

DOCUMENTING CASES OF DISCRIMINATION OF YOUTH AT RISK IN WESTERN BALKANS

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Introduction

The Drug Policy Network South East Europe (DPNSEE), together with the project partners - member organizations Aksion Plus (Albania), Margina (Bosnia Herzegovina), Juventas (Montenegro), Prevent and Re Generation (Serbia) - in 2021 implemented the “**No risk, no borders for young people**” project, supported by the Regional Youth Cooperation Office (RYCO) within its 4th Open Call co-financed by the European Union. The project was sharply focused on youth at increased risk: young people who use drugs, sex workers, LGBTI population, youth in conflict with the law and others addressed as “youth with alternative lifestyles and identities”.

As a pre-task activity, selected young activists documented cases of discrimination against youth from groups at increased risk in their local communities. Their work was presented at the first project Workshop.

At the end of the Workshop, the project partners agreed to prepare a publication with analysis of the cases of discrimination. This analysis was done by young experts from the organization Re Generation: Irena Molnar, Vladana Stepanović, Nina Šašić and Stefan Pejić. This document presents the results of this analysis.

Description of the Regional Situation

Among the expected results in the National Strategy for the Control of Drugs 2018-2022¹ in **Albania** are two relevant goals: the development of a non-stigmatizing and non-discriminatory social environment for individuals who use psychoactive substances, and the implementation of destigmatizing and anti-discriminatory guidelines for those who use drugs. When it comes to reintegration and support, the strategy proscribes the principle of non-discrimination as one of the main tenets of social services.

Bosnia and Herzegovina adopted the National Strategy of Supervision of Opioid Drugs, Prevention and Suppression of Opioid Drugs in Bosnia and Herzegovina for the period 2018-2023². One of the tenets of this strategy is guaranteeing non-discrimination and adherence to citizens' rights and freedoms³. The strategy also recognizes that hurdles in the process of resocialization of individuals who are in recovery can largely be attributed to public opinion and the dominant discourse which marginalizes and stigmatizes the entire population of drug users as "addicts"⁴. The proposed solution is to offer support to the rehabilitated "addict" so that they can overcome the challenges they encounter, and develop good practice programs so as to aid sensitization of the general public and the destigmatization of "treated addicts" and reduce the incidence of recidivism. However, CSO reports from Bosnia and Herzegovina indicate that drug users continue to be an invisible and marginalized population and that no steps are being taken to ensure that they receive equal access to legal protection in case of discrimination or violence, as well as adequate living conditions⁵.

Drug users are among the social groups experiencing the highest rates of discrimination, as evidenced by the fact that 76.3% of Montenegrins, when asked who they would not like to have as a neighbor, replied "junkies". However, the Ministry of Human and Minority Rights of Montenegro, which conducted this research⁶, still does not recognize drug users and their families as a population category that suffers discrimination. Even more concerning is the lack of civil society representatives willing to represent this population in the Council for protection from discrimination.

According to available research, drug users in **Montenegro** are discriminated against in seemingly all areas of social life. This discrimination is widespread in the field of employment, as employers (worldwide) will not employ people with history of drug use⁷. A commonly reported issue

1 The National Drug Control Strategy 2018-2022: Drug Demand and Drug Harms Reduction Aspects, Interinstitutional Working Group, 2017

2 The Strategy is available at <http://msb.gov.ba/dokumenti/strateski/default.aspx?id=16731&langTag=bs-BA>

3 The Constitution of Bosnia Herzegovina, Federal Laws, The Constitution of the Federation of Bosnia and Herzegovina, The Constitution of the Republika Srpska, The Constitution of the Brčko District, cantonal constitutions

4 Point 4.1.3.4. Resocialization and social reintegration

5 The Annual Report on the State of Human Rights of Women in Bosnia and Herzegovina in 2014 (Godišnji izvještaj o stanju ljudskih prava žena u Bosni i Hercegovini u 2014. godini), Ženska mreža BiH, Human Rights Paper, Paper 7, Sarajevo, 2015, pages 12-13

6 Situational Analysis of the Social Position of Addicts in Montenegro (Situaciona analiza: Položaj zavisnika/ca u crnogorskom društvu), NGO 4 Life, Podgorica, 2014, pages 10-11

7 Why wouldn't I discriminate against all of them? – A report on Stigma and Discrimination towards the Injecting Drug User Community, Australian Injecting and Illicit Drug Users League (AIVL), Canberra, Australia, 2011, p. 45

is unpaid leave for attending rehabilitation programs, due to which drug users and their doctors are forced to “use false diagnostic codes”⁸. Aside from that, users are most impacted by the lack of empathy and sympathy in other citizens, since most view addiction as a character fault rather than a disease. The 2019 publication lists an example, extracted from the abovementioned research, of a drug user stating that he wished for people to view him as something other than an addict who “has lied, conned and stolen”, describing how people lacked empathy for drug users to such an extent that when he was in distress passers-by who were asked for help either ignored him or commented on his state (Beker i Milošević 2019: 7).

In the Republic of **Serbia**, the main document which outlines and defines public policies regarding the use of psychoactive substances is the Strategy on Preventing Drug Abuse for the period 2014-2021⁹. It was adopted in 2014 along with the Action plan for its implementation for the period 2014-2017. Another Action plan, one for the period 2018-2021, was intended to be published, but it has not been fully developed.

This strategy deals with individual and social harm, as well as criminal activity, related to drugs, drug use and its consequences. Its aims are centered around two main concepts: drug demand reduction and drug supply reduction. In the field of demand reduction, the strategy lists as one of the goals the following: incentivizing the development of social protection programs for drug users, public institutions for rehabilitation and re-socialization, therapeutic communities and communes, civil society organizations, including harm reduction programs, in order to reduce the degree of social exclusion of drug users and discrimination against them, including programs and activities that form part of social care in prisons and correctional facilities¹⁰.

Despite this formulation, virtually no comprehensive research into stigmatization and discrimination of drug users was conducted in Serbia. One of the few existing surveys¹¹ was conducted in Novi Sad and it is limited to the discrimination against drug users by healthcare workers. Out of the 100 respondents in this survey, 100% used marijuana, 97% used heroin and 31% used cocaine. About 40% of the respondents reported discrimination by general practitioner doctors due to their drug use, and 28.6% were discriminated against by dentists. 22.6% had had experience of discrimination by doctors of other specialties. No connection was found between discrimination experiences and respondent characteristics/situations such as gender, validity of health insurance, existence of a chosen doctor, substance they used, whether they were in rehabilitation programs or whether they were aware of the existence of the Law on Prohibition of Discrimination. Another research¹²,

8 Situational Analysis of the Social Position of Addicts in Montenegro (Situaciona analiza: Položaj zavisnika/ca u crnogorskom društvu), NGO 4 Life, Podgorica, 2014, page 13

9 Official Gazette of the Republic of Serbia (Službeni glasnik Republike Srbije), Nr. 1/2015

10 Serbia - The Situation in the Area of Drugs 2017, European Monitoring Centre for Drugs and Drug Addiction, 2018, page 2

11 Bojana Babin and Predrag Đurić, Self-assessment of the level of discrimination of injecting drug users by health workers in Novi Sad in 2017 (Samoprocena nivoa omalovažavanja (diskriminacije) intravenskih narkomana u Novom Sadu od strane zdravstvenih radnika, 2017), available at doisrpska.nub.rs/index.php/sznj/article/download/3769/3594

12 Aleksandra Božinović Knežević, Violeta Anđelković i Radoš Keravica, Monitoring of the human rights of the people living with HIV in the Republic of Serbia: Holistic report (Monitoring ljudskih prava osoba koje žive sa HIV/ sidom u Republici Srbiji: Holistički izveštaj), Čovekoljublje, Belgrade, 2016, pages 26-27, available at: <http://unijaphiv.org>

conducted by Philanthropy (Čovekoljublje) in 2016, showcased the issue of discrimination relating to healthcare services against people living with HIV/AIDS. Virtually all the intravenous drug users had had a negative experience within the healthcare system. For the purposes of this research there was a monitoring of the media, which showed drug injecting users were predominantly mentioned in a negative context. Despite the move towards a more politically correct terminology, the media kept terms such as “junkie” and “prostitute” when referring to ways of transmission of HIV in injecting drug users or sex worker populations (Beker i Milošević 2019: 8-9).

