



European Monitoring Centre
for Drugs and Drug Addiction

KOSOVO (under UNSCR 1244/99)

COUNTRY OVERVIEW 2010



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This publication is available in English, Albanian and Serbian.

Cataloguing data can be found at the end of this publication.

Luxembourg: Publications Office of the European Union, 2011

ISBN 978-92-9168-493-9

doi: 10.2810/49836

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Printed in Spain

PRINTED ON WHITE CHLORINE-FREE PAPER



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Introduction

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), together with the European Commission, the Member States and Europol is identified as a key actor to implement Objective 19 — Action 60 of the EU Drugs Action Plan (2009–12), foreseeing technical assistance to the candidate and stabilisation and association process countries. This objective calls for the provision of the necessary technical and other assistance to candidate and stabilisation and association process countries in order to familiarise them with the EU *acquis* in the field of drugs and to assist them in carrying out the required actions. The new EMCDDA Regulation adopted by the Council and the European Parliament on 12 December 2006 also clearly identifies Western Balkan (WB) countries as key partners of the EMCDDA.

The stabilisation and association process is the framework for EU negotiations with the WB countries, all the way to their eventual accession. The process helps countries concerned to build their capacity to adopt and implement EU law, as well as European and international standards.

In 2010, the EMCDDA initiated a technical cooperation and assistance project with the WB countries — comprising Albania, Bosnia and Herzegovina, Croatia, the former Yugoslav Republic of Macedonia, Kosovo (under UNSCR 1244/99), Montenegro, Serbia — and Turkey, financed by the European Commission's Instrument for Pre-accession (IPA) fund. The main objective of the project is to further strengthen the capacity of the WB countries and Turkey to re-establish at national level a drug information system that is compatible with the EMCDDA standards.

The outputs of the project for Kosovo (under UNSCR 1244/99) are the following:

- preparation of an in-depth assessment of the data and resources available (Information Map), which will cover both the situation of the 'Five key indicators' (5 KIs) and core data, as well as legislation and responses at national level, along with concrete recommendations for the national projects covering programmes for the drafting of the Country Situation Summary (CSS) and for the implementation of specific data collection activities;
- publishing of a first CSS for Kosovo (under UNSCR 1244/99);
- assessment of the potential for the creation of a national focal point in the country with the view of its possible participation in the work of the EMCDDA;
- First European School Survey Project on Alcohol and other Drugs (ESPAD) study among 15–16-year old schoolchildren.

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Social demographic overview

Key figures				
	Year	Kosovo (under UNSCR 1244/99)	EU (27 countries)	Source
Surface area	2011	10 887 sq km	4 200 000 sq km (2008 year)	Eurostat
Population	2011	1 825 632	501 105 661 (provisional for 2010)	(July 2011 estimate). For EU — Eurostat
Gross Domestic Product — per capita	2010	USD 6 600	USD 32 615 (nominal)	(2010 estimate). For EU — Wikipedia.org 2010
Inequality of income distribution	2008	N/A	100	Eurostat
Unemployment rate (!)	2009	45 %	9.6 %	2009 estimate. For EU — Eurostat 2010 data
Prison population Rate	2005	63		World Prison Population List (seventh edition)

Source: World Factbook: *<https://www.cia.gov/library/publications/the-world-factbook/geos/kv.html> (page last updated on 6 July 2011).

(!) Unemployment rates represent unemployed persons as a percentage of the labour force. Unemployed persons comprise persons aged 15 to 74 who were: (a) without work during the reference week, (b) currently available for work, (c) actively seeking work.

Kosovo (under UNSCR 1244/99) is located in south-eastern Europe with a surface area of 10 887 square kilometres. It is surrounded by Albania, the former Yugoslav Republic of Macedonia, Montenegro and Serbia. According to the information provided in the World Factbook for the year 2010, Kosovo was said to have approximately 1 804 838 inhabitants. Pristina is the capital city with approximately 500 000 residents. The majority of the population is Albanian (88 %), the majority are Muslim and speak Albanian. Another large ethnic group is Serbian (7 %), who are mostly Orthodox Christians and speak Serbian. The remaining 5 % of the population is comprised of Turkish, Bosnians, Roma, Ashkali, Egyptians, etc.

