



Montenegro country overview

A summary of the national drug situation

Our partner in Montenegro

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The EMCDDA has cooperating with Montenegro since 2007. The Montenegrin focal point is located within the Department for Drugs of the Ministry of Health. The Department for Drugs is responsible for performing monitoring and multi- sectorial coordination of the implementation of the national drugs strategy. It reports to the Government and to the European Commission. The Department for Drugs is the national contact point for participation in the work of international organisations in the field of drugs.

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Drug use among the general population and young people

Drug use among young people was fairly limited in Montenegro until approximately the end of the 20th century, and the social and health impact was similarly restricted. However, in the mid 1990s, drug use started to spread quickly (which was later than in neighbouring countries), and by the start of the 21st century, the use of illicit psychoactive substances had become a significant public health issue.

Surveys on drug use among the general population have not yet been conducted in Montenegro.

Research conducted in 1999 by the Health Protection Bureau among a sample of 4 054 primary and secondary school students from across the whole of Montenegro revealed that 3.1 % of all participants had tried a drug in their lifetime — 0.4 % among primary school pupils (11–14 years old), and 6.7 % among secondary school pupils (14–18 years old) (Laušević, 1999).

In 2004, the Public Health Institute of Montenegro conducted a national survey with a sample of 3 964 pupils from the fifth grade of primary school to the fourth grade of secondary school (11–18 years). This corroborated an increase in drug use — 5.8 % of respondents had ever used a drug in their lifetime, more specifically 2.3 % of primary schools pupils and 10.1 % of secondary school students. Some 77.6 % of students who had experimented with drugs were from secondary school, with the highest percentage in the second grade (30.6 %). Most children first tried drugs in the upper classes of secondary school (third grade of secondary school 28.7 %, and fourth grade of secondary school 24.6 %), but 1.6 % of children first took drugs in the fifth grade of primary school.

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

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

Results of the survey showed that, excluding alcohol and tobacco, the most frequently used (illegal) psychoactive substances were marijuana and inhalants (life time prevalence of 4 % each), followed by tranquillizers/sedatives (Mugoša et al., 2008). A new round of the ESPAD Survey is planned for 2011.

The drug prevention office in Nikšić implemented two surveys on drug use in both elementary and secondary schools (children aged between 6 and 18) in the municipality of Nikšić. The first survey was carried out in the academic year 1999/2000, and the second in 2006/2007. Both surveys were conducted on representative, randomly selected samples of students and based on the same methodology. The first surveyed 1 835 pupils, made up of 1 429 secondary school students and 406 elementary school pupils from the seventh and eighth grades of five schools. The second surveyed 1 707 pupils, made up of 1 365 secondary school pupils from four schools and 342 elementary school pupils from the eighth grade of three primary schools.

The surveys found that:

- lifetime use of any drug in elementary schools was 0.1 % in 1999/2000 and 0.7 % in 2006/2007;
- lifetime use of any drug in secondary schools was 7.8 % in 1999/2000 and 5.9 % in 2006/2007;
- the age of first use had fallen from 16 years in 1999/2000 to 14 years in 2006/7.

Prevention

State institutions and NGOs are involved in implementing preventive activities in Montenegro. Municipal drug prevention offices play an important role in prevention at the local community level.

In 2000, the Ministry of Education and Science of Montenegro, Bureau for Education, Health Protection Bureau, UNICEF and Municipal Secretariat for Labour, Health and Social Policy developed a drug prevention program for primary schools, targeting 6- to 14-year old students. More than 150 teachers and expert associates were trained to implement the program, which was rolled out in 160 primary schools in Montenegro, as follows:

- 2001–04: in 95 schools;
- 2005: in 48 schools;
- 2006: in 52 schools;
- 2007: in 46 schools;
- 2008: in 49 schools;
- 2009: in 51 schools.

From 2004/2005, this program was extended to include school projects that the pupils develop with other schools and special institutions in the municipality, as well as with other partners in the local community. Grants for these projects are given to one school, but that school is obliged to include one or two other schools. School projects have so far been implemented as follows:

- 2004: four grants were allocated for four projects, in which 10 schools participated;
- 2005: 24 projects were implemented, in which 52 schools participated;
- 2006: 23 projects were implemented, in which 46 schools participated;
- 2007: 13 projects were implemented.

