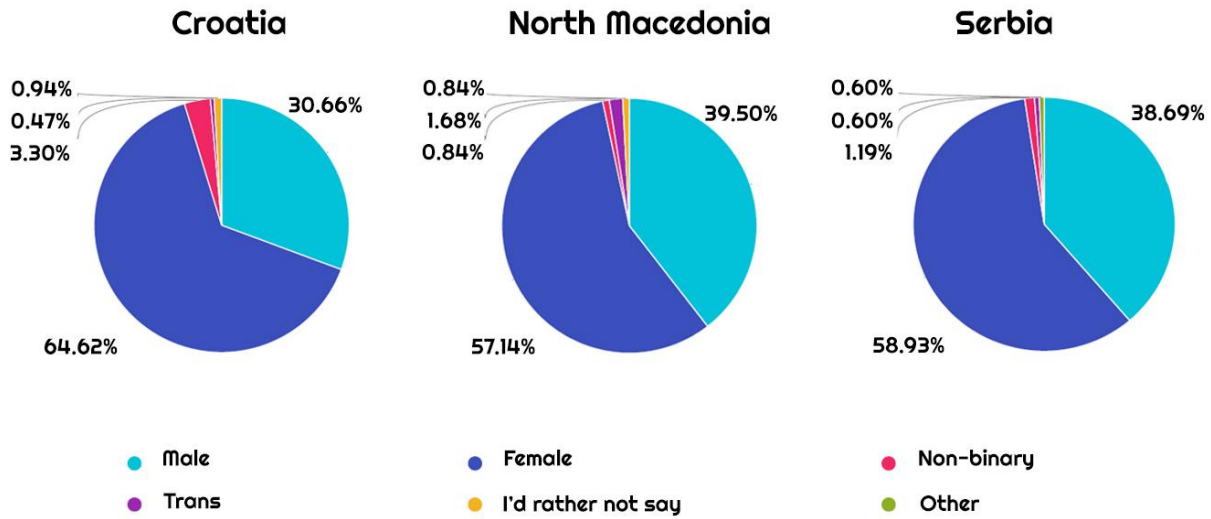
### SOCIO-DEMOGRAPHIC DATA

How old are you?



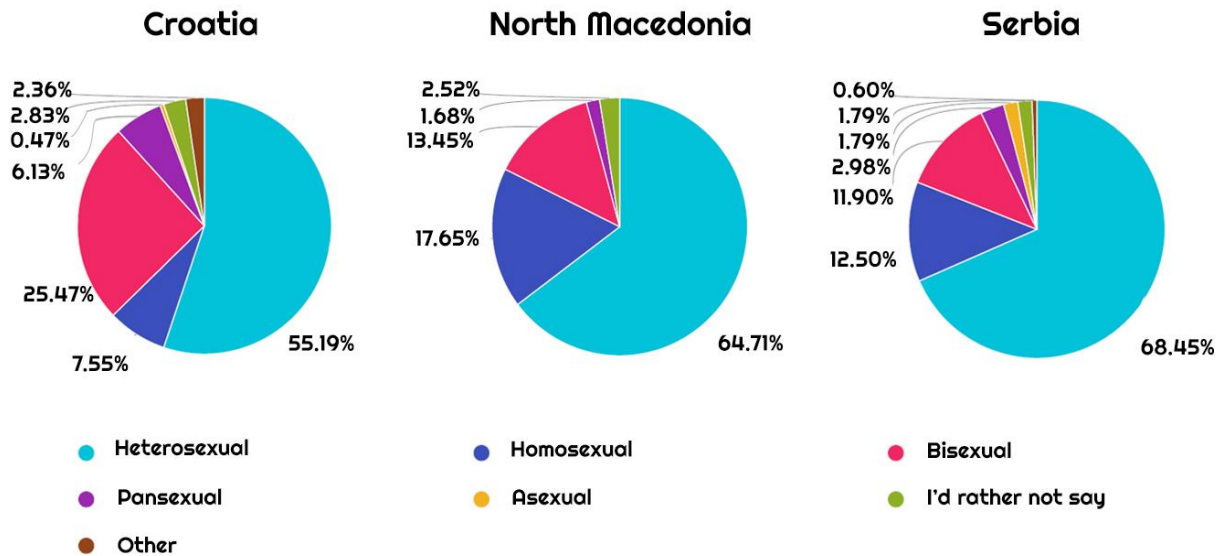
Most of the Croatian respondents (37.74 %) were 18-21 years old, 29.25% of them were 22-25 years old, 22.64% of them were 26-30 years old and only 10.38% are 31-35 years old. Most North Macedonian respondents were at the age of 31-35 (36%) and 22-25 (30.2%). In Serbia, 36.31% (61) was between 22 and 25 years old, 26.79% (45) was between 18 and 21, 22.02% (37) was between 26 and 30 years old, and 14.88% (25) between 31 and 35 years old.

## Gender



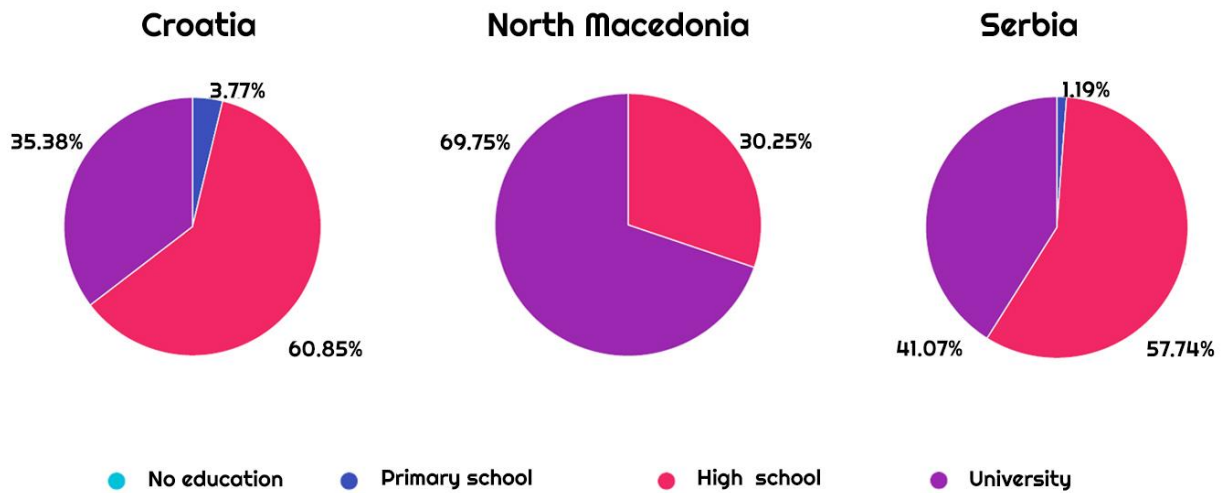
In all countries, most responses were provided by persons identifying as female (Croatia 64.62%, North Macedonia 57.14%, Serbia 58.93%), followed by male (Croatia 30.66%, North Macedonia 39.5%, Serbia 38.69%).

## Sexual orientation



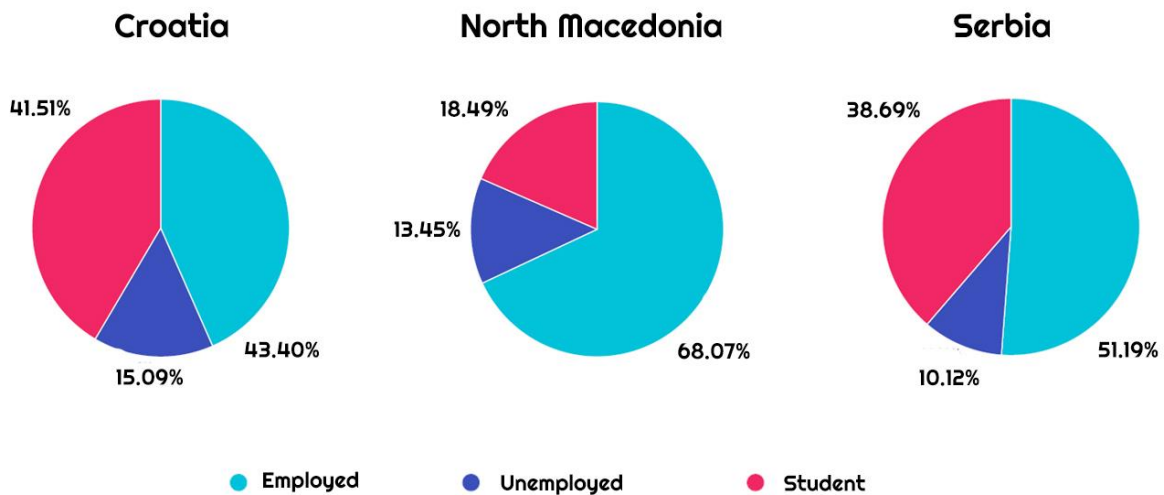
When it comes to sexual orientation, most of them identified as heterosexual (Croatia 55.19%, NM 64.7%, Serbia 68.45%). In North Macedonia and Serbia these were followed by homosexuality (NM 17.6%, Serbia 12.50%) and bisexuality (NM 13.45%, Serbia 11.90%). In Croatia, bisexuality came in second (25.47%), followed by homosexuality (7.55%). It should be noted that the percentages of homosexual and bisexual respondents are exceedingly similar in North Macedonia and Serbia, the only outlier being Croatia, with a much larger percentage of bisexual respondents than homosexual ones.

## What is the highest level of education you have completed?



As for education, most respondents in Croatia and Serbia (60.85% and 57.74% respectively) finished high school, followed by those who have graduated university (35.38% and 41.07%), while in North Macedonia 70% of the respondents have a university degree and 30% have graduated high school.

## Employment status

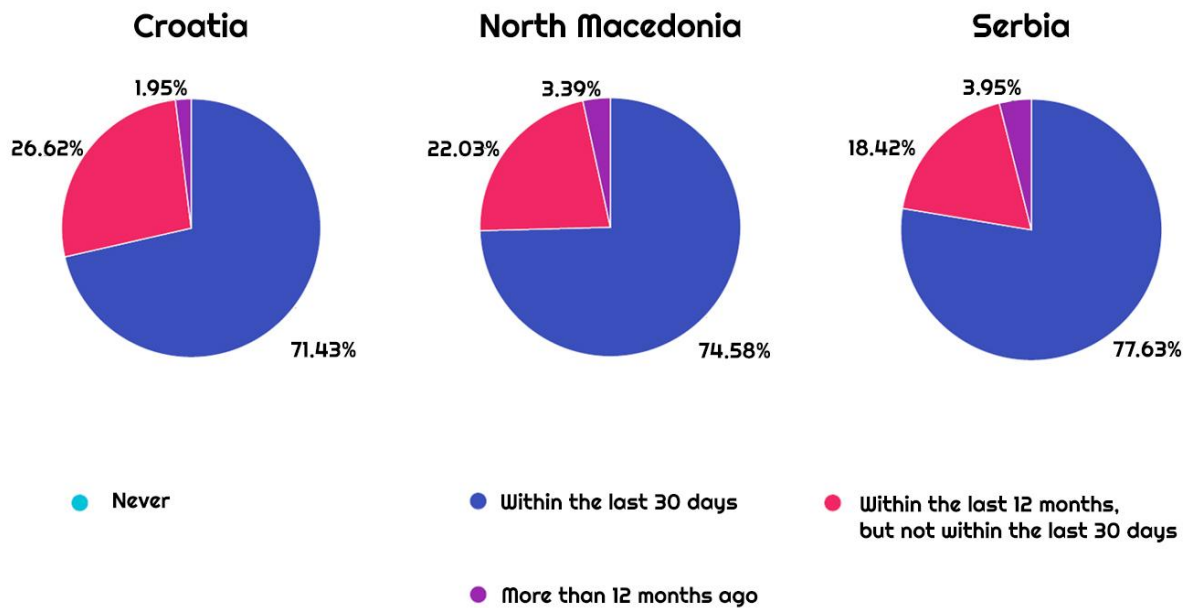


In terms of employment status, most respondents were either employed (Croatia 43.40%, NM 68.07%, Serbia 51.19%) or students (Croatia 41.51%, NM 18.49%, Serbia 38.69%).

## BEHAVIORAL PATTERNS IN NIGHTLIFE

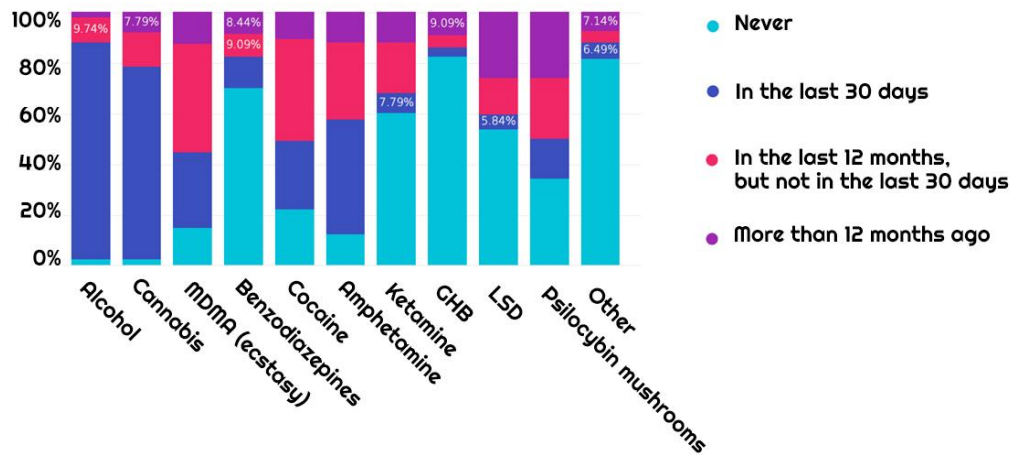
When it comes to behavioral patterns in nightlife, there are similarities between the three contexts. Approximately half of the respondents from North Macedonia and Serbia use psychoactive substances when going out (NM almost 49.58%, Serbia 45.2%), while for respondents from Croatia this percentage is noticeably higher (72.64%). Of those, most have used substances while out within the last month (Croatia 71.43%, NM 74.58%, Serbia 77.63%), followed by those who used substances within the last 12 months (Croatia 26.62%, NM 22.03%, Serbia 18.42%). It should be noted that e.g. the percentage of respondents in Serbia who confirm that they use psychoactive substances when going out is relatively low in comparison with some of the other data collected on this topic (for reference, see relevant data in Serbian national context chapter); this discrepancy can potentially be explained by the fact that this study was disseminated among the general population of youth (with the help of national youth associations) and thus provides a much more generalized picture than some of the earlier research focusing specifically on clubbing or other subcultures and subsets of youth.