On 17 February 2008, the Parliament of Kosovo declared Kosovo an independent country. Kosovo's independence was officially recognised by 75 out of the total of 192 UN Member States. These countries include 22 of the 27 European Union Member States (the last one in February 2011). The new Constitution of Kosovo was adopted by the Parliament and entered into force on 15 June 2008. Kosovo is governed by legislative, executive and judicial institutions that have emerged and are in conformity with the Constitution of Kosovo. On 22 July 2010, the International Court of Justice confirmed the fact that the unilateral declaration of Kosovo's independence was in accordance with International Law (!).

The largest cities besides Pristina include Prizren, Peja, Ferizaj, Gjakova, Mitrovica and Gjiilan.

(!) Opinion of the International Court of Justice: <http://www.icj-cij.org/docket/index.php?p1=3&p2=4&code=kos&case=141&k=21>

Drug use among the general population and young people

Although there are many entities that have information on drugs, there is no relevant comprehensive study that would indicate the true problematic dimension when it comes to drugs.

At the national level, there are no studies and research concerning drug use among the general population. In 2008, a number of studies were conducted, each using various sample sizes and targeting different age groups (mainly the youth and people without protection and/or at risk), applying different methods.

In 2008, the rapid assessments and reactions (RAR) study among young people, injecting drug users and prisoners was implemented in cooperation with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) offices in Kosovo (Brisson, Arenliu and Platais, 2009). The sample size was comprised of 1 302 respondents aged between 15–24 years old. Lifetime cannabis use was more prevalent among young men (5.5 %) than young women (2.2 %) and among those aged between 20–24 years old, than those younger than 18 years (1.7 %). Most of the young people declared to have started using cannabis at the age of 17, without a significant discrepancy between the sexes. Ecstasy use was reported by 0.6 % of interviewed young people while heroin and amphetamine use (or other form of doping) by 0.4 % of the sample. Approximately 0.2 % of interviewed young people admitted to having tried cocaine. Approximately 2.6 % of the interviewees reported use of illegally obtained prescription drugs, such as Trodon, Tramal, Bensedin, Fortral, Valeron and Methadone/Heptanon. Youths admitted to having started taking such medication when aged between 13–20 years old, making the average starting age, 17 years old.

No European School Survey Project on Alcohol and other Drugs (ESPAD) study has been carried out in Kosovo until 2010. However, Kosovo takes part in the 2011 ESPAD data collection on drug use prevalence rates among 15–16-year-old students.

Prevention

The National Anti-Drug Strategy of Kosovo and the Action Plan adopted in 2009 prioritises drug prevention as part of drug-demand reduction activities. The strategy promotes care and rehabilitation of drug users; prevention of drug use and experimentation with drugs; early interventions to

reduce drug-use related health and social consequences; and access to treatment, social rehabilitation and reintegration. The strategy foresees prevention interventions aimed at specific groups, pre-school and school institutions, families and society in general.

The National Public Health Institute of Kosovo is a main entity entrusted by the Kosovo Law on Narcotic Medicine, Psychotropic substances and Precursors (Law No 02/L-128), in Article 32, paragraph 32.3, to carry out and promote health education to prevent drug use and its consequences.

Universal prevention

Most of the universal prevention activities so far have been based on spontaneous interventions of entities or individuals in cooperation with schools and, more recently, also with NGOs and the Kosovo Police. In schools, classes were held as foreseen by the curricula and national and international NGOs were also given space to conduct their activities, as foreseen, with projects mostly funded by foreign donors. This way, the Health Education Group carried out a series of educational health activities in house-schools regarding drugs before 1999 with the support of the SOROS foundation. During 2003, the 'Medico Del Mundo' organisation carried out a programme throughout Kosovo in collaboration with the National Health Institute of Kosovo, which was mostly based on the accepted peer-to-peer technique. UNICEF has also foreseen a module on drugs in its joint project with the Ministry of Education, Science and Technology called 'Skills for life'.

