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TREATMENT SYSTEMS OVERVIEW IN SOUTH EASTERN EUROPE

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* All references to Kosovo, whether to the territory, institutions or population, in this text shall be understood in full compliance with United Nations Security Council Resolution 1244 and without prejudice to the status of Kosovo

Pompidou Group

The Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (the Pompidou Group) is an inter-governmental body formed in 1971. Since 1980 it has carried out its activities within the framework of the Council of Europe and 35 countries are now members of this European forum, which allows policy makers, professionals and experts to exchange information and ideas on a whole range of drug misuse and trafficking problems. Its mission is to contribute to the development of multidisciplinary, innovative, effective and evidence-based drug policies in its member states. It seeks to link policy, practice and science.

By setting up its group of experts in epidemiology of drug problems in 1982, the Pompidou Group was a precursor of the development of drug research and monitoring of drug problems in Europe. The multi-city study, which aimed to assess, interpret and compare drug use trends in Europe, is one of its major achievements. Other significant contributions include the piloting of a range of indicators (treatment demand indicators) and methodological approaches, such as a methodology for school surveys which gave rise to the European School Survey Project on Alcohol and other Drugs (ESPAD).²

² See the list of Pompidou Group documents and publications at the end of this publication.

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Introduction

In 2008-2010, the Pompidou Group attempted to develop a comprehensive overview of the treatment systems for drug users in Europe. The first result was a publication made in October 2010. It contained the overview of the treatment systems in 22 Member States of the Pompidou Group³. In November 2010, it was decided to extend this publication with an overview of the treatment systems in the countries of the South Eastern Europe, namely: Albania, Bosnia and Herzegovina, “the former Yugoslav Republic of Macedonia”, Montenegro, Serbia and Kosovo*. Since the country reports for Croatia and Slovenia were included in the previous publication of the Pompidou Group in 2010, the present publication completes the description of the treatment systems in the former Yugoslavia and Albania.

The present publication is based on the reports submitted by experts from their respective countries in accordance with the framework developed by the Pompidou Group treatment platform. Dr Liljana Ignjatova, the representative of “the former Yugoslav Republic of Macedonia” to the Pompidou Group, has assumed the task of reviewing the reports and writing the summary of trends in treatment systems for drug users in the region.

The purpose of the publication is to make knowledge available about how treatment systems are organised in the different countries of South Eastern Europe in order to facilitate bi- and multilateral co-operation and research. The publication extends the overviews of the drug situation in the region done by the UN agencies and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Specifically, it complements the country overviews prepared by the EMCDDA with new and updated information on drug consumption epidemiology, developments in national drug policies and organisation of the treatment systems.

The target audience for this publication includes policy makers, professionals/practitioners, user groups and researchers. It is our hope that the publication will be disseminated and used widely.

³ “Treatment Systems Overview”, by Richard Muscat and members of the Pompidou Group treatment platform, [ISBN 978-92-871-6930-3], October 2010. This publication contains an overview of the treatment systems in 22 countries of Europe, namely Belgium, Bulgaria, Croatia, Cyprus, Denmark, France, Germany, Hungary, Ireland, Italy, Luxembourg, the Netherlands, Norway, Poland, Portugal, Lithuania, the Russian Federation, the Slovak Republic, Slovenia, Sweden, Switzerland and the United Kingdom.

Overview of the treatment system in South Eastern Europe

1. Demography

Among all countries in this region, Serbia has the largest population, with approximately 7 million inhabitants and Bosnia and Herzegovina follows with some 3.8 million inhabitants. “the former Yugoslav Republic of Macedonia”, Albania and Kosovo* have populations around 2 and 3 million and Montenegro contains six hundred thousand inhabitants. In “the former Yugoslav Republic of Macedonia”, Albania and Serbia, roughly one fourth of the population lives in the capital. The highest unemployment rates exceed 30% in Kosovo* and the “the former Yugoslav Republic of Macedonia”. The majority of the population in Kosovo* are youths (above 50% are aged under 25 years) and in Albania, the average age is 29 years and 40% are under 18 years.

2. Epidemiology of Drug Use

This section contains data for the estimated number of drug users and/or problem drug users, taking into consideration the problem of drug mortality and comorbidity (HIV, Hepatitis B and C). There are variations in the estimations for the number of injecting drug users (IDUs) in different countries in accordance with the sources of information.

The estimated number of IDUs in the region is the largest in Serbia, with 12 500- 25 500 IDUs, of which 6 500 (25%-50%) live in the capital of Belgrade. Experts estimate that 3 000-8 000 IDUs live in Bosnia and Herzegovina, compared with the estimation by NGO representatives of 15 000 IDUs. Lifetime prevalence of illicit drug use among university students in Bosnia and Herzegovina (aged 18-25) was 22.5% in 2001, and 31% in 2006.

Expert estimates range from 4 500-5 000 problem drug users in Albania. The total number of adults (aged 15-64) who had ever tried any kind of illicit drug was estimated at around 5 000 (lifetime prevalence of 0.2%) in 1995, while current figures oscillate between 40 000 and 60 000 (lifetime prevalence between 2.0% and 2.8%).

According to the Ministry of Interior of “the former Yugoslav Republic of Macedonia”, there were 457 registered drug users in 1993, while at the end of 2009, the number of registered drug users was 8 778, of which 5 108 used cannabis, 3 682 used heroin and 349 used other drugs. According to a different bio-behavioural study, the estimated number of IDUs in “the former Yugoslav Republic of Macedonia” in 2010 ranged from 7 450 – 14 150, of which 2 950 (from 2 150 to 4 100) were in the capital.

The estimated number of IDUs in Kosovo* varies from 10 000-15 000, of which 4 000-5 000 are heroin users. NGO Labyrinth estimates are 3 000 IDUs, with half living in the capital of Pristina. Official estimates for the number of drug users in Montenegro are not currently available.

Data for drug related deaths in these countries is insufficient. All countries report different types of data in relation with drug related deaths, with different periods as well. In “the former Yugoslav Republic of Macedonia”, data for drug related deaths may be biased due to the fact that, for a variety of reasons (religious, financial, etc), no autopsy/toxicological analysis is carried out in many cases. The total number of drug related deaths in “the former

Yugoslav Republic of Macedonia” in 2009 was 16, of which 13 were caused by opiates. Since October 2010, there have been 13 drug related deaths, five from opiates and the other five from methadone or a combination of methadone with opiate or benzodiazepine. The average number of deaths per year for the period 2005-2008 in Montenegro is five, or 7.6 deaths per million citizens per year. In Kosovo*, more than 30% of deaths were not recorded between 2006 and 2007. NGO Labyrinth reported 28 deaths (out of 750 clients), for the period 2002-2010. However, in the year 2010, there were 14 cases of deaths associated to drug use, half of the total number of deaths for the entire previous period.

In Serbia, overdose mortality is not known. There were 2 414 officially registered HIV positive persons at the end of 2009. At the beginning of the HIV epidemic, 60% of the registered PLWHA were IDUs, but this proportion has diminished significantly over the years, and now 6% of new registered PLWHA are IDUs. As of 31 October 2010, “the former Yugoslav Republic of Macedonia” and Montenegro are low prevalence HIV/AIDS countries, with a total number of 130 reported cases of HIV/AIDS (only 10 were injecting drug users) in “the former Yugoslav Republic of Macedonia” and 103 HIV infected individuals registered in Montenegro (4% were injecting drug users). In Albania, there have been a total of 406 reported HIV/AIDS cases since November 2010, with a prevalence of less than 0,1%. There are no reported cases of HIV infection among IDUs in Kosovo*, out of 43 currently known HIV cases.

The prevalence data for hepatitis C in these countries has been quite diverse, with the highest 2010 figures of Hepatitis C among registered injecting drug users in “the former Yugoslav Republic of Macedonia” of 70,1% (95%CI=63.8-73.4%). The incidence of HIV and hepatitis B and C among drug addicts on substitution treatment in Serbia for the period 2000-2010 is 4%, 4,8%, and 47,8% respectively. In Albania, the prevalence for hepatitis B for 2003, 2006-2007 and 2009 is 10,1%, 22,8 and 20,2% and for hepatitis C its 12,6; 29,4; and 28,1% respectively. Figures for hepatitis among IDUs in Kosovo* are 14,6 for hepatitis B and 18,1 for hepatitis C in 2007 and 22,3% for hepatitis C in 2010. Montenegro reported that 80% of the 30 currently treated patients with chronic hepatitis C in the Clinic for Infectious Diseases are IDUs.

3. Short history of drug treatment

In some countries, the history of drug treatment dates from the late 1970's and early 1980's (Serbia and Former Yugoslav Republic of Macedonia). In Albania, Bosnia and Herzegovina and Montenegro, drug treatment was introduced during the 1990's and in Kosovo* at the beginning of 21 century.

Methadone treatment was introduced in “the former Yugoslav Republic of Macedonia” in the late 1970's. Since 2005, this type of treatment was available at 10 new services. Treatment with buprenorphine was introduced in 2009. In 1999, the inpatient unit for detoxification was established in the capital.

The Ministry of Labor and Social Policy opened two regional daily centres for rehabilitation and re-socialization of drug users and in 2010, the Therapeutic Community in Strumica was established as well. In Albania, drug treatment was introduced in the early 1990's. Since then, two models of drug treatment have been operating: state drug treatment (short-term therapy) and a community-based MMT programme introduced in 2005 in the capital of Tirana and later dispersed to five more towns. In Bosnia and Herzegovina, methadone treatment was introduced for the first time in Sarajevo in 1989, but the programme was stopped during the war in Bosnia and Herzegovina and reestablished in 2002. Drug treatment interventions in Kosovo* are scarce, and are currently provided by two main actors: the Psychiatric University Clinic of Pristina (providing in-patient detoxification) and NGO Labyrinth (providing out-patient treatment and counseling services). In Montenegro

until the 1990's, in-patient services for substance abuse were offered at the Alcohol Abuse Ward in the Special Psychiatric Hospital in Kotor. Later, detoxification units within general hospitals in other cities were established and out-patient treatment with methadone and counselling was provided within mental health centers. Rehabilitation and resocialization was provided by state's and NGO's treatment centers. In Serbia, drug free programmes were available until the early 1980's, when the synthetic opioid analgesic "Valoron" and methadone were introduced in quick succession. In 1987, the Institute on Addictions, the only specialized institution for substance dependence treatment, was established in Belgrade, but its methadone maintenance programme was compromised and drug free programmes prevailed instead. Although these past decades were a turbulent period for Serbia, experts in the drug addiction field have continued to work on establishing a network of treatment facilities, opening new substitution centres and other harm reduction programmes as well as several rehabilitation programmes: from 2004 up to now a network of 20 such facilities was established by the state in all regions of Serbia with the help and support of various NGOs, international agencies and the church.

4. Organisation of treatment services

In most of these countries, drug services fall under the jurisdiction of the Ministry of Health, whereas other services, such as daily centres for rehabilitation and re-socialization, and in some countries, the therapeutic community, are the responsibility of the Ministry of Social Welfare and the NGOs. In Albania and Kosovo*, MMT is provided by NGOs.

In "the former Yugoslav Republic of Macedonia", the public sector is the leading actor in drug related medically assisted treatment. The main financial actor in the funding of drug related treatment is the Ministry of Health, though the Programme for Protection of Drug Addicts and the Health Insurance Fund. Professionals engaged in treatment are psychiatrists, medical doctors-GPs, nurses, pharmacists, social workers, and psychologists. Currently, there is no specialty in Addiction Medicine at the University level and medical students receive very limited knowledge in this area.

In Albania, according to the National Strategy Against Drugs 2004–2010, programmes of methadone maintenance treatment should be covered by specialized centers. The NGO-Aksion Plus is licensed from the MOH for the long-term administration of MMT. The free of charge MMT is ensured by the Global Fund programme.

In Bosnia and Herzegovina, the health care system provides medical treatment for drug users at seven different centers for detoxification, as well as MMT and inpatient wards for methadone detoxification. Drug rehabilitation programmes are conducted in TC's (only one is governmental, while all of the others are operated by churches or by NGO's).

In Kosovo*, the Psychiatric Clinic at the University Clinic has a department for the treatment of drug users.

In Montenegro, the treatment is completely covered by a patient's insurance (except rehabilitation and re-socialization).

In Serbia, drug addiction treatment is available in four regional referral centers, in psychiatric wards in most health centers and in the several primary health care centers and is financed through social health insurance. There are also private hospitals and treatment facilities in bigger cities. All activities and services in drug dependence treatment are harmonized between the various laws on health care and health insurance.

Drug addiction treatment is available in four regional referral centers, in psychiatric wards in most health centers and in the several primary health care centers.

5. Services

The bulk of each country's report focuses on their services, broken down into a number of subheadings: detoxification, evaluation/planning of treatment, treatment, gender issues and treatment within the criminal system.

In all of these countries, evaluation, dual diagnosis treatment, treatment of young people and gender-specific treatment services are lacking or insufficient. However, these services are still better developed in the capitals and big cities than in smaller cities without treatment centers.

Detoxification treatment in inpatient units is available in all countries, but usually not followed by aftercare. Again, this treatment is usually only available in capitals or main cities. In most of the countries, there is no regular evaluation of addiction treatment, although there are supervisory visits and evaluation reports in "the former Yugoslav Republic of Macedonia", as well as internal and external monitoring and evaluation of the MMT in Albania. Monitoring and evaluation are carried out at local, cantonal and entity level in Bosnia and Herzegovina. There is a protocol for treatment with substitution in most of the countries, but not in Kosovo* and Montenegro where there is neither an official legal framework nor guidelines for substitution treatment.

Methadone treatment is available in all countries except Kosovo*, where establishment of three MMT centres in cities and one in prison are planned. Recently, substitution treatment with buprenorphine has been made available in Bosnia and Herzegovina, Serbia and, to a lesser degree, "the former Yugoslav Republic of Macedonia", which covers a smaller number of patients and concentrates its distribution in urban centres.

Drug-free treatment services, TC's, are much better dispersed in Bosnia and Herzegovina and Serbia than in Montenegro, but the smallest capacity and coverage are in "the former Yugoslav Republic of Macedonia" and Albania. There is no TC or long term drug free treatment in Kosovo*.

Dual diagnosis treatment services are not developed in any of these countries; there are no specific dual diagnosis treatment services, and patients with co-morbidity are treated in the same facilities as psychotic or drug-addicted patients, depending on the specific co-morbid disorder.

Most of the services in these countries are community-based, and are mainly outpatient with the occasional detoxification programme in hospitals.

The facilities and programmes for the treatment of drugs and alcohol are now separated in most big cities in "the former Yugoslav Republic of Macedonia", Montenegro, Serbia and Bosnia and Herzegovina, but they remain combined in the smaller towns.

In "the former Yugoslav Republic of Macedonia", Montenegro and Serbia, there is a link between somatic and psychiatric treatment but not within all psychiatric facilities, and especially in small cities, it is difficult to go from one institution to another. In "the former Yugoslav Republic of Macedonia", if patients on methadone are hospitalised, the Centre for Prevention and Treatment of Drug Abuse and Abuse of other Psychoactive Substances (CPTDA) is responsible for the provision of methadone.

Rehabilitation services for drug users' housing and vocational services are currently insufficient in all countries, but some vocational courses and employment opportunities are now being offered by NGO's (reported for Albania).

In general, treatment services for young people are still insufficient in all countries in the region: treatment of young drug users are organized in Serbia in capital and in big cities, but there are no organized services for drug users under 16; there are no specific treatment services available for young addicts in “the former Yugoslav Republic of Macedonia”; there are no hospital units specialized for the treatment of addicts under 18 years of age in Montenegro.

Gender-specific treatment services still do not exist for female addicts, who are still treated in mixed-gender treatment services in every country but Serbia, where treatment programmes tailored for women addicts finally began to take root several years ago in Belgrade. Somewhat promising for the future in Montenegro, the treatment of women addicts is carried out at the women’s ward for acute psychotic disorders.

Regarding the various countries’ programmes, pregnant women are admitted to MMT with priority in “the former Yugoslav Republic of Macedonia”, Albania and Serbia, and counselling sessions for pregnant women are also organized in Albania. In Serbia, protocols for the treatment of neonatal withdrawal syndrome are available. In “the former Yugoslav Republic of Macedonia”, there are support programmes in select cities for all sex workers (male, female and transgender) who use drugs. In Serbia, patients of every sexual orientation are treated as patients, regardless of their sexual preferences.

The methadone maintenance treatment (MMT) is available in prisons in “the former Yugoslav Republic of Macedonia”, Albania, Montenegro and Serbia (in some prisons). Such services are not yet available in Bosnia and Herzegovina and Kosovo*, but should hopefully be established soon if all goes to plan.

Harm reduction services are available in all countries in the region, namely through the NGO’s.

6. Special Issues

This section was introduced to enable countries to highlight country-specific treatment issues, which led to a wide variety of responses.

“The former Yugoslav Republic of Macedonia” would like to improve practices in harm reduction programmes, including basic medical help (treatment of wounds, abscesses, consultation for treatment and referral to CPTDA).

In Albania, a number of issues have been raised, including: harm reduction; early intervention; treatment and support; and capacity building. They also identified a need for the Albanian government to develop integrated treatment systems that will offer drug users access to a wider range of treatment programmes, and manage their re-integration into jobs, housing and community life.

Kosovo* emphasized standards and accreditation for treatment and rehabilitation services, and Client’s Rights.

7. Strengths and Weaknesses

This section provides information on the strengths and weaknesses identified by each country. In “the former Yugoslav Republic of Macedonia”, there is a solid legal base and also well-developed strategic documents, but it needs to continue improving collaboration on the National Drug Strategy Action Plan. Treatment services are dispersed and available across

Summary

the country, but they are still insufficient to meet the full needs of the country. They identified strengths in the following areas: treatment with buprenorphine, treatment of addicts in three PCF's, presence of a protocol for methadone treatment, low levels of HIV infection among IDUs and long experience in harm reduction.

For the future, efforts should be made to develop treatment services in other PCF's in the country, systematic evaluation of these treatments, and development of protocols for treatment of specific groups as well as for treatment with other medicines. Other issues include: lack of services for specific groups; lack of services for stimulant abuse; and very limited capacities in regards to rehabilitation and reintegration. Medical staff has resisted attempts to increase treatments for drug addiction due to prejudice and fears.

In Albania, there are not enough treatment or secondary prevention services, support services are limited or inaccessible and there are insufficient training opportunities.

Kosovo* reported positive achievements in the establishment of a legal base and strategic planning (approved drug strategies), but faces difficulties in their implementation. They are currently emphasizing the harmonization of treatment and the rehabilitation phase for drug users.

In Montenegro, services and treatments are easily accessible and available for all citizens. Still, there remain some areas for improvement; within their existing health care system, treatment and evaluation of drug users falls entirely under the care of mental health professionals, even though GPs could greatly ameliorate this problem. Current weak coordination and cooperation within existing public health sector drug abuse treatment organizations should be resolved by the creation of a new data collection and reporting system.

Finally, Serbia recognizes the need for a revision of their legal base, an increase in the number of professionals trained in the treatment of drug addicts, and a greater involvement from centers for social welfare in re-socialization and reintegration of addicts into society.

Albania

1. Demography

The Republic of Albania is one of the Western Balkan countries in South Eastern Europe. It Borders the Adriatic Sea and Ionian Sea, between Greece in the South and Montenegro and Kosovo* to the North. The surface area of the country is 28 748 square kilometres. As of July 2010, the population of the country is 2 986 952. The age structure is as follows:

- 0-14 years: 23.1% (male 440 528/female 400 816);
- 15-64 years: 67.1% (male 1 251 001/female 1 190 841);
- 65 years and over: 9.8% (male 165,557/female 190,710).

According to the World Factbook, the population of Albania consists of 95% Albanians, 3% Greeks, 2% others (Vlachs, Roma, Serbs, Macedonians, Bulgarians). The official language is Albanian. Tirana is the capital with over 800 000 inhabitants.

2. Epidemiology of drug use

To date, no survey on drug use among the general population has been conducted. In the context of EMCDDA-IPA3 2010-2011, a general population survey has been planned to be conducted in Albania. However, the total number of all adults (aged 15 to 64 years) who have ever tried any kind of illicit drug has been estimated at around 5 000 (lifetime prevalence of 0.2%) in 1995 and 20 000 (lifetime prevalence of 1.0%) in 1998, while the current estimated figures oscillate between 40 000 and 60 000 (lifetime prevalence of between 2.0% and 2.8%).

Data on lifetime prevalence of selected illicit drugs can be found in the Youth Risky Behaviour Survey (YRBS), carried out in 2009 by the Institute of Public Health. The YRBS, which focuses on the high school population, has a sample size of approximately 4 000 subjects. The survey showed that 7.4% of those aged 15 to 18 years had experimented with cannabis and 4.2% with ecstasy; 1.2% had used heroin, and 3.2% had used cocaine. Lifetime prevalence of illicit drug use was slightly higher in the capital city of Tirana, compared to the rest of the country, and was several times higher for males than for females.

There is currently no national register of problem drug users (PDUs). The number of PDUs in the country is estimated to be 4 500–5 000 people, though it should be emphasized that this figure is strictly an estimate, based on the country experts' opinions. The absence of reliable data is due to difficulties in cooperation and collaboration between relevant organizations, as well as a lack of expertise in estimating problem drug use.

Given their level of drug injections and sexual risk, most PDUs' level of HIV prevention knowledge is inadequate. Only 60.3% of respondents were aware that using a clean, unused needle for injecting drugs reduces HIV transmission risk and less than 78% knew that using condoms correctly could protect from HIV infection.

Through November 2010:

- 406 HIV/AIDS reported cases.
- 120 cases have developed AIDS (85 have died)
- Prevalence is less than 0.1%

The data from laboratory surveys of Hepatitis B among IDUs in 2003, 2006–07, and 2009 demonstrated a prevalence of HBsAg+ at 10.1%, 22.8%, and 20.2% respectively.

