



European Monitoring Centre
for Drugs and Drug Addiction



National Report

Kosovo*
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European Monitoring Centre
for Drugs and Drug Addiction



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NATIONAL REPORT (2012 data) TO THE EMCDDA

„KOSOVO*”

**New developments, trends and in-depth
information on selected issues**

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
BST	Buprenorphine Substitution Treatment
CC	Correction Centre
DITN	Directorate for Investigation on Trafficking of Narcotics
DRD	Drug Related Deaths
DRID	Drug-Related Infectious Diseases
EC	European Commission
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and other Drugs
EU	European Union
HBV	Hepatitis B virus
HCV	Hepatitis C Virus
HIV	Human Immune-deficiency Virus
NGO	Non-Governmental Organisation
PDU	Problem Drug Use
TDI	Treatment Demand Indicator
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization
KP	Kosovo Police
MIA	Ministry of Internal Affairs
KC	Kosovo Customs
KJC	Kosovo Judicial Council

Summary

Drug policy: legislation and strategies

Kosovo declared its independence on 17 February 2008. In its state building process, Kosovo has inherited UNMIK policies on the fight against narcotics. So far, the Government of the Republic of Kosovo has enhanced its current legal framework and has done so with best international practices regarding the fight against drugs. In support of this, The Government of Kosovo has directly involved three main United Nations mechanisms regarding the fighting of drug use (United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Single Convention on Narcotic Drugs, Convention on Psychotropic Substances).

Drug abuse is a major social and health problem throughout the world, since its consequences derive from direct and indirect effects towards multiple damages on the abuser, his/her family, society etc. In order to manage this issue, The Parliament of Kosovo approved the Law on Narcotic Drugs, Psychotropic Substances and Precursors (Official Gazette, Law 2007/02-L128). The Law regulates the production, wholesale and retail sale circulation, import, export, transit passing, transportation, purchase, supply, selling, possession, consuming, usage and plants propaganda from which the narcotics, narcotic medicaments, psycho-trope and precursors substances can be obtained. Moreover, it determines the obligations of the competent authorities pertaining to substances. In addition, this Law sets up the classification of plants, narcotic medicaments, psycho-trope substances and precursors based on their dangerousness. The drafting of this Law, sponsored by the Ministry of Health, was completed in close cooperation with relevant governmental institutions involved in drug fighting, NGO's and civil society and with the support of international community.

In order to deal with misuse of narcotics and drug use, the Government of Republic of Kosovo drafted all relevant policies on addressing this issue. The first National Anti-Drug Strategy and Action Plan for 2009–2012 was adopted in June 2009 and covered both demand and supply reduction. The vision of this Strategy was to develop a healthy society in Kosovo that is not threatened by drug misuse. Its mission was to lay down general objectives, specific objectives and activities to prevent and combat drugs, as well as harmonize national and inter-institutional actions towards the achievement of the goals that are defined within the Strategy. Upon recognizing the narcotics phenomenon as an international issue that directly or indirectly poses a threat to the country, The Republic of Kosovo, respectively the Government drafted and approved the second National Strategy against Narcotics and Action Plan for 2012-2017.

The National Strategy against Narcotics in Republic of Kosovo, for the 2012-2017 period, has been drafted according to the Constitution and applicable legislation in the Republic of Kosovo, international legal instruments as well as other local reports (annual reports by Law Enforcement Agencies, Educational – Health Institutions, research reports by various governmental and non-governmental organizations, and Anti-Narcotics Strategy Assessment Report) analysis of the situation concerning the problematic of this nature. This strategy has been structured in a way that clearly identifies goals and objectives towards preventing and combatting the trafficking of drugs and other illicit narcotic substances. The National Strategy against Narcotics intends to support the development and implementation of counter narcotic politics by empowering institutional capacities at all levels.

Drug use in the general population and specific targeted groups

Worldwide, the use of drugs and other psychotropic and psychoactive substances indicates a significant threat to the health and socio-economic development of a community, especially targeting the young people. Regarding the latest UNODC World Drug Report¹ in Europe, there are 77 million adults who have used cannabis, 14.5 million for cocaine, 12.7 million amphetamines and 11.4 million for ecstasy.

Although many organisations in Kosovo collect information on drugs and drug use among different groups, no studies on drug use in the general population have been conducted in Kosovo so far. In

¹ UNODC WORLD DRUG REPORT 2013 http://www.unodc.org/unodc/secured/wdr/wdr2013/World_Drug_Report_2013.pdf

2014, with the support of EMCDDA, the first national general population study was carried in Kosovo and the results will be presented in the next report.

In 2011, the first European School Survey Project on Alcohol and Other Drugs (ESPAD) study was carried out in Kosovo among a representative sample of 15 to 16 year-old students. According to the results of the ESPAD survey, 4% of students in high schools are involved in the drug using problem. Moreover, based on the International Narcotics Control Strategy Report (INCSR)², which was conducted by the US State Department – Diplomacy in Action, the number of drug users varies from 10.000-15.000, however if there is a reliance on non-official data from Kosovo Police officers this number is lower in comparison.

Prevention

The Republic of Kosovo is aware of the phenomena and drug-related problems that directly and indirectly affect society. Drug use is defined as a threat to the community in general. However, in order to address this issue, the Ministry of Internal Affairs has drafted the National Strategy against Narcotics. At the same time, many awareness campaigns have been organized by the Ministry and by other Governmental institutions, NGOs and civil society. It is also noteworthy that on the international day against drug abuse and illicit trafficking, June 25th, the Ministry of Internal Affairs in compliance with the Prime Minister office, has organized a conference with a focus on the prevention of drug use. Moreover, some youth organizations organize annual awareness campaigns regarding the health consequences of drug use. In order to address the problem of drug use and its prevention, Peja Municipality, respectfully the Directorate of Health, has organized a round table with the motto “Together against Drugs”.

The Drug Use Problem

The fact that many young people in Kosovo are involved in drug related activities remains problematic. In the latest studies conducted by international and local organizations, about what substances are being used, it is evident that young people from the age of 16 begin to smoke and engage themselves in the use of other substances such as alcohol and drugs. Apparently, marijuana is the main substance being used by many teenagers and youngsters in Kosovo. As stated above, the Government of Kosovo, respectfully the Ministry of Internal Affairs, has drafted the Strategy Against Narcotics, in order to reduce, prevent and fight the use of drugs.

No national estimates on problematic drug users exist for the country. The most frequently cited estimate of the drug using population is between 10,000 – 15,000 individuals, and of these, approximately 4,000 – 5,000 are thought to be heroin users. Various publications (Behavioural and biological surveillance study on HIV among IDUs in Kosovo, 2011, Ministry of Health, GFATM funded program) and reports refer to a figure between 3,000 – 5,000 injecting drug users.

Otherwise, according to doctors and staff within the University Clinical Centre of Kosovo, namely Neuropsychiatry Clinic where drug users seek help, the flux of young people addicted to marijuana is growing, thus becoming is a problem that affects the society. Fortunately, the clinic does have a special ward with solid conditions and is able to offer help to these patients.

Drug-related treatment: treatment demand and treatment availability

Drug treatment in Kosovo is primarily provided by two organisations: the Psychiatric Clinic of the University Clinical Centre of Kosovo, and the NGO Labyrinth. Drug treatment options provided by these two agencies include detoxification services, psychosocial treatment and pharmacotherapy with methadone.

Since 2012, opioid substitution treatment is provided in three public health settings, UCCK – Psychiatry Clinic in Prishtina, and two regional hospitals in Gjilan and Gjakova. Although healthcare is free for all Kosovars and minimum drug treatment options (e.g. detoxification) are provided free of charge, patients have to pay a co-payment towards a detoxification service. Methadone maintenance treatment is financed by the Global Fund to Fight AIDS, Tuberculosis and

² 2012 International Narcotics Control Strategy Report <http://www.state.gov/in/its/nrcrpt/2012/index.htm>

Malaria (GFATM), and is being expanded in terms of both the number of clients and its geographical coverage.

In 2008 the Psychiatric Clinic of the University Clinical Centre of Kosovo created a special inpatient ward to treat addiction. An inpatient treatment protocol was adopted the same year. To date, the treatment was solely based on detoxification programmes using medicines from the Essential Drug List, funded by the Ministry of Health. Psychosocial interventions are very rare in the treatment process.

The NGO Labyrinth in Pristina first offered harm reduction programmes in 2005. These programmes are now also available in Prizren and Gjilan, with financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Harm reduction activities include a needle and syringe exchange program, voluntary counselling and testing for HIV, HCV and HBV, distribution of condoms, psychological counselling, self-help groups and provision of information materials. The needle and syringe exchange program was introduced in 2009 in Labyrinth's drop-in centre in Pristina, shortly followed by two other drop-in centres in Prizren and Gjilan.

Health correlates and consequences

Information about drug-related infectious diseases in Kosovo comes from HIV/AIDS counselling and testing projects, 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, 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 the prevalence of sexually transmitted infections (STI) and HIV (Family Health International, 2007).

A second BioBSS study using the same methodology, as the one implemented in 2006 among a sample of 205 IDUs aged 18–50, was carried out in 2011 in the framework of the Global Fund funded project to Fight AIDS, Tuberculosis and Malaria. No HIV cases were detected, while 37.4% of the sample tested positive for HCV antibodies and 6% tested positive for HBV (The Global Fund to Fight HIV, Tuberculosis and Malaria Program in Kosovo, 2011).