The evaluation of the Action Plan for implementation of the Strategy on Preventing Drug Abuse (2014-2021) for the period 2017-2017¹³ demonstrated that the majority of planned activities were either unfinished or lacking accessible information. The evaluation does not mention the discrimination or the stigmatization of drug users. It cites that drug users are often regarded as people who do not need help and it is pointed out that there is a deficit of accessible health and social services outside big cities. The evaluation also found issues with the protection of personal information of individuals in treatment - namely, that there were instances of personal information exchange between healthcare institutions and the police (Beker i Milošević 2019: 9).

Serbia adopted the Strategy for Prevention and Control of HIV infection and AIDS for the period 2018-2025¹⁴, in the development of which CSOs were included. Its general goals were prevention of HIV infections and other sexually transmitted infections, as well as reduction of mortality and advancement of quality of life for people living with HIV. One of the specific goals is listed as the protection of human rights and the prevention of stigma and discrimination. The strategy ambitiously seeks to reduce stigma and eliminate discrimination in the environment towards people living with HIV and key populations under greater risk, with no violations to their human rights by 2025. This is to be achieved by:

1) respect, protection and promotion of human rights of people who live with HIV, key populations under an increased risk of HIV and other vulnerable populations;

2) reduction of social, legal, cultural and socioeconomic vulnerability with securing comprehensive participation of people who live with HIV and key populations in increased risk of HIV in the making of decisions that concern them;

3) creation of a discrimination-free and stigma-free environment for people who live with HIV, key populations in risk of HIV and other vulnerable populations (Beker i Milošević 2019: 9).

It should be noted that the national context has been included only for this key population since it is the only one whose behavioral patterns and lifestyle are explicitly criminalized in all of the countries where the research was conducted, which allows additional room for discrimination and violence in comparison with other populations respondents belong to. Other key target populations

[rs/monitoring-ljudskih-prava-osoba-koje-zive-sa-hiv/](https://www.kzbpd.gov.rs/wp-content/uploads/2017/12/emcdda.pdf)

13 Eoghan Quigley and the EMCDDA Policy Team, Report of the European Centre for Drugs and Drug Addictions (EMCDDA) on mid-term review of Serbia's National Drug Strategy (2014-21), available at Serbia's Office for Combatting Drugs, 2017, at <http://www.kzbpd.gov.rs/wp-content/uploads/2017/12/emcdda.pdf>

14 Official Gazette of the Republic of Serbia (Službeni glasnik Republike Srbije), Nr. 61/2018

listed in the collected data who suffer discrimination and/or violations due to their identity and/or lifestyle are in a different position: their lifestyle and/or identity are minority and non-normative, and frowned upon by the general public, but not criminalized and penalized. One of the major outcomes of this analysis should be the initial examination of the relations between drug users' and other key populations' experiences of discrimination and violations of rights, as well as the intersections of the included identities and lifestyles and their implications. A portion of the respondents identify as members of the LGBT or MSM communities. In all national contexts relevant to this research LGBT marriage is not legal and there is notable public outrage at the possibility of legally recognizing LGBT marriage or even equivalent unions and particularly allowing child adoption for members of LGBT community. The social climate in all the countries is predominantly heteronormative and conservative, which fosters a largely marginalizing and stigmatizing environment as a breeding ground for discrimination and violence against members of the community. Other recorded cases of discrimination were based on belonging to the Roma community or refugee status, both of which are stigmatized through dominant discourses.

It should also be noted that research has consistently demonstrated that women who use drugs are at higher risk of discrimination and/or violence and frequently face additional stigmatization based on their gender identity (Beker i Milošević 2019: 14). One case recorded in the data collected for the purpose of this research documents a case of gender-based discrimination independent of other key populations, suggesting that the sole fact of their gender, barring any additional hurdles, places women at higher risk for discrimination and violations, especially in terms of sexual harassment and sexual assault.

No Risk No Borders: Data Analysis

Research Results

The research in question was conducted in May 2021. In total, 50 questionnaires about cases of discrimination towards youths with alternative identities or lifestyles have been collected from four countries (Serbia, Bosnia and Herzegovina, Montenegro and Albania). The discrimination cases were supplied by five non-governmental organizations that are members of DPNSEE (Drug Policy Network in South East Europe) - ReGeneration, Aksion Plus, Prevent, Margina and Juventas, and the organization Puž.

The respondents did not fill in the questionnaires on their own, but with the help of activists from these civil society organizations, in different settings - from drop-in centers to neutral public spaces - and in supportive, familiar and safe environments.

Due to the relatively small sample of questionnaires, this research cannot provide any reliable conclusions. It can therefore be considered exploratory, and will have the aim of mapping out some of the more common forms of discrimination and violence encountered by young people with alternative identities and/or lifestyles in south-eastern European countries. This analysis will strive to shed light on key areas and topics for further research and action regarding the position, discrimination and (lack of) exercising of rights of these social groups.

The respondents received relevant information regarding the objectives of this research, and it was explained to them that their partaking in the research is entirely voluntary, anonymous and confidential, and that their explicit consent is needed. Therefore, the interviewers obtained the respondents' informed consent and their voluntary and confidential cooperation was secured.

For the purposes of data collection in this research, the organizations used an adapted questionnaire developed in 2018, by DPNSEE. The questionnaire consists of ten sections. The first section records the respondents' **demographic data** (gender, age, location, ethnicity, marital status, membership in one of the key populations for this research, their use of harm reduction programs), followed by a section on experiencing **discrimination**, then one on experiencing **violence**, then **social exclusion**. The fifth section examines **human rights violations** and is followed by a section on **health services** and one on **patient rights**. The three remaining sections refer to **interactions with the police**, **social services** and **the media**. The questionnaire was designed to ascertain where, in which ways and in which situations the key populations experience discrimination, violence and violations of their human and other rights, as well as where, in which ways and in which situations they are denied services or provided services of inadequate quality (Beker i Milošević 2019).

A Note Regarding the Collected Data

Upon reviewing the data collected on this project, authors of this analysis immediately realized it would be necessary to include an introductory note that would serve both as a disclaimer and as advice for future data collection.

First of all, it should be emphasized that this note is not meant as a criticism but instead it is intended to both outline the limitations of the data that was collected and, therefore, limitations of the analysis itself and to offer an explanation for these limitations as well as possible solutions for overcoming them.

The limitations were such that we can divide them into two categories, which are, however, related to each other. The first category is the questionnaire itself; it is perhaps too structured in a way that provides little room for explanation, which makes it very narrow and scarce in terms of description and qualitative research potential. It is also structured in such a way that there is a lot of unnecessary repetition, but also a lot of ambiguity and lack of clarity. For instance, in the chapter on violations of human rights, the questions are limited to the perpetrators and reporting (if it happened, to whom the incident was reported, what was the result of the process), but the respondent is not asked to describe or list any of the specifics of the situation. In those instances when the respondents' human rights were violated by the police, a provider of health services, social services or the media, the incident will likely be described in one of the subsequent chapters; those whose rights were violated by family members, relatives, friends, colleagues, etc. will probably have described the incident under the sections on discrimination, violence or social exclusion. However, aside from leaving room for ambiguity and guesswork (the incident described in another section technically qualifies as human rights violation, but is it indeed the incident they were referring to when asked about human rights violations), such questionnaire structure leaves us entirely without any plausible context for the incident if the respondent ticks the "other" box, which does not offer space for specification. Furthermore, there were discrepancies between the two versions of the questionnaire (the one in English and the one in Serbian), in terms of the same multiple choice questions in the section on patient rights not having all the same answer options.