An educational program for the optional school subject 'healthy lifestyles' was adopted in 2007, designed for 13–14 year old primary school pupils, with the aim of providing age-adjusted information to children and young people on how to preserve their health, and to support the development of positive, pro-social attitudes and responsible behaviour.

The Bureau for Education, UNDP Office Montenegro and State Textbook Publishing House cooperated to produce a handbook on healthy lifestyles for teachers, which was first piloted by 12 teachers in 220 classes, totalling 2 650 pupils. The school subject 'Healthy lifestyles' deals with the influence of psychoactive substances on human health. In the academic year 2008/2009, the subject was included in the regular schooling system, and was taught to 1 000 pupils in 22 schools.

In 2009/2010, the subject was chosen by 2 512 students and was distributed in 105 classes within 45 elementary schools. The education of new teachers in how to teach this optional subject is continued and the Bureau for Education accredits them afterwards.

Preventive education activities in the secondary education system do not have a systematic character — although some programs are available for secondary school students that aim to increase their knowledge about drugs and develop their skills in recognising drug-related risks and resisting social pressure to use drugs. These activities are in most cases offered by non-governmental organisations (NGOs) in cooperation with schools that places at their disposal premises in order to carry out their programs. Activities have included:

- Montenegrin Association against AIDS (CAZAS) implemented several preventive projects among secondary school students.
- Project Healthy Lifestyle School for Youngsters (2001) included an educative course on dependence diseases for peer educators.
- Through the project Let's Exchange Knowledge, not Needles (2004), 120 peer educators in secondary schools in Podgorica were educated.
- Project Healthy Lifestyles Against Drug Use (2005/2006) was implemented in cooperation with the Ministry of Health and the Ministry of Education and Science as continuation of the prevention program in elementary schools. Twenty young people were trained to become trainers in drug prevention; 13 seminars were held for peer educators, where 270 students from 40 secondary schools in Montenegro were educated; four seminars for psychologists and pedagogues were held where 80 of them were trained to work with parents; four kinds of handbooks and booklets were printed — handbooks for trainers, peer educators, pedagogues and psychologists — and 30 000 guidebooks for parents were produced.
- CAZAS organised four summer schools on drugs for young people aged 15 to 24.

Every municipality (21) in Montenegro has its own Office for drug abuse prevention. The Network that contains 21 municipal offices for drug abuse prevention was founded in May 2010. These municipal offices also network closely with NGOs. They differ in staff composition, but all have a similar basic goal - to prevent drug use among youngsters through raising the level of information and awareness about drugs and the consequences of drug use via:

- public lectures, media appearances, public events and different forms of educative events;
- research into the level of drug use among schoolchildren and young people;
- educative and counselling work with parents of young people, including parents of those who have already used drugs;
- distribution of drug control tests to parents;
- facilitation of the work of self-help groups;
- production and dissemination of informative and educational materials;
- motivating young people to engage in sport activities in their leisure time, etc.

There have been no specific interventions in selective or indicative prevention to date.

Police officers conduct prevention of drug abuse activities among students of elementary and secondary schools. These activities are implemented in following ways:

- through the concept 'Police in Community';
- activities of officers with delinquent minors, directed towards early detection and prevention of cases of drug trafficking and drug consumption in educational institutions and school yards (the project 'School Police Officer' in elementary and secondary schools);
- participation in educational workshops, seminars, round table discussions and other activities to share police knowledge and experience on preventive acting;
- cooperation with municipal offices for prevention of drug abuse to organise informational public events;
- constant presence of specialised drug officers in the field, and collection of information on particularly vulnerable areas (territories), as well as taking preventive measures.