Drug-related crime, prevention of drug-related crime and, prison

The Directorate for Investigation of Trafficking with Narcotics, as foreseen by the legislation of the Republic of Kosovo, has been engaged in the actions of prevention, investigation, interception and arrestment of persons who commit all forms of criminal offences related to narcotic substances (drugs).

Throughout the territory of the Republic of Kosovo, Drug Directory has been the only directorate responsible for the investigation, sequestration and confiscation of narcotic substances and also for the fight against criminal groups. It has been engaged in the implementation of objectives foreseen under the National Strategy against Drugs, engaged for the implementation of the Action Plan 2009-2012 and has participated in drafting the new Strategy and Action Plan 2012 – 2017. Other activities have been developed as well within the framework of the directory including the disposal of evidences, lecturing at the Academy for Public Safety in Vushtrri, lecturing at secondary schools, workshops held in cooperation with the NGO "Labyrinth" and training delivered in Kosovo and abroad.

Drug Markets

For many years Kosovo has been on the main drug trafficking routes for neighbouring countries from east to west, and this has caused an increase in the number of drug users in the country, especially after 1999, aggravating the situation that Kosovo is currently facing.

In recent years, there have been attempts to produce some drugs domestically, and in particular, domestic growing of cannabis sativa has been noted.

Part A: New Developments and Trends

1. Drug policy: legislation and strategies

1.1. Introduction

The Government of the Republic of Kosovo is making efforts to improve the current situation by preventing and combating this phenomenon. In the meantime, it shows willingness to cooperate with all states and other international mechanisms in order to diminish the consequences deriving from narcotics. In support to this, within the Kosovo Criminal Code, Criminal Procedure Code and Law on Narcotic Medicaments Psycho-active and Precursors provisions towards the fighting of drug phenomena are involved.

In the beginning of 2013, Kosovo amended the Criminal Code and Criminal Procedure Code. The changes reflected in the articles dealt with drugs and now the subject is mentioned in seven different articles.

The Republic of Kosovo, namely the Government, aware of the illicit drug phenomenon as an international issue that directly or indirectly poses a threat to the country, in 2009 drafted and approved the first National Anti-Drug Strategy 2009 - 2012. This strategy was drafted in line with the Constitutional Principles and covered both demand and supply reduction. In 2012, the second National Strategy and Action Plan against Narcotics 2012-2017 was adopted.

1.2. Legal framework

In its state-building process, Kosovo has inherited UNMIK policies as far as combating drugs is concerned. These policies have adapted to new circumstances following the declaration of independence, authorising thus domestic institutions to draft and implement policies. All of this has put domestic institutions before tests of state-formation³. However, as a new state, Kosovo has tried to incorporate international norms, based on all three United Nations conventions regarding drugs, into its national drug laws.

In 2008, the Parliament of Kosovo approved the Law on Narcotic Drugs, Psychotropic Substances and Precursors (Official Gazette, Law No 02/L-128.2008). This Law regulates the production, wholesale and retail sale circulation, import, export, transit passing, transportation, purchase, supply, selling, possession, consuming, usage and plants propaganda from which the narcotics, narcotic medicaments, psycho-trope and precursors substances can be obtained⁴. The Ministry of Health supported the drafting of this law. In 2013 the same Ministry sponsored the amendments that to be made to the Law. So far, the working group on amending the Law is established and the amended version is expected by the end of June.

The new Criminal Code and the new Code of Criminal Procedure came into force in January 2013. They introduced new provisions on how to deal with drug crimes. In the new Criminal Code, offences related to narcotic substances are covered in Chapter XXIII: Narcotics Criminal Offences (Article 272 to Article 281) and in Article 282 of Chapter XXIV: Organized Crime.

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

Unauthorised importation and exportation of dangerous, narcotic or psychotropic substances is punished by a fine and imprisonment for three to 10 years, according to Article 229.

³ Kosovo National Strategy Against Narcotics and Action Plan 2012-2017 http://www.mpb-ks.org/repository/docs/Final_Strategy_2012-2017_R.pdf

⁴ Law on Narcotic Medicaments, Psycho-Active and Precursors http://www.gazetazyrtare.com/e-gov/index.php?option=com_content&task=view&id=249&Itemid=28

Unauthorised cultivation, production, possession, extraction or preparation of dangerous, narcotic or psychotropic substances for the purposes of sale or distribution is punished by a fine and imprisonment for one 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 to the law, is punished with imprisonment for six months to five years, according to Article 231.

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

The Criminal Code of Kosovo also defines the types of special investigations that can be undertaken to detect drug offences. The prosecutor is allowed to use a variety of investigating means, including undercover measures, to detect crimes related to drug trafficking.

Unauthorised purchase, possession for the purpose of sale or distribution, or offering drugs for sale are punishable by a fine and imprisonment for two to eight years, while possession only is punishable by a fine and imprisonment for one to three years. A first-time offender in possession of less than 3 grams of a substance may be punished by a fine or imprisonment of up to one year. In aggravated circumstances (such as crimes involving distribution and trafficking) the punishment may increase up to 12 years⁵. Drug production may be penalised by a fine and imprisonment for six months to 10 years. If large amounts of substances are involved, the punishment may increase to 15 years. A person involved in organised crime activities involving drugs could be punished by a fine of up to EUR 250,000 and at least seven years imprisonment, while for aggravating circumstances and for those who organised the crimes penalties may increase to EUR 500,000 and at least 10 years' imprisonment.

1.3. National action plan, strategy, evaluation and coordination

National action plan and strategy

With the Governmental Decision No 10/44, dated 11 June 2008, the Ministry of Internal Affairs was entrusted 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 of representatives from a variety of sectors, including representatives from the European Union Rule of Law Mission in Kosovo (EULEX), the Organization of Security and Co-operation in Europe (OSCE) and other European bodies, and in close cooperation with all public institutions involved in the fight against drugs in Kosovo, including NGOs.

The United Nations Development Programme (UNDP) offered technical support.

The National Anti-Drug Strategy and Action Plan for 2009–2012⁶ was adopted in June 2009 and covered both demand and supply reduction.

In June 2012 the Government approved the new National Anti-Drug Strategy and Action Plan for 2012–2017⁷, which aims to build the mechanism needed to advance the fight against drugs and their negative impact through increased cooperation between responsible institutions. The strategy is based on five pillars: 1) demand reduction and harm reduction; 2) supply reduction; 3) cooperation and coordination; 4) support mechanisms, and 5) supervision and monitoring. General goals and specific objectives have been incorporated within these pillars. The main actors are the Ministry for Internal Affairs, the Ministry of Health, Customs, the Ministry of Education, Science and Technology, as well as other governmental bodies and civil society organisations.

The National Anti-Drug Strategy for 2012- 2017 is based on the fundamental principles emanating from the Constitution of Kosovo, the applicable legislation, international legal instruments as well

⁵ Criminal Code of the Republic of Kosovo <http://www.kuvendikosoves.org/common/docs/ligjet/Criminal%20Code.pdf>

⁶ National Anti –Drug Strategy 2009-2012 http://www.mpb-ks.org/repository/docs/strategjia_16_06_09_finale_kombetare_ENG.pdf

⁷ National Anti –Drug Strategy 2012-2017 http://www.mpb-ks.org/repository/docs/Final_Strategy_2012-2017_R.pdf

as best international practices. Successful outcomes in this field require time and experience from institutions and the society in general.

The aim of Strategy 2012-2017 is to develop policies to take responsibilities for the protection of the individual and the society, and the consequent problems of drug misuse.

Raising the individual and societal awareness enables decision-making and accountability with regard to drug misuse.

The Implementation and Evaluation of the national action plan and strategy

The inter-ministerial group, led by the National Coordinator (Deputy Minister of the Interior), is in charge of the assessment of the Implementation of the National Anti-Drug Strategy 2009-2012. After the assessment is made, it is then presented to relevant and international organizations.

National Anti-Drug Strategy 2009-2012 has had three main objectives. These main objectives are divided according to scope: 1) Demand reduction (reduction of damage); 2) Supply and supply reduction (investigation and fighting), 3) Cooperation / coordination.

1. Demand Reduction

The National Anti-Drug Strategy Foresees:

- Prevention of the start of drug use;
- Prevention of experimental drug use and the latter transition to regular use;
- Early intervention to prevent further damage to endangered users;
- Provision of treatment programmes;
- Provision of rehabilitation and social reintegration programmes;
- Reduction of the drug-related health and social damages.

2. Supply and Supply Reduction

The National Anti-Drug Strategy includes adequate measures to be undertaken in order to reduce drug production, trade and distribution, the illicit trade and use of precursors or substances that can be used for drug production, prevention of drug-related organized crime and laundering drug and precursor trade proceeds.

Coordination arrangements

Cooperation and Coordination of the activities of all institutions at the central, local and international level are a prerequisite for an efficient progress in actions towards the prevention, investigation, detection and fight against drugs.

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

The key bodies and other institutions in Kosovo that are responsible for and play a role in preventing and fighting drug trafficking and abuse of precursors are: 1) the Ministry of Internal Affairs, 2) the Ministry of Health, 3) the Ministry of Justice, 4) the Ministry of Economy and Finance, 5) the Ministry of Education, Science and Technology, 6) the Ministry of Culture, Youth and Sports, 7) the Ministry of Labour and Social Welfare, 8) the Ministry of Trade and Industry, 9) the Ministry of Agriculture, Forestry and Rural Development and 10) the Ministry of Environment and Spatial Planning.