The second category does not refer to the questionnaires themselves, but rather to their administration. In an attempt to cast a wide net, the questionnaires were distributed to youth workers from different NGOs working in harm reduction across four countries and six organizations. The aim of this exercise was to prepare the youth workers for the capacity building process offered by the project. The workers have different backgrounds and none of them are native speakers of English. The questionnaires submitted for analysis were, for the most part, filled in in Serbo-Croatian (since it is the common tongue for almost all of the organizations), but a number of them - namely, the ones from Aksion Plus in Albania - were in English. Although this constitutes an inevitable issue, the problem of the language barrier was present and at times it was not completely understandable exactly what was being said in a response. In addition, the interviewers were clearly not properly

trained for collecting scientific data; naturally, all of the interviewers are, as youth workers, trained to communicate with members of key populations. They apparently failed, however, to pursue some of the answers, and their descriptions were rudimentary and lacking in relevant information. For example, as a follow-up for the question whether the respondent uses harm reduction programs, there were two options: if yes since when and if not why not; however, in some of the questionnaires no answer is listed. It is unclear whether the interviewers were unable to elicit an answer from the respondents or they did not treat all the questions as mandatory. In other places, in a questionnaire section it would be indicated that the respondent did experience a specific kind of discrimination (the answer “Yes” would be marked) but the follow-up questions “where” and “by whom” would remain unanswered (no marked answers, not even “Other”), and the descriptive contextualization question would not clarify this paradox. Additionally, as interviewers were given very rudimentary prompts regarding the questionnaires, and that the cases of discrimination did not need to be related to drug use/possession or even to the key populations listed in the questionnaire, but only had to contain instances of discrimination suffered by youths of alternative identities or lifestyles. This is a very broad and unspecific prompt, which made for a very diverse and divergent corpus of data, thus further complicating analysis. Interviewers were given no material or training on how to perform this kind of data collection and were told nothing about the main aims of this research or the mandatory/optional status of different questions. It would have been beneficial to treat all the questions as mandatory (apart from ones that would be logically disqualified - e.g. if a respondent maintained that their patient rights were not violated, then one should skip the subsequent questions regarding this topic) and strive to elicit as specific and detailed accounts as respondents are willing to give (staying within ethical boundaries, naturally).

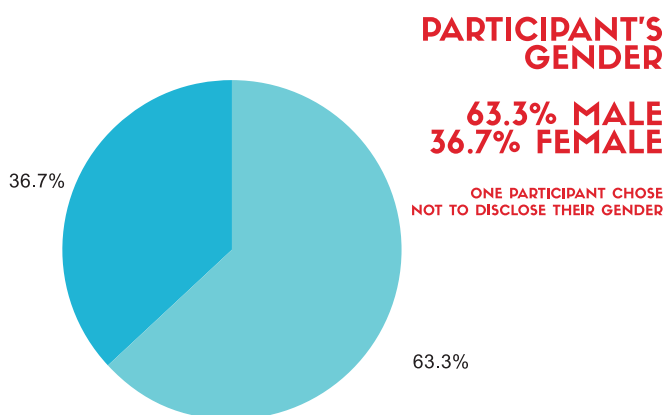
In order for a corpus of data that is collected to be analyzable and usable in research, it is imperative that that data be consistently collected and contextualized. It is fairly frequent for a respondent to refuse to disclose their gender, ethnicity, marital status, etc. and this is an unavoidable issue that has to be taken into account when analyzing the respondents’ demographic profile. However, it is much more detrimental to the research itself for respondents to refuse to describe or contextualize a situation which relates directly to the research topic, in this case instances of discrimination. The interviewer should ideally be able to steer the conversation in the right direction, reiterating if need be that the questionnaires are completely anonymous and that it would be beneficial for the respondent to describe all the situations at least in broad terms, leaving out the specifics (names of institutions and such) if they wish to.

For future reference and any continued or new research efforts, is advisable that the questionnaire be assembled with more caution and ideally by a trained social scientist, and that the volunteers from the organizations who will be conducting the interviews undergo a short training course on collecting data for research purposes.

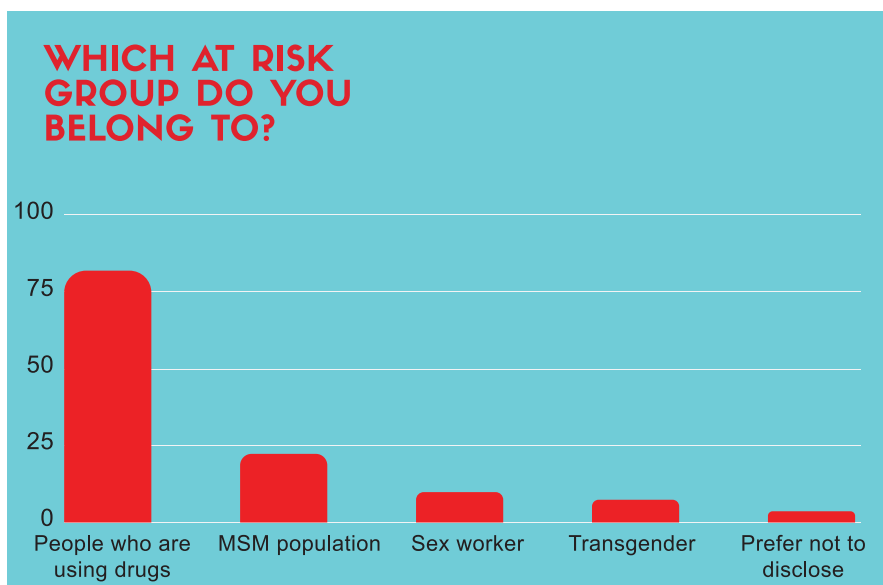
Demographic data

One thing to keep in mind is that the demographic data is contingent upon context - the demographic profile of the participants is in no way representative of overall discriminatory experiences. Since almost all of the organizations on the project work in harm reduction, it is unsurprising that a large portion of the collected data refers to discrimination regarding drug use and/or possession.

Of the 50 respondents, 49 disclosed their gender, 63.3% identifying as male, and 36.7% identifying as female. The year of their birth ranged from 1971 to 2003. Three of them were born in the seventies (1971, 1976 and 1978) and four in the eighties - two in 1982 and two in 1985. Six of the respondents were born in 1996, five were born in 1995, four were born in 1990, four in 1993, three in 1998, two in 1997, two in 1999, two in 1991, one in 1994 and one in 1992. This makes up a total of 30 respondents born in the nineties. Five respondents were born in 2000; three were born in 2002, two in 2001 and one in 2003, adding up to 11 respondents being born in the first decade of the twenty-first century. Two respondents' years of birth were not disclosed.



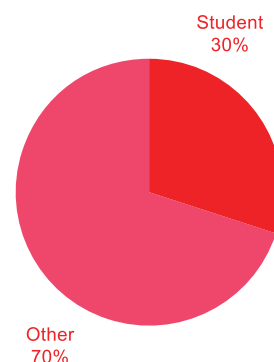
A majority of 81% respondents (34) are people who are using drugs, 21.4% (9) of them belong to the MSM population, 9.5% (4) are sex workers, 7.1% (3) are transgender and 1 respondent (2.4%) preferred not to disclose this information. It should be noted that there is some overlap because the respondents were able to mark multiple categories. In 8 questionnaires the question was left blank. In multiple cases other options were added: 2 youths living in informal settlements, one lesbian (women who have sex with women), and one ethnical/national minority.



It should therefore be noted that in this research not all the respondents are drug users, and neither do all of them belong to (at least) one of the listed key populations. Since the interviewers were instructed to collect examples of discrimination and violence against youths with “alternative identities and/or lifestyles”, in some questionnaires additional categories were noted, such as non-normative sexuality, gender, ethnic minorities or youths living in informal settlements.

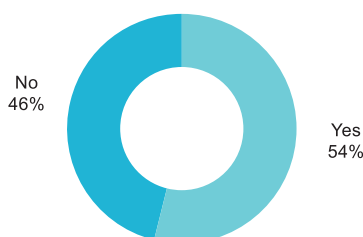
In terms of professional status, 30% of the respondents are students (15), while the rest gave a wide variety of answers ranging from non-disclosure of that information in 6 cases and unemployment in five questionnaires to a large number of individual responses. These individual responses can be broadly divided into two general categories - jobs that require some form of advanced education (8 responses) and jobs that are precarious and done by either unskilled workers or those who attended vocational schools (16 responses). The clear prevalence of the latter coupled with the number of unemployed and student respondents could indicate an overall lower socioeconomic status profiles of youths with alternative lifestyles and identities.