The data from laboratory surveys of hepatitis C among IDUs in 2003, 2006–07, and 2009 demonstrated prevalence at 12.6%, 29.4%, and 28.1% respectively. Prevalence of hepatitis C has increased over the years and shows a high circulation among drug users, especially when it is compared to the general population (source: IPH Tirana).

3. Short history of drug treatment

DT was introduced in Albania in the early 1990's, when the first opiate users appeared in the streets of Tirana. Since then, mainly methadone and buprenorphine have been imported from private persons/pharmacies to cover some of the needs for treatment of active drug users.

According to the BBSS 2006, almost half of all IDUs (49.8%) have not received any treatment for their drug addiction, while only 13.4% are currently under treatment. Among those in treatment, detoxification with other drugs is the most commonly received therapy (54%), followed by methadone maintenance therapy (MMT) (48%), outpatient counselling (41%), and detoxification with methadone (23%).

There is still only one qualified drug centre in Albania, namely the Clinical Toxicology Service of Tirana University Hospital Centre Mother Theresa (TUHC). It is a public institution, responsible for the entire country. It deals mainly with detoxification and overdose treatment, serving both as a hospital inpatient and outpatient unit, thus representing the main source of treatment demand data. There are two non-public treatment centres, namely the Emanuel NGO therapeutic treatment centre with residential facilities and Aksion Plus NGO, which is dealing with methadone maintenance treatment (MMT).

Data availability of the Clinical Toxicology Service of Tirana University Hospital Centre (TUHC) from 1995-onwards gives the basic trends over time. Concretely, the total number of treatments demanded in the Clinical Toxicology Service has significantly increased from 672 in 2000 to 1 057 in 2001 and to 1 702 in 2002, remaining nearly constant in the consecutive years 2003 (1 855), 2004 (1 805), and 2005 (1 735), with a further jump to above 2,000 treatment visits per year in 2006 (2 352), 2007 (2 070), 2008 (2 185), and 2009 (2 149).

In 2009, the Clinical Toxicology Service registered 218 new (or first-time) treatment clients entering treatment. They represented almost all the regions of Albania, half of them belonging to the capital Tirana, with a slight increase in number (compared to the previous years) of clients coming from small urban centres of the country.

Until now in Albania, there have been two models of drug treatment:

- State run drug treatment (heroin users have been treated with short-term therapy, with notable repeated cases of relapses)
- The first community-based MMT program was introduced in 2005 in Tirana provided by Aksion Plus organization. Besides Tirana, this service also is provided in five other towns across the country.

Both models have their strengths and weaknesses that are shown in the table below.

Drug treatment state model	Drug treatment NGO model
There have been cases of abuse towards clients and their families.	Abuses are minimized – on the contrary, this centres offers a friendly space to clients.
There is too much stigma, corruption and discrimination – the quality of services is low.	These elements are avoided; clients are satisfied and the quality of services is better compared to the state model.
Methadone and even the prescription to purchase methadone are sold to people who use drugs and their families.	Methadone is provided for free for a long time. The number of clients served each day is approx 220 in the three given cities.
This centre can provide only short-term detoxification; there have been a lot of relapses accompanied with elevated risks of HIV/AIDS and other blood-borne infections.	MMT is provided on a long-term basis; few relapses and the levels of petty crime related to drug use, drug injection and the risk of HIV/AIDS and other blood-borne infections are significantly reduced.
There is no collection of information about the drug scene dynamics. No psychosocial support is provided.	MMT is a natural outgrowth of the Harm Reduction intervention. Aksion Plus is connected with drug scene developments. Clients are treated by a multidisciplinary team. Clients are encouraged to be off drugs.
Doctor decides for the client.	There is a multi-disciplinary team in collaboration with the clients discussing about the therapy – the final decision belongs to the client.
Little to no cooperation with the drug user's family members.	There is a close and successful cooperation with parents, friends and other people around the client. A consent form must be approved and signed by both parties.

4. Organisation of treatment services

During 2004, an inter-ministerial working group drafted the National Strategy against Drugs 2004–2010, approved by the Decision of the Council of the Ministers No. 292 on 7 May 2004. The strategy covers both the issues of drug demand reduction and drug supply reduction. It was product of the participation of all governmental institutions involved in the fight against drugs, as well as non-governmental organisations.

Furthermore, with the aim of implementing this strategy, the Prime Minister, through Order No. 156 of 23 September 2004, approved a multisectoral action plan where all the relevant institutions/agencies/actors were obliged to take on their responsibilities and concrete duties for the period 2004–2010. However, the drug demand reduction component of the strategy has remained fragmented and poorly financed, while the drug-supply reduction and law enforcement issues have constituted an integral part of the fight against corruption and organized crime. Therefore, valuing the drug demand reduction question as an equally crucial issue as the drug demand supplies policy is of the utmost importance.

Nevertheless, 2010 is the final year of the Strategy, and a process has started for designing the new strategy for 2011 onwards; an order of the Prime Minister of Albania No. 125 of 9 June 2010 on the matter has already been issued.

The Minister of Health is responsible for defining the quantity of psychotropic substances and other related chemicals for each pharmacy, based on the current situation and demand of the market; this same procedure also applies to methadone. Only wholesale pharmacies are

entitled/licensed for importing, storing, dispensing and trading narcotic and psychotropic substances. They have to fulfil predefined criteria for handling such medications as required by the Law NO 7975, date 26/07/1995. In the case of methadone importation, it is the Minister of Health who authorizes one of the wholesales pharmacies to import the solicited quantity from the exporting company. This quantity should be used only within the territory of Albania. It should be noted that the 40 mg tablet methadone presently used at the Aksion Plus MMT centre is a generic drug, and as such the Minister's authorization is required. The only registered methadone is the 5 mg heptanone imported from Slovenia.

Aksion Plus's strategy is to introduce the MMT to some of targeted cities while remaining in close collaboration with the local authorities, (local government and health structure) so that they can commit some of their annual funds to MMT in the future. Once the MMT has started, the local authorities will be urged to carry on funding these sorts of essential projects. Aksion Plus is licensed by the Ministry of Health for the long-term administration of MMT in Albania.

Coordination has been always a crucial problem for the line ministries and other structures involved in the area of drugs. The Ministry of Interior is assigned to draft strategies and legislation for the prevention and control of illegal substances. The Ministry of Health has an important role in the drug demand strategy; and the Institute of Public Health is responsible for collecting and processing data from various actors working in the field (NGOs included). As of the last report to the EMCDDA, three institutions reported on their register/data of clients requiring medical help and support for substance abuse:

- Clinical Toxicology Service, Tirana University Hospital Centre Mother Theresa;
- National Programme of HIV/AIDS/STIs;
- Aksion Plus MMT centre.

Although documents, papers and mutual agreements are in place, the level of coordination is still not satisfactory; exchange of information among MAT stakeholders remains scarce and unstructured. The MOH has initiated a sort of dialogue and open discussions regarding the drug situation and potential interventions. GFATM events and CCM meetings are good opportunities of coordination and cooperation among different structures involved.

5. Services

According to the National Strategy Against Drugs 2004–2010): (a) programmes of methadone maintenance treatment (long-term substitution) should be covered by specialized centres; (b) prescriptions in the first period should not be extended to family doctors; (c) there should be a strict requirement for special training for methadone-prescribing physicians; and (d) methadone maintenance treatment needs a special methodology, not special legislation. The current methadone maintenance treatment policy in Albania should therefore try to follow these guidelines. In reality, the NGO, Aksion Plus, has provided the most successful model of MMT since 2005.

MMT is a relatively new approach and is not yet a fully explored area of operation. The government is unprepared to address the issue of treatment of drug users through a chain of services that could meet some of the basic demands from this segment of population. The only Clinical Toxicology Service of Tirana is specialized, and according to law, mandated to provide treatment for intoxication cases, but because of the lack of regulations, this clinic is delivering short-term care and detoxification for drug users, mainly opiate users. The level of stigma is high, and there are also noted cases of abuse, corruption and violation of human rights.

Treatment availability is fairly limited in Albania and the main focus is on substitution treatment (methadone). Buprenorphine treatment and other heroine-assisted treatments (including slow-release morphine and buprenorphine/naloxone combination treatment) are not yet available. The Ministry of Health does not yet allocate special funds for drug treatment service. Detoxification treatment, including the indispensable basic medicaments, is not funded by the national health insurance agency. Psychosocial interventions are still frequently lacking; treatment of problem drug users remains outside mainstream health services and general practitioners and primary healthcare services are not familiar with this kind of intervention. Public social services are still not clear about their role or responsibility in the drug treatment field, and meanwhile, the private sector has not yet become involved.

Reportedly, some substance users have been treated abroad (Croatia, Montenegro, Italy, Germany, Slovenia, Greece). Findings from interviews at the MMT centre of Aksion Plus showed that some of the clients imported MAT illegally from other neighbouring countries: either by smuggling or through the use of other legal channels. Naltrexone is sold in some of the licensed pharmacies, but the prices remain high.

Treatment structures in Albania – governmental and non-governmental

The Clinical Toxicology Service of Tirana has 15 beds, which is supposed to cover the whole country. It deals mainly with detoxification and overdose treatment, and serves as both a hospital inpatient and an outpatient unit.

Psychiatric services do not provide any treatment for problem drug users, except for those who had another psychiatric problem in addition to their problem drug use.

The Emanuel therapeutic centre, an NGO, provides about 20 beds.

Methadone maintenance treatment (MMT) has been implemented since 2005 by Aksion Plus, and funded by the International Harm Reduction Development Program (IHRD), part of the Open Society Public Health Programme. The programme's continuity (2008 onwards) as a free-of-charge service is ensured by the HIV/AIDS Global Fund's financial support. The overall (cumulative) number of clients who began this free-of-charge methadone programme as outpatients, from June 2005 until the end of 2009, is 593, (concretely, 218 until the end of 2007, 375 until the end of 2007, and 593 through the end of 2009). The programme also included some prisoners (they are included in the figures provided above) in accordance with an agreement with the Ministry of Justice. Since mid-2008, this service has been extended outside the capital of Tirana, with centres established in five other big cities: Durres, Korça, Elbasan, Shkodra and Vlora.

Their MMT programme is based on the MMT Guideline WHO Principles of Drug Dependence Treatment (2008). These documents are adopted and printed by Aksion Plus and they are used both in its MMT centres, as well as by other service providers directly or indirectly involved in MMT.

The MMT Guideline produced by Aksion Plus is a comprehensive document based on other countries Guidelines and MMT publications, as well as on personal experience working in Albania for the last five years. Prisons and other pre-trial settings are provided with the same Guideline to ensure continuity of care in the case that our clients and other drug users are incarcerated or held under custody.

5.1 Young People

The population of Albania is the youngest in Europe, with an average age of 29 years and a full 40% of the population under 18 years. Perhaps it is not so surprising, then, that the sub-

populations of those most at risk in Albania are also young. Sexual transmission accounts for over 90 per cent of HIV cases in Albania. Young drug users are exposed to an elevated risk of getting infected by HIV and other blood-borne infections. They lack experience and are highly vulnerable compared to the more experienced users; for example, they tend to hide from their friends, families and other siblings because of stigma and discrimination.

5.2 Gender issues

Albania is a nation with a strong institutional commitment to gender equality, enshrined in a democratic constitution and reflected in the ratification of international agreements. However, these are formal equalities and actual implementation has remained weak.

In Albania, females are becoming increasingly infected with HIV and other STIs due to gender dynamics that affect male and female risks and vulnerabilities differently. In order to understand and respond to these gender dynamics, there is a critical need to understand the different risks and vulnerabilities that females and males experience with regard to drug use, and to put gender-appropriate measures in place to address them. So far, women who seek MMT are welcomed and admitted to the centre with higher priority compared to other clients, and special counselling sessions are also dedicated for pregnant women who use drugs.

5.3 Monitoring and evaluation

At the Clinical Toxicology Service (CTS) of Tirana, there is no system of monitoring and evaluation, and no clients' satisfaction evaluations have been carried out so far. On the contrary, at the MMT run by Aksion Plus, excluding the internal monitoring and evaluation, there are also comprehensive terms of reference for monitoring and evaluation, which were developed by external consultants, the Ministry of Health and Institute of Public Health.

In 2007, WHO-Albania supported an independent evaluation report for Aksion Plus MMT centre and a parent and client's satisfaction questionnaire was included.

At the CTS, one doctor decides the treatment plan alone, while at the MMT centre there is a multi-disciplinary team, which, in collaboration with the clients, provides all the potential alternatives for the therapy – the final decision is up to the client.

Dual diagnoses are not properly addressed, and there are few psychiatrists who deal with this issue, either at the CTS or at the MMT centre. According to some client's reports, there are private clinics that provide this sort of service.

Since last year, an Alcohol Dependence Section has been opened at the Mother Theresa Hospital in Tirana; it only has 12 beds, but offers a residential treatment option for enrolled patients.

5.4 Rehabilitation services linked to treatment

This type of service is offered only at the Emanuel NGO therapeutic treatment centre. Enrolled clients can benefit from vocational courses and other psychosocial services. Aksion Plus is collaborating with the local government to find employment opportunities for MMT clients after their treatment is over.

The latest project, Network of Community Services for Offenders is implemented by Aksion Plus and financed by the European Union. The overall objective of the Action is to support the Probation Service in the implementation of alternative sanctions in Albania: offering

treatment programmes for the offenders in the community; assisting the Probation Service in finding, enhancing and effectively using partnerships within the community, and improving public confidence in the effectiveness of community sentences.

The project addresses the following issues:

- Comprehensive treatment programmes for offenders;
- Networking of community services that support offenders;
- Creation of links between the Probation Service and community services;
- Capacity-building of the service to develop and maintain relationships with the community services, establishing confidence in community sentences and their effectiveness.

5.5 Drug free treatment

Some individuals use drug free treatment, but no data are available on the rate of success. During the last 18 years, Emanuel Centre has been delivering a drug free treatment. They have been quite reluctant, openly opposing the MAT until recently; now, they are considering introducing methadone detoxification to their clients.

5.6 Treatment within the criminal system

On July 2006, Aksion Plus and the Ministry of Justice (MOJ) endorsed an agreement of cooperation in delivering Harm Reduction and MMT to inmates who use drugs. The majority of them are jailed because they were charged with possession of drugs and drug dealing. The Albanian Penal Code defines no clear-cut quantity of drugs, leaving it to the judge to decide whether the accused is a drug user or a drug dealer.

In collaboration with the General Directorate of Prisons (which is under the jurisdiction of the MOJ) we are providing MAT to IDU inmates in the prisons of Tirana and four other towns. Aksion Plus trainers are invited by this Directorate to provide training sessions to prison staff on the following topics: Drug use and its effect to the individual family and to the community at large; harm reduction; MMT approach; the drug situation in Albania; legislation and drug policy; human rights of drug users and so on.

5.7 Harm reduction responses

Harm reduction programmes began in Albania in 1995. They are currently offered by four NGOs (Aksion Plus, APRAD, Stop AIDS and UKPR) operating in the field of drug demand and HIV/AIDS reduction with a clear focus on harm reduction activities. In addition, they receive help from the public Voluntary Counselling Testing Centres for the HIV/AIDS/STIs National Programme. IDUs are reached and served through a range of activities including needle exchange, counselling, medical support, training, peer education and recreational activities. These services are offered mainly in the capital of Tirana, and there is still an insufficient distribution across the country as a whole. To address this, activities have been carried out in the NGOs' facilities, as well as in the drug scene, through a mobile outreach team. A mobile outreach team is operating in Tirana through the NGO, Stop AIDS, reaching IDUs and other high-risk groups at their main gathering places in the city. Through such programmes, the IDUs are not only exchanging needles and syringes but also obtaining condoms, disinfectants, information and education materials, as well as social and psychological assistance. It is estimated that around 3 700 IDUs have benefited from needle exchange programmes so far.

The NGOs, Aksion Plus and Stop AIDS, supported by the UNICEF, have started a project named "Break the Cycle" in 2009; the project is a crosscutting between primary prevention and harm reduction philosophy, and aims at minimising the risk of drug users, and especially drug injectors, pressuring other adolescents into starting drugs and injection. An assessment of the Albanian situation was concluded by September of 2009, and a number of activities were implemented by October 2009.

6. Special issues

On 10 November 2010, the Ministry of Health organized a meeting of experts in the area of drug treatment in Albania to discuss the current drug situation, trends and the future. It was reiterated that an effective and well-designed treatment programme could lead to significant reductions in the health and crime problems associated with drug dependence. Almost all the participants raised the need for the Albanian government to develop integrated treatment systems, offering drug users access to a wider range of treatment programmes, and managing their re-integration into jobs, housing and community life. These should be designed and implemented through partnerships between health, social, and criminal justice agencies. Existing best practices from local NGOs should be adopted as well. This meeting was facilitated by the UNODC and the WHO representatives as part of their Joint Programme on drug dependence treatment and care.

Some of the topics that were put forward for discussion during this meeting were the following:

- Should there be a specific centre for methadone maintenance treatment (MMT), or can it be an integrated structure within primary health care, including pharmacies, regional hospitals, mental health centres or other clinics dealing with sexually transmitted diseases?
- The main source of financial support for methadone procurement in long run.
- How professionals will be licensed, trained and instructed about MMT.
- Who will be engaged with the Methadone distribution and dispensing.
- How the MMT centres will be supervised and monitored and which structure should govern multi-disciplinary groups.
- The need to compile MMT Guidelines tailored to the specific situation of each country, i.e. what will be the structure in charge for drafting such guidelines and regulations.
- What type of methadone is the most appropriate for MMTs in Albania – the liquid or tablet (Aksion Plus is providing the 40mg tablet type of methadone/methadose purchased in USA).
- In what way will the illicit and black market of methadone be monitored and controlled?
- Are there other medication-assisted treatment therapies (MAT) planned to be introduced in the coming years?
- Is there any national register of persons under treatment in Albania?
- Specific issues of treating persons with dual diagnoses (Hep, A, B and C; HIV/AIDS; mental disorders; TB; alcohol use) those with multiple addictions.
- Psychosocial support and counselling for those in their early debut with drugs: also, it was emphasised that training and skills for future counsellors in the area of drug addiction will need to be continued.
- Further recommendations on dealing with specific cases of aggression from patients toward the MMT staff, how to handle pregnant women or people living with HIV/AIDS and hepatitis.

- The discussion was also focused on how the MMT will be scaled up across the country, and which model would be best suited for such a transition.

Some of the special issues concerning drug treatment in Albania should be focused on:

6.1 Harm reduction

- To enlarge harm reduction activities, including: development of IEC materials on safer drug use, condom distribution, and Break the Cycle interventions.
- To expand harm reduction/outreach programmes to main cities.
- To assure that harm reduction strategies are also carried out in prisons and among the Roma population.
- To promote HIV test demand and supply with a particular emphasis on confidentiality and pre-post counselling.

6.2 Early intervention

- Strengthen the role of general practitioners and family doctors in the area of early intervention in order to prevent injecting drug use and HIV related risks.
- Improve targeting of youth through school curricula (healthy lifestyles), extracurricular activities and youth-friendly services.
- Expand IEC activities and community based awareness campaigns, including: distribution of leaflets on healthy lifestyles, condom use and drug use prevention.
- To support outreach programmes aiming at seeking actively hard to reach population in order to provide psychosocial support.

6.3 Treatment and support

- To upgrade provision and accessibility to specialised social and medical care in main cities (MAT treatment, support, and rehabilitation services).
- To support the creation of self-help groups that can play a central role leading advocacy initiatives and creating mutually supportive environments.
- Support NGO's already involved in response efforts, and promote the participation of new ones, particularly in the area of psychosocial services.
- Promote the creation of hot lines for parents, IDU's and their relatives.
- Promote the supply of HIV/Hep B, C tests and counselling in centres for IDU's.

6.4 Capacity building

- Training of police officers from the anti-drug unit on issues related to HIV, human rights, ethics and harm reduction and MMT concepts. Similar capacity building activities should be carried out among MEDIA professionals.
- To carry out capacity building activities for health personnel and social workers
- Carrying out capacity building activities for key individuals identified at the community level.
- To facilitate a self-evaluation of activities among involved actors, in order to identify what is working, what still needs to be expanded and what is not working and needs to be reviewed.

6.5 Strengths and weaknesses

Even today, existing unbalanced positioning between drug demand and drug supply would be identified as the main gap. While drug demand reduction has remained an issue of inadequate concern, the supply reduction of drugs is high on the agenda of Albanian government. While drug demand reduction is still spontaneous, fragmented and poorly financed, the drug-supply reduction and law enforcement issues constitute an integral part of the fight against corruption and organized crime, and figure prominently among the Albanian government priorities. It is exactly this kind of determination from the Albanian government in the fight against drugs, in close collaboration with international law enforcement agencies, that has led to positive results over the past years. Thanks to their efforts, they have seen: a reduction of drug trafficking after tightening the country borders (land, sea, air); the uprooting of the phenomenon of cannabis cultivation in Albania; an improvement the professionalism of state police and a large suppression of criminal organizations/networks. Though the obtained positive results on drug supply reduction have a positive impact on drug demand reduction, this impact is an indirect one. Therefore, posing the drug demand reduction problem as a priority issue of the same importance as the drug demand supplies one represents a policy of a currently indispensable need.