Since 2009, the National Coordinator (a deputy Minister of Internal Affairs) has led the coordination mechanism. The mandate of a National Coordinator is to coordinate, monitor and report on the implementation of policies, 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 analysis and assessment, and the preparation of analytical

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

The new National Anti-Drug Strategy and Action Plan for 2012–2017 also provides the grounds for the establishment of a Drugs Observatory and sets objectives for its operation: promoting and supporting research on drugs issues; monitoring drug issues; and reporting to the National Coordinator and to the EMCDDA.

2. Drug use in the general population and specific targeted groups

2.1. Introduction

Drug use in the general population is one of the five key EMCDDA epidemiological indicators. It reflects the prevalence of drug use among inhabitants aged 15 - 64 years. This indicator incorporates the conducting of regular representative population surveys using a range of questions approved by EU experts (EMQ - European Model Questionnaire), which has been extended by the addition of questions of interest to the Member States.

Although many organisations in Kosovo collect information on drugs and drug use among different groups, no studies on drug use in the general population have been conducted in Kosovo so far. In 2014, with support from the EMCDDA, the first national general population study was launched in Kosovo and the results will be reported in the next report.

In 2011, the first European School Survey Project on Alcohol and Other Drugs (ESPAD) study was carried out in Kosovo among a representative sample of 15 to 16 year-old students. The main results of this study are summarized in this section of the report.

2.2. Drug use in the general population

At the national level, so far there are no representative studies about drug use in the general population. However, several studies were conducted in 2008, each using various sample sizes and targeting different age groups (mainly young people, and people without protection and/or at risk), and applying different methods.

In 2008, the survey among young people, injecting drug users and prisoners (Rapid Assessment and Response) was carried out in cooperation with the Kosovo offices of the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) (Brisson et al., 2009). Regarding the youth sample, face-to-face interviews were conducted among respondents within the age group of 15-24. A total of 1,302 questionnaires were collected from a three-phase stratified random sample. Lifetime cannabis use was found to be 3.8 %, and was more prevalent among males (5.5 %) than females (2.2 %), and more so among those aged 20–24 (6.7 %) than those under the age of 18 (1.7 %). Most of the young people had started using cannabis at the age of 17, with no significant differences between genders.

Ecstasy use was reported by 0.6 % of respondents, and heroin and amphetamine use (or other forms of doping) by 0.4 %. Approximately 0.2 % had tried cocaine. Approximately 2.6 % of the respondents reported use of illegally obtained prescription drugs such as Trodon, Tramal, Bensedin, Fortral, Valeron and methadone/Heptanon. Respondents reported that they started taking these prescription drugs between the age of 13 and 20; the mean age was 17.

2.3. Drug Use in the school and the youth population

ESPAD research data

In 2011, the first European School Survey Project on Alcohol and Other Drugs (ESPAD) study was carried out in Kosovo among a representative sample of 15 to 16 year-old students (Haskuka, 2011)⁸. Stratified random sampling was used for the selection of the schools, using the stratification of public and private schools. Students were selected proportionally to the size of the

⁸ ESPAD Kosovo Country Report 2011: http://fondacionitogether.org/repository/docs/Raporti_ESPAD_final.pdf

public versus private schools. Out of a total of 42 schools selected for the survey, only 2 schools that were teaching in the Serbian language were selected through convenient sampling as Kosovo Serbian schools in North Kosovo were out of reach due to the security situation. A total of 4,709 students were included in the survey, and the data used for ESPAD supplement report included those who were born from July 1995 to June 1996 as around 2,100 respondents.

Illicit drugs other than cannabis

The concept of “any illicit drug” includes marijuana, hashish, amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens and heroin (releevin, a dummy substance was also included in the list of substances for methodological purpose). Reported use of any of these illicit drugs among Kosovar students is around 7% this is much lower than the ESPAD average of 20%. Approximately 10% of the boys and 4% of the girls have tried illicit drugs at least once during their lifetime. This is similar pattern as observed in ESPAD countries.

Table 2.1. Lifetime use of various illicit drugs

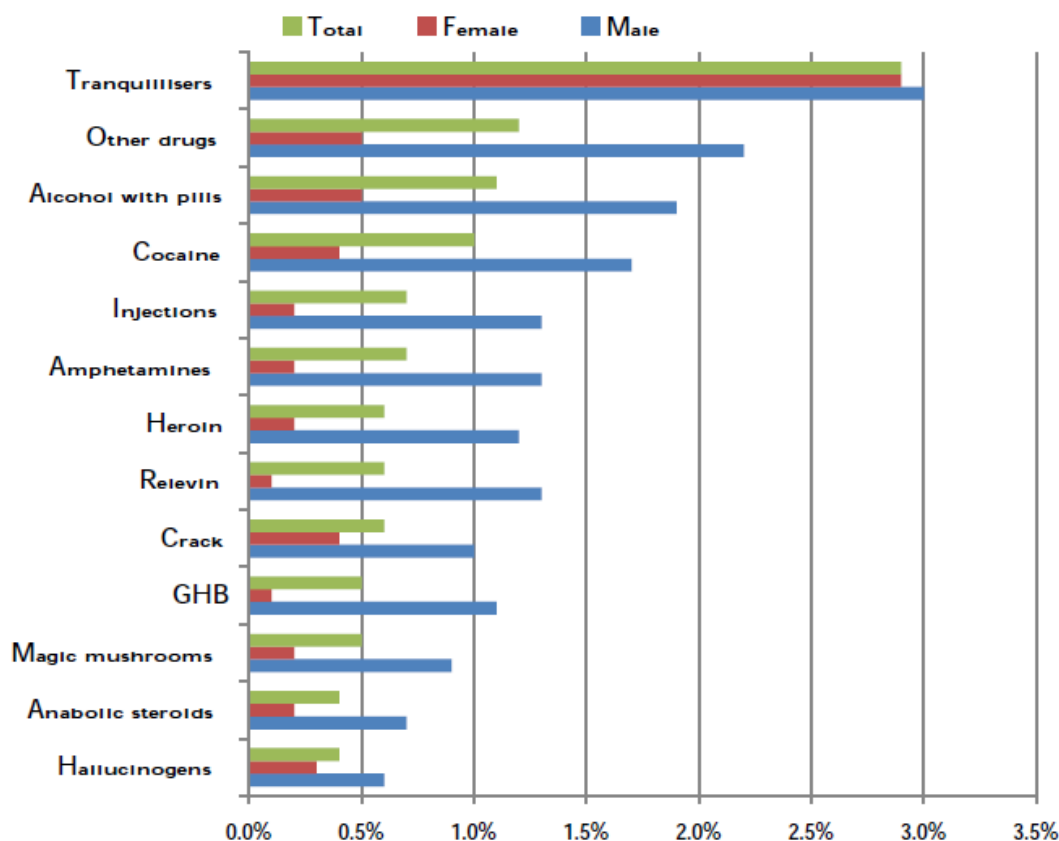
Lifetime use of:	Sex		
	Male	Female	Total
Tranquillisers	3.0%	2.9%	2.9%
Amphetamines	1.3%	0.2%	0.7%
Hallucinogens	0.6%	0.3%	0.4%
Crack	1.0%	0.4%	0.6%
Cocaine	1.7%	0.4%	1.0%
Releevin	1.3%	0.1%	0.6%
Heroin	1.2%	0.2%	0.6%

Source: Haskuka, 2011

Similar to ESPAD countries, the most important and prevalent drug in Kosovo is cannabis. Nevertheless, some students have also used other substances. In some cases, they have done so without any previous experience with cannabis. Based on the ESPAD index of “any illicit drug” cannabis is not included in the use of all illicit drugs. The drugs included are ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and other drugs. Based on this calculation 5.3% of students have used one of the illicit drugs included in the index as compared to ESPAD average of 7%. While ESPAD did not observe gender differences, in Kosovo, boys were more likely to use illicit drugs other than cannabis with 7% use, while girls reported 3.9% use of illicit drugs (Haskuka, 2011).

For ESPAD (*A supplement to the 2011 ESPAD Report, 2013*) target sample of 16 years Kosovo was listed among low prevalence countries in substance use. In the ESPAD context, Kosovo is a low-prevalence country when it comes to the use of all substances. Lifetime use of illicit drugs was reported at 3%, lifetime use of tranquilizers without prescription was at 3%, and lifetime use of inhalants was at 1%. In total, around 7% of students reported use of any illicit drug in the past (lifetime prevalence). Males (4%) were more likely than females (1%) to use any illicit substances.

Figure 2.1. Lifetime use of illicit drugs other than cannabis



Source: Haskuka, 2011

Cannabis

Approximately one third of the students who have tried any illicit drug have used marijuana or hashish (cannabis). The proportion of Kosovar students reporting experience with cannabis is 2,4%. This percentage of cannabis use is lower compared to countries that had the lowest rate of use in ESPAD 2007 study such as Armenia (3%) and Romania (4%). Lifetime use of cannabis is four times higher among boys than girls; around 4% of boys have tried cannabis while this percentage among girls is only 1%.

Around 2 % of students reported cannabis use in the past 12 months, and 0.4 % in the past 30 days. Males (4 %) were more likely than females (1 %) to use any illicit substances (Haskuka, 2011).