### When did you last use psychoactive substances while going out?

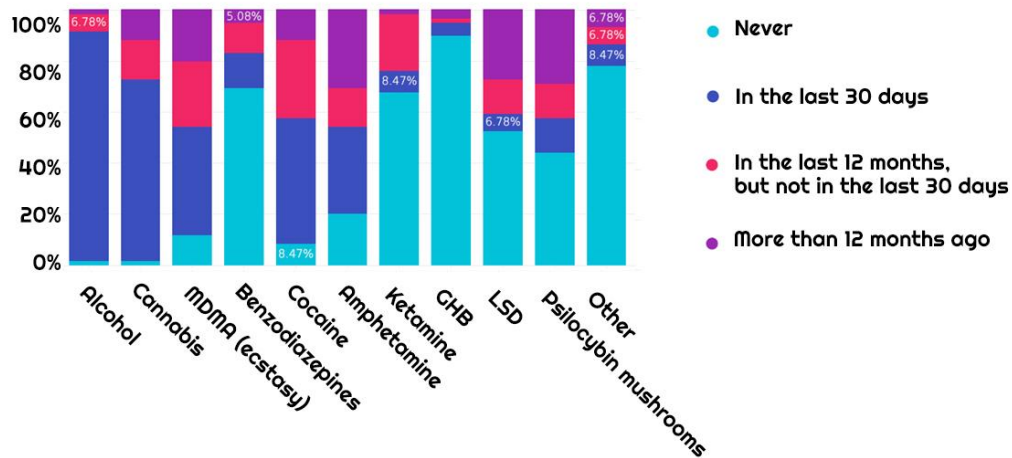


## Which substances have you used while going out?

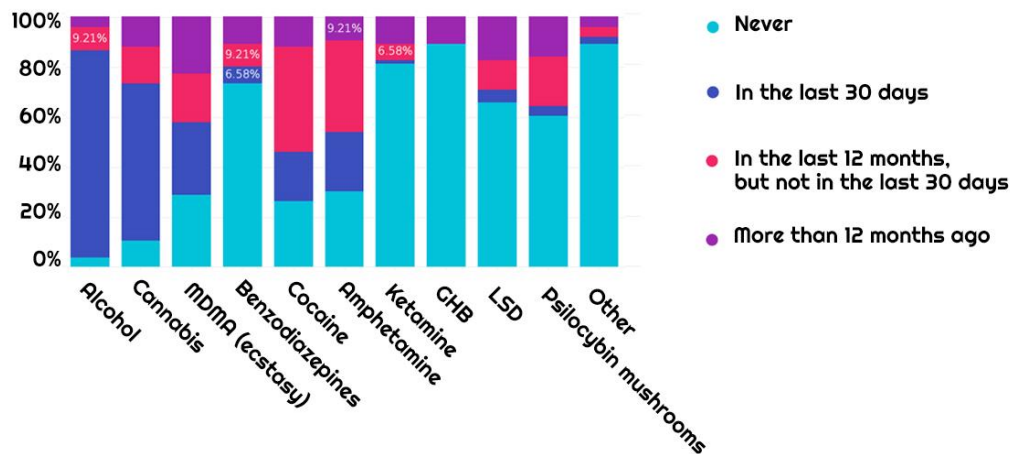
### Croatia



### North Macedonia



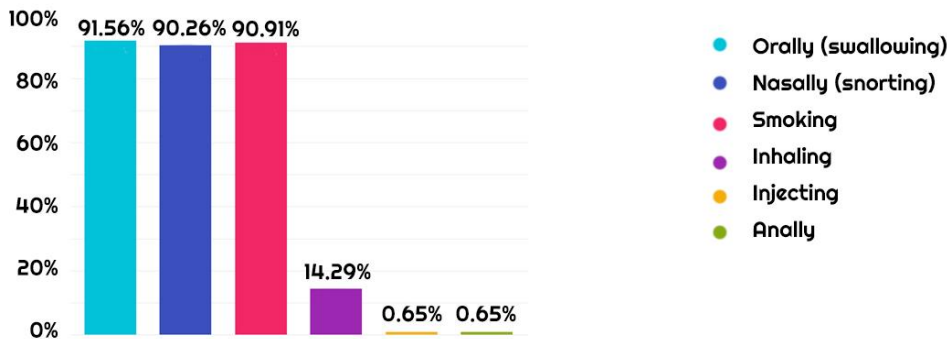
### Serbia



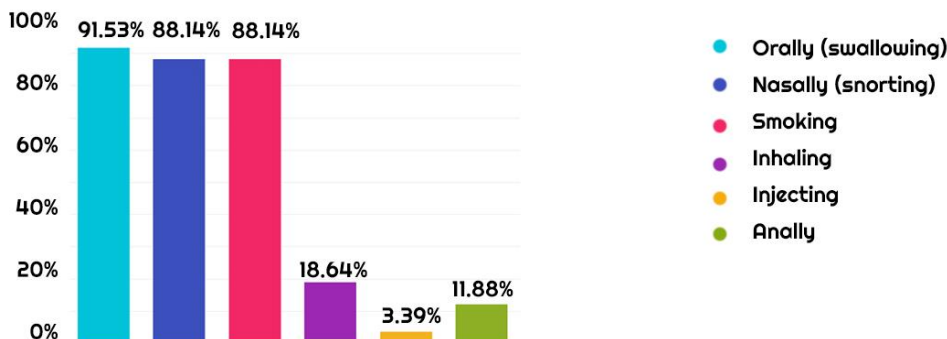
The most frequently used psychoactive substance used by the respondents within the last 30 days is alcohol (Croatia 85.71%, NM 89.8%, Serbia 82.69%), followed by cannabis (Croatia 75.97%, NM 71%, Serbia 63.16%) within the last 30 days. The second most frequently used illegal psychoactive substance within the last 30 days in Croatia is amphetamine/speed (45.45%), followed by MDMA/ecstasy (29.87%), and then cocaine (27.27%), but in North Macedonia it was cocaine (49.15%), followed by MDMA/ecstasy (42.37%), and only then does speed follow (33.9%). In Serbia, alcohol and cannabis are followed by MDMA/ecstasy (28.95%), amphetamine/speed (23.68%) and then cocaine (19.74%). These differences in distribution of substance popularity are relatively minor and ultimately inconsequential. This clearly demonstrates that the listed substances are very common among youth who use psychoactive substances in the context of nightlife, and that a great percentage of this use has taken place relatively recently, which potentially indicates frequency of use rather than one-time experimentation. Such distribution of answers is in accordance with results of earlier research which suggest that among youth in nightlife the most commonly used substances or classes of substances are actually alcohol, cannabis and stimulants. These are followed by hallucinogens - psilocybin mushrooms and LSD, so it could be argued that recreational use of substances with psychedelic and hallucinogenic properties is also relatively well represented, although nowhere near as the abovementioned options.

### How have you administered substances so far?

#### Croatia

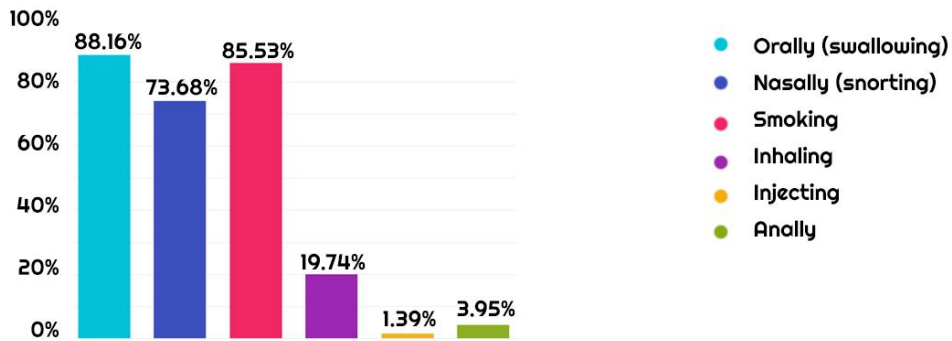


#### North Macedonia



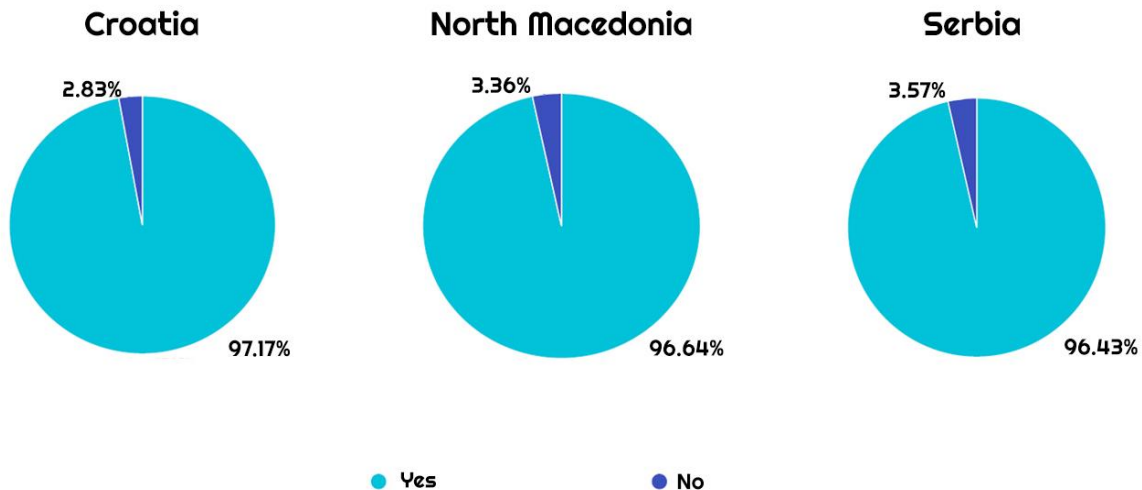


## Serbia



The most common modes of administering substances are oral use/swallowing (Croatia 91.56%, NM 91.5%, Serbia 88.16), smoking (Croatia 90.91%, NM 88%, Serbia 85.53%) and nasal use, i.e. snorting (Croatia 90.26%, NM 88.14%, Serbia 73.68%). These findings are fully consistent with the findings regarding the commonness of different (classes of) substances, taking into account the most common forms in which the substances that have proven to be most frequently used come. However, each of these ways of use carries certain risks, related to different factors (dosing, blood borne infections, etc.), so data on the most common modes of administering substances are important for planning harm reduction measures. Aside from these ways of administering, when going out another relatively common mode of use is inhaling (Croatia 14.29%, NM 18.64%, Serbia 19.74%).

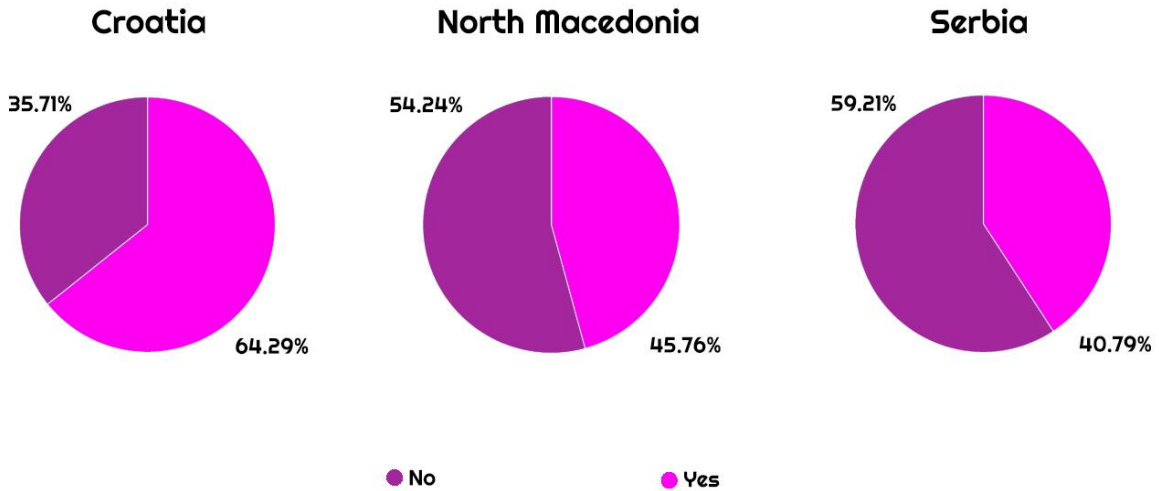
### Are you familiar with the risks of psychoactive substance use?



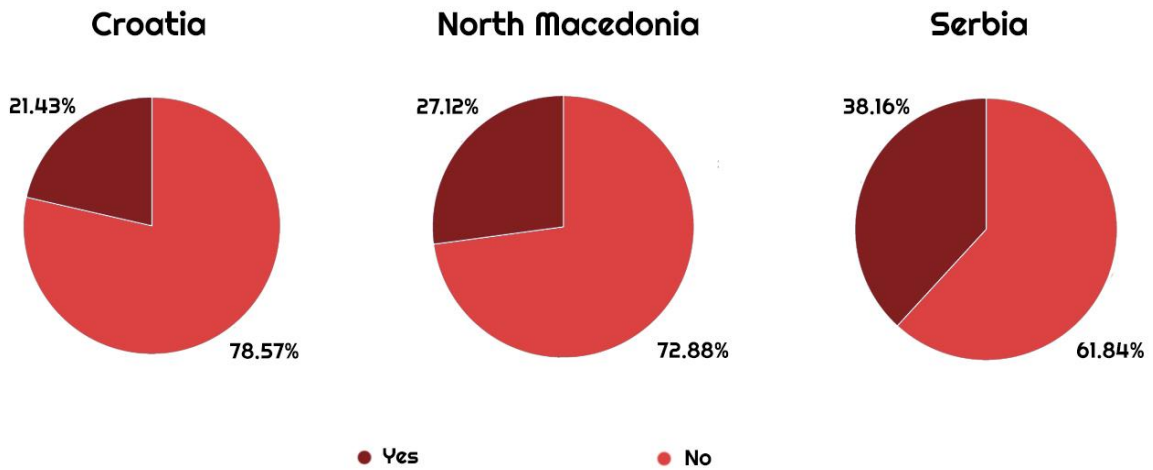
The vast majority of respondents (Croatia 97.17%, NM 96.4%, Serbia 96.43%) state that they are familiar with the risks of using psychoactive substances, and a large percentage (Croatia 42.40%, NM 28.57%, Serbia 46.43%) of them also state they have witnessed overdose or intoxication with psychoactive substances. Alarmingly, though, a significant percentage (Croatia 64.29%, NM 45.7%, Serbia 40.79%) of the respondents who use psychoactive substances when going out have stated that they share equipment for using psychoactive substances. It makes sense to assume, viewing these answers in conjunction with the answers regarding the commonness of different substances, that these answers mostly refer to sharing snorting equipment, as well as sharing cigarettes containing cannabis or other substances, which carries certain additional risks of blood borne infections and hygienic risks in general.

Depending on the type of equipment used, the risk of infections increases by sharing needles and snorting equipment.

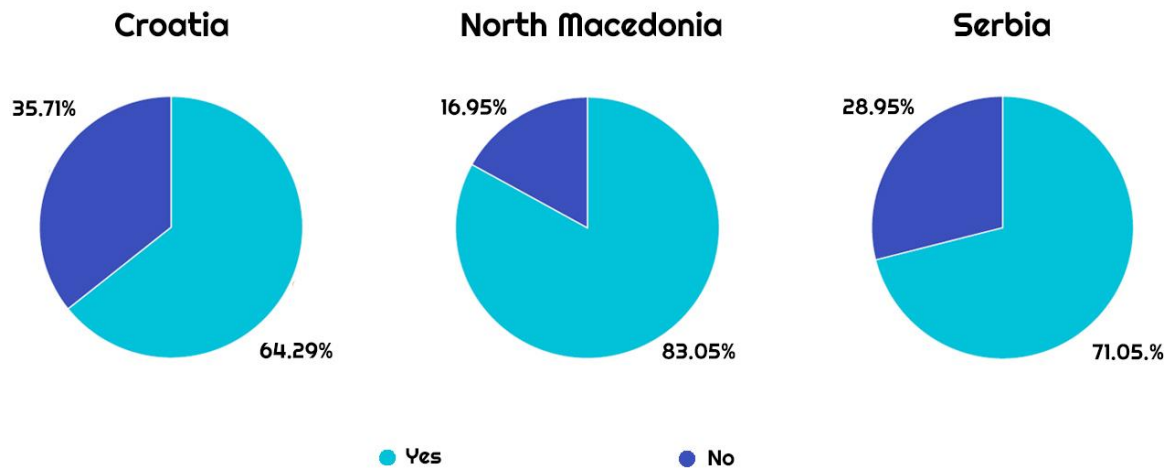
**Do you share equipment for using psychoactive substances?**



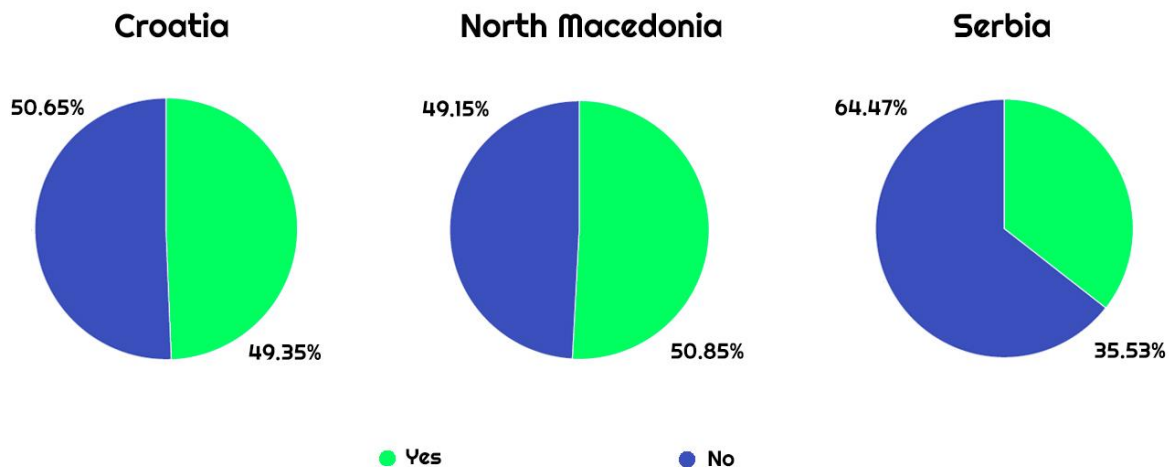
**Do you mix psychoactive substances?**



Do you have sexual relations under the influence of psychoactive substances?

