Information Map on Drug-related Data Sources

Bosnia and Herzegovina

2008

Contents

1.   Introduction

EMCDDA together with the Commission, the Member States and Europol is identified as a key actor to implement objective 32 of the EU Drugs Action Plan (2005-2008), foreseeing support to the candidate and stabilisation and association process countries. New EMCDDA Regulation adopted by the Council and the European Parliament on 12 December 2006 also clearly identifies Western Balkan countries as key partners of the EMCDDA in its article 2 d).

The overall objective of the 2005 Regional Action Programme, reflecting the approved Regional Strategy Paper (RSP) for 2002-2006, and its second Multi-annual Indicative Programme (MIP) for 2005-2006, is to support the participation of the Western Balkan countries in the Stabilisation and Association Process and in particular its regional dimension.

To support the participation of the Western Balkan countries in the Stabilisation and Association Process and in particular its regional dimension, institutions building is identified in the Regional Strategy Paper (RSP) for 2002-2006, and its second Multi-annual Indicative Programme (MIP) for 2005-2006 as one of the priority areas where regional CARDS funds will be focused for the reference period: "the support to this sector aims, among other, to prepare for the participation of Western Balkan Countries in selected Community Agencies".

In that context, The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) realises the project aiming at the "Assessment of the capacity of Western Balkans countries to establish a drug information system compatible with the European Monitoring Centre for Drugs and Drug Addiction" under the CARDS programme.

On of the main two objectives of the project is the support of Western Balkans countries in preparation of a first national report of the drugs situation on the basis of the existing information and procision of that targeted support for that purpose. A second result of the project is the assessment of the potential for the creation and/or strengthening of a National Focal Point in the Western Balkans countries with the view of their possible participation in the work of the EMCDDA.

In order to ensure the smooth implementation of the activities, the EMCDDA selected a Reitox Coach from the Reitox network of National Focal Points (NFPs) for each of the Western Balkans countries involved in this project. The Czech NFP has been selected as a partner for Bosnia and Herzegovina (BiH).

This document represents the first result of the project – Data Information Map which contains the assessment and inventory of the potential data sources available in BiH. It shall cover primarily the areas of 5 KIs, other core data (e.g. law enforcement), and data on responses at national level (treatment, prevention), and to some extent legislation and responses in the law enforcement area.

Another main output of the project clearly linked with the first one is the Country Situation Summary regarding the drugs situation in the country on the basis of the existing information (to be covered by another document).

1.1.   Summary of the situation

Since 1995, and following the Dayton Peace Agreement, B&H has been a democratic independent country composed of two Entities and one Disctrict. The Entities are: the Federation of Bosnia and Herzegovina, and Republika Srpska, and the Brcko Disctrict.

Federation of B&H have around 2,300,000 inhabitants (estimate for the year 2002), and consist of ten federal units (Cantons) with each one of them having it's own Assembly and Government. Republika Srspka has 1,470,000 inhabitants, and Disctrict of Brcko 85,000 inhabitants.

An administrative structure of the country (see also more details below) complicates the coordination of state drug policy as well as data collection system since state and two Entities and one have its own responsibilities and jurisdictions.

No strongly mandated authority in terms of data collection exists. Data on drug use, its consequences as well as on responses are stored and collected at various levels and institutions including international bodies as UNDP or UNICEF.

Some studies on prevalence of drug use in general and school population (such as HBSC) have been done at entity or local levels. Degree of standardisation in terms of EMCDDA standard is not clear. ESPAD study is being implemented within this project.

Prevalence of problem drug use has not been scientifically estimated, some expert opinions with broad variation have been expressed.

Data on HIV reported incidence (diagnoses) in IDUs are collected. Data collection system on HCV, HBV cases at state level does not exist, but exist in some Cantons (e.g. Sarajevo). Seroprevalence data are scarce; the behavioural/seroprevalence study in three cities has been carried out and published recently.

Data on drug related deaths are non-existent; there is no clear overview on potential data collection/extraction mechanisms, because of a lack of quantitative analysis of the drug in the body fluids and tissues.

Treatment responses are present in a country with limited variety and coverage. Public (medical) services, such as drug free medical treatment or counselling, vary in terms of types of services available and their coverage from one region, canton or city to another. Analogically, substitution maintenance treatment is being implemented with various coverage, capacity and design depending on the policy and coordination at the level of entity, canton, and city. Services provided by NGOs are the most intensively growing part of drug treatment sector, particularly harm reduction and social rehabilitation services (therapeutic communities). Data collection system from the treatment field is not centralised at the state level. In Federation of B&H, Canton Sarajevo has well organized reporting system from the treatment centres to the Public Health Institute and Cantonal Ministry of Health. It is similar in Zenica-Doboj Canton; situation in other cantons will be checked. If any, various forms and data collection mechanisms are in place. NGOs funded by Global Fund and commissioned by UNDP/UNICEF are advanced in terms of networking and data collection (even though rather in terms of their performance for project purposes).

Within the BiH, there are different sources of drug-related law enforcement information existing on different levels. Ministry of Security (MoS) is the body responsible for the law-enforcement data at the state level - the main problem here stems from the complexity of cooperation between law enforcement institutions in different entities.

Quite complex administrative structure of the country influences also the fields of drug policy coordination and collection of drug-related information. Information flow is not just simply vertical or two-sided – there are several dimensions and directions as follows:

- **between two important state ministries**

- **between state and entity ministries**
- **between two entities and Brcko District**
- **between cantonal and federal ministry in Federation**

The same complex structure exists as far as other institutions (e.g. PHI) are concerned.

1.2. Strength and weak points of drug related data

1.2.1. Strength points

- ESPAD survey realised recently, some studies at the local are available with different level of methodological standardisation.
- Treatment system in place providing basic data on admissions, the level of standardisation varies and is limited.
- Potential for the data collection in the field of problem drug use and prevalence estimates of problem drug use - there are harm reduction services and other institutions collecting the data on heroin users and injecting drug users (IDUs).
- Some studies on prevalence of infectious diseases in IDUs done, HIV surveillance system running.

1.2.2. Institutional/organizational strength points

- Communication between key institutions and experts exists providing for the solid platform for the drug information system in (near) future.
- Networks of institutions (public health institutes, mental health/treatment institutes, NGOs funded by UNDP/global fund) exist with potential of systemic/hierarchical data collection mechanisms in future.
- Professional level and competency of experts and institutions.
- Motivation to cooperate within the national networks and with EU institutions (EMCDDA) and expert networks.