One point four percent of students stated that they had used marijuana or hashish during the last 30 days. This corresponds to roughly half of the group stating lifetime use of cannabis or hashish. As with alcohol, this percentage is much lower than that in ESPAD countries where the average use among different ESPAD countries was 7%. Cannabis use in last 30 days was five times higher among boys (2.5%) compared to girls (0.5%).

All students were asked: "Have you ever had the possibility to try marijuana or hashish (cannabis) without trying it"? Approximately one out of ten students were offered cannabis and did not try. This percentage was higher among boys, with 15% of them having had the possibility to try cannabis, while this percentage among females was 5%. Out of those who were offered cannabis, 67% were offered 1 to 2 times, 15% were offered cannabis 3 to 5 times, while around 17% were offered cannabis more than 10 times.

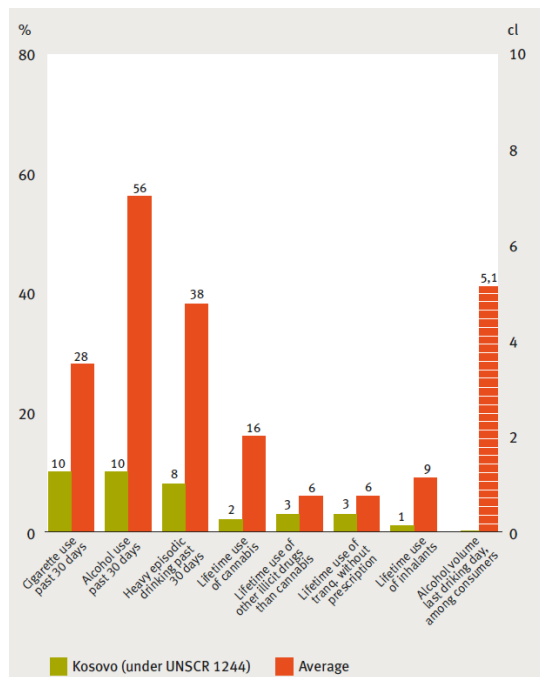
Table 2.2. Cannabis use by gender

Cannabis use of		Sex		
		Male	Female	Total
Lifetime	0	95.7%	99.1%	97.6%
	1-2	1.5%	0.2%	0.8%
	3-5	1.0%	0.1%	0.5%
	6-9	0.2%	0.1%	0.2%
	10-19	0.2%	0.0%	0.1%
	20-39	0.5%	0.2%	0.3%
	40+	0.8%	0.3%	0.5%
Last 12 months	0	96.6%	99.1%	98.0%
	1-2	1.4%	0.6%	0.9%
	3-5	0.3%	0.0%	0.1%
	6-9	0.5%	0.1%	0.3%
	10-19	0.4%	0.0%	0.2%
	20-39	0.3%	0.1%	0.2%
	40+	0.6%	0.1%	0.3%
Last 30 days	0	97.5%	99.5%	98.6%
	1-2	0.4%	0.3%	0.3%
	3-5	0.8%	0.0%	0.3%
	6-9	0.4%	0.0%	0.2%
	10-19	0.1%	0.0%	0.1%
	20-39	0.1%	0.2%	0.2%
	40+	0.8%	0.0%	0.3%

Source: Haskuka, 2011

For this age group positive correlation was found between variables of substance use. Specifically, there was a positive correlation between daily smoking, alcohol use, cannabis, illicit drug use, and use of mushrooms and GBH. A positive correlation was found between anomie and substance use variables. Furthermore, there was also a positive correlation between antisocial behaviour and substance use. There was no correlation between depression scores and substance use. Neither was there any correlation between self-esteem and substance use (Haskuka, 2011).

Figure 2.2. Substance use in Kosovo as compared to ESPAD averages.



Source: 2011 ESPAD Report, 2013

A similar study (Arenliu, Kelmendi, Haskuka, Halimi and Canhasi, 2013) based on the data collected for the 2011 European School Survey Project on Alcohol and other Drugs (ESPAD), indicated that cannabis use during the last 30 days was strongly associated with suicide attempts for both males and females. Frequency of alcohol consumption over the last 30 days was also associated with suicide ideation and attempts. The lifetime use of illegal drugs (amphetamines, ecstasy or hallucinogenic) was highly associated with suicide ideation for males but not for females. Findings from this study show that, aside from illegal drugs, legal drugs such as, tranquilizers and alcohol are also strongly associated with suicide ideation and attempts.

3. Prevention

3.1. Introduction

The new National Anti-Drug Strategy and Action Plan for 2012–2017⁹ adopted in 2012, prioritises drug prevention within drug-demand reduction activities. Specifically, the strategy calls for an increase in prevention activities targeting parents; the provision of debates and lectures on drugs in schools; the introduction of drug prevention as part of school curricula to support drug treatment and rehabilitation programmes. The strategy also makes provision for the development of a special website dedicated to drug issues by the non-governmental organisation (NGO) Labyrinth.

3.2. Environmental prevention

On April 4th, the Kosovo Assembly adopted the Law on Tobacco Control, aiming to protect the public health of present and future generations from devastating health, social, economic and environmental consequences of tobacco use exposure and the threat that it causes¹⁰.

3.3. Universal prevention

The National Public Health Institute of Kosovo is one of the main bodies 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.

Most universal prevention activities have been carried out on an ad hoc basis by organisations or individuals in cooperation with schools and, more recently, with NGOs and the Kosovo Police. Schools run classes that meet curriculum requirements, and national and international NGOs are also allowed to run their own prevention activities within schools. Foreign donors have mostly funded the latter activities. For example, the Health Education Group carried out a series of educational health activities on drugs in house-schools (privately run schools for Albanian pupils, which were not recognised by the governing administration at that time) prior to 1999 with the support of the Soros Foundation. In 2003, the Medico Del Mundo organisation carried out a peer-to-peer education programme throughout Kosovo in collaboration with the National Institute of Public Health.

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

The website www.drogat.info aims prevent drug use and educate young people in Kosovo while informing them about drug use related consequences manifested in damaged health, social and legal consequences. The website also offers a forum that allows visitors to ask anonymous questions regarding their concerns for which labyrinth staff provide answers. This is a project from Labyrinth, that was supported by a small grant from UNICEF Innovations Lab, Kosovo.

3.4. National and local media campaigns

The Government of the Republic of Kosovo sets up a priority when it comes to the annual Day against drug use 26 of June. As aforementioned, in order to address the issue of drug use and its prevention, the Government of the Republic of Kosovo, more respectfully the Ministry of Internal Affairs, has drafted the Strategy Against Narcotics 2012-2017. Every 26th of June the Ministry of Internal Affairs, in cooperation with the Office of the Prime Minister, organizes a conference

⁹ National Strategy Against Narcotics 2012-2017 http://www.mpb-ks.org/repository/docs/Final_Strategy_2012-2017_R.pdf

¹⁰ Law on Tobacco Control Law No.04/L-156

discussing the prevention of drug use. Moreover, the Municipality of Peja, in order to address the problem of drug use and to raise societal awareness towards the issue, has organized a round table with the motto "together against drugs".

Kosovo Police (KP) in Gjilan, in cooperation with the EULEX Police, has started a campaign to raise citizens' awareness on the consequences of drug use under the motto "Warn, do not close your eyes". Regional police authorities said that this campaign aims to raise the awareness of citizens about preventing and removing young people from drugs.

4. Problem Drug Use

4.1. Introduction

According to the EMCDDA definition, Problem Drug Use (PDU) includes the regular use of heroin and other opiates, cocaine and/or amphetamines and/or drug use by injection. This is one of the five EMCDDA key epidemiological indicators and, as the data mining methods used in the indicator are implicit, the quality of estimates is directly related to data acquired from other indicators, such as the treatment demand indicator data or data on infectious diseases associated with drug use, etc.

4.2. Prevalence and incidence estimates of PDU

There are currently no existing national estimates on problem drug users for the country. The most frequently cited estimate of the drug using population is between 10,000–15,000 individuals, and of these approximately 4,000–5,000 are thought to be heroin users. Some publications (The Global Fund to Fight AIDS, Tuberculosis and Malaria Program in Kosovo, 2011) and reports refer to a figure of 3,000–5,000 injecting drug users.

Some national experts have estimated the number of heroin users to be between 3,000 – 5,000 (personal communication with Bahri Shala of the Kosovo Police Antidrug Unit and Dr Shaban Mecinaj of the Psychiatric Clinic, University Clinical Centre of Kosovo, 2010).