The main gaps and obstacles identified by Rapid Assessment and Response, UNICEF 2002 are still relevant:

- Political, economic and social conditions are favouring an increasing tendency towards drug use. Quick changes of behavioural norms and models are taking place in a context of high unemployment.
- Massive population movement towards Tirana has led to overpopulation and social fragmentation, increasing drug trafficking and public insecurity.
- The present high unemployment rate (specially among young people) and high educational dropout rates should be taken into consideration as potential risk factors concerning drug use.
- The strategic geographical position of Albania into the passage East-West makes it a key point in the drug trafficking corridor.
- Underreporting of the number of cases might led to an under-estimation of the risk on an HIV expansion among drug users in Albania.
- Due to limited human and financial resources, the National Drugs Strategy is struggling to be implemented, and present responses are not comprehensive, sufficient, or coordinated.
- Stigma surrounding drug use turns it into a hidden issue. Information on drug use and HIV related risks is incomplete necessitating decision-making based on imperfect information. This is particularly true for females, who avoid disclosing their status as drug users.
- In general, drug users have a low level of health education. This is partially explained by the fact that health promotion activities do not reach them as they tend to be isolated and hidden
- Adequate and coordinated primary prevention services are missing. Moreover, there are insufficient treatment and other secondary prevention services.
- Support services are limited and not easy to access. Additionally, the level of knowledge on psychosocial methods (cognitive, behavioural, group, individual and family therapies, as well as counselling) is very limited and no training is available.

6.6 Opportunities

- At the community level, there is willingness to contribute to set up interventions.
- There is a will to improve primary prevention in schools, community and media.
- At the tertiary prevention level, NGO's are willing to expand their harm reduction activities and outreach programmes.
- There is the presence of a relevant capacity and expertise in the country to make policies and implement interventions.
- The role of anti-drug police unit has improved.

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Bosnia and Herzegovina

1. Demography

Bosnia and Herzegovina is an independent, sovereign and democratic country, which is located in South Eastern Europe, in the Western part of the Balkan Peninsula. According to the census from 1991, it had 4 395 643 inhabitants, and according to estimates in 2006, there were 3 842 762, which is 16% less than in 1991. The total land area is 51 209.2 square kilometers.

Bosnia and Herzegovina is a multinational state of Bosniaks, Serbs, Croats and other nationalities.

With the decline of the former Yugoslavia, in March 1992, Bosnia and Herzegovina became a member of the United Nations, and in September of the same year it was admitted to the World Health Organization. In April 2002, it became a member of the Council of Europe. In accordance with the Dayton Peace Agreement, the war in Bosnia and Herzegovina was ended in 1995 and a new administrative structure in Bosnia and Herzegovina was established. It was separated into two entities: the Federation of Bosnia and Herzegovina and the Republic of Srpska, as well as the Brcko District, all with a high degree of autonomy. Today, all components of the health system in Bosnia and Herzegovina (users and their rights, the provision of health care, the organizational structure of the health system, financing and management) are under the responsibility of the dual entities - the Federation of Bosnia and Herzegovina and the Republic of Srpska, ten cantons in the Federation and Brcko District. Therefore, the health system in Bosnia and Herzegovina actually consists of thirteen "subsystems" that cover the health needs of the entire population.

2. Epidemiology of drug use

Fifteen years after the brutal war in 1992-1995, Bosnia and Herzegovina is now facing the lasting negative consequences and complications; in particular, it is especially exposed to the epidemic of psychoactive substances use and abuse, among which a special place belongs to opiates (heroin). The permeability of the country's borders on the "Balkan route" contributes to the increased availability of drugs. Since there is no comprehensive database, estimates of the number of people who abuse drugs are mainly based on indirect indicators (the number of treated addicts, the number of psychoses caused by drugs, number of deaths caused by drugs, the number of traffic accidents in which drivers were under the influence of drugs, etc.).

There were two population studies carried out in 2001 and 2006 among university students (approximately 18-25 years of age) showing a 22.5% lifetime prevalence of illicit drugs use (cannabis, ecstasy, solvents, LSD, cocaine) in 2001, and 31% in 2006. In the beginning of the 1990's, approximately 1 500 drug users were registered in Bosnia and Herzegovina, and according to experts' estimates, there were as many as three times the number of unregistered addicts at that time. Up to now, the number of problem drug users has not been estimated using standard methods, so all the estimates at this time are unreliable and imprecise. Expert estimates range from 3 to 8 thousand injecting drug users in Bosnia and Herzegovina (thereof 2-3 thousand in the Federation and Brcko District and 2-3.5 thousands in the Republic of Srpska), although an estimate of NGO experts indicated as many as 15 thousand.

According to a 2007 survey carried out by UNICEF in Sarajevo, Banja Luka and Zenica among injecting drug users (n=780, 260 in each city), approximately 95% of IDUs injected heroin during the last month. The majority of them were in the age range of 25 to 34 years, while males were 90% of the sample. Approximately 80% from the baseline sample was unemployed. One third of injecting drug users reported sharing syringes and needles with other drug users, while pharmacies were the source of clean syringes for around 90% of them. Approximately one half of injecting drug users (IDUs) reported that they were arrested by police during the last year.

3. Organisation of treatment services

Before the war (1992-95), psychiatric services in Bosnia and Herzegovina were relatively well developed, and treatment of the mentally ill did not differ much from the treatment of similar patients in other European countries. The basis of the whole system of psychiatric services was psychiatric hospitals and small neuropsychiatric wards of general hospitals, accompanied by specialized psychiatric services at Primary Health Care Units (PHC).

The treatment of alcoholism and drug addiction was organized through the Institute for the Treatment of Alcoholism and Other Addictions and at the inpatient ward of the Psychiatric Clinic in Sarajevo. The primary and tertiary prevention of alcoholism was performed within 150 clubs of treated alcoholics, of them 25 clubs were in Sarajevo. At the end of the war in Bosnia and Herzegovina, the ministries of health in the Federation, the Republic of Srpska and Brcko District, with the assistance of the international organization WHO, the World Bank, Swedish SIDA and Holland HealthNet International, implemented the Reform on Mental Health System, whose goal was deinstitutionalization of the current mental health system and orientation towards the community (Community Based Psychiatry). Thanks to this reform, 40 Community Mental Health Centers (MHCs) were formed in 10 cantons of the Federation, 18 MHCs in the Republic of Srpska, and one MHC in Brcko district providing out-patient treatment and counseling for mental health disorders including drug users.

A treatment programme for addiction is a complex, multicomponent process that takes place in phases and is best implemented in a multidisciplinary manner. The programme contains the following components: development of motivation, pharmacotherapy, individual psychotherapy, family counseling, occupational therapy, group social therapy with emphasis on cognitive behavioral therapy, therapeutic communities, and various support groups in the community. In areas without specialized drug treatment centers, drug users can still receive some kind of support from family doctors.

If we compare estimates of the number of addicts with the actual number of people who apply for treatment, then we can say that treatment is sought by only by 20% of addicts. A realistic estimate of this number is not possible due to the fact that Bosnia and Herzegovina has not yet implemented its National Information System.

4. Services

4.1 Detoxification

There are 4 centers providing detoxification and methadone maintenance treatment in the Federation (Sarajevo, Zenica, Mostar, Sanski Most), 2 centers in the Republic of Srpska (Banja Luka and Doboij), and 1 in Brcko District. (In Total 7 centers). A methadone detoxification programme is implemented at inpatient wards in Sarajevo, Zenica and Banja Luka; together, they have a total of 21 beds for this purpose.

In Sarajevo, the Institute for Alcoholism and Other Drug Addiction, which has existed since 1977, is a specialized institution for the prevention, treatment and rehabilitation of disorders related to abuse of psychoactive substances and addiction. The Institution has a Department for Alcoholism and Department for Drug Addiction within which there is hospital unit (10 beds) for a programme of detoxification. It also has an Outpatient Unit for programmes of methadone substitution. In the Institute, there are two counseling units for the prevention and early detection of behavioral disorders related to alcohol and use of psychoactive substances. At the Clinic for Psychiatry in Banja Luka, there is a Department for addiction diseases which provides both detoxification and substitution treatment to substance users.

4.2 Substitution treatment

For the purposes of substitution therapy, methadone and suboxone are used. The methadone maintenance treatment (MMT) was introduced for the first time in Sarajevo in 1989 with 50 opioid addicts in the programme. This programme was stopped by the war in Bosnia and Herzegovina, and reestablished in 2002 in Sarajevo. Today, the MMT is available in seven cities (see above).

According to the data from 2008, there were approximately 680 heroin users in the MMT in Bosnia and Herzegovina – 250 in Sarajevo, 200 in Zenica, 170 in Mostar, 36 in Sanski Most, and 28 in Dobož. The average age of the clients in these particular centres was 24-30, with a proportion of males from 80% to 92% according to the EMCDDA's country overview of Bosnia and Herzegovina in 2009.

The MMT in Sarajevo, Zenica, and Dobož use a liquid form of methadone, while in other cantons of the Federation and Banja Luka Center, tablets are prescribed, creating the possibility of methadone leakage to the black market. Methadone pills are available on prescription in (some) pharmacies in some cities in the Republic of Srpska. Average doses of methadone in the Sarajevo center are 50.5mg/day.

The criteria for implementation of the methadone therapy in the Canton Sarajevo are stipulated in the Cantonal Addiction Prevention Programme, as well as in the European Guidelines for the Methadone Maintenance Treatment. Inclusion criteria for clients are: clients must be older than 18; they must have been addicted to opiates for up to two years, according to ICD-10 Classification (WHO); they must have at least 2 withdrawal crises treated at hospital-based institutions; they must have had previous ineffective treatments with other methods.

In the Canton Sarajevo, there was a 20% year-to-year increase in newly discovered drug addicts in 2009, to a new total of 118 newly discovered drug addicts at the Institute for alcoholism and substance abuse. At the end of 2009 there were 349 patients in methadone maintenance programme (60% more than in 2008), and 138 patients had already passed the methadone detoxification programme. Number of visits to the Counseling and Outpatient unit for addiction was 9303. During 2010, by the end of September, in the Canton Sarajevo there were: 60 newly diagnosed addicts; 350 in the methadone substitution treatment; 96 at methadone detoxification treatment and 6 710 visits to the counseling and outpatient unit for addiction.

The male-to-female ratio of patients on MMT during all of these years in this center was 92:8% in favor of males, with a mean age of 33.5 ± 5.9 years (range 23-50 years). Age of first drug use was 17.8 ± 2.3 years, while heroin use started at age of 20.7 ± 2.5 years. Patients on the MMT programme often use other substances, and cannabis and benzodiazepines were the first drugs they started to use.

The Buprenorphine/Suboxone programme started in 2009 in Bosnia and Herzegovina, at first at the Tuzla center, and later from 2010 in Sarajevo.

The treatment of addicts in prisons has not been established yet, but it is planned in accordance with the National Drug Strategy.

4.3 Rehabilitation programmes

Drug rehabilitation programmes are conducted for a period of 1-3 years in a therapeutic community based on occupational therapy with the final aim of social reintegration.

There are 11 therapeutic communities in Bosnia and Herzegovina, and only one is governmental (Campus Rakovica Sarajevo) while all others are operated by churches or by the NGOs. Two therapeutic communities (Aleksandrovac and Medjugorje) have the capacity for females.

4.4 Harm reduction

Four NGOs operate in the harm reduction field, employing low-threshold and outreach approaches.

In the period from 1.11.2006 to 31.12.2007, 872 IDUs received needle/syringe programme (NSPs) services in low-threshold programmes in the whole territory of Bosnia and Herzegovina. There were 17 264 needles and 7 153 syringes distributed and 5 932 needles and 3 499 syringes returned. Apart from NSPs, there is a regular distribution of condoms and lubricants to the users, as well as information distribution.

5. Evaluation and monitoring

In Bosnia and Herzegovina, there is no unique database on addictions; monitoring and evaluation are carried out at local, cantonal and entity level at this point. Currently, the responsibility belongs to public health institutes in cooperation with the Ministries of Health of the entities.

The Ministry of Civil Affairs of Bosnia and Herzegovina, in cooperation with the ministries of health of the entities, as well as the Federal Institute of Public Health, the Institute of Public Health of the Republic of Srpska and the Department of Health and other services of the Brcko District, is coordinating the work to establish a National Information System. First results are expected in the beginning of 2011.

6. State legislative frame

The Law on Protection of People with Mental Health Problems was adopted in 2001 as a result of Mental Health Reform process.

The Law on Prevention and Combat Against the Abuse of Narcotics in Bosnia and Herzegovina came into force on 15 February 2006. The implementation of the law involves the participation of the 4 state-level ministries: the Ministry of Civil Affairs, the Ministry of Security, the Ministry of Trade and Economic Relations, and the Ministry of Finance and Treasure. The Ministry of Security has incorporated an organizational department specifically working on implementation of the Law within the security domain.

The law on drugs as *lex specialis* in the field of combat of abuse of narcotics provides: establishment of special bodies in charge of combating drug crime and the abuse of

narcotics; classification of plants and substances as narcotics or psychotropic substances; control of plants from which one may obtain drugs or precursors, according to the regime of bans or controls that are applied against them; the purpose and conditions allowed for the growing of plants from which one may obtain drugs, and the conditions for the production, transport and possession of drugs, psychotropic substances and plants from which one may obtain drugs and precursors and finally, framework measures for combating drug crime.

The National Strategy on Surveillance and Suppression of Opioid Drugs Abuse in Bosnia and Herzegovina, which was adopted on 26 March 2009 by the parliament, provides for the establishment of a central Office for Drugs at the state level of Bosnia and Herzegovina, which will take over most of the competencies in the coordination of drug policy in Bosnia and Herzegovina. The Strategy also envisages the Office for Drugs as the body evaluating the drug strategy.

The Council of Ministers of Bosnia and Herzegovina adopted in 2009 the Decision on approval of the National Action Plan for the Fight Against the Abuse of Narcotic Drugs, 2009-2013. Evaluation of the first year of implementation of the Action Plan is in progress.

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Montenegro

1. Demography

The population of Montenegro is 630 142 (2009) with a growth rate of 3.5% (2004). Life expectancy for males is 71.7 years and for females- 76.7 years. Unemployment rate is 12.5 % as of November 2010. The prison population rate is 44.8 / 100 000 inhabitants (2006).

Since the conclusion of World War II, Montenegro was a constituent republic of the Socialist Federal Republic of Yugoslavia. When the latter dissolved in 1992, Montenegro federated with Serbia, first as the Federal Republic of Yugoslavia and then, after 2003, in a looser union of Serbia and Montenegro. In May 2006, Montenegro invoked its right under the Constitutional Charter of Serbia and Montenegro to hold a referendum on independence from the state union. On 21 May 2006, the Republic of Montenegro held a successful referendum on independence and declared independence on 3 June 2006.

2. Epidemiology of drug use

Since no general population survey was conducted, an official estimate on the total number of drug abusers is not available, and the only source of data are the number of users who have received some kind of treatment in public health institutions.

Over the period 2005–08, among a total number of 1 083 autopsies, there were 20 drug-related deaths: 18 men and 2 women, with an average age of 28 years (ranging from 17 to 44 years old). Of these 20 drug-related deaths, in 19 cases overdose was caused by heroin, and in the other case the death was caused by cocaine combined with heroin. In only five cases was blood alcohol concentration below 0.5%.

The average number of deaths per year is five, or 7.6 deaths per million citizens per year. The trend in drug-related deaths is as follows: four deaths in 2005, four in 2006, seven in 2007 and five in 2008. Because the number of drug-related deaths per year is low, it is difficult to work on a prospective cohort study to track the cause of death among users of narcotic drugs.

The Public Health Institute of Montenegro has a registration protocol on infective and sexually transmitted diseases, but in practice, insufficient reporting of these diseases is still a problem, even though the Law on Protection of Citizens from Infectious Diseases (Ministry of Health, Labour and Social Welfare, 2005b) stipulates mandatory reporting. Another problem is that the only reporting form for HIV/AIDS contains an item about the risk of contracting the infection, but the reporting forms for hepatitis B and C, as well as for sexually transmitted infections (STIs)'s do not. There is no data available on the number of sexually transmitted diseases among intravenous drug users (IDUs).

In 2009, 16 cases of viral hepatitis B were recorded, with an incidence rate of 2.4/100 000, or a 35% decrease compared to the previous year. The trends of Hepatitis B in Montenegro over the period 2000-2009 are shown in Table 1.

Table 1: Trends of Hepatitis B over period 2000-2009

Year	No of diseased	Incidence /100,000
2000	26	4
2001	31	4.8
2002	31	4.8
2003	31	4.8
2004	36	5.6
2005	38	6.1
2006	24	3.7
2007	20	3.1
2008	24	3.7
2009	16	2.4

The largest number of people who have contracted this disease is recorded among the persons over 20 years of age (93%), with much lower rates for those under 20 (7%).

There are no IDUs among clients treated for chronic hepatitis B at the Clinic for Infectious Diseases.

Hepatitis C was identified in 23 persons in 2009, with an incidence of 3.5/100.000, or 10% lower than the same figure for 2008. The trends in hepatitis C infections since 2000 are given in the following table.

Table 2: Trends of Hepatitis C since 2000

Year	No of diseased	Incidence /100,000
2000	7	1.1
2001	20	3.1
2002	7	1.1
2003	10	1.5
2004	26	4
2005	19	3
2006	16	2.5
2007	55	8.5
2008	25	3.9
2009	23	3.5

There is no available data on the number of sexually transmitted diseases among intravenous drug users. The Clinic for Infectious Diseases is currently treating 30 patients for chronic hepatitis C; among them, 80 % are intravenous drug users, and some 90 % are males between the ages of 20 and 35. The precondition for initiation of the interferon therapy is abstinence from drug intake in the last six to nine months.

Montenegro is a country with low prevalence of HIV/AIDS infection. Since the first registered case of HIV/AIDS in Montenegro in 1989, up to the end of 2009, a total of 103 HIV-infected individuals were registered, of whom 83 (80.6 %) were males and 20 (19.4 %) were females (gender ratio male/female is 4:1). The predominant route of HIV transmission is through

sexual intercourse (83 %), while 4 % of cases were infected through intravenous drug use, and in 4% of cases through vertical transmission.

Seroprevalence data show that over the period 1997–2008, some 983 drug users were tested in the health system. Five of them were found to be infected with HIV (four intravenous users, one intranasal user), which gives a rate of 0.55 % among those tested, confirming low prevalence in this population.

In 2009, among all tested patients, 13 were HIV positive and there were no intravenous drug users among new cases of HIV infection. In 2010, 2 persons died from AIDS in Montenegro.

In the same period, 30 HIV positive patients were treated at the Clinic, but currently 26 patients have no therapy. There are no intravenous drug users among these patients.

3. Short history of drug treatment

Drastic increases in substance abuse during the last decade of the 20th century demanded a more measured approach to the development of drug abuse services. Until the 1990's, in-patient services of substance abuse were offered by the Alcohol Abuse Ward in the Special Psychiatric Hospital in Kotor, alongside patients with alcohol abuse problems. Outpatient treatment was under the care of psychiatrists in health centres. In this period, there was only a small number of patients who sought treatment, and a complete approach to substance abuse was, therefore, recognized as a more individual one, versus as a problem of society on the whole, as it is recognized today.

By raising this problem on the national level during the last decade of the 20th century, and by including state and local administrations, as well as health system providers and managers, a drug issues contact network was formed. This allowed both vertical and horizontal coordination between several state bodies and institutions, local administrations and the civil sector. As a result of this contact network, Montenegro gained insight into the problem, enabling more functional coordination on activities.

The next step was the formation of a detoxification unit within general hospitals, as well as a separate unit for opioid dependence inside the Special Psychiatric Hospital in Kotor. Furthermore, the possibility for an in-patient treatment of drug users was created by offering beds at the Psychiatric clinic in Podgorica and in the Psychiatric Ward inside the General Hospital in Niksic. However, they are still not functioning as a separate unit.

Outpatient treatment was improved by forming multidisciplinary teams and installing both long-term methadone and counselling centres for users and their families, within mental health centres. Offices for drug and risky behaviour prevention became active in all municipalities throughout the state, enabling mental health professionals, NGOs and local community to coordinate effectively. The possibility of rehabilitation and resocialisation was realized by opening the state-owned Public Institution for Accommodation, Rehabilitation and Re-socialisation of Drug Users — Kakaricka Gora, as well as in the RETO therapeutic community (registered as an NGO). Significant contributions in prevention and in activities related to drug problems also came from the media and development of NGO sector.

Harm reduction response in Montenegro includes the methadone programme, needle and syringe exchange programmes, and the distribution of condoms and IEC materials. From February 2005, needle and syringe exchange programmes have been implemented both in the institutional setting (Health Centre Podgorica) and by the NGOs (outreach field harm reduction interventions in Podgorica, Bar, Nikšić and Kotor: CAZAS works with IDUs, Juventas works with commercial sex workers who are IDUs).

From 2005, Health Centre Podgorica has also been included in a needle and syringes exchange programme, which is conducted through 13 injection points in the capital. However, it proved too complicated to have needle and syringe exchanges taking place at the injection points where regular patients were receiving injection and infusion therapy, so this activity is gradually being passed on to the civil sector.

Since 2006, NGO Juventas has also been running the Open with Prisoners project inside Podgorica Prison, which provides information and educational materials on harm reduction to prisoners and prison staff. A counselling centre has been established within the prison and harm reduction is one of the subjects covered during counselling sessions with prisoners. In total: 70 group counselling sessions were conducted with 190 inmates, 197 individual sessions with 111 inmates, 4 049 pieces of printed materials were distributed, and 38 prison staff were trained in HR.

4. Organization of treatment services

In 2003, a National Committee on Mental Health (NCMH) was formed, chaired by the Minister of Health and responsible for managing the reform in the mental health system. The NCMH is also responsible for the implementation of the South East Europe Mental Health Project, Enhancing Social Cohesion through Strengthening Community Mental Health Services in South Eastern Europe, in Montenegro. The overall aim of the Project was the initiation of mental health reforms in 8 countries of the Stability Pact for South Eastern Europe⁴. Tasks were:

1. Assessment of overall situation in mental health system;
2. Producing the mental health policy and action plan;
3. Writing a new legislation on protection of rights of mentally ill;
4. Endorsement of these documents within the government and in parliament;
5. Establishment of the pilot Community mental health centre (CMHC).