1.2.3. Weak points

- General population studies on drug use in adult population are missing.
- Data on drug related deaths (DRDs) are missing, are not systematically collected at the level of forensic institution, there are weaknesses in toxicological testing of autopsied bodies.
- No estimate of problem drug users has been performed using standard method, but potential data exist (see above strong points).

1.2.4. Institutional/organizational weak points

- Administrative structure of the country and respective networks are quite complicated (se also above)
- Drug information system is in the developmental phase – structures and networks are being created
- Compatibility of existing data collection system and data outputs with EMCDDA standards and guidelines is limited

2. Overview of databases

Name and/or description	Type of data (in terms of key indicator or core data)	Provider (Institution name)
ESPAD	Drug use in the school population	Federal Institute of Public Health Institute for public health Republika Srpska
Prevalence of addiction to narcotics among high school children in the RS	Drug use among youths	The Ombudsman of the RS
Risk factors for HIV infection	Drug use in the school population	Public health institute Zenica-1
Data from Mostar	Drug use in the school population	Specialized centre for prevention-Mostar
Prevalence of smoking, use of alcohol and narcotic matters among school children and youths	Drug use in the school population	Public health institute Zenica-2
Prevalence of HIV and other parenterally and sexually transmitted infections and rich behaviours among injecting drug users	Drug related infectious diseases and problem drug use	UNICEF
Rapid assessment and Response on HIV/AIDS among Especially Vulnerable Young People	Drug related infectious diseases	UNICEF
Survey: Youth and toxins	Problem drug use	Psychologist association and Municipality of Banja Luka
Survey: Zdravo da ste	Problem drug use	Children about their self, NGO"Zdravo da ste" (Hi neighbour
Drug abuse problem-pupil's and parent's attitudes	Drug use in the school population	Municipality Novi Grad Sarajevo
Reports of Institutes for Alcoholism and Substance Abuse	Drug treatment demand	Institute for alchoholism and Substance Abuse-Sarajevo and Zenica
Assessment of the drug users among youths	Problem drug use	Youth forum of SDP BiH,survey
Survey of Medical Faculty of Foča	Drug use among youths	Medical Faculty of Foča
Addiction diseases as a major problem in the Tesanj Municipality-2	Problem drug use Responses	Faculty of political science, Sarajevo Tešanj
Reports on drugs – Brcko District	Drug use in general population	Center for mental health Brcko District
Survey on use of narcotic substances in high school youths – cantons Zenica and Doboj	Drug use among youths	Ministry of interior Zenica-Doboj canton
Survey on use of narcotic substances in high school youths – canton Tuzla	Drug use among youths	International Forum solidarity
Survey on use of narcotic substances in high school	Drug use among youths	Public health institute, canton Sarajevo

Name and/or description	Type of data (in terms of key indicator or core data)	Provider (Institution name)
youths – canton Sarajevo		
Survey on use of narcotic substances in elementary and high school youths – canton Sarajevo and Tuzla	Drug use among youths	Psychiatric clinic Sarajevo
EMMAUS	Drug use among youths	EMMAUS
Improvement of harm reduction services	Harm reduction responses	UNDP NGOs Margina and Poenta
Scale up Information, Education, Communication / Behavioural Change Communication (IEC/BCC) in Population with Increased Risk for HIV/AIDS	Drug related infectious diseases	UNDP-UGPROI UG VIKTORIJA
Forensic medicine department registry – Sarajevo Canton	Drug related deaths	Medical Faculty of Sarajevo
International self report Deliquency study 2-National Report Bosnia and Herzegovina	Drug use among elementary school students (youth gangs)	Expert group from Faculty of Criminal Justice Science
1st database of MoS - import and export of narcotic drugs and precursors	Law enforcement data - import and export of psychotropic substances	Ministry of Security
2nd database of MoS - crime and minor offences	Law enforcement data - drug offences	Ministry of Security
3rd database of MoS – convictions/convicted persons	Law enforcement data - convictions	Ministry of Security

3.   Description of databases

3.1.   ESPAD - The European School Survey Project on Alcohol and Other Drugs

3.1.1.   Responsible institution name and address

The survey was made in coordination with Public Health Institute of Federation of BIH and supported by Federal Ministry of Health and Federal Ministry of Education.

3.1.2.   Contact person

Principal Investigator: Dr Aida Pilav

Tel.: +387 33 218 589

Fax: n/a

E-mail: idanap@bih.net.ba, aida.pilav@fmoh.gov.ba

3.1.3.   Objectives of the database/data collection system

Basic goal of ESPAD research is to collect standardized and internationally comparable data on smoking, alcohol consumption, and use of psychoactive substances among sixteen (16) years old students, as well as data on factors that cause such behaviour. One of the main goal for the BIH is to develop a national information system on youth health and lifestyles (knowledge, attitudes and practice).

3.1.4.   Statistical unit (person, test, offence) and its definition

Targeted population for the survey were 16 years old children (born 1992), which, according to the education system in the Federation BIH, attended the first grade of high school.

Primary sampling unit is a class (classroom) with the same probability of selection. Probability of selection for each class is 1/n (n=total number of classes), and probability of selection for each student in the class is 100%, therefore the total probability of selection of each student in the sample is 1/n x 100% = 1/n.

3.1.5.   Characteristics of population covered

The planned size of sample has been 2500 examinees in the targeted group. The estimation has been that 75% of children born in 1992 attended the first grade of the high school. The remaining 25% attends the second grade of high school or the last (eighth) grade of elementary school. Having in mind these facts, and possible absence from school during the survey, or the percentage of non-responding (10%), the decision was made that final sample should be increased up to 4000 examinees.

3.1.6.   Geographical coverage

The survey was conducted in the secondary (high) schools in the main cities of cantons in the Federation of Bosnia and Herzegovina.

3.1.7. Institutional coverage

In the Federation of BIH there are 187 high schools. During the school year 2007/2008, total number of first grade classes was 1019, which were attended by 26495 students. At the end, sample size consisted of 85 schools in the main cantonal cities in the Federation of Bosnia and Herzegovina.

3.1.8. Coverage rate

percentage of statistical units covered/found but not recorded : ….%

percentage of statistical units not having been observed: ….%

Based on the international recommendation planned achieved goal is 2500 examinees in the targeted group (students born 1992). Total covered rate for the schools was 45% of total number of schools (85), 15% of total number of classes (159 classes) and 15% of total number of students (4006 students.

3.1.9. Inclusion/exclusion criteria

The schools with non-standard curricula, and schools for children with special needs, as well as religious schools are excluded from the total number of high schools.

3.1.10. Sampling procedure

In the Federation of BIH there are 187 high schools. During the school year 2007/2008, total number of first grade classes was 1019, which were attended by 26495 students.