WHAT IS YOUR OCCUPATION?



When it comes to family and marital status, 31 of the respondents answered they were single or unmarried, 7 did not disclose any information regarding their status, and 5 of them are married. Two answered they were divorced and two said they were in a partnership or relationship. One is in an extramarital union, one identified as “mother, unmarried” and one response did not include relevant information but instead detailed the respondent’s upbringing and living arrangement history.

DO YOU CURRENTLY USE HARM REDUCTION SERVICES?



When it comes to using harm reduction services, 27 of the respondents (54%) are currently using them, while the rest are not. This result is not entirely unexpected given the fact that harm reduction programs are generally associated with drug use and a large portion of the respondents are not drug users. The amount of time respondents have been using harm reduction services ranges from one year to more than ten years. Those who do not use harm reduction services mostly responded that they do not use them because they do not find them necessary in their specific case or because they are/were not aware of their existence and/or availability.

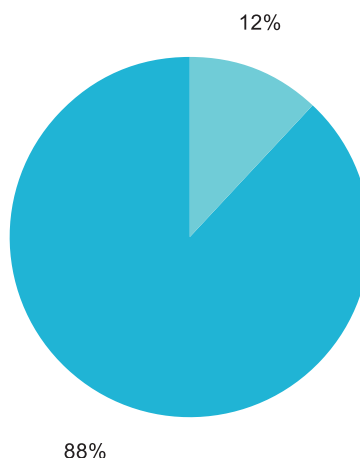
Discrimination

A majority of 88% of respondents (44 out of 50) report having experienced discrimination - i.e. unfair or unequal treatment because of their identity or lifestyle at some point in their lives. Of these cases, in 27 (61.4%) the discrimination was by the police, in 26 by "other people - non-legal entity" (59.1%) and in 19 cases (43.2%) by family members. Respondents experienced discrimination by healthcare institutions in 12 cases (27.3%) and in their workplace in 10 cases (22.7%). Six respondents (13.6%) report having been

discriminated against by the national administration and five (11.4%) report having been discriminated against by social services. These broad results generally coincide with the results of the 2019 survey, which also found the police to be the most common entity reported to have discriminated against drug users. However, the 2019 survey lists healthcare institutions and workplace as major discriminators aside from the police (Bekeri Milošević 2019: 21-22), which is divergent from these results. The differences can be interpreted - at least partially - as a result of the broader scope of respondent identities and lifestyles, i.e. as brought about by the fact that respondents experienced discrimination and violations on different bases. Those who reported discrimination due to drug use are conceivably more likely to have (adverse) experiences with police, healthcare institutions, courts and the like than – for instance – those who reported discrimination due to their sexual orientation or gender identity.

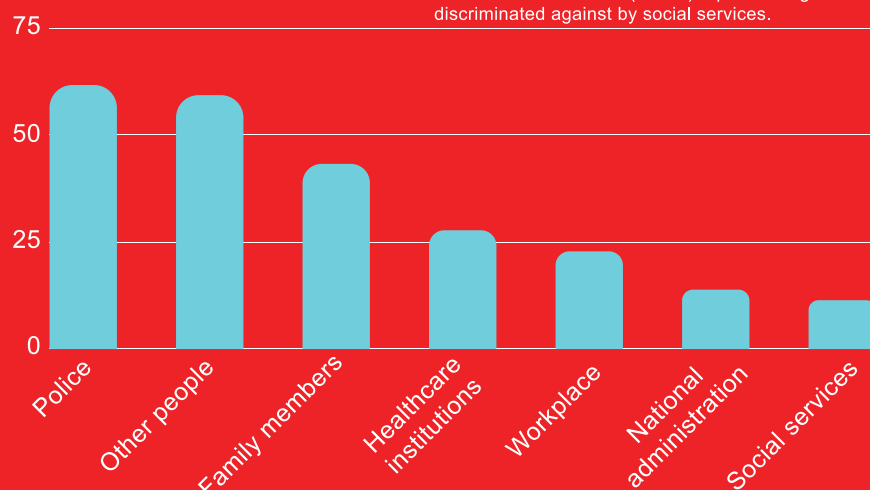
**DID YOU EXPERIENCE
SOME KIND OF
DISCRIMINATION?**

**88% YES
12% NO**



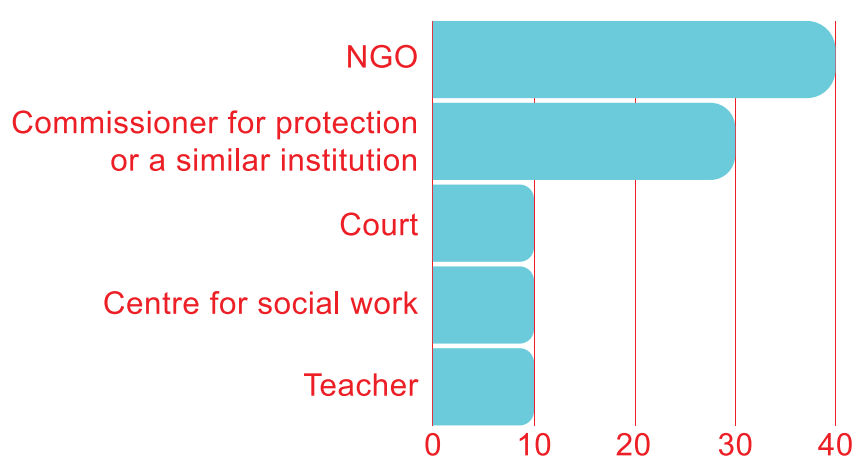
WHO WERE YOU DISCRIMINATED BY?

In 27 (61.4%) cases, the discrimination was by the police, in 26 by "other people - non-legal entity" (59.1%) and in 19 cases (43.2%) by family members. Respondents experienced discrimination by healthcare institutions in 12 cases (27.3%) and in their workplace in 10 cases (22.7%). Six respondents (13.6%) report having been discriminated against by the national administration and five (11.4%) report having been discriminated against by social services.



However, 77.3% (34 respondents) of those who experienced discrimination did not report it. Of those who did, 4 (40%) reported the discrimination to an NGO and 3 (30%) to the Commissioner for protection or a similar institution. Of the remaining three respondents, one reported the discrimination to the court, one to the Centre for Social Work, and one to their homeroom teacher (since the discrimination took place in a school setting), each case amounting to 10% of the total of people who reported the discrimination they experienced. Interestingly, of the 4 cases in which the respondents reported the discrimination to an NGO, 3 were reported to the NGO Puž, based in Tuzla (Bosnia and Herzegovina), working with refugees.

WHO DID YOU REPORT DISCRIMINATION TO?



For all the reported cases the results are as follows: the process is still underway, it was terminated, or there were no observable results or solutions. The latter is the most commonly reported outcome; in one case there was a group conversation mediated by a person of authority, after which the discrimination subsided for a short period of time, but then it resumed with an additional threat of physical violence if it is reported again. In a case of workplace harassment that was reported to the responsible person within the organization, no measures were taken and the individuals who abused the respondent and discriminated against them *“received no warning in any form whatsoever, and the director’s response was “you chose that job yourself”* “.

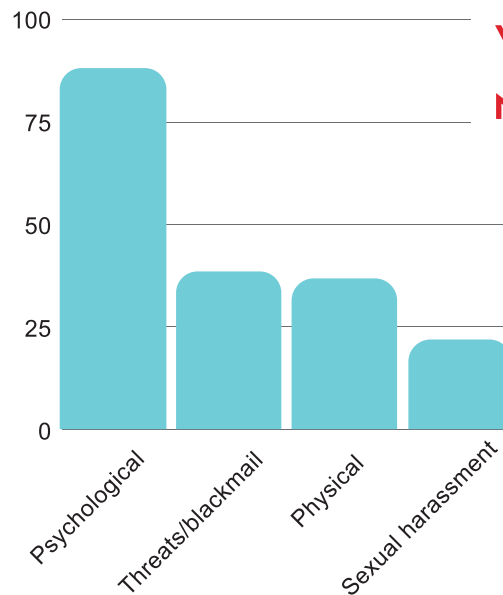
Two of the 10 reported cases were terminated for *“protection of police officers”* and because *“the state took the side of the police officers and the domicile population”*. One respondent who did not report the discrimination they experienced commented:

Whom am I supposed to report it to if I am going to get made fun of by the same people (i.e. policemen) anyway?