To address these tasks, NCMH has produced a National Mental Health Policy and Action Plan, developed by two WHO consultants from Iceland and Denmark, that was adopted by the Montenegrin Government in May 2006. A Law on protection and exercise of the rights of the mentally ill was also drafted and adopted by the Parliament in February 2006. A pilot CMHC has been established in the Health Centers in Kotor and Podgorica.

Montenegro has both a national drug strategy and an action plan for its implementation. The Government of Montenegro, at the session held on 29 May 2008, adopted the following documents: the National Strategic Response to Drugs 2008–12 and, as its integral part, the Action Plan 2008/2009 for Implementation of the Strategy (Government of Montenegro, 2008). The strategy represents a continuation of previously completed work in the field of drugs in Montenegro.

Since the NGO sector has become more active over the last decade, there are now a significant number of NGOs who are dealing with mental health issues.

According to collected data from 2008, per 100.000 inhabitants there are: 3 specialists in psychiatry, 4 specialists in neuropsychiatry, 2 psychologists, 1 social worker and 2 special education teachers. These personnel are mainly working at specialized hospitals or clinics as well as in the regional Health Centres.

⁴ Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Moldova, Romania, Serbia and “the former Yugoslav Republic of Macedonia”.

5. Services and special issues

There is no national treatment policy or action plan presented as a specific document, but a section of the National Drug Strategy defines drug treatment. Its objectives are:

- to ensure integral, constant and approachable treatment of drug users;
- to ensure qualitative and continual cooperation between different care providers in the country;
- to make treatment equally approachable to patients of both genders and to patients of different age groups, as well as to users of all kinds of drugs;
- to ensure diversification and high quality of capacities and programmes of drug addiction treatment through the introduction of different approaches in drug addiction treatment;
- to support development of programmes that will contribute to stabilising or reducing the number of HIV, HCV and HBV infected individuals, as well as the numbers of fatal overdoses;
- to create conditions for increasing institutional treatment programmes in penal institutions, etc.

Treatment at the state-owned institutions is financed from the state budget, as well as from general healthcare. State policy is to make treatment for drug use just as available as treatment for other diseases, which means it must be available to anyone at any time. Such treatment is completely covered by a patient's insurance (all forms of treatment except rehabilitation and re-socialisation). All citizens of Montenegro are eligible for health insurance (including unemployed people, refugees, displaced persons and children).

The medical drug treatment network in Montenegro consists of primary level services (outpatient) and secondary level services (inpatient). At the primary health care level, outpatient treatment is offered by 17 primary health care centres in the country (17 municipalities) through Mental Health Centres or psychiatric offices within primary health care centres. At the secondary health care level, inpatient treatment of addicts is offered by the Psychiatric Clinic Podgoric, which makes five beds available for such patients (there is no separate unit for this category of patients) and the Psychiatric Ward of the General Hospital in Nikšić with two beds for the same purpose, as well as the Special Psychiatric Hospital "Dobrota" in Kotor with the Addiction Treatment Ward with two separate units, nine beds for drug addicts (receiving patients from the whole country) and 10 beds for alcohol addicts. There are also private psychiatric practices offering treatment to drug addicts.

At the secondary healthcare level, there are also detoxification units within all seven general hospitals in the country. The standard procedure implies the use of opioid antagonists (naltrexone) and symptomatic measures. Rapid detoxification with general anaesthesia is not done in Montenegro. The substitution therapy in Montenegro is always conducted exclusively through the methadone therapy, while the use of buprenorphine has not started yet.

In residential care at the Special Psychiatric Hospital Kotor, it is only for certain patients (long-term IDUs and in cases of multiple prior failed hospitalisations) that the methadone detox therapy is applied. For opioid addicts, diagnostic evaluation is conducted following the common procedure in psychiatry, which includes: screening tests, psychological exploration (including neuropsychological evaluation) during the first diagnostic treatment, psychiatric observation and evaluation, as well as somatic examinations, serological screening for HCV, Hepatitis B and HIV.

Depending on the results of the diagnostic treatment, as well as on previous experiences with prior treatments, patients are either put on substitution methadone therapy after

detoxification, opioid antagonist maintenance therapy (Naltrexone), or anxiolytic and antidepressant with the support of group psychotherapy.

In cases of alcoholism, in addition to the above-mentioned psychiatric diagnosis, during their hospital treatment patients are included in the education programme, and following their discharge from the hospital, they are included into group psychotherapy in regional mental health centres. In cases of co-morbidity (dual diagnosis) of addiction with a psychotic disorder, predominantly the treatment of such patients is guided towards psychiatric units for psychotic patients. The patients with co-morbidity of addiction with non-psychotic disorders are treated as inpatients within the Addiction Treatment Ward in Kotor, and as outpatients in Mental Health Centres with mental health experts. The treatment of women addicts is carried out in a Specialised Psychiatric Hospital in Kotor at the women's ward for acute psychotic disorders. Long-term methadone maintenance therapy is carried out in relevant mental health centres – in Podgorica and, since autumn of 2010, in Berane and Kotor.

A methadone maintenance treatment (MMT) programme was established in February 2005 in Podgorica, as a high-threshold programme with strict rules and frequent testing for drug use. It is designed for intravenous drug users (IDUs) with a long history of drug use, as well as for those who are already dependent on methadone. Methadone is given to clients daily, as an oral solution, dispersed with juice, in individually prepared and packed glasses. Each client has a supporting family member accompanying him/her from the admission to the programme. Educative work is also carried out with clients on HIV/AIDS, STIs, etc. There is neither an official legal framework nor guidelines for substitution treatment, but it is envisaged that a protocol on substitution therapy will be created. Only a specialist psychiatrist who manages the MMT programme is allowed to admit clients to the programme, or to change an individual's maintenance dosage. Relevant data on patients (personal data, dosages, health status, etc) are kept on patients in substitution treatment in their medical files, in paper form.

From 2005 to 2010, a total of 207 patients participated in the methadone treatment programme in Podgorica, of whom 185 (89.4 %) were males and 22 (10.6 %) females. At this moment 57 clients are on the treatment, of whom 8 are females (16 %) and 49 males (86%). Average methadone maintenance daily dose is 30-40 mg. Rehabilitation/re-socialisation is provided in the state-owned Public Institution for Accommodation, Rehabilitation and Re-socialisation of Drug Users — Kakaricka Gora, as well as in the RETO therapeutic community (registered as an NGO).

Treatment in the public institution is voluntary, with a residential stay of at least 12 months. The necessary requirement for admission is for clients to test negative on ten psychoactive substances. The second necessary requirement is voluntary admission. A psychiatrist, a narcologist, a disabilities expert, a social worker, and a physical education teacher are in charge of the treatment, rehabilitation and re-socialisation plan. Group and individual therapies, lectures and thematic workshops make up the basis of this professional treatment. Since drug addiction is not considered an illness of the individual, but illness that involves his/her family as well, the family therapy is conducted together with the treatment of client. The client's family is included in all stages of the treatment.

The institution provides modern gym equipment, a sports field, a plant nursery for occupational therapy and rooms for relaxation and socialising. There are organised visits for clients to theatre performances, cinema, and excursions. They can also attend computer and language skills courses in order to facilitate their integration into the society after the treatment.

Treatment consists of three phases: adaptation, rehabilitation and re-socialisation, followed by 12 months of non-residential treatment, where the client engages as a volunteer and

supports new clients. The second stage involves non-residential treatment: after one year spent in the institution, the client's abstinence is followed in a social context over the following 12 months. During this stage, unannounced tests are also performed. Finally, client's participation in group therapies, and contact with the families continues.

The treatment is financed in the following manner: one third of the cost of a client's stay is covered by the Ministry of Health, one third by the Municipality of Podgorica, and one third by the user. However, for clients receiving social security benefits, treatment is completely covered by the Ministry of Labour and Social Welfare. The institution itself is financed from several sources: the capital budget, state budget, fees paid by the users, resources obtained through self-financing and donations.

The first clients entered the institution in September 2008, and by November 2010 there were 76 clients in treatment, aged between 23 and 43 years. Socio-demographic data are available from clients' files. In terms of marital status, 76.3 % were single, 7.9 % divorced, 15.8 % married, 21.0 % had children. In terms of education, 18.4 % finished primary school, 81.6 % secondary school. In terms of health status, 26.3 % of patients were infected with hepatitis C virus. Legal proceedings were in progress against 35.5 % of clients. In November 2010, 13 patients successfully completed the two-year programme, while 33 patients had already completed residential treatment. At this moment, 17 patients are undergoing residential treatment, while 16 patients are on non-residential treatment.

In the NGO, the RETO therapeutic community, the required length of a stay is 8–18 months. The therapeutic programme comprises three phases: adaptation (15 days), rehabilitation with work therapy (up to 18 months) and return to normal life. Rehabilitation is free of charge for a client.

Low-threshold programmes currently include: outreach needle and syringe exchange, distribution of condoms and information, and education and communication (IEC) materials, all implemented by the NGO sector. The National Drug Strategy also anticipates the creation of a drop-in centre, to be run by the NGO sector.

There is no formal mechanism for coordinating drug addiction treatment. To date, routine data collection from clients entering treatment for drug addiction in Montenegro has not been carried out. Some data on clients of psychiatric services, both inpatient and outpatient, are available from the Public Health Institute of Montenegro, where these are reported by the health institutions that offer this kind of treatment, but the reporting is not always routine in practice. These data are published annually in the *Health Statistical Yearbook* issued by the Public Health Institute of Montenegro, which covers all health-related statistics in the country.

In the Centre for Development of Health System of the Public Health Institute of Montenegro, data are available on individual patients treated in hospital (inpatient data), including date of birth, gender and diagnosis of the disease for which patient was treated and the dates of hospital admission and release (length of hospitalisation). These data are collected via a "patient statistical sheet".

Although individual forms for the inpatient treatment of drug users contain all the above-mentioned categories, the final reporting sheet that is used in the Public Health Institute only contains two categories for completion — gender and diagnosis, filled in on a cumulative form for all patients. So the data on age and length of hospital treatment is not taken from the individual reporting forms as part of the usual statistic elaboration.

Table 3: Number of individuals treated for drug use in inpatient units, 2003–08

Inpatient		F11	F12	F13	F14	F15	F16	F17	F18	F19	Total	Total M+F
2003	M	52	1	2	–	1	1	–	–	20	77	86
	F	5	–	3	–	–	–	–	–	1	9	
2004	M	91	1	1	–	–	1	–	–	7	101	109
	F	5	–	2	–	–	–	–	–	1	8	
2005	M	127	1	3	–	–	1	–	–	5	137	145
	F	8	–	–	–	–	–	–	–	–	8	
2006	M	211	1	3	1	–	–	–	–	16	232	252
	F	16	–	–	1	–	–	–	1	2	20	
2007	M	173	2	3	1	–	–	–	–	9	188	204
	F	12	–	–	–	–	–	–	–	4	16	
2008	M	161	–	–	1	–	–	–	–	14	176	198
	F	15	1	3	–	1	–	–	–	2	22	

At present, it is impossible to distinguish between patients who entered treatment in the given year for the first time in their lives (first treatment demand) from those who were in the treatment at least once in the given year (all treatment demand).

Table 4: Number of individuals treated for drug use in inpatient units, 2009

**cs = number of patients*

**day = number of days treated in hospital*

A G E G R O U P

	Diagnosis	Gender	AGE GROUP							total	
			0-14	15-19	20-29	30-39	40-49	50-59	60+		
2009	F11	M	cs			55	60	11	1		127
			day			1056	1417	243	13		2729
		F	cs			3	3				6
			day			33	170				203
	F13	M	cs					1			1
			day					1			1
		F	cs				1	1	1		3
			day				6	1	9		16
	F14	M	cs			1					1
			day			2					2
		F	cs								
			day								
F19	M	cs		1	5	10	3			19	
		day		4	219	305	77			605	
	F	cs			1	1	1			3	
		day			6	3	60			69	
TOTAL	F11-F19	M	cs		1	61	70	15	1		148
			day		4	1277	1722	321	13		3337
		F	cs			4	5	2	1		12
			day			39	179	61	9		288

The Public Health Institute receives a quarterly cumulative report on the number of people treated in outpatient units, as well as an overall annual report. Table 3 shows the numbers of diagnosed and treated drug users (patients with diagnoses F11–F19) per year.

Table 5: Patients treated in outpatient healthcare during the period, 2003–2007

Year	2003	2004	2005	2006	2007
Outpatient	219	453	371	274	399

Table 6: Patients treated in outpatient healthcare, 2009

SUBSTANCE (DIAGNOSE BY ICD X)	Number of patients on treatment concerning age and gender							
	<15 yrs.				>15 yrs.			
	M	F	TOTAL	%	M	F	TOTAL	%
OPIATES (F11)	0	1	1	16,7	487	46	533	79,0
CANABIS (F12)	0	0	0	0,0	20	1	21	3,1
HIPNOTICS (F13)	0	0	0	0,0	33	9	42	6,2
COCAINE (F14)	0	0	0	0,0	3	1	4	0,6
STIMULANTS (F15)	0	0	0	0,0	3	1	4	0,6
HALUCINOGENS (F16)	0	0	0	0,0	3	0	3	0,4
TOBACCO (F17)	0	0	0	0,0	10	5	15	2,2
INHALANTS (F18)	0	0	0	0,0	3	2	5	0,7
POLYTOXICOMANY (F19)	3	2	5	83,3	42	6	48	7,1
TOTAL	3	3	6		604	71	675	

Source: Public Health Institute (2010).

A new law on data collection in the field of healthcare (Ministry of Health, Labour and Social Welfare, 2008) was adopted in December 2008, enabling a new data collection and reporting system to be introduced in medical and non-medical drug treatment services in Montenegro, based on the TDI 2.0 guidelines, whose creation is still in progress.

There are no hospital units specialised for the treatment of addicts under 18 years of age. Drug use among young people was fairly limited in Montenegro until approximately the end of the 20th century, and the social and health impact was similarly restricted. However, in the mid 1990s, drug use started to spread quickly (still later than in neighbouring countries), and by the start of the 21st century, the use of psychoactive substances had become a significant public health issue. Surveys on drug use among the general population have not yet been conducted in Montenegro. Empirical studies on the use of psychoactive substances have been mostly directed at children and young people. These surveys, conducted since 1999, reveal a continuous increase in the use of psychoactive substances among young people. Research conducted in 1999 by the Health Protection Bureau among a sample of 4 054 primary and secondary school students from across the whole of Montenegro revealed that 3.1% of all participants had tried a drug in their lifetime — 0.4% among primary school pupils (11–14 years old), and 6.7 % among secondary school pupils (14–18 years old) (Laušević, 1999).

In 2004, the Public Health Institute of Montenegro conducted a national survey with a sample of 3 964 pupils from the fifth grade of primary school to the fourth grade of secondary school. This corroborated an increase in drug use — 5.8 % of respondents had tried a drug in their lifetime, more specifically 2.3 % of primary schools pupils and 10.1 % of secondary school students. Some 77.6 % of students who had experimented with drugs were from secondary school, with the highest percentage in the second grade (30.6 %). Most children first tried

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drugs in the upper classes of secondary school (third grade of secondary school 28.7 %, and fourth grade of secondary school 24.6 %), but 1.6 % of children first took drugs in the fifth grade of primary school.

Drugs were most used in the southern region (4.7 %), somewhat less in the northern region (4.1 %), and least in the central region of the country (3.8 %) (Mugoša, 2009).

Table 7: Frequency of lifetime use of different drugs and first drug tried

<i>Substance</i>	<i>Frequency of use (%)</i>	<i>First drug tried (%)</i>
Marijuana	3.3	54.7
Tranquillizers/sedatives	2.9	12.2
Amphetamines	1.5	–
LSD or other hallucinogens	0.9	2.8
Crack	0.7	0.6
Cocaine	1.3	2.2
Heroin (by sniffing)	1.1	2.8
Heroin (other way)	0.8	2.8
Ecstasy	1.1	7.7
Magic mushrooms	0.6	1.1
Inhalants	6.1	16.0
Drugs by injection	0.7	–
Alcohol combined with tablets	2.2	–
Alcohol combined with marijuana/hashish	2.5	–
Anabolic steroids	0.8	–

The European School Survey Project on Alcohol and Other Drugs (ESPAD survey) was implemented for the first time in Montenegro in 2008, by the Public Health Institute in cooperation with the Council for Information and Other Drugs (CAN) and with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The target population was students born in 1992. A complete population of first graders from all secondary schools was taken as the survey sample in Montenegro. The final sample size comprised 7 557 students.

Results of the survey showed that, excluding alcohol and tobacco, the most frequently used (illegal) psychoactive substances were marijuana and inhalants, followed by tranquillizers/sedatives

Until autumn 2009, within the Central Prison in Podgorica, there was a separate prison hospital for detoxification and treatment of addicts serving their imprisonment sentences. Offenders whose offence, as appreciated by the competent court, is caused by their addiction, have been given mandatory treatment for alcoholics and drug addicts as inpatients. They serve this within the Specialised Psychiatric Hospital in Kotor at the Addiction Treatment Ward.

In the Special Prison Hospital, from 1 January 2006 to 30 June 2009, in total 141 drug users were treated (Table 9).

Table 8: Inmates treated in the Special Prison Hospital, 2006–09

Year	2006	2007	2008	2009 (to 30 June)
Number of inmates treated	44	60	27	10

6. Strengths and weaknesses

6.1 Strengths

The national strategic response to drugs from 2008–12 and the action plan specify that the implementation of national policy in this area requires a balanced, multidisciplinary and integrated approach, which includes coordination of all factors involved in combating drugs and the consequences of their use. It is envisaged that a system of information collection, management and exchange will be established as a continuous process between the different organisations given responsibility for carrying out policies in the area of drugs.

The division of activities is multisectoral and includes the exchange of information between organisations given responsibility for carrying out these policies. To this end, the National Office for Drugs at the Ministry of Health established a system of contact persons — a contact network for issues related to drugs. State administration, local administration and health system providers and managers are included in this network. The contact network consists of representatives from: the Ministry of Internal Affairs, Police Directorate, Ministry of Justice, Ministry of Education and Science, National Bureau for Education, Customs Directorate, Ministry of Finance, Ministry of Culture, Sport and Media, local governments and institutions of the healthcare system. The coordination is thus arranged both horizontally and vertically, between several state bodies and institutions, local administration and the civil sector. The action plan precisely defines a schedule of activities and duties for each of the stakeholders, as well as for those responsible for carrying out specific tasks.

An Expert Council within the Government of Montenegro is to be formed, to act as an advisory body. This body will also have a role in supporting the implementation of the strategy, as well as its evaluation.

Services and treatments are easily accessible and available for all citizens, regardless of their habitat and employment status.

6.2 Weaknesses

Montenegro is part of a transitory area on a smuggling route for several types of drugs moving from the Middle East and Far East towards Western Europe. This so-called 'Balkans route' of drug smuggling is used to smuggle heroin that is mostly produced in Afghanistan, via Turkey and the Balkan countries (mostly Albania and Kosovo*) to Montenegro and beyond. In recent years, skunk has increasingly supplanted 'ordinary' marijuana in the illegal drug market and transitory smuggling. Montenegro is also a transitory destination for cocaine, which is produced in Latin America and smuggled overseas to Montenegrin territory, which acts as a middle point. It is then transported to other countries in the region and beyond, to the EU countries. There is also a market for illegal drugs among Montenegrin citizens, especially young people. Marijuana and heroin are the most popular, while synthetic drugs are less frequently used (and mostly by tourists) and consumption of cocaine is less prevalent due to its high price.

The street price of narcotic drugs in Montenegro varies according to supply and demand, quantities and quality. In general, prices range as follows:

1. heroin: EUR 10–15 per gram;
2. cocaine: EUR 60–80 per gram;
3. ecstasy: EUR 3–5 per tablet;
4. marijuana: EUR 5–10 per pack (5–10 grams).

There are no precise surveys about the purity of drugs available in the domestic drug market, because this kind of analysis is only conducted upon request from the courts in special cases. General information indicates that marijuana ('albanka' — meaning marijuana originated from Albania) has a high level of THC, while heroin, mostly from Albania, comes to Montenegro mixed with other substances (the content of diacetyl-morphine ranging from 3–5 %). Extensive research is due to be conducted soon that should hopefully provide firm data on drug purity.

Within the existing health care system, treatment and evaluation of drug users falls entirely to mental health professionals, even though it is essential for GPs to be involved in this problem as well.

Current weak coordination and cooperation between drug abuse treatment organizations in the public health sector is expected to be resolved by enablement of new data collection and reporting system, based on the TDI 2.0 guidelines, whose creation ongoing.

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“The former Yugoslav Republic of Macedonia”

1. Demography

The surface area of the country is 25.713 square kilometres. According to the latest census conducted in 2002 there were 2 022 547 inhabitants. The country is a multiethnic state and the ethnic composition includes 64.18% Macedonians, 25.17% Albanians, 3.85% Turks, 2.66% Roma, 1.78% Serbs, 0.48% Vlachs, 0.84% Bosniaks and 1.04% others. The capital city is Skopje with 506 926 inhabitants (in 2002). In relation to the age structure, 21.1% are 0-14 year-olds, 68.3% are between 15 and 64 years old and 10.6% are 65 years old and over. Average population density at the national level is 78.7 inhabitants per square kilometre. According to the population estimates on 30.06.2009, the total number of inhabitants was 2 050 671 (1 027 810 males and 1 022 861 females).

The birth rate per 1000 inhabitants in 2009 was 11.5, while death rate per 1 000 inhabitants was 9.3 and natural increase per 1000 inhabitants was 2.3.

GDP (gross domestic product) per capita in 2008 was 2 980 USD, employment rate in 2009 was 38.4, while unemployment rate was 32.2 of the working age population.