Problem drug use

Estimates of problem drug use, defined as 'injecting drug use or long-duration/regular use of opioids, cocaine and/or amphetamines' relevant for the whole country are not available. Very limited information is available in Montenegro on the research study among injecting drug users conducted in 2005/2006 that attempted to estimate the number of injecting drug users in Podgorica (Simic et al., n.d.). The research was financed by the UK Department for International Development, and implemented by the Imperial College in cooperation with the United Nations Development Plan (UNDP) Serbia and Montenegro, the Public Health Institute of Montenegro, and the NGO Juventas.

The study used the capture–recapture method with three sources. Anonymous data were collected on 348 current IDUs. These were later verified against a behavioural questionnaire on a representative sample of injecting drug users. Having found evidence for under-reporting in police data and for misclassification of personal identifiers from the survey data, original capture–recapture counts were adjusted using behavioural questionnaire and new estimates were derived.

According to the available results, the crude estimate of the capture–recapture study was 950 injecting drug users (95 % CI 675–1 455) in Podgorica. The under-reporting and the misclassification of identifiers produced unrealistic sparse overlaps among the three sources, so crude estimates were inflated. According to the estimates based on validated and adjusted counts, the number of injecting drug users was 660 (95 % CI 520–909) in Podgorica, 0.7 % of the 15- to 49-year-old population. It should be noted that the police data contained a larger percentage of women than the other two sources based on voluntary participation (20 % in the police versus 7 % in the survey and 4 % in the drug treatment data).

Treatment demand

Routine data collection from clients entering treatment for drug addiction in Montenegro has not been carried out to date. Some data on clients of psychiatric services, both inpatient and outpatient, are available from the Public Health Institute, where these are reported by the health institutions that offer this kind of treatment, but the reporting is not always routine in practice. These data are published annually in the Health Statistical Yearbook issued by the Public Health Institute of Montenegro, which covers all health-related statistics in the country.

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

The Public Health Institute receives quarterly cumulative reports and an overall annual report on the number of people treated in outpatient units.

Table 1 shows the evolution of the number of patients treated for drug use during the last 7 years.

Table 1: Number of patients treated for drug use in inpatient and outpatient units, 2003–09.

Year	2003	2004	2005	2006	2007	2008	2009
Inpatient	86	109	145	252	204	198	160
Outpatient	219	453	371	274	399	328	388

Source: Public Health Institute (2010).

The Law on data collections in the field of health care (Official Gazette of Montenegro No 80/08, dated 26 December 2008) enables introduction of a new data collection and reporting system. The Public Health Institute proposed a draft application form for drug users who demand treatment, based on the TDI 2.0 guidelines. Conditions for introduction of an electronic and a paper form of the application will be provided through the creation and adoption of guidelines on the Register on drug addiction. The register will contain data on drug users who demand treatment. The Public Health Institute will act as an administrator of data collection according to the Law on data collection in the field of health care.

In the Special Prison Hospital, from 1 January 2006 to 31 December 2009, in total 152 drug users were treated (Table 2).

Table 2: Inmates treated in the Special Prison Hospital, 2006–09

Year	2006	2007	2008	2009
Number of inmates treated	44	60	27	21

Source: Special Prison Hospital.

Drug-related infectious diseases

The Clinic for Infectious Diseases treated 30 patients for chronic hepatitis C from June 2009 until September 2010. Among them, 80 % were injecting drug users. Some 90 % were males, aged between 20 and 35. The precondition for initiation of the interferon therapy is abstinence from drug intake in the last six to nine months.

In the same period, 56 HIV positive persons were treated, 30 of them were treated at the Clinic for Infections Diseases. There are no injecting drug users among those HIV positive clients.

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

There are no data available on the number of sexually transmitted diseases among IDUs.

Since the first registered case of HIV/AIDS in Montenegro in 1989, up to the end of 2009, a total of 101 HIV-infected individuals were registered. The predominant route of HIV transmission is through sexual intercourse (83 %), while 4 % of cases were infected through injecting drug use.

In 2009, there were five new cases of HIV detected, and there were no IDUs among them. In 2009, five out of the total number of 738 clients tested by the Counselling network (voluntary counselling and confidential counselling and HIV testing — DPST) were HIV positive.