First step in sampling was to make sub-sampling in the main cantonal cities within Federation BIH. The sub-sampling framework included 101 schools with 525 classes and 12992 students. The next step was to make stratification according to the type of school: (1) secondary school (gymnasium) or college; (2) mixed high school directed at a particular occupation and its skills; and (3) art schools.

The sample is proportionally allocated according to the type of school. The size of class for each individual school is the average size of class identified in a way to divide the total number of students with the total number of classes. From the list of schools and classes (separately for each type of schools), 4006 students in 159 classes were selected.

Primary sampling unit is a class (classroom) with the same probability of selection. Probability of selection for each class is 1/n (n=total number of classes), and probability of selection for each student in the class is 100%, therefore the total probability of selection of each student in the sample is

1/n x 100% = 1/n.

All students in the chosen classroom were examined. In the selection of class sample we have calculated "sample step" and initial case step. The sample is self-pondering.

3.1.11. Substances (drugs) monitored/distinguished

Students were asked on their knowledge, attitudes and practices related to:

- marihuana or hashish (cannabis)

- amphematine

- tranquillisers or sedatives

- ectasy

- inhalants
- LSD or some other halluciogenes
- crack
- cocaine
- heroin
- "magic mushrooms"
- GHB
- anabolic steroids.

3.1.12. Description of organization of data gathering/methodology

ESPAD questionnaire with 44 core questions was used in the survey. The original questionnaire was translated to local language; after that local public health experts and NGO sector were consulted in order to adjust the questionnaire to local situation.

The examiners were selected (14), and an appropriate training was organized. In order to ensure more effective action, the examiners were selected in local areas. All of them got the written instructions how to make contacts with schools, and how to communicate with school representatives. Each examiner has got the list of schools, and selected classes within the school.

When the consents of the cantonal ministries of education were given, the research started. The examiners made contacts with school directors. According to the research methodology, the students haven't been informed in advance about the survey. The need to ensure consent of the parents for participation in the survey has been discussed with school directors and psychologists. Providing that the ministries of education have estimated that that the research should be carried out, the additional permission of parents was not necessary.

During the survey, the teachers weren't present in the classes. Before the beginning of the survey, the examiners have read the instructions, and answered shortly the possible questions. The complete process of survey was performed within 45 minutes. After filling the questionnaire, student put it in the appropriate envelope, closed it, and put in the box.

After that, the examiners have filled in each classroom the Classroom report and put it together with the collected questionnaires. These reports were separately coded and signed by the examiners.

As previously agreed with the members of the research team in the Public Health Institute of Federation BIH, the examiners have sent the questionnaires to the PHI. During the research, the members of the research team have carried out the supervision and one-day briefings with the examiners in the field, and collected the filled questionnaires at the same time. The confidentiality has been completely respected during the process of data collecting.

When the questionnaires came to PHI, they were counted, coded, and sorted for the data recording. Three persons have worked on the recording of data.

3.1.13. Description of data storage

For data processing has been developed the database in EPI info programme, which enabled conversion of database in SPSS programme. Three (3) operators have entered the data on 3 PCs under control of one supervisor for input of data.

In order to ensure the control of quality, some inner check-ups of data consistency have been made. The check of quality was made in small number of re-entered questionnaires.

3.1.14. Software for data processing

Processing, consistency control, and analysis of data started at the end of September 2008. The analysis of data has been performed using software programme SPSS (ver. 13).

3.1.15. Level of aggregation of the information available to the national correspondent

National report will be available.

National data base will be available for the further analysis.

3.1.16. Legal status of the database

National data base will be available for the further analysis.

3.1.17. Legal status of the aggregated data

National data base will be available for the further analysis.

3.1.18. Time period of available data

Data will be available in the beginning of 2009.

3.1.19. Evaluation of data quality and reliability

Data base will be checked and cleaned in EMCDDA, Lisbon by Mr Þóroddur Bjarnason

In processing.

3.1.20. Other comments and remarks

3.1.21. Abstract/example of data output

Database in processing.

3.1.22. Bibliography/website addresses

3.1.23. Annexes

Datal be available in the beginning of 2009.

3.2. Prevalence of addiction to narcotics among high school children in RS

3.2.1. Responsible institution name and address

Project team for protection of the rights of the child, the Ombudsman of the RS

3.2.2. Contact person

Svjetlana Grbić-coordinator of the project

3.2.3. Contact details

3.2.4. Objectives of the database/data collection system

Determining the degree of presence of addiction to narcotics among high school children in the RS;

3.2.5. Statistical unit (person, test, offence) and its definition

Person.

School students and teachers.

The sample included 1000 high school children and 120 high school professors.

3.2.6. Characteristics of population covered

13-15 years, male-44.5%, female-55.5%

3.2.7. Geographical coverage

Banja Luka, Prijedor, Doboj, Bijeljina,Trebinje

3.2.8. Institutional coverage

13 High schools from Republika Srpska

3.2.9. Coverage rate

percentage of statistical units covered/found but not recorded : ….%

percentage of statistical units not having been observed: ….%

3.2.10. Inclusion/exclusion criteria

3.2.11. Sampling procedure

Random on small groups of students.

Grade	Frequency	Percentage
First class	322	32.2%
Second class	618	61.8%
Third class	60	6%
Total	**1000**	**100%**

3.2.12. Substances (drugs) monitored/distinguished

Marijuana, ecstasy, heroin, cocaine, LSD

3.2.13. Description of organization of data gathering/methodology

Study of addictions to narcotics among high school children in the Republika Srpska is of descriptiver/explorative, non-experimental type.

The questions are: What kind of drugs have you used? When? Did you continue with taking drugs? How frequently…). One questionnaire was for students, the other for teachers.

3.2.14. Description of data storage

3.2.15. Software for data processing

MS Excel

3.2.16. Level of aggregation of the information available to the national correspondent

Low

3.2.17. Legal status of the database

Public.

3.2.18. Legal status of the aggregated data

Public.

3.2.19. Time period of available data

2003

3.2.20. Evaluation of data quality and reliability

Double-counting: impossible

Bias:

Consistency over time:

Reliability:

3.2.21. Other comments and remarks

Other goals of the project:

Obtaining of data on the reasons for consumption of narcotics;

Determining of the age line when consumption of narcotics starts, as well as the motives and types of drugs first tried;

Screening of the current conditions in terms of presence of narcotic matters at schools;

Evaluation of education and prevention programs at high schools;

Obtaining of concrete suggestions from pupils and professors at high schools for implementation of prevention programs at schools;

Compilation of the data necessary to draft recommendations to the competent institutions.