The local NGO 'Labyrinth', an NGO which works mostly with drug treatment and harm reduction, in cooperation with other youth NGOs play an active role aimed at prevention in the community as well as schools, as part of extra-curricular activities.

Selective prevention

The correctional system within prisons also applies preventive activities in the form of health education and promotion of information on drugs, contagious diseases related to drug use as well as sexually transmitted diseases and HIV/AIDS.

Problem drug use

Until 2010, no national estimates on problem drug users exist for Kosovo. According to the opinion of national experts, the number of heroin users is estimated to be at

3 000–5 000 persons (2010, Bahri Shala from KP Antidrug unit and Dr Shaban Mecinaj Psychiatric Clinic UCCK). The lack of reliable data comes as a result of difficulties in coordinating and interacting between all respective actors involved, as well as due to the lack of expertise in carrying out estimates of problem drug users.

The most frequently cited estimate of size of drug use population is to be between 10 000 to 15 000 drug users in Kosovo, while it is considered that approximately 4 000–5 000 of them are heroin users. Some publications (United States Department of State, 2009) and reports refer to a figure of 3 000–5 000 injecting drug users. However, during an assessment mission of the EMCDDA it was not possible to verify such a figure because there was no safe and unique methodology used to make such an estimate (EMCDDA, 2010).

The 2008 Rapid Assessment and Response study (Brisson, Arenliu and Platais, 2009) indicated that among 19–49-year-old injecting drug users (IDUs), 85 % were men and 15 % were women. The percentage of respondents who consumed drugs during the last three months was 98 %, while 85 % reported that they had injected one drug or another in the last three months. Of those who reported injecting, the age of first injection was 14 years. On average, the interviewed IDUs started to inject at least once a week at the age of 21 (age range was 15–38).

Less than half (47 %) of the IDUs have ever been in a drug treatment or a detoxification program. Of this group, 94 % received treatment in Pristina. Of the treatment received, the most frequent treatments received included detoxification with methadone (18 %), detoxification with other drugs (21 %), and residential rehabilitation (34 %).

Treatment demand

There is no data collection system that covers drug treatment for the entire country.

Drug treatment in Kosovo is currently provided by the two main entities: The Kosovo University Clinic Center — the psychiatric clinic and NGO 'Labyrinth'. They mostly provide detoxification services, psychosocial treatment and treatment using different medications.

Based on the information obtained through interviews with key informants, about 80 clients annually are treated in the psychiatric clinic in Pristina, while the NGO 'Labyrinth', has offered out-patient treatment such as counselling services for more than 700 drug users, since it began its activities (EMCDDA, 2010).

Psychiatry clinic

The Psychiatric Clinic of the University Clinic Center of Kosovo is a public service for the whole country and it offers detoxification programmes. However, it does not provide treatment in cases of overdoses, which are managed at the Emergency Centres of other health institutions. This clinic provides outpatient and inpatient treatment and represents the main source of information on treatment demands.

The data provided by the Psychiatric Clinic of the University Clinic Center of Kosovo since the year 2005 indicate an increasing demand for treatment: from 147 in- and/or outpatient treatment demands in 2005, up to 198 such requests in 2009.

The number of requests has gradually increased from 147 in the year 2005, 151 cases in 2006, 165 (2007), 172 (2008) and 198 requests for treatment in the year 2009.

In 2010, at the Psychiatric Clinic of the University Clinic Center of Kosovo there were 186 treatment demand cases, of which 36 clients sought treatment for the first time in their lifetime (see Table 1).

Table 1: Number of visits and clients in 2009 and 2010

	2009	2010
Number of visits	783	639
Number of outpatient clients	135	114
Number of inpatient clients	63	72
Average number of visits per client per year	3.7	3.4

Source: Psychiatric Clinic of the University Clinic Center of Kosovo, 2010.