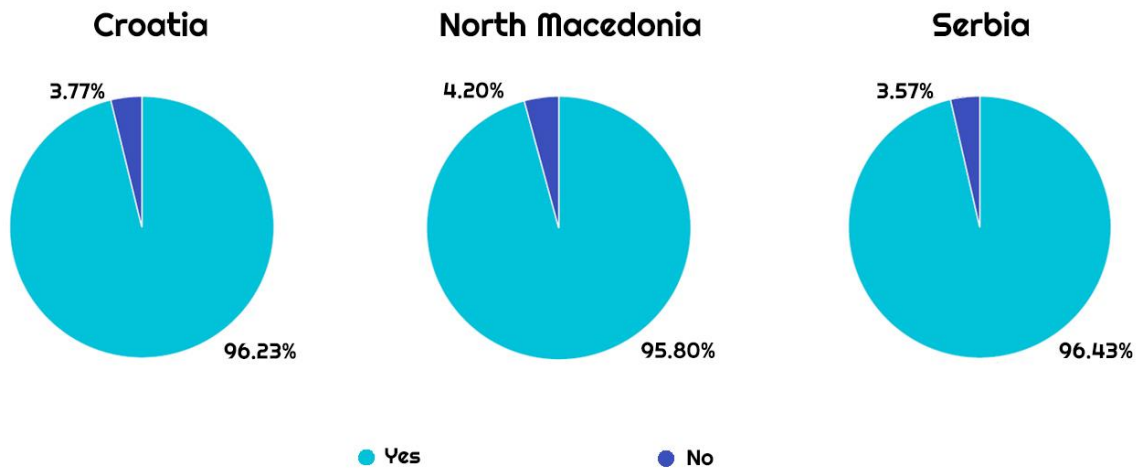


Have you ever taken a psychoactive substance for which you did not know with certainty what it is?

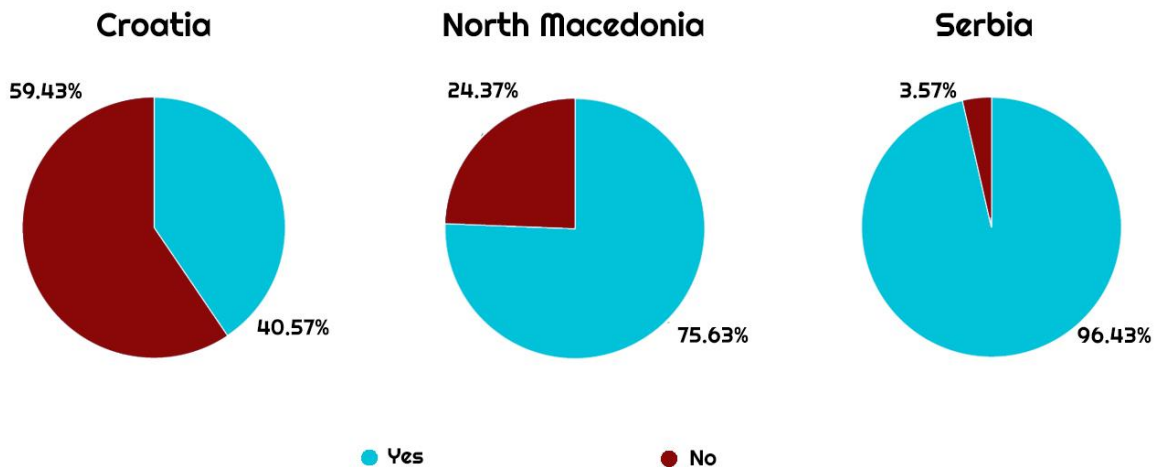


Aside from that, most (Croatia 78.57%, NM 73%, Serbia 61.84%) of these respondents answered that they mix psychoactive substances, i.e. use several types of psychoactive substances during the night, a factor which increases overdose risk or could cause health issues, and most (Croatia 64.29%, NM 83%, Serbia 71.05%) of them have sexual relations under the influence of psychoactive substances. Although a more detailed insight into these practices is necessary, the information alone that both of these behavioral patterns are common among youth who participate in nightlife is of exceptional significance for planning harm reduction programs and services for these populations of youth. Namely, taking into account the fact that both behavioral patterns entail increased, additional and/or complex risks compared to the absence of those behavioral patterns, it is important to illuminate and explain these risks to youth, and provide them with knowledge and tools for reducing or avoiding those risks. Of respondents who use psychoactive substances when out, a large percentage (Croatia 49.35%, NM 50.85%, Serbia 35.53%) have at some point in their lives taken a psychoactive substance for which they did not know with certainty what it is.

**Do you know how HIV, viral hepatitises and other sexually transmitted infections are transmitted?**



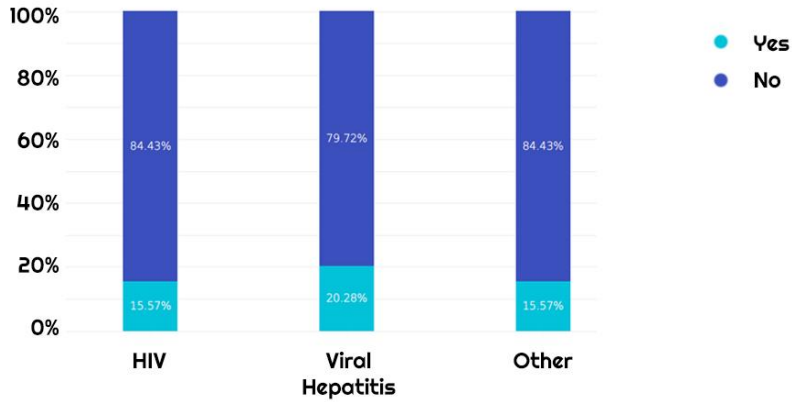
**Do you know where you can receive free, voluntary and confidential testing for HIV, viral hepatitises and other sexually transmitted infections?**



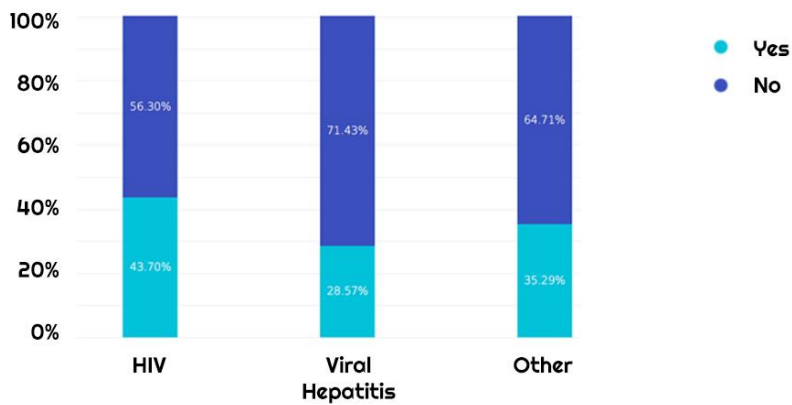
The vast majority (Croatia 96.23%, NM 95.8%, Serbia 96.43%) of the respondents state they know how HIV, viral hepatitises and other sexually transmitted infections are transmitted, but a much smaller percentage (Croatia 40.57%, NM 75.63%, Serbia 49.40%) know where they can receive free, voluntary and confidential testing for HIV, viral hepatitises and other sexually transmitted infections. Such results indicate that, although most respondents (think they) know the mechanisms of transmission of sexually transmitted infections, a much smaller percentage of them is familiar with the available services and programs for prevention and harm reduction in this field. Such a state of affairs is worrying given the fact that this is one of the basic elements of sexual and reproductive health protection, as well as the fact that a great majority of youth are sexually active.

## Have you ever been tested for:

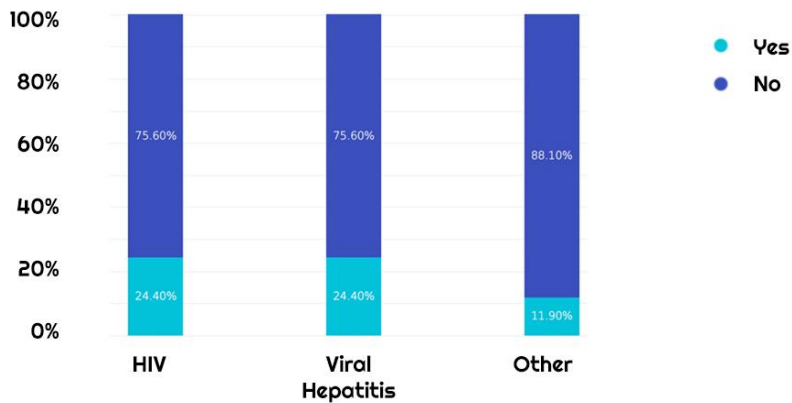
### Croatia



### North Macedonia



### Serbia

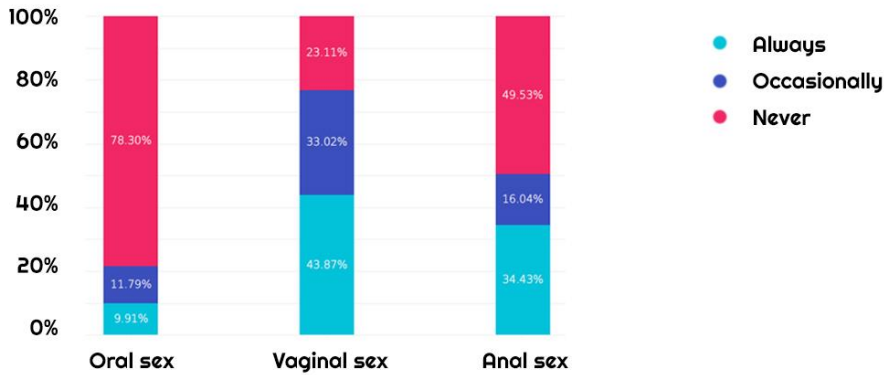


Most respondents have never been tested for any sexually transmitted infection. A minority have been tested for HIV (Croatia 15.57%, NM 43.70%, Serbia 24.40%), viral hepatitises (Croatia 20.28%, NM

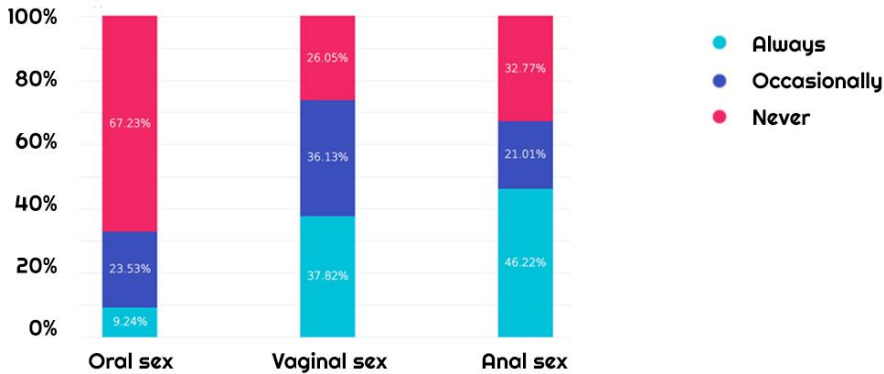
28.57%, Serbia 24.40%), and another STI (Croatia 15.57%, NM 35.29%, Serbia 11.90%). By far the most commonly listed “other” infections are syphilis and chlamydia, followed by HPV and gonorrhea. Respondents from North Macedonia evidently have higher rates of lifetime prevalence of testing for STIs. This is most likely due to the fact that in North Macedonia there is a wide network of services developed by NGOs and in most cities there are NGOs offering STI testing services.

### Do you use a condom when having sexual relations?

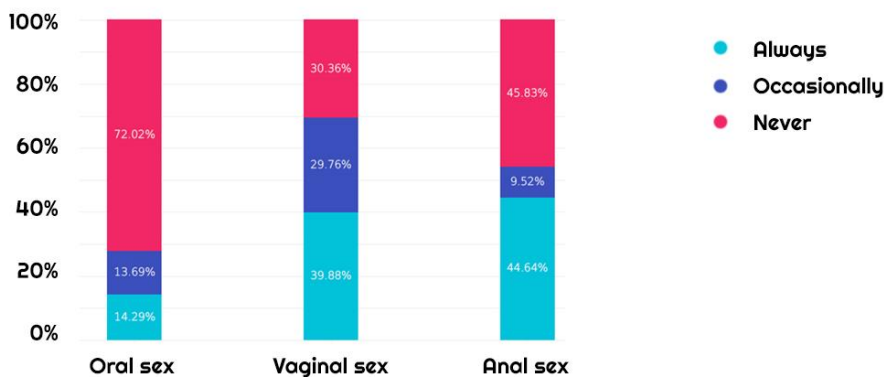
#### Croatia



#### North Macedonia

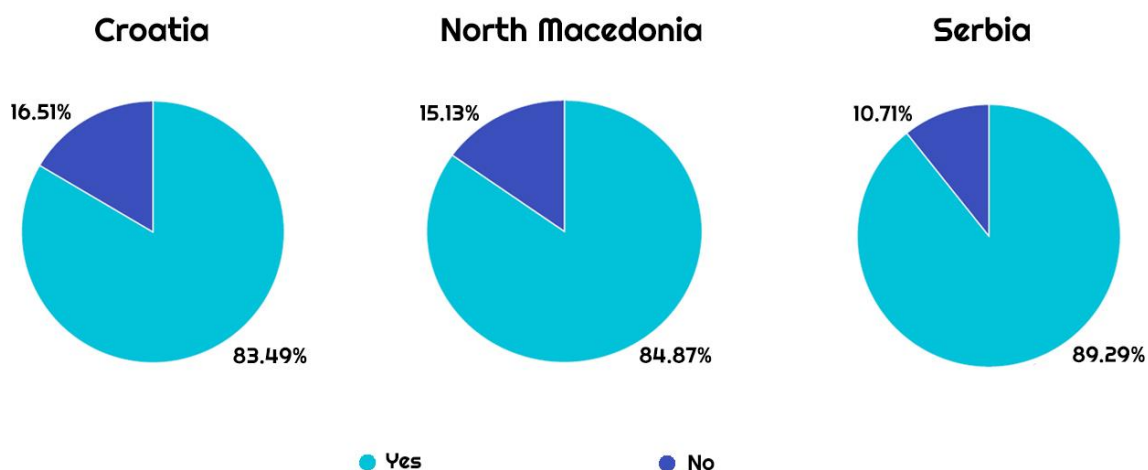


#### Serbia



When having vaginal sex, many (Croatia 23.11%, NM 26.05%, Serbia 30.36%) of the respondents never use a condom or use it occasionally (Croatia 33.02%, NM 36.13%, Serbia 29.76%), while fewer use it regularly (Croatia 43.87%, NM 37.82%, Serbia 39.88%). When having anal sexual relations, some (Croatia 34.43%, NM 46.22%, Serbia 44.64%) respondents use a condom regularly, but many (Croatia 49.53%, NM 32.77%, Serbia 45.83%) never use it, while few (Croatia 16.04%, NM 21.01%, Serbia 9.52%) use it occasionally. Lastly, when having oral sex most respondents (Croatia 78.30%, NM 67.23%, Serbia 72.02%) never use a condom. The percentages vary between contexts, but the overall conclusion is that condom use is by no means the standard when it comes to sexual relations.