3.2.22. Abstract/example of data output

3.2.23. Bibliography/website addresses

3.2.24. Annexes

3.3. Risk factors for HIV infection

3.3.1. Responsible institution name and address

Public health Institute canton Zenica-I

3.3.2. Contact person

Doc dr Smail Durmišević

tel:00387 32 443 571

fax:00387 32 443 530

email:smaildur@bih.net.ba

3.3.3. Objectives of the database/data collection system

Assessment of the number of smokers, alcohol addicts and consumers of narcotic matters among school children and youth-research.

3.3.4. Statistical unit (person, test, offence) and its definition

117students from Pedagogical academy and 46 students of Islamic Academy had been interviewed

3.3.5. Characteristics of population covered

19,6% male, and 80,4% female

3.3.6. Geographical coverage

Zenica

3.3.7. Institutional coverage

Pedagogical and Islamic Academy in Zenica

3.3.8. Coverage rate

percentage of statistical units covered/found but not recorded : ….%

percentage of statistical units not having been observed: ….%

3.3.9. Inclusion/exclusion criteria

3.3.10. Sampling procedure

3.3.11. Substances (drugs) monitored/distinguished

Alcohol, opiates, cigarettes.

3.3.12. Description of organization of data gathering/methodology

Questionnaire study.

3.3.13. Description of data storage

3.3.14. Software for data processing

MS Excel

3.3.15. Level of aggregation of the information available to the national correspondent

3.3.16. Legal status of the database

3.3.17. Legal status of the aggregated data

3.3.18. Time period of available data

2002

3.3.19. Evaluation of data quality and reliability

Double-counting:

Bias:

Consistency over time:

Reliability:

3.3.20. Other comments and remarks

3.3.21. Abstract/example of data output

3.3.22. Bibliography/website addresses

3.3.23. Annexes

3.4. Data from PHI Canton Sarajevo

3.4.1. Responsible institution name and address

Public health Institute Canton Sarajevo

3.4.2. Contact person

Prim dr Habiba Salihovic, dr med.sci
salihovic@lsinter.net
gzavod@bih.net.ba
phone:+387 33 627 889

### 3.4.3.	Objectives of the database/data collection system

### 3.4.4.	Statistical unit (person, test, offence) and its definition
person

### 3.4.5.	Characteristics of population covered
Drug users

### 3.4.6.	Geographical coverage
Canton Sarajevo

### 3.4.7.	Institutional coverage
Institute for Alcoholism and Substance Abuse Sarajevo

### 3.4.8.	Coverage rate

percentage of statistical units covered/found but not recorded : ….%

percentage of statistical units not having been observed: ….%

### 3.4.9.	Substances (drugs) monitored/distinguished
Opiates, cannabis, barbiturates,cocain

### 3.4.10.	Description of organization of data gathering/methodology

### 3.4.11.	Description of data storage

### 3.4.12.	Software for data processing

### 3.4.13.	Level of aggregation of the information available to the national correspondent
high

### 3.4.14.	Legal status of the database
Not public

### 3.4.15.	Legal status of the aggregated data
public

### 3.4.16.	Time period of available data
2007,2008

### 3.4.17.	Evaluation of data quality and reliability

Double-counting: no

Bias:

Consistency over time:

Reliability:

3.4.18. Other comments and remarks

3.4.19. Abstract/example of data output

3.4.20. Bibliography/website addresses

3.4.21. Annexes

3.5. Prevalence of smoking, use of alcohol and narcotic matters among school children and youths

3.5.1. Responsible institution name and address

Public health Institute canton Zenica-II

3.5.2. Contact person

Doc.dr Smail Durmišević

tel:00387 32 443 571

fax:00387 32 443 530

email:smaildur@bih.net.ba

3.5.3. Objectives of the database/data collection system

Assessment of the number of smokers, alcohol addicts and consumers of narcotic matters among school children and youth

3.5.4. Statistical unit (person, test, offence) and its definition

School student.

440 students-elementary schools (40,7% male,59,3%) and 232 students-Grammar school (39,7%male and 60,3% female) in 1999 and 2003

3.5.5. Characteristics of population covered

The children from elementary schools (V,VI,VII,VIII) and from high schools (I,II,III,IV).

3.5.6. Geographical coverage

Zenica

3.5.7. Institutional coverage

Elementary and Grammar schools

3.5.8. Coverage rate

percentage of statistical units covered/found but not recorded : ….%

percentage of statistical units not having been observed: ….%

3.5.9. Inclusion/exclusion criteria

3.5.10. Sampling procedure

3.5.11. Substances (drugs) monitored/distinguished

Alcohol, Opiates, Cigarettes

There was no separate drug substances for analysing

3.5.12. Description of organization of data gathering/methodology

3.5.13. Description of data storage

3.5.14. Software for data processing

MS Excel

3.5.15. Level of aggregation of the information available to the national correspondent

3.5.16. Legal status of the database

Public

3.5.17. Legal status of the aggregated data

Public

3.5.18. Time period of available data

1999 and 2003

3.5.19. Evaluation of data quality and reliability

Double-counting:

Bias:

Consistency over time:

Reliability:

3.5.20. Other comments and remarks

3.5.21. Abstract/example of data output

3.5.22. Bibliography/website addresses

Medical Archive 1999:53(2):105-107

3.5.23. Annexes

3.6. Prevalence of HIV and other parenterally and sexually transmitted infections and rich behaviours among injecting drug users

3.6.1. Responsible institution name and address

UNICEF Bosnia & Herzegovina

3.6.2. Contact person

Dr. Ranko Petrovic

HIV/AIDS Specialist

UNICEF Bosnia & Herzegovina

United Nations Children's Fund (UNICEF)

Kolodvorska 6, 71000 Sarajevo, Bosnia & Herzegovina

phone: +387 33 723300; +387 61 199639 (mobile)

fax: +387 33 642970

email: rpetrovic@unicef.org

website: www.unicef.org

3.6.3. Objectives of the database/data collection system

The main survey objectives were to determine the prevalence of HIV, HBC,HCV and syphilis in the population of injecting drug users in Sarajevo, Banja Luka and Zenica, and to assess the risk behaviour and social aspects of HIV transmission through providing baseline data that can inform and guide policy measures related to HIV prevention and control in BH. This was the first survey of its kind in the country, and one of very few in region. The study results will provide current and relevant information on the prevalence of HIV among drug-injecting users.

3.6.4. Statistical unit (person, test, offence) and its definition

260 drug users in each city (all together 780 individuals).