Violence

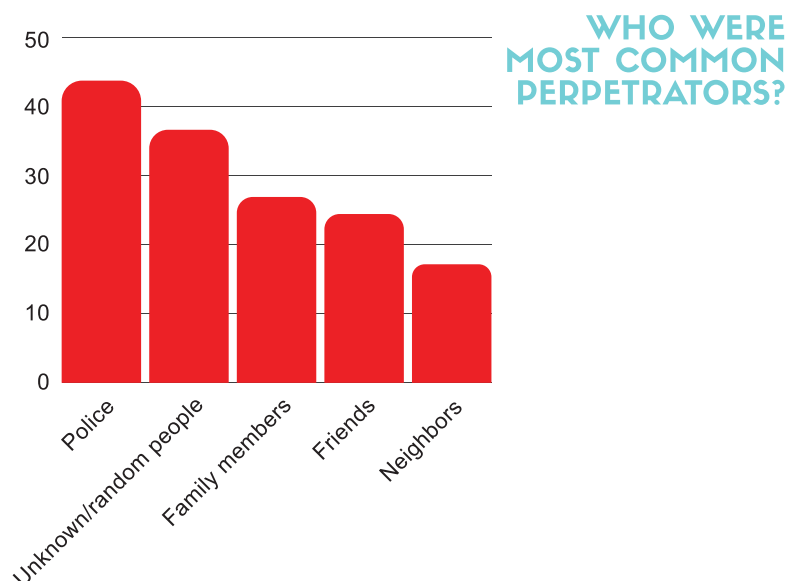
A total of 40 respondents (80%) experienced violence in relation to their identity and/or lifestyle. The form of violence most commonly experienced overall was psychological violence (insults, spitting, constant humiliation, deliberately ignoring, etc.), which was reported by 36 respondents (87.8%). Sixteen respondents (39%) reported being threatened or blackmailed, while 15 (36.6%) were beaten, hit with objects, hit, etc. Ten respondents (24.4%) had items thrown at them and 9 (22%) experienced sexual harassment. Seven respondents (17.1%)

experienced seizure of or damage to their personal property, six (14.6%) experienced rape or attempted rape, and five (12.2%) were closed/locked in a room. The least common forms of violence reported was assault with weapons (experienced in one case, or 2.4%) and sexual (physical) assault and persecution/following, each reported in 4 cases (9.8%).



WHICH FORMS OF VIOLENCE WERE MOST COMMONLY EXPERIENCED?

The two most common perpetrators of violence reported in this research were the police, in 18 cases (43.9%), and unknown individuals/random people, in 15 cases (36.6%). These were followed by family members (26.8%), friends (24.4%), and neighbors (17.1%).



WHO WERE MOST COMMON PERPETRATORS?

Out of these 40 cases, the violence was reported in 7 instances.

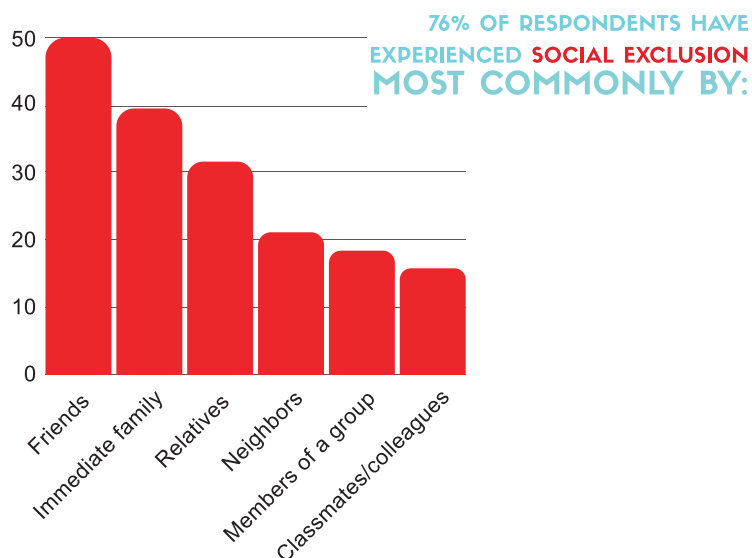
It is important to note that these cases should not necessarily be viewed as single instances. Some of the respondents emphasized the repetitiveness of some of these situations:

- *“I’ve had situations where clients mugged me and took the money and drugs I had on me. That has happened twice, in 2017 and 2019.”*
- *“The police always insult and belittle me”*
- *“Most often in passing I receive various insults because I look like a junkie”*
- *“Regularly in the streets and in my neighborhood by older children”*
- *“For a period of two years, it happened constantly at home”*
- *“It has been known to happen that people judge me and insult me based on my physical appearance, because my mannerisms are feminine”*

This constant repetition of violence is particularly common in cases of violence experienced at the hands of family members, friends, colleagues, in school settings and situations of otherwise prolonged exposure to the perpetrators. Each of the quotes above listed is from a different respondent, and the repetitive or ongoing violence they have reported was based on different aspects of their identity or lifestyle.

The reported cases were all left without satisfactory results, much like in the section about discrimination. Either no actions were undertaken or they were but nothing came of it - occasional responses from institutions, eventual termination of processes and measures that failed to solve the ongoing abuse.

Social Exclusion

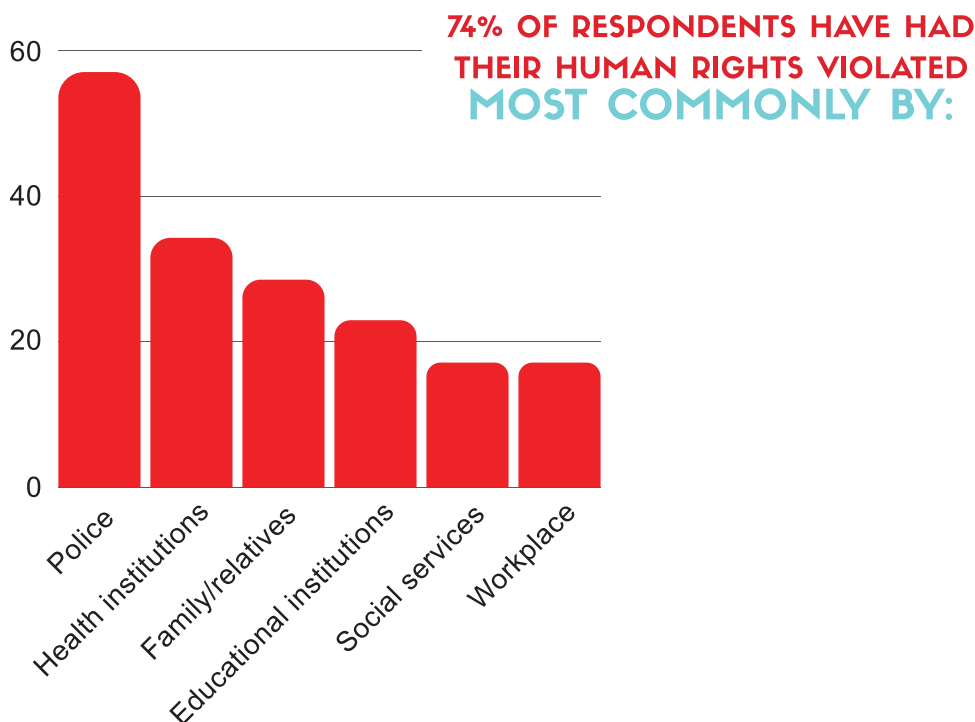


76% of the respondents (38) have suffered social exclusion, most commonly by friends (50%) and members of the immediate family (39.5%), followed by relatives (31.6%), neighbors (21.1%) and members of a group (18.4%). Social exclusion by classmates/student and by colleagues were each experienced in 15.8% of cases. Another 10.5% of respondents reported experiencing social exclusion by either a sexual partner or other legal entities such as nightclubs or festivals.