### Do you take care of your health and safety when out?



The majority (Croatia 83.48%, NM 85%, Serbia 89.29%) of respondents state they take care of their health and safety when going out. These respondents then answered an open-ended question about the ways in which they take care of their health when going out, i.e. strategies they use to increase safety in this context. These included: general caution in behavior, absence of consumption of psychoactive substances, moderate consumption of substances, i.e. self-control when using or “not exaggerating”, guarding their drink so as to avoid spiking, good hydration, caution when procuring and choosing substances, not mixing substances, careful dosing, using supplements, not sharing substance use equipment, not separating from the visitors the respondent went out with, avoiding “suspicious” or problematic venues, avoiding problematic people, not engaging in sexual relations under the influence of substances, carefully choosing partners, using condoms and avoiding unprotected or “risky” relations, returning home by taxi... Moderation, dosing, hydration, food, guarding drinks and staying close to friends are the most common strategies which were present across national contexts.

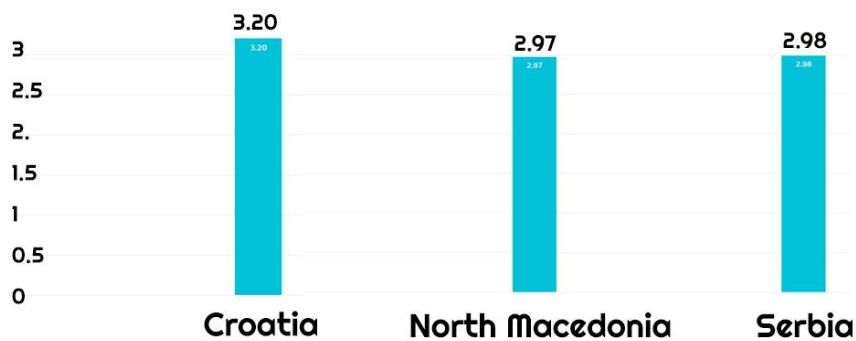
Respondents who stated they do not take care of their health when out answered the question why, but those answers - due to their diversity - are difficult to group in any way. The answers mostly indicate that among youth there is not necessarily an ingrained awareness of the significance of managing risks and taking care of health in the context of nightlife or knowledge of ways of taking care, suggesting a potential need for raising the level of awareness of the importance, but also of the knowledge of ways of caring for health during nightlife. In some answers, respondents list explanations for not taking care of their health which rely on the perception of their behavioral patterns as certain (negative) given which they implicitly cannot or do not know how to change: “I’m irresponsible”, “bad habit” and “inclination toward risky behavior”. These answers best illustrate that the awareness alone of certain behavioral patterns and their undesirability or riskiness is not enough, but it is crucial to also provide youth with tools for dealing with these patterns and gradually, sustainably and for individuals feasibly or

acceptably modifying them. Several respondents provided answers which as the main cause of lack of care present the fact that they fail to remember to take care: "I forget" or "because that doesn't cross my mind when I'm out", as well as "I'm having too good a time", and some as the main reason for the absence of care for health when out explicitly cite psychoactive substances.

Cross-referencing these answers makes it clear that reasons for absence of care of one's health when out are multiple, but highlighted are either lack of thinking and knowing about it, or - where there is awareness of behavioral patterns and their relative riskiness - lack of adequate conceptualization of the issues and tools for solving them.

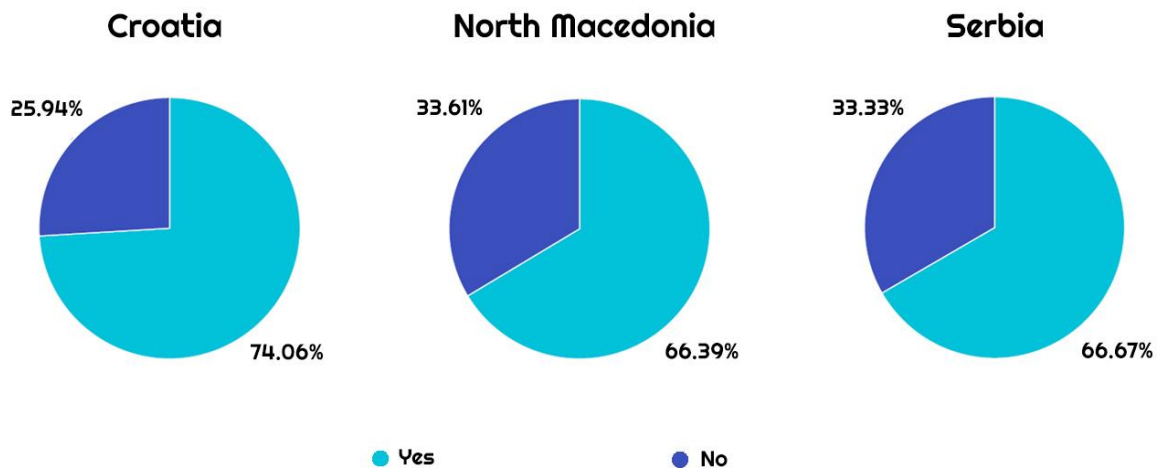
### How would you grade nightlife safety?

Average rating



Of the total number of respondents, most graded nightlife safety as average - on a scale of 1 to 5, where 1 means "nightlife is completely unsafe", and 5 means "nightlife is completely safe", most awarded to the degree of nightlife safety grade 3. Such answer distribution indicates that among respondents there is a sort of consensus that nightlife safety is neither on an exceptionally high or on an exceptionally low level.

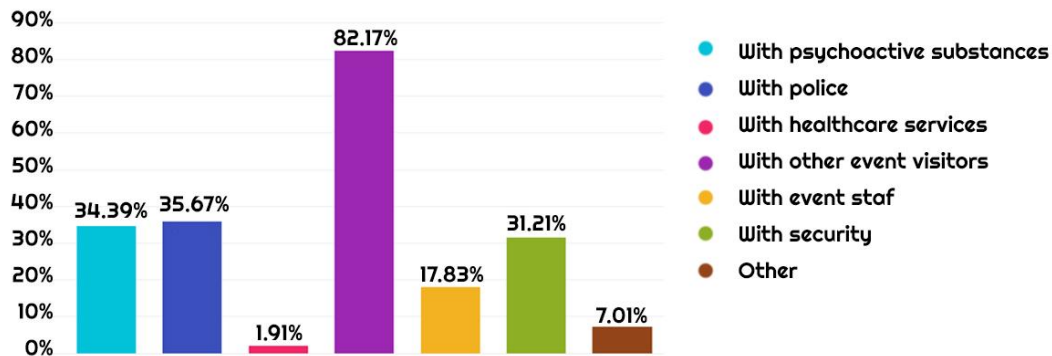
### Have you ever had an unpleasant experience in nightlife?



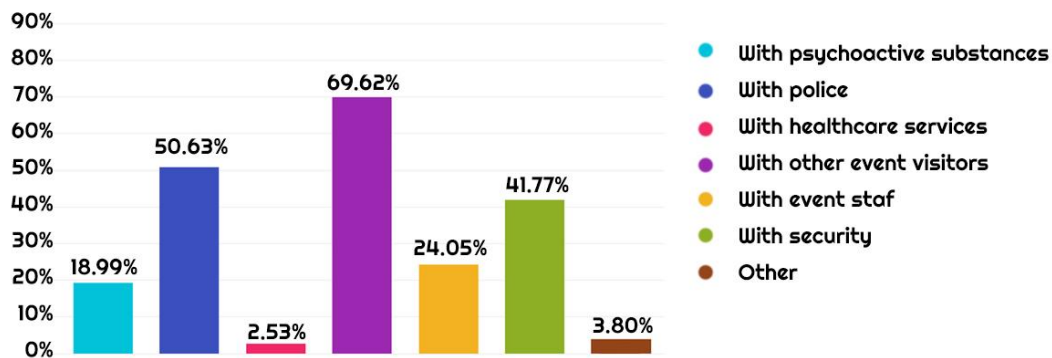


## Who/what have you had an unpleasant experience with?

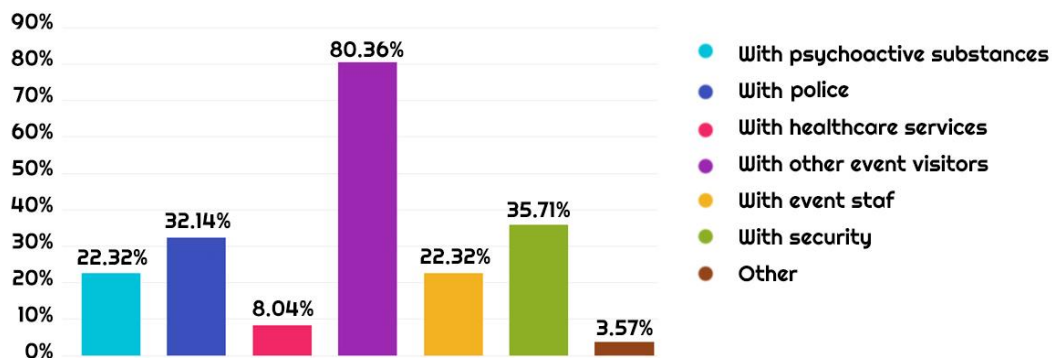
### Croatia



### North Macedonia



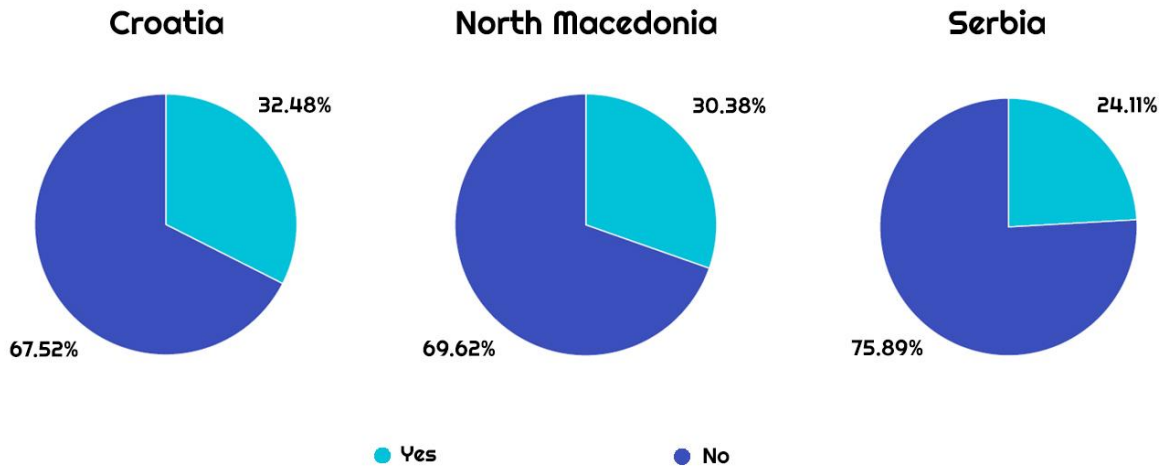
### Serbia



Most respondents (Croatia 74.06%, NM 66.4%, Serbia 66.67%) cite having at some point had an unpleasant experience in nightlife. Of these experiences, most were with other event visitors (Croatia 82.17%, NM 69.9%, Serbia 80.36%). Further distribution varies according to country - in Croatia police takes the second place, followed by psychoactive substances and security; in North Macedonia, it is also the police, then security and substances; in Serbia, security takes the second place and is followed by police, substances and venue staff. These findings indicate that by far the largest number of unpleasant experiences is related to other event visitors, which include different forms of conflict, harassment and violence. However, the answers also show that unpleasant experiences with venue staff, particularly

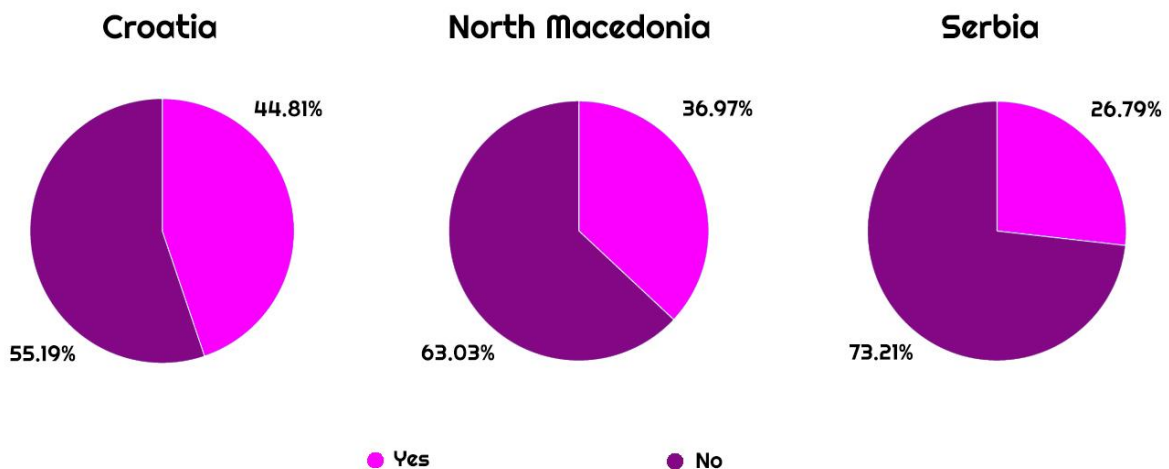
security, are also relatively common, but also that negative experiences with services like the police and, less frequently, healthcare services are common. The fact that a negative experience involving psychoactive substances as the primary factor was explicitly listed by more than a fifth of the respondents is not insignificant either, which does not exclude the possibility of some of the other cited unpleasant experiences also including psychoactive substance use.

**Did you turn to anybody for help and support?**

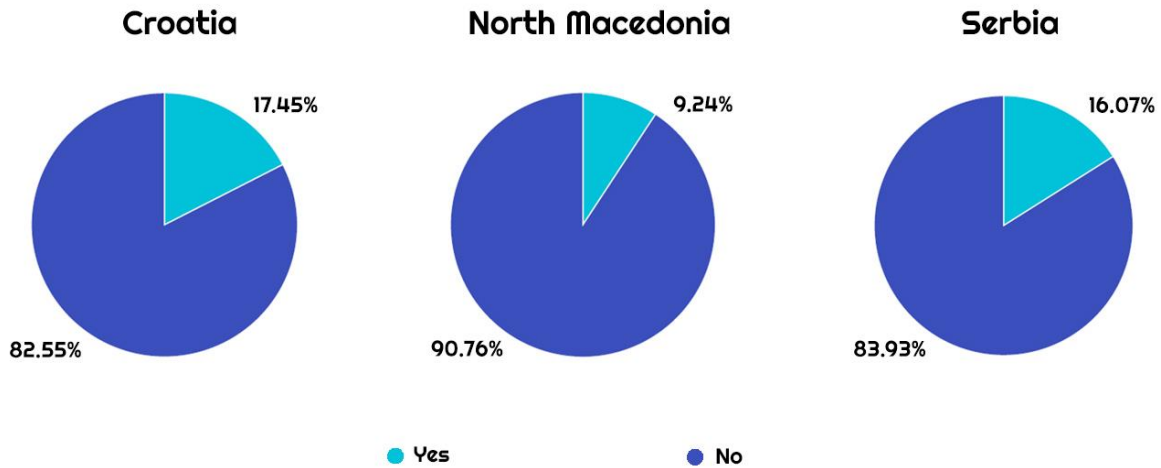


Of the respondents who had an unpleasant experience, a minority (Croatia 32.48%, NM 30%, Serbia 24.11%) turned to someone for help and support. The respondents who did turn to someone regarding an unpleasant nightlife experience were asked to whom they turned. By far the most numerous were answers which cited turning to friends, family members or other close persons, venue staff or management, healthcare service providers (especially in the field of mental health), NGOs, other visitors, and police.