4.3. Data on PDUs from non-treatment

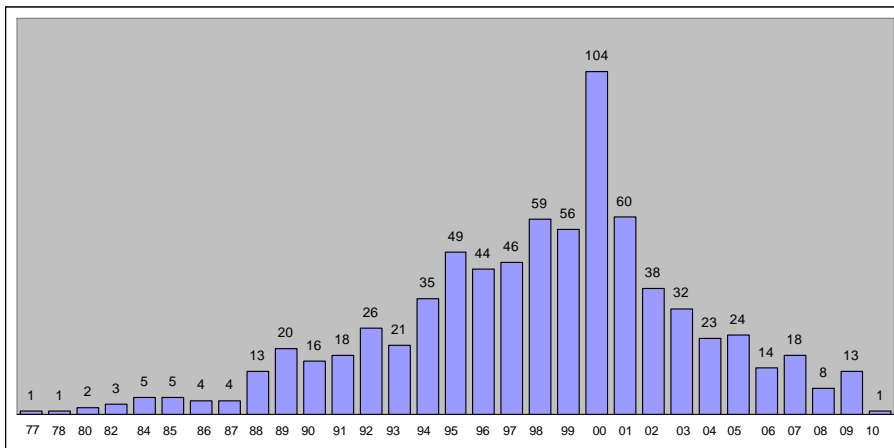
With regard to the characteristics of the injecting drug user (IDU) population, some information is available from the 2011 Behavioural and Biological Surveillance Study on HIV among IDUs (The Global Fund to Fight AIDS, Tuberculosis and Malaria Program in Kosovo, 2011). The majority of the surveyed 19 to 54 year-old IDUs were men (EPP 88.7 %). One-quarter of respondents (51 out of 200) injected drugs daily, while 10 reported four or more daily injections. While a large majority of IDUs injected drugs at home (EPP 79.8%), a quarter of the sample injected in a shooting gallery or at another closed location where IDUs gather (20.2%). The average age of respondents first injecting was 22.3. Heroin was the most frequently injected drug in the sample that had injected in the past month (EPP 71.1 %), and the substance was injected at least once by almost all IDUs (EPP 97.3 %), followed by methadone (EPP 28.7 %). About half of respondents (EPP 51.8 %) had a history of drug treatment, mainly in a rehabilitation programme in a medical setting (EPP 72.5 %). In the past week, 187 of 197 participants (EPP = 97.3%) did not share injecting equipment. 158 of 198 participants stated that they always use sterile needles and syringes (EPP = 83.8%). A substantial proportion of IDUs mentioned obtaining sterile injecting equipment at NGO premises (EPP 56.8%). The use of *Labyrinth* services in the same time period was reported by 154 of 197 participants (EPP 68.8%).

In the past 12 months, 29 IDUs (EPP 12.8%) were arrested for drug abuse (more than 45% reported ever being arrested). A slight majority of participants (EPP 51.5%) reported that they have been imprisoned at least once. Four participants reported injecting themselves while in prison.

The New Integrated Bio & BSS study will be carried out in 2014, and new results will be published in the next edition of the national report. This study will also look into population size estimate.

The table below shows the reported initiation of drug use among 763 clients of the *Labyrinth* NGO registered from 2002 till 2010.

Table 4.1. The data collected from year 2002 to 2010, and the clients who reported in which year they first used any illicit drug¹¹.



Source: NGO Labyrinth, 2013

¹¹

Throughout 2002 and 2010 the data were collected from 763 clients who for the first time enrolled for “Labyrinth” services. These clients had to answer a questionnaire to be registered in the database. One of the questions asked clients “in which year they first used any illicit drug”.

The horizontal axis in the graph above shows the years in which the clients reported their first time using any illicit drug, whereas the vertical axis shows the number of clients who reported the first time using any illicit drug at any given year.

5. Drug-related treatment: treatment demand and treatment availability

5.1. Introduction

There is no data collection system covering drug treatment for the entire country, and the centres involved in treatment provision keep records of their clients separately.

5.2. Strategy and policy

It must be noted that information on drug use in Kosovo during the period of ex-Yugoslavia was scarce. Thus, in 1978, according to the statistical datas of ex-Yougosllavia, in Kosovo there were no drug users registered (Zavod za zdrastvenu zastitu. A. Despotovic, M. Ignjatovic), while in 1985, there were 71 drug users registered (Izvestaj saveznog komiteta za rad I socialnu zasitu, SFRJ).

Treatment options in Kosovo remain limited, although they are slowly expanding. Two agencies, the Psychiatric Clinic of the University Clinical Centre of Kosovo and a private health clinic established by the NGO Labyrinth, provide most of the drug treatment in the form of detoxification services, psychosocial treatment and pharmacotherapy by using methadone. The treatment services are provided only by medical facilities licensed by Kosovo Medical Agency – be they state or private.

Future plans for the development of treatment responses and strengthening treatment capacities are outlined in the National Anti-Drug Strategy and Action Plan for 2012–2017. The strategy includes plans for the establishment of an institute for drug dependency under the Ministry of Health. It is expected that the institute will have close links to the University Clinical Centre of Kosovo, with units for outpatient and inpatient clients. The main treatments offered by the institute will be detoxification programmes and maintenance treatment.

5.3. Treatment systems

Drug treatment in Kosovo is primarily provided by two organisations: the Psychiatric Clinic of the University Clinical Centre of Kosovo, and the NGO Labyrinth. Drug treatment options provided by these two agencies include detoxification services, psychosocial treatment and pharmacotherapy with methadone.

Since 2012, 5 Methadone Maintenance Treatment Centres in Prishtina, Gjilan and Gjakova are providing opioid substitution treatment. Substitution treatment started in prisons in September 2013. Although healthcare is free for all Kosovars and minimum drug treatment options (e.g. detoxification) are provided free of charge, patients have to pay a co-payment towards a detoxification service. Methadone maintenance treatment is financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and is being expanded in terms of both the number of clients and its geographical coverage.

In 2008 the Psychiatric Clinic of the University Clinical Centre of Kosovo created a special inpatient ward to treat addiction. In the same year, a protocol for inpatient treatment was adopted. To date, the treatment has been based solely on detoxification programmes using medicines from the Essential Drug List, funded by the Ministry of Health. Psychosocial interventions are rarely used in the treatment process.

Outpatient psychosocial drug treatment is provided by Labyrinth, which has units in Prizren, Gjilan and Prishtina and includes: individual therapy sessions; group therapy sessions; family therapy; psychiatric counselling; counselling and testing for HIV, Hepatitis B and C; referral of clients to further treatment regarding infectious disease; counselling and testing for drugs; basic medical services; psycho-social education for young clients, parents and everyone else in need.

Primary healthcare providers and 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 of their role in the field of drug treatment.

The Memorandum of Understanding between the Ministry of Health and the Community Development Fund (CDF, the principal recipient of the GFATM grants in Kosovo), signed in 2011, was amended in March 2012, December 2012 and October 2013 to administer methadone as a substitution treatment for opioid narcotics, and to enable the launch and implementation of methadone maintenance treatment programme. Annex 1 defined the role and responsibilities of the parties in the pilot project and Annex 2 marks the transition of MMT from the pilot stage to a sustainable and regular programme, aiming to include methadone in the Essential Drug List. This programme is currently implemented based on the Work Protocol for Methadone Substitution Treatment in health institutions licensed for operation with narcotics by the Ministry of Health. Methadone is purchased by the CDF through the GFATM grant funds, and is transferred to the MoH for further management.

The implementation of the MMT program supported by GFATM grant in Kosovo, has been initiated in 26 April 2012 firstly in the NGO Labyrinth, and further introduced in the Psychiatric Clinic of the University Clinical Centre of Kosovo and in the regional hospitals in Gjilan and Gjakova. By the end of 2012, some 55-heroin users were enrolled in MMT. The clients receive their daily dosage in the centre, while a take-away dosage is only allowed for weekends and, rarely, for special occasions, after a detailed assessment of a client by a special medical commission. The recommended initial dosage, according to National treatment protocol, is 30–50 mg while the maintenance dosage is 100–120 mg. According to monitoring reports, the average of daily dose per client given to date is 98 mg or 9.8 ml.

Treatment availability – availability of MMT programme exists in three regions of Kosovo: Prishtine, Gjilan and Gjakova which means more than half of Kosovo is not covered by MMT programme, but also with other prevention and treatment services regarding drug addiction such as harm reduction services or other form of treatment..

The first assessment of the MMT program for the year 2012 was conducted in June 2013 with the financial support from GIZ BACKUP Initiative. The findings of the qualitative assessment of the MMT program reveals that there is a low perception among government officials of the importance and benefits of substitution treatment and the establishment of a drug helping system; MMT is not a priority given the multitude of issues in the country. There does not seem to be a clear understanding or consensus of what kind of services are the appropriate ones to respond to the situation, and opinions, on what works and what does not, differ widely. This may also be correlated to the perception that drug use and addiction are mental health issues rather than a wider public health issue. Hence, the response is mostly driven by International Community rather than by a clear assessment of the actual situation, full understanding of state of the art approaches or strong political will. The national drug policy mostly exists “on paper” and both ownership and capacity among the responsible stakeholders to put this policy into action is weak. First steps towards the implementation of the national policy have been taken either by ex-drug users, who felt the urgent need for action among their peers, or by the International Community – especially the Global Fund funded program in the country.

The only NGO working in the field, “Labyrinth”, runs drop-in-centres in Prishtina, Prizren and Gjilan, but seems to be overburdened by the task to meet the needs of all clients asking for support at their facilities. They receive very little support from the government and almost none from the communities they act in. No special capacity building or vocational training has been made available to the service providers, thereby risking overburdening the highly committed staff and resultantly falling victim to poor quality management.

The assessment finds that the MMT program stands fairly alone and its sustainable impact is impaired by the fact that there is no service system to accompany and support it. In addition, it reveals that the whole service system and policy implementation in Kosovo is visibly centralized and that the National Narcotics Law and Action Plan call for the implementation of a “comprehensive approach”, but to date, the approach actually implemented is neither comprehensive nor well-balanced. So far, there is no on-going quality assurance through impact

monitoring of the program. Research and data collection are also very weak and clearly need to be expanded and professionalised, for monitoring and ensuring the quality of services as well as for building the national policy and helping the system with sound facts and figures.