Both the respondents who reported exclusion on the basis of their drug use and those who suffered exclusion on the basis of their sexual orientation regularly cited their family members and relatives as the excluders. Drug users also commonly stated they were ignored, looked down upon or humiliated and insulted by their neighbors, as well as maintaining they were socially excluded at the workplace or even fired for using drugs in the present or having used them in the past. Respondents who are refugees accommodated in a safe house also complained of exclusion by neighbors. A respondent who is a sex worker in addition to being transgender said their relations with family members had been bad since they came out and their friends started excluding them when they started doing sex work. This example demonstrates how social exclusion can happen on different tiers, simultaneously or not, and how those who belong to several different key populations (those who have multiple alternative identities and/or lifestyles) are more likely to suffer multi-level and multi-group social exclusion, based on the principle of intersectionality. Others, such as members of ethnic minority groups, were well received in their primary social groups (immediate family and relatives, neighborhoods, friends) but faced social exclusion in educational institutions and other public settings.

When describing the exact mechanisms of social exclusion, respondents across all categories report their family members and friends “cutting ties” with them after learning of their identity/lifestyle and excluding them from subsequent family events and decisions, and their peers failing to include them in group activities and plans.

Human Rights Violations



74% of respondents answered that their human rights have been violated. Most cite the police as the violator (57.1%), followed by health institutions (34.3%) and family members or relatives (28.6%). Other relatively often cited perpetrators are educational institutions (22.9%), social services and respondents' workplaces (17.1% each).

Most of the situations were reiterated from contexts already mentioned in other sections of the questionnaire. Alternatively, in some cases the situating question was left completely blank, which made any contextualization of some of the reported cases of human rights violation impossible or, at the very least, unreliable.

Only 16.2% of respondents have reported these violations, mostly to NGOs (50%) and to the responsible person within the organization where the violation took place (50%). One of the cases was reported to the police. The results were lacking in all cases, ranging from absence of any measures to terminated processes and minimizing the violations. One respondent comments:

- *State does not care about people like me, they just throw us in jail and don't care what happens inside. They do not like us either way, so the easiest thing is to keep us away from their eyes. Nobody cares how we are treated during the court process or inside the jail.*

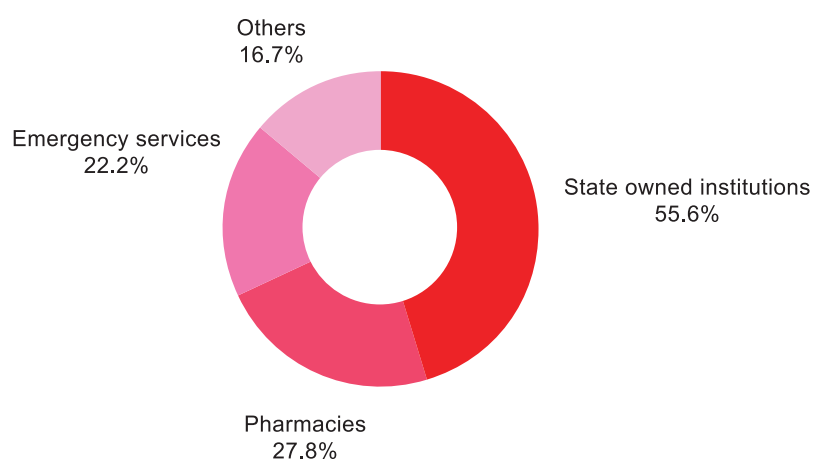
Health Services

Firstly, it is important to note that healthcare violations were listed in the questionnaire under 2 separate sections, the first one dealing with a healthcare service that was requested but denied or that was of inadequate quality, and the second one dealing with violations of patient rights. In some of the questionnaires were described cases of denied or poor treatment that do fall under the category of (usually multiple) patient rights violations, but then the question of whether the respondent's patient rights were violated would be marked "no". Although the challenges of documenting discrimination cases in a context where those potentially experiencing it lack sufficient information regarding what discrimination is or is not, or having misconceptions and misassumptions on this topic have been mentioned above, in this instance it should be possible to record a more veritable answer, since the patients' rights that could have been violated are plainly listed in the next question and were explicable. The situation such as is, these discrepancies and paradoxes in answers, along with all others, serve to illustrate how incoherent the respondents' knowledge of their own rights is and reflect the very feeble grasp the respondents in general have on the definitions and scopes of the phenomena analyzed here.

As in previous sections, two of the most common problems hindering analysis were the fact that some questionnaires lacked descriptive clarifications and the fact that the respondents do not necessarily have a clear or accurate idea of what constitutes denial of health services. However, of those that are valid, the complaints revolve mostly around the fact that the medical staff failed to take into account the respondents' complaints and descriptions.

38% of respondents report having been denied a requested health service. The term "health service" was further explained to the respondents as including medical assistance and counseling. Most instances of denial of health services happened in state-owned institutions (55.6%) and pharmacies (27.8%). In addition, respondents were denied medical assistance by emergency services and ambulances (22.2%) and 16.7% respondents were denied health services by staff in private practices, NGOs, by the police, by family members, in police custody or prison, or by other persons such as friends, sexual partners or clients.

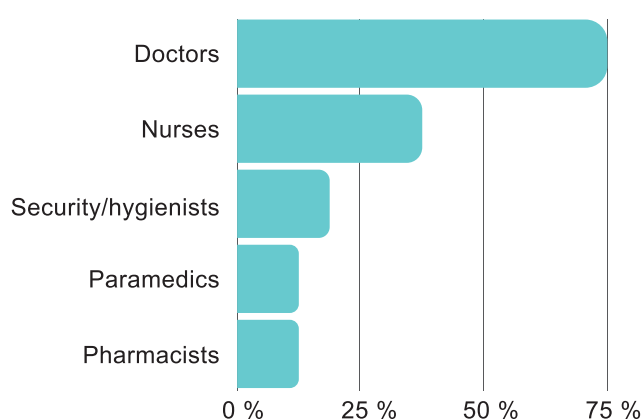
**38% OF RESPONDENTS REPORT
HAVING BEEN DENIED A
REQUESTED HEALTH SERVICE..
MOST COMMONLY BY:**



Some respondents, namely those identifying as drug users and experiencing discrimination related to their drug use, even reported being told “we don’t treat your kind here”, “this is not the place for people like you” or something along those lines. By explicitly referring to their drug user status when denying treatment, the medical staff in these cases demonstrably discriminated against the respondents based on their lifestyle.

Of those who did experience healthcare violations and discrimination, most complain of being stereotyped and reduced to their perceived group (people who are using drugs, MSM, etc.) and not being taken seriously. They complained of dismissiveness of the personnel regarding their accounts and fears and the dehumanization and lack of empathy they suffered.

WHO WERE THEY MOST COMMONLY DISCRIMINATED BY?

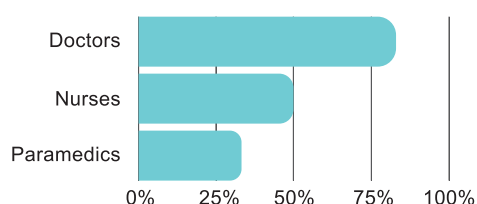


In terms of staff, 75% of violations were perpetrated by doctors and 37.5% by nurses. 18.8% were perpetrated by security/hygienists and 12.5% by paramedics and pharmacists each. There was one account of a patient rights violation by a medical technician and one, listed under the option “other”, by an employee of a refugee safe house (however, for the latter no additional context was offered).