A vast majority (more than 95 %) of clients in 2009 and 2010 at the Psychiatric Clinic of the University Clinic Center of Kosovo were males (see Table 2).

Table 2: Gender distribution of in- and outpatient treatment clients in 2009 and 2010

	2009	2010
Male	95.4	96.2
Female	4.6	3.8

Source: Psychiatric Clinic of the University Clinic Center of Kosovo, 2010.

The mean age of patients in 2010 was 30 years (29.5 years in 2009); the majority of clients (39.7 %) were 31–40 years old, followed by 21–30 years old.

In 2010, approximately one third of all treatment clients (35.9 %) had education at or below the primary level, followed by 34.4 % of those with secondary education and 13.9 % with unfinished secondary education, while 7 % had vocational education. About 15 % had started higher education, but only 4.3 % had finished it. Similar figures were observed also among those who entered treatment in 2009.

Only a minority (4 %) of treatment clients had a permanent job, about one-third (35.4 %) were employed in occasional jobs, while the majority (44.9 %) had not been employed over the last year prior to the treatment entry. About 12 % of clients were under the age of 18.

About half of the clients (48.9 %) resided in the Pristina region, followed by 27.9 % from the Prizren region, 19.8 % from the Gjilan region, 9.1 % from the Mitrovica region, 8 % from the Peja region, while a few patients live outside Kosovo.

In 2009, the majority of clients reported using opiates (mainly heroin) (82 %), followed by cocaine and other stimulants (3 %), cannabis (8 %), and alcohol (7 %). Among all treatment demand cases, about one-third (33.7 %) of patients reported polydrug use, and 17.5 % of patients had a co-occurring mental disorder.

As far as the way in which the drug was administered is concerned, 38.4 % of the clients reported that they administered the drug by injecting, 43.7 % by smoking, snorting or inhaling. For 17.9 % of clients, information on the mode of administration was missing.

Labyrinth

The NGO Labyrinth, which is based in Pristina, provides outpatient psychosocial drug treatment. In 2010, there were 5 626 treatment requests; the number of unique first treatment demand clients was 142, which is more when compared to 2009 (112 first treatment clients).

Likewise to the figures reported by the Psychiatric Clinic of the University Clinic Center of Kosovo on the gender distribution among the first-time clients. The vast majority (more than 90 %) of NGO Labyrinth clients were males (see Table 3).

Table 3: Gender distribution of first time outpatient treatment clients in 2009 and 2010

	2009	2010
Male	91.1	93.0
Female	8.9	7.0

Source: NGO Labyrinth, 2010.

The mean age of first time treatment clients at NGO Labyrinth was somewhat lower when compared with those treated by the Psychiatry Clinic, 28.7 and 30 years, respectively.

In 2010, more than two-thirds (69.1 % in 2010 and 74.1 % in 2010) of the first treatment demand clients were unemployed.

Approximately half (58.4 %) of the first treatment demand clients have lived outside Kosovo at some point. About two-thirds (68.3 %) of first-time clients report that they started using drugs while in Kosovo, with a mean age of starting drug use being 18.2 years.

Slightly less than one-half (44.4 %) of first-time drug treatment clients have been imprisoned at least once in their lifetime.

Upon entry, most treated drug users (87.3 % in 2010 and 84.8 % in 2009) noted that they live with their family.

The most commonly consumed primary substance among first-time treatment clients was heroin (89.4 %); the mean age of initiating heroin use was 21.5 years; the mean daily dose of heroin was about 2.4 grams.

About one-third (35.9 %) of first-time treatment clients at NGO Labyrinth report drug use by injection, while 23.4 % report having an overdose in the past. 6.3 % of clients report that they have had health problems or have suffered an infectious disease.

Drug-related infectious diseases

Information about drug-related infectious diseases in Kosovo comes from the HIV/AIDS counselling and testing projects, from the National Public Health Institute of Kosovo, the Epidemiological Department and the Department of Microbiology, which includes the national reference laboratory for HIV, Viral Hepatitis and STI.