2. Epidemiology of drug use

The Ministry of Interior registered the first drug user in “the former Yugoslav Republic of Macedonia” in the year 1969. During the period 1993-2000, the number of registered drug users increased from 457 to 4 569. At the end of 2009, the number of registered drug users was 8 778 (7 900 males and 878 females). The age group of less than 15 year old drug users includes 2 users, the age group from 15 to 18 years old, 58 users, the age group from 18 to 20 years old, 124 users, the age group from 20 to 25 years old, 1 854 users. There were 2 162 registered users in the age group of 25 to 30 years, while 4 518 were older than 30 years. The vast majority of registered drug users, 7 619, were unemployed. The ethnic structure of the registered drug users was: 6 479 Macedonians, 1 434 Albanians, with another 865 members of other ethnic groups living in the country. Urban area drug users were predominant- 4 476 of all registered drug users were from the capital Skopje (51% of the total number of the registered drug users). In accordance with the Ministry of the Interior register, 5 108 of all cases used cannabis, 3 682 used heroin and 349 used other drugs. The Ministry of Interior registers anyone who had contact with the police in relation to drug use or drug related crime. For example, the register does not make a distinction between first time cannabis users and heroin-addicted users.

In 2008, an ESPAD survey was conducted in 68 public secondary schools within the country. 4 257 students participated in the survey and the results of 2 452 students aged 16 were expanded. According to the ESPAD results, the use of cannabis has decreased since 1999 (8.1 % lifetime prevalence in ESPAD1999) and it is still low in the country- compared with the other European countries (results from year 2003). In total 5.5% students reported having experience with cannabis during their lifetime. Marijuana is more popular among male students; the total number of male students who had experience with cannabis is 7.3% while total number of female students who had experience with cannabis is 5.3%.

The number of students who take ecstasy has increased (3.2% lifetime prevalence) compared to 1999 (1% lifetime prevalence in ESPAD 1999). Experience with amphetamines is 1.7% in total, four times more, compared to the result of 0.4% in 1999.

The use of other illicit drugs is below one percent (LSD 0.8%; crack 0.7%; cocaine 0.9%; heroin 0.8%; magic mushrooms 1.2%; GBH 0.6%; anabolic steroids 0.9%; drugs by injecting 0.9%) and stayed almost on the same level as in 1999. More generally, male students use drugs more than female students, and the first experience with drugs is usually at the age of 14 and 15.

The number of injecting drug users in “the former Yugoslav Republic of Macedonia” is estimated between 15 000-20000 out of which 6 000 – 8 000 are in the capital Skopje, other estimates suggest that there are 6 000-8 000 “problematic drug users”(intravenous drug use or long/frequent use of opiates, cocaine and/or amphetamines). According to the programme data of the largest nongovernmental organization working with injecting drug users in Skopje - Healthy Options Project Skopje (HOPS), the number of injecting drug users in the capital is estimated around 3 000 persons.

In the period April-May 2010, Respondent Driven Sampling bio-behavioural survey took place among injecting drug users in Skopje with a sample size of 400 participants. According to this study, the average number of injecting drug users in Skopje is 2 950 (from 2 150 to 4 100). If the injecting drug users number in Skopje is 2950, than the extrapolation of this estimate to the national level would result in a total estimated number of 10 200 injecting drug users (from 7 450 – 14 150) in the whole country.

Data for drug related deaths might be biased due to the fact that, for a variety of reasons, (religious, financial, etc) no autopsy/toxicological analysis was carried out. From 2002 to 2007, the total number of drug-related deaths appears to be continuously increasing among males (from 4 to 19), while the number among the female population has decreased (from 2 to 0). The majority of drug related deaths were among those aged 25-29 (63.2%) and were related to opiate overdose (78.9%). Data for drug related deaths in 2009 and 2010 were collected by the Institute of Forensic Medicine, Criminology and Medical Deontology- Skopje and the Institute of Forensic Medicine- Bitola. The total number of drug related deaths in 2009 was 16 (of which one was female). The cause of death in 13 cases was intoxication with opiate. The total number of drug related deaths in 2010 (until 31 October) were 13 (of which one was female). The cause of death in 5 cases was intoxication with opiates, 3 cases of intoxication with methadone, 1 case of intoxication with opiate and methadone, and 1 case of intoxication with methadone and benzodiazepines. The majority of the drug related deaths were among those aged 25-29 (41.7%), followed by those aged 20-24 (22.2%) and 30-34(22.2%).

Out of 120 HIV/AIDS cases between 1987 and 2009, almost three quarters are males (72.3%). Heterosexual transmission was assessed to be predominant mode of transmission with 52.94%, following homosexual with 12.60% and intravenous with 7.56%. Reported cases in age group 30-39 years (39.49%) and age group 20-29 years (26%) contribute to almost three quarters of all reported HIV/AIDS cases.⁵ Republic of Macedonia has a low level HIV epidemic with a total number of 130 reported cases of HIV/AIDS up to 31 October 2010 (99 with AIDS and 31 HIV positive). Only 10 of all HIV/AIDS cases registered in the country were reported to be injecting drug users.

The bio-behavioural survey among injecting drug users in Skopje in 2010 (with methodology of respondent driven sampling and sample size of 400 participants) has shown that the prevalence of Hepatitis C among this population is 70.1% (95%CI= 63.8% - 73.4%).

⁵ UNGASS Country Progress Report 2010:12.

3. Short history of drug treatment

The treatment of drug dependence in the country dates back to the late 1970's and early 1980's, when substitution treatment (methadone) was introduced. Until 2005, this type of treatment was centralized in the daily hospital for prevention and treatment of drug abuse and abuse of other psychoactive substances (which is an integral part of the Psychiatric Hospital in Skopje) and in two prisons in the capital, Skopje. According to the hospital statistics for the period 1989-1998, the number of treated drug users (most often heroin users) progressed from 11 to 700 and the average age decreased from 32 to 22 in a widely dispersed sample of treated persons from ages 14-42. The average period from first drug use to first contact with a health institution in this group was 2-3 years. In 1999, the inpatient unit for detoxification with a capacity of 15 beds was open at the Centre for Prevention and Treatment of Drug Abuse and Abuse of Other Psychoactive Substances (CPTDA). Another daily hospital for treatment of drug addiction (low threshold) was opened in 2003 within the same CPTDA system). Since 2005, methadone treatment has also been provided at the Penitentiary Correctional Facility (PCF) in Bitola.

From 2005 until recently, within the framework of the program "Building a Coordinative Response to HIV/AIDS Prevention" (supported by the Global Fund) the Ministry of Health opened 10 new services for prevention and treatment of drug abuse, including methadone maintenance treatment, 8 of which were in other cities, one in the capital of Skopje and one in the main prison in Skopje where substitution treatment had already existed. These services are supported by the Ministry of Health, Ministry of Labor and Social Policy, Centres for Social Work, local community and NGOs.

At the end of September 2010, the total number of patients included in methadone treatment in all existing public services for treatment of drug abuse in the country was 1 272 (1 162 male and 110 female), of which 190 were patients in prison "Idrizovo" (182 males and 8 females), 28 male patients in the PCF Skopje and 21 male patients in PCF Bitola. In December 2010, 87 (78 male and 9 female) patients were on buprenorphine maintenance treatment at the clinic of toxicology. The total number of patients on medically assisted treatment (methadone or buprenorphine) covered by private clinics is about 150 patients.

In 2009, the number of cases treated in the inpatient unit for detoxification (with the goal of a drug-free status) was 125, of which 42 were new patients. In 2010, (through November) the number declined to 108, of which 42 were new patients.

Methadone is the main substance prescribed for substitution treatment. Buprenorphine has recently been registered (in 2009) and it is available free of charge for 100 patients in 2010 (through the Governmental program) at the clinic of toxicology in the capital.

The drug use treatment is perceived as a long lasting process, which will give optimal results when it has bio-psycho-social orientation and is conveyed by multi-professional teams. The patients receive medical assisted treatment, psychosocial treatment, and social care as well. The vast majority of patients demanding treatment are drug addicts, but there are some cases of individuals who are just casual drug users.

The Ministry of Labour and Social Policy established 2 regional daily centres for rehabilitation and re-socialization of drug users in two cities (Ohrid and Kumanovo), working in close cooperation with the treatment services.

In 2010 the nongovernmental organization, "Izbor", from Strumica, with the support of the Orthodox Church and local community, established the Therapeutic Community "Pokrov" in Strumica with a capacity of 45 beds.

4. Organisation of the treatment services

In accordance with the Law for Health Protection, the Centres for treatment of drug addiction should be part of the hospitals- with minimum staff of 1 medical doctor (GP), one psychiatrist and one nurse.

Drug treatment is available within the framework of the public health national service network, making the public sector the leading actor in drug related medically assisted treatment. The main financial actor in the funding of drug related treatment is the Ministry of Health. There are few private psychiatric clinics that treat drug addicted patients and the funds for the treatment are partially or completely provided by the patients.

Professionals engaged in treatment are psychiatrists, general practitioners (GP), nurses, pharmacists, social workers, and psychologists. There is no specialty in addiction medicine at the universities, and GP students receive very limited knowledge in this area.

5. Services

5.1 Detoxification

Detoxification treatment for drug users is available in the inpatient unit for detoxification at the Centre for Prevention and Treatment of Drug Abuse and abuse of other psychoactive substances (CPTDA) - Psychiatric Hospital Skopje; the Department for Detoxification of Drug Abuse at the Clinic for Toxicology and psychiatric departments in a few general hospitals across the country. Detoxification with methadone through slow reduction of doses is available in outpatient centres specialised for addiction treatment in the capital and in other cities, including prisons. Detoxification with buprenorphine is available only in the Department for Detoxification of Drug Abuse at the Clinic of Toxicology. Detoxification with symptomatic therapy including benzodiazepines is used at the inpatient unit for detoxification in the CPTDA in Skopje. In many cases detoxification is not followed by aftercare or any rehabilitation, re-socialisation and reintegration programs. Relapses after detoxification are extremely frequent, and in some cases overdoses happen. After detoxification, drug-free long-term treatment is available in only one therapeutic community - “Pokrov” in Strumica. The establishment of such communities is not legally regulated yet. The by-law for therapeutic communities does not exist, and for the future, it should be developed by the Ministry of Labour and Social Affairs.

5.2 Evaluation/planning of treatment

There is no regular evaluation of addiction treatment in the country. However, in 2010, the Evaluation of Treatment Service’s “Client and staff satisfaction survey” was conducted by Country Coordinating Mechanism (CCM) and an evaluation report was produced. The survey was conducted to evaluate patient’s satisfaction in relation with the methadone maintenance services and at the same time evaluate staff satisfaction with working in methadone treatment centres.

The Global Fund programs support supervisory visits to the Centres for Treatment of Drug Addictions around the country by experienced professionals from the CPTDA in Skopje. Also follow up trainings are being organized for the Centres for Treatment of Drug Addictions’ staff. The program also included assessment of capacities and SWOT analysis.

Planning of drug addiction treatment is based on the guidelines in the protocol for methadone use in treatment of opiate addiction. The first guideline for methadone treatment was published in 2001, and the full guideline was published in 2005. Detoxification is mainly performed prior to planning of methadone treatment or long-term treatment at the therapeutic communities.

5.3 Treatment

5.3.1 Substitution treatment

There are two substances for substitution treatment available in the country (methadone and buprenorphine). There are approximately 1 442 patients on methadone treated in public, private and penitentiary services and 87 patients on buprenorphine treated at the Clinic for Toxicology. The guidelines for methadone treatment include recommendations for short and long-term detoxification as well as for short and long maintenance treatment with substitution. The criteria for admission in methadone treatment are: patients must be older than 18 years, they must have a history of opiate abuse of at least one year, previous ineffective detoxification treatment in health services, a voluntary agreement for treatment with methadone and a signed therapeutic contract with the treatment centre. Patients younger than 18 can be treated with methadone if the additional criteria are satisfied: in case the patient is HIV positive, or if there is written concordance and therapeutic agreement signed by the patient and the parent. There are no criteria in cases of treatment of pregnant woman with opiate addiction, HIV-positive addicts, addicts with difficult somatic co-morbidity as cancer, cirrhosis and released prisoners treated with methadone in the Penitentiary Correctional Facilities. Guidelines for treatment with buprenorphine are not available, but there are some guidelines for internal use in the Clinic for Toxicology.

There is no limitation in terms of duration for methadone treatment for opioid dependency. There is an option for take-home medication for stabilized patients (6-12 months since the initiation of the treatment).

The average age of patients varies in different centres (from 27.8 years in Bitola and Kavadarci to 39.2 in Daily hospital (low threshold) at the CPTDA in Skopje. The average age of patients in the buprenorphine program at the Clinic for Toxicology is about 27.9 years. Less than 10% of all patients are women. The average methadone dose varies in different centres from 5 ml in Gevgelija and Stip, to 11 ml in the Daily hospital (low threshold) at the CPTDA in Skopje. The average dose of buprenorphine is 6.54 milligrams. The average dose of the methadone in the penitentiary services in Skopje is lower than in community services, (5.3 ml) due to patients decreasing dosage during their stay in prison. The average dose in the Penitentiary Correctional Facility in Bitola is 5.7 ml, which is the same as in community service.

Geographically, methadone treatment is available in nine cities (Strumica, Gevgelija, Stip, Kavadarci, Kumanovo, Skopje, Tetovo, Bitola and Ohrid), as well as in three prisons (two in Skopje and one in Bitola). Half of the patients are treated in Skopje.

There was a long “waiting list” for admission to treatment in the capital, but as soon as the new treatment centre was opened, the waiting lists for treatment were quickly cleared up.

5.3.2 Drug-free treatment services (TC, collectives, etc)

The only therapeutic community in the country is “Pokrov”, close to the city of Strumica. At present, it provides services for 10 clients (8 males and 2 females). This community makes efforts for provision of high quality services and complementary and accessible care for addicted patients. It provides accommodation and food for the clients, basic health care and

mental health observation. The program includes teaching skills, training in HIV/AIDS prevention and other services crucial for rehabilitation and social reintegration. Its clients also participate in working activities. Courses/lectures are being organized for the patients as well as sport activities. Professional staff is engaged (psychologist, social workers, therapists, and other professionals).

5.3.3 Dual diagnosis treatment services

There is no data on the prevalence of drug addiction among patients in the psychiatric services or on the prevalence of psychiatric disorders in addiction treatment services. There was limited awareness of the magnitude of dual diagnosis patients for many years. Recently, more attention is being given to this issue; doctors in addiction treatment services have started to diagnose and report more psychiatric co-morbidity than in the past years. Medical documentation of all treated patients (348) in two CPTDA daily hospitals in the capital was analysed in 2009, and it was found that only 4, 6% of the patients were reported as dual diagnosis patients. Higher percentages (18.4%) of the patients were treated with anti-depressive medicines, antipsychotics, anxiolytics and psycho-stabilizers. The percentages of reported dual diagnosis patients in other cities in the country are no bigger than the capital.

There are no specific outpatient treatment programmes for patients with dual diagnoses. These patients are treated together with other patients in outpatient facilities. Inpatient treated patients with dual diagnoses are usually referred to the Psychiatric Hospital Skopje or department for neuropsychiatry in general hospitals in the country. Specific dual diagnosis inpatient treatment services do not exist, and the number of admitted dual diagnosed patients to psychiatric hospitals or departments is very small.

5.3.4 In/outpatient

Medically assisted treatment for opioid addiction is normally provided at outpatient treatment services. Inpatient treatment may be included in case of a need for treatment of psychiatric or somatic co-morbidity. The patients are mainly treated in outpatient settings with methadone in the CPTDA all over the country. A smaller group of patients in outpatient settings are treated with buprenorphine at the Clinic for Toxicology in Skopje. A small number of drug-users are admitted for treatment in an inpatient treatment department (Department for detoxification of the CPTDA in the capital, Departments of Neuropsychiatry in general hospitals in the country and Department for Detoxification of Drug Abuse at the Clinic for Toxicology) for detoxification towards obtaining a drug-free status. Inpatient treatment for induction on buprenorphine treatment is provided at the Clinic for Toxicology. In/outpatient treatment through the CPTDA in Skopje and some other centres in the country is accompanied by psychosocial treatment.

5.3.5 Drug and/or alcohol and prescribed drugs-patients

Drug users are treated in different facilities/departments than alcohol users and prescribed drugs-users. Patients with abuse or addiction of prescribed drugs as narcotic analgesics (tramadol chloride) are treated in the same facilities with drug users. There is big number of patients in drug treatment services who are polydrug users and use alcohol and prescribed drugs especially benzodiazepines. In those cases the treatment is comprehensive and provided in the same facilities.

5.3.6 Availability/link to somatic and psychiatric treatment

The doctors responsible for drug addiction treatment can refer patients with psychiatric and somatic co-morbidity to the general practitioners and hospitals. In case of the need for hospitalization of patients with psychiatric co-morbidity from the capital, they are hospitalised at the Psychiatric Hospital in Skopje. Usually, the hospitalisation for adult drug addicted patients with psychiatric co-morbidity is at the department for violent patients in the Psychiatric Hospital. Rarely, addicts with psychiatric co-morbidity who are not using methadone are treated at the Psychiatric clinic or psychiatric department at the city hospital in Skopje. Not all psychiatric facilities in the capital are treating drug-addicted patients with psychiatric co-morbidity. If patients on methadone with somatic co-morbidity are hospitalised then methadone is provided through the CPTDA.

Somatic and psychiatric co-morbidity treatment for patients in other cities is provided at the general hospitals. Treatment for intoxicated patients is provided at the Clinic for Toxicology.

5.3.7 Rehabilitation services linked to treatment

There are two rehabilitation services (in Ohrid and in Kumanovo) linked to treatment. They are working in close collaboration with the centres for drug treatment. Rehabilitation and re-socialization of the drug users and their families is provided through different individual and group activities: counselling, information, social intervention, psychological intervention and testing, motivation interview, group therapy, psycho-educative groups, therapeutic community, creative and occupation therapy and computer skills workshops.

There are no social services programmes for drug users housing, but the Ministry of Labour and the social centres have the competence to initiate social integration of the drug users in a number of areas (housing, parental, vocational services etc).

5.3.8 Treatment of young people

There are no specific treatment services available for young addicts. Youth under 16 are admitted for treatment at the Department for Children and Youth in the Psychiatric Clinic, or at the Paediatric Clinic along with other patients.

The “take home” therapy of young opiate addicts (younger than 18) admitted in methadone treatment can be taken only by their parents in accordance with the Guideline and protocol for methadone treatment.

5.4 Gender issues

Female drug users are an especially vulnerable group and are in need of different treatment modalities and gender-specific services adequate for their needs including psychosocial support. But there are no gender-specific treatment services available for female addicts. They are treated in mixed gender treatment services and the existing programmes are not gender sensitive.

5.4.1 Pregnant women/families with small children

Pregnant women who want to continue with their pregnancy are admitted to methadone maintenance treatment; in addition, they receive priority admission possibilities in the methadone treatment programme. Detoxification during pregnancy is not recommended.

Compared with males, the percentage of females admitted to treatment for opiate addiction who are married, divorced, separated or have children is bigger. A larger percentage of female addicts have partners who are also drug users, and they tend to live together and/or with their children. The male drug users are usually single but live with their parents.

Doctors responsible for treatment of drug addiction recommend breast-feeding when the mother is stable patient on methadone or buprenorphine. There are no protocols for treatment of neonatal withdrawal syndrome.

5.4.2 Other Gender Issues

The programme “Marija” for the support of sex workers was launched in January 2000 by NGO Health Options Project Skopje, with the goal of targeting sex workers and their families in Skopje. From 2004 to present, the programme has been supported by the Global Fund. In 2008, the programme expanded its activities in Strumica and Gostivar, and in 2009, to Ohrid. During the implementation of the programme, activities reached 800 sex workers, female, male and transgender, and their families, partners and clients. Out of 800 individual contacts, 404 were made in Skopje – 343 (85%) females, 31 (7.7%) males and 29 (7.2%) transgender (male to female). At the moment of first contact, 78 (22.7%) females, 3 (9.7%) males and 3 (10.3%) transgender contacts confirmed using drugs (mainly heroin and methadone). 14.6% of females didn’t disclose their drug use behaviour, so the percentage of drug users among female group may be higher. During long time observation in outreach work, and through the demand for specific services from patients, it was noticed that drug use among sex workers is increasing and that some of the contacts initially reported as non-users recently started to use drugs. According to the data available, an additional 12 (3.5%) females and 2 (6.9%) transgender sex workers started using drugs.

The programme offers comprehensive services for all sex workers, and is sensitive to the needs of certain subgroups. All services are anonymous, confidential and free of charge. They include: outreach activities for HIV/AIDS and STI prevention among sex workers and their clients (regular distribution of condoms, lubricants, information, needles exchange); voluntary and confidential counselling and testing for HIV, social assistance and counselling (information, referrals, helping and accompanying through procedures, home visits, counselling); sexual and reproductive services (gynaecological checkups, PAP smears, pregnancy tests, contraception, education, counselling, referrals); legal services (legal advises, assistance through legal procedures, raising awareness on human trafficking, sexual exploitation, human rights, the mechanisms and institutions for protection, documenting and monitoring human rights violations, court litigation); career development services (language and computer courses, literacy courses, vocational trainings, scholarships to finish formal education, empowerment trainings); supportive services within drop-in centres (toilets, shower, laundry, free meals, beauty workshops (hairstyle, makeup, manicure, pedicure), child support; peer sessions, educational workshops, and social events.

5.5 Treatment within the criminal system

According to the strategy for re-socialization and social adaptation of persons convicted to prison sentences, from 2010 to 2012, the number and the structure of the convicted persons currently serving imprisonment in the 11 Penitentiary Correctional Facilities (PCF) is 2 195 prisoners, of which 513 are drug addicts. In PCF “Idrizovo” in Skopje there are 400 drug addicts, of which 190 (182 male and 8 female) are on methadone maintenance treatment. In PCF –“Skopje” there are 28 male heroin addicts, and in PCF- Bitola, there are an additional 21 male heroin addicts that are included in methadone programme in the prison. In PCFs in other cites there are drug addicted prisoners as follow: 7 in Stip, 8 in Ohrid, 25 in Struga, 22 in Prilep, 4 in Gevgelija, 16 in Strumica, and 8 in Tetovo. There are no convicts that are

abusing drugs in PCF Kumanovo. The methadone maintenance treatment is available in three prisons: two prisons in Skopje and one in Bitola. The addicts from PCF in other cities are treated in the nearest Centre for prevention and treatment of drug addiction. Buprenorphine is not available for addicts in PCF.