**Do you know what harm reduction programs are?**



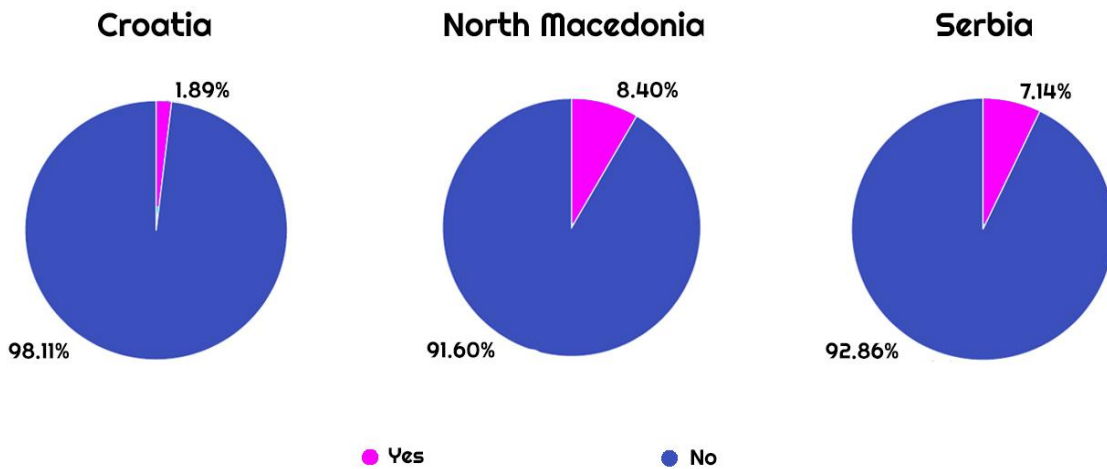
## Have you ever encountered harm reduction programs in nightlife?



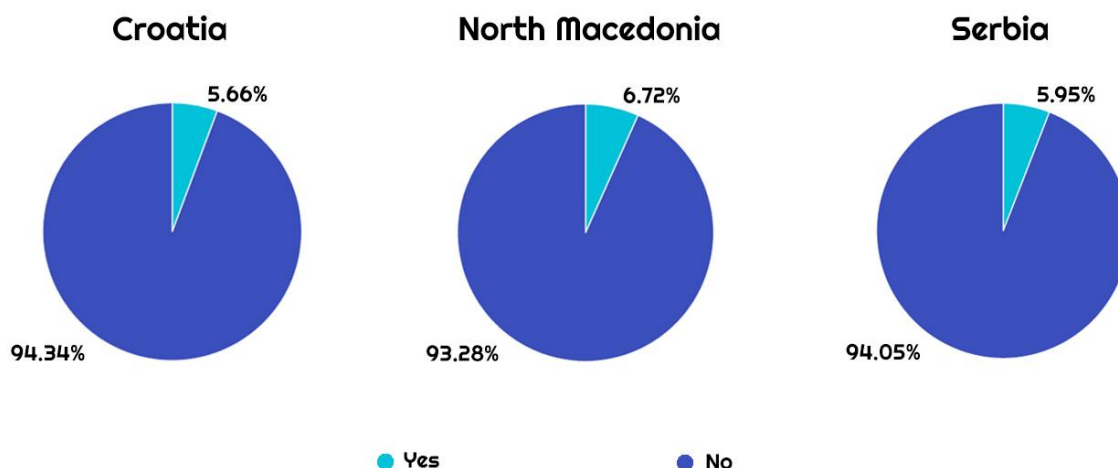
The percentage of respondents familiar with harm reduction programs varies depending on the country. In Croatia, 44.81% respondents are familiar with harm reduction programs, but only 17.45% have encountered them in nightlife. In North Macedonia, 37% of respondents are familiar with harm reduction programs, but only 9.24% have encountered them in nightlife. In Serbia, a smaller percentage - 26.79% - is familiar with them, and 16.07% have encountered them in nightlife. This is a clear indicator that youth who go out are still relatively unfamiliar both with the concept of harm reduction and with its appearance in practice in the nightlife context.

## PARTICIPATION IN PUBLIC POLICY

### Do you think youth are informed enough about public policy concerning them?

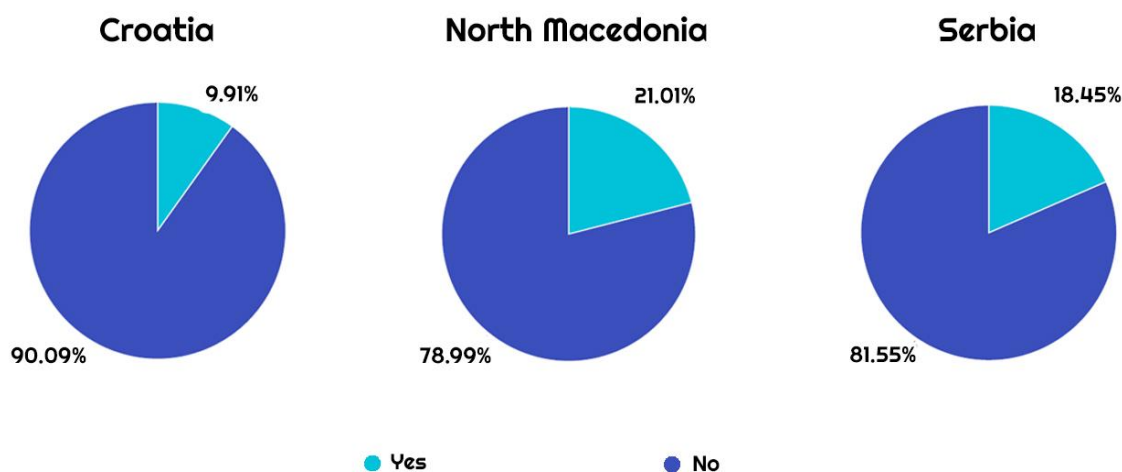


## Do you believe decision makers are familiar enough with youth needs and interests?



When it comes to participation in public policy, the results are also comparative. Most (Croatia 98.11%, NM 91.6%, Serbia 92.86%) of the respondents think that youth are not sufficiently informed about public policy which concerns them, and most (Croatia 94.34%, NM 93.2%, Serbia 94.05%) do not believe that decision makers are familiar enough with youth's needs and interests.

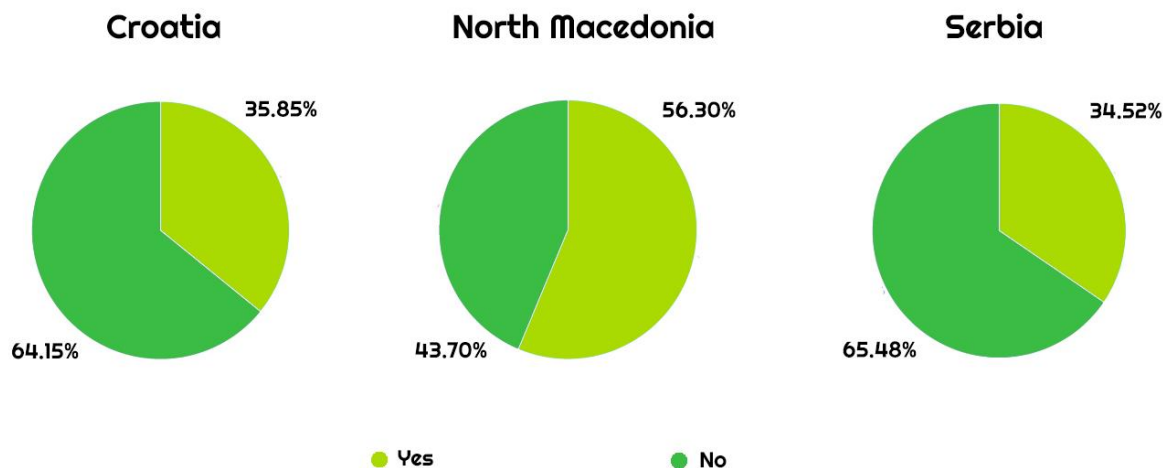
## Have you ever participated in youth or any other public policy?



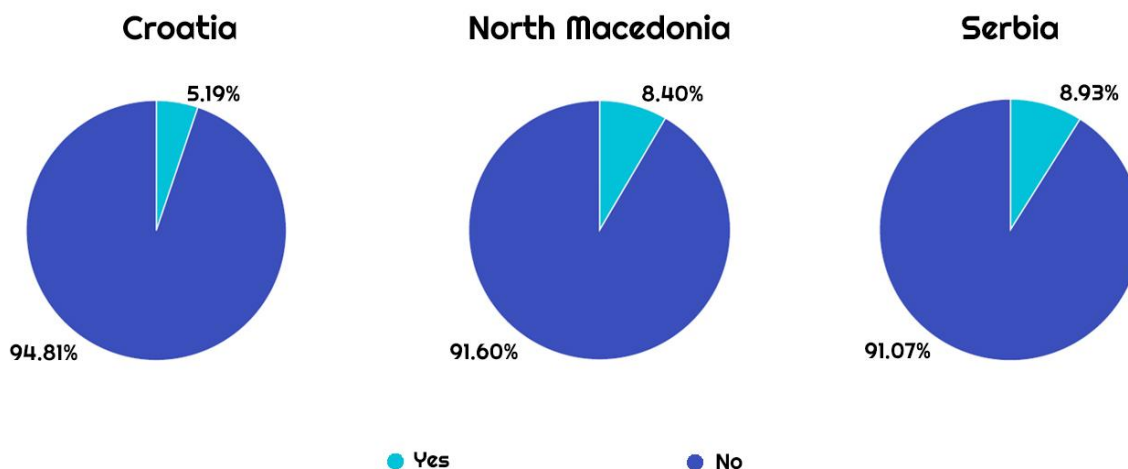
Only a minority (Croatia 9.91%, NM 21.01%, Serbia 18.45%) of the total number of respondents has ever participated in youth or any other public policy. When it comes to ways in which respondents have participated in public policy, the answers that stand out the most are those which include participating in activities and/or projects implemented by the civil society. Most of these answers mention membership in one or more organizations, youth or simply non-governmental, as well as participation in different projects and programs, and the kind of engagement ranges from work and activism in these organizations to simply presence at events organized by them. Interestingly, another conditionally speaking non-institutional form of participating in public policy is also commonly listed, which is participation through attending protests and other public events. A number of respondents highlight participation in public policy through state institutions and programs. Such distribution of answers indicates that youth participation in public policy is most often mediated by the civil society or, more rarely, their personal, non-institutional engagement, while the rarest case is youth participation in public policy through state projects and institutions. A dominant form of respondents' participation in youth

policy in general has proven to be attending events - conferences, public discussions. A non-negligible part of the responses also points out advocacy and campaigning, education and mentorship, as forms of participating in public policy.

**Have you ever participated in the activities of organizations which promote youth interests and rights?**



**Do you think youth are involved enough in decision making processes related to issues which concern them?**



However, a certain percentage of respondents (Croatia 35.85%, NM 56.3%, Serbia 34.52%) have at some point participated in activities by organizations which promote youth interests and rights, indicating a higher prevalence of such, conditionally speaking institutionalized, participation in public policy processes compared to individual efforts. Incidentally, this data is quite different from the findings from a 2019 study according to which 90% of the young people in North Macedonia have never been involved in a civil society/a non-governmental organization or initiative<sup>48</sup>. Also non-negligible is the fact that a vast majority (Croatia 94.81%, NM 91.6%, Serbia 91.07%) of the respondents think that youth are not involved enough in decision making processes related to issues which concern them. Similarly, most

<sup>48</sup> Socio-political involvement of youth in North Macedonia: Apathy, optimism or disappointment. Westminster Foundation for Democracy, 2019

(Croatia 91.51%, NM 92.4%, Serbia 88.10%) of the respondents consider it important for youth to have representatives in the processes of creation and implementation of public policy concerning them.

Upon comparing answers to questions from this section, a clear picture is formed showing that respondents mostly agree that youth should be both better informed of public policy concerning them and more involved in decision making processes in these fields, as well as that decision makers are not familiar enough with youth's position and that youth should have representatives in the processes of creating and implementing relevant public policy. The rate of respondents' direct participation in public policy itself is low, but it is higher taking into account involvement in activities of organizations working in advocacy in the field of youth.



## QUALITATIVE RESEARCH RESULTS

The qualitative research element encompassed two focus group discussions per country, with:

- Representatives of civil society organizations working with marginalized youth, youth who participate in nightlife and/or youth who use drugs;
- Representatives of relevant governmental institutions and bodies participating in public policy processes in a field relevant to marginalized and at-risk youth.

### CROATIA

Present at the **focus group discussion with CSOs** were: 1 representative from association LET from Zagreb, 1 representative from the Association Porat from Zadar, 1 representative from the Centar za kulturu dijaloga from Rijeka, 1 representative from Association Help from Split, 1 representative of Association Institut from Pula and 3 representatives from Udruga Terra from Rijeka. All associations work with youth, mostly youth at increased risk and who use drugs.

As main issues for youth in nightlife they consider insufficient level of information about the risks of psychoactive substance use, which can easily lead to other risk-taking behaviors in nightlife. They also state that youth like, in order to be accepted, i.e. due to the influence of peer pressure, to choose risk-taking behaviors which will help them fit in, which can also be very problematic taking into consideration their limited experience with substances and insufficient level of knowledge. Participants agreed that alcohol is always dominant in problematic behavior in youth and that often its influence is the cause of experimenting with other psychoactive substances, up to that point unknown to youth. Another reason youth begin using psychoactive substances is lack of other entertaining activities for youth, who, unable to find a more entertaining pastime, choose substance use as a certain kind of lifestyle or hobby.

The participants learn about issues of youth safety in nightlife through direct contact with youth, through social networks, by exchanging information among organizations, from the police and additionally they also receive information from worried parents.

None of the organizations has conducted research on behavioral patterns, knowledge and attitudes in the community. As for needs assessment in the communities with which they work, the participants generally state that most assessments are done first-hand in the field, through direct contact with beneficiaries and through informal conversation with them. Another manner in which it is conducted is by reading research studies, reports, articles and other useful content relating to the communities with which the organizations work.

The largest hurdles civil society organization face are:

- Financial: most organizations have financial issues, and complete their objectives depending on project funds and are often forced to reduce workforce due to insufficient funds.
- Time limitations: due to lack of funds and lack of people who can perform certain roles organization staff complains that projects often depend on their will to work more than needed in order to do the job well, and additionally a great aggravating factor is constant writing of new projects and reports for completed projects in order to still prove that they are really doing their job even after 20 years of cooperation with the Ministry.
- Lack of cooperation with decision makers and club owners.
- Staff burn-out: work with a demanding population, where little is gained in return. Added stress for the workers is the possibility of job loss due to insufficient funding.

- Legal issues: impossibility of introducing drug-checking programs, creating rooms for safe injecting, using Naloxone by the staff of the drop-in center.

The participants take part in youth policy at the local level, Association Institut participates as a member of the local prevention committee of the city of Pula, and they think all organizations gathering young people around themselves should be the main participants in all groups when adopting strategic or operational plans. They also believe that laws are created by politicians while those to which these laws are applied have insufficient say in them. Association Terra cooperates with the city of Rijeka in decision making and participates in groups although they act as intermediaries there, and not as policy creators, and they think that when someone gains a position where they can talk and change some things, they most often are no longer young. Another issue they highlight is that decisions are made from multiple sides (Ministry of Health, Ministry of Social , Ministry of Education..) without communicating about these decisions with each other.