3.6.5. Characteristics of population covered

The majority of the injecting drug users in Sarajevo are aged 25-34 (56.8%), 1% is older than 45,men dominate the drug scene in the city, comprising more than 90% of its IDU population. Almost 70% have finished high school, and more than 80% are unemployed

3.6.6. Geographical coverage

Sarajevo, Banja Luka and Zenica

3.6.7. Institutional coverage

IPH C.Sarajevo,Federal Institution for public health,Institute for alcoholism and substance abuse, Canton Institution for fight Against addiction diseases-Zenica, Centar for mental health-RS, Institute for public health RS, ministries of justice, NGO…

3.6.8. Coverage rate

3.6.9. Inclusion/exclusion criteria

3.6.10. Sampling procedure

Respondent-driven sampling (RDS), type of probabilistic sampling method

3.6.11. Substances (drugs) monitored/distinguished

3.6.12. Description of organization of data gathering/methodology

3.6.13. Description of data storage

Electronic

3.6.14. Software for data processing

Statistical software RDSAT

3.6.15. Level of aggregation of the information available to the national correspondent

Final report

3.6.16. Legal status of the database

Access restricted

3.6.17. Legal status of the aggregated data

Public

3.6.18. Time period of available data

2007

3.6.19. Evaluation of data quality and reliability

Double-counting:

Bias:

Consistency over time:

Reliability:

3.6.20. Other comments and remarks

As part of UNICEF'S ongoing effort to support Bosnia and Herzegovina's HIV/AIDS response , particularly by strengthening the system for monitoring and evaluation and introducing the

second generation of HIV surveillance, a biological and behavioural surveillance study (BBS) of IDUs was organised by UNICEF in 2007.The study results presented in this report will serve as baseline for UN General Assembly Special Session (UNGASS) indicators, which should be reported regularly by all countries and for the Global Fund's HIV proceed indicators related to IDUs.This data will also contribute to the ongoing development of the National Strategy of Supervision Over Narcotic Drugs Prevention and Suppression of the Abuse of Narcotic Drugs in BH

3.6.21. Abstract/example of data output

3.6.22. Bibliography/website addresses

3.6.23. Annexes

3.7. Rapid assessment and Response on HIV/AIDS among Especially Vulnerable Young People

3.7.1. Responsible institution name and address

UNICEF Bosnia and Herzegovina

3.7.2. Contact person

Dr. Ranko Petrovic

HIV/AIDS Specialist

UNICEF Bosnia & Herzegovina

United Nations Children's Fund (UNICEF)

Kolodvorska 6, 71000 Sarajevo, Bosnia & Herzegovina

phone: +387 33 723300; +387 61 199639 (mobile)

fax: +387 33 642970

email: rpetrovic@unicef.org

website: www.unicef.org

3.7.3. Objectives of the database/data collection system

The goal of RAR was to collect and analyse data on the risk behaviours of Especially Vulnerable Young People that, in turn, will provide recommendations for interventions that will improve the health of Especially Vulnerable Young People by minimizing their risk for HIV interventions

3.7.4. Statistical unit (person, test, offence) and its definition

Target groups:

- young people in school
- young people who use drugs
- young people who inject drugs

- young men having sex with men

3.7.5. Characteristics of population covered

3.7.6. Geographical coverage

7 cities (Banja Luka,Mostar, Trebinje, Sarajevo, Tuzla, Višegrad, Brčko)

3.7.7. Institutional coverage

- FBiH and RS Ministry of Health and Social Welfare
- FBiH and RS AIDS Coordinators
- Representatives from BH UN Theme Group
- National and International non governmental organisations

3.7.8. Substances (drugs) monitored/distinguished

Heroin, cannabis, ecstasy, diazepam, analgesics, heroin, cocaine

3.7.9. Description of organization of data gathering/methodology

- existing information
- questionnaire
- focus groups
- interviews and key informant interviews
- observation
- mapping

3.7.10. Description of data storage

3.7.11. Level of aggregation of the information available to the national correspondent

Final results

3.7.12. Legal status of the database

Not public.

3.7.13. Legal status of the aggregated data

Public

3.7.14. Time period of available data

2001, 2002

3.7.15. Abstract/example of data output

3.7.16. Other comments and remarks

Findings from the RAR reveal that different vulnerable groups are engaging in behaviours that place them at risk for HIV infection. Most injecting drug users are having sex under the influence of drugs yet their condom use is alarmingly low. Promiscuity is common among young MSM and in smaller cities where the sexual networks are small, the potential exists for HIV infection to spread quickly. The key to preventing HIV transmission in the various vulnerable groups is to enable these groups to practice safer drug injecting and sexual behaviours. For young people who are not engaging in risk behaviours, the most effective HIV prevention for them is to instil in them knowledge about HIV/AIDS, STIs, drugs and sex.

RAR has initiated some actions in BiH. It initiated also Community Advisory Boards, which are in some of the seven towns still active, and strengthens the local understanding of the problems related to HIV/AIDS.

The report was not publicly launched due to some problems, including:

- The questionnaires were done without participation of young people, therefore the data given sometimes was not relevant;

- The information used for the report in some cases has no source clearly stated;

- Data was sometimes inconsistent.

The research was supposed to be more qualitative than quantitative, but it turned to be more quantitative, but offering some information on behavioural risks in young people in BiH.

3.7.17. Annexes

3.8. Survey: Youth and toxins

3.8.1. Responsible institution name and address

Psychologist association and Municipality of Banja Luka conducted survey about Youth and toxins. In survey were included pupils of primary and secondary schools, students, the unemployment and employment youth in town Banja Luka.

3.8.2. Contact person

tel:

fax:

email:

3.8.3. Objectives of the database/data collection system

3.8.4. Statistical unit (person, test, offence) and its definition

3.8.5. Characteristics of population covered

Size sample was 1505 youth aged 12-30 year (56, 3% female and 43, and 7% male). There were included pupils from 14 primary schools, 11 secondary schools, and randomly selected the unemployment and employment youth in town Banja Luka.

3.8.6. Geographical coverage

Municipality of Banja Luka.

3.8.7. Institutional coverage

Psychologist association

3.8.8. Coverage rate

3.8.9. Inclusion/exclusion criteria

3.8.10. Sampling procedure

3.8.11. Substances (drugs) monitored/distinguished

3.8.12. Description of organization of data gathering/methodology

SOPUS questionnaire consists of 10 questions, qualified family interaction as a five level index of family communication. Scale MODROG-BM/83 consists of 32 items aimed to collect dates for   drug motivation. Scale IKOM-BM 99 consists of 7 items aimed to communications adolescents-family.