In 2006, the Family Health International implemented a Bio-behavioural surveillance (BioBSS) study. The aim of the study was to build national capacity for the surveillance of HIV and collection of behavioural data among high-risk groups, as well as to estimate prevalence of sexually transmitted infections (STI) and HIV (Family Health International, 2006).

In this study, a respondent-driven sampling (RDS) was used to recruit 200 IDUs and 69 men who have sex with men (MSM), while convenience sampling was used to recruit 157 commercial sex workers (CSW). RDS software was used to

generate population estimates and confidence intervals to describe the larger network of IDUs and MSM. Each participant completed a questionnaire which was followed by tests (Family Health International, 2006).

The results indicate that none of the recruited IDUs was HIV positive or had syphilis, while approximately 35 % of the IDUs tested were infected with chlamydia, and approximately 20 % were considered to have hepatitis B and about 13 % have hepatitis C.

The second BioBSS study using the same methodology as the one implemented in 2006 is expected to take place in 2011 in the framework of the project funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). This study will further examine the situation concerning the spread of infectious diseases among high-risk groups, including IDUs.

In 2010, the NGO 'Labyrinth' in Pristina carried out 195 voluntary testing and counselling (pre-test and post-test counselling) sessions with IDUs. Approximately 24 % of tested clients were infected with HCV and 13 % with HBV. None of the tested clients had HIV infection. For the period 2005–08, 610 participated in the voluntary testing and counselling programme. None of those tested were HIV positive, 10 % tested positive for HBV (60 cases) and 23 % for HCV (154 cases).

Information from the National Public Health Institute database shows that there are two IDUs who are infected with HIV: one case was registered in 2004 while another one, in 2009. Until the end of June 2011, the total number of registered cases with HIV in Kosovo since the first case registered in 1986 was 81. The main route of transmission is heterosexual. The largest proportion of infected individuals are adult males, while in 2009, infection among children has been reported. In the beginning of the HIV epidemic, the majority of the cases were registered in the Kosovars that live and work outside Kosovo.

Drug-related deaths

There is no reliable information on drug-related deaths in Kosovo. Official information on deaths caused by drugs is fairly weak, virtually non-existent, for a number of reasons:

- there is a lack of general awareness among health professionals concerning deaths caused by drugs and, as a result, deaths caused by drug overdoses are routinely qualified as cardiac arrest/attack;

- there is no cooperation and coordination between respective agencies and no exchange of information concerning deaths related to drugs;
- even though the Toxicology Laboratory of the Institute of Forensic Medicine is completely capable of confirming cases of death caused by drugs, there is a lack of information and awareness on the existence of such a qualified agency;
- furthermore, it is fairly rare for the authorities to analyse body fluids in cases of toxicological deaths because there is still a stigma involved when it comes to the phenomenon of addiction and this, in turn, makes it impossible for the Institute of Forensic Medicine to do an autopsy of the victim unless such a thing is authorised and requested (by the victim's family).

The NGO 'Labyrinth' possesses a registry and keeps track of all cases of death among the clients registered. Information on eventual deaths is reported and provided by clients, only to be verified by the respective family and police. According to the information available at this centre, two drug users had died in 2004, while three in 2006, one in 2007, five in both 2008 and 2009 and 15 in 2010. It is assumed that all these death cases were induced or caused by drugs.

Treatment responses

Treatment possibilities in Kosovo are limited, with only detoxification programmes available at the moment. The Ministry of Health has still not allocated special funds to cover opioid substitution treatment with methadone and buprenorphine, therefore, this treatment is still not available. However, the first methadone maintenance programme funded will be initiated in 2011 as part of the GFATM funded project. The detoxification treatment includes basic medicine that is on the essential medicine list, funded by the Ministry of Health. Psychosocial interventions are rarely available.

Primary health care providers and also public social services are not involved in the treatment of problematic drug users. This is mainly due to a lack of appropriate training and understanding on their role in the field of drug treatment.