Cooperation with decision makers is mostly cooperation on the local level with the authorities of the city in which they operate and at the county level. Association Porat in Zadar is satisfied with the cooperation with the city, and also somewhat satisfied with the cooperation with the Ministry of Health, which funds their activities. In Pula they are also satisfied with the current city authorities, which provide ample support for organizations and where cooperation is on a high level; on the national level they cooperate with the Ministry of Health, which funds them, and they also cooperate with the Ministry of Labor and Social Welfare, where they participated in the creation of a new law on social policy and on the prevention of poverty and social welfare, wherein they accepted their objections. They think that at the national level it is still most important to have contacts within the ministries because without them their word would not be taken into account, even though in their opinion the word of NGOs should matter. Association Terra cooperates with the city of Rijeka, not so much with the county. They are satisfied with the cooperation with the city, because they receive support from them. They also state that decisions within the Ministry often go through personal contacts instead of through official channels.

Although the initial plan was to also hold a **focus group discussion with representatives of relevant institutions**, due to the impossibility of gathering a sufficient number of representatives of decision makers, a questionnaire was sent as an alternative to fulfill the stated obligation. The questionnaire was sent to the following institutions: Ministry of internal affairs, Croatian Institute for Public Health, Institute for Public Health of the Primorsko-Goranska County, Ministry of Health, State Office for Demography and Youth, Ministry of Labour, Family and Social Policy and Drug abuse Prevention Office. We received answers from three out of eight institutions. These were the Ministry of internal affairs, Institute for Public Health of the Primorska-Goranska County and Croatian Institute for Public Health. The police directorate participates in proposing the law from its scope of work, participates in activities and public campaigns aimed at promoting the education and healthy lifestyle of young people (against peer violence, sports against drugs, etc.).

The Croatian Institute of Public Health (HZJZ) is responsible for monitoring and performing professional, analytical, advisory and other tasks related to the suppression of drug abuse and other means of addiction and behavioral addiction, the application of the law governing the suppression of drug abuse , implementation of the National Action Strategy in the field of addiction and action plans. In relation to the creation of public policies, it proposes measures to eliminate the causes and consequences of drug, alcohol and tobacco abuse and behavioral addictions on individuals and society; manages the national information system for drugs and behavioral addictions in order to publish collected, objective, comparable and reliable data; participates in interdepartmental and international cooperation in the field of combating drug, alcohol and tobacco abuse and behavioral addictions; designs, coordinates and implements an educational and media campaign for the purpose of prevention and education; monitors



the situation, gives expert opinions and proposes measures, programs, standards for improving the system, monitors and directs the activities of preventive action and provides professional assistance to the holders of activities at the national and local, regional level.

Institute for Public Health of the Primorsko-Goranska County works in the field of public health, including school and adolescent medicine and the promotion and prevention of mental health, especially among young people.

All of the three mentioned institutions state that in the strategic documents related to young people, directions and priorities are determined on the basis of research and analysis of relevant data on the behavior of young people.

The sources of data used by the Croatian Institute for Public Health when creating policies aimed at young people at risk are the European Report on Drugs, the Report on Drug Markets in the EU, research on Substance Abuse in the General Population of the Republic of Croatia, Research on the Health Behavior of Students, Global Report on the status of alcohol and health, European health survey, World survey on tobacco use among young people, Youth gambling in Croatia - frequency of gambling and prevalence of problem gambling. Data sources for the Institute for Public Health of the Primorsko-Goranska County are world, European, national, regional and local research. They also use reporting data from school and adolescent medicine, reporting data from child and adolescent psychiatry, registries, e.g. addicts, etc., ...). Which they obtain through the work of their activities. The Ministry of the Internal Affairs predominantly uses statistical indicators on the number of reported crimes and misdemeanors. Concerning the measures for the implementation of strategic goals aimed at young people, they state that they are formulated based on the analysis of trends and the results of the conducted research. Institutions at the state and local level, as well as civil society organizations, are responsible for the implementation of the measures.

The Croatian Institute of Public Health states that data and experiences of civil society organizations are taken into account when formulating priorities, goals and measures. "National action strategy in the field of addiction for the period up to 2030 bases its priorities, goals and measures on the analysis of available data, research and experiences of civil society organizations, which ensures a quality and efficient approach in the fight against addiction and helping young people at risk."

Recommendations from the mentioned institutions for increasing the safety of young people in nightlife are as follows: raising general awareness, education and developing awareness of the harmful consequences of alcohol and narcotics in young people, promoting mental and physical health, improving family protection measures, destigmatizing addicts and their family members. They also believe that it is possible to increase safety in the night life of young people with a network of young volunteers and civil society organizations.

In terms of cooperation with civil society organizations, the Ministry of Internal Affairs did not answer the questions in this and the next section. Croatian Institute for Public Health states: "Civil society organizations are involved in the preparation of analyses and the implementation of research with the aim of timely identifying the needs of the youth population, they submit the necessary data to the competent authorities. Furthermore, these data help in the design of policies that are focused on the needs of young people.

Institute of Public Health states that cooperation between them and civil society organizations is made: "civil society organizations are included through their representatives in various working groups of Institute of Public Health, which were established to create strategic documents, protocols and guidelines, and are active participants in providing contributions during the creation of public policies. Also, for the implementation of the program of civil society organizations, financial resources are provided from the state budget through the Ministry of Health, the quality of service provision is monitored and professional support is provided.

On the question about the role of young people in youth policies, they state: “Civil society organizations play a key role in the development of policies and programs due to direct work with users, which enables additional support for the creation of science-based policies and programs. Greater involvement of civil society organizations in advocacy is needed, which is crucial for contributing to the development of new policies and/or programs.”

When it comes to the evaluation of the adequacy and effectiveness of the goals and implemented measures, the Institute of Public Health states that the evaluation of the adequacy of priorities and goals is carried out by the Ministry of Health and them. Regarding the assessment of the success of the implemented measures, they state that quantitative and qualitative methods are used, and that with the aim of systematically collecting, analyzing and processing data and providing relevant information for the purpose of monitoring and reporting on the implementation, the Ministry of Health in cooperation with the them will form a working group that will include key stakeholders responsible for the implementation of the measures.

## **NORTH MACEDONIA**

The **focus group discussion with CSOs** was attended by six representatives from CSOs from 4 towns in the Republic of North Macedonia. All six CSOs work with young people. Five offer services to young people who use drugs, three to sex workers, four of the organizations also work with the general youth population, with all six focusing on youth policies. Three of the CSOs occasionally conduct research on the knowledge, attitudes and behavior of young people in the respective towns or at a national level, while the other CSOs occasionally participate in research conducted by other CSOs or institutions. The needs of the communities targeted with their activities are determined through research or direct conversation with them. Specifically, none of the organizations implement programs specifically tailored and relating to youth nightlife in Macedonia. However, four of the CSOs implement harm reduction programs and occasionally attend music events or festivals to share drug-related information on harm reduction and, such as the case with HOPS, organize educational workshops related to psychoactive substance use at music festivals.

Among the major obstacles CSOs face are the following:

- Lack of finances in order to address safety issues related to youth nightlife. The Ministry of Health financing the HIV prevention programs, including the harm reduction and HIV testing programs, has decreased the budget allocated to the CSOs implementing these programs by 40% in the last 2 years. This resulted with the closure of two harm reduction programs, while other programs were forced to cut their working hours or stop offering certain services intended to people who use drugs, which could give rise to the number of HIV cases.
- Insufficient cooperation with local authorities, who on their part lack the knowledge or understanding to address issues related to youth risk behavior during night-time activities.
- Increased number of raids by the police in bars and nightclubs frequented by young people and conducting personal searches in order to find illicit psychoactive substances, which results in violation of young people’s right to go out at night and lack of trust in state institutions. Exhibition of such behavior by the police leads to organizing illicit parties or home parties and afterparties where the attendees use substances without being provided with any services or information by CSOs due to the secrecy. Such circumstances only lead to increased risk behavior among young people. Oftentimes, the parties are organized at houses or villas located on the outskirts of the city or further, where there is the danger of not being able to provide the specific assistance if needed due to the remoteness. On the other hand, the respondents have no information on whether a specific nightclub has been fined for selling alcohol to minors.

- Obstacles in working for underage individuals who use drugs without their parents' consent. The number of underage individuals who use drugs has significantly increased in the post-Covid 19 period.
- Tourist locations frequented by young people during the summer are certain to lead to alcohol consumption in public places - streets, parks etc. and intoxication, which is particularly discernible. Most of these young people are vacationing without their parents' company.
- The number of young people developing gambling addiction is increasing. Their nightlife consists of spending the entire evening in a casino. The bets are affordable, and in addition to gambling, 10-15 Euros provides them with a free drink and some places even a meal. Oftentimes, the patrons are underage individuals, using the services of electronic casinos, accessible at every corner. The casinos issue a pass to underage individuals with false data confirming they are of age. The manipulation and crime at hand here is obvious. As a rule, instant payday loans are always located next to the casinos.
- No drug-checking programs.
- No programs focusing on amphetamines and club drugs
- No treatment programs tailored to underage individuals.
- The main issues preventing the development of programs for safe nightlife is the lack of finances and budget cuts in current programs, such as the budget cut by the Ministry of Health.

Some of the respondents participated in youth policy creation on a national and/or local level, such as: the Youth Strategy of the Republic of North Macedonia, the Law on Youth Participation on a local level, Local Youth Strategies, the campaign for introducing a Comprehensive Sexuality Education Program. Despite the fact that individual youth participation is more challenging, youth organizations mostly participate in all phases of the creation, implementation and evaluation of youth policies. CSOs are of the opinion that their effectiveness is only partial. It could be improved with a larger number of projects, i.e. finances allocated to advocacy and participation of youth organizations in youth policy creation.

All focus group participants had previously collaborated with decision-makers, with some instances of successful collaboration. For example, HOPS successfully initiated the development of a program focussing on treatment and integration of youth and underage individuals who use drugs. The initiative was discussed at the Government's session, whereupon a decision was made to establish a working group consisting of CSOs as well, in order to develop the program. The Government's decision was carried out, the program was developed but not implemented. Furthermore, at the initiative of HOPS and the Coalition Margins, drug possession for personal use was decriminalized. Representatives of the organizations participated at the working group sessions, the group being formed by the Government of Republic of North Macedonia, working on legislative amendments and a proposal to further particularize Article 215 of the Criminal Code aiming towards a clear application of the law's provision in order not to punish drug possession for personal use. The proposal was accepted and introduced into the draft-law. The Law was adopted at a session of the Assembly of the Republic of North Macedonia in February 2023.

The amendment to the Law reads as follows - a new paragraph was introduced to Article 215: "A person in possession of narcotic drugs and psychotropic substances for personal use shall not be punished." The amendment allows for certain changes to be introduced in the case law where people who possess drugs for personal use, mostly young people, would finally not be criminally punished. This is a huge step toward creating humane and effective national drug policy based on the respect of human rights.

In Ohrid, at the initiative of youth organizations, the municipality opened a youth cultural center, with premises intended for CSOs. A similar center was also opened in Strumica.

The focus group perceived the lack of interest on the part of decision-makers in youth policies to be the biggest obstacle preventing youth participation in the creation of youth policies. Particularly if it requires

directing finances towards the development of new programs, centers and similar. Consequently, in their experience it is better to act as a network or coalition of youth organizations than approaching the subject as an individual organization. Certain positive changes have occurred, for instance institutions are becoming more transparent and cooperative in terms of communicating with CSOs on the subject of youth policy creation, sending open calls for CSO participation in the development of youth policies. Strategies and public policies are being created, the problem being their realization.

According to the planned activities, a **focus group with decision makers** should have been organized. Only one participant joined the scheduled online focus group meeting. That's why we decided instead of holding a focus group to send questionnaires to key institutions. The questionnaire was sent to the following institutions: Ministry of Health, Ministry of Labor and Social Policy, Ministry of Internal Affairs, Agency for Youth and Sports, Institute of Public Health, Addiction Treatment Center KiselaVoda, Center for Addiction Treatment 8 September, City of Skopje, departments for children, social and health care. Despite the fact that there was enough time to fill out the questionnaire, (2 months) we only received an answer from the Addiction Treatment Center - KiselaVoda. The answer from only one representative, i.e. one decision-maker, is not enough to make an analysis about the safety of young people in the night life from the point of view of the decision-makers.

## **SERBIA**

The data analyzed here was collected primarily through a **focus group discussion held with representatives of CSOs** working with at-risk youth, with the addition of three questionnaires collected from CSO representatives who were interested in participating in the discussion but could not attend it, for whom the questionnaires were a chance to provide their contribution to the discussion.

The representatives' organizations work with a variety of youth populations, ranging from the general population of youth to specific marginalized subsets of youth such as MSM population or youth who use drugs. Topic-wise, three of the organizations are focused on sexual and reproductive health, of which two mostly provide VCCT for the MSM/LGBTIQ+ population and the third one provides peer education to high-school-aged youth. One organization works with convicted youths, one works mostly with youth who use psychoactive substances and engage in risk-taking behavior, as well as at-risk youth, and one is an association which lists working with "general population of youth, youth who use drugs, LGBT+ youth, young leaders, activists". Generally, most of the represented organizations work (also) with marginalized subsets of youth, and the only one which does not still works in the field of harm reduction.

When it comes to the perceived main challenges and issues for youth when it comes to nightlife safety, the participants list: unprotected sex and risk-taking sexual practices, substance use and risky patterns of substance use, violence, youth having insufficient information (about substances, consequences of certain behaviors)... Among other mentioned issues are unsafe environment, discrimination, lack of understanding, lack of safe programs and nightlife venues as well as lack of services.

All organizations collect information regarding youth nightlife safety through fieldwork, i.e. through direct contact with their beneficiaries, and from other organizations working in the field. However, this information is sometimes collected through organized research efforts (by most, but not all, of the organizations), but is generally most frequently a byproduct of the organizations implementing programs and services. The organizations do use insights gained in this way to adapt and improve their programs. The representative from one organization which does conduct formal research studies emphasizes the necessity of continuous needs assessments and trend spotting in order to ensure that the programs and services are relevant and reflect the current situation, which is constantly changing

when it comes to patterns of behavior and other variables. Respondents from organizations not conducting research on this topic point out that in lieu of research they monitor social networks and media for new trends, misinformation and other developments requiring reaction, while also collecting information from organizations which do conduct research. The above listed methods - research, sourcing information from other organizations, fieldwork insights - are all strategies for assessing the needs of the organizations' target populations.

When it comes to services and programs the organizations offer, the list includes VCCT, peer education, peer support, postpenal support, counseling, referrals, employment seeking... Some of these services at least partly take place in nightlife settings, and most are at least indirectly connected with them.

The main hurdles in work with at-risk youth cited by the participants are the occasional resistance from young people due to stigma surrounding some topics, and their lack of trust (proportionate to the controversiality and illegal status of the topic). Focus group participants also emphasize the issue of taking a public standpoint when dealing with these topics, noting that even talking about safety in these contexts is often read as condoning or enabling behavior by the general public, the media or other stakeholders. A respondent points out that a major hurdle is also even reaching the population engaging in risk-taking behavior, as these marginalized populations are often very hermetic and distrustful. A respondent also notes that another hurdle is that this topic is relevant but underrepresented and undertreated.

As the main limitations to their work the respondents point out either those financial in nature and related to donor policies or lack of funds, or those related to the legal framework within which the organizations are operating - the latter was cited exclusively by organizations working with youth who use psychoactive substances, including controlled substances, as the scope of services they offer is determined by the legal framework, making it impossible to provide drug checking services or complicating the opening of drop in centers, etc. Focus group participants note that this dependency on projects and donors is a systemic issue for the civil society sector, which results in a lack of sustainability. The organization offering post penal support lists a lack of a support network and unsatisfactory communication with institutions. A representative from an organization working mainly on HIV prevention highlights the limitations arising from the partial and unsatisfactory regulation of services such as community-based testing.