3.8.13. Description of data storage

3.8.14. Software for data processing

3.8.15. Level of aggregation of the information available to the national correspondent

3.8.16. Legal status of the database

3.8.17. Legal status of the aggregated data

3.8.18. Time period of available data

3.8.19. Evaluation of data quality and reliability

Double-counting:

Bias:

Consistency over time:

Reliability:

3.8.20. Other comments and remarks

About 22, 9% of youth live in family without monthly salaries. Daily family communication had 55, 4% of youth, pure communication with mother had 17, 7%, and with father 34% of youth. There were 95, 7% of respondents who had worried about their future.

About 9-11, 6% of youth had personal experience with drugs. Main motive for drug consumptions is personal and social nature. Number of alcohol consumers among respondents is 37%.

3.8.21. Abstract/example of data output

3.8.22. Bibliography/website addresses

3.8.23. Annexes

3.9. Survey: Zdravo da ste

3.9.1. Responsible institution name and address

3.9.2. Contact person

tel:

fax:

email:

3.9.3. Objectives of the database/data collection system

Survey was conducted among pupils of primary and secondary schools in 10 town of Republika Srpska.. In survey was used a number of children aspects in family school, and community. It was comprised: level of communication among family members, teachers and pupils, drug addiction in schools, estimation of children rights, education and curriculum, leisure time and participation of teachers and parents in organization of leisure time, sexual violence and social hesitation.

3.9.4. Statistical unit (person, test, offence) and its definition

3.9.5. Characteristics of population covered

Sample size was 1244 pupils (674 girls and 564 boys) VIIhVIIIh IXh graders of primary schools and IIh IIIh of secondary schools. Children included in this survey were 11-18 year old. In sample were 40% children in rural areas and 60% children in urban area.

3.9.6. Geographical coverage

Banja Luka

3.9.7. Institutional coverage

- NGO "Zdravo da ste" (Hi neighbour)
- Faculty of Philosophy Banja Luka

3.9.8. Coverage rate

3.9.9. Inclusion/exclusion criteria

3.9.10. Sampling procedure

It was used questionnaire consists of 10 groups of questions, covering sociodemographic characteristics of respondents, level of participation in school life, contacts with teachers, family members and peer contacts. Valuation of children rights in school and in community was also important groups of questions as well as sexual violence and drug addiction.

3.9.11. Substances (drugs) monitored/distinguished

3.9.12. Description of organization of data gathering/methodology

3.9.13. Description of data storage

3.9.14. Software for data processing

3.9.15. Level of aggregation of the information available to the national correspondent

3.9.16. Legal status of the database

3.9.17. Legal status of the aggregated data

3.9.18. Time period of available data:

3.9.19. Evaluation of data quality and reliability

Double-counting:

Bias:

Consistency over time:

Reliability:

3.9.20. Other comments and remarks

Very poor contacts among parents were in 70% of respondents. Alcohol consumption was one of reason in 63, 5% of cases, 12, 2% cited physical castigation and various types of forest (70, 1%). Absence of carefulness by parents was in 58% of pupils, especially by adolescents and pupils in urban areas. Bad financial situation in family was in 76, 9% of respondents. Bad relation pupil-teacher was expressed in 31, 7% of cases, often in urban areas (39, 9%). 68% pupils answered that danger of drug addiction in school presence, often in urban areas (61%) and by adolescents. 56% of pupils weren't informed in school about children rights. Sexual violence among pupils was in 13, 9%, and by adults in 11, 9% of cases.

Estimation of level of children participation in family, school, and community is baseline for action in educational sector (curriculum changing, organization of teaching and leisure time) and in community (including in determining on local level).

3.9.21. Abstract/example of data output

3.9.22. Bibliography/website addresses

3.9.23. Annexes

3.10. Scale up Information, Education, Communication / Behavioural Change Communication (IEC/BCC) in Population with Increased Risk for HIV/AIDS

3.10.1. Responsible institution name and address

Consortium PROI/XY/Q for the Federation of Bosnia and Herzegovina and Brčko District

UG PROI

Kotromanica 48,

71000 SARAJEVO

Tel./fax: 033 557 545

3.10.2. Contact person

- Samir Ibišević:

Amer Rastoder

tel.: 033 557 545

www.ugproi.com

- Association of citizens "UG Viktorija" and Action against AIDS covering Republika Srpska:

viktorija@spinter.ba

tel.: 051 211 525

3.10.3. Objectives of the database/data collection system

3.10.4. Statistical unit (person, test, offence) and its definition

Injecting drug users (IDU)

3.10.5. Characteristics of population covered

3.10.6. Geographical coverage

3.10.7. Institutional coverage

3.10.8. Coverage rate

3.10.9. Inclusion/exclusion criteria

3.10.10. Sampling procedure

3.10.11. Substances (drugs) monitored/distinguished

3.10.12. Description of organization of data gathering/methodology

3.10.13. Description of data storage

3.10.14. Software for data processing

3.10.15. Level of aggregation of the information available to the national correspondent

3.10.16. Legal status of the database

3.10.17. Legal status of the aggregated data

3.10.18. Time period of available data

3.10.19. Evaluation of data quality and reliability

Double-counting:

Bias:

Consistency over time:

Reliability:

3.10.20. Other comments and remarks

Service delivery area includes condom distribution; community outreach to efficiently reach young people under increased risk and impart correct knowledge and understanding about preventing HIV/AIDS, recommend STI diagnosis where appropriate and refer MSM. IDUs and SW to VCT and other support organizations and associations.

Three sub-recipients divided responsibility for covering four target groups, Injecting drug users (IDU), Sex workers (SW), Men having sex with men (MSM) and prisoners.

Trainings: Through training of trainers for outreach workers, 24 people were trained. Outreach workers and gatekeepers regularly attend in house training on harm reduction and outreach to vulnerable work. Within the programme also two NGO coordination meetings were conducted for all NGOs engaged in the GFATM programme where participants had useful discussion on coordination of activities related to implementation of activities foreseen by Objective 2. Three training on advocacy and leadership were conducted and resulted with adopted knowledge in field of leadership, lobbing, writing project proposal for advocacy campaigns, strengthening leadership skills in contact with media, etc. Three workshops on capacity building were conducted with themes: strategic planning, communication skills development, fundraising. Beside these trainings, two "Rapid assessment and response" (RAR) raised the knowledge of 35 participants on concept of vulnerability, HIV and risk behavior, basic principles of RAR, intervention and outreach work, data collection, observation and outreach notes, grids and developing of protocols. Twenty six of them got certificates.