In none of these cases of denied medical treatment was a procedure against the discrimination initiated. The outcomes of the situations include answers such as:

- “Only after all the insights, looking at my arms, doing blood tests and various procedures - the respondent received health services”
- “I was repeatedly asked to leave the premises”
- “I stopped asking and got better on my own”

36% HAVE RECEIVED POOR TREATMENT WHEN REQUESTING A HEALTH SERVICE MOST COMMONLY BY:



18 respondents (36%) have received poor treatment when requesting a health service. The poor treatment was also received mostly from doctors (83.3%), nurses (50%) and paramedics (33.3%), which is to be expected given the fact that they are the medical staff that respondents are most likely to come into contact with frequently. Most respondents cite the staff ignoring them or being hostile and even insulting them. Like with denied medical help, no complaints were filed by any of the respondents. An explanation for the absolute lack of complaints was only given in one questionnaire, where it is noted that “Due to a lack of trust in institutions, no complaint was filed”.

Patient Rights

It may seem counterintuitive that only 36% of respondents (18) reported violations of their patient rights, given the fact that more reported being denied medical assistance, but this slight discrepancy can be attributed to the fluid understanding of terms “health services” and “patient rights” by respondents in general.

Of the 18 respondents who did report patient rights violations, 13 reported their right to receive health services that comply with quality standards as one that was violated; this means that 72.2% of the respondents who consider their patient rights were violated find that they received a health service that was of insufficient quality. This finding is consistent with the fact that 36% of overall respondents reported having received poor treatment when requesting a health service. The number does not match exactly, presumably because some of those who reported receiving poor treatment marked various other patient rights as violated (which they probably consider to fall under the category of “poor treatment”), but it does seem logically contingent that most of those who received poor treatment also marked “right to comply with quality standards” as violated.

61.1% of these respondents (11) reported that their right to access to health services was violated, which is also relatively consistent and reinforces the claim - maintained by 38% of respondents - that they were at some point denied a health service which they requested. Half of these respondents' right to receive adequate information was violated, as well as 33.3% respondents' right to respect for the patient's time. 27.8% of these violations were in relation to the patients' right to privacy and confidentiality, while 22.2% of the respondents who reported patient rights violations marked their right to preventive measures, right to safety and right to avoid unnecessary suffering and pain as violated. 16.7% of these respondents reported violations of their right to free choice, their right to be notified, and their right to appeal. One respondent reported a violation of their right to personalized treatment, one reported a violation of their right to compensation (when physical and moral and psychological damage has been sustained) and one reported a violation of the rights of patients taking part in a medical trial. Two of the respondents reported a violation of their right to a second expert opinion, and two reported a violation of their right to the confidentiality of information about a patient's health status.

In 83.3% of these cases the rights were violated by doctors, in 50% by nurses and in 33.3% by paramedics. In three cases (16.7%) the rights were violated by either security or a hygienist, in one case by a pharmacist and in one case by a psychologist. In one questionnaire the violator was listed as “other”, and accompanied by a note “not in the system”.

Some of the recurring accounts of patient rights violations include pharmacists refusing to sell injecting paraphernalia (needles and syringes), medical staff refusing to order tests and either sharing patients' confidential information or forcing them to talk about their health status and issues in public settings.

Similarly to the first two questions regarding health services, none of the patient rights violations were reported. One questionnaire again cited lack of trust in institutions as the reason no report was filed. Understandably, in almost all the questionnaires the question “What was the result of the process?” was left blank, apart from one answer, which read:

I kept trying to find new clinics until I settled with one.

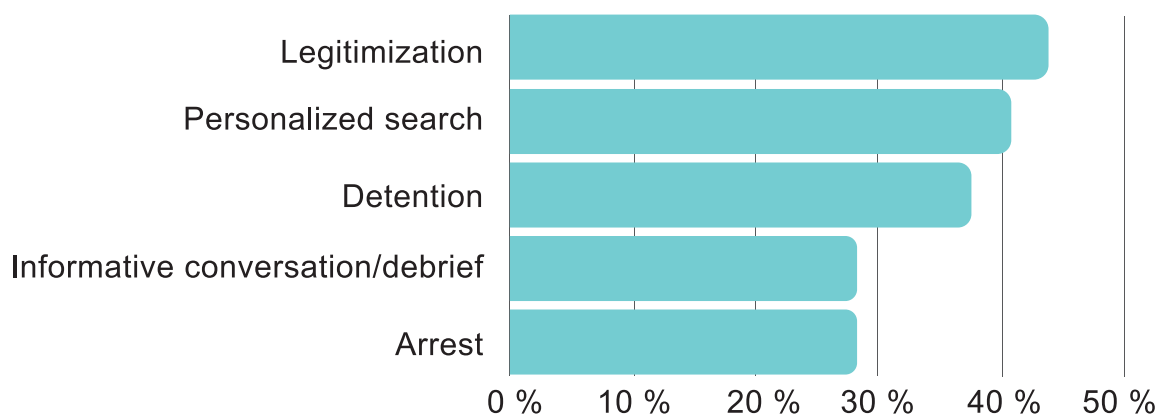
This answer underpins the very practical approach many respondents took to being withheld adequate help, but it also hints at the fact that some of these people face similar treatment in many of the health institutions they have knowledge of and/or access to. It should also be noted that, just like in other sections, the reported violations should be regarded as regular occurrences rather than isolated incidents, with descriptions in many questionnaires containing phrases such as “*several times in the last few years*”, “*most often in my community healthcare centre, sometimes they don’t let me enter*” and “*the times I needed treatment*”.

In this section it is difficult to differentiate between actual violations of patients’ rights and miscellaneous other situations that were frustrating, stressful or unpleasant for the respondent but are not necessarily a violation of patient rights - such as long waiting times or being sent to multiple locations within an institution before receiving medical attention. This distinction is further hindered by the fact that some of the questionnaires lack description or contextualization of the violation or contain very rudimentary and scarce contextualization.

Police Interventions

A majority of 64% of all respondents report their rights or dignity being violated during interactions with the police. Most commonly this happened during legitimization (in 43.8%), personalized search (40.6%), detention in a police station that lasted up to 24 hours (37.5%), an informative conversation or debrief (28.1%) and arrest (28.1%). 15.6% of the violations took place during detention in a police station lasting longer than 24 hours, 12.5% took place during a vehicle search and 9.4% during a house search. Two respondents (6.3%) reported the violations taking place while reporting a case to the police, one respondent reported the violation happening in the process of collecting a urine or blood sample, swab, alcohol test or similar, and one questionnaire lacked an answer. Several respondents listed answers under “other”, two of which clarified that the situation in question was beggary (on the part of the respondents) and one just listed violence - indicating that not all of the instances of violation happened during official and specific police interventions.

**64% OF ALL RESPONDENTS
REPORT THEIR RIGHTS OR
DIGNITY BEING VIOLATED
DURING INTERACTIONS
WITH THE POLICE. MOST
COMMONLY THIS
HAPPENED DURING**



When it comes to occasions that involved arrest and detention, the follow-up question whether the respondents were informed of their rights revealed that they mostly were not. Only 6 respondents were informed of their right to remain silent and of their right to access to a personal lawyer. Four were informed of their right to access to a lawyer *ex officio* and to contact a family member or another close person. Three were informed of their right to information about the reasons for their detention or arrest. Two were informed of their right to access to a doctor (of their own choosing). Even accounting for possible overlap between the three situations relevant to this question (arrest, detention for up to 24h and detention for longer than 24h), the highest percentage of respondents being informed of any of their rights is 50%.

Of those who experienced violations by the police, most cited psychological violence including insults, spitting, constant humiliation and deliberate ignoring (87.5%), followed by threats and blackmail (34.4%) and beating, hitting with objects, kicking, etc (31.3). To a lesser extent, respondents reported sexual harassment (21.9%). There was one report of sexual (physical) assault and one of rape or attempted rape. A response listed under the option “other” described a hybrid form of violence containing elements of psychological abuse such as yelling and elements of physical abuse such as driving away and making a motion reminiscent of hitting towards the respondent.