In order to improve the drug related treatment system during 2013 the working group on psychotropic substances was created to propose a new legal framework on precursors and psychotropic substances, and on NPS. In addition, MOH is setting up a new specialised institution for mental health and drug addiction that will likely be located in Pristina or nearby.

5.4. Access to treatment

The data provided by the Psychiatric Clinic since 2005 indicate a gradual increase in demand for treatment up to 2009: 147 treatment requests in 2005; 151 in 2006; 165 in 2007; 172 in 2008; and 198 in 2009. Since 2009, there has been a reduction in treatment requests: in 2010, there were 186, of which 36 were new treatment clients, and in 2011 there were 159 (118 outpatient and 51 inpatient cases), of which 42 were new treatment clients (see Table below).

Table 5.1. Number of visits and clients, 2009–2012

	2009	2010	2011	2012
Number of visits	783	639	731	773
Number of outpatient clients	135	114	118	137
Number of inpatient clients	63	72	51	60
Average number of visits per client per year	3.7	3.4	4.3	3.9

Source: Psychiatric Clinic of the University Clinical Centre of Kosovo, 2013

The majority of clients at the Clinic were male (see Table 5.2).

Table 5.2. Gender distribution of all treatment clients, 2009–2012, %

Year	2009	2010	2011	2012
Male	95.4	96.2	86.3	93.4
Female	4.6	3.8	13.7	6.6

Source: Psychiatric Clinic of the University Clinical Centre of Kosovo, 2013.

Table 5.3. Inpatient clients, which have been treated in detoxification programme

I.V. opioid users (105)	2009 (30)	2010 (32)	2011(24)	2012 (19)
Heroin 72 (68.8%)	15 (50%)	24 (75%)	17(70%)	16 (84%)
Heroin + Methadone 26 (24.8%)	3 (10%)	9 (28%)	6 (25%)	8 (42%)

Source: Psychiatric Clinic of the University Clinical Centre of Kosovo, 2013

In 2011 approximately one-third of all treatment clients (37.5%) were educated to or below the primary level, followed by 35.3% with secondary education (of which 71% had not finished secondary education). Some 9.7% had vocational education, and about 17.5 % had started higher education (of which 43 % had completed it). Similar distributions were found among those who entered treatment in 2009 and 2010.

In 2011 only a minority (10.5%) of treatment clients had a permanent job; about one-third (31.7%) were employed in casual jobs; and the majority (41.9%) had not been employed in the year prior to

entering treatment. In comparison with 2010, there was a decline in the proportion of clients who had not been employed in the previous year (44.6% in 2010).

About half of the clients (51.5%) resided in the Pristina region, followed by 16% from the Prizren region, 21.5% from the Gjilan region, 7.1% from the Mitrovica region, and 3.9% from the Peja region, while a few patients lived 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%) reported poly-drug use, and 17.5% had a co-occurring mental disorder.

In 2011 the majority of clients also reported using opiates (mainly heroin) (71%), followed by cocaine and other stimulants (2.5%), cannabis (15%), and alcohol (11.5%). Among all treatment demand cases, more than one-third (41.7%) reported poly-drug use, and 22.5% had a co-occurring mental disorder.

In terms of the way in which the drug was administered, in 2011 some 36.5 % of clients reported that they administered the drug by injection, while 44.6 % smoked, snorted or inhaled the drug. Information on the mode of administration was missing for 18.9 % of clients. There have been no significant changes in the reported administration routes for treatment clients in recent years.

The NGO Labyrinth, which is based in Pristina, provides outpatient psychosocial drug treatment. In 2010, there were 5,626 treatment requests, and there were 142 unique new treatment clients, up from 112 in 2009. In 2011, there were 3,157 treatment requests, and the number of new treatment clients decreased to 95. Although the reasons for this fall in the number of clients are not clear, it is hypothesised that potential new clients are reluctant to be identified or treated alongside clients who have long-term addiction.

Similar to the figures reported by the Psychiatric Clinic of the University Clinical Centre of Kosovo, the vast majority (more than 90%) of Labyrinth's new treatment clients were males (see Table 5.4.).

Table 5.4: Gender distribution of first time outpatient treatment clients in 2009–2012, %

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Male	92.0	91.43	95.45	92.21	92.93	87.94	94.07	91.1	93.0	92.6	93.5
Female	8.0	8.57	4.55	7.78	7.07	12.06	5.93	8.9	7.0	7.4	6.5

Source: Labyrinth, 2013

The mean age of clients seeking treatment for the first time at Labyrinth was 31 years in 2011.

Most treatment clients (87.4 % in 2011; 87.3 % in 2010; 84.8 % in 2009) lived with their family. In 2011 the most commonly reported primary illicit substance of use among new treatment clients was heroin (89.5 %), which is similar to the data from 2010 (89.4 %). The mean age of initiating heroin use among those who entered the treatment for the first time in 2011 was 23.6 years, while in 2010 it was 21.5 years. In 2011 some 33.7 % of new treatment clients reported drug use by injection (35.9 % in 2010). In 2010 and 2011 slightly less than a quarter of new treatment clients reported having overdosed in the past.

6. Health correlates and consequences

6.1. Introduction

Information about drug-related infectious diseases in Kosovo comes from HIV/AIDS counselling and testing projects, 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. Recent findings are reported hereafter.

6.2. Drug-related infectious diseases

Only two IDUs in National Public Health Institute data were found to be HIV positive — one case was registered in 2004, and a second in 2009. Up to the end of December 2012 the total number of registered cases with HIV in Kosovo, since the first case was registered in 1986, was 84. The main route of HIV transmission is heterosexual, and the largest proportion of HIV positive individuals is adult males. In 2009, infection among children was also reported. At the start of the HIV epidemic the majority of the cases were registered among Kosovars who live and work outside Kosovo.

In 2006 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 the prevalence of sexually transmitted infections (STI) and HIV (Family Health International, 2007).

In this study, respondent-driven sampling (RDS) was used to recruit 200 injecting drug users (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 blood testing (Family Health International, 2007).

The results indicate that none of the recruited IDUs was HIV positive or had syphilis, while about 35 % of the IDUs tested were infected with Chlamydia, about 20 % had hepatitis B virus (HBV) and about 13 % had hepatitis C virus (HCV).

A second BioBSS study using the same methodology as the one implemented in 2006 among a sample of 205 IDUs aged 18–50 was carried out in 2011 in the framework of the project funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. No HIV cases were detected, while 37.4 % of the sample tested positive for HCV antibodies and 6 % tested positive for HBV (The Global Fund to Fight HIV, Tuberculosis and Malaria Program in Kosovo, 2011).

In 2012 the NGO Labyrinth carried out 152 voluntary testing and counselling (pre-test and post-test counselling) sessions with IDUs in Pristina. About 36.5 % were found to be infected with HCV and 1 % with HBV. None had HIV infection. During 2005–08, some drug users participated in the voluntary testing and counselling programme. None were HIV positive, 10 % tested positive for HBV (60 cases) and 23 % for HCV (154 cases). During 2009–12 some 819 injecting drug users were tested for HIV (0 % positive), 834 for HCV (22.06 % positive) and 696 for HBV (0.1 % positive).

6.3. Drug related deaths and mortality of drug users

There is no reliable information on drug-related deaths (DRD) in Kosovo. Official information is scarce, and virtually non-existent, for a number of reasons:

- There is a lack of general awareness among health professionals concerning DRDs and, as a result, deaths caused by drug overdoses are routinely recorded as cardiac arrest.
- There is no cooperation and coordination between respective agencies and no exchange of information concerning DRDs.
- Even though the Toxicology Laboratory of the Institute of Forensic Medicine is capable of confirming cases of DRD, there is a lack of information on and awareness about the existence of such a qualified agency.
- It is rare for the authorities to order post-mortem toxicological analyses in cases of suspected overdose deaths because a stigma still surrounds the issue of addiction and this, in turn, makes it impossible for the Institute of Forensic Medicine to conduct an autopsy of the victim unless it is requested and authorised by the victim's family.

The most recent National Anti-Drug Strategy and Action Plan for 2012–17, adopted in 2012, specifies that the Institute of Forensic Medicine should develop a system and keep records on cases of deaths due to drug use and overdose.

The NGO Labyrinth possesses a registry and keeps track of all cases of death among the clients it has registered. Other clients usually provide information on eventual deaths, and the individual's family and the police verify this. According to the information available at this centre, two drug users died in 2004, three in 2006, one in 2007, five in 2008 and 2009, 15 in 2010 and 17 in 2011, by overdose. It is assumed that all these death cases were induced or caused by drugs.

Table 6.1. Number of clients died from overdose and percentage of clients reported to have experienced non-fatal overdose, 2004-2012

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Fatal overdose	1	1	3	1	8	5	15	17	
Non-fatal overdose (%)	68,2	49,4	26,3	23,4	25,4	22,3	23,5	23,2	21,7

Source: NGO Labyrinth, 2013

The data provided above are gathered from 978 clients that are registered in the Labyrinth database year 2002-2012. Unfortunately, from the Statistic Office, there are no data regarding the drug related deaths.

7. Responses to health correlates and consequences

7.1. Prevention and treatment of drug-related infectious diseases

The NGO Labyrinth in Pristina first offered harm reduction programmes in 2005. These programmes are now also available in Prizren and Gjilan, with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Harm reduction activities include voluntary testing and counselling, distribution of condoms and provision of information materials. Needle and syringe exchange was initially introduced in 2009 in Labyrinth's drop-in centre in Pristina, followed by two other drop-in centres in Prizren and Gjilan.