In total, eight counselling centres operate in Montenegro, seven centers are located within public health centres (Herceg Novi, Bar, Kotor, Niksic, Pljevlja) and one is at the Public Health Institute in Podgorica.

Between April–July 2008, the Public Health Institute, in cooperation with the NGO Juventas, conducted a survey, 'Research on risk behaviour related to seroprevalence of HIV/AIDS, HIV, HCV and HBV among injecting drug users in Montenegro' (Laušević et al., 2008). Very low HIV prevalence (0.4 %) was found, as well as low prevalence of HbsAg (0 %), as opposed to very high HCV prevalence (53.6 %).

A cross-sectional, anonymous survey among community-recruited IDUs was conducted in Podgorica in 2005 (Judd et al., 2009). The prevalence of anti-HIV and anti-HCV in IDUs were 0 % and 22 %. Anti-HCV positivity was associated with an increasing number of years of injecting, daily injecting, and having ever shared used needles/syringes. Predictors of anti-HIV positivity were not surveyed, given the very low anti-HIV prevalence.

Drug-induced deaths and mortality among drug users

Only one institution is authorised to perform specialised autopsies in Montenegro — the Forensic Medical Department of the Clinical Centre of Montenegro in Podgorica.

Over the period 2005–08, the average number of autopsies was 271 per year, with around 78 % identified as unnatural deaths (violent deaths). Not all cases of violent deaths are processed to autopsy (so-called 'clear cases', e.g. passengers in some car accidents, some suicide cases such as hanging or drowning of depressive patients, etc.).

Over the last couple of years, the Higher Court has increasingly made requests for autopsies as a result of higher awareness on the need for autopsy in cases of unclear, suspicious and sudden deaths. However, although the law clearly says that an autopsy must be performed in all cases of violent, unclear, suspicious and sudden deaths, investigative authorities in the northern part of Montenegro are less likely to request an autopsy. Some 89 % of all autopsied bodies are from the capital and southern part of Montenegro and therefore it is likely that a number of deaths in the northern region are being recorded without a precisely defined cause. This creates a problem when trying to analyse the epidemiological situation in Montenegro in relation to drug-related deaths.

Toxicological analysis is performed in all cases of sudden, suspicious and sudden deaths of younger people, and also if they were known to be drug users, if the classic autopsy and pathological–histological analysis cannot reveal the cause of death, or if the police do not have enough information on the circumstances that led to the death. Toxicological analysis is carried out by the Eco-toxicological Research Centre of Montenegro. The analysis is always done for heroin metabolites (morphine and 6-monoacetyl morphine), cocaine, THC, LSD, methamphetamine, medicines with psychotropic effects, caffeine, etc.

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

The average number of deaths per year is five, or 7.6 deaths per million citizens per year. The trend in drug-related deaths is as follows: four deaths in 2005, four in 2006, seven in 2007; five in 2008 and ten in 2009. Among those ten drug-related deaths cases in 2009, nine resulted from overdose with heroin, and in one case, due to overdose with cocaine.

Treatment responses

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

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

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

The medical drug treatment network in Montenegro consists of primary level services (outpatient) and secondary level services (inpatient). There is also a Special Prison Hospital in Podgorica Prison to treat inmates. At the primary healthcare level, outpatient psychosocial and medical treatment is provided in 18 health centres across the country (18 municipalities), in mental health centres or in psychiatric units within health centres. At the secondary healthcare level, there are detoxification units within all seven general hospitals in the country. Inpatient psychosocial treatment is provided in the Psychiatric Clinic Podgorica, which has five beds for drug addiction treatment, and in the Psychiatric Hospital Nikšić, which has two beds for this purpose, as well as in the Special Psychiatric Hospital 'Dobrota' in Kotor, which has nine beds for drug addicts (it admits patients from the whole of the country). There are four psychiatric units within the private health sector.

Methadone maintenance and detoxification treatment is available in three centres; one is the Health Centre Podgorica within the Mental Health Centre opened in 2006. In August 2010, two new Centres for substitution therapy were established in accordance with National strategic documents. One of the Centres is located within the Health care centre Berane in the North, and the other one is located within the Health care centre Kotor in the South.