Injecting drug users (IDU) are reached in two ways: programme of needle exchange conducted on-site through outreach workers and gatekeepers, and activities both within drop-

in centers and on field offering information sharing and education of target population regarding HIV/AIDS, hence promotion of testing on HIV; distribution of condoms; distribution of printed educational material; as well as addressing of beneficiaries to relevant institutions and organizations, depending on their needs. Provided activities were conducted in cooperation with governmental organizations and youth organizations, and representatives of police structures. Through needle exchange programs, outreach workers and gatekeepers 1.296 IDU were reached (new and repeated clients), 6.252 syringes and 10.146 needless were distributed. Information regarding HIV/AIDS with promotion of testing on HIV/AIDS within drop-in centers were provided to 844 IDU (new clients and repeted ones). Besides this approach, information on HIV was provided through SOS phone to 394 clients while 286 clients were addressed to other institutions and services (VCT, Psychiatric clinic and Social Welfare Centre).

Within this objective 2, 30.405 and 9.672 lubricants were distributed to relevant target groups. In the same time 9.894 educational material from own sub-recipients' resources have been distributed.

Modules for outreach work with MSM, IDU, SW and prisoners are in a process of developing

3.10.21. Abstract/example of data output

3.10.22. Bibliography/website addresses

3.10.23. Annexes

3.11.   Drug abuse problem-pupil's and parent's attitudes

3.11.1. Responsible institution name and address

Municipality Novi Grad Sarajevo

3.11.2. Contact person

Rada Lukić

tel:00387 33 2910173

fax: 00387 33 2910173

e-mail :rada@novigradsarajevo.ba

3.11.3. Objectives of the database/data collection system

To obtain the attitudes on drugs, drug addicts and drug addiction phenomenon in general directly in the local community, and to tray to find out how many pupils had experience with drugs and what kind of the experience in order to adjust future municipality program to the necessity of the final users

3.11.4. Statistical unit (person, test, offence) and its definition

School students.

The sample was conducted for pupils among 1000 examinees and parent's sample among 230 examinees

3.11.5. Characteristics of population covered

10-12 years and 15-16 years

3.11.6. Geographical coverage

Territory of one municipality of Novi Grad.

3.11.7. Institutional coverage

Elementary schools (18) and grammar schools (3)

3.11.8. Coverage rate

Percentage of statistical units covered/found but not recorded: 100%

3.11.9. Inclusion/exclusion criteria

3.11.10. Sampling procedure

Random sampling.

3.11.11. Substances (drugs) monitored/distinguished

Marijuana, ecstasy, heroin and cocaine, glue, speed, LSD, tablets, other

3.11.12. Description of organization of data gathering/methodology

Research was based on several search methods: survey, focus group, content analysis, comparative method

3.11.13. Description of data storage

3.11.14. Software for data processing

MS Excel

3.11.15. Level of aggregation of the information available to the national correspondent

Low

3.11.16. Legal status of the database

Public

3.11.17. Legal status of the aggregated data

Public

3.11.18. Time period of available data

2003, 2007

3.11.19. Evaluation of data quality and reliability

Double-counting:

Bias:

Consistency over time:

Reliability:

3.11.20. Other comments and remarks

3.11.21. Abstract/example of data output

3.11.22. Bibliography/website addresses

3.11.23. Annexes

3.12. Reports of Institutes for Alcoholism and Substance Abuse

3.12.1. Responsible institution name and address

Institute for Alcoholism and Substance Abuse Sarajevo , Zenica, Mostar, Doboj and Mental health centre Brcko

3.12.2. Contact person

-   dr Nermana Mehic-Basara:

e-mail: zalcnarc@bih.net.ba

Phone: +387 33 219 738

Fax: +387 33 202 573

-   Dr Ahmed Cerim and dr Jasmin Softic, Zenica:

e-mail: jsoftic@yahoo.com

tel/fax:+38732 244 544 Zenica

-   dr Ivan Juric, Mostar:

tel/fax: +38736 347497

-   Dr Muhamed Masic, Bihac:

e-mail: masicm@hotmail.com

3.12.3. Objectives of the database/data collection system

Statistical unit (person, test, offence) and its definition number of persons entering the methadone treatment

3.12.4. Characteristics of population covered

Drug addicts

3.12.5. Geographical coverage

Canton Sarajevo, canton Ze-Do, canton Herzegovina, canton Una-Sana

3.12.6. Institutional coverage

Cantonal Institution/centres for alcoholism and other toxicology

3.12.7. Coverage rate

percentage of statistical units covered/found but not recorded : 100%

percentage of statistical units not having been observed: ….%

3.12.8. Inclusion/exclusion criteria

3.12.9. Sampling procedure

3.12.10. Substances (drugs) monitored/distinguished

mostly ??

3.12.11. Description of organization of data gathering/methodology

3.12.12. Description of data storage

3.12.13. Software for data processing

MS Office

3.12.14. Level of aggregation of the information available to the national correspondent

3.12.15. Legal status of the database

3.12.16. Legal status of the aggregated data

Public

3.12.17. Time period of available data

3.12.18. Evaluation of data quality and reliability

Double-counting:

Bias:

Consistency over time:

Reliability:

3.12.19. Other comments and remarks

3.12.20. Abstract/example of data output

2008	Zenica	Sarajevo	Mostar	(Bihac) SANSKI MOST	Doboj
FTD	73	110	91	15	
(average)	29.8				
ATD	340	250		46 (see down)	
(average)	31.24			(see down)	
Continuously on methadone program	200	250	170	36	
male	92%	79.8%	92.36		
female	8%	20.2 %	7.64		
15-19 god		4%	30.5%	N 0	
20-24 god		22.3%	39.3%	N 9	
25-29 god		44.6%	18.3%	N 15	
30-34 god		15.8%	6.65%	N 12	
35+ god		12.9%	5.06%	N 10	
Basic psychoactive substances	Heroin (334) kanabinoid (6)		Heroin(493) Kanabinoid (18) Extasy(4) Kokain(2) Benzodiazep(1)	Heroin 46	
Number of beds	6	10	15	0	
Hospital treatment		10	15(komuna)	nemamo	
Short methadone program		30		Cca 5	
HIV +	%	1	%	/	
Hepatitis C +	38	70	57.21%	Nismo imali moguc.ispitiv. Vidjeti 2006	
Hepatitis B		19	1.31%	Nemamo podatka niti mogućnosti za ispitivan.	
Hepatitis B+C		53		/	
Died	2		5	2	

3.12.21. Bibliography/website addresses

www.ks.gov.ba

3.12.22. Annexes

3.13. Assessment of the number of drug users among youths

3.13.1. Responsible institution name and address

Youth forum SDP (Social democratic party)-survey

3.13.2. Contact person

tel:

fax:

email:

3.13.3. Objectives of the database/data collection system

procjena ??