The only instances in which the violations have been reported are two cases of violating refugee rights in Bosnia and Herzegovina. Some of the respondents explained why they did not report the abuse:

- *It wasn't initiated, because I didn't believe that anything would change, and the officer told me, I quote, "We don't help your kind"*
- *No, because I didn't know where to go and I was too scared to tell the police since one of them was the one who was judging me, calling names, spitting, etc.*
- *No, to whom would I turn for such a thing*
- *I didn't say anything to them, they're cops.*

The initiated processes were terminated due to lack of evidence. A process against police officers' alleged misconduct (human rights violations) in Bosnia and Herzegovina was terminated when the officers in question denied having violated the respondent's rights. An instance of police discrimination that was reported to the police was stated to have the following outcome:

"Nothing, they kept going, the more you whined".

It should be noted that the respondents who identified as drug users reported comparatively more cases of violations in contact with the police, i.e. a higher rate of this specific instance of discrimination than respondents who are not drug users. This result is attributable to the fact that drug possession is criminalized in all of the respondents' countries and they were therefore on average more likely to come in contact with the police than respondents who experienced discrimination based solely on their sexual orientation or gender identity. Similarly, respondents who are refugees or sex workers are also more likely to face legal adversity and experience discrimination by the police. While it is undoubtedly beneficial to always cross-reference any data for connections, it is also indispensable to contextualize the interpretation of any uncovered connections.

Social Services

Seven respondents - 14% of the total - have not been provided a social service that they requested. Only 5 of them responded to the question where they requested the service - 4 answering it was a center for social work, one that it was a homeless shelter and one that it was an NG or religious organization offering soup kitchen services, social aid and the like. It is unclear from some of the accounts if what the respondent interpreted as discrimination is simply a systemic issue, i.e. a lack of comprehensive support systems for specific social groups, for instance in these cases:

- *It was in 2015. I wanted a new ID and to receive some financial help.*
- *It happened two days ago when I had to go to the municipality of Tirana because I'm in desperate need of a job, home or just financial assistance from the government. They kicked me out, as I've already mentioned.*

Other accounts, however, depict a more straightforward, if subtle, violation of rights:

- *When they (the respondent) were a child, their father requested social assistance but the request was repeatedly returned to supplement the documentation*
- *Postponing of meetings and minimizing my problems regarding domestic violence*

These quotes suggest that the dominant form of discrimination when requesting a social service, especially from a governmental institution, is related to administrative aspects of the process. In the first case it is likely that the individual filing the request was not adequately informed of the conditions and necessary documentation or offered assistance with the administrative tasks, which could - and should - be considered a violation as it prevents the individual from exercising their rights and discriminates against those who are functionally or otherwise illiterate. In the second case it is arguably a violation of a person's human rights to dismiss or minimize their reports of domestic abuse and to postpone meetings regarding this topic.

One of the respondents maintains that a procedure for protection against discrimination was not initiated because their father "didn't know who he could report it to or how" while another comments that they would seek social services but "*do not know where to ask for it*", further bolstering the claim that a common reason for the lack of reports and complaints filed by the respondents in this research is the lack of relevant information. Filing reports and complaints officially is a highly formal process that often requires assistance and even legal counsel, and those in need of assistance rarely have the information on where to find it and how to ask for it.

The media

Seven respondents (14%) report their rights being violated by the media. Four of them (57.1%) report that it happened on the internet, while one respondent reports their rights were violated by a daily newspaper, one reports their rights were violated by a television network and one reports their rights were violated on social media. One questionnaire also includes the answer *“I prefer not to say precisely”*.

Five respondents - 71.4% of those whose rights were violated by the media - suffered insults or slander, three (42.9%) had their photograph published without consent, two had video material published without consent and two had misinformation about them distributed. Furthermore, two respondents marked “other” forms of violations and one had audio files released without consent.

The accounts of those who reported insults and slander coupled occasionally with misrepresentation and unauthorized distribution of photographs and/or (audio)visual material containing their person and/or personal information are centered around content shared on social media platforms such as Instagram and Facebook:

- *In high school I came out as homosexual to my friend group, after they started taking distance from me they started spreading false rumors on the internet about my sexuality and people started labeling me as a transsexual not as a homosexual, after that things degraded and I would see offensive photoshopped photos of me on Instagram on a page opened exclusively for me where people insulted and slandered me.*
- *When I was 14 years old in Facebook groups, insults, humiliating i spreading of my personal data in different groups*
- *Three years ago, there were two audio files, along with pictures of me in humiliating positions circulating on Instagram. The page was opened especially for me, with my name and last name. The people who followed the account would comment insults and would verbally abuse me the next day in school.*

The listed reports describe cyber-bullying, and it was almost exclusively perpetrated by respondents' peers such as members of a friend group or classmates. It should also be noted that this kind of violation or abuse was generally described by the respondents as repetitive or chronic, with one respondent remarking: *“It has happened through the time.”*

Cases that include violations by official media organizations are few and contextually varying:

- *The material was edited so as to misrepresent the respondent's statements, they prefer not to provide further specification*
- *A long time ago someone was recording me while I was talking about my life and drug ad-*

diction. It was an interview, actually. I couldn't care less if they posted the voice recording, however, I had specifically asked them to not display my name and not post the part where I talked about putting drugs into my daughter's pockets when she was younger. I was afraid of my daughter finding out, that's why I kept telling them to not do that. They posted it anyway and my daughter eventually found out that I'm a drug addict and stopped talking to me for months. The interview happened in my workplace.

- *When I was arrested for robbery, they depicted me as a well known wanted criminal, while I was more of a petty thief. They made it look like I was the most dangerous in the world.*

These descriptions demonstrate that some of the respondents who were interviewed or referred to in the media for various reasons (their living conditions, drug use, arrest) suffered misrepresentation or, in one case, a violation of their right to withdraw consent. The reasons for such offenses can be different, including but not limited to sensationalism and lack of expertise and professionalism.

Only one of the cases in question was reported (to the police), while one respondent stated that they *"didn't know to whom or how"* to report and *"also it wasn't that horrible"* while referring to the violation. These cases were also uniformly described as isolated incidents, as opposed to the ones taking place on social media platforms and perpetrated by respondents' peers. The process regarding the one violation that was reported to the police - one of the cases of social media bullying - resulted in the following: *"They turned the person away, saying they would send an answer soon but never did."* Another respondent, who had not filed an official report but had apparently complained informally, commented on the epilogue by stating: *"Nobody cared about it. They just left it there."*

Concluding Remarks

The fair amount of repetition in examples can be traced back to the fact that most respondents filed specific incidents and violations under multiple sections. There were also numerous discrepancies between the situations as respondents described them and the way they were classified by the respondents themselves. Although this did complicate quantitative analysis of the data, it provided valuable qualitative insight into how (mis/un)informed citizens are of their rights and the mechanisms for their exercising.

Most respondents across all countries and identities/lifestyles failed to report the instances of abuse, violations or discrimination they experienced. It would have been useful to record the reasons for this tendency as best the respondents could list/explain them, but unfortunately, the questionnaire was so structured that it did not prompt them to respond to this, instead just asking whether the instance was reported - and, in case it was, what the result of the process was. However, some interviewers did ask the follow-up question why the instance of discrimination was not reported or a complaint was not filed. Based on the portion of the questionnaires that do answer this question, the overall responses veer towards lack of information (they did not know where, or to whom, to complain) and lack of trust in institutions under whose jurisdiction the case would fall (they did not think any action would be undertaken, felt it was futile to report officials from the same institution that would be tasked with investigating the case, etc.).

No clear conclusions can be drawn from such a limited sample of experiences regarding such a broadly defined topic. However, preliminary notes indicate a higher incidence of negative experiences in contact with police officers and health institutions for those respondents who are drug users than those who are part of the LGBT community, save for possibly transgender people. Respondents who are members of ethnic minorities were more likely to be discriminated against by all institutions, and refugees also exhibited a higher likelihood of exposure to discrimination and violations across the board. Female respondents were almost exclusively the ones who reported sexual harassment and sexual assault.

The most promising areas for further, more detailed, research include:

- research into the degree of literacy of the general public regarding discrimination, abuse and human rights compared to the degree of literacy of key populations regarding discrimination, abuse and human rights;
- reporting and complaint procedures in different settings/cases/institutions and assistance offered;
- outcomes of initiated procedures.

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