A methadone maintenance treatment (MMT) program is a high-threshold program with strict rules and frequent testing for drug use. It is designed for injecting drug users (IDUs) with a long history of drug use, as well as for those who are already dependent on methadone. Methadone is given to clients daily, as an oral solution, dispersed with juice, in individually prepared and packed glasses. Each client has a supporting family member accompanying him/her from the admission to the program. Educative work is also carried out with clients on HIV/AIDS, STIs, etc. There is neither an official legal framework nor guidelines for substitution treatment, but it is envisaged that a protocol on substitution therapy will be created. Only a specialist psychiatrist who manages the MMT program is allowed to admit clients to the program, or to change an individual's maintenance dosage. Relevant data on patients (personal data, dosages, health status, etc.) are kept on patients in substitution treatment in their medical files, in paper form. Buprenorphine has not yet been introduced as substitution treatment.

In 2010, data on 94 new patients entering in a methadone maintenance treatment program were provided by the Podgorica Health Centre, of whom 32 % were under-age 30; 64 % were between 30 and 40 and 4 % were aged from 40 to 50. Some 37 % of clients were married and 33 % of clients had one or more (maximum five) children. The majority (90 %) were males, only 8 % had permanent employment, while 15 % were temporary employed, but 77 % were unemployed.

Rehabilitation/re-socialisation is provided in the state-owned Public Institution for Accommodation, Rehabilitation and Re-socialisation of Drug Users — Kakaricka Gora, as well as in the RETO therapeutic community (registered as an NGO). The first precondition for a drug user to be admitted into the Public Institution for Accommodation, Rehabilitation and re-socialisation, is to be tested negative for 10 psychoactive substances. The second is that the candidate voluntarily requests the rehabilitation treatment. The entire programme consists of two phases: the first phase involves clients' residential stay in the Institution for 12 months and its so-called residential treatment; the second phase involves non-residential treatment.

The first clients entered the institution in September 2008, and by June 2009 there were 39 clients aged between 23 and 43 years. In terms of marital status, 80.6 % were single, 9.6 % divorced, 9.7 % married, 12.9 % had children. In terms of education, 35.5 % finished primary school, 64.5 % secondary school. In terms of employment, 6.5 % of clients were employed, while 93.5 % of them were unemployed.

In 2009, the Institute for Execution of Criminal Sanctions (IECS) has treated 37 convicted drug users, or 10 % of the total number of convicted persons. In 2009, six prisoners received methadone, while in 2010, 10 prisoners were on the MMT programme. The methadone was prescribed only to those prisoners who at their initial mandatory medical examination informed the physician of the IECS that they have been included in MMT programme prior to the conviction. This also had to be confirmed by their signature in the presence of the physician.

The RETO therapeutic community provided programme comprises three phases: adaptation (15 days), rehabilitation with work therapy (up to 18 months) and return to normal life. Rehabilitation is free of charge for a client, but the client is required to stay in the programme from 8 to 18 months. The RETO therapeutic community is self-financed through their on-site working activities.

Harm reduction responses

Harm reduction responses in Montenegro include the methadone program, needle and syringe exchange programmes, condom distribution and distribution of information, education and communication materials. From February 2005, needle and syringe exchange programs have been implemented both in the institutional setting (Health Centre Podgorica, through 13 distribution points in primary health care centres) and by the NGOs (outreach field harm reduction interventions in Podgorica, Bar, Nikšić and Kotor: CAZAS works with IDUs, Juventas works with commercial sex workers who are IDUs).

In 2010 the Podgorica health centre has served 847 clients and distributed 2 092 needles and 1 370 syringes. In 2008 Juventas has served 538 clients, distributed 11 564 needles and 7 049 syringes. In the same year, CAZAS served 262 clients, and distributed 5 455 needles and 3 820 syringes.

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

In line with national Drug strategy, NGO Juventas has founded the drop in centre in December 2009, financed by the state. The drop-in centre provides former and active users free access to counselling, educational materials, needles and syringes, and other support programmes which are carried out within the centre. From the opening of the drop in centre until November 2010, some 71 clients were served at the centre.