3.13.4. Statistical unit (person, test, offence) and its definition

Person

3.13.5. Characteristics of population covered

2226 young persons, average 23,22 years, 1018 female and 1208 male

3.13.6. Geographical coverage

3.13.7. Institutional coverage

3.13.8. Coverage rate

3.13.9. Inclusion/exclusion criteria

3.13.10. Sampling procedure

3.13.11. Substances (drugs) monitored/distinguished

Marijuana, ecstasy, glue, LSD, cocaine, heroin

3.13.12. Description of organization of data gathering/methodology

Random sampling

3.13.13. Description of data storage

3.13.14. Software for data processing

3.13.15. Level of aggregation of the information available to the national correspondent

Final aggregation

3.13.16. Legal status of the database unavailable

3.13.17. Legal status of the aggregated data

Public

3.13.18. Time period of available data

2006

3.13.19. Evaluation of data quality and reliability

Double-counting:

Bias:

Consistency over time:

Reliability:

3.13.20. Other comments and remarks

3.13.21. Abstract/example of data output

3.13.22. Bibliography/website addresses

3.13.23. Annexes

3.14. Survey of Medical Faculty of Foča

3.14.1. Responsible institution name and address

Medical Faculty of Foča

3.14.2. Contact person

3.14.3. Objectives of the database/data collection system

3.14.4. Statistical unit (person, test, offence) and its definition

3.14.5. Characteristics of population covered

2620 students, 15-20 age group

3.14.6. Geographical coverage

Foča

3.14.7. Institutional coverage

3.14.8. Coverage rate

3.14.9. Inclusion/exclusion criteria

3.14.10. Sampling procedure

3.14.11. Substances (drugs) monitored/distinguished

3.14.12. Description of organization of data gathering/methodology

3.14.13. Description of data storage

3.14.14. Software for data processing

3.14.15. Level of aggregation of the information available to the national correspondent

3.14.16. Legal status of the database

3.14.17. Legal status of the aggregated data

3.14.18. Time period of available data

3.14.19. Evaluation of data quality and reliability

Double-counting:

Bias:

Consistency over time:

Reliability:

3.14.20. Other comments and remarks

3.14.21. Abstract/example of data output

3.14.22. Bibliography/website addresses

3.14.23. Annexes

3.15. Addiction diseases as a major problem in the Tesanj Municipality-2

3.15.1. Responsible institution name and address

Faculty of political science, Sarajevo

3.15.2. Contact person

Barjaktarevic Mersiha

tel: 00387 62 705 567

fax:

email:

3.15.3. Objectives of the database/data collection system

Obtaining of data on the reasons for consumption of narcotics

3.15.4. Statistical unit (person, test, offence) and its definition

Person

3.15.5. Characteristics of population covered

20 drug users born 1960-1990, 18 males, 2 females.

3.15.6. Geographical coverage

Tešanj

3.15.7. Institutional coverage

3.15.8. Coverage rate

3.15.9. Inclusion/exclusion criteria

3.15.10. Sampling procedure

3.15.11. Substances (drugs) monitored/distinguished

Heroin

3.15.12. Description of organization of data gathering/methodology

3.15.13. Description of data storage

3.15.14. Software for data processing

3.15.15. Level of aggregation of the information available to the national correspondent

3.15.16. Legal status of the database

3.15.17. Legal status of the aggregated data

3.15.18. Time period of available data

3.15.19. Evaluation of data quality and reliability

Double-counting:

Bias:

Consistency over time:

Reliability:

3.15.20. Other comments and remarks

3.15.21. Abstract/example of data output

3.15.22. Bibliography/website addresses

3.15.23. Annexes

3.16.   Report on drugs – Brcko District

3.16.1. Responsible institution name and address

Center for Mental Health, Public Health Division, Department of Health, Public Safety and Community service Brcko District

3.16.2. Contact person

Tamara Whalen

Dr Zlata Papric

cmz-brcko@spinter.net

3.16.3. Objectives of the database/data collection system

A survey was conducted to identify target risk groups and substances, and to provide an idea of the prevalence and incidence of illegal substances

The campaign for the prevention of drug addiction should aim at providing all individuals, particularly within high-risks: target groups, with the knowledge and tools to make informed decision.

3.16.4. Statistical unit (person, test, offence) and its definition

Person

3.16.5. Characteristics of population covered

4% below 15 years, 64% 15-19, 14% 20-29, 18% above 30,

72% in high schools of the economic faculty, 19% employed, 9% neither employed nor in school, 59% living in the city of Brcko, 41% outside.

3.16.6. Geographical coverage

Brcko District

3.16.7. Institutional coverage

8 high schools Brcko District

3.16.8. Coverage rate

3.16.9. Inclusion/exclusion criteria

3.16.10. Sampling procedure random sampling

3.16.11. Substances (drugs) monitored/distinguished

Marijuana, ecstasy (MDMA), LSD, cocaine, and heroin

3.16.12. Description of organization of data gathering/methodology

A total of 300 surveys were printed for distribution in April 2001.The questionnaires were distributed within specific target groups, namely high school and faculty students, civil service employees of private businesses, and persons who neither work nor attend school. The distribution of the questionnaires was skewed to youth and students.

Questionnaires were distributed to each high school (shifts) in the Brcko District. Within each school, the Director selected one student volunteer to implement the survey. These students were given 24 questionnaires, with instructions to hand out six in one class within each grade. Within the class, six students were to be selected randomly by the professor and the volunteers.

3.16.13. Description of data storage

3.16.14. Software for data processing

Microsoft Excel 2000, SPSS version 10

3.16.15. Level of aggregation of the information available to the national correspondent

Medium

3.16.16. Legal status of the database

Public

3.16.17. Legal status of the aggregated data

Public

3.16.18. Time period of available data

April 2001

3.16.19. Evaluation of data quality and reliability

Double-counting: no

Bias:

Consistency over time:

Reliability:

3.16.20. Other comments and remarks

3.16.21. Abstract/example of data output

3.16.22. Bibliography/website addresses

3.16.23. Annexes

3.17. Survey on use of narcotic substances in high school youths "Do not even try drugs"– cantons Zenica and Doboj

3.17.1. Responsible institution name and address

- Ministry of interior
- cantons Zenica and Doboj

3.17.2. Contact person

Mujčinović Nermana, mr sci psychologist

3.17.3. Objectives of the database/data collection system

Survey on the knowledge about drug abuse between high school students (2803 students of high schools)

3.17.4. Statistical unit (person, test, offence) and its definition

Person

3.17.5. Characteristics of population covered

High schools

3.17.6. Geographical coverage

Cantons Zenica and Doboj

3.17.7. Institutional coverage

33 high schools

3.17.8. Coverage rate

3.17.9. Inclusion/exclusion criteria

3.17.10. Sampling procedure