Until 2004, drug treatment was carried out in different wards of the Psychiatric Clinic. However, from the end of 2004, the Clinic started to provide special inpatient and outpatient drug treatments services. In 2008, the Psychiatric Clinic of the University Clinic Center of Kosovo created a special ward (two rooms with six beds) to treat addiction. The clinic has a protocol for treatment inpatient clients. The treatment has so far been based solely on detox programmes.

Out-patient psychosocial drug treatment is provided by Pristina-based NGO Labyrinth, which has units for conducting activities in Prizren, Gjilan and Pristina.

In the meantime, the National Anti-Drug Strategy passed in 2009, has been drafted to create and strengthen treatment capacities, through the establishment of the Institute for Drug Dependency which will be an institution close to the Clinical Centre of Kosovo with two units for outpatient and inpatient clients in which will be done mainly detox programs and maintenance. This Institute will be managed by the Ministry of Health.

The barriers and problems facing implementation of methadone maintenance treatment have been overcome and it is expected that in 2011, this treatment will be initiated in Kosovo. It is expected that the MMT will be provided in the premises of the Ministry of Health and the number of expected clients for first two years is estimated to be 90 persons. Implementation of MMT is supported by the GFATM funded project.

Harm reduction responses

Harm reduction programmes started to be implemented in 2005 and they were first offered by the NGO 'Labyrinth' in Pristina. However, now these programmes are implemented also in Prizren and Gjilan with support from the GFATM.

The harm reduction activities include voluntary testing and counselling, distribution of condoms, provision of information materials, but in 2009, needle and syringe exchange was also introduced in one site.

In the period 2005–08, 610 drug users participated in the voluntary counselling and testing programme carried out by Labyrinth. The majority of them were men (86 %), approximately 15 % of IDUs were below the age of 19, half were aged between 20–24 years old and 35 % were older than 24. The majority of the persons tested were from Pristina (61 %), while 36 % came from other cities. In 2010, the NGO Labyrinth Center in Pristina provided 195 voluntary counselling and testing sessions and distributed approximately 5 000 condoms and 5 000 information materials. This initiative was supported and carried out with the assistance of the 'Partnership in Health' organisation.

From October 2009, when the first needle and syringe site was opened until the end of 2010, 45 063 syringes and needles, 51 745 condoms and 9 316 leaflets/brochures were distributed to the clients.

Drug market and drug-related offences

The Directorate for Investigating Trafficking of Narcotics is a department that operates within the Kosovo Police structure (investigations pillar), namely the Ministry of Internal Affairs. It represents the national body that is in charge of collecting and analysing data and information and produce national statistics related to sentences imposed for drugs and drug trafficking. In this context, the Kosovo police, border police and customs, are charged with the implementation of the law on drugs and are obliged to pass all information in cases of arrest and seizures to the above-mentioned anti-drug section. 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 offences related to drug trafficking, as well as combating all kinds of organised crime, involving drugs that operate in Kosovo. The data regarding the arrests and the drug seizures are sent by the Regional Narcotic Investigation Section (RNIS) located in the six biggest cities of Kosovo (Pristina, Gjilani, Mitrovica, Peja, Prizren and Ferizaj).

The aforementioned 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 (EMCDDA, 2010).

Kosovo has been on the main routes used to traffic drugs from the East (through the neighbouring countries and to the West) for many years and this caused an increase in the number of drug users, aggravating the situation that Kosovo is facing, especially after 1999.

With the new chain of events that happened in the Western Balkans, such as the violent dissolution of former Yugoslavia and the wars fought in this territory and Kosovo itself, we noted changes that, in turn, lead to another component of the drug problem in Kosovo, which was not known in the past, and that is the more and more frequent attempts to produce narcotics, especially those that can be cultivated like farm products, such as in the case of the cannabis sativa.

Cannabis

Cannabis is the only narcotic plant that is cultivated in Kosovo for domestic use primarily. According to the Kosovo Police, during the 2007–10 periods, the cultivation of cannabis was spread in most parts of the country's territory.