Drug markets and drug-law offences

Montenegro is mostly a transit area on a smuggling route of some types of drugs moving from the middle East and Far East towards Western Europe, while on a significantly lower scale represents a final destination for certain kinds of drugs.

Smuggling marijuana is done by international criminal groups, formed by association of criminal structures from Albania, Montenegro and other former Yugoslav republics, which have been engaged in production, smuggling and distribution of this kind of drug for a longer period. Cannabis products are produced in Albania, and then smuggled through our region to Bosnia and Herzegovina, Croatia, Serbia, Slovenia and further towards other EU countries.

Apart from the mentioned route, the ‘Balkan Route’ of drug smuggling is used to smuggle heroin that is mostly produced in Afghanistan, via Turkey and the Balkan countries (mostly Albania and Kosovo) to Montenegro and beyond to the Bosnia and Herzegovina, Croatia and EU countries.

Marijuana and heroin are the most popular in the domestic market, while synthetic drugs are less frequently used (and mostly by the tourists during the duration of the summer tourist season) and consumption of cocaine is less prevalent due to its high price.

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

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

General information indicates that marijuana seized in the past two years has a high level of THC, while heroin, mostly from Albania, comes to Montenegro mixed with other substances (the content of diacetyl-morphine ranging 3–5 %).

Table 3: Quantities of seized drugs from 2007–09 (grams)

Drug	Seized quantities (grams)		
	2007	2008	2009
Marijuana	278 775.54	327 365.14	921 772.13
Heroin	9 143.01	18 028.25	18 280.43
Cocaine	409.47	7 745.88	1 419.67
Hashish	8.99	13.12	/
Synthetic drugs	1 057.5	860	21 pieces and 19.7 grams

Two prosecution offices are in charge of the criminal prosecution of drug-related law offenders — the Higher State Prosecutor in Podgorica and the Higher State Prosecutor in Bijelo Polje. In these two institutions, evidence (such as evidence on criminal charges, investigative procedures, sentences) is kept on individuals reported by the police to the prosecutor's office. This data is collected both electronically and on paper.

In 2010, the total number of reported offences was 10 033, of which 262 were reported for offences under Article 300 and Article 301 of the Criminal Code. Requests for the investigation were initiated against 2 923 persons, of which 259 for the offences from Article 300 and Article 301 of the Criminal Code. Some 5 588 persons were convicted, of which 272 persons were convicted under the Article 300 and Article 301. Judicial decisions have been made against 7 014 persons, of which 343 for the offences under Article 300 and Article 301 of the Criminal Code.

National drug laws

Criminal offences related to the production and trafficking of narcotic drugs are stipulated by the Penal Code of Montenegro, in Chapter XXIV— Criminal Acts against Human Health (which indicates that the protective object of all forms of criminal deeds in this chapter is human health) (Official Gazette of Montenegro, No 70/03 No 70/2003, dated 25 December 2003). There are two statutory criminal acts related to drug abuse in the Penal Code of Montenegro: unauthorised production, keeping and trafficking of narcotic drugs (Article 300), and facilitation of consumption of narcotic drugs (Article 301).

Amendments to the Penal Code (Official Gazette of Montenegro, No 25/2010 dated 5 May 2010) are laid down in Article 300 of the Penal Code. This article contains seven paragraphs. Article 300 stipulates that 'Anyone who unlawfully produces, processes, sells or offers for sale, or who for the purpose of selling buys, keeps or transports or mediates in the selling or buying, or in some other way unlawfully releases for circulation the substances or preparations pronounced to be narcotics, shall be punished by an imprisonment sentence of two to ten years'.

Personal drug use is not sanctioned by the Penal code of Montenegro, nor is drug possession for personal consumption.

In the frames of description of criminal acts related to drug misuse, the Penal Code of Montenegro does not classify individual drugs.

In 2009, the Parliament of Montenegro adopted the Law on precursors for narcotic drugs (Official Gazette of Montenegro No 83/09). This Law monitoring and control of manufacturing and placing on the market of substances which can be used in the manufacture of narcotic drugs and psychotropic substances in order to discourage their diversion or use for illicit purposes, as well as to protect people's lives and health and environment from harmful effects of precursors.