When it comes to participating in public policy processes, all but one organizations cite being involved in some capacity, at the national or (in two cases) local level. One of the organizations is involved in processes relating to youth policy in general, while others are incorporating the youth perspective and needs in policy relating to other fields, such as HIV prevention and treatment, drug policy, post penal protection, etc. All organizations list contributions through advocacy initiatives, some of them also adding strategic planning. Participants also point out that their contributions can be meaningful, but CSOs lack any actionable power and are only consulted in advisory capacity. One respondent states that their organization does have experience in participating in all phases of the process of public policy creation, implementation, monitoring and evaluation, but simultaneously highlights that this participation is often volunteering-based as it is rarely funded through projects.

When it comes to the main hurdles for CSO participation in youth and other public policy, the participants list several: lack of understanding and lack of cooperativeness from decision makers, lack of trust towards CSOs, lack of data supporting CSOs' insights, insufficient sensitization of CSOs regarding approaches in communication with decision makers, lack of resources in institutions...

The original research design included a **focus group discussion with the representatives of relevant institutions and bodies**. However, since the focus group discussion could not be held due to a lack of answers to the call, it was decided to adapt the discussion points into questionnaires to be sent out to the institutions and bodies. After two rounds of calls for participation, four completed questionnaires were collected, and they are analyzed in this section. The following institutions and bodies returned a

completed questionnaire: the Office for Combating Drugs of the Republic of Serbia, the Ministry of Tourism and Youth, the Ministry of Labour, Employment, Veterans and Social Affairs (hereinafter: Labor), and the Ministry of Internal Affairs. Accordingly, the fields in which the contributing institutions and bodies participate in public policy processes were defined as follows: employment policy, public policy in the field of preventing drug abuse at the national level, and youth policy advancement. The Ministry of Internal Affairs answered that their priority fields of action are defined according to the government work program, in addition to the creation of the Strategic Public Safety Assessment, which has 8 priority areas for the period 2022-2025.

When it comes to the defining of priorities and directions of action in strategic documents, Labor states that this is done based on available data collected through ex post and ex ante analyses of strategic documents, as well as a consultative process with different stakeholders and suggestions received from institutions/organizations/partners with representatives in reference working groups and the relevant international framework. In addition to this, public policy is a matter of public discussion in which any citizen can participate. Tourism and Youth defines priorities and directions of action in strategic documents on the basis of yearly research on the position and needs of youth, in order to create evidence-based public policy documents, which are in accordance with youth's needs and aim at improving their life quality. They emphasize the significance of continuity in tracking basic indicators, and cite including data from research studies conducted by organizations, bodies, companies, academic community and international actors. They also point out that it has been demonstrated that strengthening of the development component of the Strategy is needed in order to foster better youth organization and social engagement. The Office states that this is a comprehensive process, which includes different actors, analyses, and consultations. They cite situational analysis as the first step, followed by different forms of consultations with youth and active cooperation with CSOs and local Offices for Youth in local self government units.

As sources of data about youth, Tourism and Youth reiterates ex post and ex ante analyses as a monitoring and planning tool. Labor lists official sources of data such as the Republic Bureau of Statistics, the Republic Secretariat for Public Policies, National Employment Service, and the Business Register Agency. They add that data is also collected from other sources, including institutions whose representatives are in reference working groups for the field, and ministries. They note that this data is obtained through direct access to publicly available databases, upon request or through consultations. Internal Affairs states that they have representatives in the Youth Council and working groups for the implementation of the Action plan for the Strategy for Youth and drafting of the Law on Youth, as well as several other national institutional mechanisms relevant to youth rights. They also list sourcing data from analyses, reports and statistics identifying youth safety issues, and state the Ministry itself has prepared reports as a partner on the state of affairs in youth safety. The Office cites meetings with CSOs, conferences, panel discussions, surveys, analyses of international standards and reports concerning at-risk youth as data sources.

In terms of formulating measures and main actors for carrying out these measures, Internal Affairs states that this is done in accordance with the Law on Planning System and the Strategic Plan of the Police, which recognizes prevention measures aiming to prevent criminal offenses. These prevention measures are implemented by organizational units of the Ministry and consist of educational campaigns, presenting safety risks to youth, developing safety culture and increasing safety self protection in youth. The campaigns include topics such as prevention of violence and bullying, traffic safety, internet safety, and prevention of alcohol and psychoactive substance abuse, and are delivered in the form of lectures, discussions, community meetings, informational stands and billboards and the public presence of police officers offering counseling on risks and ways of acting on them. Tourism and Youth notes that a European comparative analysis has indicated the need for a holistic and innovative, multisectorial, multilevel approach, and that the Ministry is dedicated to continuing the proactive and coordinating

approach and cooperation with all subjects in youth policy, particularly youth, other ministries, the civil society sector, economy and international partners. They also highlight special attention is given, among other topics, to reducing the rate of social exclusion and advancing the active participation of youth and their inclusion in public policy processes, and to developing integrated services locally, creating safe public spaces for the development of safe and healthy lifestyles and informal education. It is necessary, they argue, to have youth actively participate in public policy, but also to improve the understanding of the significance of working with and for youth in all subjects of youth policy. Labor points out that the measures are formulated in relation to the defined aims and objectives, and that their carriers are chosen according to their field of responsibility, while implementation partners are chosen according to practice and capacities. They also reiterate that formulation of measures calls for an inclusive approach, taking into consideration youth interests and needs and capacities of all stakeholders. The steps include defining and developing strategic goals and defining responsible actors, who can be from any stakeholder group, including CSOs, international and regional partners and representatives of local self-government units or educational institutions.

When asked if they take into account data and work experience of CSOs working with at-risk youth, all respondents answer affirmatively. Internal Affairs cites cooperation in accordance with Guidelines for including CSOs in working groups for drafting proposals of public policy documents, i.e. proposals of regulations, while Labor states they consider data from the Ministry responsible for youth and youth CSOs involved in the working group. Tourism and Youth also lists their programs aimed at supporting youth at risk of social exclusion and inclusion of vulnerable youth, pointing out the importance of offering additional support where needed and financing projects for social inclusion of youth. The Office notes the importance of including insights from CSOs, as they have direct knowledge of the issues, challenges and needs of youth, and are therefore key partners in the process. The Office has recognized the importance of CSOs and is dedicated to proactive cooperation and incentivizing CSOs to contribute to public policy so as to ensure that strategic documents are directed at solving real issues.

When it comes to recommendations for improving youth safety in nightlife, Tourism and Youth mentions creating favorable conditions for the development of healthy lifestyles and informing youth of the importance of avoiding risk and protecting the environment. They also mention the development of innovative, adapted and available awareness-raising programs regarding the harmfulness of alcohol and the importance of sports. Internal Affairs recommends informing youth of their rights and responsibilities in relation to the law, potential safety risks in nightlife and reacting in such situations. They point out that it is important to ensure youth participation in designing and implementing educational trainings on safe nightlife behavior and encourage peer support in solving issues faced by youth in nightlife. Similarly, the Office considers it imperative to raise awareness of risks and increase competencies of nightlife participants, as well as foster community engagement. They also note the need for recognizing nightlife context in strategic documents.

When asked about the ways in which CSOs can participate in youth policy, Labor states that this can be achieved through the participation of representatives of relevant ministries and CSOs in referent working groups, as well as the process of public discussion, adding that CSOs are an important resource and partner in activity implementation, particularly on the local level. Tourism and Youth argues that the adoption and implementation of the Strategy necessitates intense, coordinated, systemic, intersectoral cooperation and coordination. They also state that the Ministry funds programs and projects of CSOs which are registered, and that all interested parties were included in the drafting of the Strategy, making it a wide and transparent consultative process. The Office emphasizes that CSOs conduct research among youth and that youth generally have a high degree of trust in CSOs, which makes their insights valuable. Internal Affairs reiterates that CSOs can participate in accordance with the above mentioned guidelines document.

In terms of practical examples of cooperation with CSOs, Labor lists organizations and associations they have a stable cooperation with, through their membership in the working group. Tourism and Youth reiterates the importance of active participation of youth in the creation and implementation of public policy and states that the Ministry has supported the establishing and work of umbrella and national youth associations. They also list the national volunteering program and different mechanisms of youth participation and the Councils for Youth, which exist at the national, regional and local levels. Internal Affairs once again cites the Guidelines document, and the Office explains that they have signed cooperation memorandums with 22 organizations, whom they assist by coordinating activities with them, offering logistics support and promotion and initiating their participation in working groups.

The role of CSOs in public policy is universally perceived by the respondents through their field work with the community. Labor sees them as a resource and partner, particularly on the local level of activity implementation - reaching youth, informing and mobilizing them, through program and project activities. Tourism and Youth again mentions institutions such as Offices for Youth as an important mechanism for encouraging development of youth policy locally, youth clubs, public spaces for youth, etc. they add that CSOs, their associations and youth workers in general are a valuable partner to decision makers at the local level and when it comes to direct work with youth. Internal Affairs perceive the role of CSOs as one of providing help and support to youth, providing them with a platform to share their needs, expectations, attitudes, perspectives and recommendations for solving issues. The Office argues that due to its direct contact with the community the civil sector is important for the creation of strategic documents, and can therefore participate in public discussions and formally or informally participate in working groups for drafting laws, contributing to creation of policy with research results and field information. Notably, although all respondents share a vision for including youth in the implementation of activities, the Office is the only one suggesting that they be provided with the opportunity to influence policy creation.

When it comes to assessing the adequacy of priorities and goals, and the actors involved in this assessment, Labor simply lists the institutions and organizations which form part of the referent working group, while Internal Affairs states that this is done in accordance with the Regulation on the methodology of public policy management, analysis of the effects of public policies and regulations, and the content of individual public policy documents. The Office explains that this process includes assessing relevance, achievability and measurability of priorities and goals, and that it should be done in cooperation with entities relevant for a sector or target group - including ministries, offices, agencies, local authorities, or organizations dealing with specific issues. They also add that youth and the public should be included in this assessment in order to take into account their perspectives, and that this can be done through public discussions, surveys, focus groups and other forms of consultations. Regarding assessing the adequacy and effectiveness of defined and implemented measures and the actors conducting these assessments, Internal Affairs repeats their answer to the previous question, while the Office explains that evaluation and monitoring mechanisms are the instruments of this assessment, as they provide feedback on progress in achieving goals and enable result analysis. These mechanisms often include measuring key performances, collecting data and analyzing indicators, and another important element are evaluation reports from previous strategies or actions, which can be useful for estimating if previous goals were achieved and if the desired results were attained. Labor states that a working group for monitoring of the implementation of the relevant Strategy has been formed for assessment purposes. They also mention the submission of yearly reports on the realization of the Action plan and tracking the indicators for aims, objectives and measures. Additionally, before the creation of a new 3-year Action plan, a report on the implementation of the last one is created, and it contains an indicator analysis, evaluation of individual measures, consultations, meetings, public discussion, expert opinions, etc.



## QUALITATIVE RESEARCH CONCLUSIONS

There are several common themes between the qualitative research results in all three national contexts. In all three countries, CSOs list lack of finances and legal framework among the greatest hurdles to their work. These are sector-specific and topic-specific regularities bound to be true across the region. In all three contexts, CSO representatives find that their participation in public policy processes is largely advocacy-based and dependent on initiative of the civil society sector, and in all three contexts CSO representatives consider the efficiency of their endeavors to be limited, despite sporadic positive outliers, e.g. the successful initiative to decriminalize possession of drugs for personal use in North Macedonia.

The comparison of data collected from decision makers is complicated by the fact that no data from North Macedonia was available. The data collected in Croatia and Serbia, however, indicates that in both contexts the main form of CSO participation in public policy is provision of data and insights based on direct field contact with target populations. In both contexts youth organizations' participation in public policy processes is heavily institutionalized, realized through formal membership in bodies such as working groups, and lacking in actual political power or possibility of exerting significant pressure on decision makers. This conclusion holds true across contexts, in spite of apparent differences - e.g. the fact that in Croatia the channels of participation of CSOs in public policy seem to be more numerous and diverse.



## CONCLUSIONS AND RECOMMENDATIONS

Overall, excluding some minor differences between the three national contexts, the similarities are overwhelming on all fronts. This report finds that the legal and strategic frameworks between countries are significantly similar, unsurprisingly taking into consideration their joint origins, and that all existing differences are more formal in nature, while the essential characteristics remain shared.

Similarly, both behavioral patterns of youth and the experiences of CSOs when it comes to their work resonate with each other across the national contexts. Most of the major identified factors and issues are virtually exactly the same, as evidenced by the quantitative and qualitative data collected within this research study. The general conclusion is that risk-taking nightlife behavior and patterns of substance use are pervasive among youth in all three countries, and the rate of their participation in public policy processes is rare and limited, as is their trust in those currently shaping public policy which concerns them. Simultaneously, CSOs working in the field of harm reduction and with at-risk youth in all three countries find the scope of the programs and services they offer severely limited by factors such as donor policies and the restrictions of the legal and strategic framework within which they must function. They are in the unique position of having direct contact with these communities of young people and direct insights into their needs and challenges they face, as well as enjoying their trust to a significantly higher extent than public institutions, but their space for influencing public policy processes is exceedingly small and their main role as seen by governmental institutions is more implementational than advisory.

The representatives of the relevant institutions and bodies creating public policy and legislation in the field have demonstrated various levels of responsiveness. Although there are bright examples of cooperation with decision makers to some extent in all three countries, this successful and symbiotic relationship is by no means the norm. This sporadic cooperation is based on the enthusiasm, personal contacts and often a great deal of volunteer work from both sides, and even this is not always enough for making an impact.

Given this pervasiveness of the main points of the situation, it is advisable to not only learn from one another in terms of practices and strategies for carving out more of a spot for oneself in these processes, but also to strategize and coordinate regionally. Such coordinated efforts and even joint public policy reform initiatives supported by field data and community-based perspectives would further legitimize organizations' position and initiatives.

Another element which strengthens the civil sector's position is their direct access to the target communities, which are often rather hermetic and distrustful, and therefore access to first-hand relevant data, particularly qualitative data, which is inaccessible through official channels. These facts are universally acknowledged even by representatives from government institutions and bodies, and this point should be made as often as possible. Aside from legitimizing civil society as a partner in the process, this also allows them insistence on evidence-based and inclusive policy creation as an ethical and practical necessity, possibly even giving their position more weight, at least theoretically. However, when leveraging access to marginalized communities in order to influence public policy, the highest ethical standards should constantly be monitored and observed.

Lastly, fostering personal contacts is a strategy which seems problematic but is extremely effective. The system is complicated and inert, and even with some showing initiative it can still fail. Consequently, it is very hard to make any progress at all without someone championing you. Nurturing personal contacts also serves to humanize the other side for both the civil society and decision makers, showing that for the most part our goals do align, even if it often seems like we are coming at the issue from opposite sides.