Between 2005 and 2008 a total of 610 drug users participated in the voluntary counselling and testing programme carried out by Labyrinth. The majority of clients were men (86 %). Approximately 15 % of IDUs were aged 19, under, 50 % were aged 20–24, and 35 % were over the age of 24. The majority of people tested were from Pristina (61 %), while 36 % came from other cities. In 2010 Labyrinth's Pristina centre provided 195 voluntary counselling and testing sessions and distributed approximately 5 000 condoms and 5 000 information packs. This initiative was supported and carried out with the assistance of Partnership in Health.

Table 7.1. VCT of 610 drug users between 2005 and 2008

Year	Gender	Age	Regions
2005 - 2008	86 % Male	15% - under 19 years	61% from Prishtina
		50% - 20-24 years	
	24% Females	30% - 24 and more years	39% from other regions

In 2011 some 19,900 syringes and needles (45 063 in 2010), 38,000 condoms (51 745 in 2010) and 10,000 leaflets/brochures (9 316 in 2010) were distributed to clients of the harm reduction programmes. By the end of 2012 a total of 1 409 IDUs were reached through the needle and syringe exchange programmes in Kosovo, provided by CDF through the GFATM grant. The decrease in the number of distributed syringes in 2011 was attributed to the financial difficulties faced by GFTAM project, while the demand for the syringes remained high.

8. Social correlates and social reintegration

In National Anti-Drug Strategy and Action Plan for 2012–2017¹² it is stated that early detection of drug users enables measures for their stimulation and motivation to stop use of drugs and start their treatment. Individuals who successfully conclude their treatment and rehabilitation programs should be provided with psychosocial support from public institutions and the community. Each measure for early detection of drug users prevents further health damage, especially in relation to infectious diseases such as Hepatitis B, C and HIV infection.

Re-integration means a number of measures and activities undertaken in order to assist individuals whom have created an addiction to drugs in their rehabilitation, integration and protection from social discrimination, improving their life and alleviating consequences related to drug use. In this way the consequences are mitigated or reduced (poverty, unemployment, prostitution, crime and illnesses).

8.1. Social exclusion and drug use

According to the EMCDDA Social exclusion can be defined as a combination of lack of economic resources, social isolation, and limited access to social and civil rights; it is a relative concept within any particular society and represents a progressive accumulation of social and economic factors over time. Factors that could contribute to social exclusion are problems related to labour, educational and living standards, health, nationality, drug abuse, gender difference and violence.

8.2. Social reintegration

Until now, Labyrinth has employed three former drug users as full time employees. Seven former drug users; peer educators and outreach workers have been hired part time. These staff members have been prepared through trainings. Not only have the employees been trained, but around 157 former drug users and current drug users in the process of treatment have also been trained as peer educators and outreach workers.

¹² National Anti –Drug Strategy 2012-2017 http://www.mpb-ks.org/repository/docs/Final_Strategy_2012-2017_R.pdf

9. Drug-related crime, prevention of drug related crime and, prison

9.1. Introduction

The Directorate for Investigation of Trafficking with Narcotics, as foreseen by the legislation of the Republic of Kosovo, has been engaged in the actions of prevention, investigation and arrestment of persons who commit all forms of criminal offences related to narcotics substances (drugs).

Throughout the territory of the Republic of Kosovo, Drug Directorate has been the only directorate responsible for the investigation, sequestration and confiscation of narcotic substances as well as for the fight against criminal groups. It has been engaged in the implementation of objectives foreseen under the National Strategy against Drugs, engaged for the implementation of the Action Plan 2009-2012 and has participated in drafting the new Strategy and Action Plan 2012 – 2017. Other activities have been developed as well within the framework of the directorate including the disposal of evidences, lecturing at the Academy for Public Safety in Vushtrri, lecturing at secondary schools, workshops held in cooperation with the NGO “Labyrinth” and trainings delivered in Kosovo and abroad.

The directorate works in a unique centralised system by including the Central Sector, the Unit for Cooperation and Prevention and six regional units in the regional KP directorates.

In comparison to the same time last year, there has been a notable increase in the level of capacities: 100% in terms of human resources, the number of computers has been increased to 33, we have received new equipments such as digital cameras, digital scales for weighting small weights in terrain, work spaces (office) etc. The directorate consists of 96 members, of them: 1 captain, 5 lieutenants and 19 police sergeants, 70 police officers and 1 administrative assistant.

The majority of activities foreseen with the action plan and other much higher results have been realised during the period of this year, due to the increase of capacities and their maximal engagement, in comparison to last year.

Also the DITN has been engaged in the realization of objectives set out in the National Strategy against Drugs and for the implementation of the Action Plan. Meetings have been held with governmental and nongovernmental organization as well.

9.2. Drug-related crime

The Directorate for Investigating Trafficking of Narcotics is a department that operates within the Kosovo Police structure under the Ministry of Internal Affairs. It represents the national body that is in charge of collecting and analysing data and information and producing 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 Directorate for Investigating Trafficking of Narcotics. Each year, an annual report is published in English and Albanian by the Central Narcotics Investigation Section (CNIS), a sub-department of the Directorate of Organised Crime (DOC) of the Kosovo Police. The main objective of CNIS is to investigate and detect offences related to drug trafficking, and to combat any organised crime involving drugs that is identified in Kosovo. The data regarding the arrests and drug seizures are sent by the Regional Narcotic Investigation Section (RNIS), which is located in the six biggest cities of Kosovo (Pristina, Gjilan, Mitrovica, Peja, Prizren and Ferizaj).

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

The Central Narcotics Investigation Section (CNIS) annual report is divided into two main chapters: arrests, and seizures. In 2008 a total of 203 drug-related arrests were made in Kosovo; in 2009 there were 272 arrests; in 2010 there were 313; in 2011 there were 407; and in 2012 there were 527. These cases concern the possession of narcotic substances, trafficking in narcotic substances and cultivation of narcotic substances. From 2011 to 2012 there was a near

50 % increase in the number of cases related to possession of narcotic drugs.

Table 9.1. Suspects and cases in 2008-2012

	Actions	Suspects	Albanians	Serbs	Others	Males	Females	Trafficking	Positions
2008	203	336	321	9	6	323	13	76	104
2009	272	414	393	5	16	391	23	90	147
2010	313	463	419	22	22	448	15	125	146
2011	407	547	507	13	27	529	18	143	234
2012	527	818	744	19	55	793	25	153	348

Source: Kosovo Police, 2013

9.3. Prevention of drug- related crime

The Unit for Cooperation and Prevention has held meetings with Governmental and Nongovernmental organizations. They have held lectures, seminars and debates in schools, in cooperation with the Community Directory. Within the framework of the implementation of program "Prevention of using narcotic substances" from 11.10.2012 lectures were delivered in schools. Lectures have been held in 20 high schools and attended by 677 students of classes X, XI, XII. In cooperation with the NGO "Labyrinth" seminars were held with police from regional directories in Prishtina, Gjilan and Prizren. Also a meeting has been held with representatives of the youth organization of secondary schools of Kosovo.

In cooperation with other organisations and Units in the Kosovo Police, the Directory for Investigation on Trafficking Narcotics (DITN) has organized 7 operative plans and 22 joint controls aiming at identifying narcotic substances and preventing their further penetration in Kosovo. (Participants: Kosovo Customs, Police / Directory for Investigation of Trafficking of Narcotics and K9 Units). Based on the annual statistics of 2012, the DITN has achieved higher results in comparison to the last year. This is a result of the increase of capacities but also due to the undeniable engagement of the staff in investigating and intercepting activities, in preventing and cooperating with other institutions, and in countering the phenomena of spreading narcotics.

Based on the national and international legislation that governs the area of narcotic substances, based on various international reports, based on agreements of our country with other countries, as well as based on the international obligations for the fight against drugs, the DITN will make maximum efforts to face with these negative phenomena.

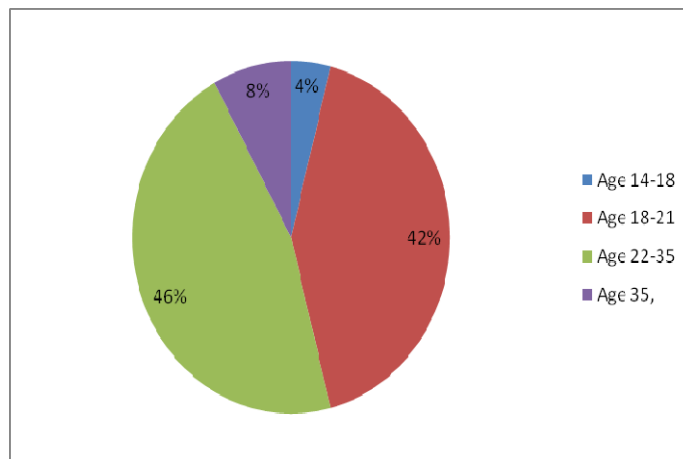
9.4. Drug use and problem drug use in prisons

The Statistics Directorate for Investigation on Trafficking of Narcotics (DITN) show that in 2012, 4% of the suspected persons for drug-related crimes were aged between 14-18, 42 % aged 18-21, 46% between 22-35 and 8% were over 35 (see figure 9.1. below).