The Ministry of health drafted a new Law on combating narcotic drugs, which will be sent to the Government in the first half of 2011. This Law proposes to set out the measures for preventing the use of illicit drugs and for dealing with users of illicit drugs. The proposed measures cover informational, medical, educational and consulting activities, medical treatment, measures for rehabilitation, social security services and programs for the resolution of social problems related to the use of illicit drugs and monitoring of the consumption of illicit drugs which will be carried out by the competent ministries. The Law will set out the conditions under which the production of and trade in illicit drugs are permitted, and the possession of illicit drugs. By the adoption of this Law, national legal framework in the field of drugs will be completed.

National drug strategy

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

This area was previously defined in several documents. At the end of 2000 and beginning of 2001, the Expert Team of the Government of Montenegro produced a five-year plan and program for combating addictive diseases in Montenegro. After that, the Government adopted a long-term plan and program for combating addictive diseases, followed by the action plan for drug abuse prevention with children and young adults (Government of Montenegro, 2003), which defined activities for combating drug addiction for the period 2003–06. We can therefore conclude that since 2000, Montenegro has implemented a drug policy with a special emphasis on the prevention of use of drugs by young people.

The objectives of the national strategy are both general and specific. General objectives include a reduction of drug demand and a reduction of drug supply. Drug demand reduction includes a measurable reduction in drug use, drug dependence and associated health and social risks through the development and advancement of the effective, comprehensive and scientifically based system of drug demand reduction, by means of targeted interventions that should be conducted in the areas of prevention, treatment and rehabilitation and harm reduction. Drug supply reduction includes establishing a foundation for the implementation of efficient police and customs interventions aimed at reducing the availability and supply of drugs in Montenegro, and the implementation itself.

Specific objectives are: to create conditions for establishing an informational system with a view to collecting, administering, processing and managing information in the field of drugs; to build capacities for establishing a national focal point for the EMCDDA in Montenegro; to strengthen relevant legislation in this area in line with the EU recommendations; to sustain continuity of research in the field of drugs; to support appropriate education for all professionals engaged in this area; to implement integral national policy in this area, with central coordination and monitoring of the activities by the National Drug Office.

Coordination mechanism in the field of drugs

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

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

The Government of Montenegro on its session from 28 January 2010 brought the decision of establishing of a National Council for Drugs, to be headed by the President of Montenegro (Official Gazette of Montenegro, No 11/10). The Minister of Health is a Vice president of the National Council for Drugs and the members of Council are: Minister of Justice, Minister of Internal Affairs and Public Administration, Director of Police Directorate, Mayor of the Municipality of Podgorica, Minister of Labour and Social Welfare, Director of Public Health Institute, Head of National Office for Drugs, Coordinator of the Office for drug prevention from the Municipality of Niksic. One of the members of the Council is also a representative of the civil sector, proposed by the NGOs dealing with drug field.

The establishment of the Council shows a strong commitment of the Government and of the society as a whole, fully devoted to carry out effective measures and integrated activities in the field of drugs. The Council strongly supports all the measures carried out in the field of prevention and combating drugs.

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Background information

Disclaimer

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Key national figures and statistics

	EU (27)			
	Year	Montenegro	countries)	Source
Surface area	2008	13 812 sq km	4 200 000 sq km	CIA - The World Factbook [https://www.cia.gov/library/publications/the-world-factbook/]
Population	2010	632 922	501 105 661 ^P	Eurostat [http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/]
Population by age classes	15–24	2010 14.8 %	12.1 % ^P	Eurostat [http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/]
	25–49	35.1 %	35.8 % ^P	Eurostat [http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/]
	50–64	17.9 %	19.1 % ^P	Eurostat [http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/]
GDP per capita in PPS (Purchasing Power Standards) ¹	2010	N/A	100	Eurostat [http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/]
Unemployment rate ²	2008	10.74 %	9.6 %	Employment Agency of Montenegro. Work Report in 2008. Podgorica, April, 2009 Eurostat [http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/] (³)
Prison population rate (per 100 000 of national population) ⁴	2009	156.5		Council of Europe, SPACE I-2009 [http://www.coe.int/t/e/legal_affairs/legal_co-operation/prisons_and_alternatives/statistics_space_i/PC-CP%282010%2907_E%20SPACE%20Report%20I.pdf]
At risk of poverty rate ⁵	2009	N/A	16.3 %	SILC [http://www.cso.ie/releasespublications/documents/silc/Current/silc.pdf]