In collaboration with the Ministry of Health, regular checkups are provided for HIV, hepatitis, syphilis and tuberculosis. NGOs implement a significant number of projects: providing training to the personnel (education in conflict prevention, prevention and protection of HIV and AIDS, training on the stress reduction during working time) as well as educational lectures organised for the convicted persons in relation to sexually transmitted diseases, tuberculosis, conflict prevention and gaining new skills. One of the basic principles of the strategy is adjustment to the needs of the various target groups. This year, the first programme for resocialization and rehabilitation of drug users was started in Idrizovo by an NGO.

6. Special issues

There are 15 harm reduction programmes in 13 cities in the country (3 harm reduction programmes in the capital). In 2009, the number of clients from 11 harm reduction programmes (including 3 programmes in the capital) were 1 582, of whom 456 were new clients (399 male and 57 female). The number of clients in 2010 (until 30 November) was 1669, of which 444 (386 male and 58 female) were all injecting drug users.

Harm reduction programmes provide needle exchange, condom distribution and basic medical help. They also provide social services (information, consultation and referral to institutions for all social problems); legal services (free legal aid) and small funds for homeless people who are drug users.

The care and socially-oriented intervention for addicts with the most severe drug addiction in the capital are organized by the NGO Healthy Option Project Skopje (HOPS).

7. Strengths and weaknesses

There is a solid legal base, and continuing development strategic documents (Law for narcotic drugs; National drug strategy); however, efforts should be made to increase collaboration in fulfilment of the National Drug Strategy-Action plan.

The services for treatment of opioid addicts are available in most of the cities in the country, but the availability of services in the capital and in some other cities still fail to meet the full demand. Services for women, children and adolescents are insufficient as well. The services for treatment of stimulants are needed. There are very limited capacities in regards to rehabilitation and reintegration.

There is no Specialty in Addiction Medicine at the universities and GP students receive very limited knowledge in this area. Medical staff has been reluctant to work in services for treatment of drug addiction due to prejudice and fears. Therefore, there is a lack of medical staff in drug addiction services, especially psychiatrists and medical doctors.

Admittance to treatment in the capital was limited by long waiting lists until the establishment of the second service for medical assisted treatment in the capital in 2009. With the introduction of buprenorphine in 2009, there are now more treatment options. Still, this medicine can be provided only in the capital and is not available in the PCFs and CPTDA centres around the country. The methadone maintenance treatment is available in three

PCFs, but still, efforts should be made for development of treatment services for drug addicts in other PCFs in the country.

The guideline and protocol for treatment with Methadone already exists and would greatly facilitate the daily work in the CPTDA. Additional protocols should be developed for many other issues (treatment of youngsters, pregnant, neonatal withdrawal syndrome, treatment with other medicines etc.).

The HIV prevention activities achieved a low level of HIV infection among injecting drug users.

Through the implementation of programmes supported by the Global Fund, new treatment capacities that included methadone treatment were developed (opening of new CPTDAs). The country has had a strong network of harm reduction services for a long time, including: needle exchange services, outreach programmes and substitution treatment. Different capacity building activities were provided and system for monitoring and evaluation was introduced. Development of this national coordination system has improved collaboration between the governmental and non-governmental organizations. Still, efforts should be continued for further development of systematic evaluation in the country.

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- The Institute of Public Health – Skopje
- The Centre for prevention and treatment of drug abuse and abuse of other substances-Skopje
- The Clinic for Toxicology
- Penitentiary Correctional Facilities “Skopje”- Skopje
- Penitentiary Correctional Facilities Bitola
- Daily Centre for drug users and their families – Ohrid

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Serbia

1. Demography

According to the Republican Statistical Office of Serbia, the surface area of the Republic of Serbia is 77,474 square kilometers. The population of Serbia is 7 306 677 people (as of 1 January 2010), The capital city is Belgrade with 1,7 million inhabitants in 2008, which is one-fourth of the total population of the country. The gross domestic product per capita (GDP) for 2009 was 4.093 euros. The unemployment rate in 2010 is around 20%. The number of physicians per 100,000 population is 281 (the average in EU countries is 322), the average length of a hospital stay is 10 days.

2. Epidemiology

In the last five years, several studies on the spread of drug use in Serbia were carried out. In 2005, a pilot study based on the European School Survey Project on Alcohol and Other Drugs (ESPAD) methodology explored young people's abuse of alcohol and other drugs. It surveyed 1 600 sixteen year-old secondary school students from 3 major cities in Serbia. In general, there was a higher proportion of lifetime prevalence among boys with regard to nearly all substances, except for non-prescribed medicines. The age of first drug use varied by substance, though the majority (88.2 %) reported that their first drug experience was at ages 14–16.

In 2008, the first ESPAD survey was conducted nationally on a representative sample of 6 553 secondary school students aged 16. In Table 1, lifetime prevalence rates of psychoactive substances use from both surveys are presented. There is a significant decline in cannabis, sedatives and ecstasy lifetime use comparing data from ESPAD surveys in 2005 and 2008. That is not the case with cocaine, amphetamine and heroin lifetime use rates. On the contrary, it can be said that stimulants use is slightly rising.

Table 1: Use of psychoactive substances, lifetime prevalence rates

	2005 big cities (%)	2008 big cities (%)	2008 nationwide (%)
Cannabis	12.9	7.3	6.7
Ecstasy	2.3	1.7	1.6
Sedatives	11.3	8.0	7.6
Amphetamines	1.7	1.9	1.5
Cocaine	0.9	0.7	1.0
Heroin	1.2	0.6	0.9

In 2006, a survey of the prevalence of drug use among the general population (aged 15–59) was carried out within The Global Fund to Fight AIDS, Tuberculosis and Malaria's HIV project, Round I. The most important epidemiological data are shown in the Table 2. There was 0.2 % of a lifetime prevalence of intravenous use of drugs. The average age of first-time illegal drug use was 18.6.

Table 2. Lifetime prevalence rates among the general population of Serbia

	Aged 15-59			Aged 15-34		
	Total (%)	Male (%)	Female (%)	Total (%)	Male (%)	Female (%)
All drugs	11.5	15.5	7.5	20.0	26.2	13.6
Illicit drugs	10.9	14.8	7.1	19.2	25.3	13.0
Cannabis	10.7	14.4	6.9	18.9	24.8	12.8
Ecstasy	1.9	1.8	1.0	3.8	5.6	2.0
Amphetamines	0.9	1.5	0.3	1.6	2.7	0.5
Cocaine	1.3	1.9	0.6	2.4	3.6	1.2
Heroin	0.9	1.4	0.3	1.5	2.4	0.6
LSD	0.7	1.2	0.3	1.3	2.1	0.4
Inhalants	1.2	1.8	0.5	1.9	3.0	0.9
Steroids	0.6	1.1	0.2	1.0	1.7	0.2
Intravenous use	0.2	0.4	0.1	1.9	0.5	0.0

The National Office for HIV and AIDS estimate that there are 12 500–25 000 injecting drug users (IDUs) in Serbia. This estimate was made using the multiplier method, based on the number of people tested at a Special clinic in Belgrade and the percentage of IDUs tested at the same clinic. It gave an estimate of 6 500 IDUs in Belgrade, which was then extrapolated for the whole country with the help of the estimation of the Ministry of Interior. Approximately one third of IDUs live in Belgrade.

According to data from the Belgrade Institute of Public Health, from 1970 to 2009, a total of 8 294 people requested medical treatment for drug dependence in Belgrade. In addition, up to the end of 2009 a total of 880 persons were reported to have died of unspecified causes of death, so accurate overdose mortality rate is not known.

In 2010, the Institute of Public Health of the Republic of Serbia collected data on addicts who are on methadone substitution in four regional centres using the Pompidou Group's questionnaire (which is compliant with the protocol of the European Centre for Drugs and Drug Addiction). Figure 1. shows the incidence of drug addicts who entered treatment in the period 2000-2010. Average age of first drug use in the given sample is 17 years and the average age for the first treatment is 30 years. The largest number of treated patients are heroin addicts (94.7%). Two substances are used by 65.6% of addicts, of which the most frequently are marijuana (44.3%) and cocaine (11.2%). Distribution by sex is 79.1% men and 20.9% women. The overdose was reported by 34,8% patients in this sample.

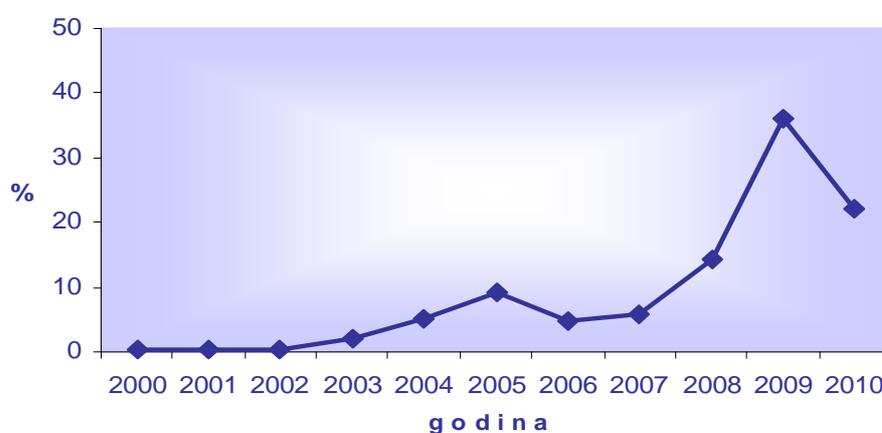


Figure 1. Incidence of drug addicts on methadone, Serbia, 2000 -2010. (Incidence rates have raised after the Global Fund project has started)

Since 1985 until the end of 2009, there were 2 414 officially registered HIV-positive persons, of which 1 472 were patients suffering from AIDS, while another 962 died from the disease. Almost 80% of the registered HIV-positive persons live in the city of Belgrade, where most tests have been carried out. From January till November 2010, 114 persons have been registered as newly HIV positive, with seven times more men than women. Concerning the ways of transmission, in 76% of cases, HIV infection was transmitted due to unprotected sex, of which 51 men reported high-risk sex with other men. At the beginning of the HIV epidemic there was a huge percentage (up to 60%) of HIV positive IDUs, but now this figure is only 6%. Since 1997, there has been a continual decline in the number of registered deaths, which is most likely the result of combined, highly active antiretroviral therapy (HAART), which has been available and free of charge since 1997. The national strategy to combat HIV/AIDS has been successfully implemented and operational since 2005, and the HIV epidemic in Serbia is stable and well controlled. In the field of HIV prevention, the Global Fund finances a large part of activities and all therapy expenses are covered by the Serbian state. HIV/AIDS departments are available in large cities which along with the Institutes of Public Health do a voluntary, confidential and free counseling and HIV testing.

Data collected by the Institute of Public Health of the Republic of Serbia in 2010 for HIV, hepatitis B and C among drug users on substitution are shown in Figure 2.

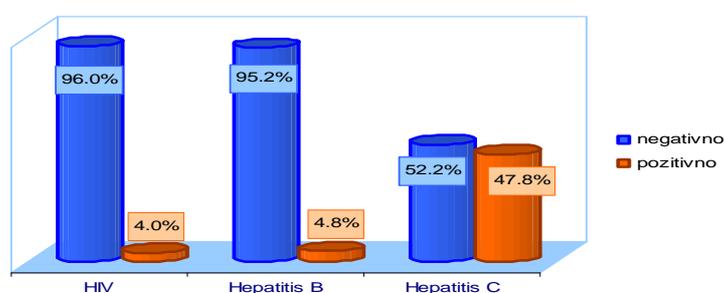


Figure 2. Incidence of HIV, hepatitis B and hepatitis C among drug addicts on substitution, 2000 - 2010.

3. Short history of drug treatment

Serbia was one of the six republics in former Yugoslavia. Many outpatient treatment programmes for alcohol-dependent persons were developed in Serbia after World War II. They are part of the health care system and cooperate with centres for social care and welfare on a regular basis. Family therapy is well established and available in a majority of cities. Other treatment possibilities are: hospital detoxification departments, day hospitals and clubs for recovered alcoholics. The Republic Health Insurance Fund covers treatment expenses in the state institutions.

The first drug users who asked for medical help were registered in the late `60s and the early `70s of the 20th century, mostly in the capital of Belgrade. They were usually referred to general practitioners, psychiatrists and very rarely, to emergency units, where their medical and other problems were usually left unrecognised and not connected with the drug use. In the beginning, hashish and opium were used by a small number of persons, but later on these were replaced by marijuana and heroin, and drug use continued to spread predominantly among young people. A select few drug free programmes had an orientation towards complete abstinence from psychoactive substances, but in the early `80s, several GPs and psychiatrists in Belgrade started to use tilidin (synthetic opioid analgesic "Valoron") and later on methadone for opioid withdrawal treatment.

In 1987, their work had been institutionalized in a newly opened Institute on Addictions in Belgrade, the only specialized institution for substance dependence treatment at that time.

Here, there was a multidisciplinary team of professionals, inpatient/outpatient methadone detoxification and outpatient methadone maintenance, along with counseling, individual and group therapy, family therapy and psychosocial interventions. The HIV epidemic also contributed to the state's decision that drug addiction treatment should be treated seriously and with and greater care. On the one hand, this was a great step forward for drug users, because their need for professional medical help was finally recognized by the state, and a methadone therapy was introduced as medically approved treatment modality. On the other hand, methadone treatment was provided in Belgrade only, and other doctors all over the country could not prescribe it. The only way to obtain methadone was to be a patient of the Belgrade Institute for Addictions, which clearly made it difficult or even excluded patients from distant parts of the country. Because of these factors, the methadone maintenance programme was compromised, and a restrictive approach toward substitution therapy was taken, even among health workers. Drug-free programmes prevailed, with the use of clonidine and ancillary therapy for opioid withdrawal treatment in inpatient departments. Although past decades were a turbulent period for Serbia and neighbouring countries, experts in the drug addiction field continued to work on establishing a network of treatment facilities, on modernization and diversification of treatment programmes and on their easier accessibility in all parts of Serbia. Perspectives among experts, and to a lesser extent among general population slowly began to shift. Many nongovernmental organizations have started out working on HIV prevention and management and shifted to drug use prevention and rehabilitation afterwards. NGO's activities have initiated many governmental, nongovernmental and civil sector prevention, treatment and rehabilitation activities. Accepting a harm reduction philosophy was crucial for many doctors, social workers and other members in the field. New centres were opened, substitution therapy, needle exchange and other harm reduction programmes began to function, and several rehabilitation programmes started their work in almost all parts of Serbia. This has been anything but an easy process, and there still remains a large number of challenges facing all of these groups in the future.

4. Organisation of treatment services

In former Yugoslavia, there were bodies for drug traffic control, as well as institutions and commissions for drug addiction treatment, care and prevention. They all were working in accordance with existing international and domestic laws, declarations and best practice recommendations. In bigger cities, medical and psychiatric wards were available for drug users, but no other services existed. After the breakup of Yugoslavia, surprisingly, the drug addiction field in Serbia didn't change dramatically. However, since the democratic changes in the country in 2000, some significant changes have occurred.

4.1 Response to the drugs problem

4.1.1 Strategy and coordination

The most important change in the past ten years was that the state recognized its essential role in the coordination of all joint activities in tackling drugs problem. The Ministry of Health, supported by its Department for Narcotic Drugs and Precursors, is responsible for the coordination of drug-related interventions and policy. In 2004, the Ministry of Health established the national commission to fight drugs. The commission comprises a panel of experts and representatives of relevant authorities from different ministries (Ministry of Internal Affairs, Justice, Finance, Education, Social Welfare, etc.). The task of this commission is to work on planning and coordinating activities in the fields of prevention, treatment and rehabilitation of drug addicts. The commission's jurisdiction is to define the doctrine in the treatment of drug addiction, to give guidelines and protocols for the treatment,

to propose a model of the education of health workers and to propose the organizational scheme for the treatment at different levels of health care.

The Commission has made a National strategy with an action plan for the period 2009-2013, which was adopted in 2009. The Commission controls the implementation of the Strategy and activities from the Action plan, informs the Government on a regular basis and gives recommendations where necessary. Serbia follows the European Union's recommendations for the fight against drugs; all involved subjects and institutions work within valid legislative frameworks. The connection with the European Monitoring Centre for Drugs and Drug Addictions in Lisbon was established as a national focal point two years ago. Finally, another important step was joining the ESPAD surveys.

The basic strategic principles of the national drug policy are: a respect for laws, protection of human rights, provision of appropriate information for citizens on the risks and consequences of drug use, protection of citizens and local communities from the consequences of drug use and abuse, availability of treatment for all drug users, decentralisation, ethical attitudes towards drug users without discrimination and stigmatization, strengthening of institutional capacities and a multidisciplinary approach. The national strategy and action plan focuses on:

- cooperation with and coordination between national and international agencies,
- supply reduction,
- demand reduction,
- information, research, education and evaluation.

Other strategies also aim to tackle the problem of drug abuse, such as the Strategy for Youth and Youth Health, the Strategy for Mental Health, the Strategy for Noncommunicable Diseases, and the Strategy on Alcohol (which is under adoption).

4.1.2 Financial, organizational and legal framework

Most of the treatments for substance use disorders, which take place in general treatment services, are financed through social health insurance. Detoxification, inpatient treatment of drug dependence and treatment of drug-induced psychoses are funded by health insurance, although a basic level of healthcare is provided by law for those who do not have health insurance. Methadone is available for the treatment of dependence, both for detoxification and maintenance purposes, and is included in the Health Insurance Institute's essential list of drugs. Some treatment is financed through external grants, and some NGOs provide different forms of treatment services, such as psychosocial intervention and therapeutic communities. There are also a growing number of private hospitals and ordinations (mostly in bigger cities) where patients pay for services by themselves because these facilities and services are not yet included in the general health care system. There are also several private hospitals that use Russian methods of detoxification.

Since 2008, the Ministry of Health has allocated a specific budget line for the following activities: institutional coordination, strengthening existing capacity and building new ones, developing guidelines and treatment protocols, developing national information systems. Also, the country receives substantial professional, technical and financial assistance from the EU, the UN and other international agencies and organisations, which contributes greatly to the realization of its projected goals.

All activities and services in drug dependence treatment are harmonized with the law on health care and the law on health insurance.

4.1.3 Demand reduction⁶

Prevention programmes for preschool and primary education are more focused on health promotion, protective factors, work with parents, etc. In later grades, more attention is paid to raising the level of knowledge of youth, work on risk factors reduction, enhancing coping skills, improvement of problem-solving techniques, etc. Also, there are prevention programmes specifically designed to target certain groups, determined by their differences in educational level, social context, family history of substance abuse, gender differences. etc.

Growing attention is paid to early detection of drug use among youth. A lot has been done on the sensitization and education of primary health centres and their work in youth counseling and early interventions to young people who abuse drugs. The second important step is the inclusion of primary health centres in the process of drug treatment under the supervision of specialized centres.

There are four regional centres for drug addiction treatment through the Ministry of Health, which are located in the four largest cities in Serbia (Belgrade, Nis, Novi Sad and Kragujevac). They are responsible for the proper drug treatment implementation, training of health workers and supervision of drug addiction treatment in their region. Apart from these centres (tertiary health care level) drug addiction treatment is available in psychiatric wards in most district health centres (secondary health care level) and in several newly opened centres for counseling and methadone therapy in primary health care centres.

Harm reduction and self-help groups are spreading from large to small cities, and both the number and level of involvement of NGOs, volunteer organizations and the church is increasing. The church and volunteer organisations are especially prominent in organizing therapeutic communities and other rehabilitation programmes.

5. Services

In Serbia, heroin addicts account for a great majority of all addicts who seek medical treatment. Cannabis users with mental disorders are the second, and polysubstance users are third. In most treatment programmes, drug therapy is combined with a variety of psychosocial interventions. In the past, psychoanalytic psychotherapy and family therapy were more widely used, and nowadays the use of cognitive - behavioral therapy is in rise. Treatment is more oriented toward outpatient care and day hospitals, and hospitalizations are getting shorter. In the organization of services for the treatment of drug addiction, the emphasis is no longer on specialized centres, because it is considered that the existing resources can be more effectively leveraged with this new approach.

The State and the Ministry of Health support the regional reference centres, which are specialized in drug addiction treatment, to organize and monitor treatment of substance abuse in the psychiatric wards of general clinic centres in their regions. Special attention is paid to the inclusion of primary health centres in the chain of treatment. In the future, efforts also should be made for the greater involvement of social welfare centres, as well as others who can help re-socialization and rehabilitation of drug addicts.

⁶ Activities in the field of supply reduction are not covered by this report.

5.1 Detoxification

Detoxification is usually a first stage in a great majority of treatment programmes. In medically assisted procedures, different drugs are in use for detoxification. Anxiolytics, hypnotics, neuroleptics, even painkillers such as tramadol, were used for opioid withdrawal earlier. Methadone, a full opioid agonist which is used in today's practice in detoxification protocols more or less worldwide, is practically not in use for opioid detoxification in Serbia.

Nonsteroid antirheumatics, tranquilizers, hypnotics, mood stabilizers, antidepressants and low doses of neuroleptics are used mostly in opioid withdrawal protocols, and the adrenergic agonist clonidine is used in combination with the above drugs in several centres.

Several years ago, naltrexone was used in various detoxification protocols, and ultrarapid/rapid opioid detoxification was available in private hospitals in just a few of the bigger cities. The government banned these procedures until it is confirmed that the method is safe and it is approved by the National Expert Committee for Drugs, and by the Ministry of Health and by other qualified instances. Naltrexone implants are still available in the private sector, but this area is not yet clearly defined either legally or professionally.