It can be inferred that most of the young people who are involved in drug-related cases aged between 19-21(42%), are marijuana users.

Out of the 978 clients of the treatment centre Labyrinth and registered in the database, 51.40 % of them have been in prison at least once.

Figure 9.1. The age of suspected persons, 2012



Source: Directorate for Investigation on Trafficking of Narcotics, 2013

9.5. Responses to drug-related health issues in prisons

The prison health system pays special attention to the identification and treatment of drug users and it has the following phases:

The first phase - identification of cases

1. Beginning with the admission process, there is the opening of the medical file with questions related to risk behaviours of newly arrived individuals and special sections for drugs.
2. There is also a form in which the specific questions related to drugs are asked in order to identify cases that enter and are in fact or assumed to-be drug users.
3. The next stage is the interview with the psychologist and psychiatrist in identifying cases that could eventually go through without being identified.
4. As a follow up monthly visits to all prisoners are conducted in relevance to the drug-use issue.

The second phase - treatment cases, drug addicts, treatment adjunct - Holder, and rehabilitation.

Detoxification has been a main therapy offered to imprisoned drug users and recently, beginning in since September 2013, the Health System started the methadone maintenance treatment in prison.

The rehabilitation is done in different ways, according to the cases and conditions of the institution with multi-sectorial programs as far as possible.

For this purpose, in the context of Correction Centre in Dubrava, unit for treatment of persons with special needs that includes the drug-user category, is established in order to apply the aforementioned process.

Within the scope of the Kosovo strategy on HIV / AIDS 2009 - 2013 and Kosovo mental health strategy 2008 – 2013, substitution therapy is foreseen. Kosovo has taken appropriate steps by incorporating some of the prevention activities within the Global Fund program. In prisons, the

provision of treatment has been featured to the same level of care as in the public sector. CDF (Community Development Fund acts as the Principal Recipient of Global Fund) and MOH have done the following activities:

- For the past two years, more than 210 staff and prisoners have been trained regarding drugs and infections that spread through injecting drug use;
- More than 4150 prisoners received information related to drug use consequences and drug related infections.
- 4000 flyers and 600 posters were distributed for information on drugs and related diseases;
- There is free access for condoms in prisons for both staff and prisoners (so far 37,500 condoms were distributed);
- Staff is trained for Voluntary Counselling and Testing (VCT) of prisoners and VCT is carried. 440 prisoners have been tested so far;
- Health professionals are trained for provision of MMT - Maintenance and Methadone Treatment services. All procedures were prepared for the initiation of methadone; administrative instructions, forms of internal administration of methadone, for its storage, transportation and distribution management; waiting list, and multisectorial staff for the MMT; the number of patients included in MMT program in prison was 5 out of whom 4 were drop-outs.

10. Drug Markets

10.1. Availability and supply

For many years Kosovo has been on the main drug trafficking routes from the east, through the neighbouring countries and to the west, and this has caused an increase in the number of drug users in the country, especially after 1999, aggravating the situation that Kosovo is facing.

In recent years, there have been attempts to produce some drugs domestically, and in particular, the domestic growing of cannabis sativa has been noted.

Marijuana (herbal cannabis) passes in transit through Kosovo and into other countries, although a small amount is retained for the internal market. Most of the seized marijuana originates from Albania. The main transit routes for marijuana are:

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

The main transit routes for heroin through Kosovo are:

- Afghanistan–Iran–Turkey–Bulgaria–the former Yugoslav Republic of Macedonia (or Serbia)–Kosovo;
- Afghanistan–Iran–Turkey–Bulgaria–the former Yugoslav Republic of Macedonia (or Albania)–Kosovo–Serbia–EU Member States;
- Afghanistan–Iran–Turkey–Greece–Albania–Kosovo–Montenegro–EU Member States.

Kosovo is not used as a transit route for cocaine, although it is smuggled into Kosovo in smaller quantities for local consumption, a tendency that has increased slightly over time. The trafficking routes for cocaine are:

- Greece–Albania–Kosovo;
- Montenegro–Kosovo;
- Bulgaria (or Romania)–Serbia–Kosovo;
- Greece–the former Yugoslav Republic of Macedonia–Kosovo.

Availability of drugs according to ESPAD

According to the results of 2011 ESPAD study (Haskuka, 2011)¹³, one in ten students find cannabis readily available as they indicate that it is fairly easy or very easy to find cannabis. This is lower than the average for the students in the ESPAD countries where one-third of students indicated this. Boys consider cannabis much more easily obtainable than girls do, with 14% of boys making such reports compared to a 6% of girls. Tranquilizers are perceived as much more readily available with 17% of students reporting that it is fairly easy or very easy to find. Amphetamines and ecstasy are not considered as readily available as cannabis; availability of these was reported by 6% of students for each.

¹³ 2011 ESPAD Report http://fondacionitogether.org/repository/docs/Raporti_ESPAD_final.pdf

Table 10.1. Perceptions of availability of cannabis

Cannabis	Sex		
	Male	Female	Total
Impossible	41.9%	39.7%	40.7%
Very difficult	6.7%	8.5%	7.7%
Fairly difficult	3.9%	3.2%	3.5%
Fairly easy	5.0%	2.6%	3.7%
Very easy	8.8%	3.9%	6.2%
Don't know	33.8%	42.2%	38.3%

Source: Haskuka, 2011

The students were asked: "How difficult do you think it would be for you to get each of the following?" and presented with a list of five substances (cannabis, amphetamines, ecstasy, tranquilisers/sedatives and inhalants). For each of the listed substances, the response categories were: "impossible", "very difficult", "fairly difficult", "fairly easy", "very easy" and "don't know". The proportions of students who answered "very easy" or "fairly easy" to this question are presented in this section. On in ten students find cannabis readily available as they indicate that it is fairly easy or very easy to find. This is lower than the average of the students in the ESPAD countries where one-third of students provided such answers. Boys consider cannabis much more easily obtainable than girls do, with 14% of boys making such reports compared to a 6% of girls. Tranquilizers are perceived as much more readily available 17% of students reporting that it is fairly easy or very easy to find. Amphetamines and ecstasy are not considered as readily available as cannabis; availability of these was reported by 6% of students for each. Similar to these results, more boys than girls perceived amphetamines and more easily available, while there were no differences in perceptions of availability of tranquilizers.

Table 10.2. Perceptions of availability of various substances

Various substances		Sex		
		Male	Female	Total
Easy: Amphetamines	Fairly easy	3.3%	2.0%	2.6%
	Very easy	4.0%	3.1%	3.5%
Easy: Tranquilisers	Fairly easy	6.4%	6.7%	6.6%
	Very easy	10.5%	10.8%	10.7%
Easy: Ecstasy	Fairly easy	3.3%	1.2%	2.1%
	Very easy	4.7%	3.3%	3.9%

Source: Haskuka, 2011

10.2. Seizures

Cannabis is the only narcotic plant that is cultivated in Kosovo primarily for domestic use. According to the Kosovo Police, cannabis was cultivated in most parts of the country between 2007–2012 (see Table 10.3. below).

Table 10.3. Seizures of cannabis and persons arrested 2007-2012

<i>Description of activities</i>	2007	2008	2009	2010	2011	2012
Cannabis plant seizures	35	23	35	42	57	61
Number of cannabis plants seized	21 712	9 249	33 497	9 724	3 604	10 580
Persons arrested	41	27	42	44	52	26
<i>Herbal cannabis</i>						
Number of herbal cannabis seizures	186	107	150	185	278	375
Herbal cannabis seized, in kg	32	177	44	199	216	1 238
Persons arrested	375	199	291	297	392	419

Source: Kosovo Police, 2013

Data on herbal cannabis seizures refer to processed cannabis, while data on cannabis plants seizures refer to raw cannabis.

The Ministry of Agriculture, Forestry and Rural Development and the forest guards cooperate to detect cannabis plantations. As most areas of Kosovo are inhabited, it is assumed that it is difficult to establish cannabis plantations. Most cannabis plants discovered in 2012 were found growing wild, their germination as a result of the use of cannabis in recent years in the textile industry, for producing clothes and hemp.

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

Table 10.2. Seizures of heroin in 2007–2012

Description of activities	2007	2008	2009	2010	2011	2012
Number of seizures	44	72	66	77	84	41
Seized quantities, in kg	47	44	36	55	60	94

Source: Kosovo Police, 2013

Cocaine is thought to arrive in Kosovo through postal deliveries or couriers from Serbia and/or South American countries that are traditionally known for their cocaine production.

Table 10.3. Seizures of cocaine in 2007–2012

Description of activities	2007	2008	2009	2010	2011	2012
Number of seizures	14	3	4	3	2	16

Seized quantities, in kg	2	2	1.5	0.5	2.7	7.4
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Source: Kosovo Police, 2013

10.3. Price and purity

Increasing amounts of smuggled heroin are retained in Kosovo for use by local clients. In 2007 there was 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, while it continued to rise in 2012 (from EUR 20 to EUR 25 per 0.6 grams). The typical purity level of street heroin is about 16 %. NGO Labyrinth data about patterns of drug use indicate that the purity of heroin may be relatively low, as the average dose of heroin was 2.7 grams in 2011. The street price for 1 gram of cocaine in 2007 varied from EUR 45 to EUR 65, and in 2012 from EUR 70 to EUR 90 per 0.6 g.

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