Table 4: Seizures of cannabis

Description of activities	2007	2008	2009	2010
Cannabis plantations seized	35	23	35	42
Number of cannabis plants seized	21 712	9 249	33 497	9 724
Persons arrested	41	27	42	44

Source: Kosovo Police, 2010.

The street prices of cannabis products had increased in 2011, thus the price for 5 grams of marijuana varied anywhere from EUR 4 to EUR 8. The percentage of THC in cannabis sold in the streets is approximately 3 %.

Marijuana passes in transit through Kosovo and into other countries, although a small amount is retained for the internal market. The main transit routes for marijuana are:

- Albania–Kosovo–Serbia or Montenegro–EU Member States;
- Albania–former Yugoslav Republic of Macedonia–Kosovo–Serbia–EU Member States.

Heroin

Kosovo is still considered a transit country for trafficking heroin. Although the number of confiscations and arrests has increased from year to year, trafficking of heroin remains one of the main challenges for the Kosovo Police.

Increasing amounts of heroin smuggled are retained in Kosovo for use by local clients. The year 2007 marked a

slight increase in the street price of heroin (from EUR 21 to EUR 25 per 1 gram), but the price remained the same, with no increase, in 2008. The typical purity level of street heroin is approximately 1 %.

The main transit routes for heroin through Kosovo are:

Afghanistan–Iran–Turkey–Bulgaria–former Yugoslav Republic of Macedonia or Serbia–Kosovo.

Afghanistan–Iran–Turkey–Bulgaria–former Yugoslav Republic of Macedonia or Albania–Kosovo–Serbia–EU Member States.

Afghanistan–Iran–Turkey–Greece–Albania–Kosovo–Montenegro–EU Member States.

Cocaine

Cocaine seems to arrive in Kosovo through postal deliveries or couriers from Serbia and/or South American countries, which are traditionally known for their cocaine production. It is first sent to Italy or Greece and usually in small quantities.

Table 5: Seizures of heroin

Description of activities	2007	2008	2009	2010
Number of seizures	72	66	77	84
Seized quantities, in kg	47	44	36	55
Persons arrested	110	98	71	112

Source: Kosovo Police, 2010.

Table 6: Seizures of cocaine

Description of activities	2007	2008	2009	2010
Number of seizures	3	4	3	2
Seized quantities, in kg	2	2	1.5	0.5
Persons arrested	6	7	4	2

Source: Kosovo Police, 2010.

The price for 1 gram of cocaine varied from EUR 45 to EUR 65 in 2007 and from EUR 50 to EUR 70 in 2008.

Kosovo is not used as a transit route for cocaine, although it is smuggled into Kosovo in smaller quantities for local consumption, which has been marked with a tendency to increase. The trafficking routes are:

Greece–Albania–Kosovo, Montenegro–Kosovo, Bulgaria or Romania–Serbia–Kosovo and Greece–former Yugoslav Republic of Macedonia–Kosovo.

Synthetic drugs are not considered a problem for the Kosovo drug market when it comes to supply and demand.

The routes taken for synthetic drugs:

EU Member States–Serbia–Kosovo, Serbia–Kosovo–Albania.

National drug laws

As a new state, Kosovo tried hard to incorporate international norms into its laws against drugs (all three United Nations conventions regarding drugs).

In 2008, the Parliament of Kosovo approved the Law on Narcotic Drugs, Psychotropic Substances and Precursors (Official Gazette, Law No 02/L-128.2008)

Use, possession, production and trafficking of illicit drugs are considered as violations against the Criminal Code of Kosovo. These offences are prosecuted, based on Articles 229, 230, 231 and 274 of the Criminal Code of Kosovo.

Any person caught by the police for the possession, use, production and trafficking of drugs is considered to be a suspect or a drug-related offender. Such offenders are registered in the database of the Kosovo Police (Kosovo Police Information System — KPIS), indicating the number of offenders responsible for the respective offence.

Unauthorised export and import of substances that are proclaimed as dangerous, narcotic or psychotropic substances is punished by a fine and imprisonment for a term of 3 to 10 years, according to Article 229.