In 2010, a partial agonist/antagonist buprenorphine (Subutex) was licensed, and for several months it was in use for detoxification in the four regional centres for the treatment of drug addiction: Belgrade, Nis, Novi Sad and Kragujevac. Buprenorphine + naloxone (Suboxone) is the next drug for registration, taking into account its advantages in comparison to Subutex, and its potential for abuse.

Detoxification is available in inpatient or outpatient units and usually lasts 1 - 2 weeks on average. After detoxification, the continuation of treatment via different programmes is usually recommended. This can include individual or group therapy, family therapy, etc., depending on the assessment of a capacity and a motivation of the patient.

5.2 Evaluation/planning of treatment

Since 2008, The Ministry of Health of the Republic of Serbia has planned, coordinated and monitored activities financed from the state budget in the field of drug use treatment, and partly in prevention and rehabilitation. In this context, the Development Plan for Health Care of Serbia for the 2010th – 2015 is proposed. This is a strategic document that defines the basic goals and directions of health care in the Republic of Serbia. This document is in compliance with existing laws on health care, as well as the law on health insurance. The draft of the law on controlled substances and precursors is near adoption, and the law on mental health, which will create a by-law giving a legal framework to all activities in the prevention, treatment and rehabilitation of drug dependences, is being drafted.

Until now, a regular evaluation of existing treatment programmes was not performed, and the strategy envisages that from now on, more needs to be done in this area. So far, there has been great progress in the field of standardization of preventive programmes and in the education of performers. As for rehabilitation programmes which have been expanding in recent years, evaluation is needed as soon as possible. Several ministries are responsible for drug use prevention and rehabilitation, making it much more difficult to monitor and evaluate these programmes; however, coordinated efforts will be necessary to obtain effective and coherent programmes in the future.

Though each treatment programme is structured and has a protocol, at the individual level, a special treatment plan is developed for each patient to meet their unique needs and capacities.

5.3 Treatment

5.3.1 Substitution treatment

The era of replacement therapy in drug addiction treatment began four decades ago with methadone. Still, this drug and substitution treatment continues to cause confusion, debate and controversy, both among professionals and even among nonprofessionals in some countries. However, decades of drug abuse experience, and in particular the appearance of the HIV infection that was rampant among intravenous drug users in the beginning of the epidemic, confirmed the importance of replacement therapy in treatment of opiate addiction.

In Serbia, methadone is now mainly used in maintenance programmes for those opiate addicts who for some reason are unable to achieve or maintain abstinence from opioids. In addition to methadone, patients are able to obtain various psychosocial therapeutic interventions, counseling, examinations for other health problems and treatment for HIV and HCV infection. Thanks to the United Nations Developmental Programme, The Global Fund to Fight AIDS, Tuberculosis and Malaria HIV projects and other international and national organizations, Serbia now has around 20 methadone centres with about 2,500 patients on methadone. Substitution treatment can also be initiated by doctors in specialist treatment centres. Settings that provide agonist pharmacotherapy of dependence are: the four regional centres for drug addiction treatment (tertiary health care level), psychiatric wards in district health centres (secondary health care level) and the several newly opened methadone centres in primary health care centres.

For nearly 15 years, naltrexone maintenance therapy has been available, although the cost of the drug is still paid by the patients themselves. This type of treatment gives good results, and a significant number of patients are now on naltrexone maintenance, but as of now we have no official data on the numbers or the efficiency of this kind of treatment.

Two months ago a buprenorphine maintenance pilot programme started in Belgrade and Nis, and first results are promising.

5.3.2 Drug-free treatment services

As drug addiction treatments are more oriented toward realistic and achievable goals nowadays, it is preferred to have programmes of shorter duration and with a more pragmatic orientation, as well as more specific therapeutic targets: relapse prevention techniques, behavioral and cognitive therapies, social skills and problem solving techniques, etc.

Our country self-help groups are beginning to spread from bigger cities to smaller. Narcotics Anonymus has been active for a decade, and other self-help groups are organizing and working in cities where there are a lot of drug addicts and treatment centres, because it is easier for NGOs to operate in environments where awareness of the need to help addicts already exists.

Therapeutic communes are usually connected to or directly funded by the church. These programmes are characterized by a high degree of organization with activities that help to review preconceived notions, self concepts and harmful conduct and replace them with new, harmonized, and constructive forms of behavior and communication with the environment. A lot of addicts have benefitted from these programmes. The Catholic Church has had

experience with these kinds of programmes for a long time, even in Serbia, where most people are Orthodox Christians. The Orthodox Church in recent years has organized help for addicts in different forms of TCs. There are also a few RETO Centre organizations (NGO from Spain) working in Serbia as well as in neighboring countries.

For those drug users who do not wish to, or cannot achieve abstinence, harm reduction programmes are provided. The Republic of Serbia's Ministry of Health project, Scaling Up the National HIV/AIDS Response by Decentralising the Delivery of Key Services, funded from the GFATM grant, officially started on 1 June 2007. Within the part of the project that was aimed at IDUs, the following activities were carried out: NGO staff/outreach workers were trained in HIV prevention based on harm reduction principles, police officers received training and orientation on the principles of harm reduction, medical staff received training on methadone maintenance therapy and the sterile injection equipment services were strengthened. These activities resulted in 20 methadone centres all around Serbia, expansion of needle exchange programmes, more counseling and HIV, HVC and other viral infections testing. Also, Médecins du Monde France initiated the first needle exchange programme in Serbia five years ago, and they opened the first methadone centre in the primary health centre in Belgrade last year.

5.3.3 Dual diagnosis treatment

There is an increasing need for programmes with treatment of comorbid disorders. At this point, treatment of substance abuse with a comorbid mental disorder is usually performed in sequence, one after another, and the priority order in the treatment of symptoms depends on the urgency of one or the other disease. In large clinical centres where the wards for psychotic disorders and the wards for the treatment of drug addiction are physically close, parallel and simultaneous treatment of both disorders is sometimes possible, but coordination is still often lacking. This is particularly evident in Belgrade, which has many psychiatric wards and departments for the treatment of drug addiction, but coordination is still lacking in the treatment of comorbidity.

5.3.4 Drug and/or alcohol and prescribed drugs

In specialized institutions for the treatment of substance dependencies, all addicts are treated in the same centres, but they have different programmes. Alcohol and prescribed drug dependent persons are usually hospitalized together and those addicted to illegal drugs are hospitalized separately from them. Aftercare treatment is also divided in accordance with this principle. In smaller cities with fewer treatment facilities, substance addicts are often treated together in inpatient units, but after detoxification, they are separated in aftercare treatments.

5.3.5 Availability/link to somatic and psychiatric treatment:

Early on, there was a lot of problems with referring drug addicts to somatic and psychiatric treatment. Still in smaller cities, the attitude or prejudice against drug users among health workers and among the general population varies widely. In large cities, these problems are present to a much lesser extent, and patients can receive treatment in the institution of their choice more easily.

Acute conditions and overdoses are handled in the emergency rooms and in reanimation/toxicology centres when such an option exists. Resolving these emergency conditions is no longer the exclusive domain of psychiatry.

5.3.6 Rehabilitation services linked to treatment

In Serbia, grown children live together with their parents due to economic, cultural and traditional reasons. Drug addicts are even more dependent than others on their family, and are rarely abandoned. Housing, education and job-finding are the main issues of concern for the families of drug addicts. State assistance in these areas is insufficient. Centres for social care deal mostly with minor offenses, domestic violence, custody of children of drug addicts and the like. The actual unemployment rate in Serbia is around 20%, and there are no state rehabilitation services which are working on problems like housing, vocational training, education or finding jobs for drug addicts. The percentage of homeless addicts is growing, but is still relatively low.

5.3.7 Treatment of young people:

Treatment of young drug users is still not well organized because of an overlap of competencies between the adolescent psychiatry and the addiction medicine fields. Although there are programmes for drug users above 16 in specialized drug treatment institutions, a remaining gap is in treatment of drug users under 16.

5.4 Gender issues

5.4.1 Pregnant women/families with small children

Pregnant female drug addicts have the priority in admission to methadone maintenance. Although the use of buprenorphine started recently, there is still no experience with the application of buprenorphine for a treatment of pregnant women. Maternity hospitals have protocols for the treatment of opioid withdrawal in infants, but they rarely implement opiate drugs in neonatal opioid detoxification.

Treatment programmes tailored for women began work several years ago in Belgrade and in other cities, but they are still not well-structured.

5.4.2 Other gender issues:

Patients with specific characteristics in the field of sexual orientation, gender reassignment or transsexuals are not very numerous, so until now it was not necessary to have special treatment for them. They are treated like any other patient regardless of their sexual preferences and they are not discriminated against in any way.

Commercial sex workers are often drug addicts and it is even harder for them to decide to come and ask for the treatment. In recent years, various international agencies and local NGO`s started to work on education, HIV/AIDS and sexually transmitted diseases (STD) prevention and harm reduction, and also on assistance and referral to the treatment of these patients. In most cases they are women, so it is good when there are programmes designed for female addicts specifically.

5.5 Treatment within the criminal system:

The courts have the option of obliging people who are convicted to undergo treatment, either in a clinic for drug addiction or in prison. Lately, there has been a positive trend towards a growing number of court verdicts for mandatory treatment instead of incarceration for addicts who have violated the law. Since 2007, 760 addicts who were sentenced to compulsory

treatment were referred to treatment in the Special Hospital in Belgrade and this number continues to grow.

The key national drug laws are:

- the Law on Manufacturing and Traffic of Narcotic Drugs. A new law is under development which is in line with UN Conventions and EU Directives;
- the Law on Substances Used in Illicit Manufacturing of Narcotic Drugs and Psychotropic Substances, which is in accordance with UN Conventions and EU Directives;
- the Law on Medicines and Medical Devices;
- the Criminal Law.

Penalties for the manufacturing and possession of illegal drugs come under the jurisdiction of the Ministry of Justice. Possession of illegal drugs is a criminal act, with no exception based on quantities, but under the same regulations a person who is in possession of drugs for personal use might not be sentenced. Possession of a small amount of drugs is not legally defined. Drug use is not allowed in any location. The laws cover all drugs and penalties are the same for all of them.

More and more attention is being paid to drug dependent persons who are the perpetrators of criminal acts. Research has shown, and our own personal experience has confirmed, that better results are achieved when the statutory penalties are combined with a programme of treatment of addiction. Addicts often come into contact with the justice system first before coming in contact with the health and social care systems. A verdict for mandatory treatment is a good way to access the system of treatment, rehabilitation and social reintegration. Still, providing treatment in prisons is complicated by cases where there is no medical service in prison.

6. Closing remarks

At this point, Serbia still has a very small number of trained professionals for the treatment of drug addicts. Although every major city has a health centre with a psychiatric ward, in reality there is only a very small number of those who have adequate knowledge of drug addiction treatment and care. Furthermore, the lack of knowledge and skills often result in a certain degree of overt or covert barrier to the admission and treatment of drug addicts.

Networks of drug treatment centres and educated and trained personnel are slowly growing, and gaining better organization and structure. But centres for social welfare are still not as active as they should be in re-socialization and reintegration of addicts into society. The police and customs show progress in their work, but this tendency should continue towards an achievement of a significant supply reduction on the illegal drug market. For the judiciary, it is necessary to do a review of legislative acts and case-law that would provide adequate sanctioning of organized crime in the drug trade, prevent money laundering, and provide necessary treatment and rehabilitation for drug users, who are often the biggest victims.

Our society does not use enough of its available resources in the fight against drugs. There are many who want to help, but who do not have the skills or are not organized or connected enough to make a difference. The national strategy of the country wants to join, unite and provide skilled assistance at all levels for all participants in this fight. The aim is to provide as many different services and programmes as are needed, to make them easier for drug users to access, and to secure in every region the assistance, support, medical care, and general assistance that everyone deserves.

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Kosovo*

1. Demography

Kosovo*, located in South-Eastern Europe, has approximately 2 180 686 million inhabitants, comprising a variety of ethnic and religious population groups – with 88 percent Kosovo* Albanians, seven percent Kosovo* Serbian and five percent other ethnicities (Bosnian Muslims 3%; Roma 1.8%; Kosovo* Turkish 0.8%; and other minority groups 0.4%). The majority are young people, with more than 50 percent of the population under the age of 25 (SOK).

Kosovo*'s history has most recently been marked by armed conflict. While it was still part of the Federal Republic of Yugoslavia in the 1990s, growing oppression and dissent led to open war between Kosovo* Albanians and the Serbian army in 1998, which resulted in 1.2 million Kosovars being internally displaced or living as refugees in neighbouring countries. Military intervention by NATO in June 1999 led to the ousting of Serbian troops, after which Kosovo* became a UN protectorate. Formal independence was recently declared in 2008.

The political unrest and military conflict with Serbia and the prolonged uncertainty about Kosovo*'s future status have seriously hampered its development for the past 15 years. Only four years after the war ended, government systems, including social, health, educational and other services, started to return to normalcy, but the war has left Kosovo* weakened and vulnerable in many respects. While literacy rates are high – 98 and 90 per cent for men and women respectively – unemployment is also very high at more than 50 percent. A 2005 World Bank Poverty Report revealed that 49 percent of the population is poor, with 15 percent living in extreme poverty. Many families rely on members of their extended family sending money from abroad. Developments in the last two decades have also led to rapid social, cultural and economic changes – especially in urban areas – which have a direct and indirect impact on risks and vulnerabilities (Kosovo* Strategic Plan on HIV/AIDS 2009-2013, 2009).

Capital	Pristina	
Official language	Albanian, Serbian	
Population	2 180 686	2010 estimate
Population structure	Albanians 88%, Serbs 7%, other 5% (Bosniak, Gorani, Roma, Turk, Ashkali, Egyptian)	2010 estimate
GDP - per capita	\$2 500	2007 estimate
Unemployment rate	16.6%	2009 estimate
Population below poverty line	35%	2007 estimate

Source: World Factbook: <https://www.cia.gov/library/publications/the-world-factbook/geos/kv.html>

2. Epidemiology of drug use

The exact number of drug users in Kosovo* is not known. The estimation of intravenous drug users (IDUs) varies from 10 000 – 15 000, of which 4 000 – 5 000 are heroine users. In some publications and reports, a figure of 3000–5000 IDUs has been circulating for some time, but the methodology for this estimate is not clearly defined (Brisson, Arënliu & Platias 2009).

The Kosovo* Ministry of Health has not yet provided any exact number of drug users, although they planned to start the distribution of a health information reporting template during 2010 to define the exact number of all diseases, as well as the exact number of drug

users. The increased number of narcotic users in Kosovo* is a problem. The Ministry of Health within its Strategic Plane 2008 – 2013 has planned expenses with the following goals:

- accurately assessing the drug problem in Kosovo*;
- developing a national strategy to prevent drug abuse among adolescents and youths;
- create mechanisms to monitor drug abuse among adolescents and youth;
- Increase services to drug addicts.

However allocations did not yet take place.

Based on the experiences of the relevant subjects in Kosovo*, the consequences of widespread drug abuse are apparent. People who persistently abuse drugs often experience an array of problems, including academic difficulties, health-related problems (including mental health) and poor peer/family relationships. Drug abuse affects the identity of the stigmatized person, it changes the way they are perceived by others and makes their treatment difficult.

According to the University's Psychiatry Clinic, there are 60 to 80 drug users hospitalized every year in Drug Abuse Unit, but they only receive a detoxification programme. These users comprise 8-10% of all the Psychiatry Clinic hospitalized patients, with a male to female ratio of 9:1. 120 to 160 drug users per year ask for ambulatory help and for medical advice. Many of the patients seeking help in the Psychiatric Clinic are young (14-18 years of age) cannabis users who have come under their parents' coercion, while patients addicted to opioids are adults (20-60 years of age), and constitute the majority of hospitalized patients at Drug Abuse Unit.

According to Labyrinth NGO, which deals with prevention of drug abuse and treatment for drug dependence in Kosovo*, up to 634 drug users requested service in this NGO during 2002-2009. Among this number, 95 % are heroin users, and almost half of them are injecting drug users. Based on data gathered by the NGO Labyrinth, the total number of IDUs in Kosovo* is estimated to be 3 000, half of whom live in the Pristina region. Labyrinth estimates that this number is expected to rise to almost 5 000 in the next five years. A major reason for increasing drug use is the increasing availability and decreasing price of most drugs. Heroin, cannabis and ecstasy are considered inexpensive (the price of heroin has dropped from 50 Euros per gram before the war to 10-20 Euros in 2007).

Data from the 2006 Behavioural and Biological Surveillance (BBS) study reveal the presence of high-risk behaviours among IDUs, including sharing of used needles and low condom use, which translate into high HBV and HCV rates (13 and 20%). Thirteen percent of IDUs injected with a used syringe or needle on their last drug use, while 29 percent of IDUs in the study had shared a syringe or needle with someone else in the last month. In addition, results show that 63 percent of sexually active IDUs in the study (89% of respondents) had had sex with non-regular sex partners, of whom 37 percent with multiple non-regular sex partners. Only half used a condom with non-regular sex partners, indicating they did not think it was necessary (64%) or did not think of it (26%). Their HIV risk is further exacerbated by the absence of any harm-reduction services in Kosovo* (HIV Strategy 2009-2013)

According to the Kosovo* Police Department, it is estimated that, as of 2010, there are six thousand drug users in Kosovo*, but this number is increasing everyday. The drugs used most widely in Kosovo* are cannabis, heroine and cocaine, and the age most affected by this phenomenon is 15-36 years, with 90% being male.

A study on drug use conducted in 2006 and 2009 among prisoners by the Prison Health System, which belongs to the Ministry of Justice, revealed that from five to eight percent of inmates were addicted to drugs – mainly heroine – although actual rates may be higher. (Annual report of PHS for the year 2009)

3. Short history of drug treatment

The National Anti-Drug Strategy and Action Plan for period 2009-2012 was adopted in September 2009. The new strategy focuses on supply and demand reduction of drugs, as well as calls for better coordination between ministries and other organizations, e.g. Ministry of Health, the Ministry of Education, and Kosovo* Police.

It is difficult to know to which extent the available statistics on the drug situation are reliable. Although expertise can be found in various agencies, and data collection does take place, at the same time no quality standards for data collection exist. Furthermore, there seems to be no cooperation between the main actors. Due to lack of cooperation, there is no information flow and exchange and, as a consequence, the information is scattered, leaving no comprehensive figure of the drug situation in the country.

Drug treatment interventions in Kosovo* are scarce. Government funded services are mostly medically oriented, focusing on detoxification. Currently, drug treatment in Kosovo* is provided by two main actors: The **Psychiatric University Clinic** of Pristina and NGO Labyrinth carrying out work in Prizren, Gjilan and Pristina.

According to the information provided, at Psychiatric Clinic in Pristina, up to 80 people are treated at inpatient detoxification programmes annually, while NGO Labyrinth has provided out-patient treatment and counselling services to more than 700 drug users since the beginning of their operations.

There were no national surveys on drug use among general population in Kosovo*. Over the last decade, only a few studies have been carried out with youth and various vulnerable and/or risk populations. They differed in sample size, but all employed Rapid Assessment and Response (RAR) methodology.

4. Organisation of treatment services

In Kosovo*, the National Coordinator is responsible for coordination, monitoring and reporting on the implementation of policies, and activities and actions related to drugs. The National Coordinator is the Deputy Minister in the Ministry of Internal Affairs.

The Secretariat is the body with the function to collect information and data from other institutions as well as draft analytical reports for the National Coordinator.

As stated in Kosovo* Drug Strategy, Kosovo* Police, together with the Kosovo* Customs, are the main institutions involved in combating illegal activities, due to their role in controlling the Kosovo* borders and in preventing illicit trade movement.

The Ministry of Health participates in the medical prevention, treatment, and rehabilitation of individuals, and implements this through: legal acts, strategies, respective plans, clinical protocols, trainings and provision of material and medicaments.

The Psychiatric Clinic at the University Clinic has a wing for treatment of the drug users. These services are provided at the regional hospitals and through main family health centres as well.

A new database and regular statistical reporting on drug users should be established within the Health Information System in accordance with the National Drug Strategy.

The Ministry of Justice, through the Kosovo* Correctional Service, is responsible for decreasing the use and entrance of drugs at the prisons; while the Prison Health System is responsible for development of the programme of the treatment of drug users at the prisons and detention centres in accordance with, and at the same level as the public health sector.

The National Institution for the Public Health of Kosovo* (NIPHK) is responsible for the development of prevention health education programmes.

The Ministry of Education, Science and Technology is involved in prevention of drug use by organizing curricular and extracurricular activities wherein parents and the community can be involved.

Table1. Organizational structure of the drugs coordination, monitoring and implementation mechanism.

STRATEGIC LEVEL	Secretariat	National Anti-Drug Coordinator		
		National Coordinator Ministry of Internal Affairs Ministry of Finances and Economy Ministry of Justice Ministry of Health Ministry of Labour and Social Welfare Ministry of Trade and Industry Ministry of Agriculture, Forestry and Rural Development Ministry of Environment and Spatial Planning Ministry of Education, Science and Technology Ministry of Culture, Youth and Sports Prosecutor Offices and Courts		Strategy Monitoring and Evaluation Unit
OPERATIONAL LEVEL	Demand Reduction	Offer and Supply Reduction	Coordination and Cooperation	
	MIA MoH HI MEST MoJ MCYS Local Government NGOs	MIA KP MFE KC MoJ KCS KPS MoH Court Prosecutor Office KPC KJI FIC	MIA MoJ Prosecutor Office Court MFE FIC KP KC KIA CBK	

Source: National Anti-Drug Strategy and Action Plan of Kosovo* 2009-2012

5. Services

5.1 Detoxification

Government-funded services are mostly medically oriented, focusing on detoxification. Currently, drug treatment in Kosovo* is provided by two main actors:

- Psychiatric Clinic of University Clinic Centre in Kosovo* and;
- NGO Labyrinth carrying out work in Prizren, Gjilan and Pristina.