## ANNEXES

### ANNEX 1 – ONLINE QUESTIONNAIRE FOR YOUTH WHO PARTICIPATE IN NIGHTLIFE

*You are invited to participate in a study conducted by (name of organization) within the project “By Youth for Youth”, funded by the European Union (ERASMUS+ program). The aim of this study is to assess the safety of youth who participate in nightlife and their participation in youth and other public policies, as well as to assess the capacities of organizations working with youth who participate in nightlife for participating in youth and other public policies. For this survey, you will need to spend approximately 12 minutes of your time.*

*Your participation is voluntary. Your participation does not carry any anticipated risks or benefits. Should you have any questions about this study, please contact:  
(name of person from organization), project coordinator in (name of country) - (email address of the person from your organization)*

| *By checking this box I consent to participating in this study*

#### SOCIO-DEMOGRAPHIC DATA

1. How old are you?

18-21	
22-25	
26-30	
31-35	

2. Gender

Male	
Female	
Non-binary person	
Transgender person	
I prefer not to say	
Other	

3. Sexual orientation

Heterosexual	
Homosexual	

Bisexual	
Pansexual	
Asexual	
I prefer not to say	
Other	

4. What is the highest level of education you have completed?

None		Elementary school		High school		University	
------	--	-------------------	--	-------------	--	------------	--

5. Employment status

Employed	
Unemployed	
Student	

## BEHAVIORAL PATTERNS IN NIGHTLIFE

6. Do you use psychoactive substances when you go out?

Yes		No	
-----	--	----	--

7. If you use them, when did you last use psychoactive substances when out?

Never		In the last 30 days		In the last 12 months, but not within the last 30 days		More than 12 months ago	
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8. Which of the following substances have you used while going out? (it is possible to choose more than one answer)

	Never	In the last 30 days	In the last 12 months, but not within the last 30 days	More than 12 months ago
Alcohol				

Cannabis				
MDMA (ecstasy)				
Benzodiazepines				
Cocaine				
Amphetamine (speed)				
Ketamine				
GHB				
LSD				
Psilocybin mushrooms				
Other (please specify)				

9. How have you administered substances so far? (it is possible to choose more than one answer)

Orally (swallowing)	
Nasally (snorting)	
Smoking	
Inhaling	
Injecting	
Anally	
Other (please specify)	

10. Do you share equipment for using psychoactive substances?

Yes		No	
-----	--	----	--

11. Do you mix psychoactive substances?

Yes		No	
-----	--	----	--

12. Do you have sexual relations under the influence of psychoactive substances?

Yes		No	
-----	--	----	--

13. Are you familiar with the risks of psychoactive substance use?

Yes		No	
-----	--	----	--

14. Have you ever witnessed overdose or intoxication with psychoactive substances?

Yes		No	
-----	--	----	--

15. Have you ever taken a psychoactive substance for which you did not know with certainty what it is?

Yes		No	
-----	--	----	--

16. Do you know how HIV, viral hepatitises and other sexually transmitted infections are transmitted?

Yes		No	
-----	--	----	--

17. Do you know where you can receive free, voluntary and confidential testing for HIV, viral hepatitises and other sexually transmitted infections?

Yes		No	
-----	--	----	--

18. Have you ever been tested for:

HIV?	Yes	No
Viral hepatitises?	Yes	No
Another sexually transmitted infection? (please specify)	Yes	No

19. Do you use a condom when having sexual relations?

Oral sex	Regularly	Occasionally	Never
Vaginal sex	Regularly	Occasionally	Never
Anal sex	Regularly	Occasionally	Never

20. Do you take care of your health and safety when out?

Yes		No	
-----	--	----	--

21. If you do – how do you take care of your health and safety when out?

--

22. If you don't – why don't you take care of your health and safety when out?

--

23. How would you grade nightlife safety? Grade 5 – nightlife is completely safe, grade 1 – nightlife is completely unsafe

1	2	3	4	5
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24. Have you ever had an unpleasant experience in nightlife?

Yes		No	
-----	--	----	--

25. If you have – Who/what have you had an unpleasant experience with? (it is possible to choose more than one answer)

With psychoactive substances	
With the police	
With healthcare services	
With other visitors at the event	
With venue staff (waiter, bartender)	
With security at the event	
Other (please specify)	

26. If you have had an unpleasant experience in nightlife – Did you turn to anybody for help and support?

Yes		No	
-----	--	----	--

27. If you did, who did you turn to for help and support?

--

28. Do you know what harm reduction programs are?

Yes		No	
-----	--	----	--

29. Have you ever encountered harm reduction programs in nightlife?

Yes		No	
-----	--	----	--

**PARTICIPATION IN PUBLIC POLICY**

30. Do you think youth are informed enough about public policy concerning them?

Yes		No	
-----	--	----	--

31. Do you believe decision makers are familiar enough with youth needs and interests?

Yes		No	
-----	--	----	--

32. Have you ever participated in youth or any other public policy?

Yes		No	
-----	--	----	--

33. If you have – in which way have you participated in youth or any other public policy?

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34. Have you ever participated in the activities of organizations which promote youth interests and rights?

Yes		No	
-----	--	----	--

35. Do you think youth are involved enough in decision making processes related to issues which concern them?

Yes		No	
-----	--	----	--

36. Do you consider it important for youth to have their representatives in the processes of creating and implementing public policies which concern them?

Yes		No	
-----	--	----	--



## **ANNEX 2 - GUIDES FOR FOCUS GROUP DISCUSSIONS**

### **Guide for focus group discussion – Representatives of CSOs working with at-risk youth**

1. Go over the content of the informed consent form, ask if there are any ambiguities and give potential participants an opportunity to ask questions, clarify their doubts in case there are any
2. Collect informed consent from all participants in focus group discussion in the form of signed separate informed consent forms
3. Acquaint the participants with the following rules regarding the dynamics and tone of communication:
  - The researcher-moderator will ask questions in the form of discussion topics; after each asked question, the participants may respond in whatever order they wish to share their answers
  - There is no time limit when it comes to answering the questions, but the entire discussion is meant to last up to 2h, which is to be communicated in the call to the potential participants as well, so the moderator will direct the discussion if the participants stray too far from the topic, if the answers are too extensive, and the like
  - The participants answer the questions as representatives of the organizations in which they work, and in that sense they are expected to share personal experiences in working with youth and in participating in youth policy
  - Participants must abstain from insulting and discriminatory statements, and in case these occur, the researcher-moderator will warn the participant to abstain from that form of communication

Topics for focus group discussion:

#### **1. Assessment of needs and challenges in key populations**

- With which populations of youth do you work?
- What do you consider to be the main issues and challenges youth face in nightlife?
- Do you inform yourself about issues of the safety of youth in nightlife and in what way?
- Do you conduct research about behavioral patterns, knowledge and attitudes in the community?
- How do you assess the needs of communities you work with?

#### **2. Programs and services**

- Which programs do you implement and which services do you provide that are intended for youth who participate in nightlife?
- What are the major hurdles and challenges your organization encounters when it comes to working with youth who participate in nightlife?
- Are there some limitations regarding the programs and services you can provide, which are conditioned by the legal framework or some other factors?

#### **3. Participation in youth policy**

- Does your organization participate in youth policy? In what way?

- In which phases of the process of creation, implementation, monitoring and evaluation of public policy does your organization participate? Do you consider this participation to be effective? If you think it could be more effective, please share your ideas with us.
- Does your organization have cooperation with decision makers? Please share with us examples of successful cooperation with decision makers and the way in which that cooperation was established.
- What do you consider to be the main hurdles when it comes to the participation of CSOs in youth and other public policies?

### **Guide for focus group discussion – Representatives of relevant government institutions and bodies**

1. Go over the content of the informed consent form, ask if there are any ambiguities and give potential participants an opportunity to ask questions, clarify their doubts in case there are any
2. Collect informed consent from all participants in focus group discussion in the form of signed separate informed consent forms
3. Acquaint the participants with the following rules regarding the dynamics and tone of communication:
  - The researcher-moderator will ask questions in the form of discussion topics; after each asked question, the participants may respond in whatever order they wish to share their answers
  - There is no time limit when it comes to answering the questions, but the entire discussion is meant to last up to 2h, which is to be communicated in the call to the potential participants as well, so the moderator will direct the discussion if the participants stray too far from the topic, if the answers are too extensive, and the like
  - The participants answer the questions as representatives of the organizations in which they work, and in that sense they are expected to share personal experiences in working with youth and in participating in youth policy
  - Participants must abstain from insulting and discriminatory statements, and in case these occur, the researcher-moderator will warn the participant to abstain from that form of communication

Topics for focus group discussion:

#### **1. Needs of at-risk youth**

- In which areas do you operate when it comes to creating public policy?
- How are priorities and directions of action determined in strategic documents referring to young people?
- Which sources of data about at-risk youth are used when creating public policies concerning them? How do you obtain the data?
- How are measures for implementing strategic goals directed at young people formulated? How are actors meant to implement these measures formulated?
- Are data and experiences in the work of CSOs that work with at-risk youth taken into account when formulating priorities, aims and measures?
- Do you have any recommendations for increasing the safety of youth in nightlife?

#### **2. Cooperation with CSOs**

- In which ways can CSOs participate in youth policy?
- Do you have an established cooperation with a CSO when it comes to working on national strategic documents? What does that cooperation look like? Do you have signed memorandums on cooperation, do you secure funds for them, and do you coordinate activities with them? In which way can cooperation be established?
- How do you perceive the role of CSOs in youth and public policies?

**3. Assessment of appropriateness and successfulness of aims and implemented measures**

- How is the appropriateness of priorities and aims assessed? Which actors participate in the assessment?
- How are the appropriateness and successfulness of defined and implemented measures assessed? Which actors participate in this assessment?

## **ANNEX 3 - INFORMED CONSENT FOR FOCUS GROUP DISCUSSIONS**

### **Informed Consent**

This information and informed consent form serves to help you decide whether you want to participate in a discussion related to a research study in (name of country) about the safety of youth in nightlife and participation of youth organizations and young people in public policy, which is conducted within the project “By Youth for Youth”, funded by the European Union through Erasmus+ program.

Your participation is voluntary.

Please set aside some time to read this form and ask questions if you wish. You can also talk about your participation in this study with others before making a decision.

If you decide to participate, you will be asked to give your written consent in accordance with this document. You will be given a copy of the form for complete information, if you so wish.

You are invited to participate in the research conducted to assess the existing situation when it comes to issues of youth safety in nightlife and programs of youth organizations working with youth who participate in nightlife. The study will also examine the forms and efficacy of the participation of civil society organizations working with youth who participate in nightlife and young people in public policies, as well as the mechanisms of creation and evaluation of public policy and space for cooperation between the civil sector and public policy creators. The study in (name of country) is carried out by (name of organization) within the project “By Youth for Youth”, funded by the European Union within the program Erasmus+.

This research has two parts. The first part involves a focus group with representatives of civil society organizations working with youth who participate in nightlife, as well as a focus group with decision makers, i.e. creators of public policies which concern youth, during which data will be collected about their practices, but also their capacities and space for cooperation when it comes to public policy participation. The second - quantitative – component will be focused on assessing the existing state of affairs when it comes to youth safety in nightlife and their participation in youth policy.

This research study is carried out in (name of country), with participants from several cities. You will be asked to participate in a focus group discussion which will last up to 120 minutes.

To make an informed decision about whether or not to participate in this study, you need to know what it can imply for you. We will explain to you the possible risks and benefits of your participation. This will help you decide whether you are willing to be a part of the study. You will be provided detailed information about the study, and researchers will answer all questions that may arise. Then you will be able to make a decision regarding your participation in the study. To confirm your willingness to participate in the study, you will be asked to say it out loud to also have an audiotape of your consent. You will be given a copy of this informed consent form counter-signed by the researcher.

The conversation during this focus group will be recorded. Transcripts of the conversation will be made by our researchers, after which the audio recording will be destroyed. These transcripts will not contain any personal information that could identify you. All collected hard copy forms, signed, will be kept in

the offices of (name of organization), separately from transcripts of the conversations. A backup copy of the study databases, which includes transcripts of the conversations in focus groups, will be stored for at least seven years after completion of the duration of the project on secure web servers, which are inaccessible to external users.

### **Rights of study participants**

Your participation in this research study is without prejudice to any of your rights. You will be able to pose questions to the research team and receive answers. By signing the consent form you confirm that you have received information about the study and that you are willing to participate in it. You will receive a copy of this form.

In Serbia, the research protocol was reviewed by the ethical board of the Ethnological-anthropological Society.

Should you have any questions about this study, please contact:

(name of person from organization), project coordinator in (name of country) - (email address of the person from your organization)

(phone number of the person from your organization)

### **Voluntary participation /right to withdraw from the study**

Your participation in this study is completely voluntary. You will be able to discontinue your participation in the study at any stage of the discussion. Your informed consent to participate in the study is without prejudice to any of your legal rights. If you decline to participate, all forms that have already been completed will not be used.

### **Risks**

Below you will find details on steps taken by the research team to maintain your confidentiality and minimize any inconveniences that may be caused by the participation in this study.

### **Confidentiality**

We will take all possible care to ensure that your personal data is protected. The research team will maintain the confidentiality of your personal data and information. Any published reports or other publications using information obtained from this study will not include your name or any other data that could identify you. An anonymized code will be used so that your name cannot be identified. Identification numbers (codes) will be used for identification purposes in all data-containing forms.

### **Benefits**

You may not have any direct benefits from your participation in this discussion. However, the data collected during this study will, hopefully, help improve the response to youth safety issues in nightlife.

Signature of the researcher who obtains your consent:

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Date:

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*(Please write your name in printed letters and sign)*

## **ANNEX 4 - INFORMED CONSENT FORM FOR FOCUS GROUP DISCUSSIONS**

Research study about youth safety in nightlife and the participation of young people and youth

organizations in youth policy

within the project “By Youth for Youth”, project funded by the European Union (Program ERASMUS +)

### **Informed Consent Form**

**Participant name:** \_\_\_\_\_

**Participant number:** \_\_\_\_\_

**By signing this consent form, I confirm that:**

- I have received spoken and written notification about the aims and purpose of the research study and have read and understood the received notification.
- I have had sufficient time to consider my participation and I have had the opportunity to ask questions and for all my questions I have received satisfactory answers.
- I understand that my participation is voluntary and that I am free to discontinue my participation in this study at any stage, and that I do not have to offer a reason for that, and that that will have no consequences for me.
- I understand that the data collected during my participation in this research study is entered into a database and analyzed, without personal data, and that it will be used exclusively for scientific purposes.
- I will receive one signed and dated copy of this notification.

Researcher:

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Name (printed letters):** \_\_\_\_\_

Participant:

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Name (printed letters):** \_\_\_\_\_

## IMPLEMENTING ORGANIZATIONS

THIS REPORT IS A PUBLICATION OF THE JOINT EFFORTS OF THE:

**Association Terra.** Association TERRA is a non-profit, non-governmental organization founded in 1998 by the initiative of a group of professionals (doctors, pedagogues, psychologists, social workers) then involved in the work of various local stakeholders (Red Cross, Clinical Hospital Center in Rijeka) and foreign organizations (IFRC, UNHCR). After the initial activities aimed at providing support to refugees, the Association is gradually changing its focus and developing new activities. Since 2001, the Terra association has been actively implementing "Harm Reduction/Needle Exchange" program. The program was launched in response to the growing addiction epidemic and the real danger of the spread of the HIV/AIDS epidemic among addicts, which occurs as a result of mutual sharing of used syringes, needles and cooking utensils, and thus to the wider population through sexual contact. The association carries out a number of other activities that represent Harm reduction in the broadest sense. In addition to the exchange of utensils (clean for dirty) and the distribution of condoms, which is carried out in the association's premises, the association also has a "drop-in" center, a place where addicts can stay during working hours and talk to the association's employees and volunteers about specific health issues and problems related to addiction. In order to reach the widest possible population of addicts, an outreach program - Tripsitters Rijeka - was launched. The program started working in 2019 and its goal is to reduce damage in night clubs, places where young people gather and at summer festivals.

**HOPS – Healthy Options Project Skopje.** HOPS started as a grass root organization in 1997, at first providing basic medical and social services for people who use drugs, and during the time it developed to organization recognized as a social change maker nationally, as well as regionally. Since then, it has successfully developed and implemented programs for reduction of drug related harm, prevention of HIV/AIDS and other sexually transmitted and blood-borne infections, as well as programs for social inclusion of vulnerable and marginalized communities in the country. In its efforts for advocacy, creation, modification and adoption of policies HOPS cooperates with national and international decision makers and actively participating in different commissions, bodies and working groups for public policy reforms.

**Non-governmental organization Re Generation.** Non-governmental organization Re Generation is a specialized organization working in the field of policy, research, education and advocacy regarding issues related to psychoactive substance use and public health in Serbia. Since its foundation, the organization has been contributing to setting a framework for different, innovative programs and views related to drug policies in Serbia, focusing on sustainable harm reduction programs and the human rights of marginalized and vulnerable populations in Serbian society. Throughout its existence, the organization has been actively participating in public policy reform at the national and international levels, advocating for the improvement of public health and respect for the human rights of key populations.