Unauthorised cultivation, production, possession, extracting or preparations of substances that are proclaimed to be dangerous, narcotic or psychotropic, for purposes of selling or distribution, is punished by a fine and imprisonment for a term from 1 to 10 years. Unlawful administration of narcotics, psychotropic substances or similar substances and facilitation of their supply and use through one's duties, in

opposition with the law, is punished with imprisonment for a term of six months to 5 years, according to Article 231.

The punishment for organised crime offences includes a fine of up to EUR 500 000 and imprisonment for a term of 7 to 20 years, according to Article 274.

The Criminal Code of Kosovo also defines the types of special investigations that can be undertaken and the prosecutor is allowed to use various investigating means, starting from more secret measures that facilitate the revelation of such crimes related to drug trafficking.

National drug strategy

The Kosovo Government Decision No 10/44, dated 11 June 2008, entrusted the Ministry of Internal Affairs with the coordinating mandate to draft the Strategy and Action Plan against Drug Trafficking in the Republic of Kosovo.

The Ministry of Internal Affairs created a working group and sub-working groups for drafting an anti-drug strategy. The working group and sub-working groups were composed with representatives of different sectors. These groups included representatives from the European Union Rule of Law Mission in Kosovo (EULEX), the Organisation of Security and Cooperation in Europe (OSCE) and other European bodies. The technical support was provided by the United Nations Development Programme (UNDP).

The National Anti-Drug Strategy and Action Plan of Kosovo 2009–12 was adopted in June 2009 and is a complete document that covers both demand and supply reduction of drugs. It was drafted in close cooperation with all public institutions involved in the fight against drugs, including NGOs and in consultation with experts working for international organisations in Kosovo. The main actors are Ministry for Internal Affairs, Ministry of Health, Customs, the Ministry of Education, other government entities and the civil society organisations.

Drug-related research

Scientific research is an integral part of the Drug Strategy and Action Plan. Against drug trafficking of the Republic of Kosovo, together with the development of an information system and training on research concerning the problem of drugs, albeit not expressed explicitly. It is believed that various institutional segments that are capable of running research projects on drugs will be involved. The National Institute for Public Health, together with its departments, could play a key role in national scientific research

programmes in the field of public health, such as (a) epidemiological research related to drugs in the general population and its specific groups; (b) the development of respective recommendations; (c) collecting and analysing information on drugs as a stand-alone institution, or in coordination with other institutions, as well as participate in the development of an information system on drugs and all drug-related data, from the continued research of respective institutions/agencies/actors; (d) evaluate the effectiveness of preventive programs and measures at the national level, and (e) distribution of research, results and information concerning drugs.

Coordinating mechanism in the field of drugs

The Office of the Prime Minister of Kosovo in the year 2004 initiated the establishment of the Kosovar Committee for Interventions in Drug Cases. This Committee was not able to function and give the results expected in the fight against drugs.

The institutional mechanism implies the role and coordination of activities of the Ministry of Internal Affairs, The Ministry of Health, the Ministry of Justice, the Ministry of Economy and Finance, the Ministry of Education, Science and Technology, the Ministry of Culture, Youth and Sports, the Ministry of Labor and Social Welfare, the Ministry of Trade and Industry, the Ministry of Agriculture, Forestry and Rural Development, the Ministry of Environment and Spatial Planning and other institutions of Kosovo that are responsible for and that play a role in preventing and fighting drug trafficking and abuse of precursors.

This mechanism is led by the National Coordinator (deputy Minister of Internal Affairs), who assumed his duties in 2009. The mandate of a National Coordinator is to coordinate, monitor and report on the implementation of policies and actions and activities related to drugs.

The Mechanism also includes the Secretariat, which is a new body in charge of collecting data and information from other institutions for the purposes of analysing and assessing such information and data, as well as preparing analytical

reports for the National Coordinator. The secretariat is located in the Policy Unit of the Ministry of Internal Affairs and there is a person responsible for compilation of quarterly reports on the implementation of the Action Plan.

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