Additionally, drug treatment in form of detoxification is also provided at psychiatry wards in general regional hospitals. Some drug treatment is also provided by private psychiatrists and psychologists.

5.2 Evaluation/planning of treatment

Kosovo* Anti-Drug Strategy and Action Plan for period 2009-2012 have been adopted in September 2009. The basic strategic principles are: respect for laws, protection of human rights, availability of treatment and rehabilitation for all drug users, protection of all citizens and appropriate information for citizens on the risks and consequences of drug use. The strategy and action plan focus on:

- demand reduction;
- offer and supply reduction;
- Cooperation and coordination.
- Preparing of Administrative Instruction for Methadone Maintenance Programme (MMT)

There are also strategies for HIV/AIDS and Mental Health which cover psychoactive substance use. For example, the Strategy for Kosovo* Mental Health Services 2008–2013 specifies that the mental health services will develop treatment facilities specialised for drug-dependent users by 2013. However, required legal framework for drug treatment has not been approved yet; several laws for drug treatment and prevention are being drafted or in the process of revision.

5.3 Treatment

5.3.1 Prevention

Substance abuse prevention programmes remain uncoordinated, with varying rates of coverage among at-risk populations. Local and international NGOs have implemented short-term prevention programmes, and government and United Nations agencies continue to support short-term programmes. With international funding decreasing, unless government or other sources of funding are identified, the number of funded prevention programmes and outreach work will continue to decrease. Currently, there are no systematic school-based curriculum programmes on substance abuse prevention in the school system. There is also no prevention programmes aimed at warning about the dangers of using prescription drugs not under the care of a physician.

However, both the Ministry of Health and the Ministry of Education run domestic prevention programmes, and community police officers visit schools throughout Kosovo* to educate

students about the risks associated with drug use. NGOs such as Labyrinth assist with both education and treatment.

According to information provided by NGO Kosovo* Health Foundation, the family institution is very strong in Kosovo*; families are deeply ashamed if their children use drugs and try to deny and hide the addiction rather than seek help. Therefore, one of the main objectives of NGOs is to inform and open the dialogue with the civil society about drug use.

One initiative sponsored by UNICEF is called the Peer Education Network, which has recruited 1500 young people in 22 municipalities to provide training and awareness to other young people about drug prevention, the risks of HIV, sexually transmitted diseases, and the risks of smoking. In addition, UNICEF is pioneering a life skills-based education programme for eighth graders which will be expanded to other grades. The programme, already in 500 schools, focuses on health, nutrition, sexuality, and HIV, as well as drug prevention (INCSR 2010 report).

5.3.2 Treatment and treatment availability

In Kosovo*, treatment services for drug dependence are very limited both in terms of coverage and range of services. Drug treatment and providers in Kosovo* are part of the psychiatric field and treatment services in the public and private sector are mostly limited to detoxification. Treatment in the public health service sector for the drug related problems is offered only in the psychiatric wards of the general hospitals and there is no substitution treatment or rehabilitation. Some private counselling is provided by psychologists and psychiatrists for behaviour-change related therapy. Methadone is sometimes prescribed by private clinic physicians for the use of detoxification only (the public clinics are not legally allowed to prescribe Methadone for addiction detoxification or treatment).

The largest treatment programmes in Kosovo* are located in the capital city of Pristina and include two private clinics and the public University Clinical Centre. NGO Labyrinth is the largest substance treatment programme in Kosovo* and was started in 2002. NGO Labyrinth offers a nine-month treatment programme that includes outpatient detoxification and maintenance. No follow-up services or aftercare treatment is provided after the completion of the programme. From 2002-2006, over 600 clients had presented to NGO Labyrinth for treatment.

The treatment programme is initiated based on the individual drug user's motivation and implemented with high involvement of the drug user's family, e.g., written consent of the family member regarding treatment, family counselling, dispensing medications through family member. The programme costs an estimated 1 000 – 1 200 Euro. The NGO Labyrinth staff includes psychiatrists, psychologists, and nurses. The second private treatment clinic is smaller and offers services by psychiatrists.

In 2010, the Global Fund (GF) funded a project (USD 6 346 950) which aims at setting-up and running methadone maintenance therapy (MMT) in Kosovo*. The project will run for five years and its plans indicate that three MMT centers will be opened, which will be administered by NGO Labyrinth. The GF project on methadone treatment will also include methadone provision to inmates in prisons but not in detention facilities.

5.3.3 Harm reduction

One of the main problems is insufficient (non-existent) financial support for harm reduction activities. Currently the GF-supported project on scaling up HIV prevention in Kosovo* is a major investment in the area. It includes activities supporting needle and syringe exchange

and has plans in the near future to start three methadone programmes in the community as well as a programme in prisons.

The main player providing harm reduction (HR) services to drug users in Kosovo* is NGO Labyrinth. It was founded in 2002 and funding for their projects and activities comes from international organizations, e.g. US Embassy, UNDP, UNODC, GF. It has close ties and/or collaboration with other NGOs providing HR services outside of Pristina, and in Prizren and Gjilan. As reported by NGO Labyrinth, the number of syringes distributed in fixed and outreach settings has reached 20 thousand in second half of 2009 and first half of 2010. According to the GF project indicators, the number of IDUs reached was approximately 1 000 for the same period. Within the GF project around 200 thousand condoms (to IDU, MSM, CSW and Prisoners) were distributed.

The interventions provided by the aforementioned agencies include the following:

- Needle and syringe exchange (fixed and outreach);
- Individual and group counselling;
- Outreach work (IDU, MSM, CSW);
- Hepatitis B/ C, HIV rapid testing;
- Condom distribution;
- IEC Material distribution;
- Planned in the near future: Methadone substitution treatment (also in prisons).

The main problems in the harm reduction field are as follows:

- Lack of funding from the government;
- Capacity/ infrastructure limitations;
- Lack of political support.

The potential solutions:

- Provision/ translation of substitution guidelines/ best practices;
- Training in the field of harm reduction/ substitution.

5.3.4 Drug-related deaths

Needs assessment mission in Kosovo* did not have meetings with representatives of Statistical Office of Kosovo* (SOK) or Department of Forensic Medicine (DFE) under the Ministry of Justice, who might be relevant players in providing mortality data, including data on drug-related deaths.

According to SOK reporting, the mortality data are collected by registry offices which uses special statistical questionnaire (DEM-2), while individual cases of death are registered in a registry book according to the place of death and then processed according to the place of residence (Statistical Office of Kosovo*, 2009). The SOK's report quotes a high level of non-codified death cases in 2006 and 2007 – more than 30 per cent of deaths are not coded (Statistical Office of Kosovo*, 2009). In the aforementioned report, analysis of death causes is shown according to ICD-10 groups, thus possibly the EMCDDA standard definition of drug-related deaths can be applied if individual-level data are available.

According to the MoH, in the future, the NIPH will be in charge of collecting data on drug-related deaths, which would be available from the HIS.

Data on mortality of drug users are sometimes collected at service providers, e.g. NGO Labyrinth reported that 28 (out of 750), for period 2002-2010, service users have died. In the year 2010, there were only 14 cases of deaths associated to drug use. This is almost 50% of the total number of deaths, which indicates a rapid increase in deaths associated to drugs.

5.3.1 In/outpatient treatment

NGO Labyrinth was founded in 2002 and now is the major drug treatment provider in Kosovo*. According to their data, treatment services have been provided to 750 drug users. Individual patient records are available as paper files, although a new database was developed in 2010 to include data collected from a standardized data collection form. Currently collected data include: sociodemographic information, information on substance use, type of service received and health status.

Other services provided by Labyrinth include: individual and group counselling, outreach work, condom distribution and testing for IDUs, as well as recently needle and syringe exchange.

The Psychiatric University Clinic of Pristina is a treatment centre funded by the government. It has an inpatient unit with six beds providing detoxification for drug users. It provides services to around 70–80 drug users annually. After the inpatient programme (10–15 days), patients are referred to the centre's outpatient facility for further consultations. No database on clients is currently available, but in the future, data could possibly be collected.

The main problems in the treatment field are as follows:

- Limited government support (including funding-wise);
- Lack of common data collection tools and data on the situation at national level;
- Difficulties in cooperation/coordination of activities among key players;
- Limited cooperation with Serb-speaking municipalities;
- Lack of reintegration/resocialisation programmes.

The potential activities:

- Upgrading to a reference treatment centre in Kosovo*;
- Translation of the TDI protocol and guidelines;
- Ensuring required medicaments and pharmaceutical products required in the protocols are part of the essential drug list and are supplied regularly;
- Establishment of a treatment panel of experts/ working group;
- Reinforcing the role of National Institute of Public Health in Consolidation of data collection and analyses tools and variables used by various institutions in Kosovo*;

There are some private clinics and clinics run by religious groups. They are very new and there is not enough data available about their activities.

5.3.2 Substitution treatment

There are no guidelines or administrative instructions on for the use of methadone (prescription protocol) or any other substitution for drug addicts in Kosovo*, although these substances can be prescribed in a strictly controlled fashion by medical doctors under the Law on Narcotics.

Some private clinics are prescribing methadone to their clients but without any follow up.

The substitution is planned within the new National Strategies for Drugs and HIV/AIDS.

All relevant preparations for starting with methadone programme at Psychiatric Clinic, NGO Labyrinth and Prison Health System are made through the Global Fund Project.

Regulations for use of methadone are prepared by the NGO Labyrinth and the Kosovo* Prisons health service. The main Administrative Instruction is ready and must be signed by the Minister of Health shortly after general elections of December 2010.

The multidisciplinary teams of each institution are already in function with waiting lists, dosages and criteria for Methadone Maintenance Treatment.

The programme is supposed to be medium threshold for all institutions in Kosovo*.

5.3.3 Dual diagnosis

Routine monitoring data on infectious diseases (HIV, HBV, and HCV) are available at the National Institute of Public Health, which is the responsible body for developing and implementing Health Information System. The later is in its early states of development. According to the data obtained through interviews with key players, and to officially available data, there are no cases of HIV infection among IDUs, while some surveys suggest that levels of infection with hepatitis B/C are at low to medium level, i.e. 14.6% for HBV and 18.1% for HCV (Family Health International, 2007; Kosovo* AIDS Committee, 2008). A 2008 UNGASS Country progress report by the Kosovo* AIDS Committee states that the actual number of HIV cases among 2 million Kosovars might be much higher than the currently known 43 cases (Kosovo* AIDS Committee, 2008). Several surveys have been carried out in Kosovo* with the support of international donors, with the largest one being the Biological Behavioural Surveillance study, conducted in 2006. Additionally, studies employing Rapid assessment and Response methodology (RAR) on drug use situations have been carried out in 2001 and 2008, suggesting risky drug taking behaviour among IDUs and emphasizing the need to develop harm reduction activities, which, as noted, are rather scarce in Kosovo*. According to NGO Labyrinth, which is the only organization working on needle/syringe exchange annually, during the first nine months of the year 2010, from 489 IDU clients, 109 or 22.3% of them were HCV positive. According to their data, around 11% of clients have co-morbidity other than drug addiction.

During the past two decades, Kosovo* faced problems of economic, political, and social transition overlapped with war. Such environmental changes disrupted governance and institutional responses to minimize the risks associated with social and economic transition. There is a clear need for public health monitoring, assessment programmes and mechanisms.

Despite the above-mentioned problems, Kosovo* is grouped among low HIV/AIDS prevalence countries. However, the data should be interpreted cautiously as the health information system in Kosovo* remains fragile.

Since 1986, all blood donors are tested for HIV and Syphilis, as well as Hepatitis B and C. Between 1986-2009, 80 cases of HIV/AIDS were reported (six cases during 2009). Among those, 34 were registered AIDS cases; as of December 2010, 28 people have died from AIDS.

During 2009, 8 of 16 HIV/AIDS individuals were under the ARV treatment, three of them are waiting for laboratory results (in Paris Pasteur Institute) and five are being followed up for relevant parameters to start the therapy in time (UNGASS 2010).

The National Blood Transfusion Centre continued to screen blood donors for HIV, Syphilis, and Hepatitis B and C. National Laboratory testing services are still not available in Kosovo* and samples are sent to Institute Pasteur in France (UNGASS 2010).

The Infectious Disease Clinic at Pristina remains the only referral centre in the country where ARV therapy is available.

The main problems in the infectious diseases field are:

- Not clear which data on drug-related infectious diseases is being collected at NIPH;
- Lack of governmental financial support for conducting surveillance studies among IDUs.

The potential activities are:

- Creation or translation of the relevant protocol and guidelines;
- Strengthen and functional HIV/AIDS M&E System;
- Official accreditation with external, international quality assurance of the National Blood Transfusion Center;
- Establishment of a panel of experts/ working group;
- Raising awareness at political level on the importance of data collection on drug-related infectious diseases;
- Development of national protocols and guidelines for safety of blood and blood products, with internal and external quality control measures;
- Safety in workplaces, especially in emergency rooms and surgical departments.

According to the presentation of the Chief of the Drug Addiction Unit of the Psychiatric Clinic in Pristina, 70 – 90 % of clients are presented with some co-morbidity. According to the above mentioned source for the period 2009 and half of the year 2010,

out of 118 hospitalised patients:

- 87 were drug addicts;
- 14 were alcohol addicts;
- 17 had combined drugs and alcohol addictions;
- 106 of drug addicts used more than one drug.

5.3.4 Treatment of young people

A total of 1302 completed surveys were collected during the RAR 2008 survey among youth between ages 15-24. Each Kosovo* region was allocated a proportional number of questionnaires based on the estimates of the population living in each region. Some of the findings were:

- A large percentage of young people in Kosovo* have smoked cigarettes (43.5%);
- Young people who have smoked cigarettes have on average started smoking at the age of 16 (M = 15.8; SD = 2.5; range = 8-23);
- A total of 37.8% of youth reported ever consuming alcohol (47.8% of the 20 -24 age group had lifetime use compared with 30.6% of those 15-19);
- On average, respondents have first used alcohol at 16 years of age (M = 16.01; SD = 2.5; range = 8–24);
- 3.8% of respondents reported having tried cannabis (marijuana, hashish, and weed);
- Young men (5.5%) were more likely than young women (2.2%), and young people aged from 20 to 24 years (6.7%) were more likely than teenagers (1.7%) to have tried cannabis;
- Most young people who have used cannabis said that at the time of the first use they were 17 years old (M = 16.8; SD = 2.2; range = 13 -22), with no significant differences between male and female respondents or between respondents of different ethnicities;
- Less than half a percent (0.4%) of young people from Kosovo* reported having tried heroin;

- Less than one percent of the respondents (0.6%) reported having tried MDMA (Ecstasy);
- Number of young people who reported having tried amphetamine or stimulants (doping) was 0.4%;
- Less than half a percent of respondents (0.2%) reported ever trying cocaine (crack);
- Of the youth, 2.6% reported having tried non-prescribed medication/drugs (Trodon/Tramal, Bensedin/ Apaurin, Fortral, Valeron, Methadon/Heptanon);
- The age of first use of non-prescribed medication/drug ranged from 13 to 20, while the average age of first use was 17.

A general data report from NGO Labyrinth stated that 11.6 percent of their young clients interviewed in Pristine had experimented with heroin. While drug use is on the increase, age of first use is decreasing, from 18 years in the 1990s, to 15 or 16 at present.

5.4 Gender issues

According to University Clinical Centre Psychiatry Clinic's Drug Abuse Unit, the male to female ratio among hospitalised patients is 9:1.

Recent years have also seen a light increase of drug use among women clients, according to NGO Labyrinth. Roughly 7 – 8 % of the drug users are female, who are mainly heroin users. There is no data on the percentage of female users for other drugs besides heroin.

According to the general prison data, 5% of drug users in prisons are female.

5.5 Treatment within the criminal system

5.5.1 Drug users in prisons

In 2010, 9 prisons were operating in Kosovo*: 6 detention centres (accused persons) and 3 correctional centres (sentenced persons).

The drug tests are available in the prisons. Several small scale studies employing RAR methodology have been carried out recently, e.g. aforementioned study on psychoactive substance use. In this study, lifetime use of cannabis by inmates was 9.1%, while that of heroin was 4.1%. According to interviews with key players, drug use levels inside the prison system are either low or non-existent; while inmates' medical records suggest that around 8 % of 1400 inmates (cannabis excluded) are suffering from health problems related to drug use, and in particular related to heroin injection.

There is an ongoing programme for the prevention of drug addiction in the prison system which starts with medical and psychological assessment upon admission. The training of the staff, as well as dissemination of leaflets and brochures is also carried out.

Routine counselling and testing for infectious diseases (HIV, HBV, HCV, and STDs) are in place in prisons. Detoxification and occupational therapy are available for drug using prisoners as part of their treatment. The Prison Administration is awaiting approved methadone treatment guidelines from the Ministry of Health before it implements methadone treatment in prisons among inmates, as all necessary preparations within the system have already taken place. These guidelines are based on the WHO guidelines for prison treatments. The Memorandum of Understanding with NGO Labyrinth is in effect, ensuring the same prevention, treatment and rehabilitation programmes for drug dependent prisoners as for free citizens.

In the following months, a methadone maintenance programme within the prisons will be started in order to provide a treatment response for heroin drug using inmates. It was also reported that there is no evidence of a need for needles exchange programmes in prisons. However, condoms are available in key points of the prison settings (toilets, visit rooms etc).

The interventions provided to the prisons include the following:

- Individual and group counselling;
- Outreach work for prisoners, peer to peer;
- Hepatitis B/ C, HIV rapid testing;
- Condom distribution;
- IEC Material distribution;
- Planned in the near future: Methadone substitution treatment in prisons.

5.5.2 Drug-related crime

The key indicators for the assessment of this phenomenon, from the police point of view, are the number of arrested people for drug offences and the number of drug seizures, in particular those involving heroin. In this matter, the Counter Narcotic Department has at its disposal an electronic database which centralizes all the arrests for drug offences and the seizures of drugs realized both by the Custom Services (Cross Border Unit) and the Kosovo* Police. Each year, an annual report is published, both in English and in Albanian, by the Central Narcotics Investigation Section (CNIS), which is a sub department of the Directorate of Organized Crime (DOC) of the Kosovo* Police. The main objective of CNIS is to investigate and detect penal offences related to substances trafficking, as well as to combat all forms of organized crimes involving drugs in Kosovo*. All data regarding the arrests and the drug seizures is sent by the Regional Narcotic Investigation Section (RNIS) located in the six biggest cities of Kosovo* (Pristina, Gjilani, Mitrovica, Peja, Prizren, Ferizaj)

This report is divided into two main chapters: a section dedicated to arrests and another one to seizures. In 2008, for instance, according to this report, 203 cases related to drugs in Kosovo* were mentioned. These cases concern the possession of Narcotic Substances, trafficking in Narcotic Substances and Cultivation of Narcotic Substances. As far as the seizures are concerned, the main substances registered in the statistics are heroin, marijuana, cannabis plants, cocaine, and ecstasy.

Because of its location on the road of international heroin trafficking routes coming from Afghanistan and other neighbouring countries, the figures for Kosovo*'s arrests and seizures do not seem to be representative of the reality. For instance, regarding the confiscation of heroin during the first six months of 2010, the amount hardly reaches 20 kg; a similar observation was made for arrests. This low estimation is probably due to the lack of human and technical means at the disposal of the Kosovo* police in this fight against organized crime related to drugs. However, the authorities are aware of the situation, and recognize the necessity for an increase in international cooperation with the law enforcement services.

According to the information provided by the Statistical Department of the Kosovo* Judicial Council there are not enough judges to cover all the needs (13 judges, 12 prosecutors per 100 000 inhabitants, the lowest rate in Europe). In addition, the tools used to collect data related to justice system appear to be very unreliable. There is a national register of sentences which is maintained manually; it keeps the record of all sentences but the process of data collection is quite long and it appears that this system doesn't specify the number of sentences related to drug offences in Kosovo*.

A forensic laboratory, located in the Pristina area, has operated since 2009. This very modern and effective laboratory belongs to the Kosovo* Police and is able to test the drug seizures sent by the Regional Narcotic Investigation Section and the Cross Border Unit, but analysis is only qualitative. In the future, the laboratory should be able to provide data on the level of purity of the illicit drugs seized in Kosovo*, which would fit in the EMCDDA data collection requirements for example.

6. Special issues

6.1 Standards and accreditation of treatment and rehabilitation centres

There is no specifically accredited drug treatment and rehabilitation institution in Kosovo*. Currently the main actors for drug treatment in Kosovo* are the psychiatric clinics which deal with drug users through their Dependent Diseases Units. NGO Labyrinth is still not accredited as a drug addiction treatment and rehabilitation centre, although it is in process of accreditation by the Ministry of Health. Some other private institutions are in the process of accreditation as well. Drug treatment is not currently coordinated by any specific protocols. The strategies for drug treatment, as well as related laws and rules are presented in the references to this text.

6.2 Clients' rights

The clients rights are insured through laws and strategies connected with health. Drug users have the possibility to be treated and to receive first aid at all Kosovo* Clinics for free, but there is not yet any specific established protocol.

7. Strengths and weaknesses

7.1 Weaknesses

- The strategy for drugs in Kosovo* is recently developed and is in early stages of implementation;
- There is a lack of qualified and trained staff. Thus the implementation of the strategies and laws is ongoing;
- Drug treatment was not a top priority for the government due to the post conflict situation, economic and political factors.

7.2 Strengths

- There is an approved Kosovo* Drug Strategy and laws that support drug treatment as addiction;
- There are a number of drug treatment initiatives by public and private institutions;
- Response to the EC Progress Report by implementing all requested issues concerning drugs and drug treatment in Kosovo*;
- First steps have been taken to harmonise treatment and rehabilitation of drug users through action plans, clearly defined responsibilities of all relevant actors and unique protocols for all types of treatment institutions (public or private).

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