¹ Gross domestic product (GDP) is a measure of economic activity. It is defined as the value of all goods and services produced less the value of any goods or services used in their creation. The volume index of GDP per capita in Purchasing Power Standards (PPS) is expressed in relation to the European Union (EU-27) average set to equal 100. If the index of a country is higher than 100, this country's level of GDP per head is higher than the EU average and vice versa.

² 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.

³ Value for 2010.

⁴ Situation of penal institutions on 1 September, 2009.

⁵ Share of persons aged 0+ with an equivalent disposable income below the at-risk-of-poverty threshold, which is set at 60 % of the national median equivalised disposable income (after social transfers)..

^P Eurostat provisional value for 2010.

National publications

You can find below links to key national publications.

- National survey on substance use in the general population [http://www.emcdda.europa.eu/attachements.cfm/att_233213_EN_GPS%20on%20substance%20use%20in%20Montenegro_Final%20report.pdf]
- Infomap Montenegro - 2009 [http://www.emcdda.europa.eu/attachements.cfm/att_133442_EN_Montenegro08.pdf]
- Montenegro: Country overview 2009 [<http://www.emcdda.europa.eu/html.cfm/index100301EN.html>]

Additional sources of national information

In addition to the information provided above, you might find the following resources useful sources of national data.

European overviews

The products listed below provide overviews at European as well as, to some degree, at national levels.

European Drug Report: Trends and developments

A top-level annual overview of the long-term drug-related trends and developments at European level, while homing in on emerging problems in specific countries

[http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=a237]

EU drug markets report

Published every three years, this provides a comprehensive overview of illicit drug markets in the European Union

[<http://www.emcdda.europa.eu/publications/joint-publications/drug-markets>]

New psychoactive substances annual implementation report

Annual report on the information exchange, risk assessment and control of new psychoactive substances in Europe

[http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=a104]

Data sources

The information below forms the basis for the EMCDDA's analysis of the European drug situation and provides greater detail on each national drug situation.

Statistical bulletin

The complete yearly data set of submitted by the focal point of each reporting country. The data presented here is mainly quantitative

[<http://www.emcdda.europa.eu/data>]

National reports

Annual reports submitted by the focal point of each reporting country to the EMCDDA. This information is mainly text-based in its nature

[<http://www.emcdda.europa.eu/publications/national-reports>]

Thematic resources by country

These products generally focus on one particular aspect of national drug-related information, in some cases making it easy to compare situations between different countries

Health and social responses profiles

Overviews of health and social interventions through interactive maps and timelines [<http://www.emcdda.europa.eu/countries/hsr-profiles>]

Legal topic overviews:

Legal approaches to particular areas of drug use (personal possession, driving, cannabis, precursors, harm reduction, etc.) by country

[<http://www.emcdda.europa.eu/html.cfm/index5036EN.html>]

Prevalence maps

Interactive maps showing patterns of drug use throughout Europe [<http://www.emcdda.europa.eu/countries/prevalence-maps>]

Prevention profiles

An overview of prevention responses by country in Europe [<http://www.emcdda.europa.eu/countries/prevention-profiles>]

Treatment profiles

An overview of treatment responses by country in Europe [<http://www.emcdda.europa.eu/responses/treatment-overviews>]

Harm reduction overviews

An overview of harm reduction responses by country in Europe [<http://www.emcdda.europa.eu/countries/harm-reduction-overviews>]

National drug-related research

Resources on drug-related research by country in Europe [<http://www.emcdda.europa.eu/html.cfm/index213288EN.html>]